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?

- **Inpatient Net Revenue per Cmad**: Decrease
- **Inpatient Discharges**: -7.1%, -2.7%
- **Outpatient Revenue**: -12.7%, -1.5%
- **Outpatient Visits**: -3.2%, 0.0%

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

- Org Mental Hlth Disturb (175)
- Degen Nvs Syst exc MS (118)
- Maj Dep& Oth/Usp Psychoses (70)
- COPD (64)
- Heart Failure (42)
- Schizophrenia (41)
- Bipolar Disorders (39)
- Sepsis & Dissem Inf (36)
- Kidney & UT Infections (33)

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

- Clinton MA (381)
- Worcester MA (122)
- Lancaster MA (70)
- Sterling MA (66)
- Leominster MA (50)
- Fitchburg MA (37)
- Bolton MA (28)

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?

- **Hospital**: 33% Commercial & Other, 17% State Programs, 50% Medicare and Other Federal Programs
- **Average Hospital**: 37% Commercial & Other, 19% State Programs, 44% Medicare and Other Federal Programs

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?

- **Blue Cross Blue Shield of Massachusetts**: 49.9%
- **Harvard Pilgrim Health Care**: 21.1%
- **Tufts Health Plan**: 16.6%

C37
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?

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?

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.
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?

**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?

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospital</th>
<th>Peer Cohort</th>
<th>Other Cohort Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>0.77</td>
<td>0.95</td>
<td>1.00</td>
</tr>
<tr>
<td>2012</td>
<td>0.86</td>
<td>0.93</td>
<td>1.03</td>
</tr>
<tr>
<td>2011</td>
<td>0.84</td>
<td>0.93</td>
<td>1.00</td>
</tr>
</tbody>
</table>

2013 Statewide Average = 0.74

**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?

**Global Ratings**

- Patients gave hospital a rating of 9 or 10
- Patients would definitely recommend the hospital

**Communication**

- Nurses always communicated well
- Doctors always communicated well

**Care Coordination**

- Staff always explained medications
- Recovery information was provided

**Comfort**

- Always received help as soon as they wanted
- Pain was always well controlled
- Room and bathroom were always clean
- Room was always quiet at night

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?

<table>
<thead>
<tr>
<th>Percentage of Orders</th>
<th>0-24%</th>
<th>25-49%</th>
<th>50-74%</th>
<th>75-100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Orders</td>
<td>3</td>
<td>2</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

5 cohort hospitals reported not having a CPOE system.
This hospital did not report data for this measure.

**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

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**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?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Hospital</th>
<th>Peer Cohort</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.9%</td>
<td>16.2%</td>
<td>16.0%</td>
<td></td>
</tr>
</tbody>
</table>

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

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**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

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**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

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* 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.