

Steward Norwood Hospital is a mid-size, for-profit community-Disproportionate Share Hospital (DSH) located in the Metro West region. It did not qualify for DSH status in FY13, and was a member of the community hospital cohort. Steward Norwood Hospital is a member of Steward Health Care System. The hospital had 16.0% fewer inpatient discharges in FY14 than in FY10, compared with a median decrease of 9.4% in its cohort. It had 16.7% more outpatient visits in FY14 than in FY10, compared with a median decrease of 3.6% among peer cohort hospitals. Steward Norwood Hospital was profitable three of the five years in the FY10 to FY14 period, with a 5.3% total margin in FY14, consistent with the median performance of its cohort.

**At a Glance**

**Overview / Size**

Hospital System Affiliation:	Steward Health Care System
Change in Ownership (FY10-FY14):	Steward Health Care - 2010
Total Staffed Beds:	177, mid-size acute hospital
% Occupancy:	85.7%, > cohort avg. (66%)
Special Public Funding:	ICB <sup>0</sup>
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.87, > cohort avg. (0.85); < statewide (1.00)

**Financial**

Adjusted <sup>†</sup> Cost per Discharge:	\$9,223
Inpatient NPSR per CMAD:	\$8,888
Change FY13-FY14:	3.8%
Inpatient:Outpatient Revenue in FY14:	41%:59%
Outpatient Revenue in FY14:	\$77,592,671
Change FY13-FY14:	3.4%
Total Revenue in FY14:	\$173,890,394
Total Surplus (Loss) in FY14:	\$9,157,089

**Payer Mix**

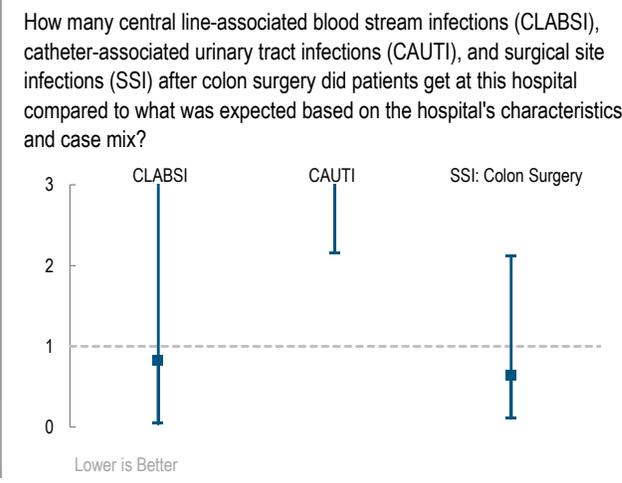
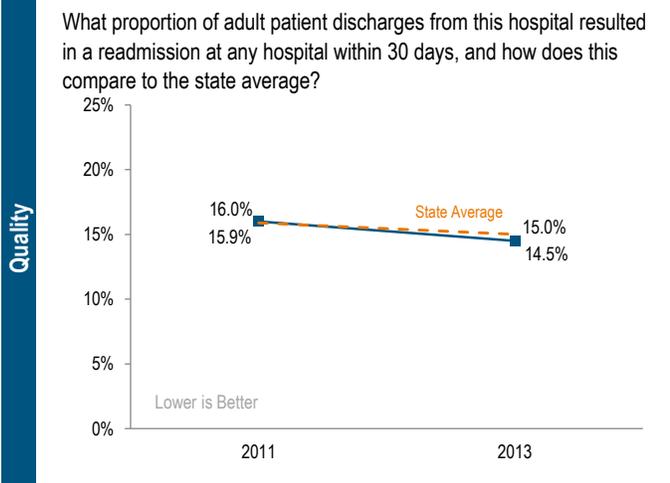
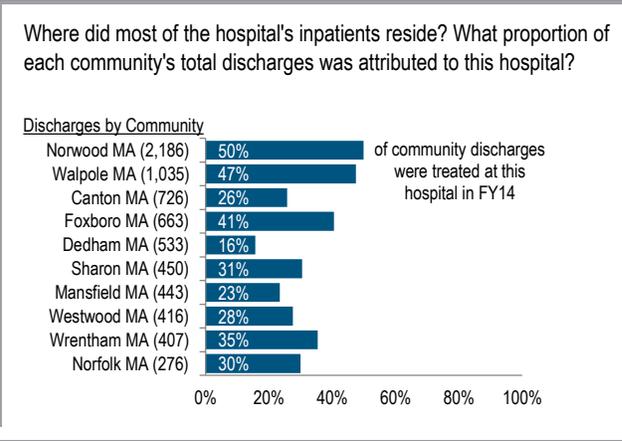
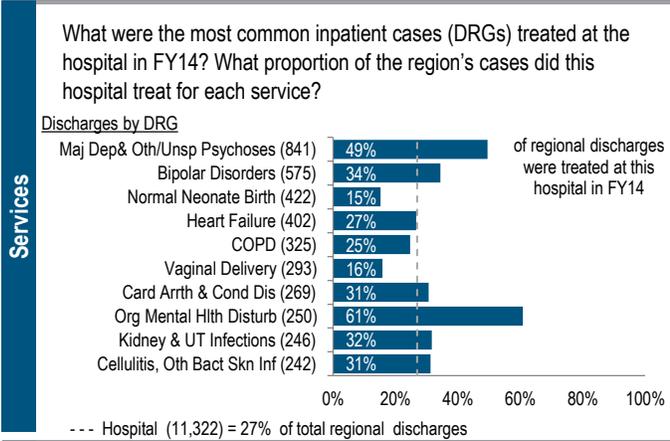
Public Payer Mix:	63.9% (DSH* Hospital)
CY14 Commercial Payer Price Level:	46th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated Health Maintenance Org.

**Utilization**

Inpatient Discharges in FY14:	11,322
Change FY13-FY14:	-3.6%
Emergency Department Visits in FY14:	41,360
Change FY13-FY14:	-4.5%
Outpatient Visits in FY14:	56,069
Change FY13-FY14:	-2.0%

**Quality**

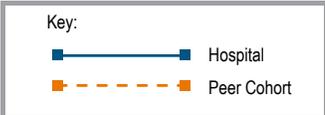
Readmission Rate in FY13:	14.5%
Change FY11-FY13 (percentage points):	-1.5%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	6.5%



For descriptions of the metrics, please see the technical appendix.

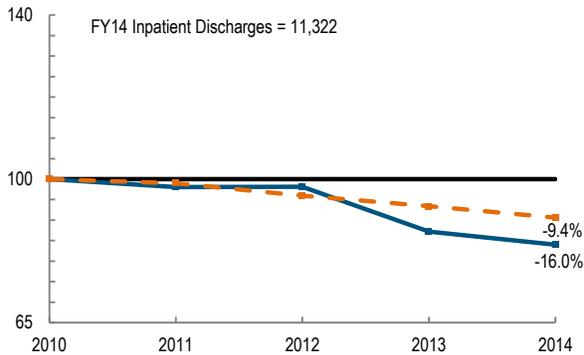
# 2014 HOSPITAL PROFILE: STEWARD NORWOOD HOSPITAL

Cohort: Community, Disproportionate Share Hospital

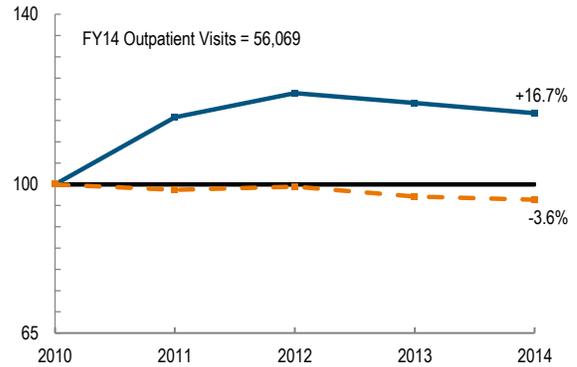


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

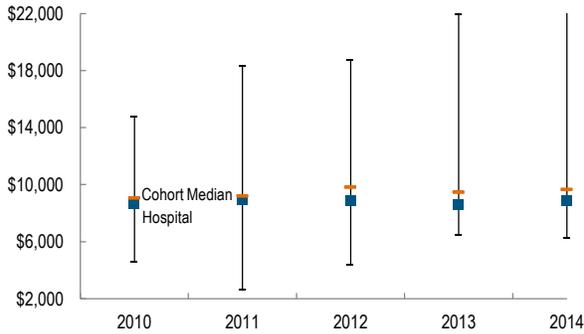


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

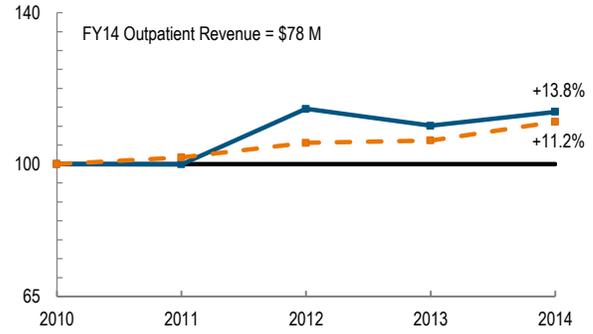


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



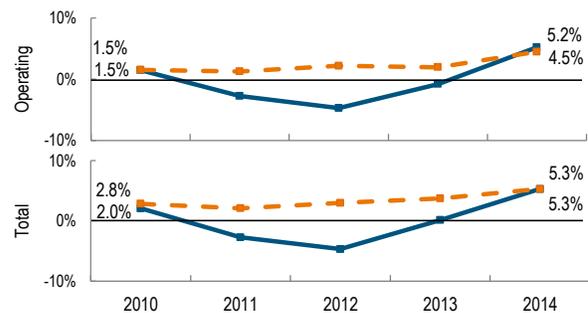
## Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
<b>Operating Revenue</b>	\$ 168	\$ 156	\$ 181	\$ 169	\$ 174
<b>Non-Operating Revenue</b>	\$ 1	\$ 0	\$ 0	\$ 2	\$ 0
<b>Total Revenue</b>	\$ 169	\$ 156	\$ 181	\$ 170	\$ 174
<b>Total Costs</b>	\$ 166	\$ 160	\$ 189	\$ 170	\$ 165
<b>Total Profit (Loss)</b>	\$ 3.4	\$ (4.3)	\$ (8.5)	\$ 0.2	\$ 9.2

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

<sup>o</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

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

<sup>†</sup> Costs were adjusted to exclude direct medical education costs and physician compensation.

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