

Acute Specialty Hospitals - Shriners Hospitals for Children

2017 Hospital Profile

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, reconstructive and plastic surgery needs, and cleft lip and palate. It is the only exclusively pediatric, verified burn center in New England. Sixty-one percent of its revenue comes from inpatient services, and the hospital reported 198 inpatient discharges in FY17, 11% less 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 a 30-bed pediatric specialty acute care hospital dedicated to providing inpatient and outpatient specialty care for orthopedic and developmental conditions including scoliosis, clubfoot, cerebral palsy, spina bifida, cleft lip and palate, rheumatology, and others. Following a strategic plan developed in 2015, the hospital has reinvested in its core service line of pediatric orthopedics and initiated new services including post-acute fracture care management, sports health and medicine, and urology. Thirty-seven percent of its revenue comes from inpatient services, and it had 134 discharges in FY17, a 47% increase from FY16.

Shriners Hospitals for Children - Boston *Boston, MA*

At a Glance	Payer Mix								
TOTAL STAFFED BEDS: 30	What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average acute hospital's payer mix?								
% OCCUPANCY: 24.38%									
INPATIENT DISCHARGES in FY17: 198									
PUBLIC PAYER MIX: 35.3%									
CASE MIX INDEX: 3.20									
TAX STATUS: Non-profit									
INPATIENT:OUTPATIENT REVENUE in FY17: 61%:39%	<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Shriners Boston</th> <th style="width: 40%;">Average Acute Hospital</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">65%</td> <td style="text-align: center;">37%</td> </tr> <tr> <td style="text-align: center;">35%</td> <td style="text-align: center;">19%</td> </tr> <tr> <td style="text-align: center;">1%</td> <td style="text-align: center;">43%</td> </tr> </tbody> </table>	Shriners Boston	Average Acute Hospital	65%	37%	35%	19%	1%	43%
Shriners Boston		Average Acute Hospital							
65%		37%							
35%		19%							
1%	43%								
INPATIENT COST PER CMAD: \$39,030									
CHANGE in OWNERSHIP (FY13-FY17): N/A									

Percentage calculations may not sum to 100% due to rounding.

	FY14	FY15	FY16	FY17
Average Length of Stay	8.2	12.2	11.8	13.5
Inpatient Discharges	332	174	223	198
Outpatient Visits	5,362	4,492	6,608	6,383

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

FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2014	\$8.0	\$6.5	\$1.5	\$39.9	
2015	\$5.1	\$3.7	\$1.3	\$39.2	See Note
2016	\$5.2	\$5.2	\$0.0	\$41.5	
2017	\$2.5	\$2.5	\$0.0	\$43.7	

Shriners Hospitals for Children - Springfield *Springfield, MA*

At a Glance	Payer Mix								
TOTAL STAFFED BEDS: 30	What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average acute hospital's payer mix?								
% OCCUPANCY: 5.38%									
INPATIENT DISCHARGES in FY17: 134									
PUBLIC PAYER MIX: 56.6%									
CASE MIX INDEX: 2.30									
TAX STATUS: Non-profit									
INPATIENT:OUTPATIENT REV. in FY17 37%:63%	<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Shriners Springfield</th> <th style="width: 40%;">Average Acute Hospital</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">43%</td> <td style="text-align: center;">37%</td> </tr> <tr> <td style="text-align: center;">56%</td> <td style="text-align: center;">19%</td> </tr> <tr> <td style="text-align: center;">0%</td> <td style="text-align: center;">43%</td> </tr> </tbody> </table>	Shriners Springfield	Average Acute Hospital	43%	37%	56%	19%	0%	43%
Shriners Springfield		Average Acute Hospital							
43%		37%							
56%		19%							
0%	43%								
INPATIENT COST PER CMAD: \$35,223									
CHANGE in OWNERSHIP (FY13-FY17): N/A									

Percentage calculations may not sum to 100% due to rounding.

	FY14	FY15	FY16	FY17
Average Length of Stay	4.1	5.7	4.5	4.4
Inpatient Discharges	126	86	91	134
Outpatient Visits	6,568	9,980	13,765	16,593

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

FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2014	\$6.5	\$4.9	\$1.6	\$19.4	
2015	\$7.2	\$5.6	\$1.5	\$17.3	See Note
2016	\$8.8	\$8.8	\$0.0	\$18.6	
2017	\$13.5	\$13.5	\$0.0	\$22.8	

Note: Shriners Hospital Boston (SHB) and Shriners Hospital Springfield (SHS) are part of the national Shriners Hospitals for Children system (SHC) and are reliant upon support from the SHC endowment to cover the costs associated with fulfilling their mission to provide care to patients regardless of their ability to pay. This support is provided through transfers from the SHC's endowment to the hospitals, as these transfers are not considered revenue for the purpose of calculating profitability margin, SHB's and SHS's profitability margins are not comparable to other acute hospitals.