Sturdy Memorial Hospital

2022 Hospital Profile

OVERVIEW

| 0.121(1.121) | | | |
|---|--------------------------------------|---|---------------------|
| City/Town: | Attleboro, MA | Tax Status: | Non-profit |
| Region: | Metro West | Trauma Center Designation: | Not Applicable |
| Hospital Type: | Community-High Public Payer Hospital | Total FTE's in HFY22: | 1,156.98 |
| Total Staffed Beds in HFY22: | 153, Mid-Size Hospital | FY22 Case Mix Index: | 0.98 |
| Hospital System Affiliation: | Sturdy Memorial Foundation | Public Payer Mix ¹ : | 65.0%: HPP Hospital |
| Hospital System Surplus (Deficit) in HFY22: | (\$61,750,003) | Percent of Total GPSR - Medicare/Medicaid/Commercial: | 49% / 16% / 30% |
| Change in Ownership HFY18-HFY22: | Not Applicable | CY21 Commercial Statewide Relative Price: | 1.06 |
| | | | |

FINANCIAL

| GROSS AND NET PATIENT SE | RVICE REVEI HFY18 | NUES (GPS HFY19 | R & NPSR) HFY20 | HFY21 | HFY22 |
|--|----------------------|--------------------|--------------------|----------|----------|
| Inpatient GPSR | \$106.8M | \$102.4M | \$104.9M | \$124.2M | \$118.5M |
| Outpatient GPSR | \$255.7M | \$276.4M | \$271.4M | \$318.1M | \$344.8M |
| Total GPSR | \$362.4M | \$378.8M | \$376.3M | \$442.2M | \$463.3M |
| Inpatient NPSR per CMAD | \$9,124 | \$9,301 | \$8,853 | \$9,071 | \$8,918 |
| Inpatient NPSR | \$59.5M | \$61.4M | \$57.7M | \$68.1M | \$64.0M |
| Outpatient NPSR | \$126.5M | \$136.4M | \$132.7M | \$143.0M | \$156.0M |
| *Data Source: CHIA Hospital Cost Reports | | | | | |

REVENUE & EXPENSES

| | HFY18 | HFY19 | HFY20 | HFY21 | HFY22 |
|--|----------|----------|----------|----------|-----------|
| | ПГ 1 10 | пгтэ | TF 120 | ПГТДТ | ПГТ22 |
| Operating Revenue | \$190.7M | \$201.9M | \$209.5M | \$223.9M | \$228.9M |
| Non-Operating Revenue ³ | \$11.7M | \$22.7M | \$25.1M | \$65.5M | (\$27.2M) |
| COVID Funding Included in Operating Revenue ⁴ | - | - | \$12.5M | \$0.0M | \$0.0M |
| Total Revenue | \$202.4M | \$224.6M | \$234.6M | \$289.4M | \$201.7M |
| Total Expenses | \$179.1M | \$198.1M | \$207.4M | \$227.9M | \$243.0M |
| Total Surplus (Deficit) | \$23.3M | \$26.4M | \$27.2M | \$61.5M | (\$41.3M) |
| Operating Margin | 5.7% | 1.7% | 0.9% | (1.4%) | (7.0%) |
| Non-Operating Margin | 5.8% | 10.1% | 10.7% | 22.6% | (13.5%) |
| Total Margin | 11.5% | 11.8% | 11.6% | 21.2% | (20.5%) |
| *Data Source: Standardized Financial Statements | | | | | |

SOLVENCY AND LIQUIDITY

| | HFY18 | HFY19 | HFY20 | HFY21 | HFY22 |
|---|----------|----------|----------|----------|----------|
| Total Net Assets or Equity | \$434.7M | \$402.0M | \$410.0M | \$514.9M | \$516.2M |
| Current Ratio | 2.3 | 1.4 | 1.0 | 1.2 | 1.1 |
| Debt Service Coverage Ratio | 25,600.5 | 0 | 0 | 0 | 0 |
| Cash Flow to Total Debt | 162.8% | 143.5% | 69.3% | 148.3% | (80.8%) |
| Equity Financing Ratio | 92.9% | 91.3% | 86.6% | 90.0% | 104.3% |
| Average Age of Plant | 13.0 | 14.0 | 15.0 | 15.0 | 15.0 |
| *Data Source: Standardized Financial Statements | | | | | |

For descriptions of the metrics, please see the technical appendix

- High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.
- ² Effective HFY 2020, supplemental revenue is not included in net patient service revenue for all hospitals. Prior to HFY 2020, reporting of supplemental revenue varied by hospital.
- 3 There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.
- 4 Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.
 5 Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

UTILIZATION

| Licensed Beds in HFY22: | 153 |
|--|---------|
| Available Beds in HFY22: | 153 |
| Staffed Beds in HFY22: | 153 |
| HFY22 Percentage Occupancy: | 59.4% |
| Inpatient Discharges in HFY22: | 7,301 |
| Change HFY21-HFY22: | (8.6%) |
| Percent of Total Region Discharges in HFY22: | 24.1% |
| Percent of Statewide Total Discharges in HFY22: | <1% |
| Inpatient Days in HFY22: | 33,187 |
| Change HFY21-HFY22: | (3.5%) |
| Percent of Total Region Inpatient Days in HFY22: | 22.4% |
| Percent of Statewide Total Inpatient Days in HFY22: | <1% |
| Average Length of Stay in HFY22: | 4.6 |
| Change HFY21-HFY22: | 5.8% |
| Emergency Department Visits in HFY22: | 48,877 |
| Change HFY21-HFY22: | 8.9% |
| Percent of Total Region Emergency Department Visits in HFY22: | 29.4% |
| Percent of Statewide Total Emergency Department Visits in HFY22: | 1.8% |
| Outpatient Visits in HFY22: | 114,671 |
| Change HFY21-HFY22: | 6.5% |
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*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

| Inpatient Case (DRG) ⁵ | Discharges | Percent of Total Hospital Discharges |
|---|------------|--------------------------------------|
| Normal Neonate Birth | 536 | 7.4% |
| Major Resp Infect & Inflam | 533 | 7.4% |
| Vaginal delivery | 343 | 4.7% |
| Septicemia & Disseminated Infections | 340 | 4.7% |
| Heart failure | 305 | 4.2% |
| Other pneumonia | 254 | 3.5% |
| Chronic Obstructive Pulmonary Disease | 239 | 3.3% |
| Kidney & Urinary Tract Infections | 216 | 3.0% |
| Cesarean delivery | 205 | 2.8% |
| Alcohol abuse & dependence | 185 | 2.6% |
| *Data Source: CHIA Hospital Discharge Dataset | | |

TOP DISCHARGES BY COMMUNITY IN FY22

| Community ⁵ | Discharges | Percent of Total Community Discharges |
|---|------------|---------------------------------------|
| Attleboro, MA | 2,469 | 63% |
| North Attleboro, MA | 1,025 | 52% |
| Norton, MA | 530 | 33% |
| Mansfield, MA | 508 | 27% |
| Plainville, MA | 333 | 42% |
| Foxboro, MA | 322 | 20% |
| Wrentham, MA | 322 | 27% |
| Rehoboth, MA | 266 | 41% |
| Seekonk, MA | 215 | 48% |
| Pawtucket, RI | 142 | 33% |
| *Data Source: CHIA Hospital Discharge Dataset | | |

CENTER FOR HEALTH INFORMATION AND ANALYSIS

CHIA.