For descriptions of the metrics, please see Technical Appendix.
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?

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Revenue</th>
<th>Operating Revenue</th>
<th>Non-Operating Revenue</th>
<th>Total Costs</th>
<th>Total Profit/Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>$110</td>
<td>$110</td>
<td>$(0)</td>
<td>$112</td>
<td>$(1.8)</td>
</tr>
<tr>
<td>2010</td>
<td>$104</td>
<td>$104</td>
<td>$(0)</td>
<td>$109</td>
<td>$(5.9)</td>
</tr>
<tr>
<td>2011</td>
<td>$99</td>
<td>$100</td>
<td>$(1)</td>
<td>$117</td>
<td>$(18.5)</td>
</tr>
<tr>
<td>2012</td>
<td>$99</td>
<td>$99</td>
<td>$0</td>
<td>$104</td>
<td>$(5.4)</td>
</tr>
<tr>
<td>2013</td>
<td>$79</td>
<td>$78</td>
<td>$(1)</td>
<td>$98</td>
<td>$(19.7)</td>
</tr>
</tbody>
</table>

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.
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

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?

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: QUINCY MEDICAL CENTER**

**Cohort:** Community, Disproportionate Share Hospital

### 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>Hospital</th>
<th>Peer Cohort</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-24%</td>
<td>3</td>
<td>2</td>
<td>15</td>
</tr>
</tbody>
</table>

Number of cohort hospitals in this category of CPOE usage: 5

5 cohort hospitals reported not having a CPOE system

### 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:** 17.5%
- **Peer Cohort:** 16.2%
- **National Average:** 16.0%

Lower is better

### 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.

### 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.

---

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.