HEALTHALLIANCE-CLINTON HOSPITAL

2020 Hospital Profile

5

2016

2017

2018

2019*

Leominster, Fitchburg & Clinton, MA Community-High Public Payer Hospital Central Massachusetts

HealthAlliance-Clinton Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is a member of UMass Memorial Health Care. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 2.3% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased by 9.1% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. After reporting a loss in each of the prior two years, in FY20 HealthAlliance-Clinton reported a profit of \$3.8M. In FY20, its total margin of 1.8% was lower than its peer cohort median of 4.0%.

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At a Glance	Overview / Size Hospital System Affiliation: UMass Memorial Health Care Hospital System Surplus (Deficit) in FY20: (\$23,048,000) Change in Ownership (FY16-20): Includes Clinton 10/1/17 Total Staffed Beds: 116, mid-size acute hospital % Occupancy: 78.6%, > cohort avg. (63%) Trauma Center Designation: Not Applicable Case Mix Index: 1.07, > cohort avg. (1.00); < statewide (1.16) Financial Inpatient NPSR per CMAD: \$8,965 Change FY19-FY20: 9.9% Inpatient Outpatient Revenue in FY20: 32%:68% Outpatient Revenue in FY20: -6.0% Total Revenue in FY20: \$214,263,000 COVID Funding Included in Total Revenue: \$18,918,914	Payer Mix Public Payer Mix': 71.8% HPP Hospital CY19 Commercial Statewide Relative Price: 0.807 Top 3 Commercial Payers: Blue Cross Blue Shield Fallon Fallon Utilization Inpatient Discharges in FY20: Change FY19-FY20: -5.0% Emergency Department Visits in FY20: 64,041 Change FY19-FY20: -21.5% Outpatient Visits in FY20: 87,580 Change FY19-FY20: -22.2% Quality Readmission Rate in FY20: 16.2% Change FY19-FY20 (percentage points): 0.2						
Services	Total Surplus (Deficit) in FY20: What were the most common inpatient cases (DRGs) treated at the hospital in FY20? What proportion of the region's cases did this hospital treat for each service? Discharges by DRG Septicemia & Infections (666) Normal Neonate Birth (479) Vaginal Delivery (395) Heart Failure (337) COPD (292) Other Pneumonia (217) Maj Resp Infect & Infam (190) Cardiac Arrhythmia (188) Org Mental Hth Disturb (167) Cesarean Delivery (150) 7%	Early Elective Deliveries Rate: 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 Fitchburg MA (2,478) Leominster MA (2,050) Clinton MA (387) Lunenburg MA (311) Gardner MA (192) Lancaster MA (180) Westminster MA (145) Sterling MA (142) Morecester MA (125) 1% Ashburnham MA (108)						
	0% 20% 40% 60% 80% 100% Hospital (7,466) = 10% 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 statewide rate? ² 25%	0% 20% 40% 60% 80% 100% 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?						
Quality	20% - 15.4% <u>16.2%</u> 14.9% <u>15.9%</u> 10% - Statewide Rate	CLABSI CAUTI SSI: Colon Surgery						
	0% Lower is Better	1						

0

2020*

2020 HOSPITAL PROFILE: HEALTHALLIANCE-CLINTON HOSPITAL

How has the volume of the hospital's inpatient discharges changed compared

to FY16, and how does this compare to the hospital's peer cohort median?

Cohort: Community-High Public Payer Hospital

Utilization

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-15.4%

-30.3%

2020

2019

How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

FY20 Outpatient Visits = 87,580

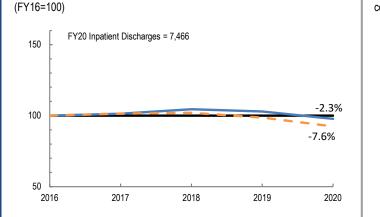
2017

150

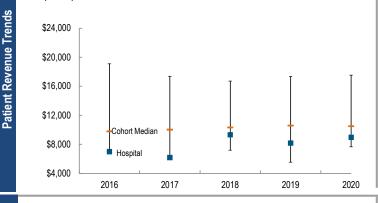
100

50

2016



What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



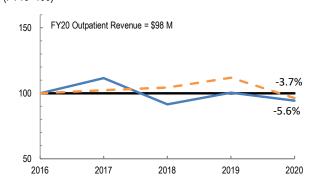
How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

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

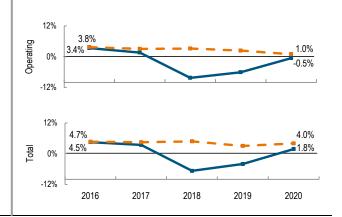
FY		2016		2017		2018		2019	2020
Operating Revenue	\$	181.0	\$	188.4	\$	200.5	\$	201.3	\$ 209.3
COVID Funding Included in Operating Revenue								\$ 18.9	
Non-Operating Revenue ⁴	\$	2.0	\$	3.5	\$	3.0	\$	4.0	\$ 4.9
Total Revenue	\$	183.0	\$	191.9	\$	203.5	\$	205.3	\$ 214.3
Total Costs	\$	174.8	\$	185.3	\$	217.1	\$	213.5	\$ 210.5
Total Profit (Loss)	\$	8.2	\$	6.6	\$	(13.7)	\$	(8.2)	\$ 3.8

How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

2018



What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



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

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see:

https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

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