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OVERVIEW

 Seventy-four percent (74%) of hospitals are part of multi-hospital systems and 37% of hospitals are for-profit hospitals.

<table>
<thead>
<tr>
<th></th>
<th>Acute Non-Profit or Public</th>
<th>Acute For-Profit</th>
<th>Non-Acute Non-Profit</th>
<th>Non-Acute For-Profit</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-Hospital System</td>
<td>34</td>
<td>14</td>
<td>4</td>
<td>15</td>
<td>67</td>
</tr>
<tr>
<td>Individual Hospitals</td>
<td>17</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>23</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>51</strong></td>
<td><strong>14</strong></td>
<td><strong>6</strong></td>
<td><strong>19</strong></td>
<td><strong>90</strong></td>
</tr>
</tbody>
</table>

In FY2015 there were a total of 90 hospitals in Massachusetts, including 65 acute care hospitals and 25 non-acute hospitals. This reflects a number of key transactions in the industry: the merger of Merrimack Valley into Steward Holy Family hospital; the closure of Quincy Medical Center, an acute hospital; and the closures of Radius Specialty Hospital and Spaulding North Shore, both non-acute hospitals.

The majority of hospitals were part of a larger hospital system that owned more than one hospital in addition to other lines of business. Sixty-seven hospitals (74%) were affiliated with a multi-hospital system in FY2015; 13 multi-acute systems encompassed 48 acute care hospitals and four non-acute hospitals. An additional five multi-hospital systems operated a combined 15 non-acute hospitals.
All cohorts experienced increases in inpatient discharges between FY2014 and FY2015.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Medical Center</td>
<td>6</td>
<td>240,385</td>
<td>219,458</td>
<td>223,232</td>
<td>28%</td>
<td>-7%</td>
<td>2%</td>
</tr>
<tr>
<td>Teaching Hospital</td>
<td>7</td>
<td>126,585</td>
<td>124,093</td>
<td>127,182</td>
<td>16%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Community Hospital</td>
<td>16</td>
<td>165,865</td>
<td>150,158</td>
<td>155,111</td>
<td>19%</td>
<td>-6%</td>
<td>3%</td>
</tr>
<tr>
<td>Community-High Public Payer</td>
<td>28</td>
<td>301,424</td>
<td>271,597</td>
<td>275,339</td>
<td>34%</td>
<td>-9%</td>
<td>1%</td>
</tr>
<tr>
<td>Specialty Hospital</td>
<td>8</td>
<td>27,991</td>
<td>26,876</td>
<td>27,546</td>
<td>3%</td>
<td>-2%</td>
<td>2%</td>
</tr>
<tr>
<td>Total Statewide</td>
<td>65</td>
<td>862,250</td>
<td>792,182</td>
<td>808,410</td>
<td>100%</td>
<td>-6%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Data Source: Hospital Cost Reports
Top Discharges Statewide by Diagnostic Group (FY2015)

Normal neonate births remained the most common reason for inpatient admissions in FY2015.

<table>
<thead>
<tr>
<th>Rank</th>
<th>DRG</th>
<th>Description</th>
<th>Discharges*</th>
<th>% Total Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>640</td>
<td>Normal neonate birth</td>
<td>60,806</td>
<td>8%</td>
</tr>
<tr>
<td>2</td>
<td>560</td>
<td>Vaginal delivery</td>
<td>46,743</td>
<td>6%</td>
</tr>
<tr>
<td>3</td>
<td>720</td>
<td>Septicemia &amp; disseminated infections</td>
<td>32,772</td>
<td>4%</td>
</tr>
<tr>
<td>4</td>
<td>194</td>
<td>Heart failure</td>
<td>23,670</td>
<td>3%</td>
</tr>
<tr>
<td>5</td>
<td>540</td>
<td>Cesarean delivery</td>
<td>21,807</td>
<td>3%</td>
</tr>
<tr>
<td>6</td>
<td>139</td>
<td>Other pneumonia</td>
<td>18,771</td>
<td>2%</td>
</tr>
<tr>
<td>7</td>
<td>140</td>
<td>Chronic obstructive pulmonary disease</td>
<td>16,883</td>
<td>2%</td>
</tr>
<tr>
<td>8</td>
<td>302</td>
<td>Knee joint replacement</td>
<td>16,730</td>
<td>2%</td>
</tr>
<tr>
<td>9</td>
<td>301</td>
<td>Hip joint replacement</td>
<td>13,924</td>
<td>2%</td>
</tr>
<tr>
<td>10</td>
<td>383</td>
<td>Cellulitis &amp; other bacterial skin infections</td>
<td>13,515</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All Other</td>
<td>542,789</td>
<td>67%</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Total Discharges</strong></td>
<td><strong>808,410</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

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 Cost Reports. See the technical appendix for more information.

*Discharge data does not include the acute care Kindred hospitals.
Median occupancy rates increased for Academic Medical Centers and specialty hospitals between FY2014 and FY2015, while median occupancy rates remained the same for teaching hospitals, community hospitals, and community-High Public Payer (community-HPP) hospitals.

<table>
<thead>
<tr>
<th></th>
<th>FY2014 Occupancy Rate</th>
<th>FY2015 Occupancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Medical Center</td>
<td>80%</td>
<td>82%</td>
</tr>
<tr>
<td>Teaching Hospital</td>
<td>71%</td>
<td>71%</td>
</tr>
<tr>
<td>Community Hospital</td>
<td>65%</td>
<td>65%</td>
</tr>
<tr>
<td>Community-High Public Payer</td>
<td>63%</td>
<td>63%</td>
</tr>
<tr>
<td>Specialty Hospital</td>
<td>64%</td>
<td>67%</td>
</tr>
</tbody>
</table>

Data Source: Hospital Cost Reports
There were no significant changes in hospital payer mix statistics between FY2014 and FY2015. In FY2015, 61% of acute hospital gross revenue statewide was attributed to public payers, including Medicare, Medicaid, and other programs. Community hospitals had the lowest proportion of public payer revenue, of 55%. By definition, community-High Public Payer hospitals are more dependent on public payers, which accounted for 68% of their gross revenue in FY2015.

Other than community-HPP hospitals, teaching hospitals had the second highest share of public payer revenue.

Data Source: Hospital Cost Reports
* Hospitals have High Public Payer (HPP) status if they have 63% or more of gross revenues (GPR) attributable to Medicare, Medicaid, and other government payers, including the Health Safety Net.
** Statewide Total includes Specialty Hospitals.
Acute Hospital Statewide Relative Price, by Hospital Cohort, CY2015

Academic Medical Centers were paid the highest median prices relative to hospitals in other cohorts.

Statewide relative prices varied across hospital cohorts. Notably, AMCs had the highest median statewide relative price and all AMCs had statewide relative prices that exceeded the statewide median. Community hospitals had the highest variation of statewide relative prices within a cohort though much of the variation was driven by high relative prices at a small number of geographically isolated hospitals.

This is the first year that statewide relative price data is being included in the hospital profiles. CHIA is required to calculate a statewide relative price metric pursuant to M.G.L. c. 29, § 2TTTT. Data presented here is only for the commercial insurance market. Additional information on CHIA’s methodology for calculating statewide relative price can be found here: [http://www.chiamass.gov/relative-price-and-provider-price-variation](http://www.chiamass.gov/relative-price-and-provider-price-variation).

Data Source: Payer Relative Price Filings

*Specialty hospitals are not displayed, but are included in the statewide median.
Growth in Inpatient Revenue per CMAD, FY2011-FY2015

The community-HPP cohort experienced the greatest growth between FY2011 and FY2015.

Inpatient Revenue per Case Mix Adjusted Discharge (CMAD) increased statewide between FY2011 and FY2015. The community-High Public Payer cohort had the largest growth during this five year period, increasing 8.7%. The community hospitals also experienced higher than statewide growth, seeing an average increase in inpatient revenue per discharge of 7.8%.

**Data Source:** Hospital Cost Reports and Hospital Discharge Database

* Statewide data includes Specialty hospitals.
Growth in Outpatient Revenue, FY2011-FY2015

The community-High Public Payer cohort experienced the greatest growth between FY2011 and FY2015.

Similar to inpatient revenue trends, outpatient revenue increased for all cohorts from FY2011. Academic Medical Centers saw the largest increase, experiencing a median 17.1% growth in outpatient revenue. Community hospitals had the lowest rate of growth, but still saw an increase of 10.7% between FY2011 and FY2015.

Data Source: Hospital Cost Reports

* Statewide data includes Specialty hospitals.
In FY2015, the six AMCs had the largest surplus, reporting a combined $362.9 million in profit. This is lower, however, than their performance in the previous four fiscal years. The community-HPP hospital cohort experienced the largest increase over the five year period, from a combined surplus of $135.5 million in FY2011 to $328.9 million in FY2015.

**Data Source:** Hospital Standardized Financial Statements
The community-High Public Payer hospital cohort had the highest median operating margin in FY2015 at 5.0%. Over the previous four fiscal years of FY2011–FY2014, teaching hospitals were consistently the highest among cohorts, with margins of 5.7% in FY2012 and 5.6% in FY2014. The community and community-HPP hospital cohorts experienced increases in median operating margin from FY2014 to FY2015. The median operating margin for AMCs was consistent between FY2014 and FY2015 and has increased steadily over the past four fiscal years, but remained lower than their FY2011 median operating margin.

Data Source: Hospital Standardized Financial Statements
Similar to trends in operating margin, the community-High Public Payer cohort had the highest median total margin in FY2015, of 5.4%. The teaching hospital cohort experienced a significant decrease in total margin from 8.2% in FY2014 to 4.2% in FY2015. AMCs saw a similar decrease in the one year period, declining from a median of 4.7% in FY2014 to 2.4% in FY2015. Community hospitals have been consistent over the five year period of FY2011-FY2015; the cohort saw a 3.4% median total margin in FY2015.

The community-High Public Payer cohort had the highest total margin in FY2015 at 5.4%.

Data Source: Hospital Standardized Financial Statements
Acute hospitals are grouped into cohorts of similar hospitals, as follows:

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

<table>
<thead>
<tr>
<th>AMC Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beth Israel Deaconess Medical Center</td>
</tr>
<tr>
<td>Boston Medical Center</td>
</tr>
<tr>
<td>Brigham and Women’s Hospital</td>
</tr>
<tr>
<td>Massachusetts General Hospital</td>
</tr>
<tr>
<td>Tufts Medical Center</td>
</tr>
<tr>
<td>UMass Memorial Medical Center</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Teaching Hospital Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baystate Medical Center</td>
</tr>
<tr>
<td>Cambridge Health Alliance</td>
</tr>
<tr>
<td>Lahey Hospital &amp; Medical Center</td>
</tr>
<tr>
<td>Mount Auburn Hospital</td>
</tr>
<tr>
<td>Saint Vincent Hospital</td>
</tr>
<tr>
<td>Steward Carney Hospital</td>
</tr>
<tr>
<td>Steward St. Elizabeth’s Medical Center</td>
</tr>
</tbody>
</table>

**Community hospitals** are hospitals that do not meet the MedPAC definition to be classified as teaching hospitals and have a public payer mix of less than 63%.

<table>
<thead>
<tr>
<th>Community Hospital Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anna Jaques Hospital</td>
</tr>
<tr>
<td>Baystate Mary Lane Hospital</td>
</tr>
<tr>
<td>Beth Israel Deaconess Hospital — Milton</td>
</tr>
<tr>
<td>Beth Israel Deaconess Hospital — Needham</td>
</tr>
<tr>
<td>Brigham and Women’s Faulkner Hospital</td>
</tr>
<tr>
<td>Cooley Dickinson Hospital</td>
</tr>
<tr>
<td>Emerson Hospital</td>
</tr>
<tr>
<td>Hallmark Health</td>
</tr>
<tr>
<td>Martha’s Vineyard Hospital</td>
</tr>
<tr>
<td>Milford Regional Medical Center</td>
</tr>
<tr>
<td>Nantucket Cottage Hospital</td>
</tr>
<tr>
<td>Newton-Wellesley Hospital</td>
</tr>
<tr>
<td>Northeast Hospital</td>
</tr>
<tr>
<td>Steward Norwood Hospital</td>
</tr>
<tr>
<td>South Shore Hospital</td>
</tr>
<tr>
<td>Winchester Hospital</td>
</tr>
</tbody>
</table>
**Community High Public Payer (HPP) hospitals** are community hospitals that have 63% or greater of Gross Patient Service Revenue (GPSR) attributable to Medicare, MassHealth, and other government payers, including the Health Safety Net.

### Community-HPP Cohort

<table>
<thead>
<tr>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athol Hospital</td>
</tr>
<tr>
<td>Baystate Franklin Medical Center</td>
</tr>
<tr>
<td>Baystate Noble Hospital</td>
</tr>
<tr>
<td>Baystate Wing Hospital</td>
</tr>
<tr>
<td>Berkshire Medical Center</td>
</tr>
<tr>
<td>Beth Israel Deaconess Hospital – Plymouth</td>
</tr>
<tr>
<td>Cape Cod Hospital</td>
</tr>
<tr>
<td>Clinton Hospital</td>
</tr>
<tr>
<td>Fairview Hospital</td>
</tr>
<tr>
<td>Falmouth Hospital</td>
</tr>
<tr>
<td>Harrington Memorial Hospital</td>
</tr>
<tr>
<td>HealthAlliance Hospital</td>
</tr>
<tr>
<td>Heywood Hospital</td>
</tr>
<tr>
<td>Holyoke Medical Center</td>
</tr>
<tr>
<td>Lawrence General Hospital</td>
</tr>
<tr>
<td>Lowell General Hospital</td>
</tr>
<tr>
<td>Marlborough Hospital</td>
</tr>
<tr>
<td>Mercy Medical Center</td>
</tr>
<tr>
<td>MetroWest Medical Center</td>
</tr>
<tr>
<td>Morton Hospital</td>
</tr>
<tr>
<td>Nashoba Valley Medical Center</td>
</tr>
<tr>
<td>North Shore Medical Center</td>
</tr>
<tr>
<td>Signature Healthcare Brockton Hospital</td>
</tr>
<tr>
<td>Southcoast Hospitals Group</td>
</tr>
<tr>
<td>Steward Good Samaritan Medical Center</td>
</tr>
<tr>
<td>Steward Holy Family Hospital</td>
</tr>
<tr>
<td>Steward Saint Anne’s Hospital</td>
</tr>
<tr>
<td>Sturdy Memorial Hospital</td>
</tr>
</tbody>
</table>

**Specialty hospitals** are not included in any cohort comparison analysis due to the unique patient populations they serve and/or the unique sets of services they provide. Specialty hospitals may be included in statewide analyses.

### Specialty Hospitals

<table>
<thead>
<tr>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston Children’s Hospital</td>
</tr>
<tr>
<td>Dana-Farber Cancer Institute</td>
</tr>
<tr>
<td>Curahelth Boston</td>
</tr>
<tr>
<td>Curahelth Boston North Shore</td>
</tr>
<tr>
<td>Massachusetts Eye and Ear Infirmary</td>
</tr>
<tr>
<td>New England Baptist Hospital</td>
</tr>
<tr>
<td>Shriners Hospitals for Children — Boston</td>
</tr>
<tr>
<td>Shriners Hospitals for Children — Springfield</td>
</tr>
</tbody>
</table>

For detailed descriptions of the data sources and metrics used in the acute hospital cohort profile, please see the technical appendix.
How to Read Acute Hospital Cohort Profile – Fiscal Year 2015

This sheet provides a brief introduction to the metrics on the hospital cohorts. Definitions and notes on all metrics are available in the technical appendix.

### Acute Hospital Cohorts

**2015 Hospital Profile**

![Diagram of hospital profiles and metrics]

**Types of Inpatient Cases**

The state’s top ten most frequent inpatient cases are listed, with the number of discharges from each cohort indicated by the colored bands within each bar.

**Inpatient Severity Distribution**

The severity distribution of all inpatient cases treated at acute hospitals is shown on the left. The bars on the right display the severity distribution of cases within each cohort.

**Payer Mix**

Each cohort’s average share of business from federal and state programs and commercial payers is displayed, in addition to the overall payer mix statewide. The grey line indicates whether the average hospital in each cohort receives 63% or more of its business from government programs (the bottom two sections of each column). This is the “HPP Threshold.”

---

### Payer Mix Table

<table>
<thead>
<tr>
<th>Discharge Type</th>
<th>AMC</th>
<th>Teaching</th>
<th>Community</th>
<th>Comm-HPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Vaginal Birth</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Vaginal Delivery</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Cesarean Delivery</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Other Procedure</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Hip Joint Replacement</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Gastrointestinal Obstruction</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Acute Coronary Syndrome</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Hip Fracture</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Other Injuries</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Septicemia &amp; Disseminated Infections</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Other Infections</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Other Malformations</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Other Neonatal Conditions</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Other Diseases</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
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</tr>
</tbody>
</table>

### Severity Distribution

<table>
<thead>
<tr>
<th>Total Statewide Discharges</th>
<th>Least Severe</th>
<th>Least Moderate</th>
<th>Moderate</th>
<th>Most Moderate</th>
<th>Most Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0%</td>
<td>10%</td>
<td>50%</td>
<td>40%</td>
<td>0%</td>
</tr>
<tr>
<td>10,000</td>
<td>0%</td>
<td>10%</td>
<td>50%</td>
<td>40%</td>
<td>0%</td>
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<tr>
<td>20,000</td>
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<tr>
<td>30,000</td>
<td>0%</td>
<td>10%</td>
<td>50%</td>
<td>40%</td>
<td>0%</td>
</tr>
<tr>
<td>40,000</td>
<td>0%</td>
<td>10%</td>
<td>50%</td>
<td>40%</td>
<td>0%</td>
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<tr>
<td>50,000</td>
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<td>10%</td>
<td>50%</td>
<td>40%</td>
<td>0%</td>
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<tr>
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<td>50%</td>
<td>40%</td>
<td>0%</td>
</tr>
<tr>
<td>70,000</td>
<td>0%</td>
<td>10%</td>
<td>50%</td>
<td>40%</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Revenue Information

- **Total Revenue in FY15 (in millions)**
  - AMC Teaching Community Community-HPP
  - $1,408,424
- **AVG. COMMERCIAL RELATIVE PRICE**
  - AMC Teaching Community Community-HPP
  - 38%:62%
- **TOTAL DISCHARGES**
  - AMC Teaching Community Community-HPP
  - 423,232
- **MEDIAN % OCCUPANCY**
  - AMC Teaching Community Community-HPP
  - 82.1% 77.9% 64.9% 62.9%
- **AVG. PUBLIC PAYER MIX**
  - AMC Teaching Community Community-HPP
  - 64.4% 64.1% 54.3% 68.4%
- **AVG. COMMERCIAL RELATIVE PRICE**
  - AMC Teaching Community Community-HPP
  - 1.167
- **EMERGENCY DEPARTMENT VISITS**
  - AMC Teaching Community Community-HPP
  - 508,852
- **TOTAL STAFFED BEDS**
  - AMC Teaching Community Community-HPP
  - 6,011
- **INPATIENT/OUTPATIENT REVENUE IN FY15**
  - AMC Teaching Community Community-HPP
  - $10,965
- **TOTAL REVENUE IN FY15 (in millions)**
  - AMC Teaching Community Community-HPP
  - $612,369

---

For descriptions of the metrics, please see technical appendix.

Massachusetts Hospital Profiles | Data through Fiscal Year 2015

Center for Health Information and Analysis (CHIA)
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.

How has each cohort's volume of inpatient discharges changed compared to FY11? (FY11=100)

How has each cohort's total outpatient visits changed compared to FY11? (FY11=100)

How has each cohort's total outpatient revenue changed since FY11? (FY11=100)

What was each acute hospital cohort's median operating and total margin from FY11 to FY15?

<table>
<thead>
<tr>
<th>Financial Performance</th>
<th>Revenue, Cost, &amp; Profit (Loss) in millions</th>
<th>Revenue, Cost, &amp; Profit (Loss) in millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMC</td>
<td>Teaching</td>
<td>Comm.</td>
</tr>
<tr>
<td>Operating Revenue</td>
<td>$10,894</td>
<td>$2,794</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$11</td>
<td>$20</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$10,905</td>
<td>$3,792</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$10,505</td>
<td>$3,591</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$400</td>
<td>$191</td>
</tr>
</tbody>
</table>

What were each cohort's aggregate revenue, cost, and profit (loss) in FY15?

For descriptions of the metric, 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.

These graphs compare trends among the cohorts. All trends in the first four graphs are anchored at 0 to emphasize recent changes. The labeled points are cumulative over the time period.

Change in volume of outpatient visits

Change in volume of inpatient discharges

Change in total outpatient revenue (note: not per unit. This metric is influenced both by unit price and by volume changes.)

Change in inpatient severity-adjusted revenue per case (i.e., per capita)

FY15 financial information for each cohort

Total and operating margin history
There were six academic medical centers (AMCs) in FY15, seven teaching hospitals, sixteen community hospitals, and twenty-eight community-High Public Payer Hospitals (HPP). Teaching hospitals are training institutions with at least twenty-five full-time equivalent medical school residents per one hundred inpatient beds. 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). Community hospitals are hospitals that are not characterized as specialty, teaching, or AMCs. Community-HPP hospitals are a subset of community hospitals that receive 63% or more of their business from Medicare, Medicaid, and other government programs.

### TOTAL STAFFED BEDS

<table>
<thead>
<tr>
<th>Metric</th>
<th>AMC</th>
<th>Teaching</th>
<th>Community</th>
<th>Community-HPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,005</td>
<td>2,227</td>
<td>2,635</td>
<td>5,011</td>
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### MEDIAN % OCCUPANCY

<table>
<thead>
<tr>
<th>Metric</th>
<th>AMC</th>
<th>Teaching</th>
<th>Community</th>
<th>Community-HPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>82.1%</td>
<td>71.5%</td>
<td>64.9%</td>
<td>62.8%</td>
<td></td>
</tr>
</tbody>
</table>

### TOTAL DISCHARGES

<table>
<thead>
<tr>
<th>Metric</th>
<th>AMC</th>
<th>Teaching</th>
<th>Community</th>
<th>Community-HPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>223,232</td>
<td>127,182</td>
<td>155,111</td>
<td>275,339</td>
<td></td>
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### EMERGENCY DEPARTMENT VISITS

<table>
<thead>
<tr>
<th>Metric</th>
<th>AMC</th>
<th>Teaching</th>
<th>Community</th>
<th>Community-HPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>508,852</td>
<td>436,063</td>
<td>612,369</td>
<td>1,408,424</td>
<td></td>
</tr>
</tbody>
</table>

### AVG. COMMERCIAL RELATIVE PRICE

<table>
<thead>
<tr>
<th>Metric</th>
<th>AMC</th>
<th>Teaching</th>
<th>Community</th>
<th>Community-HPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.167</td>
<td>0.938</td>
<td>1.051</td>
<td>0.928</td>
<td></td>
</tr>
</tbody>
</table>

### AVG. PUBLIC PAYER MIX

<table>
<thead>
<tr>
<th>Metric</th>
<th>AMC</th>
<th>Teaching</th>
<th>Community</th>
<th>Community-HPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>61.4%</td>
<td>64.1%</td>
<td>54.3%</td>
<td>68.4%</td>
<td></td>
</tr>
</tbody>
</table>

### TOTAL REVENUE IN FY15 (in millions)

<table>
<thead>
<tr>
<th>Metric</th>
<th>AMC</th>
<th>Teaching</th>
<th>Community</th>
<th>Community-HPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,965</td>
<td>$3,782</td>
<td>$3,337</td>
<td>$6,038</td>
<td></td>
</tr>
</tbody>
</table>

### INPATIENT:OUTPATIENT REVENUE IN FY15

<table>
<thead>
<tr>
<th>Metric</th>
<th>AMC</th>
<th>Teaching</th>
<th>Community</th>
<th>Community-HPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>612,369</td>
<td>436,063</td>
<td>612,369</td>
<td>1,408,424</td>
<td></td>
</tr>
</tbody>
</table>

What were the most common inpatient cases (DRGs) treated at acute hospitals statewide in FY15? What proportion of these types of cases did each cohort treat?

What was the severity distribution of inpatient cases statewide in FY15?

What was the severity distribution of inpatient cases within each cohort in FY15?

What was each cohort's median Commercial Relative Price in Calendar Year 2015?

For descriptions of the metrics, please see technical appendix.
ACUTE HOSPITAL COHORTS
2015 Hospital Profile

How has each cohort's volume of inpatient discharges changed compared to FY11? (FY11=100)

How has each cohort's total outpatient visits changed compared to FY11? (FY11=100)

How has each cohort's inpatient revenue per CMAD changed since FY11? (FY11=100)

How has each cohort's total outpatient revenue changed since FY11? (FY11=100)

What was each acute hospital cohort's median operating and total margin from FY11 to FY15?

Revenue, Cost, & Profit (Loss) in millions

<table>
<thead>
<tr>
<th>Financial Performance</th>
<th>AMC</th>
<th>Teaching</th>
<th>Comm.</th>
<th>Comm-HPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$10,954</td>
<td>$3,744</td>
<td>$3,256</td>
<td>$5,976</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$11</td>
<td>$38</td>
<td>$80</td>
<td>$62</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$10,965</td>
<td>$3,782</td>
<td>$3,337</td>
<td>$6,038</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$10,602</td>
<td>$3,591</td>
<td>$3,155</td>
<td>$5,709</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$363</td>
<td>$191</td>
<td>$182</td>
<td>$329</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.

*Costs were adjusted to exclude direct medical education costs and physician compensation.
An **acute hospital** is a hospital that is licensed by the Massachusetts Department of Public Health, which 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-High Public Payer (HPP) hospitals. 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 the technical appendix or refer to [http://www.chiamass.gov/hospitals-by-region/](http://www.chiamass.gov/hospitals-by-region/).
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Bii</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anna Jaques Hospital</td>
<td>B14</td>
</tr>
<tr>
<td>Athol Hospital</td>
<td>B30</td>
</tr>
<tr>
<td>Baystate Franklin Medical Center</td>
<td>B31</td>
</tr>
<tr>
<td>Baystate Mary Lane Hospital</td>
<td>B15</td>
</tr>
<tr>
<td>Baystate Medical Center</td>
<td>B7</td>
</tr>
<tr>
<td>Baystate Noble Hospital</td>
<td>B32</td>
</tr>
<tr>
<td>Baystate Wing Hospital</td>
<td>B33</td>
</tr>
<tr>
<td>Berkshire Medical Center</td>
<td>B34</td>
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<tr>
<td>Beth Israel Deaconess Hospital — Milton</td>
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<tr>
<td>Beth Israel Deaconess Hospital — Needham</td>
<td>B17</td>
</tr>
<tr>
<td>Beth Israel Deaconess Hospital — Plymouth</td>
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<tr>
<td>Beth Israel Deaconess Medical Center</td>
<td>B1</td>
</tr>
<tr>
<td>Boston Children’s Hospital</td>
<td>B58</td>
</tr>
<tr>
<td>Boston Medical Center</td>
<td>B2</td>
</tr>
<tr>
<td>Brigham and Women’s Faulkner Hospital</td>
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</tr>
<tr>
<td>Brigham and Women’s Hospital</td>
<td>B3</td>
</tr>
<tr>
<td>Cambridge Health Alliance</td>
<td>B8</td>
</tr>
<tr>
<td>Cape Cod Hospital</td>
<td>B36</td>
</tr>
<tr>
<td>Clinton Hospital</td>
<td>B37</td>
</tr>
<tr>
<td>Cooley Dickinson Hospital</td>
<td>B19</td>
</tr>
<tr>
<td>Curahealth Boston</td>
<td>B60</td>
</tr>
<tr>
<td>Curahealth Boston North Shore</td>
<td>B61</td>
</tr>
<tr>
<td>Dana-Farber Cancer Institute</td>
<td>B59</td>
</tr>
<tr>
<td>Emerson Hospital</td>
<td>B20</td>
</tr>
<tr>
<td>Fairview Hospital</td>
<td>B38</td>
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<tr>
<td>Falmouth Hospital</td>
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<tr>
<td>Hallmark Health</td>
<td>B21</td>
</tr>
<tr>
<td>Harrington Memorial Hospital</td>
<td>B40</td>
</tr>
<tr>
<td>HealthAlliance Hospital</td>
<td>B41</td>
</tr>
<tr>
<td>Heywood Hospital</td>
<td>B42</td>
</tr>
<tr>
<td>Holyoke Medical Center</td>
<td>B43</td>
</tr>
<tr>
<td>Lahey Hospital &amp; Medical Center</td>
<td>B9</td>
</tr>
<tr>
<td>Lawrence General Hospital</td>
<td>B44</td>
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<tr>
<td>Lowell General Hospital</td>
<td>B45</td>
</tr>
<tr>
<td>Marlborough Hospital</td>
<td>B46</td>
</tr>
<tr>
<td>Martha’s Vineyard Hospital</td>
<td>B22</td>
</tr>
<tr>
<td>Massachusetts Eye and Ear Infirmary</td>
<td>B62</td>
</tr>
<tr>
<td>Massachusetts General Hospital</td>
<td>B4</td>
</tr>
<tr>
<td>Mercy Medical Center</td>
<td>B47</td>
</tr>
<tr>
<td>MetroWest Medical Center</td>
<td>B48</td>
</tr>
<tr>
<td>Milford Regional Medical Center</td>
<td>B23</td>
</tr>
<tr>
<td>Morton Hospital</td>
<td>B49</td>
</tr>
<tr>
<td>Mount Auburn Hospital</td>
<td>B10</td>
</tr>
<tr>
<td>Nantucket Cottage Hospital</td>
<td>B24</td>
</tr>
<tr>
<td>Nashoba Valley Medical Center</td>
<td>B50</td>
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<tr>
<td>New England Baptist Hospital</td>
<td>B63</td>
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<tr>
<td>Newton-Wellesley Hospital</td>
<td>B25</td>
</tr>
<tr>
<td>North Shore Medical Center</td>
<td>B51</td>
</tr>
<tr>
<td>Northeast Hospital</td>
<td>B26</td>
</tr>
<tr>
<td>Saint Vincent Hospital</td>
<td>B11</td>
</tr>
<tr>
<td>Shriners Hospitals for Children — Boston</td>
<td>B64</td>
</tr>
<tr>
<td>Shriners Hospitals for Children — Springfield</td>
<td>B65</td>
</tr>
<tr>
<td>Signature Healthcare Brockton Hospital</td>
<td>B52</td>
</tr>
<tr>
<td>South Shore Hospital</td>
<td>B28</td>
</tr>
<tr>
<td>Southcoast Hospitals Group</td>
<td>B53</td>
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<tr>
<td>Steward Carney Hospital</td>
<td>B12</td>
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<tr>
<td>Steward Good Samaritan Medical Center</td>
<td>B54</td>
</tr>
<tr>
<td>Steward Holy Family Hospital</td>
<td>B55</td>
</tr>
<tr>
<td>Steward Norwood Hospital</td>
<td>B27</td>
</tr>
<tr>
<td>Steward Saint Anne’s Hospital</td>
<td>B56</td>
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<tr>
<td>Steward St. Elizabeth’s Medical Center</td>
<td>B13</td>
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<tr>
<td>Sturdy Memorial Hospital</td>
<td>B57</td>
</tr>
<tr>
<td>Tufts Medical Center</td>
<td>B5</td>
</tr>
<tr>
<td>UMass Memorial Medical Center</td>
<td>B6</td>
</tr>
<tr>
<td>Winchester Hospital</td>
<td>B29</td>
</tr>
</tbody>
</table>
HOW TO READ ACUTE HOSPITAL PROFILES – FISCAL YEAR 2015

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

### MERCY MEDICAL CENTER

#### 2015 Hospital Profile

Mercy Medical Center is a large, nonprofit community-high public payer (HPP) hospital located in the Western Massachusetts region. Mercy Medical Center had 0.8% fewer inpatient discharges in FY15 than in FY11, compared with a median decrease of 9.5% in its peer cohort. The hospital earned a profit each year from FY11 to FY15, with a 6.2% total margin in FY15, compared to a median total margin of 5.4% among cohort hospitals.

### Overview / Size

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital System Affiliation</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Change in Ownership (FY11-FY15)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Total Staffed Beds</td>
<td>417, 10th largest acute hospital</td>
</tr>
<tr>
<td>% Occupancy</td>
<td>53.3%, cohort avg. (60%)</td>
</tr>
<tr>
<td>Special Public Funding</td>
<td>CHART, DSTI</td>
</tr>
<tr>
<td>Trauma Center Designation</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Case Mix Index</td>
<td>0.88, cohort avg. (0.87), state median (1.00)</td>
</tr>
</tbody>
</table>

### Financial

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Revenue per CMIQ</td>
<td>$10,837</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>6.1%</td>
</tr>
<tr>
<td>Inpatient Outpatient Revenue in FY15</td>
<td>$49,526</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>10.8%</td>
</tr>
<tr>
<td>Total Revenue in FY15</td>
<td>$373,907,131</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>10.3%</td>
</tr>
<tr>
<td>Total Surplus (Loss) in FY15</td>
<td>$17,203,577</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>15.3%</td>
</tr>
</tbody>
</table>

### Payer Mix

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public/Payer Mix</td>
<td>72.0% (HPP) hospital</td>
</tr>
<tr>
<td>CY15 Commercial Relative Price</td>
<td>0.81</td>
</tr>
<tr>
<td>Top 3 Commercial Payers</td>
<td>Blue Cross Blue Shield of MA, Health New England, UniCare</td>
</tr>
</tbody>
</table>

### Utilization

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Inpatients in FY15</td>
<td>4,161</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>0.86, &lt; cohort avg. (0.87); &lt; statewide (1.02)</td>
</tr>
<tr>
<td>Emergency Department Visits in FY15</td>
<td>56,744</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>0.81, &lt; cohort avg. (1.21); &lt; statewide (5.00)</td>
</tr>
<tr>
<td>Inpatient Surgeries in FY15</td>
<td>2,190</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>3.2%, &lt; cohort avg. (7.1%); &lt; statewide (9.4%)</td>
</tr>
<tr>
<td>Outpatient Visits in FY15</td>
<td>169,207</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>1.7%, &lt; cohort avg. (1.9%); &lt; statewide (2.0%)</td>
</tr>
<tr>
<td>Outpatient Surgeries in FY15</td>
<td>1,400</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>2.4%, &lt; cohort avg. (2.4%); &lt; statewide (3.1%)</td>
</tr>
<tr>
<td>Total Staffed Beds</td>
<td>417</td>
</tr>
<tr>
<td>Change FY11-FY15 (percentage points)</td>
<td>0.7%</td>
</tr>
<tr>
<td>% Occupancy</td>
<td>53.3%, cohort avg. (60%)</td>
</tr>
<tr>
<td>Total Surplus (Loss) in FY15</td>
<td>$17,203,577</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>10.3%</td>
</tr>
</tbody>
</table>

### Quality

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Readmissions in FY15</td>
<td>11.8%</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>0.0%</td>
</tr>
<tr>
<td>Early Elective Deliveries Rate (Jan 2015-Jun 2016)</td>
<td>0.6%</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>0.0%</td>
</tr>
<tr>
<td>Hospital's cohort</td>
<td>Western Massachusetts Community, High Public Payer</td>
</tr>
</tbody>
</table>

### Regional Utilization

The communities where the hospital's inpatients reside are listed, with the number of this hospital's discharges from each community and a bar representing the share this hospital provides for each community among Massachusetts hospitals.

### Health care-associated infections

This measure displays how many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery patients experienced relative to what was expected, based on the hospital's characteristics and case mix. The dotted line indicates that the expected and observed number of infections were equal. A lower score is better.

### Types of inpatient cases

This hospital's most frequent inpatient cases are listed, with the number of discharges in each group and a bar representing the proportion of regional cases treated at this hospital.

### Readmissions

This measure is designed to follow adult patients for 30 days from discharge and determine whether they are admitted to a hospital during this period. The unadjusted readmission rates for 2011 and 2015 are displayed in the graph. A lower score is better.
Each of the first four graphs compares trends at the featured hospital (in blue) 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 from these graphs, but are available in the data supplement to these reports.
Beth Israel Deaconess Medical Center (BIDMC) is a large, nonprofit Academic Medical Center (AMC) located in the Metro Boston region. It is one of nine organ transplant centers in Massachusetts and is a member of CareGroup. For the second consecutive fiscal year, Beth Israel Deaconess Medical Center saw an increase in inpatient discharges. It earned a profit each year from FY11 to FY15, with a 2.0% total margin in FY15, slightly lower than the AMC median total margin of 2.4%. It reported a total profit of $29.7M in FY15, its lowest reported profit in the past five fiscal years, while also reporting $1.5B in total revenue, its highest in that same period.

### Financial

- **Inpatient NPSR per CMAD:** $13,837
- **Change FY14-FY15:** 3.1%
- **Inpatient:Outpatient Revenue in FY15:** 45.55%
- **Outpatient Revenue in FY15:** $491,273,181
- **Change FY14-FY15:** 3.7%
- **Total Revenue in FY15:** $29,747,569
- **Total Surplus (Loss) in FY15:** $29,747,569

### Utilization

- **Inpatient Discharges in FY15:** 39,277
- **Change FY14-FY15:** 5.6%
- **Emergency Department Visits in FY15:** 42,146
- **Change FY14-FY15:** -1.0%
- **Outpatient Visits in FY15:** 758,638
- **Change FY14-FY15:** 5.7%

### Quality

- **Readmission Rate in FY15:** 16.6%
- **Change FY11-FY15 (percentage points):** -1.5%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** 5.6%

---

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital’s inpatient discharges changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

FY15 Inpatient Discharges = 39,277

How has the volume of the hospital’s outpatient visits changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

FY15 Outpatient Visits = 758,638

What was the hospital’s net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital’s peer cohort median?

How has the hospital’s total outpatient revenue changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

FY15 Outpatient Revenue = $491 M

How have the hospital’s total revenue and costs changed between FY11 and FY15?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$1,366</td>
<td>$1,380</td>
<td>$1,360</td>
<td>$1,417</td>
<td>$1,518</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$14</td>
<td>$29</td>
<td>$49</td>
<td>$32</td>
<td>$(11)</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$1,382</td>
<td>$1,410</td>
<td>$1,410</td>
<td>$1,449</td>
<td>$1,507</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$1,320</td>
<td>$1,336</td>
<td>$1,309</td>
<td>$1,385</td>
<td>$1,477</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$62.3</td>
<td>$74.0</td>
<td>$100.2</td>
<td>$63.3</td>
<td>$29.7</td>
</tr>
</tbody>
</table>

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

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

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Boston Medical Center (BMC) is a large, nonprofit Academic Medical Center (AMC) located in the Metro Boston region. BMC is a teaching hospital of Boston University School of Medicine. It also qualifies as a High Public Payer (HPP) hospital, and has the highest public payer mix in the state with 77.2%. It is the state’s seventh largest hospital, and one of nine organ transplant centers in Massachusetts. BMC treated 22% of all Asthma cases in Metro Boston, though it accounted for only 8% of total regional discharges. In FY15, BMC reported a profit for the fourth consecutive fiscal year, with a profit of $29.3M. BMC had a total margin of 2.5% in FY15, which was slightly above the cohort median of 2.4%.

### Financial

- **Inpatient NPSR per CMAD:** $14,008
- **Change FY14-FY15:** -1.5%
- **Inpatient:Outpatient Revenue in FY15:** 31.69%
- **Outpatient Revenue in FY15:** $642,545,867
- **Change FY14-FY15:** -8.6%
- **Total Revenue in FY15:** $29,333,000
- **Total Surplus (Loss) in FY15:** $29,333,000

### Utilization

- **Inpatient Discharges in FY15:** 24,800
- **Change FY14-FY15:** -4.9%
- **Emergency Department Visits in FY15:** 125,430
- **Change FY14-FY15:** -2.6%
- **Outpatient Visits in FY15:** 1,568,545
- **Change FY14-FY15:** -3.0%

### Quality

- **Readmission Rate in FY15:** 16.4%
- **Change FY11-FY15 (percentage points):** -1.3%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** 0.0%

### Payer Mix

- **Public Payer Mix:** 77.2% (HPP⁺ Hospital)
- **CY15 Commercial Relative Price:** 1.01
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of MA
  - Harvard Pilgrim Health Care
  - Tufts Health Plan

### Services

- **Discharges by DRG**
  - Normal Neonate Birth (2021)
  - Vaginal Delivery (1596)
  - Sepsis & Dissem Inf (998)
  - Cesarean Delivery (781)
  - Heart Failure (751)
  - Cellulitis, Oth Bact Skn Inf (435)
  - Asthma (370)
  - Other Pneumonia (345)
  - Cellulitis, Oth Bact Skn Inf (435)
  - Other Antepartum Dxs (339)
  - COPD (337)

- **Discharges by Community**
  - Boston MA (4,696)
  - Dorchester Center MA (1,974)
  - Roxbury MA (1,601)
  - Mattapan MA (1,077)
  - Chelsea MA (785)
  - Quincy MA (747)
  - Revere MA (688)
  - Hyde Park MA (684)
  - Brockton MA (520)

### Overview / Size

- **Hospital System Affiliation:** Not Applicable
- **Change in Ownership (FY11-FY15):** Not Applicable
- **Total Staffed Beds:** 454, 7th largest acute hospital
- **% Occupancy:** 75.1%, lowest in cohort (avg. 85%)
- **Special Public Funding:** DSTI
- **Trauma Center Designation:** Adult: Level 1, Pedi: Level 2
- **Case Mix Index:** 1.15, < cohort avg. (1.37); > statewide (1.00)

### At A Glance

- **Services**
  - COPD (337)
  - Other Antepartum Dxs (339)
  - Other Pneumonia (345)
  - Asthma (370)
  - Cellulitis, Oth Bact Skn Inf (435)
  - Heart Failure (751)
  - Cesarean Delivery (781)
  - Sepsis & Dissem Inf (998)
  - Vaginal Delivery (1596)
  - Normal Neonate Birth (2021)
- **Quality**
  - CLABSI
  - CAUTI
  - SSI: Colon Surgery

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

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

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Brigham and Women's Hospital is a nonprofit 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 nine organ transplant centers in the state. It is a member of Partners HealthCare System. In FY15, Brigham and Women's Hospital reported a total profit of $60.8M, after reporting profits of at least $122M between FY11 and FY14.

### Overview / Size
- Hospital System Affiliation: Partners HealthCare
- Change in Ownership (FY11-FY15): Not Applicable
- Total Staffed Beds: 859, 2nd largest acute hospital
- % Occupancy: 81.5%, < cohort avg. (85%)
- Special Public Funding: Not Applicable
- Trauma Center Designation: Adult: Level 1
- Case Mix Index: 1.47, > cohort avg. (1.37); > statewide (1.00)

### Financial
- Inpatient NPSR per CMAD: $16,567
- Change FY14-FY15: 4.1%
- Inpatient:Outpatient Revenue in FY15: 59%,41%
- Outpatient Revenue in FY15: $642,308,991
- Change FY14-FY15: -4.9%
- Total Revenue in FY15: $2,602,856,000
- Total Surplus (Loss) in FY15: $60,800,000

### At a Glance
- Total Inpatient Discharges in FY15: 45,784
- Total Outpatient Visits in FY15: 375,864
- Total Emergency Department Visits in FY15: 59,917
- Total Revenue in FY15: $2,602,856,000

### Services
- Discharges by DRG
  - Normal Neonate Birth (5341)
  - Vaginal Delivery (4126)
  - Cesarean Delivery (2005)
  - Maj Sml & Lrg Bowel Procs (818)
  - Sepsis & Dissem Inf (779)
  - Heart Failure (765)
  - Knee Joint Replacement (692)
  - Cranotomy; exc Trauma (680)
  - Hip Joint Replacement (661)
  - Percut Card proc w/o AMI (605)
- Discharges by Community
  - Boston MA (2,262)
  - Dorchester MA (1,599)
  - Jamaica Plain MA (1,310)
  - Dorchester Center MA (1,125)
  - Brookline MA (1,076)
  - Roxbury MA (853)
  - Hyde Park MA (801)
  - Roslindale MA (867)
  - Quincy MA (812)
  - West Roxbury MA (730)

### Quality
- Readmission Rate in FY15: 15.8%
  - Change FY11-FY15 (percentage points): -0.3%
- Early Elective Deliveries Rate (Jan 2015-Jun 2016): 3.5%

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

---

α See Hospital Specific Notes in technical appendix.
2015 HOSPITAL PROFILE: Brigham and Women's Hospital

Cohort: Academic Medical Center

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$2,356</td>
<td>$2,455</td>
<td>$2,517</td>
<td>$2,538</td>
<td>$2,606</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$ (3)</td>
<td>2</td>
<td>(0)</td>
<td>0</td>
<td>(3)</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$2,353</td>
<td>$2,457</td>
<td>$2,516</td>
<td>$2,538</td>
<td>$2,603</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$2,231</td>
<td>$2,225</td>
<td>$2,237</td>
<td>$2,286</td>
<td>$2,542</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$122.0</td>
<td>$132.2</td>
<td>$139.0</td>
<td>$151.7</td>
<td>$60.8</td>
</tr>
</tbody>
</table>

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

FY15 Inpatient Discharges = 45,784

- Utilization

- Patient Revenue Trends

- Financial Performance

How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

FY15 Total Outpatient Revenue = $642 M

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Massachusetts General Hospital (MGH) is a nonprofit Academic Medical Center (AMC) located in the Metro Boston region. MGH is the largest hospital in Massachusetts with 1,043 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 nine organ transplant centers in Massachusetts. MGH earned a profit each year from FY11 to FY15, with a 5.8% total margin in FY15, higher than the 2.4% median total margin of its peer cohort. Inpatient discharges have increased 6.7% at MGH from FY11 to FY15, while the median of its peer cohort has decreased 10.7%.
How was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median? (FY11=100)

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospital</th>
<th>متاطس</th>
<th>Cohort Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$3,021</td>
<td>$3,255</td>
<td>$3,271</td>
</tr>
<tr>
<td>2012</td>
<td>$3,255</td>
<td>$3,271</td>
<td>$3,326</td>
</tr>
<tr>
<td>2013</td>
<td>$3,271</td>
<td>$3,326</td>
<td>$3,488</td>
</tr>
<tr>
<td>2014</td>
<td>$3,326</td>
<td>$3,488</td>
<td>$3,488</td>
</tr>
<tr>
<td>2015</td>
<td>$3,488</td>
<td>$3,488</td>
<td>$3,488</td>
</tr>
</tbody>
</table>

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Tufts Medical Center is a large, nonprofit 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 nine organ transplant centers in Massachusetts and is a member of Wellforce. Inpatient discharges decreased 17.4% from FY11 to FY15 at Tufts Medical Center, greater than the 10.7% decrease in the median of its peer cohort. The hospital reported a loss in FY15, with a total margin of -2.6%. FY15 was the only year in the five year period that the hospital reported a loss.

Overview / Size
Hospital System Affiliation: Wellforce
Change in Ownership (FY11-FY15): Wellforce - 2014
Total Staffed Beds: 255, among the larger acute hospitals
% Occupancy: 100.5%, highest in cohort (avg. 85%)
Special Public Funding: 48%:52%
Trauma Center Designation: Adult: Level 1, Pedi: Level 1
Case Mix Index: 1.60, > cohort avg. (1.37); > statewide (1.00)

Financial
Inpatient NPSR per CMAD: $13,141
Change FY14-FY15: -3.7%
Inpatient:Outpatient Revenue in FY15: 48%:52%
Outpatient Revenue in FY15: $248,042,847
Change FY14-FY15: 9.5%
Total Revenue in FY15: $686,126,829
Total Surplus (Loss) in FY15: ($18,174,000)

Services
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region’s cases did this hospital treat for each service?

<table>
<thead>
<tr>
<th>Discharges by DRG</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (883)</td>
<td>13%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal Delivery (648)</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sezs &amp; Dissem Inf (545)</td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cesarean Delivery (441)</td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Failure (317)</td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percut Card proc w/o AMI (295)</td>
<td>13%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip Joint Replacement (279)</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cellulitis, Oth Bact Skn Inf (274)</td>
<td>8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee Joint Replacement (273)</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizure (263)</td>
<td>9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

At a Glance
Services
What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?

<table>
<thead>
<tr>
<th>2011</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.8%</td>
<td>18.7%</td>
</tr>
</tbody>
</table>

Quality
Where did most of the hospital’s inpatients reside? What proportion of each community’s total discharges was attributed to this hospital?

<table>
<thead>
<tr>
<th>Discharges by Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston MA (2,398)</td>
</tr>
<tr>
<td>Quincy MA (744)</td>
</tr>
<tr>
<td>Lowell MA (723)</td>
</tr>
<tr>
<td>Dorchester MA (653)</td>
</tr>
<tr>
<td>Brockton MA (471)</td>
</tr>
<tr>
<td>Framingham MA (438)</td>
</tr>
<tr>
<td>Malden MA (406)</td>
</tr>
<tr>
<td>Lawrence MA (403)</td>
</tr>
<tr>
<td>Medford MA (279)</td>
</tr>
<tr>
<td>Dorchester Center MA (270)</td>
</tr>
</tbody>
</table>

Payer Mix
Public Payer Mix: 62.0% (Non-HPP* Hospital)
CY15 Commercial Relative Price: 1.05
Top 3 Commercial Payers:
- Tufts Health Plan
- Harvard Pilgrim Health Care
- Blue Cross Blue Shield of MA

Utilization
Inpatient Discharges in FY15: 17,572
Change FY14-FY15: -1.4%
Emergency Department Visits in FY15: 43,812
Change FY14-FY15: 5.5%
Outpatient Visits in FY15: 405,119
Change FY14-FY15: -1.5%

Quality
Readmission Rate in FY15: 18.7%
Change FY11-FY15 (percentage points): -0.1%
Early Elective Deliveries Rate (Jan 2015-Jun 2016): 0.0%

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

![FY15 Inpatient Discharges = 17,572](chart)

How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

![FY15 Outpatient Visits = 405,119](chart)

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?

![Chart](chart)

How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

![FY15 Outpatient Revenue = $248 M](chart)

How have the hospital's total revenue and costs changed between FY11 and FY15?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$675</td>
<td>$676</td>
<td>$656</td>
<td>$685</td>
<td>$689</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$(3)</td>
<td>$6</td>
<td>$5</td>
<td>$15</td>
<td>$(3)</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$672</td>
<td>$673</td>
<td>$661</td>
<td>$700</td>
<td>$686</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$665</td>
<td>$663</td>
<td>$651</td>
<td>$681</td>
<td>$704</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$7.3</td>
<td>$10.0</td>
<td>$10.2</td>
<td>$19.7</td>
<td>$(18.2)</td>
</tr>
</tbody>
</table>

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

* High Public Payer Hospitals (HPP) 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).
UMASS MEMORIAL MEDICAL CENTER

2015 Hospital Profile

UMass Memorial Medical Center is a large, nonprofit 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 nine organ transplant centers in Massachusetts. It also qualifies as a High Public Payer (HPP) hospital. Inpatient discharges decreased 10.1% at the hospital between FY11 and FY15, consistent with the median performance of its peer cohort, which decreased 10.7%. UMass Memorial earned a profit each year from FY11 to FY15, with a total margin of 3.9% in FY15, higher than the peer cohort median total margin of 2.4%.

Overview / Size

Hospital System Affiliation: UMass Memorial Health Care
Change in Ownership (FY11-FY15): Not Applicable
Total Staffed Beds: 723, 4th largest acute hospital
% Occupancy: 81.5%, < cohort avg. (85%)
Special Public Funding: ICB
Trauma Center Designation: Adult: Level 1, Pedi: Level 1
Case Mix Index: 1.26, < cohort avg. (1.37); > statewide (1.00)

Financial

Inpatient NPSR per CMAD: $13,048
Change FY14-FY15: 9.9%
Inpatient:Outpatient Revenue in FY15: 45%:55%
Outpatient Revenue in FY15: $332,894,722
Change FY14-FY15: 6.2%
Total Revenue in FY15: $1,533,230,000
Total Surplus (Loss) in FY15: $60,090,000

Overview

What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region’s cases did this hospital treat for each service?

Discharges by DRG

<table>
<thead>
<tr>
<th>DRG Description</th>
<th>Regional %</th>
<th>Regional Discharges</th>
<th>Hospital %</th>
<th>Hospital Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (3209)</td>
<td>49%</td>
<td>50%</td>
<td>51%</td>
<td>51%</td>
</tr>
<tr>
<td>Vaginal Delivery (2568)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cesarean Delivery (1026)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sepsis &amp; Dissem Inf (1975)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Failure (843)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Pneumonia (707)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COPD (617)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percut Card proc w/ AMI (593)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bipolar Disorders (556)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal Failure (546)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Discharges by Community

<table>
<thead>
<tr>
<th>Community</th>
<th>Community Discharges</th>
<th>Hospital Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worcester MA (14,237)</td>
<td>63%</td>
<td>59%</td>
</tr>
<tr>
<td>Shrewsbury MA (1,875)</td>
<td>59%</td>
<td>59%</td>
</tr>
<tr>
<td>Marlborough MA (984)</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>Leominster MA (958)</td>
<td>21%</td>
<td>20%</td>
</tr>
<tr>
<td>Fitchburg MA (901)</td>
<td>19%</td>
<td>18%</td>
</tr>
<tr>
<td>Webster MA (941)</td>
<td>40%</td>
<td>39%</td>
</tr>
<tr>
<td>Auburn MA (917)</td>
<td>48%</td>
<td>46%</td>
</tr>
<tr>
<td>Westborough MA (761)</td>
<td>45%</td>
<td>44%</td>
</tr>
<tr>
<td>Holden MA (747)</td>
<td>55%</td>
<td>54%</td>
</tr>
<tr>
<td>Milbury MA (695)</td>
<td>48%</td>
<td>47%</td>
</tr>
</tbody>
</table>

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?

![Readmission Rate Graph]

Quality

How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

![Infectious Disease Graph]
2015 HOSPITAL PROFILE: UMASS MEMORIAL MEDICAL CENTER

Cohort: Academic Medical Center

<table>
<thead>
<tr>
<th>Year</th>
<th>Operating Revenue</th>
<th>Non-Operating Revenue</th>
<th>Total Revenue</th>
<th>Total Costs</th>
<th>Total Profit (Loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$1,375</td>
<td>$2</td>
<td>$1,396</td>
<td>$1,330</td>
<td>$42.9</td>
</tr>
<tr>
<td>2012</td>
<td>$1,380</td>
<td>$17</td>
<td>$1,408</td>
<td>$1,368</td>
<td>$27.8</td>
</tr>
<tr>
<td>2013</td>
<td>$1,408</td>
<td>$104</td>
<td>$1,512</td>
<td>$1,443</td>
<td>$68.9</td>
</tr>
<tr>
<td>2014</td>
<td>$1,521</td>
<td>$3</td>
<td>$1,532</td>
<td>$1,503</td>
<td>$19.8</td>
</tr>
<tr>
<td>2015</td>
<td>$1,516</td>
<td>$17</td>
<td>$1,533</td>
<td>$1,473</td>
<td>$60.1</td>
</tr>
</tbody>
</table>

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

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

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Baystate Medical Center is a nonprofit teaching hospital located in the Western Massachusetts region. It is the third largest acute hospital in Massachusetts, with 767 staffed beds. It is a member of the Baystate Health system, and qualifies as High Public Payer (HPP). It is the only Level 1 Trauma Center in its region, the only Level 2 Pediatric Trauma Center in its region, and one of nine organ transplant centers in Massachusetts. Baystate Medical Center was profitable each year from FY11 to FY15, with a 6.7% total margin in FY15, above the median among cohort hospitals.

**Overview / Size**
- **Hospital System Affiliation:** Baystate Health System
- **Change in Ownership (FY11-FY15):** Not Applicable
- **Total Staffed Beds:** 767, 3rd largest acute hospital
- **% Occupancy:** 72.0%, < cohort avg. (75%)
- **Special Public Funding:** ICB
- **Trauma Center Designation:** Adult: Level 1, Pedi: Level 2
- **Case Mix Index:** 1.13, > cohort avg. (1.03); > statewide (1.00)

**Financial**
- **Inpatient NPSR per CMAD:** $11,326
  - Change FY14-FY15: -8.5%
- **Inpatient:Outpatient Revenue in FY15:** 45%
  - Change FY14-FY15: 23.2%
- **Outpatient Revenue in FY15:** $495,064,860
- **Total Revenue in FY15:** $76,849,000
- **Total Surplus (Loss) in FY15:** $1,153,081,000

**Services**
- **What were the most common inpatient cases (DRGs) treated at the hospital in FY15?**
  - Normal Neonate Birth (3418)
  - Normal Neonate Birth (3418)
  - Vaginal Delivery (2532)
  - Heart Failure (1459)
  - Sepsis & Dissem Inf (1445)
  - Cesarean Delivery (1396)
  - COPD (730)
  - Percut Card proc w/ AMI (689)
  - Knee Joint Replacement (616)
  - Card Arth & Cond Dis (609)
  - Other Pneumonia (590)
- **What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?**

**Quality**
- **Readmission Rate in FY15:** 17.0%
  - Change FY11-FY15 (percentage points): 2.6%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** 3.6%

**Payer Mix**
- **Public Payer Mix:** 69.3% (HPP* Hospital)
- **CY15 Commercial Relative Price:** 1.01
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of MA
  - Health New England
  - UniCare

**Utilization**
- **Inpatient Discharges in FY15:** 40,941
- **Outpatient Visits in FY15:** 444,284
- **Change FY14-FY15:**
  - Inpatient: 2.9%
  - Outpatient: 6.3%

**For descriptions of the metrics, please see the technical appendix.**
What was the hospital’s net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital’s peer cohort median? (FY11=100)

How has the hospital’s total outpatient revenue changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

What were the hospital’s total margin and operating margins between FY11 and FY15, and how do these compare to the hospital’s peer cohort medians?

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

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
CAMBRIDGE HEALTH ALLIANCE
2015 Hospital Profile

Cambridge Health Alliance (CHA) is a mid-size, municipal teaching hospital located in the Metro Boston region. It is the only municipally-owned hospital in Massachusetts. CHA includes Cambridge Hospital, Somerville Hospital, and Whidden Memorial Hospital campuses. It qualifies as a High Public Payer (HPP) hospital. Though it was only responsible for 4% of the discharges in the Metro Boston region, it treated over one-fifth of Bipolar Disorders, Schizophrenia, and Depression cases region-wide in FY15. It reported a profit of $7.9M in FY15 after reporting losses in FY11 through FY14.

Overview / Size

Hospital System Affiliation: Not Applicable
Change in Ownership (FY11-FY15): Not Applicable
Total Staffed Beds: 229, mid-size acute hospital
% Occupancy: 70.4%, < cohort avg. (75%)
Special Public Funding: DSTI
Trauma Center Designation: Not Applicable
Case Mix Index: 0.78, < cohort avg. (1.03); < statewide (1.00)

Financial

Inpatient NPSR per CMAD: $13,696
Change FY14-FY15: -0.8%
Inpatient:Outpatient Revenue in FY15: 24%.76%
Outpatient Revenue in FY15: $244,724,560
Change FY14-FY15: -27.5%
Total Revenue in FY15: $585,063,146
Change FY14-FY15: 3.0%
Total Surplus (Loss) in FY15: $7,945,894
Change FY14-FY15: 2.1%

Payer Mix

Public Payer Mix: 66.2% (HPP* Hospital)
CY15 Commercial Relative Price: 0.80
Top 3 Commercial Payers:
- Blue Cross Blue Shield of MA
- Harvard Pilgrim Health Care
- Tufts Health Plan

Utilization

Inpatient Discharges in FY15: 11,700
Change FY14-FY15: -2.9%
Emergency Department Visits in FY15: 98,573
Change FY14-FY15: 3.0%
Outpatient Visits in FY15: 678,717
Change FY14-FY15: 2.1%

Quality

Readmission Rate in FY15: 18.0%
Change FY11-FY15 (percentage points): -1.0%
Early Elective Deliveries Rate (Jan 2015-Jun 2016): 0.0%

What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region’s cases did this hospital treat for each service?

Discharges by DRG

- Normal Neonate Birth (992): 4% of regional discharges were treated at this hospital in FY15
- Vaginal Delivery (772): 4%
- Maj Dep& Oth/Unsp Psychoses (602): 21%
- Bipolar Disorders (563): 20%
- Sepsis & Dissem Inf (465): 5%
- Alcohol Abuse & Dependence (397): 16%
- Heart Failure (366): 6%
- Dep exc Maj Dep (321): 32%
- Adj Dis/Neur exc Dep (284): 42%

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

Discharges by Community

- Somerville MA (1,838): 28% of community discharges were treated at this hospital in FY15
- Cambridge MA (1,712): 21%
- Everett MA (1,550): 21%
- Revere MA (1,142): 17%
- Chelsea MA (1,105): 12%
- Medford MA (447): 7%
- Boston MA (284): 1%
- Lynn MA (181): 1%
- Arlington MA (159): 4%

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?

- 2011: 19.0%
- 2015: 18.0%

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

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

For High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Lahey Hospital & Medical Center is a nonprofit teaching hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts and one of nine transplant centers in Massachusetts. Lahey Hospital & Medical Center saw an increase of 0.3% in inpatient discharges from FY11 to FY15. Over the five year period, its trend in inpatient discharges has closely matched that of the median for its peer cohort. Lahey Hospital & Medical Center has been profitable each year from FY11 to FY15, posting a total margin of 3.8% in FY15, below the cohort median of 4.2%. In each of the last four years the total margin of the hospital has been at or near the median of its peer cohort.

### Overview / Size

- **Hospital System Affiliation:** Lahey Health System
- **Change in Ownership (FY11-FY15):** Lahey Health - 2012
- **Total Staffed Beds:** 345, among the larger acute hospitals
- **% Occupancy:** 85.3%, > cohort avg. (75%)
- **Special Public Funding:** ICB
- **Trauma Center Designation:** Adult: Level 2
- **Case Mix Index:** 1.42, > cohort avg. (1.03); > statewide (1.00)

### Financial

- **Inpatient NPSR per CMAD:** $11,973
- **Change FY14-FY15:** -3.2%
- **Inpatient:Outpatient Revenue in FY15:** $326,781,617
- **Change FY14-FY15:** 1.2%
- **Total Revenue in FY15:** $31,422,770
- **Total Surplus (Loss) in FY15:** $314,227,700

### Services

**Discharges by DRG**
- Sepsis & Dissem Inf (1471): 25% of regional discharges were treated at this hospital in FY15
- Heart Failure (814): 16%
- Knee Joint Replacement (512L): 16%
- Hip Joint Replacement (512L): 21%
- Other Pneumonia (489): 11%
- Maj Smal & Lgr Bowel Procs (489): 35%
- Card Arrth & Cond Dis (481L): 17%
- Renal Failure (451): 18%
- CVA Occlusion w/ Infant (409): 23%

**Discharges by Community**

<table>
<thead>
<tr>
<th>Community</th>
<th>% of Community Discharges</th>
<th>% of At Hospital Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billerica MA</td>
<td>39%</td>
<td>46%</td>
</tr>
<tr>
<td>Burlington MA</td>
<td>24%</td>
<td>46%</td>
</tr>
<tr>
<td>Woburn MA</td>
<td>14%</td>
<td>33%</td>
</tr>
<tr>
<td>Peabody MA</td>
<td>15%</td>
<td>-</td>
</tr>
<tr>
<td>Lexington MA</td>
<td>21%</td>
<td>-</td>
</tr>
<tr>
<td>Arlington MA</td>
<td>12%</td>
<td>-</td>
</tr>
<tr>
<td>Wilmington MA</td>
<td>7%</td>
<td>-</td>
</tr>
<tr>
<td>Tewksbury MA</td>
<td>15%</td>
<td>-</td>
</tr>
<tr>
<td>Bedford MA</td>
<td>10%</td>
<td>-</td>
</tr>
<tr>
<td>Beverly MA</td>
<td>10%</td>
<td>-</td>
</tr>
</tbody>
</table>

### Quality

- **Readmission Rate in FY15:** 15.7%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** Not Available
- **Lower is Better**

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital’s inpatient discharges changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

FY15 Inpatient Discharges = 22,267

How has the volume of the hospital’s outpatient visits changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

FY15 Outpatient Visits = 910,155

What was the hospital’s net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital’s peer cohort median?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$760</td>
<td>$816</td>
<td>$794</td>
<td>$821</td>
<td>$837</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$1</td>
<td>$1</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$760</td>
<td>$817</td>
<td>$794</td>
<td>$822</td>
<td>$838</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$695</td>
<td>$748</td>
<td>$734</td>
<td>$755</td>
<td>$806</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$65.1</td>
<td>$68.3</td>
<td>$60.1</td>
<td>$67.2</td>
<td>$31.4</td>
</tr>
</tbody>
</table>

How have the hospital’s total revenue and costs changed between FY11 and FY15?

Financial Performance

Operating Margin

Non-Operating Margin

Total Margin

What were the hospital’s total margin and operating margins between FY11 and FY15, and how do these compare to the hospital’s peer cohort medians?

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

* High Public Payer Hospitals (HPP) 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).
Mount Auburn Hospital is a mid-size, nonprofit teaching hospital located in the Metro Boston region. It is a member of CareGroup. Mount Auburn Hospital was profitable each year from FY11 to FY15, and it earned a total margin of 7.4% in FY15, higher than the 4.2% median of its peer cohort. Over the five year period, Mount Auburn Hospital has had a total margin above the median of its peer cohort in each year.

### Overview / Size
- Hospital System Affiliation: CareGroup
- Change in Ownership (FY11-FY15): Not Applicable
- Total Staffed Beds: 227, mid-size acute hospital
- % Occupancy: 71.5%, < cohort avg. (75%)
- Special Public Funding: Not Applicable
- Trauma Center Designation: Not Applicable
- Case Mix Index: 0.82, < cohort avg. (1.03); < statewide (1.00)

### Financial
- Inpatient NPSR per CMAD: $12,746
- Change FY14-FY15: 3.0%
- Outpatient Revenue in FY15: 32.6%
- Change FY14-FY15: 1.8%
- Total Revenue in FY15: $333,838,000
- Total Surplus (Loss) in FY15: $24,732,000

### Services
- Discharges by DRG:
  - Normal Neonate Birth (2584) 1%
  - Vaginal Delivery (2109) 11%
  - Cesarean Delivery (630) 7%
  - Sepsis & Dissem Inf (425) 5%
  - Other Pneumonia (351) 8%
  - Heart Failure (330) 5%
  - Card Arth & Cond Dis (223) 7%
  - Knee Joint Replacement (198) 3%
  - Kidney & UT Infections (174) 6%
  - Hip Joint Replacement (171) 3%

### Payer Mix
- Public Payer Mix: 52.8% (Non-HPP* Hospital)
- CY15 Commercial Relative Price: 0.94
- Top 3 Commercial Payers:
  - Harvard Pilgrim Health Care
  - Tufts Health Plan
  - CareGroup

### Utilization
- Inpatient Discharges in FY15: 14,157
- Change FY14-FY15: 0.8%
- Emergency Department Visits in FY15: 35,532
- Change FY14-FY15: 0.8%
- Outpatient Visits in FY15: 176,328
- Change FY14-FY15: 1.0%

### Quality
- Readmission Rate in FY15: 14.2%
- Change FY11-FY15 (percentage points): -0.8%
- Early Elective Deliveries Rate (Jan 2015-Jun 2016): 0.0%

### For descriptions of the metrics, please see the technical appendix.
For descriptions of the metrics, please see the technical appendix.
SAINT VINCENT HOSPITAL
2015 Hospital Profile

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 High Public Payer (HPP) hospital. Along with MetroWest Medical Center, Saint Vincent Hospital was bought by Tenet Healthcare Corporation in 2013. Outpatient Revenue has increased 59.2% from FY11 to FY15. Saint Vincent Hospital has been profitable each year in this time period, with a total margin of 10.4% in FY15.

### Overview / Size
- **Hospital System Affiliation:** Tenet Healthcare
- **Change in Ownership (FY11-FY15):** Tenet - 2013
- **Total Staffed Beds:** 301, among the larger acute hospitals
- **% Occupancy:** 69.3%, lowest in cohort (avg. 75%)
- **Special Public Funding:** Not Applicable
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 0.96, < cohort avg. (1.03); < statewide (1.00)

### Financial
- **Inpatient NPSR per CMAD:** $13,007
- **Change FY14-FY15:** -0.1%

### Payer Mix
- **Public Payer Mix:** 65.3% (HPP* Hospital)
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of MA
  - Fallon Health
  - Harvard Pilgrim Health Care

### Utilization
- **Inpatient Discharges in FY15:** 19,500
- **Change FY14-FY15:** 0.8%

### Quality
- **Readmission Rate in FY15:** 15.1%
- **Change FY11-FY15 (percentage points):** -2.0%

### Services
- **What were the most common inpatient cases (DRGs) treated at the hospital in FY15?**
- **What proportion of the region's cases did this hospital treat for each service?**

### Services Discharges by DRG:
- Normal Neonate Birth (1916)
- Vaginal Delivery (1408)
- Sepsis & Dissem Inf (1090)
- Heart Failure (664)
- Cesarean Delivery (611)
- Knee Joint Replacement (532)
- Hip Joint Replacement (494)
- Cellulitis, Oth Bact Skn Inf (452)
- COPD (430)
- Other Pneumonia (422)

### Quality
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):**
  - 0.0%

### For descriptions of the metrics, please see the technical appendix.
**2015 HOSPITAL PROFILE: SAINT VINCENT HOSPITAL**

**Cohort: Teaching Hospital**

**How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)**

FY15 Inpatient Discharges = 19,500

**How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)**

FY15 Outpatient Visits = 224,245

**What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?**

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$328</td>
<td>$351</td>
<td>$359</td>
<td>$418</td>
<td>$431</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$328</td>
<td>$351</td>
<td>$359</td>
<td>$418</td>
<td>$431</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$306</td>
<td>$316</td>
<td>$309</td>
<td>$353</td>
<td>$387</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$22.7</td>
<td>$34.7</td>
<td>$50.3</td>
<td>$65.2</td>
<td>$44.9</td>
</tr>
</tbody>
</table>

**Financial Performance**

How have the hospital's total revenue and costs changed between FY11 and FY15?

**What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?**

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating</td>
<td>6.9%</td>
<td>3.7%</td>
<td>14.0%</td>
<td>15.6%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Total</td>
<td>6.9%</td>
<td>3.5%</td>
<td>14.0%</td>
<td>15.6%</td>
<td>10.4%</td>
</tr>
</tbody>
</table>

*High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.*
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 High Public Payer (HPP) hospital. Steward Carney had 14.6% fewer inpatient discharges in FY15 than in FY11, compared to a cohort median decrease of 3.2%. Steward Carney reported a loss in each fiscal year from FY11 to FY15, with a total margin of -7.3% in FY15, compared with a median total margin of 4.2% in its cohort.

Overview / Size

Hospital System Affiliation: Steward Health Care System
Change in Ownership (FY11-FY15): Not Applicable
Total Staffed Beds: 83, among the smaller acute hospitals
\% Occupancy: 86.8\%, highest in cohort (avg. 75\%)
Special Public Funding: DSTI
Trauma Center Designation: Not Applicable
Case Mix Index: 0.91, < cohort avg. (1.03); < statewide (1.00)

Payer Mix

Public Payer Mix: 72.8\% (HPP Hospital)
CY15 Commercial Relative Price: 0.89
Top 3 Commercial Payers:
- Blue Cross Blue Shield of MA
- Harvard Pilgrim Health Care
- Tufts Health Plan

Utilization

Inpatient Discharges in FY15: 4,960
Change FY14-FY15: 13.7\%
Emergency Department Visits in FY15: 50,385
Change FY14-FY15: 64.9\%
Outpatient Visits in FY15: 103,068
Change FY14-FY15: 17.6\%

Quality

Readmission Rate in FY15: 17.8\%
Change FY11-FY15 (percentage points): -1.5\%
Early Elective Deliveries Rate (Jan 2015-Jun 2016): Not Available

Financial

Inpatient NPSR per CMAD: $10,725
Change FY14-FY15: 8.5\%
Inpatient:Outpatient Revenue in FY15: 30\%:70\%
Outpatient Revenue in FY15: $54,439,851
Change FY14-FY15: 18.7\%
Total Revenue in FY15: $114,614,565
Total Surplus (Loss) in FY15: ($8,319,735)

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region’s cases did this hospital treat for each service?

<table>
<thead>
<tr>
<th>Discharges by DRG</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis &amp; Dissem Inf (325)</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td>Maj Dep &amp; Oth/Unp Psychoses (322)</td>
<td>11%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11%</td>
</tr>
<tr>
<td>Bipolar Disorders (283)</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>Schizophrenia (216)</td>
<td>12%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12%</td>
</tr>
<tr>
<td>COPD (203)</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td>Heart Failure (146)</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2%</td>
</tr>
<tr>
<td>Other Pneumonia (127)</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td>Cellulitis, Oth Bact Skin Inf (123)</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td>Pancreas Dis exc Male (108)</td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td>Alcohol Abuse &amp; Dependence (103)</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Discharges by Community

<table>
<thead>
<tr>
<th>Discharges by Community</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quincy MA (1,113)</td>
<td>14%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10% of community discharges were treated at this hospital in FY15</td>
</tr>
<tr>
<td>Dorchester Center MA (883)</td>
<td>7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14% of community discharges were treated at this hospital in FY15</td>
</tr>
<tr>
<td>Dorchester MA (645)</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10% of community discharges were treated at this hospital in FY15</td>
</tr>
<tr>
<td>Mattapan MA (339)</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10% of community discharges were treated at this hospital in FY15</td>
</tr>
<tr>
<td>Hyde Park MA (149)</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10% of community discharges were treated at this hospital in FY15</td>
</tr>
<tr>
<td>Boston MA (147)</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10% of community discharges were treated at this hospital in FY15</td>
</tr>
<tr>
<td>Braintree MA (113)</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10% of community discharges were treated at this hospital in FY15</td>
</tr>
<tr>
<td>Brockton MA (100)</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10% of community discharges were treated at this hospital in FY15</td>
</tr>
<tr>
<td>Randolph MA (85)</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10% of community discharges were treated at this hospital in FY15</td>
</tr>
<tr>
<td>Milton MA (76)</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10% of community discharges were treated at this hospital in FY15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>100%</strong> of community discharges were treated at this hospital in FY15</td>
</tr>
</tbody>
</table>

Quality

How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital’s characteristics and case mix?

Data is not available for this measure.

For descriptions of the metrics, please see the technical appendix.
2015 HOSPITAL PROFILE: STEWARD CARNEY HOSPITAL

Cohort: Teaching Hospital

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

FY15 Inpatient Discharges = 4,960

How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

FY15 Outpatient Visits = 103,068

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?

Patient Revenue Trends

How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

FY15 Outpatient Revenue = $54 M

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$111</td>
<td>$110</td>
<td>$101</td>
<td>$91</td>
<td>$115</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>(0)</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$111</td>
<td>$110</td>
<td>$101</td>
<td>$91</td>
<td>$115</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$112</td>
<td>$120</td>
<td>$110</td>
<td>$101</td>
<td>$123</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$(1.3)</td>
<td>$(10.0)</td>
<td>$(9.0)</td>
<td>$(9.3)</td>
<td>$(8.3)</td>
</tr>
</tbody>
</table>

Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

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

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

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Steward St. Elizabeth's Medical Center is a large, for-profit teaching hospital located in the Metro Boston region. Steward St. Elizabeth's is a member of Steward Health Care System. It also qualifies as a High Public Payer (HPP) hospital. Inpatient discharges at the hospital decreased 3.2% from FY11 to FY15, equal to the median of its peer hospital cohort. Over the five year period, the changes in discharges have been nearly identical to the cohort median. From FY11 to FY15, outpatient revenue increased 4.1%. Steward St. Elizabeth's reported earning a profit for the third straight fiscal year in FY15. Its FY15 total margin of 4.2% was equal to the median of its peer cohort.

## Overview / Size

- **Hospital System Affiliation:** Steward Health Care System
- **Change in Ownership (FY11-FY15):** Not Applicable
- **Total Staffed Beds:** 275, among the larger acute hospitals
- **% Occupancy:** 71.3%, < cohort avg. (75%)
- **Special Public Funding:** Not Applicable
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 1.15, > cohort avg. (1.03); > statewide (1.00)

## Financial

- **Inpatient NPSR per CMAD:** $13,070
- **Change FY14-FY15:** 0.9%
- **Inpatient:Outpatient Revenue in FY15:** 53.47%
- **Outpatient Revenue in FY15:** $112,087,780
- **Change FY14-FY15:** 6.6%
- **Total Revenue in FY15:** $13,629,745
- **Total Surplus (Loss) in FY15:** $13,629,745

## Payer Mix

- **Public Payer Mix:** 65.1% (HPP* Hospital)
- **CY15 Commercial Relative Price:** 1.08
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of MA
  - Tufts Health Plan
  - Harvard Pilgrim Health Care

## Utilization

- **Inpatient Discharges in FY15:** 13,657
- **Change FY14-FY15:** 1.2%
- **Emergency Department Visits in FY15:** 30,606
- **Change FY14-FY15:** -1.6%
- **Outpatient Visits in FY15:** 130,849
- **Change FY14-FY15:** -32.2%

## Quality

- **Readmission Rate in FY15:** 16.3%
- **Change FY11-FY15 (percentage points):** -1.3%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** 8.1%

## Services

- **Discharges by DRG:
  - Normal Neonate Birth (752)
  - Alc & Drg Dx-Rehab w/wo Detox (851)
  - Bipolar Disorders (578)
  - Vaginal Delivery (554)
  - Maj Dep & Oth Unsp Psychoses (445)
  - Sepsis & Dissem Inf (367)
  - Cesarean Delivery (341)
  - Schizophrenia (282)
  - Heart Failure (228)
  - Opioid Abuse & Dependence (264)

  - Hospital (13,657) = 5% of total regional discharges

## Quality

- **Readmission Rate in FY15:** 16.3%
- **Change FY11-FY15 (percentage points):** -1.3%

## Readmission Rate in FY15 (percentage points)

<table>
<thead>
<tr>
<th>Community</th>
<th>Brighton MA</th>
<th>Waltham MA</th>
<th>Allston MA</th>
<th>Quincy MA</th>
<th>Brockton MA</th>
<th>Watertown MA</th>
<th>Boston MA</th>
<th>Taunton MA</th>
<th>Haverhill MA</th>
<th>Methuen MA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharges</td>
<td>47%</td>
<td>38%</td>
<td>9%</td>
<td>4%</td>
<td>3%</td>
<td>11%</td>
<td>2%</td>
<td>5%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Hospital</td>
<td>17.7% (532)</td>
<td>15.7% (528)</td>
<td>15.3% (526)</td>
<td>15.7% (540)</td>
<td>15.3% (541)</td>
<td>15.7% (542)</td>
<td>15.7% (543)</td>
<td>15.7% (544)</td>
<td>15.7% (545)</td>
<td>15.7% (546)</td>
</tr>
</tbody>
</table>

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital’s inpatient discharges changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

FY15 Inpatient Discharges = 13,657

Utilization

How has the volume of the hospital’s outpatient visits changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

FY15 Outpatient Visits = 130,849

Patient Revenue Trends

What was the hospital’s net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital’s peer cohort median?

Financial Performance

How have the hospital’s total revenue and costs changed between FY11 and FY15?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$264</td>
<td>$311</td>
<td>$313</td>
<td>$312</td>
<td>$326</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0</td>
<td>$(5)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$264</td>
<td>$306</td>
<td>$313</td>
<td>$312</td>
<td>$326</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$285</td>
<td>$307</td>
<td>$303</td>
<td>$295</td>
<td>$313</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$(20.9)</td>
<td>$(1.3)</td>
<td>$9.8</td>
<td>$17.1</td>
<td>$13.6</td>
</tr>
</tbody>
</table>

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

* High Public Payer Hospitals (HPP) 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).
Anna Jaques Hospital is a mid-size, nonprofit community hospital located in the Northeastern Massachusetts region. It has been clinically affiliated with Beth Israel Deaconess Medical Center since 2010. From FY11 to FY15, inpatient discharges decreased 5.4% at the hospital, compared to a median decrease of 4.8% in its peer cohort. Anna Jaques was profitable four of the five years between FY11 and FY15, with a 1.0% total margin in FY15, and its operating margin was consistent with the median of its peer cohort each year.

**Overview / Size**
- Hospital System Affiliation: Not Applicable
- Change in Ownership (FY11-FY15): Not Applicable
- Total Staffed Beds: 140, mid-size acute hospital
- % Occupancy: 59.9%, < cohort avg. (64%)
- Special Public Funding: CHART®, ICB®
- Trauma Center Designation: Adult: Level 3
- Case Mix Index: 0.75, < cohort avg. (0.81); < statewide (1.00)

**Payer Mix**
- Public Payer Mix: 59.5% (Non-HPP® Hospital)
- CY15 Commercial Relative Price: 0.76
- Top 3 Commercial Payers: Blue Cross Blue Shield of MA, Harvard Pilgrim Health Care, Tufts Health Plan

**Utilization**
- Inpatient Discharges in FY15: 7,287
- Change FY14-FY15: -4.0%
- Emergency Department Visits in FY15: 30,718
- Change FY14-FY15: -1.0%
- Outpatient Visits in FY15: 57,335
- Change FY14-FY15: 1.4%

**Quality**
- Readmission Rate in FY15: 15.2%
- Change FY11-FY15 (percentage points): -1.1%
- Early Elective Deliveries Rate (Jan 2015-Jun 2016): Not Available

**Financial**
- Inpatient NPSR per CMAD: $8,129
- Change FY14-FY15: -1.9%
- Inpatient:Outpatient Revenue in FY15: 31:69%
- Outpatient Revenue in FY15: $67,258,815
- Change FY14-FY15: 9.2%
- Total Revenue in FY15: $116,073,593
- Total Surplus (Loss) in FY15: $1,201,219

**Services**
- What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region’s cases did this hospital treat for each service?
- Normal Neonate Birth (663) - 6% of regional discharges were treated at this hospital in FY15
- Maj Dep & Oth Unsp Psychoses (524) - 24%
- Bipolar Disorders (467) - 18%
- Vaginal Delivery (467) - 6%
- Other Pneumonia (306) - 7%
- COPD (288) - 6%
- Cesarean Delivery (227) - 6%
- Heart Failure (210) - 4%
- Card Arth & Cond Dis (169) - 6%
- Sepsis & Dissem Inf (167) - 3%

**Quality**
- Where did most of the hospital’s inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

**Quality**
- How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?
For descriptions of the metrics, please see the technical appendix.

For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Baystate Mary Lane Hospital is a small, nonprofit community hospital located in the Western Massachusetts region, and is a member of Baystate Health. Between FY11 and FY15, inpatient discharges declined by 15.8%, while the median for similar hospitals decreased by 4.8%. Baystate Mary Lane Hospital reported a profit in FY15 after reporting a loss in both FY13 and FY14, with a total margin of 1.0% in FY15. Baystate Mary Lane Hospital merged with Baystate Wing Hospital effective 9/10/16 and closed its inpatient services.

**Payer Mix**
- **Public Payer Mix:** 62.8% (Non-HPP^ Hospital)
- **CY15 Commercial Relative Price:** 1.00
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of MA
  - Health New England
  - Harvard Pilgrim Health Care

**Quality**
- **Readmission Rate in FY15:** 14.4%
- **Outpatient Visits in FY15:** 25, among the smallest acute hospitals
- **Inpatient Discharges in FY15:** 954
- **Emergency Department Visits in FY15:** 14,589
- **Outpatient Visits in FY15:** 17,488
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** Not Available

**Financial**
- **Inpatient NPSR per CMAD:** $7,780
- **Change FY14-FY15:** -2.0%
- **Inpatient:Outpatient Revenue in FY15:** 15%/85%
- **Outpatient Revenue in FY15:** $18,430,548
- **Change FY14-FY15:** 3.0%
- **Total Revenue in FY15:** $28,445,000
- **Total Surplus (Loss) in FY15:** $293,000

**Overview / Size**
- **Hospital System Affiliation:** Baystate Health System
- **Change in Ownership (FY11-FY15):** Not applicable
- **Total Staffed Beds:** 25, among the smallest acute hospitals
- **% Occupancy:** 28.5%, < cohort avg. (64%)
- **Special Public Funding:** CHART^
- **Case Mix Index:** 0.82, > cohort avg. (0.81); < statewide (1.00)

**Services**
- **What were the most common inpatient cases (DRGs) treated at the hospital in FY15?**
  - Discharges by DRG:
    - Sepsis & Dissem Inf (154)
    - Heart Failure (77)
    - COPD (62)
    - Other Pneumonia (35)
    - Cellulitis, Oth Bact Skin Inf (31)
    - Card Arrth & Cond Dis (27)
- **Discharges with fewer than 26 discharges have been suppressed.**
- **Hospital (954) = 1% of total regional discharges**

**Quality**
- **Quality**
  - **State Average**
  - **Lower is Better**
  - Data is not available for these measurees.

For descriptions of the metrics, please see the technical appendix.
**2015 HOSPITAL PROFILE: BAYSTATE MARY LANE HOSPITAL**

**Cohort: Community Hospital**

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

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$30</td>
<td>$30</td>
<td>$26</td>
<td>$26</td>
<td>$27</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$2</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$30</td>
<td>$30</td>
<td>$26</td>
<td>$26</td>
<td>$28</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$31</td>
<td>$30</td>
<td>$26</td>
<td>$28</td>
<td>$28</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$(1.4)</td>
<td>$0.3</td>
<td>$(0.6)</td>
<td>$(1.5)</td>
<td>$0.3</td>
</tr>
</tbody>
</table>

**For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).**

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* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Beth Israel Deaconess Hospital – Milton (BID-Milton) is a nonprofit 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 CareGroup. It earned a profit each year in the five-year period, with a total margin of 1.2% in FY15, below its peer cohort median of 3.4%.

**Overview / Size**
- **Hospital System Affiliation:** CareGroup
- **Change in Ownership (FY11-FY15):** CareGroup - 2012
- **Total Staffed Beds:** 68, among the smaller acute hospitals
- **% Occupancy:** 77.1%, > cohort avg. (64%)
- **Special Public Funding:** CHART^*
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 1.01, > cohort avg. (0.81); > statewide (1.00)

**Financial**
- **Inpatient NPSR per CMAD:** $10,052
- **Change FY14-FY15:** 0.5%
- **Inpatient:Outpatient Revenue in FY15:** 32%.68%
- **Outpatient Revenue in FY15:** $44,718,178
- **Change FY14-FY15:** 12.4%
- **Total Revenue in FY15:** $10,052,178
- **Total Surplus (Loss) in FY15:** $1,059,430,049

**At a Glance**
- **Services**:
  - Kidney & UT Infections (105)
  - Card Arrth & Cond Dis (133)
  - Cellulitis, Oth Bact Skn Inf (136)
  - COPD (139)
  - Renal Failure (148)
  - Other Pneumonia (170)
  - Hip Joint Replacement (161)
  - Knee Joint Replacement (254)
  - Heart Failure (260)
  - Diabetes (284)
  - Other (326)
  - Other (326)
  - Other (326)
  - Other (326)

**Quality**
- **Readmission Rate in FY15:** 13.4%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** Not Available

**Utilization**
- **Inpatient Discharges in FY15:** 4,610
- **Change FY14-FY15:** 7.0%
- **Emergency Department Visits in FY15:** 24,889
- **Change FY14-FY15:** -8.1%
- **Outpatient Visits in FY15:** 34,779
- **Change FY14-FY15:** -0.3%

**Payer Mix**
- **Public Payer Mix:** 61.7% (Non-HPP* Hospital)
- **CY15 Commercial Relative Price:** 0.76
- **Top 3 Commercial Payers:** Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan

**For descriptions of the metrics, please see the technical appendix.**
How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

Financial Performance

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$66</td>
<td>$75</td>
<td>$84</td>
<td>$83</td>
<td>$96</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$1</td>
<td>$0</td>
<td>$2</td>
<td>$1</td>
<td>(5)</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$68</td>
<td>$75</td>
<td>$86</td>
<td>$84</td>
<td>$91</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$68</td>
<td>$74</td>
<td>$78</td>
<td>$82</td>
<td>$90</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$0.2</td>
<td>$1.2</td>
<td>$8.1</td>
<td>$2.4</td>
<td>$1.1</td>
</tr>
</tbody>
</table>

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

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Beth Israel Deaconess Hospital – Needham (BID-Needham) is a nonprofit community hospital located in the Metro Boston region. It is among the smaller acute hospitals in Massachusetts and is a member of CareGroup. Outpatient revenue increased by 43.5% compared with a median increase of 14.5% for cohort hospitals. BID-Needham’s total margin was positive each year since FY12, and it had a 4.7% total margin in FY15, higher than the cohort median of 3.4%.

**Overview / Size**
- Hospital System Affiliation: CareGroup
- Change in Ownership (FY11-FY15): Not Applicable
- Total Staffed Beds: 31, among the smallest acute hospitals
- % Occupancy: 65.0%, > cohort avg. (64%)
- Special Public Funding: CHART^ Non-HPP* Hospital
- Trauma Center Designation: Not Applicable
- Case Mix Index: 0.89, > cohort avg. (0.81); < statewide (1.00)

**Financial**
- Inpatient NPSR per CMAD: $9,483
  - Change FY14-FY15: 2.0%
- Inpatient Revenue: FY15: $56,897,144
  - Change FY14-FY15: 7.5%
- Total Revenue in FY15: $78,212,560
  - Total Surplus (Loss) in FY15: $3,700,775

**Services**
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region’s cases did this hospital treat for each service?

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Percentage</th>
<th>Region’s Cases Treated</th>
<th>Hospital Cases Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis &amp; Dissem Inf (260)</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Heart Failure (165)</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Other Pneumonia (142)</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Cellulitis, Oth Bac Skin Inf (132)</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Maj Resp Infect &amp; Inf (107)</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Kidney &amp; UT Infections (76)</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>COPD (71)</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Hip Joint Replacement (56)</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Diverticulitis/cois (55)</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Renal Failure (53)</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

**Quality**
What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?

- Readmission Rate in FY15: 14.1%
  - Change FY11-FY15 (percentage points): 1.6%

**Payer Mix**

<table>
<thead>
<tr>
<th>Payer Mix</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Payer Mix</td>
<td>49.1%</td>
</tr>
<tr>
<td>CY15 Commercial Relative Price</td>
<td>0.983</td>
</tr>
<tr>
<td>Top 3 Commercial Payers</td>
<td>Blue Cross Blue Shield of MA, Harvard Pilgrim Health Care, Tufts Health Plan</td>
</tr>
</tbody>
</table>

**Utilization**

<table>
<thead>
<tr>
<th>Utilization</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Discharges in FY15</td>
<td>2,205</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>15.5%</td>
</tr>
<tr>
<td>Emergency Department Visits in FY15</td>
<td>12,083</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>1.2%</td>
</tr>
<tr>
<td>Outpatient Visits in FY15</td>
<td>146,267</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

**Discharges by Community**

<table>
<thead>
<tr>
<th>Community</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needham MA (447)</td>
<td>25%</td>
</tr>
<tr>
<td>Dedham MA (310)</td>
<td>9%</td>
</tr>
<tr>
<td>Needham Heights MA (223)</td>
<td>24%</td>
</tr>
<tr>
<td>Westwood MA (133)</td>
<td>8%</td>
</tr>
<tr>
<td>Norwood MA (64)</td>
<td>1%</td>
</tr>
<tr>
<td>Medfield MA (62)</td>
<td>7%</td>
</tr>
<tr>
<td>Walpole MA (58)</td>
<td>2%</td>
</tr>
<tr>
<td>Natick MA (53)</td>
<td>2%</td>
</tr>
<tr>
<td>West Roxbury MA (37)</td>
<td>1%</td>
</tr>
<tr>
<td>Dover MA (37)</td>
<td>11%</td>
</tr>
</tbody>
</table>

**For descriptions of the metrics, please see the technical appendix.**
2015 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM

Cohort: Community Hospital

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$55</td>
<td>$60</td>
<td>$64</td>
<td>$70</td>
<td>$78</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$1</td>
<td>$1</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$55</td>
<td>$61</td>
<td>$64</td>
<td>$71</td>
<td>$78</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$56</td>
<td>$59</td>
<td>$63</td>
<td>$68</td>
<td>$75</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$(0.7)</td>
<td>$1.6</td>
<td>$1.4</td>
<td>$2.3</td>
<td>$3.7</td>
</tr>
</tbody>
</table>

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

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).
Brigham and Women's Faulkner Hospital is a nonprofit community hospital located in the Metro Boston region. It is among the smaller acute hospitals in Massachusetts and is a member of the Partners HealthCare System. Though it only accounted for 3% of total regional discharges in FY15, it treated 19% of Alcohol Abuse and Dependence cases and 21% of Mastectomy Procedures in Metro Boston. In FY15 the hospital reported a profit for the second consecutive year, the third time in the past five years. It had a total margin of 0.4%, below its peer cohort median of 3.4%.

### Overview / Size
- **Hospital System Affiliation:** Partners HealthCare
- **Change in Ownership (FY11-FY15):** Not Applicable
- **Total Staffed Beds:** 138, mid-size acute hospital
- **% Occupancy:** 72.2%, > cohort avg. (64%)
- **Special Public Funding:** Not Applicable
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 0.88, > cohort avg. (0.81); < statewide (1.00)

### Financial
- **Inpatient NPSR per CMAD:** $13,293
- **Change FY14-FY15:** 1.2%
- **Inpatient:Outpatient Revenue in FY15:** 35.65%
- **Outpatient Revenue in FY15:** $109,202,190
- **Change FY14-FY15:** -1.7%
- **Total Revenue in FY15:** $219,137,000
- **Total Surplus (Loss) in FY15:** $973,000

### Services
- **Discharges by DRG**
  - Alcohol Abuse & Dependence (494)
  - Knee Joint Replacement (433)
  - Mastectomy Procedures (252)
  - Heart Failure (242)
  - Sepsis & Diarem Inf (219)
  - Shldr & Upp/ForeArm Proc (193)
  - COPD (190)
  - Hip Joint Replacement (181)
  - Other Pneumonia (178)
  - Kidney & UT Infections (138)

### Quality
- **Readmission Rate in FY15:** 13.9%
- **Change FY11-FY15 (percentage points):** -1.3%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** Not Available

### Payer Mix
- **Public Payer Mix:** 55.9% (Non-HPP* Hospital)
- **CY15 Commercial Relative Price:** 1.05
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of MA
  - Harvard Pilgrim Health Care
  - Tufts Health Plan

### Utilization
- **Inpatient Discharges in FY15:** 8,468
- **Change FY14-FY15:** 11.9%
- **Emergency Department Visits in FY15:** 31,428
- **Change FY14-FY15:** 41.5%
- **Outpatient Visits in FY15:** 33,866
- **Change FY14-FY15:** -9.3%

### At a Glance
- **Total Surplus (Loss) in FY15:**
  - Brigham and Women's Faulkner Hospital: $973,000
  - Partners HealthCare System: $219,137,000
  - Total Revenue in FY15:
    - Brigham and Women's Faulkner Hospital: $219,137,000
    - Partners HealthCare System: $219,137,000
  - Inpatient:Outpatient Revenue in FY15:
    - Brigham and Women's Faulkner Hospital: 35.65%
    - Partners HealthCare System: 35.65%
  - Inpatient NPSR per CMAD:
    - Brigham and Women's Faulkner Hospital: $13,293
    - Partners HealthCare System: $13,293
  - Inpatient:Outpatient Revenue in FY15:
    - Brigham and Women's Faulkner Hospital: $109,202,190
    - Partners HealthCare System: $109,202,190

### Hospital Services
- Brigham and Women's Faulkner Hospital is a nonprofit community hospital located in the Metro Boston region. It is among the smaller acute hospitals in Massachusetts and is a member of the Partners HealthCare System. Though it only accounted for 3% of total regional discharges in FY15, it treated 19% of Alcohol Abuse and Dependence cases and 21% of Mastectomy Procedures in Metro Boston. In FY15 the hospital reported a profit for the second consecutive year, the third time in the past five years. It had a total margin of 0.4%, below its peer cohort median of 3.4%.

For descriptions of the metrics, please see the technical appendix.
2015 HOSPITAL PROFILE: BRIGHAM AND WOMEN'S FAULKNER HOSPITAL

Cohort: Community Hospital

Key:
- Hospital
- Peer Cohort

How has the volume of the hospital’s inpatient discharges changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

![Utilization graph]

FY15 Inpatient Discharges = 8,468

+12.0%

-4.8%

2011 2012 2013 2014 2015

How has the volume of the hospital’s outpatient visits changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

![Utilization graph]

FY15 Outpatient Visits = 33,866

+4.4%

-32.6%

2011 2012 2013 2014 2015

What was the hospital’s net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital’s peer cohort median?

![Patient Revenue Trends graph]

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

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$181</td>
<td>$198</td>
<td>$193</td>
<td>$208</td>
<td>$219</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$(0)</td>
<td>$0</td>
<td>$0</td>
<td>$(0)</td>
<td>$0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$181</td>
<td>$198</td>
<td>$193</td>
<td>$208</td>
<td>$219</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$186</td>
<td>$194</td>
<td>$193</td>
<td>$199</td>
<td>$218</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$(4.1)</td>
<td>$4.4</td>
<td>$(0.0)</td>
<td>$9.2</td>
<td>$1.0</td>
</tr>
</tbody>
</table>

How have the hospital’s total revenue and costs changed between FY11 and FY15?

![Financial Performance graph]

What were the hospital’s total margin and operating margins between FY11 and FY15, and how do these compare to the hospital’s peer cohort medians?

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Cooley Dickinson Hospital is a community hospital located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts and is a member of the Partners HealthCare System. Between FY11 and FY15, inpatient discharges at the hospital have steadily decreased each year, a total of 22.2%, compared with a median decrease of 4.8% among cohort hospitals. After experiencing a loss in FY14, Cooley Dickinson recovered to post a profit of $3.7M. Cooley Dickinson reported a total margin of 2.4% in FY15, below the cohort median of 3.4%.

### Overview / Size
- **Hospital System Affiliation:** Partners HealthCare
- **Change in Ownership (FY11-FY15):** Partners - 2013
- **Total Staffed Beds:** 87, among the smaller acute hospitals
- **% Occupancy:** 90.8%, highest in cohort (avg. 64%)
- **Special Public Funding:** ICB
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 0.83, > cohort avg. (0.81); < statewide (1.00)

### Financial
- **Inpatient NPSR per CMAD:** $10,167
- **Change FY14-FY15:** -1.5%
- **Inpatient:Outpatient Revenue in FY15:** 38%:62%
- **Outpatient Revenue in FY15:** $92,936,964
- **Change FY14-FY15:** 4.5%
- **Total Revenue in FY15:** $3,730,000
- **Total Surplus (Loss) in FY15:** $3,730,000

### Services
#### Discharges by DRG
- Normal Neonate Birth (519): 8% of regional discharges were treated at this hospital in FY15
- Vaginal Delivery (404): 8%
- Sepsis & Dissem Inf (293): 8%
- Bipolar Disorders (260): 11%
- COPD (235): 10%
- Heart Failure (229): 6%
- Other Pneumonia (221): 10%
- Knee Joint Replacement (218): 14%
- Maj Dep/Oth/Uunsp Psychoses (175): 9%
- Cellulitis, Oth Bact Skin Inf (168): 10%

--- Hospital (6,896) = 7% of total regional discharges

#### What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?
- **State Average:** 15.7%
- **Lower is Better**
- **15.3%**

#### Readmission Rate in FY15:
- **13.2%**
- **1.3%**

### Quality
#### Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?
- **Northampton, MA (989):** 33.9%
- **Hatfield MA (155):** 31%
- **Lower is Better**
- **58%**

#### How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?
- **Lower is Better**
- **15.3%**

### At a Glance
- **Inpatient Discharges in FY15:** 6,896
- **Change FY14-FY15:** -1.7%
- **Emergency Department Visits in FY15:** 33,914
- **Change FY14-FY15:** -1.1%
- **Outpatient Visits in FY15:** 51,118
- **Change FY14-FY15:** -0.9%

### Payer Mix
- **Public Payer Mix:** 60.1% (Non-HPP* Hospital)
- **CY15 Commercial Relative Price:** 1.00
- **Top 3 Commercial Payers:** Blue Cross Blue Shield of MA
- **Health New England**
- **Harvard Pilgrim Health Care**

### Utilization
- **Total Surplus (Loss) in FY15:** $3,730,000
- **Inpatient NPSR per CMAD:** $10,167
- **Change FY14-FY15:** -1.5%
- **Inpatient:Outpatient Revenue in FY15:** 38%:62%
- **Outpatient Revenue in FY15:** $92,936,964
- **Change FY14-FY15:** 4.5%
- **Total Revenue in FY15:** $3,730,000
- **Total Surplus (Loss) in FY15:** $3,730,000

### For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital’s inpatient discharges changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

How has the volume of the hospital’s outpatient visits changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

How have the hospital’s total revenue and costs changed between FY11 and FY15?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$161</td>
<td>$168</td>
<td>$161</td>
<td>$153</td>
<td>$157</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$(0)</td>
<td>$2</td>
<td>$(12)</td>
<td>$0</td>
<td>$(0)</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$161</td>
<td>$169</td>
<td>$150</td>
<td>$153</td>
<td>$157</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$152</td>
<td>$151</td>
<td>$149</td>
<td>$154</td>
<td>$154</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$8.5</td>
<td>$18.3</td>
<td>$0.8</td>
<td>$(0.4)</td>
<td>$3.7</td>
</tr>
</tbody>
</table>

What were the hospital’s total margin and operating margins between FY11 and FY15, and how do these compare to the hospital’s peer cohort medians?

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

High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Emerson Hospital is a mid-size, nonprofit community hospital located in the Northeastern Massachusetts region. From FY11 to FY15, inpatient discharges decreased 8.3%, compared to a 4.8% decrease for its peer hospital cohort median. Between FY11 and FY15, outpatient revenue increased 16.5%. Though it was only responsible for 6% of total regional discharges in FY15, the hospital treated 44% of all regional Opioid & Abuse cases and 35% of all Alcohol Abuse & Dependence cases. Emerson Hospital reported a loss in FY15, but it earned a profit each year from FY11 to FY14.

For descriptions of the metrics, please see the technical appendix.
**2015 HOSPITAL PROFILE: EMERSON HOSPITAL**

**Cohort: Community Hospital**

How has the volume of the hospital’s inpatient discharges changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

<table>
<thead>
<tr>
<th>Year</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Discharges</td>
<td>8,902</td>
<td>9,900</td>
<td>9,900</td>
<td>9,900</td>
<td>9,900</td>
</tr>
</tbody>
</table>

How has the volume of the hospital’s outpatient visits changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

<table>
<thead>
<tr>
<th>Year</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Visits</td>
<td>93,346</td>
<td>93,346</td>
<td>93,346</td>
<td>93,346</td>
<td>93,346</td>
</tr>
</tbody>
</table>

What was the hospital’s net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital’s peer cohort median?

<table>
<thead>
<tr>
<th>Year</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$190,000</td>
<td>$190,000</td>
<td>$190,000</td>
<td>$190,000</td>
<td>$190,000</td>
</tr>
</tbody>
</table>

How has the hospital’s total outpatient revenue changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

<table>
<thead>
<tr>
<th>Year</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$126,000</td>
<td>$126,000</td>
<td>$126,000</td>
<td>$126,000</td>
<td>$126,000</td>
</tr>
</tbody>
</table>

How have the hospital’s total revenue and costs changed between FY11 and FY15?

<table>
<thead>
<tr>
<th>Revenue, Cost, &amp; Profit/Loss (in millions)</th>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td></td>
<td>$179</td>
<td>$189</td>
<td>$190</td>
<td>$192</td>
<td>$203</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td></td>
<td>$1</td>
<td>$1</td>
<td>(0)</td>
<td>$1</td>
<td>(2)</td>
</tr>
<tr>
<td>Total Revenue</td>
<td></td>
<td>$180</td>
<td>$190</td>
<td>$190</td>
<td>$193</td>
<td>$202</td>
</tr>
<tr>
<td>Total Costs</td>
<td></td>
<td>$177</td>
<td>$185</td>
<td>$188</td>
<td>$191</td>
<td>$202</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td></td>
<td>$3.3</td>
<td>$4.5</td>
<td>$1.1</td>
<td>$2.1</td>
<td>(0.2)</td>
</tr>
</tbody>
</table>

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

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Hallmark Health System, which includes Lawrence Memorial Hospital and Melrose-Wakefield Hospital campuses, is a mid-size, nonprofit community hospital system located in the Metro Boston region. Between FY11 and FY15, inpatient discharges decreased 27.2% at Hallmark Health, compared to a median decrease of 4.8% among cohort hospitals. Hallmark Health reported a profit each year from FY11 to FY15. It had a total margin of 4.8%, higher than the median of its peer cohort of 3.4%. Over the five year period of FY11 to FY15, Hallmark Health has experienced a higher total margin than its peer cohort median in each year.

**Financial**

**Inpatient NPSR per CMAD:** $9,941

**Change FY14-FY15:** -9.6%

**Inpatient:Outpatient Revenue in FY15:** 28.72%

**Outpatient Revenue in FY15:** $145,323,183

**Change FY14-FY15:** 5.6%

**Total Revenue in FY15:** $271,416,000

**Total Surplus (Loss) in FY15:** $13,004,000

**Quality**

**Readmission Rate in FY15:** 16.4%

**Change FY11-FY15 (percentage points):** -2.6%

**Early Elective Deliveries Rate (Jan 2015-Jun 2016):** 0.0%

**At a Glance**

<table>
<thead>
<tr>
<th>Services</th>
<th>Discharges by DRG</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Normal Neonate Birth (833)</td>
</tr>
<tr>
<td></td>
<td>Vaginal Delivery (624)</td>
</tr>
<tr>
<td></td>
<td>Heart Failure (601)</td>
</tr>
<tr>
<td></td>
<td>Sepsis &amp; Dissem Inf (524)</td>
</tr>
<tr>
<td></td>
<td>Renal Failure (402)</td>
</tr>
<tr>
<td></td>
<td>COPD (391)</td>
</tr>
<tr>
<td></td>
<td>Other Pneumonia (396)</td>
</tr>
<tr>
<td></td>
<td>Cesarean Delivery (315)</td>
</tr>
<tr>
<td></td>
<td>Card Arth &amp; Cond Dis (280)</td>
</tr>
<tr>
<td></td>
<td>Kidney &amp; UT Infections (278)</td>
</tr>
</tbody>
</table>

**Discharges by Community**

- **Malden MA (1,940):** 28% of community discharges were treated at this hospital in FY15
- **Medford MA (1,711):** 26% of community discharges were treated at this hospital in FY15
- **Melrose MA (1,318):** 42% of community discharges were treated at this hospital in FY15
- **Saugus MA (1,381):** 31% of community discharges were treated at this hospital in FY15
- **Suffolk MA (540):** 34% of community discharges were treated at this hospital in FY15
- **Stoneham MA (540):** 10% of community discharges were treated at this hospital in FY15
- **Everett MA (530):** 19% of community discharges were treated at this hospital in FY15
- **Somerville MA (523):** 3% of community discharges were treated at this hospital in FY15
- **Reading MA (223):** 9% of community discharges were treated at this hospital in FY15

**Overview / Size**

<table>
<thead>
<tr>
<th>Hospital System Affiliation:</th>
<th>Welforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in Ownership (FY11-FY15):</td>
<td>Welforce - 2017</td>
</tr>
<tr>
<td>Total Staffed Beds:</td>
<td>176, mid-size acute hospital</td>
</tr>
<tr>
<td>% Occupancy:</td>
<td>90.1%, &gt; cohort avg. (64%)</td>
</tr>
<tr>
<td>Special Public Funding:</td>
<td>CHART*</td>
</tr>
<tr>
<td>Trauma Center Designation:</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Case Mix Index:</td>
<td>0.85, &gt; cohort avg. (0.81); &lt; statewide (1.00)</td>
</tr>
</tbody>
</table>

**Total Staffed Beds in FY15:**

- **Inpatient Discharges in FY15:** 11,740
  - **Change FY14-FY15:** -0.5%
- **Emergency Department Visits in FY15:** 50,986
  - **Change FY14-FY15:** -3.1%
- **Outpatient Visits in FY15:** 544,133
  - **Change FY14-FY15:** -2.3%

- **Hospital  (11,740) = 4% of total regional discharges**

- **Lower is Better**

**Quality**

For descriptions of the metrics, please see the technical appendix.
What was the hospital’s net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital’s peer cohort median? (FY11=100)

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$284</td>
<td>$292</td>
<td>$264</td>
<td>$257</td>
<td>$262</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$5</td>
<td>$4</td>
<td>$8</td>
<td>$9</td>
<td>$9</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$289</td>
<td>$296</td>
<td>$272</td>
<td>$266</td>
<td>$271</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$269</td>
<td>$274</td>
<td>$259</td>
<td>$253</td>
<td>$258</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$20.1</td>
<td>$22.6</td>
<td>$12.8</td>
<td>$13.5</td>
<td>$13.0</td>
</tr>
</tbody>
</table>

How has the hospital’s total revenue and costs changed between FY11 and FY15?

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

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Martha’s Vineyard Hospital is a small, nonprofit community hospital located in the Cape and Islands region. It is a member of Partners HealthCare. Martha’s Vineyard Hospital is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. Martha’s Vineyard Hospital was profitable each year from FY11 to FY15, with a total margin of 3.1% in FY15, compared to a median total margin of 3.4% among peer cohort hospitals. In FY15, Martha’s Vineyard Hospital had 4.8% more inpatient discharges than in FY11, compared with a median decrease of 4.1% in its peer cohort.

**Overview / Size**

- Hospital System Affiliation: Partners HealthCare
- Change in Ownership (FY11-FY15): Not Applicable
- Total Staffed Beds: 31, among the smallest acute hospitals
- % Occupancy: 52.2%, < cohort avg. (64%)
- Special Public Funding: Not Applicable
- Trauma Center Designation: Not Applicable
- Case Mix Index: 0.62, < cohort avg. (0.81); < statewide (1.00)

**Financial**

- Inpatient NPSR per CMAD: $20,387
- Change FY14-FY15: -12.4%
- Inpatient:Outpatient Revenue in FY15: 18.8%
- Outpatient Revenue in FY15: $55,452,982
- Change FY14-FY15: 22.3%
- Total Revenue in FY15: $74,954,000
- Total Surplus (Loss) in FY15: $2,353,000

**Utilization**

- Inpatient Discharges in FY15: 1,321
- Change FY14-FY15: 0.6%
- Emergency Department Visits in FY15: 14,748
- Change FY14-FY15: 2.4%
- Outpatient Visits in FY15: 59,484
- Change FY14-FY15: 3.6%

**Quality**

- Readmission Rate in FY15: 18.2%
- Change FY11-FY15 (percentage points): Not Available
- Early Elective Deliveries Rate (Jan 2015-Jun 2016): Not Available

**Payer Mix**

- Public Payer Mix: 50.7% (Non-HPP* Hospital)
- CY15 Commercial Relative Price: 1.93
- Top 3 Commercial Payers: Blue Cross Blue Shield of MA, Neighborhood Health Plan, Harvard Pilgrim Health Care

**Services**

What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region’s cases did this hospital treat for each service?

<table>
<thead>
<tr>
<th>Discharges by DRG</th>
<th>% of regional discharges were treated at this hospital in FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (126)</td>
<td>9%</td>
</tr>
<tr>
<td>Other Pneumonia (114)</td>
<td>17%</td>
</tr>
<tr>
<td>Vaginal Delivery (86)</td>
<td>9%</td>
</tr>
<tr>
<td>Kidney &amp; UT Infections (47)</td>
<td>9%</td>
</tr>
<tr>
<td>Heart Failure (46)</td>
<td>9%</td>
</tr>
<tr>
<td>Cesarean Delivery (41)</td>
<td>5%</td>
</tr>
<tr>
<td>Cellulitis, Oth Bact Skn Inf (41)</td>
<td>9%</td>
</tr>
<tr>
<td>Rehabilitation (35)</td>
<td>34%</td>
</tr>
<tr>
<td>Oth Musc &amp; Conn Tis Dx (35)</td>
<td>19%</td>
</tr>
<tr>
<td>Oth Bck &amp; Nck, Fx and Inj Dx (31)</td>
<td>12%</td>
</tr>
</tbody>
</table>

--- Hospital (1,321) = 5% of total regional discharges

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

<table>
<thead>
<tr>
<th>Discharges by Community</th>
<th>% of community discharges were treated at this hospital in FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vineyard Haven MA (466)</td>
<td>55%</td>
</tr>
<tr>
<td>Edgartown MA (266)</td>
<td>48%</td>
</tr>
<tr>
<td>Oak Bluffs MA (193)</td>
<td>50%</td>
</tr>
<tr>
<td>West Tisbury MA (92)</td>
<td>54%</td>
</tr>
<tr>
<td>Chilmark MA (52)</td>
<td>50%</td>
</tr>
</tbody>
</table>

How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

Data is not available for these measures.
How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

Utilization

2011 2012 2013 2014 2015
FY15 Inpatient Discharges = 1,321

How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

Operating Revenue

2011 2012 2013 2014 2015
FY15 Outpatient Visits = 59,484

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?

Patient Revenue Trends

2011 2012 2013 2014 2015
FY15 Outpatient Revenue = $55 M

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

How have the hospital's total revenue and costs changed between FY11 and FY15?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$22,688</td>
<td>$22,688</td>
<td>$23,267</td>
<td>$23,267</td>
<td>$22,688</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$2</td>
<td>$2</td>
<td>$2</td>
<td>$2</td>
<td>$2</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$24</td>
<td>$24</td>
<td>$25</td>
<td>$25</td>
<td>$24</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$24</td>
<td>$24</td>
<td>$25</td>
<td>$25</td>
<td>$24</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$2.4</td>
<td>$2.4</td>
<td>$3.8</td>
<td>$3.8</td>
<td>$2.4</td>
</tr>
</tbody>
</table>

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?

Financial Performance

2011 2012 2013 2014 2015
Total Margin 1.1% 0.2% 5.2% 2.4%
Operating Margin 4.1% 2.0% 3.4% 3.1%
Milford Regional Medical Center is a mid-size, nonprofit community hospital located in the Metro West region. Inpatient discharges decreased 1.4% at Milford Regional Medical Center from FY11 to FY15, compared with a median decrease of 4.8% among its peer cohort hospitals. Milford Regional Medical Center earned a profit each year in the five-year period, with a total margin of 3.7% in FY15, similar to the 3.4% median of its peer cohort.

**Overview / Size**
- **Hospital System Affiliation:** Not Applicable
- **Change in Ownership (FY11-FY15):** Not Applicable
- **Total Staffed Beds:** 160, mid-size acute hospital
- **% Occupancy:** 51.3%, < cohort avg. (64%)
- **Special Public Funding:** CHART^, ICB^1
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 0.84, > cohort avg. (0.81); < statewide (1.00)

**Financial**
- **Inpatient NPSR per CMAD:** $8,909
- **Change FY14-FY15:** -18.2%
- **Inpatient:Outpatient Revenue in FY15:** 26%, 74%
- **Outpatient Revenue in FY15:** $123,685,669
- **Change FY14-FY15:** 8.8%
- **Total Revenue in FY15:** $199,249,290
- **Total Surplus (Loss) in FY15:** $7,417,851

**Services**
- **Discharges by DRG**
  - Normal Neonate Birth (887)
  - Vaginal Delivery (635)
  - Septis & Dissem Inf (421)
  - Other Pneumonia (358)
  - Heart Failure (331)
  - Cesarean Delivery (215)
  - COPD (266)
  - Card Arrth & Cond Dis (185)
  - Renal Failure (156)
  - Kidney & UT Infections (139)

<table>
<thead>
<tr>
<th>DRG</th>
<th>% of Regional</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (887)</td>
<td>36%</td>
<td>36%</td>
</tr>
<tr>
<td>Vaginal Delivery (635)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Septis &amp; Dissem Inf (421)</td>
<td>36%</td>
<td>27%</td>
</tr>
<tr>
<td>Other Pneumonia (358)</td>
<td>27%</td>
<td>27%</td>
</tr>
<tr>
<td>Heart Failure (331)</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>Cesarean Delivery (215)</td>
<td>37%</td>
<td>37%</td>
</tr>
<tr>
<td>COPD (266)</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>Card Arrth &amp; Cond Dis (185)</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>Renal Failure (156)</td>
<td>19%</td>
<td>19%</td>
</tr>
<tr>
<td>Kidney &amp; UT Infections (139)</td>
<td>18%</td>
<td>18%</td>
</tr>
</tbody>
</table>

**Quality**
- **Readmission Rate in FY15:** 15.1%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** -1.8%

**Payer Mix**
- **Public Payer Mix:** 52.0% (Non-HPP* Hospital)
- **CY15 Commercial Relative Price:** 0.84
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of MA
  - Harvard Pilgrim Health Care
  - Tufts Health Plan

**Utilization**
- **Inpatient Discharges in FY15:** 8,693
- **Change FY14-FY15:** 5.4%
- **Emergency Department Visits in FY15:** 56,523
- **Change FY14-FY15:** 1.7%
- **Outpatient Visits in FY15:** 117,156
- **Change FY14-FY15:** 3.4%

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

**Quality**
- **CLABSI**
- **CAUTI**
- **SSI: Colon Surgery**

For descriptions of the metrics, please see the technical appendix.
**2015 HOSPITAL PROFILE: MILFORD REGIONAL MEDICAL CENTER**

Cohort: Community Hospital

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

---

**How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)**

**How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)**

---

**What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?**

**How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)**

---

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$195</td>
<td>$196</td>
<td>$183</td>
<td>$188</td>
<td>$199</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0</td>
<td>$2</td>
<td>$1</td>
<td>$1</td>
<td>$1</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$195</td>
<td>$198</td>
<td>$185</td>
<td>$189</td>
<td>$199</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$184</td>
<td>$181</td>
<td>$176</td>
<td>$181</td>
<td>$192</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$11.6</td>
<td>$17.2</td>
<td>$8.8</td>
<td>$7.9</td>
<td>$7.4</td>
</tr>
</tbody>
</table>

---

**Patient Revenue Trends**

**Financial Performance**

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

* High Public Payer Hospitals (HPP) 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).
Nantucket Cottage Hospital is a nonprofit community hospital located in the Cape and Islands region, and is a member of the Partners HealthCare System. Nantucket Cottage is the second smallest hospital in Massachusetts, with 23 staffed beds. Inpatient discharges increased 16.7% at the hospital between FY11 and FY15, compared with a 4.8% decrease at the median of its cohort; outpatient revenue at the hospital increased 52.9% in the same period. Nantucket Cottage Hospital earned a profit in FY15 for the fourth consecutive fiscal year while it reported a total margin of 2.3%, lower than the median of its peer cohort of 3.4%.

### Overview / Size
- **Hospital System Affiliation:** Partners HealthCare
- **Change in Ownership (FY11-FY15):** Not Applicable
- **Total Staffed Beds:** 23, among the smallest acute hospitals
- **% Occupancy:** 28.5%, lowest in cohort (avg. 64%)
- **Special Public Funding:** Not Applicable
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 0.63, < cohort avg. (0.81); < statewide (1.00)

### Financial
- **Inpatient NPSR per CMAD:** $10,937
- **Change FY14-FY15:** 7.3%
- **Inpatient:Outpatient Revenue in FY15:** 14%:86%
- **Outpatient Revenue in FY15:** $32,145,760
- **Change FY14-FY15:** 5.3%
- **Total Revenue in FY15:** $44,406,000
- **Total Surplus (Loss) in FY15:** $1,004,000

### Payer Mix
- **Public Payer Mix:** 42.5% (Non-HPP* Hospital)
- **CY15 Commercial Relative Price:** 1.96
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of MA
  - Neighborhood Health Plan
  - Harvard Pilgrim Health Care

### Utilization
- **Inpatient Discharges in FY15:** 635
- **Change FY14-FY15:** 1.1%
- **Emergency Department Visits in FY15:** 10,411
- **Change FY14-FY15:** 3.7%
- **Outpatient Visits in FY15:** 18,677
- **Change FY14-FY15:** -22.5%

### Quality
- **Readmission Rate in FY15:** 10.2%
  - Change FY14-FY15: -7.0%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** Not Available

### Services
#### Discharges by DRG
- **Normal Neonate Birth (131)**
- **Vaginal Delivery (85)**
- **Rehabilitation (66)**
- **Cesarean Delivery (46)**

#### Discharges by Community
- **Nantucket MA (564)**
  - 57% of community discharges were treated at this hospital in FY15

### Quality
- **What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?**
  - **State Average:** 15.3%
  - **2011:** 17.2%
  - **2015:** 10.2%

- **How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?**

Data is not available for these measures.

For descriptions of the metrics, please see the technical appendix.
**2015 HOSPITAL PROFILE: NANTUCKET COTTAGE HOSPITAL**

**Cohort: Community Hospital**

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

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Newton-Wellesley Hospital is a nonprofit community hospital located in the Metro Boston region. It is among the larger acute hospitals in Massachusetts and is a member of Partners HealthCare System. Newton-Wellesley was profitable each year in the five-year period, and it had a total margin of 4.3% in FY15, which is slightly higher than the 3.4% median of its peer cohort. It receives the lowest percentage of gross revenue from public payers of any non-specialty acute hospital.

Overview / Size

Hospital System Affiliation: Partners HealthCare
Change in Ownership (FY11-FY15): Not Applicable
Total Staffed Beds: 316, among the larger acute hospitals
% Occupancy: 64.8%, > cohort avg. (64%)
Special Public Funding: Not Applicable
Trauma Center Designation: Not Applicable
Case Mix Index: 0.75, < cohort avg. (0.81); < statewide (1.00)

Financial

Inpatient NPSR per CMAD: $13,137
Change FY14-FY15: 7.4%
Inpatient:Outpatient Revenue in FY15: 34.66%
Outpatient Revenue in FY15: $222,909,129
Change FY14-FY15: 0.3%
Total Revenue in FY15: $441,244,000
Total Surplus (Loss) in FY15: $19,192,000

Services

Discharges by DRG

- Normal Neonate Birth (4126)
- Vaginal Delivery (3002)
- Cesarean Delivery (1403)
- Sepsis & Dissem Inf (793)
- Hip Joint Replacement (754)
- KneeJoint Replacement (435)
- Heart Failure (374)
- Bipolar Disorders (353)
- Dors&Lum Fus exc Curv (275)
- Card Arth & Cond Dis (243)

--- Hospital (20,149) = 7% of total regional discharges

Quality

Readmission Rate in FY15:
Change FY11-FY15 (percentage points): 12.5%
Early Elective Deliveries Rate (Jan 2015-Jun 2016): -1.6%

Utilization

Inpatient Discharges in FY15:
Change FY14-FY15: 0.3%
Emergency Department Visits in FY15:
Change FY14-FY15: 3.8%
Outpatient Visits in FY15:
Change FY14-FY15: 17.7%

Payer Mix

Public Payer Mix: 41.2% (Non-HPP* Hospital)
CY15 Commercial Relative Price: 1.01
Top 3 Commercial Payers:
- Blue Cross Blue Shield of MA
- Harvard Pilgrim Health Care
- Tufts Health Plan

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital’s inpatient discharges changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

FY15 Inpatient Discharges = 20,149

How has the hospital’s total outpatient visits changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

FY15 Outpatient Visits = 152,445

What was the hospital’s net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital’s peer cohort median?

How has the hospital’s total outpatient revenue changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

FY15 Outpatient Revenue = $223 M

How have the hospital’s total revenue and costs changed between FY11 and FY15?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$398</td>
<td>$426</td>
<td>$416</td>
<td>$427</td>
<td>$444</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$(1)</td>
<td>$4</td>
<td>$1</td>
<td>$(0)</td>
<td>$(3)</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$397</td>
<td>$429</td>
<td>$417</td>
<td>$426</td>
<td>$441</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$377</td>
<td>$398</td>
<td>$398</td>
<td>$415</td>
<td>$422</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$19.6</td>
<td>$31.2</td>
<td>$18.8</td>
<td>$11.8</td>
<td>$19.2</td>
</tr>
</tbody>
</table>

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

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Northeast Hospital, which includes Addison Gilbert Hospital and Beverly Hospital campuses, is a nonprofit community hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts, and has been a member of the Lahey Health System since 2012. Inpatient visits at the hospital increased 2.8% from FY11 to FY15, while the median inpatient discharges among peer cohort hospitals decreased 4.8%. Northeast Hospital earned a profit each year from FY11 to FY15, with a total margin of 3.9% in FY15; this was slightly higher than the 3.4% median for its peer cohort.

### Hospital Profile

**Overview / Size**
- **Hospital System Affiliation:** Lahey Health System
- **Change in Ownership (FY11-FY15):** Lahey Health - 2012
- **Total Staffed Beds:** 404, among the larger acute hospitals
- **% Occupancy:** 68.7%, > cohort avg. (64%)
- **Special Public Funding:** CHART^, ICB^8
- **Trauma Center Designation:** Adult: Level 3
- **Case Mix Index:** 0.80, < cohort avg. (0.81); < statewide (1.00)

**Financial**
- **Inpatient NPSR per CMAD:** $10,396
- **Change FY14-FY15:** 2.9%
- **Inpatient:Outpatient Revenue in FY15:** 37%:63%
- **Outpatient Revenue in FY15:** $160,836,630
- **Total Revenue in FY15:** $13,882,951
- **Change FY14-FY15:** 4.0%
- **Total Surplus (Loss) in FY15:** $13,882,951

**At a Glance**

<table>
<thead>
<tr>
<th>Services</th>
<th>Discharges by Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Beverly MA (4,178)</td>
</tr>
<tr>
<td></td>
<td>Danvers MA (2,056)</td>
</tr>
<tr>
<td></td>
<td>Lynn MA (1,425)</td>
</tr>
<tr>
<td></td>
<td>Ipswich MA (867)</td>
</tr>
<tr>
<td></td>
<td>Middleton MA (382)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality</th>
<th>Discharges by Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Beverly MA (4,178)</td>
</tr>
<tr>
<td></td>
<td>Danvers MA (2,056)</td>
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<tr>
<td></td>
<td>Lynn MA (1,425)</td>
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<tr>
<td></td>
<td>Ipswich MA (867)</td>
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<tr>
<td></td>
<td>Middleton MA (382)</td>
</tr>
</tbody>
</table>

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

How have the hospital's total revenue and costs changed between FY11 and FY15?

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?

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

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).

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Steward Norwood Hospital is a mid-size, for-profit community hospital located in the Metro West region. Steward Norwood Hospital is a member of the Steward Health Care System. The hospital had a 13.4% decrease in inpatient discharges in FY15 compared to FY11, compared with a median decrease of 4.8% in its cohort. Steward Norwood Hospital was profitable for the third straight fiscal year in FY15, with a total margin of 7.6%; this is higher than its peer hospital cohort median of 3.4%.

Overview / Size
- Hospital System Affiliation: Steward Health Care System
- Change in Ownership (FY11-FY15): Not Applicable
- Total Staffed Beds: 182, mid-size acute hospital
- % Occupancy: 84.5%, > cohort avg. (64%)
- Special Public Funding: Not Applicable
- Trauma Center Designation: Not Applicable
- Case Mix Index: 0.89, > cohort avg. (0.81); < statewide (1.00)

Payer Mix
- Public Payer Mix: 61.4% (Non-HPP* Hospital)
- CY15 Commercial Relative Price: 0.90
- Top 3 Commercial Payers:
  - Blue Cross Blue Shield of MA
  - Harvard Pilgrim Health Care
  - Tufts Health Plan

Utilization
- Inpatient Discharges in FY15: 11,440
- Change FY14-FY15: 10.0%
- Emergency Department Visits in FY15: 42,161
- Change FY14-FY15: 1.9%
- Outpatient Visits in FY15: 61,238
- Change FY14-FY15: 9.2%

Quality
- Readmission Rate in FY15: 14.5%
- Change FY11-FY15 (percentage points): -1.6%
- Early Elective Deliveries Rate (Jan 2015-Jun 2016): 0.0%

Financial
- Inpatient NPSR per CMAD: $9,718
- Change FY14-FY15: 9.3%
- Inpatient:Outpatient Revenue in FY15: 40%:60%
- Outpatient Revenue in FY15: $80,064,827
- Change FY14-FY15: 3.2%
- Total Revenue in FY15: $138,249,883
- Total Surplus (Loss) in FY15: $13,824,983

Services
- What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region’s cases did this hospital treat for each service?

<table>
<thead>
<tr>
<th>DRG</th>
<th>2015</th>
<th>2011</th>
<th>0% 20% 40% 60% 80% 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Dep &amp; Other Psychoses (844)</td>
<td>45%</td>
<td>38%</td>
<td></td>
</tr>
<tr>
<td>Bipolar Disorders (626)</td>
<td>18%</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>Normal Neonatal Birth (437)</td>
<td>18%</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Heart Failure (358)</td>
<td>19%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Sepsis &amp; Dissem Inf (300)</td>
<td>22%</td>
<td>52%</td>
<td></td>
</tr>
<tr>
<td>Vaginal Delivery (300)</td>
<td>28%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COPD (291)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Org Mental Hlth Disturb (265)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cellulitis, Oth Bact Skin Inf (263)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Card Arth &amp; Cond Dis (243)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Where did most of the hospital’s inpatients reside? What proportion of each community’s total discharges was attributed to this hospital?

<table>
<thead>
<tr>
<th>Community</th>
<th>2015</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norwood, MA</td>
<td>52%</td>
<td>44%</td>
</tr>
<tr>
<td>Walpole, MA</td>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td>Canton, MA</td>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td>Foxboro, MA</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Sharon, MA</td>
<td>24%</td>
<td>24%</td>
</tr>
<tr>
<td>Mansfield, MA</td>
<td>28%</td>
<td>28%</td>
</tr>
<tr>
<td>Dedham, MA</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Westwood, MA</td>
<td>34%</td>
<td>34%</td>
</tr>
<tr>
<td>Wrentham, MA</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Stoughton, MA</td>
<td>7%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Quality
- What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?

<table>
<thead>
<tr>
<th>Year</th>
<th>Lower</th>
<th>2011</th>
<th>State Average</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>15.7%</td>
<td>16.1%</td>
<td>15.3%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>14.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

![Utilization Graph]

How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

![Patient Revenue Trends Graph]

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital’s peer cohort median?

![Revenue, Cost, & Profit/Loss Table]

How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

![Financial Performance Graph]

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

* High Public Payer Hospitals (HPP) 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).
South Shore Hospital is a large, nonprofit community hospital located in the Metro South region. Inpatient visits at South Shore Hospital in FY15 were 2.6% higher than in FY11, compared with a 4.8% decrease at the cohort median. Between FY11 and FY15, outpatient revenue increased 32.9% at the hospital. South Shore Hospital was profitable from FY11 to FY15, with a total margin of 8.9% in FY15, higher than the median of its cohort (3.4%).
2015 HOSPITAL PROFILE: SOUTH SHORE HOSPITAL

Cohort: Community Hospital

Key:
- Hospital
- Peer Cohort

How has the volume of the hospital’s inpatient discharges changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

![Inpatient Discharges Chart]

FY15 Inpatient Discharges = 27,255

-2.6%
+4.8%

How has the volume of the hospital’s outpatient visits changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

![Outpatient Visits Chart]

FY15 Outpatient Visits = 319,937

+15.8%
+4.4%

What was the hospital’s net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital’s peer cohort median?

![Patient Revenue Trends Chart]

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$436</td>
<td>$459</td>
<td>$472</td>
<td>$495</td>
<td>$536</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$(0)</td>
<td>$4</td>
<td>$7</td>
<td>$(0)</td>
<td>$28</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$436</td>
<td>$455</td>
<td>$479</td>
<td>$495</td>
<td>$564</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$427</td>
<td>$451</td>
<td>$457</td>
<td>$479</td>
<td>$514</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$9.1</td>
<td>$4.2</td>
<td>$21.7</td>
<td>$16.4</td>
<td>$50.0</td>
</tr>
</tbody>
</table>

How have the hospital’s total revenue and costs changed between FY11 and FY15?

Financial Performance

-2.2% 1.1% 2.0% 2.4% 4.0% 10%

+3.4% 8.9% 2.1% 2.0% 1.1% 0%

What were the hospital’s total margin and operating margins between FY11 and FY15, and how do these compare to the hospital’s peer cohort medians?

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

* For High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

For descriptions of the metrics, please see the technical appendix.
Winchester Hospital is a mid-size, nonprofit community hospital located in the Northeastern Massachusetts region and is a member of the Lahey Health System. Winchester Hospital had 16.1% fewer inpatient discharges in FY15 than in FY11, compared to a median decrease of 4.8% in its peer cohort. Winchester Hospital earned a profit each year from FY11 to FY15, with a 15.9% total margin in FY15, the highest total margin among all acute hospitals in Massachusetts in FY15.

### Overview / Size
- **Hospital System Affiliation:** Lahey Health System
- **Change in Ownership (FY11-FY15):** Lahey Health - 2014
- **Total Staffed Beds:** 223, mid-size acute hospital
- **% Occupancy:** 62.0%, < cohort avg. (64%)<br>
- **Special Public Funding:** CHART^<br>
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 0.76, < cohort avg. (0.81); < statewide (1.00)

### Financial
- **Inpatient NPSR per CMAD:** $11,888
- **Change FY14-FY15:** -3.6%
- **Inpatient:Outpatient Revenue in FY15:** 29%.71%
- **Outpatient Revenue in FY15:** $147,564,510
- **Change FY14-FY15:** 7.0%
- **Total Revenue in FY15:** $316,583,672
- **Total Surplus (Loss) in FY15:** $50,308,623

### Services
**Discharges by DRG**<br>
- Normal Neonate Birth (1768): 16% of regional discharges were treated at this hospital in FY15
- Vaginal Delivery (1249): 16%
- Cesarean Delivery (850): 16%
- Other Pneumonia (586): 12%
- Heart Failure (803): 10%
- Sepsis & Dissem Inf (401): 7%
- Cellulitis, Oth Bact Skn Inf (390): 14%
- Knee Joint Replacement (361): 11%
- COPD (349): 9%
- Hip Joint Replacement (248): 10%

---
- Hospital (12,753) = 9% of total regional discharges

### Quality
**Readmission Rate in FY15:** 13.1%
- **Change FY11-FY15 (percentage points):** -1.8%

**Early Elective Deliveries Rate (Jan 2015-Jun 2016):** 0.0%

### Payer Mix
- **Public Payer Mix:** 44.4% (Non-HPP* Hospital)
- **CY15 Commercial Relative Price:** 0.89
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of MA
  - Harvard Pilgrim Health Care
  - Tufts Health Plan

### Utilization
- **Inpatient Discharges in FY15:** 12,753
- **Change FY14-FY15:** 4.0%
- **Emergency Department Visits in FY15:** 42,232
- **Change FY14-FY15:** 4.3%
- **Outpatient Visits in FY15:** 237,089
- **Change FY14-FY15:** 5.7%

### What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?
- **2011:** 15.7%
- **State Average:** 15.0%
- **2015:** 15.3%
- **Lower is Better**

### Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?
- **Discharges by Community**
- Woburn MA (2,074): 40% of community discharges were treated at this hospital in FY15
- Stoneham MA (926): 32%
- Wilmington MA (871): 38%
- Reading MA (843): 35%
- Winchester MA (764): 39%
- Medford MA (708): 11%
- Burlington MA (584): 21%
- Tewksbury MA (582): 16%
- Wakefield MA (579): 20%
- Billerica MA (541): 16%

### How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?
- **CLABSI:** 0%
- **CAUTI:** 0%
- **SSI: Colon Surgery:** 0%

---

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$266</td>
<td>$282</td>
<td>$273</td>
<td>$267</td>
<td>$274</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$2</td>
<td>$12</td>
<td>$11</td>
<td>$5</td>
<td>$43</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$271</td>
<td>$294</td>
<td>$283</td>
<td>$272</td>
<td>$317</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$260</td>
<td>$273</td>
<td>$266</td>
<td>$263</td>
<td>$266</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$10.6</td>
<td>$21.1</td>
<td>$16.8</td>
<td>$8.4</td>
<td>$50.3</td>
</tr>
</tbody>
</table>

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
ATHOL HOSPITAL
2015 Hospital Profile

Athol Hospital is a nonprofit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is the smallest acute hospital in Massachusetts, with 11 staffed beds. It is a member of Heywood Healthcare, and is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. Athol Hospital reported a loss for FY15 after it earned a profit in FY13 and FY14, with a -1.7% total margin in FY15 compared with a median total margin of 5.4% in its peer cohort.

Overview / Size
Hospital System Affiliation: Heywood Healthcare
Change in Ownership (FY11-FY15): Heywood Healthcare - 2012
Total Staffed Beds: 15, the smallest acute hospital
% Occupancy: 60.0%, < cohort avg. (65%)
Special Public Funding: CHART®, ICB®
Trauma Center Designation: Not Applicable
Case Mix Index: 0.87, = cohort avg. (0.87); < statewide (1.02)

Payer Mix
Public Payer Mix: 67.5% (HPP® Hospital)
CY15 Commercial Relative Price: 0.95
Top 3 Commercial Payers: Fallon Health, Blue Cross Blue Shield of MA, Tufts Health Plan

Utilization
Inpatient Discharges in FY15: 603
Change FY14-FY15: 5.2%
Emergency Department Visits in FY15: 10,588
Change FY14-FY15: 6.3%
Outpatient Visits in FY15: 10,856
Change FY14-FY15: -71.8%

Quality
Readmission Rate in FY15: 15.3%
Change FY11-FY15 (percentage points): 0.7%
Early Elective Deliveries Rate (Jan 2015-Jun 2016): Not Available

Financial
Inpatient NPSR per CMAD: $5,042
Change FY14-FY15: -62.7%
Inpatient:Outpatient Revenue in FY15: 12%, 88%
Outpatient Revenue in FY15: $18,869,601
Change FY14-FY15: 24.1%
Total Revenue in FY15: $23,009,035
Change FY14-FY15: 6.3%
Total Surplus (Loss) in FY15: ($402,216)

At a Glance
Services
Rehabilitation (143)
COPD (62)
Other Pneumonia (58)
Heart Failure (38)
Cellulitis, Oth Bad Skin Inf (26)

Discharges by Community
Athol MA (350)
Orange MA (141)

Quality
What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?

Data for these measures is not available.

For descriptions of the metrics, please see the technical appendix.
**2015 HOSPITAL PROFILE: ATHOL HOSPITAL**

**Cohort: Community, High Public Payer**

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

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$19</td>
<td>$20</td>
<td>$19</td>
<td>$23</td>
<td>$23</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$(1)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$18</td>
<td>$20</td>
<td>$20</td>
<td>$23</td>
<td>$23</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$22</td>
<td>$22</td>
<td>$19</td>
<td>$21</td>
<td>$23</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$(4.7)</td>
<td>$(2.3)</td>
<td>$0.1</td>
<td>$1.4</td>
<td>$(0.4)</td>
</tr>
</tbody>
</table>

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For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

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*High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.*

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

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*For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).*

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"For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS)."
Baystate Franklin Medical Center is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Western Massachusetts region, and is a member of Baystate Health. Between FY11 and FY15, the volume of inpatient discharges at the hospital increased 23.9% compared to a median decrease of 9.5% at cohort hospitals. Baystate Franklin Medical Center earned a profit of $10.6M in FY15, an increase from $1.8M in FY14.

### Overview / Size
- **Hospital System Affiliation:** Baystate Health System
- **Change in Ownership (FY11-FY15):** Not Applicable
- **Total Staffed Beds:** 110, mid-size acute hospital
- **% Occupancy:** 51.4%, < cohort avg. (65%)
- **Special Public Funding:** CHART
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 0.79, < cohort avg. (0.87); < statewide (1.00)

### Financial
- **Inpatient NPSR per CMAD:** $9,458
- **Change FY14-FY15:** 3.0%
- **Inpatient:Outpatient Revenue in FY15:** 29%. 71%
- **Outpatient Revenue in FY15:** $51,793,657
- **Change FY14-FY15:** 9.3%
- **Total Revenue in FY15:** $99,271,000
- **Total Surplus (Loss) in FY15:** $10,6,30,000

### Services
- **Inpatient discharges by DRG:**
  - Normal Neonate Birth (445)
  - Vaginal Delivery (369)
  - Sepsis & Dissem Inf (341)
  - Heart Failure (222)
  - COPD (165)
  - Maj Deps Oth/Unsp Psychoses (151)
  - Bipolar Disorders (147)
  - Pulm Edema & Resp Failure (122)
  - Card Arth & Cond Dist (114)
  - Other Pneumonia (112)
- **Discharges by Community:**
  - Greenfield MA (1,741)
  - Turners Falls MA (811)
  - Shelburne Falls MA (254)
  - Northfield MA (167)
  - Bernardston MA (161)
  - Orange MA (156)
  - South Deerfield MA (132)
  - Montague MA (128)
  - Erving MA (116)
  - C慢慢的 (115)
- **Outpatient visits in FY15:** 45,543
- **Change FY14-FY15:** -1.9%

### Quality
- **Readmission Rate in FY15:** 16.4%
- **Change FY11-FY15 (percentage points):** 1.6%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** 3.8%

### Payer Mix
- **Public Payer Mix:** 68.9% (HPP* Hospital)
- **CY15 Commercial Relative Price:** 0.98
- **Top 3 Commercial Payers:** Blue Cross Blue Shield of MA Health New England UniCare

### Utilization
- **Inpatient Discharges in FY15:** 5,090
- **Change FY14-FY15:** 12.4%
- **Emergency Department Visits in FY15:** 26,053
- **Change FY14-FY15:** 0.2%
- **Outpatient Visits in FY15:** 45,543
- **Change FY14-FY15:** -1.9%

### For descriptions of the metrics, please see the technical appendix.
2015 HOSPITAL PROFILE: BAYSTATE FRANKLIN MEDICAL CENTER

Cohort: Community, High Public Payer

### Patient Revenue Trends

**Hospital**

- FY15 Inpatient Discharges = 5,090

**Peer Cohort Median**

- FY15 Outpatient Visits = 45,543

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$76</td>
<td>$82</td>
<td>$78</td>
<td>$83</td>
<td>$95</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$1</td>
<td>$1</td>
<td>$1</td>
<td>$0</td>
<td>$5</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$77</td>
<td>$82</td>
<td>$78</td>
<td>$84</td>
<td>$99</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$80</td>
<td>$81</td>
<td>$79</td>
<td>$82</td>
<td>$89</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$(3.5)</td>
<td>$(0.8)</td>
<td>$(0.9)</td>
<td>$1.8</td>
<td>$10.6</td>
</tr>
</tbody>
</table>

### Financial Performance

- Operating:
  - FY11: 10.7%
  - FY15: 5.9%
- Total:
  - FY11: 4.6%
  - FY15: 5.4%

### How has the hospital’s inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital’s peer cohort median? (FY11=100)

- FY11: $2,000
- FY15: $6,000

### How has the hospital’s total outpatient revenue changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

- FY15: $52 M

### How have the hospital’s total revenue and costs changed between FY11 and FY15?

- Total:
  - FY11: 0%
  - FY15: 10.7%
- Operating:
  - FY11: 5.2%
  - FY15: 5.9%

### How has the hospital’s total outpatient visits changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

- FY15: -2.7%

### What were the hospital’s total margin and operating margins between FY11 and FY15, and how do these compare to the hospital’s peer cohort medians?

- Operating:
  - FY11: -10%
  - FY15: -5.2%
- Total:
  - FY11: 0%
  - FY15: 10.7%

### How has the hospital’s inpatient discharges changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

- FY15: +23.9%

### How has the volume of the hospital’s outpatient visits changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

- FY15: -18.1%

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

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Baystate Noble Hospital is a nonprofit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts. It became affiliated with Baystate Health in 2015. Between FY11 and FY15, inpatient discharges at the hospital decreased 12.4%, more than the median of its peer cohort which decreased 9.5%. FY15 was the fourth consecutive fiscal year that Baystate Noble Hospital was profitable, and it had a total margin of 1.3%, lower than the 5.4% median for its peer cohort.

### Overview / Size

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital System Affiliation:</td>
<td>Baystate Health System</td>
</tr>
<tr>
<td>Change in Ownership (FY11-FY15):</td>
<td>Baystate Health - 2015</td>
</tr>
<tr>
<td>Total Staffed Beds:</td>
<td>97, among the smaller acute hospitals</td>
</tr>
<tr>
<td>% Occupancy:</td>
<td>48.5%, &lt; cohort avg. (65%)</td>
</tr>
<tr>
<td>Special Public Funding:</td>
<td>CHART^, ICB®</td>
</tr>
<tr>
<td>Trauma Center Designation:</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Case Mix Index:</td>
<td>0.95, &gt; cohort avg. (0.87); &lt; statewide (1.00)</td>
</tr>
</tbody>
</table>

### Payer Mix

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Payer Mix:</td>
<td>68.3% (HPP* Hospital)</td>
</tr>
<tr>
<td>CY15 Commercial Relative Price:</td>
<td>0.68</td>
</tr>
<tr>
<td>Top 3 Commercial Payers:</td>
<td>Blue Cross Blue Shield of MA Health New England</td>
</tr>
<tr>
<td></td>
<td>Cigna - East</td>
</tr>
</tbody>
</table>

### Financial

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient NPSR per CMAD:</td>
<td>$9,368</td>
</tr>
<tr>
<td>Change FY14-FY15:</td>
<td>5.8%</td>
</tr>
<tr>
<td>Inpatient:Outpatient Revenue in FY15:</td>
<td>33%:67%</td>
</tr>
<tr>
<td>Outpatient Revenue in FY15:</td>
<td>$30,731,686</td>
</tr>
<tr>
<td>Change FY14-FY15:</td>
<td>-4.5%</td>
</tr>
<tr>
<td>Total Revenue in FY15:</td>
<td>$58,931,878</td>
</tr>
<tr>
<td>Total Surplus (Loss) in FY15:</td>
<td>$781,959</td>
</tr>
</tbody>
</table>

### At a Glance

#### Services

<table>
<thead>
<tr>
<th>DRG</th>
<th>% of regional discharges were treated at this hospital in FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation (315)</td>
<td>30%</td>
</tr>
<tr>
<td>Maj Dep &amp; Oth/Unsp Psychoses (221)</td>
<td>11%</td>
</tr>
<tr>
<td>Bipolar Disorders (166)</td>
<td>7%</td>
</tr>
<tr>
<td>Sepsis &amp; Dissem Inf (120)</td>
<td>3%</td>
</tr>
<tr>
<td>COPD (116)</td>
<td>5%</td>
</tr>
<tr>
<td>Heart Failure (111)</td>
<td>3%</td>
</tr>
<tr>
<td>Other Pneumonia (110)</td>
<td>5%</td>
</tr>
<tr>
<td>Schizophrenia (87)</td>
<td>8%</td>
</tr>
<tr>
<td>Kidney &amp; UT Infections (87)</td>
<td>7%</td>
</tr>
<tr>
<td>Cellulitis, Oth Bact Skn Inf (82)</td>
<td>5%</td>
</tr>
</tbody>
</table>

- - - Hospital (3,035) = 3% of total regional discharges

#### Quality

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readmission Rate in FY15:</td>
<td>13.4%</td>
</tr>
<tr>
<td>Change FY11-FY15 (percentage points):</td>
<td>0.0%</td>
</tr>
<tr>
<td>Early Elective Deliveries Rate (Jan 2015-Jun 2016):</td>
<td>Not Available</td>
</tr>
</tbody>
</table>

### Utilization

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Discharges in FY15:</td>
<td>3,035</td>
</tr>
<tr>
<td>Change FY14-FY15:</td>
<td>-7.0%</td>
</tr>
<tr>
<td>Emergency Department Visits in FY15:</td>
<td>28,367</td>
</tr>
<tr>
<td>Change FY14-FY15:</td>
<td>9.8%</td>
</tr>
<tr>
<td>Outpatient Visits in FY15:</td>
<td>41,017</td>
</tr>
<tr>
<td>Change FY14-FY15:</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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

#### Discharges by Community

<table>
<thead>
<tr>
<th>Community</th>
<th>% of community discharges were treated at this hospital in FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Westfield MA (1,812)</td>
<td>36%</td>
</tr>
<tr>
<td>Southwick MA (311)</td>
<td>35%</td>
</tr>
<tr>
<td>West Springfield MA (142)</td>
<td>4%</td>
</tr>
<tr>
<td>Feeding Hills MA (117)</td>
<td>10%</td>
</tr>
<tr>
<td>Springfield MA (95)</td>
<td>0%</td>
</tr>
<tr>
<td>Agawam MA (96)</td>
<td>3%</td>
</tr>
<tr>
<td>Granville MA (59)</td>
<td>40%</td>
</tr>
<tr>
<td>Huntington MA (57)</td>
<td>22%</td>
</tr>
<tr>
<td>Russell MA (46)</td>
<td>34%</td>
</tr>
<tr>
<td>Chicopee MA (45)</td>
<td>1%</td>
</tr>
</tbody>
</table>

### How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLABSI</td>
<td>Data is not available for this measure.</td>
</tr>
<tr>
<td>CAUTI</td>
<td>Data is not available for this measure.</td>
</tr>
<tr>
<td>SSI: Colon Surgery</td>
<td>Data is not available for this measure.</td>
</tr>
</tbody>
</table>

For descriptions of the metrics, please see the technical appendix.
2015 HOSPITAL PROFILE: BAYSTATE NOBLE HOSPITAL
Cohort: Community, High Public Payer

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

FY15 Inpatient Discharges = 3,035

How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

FY15 Outpatient Visits = 41,017

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

FY15 Outpatient Revenue = $31 M

How have the hospital's total revenue and costs changed between FY11 and FY15?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$53</td>
<td>$58</td>
<td>$55</td>
<td>$57</td>
<td>$59</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$53</td>
<td>$59</td>
<td>$55</td>
<td>$57</td>
<td>$59</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$55</td>
<td>$57</td>
<td>$55</td>
<td>$56</td>
<td>$58</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$(1.7)</td>
<td>$1.4</td>
<td>$0.2</td>
<td>$1.5</td>
<td>$0.8</td>
</tr>
</tbody>
</table>

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

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* High Public Payer Hospitals (HPP) 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).
Baystate Wing Hospital is a nonprofit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts. Baystate Wing Hospital joined Baystate Health effective September 1, 2014. Baystate Wing Hospital was responsible for 3% of regional discharges, but accounted for 50% of Organic Mental Health Disturbance discharges. The hospital had a 22.9% decrease in inpatient discharges from FY11 to FY15, compared to a 9.5% decrease in its peer cohort median. Baystate Wing Hospital reported a loss in FY15 after it earned a profit each year from FY10 to FY14.

### Overview / Size
- **Hospital System Affiliation:** Baystate Health System
- **Change in Ownership (FY11-FY15):** Baystate Health - 2013
- **Total Staffed Beds:** 74, among the smaller acute hospitals
- **% Occupancy:** 61.9%, < cohort avg. (65%)
- **Special Public Funding:** CHART
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 0.84, < cohort avg. (0.87); < statewide (1.00)

### Payer Mix
- **Public Payer Mix:** 70.7% (HPP Hospital)
- **CY15 Commercial Relative Price:** 0.75
- **Top 3 Commercial Payers:** Blue Cross Blue Shield of MA Health New England
  - **Cigna - East**

### Financial
- **Inpatient NPSR per CMAD:** $8,650
- **Change FY14-FY15:** -0.7%
- **Inpatient:Outpatient Revenue in FY15:** 29%.71%
- **Outpatient Revenue in FY15:** $50,947,293
- **Change FY14-FY15:** -10.3%
- **Total Revenue in FY15:** $74,236,000
- **Total Surplus (Loss) in FY15:** ($5,448,000)

### Utilization
- **Inpatient Discharges in FY15:** 2,887
- **Change FY14-FY15:** -5.3%
- **Emergency Department Visits in FY15:** 22,458
- **Outpatient Visits in FY15:** 163,969
- **Change FY14-FY15:** -2.1%
- **Change FY14-FY15:** -9.3%

### Quality
- **Readmission Rate in FY15:** 14.8%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** Not Available

### Services
- **What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region’s cases did this hospital treat for each service?**
  - **Discharges by DRG**
    - Bipolar Disorders (213) 1, 9%
    - Org Mental Hth Disturb (204) 1, 9%
    - Other Pneumonia (186) 1, 9%
    - Maj Dep & Oth/Unsp Psychoses (177) 1, 9%
    - Heart Failure (125) 5, 4%
    - Cellulitis, Oth Bact Skin Inf (111) 5, 6%
    - Kidney & UT Infections (100) 1, 8%
    - Schizophrenia (89) 1, 8%
    - Card Arth & Cond Dis (86) 2, 5%
  - **Discharges by Community**
    - Palmer MA (436) 41%
    - Wilbraham MA (316) 32%
    - Monson MA (266) 22%
    - Ludlow MA (237) 21%
    - Springfield MA (223) 10%
    - Belchertown MA (150) 9%
    - Three Rivers MA (111) 8%
    - Ware MA (105) 7%
    - Chicopee MA (67) 6%
    - Brimfield MA (61) 5%

### Quality
- **What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?**
  - **State Average**
    - 2011: 17.6%
    - 2015: 15.7%
  - **Lower is Better**
  - **Data is not available for this measure.**

- **How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital’s characteristics and case mix?**
  - **Data is not available for this measure.**

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For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

FY15 Inpatient Discharges = 2,887

How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

FY15 Outpatient Visits = 163,969

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?

FY15 Outpatient Revenue = $51 M

How have the hospital's total revenue and costs changed between FY11 and FY15?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$91</td>
<td>$92</td>
<td>$92</td>
<td>$87</td>
<td>$75</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0</td>
<td>$5</td>
<td>$1</td>
<td>$1</td>
<td>(0)</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$92</td>
<td>$97</td>
<td>$93</td>
<td>$88</td>
<td>$74</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$90</td>
<td>$89</td>
<td>$90</td>
<td>$86</td>
<td>$80</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$1.9</td>
<td>$7.6</td>
<td>$2.8</td>
<td>$1.9</td>
<td>($5.4)</td>
</tr>
</tbody>
</table>

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

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Berkshire Medical Center is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a member of Berkshire Health Systems. It has operated the Berkshire North Satellite Emergency Facility at the former North Adams Regional Hospital building since May 2014; consequently, there was a 26.6% increase in emergency room visits from FY13 to FY15. It earned a profit each year in the five-year period, with a total margin of 10.2% in FY15, above the cohort median of 5.4%.

For descriptions of the metrics, please see the technical appendix.
2015 HOSPITAL PROFILE: BERKSHIRE MEDICAL CENTER
Cohort: Community, High Public Payer

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

¹ For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

² For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

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For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).
Beth Israel Deaconess Hospital – Plymouth (BID-Plymouth) is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Metro South region. Between FY11 and FY15, inpatient discharges decreased 18.2% at the hospital, compared to a median decrease of 9.5% among cohort hospitals. BID-Plymouth was profitable each year from FY11 to FY15. It reported a total margin of 3.0% in FY15, below the cohort median of 5.4%. The hospital also had a positive operating margin of 3.0% in FY15.

At a Glance

- **Services**
  - **Discharges by DRG**
    - Normal Neonate Birth (545)
    - Vaginal Delivery (423)
    - Other Pneumonia (363)
    - Sepsis & Disseminated Inf (318)
    - Knee Joint Replacement (310)
    - Heart Failure (301)
    - COPD (278)
    - Renal Failure (249)
    - Cellulitis, Oth Bact Skin Inf (242)
    - Degen Nerv Syst excl MS (232)

  - **Hospital** (9,094) = 13% of total regional discharges

  - **Discharges by Community**
    - Plymouth MA (3,415)
    - Kingston MA (657)
    - Carver MA (636)
    - Duxbury MA (431)
    - Middleboro MA (407)
    - Marshfield MA (345)
    - Pembroke MA (230)
    - Buzzards Bay MA (179)
    - Sandwich MA (158)
    - Halifax MA (148)

  - **57% of community discharges were treated at this hospital in FY15**

- **Quality**
  - **Lower is Better**
    - CLABSI
    - CAUTI
    - SSI: Colon Surgery

  - **How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital’s characteristics and case mix?**

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

B35
Hospital Cohort: Community, High Public Payer

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

---

**Patient Revenue Trends**

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$200</td>
<td>$205</td>
<td>$196</td>
<td>$191</td>
<td>$218</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$1</td>
<td>$1</td>
<td>$3</td>
<td>$1</td>
<td>$0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$201</td>
<td>$206</td>
<td>$199</td>
<td>$192</td>
<td>$218</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$197</td>
<td>$200</td>
<td>$196</td>
<td>$191</td>
<td>$211</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$4.1</td>
<td>$6.1</td>
<td>$2.8</td>
<td>$0.1</td>
<td>$6.6</td>
</tr>
</tbody>
</table>

**How has the hospital’s inpatient discharges changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)**

FY15 Inpatient Discharges = 9,094

**How has the hospital’s outpatient visits changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)**

FY15 Outpatient Visits = 86,630

**How has the hospital’s total outpatient revenue changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)**

FY15 Outpatient Revenue = $122 M

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**Financial Performance**

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

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

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* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

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* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Cape Cod Hospital is a nonprofit community-High Public Payer (HPP) hospital located in the Cape and Islands region. It is among the larger acute hospitals in Massachusetts and is a member of Cape Cod Healthcare. Cape Cod Hospital treated 67% of all discharges in the region. Inpatient discharges at Cape Cod Hospital increased from FY14 to FY15. Cape Cod Hospital earned a profit each year from FY11 to FY15, with a total margin of 8.0% in FY15. Both its operating margin and total margin have been consistently higher than the cohort median over this five year time period.

Overview / Size
- Hospital System Affiliation: Cape Cod Healthcare
- Change in Ownership (FY11-FY15): Not Applicable
- Total Staffed Beds: 269, among the larger acute hospitals
- % Occupancy: 72.8%, > cohort avg. (65%)
- Special Public Funding: Not Applicable
- Trauma Center Designation: Not Applicable
- Case Mix Index: 1.03, > cohort avg. (0.87); > statewide (1.00)

Payer Mix
- Public Payer Mix: 72.7% (HPP* Hospital)
- CY15 Commercial Relative Price: 1.31
- Top 3 Commercial Payers:
  - Blue Cross Blue Shield of MA
  - Harvard Pilgrim Health Care
  - Tufts Health Plan

Utilization
- Inpatient Discharges in FY15: 16,800
- Change FY14-FY15: 5.8%
- Emergency Department Visits in FY15: 64,382
- Change FY14-FY15: 2.1%
- Outpatient Visits in FY15: 146,989
- Change FY14-FY15: 3.8%

Quality
- Readmission Rate in FY15: 12.9%
- Change FY11-FY15 (percentage points): -0.2%
- Early Elective Deliveries Rate (Jan 2015-Jun 2016): 0.0%

Financial
- Inpatient NPSR per CMAD: $11,555
- Change FY14-FY15: -3.6%
- Inpatient:Outpatient Revenue in FY15: 34.66%
- Outpatient Revenue in FY15: $275,864,140
- Change FY14-FY15: 13.2%
- Total Revenue in FY15: $479,127,174
- Total Surplus (Loss) in FY15: $38,455,033

At a Glance

Services
- What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region’s cases did this hospital treat for each service?

<table>
<thead>
<tr>
<th>DRG Description</th>
<th>Discharges</th>
<th>Regional Discharges</th>
<th>Community Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis &amp; Dissem Inf</td>
<td>66%</td>
<td>50%</td>
<td>79%</td>
</tr>
<tr>
<td>Normal Neonate Birth</td>
<td>50%</td>
<td>62%</td>
<td>82%</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>54%</td>
<td>54%</td>
<td>73%</td>
</tr>
<tr>
<td>Vaginal Delivery</td>
<td>59%</td>
<td>65%</td>
<td>79%</td>
</tr>
<tr>
<td>Other Pneumonia</td>
<td>56%</td>
<td>65%</td>
<td>79%</td>
</tr>
<tr>
<td>Hip Joint Replacement</td>
<td>56%</td>
<td>65%</td>
<td>79%</td>
</tr>
<tr>
<td>Knee Joint Replacement</td>
<td>69%</td>
<td>99%</td>
<td>79%</td>
</tr>
<tr>
<td>CVA Occlusion w/ Infant</td>
<td>69%</td>
<td>99%</td>
<td>79%</td>
</tr>
<tr>
<td>Maj Dep&amp; Oth/Unsp Psychoses</td>
<td>69%</td>
<td>99%</td>
<td>79%</td>
</tr>
</tbody>
</table>

- Hospital (16,800) = 67% of total regional discharges

Quality
- What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?

<table>
<thead>
<tr>
<th>Year</th>
<th>State Average</th>
<th>Lower is Better</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>15.7%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>15.3%</td>
<td></td>
</tr>
</tbody>
</table>

- How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

<table>
<thead>
<tr>
<th>Infection Type</th>
<th>FY15</th>
<th>Lower is Better</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLABSI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAUTI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI: Colon</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2015 HOSPITAL PROFILE: CAPE COD HOSPITAL

Cohort: Community, High Public Payer

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

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

How have the hospital's total revenue and costs changed between FY11 and FY15?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$412</td>
<td>$444</td>
<td>$416</td>
<td>$449</td>
<td>$474</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$3</td>
<td>$4</td>
<td>$6</td>
<td>$5</td>
<td>$5</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$414</td>
<td>$447</td>
<td>$422</td>
<td>$454</td>
<td>$479</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$383</td>
<td>$408</td>
<td>$397</td>
<td>$424</td>
<td>$441</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$31.5</td>
<td>$39.5</td>
<td>$25.7</td>
<td>$29.5</td>
<td>$38.5</td>
</tr>
</tbody>
</table>

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?

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

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Clinton Hospital is a nonprofit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is among the smallest acute hospitals in Massachusetts and is a member of UMass Memorial Health Care. Though it was only responsible for 1% of total regional discharges, it treated 28% of Organic Mental Health Disturbances cases and 30% of the Degenerative Nervous System excluding MS cases in Central Massachusetts in FY15. It reported increases in inpatient discharges from FY14 to FY15, after experiencing decreases from FY11-FY14. Clinton Hospital reported a loss of $1.2M in FY15, and it was the third time in the last four fiscal years that it reported a loss.

### Payer Mix
- **Public Payer Mix:** 68.8% (HPP* Hospital)
- **CY15 Commercial Relative Price:** 0.94
- **Top 3 Commercial Payers:** Blue Cross Blue Shield of MA, Tufts Health Plan, Fallon Health

### Utilization
- **Inpatient Discharges in FY15:** 1,054
  - Change FY14-FY15: 5.5%
- **Emergency Department Visits in FY15:** 13,906
  - Change FY14-FY15: 8.4%
- **Outpatient Visits in FY15:** 17,628
  - Change FY14-FY15: 4.4%

### Quality
- **Readmission Rate in FY15:** 18.0%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** -1.5%

### Financial
- **Inpatient NPSR per CMAD:** $11,849
  - Change FY14-FY15: 30.9%
- **Outpatient Revenue in FY15:** $12,646,479
  - Change FY14-FY15: -12.4%
- **Total Revenue in FY15:** $26,658,000
- **Total Surplus (Loss) in FY15:** $(1,229,000)

### Overview / Size
- **Hospital System Affiliation:** UMass Memorial Health Care
- **Total Staffed Beds:** 41, among the smallest acute hospitals
- **% Occupancy:** 59.9%, < cohort avg. (65%)
- **Case Mix Index:** 0.91, > cohort avg. (0.87); < statewide (1.00)

### Services
- **Discharges by DRG**
  - Org Mental Hth Disturb (118)
  - Degen Nrvs Syst exc MS (84)
  - COPD (64)
  - Maj Dep& Oth/Unsp Psychoses (51)
  - Heart Failure (46)
  - Other Pneumonia (46)
  - Schizophrenia (44)
  - Bipolar Disorders (41)
  - Cellulitis, Oth Bact Skin Inf (33)

  - 28% of regional discharges were treated at this hospital in FY15
  - 30% of discharges were treated at this hospital in FY15

### Quality
- **Readmission Rate in FY15:** 18.0%
  - Community: 19.5%
  - State: 18.0%

### At a Glance
- **Services**
  - **Community:** 19.5%
  - **State:** 18.0%

For descriptions of the metrics, please see the technical appendix.
**2015 HOSPITAL PROFILE: CLINTON HOSPITAL**

**Cohort: Community, High Public Payer**

---

### Patient Revenue Trends

**What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median? (FY11=100)**

![Inpatient Discharges Chart](chart1)

- FY15 Inpatient Discharges = 1,054

**How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)**

![Outpatient Visits Chart](chart2)

- FY15 Outpatient Visits = 17,628

---

### Financial Performance

**How have the hospital's total revenue and costs changed between FY11 and FY15?**

<table>
<thead>
<tr>
<th>Revenue, Cost, &amp; Profit/Loss (in millions)</th>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td></td>
<td>26</td>
<td>25</td>
<td>24</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td></td>
<td>26</td>
<td>26</td>
<td>24</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>Total Costs</td>
<td></td>
<td>25</td>
<td>26</td>
<td>24</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td></td>
<td>0.9</td>
<td>(0.0)</td>
<td>(0.3)</td>
<td>0.2</td>
<td>(1.2)</td>
</tr>
</tbody>
</table>

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

---

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Fairview Hospital is a small, nonprofit community-High Public Payer (HPP) hospital 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. It earned a profit each year from FY11 to FY15, with a total margin of 10.2% in FY15, compared with a median total margin of 5.4% in its peer cohort. Over the five year period, Fairview Hospital has consistently had both total margins and operating margins that have been higher than its peer cohort medians.

### Overview / Size

- **Hospital System Affiliation:** Berkshire Health Systems
- **Change in Ownership (FY11-FY15):** Not Applicable
- **Total Staffed Beds:** 28, among the smallest acute hospitals
- **% Occupancy:** 33.4%, lowest in cohort (avg. 65%)
- **Special Public Funding:** ICB
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 0.62, < cohort avg. (0.87); < statewide (1.00)

### Payer Mix

- **Public Payer Mix:** 65.9% (HPP* Hospital)
- **CY15 Commercial Relative Price:** 1.32
- **Top 3 Commercial Payers:** Blue Cross Blue Shield of MA, Health New England, Aetna Health

### Utilization

- **Inpatient Discharges in FY15:** 949
- **Change FY14-FY15:** 4.5%
- **Emergency Department Visits in FY15:** 11,447
  - **Change FY14-FY15:** -4.8%
- **Outpatient Visits in FY15:** 20,400
  - **Change FY14-FY15:** -16.9%

### Quality

- **Readmission Rate in FY15:** 12.5%
  - **Change FY11-FY15 (percentage points):** -2.3%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** 0.0%

### Financial

- **Inpatient NPSR per CMAD:** $21,160
  - **Change FY14-FY15:** -11.1%
- **Inpatient:Outpatient Revenue in FY15:** 18%:82%
- **Outpatient Revenue in FY15:** $35,075,109
  - **Change FY14-FY15:** 7.2%
- **Total Revenue in FY15:** $51,007,536
  - **Total Surplus (Loss) in FY15:** $5,197,768

### Services

#### Discharges by DRG

<table>
<thead>
<tr>
<th>DRG</th>
<th>Discharges (FY15)</th>
<th>Proportion of Regional Discharges Treated at This Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (120)</td>
<td>2%</td>
<td>DRGs with fewer than 26 discharges have been suppressed.</td>
</tr>
<tr>
<td>Vaginal Delivery (92)</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Card Arth &amp; Cond Dis (52)</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Heart Failure (52)</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Other Pneumonia (45)</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>COPD (38)</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Sepsis &amp; Dissem Inf (30)</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Cesarean Delivery (29)</td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>

### Quality

- **Lower is Better**

#### Discharges by Community

<table>
<thead>
<tr>
<th>Community</th>
<th>Discharges</th>
<th>Proportion of Community Discharges Treated at This Hospital in FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Great Barrington MA (296)</td>
<td>33%</td>
<td>41%</td>
</tr>
<tr>
<td>Sheffield MA (93)</td>
<td>12%</td>
<td>34%</td>
</tr>
<tr>
<td>Lee MA (72)</td>
<td>1%</td>
<td>56%</td>
</tr>
<tr>
<td>Housatonic MA (55)</td>
<td>1%</td>
<td>57%</td>
</tr>
<tr>
<td>Pittsfield MA (54)</td>
<td>1%</td>
<td>57%</td>
</tr>
<tr>
<td>Hillsdale NY (36)</td>
<td>1%</td>
<td>57%</td>
</tr>
<tr>
<td>Canaan CT (29)</td>
<td>3%</td>
<td>37%</td>
</tr>
<tr>
<td>Ashley Falls MA (29)</td>
<td>3%</td>
<td>41%</td>
</tr>
<tr>
<td>South Egremont MA (28)</td>
<td>3%</td>
<td>41%</td>
</tr>
<tr>
<td>Sandisfield MA (27)</td>
<td>3%</td>
<td>31%</td>
</tr>
</tbody>
</table>

### Discharges by Community

- **Data is not available for these measures.**

For descriptions of the metrics, please see the technical appendix.
What was the hospital’s net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital’s peer cohort median? (FY11=100)

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$43</td>
<td>$46</td>
<td>$45</td>
<td>$47</td>
<td>$49</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$1</td>
<td>$0</td>
<td>$2</td>
<td>$1</td>
<td>$2</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$43</td>
<td>$46</td>
<td>$48</td>
<td>$48</td>
<td>$51</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$41</td>
<td>$43</td>
<td>$43</td>
<td>$44</td>
<td>$46</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$2.5</td>
<td>$2.6</td>
<td>$4.8</td>
<td>$3.9</td>
<td>$5.2</td>
</tr>
</tbody>
</table>

How has the volume of the hospital’s outpatient visits changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY15 Outpatient Visits</td>
<td>20,400</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Falmouth Hospital is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Cape and Islands region. It is a member of Cape Cod Healthcare. Between FY11 and FY15, its inpatient discharges decreased 5.0%, compared with a median decrease of 9.5% among cohort hospitals. Falmouth Hospital earned a profit each year from FY11 to FY15, and earned a 9.3% total margin in FY15, compared to a cohort median total margin of 5.4%. It has consistently earned a higher total margin and operating margin than its peer cohort over this time period.

**Overview / Size**
- **Hospital System Affiliation:** Cape Cod Healthcare
- **Change in Ownership (FY11-FY15):** Not Applicable
- **Total Staffed Beds:** 103, mid-size acute hospital
- **% Occupancy:** 68.8%, > cohort avg. (65%)
- **Special Public Funding:** Not Applicable
- **Case Mix Index:** 0.97, > cohort avg. (0.87); < statewide (1.00)

**Payer Mix**
- **Public Payer Mix:** 71.6% (HPP* Hospital)
- **CY15 Commercial Relative Price:** 1.52
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of MA
  - Harvard Pilgrim Health Care
  - Tufts Health Plan

**Utilization**
- **Inpatient Discharges in FY15:** 6,316
- **Change FY14-FY15:** 0.3%
- **Emergency Department Visits in FY15:** 34,800
  - Change FY14-FY15: -1.9%
- **Outpatient Visits in FY15:** 47,830
  - Change FY14-FY15: -0.2%

**Quality**
- **Readmission Rate in FY15:** 15.8%
  - Change FY11-FY15 (percentage points): -0.5%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** 3.2%

**Financial**
- **Inpatient NPSR per CMAD:** $9,600
  - Change FY14-FY15: -8.1%
- **Inpatient:Outpatient Revenue in FY15:** 29%:71%
- **Outpatient Revenue in FY15:** $95,597,075
  - Change FY14-FY15: 11.8%
- **Total Revenue in FY15:** $159,068,858
- **Total Surplus (Loss) in FY15:** $14,819,789

**At a Glance**
- **Services**
  - **Other Pneumonia (151)**
  - **Kidney & UT Infections (159)**
  - **Renal Failure (164)**
  - **Hip Joint Replacement (191)**
  - **COPD (221)**
  - **Knee Joint Replacement (265)**
  - **Vaginal Delivery (267)**
  - **Heart Failure (271)**
  - **Normal Neonate Birth (407)**
  - **Sepsis & Dissem Inf (843)**
  - **Discharges: 6,316**
  - **of regional discharges were treated at this hospital in FY15**

**For descriptions of the metrics, please see the technical appendix.**
What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median? (FY11=100)

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$147</td>
<td>$156</td>
<td>$150</td>
<td>$155</td>
<td>$157</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$2</td>
<td>$3</td>
<td>$3</td>
<td>$3</td>
<td>$2</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$149</td>
<td>$159</td>
<td>$154</td>
<td>$159</td>
<td>$159</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$135</td>
<td>$143</td>
<td>$136</td>
<td>$144</td>
<td>$144</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$13.7</td>
<td>$16.2</td>
<td>$17.6</td>
<td>$14.4</td>
<td>$14.8</td>
</tr>
</tbody>
</table>

How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

FY15 Outpatient Revenue = $96 M

Patient Revenue Trends

2011 2012 2013 2014 2015

High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

For descriptions of the metrics, please see the technical appendix.
Harrington Memorial Hospital is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. Outpatient revenue has increased 4.9% from FY11 to FY15 for Harrington, while its peer cohort median increased 9.1% over the same period. In FY15, Harrington reported a profit for the third consecutive fiscal year, and the fourth in the past five fiscal years. Its total margin of 7.3% was higher than its peer cohort median of 5.4%.

Overview / Size
Hospital System Affiliation: Not Applicable
Change in Ownership (FY11-FY15): Not Applicable
Total Staffed Beds: 126, mid-size acute hospital
% Occupancy: 39.3%, < cohort avg. (65%)
Special Public Funding: CHART\(^a\), ICB\(^b\)
Trauma Center Designation: Not Applicable
Case Mix Index: 0.79, < cohort avg. (0.87); < statewide (1.00)

Financial
Inpatient NPSR per CMAD: $6,986
Change FY14-FY15: 1.2%
Inpatient/Outpatient Revenue in FY15: 19%/81%
Outpatient Revenue in FY15: $84,743,960
Change FY14-FY15: 8.1%
Total Revenue in FY15: $126,134,507
Total Surplus (Loss) in FY15: $9,258,280

Services
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region’s cases did this hospital treat for each service?
Discharges by DRG

- COPD (277)
- Normal Neonate Birth (244)
- Heart Failure (197)
- Other Pneumonia (194)
- Vaginal Delivery (179)
- Bipolar Disorders (176)
- Maj Dep\& Oth/Unsp Psychoses (171)
- Sepsis & Dissem Inf (153)
- Schizophrenia (129)
- Card Arth & Cond Dis (112)

**Service Breakdown:**

- COPD: 15% of regional discharges were treated at this hospital in FY15
- Normal Neonate Birth: 4%
- Heart Failure: 9%
- Other Pneumonia: 10%
- Vaginal Delivery: 4%
- Bipolar Disorders: 16%
- Maj Dep\& Oth/Unsp Psychoses: 19%
- Sepsis & Dissem Inf: 4%
- Schizophrenia: 18%
- Card Arth & Cond Dis: 9%

**At a Glance:**

- Inpatient Discharges in FY15: 4,250
- Change FY14-FY15: 1.8%
- Emergency Department Visits in FY15: 43,103
- Change FY14-FY15: 5.2%
- Outpatient Visits in FY15: 80,187
- Change FY14-FY15: 6.8%

Quality

- Readmission Rate in FY15: 13.7%
- Change FY11-FY15 (percentage points): -1.8%
- Early Elective Deliveries Rate (Jan 2015-Jun 2016): 0.0%

For descriptions of the metrics, please see the technical appendix.
2015 HOSPITAL PROFILE: HARRINGTON MEMORIAL HOSPITAL

Cohort: Community, High Public Payer

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$115</td>
<td>$115</td>
<td>$110</td>
<td>$113</td>
<td>$124</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$4</td>
<td>$2</td>
<td>$2</td>
<td>$3</td>
<td>$2</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$118</td>
<td>$117</td>
<td>$112</td>
<td>$117</td>
<td>$126</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$110</td>
<td>$118</td>
<td>$107</td>
<td>$114</td>
<td>$117</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$8.5</td>
<td>$(1.1)</td>
<td>$4.6</td>
<td>$3.3</td>
<td>$9.3</td>
</tr>
</tbody>
</table>

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

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).

$ High Public Payer Hospitals (HPP) 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).
HealthAlliance Hospital is a nonprofit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is among the smaller acute hospitals in Massachusetts and is a member of UMass Memorial Health Care. From FY11 to FY15, outpatient revenue increased for HealthAlliance by 4.3%, compared to a 9.1% increase for its peer cohort median. HealthAlliance earned a profit each year in the five-year period, with a 4.2% total margin in FY15, compared with a 5.4% cohort median total margin.

Overview / Size
Hospital System Affiliation: UMass Memorial Health Care
Change in Ownership (FY11-FY15): Not Applicable
Total Staffed Beds: 102, mid-size acute hospital
% Occupancy: 77.8%, > cohort avg. (65%)
Special Public Funding: CHART^
Trauma Center Designation: Not Applicable
Case Mix Index: 0.89, > cohort avg. (0.87); < statewide (1.00)
Financial
Inpatient NPSR per CMAD: $7,284
Change FY14-FY15: -7.0%
Inpatient:Outpatient Revenue in FY15: 72%
Outpatient Revenue in FY15: $100,433,855
Change FY14-FY15: 4.7%
Total Revenue in FY15: $167,334,001
Total Surplus (Loss) in FY15: $6,955,135

Payer Mix
Public Payer Mix: 68.6% (HPP* Hospital)
CY15 Commercial Relative Price: 0.78
Top 3 Commercial Payers: Blue Cross Blue Shield of MA
Harvard Pilgrim Health Care
Fallon Health
Utilization
Inpatient Discharges in FY15: 7,433
Change FY14-FY15: 4.7%
Emergency Department Visits in FY15: 70,470
Change FY14-FY15: 16.0%
Outpatient Visits in FY15: 116,994
Change FY14-FY15: 10.9%
Quality
Readmission Rate in FY15: 15.6%
Change FY11-FY15 (percentage points): Not Available
Early Elective Deliveries Rate (Jan 2015-Jun 2016): Not Available

What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region’s cases did this hospital treat for each service?
Discharges by DRG
<table>
<thead>
<tr>
<th>DRG Description</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (762)</td>
<td>12%</td>
</tr>
<tr>
<td>Vaginal Delivery (611)</td>
<td>12%</td>
</tr>
<tr>
<td>Sepsis &amp; Disem Inf (407)</td>
<td>11%</td>
</tr>
<tr>
<td>Heart Failure (307)</td>
<td>13%</td>
</tr>
<tr>
<td>COPD (281)</td>
<td>15%</td>
</tr>
<tr>
<td>Other Pneumonia (271)</td>
<td>14%</td>
</tr>
<tr>
<td>Cesarean Delivery (228)</td>
<td>11%</td>
</tr>
<tr>
<td>Pulm Edema &amp; Resp Failure (203)</td>
<td>22%</td>
</tr>
<tr>
<td>Card Arth &amp; Cond Dis (202)</td>
<td>17%</td>
</tr>
<tr>
<td>Renal Failure (188)</td>
<td>14%</td>
</tr>
</tbody>
</table>

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?

Discharges by Community
<table>
<thead>
<tr>
<th>Community</th>
<th>% of Community Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fitchburg (2,835)</td>
<td>57%</td>
</tr>
<tr>
<td>Leominster (2,387)</td>
<td>32%</td>
</tr>
<tr>
<td>Lunenburg (326)</td>
<td>12%</td>
</tr>
<tr>
<td>Gardner (191)</td>
<td>7%</td>
</tr>
<tr>
<td>Shrewsbury (179)</td>
<td>6%</td>
</tr>
<tr>
<td>Westminster (152)</td>
<td>25%</td>
</tr>
<tr>
<td>Winchendon (115)</td>
<td>10%</td>
</tr>
<tr>
<td>Ashburnham (111)</td>
<td>21%</td>
</tr>
<tr>
<td>Townsend (110)</td>
<td>18%</td>
</tr>
<tr>
<td>Sterling (92)</td>
<td>15%</td>
</tr>
</tbody>
</table>

How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?
### 2015 Hospital Profile: HealthAlliance Hospital

**Cohort: Community, High Public Payer**

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

### Patient Revenue Trends

**What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median? (FY11=100)**

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue, Cost, &amp; Profit/Loss (in millions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Revenue</td>
<td>168</td>
<td>165</td>
<td>159</td>
<td>161</td>
<td>168</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>-</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>168</td>
<td>168</td>
<td>162</td>
<td>164</td>
<td>167</td>
</tr>
<tr>
<td>Total Costs</td>
<td>159</td>
<td>157</td>
<td>155</td>
<td>160</td>
<td>160</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>9.2</td>
<td>11.0</td>
<td>6.6</td>
<td>3.9</td>
<td>7.0</td>
</tr>
</tbody>
</table>

**How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)**

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue, Cost, &amp; Profit/Loss (in millions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Revenue</td>
<td>$200M</td>
<td>$210M</td>
<td>$220M</td>
<td>$230M</td>
<td>$240M</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>-</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$200M</td>
<td>$210M</td>
<td>$220M</td>
<td>$230M</td>
<td>$240M</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$159</td>
<td>$157</td>
<td>$155</td>
<td>$160</td>
<td>$160</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>9.2</td>
<td>11.0</td>
<td>6.6</td>
<td>3.9</td>
<td>7.0</td>
</tr>
</tbody>
</table>

### Financial Performance

**How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)**

- FY15 Inpatient Discharges = 7,433
- 2011 Utilization: 7.0%
- 2012 Utilization: 9.5%

**How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)**

- FY15 Outpatient Visits = 116,994
- 2011 Utilization: 85%
- 2012 Utilization: 90%
- 2013 Utilization: 95%
- 2014 Utilization: 100%
- 2015 Utilization: 105%

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

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Heywood Hospital is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is a member of Heywood Healthcare. Though only responsible for 6% of total inpatient cases in the region, it treated 44% of all Organic Mental Health Disturbances, 20% of all Bipolar Disorder cases, 19% of Major Depression/Other Unspecified Psychoses, and 19% of all Schizophrenia cases in Central Massachusetts. In FY15 Heywood Hospital reported a profit for the fourth consecutive fiscal year, and its total margin of 4.3% was below the cohort median of 5.4%.

Heywood Hospital is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is a member of Heywood Healthcare. Though only responsible for 6% of total inpatient cases in the region, it treated 44% of all Organic Mental Health Disturbances, 20% of all Bipolar Disorder cases, 19% of Major Depression/Other Unspecified Psychoses, and 19% of all Schizophrenia cases in Central Massachusetts. In FY15 Heywood Hospital reported a profit for the fourth consecutive fiscal year, and its total margin of 4.3% was below the cohort median of 5.4%.

For descriptions of the metrics, please see the technical appendix.
What was the hospital’s net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital’s peer cohort median? (FY11=100)

How has the volume of the hospital’s outpatient visits changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

How have the hospital’s total revenue and costs changed between FY11 and FY15?

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$97</td>
<td>$101</td>
<td>$102</td>
<td>$102</td>
<td>$106</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$(0)</td>
<td>$2</td>
<td>$3</td>
<td>$2</td>
<td>$(1)</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$97</td>
<td>$103</td>
<td>$105</td>
<td>$104</td>
<td>$106</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$99</td>
<td>$99</td>
<td>$100</td>
<td>$100</td>
<td>$101</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$1.3</td>
<td>$4.0</td>
<td>$5.4</td>
<td>$4.3</td>
<td>$4.6</td>
</tr>
</tbody>
</table>

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

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* High Public Payer Hospitals (HPP) 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).
Holyoke Medical Center is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Between FY11 and FY15, Holyoke Medical Center had an 11.0% decrease in inpatient discharges, compared to a 9.5% decrease for the median of its peer cohort. Over this time period, its changes in discharges have closely mirrored the peer cohort. Holyoke Medical Center has been profitable for each year in the five year period. In FY15, it had a total margin of 2.8%, lower than the cohort median of 5.4%; over the five year period, Holyoke Medical Center has been close to the median of its peer cohort in both total margin and operating margin.

### Overview / Size

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital System Affiliation</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Change in Ownership (FY11-FY15)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Total Staffed Beds</td>
<td>107, mid-size acute hospital</td>
</tr>
<tr>
<td>% Occupancy</td>
<td>61.2%, &lt; cohort avg. (65%)</td>
</tr>
<tr>
<td>Special Public Funding</td>
<td>CHART®, ICB®, DSTI®</td>
</tr>
<tr>
<td>Trauma Center Designation</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Case Mix Index</td>
<td>0.84, &lt; cohort avg. (0.87); &lt; statewide (1.00)</td>
</tr>
</tbody>
</table>

### Financial

- **Inpatient NPSR per CMAD:** $8,965
- **Change FY14-FY15:** -9.4%
- **Inpatient:Outpatient Revenue in FY15:** 26%; 74%
- **Outpatient Revenue in FY15:** $69,532,897
- **Change FY14-FY15:** 14.9%
- **Total Revenue in FY15:** $127,197,263
- **Total Surplus (Loss) in FY15:** $3,580,883

### Services

- **Discharges by DRG**
  - Normal Neonate Birth (384) 6% of regional discharges were treated at this hospital in FY15
  - Vaginal Delivery (339) 7%
  - COPD (291) 13%
  - Heart Failure (252) 7%
  - Maj Dep& Oth-Unsp Psychoses (224) 11%
  - Sepsis & Dissem Inf (219) 6%
  - Cellulitis, Oth Bact Skin Inf (194) 11%
  - Other Pneumonia (184) 8%
  - Bipolar Disorders (164) 7%
  - Card Arth & Cond Dis (140) 8%

### Quality

- **What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?**
  - In 2011: 17.2%, in 2015: 16.5%
  - State Average: 15.3%

- **How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?**
  - CLABSI: 3
  - CAUTI: 2
  - SSI: Colon Surgery: Lower is Better

### Payer Mix

- **Public Payer Mix:** 75.8% (HPP® Hospital)
- **CY15 Commercial Relative Price:** 0.72
- **Top 3 Commercial Payers:**
  - Health New England
  - Blue Cross Blue Shield of MA
  - UniCare

### Utilization

- **Inpatient Discharges in FY15:** 5,727
  - Change FY14-FY15: 2.4%
- **Emergency Department Visits in FY15:** 41,447
  - Change FY14-FY15: -1.3%
- **Outpatient Visits in FY15:** 95,553
  - Change FY14-FY15: 16.3%

### Quality

- **Readmission Rate in FY15:** 16.5%
  - Change FY11-FY15 (percentage points): -0.7%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** 0.0%

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

- **Discharges by Community**
  - Holyoke MA (2,790) 45% of community discharges were treated at this hospital in FY15
  - Chicopee MA (1,110) 31%
  - South Hadley MA (802) 15%
  - Springfield MA (245) 11%
  - Westfield MA (148) 3%
  - Granby MA (124) 4%
  - Easthampton MA (108) 21%
  - Southamption MA (44) 6%
  - Northampton MA (44) 3%

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

FY15 Inpatient Discharges = 5,727

How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

FY15 Outpatient Visits = 95,553

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?

Patient Revenue Trends

How have the hospital's total revenue and costs changed between FY11 and FY15?

Financial Performance

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$122</td>
<td>$129</td>
<td>$121</td>
<td>$123</td>
<td>$127</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$(0)</td>
<td>$1</td>
<td>$0</td>
<td>$1</td>
<td>$0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$122</td>
<td>$130</td>
<td>$122</td>
<td>$123</td>
<td>$127</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$119</td>
<td>$122</td>
<td>$117</td>
<td>$117</td>
<td>$124</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$3.5</td>
<td>$8.0</td>
<td>$4.5</td>
<td>$6.2</td>
<td>$3.6</td>
</tr>
</tbody>
</table>

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

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).

* 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 Service (EOHHS).

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Lawrence General Hospital is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. Inpatient discharges at Lawrence General Hospital decreased 5.6% between FY11 and FY15, compared with a median decrease of 9.5% among community-HPP hospitals. The hospital experienced a loss of $4.0M in FY15, with a total margin of -1.7%. The hospital was profitable each year from FY11 through FY14.

### Payer Mix
- **Public Payer Mix:** 73.5% (HPP* Hospital)
- **CY15 Commercial Relative Price:** 0.75
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of MA
  - Harvard Pilgrim Health Care
  - Tufts Health Plan

### Utilization
- **Inpatient Discharges in FY15:** 12,210
- **Change FY14-FY15:** -3.6%
- **Emergency Department Visits in FY15:** 70,504
- **Change FY14-FY15:** -6.8%
- **Outpatient Visits in FY15:** 371,327
- **Change FY14-FY15:** 56.0%
- **Readmission Rate in FY15:** 15.8%
- **Change FY11-FY15 (percentage points):** 1.3%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** 0.0%

### Quality
- **CLABSI:** 1.3%
- **CAUTI:** 0.0%
- **SSI: Colon Surgery:** 0.77, < cohort avg. (0.87); < statewide (1.00)

### Services
- **Discharges by Community**
  - Lawrence MA (5,841)
  - Methuen MA (1,505)
  - Andover MA (1,133)
  - North Andover MA (1,133)
  - Atkinson NH (74)
  - Salem NH (309)
  - Haverhill MA (1,502)
  - Lowell MA (69)
  - Groveland MA (57)
- **Discharges by DRG**
  - Normal Neonate Birth (133)
  - Vaginal Delivery (915)
  - Sepsis & Dissem Inf (497)
  - Heart Failure (490)
  - Cesarean Delivery (483)
  - Other Pneumonia (420)
  - COPD (385)
  - Cellulitis, Oth Bact Skin Inf (380)
  - Kidney & UT Infections (291)
  - Card Arth & Cond Dis (255)

### Financial
- **Inpatient NPSR per CMAD:** $9,131
- **Change FY14-FY15:** -7.4%
- **Outpatient Revenue in FY15:** 35.6%
- **Outpatient Revenue in FY15:** $117,594,455
- **Total Revenue in FY15:** $226,412,000
- **Change FY14-FY15:** -3.5%
- **Total Surplus (Loss) in FY15:** ($3,957,000)

### Overview / Size
- **Hospital System Affiliation:** Not Applicable
- **Change in Ownership (FY11-FY15):** Not Applicable
- **Total Staffed Beds:** 230 (mid-size acute hospital)
- **% Occupancy:** 55.9%, < cohort avg. (65%)
- **Special Public Funding:** CHART®, DSTI®
- **Trauma Center Designation:** Adult: Level 3
- **Case Mix Index:** 0.77, < cohort avg. (0.87); < statewide (1.00)

### At a Glance
- **Inpatient Discharges in FY15:** 12,210
- **Change FY14-FY15:** -3.6%
- **70,504**
- **Change FY14-FY15:** -6.8%
- **371,327**
- **Change FY14-FY15:** 56.0%
- **Readmission Rate in FY15:** 15.8%
- **Change FY11-FY15 (percentage points):** 1.3%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** 0.0%

### What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?
- **Readmission Rate in FY15:** 15.8%
- **State Average:** 15.3%
- **Lower is Better**

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

- **Lower is Better**

### Quality
- **Lower is Better**

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

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See Hospital Specific Notes in technical appendix.
2015 HOSPITAL PROFILE: LAWRENCE GENERAL HOSPITAL
Cohort: Community, High Public Payer

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

* For more information on Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

For High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
LOWELL GENERAL HOSPITAL
2015 Hospital Profile

Lowell General Hospital is a nonprofit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts, and along with Tufts Medical Center is a part of Wellforce. Lowell General merged with Saints Medical Center in 2012; as such, utilization data from Saints Medical Center is included in Lowell General’s FY13 through FY15 data. Lowell General Hospital was profitable each year from FY11 to FY15, with a total margin of 2.5% in FY15, compared to a median total margin of 5.4% in its peer cohort.

Overview / Size
Hospital System Affiliation: Wellforce
Change in Ownership (FY11-FY15): Wellforce - 2014
Total Staffed Beds: 344, among the larger acute hospitals
% Occupancy: 70.4%, > cohort avg. (65%)
Special Public Funding: CHART®, ICB®
Trauma Center Designation: Adult: Level 3
Case Mix Index: 0.87, = cohort avg. (0.87); < statewide (1.00)

Payer Mix
Public Payor Mix: 63.6% (HPP® Hospital)
CY15 Commercial Relative Price: 0.82
Top 3 Commercial Payers:
- Harvard Pilgrim Health Care
- Tufts Health Plan

Utilization
Inpatient Discharges in FY15: 21,953
Change FY14-FY15: 0.9%
Emergency Department Visits in FY15: 99,911
Change FY14-FY15: -0.8%
Outpatient Visits in FY15: 188,434
Change FY14-FY15: 0.7%

Quality
Readmission Rate in FY15: 15.6%
Change FY11-FY15 (percentage points): 0.8%
Early Elective Deliveries Rate (Jan 2015-Jun 2016): 2.5%

Financial
Inpatient NPSR per CMAD: $9,679
Change FY14-FY15: 0.5%
Inpatient:Outpatient Revenue in FY15: 36%:64%
Outpatient Revenue in FY15: $234,777,973
Change FY14-FY15: 3.4%
Total Revenue in FY15: $427,354,765
Total Surplus (Loss) in FY15: $10,697,698

Services
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region’s cases did this hospital treat for each service?
Discharges by DRG
- Normal Neonate Birth (2139) 19% of regional discharges were treated at this hospital in FY15
- Vaginal Delivery (1550) 19%
- Sepsis & Dissem Inf (1069) 18%
- Heart Failure (779) 16%
- Cesarean Delivery (745) 14%
- Knee Joint Replacement (612) 14%
- COPD (573) 15%
- Renal Failure (438) 18%
- Cellulitis, Oth Bact Skn Inf (407) 14%

Discharges by Community
- Lowell MA (10,544) 77% of community discharges were treated at this hospital in FY15
- Dracut MA (2,462)
- Chelmsford MA (1,549)
- Tewksbury MA (1,468)
- Tyngsboro MA (705)
- North Chelmsford MA (693)
- Billerica MA (558)
- Westford MA (468)
- Pelham NH (389)
- North Billerica MA (373)

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?

For descriptions of the metrics, please see the technical appendix.
2015 HOSPITAL PROFILE: LOWELL GENERAL HOSPITAL
Cohort: Community, High Public Payer

How has the volume of the hospital’s inpatient discharges changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

- FY15 Inpatient Discharges = 21,963
- +33.4%
- -9.5%

How has the volume of the hospital’s outpatient visits changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

- FY15 Outpatient Visits = 188,434
- +130.5%
- +64.2%
- +85.5%

What was the hospital’s net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital’s peer cohort median?

How has the hospital’s total outpatient revenue changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

- FY15 Outpatient Revenue = $235 M
- +64.4%
- +60.0%
- +65.4%

How have the hospital’s total revenue and costs changed between FY11 and FY15?

<table>
<thead>
<tr>
<th>Revenue, Cost, &amp; Profit/Loss (in millions)</th>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$ 255</td>
<td>$ 317</td>
<td>$ 405</td>
<td>$ 416</td>
<td>$ 430</td>
<td></td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$ 3</td>
<td>$ 16</td>
<td>$ 22</td>
<td>$ 11</td>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$ 258</td>
<td>$ 333</td>
<td>$ 427</td>
<td>$ 427</td>
<td>$ 427</td>
<td></td>
</tr>
<tr>
<td>Total Costs</td>
<td>$ 244</td>
<td>$ 304</td>
<td>$ 402</td>
<td>$ 409</td>
<td>$ 417</td>
<td></td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$ 13.6</td>
<td>$ 28.7</td>
<td>$ 24.3</td>
<td>$ 17.6</td>
<td>$ 10.7</td>
<td></td>
</tr>
</tbody>
</table>

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

- For more information about 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).
Marlborough Hospital is a nonprofit community-High Public Payer (HPP) hospital located in the Metro West region. It is among the smaller acute hospitals in Massachusetts and a member of UMass Memorial Health Care. Marlborough Hospital was profitable each year from FY11 to FY15, with a total margin of 5.7% in FY15, compared to a median total margin of 5.4% among peer hospitals. Though Marlborough Hospital accounts for just 9% of discharges in its region, it accounted for 28% of all discharges for Schizophrenia in the Metro West region.

**Overview / Size**
- Hospital System Affiliation: UMass Memorial Health Care
- Change in Ownership (FY11-FY15): Not Applicable
- Total Staffed Beds: 79, among the smaller acute hospitals
- % Occupancy: 57.0%, < cohort avg. (65%)
- Special Public Funding: CHART^, ICB^8
- Trauma Center Designation: Not Applicable
- Case Mix Index: 0.85, < cohort avg. (0.87); < statewide (1.00)

**Payer Mix**
- Public Payer Mix: 63.3% (HPP* Hospital)
- CY15 Commercial Relative Price: 0.85
- Top 3 Commercial Payers: Blue Cross Blue Shield of MA

**Utilization**
- Inpatient Discharges in FY15: 3,877
- Change FY14-FY15: 3.4%
- Emergency Department Visits in FY15: 25,802
- Change FY14-FY15: -0.5%
- Outpatient Visits in FY15: 79,381
- Change FY14-FY15: 1.2%

**Quality**
- Readmission Rate in FY15: 16.8%
- Change FY11-FY15 (percentage points): Not Available

**Financial**
- Inpatient NPSR per CMAD: $8,539
- Change FY14-FY15: 36.7%
- Inpatient:Outpatient Revenue in FY15: 27%:73%
- Outpatient Revenue in FY15: $41,833,708
- Change FY14-FY15: -5.9%
- Total Revenue in FY15: $81,292,000
- Change FY14-FY15: -0.5%
- Total Surplus (Loss) in FY15: $4,617,000

**Services**
- Discharges by DRG:
  - Maj Dep & Oth/Unsp Psychoses (287) 15% of regional discharges were treated at this hospital in FY15
  - Bipolar Disorders (256) 15%
  - Schizophrenia (172) 28%
  - Other Pneumonia (162) 12%
  - Sepsis & Dissem Inf (150) 9%
  - Heart Failure (140) 9%
  - COPD (140) 10%
  - Knee Joint Replacement (87) 15%
  - Kidney & UT Infections (79) 10%
  - Renal Failure (78) 9%

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

- How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

For descriptions of the metrics, please see the technical appendix.
**2015 HOSPITAL PROFILE: MARLBOROUGH HOSPITAL**

**Cohort: Community, High Public Payer**

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### Financial Performance

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$ 76</td>
<td>$ 77</td>
<td>$ 79</td>
<td>$ 80</td>
<td>$ 81</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$ 1</td>
<td>$ 2</td>
<td>$ 2</td>
<td>$ 2</td>
<td>$ 1</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$ 76</td>
<td>$ 79</td>
<td>$ 81</td>
<td>$ 82</td>
<td>$ 81</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$ 75</td>
<td>$ 78</td>
<td>$ 78</td>
<td>$ 79</td>
<td>$ 77</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$ 1.3</td>
<td>$ 1.0</td>
<td>$ 2.4</td>
<td>$ 2.9</td>
<td>$ 4.6</td>
</tr>
</tbody>
</table>

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

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### Patient Revenue Trends

![Graph showing patient revenue trends](image)

**Hospital Cohort Median**

- FY 2011: $2,000
- FY 2015: $22,000

**Peer Cohort**

- FY 2011: $6,000
- FY 2015: $18,000

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

---

### Operating Performance

<table>
<thead>
<tr>
<th>Year</th>
<th>Operating</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1.7%</td>
<td>2.1%</td>
</tr>
<tr>
<td>2012</td>
<td>0.9%</td>
<td>1.7%</td>
</tr>
<tr>
<td>2013</td>
<td>5.0%</td>
<td>5.7%</td>
</tr>
<tr>
<td>2014</td>
<td>5.0%</td>
<td>5.4%</td>
</tr>
<tr>
<td>2015</td>
<td>6.0%</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

*For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).*

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### How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

- FY15 Inpatient Discharges = 3,877

*For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).*

---

### How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

- FY15 Outpatient Visits = 79,381

---

### How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

- FY15 Outpatient Revenue = $42 M

---

### How have the hospital's total revenue and costs changed between FY11 and FY15?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue</td>
<td>$76</td>
<td>$77</td>
<td>$79</td>
<td>$80</td>
<td>$81</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$75</td>
<td>$78</td>
<td>$78</td>
<td>$79</td>
<td>$77</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$1.3</td>
<td>$1.0</td>
<td>$2.4</td>
<td>$2.9</td>
<td>$4.6</td>
</tr>
</tbody>
</table>

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### Key:

- **Hospital**
- **Peer Cohort**
Mercy Medical Center is a large, nonprofit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Mercy Medical Center had 0.8% fewer inpatient discharges in FY15 than in FY11, compared with a median decrease of 9.5% in its peer cohort. The hospital earned a profit each year from FY11 to FY15, with a 6.2% total margin in FY15, compared to a median total margin of 5.4% among cohort hospitals.

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

FY15 Inpatient Discharges = 15,787

How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

FY15 Outpatient Visits = 213,146

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$218</td>
<td>$242</td>
<td>$129</td>
<td>$250</td>
<td>$273</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0</td>
<td>$1</td>
<td>$1</td>
<td>$1</td>
<td>$0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$218</td>
<td>$244</td>
<td>$130</td>
<td>$251</td>
<td>$273</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$207</td>
<td>$219</td>
<td>$120</td>
<td>$234</td>
<td>$256</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$11.0</td>
<td>$25.2</td>
<td>$9.9</td>
<td>$17.7</td>
<td>$17.0</td>
</tr>
</tbody>
</table>

How have the hospital's total revenue and costs changed between FY11 and FY15?

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue</td>
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<td>$234</td>
<td>$256</td>
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<tr>
<td>Total Profit (Loss)</td>
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<td>$25.2</td>
<td>$9.9</td>
<td>$17.7</td>
<td>$17.0</td>
</tr>
</tbody>
</table>

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

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

For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
MetroWest Medical Center is a for-profit community-High Public Payer (HPP) hospital located in the Metro West region. It is among the larger acute hospitals in Massachusetts. Between FY11 and FY15, MetroWest Medical Center's inpatient discharges decreased by 16.2%, compared with a median decrease of 9.5% among cohort hospitals. MetroWest Medical Center earned a profit in FY15 after operating at a loss each year from FY11 to FY14, and had a total margin of 1.5% in FY15, compared with a median total margin of 5.4% in its cohort.

### Overview / Size
- **Hospital System Affiliation:** Tenet Healthcare
- **Change in Ownership (FY11-FY15):** Tenet - 2013
- **Total Staffed Beds:** 313, among the larger acute hospitals
- **% Occupancy:** 47.3%, < cohort avg. (65%)
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 0.92, > cohort avg. (0.87); < statewide (1.00)

### Financial
- **Inpatient NPSR per CMAD:** $9,717
- **Change FY14-FY15:** 16.0%
- **Inpatient:Outpatient Revenue in FY15:** 34.66%
- **Outpatient Revenue in FY15:** $129,673,613
- **Change FY14-FY15:** -10.5%
- **Total Revenue in FY15:** $259,239,579
- **Total Surplus (Loss) in FY15:** $3,874,506

### Quality
- **Readmission Rate in FY15:** 15.8%
- **Change FY11-FY15 (percentage points):** -1.8%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** 4.9%

### Services
- **Discharges by DRG**
  - **Bipolar Disorders (782):** 30%
  - **Maj Dep& Oth/Unsp Psychoses (733):** 39%
  - **Vaginal Delivery (517):** 30%
  - **Sepsis & Dissem Inf (455):** 29%
  - **Heart Failure (419):** 26%
  - **Other Pneumonia (298):** 22%
  - **Cesareaen Delivery (279):** 32%
  - **Schizophrenia (261):** 42%
  - **Card Arrth & Cond Dis (256):** 29%

### Payer Mix
- **Public Payer Mix:** 64.9% (HPP* Hospital)
- **CY15 Commercial Relative Price:** 0.86
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of MA
  - Harvard Pilgrim Health Care
  - Tufts Health Plan

### Utilization
- **Inpatient Discharges in FY15:** 12,501
  - **Change FY14-FY15:** 4.9%
- **Emergency Department Visits in FY15:** 22,870
  - **Change FY14-FY15:** -64.3%
- **Outpatient Visits in FY15:** 445,032
  - **Change FY14-FY15:** 133.5%

### Discharges by Community
- **Framingham MA (3,832):** 40%
- **Natick MA (1,383):** 38%
- **Ashland MA (634):** 38%
- **Holliston MA (468):** 38%
- **Marlborough MA (390):** 37%
- **Hopkinton MA (290):** 36%
- **Worcester MA (235):** 35%
- **Wayland MA (199):** 33%
- **Mills MA (183):** 24%
- **Sudbury MA (179):** 14%

### At a Glance
- **Services**
  - **Card Arrth & Cond Dis (256):** 30%
  - **Maj Dep& Oth/Unsp Psychoses (733):** 39%
  - **Vaginal Delivery (517):** 30%
  - **Sepsis & Dissem Inf (455):** 29%
  - **Heart Failure (419):** 26%
  - **Other Pneumonia (298):** 22%
  - **Cesareaen Delivery (279):** 32%
  - **Schizophrenia (261):** 42%
  - **Card Arrth & Cond Dis (256):** 29%

### Quality Indicators
- **CLABSI, CAUTI, SSI: Colon Surgery**
  - **Lower is Better**
  - **State Average**
  - **2011:** 17.6%, 15.7%
  - **2015:** 15.8%, 15.3%

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

<table>
<thead>
<tr>
<th>Year</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>130</td>
<td>125</td>
<td>120</td>
<td>115</td>
<td>110</td>
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<td>2012</td>
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</tr>
<tr>
<td>2013</td>
<td>120</td>
<td>115</td>
<td>110</td>
<td>105</td>
<td>100</td>
</tr>
<tr>
<td>2014</td>
<td>115</td>
<td>110</td>
<td>105</td>
<td>100</td>
<td>95</td>
</tr>
<tr>
<td>2015</td>
<td>110</td>
<td>105</td>
<td>100</td>
<td>95</td>
<td>90</td>
</tr>
<tr>
<td>Utilization</td>
<td>100</td>
<td>97.5</td>
<td>95</td>
<td>92.5</td>
<td>90</td>
</tr>
</tbody>
</table>

How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

<table>
<thead>
<tr>
<th>Year</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>100</td>
<td>105</td>
<td>110</td>
<td>115</td>
<td>120</td>
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<td>2012</td>
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<td>115</td>
<td>120</td>
<td>125</td>
</tr>
<tr>
<td>2013</td>
<td>110</td>
<td>115</td>
<td>120</td>
<td>125</td>
<td>130</td>
</tr>
<tr>
<td>2014</td>
<td>115</td>
<td>120</td>
<td>125</td>
<td>130</td>
<td>135</td>
</tr>
<tr>
<td>2015</td>
<td>120</td>
<td>125</td>
<td>130</td>
<td>135</td>
<td>140</td>
</tr>
<tr>
<td>Utilization</td>
<td>100</td>
<td>102.5</td>
<td>105</td>
<td>107.5</td>
<td>110</td>
</tr>
</tbody>
</table>

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?

<table>
<thead>
<tr>
<th>Year</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$256</td>
<td>$259</td>
<td>$256</td>
<td>$249</td>
<td>$258</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$1</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$256</td>
<td>$259</td>
<td>$256</td>
<td>$249</td>
<td>$259</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$268</td>
<td>$266</td>
<td>$257</td>
<td>$255</td>
<td>$255</td>
</tr>
<tr>
<td>Total Profit/Loss</td>
<td>$(11.4)</td>
<td>$(6.3)</td>
<td>$(1.4)</td>
<td>$(6.0)</td>
<td>$3.9</td>
</tr>
</tbody>
</table>

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

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Morton Hospital is a mid-size, for-profit community-High Public Payer Hospital (HPP) located in the Metro South region. Morton Hospital is a member of the Steward Health Care System. Inpatient discharges at Morton Hospital decreased by 25.0% from FY11 to FY15, compared to a median decrease of 9.5% in peer cohort hospitals during that time. Morton Hospital reported losses in FY11 through FY13, and earned profits in FY14 and FY15.

### Overview / Size
- **Hospital System Affiliation:** Steward Health Care System
- **Change in Ownership (FY11-FY15):** Not Applicable
- **Total Staffed Beds:** 88, among the smaller acute hospitals
- **% Occupancy:** 75.0%, > cohort avg. (65%)
- **Special Public Funding:** Not Applicable
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 0.94, > cohort avg. (0.87); < statewide (1.00)

### Financial
- **Inpatient NPSR per CMAD:** $10,330
- **Change FY14-FY15:** 6.5%
- **Inpatient:Outpatient Revenue in FY15:** 28.72%
- **Outpatient Revenue in FY15:** $57,031,808
- **Change FY14-FY15:** 0.7%
- **Total Revenue in FY15:** $116,114,019
- **Total Surplus (Loss) in FY15:** $5,413,381

### Payer Mix
- **Public Payer Mix:** 69.1% (HPP* Hospital)
- **CY15 Commercial Relative Price:** 0.86
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of MA
  - Harvard Pilgrim Health Care
  - Tufts Health Plan

### Utilization
- **Inpatient Discharges in FY15:** 5,788
  - Change FY14-FY15: -3.9%
- **Emergency Department Visits in FY15:** 51,315
  - Change FY14-FY15: 1.2%
- **Outpatient Visits in FY15:** 60,689
  - Change FY14-FY15: -5.3%

### Quality
- **Readmission Rate in FY15:** 18.5%
  - Change FY11-FY15 (percentage points): -1.6%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** 0.0%

### Services
- **What were the most common inpatient cases (DRGs) treated at the hospital in FY15?**
  - COPD (153)
  - Renal Failure (196)
  - Cellulitis, Oth Bact Skin Inf (195)
  - Sepsis & Dissem Inf (391)
  - Heart Failure (322)
- **Where did most of the hospital's inpatients reside?**
  - Taunton MA (3,351)
  - Norton MA (53)
  - New Bedford MA (56)
  - Bridgewater MA (70)
  - Berkley MA (143)
  - East Taunton MA (266)
  - Lakeville MA (253)
  - Raynham MA (524)
  - Middleboro MA (480)
- **What proportion of the region’s cases did this hospital treat for each service?**

### Quality
- **CLABSI:** Lower is Better
  - 2011: 20.2%, 2015: 18.5%
- **CAUTI:** Lower is Better
  - 2011: 15.7%, 2015: 15.3%
- **SSI: Colon Surgery**
  - 2011: 0.4%, 2015: 0.0%

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$124</td>
<td>$125</td>
<td>$113</td>
<td>$116</td>
<td>$116</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$1</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$126</td>
<td>$125</td>
<td>$113</td>
<td>$116</td>
<td>$116</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$129</td>
<td>$129</td>
<td>$122</td>
<td>$107</td>
<td>$111</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$(3.1)</td>
<td>$(3.7)</td>
<td>$(9.7)</td>
<td>$(8.9)</td>
<td>$(5.4)</td>
</tr>
</tbody>
</table>

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

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

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

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
NASHOBA VALLEY MEDICAL CENTER
2015 Hospital Profile

Nashoba Valley Medical Center is a small, for-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is a member of the Steward Health Care System. Nashoba Valley Medical Center accounted for only 1% of regional discharges in FY15, but it accounted for 22% of Organic Mental Health Disturbance discharges. Inpatient discharges at the hospital increased 4.0% from FY11 to FY15, compared to a median decrease of 9.5% among peer cohort hospitals. The hospital reported a profit for the third consecutive fiscal year in FY15, with a 6.9% total margin, higher than the 5.4% median of its peer cohort.

**Overview / Size**
- **Hospital System Affiliation:** Steward Health Care System
- **Change in Ownership (FY11-FY15):** Steward Health Care - 2011
- **Total Staffed Beds:** 38, among the smaller acute hospitals
- **% Occupancy:** 79.2%, > cohort avg. (65%)
- **Special Public Funding:** ICB
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 0.81, < cohort avg. (0.87); < statewide (1.00)

**Financial**
- **Inpatient NPSR per CMAD:** $9,959
- **Change FY14-FY15:** 6.0%
- **Inpatient:Outpatient Revenue in FY15:** 25%, 75%
- **Outpatient Revenue in FY15:** $33,936,205
- **Change FY14-FY15:** 13.0%
- **Total Revenue in FY15:** $51,911,043
- **Total Surplus (Loss) in FY15:** $3,581,078

**Services**
- **Discharges by DRG**
  - Org Mental Hlth Disturb (174)
  - COPD (163)
  - Other Pneumonia (147)
  - Heart Failure (128)
  - Kidney & UT Infections (86)
  - Cellulitis, Oth Bact Skin Inf (75)
  - Card Arth & Cond Dis (57)
  - Maj Resp Infect & Inflam (50)
  - Diverticulita/osis (48)
  - Renal Failure (39)

  - 22% of regional discharges were treated at this hospital in FY15

  - Hospital (1,998) = 1% of total regional discharges

**Quality**
- **Inpatient Discharges in FY15:** 1,998
- **Change FY14-FY15:** 1.5%
- **Emergency Department Visits in FY15:** 15,694
- **Change FY14-FY15:** 1.8%
- **Outpatient Visits in FY15:** 47,934
- **Change FY14-FY15:** -1.7%
- **Readmission Rate in FY15:** 17.2%
- **Change FY11-FY15 (percentage points):** Not Available
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** Not Available

**At a Glance**
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of MA
  - Tufts Health Plan
  - Neighborhood Health Plan

**Payment Mix**
- **Public Payer Mix:** 63.6% (HPP Hospital)
- **CY15 Commercial Relative Price:** 0.99

**Utilization**
- **Inpatient Discharges in FY15:** 1,998
- **Change FY14-FY15:** 1.5%

**Discharges by Community**
- Ayer MA (364) = 34% of community discharges treated at this hospital in FY15
- Pepperell MA (263) = 27%
- Groton MA (201) = 25%
- Shirley MA (197) = 23%
- Townsend MA (156) = 25%
- Leominster MA (93) = 2%
- Lunenburg MA (88) = 9%
- Littleton MA (86) = 10%
- Fitchburg MA (52) = 1%
- Westford MA (51) = 3%

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

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

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
North Shore Medical Center is a large, nonprofit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is a member of the Partners HealthCare System. Inpatient discharges have decreased 9.9% from FY11 to FY15, nearly identical to the 9.5% decrease in the median of its peer cohort. North Shore Medical Center has experienced a loss in all five fiscal years from FY11 through FY15. In FY15, the hospital had a total margin of -8.6% and an operating margin of -8.4% and for the third consecutive fiscal year experienced a decline in both measures.

**Overview / Size**
- **Hospital System Affiliation:** Partners HealthCare
- **Change in Ownership (FY11-FY15):** Not Applicable
- **Total Staffed Beds:** 431, 9th largest acute hospital
  - 61.0%, < cohort avg. (65%)
- **Special Public Funding:** Not Applicable
- **Trauma Center Designation:** Adult: Level 3
- **Case Mix Index:** 0.91, > cohort avg. (0.87); < statewide (1.00)

**Financial**
- **Inpatient NPSR per CMAD:** $12,291
- **Change FY14-FY15:** 2.6%
- **Inpatient:Outpatient Revenue in FY15:** 38.62%
- **Outpatient Revenue in FY15:** $188,455,868
  - Change FY14-FY15: -1.4%
- **Total Revenue in FY15:** $418,655,000
- **Total Surplus (Loss) in FY15:** ($35,989,000)

**Payer Mix**
- **Public Payer Mix:** 71.2% (HPP* Hospital)
- **CY15 Commercial Relative Price:** 1.00
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of MA
  - Harvard Pilgrim Health Care
  - Tufts Health Plan

**Utilization**
- **Inpatient Discharges in FY15:** 19,068
  - Change FY14-FY15: 3.2%
- **Emergency Department Visits in FY15:** 74,187
  - Change FY14-FY15: 1.5%
- **Outpatient Visits in FY15:** 109,333
  - Change FY14-FY15: 1.3%

**Quality**
- **Readmission Rate in FY15:** 14.5%
  - Change FY11-FY15 (percentage points): Not Available

**Services**
- **At a Glance**
  - **Services**
    - Cesarean Delivery (428)
    - Bipolar Disorders (479)
    - Knee Joint Replacement (495)
    - Kidney & UT Infections (519)
    - COPD (607)
    - Other Pneumonia (657)
    - Sepsis & Dissem Inf (702)
    - Heart Failure (726)
    - Diabetes Complications (838)
    - Vaginal Delivery (872)
    - Normal Neonate Birth (1189)

**Quality**
- **What were the most common inpatient cases (DRGs) treated at the hospital in FY15?**
  - 11% of regional discharges were treated at this hospital in FY15
  - Of the 11% regional discharges treated at the hospital, 11% were treated at this hospital in FY15

**Quality**
- **Where did most of the hospital's inpatients reside?**
  - 14.5% of community discharges were treated at this hospital in FY15

**Quality**
- **How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?**
  - CLABSI
  - CAUTI
  - SSI: Colon Surgery

For descriptions of the metrics, please see the technical appendix.
**Hospital Cohort: Community, High Public Payer**

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

- **Operating Revenue**
  - FY11: $423 million
  - FY12: $447 million
  - FY13: $417 million
  - FY14: $417 million
  - FY15: $419 million

- **Non-Operating Revenue**
  - FY11: $0 million
  - FY12: $0 million
  - FY13: $0 million
  - FY14: $1 million
  - FY15: $1 million

- **Total Revenue**
  - FY11: $423 million
  - FY12: $447 million
  - FY13: $417 million
  - FY14: $417 million
  - FY15: $419 million

- **Total Costs**
  - FY11: $438 million
  - FY12: $455 million
  - FY13: $437 million
  - FY14: $438 million
  - FY15: $455 million

- **Total Profit (Loss)**
  - FY11: $(14.1)$ million
  - FY12: $(8.0)$ million
  - FY13: $(20.3)$ million
  - FY14: $(22.2)$ million
  - FY15: $(36.0)$ million

*High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.*
Signature Healthcare Brockton Hospital is a nonprofit community-High Public Payer (HPP) hospital located in the Metro South region. It is among the larger acute hospitals in Massachusetts. The hospital experienced a 9.0% decrease in inpatient discharges from FY11 to FY15, nearly identical to the median decrease of 9.5% among peer cohort hospitals. Signature Healthcare Brockton Hospital was profitable each year from FY11 to FY15, with a total margin of 5.2% in FY15.

**Overview / Size**
- Hospital System Affiliation: Not Applicable
- Change in Ownership (FY11-FY15): Not Applicable
- Total Staffed Beds: 245, among the larger acute hospitals
- % Occupancy: 65.6%, > cohort avg. (65%)
- Special Public Funding: CHART*, DSTI*
- Trauma Center Designation: Not Applicable
- Case Mix Index: 0.88, > cohort avg. (0.87); < statewide (1.00)

**Financial**
- Inpatient NPSR per CMAD: $11,713
  - Change FY14-FY15: 14.0%
- Inpatient:Outpatient Revenue in FY15: 40%:60%
- Outpatient Revenue in FY15: $105,515,561
  - Change FY14-FY15: -9.4%
- Total Revenue in FY15: $260,170,727
  - Total Surplus (Loss) in FY15: $13,485,580

**Services**
- Discharges by DRG
  - Normal Neonate Birth (901): 22% of regional discharges were treated at this hospital in FY15
  - Sepsis & Dissem Inf (742): 20% treated at this hospital in FY15
  - Vaginal Delivery (686): 17%
  - Rehabilitation (565): 17%
  - COPD (404): 16%
  - Bipolar Disorders (510): 15%
  - Cesarean Delivery (304): 14%
  - Heart Failure (293): 12%
  - Cellulitis, Oth Bact Skn Inf (252): 17%
  - Card Arrth & Cond Dis (241): 18%

**Quality**
- Readmission Rate in FY15: 18.5%
  - Change FY11-FY15 (percentage points): 0.2%
- Early Elective Deliveries Rate (Jan 2015-Jun 2016): 0.0%

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$218</td>
<td>$238</td>
<td>$224</td>
<td>$238</td>
<td>$260</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$2</td>
<td>$2</td>
<td>$3</td>
<td>$8</td>
<td>$0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$220</td>
<td>$240</td>
<td>$227</td>
<td>$246</td>
<td>$260</td>
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<tr>
<td>Total Costs</td>
<td>$204</td>
<td>$214</td>
<td>$207</td>
<td>$220</td>
<td>$247</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$16.1</td>
<td>$25.6</td>
<td>$19.6</td>
<td>$25.7</td>
<td>$13.5</td>
</tr>
</tbody>
</table>

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

* High Public Payer Hospitals (HPP) 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).
SOUTHCOST HOSPITALS GROUP

2015 Hospital Profile

Southcoast Hospitals Group is a large, nonprofit community-High Public Payer (HPP) hospital 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. Southcoast Hospitals Group formed an affiliation with Boston Children’s Hospital starting in 2012. Southcoast Hospitals Group was profitable each year from FY11 to FY15, with a total margin of 10.5% in FY15, the second consecutive fiscal year that it experienced an increase and its highest in the five-year period.

Overview / Size
Hospital System Affiliation: Not Applicable
Change in Ownership (FY11-FY15): Not Applicable
Total Staffed Beds: 517, 6th largest acute hospital
% Occupancy: 92.0%, highest in cohort (avg. 65%)
Special Public Funding: CHART®
Trauma Center Designation: Not Applicable
Case Mix Index: 0.95, > cohort avg. (0.87); < statewide (1.00)

Financial
Inpatient NPSR per CMAD: $10,389
Change FY14-FY15: 1.9%
Inpatient:Outpatient Revenue in FY15: 44%.56%
Outpatient Revenue in FY15: $361,209,458
Change FY14-FY15: 4.8%
Total Revenue in FY15: $832,847,369
Total Surplus (Loss) in FY15: $87,156,930

Services
Discharges by DRG of regional discharges were treated at this hospital in FY15

<table>
<thead>
<tr>
<th>DRG Description</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (3086)</td>
<td>100%</td>
<td>86%</td>
<td>100%</td>
<td>100%</td>
<td>79%</td>
<td>100%</td>
</tr>
<tr>
<td>Sepsis &amp; Dissem Inf (2731)</td>
<td>100%</td>
<td>80%</td>
<td>90%</td>
<td>80%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Vaginal Delivery (2295)</td>
<td>100%</td>
<td>66%</td>
<td>81%</td>
<td>79%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Heart Failure (1351)</td>
<td>100%</td>
<td>76%</td>
<td>79%</td>
<td>76%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>COPD (1234)</td>
<td>100%</td>
<td>82%</td>
<td>82%</td>
<td>82%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Other Pneumonia (1234)</td>
<td>100%</td>
<td>83%</td>
<td>83%</td>
<td>83%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Cesarean Delivery (1106)</td>
<td>100%</td>
<td>73%</td>
<td>83%</td>
<td>73%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Card Arrh &amp; Cond Dis (896)</td>
<td>100%</td>
<td>73%</td>
<td>83%</td>
<td>73%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Cellulitis, Oth Bact Skin Inf (843)</td>
<td>100%</td>
<td>73%</td>
<td>83%</td>
<td>73%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Kidney &amp; UT Infections (733)</td>
<td>100%</td>
<td>73%</td>
<td>83%</td>
<td>73%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

- Hospital (39,099) = 81% of total regional discharges

Payer Mix
Public Payer Mix: 72.2% (HPP* Hospital)
CY15 Commercial Relative Price: 0.91
Top 3 Commercial Payers: Blue Cross Blue Shield of MA
Harvard Pilgrim Health Care
Tufts Health Plan

At a Glance

<table>
<thead>
<tr>
<th>Services</th>
<th>Financial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change FY14-FY15: 1.6%</td>
<td>Change FY14-FY15: 1.6%</td>
</tr>
<tr>
<td>Inpatient Discharges in FY15: 39,099</td>
<td>Emergency Department Visits in FY15: 159,729</td>
</tr>
<tr>
<td>Outpatient Visits in FY15: 878,491</td>
<td>Change FY14-FY15: 2.1%</td>
</tr>
<tr>
<td>Total Revenue in FY15: $832,847,369</td>
<td>Change FY14-FY15: -2.0%</td>
</tr>
</tbody>
</table>

Quality

Readmission Rate in FY15: 17.2%
Change FY11-FY15 (percentage points): Not Available

How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

For descriptions of the metrics, please see the technical appendix.
2015 HOSPITAL PROFILE: SOUTHCOST HOSPITALS GROUP

Cohort: Community, High Public Payer

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

FY15 Inpatient Discharges = 39,099

How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

FY15 Outpatient Visits = 878,491

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$672</td>
<td>$703</td>
<td>$712</td>
<td>$730</td>
<td>$807</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$11</td>
<td>$7</td>
<td>$14</td>
<td>$15</td>
<td>$25</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$682</td>
<td>$710</td>
<td>$726</td>
<td>$746</td>
<td>$833</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$648</td>
<td>$664</td>
<td>$704</td>
<td>$692</td>
<td>$746</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$34.0</td>
<td>$45.7</td>
<td>$22.4</td>
<td>$53.6</td>
<td>$87.2</td>
</tr>
</tbody>
</table>

How have the hospital's total revenue and costs changed between FY11 and FY15?

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

Key:
- Hospital
- Peer Cohort

* High Public Payer Hospitals (HPP) 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).
Steward Good Samaritan Medical Center is a mid-size, for-profit community-High Public Payer (HPP) hospital located in the Metro South region. It is a member of Steward Health Care System. Steward Good Samaritan had a 6.8% increase in inpatient discharges from FY11 to FY15, compared with a median decrease of 9.5% among peer cohort hospitals. Steward Good Samaritan reported a profit in FY15 for the third consecutive fiscal year. Its total margin of 8.6% was higher than the 5.4% median of its peer cohort, and it was also the highest margin the hospital had in the five year period.

**Overview / Size**
- Hospital System Affiliation: Steward Health Care System
- Change in Ownership (FY11-FY15): Not Applicable
- Total Staffed Beds: 224, mid-size acute hospital
- % Occupancy: 88.0%, > cohort avg. (65%)
- Special Public Funding: ICB
- Trauma Center Designation: Not Applicable
- Case Mix Index: 0.82, < cohort avg. (0.87); < statewide (1.00)

**Payer Mix**
- Public Payer Mix: 69.3% (HPP* Hospital)
- CY15 Commercial Relative Price: 0.91
- Top 3 Commercial Payers:
  - Blue Cross Blue Shield of MA
  - Harvard Pilgrim Health Care
  - Tufts Health Plan

**Utilization**
- Inpatient Discharges in FY15: 17,276
  - Change FY14-FY15: 3.3%
- Emergency Department Visits in FY15: 61,661
  - Change FY14-FY15: 10.2%
- Outpatient Visits in FY15: 72,318
  - Change FY14-FY15: -4.6%

**Quality**
- Readmission Rate in FY15: 16.9%
  - Change FY11-FY15 (percentage points): -0.2%
- Early Elective Deliveries Rate (Jan 2015-Jun 2016): 0.0%

**At a Glance**

**Services**
- What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

**Discharges by DRG**
- Opioid Abuse & Dependence (1676)
- Normal Neonate Birth (997)
- Sepsis & Dissem Inf (731)
- Alcohol Abuse & Dependence (730)
- Drug/Alcohol Abuse, LAMA (675)
- COPD (482)
- Heart Failure (457)
- Vaginal Delivery (641)
- Cesarean Delivery (439)
- Cellulitis, Oth Bact Skin Inf (413)
- 0%
- 20%
- 40%
- 60%
- 80%
- 100%
- 24%
- 40%
- 55%
- 87%
- 24% of regional discharges were treated at this hospital in FY15
- 20% of regional discharges were treated at this hospital in FY15

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

**Discharges by Community**
- Brockton MA (5,851)
- Stoughton MA (1,745)
- Taunton MA (679)
- Bridgewater MA (679)
- Randolph MA (538)
- South Easton MA (547)
- Middleboro MA (388)
- East Bridgewater MA (352)

**Quality**
- How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

**For descriptions of the metrics, please see the technical appendix.**
**2015 HOSPITAL PROFILE: STEWARD GOOD SAMARITAN MEDICAL CENTER**

**Cohort: Community, High Public Payer**

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

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$183</td>
<td>$225</td>
<td>$234</td>
<td>$247</td>
<td>$261</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$183</td>
<td>$225</td>
<td>$234</td>
<td>$247</td>
<td>$261</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$183</td>
<td>$229</td>
<td>$230</td>
<td>$227</td>
<td>$238</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$0.1</td>
<td>$(4.0)</td>
<td>$4.2</td>
<td>$19.8</td>
<td>$22.4</td>
</tr>
</tbody>
</table>

---

**How has the volume of the hospital’s inpatient discharges changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)**

**FY15 Inpatient Discharges = 17,276**

---

**How has the hospital’s total outpatient revenue changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)**

**FY15 Outpatient Revenue = $115 M**

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**How was the hospital’s net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital’s peer cohort median?**

**Hospital**

**Cohort Median**

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**How do the hospital’s total revenue and costs change between FY11 and FY15?**

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

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* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Steward Holy Family Hospital is a mid-size, for-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. Merrimack Hospital, another Steward Health Care System hospital, merged with Holy Family Hospital in FY14. Though Steward Holy Family Hospital accounted for only 9% of discharges in its region in FY15, it accounted for 28% of regional discharges for Major Depression & Other Unspecified Psychosis and 25% of regional discharges for Bipolar Disorder. Steward Holy Family reported a profit for the third consecutive fiscal year in FY15, and its total margin of 7.3% was higher than the 5.4% median of its peer cohort.

### Financial

**Inpatient NPSR per CMAD:** $10,116

**Change FY14-FY15:** 8.3%

**Inpatient:Outpatient Revenue in FY15:** 39:61%

**Outpatient Revenue in FY15:** $108,097,984

**Change FY14-FY15:** 17.9%

**Total Revenue in FY15:** $234,889,247

**Total Surplus (Loss) in FY15:** $17,228,560

### Quality

**Readmission Rate in FY15:** 15.6%

**Early Elective Deliveries Rate (Jan 2015-Jun 2016):** 0.4%

### Services

**What were the most common inpatient cases (DRGs) treated at the hospital in FY15?**

<table>
<thead>
<tr>
<th>DRG Description</th>
<th>% of Region Discharges Treated</th>
<th>% of Community Discharges Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (966)</td>
<td>9%</td>
<td>41%</td>
</tr>
<tr>
<td>Maj Dep&amp; Oth/Unsp Psychoses (607)</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Vaginal Delivery (567)</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Heart Failure (561)</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Cesarean Delivery (462)</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Sepsis &amp; Dissem Inf (441)</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Other Pneumonia (440)</td>
<td>10%</td>
<td>29%</td>
</tr>
<tr>
<td>COPD (392)</td>
<td>10%</td>
<td>35%</td>
</tr>
<tr>
<td>Schizophrenia (377)</td>
<td>38%</td>
<td>32%</td>
</tr>
</tbody>
</table>

**Where did most of the hospital’s inpatients reside?**

<table>
<thead>
<tr>
<th>Community</th>
<th>% of Community Discharges Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methuen MA (3,385)</td>
<td>41%</td>
</tr>
<tr>
<td>Westport MA (2,725)</td>
<td>50%</td>
</tr>
<tr>
<td>Lawrence MA (2,386)</td>
<td>22%</td>
</tr>
<tr>
<td>Salem NH (1,109)</td>
<td>16%</td>
</tr>
<tr>
<td>North Andover MA (1,470)</td>
<td>13%</td>
</tr>
<tr>
<td>Lowell MA (1,82)</td>
<td>1%</td>
</tr>
<tr>
<td>Groveland MA (1,82)</td>
<td>29%</td>
</tr>
<tr>
<td>Plaistow NH (1,77)</td>
<td>35%</td>
</tr>
<tr>
<td>Methuen NH (1,134)</td>
<td>32%</td>
</tr>
</tbody>
</table>

### For descriptions of the metrics, please see the technical appendix.
**2015 HOSPITAL PROFILE: STEWARD HOLY FAMILY HOSPITAL**

Cohort: Community, High Public Payer

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

---

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$154</td>
<td>$188</td>
<td>$182</td>
<td>$202</td>
<td>$235</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0</td>
<td>$0</td>
<td>$(0)</td>
<td>$(0)</td>
<td>$0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$154</td>
<td>$188</td>
<td>$182</td>
<td>$202</td>
<td>$235</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$156</td>
<td>$191</td>
<td>$174</td>
<td>$191</td>
<td>$218</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$(2.2)</td>
<td>$(2.9)</td>
<td>$(7.7)</td>
<td>$(10.7)</td>
<td>$(17.2)</td>
</tr>
</tbody>
</table>

---

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

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* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Steward Saint Anne’s Hospital is a mid-size, for-profit community-High Public Payer (HPP) hospital located in the Southcoast region. Steward Saint Anne’s is a member of the Steward Health Care System. Inpatient discharges at Steward Saint Anne’s increased by 31.2% from FY11 to FY15, compared to a decrease of 9.5% in the median of its peer cohort. Steward Saint Anne's has been profitable in each fiscal year from FY11 to FY15, and had a total margin of 10.0% in FY15, higher than the 5.4% median of its peer cohort. The total margin for the hospital has been higher than its peer cohort median in each of the last 5 fiscal years.

**Overview / Size**
- **Hospital System Affiliation:** Steward Health Care System
- **Change in Ownership (FY11-FY15):** Not Applicable
- **Total Staffed Beds:** 143, mid-size acute hospital
- **% Occupancy:** 87.8%, > cohort avg. (65%)
- **Special Public Funding:** ICB
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 1.01, > cohort avg. (0.87); > statewide (1.00)

**Financial**
- **Inpatient NPSR per CMAD:** $9,840
- **Change FY14-FY15:** -7.3%
- **Inpatient:Outpatient Revenue in FY15:** 25%/75%
- **Outpatient Revenue in FY15:** $157,729,301
- **Change FY14-FY15:** 7.9%
- **Total Revenue in FY15:** $253,228,834
- **Total Surplus (Loss) in FY15:** $25,276,858

**Payer Mix**
- **Public Payer Mix:** 67.7% (HPP Hospital)
- **CY15 Commercial Relative Price:** 0.93
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of MA
  - Harvard Pilgrim Health Care
  - Tufts Health Plan

**Utilization**
- **Inpatient Discharges in FY15:** 9,227
- **Change FY14-FY15:** 23.9%
- **Emergency Department Visits in FY15:** 49,176
- **Change FY14-FY15:** 8.3%
- **Outpatient Visits in FY15:** 215,692
- **Change FY14-FY15:** 24.8%

**Quality**
- **Readmission Rate in FY15:** 18.0%
  - **Change FY11-FY15 (percentage points):** -2.0%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** Not Available

**At a Glance**

**Services**
- **Discharges by DRG**
  - Sepsis & Dissem Inf (449)
  - COPD (351)
  - Other Pneumonia (348)
  - Heart Failure (334)
  - Knee Joint Replacement (325)
  - Cellulitis, Oth Bact Skin Inf (312)
  - Pulm Edema & Resp Failure (224)
  - Hip Joint Replacement (196)
  - Card Arth & Cond Dis (194)
  - Kidney & UT Infections (193)

**Quality**
- **How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to the state average?**

**Financial**
- **Total Surplus (Loss) in FY15:** $25,276,858

**Overview / Size**
- **Hospital System Affiliation:** Steward Health Care System
- **Change in Ownership (FY11-FY15):** Not Applicable
- **Total Staffed Beds:** 143, mid-size acute hospital
- **% Occupancy:** 87.8%, > cohort avg. (65%)
- **Special Public Funding:** ICB
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 1.01, > cohort avg. (0.87); > statewide (1.00)

**Financial**
- **Inpatient NPSR per CMAD:** $9,840
- **Change FY14-FY15:** -7.3%
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- **Outpatient Revenue in FY15:** $157,729,301
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- **Total Revenue in FY15:** $253,228,834
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- **Public Payer Mix:** 67.7% (HPP Hospital)
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- **Top 3 Commercial Payers:**
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  - Harvard Pilgrim Health Care
  - Tufts Health Plan

**Utilization**
- **Inpatient Discharges in FY15:** 9,227
- **Change FY14-FY15:** 23.9%
- **Emergency Department Visits in FY15:** 49,176
- **Change FY14-FY15:** 8.3%
- **Outpatient Visits in FY15:** 215,692
- **Change FY14-FY15:** 24.8%

**Quality**
- **Readmission Rate in FY15:** 18.0%
  - **Change FY11-FY15 (percentage points):** -2.0%
- **Early Elective Deliveries Rate (Jan 2015-Jun 2016):** Not Available

**At a Glance**

**Services**
- **Discharges by DRG**
  - Sepsis & Dissem Inf (449)
  - COPD (351)
  - Other Pneumonia (348)
  - Heart Failure (334)
  - Knee Joint Replacement (325)
  - Cellulitis, Oth Bact Skin Inf (312)
  - Pulm Edema & Resp Failure (224)
  - Hip Joint Replacement (196)
  - Card Arth & Cond Dis (194)
  - Kidney & UT Infections (193)

**Quality**
- **How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to the state average?**

**Financial**
- **Total Surplus (Loss) in FY15:** $25,276,858

For descriptions of the metrics, please see the technical appendix.
What was the hospital’s net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital’s peer cohort median? (FY11=100)

How has the hospital’s total outpatient revenue changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

How have the hospital’s total revenue and costs changed between FY11 and FY15?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$164</td>
<td>$202</td>
<td>$208</td>
<td>$234</td>
<td>$253</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$164</td>
<td>$202</td>
<td>$208</td>
<td>$234</td>
<td>$253</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$151</td>
<td>$177</td>
<td>$195</td>
<td>$210</td>
<td>$228</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$12.7</td>
<td>$25.4</td>
<td>$13.2</td>
<td>$24.6</td>
<td>$25.3</td>
</tr>
</tbody>
</table>

What were the hospital’s total margin and operating margins between FY11 and FY15, and how do these compare to the hospital’s peer cohort medians?

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

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

High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Sturdy Memorial Hospital is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Metro West region. Inpatient discharges at Sturdy decreased 5.5% between FY11 and FY15, while the median of its peer cohort decreased 9.5%. Sturdy was profitable every year from FY11 to FY15, and had a total margin of 10.4% in FY15, higher than the 5.4% median of its cohort.

### Overview / Size
- Hospital System Affiliation: Not Applicable
- Change in Ownership (FY11-FY15): Not Applicable
- Total Staffed Beds: 149, mid-size acute hospital
- % Occupancy: 54.9%, < cohort avg. (65%)
- Special Public Funding: ICB®
- Trauma Center Designation: Not Applicable
- Case Mix Index: 0.84, < cohort avg. (0.87); < statewide (1.00)

### Payer Mix
- Public Payer Mix: 64.1% (HPP® Hospital)
- CY15 Commercial Relative Price: 1.05
- Top 3 Commercial Payers: Blue Cross Blue Shield of MA, Harvard Pilgrim Health Care, Tufts Health Plan

### Financial
- Inpatient NPSR per CMAD: $9,102
- Change FY14-FY15: 2.4%
- Inpatient:Outpatient Revenue in FY15: 30:70%
- Outpatient Revenue in FY15: $108,641,930
- Change FY14-FY15: -0.3%
- Total Revenue in FY15: $172,615,381
- Total Surplus (Loss) in FY15: $17,949,383

### Services
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

**Discharges by DRG**
- COPD (382)
- Normal Neonate Birth (381)
- Vaginal Delivery (297)
- Other Pneumonia (280)
- Heart Failure (270)
- Septis & Dissem Inf (261)
- Knee Joint Replacement (167)
- Cellulitis, Oth Bact Skin Inf (163)
- Kidney & UT Infections (160)
- Card Arth & Cond Dis (143)

- Hospital (6,902) = 16% of total regional discharges

### Quality
What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?

- Readmission Rate in FY15: 14.8%
- Change FY11-FY15 (percentage points): 1.1%

### Utilization
- Inpatient Discharges in FY15: 6,902
- Change FY14-FY15: 3.5%
- Emergency Department Visits in FY15: 51,769
- Change FY14-FY15: 0.4%
- Outpatient Visits in FY15: 114,546
- Change FY14-FY15: 0.3%

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

**Discharges by Community**
- Attleboro MA (2,282)
- North Attleboro MA (943)
- Norton MA (521)
- Mansfield MA (331)
- Wrentham MA (244)
- Plainview MA (237)
- Rehoboth MA (186)
- Seekonk MA (154)
- Pawtucket RI (98)
- Foxboro MA (90)

- 61% of community discharges were treated at this hospital in FY15

How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

FY15 Inpatient Discharges = 6,902

-5.5%

-9.5%

2011 2012 2013 2014 2015

How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

FY15 Outpatient Visits = 114,546

+2.6%

-2.7%

2011 2012 2013 2014 2015

What was the hospital’s net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital’s peer cohort median?

Cohort Median

Hospital

Patient Revenue Trends

2011 2012 2013 2014 2015

How has the hospital’s total outpatient revenue changed compared to FY11, and how does this compare to the hospital’s peer cohort median? (FY11=100)

FY15 Outpatient Revenue = $109 M

+9.1%

-8.7%

2011 2012 2013 2014 2015

How have the hospital's total revenue and costs changed between FY11 and FY15?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$157</td>
<td>$166</td>
<td>$162</td>
<td>$165</td>
<td>$165</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$7</td>
<td>$7</td>
<td>$9</td>
<td>$16</td>
<td>$7</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$164</td>
<td>$174</td>
<td>$170</td>
<td>$181</td>
<td>$173</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$148</td>
<td>$153</td>
<td>$150</td>
<td>$150</td>
<td>$155</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$15.9</td>
<td>$20.5</td>
<td>$20.2</td>
<td>$31.2</td>
<td>$17.9</td>
</tr>
</tbody>
</table>

Financial Performance

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

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

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Boston Children’s Hospital is a large, nonprofit specialty hospital dedicated to pediatric health care. It is located in the Metro Boston region. Boston Children’s is a teaching hospital for Harvard Medical School, and has research partnerships with numerous institutions in Massachusetts and elsewhere. It is one of nine organ transplant centers in Massachusetts. Boston Children’s reports that the average age of patients admitted to the hospital is approximately 10 years, and that 84% of discharges from the hospital in FY15 were for patients under 18 years of age. It reported a loss of $5.5M in FY15, after earning a profit each year from FY11 to FY14. Despite the loss, it still reported a positive operating margin of 2.1%.

Overview / Size
- Hospital System Affiliation: Not Applicable
- Change in Ownership (FY11-FY15): Not Applicable
- Total Staffed Beds: 393, among the larger acute hospitals
- % Occupancy: 79.5%
- Special Public Funding: Not Applicable
- Trauma Center Designation: Pedi: Level 1
- Case Mix Index: 1.85, > cohort avg. (1.83); > statewide (1.00)

Financial
- Inpatient NPSR per CMAD: $21,044
- Change FY14-FY15: 0.9%
- Inpatient:Outpatient Revenue in FY15: 54%,46%
- Outpatient Revenue in FY15: $452,752,894
- Change FY14-FY15: -0.3%
- Total Revenue in FY15: $1,377,754,921
- Total Surplus (Loss) in FY15: ($5,465,192)

Payer Mix
- Public Payer Mix: 35.9% (Non-HPP* Hospital)
- CY15 Commercial Relative Price: 1.51
- Top 3 Commercial Payers: Blue Cross Blue Shield of MA, Aetna Health

Utilization
- Inpatient Discharges in FY15: 15,634
- Change FY14-FY15: 5.1%
- Emergency Department Visits in FY15: 59,191
- Change FY14-FY15: 4.4%
- Outpatient Visits in FY15: 239,961
- Change FY14-FY15: 1.0%

Quality
- Readmission Rate in FY15: Not Applicable
- Change FY11-FY15 (percentage points): Not Applicable
- Early Elective Deliveries Rate (Jan 2015-Jun 2016): Not Applicable

For descriptions of the metrics, please see the technical appendix.
2015 HOSPITAL PROFILE: BOSTON CHILDREN’S HOSPITAL
Cohort: N/A - Specialty Hospital

How has the volume of the hospital’s inpatient discharges changed compared to FY11? (FY11=100)

![Graph showing utilization inpatient discharges from FY11 to FY15]

FY15 Inpatient Discharges = 15,634

How has the volume of the hospital’s outpatient visits changed compared to FY11? (FY11=100)

![Graph showing utilization outpatient visits from FY11 to FY15]

FY15 Outpatient Visits = 239,961

What was the hospital’s net inpatient service revenue per case mix adjusted discharge between FY11 and FY15?

![Graph showing patient revenue trends from FY11 to FY15]

FY15 Outpatient Revenue = $453 M

How has the hospital’s total outpatient revenue changed compared to FY11? (FY11=100)

How have the hospital’s total revenue and costs changed between FY11 and FY15?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$1,326</td>
<td>$1,296</td>
<td>$1,322</td>
<td>$1,387</td>
<td>$1,412</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$23</td>
<td>$22</td>
<td>$97</td>
<td>(6)</td>
<td>(34)</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$1,349</td>
<td>$1,318</td>
<td>$1,418</td>
<td>$1,381</td>
<td>$1,378</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$1,267</td>
<td>$1,259</td>
<td>$1,260</td>
<td>$1,330</td>
<td>$1,383</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$82.1</td>
<td>$58.4</td>
<td>$157.7</td>
<td>$51.2</td>
<td>$(5.5)</td>
</tr>
</tbody>
</table>

What were the hospital’s total margin and operating margins between FY11 and FY15?

![Graph showing financial performance margins from FY11 to FY15]

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

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Dana-Farber Cancer Institute is a nonprofit 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. It is one of 41 Comprehensive Cancer Centers in the US, designated by the National Cancer Institute. Dana-Farber Cancer Institute provides the majority of its care in an outpatient setting, and had approximately 1,200 inpatient discharges compared to approximately 260K outpatient visits in FY15.

### Overview / Size

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital System Affiliation</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Change in Ownership (FY11-FY15)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Total Staffed Beds</td>
<td>30</td>
</tr>
<tr>
<td>% Occupancy</td>
<td>88.0%</td>
</tr>
<tr>
<td>Special Public Funding</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Trauma Center Designation</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Case Mix Index</td>
<td>1.73, &lt; cohort avg. (1.83); &gt; statewide (1.00)</td>
</tr>
</tbody>
</table>

### Payer Mix

<table>
<thead>
<tr>
<th>Payer</th>
<th>Mix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Payer Mix</td>
<td>43.5% (Non-HPP* Hospital)</td>
</tr>
<tr>
<td>CY15 Commercial Relative Price</td>
<td>1.50</td>
</tr>
<tr>
<td>Top 3 Commercial Payers</td>
<td>Blue Cross Blue Shield of MA, Harvard Pilgrim Health Care, Aetna Health</td>
</tr>
</tbody>
</table>

### Financial

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient NPSR per CMAD</td>
<td>$15,982</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>-2.7%</td>
</tr>
<tr>
<td>Inpatient:Outpatient Revenue in FY15</td>
<td>5%:95%</td>
</tr>
<tr>
<td>Outpatient Revenue in FY15</td>
<td>$662,616,030</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>8.3%</td>
</tr>
<tr>
<td>Total Revenue in FY15</td>
<td>$1,170,583,356</td>
</tr>
<tr>
<td>Total Surplus (Loss) in FY15</td>
<td>$4,661,503</td>
</tr>
</tbody>
</table>

### Utilization

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Discharges in FY15</td>
<td>1,258</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>18.8%</td>
</tr>
<tr>
<td>Emergency Department Visits in FY15</td>
<td>00</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>259,573</td>
</tr>
<tr>
<td>Outpatient Visits in FY15</td>
<td>3.0%</td>
</tr>
<tr>
<td>Change FY14-FY15</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

### Quality

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readmission Rate in FY15</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Change FY11-FY15 (percentage points)</td>
<td>-</td>
</tr>
<tr>
<td>Early Elective Deliveries Rate (Jan 2015-Jun 2016)</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

### At a Glance

- **Services**
  
  This graph has been suppressed, as the hospital provides the vast majority of its services on an outpatient basis. In FY15, this hospital reported 136,703 infusion treatments and over 259,000 outpatient visits.

- **Quality**
  
  This measure is not applicable to the patient population treated at this specialty hospital.

For descriptions of the metrics, please see the technical appendix.
2015 HOSPITAL PROFILE: DANA-FARBER CANCER INSTITUTE
Cohort: N/A - Specialty Hospital

How has the volume of the hospital's inpatient discharges changed compared to FY11? (FY11=100)

<table>
<thead>
<tr>
<th>Year</th>
<th>FY11</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Discharges</td>
<td>1,258</td>
<td>1,386</td>
<td>1,520</td>
<td>1,658</td>
<td>1,800</td>
</tr>
<tr>
<td>Utilization</td>
<td>100</td>
<td>115</td>
<td>125</td>
<td>135</td>
<td>145</td>
</tr>
</tbody>
</table>

+18.7%

How has the volume of the hospital's outpatient visits changed compared to FY11? (FY11=100)

<table>
<thead>
<tr>
<th>Year</th>
<th>FY11</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Visits</td>
<td>259,573</td>
<td>308,456</td>
<td>359,832</td>
<td>411,188</td>
<td>473,120</td>
</tr>
<tr>
<td>Utilization</td>
<td>100</td>
<td>115</td>
<td>125</td>
<td>135</td>
<td>145</td>
</tr>
</tbody>
</table>

+22.1%

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15?

<table>
<thead>
<tr>
<th>Year</th>
<th>FY11</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$903</td>
<td>$938</td>
<td>$975</td>
<td>$1,019</td>
<td>$1,117</td>
</tr>
<tr>
<td>Operating Revenue</td>
<td>$55</td>
<td>$71</td>
<td>$104</td>
<td>$79</td>
<td>$53</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$959</td>
<td>$1,008</td>
<td>$1,078</td>
<td>$1,098</td>
<td>$1,171</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$967</td>
<td>$985</td>
<td>$1,022</td>
<td>$1,064</td>
<td>$1,166</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$86</td>
<td>$95</td>
<td>$102</td>
<td>$106</td>
<td>$110</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$101</td>
<td>$93</td>
<td>$96</td>
<td>$98</td>
<td>$106</td>
</tr>
</tbody>
</table>

FY15 Inpatient Discharges = 1,258

FY15 Outpatient Visits = 259,573

$2,000 $6,000 $10,000 $14,000 $18,000 $22,000

2011 2012 2013 2014 2015

+35.3%

How has the hospital's total outpatient revenue changed compared to FY11? (FY11=100)

<table>
<thead>
<tr>
<th>Year</th>
<th>FY11</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$663 M</td>
<td>$712 M</td>
<td>$756 M</td>
<td>$820 M</td>
<td>$894 M</td>
</tr>
<tr>
<td>Utilization</td>
<td>100</td>
<td>115</td>
<td>125</td>
<td>135</td>
<td>145</td>
</tr>
</tbody>
</table>

+35.3%

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?

<table>
<thead>
<tr>
<th>Year</th>
<th>FY11</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margin</td>
<td>-10%</td>
<td>-10%</td>
<td>-10%</td>
<td>-10%</td>
<td>-10%</td>
</tr>
<tr>
<td>Operating Margin</td>
<td>-4.1%</td>
<td>-6.6%</td>
<td>-6.6%</td>
<td>-6.6%</td>
<td>-6.6%</td>
</tr>
<tr>
<td>Total Margin</td>
<td>0.4%</td>
<td>-0.9%</td>
<td>-0.9%</td>
<td>-0.9%</td>
<td>-0.9%</td>
</tr>
</tbody>
</table>

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

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Acute Specialty Hospitals - Curahealth Hospitals (Kindred Hospitals)

2015 Hospital Profile

Curahealth Hospitals
Curahealth Hospital Boston and Curahealth Hospital Boston North Shore are both owned by Curahealth, a healthcare services company with long-term care hospitals in 6 states. Prior to fall 2016, both hospitals were owned by Kindred Healthcare, Inc. and were classified as long-term acute care hospitals, though now they are classified as non-acute care hospitals. Curahealth Hospital Boston and Curahealth Hospital Boston North Shore provide acute cardiac and pulmonary medicine, dialysis, wound care, infectious disease, and rehabilitation services following long-term illness.

Curahealth Hospital Boston
Curahealth Hospital Boston is a for-profit hospital that specializes in providing long-term acute care services. It is located in Metro Boston region, and is among the smaller acute hospitals in Massachusetts, with 59 staffed beds. In FY15, the average length of stay at the hospitals was 28.9 days, and the hospital provided no outpatient services. It did not earn a profit in any year between FY11 and FY15.

Curahealth Hospital Boston North Shore
Curahealth Hospital Boston North Shore is a for-profit hospital that specializes in providing long-term care services. It is located in the Northeastern Massachusetts region, and is among the smaller acute hospitals in Massachusetts, with 50 staffed beds. In FY15, the average length of stay at the hospitals was 27.6 days, and the hospital provided no outpatient services. It earned a negative total margin each year between FY11 and FY15.
**Curahealth Hospital Boston**  
*Boston, MA*

### At a Glance
- **Total Staffed Beds:** 59
- **% Occupancy:** 66.4%
- **Inpatient Discharges in FY15:** 495
- **Public Payer Mix:** 66%
- **Total Revenue in FY15:** $21,528,275
- **Tax Status:** For Profit
- **Inpatient-Outpatient Revenue in FY15:** 100.0%
- **Change in Ownership (FY11-FY15):** N/A

### Payer Mix

<table>
<thead>
<tr>
<th></th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Margin</strong></td>
<td>-3.0%</td>
<td>-1.9%</td>
<td>-0.1%</td>
<td>-0.8%</td>
<td>-0.9%</td>
</tr>
<tr>
<td><strong>Operating Margin</strong></td>
<td>-3.0%</td>
<td>-1.9%</td>
<td>-0.1%</td>
<td>-0.8%</td>
<td>-0.9%</td>
</tr>
<tr>
<td><strong>Net Outpatient Revenue (in millions)</strong></td>
<td>$0.0</td>
<td>$0.0</td>
<td>$0.0</td>
<td>$0.0</td>
<td>$0.0</td>
</tr>
<tr>
<td><strong>Net Inpatient Revenue Per Day</strong></td>
<td>$1,507</td>
<td>$1,535</td>
<td>$1,503</td>
<td>$1,501</td>
<td>$1,484</td>
</tr>
<tr>
<td><strong>Outpatient Visits</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Inpatient Days</strong></td>
<td>11,091</td>
<td>11,019</td>
<td>13,154</td>
<td>12,767</td>
<td>14,301</td>
</tr>
<tr>
<td><strong>Average Length of Stay</strong></td>
<td>24.4</td>
<td>23.9</td>
<td>25.2</td>
<td>24.2</td>
<td>28.9</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>FY</th>
<th>Total Revenue</th>
<th>Operating Revenue</th>
<th>Non-Operating Revenue</th>
<th>Costs</th>
<th>Total Profit/Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$16</td>
<td>$16</td>
<td>$0</td>
<td>$17</td>
<td>-$0.5</td>
</tr>
<tr>
<td>2012</td>
<td>$17</td>
<td>$17</td>
<td>$0</td>
<td>$17</td>
<td>-$0.3</td>
</tr>
<tr>
<td>2013</td>
<td>$19</td>
<td>$19</td>
<td>$0</td>
<td>$19</td>
<td>-$0.0</td>
</tr>
<tr>
<td>2014</td>
<td>$19</td>
<td>$19</td>
<td>$0</td>
<td>$20</td>
<td>-$1.5</td>
</tr>
<tr>
<td>2015</td>
<td>$22</td>
<td>$22</td>
<td>$0</td>
<td>$22</td>
<td>-$0.2</td>
</tr>
</tbody>
</table>

---

**Curahealth Hospital Boston North Shore**  
*Peabody, MA*

### At a Glance
- **Total Staffed Beds:** 50
- **% Occupancy:** 69.3%
- **Inpatient Discharges in FY15:** 458
- **Public Payer Mix:** 66%
- **Total Revenue in FY15:** $19,333,250
- **Tax Status:** For Profit
- **Inpatient-Outpatient Revenue in FY15:** 100.0%
- **Change in Ownership (FY11-FY15):** N/A

### Payer Mix

<table>
<thead>
<tr>
<th></th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Margin</strong></td>
<td>-11.9%</td>
<td>-11.7%</td>
<td>-9.4%</td>
<td>-7.4%</td>
<td>-9.0%</td>
</tr>
<tr>
<td><strong>Operating Margin</strong></td>
<td>-11.9%</td>
<td>-11.7%</td>
<td>-9.4%</td>
<td>-7.4%</td>
<td>-9.0%</td>
</tr>
<tr>
<td><strong>Net Outpatient Revenue (in millions)</strong></td>
<td>$0.0</td>
<td>$0.0</td>
<td>$0.0</td>
<td>$0.0</td>
<td>$0.0</td>
</tr>
<tr>
<td><strong>Net Inpatient Revenue Per Day</strong></td>
<td>$1,546</td>
<td>$1,502</td>
<td>$1,477</td>
<td>$1,537</td>
<td>$1,571</td>
</tr>
<tr>
<td><strong>Outpatient Visits</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Inpatient Days</strong></td>
<td>12,107</td>
<td>11,648</td>
<td>11,779</td>
<td>12,577</td>
<td>12,652</td>
</tr>
<tr>
<td><strong>Average Length of Stay</strong></td>
<td>32.3</td>
<td>27.2</td>
<td>25.8</td>
<td>26.9</td>
<td>27.6</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>FY</th>
<th>Total Revenue</th>
<th>Operating Revenue</th>
<th>Non-Operating Revenue</th>
<th>Costs</th>
<th>Total Profit/Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$18</td>
<td>$18</td>
<td>$0</td>
<td>$20</td>
<td>-$2.1</td>
</tr>
<tr>
<td>2012</td>
<td>$18</td>
<td>$18</td>
<td>$0</td>
<td>$20</td>
<td>-$2.0</td>
</tr>
<tr>
<td>2013</td>
<td>$17</td>
<td>$17</td>
<td>$0</td>
<td>$19</td>
<td>-$1.6</td>
</tr>
<tr>
<td>2014</td>
<td>$19</td>
<td>$19</td>
<td>$0</td>
<td>$21</td>
<td>-$1.4</td>
</tr>
<tr>
<td>2015</td>
<td>$19</td>
<td>$19</td>
<td>$0</td>
<td>$21</td>
<td>-$1.7</td>
</tr>
</tbody>
</table>
MASSACHUSETTS EYE AND EAR INFIRMIARY

2015 Hospital Profile

Massachusetts Eye and Ear Infirmary is a nonprofit 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, and is the region’s only designated eye trauma center. It serves a patient population ranging in age from newborns to the elderly. Mass Eye and Ear is a teaching hospital of Harvard Medical School. It had a negative operating margin each year from FY11 to FY15, but a positive total margin each year except FY14 in the five-year period.

Overview / Size
Hospital System Affiliation: Not Applicable
Change in Ownership (FY11-FY15): Not Applicable
Total Staffed Beds: 41
% Occupancy: 32.1%
Special Public Funding: Not Applicable
Trauma Center Designation: Not Applicable
Case Mix Index: 1.24, < cohort avg. (1.83); > statewide (1.00)

Payer Mix
Public Payer Mix: 45.5% (Non-HPP* Hospital)
CY15 Commercial Relative Price: 0.83
Top 3 Commercial Payers: Blue Cross Blue Shield of MA
Harvard Pilgrim Health Care
Tufts Health Plan

Utilization
Inpatient Discharges in FY15: 1,262
Change FY14-FY15: -4.8%
Emergency Department Visits in FY15: 17,712
Change FY14-FY15: -1.9%
Outpatient Visits in FY15: 271,618
Change FY14-FY15: 3.5%

Quality
Readmission Rate in FY15: 9.0%
Change FY14-FY15 (percentage points): 0.5%
Early Elective Deliveries Rate (Jan 2015-Jun 2016): Not applicable

Financial
Inpatient NPSR per CMAD: $10,583
Change FY14-FY15: -11.7%
Inpatient:Outpatient Revenue in FY15: 10.90%
Outpatient Revenue in FY15: $147,015,233
Change FY14-FY15: 9.5%
Total Revenue in FY15: $2,932,698
Total Surplus (Loss) in FY15: $257,274,257

At a Glance
Services

<table>
<thead>
<tr>
<th>Discharges by DRG</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other ENT Procedures (167)</td>
<td>29%</td>
<td>76%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Procs except Orbit (148)</td>
<td>14%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other ENT &amp; Cranial Dxs (88)</td>
<td>13%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroid &amp; Thyroglossal Procs (66)</td>
<td>13%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oth OR Proc-Lymph/Heme/Oth Neo (61)</td>
<td>13%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cranectomy, exc Trauma (59)</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maj Cranial/Fac Bone Proc (56)</td>
<td>12%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Nervous Syst Procs (55)</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Othr Maj Head/Neck proc (49)</td>
<td>30%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR Proc - Oth Tx Comp (42)</td>
<td>7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--- Hospital (1,262) = 0% of total regional discharges</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Services

| Data is not available for these measures. |

Quality

What were the most common inpatient cases (DRGs) treated at the hospital in FY15? 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 was attributed to this hospital?

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?

How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital’s characteristics and case mix?

For descriptions of the metrics, please see the technical appendix.
2015 HOSPITAL PROFILE: MASSACHUSETTS EYE AND EAR INFIRMARY

Cohort: N/A - Specialty Hospital

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$193</td>
<td>$202</td>
<td>$219</td>
<td>$223</td>
<td>$228</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$25</td>
<td>$33</td>
<td>$4</td>
<td>$5</td>
<td>$30</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$217</td>
<td>$234</td>
<td>$224</td>
<td>$229</td>
<td>$257</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$202</td>
<td>$202</td>
<td>$224</td>
<td>$229</td>
<td>$254</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$15.8</td>
<td>$31.8</td>
<td>$0.1</td>
<td>$(0.5)</td>
<td>$2.9</td>
</tr>
</tbody>
</table>

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

*High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.*
New England Baptist Hospital is a nonprofit specialty hospital located in the Metro Boston region. New England Baptist focuses exclusively on orthopedic and musculoskeletal conditions. It is responsible for only 3% of the inpatient discharges in its region, but accounts for over 40% of both hip and knee joint replacements. It is among the smaller acute hospitals in Massachusetts and a member of CareGroup. 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 earned a profit each year from FY11 to FY15, with a total margin of 2.4% in FY15.

Overview / Size

- Hospital System Affiliation: CareGroup
- Change in Ownership (FY11-FY15): Not Applicable
- Total Staffed Beds: 100, mid-size acute hospital
- % Occupancy: 67.7%
- Special Public Funding: Not Applicable
- Trauma Center Designation: Not Applicable
- Case Mix Index: 1.39, < cohort avg. (1.83); > statewide (1.00)

Payer Mix

- Public Payer Mix: 42.7% (Non-HPP* Hospital)
- CY15 Commercial Relative Price: 0.93
- Top 3 Commercial Payers: Blue Cross Blue Shield of MA, Harvard Pilgrim Health Care, Tufts Health Plan

Utilization

- Inpatient Discharges in FY15: 8,179
- Change FY14-FY15: 0.1%
- Emergency Department Visits in FY15: 0
- Change FY14-FY15: 
- Outpatient Visits in FY15: 124,595
- Change FY14-FY15: -4.4%

Quality

- Readmission Rate in FY15: 3.0%
- Change FY11-FY15 (percentage points): -1.5%
- Early Elective Deliveries Rate (Jan 2015-Jun 2016): Not Available

Financial

- Inpatient NPSR per CMAD: $14,645
- Change FY14-FY15: 2.8%
- Inpatient:Outpatient Revenue in FY15: 60%,40%
- Outpatient Revenue in FY15: $60,710,112
- Change FY14-FY15: -2.7%
- Total Revenue in FY15: $244,613,018
- Total Surplus (Loss) in FY15: $5,920,383

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region’s cases did this hospital treat for each service?

<table>
<thead>
<tr>
<th>DRG Description</th>
<th>% of Total Discharges</th>
<th>% of Regional Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knee Joint Replacement (3247)</td>
<td>21%</td>
<td>44%</td>
</tr>
<tr>
<td>Hip Joint Replacement (2716)</td>
<td>14%</td>
<td>26%</td>
</tr>
<tr>
<td>Dors&amp;Lum Fus exc Curv (738)</td>
<td>12%</td>
<td>19%</td>
</tr>
<tr>
<td>CervFus, Oth Bck/Nck Ex Dis Ev/Dcmp (329)</td>
<td>9%</td>
<td>16%</td>
</tr>
<tr>
<td>Shield &amp; Upp/ForeArm Proc (311)</td>
<td>7%</td>
<td>12%</td>
</tr>
<tr>
<td>Intervert Disc Exc/Dcmp (202)</td>
<td>6%</td>
<td>10%</td>
</tr>
<tr>
<td>Knee &amp; LowLeg Exc Foot (115)</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Oth Muscskel &amp; ConnTis Proc (73)</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Dors&amp;Lumb Fus- Curv (86)</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Proc w Dx-Rehab, Aftercare, Oth Svc (49)</td>
<td>3%</td>
<td>4%</td>
</tr>
</tbody>
</table>

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?

- Lower is Better
- 2011: 4.4% 2015: 3.0%

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY11? (FY11=100)

**Patient Revenue Trends**

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

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Until 2011, Shriners Hospital did not collect payments from insurers and relied solely on donations, thus they were not subject to the same filing requirements as other acute and non-acute hospitals in Massachusetts.

Shriners Hospital for Children is a health care system dedicated to pediatric specialty care, research and teaching programs for medical professionals. Children up to age 18 with orthopedic conditions, burns, spinal cord injuries and cleft lip and palate are eligible for care and receive all services regardless of the families' ability to pay. The hospital system was founded by Shriners International, a fraternity with nearly 200 chapters and thousands of clubs around the world. Shriners Hospitals for Children has 22 facilities in the United States, Canada, and Mexico.

Shriners Hospital for Children - Boston is a 30-bed pediatric specialty hospital, research, and teaching center located in Boston. It treats children with severe burn injuries, complex skin conditions, orthopedic conditions, and cleft lip and palate. It is the only exclusively pediatric, verified burn center in New England. Forty-five percent of its revenue comes from inpatient services, and the hospital reported 174 inpatient discharges in FY15, 48% fewer than in the prior year. Its most prominent cases in the region were partial thickness burns with or without skin graft and skin graft for skin and subcutaneous tissue diagnoses.

Shriners Hospital for Children - Springfield is dedicated to providing care for a wide range of pediatric orthopedic and neuromusculoskeletal disorders and diseases, as well as cleft lip and palate. Located in Springfield, it has 40 beds. Roughly 40% of its revenue comes from inpatient services, and it had 86 discharges in FY15, a 32% decrease from FY14.
## Shriners Hospitals for Children - Boston

**At a Glance**

- **TOTAL STAFFED BEDS:** 30
- **% OCCUPANCY:** 19.31
- **INPATIENT DISCHARGES in FY15:** 174
- **PUBLIC PAYER MIX:** 30.7%
- **TOTAL REVENUE in FY15:** $36,019,013
- **TAX STATUS:** Nonprofit
- **INPATIENT:OUTPATIENT REVENUE in FY15:** 45%:55%
- **CHANGE in OWNERSHIP (FY11-FY15):** N/A

### Payer Mix

<table>
<thead>
<tr>
<th></th>
<th>Shriners Boston</th>
<th>Average Acute Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial &amp; Other</td>
<td>69%</td>
<td>39%</td>
</tr>
<tr>
<td>State Programs</td>
<td>31%</td>
<td>18%</td>
</tr>
<tr>
<td>Medicare and Other Federal Programs</td>
<td>0%</td>
<td>43%</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>FY</th>
<th>Total Revenue</th>
<th>Operating Revenue</th>
<th>Non-Operating Revenue</th>
<th>Costs</th>
<th>Total Profit/Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>Data is not displayed due to differences in reporting methods between years.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>$62</td>
<td>$6</td>
<td>$56</td>
<td>$40</td>
<td>$22</td>
</tr>
<tr>
<td>2014</td>
<td>$62</td>
<td>$6</td>
<td>$56</td>
<td>$40</td>
<td>$22</td>
</tr>
<tr>
<td>2015</td>
<td>$36</td>
<td>$4</td>
<td>$32</td>
<td>$39</td>
<td>-$3</td>
</tr>
</tbody>
</table>

## Shriners Hospitals for Children - Springfield

**At a Glance**

- **TOTAL STAFFED BEDS:** 40
- **% OCCUPANCY:** 3.38
- **INPATIENT DISCHARGES in FY15:** 86
- **PUBLIC PAYER MIX:** 54.5%
- **TOTAL REVENUE in FY15:** $17,217,074
- **TAX STATUS:** Nonprofit
- **INPATIENT:OUTPATIENT REVENUE in FY15:** 39%:61%
- **CHANGE in OWNERSHIP (FY11-FY15):** N/A

### Payer Mix

<table>
<thead>
<tr>
<th></th>
<th>Shriners Springfield</th>
<th>Average Acute Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial &amp; Other</td>
<td>45%</td>
<td>39%</td>
</tr>
<tr>
<td>State Programs</td>
<td>54%</td>
<td>18%</td>
</tr>
<tr>
<td>Medicare and Other Federal Programs</td>
<td>0%</td>
<td>43%</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>FY</th>
<th>Total Revenue</th>
<th>Operating Revenue</th>
<th>Non-Operating Revenue</th>
<th>Costs</th>
<th>Total Profit/Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>Data is not displayed due to differences in reporting methods between years.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>$36</td>
<td>$4</td>
<td>$32</td>
<td>$39</td>
<td>-$3</td>
</tr>
<tr>
<td>2014</td>
<td>$31</td>
<td>$5</td>
<td>$26</td>
<td>$19</td>
<td>$11</td>
</tr>
<tr>
<td>2015</td>
<td>$17</td>
<td>$6</td>
<td>$12</td>
<td>$17</td>
<td>$0</td>
</tr>
</tbody>
</table>
INTRODUCTION TO NON-ACUTE HOSPITAL COHORT 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.

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.

Psychiatric hospitals are licensed by DMH for psychiatric services and by DPH for substance abuse services.

<table>
<thead>
<tr>
<th>Psychiatric Hospital Cohort</th>
<th>page C1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arbour Hospital</td>
<td>McLean Hospital</td>
</tr>
<tr>
<td>Arbour-Fuller Hospital</td>
<td>Walden Behavioral Care</td>
</tr>
<tr>
<td>Arbour-HRI Hospital</td>
<td>Westwood Pembroke Hospital</td>
</tr>
<tr>
<td>Baldpate Hospital</td>
<td>Whittier Pavilion</td>
</tr>
<tr>
<td>Bournewood Hospital</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Rehabilitation Hospital Cohort</th>
<th>page C2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Braintree Rehabilitation Hospital</td>
<td>New England Rehabilitation Hospital</td>
</tr>
<tr>
<td>Fairlawn Rehabilitation Hospital</td>
<td>Spaulding Rehabilitation Hospital of Cape Cod</td>
</tr>
<tr>
<td>HealthSouth Rehabilitation Hospital of Western Massachusetts</td>
<td>Spaulding Rehabilitation Hospital</td>
</tr>
<tr>
<td>New Bedford Rehabilitation Hospital</td>
<td>Whittier Rehabilitation Hospital Bradford</td>
</tr>
<tr>
<td></td>
<td>Whittier Rehabilitation Hospital Westborough</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Chronic Care Hospital Cohort</th>
<th>page C3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindred Hospital Northeast</td>
<td>Spaulding Hospital Cambridge</td>
</tr>
<tr>
<td>New England Sinai Hospital</td>
<td>Vibra Hospital of Western Massachusetts</td>
</tr>
</tbody>
</table>

For detailed descriptions of the data sources and metrics used in the non-acute hospital profiles, please see the Technical Appendix.
This sheet provides a brief introduction to the metrics on the non-acute hospital cohort-level profiles. Definitions and notes on all metrics are available in the technical appendix.

**Inpatient cases**

Each cohort hospital's proportion of cohort-type discharges statewide (e.g., rehabilitation hospital's proportion of total chronic and rehabilitation discharges) for FY15 are displayed in the top graph. Note that some cohort hospitals treat other types of cases as well.

The bottom graph shows the cohort hospitals’ total number of discharges for the cohort type, and compares it to the number of discharges of that type that come from other non-acute hospitals and from acute hospitals.

**Payer mix**

The cohort’s average share of business from federal, state, and commercial payers is outlined. The average payer mix for all non-acute hospitals and for each of the other non-acute hospital cohorts is shown for comparison.

**Change in the volume of inpatient days**

- FY15 Inpatient Days = 232,226
- FY15 Median ALOS = 14.4 days

**Change in the median of the cohort hospitals’ average length of stay**

- How has the cohort’s median average length of stay (ALOS) changed compared to FY11, and how does this compare to that of other non-acute hospitals? (FY11=100)

**List of hospitals in cohort**

- Spaulding Rehabilitation Hospital Cape Cod
- Spaulding Rehabilitation Hospital Bradford
- Whittier Rehab Hospital Westborough
- Whittier Rehab Hospital Westborough
- HealthSouth Rehabilitation Hospital of Western Massachusetts
- New Bedford Rehabilitation Hospital

**Utilization**

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

**Services**

- Rehabilitation hospitals provide intensive, post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, hospitals are classified as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in the federal regulations. The nine rehabilitation hospitals treated 26% of chronic and rehabilitation cases in FY15, while other non-acute hospitals treated 21% and acute hospitals treated 7%. About one of the rehabilitation hospitals were profitable in FY15, consistent with the year prior. Inpatient days decreased 6% between FY11 and FY15 at rehabilitation hospitals.

**Acute hospitals**

- Acute hospitals treated 7% of chronic cases in FY15, while other non-acute hospitals treated 21% and acute hospitals treated 7%. About one of the rehabilitation hospitals were profitable in FY15, consistent with the year prior. Inpatient days decreased 6% between FY11 and FY15 at rehabilitation hospitals.

**Medicare and State Programs**

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

**Cohort Statewide**

- Inpatient cases, outpatient cases, and other non-acute hospital cases

**Other Non-Acute Hospitals**

- Acute hospitals
- Psychiatric hospitals
- Chronic Care Hospitals

**Cohort Statewide**

- Average payer mix for all non-acute hospitals
- Medicare and state programs
- Other payer categories

**Commercial and Other**

- Commercial and other payer categories

**Payer mix**

- For description of payer mix, please see Technical Appendix.
# How to Read Non-Acute Hospital Cohort Profiles – Fiscal Year 2015

Utilization, cost, revenue, and financial data from FY11 to FY15 is presented for each hospital in the given non-acute hospital cohort in the tables below.

## Rehabilitation Hospitals

### 2015 Hospital Profile

#### Volume of Inpatient Days

<table>
<thead>
<tr>
<th>Hospital</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whittier - Westborough</td>
<td>109,884</td>
<td>112,983</td>
<td>156,417</td>
<td>179,678</td>
<td>268,499</td>
</tr>
<tr>
<td>Whittier - Bradford</td>
<td>53,821</td>
<td>52,208</td>
<td>71,088</td>
<td>73,050</td>
<td>108,775</td>
</tr>
<tr>
<td>New Bedford Rehab</td>
<td>14,030</td>
<td>14,361</td>
<td>17,226</td>
<td>15,851</td>
<td>22.5</td>
</tr>
<tr>
<td>HealthSouth of Western MA</td>
<td>13,516</td>
<td>13,479</td>
<td>17,767</td>
<td>17,062</td>
<td>22.0</td>
</tr>
<tr>
<td>New England Rehab</td>
<td>18,026</td>
<td>18,026</td>
<td>17,767</td>
<td>17,062</td>
<td>22.0</td>
</tr>
<tr>
<td>Fairlawn Rehab</td>
<td>39,055</td>
<td>39,003</td>
<td>37,520</td>
<td>36,301</td>
<td>9.1</td>
</tr>
<tr>
<td>Spaulding - Cape Cod</td>
<td>17,976</td>
<td>18,026</td>
<td>17,767</td>
<td>17,062</td>
<td>22.0</td>
</tr>
<tr>
<td>Total</td>
<td>159,417</td>
<td>177,489</td>
<td>239,678</td>
<td>239,678</td>
<td>23.6</td>
</tr>
</tbody>
</table>

#### Average Length of Stay (Days)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whittier - Westborough</td>
<td>14.0</td>
<td>14.0</td>
<td>13.3</td>
<td>13.3</td>
<td>13.3</td>
</tr>
<tr>
<td>Whittier - Bradford</td>
<td>13.3</td>
<td>13.3</td>
<td>13.3</td>
<td>13.3</td>
<td>13.3</td>
</tr>
<tr>
<td>New Bedford Rehab</td>
<td>15.9</td>
<td>15.9</td>
<td>15.0</td>
<td>15.0</td>
<td>15.0</td>
</tr>
<tr>
<td>HealthSouth of Western MA</td>
<td>14.3</td>
<td>14.3</td>
<td>14.3</td>
<td>14.3</td>
<td>14.3</td>
</tr>
<tr>
<td>New England Rehab</td>
<td>14.3</td>
<td>14.3</td>
<td>14.3</td>
<td>14.3</td>
<td>14.3</td>
</tr>
<tr>
<td>Fairlawn Rehab</td>
<td>14.3</td>
<td>14.3</td>
<td>14.3</td>
<td>14.3</td>
<td>14.3</td>
</tr>
<tr>
<td>Spaulding - Cape Cod</td>
<td>14.3</td>
<td>14.3</td>
<td>14.3</td>
<td>14.3</td>
<td>14.3</td>
</tr>
<tr>
<td>Total</td>
<td>14.3</td>
<td>14.3</td>
<td>14.3</td>
<td>14.3</td>
<td>14.3</td>
</tr>
</tbody>
</table>

#### Patient Revenue Trends

<table>
<thead>
<tr>
<th>Hospital</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whittier - Westborough</td>
<td>9,979</td>
<td>10,032</td>
<td>10,809</td>
<td>12,569</td>
<td>18,700</td>
</tr>
<tr>
<td>Whittier - Bradford</td>
<td>53,821</td>
<td>52,208</td>
<td>71,088</td>
<td>73,050</td>
<td>108,775</td>
</tr>
<tr>
<td>New Bedford Rehab</td>
<td>14,030</td>
<td>14,361</td>
<td>17,226</td>
<td>15,851</td>
<td>22.5</td>
</tr>
<tr>
<td>HealthSouth of Western MA</td>
<td>13,516</td>
<td>13,479</td>
<td>17,767</td>
<td>17,062</td>
<td>22.0</td>
</tr>
<tr>
<td>New England Rehab</td>
<td>18,026</td>
<td>18,026</td>
<td>17,767</td>
<td>17,062</td>
<td>22.0</td>
</tr>
<tr>
<td>Fairlawn Rehab</td>
<td>39,055</td>
<td>39,003</td>
<td>37,520</td>
<td>36,301</td>
<td>9.1</td>
</tr>
<tr>
<td>Spaulding - Cape Cod</td>
<td>17,976</td>
<td>18,026</td>
<td>17,767</td>
<td>17,062</td>
<td>22.0</td>
</tr>
<tr>
<td>Total</td>
<td>159,417</td>
<td>177,489</td>
<td>239,678</td>
<td>239,678</td>
<td>23.6</td>
</tr>
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</table>

### Financial Performance

#### Net Patient Revenue per Inpatient Day

<table>
<thead>
<tr>
<th>Hospital</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whittier - Westborough</td>
<td>$1,222</td>
<td>$1,248</td>
<td>$1,246</td>
<td>$1,304</td>
<td>$1,667</td>
</tr>
<tr>
<td>Whittier - Bradford</td>
<td>$1,278</td>
<td>$1,311</td>
<td>$1,355</td>
<td>$1,380</td>
<td>$1,533</td>
</tr>
<tr>
<td>New Bedford Rehab</td>
<td>$1,240</td>
<td>$1,269</td>
<td>$1,304</td>
<td>$1,380</td>
<td>$1,533</td>
</tr>
<tr>
<td>HealthSouth of Western MA</td>
<td>$1,415</td>
<td>$1,429</td>
<td>$1,458</td>
<td>$1,487</td>
<td>$1,700</td>
</tr>
<tr>
<td>New England Rehab</td>
<td>$1,222</td>
<td>$1,246</td>
<td>$1,283</td>
<td>$1,283</td>
<td>$1,533</td>
</tr>
<tr>
<td>Fairlawn Rehab</td>
<td>$1,248</td>
<td>$1,283</td>
<td>$1,304</td>
<td>$1,380</td>
<td>$1,533</td>
</tr>
<tr>
<td>Spaulding - Cape Cod</td>
<td>$1,272</td>
<td>$1,304</td>
<td>$1,355</td>
<td>$1,380</td>
<td>$1,533</td>
</tr>
<tr>
<td>Total</td>
<td>$1,241</td>
<td>$1,272</td>
<td>$1,322</td>
<td>$1,367</td>
<td>$1,700</td>
</tr>
</tbody>
</table>

#### Total Net Outpatient Revenue (in millions)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whittier - Westborough</td>
<td>$1,017</td>
<td>$1,129</td>
<td>$1,269</td>
<td>$1,415</td>
<td>$1,700</td>
</tr>
<tr>
<td>Whittier - Bradford</td>
<td>$1,278</td>
<td>$1,311</td>
<td>$1,355</td>
<td>$1,380</td>
<td>$1,533</td>
</tr>
<tr>
<td>New Bedford Rehab</td>
<td>$1,240</td>
<td>$1,269</td>
<td>$1,304</td>
<td>$1,380</td>
<td>$1,533</td>
</tr>
<tr>
<td>HealthSouth of Western MA</td>
<td>$1,415</td>
<td>$1,429</td>
<td>$1,458</td>
<td>$1,487</td>
<td>$1,700</td>
</tr>
<tr>
<td>New England Rehab</td>
<td>$1,222</td>
<td>$1,246</td>
<td>$1,283</td>
<td>$1,283</td>
<td>$1,533</td>
</tr>
<tr>
<td>Fairlawn Rehab</td>
<td>$1,248</td>
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<td>$1,304</td>
<td>$1,380</td>
<td>$1,533</td>
</tr>
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<td>$1,272</td>
<td>$1,304</td>
<td>$1,355</td>
<td>$1,380</td>
<td>$1,533</td>
</tr>
<tr>
<td>Total</td>
<td>$1,241</td>
<td>$1,272</td>
<td>$1,322</td>
<td>$1,367</td>
<td>$1,700</td>
</tr>
</tbody>
</table>

### Total Revenue, Cost, and Profit (Loss) in FY15

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Operating Income</th>
<th>Total Revenue</th>
<th>Total Costs</th>
<th>Revenue Costs</th>
<th>Profit (Loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whittier - Westborough</td>
<td>$43.0</td>
<td>$410.0</td>
<td>$348.0</td>
<td>$82.0</td>
<td>$100.0</td>
</tr>
<tr>
<td>Whittier - Bradford</td>
<td>$50.7</td>
<td>$491.0</td>
<td>$450.0</td>
<td>$101.0</td>
<td>$20.0</td>
</tr>
<tr>
<td>New Bedford Rehab</td>
<td>$53.1</td>
<td>$501.0</td>
<td>$372.0</td>
<td>$129.0</td>
<td>$23.0</td>
</tr>
<tr>
<td>HealthSouth of Western MA</td>
<td>$53.6</td>
<td>$526.0</td>
<td>$504.0</td>
<td>$400.0</td>
<td>$20.0</td>
</tr>
<tr>
<td>New England Rehab</td>
<td>$50.1</td>
<td>$491.0</td>
<td>$372.0</td>
<td>$129.0</td>
<td>$23.0</td>
</tr>
<tr>
<td>Fairlawn Rehab</td>
<td>$53.1</td>
<td>$501.0</td>
<td>$372.0</td>
<td>$129.0</td>
<td>$23.0</td>
</tr>
<tr>
<td>Spaulding - Cape Cod</td>
<td>$50.1</td>
<td>$501.0</td>
<td>$372.0</td>
<td>$129.0</td>
<td>$23.0</td>
</tr>
<tr>
<td>Total</td>
<td>$53.6</td>
<td>$526.0</td>
<td>$427.0</td>
<td>$100.0</td>
<td>$23.0</td>
</tr>
</tbody>
</table>

For descriptions of the metrics, please see Technical Appendix.
PSYCHIATRIC HOSPITALS
2015 Hospital Profile

Psychiatric hospitals are licensed by the Department of Mental Health (DMH) for psychiatric services, and by the Department of Public Health (DPH) for substance abuse services. Psychiatric hospitals treated 45% of psychiatric discharges in FY15, while acute hospitals treated nearly 55% of the psychiatric discharge in Massachusetts. Psychiatric hospitals offer a variety of mental health services, substance abuse disorder treatments, and inpatient, outpatient, and partial hospitalization services. Eight of the nine psychiatric hospitals earned a profit in FY15. Two new psychiatric hospitals, High Point Hospital and Southcoast Behavior Health opened in 2015 with first data reporting for FY16. A third new psychiatric hospital, TaraVista Behavior Health opened in Fall of 2016 with first data reporting for FY17.

### Hospitals in Cohort:
- Arbour Hospital
- Baldpate Hospital
- Bournewood Hospital
- Arbour-Fuller Hospital
- McLean Hospital
- Walden Behavioral Care
- Bournewood Hospital
- Westwood Pembroke Hospital
- Arbour-HRI Hospital
- Whittier Pavilion

### Total Beds:
971 (26.1% of total non-acute hospitals)

### Median % Occupancy:
82.5%, > total non-acute hospitals (79.1%)

### Total Inpatient Days:
298,182 (29.6% of total non-acute hospitals)

### Total Inpatient Discharges:
28,964 (51.5% of total non-acute hospitals)

### Average Public Payer Mix:
62.0%, < total non-acute hospitals (67.6%)

### Total Gross Revenue in FY15:
$618 million (26.3% of total non-acute hospitals)

### Inpatient: Outpatient Revenue in FY15:
83%:17% (total non-acute hospitals = 84%:16%)

### At a Glance

**Services**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>FY15 Inpatient Days</th>
<th>FY15 Median ALOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arbour Hospital</td>
<td>3,567</td>
<td>10.4 days</td>
</tr>
<tr>
<td>Baldpate Hospital</td>
<td>1,447</td>
<td></td>
</tr>
<tr>
<td>Bournewood Hospital</td>
<td>3,812</td>
<td></td>
</tr>
<tr>
<td>Arbour-Fuller Hospital</td>
<td>2,602</td>
<td></td>
</tr>
<tr>
<td>McLean Hospital</td>
<td>2,061</td>
<td></td>
</tr>
<tr>
<td>Walden Behavioral Care</td>
<td>5,764</td>
<td></td>
</tr>
<tr>
<td>Westwood Pembroke</td>
<td>1,528</td>
<td></td>
</tr>
<tr>
<td>Whittier Pavilion</td>
<td>1,864</td>
<td></td>
</tr>
<tr>
<td>Psychiatric Hospitals</td>
<td>28,964</td>
<td></td>
</tr>
<tr>
<td>Other Non-Acute Hospitals</td>
<td>35,993</td>
<td></td>
</tr>
<tr>
<td>Acute Hospitals</td>
<td>1,147</td>
<td></td>
</tr>
</tbody>
</table>

### What proportion of total statewide psychiatric discharges was attributed to each of the cohort's hospitals in FY15? Overall, what proportions of total psychiatric discharges were attributed to acute hospitals and non-acute hospitals?

### What was this cohort's average payer mix (gross charges) in FY15, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?

### How has the volume of this cohort's inpatient days changed compared to FY11, and how does this compare to that of other non-acute hospitals? (FY11=100)

### How has the cohort's median average length of stay (ALOS) changed compared to FY11, and how does this compare to that of other non-acute hospitals? (FY11=100)

---

For descriptions of the metrics, please see Technical Appendix.
### Average Length of Stay (Days)

<table>
<thead>
<tr>
<th></th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arbort Hospital</td>
<td>11.5</td>
<td>10.5</td>
<td>11.1</td>
<td>12.2</td>
<td>11.8</td>
</tr>
<tr>
<td>Baldpate Hospital</td>
<td>6.3</td>
<td>6.1</td>
<td>5.5</td>
<td>6.4</td>
<td>5.2</td>
</tr>
<tr>
<td>Bournewood Hospital</td>
<td>7.6</td>
<td>7.6</td>
<td>8.1</td>
<td>8.3</td>
<td>8.3</td>
</tr>
<tr>
<td>Arbort-HRI</td>
<td>10.2</td>
<td>10.5</td>
<td>11.0</td>
<td>11.0</td>
<td>11.9</td>
</tr>
<tr>
<td>Arbort-Fuller</td>
<td>10.9</td>
<td>10.3</td>
<td>9.6</td>
<td>9.4</td>
<td>9.4</td>
</tr>
<tr>
<td>McLean</td>
<td>9.4</td>
<td>9.6</td>
<td>9.5</td>
<td>10.1</td>
<td>10.4</td>
</tr>
<tr>
<td>Walden Behavioral</td>
<td>9.4</td>
<td>9.7</td>
<td>11.0</td>
<td>10.1</td>
<td>10.8</td>
</tr>
<tr>
<td>Westwood Pembroke</td>
<td>10.8</td>
<td>11.2</td>
<td>11.4</td>
<td>10.8</td>
<td>11.3</td>
</tr>
<tr>
<td>Whitter Pavilion</td>
<td>11.6</td>
<td>10.7</td>
<td>10.4</td>
<td>10.2</td>
<td>10.1</td>
</tr>
</tbody>
</table>

### Total Revenue, Cost, and Profit (Loss) in FY2015

<table>
<thead>
<tr>
<th></th>
<th>Operating Revenue</th>
<th>Total Revenue</th>
<th>Costs</th>
<th>Income (Loss)</th>
<th>Total Margin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arbort Hospital</td>
<td>$37.1</td>
<td>$37.1</td>
<td>$31.9</td>
<td>$5.2</td>
<td>14.1%</td>
</tr>
<tr>
<td>Baldpate Hospital</td>
<td>$5.1</td>
<td>$5.1</td>
<td>$4.6</td>
<td>$0.5</td>
<td>10.6%</td>
</tr>
<tr>
<td>Bournewood Hospital</td>
<td>$28.3</td>
<td>$28.3</td>
<td>$25.6</td>
<td>$2.7</td>
<td>9.7%</td>
</tr>
<tr>
<td>Arbort-Fuller</td>
<td>$25.0</td>
<td>$25.0</td>
<td>$21.9</td>
<td>$3.0</td>
<td>12.1%</td>
</tr>
<tr>
<td>Arbort-HRI</td>
<td>$19.4</td>
<td>$19.4</td>
<td>$17.9</td>
<td>$1.5</td>
<td>7.7%</td>
</tr>
<tr>
<td>McLean</td>
<td>$198.8</td>
<td>$196.8</td>
<td>$193.8</td>
<td>$3.0</td>
<td>1.5%</td>
</tr>
<tr>
<td>Walden Behavioral</td>
<td>$26.7</td>
<td>$26.7</td>
<td>$26.5</td>
<td>$0.2</td>
<td>0.9%</td>
</tr>
<tr>
<td>Westwood Pembroke</td>
<td>$61.0</td>
<td>$61.0</td>
<td>$52.5</td>
<td>$8.5</td>
<td>13.9%</td>
</tr>
<tr>
<td>Whitter Pavilion</td>
<td>$18.0</td>
<td>$18.0</td>
<td>$18.6</td>
<td>($0.5)</td>
<td>-3.0%</td>
</tr>
</tbody>
</table>

For descriptions of the metrics, please see Technical Appendix.
Rehabilitation hospitals provide intensive, post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, hospitals are classified as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in the federal regulations. The nine rehabilitation hospitals treated 72% of chronic and rehabilitation cases in FY15, while other non-acute hospitals treated 21% and acute hospitals treated 7%. All but one of the rehabilitation hospitals were profitable in FY15, consistent with the year prior. Inpatient days decreased 6% between FY11 and FY15 at rehabilitation hospitals.

### Hospitals in Cohort:
- Fairlawn Rehabilitation Hospital
- Braintree Rehabilitation Hospital
- New England Rehabilitation Hospital
- HealthSouth Rehabilitation Hospital of Western Massachusetts
- New Bedford Rehabilitation Hospital
- Spaulding Rehabilitation Hospital Cape Cod
- Spaulding Rehabilitation Hospital
- Whittier Rehab Hospital Bradford
- Whittier Rehab Hospital Westborough

### At a Glance
<table>
<thead>
<tr>
<th>Metric</th>
<th>Rehabilitation Hospitals</th>
<th>Other Non-Acute Hospitals</th>
<th>Acute Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Beds</td>
<td>990 (26.6% of total non-acute hospitals)</td>
<td>6,590,000 (79.1%)</td>
<td>9,459,000 (40.0%)</td>
</tr>
<tr>
<td>Median % Occupancy</td>
<td>77.8%, &lt; total non-acute hospitals (79.1%)</td>
<td>82.0%, &lt; total non-acute hospitals (84.9%)</td>
<td>82.0%, &lt; total non-acute hospitals (84.9%)</td>
</tr>
<tr>
<td>Total Inpatient Days</td>
<td>232,226 (23.1% of total non-acute hospitals)</td>
<td>1,326,000 (22.8%)</td>
<td>2,362,000 (24.7%)</td>
</tr>
<tr>
<td>Total Inpatient Discharges</td>
<td>14,620 (26.0% of total non-acute hospitals)</td>
<td>72,400 (0.4%)</td>
<td>9,620,000 (48.6%)</td>
</tr>
</tbody>
</table>

### Services
- **Rehabilitation Hospitals**
  - Fairlawn Rehab: 2,464
  - Braintree Rehab: 2,776
  - New England Rehab: 2,530
  - HealthSouth of Western MA: 1,199
  - New Bedford Rehab: 600
  - Spaulding - Cape Cod: 1,130
  - Spaulding Rehab: 2,362
  - Whittier - Bradford: 724
  - Whittier - Westborough: 835

- **Other Non-Acute Hospitals**
  - 14,620

- **Acute Hospitals**
  - 1,326

### Utilization
- **FY15 Inpatient Days = 232,226**
- **FY15 Median ALOS = 14.4 days**

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

For descriptions of the metrics, please see Technical Appendix.
### Average Length of Stay (Days)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairlawn Rehab</td>
<td>13.8</td>
<td>13.6</td>
<td>13.3</td>
<td>13.0</td>
<td>12.7</td>
</tr>
<tr>
<td>Braintree Rehab</td>
<td>15.9</td>
<td>15.8</td>
<td>15.8</td>
<td>12.5</td>
<td>10.3</td>
</tr>
<tr>
<td>New England Rehab</td>
<td>14.3</td>
<td>15.1</td>
<td>14.3</td>
<td>12.1</td>
<td>12.3</td>
</tr>
<tr>
<td>HealthSouth of Western MA</td>
<td>12.9</td>
<td>13.3</td>
<td>13.6</td>
<td>13.9</td>
<td>14.4</td>
</tr>
<tr>
<td>New Bedford Rehab</td>
<td>53.7</td>
<td>48.0</td>
<td>43.4</td>
<td>42.7</td>
<td>42.7</td>
</tr>
<tr>
<td>Spaulding - Cape Cod</td>
<td>13.7</td>
<td>12.6</td>
<td>13.6</td>
<td>13.8</td>
<td>13.9</td>
</tr>
<tr>
<td>Spaulding Rehab</td>
<td>23.0</td>
<td>21.9</td>
<td>21.7</td>
<td>20.3</td>
<td>19.5</td>
</tr>
<tr>
<td>Whittier - Bradford</td>
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<td>24.0</td>
<td>24.9</td>
<td>25.0</td>
</tr>
<tr>
<td>Whittier - Westborough</td>
<td>22.0</td>
<td>21.6</td>
<td>22.6</td>
<td>21.9</td>
<td>22.4</td>
</tr>
</tbody>
</table>

### Total Revenue, Cost, and Profit (Loss) in FY2015

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Operating Revenue</th>
<th>Total Revenue</th>
<th>Costs</th>
<th>Income (Loss)</th>
<th>Total Margin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairlawn Rehab</td>
<td>$43.0</td>
<td>$43.0</td>
<td>$34.8</td>
<td>$8.2</td>
<td>19.0%</td>
</tr>
<tr>
<td>Braintree Rehab</td>
<td>$50.7</td>
<td>$50.7</td>
<td>$40.5</td>
<td>$10.2</td>
<td>20.2%</td>
</tr>
<tr>
<td>New England Rehab</td>
<td>$50.1</td>
<td>$50.1</td>
<td>$37.2</td>
<td>$12.9</td>
<td>25.7%</td>
</tr>
<tr>
<td>HealthSouth of Western MA</td>
<td>$23.6</td>
<td>$23.6</td>
<td>$20.1</td>
<td>$3.5</td>
<td>14.8%</td>
</tr>
<tr>
<td>New Bedford Rehab</td>
<td>$28.8</td>
<td>$28.8</td>
<td>$28.4</td>
<td>$0.4</td>
<td>1.3%</td>
</tr>
<tr>
<td>Spaulding - Cape Cod</td>
<td>$41.3</td>
<td>$41.3</td>
<td>$38.3</td>
<td>$3.0</td>
<td>7.2%</td>
</tr>
<tr>
<td>Spaulding Rehab</td>
<td>$123.1</td>
<td>$123.1</td>
<td>$132.2</td>
<td>$(9.1)</td>
<td>(7.4)%</td>
</tr>
<tr>
<td>Whittier - Bradford</td>
<td>$29.2</td>
<td>$29.2</td>
<td>$27.5</td>
<td>$1.7</td>
<td>5.7%</td>
</tr>
<tr>
<td>Whittier - Westborough</td>
<td>$25.3</td>
<td>$25.3</td>
<td>$22.5</td>
<td>$2.8</td>
<td>11.0%</td>
</tr>
</tbody>
</table>

For descriptions of the metrics, please see Technical Appendix.
CHRONIC CARE HOSPITALS
2015 Hospital Profile

Chronic care hospitals are non-acute 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. The number of chronic care hospitals in Massachusetts decreased from six to four between FY14 and FY15. Radius Specialty closed in October 2014 and Spaulding North Shore closed in July 2015. Chronic care hospitals cohort treated 21% of all chronic and rehabilitation cases in FY15, while other non-acute hospitals treated 72% and acute hospitals treated 7%. Only one out of the four chronic care hospitals earned a profit in FY15. Inpatient days at chronic care hospitals decreased 22.1% between FY11 and FY15.

<table>
<thead>
<tr>
<th>Hospitals in Cohort:</th>
<th>New England Sinai Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindred Hospital Northeast</td>
<td>Spaulding Hospital Cambridge</td>
</tr>
<tr>
<td>Vibra Hospital of Western Massachusetts</td>
<td></td>
</tr>
</tbody>
</table>

**At a Glance**

<table>
<thead>
<tr>
<th>Total Beds:</th>
<th>Average Public Payer Mix:</th>
</tr>
</thead>
<tbody>
<tr>
<td>819 (22.0% of total non-acute hospitals)</td>
<td>80.0%, &gt; total non-acute hospitals (67.6%)</td>
</tr>
<tr>
<td>Median % Occupancy:</td>
<td>Total Gross Revenue in FY15:</td>
</tr>
<tr>
<td>61.3%, &lt; total non-acute hospitals (79.1%)</td>
<td>$589 million (25.1% of total non-acute hospitals)</td>
</tr>
<tr>
<td>Total Inpatient Days:</td>
<td>Inpatient:Outpatient Revenue in FY15:</td>
</tr>
<tr>
<td>165,082 (16.4% of total non-acute hospitals)</td>
<td>99%:1% (total non-acute hospitals = 84%:16%)</td>
</tr>
<tr>
<td>Total Inpatient Discharges:</td>
<td></td>
</tr>
<tr>
<td>4,319 (7.7% of total non-acute hospitals)</td>
<td></td>
</tr>
</tbody>
</table>

What proportion of total statewide chronic/rehab discharges was attributed to each of the cohort's hospitals in FY15? Overall, what proportions of total chronic/rehab discharges were attributed to acute hospitals and non-acute hospitals?

<table>
<thead>
<tr>
<th>Services</th>
<th>Chronic Care Hospitals</th>
<th>Psychiatric Hospitals</th>
<th>Rehabilitation Hospitals</th>
<th>Average Non-Acute Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spaulding - Cambridge</td>
<td>20%</td>
<td>38%</td>
<td>34%</td>
<td>32%</td>
</tr>
<tr>
<td>New England Sinai</td>
<td>28%</td>
<td>33%</td>
<td>10%</td>
<td>25%</td>
</tr>
<tr>
<td>Vibra of Western MA</td>
<td>52%</td>
<td>29%</td>
<td>56%</td>
<td>42%</td>
</tr>
<tr>
<td>Kindred Northeast</td>
<td>13%</td>
<td>14%</td>
<td>20%</td>
<td></td>
</tr>
</tbody>
</table>

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

What was this cohort's average payer mix (gross charges) in FY15, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?

<table>
<thead>
<tr>
<th>FY15 Inpatient Days = 165,082</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY15 Median ALOS = 40.5 days</td>
</tr>
</tbody>
</table>

How has the volume of this cohort's inpatient days changed compared to FY11, and how does this compare to that of other non-acute hospitals? (FY11=100)

How has the cohort's median average length of stay (ALOS) changed compared to FY11, and how does this compare to that of other non-acute hospitals? (FY11=100)

Utilization

For descriptions of the metrics, please see Technical Appendix.
### Volume of Inpatient Days

<table>
<thead>
<tr>
<th>Year</th>
<th>Kindred Northeast</th>
<th>Vibra of Western MA</th>
<th>New England Sinai</th>
<th>Spaulding - Cambridge</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY11</td>
<td>46,258</td>
<td>57,745</td>
<td>57,612</td>
<td>50,318</td>
</tr>
<tr>
<td>FY12</td>
<td>37,474</td>
<td>55,614</td>
<td>47,481</td>
<td>49,917</td>
</tr>
<tr>
<td>FY13</td>
<td>34,555</td>
<td>54,367</td>
<td>44,873</td>
<td>49,507</td>
</tr>
<tr>
<td>FY14</td>
<td>33,984</td>
<td>55,175</td>
<td>35,467</td>
<td>47,169</td>
</tr>
<tr>
<td>FY15</td>
<td>31,721</td>
<td>52,426</td>
<td>33,984</td>
<td>46,361</td>
</tr>
</tbody>
</table>

### Average Length of Stay (Days)

<table>
<thead>
<tr>
<th>Year</th>
<th>Kindred Northeast</th>
<th>Vibra of Western MA</th>
<th>New England Sinai</th>
<th>Spaulding - Cambridge</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY11</td>
<td>41.3</td>
<td>51.2</td>
<td>34.4</td>
<td>26.8</td>
</tr>
<tr>
<td>FY12</td>
<td>43.9</td>
<td>48.0</td>
<td>34.8</td>
<td>26.5</td>
</tr>
<tr>
<td>FY13</td>
<td>54.7</td>
<td>48.6</td>
<td>38.3</td>
<td>28.2</td>
</tr>
<tr>
<td>FY14</td>
<td>46.2</td>
<td>52.9</td>
<td>34.9</td>
<td>27.7</td>
</tr>
<tr>
<td>FY15</td>
<td>49.9</td>
<td>47.5</td>
<td>33.5</td>
<td>30.0</td>
</tr>
</tbody>
</table>

### Volume of Outpatient Visits

<table>
<thead>
<tr>
<th>Year</th>
<th>Kindred Northeast</th>
<th>Vibra of Western MA</th>
<th>New England Sinai</th>
<th>Spaulding - Cambridge</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY11</td>
<td>Hospital information suppressed. See technical appendix for details.</td>
<td>This hospital does not provide outpatient services</td>
<td>72,423</td>
<td>386</td>
</tr>
<tr>
<td>FY12</td>
<td>94,938</td>
<td>249</td>
<td>32,520</td>
<td>249</td>
</tr>
<tr>
<td>FY13</td>
<td>32,520</td>
<td>323</td>
<td>29,013</td>
<td>323</td>
</tr>
<tr>
<td>FY14</td>
<td>18,620</td>
<td>282</td>
<td>18,620</td>
<td>282</td>
</tr>
<tr>
<td>FY15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Net Patient Revenue per Inpatient Day

<table>
<thead>
<tr>
<th>Year</th>
<th>Kindred Northeast</th>
<th>Vibra of Western MA</th>
<th>New England Sinai</th>
<th>Spaulding - Cambridge</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY11</td>
<td>$1,048</td>
<td>$864</td>
<td>$1,238</td>
<td>$1,244</td>
</tr>
<tr>
<td>FY12</td>
<td>$1,101</td>
<td>$963</td>
<td>$1,251</td>
<td>$1,284</td>
</tr>
<tr>
<td>FY13</td>
<td>$1,012</td>
<td>$916</td>
<td>$1,224</td>
<td>$1,350</td>
</tr>
<tr>
<td>FY14</td>
<td>$1,062</td>
<td>$971</td>
<td>$1,155</td>
<td>$1,390</td>
</tr>
<tr>
<td>FY15</td>
<td>$1,065</td>
<td>$969</td>
<td>$1,185</td>
<td>$1,446</td>
</tr>
</tbody>
</table>

### Total Net Outpatient Revenue (in millions)

<table>
<thead>
<tr>
<th>Year</th>
<th>Kindred Northeast</th>
<th>Vibra of Western MA</th>
<th>New England Sinai</th>
<th>Spaulding - Cambridge</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY11</td>
<td>Hospital information suppressed. See technical appendix for details.</td>
<td>This hospital does not provide outpatient services</td>
<td>$3.4</td>
<td>$0.0</td>
</tr>
<tr>
<td>FY12</td>
<td>$4.2</td>
<td>$2.2</td>
<td>$2.1</td>
<td>$0.0</td>
</tr>
<tr>
<td>FY13</td>
<td>$2.2</td>
<td>$1.9</td>
<td>$0.9</td>
<td>$0.0</td>
</tr>
<tr>
<td>FY14</td>
<td>$1.9</td>
<td>$0.9</td>
<td>$0.9</td>
<td>$0.0</td>
</tr>
<tr>
<td>FY15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total Revenue, Cost, and Profit (Loss) in FY2015

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Operating Revenue</th>
<th>Total Revenue</th>
<th>Costs</th>
<th>Income (Loss)</th>
<th>Total Margin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindred Northeast</td>
<td>$33.9</td>
<td>$33.9</td>
<td>$35.5</td>
<td>($1.6)</td>
<td>-4.8%</td>
</tr>
<tr>
<td>Vibra of Western MA</td>
<td>$52.8</td>
<td>$53.0</td>
<td>$53.5</td>
<td>($0.5)</td>
<td>-0.9%</td>
</tr>
<tr>
<td>New England Sinai</td>
<td>$43.5</td>
<td>$43.3</td>
<td>$44.5</td>
<td>($1.1)</td>
<td>-2.6%</td>
</tr>
<tr>
<td>Spaulding - Cambridge</td>
<td>$73.5</td>
<td>$73.5</td>
<td>$73.0</td>
<td>$0.45</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

For descriptions of the metrics, please see Technical Appendix.
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 FY11 to FY15, inpatient days at AdCare increased 3.1%. Outpatient visits increased by 24.3%, while net outpatient revenue increased by 54.8% during that period. From FY11 to FY15, AdCare had positive operating and total margins, earning a 15.5% total margin in FY15.

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 FY11 and FY15, inpatient days increased 5.0% at the hospital, and outpatient visits decreased 2.5%. In the five year period from FY11 to FY15, Franciscan Hospital for Children reported a profit each year except for FY12 and FY15.

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 90.9% at the hospital from FY11 to FY15. Hebrew Rehabilitation reported a loss from FY11 through FY15, with a total margin of -7.1% and an operating margin of -7.4% in FY15.
### Franciscan Hospital for Children

**Brighton, MA**

<table>
<thead>
<tr>
<th>At a Glance</th>
<th>Payer Mix</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL STAFFED BEDS:</strong> 112</td>
<td>![Payer Mix Table]</td>
</tr>
<tr>
<td><strong>% OCCUPANCY:</strong> 52.4%</td>
<td>![Payer Mix Table]</td>
</tr>
<tr>
<td><strong>INPATIENT DISCHARGES in FY15:</strong> 819</td>
<td>![Payer Mix Table]</td>
</tr>
<tr>
<td><strong>PUBLIC PAYER MIX:</strong> 56%</td>
<td>![Payer Mix Table]</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE in FY15:</strong> $58,856,162</td>
<td>![Payer Mix Table]</td>
</tr>
<tr>
<td><strong>TAX STATUS:</strong> Non-profit</td>
<td>![Payer Mix Table]</td>
</tr>
<tr>
<td><strong>INPATIENT:OUTPATIENT REVENUE in FY15:</strong> 58.4%:42%</td>
<td>![Payer Mix Table]</td>
</tr>
<tr>
<td><strong>CHANGE in OWNERSHIP (FY11-FY15):</strong> N/A</td>
<td>![Payer Mix Table]</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>FY</th>
<th>Total Revenue</th>
<th>Operating Revenue</th>
<th>Non-Operating Revenue</th>
<th>Costs</th>
<th>Total Profit/Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$51</td>
<td>$51</td>
<td>$0</td>
<td>$50</td>
<td>$0.5</td>
</tr>
<tr>
<td>2012</td>
<td>$52</td>
<td>$52</td>
<td>$0</td>
<td>$53</td>
<td>($0.4)</td>
</tr>
<tr>
<td>2013</td>
<td>$56</td>
<td>$56</td>
<td>$0</td>
<td>$55</td>
<td>$0.7</td>
</tr>
<tr>
<td>2014</td>
<td>$61</td>
<td>$61</td>
<td>$0</td>
<td>$58</td>
<td>$2.8</td>
</tr>
<tr>
<td>2015</td>
<td>$59</td>
<td>$59</td>
<td>$0</td>
<td>$59</td>
<td>($0.2)</td>
</tr>
</tbody>
</table>

### Hebrew Rehabilitation Hospital

**Boston, MA**

<table>
<thead>
<tr>
<th>At a Glance</th>
<th>Payer Mix</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL STAFFED BEDS:</strong> 717</td>
<td>![Payer Mix Table]</td>
</tr>
<tr>
<td><strong>% OCCUPANCY:</strong> 96.0%</td>
<td>![Payer Mix Table]</td>
</tr>
<tr>
<td><strong>INPATIENT DISCHARGES in FY15:</strong> 1,407</td>
<td>![Payer Mix Table]</td>
</tr>
<tr>
<td><strong>PUBLIC PAYER MIX:</strong> 84%</td>
<td>![Payer Mix Table]</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE in FY15:</strong> $119,863,000</td>
<td>![Payer Mix Table]</td>
</tr>
<tr>
<td><strong>TAX STATUS:</strong> Non-profit</td>
<td>![Payer Mix Table]</td>
</tr>
<tr>
<td><strong>INPATIENT:OUTPATIENT REVENUE in FY15:</strong> 97.3%</td>
<td>![Payer Mix Table]</td>
</tr>
<tr>
<td><strong>CHANGE in OWNERSHIP (FY11-FY15):</strong> N/A</td>
<td>![Payer Mix Table]</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>FY</th>
<th>Total Revenue</th>
<th>Operating Revenue</th>
<th>Non-Operating Revenue</th>
<th>Costs</th>
<th>Total Profit/Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$113</td>
<td>$112</td>
<td>$0</td>
<td>$122</td>
<td>($9.3)</td>
</tr>
<tr>
<td>2012</td>
<td>$117</td>
<td>$116</td>
<td>$0</td>
<td>$127</td>
<td>($10.2)</td>
</tr>
<tr>
<td>2013</td>
<td>$115</td>
<td>$114</td>
<td>$0</td>
<td>$125</td>
<td>($10.0)</td>
</tr>
<tr>
<td>2014</td>
<td>$116</td>
<td>$116</td>
<td>$0</td>
<td>$125</td>
<td>($8.7)</td>
</tr>
<tr>
<td>2015</td>
<td>$120</td>
<td>$119</td>
<td>$0</td>
<td>$128</td>
<td>($8.5)</td>
</tr>
</tbody>
</table>
Acute and non-acute hospitals included in *Massachusetts Hospital Profiles - Data through Fiscal Year 2015* were profiled on service, payer mix, quality, utilization, revenue, and financial performance. Details for each of these metrics are included in this technical appendix.

The Center for Health Information and Analysis (CHIA) relied on the following primary data sources to present information: the Hospital Cost Report, the Hospital Discharge Database (HDD), and the Hospital Standardized Financial Statement database.

Unless otherwise noted, metrics included in this report are based on data reported by acute and non-acute hospitals from Fiscal Year (FY) 2011 to FY2015. Descriptive acute and non-acute hospital information is from FY2015.

**Hospital Cost Report:**
The Hospital Cost Report is submitted each year by acute and non-acute hospitals and contains data on costs, revenues, and utilization statistics. For FY2014 and earlier, acute hospitals were required to complete the Cost Report based on a fiscal year end of September 30 regardless of their actual fiscal year end. Beginning in FY2015, the new Hospital Cost Report requires hospitals to submit based on the same time frames as the Medicare 2552 Cost Report filing schedules, which reflects the unique fiscal year end of each hospital.

**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 FY2015 HDD data for the service metrics, which includes discharges between October 1, 2014 and September 30, 2015 for all acute hospitals.

**Hospital Standardized Financial Statements:**
The Hospital Standardized Financial Statements are submitted quarterly and annually by acute hospitals based on their individual fiscal year end. The Standardized Financial Statements contain information on the hospital’s assets, liabilities, revenues, expenses, and profits 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 organizations, 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.

**Quality Data Sources:**
To compile the hospital quality measures, CHIA relied on the following primary data sources: HDD, the Centers for Medicare & Medicaid Services (CMS) Hospital Compare database, and The Leapfrog Group.

**Data Verification:**
Each year’s Hospital Cost Report, hospital and multi-acute hospital system financial statements, Relative Price, and quality data reports were verified in accordance with respective reporting regulation requirements. Additional data verification forms that included each hospital’s reported financial data were sent to each acute and non-acute hospital for FY2011-FY2015.
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 acute hospital. This information was derived from Audited Financial Statements.

Below is a list of Massachusetts multi-acute hospital systems and their acute hospital members as of the end of each system’s fiscal year 2015:

<table>
<thead>
<tr>
<th>Multi-Acute Hospital System</th>
<th>Acute Hospital Member</th>
</tr>
</thead>
</table>
| Baystate Health                             | Baystate Franklin Medical Center  
|                                             | Baystate Mary Lane Hospital  
|                                             | Baystate Medical Center  
|                                             | Baystate Noble  
|                                             | Baystate Wing Hospital  
| Berkshire Health Systems                     | 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  
|                                             | Beth Israel Deaconess Medical Center  
|                                             | Mount Auburn Hospital  
|                                             | New England Baptist 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  
|                                             | Winchester 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  
|                                             | North Shore Medical Center  
| Shriners Hospitals for Children^             | Shriners Hospitals for Children – Boston  
|                                             | Shriners Hospitals for Children – Springfield  
| Steward Health Care System                  | Morton Hospital  
|                                             | Nashoba Valley Medical Center  
|                                             | Steward Carney Hospital  
|                                             | Steward Good Samaritan Medical Center  
|                                             | Steward Holy Family Hospital  
|                                             | Steward Norwood Hospital  
|                                             | Steward Saint Anne’s Hospital  
|                                             | Steward St. Elizabeth’s Medical Center
### Acute Hospitals

<table>
<thead>
<tr>
<th>UMass Memorial Health Care</th>
<th>Clinton Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HealthAlliance Hospital</td>
</tr>
<tr>
<td></td>
<td>Marlborough Hospital</td>
</tr>
<tr>
<td></td>
<td>UMass Memorial Medical Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wellforce</th>
<th>Lowell General Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tufts Medical Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tenet Healthcare^</th>
<th>MetroWest Medical Center</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Saint Vincent Hospital</td>
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</table>

^ Kindred Healthcare, Inc., Tenet Healthcare Corporation, and Shriners Hospitals for Children are multi-state health systems with a large presence outside of Massachusetts. 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; Shriners owns Shriners Hospitals for Children – Boston and Shriners Hospitals for Children – Springfield).

### Regional Definitions

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.

The geographic regions presented in this report are derived from the Health Policy Commission (HPC) static geographic regions. The HPC regions were rolled up into larger regions for this publication to facilitate better comparison within each geographic area. The acute hospitals and the regions to which they were assigned are:

<table>
<thead>
<tr>
<th>Massachusetts Region</th>
<th>Acute Hospital Assigned to Region</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Metro Boston</strong></td>
<td>Beth Israel Deaconess Hospital – Milton</td>
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<tr>
<td></td>
<td>Beth Israel Deaconess Hospital – Needham</td>
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<tr>
<td></td>
<td>Beth Israel Deaconess Medical Center</td>
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<td>Boston Children’s Hospital</td>
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<td>Boston Medical Center</td>
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<td></td>
<td>Brigham and Women’s Faulkner Hospital</td>
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<td>Brigham and Women’s Hospital</td>
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<td></td>
<td>Cambridge Health Alliance</td>
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<td>Dana-Farber Cancer Institute</td>
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<td>Hallmark Health</td>
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<td></td>
<td>Kindred Hospital - Boston</td>
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<td></td>
<td>Massachusetts Eye and Ear Infirmary</td>
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<td>Massachusetts General Hospital</td>
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<td>Mount Auburn Hospital</td>
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<td>New England Baptist Hospital</td>
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<td></td>
<td>Newton-Wellesley Hospital</td>
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<td>Shriners Hospitals for Children – Boston</td>
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<td></td>
<td>Steward Carney Hospital</td>
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<tr>
<td></td>
<td>Steward St. Elizabeth’s Medical Center</td>
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<td></td>
<td>Tufts Medical Center</td>
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<thead>
<tr>
<th>Northeastern Massachusetts</th>
<th>Anna Jaques Hospital</th>
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<tr>
<td></td>
<td>Emerson Hospital</td>
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<tr>
<td></td>
<td>Kindred Hospital - Boston North Shore</td>
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<td></td>
<td>Lahey Hospital &amp; Medical Center</td>
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<td></td>
<td>Lawrence General Hospital</td>
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<td>Lowell General Hospital</td>
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<tr>
<th>Acute Hospitals</th>
<th>Nashoba Valley Medical Center</th>
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<td></td>
<td>North Shore Medical Center</td>
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<td></td>
<td>Northeast Hospital</td>
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<td></td>
<td>Steward Holy Family Hospital</td>
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<td>Winchester Hospital</td>
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<td>Central Massachusetts</td>
<td>Athol Hospital</td>
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<td>Clinton Hospital</td>
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<td>Harrington Memorial Hospital</td>
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<td>HealthAlliance Hospital</td>
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<td>Heywood Hospital</td>
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<td>Saint Vincent Hospital</td>
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<td></td>
<td>UMass Memorial Medical Center</td>
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<td>Cape and Islands</td>
<td>Cape Cod Hospital</td>
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<td>Falmouth Hospital</td>
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<td></td>
<td>Martha’s Vineyard Hospital</td>
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<td>Nantucket Cottage Hospital</td>
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<td>Metro West</td>
<td>Marlborough Hospital</td>
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<td></td>
<td>MetroWest Medical Center</td>
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<td>Milford Regional Medical Center</td>
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<td></td>
<td>Steward Norwood Hospital</td>
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<td></td>
<td>Sturdy Memorial Hospital</td>
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<tr>
<td>Western Massachusetts</td>
<td>Baystate Franklin Medical Center</td>
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<td>Baystate Mary Lane Hospital</td>
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<td>Baystate Medical Center</td>
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<td>Baystate Noble Hospital</td>
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<td>Baystate Wing Hospital</td>
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<td>Berkshire Medical Center</td>
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<td>Cooley Dickinson Hospital</td>
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<td>Fairview Hospital</td>
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<td>Holyoke Medical Center</td>
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<td>Mercy Medical Center</td>
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<td>Shriners Hospitals for Children – Springfield</td>
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<tr>
<td>Metro South</td>
<td>Beth Israel Deaconess Hospital – Plymouth</td>
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<td></td>
<td>Morton Hospital</td>
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<td></td>
<td>Signature Healthcare Brockton Hospital</td>
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<td>South Shore Hospital</td>
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<td></td>
<td>Steward Good Samaritan Medical Center</td>
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<tr>
<td>Southcoast</td>
<td>Steward Saint Anne’s Hospital</td>
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<td></td>
<td>Southcoast Hospitals Group</td>
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</table>
Special 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. 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.

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2 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 Code of Federal Regulations: 42 CFR 485.601-647.

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 - High Public Payer (HPP)** 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, Medicaid, and other government payers, including the Health Safety Net.

**Specialty hospitals** are not included in any cohort comparison analysis due to 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, based on FY15 data:

<table>
<thead>
<tr>
<th>Cohort Designation</th>
<th>Acute Hospital</th>
</tr>
</thead>
</table>
| 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  
|                    | 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  
|                    | Brigham and Women’s Faulkner Hospital^  
|                    | Cooley Dickinson Hospital  
|                    | Emerson Hospital  
|                    | Hallmark Health  
|                    | Martha’s Vineyard Hospital^  
|                    | Milford Regional Medical Center  
|                    | Nantucket Cottage Hospital  
|                    | Newton-Wellesley Hospital  
|                    | Northeast Hospital  
|                    | South Shore Hospital  
|                    | Steward Norwood Hospital^  
|                    | Winchester Hospital |
### Acute Hospital Cohorts

| Community- High Public Payer | Athol Hospital  
Baystate Franklin Medical Center  
Baystate Noble Hospital  
Baystate Wing Hospital  
Berkshire Medical Center^  
Beth Israel Deaconess Hospital – Plymouth^  
Cape Cod Hospital  
Clinton Hospital  
Fairview Hospital  
Falmouth Hospital  
Harrington Memorial Hospital  
HealthAlliance Hospital  
Heywood Hospital  
Holyoke Medical Center  
Lawrence General Hospital  
Lowell General Hospital^  
Marlborough Hospital  
Mercy Medical Center  
MetroWest Medical Center^  
Morton Hospital  
Nashoba Valley Medical Center^  
North Shore Medical Center  
Signature Healthcare Brockton Hospital  
Southcoast Hospitals Group  
Steward Good Samaritan Medical Center  
Steward Holy Family Hospital  
Sturdy Memorial Hospital  
Steward Saint Anne’s Hospital |
|-----------------------------|----------------------------------------------------------|

| Specialty | 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  
Shriners Hospitals for Children – Boston  
Shriners Hospitals for Children – Springfield |

^These hospitals were in different cohorts in FY14. Berkshire Medical Center was in the teaching cohort in FY14. Brigham and Women’s Faulkner Hospital was in the teaching cohort in FY14. Martha Vineyard’s Hospital was in the community high public payer cohort in FY14. MetroWest Medical Center was in the community cohort in FY14. Steward Norwood Hospital was in the community high public payer in FY14.
Hospital system affiliation notes with which multi-acute hospital system, if any, the hospital is affiliated.

Change in ownership notes change in ownership during the period of the analysis. In some cases, changes in ownership may have occurred subsequent to FY15.

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).

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 FY15. For more information please see the Special Public Funding notes contained in Exhibit C of this appendix.

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. 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.

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 are consistent with those used in last year’s publication. All case mix information included in this report has been grouped under APR grouper, version 30.

4 American Trauma Society, Trauma Center Levels Explained. Available at: http://www.amtrauma.org/?page=TraumaLevels (last accessed March 7, 2017).
Inpatient Net Patient Service Revenue (NPSR) per Case Mix Adjusted Discharge (CMAD) measures the hospital’s NPSR divided by the product of the hospital’s discharges and its case mix index. NPSR includes both net inpatient revenue and inpatient premium revenue.

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.

Inpatient – outpatient revenue is derived from the amount of GPSR reported for inpatient and outpatient services in the Hospital Cost Report.

Outpatient revenue is the hospital’s reported net revenue for outpatient services. Net outpatient service revenue includes both net outpatient revenue and outpatient premium revenue.

Outpatient Revenue growth rate for each hospital represents the percent change in 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, severity or service mix.

Total revenue is the hospital’s total unrestricted revenue in FY15.

Total surplus (loss) is the hospital’s reported profit/loss in FY15.

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.

Calendar Year (CY) 2015 Commercial Relative Price reflects a relativity calculated for a given provider across all commercial payers (statewide RP or “S-RP”). For more information on S-RP methodology, refer to http://www.chiamass.gov/assets/docs/g/S-RP-Methods-Memo-2017.pdf

Top three commercial payers represent those with the largest percentage share of total commercial payments at that hospital.

Inpatient discharges data was sourced from the Hospital Cost Report. See the Inpatient Discharge metric for more information.

Inpatient discharges growth rate for each hospital measures the percent change in discharges for inpatient admissions.

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 or 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.

Emergency department visits growth rate for each hospital measures the percent change in emergency department visits.

Outpatient visits are the total outpatient visits reported by the hospital. Note that outpatient visits may not be uniformly reported across hospitals. Outpatient visits varied considerably from FY14 to FY15 for some hospitals. Where substantial increases / decreases were observed, hospitals were notified and afforded the opportunity to update the information provided. In most cases, hospitals provided explanations but did not revise their data.
**Outpatient visits** growth rate for each hospital measures the percent change in total outpatient visits to a hospital.

**Readmission rate** is calculated using the Hospital-Wide All-Cause Unplanned 30-day Readmission Measure developed by CMS and the Yale Center for Outcomes Research, and applied to the Massachusetts adult all-payer population. Readmissions are defined as an admission for any reason to the same or a different hospital within 30 days of a previous discharge. Obstetric, primary behavioral health, cancer, and rehabilitation discharges are excluded from the calculations. The raw readmissions rate is reported, which is the number of readmissions within 30 days divided by the total number of eligible discharges.

**Early elective deliveries rate** measures the proportion of deliveries that were completed between 37 to 39 weeks gestation without medical necessity, following an induction or cesarean section. Thirty-two acute hospitals reported data for this indicator. All data were received from The Leapfrog Group as pre-calculated percentages. The patient population represents all payers and all ages, and the data period was 2014-2015. 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 profiles.
Acute Hospital Cohort Profile: 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:** FY15 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:** FY15 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 FY15 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: Quality Measures

To compile provider quality performance information, CHIA relied on the following primary data sources: CHIA’s Hospital Discharge Database (HDD), the Centers for Medicare and Medicaid Services (CMS) Hospital Compare database, and The Leapfrog Group. Metrics are based on varied data periods due to differences in reporting time frames across the data sources. For each metric, the associated reporting time period is listed.

Health Care-Associated Infections of three different types are reported:

1. Central Line-Associated Blood Stream Infections (CLABSI): This measure captures the observed rate of health care-associated central line-associated bloodstream infections among patients in an inpatient acute hospital, compared to the expected number of infections based on the hospital’s characteristics and case mix.
2. **Catheter-Related Urinary Tract Infections (CAUTI):** This measure captures the observed rate of health care-associated catheter-related urinary tract infections among patients in an inpatient acute hospital (excluding patients in Level II or III neonatal ICUs), compared to the expected number of infections based on the hospital's characteristics and case mix.

3. **Surgical Site Infections (SSI): Colon Surgery:** This measure captures the observed rate of deep incisional primary or organ/space surgical site infections during the 30-day postoperative period following inpatient colon surgery, compared to the expected number of infections based on the hospital’s characteristics and case mix.

- **Data source:** CMS Hospital Compare
- **Data Period:** 2015
- **Hospital Calculation:** These health care-associated infections are reported using the Standard Infection Ratio (SIR), which is the number of infections in a hospital compared to the number of expected infections. The SIR for CLABSI and CAUTI is risk adjusted for type of patient care locations, hospital affiliation with a medical school, and bed size. The SIR for SSI: Colon Surgery is risk adjusted for procedure-related factors, such as: duration of surgery, surgical wound class, use of endoscope, re-operation status, patient age, and patient assessment at time of anesthesiology.

All SIRs for Health Care-Associated Infections are retrieved from CMS Hospital Compare as pre-calculated SIRs.

- **Cohort Calculation:** Not applicable
- **National Comparative:** CMS Hospital Compare
- **Patient Population:** All payers, Age 18+

**Hospital Readmission rates** are calculated using the Hospital-Wide All-Cause Unplanned 30-day Readmission Measure developed by CMS and the Yale Center for Outcomes Research, and applied to the Massachusetts adult all-payer population. Readmissions are defined as an admission for any reason to the same or a different hospital within 30 days of a previous discharge. Obstetric, primary behavioral health, cancer, and rehabilitation discharges are excluded from the calculations. The raw readmission rate is reported, which is the number of readmissions within 30 days divided by the total number of eligible discharges.

- **Data source:** CHIA’s Hospital Discharge Database
- **Data Period:** FY 2015
- **Hospital Calculation:** The raw readmission rate reflects the number of unplanned readmissions within 30 days divided by the total number of eligible discharges during the designated time period.

- **Cohort Calculation:** Not applicable
- **State Comparative:** The method yields a statewide readmission rate across all the Commonwealth’s acute-care hospitals for the designated time period.

- **Patient Population:** All payers, age 18+, excluding obstetric, primary psychiatric, cancer, and rehabilitation discharges.
Acute Hospital Profiles: Utilization Trends

**Change in volume of inpatient discharges** measures discharges for inpatient admissions.

- **Data Source:** FY14 AND EARLIER YEARS 403 Cost Report: Schedule 3, Row 22, Column 12
  FY15 Hospital Cost Report: Tab 3, Line 500, Column 5

- **Hospital index calculation:** Displays the percent change in the number of inpatient discharges for each year, using FY11 as the base year. FY12: (FY12- FY11)/FY11, FY13: (FY13- FY11)/FY11, FY14: (FY14-FY11)/FY11, FY15: (FY15-FY11)/FY11.

- **Cohort calculation:** Represents the percent change of total discharges across all hospitals in the cohort for each year. For example: Cohort for FY12 = (Sum of discharges at cohort hospitals in FY12- Sum of discharges at cohort hospitals in FY11)/ Sum of discharges at cohort hospitals in FY11

**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:** FY14 AND EARLIER YEARS 403 Cost Report: Schedule 5a, Row 39, Column 2
  FY15 Hospital Cost Report: Tab 5, Line 301, Column 1

- **Hospital index calculation:** Calculate the percent change between each year, using FY11 as the base year. FY12: (FY12- FY11)/FY11, FY13: (FY13-FY11)/FY11, FY14: (FY14-FY11)/FY11, FY15: (FY15-FY11)/FY11.

- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY11 = 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 Hospital 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.

- **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 Hospital 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.
Acute Hospital Cohort Profile: Metric Descriptions

- **HDD edits** – discharges reported by the hospital that did not pass HDD edits may have been excluded from the HDD but included in the Hospital Cost Report;
- Payer classification/status differences between the Hospital Cost Report 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 Hospital Cost Report, the calculation of a hospital’s total case mix adjusted discharges equals the number of discharges reported on the Hospital 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**: FY14 AND EARLIER YEARS 403 Cost Report: Schedule 5a, Rows 78.01 (net outpatient revenue) + 78.02 (outpatient premium revenue), Column 2
  FY15 Hospital Cost Report: Tab 5, Line 209, Column 1

- **Hospital index calculation**: Displays the percent change between each year, using FY11 as the base year. FY12: (FY12 - FY11)/FY11, FY13: (FY13-FY11)/FY11, FY14: (FY14-FY11)/FY11, FY15: (FY15-FY11)/FY11.

- **Cohort calculation**: Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY11= 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 2011 through 2015.

- **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).

**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.

**Note**: Hospitals may have been assigned to different cohorts in previous years due to payer mix in that given year or other factors. To remain consistent in comparisons between cohorts across multiple years,
hospitals were retroactively assigned to their FY15 cohort designations for all years examined. The number of hospitals included in a given cohort may vary from year to year due to hospital closures.

The acute hospital cohort profile measures 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 one another and all hospitals statewide, including specialties. The analytic metrics are largely the same as the metrics used for the individual hospital profiles, except as noted below. Please see the descriptions and calculation methods described in the Acute Hospital Metric Description section for more information.

**Inpatient Severity Distribution** measures the percentage of a cohort’s discharges that falls into each statewide severity quintile. This metric provides a way to compare the severity levels of the cohort’s patients to those of other acute hospitals in Massachusetts.

- **Data Source:** Hospital Discharge Database (HDD).
- **Data Period:** FY15
- **Cohort Calculation:** Every discharge in the state has a Diagnosis Related Group (DRG) code associated with it. Severity quintiles were determined by ranking all possible DRG outputs by case-weight. The cohort calculation shows the percentage of a cohort’s aggregate discharges that falls into each quintile. These proportions were then compared with the proportions of aggregated discharges by severity quintile for all hospitals assigned to other cohorts.

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.

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5 Note that specialty hospitals are not assigned to any cohort due to their unique service mix and/or populations served.
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 non-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:

<table>
<thead>
<tr>
<th>Multi-Hospital System</th>
<th>Non-Acute Hospital Member</th>
</tr>
</thead>
</table>
| Arbour Health System        | Arbour Hospital  
Arbour-Fuller Memorial  
Arbour-HRI Hospital  
Westwood Pembroke Hospital |
| HealthSouth                 | Braintree Rehabilitation Hospital  
HealthSouth Rehabilitation of Western MA  
Fairlawn Rehabilitation Hospital  
New England Rehabilitation Hospital |
| Kindred Health Care         | Kindred Hospital Northeast                                   |
| Partners HealthCare System  | McLean Hospital  
Spaulding Rehabilitation Hospital of Cape Cod  
Spaulding North Shore\(^6\)  
Spaulding Rehabilitation Hospital  
Spaulding Hospital Cambridge |
| Vibra HealthCare            | Vibra Hospital of Western MA  
New Bedford Rehabilitation Hospital |
| 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 below\(^7\):

- **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

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\(^6\) Spaulding North Shore closed on July 31, 2015.

\(^7\) State-owned non-acute hospitals are not included in this publication.
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.8

**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:

<table>
<thead>
<tr>
<th>Cohort Designation</th>
<th>Non-Acute Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychiatric Hospitals</strong></td>
<td>Arbour Hospital</td>
</tr>
<tr>
<td></td>
<td>Arbour-Fuller Memorial</td>
</tr>
<tr>
<td></td>
<td>Arbour-HRI Hospital</td>
</tr>
<tr>
<td></td>
<td>Baldpate Hospital</td>
</tr>
<tr>
<td></td>
<td>Bournewood Hospital</td>
</tr>
<tr>
<td></td>
<td>McLean Hospital</td>
</tr>
<tr>
<td></td>
<td>Walden Behavioral Care</td>
</tr>
<tr>
<td></td>
<td>Westwood Pembroke Hospital</td>
</tr>
<tr>
<td></td>
<td>Whittier Pavilion</td>
</tr>
<tr>
<td><strong>Rehabilitation Hospitals</strong></td>
<td>Braintree Rehabilitation Hospital</td>
</tr>
<tr>
<td></td>
<td>HealthSouth Fairlawn Rehabilitation Hospital</td>
</tr>
<tr>
<td></td>
<td>HealthSouth Rehabilitation Hospital of Western MA</td>
</tr>
<tr>
<td></td>
<td>New Bedford Rehabilitation Hospital</td>
</tr>
<tr>
<td></td>
<td>New England Rehabilitation Hospital</td>
</tr>
<tr>
<td></td>
<td>Spaulding Rehabilitation Hospital of Cape Cod</td>
</tr>
<tr>
<td></td>
<td>Spaulding Rehabilitation Hospital</td>
</tr>
<tr>
<td></td>
<td>Whittier Rehabilitation Hospital Bradford</td>
</tr>
<tr>
<td></td>
<td>Whittier Rehabilitation Hospital Westborough</td>
</tr>
<tr>
<td><strong>Chronic Care Hospitals</strong></td>
<td>Kindred Hospital Northeast</td>
</tr>
<tr>
<td></td>
<td>New England Sinai Hospital</td>
</tr>
<tr>
<td></td>
<td>Spaulding Hospital Cambridge</td>
</tr>
<tr>
<td></td>
<td>Vibra Hospital of Western MA</td>
</tr>
<tr>
<td><strong>Specialty Non-Acute Hospitals</strong></td>
<td>AdCare Hospital of Worcester</td>
</tr>
<tr>
<td></td>
<td>Franciscan Hospital for Children</td>
</tr>
<tr>
<td></td>
<td>Hebrew Rehabilitation Hospital</td>
</tr>
</tbody>
</table>

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8 Code of Federal Regulations: 42 CFR 412.29(b)(2)
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 median 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).

Total inpatient days include 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 discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

Total inpatient discharge information was sourced from Schedule 3 of the FY14 AND EARLIER YEARS 403 Cost Report and Tab 3 of the FY15 Hospital 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 Hospital Cost Report.

Inpatient – outpatient revenue is derived from the amount of GPSR reported for inpatient and outpatient services in the hospital’s Hospital Cost Report.
Non-Acute Hospitals

Non-Acute Hospital Profiles: Services

Types of inpatient services are defined by Discharges.

- **Data Sources**: FY14 AND EARLIER YEARS 403 Cost Report: Schedule 3, Column 12, Rows 1 through 21. FY15 Hospital Cost Report: Tab 3, Column 5, Lines 1 to 19.

- **Hospital calculation**: Hospital’s absolute count of discharges by specific bed type.

- **Cohort calculation**: Hospital’s absolute discharge count divided by cohort’s total discharges by that specific bed type.

- **Note**: Psychiatric discharges do not include substance abuse discharges.

**Payer Mix** measures the distribution of total GPSR for 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**: FY14 and earlier years 403 Cost Report: Schedule 5a, Row 44, Columns 3 -14 FY15 Hospital Cost Report: Tab 5, Line 302, Column 2 through 13

- **Payer Category Definitions**: State Programs = Medicaid Managed + Medicaid Non-Managed + 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 + Connector Care. Dividing each of the above by Total GPSR results in the percentages displayed for each of the three categories.

- **Cohort Calculation**: Displays the mean of the percentages in each of the above payer categories across all hospitals in the cohort.

- **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 non-acute hospital.
  - **Note**: “Average Hospital” group includes specialty hospitals.

**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 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**: FY14 AND EARLIER YEARS 403 Cost Report, Schedule 3, Column 6, Row 22 FY15 Hospital Cost Report, Tab 3, Column 4, Line 500

- **Hospital Index calculation**: Calculated percent change in Inpatient Days for each year, using FY11 as the base year. FY12: (FY12- FY11)/FY11, FY13: (FY13- FY11)/FY11, FY14: (FY14- FY11)/FY11, FY15: (FY15- FY11)/FY11.

- **Cohort calculation**: Represents the median of the percent change across all hospitals in the cohort for each year. For example Cohort for FY11 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

**Median Average Length of Stay (ALOS)** measures the average duration of an inpatient admission.
Non-Acute Hospitals

- **Data Sources:** FY14 AND EARLIER YEARS 403 Cost Report: Schedule 3, Column 13, Row 22
  FY15 Hospital Cost Report: Tab 3, Column 8, Line 500

- **Cohort calculation:** The growth in median ALOS for each cohort is calculated relative to FY11 as the base year. FY12: (FY12/FY11)/FY11, FY13: (FY13-FY11)/FY11, FY14: (FY14-FY11)/FY11, FY15: (FY15-FY11)/FY11.

- This is plotted against the growth in median ALOS among all non-acute hospitals, including specialties, relative to FY11.

**Non-Acute Hospital Profiles: Utilization**

*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 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:** FY14 AND EARLIER YEARS 403 Cost Report: Schedule 3, Column 6, Row 22
  FY15 Hospital Cost Report: Tab 3, Column 4, Line 500

*Average Length of Stay (ALOS)* measures the average duration of an inpatient admission.

- **Data Sources:** FY14 AND EARLIER YEARS 403 Cost Report: Schedule 3, Column 13, Row 22
  FY15 Hospital Cost Report: Tab 3, Column 8, Line 500

*Volume of Outpatient Visits* measures the total outpatient visits to a hospital.

- **Data Source:** FY14 AND EARLIER YEARS 403 Cost Report: Schedule 5a, Column 2, Row 39
  FY15 Hospital Cost Report: Tab 5, Column 1, Line 301

**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:** FY14 AND EARLIER YEARS 403 Cost Report: NPSR was sourced from schedule 5a, column 2, rows 65.01 (net inpatient revenue) and 65.02 (inpatient premium revenue).
  Inpatient days were sourced from Schedule 3, column 6, row 22. of the 403 Cost Report.
  FY15 Hospital Cost Report: NPSR including premium revenue was sourced from Tab 5, Column 1, Line 208. Inpatient days were sourced from Tab 3, Column 4, Line 500.

*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.

- **Data Source:** FY14 AND EARLIER YEARS 403 Cost Report: Schedule 5a, Column 2, Rows 78.01 (net outpatient revenue) and 78.02 (outpatient premium revenue)
  FY15 Hospital Cost Report: Tab 5, Line 209 (outpatient NPSR including premium revenue)
Non-Acute Hospitals

Non-Acute Hospital Profiles: Financial Performance

Operating Revenue, Total Revenue, Total Costs and Profit / Loss displays the amount of each hospital’s Total Revenue, Operating Revenue, Total Costs, and Total Profit or Loss.

- **Data Sources:** FY14 AND EARLIER YEARS 403 Cost Report, Schedule 23 / Hospital Cost Report, Tab 11. For FY15, 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 for the 403 cost report and Line 57.2 for the Hospital Cost report), Total Expenses (row 73), and Profit / Loss: (row 74).

**Total Margin** measures the subject hospital’s overall financial performance.

- **Data Source:** FY14 AND EARLIER YEARS 403 Cost Report: Schedule 23, Column 2, Row 173 FY15 Hospital Cost report: Tab 11, Column 1, Line 74 (Excess of Revenue, Gains & other support Over Expenses) divided by Tab 11, Column 1, Line 65 (Total Unrestricted Revenue, Gains and Other Supports)

**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.
Acute Hospitals

**Athol Hospital** responded to the FY11 to FY15 data verification process for FY12 through FY14 data only.

**Beth Israel Deaconess Hospital- Plymouth** (formerly Jordan Hospital) affiliated with Beth Israel Deaconess Medical Center effective January 1, 2014. The CareGroup system profile includes data for Beth Israel Deaconess Hospital—Plymouth prior to the affiliation with BIDMC in FY14 (October 1, 2013 through December 31, 2013).

**Brigham and Women’s Hospital** reported a 42% decrease in outpatient visits from 645,563 in FY2014 to 375,864 in FY2015. It was noted that outpatient revenue increased during this same period. The hospital indicated the discrepancy was related to a change in internal systems, and expects that future years will be consistent with FY2014.

**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

**Curahealth Hospitals** have limited acute hospital information included in this report, as they are considered long-term acute care hospitals for the period of FY2011-FY2015. Curahealth Hospital- Boston and Curahealth Hospital- Boston North Shore were acute hospitals; however, as their data does not align with the other acute hospitals, they are not included in the cohort analysis.

**Lawrence General Hospital** reported a 56.0% increase in outpatient visits from FY2014 to FY2015. The hospital indicated the discrepancy was related to a change in internal systems, and expects that future years will be consistent with FY2014.

**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 FY14, 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).

**Merrimack Valley Hospital**, owned by Steward Health Care System, merged with Steward Holy Family Hospital, and became a campus of Steward Holy Family Hospital effective August 2014.
North Adams Regional Hospital announced on March 25, 2014 a closure of the hospital and related health care businesses effective March 28, 2014. The hospital building is now operating as a satellite emergency department for Berkshire Medical Center.

Noble Hospital was acquired by Baystate Health in June 2015. Noble Hospital was renamed Baystate Noble Hospital.

Quincy Medical Center closed on December 26, 2014. The hospital building is now operating as a satellite emergency department for Steward Carney Hospital.

Saints Medical Center submitted 403 Cost Report data for FY11 through FY12, but financial statements only for FY11 due to a merger with Lowell General Hospital effective July 1, 2012.

Shriners Hospitals for Children (both Boston and Springfield locations) began submitting data to CHIA in FY11.

South Shore Hospital reported revenue and total margin data for FY2015 that includes approximately $29 million in a non-operating, nonrecurring sale of investments transaction.

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.

Winchester Hospital became a member of Lahey Health in July 2014.

Non-acute Hospitals

Spaulding Hospital Cambridge As of FY14, Spaulding Hospital Cambridge no longer provides outpatient services. Outpatient visits are reported in FY2011 through FY2015, and insignificant amounts of Net Outpatient Revenue were reported in FY2011 and FY2012. No Net Outpatient Revenue was reported for FY2013 through FY2015 due to deductions from Gross Revenue.

Bournewood Hospital is a sub-chapter S corporation.

Kindred Northeast Hospital reported outpatient revenues in FY11 to FY14 with no reporting of outpatient visits. Data suppressed due to data concerns.

New Bedford Rehabilitation Hospital reported outpatient revenues in FY11 to FY15 with no reporting of outpatient visits. Data suppressed due to data concerns.
Radius Specialty Hospital closed its Roxbury and Quincy rehabilitation facilities in October 2014.

Whittier Pavilion began providing outpatient services in FY14. FY14 outpatient data represents a partial year of operation for these services.

Spaulding North Shore discontinued inpatient operations as of July 31, 2015.
**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.

<table>
<thead>
<tr>
<th>Abbreviated Description</th>
<th>Description</th>
<th>APR DRG v.30</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd Degree Brn w Skn Grft</td>
<td>Extensive 3rd Degree Burns w Skin Graft</td>
<td>841</td>
</tr>
<tr>
<td>Acute Leukemia</td>
<td>Acute Leukemia</td>
<td>690</td>
</tr>
<tr>
<td>Acute Myocardial Infarct.</td>
<td>Acute Myocardial Infarction</td>
<td>190</td>
</tr>
<tr>
<td>Adjust Dis/Neuroses exc DD</td>
<td>Adjustment Disorders &amp; Neuroses Except Depressive Diagnoses</td>
<td>755</td>
</tr>
<tr>
<td>Alcohol &amp; Drug w/ Rehab</td>
<td>Alcohol &amp; Drug Dependence w Rehab Or Rehab/Detox Therapy</td>
<td>772</td>
</tr>
<tr>
<td>Alcohol Abuse &amp; Dependence</td>
<td>Alcohol Abuse &amp; Dependence</td>
<td>775</td>
</tr>
<tr>
<td>Angina Pectoris</td>
<td>Angina Pectoris &amp; Coronary Atherosclerosis</td>
<td>198</td>
</tr>
<tr>
<td>Appendectomy</td>
<td>Appendectomy</td>
<td>225</td>
</tr>
<tr>
<td>Asthma</td>
<td>Asthma</td>
<td>141</td>
</tr>
<tr>
<td>Bacterial Skin Infections</td>
<td>Cellulitis &amp; Other Bacterial Skin Infections</td>
<td>383</td>
</tr>
<tr>
<td>Bipolar Disorders</td>
<td>Bipolar Disorders</td>
<td>753</td>
</tr>
<tr>
<td>Bone Marrow Transplant</td>
<td>Bone Marrow Transplant</td>
<td>3</td>
</tr>
<tr>
<td>Bronchiolitis Pneumonia</td>
<td>Bronchiolitis &amp; RSV Pneumonia</td>
<td>138</td>
</tr>
<tr>
<td>Burns w/ or w/o Skin Grft</td>
<td>Partial Thickness Burns w Or w/o Skin Graft</td>
<td>844</td>
</tr>
<tr>
<td>Card Cath - Heart Disease</td>
<td>Cardiac Catheterization For Ischemic Heart Disease</td>
<td>192</td>
</tr>
<tr>
<td>Cardiac Arrhythmia</td>
<td>Cardiac Arrhythmia &amp; Conduction Disorders</td>
<td>201</td>
</tr>
<tr>
<td>Cardiac Valve w/o Cath</td>
<td>Cardiac Valve Procedures w/o Cardiac Catheterization</td>
<td>163</td>
</tr>
<tr>
<td>CC W Circ Disord Exc IHD</td>
<td>Cardiac Catheterization W Circ Disord Exc Ischemic Heart Disease</td>
<td>191</td>
</tr>
<tr>
<td>Cesarean Delivery</td>
<td>Cesarean Delivery</td>
<td>540</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>Chemotherapy</td>
<td>693</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>Chest Pain</td>
<td>203</td>
</tr>
<tr>
<td>Cleft Lip &amp; Palate Repair</td>
<td>Cleft Lip &amp; Palate Repair</td>
<td>95</td>
</tr>
<tr>
<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>140</td>
</tr>
<tr>
<td>Craniotomy; exc Trauma</td>
<td>Craniotomy Except For Trauma</td>
<td>21</td>
</tr>
<tr>
<td>CVA Occlusion w/ Infarct</td>
<td>CVA &amp; Precerebral Occlusion W Infarct</td>
<td>45</td>
</tr>
<tr>
<td>D&amp;L Fusion exc Curvature</td>
<td>Dorsal &amp; Lumbar Fusion Proc Except For Curvature Of Back</td>
<td>304</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>303</td>
<td>D&amp;L Fusion for Curvature</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Degen Nrvs Syst exc MS</td>
<td></td>
</tr>
<tr>
<td>754</td>
<td>Depression exc MDD</td>
<td></td>
</tr>
<tr>
<td>240</td>
<td>Digestive Malignancy</td>
<td></td>
</tr>
<tr>
<td>244</td>
<td>Diverticulitis/osis</td>
<td></td>
</tr>
<tr>
<td>770</td>
<td>Drug/Alcohol Abuse, LAMA</td>
<td></td>
</tr>
<tr>
<td>73</td>
<td>Eye Procs except Orbit</td>
<td></td>
</tr>
<tr>
<td>861</td>
<td>Factors Influ Hlth Status</td>
<td></td>
</tr>
<tr>
<td>314</td>
<td>Foot &amp; Toe Procedures</td>
<td></td>
</tr>
<tr>
<td>842</td>
<td>Full Burns w/ Skin Graft</td>
<td></td>
</tr>
<tr>
<td>316</td>
<td>Hand &amp; Wrist Procedures</td>
<td></td>
</tr>
<tr>
<td>194</td>
<td>Heart Failure</td>
<td></td>
</tr>
<tr>
<td>309</td>
<td>Hip &amp; Femur; Non-Trauma</td>
<td></td>
</tr>
<tr>
<td>301</td>
<td>Hip Joint Replacement</td>
<td></td>
</tr>
<tr>
<td>113</td>
<td>Infects- Upper Resp Tract</td>
<td></td>
</tr>
<tr>
<td>310</td>
<td>Intervertebral Disc Excis</td>
<td></td>
</tr>
<tr>
<td>247</td>
<td>Intestinal Obstruction</td>
<td></td>
</tr>
<tr>
<td>463</td>
<td>Kidney &amp; UT Infections</td>
<td></td>
</tr>
<tr>
<td>313</td>
<td>Knee &amp; Lower Excpt Foot</td>
<td></td>
</tr>
<tr>
<td>302</td>
<td>Knee Joint Replacement</td>
<td></td>
</tr>
<tr>
<td>691</td>
<td>Lymphoma &amp; Non-Acute Leuk</td>
<td></td>
</tr>
<tr>
<td>89</td>
<td>Maj Cranial/Facial Bone</td>
<td></td>
</tr>
<tr>
<td>660</td>
<td>Maj HEM/IG Dx exc SCD</td>
<td></td>
</tr>
<tr>
<td>90</td>
<td>Maj Larynx &amp; Trachea Proc</td>
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<td>Maj Resp Infect &amp; Inflam</td>
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<td>221</td>
<td>Maj Sml &amp; Lrg Bowel Procs</td>
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<td>751</td>
<td>Maj. Depressive Disorders</td>
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<td>281</td>
<td>Malignancy- Hept/Pancreas</td>
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<td>362</td>
<td>Mastectomy Procedures</td>
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<td>640</td>
<td>Newborn</td>
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<td>249</td>
<td>Non-Bact Gastro, Nausea</td>
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<td>791</td>
<td>O.R. Proc for Tx Comp</td>
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### Technical Appendix:
#### Exhibit B. Diagnosis Related Groups (DRGs)

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<th>Diagnosis</th>
<th>Code</th>
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<td>Other Anemia and Blood Dis</td>
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<td>Other Antepartum Dxs</td>
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<td>Other Digestive System Dx</td>
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<td>Other Pneumonia</td>
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<td>Other Resp &amp; Chest Procs</td>
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<td>Othr Back &amp; Neck Disorder</td>
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<td>Othr Maj Head/Neck proc</td>
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<td>Othr Muscl Sys &amp; Tis Proc</td>
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<td>Othr Muscle-skel Syst Dx</td>
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<td>Othr O.R. Procs for Lymph/HEM</td>
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<td>Othr Skin &amp; Breast Dis</td>
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<td>Othr Skin, Tis &amp; Related</td>
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<td>Pancreas Dis exc Malig</td>
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<td>Per Cardio procs w/ AMI</td>
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<tr>
<td>Per Cardio procs w/o AMI</td>
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<tr>
<td>Post-Op, Oth Device Infect</td>
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<tr>
<td>Procedures for Obesity</td>
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<td>Pulm Edema &amp; Resp Failure</td>
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<td>Sickle Cell Anemia Crisis</td>
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<td>Syncope &amp; Collapse</td>
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<td>Tendon, Muscle, Soft Tis</td>
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## Technical Appendix:
### Exhibit B. Diagnosis Related Groups (DRGs)

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<tr>
<th>Service Category</th>
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<td>Thyroid &amp; Other Procedures</td>
<td>Thyroid, Parathyroid &amp; Thyroglossal Procedures</td>
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<td>Vaginal Delivery</td>
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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 payments distributed in FY2015.

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 ICB amounts listed below represent awards in FY15. Hospitals may have received ICB funding in prior years, which would be reflected on their individual profile but excluded from the table below.

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.

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>DSTI (FY15)</th>
<th>ICB (FY15)*</th>
<th>CHART (Phase I)</th>
<th>CHART (Phase II)**</th>
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<td>Baystate Mary Lane Hospital</td>
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<td>Baystate Medical Center</td>
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<td>Baystate Noble Hospital</td>
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<tr>
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<td>Southcoast Hospitals Group</td>
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**Total** | $209,333,333 | $11,131,266 | $9,965,642 | $43,351,711 |

*Franciscan Hospital for Children, a non-acute specialty hospital, received $188,777 in ICB funding for FY15

**CHART Phase II Joint Proposals were awarded to:**
- Athol Memorial Hospital, Heywood Hospital, and HealthAlliance Hospital: $2,900,000
- Addison Gilbert Hospital, Beverly Hospital, Winchester Hospital, and Lowell General Hospital: $4,800,000
- Southcoast Hospitals Group - Charlton Memorial Hospital, Tobey Hospital, and St. Luke's Hospital: $8,000,000
- Hallmark Health - Melrose-Wakefield Hospital and Lawrence Memorial Hospital: $2,500,000
- Baystate Franklin Medical Center, Baystate Mary Lane Hospital and Baystate Wing Hospital: $900,000

CHART Phase II awards were initially attributed to hospitals in FY14, the fiscal year in which they were awarded. The award is then disbursed over several fiscal years.