# LOWELL GENERAL HOSPITAL

## **2017 Hospital Profile**

Lowell, MA Community High Public Payer Hospital Northeastern Massachusetts

Lowell General Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts. Lowell General Hospital is a member of Wellforce. In each year, FY13 to FY17, Lowell General Hospital has been profitable. In FY13 the hospital's total margin exceeded the median total margin of in its peer cohort hospitals. In the other years, FY14 to FY17, the hospital's total margin total margin of its peer cohort.

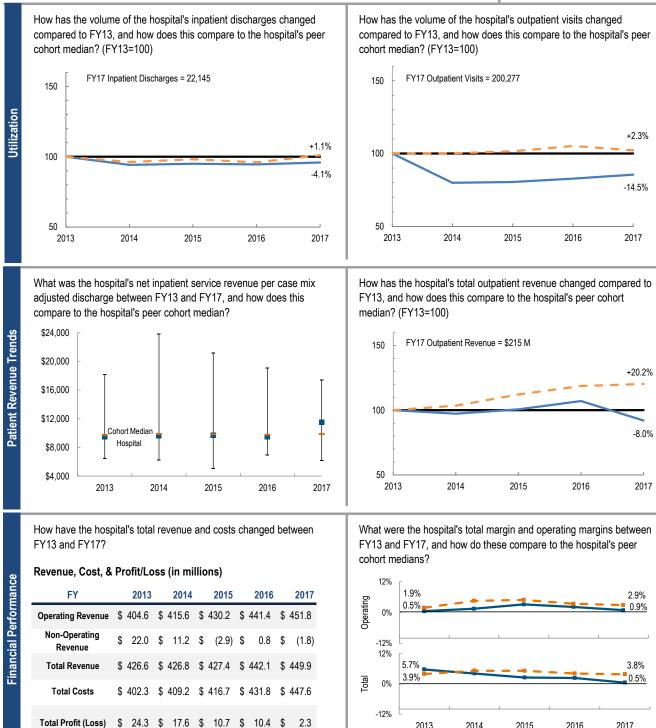
#### **Overview / Size Payer Mix** Hospital System Affiliation: Wellforce Public Payer Mix: 64.2% (HPP\* Hospital) Change in Ownership (FY13-17): Wellforce - 2014 CY16 Commercial Statewide Relative Price: 0.85 344, among the larger acute hospitals Total Staffed Beds: Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts % Occupancy: 71.2%, > cohort avg. (66%) Harvard Pilgrim Health Care CHART<sup>^</sup>, HCII<sup><sup>1</sup>, ICB<sup>°</sup></sup> Special Public Funding: Tufts Associated HMO, Inc. Trauma Center Designation: Adult: Level 3 Utilization At a Glance Case Mix Index: 0.87, < cohort avg. (0.92); < statewide (1.12) Inpatient Discharges in FY17: 22.145 Change FY16-FY17: 1.4% Financial Emergency Department Visits in FY17: 98,546 Inpatient NPSR per CMAD: \$11,506 Change FY16-FY17: -1.1% Change FY16-FY17: 21.4% Outpatient Visits in FY17: 200.277 34%:66% Inpatient: Outpatient Revenue in FY17: Change FY16-FY17: 3.2% Outpatient Revenue in FY17: \$214,773,052 Quality Change FY16-FY17: -14.0% Readmission Rate in FY16: 15.2% Total Revenue in FY17: \$449.928.000 Change FY12-FY16 (percentage points): -0.1 \$2,312,000 Total Surplus (Loss) in FY17: Early Elective Deliveries Rate: 0.2% What were the most common inpatient cases (DRGs) treated at the Where did most of the hospital's inpatients reside? What proportion of hospital in FY17? What proportion of the region's cases did this each community's total discharges was attributed to this hospital? hospital treat for each service? Discharges by DRG Discharges by Community Normal Neonate Birth (2063) 18% Lowell MA (10,571) 77% of regional Vaginal Delivery (1450) 18% Dracut MA (2,423) of 69% discharges Services 17% community Septicemia Infections (1042) 42% were treated Tewksbury MA (1,579) discharges Heart Failure (928) Chelmsford MA (1,492) 18% at this 56% were Cesarean Delivery (715) hospital in Typosboro MA (671) 18% 64% treated at FY17 64% COPD (693) 17% North Chelmsford MA (658) this hospital Knee Joint Replacement (635) 18% Billerica MA (569) 16% in FY17 Other Pneumonia (625) Westford MA (528) 17% 32% Renal Failure (511) 21% North Billerica MA (420) 35% Bacterial Skin Infections (451) 17% Pelham NH (387) 47% 20% 40% 100% 0% 20% 40% 60% 80% 100% 0% 60% 80% --- Hospital (22,145) = 16% of total regional discharges What proportion of adult patient discharges from this hospital resulted How many central line-associated blood stream infections (CLABSI). in a readmission at any hospital within 30 days, and how does this catheter-associated urinary tract infections (CAUTI), and surgical site compare to the state average? infections (SSI) after colon surgery did patients get at this hospital 25% compared to what was expected based on the hospital's characteristics and case mix? 20% CLABSI CAUTI SSI: Colon Surgery 5 Quality 15 4% State Average 15.4% 15% 15.3% 4 15.2% 3 10% 2 Lower is Better 5% 1 Lower is Better 0 0% 2012 2016

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

### 2017 HOSPITAL PROFILE: LOWELL GENERAL HOSPITAL

### Cohort: Community High Public Payer Hospital





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

η For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

^ 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).

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2014

2015

2013



2016

2017