

CENTER FOR HEALTH
INFORMATION AND ANALYSIS

MASSACHUSETTS HOSPITAL PROFILES

DATA THROUGH FISCAL YEAR 2013

JANUARY 2015



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MASSACHUSETTS HOSPITAL PROFILES

INDUSTRY OVERVIEW

DATA THROUGH FISCAL YEAR 2013

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ABOUT THIS BRIEF

This brief provides an overview of the Massachusetts hospital industry in fiscal year (FY) 2013 and includes statewide comparative data on Massachusetts hospitals. This brief and accompanying individual hospital profiles, databook, and chartbook update CHIA's March 2014 publication of *Massachusetts Hospital Profiles: Data through Fiscal Year 2012*. In addition to updated financial information for each of the acute and privately-operated non-acute hospitals in the Commonwealth, clinical quality information is included for the first time in the individual acute hospital profiles, as is a section that reports on multi-acute hospital systems.¹

For detailed descriptions of the metrics mentioned in this brief, please see the Technical Appendix.

Overview of the Massachusetts Hospital Industry

In 2013, there were 95 hospitals in Massachusetts: 68 acute facilities and 27 non-acute facilities.² Two-thirds of the hospitals (62 hospitals) in the Commonwealth are affiliated with a multi-hospital system and owned by a parent organization. Sixty-three percent of Massachusetts hospitals (61 hospitals) are non-profit organizations, and there is one municipally-owned acute hospital (Cambridge Health Alliance).

For this publication, CHIA assigned each acute hospital to a cohort of similar hospitals: academic medical centers (AMCs), teaching hospitals, community hospitals, and community-Disproportionate Share Hospitals (DSH).^{3,4} For non-acute hospitals, the cohorts are defined by services provided, and include: psychiatric, rehabilitation, and chronic care. Specialty acute and non-acute hospitals are not identified with a distinct cohort. While CHIA has included profiles for both acute and non-acute hospitals, the remainder of this brief will focus primarily on acute hospitals.

Hospital Utilization

Massachusetts hospitals continue to experience a decline in per capita inpatient discharges. Between FY2009 and FY2013, inpatient discharges dropped 6%, with a decline between FY2012 and FY2013 of 3%, the steepest decline in this five year period. Among the cohorts, community hospitals experienced the largest decline in total discharges, of 7%, between FY2009 and FY2013. In FY2013, AMCs and teaching hospitals, which are also among the largest hospitals in Massachusetts, accounted for 45% of total statewide discharges, consistent with FY2012.

Hospital occupancy rate measures the percent of a hospital's inpatient staffed beds that have been occupied over the course of a year. Between FY2012 and FY2013, the median statewide occupancy rate increased slightly from 65% to 66%. AMCs had the highest median occupancy rate at 84% in FY2013, while community and community-DSH hospitals had the lowest at 64%.

- 1 This brief and the profiles do not include data for state-operated non-acute hospitals, as data for these hospitals were not available at the time of publication. Shriners Hospitals for Children were also not included in these analyses.
- 2 Subsequent to the FY2013 reporting period, North Adams Regional Hospital and Quincy Medical Center closed.
- 3 A Disproportionate Share Hospital (DSH) is defined in M.G.L. c. 6D, Section 1 as a hospital with a minimum of 63% of patient charges attributed to Medicare, Medicaid, and other government payers, including Commonwealth Care and the Health Safety Net.
- 4 For definitions of each cohort and hospitals assigned to each cohort, see the Technical Appendix. Note that comparisons of cohort performance between fiscal years reflect FY2013 cohort assignments.

Between FY2009 and FY2013, median growth in acute hospital outpatient visits remained relatively flat, increasing by only 0.6%. Growth rates varied by cohort, however, with AMCs experiencing the highest increase at 4.7%, followed by community hospitals at 3.6%, and teaching hospitals at 2.2%. The community-DSH hospital cohort was the only cohort to experience a decrease in outpatient visits during this period, a 3.1% decline. This decrease, along with the decrease in inpatient volume at community-DSH hospitals between FY2009 and FY2013, indicates that patient volume from these hospitals may be shifting to other hospitals.

Hospital Payer Mix and Relative Prices

Public payers remain the largest source of revenue for Massachusetts hospitals. Statewide, in FY2013, federal and state payers, including Medicare, Medicaid, and Commonwealth Care, comprised 63% of hospital gross revenue, while commercial and other payers accounted for the remaining 37%. Community-DSH hospitals, as the cohort category indicates, are most reliant on public payers, which on average accounted for 68% of their gross revenues. Community hospitals had the lowest average public payer mix among the cohorts at 55%, followed by AMCs at 60%.

AMCs continue to be paid substantially higher prices by commercial payers relative to the teaching and community hospital cohorts even when comparing similar services. Community-DSH hospitals, which have the highest public payer mix among the cohorts, have the lowest average composite relative price percentile, at the 43rd percentile of the cohorts in 2013. In comparison, AMCs were at the 75th percentile.

Hospital Costs & Revenue

Between FY2009 and FY2013, the statewide average inpatient revenue per discharge increased by 8.4%, while the statewide average inpatient cost per discharge increased by 3.3%.⁵

AMCs had the highest average cost and revenue per discharge among the cohorts every year between FY2009 and FY2013.⁶ AMC cost per discharge was approximately 10.7% higher than the statewide average in FY2012 and increased to 14% higher in FY2013. AMC revenue per discharge remained approximately 20% higher than the statewide average in FY2012 and FY2013.

Statewide, hospital outpatient revenue increased in the aggregate by 6.2% between FY2009 and FY2013. All of the hospital cohorts experienced an increase during this period; AMCs had the largest growth at 9.7%, and teaching hospitals had the smallest growth at 4.3%.

Hospital Financial Performance

Hospital financial performance generally improved between FY2012 and FY2013. The median statewide acute hospital total margin, which measures a hospital's overall profitability, increased from 3.4% in FY2012 to 4.1% in FY2013. Teaching hospitals had the highest median total margin in FY2013 at 7.6%, while community hospitals had the lowest at 2.4%. The median statewide acute hospital operating margin, a more focused measure that reflects only the hospital's profit or loss from patient care activities, remained relatively constant between FY2012 and FY2013, at 2.2% and 2.1%, respectively. Again, teaching hospitals had the highest median operating margin in FY2013 at 3.6%, while community hospitals had the lowest at 1.6%.

⁵ Discharges represent case mix-adjusted discharges (CMADs). To enable a more standardized comparison among hospitals, the average cost per CMAD was adjusted to exclude direct medical education costs and physician compensation costs that may be incurred at some hospitals. Statewide figures exclude specialty hospitals.

⁶ Ibid.

Multi-Acute Hospital System Financial Performance

Data from the most recent fiscal year available to CHIA shows that the nine multi-acute hospital systems profiled in this publication generated over \$21 billion in operating revenue, and all but one generated a profit. While acute hospitals accounted for a sizeable portion of revenue within each system, each system contained a variety of other organizations. Some included non-acute hospitals, physician organizations, and health plans, among other types of entities. The specific types of organizations within each system are displayed on the individual system profiles included in this publication.

Quality of Care

The quality measures included in the individual acute hospital profiles are derived from the Commonwealth's Standard Quality Measure Set (SQMS). The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group. These measures present hospital performance in four areas: patient safety, patient experience, care practices, and obstetric care.

The Patient Safety Composite (PSI 90) is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures. In 2011, 2012, and 2013, Massachusetts acute hospitals have performed better than (i.e. below) the national average score of 1.0. Statewide, the average complication rate declined between 2011 and 2013 from 0.92 to 0.74.

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey measures patient perspectives on key aspects of their care. Overall, patients' ratings of their experience in Massachusetts acute hospitals were in line with the national average in 2011 and 2012. A notable exception is the measure of hospital noise levels, which was eight and nine points below (i.e. worse than) the national averages in 2011 and 2012, respectively.

The percentage of Medicare Fee-For-Service (ages 65+) admissions to Massachusetts acute hospitals that resulted in an unplanned readmission for any cause within 30 days of discharge ranged from 13% at the highest performing hospital to 19% at the lowest performing hospital in 2012,⁷ while the national average was 16%.⁸ Twenty-three of the 63 Massachusetts hospitals included in this analysis had rates that were better than (i.e. at or below) the national average in 2012.

Early elective deliveries are non-medically necessary cesarean or induced deliveries prior to 39 weeks gestation. Over a three-year period, the range of early elective deliveries between Massachusetts' highest and lowest performing acute hospitals decreased substantially, from 38 percentage points in 2011-2012 to five percentage points in 2012-2013. The number of acute hospitals in Massachusetts with no early elective deliveries increased from 6 to 20, and the Massachusetts median of 0.9% was better than the national median of 2.5% in 2012-2013. Hospitals in many states have improved performance on this measure, but The Leapfrog Group has identified Massachusetts as a standout performer.⁹

⁷ This refers to the Medicare reporting period, July 2011-June 2012.

⁸ CMS Hospital Compare, July 2011-June 2012. Rates are risk-adjusted and include only unplanned readmissions.

⁹ The Leapfrog Group. Dramatic Decline in Dangerous Early Elective Deliveries. Available from: http://www.leapfroggroup.org/policy_leadership/leapfrog_news/5164214 (Accessed January 9, 2015).

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MASSACHUSETTS HOSPITAL PROFILES

CHARTBOOK

DATA THROUGH FISCAL YEAR 2013

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Number of Massachusetts Hospitals by System Affiliation and Profit Status

- 66% of hospitals are in multi-hospital systems.
- 36% of hospitals are for-profit hospitals.

Category	Acute Non-Profit or Public	Acute For-Profit	Non-Acute Non-Profit	Non-Acute For-Profit	TOTAL
Multi-Hospital System	31	14	5	12	63
Individual Hospitals	23	0	2	8	32
TOTAL	54	14	7	20	95

Top Discharges Statewide (by Diagnostic Group)

Maternity and delivery cases were the most common reasons for inpatient admissions in FY2013.

Rank	DRG	Description	Discharges*	% Total Discharges
1	540, 560 and 640	Delivery DRG	132,468	16%
2	720	Septicemia & Disseminated Infections	22,074	3%
3	194	Heart Failure	21,207	3%
4	139	Other Pneumonia	20,688	3%
5	140	Chronic Obstructive Pulmonary Disease	18,222	2%
6	302	Knee Joint Replacement	15,768	2%
7	383	Cellulitis & Other Bacterial Skin Infections	14,246	2%
8	201	Cardiac Arrhythmia & Conduction Disorders	14,104	2%
9	753	Bipolar Disorders	12,881	2%
10	463	Kidney & Urinary Tract Infections	12,519	2%
		All other cases	521,367	65%
		TOTAL DISCHARGES	805,544	100%

Data Source: Hospital Discharge Database (HDD)

Note: Total discharges reported by hospitals in the HDD may vary from total discharges reported by hospitals in the Hospital 403 Cost Reports. See Technical Appendix for more information.

* Discharge data does not include the acute care Kindred Hospitals as HDD data was not available for these hospitals. Shriners Hospitals for Children were also not included.

Median Occupancy Rates by Cohort

Median occupancy rates increased for all cohorts from FY2012 to FY2013.

Cohort	FY2012 Occupancy Rate	FY2013 Occupancy Rate
Academic Medical Center	83%	84%
Teaching	68%	71%
Community	63%	64%
Community-DSH	63%	64%
Specialty*	67%	69%

Data Source: Hospital 403 Cost Reports

* Shriners Hospitals for Children were not included in this analysis.

Discharges by Cohort

- Total hospital discharges declined nearly 6% from FY2009 to FY2013.
- Discharges declined in every cohort from FY2009 to FY2013.

Cohort	Number of Hospitals	FY2009 Discharges	FY2012 Discharges	FY2013 Discharges	Percent of Statewide Discharges	% Change FY2009 to FY2013	% Change FY2012 to FY2013
Academic Medical Centers	6	240,813	231,506	224,757	28%	-6.7%	-2.9%
Teaching	9	149,383	146,702	144,473	18%	-3.3%	-1.5%
Community	18	206,289	200,629	191,842	24%	-7.0%	-4.4%
Community-DSH	27	237,159	232,932	225,433	28%	-4.9%	-3.2%
Specialty*	6	28,579	26,888	26,405	3%	-7.6%	-1.8%
TOTAL STATEWIDE	66**	862,223	838,657	812,910	100%	-5.7%	-3.1%

Data Source: Hospital 403 Cost Reports

Note: Total discharges reported by hospitals in the Hospital 403 Cost Reports may vary from total discharges reported by hospitals in the Hospital Discharge Database (HDD). See Technical Appendix for more information.

* Shriners Hospitals for Children were not included in this analysis.

** In FY2013, there were 66 hospitals included. In FY2009, there were 67 hospitals (Saints Medical Center was a separate hospital in FY2009, but merged with Lowell General Hospital in FY2012).

Change in Outpatient Visits, by Cohort

Outpatient visits increased in all cohorts except Community-DSH from FY2009 to FY2013.

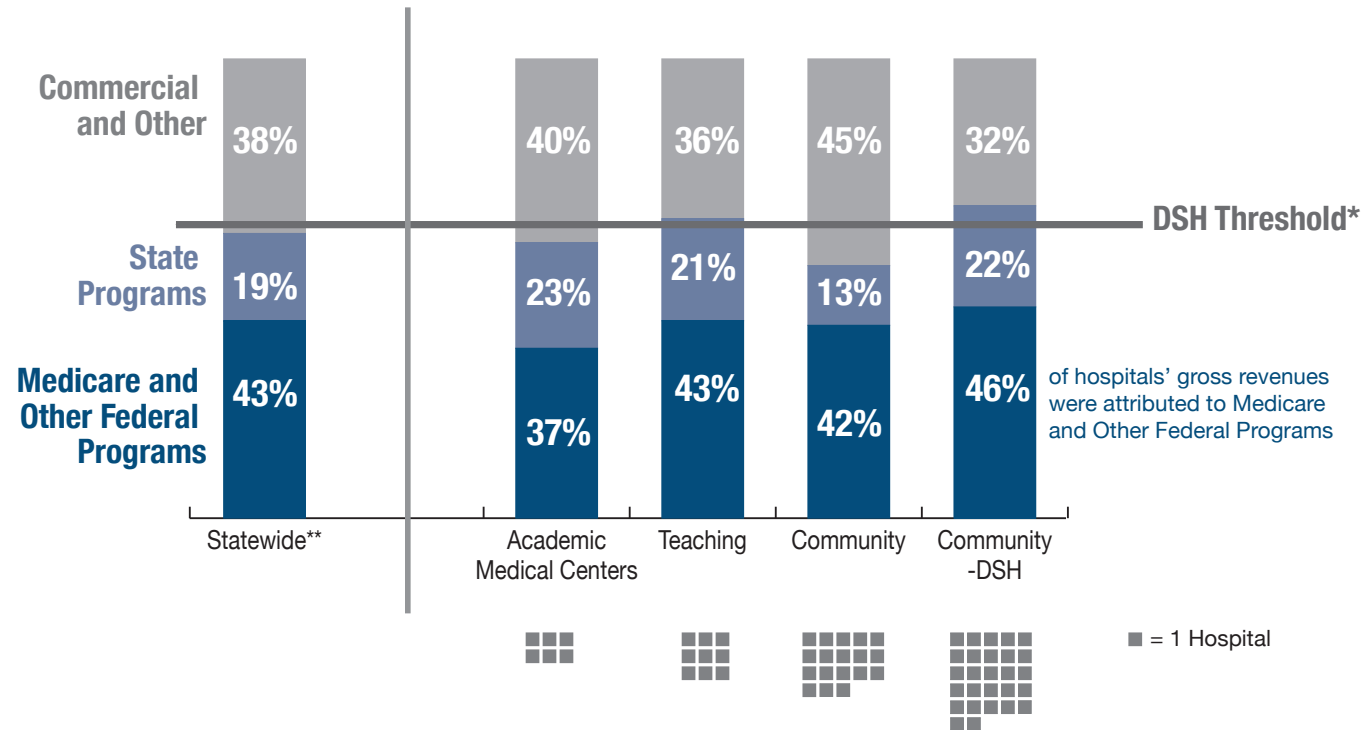
Cohort	Median Change in Outpatient Visits – Cumulative From FY2009			
	FY2009-FY2010	FY2009-FY2011	FY2009-FY2012	FY2009-FY2013
Academic Medical Center	1.4%	3.2%	6.2%	4.7%
Teaching	-3.4%	-2.1%	2.5%	2.2%
Community	0.8%	0.6%	-2.7%	4.0%
Community-DSH	-1.2%	-1.3%	-0.7%	-3.1%
Speciality*	1.9%	3.1%	9.6%	10.1%
TOTAL STATEWIDE	0.6%	-0.5%	2.5%	-0.1%

Data Source: Hospital 403 Cost Reports

* Shriners Hospitals for Children were not included in this analysis.

FY2013 Payer Mix

Community-DSH and teaching hospitals have the highest share of public payer mix.



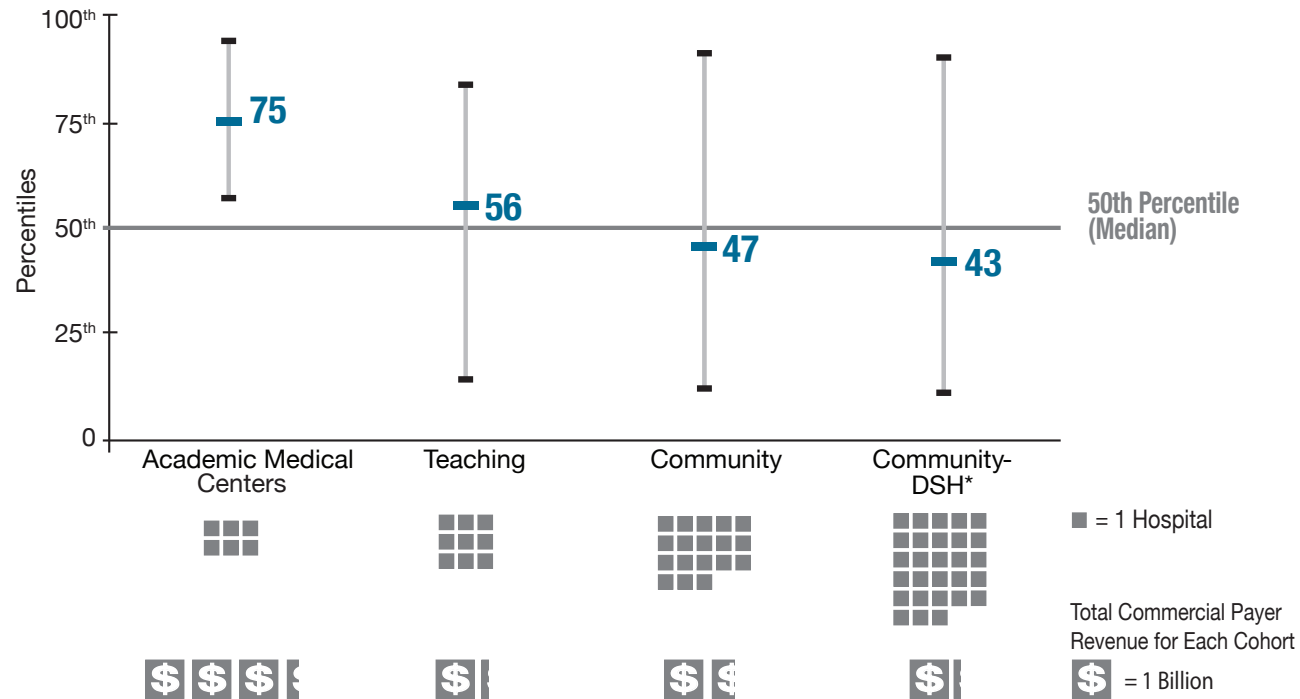
Data Source: Hospital 403 Cost Reports

* Hospitals have DSH status if they have 63% or more of gross revenues (GPSR) attributable to Medicare, Medicaid, and other government payers, including Commonwealth Care and the Health Safety Net.

** Statewide excludes Specialty hospitals.

Acute Hospital Blended Composite Relative Price Percentile, by Hospital Cohort, CY2013

Academic medical centers, on average, had prices well above the median in CY2013.



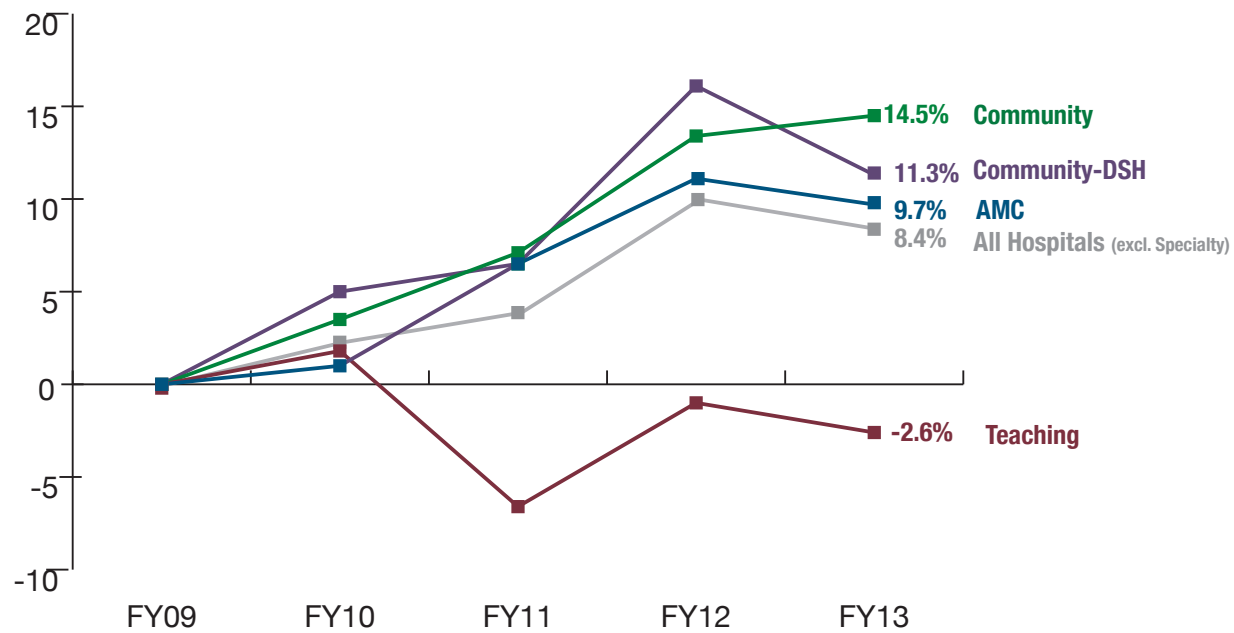
Data Source: Payer data reported in accordance with 957 CMR 2.00

Note: Commercial payer relative price levels represent the range and average of the cohort hospitals' blended composite relative price levels, expressed as percentiles, for all Massachusetts payers in Calendar Year 2013.

* The Community-DSH cohort includes Saints Medical Center, which merged with Lowell General Hospital in 2012; some commercial payers continued to report price data for Saints Medical Center separately in 2013.

Growth in Inpatient Revenue per CMAD, FY2009 - FY2013

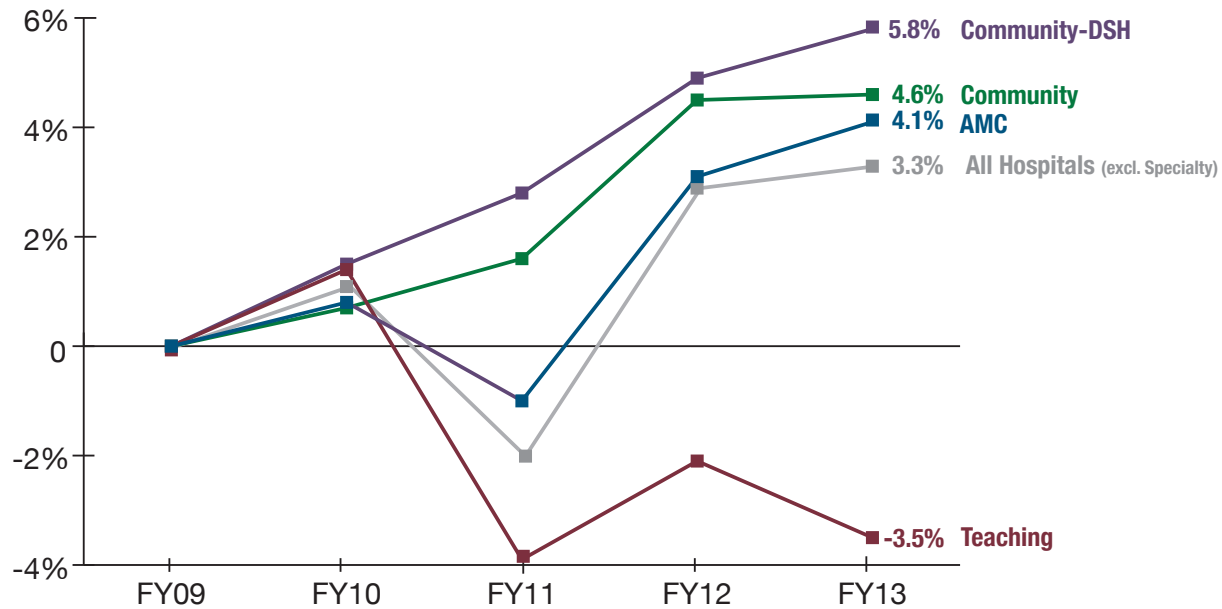
Community hospitals had the highest growth in inpatient revenue per case mix-adjusted discharge (CMAD) from FY2009 to FY2013 of 14.5%, while teaching hospitals experienced a decline of nearly 3%.



Data Source: Hospital 403 Cost Reports

Growth in Inpatient Adjusted Cost per CMAD, FY2009 - FY2013

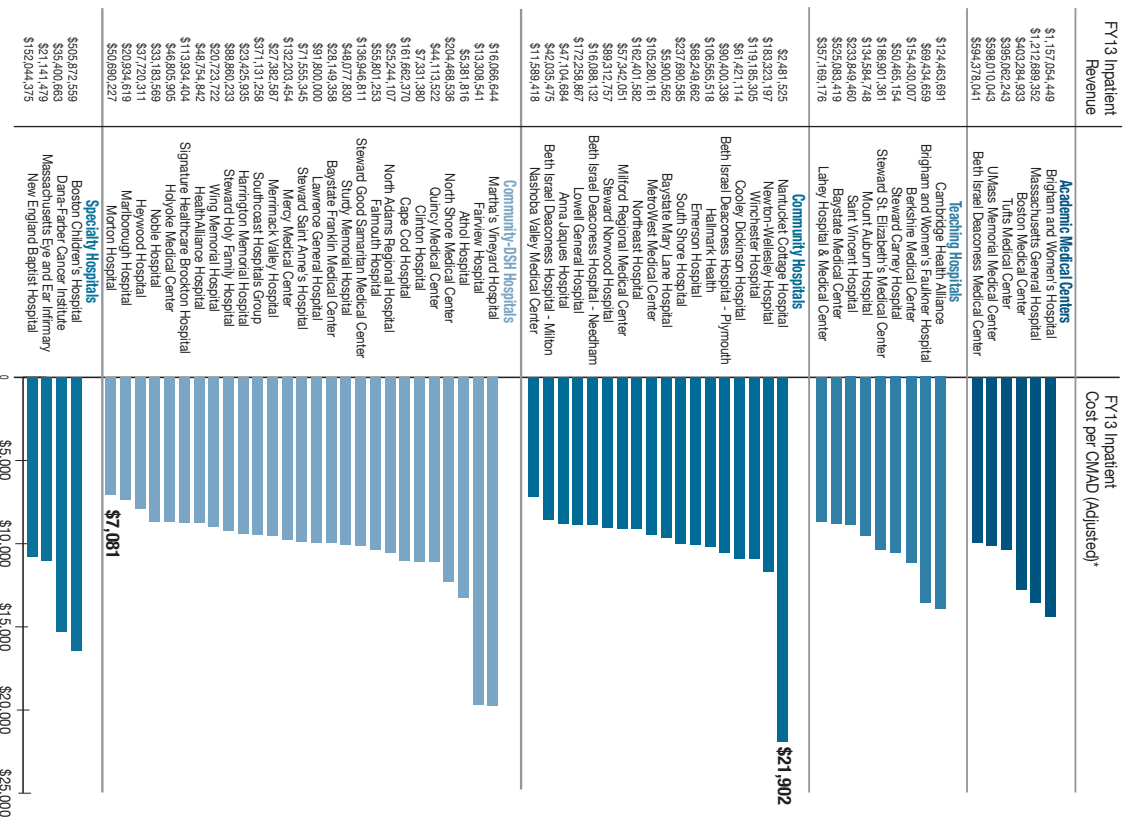
Community-DSH hospitals had the highest growth in inpatient adjusted cost per case mix-adjusted discharge (CMAD) from FY2009 to FY2013 of 5.8%, while teaching hospitals experienced a decline of 3.5%.



Data Source: Cost and discharge data were sourced from the Hospital 403 Cost Reports. Case mix data was sourced from the Hospital Discharge Database.

FY2013 Adjusted Cost per CMAD

- Among non-specialty cohorts, academic medical centers had the highest average adjusted* cost per case mix-adjusted discharge (CMAD), 13% higher than the statewide average.
- Many rural hospitals had higher adjusted costs per CMAD, primarily due to their low patient volume and remote locations.



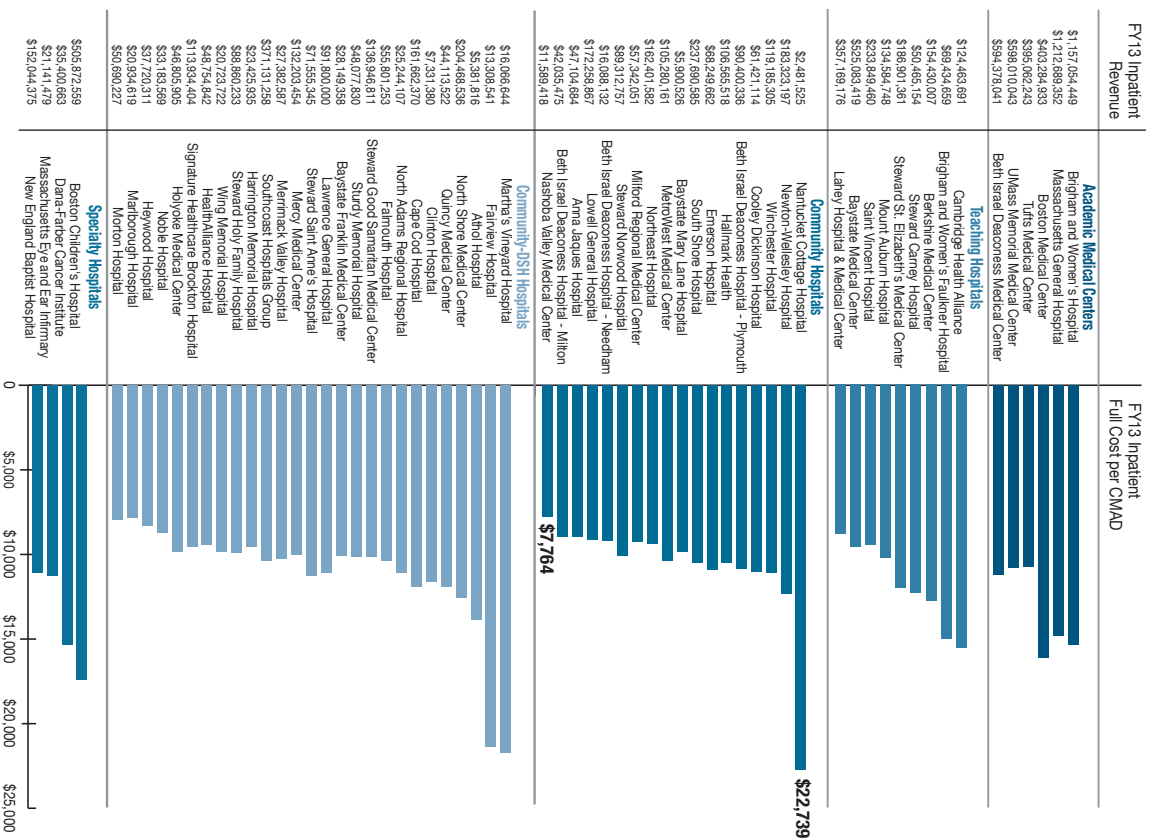
Data Source: Cost and discharge data were sourced from the Hospital 403 Cost Reports. Case mix data was sourced from the Hospital Discharge Database.

Note: The acute care Kindred Hospitals were not included in this analysis, as case mix data was not available for these hospitals. Shriners Hospitals for Children were also not included.

* Costs were adjusted to exclude direct medical education costs and physician compensation costs. Inpatient costs can vary among hospitals depending on a number of factors, including these cost categories. Adjusting for these cost categories facilitates better comparison between hospitals that have these costs and those that do not. Excluding these costs, however, does not reveal the true cost for inpatient care, which may be higher for hospitals with medical education costs and physician compensation costs. For more information on these cost categories, see Databook.

FY2013 Full Cost per CMAD

- Full inpatient costs per case mix-adjusted discharge (CMAD) vary widely among hospitals, even within cohorts. Among teaching hospitals, for example, there was a 76% difference between the highest and the lowest cost per CMAD in FY2013.
- Academic medical centers and teaching hospitals have higher than average full costs per CMAD, in part due to the costs of their medical residency programs.

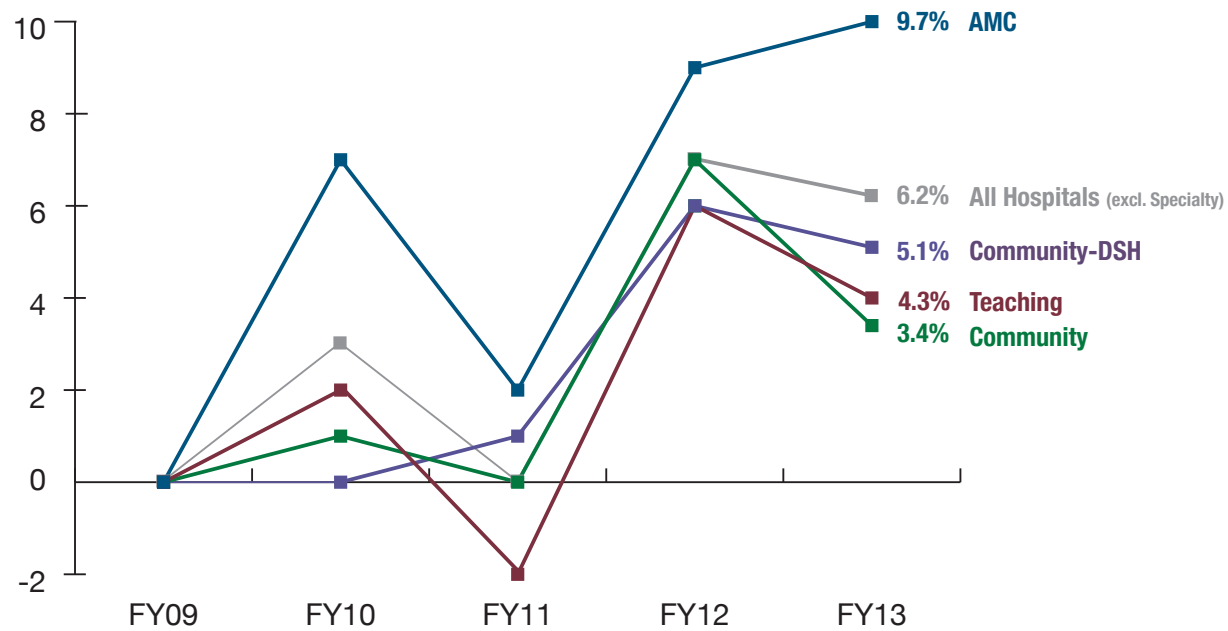


Data Source: Cost and discharge data were sourced from the Hospital 403 Cost Reports. Case mix data was sourced from the Hospital Discharge Database.

Note: The acute care Kindred Hospitals were not included in this analysis, as case mix data was not available for these hospitals. Shriners Hospitals for Children were also not included.

Growth in Outpatient Revenue, FY2009 - FY2013

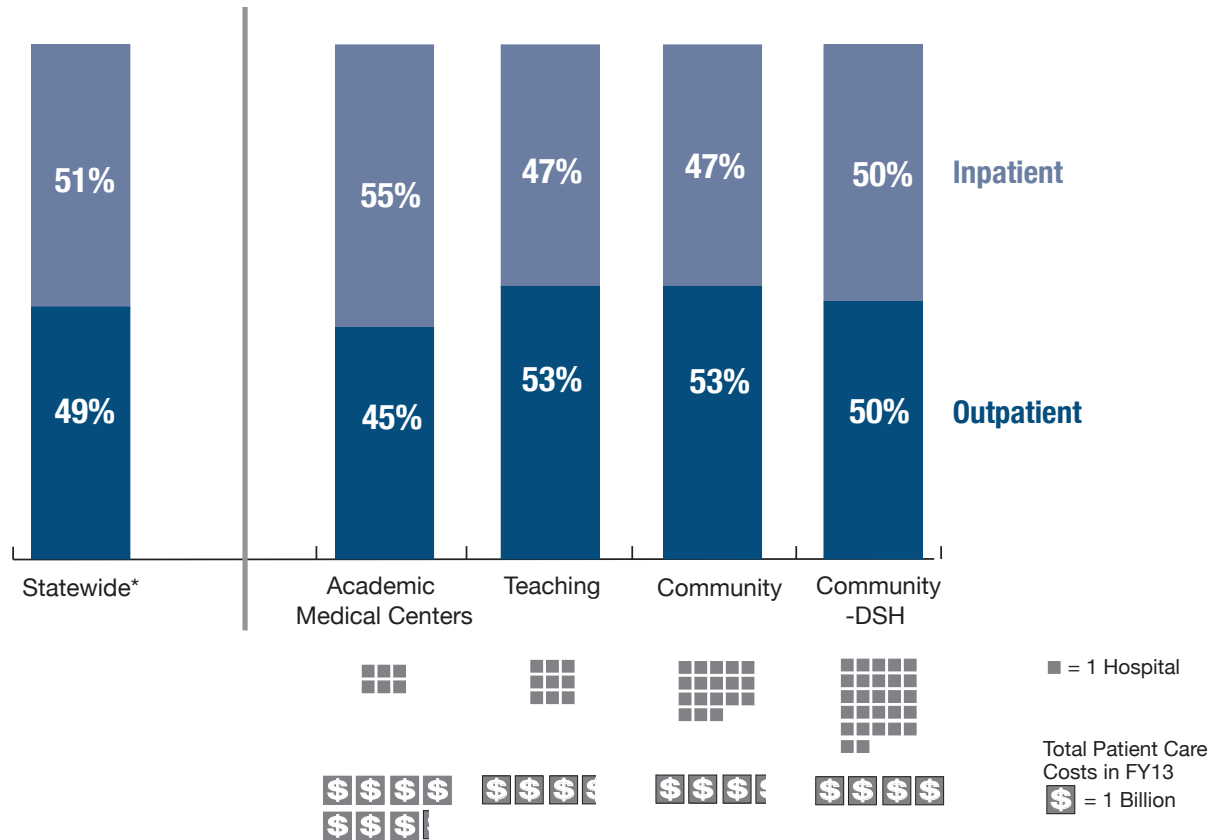
AMCs had the highest growth in outpatient revenue from FY2009 to FY2013.



Data Source: Hospital 403 Cost Reports

Proportion of Inpatient and Outpatient Costs by Cohort, FY2013

In FY2013, academic medical centers had a greater share of their total costs attributable to inpatient care.

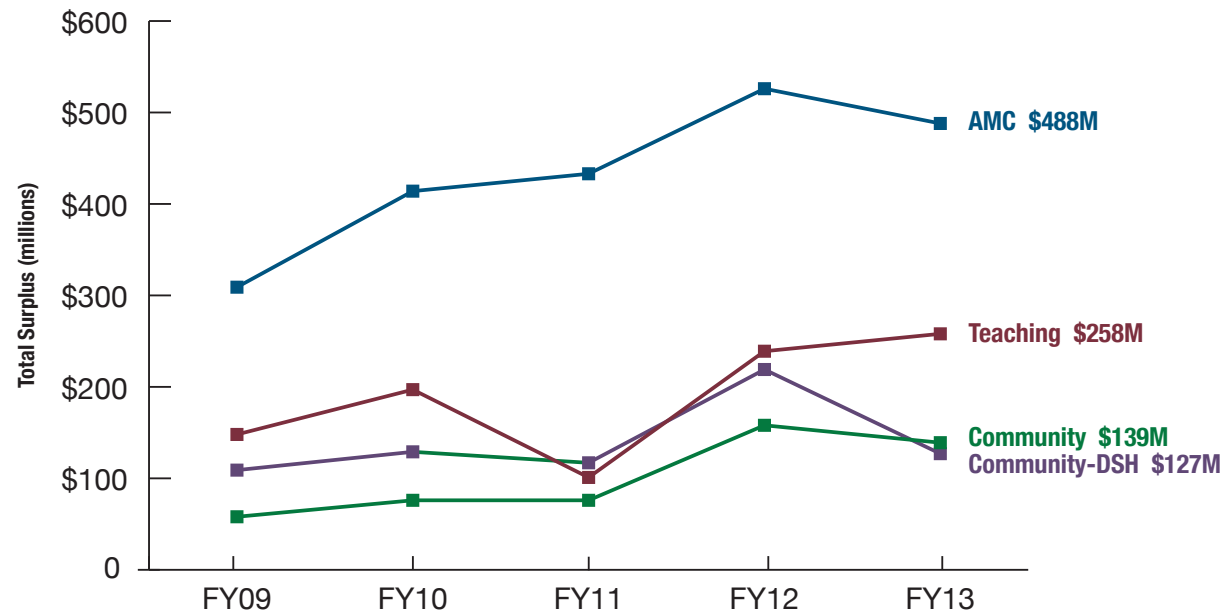


Data Source: Hospital 403 Cost Reports

* Statewide excludes Specialty Hospitals

Surplus by Cohort

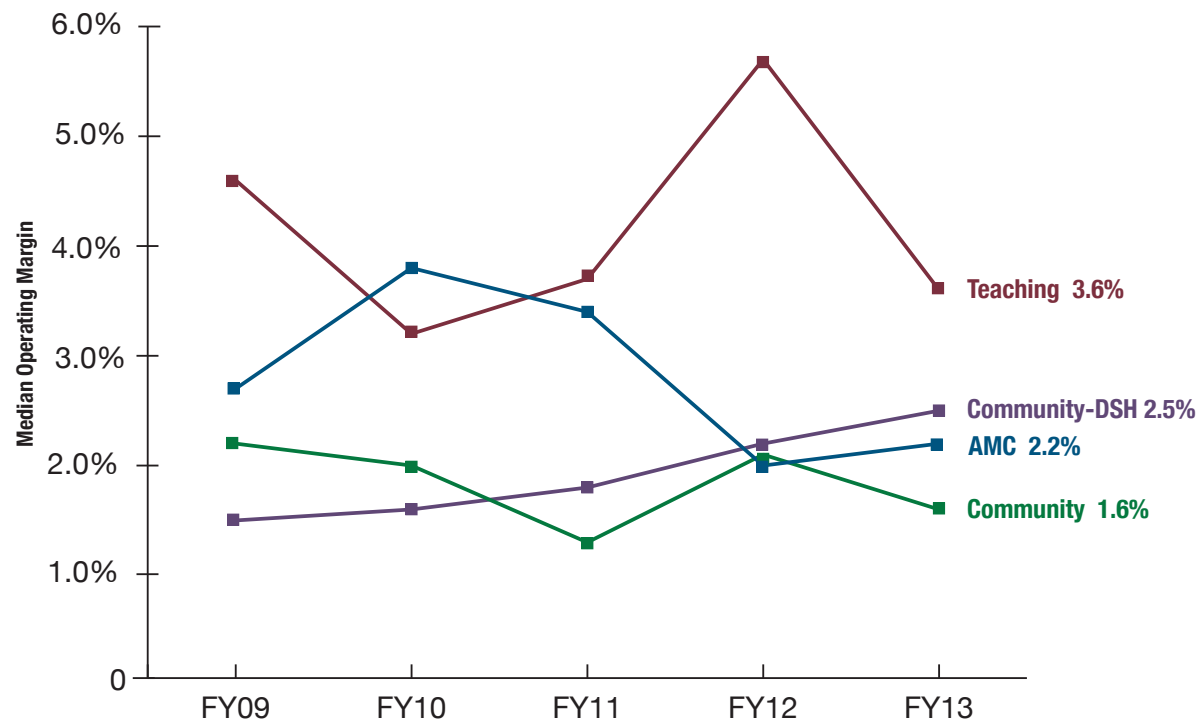
AMCs collectively had the largest surplus in absolute dollars every year from FY2009 to FY2013.



Data Source: Hospital Standardized Financial Statements

Growth in Median Operating Margin, FY2009-FY2013

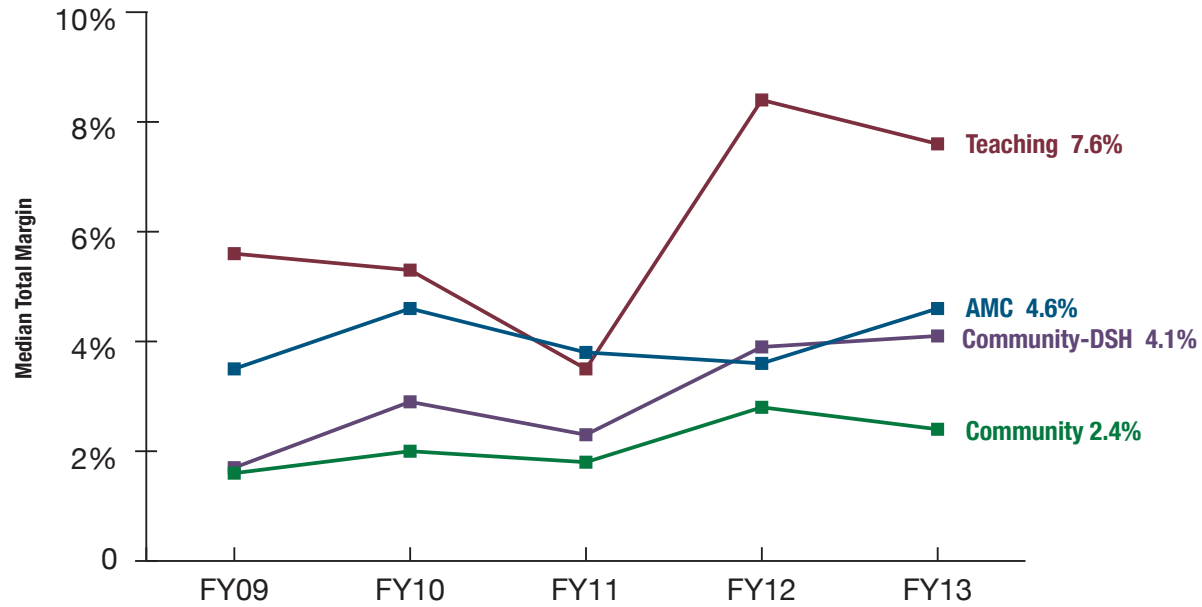
All cohorts have had positive median operating margins since FY2009. Teaching hospitals tended to have the highest median operating margin over this period, including a 3.6% margin in FY2013.



Data Source: Hospital Standardized Financial Statements

Growth in Median Total Margin

Teaching hospitals had the highest total margin in FY2013, at 7.6%.



Data Source: Hospital Standardized Financial Statements

INTRODUCTION TO MULTI-ACUTE HOSPITAL SYSTEM PROFILES

This section provides an overview of multi-acute hospital systems in Massachusetts (“system profiles”). Multi-acute hospital systems play a central role in the Massachusetts health care environment, accounting for the majority of acute hospitals statewide. In 2013, there were nine¹ multi-acute hospital systems that encompassed 39 of the state’s 68 acute hospitals.²

The information presented in the system profiles is based primarily on financial data. Each profile includes measures that highlight financial performance, organizational structure, and relative size of each component entity within the system.

See below for an index of the systems as well as their acute and non-acute hospitals.

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1 Kindred Healthcare, Inc. and Tenet Healthcare Corporation are publicly traded, multistate health systems. Each owns two acute hospitals in Massachusetts (Kindred owns Kindred Hospital – Boston and Kindred Hospital – Boston North Shore; Tenet owns MetroWest Medical Center and Saint Vincent Hospital). Due to their broad presence outside of Massachusetts, CHIA did not include Kindred or Tenet in the system profiles chapter.

2 Refer to the “Subsequent Events” section (Exhibit A) of the Technical Appendix for additional information on the number of hospitals in Massachusetts, as there have been several changes during 2014.

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How to Read Multi-Acute Hospital System Profiles

This sheet provides a brief introduction to the metrics on the multi-acute hospital system profiles. Definitions and notes on all metrics are available in the Technical Appendix.

Financial Indicators of System Affiliate

Operating Revenue and Net Assets of the entity within the system.

Measuring Year

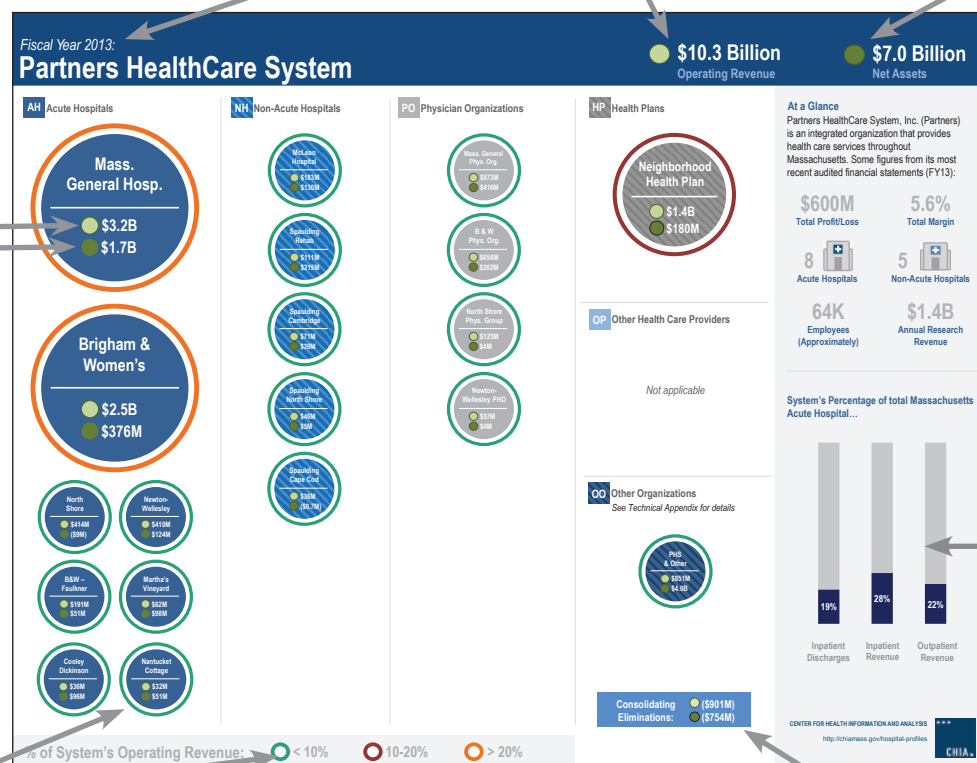
The system's fiscal year for the data on this page.

Size of System

Operating Revenue is a financial measure of an organization's size.

System's Financial Stability

Net Assets is a measure of an organization's financial stability.



Descriptive Metrics

Share of Patient Discharges and Revenue

Bars show the system's proportion of total acute hospital inpatient discharges, inpatient revenue, and outpatient revenue in Massachusetts. Note that outpatient visits are not represented in this chart. See the Technical Appendix for more information.

Proportion of Operating Revenue

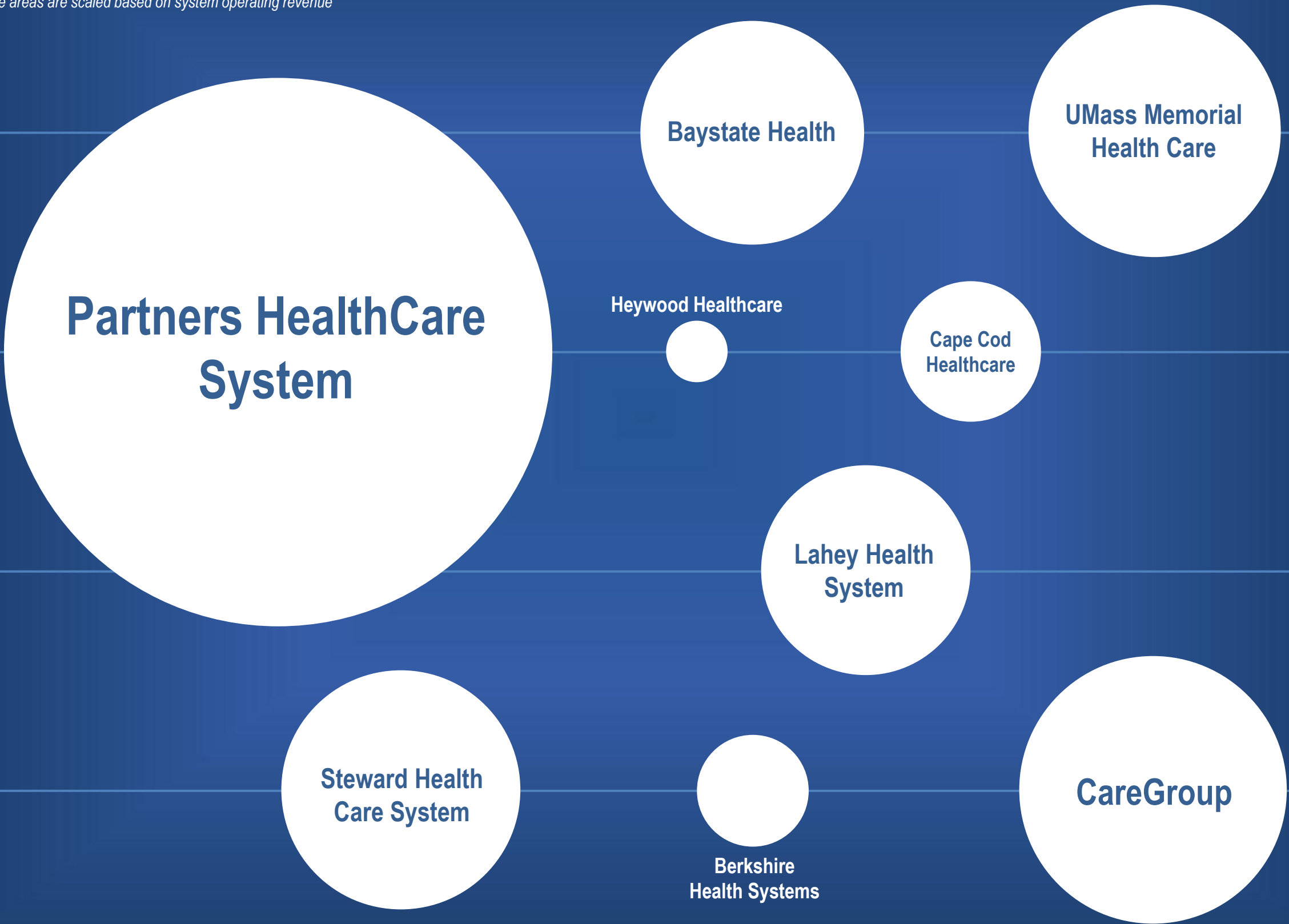
Circle size and the color of the band are based on the entity's proportion of the system's total operating revenue.

Consolidating Eliminations

Intercompany transactions that are eliminated during the financial consolidation process.

Multi-Acute Hospital System Profiles: Comparative Overview

Circle areas are scaled based on system operating revenue



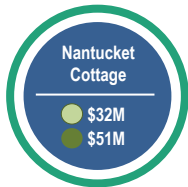
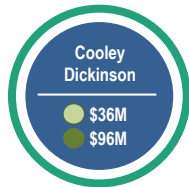
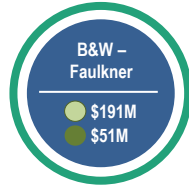
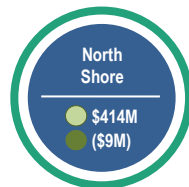
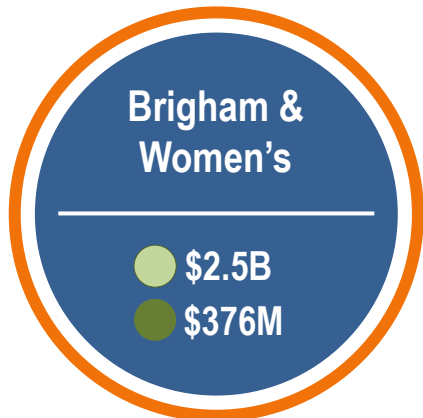
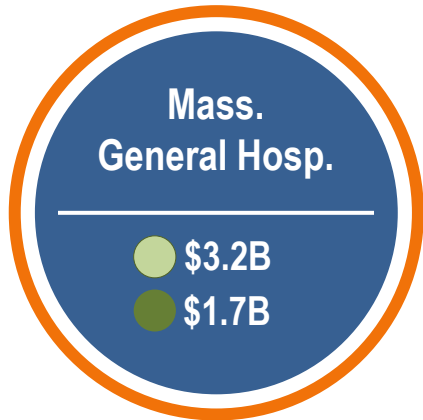
Fiscal Year 2013:

Partners HealthCare System

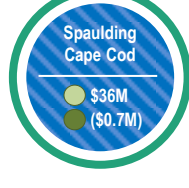
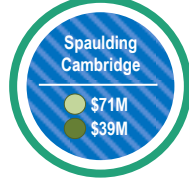
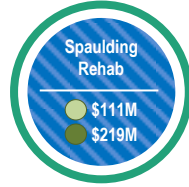
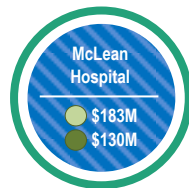
\$10.3 Billion
Operating Revenue

\$7.0 Billion
Net Assets

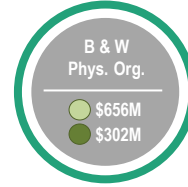
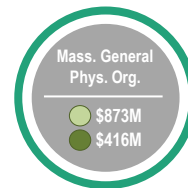
AH Acute Hospitals



NH Non-Acute Hospitals



PO Physician Organizations



HP Health Plans

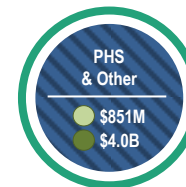


OP Other Health Care Providers

Not applicable

OO Other Organizations

See Technical Appendix for details



Consolidating Eliminations:

- Operating Revenue: (\$901M)
- Net Assets: (\$754M)

At a Glance

Partners HealthCare System, Inc. (Partners) is an integrated organization that provides health care services throughout Massachusetts. Some figures from its most recent audited financial statements (FY13):

\$600M
Total Profit/Loss

5.6%
Total Margin

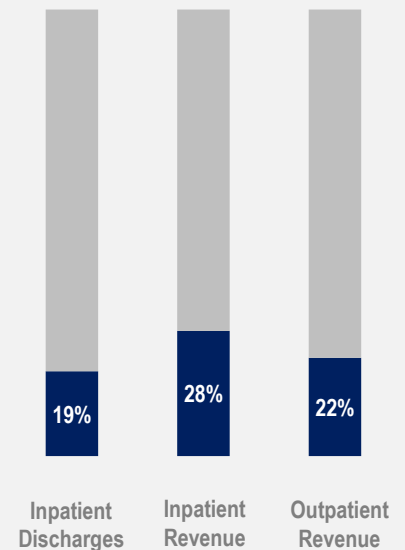
8
Acute Hospitals

5
Non-Acute Hospitals

64K
Employees
(Approximately)

\$1.4B
Annual Research
Revenue

System's Percentage of total Massachusetts Acute Hospital...

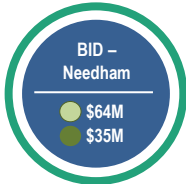
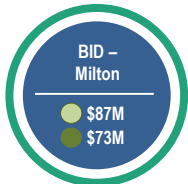
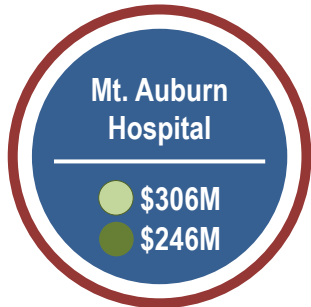
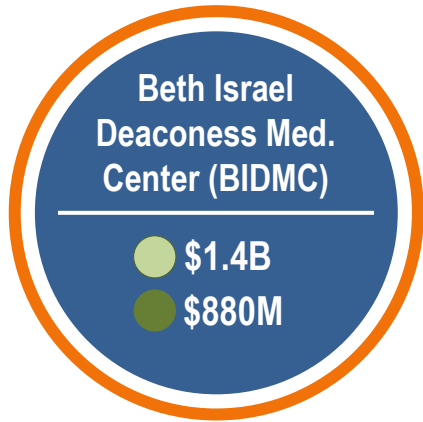


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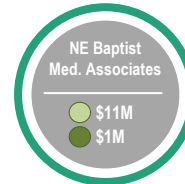
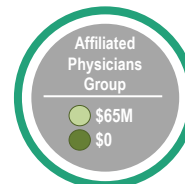
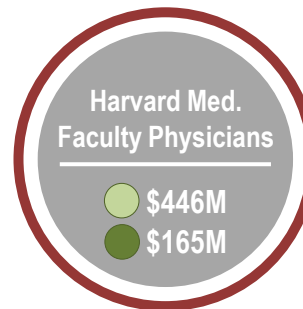
AH Acute Hospitals



NH Non-Acute Hospitals

Not applicable

PO Physician Organizations



HP Health Plans

Not applicable

OP Other Health Care Providers

Not applicable

OO Other Organizations

See Technical Appendix for details



Consolidating Eliminations: (\$168M) (\$2M)

At a Glance

CareGroup, Inc. is a non-profit entity that oversees several regional teaching and community hospitals and physician groups. Some figures from its most recent audited financial statements (FY13):

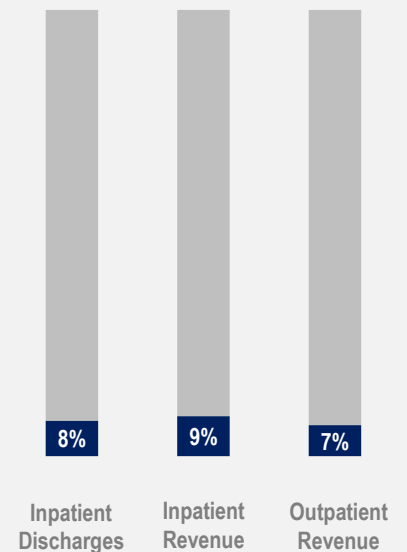
\$137M
Total Profit/Loss

5.4%
Total Margin

5
Acute Hospitals

12K
Employees
(Approximately)

System's Percentage of total Massachusetts Acute Hospital...



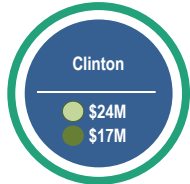
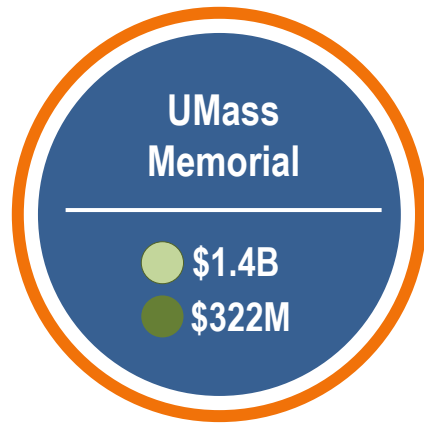
Fiscal Year 2013:

UMass Memorial Health Care

\$2.2 Billion
Operating Revenue

\$860 Million
Net Assets

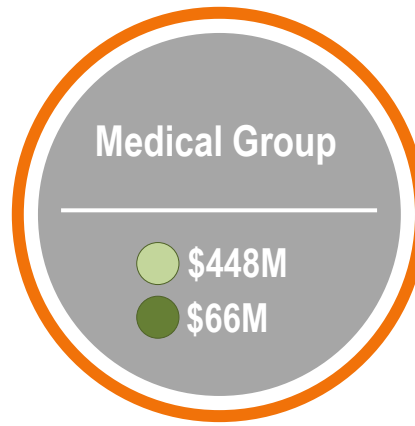
AH Acute Hospitals



NH Non-Acute Hospitals

*Fairlawn Rehabilitation Hospital**

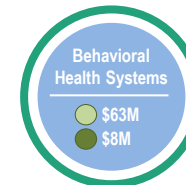
PO Physician Organizations



HP Health Plans

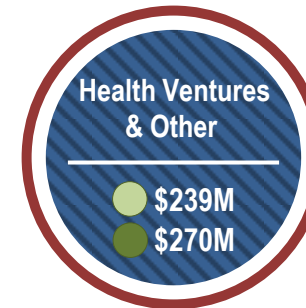
Not applicable

OP Other Health Care Providers



OO Other Organizations

See Technical Appendix for details



Consolidating Eliminations:

- (\$329M)
- (\$60M)

At a Glance

UMass Memorial Health Care, Inc. is an integrated organization that provides health care services throughout Massachusetts. Some figures from its most recent audited financial statements (FY13):

\$75M
Total Profit/Loss

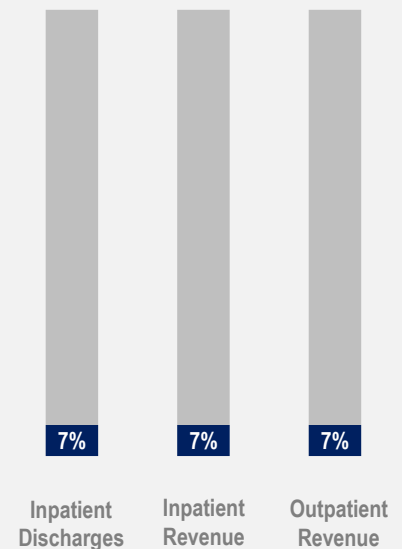
3.4%
Total Margin

5
Acute Hospitals

1
Rehabilitation Hospital

12K
Employees
(Approximately)

System's Percentage of total Massachusetts Acute Hospital...



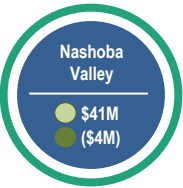
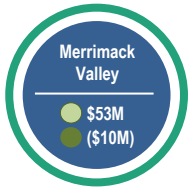
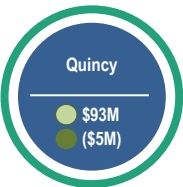
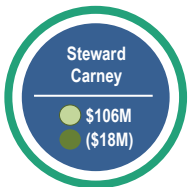
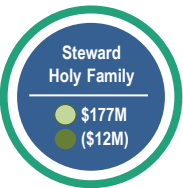
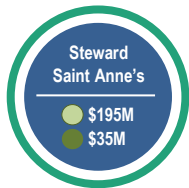
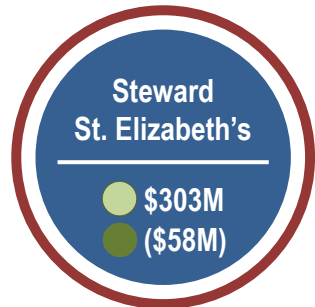
Fiscal Year 2012*:

Steward Health Care System

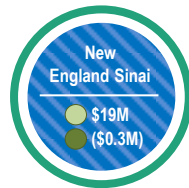
 **\$2.0 Billion**
Operating Revenue

 **\$21 Million**
Net Assets

AH Acute Hospitals



NH Non-Acute Hospitals



PO Physician Organizations

Steward Medical Group*
Steward Emergency Physicians*
Steward Physician Contracting*

HP Health Plans

See Technical Appendix for details

OP Other Health Care Providers

Steward Home Care*
Steward PET Imaging*

OO Other Organizations

See Technical Appendix for details

Steward Health Care Network*
Tailored Risk Assurance Company*

At a Glance

Steward Health Care System, LLC is an integrated organization that provides health care services throughout Massachusetts. Some figures from its most recent audited financial statements (FY12):

-\$33M
Total Profit/Loss

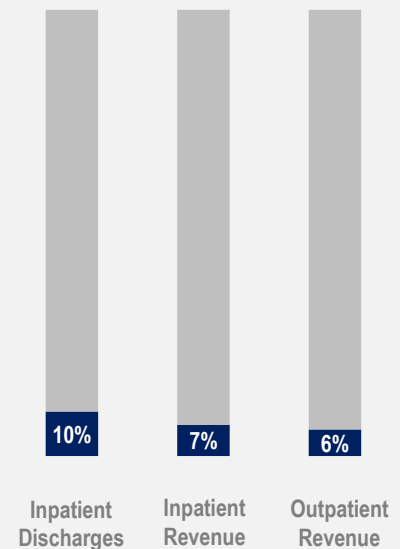
-1.7%
Total Margin

10 
Acute Hospitals

1 
Chronic Care Hospital

17K
Employees
(Approximately)

System's Percentage of total Massachusetts Acute Hospital...



Consolidating Eliminations:

-  Unknown*
-  Unknown*

*Steward's FY12 consolidated financial statements, the most recent on record with CHIA, only provide a financial breakout for the system's hospital organizations. The other organizations presented on this profile are mentioned in the financial statements, but CHIA does not have their financial information.

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% of System's Operating Revenue:

 < 10%

 10-20%

 > 20%

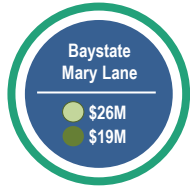
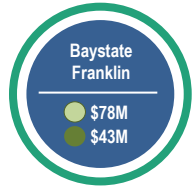
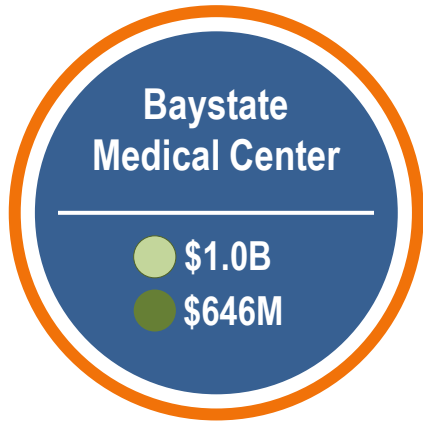
Fiscal Year 2013:

Baystate Health

\$1.7 Billion
Operating Revenue

\$853 Million
Net Assets

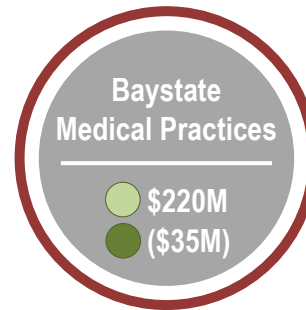
AH Acute Hospitals



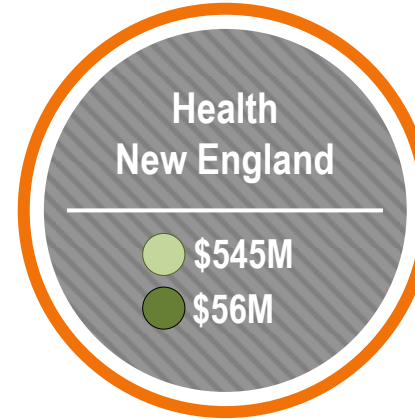
NH Non-Acute Hospitals

Not applicable

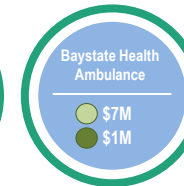
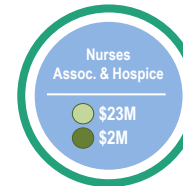
PO Physician Organizations



HP Health Plans

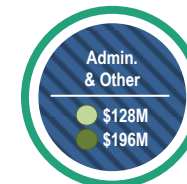


OP Other Health Care Providers



OO Other Organizations

See Technical Appendix for details



Consolidating Eliminations:

- Operating Revenue: (\$310M)
- Net Assets: (\$76M)

At a Glance

Baystate Health, Inc. (Baystate) is an organization that provides health care services throughout Western Massachusetts. Some figures from its most recent audited financial statements (FY13):

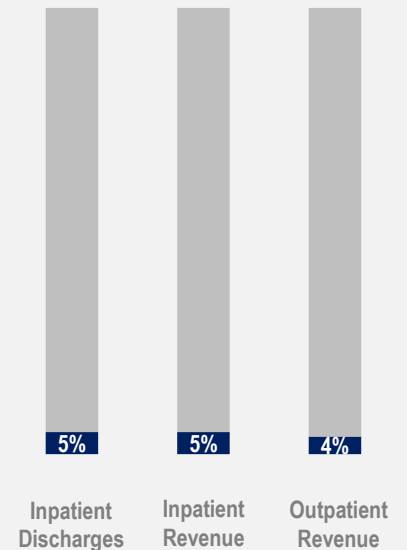
\$71M
Total Profit/Loss

4.1%
Total Margin

3
Acute Hospitals

10K
Employees (Approximately)

System's Percentage of total Massachusetts Acute Hospital...



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Fiscal Year 2013:

Lahey Health System

 **\$1.5 Billion**
Operating Revenue

 **\$876 Million**
Net Assets

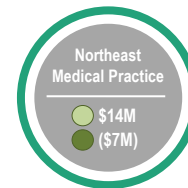
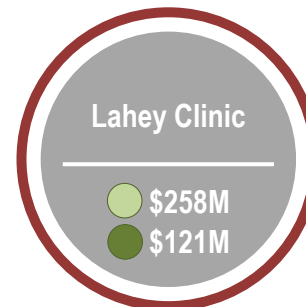
AH Acute Hospitals



NH Non-Acute Hospitals

Not applicable

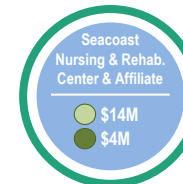
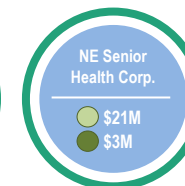
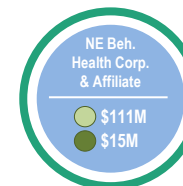
PO Physician Organizations



HP Health Plans

Not applicable

OP Other Health Care Providers



OO Other Organizations

See Technical Appendix for details



Consolidating Eliminations:

Operating Revenue	(\$49M)
Net Assets	(\$16M)

At a Glance

Lahey Health System, Inc. is an integrated health care system acting as the parent organization of Lahey Clinic Foundation, Inc.; Lahey Affiliates; Northeast Health System, Inc.; and Northeast Affiliates. Some figures from its most recent audited financial statements (FY13):

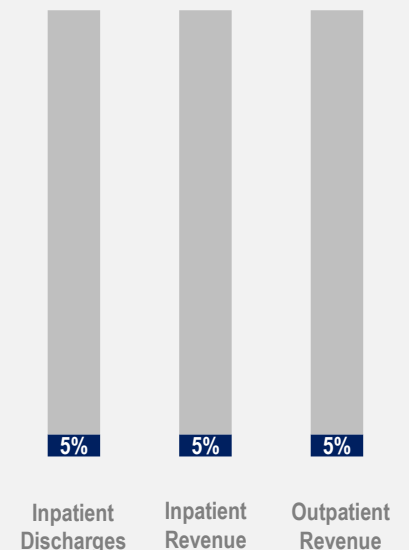
\$83M
Total Profit/Loss

5.4%
Total Margin

2 
Acute Hospitals

11K
Employees
(Approximately)

System's Percentage of total Massachusetts Acute Hospital...



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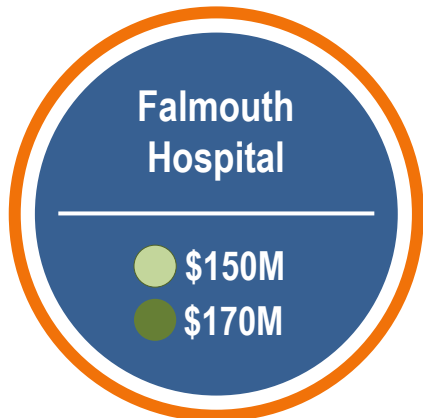
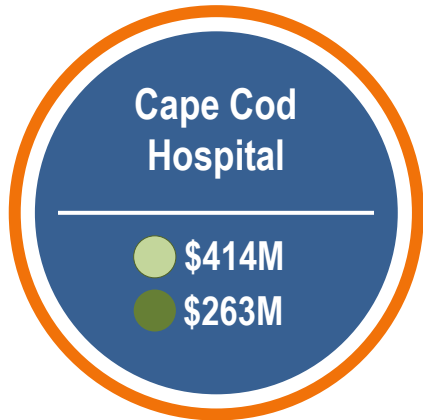
Fiscal Year 2013:

Cape Cod Healthcare

\$674 Million
Operating Revenue

\$489 Million
Net Assets

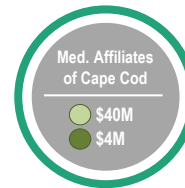
AH Acute Hospitals



NH Non-Acute Hospitals

Not applicable

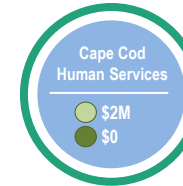
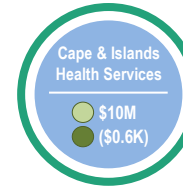
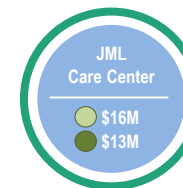
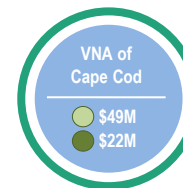
PO Physician Organizations



HP Health Plans

Not applicable

OP Other Health Care Providers



OO Other Organizations

See Technical Appendix for details



Consolidating Eliminations: (\$42M)
(\$160M)

At a Glance

Cape Cod Healthcare, Inc. provides health care services in Cape Cod, Massachusetts. Some figures from its most recent audited financial statements (FY13):

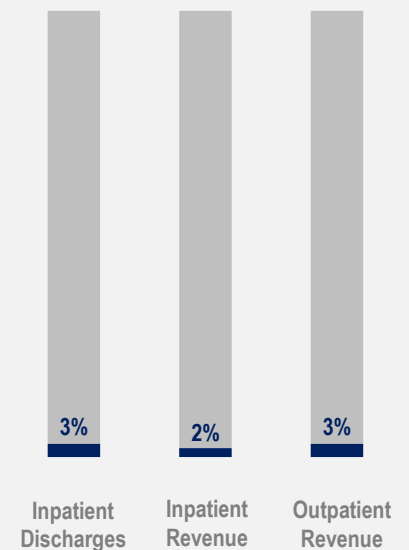
\$37M
Total Profit/Loss

5.5%
Total Margin

2
Acute Hospitals

5K
Employees
(Approximately)

System's Percentage of total Massachusetts Acute Hospital...



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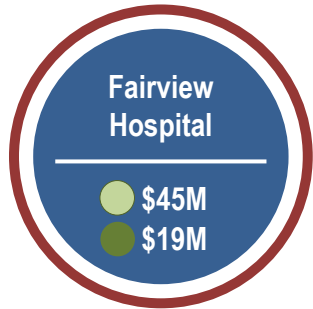
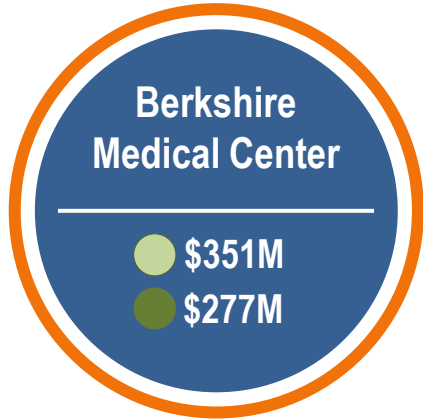
Fiscal Year 2013:

Berkshire Health Systems

\$429 Million
Operating Revenue

\$302 Million
Net Assets

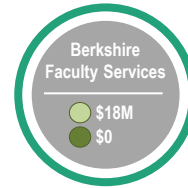
AH Acute Hospitals



NH Non-Acute Hospitals

Not applicable

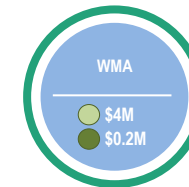
PO Physician Organizations



HP Health Plans

Not applicable

OP Other Health Care Providers



OO Other Organizations

See Technical Appendix for details



Consolidating Eliminations: (\$42M) (\$0.1K)

At a Glance

Berkshire Health Systems, Inc. (Berkshire) is a not-for-profit organization that provides health care services to Western Massachusetts. Some figures from its most recent audited financial statements (FY13):

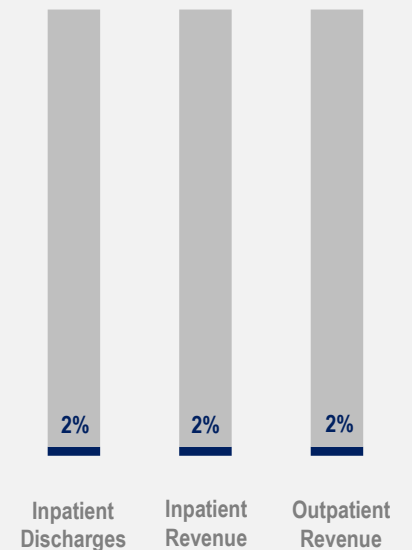
\$26M
Total Profit/Loss

5.9%
Total Margin

2
Acute Hospitals

3K
Employees
(Approximately)

System's Percentage of total Massachusetts Acute Hospital...



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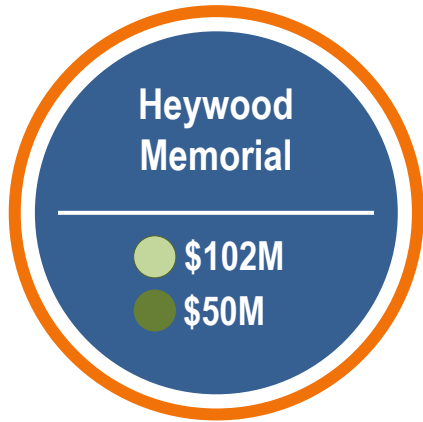
Fiscal Year 2013:

Heywood Healthcare

 **\$129 Million**
Operating Revenue

 **\$54 Million**
Net Assets

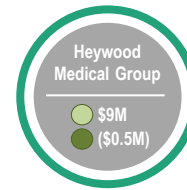
AH Acute Hospitals



NH Non-Acute Hospitals

Not applicable

PO Physician Organizations



HP Health Plans

Not applicable

OP Other Health Care Providers

Not applicable

OO Other Organizations

See Technical Appendix for details



Consolidating Eliminations:

	(\$2M)
	\$0.5K

At a Glance

Heywood Healthcare, Inc., operates two not-for profit acute care hospitals in central Massachusetts. Some figures from its most recent audited financial statements (FY13):

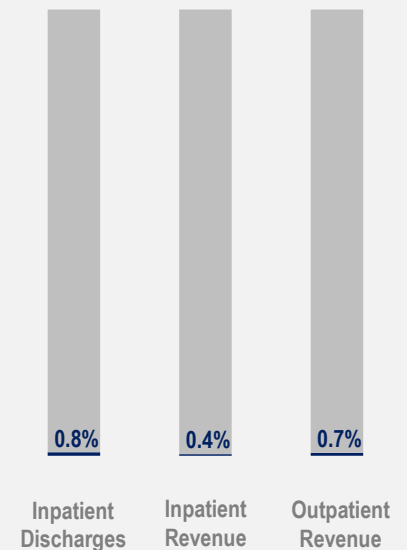
\$3M
Total Profit/Loss

2.1%
Total Margin

2 
Acute Hospitals

1K
Employees
(Approximately)

System's Percentage of total Massachusetts Acute Hospital...



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<http://chiamass.gov/hospital-profiles>



INTRODUCTION TO ACUTE HOSPITAL COHORT PROFILES

Acute hospitals were grouped into cohorts of similar hospitals as follows:

Academic Medical Centers (AMCs) are a subset of teaching hospitals. AMCs are characterized by (1) extensive research and teaching programs and (2) extensive resources for tertiary and quaternary care, and are (3) principal teaching hospitals for their respective medical schools and (4) full service hospitals with case mix intensity greater than 5% above the statewide average.

AMC Cohort page B1

Beth Israel Deaconess Medical Center	Massachusetts General Hospital
Boston Medical Center	Tufts Medical Center
Brigham and Women's Hospital	UMass Memorial Medical Center

Teaching hospitals are those hospitals that report at least 25 full-time equivalent medical school residents per one hundred inpatient beds in accordance with Medicare Payment Advisory Commission (MedPAC) and are not classified as AMCs.

Teaching Hospital Cohort page B2

Baystate Medical Center	Mount Auburn Hospital
Berkshire Medical Center	Saint Vincent Hospital
Brigham and Women's Faulkner Hospital	Steward Carney Hospital
Cambridge Health Alliance	Steward St. Elizabeth's Medical Center
Lahey Hospital & Medical Center	

Community hospitals are hospitals that are not teaching hospitals and have a public payer mix of less than 63%.

Community Hospital Cohort page B3

Anna Jaques Hospital	MetroWest Medical Center
Baystate Mary Lane Hospital	Milford Regional Medical Center
Beth Israel Deaconess Hospital - Milton	Nantucket Cottage Hospital
Beth Israel Deaconess Hospital - Needham	Nashoba Valley Medical Center
Beth Israel Deaconess Hospital - Plymouth	Newton-Wellesley Hospital
Cooley Dickinson Hospital	Northeast Hospital
Emerson Hospital	South Shore Hospital
Hallmark Health	Steward Norwood Hospital
Lowell General Hospital	Winchester Hospital

Community-Disproportionate Share Hospitals (DSH) are community hospitals that are disproportionately reliant on public revenues by virtue of a public payer mix of 63% or greater. Public payers include Medicare, MassHealth and other government payers, including Commonwealth Care and the Health Safety Net.

Community-DSH Hospital Cohort page B4	
Athol Hospital	Mercy Medical Center
Baystate Franklin Medical Center	Merrimack Valley Hospital
Cape Cod Hospital	Morton Hospital
Clinton Hospital	Noble Hospital
Fairview Hospital	North Shore Medical Center
Falmouth Hospital	Quincy Medical Center
Harrington Memorial Hospital	Signature Healthcare Brockton Hospital
HealthAlliance Hospital	Southcoast Hospitals Group
Heywood Hospital	Steward Good Samaritan Medical Center
Holyoke Medical Center	Steward Holy Family Hospital
Lawrence General Hospital	Steward Saint Anne's Hospital
Marlborough Hospital	Sturdy Memorial Hospital
Martha's Vineyard Hospital	Wing Memorial Hospital

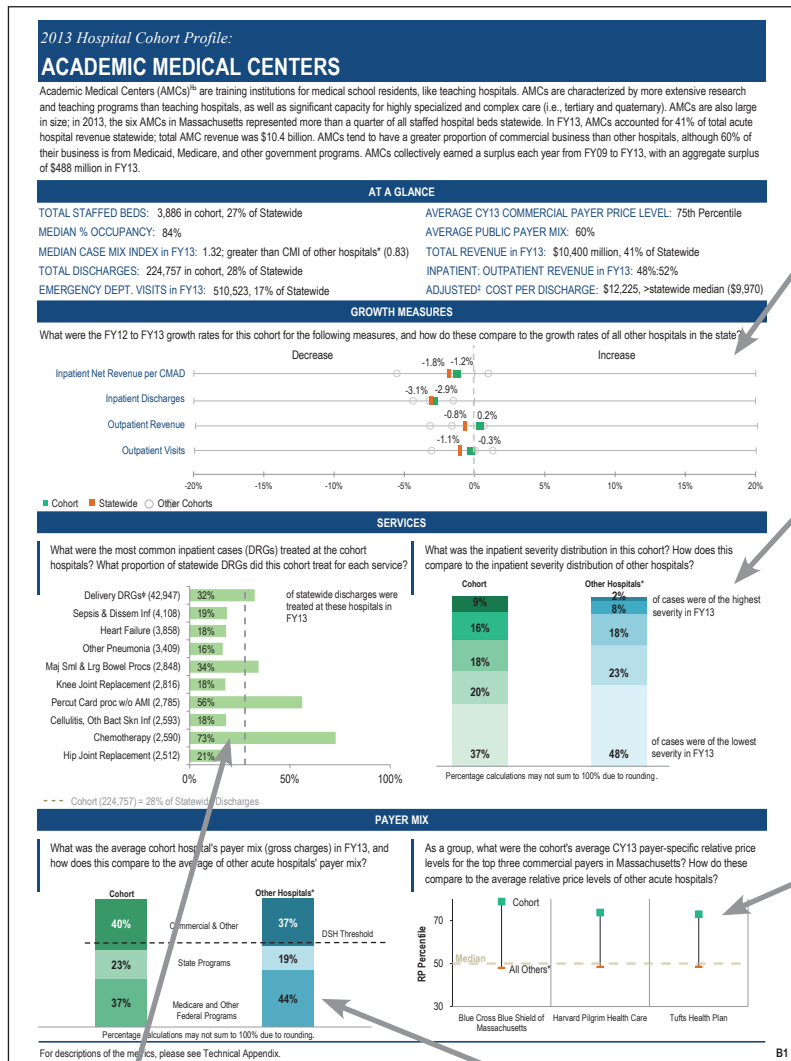
Specialty hospitals were not included in any cohort comparison analysis due the unique patient populations they serve and/or the unique sets of services they provide. Specialty hospitals are included in some statewide analyses. Individual profiles for these hospitals can be found in Section C.

Specialty Hospitals	
Boston Children's Hospital	Kindred Hospital - Boston North Shore
Dana-Farber Cancer Institute	Massachusetts Eye and Ear Infirmary
Kindred Hospital - Boston	New England Baptist Hospital

For detailed descriptions of the data sources and metrics used in the acute hospital cohort profiles, please see the Technical Appendix.

How to Read Acute Hospital Cohort Profiles – FY13

This sheet provides a brief introduction to the metrics on the hospital cohort profiles. Definitions and notes on all metrics are available in the Technical Appendix.



Growth Measures

This section shows one-year growth rates (FY2012 – FY2013) of utilization and revenue trend metrics.

Inpatient Severity Distribution

The severity distribution of all inpatient cases treated at cohort hospitals is shown in the green stacked column. The blue stacked column allows comparison to all other acute hospitals, excluding Specialty hospitals.

Relative Price (RP)

Compares different provider prices within a payer's network relative to the network's average price level. The cohort's green square allows a price comparison to all other hospitals' (excluding Specialty hospitals) orange dash.

The dashed line shows the payer's network median relative price.

Types of Inpatient Cases

The cohort's most frequent cases are listed, with the number of discharges in each group and a bar representing the cohort's share of statewide cases.

Payer Mix

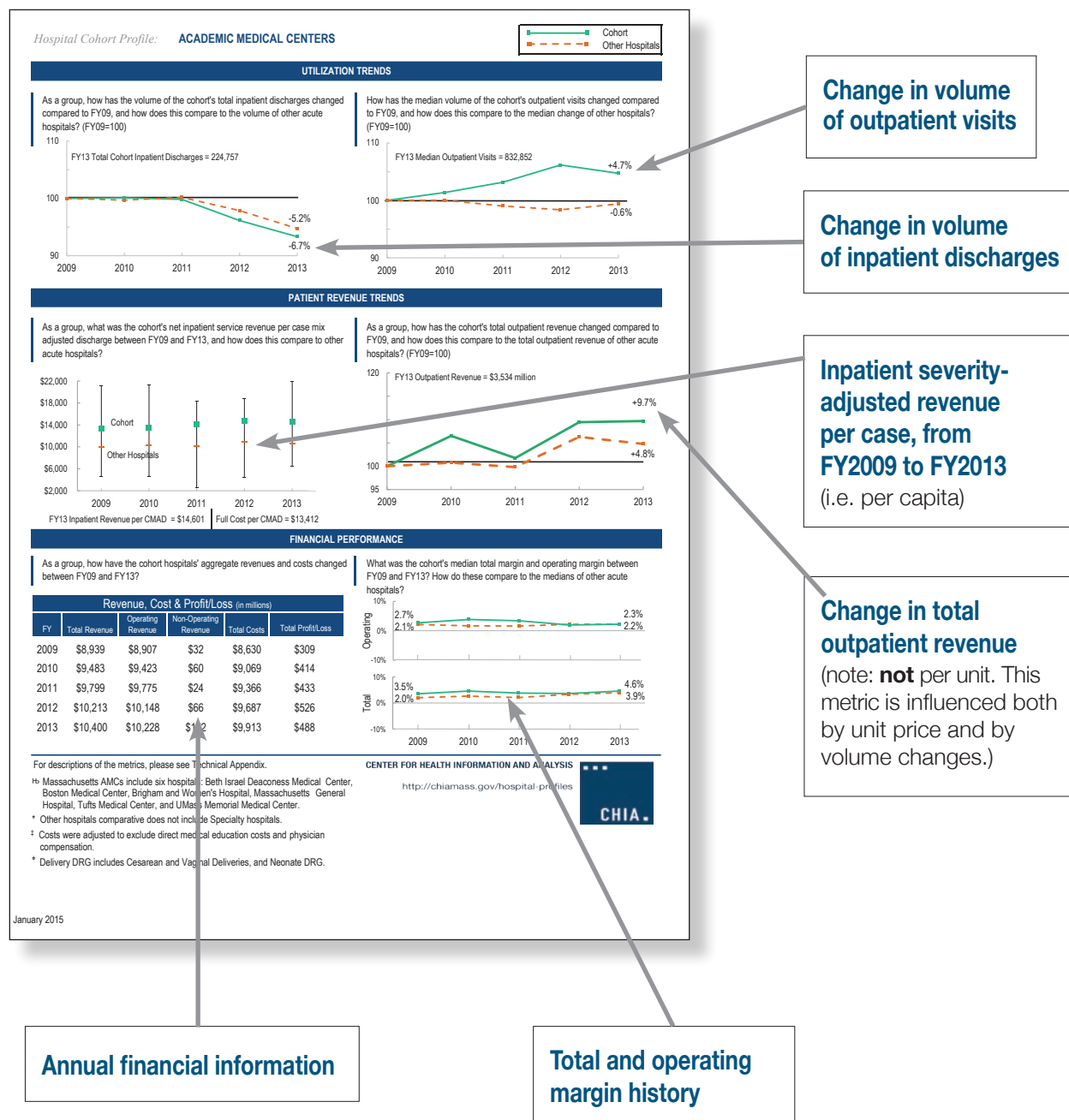
This cohort's average hospital's share of business from federal and state programs and commercial payers is shown in the green column. The blue column allows comparison to the average non-cohort, non-Specialty acute hospital in Massachusetts.

The dashed line indicates whether the average hospital in the cohort receives 63% or more of its business from government programs (the bottom two sections of each column). This is the 'DSH Threshold'.

How to Read Acute Hospital Cohort Profiles – FY13

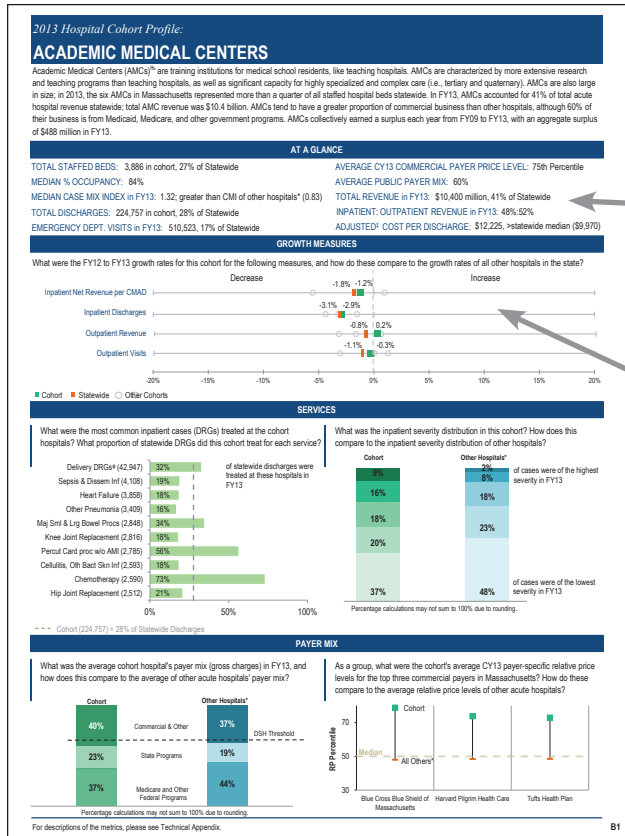
Each of the first four graphs compares trends at the featured cohort (in green) to the trend among all other acute hospitals, excluding Specialty hospitals (in orange). Both trends are anchored at 100 to emphasize recent changes. The labeled points are cumulative over the time period.

Absolute differences between the cohort and other hospitals cannot be read off these graphs, but are available in the data supplement to these reports.



Changes from FY12 Acute Hospital Cohort Profiles

What changed from Acute Hospital Cohort Profiles – Data through Fiscal Year 2012



New At a Glance Measures include Emergency Department Visits and Adjusted Cost per Case Mix Adjusted Discharge (CMAD).

New Growth Measures section shows 1-year growth rates (FY12-FY13) of revenue and utilization trend metrics. Cohort growth measures are compared to all other hospitals.

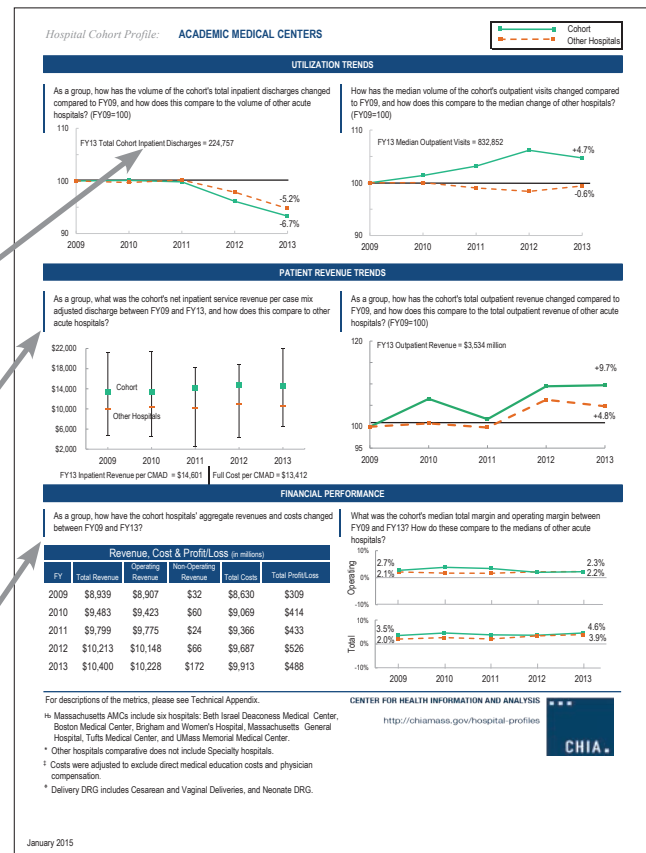
FY13 Values are noted on all trend measures.

New Revenue Trends Metrics replace cost trends metrics on *Data through FY12 Profile*.

Financial Performance Metrics now include operating and non-operating revenue, and operating margin.

Methodology:

- Cohort and 'all other hospital' comparisons use medians (instead of the averages) of growth rates for utilization, revenue, and financial performance.¹



¹ Payer mix comparison (average) and cohort financial performance (median) calculations did not change from *Data through FY12 Profile*.

ACADEMIC MEDICAL CENTERS

Academic Medical Centers (AMCs)^{1b} are training institutions for medical school residents, like teaching hospitals. AMCs are characterized by more extensive research and teaching programs than teaching hospitals, as well as significant capacity for highly specialized and complex care (i.e., tertiary and quaternary). AMCs are also large in size; in 2013, the six AMCs in Massachusetts represented more than a quarter of all staffed hospital beds statewide. In FY13, AMCs accounted for 41% of total acute hospital revenue statewide; total AMC revenue was \$10.4 billion. AMCs tend to have a greater proportion of commercial business than other hospitals, although 60% of their business is from Medicaid, Medicare, and other government programs. AMCs collectively earned a surplus each year from FY09 to FY13, with an aggregate surplus of \$488 million in FY13.

AT A GLANCE

TOTAL STAFFED BEDS: 3,886 in cohort, 27% of Statewide

MEDIAN % OCCUPANCY: 84%

MEDIAN CASE MIX INDEX in FY13: 1.32; greater than CMI of other hospitals* (0.83)

TOTAL DISCHARGES: 224,757 in cohort, 28% of Statewide

EMERGENCY DEPT. VISITS in FY13: 510,523, 17% of Statewide

AVERAGE CY13 COMMERCIAL PAYER PRICE LEVEL: 75th Percentile

AVERAGE PUBLIC PAYER MIX: 60%

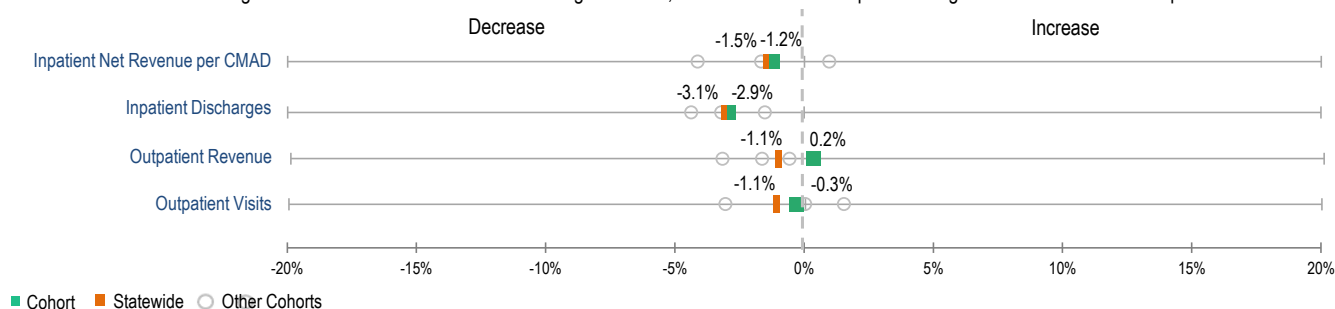
TOTAL REVENUE in FY13: \$10,400 million, 41% of Statewide

INPATIENT: OUTPATIENT REVENUE in FY13: 48%:52%

ADJUSTED* COST PER DISCHARGE: \$12,225, >statewide median (\$9,970)

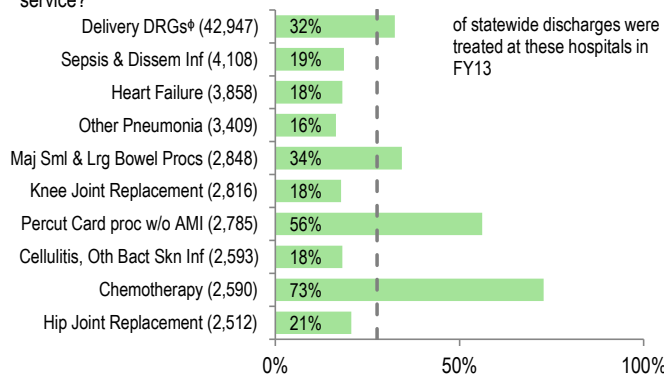
GROWTH MEASURES

What were the FY12 to FY13 growth rates for this cohort for the following measures, and how do these compare to the growth rates of all other hospitals in the state?

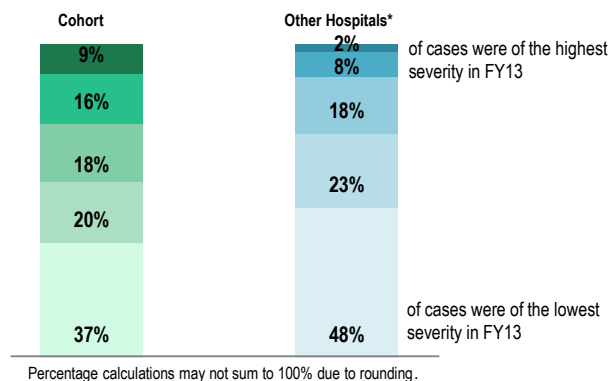


SERVICES

What were the most common inpatient cases (DRGs) treated at the cohort hospitals? What proportion of statewide DRGs did this cohort treat for each service?

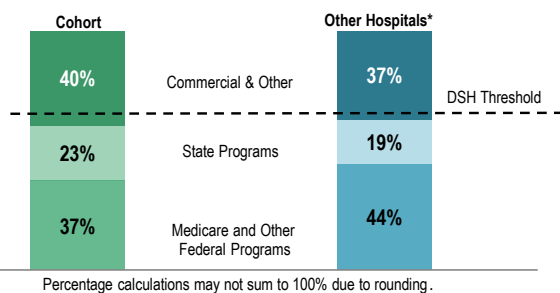


What was the inpatient severity distribution in this cohort? How does this compare to the inpatient severity distribution of other hospitals?

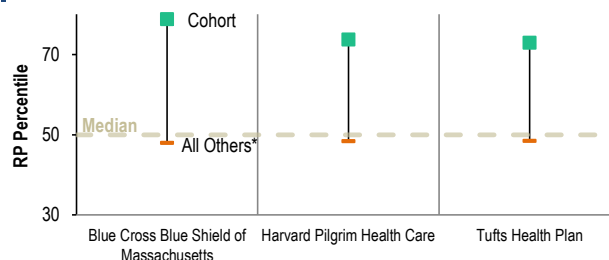


PAYER MIX

What was the average cohort hospital's payer mix (gross charges) in FY13, and how does this compare to the average of other acute hospitals' payer mix?



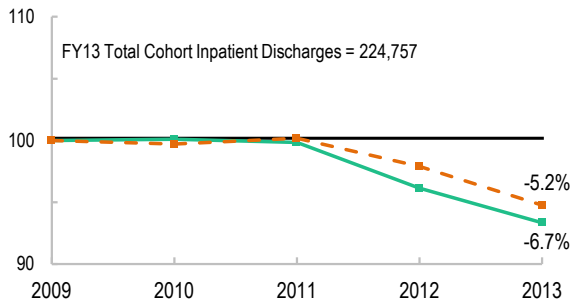
As a group, what were the cohort's average CY13 payer-specific relative price levels for the top three commercial payers in Massachusetts? How do these compare to the average relative price levels of other acute hospitals?



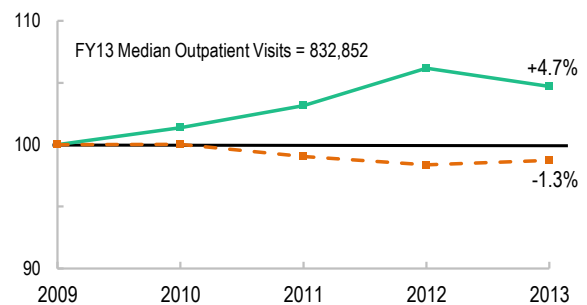
For descriptions of the metrics, please see Technical Appendix.

UTILIZATION TRENDS

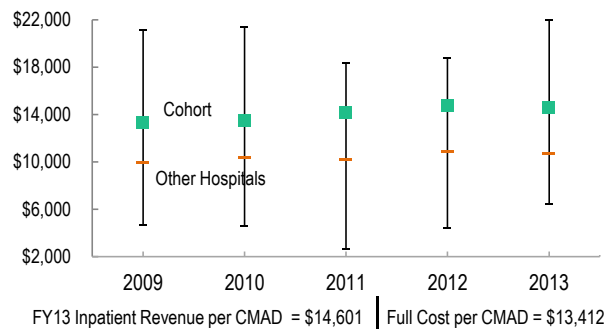
As a group, how has the volume of the cohort's total inpatient discharges changed compared to FY09, and how does this compare to the volume of other acute hospitals? (FY09=100)



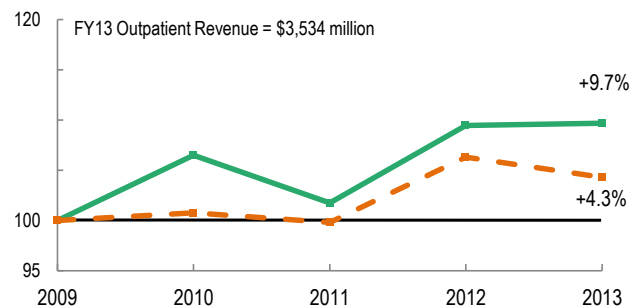
How has the median volume of the cohort's outpatient visits changed compared to FY09, and how does this compare to the median change of other hospitals? (FY09=100)


PATIENT REVENUE TRENDS

As a group, what was the cohort's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this compare to other acute hospitals?



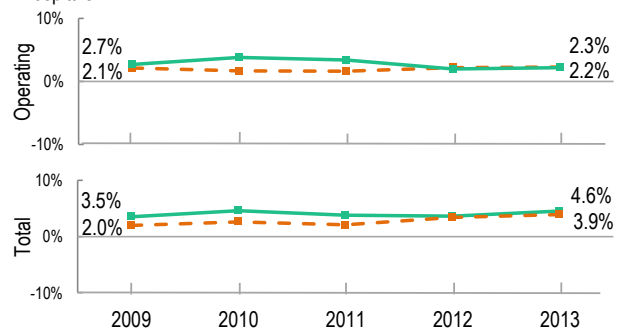
As a group, how has the cohort's total outpatient revenue changed compared to FY09, and how does this compare to the total outpatient revenue of other acute hospitals? (FY09=100)


FINANCIAL PERFORMANCE

As a group, how have the cohort hospitals' aggregate revenues and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$8,939	\$8,907	\$32	\$8,630	\$309
2010	\$9,483	\$9,423	\$60	\$9,069	\$414
2011	\$9,799	\$9,775	\$24	\$9,366	\$433
2012	\$10,213	\$10,148	\$66	\$9,687	\$526
2013	\$10,400	\$10,228	\$172	\$9,913	\$488

What was the cohort's median total margin and operating margin between FY09 and FY13? How do these compare to the medians of other acute hospitals?



For descriptions of the metrics, please see Technical Appendix.

▮ Massachusetts AMCs include six hospitals: Beth Israel Deaconess Medical Center, Boston Medical Center, Brigham and Women's Hospital, Massachusetts General Hospital, Tufts Medical Center, and UMass Memorial Medical Center.

* Other hospitals comparative does not include Specialty hospitals.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

‡ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

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TEACHING HOSPITALS

Teaching hospitals are training institutions with at least 25 full-time equivalent medical school residents per one hundred inpatient beds that are not considered academic medical centers (AMCs). The nine teaching hospitals in Massachusetts tend to be larger hospitals, collectively representing nearly one-fifth of all staffed hospital beds statewide in 2013. In FY13, teaching hospitals accounted for 16% of total acute hospital revenue statewide; total teaching hospital revenue was \$4.0 billion. Teaching hospitals tend to have a greater proportion of business from Medicaid, Medicare, and other government programs than other hospitals, with 64% of their business from these public payers in FY13. Teaching hospitals collectively earned a surplus each year from FY09 to FY13, with an aggregate surplus of \$258 million in FY13.

AT A GLANCE

TOTAL STAFFED BEDS: 2,502 in cohort, 17% of Statewide

MEDIAN % OCCUPANCY: 71%

MEDIAN CASE MIX INDEX in FY13: 0.94, greater than CMI of other hospitals* (0.84)

TOTAL DISCHARGES: 144,473 in cohort, 18% of Statewide

EMERGENCY DEPT. VISITS in FY13: 488,524, 16% of Statewide

AVERAGE CY13 COMMERCIAL PAYER PRICE LEVEL: 56th Percentile

AVERAGE PUBLIC PAYER MIX: 64%

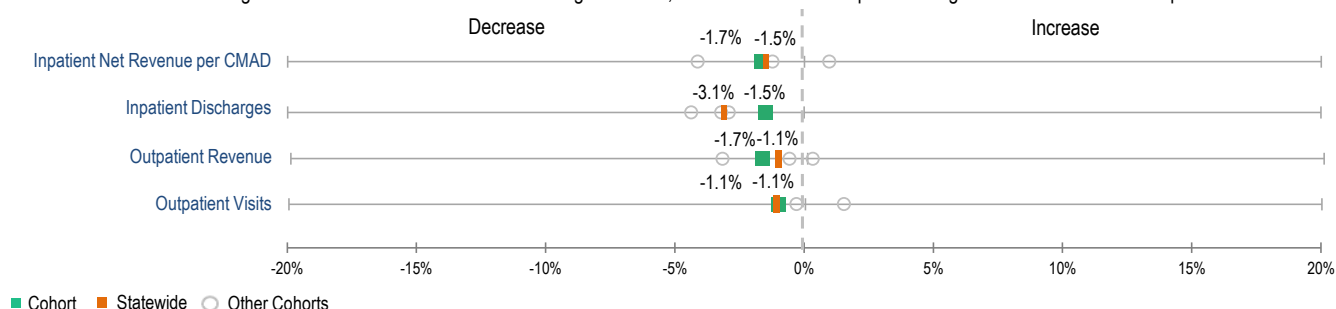
TOTAL REVENUE in FY13: \$4,004 million, 16% of Statewide

INPATIENT: OUTPATIENT REVENUE in FY13: 35%:65%

ADJUSTED* COST PER DISCHARGE: \$9,788, < statewide median (\$9,970)

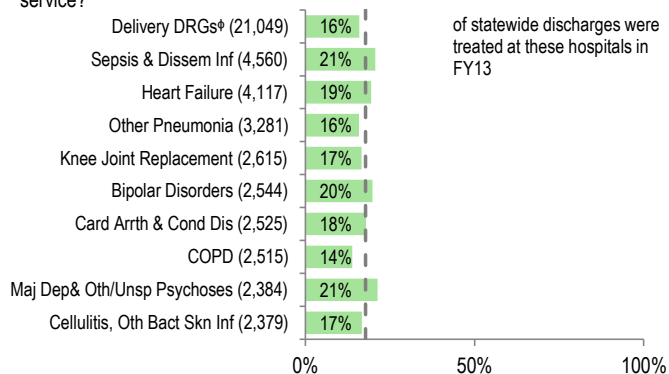
GROWTH MEASURES

What were the FY12 to FY13 growth rates for this cohort for the following measures, and how do these compare to the growth rates of all other hospitals in the state?



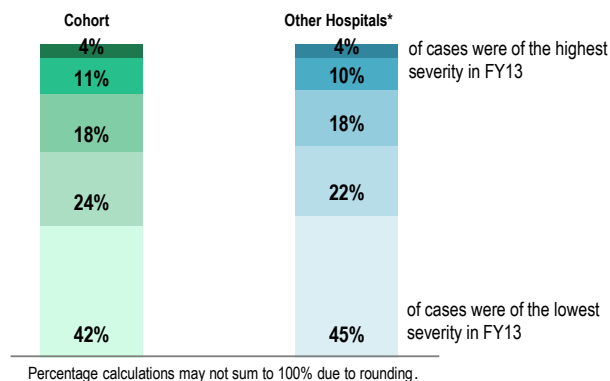
SERVICES

What were the most common inpatient cases (DRGs) treated at the cohort hospitals? What proportion of statewide DRGs did this cohort treat for each service?



--- Cohort (144,473) = 18% of Statewide Discharges

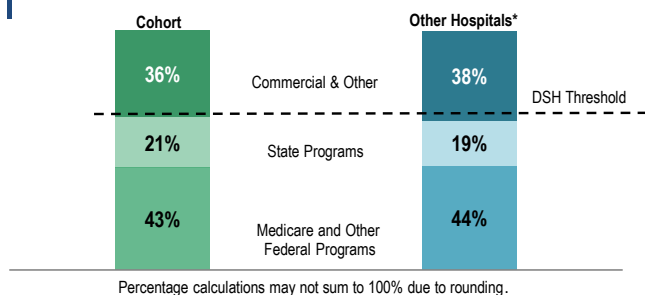
What was the inpatient severity distribution in this cohort? How does this compare to the inpatient severity distribution of other hospitals?



Percentage calculations may not sum to 100% due to rounding.

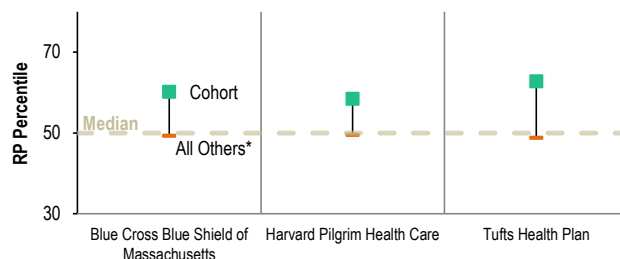
PAYER MIX

What was the average cohort hospital's payer mix (gross charges) in FY13, and how does this compare to the average of other acute hospitals' payer mix?



Percentage calculations may not sum to 100% due to rounding.

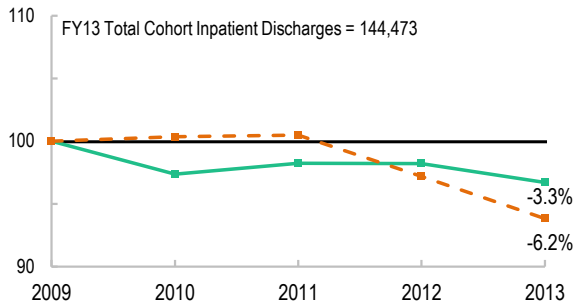
As a group, what were the cohort's average CY13 payer-specific relative price levels for the top three commercial payers in Massachusetts? How do these compare to the average relative price levels of other acute hospitals?



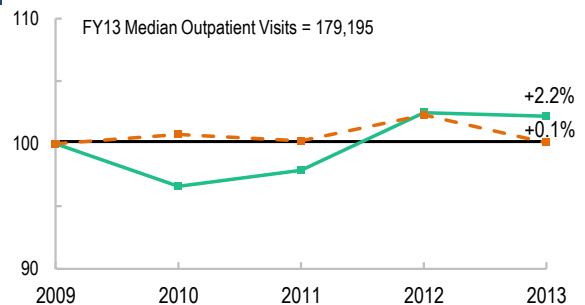
For descriptions of the metrics, please see Technical Appendix.

UTILIZATION TRENDS

As a group, how has the volume of the cohort's total inpatient discharges changed compared to FY09, and how does this compare to the volume of other acute hospitals? (FY09=100)

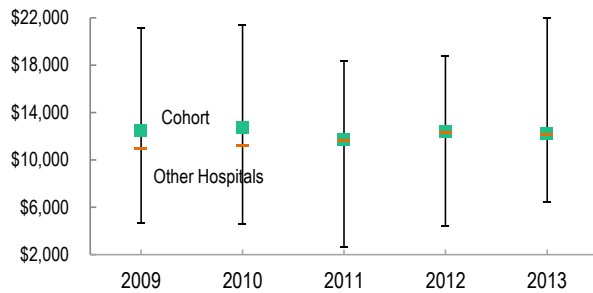


How has the median volume of the cohort's outpatient visits changed compared to FY09, and how does this compare to the median change of other hospitals? (FY09=100)



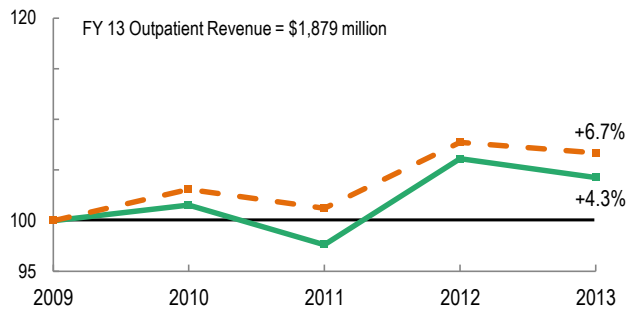
PATIENT REVENUE TRENDS

As a group, what was the cohort's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this compare to other acute hospitals?



FY13 Inpatient Revenue per CMAD = \$12,181 | Full Cost per CMAD = \$10,668

As a group, how has the cohort's total outpatient revenue changed compared to FY09, and how does this compare to the total outpatient revenue of other acute hospitals? (FY09=100)

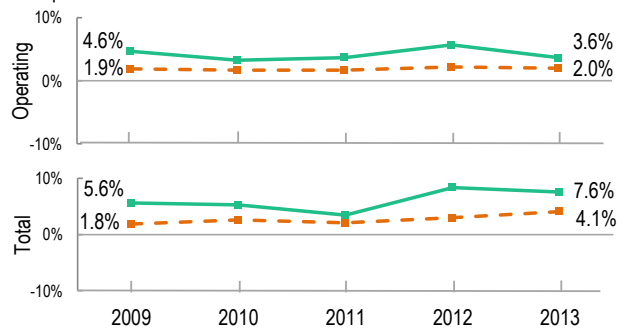


FINANCIAL PERFORMANCE

As a group, how have the cohort hospitals' aggregate revenues and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$3,898	\$3,884	\$13	\$3,749	\$148
2010	\$3,990	\$3,932	\$59	\$3,793	\$197
2011	\$3,670	\$3,654	\$15	\$3,569	\$101
2012	\$3,991	\$3,931	\$59	\$3,752	\$239
2013	\$4,004	\$3,939	\$66	\$3,747	\$258

What was the cohort's median total margin and operating margin between FY09 and FY13? How do these compare to the medians of other acute hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Other hospitals comparative does not include Specialty hospitals.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

* Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

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COMMUNITY HOSPITALS

Community hospitals are hospitals that are not characterized as specialty, teaching, or academic medical centers. These hospitals also do not meet the criteria for Disproportionate Share Hospital (DSH) status. There are 18 community hospitals in Massachusetts that range in size from 19 to 406 staffed beds. Collectively, in 2013, community hospitals represented roughly one-quarter of all staffed hospital beds statewide. In FY13, community hospitals accounted for 15% of total acute hospital revenue statewide; total community hospital revenue was \$3.7 billion. Community hospitals tend to have a greater proportion of commercial business than other hospitals, although 55% of their business comes from Medicaid, Medicare, and other government programs. Community hospitals collectively earned a surplus each year from FY09 to FY13, with an aggregate surplus of \$139 million in FY13.

AT A GLANCE

TOTAL STAFFED BEDS: 3,306 in cohort, 23% of Statewide

MEDIAN % OCCUPANCY: 64%

MEDIAN CASE MIX INDEX in FY13: 0.78, less than CMI of other hospitals* (0.87)

TOTAL DISCHARGES: 191,842 in cohort, 23% of Statewide

EMERGENCY DEPT. VISITS in FY13: 796,542, 26% of Statewide

AVERAGE CY13 COMMERCIAL PAYER PRICE LEVEL: 47th Percentile

AVERAGE PUBLIC PAYER MIX: 55%

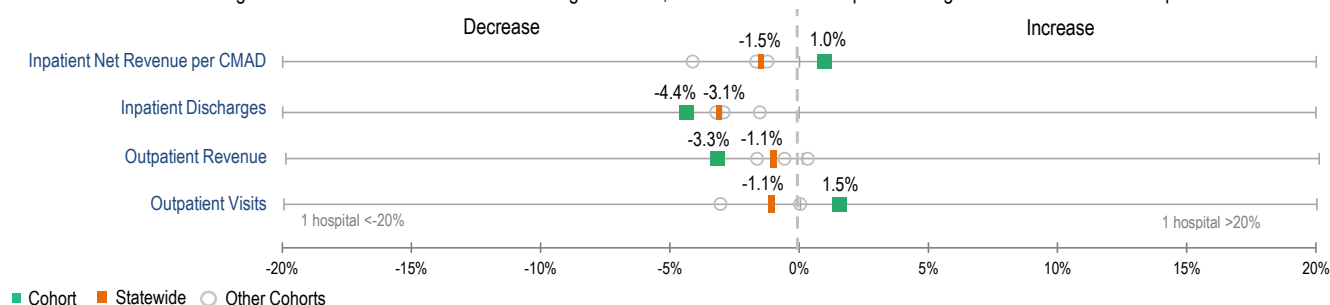
TOTAL REVENUE in FY13: \$3,721 million, 15% of Statewide

INPATIENT: OUTPATIENT REVENUE in FY13: 31%:69%

ADJUSTED* COST PER DISCHARGE: \$9,838, < statewide median (\$9,970)

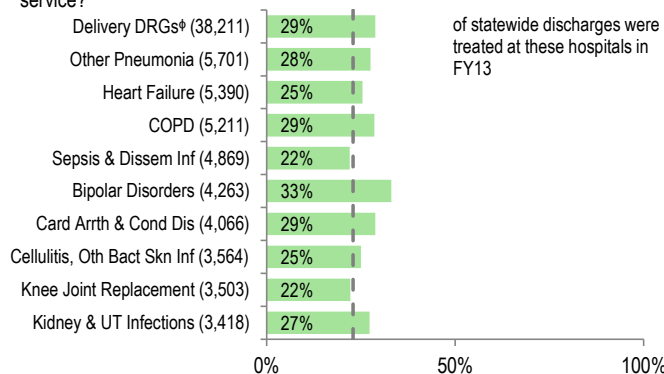
GROWTH MEASURES

What were the FY12 to FY13 growth rates for this cohort for the following measures, and how do these compare to the growth rates of all other hospitals in the state?

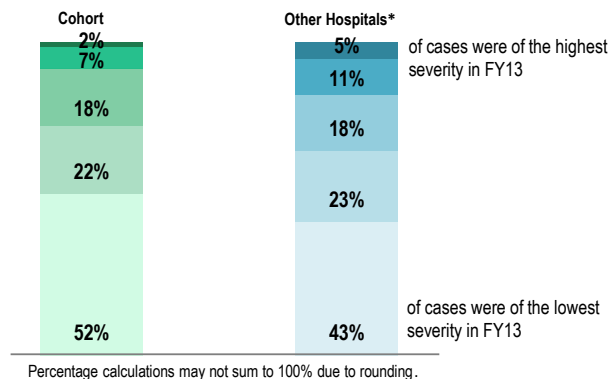


SERVICES

What were the most common inpatient cases (DRGs) treated at the cohort hospitals? What proportion of statewide DRGs did this cohort treat for each service?

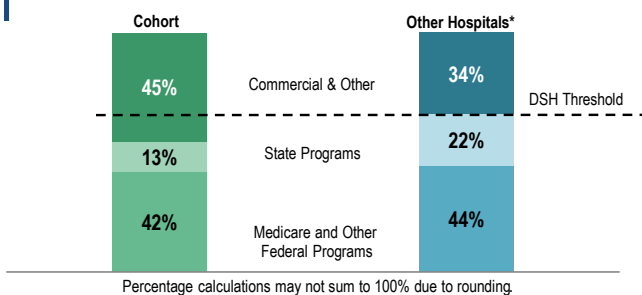


What was the inpatient severity distribution in this cohort? How does this compare to the inpatient severity distribution of other hospitals?

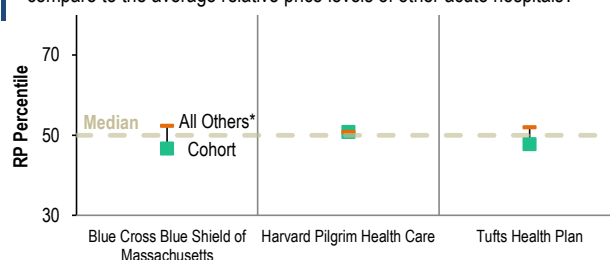


PAYER MIX

What was the average cohort hospital's payer mix (gross charges) in FY13, and how does this compare to the average of other acute hospitals' payer mix?



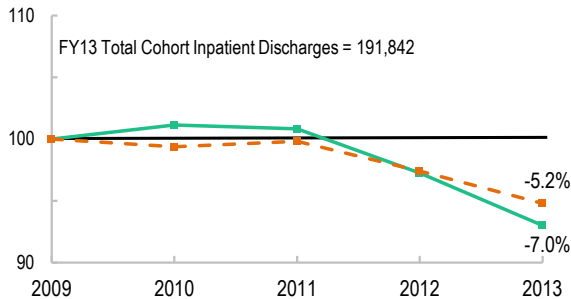
As a group, what were the cohort's average CY13 payer-specific relative price levels for the top three commercial payers in Massachusetts? How do these compare to the average relative price levels of other acute hospitals?



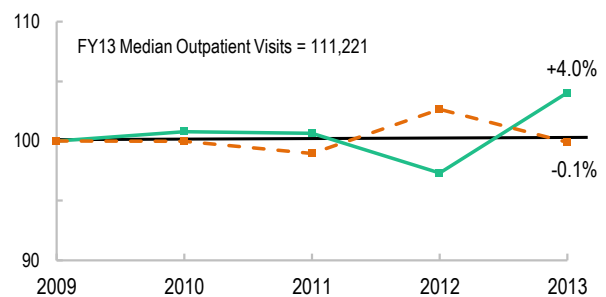
For descriptions of the metrics, please see Technical Appendix.

UTILIZATION TRENDS

As a group, how has the volume of the cohort's total inpatient discharges changed compared to FY09, and how does this compare to the volume of other acute hospitals? (FY09=100)

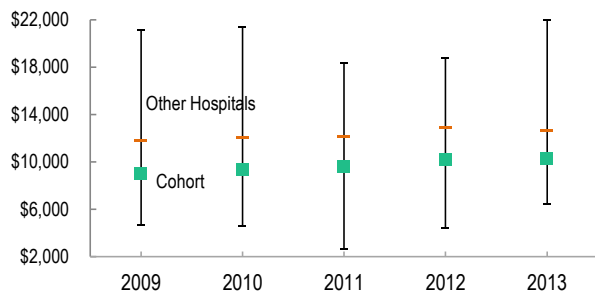


How has the median volume of the cohort's outpatient visits changed compared to FY09, and how does this compare to the median change of other hospitals? (FY09=100)



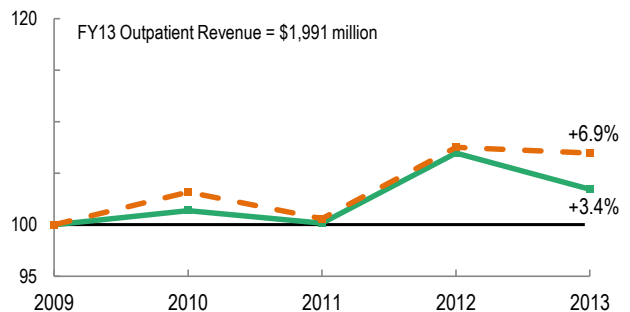
PATIENT REVENUE TRENDS

As a group, what was the cohort's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this compare to other acute hospitals?



FY13 Inpatient Revenue per CMAD = \$10,286 | Full Cost per CMAD = \$10,278

As a group, how has the cohort's total outpatient revenue changed compared to FY09, and how does this compare to the total outpatient revenue of other acute hospitals? (FY09=100)

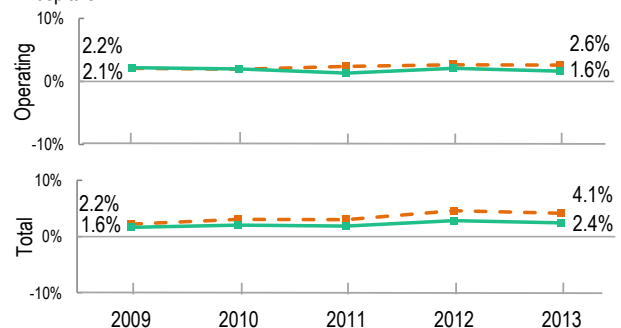


FINANCIAL PERFORMANCE

As a group, how have the cohort hospitals' aggregate revenues and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$3,408	\$3,423	\$ (15)	\$3,350	\$58
2010	\$3,556	\$3,543	\$13	\$3,480	\$76
2011	\$3,562	\$3,549	\$13	\$3,485	\$76
2012	\$3,706	\$3,660	\$46	\$3,548	\$158
2013	\$3,721	\$3,663	\$58	\$3,583	\$139

What was the cohort's median total margin and operating margin between FY09 and FY13? How do these compare to the medians of other acute hospitals?



For descriptions of the metrics, please see Technical Appendix.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

* Other hospitals comparative does not include Specialty hospitals.

† Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

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COMMUNITY-DISPROPORTIONATE SHARE HOSPITALS

Community-Disproportionate Share Hospitals (DSH) are a subset of community hospitals that receive 63% or more of their business from Medicare, Medicaid, and other government programs. There were 27 community-DSH hospitals in Massachusetts in FY13, compared to 24 in FY12, ranging in size from 15 to 556 staffed beds. Collectively, in 2013, community-DSH hospitals represented nearly 30% of all staffed hospital beds statewide. In FY13, community-DSH hospitals accounted for 17% of total acute hospital revenue statewide; total community-DSH revenue was \$4.4 billion. Community-DSH hospitals by definition have the greatest proportion of business from public payers, relative to other hospitals, with 68% of their business in FY13 from Medicaid, Medicare, and other government programs. Community-DSH hospitals collectively earned a surplus each year from FY09 to FY13, with an aggregate surplus of \$127 million in FY13.

AT A GLANCE

TOTAL STAFFED BEDS: 4,212 in cohort, 29% of Statewide

MEDIAN % OCCUPANCY: 64%

MEDIAN CASE MIX INDEX in FY13: 0.85, greater than CMI of other hospitals* (0.83)

TOTAL DISCHARGES: 225,433 in cohort, 28% of Statewide

EMERGENCY DEPT. VISITS in FY13: 1,190,675, 39% of Statewide

AVERAGE CY13 COMMERCIAL PAYER PRICE LEVEL: 43rd Percentile

AVERAGE PUBLIC PAYER MIX: 68%

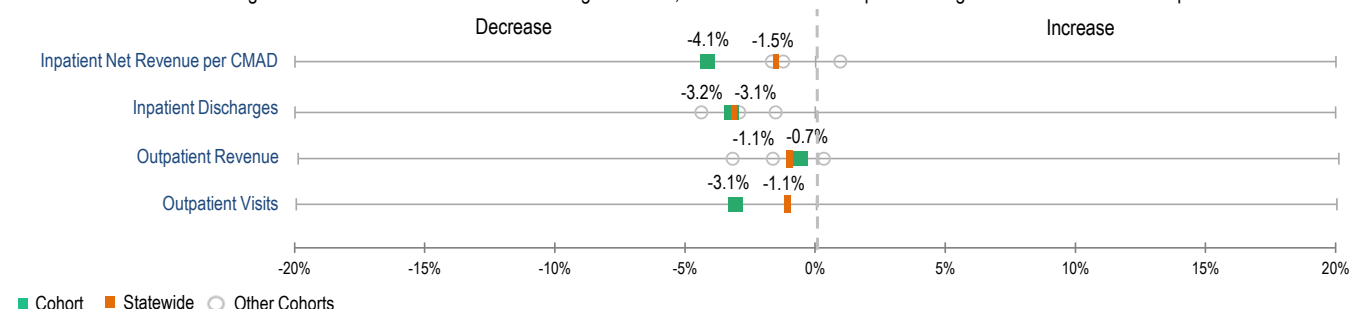
TOTAL REVENUE in FY13: \$4,353 million, 17% of Statewide

INPATIENT: OUTPATIENT REVENUE in FY13: 31%:69%

ADJUSTED* COST PER DISCHARGE: \$9,902, < statewide median (\$9,970)

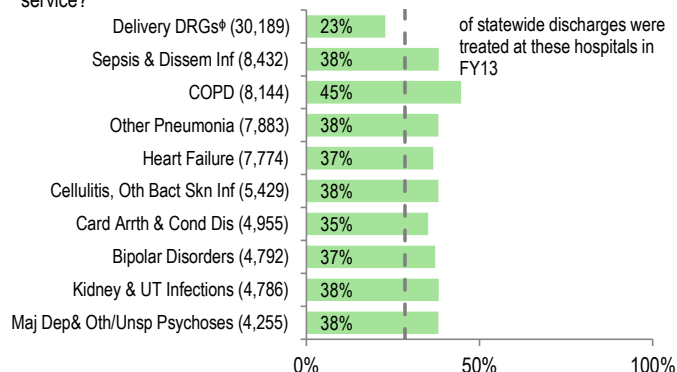
GROWTH MEASURES

What were the FY12 to FY13 growth rates for this cohort for the following measures, and how do these compare to the growth rates of all other hospitals in the state?

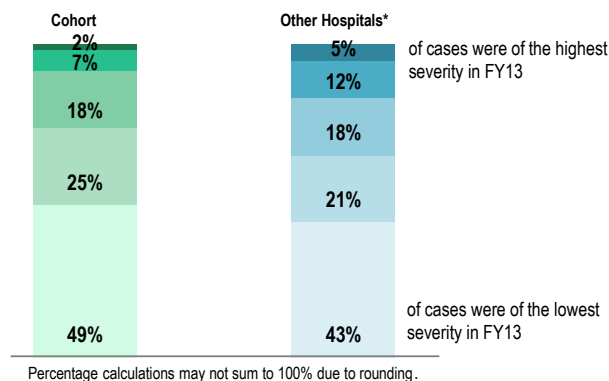


SERVICES

What were the most common inpatient cases (DRGs) treated at the cohort hospitals? What proportion of statewide DRGs did this cohort treat for each service?

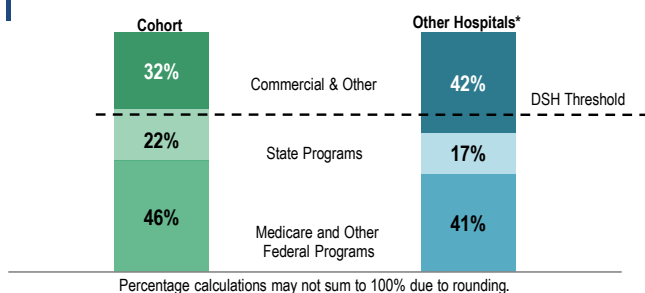


What was the inpatient severity distribution in this cohort? How does this compare to the inpatient severity distribution of other hospitals?

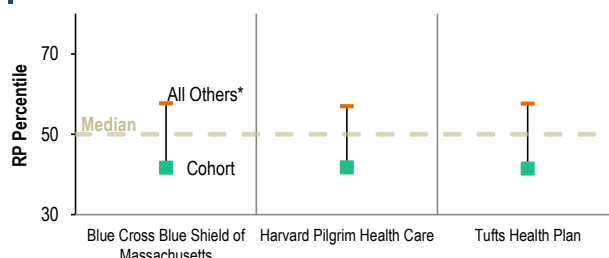


PAYER MIX

What was the average cohort hospital's payer mix (gross charges) in FY13, and how does this compare to the average of other acute hospitals' payer mix?



As a group, what were the cohort's average CY13 payer-specific relative price levels for the top three commercial payers in Massachusetts? How do these compare to the average relative price levels of other acute hospitals?

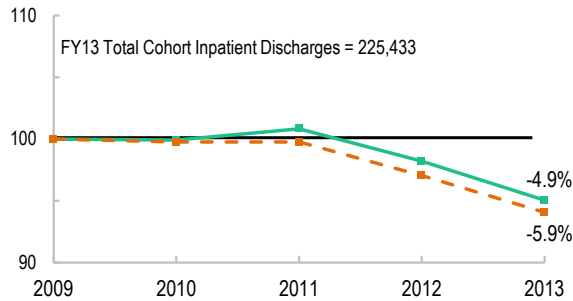


For descriptions of the metrics, please see Technical Appendix.

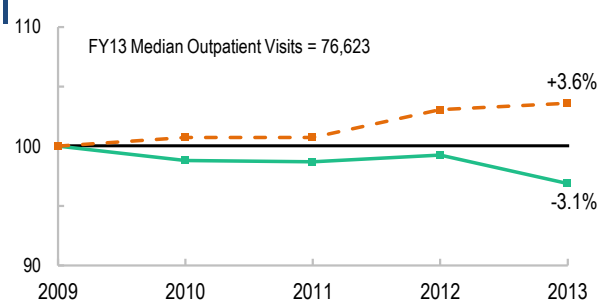


UTILIZATION TRENDS

As a group, how has the volume of the cohort's total inpatient discharges changed compared to FY09, and how does this compare to the volume of other acute hospitals? (FY09=100)

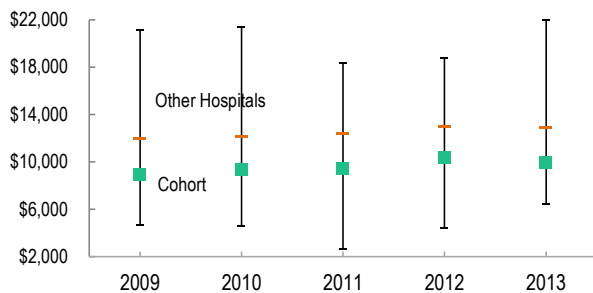


How has the median volume of the cohort's outpatient visits changed compared to FY09, and how does this compare to the median change of other hospitals?

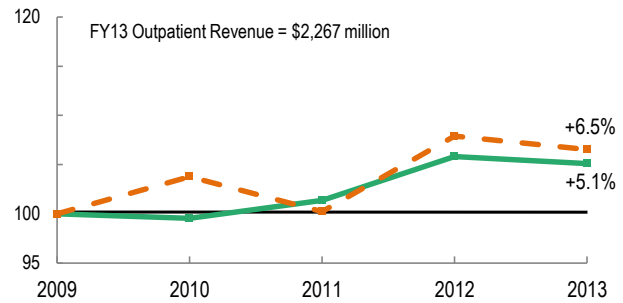


PATIENT REVENUE TRENDS

As a group, what was the cohort's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this compare to other acute hospitals?



As a group, how has the cohort's total outpatient revenue changed compared to FY09, and how does this compare to the total outpatient revenue of other acute hospitals? (FY09=100)

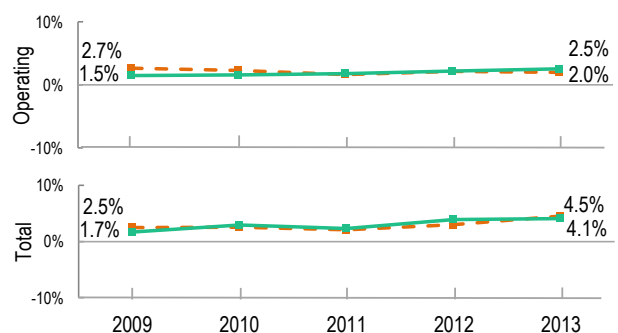


FINANCIAL PERFORMANCE

As a group, how have the cohort hospitals' aggregate revenues and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$4,044	\$4,043	\$1	\$3,935	\$109
2010	\$4,170	\$4,143	\$27	\$4,041	\$129
2011	\$4,219	\$4,187	\$32	\$4,102	\$117
2012	\$4,584	\$4,541	\$42	\$4,365	\$219
2013	\$4,353	\$4,296	\$57	\$4,226	\$127

What was the cohort's median total margin and operating margin between FY09 and FY13? How do these compare to the medians of other acute hospitals?



For descriptions of the metrics, please see Technical Appendix.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

* Other hospitals comparative does not include Specialty hospitals.

* Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

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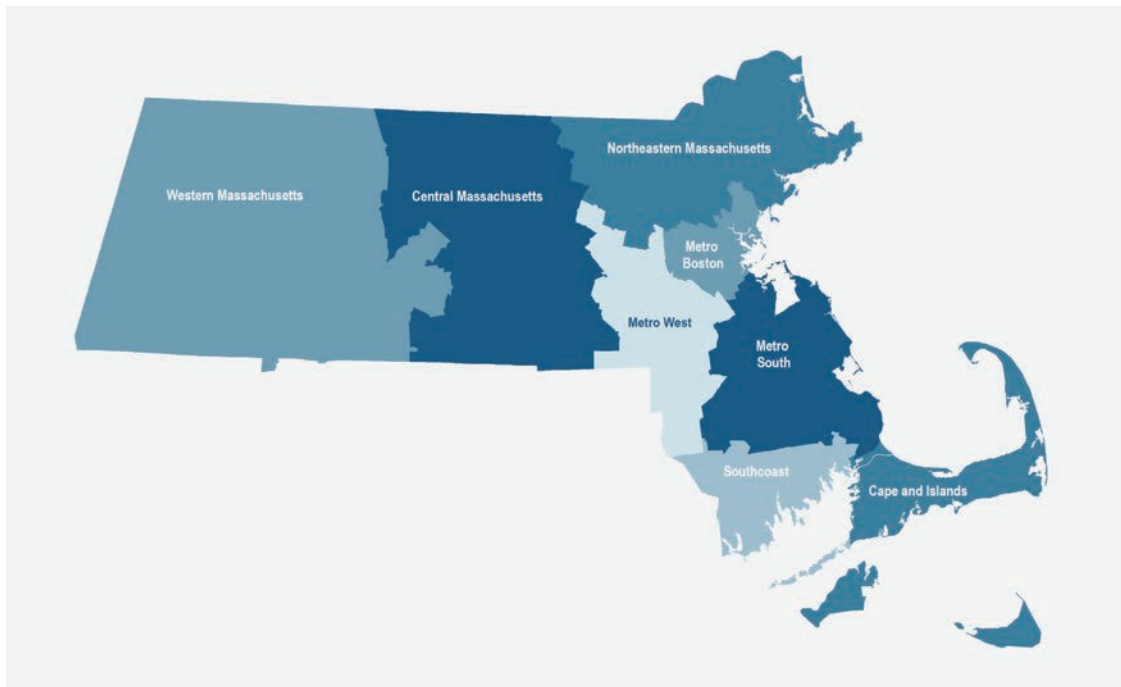
INTRODUCTION TO ACUTE HOSPITAL PROFILES

An **acute hospital** is a hospital that is licensed by the Massachusetts Department of Public Health and contains a majority of medical-surgical, pediatric, obstetric, and maternity beds.

Each hospital is assigned to a cohort of similar hospitals: academic medical centers (AMCs), teaching hospitals, community hospitals, and community-Disproportionate Share Hospitals (DSH). When presenting trends for utilization, costs, financial performance, and quality, baseline data for each hospital's cohort provides a point of comparison. Specialty hospitals may be included in statewide analyses, but are not identified with a distinct cohort.

For detailed descriptions of the data sources and metrics used in the acute hospital profiles, please see the Technical Appendix.

When presenting hospital service data, CHIA assigned acute hospitals to eight geographic regions. These regions are based on the sixteen geographic regions defined by the Massachusetts Health Policy Commission, which were created by consolidating the 66 Dartmouth Atlas Hospital Services Areas.



To view a list of the hospitals within each region, please see Technical Appendix or refer to www.chiamass.gov/massachusetts-acute-hospital-profiles/.

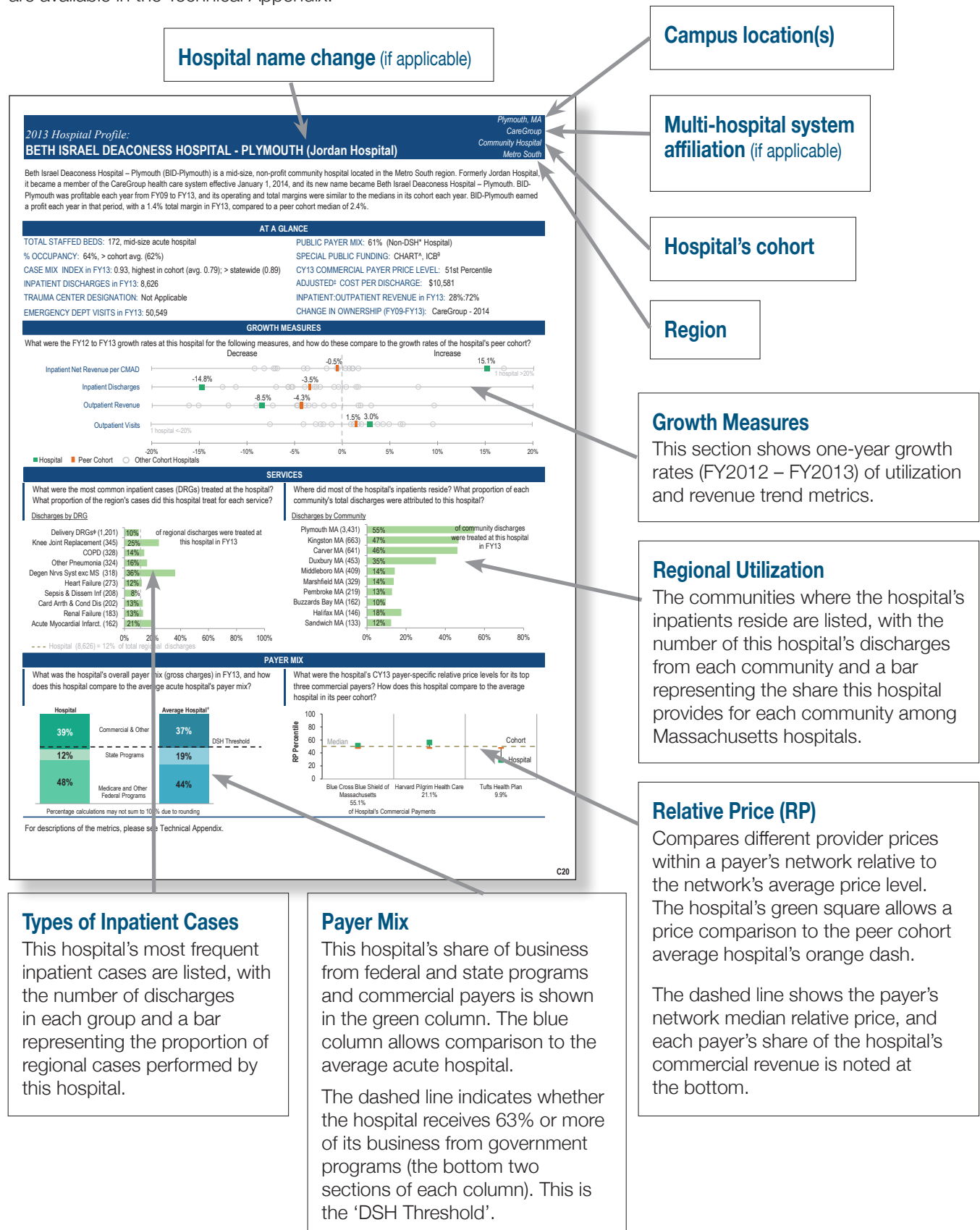
The hospital profiles are organized by cohort (see p. Bi for a listing). An alphabetical index of acute hospitals is provided below.

Hospital	
Anna Jaques Hospital	C16
Athol Hospital	C34
Baystate Franklin Medical Center	C35
Baystate Mary Lane Hospital	C17
Baystate Medical Center	C7
Berkshire Medical Center	C8
Beth Israel Deaconess Hospital - Milton	C18
Beth Israel Deaconess Hospital - Needham	C19
Beth Israel Deaconess Hospital - Plymouth	C20
Beth Israel Deaconess Medical Center	C1
Boston Children's Hospital	C60
Boston Medical Center	C2
Brigham and Women's Faulkner Hospital	C9
Brigham and Women's Hospital	C3
Cambridge Health Alliance	C10
Cape Cod Hospital	C36
Clinton Hospital	C37
Cooley Dickinson Hospital	C21
Dana-Farber Cancer Institute	C61
Emerson Hospital	C22
Fairview Hospital	C38
Falmouth Hospital	C39
Hallmark Health	C23
Harrington Memorial Hospital	C40
HealthAlliance Hospital	C41
Heywood Hospital	C42
Holyoke Medical Center	C43
Kindred Hospital - Boston	C62
Kindred Hospital - Boston North Shore	C63
Lahey Hospital & Medical Center	C11
Lawrence General Hospital	C44
Lowell General Hospital	C24
Marlborough Hospital	C45

Hospital	
Martha's Vineyard Hospital	C46
Massachusetts Eye and Ear Infirmary	C64
Massachusetts General Hospital	C4
Mercy Medical Center	C47
Merrimack Valley Hospital	C48
MetroWest Medical Center	C25
Milford Regional Medical Center	C26
Morton Hospital	C49
Mount Auburn Hospital	C12
Nantucket Cottage Hospital	C27
Nashoba Valley Medical Center	C28
New England Baptist Hospital	C65
Newton-Wellesley Hospital	C29
Noble Hospital	C50
North Shore Medical Center	C51
Northeast Hospital	C30
Quincy Medical Center	C52
Saint Vincent Hospital	C13
Signature Healthcare Brockton Hospital	C53
South Shore Hospital	C31
Southcoast Hospitals Group	C54
Steward Carney Hospital	C14
Steward Good Samaritan Medical Center	C55
Steward Holy Family Hospital	C56
Steward Norwood Hospital	C32
Steward Saint Anne's Hospital	C57
Steward St. Elizabeth's Medical Center	C15
Sturdy Memorial Hospital	C58
Tufts Medical Center	C5
UMass Memorial Medical Center	C6
Winchester Hospital	C33
Wing Memorial Hospital	C59

How to Read Acute Hospital Profiles – FY13

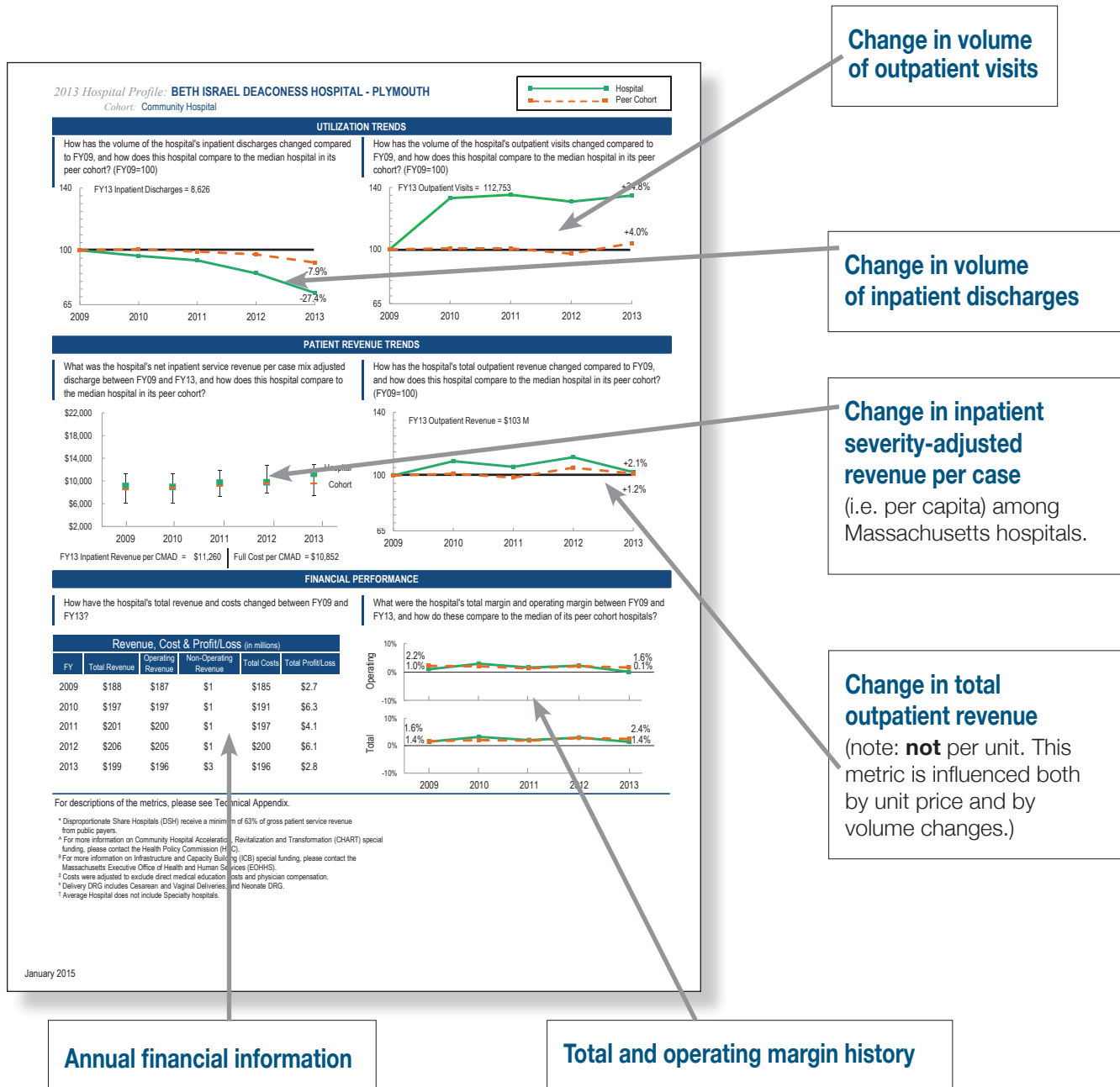
This sheet provides a brief introduction to the metrics on the hospital profiles. Definitions and notes on all metrics are available in the Technical Appendix.



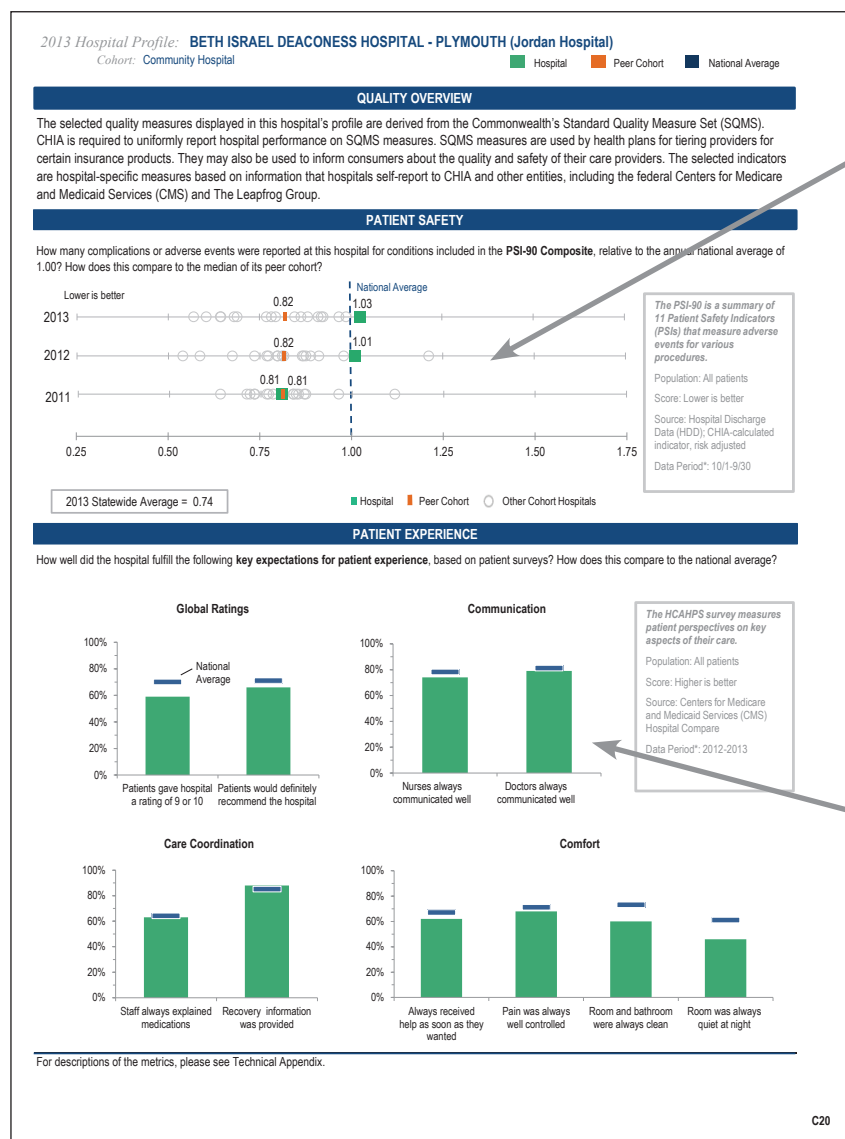
How to Read Acute Hospital Profiles – FY13

Each of the first four graphs compares trends at the featured hospital (in green) to the trend among the peer cohort hospitals (in orange). Both trends are anchored at 100 to emphasize recent changes. The labeled points are cumulative over the time period.

Absolute differences between the hospital and the cohort cannot be read off these graphs, but are available in the data supplement to these reports.



How to Read Acute Hospital Profiles (Quality Metrics) – FY13



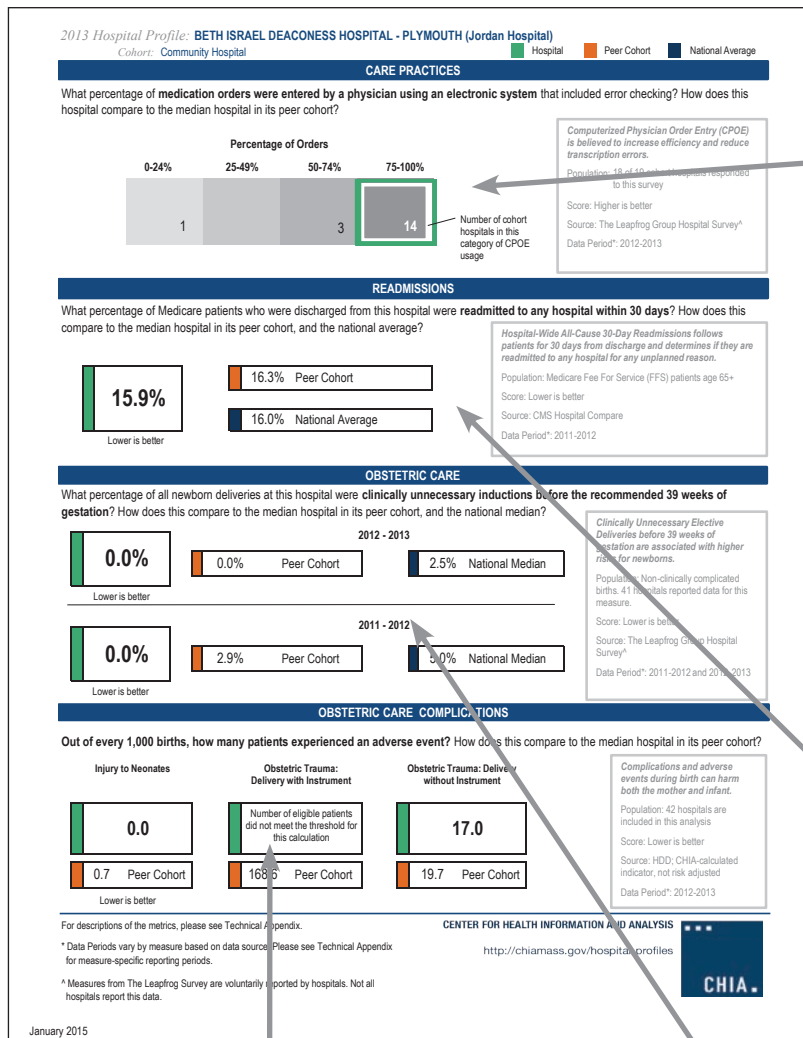
Patient Safety

This section displays the hospital's PSI-90 Composite score (in green), a measure of complications during procedures. It is risk-adjusted, and calculated such that the national average is always 1.0. The peer cohort median is displayed (orange line), as well as individual peer cohort hospitals (open circles) for comparison to the hospital. *Lower scores are better.*

Patient Experience

Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, which measures patient perspectives on various aspects of their care. *Higher scores are better.*

How to Read Acute Hospital Profiles (Quality Metrics) – FY13



Care Practices

This measure assesses the proportion of a hospital's total medical orders that were entered via an electronic Computerized Physician Order Entry (CPOE) system that included error checking. Scores are measured in quartiles based on the percentage of orders that were entered using an electronic system. If applicable, the hospital's score is circled in green, while the number of cohort hospitals that fell in each category are depicted within the boxes. *A higher quartile is better.*

Readmissions

This measure is designed to follow patients for 30 days from discharge and determine if they are admitted to a hospital during this period. The measure is risk-standardized based on the clinical comorbidities of each patient. The hospital's readmission rate in 2011-2012 and 2012-2013 is compared to the peer cohort median and national average. *A lower score is better.*

Obstetric Care Complications

This measure assesses adverse obstetric events at the hospital, and is expressed as the number of adverse events out of every 1,000 births. The first score (left) measures injury to the baby, while the second two scores measure trauma to the mother. The hospital's score is compared to the peer cohort median. *Lower scores are better.*

Obstetric Care

Deliveries before 39 weeks gestation are associated with higher risks for the newborn and greater cost. This measure looks at what proportion of deliveries were completed prior to 39 weeks without medical necessity. The hospital's early elective delivery rate is compared to the peer cohort median and national average. *A lower score is better.*

Changes from FY12 Acute Hospital Profiles

What changed from Acute Hospital Profiles – Data through Fiscal Year 2012

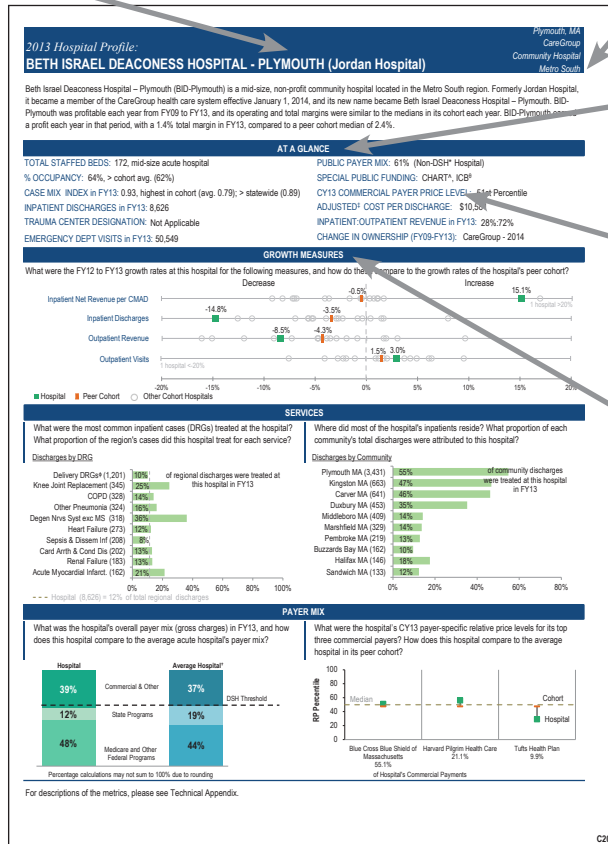
Hospital Name reflects current hospital name as of January 2015. Name in parenthesis (if applicable) indicates hospital name as of FY13.

Regions are rolled up into 8 larger regions from 16 regions in the *Data through FY12 Profiles*.

New At a Glance Measures include Inpatient Discharges in FY13 and Change in Ownership (FY09-FY13).

Disproportionate Share Hospital (DSH) status was updated for FY13 qualifications, resulting in a cohort designation change for some hospitals.

New Growth Measures section shows 1-year growth rates (FY12-FY13) of revenue and utilization trend metrics. Hospital growth measures are compared to cohort.



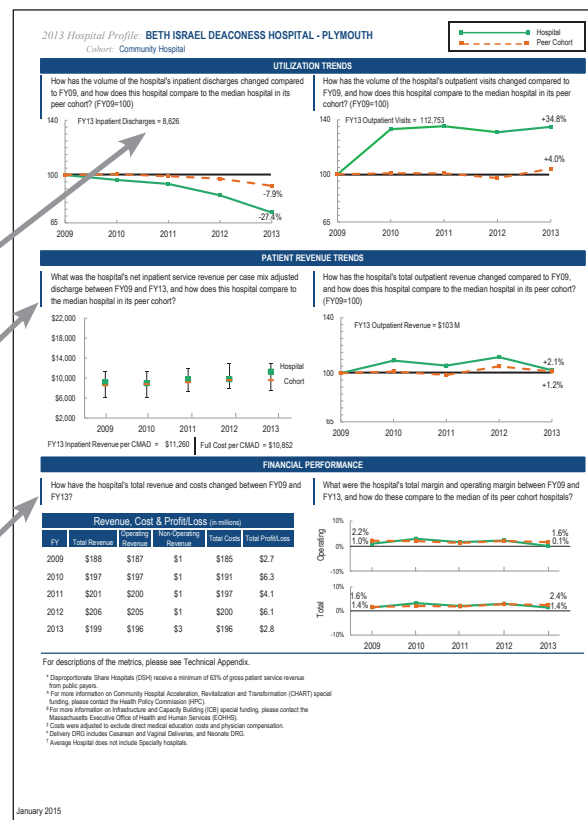
FY13 Values are noted on all trend measures.

New Revenue Trends Metrics replace cost trends metrics on *Data through FY12 Profile*.

Financial Performance Metrics now include operating and non-operating revenue, and operating margin.

Methodology:

- Cohort and 'all other hospital' comparisons use medians (instead of means) of growth rates for utilization, revenue, and financial performance.¹



Beth Israel Deaconess Medical Center (BIDMC) is a large, non-profit academic medical center (AMC) located in the Metro Boston region. It is one of eight organ transplant centers in Massachusetts, and is a member of the CareGroup health care system. Though it only accounted for 12% of the region's discharges in FY13, it treated 20% of inpatient chemotherapy cases. It earned a profit each year from FY09 to FY13, with a 7.1% total margin in FY13, while the median total margin in its peer cohort was 4.6% in FY13.

AT A GLANCE

TOTAL STAFFED BEDS: 511, 6th largest acute hospital

% OCCUPANCY: 100%, highest in cohort (avg. 85%)

CASE MIX INDEX in FY13: 1.24, < cohort avg. (1.32); > statewide (0.89)

INPATIENT DISCHARGES in FY13: 35,522

TRAUMA CENTER DESIGNATION: Adult: Level 1

EMERGENCY DEPT VISITS in FY13: 44,345

PUBLIC PAYER MIX: 56% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: ICB⁹

CY13 COMMERCIAL PAYER PRICE LEVEL: 72nd Percentile

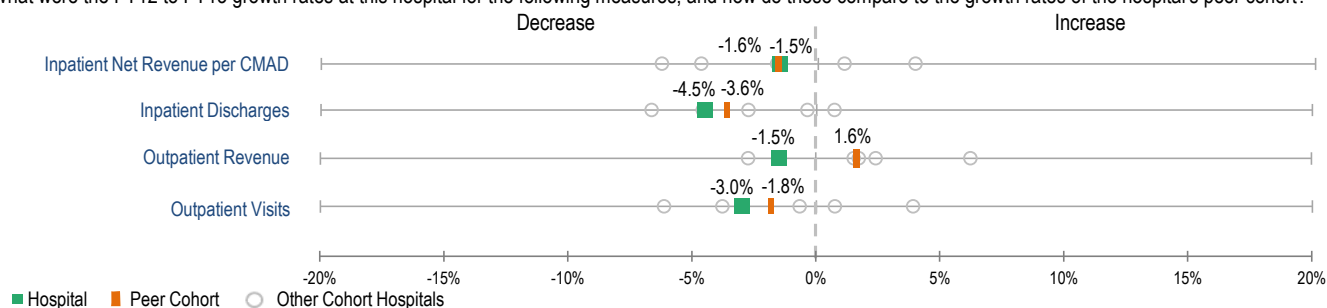
ADJUSTED[‡] COST PER DISCHARGE: \$9,965

INPATIENT:OUTPATIENT REVENUE in FY13: 42%:58%

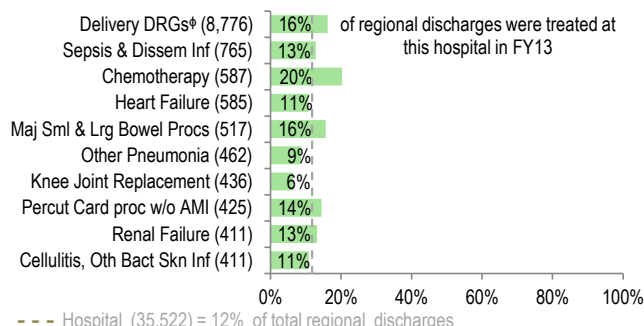
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

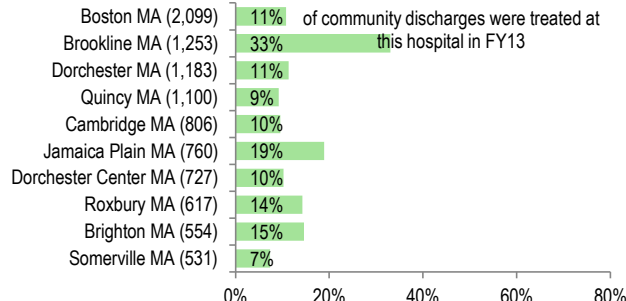
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

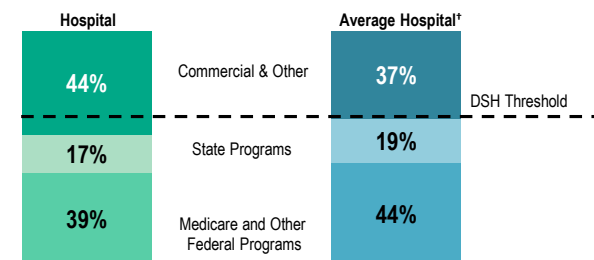
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

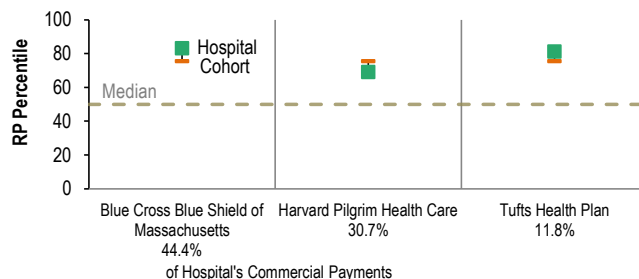
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

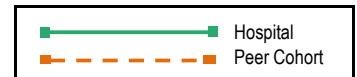
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

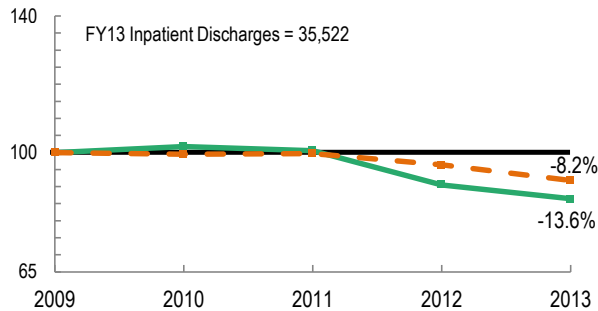
2013 Hospital Profile: BETH ISRAEL DEACONESS MEDICAL CENTER

Cohort: Academic Medical Center

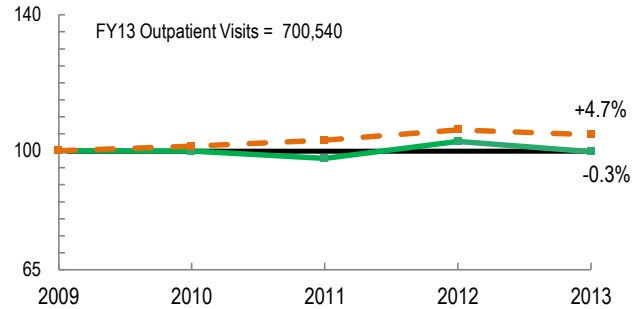


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

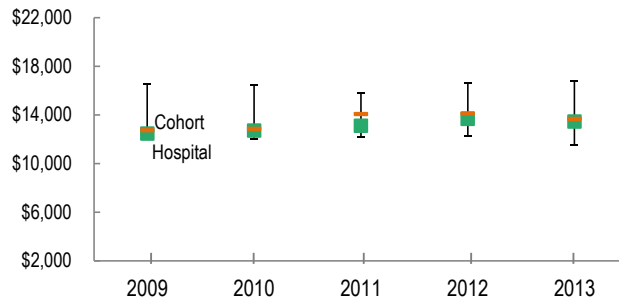


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

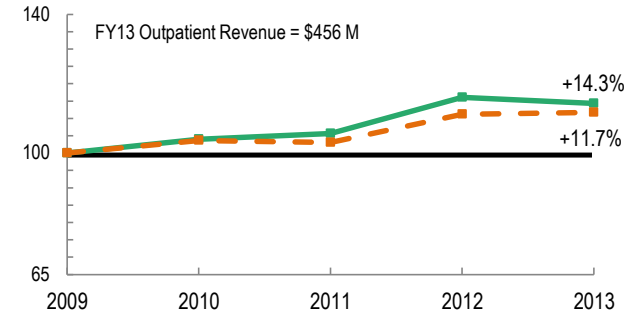


PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$1,257	\$1,237	\$20	\$1,231	\$26.1
2010	\$1,346	\$1,318	\$28	\$1,262	\$84.2
2011	\$1,382	\$1,368	\$14	\$1,320	\$62.3
2012	\$1,410	\$1,380	\$29	\$1,336	\$74.0
2013	\$1,410	\$1,360	\$49	\$1,309	\$100.2

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

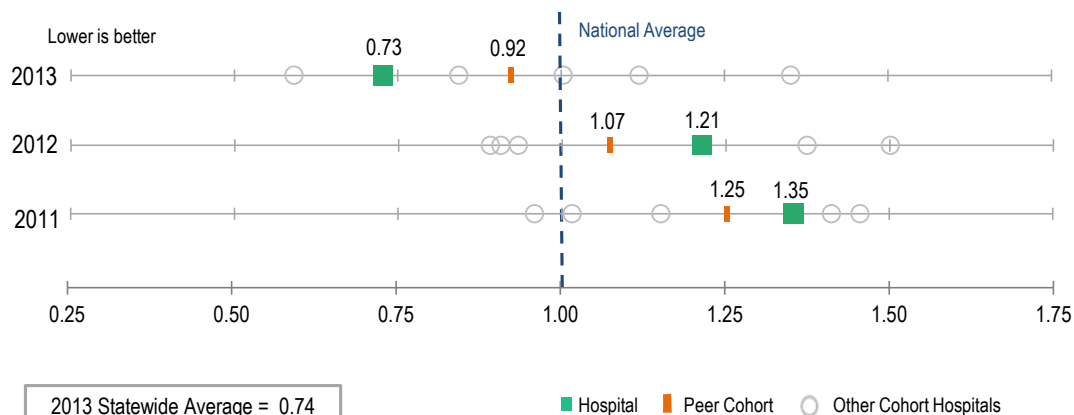
- * Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.
- ° For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
- † Costs were adjusted to exclude direct medical education costs and physician compensation.
- * Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.
- † Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

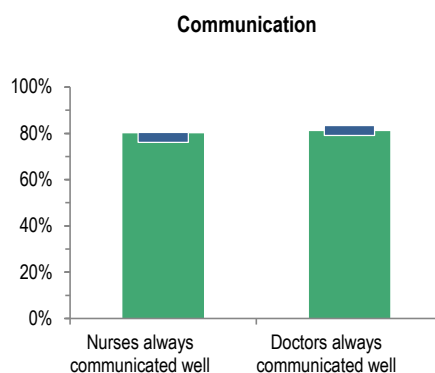
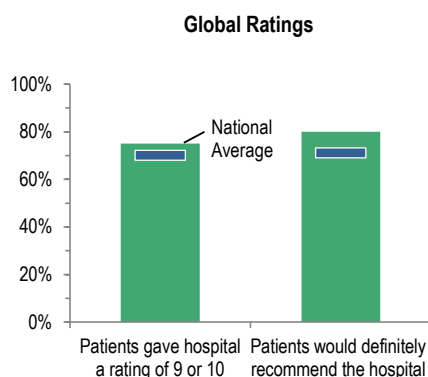
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



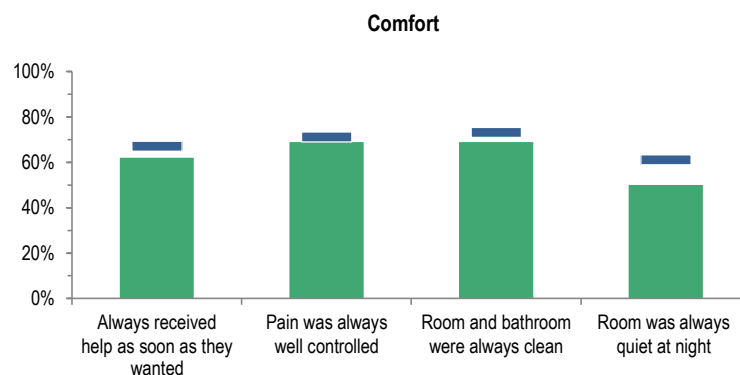
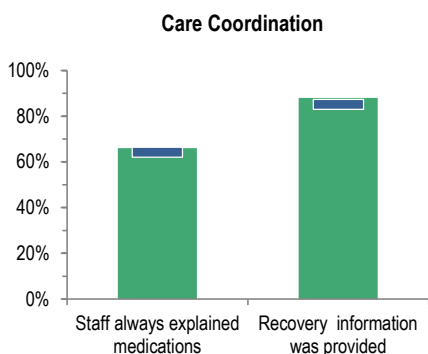
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

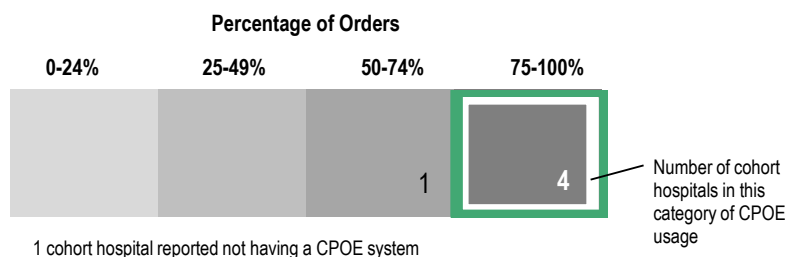
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an **electronic system** that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 6 of 6 cohort hospitals responded to this survey

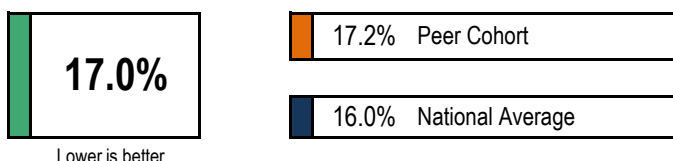
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

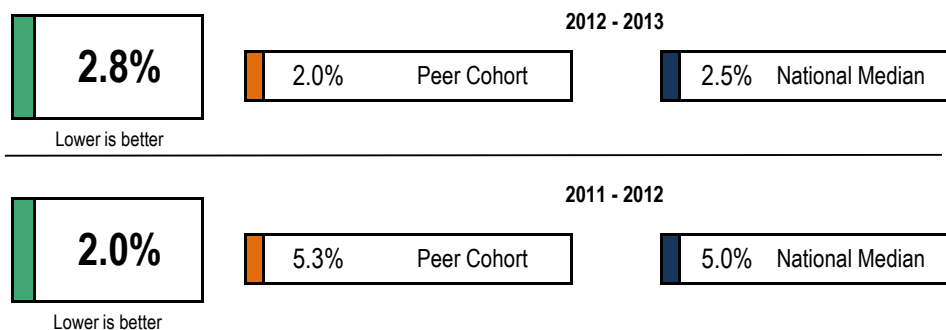
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

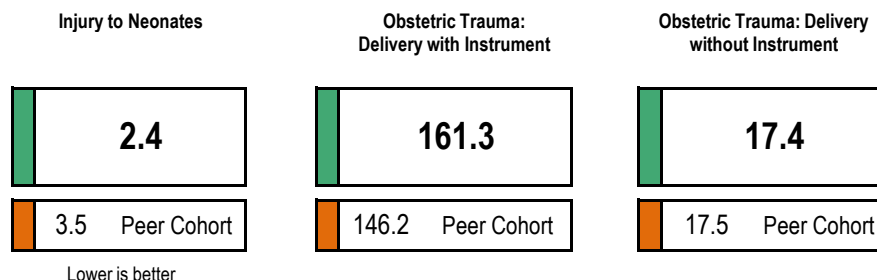
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile:

BOSTON MEDICAL CENTER

Academic Medical Center

Metro Boston

Boston Medical Center (BMC) is a large non-profit academic medical center (AMC) located in the Metro Boston region. It is the only AMC that is also a Disproportionate Share Hospital (DSH). BMC is a teaching hospital of Boston University School of Medicine. It is the state's seventh largest hospital, and one of eight organ transplant centers in Massachusetts. BMC treated 41% of all Sickle Cell Anemia crises cases in Metro Boston, though it was responsible for only 9% of total regional discharges. BMC was profitable in FY12 and FY13, though its total margin and operating margins were consistently lower than the median performance of its peer cohort.

AT A GLANCE

TOTAL STAFFED BEDS: 478, 7th largest acute hospital

% OCCUPANCY: 70%, lowest in cohort (avg. 85%)

CASE MIX INDEX in FY13: 1.12, lowest in cohort (avg. 1.32); > statewide (0.89)

INPATIENT DISCHARGES in FY13: 26,007

TRAUMA CENTER DESIGNATION: Adult: Level 1, Pedi: Level 2

EMERGENCY DEPT VISITS in FY13: 129,782

PUBLIC PAYER MIX: 77% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: DSTI¹

CY13 COMMERCIAL PAYER PRICE LEVEL: 57th Percentile

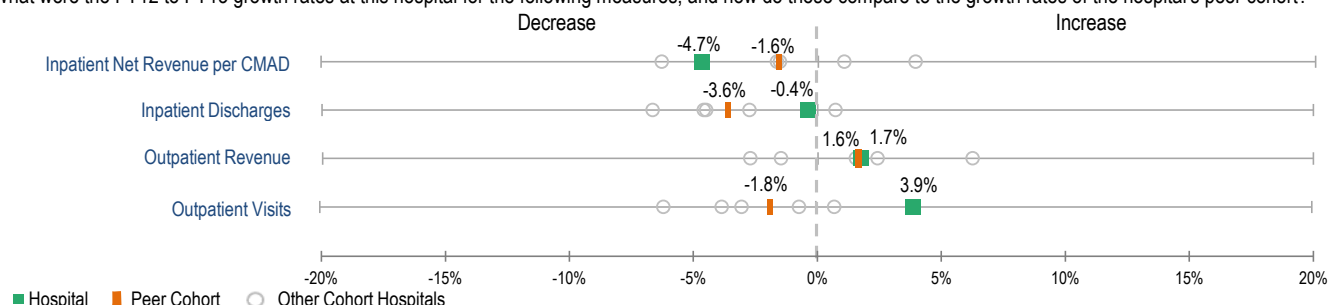
ADJUSTED² COST PER DISCHARGE: \$12,761

INPATIENT:OUTPATIENT REVENUE in FY13: 33%:67%

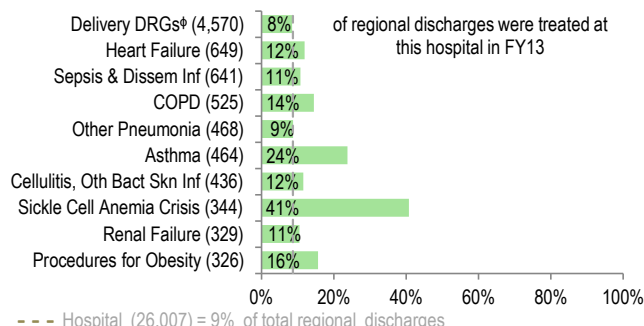
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

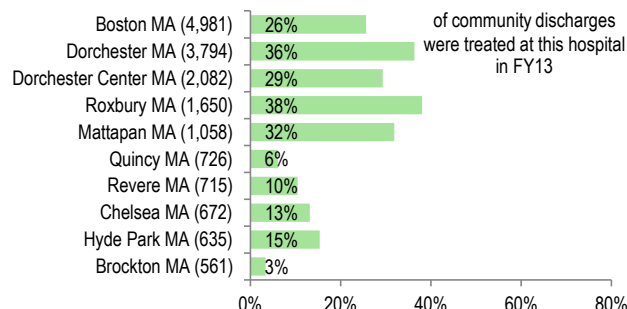
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

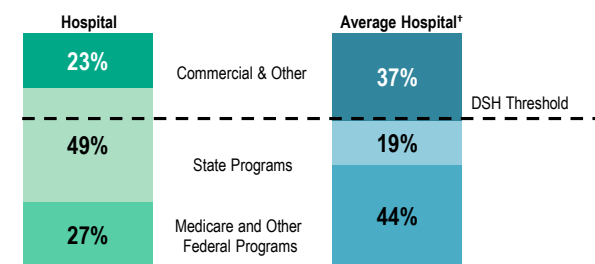
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

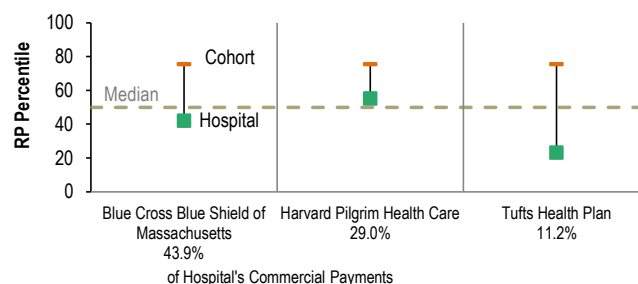
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

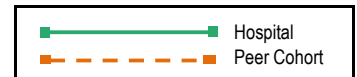
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

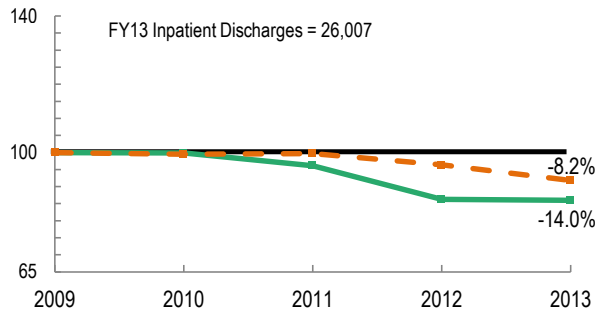
2013 Hospital Profile: BOSTON MEDICAL CENTER

Cohort: Academic Medical Center

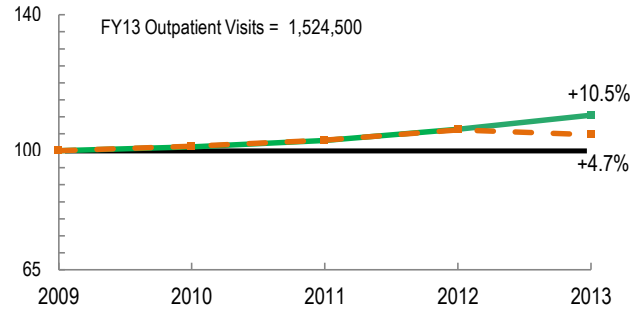


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

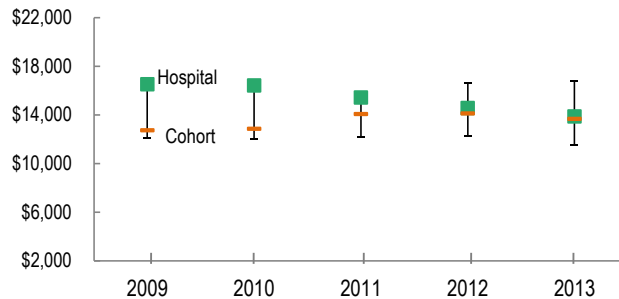


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

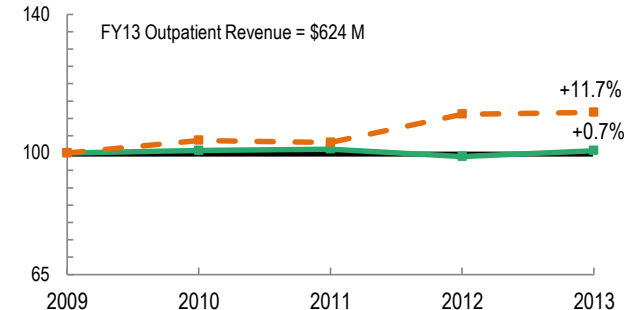


PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

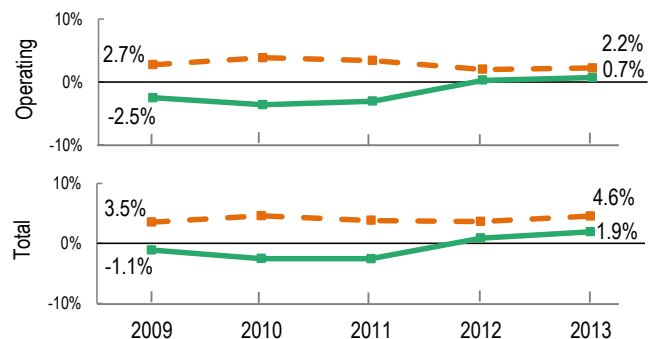


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$1,005	\$991	\$14	\$1,016	(\$11.3)
2010	\$1,017	\$1,006	\$11	\$1,043	(\$25.7)
2011	\$985	\$980	\$5	\$1,010	(\$25.1)
2012	\$1,017	\$1,011	\$6	\$1,008	\$8.8
2013	\$1,029	\$1,016	\$13	\$1,009	\$20.0

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

[†] For more information on Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

[‡] Costs were adjusted to exclude direct medical education costs and physician compensation.

[§] Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

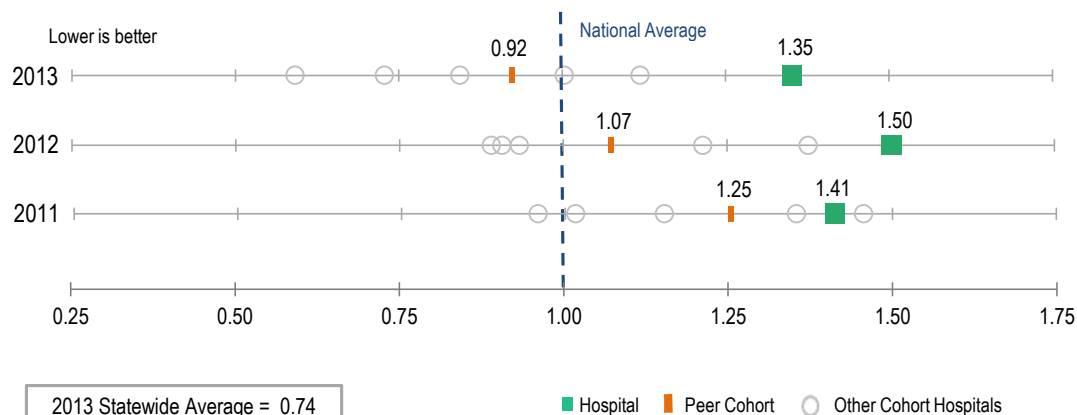
[†] Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

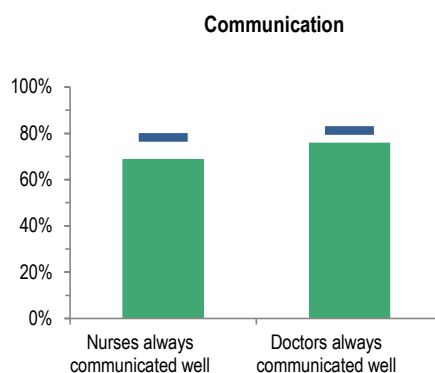
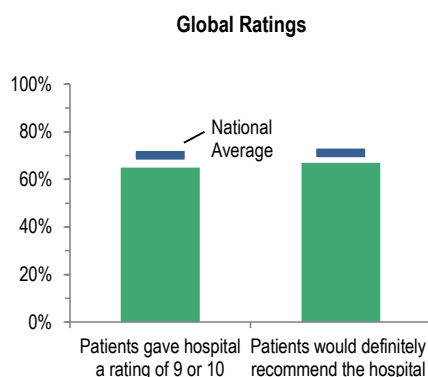
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



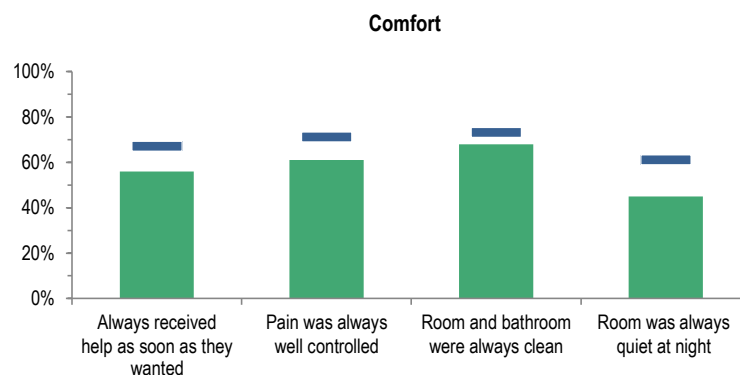
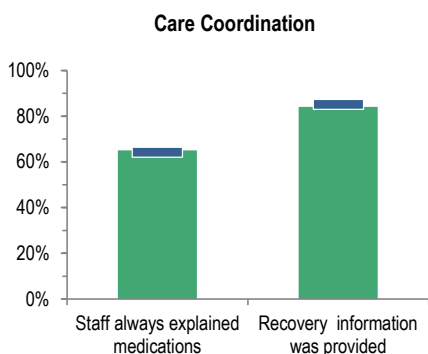
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

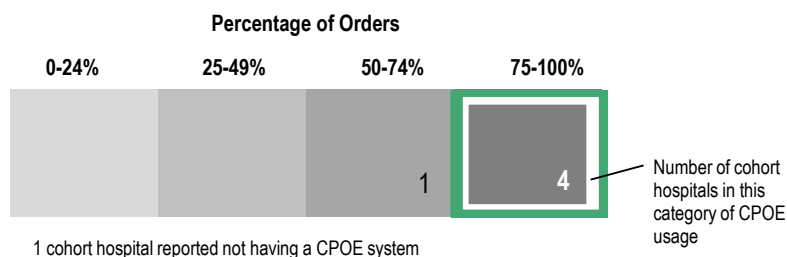
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 6 of 6 cohort hospitals responded to this survey

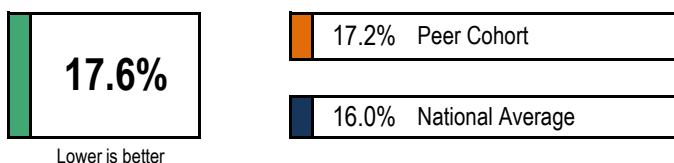
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national median?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

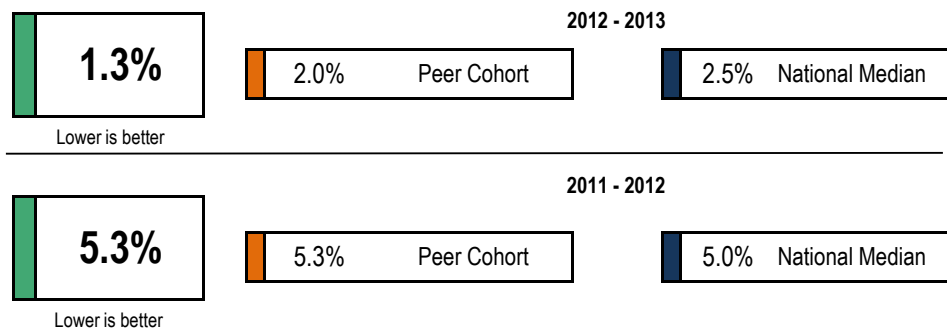
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

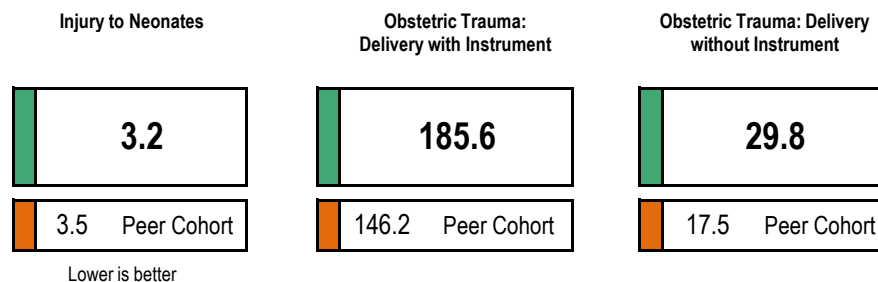
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



Brigham and Women's Hospital is a non-profit academic medical center (AMC) located in the Metro Boston region. Within Massachusetts, it is the second largest hospital, has the highest number of births at any hospital, and is designated as one of eight organ transplant centers in the state. It is a member of Partners HealthCare System. Its operating and total margins remained fairly steady from FY09 to FY13, with a 5.5% total margin in FY13, slightly higher than its peer cohort median total margin of 4.6% in FY13.

AT A GLANCE

TOTAL STAFFED BEDS: 859, 2nd largest acute hospital

% OCCUPANCY: 85%, = cohort avg. (85%)

CASE MIX INDEX in FY13: 1.40, > cohort avg. (1.32); > statewide (0.89)

INPATIENT DISCHARGES in FY13: 49,160

TRAUMA CENTER DESIGNATION: Adult: Level 1

EMERGENCY DEPT VISITS in FY13: 59,921

PUBLIC PAYER MIX: 51% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: Not Applicable

CY13 COMMERCIAL PAYER PRICE LEVEL: 91st Percentile

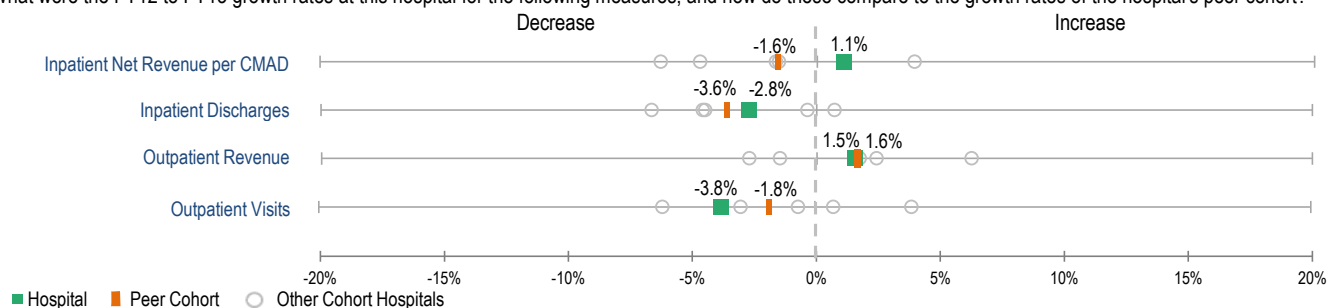
ADJUSTED[‡] COST PER DISCHARGE: \$14,410

INPATIENT:OUTPATIENT REVENUE in FY13: 62%:38%

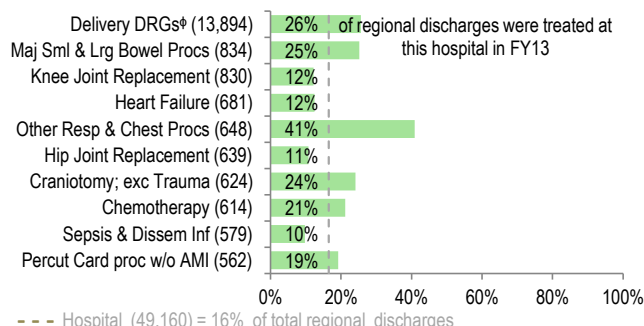
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

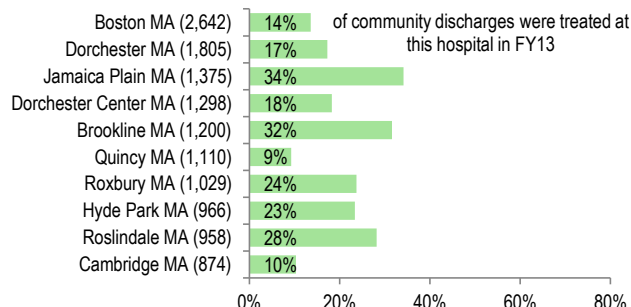
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

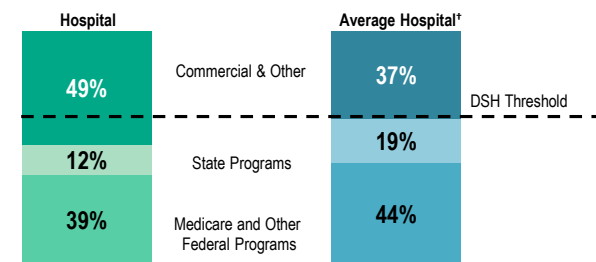
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

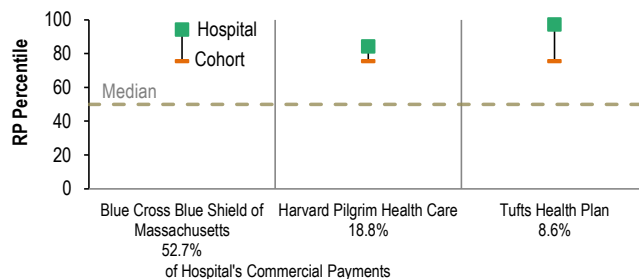
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

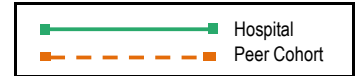
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

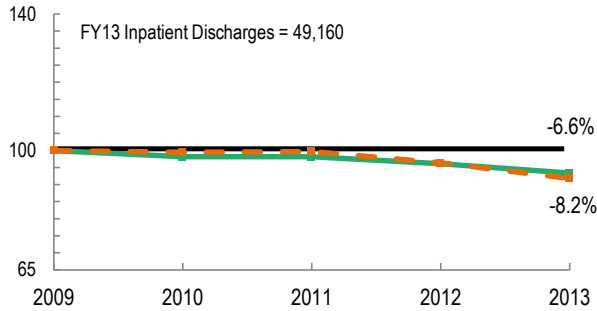
2013 Hospital Profile: BRIGHAM AND WOMEN'S HOSPITAL

Cohort: Academic Medical Center

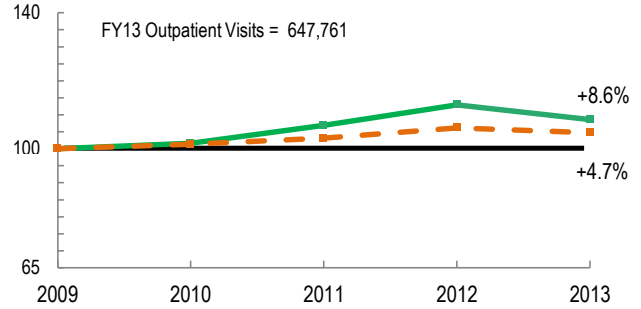


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



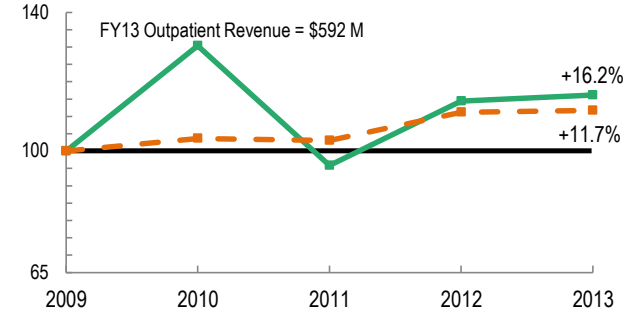
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$16,762 | Full Cost per CMAD = \$15,309

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$2,085	\$2,085	\$1	\$1,980	\$105.5
2010	\$2,212	\$2,210	\$1	\$2,100	\$112.1
2011	\$2,353	\$2,356	(\$3)	\$2,231	\$122.0
2012	\$2,457	\$2,455	\$2	\$2,325	\$132.2
2013	\$2,516	\$2,517	(\$0)	\$2,377	\$139.0

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

* Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

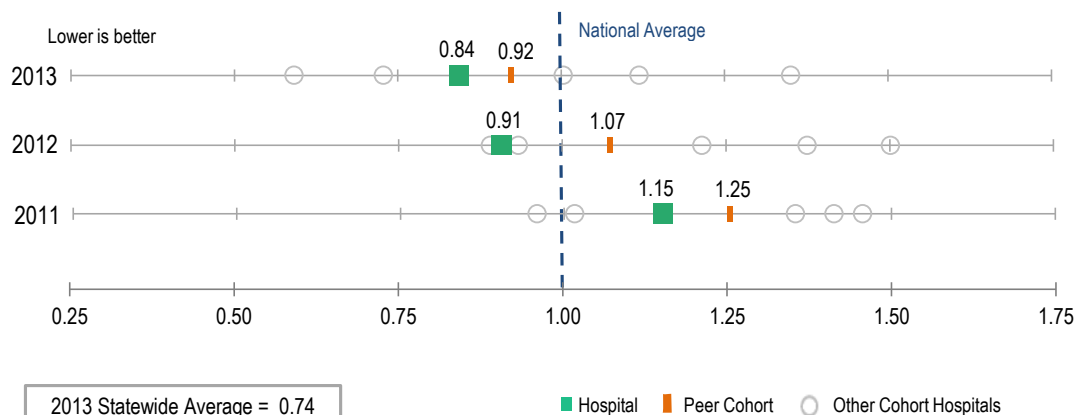
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

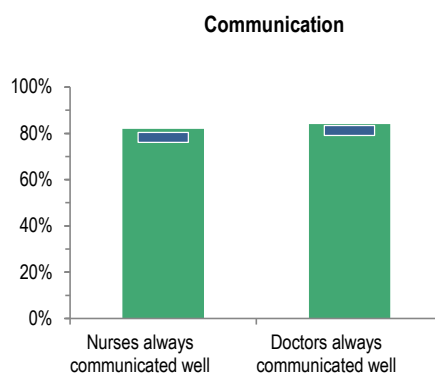
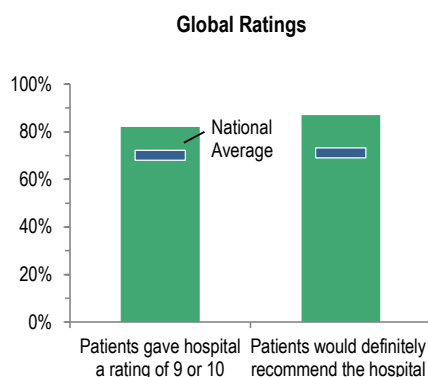
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



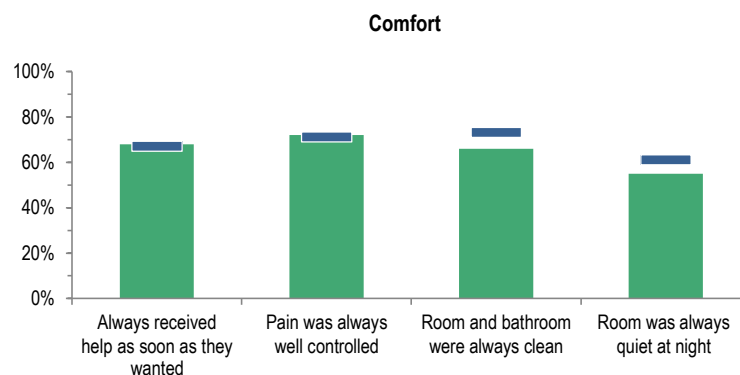
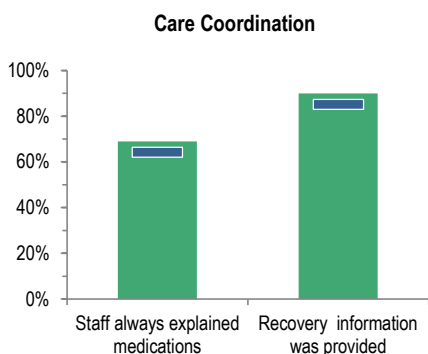
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

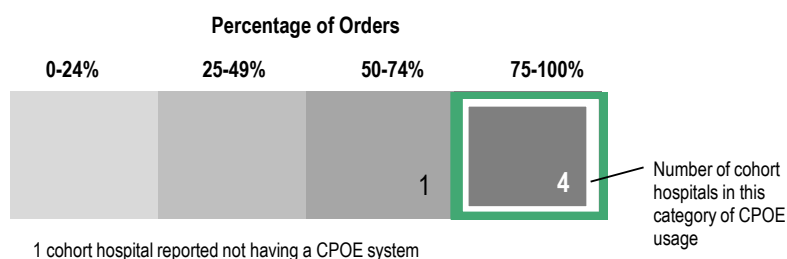
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 6 of 6 cohort hospitals responded to this survey

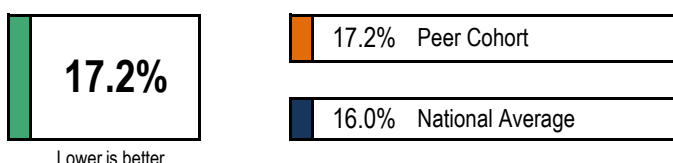
Score: Higher is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

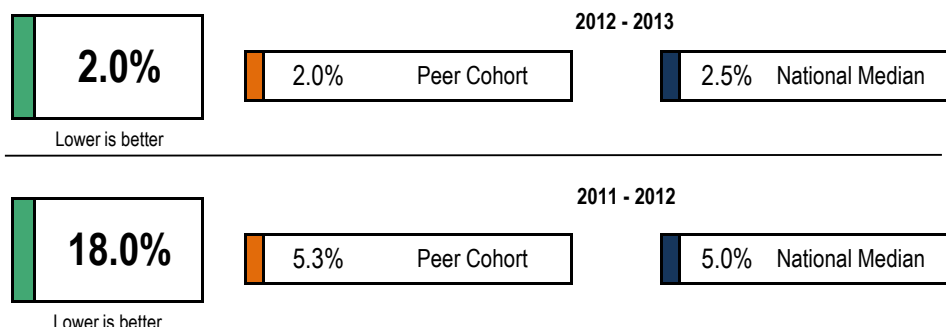
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

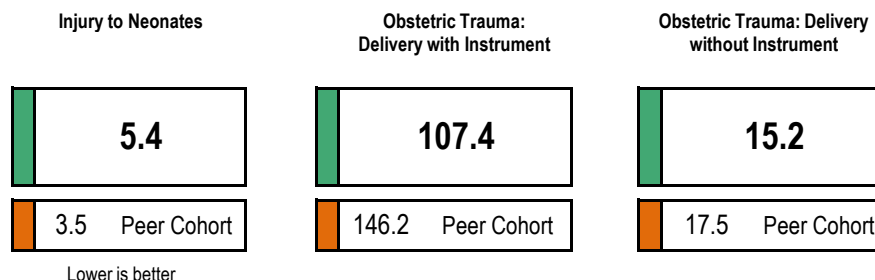
Score: Lower is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

^A Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



Massachusetts General Hospital (MGH) is a non-profit academic medical center (AMC) located in the Metro Boston region. MGH is the largest hospital in Massachusetts, with 1,021 staffed beds; it is also the oldest hospital in Massachusetts. It is a teaching hospital of Harvard Medical School, and a member of Partners HealthCare System. MGH is one of eight organ transplant centers in Massachusetts. MGH earned a profit each year from FY09 to FY13, with a 4.6% total margin in FY13, consistent with the median financial performance of its peer cohort.

AT A GLANCE

TOTAL STAFFED BEDS: 1,021, largest acute hospital

% OCCUPANCY: 82%, < cohort avg. (85%)

CASE MIX INDEX in FY13: 1.43, > cohort avg. (1.32); > statewide (0.89)

INPATIENT DISCHARGES in FY13: 52,186

TRAUMA CENTER DESIGNATION: Adult: Level 1, Pedi: Level 1

EMERGENCY DEPT VISITS in FY13: 100,519

PUBLIC PAYER MIX: 56% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: Not Applicable

CY13 COMMERCIAL PAYER PRICE LEVEL: 94th Percentile

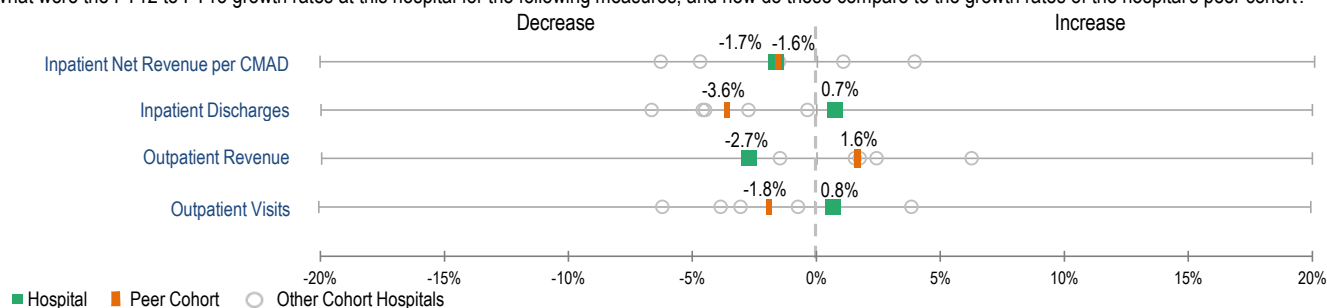
ADJUSTED[‡] COST PER DISCHARGE: \$13,542

INPATIENT:OUTPATIENT REVENUE in FY13: 51%:49%

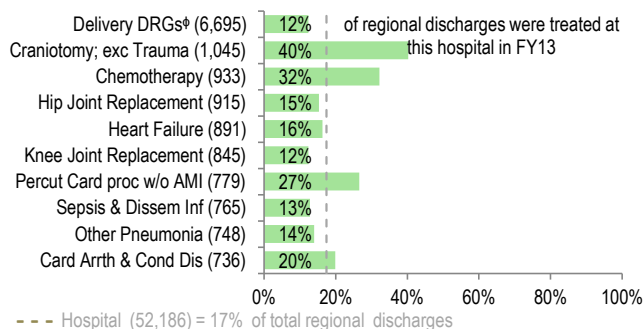
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

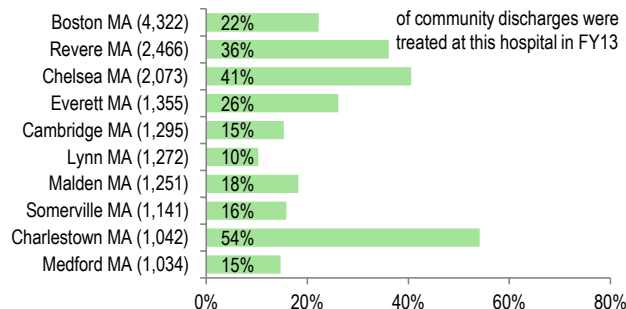
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

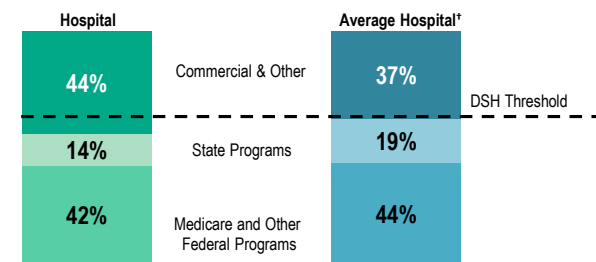
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

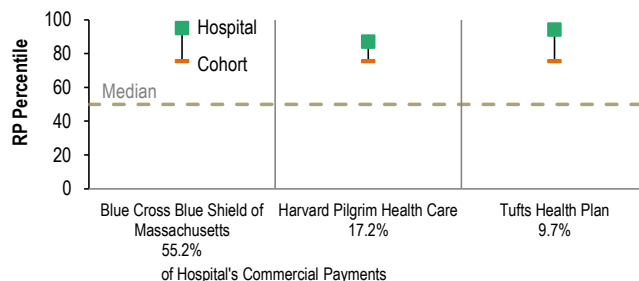
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

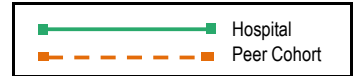
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

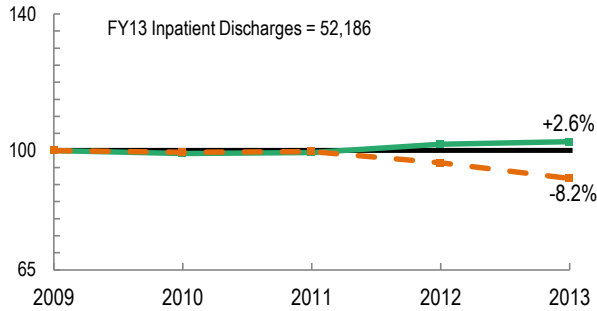
2013 Hospital Profile: MASSACHUSETTS GENERAL HOSPITAL

Cohort: Academic Medical Center

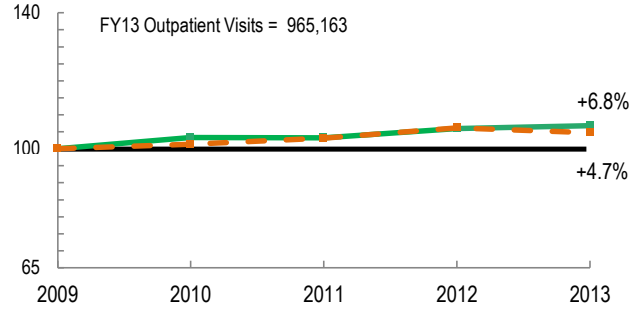


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

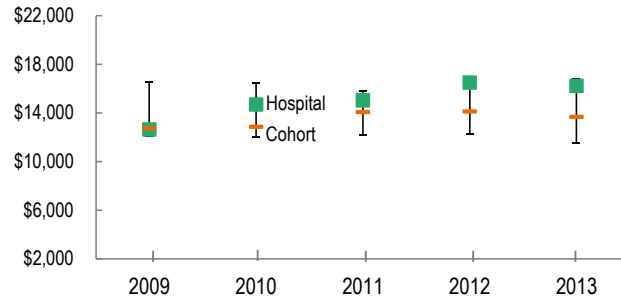


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

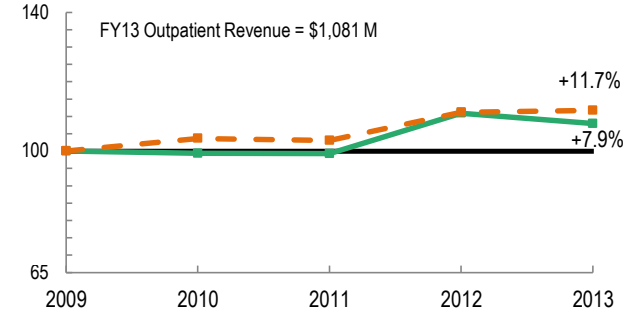


PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

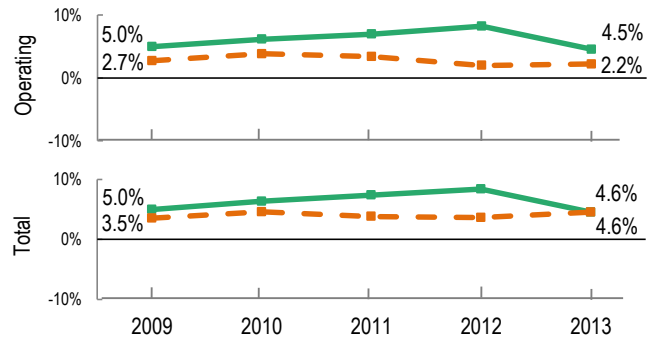


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$2,655	\$2,655	(\$0)	\$2,523	\$131.9
2010	\$2,865	\$2,859	\$6	\$2,683	\$181.3
2011	\$3,033	\$3,021	\$13	\$2,810	\$223.9
2012	\$3,260	\$3,255	\$6	\$2,987	\$273.6
2013	\$3,272	\$3,271	\$1	\$3,123	\$149.2

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

* Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

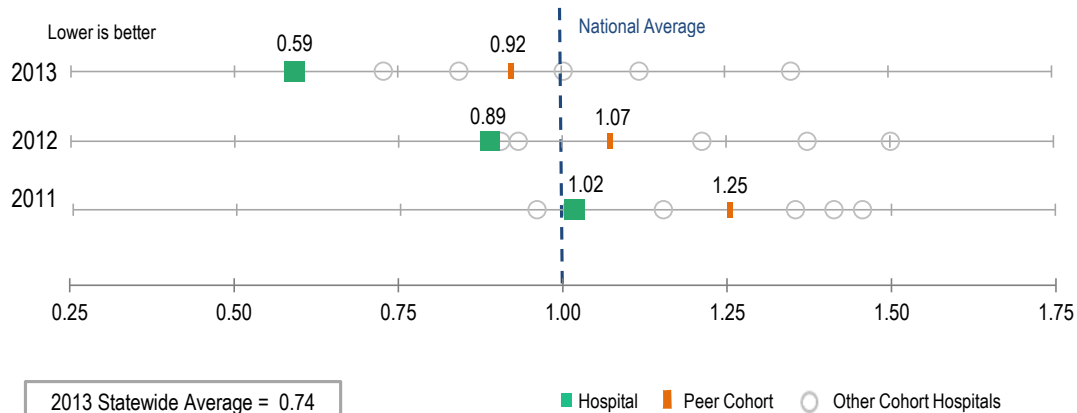
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

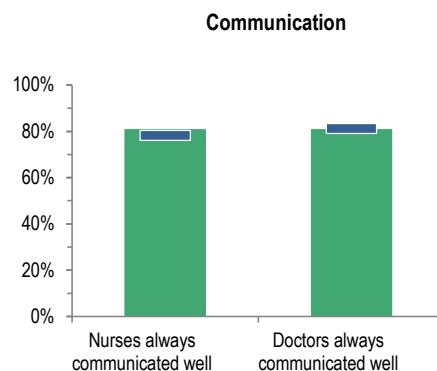
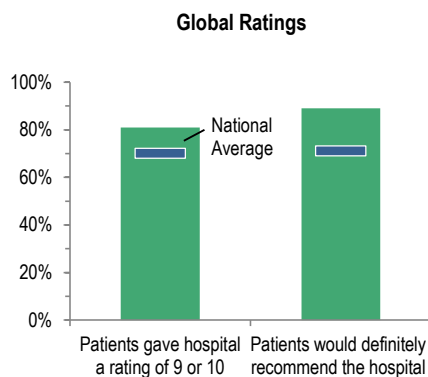
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



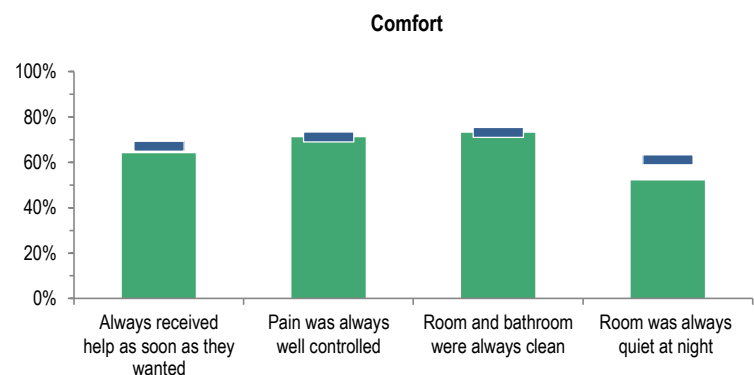
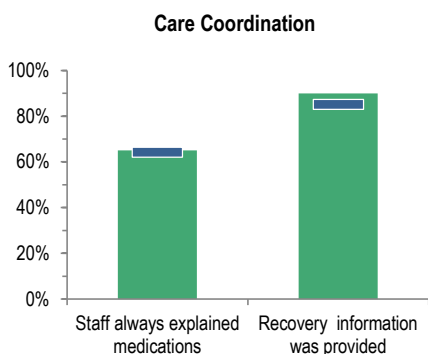
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

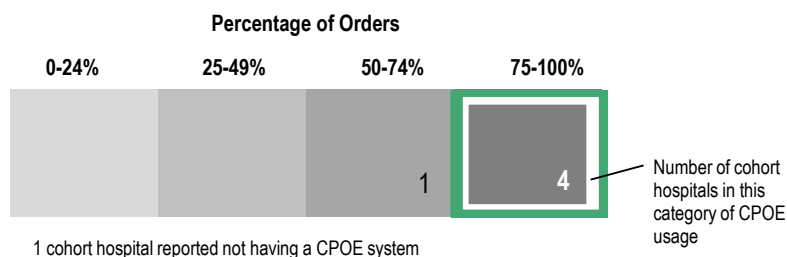
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 6 of 6 cohort hospitals responded to this survey

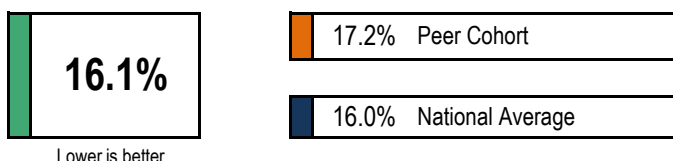
Score: Higher is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

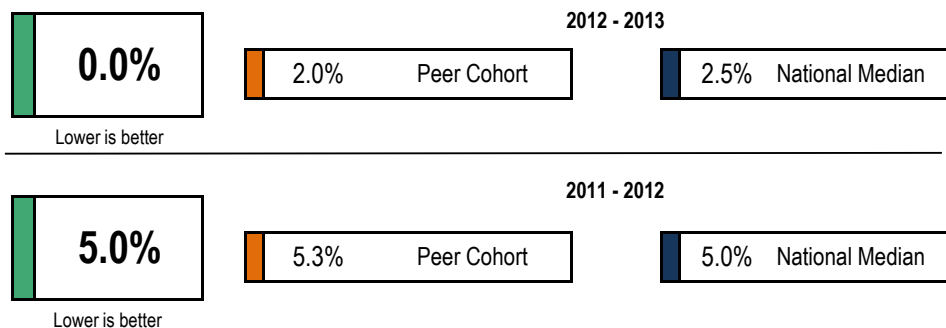
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

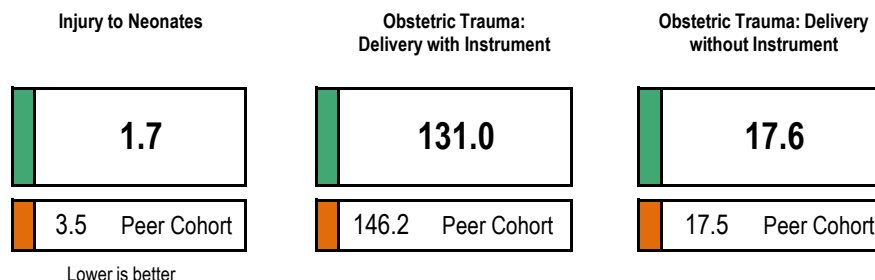
Score: Lower is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

^A Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile:

TUFTS MEDICAL CENTER

Academic Medical Center
Metro Boston

Tufts Medical Center is a large, non-profit academic medical center (AMC) located in the Metro Boston region. Tufts Medical Center is a teaching hospital of Tufts University School of Medicine and includes the Floating Hospital for Children, which is located within the Tufts Medical Center complex. Tufts Medical Center is one of eight organ transplant centers in Massachusetts. In FY2013, it had the highest case mix index (indicating severity of cases) among AMCs. Tufts Medical Center was profitable from FY10 to FY13, with a total margin of 1.6% in FY13, compared to a median total margin of 4.6% among AMCs.

AT A GLANCE

TOTAL STAFFED BEDS: 293, among the larger acute hospitals

% OCCUPANCY: 93%, > cohort avg. (85%)

CASE MIX INDEX in FY13: 1.48, highest in cohort (avg. 1.32); > statewide (0.89)

INPATIENT DISCHARGES in FY13: 19,914

TRAUMA CENTER DESIGNATION: Adult: Level 1, Pedi: Level 1

EMERGENCY DEPT VISITS in FY13: 41,065

PUBLIC PAYER MIX: 59% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: Not Applicable

CY13 COMMERCIAL PAYER PRICE LEVEL: 62nd Percentile

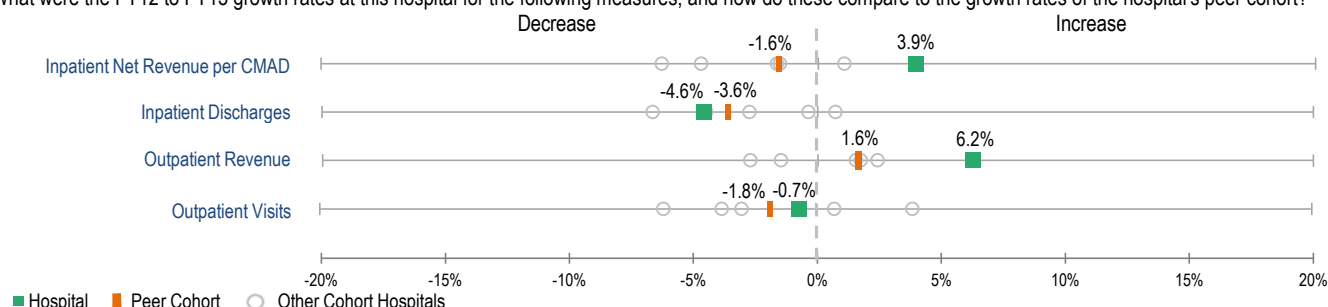
ADJUSTED[‡] COST PER DISCHARGE: \$10,344

INPATIENT:OUTPATIENT REVENUE in FY13: 55%:45%

CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

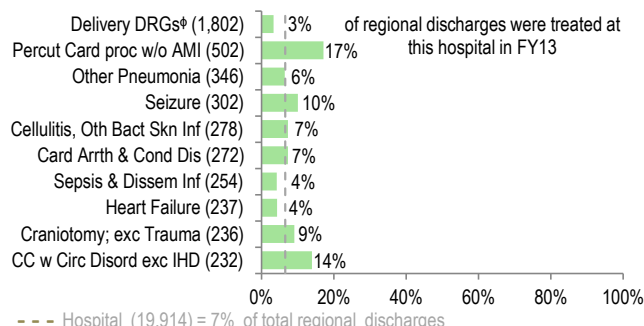
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

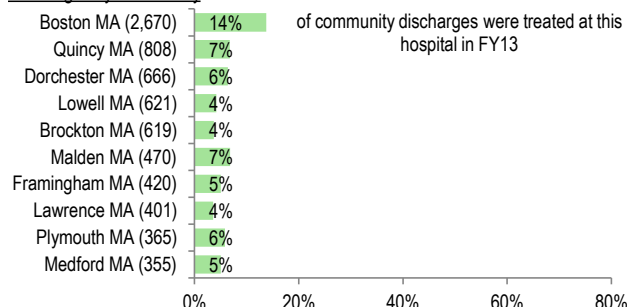
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



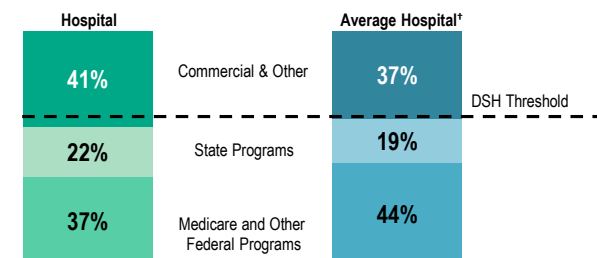
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



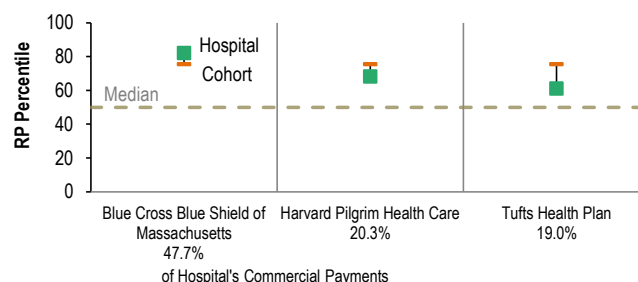
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

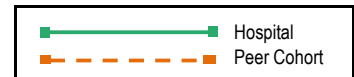
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

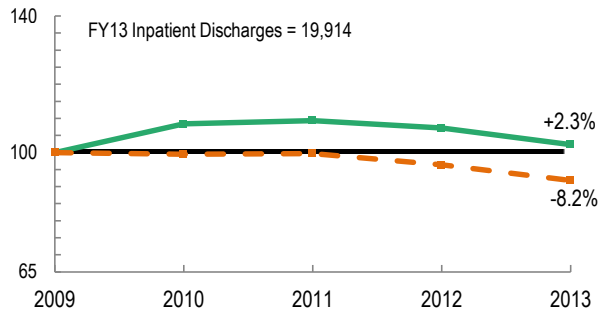
2013 Hospital Profile: TUFTS MEDICAL CENTER

Cohort: Academic Medical Center

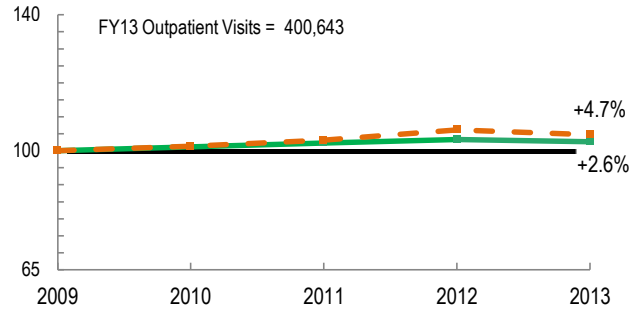


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

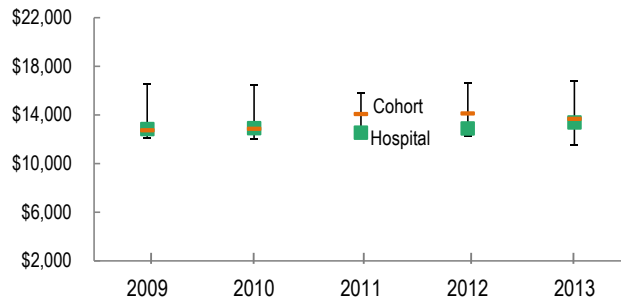


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



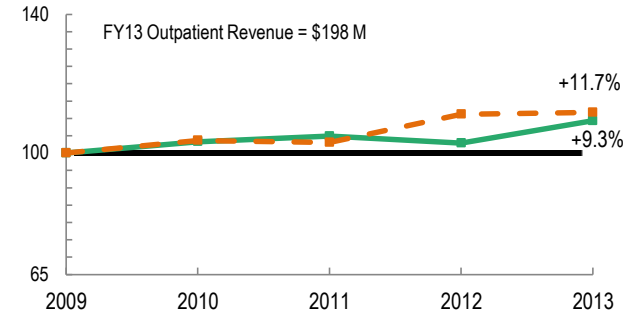
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$13,380 | Full Cost per CMAD = \$10,753

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

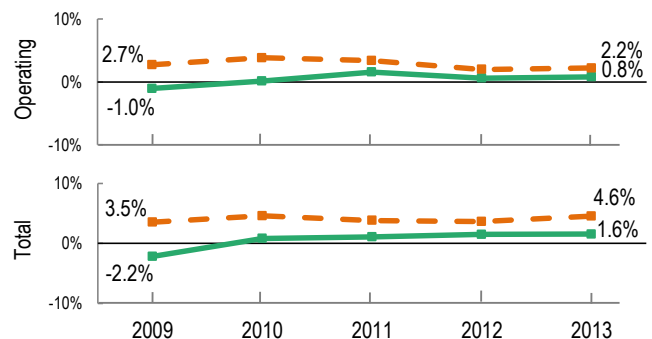


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$607	\$614	(\$7)	\$620	(\$13.3)
2010	\$643	\$638	\$5	\$638	\$5.3
2011	\$672	\$675	(\$3)	\$665	\$7.3
2012	\$673	\$667	\$6	\$663	\$10.0
2013	\$661	\$656	\$5	\$651	\$10.2

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

‡ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

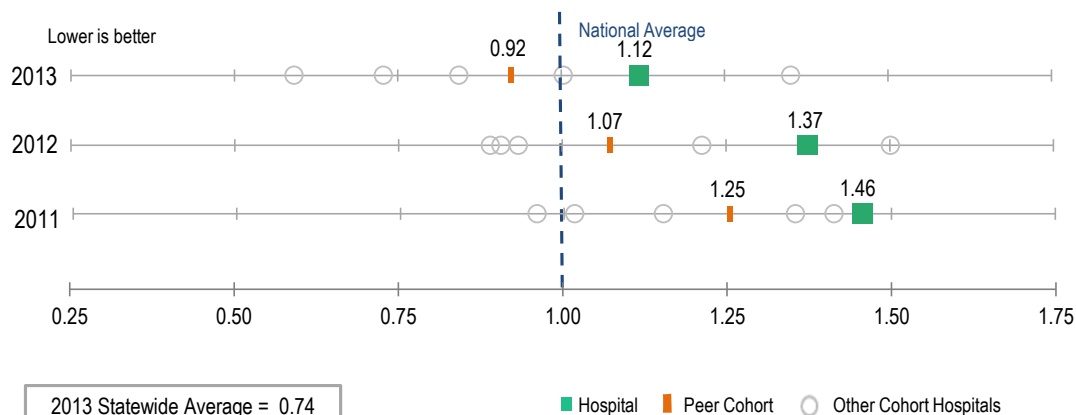
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

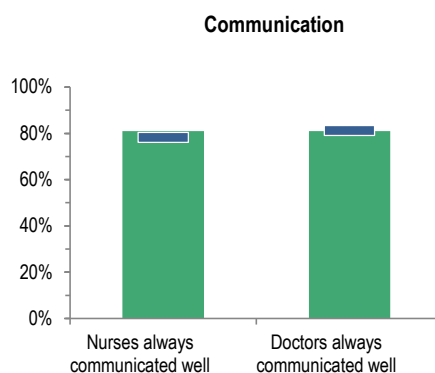
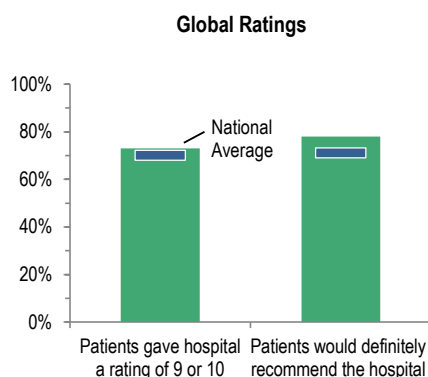
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



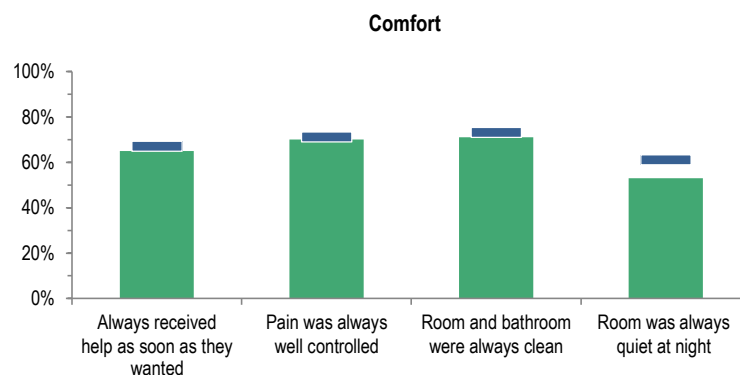
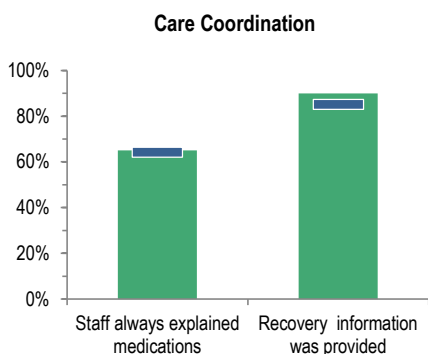
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

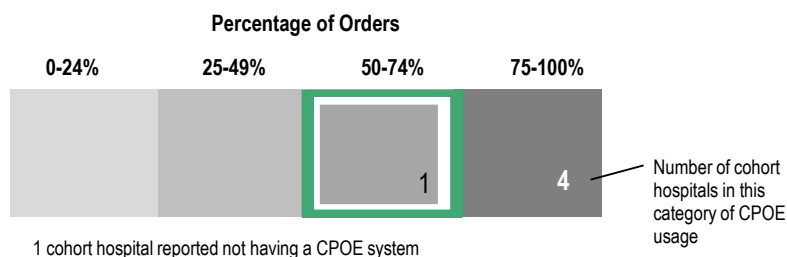
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 6 of 6 cohort hospitals responded to this survey

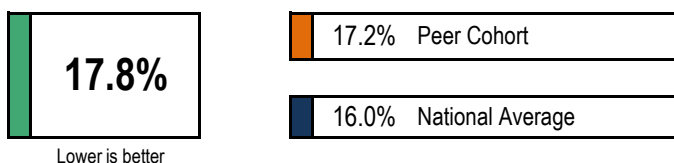
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

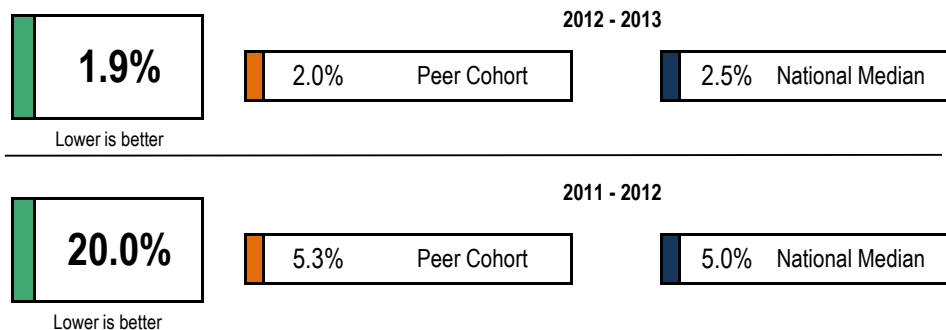
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

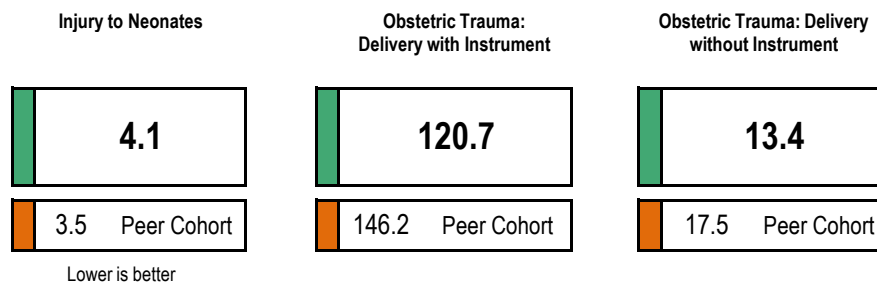
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



UMass Memorial Medical Center is a large, non-profit academic medical center (AMC) located in the Central Massachusetts region. UMass Memorial is a member of the UMass Memorial Health Care system, and one of eight organ transplant centers in Massachusetts. It also qualifies as a Disproportionate Share Hospital (DSH). UMass Memorial earned a profit each year from FY09 to FY13, with a total margin of 4.6% in FY13, similar to the median performance of peer cohort hospitals. Its operating margin in FY13 was -2.3%, its only negative operating margin in the five-year period.

AT A GLANCE

TOTAL STAFFED BEDS: 724, 4th largest acute hospital

% OCCUPANCY: 81%, < cohort avg. (85%)

CASE MIX INDEX in FY13: 1.24, < cohort avg. (1.32); > statewide (0.89)

INPATIENT DISCHARGES in FY13: 41,968

TRAUMA CENTER DESIGNATION: Adult: Level 1, Pedi: Level 1

EMERGENCY DEPT VISITS in FY13: 134,891

PUBLIC PAYER MIX: 64% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: ICB⁹

CY13 COMMERCIAL PAYER PRICE LEVEL: 76th Percentile

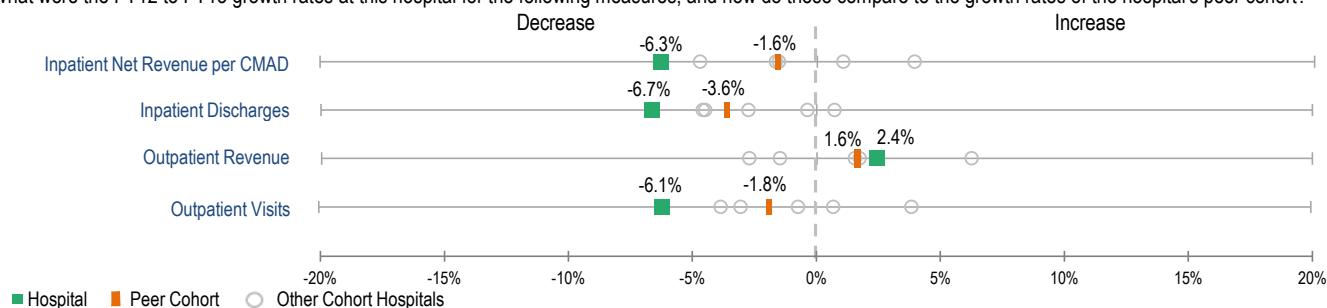
ADJUSTED[‡] COST PER DISCHARGE: \$10,122

INPATIENT:OUTPATIENT REVENUE in FY13: 46%:54%

CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

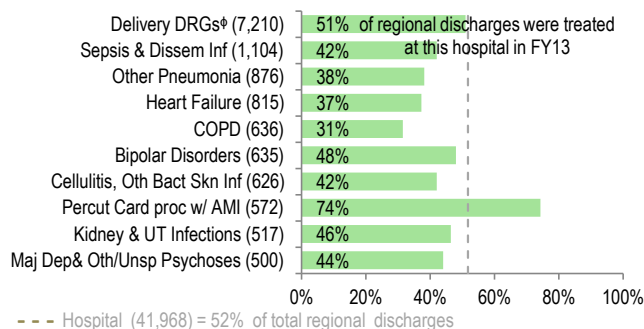
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

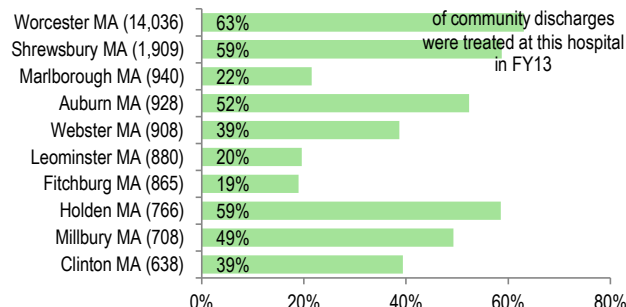
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



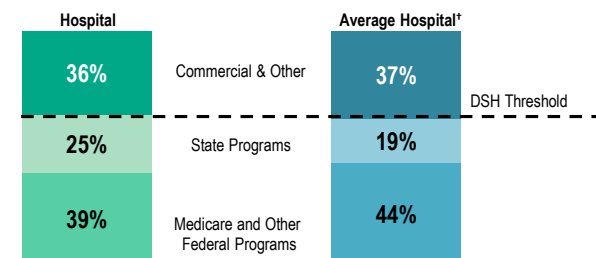
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



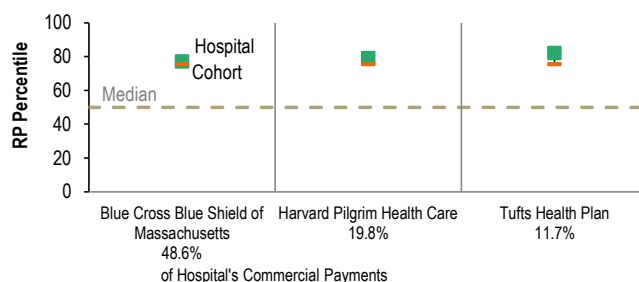
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

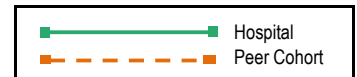
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

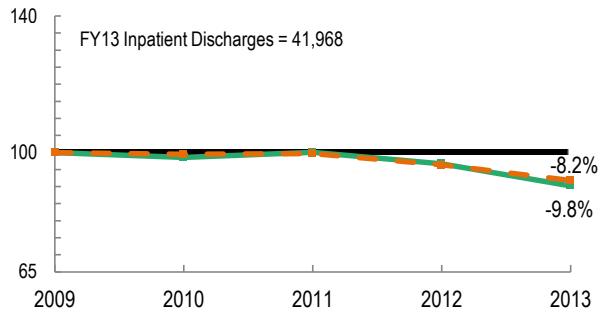
2013 Hospital Profile: UMASS MEMORIAL MEDICAL CENTER

Cohort: Academic Medical Center

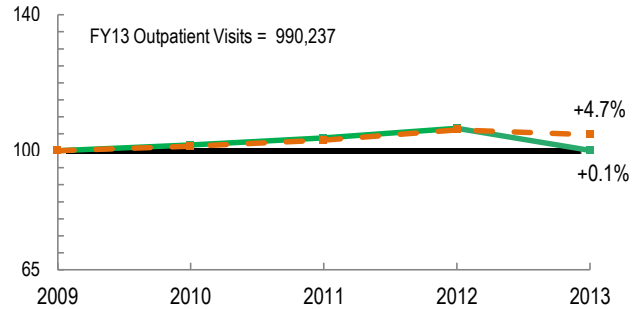


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

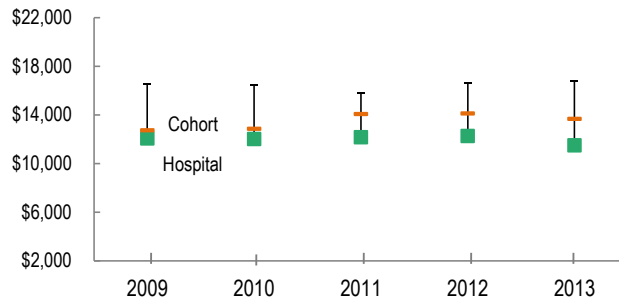


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



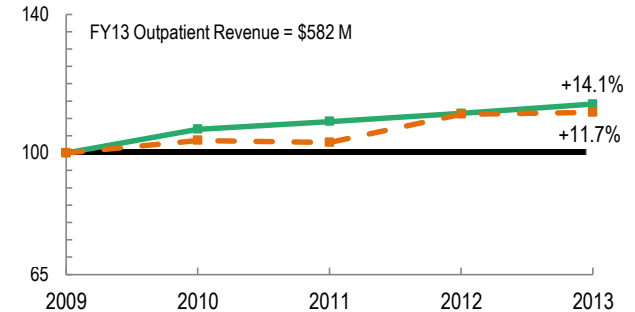
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$11,495 | Full Cost per CMAD = \$10,793

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

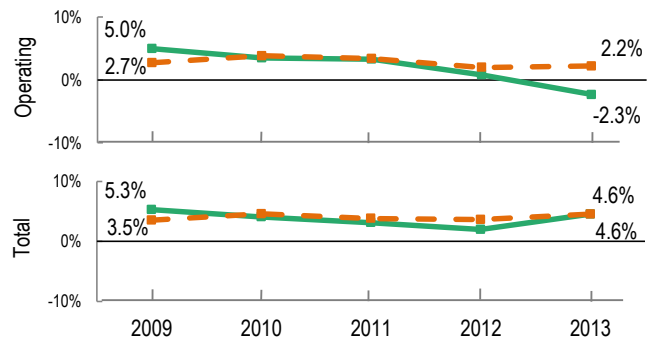


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$1,330	\$1,325	\$5	\$1,259	\$70.6
2010	\$1,400	\$1,391	\$9	\$1,343	\$57.2
2011	\$1,373	\$1,375	(\$2)	\$1,330	\$42.9
2012	\$1,396	\$1,380	\$17	\$1,368	\$27.8
2013	\$1,512	\$1,408	\$104	\$1,443	\$68.9

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

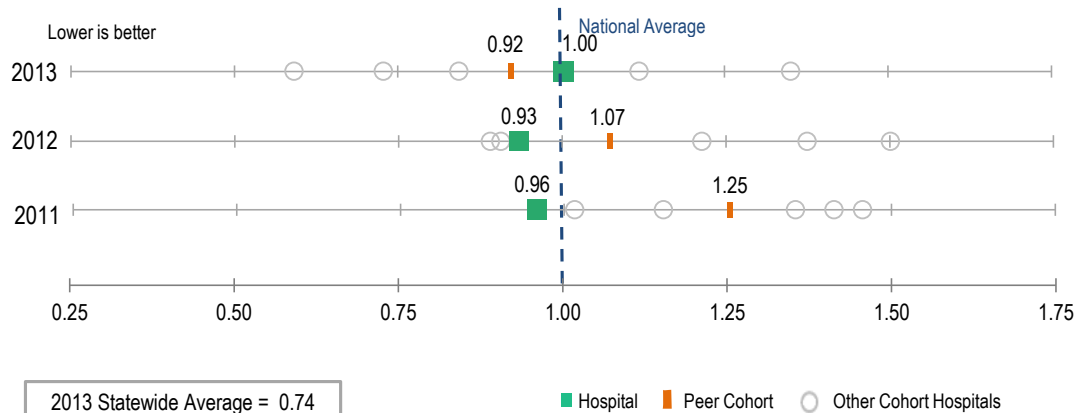
- * Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.
- † For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
- ‡ Costs were adjusted to exclude direct medical education costs and physician compensation.
- § Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.
- † Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

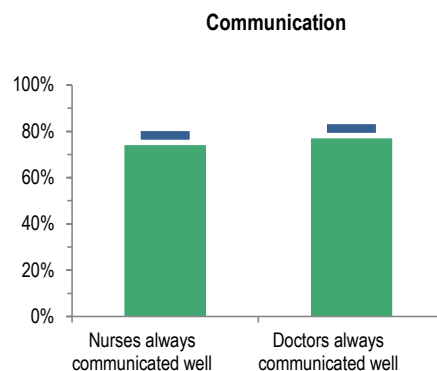
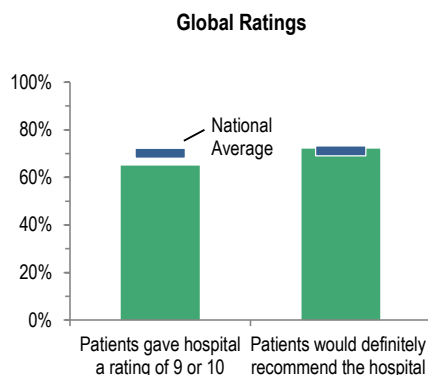
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



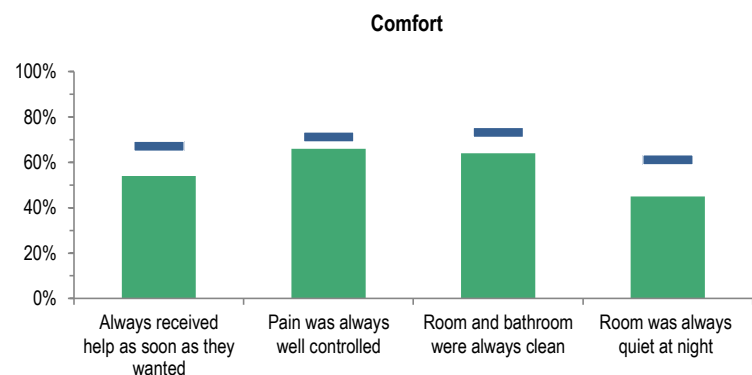
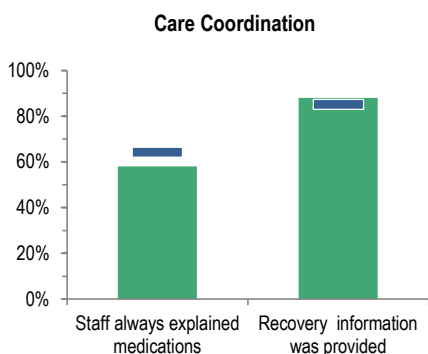
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

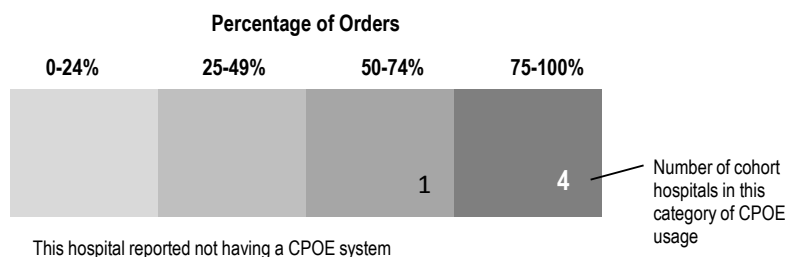
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 6 of 6 cohort hospitals responded to this survey

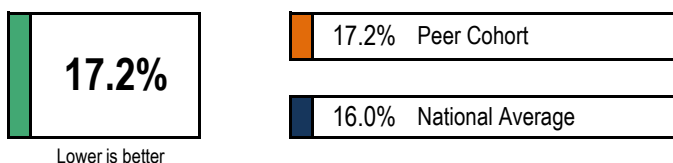
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

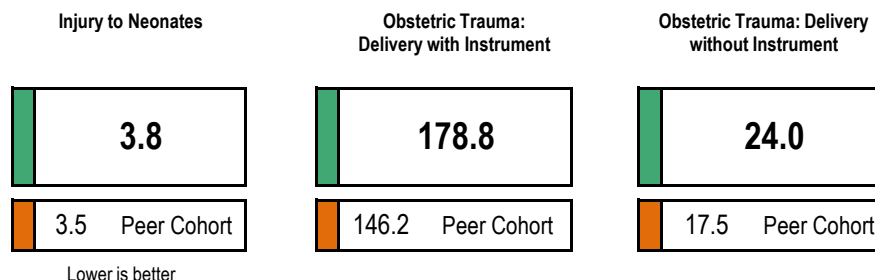
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile: BAYSTATE MEDICAL CENTER

Springfield, MA
Baystate Health
Teaching Hospital
Western Massachusetts

Baystate Medical Center is a non-profit teaching hospital located in the Western Massachusetts region. It is the third largest acute hospital in Massachusetts, with 734 staffed beds. It is a member of the Baystate Health system, and qualifies as a Disproportionate Share Hospital (DSH). It is the only Level 1 Trauma Center in its region, the only Level 2 Pediatric Trauma Center in its region, and one of eight organ transplant centers in Massachusetts. Baystate Medical Center was profitable each year from FY09 to FY13, with a 10.1% total margin in FY13, higher than the median performance of cohort hospitals (7.6%).

AT A GLANCE

TOTAL STAFFED BEDS: 734, 3rd largest acute hospital

% OCCUPANCY: 70%, < cohort avg. (75%)

CASE MIX INDEX in FY13: 1.12, > cohort avg. (0.99); > statewide (0.89)

INPATIENT DISCHARGES in FY13: 38,900

TRAUMA CENTER DESIGNATION: Adult: Level 1, Pedi: Level 2

EMERGENCY DEPT VISITS in FY13: 100,299

PUBLIC PAYER MIX: 68% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: ICB⁹

CY13 COMMERCIAL PAYER PRICE LEVEL: 60th Percentile

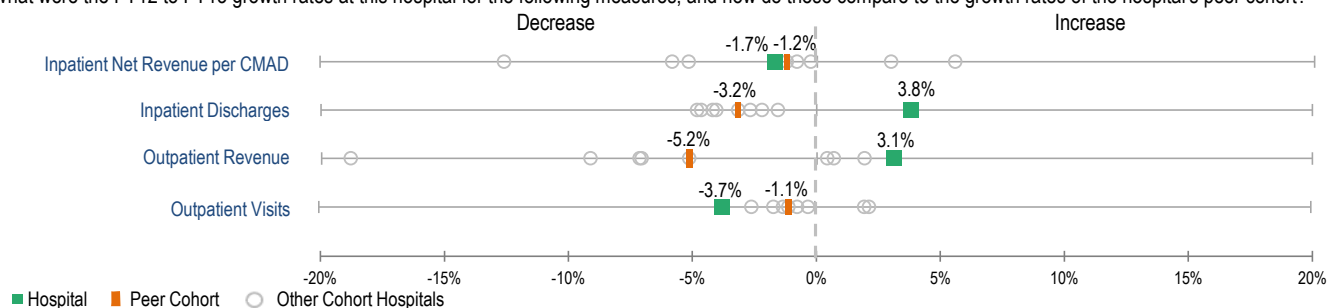
ADJUSTED[‡] COST PER DISCHARGE: \$8,829

INPATIENT:OUTPATIENT REVENUE in FY13: 47%:53%

CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

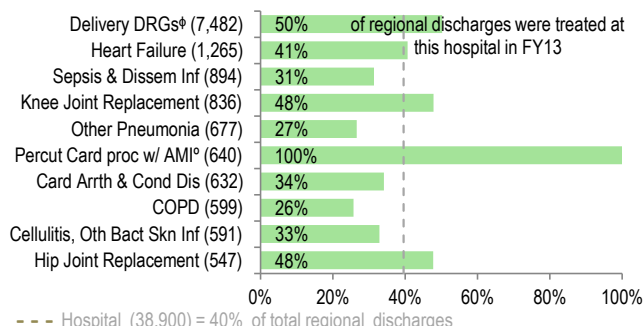
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

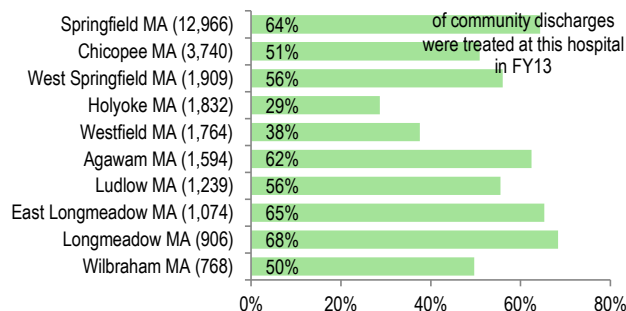
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



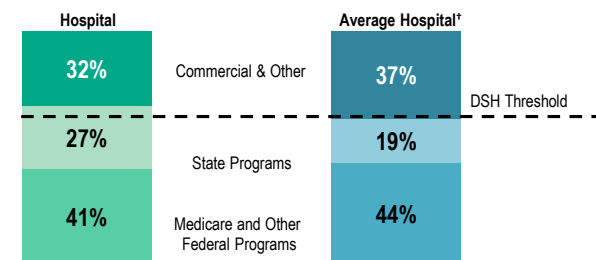
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



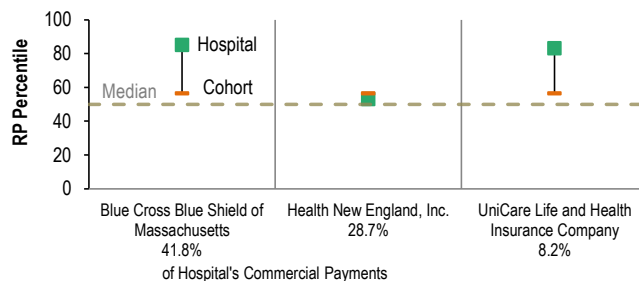
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

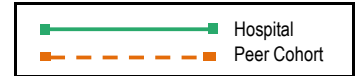
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

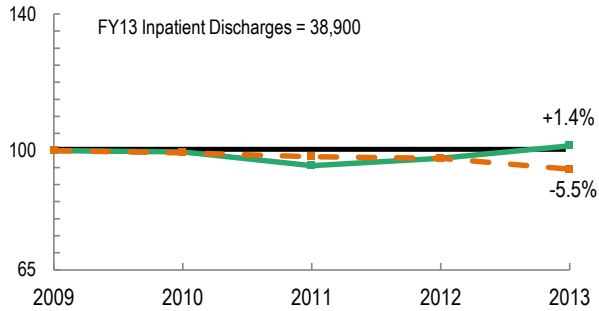
2013 Hospital Profile: BAYSTATE MEDICAL CENTER

Cohort: Teaching Hospital

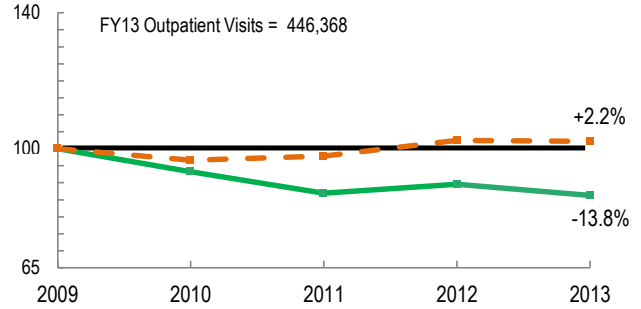


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



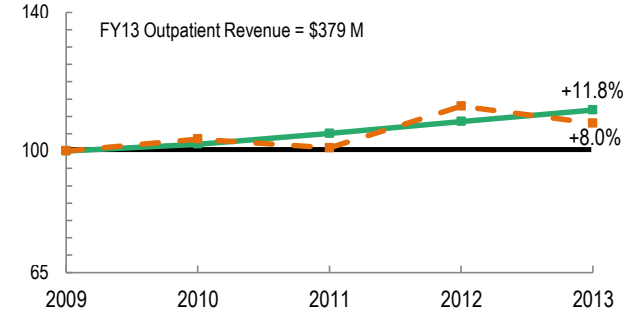
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$12,004 | Full Cost per CMAD = \$9,607

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$868	\$870	(\$3)	\$808	\$59.6
2010	\$897	\$879	\$17	\$823	\$73.8
2011	\$877	\$878	(\$2)	\$846	\$30.5
2012	\$982	\$940	\$42	\$884	\$97.6
2013	\$1,032	\$996	\$36	\$927	\$104.7

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

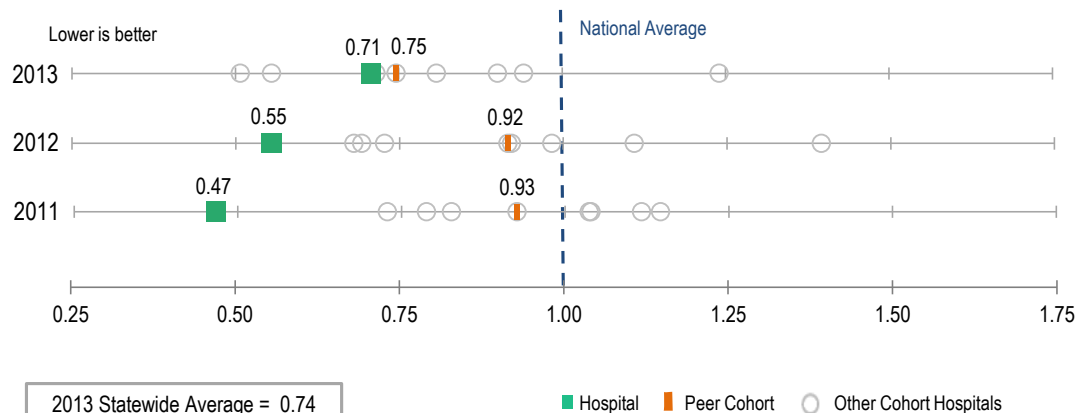
- * Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.
- ^a For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
- [†] Costs were adjusted to exclude direct medical education costs and physician compensation.
- [‡] Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.
- [§] Regional percentages are based on the individual DRG codes reported by this hospital.
- [†] Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

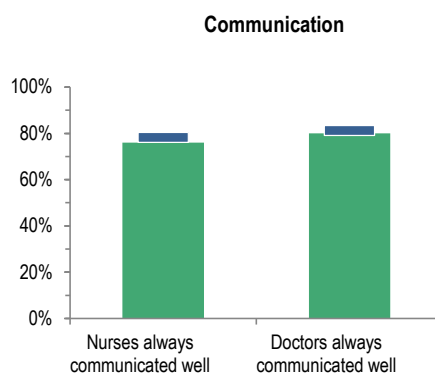
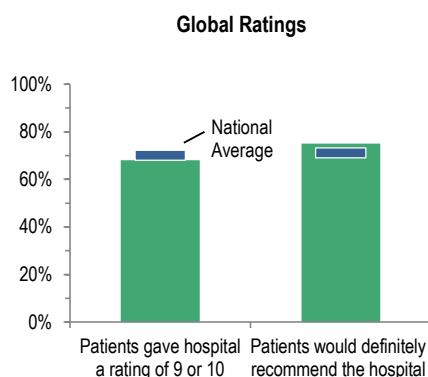
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



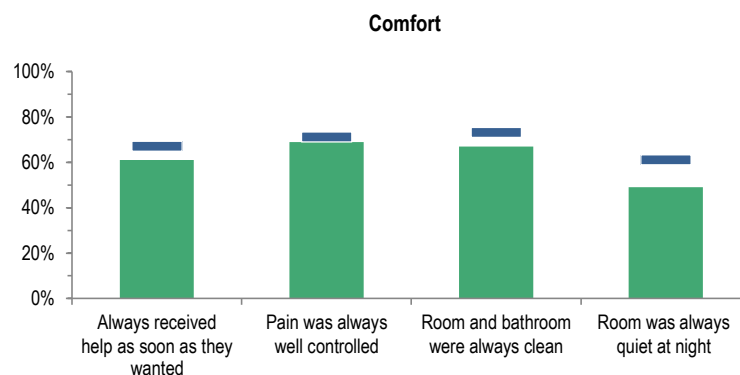
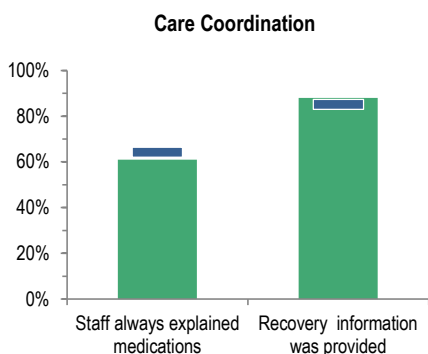
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

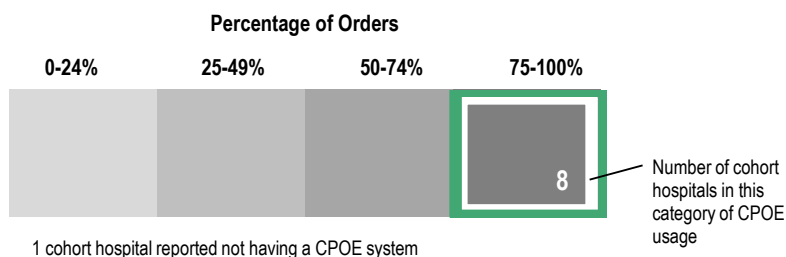
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an **electronic system** that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 9 of 9 cohort hospitals responded to this survey

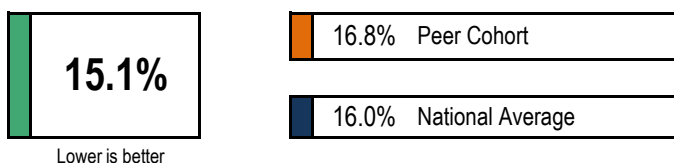
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

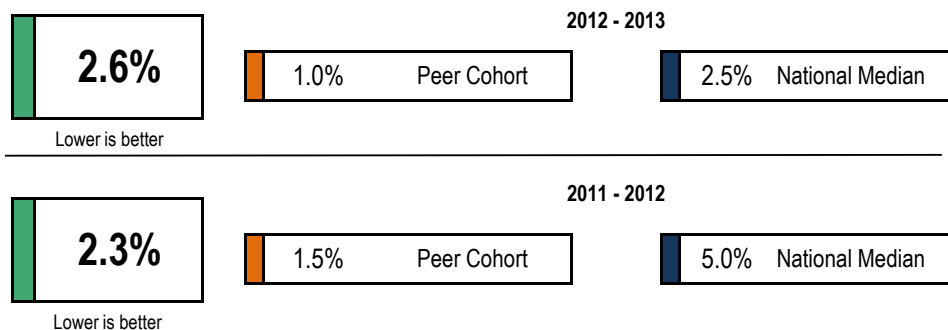
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

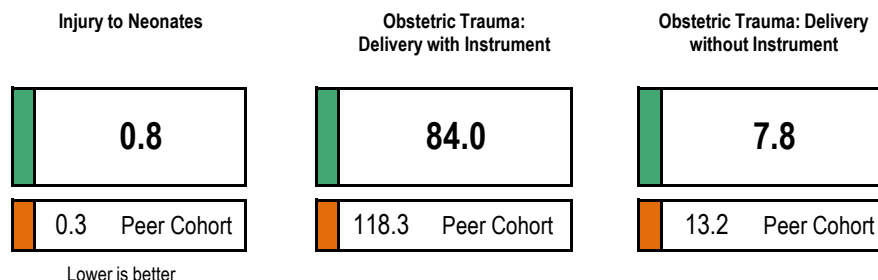
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



Berkshire Medical Center is a mid-size, non-profit teaching hospital located in the Western Massachusetts region. It is a member of Berkshire Health Systems, and qualifies as a Disproportionate Share Hospital (DSH). It has operated the Berkshire North Satellite Emergency Facility at the former North Adams Regional Hospital building since May 2014. Between FY09 and FY13, there was a 22.6% increase in outpatient visits at Berkshire Medical Center, compared to a median increase of 2.2% among cohort hospitals. It earned a profit from FY10 to FY13, with a total margin of 8.8% in FY13, higher than the median performance of cohort hospitals of 7.6%.

AT A GLANCE

TOTAL STAFFED BEDS: 210, mid-size acute hospital

% OCCUPANCY: 78%, > cohort avg. (75%)

CASE MIX INDEX in FY13: 0.94, < cohort avg. (0.99); > statewide (0.89)

INPATIENT DISCHARGES in FY13: 13,429

TRAUMA CENTER DESIGNATION: Adult: Level 3

EMERGENCY DEPT VISITS in FY13: 47,442

PUBLIC PAYER MIX: 69% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: ICB⁹

CY13 COMMERCIAL PAYER PRICE LEVEL: 84th Percentile

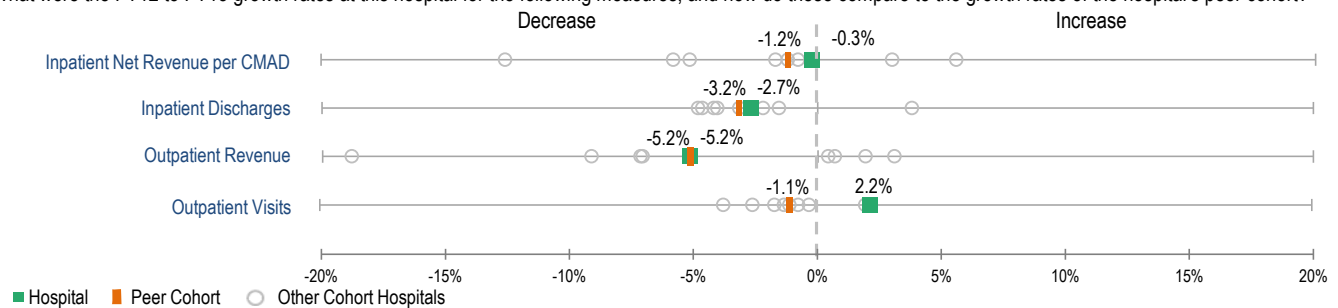
ADJUSTED[‡] COST PER DISCHARGE: \$11,195

INPATIENT:OUTPATIENT REVENUE in FY13: 38%:62%

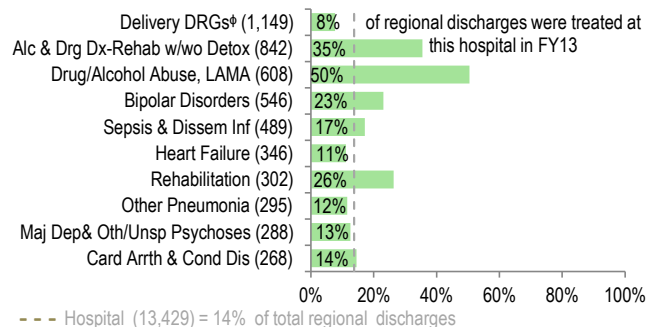
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

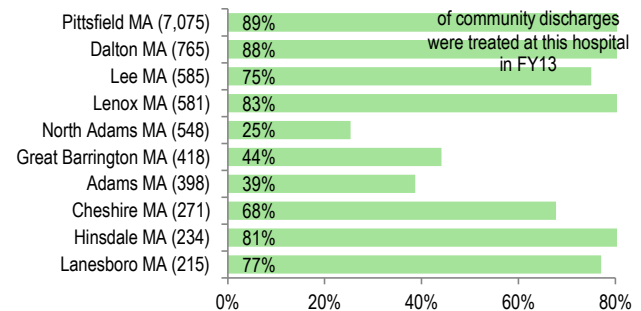
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

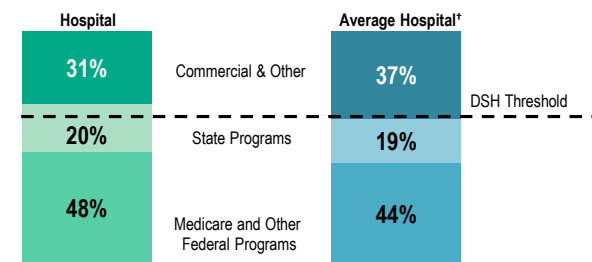
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

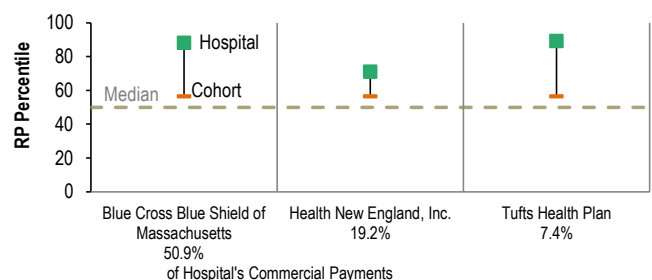
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

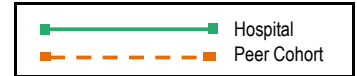
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

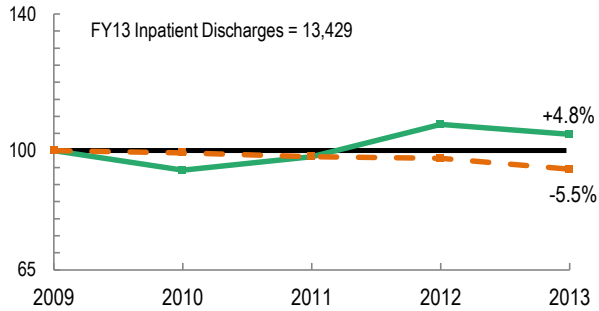
2013 Hospital Profile: **BERKSHIRE MEDICAL CENTER**

Cohort: Teaching Hospital

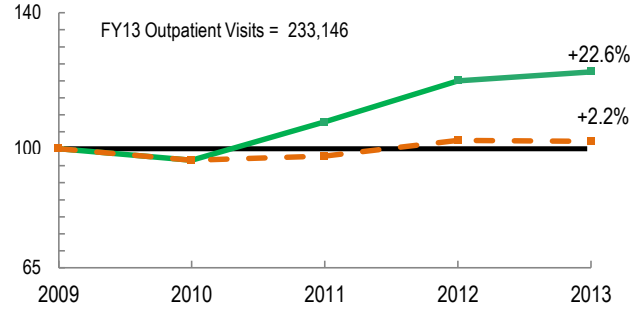


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

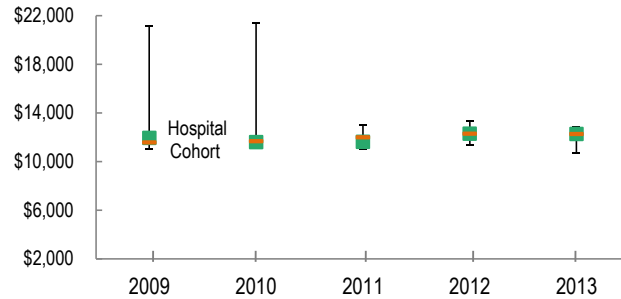


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



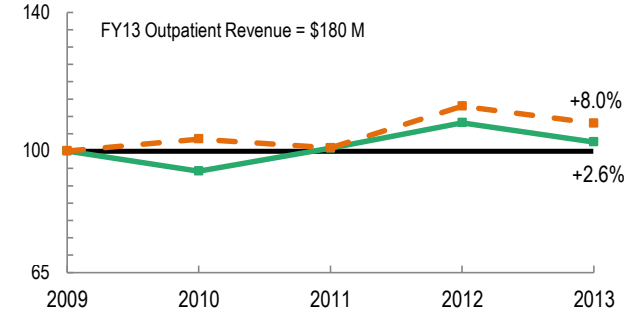
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$12,257 | Full Cost per CMAD = \$12,768

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

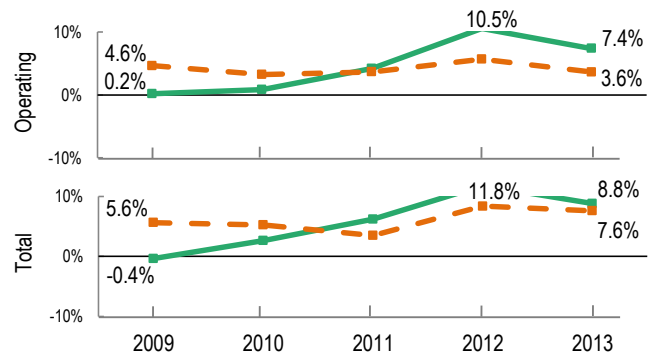


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$329	\$331	(\$2)	\$330	(\$1.2)
2010	\$316	\$310	\$6	\$308	\$8.3
2011	\$339	\$332	\$7	\$318	\$21.0
2012	\$368	\$363	\$5	\$324	\$43.4
2013	\$356	\$351	\$5	\$325	\$31.3

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

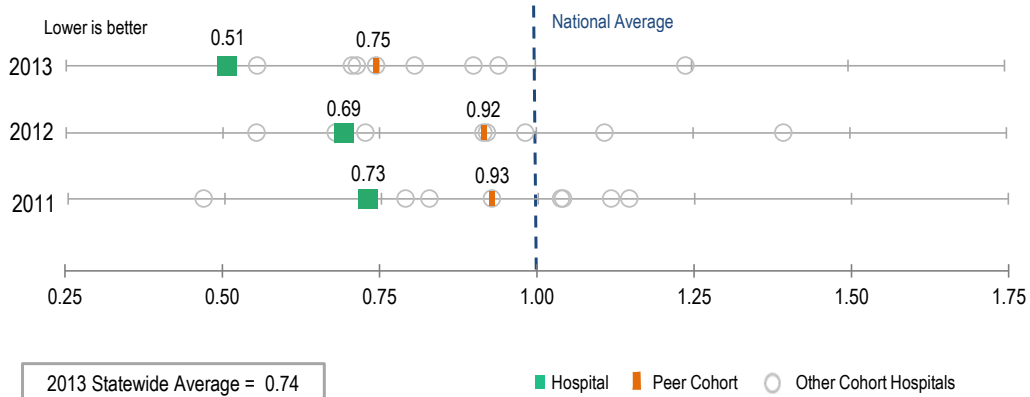
- * Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.
- ° For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
- † Costs were adjusted to exclude direct medical education costs and physician compensation.
- * Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.
- † Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

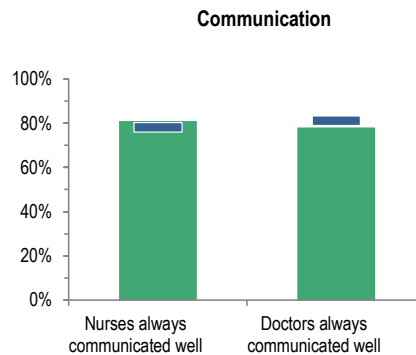
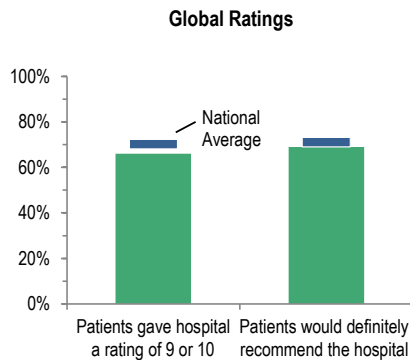
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



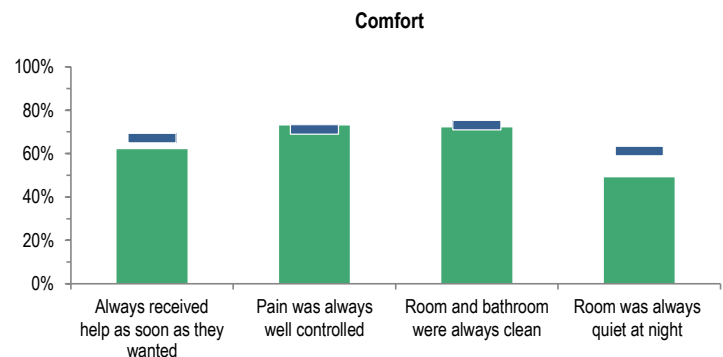
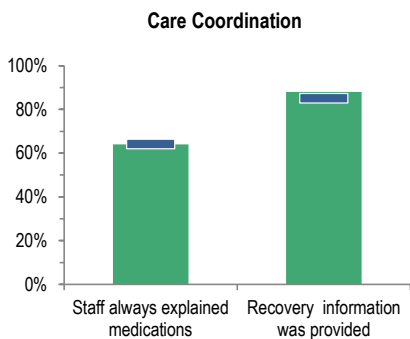
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

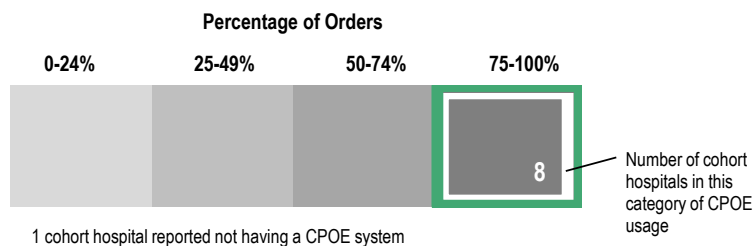
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders were entered by a physician using an electronic system** that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 9 of 9 cohort hospitals responded to this survey

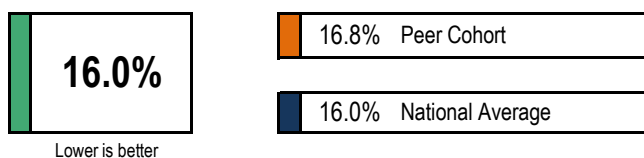
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

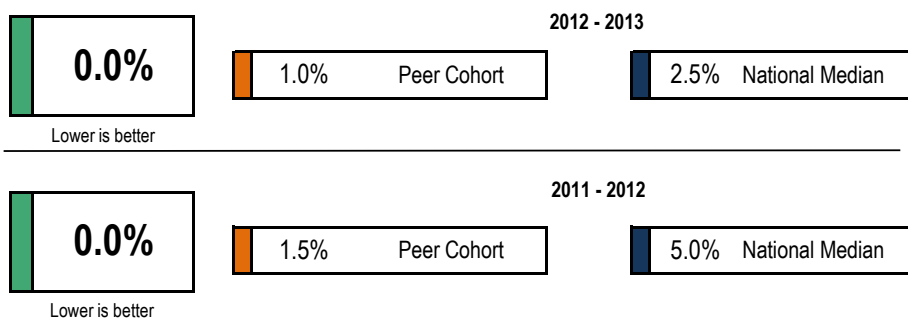
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

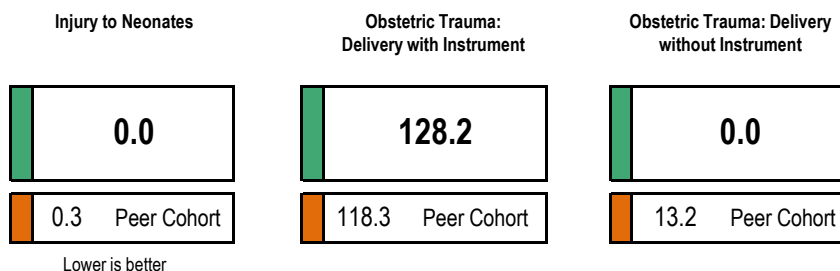
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

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Brigham and Women's Faulkner Hospital is a non-profit teaching hospital located in the Metro Boston region. It is among the smaller acute hospitals in Massachusetts and a member of Partners HealthCare System. Though it only accounted for 2% of total regional discharges in FY13, the hospital treated 23% of Alcohol Abuse and Dependence cases, 29% of Opioid Abuse and Dependence cases, and 22% of Mastectomy Procedure cases in Metro Boston. Outpatient visits at the hospital decreased by 12.4% between FY09 and FY13, while there was a median increase of 2.2% in its peer cohort during that period. The hospital earned a profit in FY09, FY10, and FY12. Its total margin in FY13 was 0.0%.

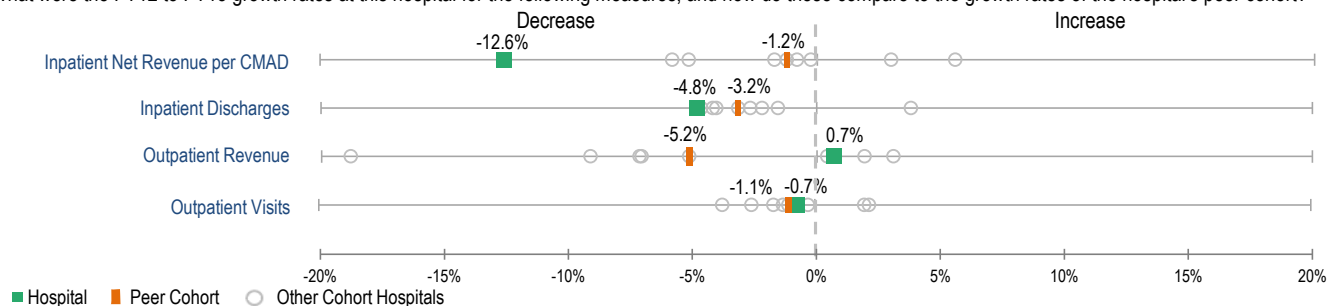
AT A GLANCE

TOTAL STAFFED BEDS: 92, among the smaller acute hospitals
% OCCUPANCY: 96%, highest in cohort (avg. 75%)
CASE MIX INDEX in FY13: 0.83, < cohort avg. (0.99); < statewide (0.89)
INPATIENT DISCHARGES in FY13: 7,212
TRAUMA CENTER DESIGNATION: Not Applicable
EMERGENCY DEPT VISITS in FY13: 26,142

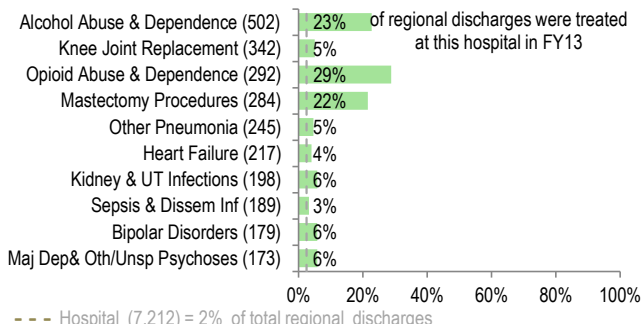
PUBLIC PAYER MIX: 52% (Non-DSH* Hospital)
SPECIAL PUBLIC FUNDING: Not Applicable
CY13 COMMERCIAL PAYER PRICE LEVEL: 78th Percentile
ADJUSTED[‡] COST PER DISCHARGE: \$13,609
INPATIENT:OUTPATIENT REVENUE in FY13: 30%:70%
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

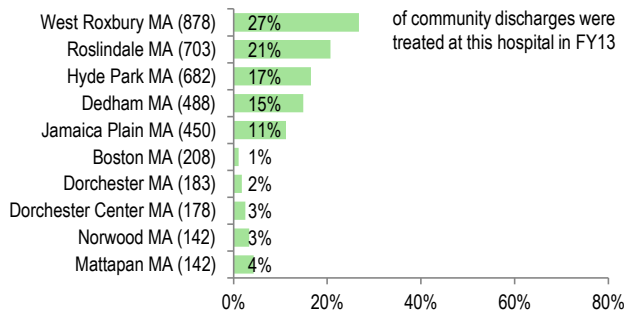
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

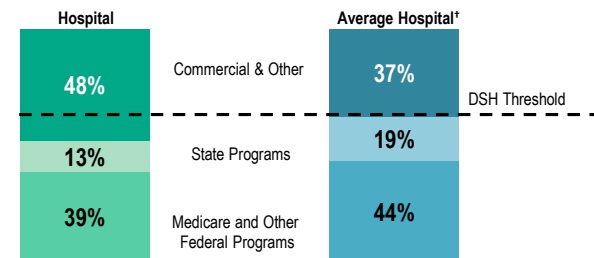
What were the most common inpatient cases (DRGs) treated at the hospital?
 What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

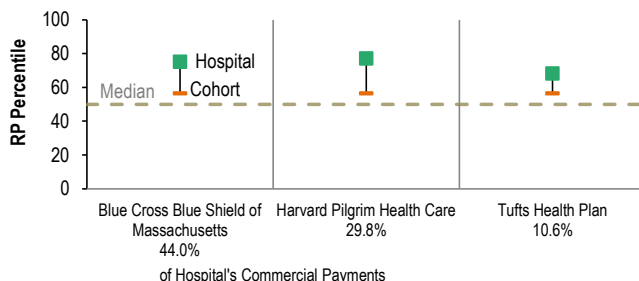
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

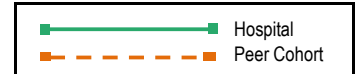
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

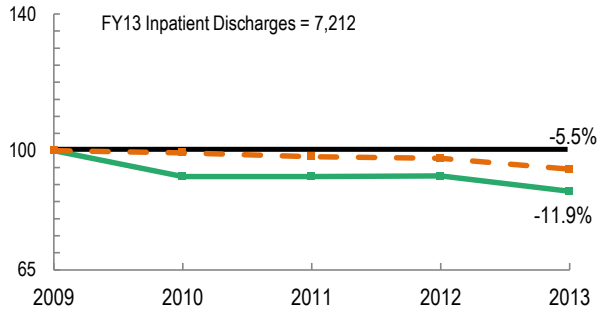
2013 Hospital Profile: BRIGHAM AND WOMEN'S FAULKNER HOSPITAL

Cohort: Teaching Hospital

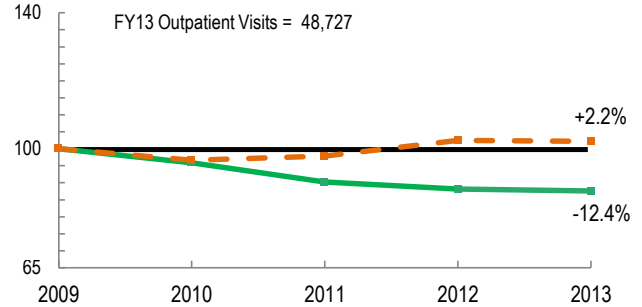


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

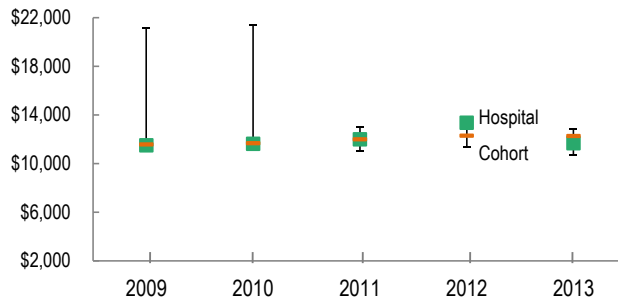


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



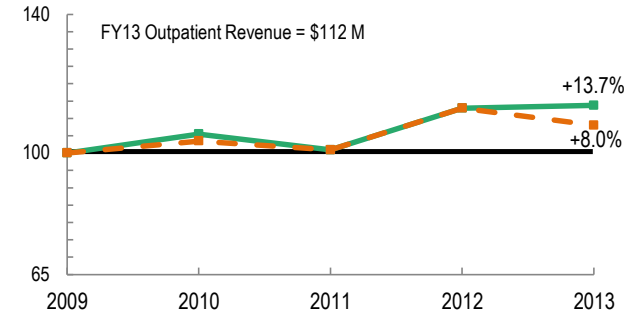
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$11,662 | Full Cost per CMAD = \$15,030

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

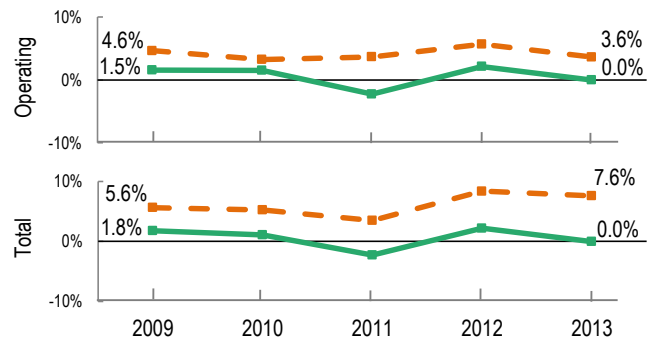


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$180	\$180	\$0	\$177	\$3.2
2010	\$183	\$184	(\$1)	\$181	\$1.9
2011	\$181	\$181	(\$0)	\$186	(\$4.1)
2012	\$198	\$198	\$0	\$194	\$4.4
2013	\$193	\$193	\$0	\$193	(\$0.0)

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

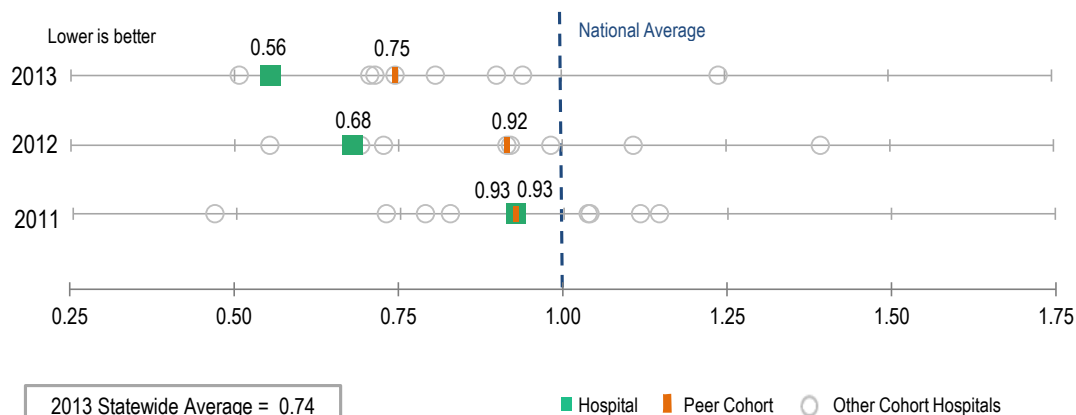
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

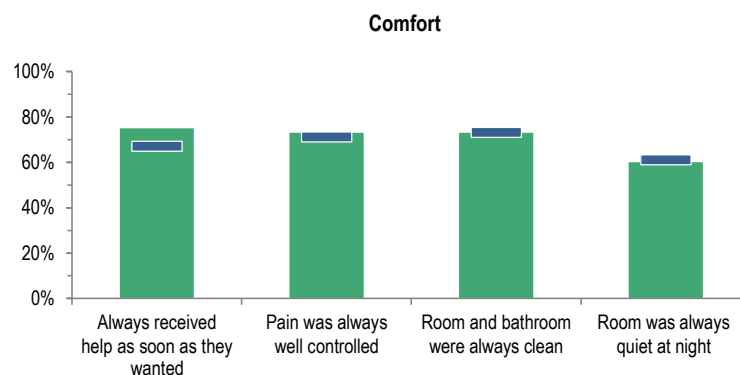
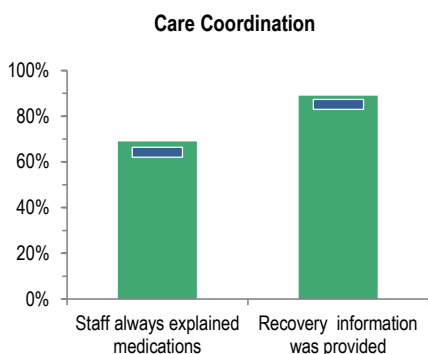
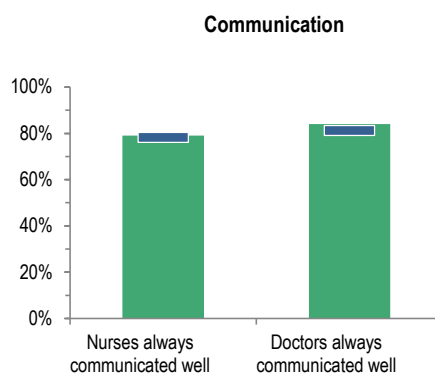
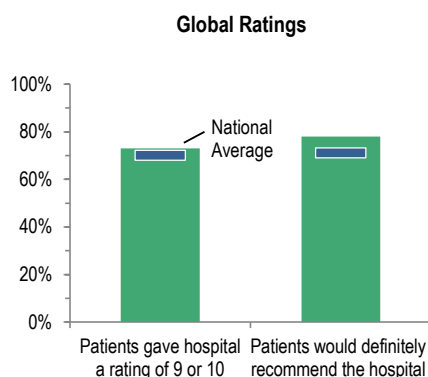
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

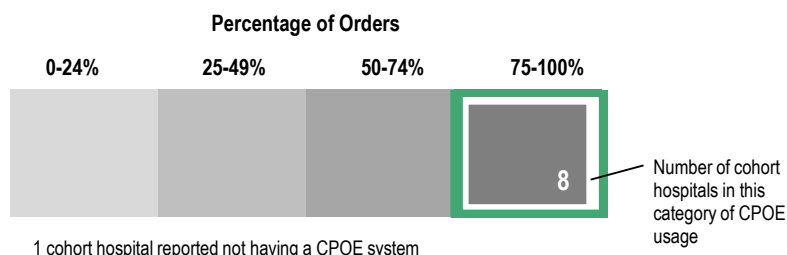
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 9 of 9 cohort hospitals responded to this survey

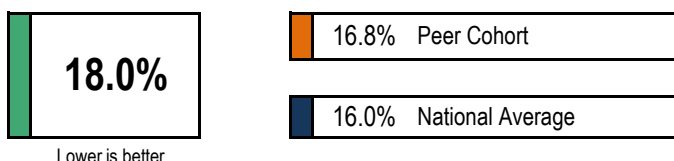
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile:

CAMBRIDGE HEALTH ALLIANCETeaching Hospital
Metro Boston

Cambridge Health Alliance (CHA) is a mid-size, municipal teaching hospital located in the Metro Boston region. It is the only municipal (public, non-state-owned) hospital in Massachusetts. CHA includes Cambridge Hospital, Somerville Hospital, and Whidden Memorial Hospital campuses. It qualifies as a Disproportionate Share Hospital (DSH) and has the highest public payer mix (74% in FY13) among all teaching hospitals. It operated at a loss each year from FY09 to FY13, with a -3.7% total margin in FY13. In comparison, the median performance of peer hospitals was profitable, with a 7.6% median total margin in FY13.

AT A GLANCE

TOTAL STAFFED BEDS: 239, mid-size acute hospital

% OCCUPANCY: 71%, < cohort avg. (75%)

CASE MIX INDEX in FY13: 0.75, lowest in cohort (avg. 0.99); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 12,934

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 96,470

PUBLIC PAYER MIX: 74% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: DSTI^a

CY13 COMMERCIAL PAYER PRICE LEVEL: 16th Percentile

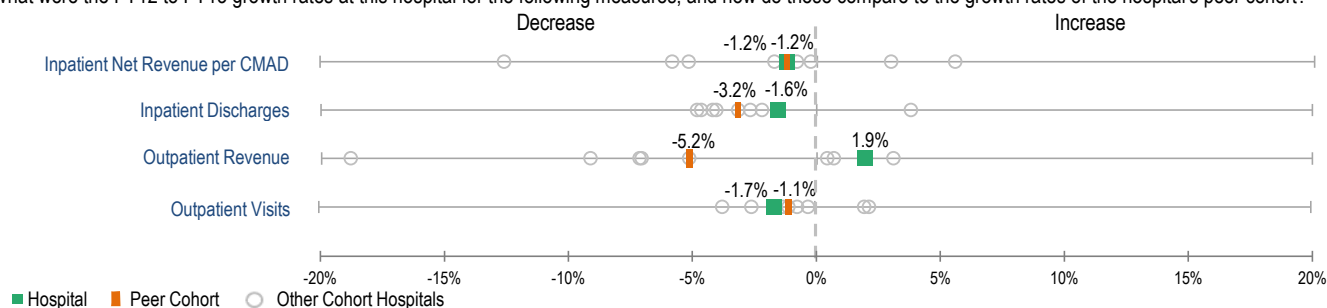
ADJUSTED^b COST PER DISCHARGE: \$13,951

INPATIENT:OUTPATIENT REVENUE in FY13: 26%:74%

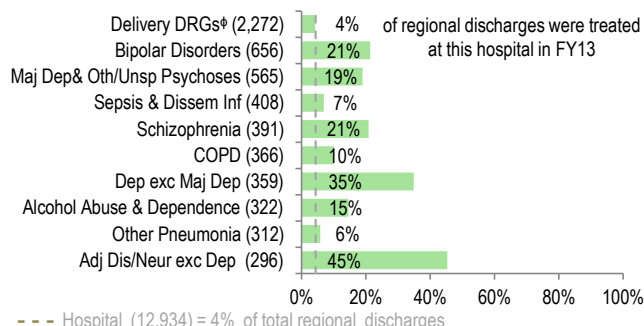
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

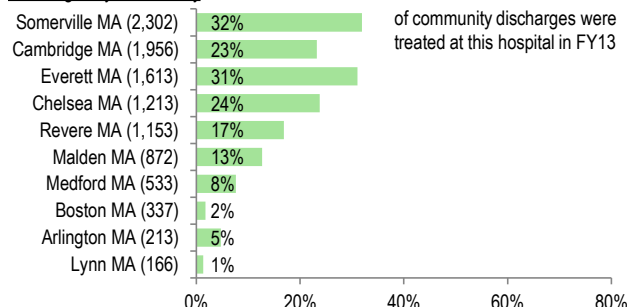
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

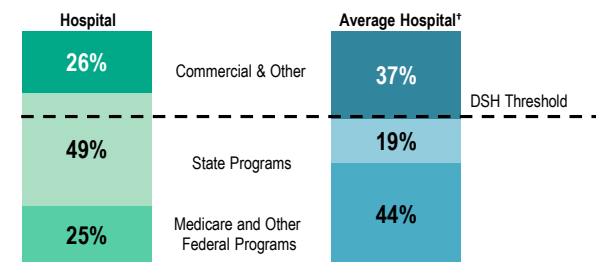
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

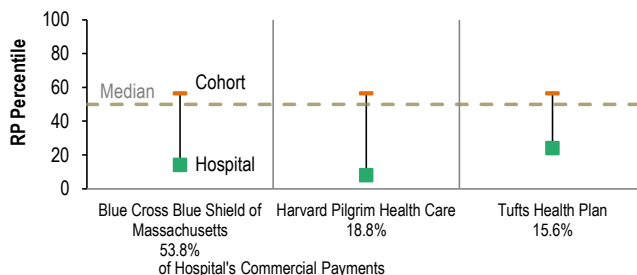
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

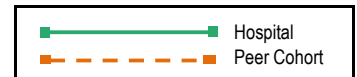
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

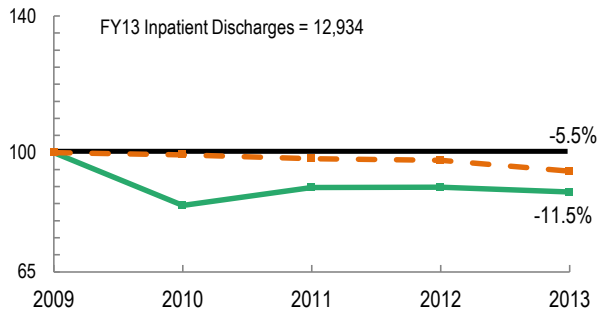
2013 Hospital Profile: CAMBRIDGE HEALTH ALLIANCE

Cohort: Teaching Hospital

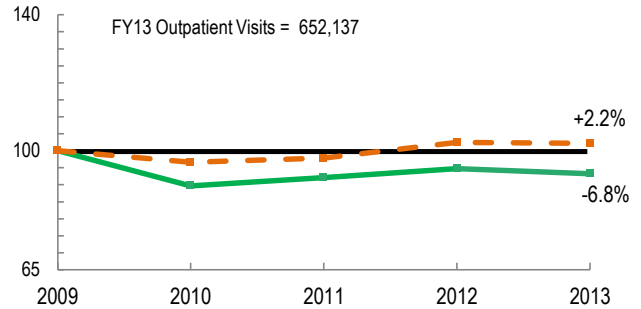


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

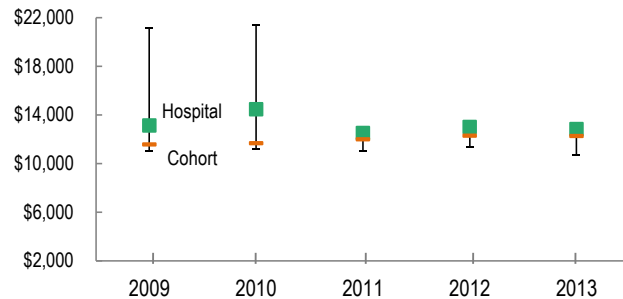


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



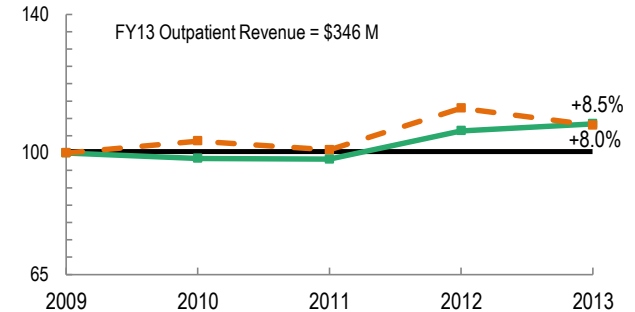
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$12,833 | Full Cost per CMAD = \$15,576

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

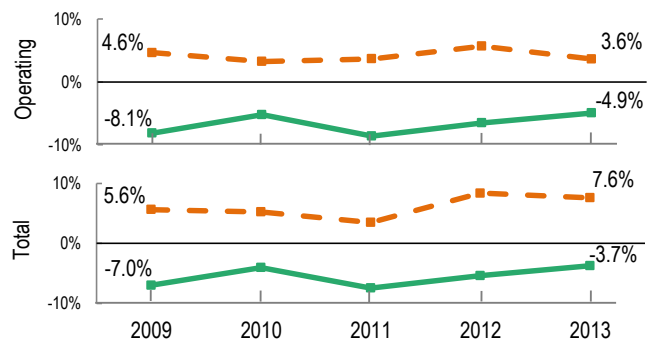


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$531	\$525	\$6	\$568	(\$37.0)
2010	\$498	\$492	\$6	\$518	(\$20.1)
2011	\$496	\$490	\$6	\$533	(\$36.9)
2012	\$532	\$526	\$6	\$561	(\$28.5)
2013	\$535	\$528	\$6	\$554	(\$20.0)

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

§ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

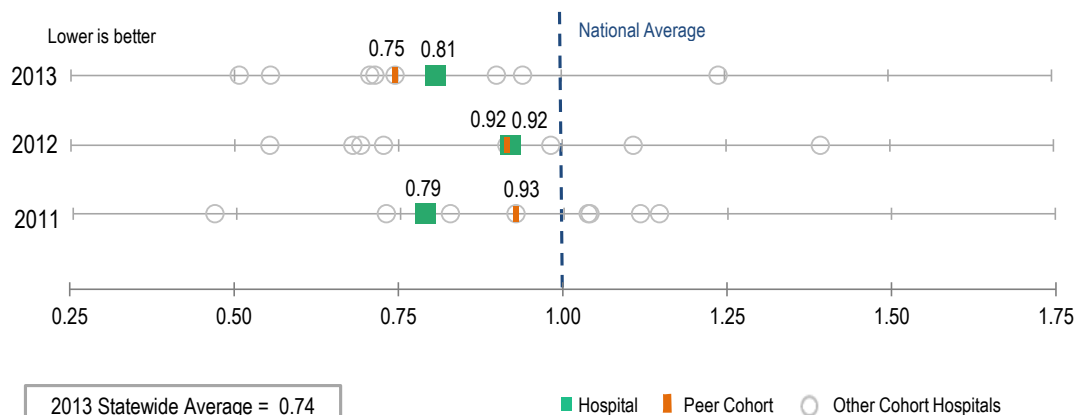
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

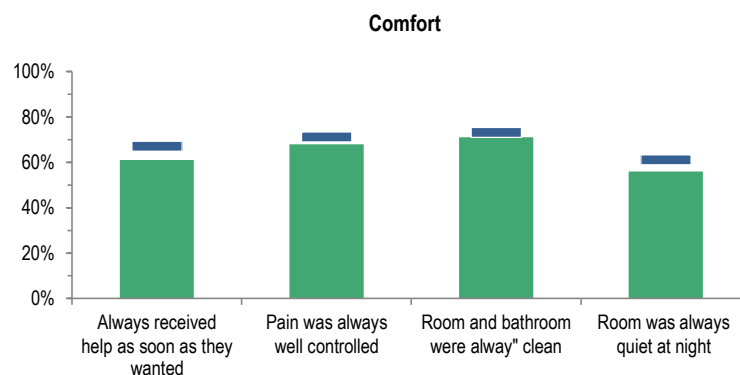
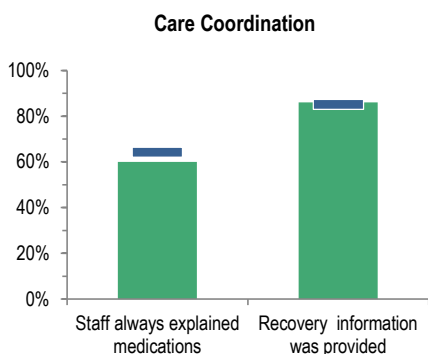
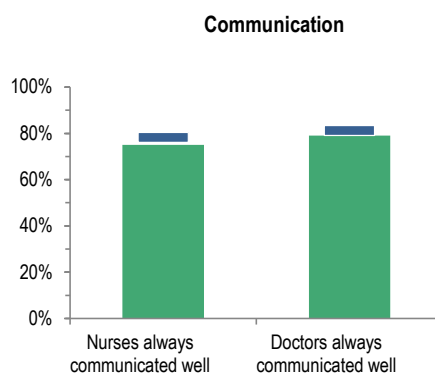
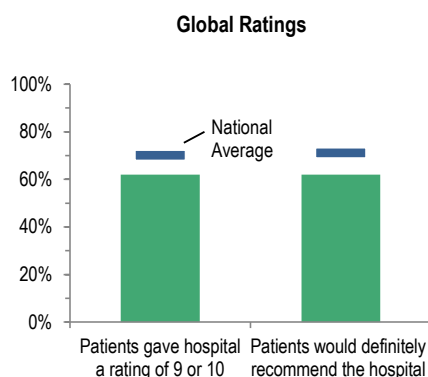
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national benchmark?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

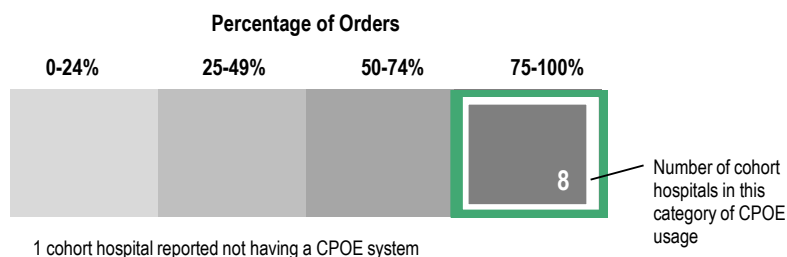
Source: Centers for Medicare and Medicaid (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an **electronic system** that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 9 of 9 cohort hospitals responded to this survey

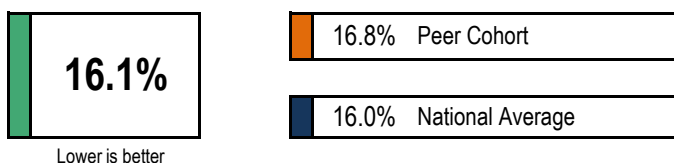
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

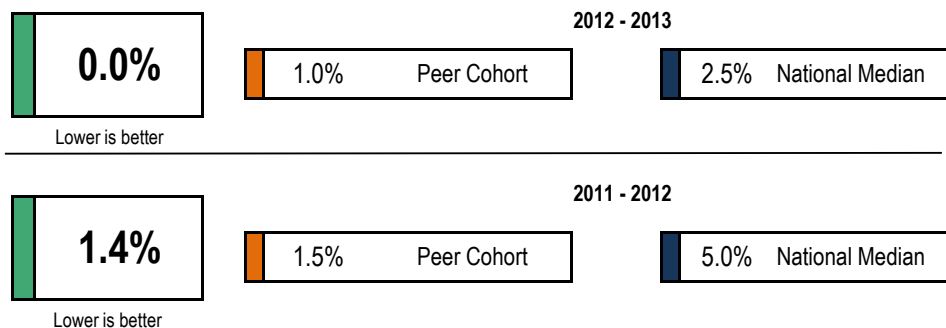
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 Hospitals reported data for this measure.

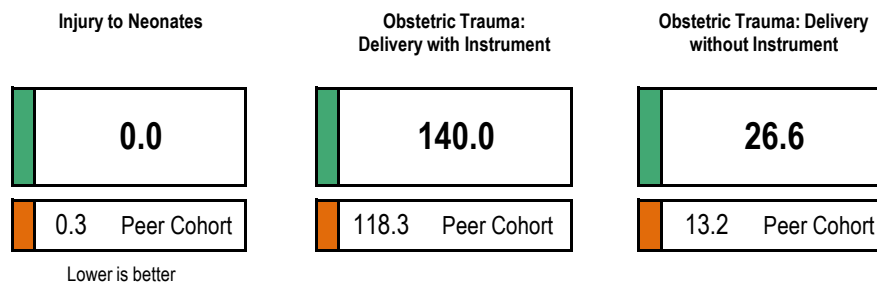
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 Hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

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Lahey Hospital & Medical Center is a non-profit teaching hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts and one of eight transplant centers in Massachusetts. Lahey Hospital & Medical Center and Northeast Hospital formed Lahey Health System in 2012, which then joined with Winchester Hospital in 2014. Lahey Hospital & Medical Center earned a profit each year from FY09 to FY13, with a total margin of 7.6% in FY13, similar to the median performance of peer cohort hospitals.

AT A GLANCE

TOTAL STAFFED BEDS: 341, among the larger acute hospitals

% OCCUPANCY: 82%, > cohort avg. (75%)

CASE MIX INDEX in FY13: 1.42, highest in cohort (avg. 0.99); > statewide (0.89)

INPATIENT DISCHARGES in FY13: 20,925

TRAUMA CENTER DESIGNATION: Adult: Level 2

EMERGENCY DEPT VISITS in FY13: 55,128

PUBLIC PAYER MIX: 57% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: Not Applicable

CY13 COMMERCIAL PAYER PRICE LEVEL: 59th Percentile

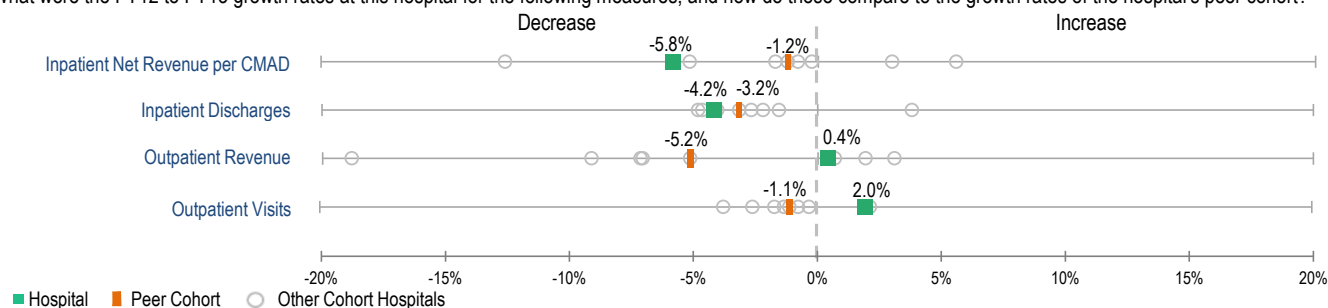
ADJUSTED[‡] COST PER DISCHARGE: \$8,702

INPATIENT:OUTPATIENT REVENUE in FY13: 32%:68%

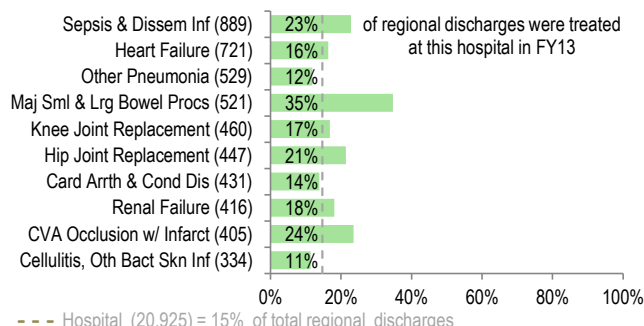
CHANGE IN OWNERSHIP (FY09-FY13): Lahey Health System - 2012

GROWTH MEASURES

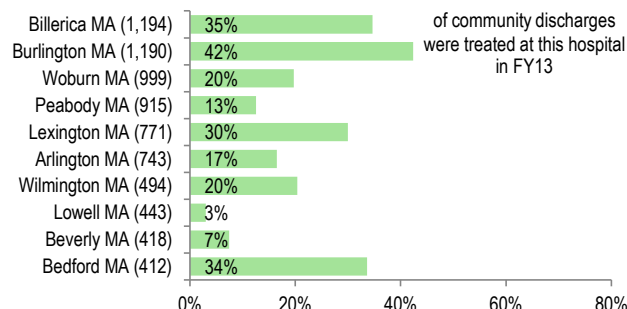
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

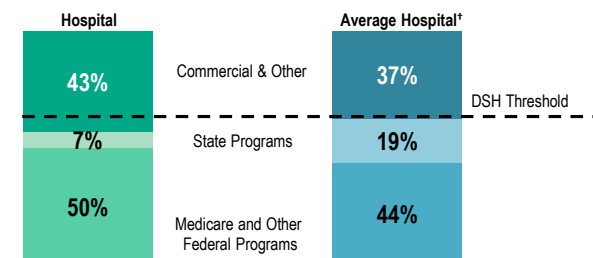
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

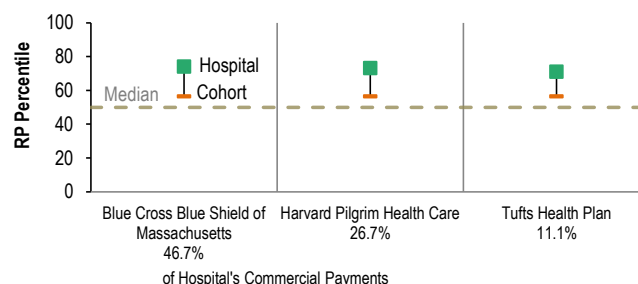
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

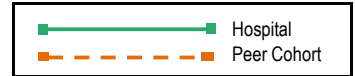
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

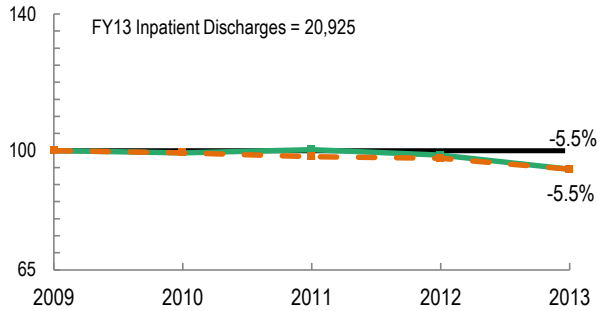
2013 Hospital Profile: LAHEY HOSPITAL & MEDICAL CENTER (Lahey Clinic)

Cohort: Teaching Hospital

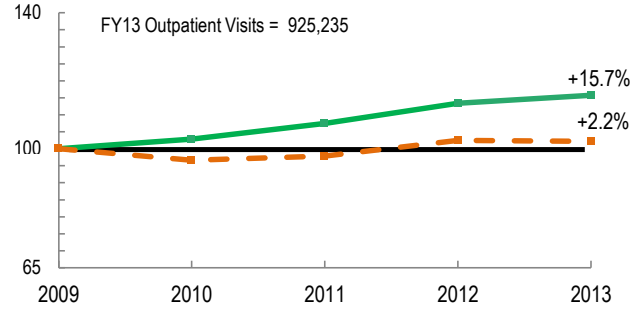


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

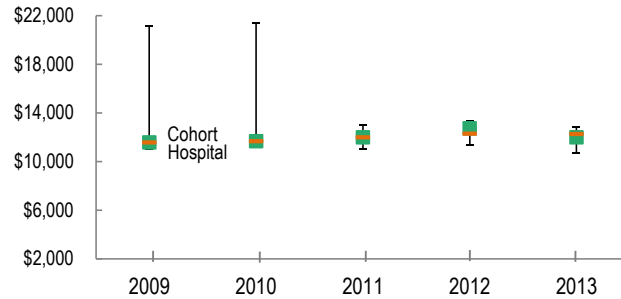


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

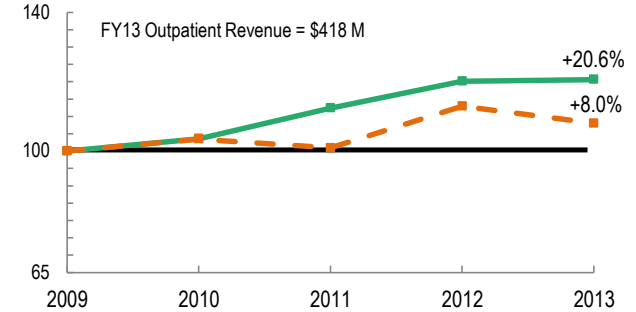


PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

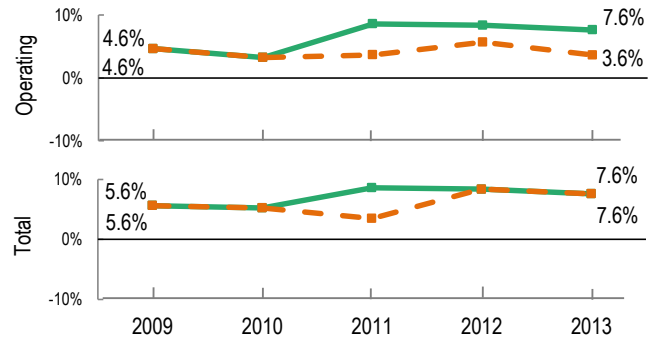


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$876	\$867	\$9	\$827	\$49.3
2010	\$913	\$894	\$19	\$865	\$47.9
2011	\$760	\$760	(\$0)	\$695	\$65.1
2012	\$817	\$816	\$0	\$748	\$68.3
2013	\$794	\$794	(\$0)	\$734	\$60.1

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

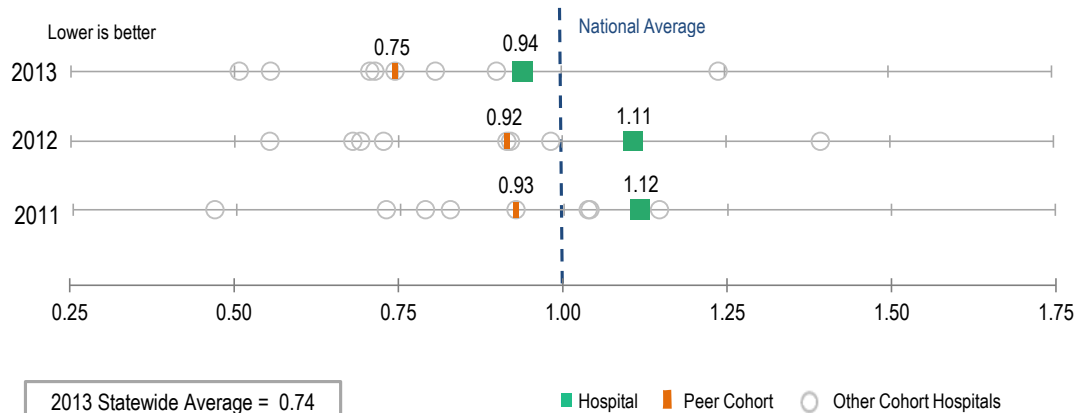
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

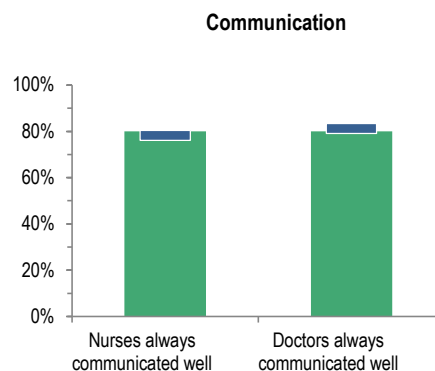
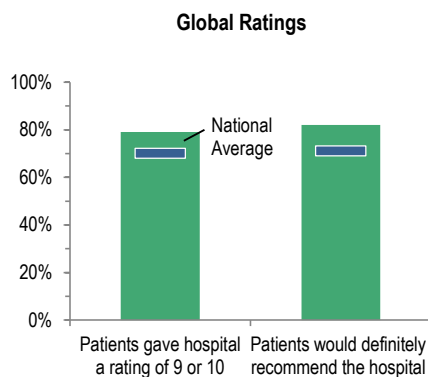
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



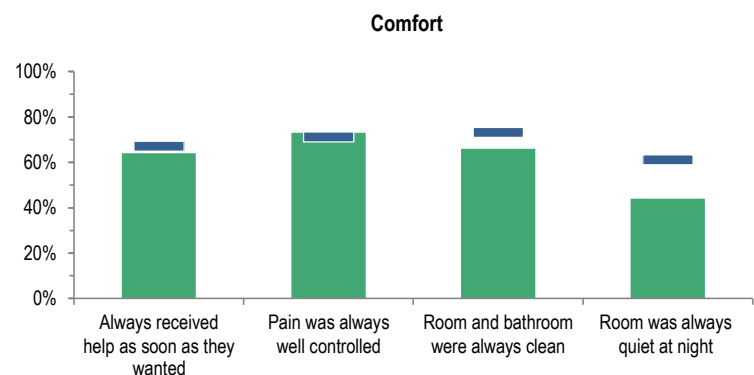
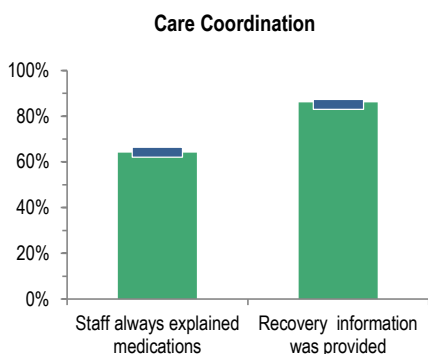
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

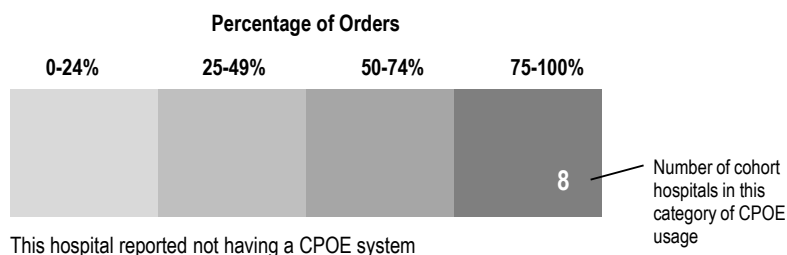
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an **electronic system** that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 9 of 9 cohort hospitals responded to this survey

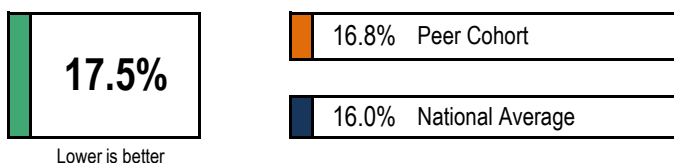
Score: Higher is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because this hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

Score: Lower is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?

Data for this quality measure is not available, either because this hospital did not report the data or does not provide obstetric services.

Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

^A Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile: MOUNT AUBURN HOSPITAL

Cambridge, MA
CareGroup
Teaching Hospital
Metro Boston

Mount Auburn Hospital is a mid-size, non-profit teaching hospital located in the Metro Boston region. It is a member of the CareGroup health care system. Between FY09 and FY13, there were 7.5% fewer inpatient discharges at Mount Auburn Hospital, compared with a median decrease of 5.5% among cohort hospitals. During that same period, outpatient visits decreased by 10.8% at Mount Auburn Hospital, compared to a median increase of 2.2% in its peer cohort. Mount Auburn Hospital was profitable each year from FY09 to FY13, and in FY13 earned a total margin of 9.4%, higher than the median of its peer cohort of 7.6%.

AT A GLANCE

TOTAL STAFFED BEDS: 220, mid-size acute hospital

% OCCUPANCY: 68%, < cohort avg. (75%)

CASE MIX INDEX in FY13: 0.81, < cohort avg. (0.99); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 13,312

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 35,762

PUBLIC PAYER MIX: 54% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: Not Applicable

CY13 COMMERCIAL PAYER PRICE LEVEL: 57th Percentile

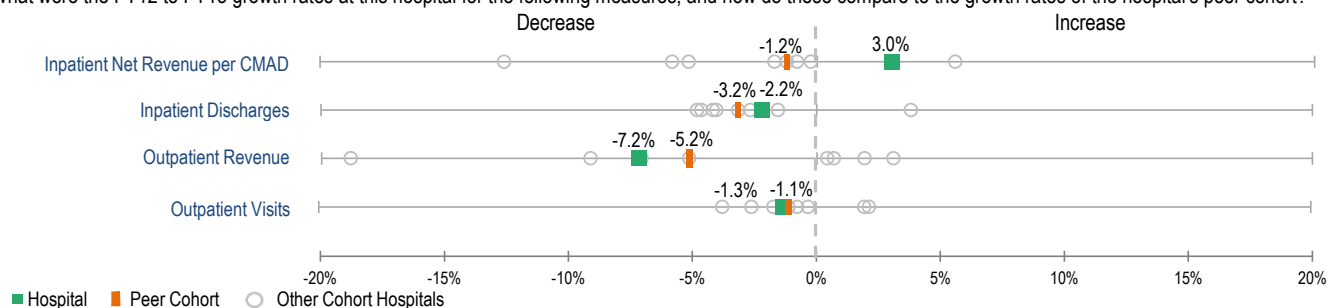
ADJUSTED[‡] COST PER DISCHARGE: \$9,539

INPATIENT:OUTPATIENT REVENUE in FY13: 33%:67%

CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

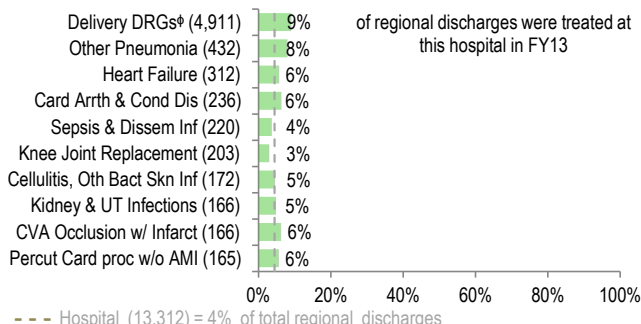
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

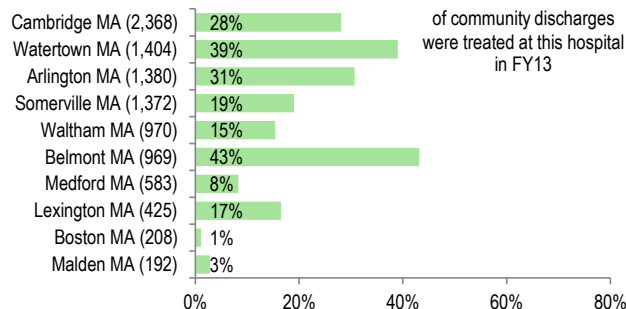
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



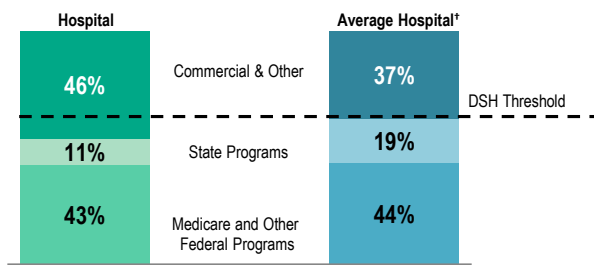
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



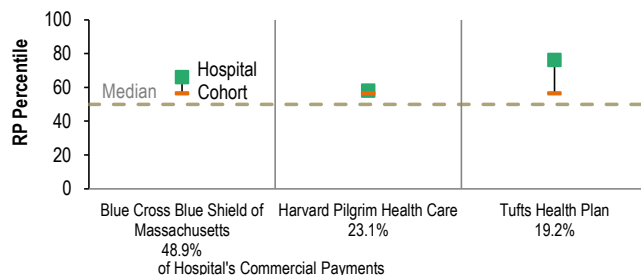
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

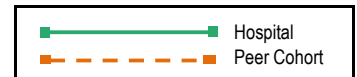
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

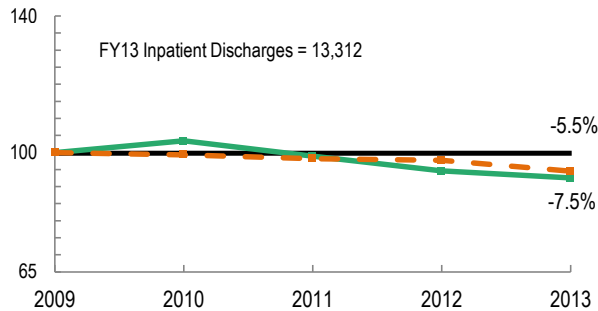
2013 Hospital Profile: MOUNT AUBURN HOSPITAL

Cohort: Teaching Hospital

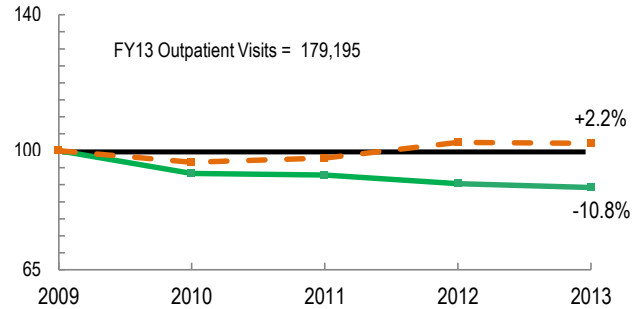


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

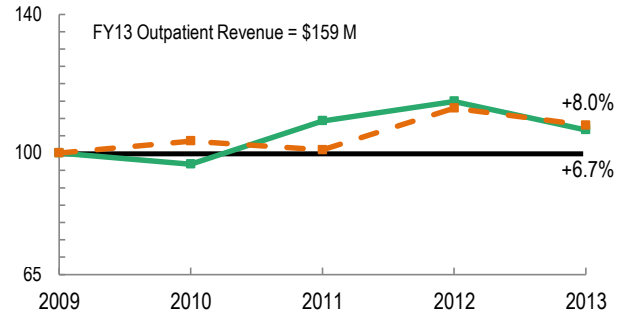


PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

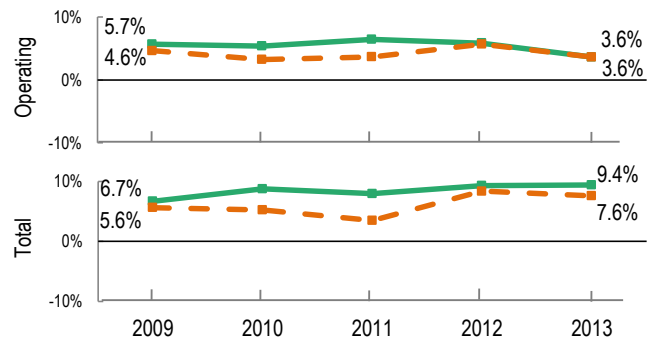


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$294	\$291	\$3	\$274	\$19.6
2010	\$313	\$302	\$10	\$286	\$27.3
2011	\$314	\$310	\$5	\$289	\$25.0
2012	\$327	\$316	\$11	\$297	\$30.4
2013	\$324	\$305	\$19	\$293	\$30.4

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

* Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

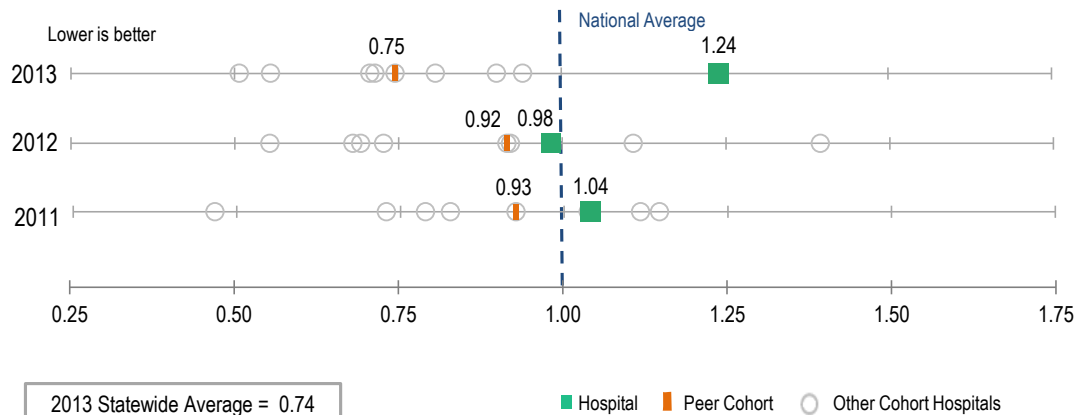
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS), and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

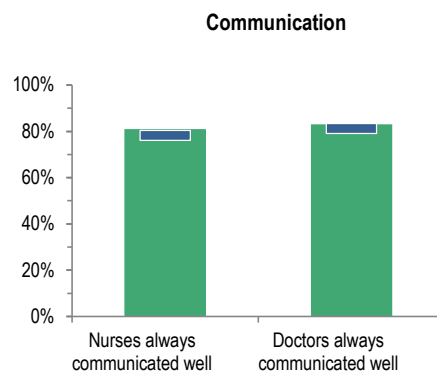
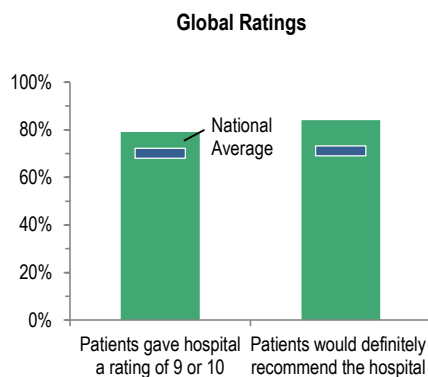
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national benchmark?



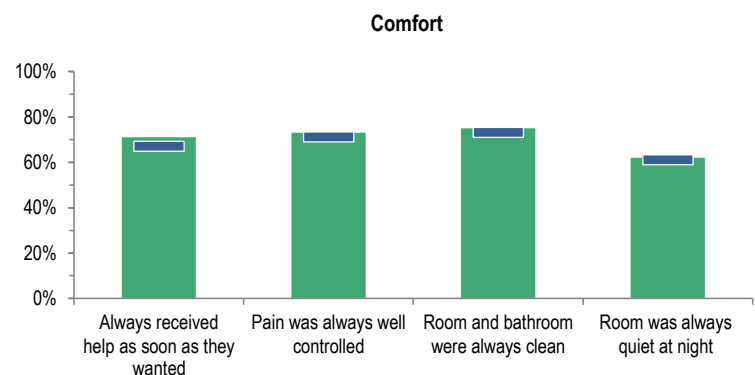
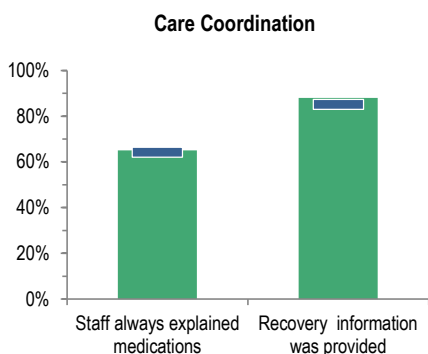
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

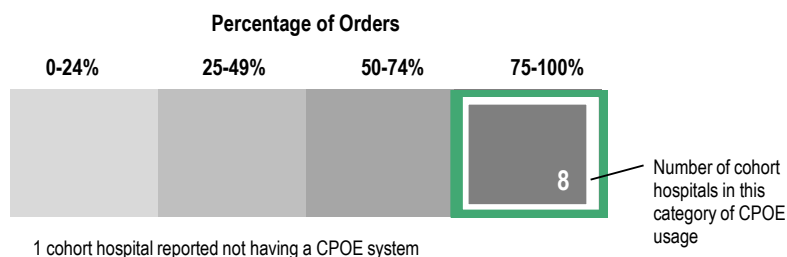
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an **electronic system** that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry is believed to increase efficiency and reduce transcription errors.

Population: 9 of 9 cohort hospitals responded to this survey

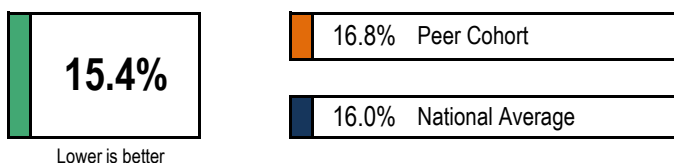
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

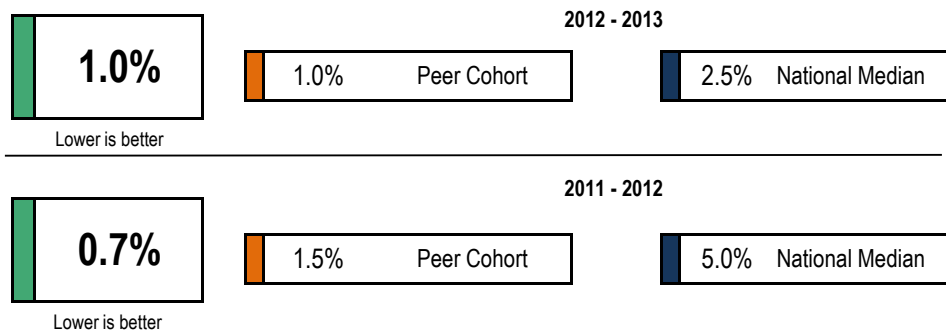
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 Hospitals reported data for this measure.

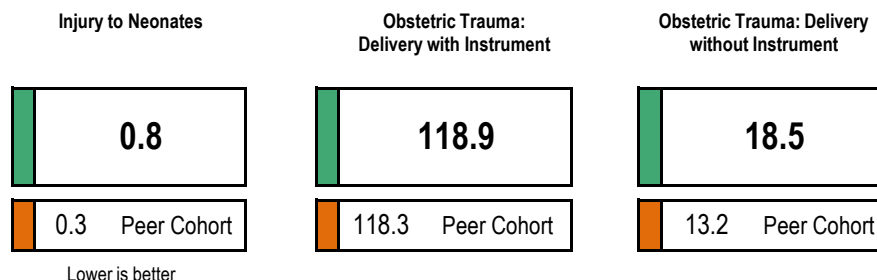
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 Hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile: SAINT VINCENT HOSPITAL

Worcester, MA
Tenet Healthcare
Teaching Hospital
Central Massachusetts

Saint Vincent Hospital is a for-profit teaching hospital located in the Central Massachusetts region. It is among the larger acute hospitals in Massachusetts. It also qualifies as a Disproportionate Share Hospital (DSH). Along with MetroWest Medical Center, Saint Vincent Hospital was bought by Tenet Healthcare Corporation in 2013. Saint Vincent Hospital earned a profit each year from FY09 to FY13, with a 14.0% operating margin and a 14.0% total margin in FY13, while the median total and operating margins for teaching hospitals were 7.6% and 3.6%, respectively.

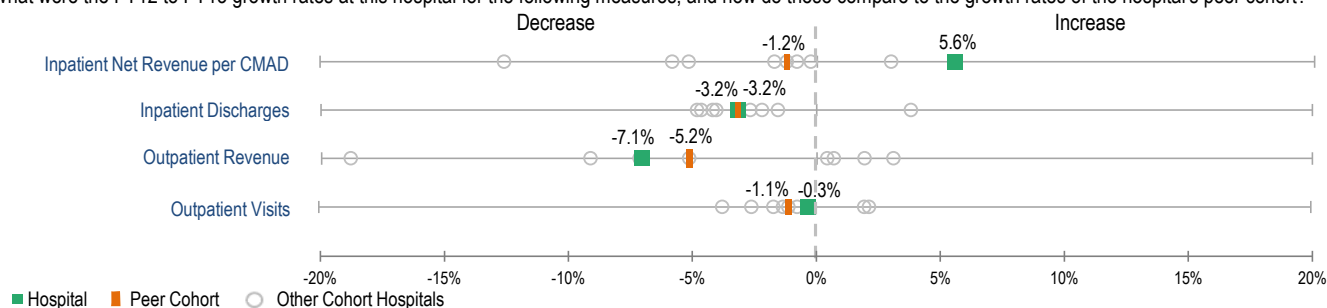
AT A GLANCE

TOTAL STAFFED BEDS: 314, among the larger acute hospitals
% OCCUPANCY: 66%, < cohort avg. (75%)
CASE MIX INDEX in FY13: 0.96, < cohort avg. (0.99); > statewide (0.89)
INPATIENT DISCHARGES in FY13: 19,521
TRAUMA CENTER DESIGNATION: Not Applicable
EMERGENCY DEPT VISITS in FY13: 63,969

PUBLIC PAYER MIX: 65% (DSH* Hospital)
SPECIAL PUBLIC FUNDING: Not Applicable
CY13 COMMERCIAL PAYER PRICE LEVEL: 50th Percentile
ADJUSTED[‡] COST PER DISCHARGE: \$8,905
INPATIENT:OUTPATIENT REVENUE in FY13: 46%:54%
CHANGE IN OWNERSHIP (FY09-FY13): Tenet Healthcare - 2013

GROWTH MEASURES

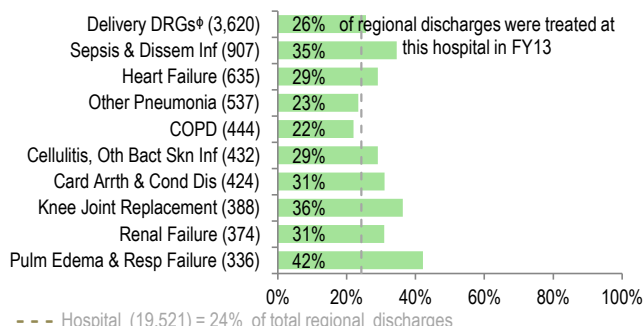
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

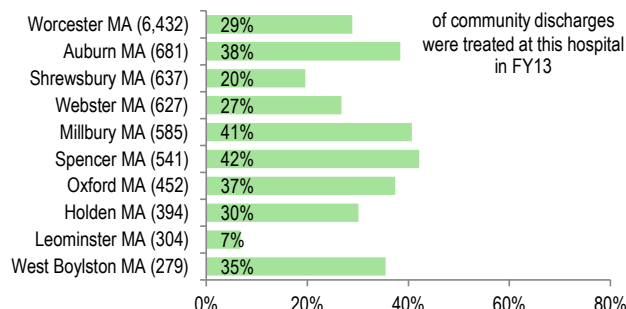
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



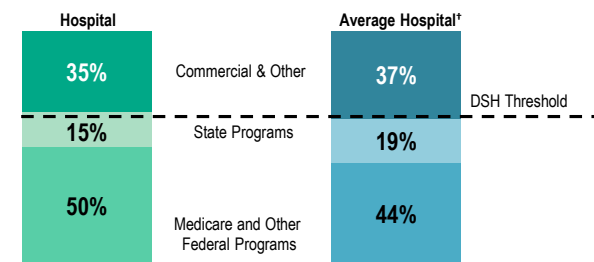
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



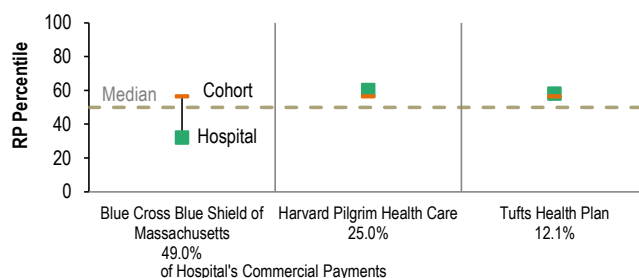
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

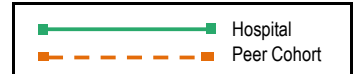
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

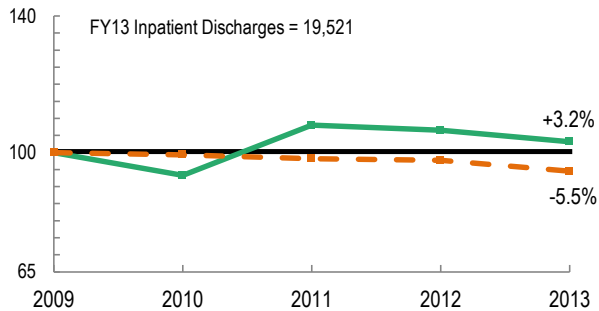
2013 Hospital Profile: SAINT VINCENT HOSPITAL

Cohort: Teaching Hospital

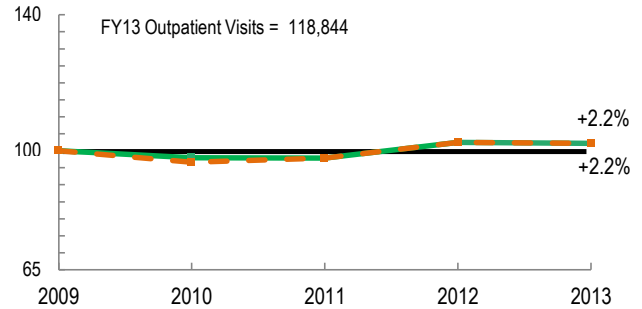


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

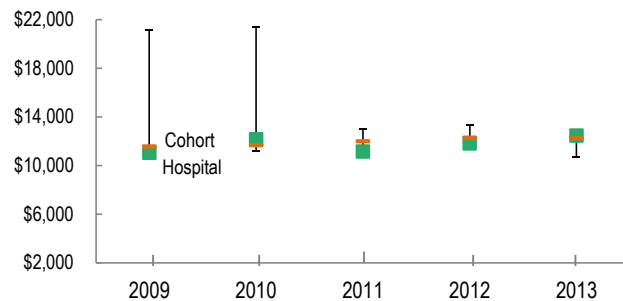


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

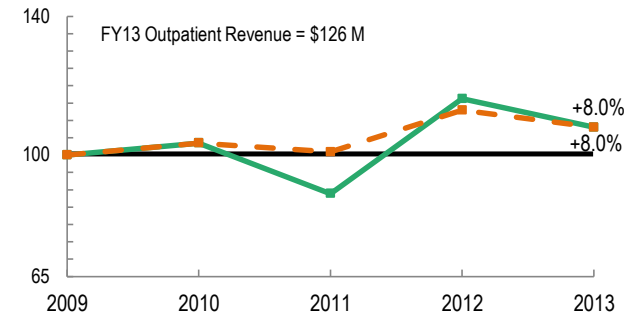


PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

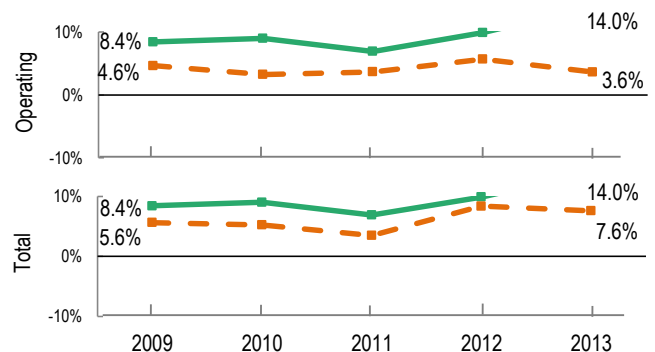


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$319	\$319	(\$0)	\$292	\$26.8
2010	\$338	\$338	\$0	\$307	\$30.4
2011	\$328	\$328	\$0	\$306	\$22.7
2012	\$351	\$351	\$0	\$316	\$34.7
2013	\$359	\$359	\$0	\$309	\$50.3

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

‡ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

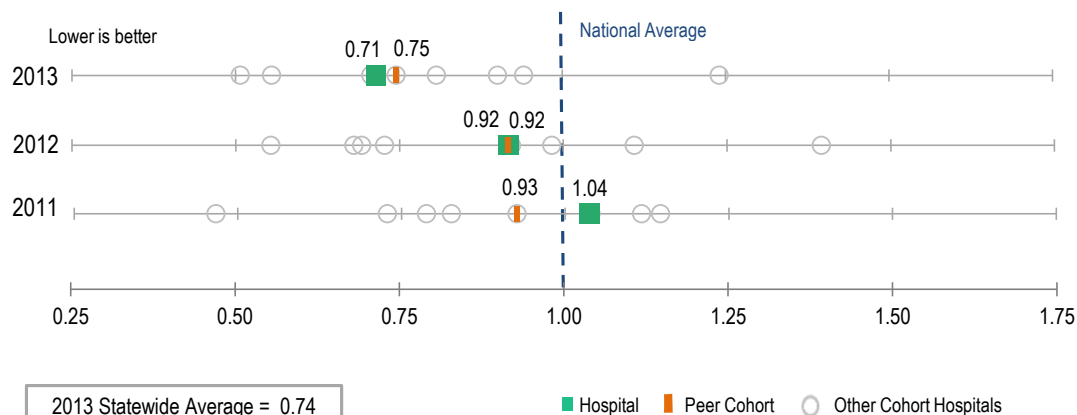
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

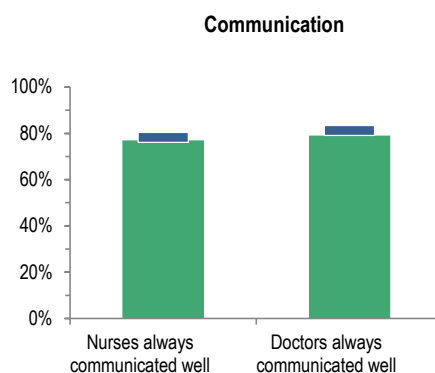
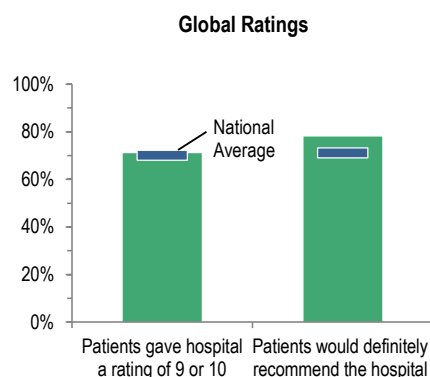
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



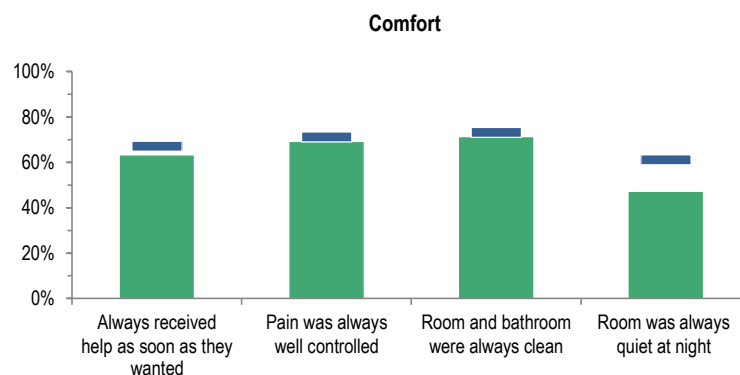
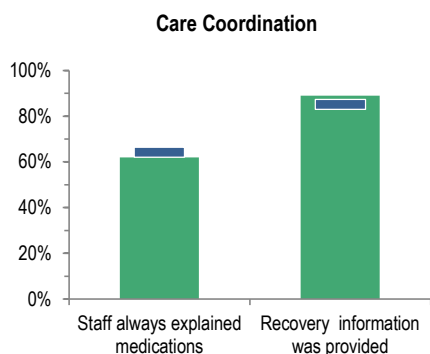
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

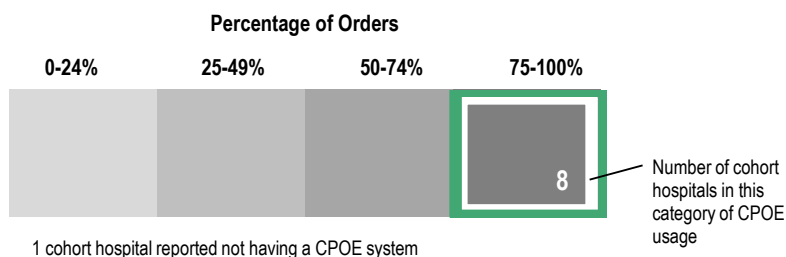
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an **electronic system** that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 9 of 9 cohort hospitals responded to this survey

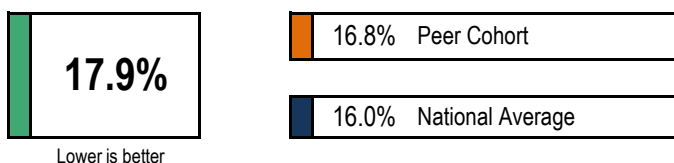
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

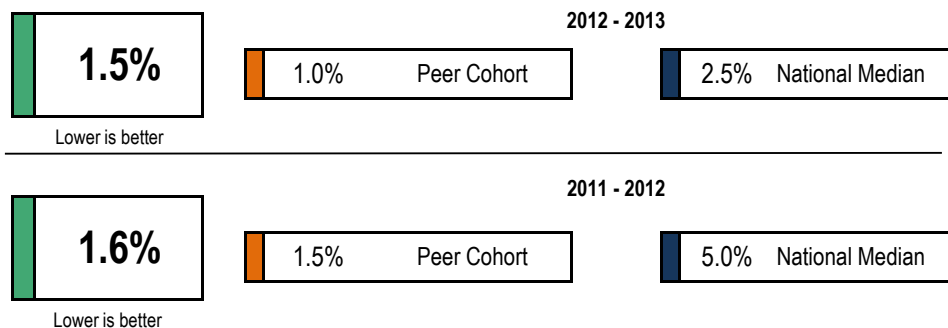
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

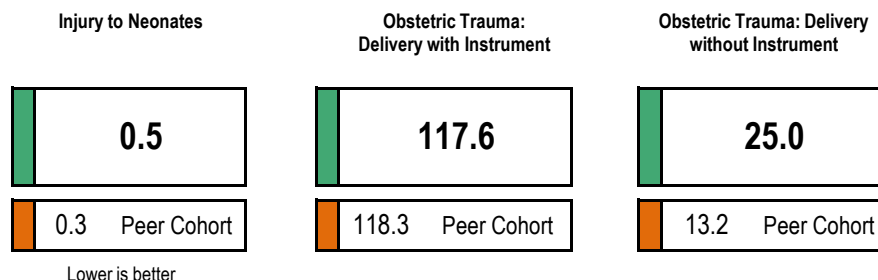
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



Steward Carney Hospital is a for-profit teaching hospital located in the Metro Boston region. Steward Carney is a member of Steward Health Care System. It is among the smaller acute hospitals in Massachusetts and qualifies as a Disproportionate Share Hospital (DSH). Steward Carney had 19.4% fewer inpatient discharges in FY13 than in FY09, compared to a cohort median decrease of 5.5%. Outpatient visits increased 3.7% in that period, compared to a median increase of 2.2% in its peer cohort. Steward Carney reported a loss from FY11 to FY13, with a total margin of -8.9% in FY13, compared with a median total margin of 7.6% in its cohort.

AT A GLANCE

TOTAL STAFFED BEDS: 86, among the smaller acute hospitals

% OCCUPANCY: 81%, > cohort avg. (75%)

CASE MIX INDEX in FY13: 0.91, < cohort avg. (0.99); > statewide (0.89)

INPATIENT DISCHARGES in FY13: 5,183

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 30,620

PUBLIC PAYER MIX: 73% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: DSTI[†]

CY13 COMMERCIAL PAYER PRICE LEVEL: 36th Percentile

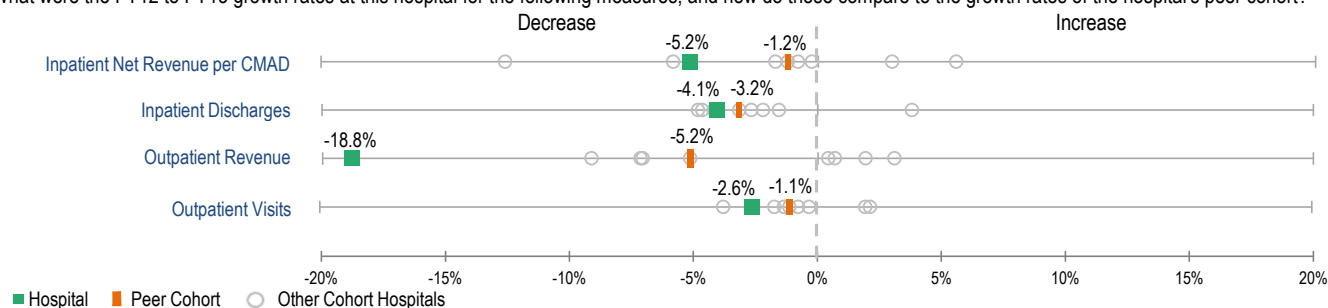
ADJUSTED[‡] COST PER DISCHARGE: \$10,588

INPATIENT:OUTPATIENT REVENUE in FY13: 35%:65%

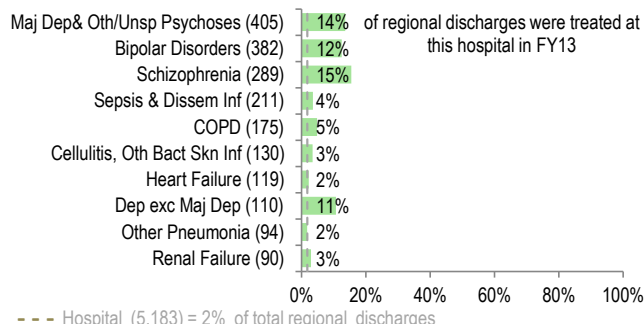
CHANGE IN OWNERSHIP (FY09-FY13): Steward Health Care - 2010

GROWTH MEASURES

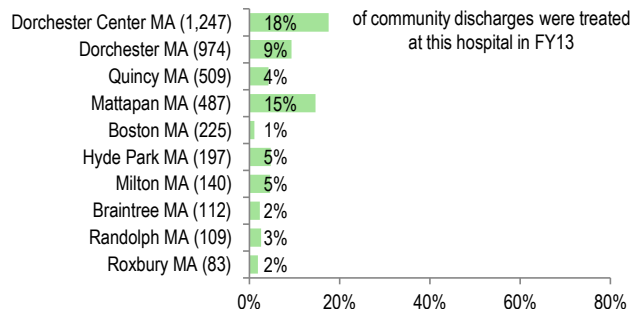
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

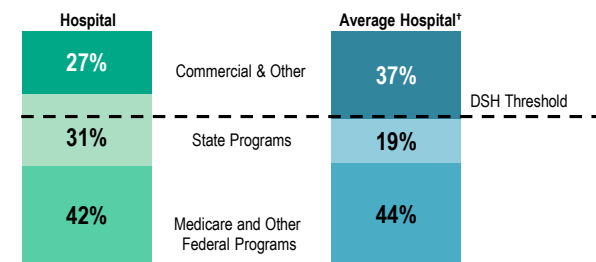
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

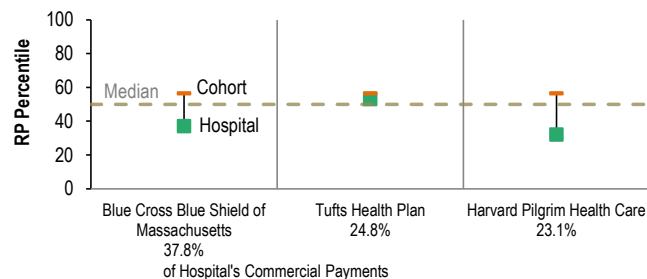
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

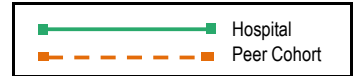
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

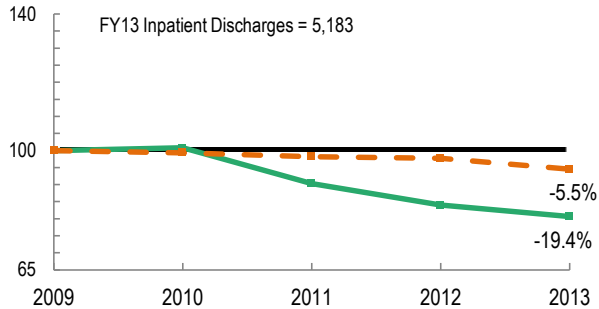
2013 Hospital Profile: STEWARD CARNEY HOSPITAL

Cohort: Teaching Hospital

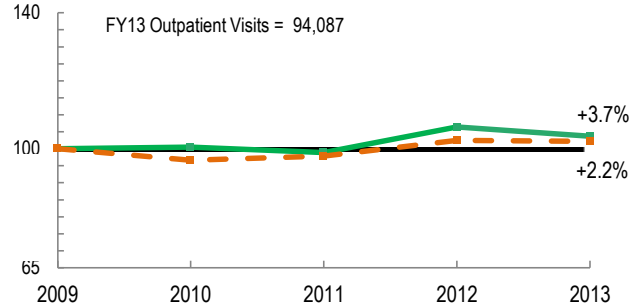


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

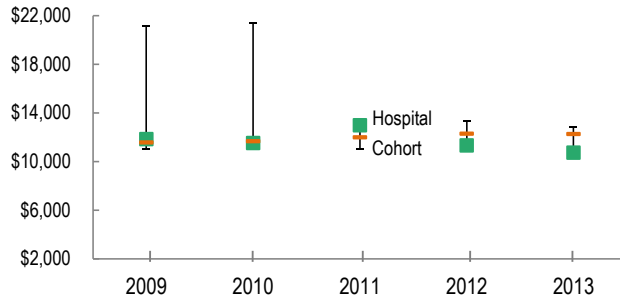


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



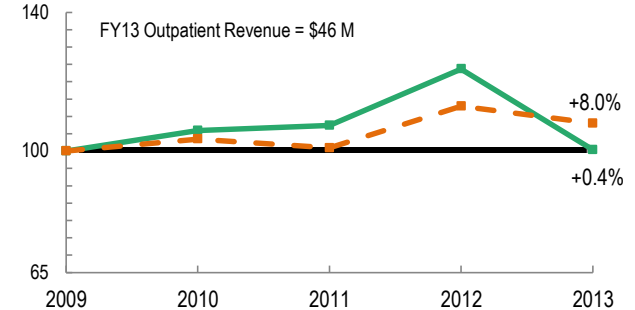
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$10,728 | Full Cost per CMAD = \$12,317

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

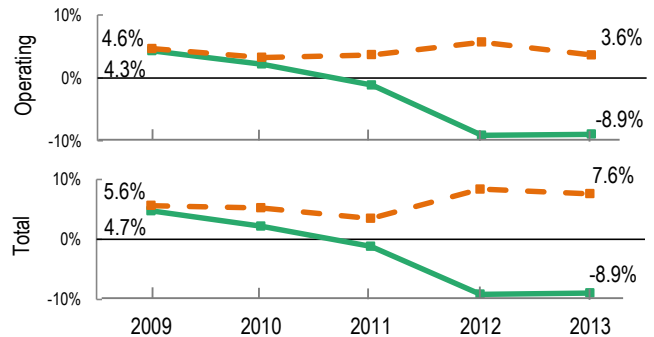


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$120	\$120	\$1	\$114	\$5.7
2010	\$119	\$119	\$0	\$116	\$2.6
2011	\$111	\$111	\$0	\$112	(\$1.3)
2012	\$110	\$110	\$0	\$120	(\$10.0)
2013	\$101	\$101	\$0	\$110	(\$9.0)

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

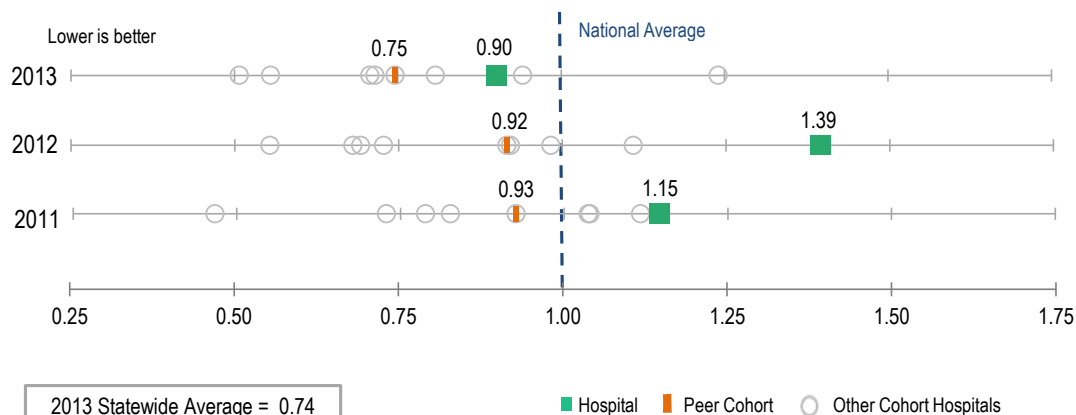
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

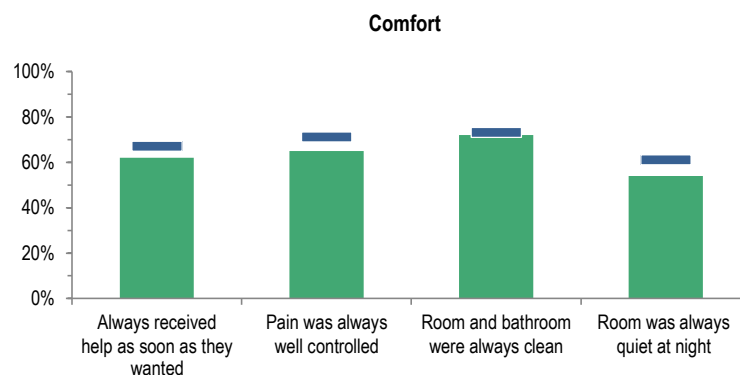
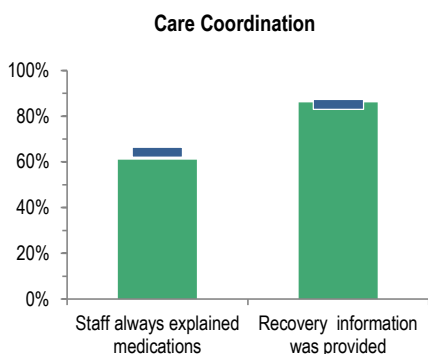
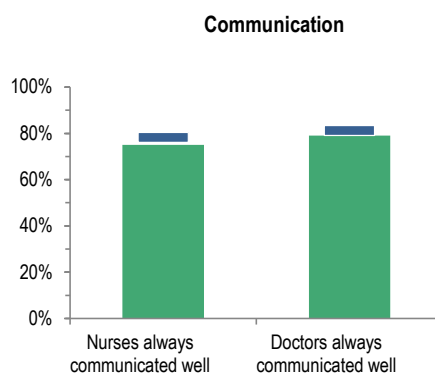
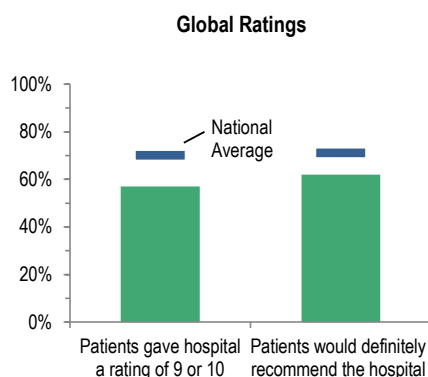
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

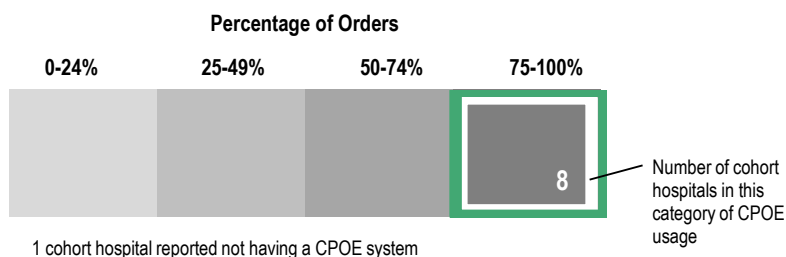
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 9 of 9 cohort hospitals responded to this survey

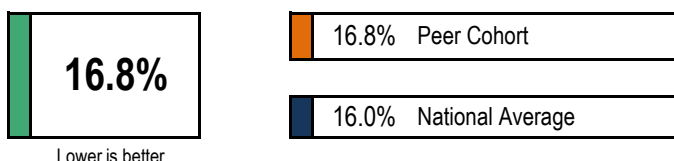
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

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Steward St. Elizabeth's Medical Center is a large, for-profit teaching hospital located in the Metro Boston region. St. Elizabeth's is a member of Steward Health Care System. It also qualifies as a Disproportionate Share Hospital (DSH). In FY2013, St. Elizabeth's had the most interns and residents per 100 beds within the teaching hospital cohort. St. Elizabeth's was profitable three of the five years in the FY09 to FY13 period, and had a total margin of 3.1% in FY13, compared to a median 7.6% among cohort hospitals.

AT A GLANCE

TOTAL STAFFED BEDS: 266, among the larger acute hospitals

% OCCUPANCY: 64%, lowest in cohort (avg. 75%)

CASE MIX INDEX in FY13: 1.12, > cohort avg. (0.99); > statewide (0.89)

INPATIENT DISCHARGES in FY13: 13,057

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 32,692

PUBLIC PAYER MIX: 63% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: ICB⁹

CY13 COMMERCIAL PAYER PRICE LEVEL: 68th Percentile

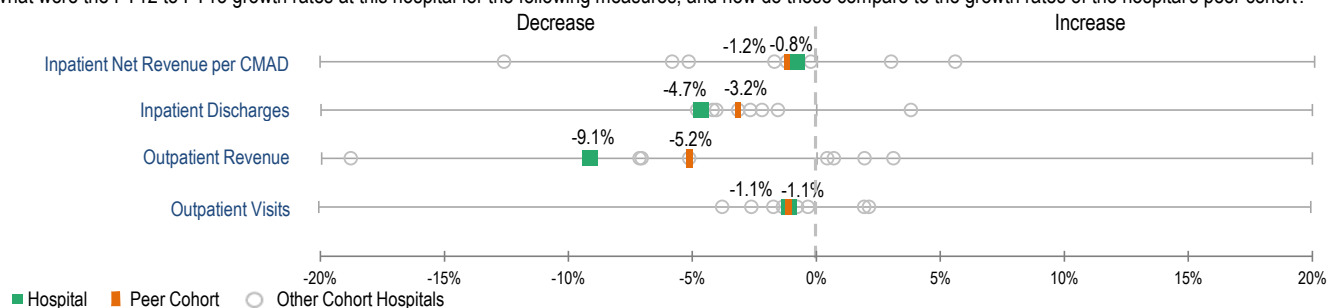
ADJUSTED[‡] COST PER DISCHARGE: \$10,403

INPATIENT:OUTPATIENT REVENUE in FY13: 45%:55%

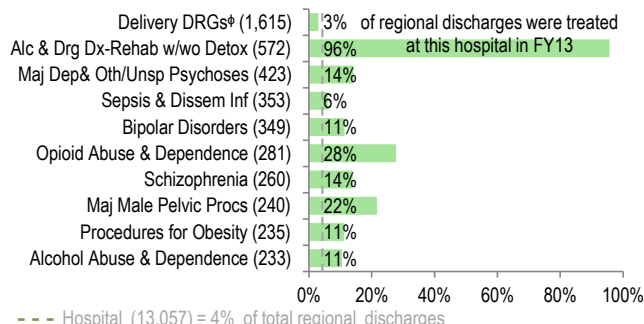
CHANGE IN OWNERSHIP (FY09-FY13): Steward Health Care - 2010

GROWTH MEASURES

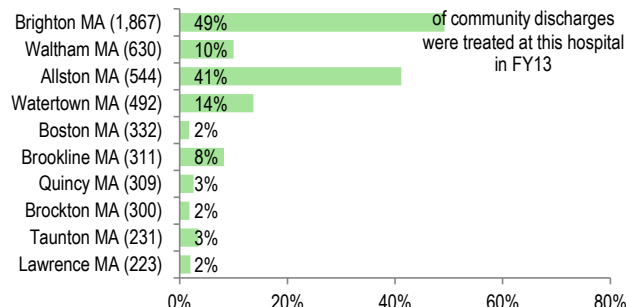
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

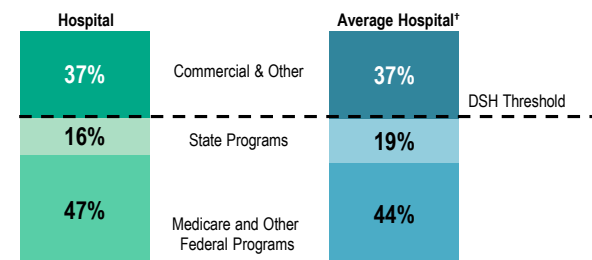
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

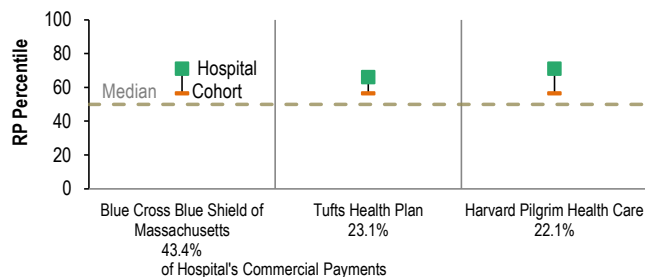
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

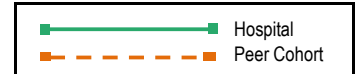
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

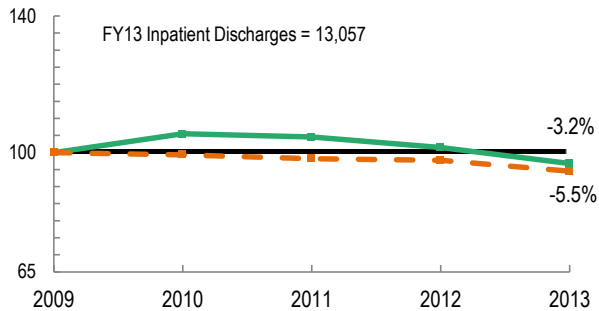
2013 Hospital Profile: STEWARD ST. ELIZABETH'S MEDICAL CENTER

Cohort: Teaching Hospital

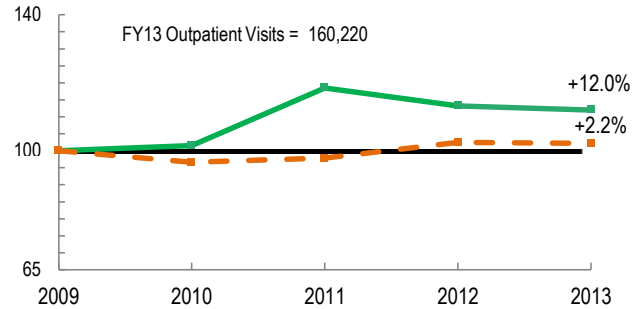


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

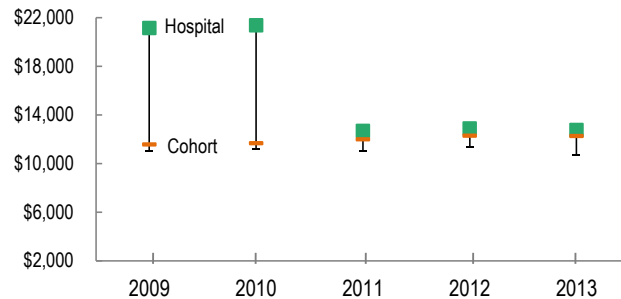


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

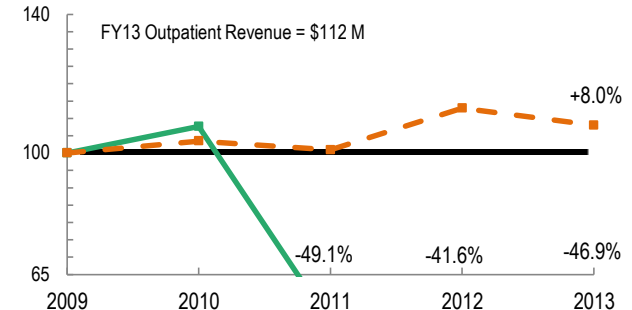


PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

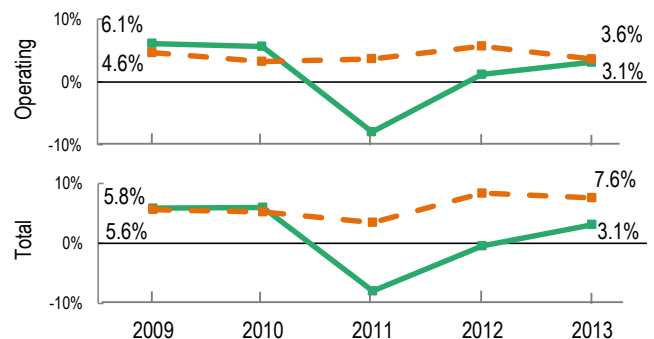


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$382	\$383	(\$1)	\$360	\$22.3
2010	\$415	\$413	\$2	\$390	\$24.8
2011	\$264	\$264	\$0	\$285	(\$20.9)
2012	\$306	\$311	(\$5)	\$307	(\$1.3)
2013	\$313	\$313	\$0	\$303	\$9.8

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

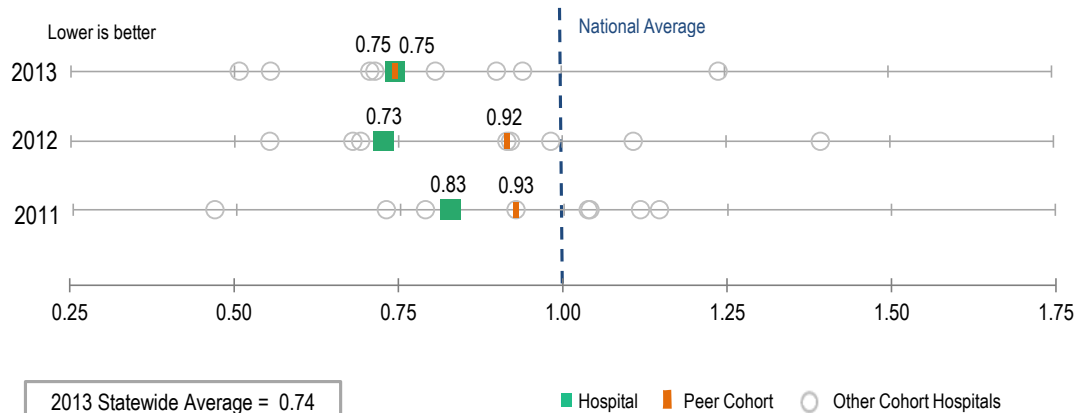
- * Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.
- † For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
- ‡ Costs were adjusted to exclude direct medical education costs and physician compensation.
- § Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.
- † Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

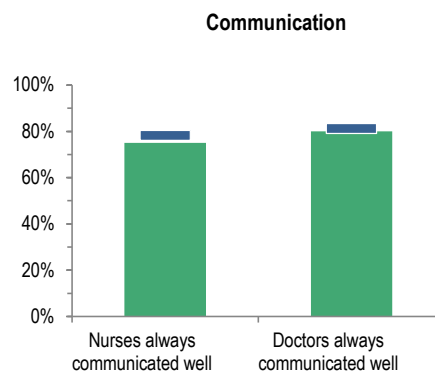
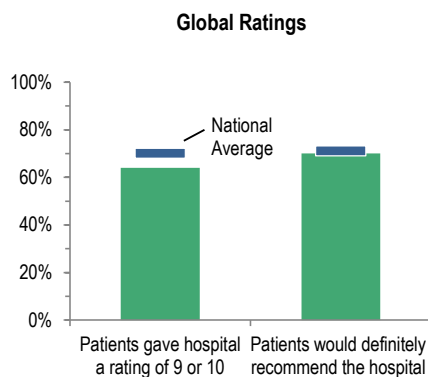
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



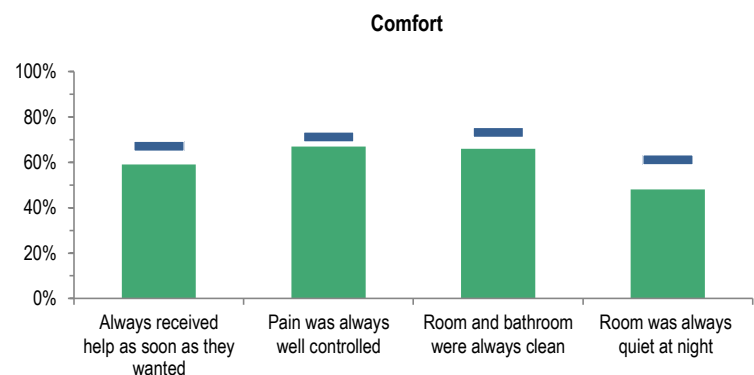
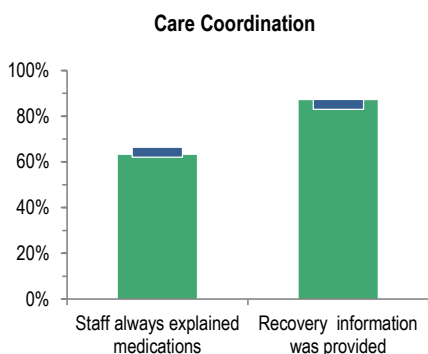
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

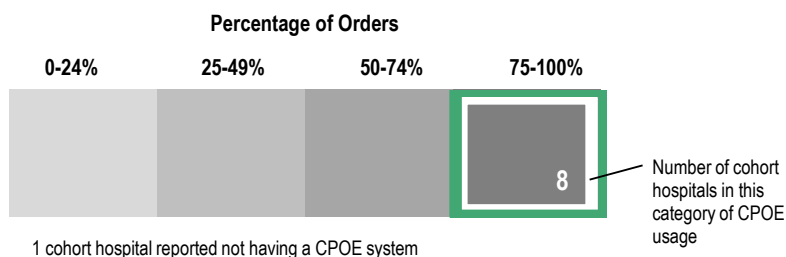
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an **electronic system** that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 9 of 9 cohort hospitals responded to this survey

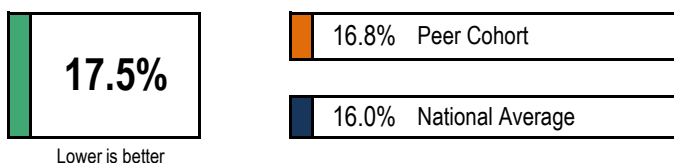
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

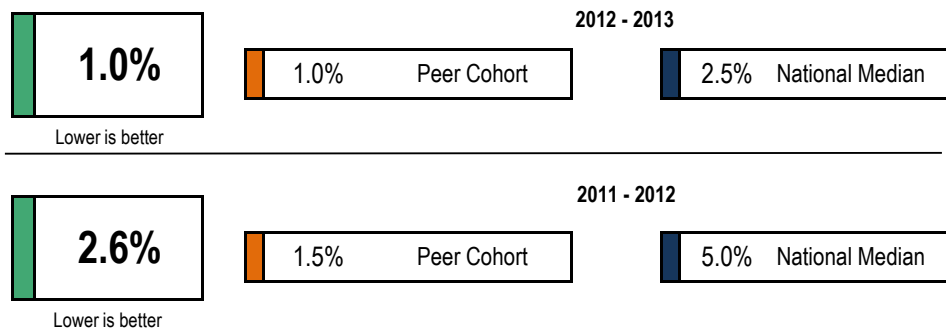
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

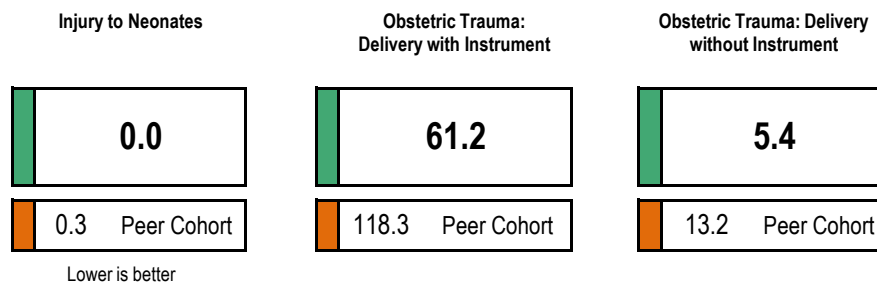
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile:

ANNA JQUES HOSPITAL

Community Hospital

Northeastern Massachusetts

Anna Jaques Hospital is a mid-size, non-profit community hospital located in the Northeastern Massachusetts region. It has been clinically affiliated with Beth Israel Deaconess Medical Center since 2010. From FY09 to FY13, outpatient visits decreased 3.2% at the hospital, compared to a median increase of 4.0% in its peer cohort. Anna Jaques was profitable four of the five years between FY09 and FY13, with a 2.8% total margin in FY13. Its operating margin was similar to the median of its peer cohort each year from FY09 to FY13.

AT A GLANCE

TOTAL STAFFED BEDS: 140, mid-size acute hospital

% OCCUPANCY: 63%, > cohort avg. (62%)

CASE MIX INDEX in FY13: 0.73, < cohort avg. (0.79); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 7,638

TRAUMA CENTER DESIGNATION: Adult: Level 3

EMERGENCY DEPT VISITS in FY13: 31,627

PUBLIC PAYER MIX: 58% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: CHART^A, ICB^B

CY13 COMMERCIAL PAYER PRICE LEVEL: 24th Percentile

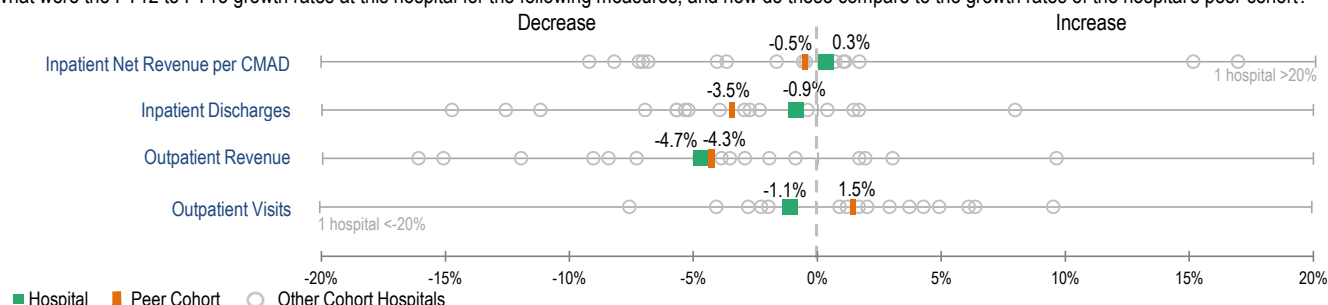
ADJUSTED[‡] COST PER DISCHARGE: \$8,787

INPATIENT:OUTPATIENT REVENUE in FY13: 34%:66%

CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

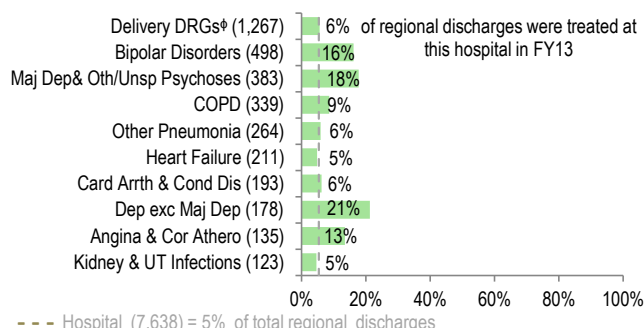
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

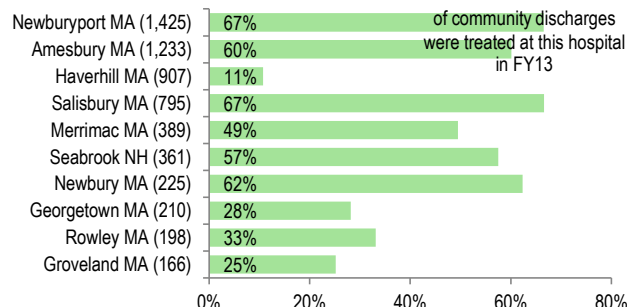
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



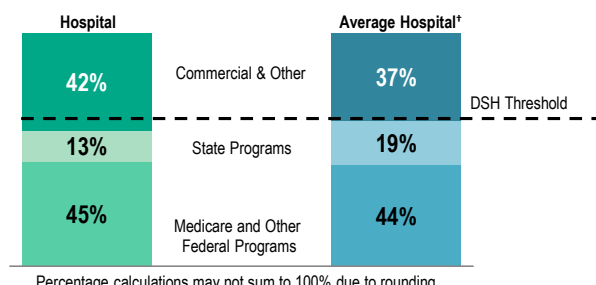
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



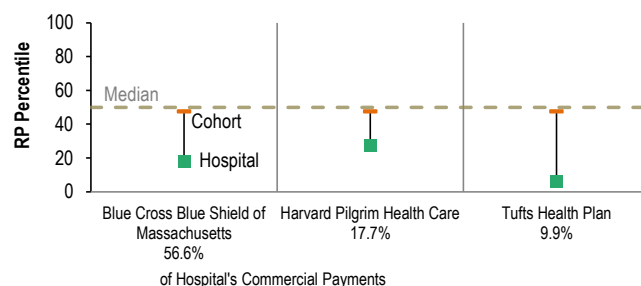
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

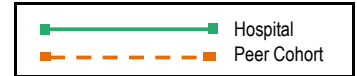
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

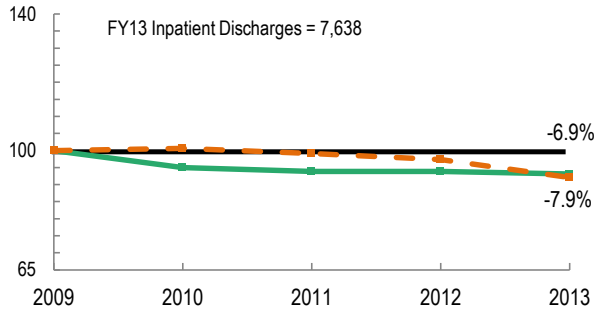
2013 Hospital Profile: ANNA JAKES HOSPITAL

Cohort: Community Hospital

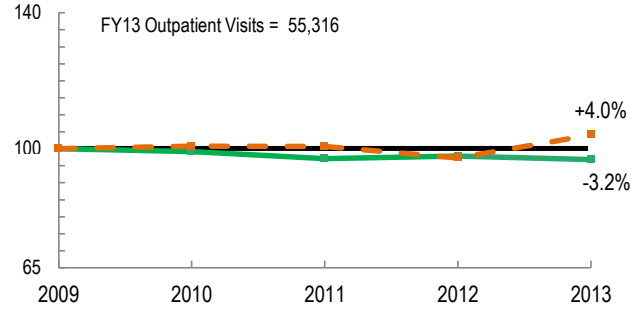


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

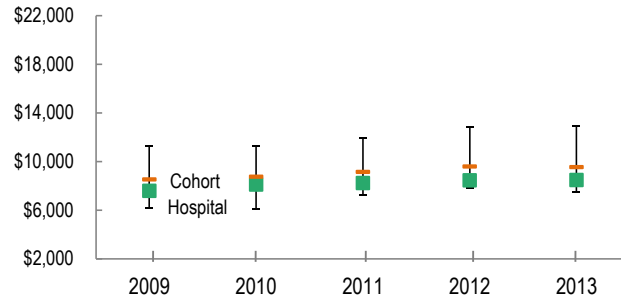


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



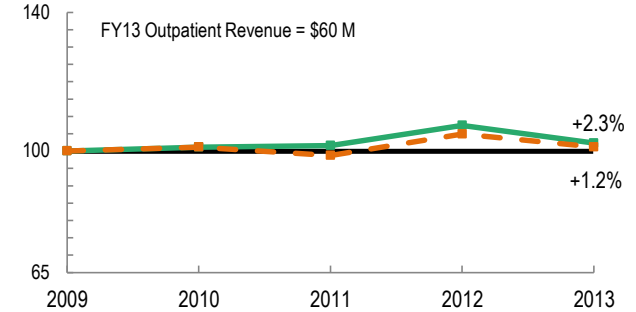
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$8,476 | Full Cost per CMAD = \$8,948

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

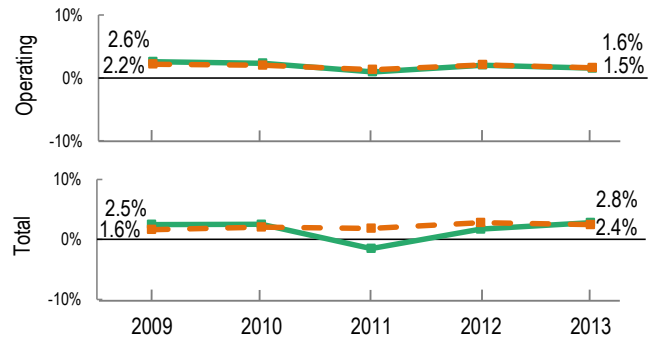


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$107	\$107	(\$0)	\$104	\$2.7
2010	\$110	\$110	\$0	\$108	\$2.8
2011	\$107	\$109	(\$3)	\$108	(\$1.6)
2012	\$115	\$115	(\$0)	\$113	\$2.0
2013	\$114	\$112	\$1	\$111	\$3.2

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) 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).

† Costs were adjusted to exclude direct medical education costs and physician compensation.

† Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

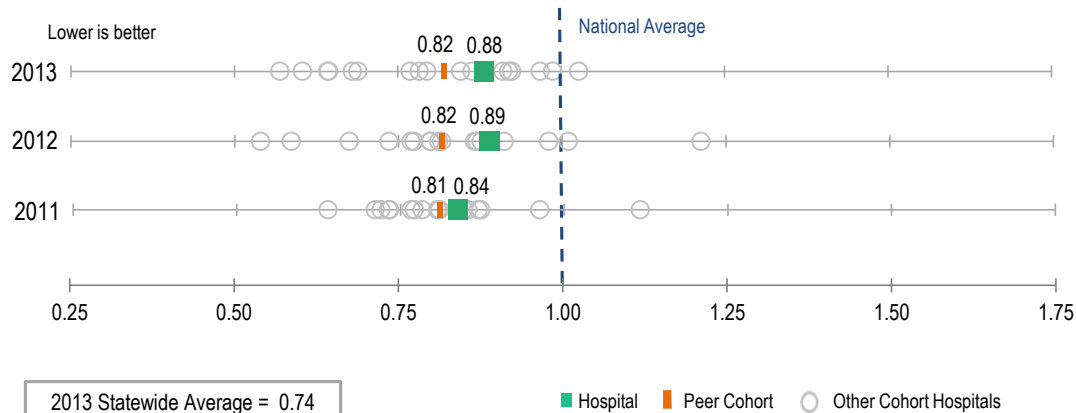
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

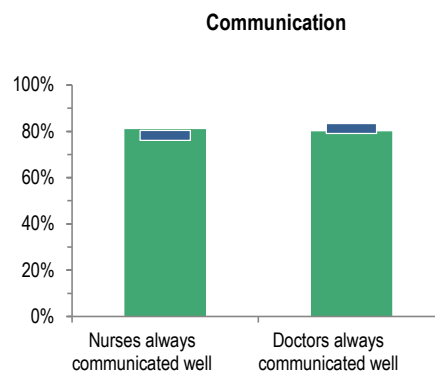
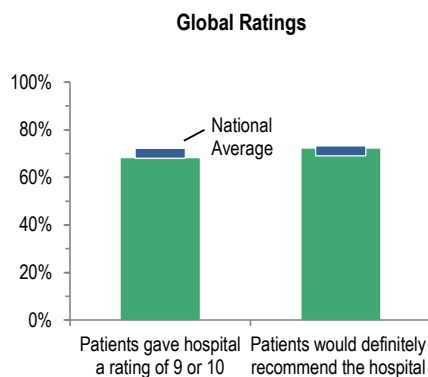
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



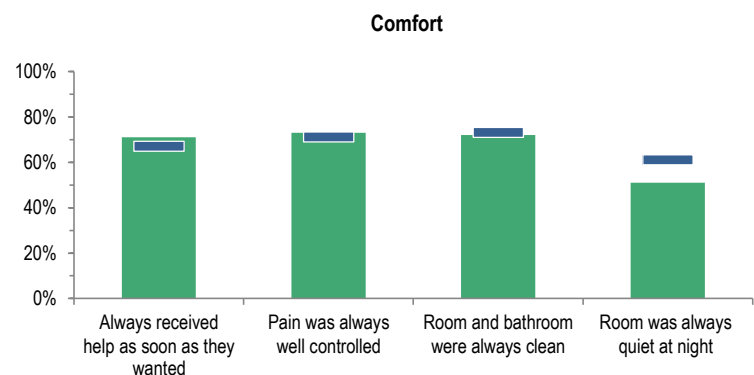
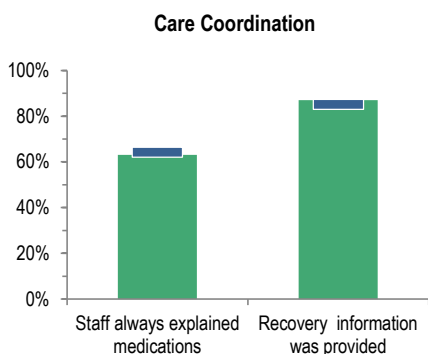
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

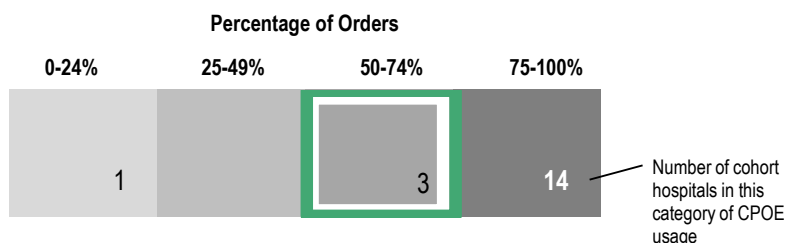
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 18 of 19 cohort hospitals responded to this survey

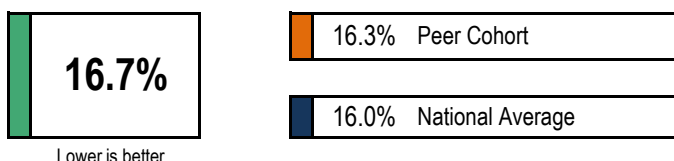
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national median?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

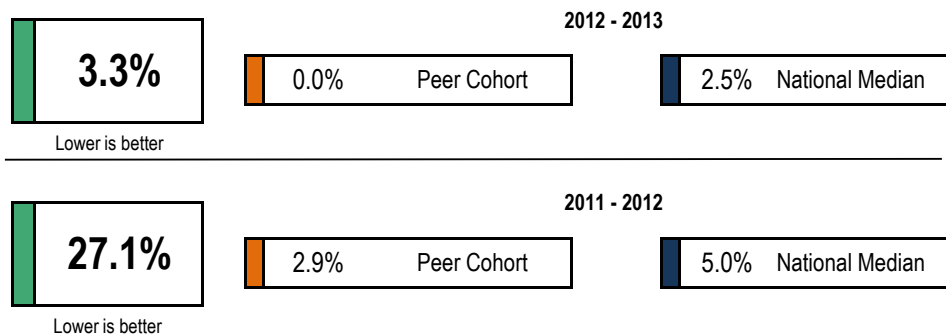
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

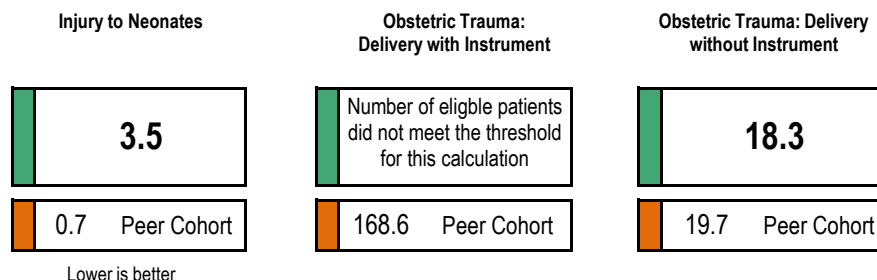
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



Baystate Mary Lane Hospital is a small, non-profit community hospital located in the Western Massachusetts region. It is a member of the Baystate Health system. Between FY09 and FY13, inpatient discharges declined by 34.9%, while the median decrease for similar hospitals was 7.9%. Outpatient visits also decreased for the hospital by 15.6% between FY09 and FY13, while median outpatient visits increased by 4.0% for the similar cohort hospital. Baystate Mary Lane Hospital earned a positive total margin in FY09 and FY12, but had a -2.2% total margin in FY13, compared with a 2.4% cohort median total margin.

AT A GLANCE

TOTAL STAFFED BEDS: 25, among the smallest acute hospitals

% OCCUPANCY: 35%, < cohort avg. (62%)

CASE MIX INDEX in FY13: 0.72, < cohort avg. (0.79); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 1,097

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 15,837

PUBLIC PAYER MIX: 61% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: CHART^A

CY13 COMMERCIAL PAYER PRICE LEVEL: 41st Percentile

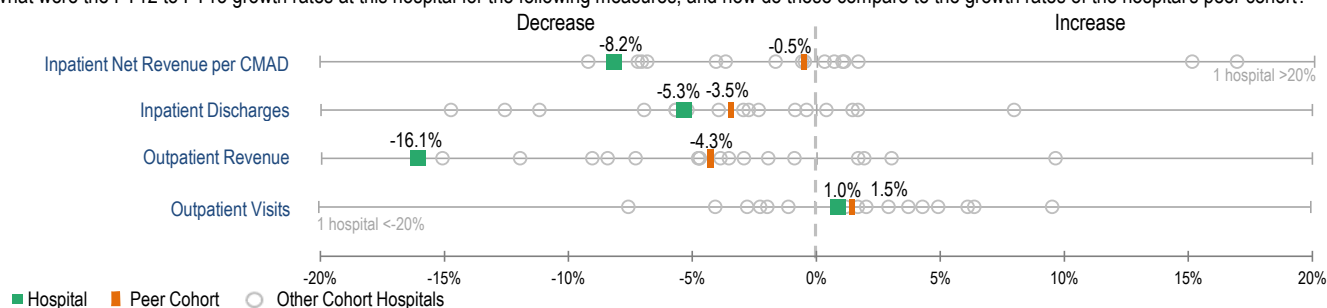
ADJUSTED[‡] COST PER DISCHARGE: \$9,624

INPATIENT:OUTPATIENT REVENUE in FY13: 17%:83%

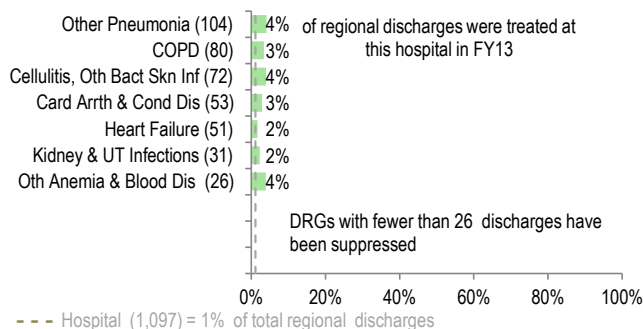
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

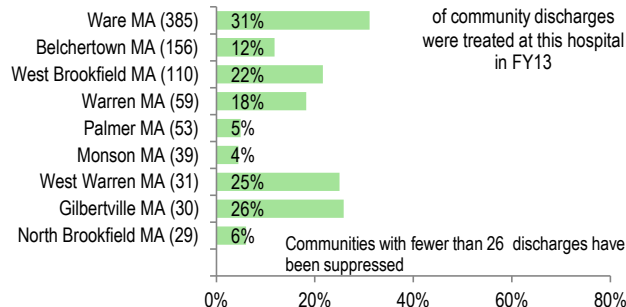
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

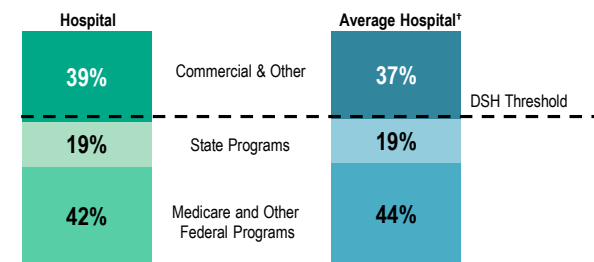
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

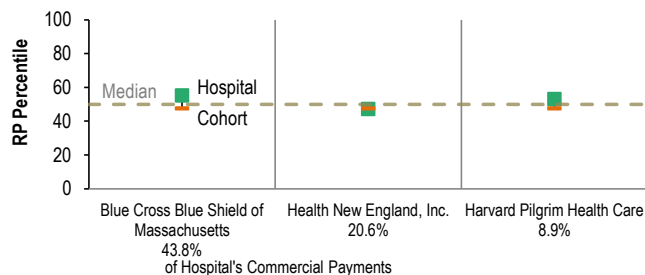
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



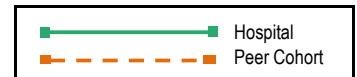
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

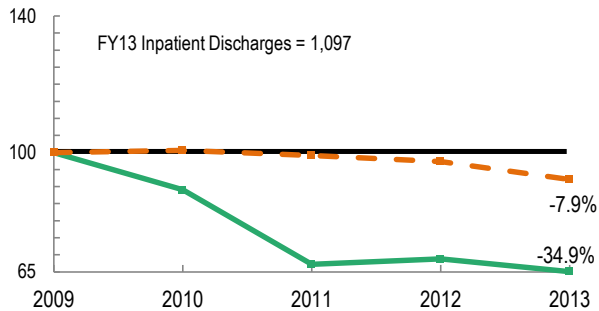
2013 Hospital Profile: BAYSTATE MARY LANE HOSPITAL

Cohort: Community Hospital

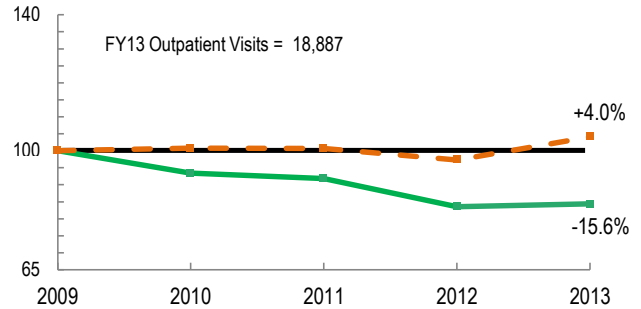


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

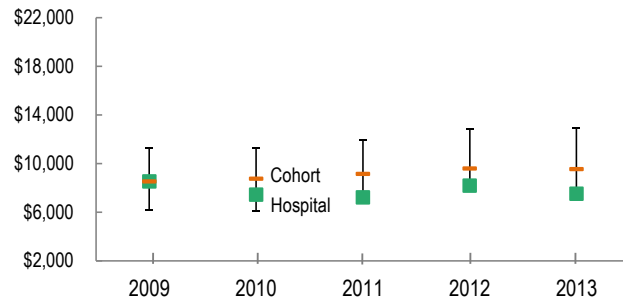


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



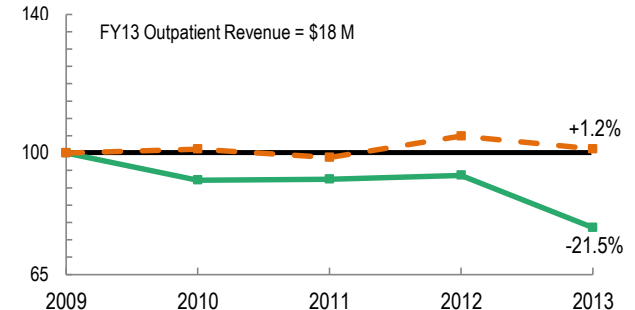
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$7,493 | Full Cost per CMAD = \$9,824

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

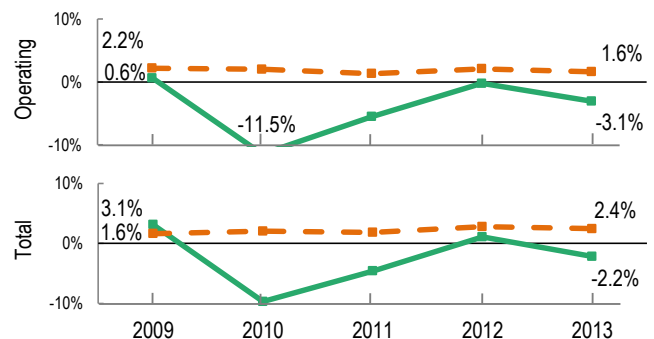


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$33	\$33	\$1	\$32	\$1.0
2010	\$29	\$29	\$1	\$32	(\$2.9)
2011	\$30	\$30	\$0	\$31	(\$1.4)
2012	\$30	\$30	\$0	\$30	\$0.3
2013	\$26	\$26	\$0	\$26	(\$0.6)

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) 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).

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

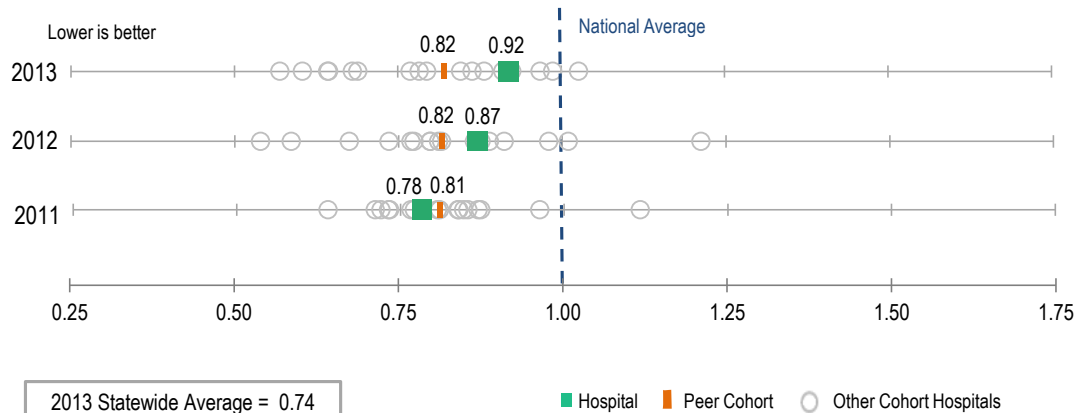
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

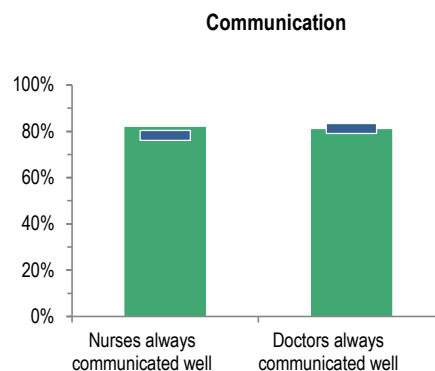
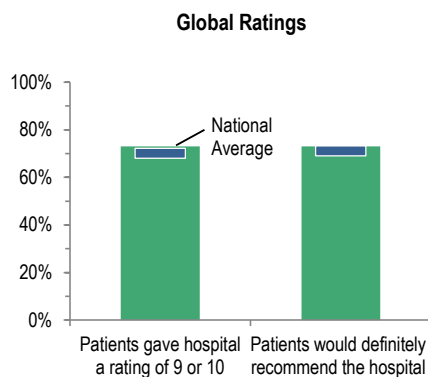
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



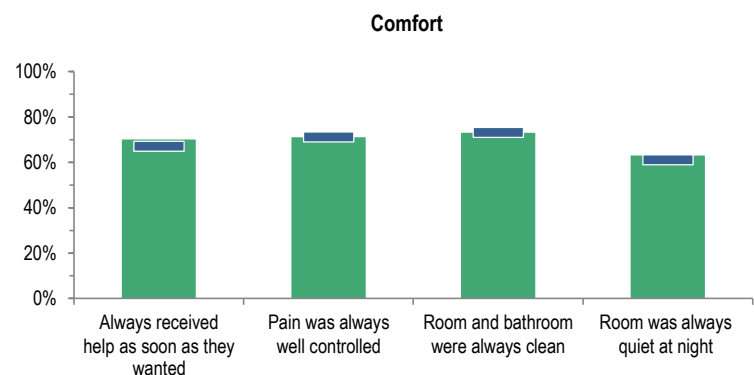
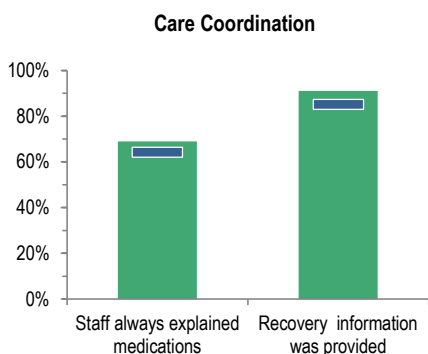
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

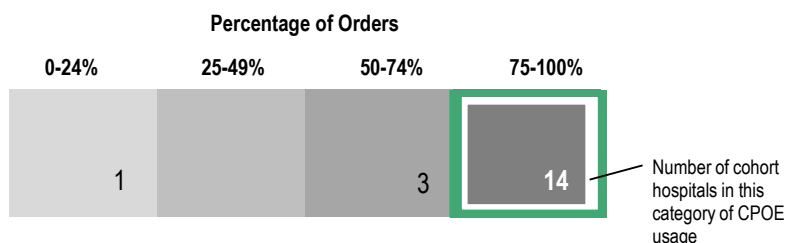
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 18 of 19 cohort hospitals responded to this survey

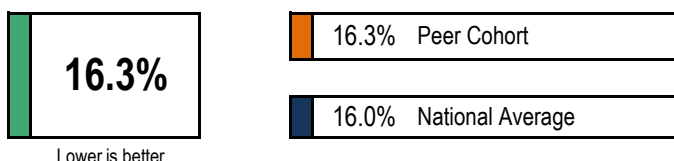
Score: Higher is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

Score: Lower is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

^A Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



Beth Israel Deaconess Hospital – Milton (BID-Milton) is a non-profit community hospital located in the Metro Boston region. It is among the smaller acute hospitals in Massachusetts. It was purchased by Beth Israel Deaconess Medical Center in 2012 and at that time became a member of the CareGroup health care system. Between FY09 and FY13, there was a 21.1% increase in outpatient visits at the hospital, compared to a median increase of 4.0% in its peer cohort. In that same period, outpatient revenue at the hospital only increased by 0.2%. In FY13, it earned its highest total margin in the five year period of 9.5%, higher than the median performance of peer cohort hospitals of 2.4%.

AT A GLANCE

TOTAL STAFFED BEDS: 83, among the smaller acute hospitals

% OCCUPANCY: 65%, > cohort avg. (62%)

CASE MIX INDEX in FY13: 0.82, > cohort avg. (0.79); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 5,240

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 26,190

PUBLIC PAYER MIX: 59% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: CHART^A

CY13 COMMERCIAL PAYER PRICE LEVEL: 14th Percentile

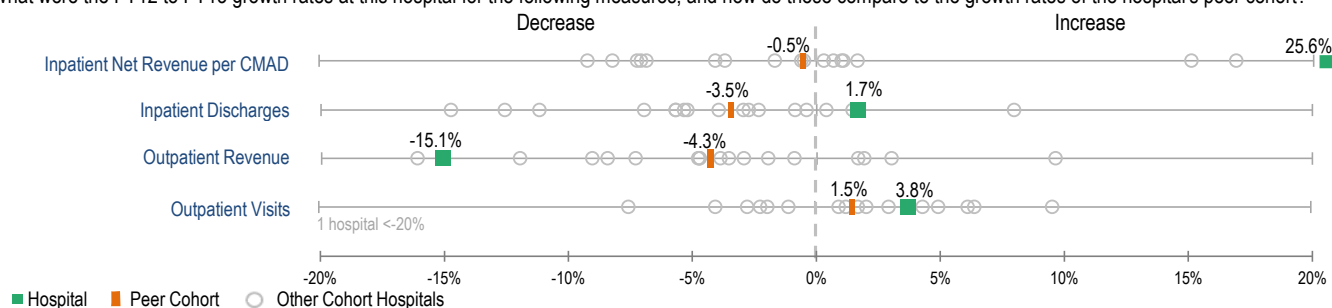
ADJUSTED[‡] COST PER DISCHARGE: \$8,597

INPATIENT:OUTPATIENT REVENUE in FY13: 35%:65%

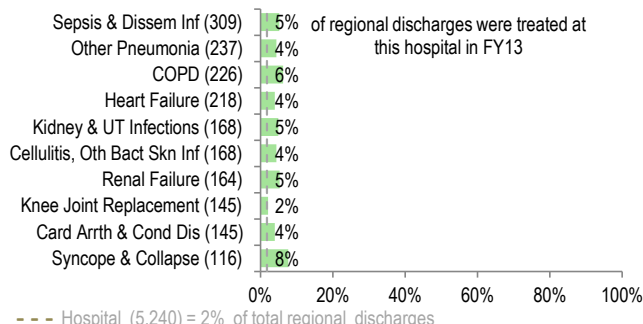
CHANGE IN OWNERSHIP (FY09-FY13): CareGroup - 2012

GROWTH MEASURES

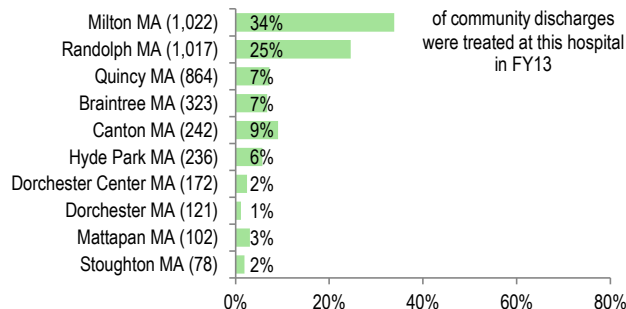
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

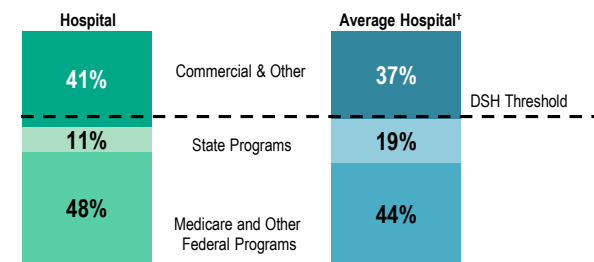
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

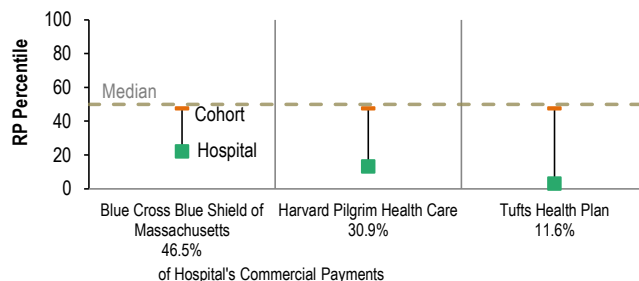
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

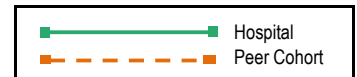
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

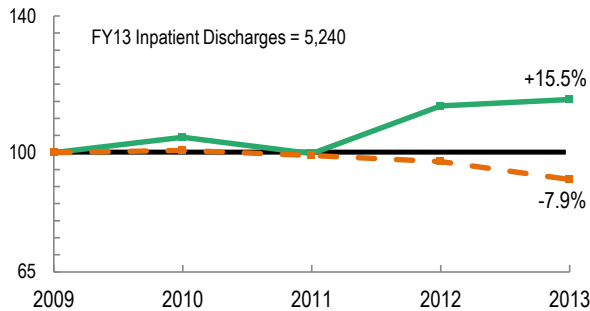
2013 Hospital Profile: BETH ISRAEL DEACONESS HOSPITAL - MILTON

Cohort: Community Hospital

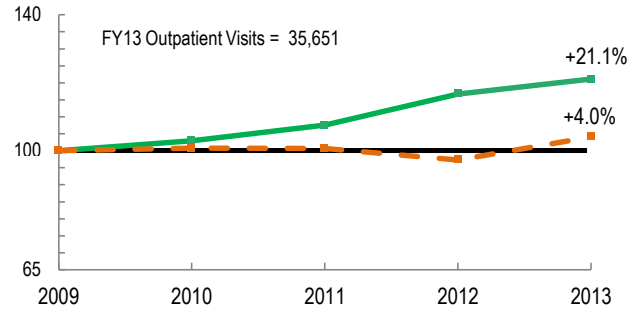


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



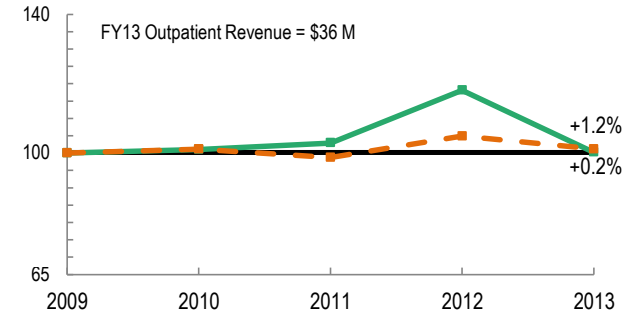
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$9,807 | Full Cost per CMAD = \$8,980

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

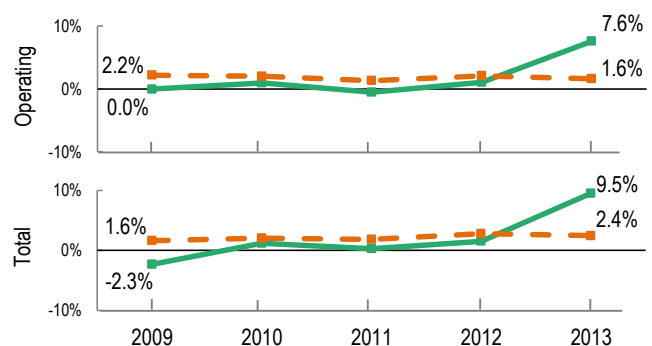


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$65	\$67	(\$1)	\$67	(\$1.5)
2010	\$67	\$67	\$0	\$67	\$0.8
2011	\$68	\$68	\$1	\$68	\$0.2
2012	\$75	\$75	\$0	\$74	\$1.2
2013	\$86	\$84	\$2	\$78	\$8.1

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) 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).

† Costs were adjusted to exclude direct medical education costs and physician compensation.

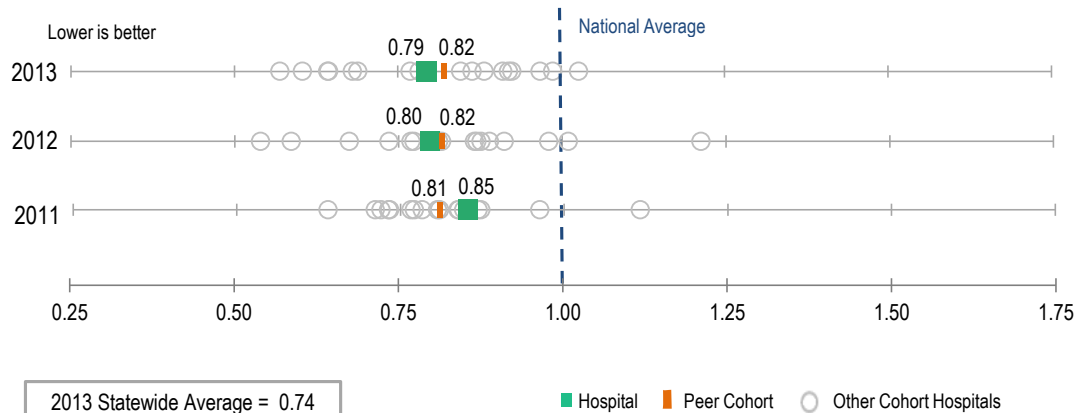
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

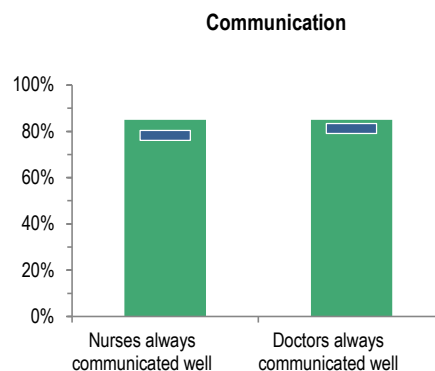
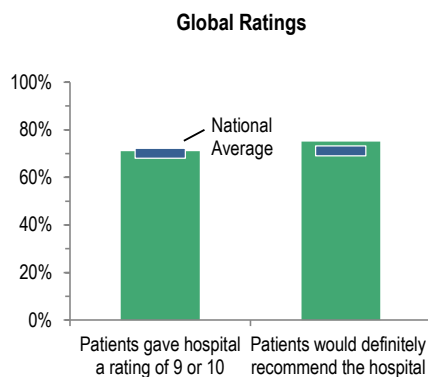
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



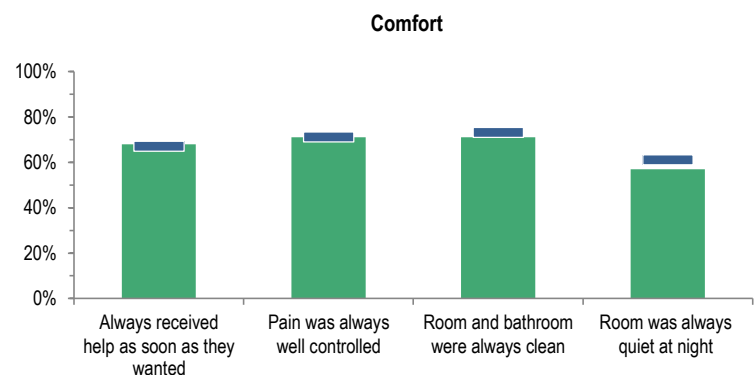
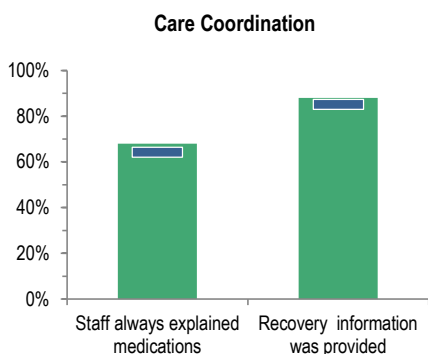
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

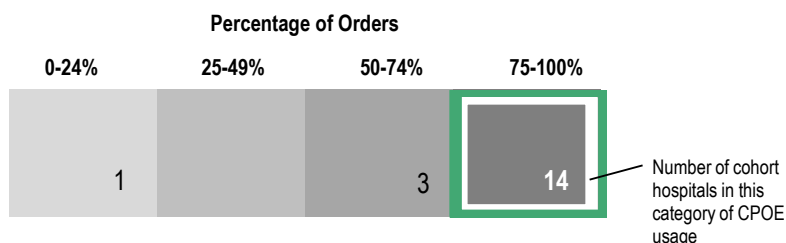
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 18 of 19 cohort hospitals responded to this survey

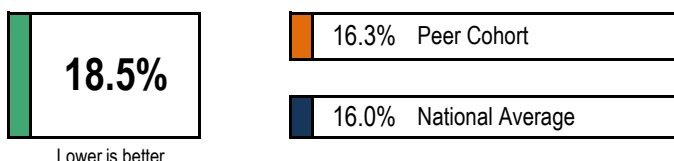
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



Beth Israel Deaconess Hospital – Needham (BID-Needham) is a non-profit community hospital located in the Metro Boston region. It is among the smaller acute hospitals in Massachusetts, and is a member of the CareGroup health care system. It experienced a 19.8% increase in outpatient visits between FY09 and FY13, compared to a median increase of 4.0% for cohort hospitals. Following a similar trend, outpatient revenue increased by 39.5% compared with a median increase of 1.2% for cohort hospitals. BID-Needham's total margin was positive each year except in FY11, and it had a 2.1% total margin in FY13. The median total margin in its peer cohort was positive each year from FY09 to FY13, at 2.4% in FY13.

AT A GLANCE

TOTAL STAFFED BEDS: 58, among the smaller acute hospitals

% OCCUPANCY: 29%, lowest in cohort (avg. 62%)

CASE MIX INDEX in FY13: 0.89, > cohort avg. (0.79); = statewide (0.89)

INPATIENT DISCHARGES in FY13: 2,023

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 11,715

PUBLIC PAYER MIX: 50% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: CHART^A

CY13 COMMERCIAL PAYER PRICE LEVEL: 43rd Percentile

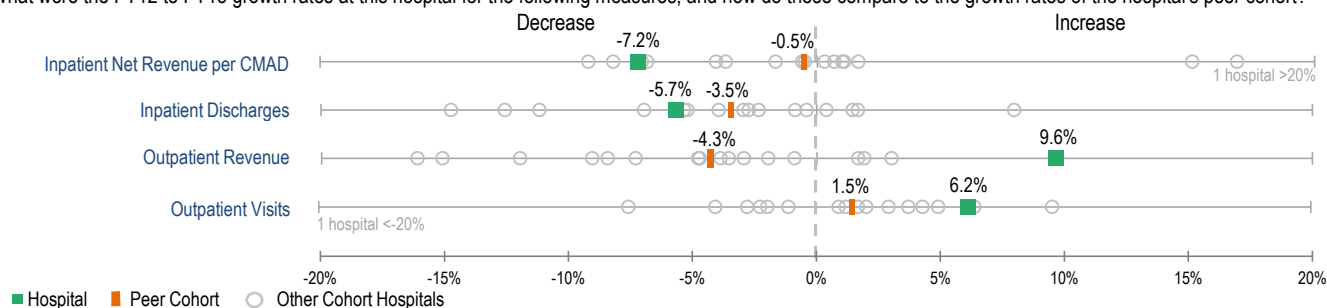
ADJUSTED[‡] COST PER DISCHARGE: \$8,875

INPATIENT:OUTPATIENT REVENUE in FY13: 17%:83%

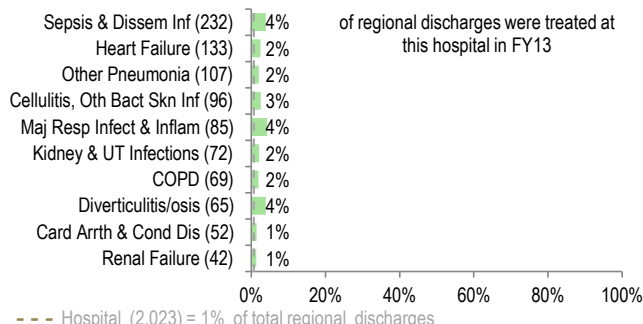
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

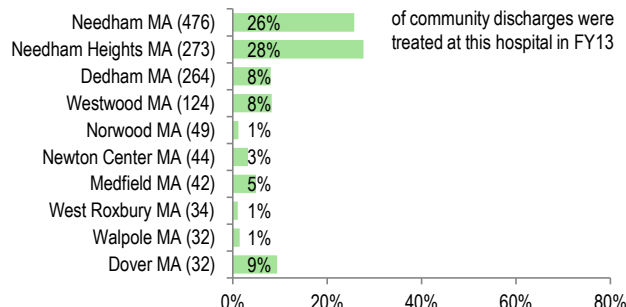
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

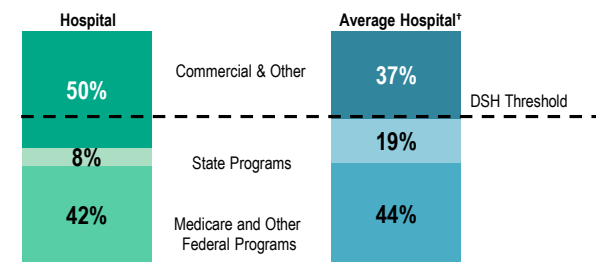
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

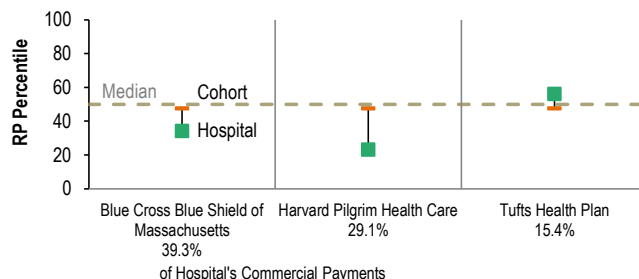
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

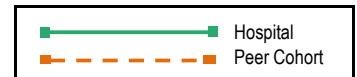
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

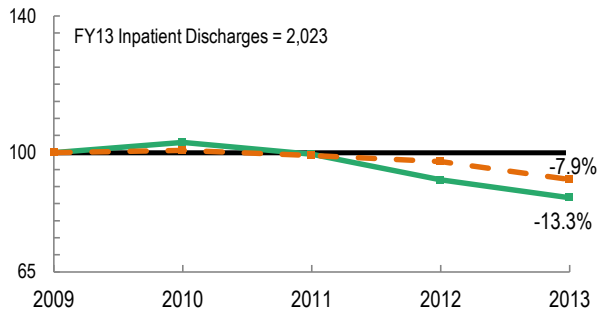
2013 Hospital Profile: BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM

Cohort: Community Hospital

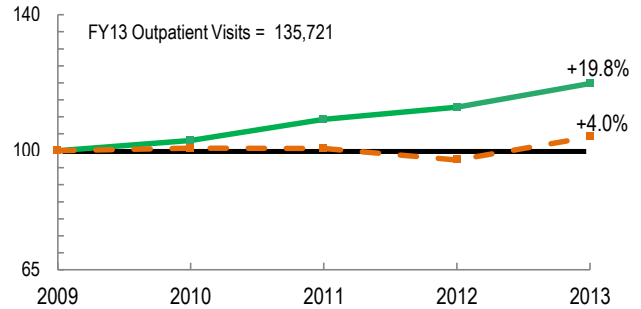


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

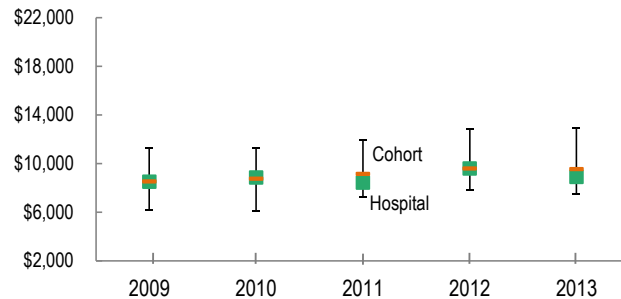


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



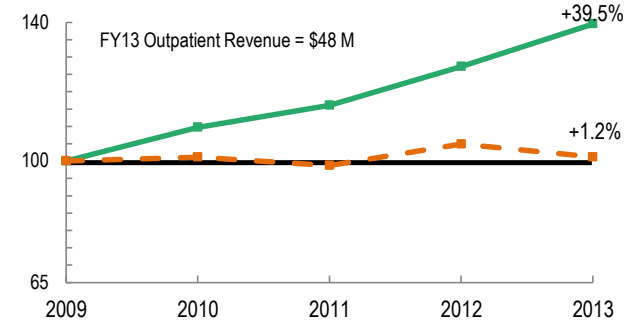
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$8,894 | Full Cost per CMAD = \$9,177

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

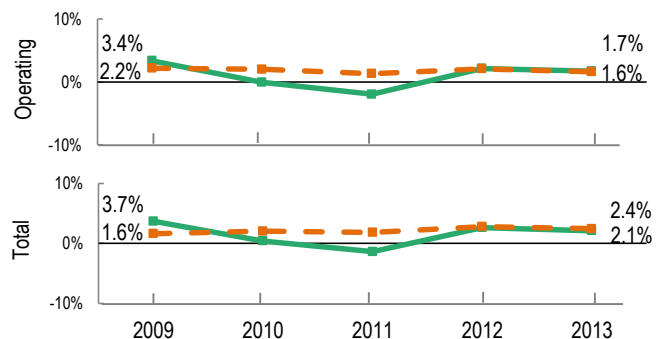


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$49	\$49	\$0	\$47	\$1.8
2010	\$54	\$54	\$0	\$54	\$0.2
2011	\$55	\$55	\$0	\$56	(\$0.7)
2012	\$61	\$60	\$0	\$59	\$1.6
2013	\$64	\$64	\$0	\$63	\$1.4

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) 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).

† Costs were adjusted to exclude direct medical education costs and physician compensation.

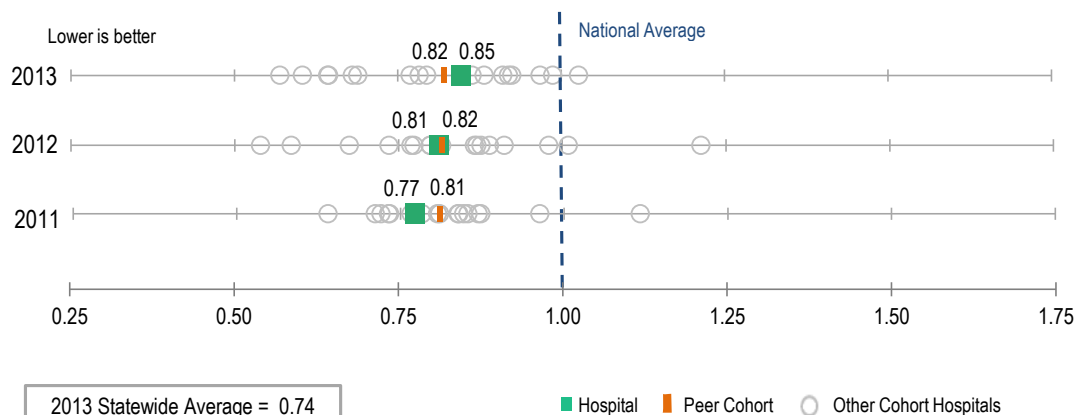
‡ Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

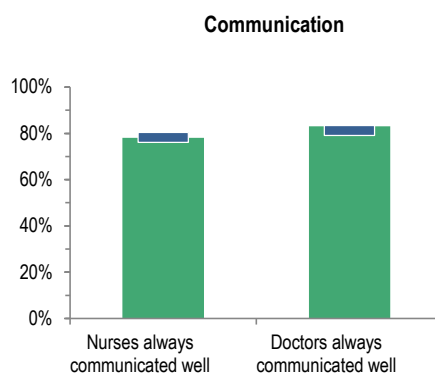
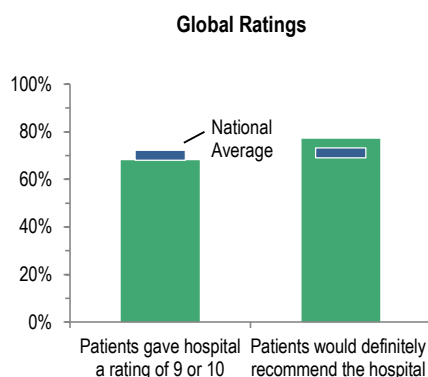
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



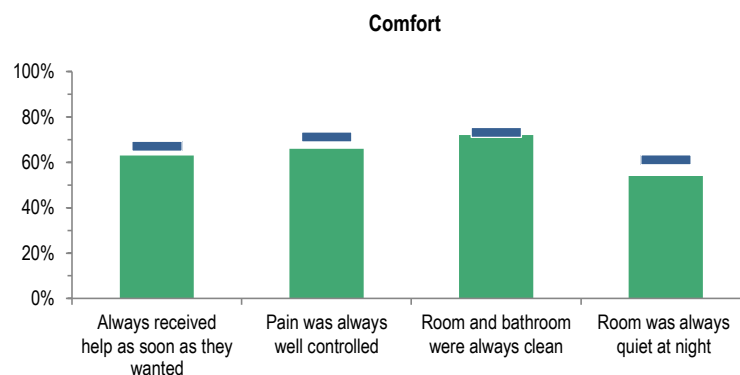
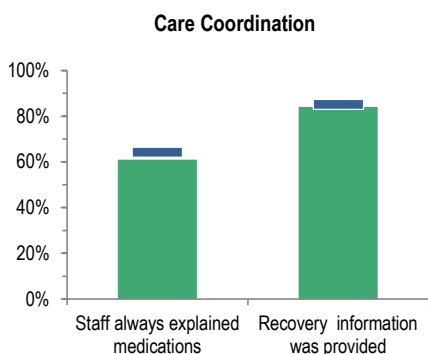
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

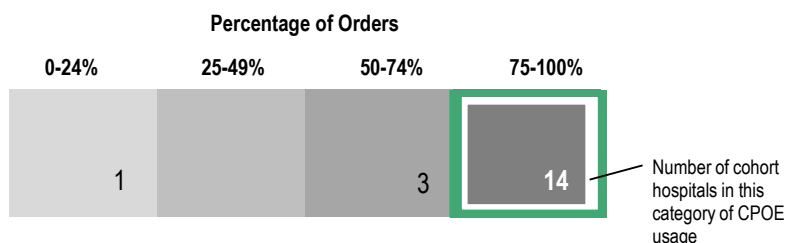
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 18 of 19 cohort hospitals responded to this survey

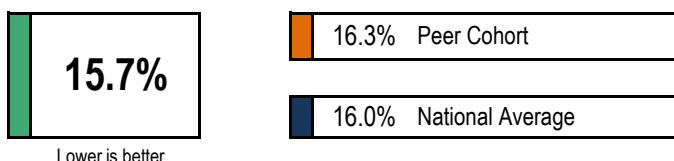
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

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Beth Israel Deaconess Hospital – Plymouth (BID-Plymouth) is a mid-size, non-profit community hospital located in the Metro South region. Formerly Jordan Hospital, it became a member of the CareGroup health care system effective January 1, 2014, and its new name became Beth Israel Deaconess Hospital – Plymouth. BID-Plymouth was profitable each year from FY09 to FY13, and its operating and total margins were similar to the medians in its cohort each year. BID-Plymouth earned a profit each year in that period, with a 1.4% total margin in FY13, compared to a peer cohort median of 2.4%.

AT A GLANCE

TOTAL STAFFED BEDS: 172, mid-size acute hospital

% OCCUPANCY: 64%, > cohort avg. (62%)

CASE MIX INDEX in FY13: 0.93, highest in cohort (avg. 0.79); > statewide (0.89)

INPATIENT DISCHARGES in FY13: 8,626

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 50,549

PUBLIC PAYER MIX: 61% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: CHART^A, ICB^B

CY13 COMMERCIAL PAYER PRICE LEVEL: 51st Percentile

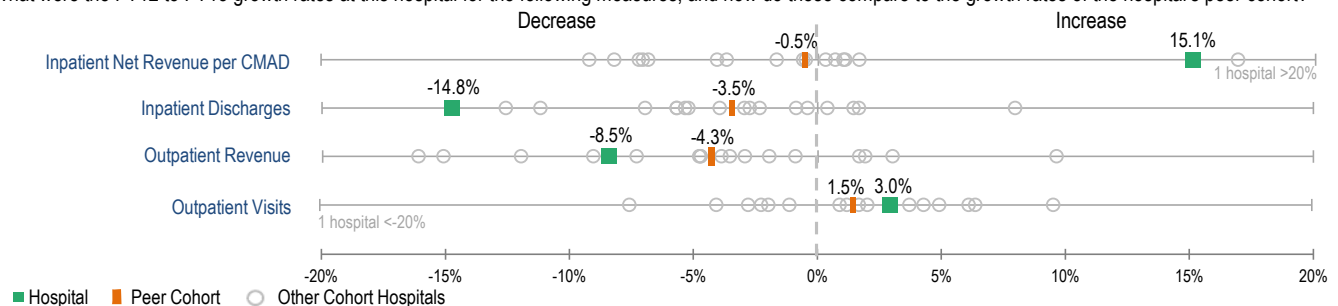
ADJUSTED[‡] COST PER DISCHARGE: \$10,581

INPATIENT:OUTPATIENT REVENUE in FY13: 28%:72%

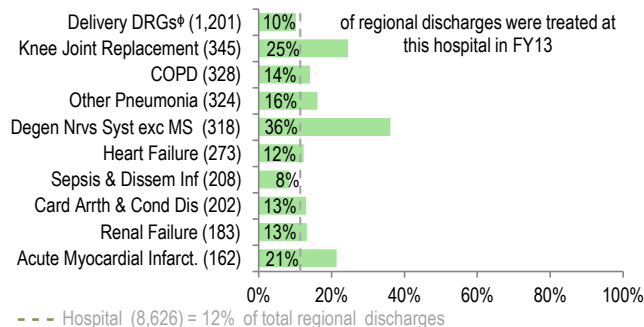
CHANGE IN OWNERSHIP (FY09-FY13): CareGroup - 2014

GROWTH MEASURES

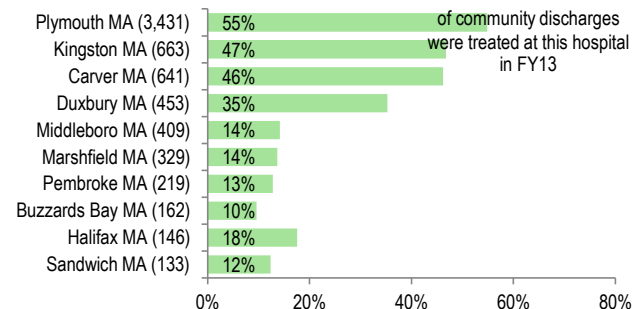
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

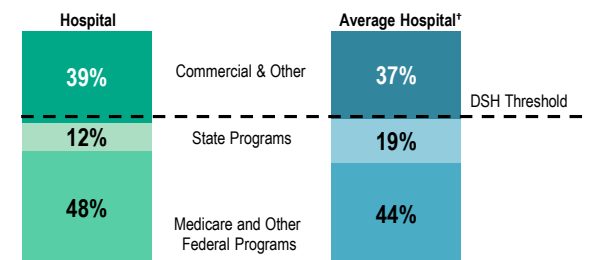
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

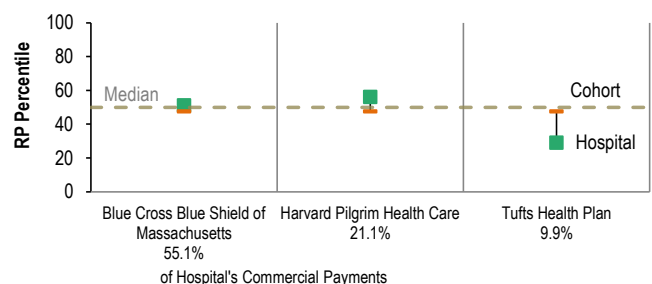
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

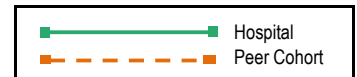
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

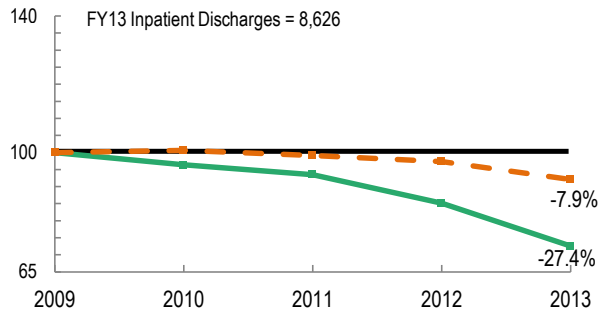
2013 Hospital Profile: BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH

Cohort: Community Hospital

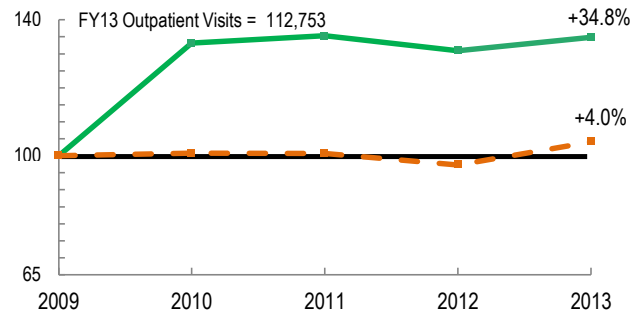


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

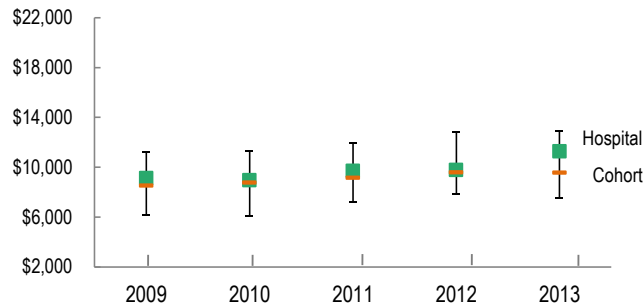


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

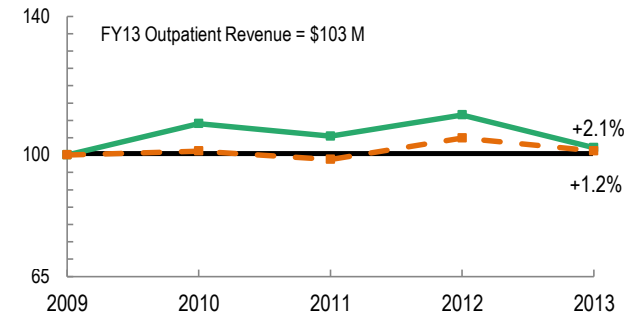


PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

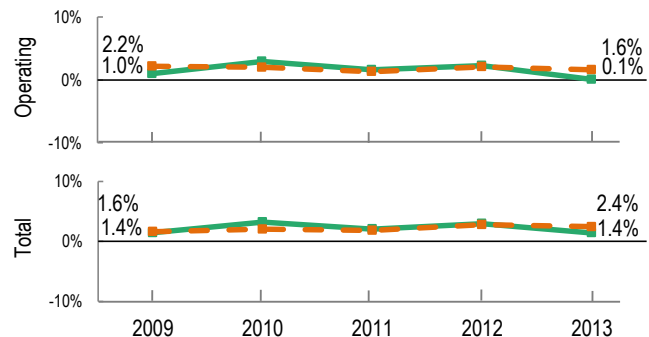


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$188	\$187	\$1	\$185	\$2.7
2010	\$197	\$197	\$1	\$191	\$6.3
2011	\$201	\$200	\$1	\$197	\$4.1
2012	\$206	\$205	\$1	\$200	\$6.1
2013	\$199	\$196	\$3	\$196	\$2.8

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

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

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

^c Costs were adjusted to exclude direct medical education costs and physician compensation.

^d Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

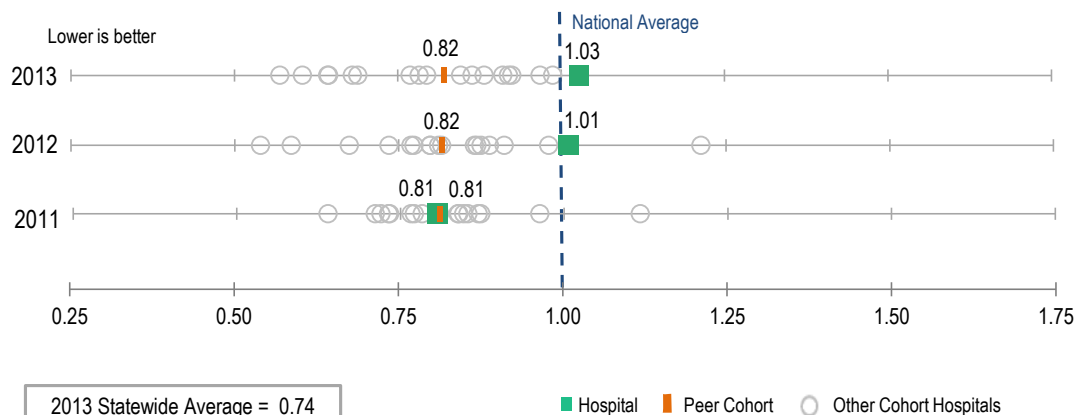
^e Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

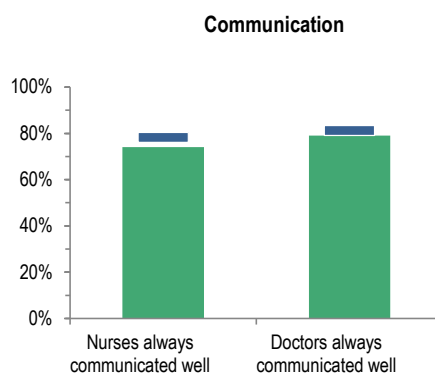
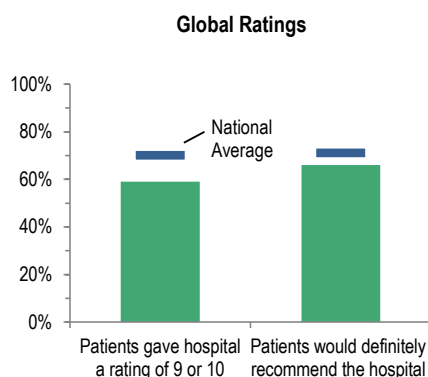
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



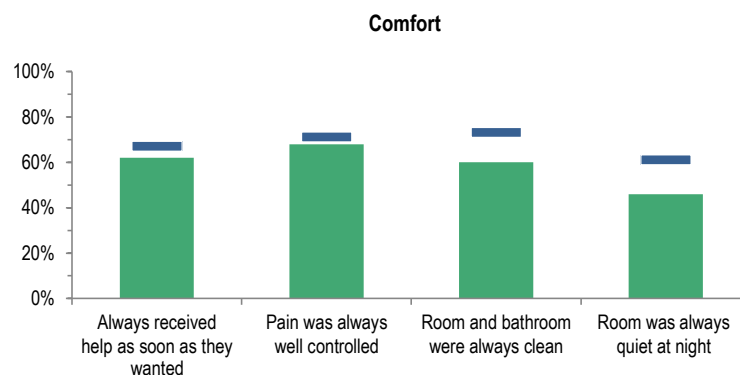
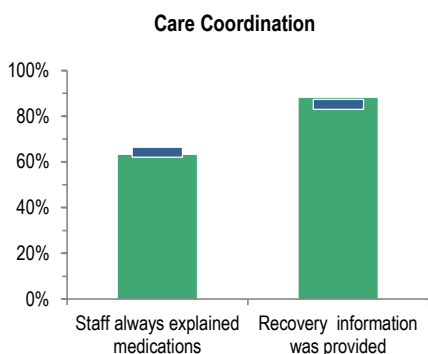
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

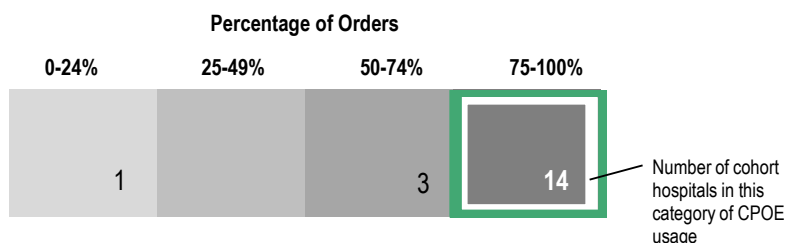
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 18 of 19 cohort hospitals responded to this survey

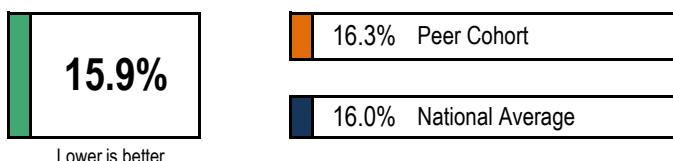
Score: Higher is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

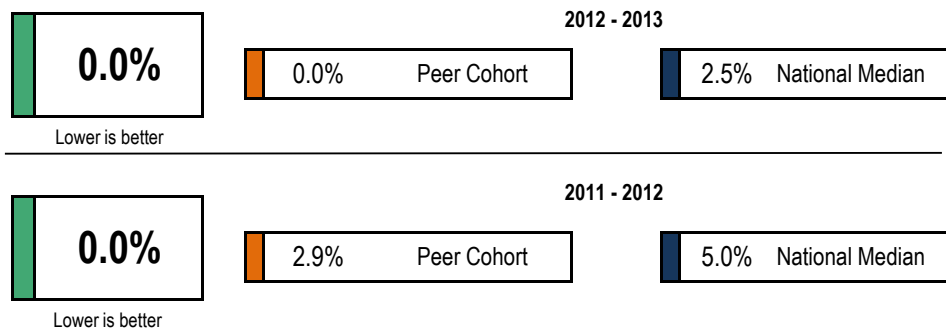
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

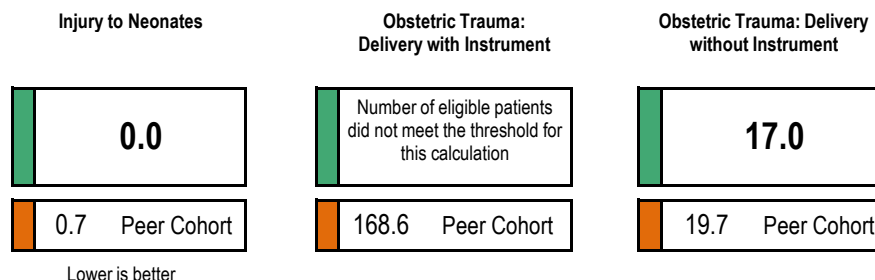
Score: Lower is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

^A Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

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Cooley Dickinson Hospital is a community hospital located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts and a member of Partners HealthCare System. Between FY09 and FY13, inpatient discharges at the hospital fell 9.8%, compared with a median decrease of 7.9% among cohort hospitals. Between FY09 and FY13, outpatient visits at Cooley Dickinson decreased 28.2% compared to a median increase of 4.0% among cohort hospitals. Cooley Dickinson had an operating margin of 8.3% in FY13, higher than the median operating margin of cohort hospitals of 1.6%. Between FY12 and FY13, Cooley Dickinson's total margin fell from 10.8% (its highest in the five year period) to 0.6% (its lowest in the five year period). The median total margin of its peer cohort in FY13 was 2.4%.

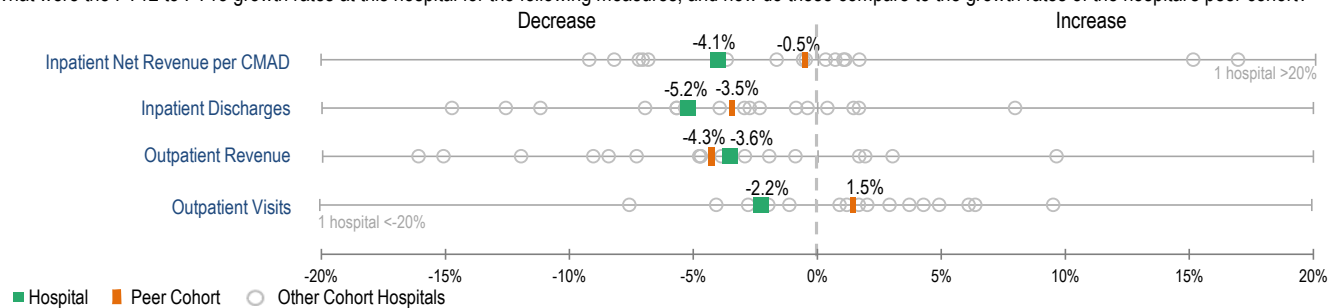
AT A GLANCE

TOTAL STAFFED BEDS: 94, among the smaller acute hospitals
% OCCUPANCY: 90%, highest in cohort (avg. 62%)
CASE MIX INDEX in FY13: 0.78, < cohort avg. (0.79); < statewide (0.89)
INPATIENT DISCHARGES in FY13: 8,136
TRAUMA CENTER DESIGNATION: Not Applicable
EMERGENCY DEPT VISITS in FY13: 36,029

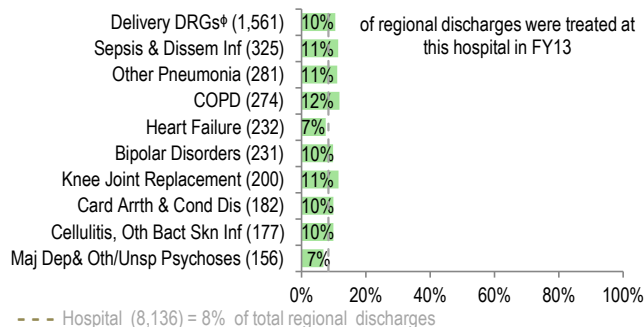
PUBLIC PAYER MIX: 57% (Non-DSH* Hospital)
SPECIAL PUBLIC FUNDING: Not Applicable
CY13 COMMERCIAL PAYER PRICE LEVEL: 75th Percentile
ADJUSTED[‡] COST PER DISCHARGE: \$10,914
INPATIENT:OUTPATIENT REVENUE in FY13: 40%:60%
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

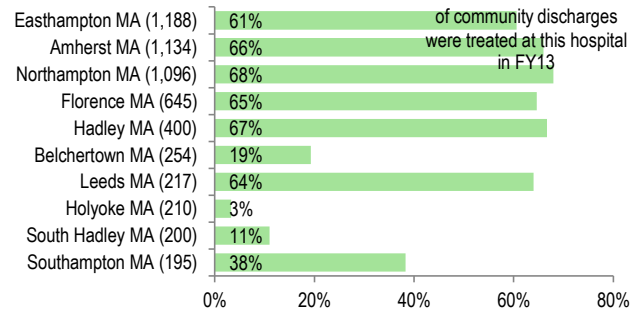
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

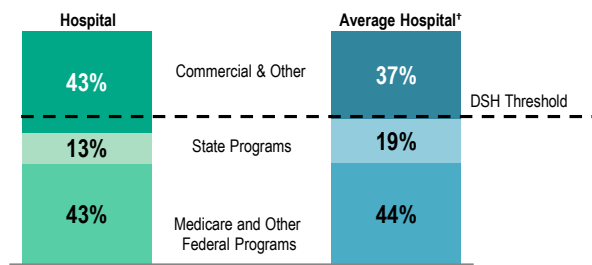
What were the most common inpatient cases (DRGs) treated at the hospital?
 What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

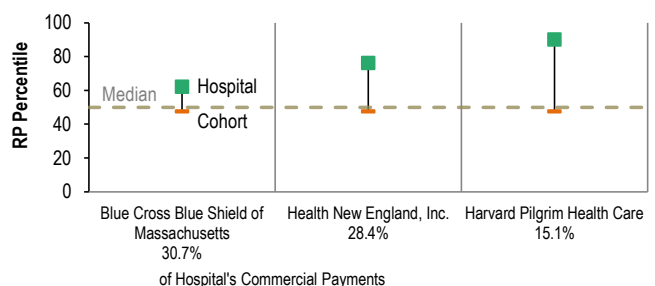
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

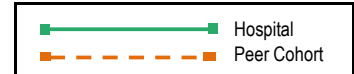
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

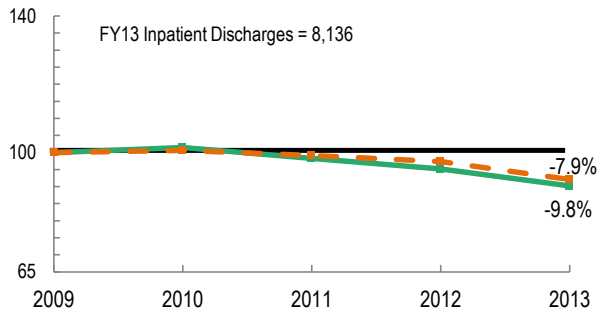
2013 Hospital Profile: COOLEY DICKINSON HOSPITAL

Cohort: Community Hospital

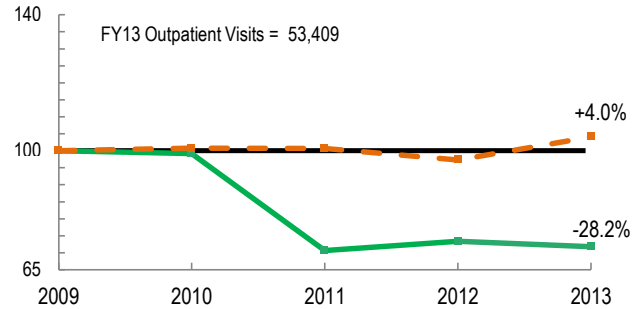


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

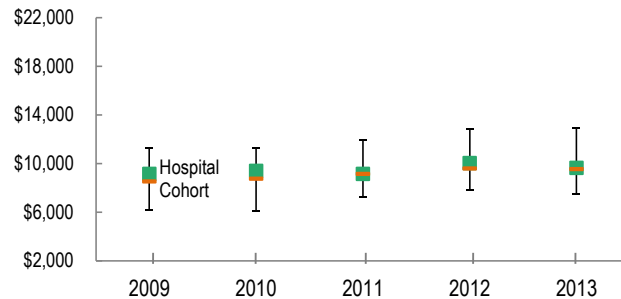


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



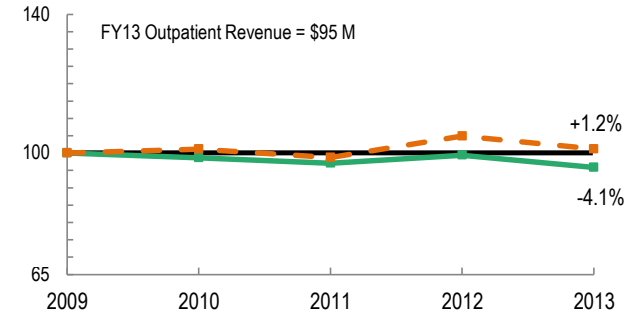
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$9,625 | Full Cost per CMAD = \$11,033

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

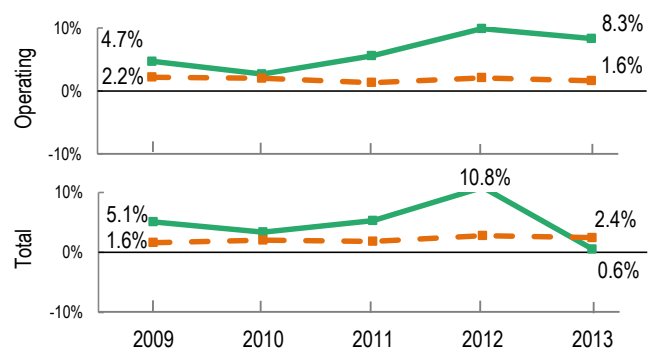


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$168	\$167	\$1	\$159	\$8.5
2010	\$168	\$167	\$1	\$162	\$5.7
2011	\$161	\$161	(\$0)	\$152	\$8.5
2012	\$169	\$168	\$2	\$151	\$18.3
2013	\$150	\$161	(\$12)	\$149	\$0.8

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

‡ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

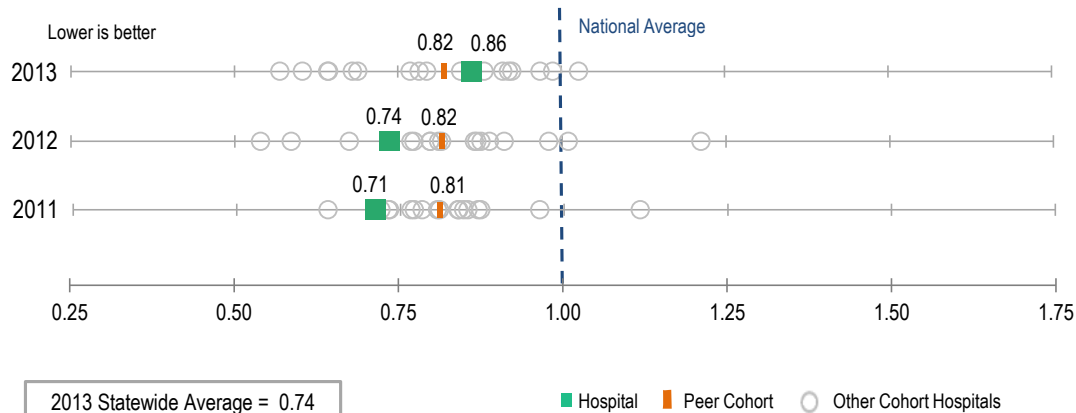
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

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PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

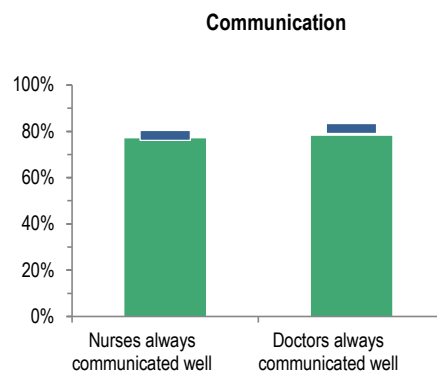
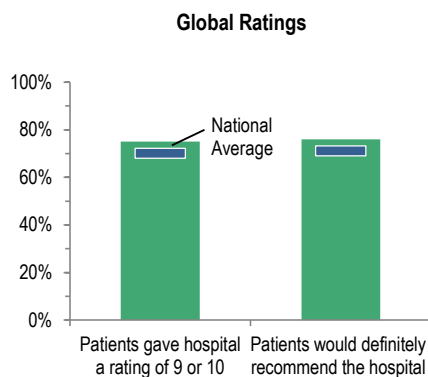
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



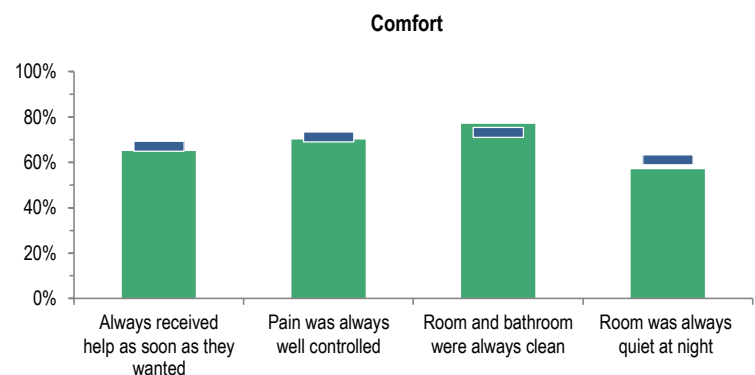
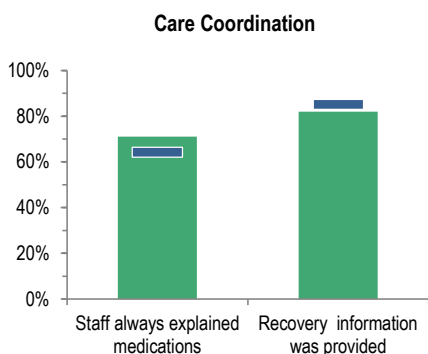
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

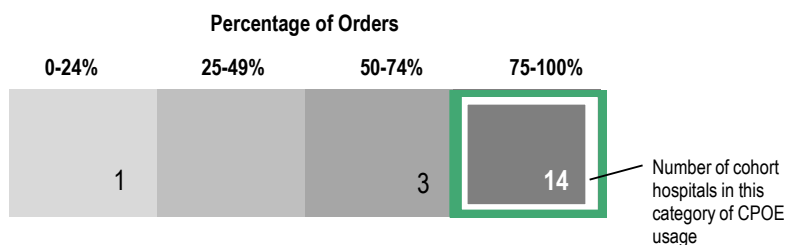
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 18 of 19 cohort hospitals responded to this survey

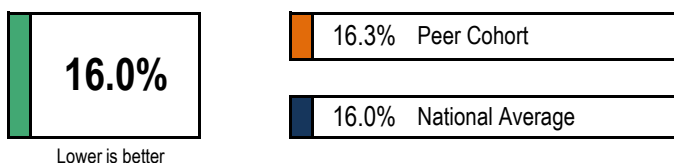
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

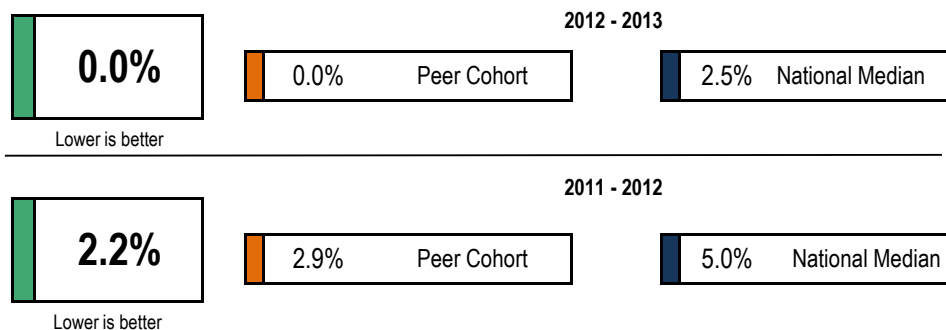
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 Hospitals reported data for this measure.

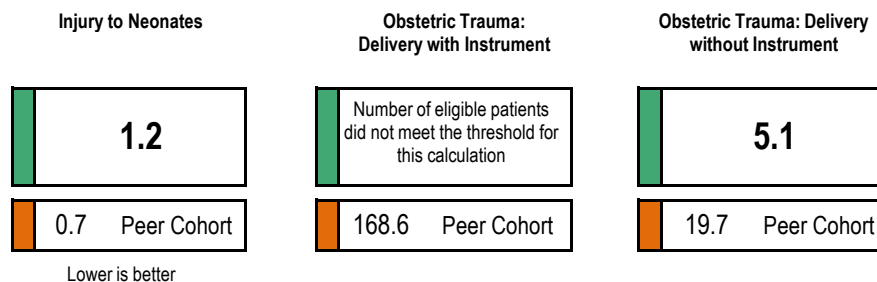
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 Hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

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2013 Hospital Profile:

EMERSON HOSPITALCommunity Hospital
Northeastern Massachusetts

Emerson Hospital is a mid-size, non-profit community hospital located in the Northeastern Massachusetts region. Inpatient discharges declined 7.5% at the hospital between FY09 and FY13, compared with a median decrease of 7.9% in its peer cohort. Outpatient visits decreased 1.9% at the hospitals over that period, compared to the cohort's median increase of 4.0%. From FY09 to FY13, it earned a profit each year except in FY10; it had a total margin of 0.6% in FY13, compared with its peer cohort's median of 2.4%.

AT A GLANCE

TOTAL STAFFED BEDS: 199, mid-size acute hospital

% OCCUPANCY: 59%, < cohort avg. (62%)

CASE MIX INDEX in FY13: 0.73, < cohort avg. (0.79); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 9,069

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 33,395

PUBLIC PAYER MIX: 44% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: CHART^A

CY13 COMMERCIAL PAYER PRICE LEVEL: 42nd Percentile

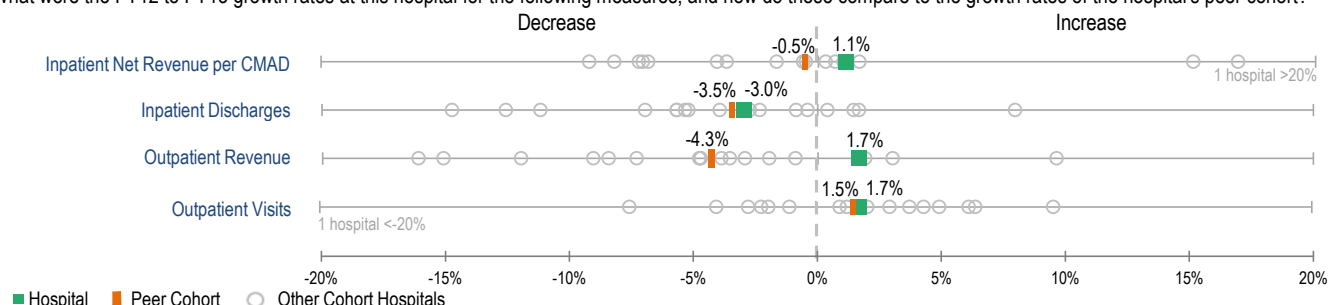
ADJUSTED^B COST PER DISCHARGE: \$10,063

INPATIENT:OUTPATIENT REVENUE in FY13: 30%:70%

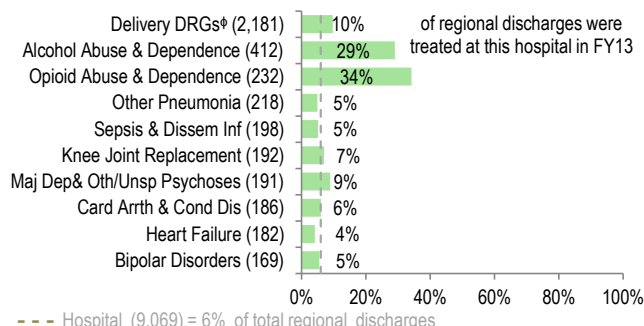
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

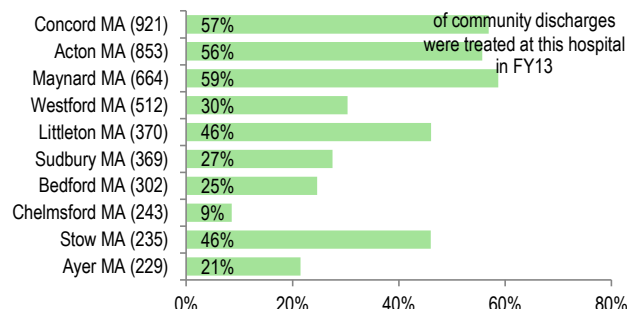
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

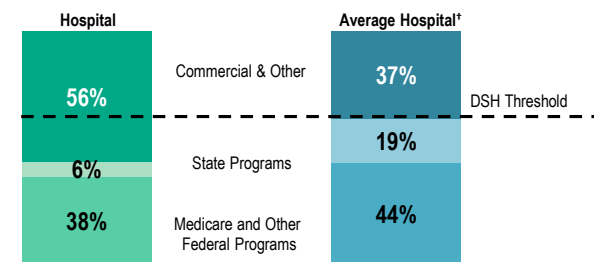
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

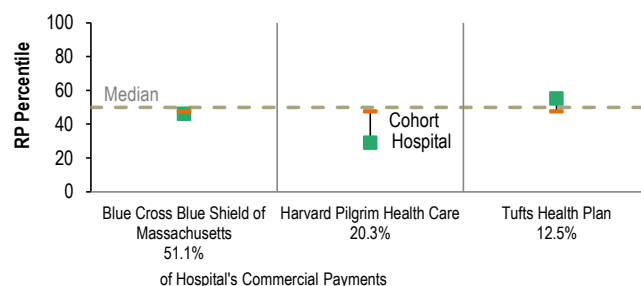
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

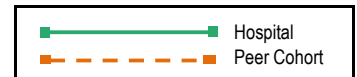
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

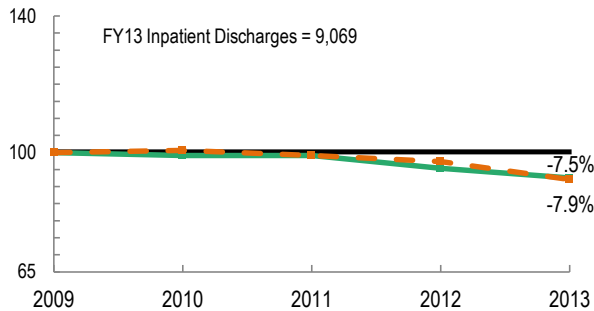
2013 Hospital Profile: EMERSON HOSPITAL

Cohort: Community Hospital

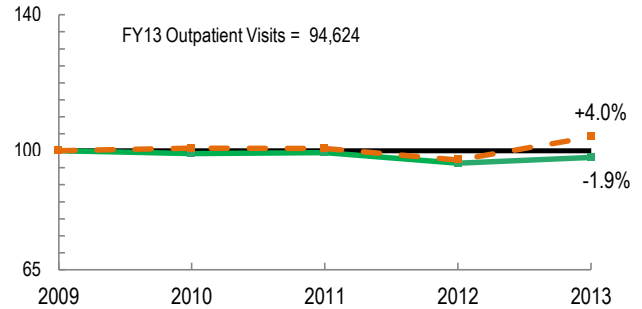


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

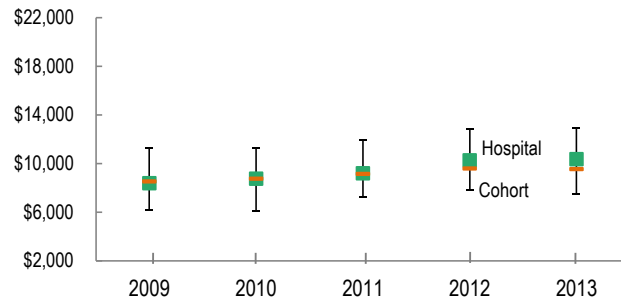


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

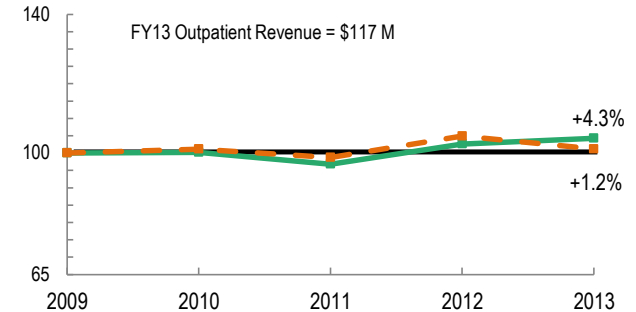


PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

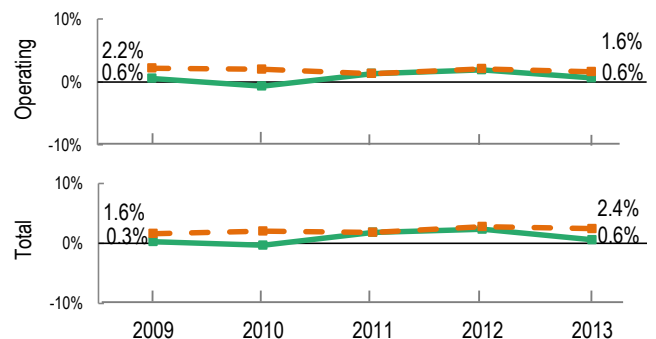


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$178	\$179	(\$0)	\$178	\$0.5
2010	\$184	\$183	\$1	\$184	(\$0.6)
2011	\$180	\$179	\$1	\$177	\$3.3
2012	\$190	\$189	\$1	\$185	\$4.5
2013	\$190	\$190	(\$0)	\$188	\$1.1

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) 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).

† Costs were adjusted to exclude direct medical education costs and physician compensation.

‡ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

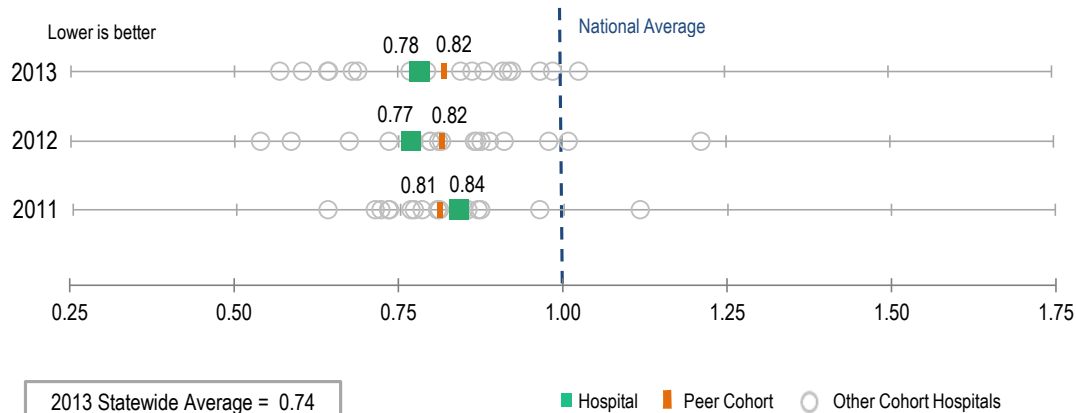
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

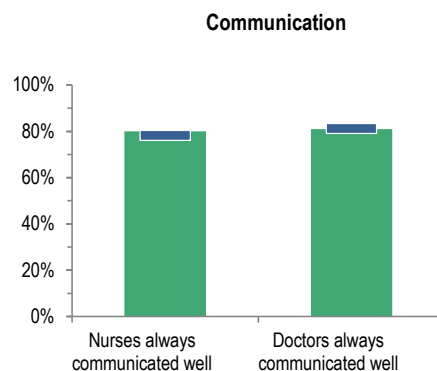
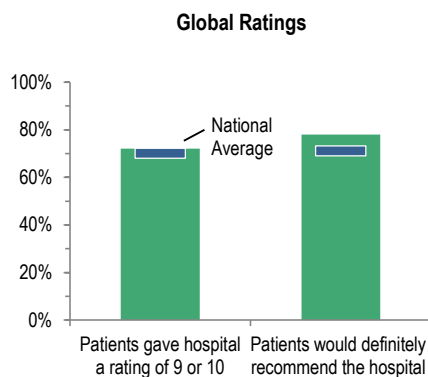
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



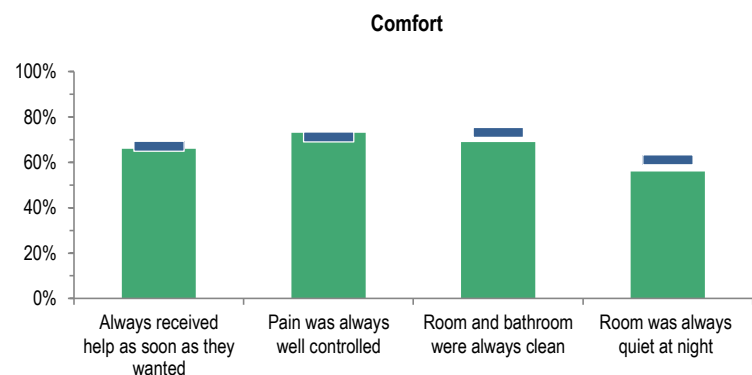
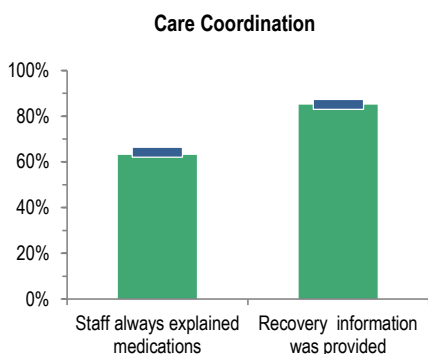
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

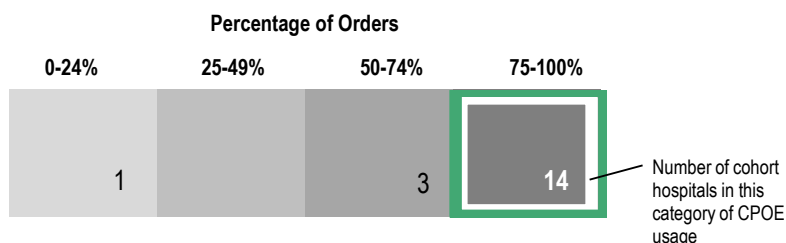
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 18 of 19 cohort hospitals responded to this survey

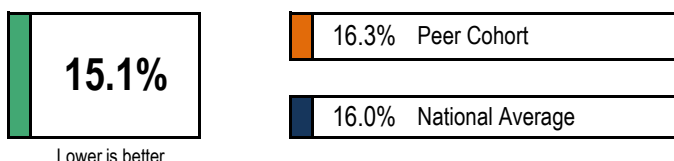
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

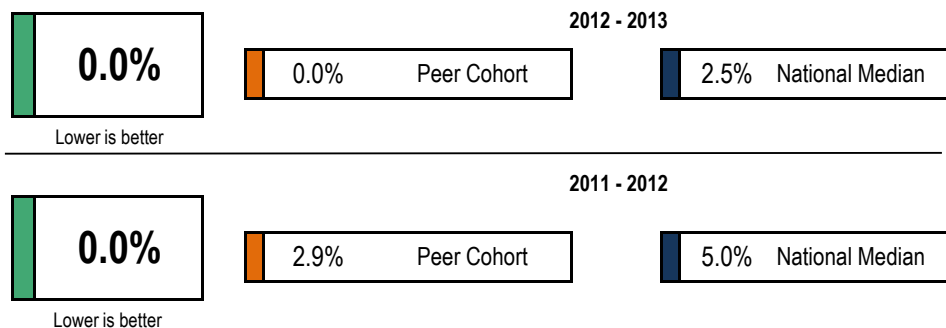
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

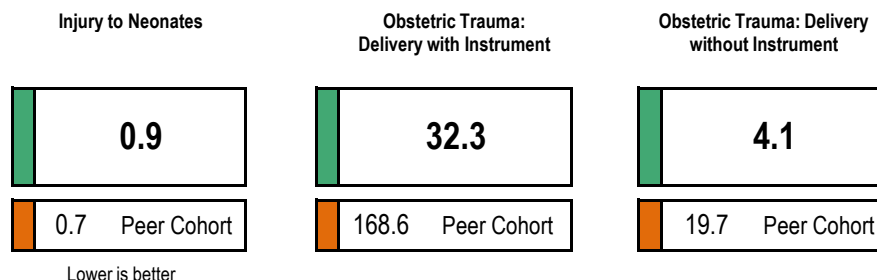
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

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2013 Hospital Profile:

HALLMARK HEALTHCommunity Hospital
Metro Boston

Hallmark Health System (HHS), which includes Lawrence Memorial Hospital and Melrose-Wakefield Hospital campuses, is a mid-size, non-profit community hospital system located in the Metro Boston region. Between FY09 and FY13, inpatient discharges decreased 24.0% at HHS, compared to a median decrease of 7.9% among cohort hospitals. Similarly, outpatient visits at HHS decreased by 14.3% from FY09 to FY13, compared with a median increase of 4.0% at peer cohort hospitals. It earned a surplus each year from FY09 to FY13, and had a 4.7% total margin in FY13, compared with a median total margin of 2.4% in FY13 among cohort hospitals.

AT A GLANCE

TOTAL STAFFED BEDS: 209, mid-size acute hospital

% OCCUPANCY: 85%, > cohort avg. (62%)

CASE MIX INDEX in FY13: 0.83, > cohort avg. (0.79); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 12,460

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 55,957

PUBLIC PAYER MIX: 61% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: CHART^A

CY13 COMMERCIAL PAYER PRICE LEVEL: 49th Percentile

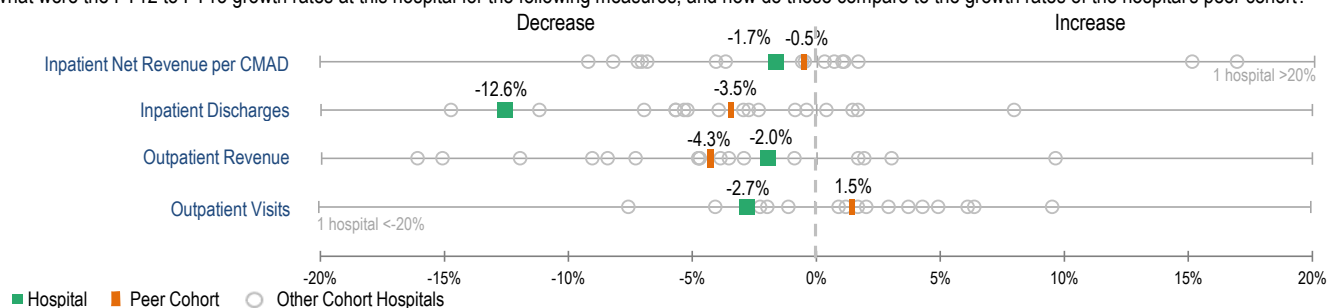
ADJUSTED[‡] COST PER DISCHARGE: \$10,174

INPATIENT:OUTPATIENT REVENUE in FY13: 28%:72%

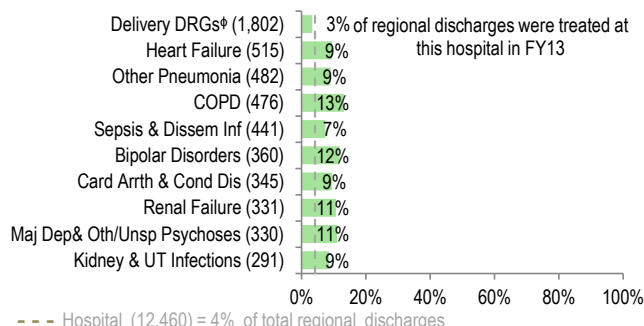
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

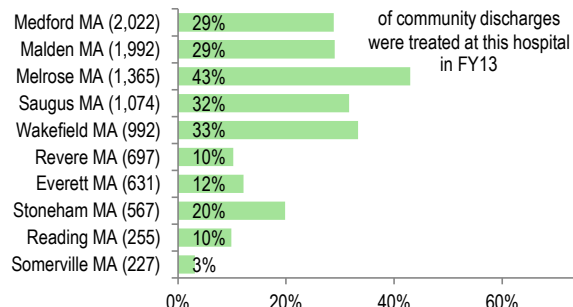
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

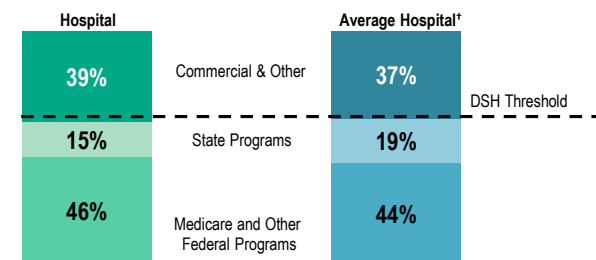
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

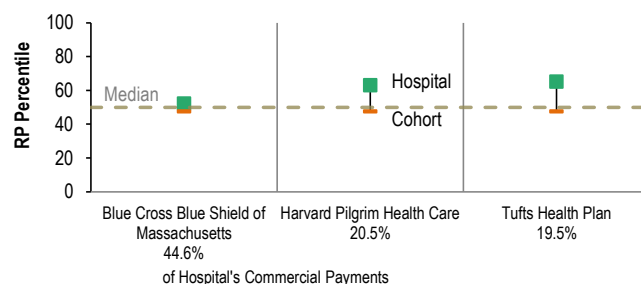
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

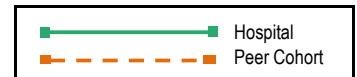
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

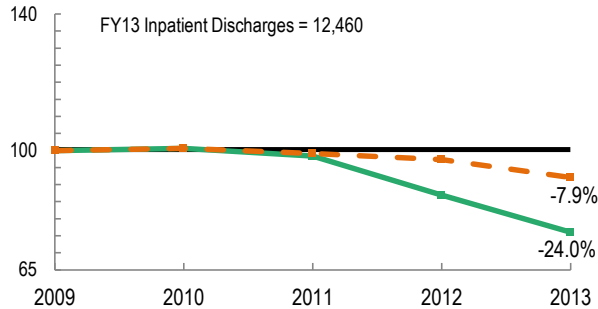
2013 Hospital Profile: HALLMARK HEALTH

Cohort: Community Hospital

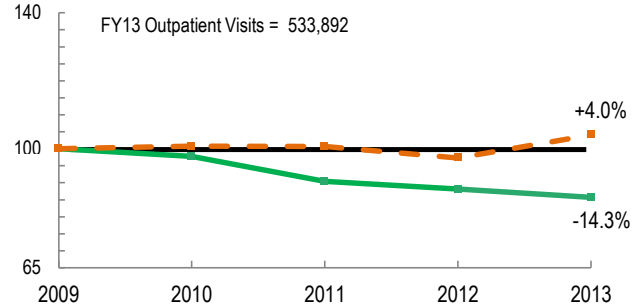


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

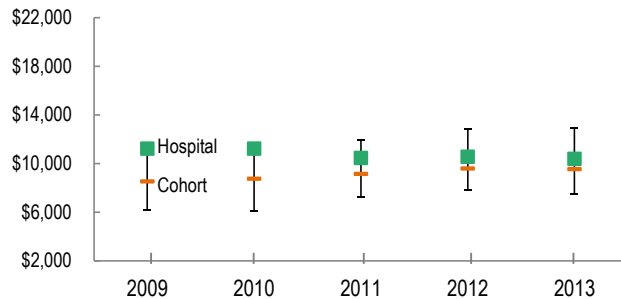


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



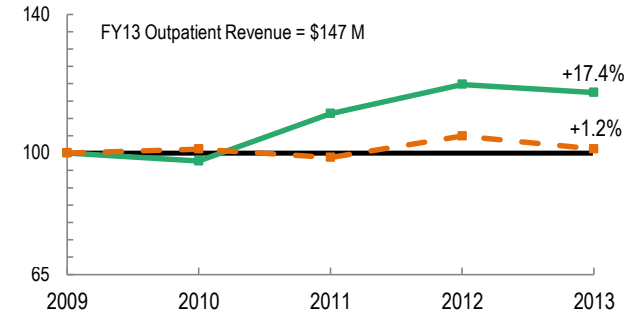
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$10,364 | Full Cost per CMAD = \$10,519

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$277	\$273	\$4	\$260	\$17.2
2010	\$283	\$278	\$5	\$263	\$19.8
2011	\$289	\$284	\$5	\$269	\$20.1
2012	\$296	\$292	\$4	\$274	\$22.6
2013	\$272	\$264	\$8	\$259	\$12.8

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) 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).

† Costs were adjusted to exclude direct medical education costs and physician compensation.

* Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

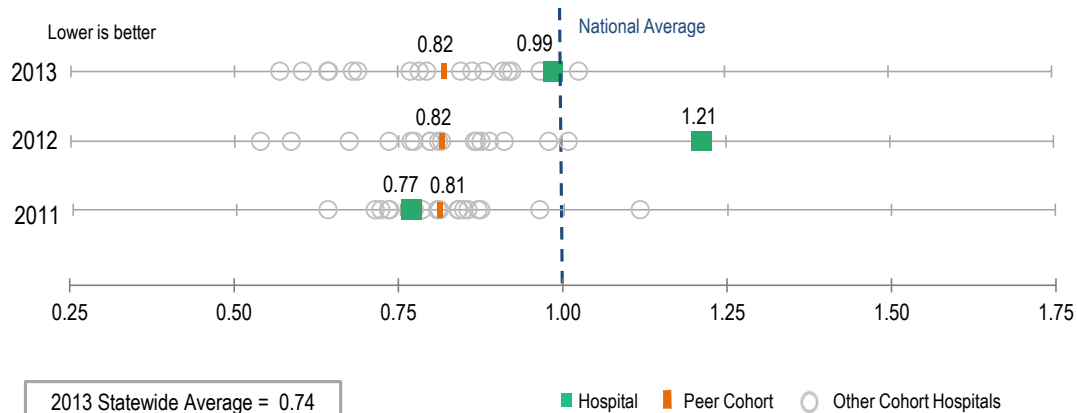
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

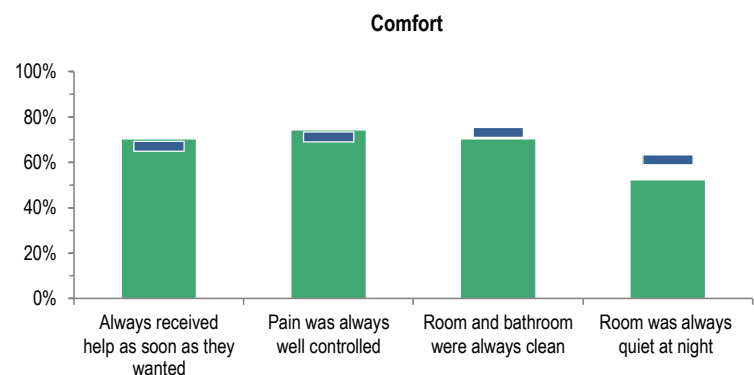
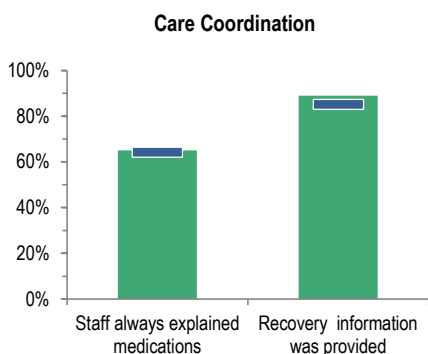
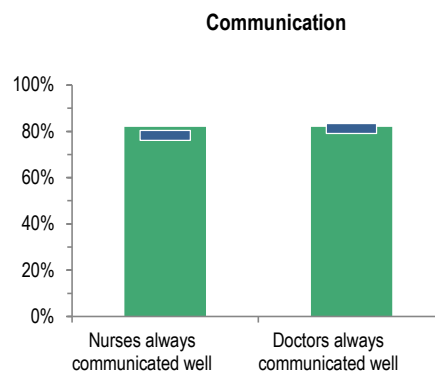
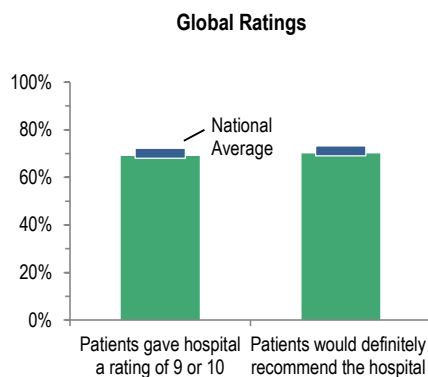
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

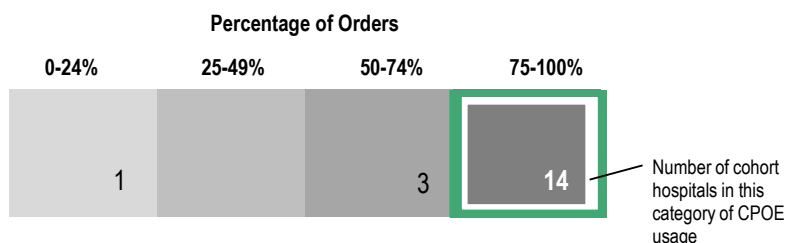
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 18 of 19 cohort hospitals responded to this survey

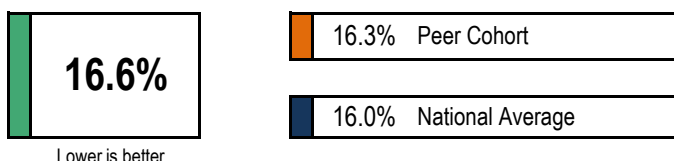
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

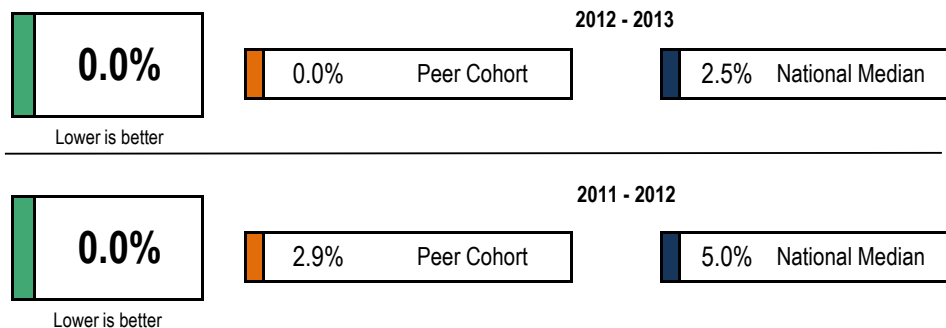
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

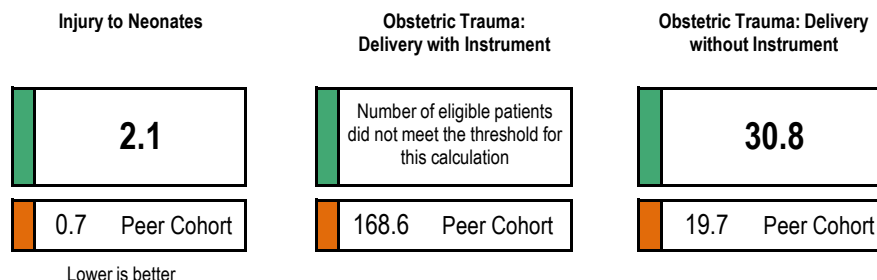
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

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Lowell General Hospital is a non-profit community hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts, and is owned by Circle Health. Lowell General merged with Saints Medical Center in 2012. All of the information in this FY13 hospital profile includes the Saints Medical Center data that was reported for FY13. Lowell General Hospital was profitable each year from FY09 to FY13, with a total margin of 5.7% in FY13, compared to a median total margin of 2.4% in its peer cohort.

AT A GLANCE

TOTAL STAFFED BEDS: 366, among the larger acute hospitals

% OCCUPANCY: 64%, > cohort avg. (62%)

CASE MIX INDEX in FY13: 0.79, = cohort avg. (0.79); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 23,086

TRAUMA CENTER DESIGNATION: Adult: Level 3

EMERGENCY DEPT VISITS in FY13: 100,803

PUBLIC PAYER MIX: 62.8% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: CHART^A

CY13 COMMERCIAL PAYER PRICE LEVEL: 32nd Percentile

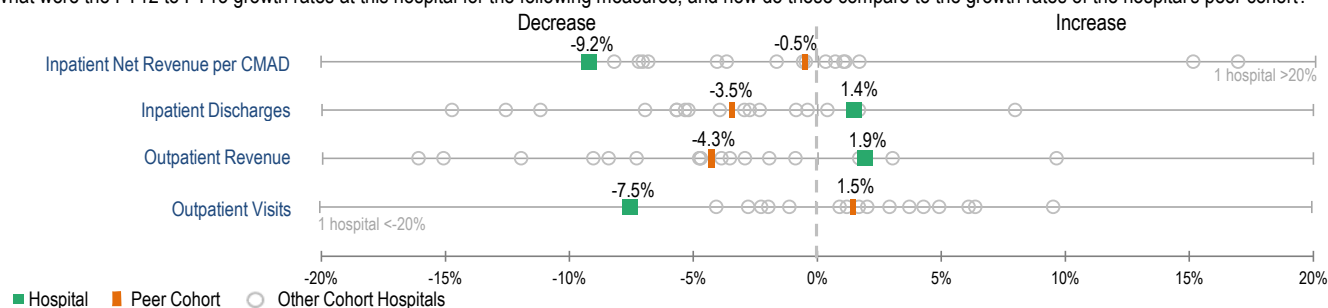
ADJUSTED[‡] COST PER DISCHARGE: \$8,873

INPATIENT:OUTPATIENT REVENUE in FY13: 37%:63%

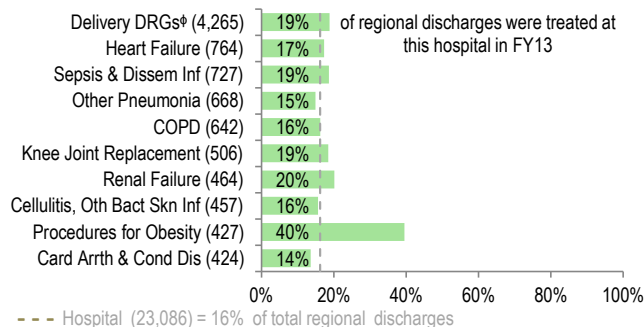
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

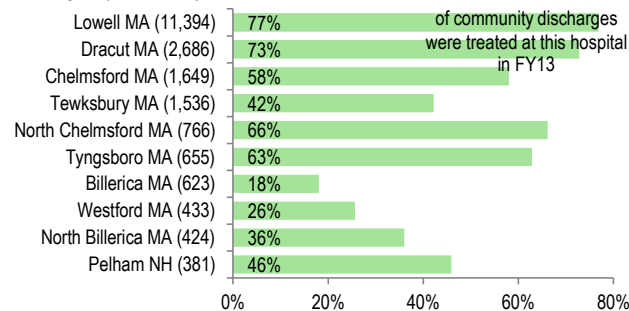
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

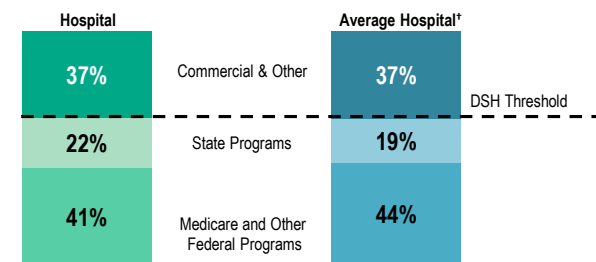
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

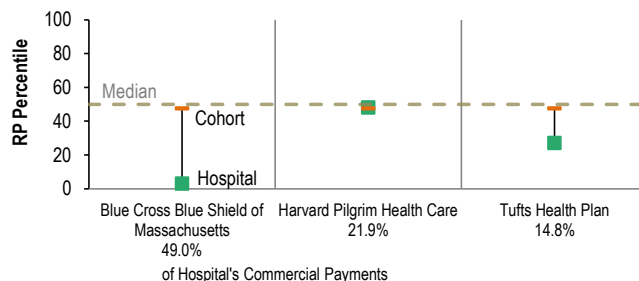
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

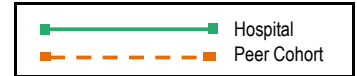
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

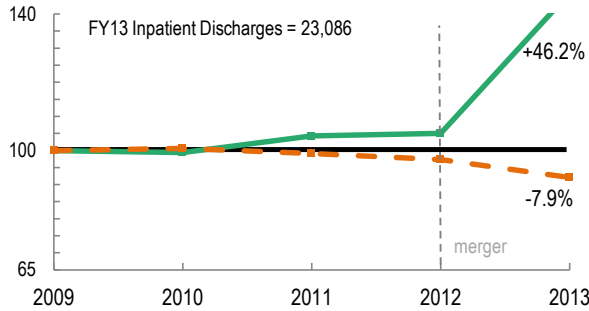
2013 Hospital Profile: **LOWELL GENERAL HOSPITAL**

Cohort: Community Hospital

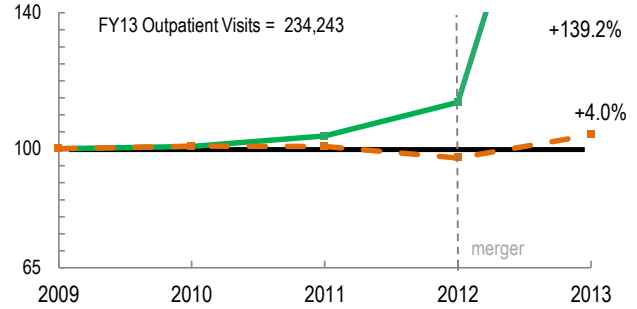


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

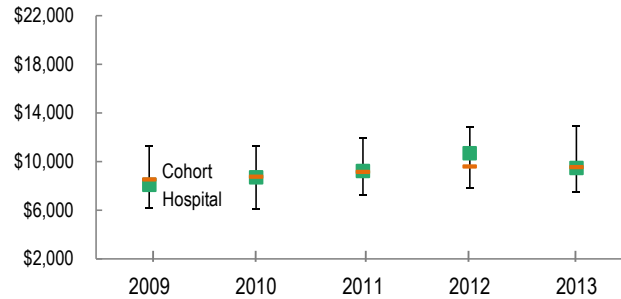


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



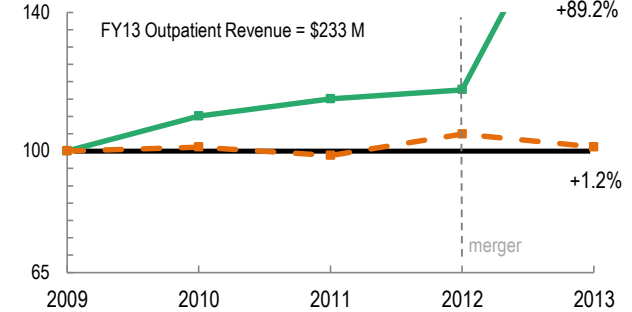
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$9,465 | Full Cost per CMAD = \$9,123

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

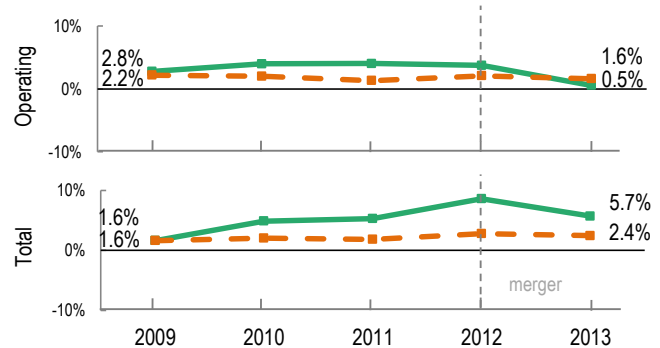


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$215	\$217	(\$2)	\$211	\$3.5
2010	\$238	\$236	\$2	\$226	\$11.6
2011	\$258	\$255	\$3	\$244	\$13.6
2012	\$333	\$317	\$16	\$304	\$28.7
2013	\$427	\$405	\$22	\$402	\$24.3

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) 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).

† Costs were adjusted to exclude direct medical education costs and physician compensation.

‡ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

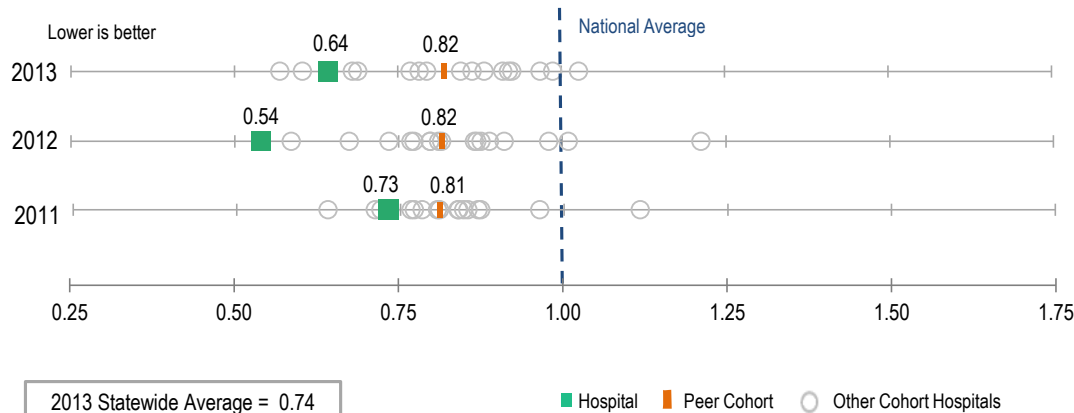
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

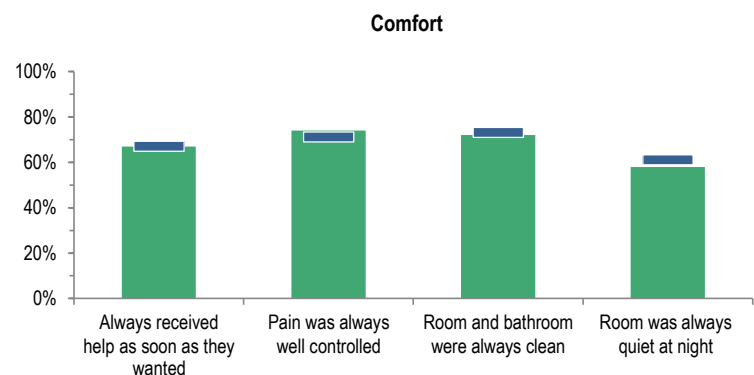
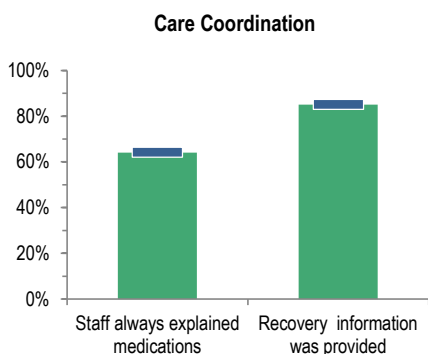
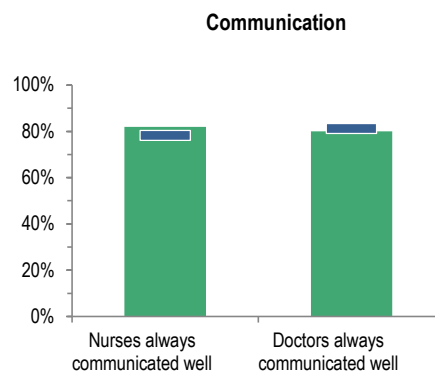
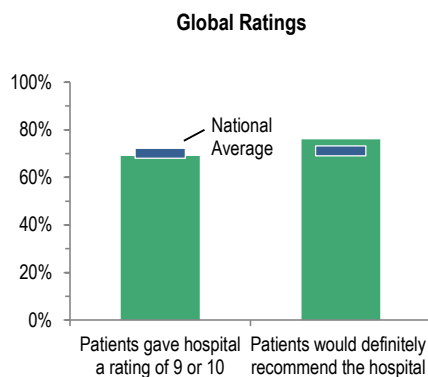
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

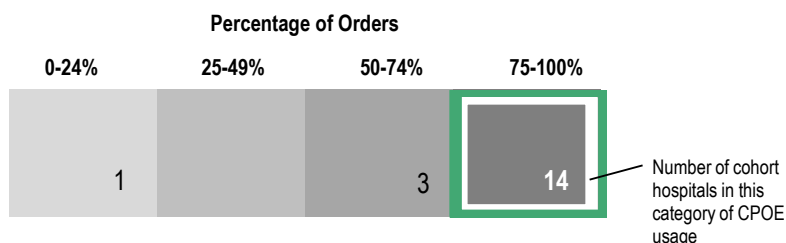
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 18 of 19 cohort hospitals responded to this survey

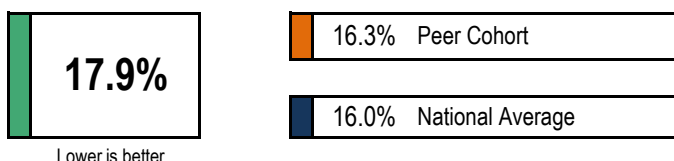
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

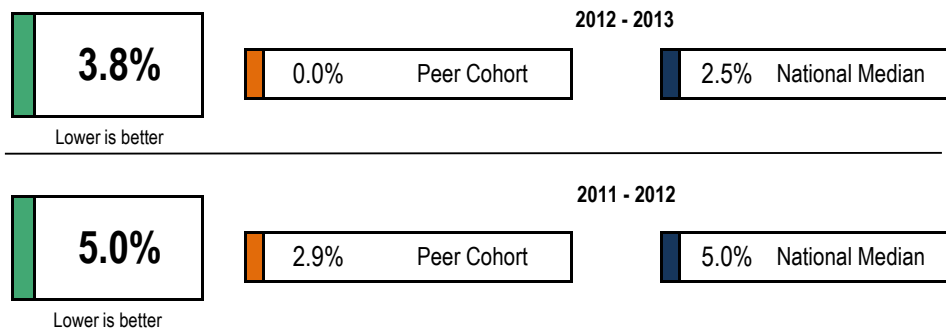
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

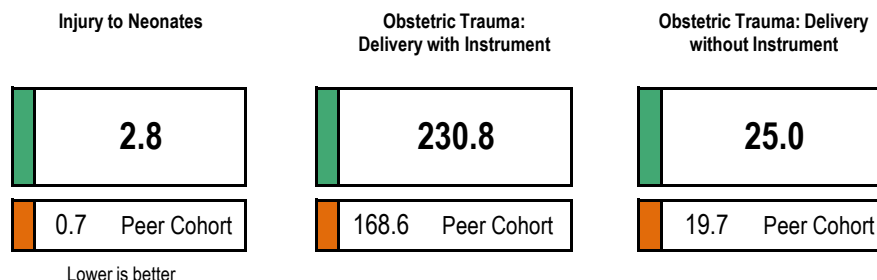
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



MetroWest Medical Center is a for-profit community hospital located in the Metro West region. It is among the larger acute hospitals in Massachusetts. Along with Saint Vincent Hospital, MetroWest Medical Center was bought by Tenet Healthcare Corporation in 2013. Between FY09 and FY13, MetroWest Medical Center's inpatient discharges decreased by 17.4%, compared with a median decrease of 7.9% among cohort hospitals. Outpatient visits increased by 12.8% during that period, compared with a median increase of 4.0% in its peer cohort. MetroWest operated at a loss each year from FY09 to FY13, and had a total margin of -0.5% in FY13, compared with a median total margin of 2.4% in its cohort.

AT A GLANCE

TOTAL STAFFED BEDS: 284, among the larger acute hospitals

% OCCUPANCY: 53%, < cohort avg. (62%)

CASE MIX INDEX in FY13: 0.92, > cohort avg. (0.79); > statewide (0.89)

INPATIENT DISCHARGES in FY13: 12,853

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 61,747

PUBLIC PAYER MIX: 58% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: Not Applicable

CY13 COMMERCIAL PAYER PRICE LEVEL: 44th Percentile

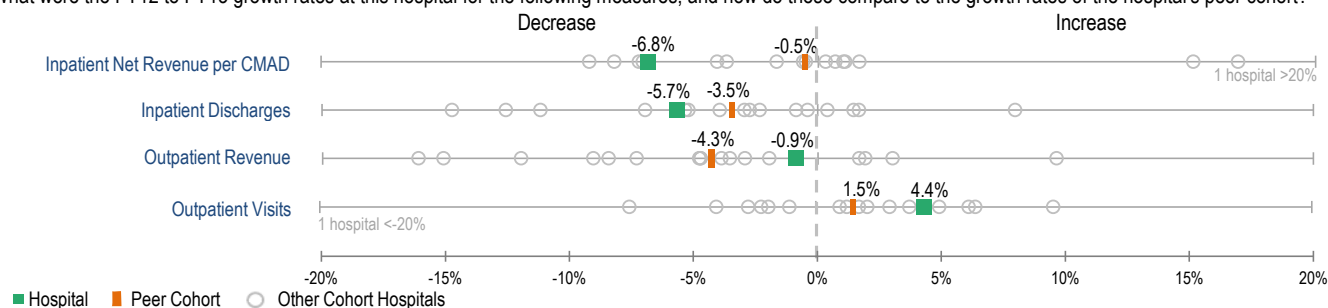
ADJUSTED[‡] COST PER DISCHARGE: \$9,482

INPATIENT:OUTPATIENT REVENUE in FY13: 32%:68%

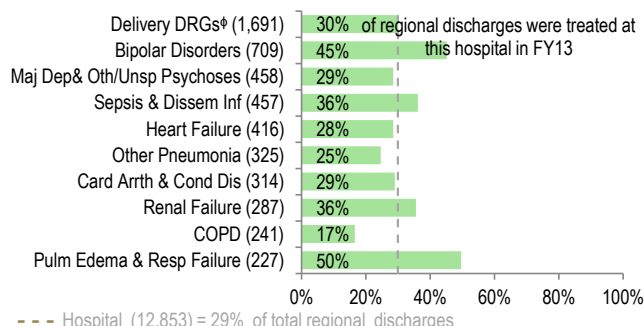
CHANGE IN OWNERSHIP (FY09-FY13): Tenet Healthcare - 2013

GROWTH MEASURES

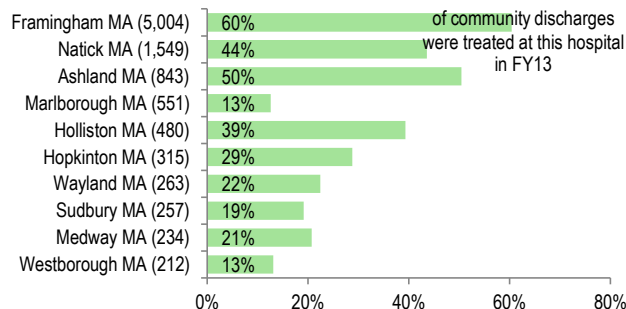
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

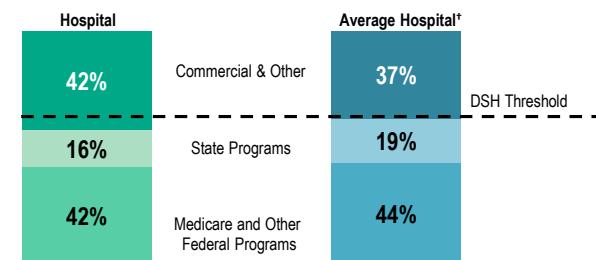
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

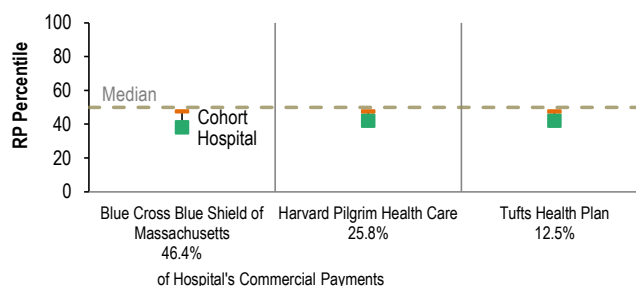
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

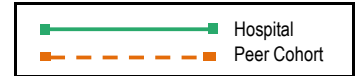
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

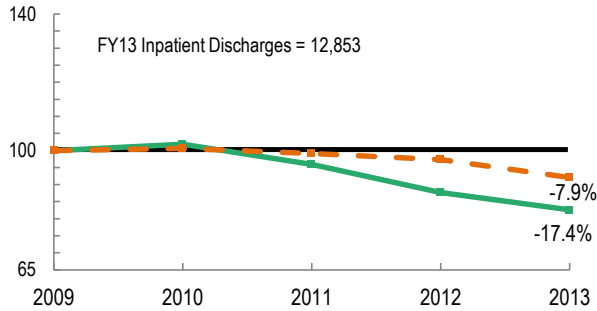
2013 Hospital Profile: METROWEST MEDICAL CENTER

Cohort: Community Hospital

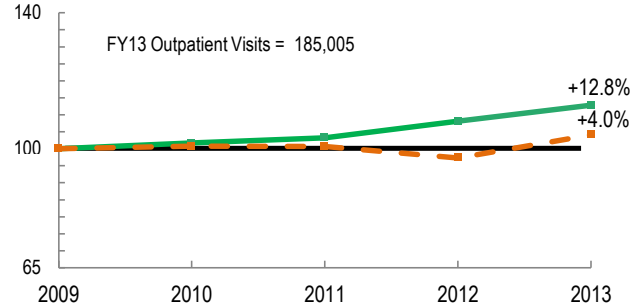


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

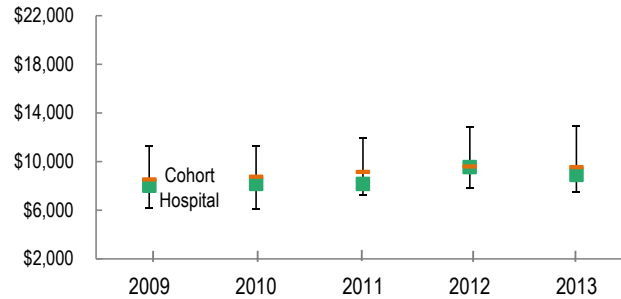


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

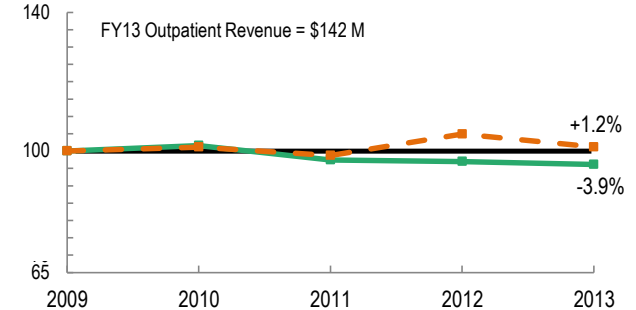


PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

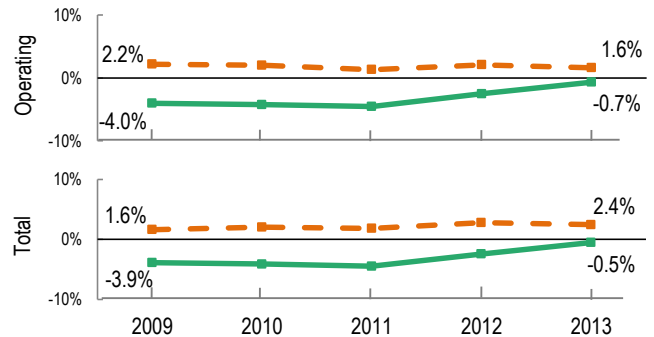


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$248	\$247	\$0	\$257	(\$9.6)
2010	\$258	\$258	\$0	\$269	(\$10.6)
2011	\$256	\$256	\$0	\$268	(\$11.4)
2012	\$259	\$259	\$0	\$266	(\$6.3)
2013	\$256	\$256	\$0	\$257	(\$1.4)

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

* Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

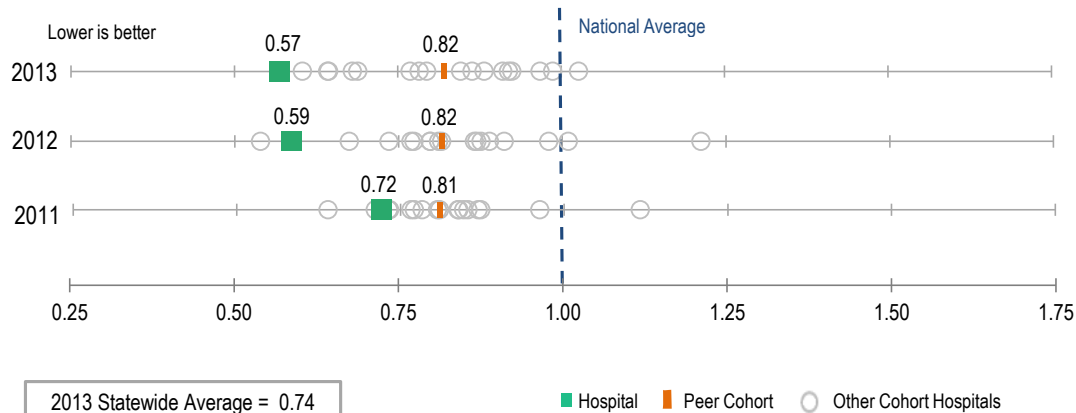
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

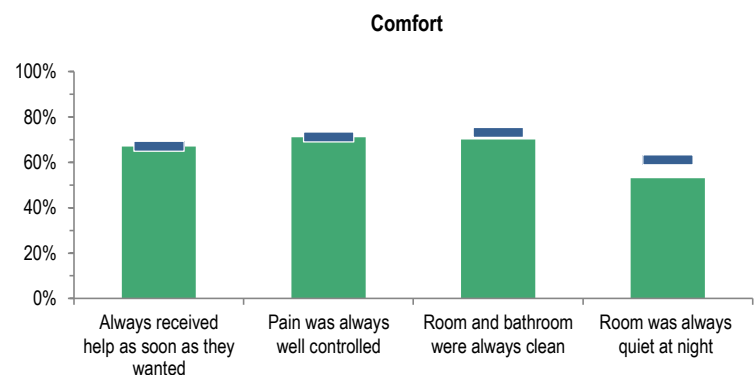
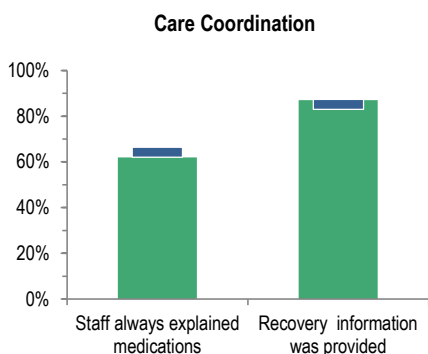
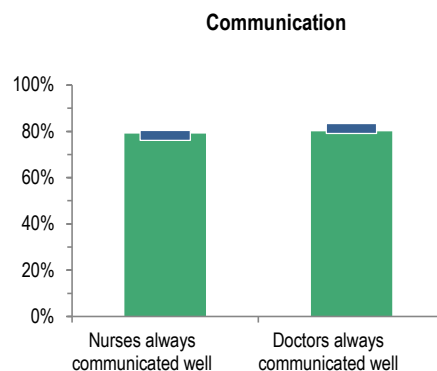
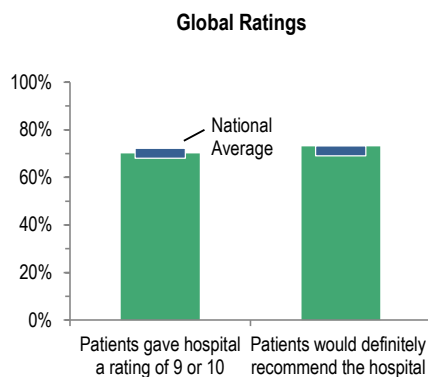
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

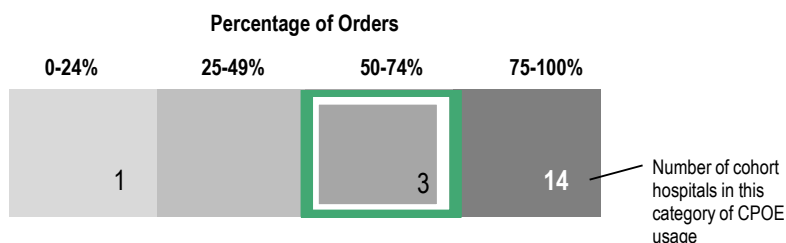
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 18 of 19 cohort hospitals responded to this survey

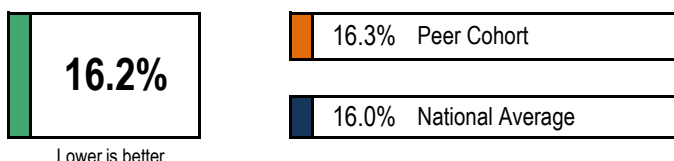
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

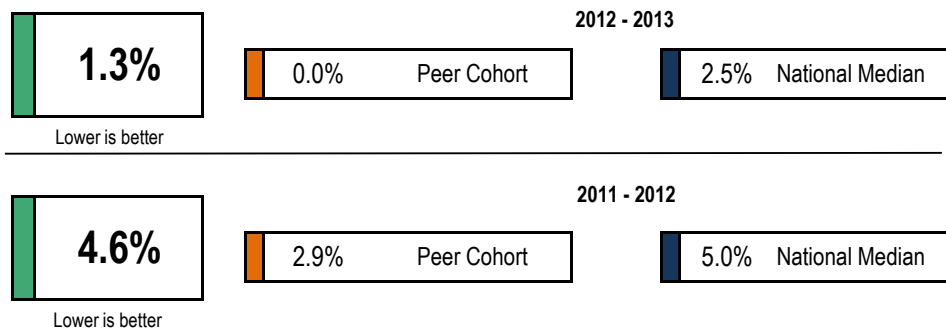
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

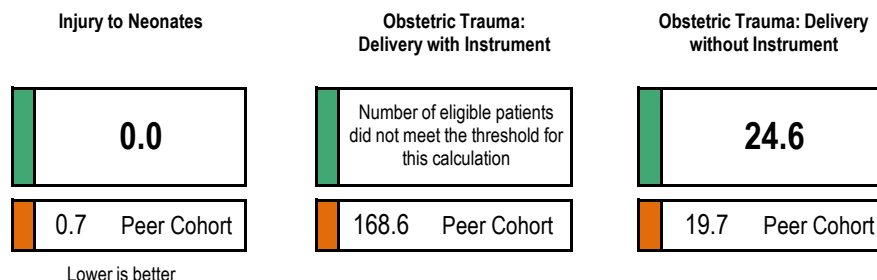
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

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2013 Hospital Profile:

MILFORD REGIONAL MEDICAL CENTERCommunity Hospital
Metro West

Milford Regional Medical Center is a mid-size, non-profit community hospital located in the Metro West region. Inpatient discharges decreased 3.2% at Milford Regional Hospital from FY09 to FY13, compared with a median 7.9% decrease among peer cohort hospitals. Outpatient visits decreased 39.9% at the hospital from FY09 to FY13, compared with a median increase of 4.0% at cohort hospitals. Milford Regional Hospital earned a profit each year in the five-year period, with a total margin of 4.8% in FY13, higher than the median of its peer cohort of 2.4%.

AT A GLANCE

TOTAL STAFFED BEDS: 136, mid-size acute hospital

% OCCUPANCY: 63%, > cohort avg. (62%)

CASE MIX INDEX in FY13: 0.77, < cohort avg. (0.79); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 8,673

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 55,289

PUBLIC PAYER MIX: 51% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: CHART^A, ICB^B

CY13 COMMERCIAL PAYER PRICE LEVEL: 46th Percentile

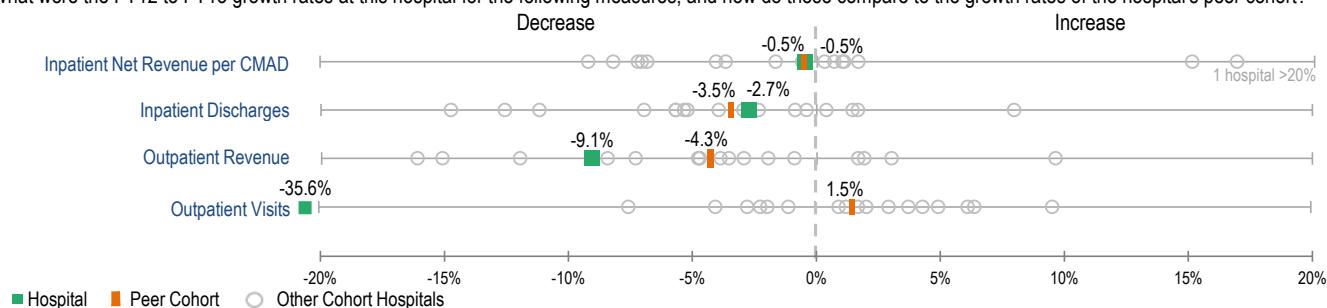
ADJUSTED[‡] COST PER DISCHARGE: \$9,097

INPATIENT:OUTPATIENT REVENUE in FY13: 27%:73%

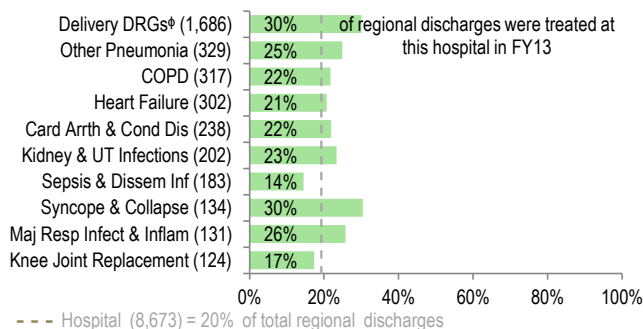
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

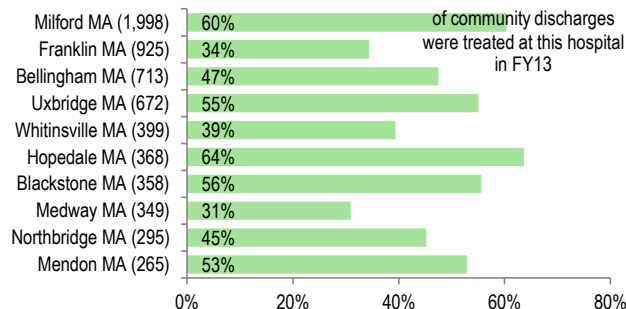
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

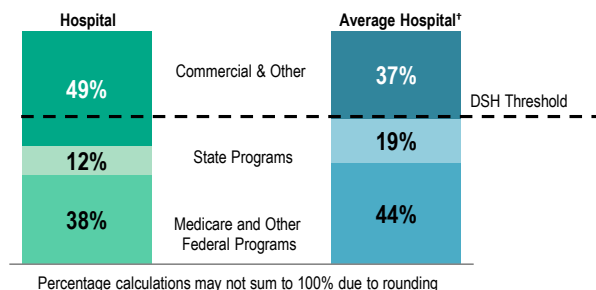
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

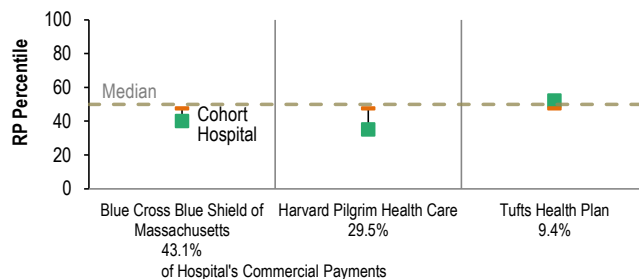
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



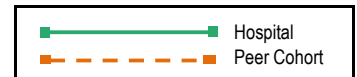
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

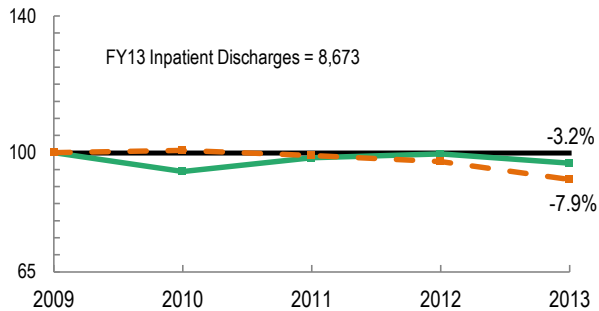
2013 Hospital Profile: MILFORD REGIONAL MEDICAL CENTER

Cohort: Community Hospital

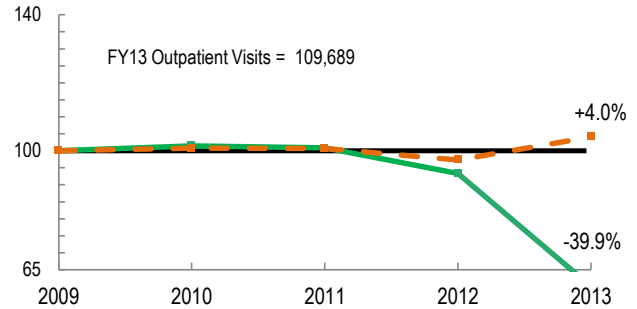


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

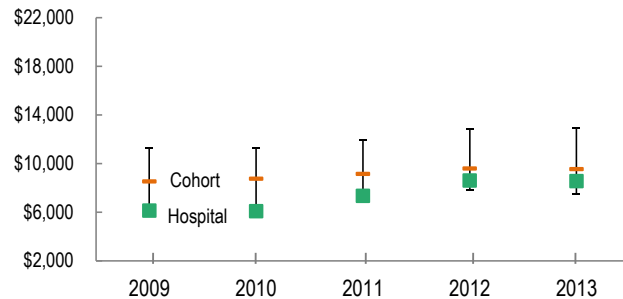


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



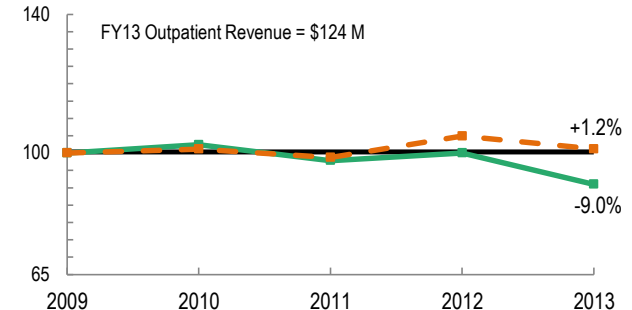
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$8,547 | Full Cost per CMAD = \$9,265

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

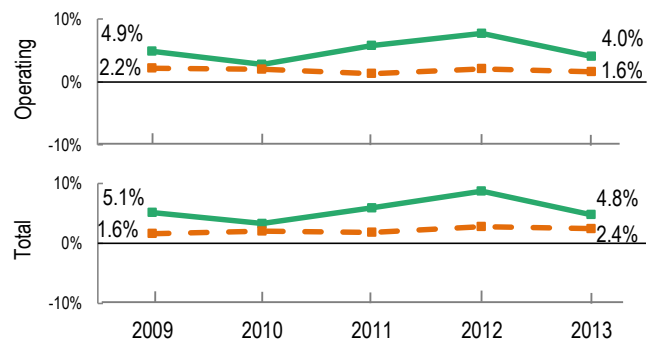


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$187	\$187	\$0	\$178	\$9.6
2010	\$190	\$189	\$1	\$183	\$6.2
2011	\$195	\$195	\$0	\$184	\$11.6
2012	\$198	\$196	\$2	\$181	\$17.2
2013	\$185	\$183	\$1	\$176	\$8.8

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

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

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

[†] Costs were adjusted to exclude direct medical education costs and physician compensation.

[‡] Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

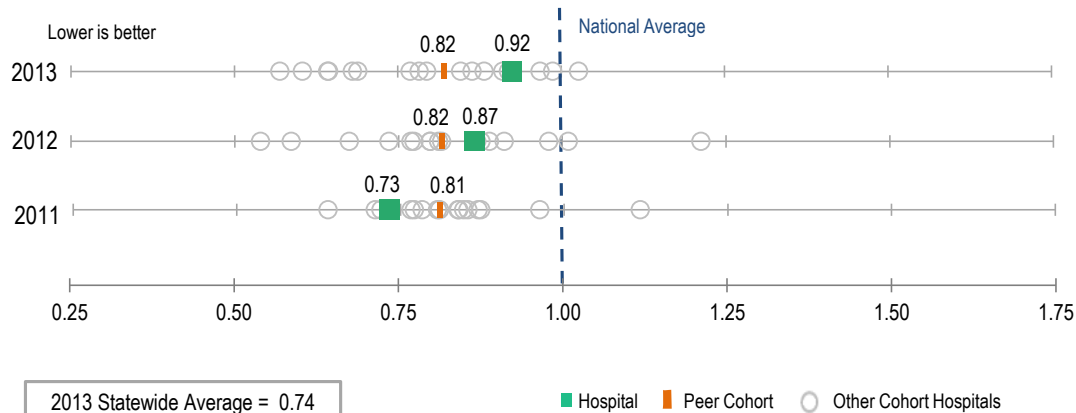
[†] Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

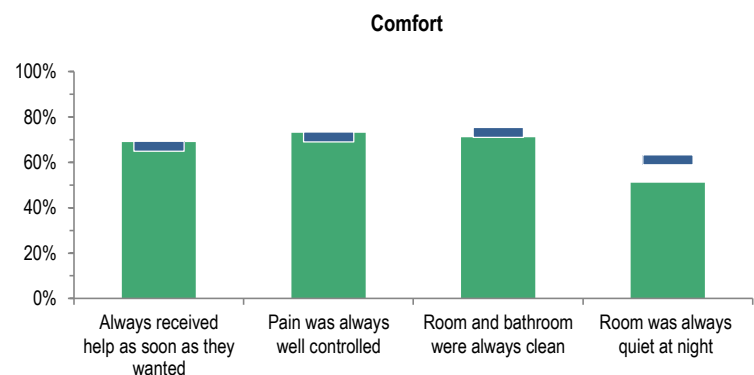
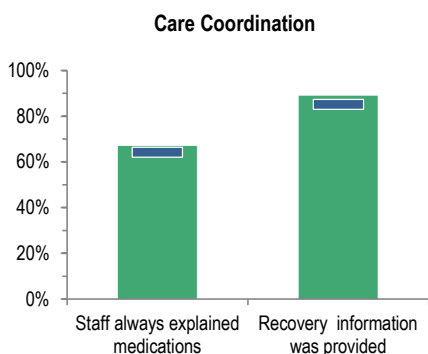
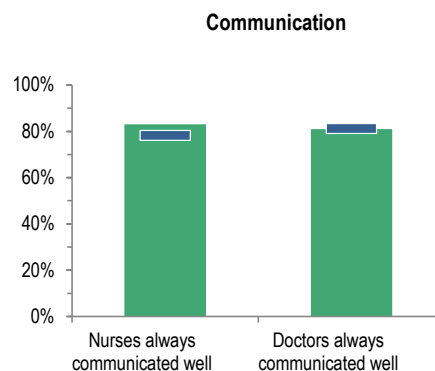
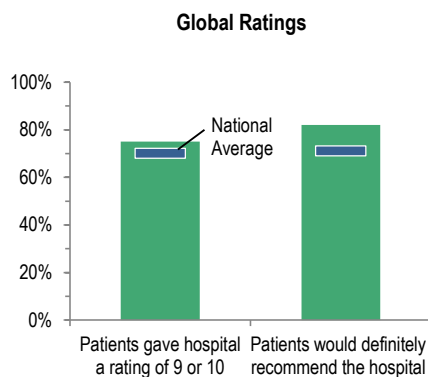
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

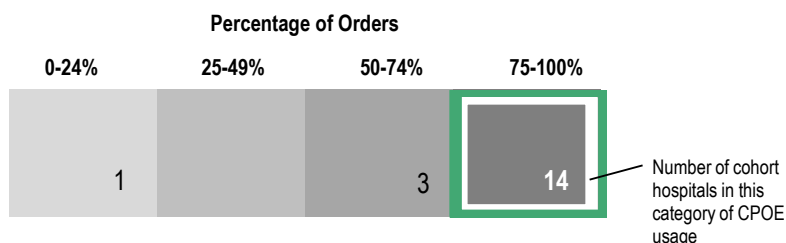
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 18 of 19 cohort hospitals responded to this survey

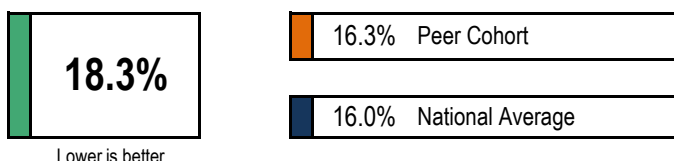
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

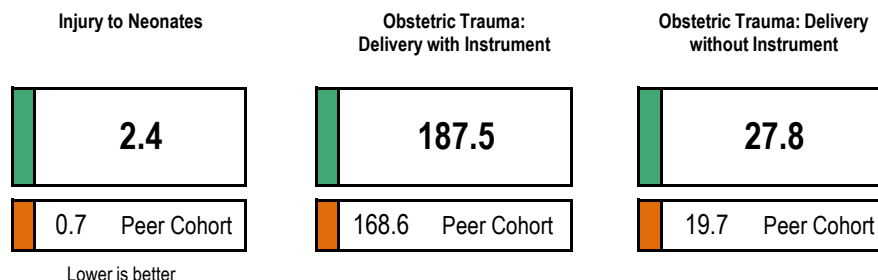
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



Nantucket Cottage Hospital is a non-profit community hospital located in the Cape and Islands region. Nantucket Cottage is the second smallest hospital in Massachusetts, with 19 staffed beds. It is a member of Partners HealthCare System. Outpatient visits decreased 37.8% from FY09 to FY13, compared to a median increase of 4.0% among cohort hospitals. While Nantucket Cottage Hospital reported a loss from FY09 to FY11, it earned a profit in FY12 and FY13, with a total margin of 1.4% in FY13. The median total margin in its peer cohort in FY13 was 2.4%.

AT A GLANCE

TOTAL STAFFED BEDS: 19, second smallest acute hospital

% OCCUPANCY: 31%, < cohort avg. (62%)

CASE MIX INDEX in FY13: 0.60, lowest in cohort (avg. 0.79); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 556

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 11,319

PUBLIC PAYER MIX: 49% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: Not Applicable

CY13 COMMERCIAL PAYER PRICE LEVEL: 91st Percentile

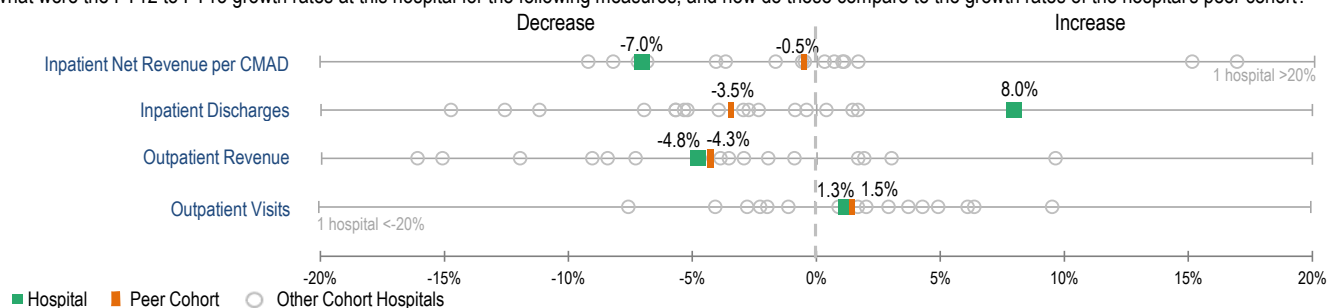
ADJUSTED[‡] COST PER DISCHARGE: \$21,902

INPATIENT:OUTPATIENT REVENUE in FY13: 10%:90%

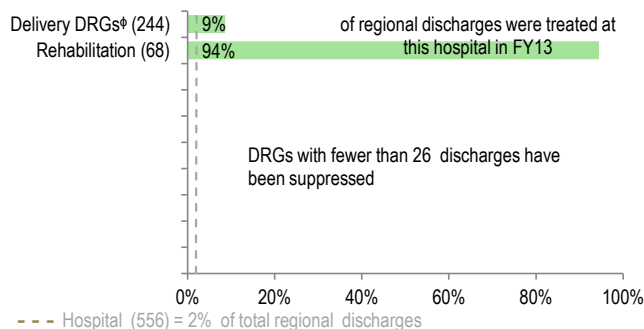
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

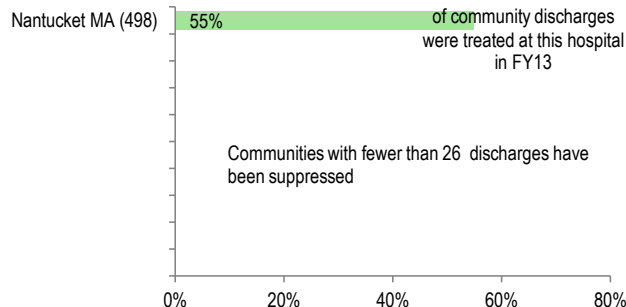
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

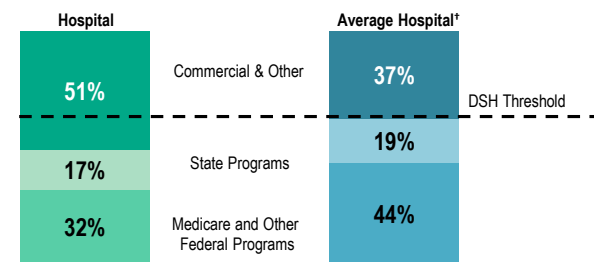
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

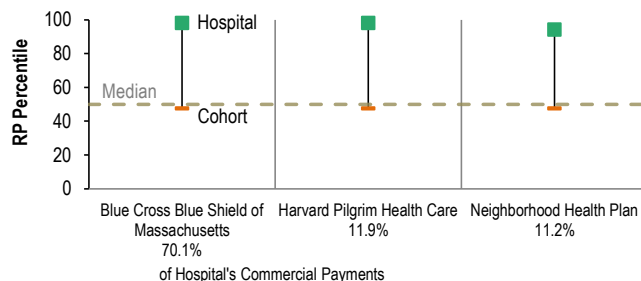
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



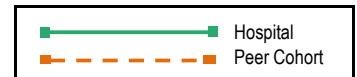
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

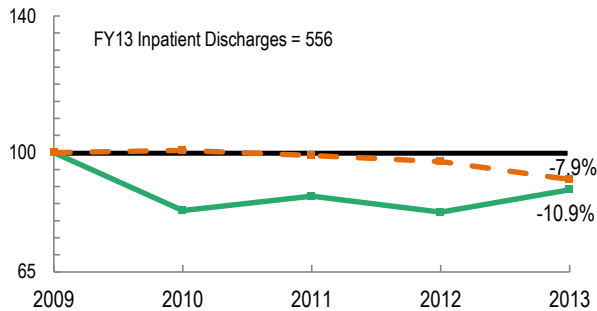
2013 Hospital Profile: NANTUCKET COTTAGE HOSPITAL

Cohort: Community Hospital

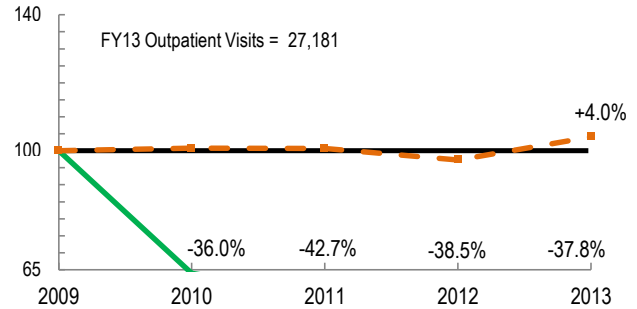


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

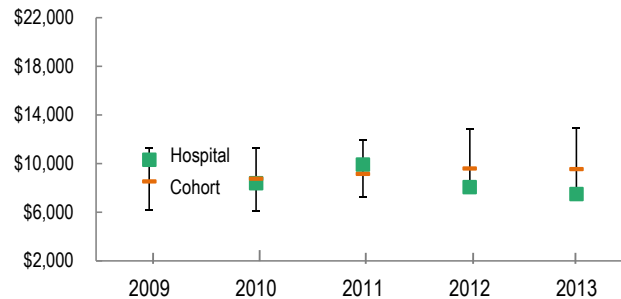


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



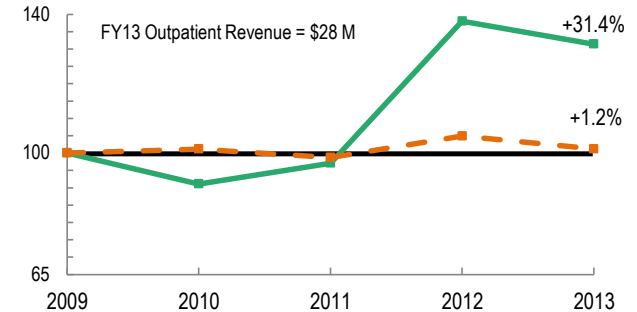
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$7,490 | Full Cost per CMAD = \$22,739

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

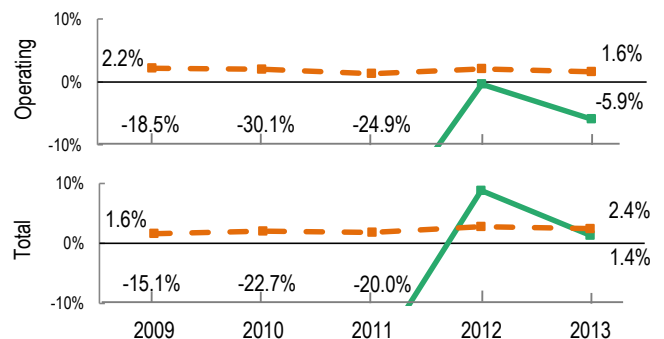


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$33	\$32	\$1	\$38	(\$5.0)
2010	\$30	\$27	\$2	\$36	(\$6.7)
2011	\$27	\$26	\$1	\$32	(\$5.4)
2012	\$37	\$33	\$3	\$33	\$3.2
2013	\$35	\$32	\$3	\$35	\$0.5

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

‡ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

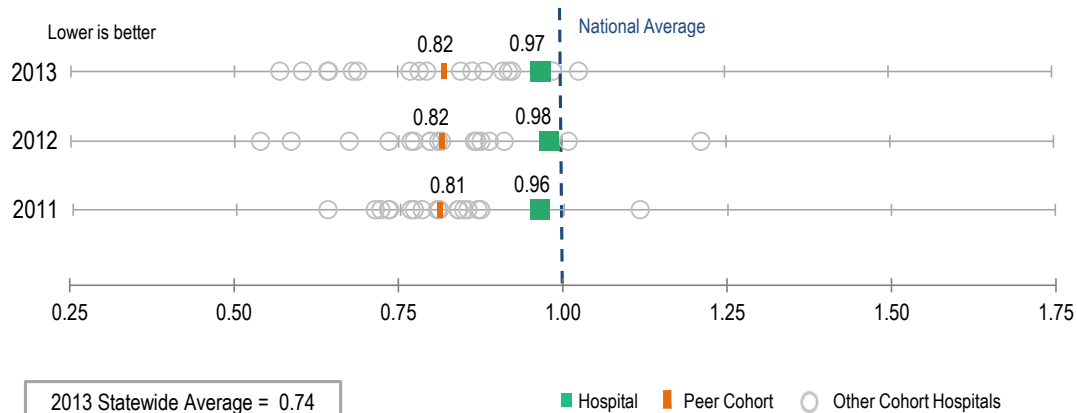
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

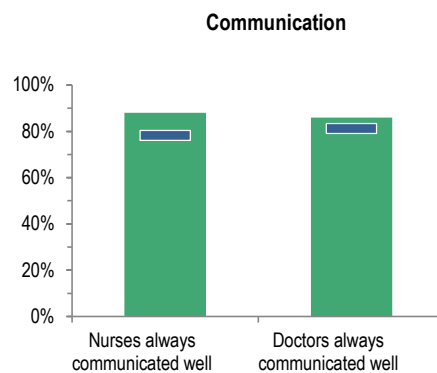
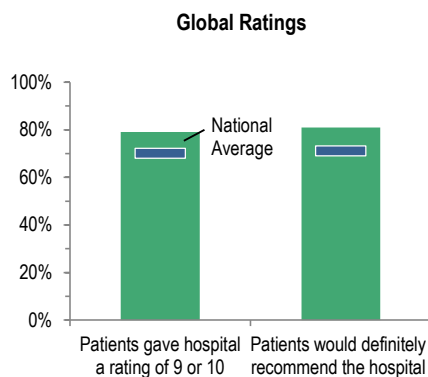
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



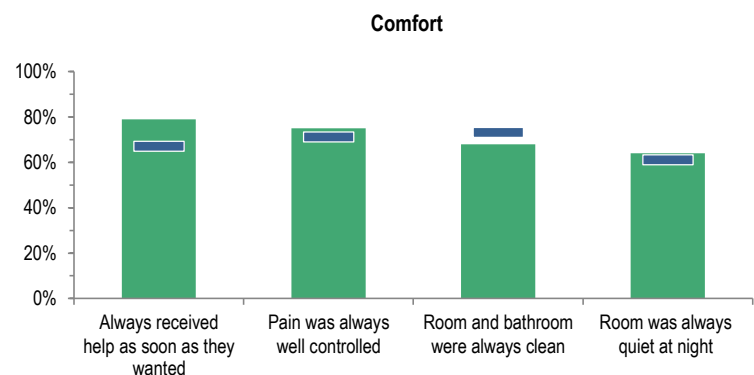
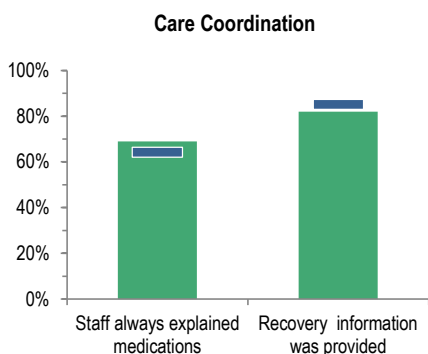
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

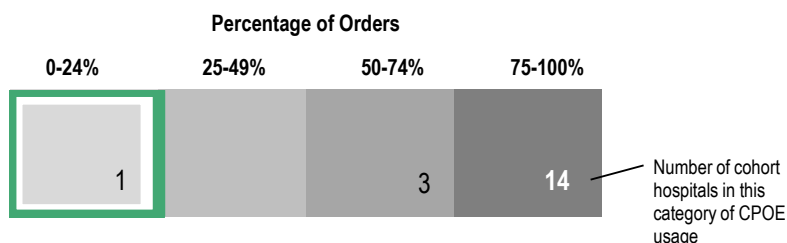
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.⁸

Population: 18 of 19 cohort hospitals responded to this survey

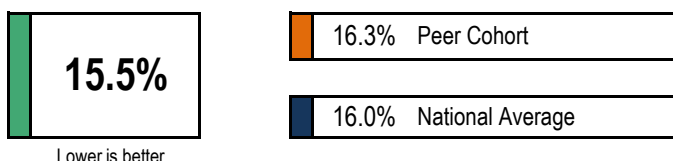
Score: Higher is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national median?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

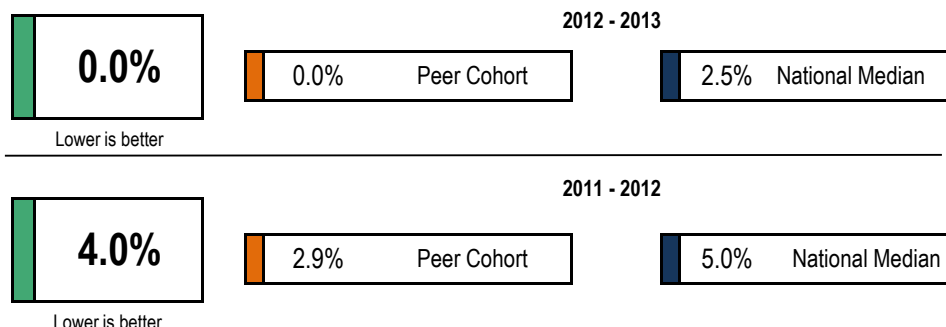
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

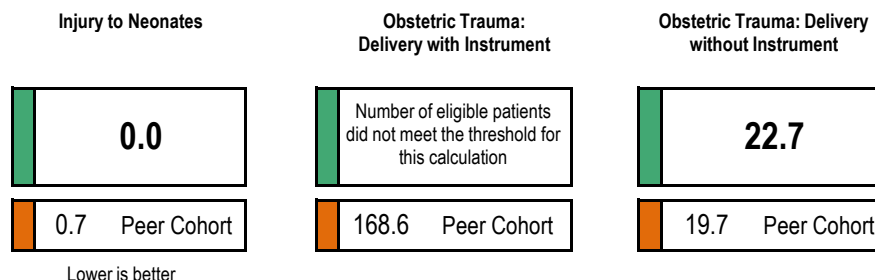
Score: Lower is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

⁸ Hospital did not submit an assessment of the CPOE system's error-checking capabilities.

^A Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



Nashoba Valley Medical Center is a small, for-profit community hospital located in the Northeastern Massachusetts region. It is a member of Steward Health Care System. Inpatient discharges at the hospital increased 2.2% from FY09 to FY13, compared to a median decrease of 7.9% among peer cohort hospitals. Nashoba Valley Medical Center had 62.8% fewer outpatient visits in FY13 than in FY09, compared to a median increase of 4.0% in its peer cohort. The hospital earned a profit in FY09 and FY13 during the five-year period, with a 0.3% total margin in FY13, lower than the median performance of cohort hospitals of 2.4%.

AT A GLANCE

TOTAL STAFFED BEDS: 26, among the smallest acute hospitals

% OCCUPANCY: 60%, < cohort avg. (62%)

CASE MIX INDEX in FY13: 0.75, < cohort avg. (0.79); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 1,829

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 15,530

PUBLIC PAYER MIX: 56% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: ICB⁹

CY13 COMMERCIAL PAYER PRICE LEVEL: 45th Percentile

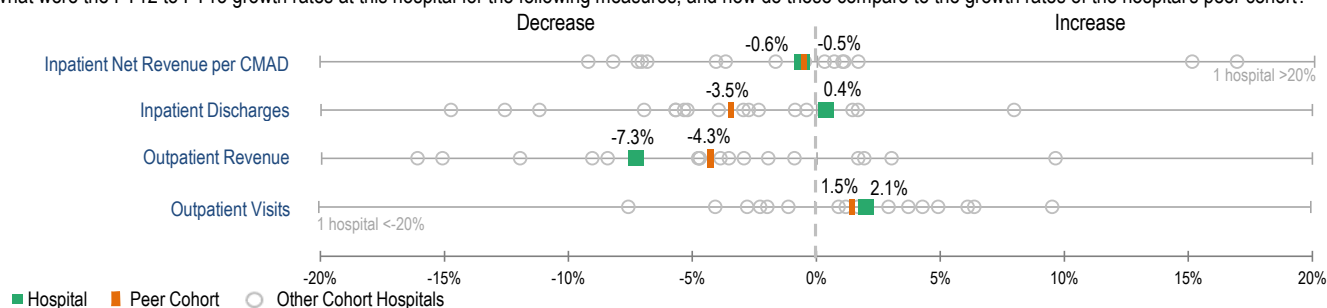
ADJUSTED[‡] COST PER DISCHARGE: \$7,157

INPATIENT:OUTPATIENT REVENUE in FY13: 17%:83%

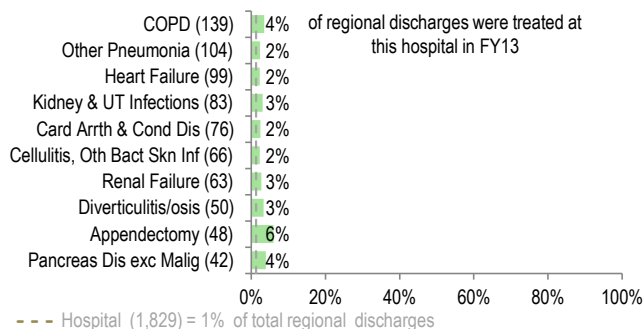
CHANGE IN OWNERSHIP (FY09-FY13): Steward Health Care - 2011

GROWTH MEASURES

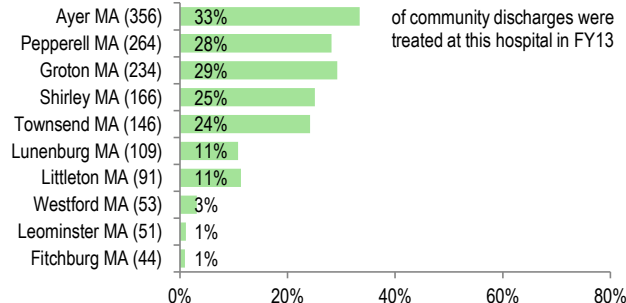
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

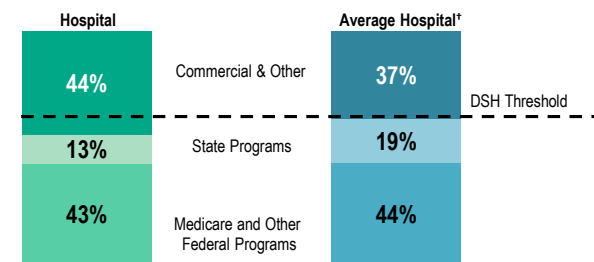
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

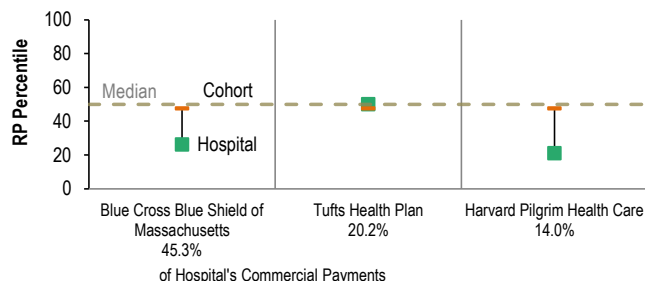
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

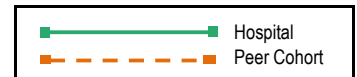
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

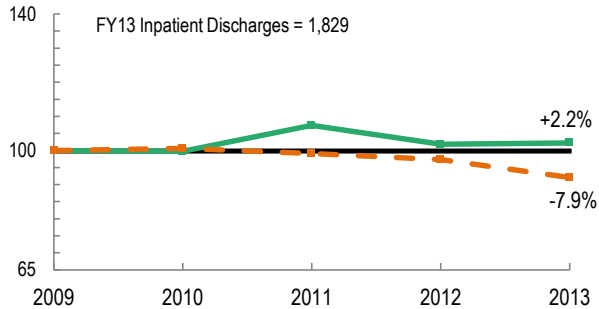
2013 Hospital Profile: NASHOBA VALLEY MEDICAL CENTER

Cohort: Community Hospital

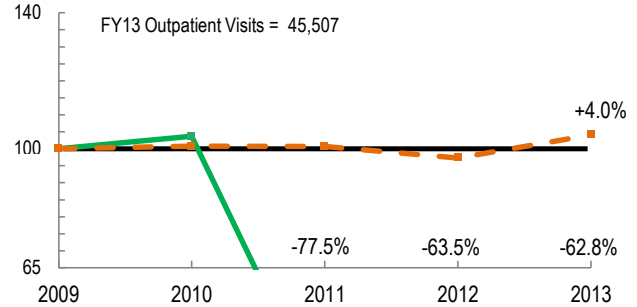


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

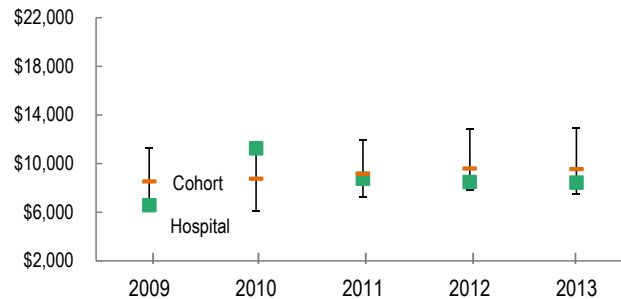


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

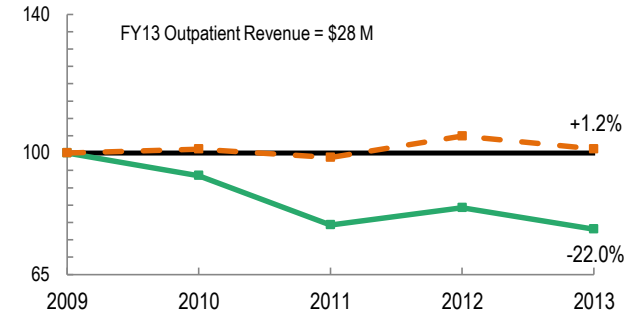


PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

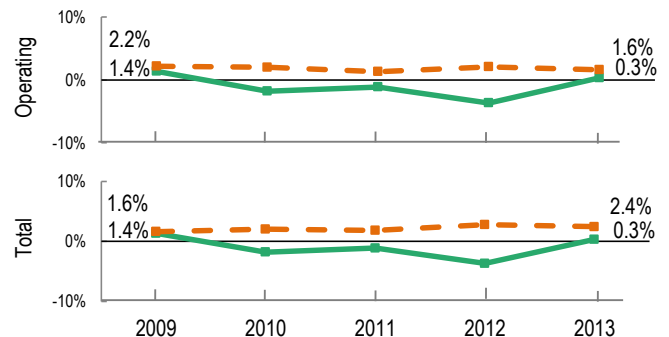


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$45	\$45	\$0	\$44	\$0.6
2010	\$45	\$45	\$0	\$46	(\$0.8)
2011	\$17	\$17	\$0	\$17	(\$0.2)
2012	\$44	\$44	\$0	\$46	(\$1.6)
2013	\$40	\$40	\$0	\$40	\$0.1

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

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

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

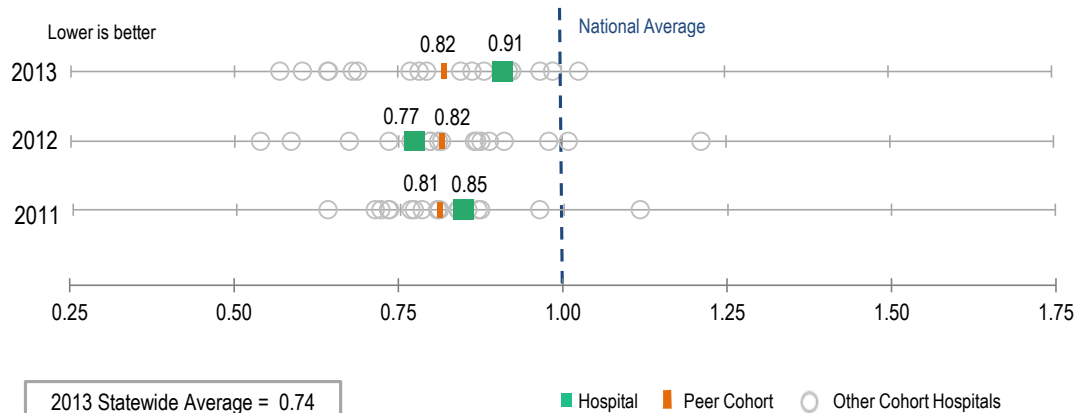
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

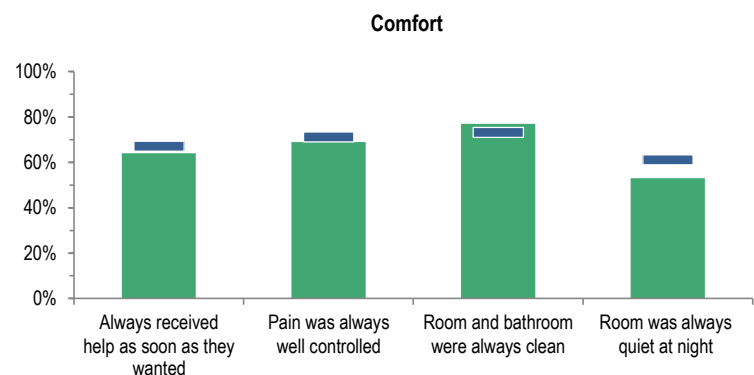
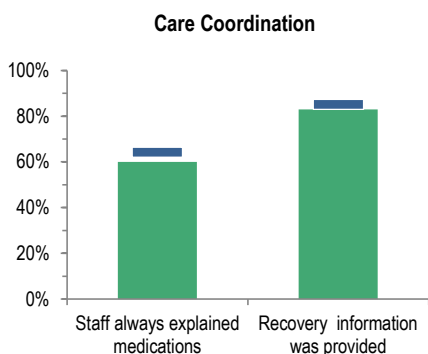
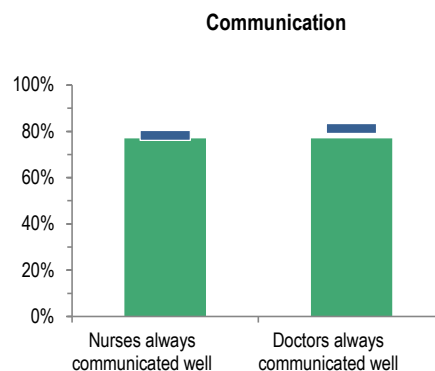
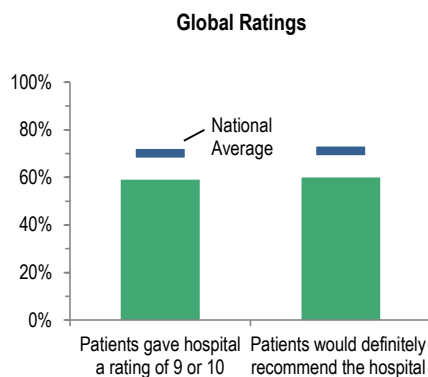
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

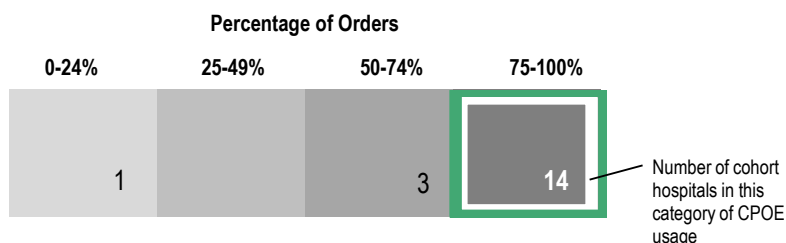
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 18 of 19 cohort hospitals responded to this survey

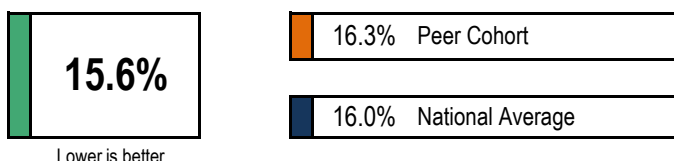
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile: NEWTON-WELLESLEY HOSPITAL

Newton, MA
Partners HealthCare System
Community Hospital
Metro Boston

Newton-Wellesley Hospital is a non-profit community hospital located in the Metro Boston region. It is among the larger acute hospitals in Massachusetts and a member of Partners HealthCare System. Inpatient discharges at Newton-Wellesley increased 6.1% from FY09 to FY13, compared to a median decrease of 7.9% in its peer cohort. Newton-Wellesley's outpatient visits increased 14.3% between FY09 and FY13, higher than the median increase of 4.0% among cohort hospitals. Newton-Wellesley was profitable each year in the five-year period, with its operating and total margins higher than the median performance in its peer cohort.

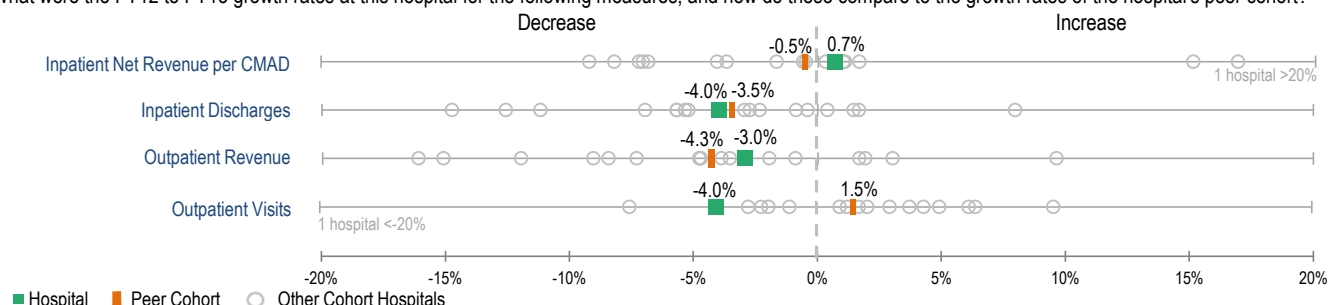
AT A GLANCE

TOTAL STAFFED BEDS: 280, among the larger acute hospitals
% OCCUPANCY: 72%, > cohort avg. (62%)
CASE MIX INDEX in FY13: 0.73, < cohort avg. (0.79); < statewide (0.89)
INPATIENT DISCHARGES in FY13: 19,524
TRAUMA CENTER DESIGNATION: Not Applicable
EMERGENCY DEPT VISITS in FY13: 55,472

PUBLIC PAYER MIX: 38% (Non-DSH* Hospital)
SPECIAL PUBLIC FUNDING: Not Applicable
CY13 COMMERCIAL PAYER PRICE LEVEL: 67th Percentile
ADJUSTED[‡] COST PER DISCHARGE: \$11,716
INPATIENT:OUTPATIENT REVENUE in FY13: 34%:66%
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

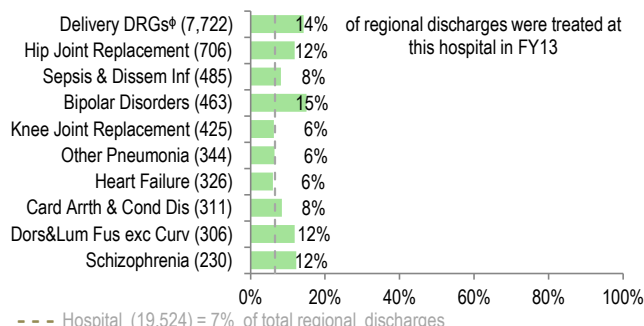
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

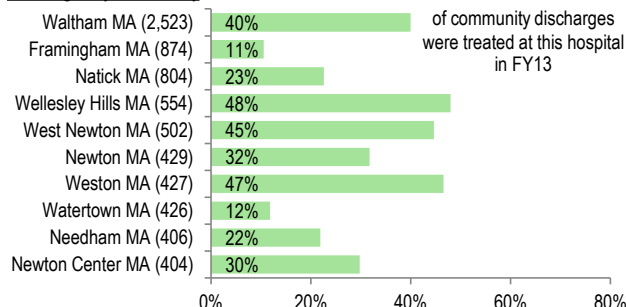
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



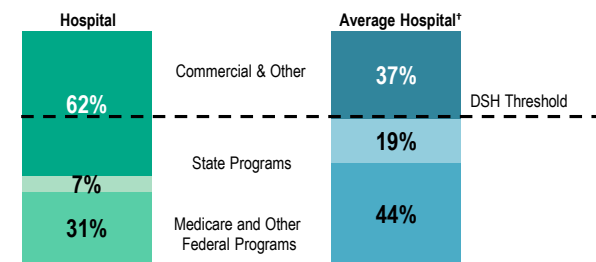
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



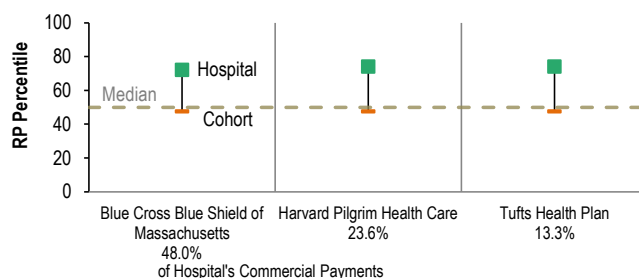
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

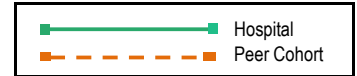
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

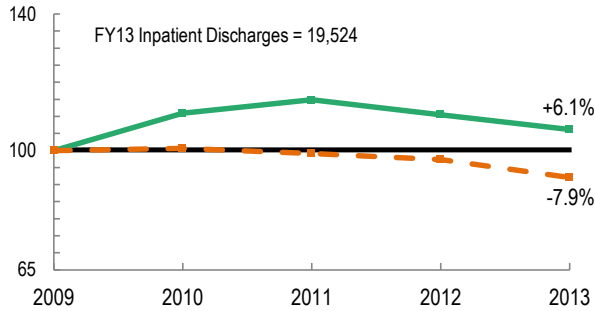
2013 Hospital Profile: NEWTON-WELLESLEY HOSPITAL

Cohort: Community Hospital

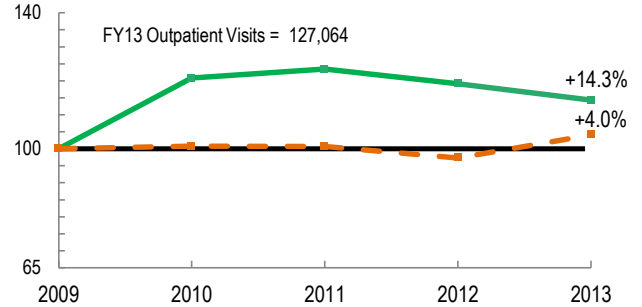


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

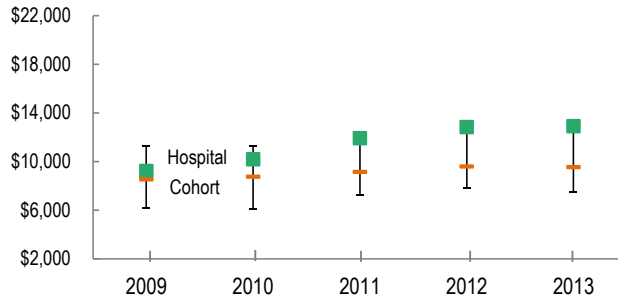


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



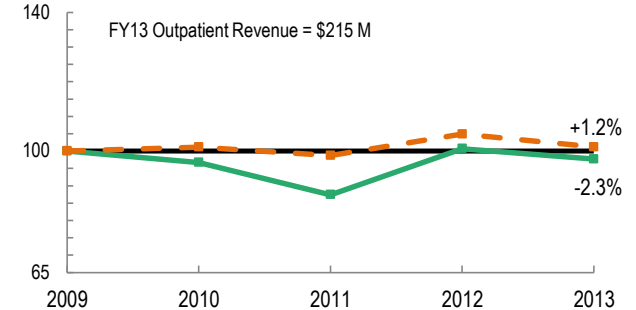
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$12,902 | Full Cost per CMAD = \$12,345

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

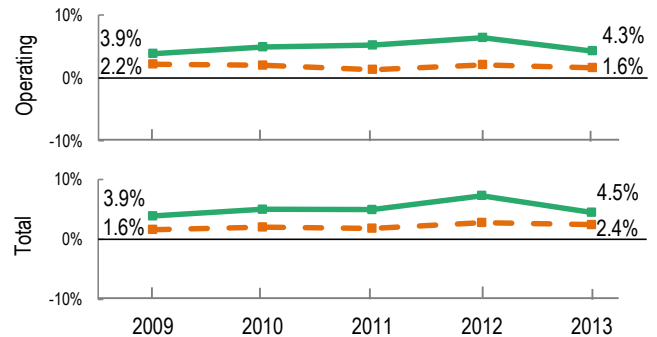


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$360	\$360	\$0	\$346	\$14.1
2010	\$385	\$384	\$0	\$365	\$19.3
2011	\$397	\$398	(\$1)	\$377	\$19.6
2012	\$429	\$426	\$4	\$398	\$31.2
2013	\$417	\$416	\$1	\$398	\$18.8

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

‡ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

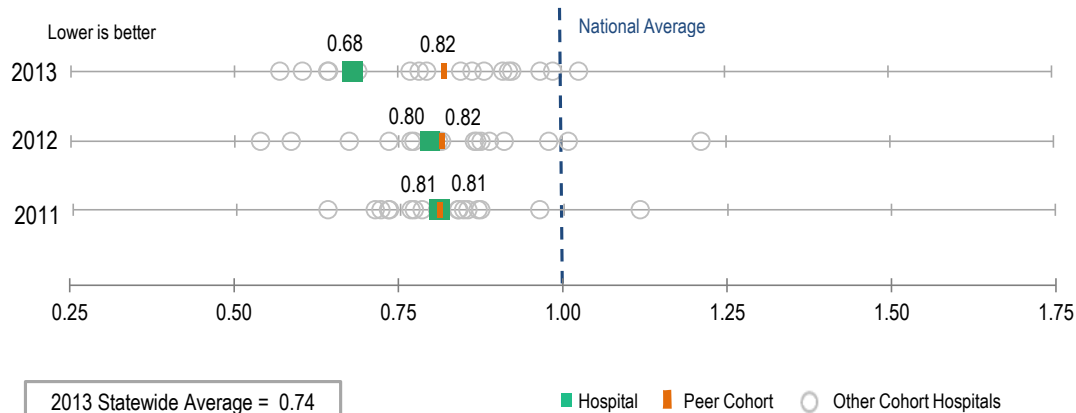
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

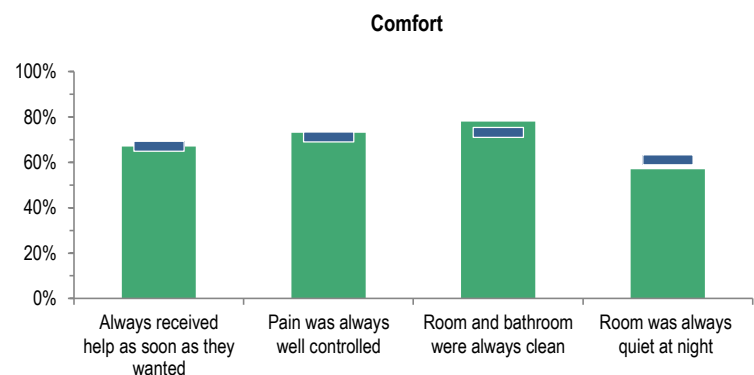
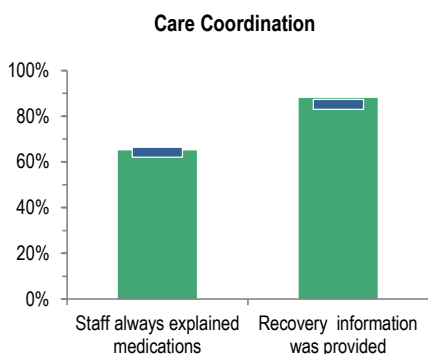
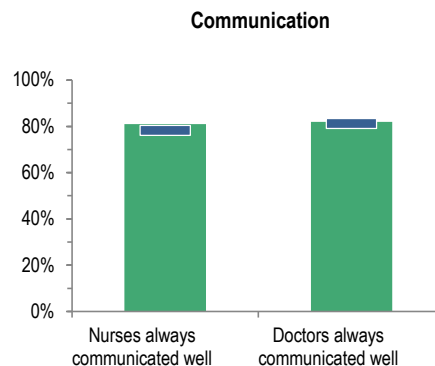
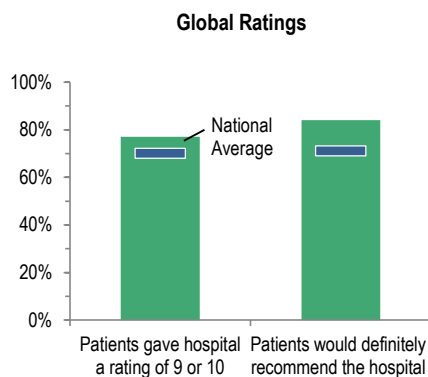
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

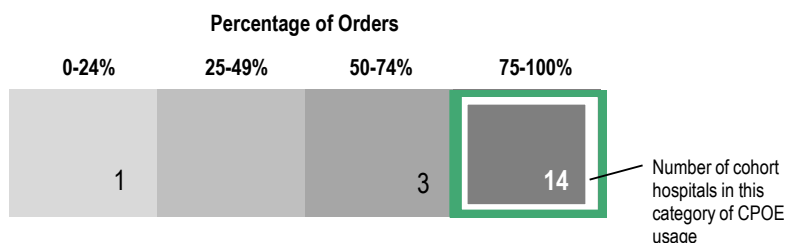
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 18 of 19 cohort hospitals responded to this survey

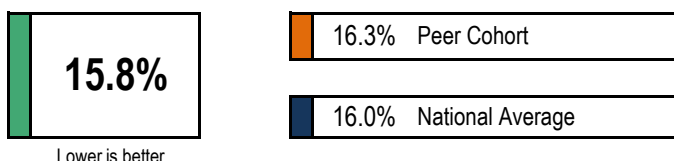
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

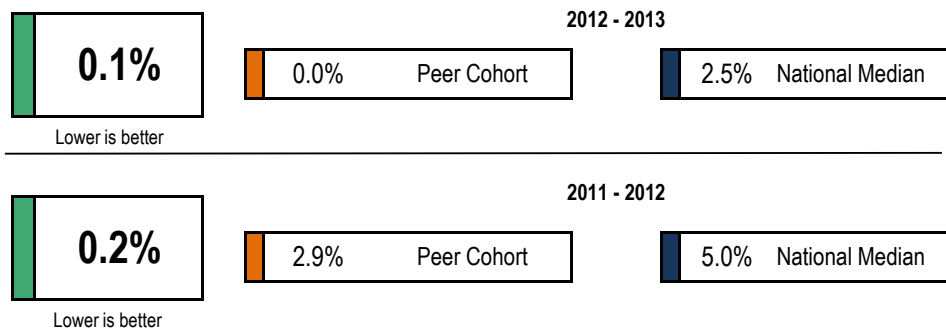
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

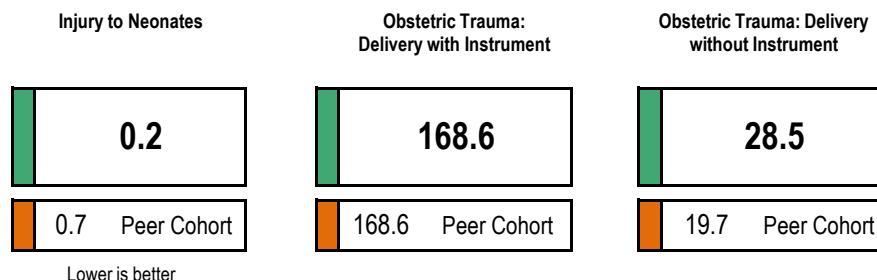
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile: NORTHEAST HOSPITAL

Beverly, MA & Gloucester, MA
Lahey Health System
Community Hospital
Northeastern Massachusetts

Northeast Hospital, which includes Addison Gilbert Hospital and Beverly Hospital campuses, is a non-profit community hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts. Northeast Hospital and Lahey Clinic formed Lahey Health System in 2012, which then joined with Winchester Hospital in 2014. Northeast Hospital earned a profit each year from FY09 to FY13, with a total margin of 5.8%, higher than the 2.4% median total margin among cohort hospitals.

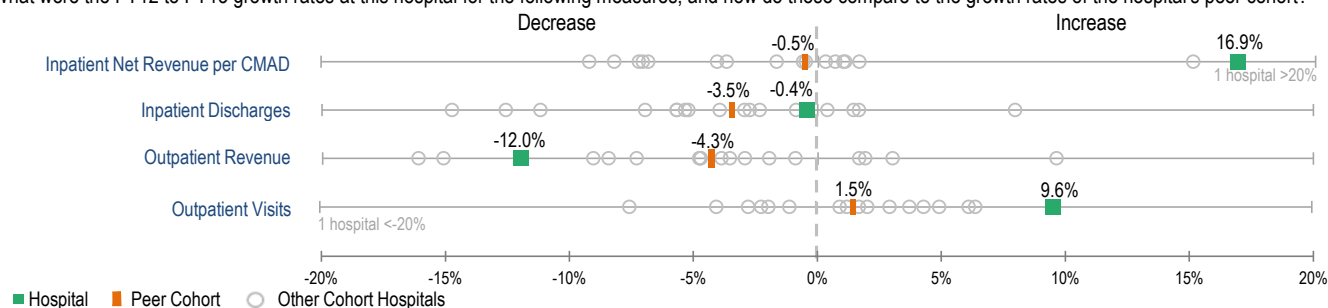
AT A GLANCE

TOTAL STAFFED BEDS: 404, among the larger acute hospitals
% OCCUPANCY: 64%, > cohort avg. (62%)
CASE MIX INDEX in FY13: 0.77, < cohort avg. (0.79); < statewide (0.89)
INPATIENT DISCHARGES in FY13: 21,005
TRAUMA CENTER DESIGNATION: Adult: Level 3
EMERGENCY DEPT VISITS in FY13: 63,652

PUBLIC PAYER MIX: 60% (Non-DSH* Hospital)
SPECIAL PUBLIC FUNDING: CHART^A, ICB^B
CY13 COMMERCIAL PAYER PRICE LEVEL: 39th Percentile
ADJUSTED[‡] COST PER DISCHARGE: \$9,116
INPATIENT:OUTPATIENT REVENUE in FY13: 36%:64%
CHANGE IN OWNERSHIP (FY09-FY13): Lahey Health System - 2012

GROWTH MEASURES

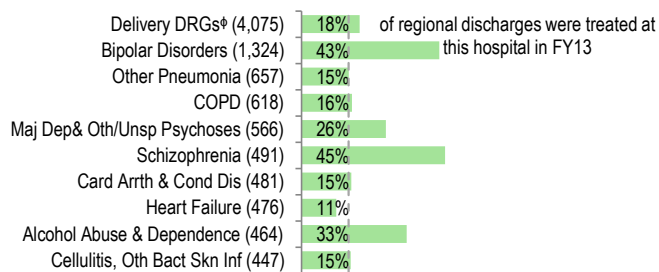
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

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

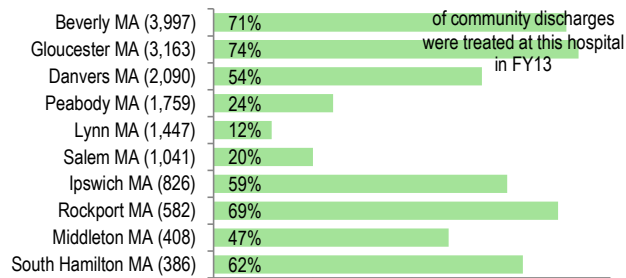
Discharges by DRG



--- Hospital (21,005) = 15% of total regional discharges

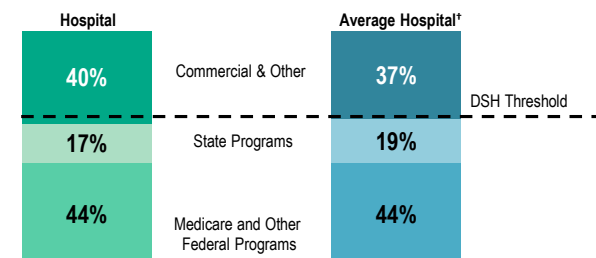
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



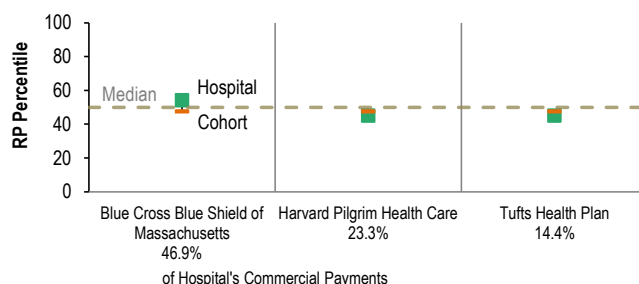
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

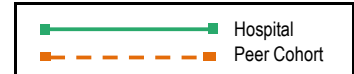
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

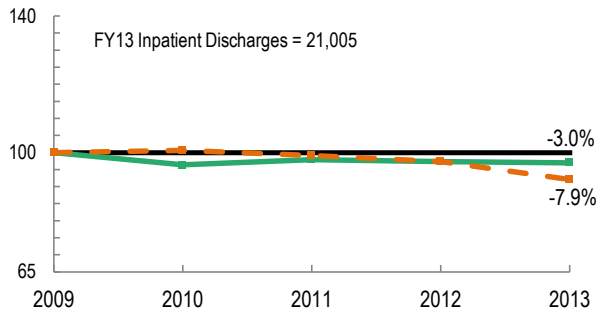
2013 Hospital Profile: **NORTHEAST HOSPITAL**

Cohort: Community Hospital

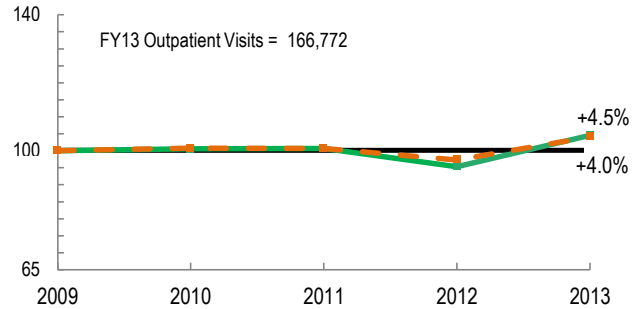


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

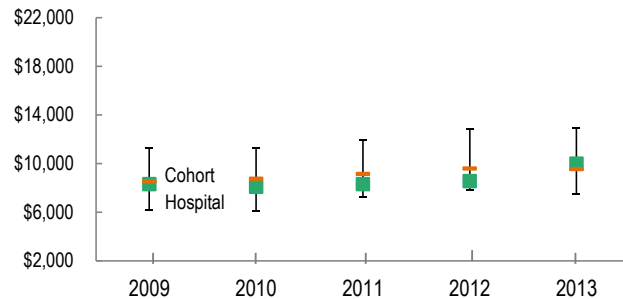


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



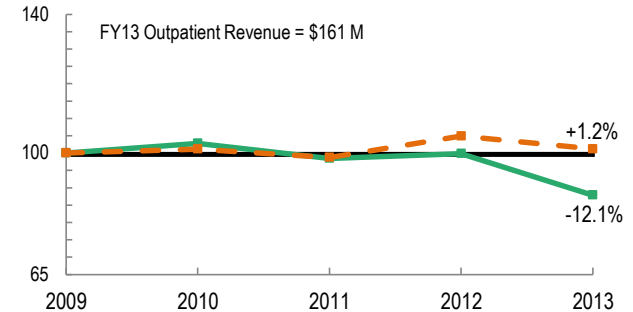
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$9,985 | Full Cost per CMAD = \$9,343

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

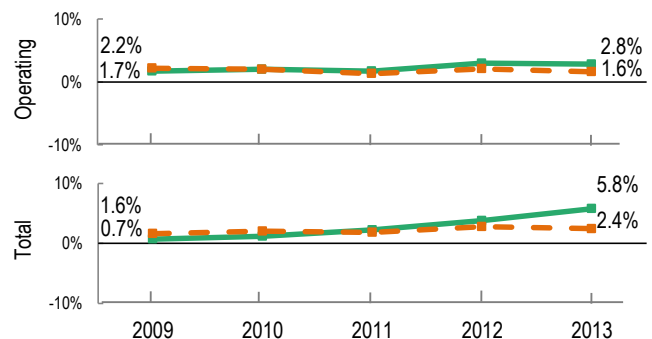


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$319	\$322	(\$3)	\$317	\$2.3
2010	\$319	\$322	(\$3)	\$316	\$3.7
2011	\$318	\$316	\$2	\$311	\$7.1
2012	\$333	\$330	\$3	\$320	\$12.6
2013	\$331	\$321	\$10	\$312	\$19.1

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) 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).

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

† Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

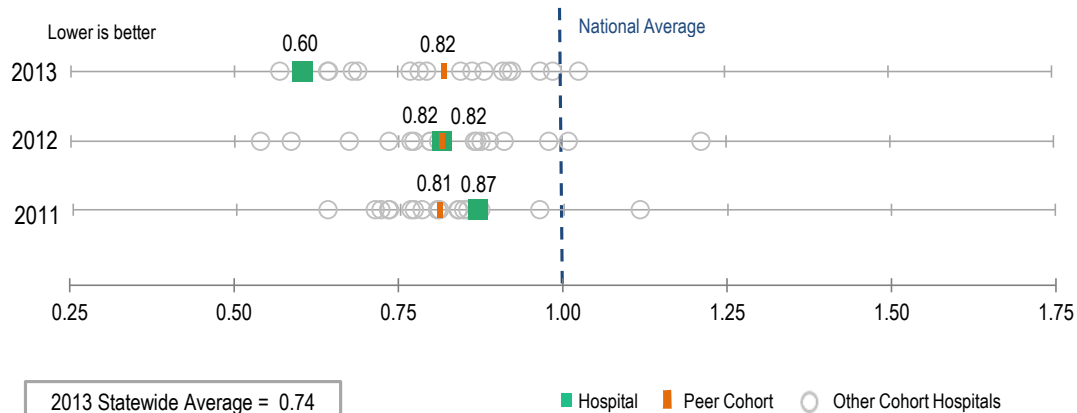
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

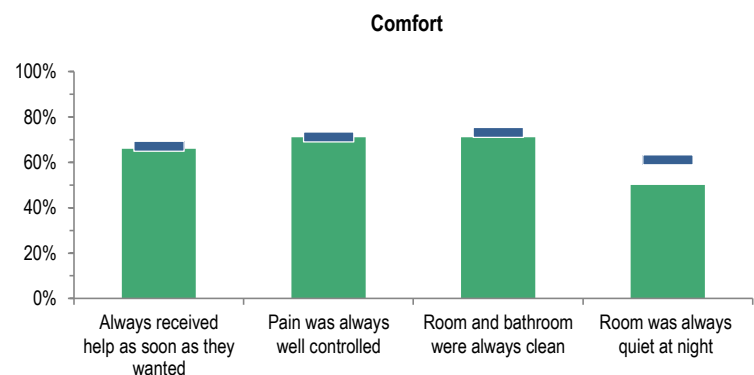
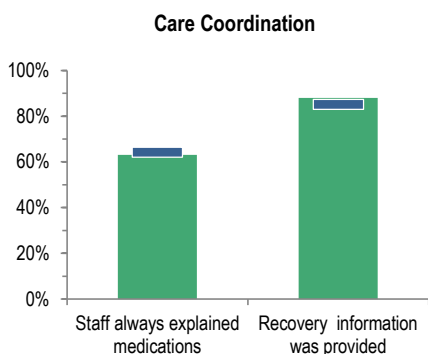
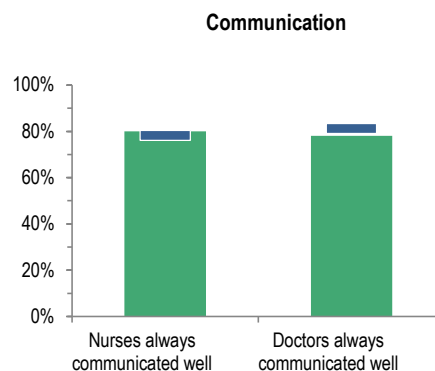
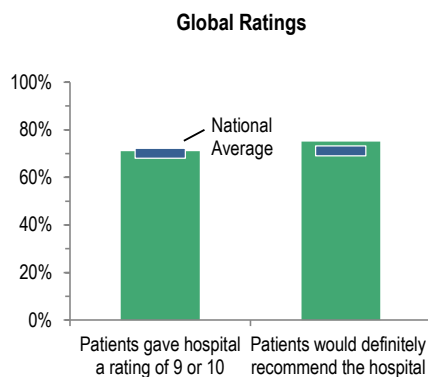
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

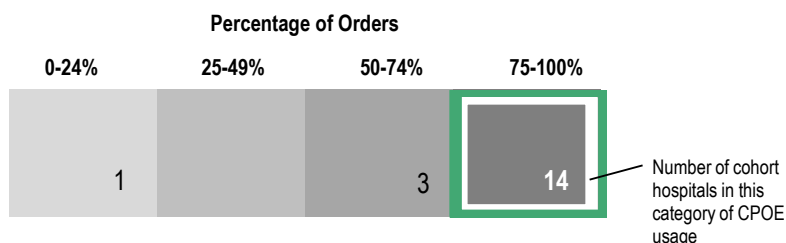
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 18 of 19 cohort hospitals responded to this survey

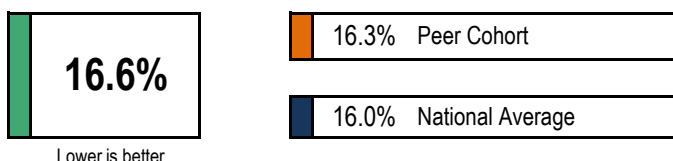
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

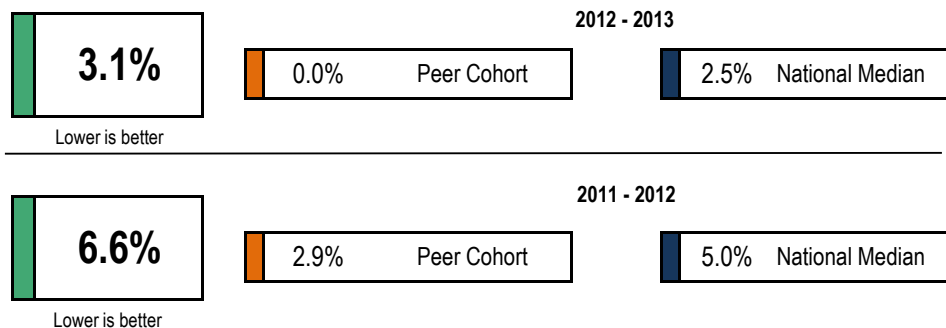
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

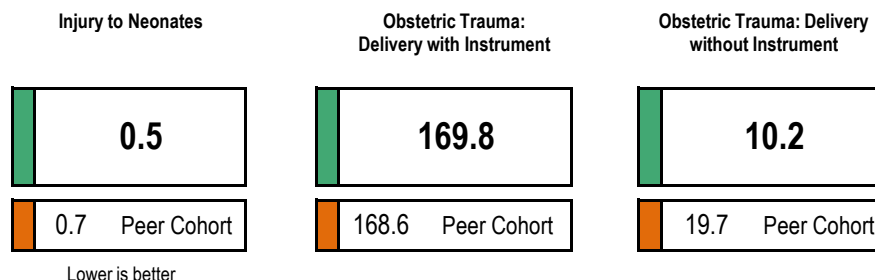
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile:

SOUTH SHORE HOSPITALCommunity Hospital
Metro South

South Shore Hospital is a large, non-profit community hospital located in the Metro South region. Inpatient discharges decreased 3.7% at South Shore Hospital from FY09 to FY13, compared to a median decrease of 7.9% in its peer cohort. Outpatient visits increased at the hospital by 13.0% in that period, compared to a median 4.0% increase among peer cohort hospitals. South Shore Hospital was profitable from FY10 to FY13, with a total margin of 4.5% in FY13, higher than the median of its cohort of 2.4%.

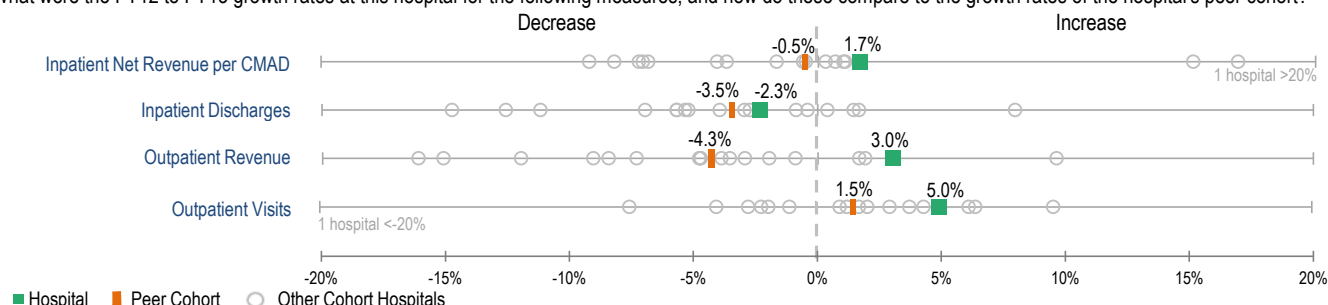
AT A GLANCE

TOTAL STAFFED BEDS: 406, 10th largest acute hospital
% OCCUPANCY: 69%, > cohort avg. (62%)
CASE MIX INDEX in FY13: 0.82, > cohort avg. (0.79); < statewide (0.89)
INPATIENT DISCHARGES in FY13: 24,955
TRAUMA CENTER DESIGNATION: Adult: Level 2
EMERGENCY DEPT VISITS in FY13: 85,940

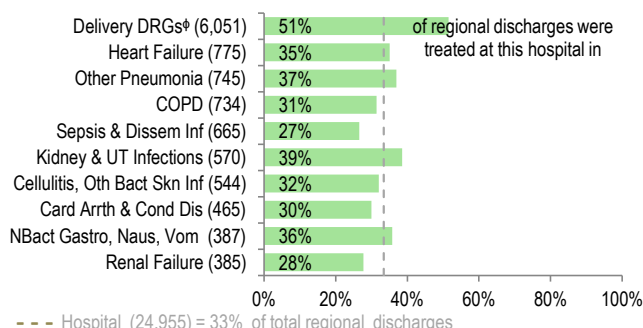
PUBLIC PAYER MIX: 56% (Non-DSH* Hospital)
SPECIAL PUBLIC FUNDING: Not Applicable
CY13 COMMERCIAL PAYER PRICE LEVEL: 69th Percentile
ADJUSTED[‡] COST PER DISCHARGE: \$10,035
INPATIENT:OUTPATIENT REVENUE in FY13: 45%:55%
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

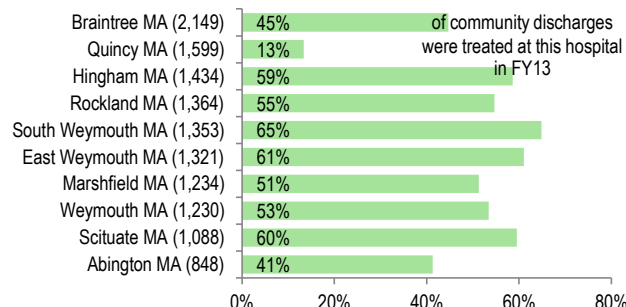
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

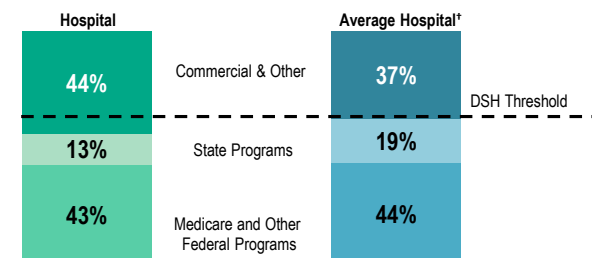
What were the most common inpatient cases (DRGs) treated at the hospital?
 What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

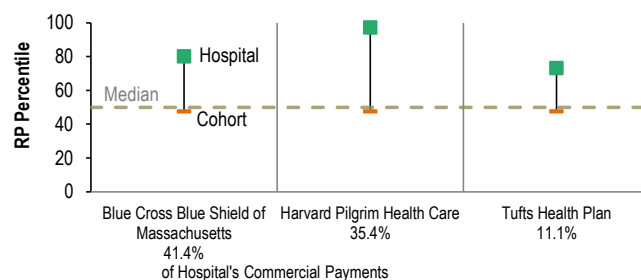
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

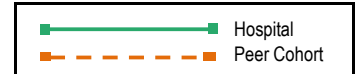
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

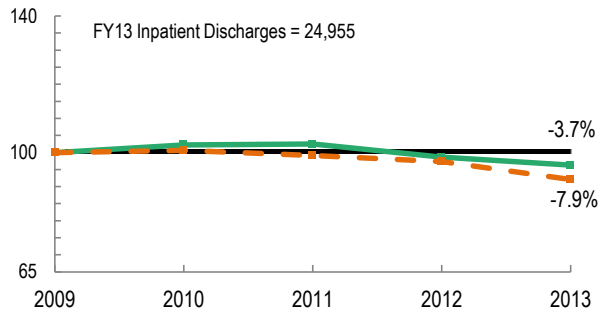
2013 Hospital Profile: SOUTH SHORE HOSPITAL

Cohort: Community Hospital

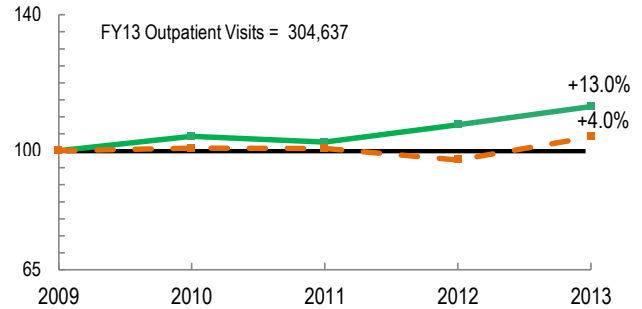


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

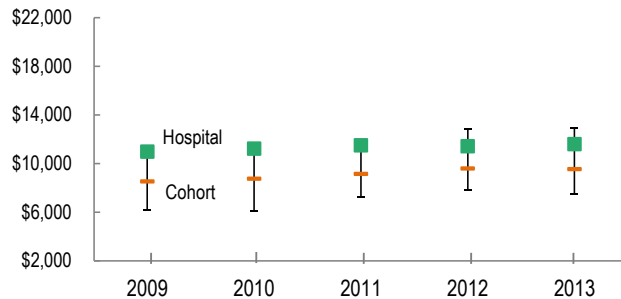


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



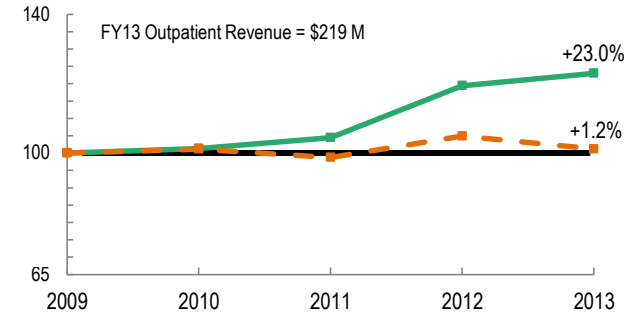
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$11,596 | Full Cost per CMAD = \$10,519

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$385	\$402	(\$17)	\$391	(\$5.5)
2010	\$421	\$421	\$0	\$411	\$9.6
2011	\$436	\$436	(\$0)	\$427	\$9.1
2012	\$455	\$459	(\$4)	\$451	\$4.2
2013	\$479	\$472	\$7	\$457	\$21.7

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

‡ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

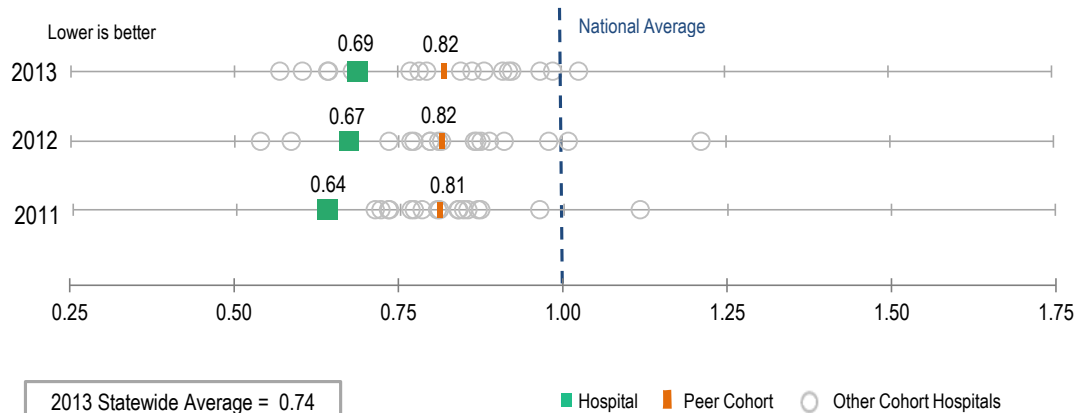
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

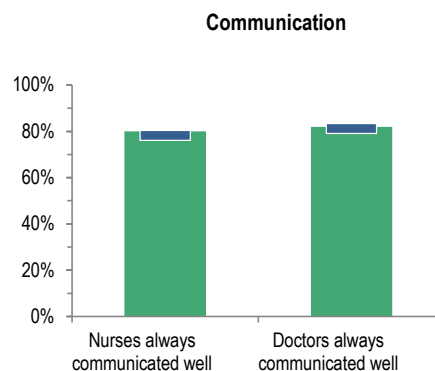
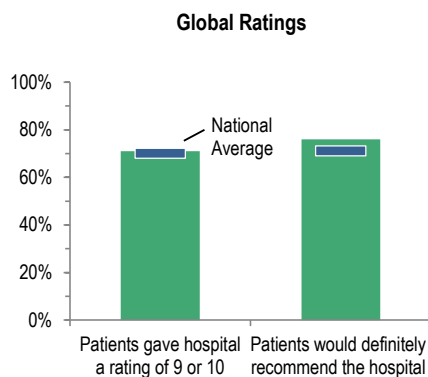
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



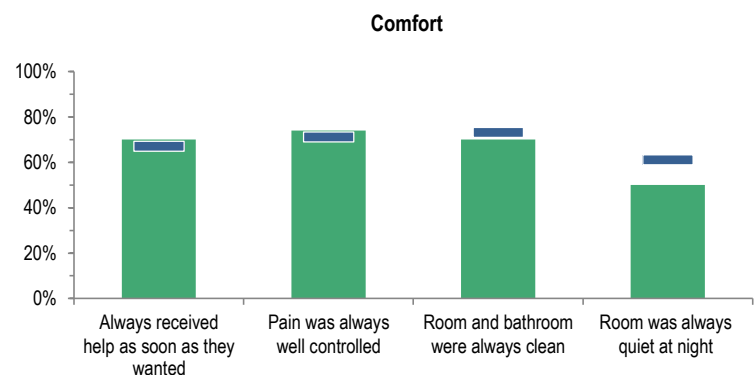
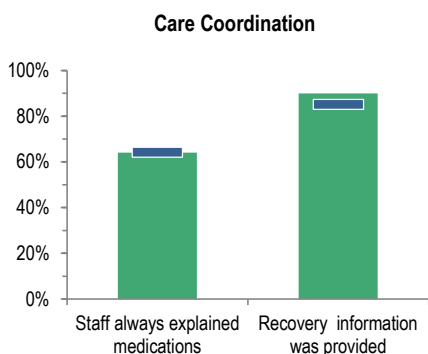
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

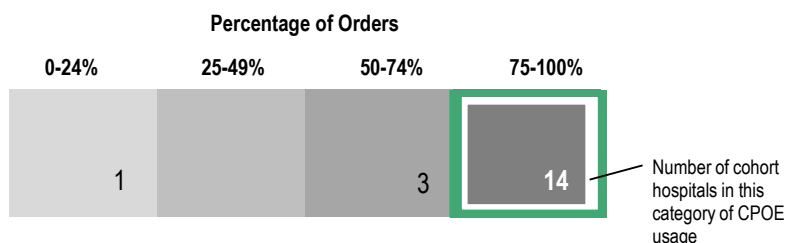
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 18 of 19 cohort hospitals responded to this survey

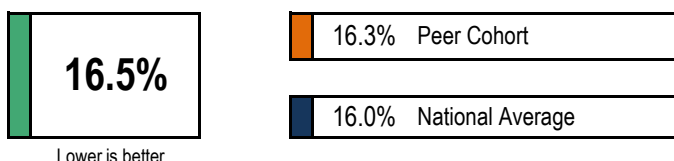
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

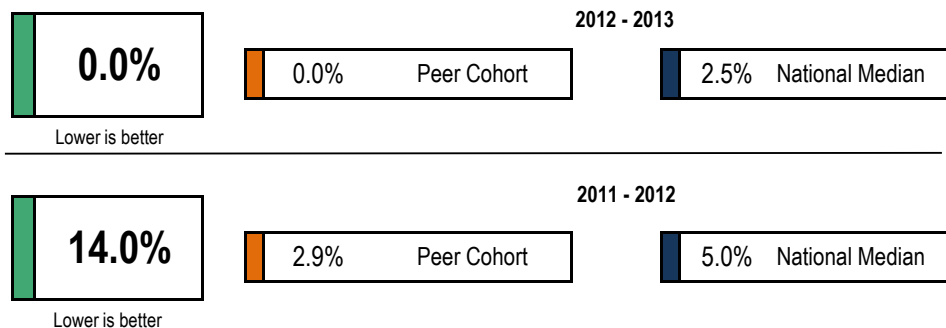
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

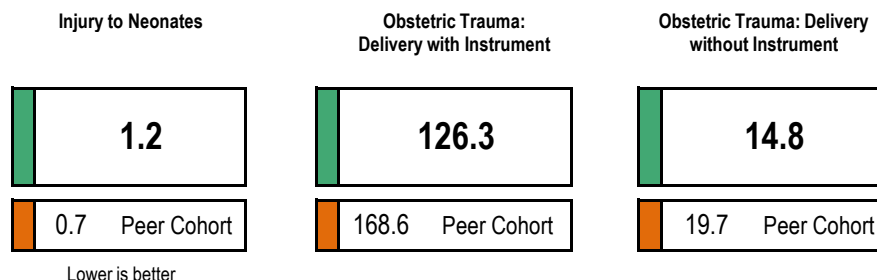
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

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[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

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2013 Hospital Profile: STEWARD NORWOOD HOSPITAL

Norwood, MA
Steward Health Care System
Community Hospital
Metro West

Steward Norwood Hospital is a mid-size, for-profit community hospital located in the Metro West region. Norwood Hospital is a member of Steward Health Care System. The hospital had 8.3% fewer inpatient discharges in FY13 than in FY09, similar to the median trend among peer hospitals. It had 20.7% more outpatient visits in FY13 than in FY09, compared with a median increase of 4.0% among peer cohort hospitals. Norwood Hospital was profitable three of the five years in the FY09 to FY13 period, with a 0.1% total margin in FY13, lower than the median performance of its cohort of 2.4%.

AT A GLANCE

TOTAL STAFFED BEDS: 176, mid-size acute hospital

% OCCUPANCY: 85%, > cohort avg. (62%)

CASE MIX INDEX in FY13: 0.89, > cohort avg. (0.79); = statewide (0.89)

INPATIENT DISCHARGES in FY13: 11,744

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 43,305

PUBLIC PAYER MIX: 59% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: ICB⁹

CY13 COMMERCIAL PAYER PRICE LEVEL: 41st Percentile

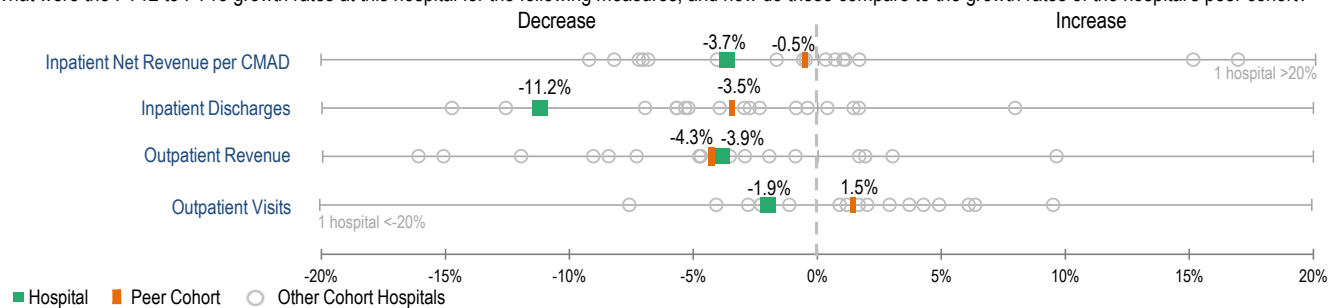
ADJUSTED[‡] COST PER DISCHARGE: \$9,060

INPATIENT:OUTPATIENT REVENUE in FY13: 41%:59%

CHANGE IN OWNERSHIP (FY09-FY13): Steward Health Care - 2010

GROWTH MEASURES

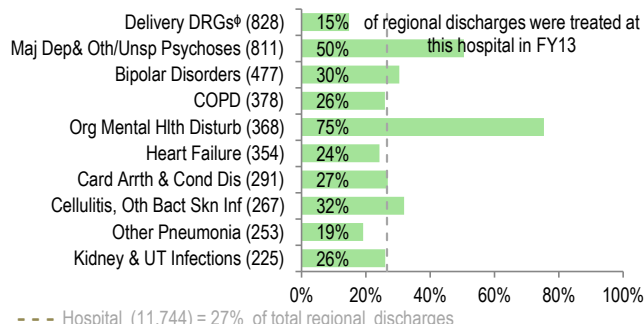
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

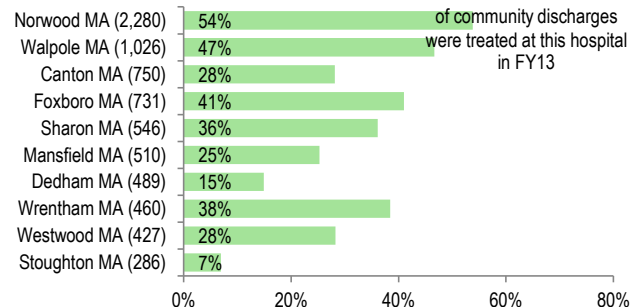
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



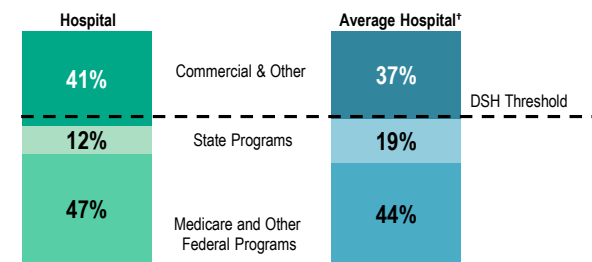
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



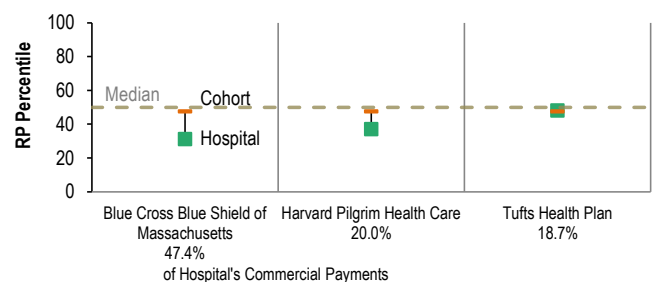
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

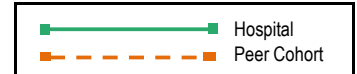
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

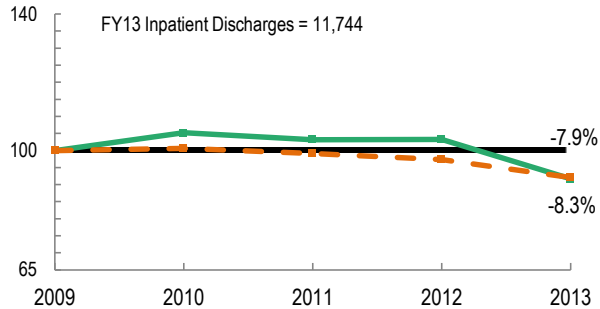
2013 Hospital Profile: STEWARD NORWOOD HOSPITAL

Cohort: Community Hospital

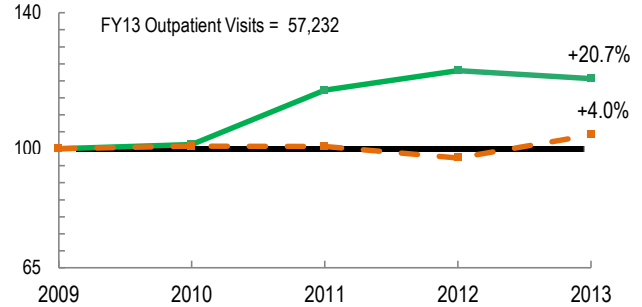


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

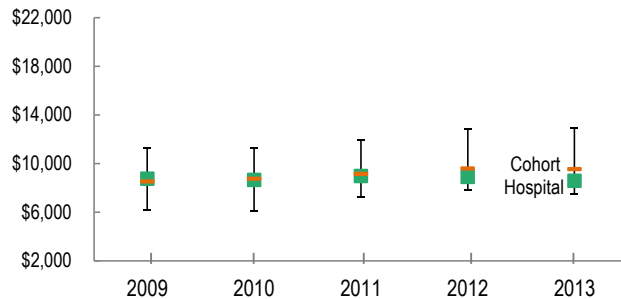


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



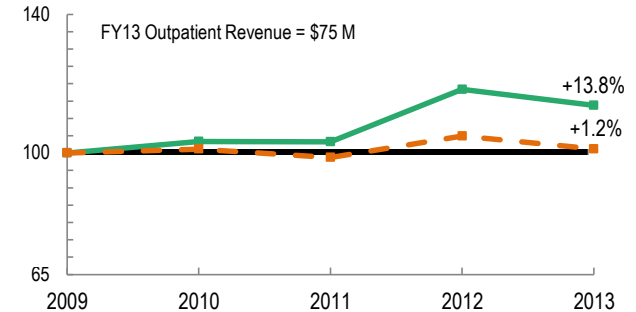
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$8,563 | Full Cost per CMAD = \$10,100

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$160	\$160	\$0	\$156	\$3.9
2010	\$169	\$168	\$1	\$166	\$3.4
2011	\$156	\$156	\$0	\$160	(\$4.3)
2012	\$181	\$181	\$0	\$189	(\$8.5)
2013	\$170	\$169	\$2	\$170	\$0.2

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

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

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

§ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

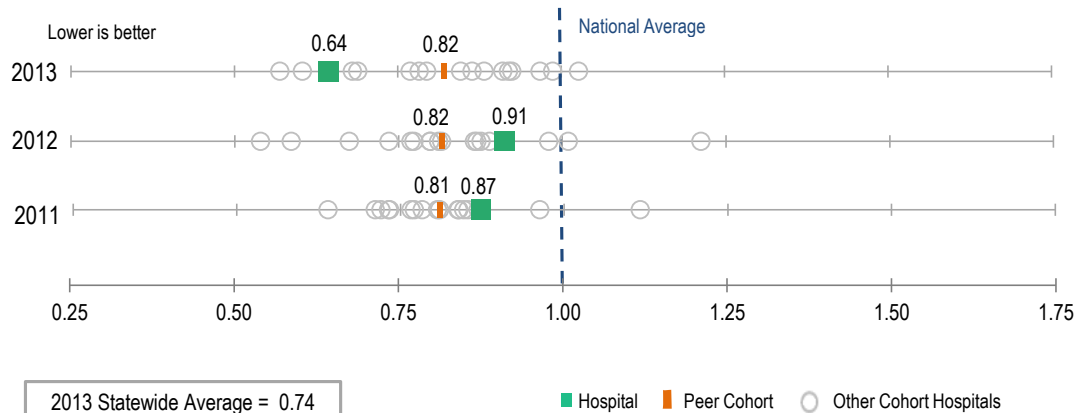
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

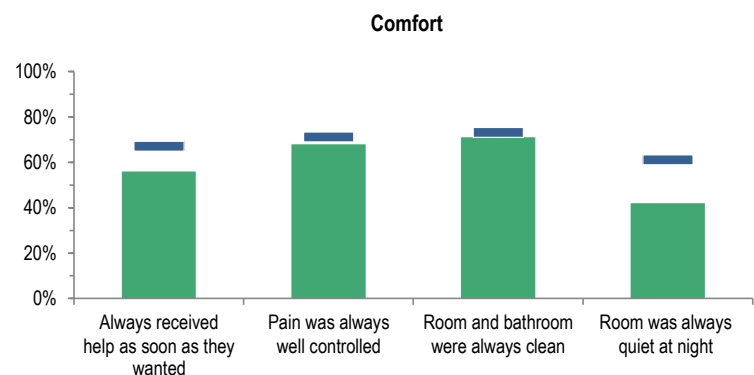
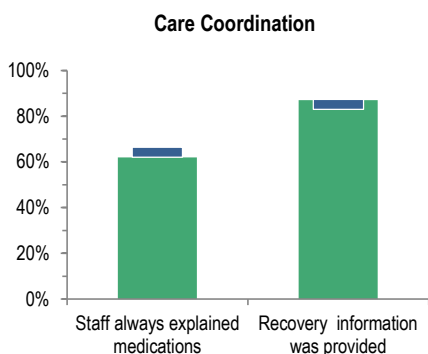
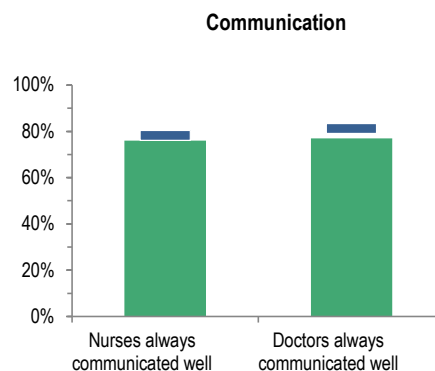
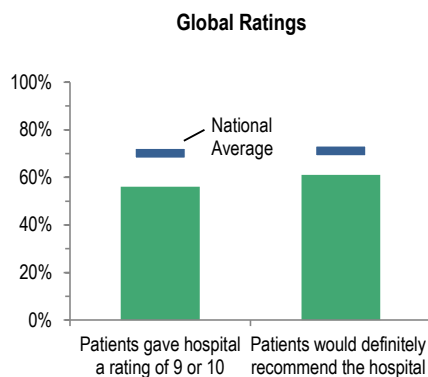
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

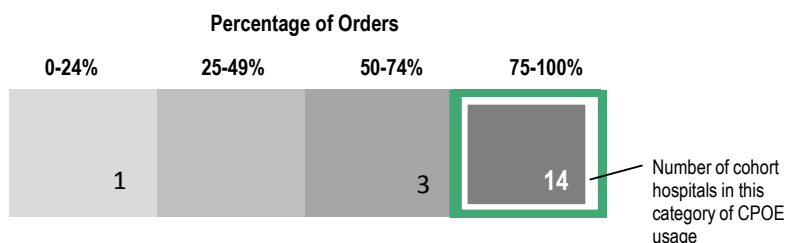
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 18 of 19 cohort hospitals responded to this survey

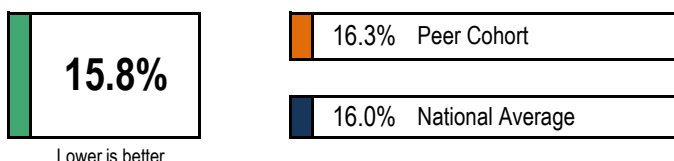
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

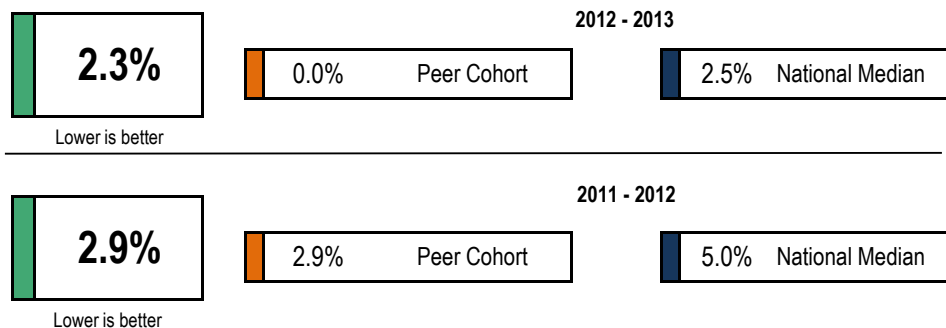
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

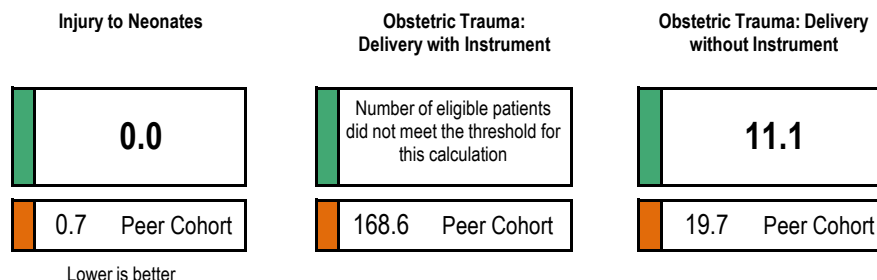
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile:

WINCHESTER HOSPITAL

Community Hospital
Northeastern Massachusetts

Winchester Hospital is a mid-size, non-profit community hospital located in the Northeastern Massachusetts region. Winchester Hospital had 9.1% fewer inpatient discharges in FY13 than in FY09, compared to a median decrease of 7.9% in its peer cohort. Outpatient visits at Winchester Hospital increased 3.6% over the period, compared with a median 4.0% increase among peer cohort hospitals. Winchester Hospital earned a profit each year from FY09 to FY13, with a 5.9% total margin in FY13, higher than the median performance of peer cohort hospitals of 2.4%.

AT A GLANCE

TOTAL STAFFED BEDS: 229, mid-size acute hospital

% OCCUPANCY: 63%, > cohort avg. (62%)

CASE MIX INDEX in FY13: 0.74, < cohort avg. (0.79); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 13,328

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 42,186

PUBLIC PAYER MIX: 42% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: CHART^A

CY13 COMMERCIAL PAYER PRICE LEVEL: 41st Percentile

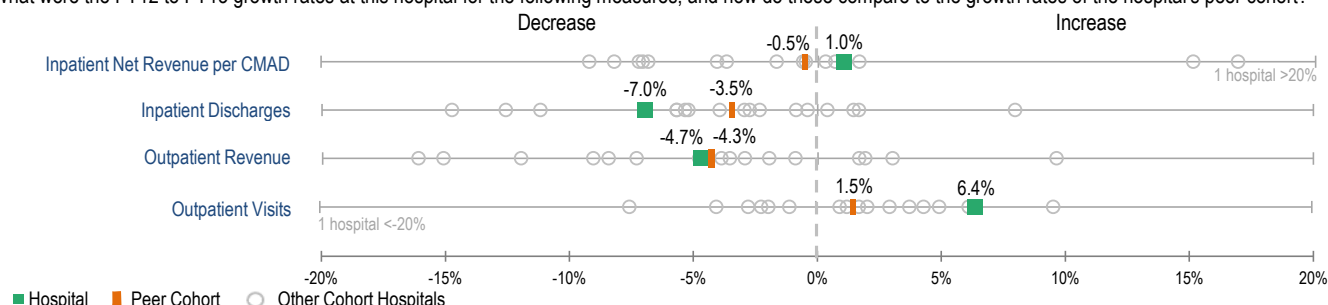
ADJUSTED[‡] COST PER DISCHARGE: \$10,937

INPATIENT:OUTPATIENT REVENUE in FY13: 28%:72%

CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

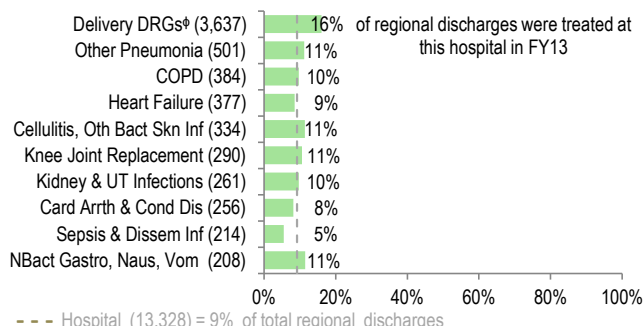
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

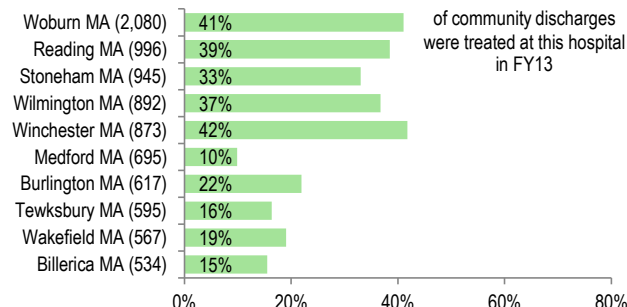
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



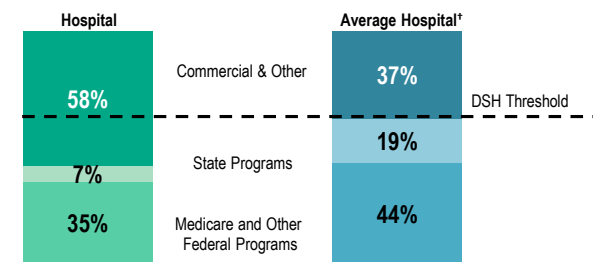
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



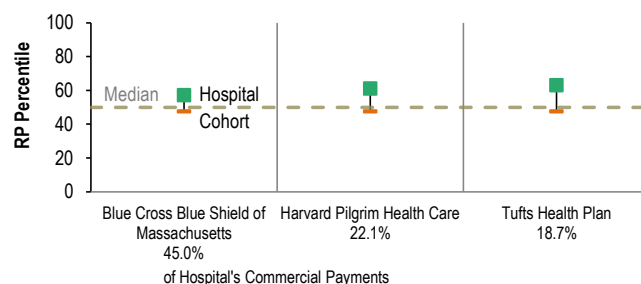
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

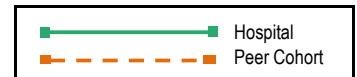
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

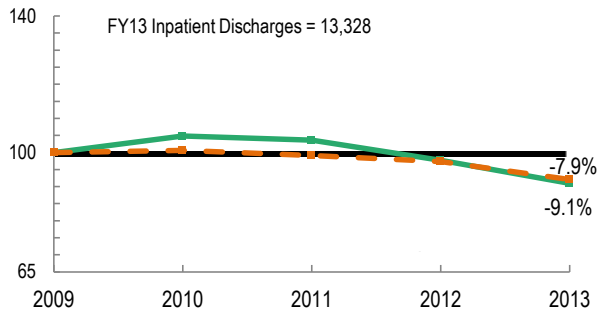
2013 Hospital Profile: WINCHESTER HOSPITAL

Cohort: Community Hospital

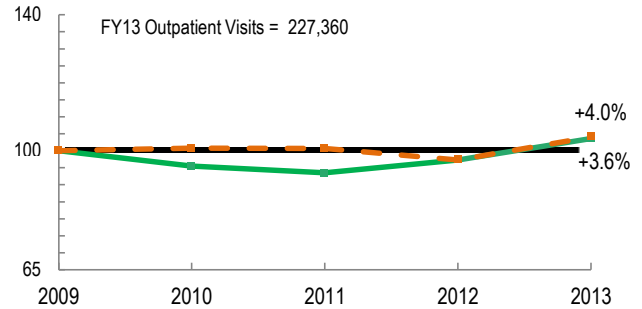


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

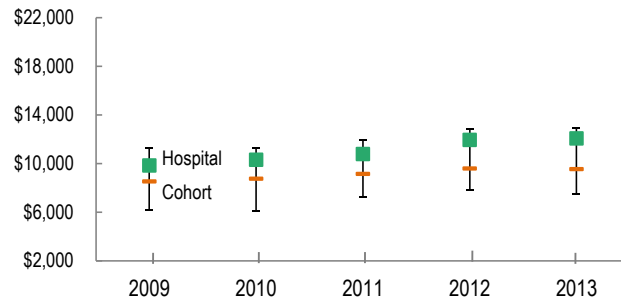


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



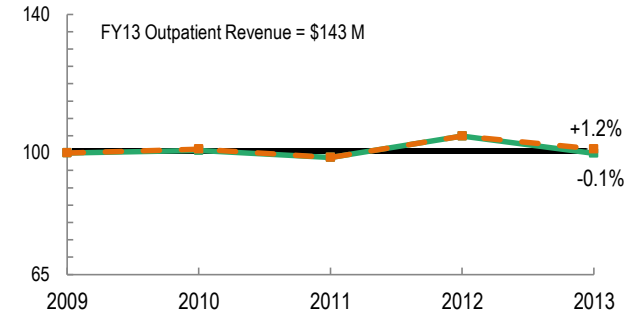
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$12,064 | Full Cost per CMAD = \$11,060

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

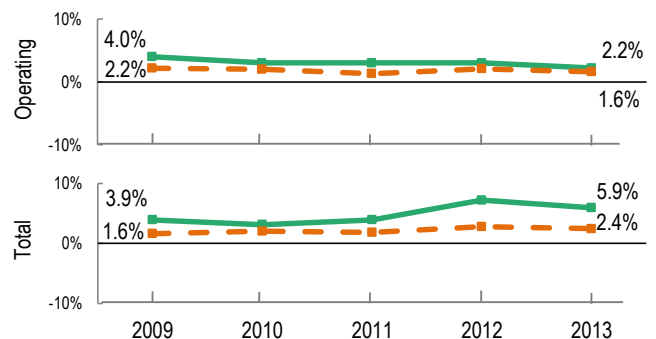


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$255	\$255	(\$0)	\$245	\$10.0
2010	\$267	\$266	\$0	\$258	\$8.3
2011	\$271	\$268	\$2	\$260	\$10.6
2012	\$294	\$282	\$12	\$273	\$21.1
2013	\$283	\$273	\$11	\$266	\$16.8

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) 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).

† Costs were adjusted to exclude direct medical education costs and physician compensation.

† Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

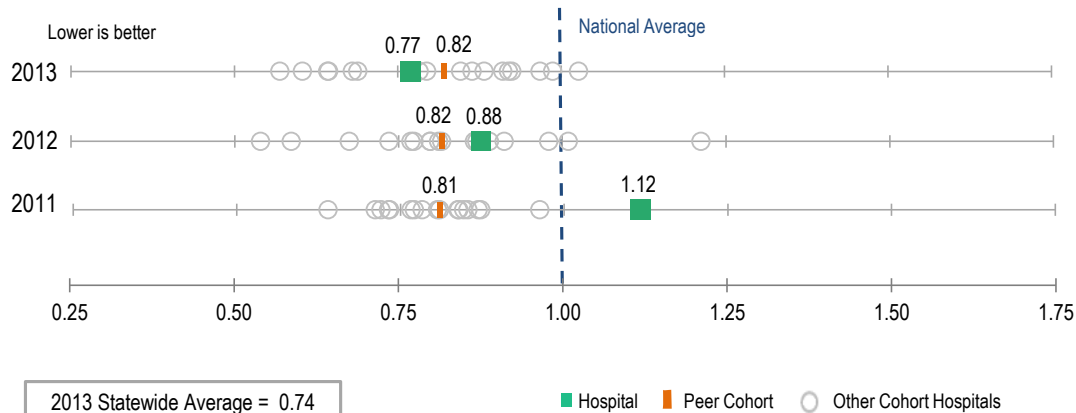
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

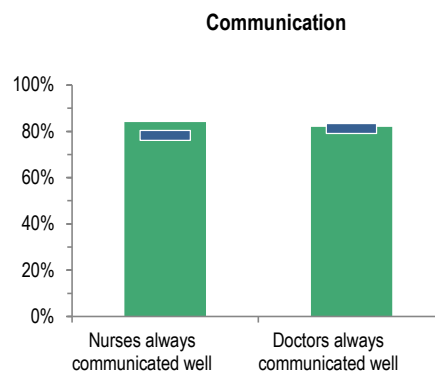
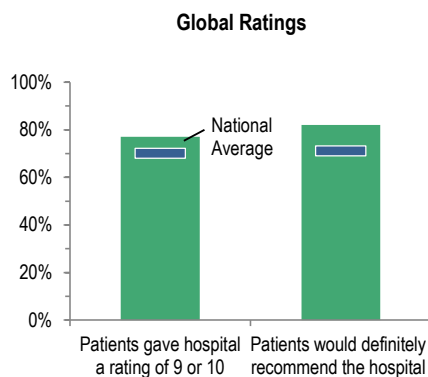
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



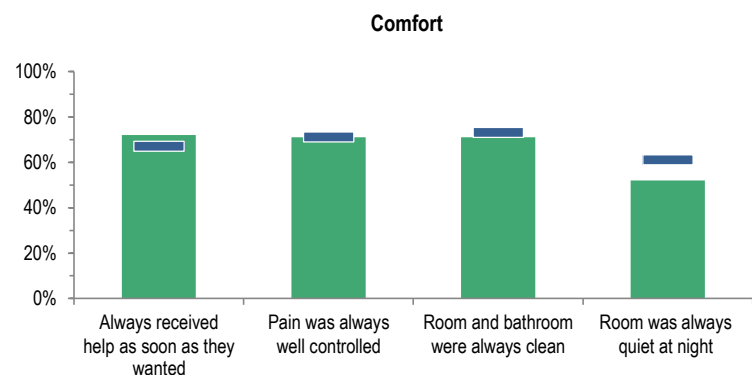
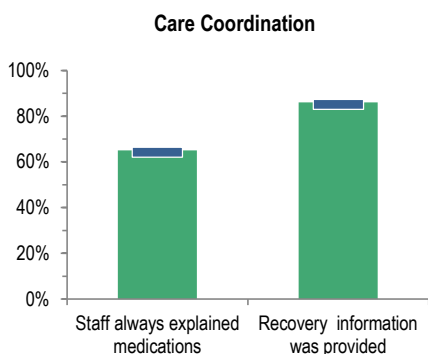
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

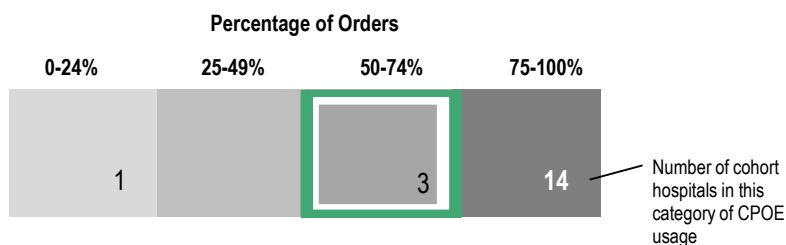
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 18 of 19 cohort hospitals responded to this survey

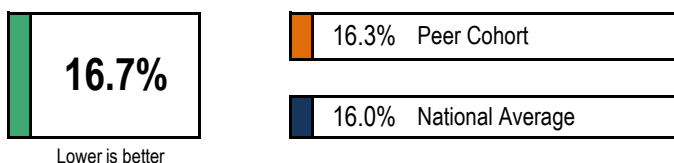
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

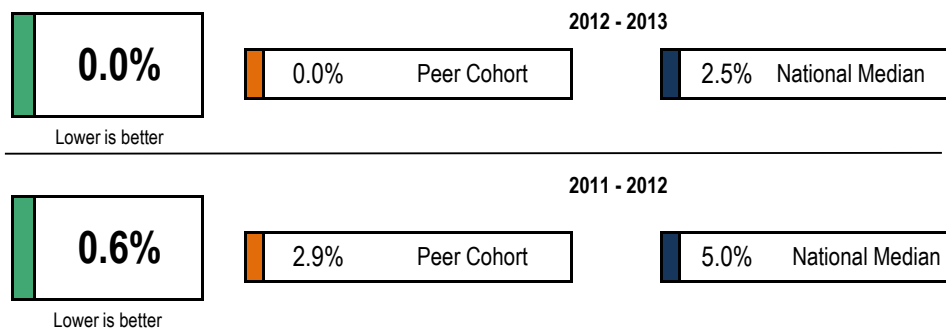
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

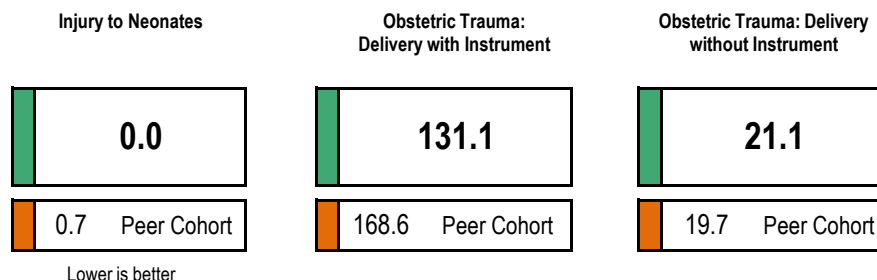
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile: ATHOL HOSPITAL

Athol, MA
Heywood Healthcare
Community, Disproportionate Share Hospital
Central Massachusetts

Athol Hospital is a non-profit community-Disproportionate Share Hospital (DSH) located in the Central Massachusetts region. It is the smallest acute hospital in Massachusetts, with 15 staffed beds. It is a member of the Heywood Healthcare system, and is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. Athol Hospital reported losses from FY09 through FY12, though it earned a positive total margin of 0.3% in FY13, compared with a median total margin of 4.1% in its peer cohort.

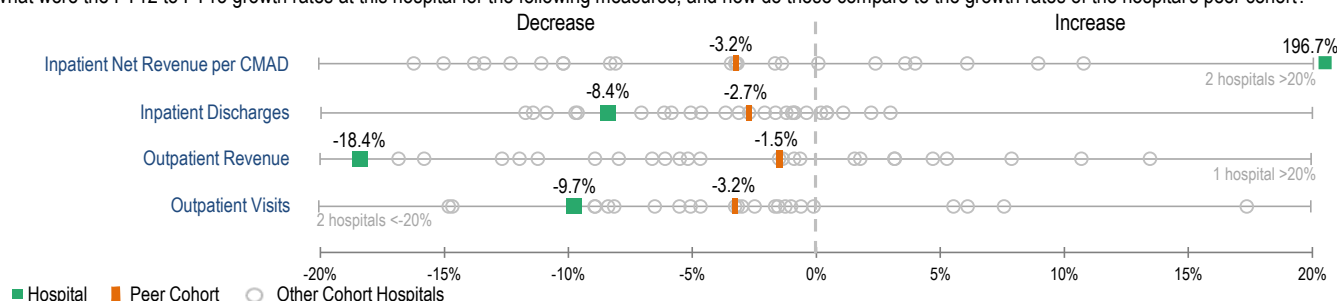
AT A GLANCE

TOTAL STAFFED BEDS: 15, among the smallest acute hospitals
% OCCUPANCY: 43%, < cohort avg. (62%)
CASE MIX INDEX in FY13: 0.72, < cohort avg. (0.84); < statewide (0.89)
INPATIENT DISCHARGES in FY13: 576
TRAUMA CENTER DESIGNATION: Not Applicable
EMERGENCY DEPT VISITS in FY13: 10,329

PUBLIC PAYER MIX: 72% (DSH* Hospital)
SPECIAL PUBLIC FUNDING: CHART^A, ICB^B
CY13 COMMERCIAL PAYER PRICE LEVEL: 16th Percentile
ADJUSTED[‡] COST PER DISCHARGE: \$13,245
INPATIENT:OUTPATIENT REVENUE in FY13: 13%:87%
CHANGE IN OWNERSHIP (FY09-FY13): Heywood Healthcare - 2012

GROWTH MEASURES

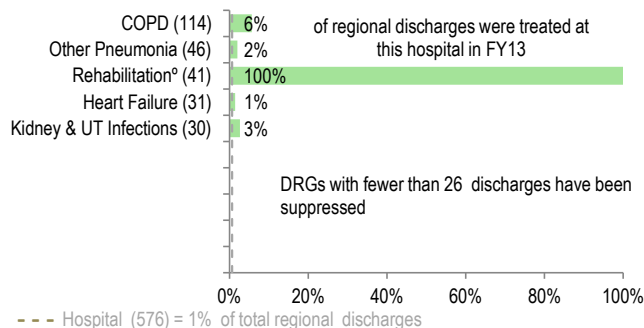
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

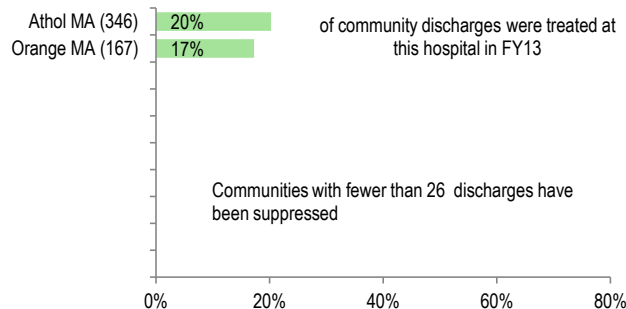
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



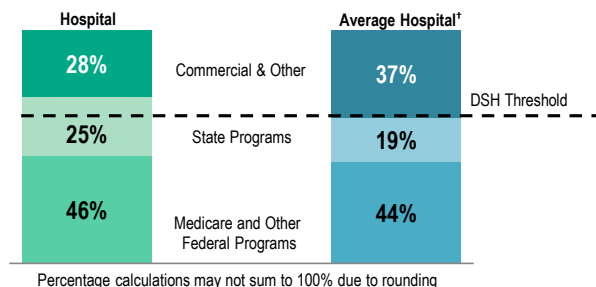
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community

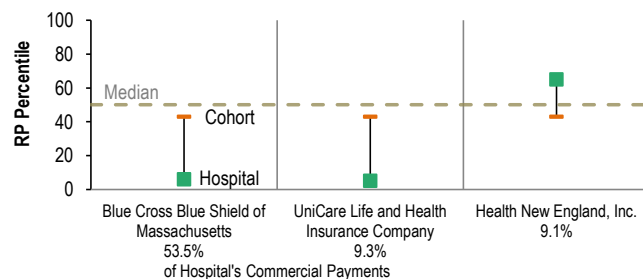


PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



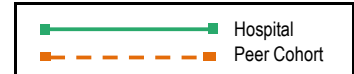
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

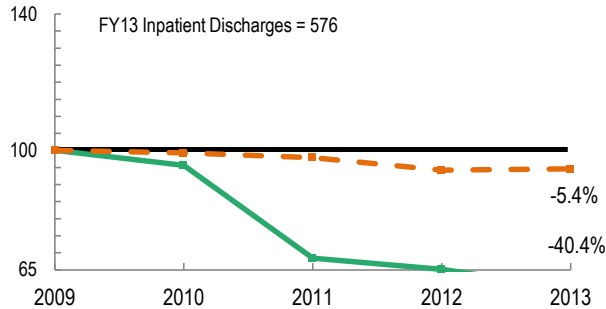
2013 Hospital Profile: **ATHOL HOSPITAL**

Cohort: Community, Disproportionate Share Hospital

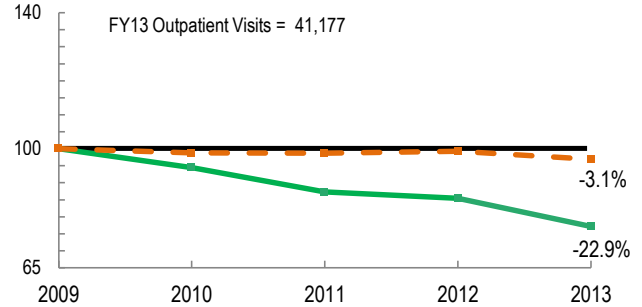


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

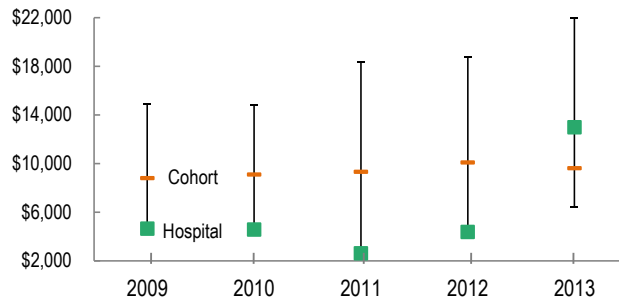


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



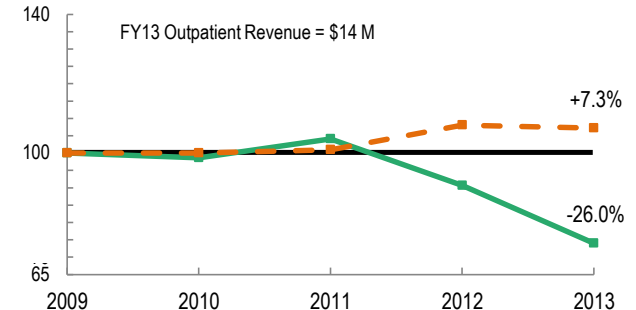
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$12,972 | Full Cost per CMAD = \$13,887

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

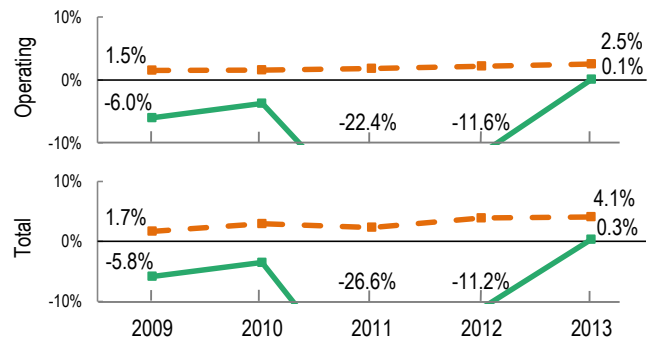


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$22	\$22	\$0	\$24	(\$1.3)
2010	\$22	\$22	\$0	\$23	(\$0.8)
2011	\$18	\$19	(\$1)	\$22	(\$4.7)
2012	\$20	\$20	\$0	\$22	(\$2.3)
2013	\$20	\$19	\$0	\$19	\$0.1

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

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

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

[†] Costs were adjusted to exclude direct medical education costs and physician compensation.

[‡] Regional percentages are based on the individual DRG codes reported by this hospital.

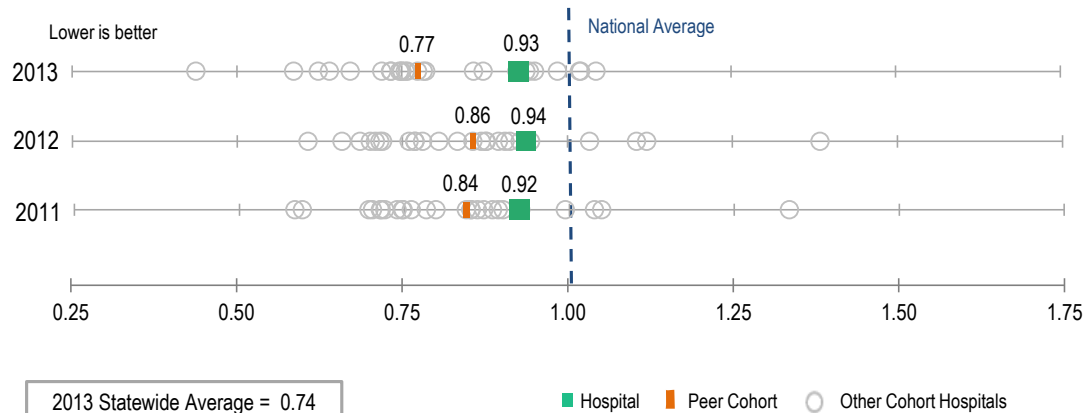
[†] Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

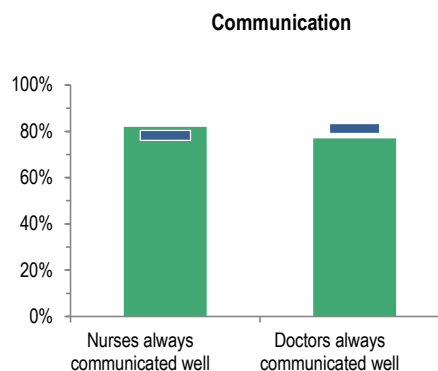
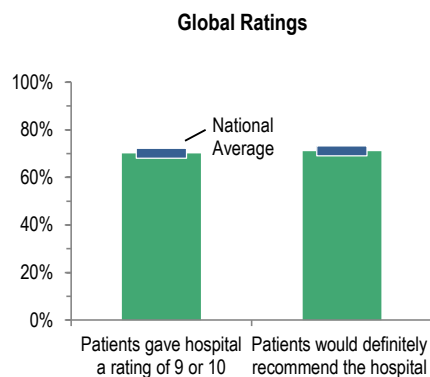
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



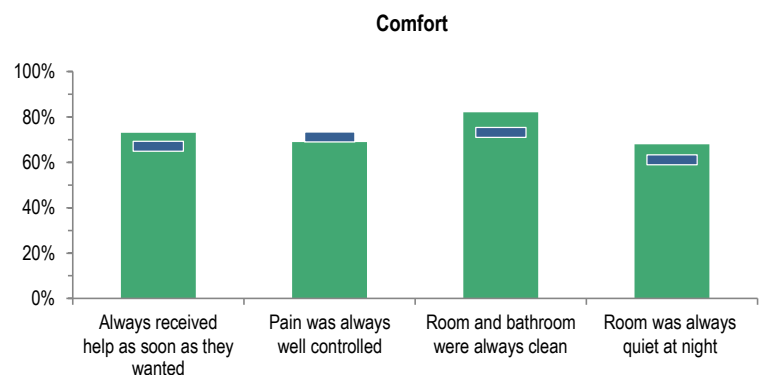
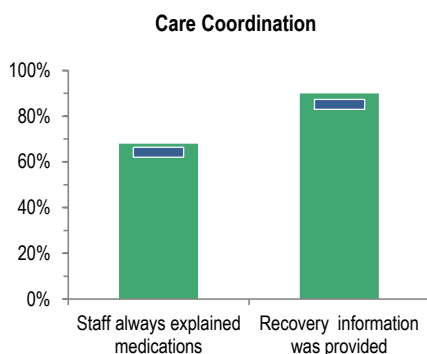
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

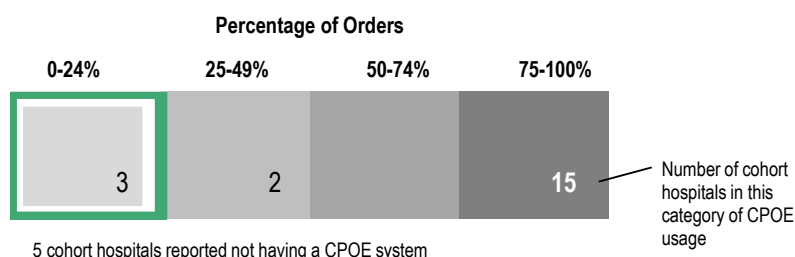
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.⁸

Population: 25 of 27 cohort hospitals responded to this survey

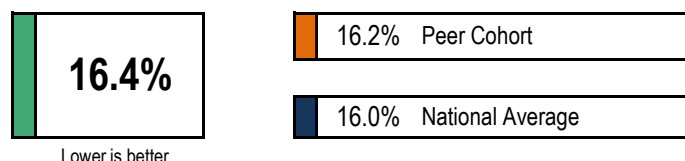
Score: Higher is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because this hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

Score: Lower is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?

Data for this quality measure is not available, either because this hospital did not report the data or does not provide obstetric services.

Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

⁸ Hospital did not submit an assessment of the CPOE system's error-checking capabilities.

^A Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

Baystate Franklin Medical Center is a mid-size, non-profit community-Disproportionate Share Hospital (DSH) located in the Western Massachusetts region. It is a member of the Baystate Health system. Between FY09 and FY13, the volume of inpatient discharges at the hospital decreased slightly, consistent with other cohort hospitals. Outpatient visits decreased 23.6% for the hospital between FY09 and FY13, compared to a median decrease of 3.1% in outpatient visits for peer hospitals. Baystate Franklin Medical Center earned a slight positive margin only in FY09 and FY12. In FY13, it had a total margin of -1.2%, compared to a median 4.1% total margin in its cohort.

AT A GLANCE

TOTAL STAFFED BEDS: 110, mid-size acute hospital

% OCCUPANCY: 41%, < cohort avg. (62%)

CASE MIX INDEX in FY13: 0.77, < cohort avg. (0.84); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 4,330

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 27,072

PUBLIC PAYER MIX: 68% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: CHART^A

CY13 COMMERCIAL PAYER PRICE LEVEL: 67th Percentile

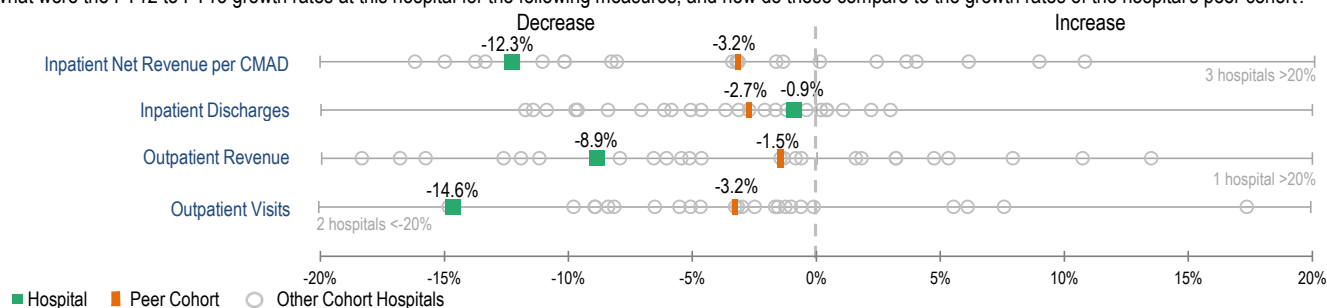
ADJUSTED^B COST PER DISCHARGE: \$9,974

INPATIENT:OUTPATIENT REVENUE in FY13: 28%:72%

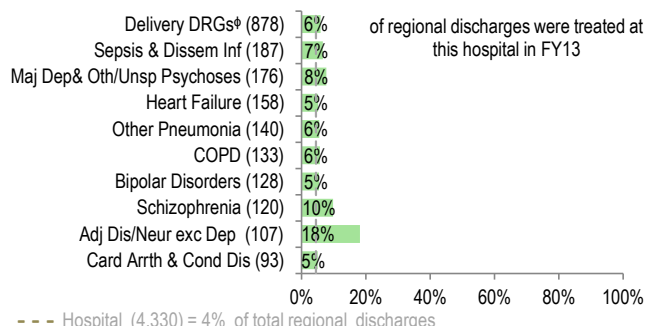
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

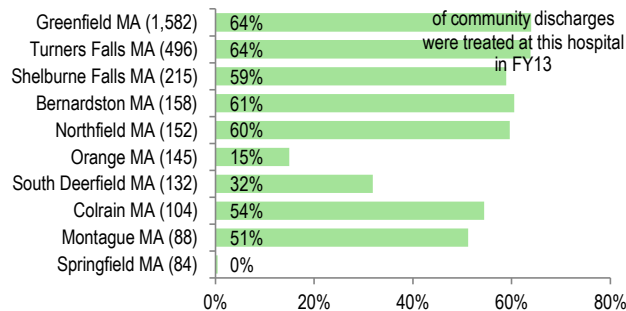
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

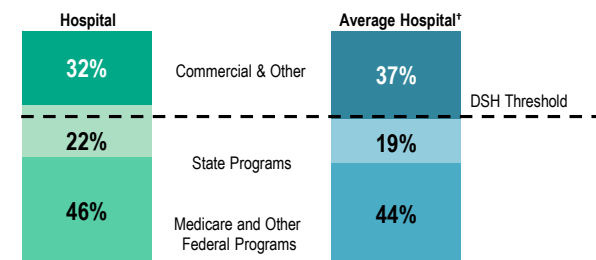
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

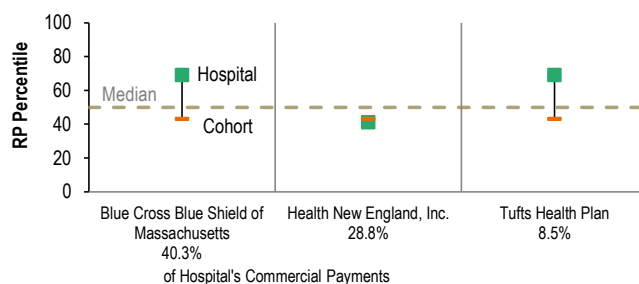
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

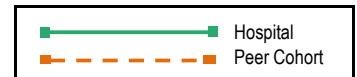
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

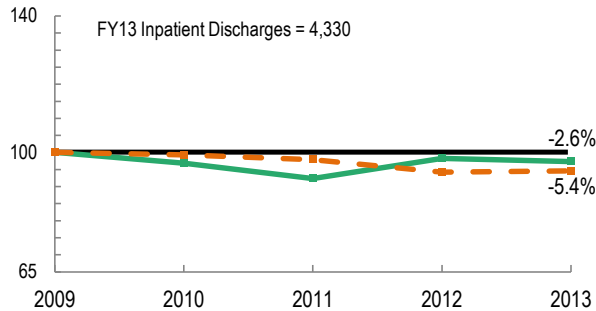
2013 Hospital Profile: BAYSTATE FRANKLIN MEDICAL CENTER

Cohort: Community, Disproportionate Share Hospital

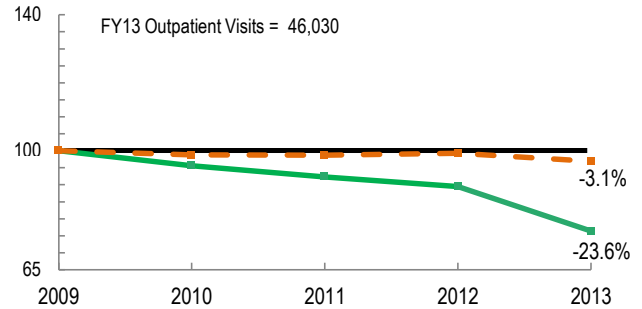


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

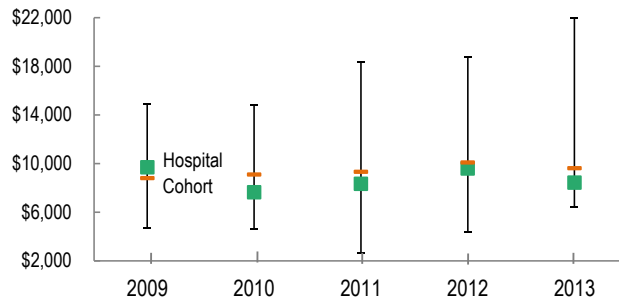


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



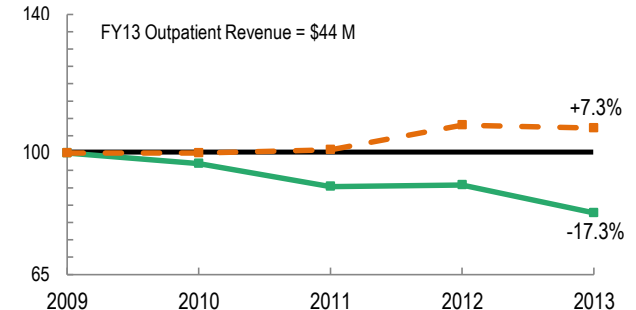
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$8,412 | Full Cost per CMAD = \$10,057

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

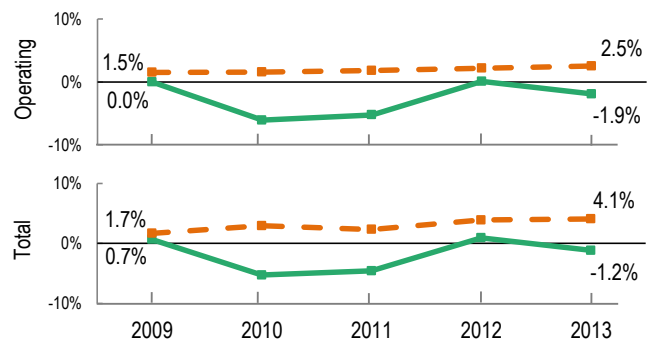


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$85	\$84	\$1	\$84	\$0.6
2010	\$77	\$77	\$1	\$81	(\$4.1)
2011	\$77	\$76	\$1	\$80	(\$3.5)
2012	\$82	\$82	\$1	\$81	\$0.8
2013	\$78	\$78	\$1	\$79	(\$0.9)

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) 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).

† Costs were adjusted to exclude direct medical education costs and physician compensation.

‡ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

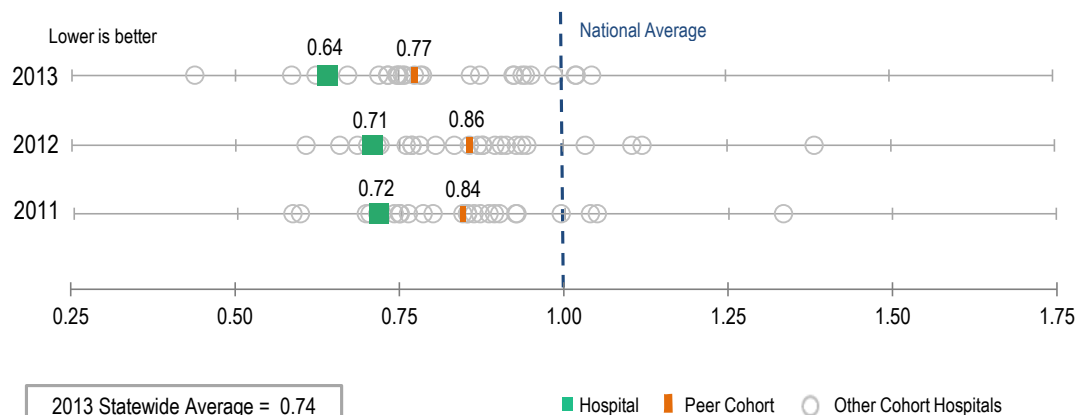
§ Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

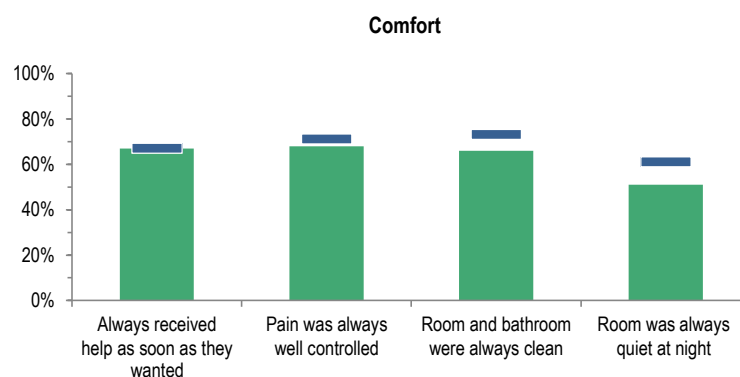
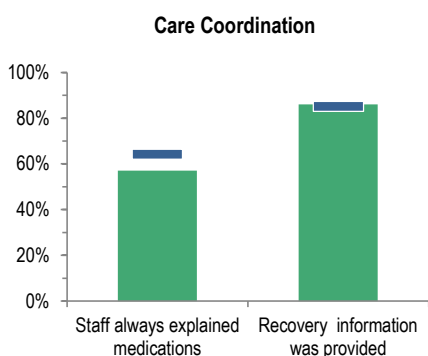
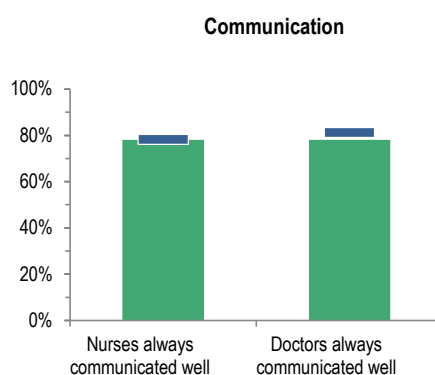
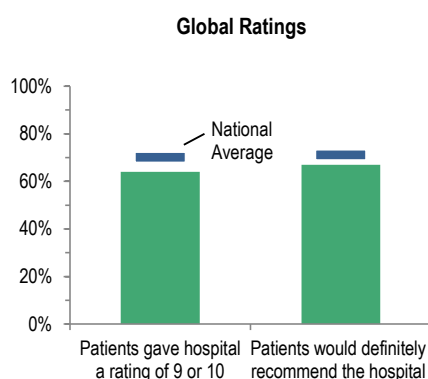
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

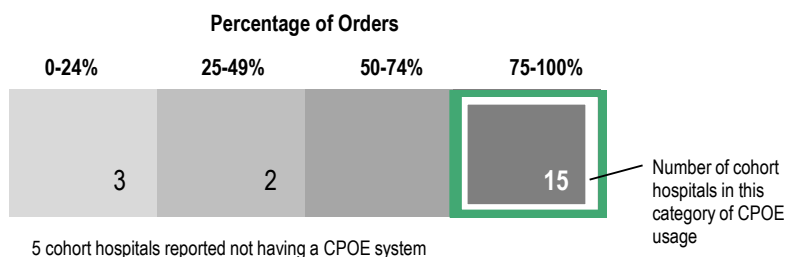
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an **electronic system** that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

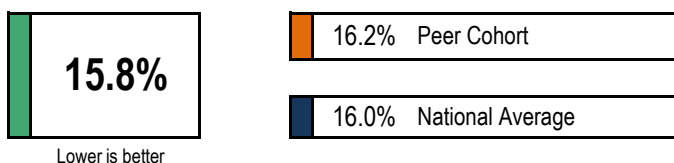
Score: Higher is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

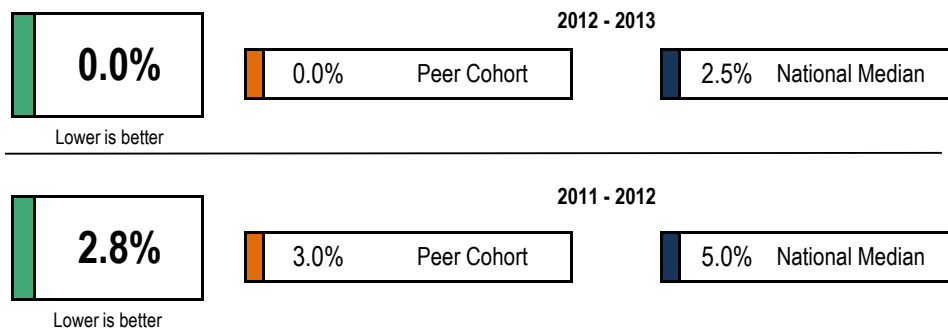
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

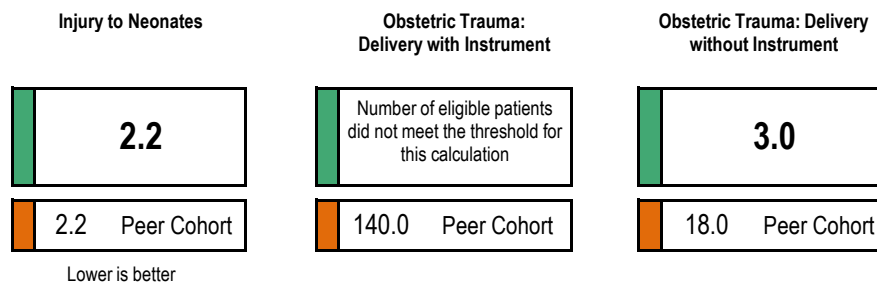
Score: Lower is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

^A Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



Cape Cod Hospital is a non-profit community-Disproportionate Share Hospital (DSH) located in the Cape and Islands region. It is among the larger acute hospitals in Massachusetts and is a member of the Cape Cod Healthcare system. Cape Cod Hospital treated 66% of all discharges in the region in FY13. Inpatient discharges at Cape Cod Hospital decreased 5.4% from FY09 to FY13, consistent with the median performance of cohort hospitals. Outpatient visits decreased by 4.1% over that period, slightly more than the median of its peer cohort (-3.1%). Cape Cod Hospital earned a profit each year from FY09 to FY13, with a total margin of 6.1% in FY13, compared to a median total margin of 4.1% in its cohort.

AT A GLANCE

TOTAL STAFFED BEDS: 269, among the larger acute hospitals

% OCCUPANCY: 69%, > cohort avg. (62%)

CASE MIX INDEX in FY13: 0.98, highest in cohort (avg. 0.84); > statewide (0.89)

INPATIENT DISCHARGES in FY13: 16,274

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 86,424

PUBLIC PAYER MIX: 71% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: Not Applicable

CY13 COMMERCIAL PAYER PRICE LEVEL: 81st Percentile

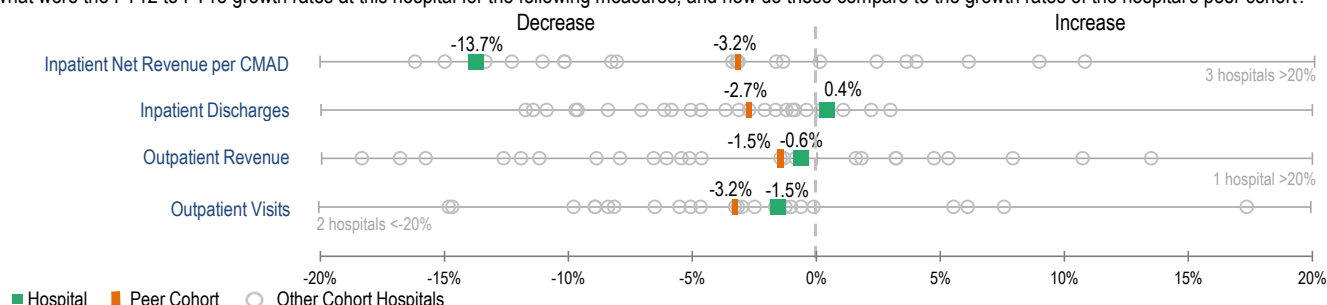
ADJUSTED[‡] COST PER DISCHARGE: \$11,051

INPATIENT:OUTPATIENT REVENUE in FY13: 33%:67%

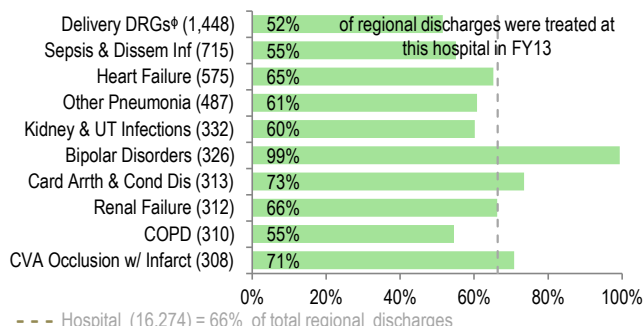
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

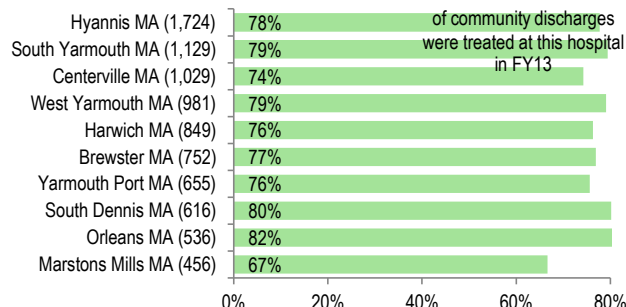
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

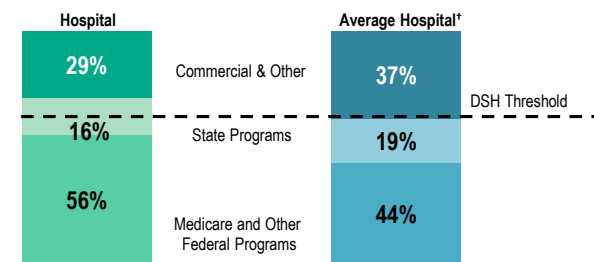
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

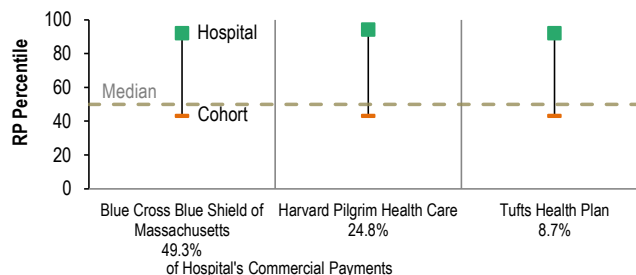
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

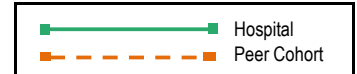
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

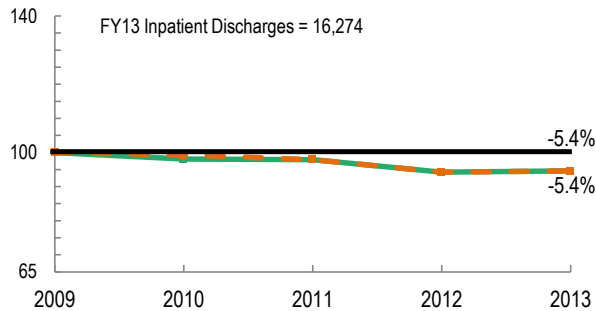
2013 Hospital Profile: CAPE COD HOSPITAL

Cohort: Community, Disproportionate Share Hospital

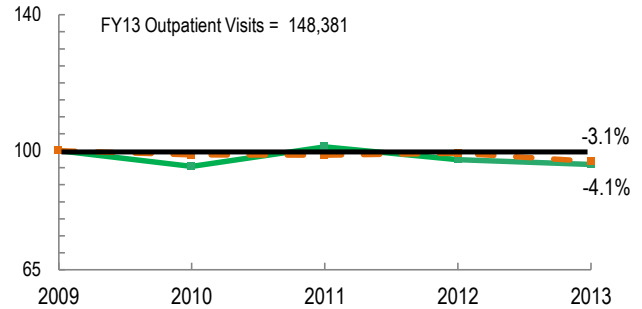


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

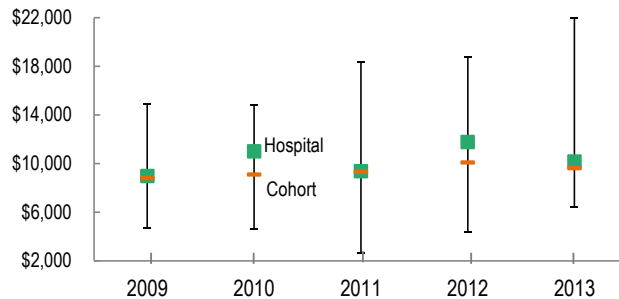


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



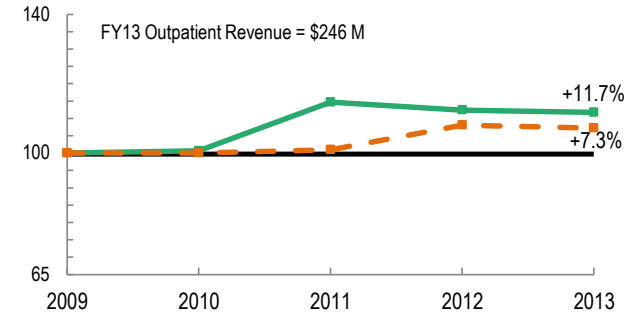
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$10,148 | Full Cost per CMAD = \$11,895

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

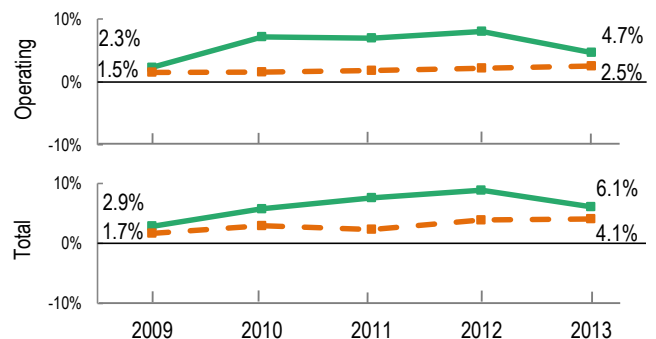


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$374	\$372	\$2	\$364	\$10.7
2010	\$399	\$404	(\$6)	\$376	\$22.9
2011	\$414	\$412	\$3	\$383	\$31.5
2012	\$447	\$444	\$4	\$408	\$39.5
2013	\$422	\$416	\$6	\$397	\$25.7

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

‡ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

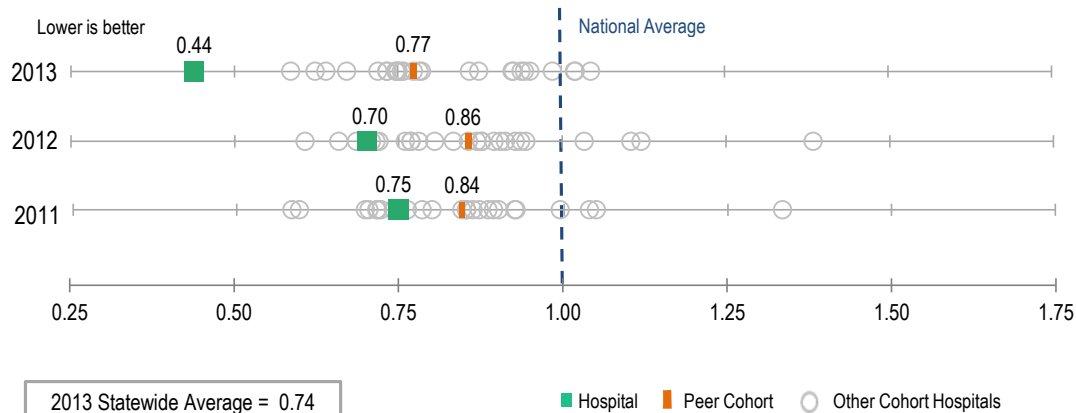
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

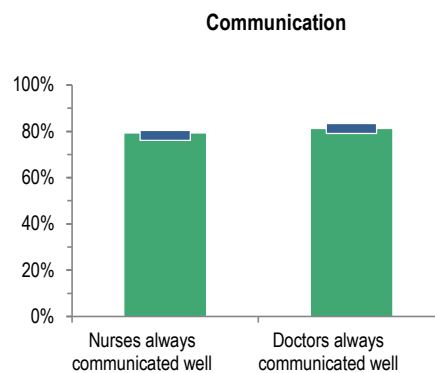
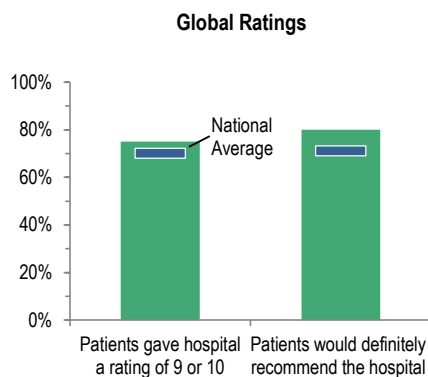
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



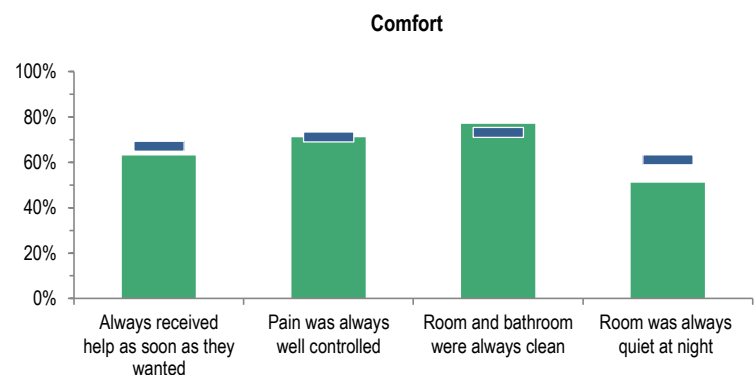
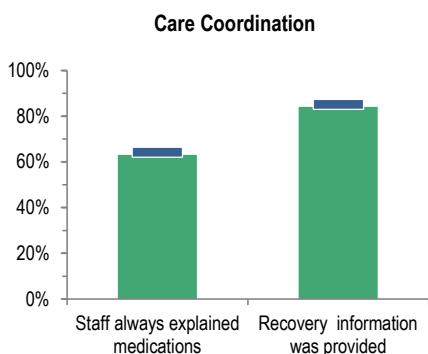
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

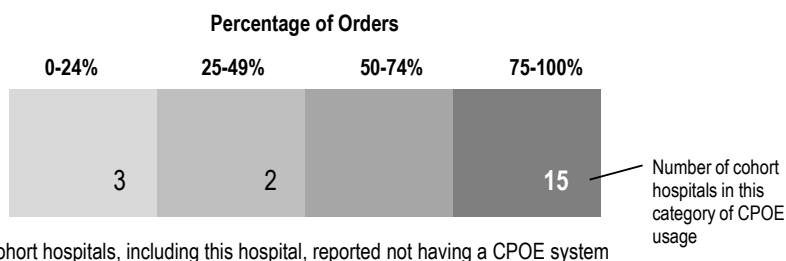
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

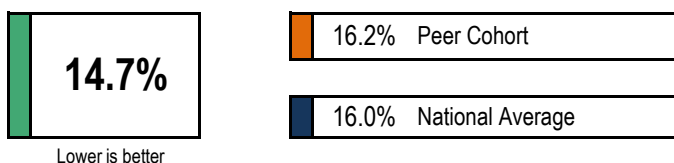
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

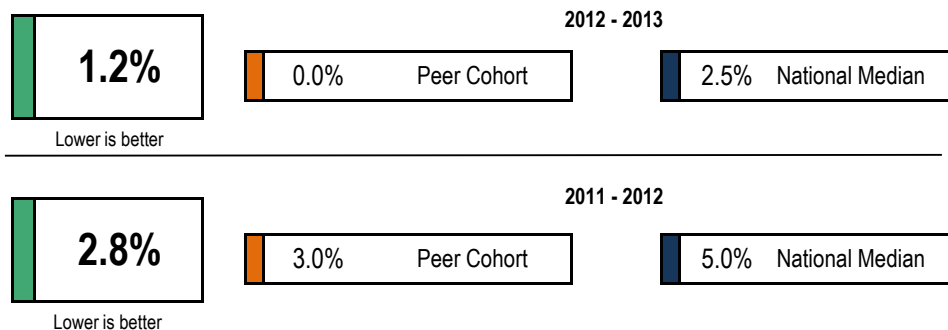
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

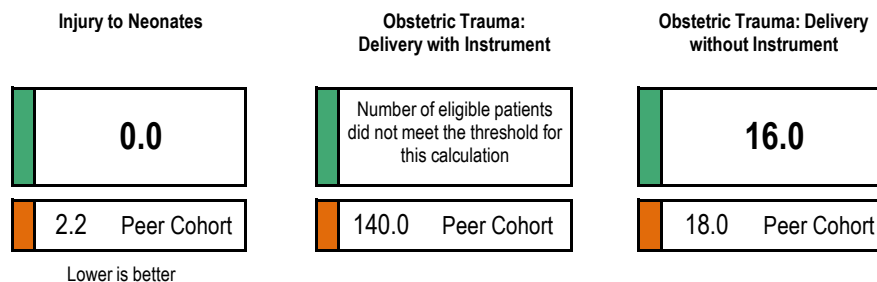
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile: CLINTON HOSPITAL

Clinton, MA
UMass Memorial Health Care
Community, Disproportionate Share Hospital
Central Massachusetts

Clinton Hospital is a non-profit community-Disproportionate Share Hospital (DSH) located in the Central Massachusetts region. It is among the smallest acute hospitals in Massachusetts and is a member of the UMass Memorial Health Care system. Between FY09 and FY13, inpatient discharges decreased 15.3%, while there was a 5.4% median decrease in its peer cohort. Outpatient visits increased 6.6% at Clinton Hospital, compared with a 3.1% median decrease among peer cohort hospitals. Clinton Hospital earned a profit from FY09 to FY11, but had a negative total margin in FY12 and FY13. Its total margin in FY13 was -1.3%, compared with a median of 4.1% among similar hospitals.

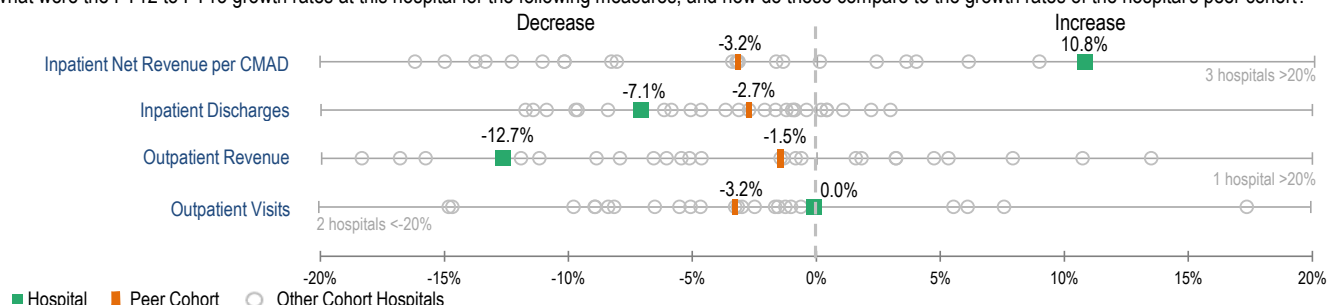
AT A GLANCE

TOTAL STAFFED BEDS: 41, among the smallest acute hospitals
% OCCUPANCY: 60%, < cohort avg. (62%)
CASE MIX INDEX in FY13: 0.89, > cohort avg. (0.84); = statewide (0.89)
INPATIENT DISCHARGES in FY13: 1,117
TRAUMA CENTER DESIGNATION: Not Applicable
EMERGENCY DEPT VISITS in FY13: 13,237

PUBLIC PAYER MIX: 67% (DSH* Hospital)
SPECIAL PUBLIC FUNDING: Not Applicable
CY13 COMMERCIAL PAYER PRICE LEVEL: 41st Percentile
ADJUSTED[‡] COST PER DISCHARGE: \$11,065
INPATIENT:OUTPATIENT REVENUE in FY13: 31%:69%
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

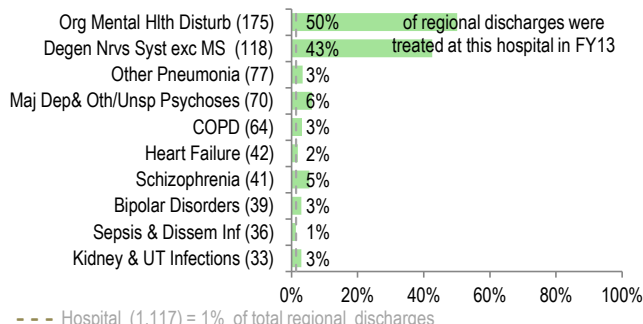
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

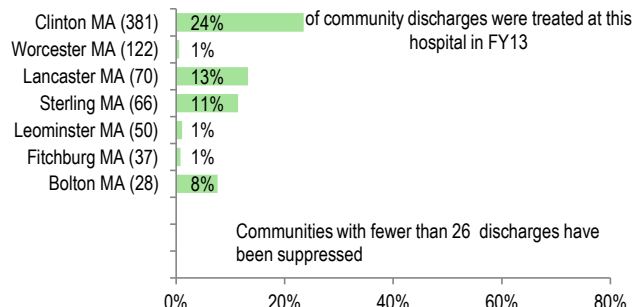
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



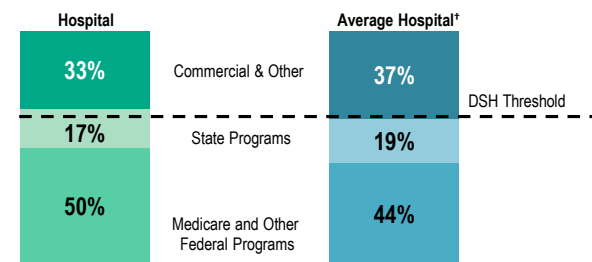
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



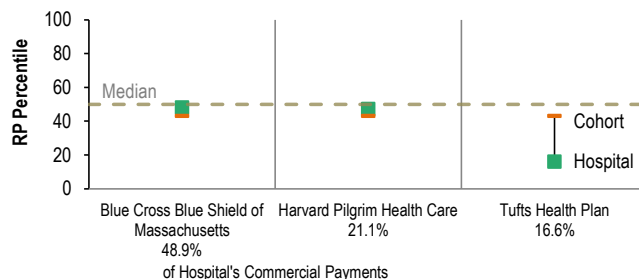
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

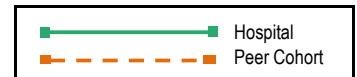
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

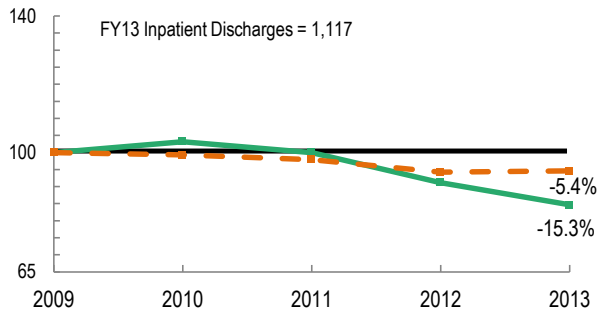
2013 Hospital Profile: CLINTON HOSPITAL

Cohort: Community, Disproportionate Share Hospital

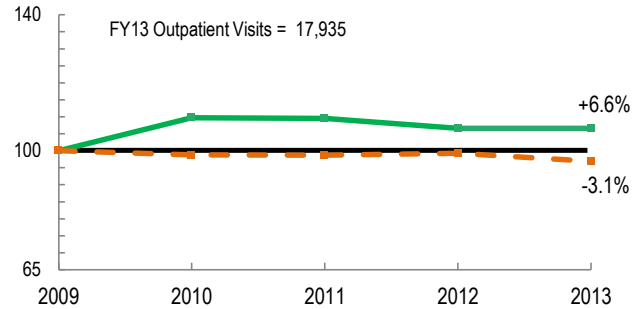


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

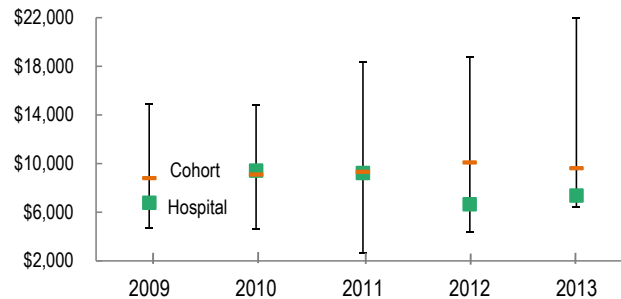


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



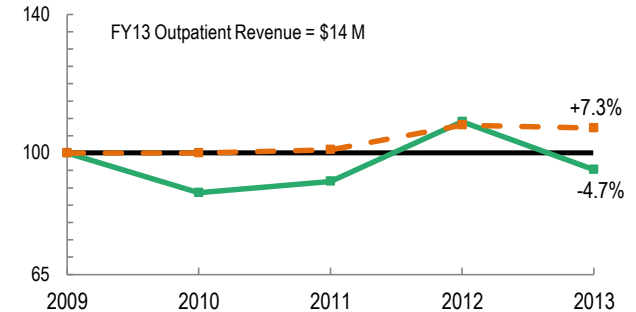
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$7,356 | Full Cost per CMAD = \$11,592

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$26	\$26	\$0	\$26	\$0.7
2010	\$26	\$26	\$0	\$25	\$0.7
2011	\$26	\$26	\$0	\$25	\$0.9
2012	\$26	\$25	\$0	\$26	(\$0.0)
2013	\$24	\$24	\$0	\$24	(\$0.3)

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

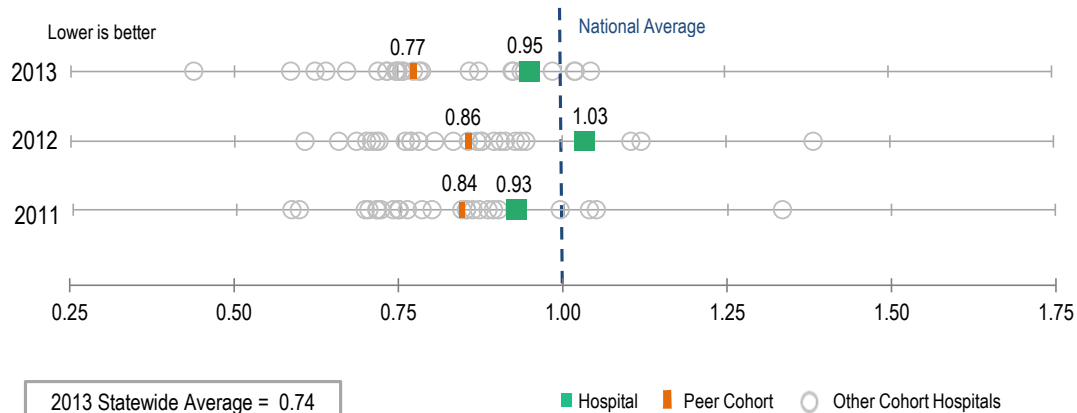
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

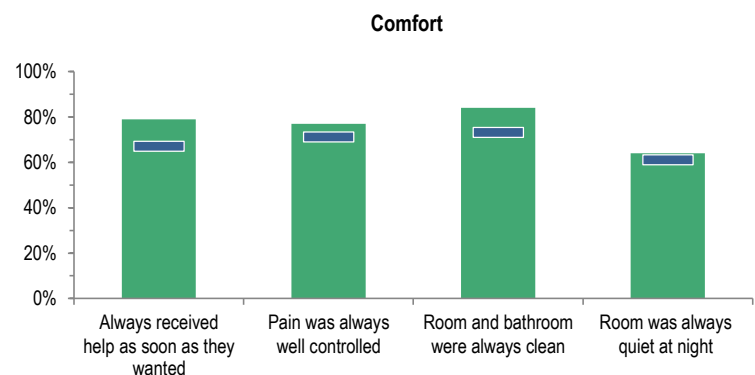
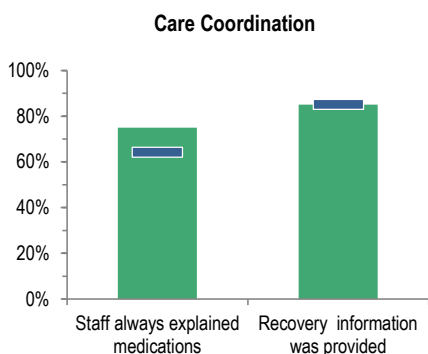
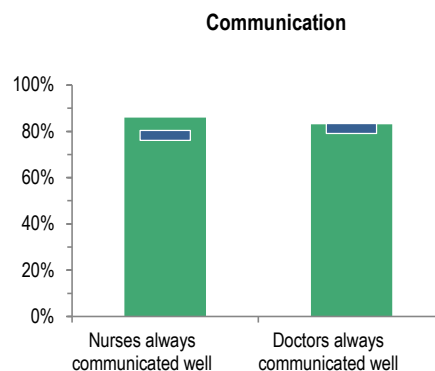
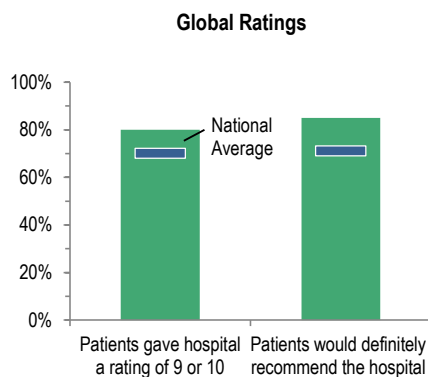
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

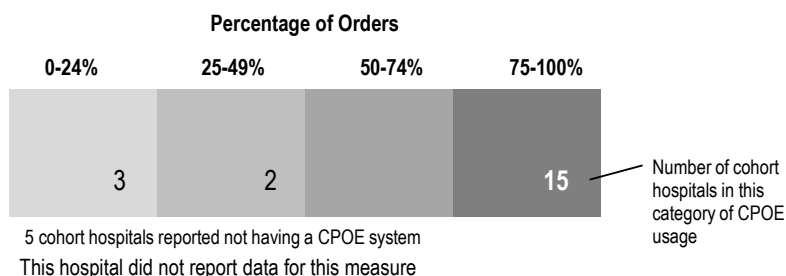
Source: Centers for Medicare and Medicaid (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

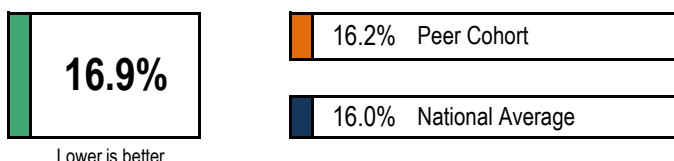
Score: Higher is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

Score: Lower is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

^A Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile: FAIRVIEW HOSPITAL

Great Barrington, MA
Berkshire Health Systems
Community, Disproportionate Share Hospital
Western Massachusetts

Fairview Hospital is a small, non-profit community-Disproportionate Share Hospital (DSH) located in the Western Massachusetts region. It is a member of Berkshire Health Systems. Fairview Hospital is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. Between FY09 and FY13, its outpatient visits increased 73.1%, compared with a 3.1% decline for the median peer cohort hospital. It earned a profit each year from FY09 to FY13, with a total margin of 10.1% in FY13, compared with a median total margin of 4.1% in its peer cohort.

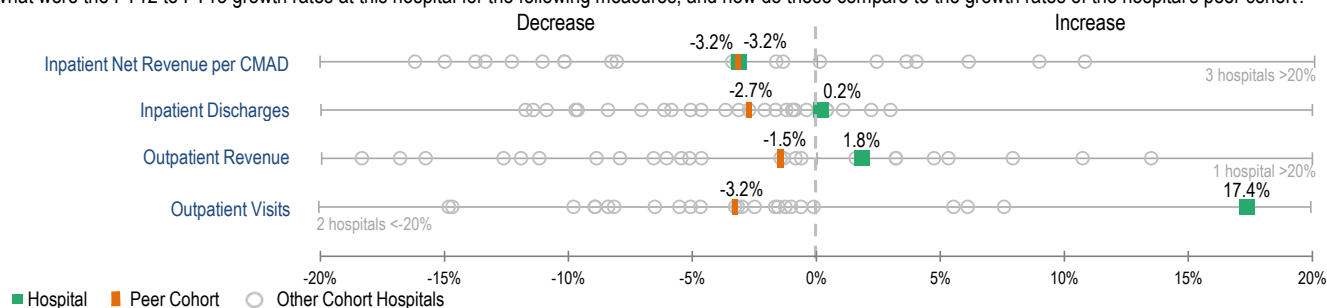
AT A GLANCE

TOTAL STAFFED BEDS: 28, among the smallest acute hospitals
% OCCUPANCY: 40%, < cohort avg. (62%)
CASE MIX INDEX in FY13: 0.63, < cohort avg. (0.84); < statewide (0.89)
INPATIENT DISCHARGES in FY13: 1,166
TRAUMA CENTER DESIGNATION: Not Applicable
EMERGENCY DEPT VISITS in FY13: 12,672

PUBLIC PAYER MIX: 66% (DSH* Hospital)
SPECIAL PUBLIC FUNDING: ICB⁹
CY13 COMMERCIAL PAYER PRICE LEVEL: 63rd Percentile
ADJUSTED[‡] COST PER DISCHARGE: \$19,710
INPATIENT:OUTPATIENT REVENUE in FY13: 19%:81%
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

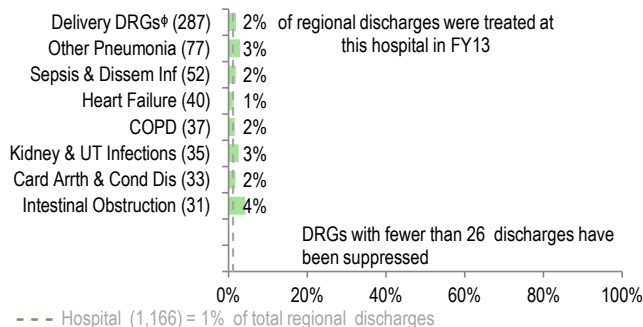
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

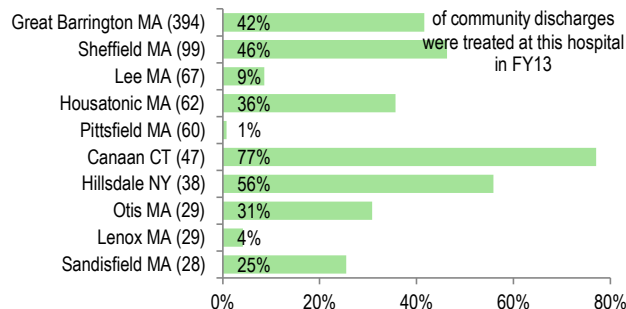
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



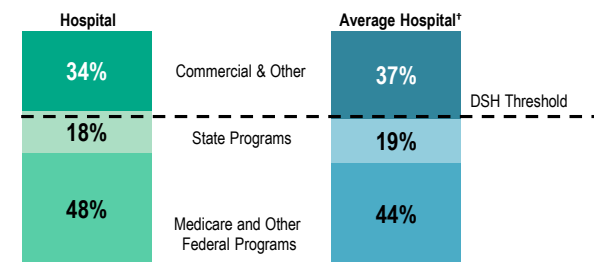
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



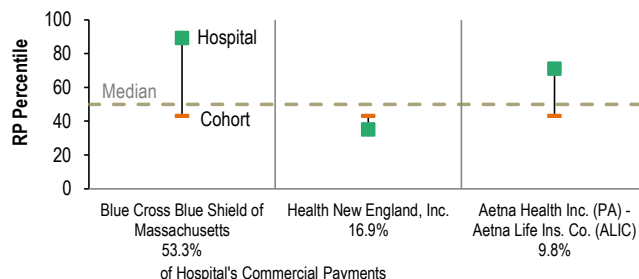
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

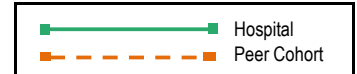
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

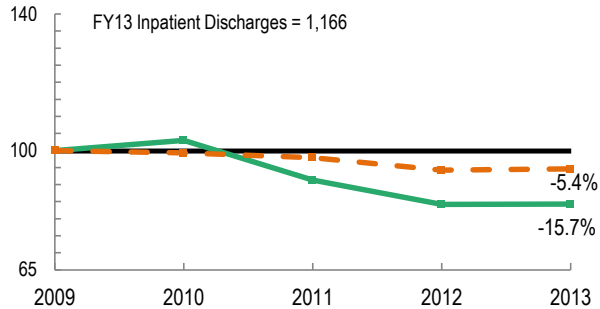
2013 Hospital Profile: FAIRVIEW HOSPITAL

Cohort: Community, Disproportionate Share Hospital

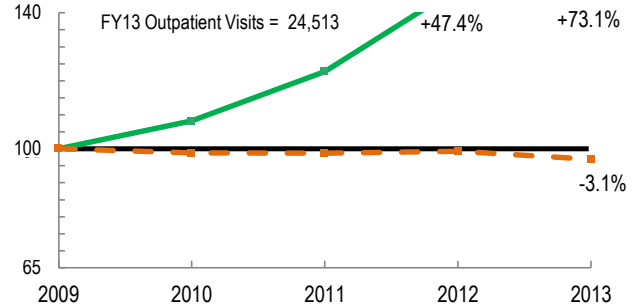


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

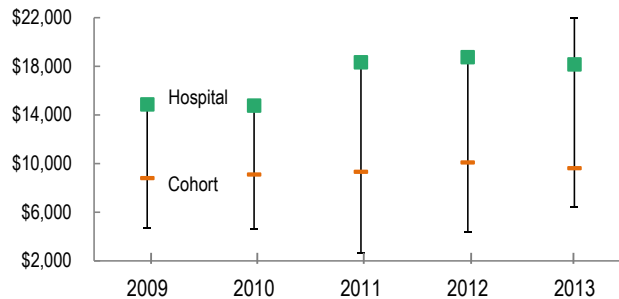


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



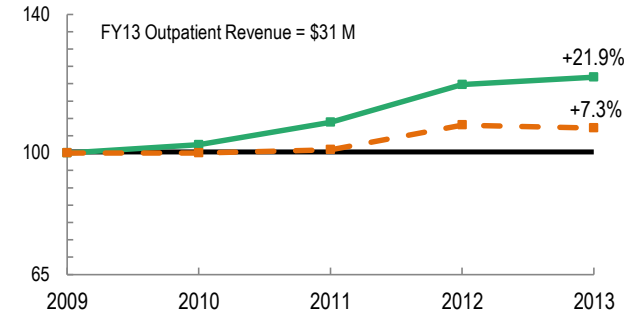
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$18,137 | Full Cost per CMAD = \$21,378

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

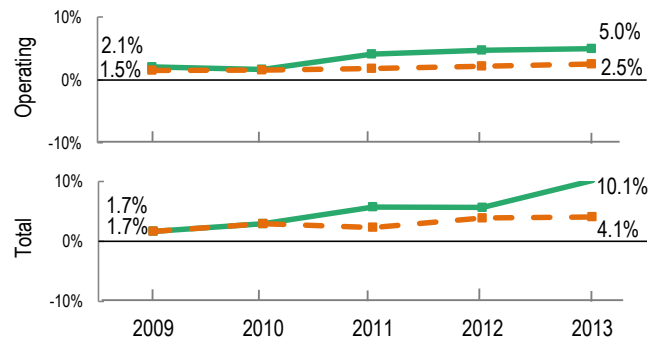


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$39	\$39	(\$0)	\$38	\$0.7
2010	\$40	\$40	\$1	\$39	\$1.2
2011	\$43	\$43	\$1	\$41	\$2.5
2012	\$46	\$46	\$0	\$43	\$2.6
2013	\$48	\$45	\$2	\$43	\$4.8

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

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

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

§ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

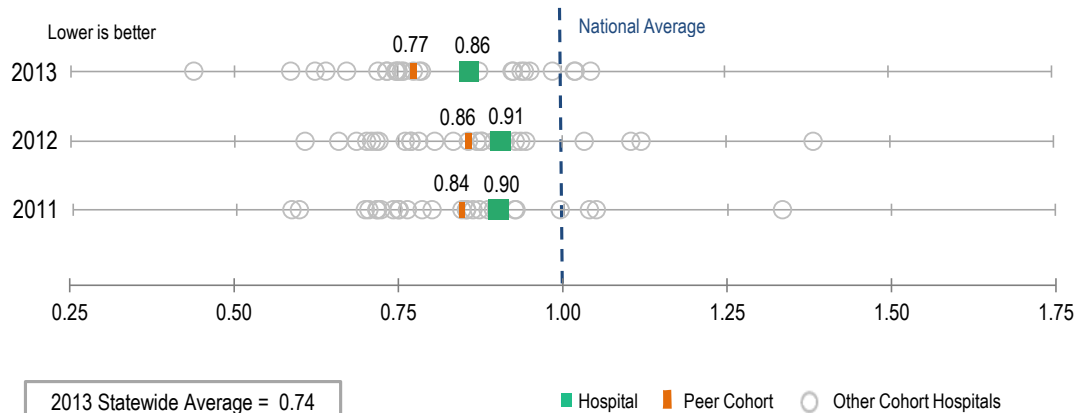
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

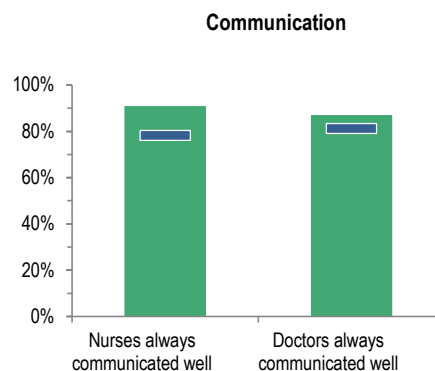
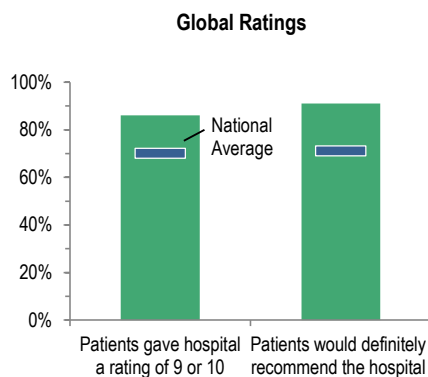
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



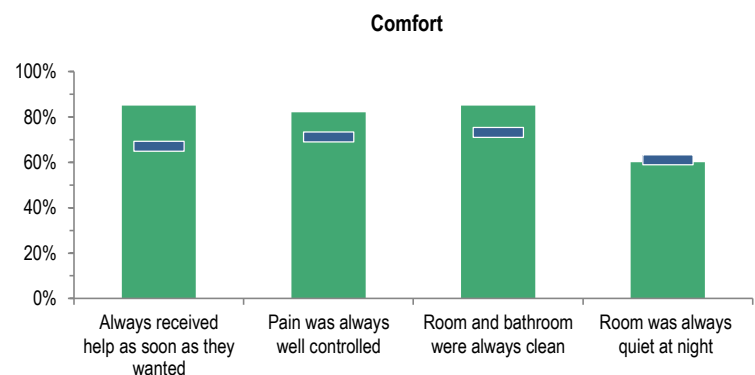
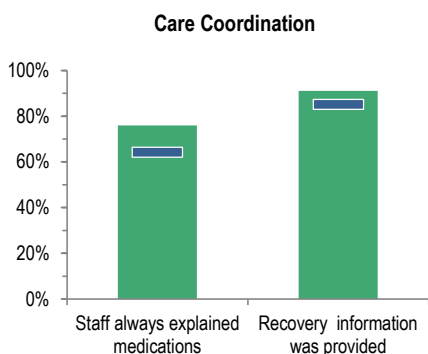
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

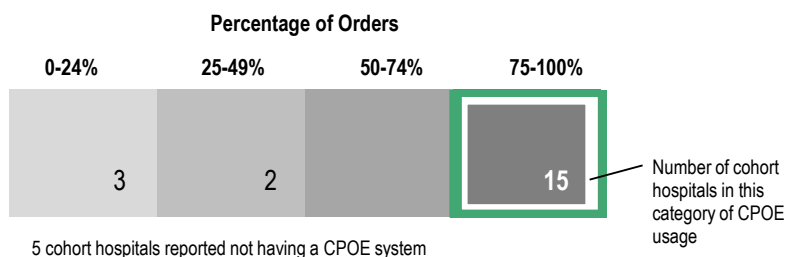
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

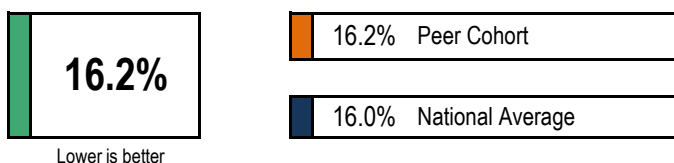
Score: Higher is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

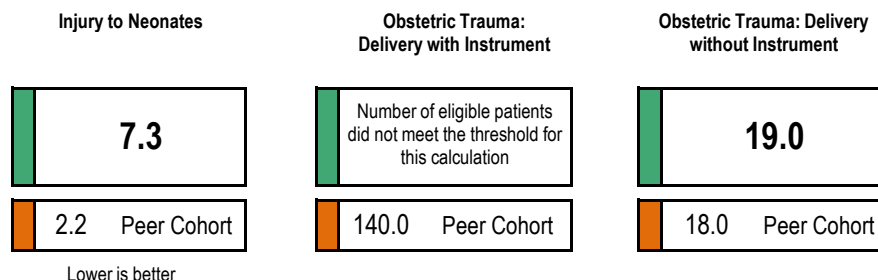
Score: Lower is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

^A Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile: FALMOUTH HOSPITAL

Falmouth, MA
Cape Cod Healthcare
Community, Disproportionate Share Hospital
Cape and Islands

Falmouth Hospital is a mid-size, non-profit community-Disproportionate Share Hospital (DSH) located in the Cape and Islands region. It is a member of the Cape Cod Healthcare system. Between FY09 and FY13, its inpatient discharges decreased 2.7%, compared with a median decrease of 5.4% among cohort hospitals. Outpatient visits decreased 3.1% in that same period, while there was a median decrease of 4.7% in its cohort. Falmouth Hospital earned a profit each year from FY09 to FY13, and earned an 11.4% total margin in FY13, compared to a cohort median total margin of 4.1%.

AT A GLANCE

TOTAL STAFFED BEDS: 103, mid-size acute hospital

% OCCUPANCY: 66%, > cohort avg. (62%)

CASE MIX INDEX in FY13: 0.94, > cohort avg. (0.84); > statewide (0.89)

INPATIENT DISCHARGES in FY13: 6,542

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 36,750

PUBLIC PAYER MIX: 68% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: Not Applicable

CY13 COMMERCIAL PAYER PRICE LEVEL: 72nd Percentile

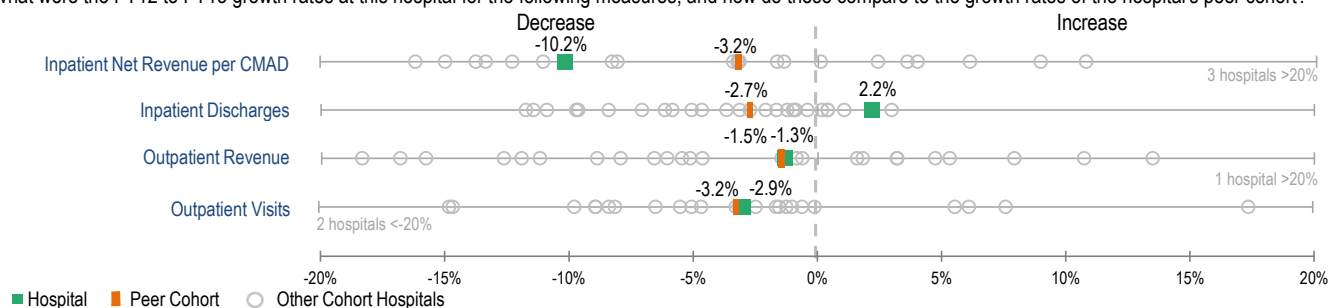
ADJUSTED[‡] COST PER DISCHARGE: \$10,353

INPATIENT:OUTPATIENT REVENUE in FY13: 31%:69%

CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

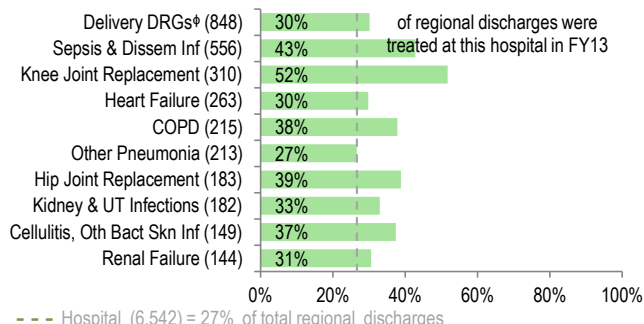
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

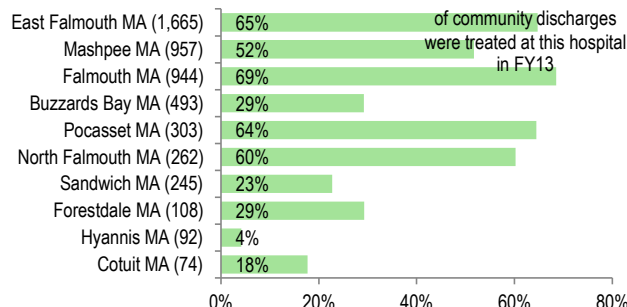
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



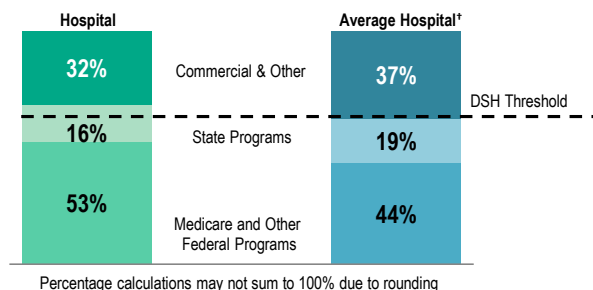
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community

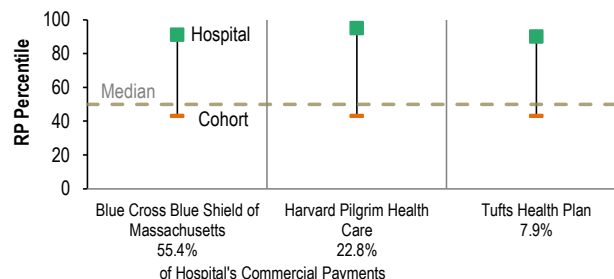


PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

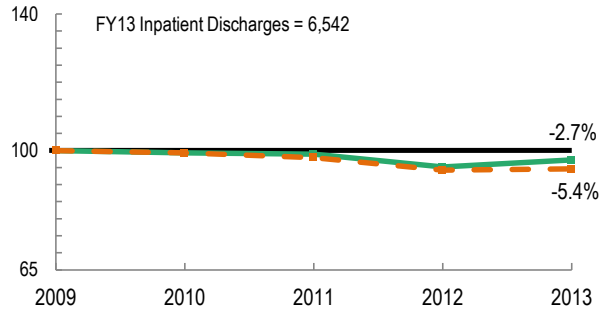
2013 Hospital Profile: FALMOUTH HOSPITAL

Cohort: Community, Disproportionate Share Hospital

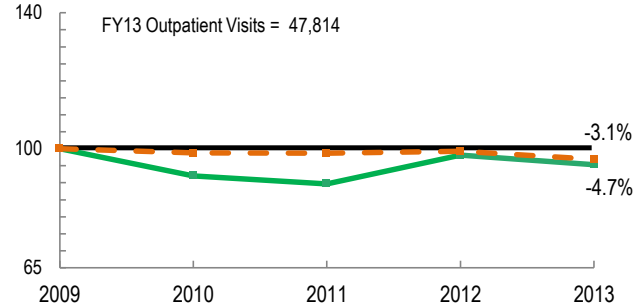


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

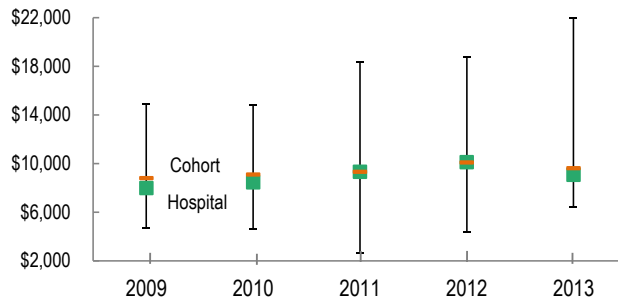


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



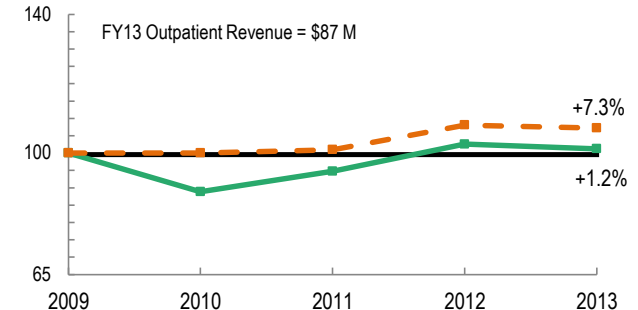
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$9,068 | Full Cost per CMAD = \$10,353

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

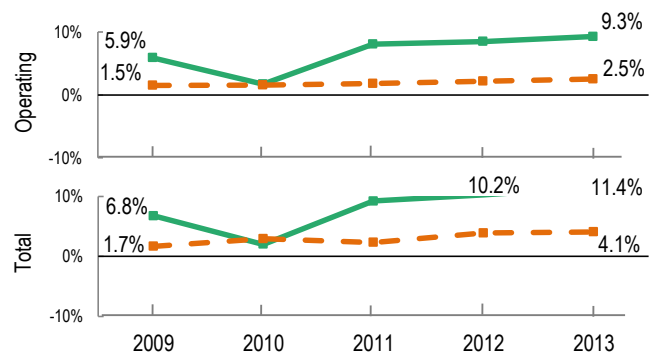


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$142	\$141	\$1	\$132	\$9.6
2010	\$134	\$134	\$0	\$131	\$2.7
2011	\$149	\$147	\$2	\$135	\$13.7
2012	\$159	\$156	\$3	\$143	\$16.2
2013	\$154	\$150	\$3	\$136	\$17.6

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

* Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

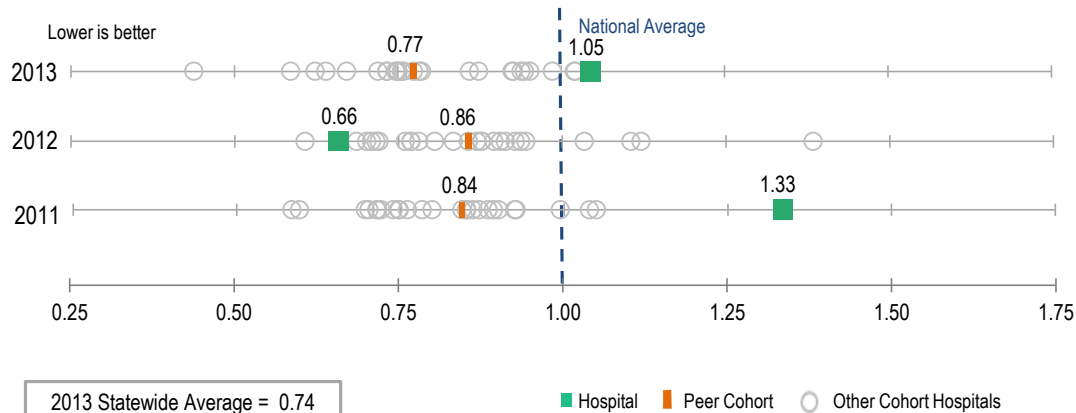
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

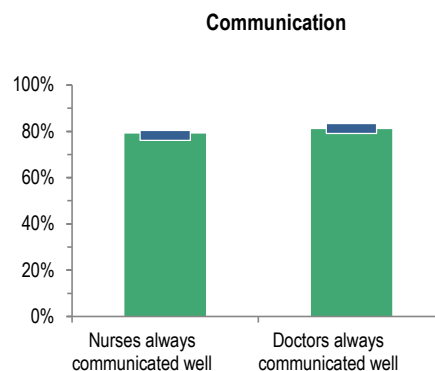
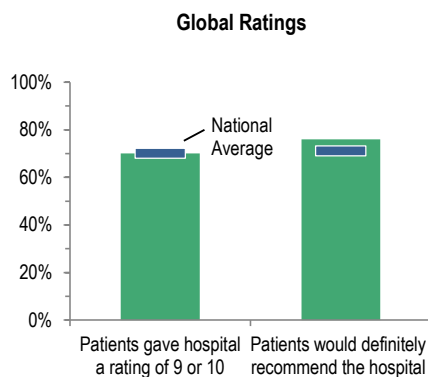
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



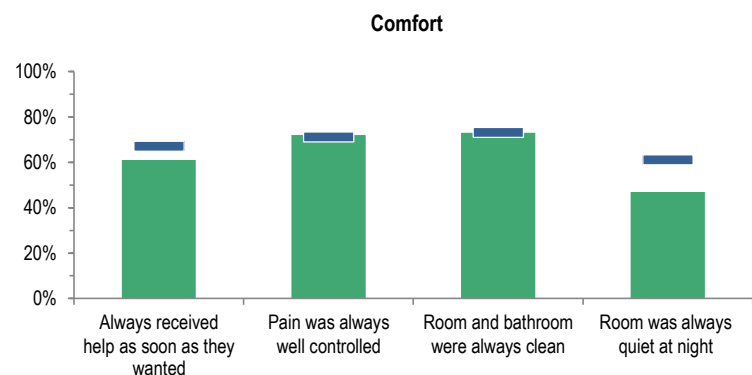
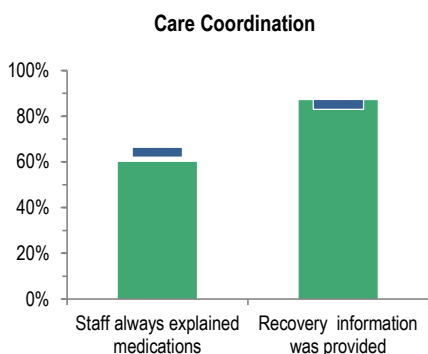
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

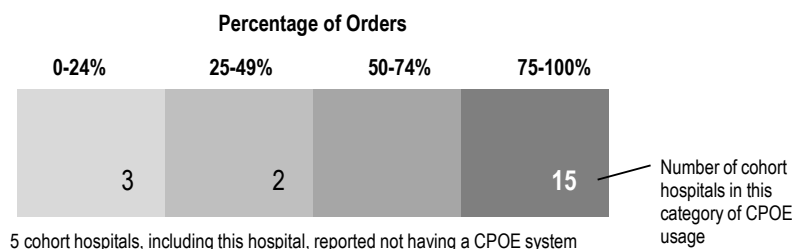
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

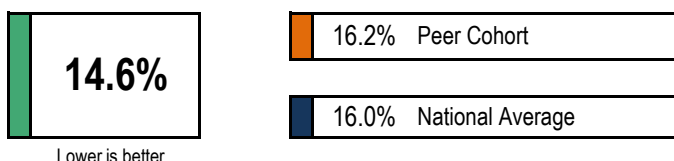
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

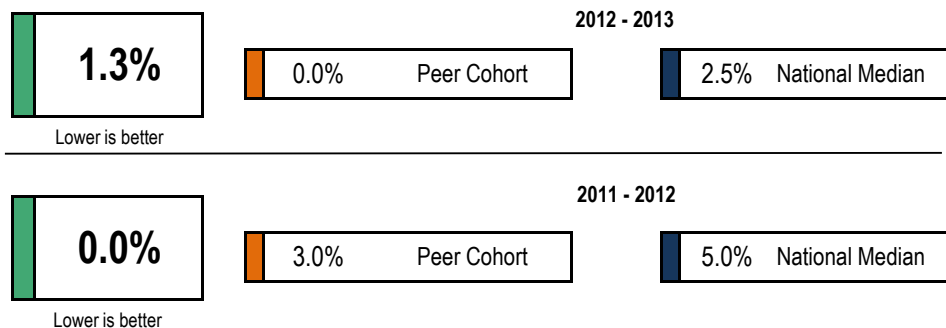
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

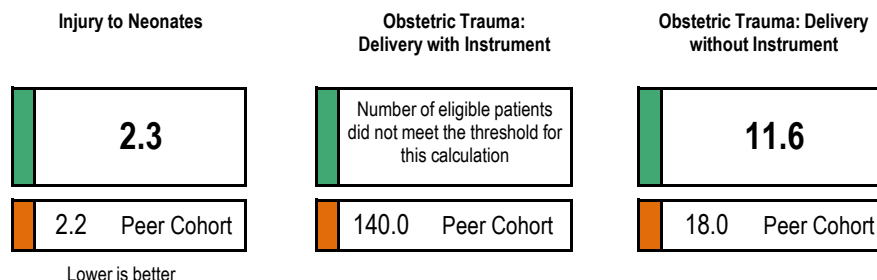
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile:

HARRINGTON MEMORIAL HOSPITALCommunity, Disproportionate Share Hospital
Central Massachusetts

Harrington Memorial Hospital is a mid-size, non-profit community-Disproportionate Share Hospital (DSH) located in the Central Massachusetts region. In FY12, Harrington was a member of the community hospital cohort, as its public payer mix did not exceed the DSH threshold. Outpatient visits at Harrington increased 39.1% between FY09 and FY13; outpatient visits increased most rapidly between FY09 and FY11, by 54.0%. The hospital earned a profit each year during the FY09 to FY13 period except in FY12. Its total margin in FY13 was 4.1%, similar to the median of its peer cohort hospitals.

AT A GLANCE

TOTAL STAFFED BEDS: 126, mid-size acute hospital

% OCCUPANCY: 38%, < cohort avg. (62%)

CASE MIX INDEX in FY13: 0.76, < cohort avg. (0.84); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 4,392

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 38,636

PUBLIC PAYER MIX: 65% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: CHART^A

CY13 COMMERCIAL PAYER PRICE LEVEL: 44th Percentile

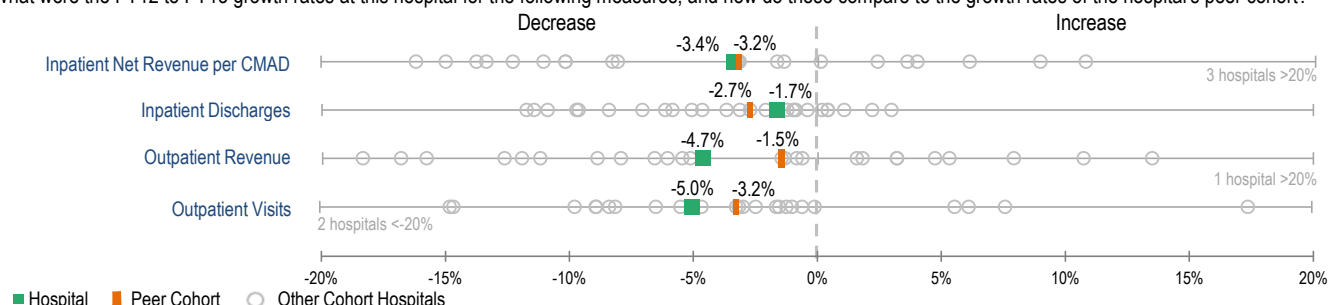
ADJUSTED[‡] COST PER DISCHARGE: \$9,382

INPATIENT:OUTPATIENT REVENUE in FY13: 20%:80%

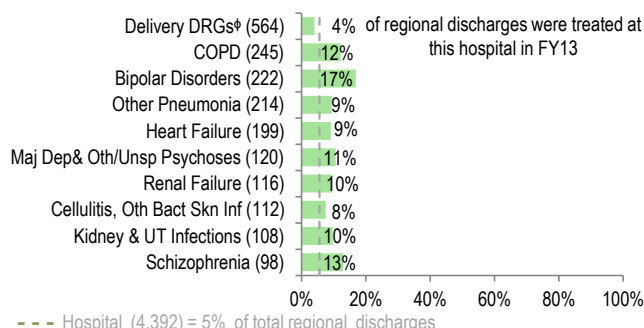
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

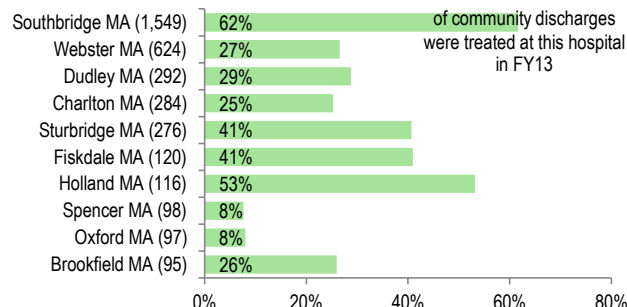
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

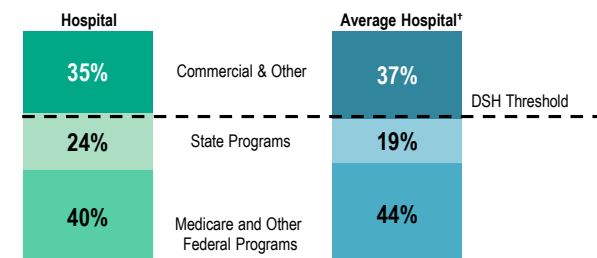
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

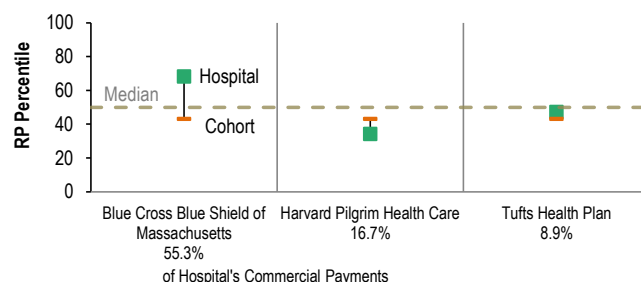
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

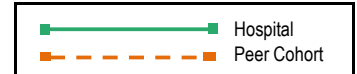
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

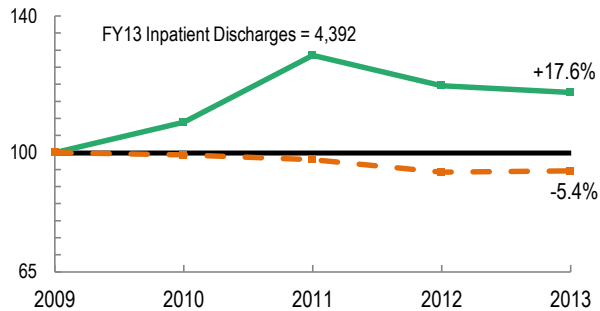
2013 Hospital Profile: HARRINGTON MEMORIAL HOSPITAL

Cohort: Community, Disproportionate Share Hospital

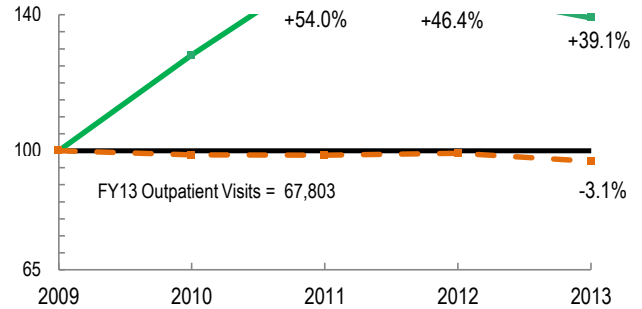


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

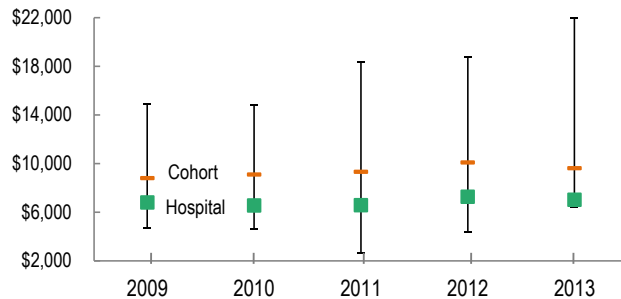


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



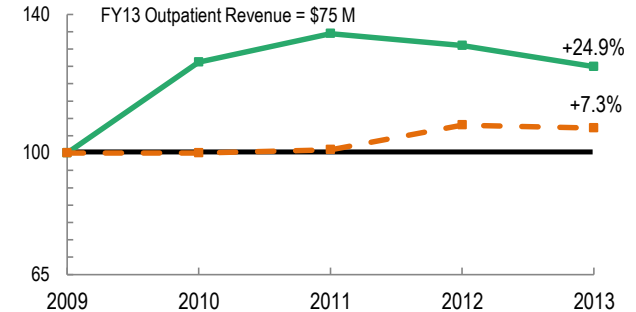
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$7,019 | Full Cost per CMAD = \$9,570

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

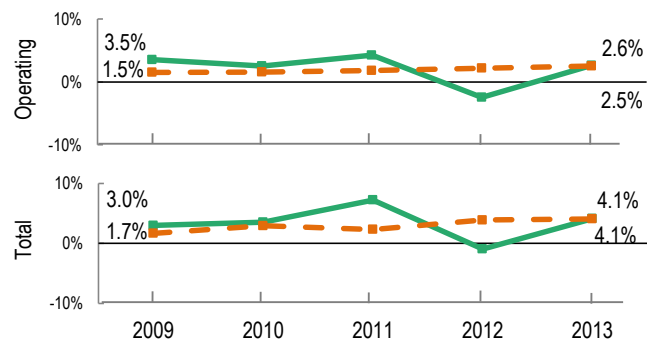


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$87	\$87	(\$0)	\$84	\$2.6
2010	\$106	\$105	\$1	\$102	\$3.7
2011	\$118	\$115	\$4	\$110	\$8.5
2012	\$117	\$115	\$2	\$118	(\$1.1)
2013	\$112	\$110	\$2	\$107	\$4.6

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) 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).

† Costs were adjusted to exclude direct medical education costs and physician compensation.

‡ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

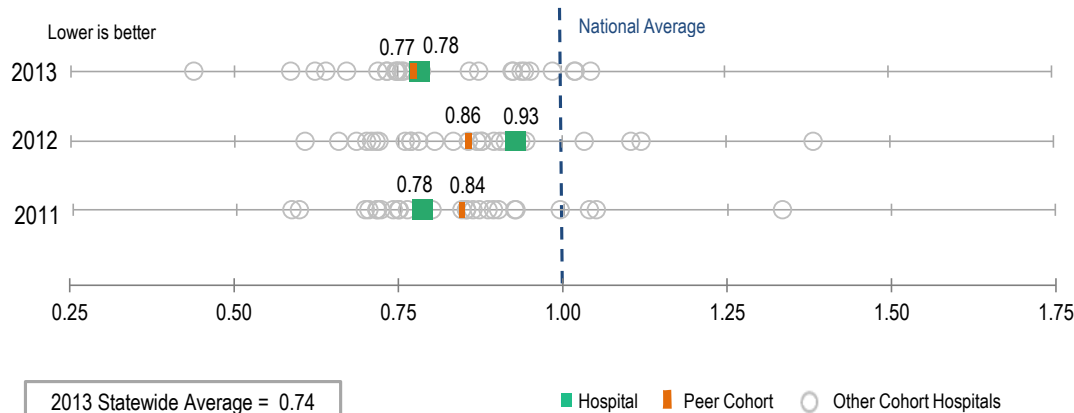
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

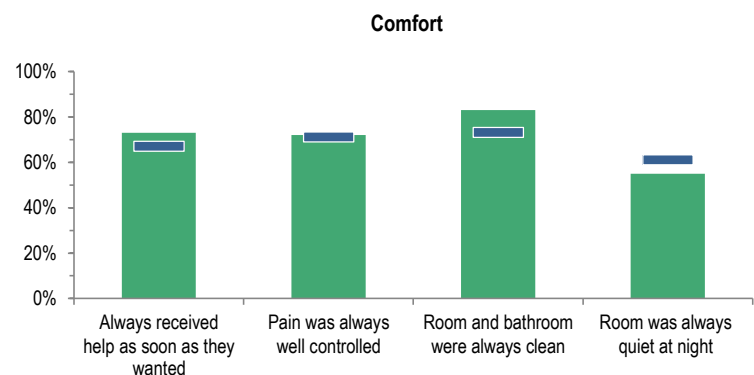
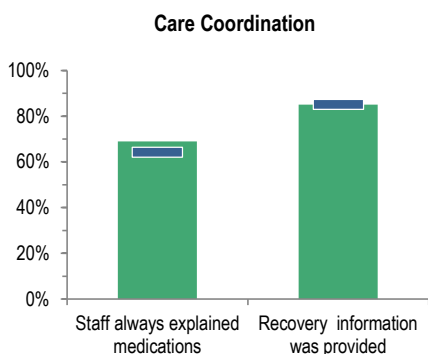
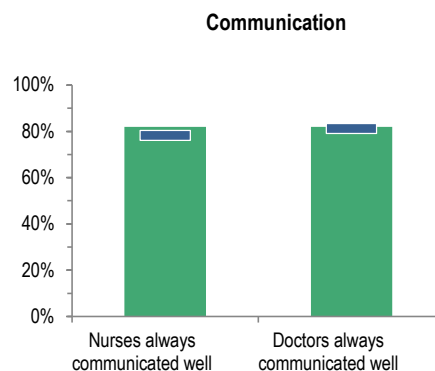
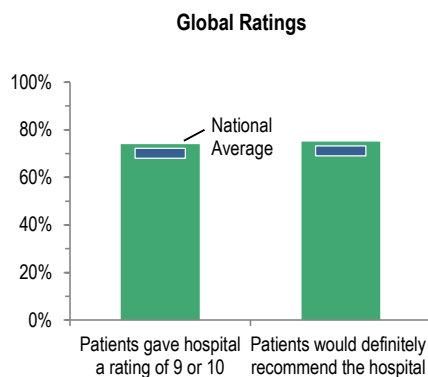
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

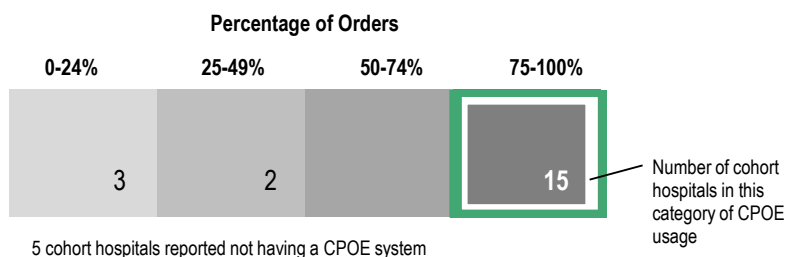
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an **electronic system** that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

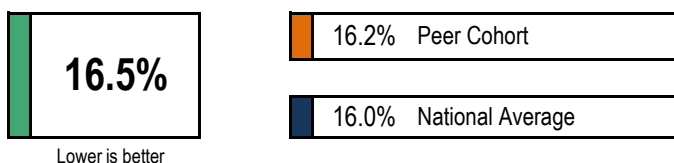
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

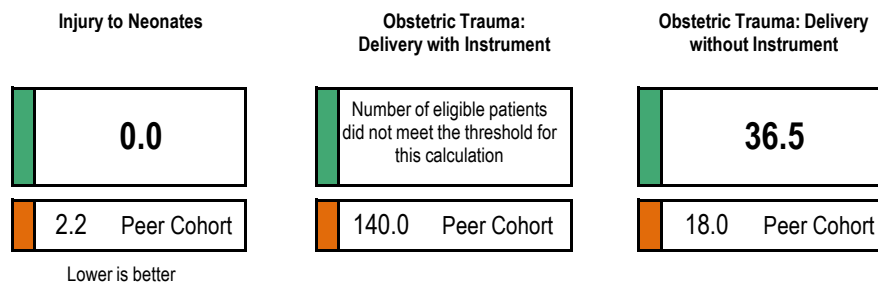
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile: HEALTHALLIANCE HOSPITAL

Leominster, MA & Fitchburg, MA
UMass Memorial Health Care
Community, Disproportionate Share Hospital
Central Massachusetts

HealthAlliance Hospital is a non-profit community-Disproportionate Share Hospital (DSH) located in the Central Massachusetts region. It is among the smaller acute hospitals in Massachusetts and a member of the UMass Memorial Health Care system. From FY09 to FY13, inpatient discharges decreased by 14.5% at HealthAlliance, while there was a median decrease of 5.4% in its peer cohort. During that same period, outpatient visits at the hospital increased by 3.4% compared with a median decrease of 3.1% decrease in its peer cohort. HealthAlliance earned a profit each year in the five year period, with a 4.1% total margin in FY13, consistent with the median of its cohort.

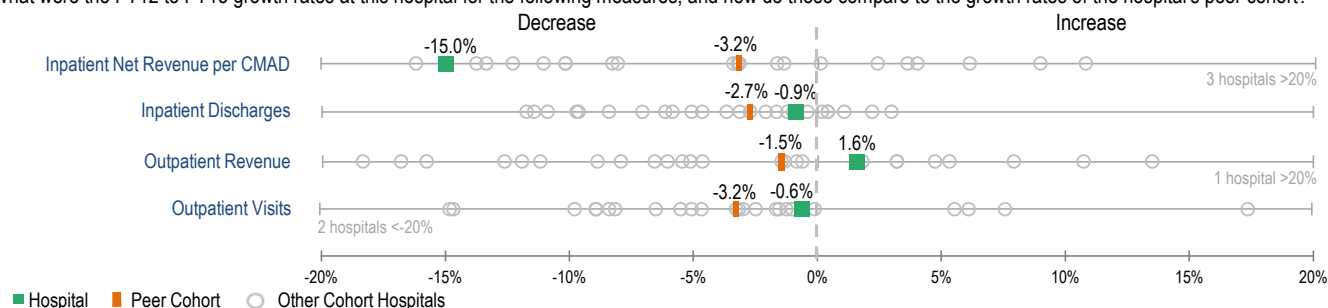
AT A GLANCE

TOTAL STAFFED BEDS: 89, among the smaller hospitals
% OCCUPANCY: 93%, > cohort avg. (62%)
CASE MIX INDEX in FY13: 0.83, < cohort avg. (0.84); < statewide (0.89)
INPATIENT DISCHARGES in FY13: 7,567
TRAUMA CENTER DESIGNATION: Not Applicable
EMERGENCY DEPT VISITS in FY13: 61,369

PUBLIC PAYER MIX: 65% (DSH* Hospital)
SPECIAL PUBLIC FUNDING: CHART^
CY13 COMMERCIAL PAYER PRICE LEVEL: 46th Percentile
ADJUSTED[‡] COST PER DISCHARGE: \$8,776
INPATIENT:OUTPATIENT REVENUE in FY13: 31%:69%
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

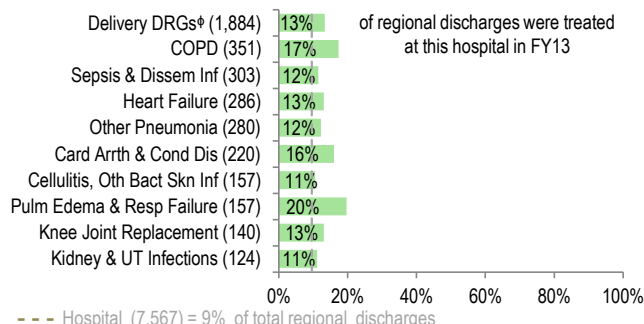
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

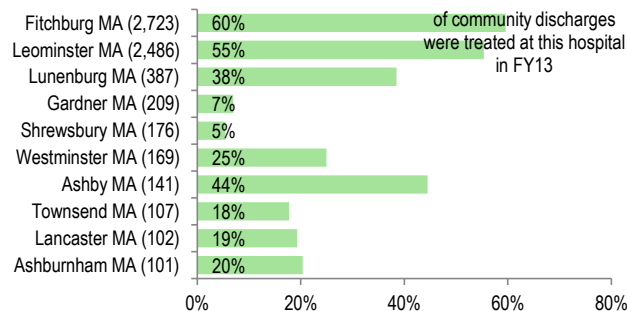
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



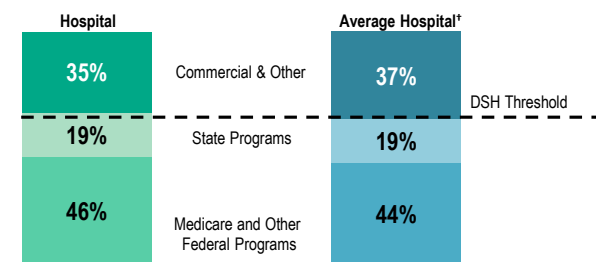
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



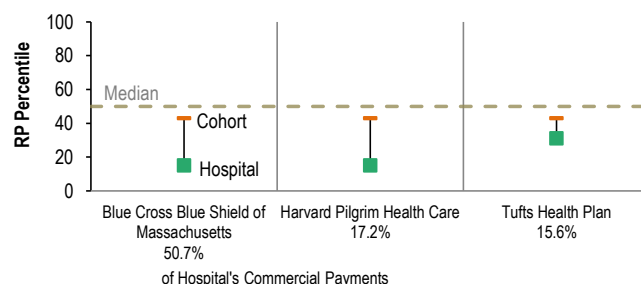
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

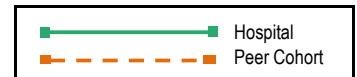
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

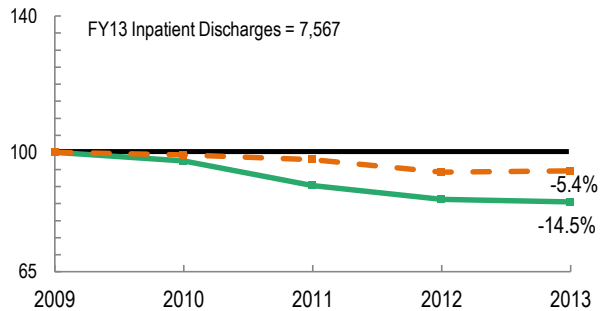
2013 Hospital Profile: **HEALTHALLIANCE HOSPITAL**

Cohort: Community, Disproportionate Share Hospital

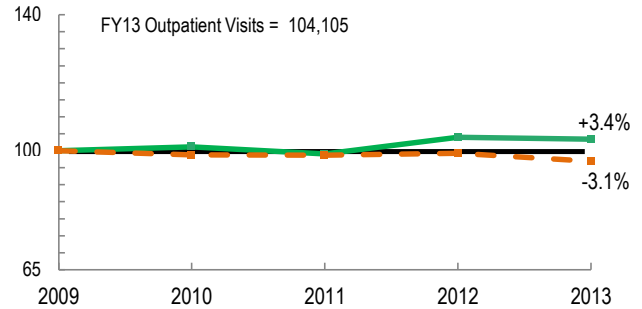


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

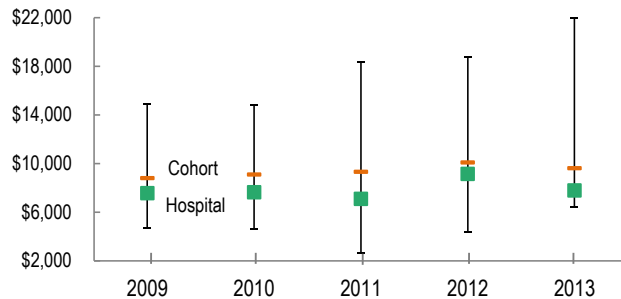


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



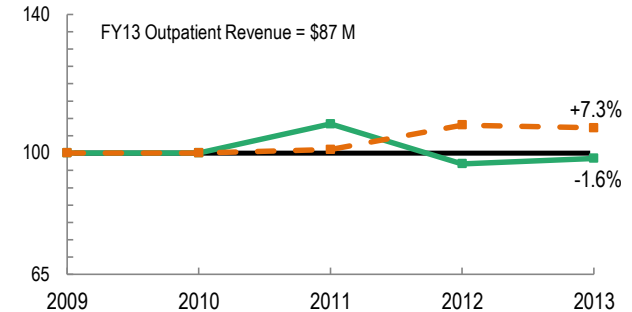
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$7,766 | Full Cost per CMAD = \$9,448

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

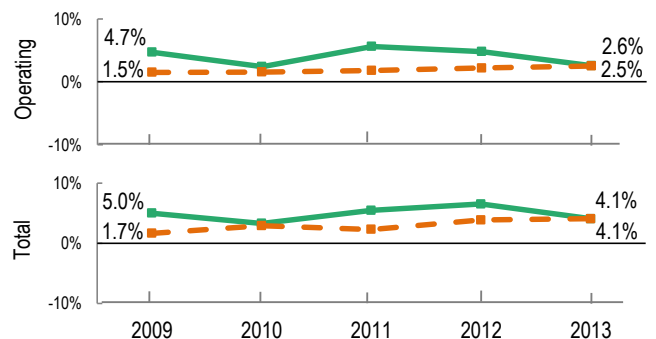


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$167	\$166	\$1	\$158	\$8.4
2010	\$168	\$166	\$2	\$162	\$5.6
2011	\$168	\$168	\$0	\$159	\$9.2
2012	\$168	\$165	\$3	\$157	\$11.0
2013	\$162	\$159	\$2	\$155	\$6.6

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) 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).

† Costs were adjusted to exclude direct medical education costs and physician compensation.

‡ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

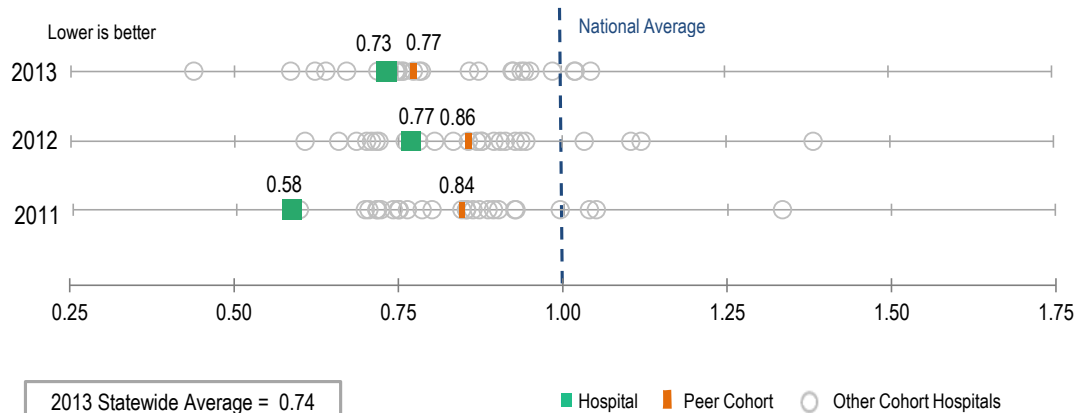
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

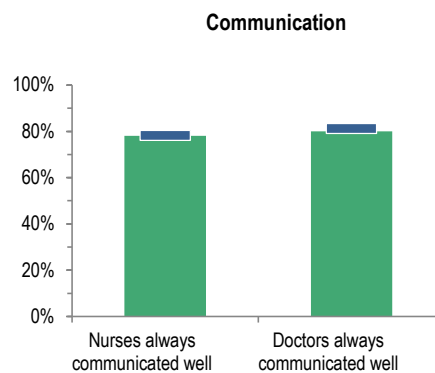
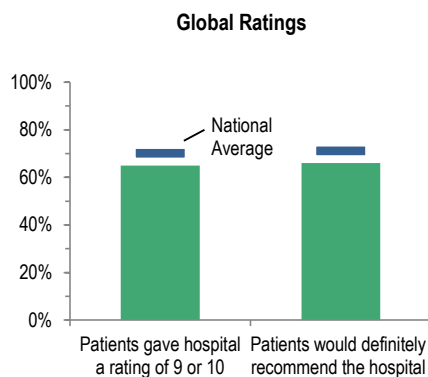
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



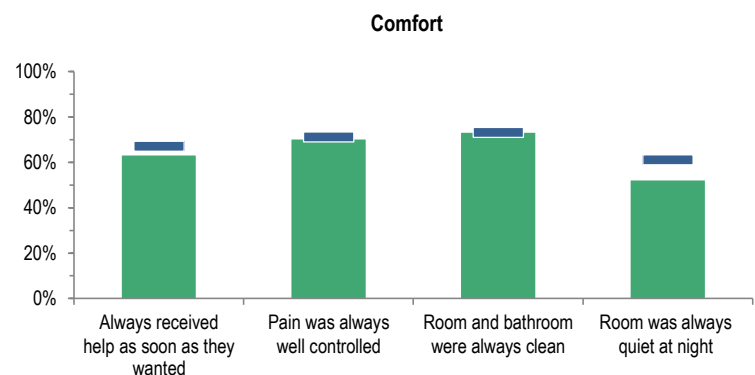
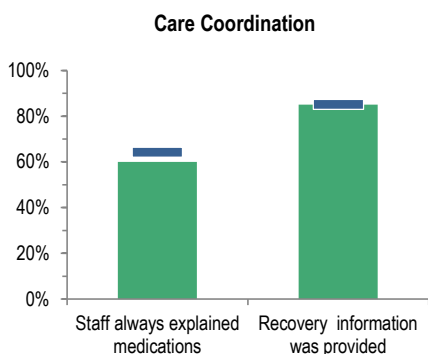
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

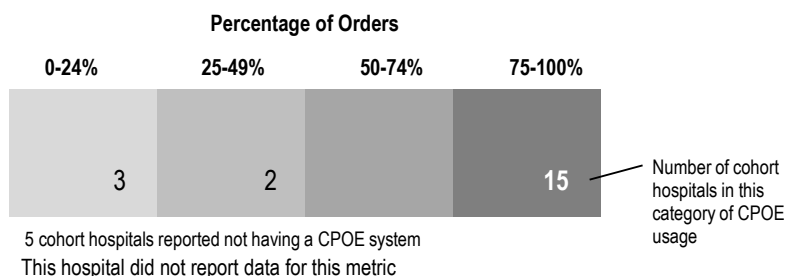
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

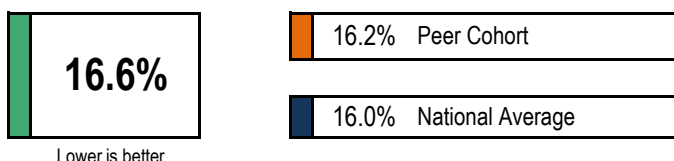
Score: Higher is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

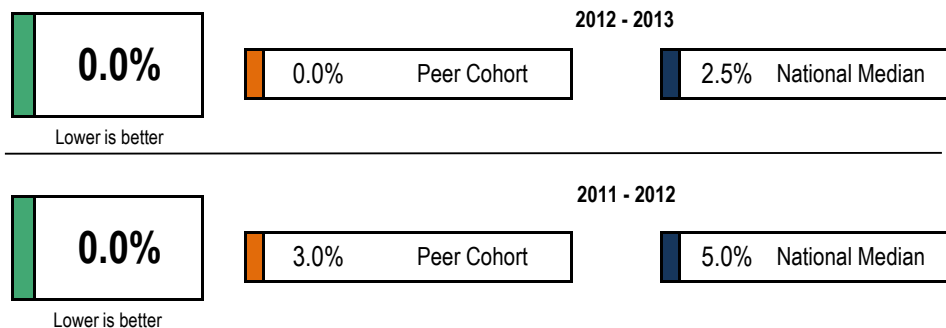
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

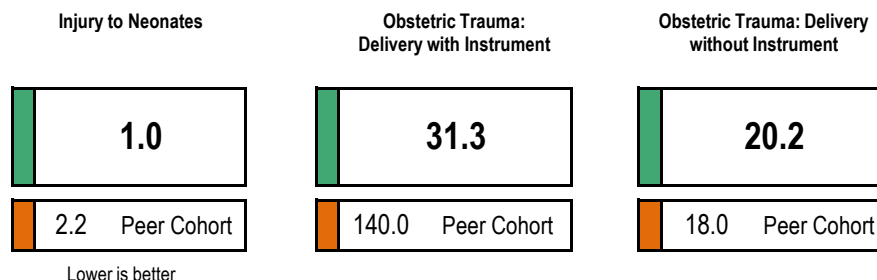
Score: Lower is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

^A Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile: HEYWOOD HOSPITAL

Gardner, MA
Heywood Healthcare
Community, Disproportionate Share Hospital
Central Massachusetts

Heywood Hospital is a mid-size, non-profit community-Disproportionate Share Hospital (DSH) located in the Central Massachusetts region. It is a member of the Heywood Healthcare system. Between FY09 and FY13, inpatient discharges at the hospital decreased by 5.1%, similar to the median of its cohort. During that period, outpatient visits decreased by 7.1% at Heywood Hospital, compared to a median decrease of 3.1% among peer cohort hospitals. Heywood Hospital earned a profit each year in the five-year period, except in FY11. Its total margin in FY13 was 5.1%, compared to 4.1%, the median of its peer cohort.

AT A GLANCE

TOTAL STAFFED BEDS: 129, mid-size acute hospital

% OCCUPANCY: 65%, > cohort avg. (62%)

CASE MIX INDEX in FY13: 0.84, = cohort avg. (0.84); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 5,669

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 25,806

PUBLIC PAYER MIX: 64% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: CHART^A, ICB^B

CY13 COMMERCIAL PAYER PRICE LEVEL: 17th Percentile

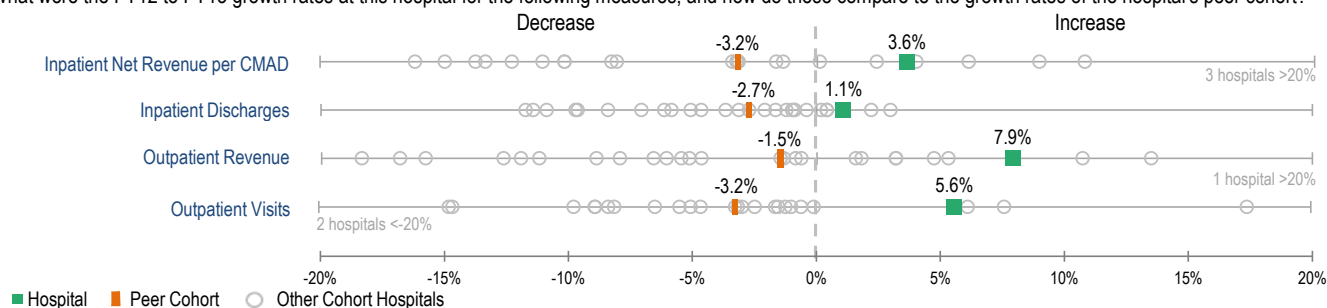
ADJUSTED[‡] COST PER DISCHARGE: \$7,935

INPATIENT:OUTPATIENT REVENUE in FY13: 27%:73%

CHANGE IN OWNERSHIP (FY09-FY13): Heywood Healthcare - 2012

GROWTH MEASURES

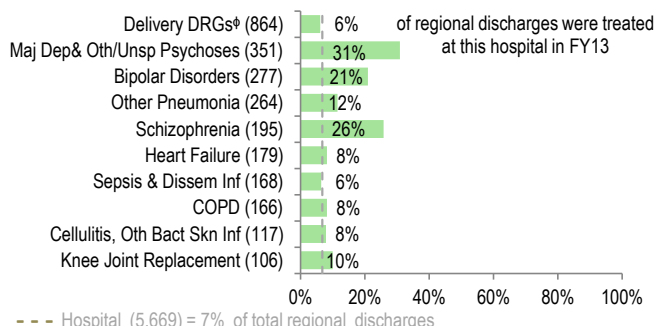
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

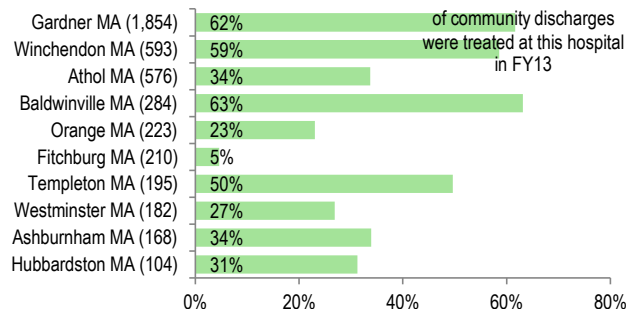
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



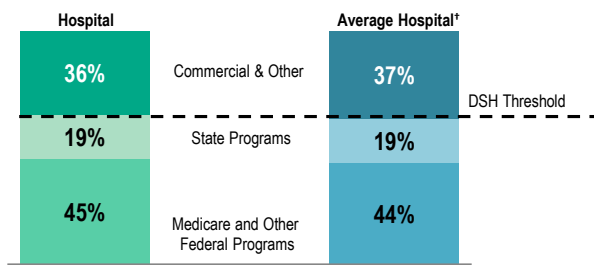
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



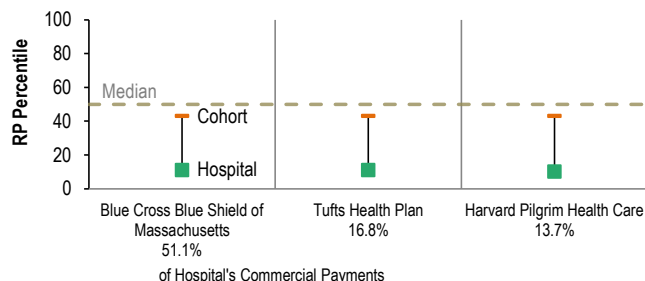
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

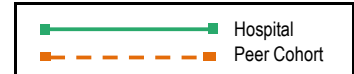
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

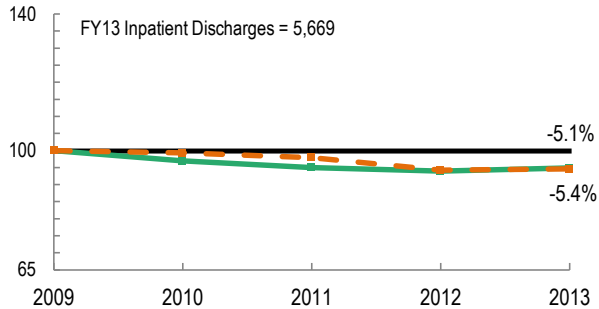
2013 Hospital Profile: HEYWOOD HOSPITAL

Cohort: Community, Disproportionate Share Hospital

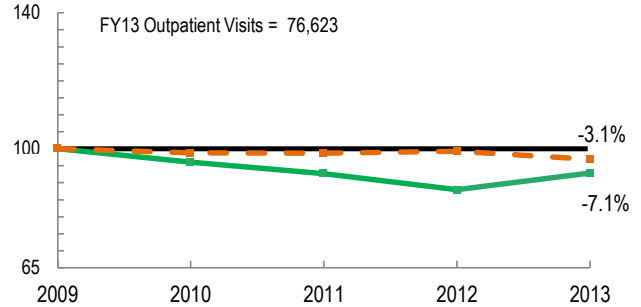


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

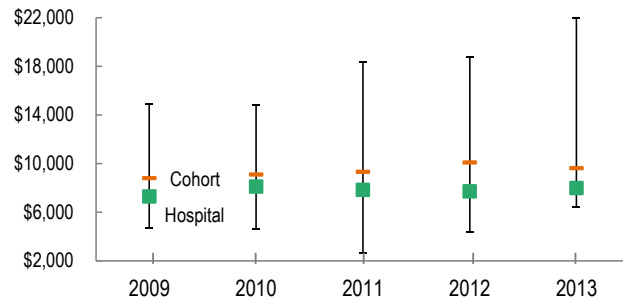


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



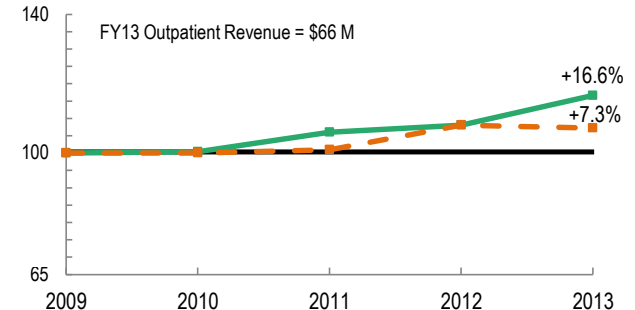
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$7,968 | Full Cost per CMAD = \$8,307

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$91	\$91	(\$1)	\$90	\$0.4
2010	\$96	\$95	\$1	\$92	\$3.6
2011	\$97	\$97	(\$0)	\$99	(\$1.3)
2012	\$103	\$101	\$2	\$99	\$4.0
2013	\$105	\$102	\$3	\$100	\$5.4

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

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

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

[†] Costs were adjusted to exclude direct medical education costs and physician compensation.

[†] Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

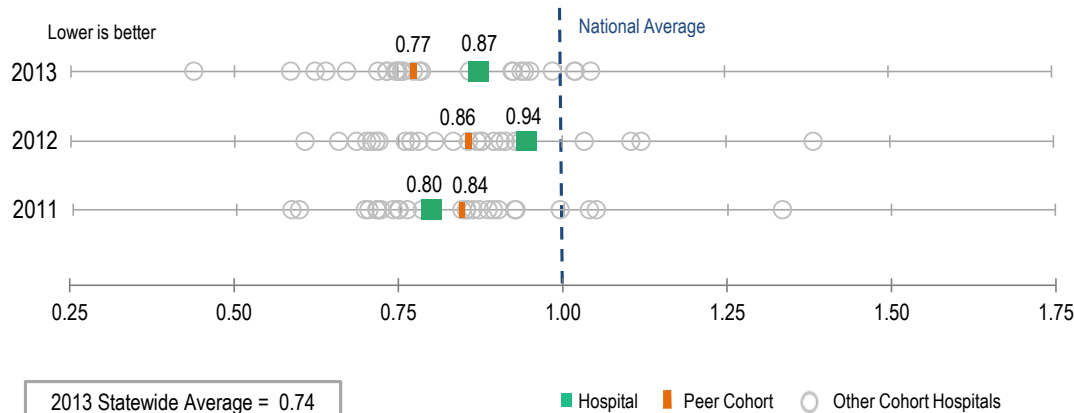
[†] Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

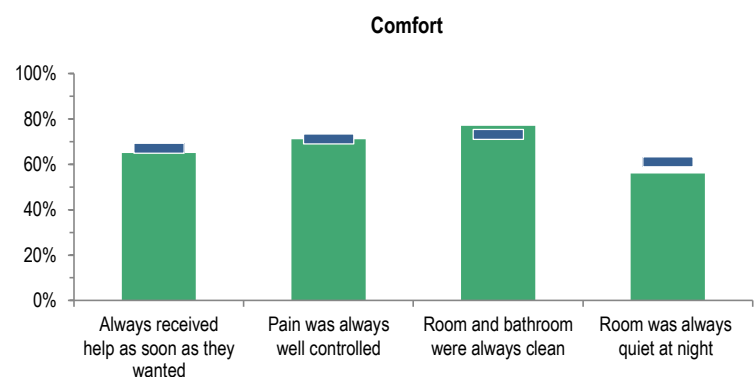
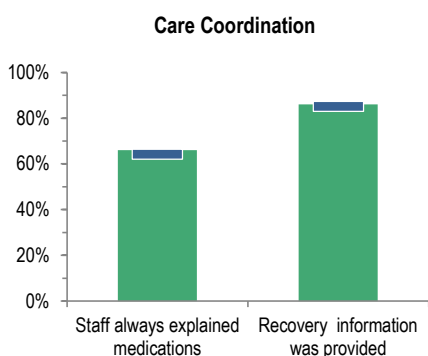
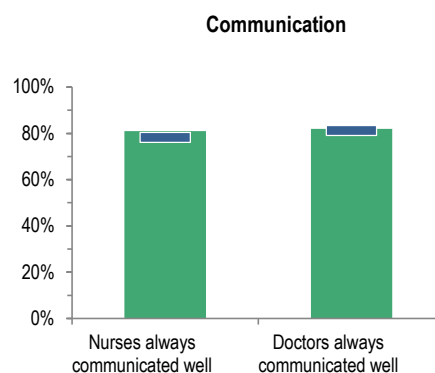
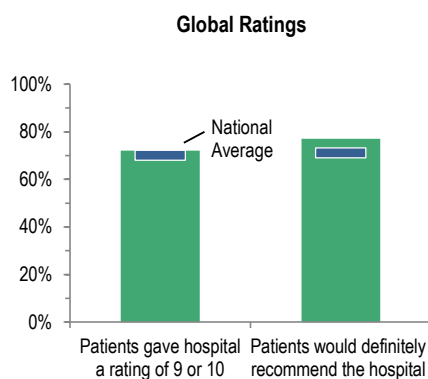
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

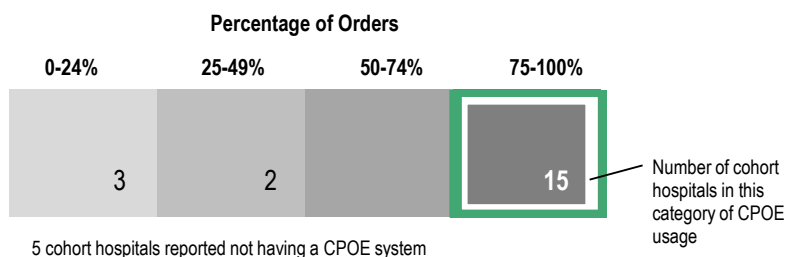
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

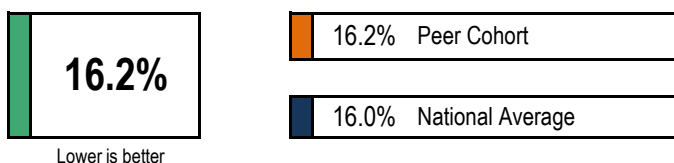
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

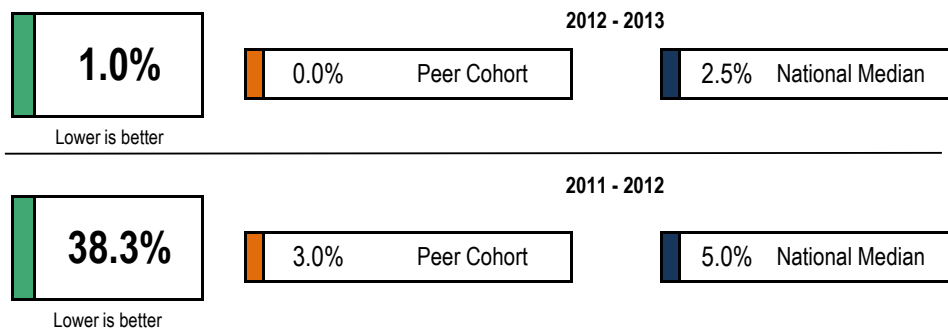
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

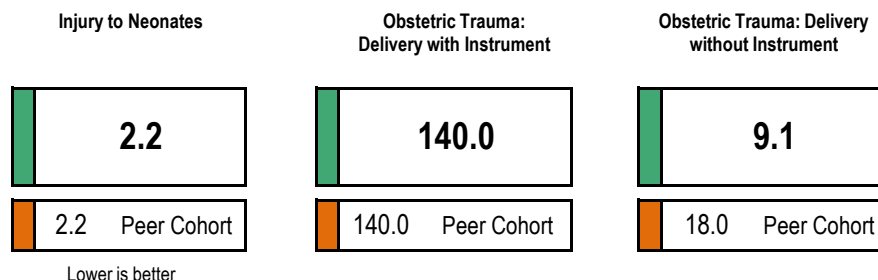
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile:

HOLYOKE MEDICAL CENTERCommunity, Disproportionate Share Hospital
Western Massachusetts

Holyoke Medical Center is a mid-size, non-profit community-Disproportionate Share Hospital (DSH) located in the Western Massachusetts region. Between FY09 and FY13, Holyoke Medical Center had a 16.9% decrease in inpatient discharges, compared to a median decrease of 5.4% in its peer cohort. During that same period, Holyoke Medical Center had a 4.9% increase in outpatient visits, compared with a median decrease of 3.1% in its cohort. Holyoke Medical Center earned a profit each year in the period, with a 3.7% total margin in FY13, compared to a 4.1% median total margin in its peer cohort.

AT A GLANCE

TOTAL STAFFED BEDS: 112, mid-size acute hospital

% OCCUPANCY: 62%, = cohort avg. (62%)

CASE MIX INDEX in FY13: 0.80, < cohort avg. (0.84); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 5,930

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 43,308

PUBLIC PAYER MIX: 76% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: CHART^A, DSTIⁿ

CY13 COMMERCIAL PAYER PRICE LEVEL: 19th Percentile

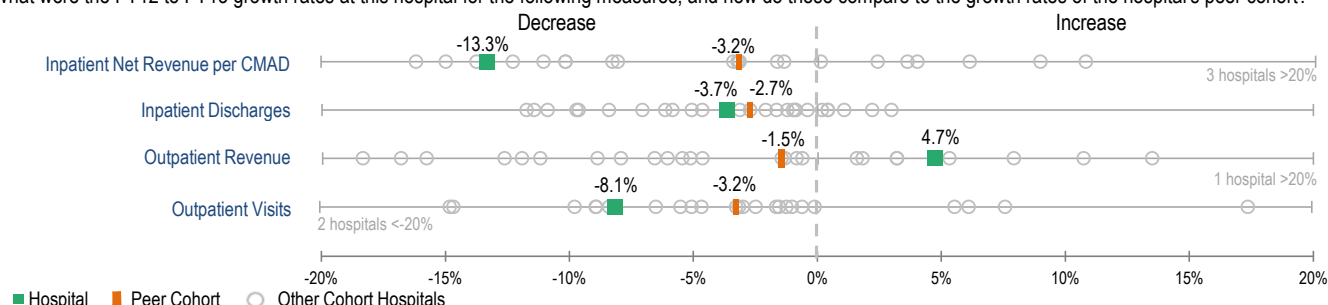
ADJUSTED[‡] COST PER DISCHARGE: \$8,688

INPATIENT:OUTPATIENT REVENUE in FY13: 27%:73%

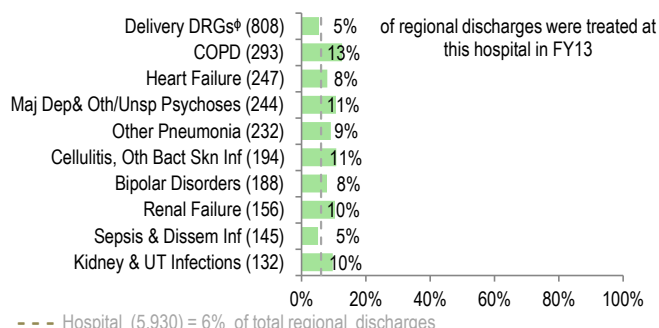
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

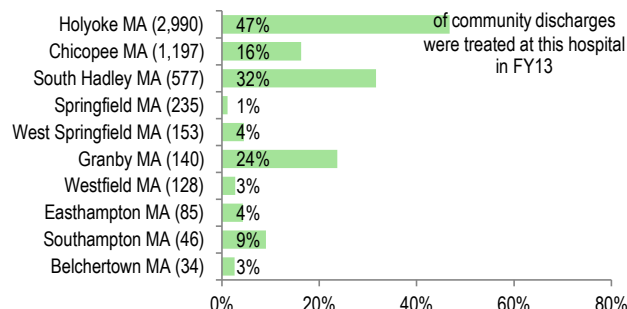
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

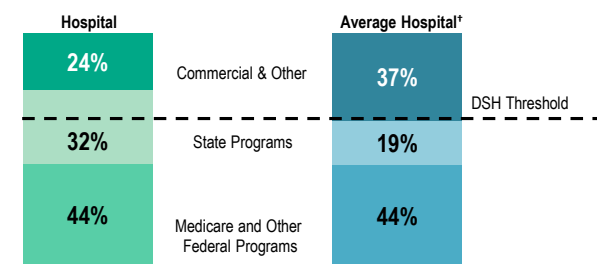
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

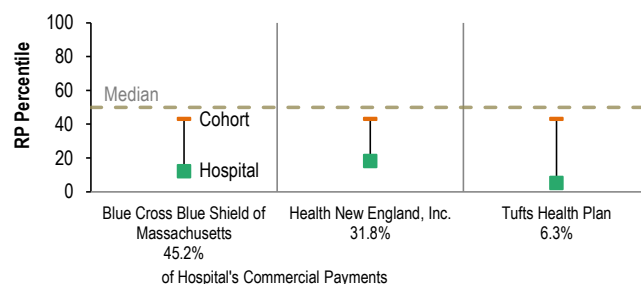
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

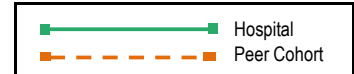
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

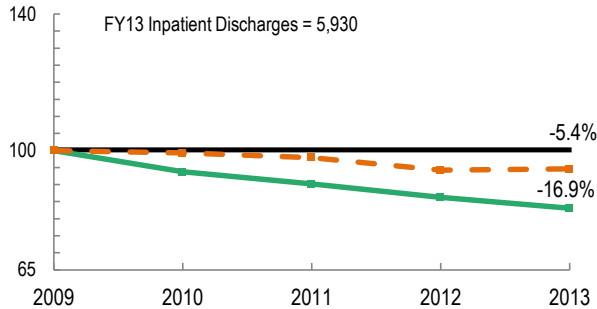
2013 Hospital Profile: HOLYOKE MEDICAL CENTER

Cohort: Community, Disproportionate Share Hospital

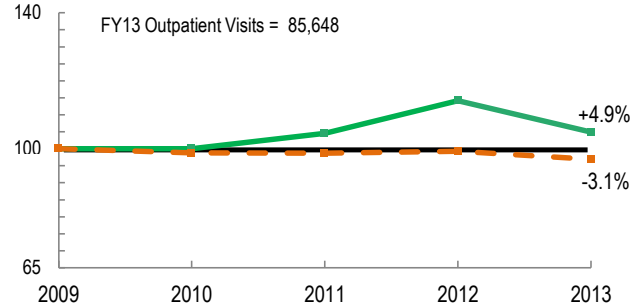


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

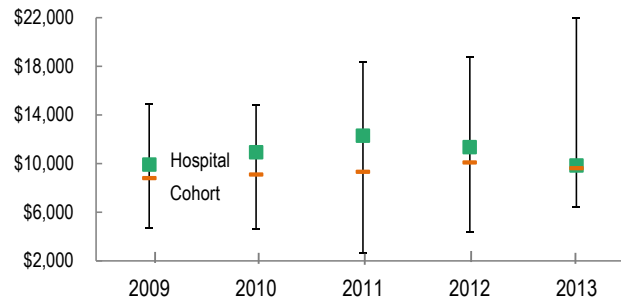


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

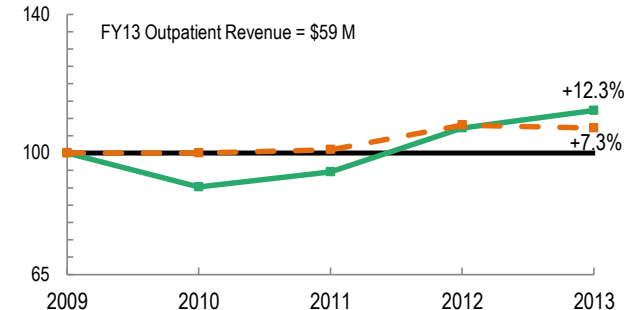


PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

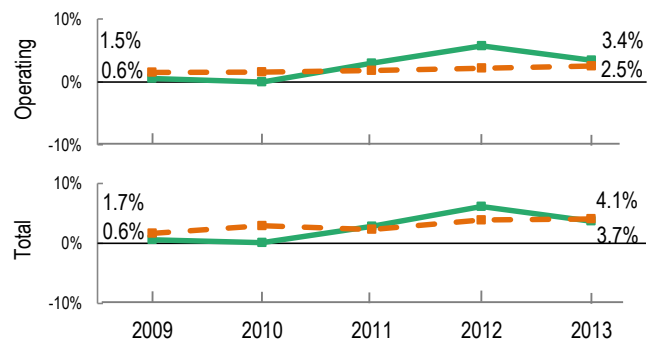


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$118	\$117	\$0	\$117	\$0.7
2010	\$116	\$116	\$0	\$116	\$0.2
2011	\$122	\$122	\$0	\$119	\$3.5
2012	\$130	\$129	\$1	\$122	\$8.0
2013	\$122	\$121	\$0	\$117	\$4.5

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) 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 Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

† Costs were adjusted to exclude direct medical education costs and physician compensation.

‡ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

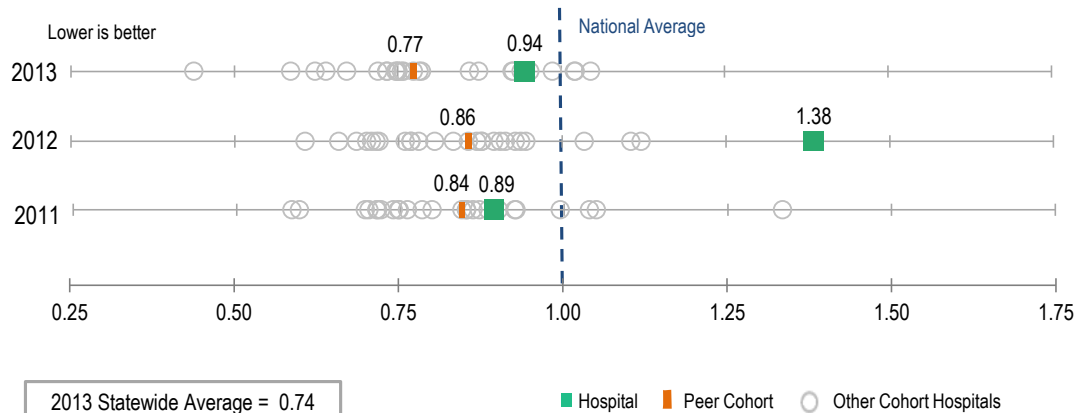
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

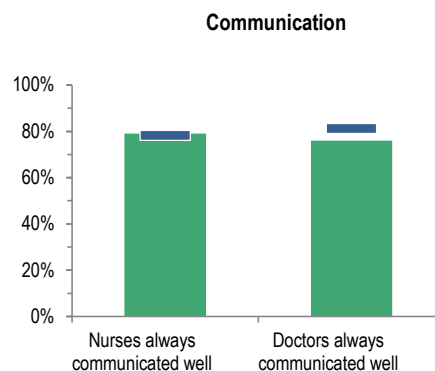
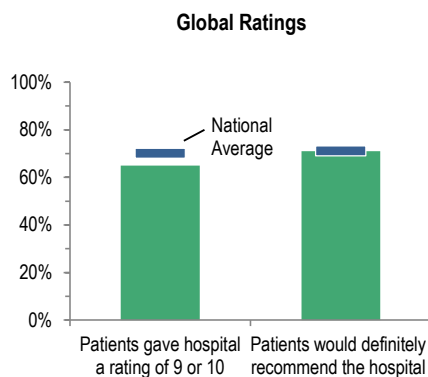
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



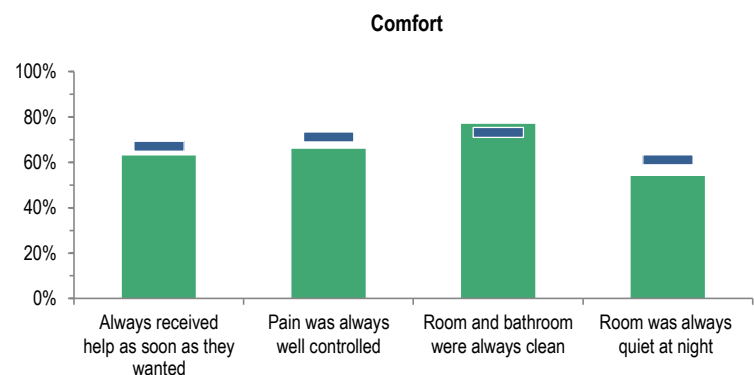
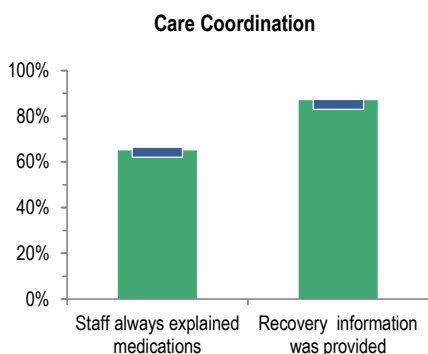
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

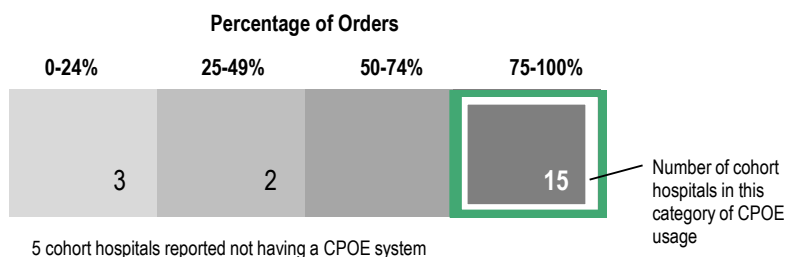
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an **electronic system** that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

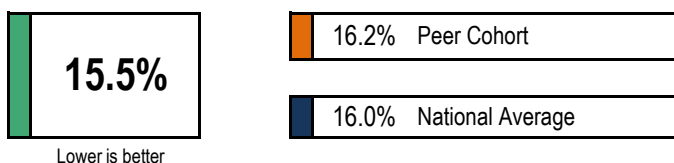
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

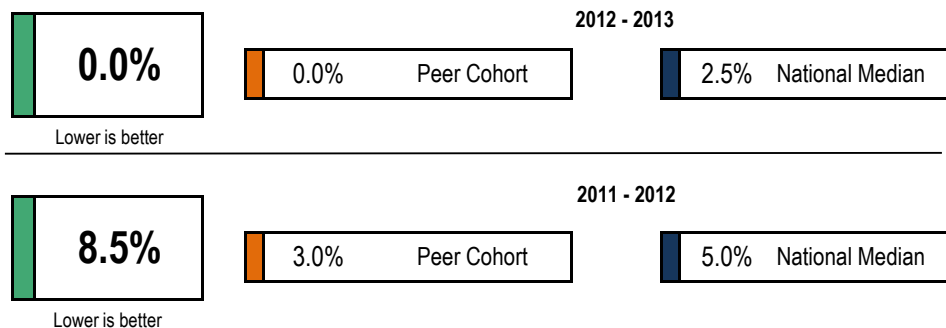
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

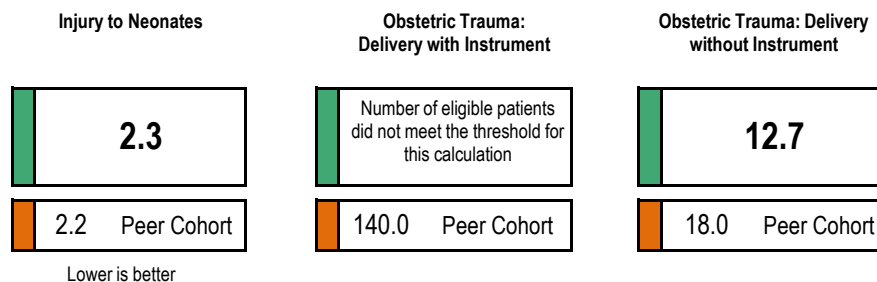
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile:

LAWRENCE GENERAL HOSPITALCommunity, Disproportionate Share Hospital
Northeastern Massachusetts

Lawrence General Hospital is a mid-size, non-profit community-Disproportionate Share Hospital (DSH) located in the Northeastern Massachusetts region. Outpatient visits at Lawrence General Hospital increased 8.1% between FY09 and FY13, compared with a median decrease of 3.1% among community-DSH hospitals. Outpatient revenue increased by 43.2% in that period, compared to a median of 7.3% among cohort hospitals. Lawrence General Hospital earned a profit each year in the five-year period, with a total margin of 4.5% in FY13, similar to the median financial performance of its peer cohort.

AT A GLANCE

TOTAL STAFFED BEDS: 230, mid-size acute hospital

% OCCUPANCY: 56%, < cohort avg. (62%)

CASE MIX INDEX in FY13: 0.76, < cohort avg. (0.84); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 12,868

TRAUMA CENTER DESIGNATION: Adult: Level 3

EMERGENCY DEPT VISITS in FY13: 71,026

PUBLIC PAYER MIX: 71% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: CHART^A, DSTIⁿ

CY13 COMMERCIAL PAYER PRICE LEVEL: 28th Percentile

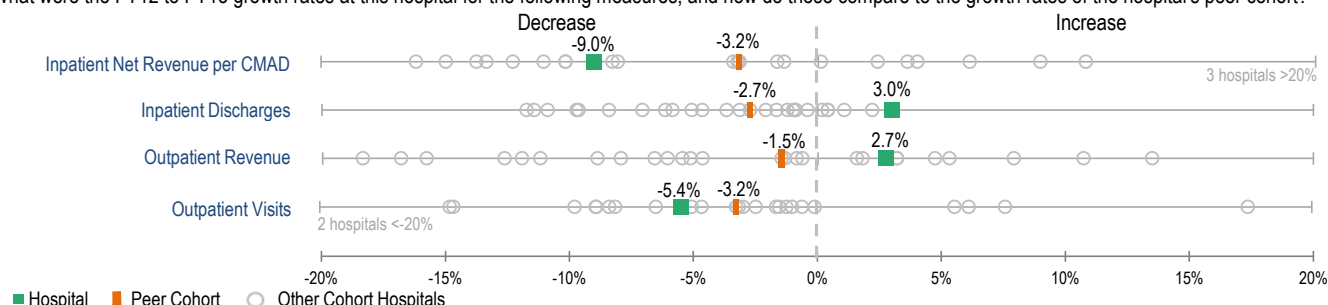
ADJUSTED[‡] COST PER DISCHARGE: \$9,957

INPATIENT:OUTPATIENT REVENUE in FY13: 38%:62%

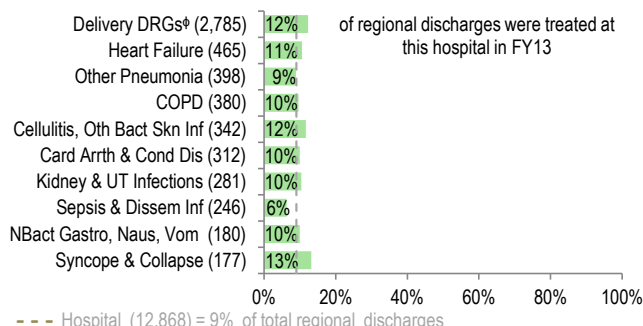
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

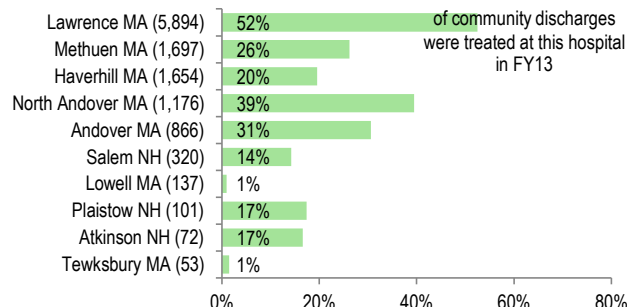
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

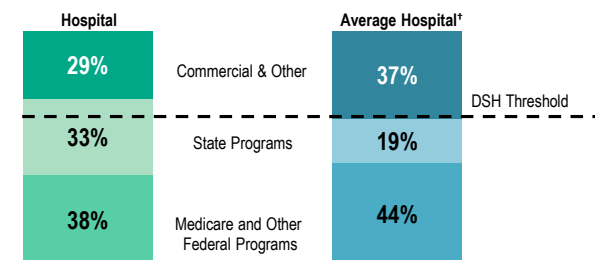
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

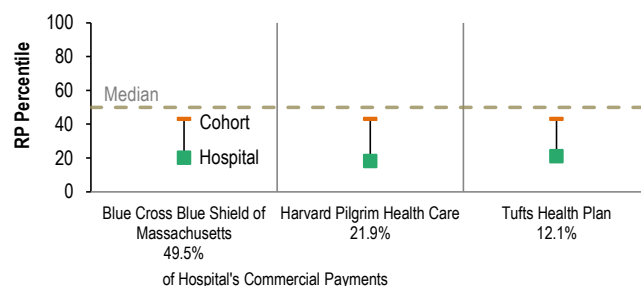
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

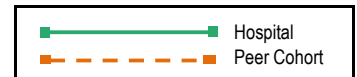
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

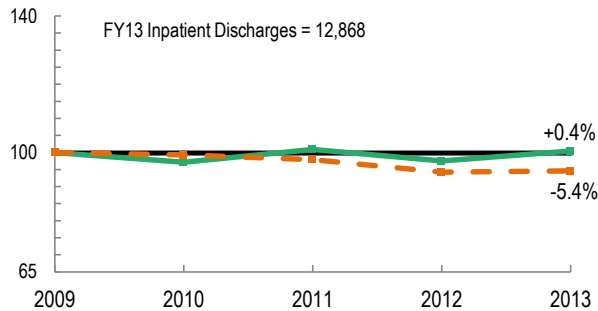
2013 Hospital Profile: LAWRENCE GENERAL HOSPITAL

Cohort: Community, Disproportionate Share Hospital

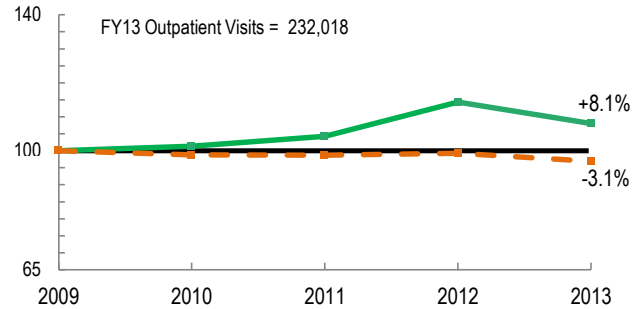


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

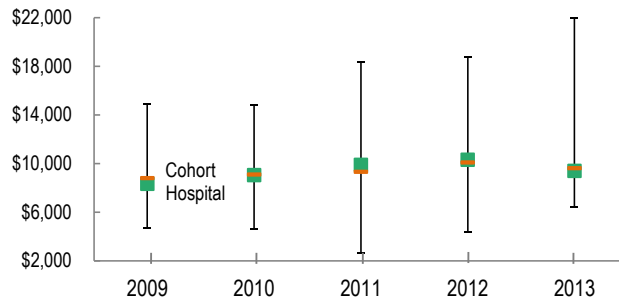


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



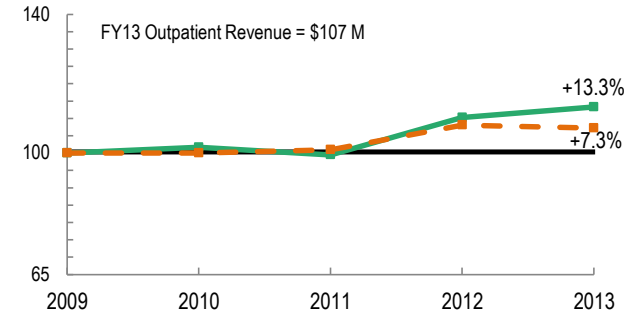
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$9,381 | Full Cost per CMAD = \$11,092

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$172	\$172	\$0	\$169	\$2.3
2010	\$179	\$178	\$1	\$176	\$3.3
2011	\$190	\$190	\$0	\$185	\$4.4
2012	\$220	\$217	\$2	\$207	\$12.4
2013	\$220	\$217	\$2	\$210	\$9.9

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

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

^B For more information on Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

[†] Costs were adjusted to exclude direct medical education costs and physician compensation.

[‡] Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

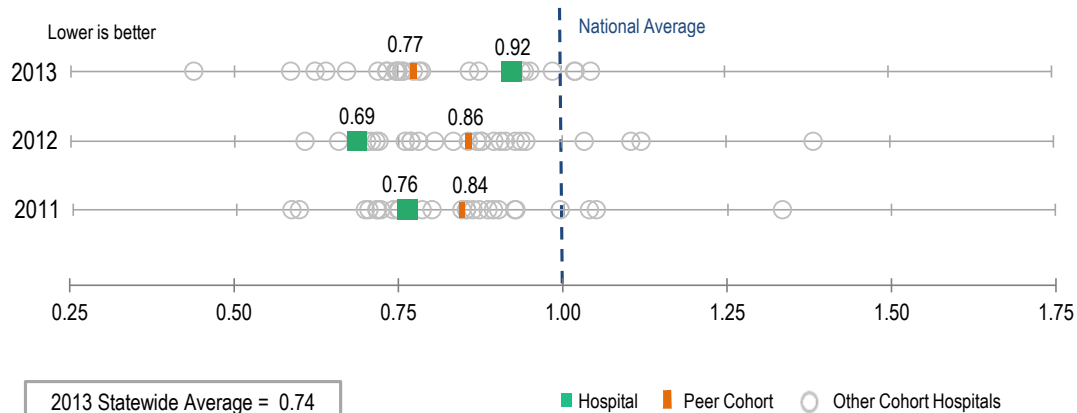
[§] Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

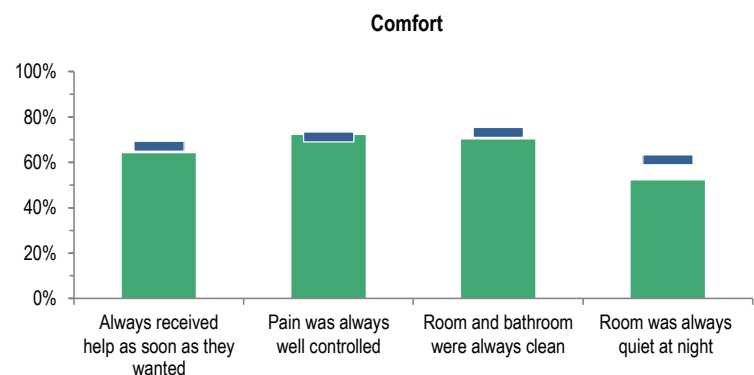
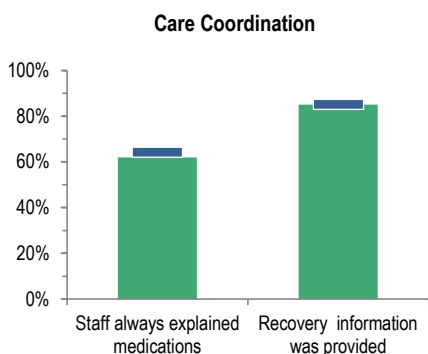
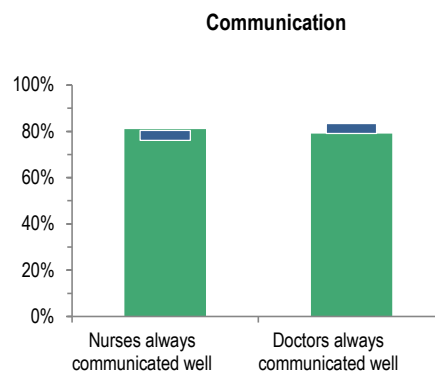
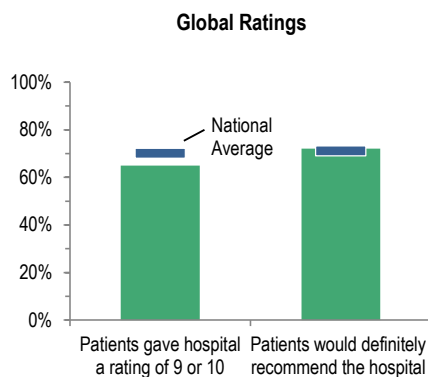
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

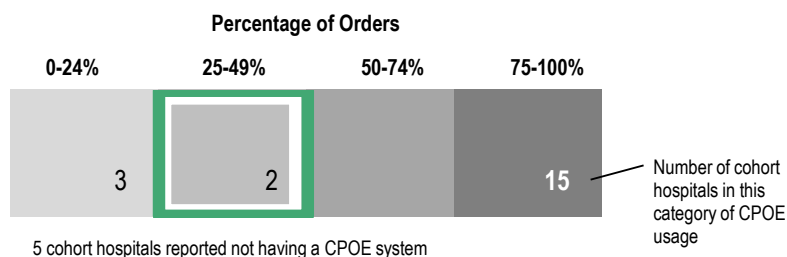
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an **electronic system** that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

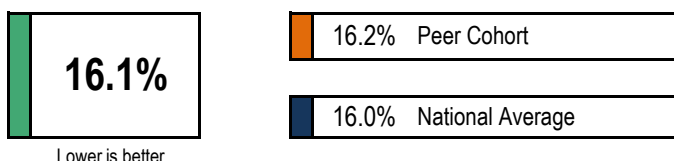
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

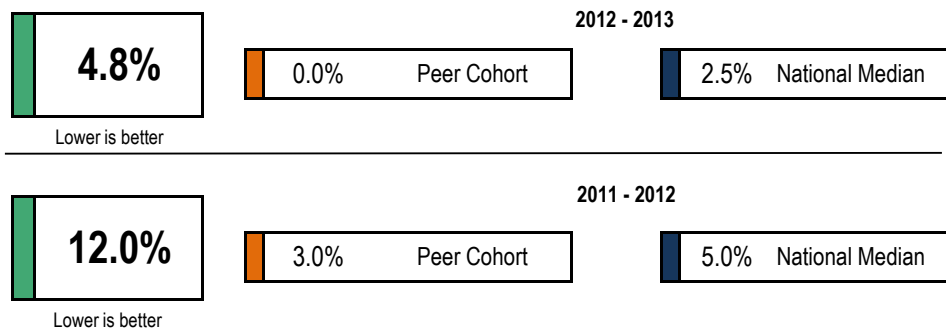
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

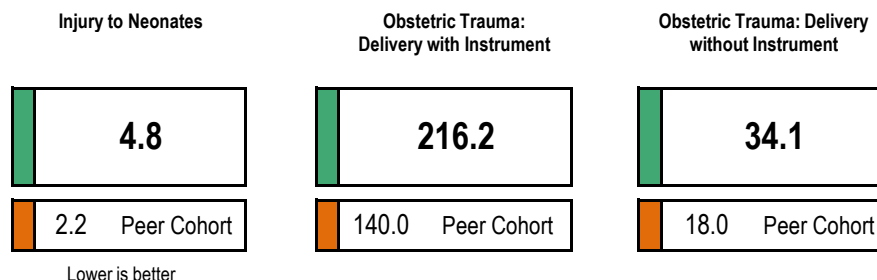
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile: MARLBOROUGH HOSPITAL

Marlborough, MA
UMass Memorial Health Care
Community, Disproportionate Share Hospital
Metro West

Marlborough Hospital is a non-profit community-Disproportionate Share Hospital (DSH) located in the Metro West region. It is among the smaller acute hospitals in Massachusetts and a member of the UMass Memorial Health Care system. In FY12, Marlborough Hospital was a member of the community hospital cohort; however, in FY13, it qualified as a DSH hospital, as more than 63% of its gross patient service revenue was derived from government programs. Marlborough Hospital was profitable each year from FY09 to FY13, with a total margin of 3.0% in FY13, compared to a median total margin of 4.1% for peer hospitals.

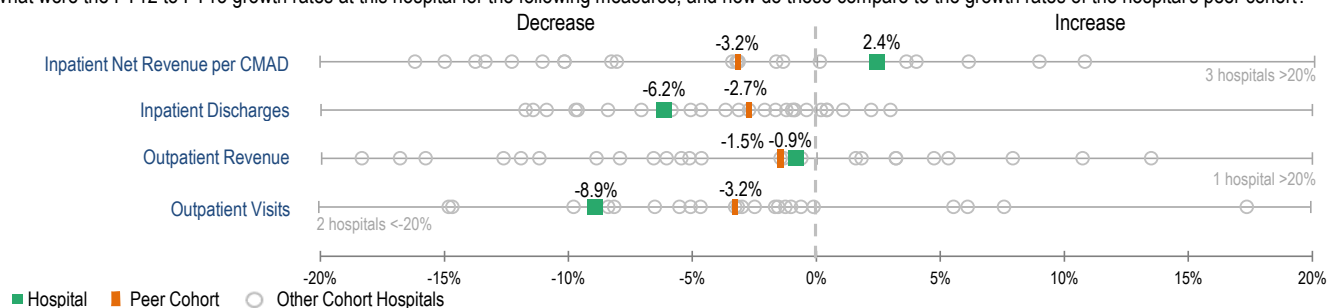
AT A GLANCE

TOTAL STAFFED BEDS: 67, among the smaller acute hospitals
% OCCUPANCY: 66%, > cohort avg. (62%)
CASE MIX INDEX in FY13: 0.85, > cohort avg. (0.84); < statewide (0.89)
INPATIENT DISCHARGES in FY13: 3,825
TRAUMA CENTER DESIGNATION: Not Applicable
EMERGENCY DEPT VISITS in FY13: 26,796

PUBLIC PAYER MIX: 63% (DSH* Hospital)
SPECIAL PUBLIC FUNDING: Not Applicable
CY13 COMMERCIAL PAYER PRICE LEVEL: 37th Percentile
ADJUSTED[‡] COST PER DISCHARGE: \$7,382
INPATIENT:OUTPATIENT REVENUE in FY13: 27%:73%
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

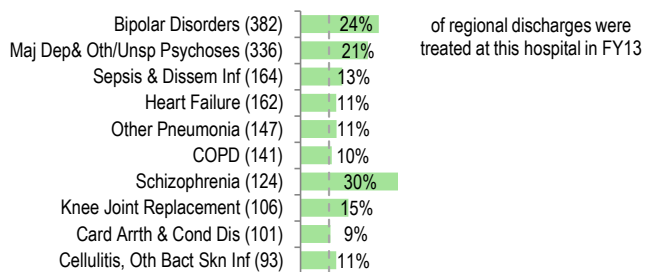
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

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

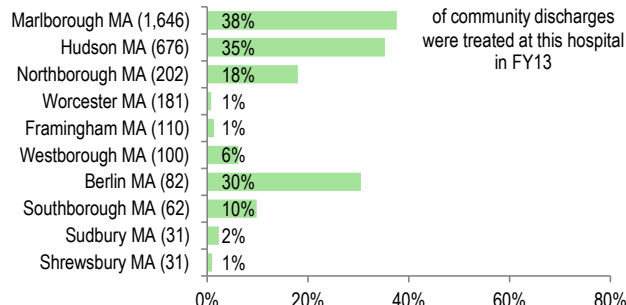
Discharges by DRG



--- Hospital (3,825) = 9% of total regional discharges

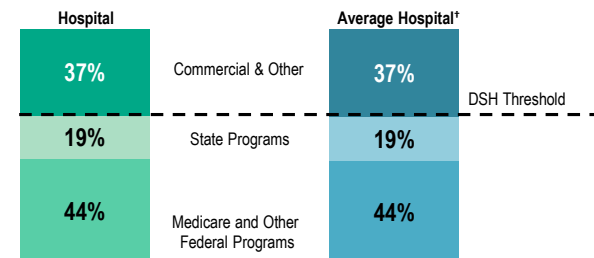
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



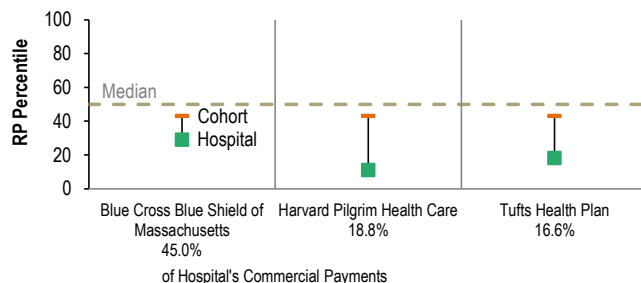
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

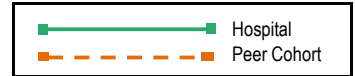
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

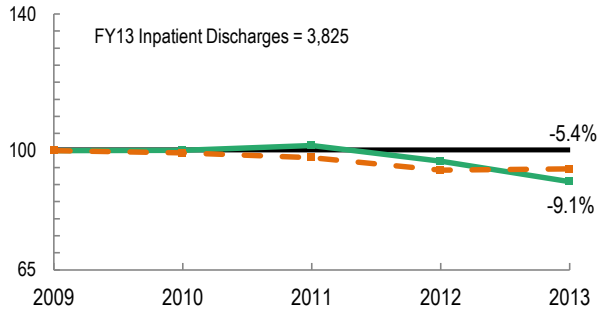
2013 Hospital Profile: MARLBOROUGH HOSPITAL

Cohort: Community, Disproportionate Share Hospital

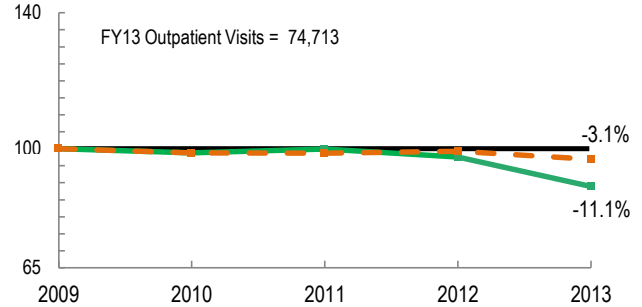


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

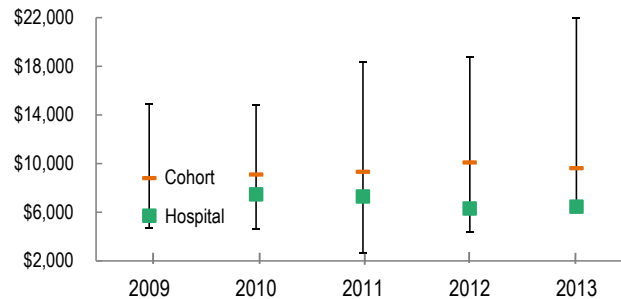


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



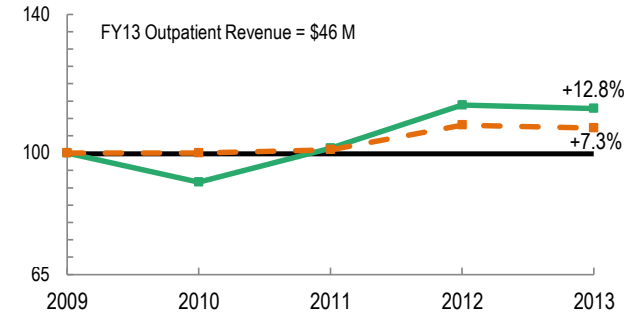
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$6,441 | Full Cost per CMAD = \$7,844

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

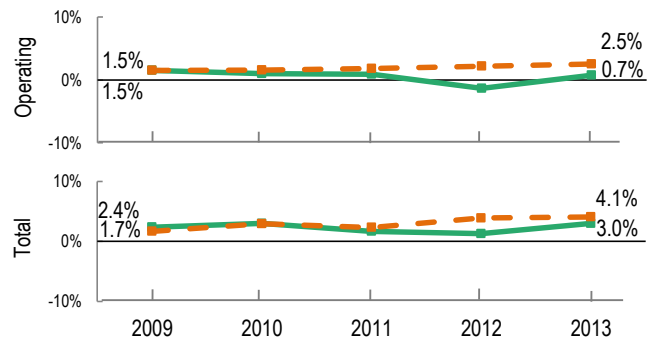


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$67	\$67	\$1	\$66	\$1.6
2010	\$73	\$71	\$1	\$70	\$2.2
2011	\$76	\$76	\$1	\$75	\$1.3
2012	\$79	\$77	\$2	\$78	\$1.0
2013	\$81	\$79	\$2	\$78	\$2.4

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

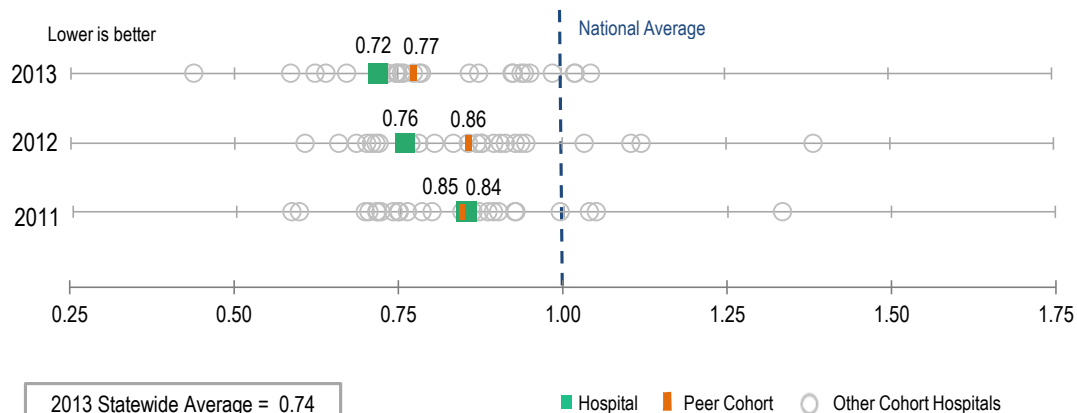
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

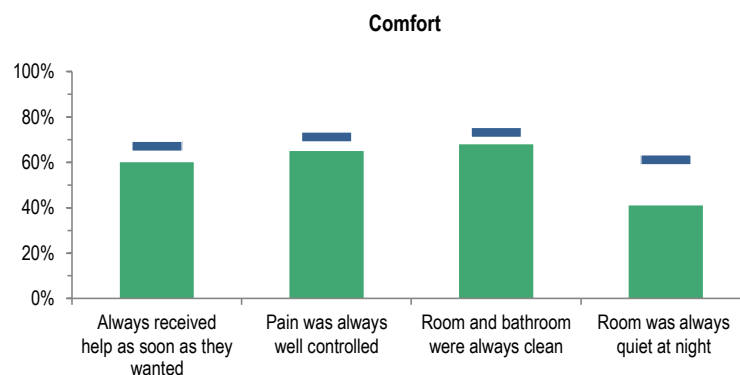
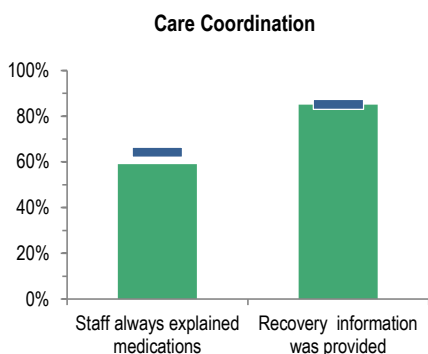
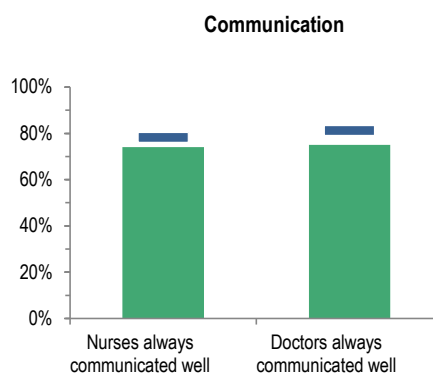
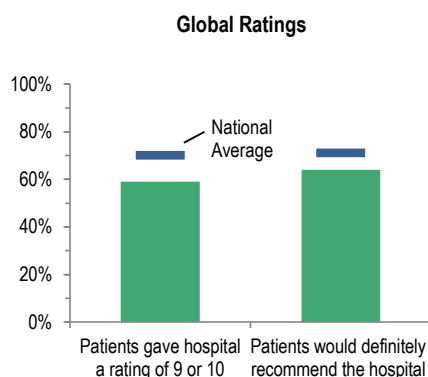
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

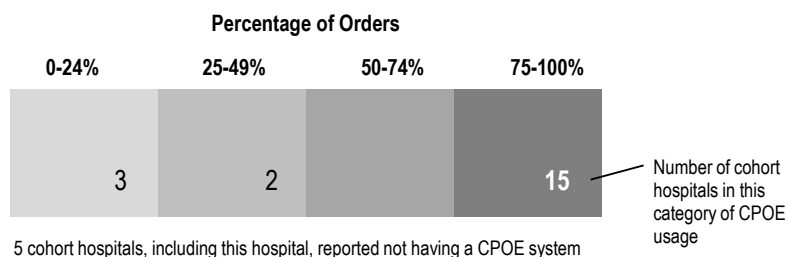
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

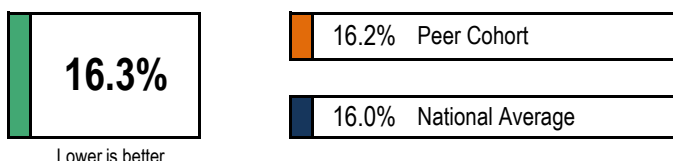
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

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Martha's Vineyard Hospital is a small, non-profit community-Disproportionate Share Hospital (DSH) located in the Cape and Islands region. It is a member of Partners HealthCare System. Martha's Vineyard Hospital is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. In FY12, Martha's Vineyard Hospital was a member of the community hospital cohort; however, in FY13, it qualified as a DSH hospital, as more than 63% of its gross patient service revenue was derived from government programs. Martha's Vineyard Hospital was profitable each year from FY09 to FY13, with a total margin of 6.6% in FY13, compared to a median total margin of 4.1% among peer cohort hospitals.

AT A GLANCE

TOTAL STAFFED BEDS: 31, among the smallest acute hospitals

% OCCUPANCY: 55%, < cohort avg. (62%)

CASE MIX INDEX in FY13: 0.61, lowest in cohort (avg. 0.84); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 1,209

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 14,637

PUBLIC PAYER MIX: 65% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: ICB⁹

CY13 COMMERCIAL PAYER PRICE LEVEL: 91st Percentile

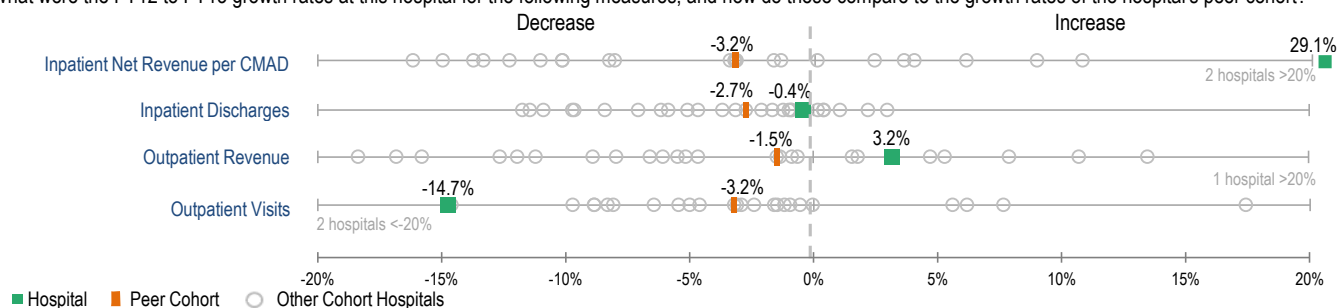
ADJUSTED[‡] COST PER DISCHARGE: \$19,737

INPATIENT:OUTPATIENT REVENUE in FY13: 17%:83%

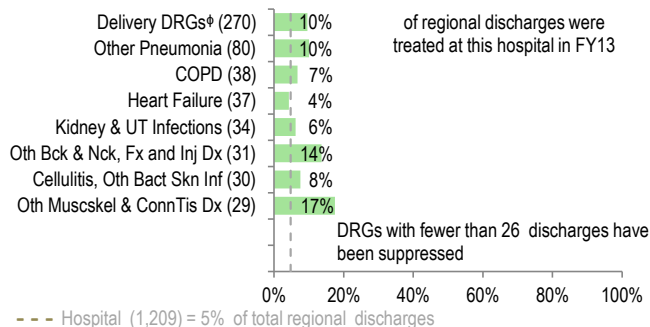
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

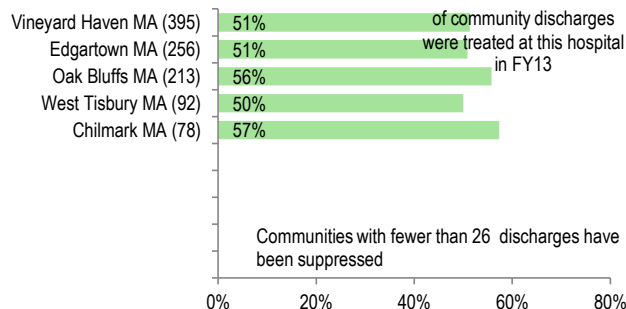
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

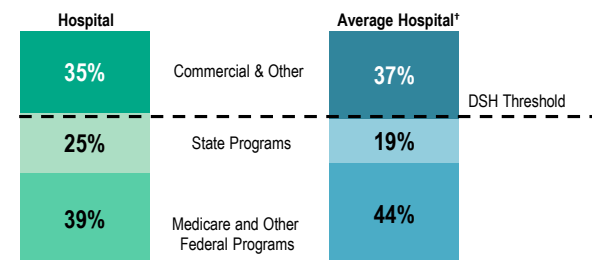
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

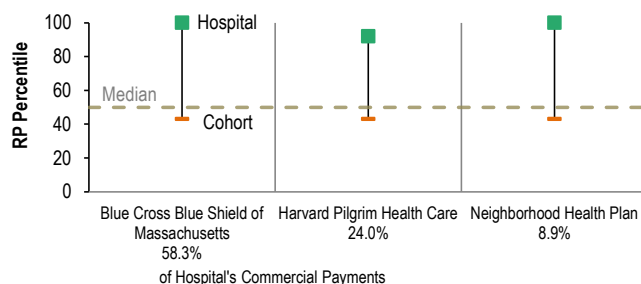
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

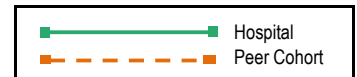
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

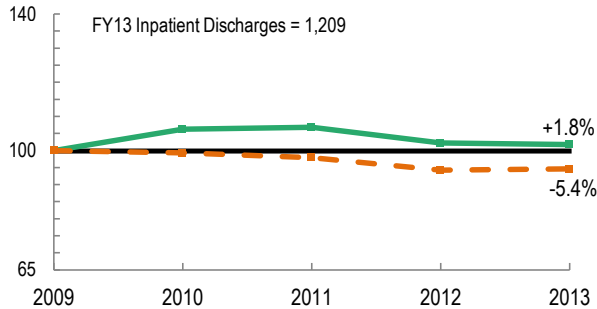
2013 Hospital Profile: MARTHA'S VINEYARD HOSPITAL

Cohort: Community, Disproportionate Share Hospital

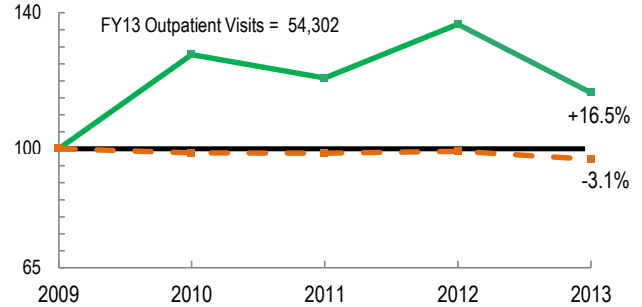


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

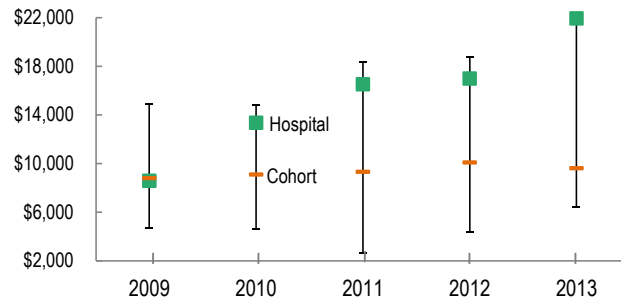


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



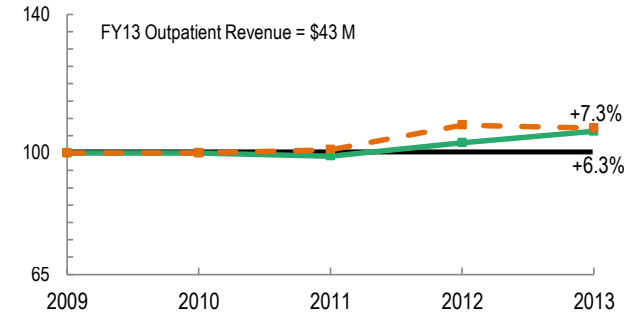
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$21,926 | Full Cost per CMAD = \$21,737

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

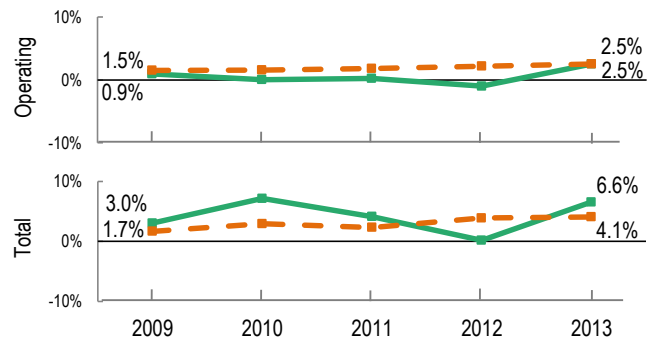


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$49	\$48	\$1	\$48	\$1.5
2010	\$55	\$51	\$4	\$51	\$3.9
2011	\$58	\$56	\$2	\$56	\$2.4
2012	\$60	\$59	\$1	\$60	\$0.1
2013	\$65	\$62	\$3	\$61	\$4.3

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

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

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

§ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

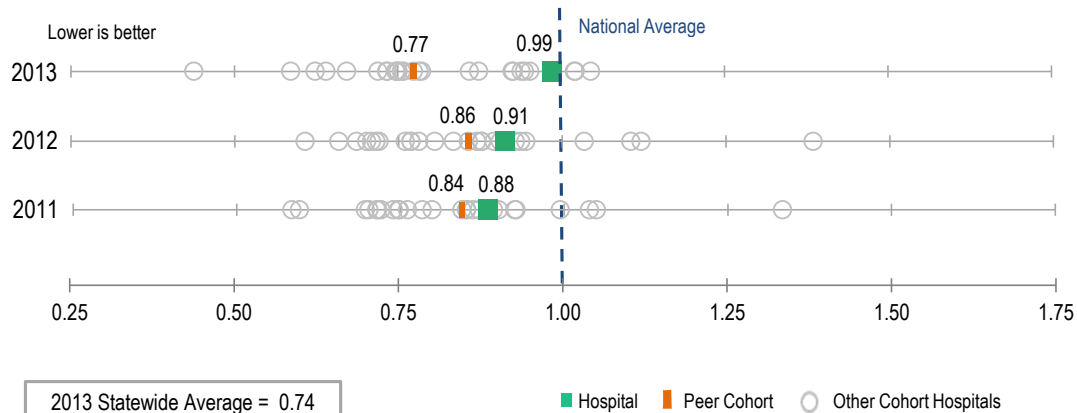
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

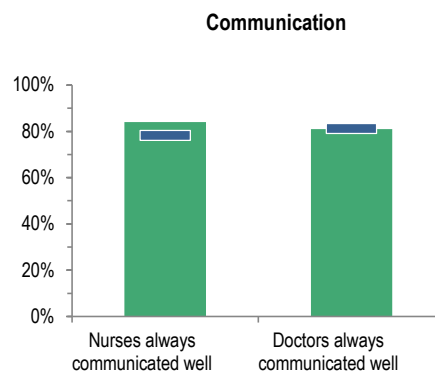
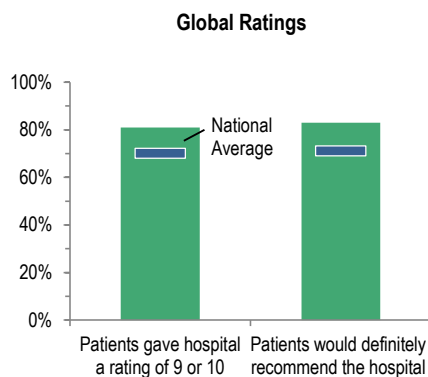
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



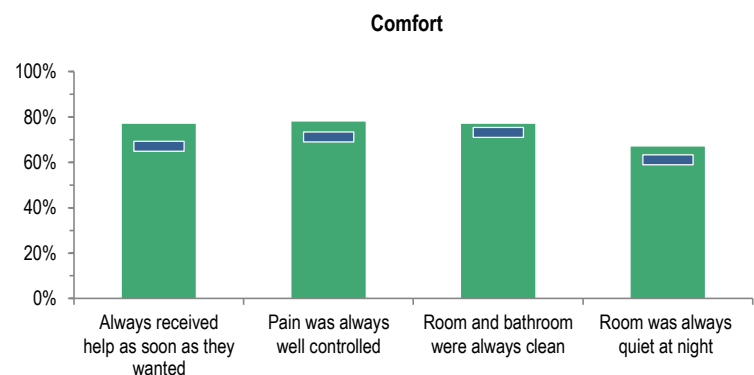
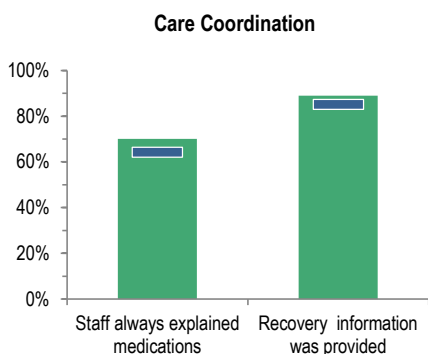
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

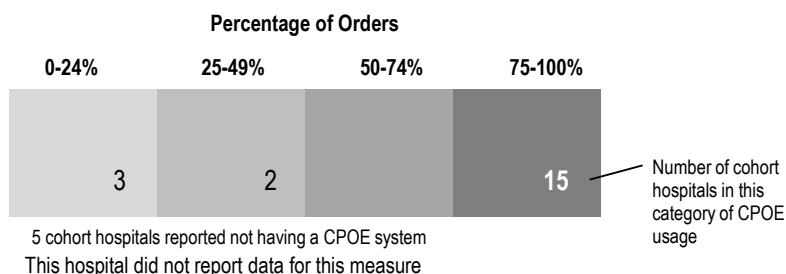
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders were entered by a physician using an electronic system** that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

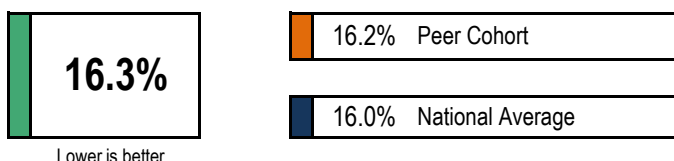
Score: Higher is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

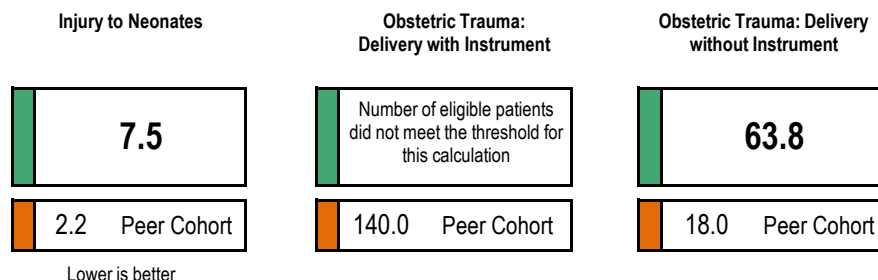
Score: Lower is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

^A Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile:

MERCY MEDICAL CENTERCommunity, Disproportionate Share Hospital
Western Massachusetts

Mercy Medical Center is a large, non-profit community-Disproportionate Share Hospital (DSH) located in the Western Massachusetts region. Mercy Medical Center had 6.8% fewer inpatient discharges in FY13 than in FY09, compared with a median decrease of 5.4% in its peer cohort. Outpatient visits likewise declined at Mercy Medical Center, by 2.9%, compared with a median decline of 3.1% in its peer cohort. The hospital earned a profit each year from FY09 to FY13, with a 7.6% total margin in FY13, compared to a median total margin of 4.1% among similar hospitals.

AT A GLANCE

TOTAL STAFFED BEDS: 420, 9th largest acute hospital

% OCCUPANCY: 58%, < cohort avg. (62%)

CASE MIX INDEX in FY13: 0.87, > cohort avg. (0.84); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 15,879

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 66,938

PUBLIC PAYER MIX: 75% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: CHART^A, DSTIⁿ

CY13 COMMERCIAL PAYER PRICE LEVEL: 18th Percentile

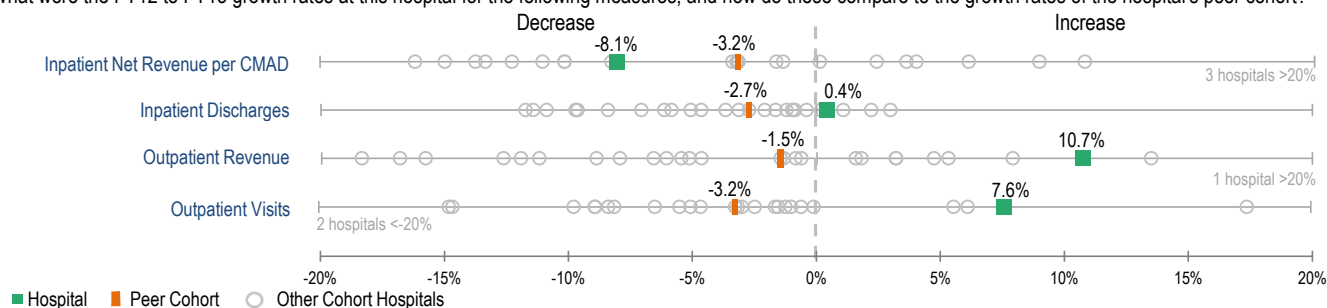
ADJUSTED[‡] COST PER DISCHARGE: \$9,797

INPATIENT:OUTPATIENT REVENUE in FY13: 54%:46%

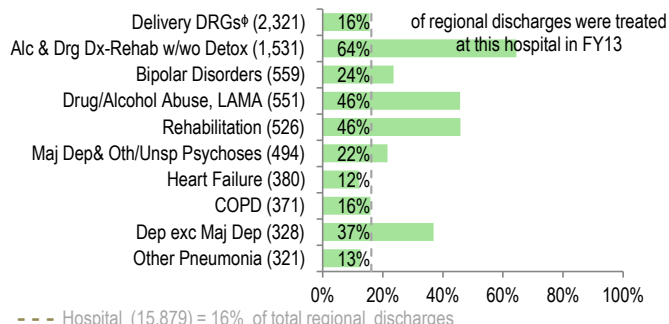
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

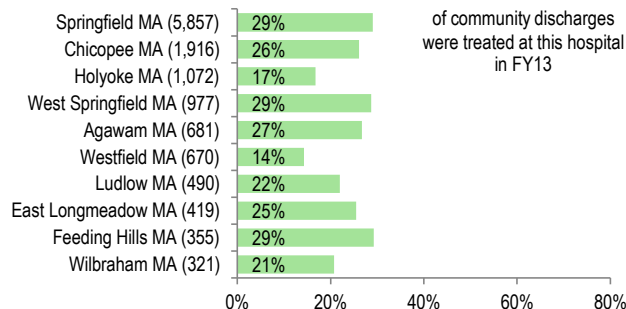
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

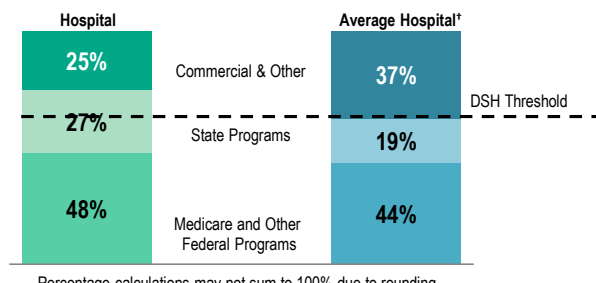
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

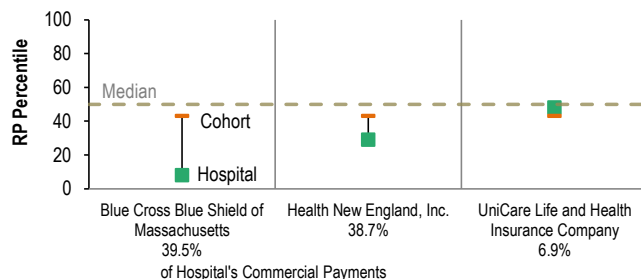
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



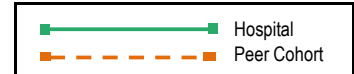
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

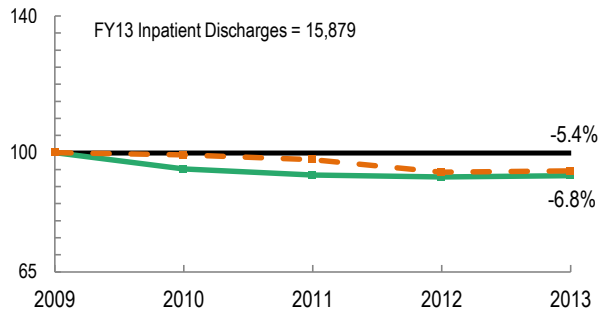
2013 Hospital Profile: MERCY MEDICAL CENTER

Cohort: Community, Disproportionate Share Hospital

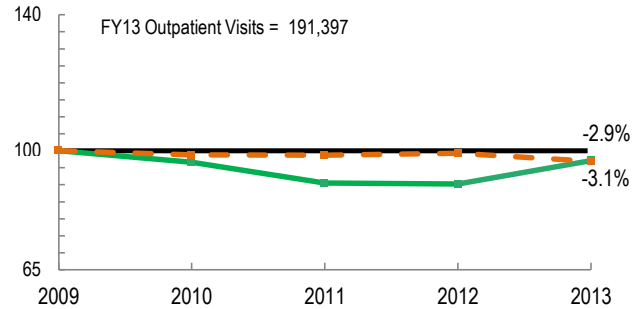


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

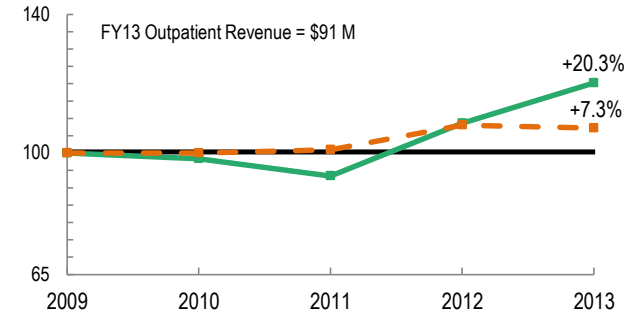


PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

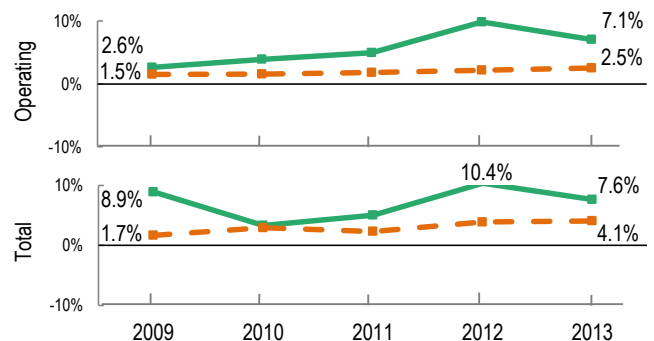


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$232	\$217	\$15	\$211	\$20.7
2010	\$216	\$217	(\$1)	\$209	\$7.2
2011	\$218	\$218	\$0	\$207	\$11.0
2012	\$244	\$242	\$1	\$219	\$25.2
2013 [±]	\$130	\$129	\$1	\$120	\$9.9

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

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

^B For more information on Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

[†] Costs were adjusted to exclude direct medical education costs and physician compensation.

[‡] Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

[§] Average Hospital does not include Specialty hospitals.

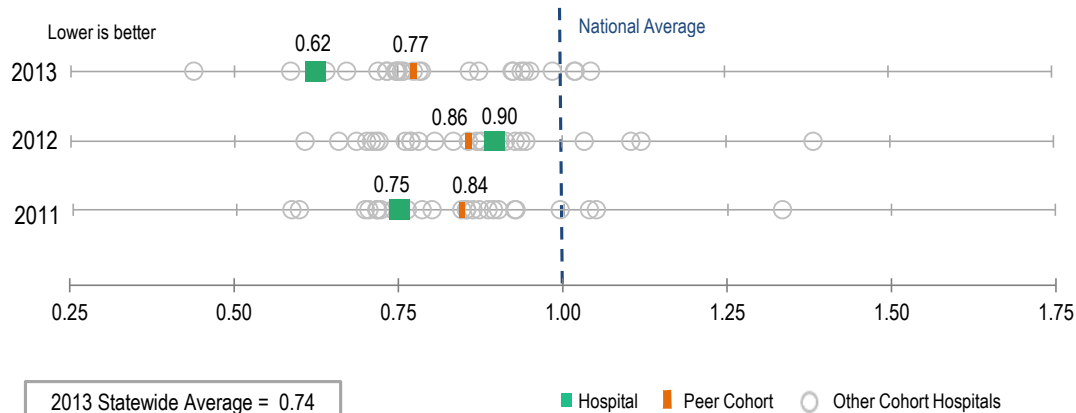
[±] Reflects six months of data.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

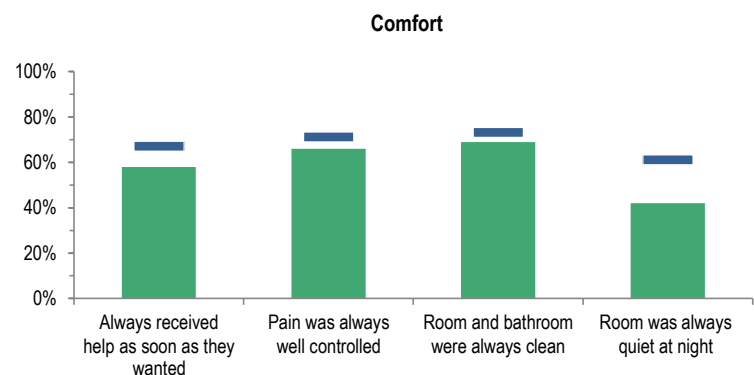
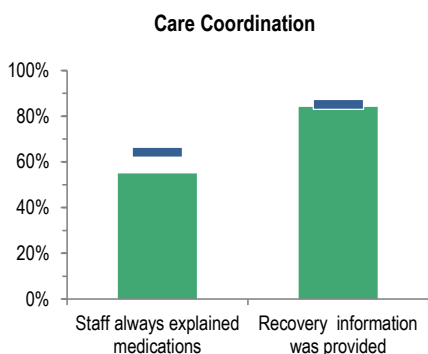
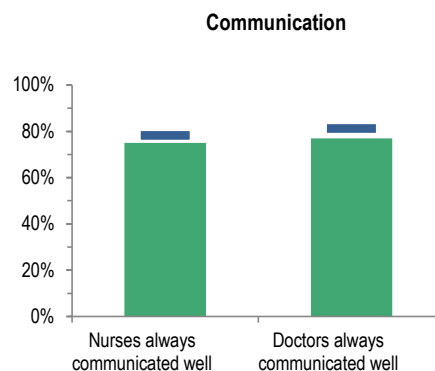
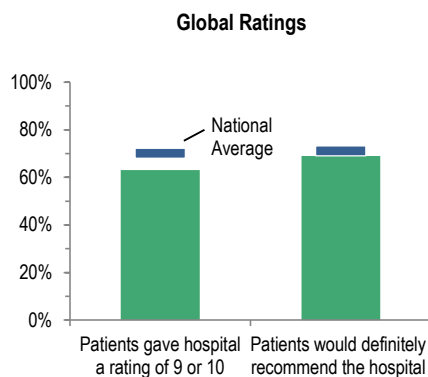
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

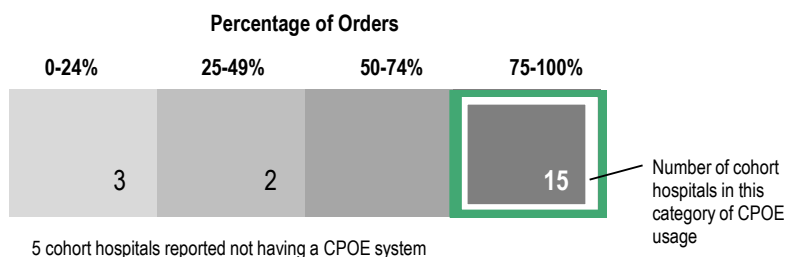
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

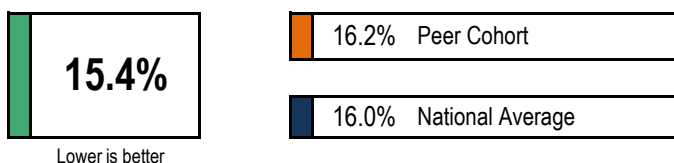
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

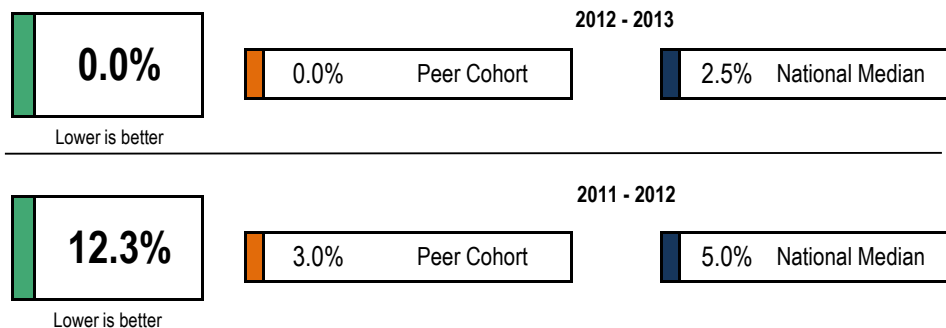
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

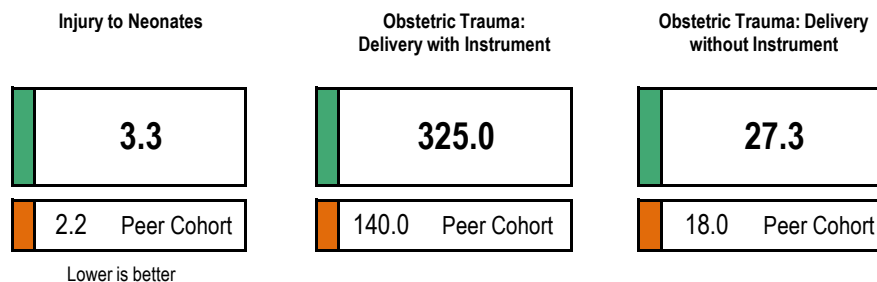
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



In FY2013, Merrimack Valley Hospital was a for-profit, community-Disproportionate Share Hospital (DSH) located in the Northeastern Massachusetts region. Merrimack Valley Hospital and Steward Holy Family Hospital merged in 2014 within Steward Health Care System, and Merrimack Valley Hospital is now a campus of Holy Family Hospital. Its new name is Holy Family Hospital at Merrimack Valley. It was among the smaller acute hospitals in Massachusetts in FY13. Merrimack Valley Hospital was unprofitable each year from FY09 to FY13, with a total margin of -22.1% in FY13, compared with a median total margin of 4.1% in its peer cohort.

AT A GLANCE

TOTAL STAFFED BEDS: 58, among the smaller acute hospitals

% OCCUPANCY: 78%, > cohort avg. (62%)

CASE MIX INDEX in FY13: 0.94, > cohort avg. (0.84); > statewide (0.89)

INPATIENT DISCHARGES in FY13: 3,182

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 21,576

PUBLIC PAYER MIX: 73% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: ICB⁹

CY13 COMMERCIAL PAYER PRICE LEVEL: 21st Percentile

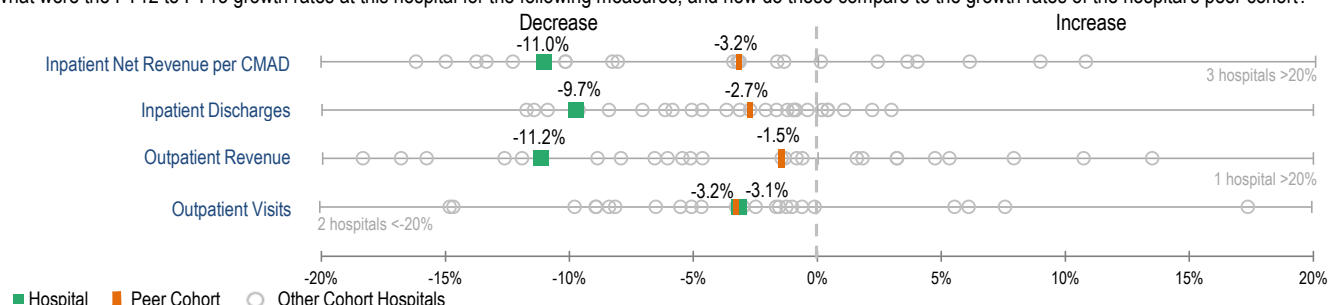
ADJUSTED[‡] COST PER DISCHARGE: \$9,559

INPATIENT:OUTPATIENT REVENUE in FY13: 42%:58%

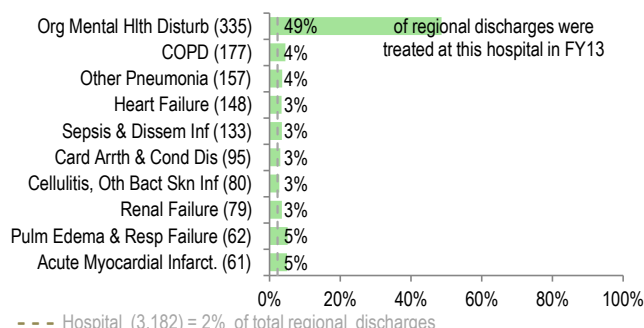
CHANGE IN OWNERSHIP (FY09-FY13): Steward Health Care - 2011

GROWTH MEASURES

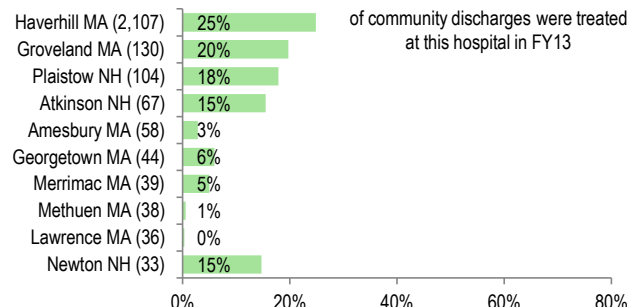
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

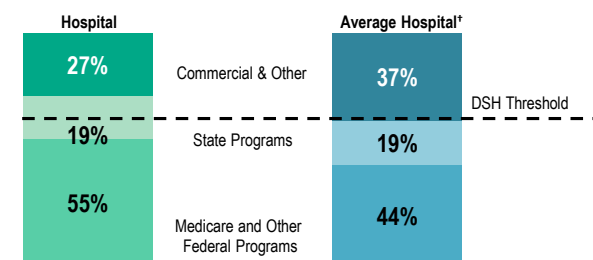
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

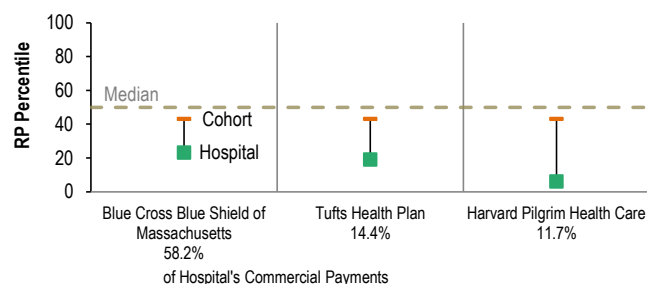
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

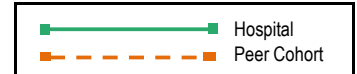
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

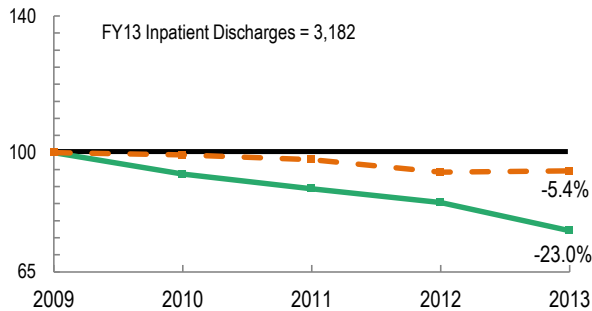
2013 Hospital Profile: MERRIMACK VALLEY HOSPITAL

Cohort: Community, Disproportionate Share Hospital

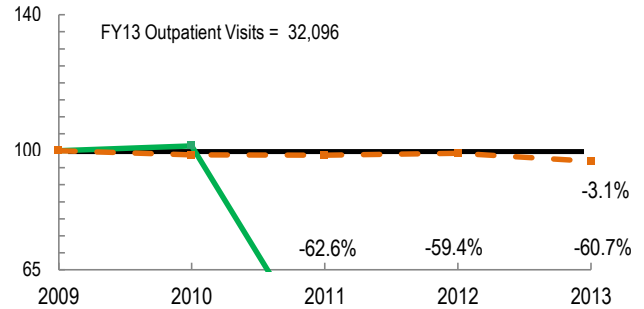


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

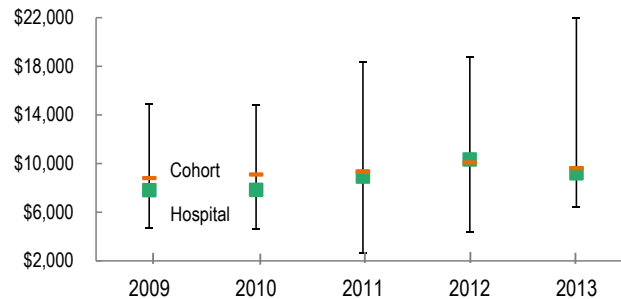


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



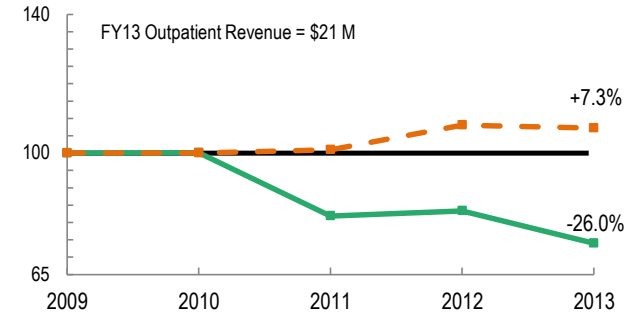
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$9,192 | Full Cost per CMAD = \$10,256

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

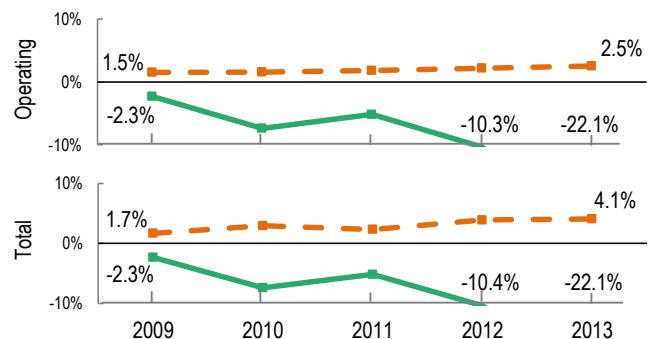


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$56	\$56	\$0	\$57	(\$1.3)
2010	\$55	\$55	\$0	\$59	(\$4.1)
2011	\$23	\$23	\$0	\$24	(\$1.2)
2012	\$56	\$56	(\$0)	\$62	(\$5.8)
2013	\$48	\$48	(\$0)	\$59	(\$10.7)

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

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

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

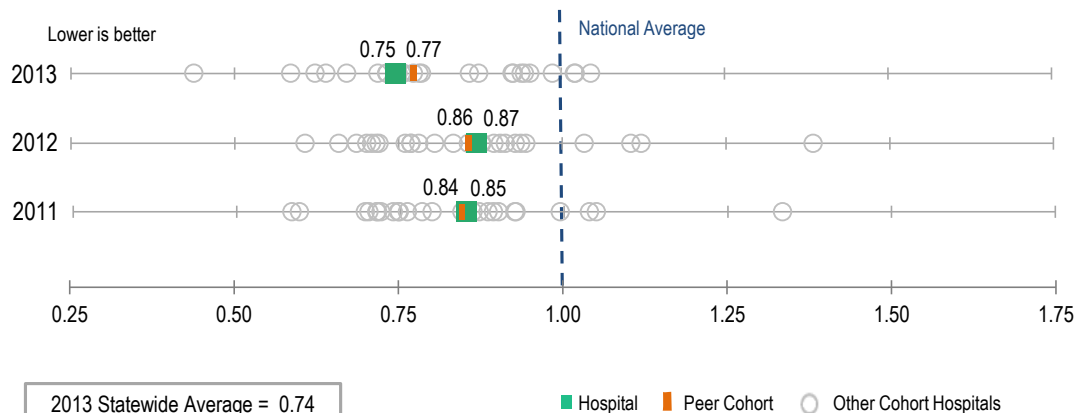
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

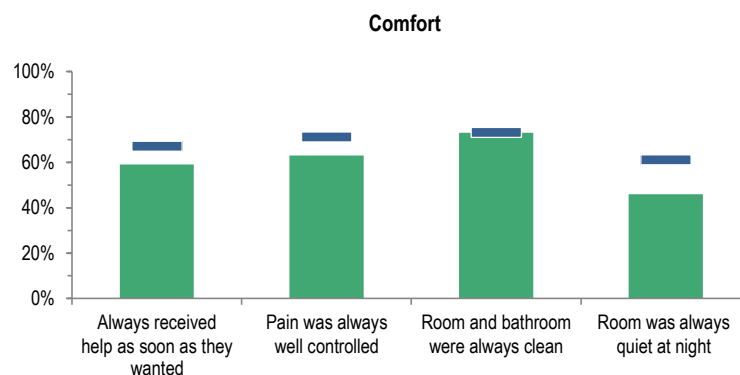
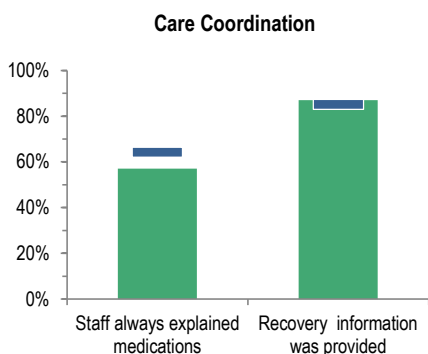
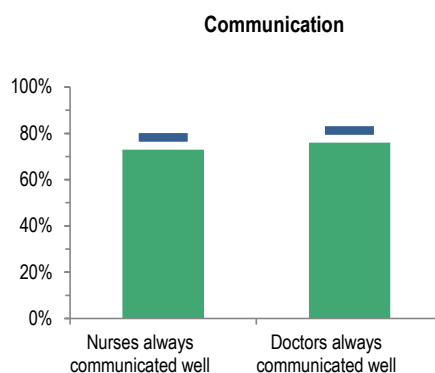
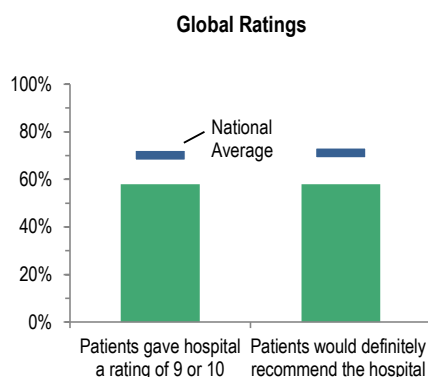
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

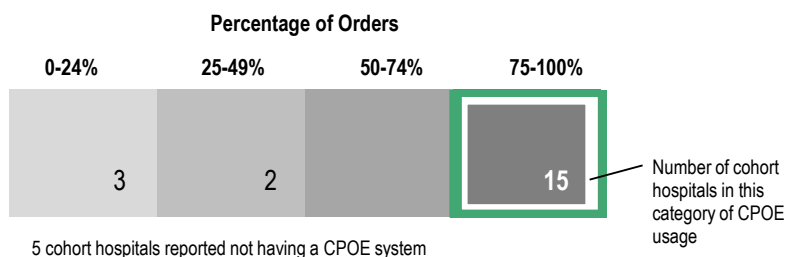
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

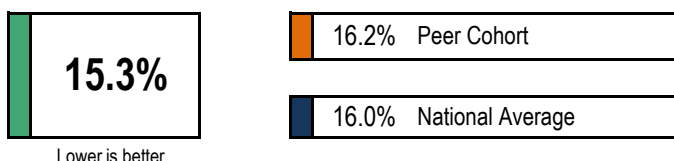
Score: Higher is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

Score: Lower is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

^A Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile: MORTON HOSPITAL

Taunton, MA
Steward Health Care System
Community, Disproportionate Share Hospital
Metro South

Morton Hospital is a mid-size, for-profit community-Disproportionate Share Hospital (DSH) located in the Metro South region. Morton Hospital is a member of Steward Health Care System. Inpatient discharges at Morton Hospital decreased by 19.0% from FY09 to FY13, while the median peer cohort hospital had 5.4% fewer inpatient discharges in that period. Outpatient visits declined sharply (-46.3%) between FY09 and FY13 at Morton Hospital, while its cohort's median outpatient visits declined only 3.1% during that period. Morton Hospital posted a loss from FY11 to FY13, with a total margin of -8.6% in FY13, compared to a median 4.1% margin in its peer cohort.

AT A GLANCE

TOTAL STAFFED BEDS: 107, mid-size acute hospital

% OCCUPANCY: 71%, > cohort avg. (62%)

CASE MIX INDEX in FY13: 0.89, > cohort avg. (0.84); = statewide (0.89)

INPATIENT DISCHARGES in FY13: 6,611

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 52,636

PUBLIC PAYER MIX: 66% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: ICB⁹

CY13 COMMERCIAL PAYER PRICE LEVEL: 19th Percentile

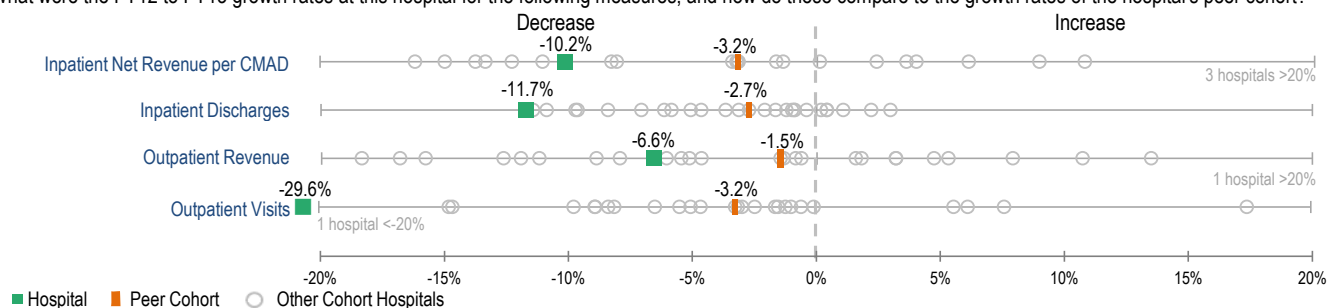
ADJUSTED[‡] COST PER DISCHARGE: \$7,081

INPATIENT:OUTPATIENT REVENUE in FY13: 24%:76%

CHANGE IN OWNERSHIP (FY09-FY13): Steward Health Care - 2011

GROWTH MEASURES

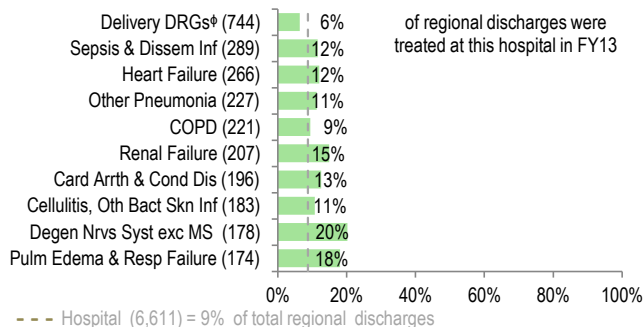
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

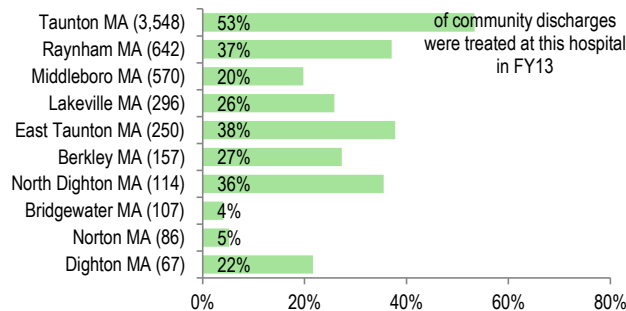
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



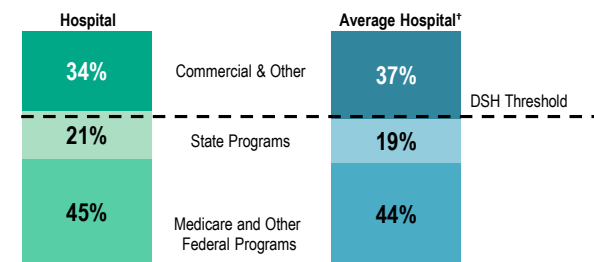
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



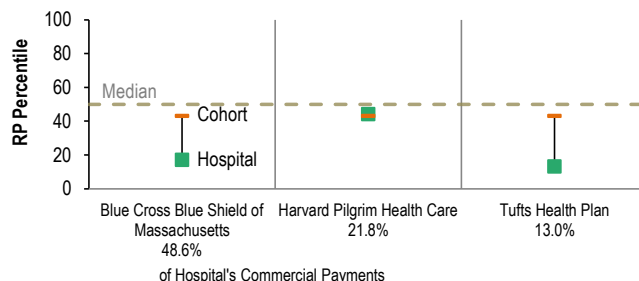
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

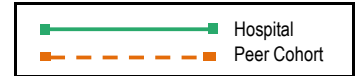
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

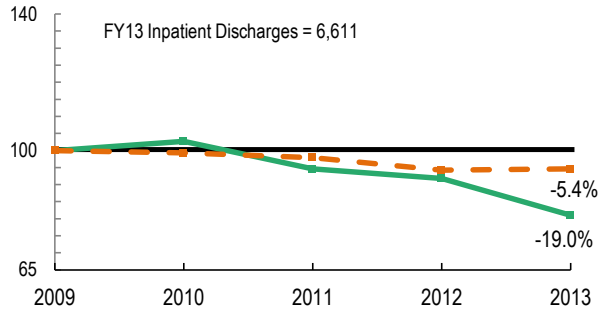
2013 Hospital Profile: MORTON HOSPITAL

Cohort: Community, Disproportionate Share Hospital

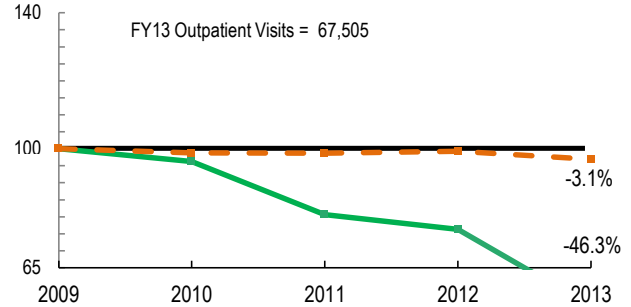


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

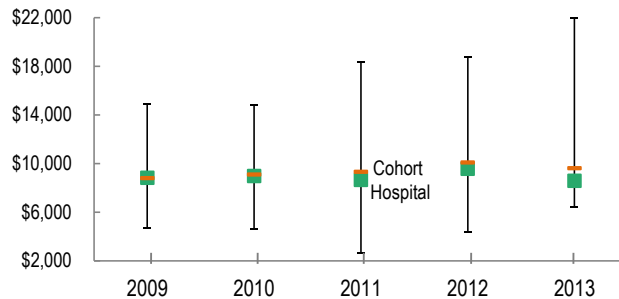


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



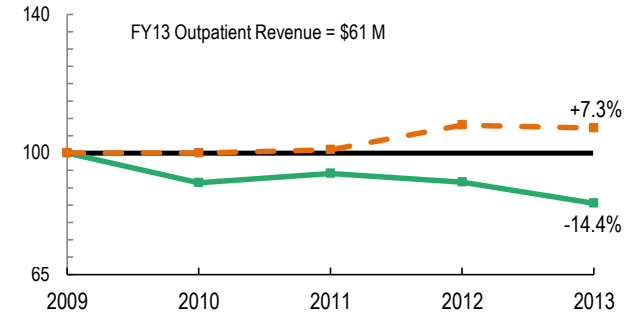
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$8,577 | Full Cost per CMAD = \$7,924

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

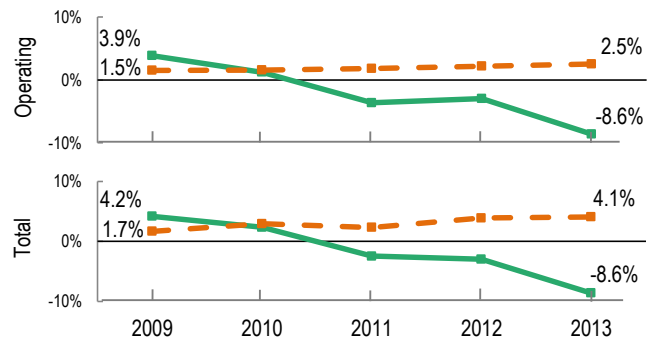


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$131	\$131	\$0	\$126	\$5.5
2010	\$133	\$131	\$2	\$130	\$3.1
2011	\$126	\$124	\$1	\$129	(\$3.1)
2012	\$125	\$125	\$0	\$129	(\$3.7)
2013	\$113	\$113	\$0	\$122	(\$9.7)

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

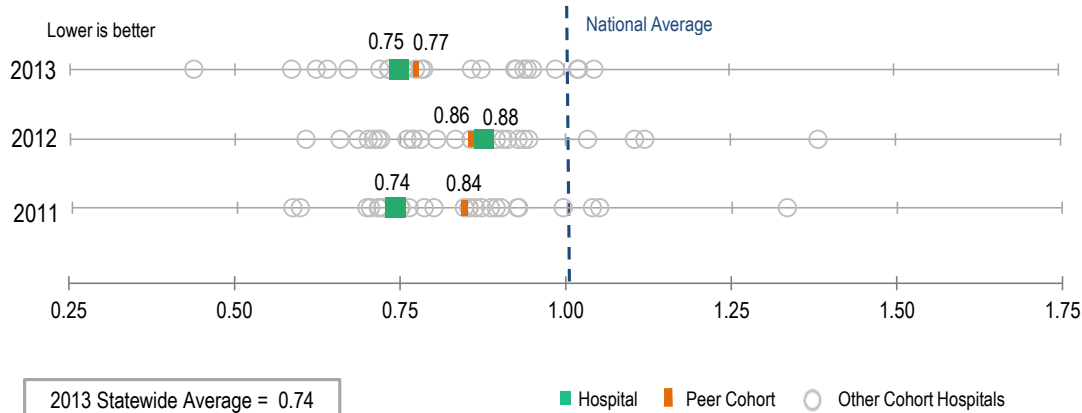
- * Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.
- † For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
- ‡ Costs were adjusted to exclude direct medical education costs and physician compensation.
- § Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.
- † Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

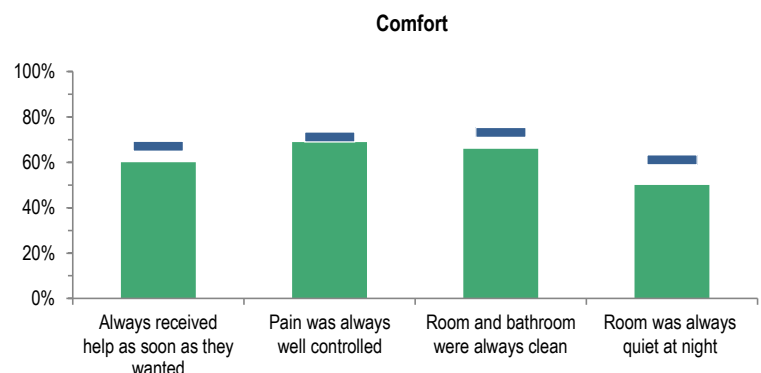
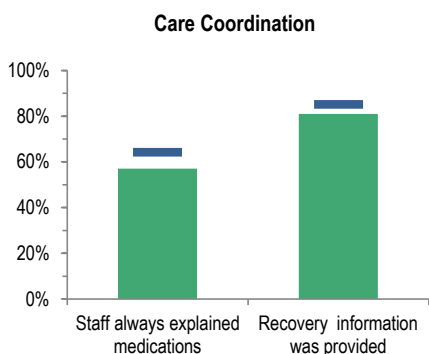
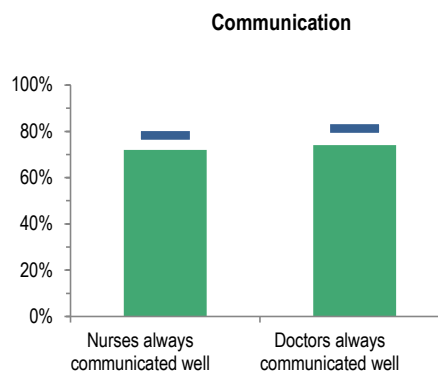
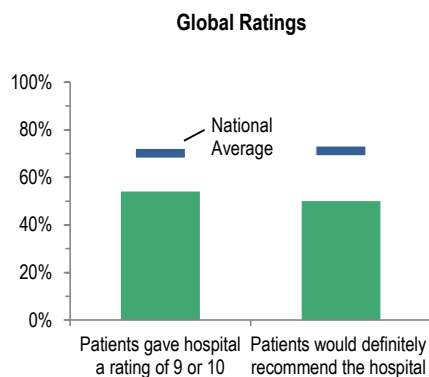
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

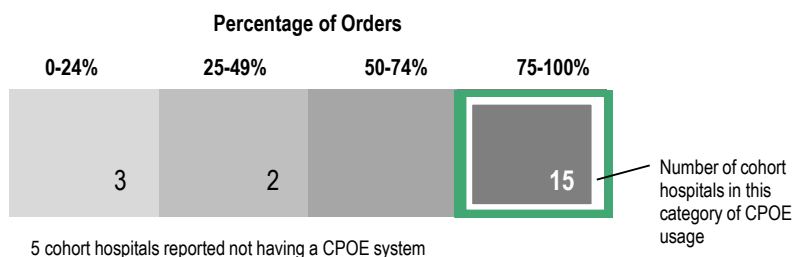
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

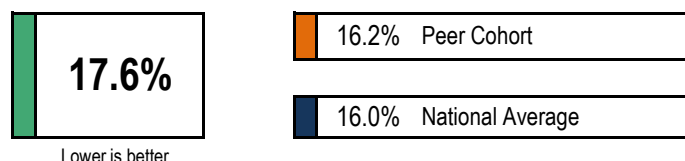
Score: Higher is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

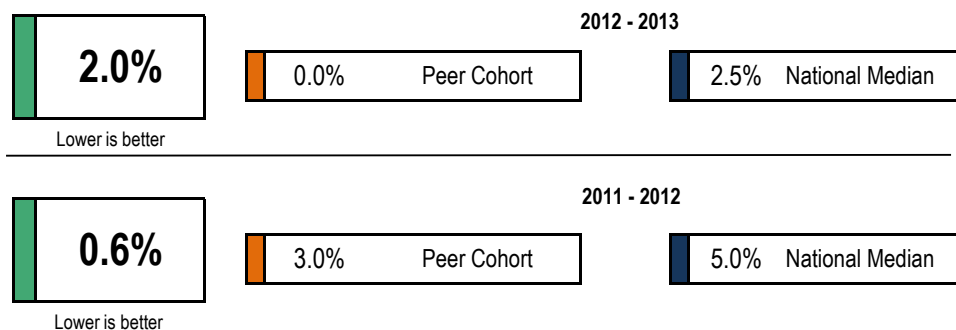
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

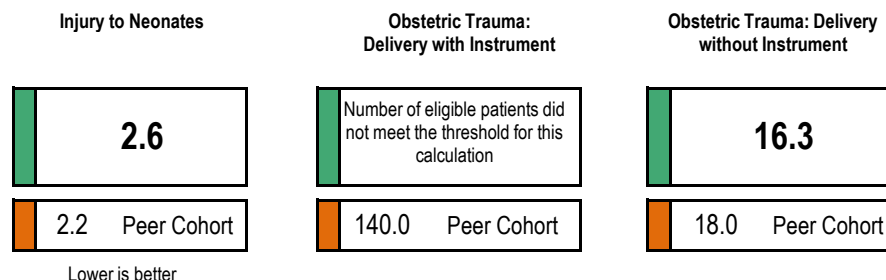
Score: Lower is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

^A Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>

CHIA.

2013 Hospital Profile: NOBLE HOSPITAL

Community, Disproportionate Share Hospital
Western Massachusetts

Noble Hospital is a non-profit community-Disproportionate Share Hospital (DSH) located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts. There was a 1.1% increase in outpatient visits at Noble Hospital from FY09 to FY13, compared to a median decrease of 3.1% among peer cohort hospitals. During that same period, Noble Hospital's outpatient revenue decreased by 13.5%, compared to a median increase of 7.3% in its cohort. The hospital reported a loss from FY09 to FY11, but earned a profit in FY12 and FY13. Its total margin in FY13 was 0.4%, lower than the median performance in its cohort of 4.1%.

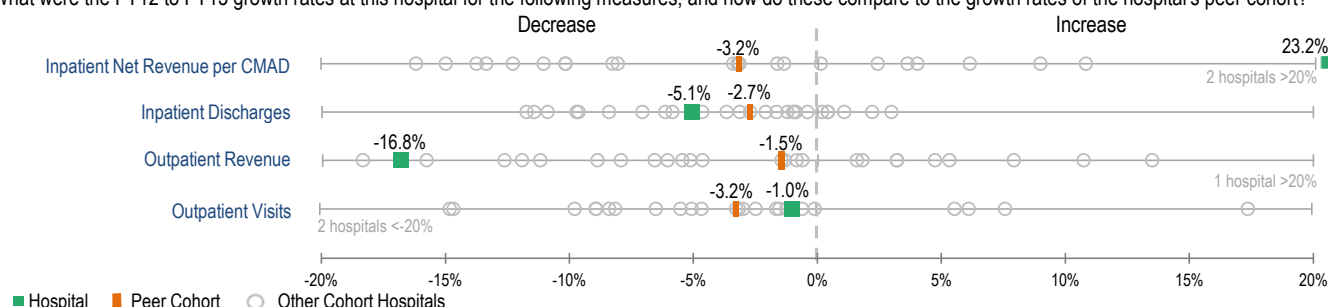
AT A GLANCE

TOTAL STAFFED BEDS: 97, among the smaller acute hospitals
% OCCUPANCY: 52%, < cohort avg. (62%)
CASE MIX INDEX in FY13: 0.87, > cohort avg. (0.84); < statewide (0.89)
INPATIENT DISCHARGES in FY13: 3,344
TRAUMA CENTER DESIGNATION: Not Applicable
EMERGENCY DEPT VISITS in FY13: 25,493

PUBLIC PAYER MIX: 66% (DSH* Hospital)
SPECIAL PUBLIC FUNDING: CHART^A, ICB⁹
CY13 COMMERCIAL PAYER PRICE LEVEL: 12th Percentile
ADJUSTED[‡] COST PER DISCHARGE: \$8,674
INPATIENT:OUTPATIENT REVENUE in FY13: 37%:63%
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

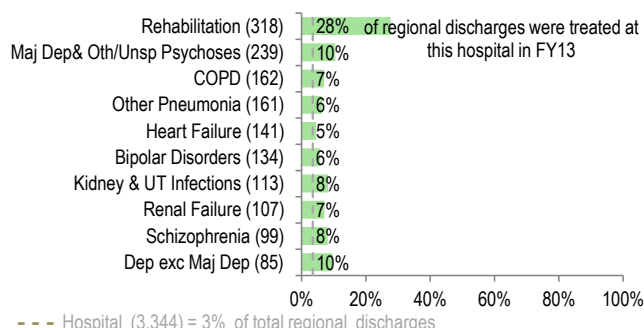
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

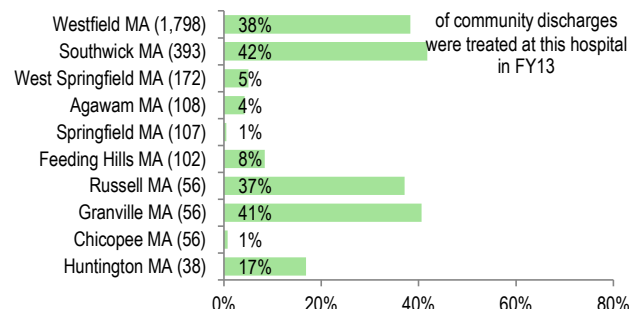
What were the most common inpatient cases (DRGs) treated at the hospital?
 What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



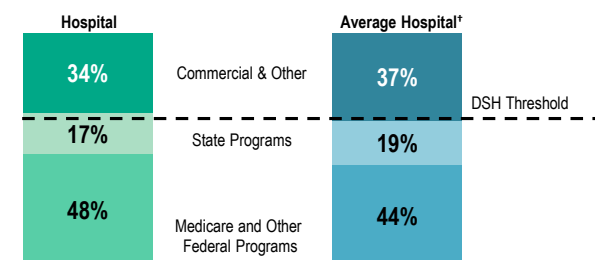
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



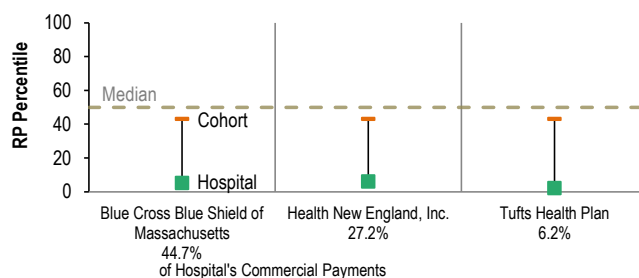
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

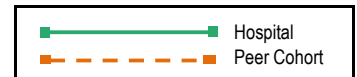
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

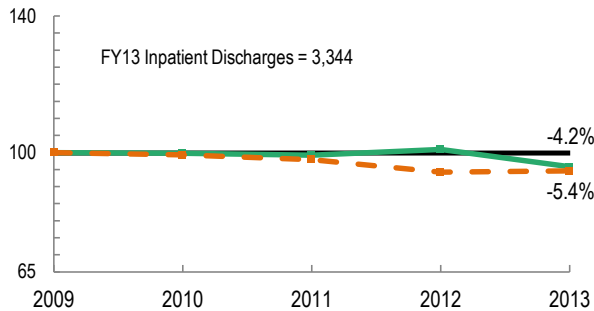
2013 Hospital Profile: NOBLE HOSPITAL

Cohort: Community, Disproportionate Share Hospital

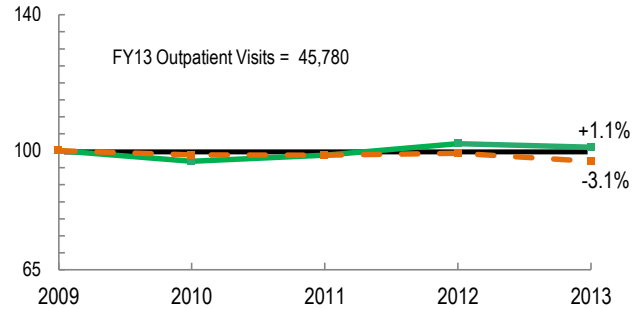


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

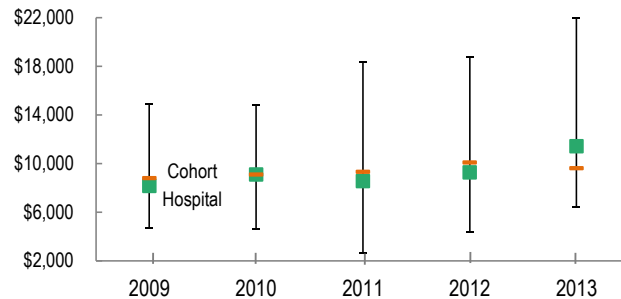


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



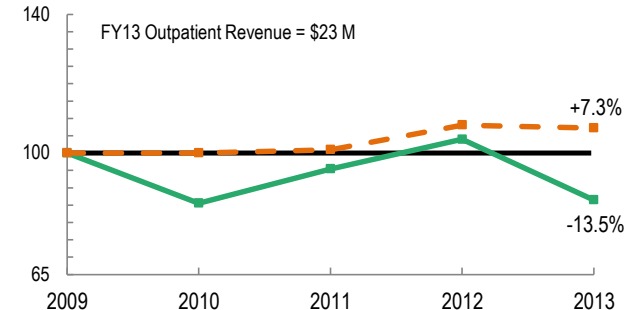
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$11,416 | Full Cost per CMAD = \$8,746

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

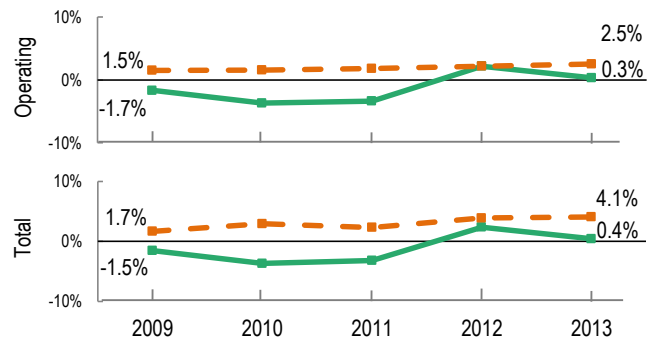


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$56	\$55	\$0	\$56	(\$0.8)
2010	\$54	\$54	\$0	\$56	(\$2.0)
2011	\$53	\$53	\$0	\$55	(\$1.7)
2012	\$59	\$58	\$0	\$57	\$1.4
2013	\$55	\$55	\$0	\$55	\$0.2

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

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

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

[†] Costs were adjusted to exclude direct medical education costs and physician compensation.

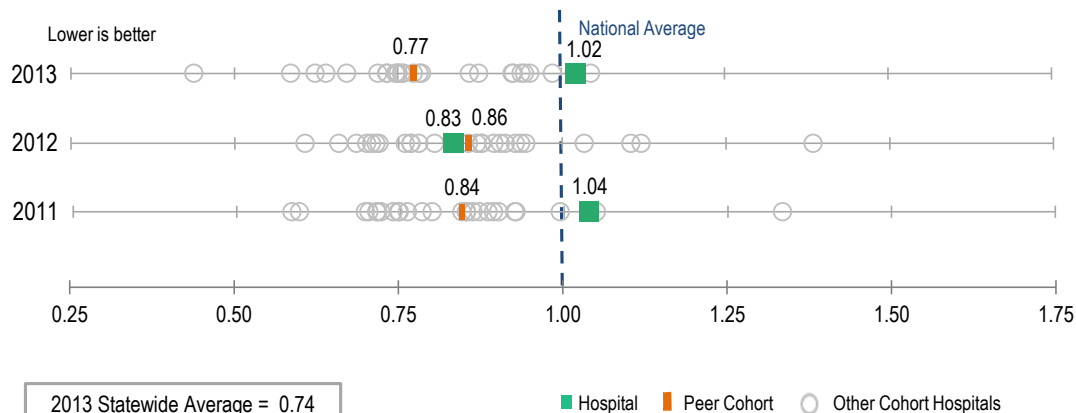
[†] Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

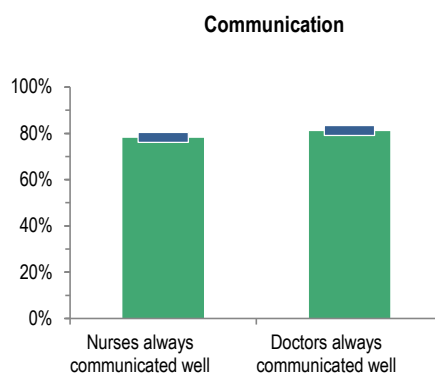
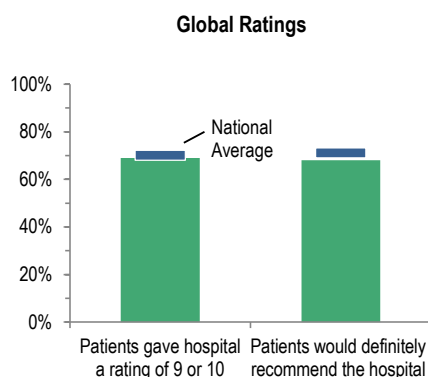
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



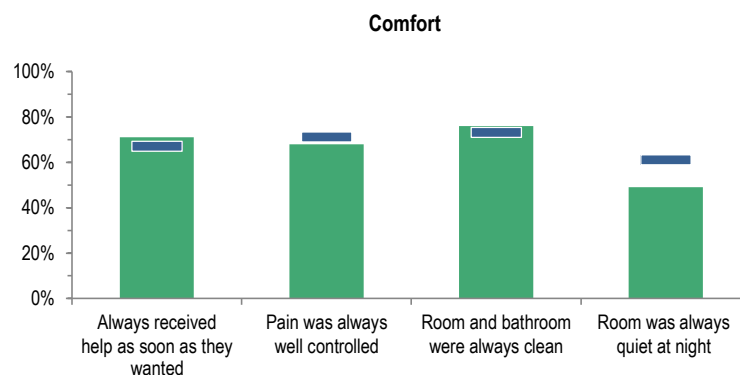
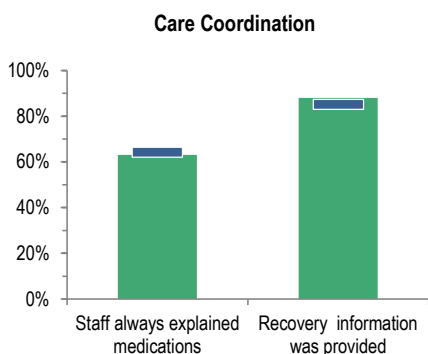
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

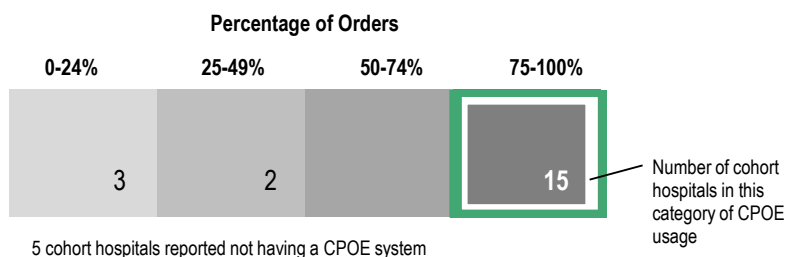
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

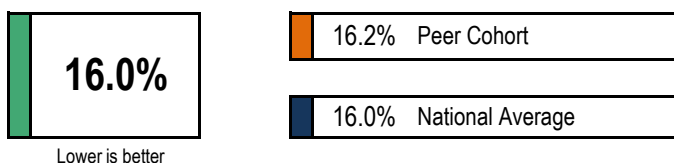
Score: Higher is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

Score: Lower is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

^A Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



North Shore Medical Center is a large, non-profit community-Disproportionate Share Hospital (DSH) located in the Northeastern Massachusetts region. It is a member of Partners HealthCare System. North Shore Medical Center had 7.2% fewer inpatient discharges in FY13 than in FY09, compared to a median decrease of 5.4% among cohort hospitals. During that period, outpatient visits decreased by 13.7% at the hospital, a steeper decrease than its peer cohort median (-3.1%). During the five-year period, the hospital was only profitable in FY09, and had a total margin of -4.9% in FY13, while the median total margin among cohort hospitals was 4.1%.

AT A GLANCE

TOTAL STAFFED BEDS: 436, 8th largest acute hospital

% OCCUPANCY: 61%, < cohort avg. (62%)

CASE MIX INDEX in FY13: 0.90, > cohort avg. (0.84); > statewide (0.89)

INPATIENT DISCHARGES in FY13: 19,860

TRAUMA CENTER DESIGNATION: Adult: Level 3

EMERGENCY DEPT VISITS in FY13: 76,997

PUBLIC PAYER MIX: 71% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: Not Applicable

CY13 COMMERCIAL PAYER PRICE LEVEL: 75th Percentile

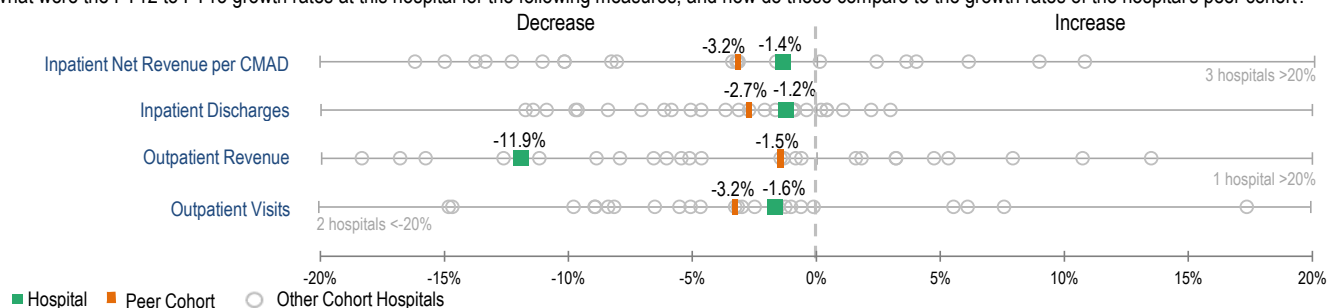
ADJUSTED[‡] COST PER DISCHARGE: \$12,278

INPATIENT:OUTPATIENT REVENUE in FY13: 40%:60%

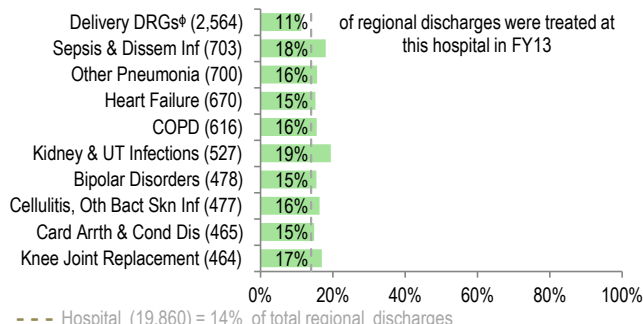
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

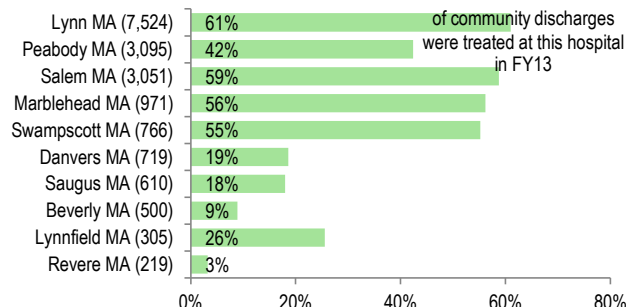
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

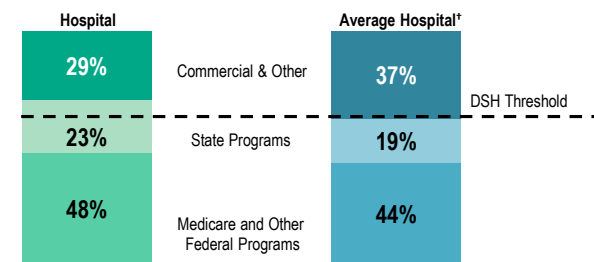
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

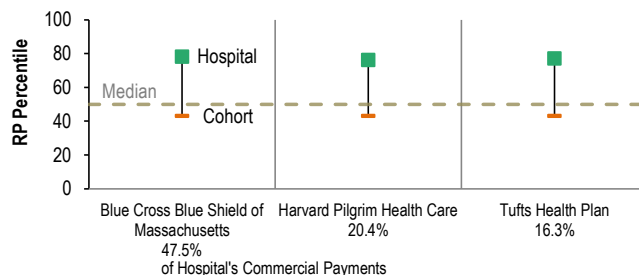
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

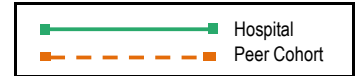
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

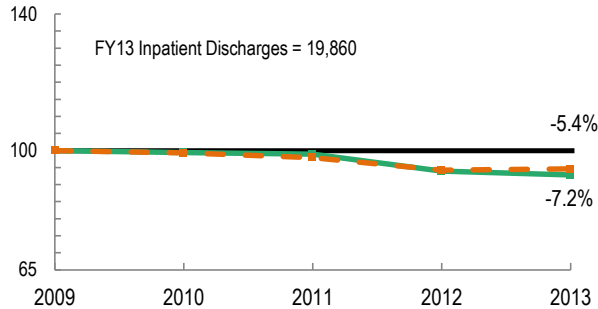
2013 Hospital Profile: NORTH SHORE MEDICAL CENTER

Cohort: Community, Disproportionate Share Hospital

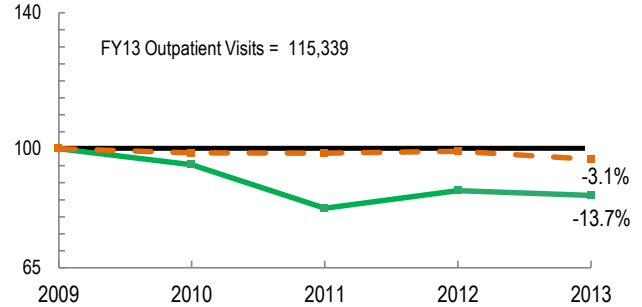


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

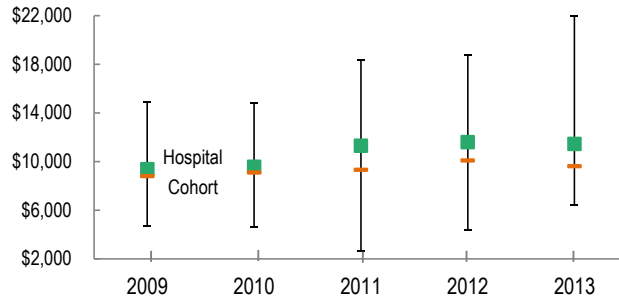


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



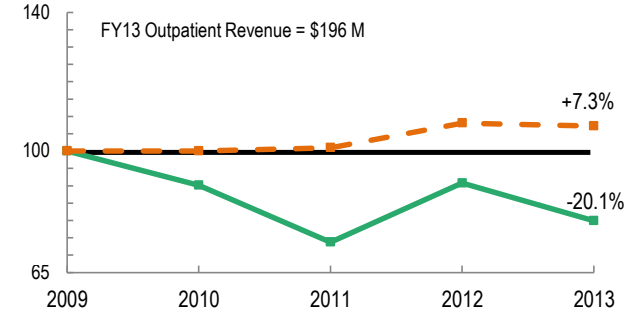
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$11,430 | Full Cost per CMAD = \$12,552

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$440	\$439	\$1	\$433	\$6.6
2010	\$427	\$426	\$1	\$432	(\$5.2)
2011	\$423	\$423	\$0	\$438	(\$14.1)
2012	\$447	\$447	\$0	\$455	(\$8.0)
2013	\$417	\$417	\$0	\$437	(\$20.3)

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

‡ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

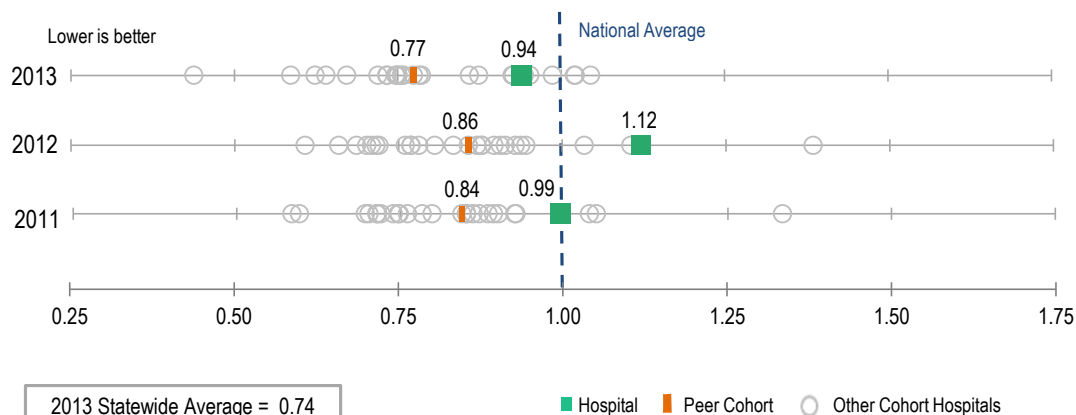
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

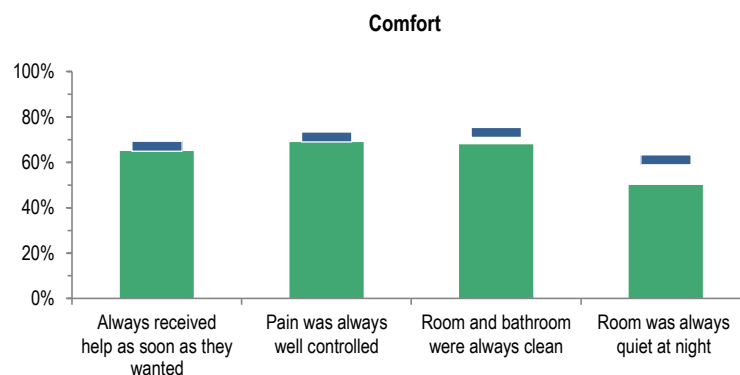
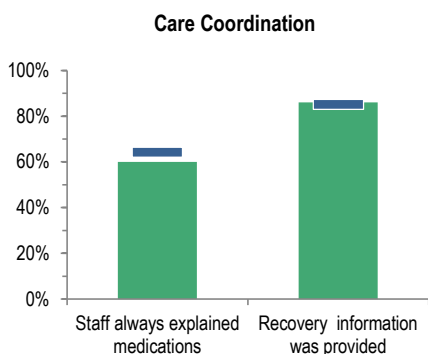
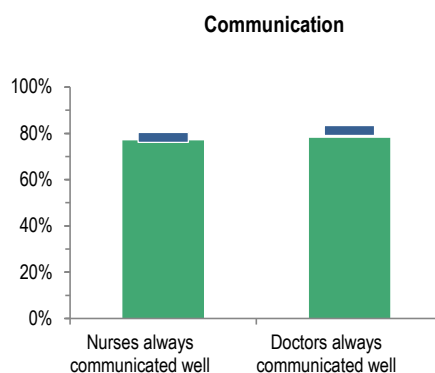
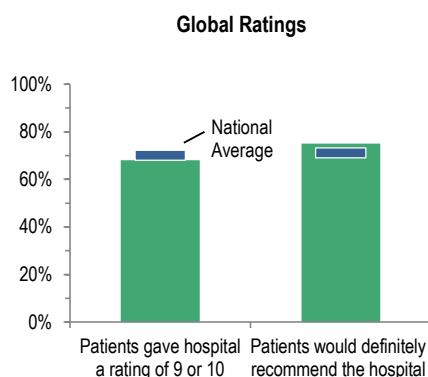
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

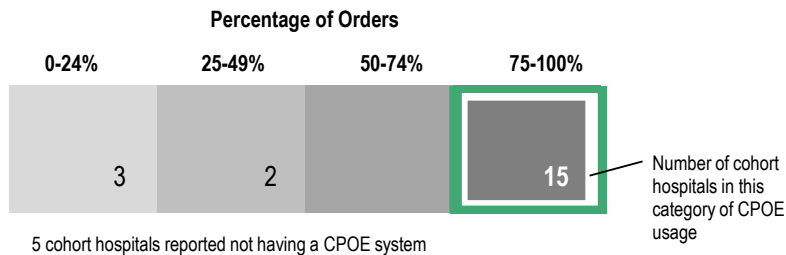
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

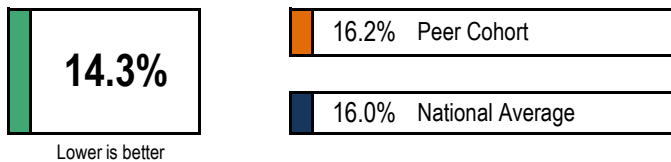
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

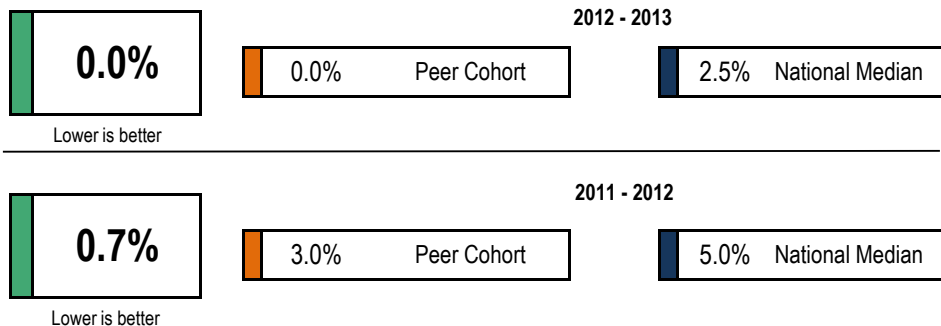
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

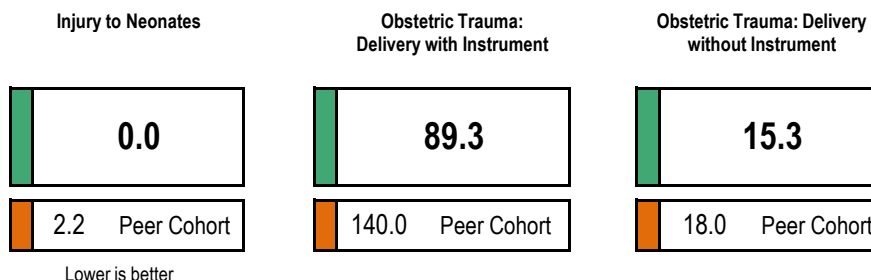
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



In FY13, Quincy Medical Center, a member of Steward Health Care System, was a for-profit community-Disproportionate Share Hospital (DSH) located in the Metro South region. It was among the smaller acute hospitals in Massachusetts. On November 6th, 2014, Steward announced an imminent closure of Quincy Medical Center, which occurred on December 26, 2014. The hospital building is now operating as a satellite emergency department for Steward Carney Hospital. The Outpatient visits decreased by 13.2% between FY09 and FY13, a steeper decrease than the median of its peer cohort during that time (-3.1%). Quincy Medical Center reported a loss each year in the five-year period, with a -25.1% total margin in FY13, while the median total margin in its peer cohort was 4.1%.

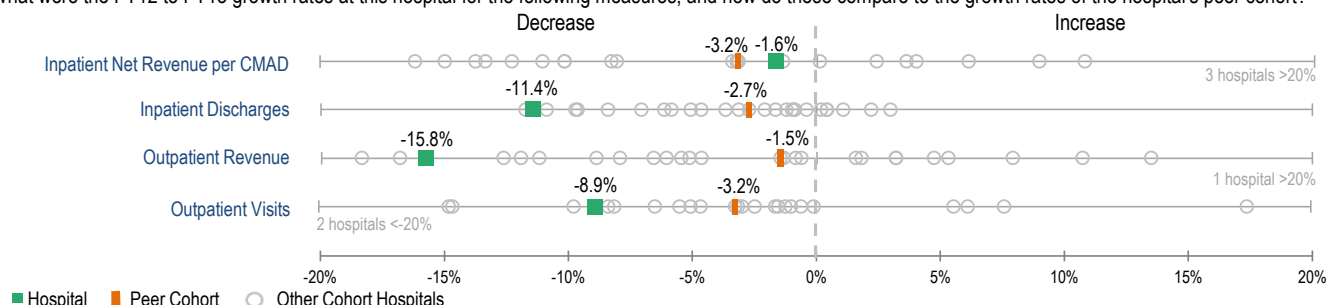
AT A GLANCE

TOTAL STAFFED BEDS: 87, among the smaller acute hospitals
 % OCCUPANCY: 72%, > cohort avg. (62%)
 CASE MIX INDEX in FY13: 0.89, > cohort avg. (0.84); = statewide (0.89)
 INPATIENT DISCHARGES in FY13: 4,803
 TRAUMA CENTER DESIGNATION: Not Applicable
 EMERGENCY DEPT VISITS in FY13: 35,837

PUBLIC PAYER MIX: 69% (DSH* Hospital)
 SPECIAL PUBLIC FUNDING: ICB⁹
 CY13 COMMERCIAL PAYER PRICE LEVEL: 15th Percentile
 ADJUSTED[‡] COST PER DISCHARGE: \$11,065
 INPATIENT:OUTPATIENT REVENUE in FY13: 42%:58%
 CHANGE IN OWNERSHIP (FY09-FY13): Steward Health Care - 2011

GROWTH MEASURES

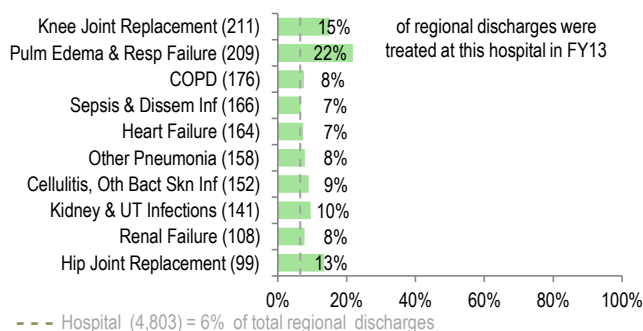
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

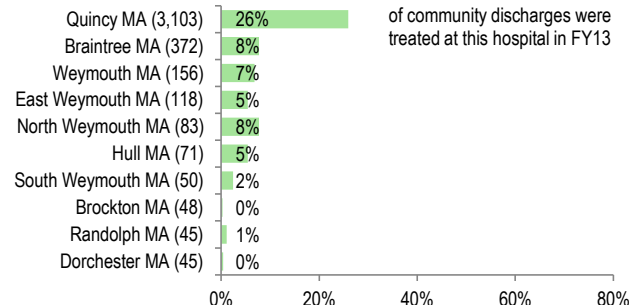
What were the most common inpatient cases (DRGs) treated at the hospital?
 What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



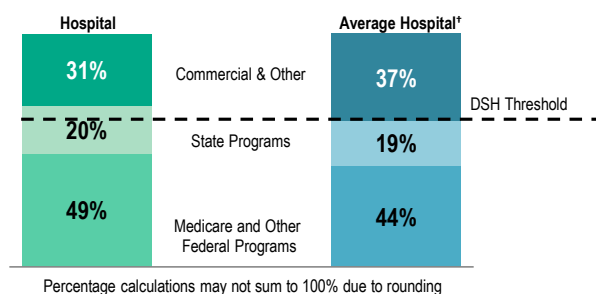
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community

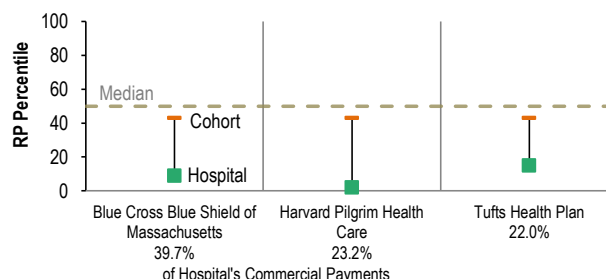


PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



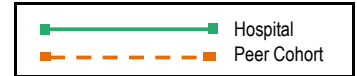
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

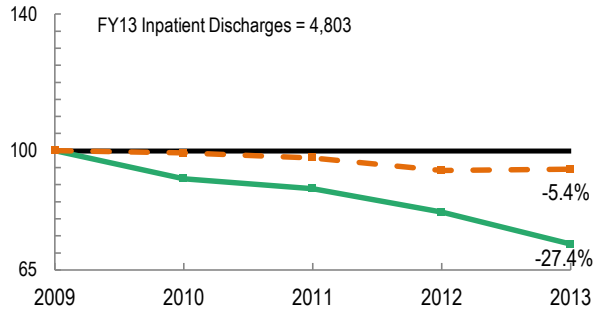
2013 Hospital Profile: QUINCY MEDICAL CENTER

Cohort: Community, Disproportionate Share Hospital

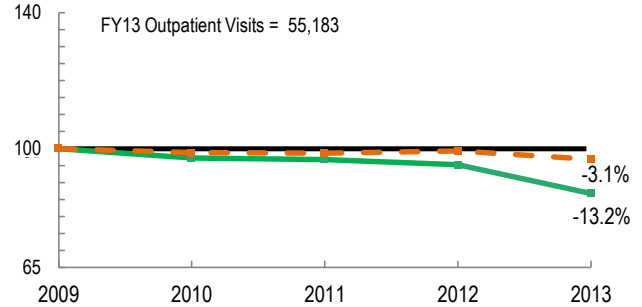


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

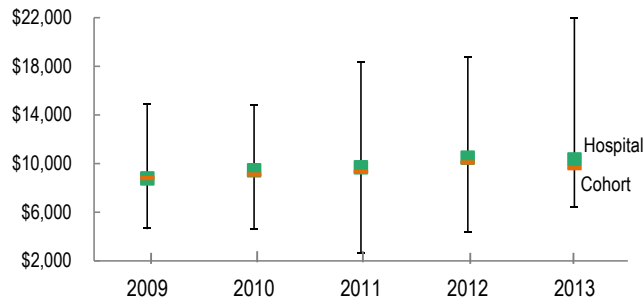


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



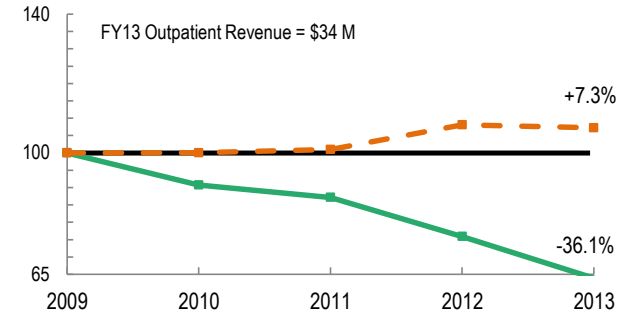
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$10,313 | Full Cost per CMAD = \$11,886

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

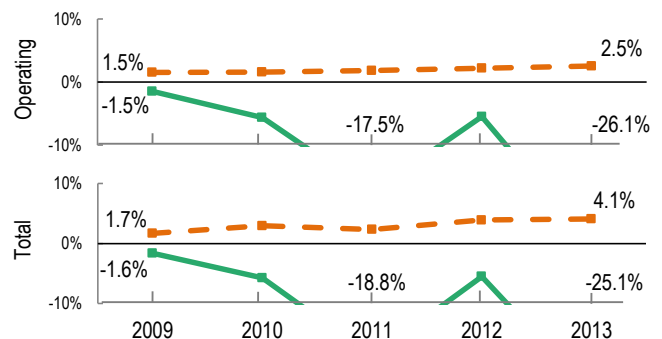


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$110	\$110	(\$0)	\$112	(\$1.8)
2010	\$104	\$104	(\$0)	\$109	(\$5.9)
2011	\$99	\$100	(\$1)	\$117	(\$18.5)
2012	\$99	\$99	\$0	\$104	(\$5.4)
2013	\$79	\$78	\$1	\$98	(\$19.7)

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

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

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

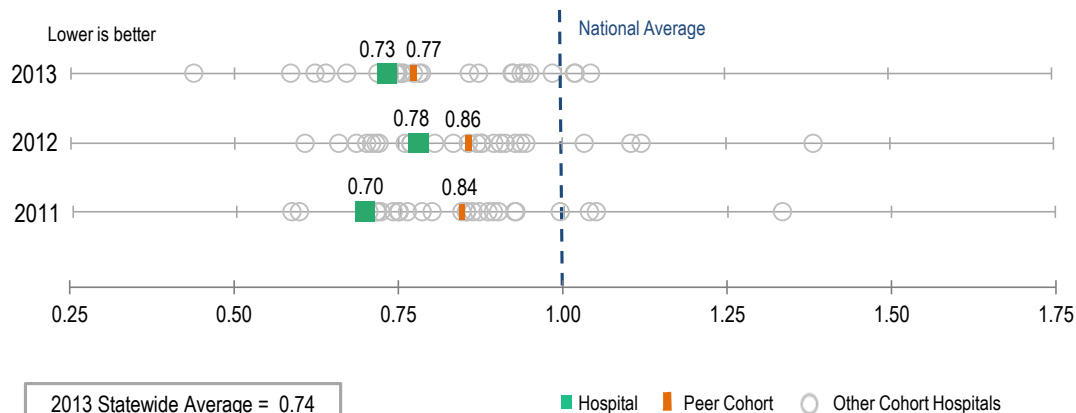
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

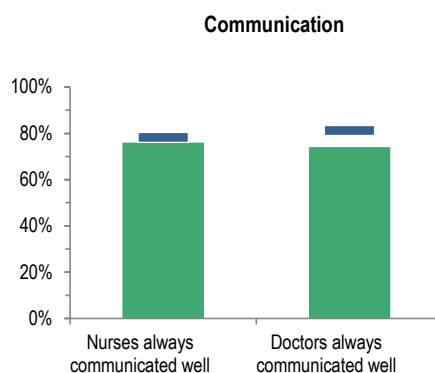
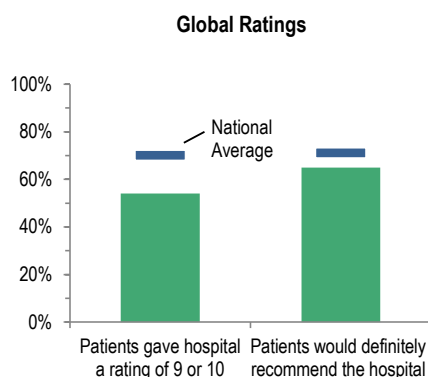
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



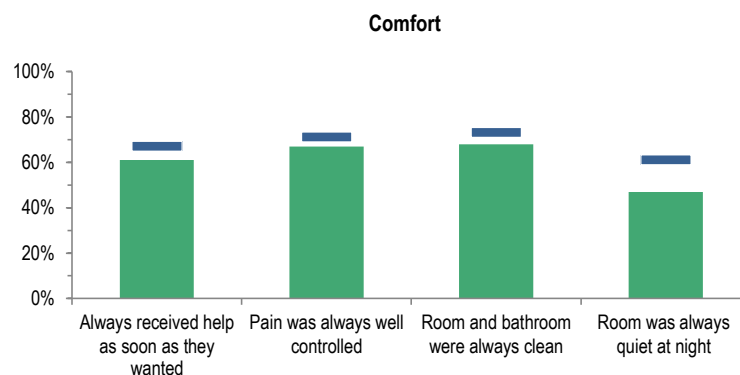
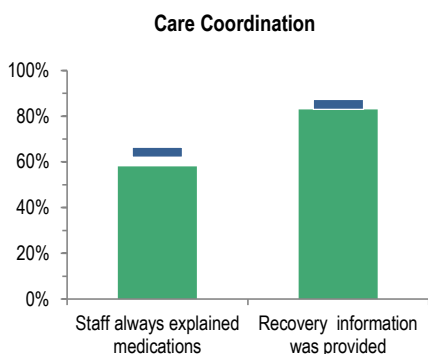
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

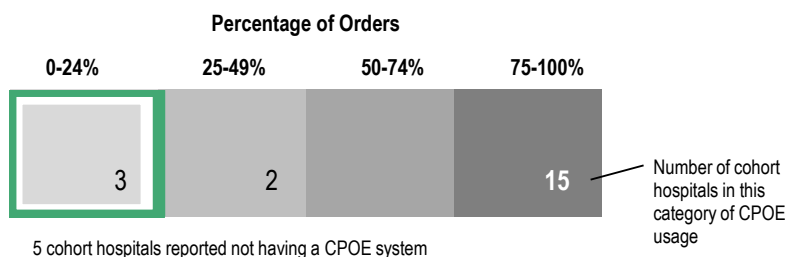
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an **electronic system** that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

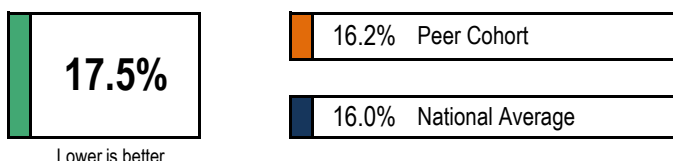
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile:

SIGNATURE HEALTHCARE BROCKTON HOSPITALCommunity, Disproportionate Share Hospital
Metro South

Signature Healthcare Brockton Hospital is a non-profit community-Disproportionate Share Hospital (DSH) located in the Metro South region. It is among the larger acute hospitals in Massachusetts. The hospital experienced a 14.3% decrease in inpatient discharges from FY09 to FY13, compared to a median decrease of 5.4% among peer cohort hospitals. Outpatient visits at the hospital decreased by 3.1% over that period, consistent with the median performance among peer hospitals. Signature Healthcare Brockton Hospital was profitable each year from FY09 to FY13, with a total margin of 8.7% in FY13, higher than the median total margin of its peer cohort of 4.1%.

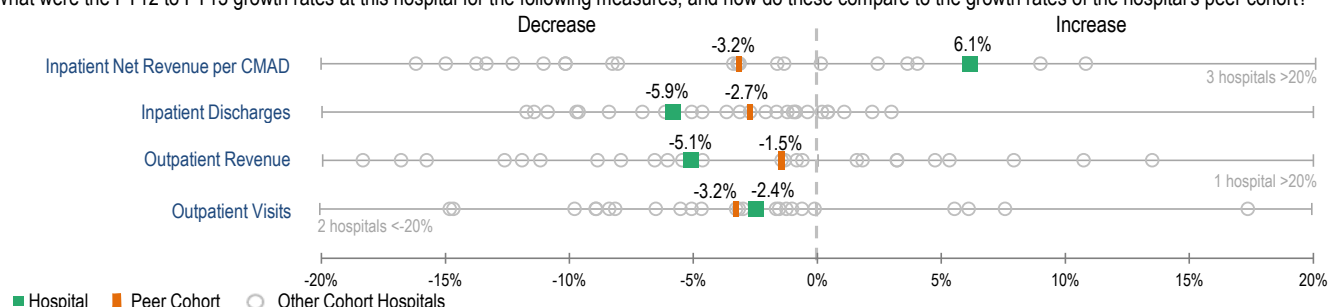
AT A GLANCE

TOTAL STAFFED BEDS: 245, among the larger acute hospitals
% OCCUPANCY: 64%, > cohort avg. (62%)
CASE MIX INDEX in FY13: 0.82, < cohort avg. (0.84); < statewide (0.89)
INPATIENT DISCHARGES in FY13: 12,989
TRAUMA CENTER DESIGNATION: Not Applicable
EMERGENCY DEPT VISITS in FY13: 60,192

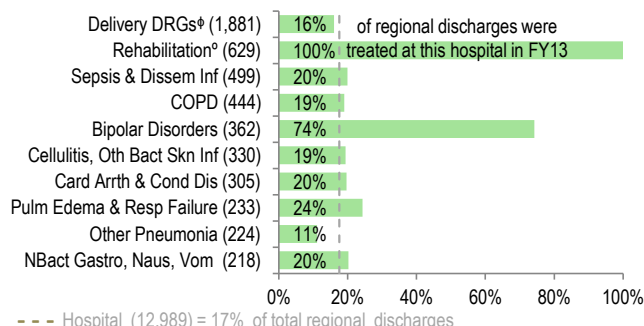
PUBLIC PAYER MIX: 69% (DSH* Hospital)
SPECIAL PUBLIC FUNDING: CHART^A, DSTIⁿ
CY13 COMMERCIAL PAYER PRICE LEVEL: 29th Percentile
ADJUSTED[‡] COST PER DISCHARGE: \$8,731
INPATIENT:OUTPATIENT REVENUE in FY13: 38%:62%
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

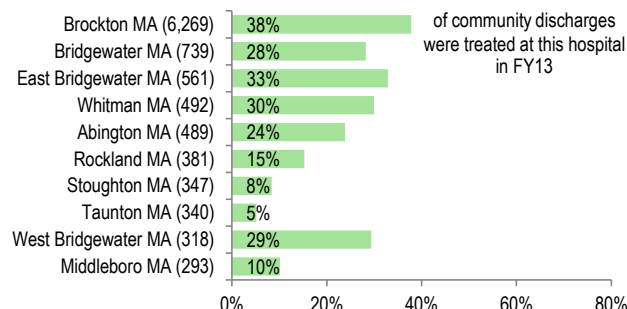
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

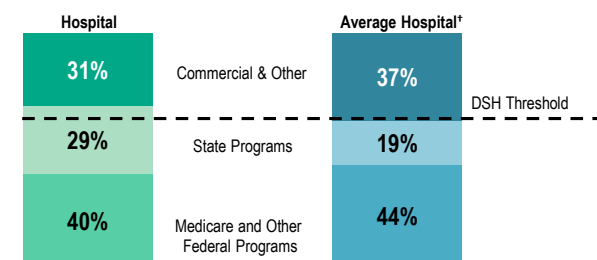
What were the most common inpatient cases (DRGs) treated at the hospital?
 What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

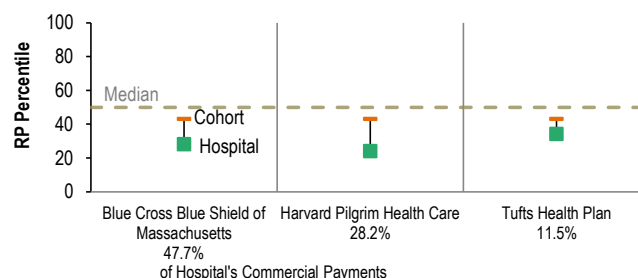
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

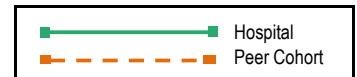
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

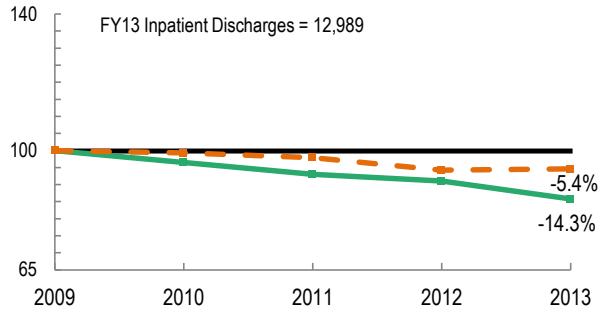
2013 Hospital Profile: SIGNATURE HEALTHCARE BROCKTON HOSPITAL

Cohort: Community, Disproportionate Share Hospital

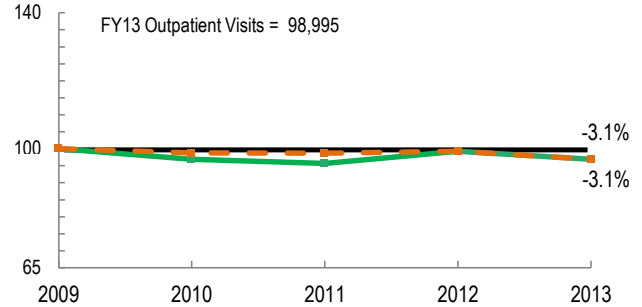


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

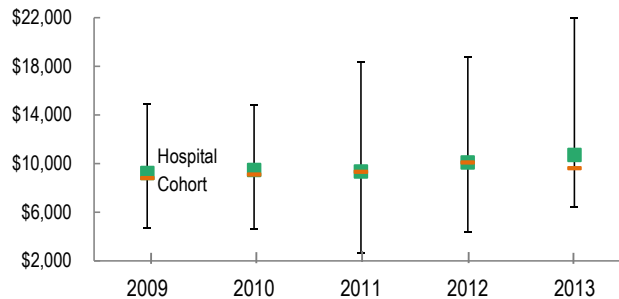


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

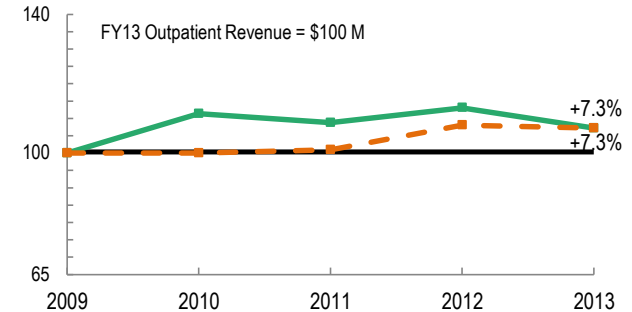


PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

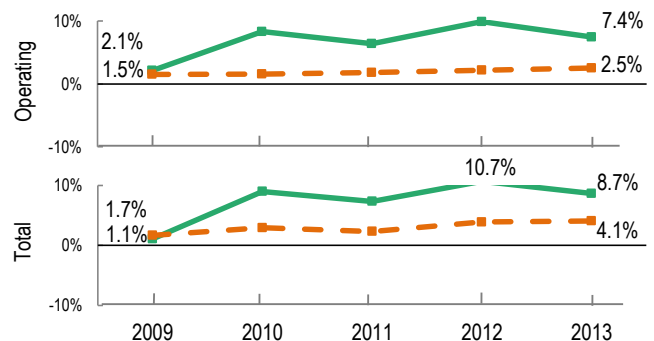


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$202	\$204	(\$2)	\$200	\$2.2
2010	\$219	\$218	\$1	\$200	\$19.7
2011	\$220	\$218	\$2	\$204	\$16.1
2012	\$240	\$238	\$2	\$214	\$25.6
2013	\$227	\$224	\$3	\$207	\$19.6

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) 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 Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

‡ Costs were adjusted to exclude direct medical education costs and physician compensation.

* Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

° Regional percentages are based on the individual DRG codes reported by this hospital.

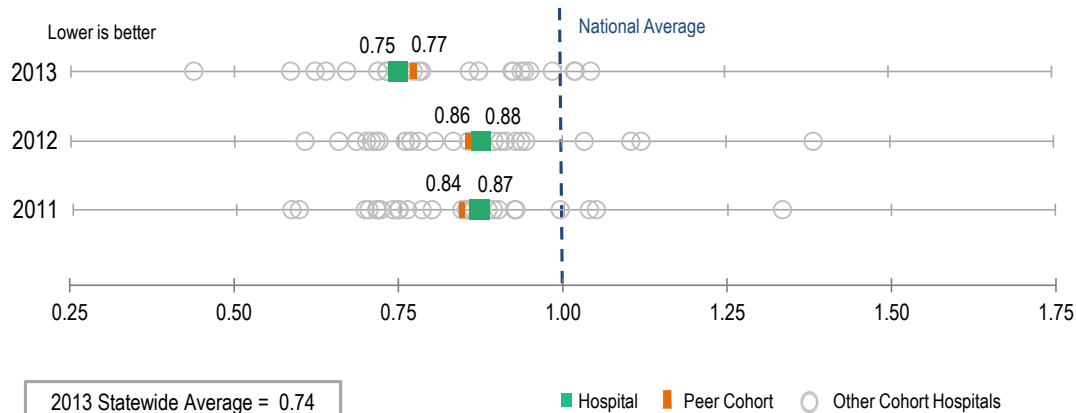
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

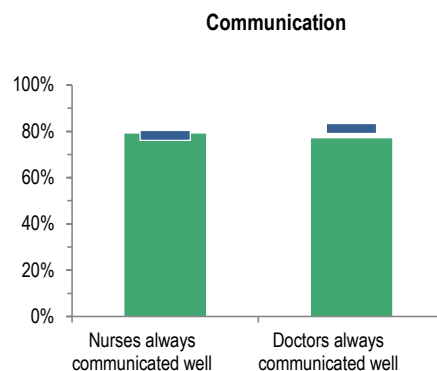
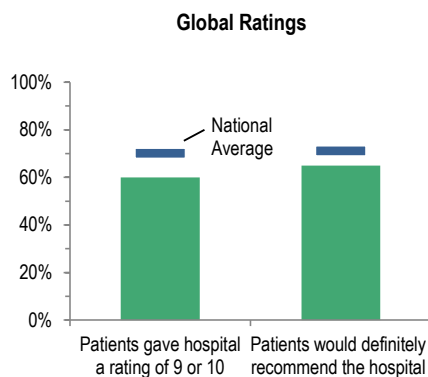
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



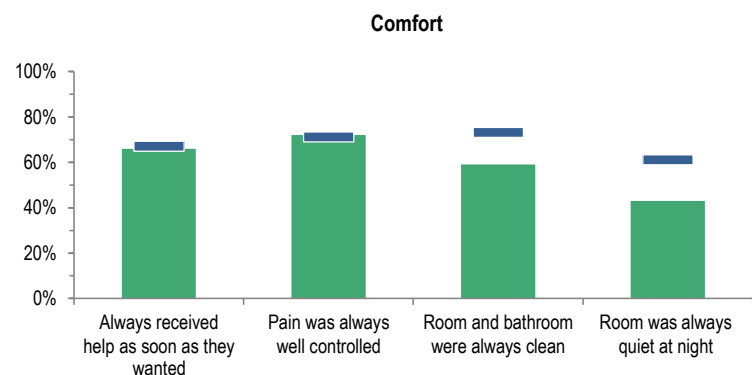
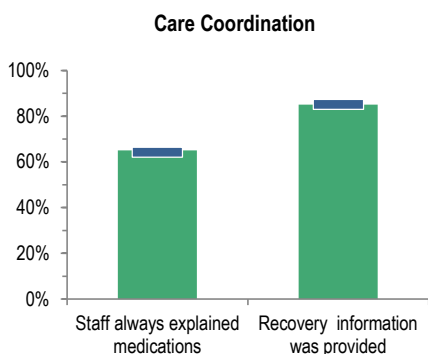
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

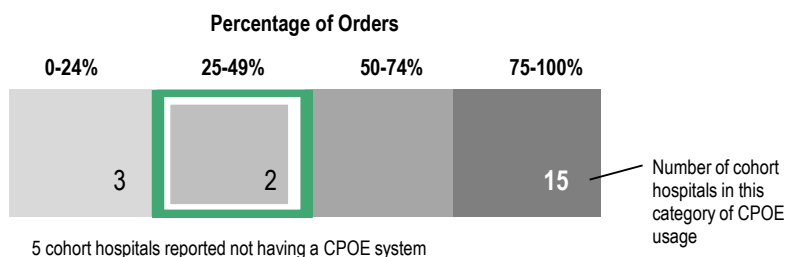
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

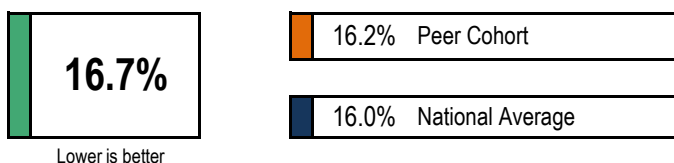
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

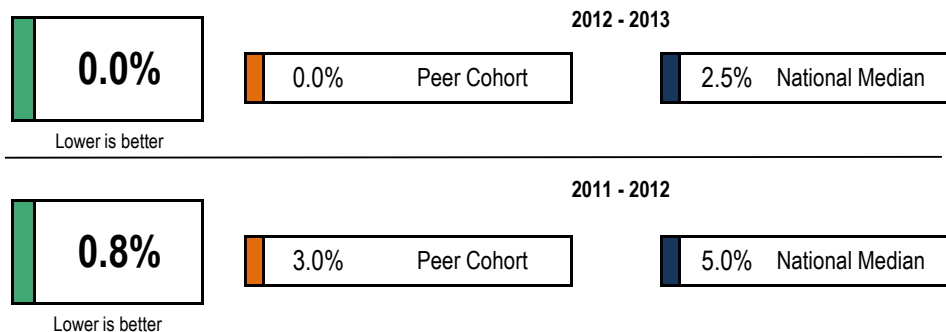
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

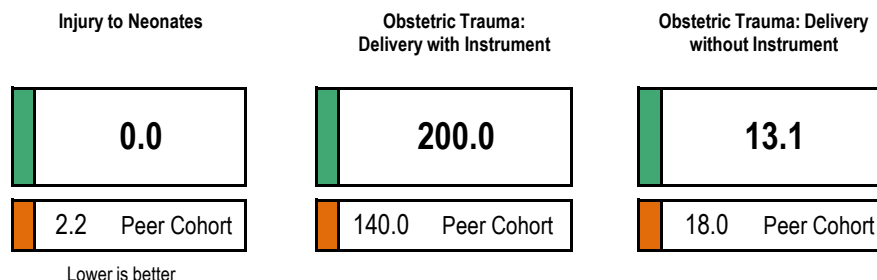
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile:

SOUTHCOAST HOSPITALS GROUPCommunity, Disproportionate Share Hospital
Southcoast

Southcoast Hospitals Group is a large, non-profit community-Disproportionate Share Hospital (DSH) group located in the Southcoast region. Southcoast Hospitals Group has three campuses across Southeastern Massachusetts: Charlton Memorial Hospital, St. Luke's Hospital, and Tobey Hospital campuses. Southcoast Hospitals Group formed an affiliation with Boston Children's Hospital starting in 2012. Southcoast Hospitals Group was profitable each year from FY09 to FY13, with a total margin of 3.1% in FY13, compared to the median 4.1% increase in its peer cohort.

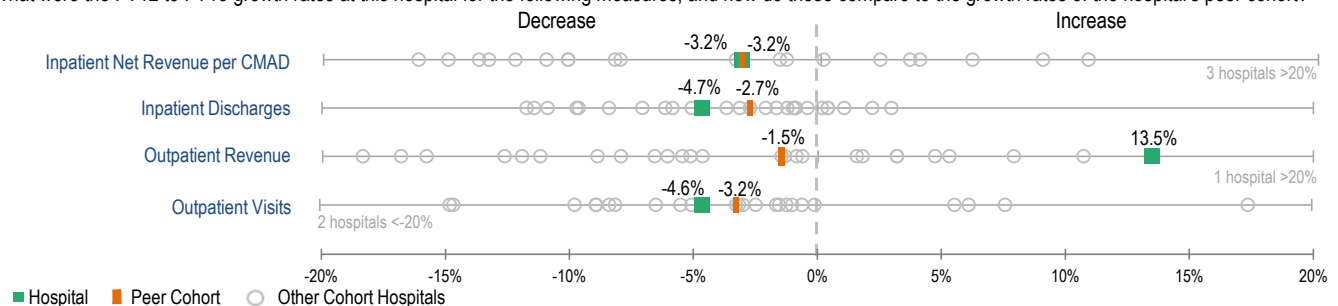
AT A GLANCE

TOTAL STAFFED BEDS: 556, 5th largest acute hospital (group)
% OCCUPANCY: 94%, highest in cohort (avg. 62%)
CASE MIX INDEX in FY13: 0.88, > cohort avg. (0.84); < statewide (0.89)
INPATIENT DISCHARGES in FY13: 40,303
TRAUMA CENTER DESIGNATION: Not Applicable
EMERGENCY DEPT VISITS in FY13: 155,236

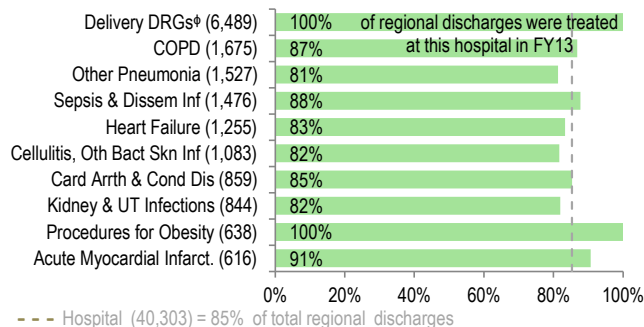
PUBLIC PAYER MIX: 71% (DSH* Hospital)
SPECIAL PUBLIC FUNDING: CHART^A
CY13 COMMERCIAL PAYER PRICE LEVEL: 59th Percentile
ADJUSTED[‡] COST PER DISCHARGE: \$9,468
INPATIENT:OUTPATIENT REVENUE in FY13: 46%:54%
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

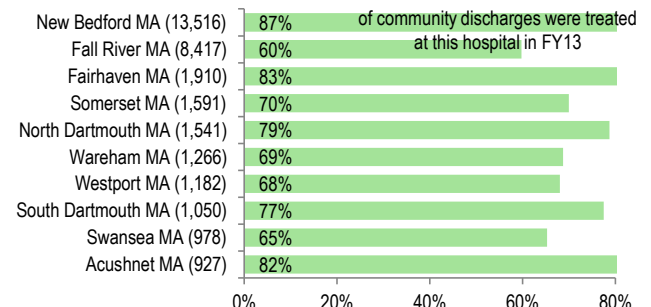
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

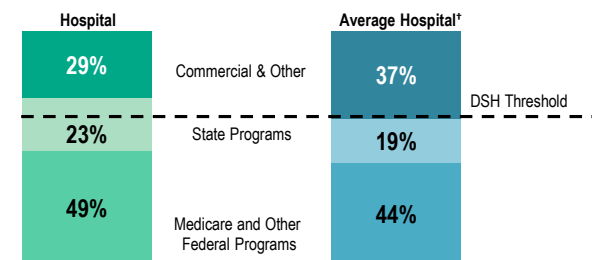
What were the most common inpatient cases (DRGs) treated at the hospital?
 What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

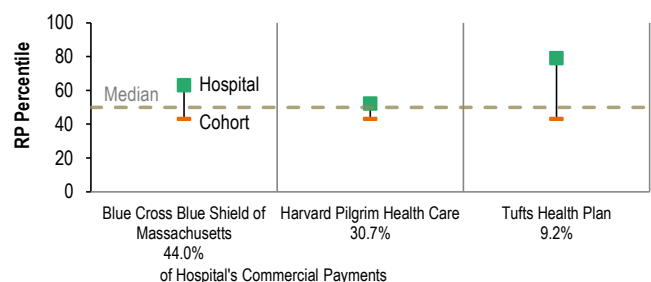
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

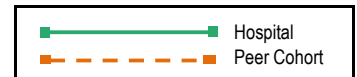
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

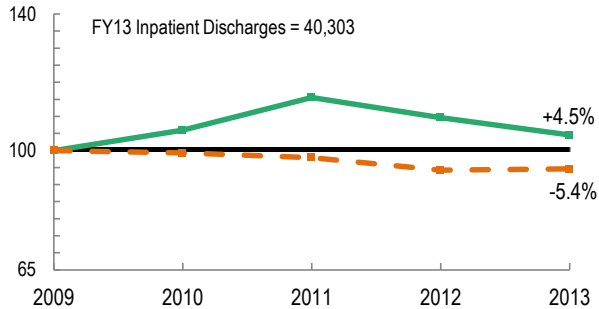
2013 Hospital Profile: **SOUTHCOAST HOSPITALS GROUP**

Cohort: Community, Disproportionate Share Hospital

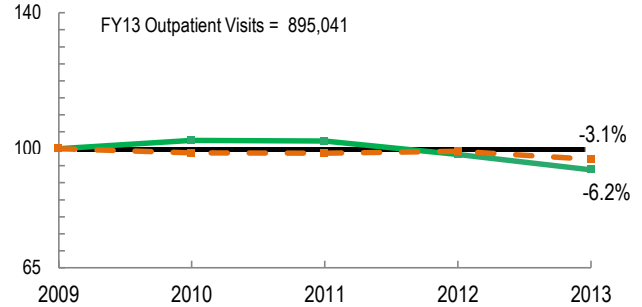


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

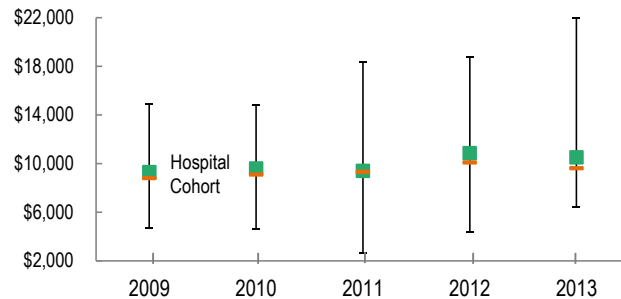


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



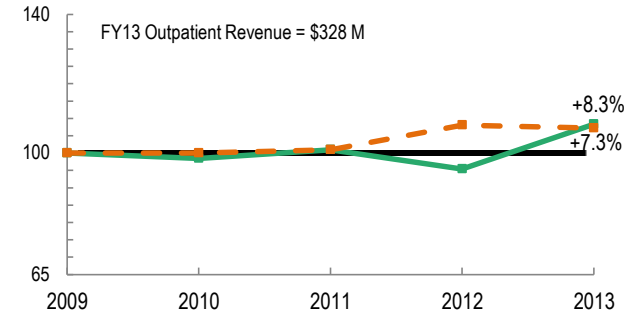
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$10,500 | Full Cost per CMAD = \$10,384

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

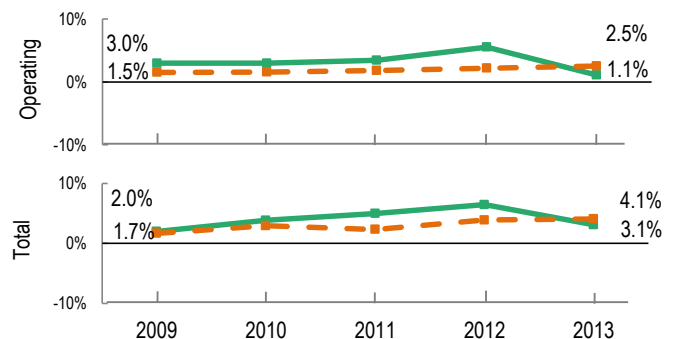


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$616	\$622	(\$6)	\$604	\$12.3
2010	\$649	\$643	\$6	\$624	\$25.0
2011	\$682	\$672	\$11	\$648	\$34.0
2012	\$710	\$703	\$7	\$664	\$45.7
2013	\$726	\$712	\$14	\$704	\$22.4

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) 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).

† Costs were adjusted to exclude direct medical education costs and physician compensation.

‡ Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

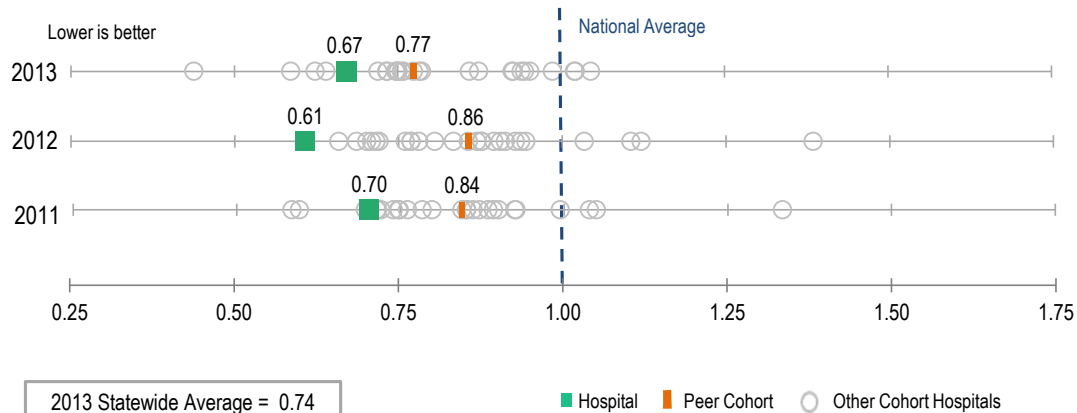
† Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

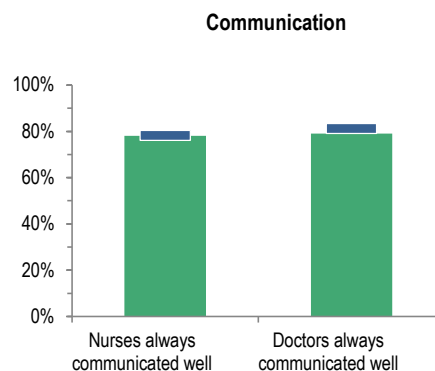
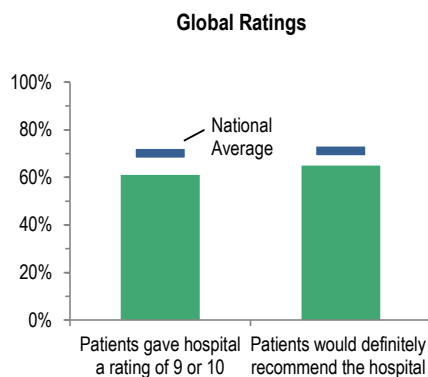
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



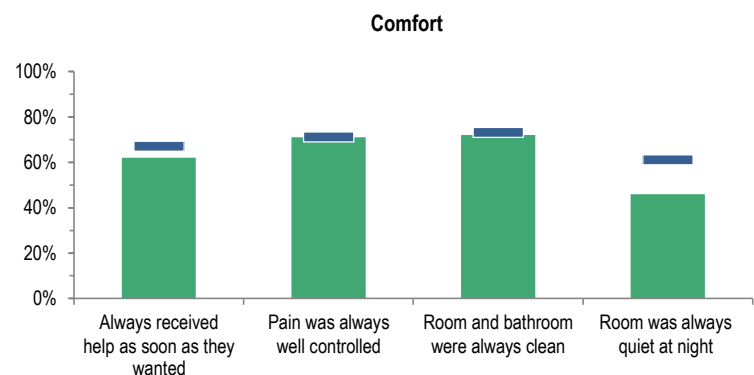
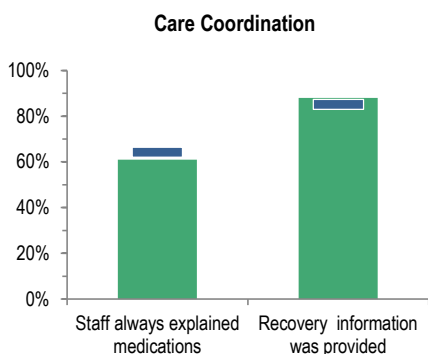
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

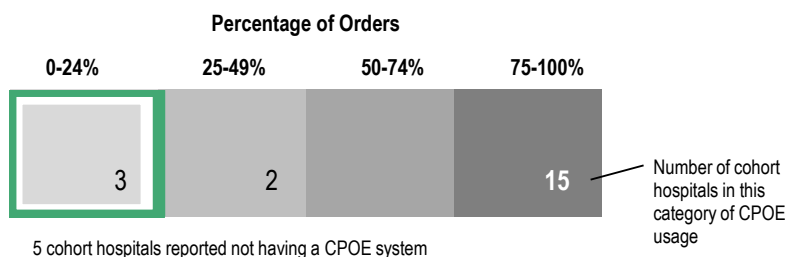
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an **electronic system** that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

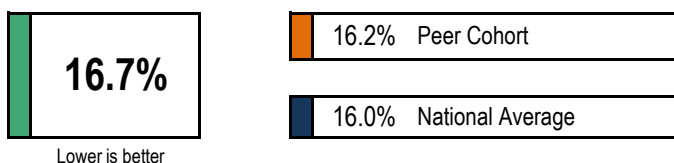
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

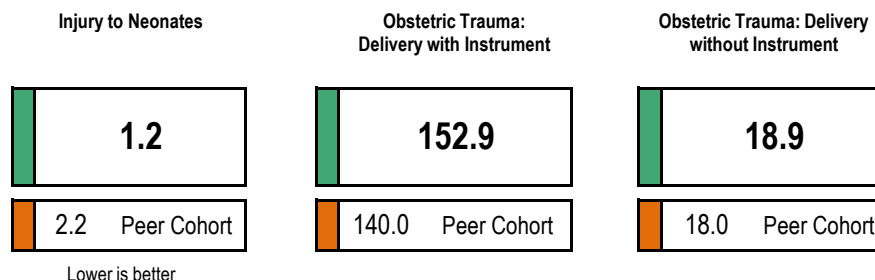
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



Steward Good Samaritan Medical Center is a mid-size, for-profit community-Disproportionate Share Hospital (DSH) located in the Metro South region. It is a member of Steward Health Care System. Good Samaritan had 25.6% more outpatient visits in FY13 than in FY09, compared with a median decrease of 3.1% among peer cohort hospitals. Good Samaritan earned a profit each year in the five-year period except in FY12. It had a total margin of 1.8% in FY13, lower than the median total margin in its cohort of 4.1%.

AT A GLANCE

TOTAL STAFFED BEDS: 241, mid-size acute hospital

% OCCUPANCY: 80%, > cohort avg. (62%)

CASE MIX INDEX in FY13: 0.84, = cohort avg. (0.84); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 16,538

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 49,185

PUBLIC PAYER MIX: 67% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: ICB⁹

CY13 COMMERCIAL PAYER PRICE LEVEL: 45th Percentile

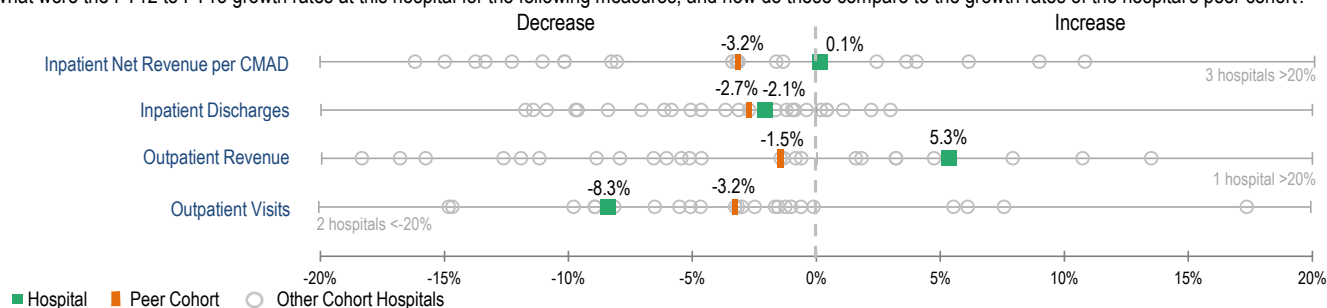
ADJUSTED[‡] COST PER DISCHARGE: \$10,104

INPATIENT:OUTPATIENT REVENUE in FY13: 46%:54%

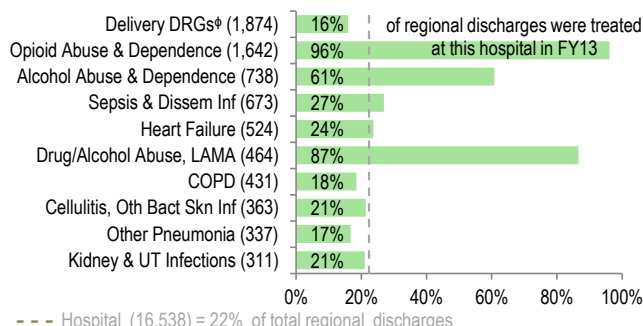
CHANGE IN OWNERSHIP (FY09-FY13): Steward Health Care - 2010

GROWTH MEASURES

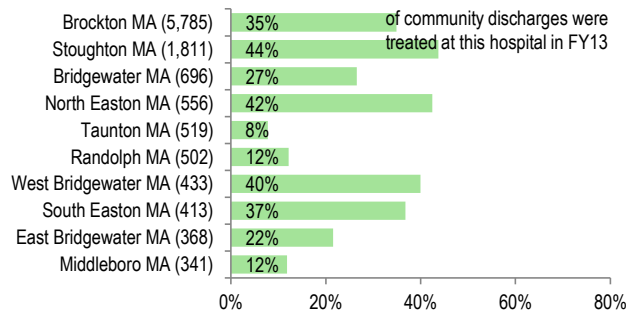
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

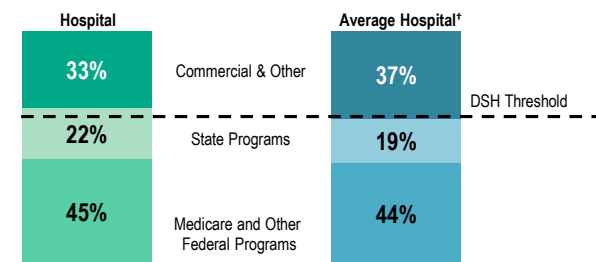
What were the most common inpatient cases (DRGs) treated at the hospital?
 What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

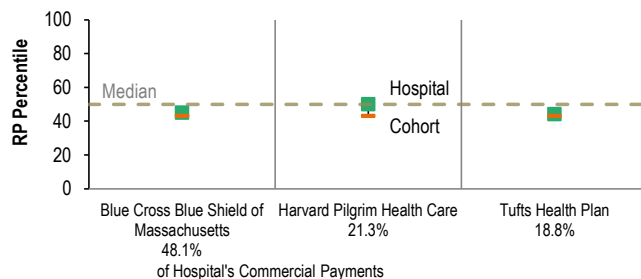
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

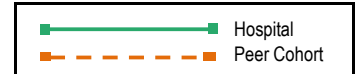
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

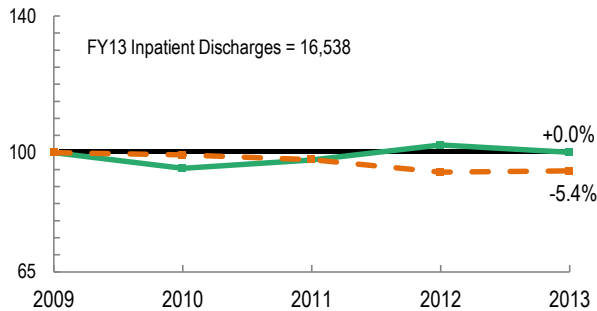
2013 Hospital Profile: STEWARD GOOD SAMARITAN MEDICAL CENTER

Cohort: Community, Disproportionate Share Hospital

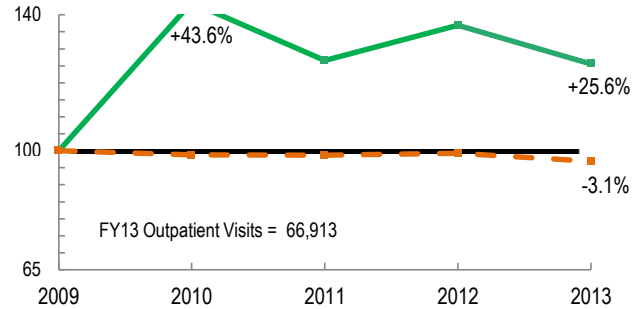


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

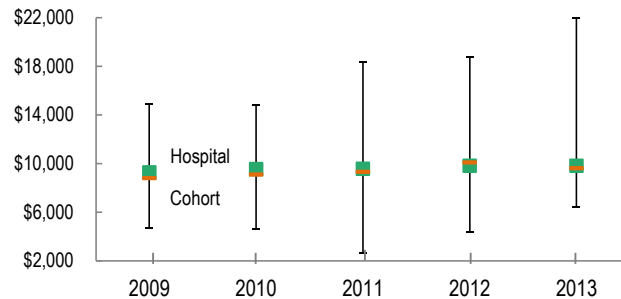


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



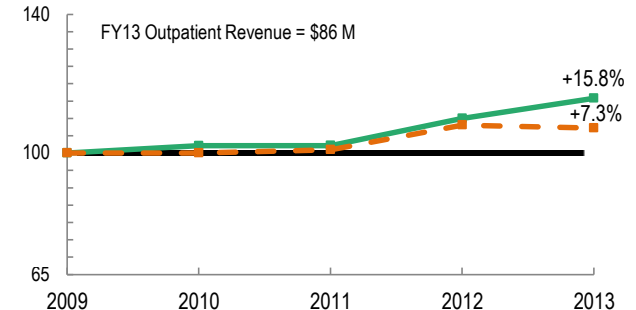
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$9,810 | Full Cost per CMAD = \$10,151

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

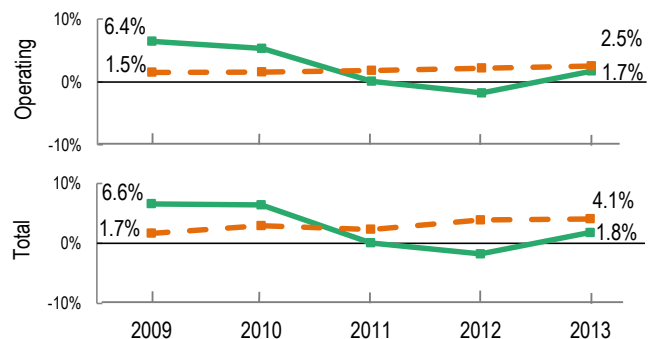


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$197	\$197	\$0	\$184	\$13.0
2010	\$199	\$196	\$2	\$186	\$12.7
2011	\$183	\$183	\$0	\$183	\$0.1
2012	\$225	\$225	\$0	\$229	(\$4.0)
2013	\$234	\$234	\$0	\$230	\$4.2

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

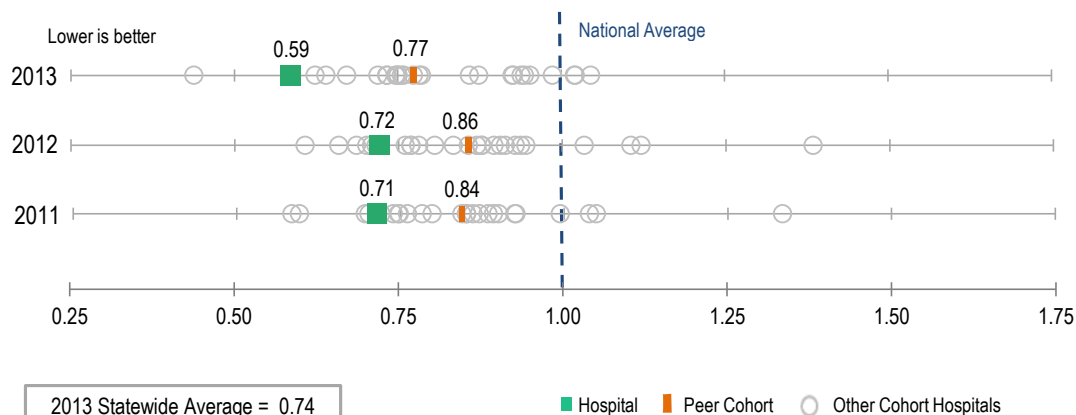
- * Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.
- † For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
- ‡ Costs were adjusted to exclude direct medical education costs and physician compensation.
- § Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.
- † Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

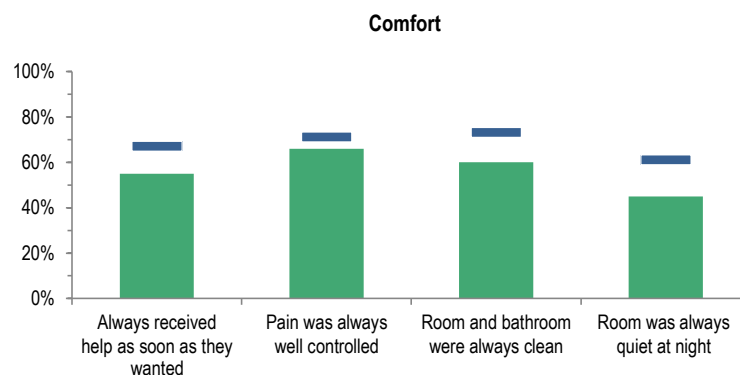
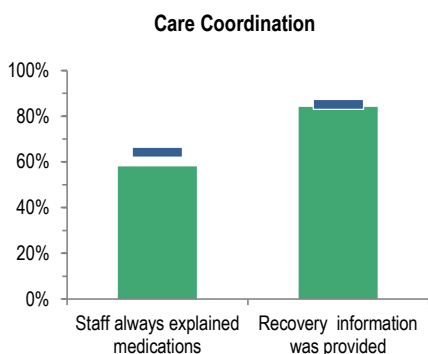
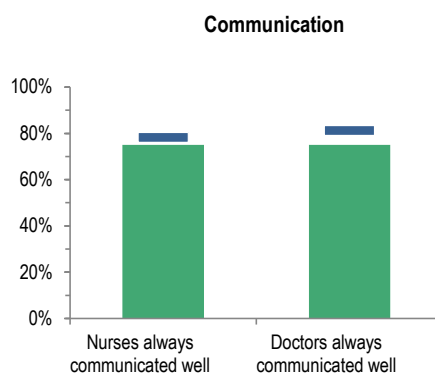
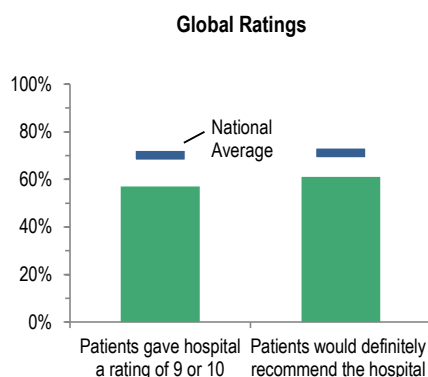
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

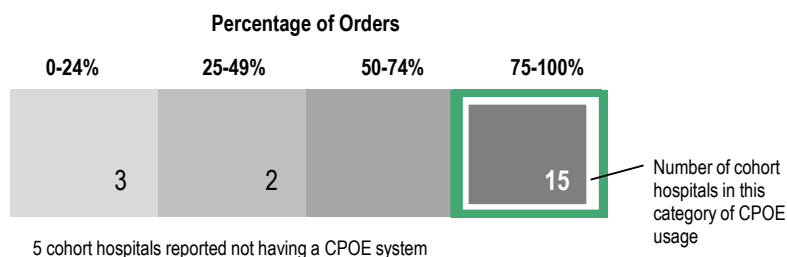
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an **electronic system** that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

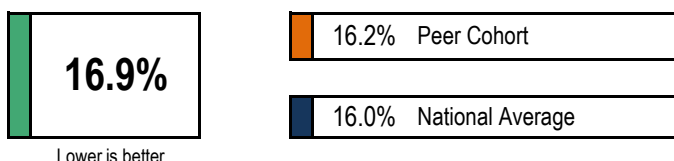
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

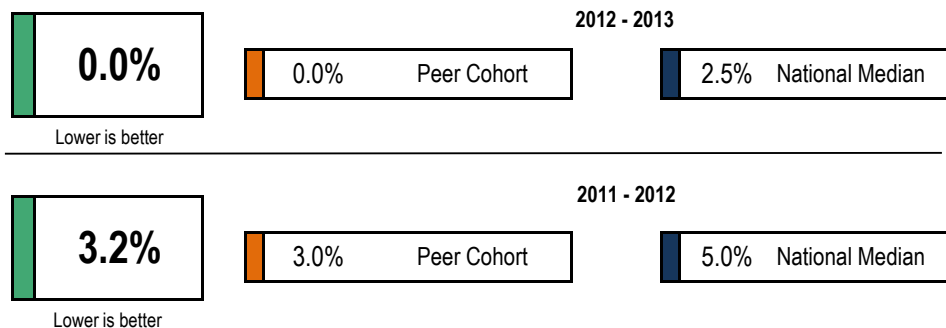
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

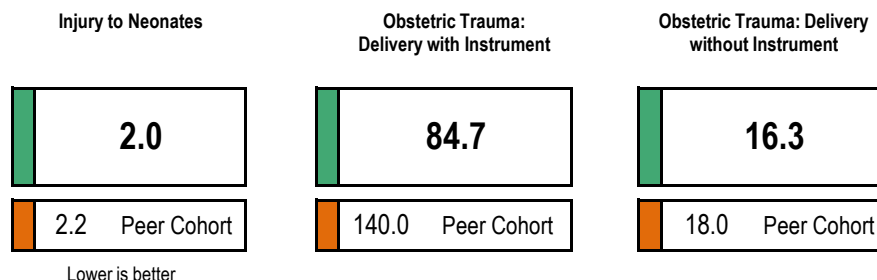
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

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Steward Holy Family Hospital is a mid-size, for-profit community-Disproportionate Share Hospital (DSH) located in the Northeastern Massachusetts region. Holy Family is a member of Steward Health Care System. Outpatient visits increased 14.3% between FY09 and FY13 at Holy Family, compared to a median decrease of 3.1% in its peer cohort. Over that same period, outpatient revenue at the hospital increased by 18.6%, compared to a median increase of 7.3% among peer cohort hospitals. Holy Family was profitable three of the five years, and had a total margin of 4.2% in FY13, similar to the median performance of cohort hospitals.

AT A GLANCE

TOTAL STAFFED BEDS: 195, mid-size acute hospital

% OCCUPANCY: 67%, > cohort avg. (62%)

CASE MIX INDEX in FY13: 0.86, > cohort avg. (0.84); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 10,910

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 41,513

PUBLIC PAYER MIX: 65% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: ICB⁹

CY13 COMMERCIAL PAYER PRICE LEVEL: 36th Percentile

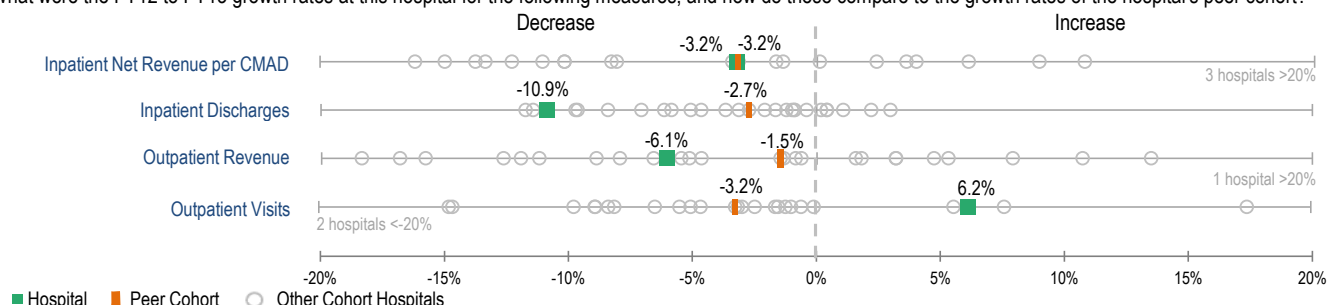
ADJUSTED[‡] COST PER DISCHARGE: \$9,226

INPATIENT:OUTPATIENT REVENUE in FY13: 40%:60%

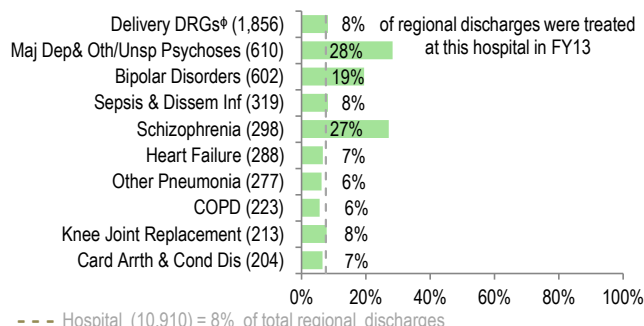
CHANGE IN OWNERSHIP (FY09-FY13): Steward Health Care - 2010

GROWTH MEASURES

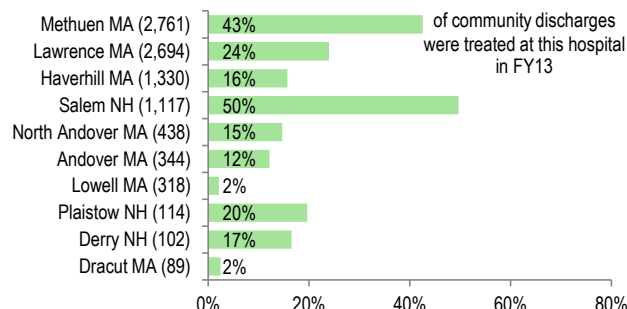
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

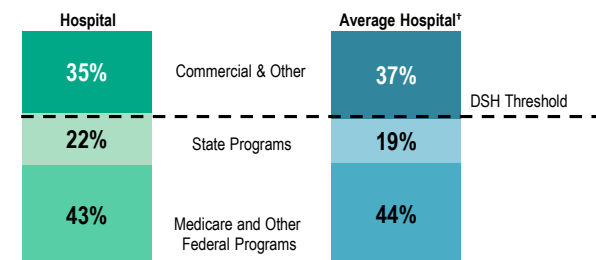
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

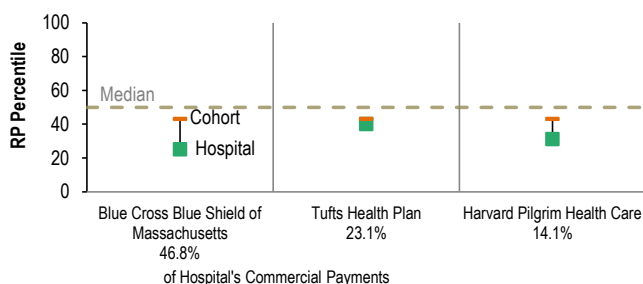
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

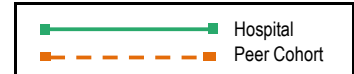
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

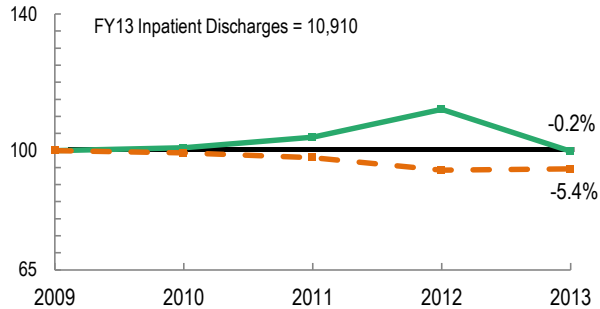
2013 Hospital Profile: STEWARD HOLY FAMILY HOSPITAL

Cohort: Community, Disproportionate Share Hospital

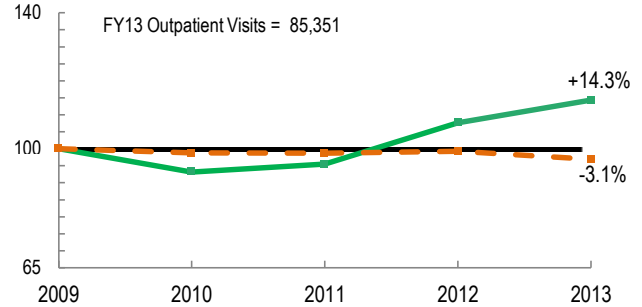


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

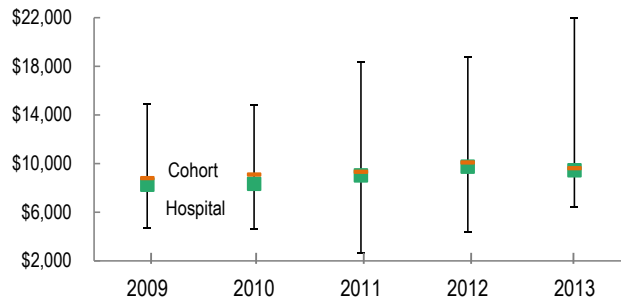


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



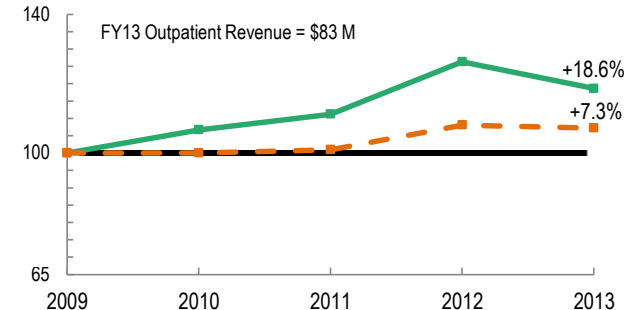
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$9,427 | Full Cost per CMAD = \$9,927

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

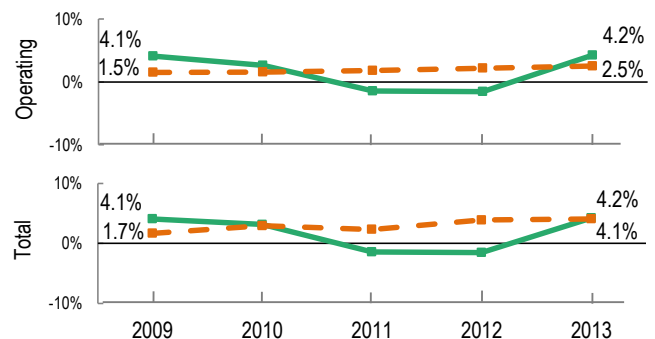


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$147	\$147	(\$0)	\$141	\$6.0
2010	\$154	\$153	\$1	\$149	\$4.8
2011	\$154	\$154	\$0	\$156	(\$2.2)
2012	\$188	\$188	\$0	\$191	(\$2.9)
2013	\$182	\$182	(\$0)	\$174	\$7.7

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

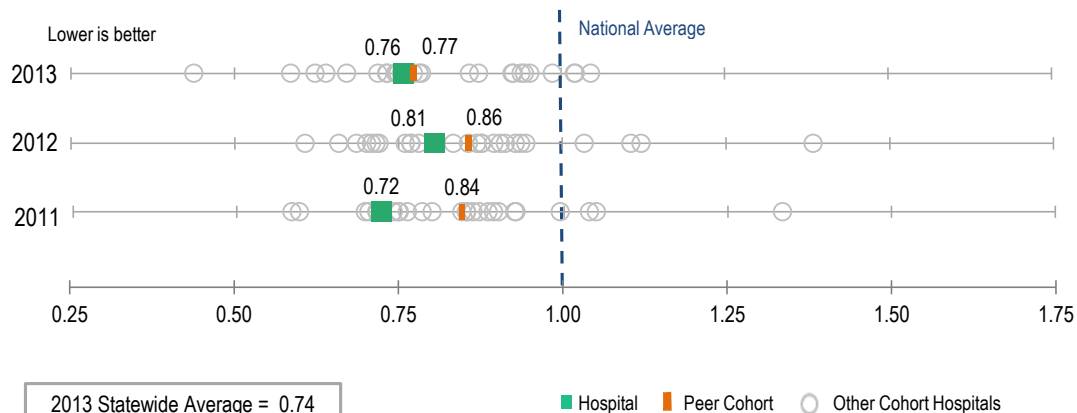
- * Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.
- ^a For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
- ^b Costs were adjusted to exclude direct medical education costs and physician compensation.
- ^c Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.
- ^d Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

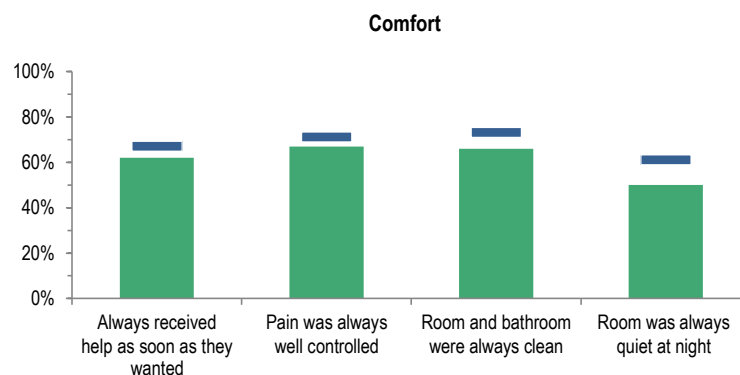
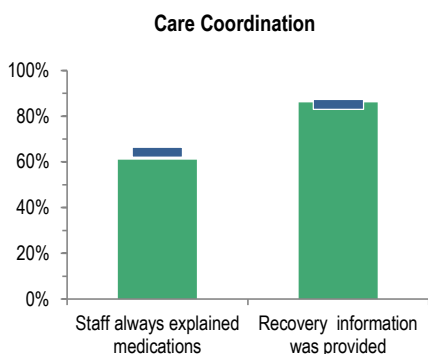
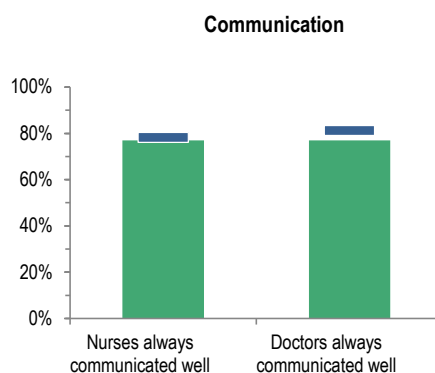
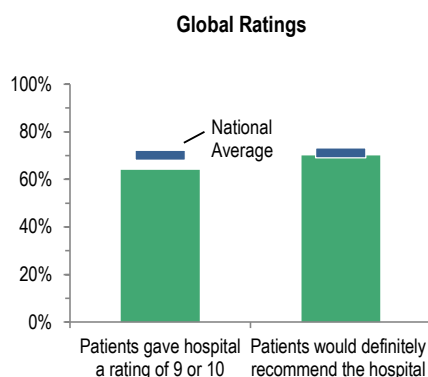
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

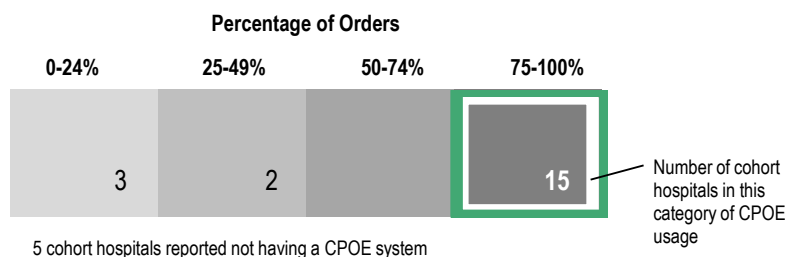
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an **electronic system** that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

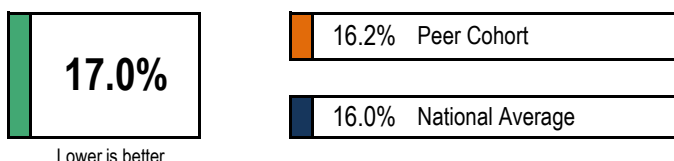
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

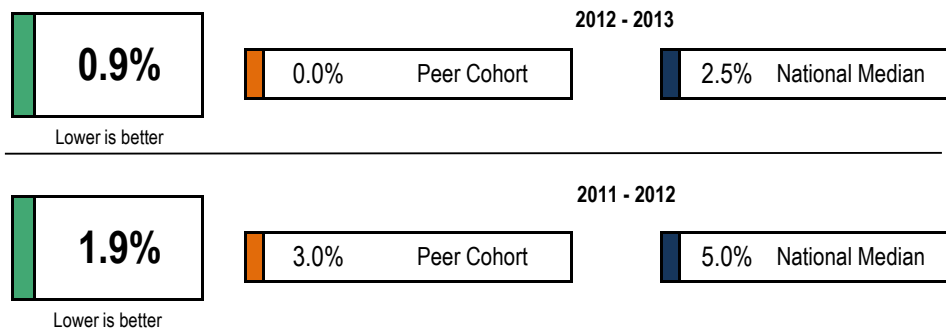
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

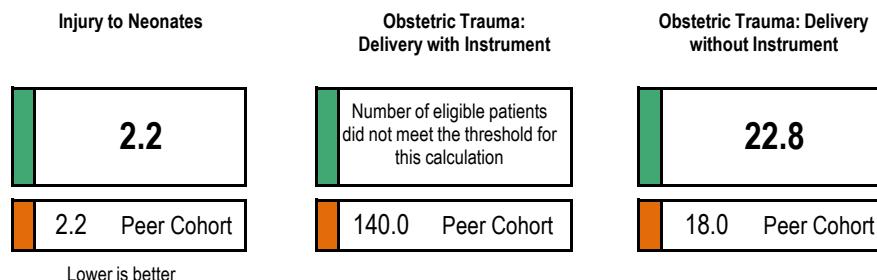
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



Steward Saint Anne's Hospital is a mid-size, for-profit community-Disproportionate Share Hospital (DSH) located in the Southcoast region. Saint Anne's is a member of Steward Health Care System. Inpatient discharges at Saint Anne's increased 20.7% from FY09 to FY13, compared with a median decrease of 5.4% among peer cohort hospitals. Outpatient visits at Saint Anne's decreased by 18.6%, while outpatient revenue increased by 39.3% in the FY09 to FY13 period. Median outpatient visits and revenue in its peer cohort during this period were -3.1% and 7.3%, respectively. Saint Anne's was profitable each year in the five-year period, with a 6.3% total margin in FY13, higher than the median performance of cohort hospitals of 4.1%.

AT A GLANCE

TOTAL STAFFED BEDS: 116, mid-size acute hospital

% OCCUPANCY: 79%, > cohort avg. (62%)

CASE MIX INDEX in FY13: 0.93, > cohort avg. (0.84); > statewide (0.89)

INPATIENT DISCHARGES in FY13: 7,098

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 43,496

PUBLIC PAYER MIX: 68% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: ICB⁹

CY13 COMMERCIAL PAYER PRICE LEVEL: 54th Percentile

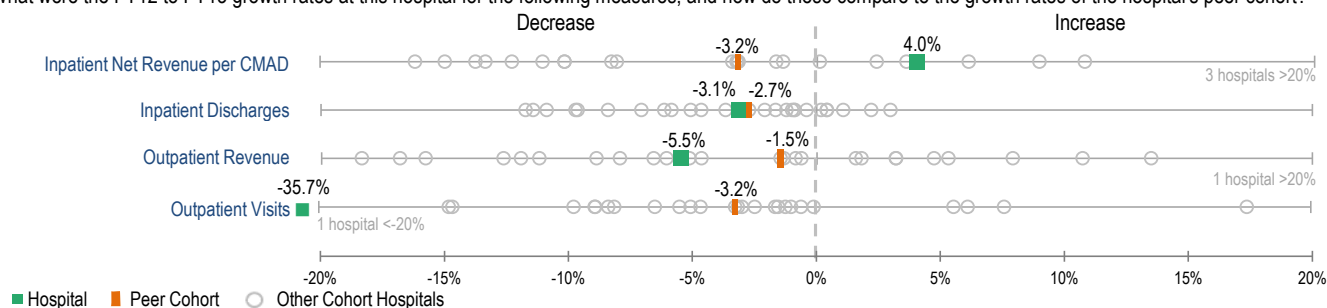
ADJUSTED[‡] COST PER DISCHARGE: \$9,916

INPATIENT:OUTPATIENT REVENUE in FY13: 24%:76%

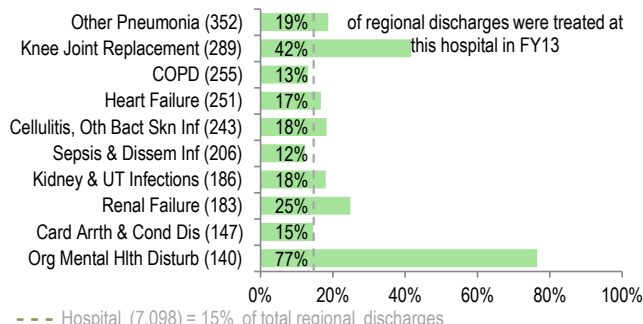
CHANGE IN OWNERSHIP (FY09-FY13): Steward Health Care - 2010

GROWTH MEASURES

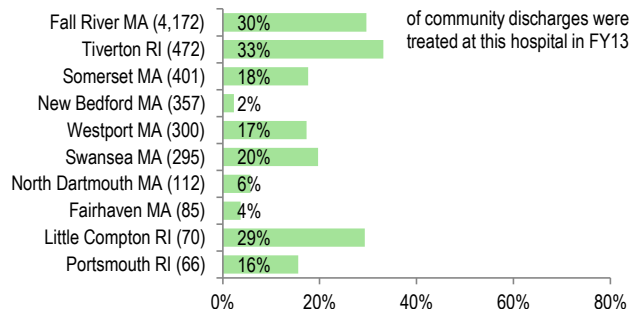
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

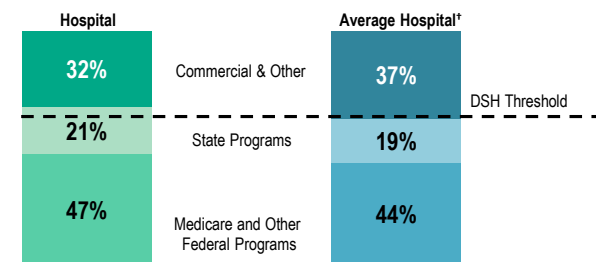
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

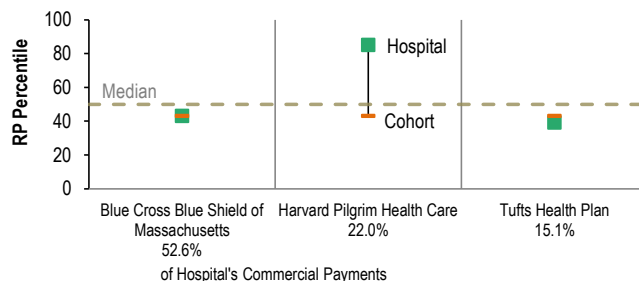
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

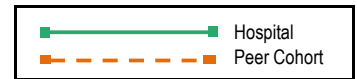
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

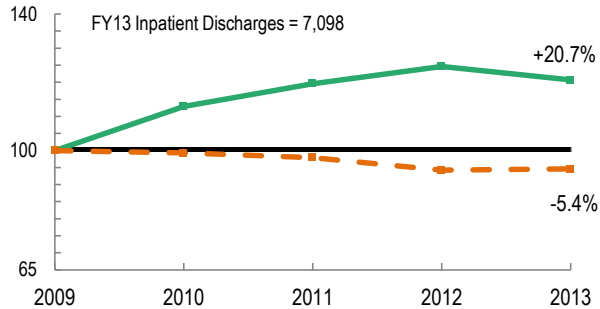
2013 Hospital Profile: STEWARD SAINT ANNE'S HOSPITAL

Cohort: Community, Disproportionate Share Hospital

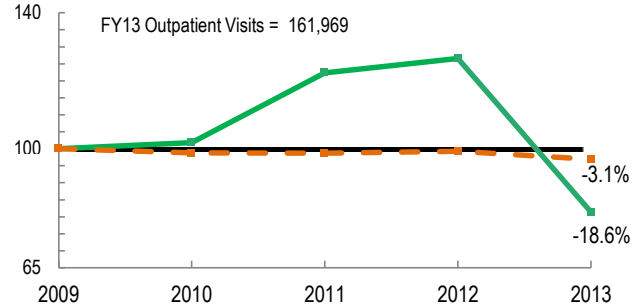


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

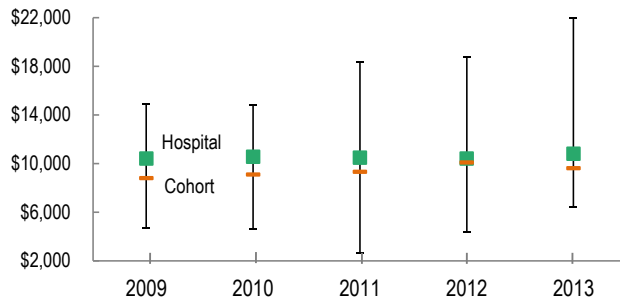


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



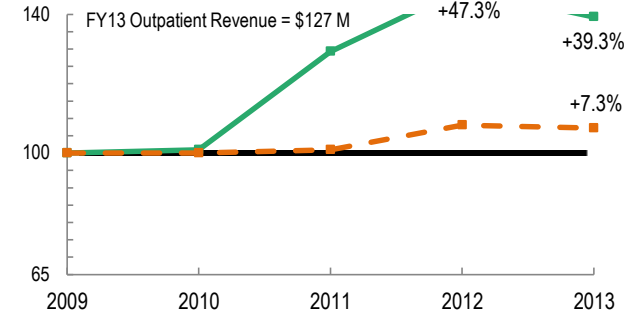
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$10,804 | Full Cost per CMAD = \$11,243

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

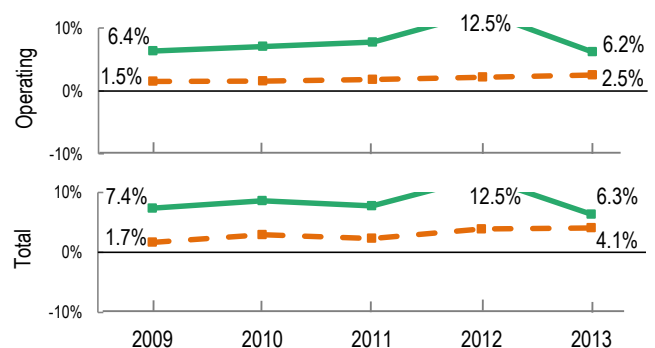


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$145	\$143	\$1	\$134	\$10.6
2010	\$153	\$151	\$2	\$140	\$13.2
2011	\$164	\$164	\$0	\$151	\$12.7
2012	\$202	\$202	\$0	\$177	\$25.4
2013	\$208	\$208	\$0	\$195	\$13.2

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

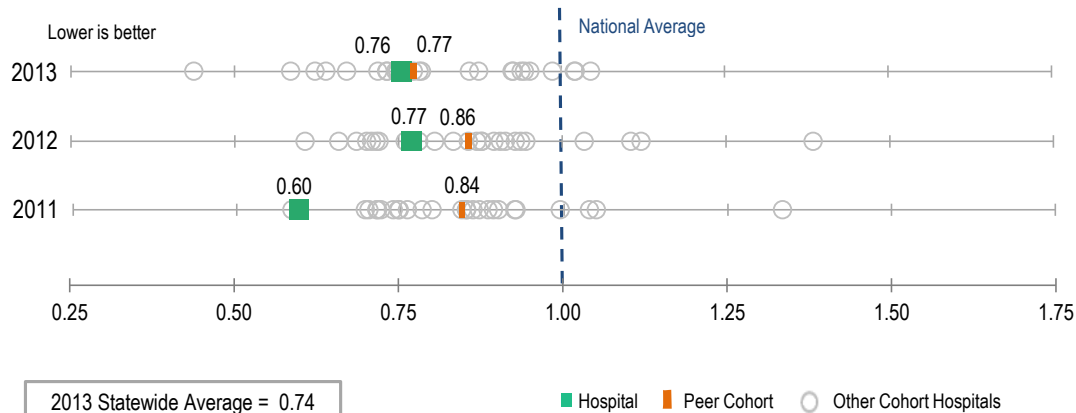
- * Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.
- † For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
- ‡ Costs were adjusted to exclude direct medical education costs and physician compensation.
- § Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

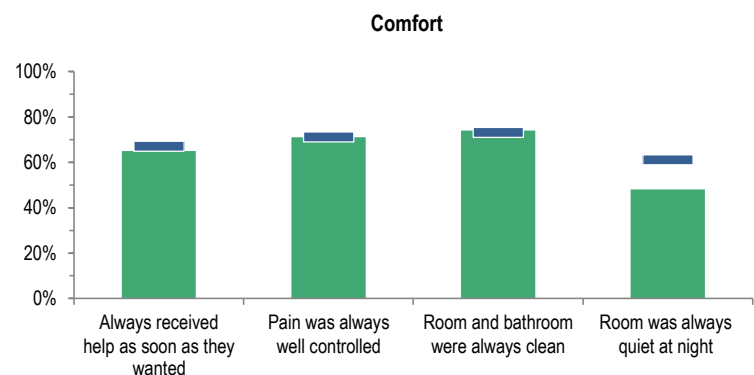
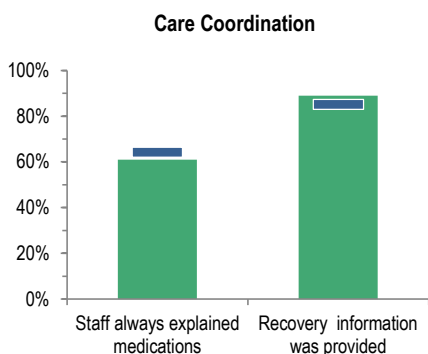
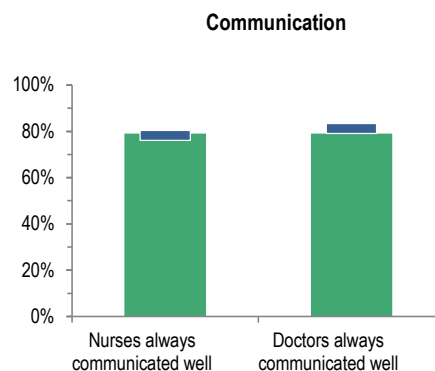
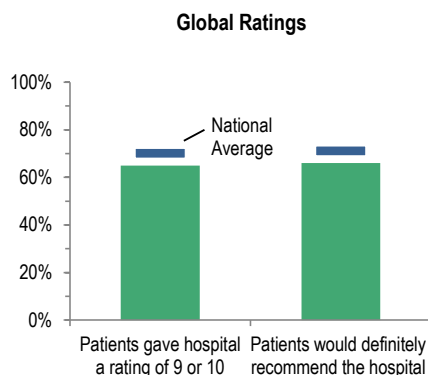
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

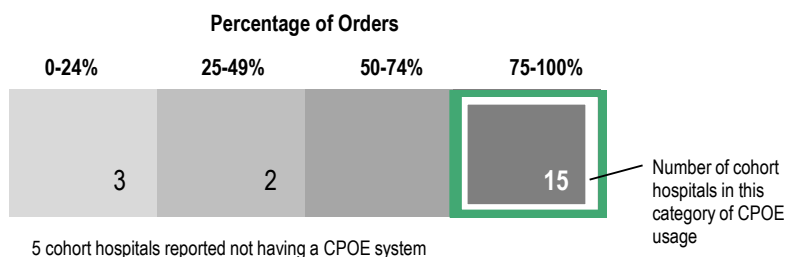
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

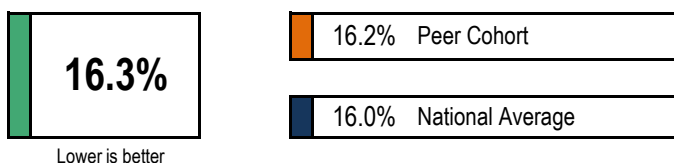
Score: Higher is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

Score: Lower is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

^A Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile:

STURDY MEMORIAL HOSPITALCommunity, Disproportionate Share Hospital
Metro West

Sturdy Memorial Hospital is a mid-size, non-profit community-Disproportionate Share Hospital (DSH) located in the Metro West region. In FY12, Sturdy was a member of the community hospital cohort; however, in FY13, it qualified as a DSH hospital, as more than 63% of its gross patient service revenue was derived from government programs. Sturdy was profitable from FY09 to FY13, and had a total margin of 11.9% in FY13, compared with a median total margin of 4.1% in its peer cohort.

AT A GLANCE

TOTAL STAFFED BEDS: 149, mid-size acute hospital

% OCCUPANCY: 52%, < cohort avg. (62%)

CASE MIX INDEX in FY13: 0.83, < cohort avg. (0.84); < statewide (0.89)

INPATIENT DISCHARGES in FY13: 6,693

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 51,325

PUBLIC PAYER MIX: 63% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: ICB⁹

CY13 COMMERCIAL PAYER PRICE LEVEL: 60th Percentile

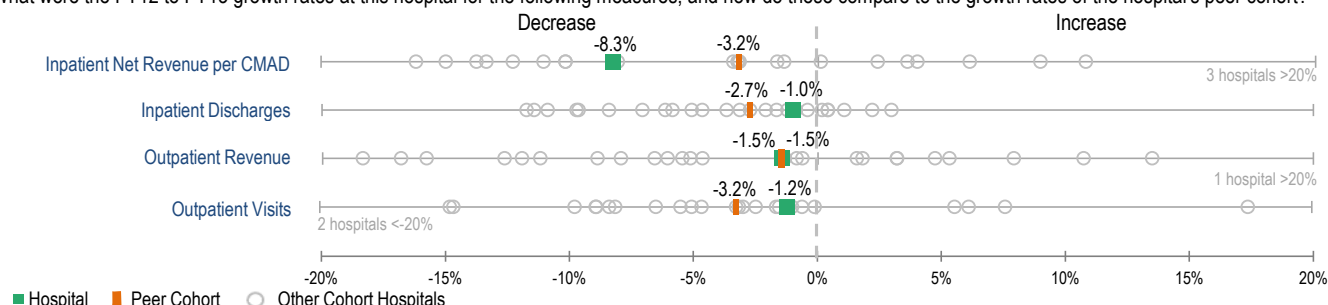
ADJUSTED[‡] COST PER DISCHARGE: \$10,045

INPATIENT:OUTPATIENT REVENUE in FY13: 30%:70%

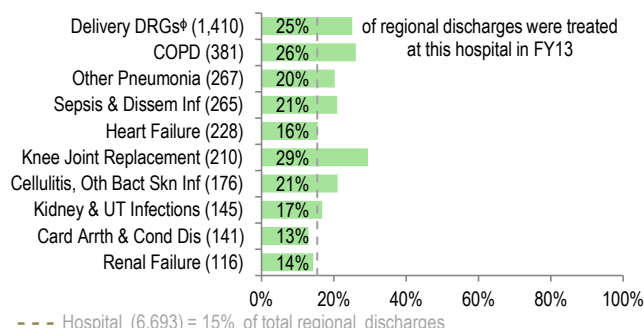
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

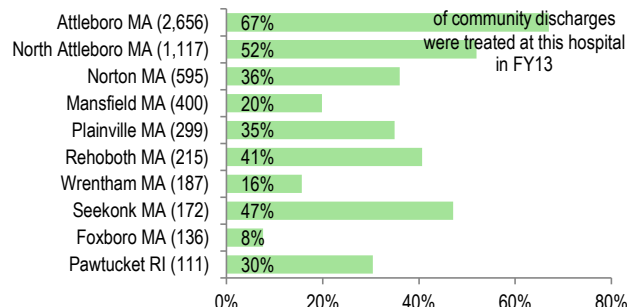
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

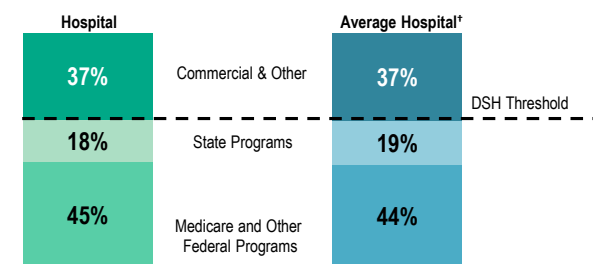
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

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

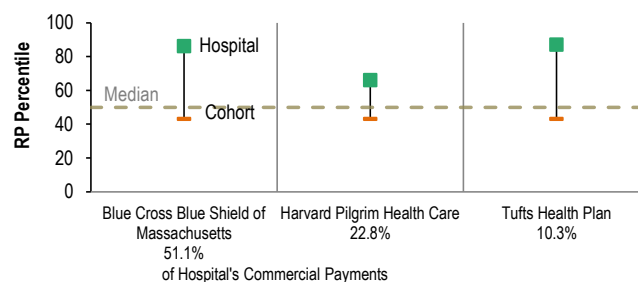
Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

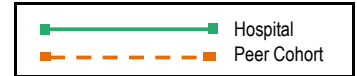
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

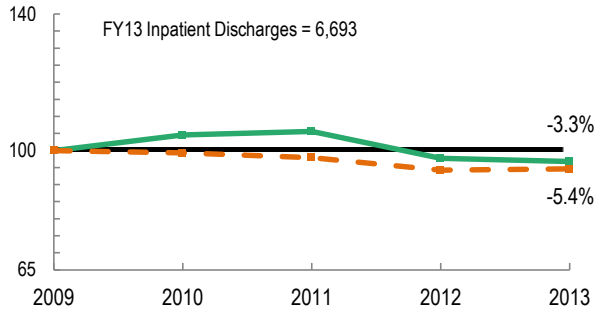
2013 Hospital Profile: **STURDY MEMORIAL HOSPITAL**

Cohort: Community, Disproportionate Share Hospital

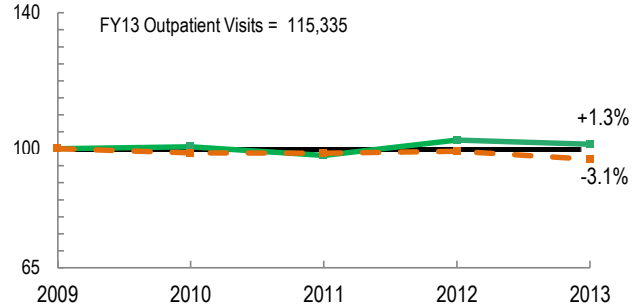


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

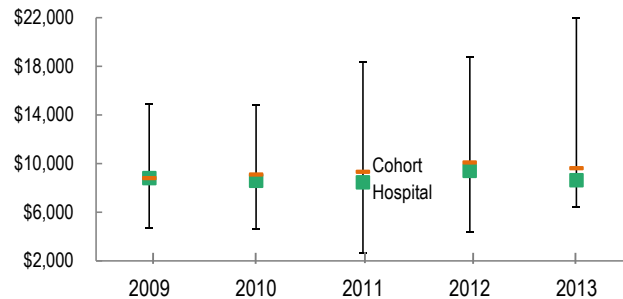


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

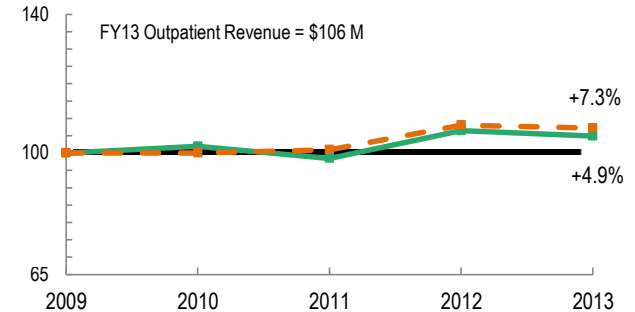


PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



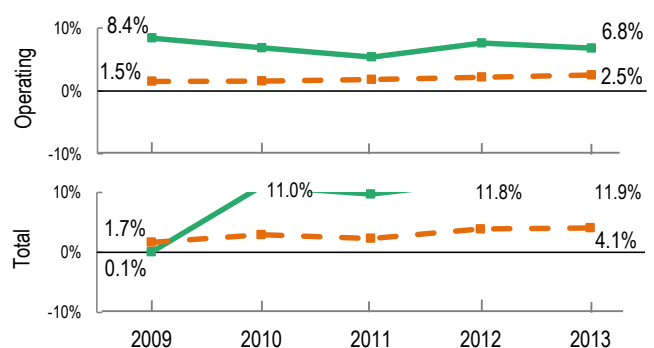
FY13 Inpatient Revenue per CMAD = \$8,619 | Full Cost per CMAD = \$10,142

FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$144	\$156	(\$12)	\$144	\$0.1
2010	\$167	\$160	\$7	\$148	\$18.3
2011	\$164	\$157	\$7	\$148	\$15.9
2012	\$174	\$166	\$7	\$153	\$20.5
2013	\$170	\$162	\$9	\$150	\$20.2

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

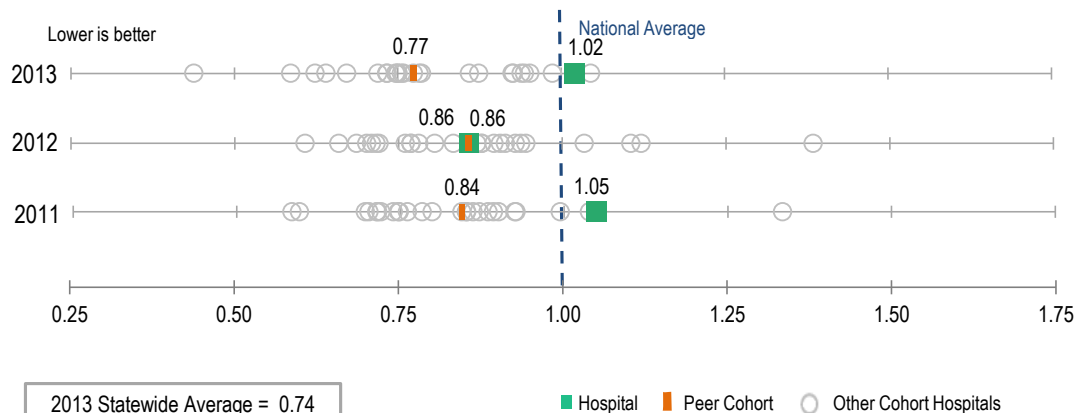
- * Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.
- † For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
- ‡ Costs were adjusted to exclude direct medical education costs and physician compensation.
- § Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.
- † Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

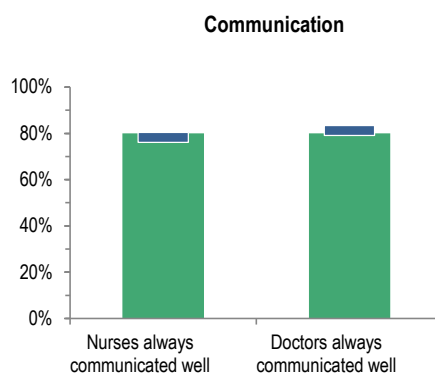
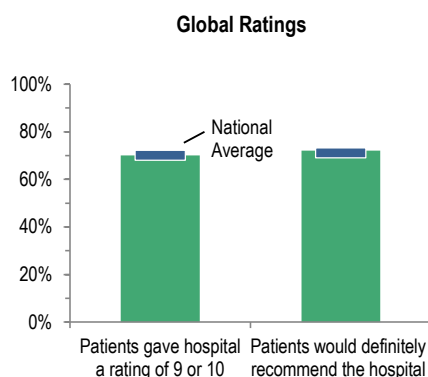
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



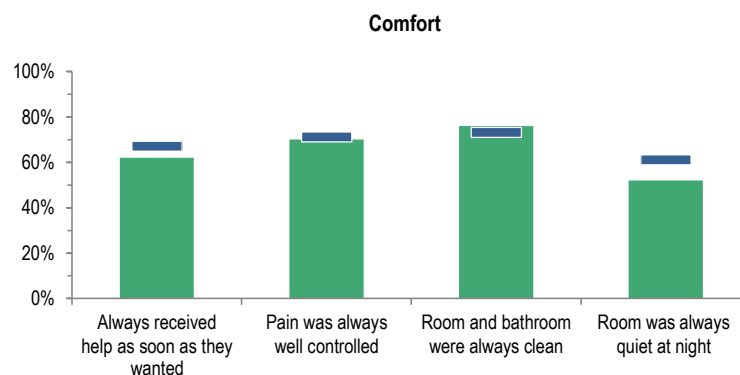
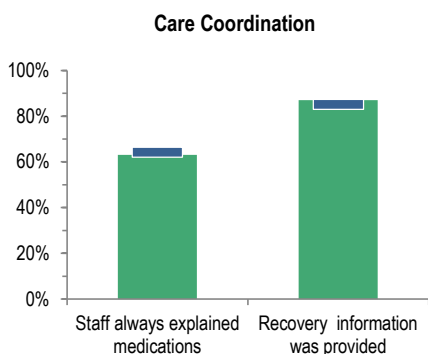
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

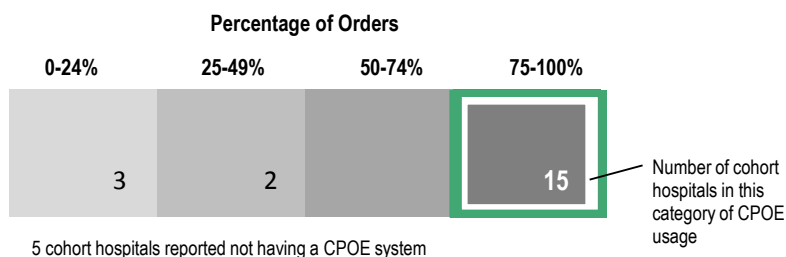
Data Period*: 2012-2013



For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

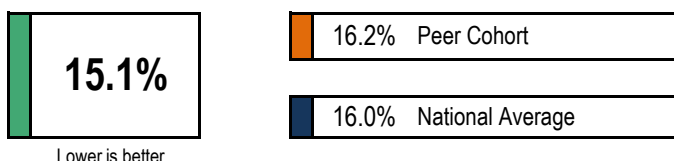
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

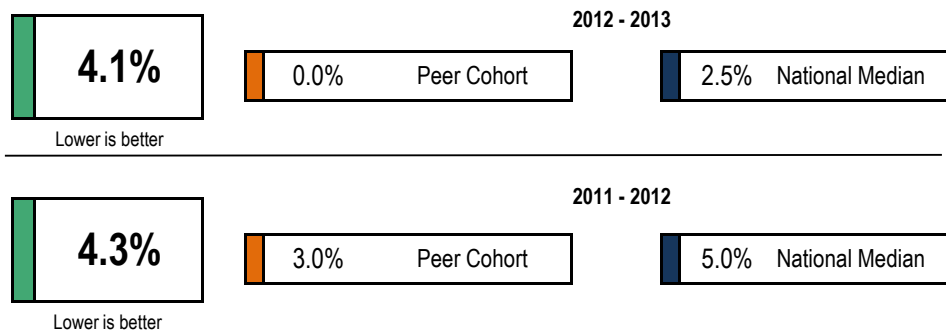
Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?



Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

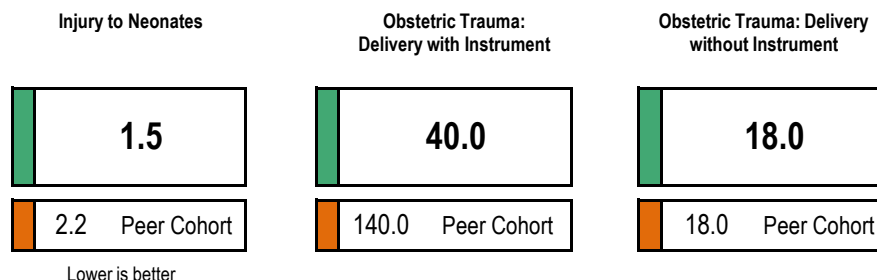
Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?



Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile: WING MEMORIAL HOSPITAL

Palmer, MA
UMass Memorial Health Care
Community, Disproportionate Share Hospital
Western Massachusetts

Wing Memorial Hospital is a non-profit community-Disproportionate Share Hospital (DSH) located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts and a member of the UMass Memorial Health Care system. Wing Memorial filed a determination of need (DON) application on June 3, 2014 to transfer ownership of the hospital from UMass Memorial Health Care system to Baystate Health system. Wing Memorial Hospital earned a profit each year from FY09 to FY13, with a 3.0% total margin in FY13, lower than the median performance of peer cohort hospitals of 4.1%.

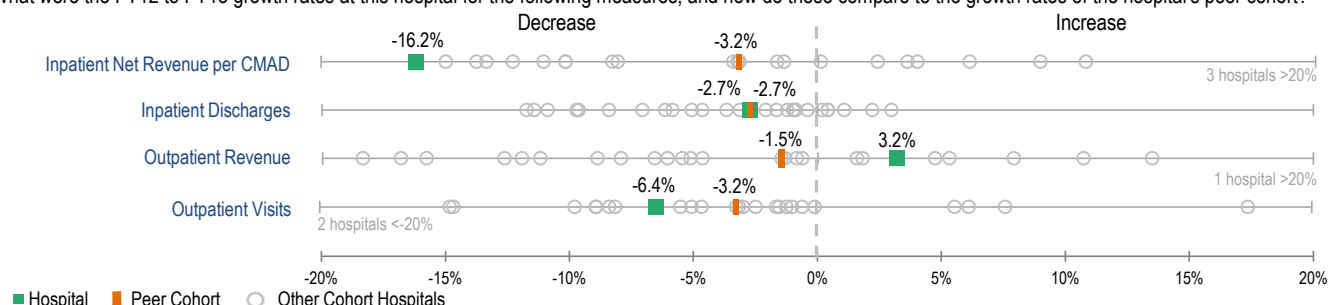
AT A GLANCE

TOTAL STAFFED BEDS: 74, among the smaller acute hospitals
% OCCUPANCY: 64%, > cohort avg. (62%)
CASE MIX INDEX in FY13: 0.87, > cohort avg. (0.84); < statewide (0.89)
INPATIENT DISCHARGES in FY13: 3,134
TRAUMA CENTER DESIGNATION: Not Applicable
EMERGENCY DEPT VISITS in FY13: 24,423

PUBLIC PAYER MIX: 71% (DSH* Hospital)
SPECIAL PUBLIC FUNDING: CHART^A, ICB⁹
CY13 COMMERCIAL PAYER PRICE LEVEL: 31st Percentile
ADJUSTED[‡] COST PER DISCHARGE: \$9,014
INPATIENT:OUTPATIENT REVENUE in FY13: 27%:73%
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

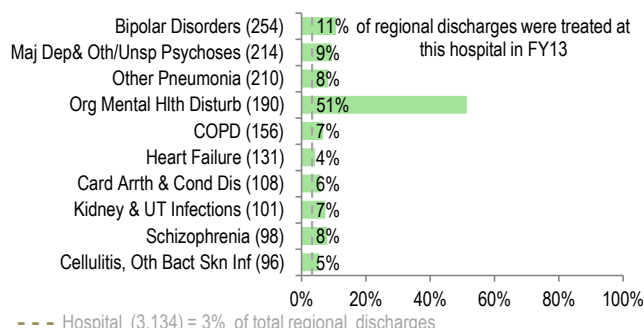
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

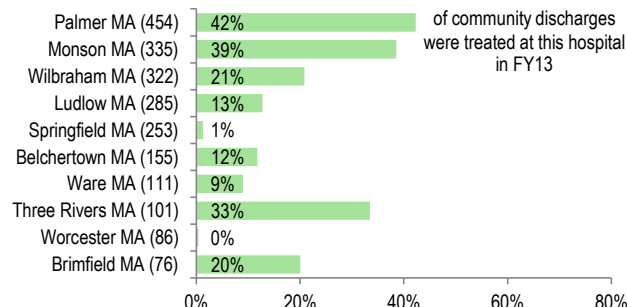
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



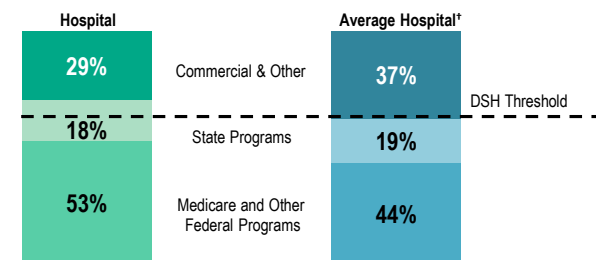
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



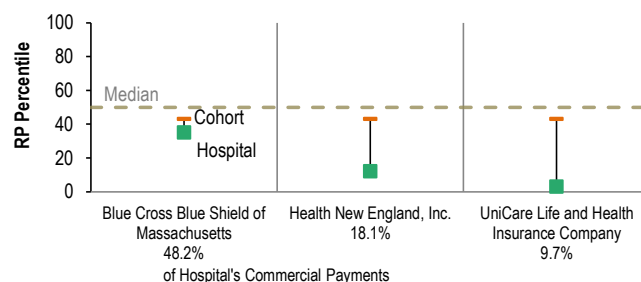
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

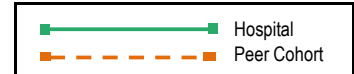
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

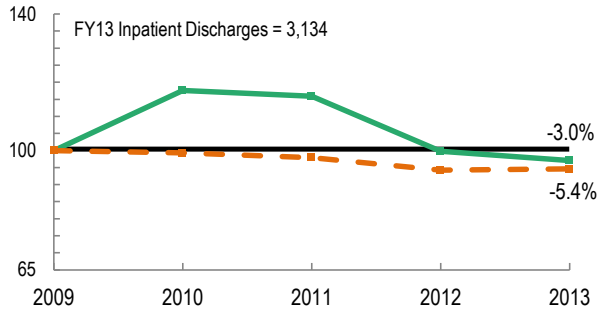
2013 Hospital Profile: WING MEMORIAL HOSPITAL

Cohort: Community, Disproportionate Share Hospital

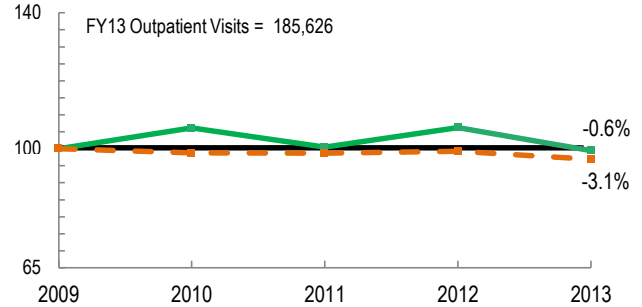


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

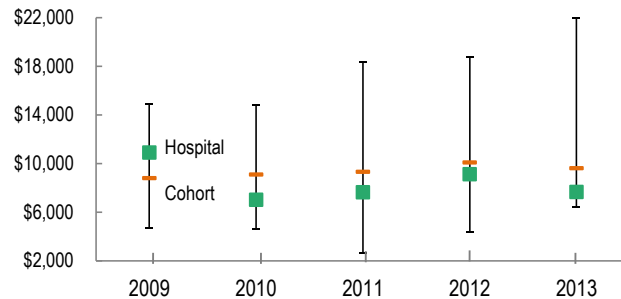


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



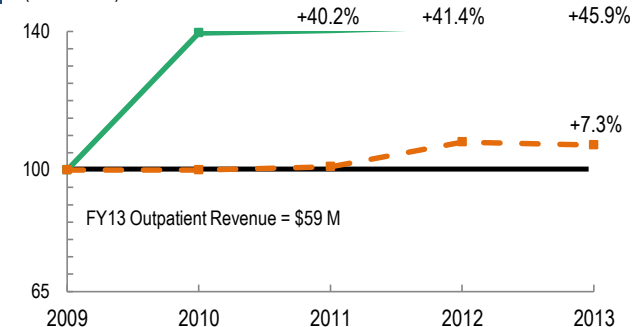
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



FY13 Inpatient Revenue per CMAD = \$7,642 | Full Cost per CMAD = \$9,864

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

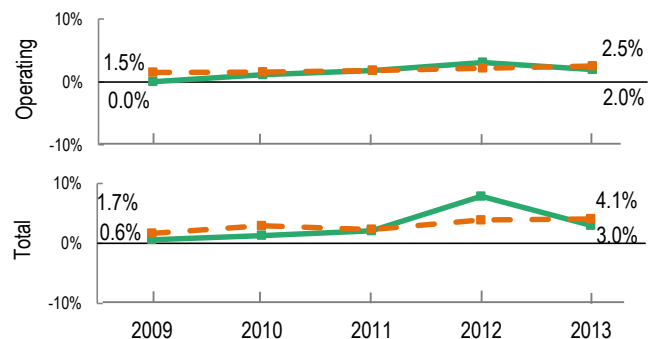


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$71	\$70	\$0	\$70	\$0.4
2010	\$90	\$89	\$0	\$88	\$1.2
2011	\$92	\$91	\$0	\$90	\$1.9
2012	\$97	\$92	\$5	\$89	\$7.6
2013	\$93	\$92	\$1	\$90	\$2.8

What were the hospital's total margin and operating margin between FY09 and FY13, and how do these compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

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

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

^c Costs were adjusted to exclude direct medical education costs and physician compensation.

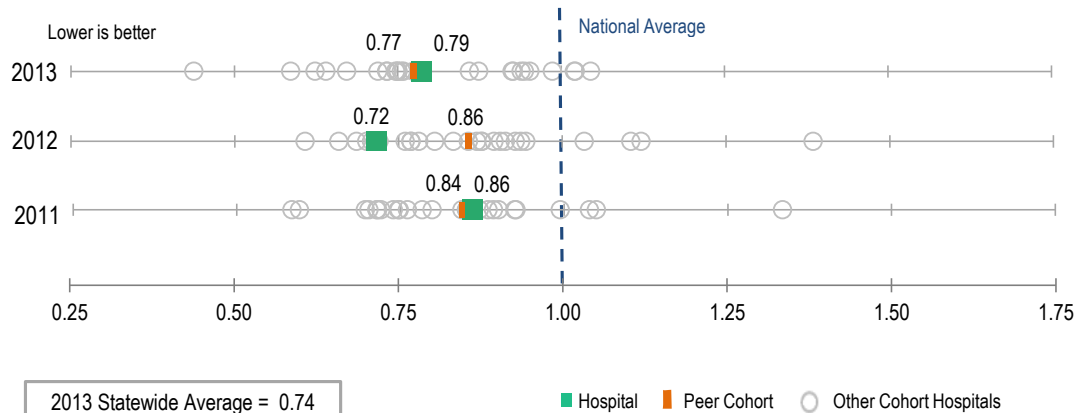
^d Average Hospital does not include Specialty hospitals.

QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? How does this compare to the median of its peer cohort?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

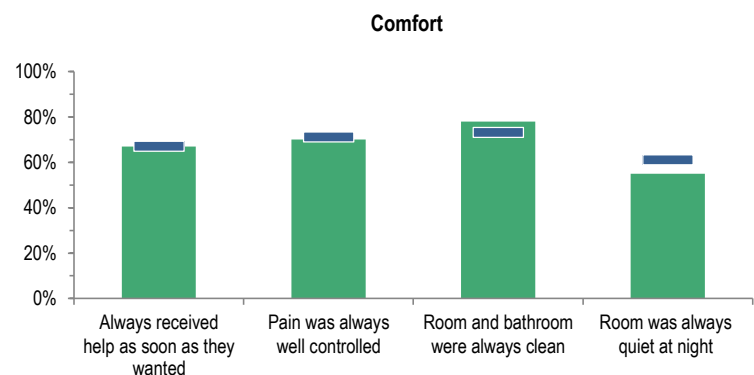
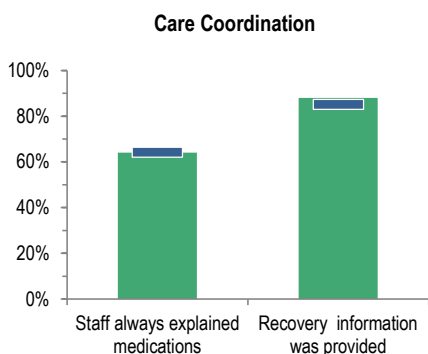
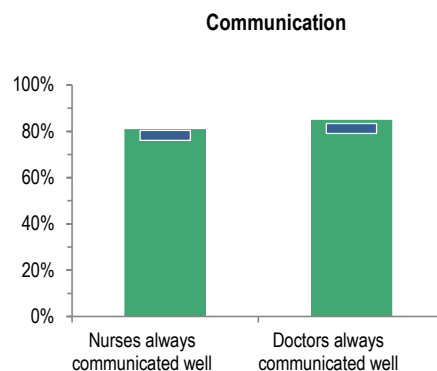
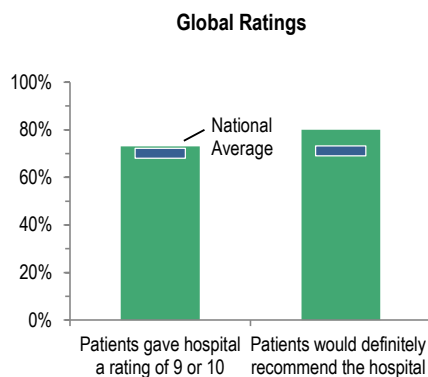
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

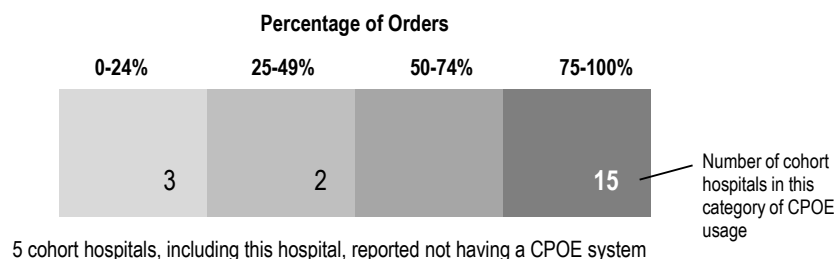
Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

CARE PRACTICES

What percentage of **medication orders** were entered by a physician using an electronic system that included error checking? How does this hospital compare to the median hospital in its peer cohort?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: 25 of 27 cohort hospitals responded to this survey

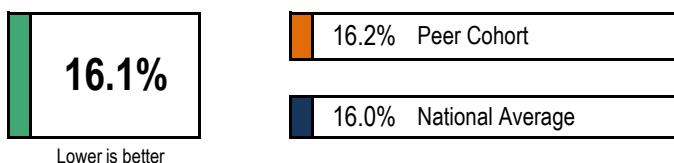
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the median hospital in its peer cohort, and the national average?



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**? How does this compare to the median hospital in its peer cohort, and the national median?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event? How does this compare to the median hospital in its peer cohort?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile:

BOSTON CHILDREN'S HOSPITALSpecialty Hospital
Metro Boston

Boston Children's Hospital is a large, non-profit specialty hospital dedicated to pediatric health care. It is located in the Metro Boston region. It is a teaching hospital for Harvard Medical School, and has research partnerships with numerous institutions in Massachusetts and elsewhere. It is one of eight organ transplant centers in Massachusetts. Boston Children's reports that the average age of patients admitted to the hospital is approximately 8 years, and that 88.5% of discharges from the hospital in FY13 were for patients under 18 years of age. It earned a surplus each year from FY09 to FY13, with its greatest surplus of \$157.7M in FY13.

AT A GLANCE

TOTAL STAFFED BEDS: 371

% OCCUPANCY: 76%

CASE MIX INDEX in FY13: 1.760

INPATIENT DISCHARGES in FY13: 15,180

TRAUMA CENTER DESIGNATION: Pedi: Level 1

EMERGENCY DEPT VISITS in FY13: 58,588

PUBLIC PAYER MIX: 35% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: Not Applicable

CY13 COMMERCIAL PAYER PRICE LEVEL: 93rd Percentile

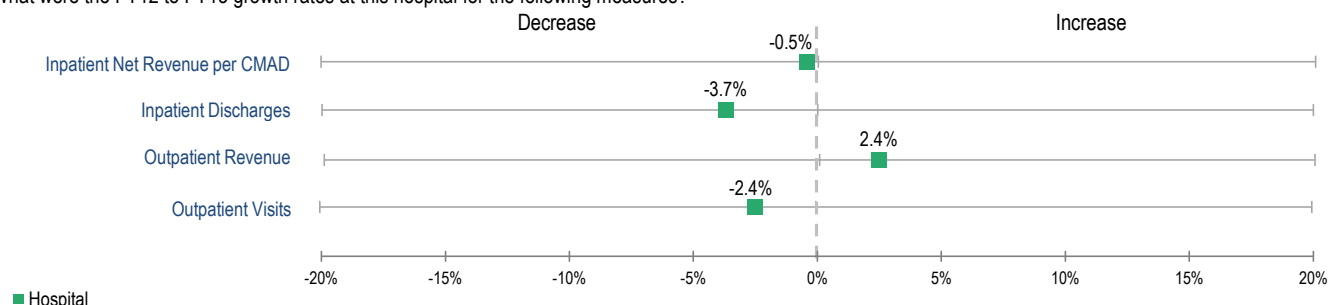
ADJUSTED[‡] COST PER DISCHARGE: \$16,467

INPATIENT:OUTPATIENT REVENUE in FY13: 53%:47%

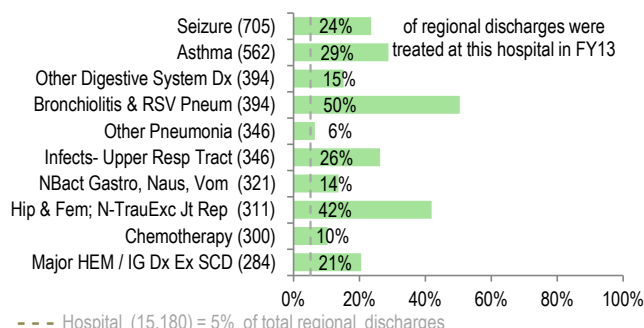
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

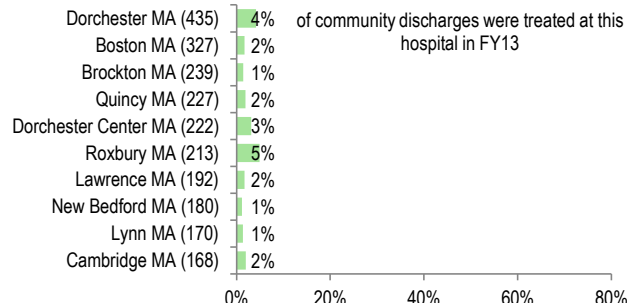
What were the FY12 to FY13 growth rates at this hospital for the following measures?

**SERVICES**

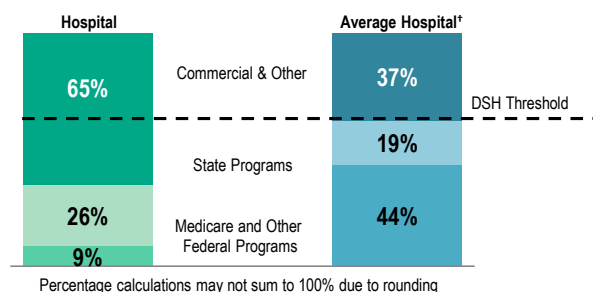
What were the most common inpatient cases (DRGs) treated at the hospital?
What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

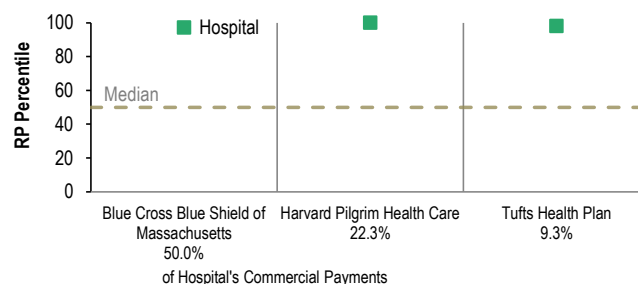
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community**PAYER MIX**

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers?



For descriptions of the metrics, please see Technical Appendix.

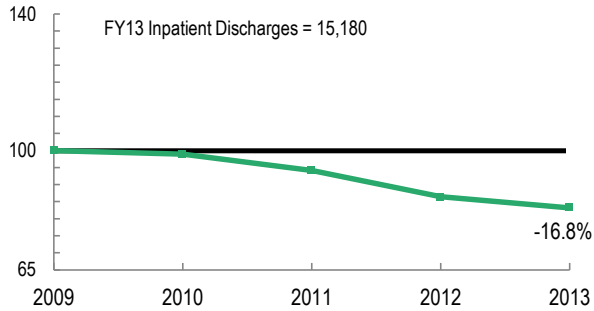
2013 Hospital Profile: BOSTON CHILDREN'S HOSPITAL

Cohort: N/A - Specialty Hospital

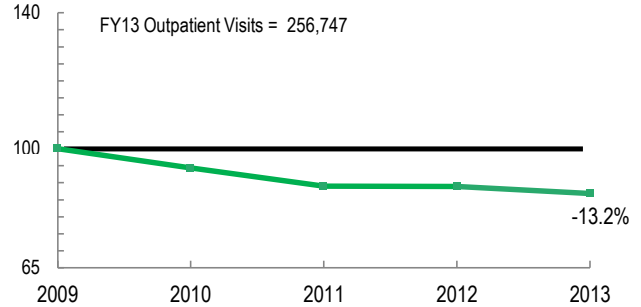
Hospital
No Peer Cohort

UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09? (FY09=100)

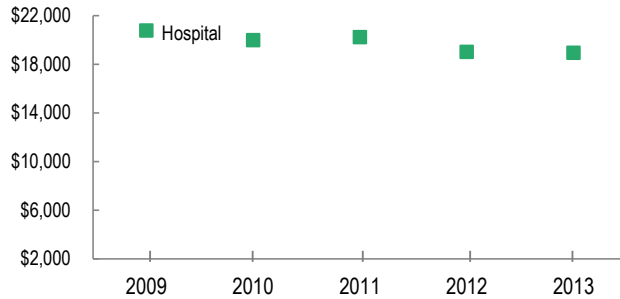


How has the volume of the hospital's outpatient visits changed compared to FY09? (FY09=100)



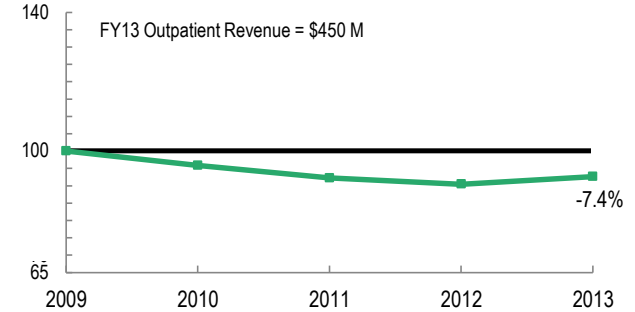
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13?



FY13 Inpatient Revenue per CMAD = \$18,933 | Full Cost per CMAD = \$17,379

How has the hospital's total outpatient revenue changed compared to FY09? (FY09=100)

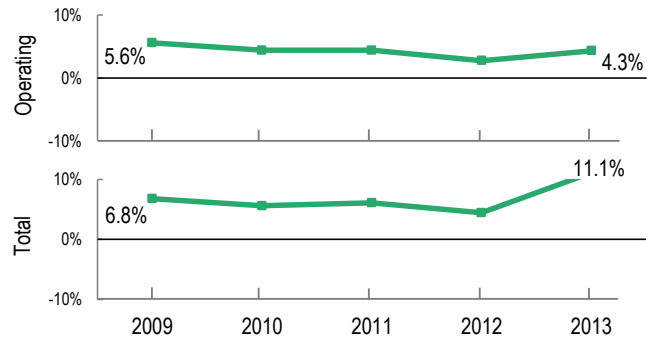


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$1,304	\$1,289	\$16	\$1,216	\$88.4
2010	\$1,322	\$1,306	\$16	\$1,248	\$74.1
2011	\$1,349	\$1,326	\$23	\$1,267	\$82.1
2012	\$1,318	\$1,296	\$22	\$1,259	\$58.4
2013	\$1,418	\$1,322	\$97	\$1,260	\$157.7

What were the hospital's total margin and operating margin between FY09 and FY13?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

‡ Average Hospital does not include Specialty hospitals.

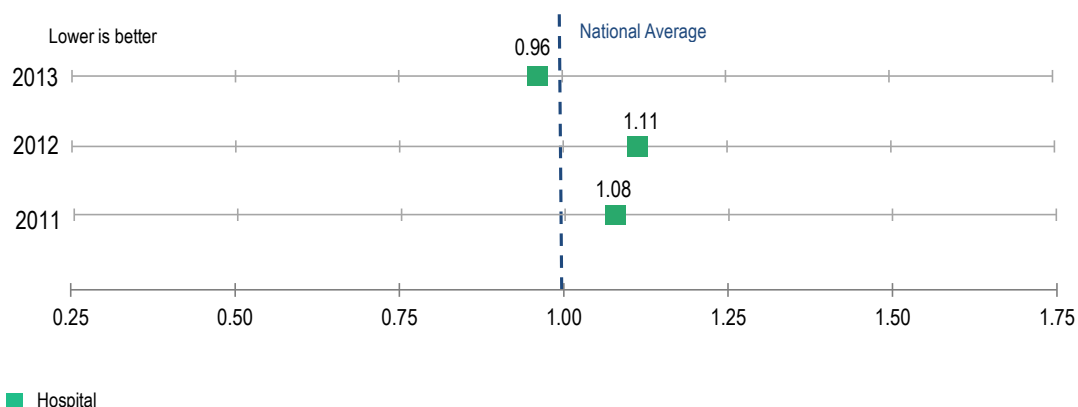
QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

Specialty hospitals were not included in any cohort comparison analysis due to the unique patient populations they serve and/or the unique sets of services they provide.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00? Note this measure applies to adult inpatients only, which represent 11.5% of this hospital's discharges.



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients age 18+

Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

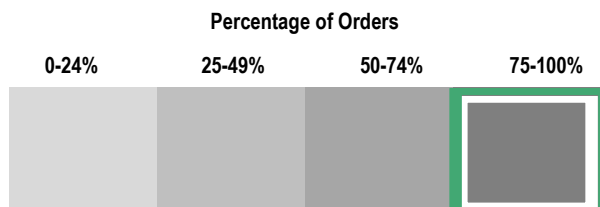
Data Period*: 10/1-9/30

PATIENT EXPERIENCE and READMISSIONS

These CMS compare measures are not applicable to the patient population treated at this specialty hospital.

CARE PRACTICES

What percentage of medication orders were entered by a physician using an electronic system that included error checking?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: This hospital responded to this survey

Score: Higher is better

Source: The Leapfrog Group Hospital Survey^

Data Period*: 2012-2013

OBSTETRIC CARE and OBSTETRIC CARE COMPLICATIONS

These measures are not applicable to the patient population treated at this specialty hospital.

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

^ Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



2013 Hospital Profile:

DANA-FARBER CANCER INSTITUTESpecialty Hospital
Metro Boston

Dana-Farber Cancer Institute (Dana-Farber) is a non-profit specialty hospital dedicated to pediatric and adult cancer treatment and research, primarily in an outpatient setting, located in the Metro Boston region. It is a teaching affiliate of Harvard Medical School and collaborates with a variety of hospitals and research institutions, including the Dana-Farber/Brigham and Women's Cancer Center, Dana-Farber/Boston Children's Cancer and Blood Disorders Center, Dana-Farber/Partners Cancer Center, and Dana-Farber/Harvard Cancer Center. It is one of 41 Comprehensive Cancer Centers in the US, designated by the National Cancer Institute. 31% of its operating expenses in FY14 were research-related. It earned a 5.2% total margin in FY13, though its operating margin was -4.4%.

AT A GLANCE

TOTAL STAFFED BEDS: 30

% OCCUPANCY: 79%

CASE MIX INDEX in FY13: 2.23

INPATIENT DISCHARGES in FY13: 990

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: Not Applicable

PUBLIC PAYER MIX: 43% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: Not Applicable

CY13 COMMERCIAL PAYER PRICE LEVEL: 89th Percentile

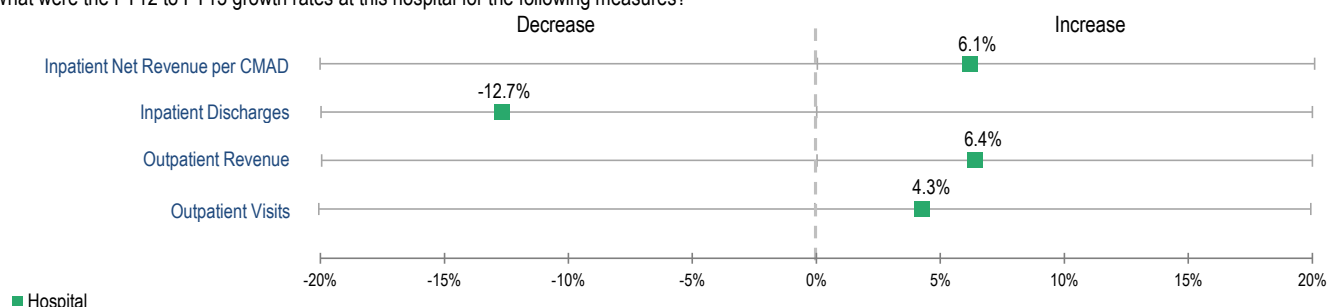
ADJUSTED[‡] COST PER DISCHARGE: \$15,271

INPATIENT:OUTPATIENT REVENUE in FY13: 5%:95%

CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

What were the FY12 to FY13 growth rates at this hospital for the following measures?



■ Hospital

SERVICES

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

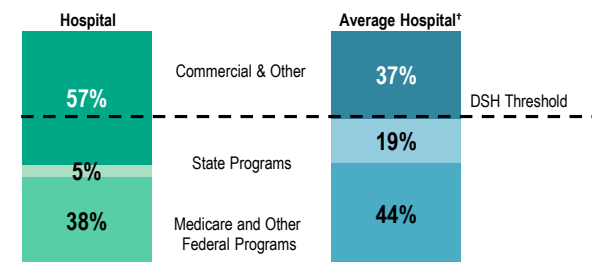
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

This graph has been suppressed, as the hospital provides the vast majority of its services on an outpatient basis. In FY14, this hospital reported over 380,000 adult and pediatric outpatient clinic visits and infusions.

Graph has been suppressed as no single community accounted for more than 4% of the hospital's total discharges.

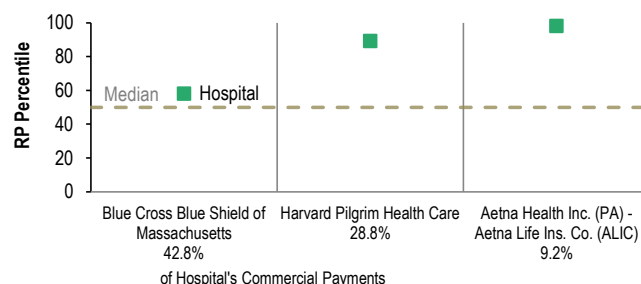
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

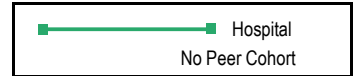
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers?



For descriptions of the metrics, please see Technical Appendix.

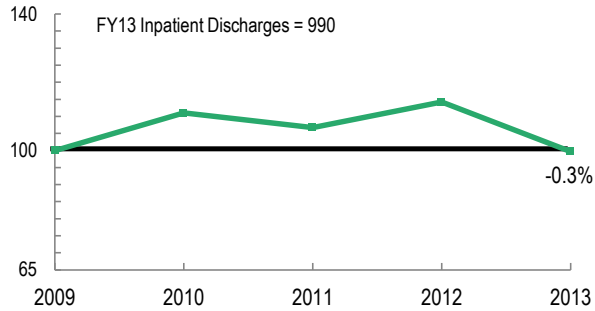
2013 Hospital Profile: DANA-FARBER CANCER INSTITUTE

Cohort: N/A - Specialty Hospital

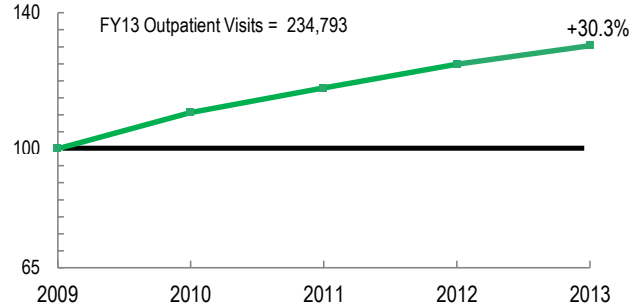


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09? (FY09=100)

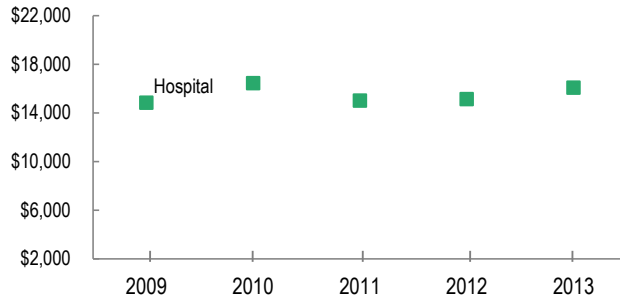


How has the volume of the hospital's outpatient visits changed compared to FY09? (FY09=100)



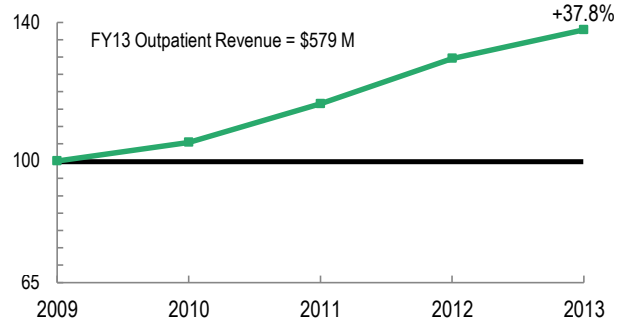
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13?



FY13 Inpatient Revenue per CMAD = \$16,055 | Full Cost per CMAD = \$15,331

How has the hospital's total outpatient revenue changed compared to FY09? (FY09=100)

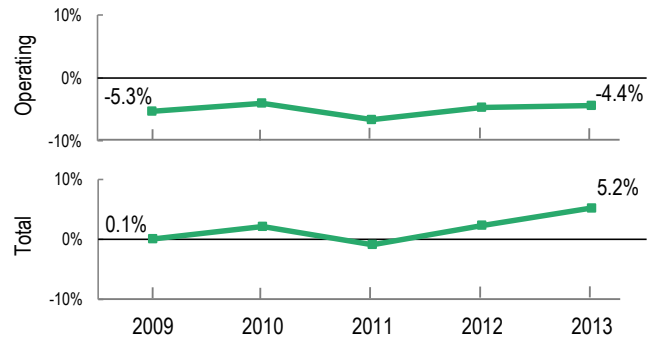


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$797	\$754	\$43	\$796	\$0.7
2010	\$889	\$834	\$55	\$870	\$19.2
2011	\$959	\$903	\$55	\$967	(\$8.5)
2012	\$1,008	\$938	\$71	\$985	\$23.4
2013	\$1,078	\$975	\$104	\$1,022	\$56.2

What were the hospital's total margin and operating margin between FY09 and FY13?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

† Average Hospital does not include Specialty hospitals.

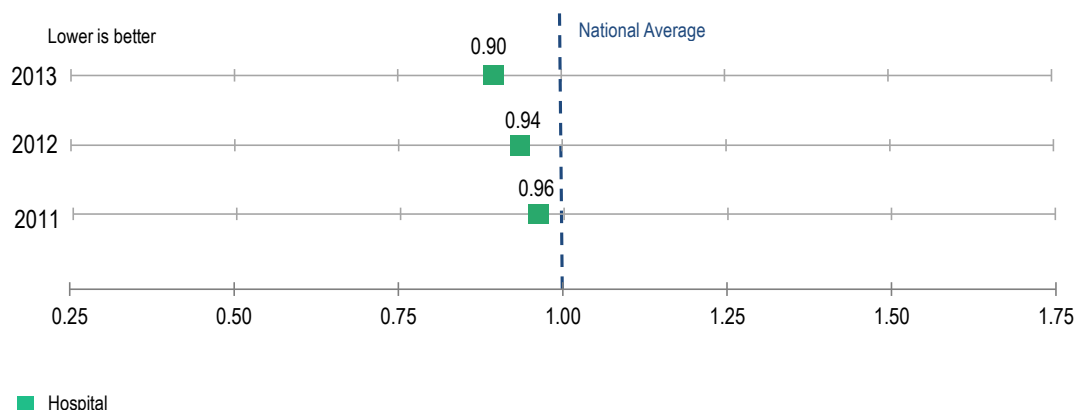
QUALITY OVERVIEW

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Specialty hospitals were not included in any cohort comparison analysis due the unique patient populations they serve and/or the unique sets of services they provide.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

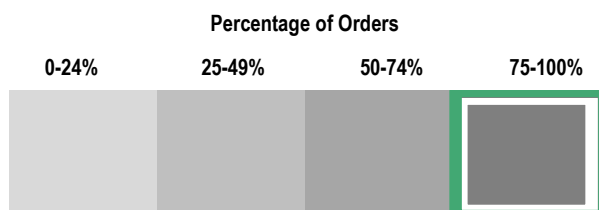
Data Period*: 10/1-9/30

PATIENT EXPERIENCE and READMISSIONS

These CMS compare measures are not applicable to the patient population treated at this specialty hospital

CARE PRACTICES

What percentage of **medication orders were entered by a physician using an electronic system** that included error checking?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: This hospital responded to this survey

Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2012-2013

OBSTETRIC CARE and OBSTETRIC CARE COMPLICATIONS

These measures are not applicable to the patient population treated at this specialty hospital

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

<http://chiamass.gov/hospital-profiles>



Kindred Hospital-Boston is a for-profit specialty hospital that specializes in providing long-term acute care services. It is located in the Metro Boston region, and is among the smaller acute hospitals in Massachusetts. Kindred Hospital-Boston provides acute cardiac and pulmonary medicine, dialysis, wound care, infectious disease, and rehabilitation services following long-term illness. Inpatient days at Kindred Hospital-Boston increased 22.7% from FY09 to FY13. Total revenue also increased during period, from \$14 million in FY09 to \$19 million in FY13.

AT A GLANCE

TOTAL BEDS: 59

% OCCUPANCY: 61%

INPATIENT DISCHARGES in FY13: 523

PUBLIC PAYER MIX: 76% (Non-DSH* Hospital)

TOTAL REVENUE in FY13: \$19 million; 1% of statewide

TAX STATUS: For profit

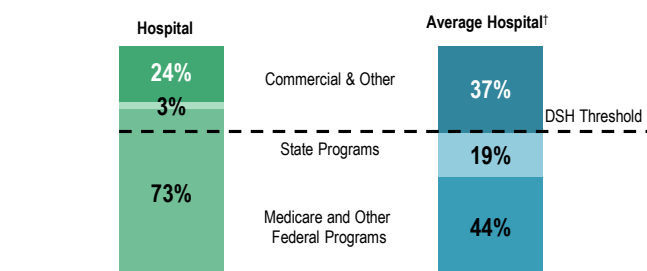
INPATIENT:OUTPATIENT REVENUE in FY13: 100%:0%

ADJUSTED* COST PER DAY: \$1,441

CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

PAYER MIX

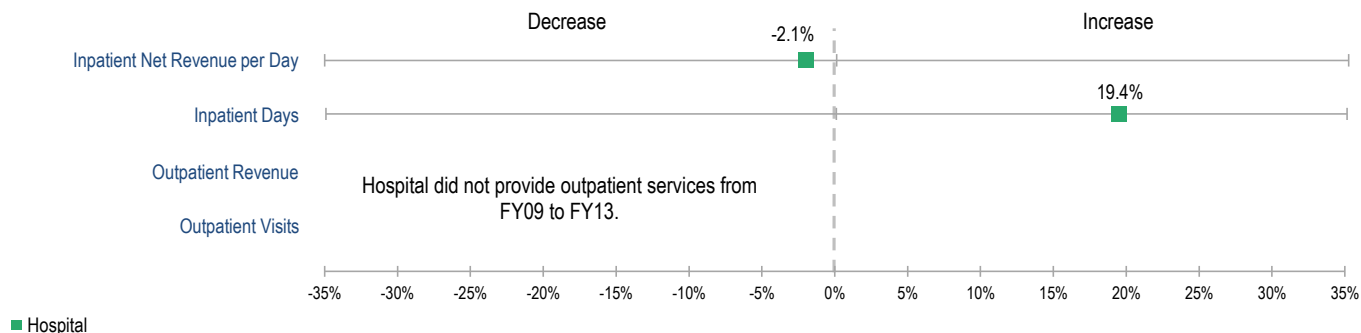
What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

GROWTH MEASURES

What were the FY12 to FY13 growth rates at this hospital for the following measures?



■ Hospital

SERVICES

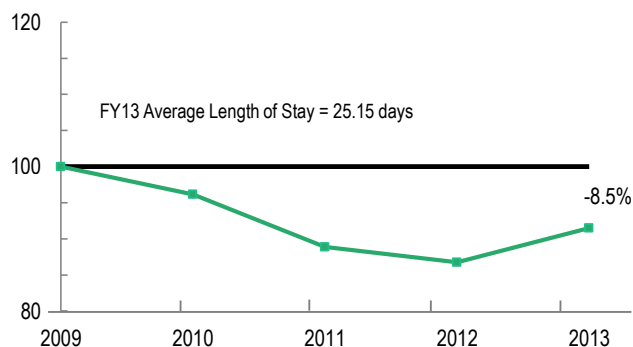
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13?

Discharges by bed type for this hospital in FY13 were:

Med/Surg: 523

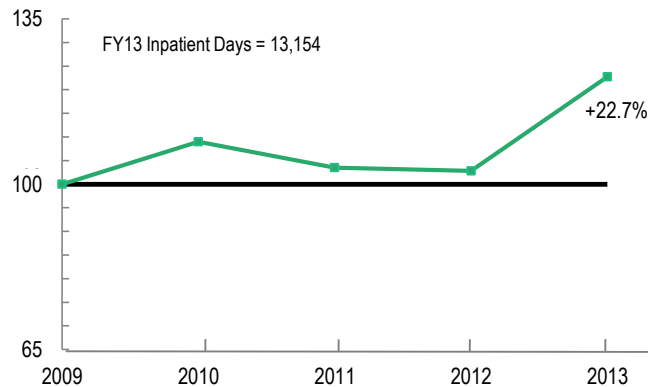
As a provider of specialty services, this hospital does not have a comparative group

How has the hospital's average length of stay changed compared to FY09? (FY09=100)



UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09? (FY09=100)

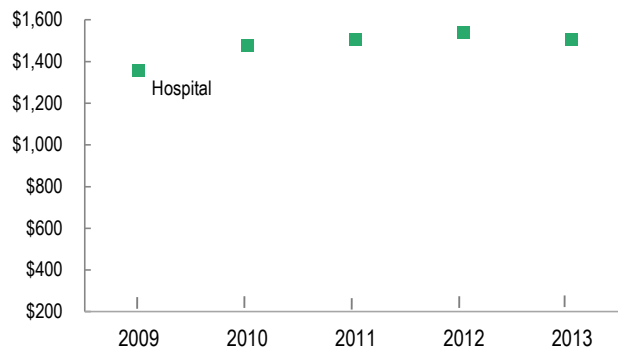


How has the volume of the hospital's outpatient visits changed compared to FY09? (FY09=100)

This hospital did not provide outpatient services from FY09 to FY13.

PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13?



FY13 Net Inpatient Revenue per Day = \$1,503 Full Cost per Day = \$1,456

How has the hospital's total outpatient revenue changed compared to FY09? (FY09=100)

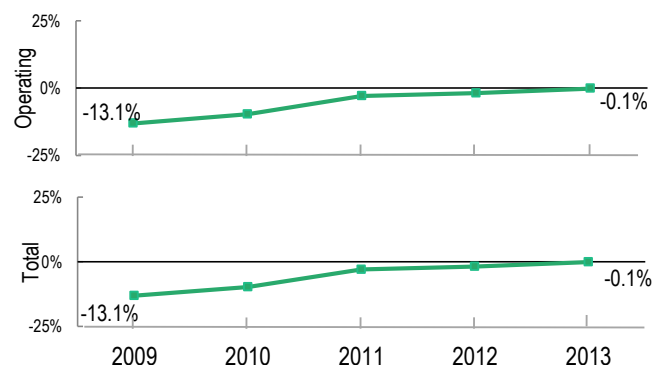
This hospital did not provide outpatient services from FY09 to FY13.

FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$14	\$14	\$0	\$16	(\$1.9)
2010	\$16	\$16	\$0	\$17	(\$1.5)
2011	\$16	\$16	\$0	\$17	(\$0.5)
2012	\$17	\$17	\$0	\$17	(\$0.3)
2013	\$19	\$19	\$0	\$19	(\$0.0)

What were the hospital's operating and total margins between FY09 and FY13?



For descriptions of the metrics, please see Technical Appendix.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Average Hospital does not include Specialty hospitals.

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Kindred Hospital- Boston North Shore is a for-profit acute hospital that specializes in providing long-term acute care services. It is located in the Northeastern Massachusetts region, and is among the smaller acute hospitals in Massachusetts. Kindred Hospital-Boston North Shore provides acute cardiac and pulmonary medicine, dialysis, wound care, infectious disease, and rehabilitation services following long-term illness. Inpatient days decreased 15.4% between FY09 and FY13 at the hospital. It reported a loss each year from FY09 to FY13, with a -9.4% total margin in FY13.

AT A GLANCE

TOTAL BEDS: 50

% OCCUPANCY: 65%

INPATIENT DISCHARGES in FY13: 457

PUBLIC PAYER MIX: 76% (Non-DSH* Hospital)

TOTAL REVENUE in FY13: \$17 million; 1% of statewide

TAX STATUS: For profit

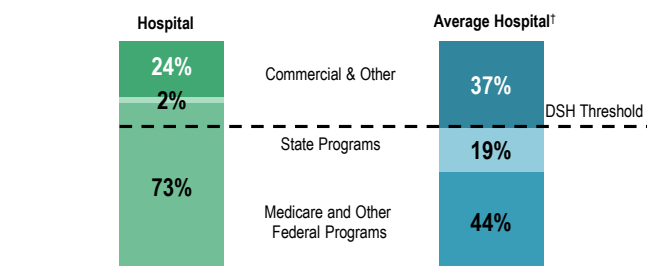
INPATIENT:OUTPATIENT REVENUE in FY13: 100%:0%

ADJUSTED* COST PER DAY: \$1,491

CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

PAYER MIX

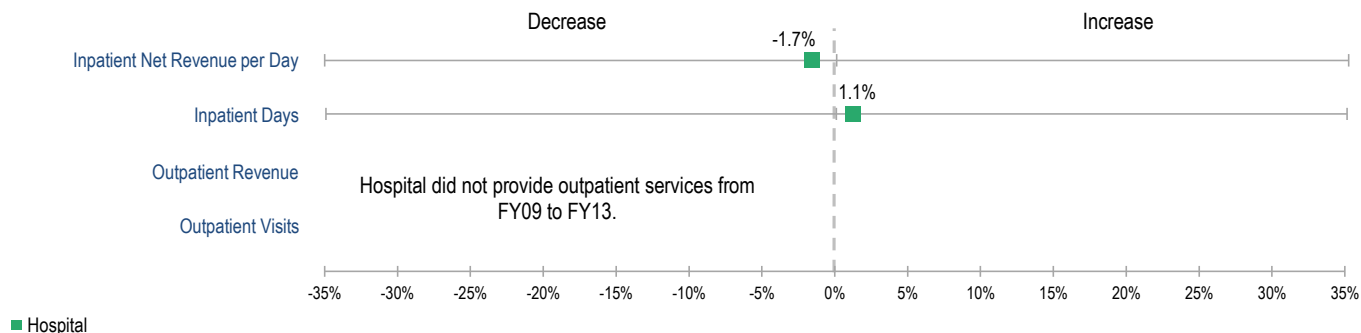
What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

GROWTH MEASURES

What were the FY12 to FY13 growth rates at this hospital for the following measures?



SERVICES

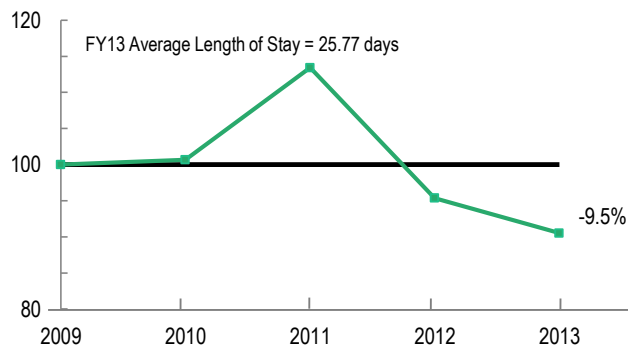
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13?

Discharges by bed type for this hospital in FY13 were:

Med/Surg: 457

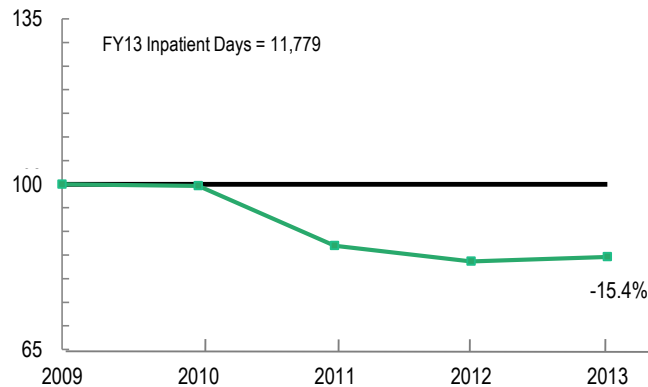
As a provider of specialty services, this hospital does not have a comparative group

How has the hospital's average length of stay changed compared to FY09? (FY09=100)



UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09? (FY09=100)

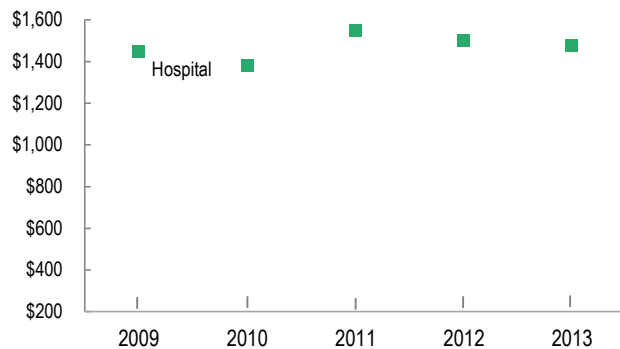


How has the volume of the hospital's outpatient visits changed compared to FY09? (FY09=100)

This hospital did not provide outpatient services from FY09 to FY13.

PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13?



FY13 Net Inpatient Revenue per Day = \$1,477 Full Cost per Day = \$1,506

How has the hospital's total outpatient revenue changed compared to FY09? (FY09=100)

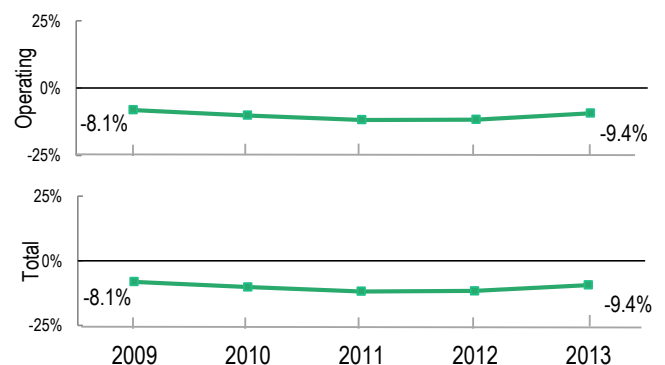
This hospital did not provide outpatient services from FY09 to FY13.

FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$19	\$19	\$0	\$21	(\$1.5)
2010	\$19	\$19	\$0	\$21	(\$1.9)
2011	\$18	\$18	\$0	\$20	(\$2.1)
2012	\$18	\$18	\$0	\$20	(\$2.0)
2013	\$17	\$17	\$0	\$19	(\$1.6)

What were the hospital's operating and total margins between FY09 and FY13?



For descriptions of the metrics, please see Technical Appendix.

* Costs were adjusted to exclude direct medical education costs and physician compensation.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Average Hospital does not include Specialty hospitals.

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2013 Hospital Profile:

MASSACHUSETTS EYE AND EAR INFIRMARY

Specialty Hospital
Metro Boston

Massachusetts Eye and Ear Infirmary is a small, non-profit specialty hospital located in the Metro Boston region. Mass Eye and Ear provides specialized services for disorders of the eye, ear, nose, and throat, including a 24-hour emergency department for these conditions. Mass Eye and Ear is a teaching hospital of Harvard Medical School. It had a negative operating margin each year from FY09 to FY13, but a positive total margin each year except FY10 in the five-year period.

AT A GLANCE

TOTAL STAFFED BEDS: 41

% OCCUPANCY: 40%

CASE MIX INDEX in FY13: 1.17

INPATIENT DISCHARGES in FY13: 1,512

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: 18,506

PUBLIC PAYER MIX: 44% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: Not Applicable

CY13 COMMERCIAL PAYER PRICE LEVEL: 43rd Percentile

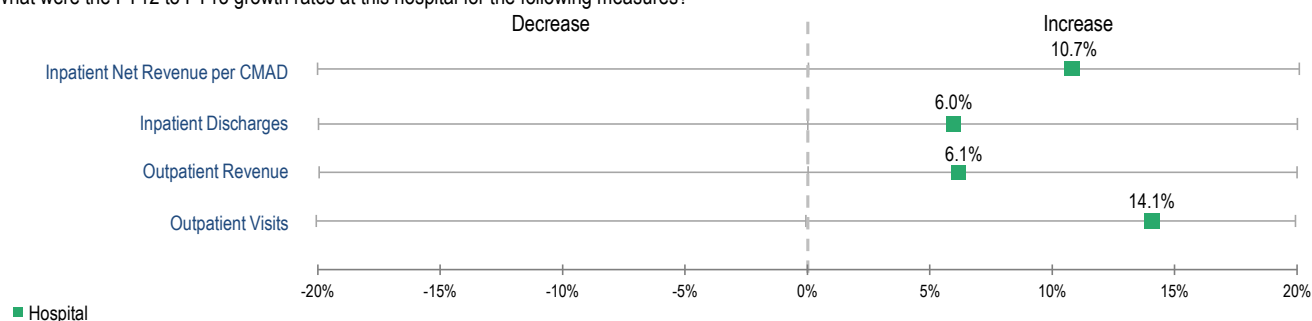
ADJUSTED* COST PER DISCHARGE: \$11,024

INPATIENT:OUTPATIENT REVENUE in FY13: 12%:88%

CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

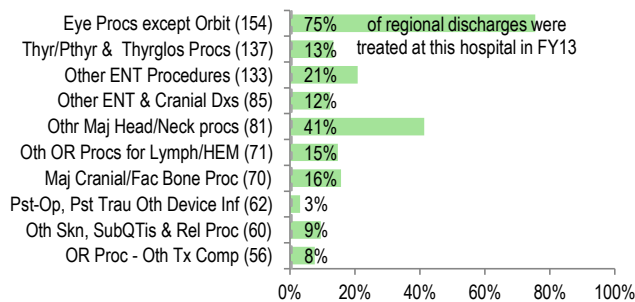
What were the FY12 to FY13 growth rates at this hospital for the following measures?



SERVICES

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

Discharges by DRG



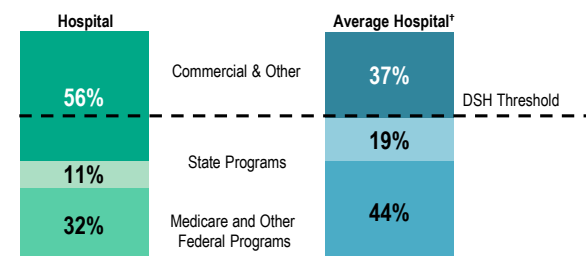
--- Hospital (1,512) = 1% of total regional discharges

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

This graph has been suppressed as no single community accounted for more than 4% of the hospital's total discharges.

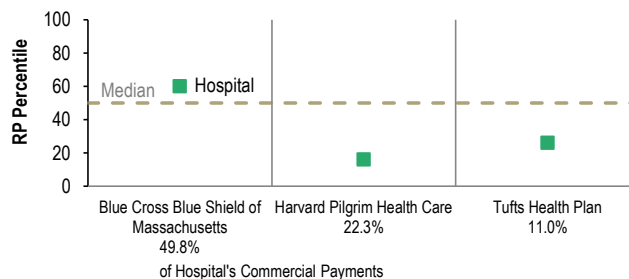
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

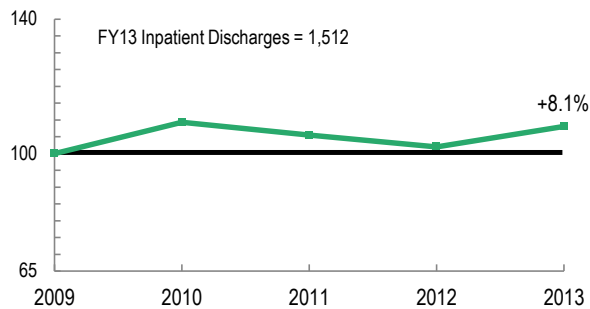
What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers?



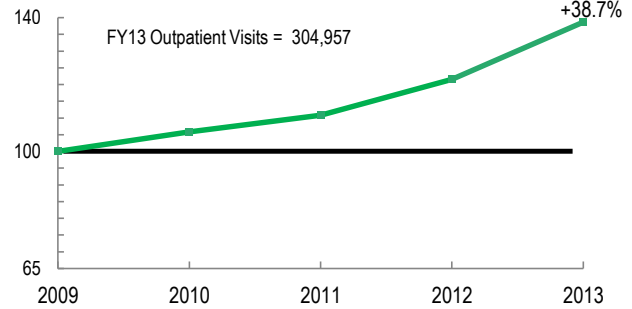
For descriptions of the metrics, please see Technical Appendix.

UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09? (FY09=100)

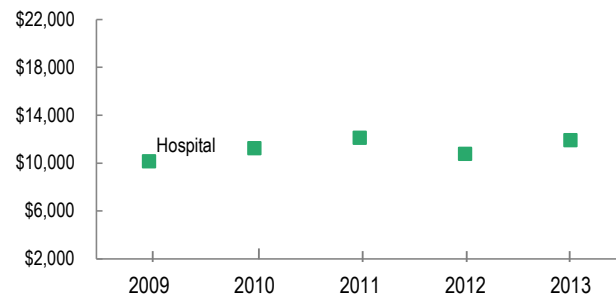


How has the volume of the hospital's outpatient visits changed compared to FY09? (FY09=100)



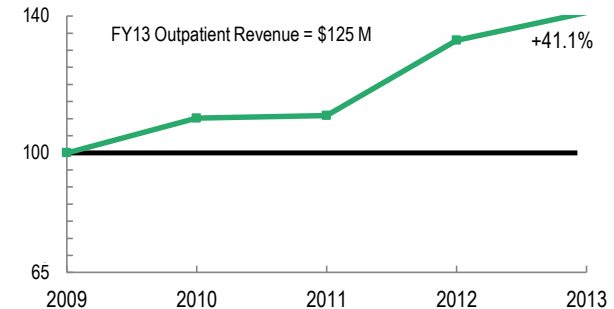
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13?



FY13 Inpatient Revenue per CMAD = \$11,904 | Full Cost per CMAD = \$11,263

How has the hospital's total outpatient revenue changed compared to FY09? (FY09=100)

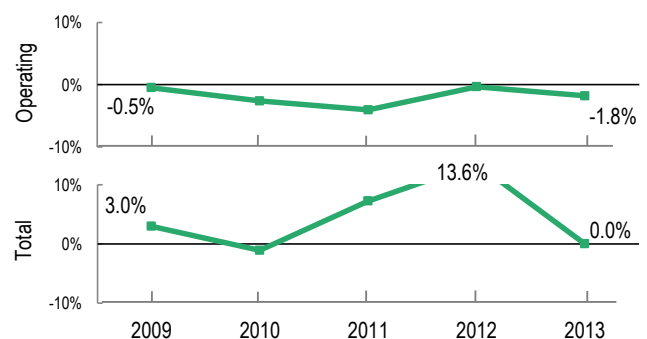


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$222	\$214	\$8	\$215	\$6.6
2010	\$193	\$190	\$3	\$195	(\$2.1)
2011	\$217	\$193	\$25	\$202	\$15.8
2012	\$234	\$202	\$33	\$202	\$31.8
2013	\$224	\$219	\$4	\$224	\$0.1

What were the hospital's total margin and operating margin between FY09 and FY13?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

‡ Average Hospital does not include Specialty hospitals.

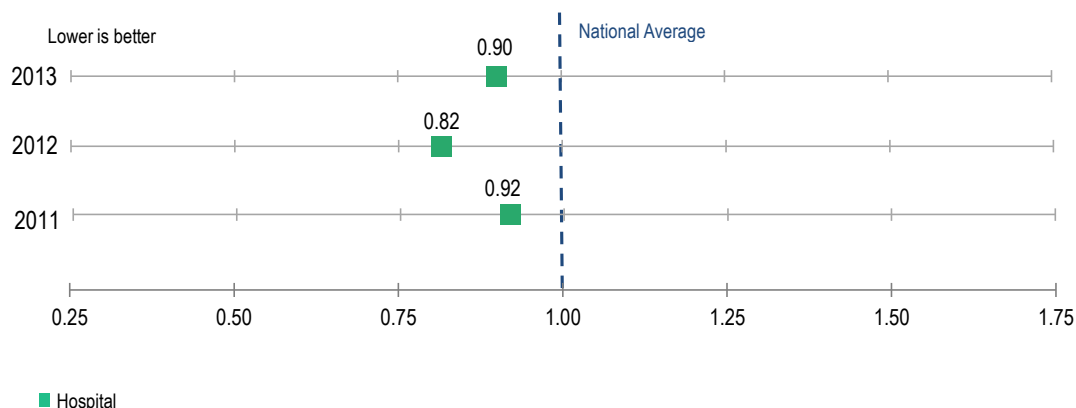
QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

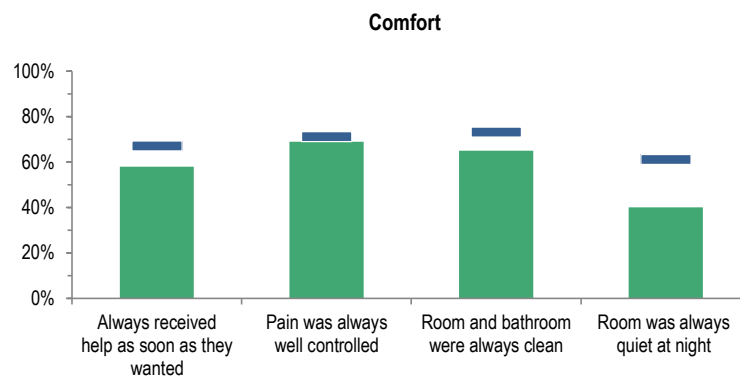
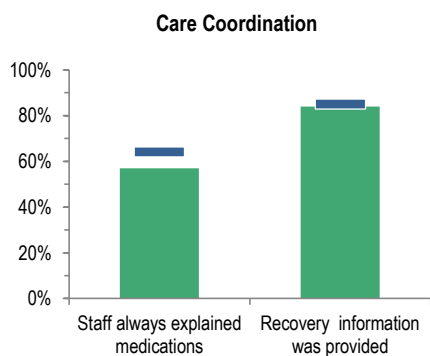
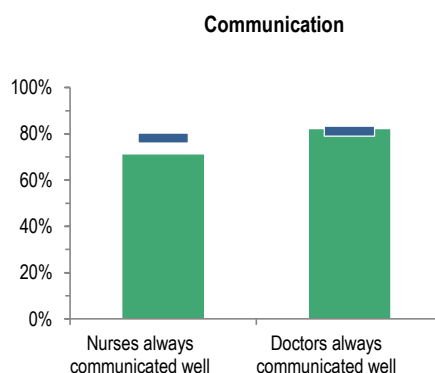
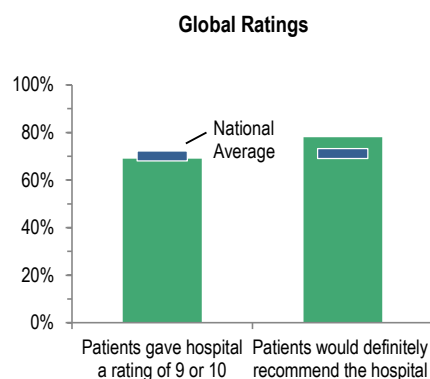
Specialty hospitals were not included in any cohort comparison analysis due to the unique patient populations they serve and/or the unique sets of services they provide.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00?

**PATIENT EXPERIENCE**

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

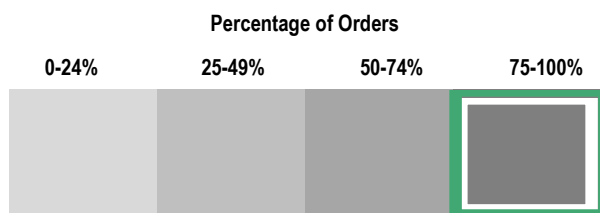
Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013

CARE PRACTICES

What percentage of medication orders were entered by a physician using an electronic system that included error checking?



Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: This hospital responded to this survey

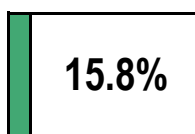
Score: Higher is better

Source: The Leapfrog Group Hospital Survey[^]

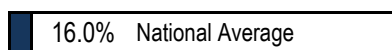
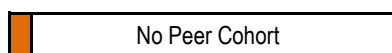
Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were readmitted to any hospital within 30 days? How does this compare to the national average?



Lower is better



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were clinically unnecessary inductions before the recommended 39 weeks of gestation?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 Hospitals reported data for this measure.

Score: Lower is better

Source: The Leapfrog Group Hospital Survey[^]

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Complications and adverse events during birth can harm both the mother and infant.

Population: 42 Hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

[^] Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

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New England Baptist Hospital is a non-profit specialty hospital located in the Metro Boston region. New England Baptist focuses exclusively on orthopedic and musculoskeletal conditions. It is among the smaller acute hospitals in Massachusetts and a member of the CareGroup health care system. New England Baptist Hospital is a teaching affiliate of Tufts University School of Medicine, and conducts teaching programs in collaboration with the Harvard School of Public Health and the Harvard School of Medicine. New England Baptist Hospital earned a profit each year from FY09 to FY13, with a total margin of 4.9% and an operating margin of 2.7% in FY13.

AT A GLANCE

TOTAL STAFFED BEDS: 95

% OCCUPANCY: 73%

CASE MIX INDEX in FY13: 1.36

INPATIENT DISCHARGES in FY13: 7,743

TRAUMA CENTER DESIGNATION: Not Applicable

EMERGENCY DEPT VISITS in FY13: N/A

PUBLIC PAYER MIX: 44% (Non-DSH* Hospital)

SPECIAL PUBLIC FUNDING: Not Applicable

CY13 COMMERCIAL PAYER PRICE LEVEL: 51st Percentile

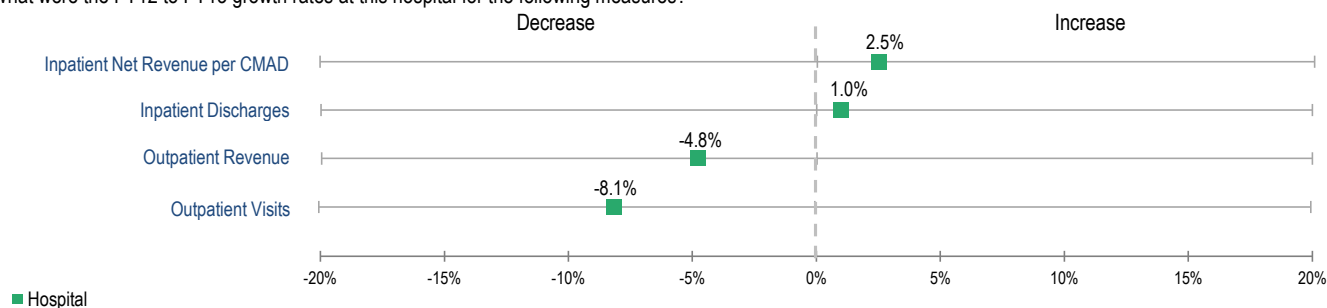
ADJUSTED[‡] COST PER DISCHARGE: \$10,763

INPATIENT:OUTPATIENT REVENUE in FY13: 59%:41%

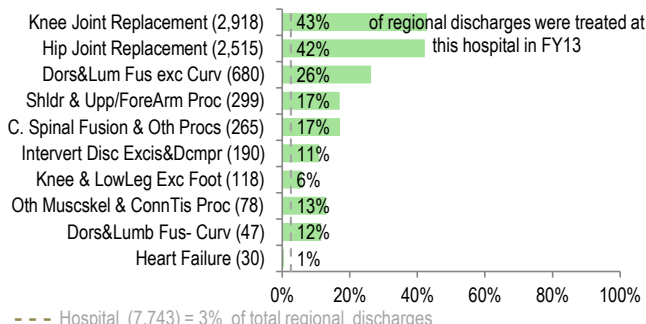
CHANGE IN OWNERSHIP (FY09-FY13): Not Applicable

GROWTH MEASURES

What were the FY12 to FY13 growth rates at this hospital for the following measures?

**SERVICES**

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

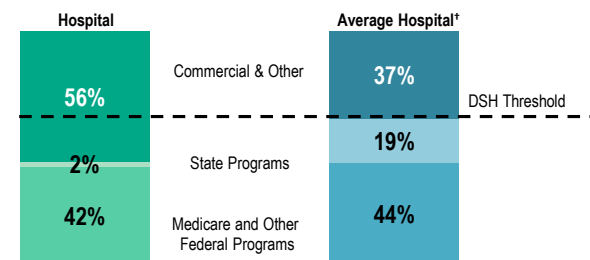
Discharges by DRG

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

Graph has been suppressed as no single community accounted for more than 4% of the hospital's total discharges.

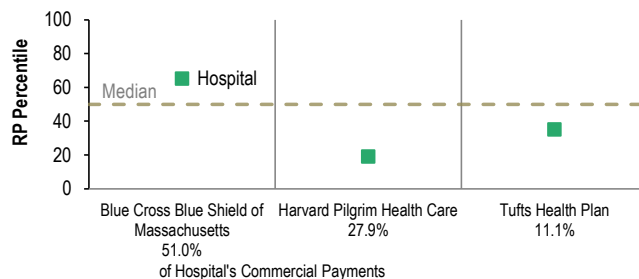
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

What were the hospital's CY13 payer-specific relative price levels for its top three commercial payers?



For descriptions of the metrics, please see Technical Appendix.

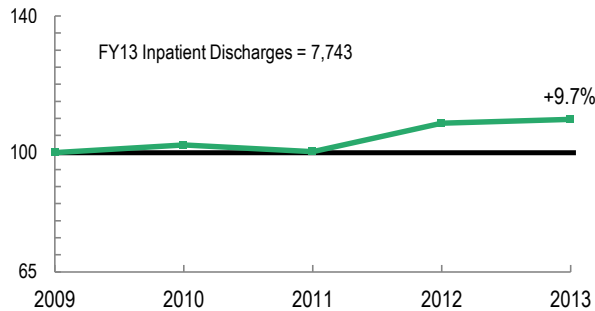
2013 Hospital Profile: NEW ENGLAND BAPTIST HOSPITAL

Cohort: N/A - Specialty Hospital

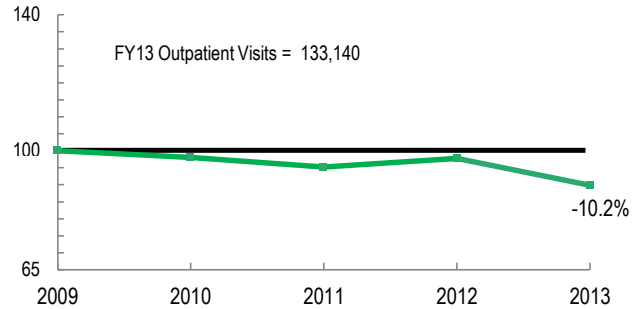
Hospital
No Peer Cohort

UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY09? (FY09=100)

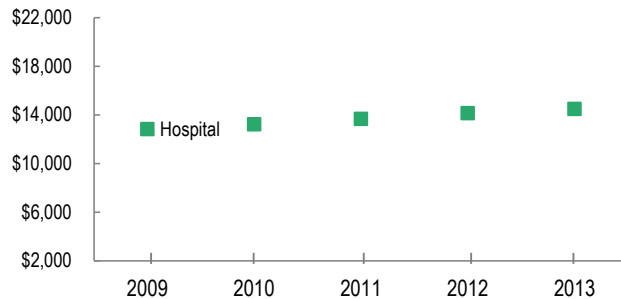


How has the volume of the hospital's outpatient visits changed compared to FY09? (FY09=100)



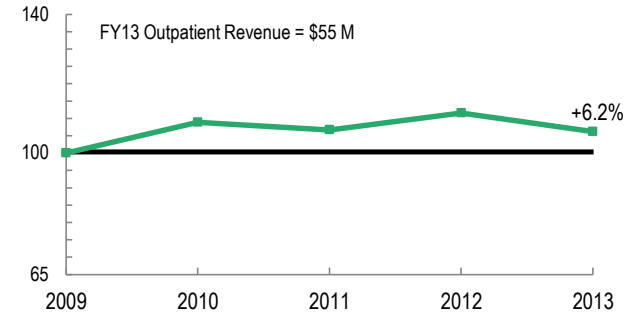
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY09 and FY13?



FY13 Inpatient Revenue per CMAD = \$14,488 | Full Cost per CMAD = \$11,081

How has the hospital's total outpatient revenue changed compared to FY09? (FY09=100)

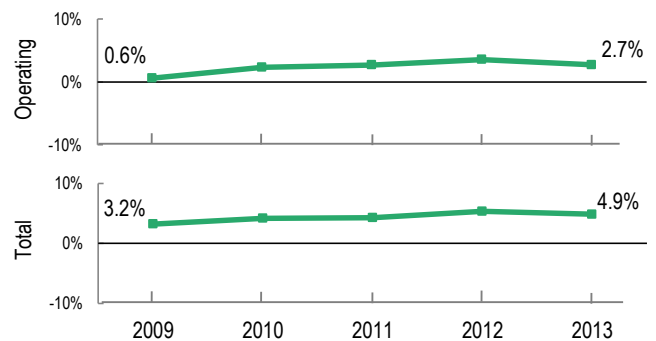


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Total Costs	Total Profit/Loss
2009	\$187	\$183	\$5	\$181	\$6.0
2010	\$198	\$194	\$4	\$190	\$8.2
2011	\$203	\$200	\$3	\$194	\$8.7
2012	\$219	\$215	\$4	\$207	\$11.7
2013	\$225	\$220	\$5	\$214	\$10.9

What were the hospital's total margin and operating margin between FY09 and FY13?



For descriptions of the metrics, please see Technical Appendix.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue from public payers.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

† Average Hospital does not include Specialty hospitals.

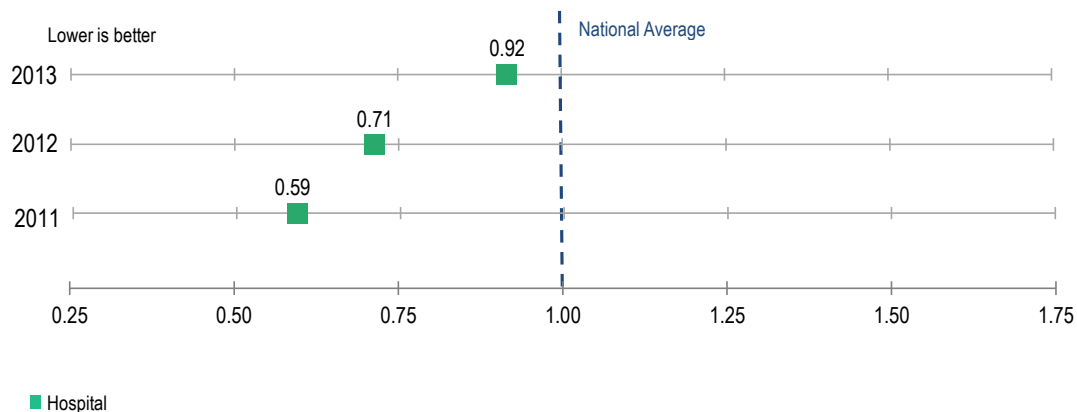
QUALITY OVERVIEW

The selected quality measures displayed in this hospital's profile are derived from the Commonwealth's Standard Quality Measure Set (SQMS). CHIA is required to uniformly report hospital performance on SQMS measures. SQMS measures are used by health plans for tiering providers for certain insurance products. They may also be used to inform consumers about the quality and safety of their care providers. The selected indicators are hospital-specific measures based on information that hospitals self-report to CHIA and other entities, including the federal Centers for Medicare and Medicaid Services (CMS) and The Leapfrog Group.

Specialty hospitals were not included in any cohort comparison analysis due the unique patient populations they serve and/or the unique sets of services they provide.

PATIENT SAFETY

How many complications or adverse events were reported at this hospital for conditions included in the **PSI-90 Composite**, relative to the annual national average of 1.00?



The PSI-90 is a summary of 11 Patient Safety Indicators (PSIs) that measure adverse events for various procedures.

Population: All patients

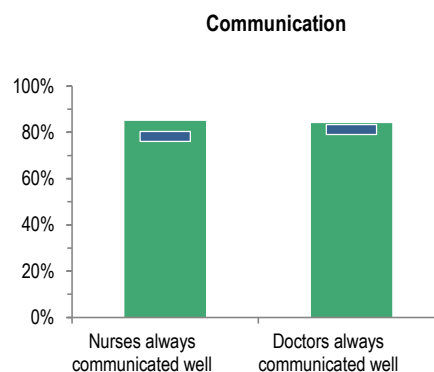
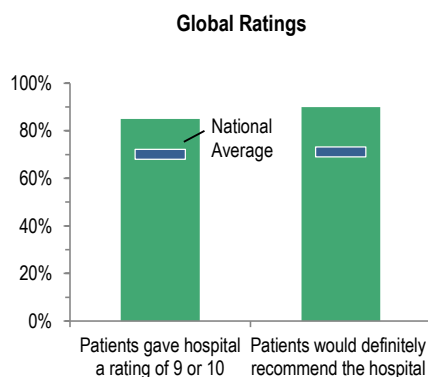
Score: Lower is better

Source: Hospital Discharge Data (HDD); CHIA-calculated indicator, risk adjusted

Data Period*: 10/1-9/30

PATIENT EXPERIENCE

How well did the hospital fulfill the following **key expectations for patient experience**, based on patient surveys? How does this compare to the national average?



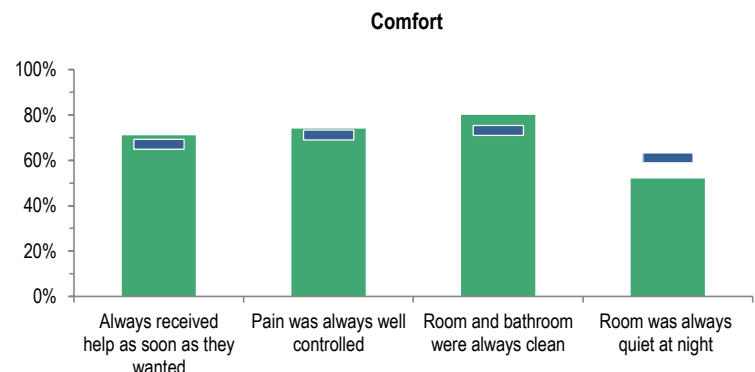
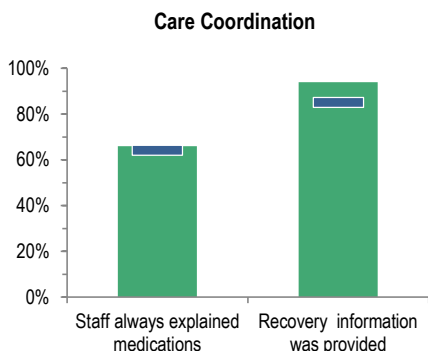
The HCAHPS survey measures patient perspectives on key aspects of their care.

Population: All patients

Score: Higher is better

Source: Centers for Medicare and Medicaid Services (CMS) Hospital Compare

Data Period*: 2012-2013



CARE PRACTICES

What percentage of **medication orders were entered by a physician using an electronic system** that included error checking?

This hospital reported not having a CPOE system. As it is a specialty hospital, there is no cohort comparative.

Computerized Physician Order Entry (CPOE) is believed to increase efficiency and reduce transcription errors.

Population: This hospital responded to this survey

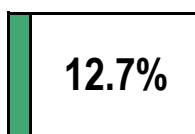
Score: Higher is better

Source: The Leapfrog Group Hospital Survey^A

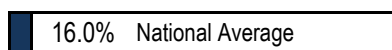
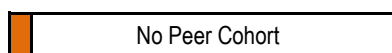
Data Period*: 2012-2013

READMISSIONS

What percentage of Medicare patients who were discharged from this hospital were **readmitted to any hospital within 30 days**? How does this compare to the national average?



Lower is better



Hospital-Wide All-Cause 30-Day Readmissions follows patients for 30 days from discharge and determines if they are readmitted to any hospital for any unplanned reason.

Population: Medicare Fee For Service (FFS) patients age 65+

Score: Lower is better

Source: CMS Hospital Compare

Data Period*: 2011-2012

OBSTETRIC CARE

What percentage of all newborn deliveries at this hospital were **clinically unnecessary inductions before the recommended 39 weeks of gestation**?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Clinically Unnecessary Elective Deliveries before 39 weeks of gestation are associated with higher risks for newborns.

Population: Non-clinically complicated births. 41 hospitals reported data for this measure.

Score: Lower is better

Source: The Leapfrog Group Hospital Survey^A

Data Period*: 2011-2012 and 2012-2013

OBSTETRIC CARE COMPLICATIONS

Out of every 1,000 births, how many patients experienced an adverse event?

Data for this quality measure is not available, either because the hospital did not report the data or does not provide obstetric services.

Complications and adverse events during birth can harm both the mother and infant.

Population: 42 hospitals are included in this analysis

Score: Lower is better

Source: HDD; CHIA-calculated indicator, not risk adjusted

Data Period*: 2012-2013

For descriptions of the metrics, please see Technical Appendix.

* Data Periods vary by measure based on data source. Please see Technical Appendix for measure-specific reporting periods.

^A Measures from The Leapfrog Survey are voluntarily reported by hospitals. Not all hospitals report this data.

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INTRODUCTION TO NON-ACUTE HOSPITAL PROFILES

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

Psychiatric hospitals are licensed by DMH for psychiatric services and by DPH for substance abuse services.

Rehabilitation hospitals provide intensive post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, the federal government classifies hospitals as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in federal regulations.

Chronic care hospitals are hospitals with an average length of patient stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator dependent care. Medicare classifies chronic hospitals as Long-Term Care Hospitals, using the same 25-day threshold.

When presenting trends for utilization, costs, and financial performance, CHIA has provided baseline data for each hospital's cohort as a point of comparison. Specialty non-acute hospitals are not identified with a distinct cohort; however, individual specialty non-acute hospital profiles are available.

For detailed descriptions of the data sources and metrics used in the non-acute hospital profiles, please see the Technical Appendix.

Psychiatric Hospital Cohort

Arbour Hospital	McLean Hospital
Arbour-Fuller Memorial	Walden Behavioral Care
Arbour-HRI Hospital	Westwood Pembroke Hospital
Baldpate Hospital	Whittier Pavilion
Bournewood Hospital	

Rehabilitation Hospital Cohort

Braintree Rehabilitation Hospital	New England Rehabilitation Hospital
HealthSouth Fairlawn Rehabilitation Hospital	Spaulding Rehabilitation Hospital of Cape Cod
HealthSouth Rehabilitation Hospital of Western Massachusetts	Spaulding Rehabilitation Hospital
New Bedford Rehabilitation Hospital	Whittier Rehabilitation Hospital Bradford
	Whittier Rehabilitation Hospital Westborough

Chronic Care Hospital Cohort

Kindred Hospital Northeast	Spaulding Hospital Cambridge
New England Sinai Hospital	Spaulding North Shore
Radius Specialty Hospital	Vibra Hospital of Western Massachusetts

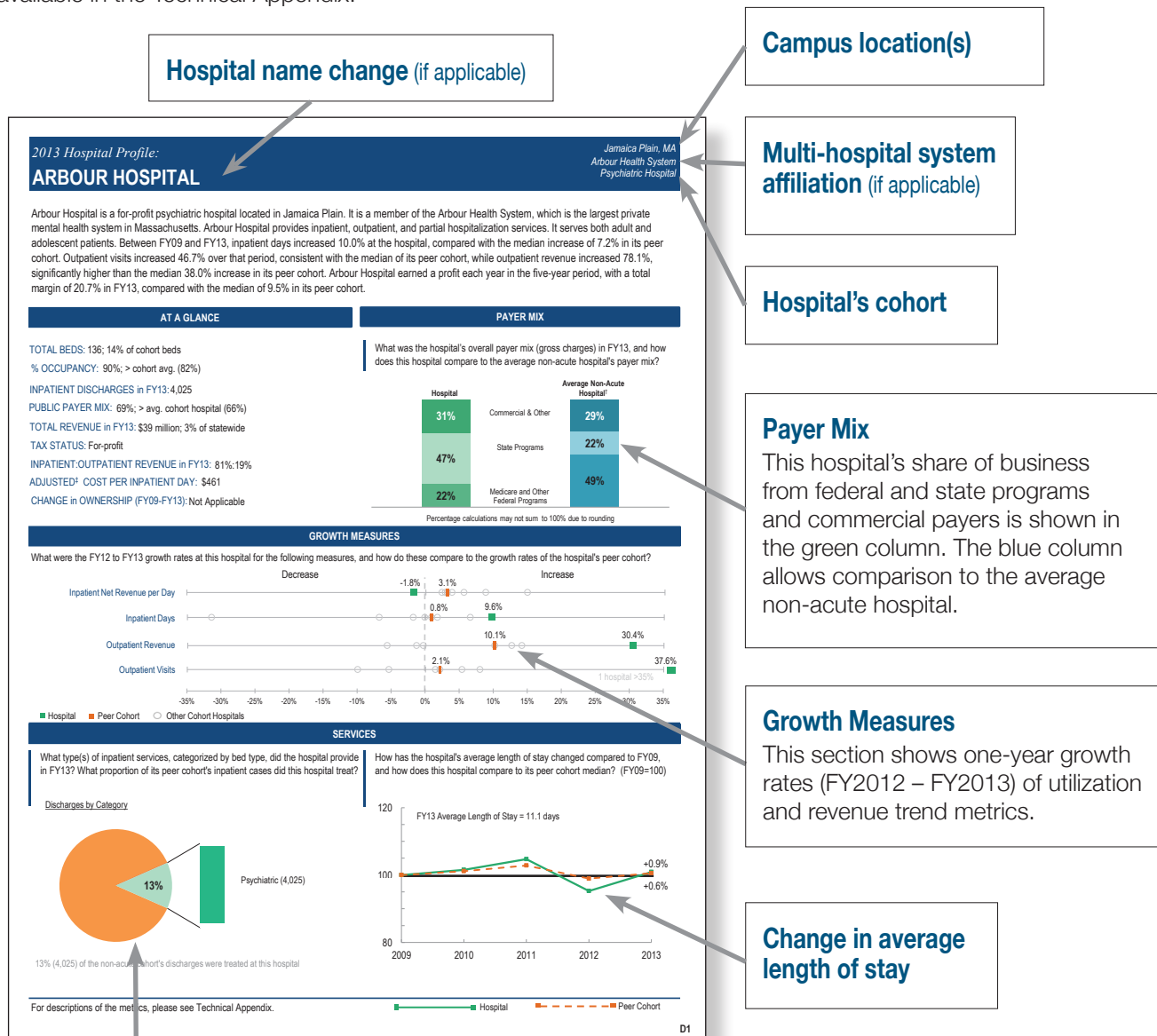
Specialty Non-Acute Hospital

AdCare Hospital of Worcester
Franciscan Hospital for Children
Hebrew Rehabilitation Hospital

Non-Acute Hospital	
AdCare Hospital of Worcester	D25
Arbour Hospital	D1
Arbour-Fuller Memorial	D2
Arbour-HRI Hospital	D3
Baldpate Hospital	D4
Bournewood Hospital	D5
Braintree Rehabilitation Hospital	D10
Franciscan Hospital for Children	D26
HealthSouth Fairlawn Rehabilitation Hospital	D11
HealthSouth Rehabilitation Hospital of Western Massachusetts	D12
Hebrew Rehabilitation Hospital	D27
Kindred Hospital Northeast	D19
McLean Hospital	D6
New Bedford Rehabilitation Hospital	D13
New England Rehabilitation Hospital	D14
New England Sinai Hospital	D20
Radius Specialty Hospital	D21
Spaulding Hospital Cambridge	D22
Spaulding North Shore	D23
Spaulding Rehabilitation Hospital	D15
Spaulding Rehabilitation Hospital of Cape Cod	D16
Vibra Hospital of Western Massachusetts	D24
Walden Behavioral Care	D7
Westwood Pembroke Hospital	D8
Whittier Pavilion	D9
Whittier Rehabilitation Hospital Bradford	D17
Whittier Rehabilitation Hospital Westborough	D18

How to Read Non-Acute Hospital Profiles – FY13

This sheet provides a brief introduction to the metrics on the hospital profiles. Definitions and notes on all metrics are available in the Technical Appendix.



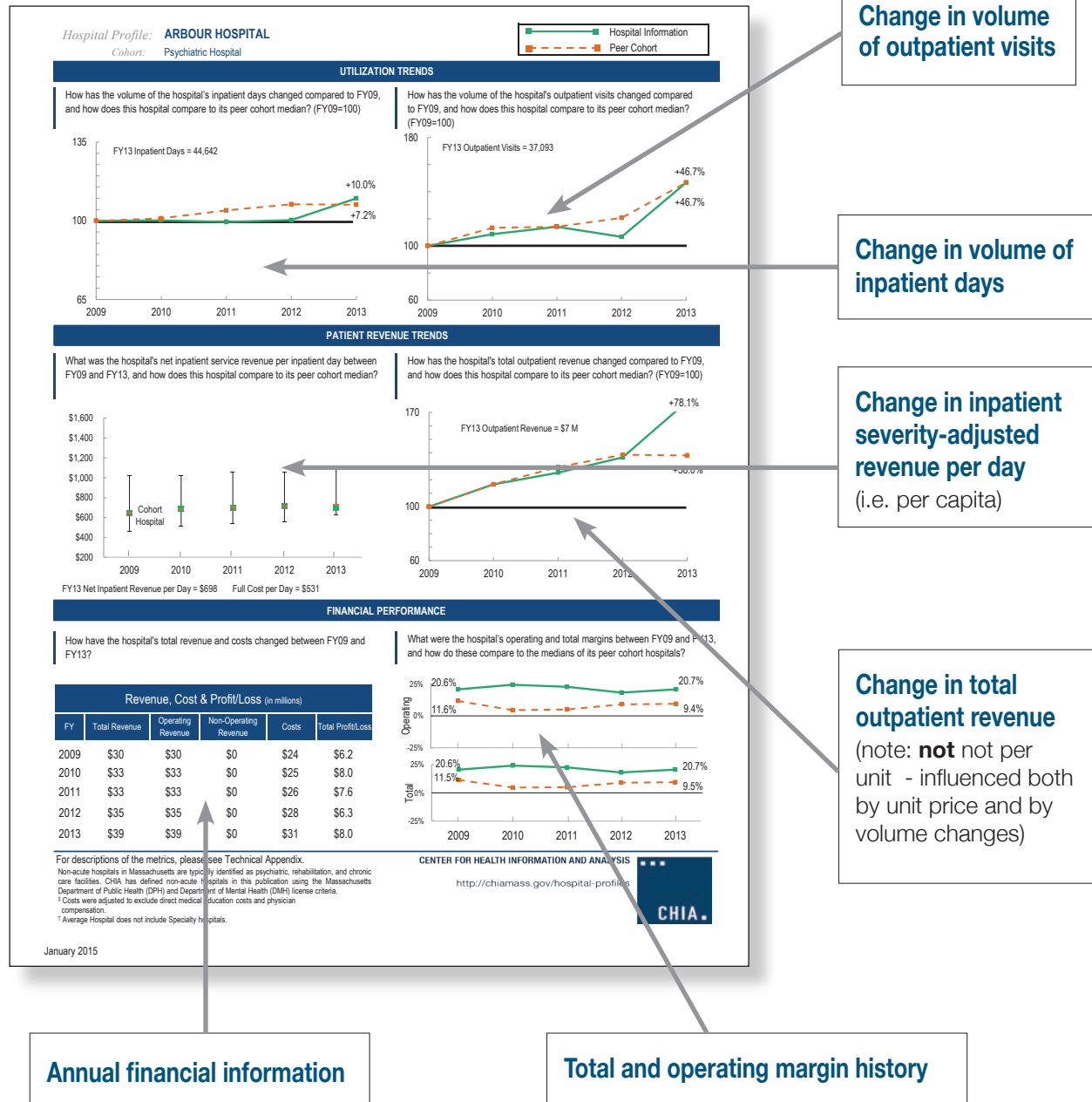
Types of Inpatient Cases

This hospital's type(s) of inpatient beds are represented, with the number of inpatient discharges shown next to the green bar. The percentage in the pie chart signifies the percent of total cohort discharges of this type that this hospital accounted for.

How to Read Non-Acute Hospital Profiles – FY13

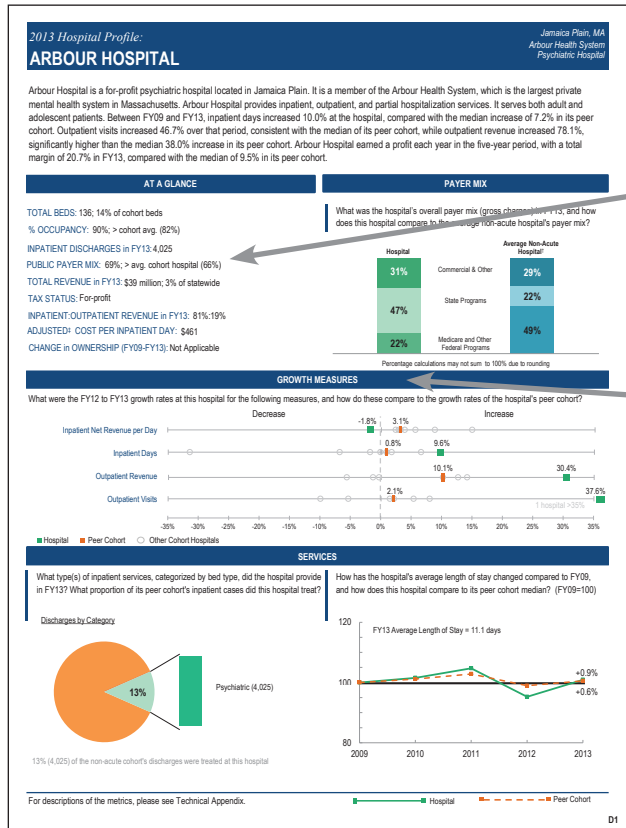
Each of the first four graphs compares trends at the featured hospital (in green) to the trend among the peer cohort hospitals (in orange). The labeled points are cumulative over the time period.

Absolute differences between the hospital and the cohort cannot be read off these graphs, but are available in the data supplement to these reports.



Changes from FY12 Non-Acute Hospital Profiles

What changed from Non-Acute Hospital Profiles – Data through Fiscal Year 2012



New At a Glance Measures include Inpatient Discharges in FY13 and Change in Ownership (FY09-FY13).

New Growth Measures section shows 1-year growth rates (FY12-FY13) of revenue and utilization trend metrics. Hospital growth measures are compared to cohort.

FY13 Values are noted on all trend measures.

New Revenue Trends Metrics replace cost trends metrics on *Data through FY12 Profile*.

Financial Performance Metrics now include operating and non-operating revenue, and operating margin.

Methodology:

- Cohort and 'all other hospital' comparisons use medians (instead of means) of growth rates for utilization, revenue, and financial performance.¹



1 Payer mix comparison (average) and cohort financial performance (median) calculations did not change from *Data through FY12 Profile*.

ARBOUR HOSPITAL

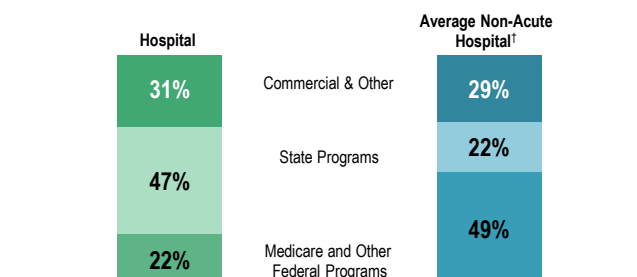
Arbour Hospital is a for-profit psychiatric hospital located in Jamaica Plain. It is a member of the Arbour Health System, which is the largest private mental health system in Massachusetts. Arbour Hospital provides inpatient, outpatient, and partial hospitalization services. It serves both adult and adolescent patients. Between FY09 and FY13, inpatient days increased 10.0% at the hospital, compared with the median increase of 7.2% in its peer cohort. Outpatient visits increased 46.7% over that period, consistent with the median of its peer cohort, while outpatient revenue increased 78.1%, significantly higher than the median 38.0% increase in its peer cohort. Arbour Hospital earned a profit each year in the five-year period, with a total margin of 20.7% in FY13, compared with the median of 9.5% in its peer cohort.

AT A GLANCE

TOTAL BEDS: 136; 14% of cohort beds
% OCCUPANCY: 90%; > cohort avg. (82%)
INPATIENT DISCHARGES in FY13: 4,025
PUBLIC PAYER MIX: 69%; > avg. cohort hospital (66%)
TOTAL REVENUE in FY13: \$39 million; 3% of statewide
TAX STATUS: For-profit
INPATIENT:OUTPATIENT REVENUE in FY13: 81%:19%
ADJUSTED* COST PER INPATIENT DAY: \$461
CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

PAYER MIX

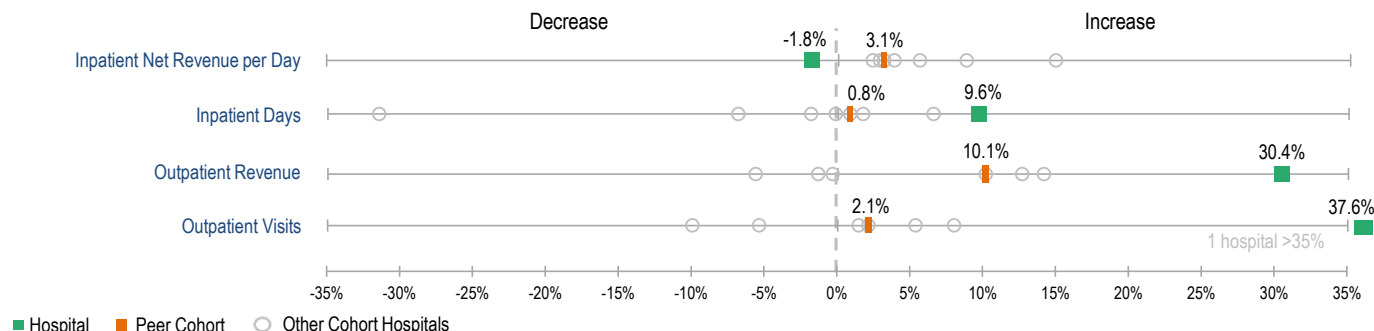
What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

GROWTH MEASURES

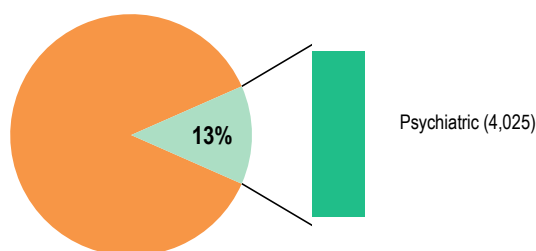
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

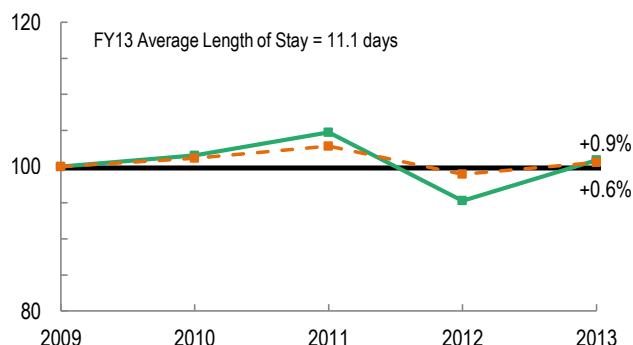
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



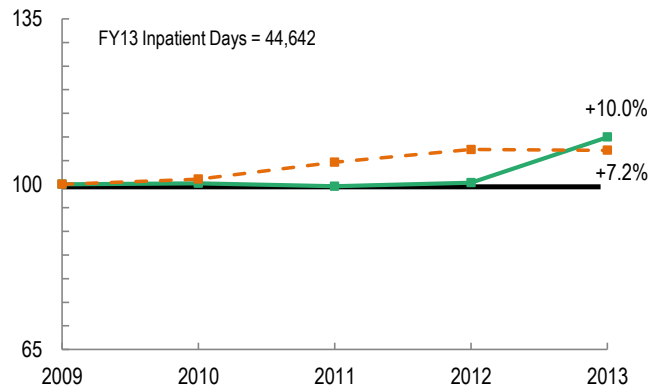
13% (4,025) of the non-acute cohort's discharges were treated at this hospital

How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

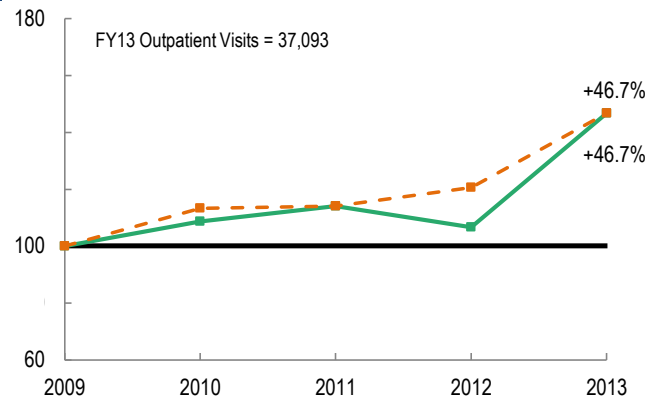


UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

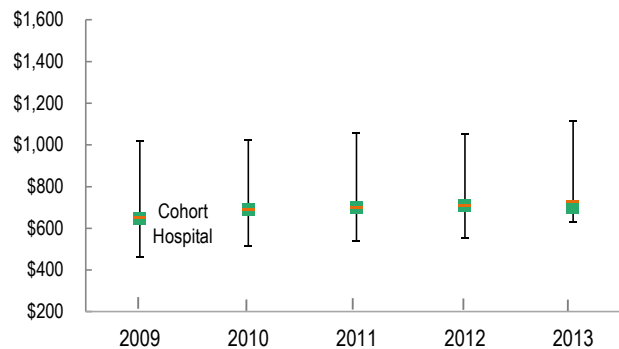


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)



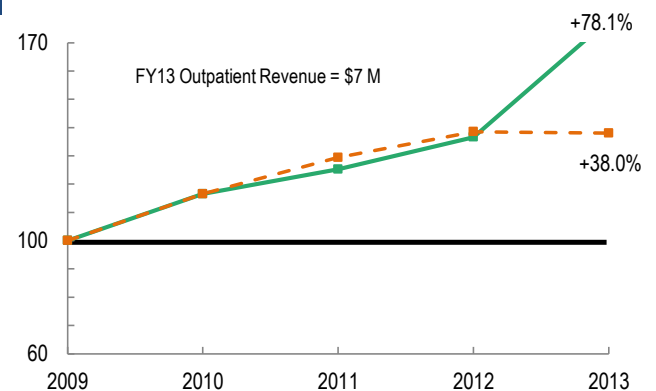
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$698 Full Cost per Day = \$531

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

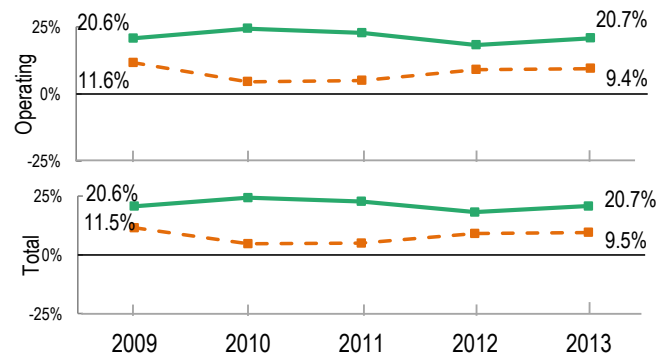


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$30	\$30	\$0	\$24	\$6.2
2010	\$33	\$33	\$0	\$25	\$8.0
2011	\$33	\$33	\$0	\$26	\$7.6
2012	\$35	\$35	\$0	\$28	\$6.3
2013	\$39	\$39	\$0	\$31	\$8.0

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

* Costs were adjusted to exclude direct medical education costs and physician compensation.

† Average Hospital does not include Specialty hospitals.

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ARBOUR-FULLER MEMORIAL

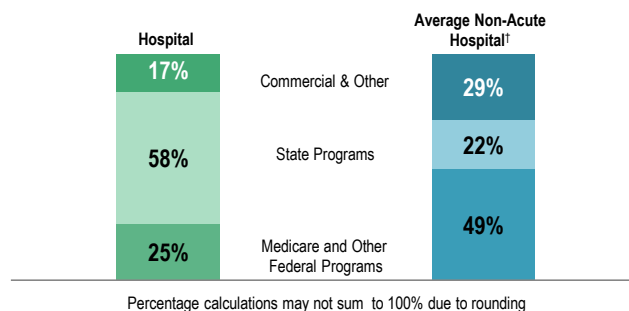
Arbour-Fuller Memorial is a for-profit psychiatric hospital located in South Attleboro. It is a member of Arbour Health System, the largest private mental health system in Massachusetts. Arbour-Fuller Memorial provides inpatient services for adult and adolescent patients, and partial hospitalization services for adult patients. Between FY09 and FY13, inpatient days increased 2.3% at Arbour-Fuller Memorial, compared with a median increase of 7.2% in its peer cohort. During that period, outpatient visits increased significantly, by 115.0% compared with a median increase of 46.7% in its peer cohort. Arbour-Fuller Memorial earned a profit each year from FY09 to FY13, with a 19.0% total margin in FY13, compared with the median of 9.5% in its peer cohort.

AT A GLANCE

TOTAL BEDS: 103; 10% of cohort beds
% OCCUPANCY: 86%; > cohort avg. (82%)
INPATIENT DISCHARGES in FY13: 2,934
PUBLIC PAYER MIX: 83%; > avg. cohort hospital (66%)
TOTAL REVENUE in FY13: \$25 million; 2% of statewide
TAX STATUS: For-profit
INPATIENT:OUTPATIENT REVENUE in FY13: 82%:18%
ADJUSTED* COST PER INPATIENT DAY: \$470
CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

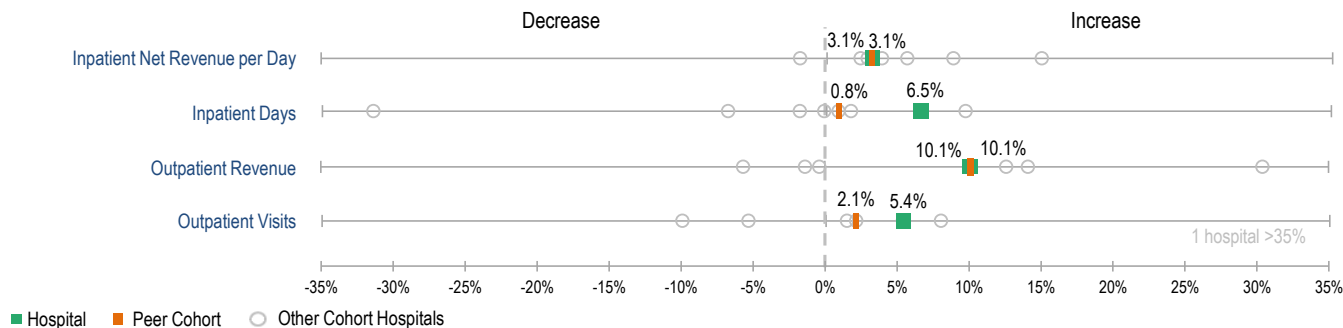
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

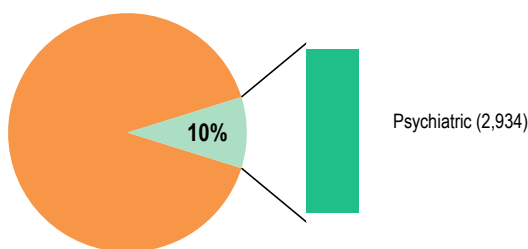
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

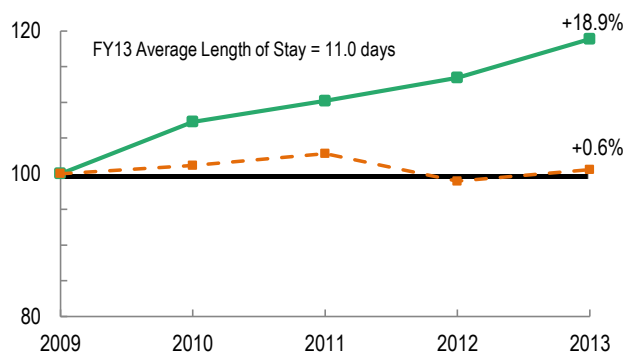
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



10% (2,934) of the non-acute cohort's discharges were treated at this hospital

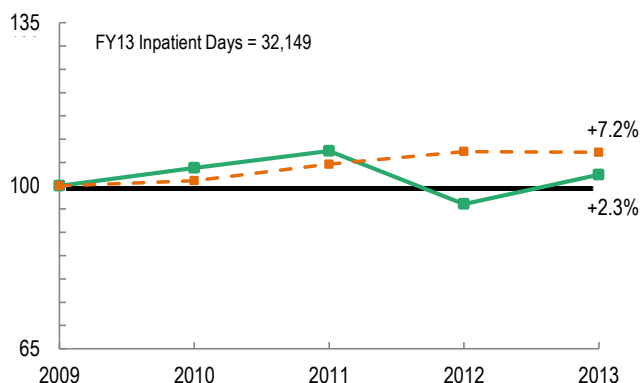
How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)



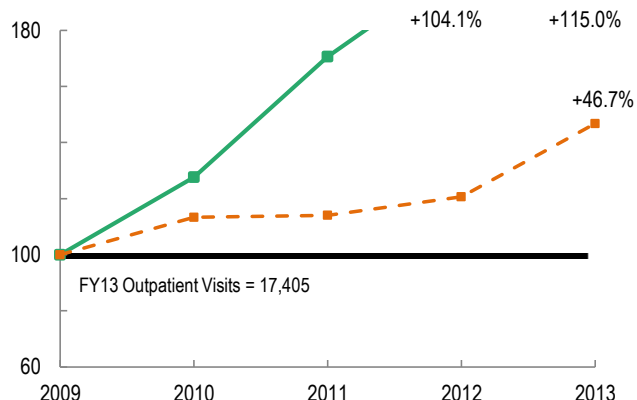
For descriptions of the metrics, please see Technical Appendix.

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)



How has the volume of the hospital's outpatient visits changed compared to FY09? (FY09=100)



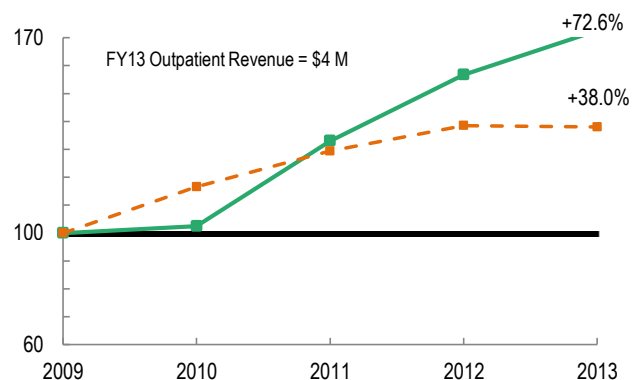
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$627 Full Cost per Day = \$569

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

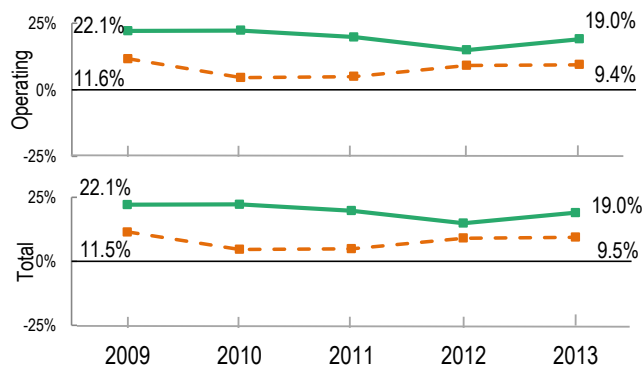


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$22	\$22	\$0	\$17	\$4.9
2010	\$24	\$24	\$0	\$18	\$5.3
2011	\$25	\$25	\$0	\$20	\$5.0
2012	\$23	\$23	\$0	\$19	\$3.4
2013	\$25	\$25	\$0	\$20	\$4.7

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

† Average Hospital does not include Specialty hospitals.

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Arbour-HRI Hospital is a for-profit psychiatric hospital located in Brookline. It is a member of Arbour Health System, the largest private mental health system in Massachusetts. Arbour-HRI Hospital provides inpatient and partial hospitalization services for both adult and adolescent patients. Inpatient days increased 3.9% at Arbour-HRI Hospital from FY09 to FY13, compared with a median 7.2% increase in its peer cohort. Over that period, outpatient visits increased at Arbour-HRI by 14.2%, compared with a median 46.7% increase in its peer cohort. Arbour-HRI earned a profit each year from FY09 to FY13, with a total margin of 28.2% in FY13, compared to the median of 9.5% in its peer cohort.

AT A GLANCE

TOTAL BEDS: 66; 7% of cohort beds

% OCCUPANCY: 90%; > cohort avg. (82%)

INPATIENT DISCHARGES in FY13: 2,239

PUBLIC PAYER MIX: 86%; > avg. cohort hospital (66%)

TOTAL REVENUE in FY13: \$21 million; 2% of statewide

TAX STATUS: For-profit

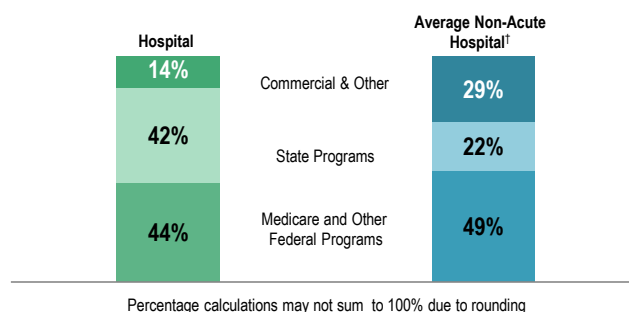
INPATIENT:OUTPATIENT REVENUE in FY13: 75%:25%

ADJUSTED* COST PER INPATIENT DAY: \$547

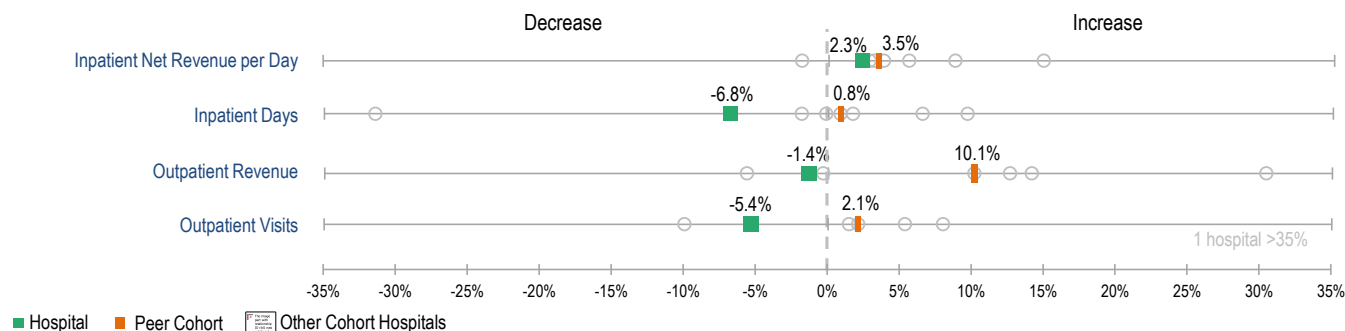
CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?

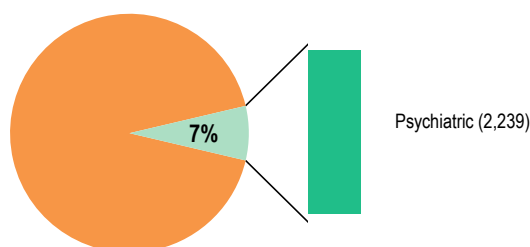
**GROWTH MEASURES**

What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

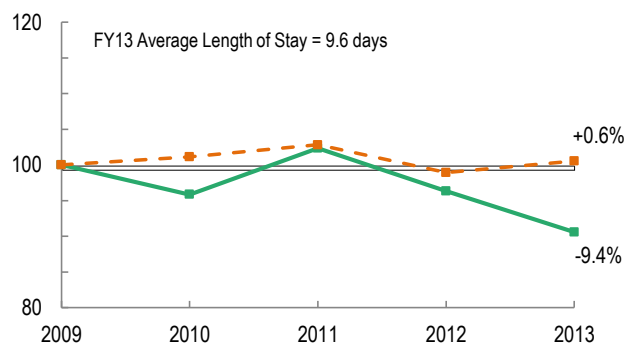
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



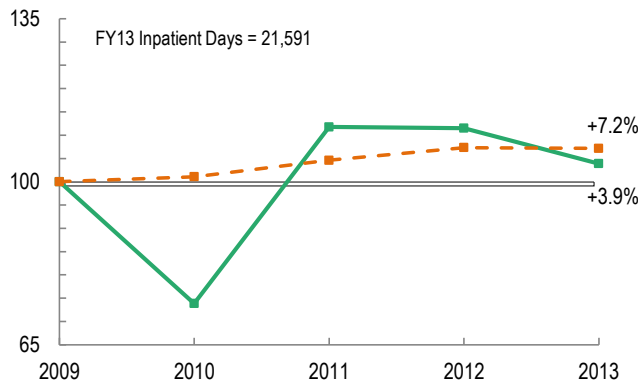
7% (2,239) of the non-acute cohort's discharges were treated at this hospital

How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

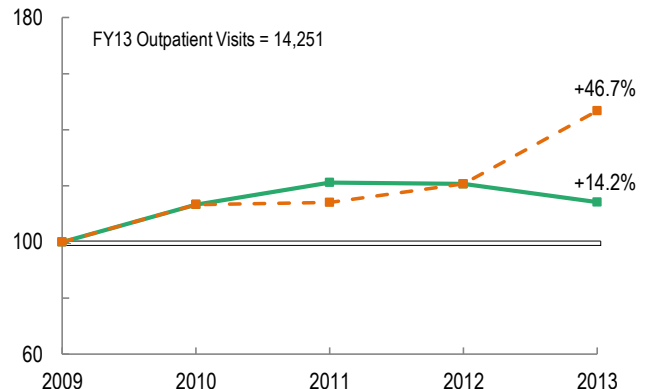


UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

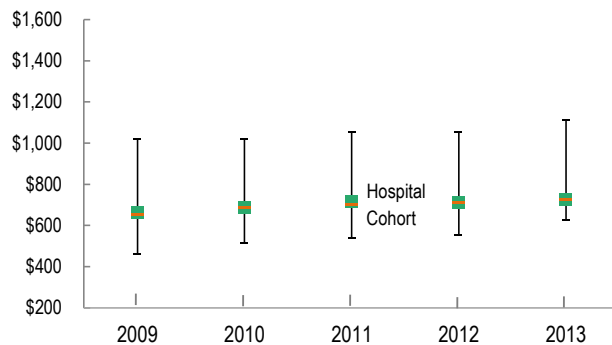


How has the volume of the hospital's outpatient visits changed compared to FY09? (FY09=100)



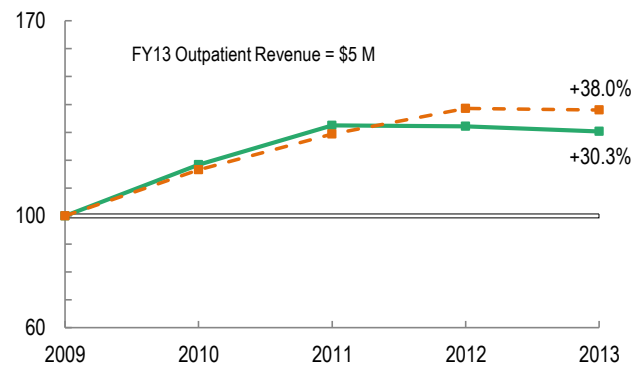
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$727 Full Cost per Day = \$634

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

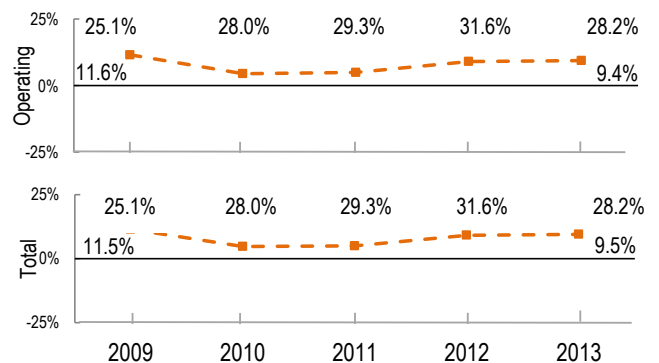


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$18	\$18	\$0	\$13	\$4.5
2010	\$19	\$19	\$0	\$14	\$5.3
2011	\$22	\$22	\$0	\$16	\$6.4
2012	\$22	\$22	\$0	\$15	\$6.9
2013	\$21	\$21	\$0	\$15	\$5.9

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



Note: Hospital line is not visible due to Total and Operating Margins exceeding scale.

For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

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† Average Hospital does not include Specialty hospitals.

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BALDPATE HOSPITAL

Psychiatric Hospital

Baldpate Hospital is a for-profit psychiatric hospital located in Georgetown. Baldpate treats substance abuse disorders and provides mental health services in an inpatient setting. Between FY09 and FY13, inpatient days at Baldpate decreased significantly, by -47.1% compared with a 7.2% median increase in its peer cohort. Baldpate Hospital posted a loss each year in the five-year period, except for FY10. It had a -6.7% total margin in FY13, compared to the median of 9.5% in its peer cohort.

AT A GLANCE

TOTAL BEDS: 59; 6% of cohort beds

% OCCUPANCY: 39%; < cohort avg. (82%)

INPATIENT DISCHARGES in FY13: 1,518

PUBLIC PAYER MIX: 51%; < avg. cohort hospital (66%)

TOTAL REVENUE in FY13: \$5 million; 0.4% of statewide

TAX STATUS: For-profit

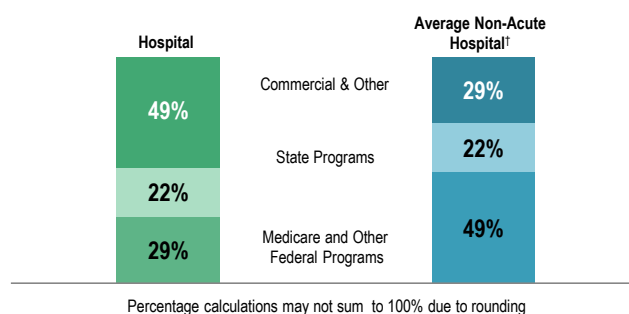
INPATIENT:OUTPATIENT REVENUE in FY13: 100%:0%

ADJUSTED* COST PER INPATIENT DAY: \$612

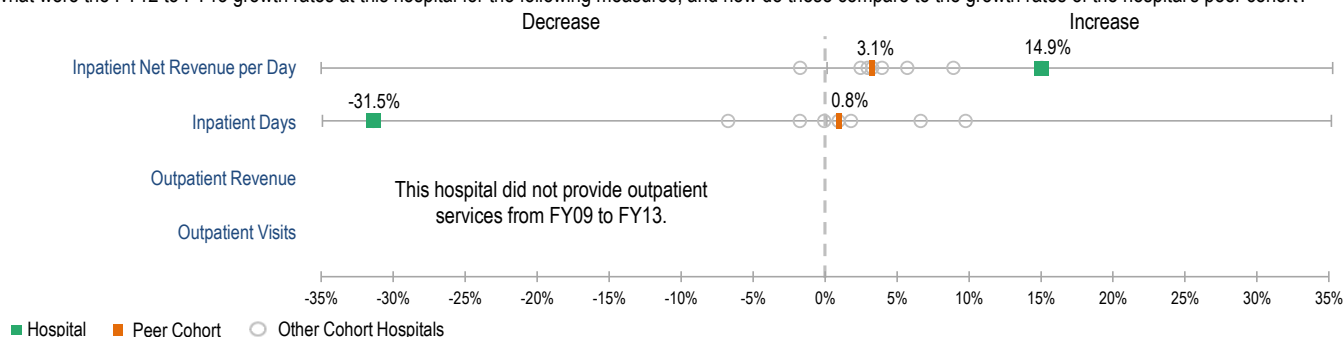
CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?

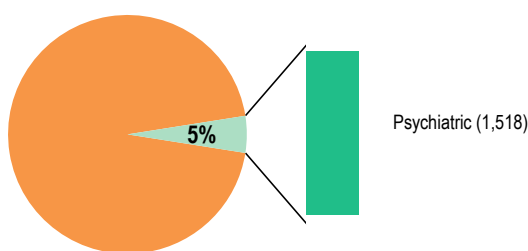
**GROWTH MEASURES**

What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

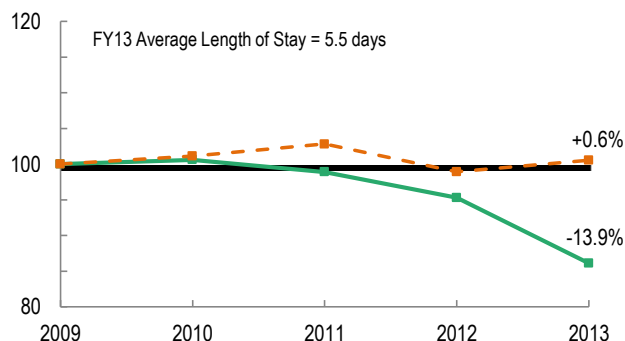
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



5% (1,518) of the non-acute cohort's discharges were treated at this hospital

How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

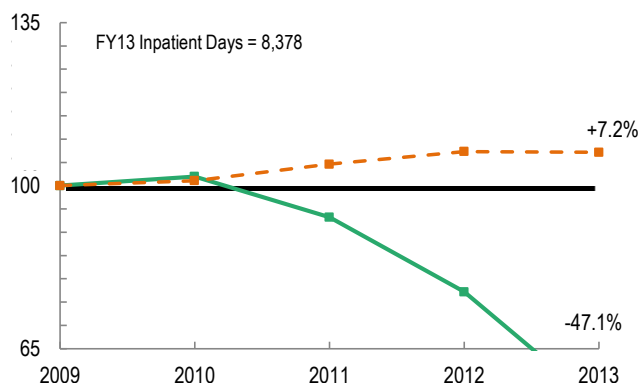


For descriptions of the metrics, please see Technical Appendix.

■ Hospital, --- Peer Cohort

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

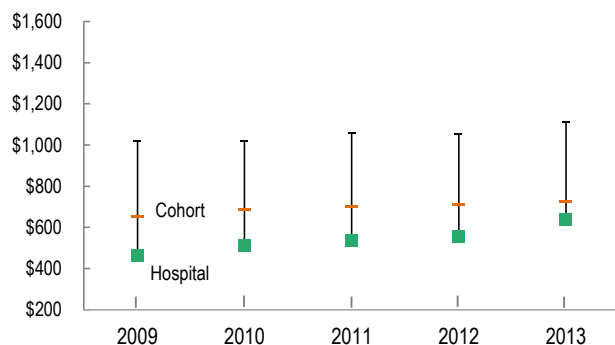


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

This hospital did not provide outpatient services from FY09 to FY13.

PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$636 Full Cost per Day = \$682

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

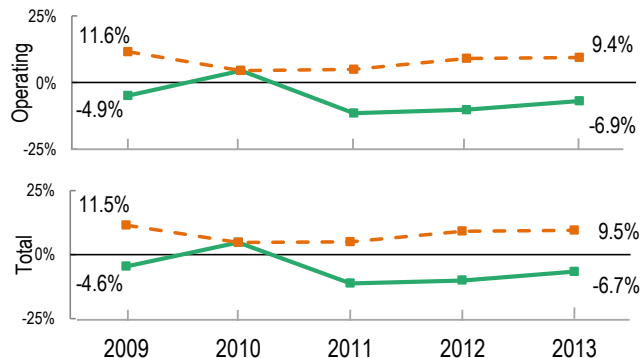
This hospital did not provide outpatient services from FY09 to FY13.

FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$7	\$7	\$0	\$8	(\$0.3)
2010	\$8	\$8	\$0	\$8	\$0.4
2011	\$8	\$8	\$0	\$9	(\$0.9)
2012	\$7	\$7	\$0	\$7	(\$0.7)
2013	\$5	\$5	\$0	\$6	(\$0.4)

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

† Average Hospital does not include Specialty hospitals.

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BOURNEWOOD HOSPITAL

Psychiatric Hospital

Bournewood Hospital is a for-profit psychiatric hospital located in Brookline. It provides inpatient, outpatient, and partial hospitalization services for both adult and adolescent patients. Between FY09 and FY13, inpatient days at Bournewood increased 7.2%, equal to the median increase of 7.2% in its peer cohort. The hospital earned a profit from FY10 through FY13, with a 9.5% total margin and 9.4% operating margin in FY13, consistent with the medians of its peer cohort.

AT A GLANCE

TOTAL BEDS: 90; 9% of cohort beds

% OCCUPANCY: 85%; > cohort avg. (82%)

INPATIENT DISCHARGES in FY13: 3,465

PUBLIC PAYER MIX: 76%; > avg. cohort hospital (66%)

TOTAL REVENUE in FY13: \$23 million; 2% of statewide

TAX STATUS: For-profit

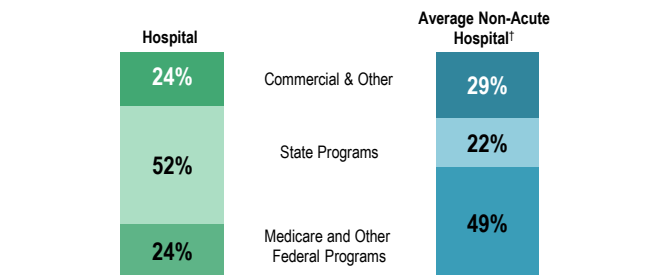
INPATIENT:OUTPATIENT REVENUE in FY13: 86%:14%

ADJUSTED* COST PER INPATIENT DAY: \$704

CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

PAYER MIX

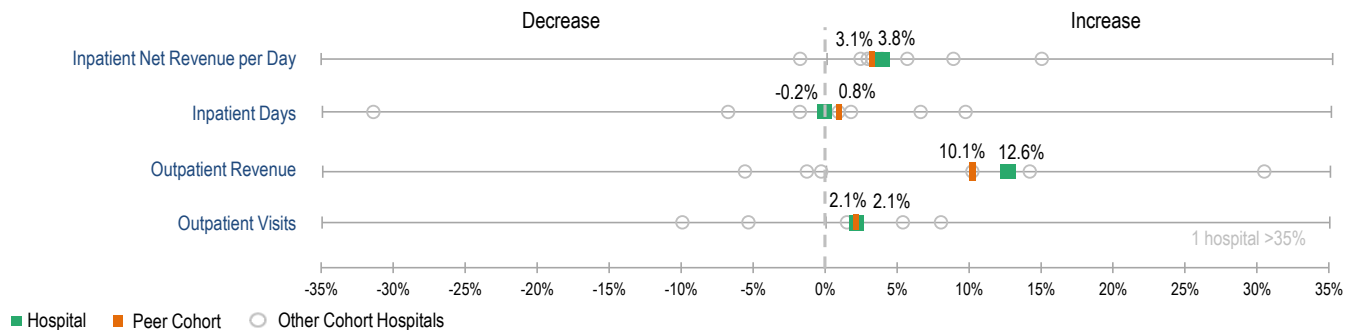
What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

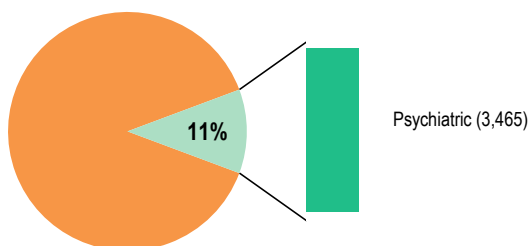
GROWTH MEASURES

What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

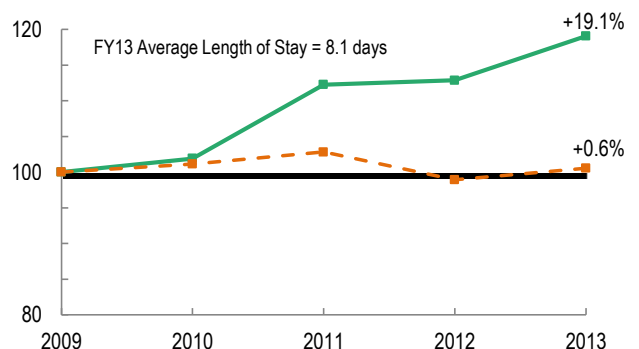
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



11% (3,465) of the non-acute cohort's discharges were treated at this hospital

How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

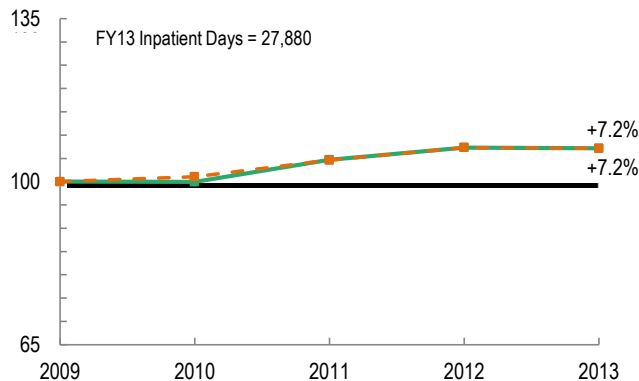


For descriptions of the metrics, please see Technical Appendix.

— Hospital — Peer Cohort

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

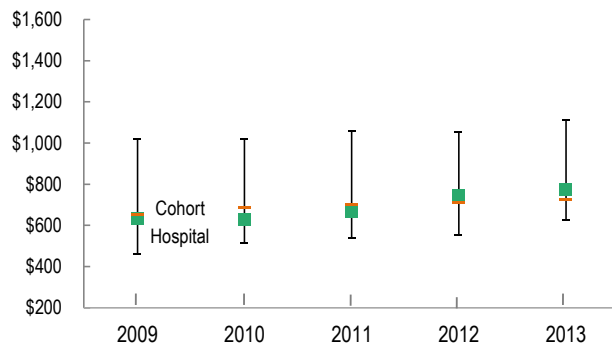


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

Hospital information suppressed due to data concerns.

PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$776 Full Cost per Day = \$704

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

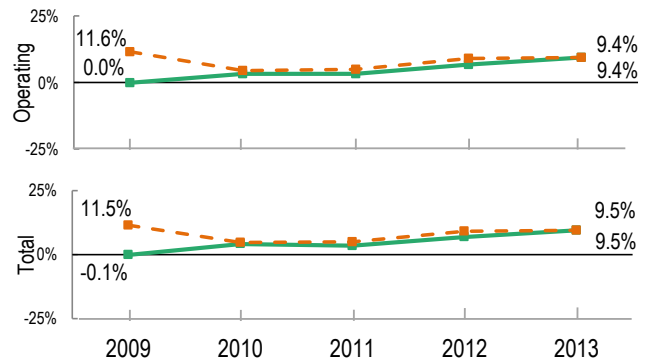
Hospital information suppressed due to data concerns.

FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$19	\$19	(\$0)	\$19	(\$0.0)
2010	\$20	\$19	\$0	\$19	\$0.8
2011	\$21	\$21	\$0	\$20	\$0.7
2012	\$22	\$22	\$0	\$20	\$1.5
2013	\$23	\$23	\$0	\$21	\$2.1

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

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† Average Hospital does not include Specialty hospitals.

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McLean Hospital is a non-profit psychiatric hospital located in Belmont. It provides inpatient, outpatient, partial hospitalization, and residential care services. Its programs include mental health services and substance use disorder treatments, and it services adult, children and adolescent, and geriatric patients. It is a member of Partners HealthCare System. From FY09 to FY13, inpatient days remained constant, compared to a median increase of 7.2% in its peer cohort. Outpatient visits increased 16.2% for the hospital, compared to a cohort median increase of 46.7%. McLean Hospital earned a profit each year from FY09 to FY13. Its total margin in FY13 was 1.9%, compared to the median of 9.5% in its peer cohort.

AT A GLANCE

TOTAL BEDS: 177; 18% of cohort beds

% OCCUPANCY: 88%; > cohort avg. (82%)

INPATIENT DISCHARGES in FY13: 5,969

PUBLIC PAYER MIX: 43%; < avg. cohort hospital (66%)

TOTAL REVENUE in FY13: \$183 million; 14% of statewide

TAX STATUS: Non-profit

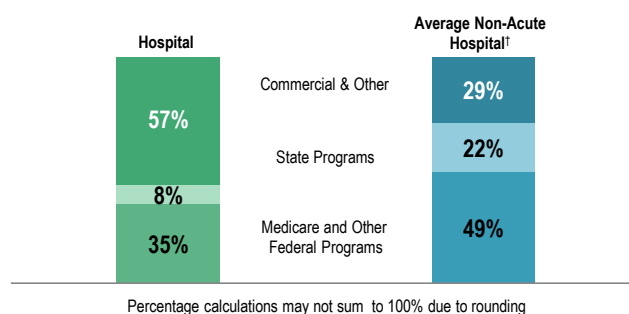
INPATIENT:OUTPATIENT REVENUE in FY13: 74%:26%

ADJUSTED* COST PER INPATIENT DAY: \$992

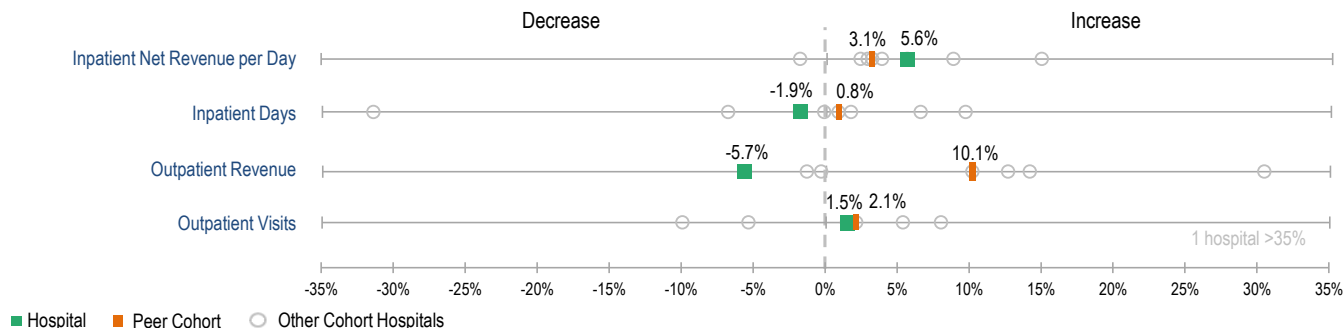
CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?

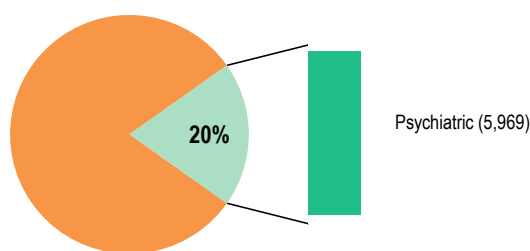
**GROWTH MEASURES**

What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?

**SERVICES**

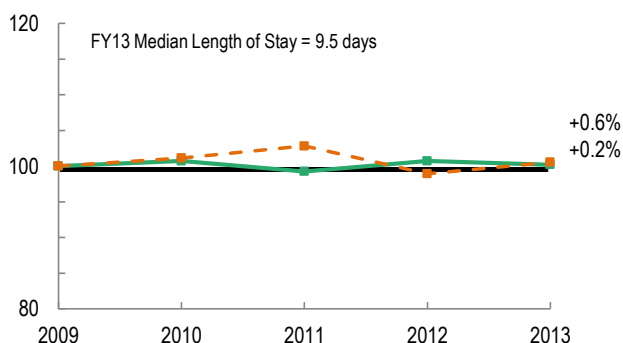
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



20% (5,969) of the non-acute cohort's discharges were treated at this hospital

How has the hospital's median length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

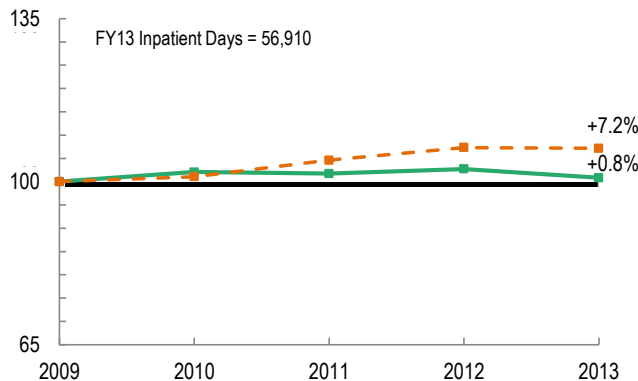


For descriptions of the metrics, please see Technical Appendix.

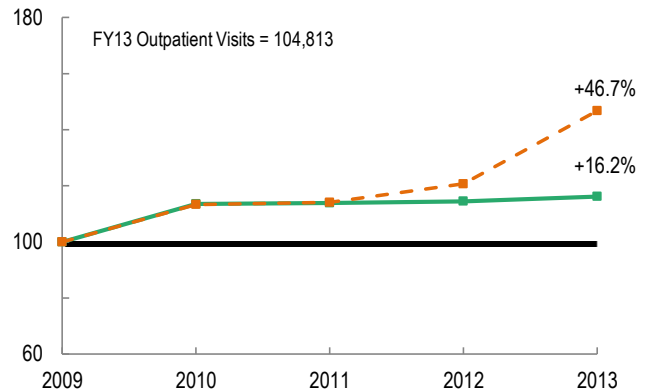
■ Hospital, ■ Peer Cohort

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

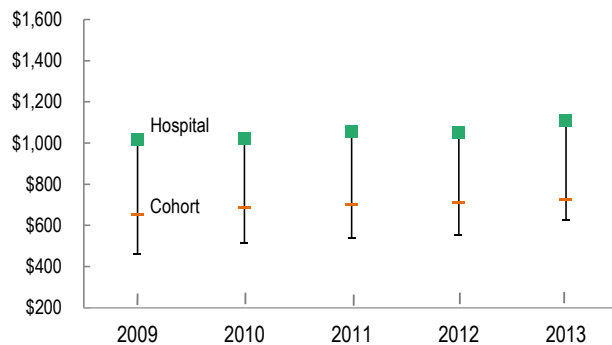


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)



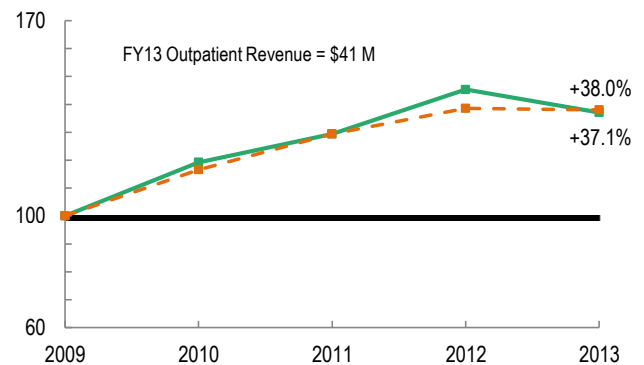
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$1,111 Full Cost per Day = \$1,114

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

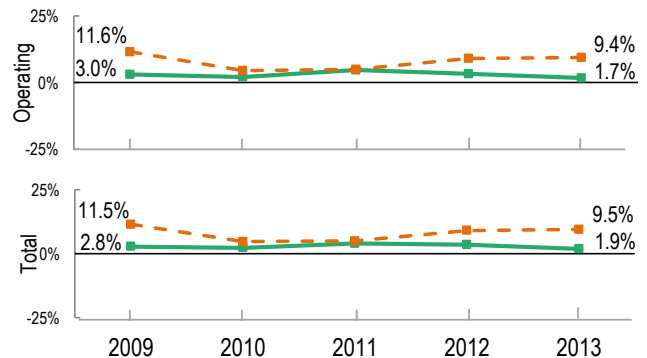


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$157	\$158	(\$0)	\$153	\$4.3
2010	\$163	\$162	\$0	\$159	\$3.7
2011	\$173	\$174	(\$1)	\$166	\$6.9
2012	\$177	\$177	\$0	\$171	\$6.3
2013	\$183	\$183	\$0	\$180	\$3.4

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

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WALDEN BEHAVIORAL CARE

Psychiatric Hospital

Walden Behavioral Care is a for-profit psychiatric hospital located in Waltham. Walden Behavioral Care offers inpatient, outpatient, residential, and partial hospitalization services. It had the lowest public payer mix of all hospitals in its cohort; sixty-eight percent of its gross patient service revenue was derived from commercial and other non-government payers. Walden Behavioral Care primarily focuses on treatment of eating disorders and other psychiatric care. Between FY09 and FY13, inpatient days increased 20.1% at Walden Behavioral Care, compared to a median increase of 7.2% in its cohort. Walden Behavioral Care earned a profit each year from FY09 to FY13, with a total margin of 7.5% in FY13, compared to a median total margin of 9.5% among cohort hospitals.

AT A GLANCE

TOTAL BEDS: 45; 5% of cohort beds

% OCCUPANCY: 94%; > cohort avg. (82%)

INPATIENT DISCHARGES in FY13: 1,405

PUBLIC PAYER MIX: 32%; < avg. cohort hospital (66%)

TOTAL REVENUE in FY13: \$21 million; 2% of statewide

TAX STATUS: For-profit

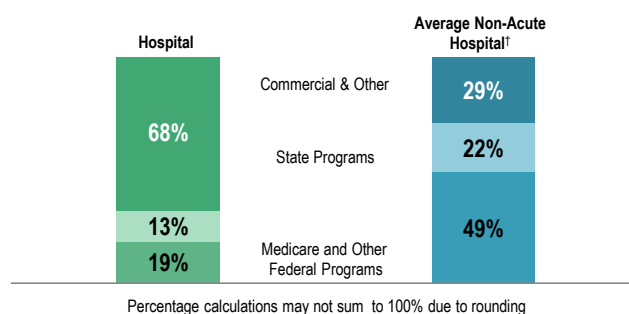
INPATIENT:OUTPATIENT REVENUE in FY13: 74%:26%

ADJUSTED* COST PER INPATIENT DAY: \$672

CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

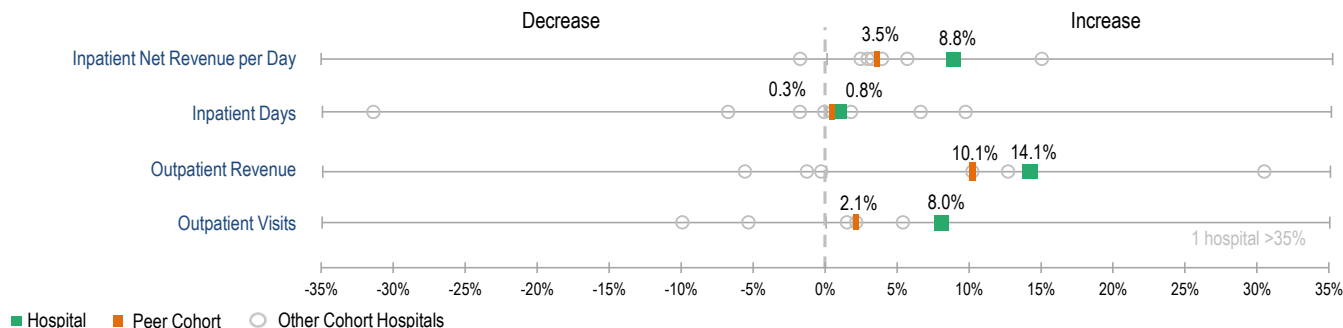
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

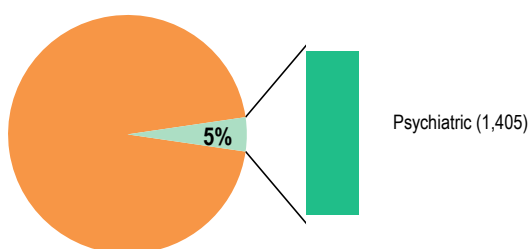
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

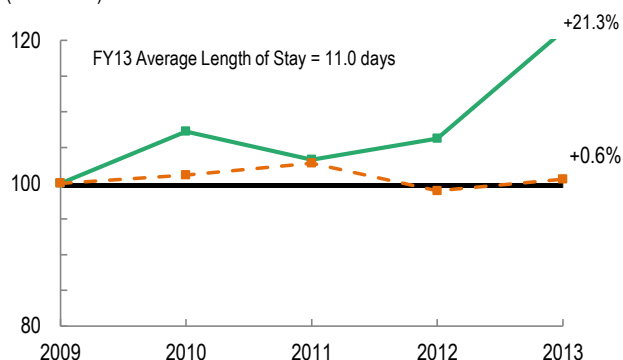
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



5% (1,405) of the non-acute cohort's discharges were treated at this hospital

How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

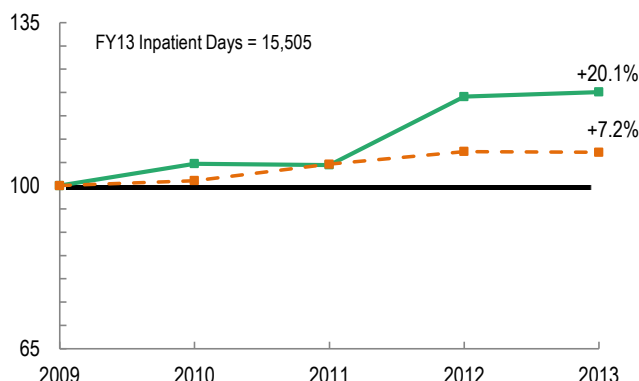


For descriptions of the metrics, please see Technical Appendix.

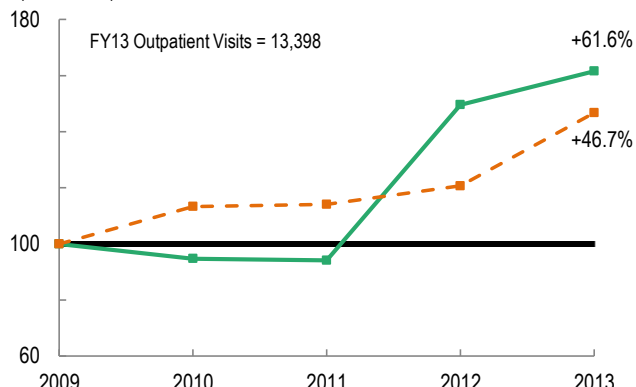
Legend: Hospital (Solid Green Line), Peer Cohort (Dashed Orange Line)

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

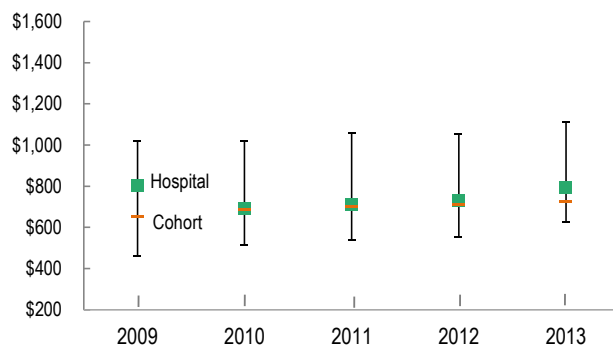


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)



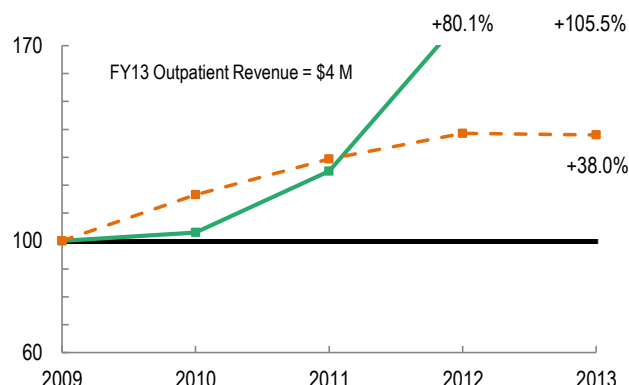
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$795 Full Cost per Day = \$753

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

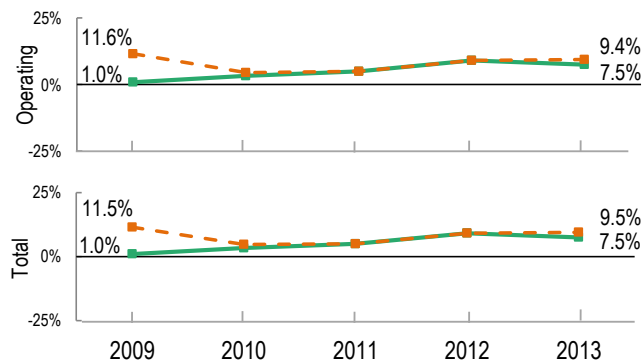


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$13	\$13	\$0	\$13	\$0.1
2010	\$14	\$14	\$0	\$14	\$0.5
2011	\$15	\$15	\$0	\$14	\$0.7
2012	\$19	\$19	\$0	\$17	\$1.7
2013	\$21	\$21	\$0	\$19	\$1.6

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

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WESTWOOD PEMBROKE HOSPITAL

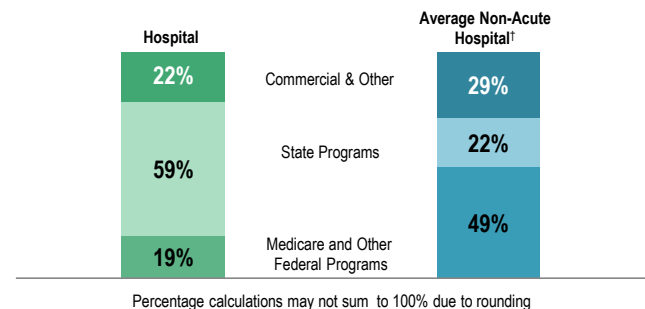
Westwood Pembroke Hospital, which includes Westwood Lodge and Pembroke campuses, is a for-profit psychiatric hospital located in Westwood and Pembroke. The Westwood Lodge campus provides inpatient and partial hospitalization psychiatric services for adults, adolescents, and children. The Pembroke campus provides inpatient psychiatric services for adults, adolescents, and older adults, and partial hospitalization programs for adults and adolescents. The hospital is a member of Arbour Health System, the largest private mental health system in Massachusetts. Between FY09 and FY13, inpatient days increased 11.1% at Westwood Pembroke Hospital, compared to its cohort's median increase of 7.2%. Outpatient visits decreased 24.6% at the hospital in that period, compared to a median 46.7% increase in its cohort. Westwood Pembroke Hospital was profitable each year from FY09 to FY13, with a 25.0% total margin in FY13, compared to a median total margin of 9.5% in its peer cohort.

AT A GLANCE

TOTAL BEDS: 245; 25% of cohort beds
% OCCUPANCY: 90%; > cohort avg. (82%)
INPATIENT DISCHARGES in FY13: 7,114
PUBLIC PAYER MIX: 78%; > avg. cohort hospital (66%)
TOTAL REVENUE in FY13: \$65 million; 5% of statewide
TAX STATUS: For-profit
INPATIENT:OUTPATIENT REVENUE in FY13: 89%:11%
ADJUSTED* COST PER INPATIENT DAY: \$475
CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

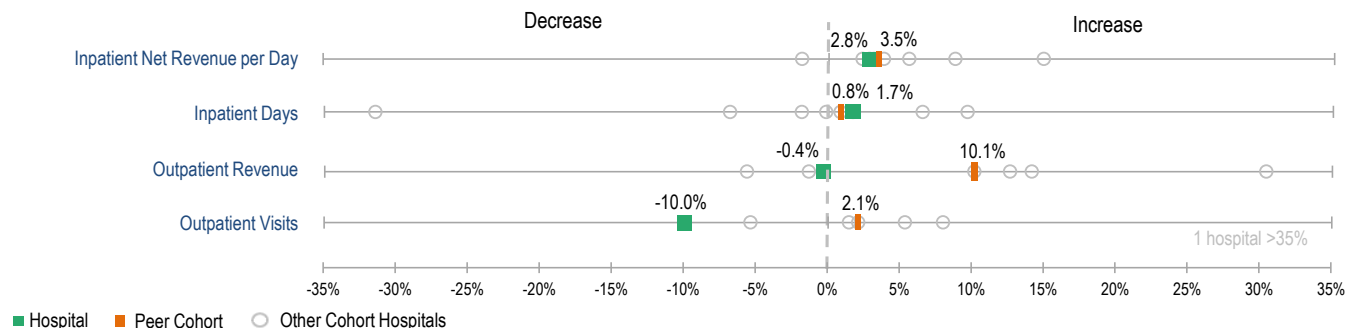
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

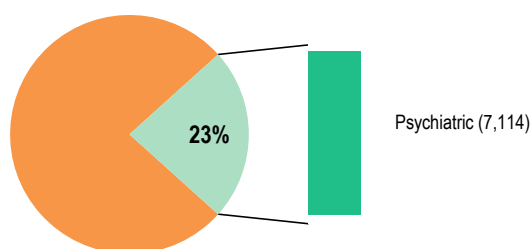
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

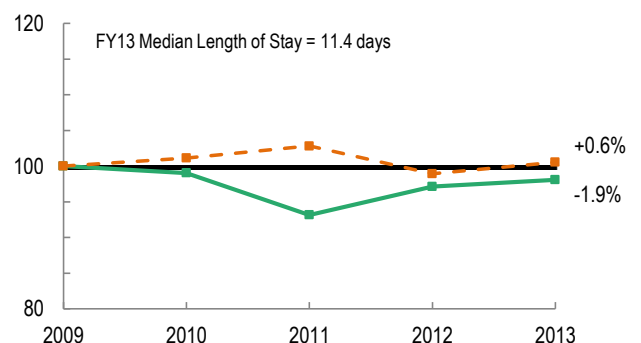
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



23% (7,114) of the non-acute cohort's discharges were treated at this hospital

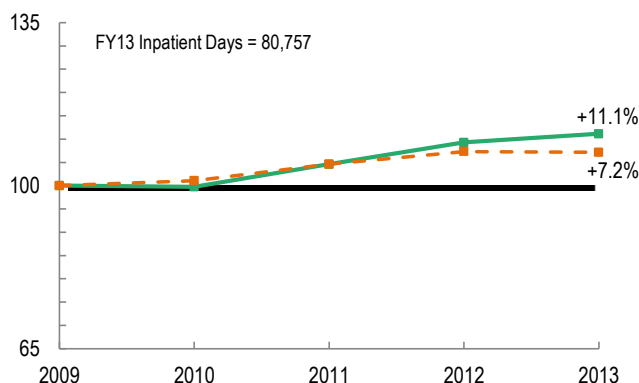
How has the hospital's median length of stay changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



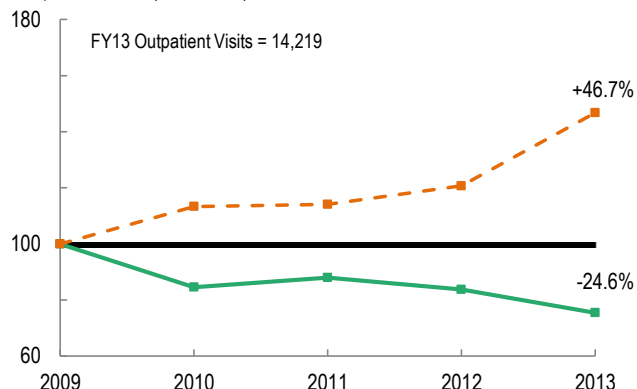
For descriptions of the metrics, please see Technical Appendix.

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

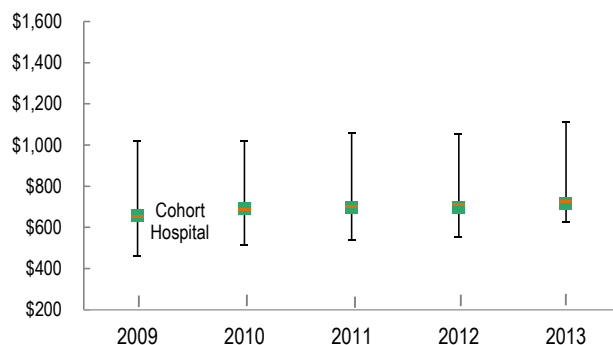


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

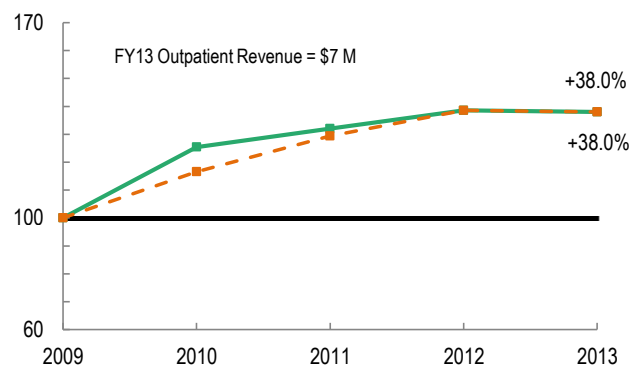


PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to the median hospital in its peer cohort?



How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)

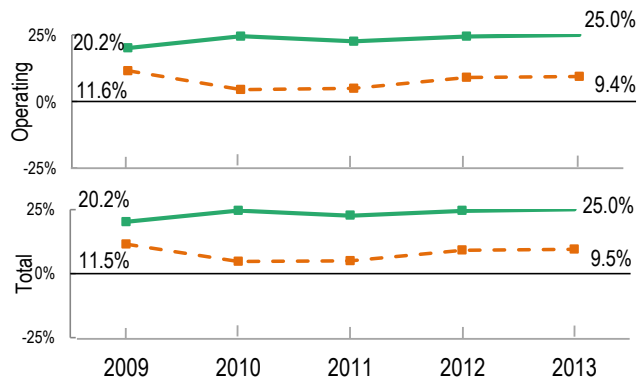


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$53	\$53	\$0	\$43	\$10.8
2010	\$57	\$57	\$0	\$43	\$13.9
2011	\$60	\$60	\$0	\$47	\$13.6
2012	\$63	\$63	\$0	\$47	\$15.4
2013	\$65	\$65	\$0	\$49	\$16.4

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

† Average Hospital does not include Specialty hospitals.

Whittier Pavilion is a for-profit psychiatric hospital located in Haverhill. It is a member of Whittier Health Network. It provides inpatient psychiatric care for adult and geriatric patients, and outpatient services through an outpatient clinic. Since opening in 2009, Whittier Pavilion has increased its capacity for providing outpatient services, becoming fully operational in 2014. Inpatient days increased 25.7% at Whittier Pavilion between FY10 and FY13, compared to a median increase of 7.2% among cohort hospitals. In the FY10 to FY13 period, Whittier Pavilion only earned a profit in FY12, and had a total margin of -12.5% in FY13, while, the median total margin in its peer cohort was 9.5% in FY13.

AT A GLANCE

TOTAL BEDS: 65; 7% of cohort beds

% OCCUPANCY: 79%; < cohort avg. (82%)

INPATIENT DISCHARGES in FY13: 1,804

PUBLIC PAYER MIX: 77%; > avg. cohort hospital (66%)

TOTAL REVENUE in FY13: \$17 million; 1% of statewide

TAX STATUS: For-profit

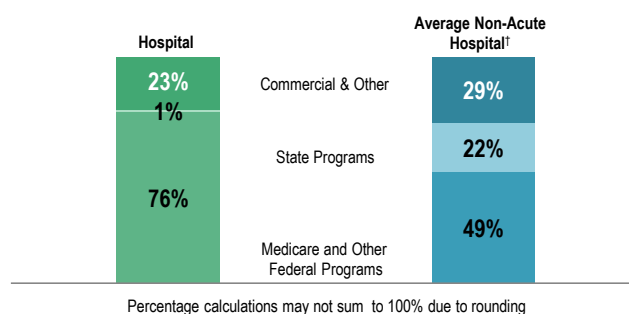
INPATIENT:OUTPATIENT REVENUE in FY13: 100%:0%

ADJUSTED* COST PER INPATIENT DAY: \$898

CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

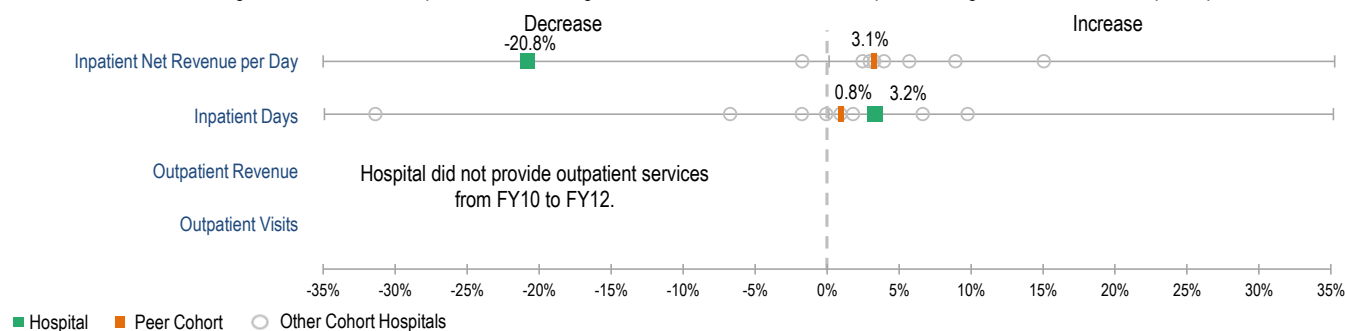
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

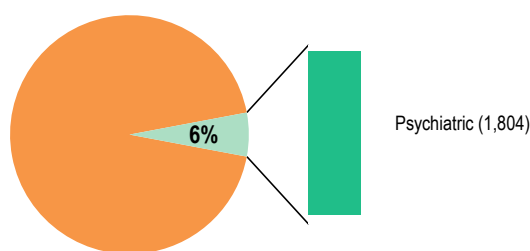
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

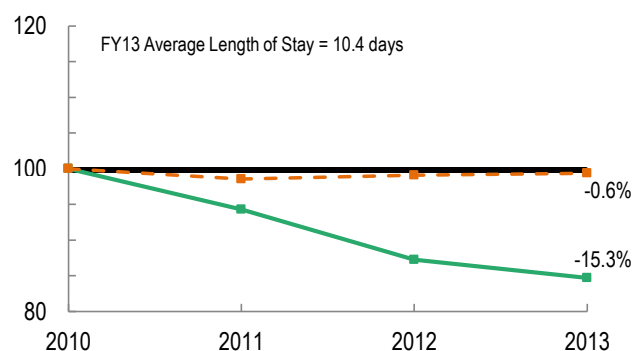
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



6% (1,804) of the non-acute cohort's discharges were treated at this hospital

How has the hospital's average length of stay changed compared to FY10, and how does this hospital compare to its peer cohort median? (FY10=100)

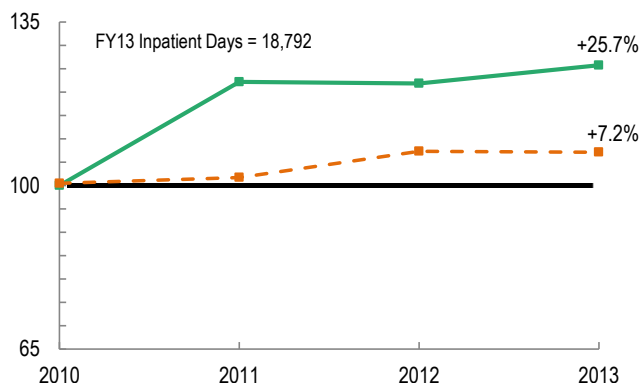


For descriptions of the metrics, please see Technical Appendix.

Legend: — Hospital, - - - Peer Cohort

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY10, and how does this hospital compare to its peer cohort median? (FY10=100)



How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this hospital compare to its peer cohort median? (FY10=100)

Hospital did not provide outpatient services from FY10 to FY12.

In FY13, Whittier Pavilion had 102 outpatient visits.

PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY10 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$825 Full Cost per Day = \$942

How has the hospital's total outpatient revenue changed compared to FY10, and how does this hospital compare to its peer cohort median? (FY10=100)

Hospital did not provide outpatient services from FY10 to FY12.

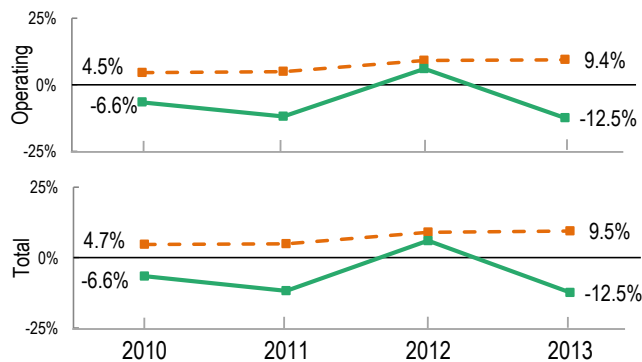
In FY13, Whittier Pavilion had \$5K in outpatient revenue.

FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY10 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2010	\$14	\$14	\$0	\$15	(\$0.9)
2011	\$16	\$16	\$0	\$18	(\$1.9)
2012	\$21	\$21	\$0	\$19	\$1.2
2013	\$17	\$17	\$0	\$19	(\$2.1)

What were the hospital's operating and total margins between FY10 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

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† Average Hospital does not include Specialty hospitals.

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CHIA.

BRAINTREE REHABILITATION HOSPITAL

Rehabilitation Hospital

Braintree Rehabilitation Hospital is a for-profit rehabilitation hospital located in Braintree. Along with New England Rehabilitation Hospital, Braintree Rehabilitation was acquired by Reliant Hospital Partners in 2013. Braintree Rehabilitation Hospital provides inpatient and outpatient rehabilitation services. Between FY09 and FY13, inpatient days increased 6.6% at Braintree Rehabilitation, compared with a median 3.2% increase in its peer cohort. In that period, outpatient visits decreased 11.1% at the hospital, while median visits increased 2.4% in its peer cohort. Braintree Rehabilitation Hospital earned a profit in FY11 and FY13, with a 3.3% total margin in FY13, consistent with its peer cohort median.

AT A GLANCE

TOTAL BEDS: 187; 18% of cohort beds

% OCCUPANCY: 54%; < cohort avg. (71%)

INPATIENT DISCHARGES in FY13: 2,312

PUBLIC PAYER MIX: 54%; < avg. cohort hospital (70%)

TOTAL REVENUE in FY13: \$59 million; 5% of statewide

TAX STATUS: For-profit

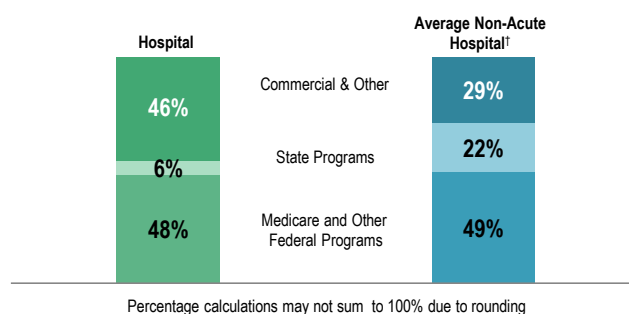
INPATIENT:OUTPATIENT REVENUE in FY13: 70%:30%

ADJUSTED* COST PER INPATIENT DAY: \$998

CHANGE in OWNERSHIP (FY09-FY13): Reliant Hospital Partners - 2013

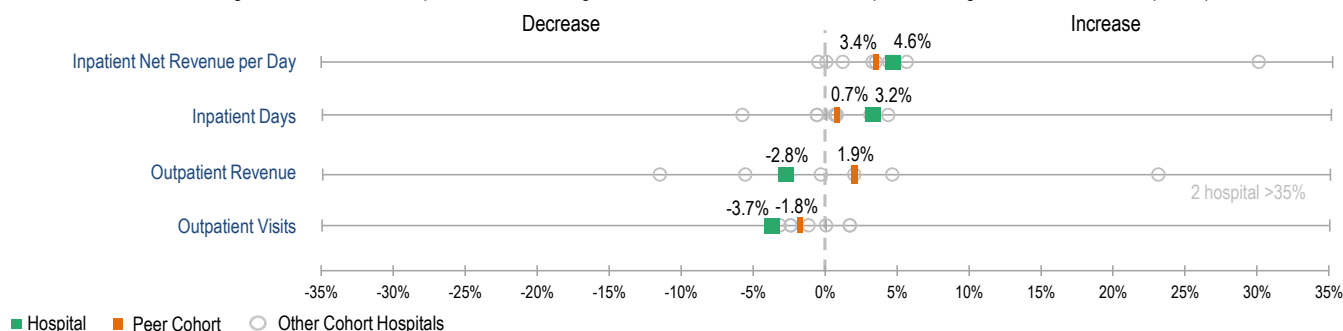
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the median non-acute hospital's payer mix?



GROWTH MEASURES

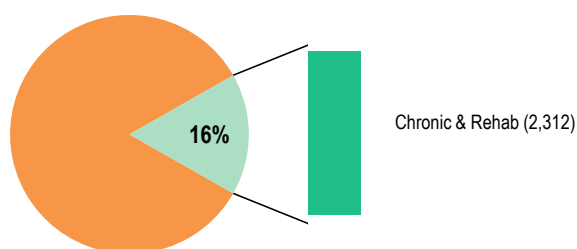
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

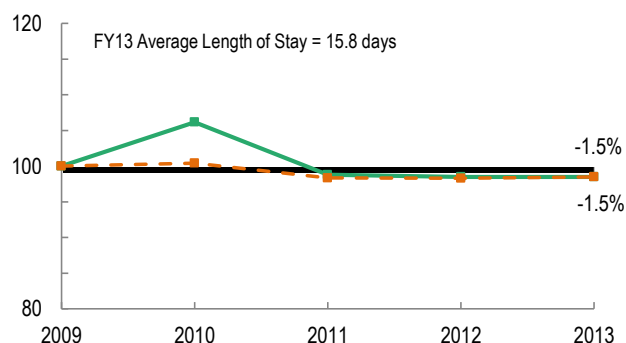
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



16% (2,312) of the non-acute cohort's discharges were treated at this hospital

How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

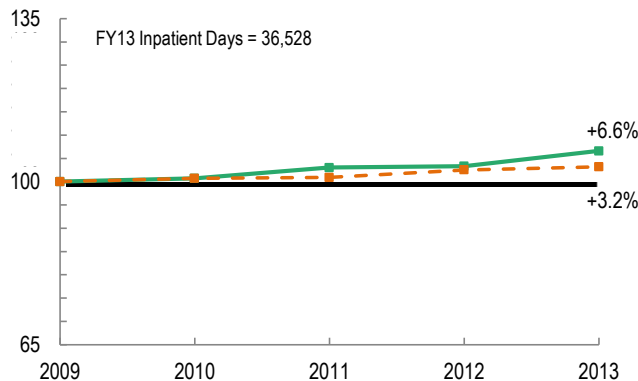


For descriptions of the metrics, please see Technical Appendix.

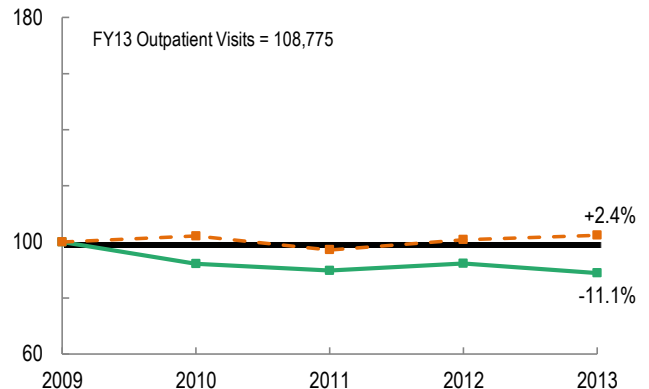
■ Hospital ■ Peer Cohort

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

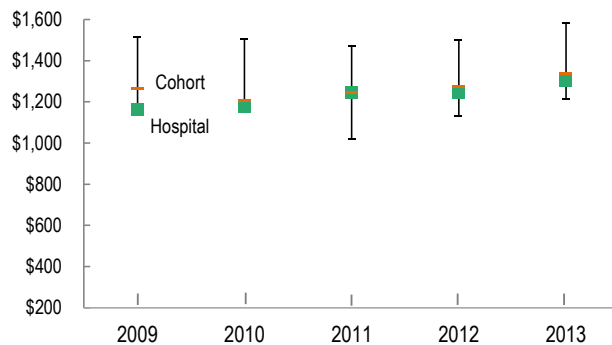


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)



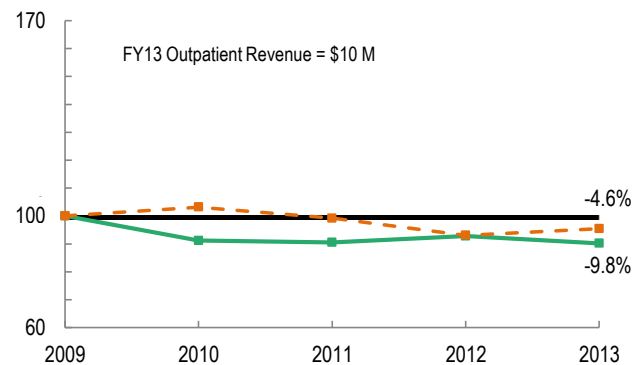
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$1,304 Full Cost per Day = \$1,001

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

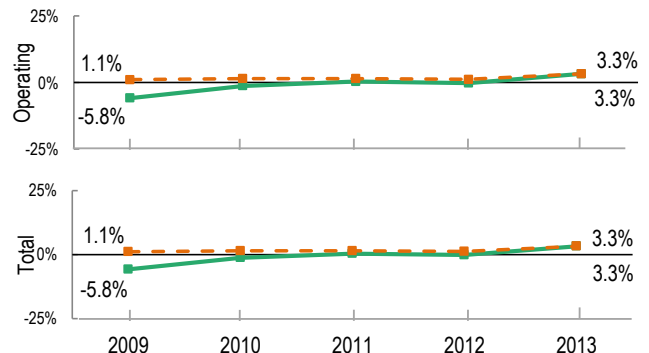


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$53	\$53	\$0	\$56	(\$3.1)
2010	\$53	\$53	\$0	\$54	(\$0.7)
2011	\$56	\$56	\$0	\$56	\$0.2
2012	\$56	\$56	\$0	\$56	(\$0.1)
2013	\$59	\$59	\$0	\$57	\$1.9

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

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† Average Hospital does not include Specialty hospitals.

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CHIA.

FAIRLAWN REHABILITATION HOSPITAL

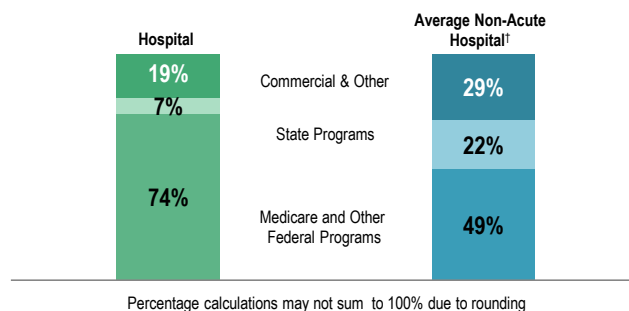
Fairlawn Rehabilitation Hospital is a for-profit rehabilitation hospital located in Worcester. It provides inpatient and outpatient rehabilitation services. In FY13, the ownership of Fairlawn Rehabilitation was evenly shared by HealthSouth Corporation and UMass Memorial Health Care system. As of 2014, HealthSouth Corporation owns 80% of Fairlawn Rehabilitation, while UMass Memorial Health Care owns 20%. Fairlawn Rehabilitation Hospital was profitable from FY09 to FY13, earning a 20.4% total margin and 20.2% operating margin in FY13, significantly more than the median 3.3% total and operating margins in its peer cohort.

AT A GLANCE

TOTAL BEDS: 110; 11% of cohort beds
% OCCUPANCY: 82%; > cohort avg. (71%)
INPATIENT DISCHARGES in FY13: 2,481
PUBLIC PAYER MIX: 81%; > avg. cohort hospital (70%)
TOTAL REVENUE in FY13: \$45 million; 3% of statewide
TAX STATUS: For-profit
INPATIENT:OUTPATIENT REVENUE in FY13: 97%:3%
ADJUSTED* COST PER INPATIENT DAY: \$883
CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

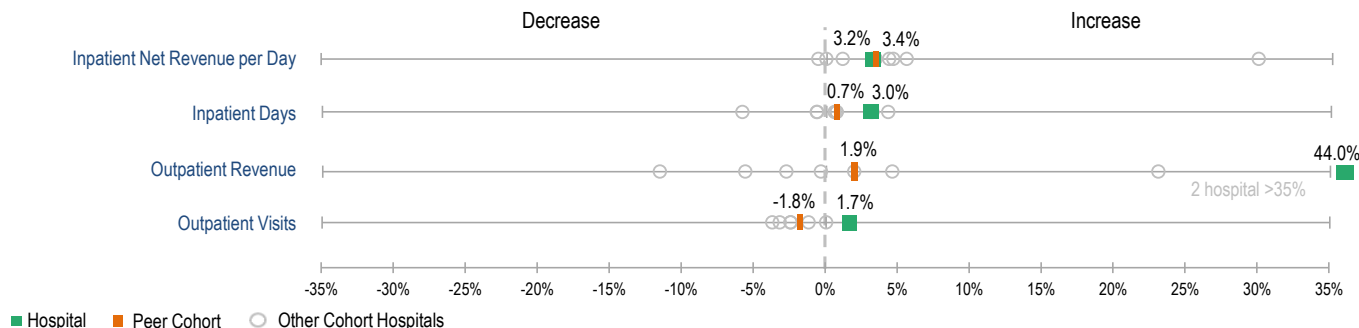
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

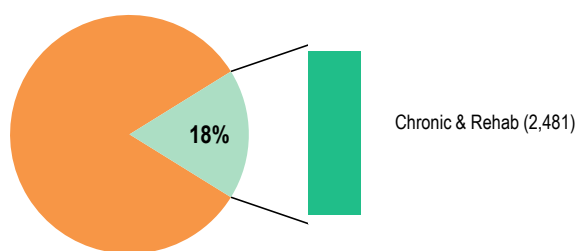
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

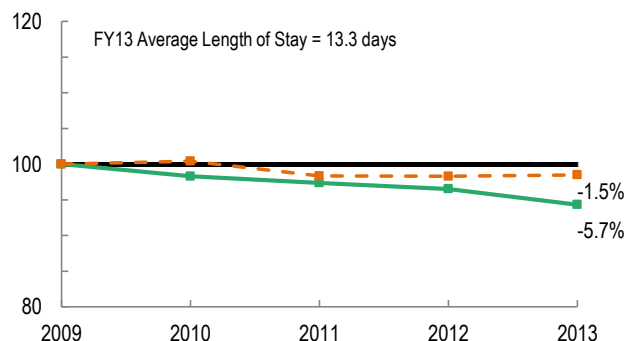
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



18% (2,481) of the non-acute cohort's discharges were treated at this hospital

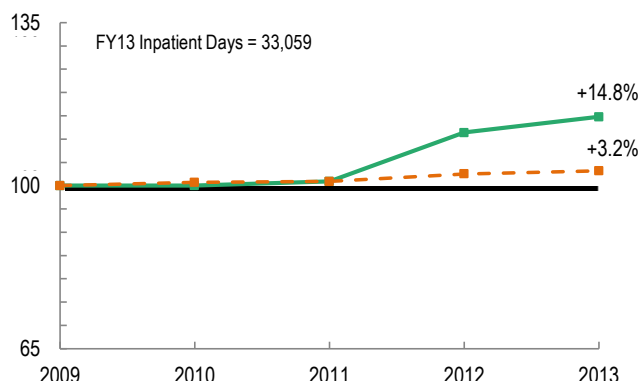
How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)



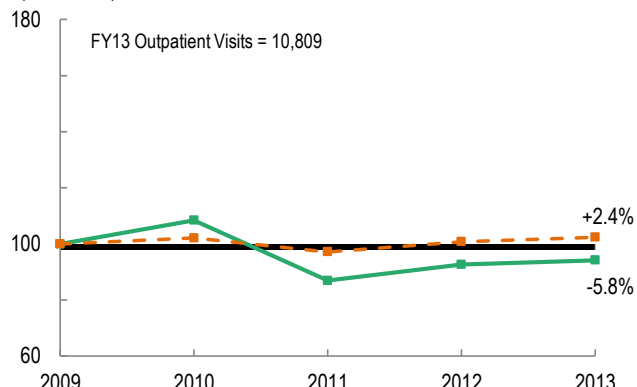
For descriptions of the metrics, please see Technical Appendix.

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

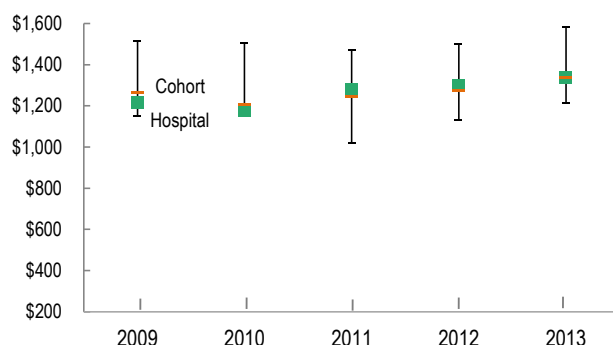


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)



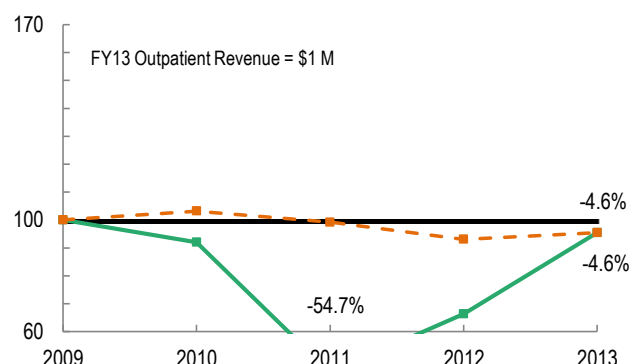
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$1,340 Full Cost per Day = \$895

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

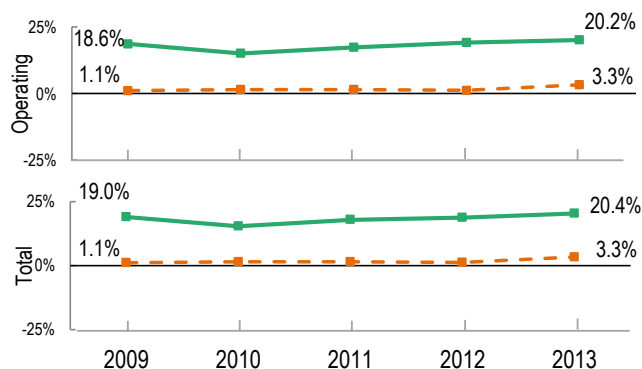


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$36	\$36	\$0	\$29	\$6.8
2010	\$35	\$35	\$0	\$30	\$5.4
2011	\$38	\$38	\$0	\$31	\$6.8
2012	\$42	\$42	(\$0)	\$34	\$7.9
2013	\$45	\$45	\$0	\$36	\$9.2

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

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† Average Hospital does not include Specialty hospitals.

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HEALTHSOUTH REHABILITATION HOSPITAL OF WESTERN MASSACHUSETTS

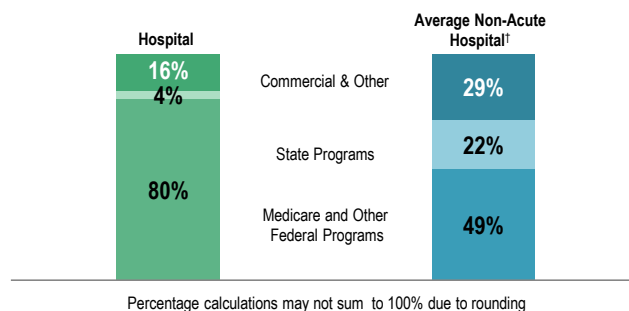
HealthSouth Rehabilitation Hospital of Western Massachusetts is a for-profit rehabilitation hospital located in Ludlow. The hospital provides inpatient and outpatient rehabilitation services. It is a member of HealthSouth Corporation. Inpatient days increased 3.2% between FY09 and FY13, consistent with the median increase in its peer cohort. Outpatient visits, on the other hand, decreased significantly, by 59.7% in that period compared with a median increase of 2.4% in its peer cohort. HealthSouth Rehabilitation Hospital of Western Massachusetts earned a profit each year from FY09 to FY13, with a total margin of 20.3% in FY13, compared to the median of 3.3% in its peer cohort.

AT A GLANCE

TOTAL BEDS: 53; 5% of cohort beds
% OCCUPANCY: 87%; > cohort avg. (71%)
INPATIENT DISCHARGES in FY13: 1,243
PUBLIC PAYER MIX: 84%; > avg. cohort hospital (70%)
TOTAL REVENUE in FY13: \$24 million; 2% of statewide
TAX STATUS: For-profit
INPATIENT:OUTPATIENT REVENUE in FY13: 91%:9%
ADJUSTED* COST PER INPATIENT DAY: \$865
CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

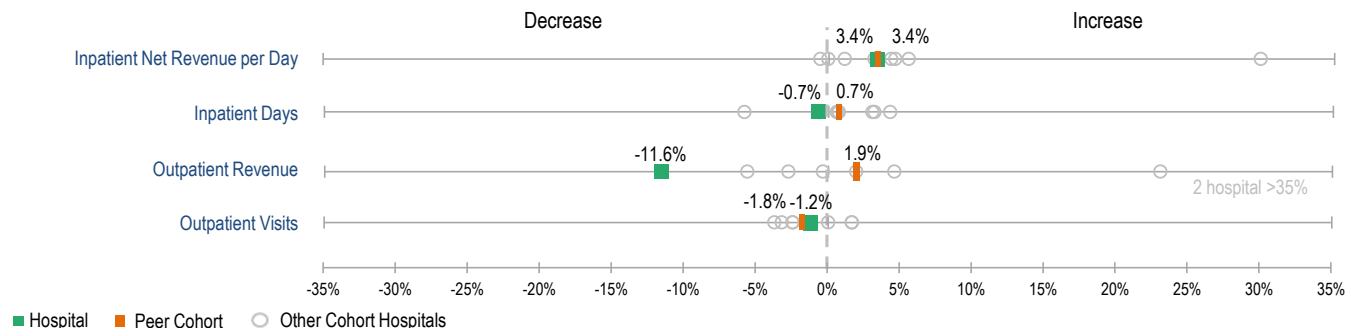
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

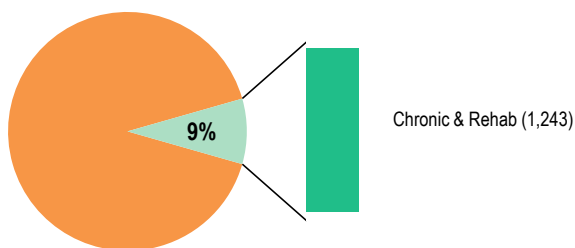
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

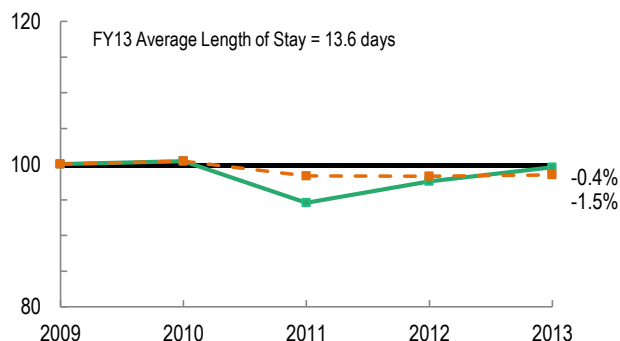
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



9% (1,243) of the non-acute cohort's discharges were treated at this hospital

How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

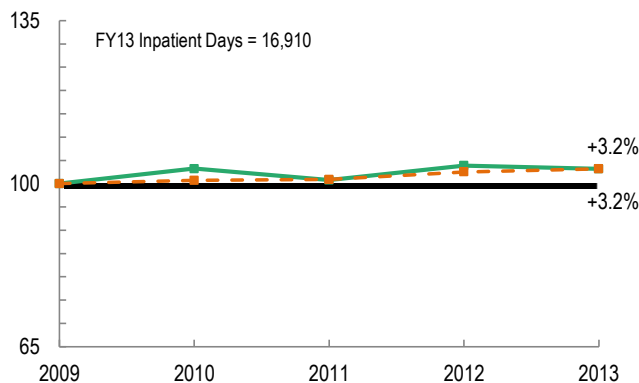


For descriptions of the metrics, please see Technical Appendix.

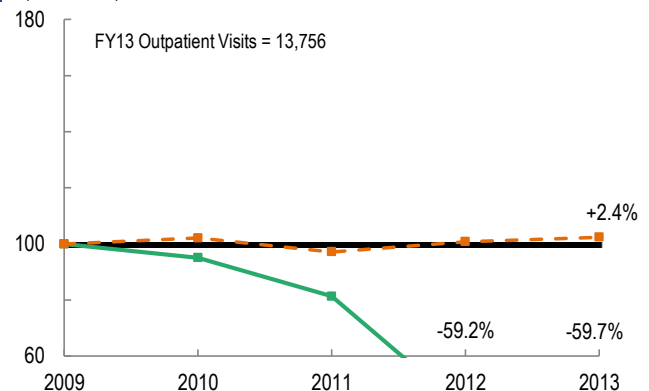
Legend: ■ Hospital, ■ Peer Cohort

UTILIZATION TRENDS

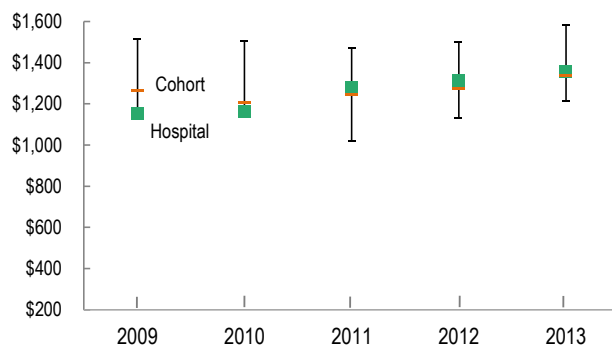
How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)



How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

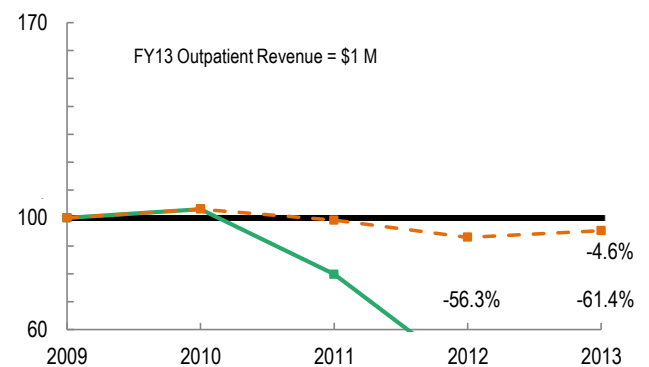
**PATIENT REVENUE TRENDS**

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$1,355 Full Cost per Day = \$871

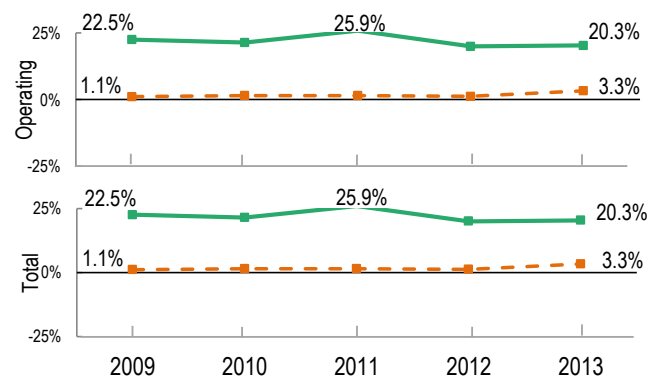
How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

**FINANCIAL PERFORMANCE**

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$21	\$21	\$0	\$17	\$4.8
2010	\$22	\$22	\$0	\$18	\$4.8
2011	\$23	\$23	\$0	\$17	\$6.0
2012	\$23	\$23	\$0	\$19	\$4.7
2013	\$24	\$24	\$0	\$19	\$4.8

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

† Average Hospital does not include Specialty hospitals.

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NEW BEDFORD REHABILITATION HOSPITAL

Rehabilitation Hospital

New Bedford Rehabilitation Hospital is a for-profit rehabilitation hospital located in New Bedford. It provides long-term acute care and rehabilitation services. From FY09 to FY13, inpatient days at New Bedford Rehabilitation increased 9.0%, compared to a median increase of 3.2% in its peer cohort. Public payers represent 84% of New Bedford Rehabilitation Hospital's gross service charges, which is more than the average non-acute hospital (70%).

AT A GLANCE

TOTAL BEDS: 90; 9% of cohort beds

% OCCUPANCY: 85%; > cohort avg. (71%)

INPATIENT DISCHARGES in FY13: 640

PUBLIC PAYER MIX: 84%; > avg. cohort hospital (70%)

TOTAL REVENUE in FY13: \$24 million; 2% of statewide

TAX STATUS: For-profit

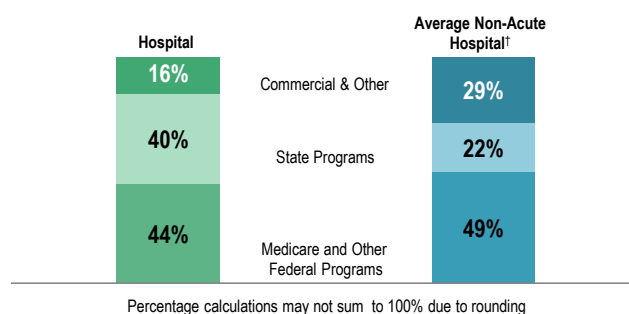
INPATIENT:OUTPATIENT REVENUE in FY13: 99%:1%

ADJUSTED* COST PER INPATIENT DAY: \$1,002

CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

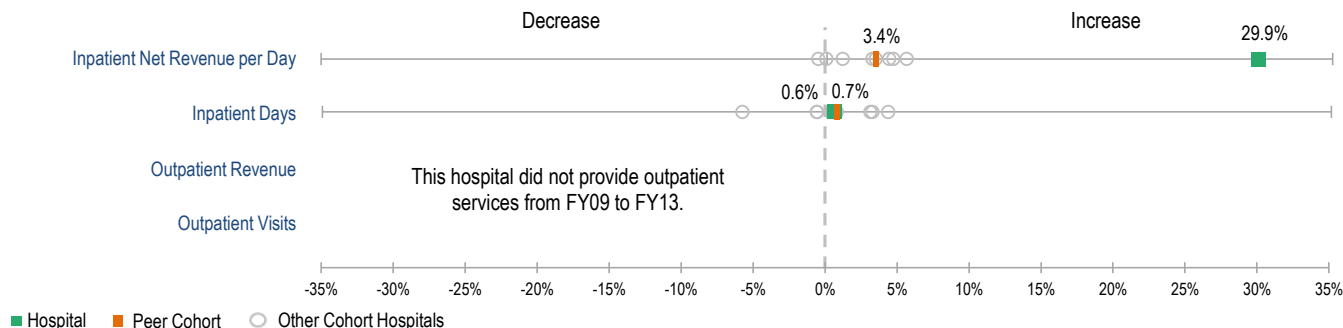
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

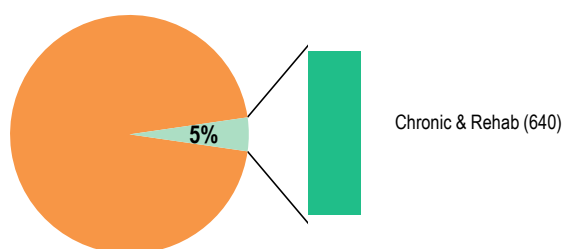
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

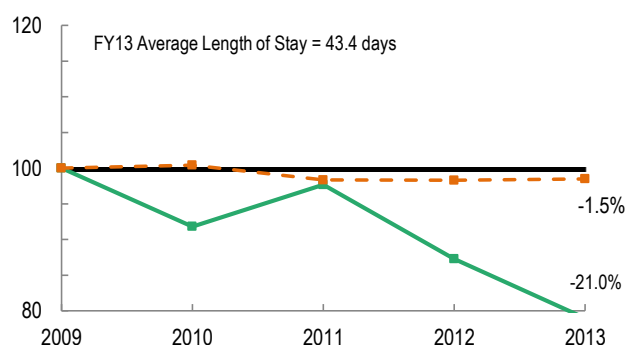
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



5% (640) of the non-acute cohort's discharges were treated at this hospital

How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

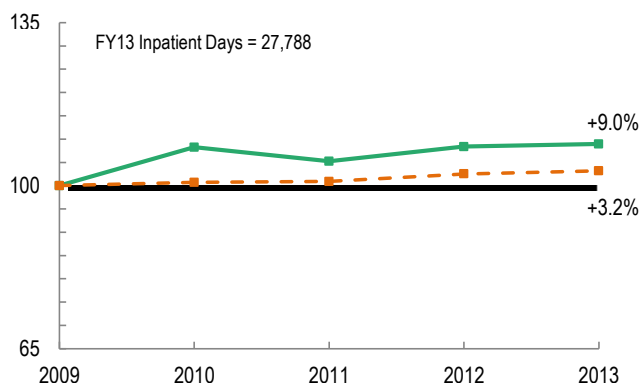


For descriptions of the metrics, please see Technical Appendix.

— Hospital — Peer Cohort

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

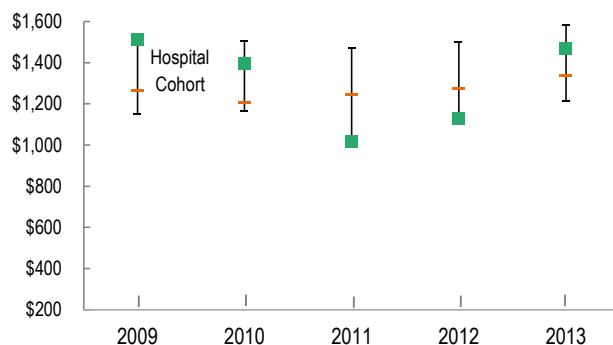


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

This hospital did not provide outpatient services from FY09 to FY13.

PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$1,466 Full Cost per Day = \$1,002

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

This hospital did not provide outpatient services from FY09 to FY13.

FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?

Hospital information suppressed due to data concerns.

Hospital information suppressed due to data concerns.

For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

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† Average Hospital does not include Specialty hospitals.

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NEW ENGLAND REHABILITATION HOSPITAL

Rehabilitation Hospital

New England Rehabilitation Hospital is a for-profit rehabilitation hospital located in Woburn. Along with Braintree Rehabilitation Hospital, New England Rehabilitation was acquired by Reliant Medical Group in 2013. New England Rehabilitation Hospital provides inpatient and outpatient rehabilitation services. From FY09 to FY13, inpatient days decreased by 4.3% at the hospital, while median days increased 3.2% in its peer cohort. Over that period, outpatient visits also decreased, by 9.5% at the hospital, while median visits increased 2.4% in its peer cohort. In the five-year period, New England Rehabilitation posted a loss each year. It had a -0.8% total margin in FY13, compared to the 3.3% median total margin in its peer cohort.

AT A GLANCE

TOTAL BEDS: 210; 21% of cohort beds

% OCCUPANCY: 46%; < cohort avg. (71%)

INPATIENT DISCHARGES in FY13: 2,490

PUBLIC PAYER MIX: 73%; > avg. cohort hospital (70%)

TOTAL REVENUE in FY13: \$50 million; 4% of statewide

TAX STATUS: For-profit

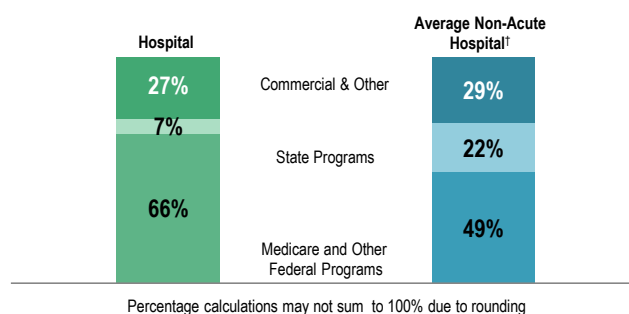
INPATIENT:OUTPATIENT REVENUE in FY13: 89%:11%

ADJUSTED* COST PER INPATIENT DAY: \$1,259

CHANGE in OWNERSHIP (FY09-FY13): Reliant Hospital Partners - 2013

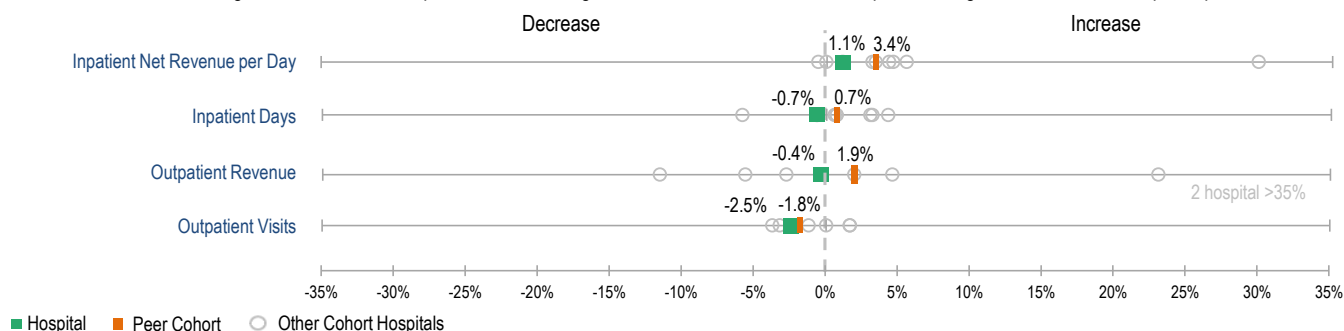
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

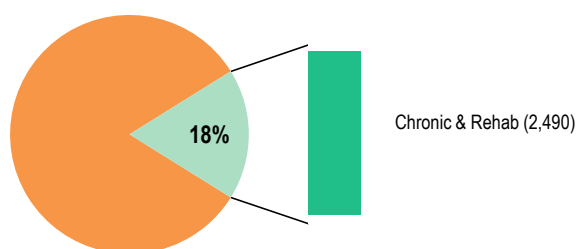
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

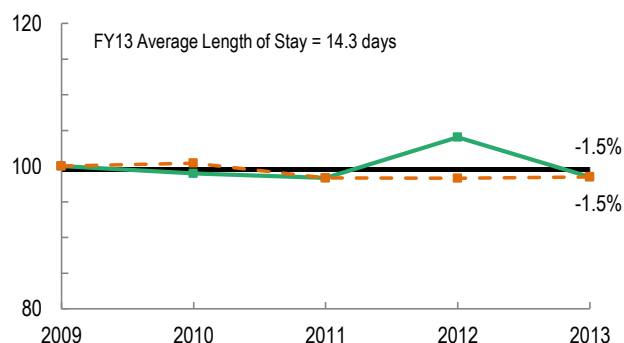
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



18% (2,490) of the non-acute cohort's discharges were treated at this hospital

How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

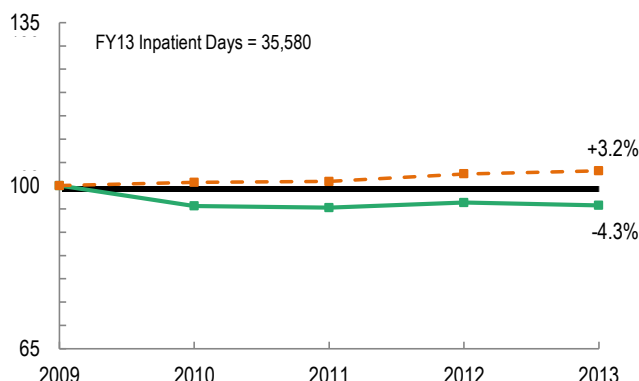


For descriptions of the metrics, please see Technical Appendix.

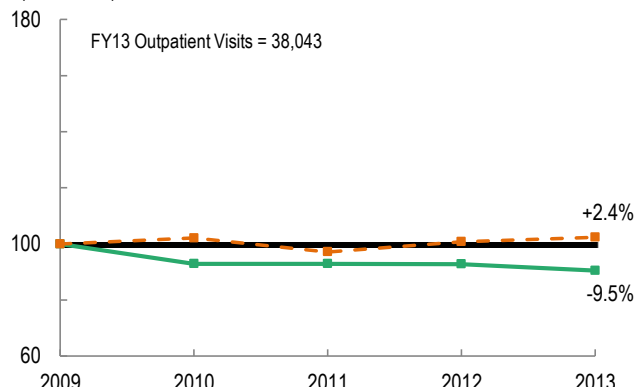
Legend: ■ Hospital, ■ Peer Cohort

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

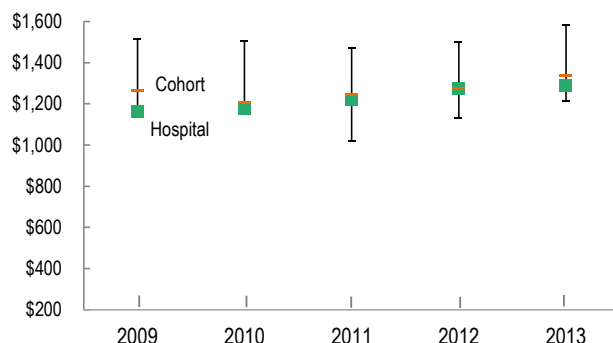


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)



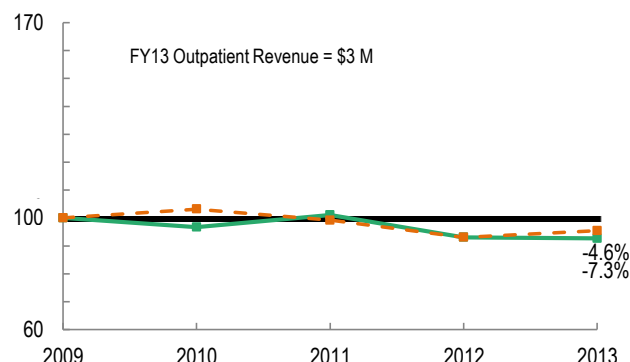
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$1,290 Full Cost per Day = \$1,284

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

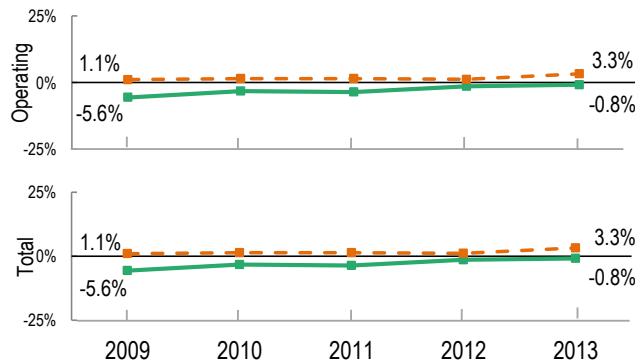


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$47	\$47	\$0	\$49	(\$2.6)
2010	\$45	\$45	\$0	\$47	(\$1.4)
2011	\$47	\$47	\$0	\$49	(\$1.7)
2012	\$49	\$49	\$0	\$50	(\$0.7)
2013	\$50	\$50	\$0	\$50	(\$0.4)

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

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† Average Hospital does not include Specialty hospitals.

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CHIA.

SPAULDING REHABILITATION HOSPITAL

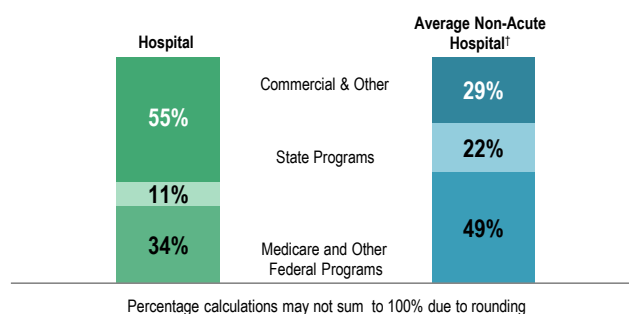
Spaulding Rehabilitation Hospital is a non-profit rehabilitation hospital located in Charlestown. It provides inpatient and outpatient rehabilitation services. It is a member of Partners HealthCare System. From FY09 to FY13, inpatient days at Spaulding Rehabilitation Hospital decreased 9.1%, while there was a median increase of 3.2% in its peer cohort. Outpatient visits increased 10.6% at the hospital, more than the median 2.4% increase in its cohort. Spaulding Rehabilitation Hospital reported a loss in FY12 and FY13, with a total margin of -8.1% in FY13, compared to a median total margin of 3.3% in its cohort.

AT A GLANCE

TOTAL BEDS: 164; 16% of cohort beds
% OCCUPANCY: 82%; > cohort avg. (71%)
INPATIENT DISCHARGES in FY13: 2,264
PUBLIC PAYER MIX: 45%; < avg. cohort hospital (70%)
TOTAL REVENUE in FY13: \$111 million; 9% of statewide
TAX STATUS: Non-profit
INPATIENT:OUTPATIENT REVENUE in FY13: 68%:32%
ADJUSTED* COST PER INPATIENT DAY: \$1,524
CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

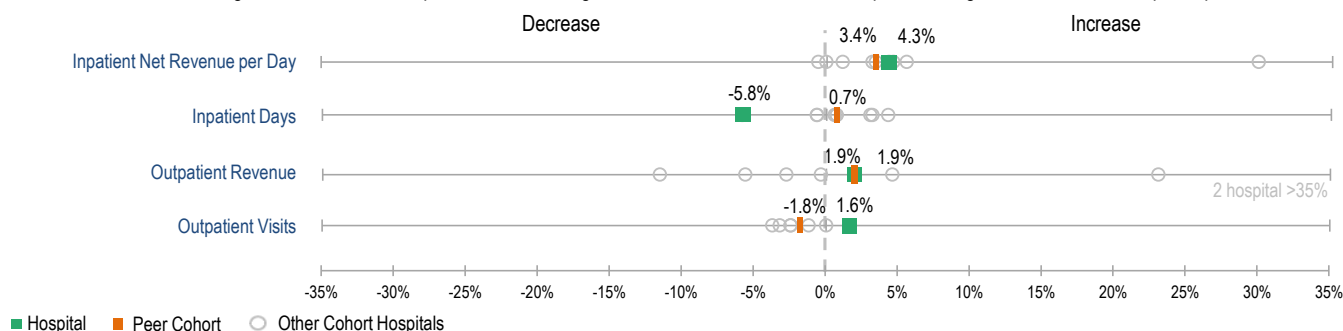
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

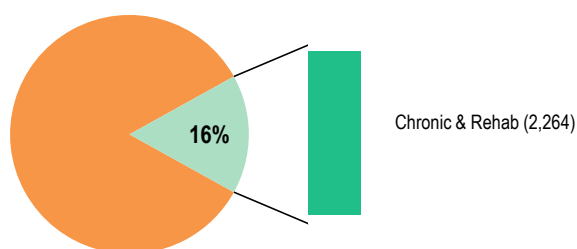
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

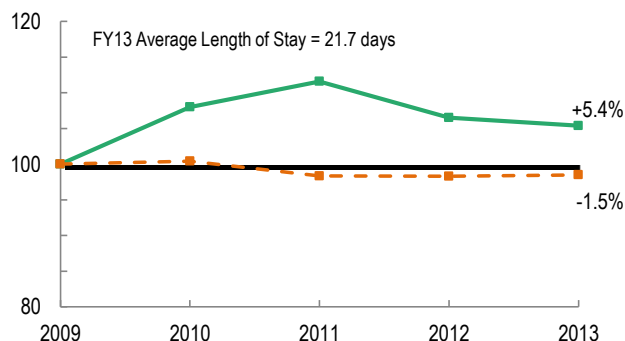
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



16% (2,264) of the non-acute cohort's discharges were treated at this hospital

How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

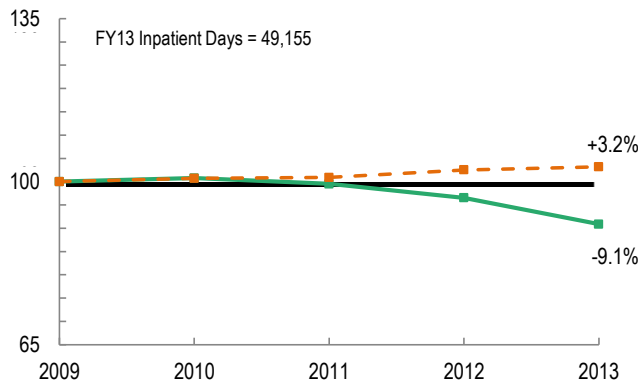


For descriptions of the metrics, please see Technical Appendix.

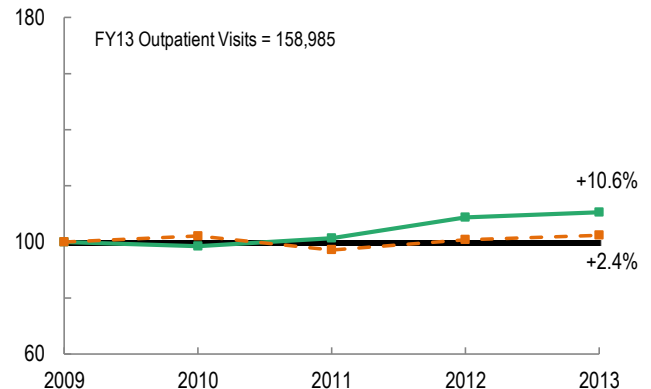
■ Hospital, --- Peer Cohort

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

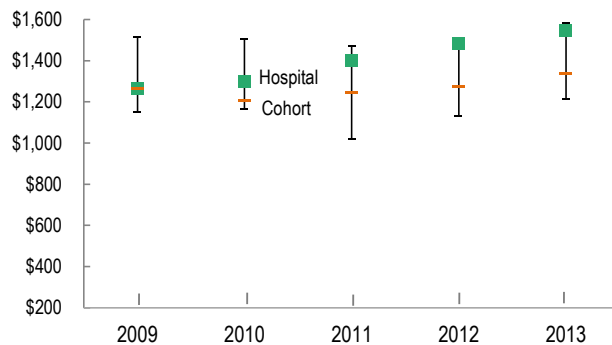


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)



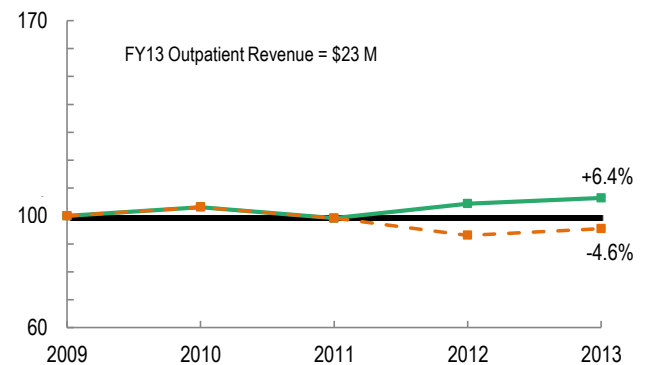
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$1,545 Full Cost per Day = \$1,571

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)



FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$97	\$96	\$0	\$96	\$0.2
2010	\$101	\$101	(\$0)	\$101	\$0.4
2011	\$107	\$107	\$0	\$104	\$3.0
2012	\$111	\$111	\$0	\$111	(\$0.2)
2013	\$111	\$111	\$0	\$120	(\$9.0)

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

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SPAULDING REHABILITATION HOSPITAL OF CAPE COD

Spaulding Rehabilitation Hospital of Cape Cod is a non-profit rehabilitation hospital located in East Sandwich. It provides adult and pediatric inpatient and outpatient rehabilitation services. It is a member of Partners HealthCare System. From FY09 to FY13, inpatient days at the hospital increased 1.4%, while there was a median increase of 3.2% in its cohort. In that period, outpatient visits increased 20.8%, compared with a median 2.4% among peer cohort hospitals. Spaulding Rehabilitation Hospital of Cape Cod earned a profit in FY10, FY12, and FY13 within the five-year period. Its total margin in FY13 was 4.6%, higher than the 3.3% median total margin in its cohort.

AT A GLANCE

TOTAL BEDS: 60; 6% of cohort beds

% OCCUPANCY: 68%; < cohort avg. (71%)

INPATIENT DISCHARGES in FY13: 1,099

PUBLIC PAYER MIX: 70%; = avg. cohort hospital (70%)

TOTAL REVENUE in FY13: \$36 million; 3% of statewide

TAX STATUS: Non-profit

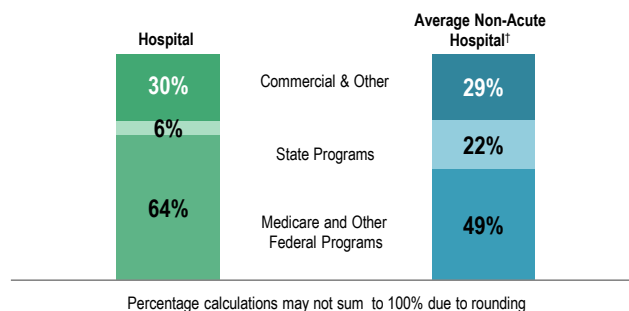
INPATIENT:OUTPATIENT REVENUE in FY13: 55%:45%

ADJUSTED* COST PER INPATIENT DAY: \$1,439

CHANGE in OWNERSHIP (FY09-FY13): Partners HealthCare - 2010

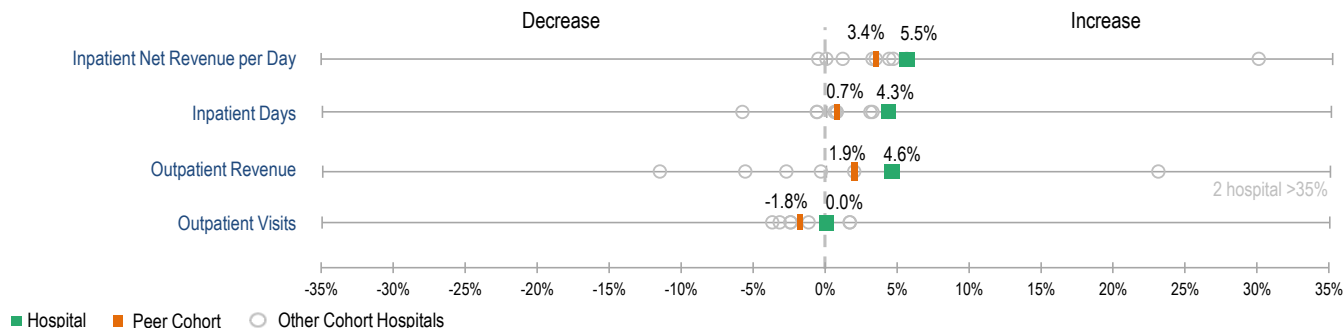
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

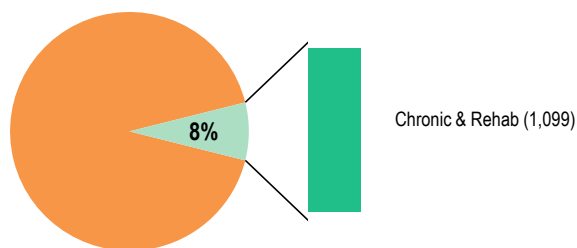
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

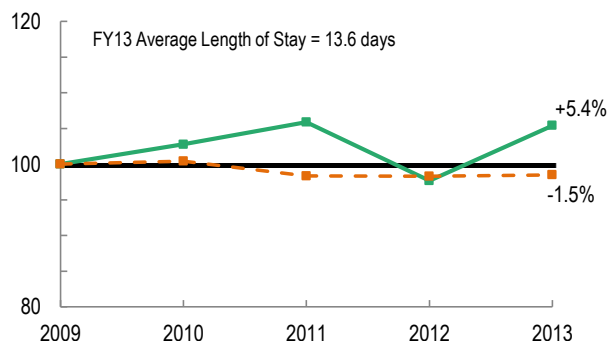
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



8% (1,099) of the non-acute cohort's discharges were treated at this hospital

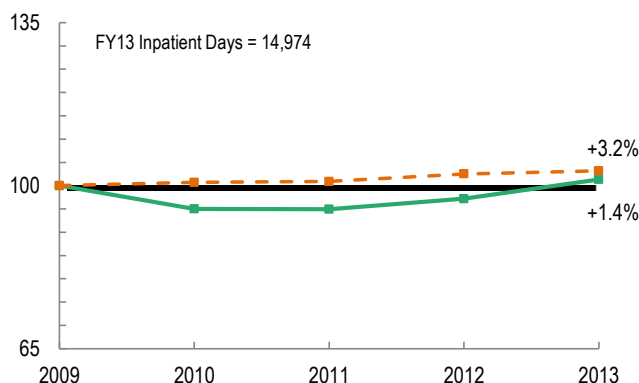
How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)



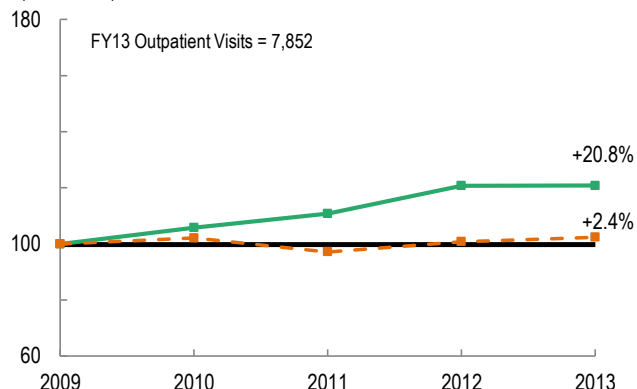
For descriptions of the metrics, please see Technical Appendix.

UTILIZATION TRENDS

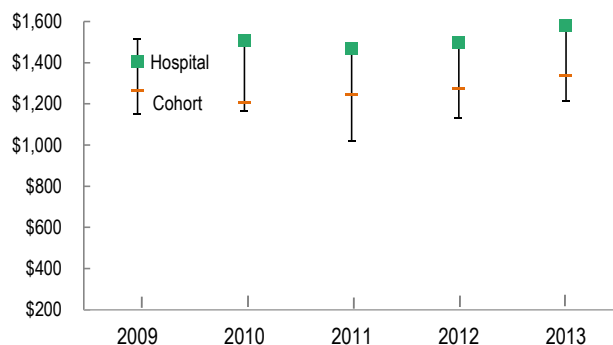
How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)



How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

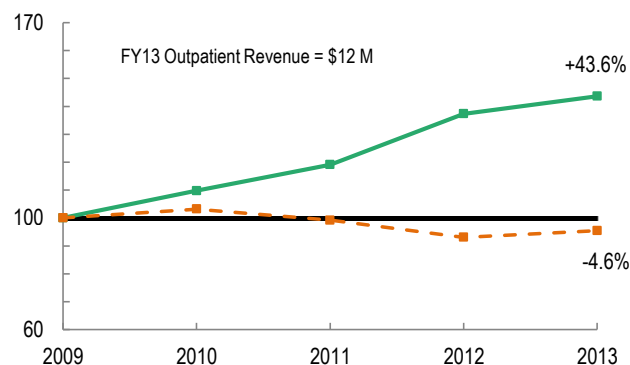
**PATIENT REVENUE TRENDS**

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$1,580 Full Cost per Day = \$1,479

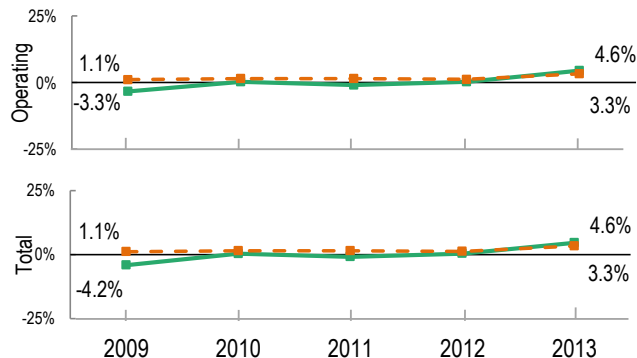
How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

**FINANCIAL PERFORMANCE**

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$29	\$29	(\$0)	\$30	(\$1.2)
2010	\$30	\$30	\$0	\$30	\$0.1
2011	\$31	\$31	\$0	\$31	(\$0.3)
2012	\$33	\$33	\$0	\$33	\$0.1
2013	\$36	\$36	\$0	\$34	\$1.6

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

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WHITTIER REHABILITATION HOSPITAL - BRADFORD

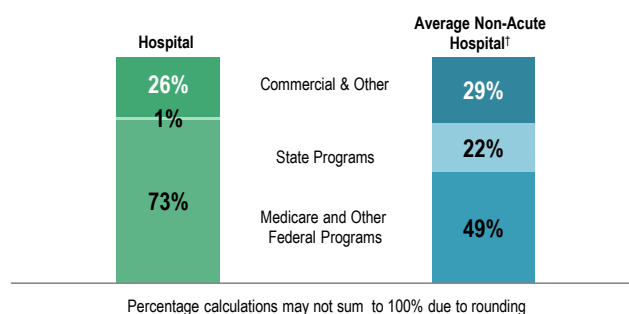
Whittier Rehabilitation Hospital-Bradford is a for-profit rehabilitation hospital located in Bradford. It provides inpatient and outpatient rehabilitation services. It is a member of the Whittier Health Network. From FY09 to FY13, inpatient days increased 3.2% at the hospital, the same as the median increase in its peer cohort. Outpatient visits increased more sharply in this period, by 24.1%, compared to a median increase of 2.4% among cohort hospitals. Whittier Rehabilitation Hospital-Bradford earned a profit in three of the five years. It had a total margin of -2.3% in FY13, lower than the median total margin in its cohort of 3.3%.

AT A GLANCE

TOTAL BEDS: 60; 6% of cohort beds
 % OCCUPANCY: 80%; > cohort avg. (71%)
 INPATIENT DISCHARGES in FY13: 734
 PUBLIC PAYER MIX: 74%; > avg. cohort hospital (70%)
 TOTAL REVENUE in FY13: \$26 million; 2% of statewide
 TAX STATUS: For-profit
 INPATIENT:OUTPATIENT REVENUE in FY13: 88%:12%
 ADJUSTED* COST PER INPATIENT DAY: \$1,208
 CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

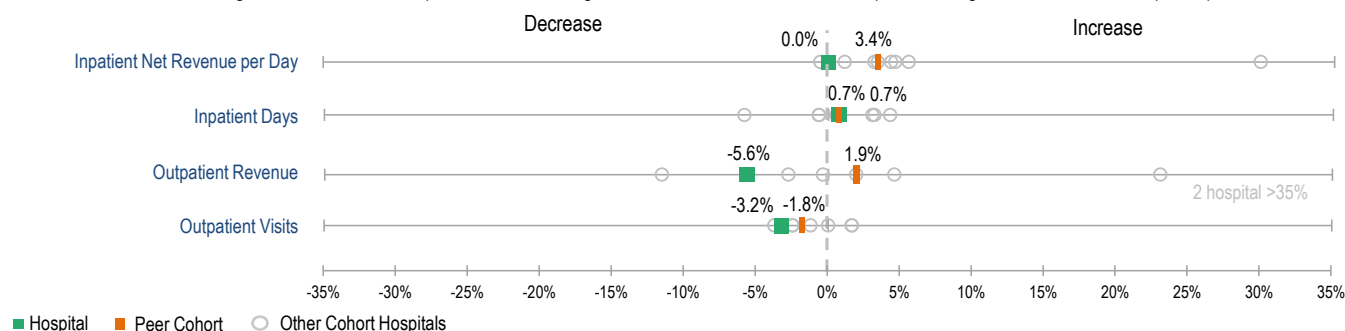
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

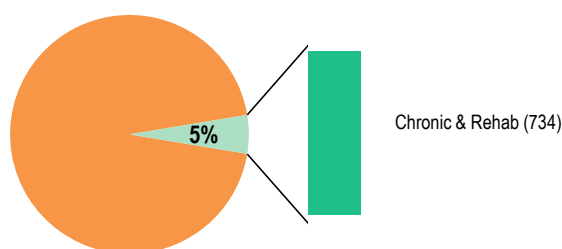
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

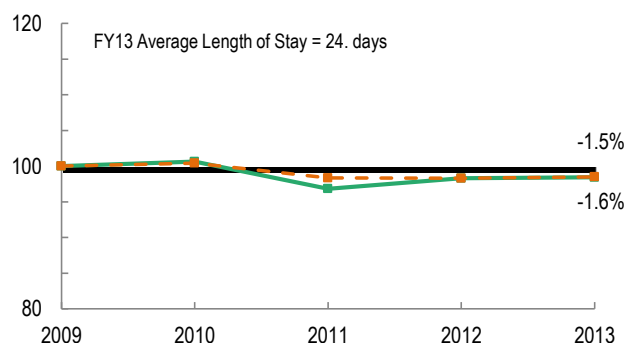
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



5% (734) of the non-acute cohort's discharges were treated at this hospital

How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

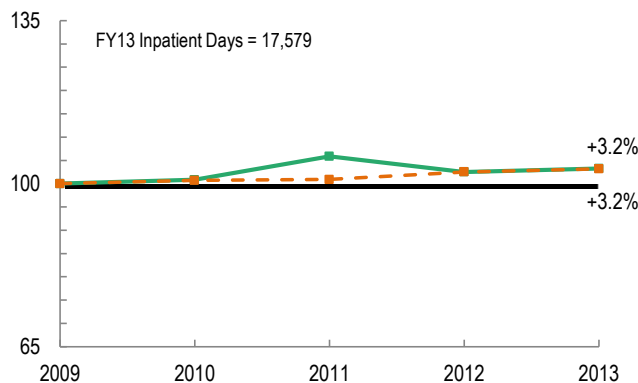


For descriptions of the metrics, please see Technical Appendix.

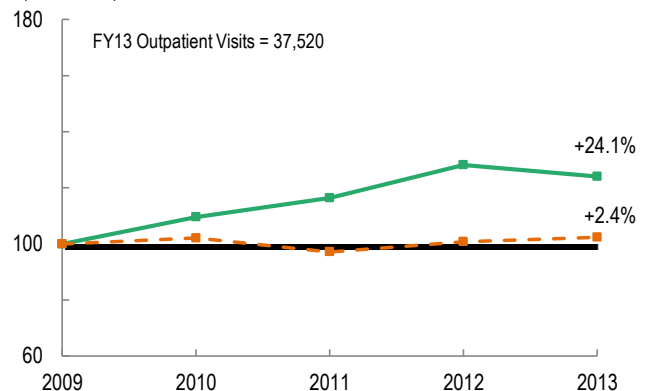
■ Hospital, ■ Peer Cohort

UTILIZATION TRENDS

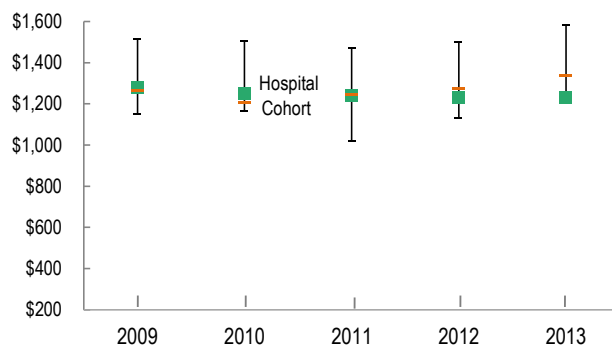
How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)



How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

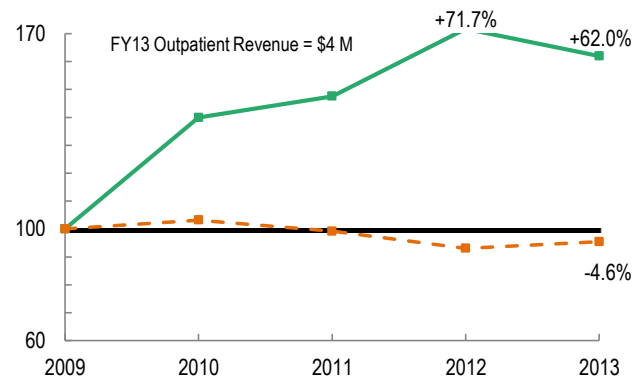
**PATIENT REVENUE TRENDS**

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$1,230 Full Cost per Day = \$1,224

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

**FINANCIAL PERFORMANCE**

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$25	\$25	\$0	\$23	\$2.0
2010	\$25	\$25	\$0	\$25	\$0.9
2011	\$26	\$26	\$0	\$29	(\$2.9)
2012	\$26	\$26	\$0	\$26	\$0.3
2013	\$26	\$26	\$0	\$27	(\$0.6)

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

† Average Hospital does not include Specialty hospitals.

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CHIA.

WHITTIER REHABILITATION HOSPITAL - WESTBOROUGH

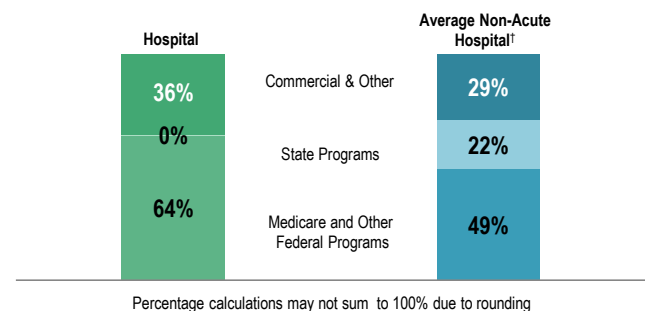
Whittier Rehabilitation Hospital-Westborough is a for-profit rehabilitation hospital located in Westborough. It is a member of Whittier Health Network, and provides inpatient and outpatient rehabilitation services. Between FY09 and FY13, inpatient days remained fairly steady, only increasing 0.7%, compared with a median increase of 3.2% in its peer cohort. Outpatient visits increased 17.1% in that period, compared with a median increase of 2.4% in its cohort. Whittier Rehabilitation Hospital-Westborough earned a profit each year from FY09 to FY13, with a total margin of 6.1% in FY13, higher than the median total margin in its cohort of 3.3%.

AT A GLANCE

TOTAL BEDS: 88; 9% of cohort beds
 % OCCUPANCY: 55%; < cohort avg. (71%)
 INPATIENT DISCHARGES in FY13: 789
 PUBLIC PAYER MIX: 64%; < avg. cohort hospital (70%)
 TOTAL REVENUE in FY13: \$23 million; 2% of statewide
 TAX STATUS: For-profit
 INPATIENT:OUTPATIENT REVENUE in FY13: 95%:5%
 ADJUSTED* COST PER INPATIENT DAY: \$1,094
 CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

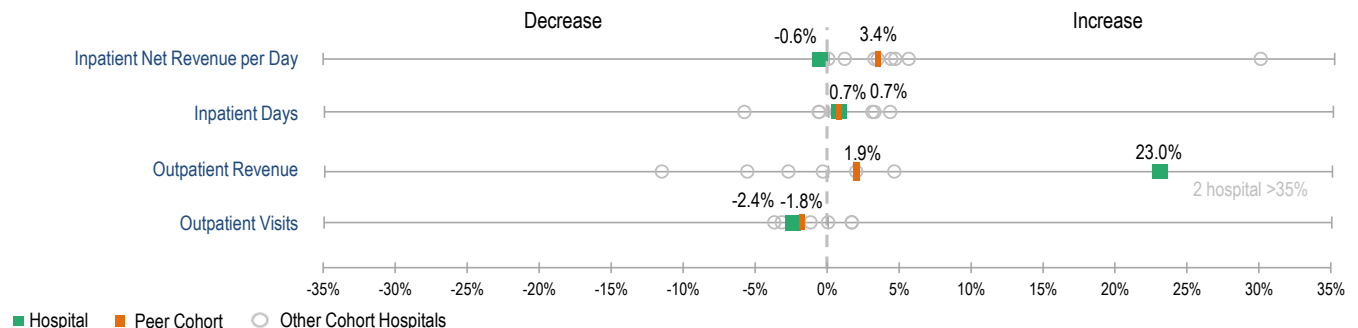
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

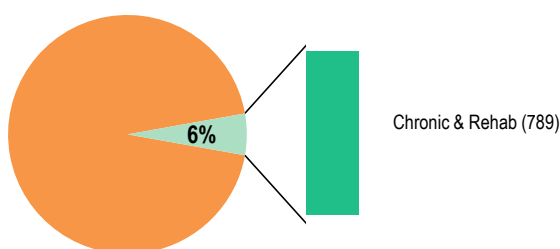
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

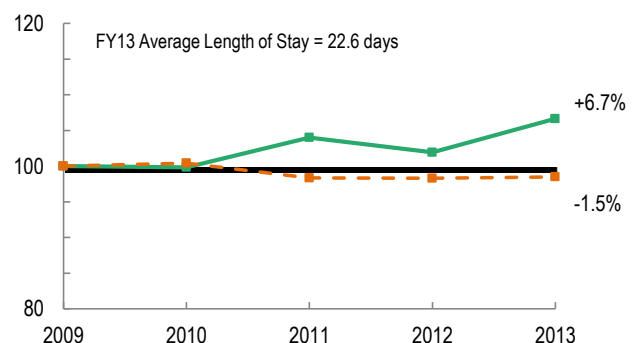
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



6% (789) of the non-acute cohort's discharges were treated at this hospital

How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

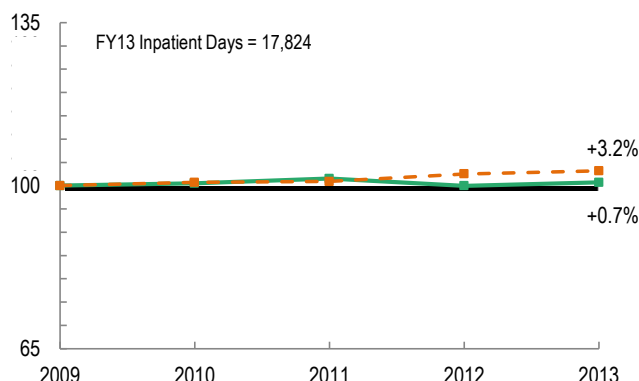


For descriptions of the metrics, please see Technical Appendix.

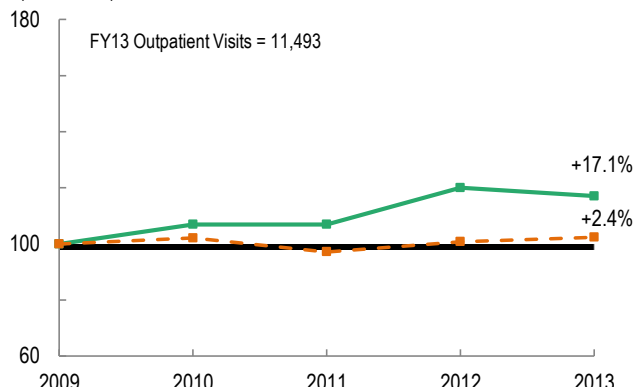
Legend: — Hospital, - - - Peer Cohort

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

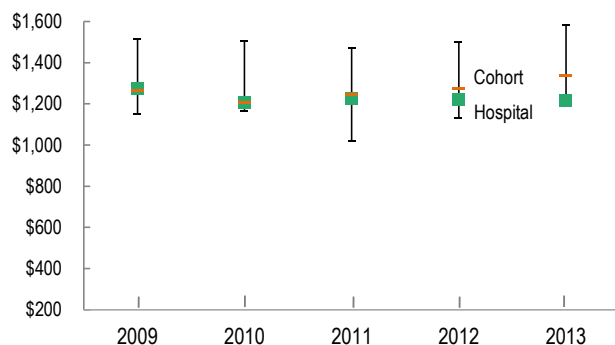


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

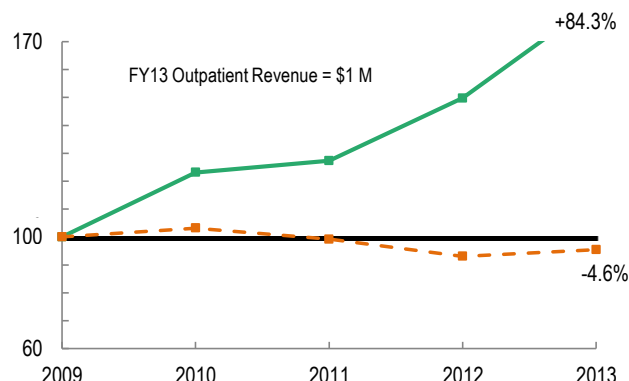


PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

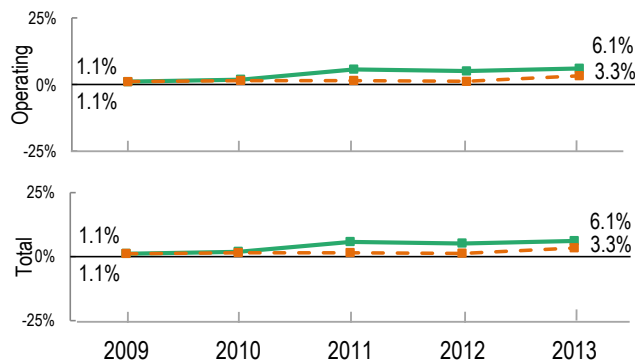


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$23	\$23	\$0	\$23	\$0.3
2010	\$22	\$22	\$0	\$22	\$0.4
2011	\$23	\$23	\$0	\$22	\$1.3
2012	\$23	\$23	\$0	\$22	\$1.2
2013	\$23	\$23	\$0	\$22	\$1.4

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

† Average Hospital does not include Specialty hospitals.

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CHIA.

KINDRED HOSPITAL NORTHEAST

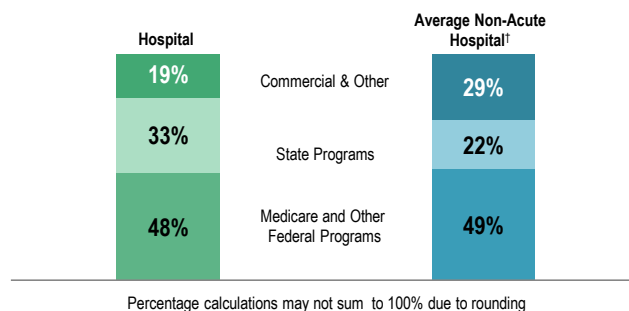
Kindred Hospital Northeast is a for-profit chronic care hospital with campuses in Stoughton and Natick. In 2013, Kindred Hospital Northeast closed its Waltham campus. It is a member of the Kindred Health Care system. Kindred Hospital Northeast is a transitional care hospital that specializes in long-term acute care, including complex wound care, short term rehabilitation, and pulmonary care. In FY13, it had a public payer mix higher than the average of its cohort; 81% of its gross patient service revenue was derived from government programs. Between FY09 and FY13, inpatient days decreased by 33.8%, compared with a median 15.0% decrease in its peer cohort. During the FY09 to FY13 period, it earned a profit in FY11 and FY13. It had a total margin of 5.5% in FY13, compared to the median of -2.4% in its peer cohort.

AT A GLANCE

TOTAL BEDS: 111; 10% of cohort beds
% OCCUPANCY: 85%; > cohort avg. (67%)
INPATIENT DISCHARGES in FY13: 632
PUBLIC PAYER MIX: 81%; > avg. cohort hospital (79%)
TOTAL REVENUE in FY13: \$36 million; 3% of statewide
TAX STATUS: For-profit
INPATIENT:OUTPATIENT REVENUE in FY13: 100%:0%
ADJUSTED* COST PER INPATIENT DAY: \$921
CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

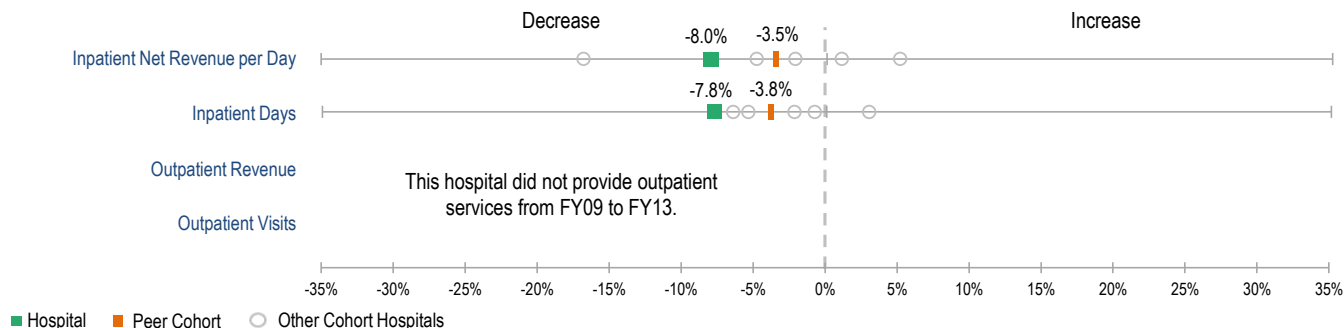
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

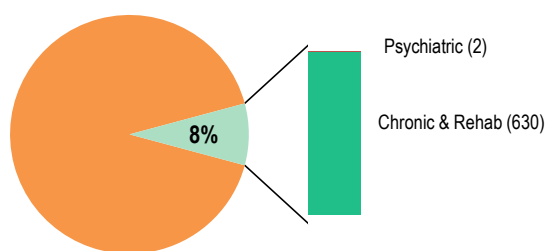
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

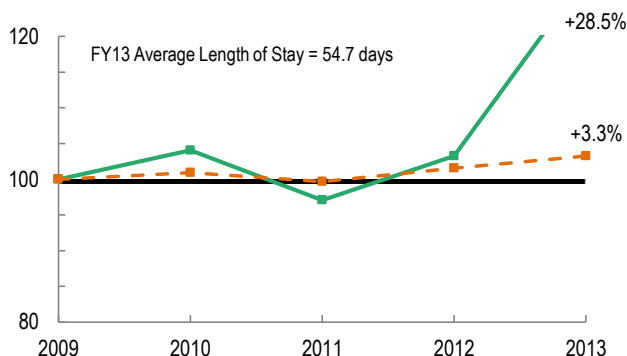
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



8% (632) of the non-acute cohort's discharges were treated at this hospital

How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

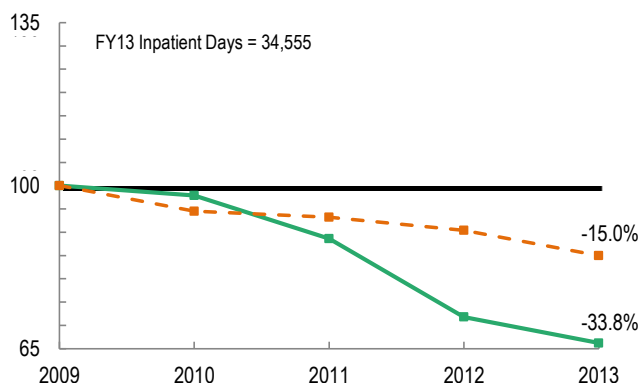


For descriptions of the metrics, please see Technical Appendix.

— Hospital — Peer Cohort

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

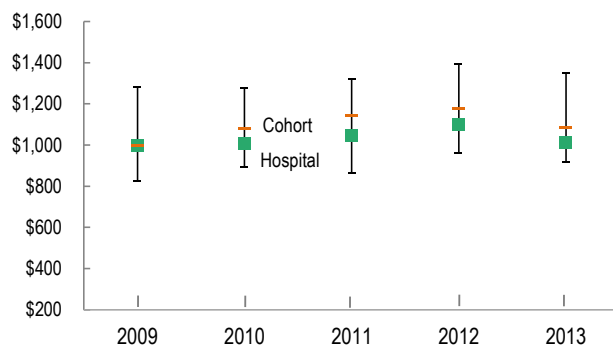


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

This hospital did not provide outpatient services from FY09 to FY13.

PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$1,012 Full Cost per Day = \$934

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

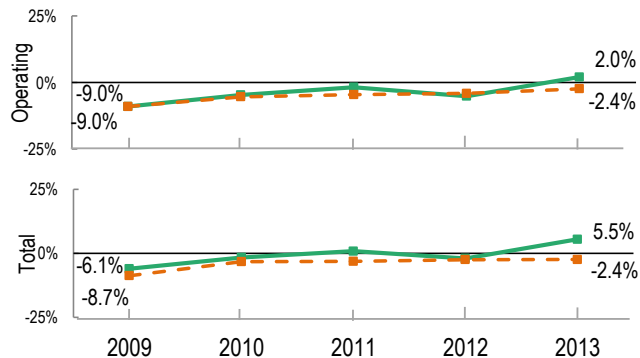
This hospital did not provide outpatient services from FY09 to FY13.

FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$53	\$51	\$2	\$56	(\$3.2)
2010	\$53	\$51	\$2	\$53	(\$0.9)
2011	\$50	\$49	\$1	\$50	\$0.4
2012	\$41	\$40	\$1	\$42	(\$0.8)
2013	\$36	\$35	\$1	\$34	\$2.0

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

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CHIA.

NEW ENGLAND SINAI HOSPITAL

New England Sinai Hospital is a for-profit chronic care hospital located in Stoughton. It is a member of Steward Health Care System. The hospital was founded in 1927 as a hospital for patients with tuberculosis and continues today to concentrate on pulmonary cases. It also provides long-term acute care, ambulatory, and outpatient rehabilitation services. It is a teaching affiliate for Tufts Medical School and is the rotation site for residents focused on pulmonary care. It also has the largest ventilation weaning program in Massachusetts. Between FY09 and FY13, inpatient days decreased at New England Sinai by 28.7%, compared with a median 15.0% decrease in its peer cohort. Outpatient visits also decreased during that time by 53.9%, consistent with its peer cohort median. The hospital reported a loss each year from FY09 to FY13, with a total margin of -3.0% in FY13, slightly below the median -2.4% total margin in its cohort that year.

AT A GLANCE

TOTAL BEDS: 212; 20% of cohort beds

% OCCUPANCY: 58%; < cohort avg. (67%)

INPATIENT DISCHARGES in FY13: 1,173

PUBLIC PAYER MIX: 75%; < avg. cohort hospital (79%)

TOTAL REVENUE in FY13: \$56 million; 4% of statewide

TAX STATUS: For-profit

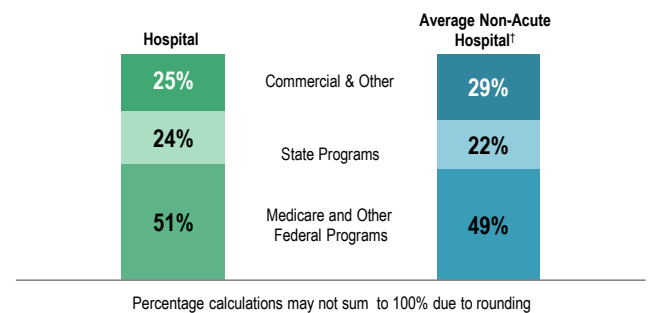
INPATIENT:OUTPATIENT REVENUE in FY13: 96%:4%

ADJUSTED* COST PER INPATIENT DAY: \$1,176

CHANGE in OWNERSHIP (FY09-FY13): Steward Health Care - 2012

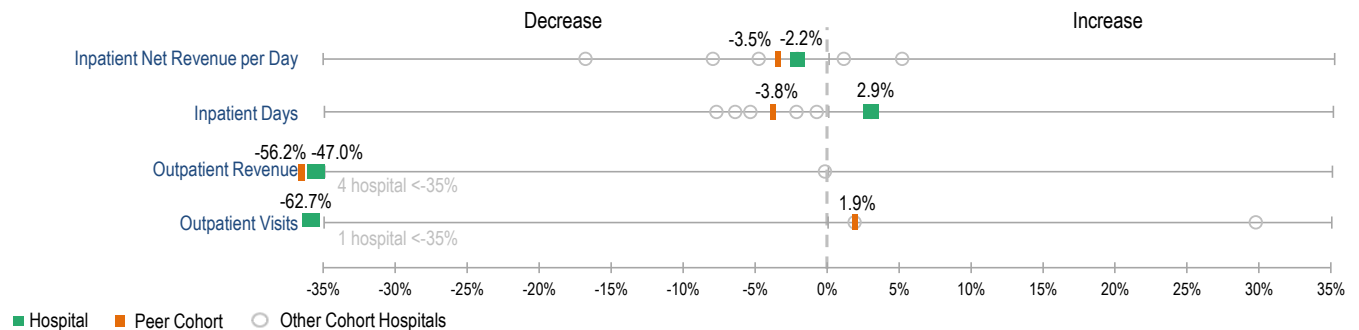
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

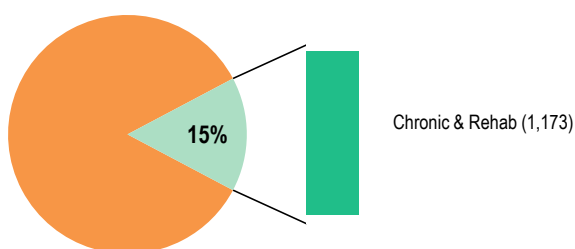
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

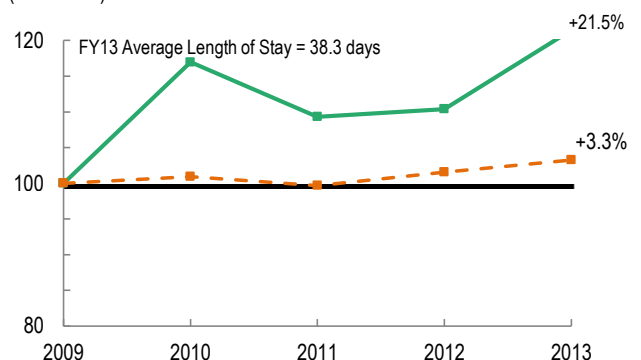
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



15% (1,173) of the non-acute cohort's discharges were treated at this hospital

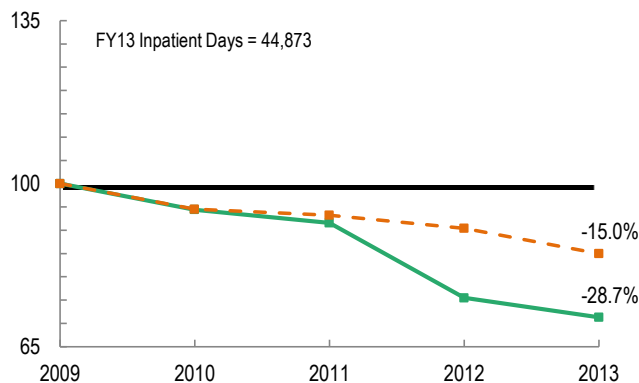
How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)



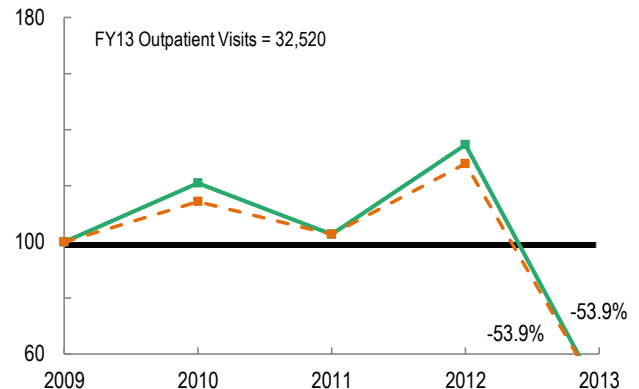
For descriptions of the metrics, please see Technical Appendix.

UTILIZATION TRENDS

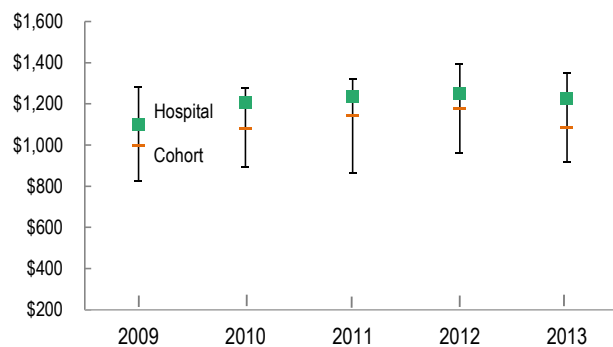
How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)



How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

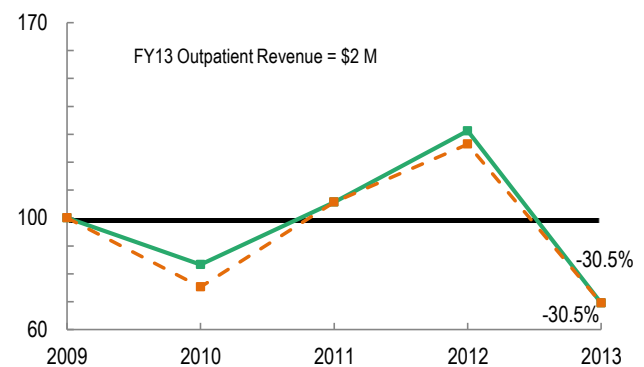
**PATIENT REVENUE TRENDS**

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$1,224 Full Cost per Day = \$1,207

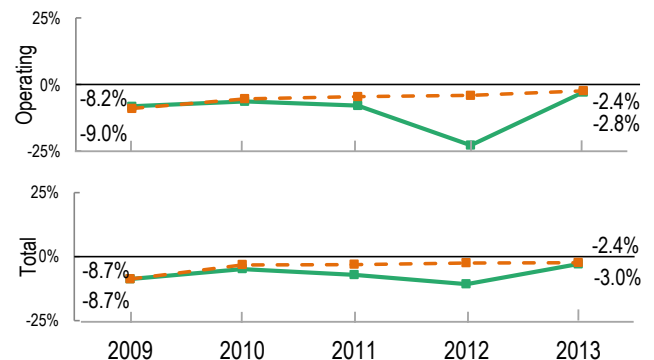
How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

**FINANCIAL PERFORMANCE**

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$73	\$73	(\$0)	\$79	(\$6.4)
2010	\$76	\$75	\$1	\$80	(\$3.7)
2011	\$76	\$75	\$1	\$81	(\$5.4)
2012	\$73	\$64	\$9	\$81	(\$7.8)
2013	\$56	\$56	(\$0)	\$58	(\$1.7)

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

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† Average Hospital does not include Specialty hospitals.

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CHIA.

RADIUS SPECIALTY HOSPITAL

Chronic Care Hospital

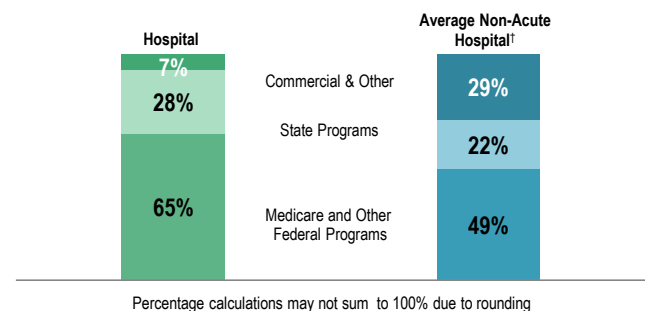
In FY13, Radius Specialty Hospital was a for-profit chronic care hospital located in Boston. On September 23, 2014, Radius announced it would transfer its patients to other facilities and cease operations within 30 days. It provided long-term acute care and rehabilitation services, focused primarily on respiratory care. In FY13, it had the highest public payer mix of all hospitals in its cohort; 93% of its gross patient service revenue was derived from government programs. From FY09 to FY13, there were 20.2% fewer inpatient days at the hospital, compared with a median decrease of 15.0% for cohort hospitals. In the five-year period, Radius Specialty Hospital earned a profit in FY10 through FY12 but reported losses in FY13. It had a -1.9% total margin in FY13, compared to a median total margin of -2.4% that year in its cohort.

AT A GLANCE

TOTAL BEDS: 207; 19% of cohort beds
% OCCUPANCY: 41%; < cohort avg. (67%)
INPATIENT DISCHARGES in FY13: 1,088
PUBLIC PAYER MIX: 93%; > avg. cohort hospital (79%)
TOTAL REVENUE in FY13: \$36 million; 3% of statewide
TAX STATUS: For-profit
INPATIENT:OUTPATIENT REVENUE in FY13: 100%:0%
ADJUSTED* COST PER INPATIENT DAY: \$1,162
CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

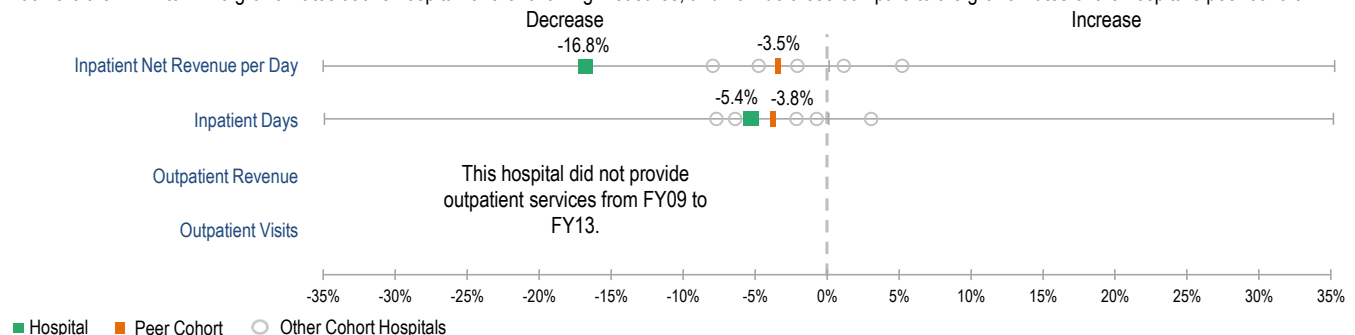
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

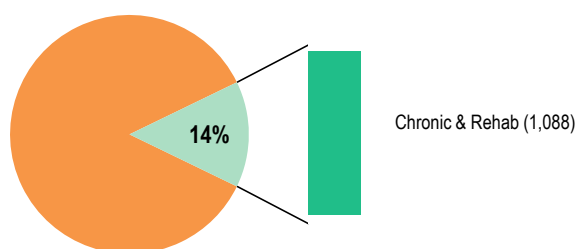
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

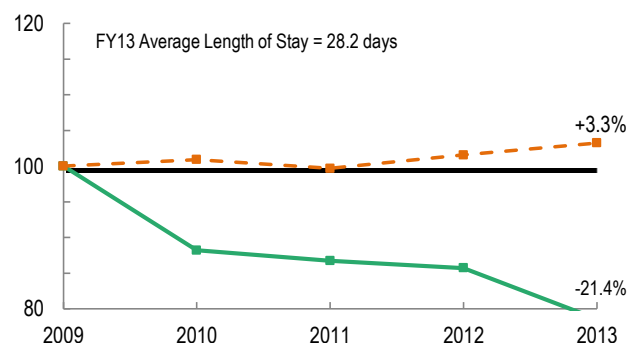
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



14% (1,088) of the non-acute cohort's discharges were treated at this hospital

How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

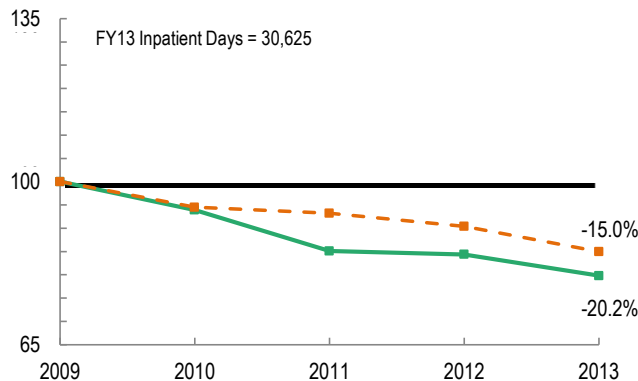


For descriptions of the metrics, please see Technical Appendix.

■ Hospital, --- Peer Cohort

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

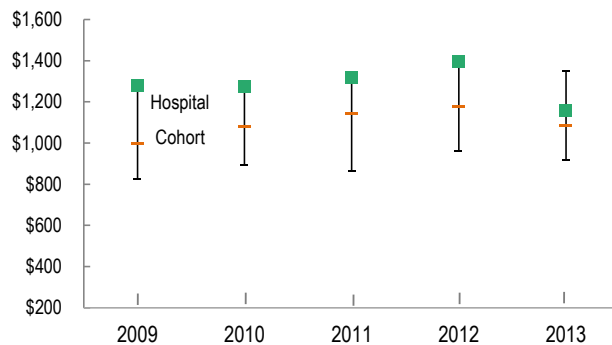


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

This hospital did not provide outpatient services from FY09 to FY13.

PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$1,159 Full Cost per Day = \$1,181

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

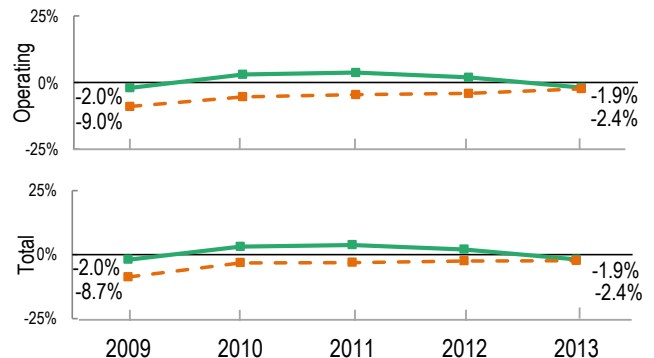
This hospital did not provide outpatient services from FY09 to FY13.

FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$42	\$42	\$0	\$43	(\$0.8)
2010	\$41	\$41	\$0	\$40	\$1.3
2011	\$38	\$38	\$0	\$37	\$1.4
2012	\$39	\$39	\$0	\$38	\$0.8
2013	\$36	\$36	\$0	\$37	(\$0.7)

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

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SPAULDING HOSPITAL CAMBRIDGE

Spaulding Hospital Cambridge is a non-profit chronic care hospital located in Cambridge. It provides inpatient long-term care and rehabilitation services for adults. It is a member of Partners HealthCare System. From FY10 to FY13, inpatient days increased 10.5% at the hospital, compared with a median decrease of 10.9% in its cohort. As of FY14, Spaulding Hospital Cambridge no longer provides outpatient services. The hospital earned a profit in FY10 and FY11, but reported losses in FY12 and FY13. Its total margin in FY13 was -1.1%, above the median total margin in its cohort of -2.4%.

AT A GLANCE

TOTAL BEDS: 180; 17% of cohort beds

% OCCUPANCY: 75%; > cohort avg. (67%)

INPATIENT DISCHARGES in FY13: 1,754

PUBLIC PAYER MIX: 71%; < avg. cohort hospital (79%)

TOTAL REVENUE in FY13: \$71 million; 5% of statewide

TAX STATUS: Non-profit

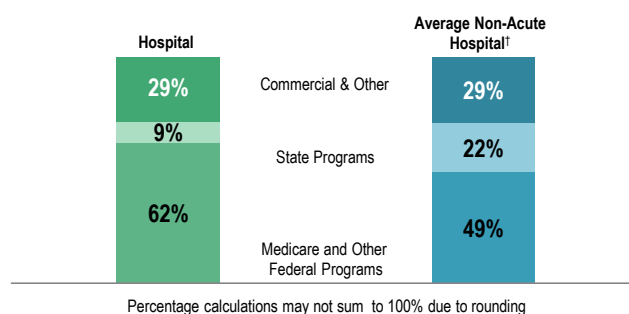
INPATIENT:OUTPATIENT REVENUE in FY13: 100%:0%

ADJUSTED* COST PER INPATIENT DAY: \$1,430

CHANGE in OWNERSHIP (FY09-FY13): Partners HealthCare - 2009

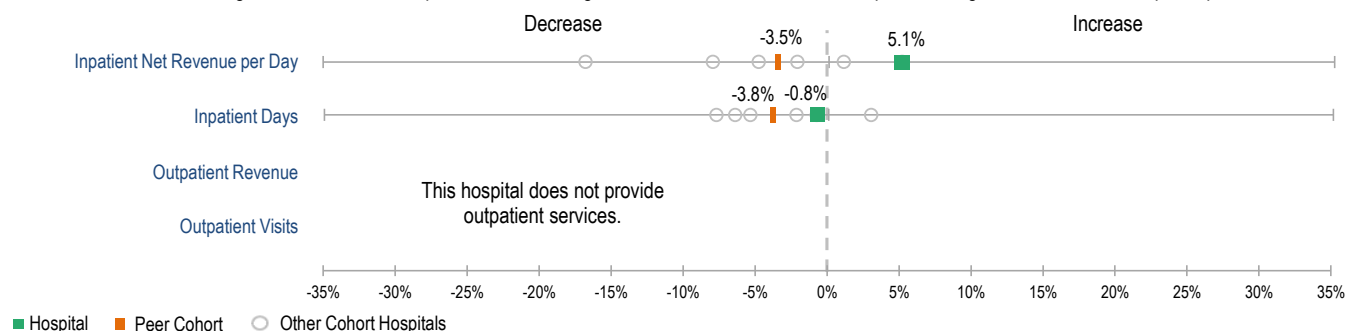
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

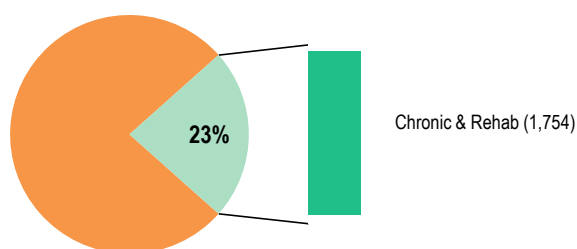
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

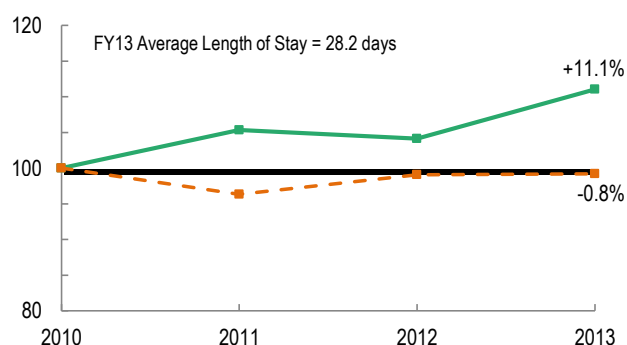
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



23% (1,754) of the non-acute cohort's discharges were treated at this hospital

How has the hospital's average length of stay changed compared to FY10, and how does this hospital compare to its peer cohort median? (FY10=100)

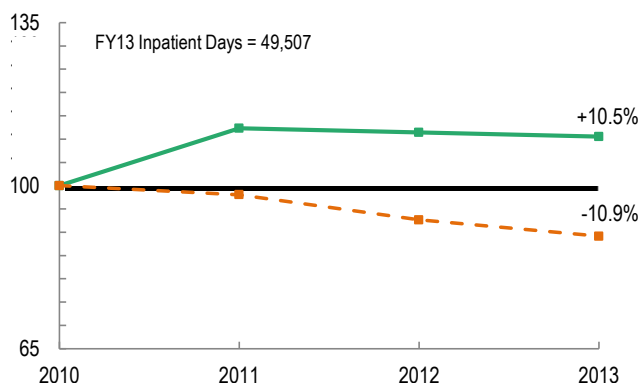


For descriptions of the metrics, please see Technical Appendix.

■ Hospital, --- Peer Cohort

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY10, and how does this hospital compare to its peer cohort median? (FY10=100)



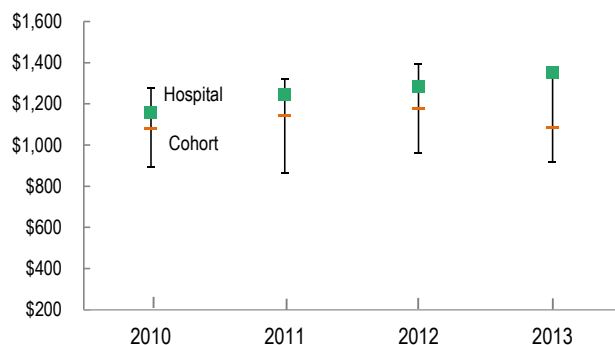
How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this hospital compare to its peer cohort median? (FY10=100)

This hospital reported 323 outpatient visits in FY13.

This hospital no longer provides outpatient services.

PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY10 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$1,350 Full Cost per Day = \$1,448

How has the hospital's total outpatient revenue changed compared to FY10, and how does this hospital compare to its peer cohort median? (FY10=100)

This hospital reported no outpatient revenue in FY13.

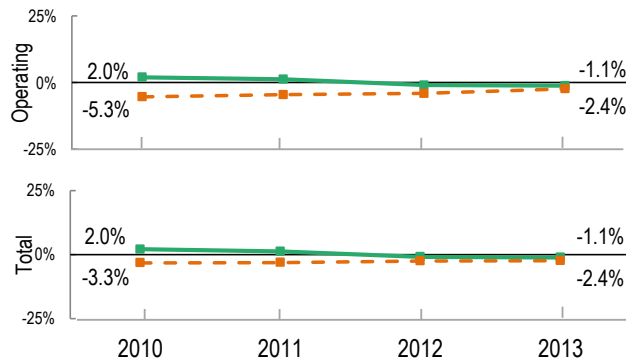
This hospital no longer provides outpatient services.

FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY10 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2010	\$55	\$55	\$0	\$54	\$1.1
2011	\$66	\$66	(\$0)	\$65	\$0.8
2012	\$69	\$69	\$0	\$69	(\$0.6)
2013	\$71	\$71	\$0	\$72	(\$0.8)

What were the hospital's operating and total margins between FY10 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

† Average Hospital does not include Specialty hospitals.

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CHIA.

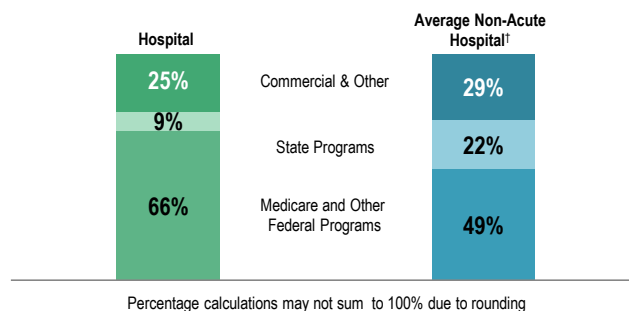
Spaulding North Shore is a non-profit chronic care hospital located in Salem. It provides inpatient and outpatient long-term acute care, short-term rehabilitation, and skilled nursing care. It is a member of Partners HealthCare System. Inpatient days decreased 9.8% from FY09 to FY13, compared with a median 15.0% decrease in its peer cohort. Outpatient visits increased 30.3% in that period, while median visits declined 53.9% in its peer cohort. Spaulding North Shore reported a loss each year from FY09 to FY13.

AT A GLANCE

TOTAL BEDS: 160; 15% of cohort beds
% OCCUPANCY: 67%; = cohort avg. (67%)
INPATIENT DISCHARGES in FY13: 1,807
PUBLIC PAYER MIX: 75%; < avg. cohort hospital (79%)
TOTAL REVENUE in FY13: \$46 million; 3% of statewide
TAX STATUS: Non-profit
INPATIENT:OUTPATIENT REVENUE in FY13: 81:19%
ADJUSTED* COST PER INPATIENT DAY: \$1,101
CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

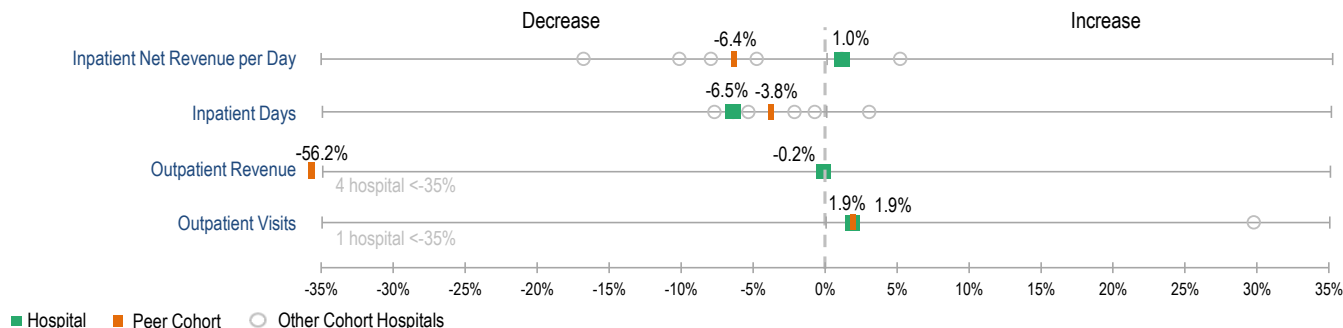
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

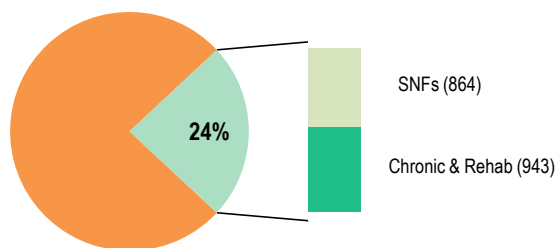
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

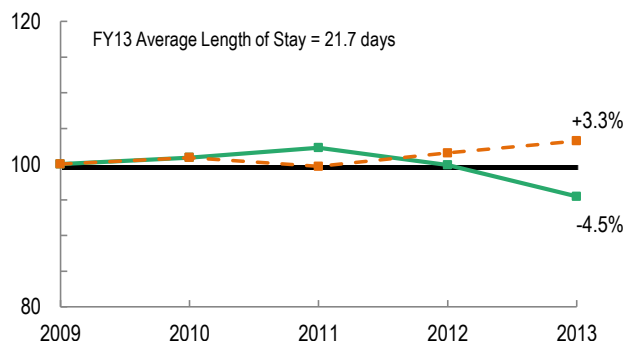
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



24% (1,807) of the non-acute cohort's discharges were treated at this hospital

How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

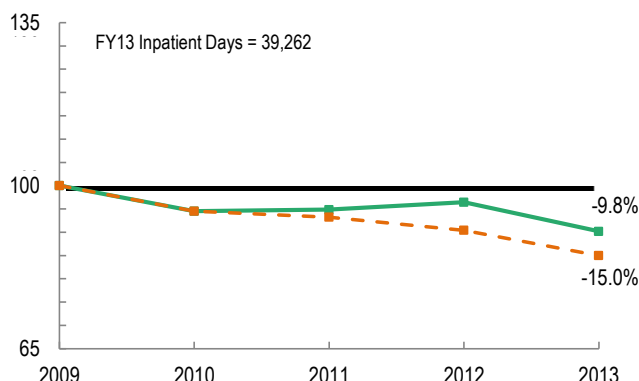


For descriptions of the metrics, please see Technical Appendix.

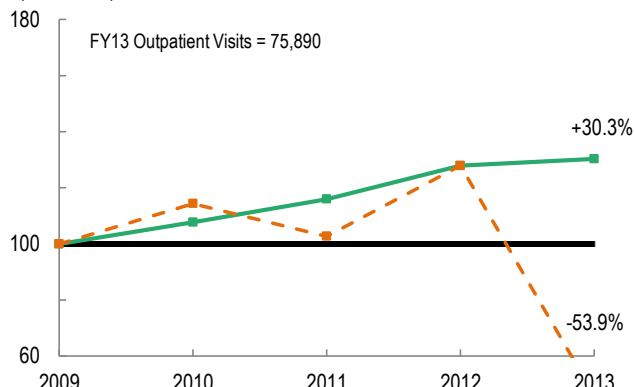
■ Hospital ■ Peer Cohort

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

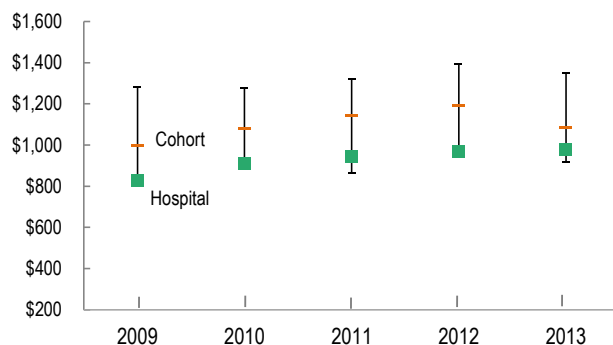


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

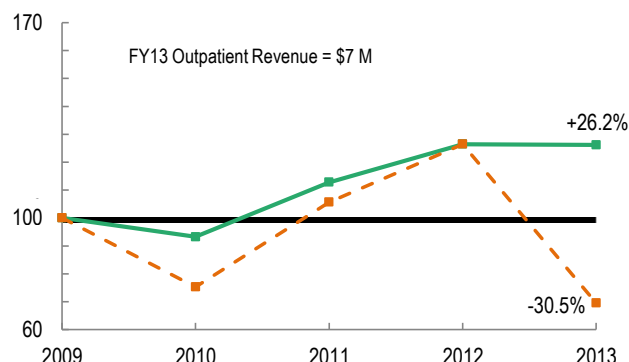


PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

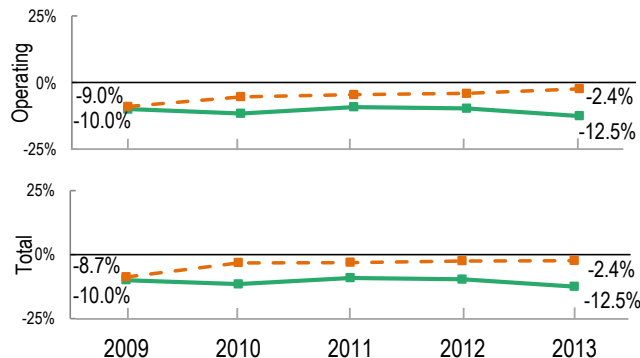


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$42	\$42	\$0	\$46	(\$4.1)
2010	\$43	\$43	\$0	\$48	(\$4.9)
2011	\$45	\$45	\$0	\$49	(\$4.1)
2012	\$48	\$48	\$0	\$53	(\$4.6)
2013	\$46	\$46	\$0	\$51	(\$5.7)

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

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Vibra Hospital of Western Massachusetts is a chronic care hospital located in Springfield. It is formerly known as Kindred Hospital Park View; it was bought by Vibra Healthcare in 2013. Between FY09 and FY13, inpatient days increased 2.7%, compared to a median 15.0% decrease in its peer cohort. The hospital was unprofitable each year from FY09 to FY13. In FY13, the hospital's total margin was -12.1%, the lowest in the five-year period, and lower than the FY13 cohort median of -2.4%.

AT A GLANCE

TOTAL BEDS: 202; 19% of cohort beds

% OCCUPANCY: 74%; > cohort avg. (67%)

INPATIENT DISCHARGES in FY13: 1,118

PUBLIC PAYER MIX: 81%; > avg. cohort hospital (79%)

TOTAL REVENUE in FY13: \$51 million; 4% of statewide

TAX STATUS: For-profit

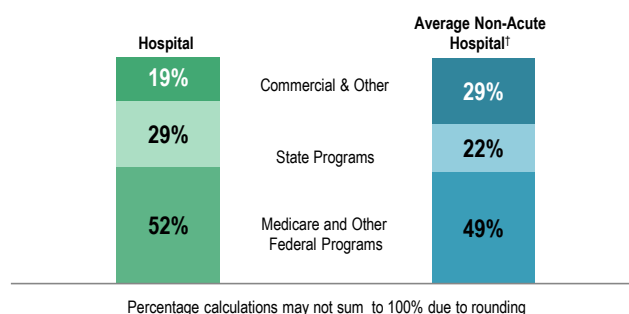
INPATIENT:OUTPATIENT REVENUE in FY13: 100%:0%

ADJUSTED* COST PER INPATIENT DAY: \$899

CHANGE in OWNERSHIP (FY09-FY13): Vibra Healthcare - 2013

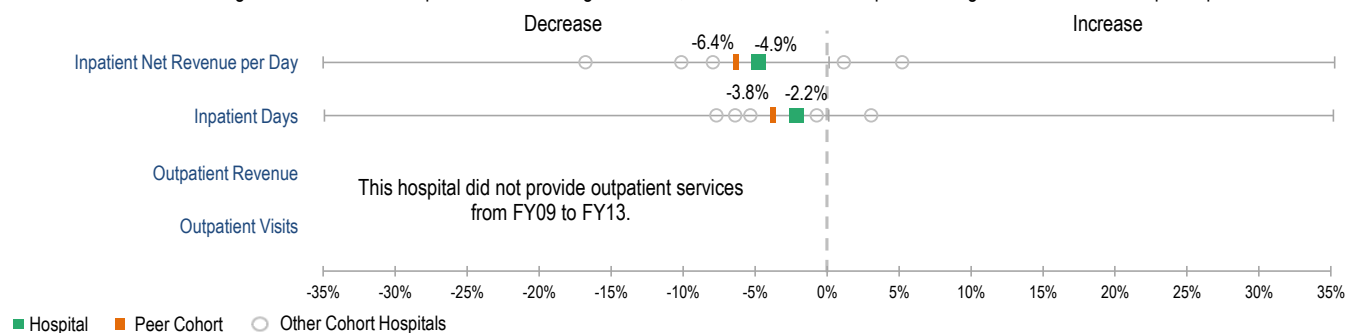
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

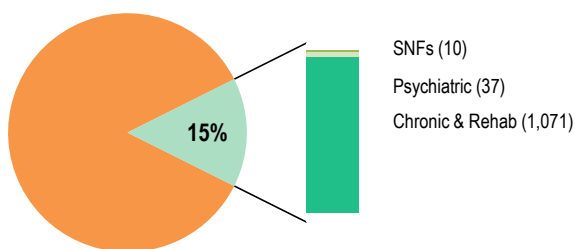
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



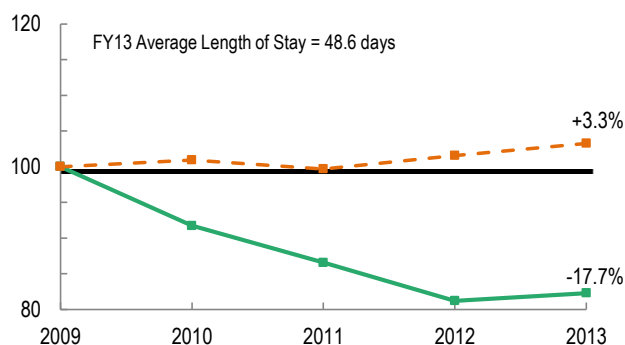
SERVICES

What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13? What proportion of its peer cohort's inpatient cases did this hospital treat?

Discharges by Category



How has the hospital's average length of stay changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

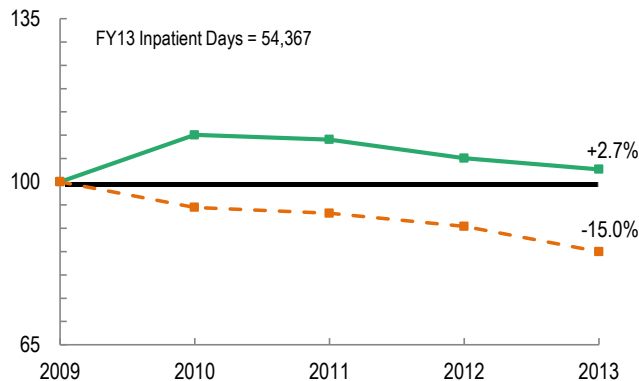


For descriptions of the metrics, please see Technical Appendix.

■ Hospital, --- Peer Cohort

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

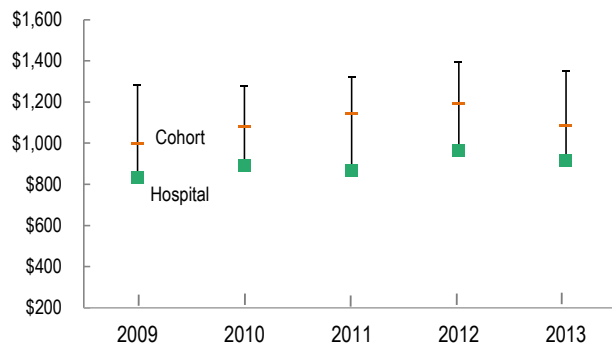


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

This hospital did not provide outpatient services from FY09 to FY13.

PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13, and how does this hospital compare to its peer cohort median?



FY13 Net Inpatient Revenue per Day = \$916 Full Cost per Day = \$906

How has the hospital's total outpatient revenue changed compared to FY09, and how does this hospital compare to its peer cohort median? (FY09=100)

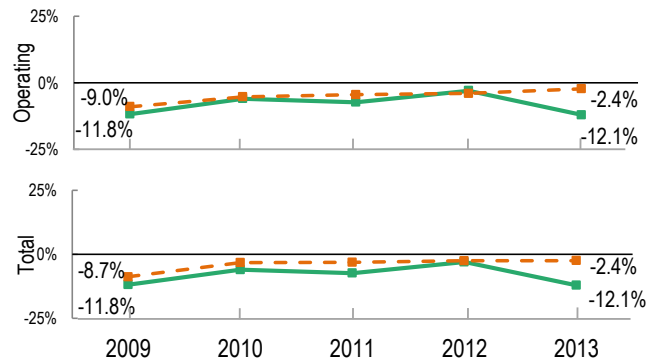
This hospital did not provide outpatient services from FY09 to FY13.

FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$44	\$44	\$0	\$49	(\$5.1)
2010	\$51	\$51	\$0	\$54	(\$3.1)
2011	\$50	\$50	\$0	\$54	(\$3.7)
2012	\$52	\$52	\$0	\$53	(\$1.5)
2013	\$51	\$51	\$0	\$57	(\$6.1)

What were the hospital's operating and total margins between FY09 and FY13, and how do these compare to the medians of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

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AdCare Hospital of Worcester is a for-profit specialty hospital located in Worcester. It is the only private non-acute care hospital that concentrates on substance abuse, which it focuses on exclusively. It provides detox and inpatient services, as well as outpatient services. From FY09 to FY13, inpatient days at AdCare increased 4.1%. Outpatient visits increased by 24.1%, while outpatient revenue increased 50.2% during that period. From FY09 to FY13, AdCare had positive operating and total margins, earning a 12.6% total margin in FY13.

AT A GLANCE

TOTAL BEDS: 114

% OCCUPANCY: 89%

INPATIENT DISCHARGES in FY13: 6,304

PUBLIC PAYER MIX: 73%

TOTAL REVENUE in FY13: \$38 million; 3% of statewide

TAX STATUS: For-profit

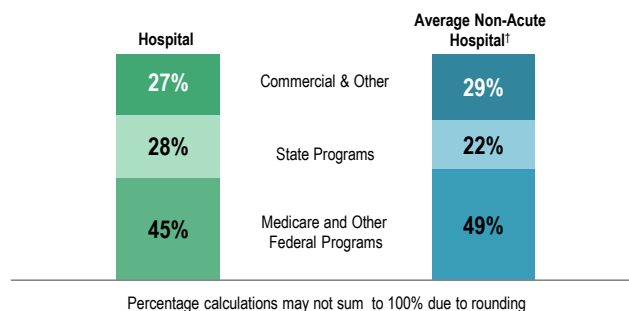
INPATIENT:OUTPATIENT REVENUE in FY13: 69%:31%

ADJUSTED* COST PER INPATIENT DAY: \$524

CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

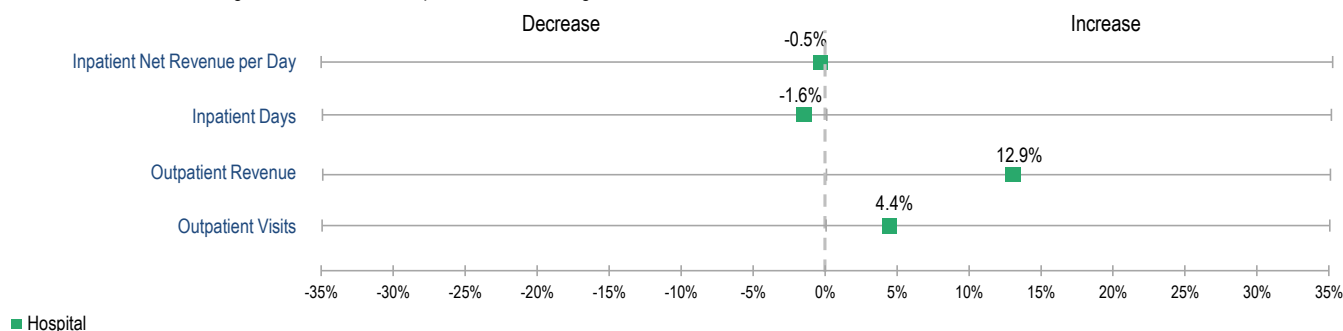
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

What were the FY12 to FY13 growth rates at this hospital for the following measures?



SERVICES

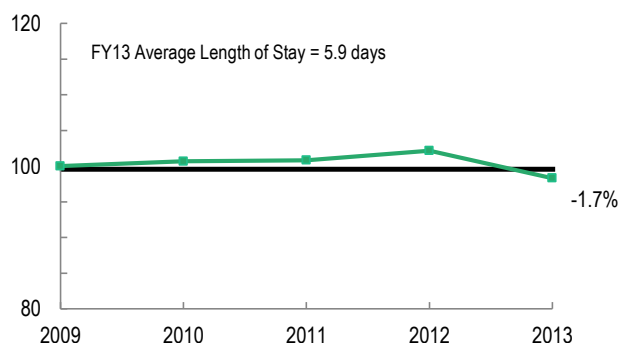
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13?

Discharges by bed type for this hospital in FY13 were:

Psychiatric: 6,304

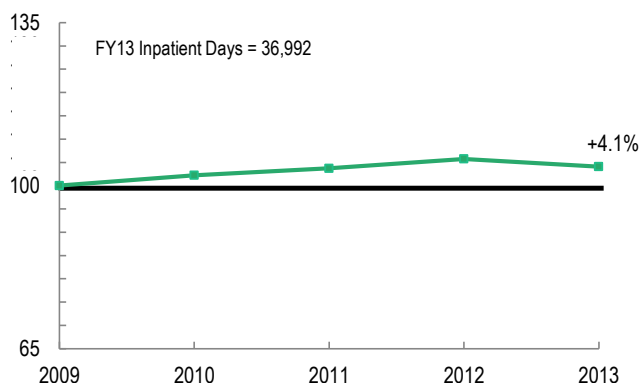
As a provider of specialty services, this hospital does not have a comparative group.

How has the hospital's average length of stay changed compared to FY09? (FY09=100)

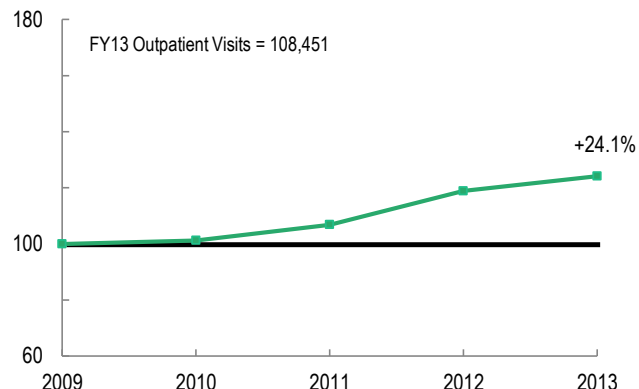


UTILIZATION TRENDS

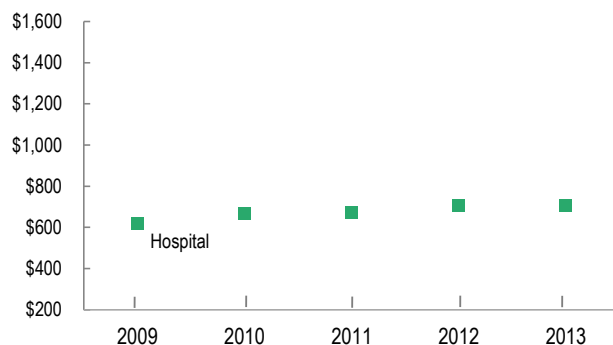
How has the volume of the hospital's inpatient days changed compared to FY09? (FY09=100)



How has the volume of the hospital's outpatient visits changed compared to FY09? (FY09=100)

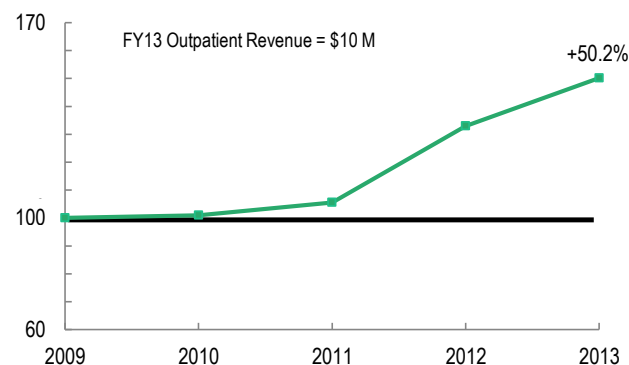
**PATIENT REVENUE TRENDS**

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13?



FY13 Net Inpatient Revenue per Day = \$705 Full Cost per Day = \$540

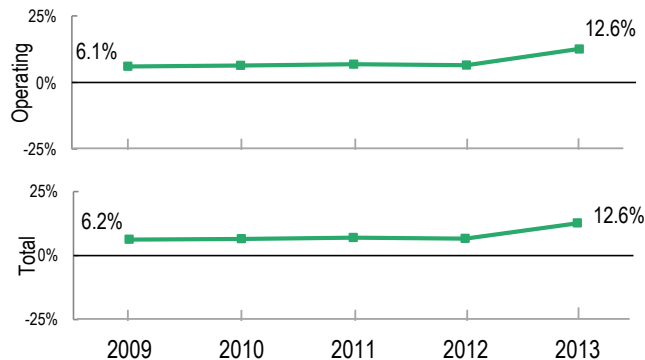
How has the hospital's total outpatient revenue changed compared to FY09? (FY09=100)

**FINANCIAL PERFORMANCE**

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$29	\$29	\$0	\$27	\$1.8
2010	\$31	\$31	\$0	\$29	\$2.0
2011	\$32	\$32	\$0	\$30	\$2.2
2012	\$36	\$36	\$0	\$34	\$2.4
2013	\$38	\$38	(\$0)	\$33	\$4.8

What were the hospital's operating and total margins between FY09 and FY13?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

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‡ Average Hospital does not include Specialty hospitals.

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FRANCISCAN HOSPITAL FOR CHILDREN

Specialty Hospital

Franciscan Hospital for Children is a non-profit specialty hospital located in Brighton. It focuses on providing chronic care and rehabilitation services to a pediatric population. It offers inpatient, residential, educational, surgical, outpatient, and home care programs for children with special health care needs. Between FY09 and FY13, inpatient days increased 27.1% at the hospital, and outpatient visits decreased 0.9%. In the five year period from FY09 to FY13, Franciscan Hospital for Children reported a profit each year except for FY12.

AT A GLANCE

TOTAL BEDS: 112

% OCCUPANCY: 52%

INPATIENT DISCHARGES in FY13: 804

PUBLIC PAYER MIX: 58%

TOTAL REVENUE in FY13: \$56 million; 4% of statewide

TAX STATUS: Non-profit

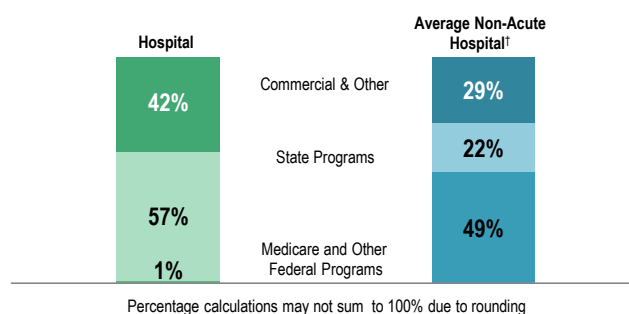
INPATIENT:OUTPATIENT REVENUE in FY13: 54%:46%

ADJUSTED* COST PER INPATIENT DAY: \$1,095

CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

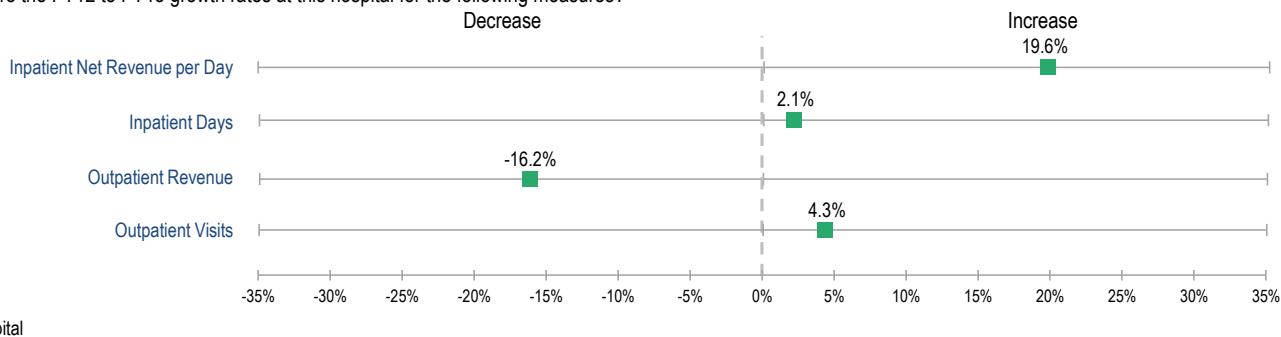
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

What were the FY12 to FY13 growth rates at this hospital for the following measures?



SERVICES

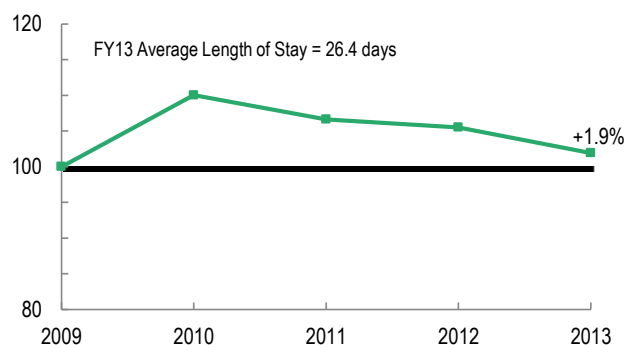
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13?

Discharges by bed type for this hospital in FY13 were:

Psychiatric: 589
Chronic & Rehab: 215

As a provider of specialty services, this hospital does not have a comparative group.

How has the hospital's average length of stay changed compared to FY09? (FY10=100)



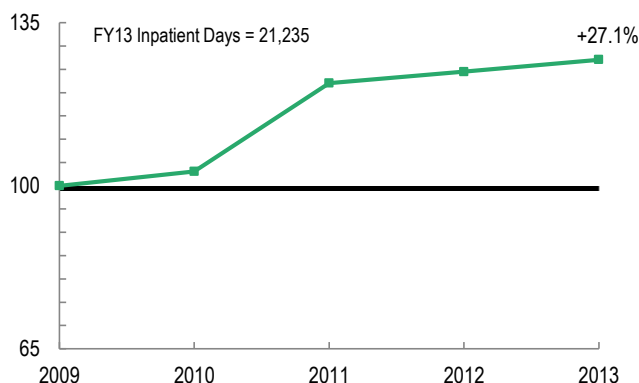
For descriptions of the metrics, please see Technical Appendix.

■ Hospital

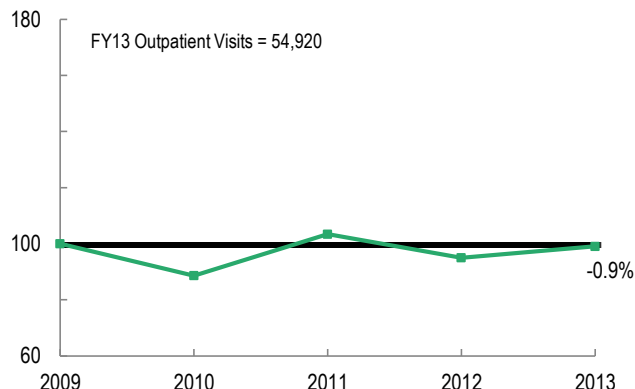
No Peer Cohort

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09? (FY09=100)

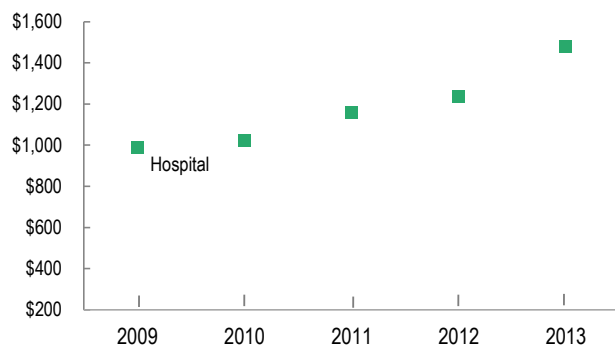


How has the volume of the hospital's outpatient visits changed compared to FY09? (FY09=100)



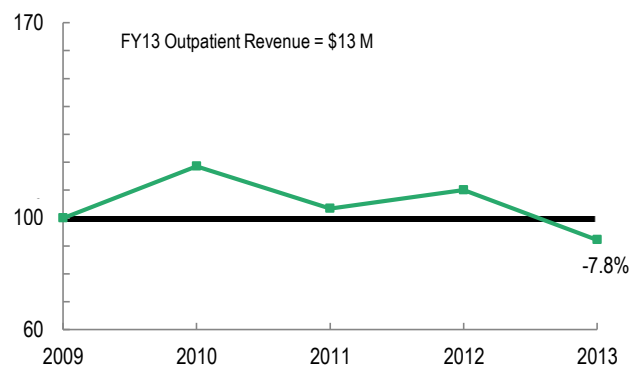
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13?



FY13 Net Inpatient Revenue per Day = \$1,480 Full Cost per Day = \$1,157

How has the hospital's total outpatient revenue changed compared to FY09? (FY09=100)

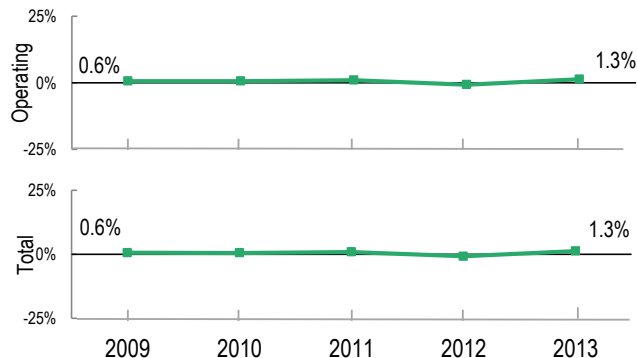


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$45	\$45	\$0	\$45	\$0.3
2010	\$48	\$48	\$0	\$47	\$0.3
2011	\$51	\$51	\$0	\$50	\$0.5
2012	\$52	\$52	\$0	\$53	(\$0.4)
2013	\$56	\$56	\$0	\$55	\$0.7

What were the hospital's operating and total margins between FY09 and FY13?



For descriptions of the metrics, please see Technical Appendix.

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HEBREW REHABILITATION HOSPITAL

Specialty Hospital

Hebrew Rehabilitation Hospital is a non-profit specialty hospital located in Boston. Hebrew Rehabilitation specializes in providing hospital and community health care services to geriatric patients. It provides long-term acute, rehabilitative, outpatient, adult day health, and home health care services. It is also the healthcare facility for Hebrew SeniorLife provider organization, a provider of elder care. Outpatient visits increased 73.8% at the hospital from FY09 to FY13. Hebrew Rehabilitation reported a loss from FY10 through FY13, with a total margin of -8.7% and an operating margin of -9.1% in FY13.

AT A GLANCE

TOTAL BEDS: 717

% OCCUPANCY: 93%

INPATIENT DISCHARGES in FY13: 1,427

PUBLIC PAYER MIX: 86%

TOTAL REVENUE in FY13: \$115 million; 9% of statewide

TAX STATUS: Non-profit

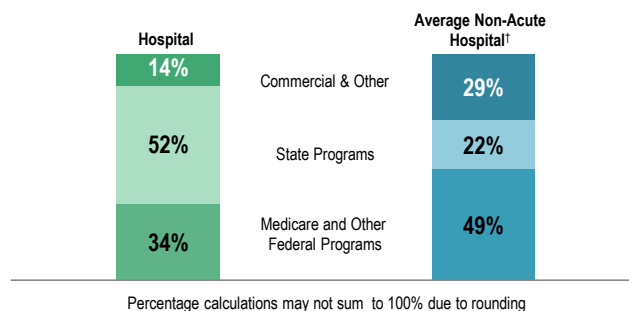
INPATIENT:OUTPATIENT REVENUE in FY13: 97%:3%

ADJUSTED* COST PER INPATIENT DAY: \$475

CHANGE in OWNERSHIP (FY09-FY13): Not Applicable

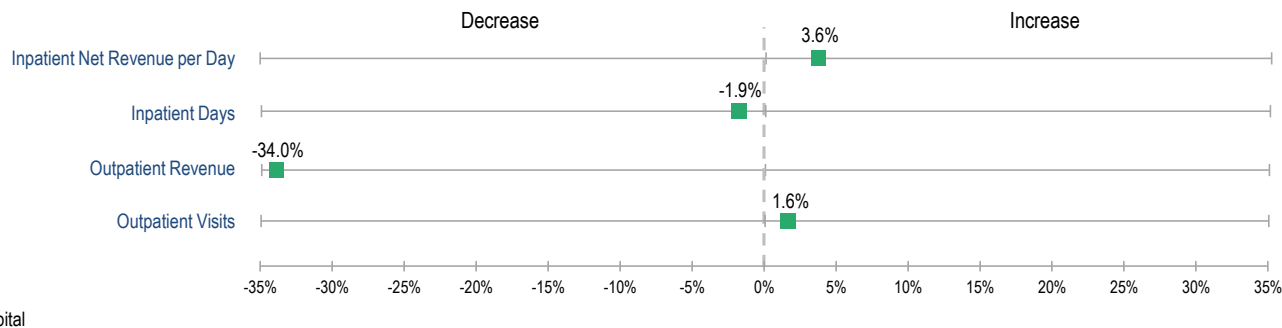
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY13, and how does this hospital compare to the average non-acute hospital's payer mix?



GROWTH MEASURES

What were the FY12 to FY13 growth rates at this hospital for the following measures?



SERVICES

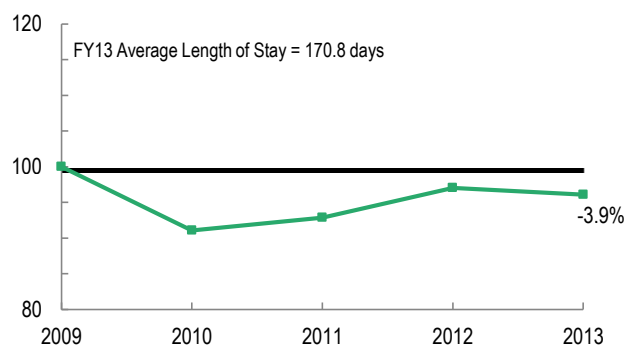
What type(s) of inpatient services, categorized by bed type, did the hospital provide in FY13?

Discharges by bed type for this hospital in FY13 were:

Chronic & Rehab: 261
MACU: 317
SNF: 849

As a provider of specialty services, this hospital does not have a comparative group.

How has the hospital's average length of stay changed compared to FY09? (FY09=100)

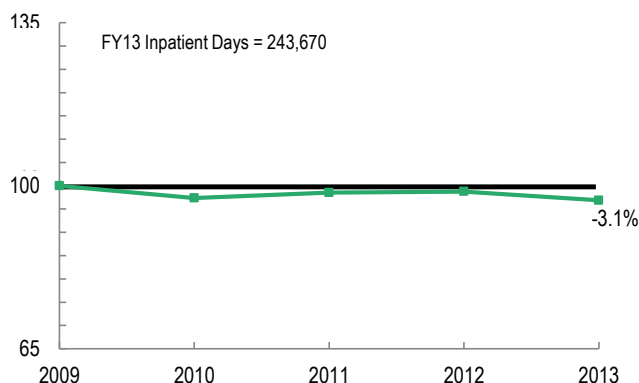


For descriptions of the metrics, please see Technical Appendix.

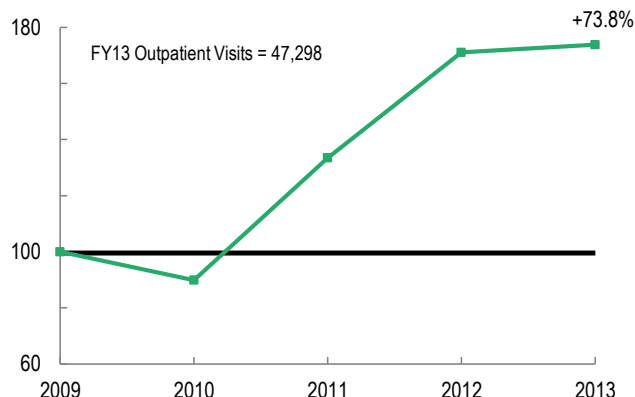
No Peer Cohort

UTILIZATION TRENDS

How has the volume of the hospital's inpatient days changed compared to FY09? (FY09=100)

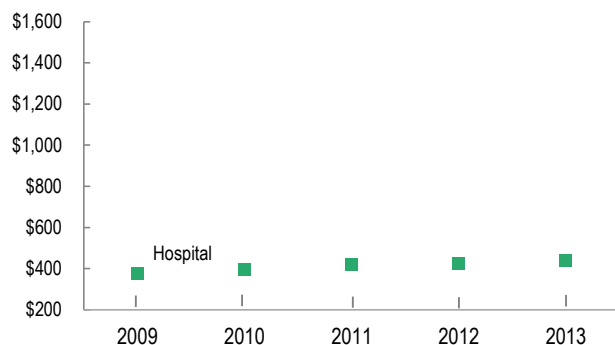


How has the volume of the hospital's outpatient visits changed compared to FY09? (FY09=100)



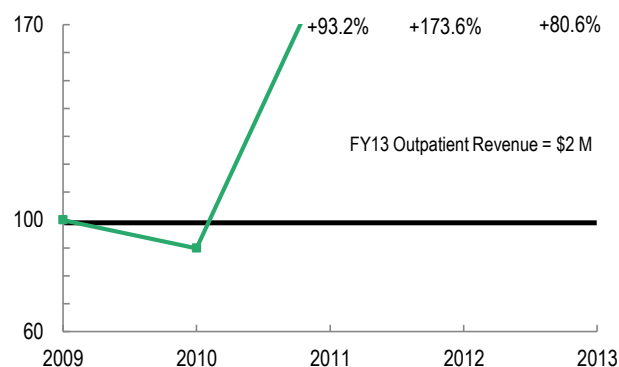
PATIENT REVENUE TRENDS

What was the hospital's net inpatient service revenue per inpatient day between FY09 and FY13?



FY13 Net Inpatient Revenue per Day = \$438 Full Cost per Day = \$485

How has the hospital's total outpatient revenue changed compared to FY09? (FY09=100)

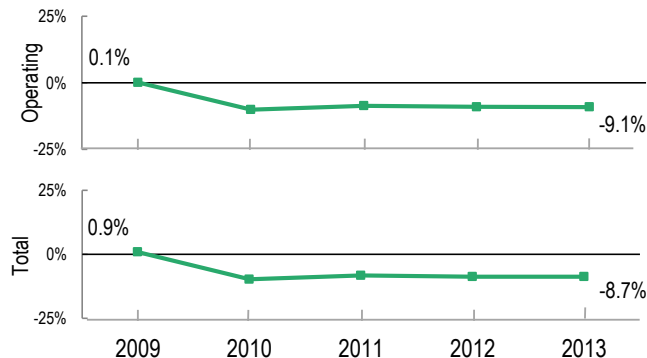


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY09 and FY13?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2009	\$113	\$112	\$1	\$112	\$1.0
2010	\$113	\$113	\$1	\$124	(\$11.0)
2011	\$113	\$112	\$0	\$122	(\$9.3)
2012	\$117	\$116	\$0	\$127	(\$10.2)
2013	\$115	\$114	\$0	\$125	(\$10.0)

What were the hospital's operating and total margins between FY09 and FY13?



For descriptions of the metrics, please see Technical Appendix.

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

† Costs were adjusted to exclude direct medical education costs and physician compensation.

† Average Hospital does not include Specialty hospitals.

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MASSACHUSETTS HOSPITAL PROFILES

TECHNICAL APPENDIX

DATA THROUGH FISCAL YEAR 2013

JANUARY 2015



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Technical Appendix Overview

Acute and non-acute hospitals included in *Massachusetts Hospital Profiles- Data through Fiscal Year 2013* were profiled on service, payer mix, utilization, revenue, financial performance, and quality metrics. Multi-acute hospital systems were profiled based on revenue and financial performance metrics. Details for each of these metrics are included in this Technical Appendix.

Unless otherwise noted, metrics included in this report are based on financial data from Fiscal Year (FY) 2009 to FY13 reported by acute and non-acute hospitals. Discharge data from FY13 included in the acute hospital analysis was reported by acute hospitals in the Hospital Discharge Database, unless otherwise noted. Descriptive acute and non-acute hospital information is from FY13.

To compile the financial profiles, the Center for Health Information and Analysis (CHIA) relied on the following primary data sources: the DHCFP-403 Annual Hospital Cost Report (403 Cost Report), the Hospital Discharge Database (HDD), the Hospital Standardized Financial Statement Database, and Audited Financial Statements.

Hospital 403 Cost Report:

The 403 Cost Report is submitted each year by acute and non-acute hospitals, and contains data on costs, revenues, and utilization statistics. Acute hospitals are required to complete the 403 Cost Report based on a fiscal year end of September 30 regardless of their actual fiscal year end. Non-acute hospitals complete the 403 Cost Report based on their actual year end.

Hospital Discharge Database (HDD):

HDD data is submitted quarterly by acute hospitals, and contains patient-level data identifying charges, days, and diagnostic information for all acute inpatient discharges. CHIA used FY13 HDD data for the service metrics, which includes discharges between October 1, 2012 and September 30, 2013 for all acute hospitals.

Hospital Standardized Financial Statements:

The Hospital Standardized Financial Statements are submitted quarterly and annually by acute hospitals. They contain information on the hospital's assets, liabilities, revenues, expenses, and profit or losses. They reflect only the hospital's financial information; they do not reflect financial information for any larger health system with which a hospital may be affiliated.

Audited Financial Statements:

Audited Financial Statements are submitted annually by hospitals (or their parent systems, if applicable). In addition to the financial figures that are found in the Hospital Standardized Financial Statements, the Audited Financial Statements contain an opinion from an independent auditor as well as notes from hospital or system Management that elaborate on the financial performance and standing of the hospital or system during the fiscal year. Audited Financial Statements were used as a source primarily for the multi-acute hospital system profiles.

Quality Data Sources:

To compile the quality profiles, CHIA relied on the following primary data sources: HDD, the CMS Hospital Compare database, and The Leapfrog Group.

Data Verification:

CHIA held a series of stakeholder engagement sessions with payer representatives, acute and non-acute provider representatives, and other state agencies, to develop and refine proposed profile metrics.

Technical Appendix Overview

Each year's Hospital 403 Cost Reports, hospital and multi-acute hospital system Standardized Financial Statements, Relative Price, and quality data reports were verified in accordance with respective reporting regulation requirements. Additional verification reports including each hospital's reported financial data were sent to each acute and non-acute hospital for FY09-FY13.

Acute Hospitals

An **acute hospital** is a hospital that is licensed by the Massachusetts Department of Public Health and contains a majority of medical-surgical, pediatric, obstetric, and maternity beds.

Multi-Acute Hospital System Affiliation and Location

Massachusetts hospitals are generally affiliated with a larger health system. Health systems may include multiple hospitals and/or provider organizations while others may have only one hospital with associated providers or provider organizations. Multi-acute hospital system membership identifies those health systems with more than one hospital with which the subject hospital is a member. This information was derived from the hospital's Standardized Financial Statements.

Below is a list of Massachusetts multi-acute hospital systems and their acute hospital members:

Multi-Acute Hospital System	Acute Hospital Member
Baystate Health	Baystate Franklin Medical Center Baystate Mary Lane Hospital Baystate Medical Center
Berkshire Health System	Berkshire Medical Center Fairview Hospital
Cape Cod Healthcare	Cape Cod Hospital Falmouth Hospital
CareGroup	Beth Israel Deaconess Hospital – Milton Beth Israel Deaconess Hospital – Needham Beth Israel Deaconess Hospital – Plymouth ¹ Beth Israel Deaconess Medical Center Mount Auburn Hospital
Heywood Healthcare	Athol Hospital Heywood Hospital
Kindred Healthcare[^]	Kindred Hospital – Boston Kindred Hospital – Boston North Shore
Lahey Health System	Lahey Hospital & Medical Center Northeast Hospital
Partners HealthCare System	Brigham and Women's Hospital Brigham and Women's Faulkner Hospital Cooley Dickinson Hospital Martha's Vineyard Hospital Massachusetts General Hospital Nantucket Cottage Hospital Newton-Wellesley Hospital
Steward Health Care System	Merrimack Valley Hospital Morton Hospital Nashoba Valley Medical Center Quincy Medical Center Steward Carney Hospital Steward Good Samaritan Medical Center Steward Holy Family Hospital Steward Norwood Hospital

¹ Beth Israel Deaconess Hospital- Plymouth (formerly Jordan Hospital) was acquired by Beth Israel Deaconess Medical Center effective January 1, 2014. As this acquisition took place after FY13, data for Beth Israel Deaconess Hospital- Plymouth is not included in the CareGroup system profile.

Acute Hospitals

	Steward Saint Anne's Hospital Steward St. Elizabeth's Medical Center
UMass Memorial Health Care	Clinton Hospital HealthAlliance Hospital Marlborough Hospital UMass Memorial Medical Center Wing Memorial Hospital
Tenet Healthcare[^]	MetroWest Medical Center Saint Vincent Hospital

[^] Kindred Healthcare, Inc. and Tenet Healthcare Corporation are publicly traded multistate health systems. Each owns two acute hospitals in Massachusetts (Kindred owns Kindred Hospital – Boston and Kindred Hospital – Boston North Shore; Tenet owns MetroWest Medical Center and Saint Vincent Hospital). Due to their broad presence outside of Massachusetts, CHIA did not include Kindred or Tenet in the system profiles chapter.

The location for each acute hospital in this report was obtained, where possible, from hospital licensing information collected by the Massachusetts Department of Public Health (DPH). The hospital license includes information on a hospital's campuses and satellite offices.

Regional Definitions

The geographic regions presented in this report are derived from the Health Policy Commission (HPC) static geographic regions.² The HPC regions were rolled up into larger regions for this publication to facilitate better comparison within each geographic area. In *Massachusetts Hospital Profiles- Data through Fiscal Year 2012* (published in March 2014), acute hospitals were divided into more specific HPC regions. See Exhibit D for a cross-walk between data periods. The acute hospitals and the regions to which they were assigned are:

Massachusetts Region	Acute Hospital Assigned to Region
Metro Boston	Beth Israel Deaconess Hospital – Milton Beth Israel Deaconess Hospital – Needham Beth Israel Deaconess Medical Center Boston Children's Hospital Boston Medical Center Brigham and Women's Faulkner Hospital Brigham and Women's Hospital Cambridge Health Alliance Dana-Farber Cancer Institute Hallmark Health Kindred Hospital- Boston Massachusetts Eye and Ear Infirmary Massachusetts General Hospital Mount Auburn Hospital New England Baptist Hospital Newton-Wellesley Hospital Steward Carney Hospital Steward St. Elizabeth's Medical Center Tufts Medical Center
Northeastern Massachusetts	Anna Jaques Hospital Emerson Hospital Kindred Hospital- Boston North Shore

² For descriptions of the regions, see <http://www.mass.gov/anf/docs/hpc/2013-cost-trends-report-technical-appendix-b3-regions-of-massachusetts.pdf> (last accessed January 9, 2015).

Acute Hospitals

	Lahey Hospital & Medical Center Lawrence General Hospital Lowell General Hospital Merrimack Valley Hospital Nashoba Valley Medical Center North Shore Medical Center Northeast Hospital Steward Holy Family Hospital Winchester Hospital
Central Massachusetts	Athol Hospital Clinton Hospital Harrington Memorial Hospital HealthAlliance Hospital Heywood Hospital Saint Vincent Hospital UMass Memorial Medical Center
Cape and Islands	Cape Cod Hospital Falmouth Hospital Martha's Vineyard Hospital Nantucket Cottage Hospital
Metro West	Marlborough Hospital MetroWest Medical Center Milford Regional Medical Center Steward Norwood Hospital Sturdy Memorial Hospital
Western Massachusetts	Baystate Franklin Medical Center Baystate Mary Lane Hospital Baystate Medical Center Berkshire Medical Center Cooley Dickinson Hospital Fairview Hospital Holyoke Medical Center Mercy Medical Center Noble Hospital Wing Memorial Hospital
Metro South	Beth Israel Deaconess Hospital – Plymouth Morton Hospital Quincy Medical Center Signature Healthcare Brockton Hospital South Shore Hospital Steward Good Samaritan Medical Center
Southcoast	Steward Saint Anne's Hospital Southcoast Hospitals Group

Acute Hospitals

Public Payer Designations

Certain acute hospitals in Massachusetts have a special status among public payers due to their rural or relatively isolated locations:

Critical Access Hospital is a state designation given to hospitals that have no more than 25 acute beds, are located in a rural area, and are more than a 35-mile drive from the nearest hospital or more than a 15-mile drive in areas with mountainous terrains or secondary roads.³ Critical Access Hospitals receive cost-based payments from Medicare and MassHealth.

Sole Community Hospital is a Medicare designation given to hospitals that are located in rural areas or are located in areas where it is difficult to access another hospital quickly. These hospitals are eligible to receive higher inpatient payments from Medicare than other hospitals.⁴

³ In addition, Critical Access Hospitals include hospitals that were, prior to January 1, 2006, designated by the State as a "necessary provider" of health care services to residents in the area. There are additional requirements to be designated as a Critical Access Hospital, including length of stay requirements, staffing requirements, and other provisions. See 42 CFR 485.601-647.

⁴ 42 CFR 412.92.

Acute Hospital Cohorts

In order to develop comparative analytics, CHIA assigned hospitals to peer cohorts. The acute hospitals were assigned to one of the following cohorts according to the criteria below:

Academic medical centers (AMCs) are a subset of teaching hospitals. AMCs are characterized by (1) extensive research and teaching programs and (2) extensive resources for tertiary and quaternary care, and are (3) principal teaching hospitals for their respective medical schools and (4) full service hospitals with case mix intensity greater than 5% above the statewide average.

Teaching hospitals are those hospitals that report at least 25 full-time equivalent medical school residents per one hundred inpatient beds in accordance with Medicare Payment Advisory Commission (MedPAC) and do not meet the criteria to be classified as AMCs.

Community hospitals are hospitals that are not teaching hospitals and have a public payer mix of less than 63%.

Community-Disproportionate Share Hospitals (DSH)⁵ are community hospitals that are disproportionately reliant on public revenues by virtue of a public payer mix of 63% or greater. Public payers include Medicare, MassHealth and other government payers, including Commonwealth Care and the Health Safety Net.

Specialty hospitals were not included in any cohort comparison analysis due the unique patient populations they serve and/or the unique sets of services they provide.

Below is a list of acute hospital cohorts and the hospitals assigned to each:

Cohort Designation	Acute Hospital
AMC	Beth Israel Deaconess Medical Center Boston Medical Center Brigham and Women's Hospital Massachusetts General Hospital Tufts Medical Center UMass Memorial Medical Center
Teaching	Baystate Medical Center Berkshire Medical Center Brigham and Women's Faulkner Hospital Cambridge Health Alliance Lahey Hospital & Medical Center Mount Auburn Hospital Saint Vincent Hospital Steward Carney Hospital Steward St. Elizabeth's Medical Center
Community	Anna Jaques Hospital Baystate Mary Lane Hospital Beth Israel Deaconess Hospital – Milton Beth Israel Deaconess Hospital – Needham Beth Israel Deaconess Hospital – Plymouth Cooley Dickinson Hospital Emerson Hospital

⁵ M.G.L. c. 6D, Section 1 defines a Disproportionate Share Hospital (DSH) as a hospital with a minimum of 63% of patient charges attributed to Medicare, Medicaid, and other government payers, including Commonwealth Care and the Health Safety Net.

Acute Hospital Cohorts

	Hallmark Health Lowell General Hospital MetroWest Medical Center Milford Regional Medical Center Nantucket Cottage Hospital Nashoba Valley Medical Center Newton-Wellesley Hospital Northeast Hospital South Shore Hospital Steward Norwood Hospital Winchester Hospital
Community-DSH	Athol Hospital Baystate Franklin Medical Center Cape Cod Hospital Clinton Hospital Fairview Hospital Falmouth Hospital Harrington Memorial Hospital^ HealthAlliance Hospital Heywood Hospital Holyoke Medical Center Lawrence General Hospital Marlborough Hospital^ Martha's Vineyard Hospital^ Mercy Medical Center Noble Hospital North Shore Medical Center Signature Healthcare Brockton Hospital Southcoast Hospitals Group Steward Good Samaritan Medical Center Steward Holy Family Hospital Sturdy Memorial Hospital^ Merrimack Valley Hospital Morton Hospital Quincy Medical Center Steward Saint Anne's Hospital Wing Memorial Hospital
Specialty⁶	Boston Children's Hospital Dana-Farber Cancer Institute Kindred Hospital – Boston Kindred Hospital – Boston North Shore Massachusetts Eye and Ear Infirmary New England Baptist Hospital

^These hospitals were in different cohorts in FY12.

⁶ The Specialty acute hospital cohort also includes Shriners Hospital for Children- Boston and Shriners Hospital for Children-Springfield; however, these hospitals are not included in this year's publication.

Acute Hospital Profiles: At a Glance

Total staffed beds are the average number of beds during the fiscal year that were in service and staffed for patient use.

Inpatient occupancy rate is the average percent of staffed inpatient beds occupied during the reporting period. Percentage of occupancy is calculated as follows: Inpatient Days divided by Weighted Average Staffed Beds times 365 (or the number of days in the reporting period).

Case mix index (CMI) is a relative value assigned to the hospital's mix of inpatients to determine the overall acuity of the hospital's patients and is compared with the CMI of peer hospitals and the statewide average CMI. CHIA calculated each hospital's CMI by applying the 3M™ All Patient Refined (APR) grouper, version 30 with Massachusetts-specific baseline cost weights to each hospital's HDD data. Hospitals validate their HDD data submissions annually with CHIA.

The APR grouper and Massachusetts-specific baseline cost weights used in this year's publication represent an update from the grouper and weights used in previous reports. All case mix information included in this report has been grouped under APR grouper, version 30. This may result in comparative differences between publication years for individual hospitals.

Inpatient Discharge information was sourced from the 403 cost report. See the Inpatient Discharge metric for more information.

Trauma Center designation is determined by the Massachusetts Department of Public Health and the American College of Surgeons, with Level 1 being the highest designation given to tertiary care facilities. Facilities can be designated as Adult and/or Pediatric Trauma Centers.⁷ While there are five levels of trauma center designations recognized nationally, Massachusetts hospitals only fall under Levels 1, 2, and 3 for Adult and/or Levels 1 and 2 for Pediatric.

Level 1 Trauma Center is a comprehensive regional resource that is a tertiary care facility central to the trauma system. A Level 1 Trauma Center is capable of providing total care for every aspect of injury, from prevention through rehabilitation.

Level 2 Trauma Center is able to initiate definitive care for all injured patients, and provide 24-hour immediate coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care.

Level 3 Trauma Center has demonstrated an ability to provide prompt assessment, resuscitation, surgery, intensive care and stabilization of injured patients and emergency operations, including the ability to provide 24-hour immediate coverage by emergency medicine physicians and prompt availability of general surgeons and anesthesiologists

Emergency Department Visits include any visit by a patient to an emergency department that results in registration at the Emergency Department but does not result in an outpatient observation stay nor the inpatient admission of the patient at the reporting facility. An Emergency Department visit occurs even if the only service provided to a registered patient is triage or screening.

⁷ American Trauma Society, Trauma Center Levels Explained. Available at: <http://www.amtrauma.org/?page=TraumaLevels> (accessed on January 9, 2015).

Acute Hospital Profiles: At a Glance

Public payer mix is determined based upon the hospital's reported Gross Patient Service Revenue (GPSR). See Payer Mix metric description in this Appendix for more information.

Special public funding indicates whether the hospital received Delivery System Transformation Initiative (DSTI), Infrastructure and Capacity Building (ICB) or Community Hospitals Acceleration, Revitalization and Transformation (CHART) grants. Special public funding is grant money given to hospitals by the state or federal government. The amounts listed may be total grant allocations that will be disbursed over a period of time, or a portion of a grant that was disbursed in FY13. For more information please see the Special Public Funding notes contained in Exhibit C of this Appendix.

Commercial payer price level represents the hospital's calendar year 2013 commercial composite relative price percentile. This percentile was derived by taking the simple average of the hospital's blended (inpatient and outpatient) relative price percentiles across all payers. The composite percentile gives a sense of the rank of a provider's relative price compared to other hospitals across all commercial payers. For more information on relative prices, see the Relative Price metric description in this Appendix.

Inpatient cost per (Case Mix) Adjusted Discharge measures the hospital's adjusted inpatient costs divided by the product of the number of the hospital's discharges and its case mix index. Hospital costs were adjusted to remove direct medical education and physician compensation from the calculation. This measure compares the hospital's inpatient cost growth on a patient volume and severity adjusted basis. See Exhibit E of this Appendix for more information about this calculation.

Inpatient – outpatient revenue is derived from the amount of GPSR reported for inpatient and outpatient services in the hospital's 403 Cost Report.

Change in ownership notes change in ownership during the period of the analysis. In some cases, changes in ownership may have occurred subsequent to FY13.

Acute Hospital Profiles: Metric Descriptions

Acute Hospital Profiles: Services

Most common inpatient diagnosis related groups (DRGs) and the percentage of those DRGs treated at that hospital for the region.

- **Data Source:** FY13 HDD data and the 3M™ APR-DRG 30 All Patient Refined Grouper
- **Hospital Calculation:** Each discharge was grouped and ranked by DRG code. The subject hospital's 10 most frequently occurring DRGs were identified and those DRGs were then summed for all hospitals in the region in order to calculate the percent of regional discharges that were treated at the subject hospital. The total number of the subject hospital's discharges was compared to the sum of all hospital discharges in the region to determine the overall proportion of regional discharges.

For more information on DRGs, please see Exhibit B of this Appendix.

Most common communities from where the hospital's inpatient discharges originated, and the total percent of all discharges (from Massachusetts hospitals) from that community that went to that hospital.

- **Data Source:** FY13 HDD data for discharge information; patient origin was determined by the zip codes from where the patients resided. In larger cities, the top communities may reflect postal code neighborhoods.
- **Hospital Calculation:** The zip code for each patient discharge was matched with the USPS community name, and then grouped and ranked. The most frequently occurring communities were then summed for all hospitals in the region to calculate the percent of community discharges that went to the subject hospital.

A **hospital's top communities by inpatient origin** were determined using a hospital's FY13 discharge data from the HDD. Patient origin was determined by the reported zip code for each patient's residence. In larger cities, communities may include multiple zip codes. These zip codes were rolled up to reflect postal code neighborhoods based on the United States Postal Service Database. For more information on the zip codes included within each region, please see the Databook.

For example, Boston zip codes were rolled up to the following designations: Boston (Downtown) includes: Back Bay, Beacon Hill, Downtown Boston, the Financial District, East Boston, Fenway/Kenmore, South Boston and South End. The remaining Boston communities with multiple zip codes were rolled up to these designations: Allston, Brighton, Charlestown, Dorchester, Dorchester Center, Hyde Park, Jamaica Plain, Mattapan, Mission Hill, Roslindale, Roxbury, and West Roxbury.

Acute Hospital Profiles: Growth Measures

Inpatient Net Revenue per CMAD growth rate for each hospital was calculated by dividing the hospital's Net Patient Service Revenue (NPSR) by the total CMADs for FY12 and FY13 and determining the percent change. NPSR includes both net inpatient revenue and inpatient premium revenue. The peer cohort growth rate denotes the growth in median revenue per CMAD from FY12 to FY13 for all cohort hospitals.

Acute Hospital Profiles: Metric Descriptions

Inpatient Discharges growth rate for each hospital measures the percent change in discharges for inpatient admissions between FY12 and FY13. The peer cohort growth rate represents the median of the percent change across all hospitals in the cohort between FY12 and FY13.

Outpatient Revenue growth rate for each hospital represents the percent change in a hospital's reported net revenue for outpatient services between FY12 and FY13. Net outpatient service revenue includes both net outpatient revenue and outpatient premium revenue. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume, severity or service mix.

Outpatient Visits growth rate for each hospital measures the percent change in total outpatient visits to a hospital between FY12 and FY13. Note that outpatient visits may not be uniformly reported across hospitals. The peer cohort growth rate represents the median of the percent change across all hospitals in the cohort between FY12 and FY13.

Acute Hospital Profiles: Payer Mix

Payer Mix measures the distribution of total GPSR for the hospital's most recent fiscal year across the major payer categories. This provides information regarding the proportion of services, as measured by gross charges, which a hospital provides to patients from each category of payer.

- **Data Source:** 403 Cost Report: Schedule 5a, Row 44, Columns 3 through 14
- **Hospital Calculation:** State Programs = Medicaid Managed + Medicaid Non-Managed + Commonwealth Care + Health Safety Net (HSN); Federal Programs = Medicare Managed + Medicare Non-Managed + Other Government; Commercial & Other = Managed Care + Non-Managed Care + Self Pay + Workers Comp + Other.

Each of the above was divided by Total GPSR to get the percentage for each payer category.

- **Average Hospital calculation:** Represents the mean of each hospital's percentage in each of the payer categories to arrive at a payer mix distribution for the average hospital.
 - For example, the Average Hospital's State Programs component = Mean of the proportion of each peer cohort hospital's State Programs funding. Note: "Average Hospital" group excludes specialty hospitals.
- DSH status applies when a hospital has a minimum of 63% of GPSR, measured by gross patient charges, attributed to Medicare, Medicaid, and other government payers, including Commonwealth Care and the Health Safety Net. This is a Massachusetts-specific designation. It should be noted that the Centers for Medicare and Medicaid Services (CMS) determines a hospital's DSH status according to different criteria.

Relative price is a calculated measure that compares different provider prices within a payer's network for a standard mix of insurance products (e.g. HMO, PPO, and Indemnity) to the average of all providers' prices in that network. The relative price method standardizes the calculation of provider prices and accounts for the effect of differences in the services providers deliver to patients, and the different product types that payers offer to their members.

Acute Hospital Profiles: Metric Descriptions

- **Data Source:** Payer Data Reports submitted pursuant to 957 CMR 2.00
- **Calendar Year (CY) 2013 Payer Specific Relative Price Levels:** Shows the subject hospital's blended (inpatient and outpatient) relative price levels, expressed as a percentile, compared to the average blended relative price percentiles of the hospitals in its peer cohort for the subject hospital's three largest commercial payers. Note that relative price levels are specific to each payer's network and cannot be compared directly across payer networks.

Acute Hospital Profiles: Utilization Trends

Change in volume of inpatient discharges measures discharges for inpatient admissions.

- **Data Source:** 403 Cost Report: Schedule 3, Row 22, Column 12
- **Hospital index calculation:** Displays the percent change in the number of inpatient discharges for each year, using FY09 as the base year. FY10: $(FY10 - FY09)/FY09$, FY11: $(FY11 - FY09)/FY09$, FY12: $(FY12 - FY09)/FY09$, FY13: $(FY13 - FY09)/FY09$.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY09 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

Change in volume of outpatient visits measures total outpatient visits to a hospital. Note that outpatient visits may not be uniformly reported across hospitals.

- **Data Source:** 403 Cost Report: Schedule 5a, Row 39, Column 2
- **Hospital index calculation:** Calculate the percent change between each year, using FY09 as the base year. FY10: $(FY10 - FY09)/FY09$, FY11: $(FY11 - FY09)/FY09$, FY12: $(FY12 - FY09)/FY09$, FY13: $(FY13 - FY09)/FY09$.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY09 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

Acute Hospital Profiles: Patient Revenue Trends

Net inpatient service revenue per case mix adjusted discharge (CMAD) measures the hospital's net inpatient service revenue (NPSR) divided by the product of the number of the hospital's discharges and its case mix index. NPSR includes both net inpatient revenue and inpatient premium revenue.

- **Data Source:** NPSR and discharges were sourced from the 403 Cost Report; Case Mix Index (CMI) is sourced from HDD.
- **Hospital calculation:** The hospital's inpatient net revenue per CMAD was calculated by dividing NPSR by the total CMAD for each year.

Acute Hospital Profiles: Metric Descriptions

- **Cohort calculation:** The range of all revenue/CMAD values for cohort hospitals are represented by the vertical black line. The cohort value denotes the median revenue per CMAD for all cohort hospitals.

Variation in inpatient discharge counts:

Hospitals may report different numbers of discharges on the 403 Cost Report and the HDD. Hospitals have explained that this is due to:

- *Timing* – while HDD is accurate when submitted (75 days after the close of a quarter), a case may be reclassified as outpatient, usually due to a change in payer designation. Payers may have different clinical criteria for defining an inpatient and outpatient stay.
- *HDD edits* – discharges reported by the hospital that did not pass HDD edits may have been excluded from the HDD but included in the 403;
- Payer classification/status differences between the 403 and HDD;

Since a hospital's case mix index is calculated using the HDD, which often includes a lower number of discharges than reported by the hospital on the 403 Cost Report, the calculation of a hospital's total case mix adjusted discharges equals the number of discharges reported on the 403 Cost Report, multiplied by the case mix index.

Change in total outpatient revenue measures a hospital's reported net revenue for outpatient services. Net outpatient service revenue includes both net outpatient revenue and outpatient premium revenue. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume, severity or service mix.

- **Data Source:** 403 Cost Report: Schedule 5a, Rows 78.01 (net outpatient revenue) + 78.02 (outpatient premium revenue), Column 2
- **Hospital index calculation:** Displays the percent change between each year, using FY09 as the base year. FY10: (FY10-FY09)/FY09, FY11: (FY11-FY09)/FY09, FY12: (FY12-FY09)/FY09, FY13: (FY13-FY09)/FY09.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY10 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

Acute Hospital Profiles: Financial Performance

Total Revenue, Total Costs and Profit / Loss measure the amount of the subject hospital's Total Revenue, Total Costs, and Total Profit or Loss for each year from 2009 through 2013.

- **Data Sources:** Financial Statements: The line numbers for each data point are as follows: Total Unrestricted Revenue (row 65), Operating Revenue (row 57.2), Non-Operating Revenue (row 64.1), Total Expenses (row 73), and Profit / Loss (row 74).

Acute Hospital Profiles: Metric Descriptions

Total Margin measures the subject hospital's overall financial performance compared to the median total margin of the hospitals in its peer cohort.

- **Data Source:** Financial Statements: Excess of Revenue, Gains, & Other Support (row 74) divided by Total Unrestricted Revenue (row 65)
- **Cohort Calculation:** Calculated median for the cohort group.

Operating Margin measures the subject hospital's financial performance of its primary, patient care activities compared to the median operating margin of the hospitals in its peer cohort.

- **Data Source:** Financial Statements: Operating Revenue (row 57.2) minus Total Expenses (row 73) divided by Total Unrestricted Revenue (row 65)
- **Cohort Calculation:** Calculated median for the cohort group.

Acute Hospital Quality Profiles: Metric Descriptions

As a new component, acute hospitals included in *Massachusetts Hospital Profiles- Data through Fiscal Year 2013* were profiled on select quality metrics. Details for each of these metrics are included in this Appendix.

To compile the profiles, CHIA relied on the following primary data sources: the Hospital Discharge Database (HDD), the CMS Hospital Compare database, and The Leapfrog Group.

Metrics included in this section are based on varied data periods due to differences in reporting time frames between the data sources. For each metric on the Acute Hospital Quality Profiles, the associated reporting time period is listed.

Acute Hospital Quality Profiles: Patient Safety

PSI 90 is a patient safety composite of 11 measures that indicate the frequency of procedural and post-surgical complications at a hospital. PSI 90 includes the following measures:

- PSI #3: Pressure Ulcer Rate
- PSI #6: Iatrogenic Pneumothorax Rate
- PSI #7: Central Venous Catheter-Related Blood Stream Infection Rate
- PSI #8: Postoperative Hip Fracture Rate
- PSI #9: Perioperative Hemorrhage or Hematoma Rate
- PSI #10: Postoperative Physiologic and Metabolic Derangement Rate
- PSI #11: Postoperative Respiratory Failure Rate
- PSI #12: Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate
- PSI #13: Postoperative Sepsis Rate
- PSI #14: Postoperative Wound Dehiscence Rate
- PSI #15: Accidental Puncture or Laceration Rate

The composite measure is risk-adjusted, and calculated such that the national average for each year is always 1.0. Lower scores are better.

- **Data Source:** Hospital Discharge Database (HDD)
- **Data Period:** FY2011, FY12, FY13
- **Hospital Calculation:** Reflects the rate of complications or adverse events at the hospital relative to the national average of 1.0.
- **Cohort Calculation:** Calculated median for the cohort group.

Acute Hospital Quality Profiles: Metric Descriptions

- **National Comparative:** Provided by the Agency for Healthcare Research and Quality (AHRQ).
- **Patient Population:** All Payers, Ages 18+.

Acute Hospital Quality Profiles: Patient Experience

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a survey that measures patient perspectives on various aspects of their care. Results are adjusted for patient mix and survey mode (the format in which patients completed the survey) and compared to the national average. Higher scores are better.

- **Data Source:** Centers for Medicare & Medicaid Services (CMS) Hospital Compare
- **Data Period:** 2012-2013
- **Hospital Calculation:** All data were retrieved from CMS Hospital Compare as pre-calculated percentages. Where a hospital's performance is not included on Hospital Compare because of small numbers or missing data, the measure is also not included in the report.

Displays the following categories of survey measures, and the percentage of patients who responded “always” for the following measures of patient experience:

Communication Measures:

- Patients who reported that their doctors “always” communicated well.
- Patients who reported that their nurses “always” communicated well.

Care Coordination Measures:

- Patients who reported that YES, they were given information about what to do during their recovery at home.
- Patients who reported that staff “always” explained about medicines before giving it to them.

Comfort Measures:

- Patients who reported that their room and bathroom were “always” clean.
- Patients who reported that the area around their room was “always” quiet at night.
- Patients who reported that they “always” received help as soon as they wanted.
- Patients who reported that their pain was “always” well controlled.

Overall Satisfaction Measures:

Acute Hospital Quality Profiles: Metric Descriptions

- Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).
 - Patients who reported YES, they would definitely recommend the hospital.
- **Cohort Calculation:** No cohort comparative is displayed for this measure.
- **National Comparative:** Displays the national average, calculated by CMS.
- **Patient Population:** All Payers, Ages 18+.

Acute Hospital Quality Profiles: Care Practices

Computerized Physician Order Entry (CPOE) assesses the proportion of total medication orders that were entered via an electronic system. Electronic Health Records (EHRs) include the ability to enter medication orders directly into the system. This is believed to reduce transcription errors from handwritten notes. Furthermore, some EHRs include medical error checking to notify the doctor if the ordered medication is inappropriate for a patient's current status, or if there are known interactions with the medications the patient is already taking.

- **Data Source:** The Leapfrog Group Hospital Survey
- **Data Period:** 2012-2013
- **Hospital Calculation:** All data were received from The Leapfrog Group as pre-calculated percentages. Participation in the Leapfrog survey is voluntary; where a hospital does not complete the survey or report on certain items in the survey, the measure is also not included in the report.
- **Cohort Calculation:** No cohort comparative is displayed for this measure.
- **Patient Population:** All Payers, All Ages.

Acute Hospital Quality Profiles: Readmissions

Hospital-Wide All-Cause Unplanned Readmission Measure (Medicare Fee-For-Service Only) is designed to follow patients for 30 days from discharge and determine if they are admitted to a hospital during this period. In some cases, a readmission may be part of the care plan, and the measure excludes these. Only Medicare Fee-For-Service (FFS) patients are followed and included in this measure. The measure is standardized for risk based on the clinical comorbidities of each patient, and compared to the national average. Lower numbers of readmissions are better.

- **Data Source:** CMS Hospital Compare
- **Data Period:** 2011-2012

Acute Hospital Quality Profiles: Metric Descriptions

- **Hospital Calculation:** Reflects the number of Medicare FFS patients readmitted to any hospital within 30 days for any unplanned reason, as calculated by CMS Hospital Compare.
- **Cohort Calculation:** Calculated median for the cohort group.
- **National Comparative:** Displays the national average, calculated by CMS.
- **Patient Population:** Medicare FFS only, Ages 65+.

Acute Hospital Quality Profiles: Obstetric Care

Early Elective Deliveries measures what proportion of non-clinically complicated deliveries were completed prior to 39 weeks without medical necessity. Forty-one acute hospitals reported data for this indicator. All data were received from The Leapfrog Group as pre-calculated percentages. Participation in the Leapfrog survey is voluntary; where a hospital does not complete the survey or report on certain items in the survey, the measure is also not included in the report.

- **Data Source:** The Leapfrog Group Hospital Survey.
- **Data Period:** 2012-2013
- **Hospital Calculation:** Displays the percentage of newborn deliveries at the hospital that were considered clinically unnecessary inductions that occurred before the 39th week of gestation.
- **Cohort Calculation:** Calculated median of the cohort group.
- **National Comparative:** National average calculated by The Leapfrog Group.
- **Patient Population:** All Payers, All Ages.

Acute Hospital Quality Profiles: Obstetric Care Complications

Injury to Neonates displays the hospital and cohort scores related to PSI #17 Birth Rate Trauma: Injury to Neonates

- **Data Source:** Hospital Discharge Database (HDD).
- **Data Period:** FY13
- **Hospital Calculation:** Displays the rate per 1,000 deliveries of this adverse event that occurred at the hospital.
- **Cohort Calculation:** Calculated median of the cohort group.
- **Patient Population:** All Payers, Ages 18+

Acute Hospital Quality Profiles: Metric Descriptions

Obstetric Trauma: With Instrument displays the hospital and cohort scores related to PSI #18 Obstetric Trauma: Vaginal Delivery with Instrument

- **Data Source:** Hospital Discharge Database (HDD).
- **Data Period:** FY13
- **Hospital Calculation:** Displays the rate per 1,000 deliveries of this adverse event, defined as a 2nd or 3rd degree laceration, which occurred at the hospital.
- **Cohort Calculation:** Calculated median of the cohort group.
- **Patient Population:** All Payers, Ages 18+

Obstetric Trauma: Without Instrument displays the hospital and cohort scores related to PSI #19 Obstetric Trauma: Vaginal Delivery without Instrument

- **Data Source:** Hospital Discharge Database (HDD).
- **Data Period:** FY13
- **Hospital Calculation:** Displays the rate per 1,000 deliveries of this adverse event, defined as a 2nd or 3rd degree laceration, which occurred at the hospital.
- **Cohort Calculation:** Calculated median of the cohort group.
- **Patient Population:** All Payers, Ages 18+

Acute Hospital Cohort Profiles: Metric Descriptions

The acute hospital cohort profiles measure the acute hospital cohorts as composites of the individual hospitals assigned to each cohort. In general, metrics were determined by aggregating the values of all hospitals assigned to the cohort. For comparison purposes, the individual cohorts are compared to hospitals assigned to all other cohorts⁸, which excludes specialty hospitals. The analytic metrics are largely the same as the metrics used for the individual hospital profiles. Please see the descriptions and calculation methods described in the Acute Hospital Metric Description section for more information.

In cases where metrics were similar to the acute hospital profile metrics, data was aggregated to determine cohort measures. For example:

The most common inpatient DRGs for each subject cohort were determined by categorizing all of the hospitals' discharges by cohort using the All Patient Refined Grouper (3M™ APR-DRG 30), which were then summed and ranked. Each of the subject cohort's ten most frequently occurring DRGs were then divided by the statewide count per DRG to obtain the percent of discharges to the statewide total.

*The cohort comparison metric for **payer mix** is different from comparisons among acute hospitals:*

Payer mix was calculated differently from other measures due to the fact that the underlying charges that comprise GPSR differ across hospitals. For this measure, the cohort payer mix was first calculated for each hospital assigned to the cohort in the manner described in the Acute Hospital Profiles section of this Appendix. The mean of the individual cohort hospital's experience was determined and is displayed here. The same method was used to determine the trend in outpatient visits for comparison to all other cohort hospitals.

⁸ Note that specialty hospitals are not assigned to any cohort due to their unique service mix and/or populations served.

Non-Acute Hospitals

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.

Non-Acute Hospital Location and Multi-Hospital System Affiliations

The location for each non-acute hospital in this report was obtained, where possible, from hospital licensing information collected by DPH. The hospital license includes information on a hospital's campuses and satellite offices.

Multi-hospital system membership identifies the health system with which the subject acute hospital is a member. This information was derived from the hospital's Audited Financial Statements.

Below is a list of Massachusetts multi-hospital systems and their non-acute hospital members:

Multi-Hospital System	Non-Acute Hospital Member
Arbour Health System	Arbour Hospital Arbour-Fuller Memorial Arbour-HRI Hospital Westwood Pembroke Hospital
HealthSouth	HealthSouth Rehabilitation of Western Massachusetts
Kindred Health Care	Kindred Hospital Northeast
Partners HealthCare System	McLean Hospital Spaulding Rehabilitation Hospital of Cape Cod Spaulding North Shore Spaulding Rehabilitation Hospital Spaulding Hospital Cambridge
Steward Health Care System	New England Sinai Hospital
Whittier Health System	Whittier Pavilion Whittier Rehabilitation Hospital Bradford Whittier Rehabilitation Hospital Westborough

Non-Acute Hospital Cohorts

Non-acute hospitals were assigned to peer cohorts based upon MassHealth regulatory designations, defined by the criteria below⁹:

Psychiatric hospitals are licensed by the DMH for psychiatric services, and by DPH for substance abuse services.

Rehabilitation hospitals provide intensive post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, the federal government classifies hospitals as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in federal regulations.¹⁰

⁹ State-owned non-acute hospitals are not included in this publication.

¹⁰ 42 CFR 412.29(b)(2)

Non-Acute Hospitals

Chronic care hospitals are hospitals with an average length of stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator-dependent care. Medicare classifies chronic hospitals as Long-Term Care Hospitals, using the same 25-day threshold.

Non-acute specialty hospitals were not included in any cohort comparison analysis due the unique patient populations they serve and/or the unique sets of services they provide. Non-acute hospitals that were considered specialty hospitals include:

- AdCare Hospital of Worcester - provides substance abuse services
- Franciscan Hospital for Children - provides specialized children's services
- Hebrew Rehabilitation Hospital - specializes in providing longer term care than other chronic hospitals.

Below is a list of non-acute hospital cohorts and the hospitals assigned to each:

Cohort Designation	Non-Acute Hospital
Psychiatric Hospitals	Arbour Hospital Arbour-Fuller Memorial Arbour-HRI Hospital Baldpate Hospital Bournewood Hospital McLean Hospital Walden Behavioral Care Westwood Pembroke Hospital Whittier Pavilion
Rehabilitation Hospitals	Braintree Rehabilitation Hospital HealthSouth Fairlawn Rehabilitation Hospital HealthSouth Rehabilitation Hospital of Western Massachusetts New Bedford Rehabilitation Hospital New England Rehabilitation Hospital Spaulding Rehabilitation Hospital of Cape Cod Spaulding Rehabilitation Hospital Whittier Rehabilitation Hospital Bradford Whittier Rehabilitation Hospital Westborough
Chronic Care Hospitals	Kindred Hospital Northeast New England Sinai Hospital Radius Specialty Hospital Spaulding Hospital Cambridge Spaulding North Shore Vibra Hospital of Western Mass
Specialty Non-Acute Hospitals	AdCare Hospital of Worcester Franciscan Hospital for Children Hebrew Rehabilitation Hospital

Non-Acute Hospital Profiles: At a Glance

Total staffed beds are the average number of beds during the fiscal year that were in service and staffed for patient use. Beds ordinarily occupied for less than 24 hours are usually not included.

Percent occupancy rate is the average percent of staffed inpatient beds occupied during the reporting period. Percentage of occupancy is calculated as follows: Inpatient Days divided by Weighted Average Staffed Beds times 365 (or the number of days in the reporting period).

Inpatient Discharge information was sourced from Schedule 3 of the 403 cost report.

Public payer mix was determined based upon the hospital's reported GPSR. See Payer Mix metric description for more information.

Total revenue was sourced from the hospital's 403 Cost Report.

Inpatient – outpatient revenue is derived from the amount of GPSR reported for inpatient and outpatient services in the hospital's 403 Cost Report.

Adjusted Cost per Day measures the hospital's adjusted inpatient costs divided by the hospital's total patient days. Hospital costs were adjusted to remove direct medical education and physician compensation from the calculation. See Exhibit F for an example of the Inpatient Cost per Day calculation.

Change in ownership notes change in ownership during the period of the analysis. In some cases, changes in ownership may have occurred subsequent to FY13.

Non-Acute Hospital Profiles: Metric Descriptions

Non-Acute Hospital Profiles: Payer Mix

Payer Mix measures the distribution of total GPSR for FY13 across the major payer categories. This provides information regarding the proportion of services, as measured by gross charges, which a hospital provides to patients from each category of payer.

- **Data Source:** 403 Cost Report: Schedule 5a, Row 44, Columns 3 through 14
- **Hospital Calculation:** State Programs = Medicaid Managed + Medicaid Non-Managed + Commonwealth Care + Health Safety Net (HSN); Federal Programs = Medicare Managed + Medicare Non-Managed + Other Government; Commercial & Other = Managed Care + Non-Managed Care + Self Pay + Workers Comp + Other. Dividing each of the above by Total GPSR results in the percentages displayed for each of the three categories.
- **Average Hospital calculation:** Displays the mean of the percentages in each of the payer categories to get each of the component percentages for the average hospital.
 - For example, the Average Hospital's state programs component = Mean of the proportion of each peer cohort hospital's State Programs funding. Note: "Average Hospital" group excludes specialty hospitals.

Non-Acute Hospital Profiles: Services

Types of inpatient services are defined by Discharges.

- **Data Sources:** FY13 403 Cost Report; Schedule 3, Column 12, Rows 1 through 21.
- **Hospital calculation:** Hospital's absolute count by weighted average bed type.
- **Cohort calculation:** Hospital's absolute bed type count divided by cohort's total discharges by that specific bed type.

Average Length of Stay (ALOS) measures the average duration of an inpatient admission.

- **Data Sources:** 403 Cost Report, Schedule 3, Column 13, Row 22
- **Hospital calculation:** Calculated percent change in the ALOS for each year, using FY09 as the base year. FY10: $(FY10 - FY09) / FY09$, FY11: $(FY11 - FY09) / FY09$, FY12: $(FY12 - FY09) / FY09$, FY13: $(FY13 - FY09) / FY09$.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY09 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

Non-Acute Hospital Profiles: Utilization

Change in Volume of Inpatient Days includes all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and

Non-Acute Hospital Profiles: Metric Descriptions

discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

- **Data Sources:** 403 Cost Report, Schedule 3, Column 6, Row 22
- **Hospital Index calculation:** Calculated percent change in Inpatient Days for each year, using FY09 as the base year. FY10: $(FY10-FY09)/FY09$, FY11: $(FY11-FY09)/FY09$, FY12: $(FY12-FY09)/FY09$, FY13: $(FY13-FY09)/FY09$.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example Cohort for FY09 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

Change in Volume of Outpatient Visits measures the total outpatient visits to a hospital.

- **Data Source:** 403 Cost Report; Schedule 5a, Column 2, Row 39
- **Hospital Index calculation:** Displays the percent change in the Outpatient Visits for each year, using FY09 as the base year. FY10: $(FY10-FY09)/FY09$, FY11: $(FY11-FY09)/FY09$, FY12: $(FY12-FY09)/FY09$, FY13: $(FY13-FY09)/FY09$.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example Cohort for FY09 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

Non-Acute Hospital Profiles: Patient Revenue Trends

Inpatient Revenue per Day is the hospital's net inpatient service revenue (NPSR) divided by its total inpatient days.

- **Data Source:** NPSR was sourced from schedule 5a, column 2, rows 65.01 (net inpatient revenue) and 65.02 (inpatient premium revenue) of the 403 Cost Report. Inpatient days were sourced from Schedule 3, column 6, row 22 of the 403 cost report.
- **Hospital Index calculation:** Displays the percent change in the Inpatient Net Patient Service Revenue per Day for each year, using FY09 as the base year. FY10: $(FY10-FY09)/FY09$, FY11: $(FY11-FY09)/FY09$, FY12: $(FY12-FY09)/FY09$, FY13: $(FY13-FY09)/FY09$.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example Cohort for FY09 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

Change in Total Outpatient Revenue measures a hospital's reported net revenue for outpatient services. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume. In addition, several non-acute hospitals do not provide outpatient services.

Non-Acute Hospital Profiles: Metric Descriptions

- **Data Source:** 403 Cost Report; Schedule 5a, Column 2, Rows 78.01 (net outpatient revenue) and 78.02 (outpatient premium revenue)
- **Hospital Index calculation:** Displays the percent change in the Outpatient Revenue for each year, using FY09 as the base year. FY10: $(FY10 - FY09) / FY09$, FY11: $(FY11 - FY09) / FY09$, FY12: $(FY12 - FY09) / FY09$, FY13: $(FY13 - FY09) / FY09$.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example, Cohort for FY09 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

Non-Acute Hospital Profiles: Financial Performance

Total Revenue, Total Costs and Profit / Loss measure the amount of the subject hospital's Total Revenue, Operating Revenue, Non-Operating Revenue, Total Costs, and Total Profit or Loss for each year from 2009 through 2013.

- **Data Sources:** 403 Cost Report, Schedule 23. The line numbers for each data point are as follows: Total Unrestricted Revenue (row 65), Operating Revenue (row 55 + row 56 + row 57 + row 60 + row 64), Non-Operating Revenue (row 58 + row 59), Total Expenses (row 73), and Profit / Loss: (row 74).

Total Margin measures the subject hospital's overall financial performance compared to the median total margin of the hospitals in its peer cohort.

- **Data Source:** 403 Cost Report; Schedule 23, Column 2, Row 173
- **Cohort Calculation:** Calculated median for the cohort group.

Operating Margin measures the subject hospital's financial performance of its primary, patient care activities compared to the median operating margin of the hospitals in its peer cohort.

- **Data Source:** 403 Cost Report: Schedule 23, Column 2, Row 174
- **Cohort Calculation:** Calculated median for the cohort group.

Note: Some for-profit hospitals are organized as S corporations. For-profit entities that are organized as S corporations, in accordance with Internal Revenue Code, do not pay federal income tax on their taxable income. Instead, the shareholders are liable for individual federal income taxes on their portion of the hospital's taxable income. Therefore, these hospitals may have income that appears higher than hospitals organized as a C corporation, which are taxed separately from their owners.

Multi-Acute Hospital Systems

The Health System Profiles chapter consists of two sections: (1) a comparative graphic showing the nine multi-acute hospital systems in Massachusetts¹¹ drawn to scale based on operating revenue, and (2) individual pages for each system detailing the organizations that comprise the system.

The **Comparative Overview** is a proportional representation of the size of each system using operating revenue from the smallest system (Heywood Healthcare) as the base.

- For example: in FY13, Berkshire Health Systems had approximately \$429 million in operating revenue, which is 3.3 times greater than Heywood Healthcare's approximately \$129 million in operating revenue. Accordingly, Berkshire Health Systems' circle is presented with an area 3.3 times larger than Heywood Healthcare's circle.

The individual system profiles define organizations within the system by the following categories:

- **Acute Hospitals:** a hospital that is licensed by the Massachusetts Department of Public Health, which contains a majority of medical-surgical, pediatric, obstetric, and maternity beds.
- **Non-Acute Hospitals:** typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria.
- **Physician Organizations:** A medical practice comprised of two or more physicians organized to provide patient care services.
- **Health Plans:** An organization that contracts or offers to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services.
- **Other Health Care Providers:** any organization within a system that is engaged in providing health care services and is not categorized as an acute hospital, a non-acute hospital, a physician organization, or a health plan.
- **Other Organizations:** all organizations that are not an acute hospital, a non-acute hospital, a physician organization, a health plan, or other health care provider. Revenue and net asset values were derived by adding up values for any organization in the financial statements not already categorized in the profile as a health care-related organization.

Some system financial statements reported to CHIA included the names and descriptions of organizations but did not include financial information for them. These organizations are presented in the profiles in text format, rather than displayed within a circle like the other organizations.

Unless otherwise noted, metrics included in these profiles are based on financial data from FY13 reported by the systems. Descriptive information is from FY13.

¹¹ Kindred Healthcare, Inc. and Tenet Healthcare Corporation are publicly traded multistate health systems. Each owns two acute hospitals in Massachusetts (Kindred owns Kindred Hospital – Boston and Kindred Hospital – Boston North Shore; Tenet owns MetroWest Medical Center and Saint Vincent Hospital). Due to their broad presence outside of Massachusetts, CHIA did not include Kindred or Tenet in the system profiles chapter.

Multi-Acute Hospital Systems

To compile the profiles, CHIA relied on the following primary data sources: consolidated system-level Audited Financial Statements, hospital Audited Financial Statements, and the 403 Cost Report.

All revenue and net asset information is sourced from each system's parent organization and affiliates' FY13 consolidated Audited Financial Statements.¹²

Each system's total **Operating Revenue** and **Net Assets** equal the sum of the components displayed in the individual system profiles, less any intercompany eliminations.

Consolidating Eliminations are intercompany transactions that are eliminated during the financial consolidation process. Eliminations were totaled from operating revenue and net asset information in the audited financial statement from each system. The total of the operating revenue and net assets after accounting for eliminations may not sum to the overall system operating revenue and net asset values displayed on each profile due to rounding.¹³

Data Verification:

Data verification reports including each system's reported data were sent to each system. Over the course of the development of this publication, CHIA adjusted or deleted some of the metrics based on feedback from the systems. Changes include revisions to the descriptions of some organizations and an additional section displaying consolidating eliminations.

¹² Steward Health Care System's revenue and net asset information is sourced from its FY12 audited consolidated financial statements, which is the most recent consolidated-level data available to CHIA.

¹³ Data used in Steward Health Care System's organizational breakout only includes financial information from the hospital entities and does not include consolidation eliminations.

Multi-Acute Hospital Systems: At a Glance

Operating revenue is revenue earned from services associated with patient care, including academic research. It excludes revenue earned from non-operating activities, such as gains associated with the sale of property or income from investments.

Net assets reflect the difference between total assets and total liabilities.

Profitability ratios: CHIA standardized calculations for operating and total margins to account for the varied presentation of financial statement reporting among health systems.

Total profit/loss (often presented in hospital financial statements as “excess of revenues over expenses”) and **total margin** are measures of the system’s overall financial performance, the former being in dollars and the latter a percentage.

- **System calculation:** $\text{Total Profit/Loss} = \text{Total Income} - \text{Total Expenses}$
- **System calculation:** $\text{Total Margin} = \text{Total Income} \div (\text{Operating Revenue} + \text{Non-Operating Gains/Losses})$

Employee statistics show the approximate number of employees in the system.

Multi-Acute Hospital Systems: Metric Descriptions

The **Percentage of Massachusetts Acute Hospitals** section shows the proportion of total discharges and inpatient/outpatient revenue at each system in relation to all acute hospitals in Massachusetts. Specialty hospitals were included when preparing these calculations. This information was calculated using data from 403 Cost Reports.

Percent of Discharges is the number of discharges for inpatient admissions.

- **Data Source:** 403 Cost Report: Schedule 5a, Column 2, Row 25
- **System Calculation:** Discharge Percent = Total discharges across all acute hospitals in a system divided by total statewide acute hospitals' discharges multiplied by 100

Percent of Inpatient Revenue reflects each system's inpatient net patient service revenue (NPSR) as a percentage of total inpatient NPSR reported by Massachusetts acute hospitals in 2013.

- **Data Source:** 403 Cost Report: Schedule 5a, Column 2, Rows 65.01 and 65.02
- **System Calculation:** Inpatient NPSR Percent = Total inpatient NPSR across all acute hospitals in system divided by total statewide acute hospitals' inpatient NPSR multiplied by 100

Percent of Outpatient Revenue reflects each system's outpatient net patient service revenue (NPSR) as a percentage of total outpatient NPSR reported by Massachusetts acute hospitals in 2013.

- **Data Source:** 403 Cost Report: Schedule 5a, Column 2, Rows 78.01 and 78.02
- **System Calculation:** Total outpatient NPSR across all acute hospitals in system divided by total statewide acute hospitals' outpatient NPSR multiplied by 100

Multi-Acute Hospital Systems: Other Organizations

Financial information for **Other Organizations** includes revenue and net assets from organizations that did not appear to fit into the other categories (acute hospital, non-acute hospital, health plan, etc.). It includes parent-level entities as well as the following organizations within each system:

Baystate Health, Inc.

- Ingraham Corp., a holding company for Baystate Health Ambulance
- Baystate Administrative Services, Inc., an administrative services entity
- Baystate Total Home Care, Inc., a not-for-profit entity that holds, leases, and manages real estate on behalf of Baystate
- Baystate Health Insurance Company, Ltd., a captive insurance company
- Baystate Health Foundation, Inc., a charitable foundation

Berkshire Health Systems, Inc.

- BHS Management Services, Inc., a corporation that provides management services to Berkshire's affiliates
- Berkshire Indemnity Company SPC, a captive insurance entity
- Tri-State Medical Management, Corp., a corporation that manages a physician office location for the benefit of Berkshire Medical Center

Cape Cod Healthcare, Inc.

- Cape Cod Healthcare Foundation, Inc., a not-for-profit corporation organized to provide development and fundraising support to Cape Cod Healthcare
- Heritage at Falmouth, a not-for-profit corporation that owns an assisted living facility
- Cape Health Insurance Company, a captive insurance company
- Cape Cod Hospital Medical Office Building, a for-profit provider of leased and subleased space to Cape Cod Hospital and related affiliations

CareGroup, Inc.

- Greater Boston Musculoskeletal Center (GBMC) Real Estate Company, LLC, an entity created as part of a joint venture between New England Baptist and Shields Healthcare Group to develop a new location for an ambulatory surgery facility in Dedham, Massachusetts.

Heywood Healthcare, Inc.

- Heywood Hospital Realty Corp., a corporation that owns medical office buildings

Lahey Health System, Inc.

- Lahey Clinic Foundation, Inc., a corporation organized to hold capital assets, investments, debt, and infrastructure costs
- Lahey Health Shared Services, Inc., a supporting corporation with the corporate purpose of providing administrative support to the System and its affiliates
- Lahey Clinic Insurance Company, Ltd., a captive reinsurance company
- Lahey Clinical Performance Accountable Care Organization, LLC, a corporation organized to operate an accountable care organization and participate in the Federal Medicare Shared Savings Program
- Lahey Clinical Performance Network, LLC, a corporation organized to contract with payers on behalf of participating providers and/or care units that are part of the System.

Multi-Acute Hospital Systems: Other Organizations

- Lahey Clinic Canadian Foundation, a Canadian Foundation that performs fundraising activities directed at citizens and residents of Canada
- Northeast Health System, Inc., a corporation that functions as the holding company for Northeast Hospital Corp. and the Northeast affiliates
- NE Proprietary Corp., a corporation organized for the purpose of establishing and operating health care facilities, services, and organizations

Partners HealthCare System, Inc.

- Partners Community Healthcare, Inc. (PCHI) was renamed in FY14 to Partners Community Physician Organization (PCPO). PCPO represents and provides management services to Partners community network of physicians and hospitals and implements population health management programs.

Steward Health Care System, LLC

- Steward Health Care Network, Inc., a company that manages and negotiates managed care contracts
- Tailored Risk Assurance Company, Ltd., a captive insurance company
- Steward has partnered with two Massachusetts health plans to create community hospital network insurance products:
- Steward Community Care is a partnership with Fallon Community Health Plan
- Steward Community Choice is a partnership with Tufts Health Plan

UMass Memorial Health Care, Inc.

- UMass Memorial Health Ventures, Inc., a joint venture interest holder
- UMass Memorial Realty, Inc.

Technical Appendix:

Exhibit A. Hospital-Specific Information & Subsequent Events

Acute Hospitals

Athol Hospital responded to the FY09 to FY13 data verification process for FY12 and FY13 data only.

Beth Israel Deaconess Medical Center (BIDMC) reported Graduate Medical Education (GME) costs on more than one line in the 403 Cost Report, and the corresponding statistics for those GME costs in more than one column on Schedules IX and III, respectively, on the 403 Cost Report. To ensure inclusion of these additional reported fields, CHIA manually calculated total GME expenses for BIDMC.

Beth Israel Deaconess Hospital- Plymouth (formerly Jordan Hospital) was acquired by Beth Israel Deaconess Medical Center effective January 1, 2014. As this acquisition took place after FY13, data for Beth Israel Deaconess Hospital- Plymouth is not included in the CareGroup system profile.

Boston Medical Center

Outpatient metrics for Boston Medical Center (BMC) include information for the following freestanding community health centers:

1. East Boston Neighborhood Health Center
2. Codman Square Health Center
3. Dorchester House Multi-Service Center
4. South Boston Community Health Center

Kindred Hospitals have limited acute hospital information included in this report, as they are considered long-term acute care hospitals. Kindred Hospital- Boston and Kindred Hospital- Boston North Shore are acute hospitals; however, as their data does not align with the other acute hospitals, they are not included in the cohort analysis.

Lowell General Hospital acquired Saints Medical Center effective July 1, 2012. For FY12, the Financial Statement data submitted by Lowell General Hospital includes 3 months of financial data for Saints Medical Center, in addition to 12 months of financial information for Lowell General Hospital. Saints Medical Center did not submit additional financial statement data for FY12. Each entity submitted a separate 403 Cost Report for FY09 through FY12. For FY13, both Financial Statement and 403 Cost Report data submitted by Lowell General Hospital includes Saints Medical Center data.

On October 20, 2014, Tufts Medical Center and Lowell General Hospital combined under a new parent company (Wellforce) and created a new multi-acute hospital system.

Mercy Hospital changed its fiscal year end date from December 31 to June 1 beginning July 1, 2013. Its 2013 Financial Statement filing reflects six months of data (January 1, 2013- June 30, 2013).

North Adams Regional Hospital announced on March 25, 2014 a closure of the hospital and related health care businesses effective March 28, 2014.

Saints Medical Center submitted 403 Cost Report data for FY09 through FY13, but financial statements only for FY09 through FY11 due to a merger with Lowell General Hospital effective July 1, 2012.

Shriners Hospitals for Children (both Boston and Springfield locations) are not included in this report due to insufficient data reported.

Technical Appendix:

Exhibit A. Hospital-Specific Information & Subsequent Events

Steward Good Samaritan Medical Center is located in the Metro South region; however, one of its campuses is located in Metro West region. Information for the campus located in Metro West is included in the Steward Good Samaritan Medical Center metrics.

Steward Health Care System: Fiscal year data for certain hospitals in the Steward Health Care System was annualized for comparison purposes.

Steward Health Care acquired six hospitals in FY10:

1. Steward St. Elizabeth's Medical Center
2. Steward Saint Anne's Hospital
3. Steward Carney Hospital
4. Steward Good Samaritan Medical Center
5. Steward Norwood Hospital
6. Steward Holy Family Hospital

FY11 403 Cost Report data for these hospitals reflects a period of 329 days, while FY10 403 Cost Report data reflects a period of 401 days. To account for these variances, 403-sourced data was annualized for these two fiscal years.

Non-acute Hospitals

Spaulding Hospital Cambridge (formerly Youville Hospital) did not submit 403 Cost Report data for FY09 due to a purchase transaction by Spaulding Hospital effective November 15, 2009. The 403 Cost Report submitted for FY10 reflects a partial year of 10.5 months. No adjustments were made to annualize as this was the first year of operations, and CHIA determined that the report would not materially distort the trend analysis. As of FY13, Spaulding Hospital Cambridge no longer provides outpatient services,

Bournewood Hospital is a sub-chapter S corporation.

Radius Specialty Hospital closed its Roxbury and Quincy rehabilitation facilities in October 2014.

Whittier Pavilion began operations in FY09; therefore, FY09 data is not be comparable to its subsequent years. In addition, outpatient services began in FY13. FY13 outpatient data represents a partial year of operation for these services.

Multi-Acute Hospital Systems

Baystate Health, Inc.

- In September 2014, UMass Memorial Health Care transferred ownership of Wing Memorial Hospital to Baystate Health.

CareGroup, Inc.

- The financial figures on CareGroup's system profile were sourced from separately from Audited Financial Statements for Beth Israel Deaconess Medical Center, Mount Auburn Hospital, and New England Baptist Hospital (i.e., members of CareGroup's Obligated Group). The total operating revenue and net assets may not fully reflect CareGroup's financial performance, although CareGroup's website notes that the Obligated Group members account for over 90% of

Technical Appendix:

Exhibit A. Hospital-Specific Information & Subsequent Events

total assets and nearly 90% of the system's total revenue.¹⁴ CareGroup's system profile may also not fully reflect consolidating eliminations at the parent level that may reduce total operating revenue and net assets. CHIA felt that presenting the separately audited financial information in a combined manner was appropriate to show the members of the CareGroup system and their relative size. CareGroup notes that its business model is a "confederation model in which the affiliates jointly borrow and purchase common services such as information technology support, but otherwise operate on a largely autonomous basis."¹⁵

- On January 1, 2014, Beth Israel Deaconess Medical Center became the sole corporate member of Jordan Health Systems, Inc. (Jordan). Jordan consists of Jordan Hospital, a local physicians' practice (Jordan Physician Associates), and several management and real estate holding entities.

Lahey Health System, Inc.

- In October 2013, Winchester Hospital and its affiliate Winchester Physician Associates, Inc. announced its intention to become a member of Lahey Health. The transaction went into effect in July 2014.
- In July 2014, Lahey announced its intention to become the sole corporate member of the Visiting Nurse Association of Middlesex-East, Inc. (VNAME) and the parent of VNAME's affiliate, Community Care, Inc. The transaction went into effect in October 2014.

Steward Health Care System, LLC

- In March 2014, Steward announced its intention to make Merrimack Valley Hospital, which was already owned by Steward, a campus of Steward Holy Family Hospital. This event went into effect in August 2014.
- On November 6th, 2014, Steward announced an imminent closure of Quincy Medical Center, which occurred on December 26, 2014. The hospital building is now operating as a satellite emergency department for Steward Carney Hospital.

UMass Memorial Health Care, Inc.

- In September 2014, UMass Memorial Health Care transferred ownership of Wing Memorial Hospital to Baystate Health.
- In June 2014, UMass Memorial Health Ventures, Inc. sold a portion of its share in Fairlawn Rehabilitation Hospital to New England Rehabilitation Management Co., LLC, which is a subsidiary of HealthSouth Corporation. UMass now has a 20% share of Fairlawn. Previously, Fairlawn had been operated as a 50-50 joint venture between UMass and HealthSouth.

Additional information on changes to health systems can be found on the Health Policy Commission's website under Material Change Notices. Available at: www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/material-change-notices-cost-and-market-impact-reviews (last accessed January 9, 2015).

¹⁴ See <http://www.caregroup.org/CGOverview.asp> (Accessed January 9, 2015).

¹⁵ Ibid.

Technical Appendix:

Exhibit B. Diagnosis Related Groups (DRGs)

Diagnosis Related Groups (DRGs) are used to classify the patient illnesses a hospital treats.

The 10 most common DRGs for each hospital were determined by categorizing all of a hospital's discharges into DRGs defined in the All Patient Refined Grouper (3M™ APR-DRG 30) and ranked by the total number of discharges. In most cases, it was necessary for CHIA to abbreviate the DRG name in order to fit the space available.

Below is a list of abbreviated DRG descriptions that appear in the report, and the full name and APR-DRG 30 code for each DRG.

Abbreviated Description	Description	APR DRG v. 30
3rd Degree Brn w Skn Grft	Extensive 3rd Degree Burns w Skin Graft	841
Acute Leukemia	Acute Leukemia	690
Acute Myocardial Infarct.	Acute Myocardial Infarction	190
Adjust Dis/Neuroses exc DD	Adjustment Disorders & Neuroses Except Depressive Diagnoses	755
Alcohol & Drug w/ Rehab	Alcohol & Drug Dependence w Rehab Or Rehab/Detox Therapy	772
Alcohol Abuse & Dependence	Alcohol Abuse & Dependence	775
Angina Pectoris	Angina Pectoris & Coronary Atherosclerosis	198
Appendectomy	Appendectomy	225
Asthma	Asthma	141
Bacterial Skin Infections	Cellulitis & Other Bacterial Skin Infections	383
Bipolar Disorders	Bipolar Disorders	753
Bone Marrow Transplant	Bone Marrow Transplant	3
Bronchiolitis Pneumonia	Bronchiolitis & RSV Pneumonia	138
Burns w/ or w/o Skin Grft	Partial Thickness Burns w Or w/o Skin Graft	844
Card Cath - Heart Disease	Cardiac Catheterization For Ischemic Heart Disease	192
Cardiac Arrhythmia	Cardiac Arrhythmia & Conduction Disorders	201
Cardiac Valve w/o Cath	Cardiac Valve Procedures w/o Cardiac Catheterization	163
CC W Circ Disord Exc IHD	Cardiac Catheterization W Circ Disord Exc Ischemic Heart Disease	191

Technical Appendix:

Exhibit B. Diagnosis Related Groups (DRGs)

C. Spinal Fusion & Oth Procs	Cervical Spinal Fusion & Other Back/Neck Proc Exc Disc Excis/Decomp	321
Chemotherapy	Chemotherapy	693
Chest Pain	Chest Pain	203
Cleft Lip & Palate Repair	Cleft Lip & Palate Repair	95
COPD	Chronic Obstructive Pulmonary Disease	140
Craniotomy; exc Trauma	Craniotomy Except For Trauma	21
CVA Occlusion w/ Infarct	CVA & Precerebral Occlusion W Infarct	45
D&L Fusion exc Curvature	Dorsal & Lumbar Fusion Proc Except For Curvature Of Back	304
D&L Fusion for Curvature	Dorsal & Lumbar Fusion Proc For Curvature Of Back	303
Degen Nrvs Syst exc MS	Degenerative Nervous System Disorders Exc Mult Sclerosis	42
Delivery DRGs	Comprised Of Three Individual DRGs That Were Condensed:	
	Newborn	640
	Cesarean Delivery	540
	Vaginal Delivery	560
Depression exc MDD	Depression Except Major Depressive Disorder	754
Digestive Malignancy	Digestive Malignancy	240
Diverticulitis/osis	Diverticulitis & Diverticulosis	244
Drug/Alcohol Abuse, LAMA	Drug & Alcohol Abuse Or Dependence, Left Against Medical Advice	770
Eye Procs except Orbit	Eye Procedures Except Orbit	73
Factors Infl Health Status	Signs, Symptoms & Other Factors Influencing Health Status	861
Foot & Toe Procedures	Foot & Toe Procedures	314
Full Burns w/ Skin Graft	Full Thickness Burns w Skin Graft	842
Hand & Wrist Procedures	Hand & Wrist Procedures	316
Heart Failure	Heart Failure	194
Hip & Femur; Non-Trauma	Hip & Femur Procedures For Non-Trauma Except Joint Replacement	309
Hip Joint Replacement	Hip Joint Replacement	301

Technical Appendix:

Exhibit B. Diagnosis Related Groups (DRGs)

Infects- Upper Resp Tract	Infections Of Upper Respiratory Tract	113
Intervertebral Disc Excis	Intervertebral Disc Excision & Decompression	310
Intestinal Obstruction	Intestinal Obstruction	247
Kidney & UT Infections	Kidney & Urinary Tract Infections	463
Knee & Lower Excpt Foot	Knee & Lower Leg Procedures Except Foot	313
Knee Joint Replacement	Knee Joint Replacement	302
Lymphoma & Non-Acute Leuk	Lymphoma, Myeloma & Non-Acute Leukemia	691
Maj Cranial/Facial Bone	Major Cranial/Facial Bone Procedures	89
Maj HEM/IG Dx exc SCD	Major Hematologic/Immunologic Diag Exc Sickle Cell Crisis & Coagul	660
Maj Larynx & Trachea Proc	Major Larynx & Trachea Procedures	90
Maj Male Pelvic Procs	Major Male Pelvic Procedures	480
Maj Resp & Chest Proc	Major Respiratory & Chest Procedures	120
Maj Resp Infect & Inflam	Major Respiratory Infections & Inflammations	137
Maj Sml & Lrg Bowel Procs	Major Small & Large Bowel Procedures	221
Maj. Depressive Disorders	Major Depressive Disorders & Other/Unspecified Psychoses	751
Malignancy-Hept/Pancreas	Malignancy Of Hepatobiliary System & Pancreas	281
Mastectomy Procedures	Mastectomy Procedures	362
Non-Bact Gastro, Nausea	Non-Bacterial Gastroenteritis, Nausea & Vomiting	249
O.R. Proc for Tx Comp	O.R. Procedure For Other Complications Of Treatment	791
Opioid Abuse & Dependence	Opioid Abuse & Dependence	773
Org Mental Hlth Disturb	Organic Mental Health Disturbances	757
Other Anemia and Blood Dis	Blood Other Anemia & Disorders of Blood & Blood-Forming Organs	663
Other Antepartum Dxs	Other Antepartum Diagnoses	566

Technical Appendix:

Exhibit B. Diagnosis Related Groups (DRGs)

Other Digestive System Dx	Other Digestive System Diagnoses	254
Other ENT & Cranial Dxs	Other Ear, Nose, Mouth, Throat & Cranial/Facial Diagnoses	115
Other ENT Procedures	Other Ear, Nose, Mouth & Throat Procedures	98
Other Nervous Syst Procs	Other Nervous System & Related Procedures	26
Other Pneumonia	Other Pneumonia	139
Other Resp & Chest Procs	Other Respiratory & Chest Procedures	121
Othr Back & Neck Disorder	Other Back & Neck Disorders, Fractures & Injuries	347
Othr Maj Head/Neck procs	Other Major Head & Neck Procedures	91
Othr Muscl Sys & Tis Proc	Other Musculoskeletal System & Connective Tissue Procedures	320
Othr Muscle-skel Syst Dx	Other Musculoskeletal System & Connective Tissue Diagnoses	351
Oth OR Procs for Lymph/HEM	Other O.R. Procedures For Lymphatic/Hematopoietic/Other Neoplasms	681
Othr Skin & Breast Dis	Other Skin, Subcutaneous Tissue & Breast Disorders	385
Othr Skin, Tis & Related	Other Skin, Subcutaneous Tissue & Related Procedures	364
Pancreas Dis exc Malig	Disorders Of Pancreas Except Malignancy	282
Per Cardio procs w/ AMI	Percutaneous Cardiovascular Procedures w AMI	174
Per Cardio procs w/o AMI	Percutaneous Cardiovascular Procedures w/o AMI	175
Post-Op, Oth Device Infect	Post-Operative, Post-Traumatic, Other Device Infections	721
Procedures for Obesity	Procedures For Obesity	403
Pulm Edema & Resp Failure	Pulmonary Edema & Respiratory Failure	133
Rehabilitation	Rehabilitation	860
Renal Failure	Renal Failure	460
Respiratory Malignancy	Respiratory Malignancy	136

Technical Appendix:

Exhibit B. Diagnosis Related Groups (DRGs)

Schizophrenia	Schizophrenia	750
Seizure	Seizure	53
Septicemia Infections	Septicemia & Disseminated Infections	720
Shoulder & Arm Procs	Shoulder, Upper Arm & Forearm Procedures	315
Sickle Cell Anemia Crisis	Sickle Cell Anemia Crisis	662
Skin Graft for Skin Dxs	Skin Graft For Skin & Subcutaneous Tissue Diagnoses	361
Syncope & Collapse	Syncope & Collapse	204
Tendon, Muscle, Soft Tis	Tendon, Muscle & Other Soft Tissue Procedures	317
Thyroid & Other Procs	Thyroid, Parathyroid & Thyroglossal Procedures	404

Technical Appendix:

Exhibit C. Special Public Funding

Delivery System Transformation Initiatives (DSTI) is a federal-state partnership that provides incentive payments to support and reward seven safety net hospitals in Massachusetts for investing in integrated care, quality innovations, and infrastructure to support alternative payment models. The DSTI amounts listed in the table below are to be distributed over a three year period.

Infrastructure & Capacity Building (ICB) program is a federal and state-funded program administered by MassHealth to help hospitals transition to integrated delivery systems that provide more effective and cost-efficient care to patients in need.

The **Community Hospital Acceleration, Revitalization, and Transformation Investment Program (CHART)** is a four-year, \$120M program funded by an industry assessment of select providers and insurers and administered by the Health Policy Commission that makes phased investments to promote efficient, effective care delivery in non-profit, non-teaching, lower cost community hospitals.

Hospital	DSTI	ICB	CHART (Phase I)
Anna Jaques Hospital		\$285,779	\$333,500
Athol Hospital		\$500,000	\$484,128
Baystate Franklin Medical Center			\$476,400
Baystate Mary Lane Hospital			\$499,600
Baystate Medical Center		\$220,415	Ineligible
Berkshire Medical Center		\$325,000	Ineligible
Beth Israel Deaconess Hospital – Milton			\$261,200
Beth Israel Deaconess Hospital – Needham			\$300,000
Beth Israel Deaconess Hospital – Plymouth		\$197,500	\$245,818
Beth Israel Deaconess Medical Center		\$377,215	Ineligible
Boston Children's Hospital			Ineligible
Boston Medical Center	\$310,700,000		Ineligible
Brigham and Women's Hospital			Ineligible
Cambridge Health Alliance	\$134,600,000		Ineligible
Cape Cod Hospital			Ineligible
Clinton Hospital			Ineligible
Cooley Dickinson Hospital			Ineligible
Dana-Farber Cancer Institute			Ineligible
Emerson Hospital			\$202,575
Fairview Hospital		\$500,000	Ineligible
Falmouth Hospital			Ineligible
Brigham and Women's Faulkner Hospital			Ineligible
Hallmark Health			\$749,360
Harrington Memorial Hospital			\$491,600
HealthAlliance Hospital			\$410,000
Heywood Hospital		\$295,822	\$316,384
Holyoke Medical Center	\$24,500,000		\$500,000
Kindred Hospital – Boston			Ineligible
Kindred Hospital – Boston North Shore			Ineligible
Lahey Hospital & Medical Center			Ineligible
Lawrence General Hospital	\$43,300,000		\$100,000
Lowell General Hospital			\$497,900
Marlborough Hospital			
Martha's Vineyard Hospital		\$500,000	Ineligible
Massachusetts Eye and Ear Infirmary			Ineligible

Technical Appendix:

Exhibit C. Special Public Funding

Massachusetts General Hospital		<i>Ineligible</i>
Mercy Medical Center	\$45,600,000	\$233,134
MetroWest Medical Center		<i>Ineligible</i>
Milford Regional Medical Center	\$243,100	\$499,810
Mount Auburn Hospital		<i>Ineligible</i>
Nantucket Cottage Hospital		<i>Ineligible</i>
New England Baptist Hospital		
Newton-Wellesley Hospital		<i>Ineligible</i>
Noble Hospital	\$272,861	\$344,665
North Adams Regional Hospital	\$100,000	\$395,311
North Shore Medical Center		<i>Ineligible</i>
Northeast Hospital	\$100,000	\$359,000
Saint Vincent Hospital		<i>Ineligible</i>
Shriners Hospital for Children – Boston		
Shriners Hospital for Children – Springfield		<i>Ineligible</i>
Signature Healthcare Brockton Hospital	\$50,100,000	\$438,400
South Shore Hospital		<i>Ineligible</i>
Southcoast Hospitals Group		\$1,183,357
Steward Carney Hospital	\$19,200,000	<i>Ineligible</i>
Steward Holy Family Hospital	\$299,566	<i>Ineligible</i>
Steward Good Samaritan Medical Center	\$299,566	<i>Ineligible</i>
Merrimack Valley Hospital	\$308,334	<i>Ineligible</i>
Morton Hospital	\$308,334	<i>Ineligible</i>
Nashoba Valley Medical Center	\$308,334	<i>Ineligible</i>
Steward Norwood Hospital	\$308,334	<i>Ineligible</i>
Quincy Medical Center	\$308,334	<i>Ineligible</i>
Steward Saint Anne's Hospital	\$308,334	<i>Ineligible</i>
Steward St. Elizabeth's Medical Center	\$308,334	<i>Ineligible</i>
Sturdy Memorial Hospital	\$48,000	<i>Ineligible</i>
Tufts Medical Center		<i>Ineligible</i>
UMass Memorial Medical Center	\$2,000,129	<i>Ineligible</i>
Winchester Hospital		\$286,500
Wing Memorial Hospital	\$506,767	\$357,000
TOTAL	\$628,000,000	\$9,230,058
		\$9,965,642

Technical Appendix:

Exhibit D. FY12 and FY13 Regional Assignments

Acute Hospital	FY12 Region	FY13 Region
Anna Jaques Hospital	Upper North Shore	Northeastern Massachusetts
Athol Hospital	Central Massachusetts	Central Massachusetts
Baystate Franklin Medical Center	Pioneer Valley/Franklin	Western Massachusetts
Baystate Mary Lane Hospital	Pioneer Valley/Franklin	Western Massachusetts
Baystate Medical Center	Pioneer Valley/Franklin	Western Massachusetts
Berkshire Medical Center	Berkshires	Western Massachusetts
Beth Israel Deaconess Hospital – Milton	Metro Boston	Metro Boston
Beth Israel Deaconess Hospital – Needham	Metro Boston	Metro Boston
Beth Israel Deaconess Hospital – Plymouth	South Shore	Metro South
Beth Israel Deaconess Medical Center	Metro Boston	Metro Boston
Boston Medical Center	Metro Boston	Metro Boston
Brigham and Women’s Hospital	Metro Boston	Metro Boston
Cambridge Health Alliance	Metro Boston	Metro Boston
Cape Cod Hospital	Cape and Islands	Cape and Islands
Boston Children’s Hospital	Metro Boston	Metro Boston
Clinton Hospital	Central Massachusetts	Central Massachusetts
Cooley Dickinson Hospital	Pioneer Valley/Franklin	Western Massachusetts
Dana-Farber Cancer Institute	Metro Boston	Metro Boston
Emerson Hospital	West Merrimack/Middlesex	Northeastern Massachusetts
Fairview Hospital	Berkshires	Western Massachusetts
Falmouth Hospital	Cape and Islands	Cape and Islands
Faulkner Hospital	Metro Boston	Metro Boston
Hallmark Health Systems	Metro Boston	Metro Boston
Harrington Memorial Hospital	Central Massachusetts	Central Massachusetts
HealthAlliance Hospital	Central Massachusetts	Central Massachusetts
Heywood Hospital	Central Massachusetts	Central Massachusetts
Holyoke Hospital	Pioneer Valley/Franklin	Western Massachusetts
Lahey Hospital & Medical Center	West Merrimack/Middlesex	Northeastern Massachusetts
Lawrence General Hospital	East Merrimack	Northeastern Massachusetts
Lowell General Hospital	West Merrimack/Middlesex	Northeastern Massachusetts
Marlborough Hospital	Metro Boston	Northeastern Massachusetts
Martha’s Vineyard Hospital	Cape and Islands	Cape and Islands
Massachusetts Eye & Ear Infirmary	Metro Boston	Metro Boston
Massachusetts General Hospital	Metro Boston	Metro Boston
Mercy Hospital	Pioneer Valley/Franklin	Western Massachusetts
Merrimack Valley Hospital	East Merrimack	Northeastern Massachusetts
MetroWest Medical Center	Metro West	Metro West
Milford Regional Medical Center	Metro West	Metro West
Morton Hospital	Metro South	Metro South
Mount Auburn Hospital	Metro Boston	Metro Boston
Nantucket Cottage Hospital	Cape and Islands	Cape and Islands
Nashoba Valley Medical Center	West Merrimack/Middlesex	Northeastern Massachusetts
New England Baptist Hospital	Metro Boston	Metro Boston
Newton-Wellesley Hospital	Metro Boston	Metro Boston
Noble Hospital	Pioneer Valley/Franklin	Western Massachusetts
North Adams Regional Hospital	Berkshires	Western Massachusetts

Technical Appendix:

Exhibit D. FY12 and FY13 Regional Assignments

North Shore Medical Center	Lower North Shore	Northeastern Massachusetts
Northeast Hospital	Lower North Shore	Northeastern Massachusetts
Quincy Hospital	South Shore	Metro South
Saint Vincent Hospital	Central Massachusetts	Central Massachusetts
Saints Medical Center	West Merrimack/Middlesex	
Signature Healthcare Brockton Hospital	Metro South	Metro South
South Shore Hospital	South Shore	Metro South
Southcoast Health Systems	New Bedford and Fall River	Southcoast
Steward Carney Hospital	Metro Boston	Metro Boston
Steward Good Samaritan Medical Center	Metro South	Metro South
Steward Holy Family Hospital	East Merrimack	Northeastern Massachusetts
Steward Norwood Hospital	Norwood/Attleboro	Metro West
Steward Saint Anne's Hospital	Fall River	Southcoast
Steward St. Elizabeth's Medical Center	Metro Boston	Metro Boston
Tufts Medical Center	Metro Boston	Metro Boston
UMass Memorial Medical Center	Central Massachusetts	Central Massachusetts
Winchester Hospital	West Merrimack/Middlesex	Northeastern Massachusetts
Wing Memorial Hospital	Pioneer Valley/Franklin	Western Massachusetts

Technical Appendix:

Exhibit E. Acute Hospital Inpatient Cost per CMAD Calculation

Adjusted Cost per CMAD				Schedule, Line, Column									
IP Routine Costs				2,100,10								\$	-
GME Costs													
Post Grad Med Education				9,35,12	\$	-							
Post Grad Med Education				25,35,3	\$	-							
Total Post Grad Med Education					\$	-							
Med Staff - Teaching				9,32,12	\$	-							
Med Staff - Teaching				25,32,3	\$	-							
Total Med Staff - Teaching					\$	-							
Med Staff - Admin				9,33,12	\$	-							
Med Staff - Admin				25,33,3	\$	-							
Med Staff - Admin					\$	-							
Total Med Staff (B+C)					\$	-							
Determination of Total GME O/H attributed to I/P													
<u>Stats - Post Grad - hours of service</u>													
Total Ancillary				13,56,18	-								
IP Routine				13,78,18	-								
Total Patient and Non-Patient				13,100,18	-								
Allocation of GME Allocated to Total Ancillary Reallocated to I/P Ancillary													
<u>Stats - IP and OP costs</u>													
IP Ancillary Costs				17,22,4	\$	-							
Total Patient and Non-Patient				17,42,4	\$	-							
Determination of Total Med Staff O/H attributed to I/P													
<u>Stats - Med Staff - hours of service</u>													
Total Ancillary				13,56,17	-								
IP Routine				13,78,17	-								
Total Patient and Non-Patient				13,100,17	-								
Allocation of Med Staff Allocated to Total Ancillary Reallocated to I/P Ancillary													
<u>Stats - IP and OP Costs</u>													
IP Ancillary Costs				17,22,4	\$	-							
Total Patient and Non-Patient				17,42,4	\$	-							
Physician Professional Fees O/H				25,43,3	-								
<u>Stats - Costs</u>													
IP Ancillary				17,22,4	-								
IP Routine				17,22,3	-								
Total Patient and Non-Patient				17,42,2	-								
Physician Professional Fees Ancillary				25,78,3	\$	-							
<u>Stats - Costs</u>													
IP costs				17,22,4	\$	-							
Total Patient and Non-Patient				17,42,4	\$	-							
Physician Direct IP costs				25,100,3	\$	-							
less Non-Comparable Cost Adjustment													
Total Comparable Costs													
Divided by CMADS													
Comparable IP Costs per CMAD													

Technical Appendix:

Exhibit F. Non-Acute Hospital Inpatient Cost per Day

Inpatient Cost per Day									
Schedule, Line, Column									
IP Routine Costs	2,100,10								\$ -
GME Costs									
Post Grad Med Education	9,35,12	\$ -							
Post Grad Med Education	25,35,3	\$ -							
Total Post Grad Med Education		\$ -							
Med Staff - Teaching	9,32,12	\$ -							
Med Staff - Teaching	25,32,3	\$ -							
Total Med Staff - Teaching		\$ -							
Med Staff - Admin	9,33,12	\$ -							
Med Staff - Admin	25,33,3	\$ -							
Med Staff - Admin		\$ -							
Total Med Staff (B+C)		\$ -							
Determination of Total GME O/H attributed to I/P									
Stats - Post Grad - hours of service									
Total Ancillary	13,56,18	-			0.0000	\$ -			
IP Routine	13,78,18	-			0.0000	\$ -			\$ -
Total Patient and Non-Patient	13,100,18	-				\$ -			
Allocation of GME Allocated to Total Ancillary Reallocated to I/P Ancillary									
Stats - IP and OP costs									
IP Ancillary Costs	17,22,4	\$ -			0.0000	\$ -			\$ -
Total Patient and Non-Patient	17,42,4	\$ -							
Determination of Total Med Staff O/H attributed to I/P									
Stats - Med Staff - hours of service									
Total Ancillary	13,56,17	-			0.0000	\$ -			
IP Routine	13,78,17	-			0.0000	\$ -			\$ -
Total Patient and Non-Patient	13,100,17	-				\$ -			
Allocation of Med Staff Allocated to Total Ancillary Reallocated to I/P Ancillary									
Stats - IP and OP Costs									
IP Ancillary Costs	17,22,4	\$ -			0.0000	\$ -			\$ -
Total Patient and Non-Patient	17,42,4	\$ -							
Physician Professional Fees O/H	25,43,3	-							
Stats - Costs									
IP Ancillary	17,22,4	-			0.0000	\$ -			\$ -
IP Routine	17,22,3	-			0.0000	\$ -			\$ -
Total Patient and Non-Patient	17,42,2	-				\$ -			
Physician Professional Fees Ancillary	25,78,3	\$ -							
Stats - Costs									
IP costs	17,22,4	\$ -			0.0000	\$ -			\$ -
Total Patient and Non-Patient	17,42,4	\$ -							
Physician Direct IP costs	25,100,3	\$ -							\$ -
less Non-Comparable Cost Adjustment									\$ -
Total Comparable Costs									\$ -
Divided by Days									\$ -
Comparable IP Costs per Day									

Acknowledgments

CHIA wishes to acknowledge the analytic support provided by Michael Grenier, Senior Associate at the Center for Health Law and Economics at the University of Massachusetts Medical School.

This publication was collaboratively developed and produced by the following CHIA teams: Provider Financial Analysis, Health System Finance, Health System Performance- Quality, and Office of Special Projects- Health Analytics and Finance.

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Publication Number 15-13-CHIA-01