2013 Hospital Profile:

NASHOBA VALLEY MEDICAL CENTER

Ayer, MA
Steward Health Care System
Community Hospital
Northeastern Massachusetts

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: ICB[θ]

CY13 COMMERCIAL PAYER PRICE LEVEL: 45th Percentile

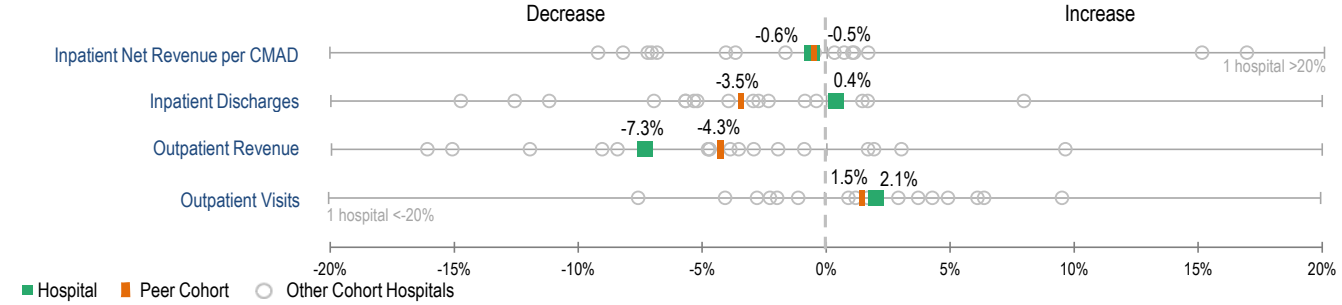
ADJUSTED[‡] COST PER DISCHARGE: $7,157

INPATIENT:OUTPATIENT REVENUE in FY13: 17%:83%

CHANGE IN OWNERSHIP (FY09-FY13): Steward Health Care - 2011

GROWTH MEASURES

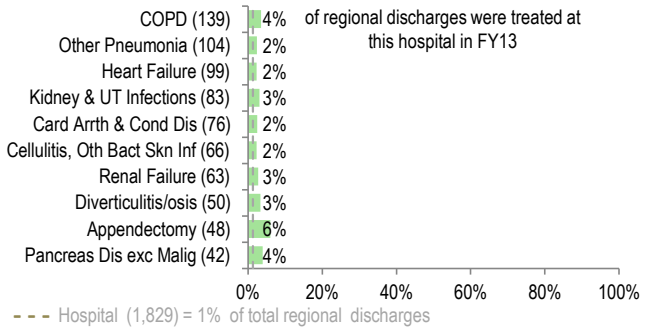
What were the FY12 to FY13 growth rates at this hospital for the following measures, and how do these compare to the growth rates of the hospital's peer cohort?



SERVICES

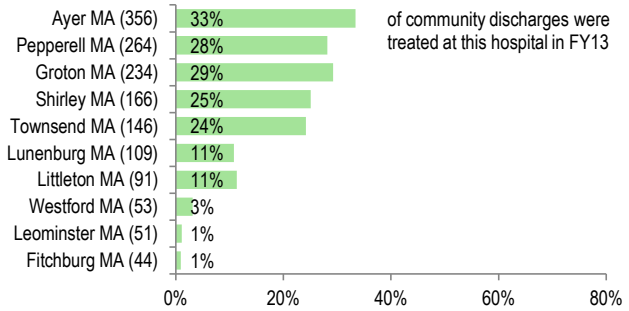
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



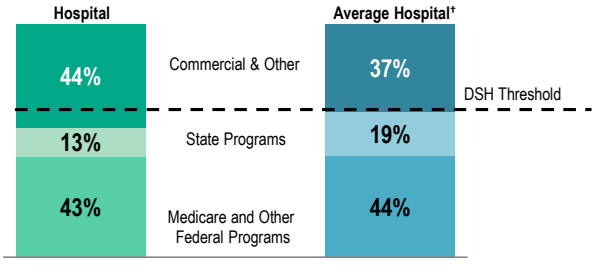
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



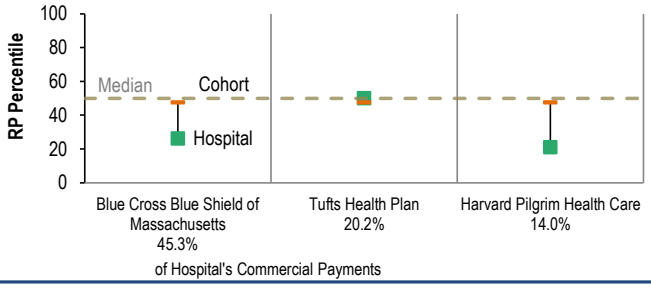
PAYER MIX

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.

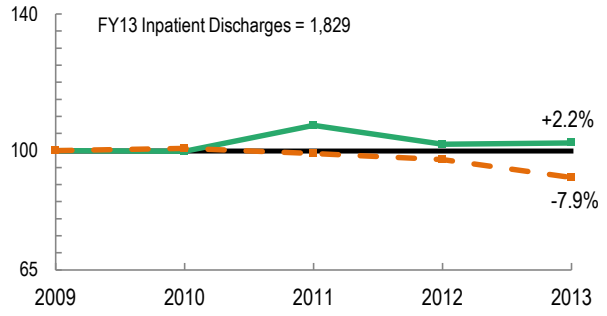
2013 Hospital Profile: **NASHOBA VALLEY MEDICAL CENTER**

Cohort: Community Hospital

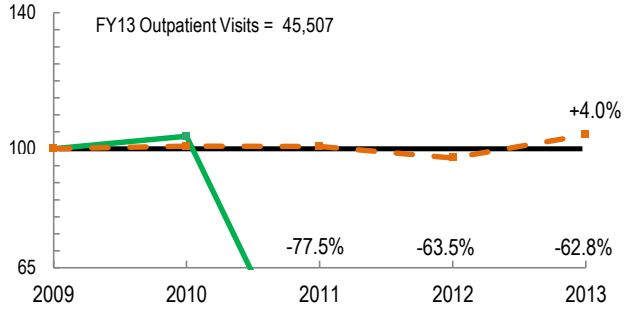
Hospital
Peer Cohort

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)

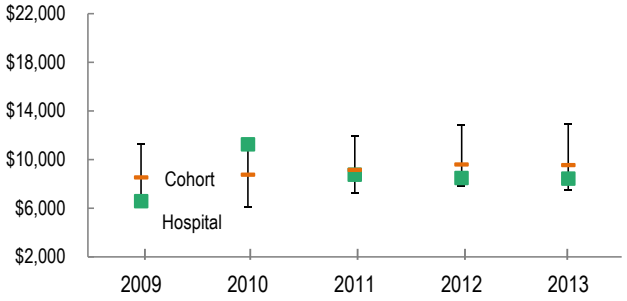


How has the volume of the hospital's outpatient visits changed compared to FY09, and how does this hospital compare to the median hospital in its peer cohort? (FY09=100)



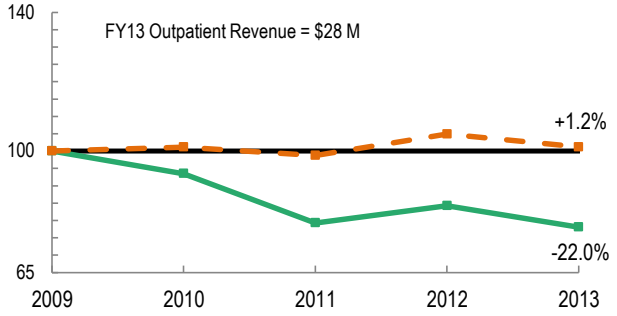
PATIENT REVENUE TRENDS

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 = $8,430 | Full Cost per CMAD = $7,764

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)



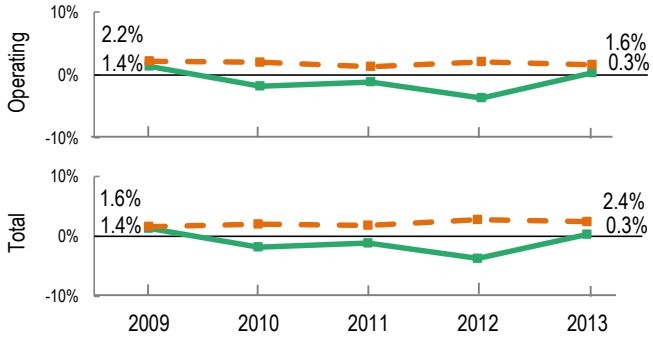
FINANCIAL PERFORMANCE

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.
θ 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.

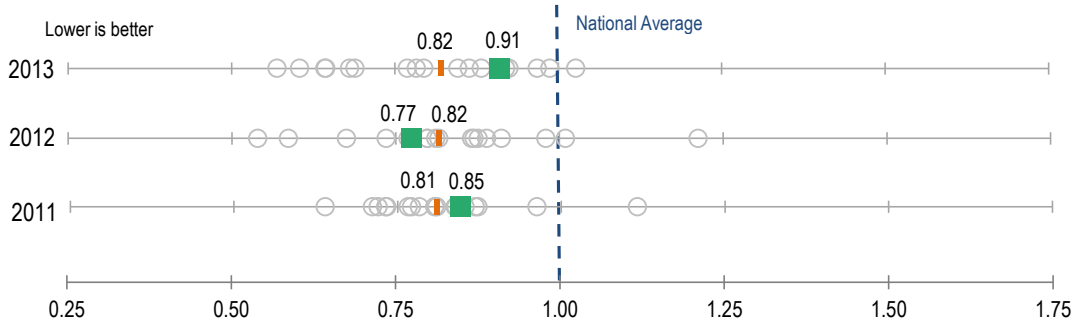
Hospital | Peer Cohort | National Average

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?



2013 Statewide Average = 0.74

Hospital | Peer Cohort | Other Cohort Hospitals

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

Population: All patients

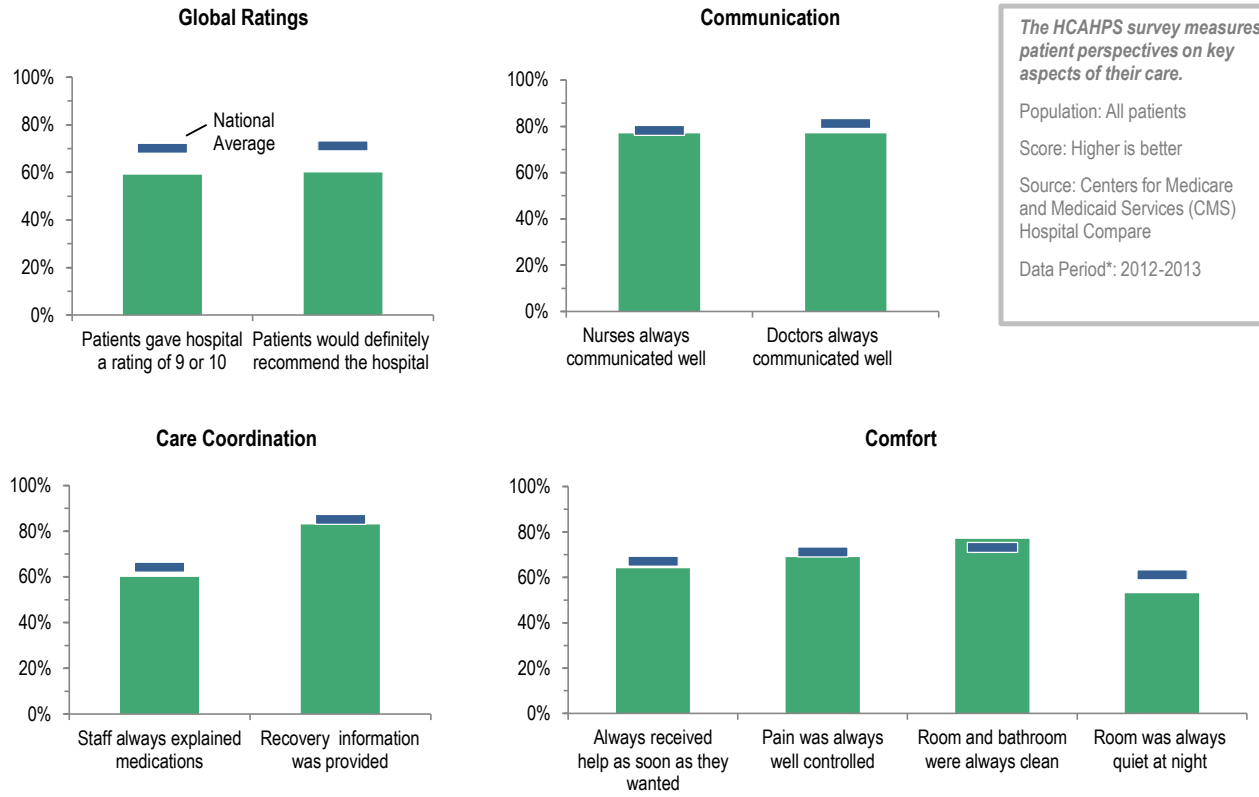
Score: Lower is better

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.

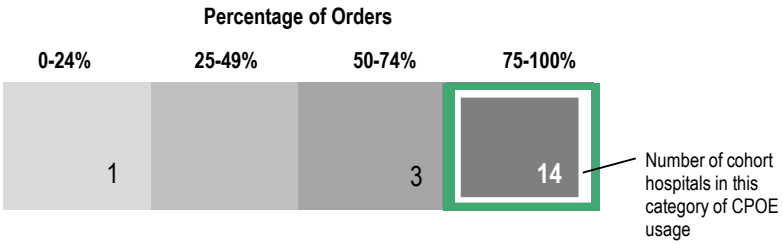
2013 Hospital Profile: **NASHOBA VALLEY MEDICAL CENTER**

Cohort: Community Hospital

Hospital | Peer Cohort | National Average

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?

15.6%

Lower is better

16.3% Peer Cohort

16.0% 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.