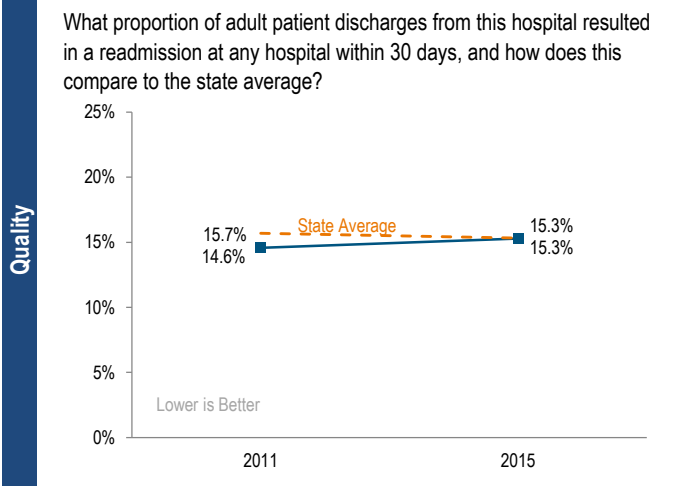
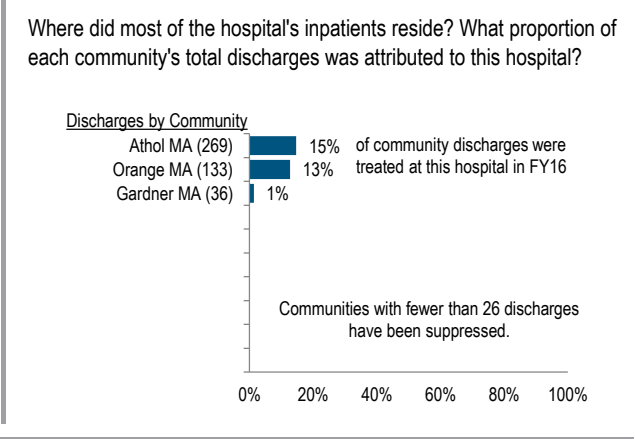
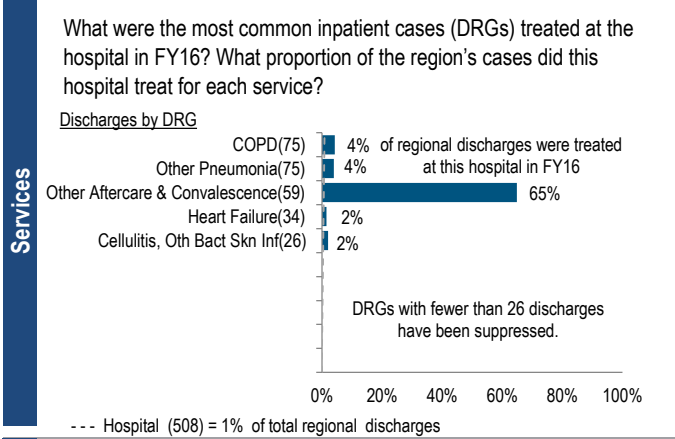


Athol Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is the smallest acute hospital in Massachusetts with 18 staffed beds. It is a member of Heywood Healthcare and is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. Athol Hospital reported a profit for FY16 of \$769,950 after losing \$402,216 in FY15. Athol Hospital's 3.2% total margin in FY16 compared with a median total margin of 4.1% in its peer cohort.

<b>At a Glance</b>	<b>Overview / Size</b>		<b>Payer Mix</b>	
	Hospital System Affiliation:	Heywood Healthcare	Public Payer Mix:	70.9% (HPP* Hospital)
	Change in Ownership (FY12-16):	Heywood Healthcare - 2012	CY15 Commercial S-RP:	0.95
	Total Staffed Beds:	18, the smallest acute hospital	Top 3 Commercial Payers:	Fallon Health
	% Occupancy:	51.2%, < cohort avg. (65%)		Blue Cross Blue Shield of MA
	Special Public Funding:	CHART^		Tufts Health Plan
	Trauma Center Designation:	Not Applicable	<b>Utilization</b>	
	Case Mix Index:	0.74, < cohort avg. (0.90); < statewide (1.07)	Inpatient Discharges in FY16:	508
			Change FY15-FY16:	-15.8%
			Emergency Department Visits in FY16:	11,070
		Change FY15-FY16:	4.6%	
		Outpatient Visits in FY16:	11,508	
		Change FY15-FY16:	6.0%	
		<b>Quality</b>		
		Readmission Rate in FY15:	15.3%	
		Change FY11-FY15 (percentage points):	0.7%	
		Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available	
	<b>Financial</b>			
	Inpatient NPSR per CMAD:	\$15,772		
	Change FY15-FY16:	212.8%		
	Inpatient:Outpatient Revenue in FY16:	11%:89%		
	Outpatient Revenue in FY16:	\$16,852,211		
	Change FY15-FY16:	-10.7%		
	Total Revenue in FY16:	\$23,791,203		
	Total Surplus (Loss) in FY16:	\$769,950		



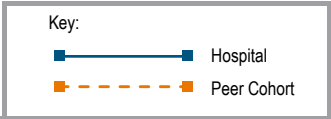
How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

Data is not available for these measures

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

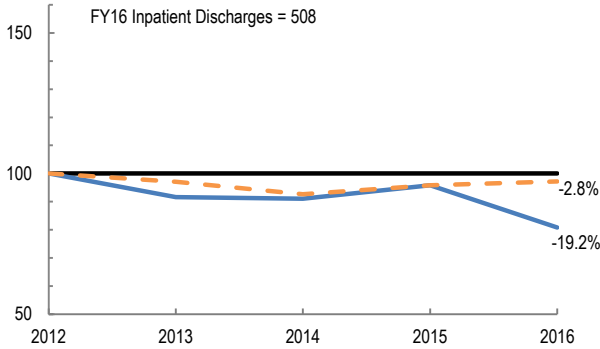
# 2016 HOSPITAL PROFILE: ATHOL HOSPITAL

Cohort: Community High Public Payer Hospital

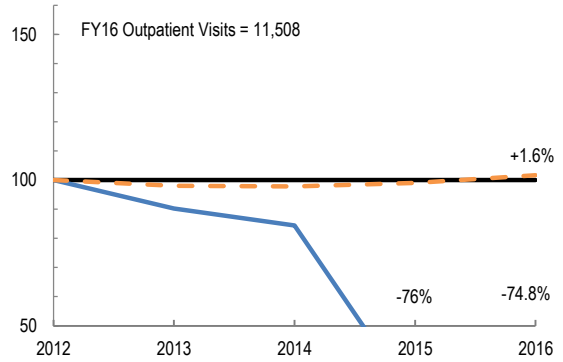


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

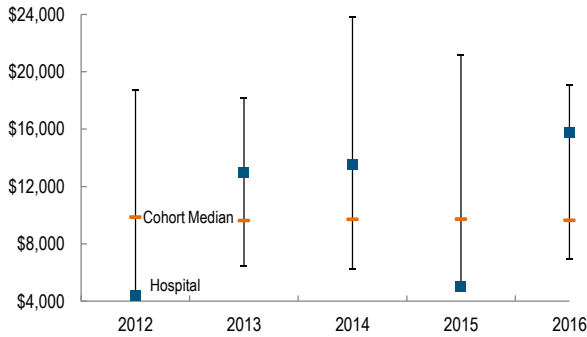


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

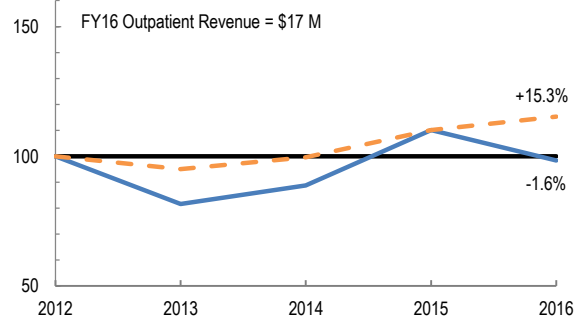


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



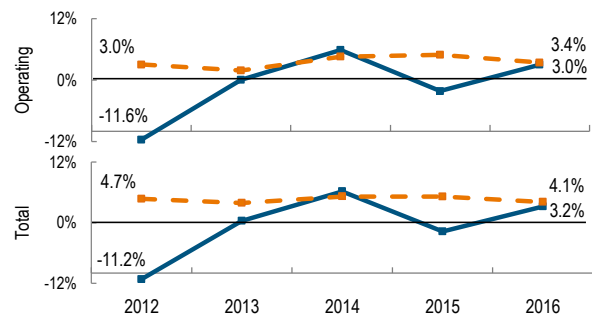
## Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 20	\$ 19	\$ 23	\$ 23	\$ 24
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total Revenue</b>	<b>\$ 20</b>	<b>\$ 20</b>	<b>\$ 23</b>	<b>\$ 23</b>	<b>\$ 24</b>
Total Costs	\$ 22	\$ 19	\$ 21	\$ 23	\$ 23
<b>Total Profit (Loss)</b>	<b>\$ (2.3)</b>	<b>\$ 0.1</b>	<b>\$ 1.4</b>	<b>\$ (0.4)</b>	<b>\$ 0.8</b>

What were the hospital's total margin and operating margins between FY12 and FY16, 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 Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).