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FY 2018 Massachusetts Hospital Profiles

Introduction

The FY 2018 Massachusetts Hospital Profiles provide descriptive and comparative information on acute and non-acute hospitals based on hospital characteristics, services, payer mix, utilization trends, cost trends, financial performance, and quality over a five-year period.

The FY 2018 publication includes an individual profile for each acute hospital, a consolidated profile for each non-acute hospital cohort, and a comprehensive databook. Additionally, this publication includes an interactive dashboard for all acute hospitals. The interactive dashboard allows users to select data views by individual hospital, hospital type, and hospital health system. This hospital industry overview focuses on statewide findings. Aggregate and provider-specific results can be found in individual hospital profiles and the interactive dashboard on CHIA's website.
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OVERVIEW

In FY 2018, there were 98 hospitals in Massachusetts, including 61 acute care hospitals and 37 non-acute hospitals. The acute hospital total reflects the merger of HealthAlliance and Clinton Hospitals, which became HealthAlliance-Clinton Hospital in FY 2018. The non-acute total reflects the closing of Curahealth Boston and Curahealth North Shore and the opening of two behavioral health hospitals. The majority of hospitals were part of hospital health systems that owned more than one hospital. Sixty-five of the 98 hospitals were affiliated with a multi-hospital system in FY 2018, representing 75% of acute care hospitals and 51% of non-acute care hospitals. The remainder of this overview focuses exclusively on the acute hospitals. Please refer to the individual hospital profiles for more information on the non-acute hospitals.

Number of Massachusetts Hospitals by System Affiliation and Tax Status in FY 2018

Sixty-six percent of hospitals were part of multi-hospital systems and 32% were for-profit hospitals.

<table>
<thead>
<tr>
<th>System Affiliation</th>
<th>Tax Status</th>
<th>Acute Hospitals</th>
<th>Non-Acute Hospitals</th>
<th>Number of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Hospitals</td>
<td>Non-Profit or Public</td>
<td>15</td>
<td>12</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>For Profit</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Multi-Hospital Systems</td>
<td>Non-Profit or Public</td>
<td>36</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>For Profit</td>
<td>10</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>Statewide Total</td>
<td></td>
<td>61</td>
<td>37</td>
<td>98</td>
</tr>
</tbody>
</table>

Please click here to see full interactive graphics on CHIA's website.
## OVERVIEW

### FY 2018 Acute Hospital Types at a Glance

The Academic Medical Center (AMC) cohort had the highest median percent occupancy, average commercial relative price, and total revenue among the four cohorts. The AMC cohort includes six hospitals, making it the smallest of the cohorts.

The community-High Public Payer cohort, which includes the most hospitals (30), had the highest number of staffed beds, discharges, emergency department (ED) visits, and average public payer mix.

<table>
<thead>
<tr>
<th></th>
<th>AMCs</th>
<th>Teaching</th>
<th>Community</th>
<th>Community-HPP</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Staffed Beds</strong></td>
<td>4,079</td>
<td>2,209</td>
<td>1,924</td>
<td>5,730</td>
<td>654</td>
</tr>
<tr>
<td><strong>Median Percent Occupancy</strong></td>
<td>86.2%</td>
<td>73.9%</td>
<td>61.9%</td>
<td>67.0%</td>
<td>*</td>
</tr>
<tr>
<td><strong>Total Discharges</strong></td>
<td>227,556</td>
<td>129,045</td>
<td>115,823</td>
<td>315,621</td>
<td>25,573</td>
</tr>
<tr>
<td><strong>Emergency Department Visits</strong></td>
<td>555,058</td>
<td>484,083</td>
<td>445,288</td>
<td>1,581,607</td>
<td>80,471</td>
</tr>
<tr>
<td><strong>Average Public Payer Mix</strong></td>
<td>62.4%</td>
<td>66.8%</td>
<td>54.5%</td>
<td>69.4%</td>
<td>*</td>
</tr>
<tr>
<td><strong>Average Commercial Statewide Relative Price</strong></td>
<td>1.180</td>
<td>0.948</td>
<td>1.072</td>
<td>0.932</td>
<td>*</td>
</tr>
<tr>
<td><strong>Total Revenue in FY 18 (in millions)</strong></td>
<td>$13,159</td>
<td>$4,326</td>
<td>$2,825</td>
<td>$7,505</td>
<td>$4,061</td>
</tr>
</tbody>
</table>

* There are six specialty hospitals whose medians and averages are not calculated or displayed on this table as they are not considered a cohort for analytic purposes.

Please [click here](#) to see full interactive graphics on CHIA's website.

Data Source: Hospital Cost Reports and Relative Price data
Statewide, hospitals reported a small decrease in inpatient discharges from the previous year, while emergency department visits increased slightly and outpatient visits remained stable.

Utilization changes varied by hospital type, with the teaching and community hospitals reporting an increase in discharges, ED visits, and outpatient visits, and the community-High Public Payer hospitals reporting decreases in each of the same metrics. The AMC and specialty hospitals had mixed results, with the AMCs reporting increases in discharges and ED visits, but a decrease in outpatient visits, and the specialty hospitals reporting a decrease in discharges and increases in ED visits and outpatient visits.

Please [click here](#) to see full interactive graphics on CHIA’s website.

Data Source: Hospital Cost Reports
Normal neonate birth remains the most common reason for inpatient admissions in FY 2018.

### FY 2018 Top Discharges Statewide, by Diagnostic Group

<table>
<thead>
<tr>
<th>Rank</th>
<th>DRG</th>
<th>Description</th>
<th>Discharges</th>
<th>% Total Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>640</td>
<td>Normal neonate birth</td>
<td>60,761</td>
<td>9%</td>
</tr>
<tr>
<td>2</td>
<td>560</td>
<td>Vaginal delivery</td>
<td>45,348</td>
<td>6%</td>
</tr>
<tr>
<td>3</td>
<td>720</td>
<td>Septicemia &amp; disseminated infections</td>
<td>35,371</td>
<td>4%</td>
</tr>
<tr>
<td>4</td>
<td>194</td>
<td>Heart failure</td>
<td>26,893</td>
<td>3%</td>
</tr>
<tr>
<td>5</td>
<td>540</td>
<td>Cesarean delivery</td>
<td>21,757</td>
<td>3%</td>
</tr>
<tr>
<td>6</td>
<td>302</td>
<td>Knee joint replacement</td>
<td>18,613</td>
<td>2%</td>
</tr>
<tr>
<td>7</td>
<td>139</td>
<td>Other pneumonia</td>
<td>17,851</td>
<td>2%</td>
</tr>
<tr>
<td>8</td>
<td>140</td>
<td>Chronic obstructive pulmonary disease</td>
<td>15,784</td>
<td>2%</td>
</tr>
<tr>
<td>9</td>
<td>301</td>
<td>Hip joint replacement</td>
<td>15,118</td>
<td>2%</td>
</tr>
<tr>
<td>10</td>
<td>201</td>
<td>Cardiac arrhythmia &amp; conduction disorders</td>
<td>12,656</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All Other</td>
<td>543,466</td>
<td>65%</td>
</tr>
</tbody>
</table>

**Total Discharges**: 813,618 100%

Please [click here](#) to see full interactive graphics on CHIA’s website.

Data Source: Hospital Discharge Database
The community-HPP cohort, which has the most hospitals and highest number of total beds, had the most discharges for eight of the top 10 discharge types. AMCs had the largest share (34%) of vaginal deliveries and Cesarean deliveries. The specialty hospitals are significantly represented in two of the top 10 statewide discharge types, knee joint replacements, and hip joint replacements.

<table>
<thead>
<tr>
<th>Discharge Type</th>
<th>Statewide Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth</td>
<td>60,761</td>
</tr>
<tr>
<td>Vaginal delivery</td>
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<tr>
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<tr>
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</tr>
<tr>
<td>Hip Joint Replacement</td>
<td>15,118</td>
</tr>
<tr>
<td>Cardiac Arrhythmia</td>
<td>12,656</td>
</tr>
</tbody>
</table>

Please click here to see full interactive graphics on CHIA's website.

Data Source: Hospital Discharge Database
Inpatient hospitalizations are frequently categorized into DRGs which quantify the predicted resources required to provide care to patients with different medical conditions. This presentation examines the distribution of cases across the range of DRGs by severity grouping (quintiles) and by hospital type.

AMCs and teaching hospitals provided care to 72% of the most severe cases in FY 2018, while 18% of these cases were treated in community hospital settings (community and HPP hospitals). Specialty hospitals provided care to 10% of the most severe cases.

Conversely, AMCs and teaching hospitals treated 38% of the least severe cases, while 60% of this level of care was provided by community hospitals.

The least severe quintile contained the highest number of statewide inpatient discharges, at 42%.

Please [click here](#) to see full interactive graphics on CHIA’s website.

Data Source: Hospital Discharge Database

Note: Percentages may not add to 100% due to rounding.
In FY 2018, 63% of statewide acute hospital gross revenue was attributed to public payers, including Medicare, Medicaid, and other programs. Community hospitals had the lowest proportion of public payer revenue at 54%.

By definition, community-HPP hospitals are more dependent on public payers, which accounted for 69% of their gross revenue in FY 2018.

Other than community-HPP hospitals, teaching hospitals had the second highest share of public payer mix. In FY 2018, 63% of statewide acute hospital gross revenue was attributed to public payers, including Medicare, Medicaid, and other programs. Community hospitals had the lowest proportion of public payer revenue at 54%.

By definition, community-HPP hospitals are more dependent on public payers, which accounted for 69% of their gross revenue in FY 2018.

* Hospitals have High Public Payer (HPP) status if they have 63% or more of gross revenues (GPRS) attributable to Medicare, Medicaid, other government, and the Health Safety Net.

** Statewide Total includes specialty hospitals.

Please [click here](#) to see full interactive graphics on CHIA’s website.

Data Source: Hospital Cost Reports
Statewide commercial relative prices varied across hospital types.
Consistent with prior years, AMCs had the highest median statewide commercial relative price among the hospital cohorts and all AMCs had statewide relative prices that exceeded the statewide median. Community hospitals had the highest variation of statewide commercial relative prices within a cohort though much of the variation was driven by high relative prices at a small number of geographically isolated hospitals.
Data presented here is for calendar year (CY) 2017 which is the latest data available, and is only for the commercial insurance market.

Please click here to see full interactive graphics on CHIA’s website.
In FY 2018, all four hospital cohorts saw increases in their median operating margin compared to the previous year.

Over the past five fiscal years (FY 2014-2018), the teaching and community-HPP cohorts saw an overall decrease in median operating margin, while the AMC and community hospital saw an increase.

The teaching hospital cohort had the highest operating margin in FY 2018 at 4.8%.

Please click here to see full interactive graphics on CHIA's website.

Data Source: Hospital Standardized Financial Statements
The AMC, teaching, and community-HPP cohorts saw an increase in median total margin from the previous year, while the community hospital cohort saw a slight decrease. The teaching hospital cohort reported the greatest increase in median total margin between FY 2017 and 2018 of four percentage points.

The teaching hospital cohort had the highest median total margin in FY 2018 at 6.0%.

Please [click here](#) to see full interactive graphics on CHIA’s website.

Data Source: Hospital Standardized Financial Statements
In FY 2018, the AMC cohort (consisting of six hospitals) reported the largest surplus, a combined $618 million. This is the largest surplus reported during the last five fiscal years (FY 2014 to 2018) by any hospital cohort. Between FY 2014 and FY 2018, the AMC, teaching, and community-HPP cohorts all experienced increases in their combined surpluses. The community hospital cohort remained stable.

AMCs collectively had the largest surplus in absolute dollars every year from FY 2014 to FY 2018, with the exception of FY 2015.

Please click here to see full interactive graphics on CHIA’s website.

Data Source: Hospital Standardized Financial Statements
An **acute hospital** is a hospital that is licensed by the Massachusetts Department of Public Health, which contains a majority of medical-surgical, pediatric, obstetric, and maternity beds.

Hospitals are categorized in five types—Academic Medical Centers (AMCs), teaching hospitals, community hospitals, community-High Public Payer (HPP) hospitals, and specialty hospitals. For analytical purposes, AMCs, teaching hospitals, community hospitals, and community-HPP hospitals are also considered cohorts. Specialty hospitals are not considered a cohort, due to their unique patient populations and services. For FY18, there were six AMCs, seven teaching hospitals, 12 community hospitals, and 30 community-HPP hospitals. There are six specialty hospitals.

**Academic Medical Centers (AMCs)** are a subset of teaching hospitals. AMCs are characterized by extensive research and teaching programs, comprehensive resources for tertiary and quaternary care, being principal teaching hospitals for their respective medical schools, and being full service hospitals with case mix intensity greater than 5% above the statewide average.

**Teaching hospitals** are hospitals that report at least 25 full-time equivalent medical school residents per 100 inpatient beds in accordance with the Medicare Payment Advisory Commission (MedPAC) and are not classified as AMCs.

**Community hospitals** are hospitals that do not meet the MedPAC definition to be classified as teaching hospitals and have a public payer mix of less than 63%.
**Community-High Public Payer (HPP)** hospitals are community hospitals that have 63% or greater of Gross Patient Service Revenue (GPSR) attributable to Medicare, MassHealth, and other government payers, including the Health Safety Net.

<table>
<thead>
<tr>
<th>Community-High Public Payer (HPP) Cohort</th>
<th>.......................................................... page A26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athol Hospital</td>
<td>MelroseWakefield Hospital</td>
</tr>
<tr>
<td>Baystate Franklin Medical Center</td>
<td>Mercy Medical Center</td>
</tr>
<tr>
<td>Baystate Noble Hospital</td>
<td>MetroWest Medical Center</td>
</tr>
<tr>
<td>Baystate Wing Hospital</td>
<td>Morton Hospital, A Steward Family Hospital</td>
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<tr>
<td>Berkshire Medical Center</td>
<td>Nashoba Valley Medical Center, A Steward Family Hospital</td>
</tr>
<tr>
<td>Beth Israel Deaconess Hospital - Plymouth</td>
<td>North Shore Medical Center</td>
</tr>
<tr>
<td>Cape Cod Hospital</td>
<td>Northeast Hospital</td>
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<tr>
<td>Fairview Hospital</td>
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</tr>
<tr>
<td>Harrington Memorial Hospital</td>
<td>Steward Good Samaritan Medical Center</td>
</tr>
<tr>
<td>HealthAlliance-Clinton Hospital</td>
<td>Steward Holy Family Hospital</td>
</tr>
<tr>
<td>Heywood Hospital</td>
<td>Steward Norwood Hospital</td>
</tr>
<tr>
<td>Holyoke Medical Center</td>
<td>Steward Saint Anne’s Hospital</td>
</tr>
<tr>
<td>Lawrence General Hospital</td>
<td>Sturdy Memorial Hospital</td>
</tr>
<tr>
<td>Lowell General Hospital</td>
<td></td>
</tr>
<tr>
<td>Marlborough Hospital</td>
<td></td>
</tr>
</tbody>
</table>

**Specialty hospitals** are not considered a cohort for comparison and analysis due to the unique patient populations they serve and/or the unique sets of services they provide. Specialty hospitals may be included in statewide analyses.

<table>
<thead>
<tr>
<th>Specialty Hospitals</th>
<th>.......................................................... page A56</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston Children’s Hospital</td>
<td>New England Baptist Hospital</td>
</tr>
<tr>
<td>Dana-Farber Cancer Institute</td>
<td>Shriners Hospitals for Children - Boston</td>
</tr>
<tr>
<td>Massachusetts Eye and Ear Infirmary</td>
<td>Shriners Hospitals for Children - Springfield</td>
</tr>
</tbody>
</table>
HOW TO READ ACUTE HOSPITAL PROFILES – FISCAL YEAR 2018

This sheet provides a brief introduction to the metrics on the acute hospital profiles. Definitions and notes on all metrics are available in the technical appendix.

**Signature Healthcare Brockton Hospital**

**2018 Hospital Profile**

Signature Healthcare Brockton Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Metro South region. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 12.4% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased 65.2% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Signature Healthcare Brockton Hospital reported a profit each year in this time period including a profit of $19,945,526 in FY18 and a total margin of 6.7%, compared to the cohort median of 5.0%.

**Overview / Size**

- **Hospital System Affiliation:** Signature Healthcare Corporation
- **Hospital System Surplus (Loss) in FY18:** $11,483,617
- **Change in Ownership (FY14-18):** Not Applicable
- **Total Staffed Beds:** 216, mid-size acute hospital
- **% Occupancy:** 59.9%, < cohort avg. (67%)
- **Special Public Funding:** ICB
- **Case Mix Index:** 0.93, < cohort avg. (1.14)

**Financial**

- **Inpatient NPSR per CMAD:** $12,334
- **Change FY17-FY18:** 4.2%
- **Inpatient Copayment Revenue in FY18:** $96,452
- **Outpatient Revenue in FY18:** $131,293,262
- **Change FY17-FY18:** 5.2%
- **Total Revenue in FY18:** $207,137,711
- **Total Surplus (Loss) in FY18:** $19,945,526

**Types of inpatient cases**

This hospital’s most frequent inpatient cases are listed, with the number of discharges in each group and a bar representing the proportion of regional cases treated at this hospital.

**Readmissions**

This measure is designed to follow adult patients for 30 days from discharge and determine whether they are admitted to a hospital during this period. The unadjusted readmission rates for 2014 and 2018 are displayed in the graph. A lower score is better.

**Hospital name**

Signature Healthcare Brockton Hospital

**Campus location(s)**

Brockton, MA

**Hospital type**

Community-High Public Payer Hospital

**Region**

Metro South

**Hospital system affiliation**

Signature Healthcare Corporation

**Regional utilization**

The communities where the hospital’s inpatients reside are listed, with the number of this hospital’s discharges from each community and a bar representing the share this hospital provides for each community among Massachusetts hospitals.

**Health care-associated infections**

This measure displays how many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery patients experienced relative to what was expected, based on the hospital’s characteristics and case mix.

The dotted line indicates that the expected and observed number of infections were equal. A lower score is better.
HOW TO READ ACUTE HOSPITAL PROFILES – FISCAL YEAR 2018

Each of the first four graphs compares trends at the featured hospital (in blue) to the trend among the peer cohort hospitals (in orange). Both trends are anchored at 100 to emphasize recent changes. The labeled points are cumulative over the time period.

Absolute differences between the hospital and the cohort cannot be read from these graphs, but are available in the data supplement to these reports.
Beth Israel Deaconess Medical Center (BIDMC) is a large, non-profit Academic Medical Center (AMC) located in the Metro Boston region. At 715 inpatient beds, it is the largest member of CareGroup. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 8.7% compared to a median increase of 2.7% at AMCs. Outpatient visits increased 19.8% for the hospital between FY14 and FY18, compared to a median increase of 0.6% at AMCs. It earned a profit each year from FY14 to FY18, with a 5.6% total margin in FY18 compared to the AMC median total margin of 5.0%.

**Overview / Size**

- Hospital System Affiliation: CareGroup
- Hospital System Surplus (Loss) in FY18: $110,129,000
- Change in Ownership (FY14-18): Not Applicable
- Total Staffed Beds: 715, 5th largest acute hospital
- % Occupancy: 89.6%, > cohort avg. (86%)
- Special Public Funding: Not Applicable
- Trauma Center Designation: Adult: Level 1
- Case Mix Index: 1.43, < cohort avg. (1.54); > statewide (1.14)

**Financial**

- Inpatient NPSR per CMAD: $13,878
- Change FY17-FY18: 0.8%
- Inpatient:Outpatient Revenue in FY18: 40%;60%
- Outpatient Revenue in FY18: $587,848,554
- Change FY17-FY18: 4.6%
- Total Revenue in FY18: $1,871,143,000
- Total Surplus (Loss) in FY18: $103,921,000

**Services**

- Discharges by DRG:
  - Normal Neonate Birth (4382): 18% of regional discharges were treated at this hospital in FY18
  - Vaginal Delivery (3310): 18%
  - Cesarean Delivery (1656): 19%
  - Septicemia Infections (1049): 13%
  - Heart Failure (949): 13%
  - Chemotherapy (513): 17%
  - Other Vascular Procs (486): 21%
  - Maj Sml & Lrg Bowel Procs (484): 15%
  - Per Cardio procs w/o AMI (478): 18%
  - Knee Joint Replacement (473): 6%

- Summary: Hospital (40,456) = 13% of total regional discharges

**Quality**

- Readmission Rate in FY18: 16.9%
- Change FY14-FY18 (percentage points): 1.5%

**Payer Mix**

- Public Payer Mix: 56.0% Non-HPP Hospital
- CY17 Commercial Statewide Relative Price: 1.05
- Top 3 Commercial Payers:
  - Blue Cross Blue Shield of Massachusetts
  - Harvard Pilgrim Health Care
  - Tufts Associated HMO, Inc.

**Utilization**

- Inpatient Discharges in FY18: 40,456
- Change FY17-FY18: -0.1%
- Emergency Department Visits in FY18: 75,927
- Change FY17-FY18: 9.4%
- Outpatient Visits in FY18: 732,556
- Change FY17-FY18: 6.5%

**Discharges by Community**

- Boston MA (2,351): 13% of community discharges were treated at this hospital in FY18
- Quincy MA (1,538): 14%
- Brockton MA (1,364): 13%
- Dorchester MA (1,317): 14%
- Cambridge MA (865): 11%
- Brockton MA (826): 5%
- Plymouth MA (802): 10%
- Dorchester MA (793): 12%
- Jamaica Plain MA (728): 19%
- Roxbury MA (676): 17%

**Discharges by Community**

- Summary: Hospital (40,456) = 13% of total regional discharges

**At a Glance**

- Adult: Level 1
- Case Mix Index: 1.43, < cohort avg. (1.54); > statewide (1.14)

**Overview / Size**

- Hospital System Affiliation: CareGroup
- Hospital System Surplus (Loss) in FY18: $110,129,000
- Change in Ownership (FY14-18): Not Applicable
- Total Staffed Beds: 715, 5th largest acute hospital
- % Occupancy: 89.6%, > cohort avg. (86%)
- Special Public Funding: Not Applicable
- Trauma Center Designation: Adult: Level 1
- Case Mix Index: 1.43, < cohort avg. (1.54); > statewide (1.14)

**Financial**

- Inpatient NPSR per CMAD: $13,878
- Change FY17-FY18: 0.8%
- Inpatient:Outpatient Revenue in FY18: 40%;60%
- Outpatient Revenue in FY18: $587,848,554
- Change FY17-FY18: 4.6%
- Total Revenue in FY18: $1,871,143,000
- Total Surplus (Loss) in FY18: $103,921,000

**Services**

- Normal Neonate Birth (4382): 18% of regional discharges were treated at this hospital in FY18
- Vaginal Delivery (3310): 18%
- Cesarean Delivery (1656): 19%
- Septicemia Infections (1049): 13%
- Heart Failure (949): 13%
- Chemotherapy (513): 17%
- Other Vascular Procs (486): 21%
- Maj Sml & Lrg Bowel Procs (484): 15%
- Per Cardio procs w/o AMI (478): 18%
- Knee Joint Replacement (473): 6%

- Summary: Hospital (40,456) = 13% of total regional discharges

**Quality**

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- Change FY14-FY18 (percentage points): 1.5%

**Payer Mix**

- Public Payer Mix: 56.0% Non-HPP Hospital
- CY17 Commercial Statewide Relative Price: 1.05
- Top 3 Commercial Payers:
  - Blue Cross Blue Shield of Massachusetts
  - Harvard Pilgrim Health Care
  - Tufts Associated HMO, Inc.

**Utilization**

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- Change FY17-FY18: -0.1%
- Emergency Department Visits in FY18: 75,927
- Change FY17-FY18: 9.4%
- Outpatient Visits in FY18: 732,556
- Change FY17-FY18: 6.5%

**Discharges by Community**

- Boston MA (2,351): 13% of community discharges were treated at this hospital in FY18
- Quincy MA (1,538): 14%
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- Jamaica Plain MA (728): 19%
- Roxbury MA (676): 17%

**Discharges by Community**

- Summary: Hospital (40,456) = 13% of total regional discharges

For descriptions of the metrics, please see the technical appendix.
2018 HOSPITAL PROFILE: BETH ISRAEL DEACONESS MEDICAL CENTER

Cohort: Academic Medical Center

Key:
- Hospital
- Peer Cohort

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue $</td>
<td>1,417</td>
<td>1,518</td>
<td>1,595</td>
<td>1,688</td>
<td>1,819</td>
</tr>
<tr>
<td>Non-Operating Revenue $</td>
<td>32</td>
<td>(11)</td>
<td>25</td>
<td>45</td>
<td>53</td>
</tr>
<tr>
<td>Total Revenue $</td>
<td>1,449</td>
<td>1,507</td>
<td>1,620</td>
<td>1,733</td>
<td>1,871</td>
</tr>
<tr>
<td>Total Costs $</td>
<td>1,385</td>
<td>1,477</td>
<td>1,571</td>
<td>1,658</td>
<td>1,767</td>
</tr>
<tr>
<td>Total Profit (Loss) $</td>
<td>63.3</td>
<td>29.7</td>
<td>49.8</td>
<td>74.6</td>
<td>103.9</td>
</tr>
</tbody>
</table>

How were the hospital's total margin and operating margins between FY14 and FY18, 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.
Boston Medical Center (BMC) is a large, non-profit academic medical center (AMC) located in the Metro Boston region. BMC is a teaching hospital of Boston University School of Medicine. It also qualifies as a High Public Payer (HPP) hospital. It is the state’s seventh-largest hospital, and one of nine organ transplant centers in Massachusetts. In FY18, BMC reported a profit of $49.4M and a total margin of 3.3% compared to its peer cohort median of 5.0%.

**Overview / Size**
- **Hospital System Affiliation:** Boston Medical Center Health System
- **Hospital System Surplus (Loss) in FY18:** $25,666,000
- **Change in Ownership (FY14-18):** Not Applicable
- **Total Staffed Beds:** 441, 7th largest acute hospital
- **% Occupancy:** 78.7%, lowest in cohort avg. (86%)
- **Special Public Funding:** HCI
- **Trauma Center Designation:** Adult: Level 1, Pedi: Level 2
- **Case Mix Index:** 1.25, < cohort avg. (1.54); > statewide (1.14)

**Payer Mix**
- **Public Payer Mix:** 75.6% HPP Hospital
- **CY17 Commercial Statewide Relative Price:** 1.15
- **Top 3 Commercial Payers:** Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, AllWays Health Partners, Inc.

**Financial**
- **Inpatient NPSR per CMAD:** $13,749
- **Change FY17-FY18:** -4.2%
- **Inpatient:Outpatient Revenue in FY18:** 28.5%
- **Outpatient Revenue in FY18:** $781,570,362
- **Change FY17-FY18:** 28.5%
- **Total Revenue in FY18:** $1,492,616,000
- **Inpatient Discharges in FY18:** 26,408
- **Change FY17-FY18:** 2.7%
- **Outpatient Visits in FY18:** 1,581,337
- **Change FY17-FY18:** -6.5%

**Quality**
- **Readmission Rate in FY18:** 15.6%
- **Change FY14-FY18 (percentage points):** 0.1
- **Early Elective Deliveries Rate:** 1.7%

**Utilization**
- **Inpatient Discharges in FY18:** 26,408
- **Change FY17-FY18:** 2.7%
- **Emergency Department Visits in FY18:** 130,163
- **Change FY17-FY18:** 1.15
- **Outpatient Visits in FY18:** 1,581,337
- **Change FY17-FY18:** -6.5%

**Services**

### Discharges by DRG

<table>
<thead>
<tr>
<th>DRG Description</th>
<th>Discharges</th>
<th>% of Regional Discharges Treated at BMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (2351)</td>
<td>367</td>
<td>10%</td>
</tr>
<tr>
<td>Vaginal Delivery (1963)</td>
<td>51</td>
<td>9%</td>
</tr>
<tr>
<td>Cesarean Delivery (960)</td>
<td>42</td>
<td>12%</td>
</tr>
<tr>
<td>Septicemia Infections (703)</td>
<td>29</td>
<td>10%</td>
</tr>
<tr>
<td>Bacterial Skin Infections (454)</td>
<td>42</td>
<td>14%</td>
</tr>
<tr>
<td>Procedures For Obesity (426)</td>
<td>14</td>
<td>18%</td>
</tr>
<tr>
<td>Sickle Cell Anemia Crisis (425)</td>
<td>6</td>
<td>42%</td>
</tr>
<tr>
<td>Other Pneumonia (376)</td>
<td>3</td>
<td>9%</td>
</tr>
<tr>
<td>COPD (367)</td>
<td>7</td>
<td>13%</td>
</tr>
</tbody>
</table>

---

- **Hospital (26,408) = 9% of total regional discharges**

**Quality**

### Discharges by Community

<table>
<thead>
<tr>
<th>Community</th>
<th>Total Discharges</th>
<th>% of Community Discharges Treated at BMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston MA</td>
<td>4,599</td>
<td>25%</td>
</tr>
<tr>
<td>Dorchester MA</td>
<td>3,503</td>
<td>37%</td>
</tr>
<tr>
<td>Roxbury MA</td>
<td>1,537</td>
<td>30%</td>
</tr>
<tr>
<td>Mattapan MA</td>
<td>1,065</td>
<td>33%</td>
</tr>
<tr>
<td>Chelsea MA</td>
<td>820</td>
<td>18%</td>
</tr>
<tr>
<td>Brockton MA</td>
<td>791</td>
<td>5%</td>
</tr>
<tr>
<td>Quincy MA</td>
<td>715</td>
<td>12%</td>
</tr>
<tr>
<td>Hyde Park MA</td>
<td>659</td>
<td>7%</td>
</tr>
</tbody>
</table>

---

- **Hospital (26,408) = 9% of total regional discharges**

For descriptions of the metrics, please see the technical appendix.
2018 HOSPITAL PROFILE: BOSTON MEDICAL CENTER
Cohort: Academic Medical Center

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

= +2.7%  +1.3%
FY18 Inpatient Discharges = 26,408

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

= +0.6%  -2.2%
FY18 Outpatient Visits = 1,581,337

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

= +23.4%  +11.2%
FY18 Outpatient Revenue = $782 M

How have the hospital's total revenue and costs changed between FY14 and FY18?

<table>
<thead>
<tr>
<th>Financial Performance</th>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue, Cost, &amp; Profit/Loss (in millions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Revenue</td>
<td></td>
<td>$1,087</td>
<td>$1,137</td>
<td>$1,243</td>
<td>$1,326</td>
<td>$1,481</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td></td>
<td>$22</td>
<td>$22</td>
<td>($9)</td>
<td>$16</td>
<td>$11</td>
</tr>
<tr>
<td>Total Revenue</td>
<td></td>
<td>$1,109</td>
<td>$1,159</td>
<td>$1,233</td>
<td>$1,342</td>
<td>$1,493</td>
</tr>
<tr>
<td>Total Costs</td>
<td></td>
<td>$1,053</td>
<td>$1,130</td>
<td>$1,241</td>
<td>$1,313</td>
<td>$1,443</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td></td>
<td>$55.5</td>
<td>$29.3</td>
<td>($7.6)</td>
<td>$28.6</td>
<td>$49.4</td>
</tr>
</tbody>
</table>

What were the hospital's total margin and operating margins between FY14 and FY18, 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.

η For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).
BRIGHAM AND WOMEN’S HOSPITAL
2018 Hospital Profile

Brigham and Women’s Hospital is a non-profit academic medical center (AMC) located in the Metro Boston region. At 849 staffed beds, it is the second-largest hospital in Massachusetts and one of nine organ transplant centers in the state. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 5.5% compared to a median increase of 2.7% at AMCs. Outpatient visits increased 3.3% for the hospital between FY14 and FY18, compared to a median increase of 0.6% at AMCs. It earned a profit each year from FY14 to FY18, with a 5.6% total margin in FY18 compared to the AMC median total margin of 5.0%.

Overview / Size
Hospital System Affiliation: Partners HealthCare System
Hospital System Surplus (Loss) in FY18: $826,605,000
Change in Ownership (FY14-18): Not Applicable
Total Staffed Beds: 849, 2nd largest acute hospital
% Occupancy: 88.1%, > cohort avg. (86%)
Special Public Funding: Not Applicable
Trauma Center Designation: Adult: Level 1
Case Mix Index: 1.61, > cohort avg. (1.54); > statewide (1.14)

Financial
Inpatient NPSR per CMAD: $17,409
Change FY17-FY18: 3.6%
Inpatient-Outpatient Revenue in FY18: 57%,43%
Outpatient Revenue in FY18: $829,450,454
Change FY17-FY18: 7.3%
Total Revenue in FY18: $3,095,566,000
Total Surplus (Loss) in FY18: $173,026,000

Payer Mix
Public Payer Mix: 55.7% Non-HPP Hospital
CY17 Commercial Statewide Relative Price: 1.34
Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts
Harvard Pilgrim Health Care
Tufts Associated HMO, Inc.

Utilization
Inpatient Discharges in FY18: 47,392
Change FY17-FY18: -0.1%
Emergency Department Visits in FY18: 59,712
Change FY17-FY18: -1.1%
Outpatient Visits in FY18: 667,129
Change FY17-FY18: 5.4%

Quality
Readmission Rate in FY18: 16.2%
Change FY14-FY18 (percentage points): 0.8
Early Elective Deliveries Rate: 4.8%

At a Glance
What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

Discharges by DRG
<table>
<thead>
<tr>
<th>DRG Description</th>
<th>% of Total Discharges</th>
<th>% of Regional Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (5022)</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>Vaginal Delivery (3939)</td>
<td>21%</td>
<td>23%</td>
</tr>
<tr>
<td>Cesarean Deliver (2033)</td>
<td>23%</td>
<td>30%</td>
</tr>
<tr>
<td>Craniotomy, ex Trauma (842)</td>
<td>11%</td>
<td>23%</td>
</tr>
<tr>
<td>Heart Failure (820)</td>
<td>9%</td>
<td>39%</td>
</tr>
<tr>
<td>Maj Smi &amp; Lrg Bowel Proc (783)</td>
<td>8%</td>
<td>23%</td>
</tr>
<tr>
<td>Major Resp &amp; Chest Proc (872)</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>Hip Joint Replacement (663)</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>Sepsis Infections (628)</td>
<td>1%</td>
<td>16%</td>
</tr>
<tr>
<td>Per Cardio procs w/o AMI (585)</td>
<td>1%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Total Hospital (47,392) = 16% of total regional discharges

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
<table>
<thead>
<tr>
<th>Community</th>
<th>% of Community Discharges</th>
<th>% of Hospital Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston MA (2,151)</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td>Dorchester MA (1,494)</td>
<td>16%</td>
<td>31%</td>
</tr>
<tr>
<td>Jamaica Plain MA (1,157)</td>
<td>16%</td>
<td>27%</td>
</tr>
<tr>
<td>Brookline MA (967)</td>
<td>21%</td>
<td>25%</td>
</tr>
<tr>
<td>Roxbury MA (614)</td>
<td>24%</td>
<td>24%</td>
</tr>
<tr>
<td>Roslindale MA (606)</td>
<td>19%</td>
<td>0%</td>
</tr>
<tr>
<td>Hyde Park MA (771)</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>Quincy MA (737)</td>
<td>5%</td>
<td>0%</td>
</tr>
</tbody>
</table>

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 state average?

<table>
<thead>
<tr>
<th>Year</th>
<th>Readmission Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>15.5%</td>
</tr>
<tr>
<td>2018</td>
<td>16.2%</td>
</tr>
</tbody>
</table>

State Average

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?

<table>
<thead>
<tr>
<th>Infection Type</th>
<th>Expected Rate</th>
<th>Observed Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLABSI</td>
<td>Lower is Better</td>
<td>Lower is Better</td>
</tr>
<tr>
<td>CAUTI</td>
<td>Lower is Better</td>
<td>Lower is Better</td>
</tr>
<tr>
<td>SSI: Colon Surgery</td>
<td>Lower is Better</td>
<td>Lower is Better</td>
</tr>
</tbody>
</table>

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Inpatient Discharges = 47,392

+5.5%

+2.7%

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Outpatient Visits = 667,129

+3.3%

+0.6%

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$2,538</td>
<td>$2,606</td>
<td>$2,730</td>
<td>$2,936</td>
<td>$3,096</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0</td>
<td>$(3)</td>
<td>$1</td>
<td>$3</td>
<td>$(1)</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$2,538</td>
<td>$2,603</td>
<td>$2,731</td>
<td>$2,939</td>
<td>$3,096</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$2,386</td>
<td>$2,542</td>
<td>$2,637</td>
<td>$2,883</td>
<td>$2,923</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$151.7</td>
<td>$60.8</td>
<td>$94.4</td>
<td>$55.9</td>
<td>$173.0</td>
</tr>
</tbody>
</table>

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Outpatient Revenue = $829 M

+23.4%

+22.7%

How have the hospital's total revenue and costs changed between FY14 and FY18?

Financial Performance

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.
Massachusetts General Hospital (MGH) is a non-profit academic medical center (AMC) located in the Metro Boston region. MGH is the oldest and largest hospital in Massachusetts, with 1,059 staffed beds. MGH is a teaching hospital of Harvard Medical School, a member of Partners HealthCare, and one of nine organ transplant centers in Massachusetts. The hospital has reported a profit in each of the last 5 years including a $250.6M profit in FY18 with a 6.2% total margin, higher than the 5.0% median total margin of its peer cohort.

### At a Glance

#### Overview / Size
- **Hospital System Affiliation:** Partners HealthCare System
- **Public Payer Mix:** 58.3% Non-HPP Hospital
- **Change in Ownership (FY14-18):** Not Applicable
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of Massachusetts
  - Harvard Pilgrim Health Care
  - Tufts Associated HMO, Inc.

#### Financial
- **Inpatient NPSR per CMAD:** $16,159
- **Change FY17-FY18:** 8.4%
- **Inpatient:Outpatient Revenue in FY18:** 48.52%
- **Outpatient Revenue in FY18:** $1,417,595,464
- **Change FY17-FY18:** -2.9%
- **Total Revenue in FY18:** $4,071,223,000
- **Total Surplus (Loss) in FY18:** $250,628,000

#### Utilization
- **Inpatient Discharges in FY18:** 54,258
- **Change FY17-FY18:** 1.5%
- **Emergency Department Visits in FY18:** 108,269
- **Change FY17-FY18:** 1.5%
- **Outpatient Visits in FY18:** 867,060
- **Change FY17-FY18:** -3.9%

#### Quality
- **Readmission Rate in FY18:** 14.5%
- **Change FY14-FY18 (percentage points):** -0.2
- **Early Elective Deliveries Rate:** Not Available

### Services

#### Discharges by DRG
- **Normal Neonate Birth (3181):** 13%
- **Vaginal Delivery (2599):** 14%
- **Heart Failure (1071):** 15%
- **Sepsis Complications (1062):** 13%
- **Diabetes Complications (1054):** 12%
- **Craniotherapy w/o Trauma (891):** 32%
- **Chemotherapy (828):** 27%
- **Major Sm & Lgi Bowel Proc (814):** 24%
- **Hip Joint Replacement (803):** 11%
- **Knee Joint Replacement (779):** 9%

#### Discharges by Community
- **Boston MA (4,676):** 25%
- **Revere MA (2,363):** 37%
- **Chelsea MA (1,795):** 39%
- **Lynn MA (1,638):** 14%
- **Cambridge MA (1,234):** 15%
- **Everett MA (1,200):** 26%
- **Malden MA (1,018):** 16%
- **Medford MA (1,016):** 17%
- **Somerville MA (1,012):** 17%

### Quality

#### Hospital Readmission
- 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 state average?

#### Inpatient Infections
- What proportion of central line-associated blood stream infections (CLABSIs), catheter-associated urinary tract infections (CAUTIs), and surgical site infections (SSIs) after colon surgery did patients get at this hospital compared to what was expected based on the hospital’s characteristics and case mix?

For descriptions of the metrics, please see the technical appendix.
**2018 HOSPITAL PROFILE: MASSACHUSETTS GENERAL HOSPITAL**

**Cohort: Academic Medical Center**

**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.**

---

**How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)**

- FY18 Inpatient Discharges = 54,258
  - +2.7%
  - +2.1%

---

**How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)**

- FY18 Outpatient Visits = 867,060
  - +0.6%
  - -8.1%

---

**What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?**

---

**How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)**

- FY18 Outpatient Revenue = $1,418 M
  - +27.7%
  - +23.4%

---

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

<table>
<thead>
<tr>
<th>Financial Performance</th>
<th>FY 2014</th>
<th>FY 2015</th>
<th>FY 2016</th>
<th>FY 2017</th>
<th>FY 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$3,326</td>
<td>$3,488</td>
<td>$3,672</td>
<td>$3,936</td>
<td>$4,073</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$13</td>
<td>$(10)</td>
<td>$(0)</td>
<td>$7</td>
<td>$(2)</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$3,339</td>
<td>$3,477</td>
<td>$3,672</td>
<td>$3,943</td>
<td>$4,071</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$3,139</td>
<td>$3,276</td>
<td>$3,529</td>
<td>$3,719</td>
<td>$3,821</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$200.1</td>
<td>$201.1</td>
<td>$142.8</td>
<td>$223.5</td>
<td>$250.6</td>
</tr>
</tbody>
</table>

---

**What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?**

- Operating Margin: 5.6%
  - 2.6%
  - 6.2%
- Total Margin: 6.0%
  - 4.7%
  - 6.2%

---

*High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.*
Tufts Medical Center is a large, non-profit academic medical center (AMC) located in the Metro Boston region. Tufts Medical Center is a teaching hospital of Tufts University School of Medicine and includes the Floating Hospital for Children, which is located within the Tufts Medical Center complex. Tufts Medical Center is one of nine organ transplant centers in Massachusetts and is a member of Wellforce. Outpatient visits increased by 9.4% between FY14 and FY18, compared with the cohort median increase of 0.6%. Tufts Medical Center reported a profit of $39.3M in FY18 and a total margin of 4.4% compared to the median of 5.0% among AMCs.

**Overview / Size**

- **Hospital System Affiliation:** Wellforce
- **Hospital System Surplus (Loss) in FY18:** $38,459,000
- **Change in Ownership (FY14-18):** Wellforce at 10/1/2014
- **Total Staffed Beds:** 285, among the larger acute hospitals
- **% Occupancy:** 93.0%, highest in cohort avg. (86%) 1.85, > cohort avg. (1.54); > statewide (1.14)
- **Special Public Funding:** ICB
- **Trauma Center Designation:** Adult: Level 1, Pedi: Level 1

**Financial**

- **Inpatient NPSR per CMAD:** $14,177
- **Change FY17-FY18:** 9.4%
- **Inpatient:Outpatient Revenue in FY18:** 47%:53%
- **Outpatient Revenue in FY18:** $330,066,991
- **Change FY17-FY18:** 9.7%
- **Total Revenue in FY18:** $887,195,000
- **Total Surplus (Loss) in FY18:** $39,309,478

**At a Glance**

**Services**

What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

Discharges by DRG

- Normal Neonate Birth (968)
- Vaginal Delivery (804)
- Septicemia Infections (444)
- Cesarean Delivery (437)
- Heart Failure (394)
- Per Cardio procs w/o AMI (273)
- Seizure (265)
- Knee Joint Replacement (257)
- Cardiac Arrhythmia (253)
- Bacterial Skin Infections (250)

- - - Hospital (17,402) = 6% of total regional discharges

**Quality**

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 state average?

Discharges by Community

- Boston MA (2,245)
- Quincy MA (768)
- Lowell MA (734)
- Dorchester MA (586)
- Malden MA (505)
- Brockton MA (441)
- Lawrence MA (391)
- Medford MA (352)
- Dorchester Center MA (325)
- Framingham MA (299)

- - - of community discharges were treated at this hospital in FY18

**Payer Mix**

- **Public Payer Mix:** 63.3% HPP Hospital
- **CY17 Commercial Statewide Relative Price:** 1.07
- **Top 3 Commercial Payers:** Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care

**Utilization**

Inpatient Discharges in FY18: 17,402

- Change FY17-FY18: -4.6%

Emergency Department Visits in FY18: 45,943

- Change FY17-FY18: 0.0%

Outpatient Visits in FY18: 450,060

- Change FY17-FY18: 2.0%

**Readmission Rate in FY18:** 15.9%

- Change FY14-FY18 (percentage points): -1.4

**Early Elective Deliveries Rate:** 8.3%

**For descriptions of the metrics, please see the technical appendix.**
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Inpatient Discharges = 17,402

+2.7%

-2.3%

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Outpatient Visits = 450,060

+9.4%

+0.6%

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Outpatient Revenue = $330 M

+45.7%

+23.4%

How have the hospital's total revenue and costs changed between FY14 and FY18?

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>$685.1</td>
<td>$698.3</td>
<td>$740.3</td>
<td>$787.2</td>
<td>$874.0</td>
</tr>
<tr>
<td>Non-Operating</td>
<td>$15.2</td>
<td>$(3.2)</td>
<td>$13.1</td>
<td>$(1.9)</td>
<td>$13.2</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$700.3</td>
<td>$686.1</td>
<td>$753.4</td>
<td>$785.4</td>
<td>$887.2</td>
</tr>
<tr>
<td>Costs</td>
<td>$680.6</td>
<td>$704.3</td>
<td>$738.6</td>
<td>$773.1</td>
<td>$847.9</td>
</tr>
<tr>
<td>Profit</td>
<td>$19.7</td>
<td>$(18.2)</td>
<td>$14.8</td>
<td>$12.3</td>
<td>$39.3</td>
</tr>
</tbody>
</table>

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
UMASS MEMORIAL MEDICAL CENTER
2018 Hospital Profile

UMass Memorial Medical Center is a large, non-profit academic medical center (AMC) located in the Central Massachusetts region. UMass Memorial is a member of UMass Memorial Health Care, and one of nine organ transplant centers in Massachusetts. It also qualifies as a High Public Payer (HPP) hospital. Outpatient visits decreased by 5.8% between FY14 and FY18, compared with the cohort median increase of 0.6%. UMass Memorial earned a profit each year from FY14 to FY18, including a profit of $1.7M in FY18 and a total margin of 0.1% compared to its peer cohort median of 5.0%.

Overview / Size
Hospital System Affiliation: UMass Memorial Health Care
Hospital System Surplus (Loss) in FY18: ($19,297,000)
Change in Ownership (FY14-18): Not Applicable
Total Staffed Beds: 730, 4th largest acute hospital
% Occupancy: 80.7%, < cohort avg. (86%)
Special Public Funding: HCII, ICB
Change FY17-FY18: Adult: Level 1, Pedi: Level 1
Case Mix Index: 1.40, < cohort avg. (1.54); > statewide (1.14)

Financial
Inpatient NPSR per CMAD: $12,425
Change FY17-FY18: -0.4%
Inpatient:Outpatient Revenue in FY18: 44%:56%
Outpatient Revenue in FY18: $720,309,560
Change FY17-FY18: -1.7%
Total Revenue in FY18: $1,740,761,000
Total Surplus (Loss) in FY18: $1,692,000

Payer Mix
Public Payer Mix:
CY17 Commercial Statewide Relative Price: 1.07
Top 3 Commercial Payers:
Blue Cross Blue Shield of Massachusetts Fallon Community Health Plan
Tufts Associated HMO, Inc.

Utilization
Inpatient Discharges in FY18: 41,640
Change FY17-FY18: 0.3%
Emergency Department Visits in FY18: 135,044
Change FY17-FY18: 4.4%
Outpatient Visits in FY18: 938,793
Change FY17-FY18: -4.5%

Quality
Readmission Rate in FY18: 15.6%
Change FY14-FY18 (percentage points): -0.7
Early Elective Deliveries Rate: 1.3%

At a Glance

Services

<table>
<thead>
<tr>
<th>Discharges by DRG</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (3694)</td>
<td>58%</td>
<td>58%</td>
<td>51%</td>
<td>61%</td>
<td>71%</td>
<td>62%</td>
</tr>
<tr>
<td>Vaginal Delivery (2831)</td>
<td>36%</td>
<td>34%</td>
<td>39%</td>
<td>51%</td>
<td>62%</td>
<td>58%</td>
</tr>
<tr>
<td>Septicemia Infections (1785)</td>
<td>24%</td>
<td>22%</td>
<td>26%</td>
<td>39%</td>
<td>50%</td>
<td>45%</td>
</tr>
<tr>
<td>Cesarean Delivery (1265)</td>
<td>21%</td>
<td>19%</td>
<td>23%</td>
<td>35%</td>
<td>45%</td>
<td>41%</td>
</tr>
<tr>
<td>Heart Failure (921)</td>
<td>18%</td>
<td>16%</td>
<td>19%</td>
<td>29%</td>
<td>39%</td>
<td>35%</td>
</tr>
<tr>
<td>Other Pneumonia (881)</td>
<td>14%</td>
<td>12%</td>
<td>15%</td>
<td>24%</td>
<td>34%</td>
<td>30%</td>
</tr>
<tr>
<td>Per Cardio procs w/ AMI (538)</td>
<td>10%</td>
<td>8%</td>
<td>10%</td>
<td>19%</td>
<td>29%</td>
<td>25%</td>
</tr>
<tr>
<td>Renal Failure (528)</td>
<td>6%</td>
<td>4%</td>
<td>7%</td>
<td>12%</td>
<td>18%</td>
<td>14%</td>
</tr>
<tr>
<td>COPD (504)</td>
<td>3%</td>
<td>2%</td>
<td>4%</td>
<td>8%</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>Pulm Edema &amp; Resp Failure (466)</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

- - - Hospital (41,640) = 53% of total regional discharges

Quality

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 state average?

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Average</td>
<td>16.3%</td>
<td>15.6%</td>
</tr>
<tr>
<td>State Average</td>
<td>14.7%</td>
<td>15.4%</td>
</tr>
</tbody>
</table>

CLABSI CAUTI SSI: Colon Surgery

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?

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

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Peer Cohort</th>
</tr>
</thead>
</table>

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

η For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).
BAYSTATE MEDICAL CENTER
Springfield, MA
Teaching Hospital
Western Massachusetts

2018 Hospital Profile

Baystate Medical Center is a non-profit teaching hospital located in the Western Massachusetts region. It is the third-largest acute hospital in Massachusetts, with 781 staffed beds. It is a member of Baystate Health and qualifies as High Public Payer (HPP). It is the only Level 1 Trauma Center in its region, the only Level 2 Pediatric Trauma Center in its region, and one of nine organ transplant centers in Massachusetts. Baystate Medical Center was profitable each year from FY14 to FY18. In FY18 it had a total margin of 7.6%, above the 6.0% median of its cohort hospitals.

At a Glance

Overview / Size
- Hospital System Affiliation: Baystate Health
- Total Staffed Beds: 781, 3rd largest acute hospital
- % Occupancy: 73.9%, < cohort avg. (79%)
- Case Mix Index: 1.25, > cohort avg. (1.12); > statewide (1.14)

Financial
- Inpatient NPSR per CMAD: $11,004
- Inpatient:Outpatient Revenue in FY18: 43%:57%
- Total Revenue in FY18: $1,309,472,000

Payer Mix
- Public Payer Mix: 70.8% HPP Hospital
- Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts, Health New England, Inc., UniCare Life and Health Insurance Co.

Utilization
- Inpatient Discharges in FY18: 42,415
- Outpatient Visits in FY18: 434,209
- Total Surplus (Loss) in FY18: -0.6%

Quality
- Readmission Rate in FY18: 16.0%
- Early Elective Deliveries Rate: 3.3%

Discharges by DRG

<table>
<thead>
<tr>
<th>DRG Description</th>
<th>FY18 Discharges</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (3301)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal Delivery (2491)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Failure (1649)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Septicemia Infections (1567)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cesarean Delivery (1223)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee Joint Replacement (1014)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Cardio procs w/ AMI (690)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COPD (650)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip Joint Replacement (616)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal Failure (602)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

Where did most of the hospital's inpatients reside? What proportion of each community’s total discharges was attributed to this hospital?

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?

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Inpatient Discharges = 42,415

+6.6%

+3.8%

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Outpatient Visits = 434,209

-2.0%

-2.0%

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Outpatient Revenue = $563 M

+40.1%

+15.3%

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$1,053</td>
<td>$1,127</td>
<td>$1,178</td>
<td>$1,227</td>
<td>$1,296</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$28</td>
<td>$26</td>
<td>$40</td>
<td>$42</td>
<td>$13</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$1,081</td>
<td>$1,153</td>
<td>$1,218</td>
<td>$1,269</td>
<td>$1,309</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$984</td>
<td>$1,076</td>
<td>$1,121</td>
<td>$1,160</td>
<td>$1,210</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$96.3</td>
<td>$76.8</td>
<td>$97.8</td>
<td>$109.0</td>
<td>$99.8</td>
</tr>
</tbody>
</table>

What were the hospital's total margin and operating margins between FY14 and FY18, 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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

η For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).
Cambridge Health Alliance (CHA) is a mid-size, municipal teaching hospital located in the Metro Boston region. It is the only municipality-owned hospital in Massachusetts. CHA includes Cambridge Hospital, Somerville Hospital, and Whidden Memorial Hospital campuses. It qualifies as a High Public Payer (HPP) hospital. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 11.3% compared to a median increase of 3.8% at cohort hospitals. Outpatient visits decreased by 0.9% for the hospital between FY14 and FY18, compared to a median decrease of 2.0% for its peer cohort. It reported a profit of $7.5M in FY18 with a total margin of 1.1%.

---

**Quality**

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 state average?

- **Discharges by Community**
  - Somerville MA (1,005): 26%
  - Cambridge MA (1,378): 17%
  - Everett MA (1,355): 29%
  - Revere MA (1,090): 17%
  - Chelsea MA (1,005): 22%
  - Malden MA (823): 13%
  - Medford MA (443): 7%
  - Boston MA (246): 1%
  - Lynn MA (165): 1%
  - Arlington MA (121): 3%

---

**Utilization**

Inpatient Discharges in FY18: 10,683
- Change FY17-FY18: -1.9%

Emergency Department Visits in FY18: 90,849
- Change FY17-FY18: -1.8%

Outpatient Visits in FY18: 658,611
- Change FY17-FY18: -0.8%

Readmission Rate in FY18: 16.7%
- Change FY14-FY18 (percentage points): -0.6

Early Elective Deliveries Rate: 0.0%

---

**Services**

What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

- **Discharges by DRG**
  - Normal Neonate Birth (1016): 4%
  - Vaginal Delivery (761): 4%
  - Maj Depressive Disorders (571): 6%
  - Septicemia Infections (477): 24%
  - Schizophrenia (470): 5%
  - Bipolar Disorders (469): 21%
  - Heart Failure (386): 46%
  - Adjust Dis/Neuroses exc DD (368): 12%
  - Alcohol Abuse & Dependence (324): 3%
  - Cesarean Delivery (293): 12%

---

**Payer Mix**

Public Payer Mix: 70.9% HPP Hospital

CY17 Commercial Statewide Relative Price: 0.78

Top 3 Commercial Payers:
- Blue Cross Blue Shield of Massachusetts Network Health, LLC (Medicaid MCO)
- Tufts Associated HMO, Inc.

---

**Financial**

Inpatient NPSR per CMAD: $17,636
- Change FY17-FY18: 16.4%

Inpatient:Outpatient Revenue in FY18: 21.79%
- Outpatient Revenue in FY18: $369,107,450
- Change FY17-FY18: 9.5%

Total Revenue in FY18: $660,544,986
- Change FY17-FY18: 65.8%

Total Surplus (Loss) in FY18: $7,520,736
- Change FY17-FY18: -0.8%

---

**Overview / Size**

Hospital System Affiliation: Cambridge Health Alliance

Hospital System Surplus (Loss) in FY18: $10,419,495

Total Staffed Beds: 229, mid-size acute hospital

% Occupancy: 67.3%, lowest in cohort avg. (79%)

Special Public Funding: ICB°

Trauma Center Designation: Not Applicable

Case Mix Index: 0.85, < cohort avg. (1.12); < statewide (1.14)

---

**At a Glance**

What proportion of each community’s total discharges was attributed to this hospital?

- Somerville MA (1,005): 26%
- Cambridge MA (1,378): 17%
- Everett MA (1,355): 29%
- Revere MA (1,090): 17%
- Chelsea MA (1,005): 22%
- Malden MA (823): 13%
- Medford MA (443): 7%
- Boston MA (246): 1%
- Lynn MA (165): 1%
- Arlington MA (121): 3%

---

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Inpatient Discharges = 10,683

-3.8%

-11.3%

FY14 2015 2016 2017 2018

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Outpatient Visits = 658,611

-0.9%

-2.0%

FY14 2015 2016 2017 2018

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

FY18 Outpatient Revenue = $369 M

+15.3%

+14.7%

FY14 2015 2016 2017 2018

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$530.3</td>
<td>$574.4</td>
<td>$571.7</td>
<td>$589.8</td>
<td>$649.6</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$6.5</td>
<td>$10.7</td>
<td>$12.2</td>
<td>$16.7</td>
<td>$10.9</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$536.8</td>
<td>$585.1</td>
<td>$583.9</td>
<td>$606.5</td>
<td>$660.5</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$556.2</td>
<td>$577.1</td>
<td>$602.8</td>
<td>$601.1</td>
<td>$653.0</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$(19.3)</td>
<td>$7.9</td>
<td>$(18.8)</td>
<td>$5.5</td>
<td>$7.5</td>
</tr>
</tbody>
</table>

How have the hospital's total revenue and costs changed between FY14 and FY18?

Financial Performance

Operating

Total

5.6%

4.8%

-4.8%

-0.5%

8.2%

6.0%

-3.6%

1.1%

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
Lahey Hospital & Medical Center is a non-profit teaching hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts and one of nine transplant centers in the State. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 14.2% compared to a median increase of 3.8% at cohort hospitals. Outpatient visits decreased 13.1% for the hospital between FY14 and FY18, compared to a median decrease of 2.0% for its peer cohort. Lahey Hospital & Medical Center has been profitable each year from FY14 to FY18, with a total margin at or near the median of its peer cohort hospitals.

**At a Glance**

- **Overview / Size**
  - Hospital System Affiliation: Lahey Health System
  - Hospital System Surplus (Loss) in FY18: ($13,194,627)
  - Change in Ownership (FY14-18): Not Applicable
  - Total Staffed Beds: 345, among the larger acute hospitals
  - % Occupancy: 90.0%, > cohort avg. (79%)
  - Special Public Funding: CHART®, ICB°
  - Trauma Center Designation: Adult: Level 2
  - Case Mix Index: 1.54, > cohort avg. (1.12); > statewide (1.14)

- **Financial**
  - Inpatient NPSR per CMAD: $12,061
  - Change FY17-FY18: 0.2%
  - Inpatient:Outpatient Revenue in FY18: 32%:68%
  - Outpatient Revenue in FY18: $519,612,748
  - Change FY17-FY18: 9.3%
  - Total Revenue in FY18: $1,011,758,198
  - Total Surplus (Loss) in FY18: $66,375,812

- **Services**
  - Discharges by DRG
    - Septicemia Infections (1457)
    - Heart Failure (955)
    - Cardiac Arrhythmia (547)
    - Renal Failure (534)
    - Hip Joint Replacement (528)
    - CVA Occlusion w/ Infant (498)
    - Other Pneumonia (491)
    - Knee Joint Replacement (455)
    - Per Cardio procs w/o AMI (434)
    - Maj Sml & Lrg Bowel Proc (429)

- **Quality**
  - 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 state average?
  - Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?
  - 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?
2018 HOSPITAL PROFILE: LAHEY HOSPITAL & MEDICAL CENTER

Cohort: Teaching Hospital

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Inpatient Discharges = 23,987

+14.2%

+3.8%

2014 2015 2016 2017 2018

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Outpatient Visits = 815,684

-2.0%

-13.1%

2014 2015 2016 2017 2018

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$821.4</td>
<td>$836.9</td>
<td>$923.6</td>
<td>$949.2</td>
<td>$1,010</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$1.0</td>
<td>$0.8</td>
<td>$0.9</td>
<td>($6.2)</td>
<td>$1.3</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$822.3</td>
<td>$837.6</td>
<td>$924.4</td>
<td>$943.0</td>
<td>$1,012</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$755.2</td>
<td>$806.2</td>
<td>$872.1</td>
<td>$924.2</td>
<td>$945.4</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$67.2</td>
<td>$31.4</td>
<td>$52.4</td>
<td>$18.8</td>
<td>$66.4</td>
</tr>
</tbody>
</table>

2014 2015 2016 2017 2018

What has been the hospital’s total outpatient revenue changed compared to FY14, and how does this compare to the hospital’s peer cohort median? (FY14=100)

FY18 Outpatient Revenue = $520 M

+20.4%

+15.3%

2014 2015 2016 2017 2018

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

2014 2015 2016 2017 2018

Total

Operating

+14.2%

+3.8%

+15.3%

+20.4%

8.1%

5.6%

6.4%

8.2%

8.2%

6.6%

8.2%

8.2%

6.6%

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8.2%

6.6%

8.2%

8.2%
Mount Auburn Hospital is a large, non-profit teaching hospital located in the Metro Boston region. It is a member of CareGroup. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 3.8%, consistent with the median increase for its peer cohort. Outpatient visits decreased 44.5% for the hospital between FY14 and FY18, compared to a median decrease of 2.0% for its peer cohort. The hospital has reported a profit in each of the last five years and in FY18 reported a total margin of 6.0%, consistent with the median of its peer cohort.

### Overview / Size

- **Hospital System Affiliation:** CareGroup
- **Hospital System Surplus (Loss) in FY18:** $110,129,000
- **Change in Ownership (FY14-18):** Not Applicable
- **Total Staffed Beds:** 243, among the larger acute hospitals
- **% Occupancy:** 70.8%, < cohort avg. (79%)
- **Special Public Funding:** Not Applicable
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 0.89, < cohort avg. (1.12); < statewide (1.14)

### Financial

- **Inpatient NPSR per CMAD:** $12,124
- **Change FY17-FY18:** 2.2%
- **Inpatient:Outpatient Revenue in FY18:** 34.66%
- **Outpatient Revenue in FY18:** $163,902,397
- **Change FY17-FY18:** 1.3%
- **Total Revenue in FY18:** $347,467,000
- **Total Surplus (Loss) in FY18:** $20,996,000

### Payer Mix

- **Public Payer Mix:** 52.7% Non-HPP Hospital
- **CY17 Commercial Statewide Relative Price:** 0.95
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of Massachusetts
  - Tufts Associated HMO, Inc.
  - Harvard Pilgrim Health Care

### Utilization

- **Inpatient Discharges in FY18:** 14,574
  - Change FY17-FY18: 1.1%
- **Emergency Department Visits in FY18:** 34,623
  - Change FY17-FY18: -3.9%
- **Outpatient Visits in FY18:** 96,887
  - Change FY17-FY18: -0.8%

### Quality

- **Readmission Rate in FY18:** 14.1%
  - Change FY14-FY18 (percentage points): 0.8
- **Early Elective Deliveries Rate:** 0.0%

### Services

#### Discharges by DRG

<table>
<thead>
<tr>
<th>DRG Description</th>
<th>Percentage of Regional Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (2040)</td>
<td>10%</td>
</tr>
<tr>
<td>Vaginal Delivery (1865)</td>
<td>10%</td>
</tr>
<tr>
<td>Cesarean Delivery (640)</td>
<td>7%</td>
</tr>
<tr>
<td>Septicemia Infections (491)</td>
<td>6%</td>
</tr>
<tr>
<td>Heart Failure (390)</td>
<td>5%</td>
</tr>
<tr>
<td>Other Pneumonia (347)</td>
<td>8%</td>
</tr>
<tr>
<td>Hip Joint Replacement (246)</td>
<td>3%</td>
</tr>
<tr>
<td>Cardiac Arrhythmia (243)</td>
<td>7%</td>
</tr>
<tr>
<td>Knee Joint Replacement (242)</td>
<td>3%</td>
</tr>
<tr>
<td>Kidney &amp; UT Infections (227)</td>
<td>8%</td>
</tr>
</tbody>
</table>

#### Discharges by Community

<table>
<thead>
<tr>
<th>Community</th>
<th>Percentage of Community Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambridge MA (2,702)</td>
<td>33%</td>
</tr>
<tr>
<td>Watertown MA (1,655)</td>
<td>44%</td>
</tr>
<tr>
<td>Arlington MA (1,497)</td>
<td>35%</td>
</tr>
<tr>
<td>Somerville MA (1,397)</td>
<td>23%</td>
</tr>
<tr>
<td>Waltham MA (1,139)</td>
<td>19%</td>
</tr>
<tr>
<td>Belmont MA (979)</td>
<td>46%</td>
</tr>
<tr>
<td>Medford MA (628)</td>
<td>11%</td>
</tr>
<tr>
<td>Lexington MA (329)</td>
<td>14%</td>
</tr>
<tr>
<td>Boston MA (239)</td>
<td>1%</td>
</tr>
<tr>
<td>Malden MA (205)</td>
<td>3%</td>
</tr>
</tbody>
</table>

### Quality

#### Discharges by DRG

<table>
<thead>
<tr>
<th>DRG Description</th>
<th>Percentage of Regional Discharges</th>
</tr>
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<tr>
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<td>10%</td>
</tr>
<tr>
<td>Normal Neonate Birth (2040)</td>
<td>10%</td>
</tr>
</tbody>
</table>

#### Inpatient Surgeries

<table>
<thead>
<tr>
<th>DRG Description</th>
<th>Percentage of Regional Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cesarean Delivery</td>
<td>10%</td>
</tr>
<tr>
<td>Vaginal Delivery</td>
<td>10%</td>
</tr>
<tr>
<td>Hip Joint Replacement</td>
<td>3%</td>
</tr>
<tr>
<td>Cardiac Arrhythmia</td>
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</tr>
<tr>
<td>Septicemia Infections</td>
<td>6%</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>5%</td>
</tr>
<tr>
<td>Other Pneumonia</td>
<td>8%</td>
</tr>
</tbody>
</table>

### At a Glance

- **Total Staffed Beds:** 243, among the larger acute hospitals
- **% Occupancy:** 70.8%, < cohort avg. (79%)
- **Special Public Funding:** Not Applicable
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 0.89, < cohort avg. (1.12); < statewide (1.14)

### Summary

- Mount Auburn Hospital is a large, non-profit teaching hospital located in the Metro Boston region. It is a member of CareGroup.
- Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 3.8%, consistent with the median increase for its peer cohort.
- Outpatient visits decreased 44.5% for the hospital between FY14 and FY18, compared to a median decrease of 2.0% for its peer cohort.
- The hospital has reported a profit in each of the last five years and in FY18 reported a total margin of 6.0%, consistent with the median of its peer cohort.

For descriptions of the metrics, please see the technical appendix.
2018 HOSPITAL PROFILE: MOUNT AUBURN HOSPITAL
Cohort: Teaching Hospital

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
SAINT VINCENT HOSPITAL

2018 Hospital Profile

Saint Vincent Hospital is a for-profit teaching hospital located in the Central Massachusetts region. Along with MetroWest Medical Center, Saint Vincent Hospital was bought by Tenet Healthcare Corporation in 2013. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 0.9% compared to a median increase of 3.8% at cohort hospitals. Outpatient visits increased 72.6% for the hospital between FY14 and FY18, compared to a median decrease of 2.0% for its peer cohort. Saint Vincent Hospital reported a profit each year in this time period including a profit of $72.2M in FY18 and a total margin of 14.6%, compared to the cohort median of 6.0%.

Overview / Size

Hospital System Affiliation: Tenet Healthcare
Hospital System Surplus (Loss) in FY18: $111,000,000
Change in Ownership (FY14-18): Not Applicable
Total Staffed Beds: 303, among the larger acute hospitals
% Occupancy: 69.4%, < cohort avg. (79%)
Special Public Funding: ICB*
Trauma Center Designation: Not Applicable
Case Mix Index: 1.03, < cohort avg. (1.12); < statewide (1.14)

Payer Mix

Public Payer Mix: 67.5% HPP Hospital
CY17 Commercial Statewide Relative Price: 0.95
Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts, Fallon Community Health Plan, Harvard Pilgrim Health Care

Utilization

Inpatient Discharges in FY18: 19,159
Change FY17-FY18: -1.8%
Emergency Department Visits in FY18: 52,764
Change FY17-FY18: -0.6%
Outpatient Visits in FY18: 213,394
Change FY17-FY18: -3.8%

Quality

Readmission Rate in FY18: 14.4%
Change FY14-FY18 (percentage points): -0.9
Early Elective Deliveries Rate: 1.2%

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 state average?

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?

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

SAINT VINCENT HOSPITAL

Worcester, MA
Teaching Hospital
Central Massachusetts
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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
Steward Carney Hospital is a for-profit teaching hospital located in the Metro Boston region. Steward Carney is a member of Steward Health Care. Outpatient visits increased by 6.6% for the hospital between FY14 and FY18, compared to a median decrease of 2.0% for its peer cohort. Steward Carney reported a loss in each of the last five years, including a loss of $23.3M in FY18 and a total margin of -19.7%, compared with a median total margin of 6.0% in its cohort. Its operating and total margin were below the cohort median in each year during this period.

### Quality

#### Early Elective Deliveries Rate

- **2014:** 18.3%
- **2018:** 16.9%

#### Readmission Rate

- **2014:** 14.7%
- **2018:** 15.4%

#### Central Line-associated Blood Stream Infections (CLABSI)

- **2014:** Lower is Better
- **2018:** Data not available for this measure

#### Catheter-associated Urinary Tract Infections (CAUTI)

- **2014:** Lower is Better
- **2018:** Data not available for this measure

#### Surgical Site Infections (SSI) after Colon Surgery

- **2014:** Lower is Better
- **2018:** Data not available for this measure

### Utilization

#### Inpatient Discharges in FY18

- **Steward Carney:** 4,751

#### Emergency Department Visits in FY18

- **Steward Carney:** -5.2%

#### Outpatient Visits in FY18

- **Steward Carney:** 93,474

#### Case Mix Index

- **Steward Carney:** 0.99, < cohort avg. (1.12); < statewide (1.14)

### Services

#### Discharges by DRG

- Septicemia Infections (357): 4%
- Major Depressive Disorders (284): 13%
- Depression exc MDD (253): 17%
- Schizophrenia (203): 0%
- Heart Failure (202): 7%
- Bipolar Disorders (166): 4%
- Bacterial Skin Infections (134): 8%
- Alcohol Abuse & Dependence (117): 1%
- Pulm Edema & Resp Failure (109): 3%
- Renal Failure (103): 3%

#### Discharges by Community

- **Quincy MA (1,239):** 11% of community discharges were treated at this hospital in FY18
- **Dorchester Center MA (907):** 14% of community discharges were treated at this hospital in FY18
- **Dorchester MA (561):** 6% of community discharges were treated at this hospital in FY18
- **Mattapan MA (326):** 10% of community discharges were treated at this hospital in FY18
- **Brockton MA (134):** 1% of community discharges were treated at this hospital in FY18
- **Hyde Park MA (133):** 3% of community discharges were treated at this hospital in FY18
- **Boston MA (131):** 1% of community discharges were treated at this hospital in FY18
- **Taunton MA (93):** 1% of community discharges were treated at this hospital in FY18
- **Milton MA (88):** 3% of community discharges were treated at this hospital in FY18
- **Braintree MA (86):** 2% of community discharges were treated at this hospital in FY18

### Financial

#### Inpatient NPSR per CMAD

- **Steward Carney:** $10,954

#### Change in Ownership (FY14-18)

- **Steward Carney:** Not Applicable

### Overview / Size

#### Hospital System Affiliation

- **Steward Carney:** Steward Health Care

#### Change in Ownership (FY14-18)

- **Steward Carney:** Not Applicable

#### Total Staffed Beds

- **Steward Carney:** 83, among the smaller acute hospitals

#### % Occupancy

- **Steward Carney:** 91.8%, highest in cohort avg. (79%)

#### Special Public Funding

- **Steward Carney:** Not Applicable

#### Trauma Center Designation

- **Steward Carney:** ICB*

#### Top 3 Commercial Payers

- **Steward Carney:**
  - Blue Cross Blue Shield of Massachusetts
  - Harvard Pilgrim Health Care
  - Tufts Associated HMO, Inc.

#### Change in Ownership (FY14-18)

- **Steward Carney:** Not Applicable

#### Top 3 Commercial Payers

- **Steward Carney:**
  - Blue Cross Blue Shield of Massachusetts
  - Harvard Pilgrim Health Care
  - Tufts Associated HMO, Inc.
2018 HOSPITAL PROFILE: STEWARD CARNEY HOSPITAL

Cohort: Teaching Hospital

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
Steward Saint Elizabeth’s Medical Center is a mid-size, for-profit teaching hospital located in the Metro Boston region. Steward Saint Elizabeth’s is a member of Steward Health Care. It also qualifies as a High Public Payer (HPP) hospital. Outpatient visits decreased 19.6% for the hospital between FY14 and FY18, compared to a median decrease of 2.0% for its peer cohort. Steward Saint Elizabeth’s Medical Center reported a profit each year in this time period including a profit of $19.2M in FY18 and a total margin of 5.0% compared to its peer cohort median of 6.0%.

### Overview / Size

- **Hospital System Affiliation:** Steward Health Care
- **Hospital System Surplus (Loss) in FY18:** ($271,104,000)
- **Change in Ownership (FY14-18):** Not Applicable
- **Total Staffed Beds:** 225, mid-size acute hospital
- **% Occupancy:** 91.0%, > cohort avg. (79%)
- **Special Public Funding:** ICB*
- **Case Mix Index:** 1.32, > cohort avg. (1.12); > statewide (1.14)

### Financial

- **Inpatient NPSR per CMAD:** $14,080
- **Inpatient:Outpatient Revenue in FY18:** 58.4%
- **Outpatient Revenue in FY18:** $117,225,507
- **Change FY17-FY18:** 3.8%
- **Total Revenue in FY18:** $381,958,277
- **Outpatient Revenue in FY18:** $19,195,143

### Payer Mix

- **Public Payer Mix:** 68.1% HPP Hospital
- **CY17 Commercial Statewide Relative Price:** 1.09
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of Massachusetts
  - Tufts Associated HMO, Inc.
  - Harvard Pilgrim Health Care

### Utilization

- **Inpatient Discharges in FY18:** 13,466
- **Change FY17-FY18:** 0.9%
- **Emergency Department Visits in FY18:** 27,890
- **Change FY17-FY18:** -3.4%
- **Outpatient Visits in FY18:** 123,786
- **Change FY17-FY18:** -5.9%

### Quality

- **Readmission Rate in FY18:** 15.9%
- **Change FY14-FY18 (percentage points):** -0.3
- **Early Elective Deliveries Rate:** 3.2%

### Services

#### Discharges by DRG

- **Normal Neonate Birth (752):** 3%
- **Alcohol & Drug w/ Rehabs (650):** 99%
- **Bipolar Disorders (561):** 9%
- **Vaginal Delivery (547):** 26%
- **Maj Depressive Disorders (426):** 16%
- **Procedures For Obesity (399):** 17%
- **Schizophrenia (388):** 20%
- **Cesarean Delivery (337):** 4%
- **Coronary Bypass w/o Card Cath (274):** 19%
- **Per Cardio procs w/o AMI (271):** 10%

#### Discharges by Community

- **Brighton MA (1,529):** 44%
- **Brockton MA (532):** 3%
- **Waltham MA (481):** 8%
- **Taunton MA (453):** 6%
- **Fall River MA (260):** 2%
- **Allston MA (450):** 41%
- **Wenham MA (395):** 10%
- **Boston MA (367):** 2%
- **Quincy MA (342):** 3%
- **Haverhill MA (314):** 4%

### Quality

#### Inpatient Surgeries

- **Per Cardio procs w/o AMI (271):**
  - **State Average:**
    - **CLABSI:** 15.9%
    - **CAUTI:** 14.7%
    - **SSI: Colon Surgery:** 16.2%
  - **Lower is Better**

- **Cesarean Delivery (337):**
  - **State Average:**
    - **CLABSI:** 15.4%
    - **CAUTI:** 15.9%
    - **SSI: Colon Surgery:** 16.2%
  - **Lower is Better**
2018 HOSPITAL PROFILE: STEWARD ST. ELIZABETH'S MEDICAL CENTER

Cohort: Teaching Hospital

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospital</th>
<th>Peer Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2015</td>
<td>103.2</td>
<td>102</td>
</tr>
<tr>
<td>2016</td>
<td>106.8</td>
<td>105</td>
</tr>
<tr>
<td>2017</td>
<td>110.5</td>
<td>108</td>
</tr>
<tr>
<td>2018</td>
<td>114.2</td>
<td>112</td>
</tr>
</tbody>
</table>

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospital</th>
<th>Peer Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2015</td>
<td>98.0</td>
<td>97.5</td>
</tr>
<tr>
<td>2016</td>
<td>96.8</td>
<td>96.3</td>
</tr>
<tr>
<td>2017</td>
<td>95.6</td>
<td>95.1</td>
</tr>
<tr>
<td>2018</td>
<td>94.4</td>
<td>93.9</td>
</tr>
</tbody>
</table>

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospital</th>
<th>Peer Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$312.0</td>
<td>$312.0</td>
</tr>
<tr>
<td>2015</td>
<td>$326.3</td>
<td>$326.3</td>
</tr>
<tr>
<td>2016</td>
<td>$334.3</td>
<td>$334.3</td>
</tr>
<tr>
<td>2017</td>
<td>$360.2</td>
<td>$360.2</td>
</tr>
<tr>
<td>2018</td>
<td>$381.0</td>
<td>$381.0</td>
</tr>
</tbody>
</table>

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospital</th>
<th>Peer Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$100</td>
<td>100</td>
</tr>
<tr>
<td>2015</td>
<td>101.5</td>
<td>101</td>
</tr>
<tr>
<td>2016</td>
<td>102.3</td>
<td>102</td>
</tr>
<tr>
<td>2017</td>
<td>103.2</td>
<td>103</td>
</tr>
<tr>
<td>2018</td>
<td>104.1</td>
<td>104</td>
</tr>
</tbody>
</table>

How have the hospital's total revenue and costs changed between FY14 and FY18?

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$312.0</td>
<td>$326.3</td>
<td>$334.3</td>
<td>$360.2</td>
<td>$381.0</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0.4</td>
<td>$0.1</td>
<td>$0.0</td>
<td>$(0.4)</td>
<td>$1.0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$312.3</td>
<td>$326.4</td>
<td>$334.3</td>
<td>$359.8</td>
<td>$382.0</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$295.3</td>
<td>$312.7</td>
<td>$324.7</td>
<td>$341.8</td>
<td>$362.8</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$17.1</td>
<td>$13.6</td>
<td>$9.7</td>
<td>$18.0</td>
<td>$19.2</td>
</tr>
</tbody>
</table>

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
ANNA JAQUES HOSPITAL

2018 Hospital Profile

Overview / Size
Hospital System Affiliation: Seacoast Regional Health System
Hospital System Surplus (Loss) in FY18: $677,630
Change in Ownership (FY14-18): Not Applicable
Total Staffed Beds: 140, mid-size acute hospital
% Occupancy: 59.5%, < cohort avg. (63%)
Special Public Funding: ICB*
Trauma Center Designation: Adult: Level 3
Case Mix Index: 0.78, < cohort avg. (0.87); < statewide (1.14)

Financial
Inpatient NPSR per CMAD: $8,316
Change FY17-FY18: -1.1%
Inpatient:Outpatient Revenue in FY18: 27%/73%
Outpatient Revenue in FY18: $80,882,522
Change FY17-FY18: 5.2%
Total Revenue in FY18: $134,149,783
Total Surplus (Loss) in FY18: $1,758,543

Payer Mix
Public Payer Mix: 59.1% Non-HPP Hospital
CY17 Commercial Statewide Relative Price: 0.75
Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc.
Harvard Pilgrim Health Care

Utilization
Inpatient Discharges in FY18: 7,361
Change FY17-FY18: 3.3%
Emergency Department Visits in FY18: 27,991
Change FY17-FY18: -5.4%
Outpatient Visits in FY18: 68,991
Change FY17-FY18: 0.5%

Quality
Readmission Rate in FY18: 14.6%
Change FY14-FY18 (percentage points): -1.1
Early Elective Deliveries Rate: 3.8%

At a Glance
Services
What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

Discharges by DRG

<table>
<thead>
<tr>
<th>DRG Description</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (681)</td>
<td></td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bipolar Disorders (525)</td>
<td></td>
<td>23%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Depressive Disorders (479)</td>
<td></td>
<td>19%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal Delivery (464)</td>
<td></td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee Joint Replacement (322)</td>
<td></td>
<td>9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COPD (250)</td>
<td></td>
<td>8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cesarean Delivery (227)</td>
<td></td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Failure (222)</td>
<td></td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Septicemia Infections (212)</td>
<td></td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Pneumonia (207)</td>
<td></td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- - - Hospital (7,361) = 5% of total regional discharges

Quality
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 state average?

<table>
<thead>
<tr>
<th>Year</th>
<th>Lower is Better</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>15.7%</td>
</tr>
<tr>
<td>2018</td>
<td>15.4%</td>
</tr>
</tbody>
</table>

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

Anna Jaques Hospital is a mid-size, non-profit community hospital located in the Northeastern Massachusetts region. It has been clinically affiliated with Beth Israel Deaconess Medical Center since 2010. From FY14 to FY18, inpatient discharges decreased 3.0% at the hospital, compared to a median increase of 10.7% in its peer cohort. Outpatient visits increased by 22.0% between FY14 and FY18, compared to a median 5.8% increase in its peer cohort. Anna Jaques was profitable each of the five years between FY14 and FY18, with a 1.3% total margin in FY18, below the cohort median of 2.1%.

Hospital System Affiliation:
Public Payer Mix:
Hospital System Surplus (Loss) in FY18:
Change in Ownership (FY14-18):
Total Staffed Beds:
% Occupancy:
Special Public Funding:
Trauma Center Designation:
Case Mix Index:
Inpatient NPSR per CMAD:
Change FY17-FY18:
Inpatient:Outpatient Revenue in FY18:
Outpatient Revenue in FY18:
Change FY17-FY18:
Total Revenue in FY18:
Total Surplus (Loss) in FY18:
Public Payer Mix:
CY17 Commercial Statewide Relative Price:
Top 3 Commercial Payers:
Readmission Rate in FY18:
Change FY14-FY18 (percentage points):
Early Elective Deliveries Rate:

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 state average?

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?

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How have the hospital's total revenue and costs changed between FY14 and FY18?

<table>
<thead>
<tr>
<th>Financial Performance</th>
<th>FY 2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$113.1</td>
<td>$115.9</td>
<td>$124.3</td>
<td>$129.1</td>
<td>$133.8</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$(0.3)</td>
<td>$0.2</td>
<td>$0.5</td>
<td>$1.7</td>
<td>$0.4</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$112.8</td>
<td>$116.1</td>
<td>$123.8</td>
<td>$130.8</td>
<td>$134.1</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$111.9</td>
<td>$114.9</td>
<td>$123.0</td>
<td>$128.7</td>
<td>$132.4</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$0.9</td>
<td>$1.2</td>
<td>$0.8</td>
<td>$2.2</td>
<td>$1.8</td>
</tr>
</tbody>
</table>

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
Beth Israel Deaconess Hospital – Milton (BID-Milton) is a non-profit community hospital located in the Metro Boston region. At 72 inpatient beds, it is among the smaller acute hospitals in Massachusetts. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 34.8% compared to a median increase of 10.7% at cohort hospitals. Outpatient visits increased 13.9% for the hospital between FY14 and FY18, compared to a median increase of 5.8% for its peer cohort. The hospital has reported a profit in each of the last five years. In FY18 it had a total margin of 4.7%, above the 2.1% median of its cohort hospitals.

Overview / Size
- Hospital System Affiliation: CareGroup
- Hospital System Surplus (Loss) in FY18: $110,129,000
- Change in Ownership (FY14-18): Not Applicable
- Total Staffed Beds: 72, among the smaller acute hospitals
- % Occupancy: 82.0%, > cohort avg. (63%)
- Special Public Funding: ICB°
- Trauma Center Designation: Not Applicable
- Case Mix Index: 1.04, > cohort avg. (0.87); < statewide (1.14)

Financial
- Inpatient NPSR per CMAD: $10,091
- Change FY17-FY18: 1.1%
- Inpatient:Outpatient Revenue in FY18: 39%:61%
- Outpatient Revenue in FY18: $53,278,361
- Change FY17-FY18: 8.7%
- Total Revenue in FY18: $123,283,000
- Total Surplus (Loss) in FY18: $5,848,000

Payer Mix
- Public Payer Mix: 57.6% Non-HPP Hospital
- CY17 Commercial Statewide Relative Price: 0.76
- Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, Tufts Associated HMO, Inc.

Utilization
- Inpatient Discharges in FY18: 5,810
- Change FY17-FY18: 7.6%
- Emergency Department Visits in FY18: 26,089
- Change FY17-FY18: -1.8%
- Outpatient Visits in FY18: 39,754
- Change FY17-FY18: 4.3%

Quality
- Readmission Rate in FY18: 13.2%
- Change FY14-FY18 (percentage points): 0.1
- Early Elective Deliveries Rate: Not Available

Discharges by DRG
- Septicemia Infections (540) 7%
- Knee Joint Replacement (505) 6%
- Hip Joint Replacement (396) 5%
- Heart Failure (372) 5%
- Other Pneumonia (220) 5%
- Pulm Edema & Resp Failure (166) 11%
- Bacterial Skin Infections (151) 5%
- Cardiac Arrhythmia (150) 4%
- Renal Failure (148) 5%
- COPD (135) 5%

Discharges by Community
- Quincy MA (1,242) 11%
- Milton MA (787) 29%
- Randolph MA (769) 18%
- Braintree MA (437) 9%
- Canton MA (298) 11%
- Hyde Park MA (237) 6%
- Dorchester Center MA (186) 3%
- Dorchester MA (154) 2%
- Mattapan MA (112) 3%
- Stoughton MA (90) 2%

What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

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 state average?

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?

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$83.1</td>
<td>$96.3</td>
<td>$105.5</td>
<td>$117.9</td>
<td>$122.1</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$1.3</td>
<td>$(5.2)</td>
<td>$1.1</td>
<td>$1.8</td>
<td>$1.2</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$84.4</td>
<td>$91.1</td>
<td>$106.5</td>
<td>$119.7</td>
<td>$123.3</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$82.0</td>
<td>$90.0</td>
<td>$101.1</td>
<td>$105.5</td>
<td>$117.4</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$2.4</td>
<td>$1.1</td>
<td>$5.4</td>
<td>$14.2</td>
<td>$5.8</td>
</tr>
</tbody>
</table>

How were the hospital's total margin and operating margins between FY14 and FY18, 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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
Beth Israel Deaconess Hospital – Needham (BID-Needham) is a non-profit community hospital located in the Metro Boston region. At 41 inpatient beds, it is among the smaller acute hospitals in Massachusetts. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 48.3% compared to a median increase of 10.7% at cohort hospitals. Outpatient visits increased 40.3% for the hospital between FY14 and FY18, compared to a median increase of 5.8% for its peer cohort. The hospital has reported a profit in four years of the five-year period. In FY18 it had a total margin of 5.6%, above the 2.1% median of its cohort hospitals.

### Overview / Size

- **Hospital System Affiliation:** CareGroup
- **Hospital System Surplus (Loss) in FY18:** $110,129,000
- **Change in Ownership (FY14-18):** Not Applicable
- **Total Staffed Beds:** 41, among the smaller acute hospitals
- **% Occupancy:** 66.6%, > cohort avg. (63%)
- **Special Public Funding:** Not Applicable
- **Case Mix Index:** 1.02, > cohort avg. (0.87); < statewide (1.14)

### Financial

- **Inpatient NPSR per CMAD:** $9,036
- **Inpatient:Outpatient Revenue in FY18:** 18%;82%
- **Outpatient Revenue in FY18:** $67,732,118
- **Total Revenue in FY18:** $97,333,000
- **Total Surplus (Loss) in FY18:** $5,446,000

### Payer Mix

- **Public Payer Mix:** 51.5% Non-HPP Hospital
- **CY17 Commercial Statewide Relative Price:** 0.87
- **Top 3 Commercial Payers:** Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, Tufts Associated HMO, Inc.

### Utilization

- **Inpatient Discharges in FY18:** 2,832
- **Emergency Department Visits in FY18:** 16,879
- **Outpatient Visits in FY18:** 64,582
- **Change FY17-FY18 (percentage points):** Not Available

### Quality

- **Readmission Rate in FY18:** 13.6%
- **Early Elective Deliveries Rate:** Not Available

### Services

#### Discharges by DRG

<table>
<thead>
<tr>
<th>DRG Description</th>
<th>Discharges</th>
<th>% of Regional Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septicemia Infections (440)</td>
<td>66</td>
<td>6%</td>
</tr>
<tr>
<td>Heart Failure (241)</td>
<td>36</td>
<td>3%</td>
</tr>
<tr>
<td>Other Pneumonia (119)</td>
<td>30</td>
<td>3%</td>
</tr>
<tr>
<td>Bacterial Skin Infections (102)</td>
<td>15</td>
<td>2%</td>
</tr>
<tr>
<td>Major Resp Infect &amp; Inflam (98)</td>
<td>19</td>
<td>2%</td>
</tr>
<tr>
<td>Hip Joint Replacement (85)</td>
<td>5</td>
<td>1%</td>
</tr>
<tr>
<td>Kidney &amp; UT Infections (78)</td>
<td>48</td>
<td>5%</td>
</tr>
<tr>
<td>Cardiac Arrhythmia (76)</td>
<td>41</td>
<td>5%</td>
</tr>
<tr>
<td>Maln, Reac, Compf of Genit Dev (73)</td>
<td>36</td>
<td>5%</td>
</tr>
<tr>
<td>Renal Failure (72)</td>
<td>24</td>
<td>3%</td>
</tr>
</tbody>
</table>

#### Discharges by Community

- Needham MA (472): 27% of community discharges were treated at this hospital in FY18
- Dedham MA (426): 13%
- Needham Heights MA (264): 28%
- Westwood MA (153): 10%
- Norwood MA (137): 3%
- Medfield MA (79): 8%
- Natick MA (67): 2%
- West Roxbury MA (60): 2%
- Walpole MA (52): 2%
- Canton MA (50): 2%

### Quality

- **Data is not available for this measure.**
- **Data is not available for this measure.**

For descriptions of the metrics, please see the technical appendix.
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.
BRIGHAM AND WOMEN’S FAULKNER HOSPITAL

2018 Hospital Profile

Brigham and Women’s Faulkner Hospital is a non-profit community hospital located in the Metro Boston region. It is a mid-size acute hospital and a member of Partners HealthCare. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 32.4% compared to a median increase of 10.7% at cohort hospitals. Outpatient visits decreased 12.6% for the hospital between FY14 and FY18, compared to a median increase of 5.8% for its peer cohort. The hospital has reported a profit in each of the last five years. In FY18 it had a total margin of 10.9%, above the 2.1% median of its cohort hospitals.

<table>
<thead>
<tr>
<th>Overview / Size</th>
<th>Payer Mix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital System Affiliation: Partners HealthCare System</td>
<td>Public Payer Mix: 59.8% Non-HPP Hospital</td>
</tr>
<tr>
<td>Hospital System Surplus (Loss) in FY18: $826,605,000</td>
<td>CY17 Commercial Statewide Relative Price: 1.05</td>
</tr>
<tr>
<td>Change in Ownership (FY14-18): Not Applicable</td>
<td>Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, Tufts Associated HMO, Inc.</td>
</tr>
<tr>
<td>Total Staffed Beds: 171, mid-size acute hospital</td>
<td></td>
</tr>
<tr>
<td>% Occupancy: 65.1%, &gt; cohort avg. (63%)</td>
<td></td>
</tr>
<tr>
<td>Special Public Funding: ICB*</td>
<td></td>
</tr>
<tr>
<td>Case Mix Index: 0.97, &gt; cohort avg. (0.87); &lt; statewide (1.14)</td>
<td></td>
</tr>
</tbody>
</table>

Financial

- Inpatient NPSR per CMAD: $13,069
- Change FY17-FY18: 2.3%
- Inpatient:Outpatient Revenue in FY18: 39.61%
- Outpatient Revenue in FY18: $143,574,397
- Change FY17-FY18: -1.0%
- Total Revenue in FY18: $278,461,000
- Total Surplus (Loss) in FY18: $30,228,000
- Total Surplus (Loss) in FY18: -1.6%

Quality

- Early Elective Deliveries Rate: 14.0%
- Change FY14-FY18 (percentage points): 15.5%
- Readmission Rate in FY18: 15.5%
- Change FY14-FY18 (percentage points): 1.4
- Early Elective Deliveries Rate: Not Available

Services

- Can you provide the discharges by DRG and community for FY18?
- How many discharges were treated at this hospital in FY18?
- What proportion of regional discharges were treated at this hospital in FY18?

Quality

- 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?

For descriptions of the metrics, please see the technical appendix.
**2018 HOSPITAL PROFILE: BRIGHAM AND WOMEN'S FAULKNER HOSPITAL**

Cohort: Community Hospital

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

![Inpatient Discharges Chart]

FY18 Inpatient Discharges = 10,018
+32.4%

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

![Outpatient Visits Chart]

FY18 Outpatient Visits = 32,634
+5.8%

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

![Revenue Trends Chart]

Patient Revenue Trends

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

![Outpatient Revenue Chart]

FY18 Outpatient Revenue = $144 M
+29.2%

How have the hospital's total revenue and costs changed between FY14 and FY18?

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$ 208.0</td>
<td>$ 219.0</td>
<td>$ 254.9</td>
<td>$ 275.3</td>
<td>$ 278.3</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$(0.0)</td>
<td>$(0.1)</td>
<td>$(0.1)</td>
<td>$(0.1)</td>
<td>$(0.2)</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$ 208.0</td>
<td>$ 219.1</td>
<td>$ 254.7</td>
<td>$ 275.3</td>
<td>$ 278.5</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$ 198.8</td>
<td>$ 218.2</td>
<td>$ 235.9</td>
<td>$ 258.2</td>
<td>$ 248.2</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$ 9.2</td>
<td>$ 1.0</td>
<td>$ 18.8</td>
<td>$ 17.1</td>
<td>$ 30.2</td>
</tr>
</tbody>
</table>

What were the hospital's total margin and operating margins between FY14 and FY18, 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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
Cooley Dickinson Hospital is a community hospital located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts and a member of Partners HealthCare. Between FY14 and FY18, inpatient discharges at the hospital have increased by 1.0%, compared with a median increase of 10.7% among cohort hospitals. In the same period, outpatient visits increased by 3.8%, compared to a 5.8% median increase in its cohort. After reporting a profit in each of the three prior years, Cooley Dickinson Hospital reported a loss of $0.6M in FY18 and a total margin of -0.3%, compared to a median total margin of 2.1% in its cohort.

### Overview / Size
- **Hospital System Affiliation:** Partners HealthCare System
- **Hospital System Surplus (Loss) in FY18:** $286,605,000
- **Change in Ownership (FY14-18):** Not Applicable
- **Total Staffed Beds:** 32, among the smaller acute hospitals
- **% Occupancy:** 92.8%, highest in cohort avg. (63%)
- **Special Public Funding:** Not Applicable
- **Case Mix Index:** 0.89, > cohort avg. (0.87); < statewide (1.14)
- **ICB°:** Not Applicable
- **Trauma Center Designation:** 0.90, > cohort avg. (0.87); < statewide (1.14)

### Financial
- **Inpatient NPSR per CMAD:** $10,570
- **Inpatient:Outpatient Revenue in FY18:** 32%:68%
- **Total Surplus (Loss) in FY18:** $1,143,999,469
- **Total Revenue in FY18:** $187,249,000
- **Change FY17-FY18:** 4.7%
- **Inpatient Discharges in FY18:** 7,081
- **Emergency Department Visits in FY18:** 33,496
- **Outpatient Visits in FY18:** 53,496
- **Change FY17-FY18:** 1.3%

### Quality
- **Early Elective Deliveries Rate:** 4.7%
- **Readmission Rate in FY18:** 14.0%
- **Early Elective Deliveries Rate:** 0.0%

### Payer Mix
- **Public Payer Mix:** 62.3% Non-HPP Hospital
- **CY17 Commercial Statewide Relative Price:** 1.07
- **Top 3 Commercial Payers:** Blue Cross Blue Shield of Massachusetts
  - Health New England, Inc.
  - UniCare Life and Health Insurance Co.

### Services
- **Discharges by DRG**
  - Normal Neonate Birth (490)
  - Maj Depressive Disorders (383)
  - Vaginal Delivery (354)
  - Septicemia Infections (305)
  - COPD (252)
  - Heart Failure (219)
  - Knee Joint Replacement (190)
  - Other Pneumonia (168)
  - Cardiac Arrhythmia (168)
  - Bipolar Disorders (168)
- **Discharges by Community**
  - Amherst MA (907) 58% of community discharges were treated at this hospital in FY18
  - Northampton MA (997) 61%
  - Easthampton MA (864) 48%
  - Florence MA (501) 61%
  - Hadley MA (315) 59%
  - Leeds MA (292) 71%
  - Belchertown MA (193) 14%
  - Southampton MA (156) 28%
  - Hatfield MA (145) 59%
  - South Deerfield MA (145) 34%

### Content
- **For descriptions of the metrics, please see the technical appendix.**

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

* For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
Emerson Hospital is a mid-size, non-profit community hospital located in the Northeastern Massachusetts region. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 2.2% compared to a median increase of 10.7% at cohort hospitals. Outpatient visits decreased by 1.4% for the hospital between FY14 and FY18, compared to a median increase of 5.8% for its peer cohort. Emerson Hospital reported a profit of $6.2M in FY18 and a total margin of 2.5% compared to the median of 2.1% among peer cohort hospitals.

**At a Glance**

- **Overview / Size**
  - Hospital System Affiliation: Emerson Health System Inc. and Subsid.
  - Hospital System Surplus (Loss) in FY18: $6,254,076
  - Change in Ownership (FY14-18): Not Applicable
  - Total Staffed Beds: 199, mid-size acute hospital
  - % Occupancy: 52.8%, < cohort avg. (63%)
  - Special Public Funding: ICB*
  - Trauma Center Designation: Not Applicable
  - Case Mix Index: 0.86, < cohort avg. (0.87); < statewide (1.14)

- **Financial**
  - Inpatient NPSR per CMAD: $10,415
  - Change FY17-FY18: 0.6%
  - Inpatient:Outpatient Revenue in FY18: 23%;77%
  - Outpatient Revenue in FY18: $163,879,842
  - Change FY17-FY18: 11.2%
  - Total Revenue in FY18: $253,423,565
  - Total Surplus (Loss) in FY18: $6,232,544

- **Services**
  - Discharges by DRG
    - Normal Neonate Birth (1147): 1% of regional discharges were treated at this hospital in FY18
    - Vaginal Delivery (702): 10%
    - Cesarean Delivery (435): 11%
    - Alcohol Abuse & Dependence (423): 28%
    - Septicemia Infections (408): 6%
    - Procedures For Obesity (240): 21%
    - Heart Failure (235): 4%
    - Knee Joint Replacement (209): 6%
    - Bipolar Disorders (165): 7%
    - Cardiac Arrhythmia (161): 6%

  - % of regional discharges were treated at this hospital in FY18: hospital (8,547) = 6% of total regional discharges

- **Quality**
  - Early Elective Deliveries Rate: 1.9%
  - Readmission Rate: 11.9%
  - Change FY14-FY18 (percentage points): 0.6

- **Utilization**
  - Inpatient Discharges in FY18: 8,547
  - Change FY17-FY18: -3.0%
  - Emergency Department Visits in FY18: 31,820
  - Change FY17-FY18: -0.6%
  - Outpatient Visits in FY18: 91,653
  - Change FY17-FY18: -0.4%

- **Payer Mix**
  - Public Payer Mix: 47.1% Non-HPP Hospital
  - CY17 Commercial Statewide Relative Price: 0.87
  - Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts
  - Tufts Associated HMO, Inc.
  - Harvard Pilgrim Health Care

For descriptions of the metrics, please see the technical appendix.
**2018 HOSPITAL PROFILE: EMERSON HOSPITAL**

**Cohort: Community Hospital**

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**How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)**

- **FY2018 Inpatient Discharges = 8,547**
- **Utilization:**
  - **2014:** 100
  - **2015:** 100
  - **2016:** 100
  - **2017:** 100
  - **2018:** 100

- **Utilization Change:**
  - **2014:** +10.7%
  - **2015:** 0%
  - **2016:** -2.2%

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**How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)**

- **FY2018 Outpatient Visits = 91,653**
- **Utilization:**
  - **2014:** 100
  - **2015:** 100
  - **2016:** 100
  - **2017:** 100
  - **2018:** 100

- **Utilization Change:**
  - **2014:** +5.8%
  - **2015:** 0%
  - **2016:** -1.4%

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**What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?**

- **Revenue Trends**
  - **2014:** $4,000
  - **2015:** $8,000
  - **2016:** $12,000
  - **2017:** $16,000
  - **2018:** $20,000

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**How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)**

- **FY2018 Outpatient Revenue = $164 M**
- **Utilization Change:**
  - **2014:** +35.0%
  - **2015:** +28.3%

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

<table>
<thead>
<tr>
<th>Financial Performance</th>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td></td>
<td>$192.4</td>
<td>$203.4</td>
<td>$222.2</td>
<td>$238.8</td>
<td>$252.3</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td></td>
<td>$0.9</td>
<td>$(1.6)</td>
<td>$(4.2)</td>
<td>$3.5</td>
<td>$1.1</td>
</tr>
<tr>
<td>Total Revenue</td>
<td></td>
<td>$193.3</td>
<td>$201.8</td>
<td>$218.0</td>
<td>$242.4</td>
<td>$253.4</td>
</tr>
<tr>
<td>Total Costs</td>
<td></td>
<td>$191.2</td>
<td>$202.0</td>
<td>$215.7</td>
<td>$238.8</td>
<td>$247.2</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td></td>
<td>$2.1</td>
<td>$(0.2)</td>
<td>$2.4</td>
<td>$3.6</td>
<td>$6.2</td>
</tr>
</tbody>
</table>

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**What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?**

<table>
<thead>
<tr>
<th>Financial Performance</th>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Margin</td>
<td></td>
<td>1.3%</td>
<td>0.6%</td>
<td>1.8%</td>
<td>2.0%</td>
<td></td>
</tr>
<tr>
<td>Total Margin</td>
<td></td>
<td>3.1%</td>
<td>1.1%</td>
<td>2.5%</td>
<td>2.1%</td>
<td></td>
</tr>
</tbody>
</table>

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**Key:**
- **Hospital**
- **Peer Cohort**

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

1. **High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.**
2. **For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).**
Martha’s Vineyard Hospital is a small, non-profit community hospital located in the Cape and Islands region. It is a member of Partners HealthCare. Martha’s Vineyard Hospital is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. It was profitable each year from FY14 to FY18, with a total margin of 3.2% in FY18, compared to a median total margin of 2.1% among peer cohort hospitals.

### Overview / Size
- **Hospital System Affiliation:** Partners HealthCare System
- **Hospital System Surplus (Loss) in FY18:** $826,605,000
- **Change in Ownership (FY14-18):** Not Applicable
- **Total Staffed Beds:** 31, among the smallest acute hospitals
- **% Occupancy:** 49.0%, < cohort avg. (63%)
- **Special Public Funding:** Not Applicable
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 0.77, < cohort avg. (0.87); < statewide (1.14)

### Financial
- **Inpatient NPSR per CMAD:** $15,819
  - Change FY17-FY18: -10.9%
- **Inpatient:Outpatient Revenue in FY18:** 14.86%
  - Change FY17-FY18: 4.8%
- **Outpatient Revenue in FY18:** $64,840,916
  - Change FY17-FY18:
- **Total Revenue in FY18:** $90,830,000
- **Total Surplus (Loss) in FY18:** $2,898,000

### Quality
- **Early Elective Deliveries Rate:**
  - Change FY14-FY18 (percentage points): 0.2
- **Readmission Rate in FY18:**
  - Change FY17-FY18:
- **Utilization**
  - Change FY17-FY18:
  - Change FY17-FY18:

### Services
The most common inpatient cases (DRGs) treated at the hospital in FY18 were:
- Normal Neonate Birth (120)
- Other Aftercare & Convalescence (99)
- Septicemia Infections (80)
- Knee Joint Replacement (69)
- Vaginal Delivery (63)
- Cesarean Delivery (60)
- Other Pneumonia (53)
- Kidney & UT Infections (45)
- Factors Influ Hlth Status (43)
- Hip Joint Replacement (42)

### Services by Community
- **Discharges by Community**
  - Vineyard Haven MA (480): 54% of community discharges
  - Edgartown MA (287): 52% of community discharges
  - West Tisbury MA (107): 50% of community discharges
  - Chilmark MA (67): 48% of community discharges

### Community
Communities with fewer than 25 discharges have been suppressed.

### Data
- **Total Revenue in FY18:** $90,830,000
- **Total Surplus (Loss) in FY18:** $2,898,000
- **Emergency Department Visits in FY18:**
- **Inpatient Discharges in FY18:** 1,345
  - Change FY17-FY18:
  - Change FY17-FY18:
- **Total Surplus (Loss) in FY18:**
  - Change FY17-FY18:

For descriptions of the metrics, please see the technical appendix.
2018 HOSPITAL PROFILE: MARTHA'S VINEYARD HOSPITAL

Cohort: Community Hospital

Key:
- Hospital
- Peer Cohort

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital’s peer cohort median? (FY14=100)

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital’s peer cohort median? (FY14=100)

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital’s peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital’s peer cohort median? (FY14=100)

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$68.9</td>
<td>$76.5</td>
<td>$77.6</td>
<td>$85.6</td>
<td>$88.1</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$3.3</td>
<td>$(1.5)</td>
<td>$2.5</td>
<td>$4.7</td>
<td>$2.7</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$72.2</td>
<td>$75.0</td>
<td>$80.1</td>
<td>$90.2</td>
<td>$90.8</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$68.4</td>
<td>$72.6</td>
<td>$76.4</td>
<td>$83.9</td>
<td>$87.9</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$3.8</td>
<td>$2.4</td>
<td>$3.7</td>
<td>$6.3</td>
<td>$2.9</td>
</tr>
</tbody>
</table>

What were the hospital's total margin and operating margins between FY14 and FY18, 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.
MILFORD REGIONAL MEDICAL CENTER
2018 Hospital Profile

Milford Regional Medical Center is a mid-size, non-profit community hospital located in the Metro West region. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 17.3% compared to a median increase of 10.7% at cohort hospitals. Outpatient visits increased 14.6% for the hospital between FY14 and FY18, compared to a median increase of 5.8% for its peer cohort. In FY18 Milford Regional Medical Center reported a profit of $8.5M and a total margin of 3.9% compared to a median total margin of 2.1% at peer cohort hospitals.

Overview / Size
Hospital System Affiliation: Milford Regional Medical Ctr, Inc. & Affiliates
Hospital System Surplus (Loss) in FY18: ($389,643)
Change in Ownership (FY14-18): Not Applicable
% Occupancy: 57.4%, < cohort avg. (63%)
Special Public Funding: Not Applicable
Case Mix Index: 0.90, > cohort avg. (0.87); < statewide (1.14)

Financial
Inpatient NPSR per CMAD: $8,608
Change FY17-FY18: -0.6%
Inpatient:Outpatient Revenue in FY18: 27%;73%
Change FY17-FY18: 1.2%
Total Revenue in FY18: $221,387,764
Change FY17-FY18: 1.2%
Total Surplus (Loss) in FY18: $8,541,125

Payer Mix
Public Payer Mix: 53.5% Non-HPP Hospital
Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts; Harvard Pilgrim Health Care; Tufts Associated HMO, Inc.

Utilization
Inpatient Discharges in FY18: 9,677
Change FY17-FY18: 2.6%
Emergency Department Visits in FY18: 59,396
Change FY17-FY18: 2.5%
Outpatient Visits in FY18: 129,800
Change FY17-FY18: 6.0%

Quality
Readmission Rate in FY18: 16.5%
Change FY14-FY18 (percentage points): 1.3
Early Elective Deliveries Rate: 0.0%

At a Glance
What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

Discharges by DRG
Normal Neonate Birth (832) 30% of regional discharges were treated at this hospital in FY18
Septicemia Infections (635) 28%
Vaginal Delivery (561) 30%
Heart Failure (530) 28%
COPD (315) 24%
Other Pneumonia (305) 24%
Cesarean Delivery (298) 29%
Pulm Edema & Resp Failure (265) 36%
Cardiac Arrhythmia (241) 25%
Kidney & UT Infections (219) 22%

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
Milford MA (2,375) 65% of community discharges were treated at this hospital in FY18
Franklin MA (1,085) 41%
Bellingham MA (816) 53%
Uxbridge MA (777) 45%
Whitinsville MA (461) 60%
Blackstone MA (429) 63%
Hopedale MA (347) 33%
Medway MA (333) 27%
Hopedale MA (324) 52%

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?

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Inpatient Discharges = 9,677

+17.3%

+10.7%

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Outpatient Visits = 129,800

+14.6%

+5.8%

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

<table>
<thead>
<tr>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>$187.5</td>
<td>$198.6</td>
<td>$205.3</td>
<td>$214.0</td>
</tr>
<tr>
<td>Peer Cohort Median</td>
<td>$1.4</td>
<td>$0.6</td>
<td>$1.7</td>
<td>$2.1</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$188.9</td>
<td>$199.2</td>
<td>$207.0</td>
<td>$216.1</td>
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<tr>
<td>Total Costs</td>
<td>$181.0</td>
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<td>$206.8</td>
<td>$205.9</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$7.9</td>
<td>$7.4</td>
<td>$0.1</td>
<td>$10.2</td>
</tr>
</tbody>
</table>

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Outpatient Revenue = $135 M

+28.3%

+18.5%

How have the hospital's total revenue and costs changed between FY14 and FY18?

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$187.5</td>
<td>$198.6</td>
<td>$205.3</td>
<td>$214.0</td>
<td>$219.3</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$1.4</td>
<td>$0.6</td>
<td>$1.7</td>
<td>$2.1</td>
<td>$2.1</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$188.9</td>
<td>$199.2</td>
<td>$207.0</td>
<td>$216.1</td>
<td>$221.4</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$181.0</td>
<td>$191.8</td>
<td>$206.8</td>
<td>$205.9</td>
<td>$212.8</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$7.9</td>
<td>$7.4</td>
<td>$0.1</td>
<td>$10.2</td>
<td>$8.5</td>
</tr>
</tbody>
</table>

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

<table>
<thead>
<tr>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating</td>
<td>3.4%</td>
<td>1.3%</td>
<td>1.3%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Total</td>
<td>4.2%</td>
<td>3.1%</td>
<td>3.1%</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

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.
NANTUCKET COTTAGE HOSPITAL

2018 Hospital Profile

Nantucket Cottage Hospital is a non-profit community hospital located in the Cape and Islands region of Massachusetts, with 23 staffed beds. It is a member of Partners HealthCare. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 14.6% compared to a median increase of 10.7% at cohort hospitals. Outpatient visits decreased 23.8% for the hospital between FY14 and FY18, compared to a median increase of 5.8% for its peer cohort. Nantucket Cottage Hospital reported a loss of $5.8M in FY18 and a total margin of -10.8%, lower than the median of its peer cohort of 2.1%.

Overview / Size

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital System Affiliation</td>
<td>Partners HealthCare System</td>
</tr>
<tr>
<td>Hospital System Surplus (Loss) in FY18</td>
<td>$826,605,000</td>
</tr>
<tr>
<td>Change in Ownership (FY14-18)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Total Staffed Beds</td>
<td>23, among the smallest acute hospitals</td>
</tr>
<tr>
<td>% Occupancy</td>
<td>29.6%, lowest in cohort avg. (63%)</td>
</tr>
<tr>
<td>Special Public Funding</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Case Mix Index</td>
<td>0.64, &lt; cohort avg. (0.87); &lt; statewide (1.14)</td>
</tr>
</tbody>
</table>

Payer Mix

<table>
<thead>
<tr>
<th>Payer</th>
<th>Mix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Payer</td>
<td>51.6% Non-HPP Hospital</td>
</tr>
<tr>
<td>CY17 Commercial Statewide Relative Price</td>
<td>1.92</td>
</tr>
<tr>
<td>Top 3 Commercial Payers</td>
<td>Blue Cross Blue Shield of Massachusetts AllWays Health Partners, Inc. Harvard Pilgrim Health Care</td>
</tr>
</tbody>
</table>

Utilization

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Discharges in FY18</td>
<td>720</td>
</tr>
<tr>
<td>Change FY17-FY18</td>
<td>9.9%</td>
</tr>
<tr>
<td>Emergency Department Visits in FY18</td>
<td>10,051</td>
</tr>
<tr>
<td>Change FY17-FY18</td>
<td>-4.0%</td>
</tr>
<tr>
<td>Outpatient Visits in FY18</td>
<td>18,367</td>
</tr>
<tr>
<td>Change FY17-FY18</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

Quality

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readmission Rate in FY18</td>
<td>17.6%</td>
</tr>
<tr>
<td>Early Elective Deliveries Rate</td>
<td>Not Available</td>
</tr>
</tbody>
</table>

For descriptions of the metrics, please see the technical appendix.
### 2018 HOSPITAL PROFILE: NANTUCKET COTTAGE HOSPITAL

**Key:**
- **Hospital**
- **Peer Cohort**

#### Cohort: Community Hospital

**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.

---

#### Financial Performance

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

<table>
<thead>
<tr>
<th></th>
<th>FY 2014</th>
<th>FY 2015</th>
<th>FY 2016</th>
<th>FY 2017</th>
<th>FY 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$36.6</td>
<td>$40.8</td>
<td>$45.2</td>
<td>$43.3</td>
<td>$49.6</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$3.2</td>
<td>$3.6</td>
<td>$2.6</td>
<td>$2.6</td>
<td>$4.0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$39.8</td>
<td>$44.4</td>
<td>$47.8</td>
<td>$45.9</td>
<td>$53.6</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$37.4</td>
<td>$43.4</td>
<td>$50.1</td>
<td>$54.9</td>
<td>$59.4</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$2.3</td>
<td>$1.0</td>
<td>(2.3)</td>
<td>(9.0)</td>
<td>(5.8)</td>
</tr>
</tbody>
</table>

---

#### Patient Revenue Trends

**Hospital Cohort Median**

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$4,000</td>
<td>$8,000</td>
<td>$12,000</td>
<td>$16,000</td>
<td>$20,000</td>
</tr>
</tbody>
</table>

---

#### Utilization

- **FY18 Inpatient Discharges = 720**
  - +14.6%
  - +10.7%

- **FY18 Outpatient Visits = 18,367**
  - +5.8%
  - -23.8%

---

#### Revenue, Cost, & Profit/Loss

**Operating Margin**

- FY14: 1.3%
- FY15: -2.2%
- FY16: -25.4%
- FY17: -18.3%
- FY18: -23.8%

**Total Margin**

- FY14: 5.9%
- FY15: 3.1%
- FY16: -19.7%
- FY17: -10.8%
- FY18: -12.8%

---

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How has the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How have the hospital's total revenue and costs changed between FY14 and FY18?

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?
Newton-Wellesley Hospital is a non-profit community hospital located in the Metro Boston region. It is a large acute hospital and a member of Partners HealthCare. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 2.4% compared to a median increase of 10.7% at cohort hospitals. Outpatient visits decreased 14.7% for the hospital between FY14 and FY18, compared to a median increase of 5.8% for its peer cohort. Newton-Wellesley reported a profit of $1.0M in FY18 and a total margin of 0.2%, lower than the median of its peer cohort of 2.1%.

**Overview / Size**
- Hospital System Affiliation: Partners HealthCare System
- Hospital System Surplus (Loss) in FY18: $826,605,000
- Change in Ownership (FY14-18): Not Applicable
- Total Staffed Beds: 358, among the larger acute hospitals
  - % Occupancy: 57.0%, < cohort avg. (63%)
- Special Public Funding: ICB
- Case Mix Index: 0.85, < cohort avg. (0.87); < statewide (1.14)

**Financial**
- Inpatient NPSR per CMAD: $13,042
- Change FY17-FY18: -1.3%
- Inpatient:Outpatient Revenue in FY18: 35%;65%
- Outpatient Revenue in FY18: $249,221,381
- Change FY17-FY18: 10.6%
- Total Revenue in FY18: $492,482,000
- Total Surplus (Loss) in FY18: $1,033,000

**Services**

<table>
<thead>
<tr>
<th>Discharges by DRG</th>
<th>Percentage of Regional Discharges Treated at Hospital in FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (3205)</td>
<td>14%</td>
</tr>
<tr>
<td>Vaginal Delivery (2512)</td>
<td>14%</td>
</tr>
<tr>
<td>Cesarean Delivery (1119)</td>
<td>13%</td>
</tr>
<tr>
<td>Septicemia Infections (738)</td>
<td>9%</td>
</tr>
<tr>
<td>Hip Joint Replacement (659)</td>
<td>9%</td>
</tr>
<tr>
<td>Knee Joint Replacement (641)</td>
<td>8%</td>
</tr>
<tr>
<td>Heart Failure (487)</td>
<td>7%</td>
</tr>
<tr>
<td>Procedures For Obesity (314)</td>
<td>6%</td>
</tr>
<tr>
<td>Other Pneumonia (271)</td>
<td>7%</td>
</tr>
<tr>
<td>Cardiac Arrhythmia (249)</td>
<td></td>
</tr>
</tbody>
</table>

**Quality**

- 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 state average?
- Lower is Better

**Payer Mix**
- Public Payer Mix: 45.0% Non-HPP Hospital
- CY17 Commercial Statewide Relative Price: 1.00
- Top 3 Commercial Payers:
  - Blue Cross Blue Shield of Massachusetts
  - Harvard Pilgrim Health Care
  - Tufts Associated HMO, Inc.

**Utilization**
- Inpatient Discharges in FY18: 19,616
- Change FY17-FY18: 2.5%
- Emergency Department Visits in FY18: 53,782
- Change FY17-FY18: -2.5%
- Outpatient Visits in FY18: 110,395
- Change FY17-FY18: 3.1%

**Quality**
- Readmission Rate in FY18: 12.4%
- Change FY14-FY18 (percentage points): 0.8
- Early Elective Deliveries Rate: 1.6%

**Discharges by Community**
- Waltham MA (2,161) = 36% of community discharges were treated at this hospital in FY18
- Natick MA (836) = 27%
- Framingham MA (792) = 12%
- Wellesley Hills MA (517) = 49%
- West Newton MA (499) = 49%
- Wellesley MA (418) = 51%
- Weston MA (401) = 44%
- Newton Center MA (383) = 29%
- Dedham MA (381) = 12%
- Wayland MA (378) = 35%

**For descriptions of the metrics, please see the technical appendix.**
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

What were the hospital's total margin and operating margins between FY14 and FY18, 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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
South Shore Hospital is a large, non-profit community hospital located in the Metro South region. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 20.1% compared to a median increase of 10.7% at cohort hospitals. Outpatient visits increased by 4.7% for the hospital between FY14 and FY18, compared to a median increase of 5.8% for its peer cohort. South Shore Hospital reported a profit each year in this time period including a profit of $10.7M in FY18 and a total margin of 1.7%, compared to the cohort median of 2.1%.

Overview / Size
- Hospital System Affiliation: South Shore Health System
- Hospital System Surplus (Loss) in FY18: $(2,394,265)
- Change in Ownership (FY14-18): Not Applicable
- Total Staffed Beds: 434, 8th largest acute hospital
- Case Mix Index: 0.91, > cohort avg. (0.87); < statewide (1.14)

Financial
- Inpatient NPSR per CMAD: $11,019
- Change FY17-FY18: -3.7%
- Inpatient:Outpatient Revenue in FY18: 44%,56%
- Outpatient Revenue in FY18: $278,190,840
- Change FY17-FY18: 5.2%
- Total Revenue in FY18: $616,817,820
- Total Surplus (Loss) in FY18: $10,708,839

At a Glance
- 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 state average?

Quality
- Early Elective Deliveries Rate: 1.0%

Services
- What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

<table>
<thead>
<tr>
<th>Discharges by DRG</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (2976)</td>
<td></td>
<td></td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal Delivery (1971)</td>
<td></td>
<td></td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Septicemia Infections (1,655)</td>
<td>40%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cesarean Delivery (1,091)</td>
<td></td>
<td></td>
<td>42%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Failure (946)</td>
<td>35%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Pneumonia (946)</td>
<td></td>
<td>36%</td>
<td></td>
<td>42%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COPD (842)</td>
<td></td>
<td></td>
<td>43</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney &amp; UT Infections (745)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>Non-Bact Gastro, Nausea (542)</td>
<td>54%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacterial Skin Infections (516)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

- 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?

<table>
<thead>
<tr>
<th>Discharges by Community</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quincy MA (2,557)</td>
<td></td>
<td></td>
<td>24%</td>
<td></td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Braintree MA (2,480)</td>
<td></td>
<td>67%</td>
<td>69%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Weymouth MA (1,630)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weymouth MA (1,574)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hingham MA (1,549)</td>
<td>61%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rockland MA (1,540)</td>
<td></td>
<td></td>
<td>59</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marshfield MA (1,412)</td>
<td>53%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Weymouth MA (1,345)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scituate MA (1,097)</td>
<td>61%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abington MA (1,049)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>47%</td>
<td></td>
</tr>
</tbody>
</table>

For descriptions of the metrics, please see the technical appendix.
2018 HOSPITAL PROFILE: SOUTH SHORE HOSPITAL

Cohort: Community Hospital

Key:
- Hospital
- Peer Cohort

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

![Inpatient Discharges Chart]

FY18 Inpatient Discharges = 29,719

+20.1%

+10.7%

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

![Outpatient Visits Chart]

FY18 Outpatient Visits = 315,480

+5.8%

+4.7%

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

![Inpatient Service Revenue Chart]

Patient Revenue Trends

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$12,000</td>
<td>$16,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>Cohort Median</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$12,000</td>
<td>$16,000</td>
<td>$20,000</td>
</tr>
</tbody>
</table>

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

![Outpatient Revenue Chart]

FY18 Outpatient Revenue = $278 M

+28.3%

+17.7%

How have the hospital's total revenue and costs changed between FY14 and FY18?

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$495.1</td>
<td>$536.1</td>
<td>$573.3</td>
<td>$594.3</td>
<td>$615.3</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$(0.2)</td>
<td>$27.8</td>
<td>$(3.2)</td>
<td>$7.8</td>
<td>$1.5</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$494.9</td>
<td>$563.8</td>
<td>$570.1</td>
<td>$602.1</td>
<td>$616.8</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$478.5</td>
<td>$513.8</td>
<td>$552.7</td>
<td>$592.4</td>
<td>$606.1</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$16.4</td>
<td>$50.0</td>
<td>$17.5</td>
<td>$9.6</td>
<td>$10.7</td>
</tr>
</tbody>
</table>

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

![Margin and Operating Margin Charts]

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.
WINCHESTER HOSPITAL
2018 Hospital Profile

Winchester Hospital is a mid-size, non-profit community hospital located in the Northeastern Massachusetts region. It is a member of Lahey Health. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 6.8% compared to a median increase of 10.7% at cohort hospitals. Outpatient visits increased 12.2% for the hospital between FY14 and FY18, compared to a median increase of 5.8% for its peer cohort. Winchester Hospital reported a loss of $0.9M in FY18 and a total margin of -0.3% compared to its peer cohort median total margin of 2.1%.

Overview / Size
- Hospital System Affiliation: Lahey Health System
- Hospital System Surplus (Loss) in FY18: ($13,194,627)
- Change in Ownership (FY14-18): Lahey Health - 2014
- Total Staffed Beds: 202, mid-size acute hospital
- % Occupancy: 64.3%, > cohort avg. (63%)
- Special Public Funding: CHART*, ICB*
- Trauma Center Designation: Not Applicable
- Case Mix Index: 0.79, < cohort avg. (0.87); < statewide (1.14)

Financial
- Inpatient NPSR per CMAD: $10,829
- Change FY17-FY18: -10.0%
- Inpatient:Outpatient Revenue in FY18: 29%;71%
- Outpatient Revenue in FY18: $144,300,391
- Change FY17-FY18: 2.1%
- Total Revenue in FY18: $275,830,556
- Total Surplus (Loss) in FY18: ($909,788)

Quality
- Early Elective Deliveries Rate: 13.7%
- Change FY14-FY18 (percentage points): 0.7
- Readmission Rate in FY18: 14.7%
- Change FY17-FY18: 2.1%

Payer Mix
- Public Payer Mix: 44.7% Non-HPP Hospital
- CY17 Commercial Statewide Relative Price: 0.84
- Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, Tufts Associated HMO, Inc.

Utilization
- Inpatient Discharges in FY18: 13,097
- Change FY17-FY18: 4.2%
- Emergency Department Visits in FY18: 45,329
- Change FY17-FY18: 14.4%
- Outpatient Visits in FY18: 251,716
- Change FY17-FY18: 27.3%

Services
- Discharges by DRG
  - Normal Neonate Birth (2065): 18% of regional discharges were treated at this hospital in FY18
  - Vaginal Delivery (1499): 19%
  - Cesarean Delivery (746): 18%
  - Other Pneumonia (582): 14%
  - Heart Failure (462): 6%
  - Septicemia Infections (422): 7%
  - Knee Joint Replacement (386): 11%
  - Bacterial Skin Infections (299): 11%
  - COPD (292): 9%
  - Hip Joint Replacement (253): 9%

- Discharges by Community
  - Woburn MA (1,829) 37% of community discharges were treated at this hospital in FY18
  - Stoneham MA (956) 34%
  - Wilmington MA (877) 35%
  - Reading MA (502) 33%
  - Medford MA (818) 14%
  - Winchester MA (684) 36%
  - Wakefield MA (640) 21%
  - Tewksbury MA (619) 16%
  - Burlington MA (550) 19%
  - Billerica MA (467) 14%

- Hospital (13,097) = 9% of total regional discharges

Quality
- 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 state average?

For descriptions of the metrics, please see the technical appendix.
2018 HOSPITAL PROFILE: WINCHESTER HOSPITAL
Cohort: Community Hospital

Key:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Peer Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018 Inpatient Discharges = 13,097</td>
<td></td>
</tr>
<tr>
<td>FY2014</td>
<td>2015</td>
</tr>
<tr>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>FY2018</td>
<td>100</td>
</tr>
</tbody>
</table>

FY2018 Outpatient Visits = 251,716

Patient Revenue Trends

2014 2015 2016 2017 2018
50 100 150

FY2018 Outpatient Revenue = $144 M

Financial Performance

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$266.8</td>
<td>$273.9</td>
<td>$281.5</td>
<td>$275.5</td>
<td>$270.3</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$4.7</td>
<td>$4.2</td>
<td>$19.9</td>
<td>$20.3</td>
<td>$5.5</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$271.5</td>
<td>$316.6</td>
<td>$301.4</td>
<td>$293.9</td>
<td>$275.8</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$263.1</td>
<td>$266.3</td>
<td>$271.9</td>
<td>$277.9</td>
<td>$276.7</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$8.4</td>
<td>$50.3</td>
<td>$29.5</td>
<td>$16.0</td>
<td>$(0.9)</td>
</tr>
</tbody>
</table>

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).
ATHOL HOSPITAL
2018 Hospital Profile

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 21 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 total margin of 4.5% in FY18, below the cohort median of 5.0%.

Overview / Size
- Hospital System Affiliation: Heywood Healthcare
- Hospital System Surplus (Loss) in FY18: ($1,532,091)
- Change in Ownership (FY14-18): Not Applicable
- Total Staffed Beds: 21, the smallest acute hospital
- % Occupancy: 48.6%, < cohort avg. (67%)
- Special Public Funding: ICB*
- Trauma Center Designation: Not Applicable
- Case Mix Index: 0.73, < cohort avg. (0.93); < statewide (1.14)

Financial
- Inpatient NPSR per CMAD: $10,796
- Change FY17-FY18: -33.6%
- Inpatient:Outpatient Revenue in FY18: 12%.88%
- Outpatient Revenue in FY18: $21,284,977
- Change FY17-FY18: 18.9%
- Total Revenue in FY18: $27,043,726
- Total Surplus (Loss) in FY18: $1,223,341

Payer Mix
- Public Payer Mix: 72.5% HPP Hospital
- CY17 Commercial Statewide Relative Price: 0.90
- Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts
  Fallon Community Health Plan
  Network Health, LLC (Medicaid MCO)

Utilization
- Inpatient Discharges in FY18: 639
  Change FY17-FY18: -2.6%
- Emergency Department Visits in FY18: 11,261
  Change FY17-FY18: 4.1%
- Outpatient Visits in FY18: 14,606
  Change FY17-FY18: 13.2%

Quality
- Readmission Rate in FY18: 20.8%
  Change FY14-FY18 (percentage points): 5.4
- Early Elective Deliveries Rate: Not Available

What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

Discharges by DRG
- COPD (97): 5% of regional discharges were treated at this hospital in FY18
- Other Pneumonia (78): 4%
- Heart Failure (56): 2%
- Kidney & UT Infections (33): 3%
- Oth Aftercare & Convalescence (30): 3%
- Bacterial Skin Infections (28): 2%
- DRG's with fewer than 25 discharges have been suppressed.

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 state average?

- 15.4% in 2014
- 20.8% in 2018

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
- Athol MA (334): 17% of community discharges were treated at this hospital in FY18
- Orange MA (171): 17%
- Gardner MA (35): 1%
- Communities with fewer than 25 discharges have been suppressed.

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?

- CLABSI
- CAUTI
- SSI: Colon Surgery

Data is not available for these measures.
2018 HOSPITAL PROFILE: ATHOL HOSPITAL
Cohort: Community-High Public Payer Hospital

Key:
- Hospital
- Cohort Median
- Peer Cohort

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

- FY18 Inpatient Discharges = 639
- +11.5%
- +3.1%

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

- FY18 Outpatient Visits = 14,606
- +5.0%

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

- FY18 Outpatient Revenue = $21 M
- +39.9%
- +15.6%

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

- Patient Revenue Trends
- Hospital
- Cohort Median

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$22.8</td>
<td>$22.9</td>
<td>$23.7</td>
<td>$27.1</td>
<td>$27.0</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0.1</td>
<td>$0.1</td>
<td>$0.1</td>
<td>(0.0)</td>
<td>$0.0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$22.8</td>
<td>$23.0</td>
<td>$23.8</td>
<td>$27.0</td>
<td>$27.0</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$21.4</td>
<td>$23.4</td>
<td>$23.0</td>
<td>$25.1</td>
<td>$25.8</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$1.4</td>
<td>(0.4)</td>
<td>$0.8</td>
<td>$1.9</td>
<td>$1.2</td>
</tr>
</tbody>
</table>

How have the hospital's total revenue and costs changed between FY14 and FY18?

- Total Revenue
- Operating
- Non-Operating
- Total

What are the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

- Total Margin
- Operating Margin

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

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

2. For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
Baystate Franklin Medical Center is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a member of Baystate Health. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 8.7% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits decreased 28.9% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Baystate Franklin Medical Center reported a profit in FY18 after reporting a loss in FY17.

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

Hospital
Cohort: Community-High Public Payer Hospital

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

1.0 $

Operating Revenue
Non-Operating Revenue
4.7 $
0.4 $
0.2 $

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$83.5</td>
<td>$94.5</td>
<td>$98.2</td>
<td>$98.6</td>
<td>$102.7</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0.3</td>
<td>$4.7</td>
<td>$0.4</td>
<td>$1.0</td>
<td>$0.2</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$83.8</td>
<td>$99.3</td>
<td>$98.6</td>
<td>$99.6</td>
<td>$102.9</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$82.0</td>
<td>$88.6</td>
<td>$96.4</td>
<td>$99.8</td>
<td>$102.3</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$1.8</td>
<td>$10.6</td>
<td>$2.2</td>
<td>$(0.2)</td>
<td>$0.6</td>
</tr>
</tbody>
</table>

How have the hospital's total revenue and costs changed between FY14 and FY18?

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How has the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How have the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

Total
Operating

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

Patient Revenue Trends

Utilization

Financial Performance

For FY 2018 Massachusetts Hospital Profiles | January 2020
Baystate Noble Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts. It became affiliated with Baystate Health in 2015. Between FY14 and FY18, inpatient discharges at the hospital decreased 9.3% compared to a median increase of 3.1% at cohort hospitals, while outpatient visits increased 42.7% compared to a median increase of 5.0% at cohort hospitals. Baystate Noble reported a profit of $1.2M in FY18 after reporting a loss in FY17. IN FY18 Baystate Noble reported a total margin of 2.0% compared to its peer cohort median of 5.0%.

### Overview / Size

- **Hospital System Affiliation:** Baystate Health
- **Hospital System Surplus (Loss) in FY18:** $68,132,000
- **Change in Ownership (FY14-18):** Baystate Health - 2015
- **Total Staffed Beds:** 97, among the smaller acute hospitals
- **% Occupancy:** 44.0%, < cohort avg. (67%)
- **Special Public Funding:** CHART®, ICB®
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 0.96, > cohort avg. (0.93); < statewide (1.14)

### Financial

- **Inpatient NPSR per CMAD:** $9,627
- **Change FY17-FY18:** -1.0%
- **Inpatient:Outpatient Revenue in FY18:** 34%;66%
- **Outpatient Revenue in FY18:** $27,946,416
- **Change FY17-FY18:** 2.7%
- **Total Revenue in FY18:** $56,357,000
- **Total Surplus (Loss) in FY18:** $1,156,000

### Payer Mix

- **Public Payer Mix:** 68.6% HPP Hospital
- **CY17 Commercial Statewide Relative Price:** 0.68
- **Top 3 Commercial Payers:** Blue Cross Blue Shield of Massachusetts
- **Network Health, LLC (Medicaid MCO)**

### Utilization

- **Inpatient Discharges in FY18:** 2,961
- **Change FY17-FY18:** 3.0%
- **Emergency Department Visits in FY18:** 29,456
- **Change FY17-FY18:** 6.8%
- **Outpatient Visits in FY18:** 58,522
- **Change FY17-FY18:** 106.4%

### Quality

- **Readmission Rate in FY18:** 16.1%
- **Change FY14-FY18 (percentage points):** 0.4
- **Early Elective Deliveries Rate:** Not Available

### Services

<table>
<thead>
<tr>
<th>Discharges by DRG</th>
<th>% of regional discharges were treated at this hospital in FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septicemia Infections (333)</td>
<td>7%</td>
</tr>
<tr>
<td>Bipolar Disorders (233)</td>
<td>12%</td>
</tr>
<tr>
<td>Maj Depressive Disorders (184)</td>
<td>8%</td>
</tr>
<tr>
<td>Pulm Edema &amp; Resp Failure (156)</td>
<td>11%</td>
</tr>
<tr>
<td>Heart Failure (129)</td>
<td>3%</td>
</tr>
<tr>
<td>Schizophrenia (93)</td>
<td>8%</td>
</tr>
<tr>
<td>COPD (84)</td>
<td>4%</td>
</tr>
<tr>
<td>Other Pneumonia (77)</td>
<td>4%</td>
</tr>
<tr>
<td>Bacterial Skin Infections (77)</td>
<td>4%</td>
</tr>
<tr>
<td>Oth Disorders of Nervous Syst (75)</td>
<td>14%</td>
</tr>
</tbody>
</table>

- *Hospital (2,961) = 3% of total regional discharges*

### Quality

| Data is not available for these measures. |

For descriptions of the metrics, please see the technical appendix.
2018 HOSPITAL PROFILE: BAYSTATE NOBLE HOSPITAL

Cohort: Community-High Public Payer Hospital

---

**How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)**

![Utilization Chart](image)

- FY18 Inpatient Discharges = 2,961
- +3.1%
- -9.3%

```
2014  2015  2016  2017  2018
Utilization 100  100  100  100  100
```

---

**How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)**

![Utilization Chart](image)

- FY18 Outpatient Visits = 58,522
- +42.7%
- +5.0%

```
2014  2015  2016  2017  2018
Utilization 100  100  100  100  100
```

---

**What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?**

![Chart](image)

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$57.3</td>
<td>$58.8</td>
<td>$61.1</td>
<td>$56.6</td>
<td>$58.4</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0.1</td>
<td>$0.1</td>
<td>$0.1</td>
<td>$0.1</td>
<td>$0.0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$57.4</td>
<td>$58.9</td>
<td>$61.2</td>
<td>$56.7</td>
<td>$58.4</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$55.9</td>
<td>$58.1</td>
<td>$57.9</td>
<td>$57.0</td>
<td>$57.2</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$1.5</td>
<td>$0.8</td>
<td>$3.3</td>
<td>$(0.3)</td>
<td>$1.2</td>
</tr>
</tbody>
</table>

**How have the hospital's total revenue and costs changed between FY14 and FY18?**

- Total Revenue: $57.4M in FY14 to $58.4M in FY18
- Total Costs: $55.9M in FY14 to $57.2M in FY18
- Total Profit: $1.5M in FY14 to $1.2M in FY18

**What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?**

![Graph](image)

- Total Margin: 2.6% in FY14 to 3.4% in FY18
- Operating Margin: 2.4% in FY14 to 2.0% in FY18

---

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).
Baystate Wing Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Baystate Mary Lane Hospital merged with Baystate Wing Hospital effective September 10, 2016. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 8.2% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits decreased 26.3% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Baystate Wing Hospital reported a loss in each of the last four years, including a loss of $4.4M in FY18 and a total margin of -5.1% compared to its peer cohort median of 5.0%.

### Overview / Size
- **Hospital System Affiliation:** Baystate Health
- **Hospital System Surplus (Loss) in FY18:** $68,132,000
- **Change in Ownership (FY14-18):** Includes Mary Lane 9/10/16
- **Total Staffed Beds:** 74, among the smaller acute hospitals
- **% Occupancy:** 66.2%, < cohort avg. (67%)
- **Special Public Funding:** CHART®, ICB®
- **Case Mix Index:** 0.99, > cohort avg. (0.93); < statewide (1.14)

### Financial
- **Inpatient NPSR per CMAD:** $9,310
- **Change FY17-FY18:** 18.1%
- **Inpatient:Outpatient Revenue in FY18:** 28.7%
- **Outpatient Revenue in FY18:** $49,899,230
- **Change FY17-FY18:** -13.1%
- **Total Revenue in FY18:** $86,053,000
- **Total Surplus (Loss) in FY18:** ($4,399,000)

### Services
- **Discharges by DRG**
  - Septicemia Infections (425)
  - Major Depressive Disorders (245)
  - Heart Failure (197)
  - Organ Mental Hlth Disturb (165)
  - Bipolar Disorders (160)
  - Other Pneumonia (126)
  - Cardiac Arrhythmia (108)
  - Schizophrenia (99)
  - Pulm Edema & Resp Failure (90)
  - COPD (82)

### Quality
- **Readmission Rate in FY18:** 14.2%
- **Early Elective Deliveries Rate:** Not Available

### Payer Mix
- **Public Payer Mix:** 68.7% HPP Hospital
- **CY17 Commercial Statewide Relative Price:** 0.84
- **Top 3 Commercial Payers:** Blue Cross Blue Shield of Massachusetts Health New England, Inc., UniCare Life and Health Insurance Co.

### Utilization
- **Inpatient Discharges in FY18:** 3,298
  - **Change FY17-FY18:** 5.5%
- **Emergency Department Visits in FY18:** 29,486
  - **Change FY17-FY18:** -6.6%
- **Outpatient Visits in FY18:** 133,350
  - **Change FY17-FY18:** -0.9%

### At a Glance
- **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 state average?**
  - State Average: 15.4%
  - Lower is Better

### Data by Community
- **Discharges by Community**
  - Palmer MA (416)
  - Ware MA (411)
  - Belchertown MA (263)
  - Monson MA (240)
  - Springfield MA (209)
  - Ludlow MA (204)
  - Wilbraham MA (198)
  - Three Rivers MA (128)
  - West Brookfield MA (127)
  - Ware MA (416)

### Quality Measures
- **Data is not available for these measures.**

For descriptions of the metrics, please see the technical appendix.
2018 HOSPITAL PROFILE: BAYSTATE WING HOSPITAL

Cohort: Community-High Public Payer Hospital

Key:
- **Hospital**
- **Peer Cohort**

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

---

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$87.4</td>
<td>$74.6</td>
<td>$75.7</td>
<td>$86.4</td>
<td>$85.6</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0.8</td>
<td>$(0.3)</td>
<td>$0.6</td>
<td>$1.2</td>
<td>$0.5</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$88.1</td>
<td>$74.2</td>
<td>$76.4</td>
<td>$87.6</td>
<td>$86.1</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$86.3</td>
<td>$79.7</td>
<td>$82.6</td>
<td>$96.7</td>
<td>$90.5</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$1.9</td>
<td>$(5.4)</td>
<td>$(6.2)</td>
<td>$(9.1)</td>
<td>$(4.4)</td>
</tr>
</tbody>
</table>

**Financial Performance**

<table>
<thead>
<tr>
<th></th>
<th>FY2014</th>
<th>FY2015</th>
<th>FY2016</th>
<th>FY2017</th>
<th>FY2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating</td>
<td>4.6%</td>
<td>1.3%</td>
<td>-12%</td>
<td>-12%</td>
<td>-12%</td>
</tr>
<tr>
<td>Total</td>
<td>5.2%</td>
<td>2.1%</td>
<td>-26.3%</td>
<td>-26.3%</td>
<td>-26.3%</td>
</tr>
</tbody>
</table>
BERKSHIRE MEDICAL CENTER

2018 Hospital Profile

BERKSHIRE MEDICAL CENTER is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a Level 3 Trauma center and a member of Berkshire Health Systems. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 9.8% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased 11.7% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. The hospital has reported a profit in each of the last five years. In FY18 it had a total margin of 9.4%, above the 5.0% median of its cohort hospitals.

Overview / Size

- Hospital System Affiliation: Berkshire Health Systems
- Hospital System Surplus (Loss) in FY18: $30,367,084
- Change in Ownership (FY14-18): Not Applicable
- Total Staffed Beds: 214, mid-size acute hospital
- % Occupancy: 92.2%, highest in cohort avg. (67%)
- Special Public Funding: HCII
- Trauma Center Designation: Adult: Level 3
- Case Mix Index: 0.97, > cohort avg. (0.93); < statewide (1.14)

Financial

- Inpatient NPSR per CMAD: $11,702
- Change FY17-FY18: 1.5%
- Inpatient:Outpatient Revenue in FY18: 32.68%
- Outpatient Revenue in FY18: $285,247,777
- Change FY17-FY18: 3.5%
- Total Revenue in FY18: $528,183,871
- Total Surplus (Loss) in FY18: $49,429,429

Payer Mix

- Public Payer Mix: 72.1% HPP Hospital
- CY17 Commercial Statewide Relative Price: 1.24
- Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts Health New England, Inc. Network Health, LLC (Medicaid MCO)

Utilization

- Inpatient Discharges in FY18: 153,056
- Change FY17-FY18: 1.9%
- Emergency Department Visits in FY18: 55,972
- Change FY17-FY18: -0.2%
- Outpatient Visits in FY18: 306,908
- Change FY17-FY18: 7.2%

Quality

- Readmission Rate in FY18: 16.3%
- Change FY14-FY18 (percentage points): 0.9
- Early Elective Deliveries Rate: 0.0%

For descriptions of the metrics, please see the technical appendix.
2018 HOSPITAL PROFILE: BERKSHIRE MEDICAL CENTER
Cohort: Community-High Public Payer Hospital

Key:
- Hospital
- Peer Cohort

Hospital Cohort: Community-High Public Payer Hospital

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.

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Revenue</strong></td>
<td>$387.2</td>
<td>$438.8</td>
<td>$476.6</td>
<td>$486.0</td>
<td>$509.1</td>
</tr>
<tr>
<td><strong>Non-Operating Revenue</strong></td>
<td>$13.5</td>
<td>$14.8</td>
<td>$10.2</td>
<td>$9.3</td>
<td>$19.1</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$400.7</td>
<td>$453.6</td>
<td>$486.8</td>
<td>$495.3</td>
<td>$528.2</td>
</tr>
<tr>
<td><strong>Total Costs</strong></td>
<td>$361.9</td>
<td>$407.2</td>
<td>$439.6</td>
<td>$459.0</td>
<td>$478.8</td>
</tr>
<tr>
<td><strong>Total Profit (Loss)</strong></td>
<td>$38.8</td>
<td>$46.4</td>
<td>$47.2</td>
<td>$36.3</td>
<td>$49.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating</strong></td>
<td>6.3%</td>
<td>4.6%</td>
<td>4.6%</td>
<td>5.7%</td>
<td>3.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9.7%</td>
<td>5.2%</td>
<td>5.2%</td>
<td>9.4%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>
Beth Israel Deaconess Hospital – Plymouth (BID-Plymouth) is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Metro South region. It is a member of CareGroup. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 40.2% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased by 18.9% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. The hospital has reported a profit in each of the last five years. In FY18 it had a total margin of 5.1%, above the 5.0% median of its cohort hospitals.

### Overview / Size
- **Hospital System Affiliation:** CareGroup
- **Hospital System Surplus (Loss) in FY18:** $110,129,000
- **Change in Ownership (FY14-18):** CareGroup-2014
- **Total Staffed Beds:** 183, mid-size acute hospital
- **% Occupancy:** 75.0%, > cohort avg. (67%)
- **Special Public Funding:** ICB° Not Applicable
- **Case Mix Index:** 1.00, > cohort avg. (0.93); < statewide (1.14)

### Payer Mix
- **Public Payer Mix:** 68.6% HPP Hospital
- **CY17 Commercial Statewide Relative Price:** 0.87
- **Top 3 Commercial Payers:** Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, Tufts Associated HMO, Inc.

### Financial
- **Inpatient NPSR per CMAD:** $10,556
- **Change FY17-FY18:** -1.2%
- **Inpatient:Outpatient Revenue in FY18:** 33.6%; 67.4%
- **Outpatient Revenue in FY18:** $142,037,154
- **Change FY17-FY18:** 6.1%
- **Total Revenue in FY18:** $277,512,000
- **Total Surplus (Loss) in FY18:** $14,219,000

### Utilization
- **Inpatient Discharges in FY18:** 11,751
- **Change FY17-FY18:** 5.6%
- **Emergency Department Visits in FY18:** 46,952
- **Change FY17-FY18:** 2.0%
- **Outpatient Visits in FY18:** 132,673
- **Change FY17-FY18:** 1.2%

### Quality
- **Readmission Rate in FY18:** 15.3%
- **Change FY14-FY18 (percentage points):** 1.7
- **Early Elective Deliveries Rate:** 0.0%

### Services
<table>
<thead>
<tr>
<th>Discharges by DRG</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (755)</td>
<td>14%</td>
<td>of regional discharges were treated at this hospital in FY18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Septicemia Infections (654)</td>
<td>14%</td>
<td>13%</td>
<td>31%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal Delivery (521)</td>
<td>17%</td>
<td>17%</td>
<td>27%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee Joint Replacement (465)</td>
<td>14%</td>
<td>13%</td>
<td>36%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Pneumonia (377)</td>
<td>14%</td>
<td>13%</td>
<td>21%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Failure (377)</td>
<td>14%</td>
<td>13%</td>
<td>30%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COPD (302)</td>
<td>14%</td>
<td>13%</td>
<td>28%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney &amp; UT Infections (298)</td>
<td>14%</td>
<td>13%</td>
<td>26%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip Joint Replacement (280)</td>
<td>14%</td>
<td>13%</td>
<td>24%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cesarean Delivery (279)</td>
<td>14%</td>
<td>13%</td>
<td>22%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Hospital (11,751) = 16% of total regional discharges

### Quality
- **Discharges by Community**
  - Plymouth MA (4,688) 60%
  - Carver MA (905) 56%
  - Kingston MA (837) 52%
  - Middleboro MA (627) 36%
  - Duxbury MA (660) 36%
  - Marshfield MA (403) 21%
  - Pembroke MA (278) 21%
  - Buzzards Bay MA (250) 14%
  - Halifax MA (223) 22%
  - Sandwich MA (186) 16%

- Lower is Better

### At a Glance
- **Total Surplus (Loss) in FY18:** $14,219,000

### Quality
- **Discharges by Community**
  - Plymouth MA (4,688) 60%
  - Carver MA (905) 56%
  - Kingston MA (837) 52%
  - Middleboro MA (627) 36%
  - Duxbury MA (660) 36%
  - Marshfield MA (403) 21%
  - Pembroke MA (278) 21%
  - Buzzards Bay MA (250) 14%
  - Halifax MA (223) 22%
  - Sandwich MA (186) 16%

- Lower is Better

### Quality
- **Lower is Better**

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

Hospital

Cohort: Community-High Public Payer Hospital

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

2018 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$190.5</td>
<td>$217.5</td>
<td>$236.6</td>
<td>$260.7</td>
<td>$274.3</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$1.0</td>
<td>$0.2</td>
<td>$2.9</td>
<td>$3.9</td>
<td>$3.2</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$191.6</td>
<td>$217.7</td>
<td>$239.5</td>
<td>$264.6</td>
<td>$277.5</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$191.5</td>
<td>$211.1</td>
<td>$235.9</td>
<td>$248.4</td>
<td>$263.3</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$0.1</td>
<td>$6.6</td>
<td>$3.6</td>
<td>$16.2</td>
<td>$14.2</td>
</tr>
</tbody>
</table>

Financial Performance

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

For descriptions of the metrics, please see the technical appendix.
CAPE COD HOSPITAL
2018 Hospital Profile

Cape Cod Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Cape and Islands region. It is among the larger acute hospitals in Massachusetts and is a member of Cape Cod Healthcare. Between FY14 and FY18, inpatient discharges at the hospital have increased by 7.1%, compared with a median increase of 3.1% among cohort hospitals. In the same period, outpatient visits increased by 5.9%, compared to a 5.0% median increase in its cohort. Cape Cod Hospital reported a profit of $48.1M in FY18 and a total margin of 8.3% compared to the median of 5.0% at its cohort hospitals.

Overview / Size
- Hospital System Affiliation: Cape Cod Healthcare
- Hospital System Surplus (Loss) in FY18: $71,013,771
- Change in Ownership (FY14-18): Not Applicable
- Total Staffed Beds: 269, among the larger acute hospitals
- % Occupancy: 74.7%, > cohort avg. (67%)
- Special Public Funding: Not Applicable
- Trauma Center Designation: Not Applicable
- Case Mix Index: 1.18, > cohort avg. (0.93); > statewide (1.14)

Financial
- Inpatient NPSR per CMAD: $12,822
- Change FY17-FY18: -6.9%
- Inpatient:Outpatient Revenue in FY18: 36%;64%
- Outpatient Revenue in FY18: $303,803,600
- Change FY17-FY18: 9.8%
- Total Revenue in FY18: $579,168,473
- Total Surplus (Loss) in FY18: $48,090,820

Utilization
- Inpatient Discharges in FY18: 16,995
- Change FY17-FY18: 3.3%
- Emergency Department Visits in FY18: 79,588
- Change FY17-FY18: -0.3%
- Outpatient Visits in FY18: 149,973
- Change FY17-FY18: 0.0%

Quality
- Readmission Rate in FY18: 12.5%
- Change FY14-FY18 (percentage points): 0.5
- Early Elective Deliveries Rate: 4.2%

Payer Mix
- Public Payer Mix: 74.2% HPP Hospital
- CY17 Commercial Statewide Relative Price: 1.30
- Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts, Tufts Associated HMO, Inc., Harvard Pilgrim Health Care

Services
- Discharges by DRG
  - Septicemia Infections (2053) 164% of regional discharges
  - Normal Neonate Birth (742) 57% of regional discharges
  - Vaginal Delivery (528) 60% were treated at this hospital in FY18
  - Heart Failure (507) 58% were treated at this hospital in FY18
  - Hip Joint Replacement (378) 63%
  - Maj Depressive Disorders (377) 100%
  - Knee Joint Replacement (374) 52%
  - CVA Occlusion w/ Infant (353) 74%
  - Bipolar Disorders (353) 60%
  - Other Pneumonia (316) 100%

- Community discharges treated at this hospital in FY18
  - Hyannis MA (2,021) 77%
  - South Yarmouth MA (1,118) 78%
  - West Yarmouth MA (1,016) 81%
  - Centerville MA (975) 72%
  - Brewster MA (916) 77%
  - Harwich MA (894) 76%
  - Yarmouth Port MA (659) 78%
  - South Dennis MA (622) 74%
  - Mashpee MA (548) 27%
  - Marstons Mills MA (501) 65%

- Hospital (16,995) = 67% of total regional discharges

Quality
- State Average
  - Septicemia Infections (2053) 15.4%
  - Normal Neonate Birth (742) 14.7%
  - Vaginal Delivery (528) 12.0%
  - Heart Failure (507) 12.5%

For descriptions of the metrics, please see the technical appendix.
2018 HOSPITAL PROFILE: CAPE COD HOSPITAL
Cohort: Community-High Public Payer Hospital

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

<table>
<thead>
<tr>
<th>Year</th>
<th>FY18 Inpatient Discharges</th>
<th>Hospital</th>
<th>Peer Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>150</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2015</td>
<td>150</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2016</td>
<td>150</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2017</td>
<td>150</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2018</td>
<td>150</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

FY18 Inpatient Discharges = 16,985

+7.1%

+3.1%

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

<table>
<thead>
<tr>
<th>Year</th>
<th>FY18 Outpatient Visits</th>
<th>Hospital</th>
<th>Peer Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>150</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2015</td>
<td>150</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2016</td>
<td>150</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2017</td>
<td>150</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2018</td>
<td>150</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

FY18 Outpatient Visits = 149,973

+5.9%

+5.0%

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

<table>
<thead>
<tr>
<th>Year</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue, Cost, &amp; Profit/Loss (in millions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Revenue</td>
<td>$449.1</td>
<td>$473.9</td>
<td>$513.5</td>
<td>$541.8</td>
<td>$570.8</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$4.6</td>
<td>$5.2</td>
<td>$5.2</td>
<td>$4.3</td>
<td>$8.4</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$453.7</td>
<td>$479.1</td>
<td>$518.7</td>
<td>$546.1</td>
<td>$579.2</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$424.2</td>
<td>$440.7</td>
<td>$474.5</td>
<td>$496.7</td>
<td>$531.1</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$29.5</td>
<td>$38.5</td>
<td>$44.2</td>
<td>$47.4</td>
<td>$48.1</td>
</tr>
</tbody>
</table>

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.
Fairview Hospital is a small, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a member of Berkshire Health Systems. Fairview Hospital is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. It earned a profit each year from FY14 to FY18, with a total margin of 6.4% in FY18, compared with a median total margin of 5.0% in its peer cohort. In each of the last five years, Fairview hospital has reported a total margin greater than the median of its peer cohort hospitals.

At a Glance

- Hospital System Affiliation: Berkshire Health Systems
- Public Payer Mix: Not Applicable
- Hospital System Surplus (Loss) in FY18: $30,367,084
- Change in Ownership (FY14-18): Not Applicable
- Top 3 Commercial Payers:
  - Blue Cross Blue Shield of Massachusetts Health New England, Inc.
  - Network Health, LLC (Medicaid MCO)
- Total Staffed Beds: 28, among the smallest acute hospitals
- % Occupancy: 34.5%, lowest in cohort avg. (67%)
- Special Public Funding: Not Applicable
- Case Mix Index: 0.77, < cohort avg. (0.93); < statewide (1.14)
- Total Revenue in FY18: $56,216,469
- Total Inpatient Surplus (Loss) in FY18: $3,611,800
- Total Net Price Revenue: $39,477,275
- Inpatient:Outpatient Revenue in FY18: 18.9%:82%
- Inpatient NPSR per CMAD: $16,709
- Emergency Department Visits in FY18: 11,275
- Outpatient Visits in FY18: 21,370
- Readmission Rate in FY18: 14.0%
- Early Elective Deliveries Rate: 0.0%
- Inpatient Discharges in FY18: 1,028
- Change FY14-FY18: 5.7%
- Outpatient Visits in FY18: 66.3% HPP Hospital
- Change FY17-FY18: 3.7%
- Change FY14-FY18 (percentage points): 0.0%
- Case Mix Index: 0.77, < cohort avg. (0.93); < statewide (1.14)
- Utilization
- Quality
- Hospital System Affiliation: Berkshire Health Systems
- Public Payer Mix: Not Applicable
- CY17 Commercial Statewide Relative Price: 1.38
- Top 3 Commercial Payers:
  - Blue Cross Blue Shield of Massachusetts Health New England, Inc.
  - Network Health, LLC (Medicaid MCO)
- Total Staffed Beds: 28, among the smallest acute hospitals
- % Occupancy: 34.5%, lowest in cohort avg. (67%)
- Special Public Funding: Not Applicable
- Case Mix Index: 0.77, < cohort avg. (0.93); < statewide (1.14)
- Total Revenue in FY18: $56,216,469
- Total Inpatient Surplus (Loss) in FY18: $3,611,800
- Total Net Price Revenue: $39,477,275
- Inpatient:Outpatient Revenue in FY18: 18.9%:82%
- Inpatient NPSR per CMAD: $16,709
- Emergency Department Visits in FY18: 11,275
- Outpatient Visits in FY18: 21,370
- Readmission Rate in FY18: 14.0%
- Early Elective Deliveries Rate: 0.0%
- Inpatient Discharges in FY18: 1,028
- Change FY14-FY18: 5.7%
- Outpatient Visits in FY18: 66.3% HPP Hospital
- Change FY17-FY18: 3.7%
- Change FY14-FY18 (percentage points): 0.0%
- Case Mix Index: 0.77, < cohort avg. (0.93); < statewide (1.14)
- Utilization
- Quality

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

- FY18 Inpatient Discharges = 1,028
- +13.2%
- +3.1%

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

- FY18 Outpatient Visits = 21,370
- +5.0%
- -12.9%

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

- FY18 Outpatient Revenue = $39 M
- +20.7%
- +15.6%

How have the hospital's total revenue and costs changed between FY14 and FY18?

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$47.0</td>
<td>$48.8</td>
<td>$49.7</td>
<td>$50.2</td>
<td>$54.2</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$1.0</td>
<td>$2.2</td>
<td>$1.1</td>
<td>$0.9</td>
<td>$2.0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$48.1</td>
<td>$51.0</td>
<td>$50.9</td>
<td>$51.1</td>
<td>$56.2</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$44.2</td>
<td>$45.8</td>
<td>$47.7</td>
<td>$47.9</td>
<td>$52.6</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$3.9</td>
<td>$5.2</td>
<td>$3.2</td>
<td>$3.2</td>
<td>$3.6</td>
</tr>
</tbody>
</table>

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.
Falmouth Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Cape and Islands region. It is a member of Cape Cod Healthcare. Between FY14 and FY18, its inpatient discharges decreased 1.1% and outpatient visits increased 4.6%. Falmouth Hospital earned a profit each year from FY14 to FY18, and reported a 6.6% total margin in FY18, compared to a cohort median total margin of 5.0%. Falmouth Hospital’s total margin has been higher than its peer cohort median in each of the last five years.

### Overview / Size
- **Hospital System Affiliation:** Cape Cod Healthcare
- **Hospital System Surplus (Loss) in FY18:** $71,013,771
- **Change in Ownership (FY14-18):** Not Applicable
- **Total Staffed Beds:** 103, mid-size acute hospital
- **% Occupancy:** 62.6%, < cohort avg. (67%)
- **Special Public Funding:** Not Applicable
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 1.00, > cohort avg. (0.93); < statewide (1.14)

### Financial
- **Inpatient NPSR per CMAD:** $11,250
- **Change FY17-FY18:** 0.0%
- **Inpatient:Outpatient Revenue in FY18:** 31%;69%
- **Outpatient Revenue in FY18:** $91,144,897
- **Change FY17-FY18:** 7.0%

### Quality
- **Early Elective Deliveries Rate:** 0.0%
- **Readmission Rate in FY18:** 11.6%
- **Early Elective Deliveries Rate:** 0.0%

### Services
- **Discharges by DRG**
  - Septicemia Infections (1022): 32% of regional discharges treated at this hospital in FY18
  - Normal Neonate Birth (306): 23%
  - Heart Failure (282): 33%
  - Knee Joint Replacement (278): 39%
  - Vaginal Delivery (193): 22%
  - Hip Joint Replacement (183): 30%
  - Kidney & UT Infections (152): 49%
  - Alcohol Abuse & Dependence (135): 25%
  - Other Pneumonia (131): 30%
  - Renal Failure (127): 0%

### Payer Mix
- **Public payer mix:** 71.7% HPP Hospital
- **CY17 commercial statewide relative price:** 1.39
- **Top 3 commercial payers:**
  - Blue Cross Blue Shield of Massachusetts
  - Tufts Associated HMO, Inc.
  - Harvard Pilgrim Health Care

### Utilization
- **Inpatient Discharges in FY18:** 6,227
- **Change FY17-FY18:** 2.7%
- **Emergency Department visits in FY18:** 32,497
- **Change FY17-FY18:** 1.2%
- **Outpatient Visits in FY18:** 50,156
- **Change FY17-FY18:** 13.7%

### At a Glance
- **Total Surplus (Loss) in FY18:** $91,144,897
- **Inpatient:Outpatient Revenue in FY18:** $71,013,771

---

**For descriptions of the metrics, please see the technical appendix.**
2018 HOSPITAL PROFILE: FALMOUTH HOSPITAL
Cohort: Community-High Public Payer Hospital

How has the volume of the hospital’s inpatient discharges changed compared to FY14, and how does this compare to the hospital’s peer cohort median? (FY14=100)

How has the volume of the hospital’s outpatient visits changed compared to FY14, and how does this compare to the hospital’s peer cohort median? (FY14=100)

What was the hospital’s net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital’s peer cohort median?

How has the hospital’s total outpatient revenue changed compared to FY14, and how does this compare to the hospital’s peer cohort median? (FY14=100)

How have the hospital’s total revenue and costs changed between FY14 and FY18?

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

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.
Harrington Memorial Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 6.8% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased by 8.5% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Harrington reported a profit in each year of the five-year period. In FY18, its total margin of 8.2% was higher than its peer cohort median of 5.0%.

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

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 state average?

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?

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

- FY18 Inpatient Discharges = 4,457
- +6.8%
- +3.1%

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

- FY18 Outpatient Visits = 81,481
- +8.5%
- +5.0%

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$113.4</td>
<td>$124.0</td>
<td>$135.5</td>
<td>$137.9</td>
<td>$142.8</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$3.5</td>
<td>$2.1</td>
<td>$2.6</td>
<td>$4.7</td>
<td>$4.7</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$116.9</td>
<td>$126.1</td>
<td>$138.0</td>
<td>$142.7</td>
<td>$147.6</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$113.6</td>
<td>$116.9</td>
<td>$125.6</td>
<td>$133.4</td>
<td>$135.4</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$3.3</td>
<td>$9.3</td>
<td>$12.4</td>
<td>$9.3</td>
<td>$12.1</td>
</tr>
</tbody>
</table>

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

- FY18 Outpatient Revenue = $104 M
- +33.1%
- +15.6%

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating</td>
<td>-0.2%</td>
<td>4.6%</td>
<td>5.2%</td>
<td>5.0%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Total</td>
<td>-12%</td>
<td>-12%</td>
<td>-12%</td>
<td>-12%</td>
<td>-12%</td>
</tr>
</tbody>
</table>

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
HEALTHALLIANCE-CLINTON HOSPITAL

2018 Hospital Profile

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. On October 1, 2017, HealthAlliance Hospital merged with Clinton Hospital to form HealthAlliance-Clinton Hospital. From FY14 to FY18, outpatient visits at HealthAlliance-Clinton Hospital increased by 14.3%, compared to its peer cohort median increase of 5.0%. Over the same period, outpatient revenue decreased for HealthAlliance-Clinton by 0.7%, compared to a median decrease of 15.6% for its peer cohort. After reporting a profit in each year from FY14 through FY17, HealthAlliance-Clinton Hospital reported a loss of $13.7M in FY18.

Overview / Size

Hospital System Affiliation: UMass Memorial Health Care
Hospital System Surplus (Loss) in FY18: $19,297,000
Change in Ownership (FY14-18): Includes Clinton 10/1/17
Total Staffed Beds: 144, mid-size acute hospital
% Occupancy: 69.7%, > cohort avg. (67%)
Special Public Funding: CHART*, ICB°
Trauma Center Designation: Not Applicable
Case Mix Index: 0.98, > cohort avg. (0.93); < statewide (1.14)
Financial
Inpatient NPSR per CMAD: $9,310
Change FY17-FY18: 50.9%
Inpatient:Outpatient Revenue in FY18: 31%; 69%
Outpatient Revenue in FY18: $95,310,789
Change FY17-FY18: -18.0%
Total Revenue in FY18: $203,452,000
Total Surplus (Loss) in FY18: ($13,656,000)

Payer Mix
Public Payer Mix: 70.0% HPP Hospital
CY17 Commercial Statewide Relative Price: 0.83
Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts Network Health, LLC (Medicaid MCO), Tufts Associated HMO, Inc.

Utilization
Inpatient Discharges in FY18: 7,982
Change FY17-FY18: 3.0%
Emergency Department Visits in FY18: 90,633
Change FY17-FY18: 15.1%
Outpatient Visits in FY18: 120,621
Change FY17-FY18: -6.6%

Quality
Readmission Rate in FY18: 4.5%
Early Elective Deliveries Rate: 14.5%

Discharges by DRG

<table>
<thead>
<tr>
<th>DRG Description</th>
<th>FY18 Discharges</th>
<th>% of Regional Discharges</th>
<th>% of Community Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (606)</td>
<td>173</td>
<td>10%</td>
<td>53%</td>
</tr>
<tr>
<td>Vaginal Delivery (472)</td>
<td>236</td>
<td>10%</td>
<td>49%</td>
</tr>
<tr>
<td>Other Pneumonia (389)</td>
<td>170</td>
<td>19%</td>
<td>49%</td>
</tr>
<tr>
<td>Septicemia Infections (303)</td>
<td>126</td>
<td>14%</td>
<td>30%</td>
</tr>
<tr>
<td>COPD (324)</td>
<td>17</td>
<td>16%</td>
<td>24%</td>
</tr>
<tr>
<td>Renal Failure (219)</td>
<td>187</td>
<td>19%</td>
<td>24%</td>
</tr>
<tr>
<td>Bacterial Skin Infections (196)</td>
<td>157</td>
<td>15%</td>
<td>23%</td>
</tr>
<tr>
<td>Cesarean Delivery (195)</td>
<td>149</td>
<td>9%</td>
<td>27%</td>
</tr>
<tr>
<td>Cardiac Arrhythmia (173)</td>
<td>255</td>
<td>15%</td>
<td>43%</td>
</tr>
</tbody>
</table>

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

Quality

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 state average?

For descriptions of the metrics, please see the technical appendix.
2018 HOSPITAL PROFILE: HEALTHALLIANCE-CLINTON HOSPITAL

Cohort: Community-High Public Payer Hospital

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Inpatient Discharges = 7,982

+12.5%

+3.1%

2014 2015 2016 2017 2018

Utilization

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Outpatient Revenue = $95 M

+15.6%

-0.7%

2014 2015 2016 2017 2018

Patient Revenue Trends

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Outpatient Visits = 120,621

+14.3%

+5.0%

2014 2015 2016 2017 2018

How was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$161.3</td>
<td>$168.0</td>
<td>$181.0</td>
<td>$188.4</td>
<td>$200.5</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$2.2</td>
<td>$(0.7)</td>
<td>$2.0</td>
<td>$3.5</td>
<td>$3.0</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$163.5</td>
<td>$167.3</td>
<td>$183.0</td>
<td>$191.9</td>
<td>$203.5</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$159.6</td>
<td>$160.4</td>
<td>$174.8</td>
<td>$185.3</td>
<td>$217.1</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$3.9</td>
<td>$7.0</td>
<td>$8.2</td>
<td>$6.6</td>
<td>$(13.7)</td>
</tr>
</tbody>
</table>

Financial Performance

FY 2018 Massachusetts Hospital Profiles | January 2020

Center for Health Information and Analysis 501 Boylston Street, Boston MA 02116
617-701-8100
www.chiamass.gov

50

100

150

2014

2015

2016

2017

2018

Financial Performance

Operating

Operating

Total

Total

2014 2015 2016 2017 2018

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).
Heywood Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is a member of Heywood Healthcare. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 0.7% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits decreased by 1.6% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Heywood Hospital reported a profit in each year of the five-year period. In FY18 its total margin of 2.3% was lower than its peer cohort median of 5.0%.

### Financial

- **Inpatient NPSR per CMAD:** $8,554
- **Change FY17-FY18:** 8.3%
- **Inpatient:Outpatient Revenue in FY18:** 22%:78%
- **Outpatient Revenue in FY18:** $78,681,810
- **Change FY17-FY18:** 5.4%
- **Total Revenue in FY18:** $125,420,295
- **Total Surplus (Loss) in FY18:** $78,681,810

### Utilization

- **Inpatient Discharges in FY18:** 4,963
- **Change FY17-FY18:** 7.5%
- **Emergency Department Visits in FY18:** 28,282
- **Change FY17-FY18:** 5.5%
- **Outpatient Visits in FY18:** 79,570
- **Change FY17-FY18:** -2.5%

### Quality

- **Readmission Rate in FY18:** 13.6%
- **Change FY14-FY18 (percentage points):** -1.1
- **Early Elective Deliveries Rate:** 1.3%

### Services

#### Discharges by DRG

- Normal Neonate Birth (376): 6%
- Vaginal Delivery (347): 7%
- Org Mental Hlth Disturb (301): 13%
- COPD (259): 8%
- Heart Failure (219): 10%
- Other Pneumonia (191): 12%
- Bipolar Disorders (148): 34%
- Knee Joint Replacement (147): 4%
- Adjust Dis/Neuroses exc DD (144): 4%
- Septicemia Infections (137): 12%

- **Of regional discharges were treated at this hospital:** 56%
- **In FY18:** Hospital (4,963) = 6% of total regional discharges

#### Discharges by Community

<table>
<thead>
<tr>
<th>Community</th>
<th>% of Community Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gardner MA (1,464)</td>
<td>54%</td>
</tr>
<tr>
<td>Athol MA (640)</td>
<td>33%</td>
</tr>
<tr>
<td>Winchendon MA (591)</td>
<td>29%</td>
</tr>
<tr>
<td>Orange MA (289)</td>
<td>4%</td>
</tr>
<tr>
<td>Fitchburg MA (200)</td>
<td>54%</td>
</tr>
<tr>
<td>Baldwinville MA (198)</td>
<td>51%</td>
</tr>
<tr>
<td>Templeton MA (193)</td>
<td>22%</td>
</tr>
<tr>
<td>Westminster MA (156)</td>
<td>31%</td>
</tr>
<tr>
<td>Ashburnham MA (145)</td>
<td>29%</td>
</tr>
</tbody>
</table>

#### Quality

- **Readmission Rate at any hospital within 30 days:** 14.8%
- **State Average:** 15.4%
- **Lower is Better**

For descriptions of the metrics, please see the technical appendix.
2018 HOSPITAL PROFILE: HEYWOOD MEMORIAL HOSPITAL

Cohort: Community-High Public Payer Hospital

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$102.3</td>
<td>$106.3</td>
<td>$110.7</td>
<td>$114.8</td>
<td>$123.7</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$1.8</td>
<td>(0.5)</td>
<td>$1.8</td>
<td>$2.3</td>
<td>$1.8</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$104.1</td>
<td>$105.8</td>
<td>$112.6</td>
<td>$117.2</td>
<td>$125.4</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$99.8</td>
<td>$101.2</td>
<td>$107.2</td>
<td>$113.0</td>
<td>$122.5</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$4.3</td>
<td>$4.6</td>
<td>$5.4</td>
<td>$4.2</td>
<td>$2.9</td>
</tr>
</tbody>
</table>

What were the hospital's total margin and operating margins between FY14 and FY18, 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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).
HOLYOKE MEDICAL CENTER
2018 Hospital Profile

Holyoke Medical Center is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 24.9% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased 65.0% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Holyoke Medical Center reported a profit in each year of the five-year period. In FY18 its total margin of 3.2% was lower than its peer cohort median of 5.0%.

Overview / Size

Hospital System Affiliation: Valley Health System
Hospital System Surplus (Loss) in FY18: $1,878,105
Change in Ownership (FY14-18): Not Applicable
Total Staffed Beds: 107, mid-size acute hospital
% Occupancy: 73.9%, > cohort avg. (67%)
Special Public Funding: CHART®, ICB®
Trauma Center Designation: Not Applicable
Case Mix Index: 0.92, < cohort avg. (0.93); < statewide (1.14)

Financial

Inpatient NPSR per CMAD: $8,550
Change FY17-FY18: 14.2%
Inpatient:Outpatient Revenue in FY18: 25%;75%
Outpatient Revenue in FY18: $90,447,161
Change FY17-FY18: -3.2%
Total Revenue in FY18: $167,615,948
Total Surplus (Loss) in FY18: $5,440,052

Payer Mix

Public Payer Mix: 77.2% HPP Hospital
CY17 Commercial Statewide Relative Price: Not Available
Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts Health New England, Inc. Network Health, LLC (Medicaid MCO)

Utilization

Inpatient Discharges in FY18: 6,985
Change FY17-FY18: 4.6%
Emergency Department Visits in FY18: 50,332
Change FY17-FY18: 13.3%
Outpatient Visits in FY18: 135,557
Change FY17-FY18: 9.5%

Quality

Readmission Rate in FY18: 15.8%
Change FY14-FY18 (percentage points): 2.1
Early Elective Deliveries Rate: 0.0%

What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

Discharges by DRG

Septicemia Infections (643) 13% of regional discharges were treated at this hospital in FY18
Normal Neonate Birth (402) 6%
Maj Depressive Disorders (338) 14%
COPD (324) 15%
Vaginal Delivery (301) 6%
Heart Failure (258) 7%
Renal Failure (167) 9%
Cardiac Arrhythmia (152) 10%
Bacterial Skin Infections (149) 9%
Other Pneumonia (148) 7%

- - - Hospital (6,985) = 7% of total regional discharges

At a Glance

Services

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

Holyoke MA (3,183) 48% of community discharges were treated at this hospital in FY18
Chicopee MA (1,348) 31%
South Hadley MA (571) 17%
Springfield MA (529) 12%
Westfield MA (168) 4%
Easthampton MA (129) 7%
Ludlow MA (57) 2%
Belchertown MA (52) 4%

- - - 100% of regional discharges were treated at this hospital in FY18

Quality

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 state average?

CLABSI 5
CAUTI 3
SSI: Colon Surgery 2

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?

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Inpatient Discharges = 6,985

+24.9%

+3.1%

2014 2015 2016 2017 2018

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Outpatient Visits = 135,557

+65.0%

+5.0%

2014 2015 2016 2017 2018

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

2014 2015 2016 2017 2018

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Outpatient Revenue = $90 M

+49.5%

+15.6%

2014 2015 2016 2017 2018

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$122.8</td>
<td>$127.1</td>
<td>$142.4</td>
<td>$153.2</td>
<td>$167.2</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0.7</td>
<td>$0.1</td>
<td>$1.0</td>
<td>$1.6</td>
<td>$0.4</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$123.5</td>
<td>$127.2</td>
<td>$143.4</td>
<td>$154.8</td>
<td>$167.6</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$117.3</td>
<td>$123.6</td>
<td>$138.4</td>
<td>$151.8</td>
<td>$162.2</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$6.2</td>
<td>$3.6</td>
<td>$5.0</td>
<td>$3.0</td>
<td>$5.4</td>
</tr>
</tbody>
</table>

What were the hospital's total margin and operating margins between FY14 and FY18, 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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).
Lawrence General Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 1.9% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits decreased by 2.7% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. After reporting a profit in FY16 and FY17, the hospital reported a loss of $0.2M in FY18. Its total margin was -0.1% as compared to the median total margin of 5.0% at peer cohort hospitals.

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 state average?

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?

What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

Where did most of the hospital’s inpatients reside? What proportion of each community’s total discharges was attributed to this hospital?

For descriptions of the metrics, please see the technical appendix.
2018 HOSPITAL PROFILE: LAWRENCE GENERAL HOSPITAL

Cohort: Community-High Public Payer Hospital

Key:
- Hospital
- Peer Cohort

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Inpatient Discharges = 12,421

Utilization

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Outpatient Visits = 269,577

How was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Outpatient Revenue = $115 M

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$228.7</td>
<td>$226.3</td>
<td>$241.4</td>
<td>$247.8</td>
<td>$253.6</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$1.7</td>
<td>$0.1</td>
<td>$2.3</td>
<td>$3.1</td>
<td>$(1.3)</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$230.4</td>
<td>$226.4</td>
<td>$243.7</td>
<td>$250.9</td>
<td>$252.4</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$220.7</td>
<td>$230.4</td>
<td>$240.1</td>
<td>$247.8</td>
<td>$252.5</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$9.8</td>
<td>$(4.0)</td>
<td>$3.6</td>
<td>$3.1</td>
<td>$(0.2)</td>
</tr>
</tbody>
</table>

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

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

Overview / Size

Hospital System Affiliation: Wellforce
Hospital System Surplus (Loss) in FY18: $38,459,000
Change in Ownership (FY14-18): Wellforce - 2014
Total Staffed Beds: 355, among the larger acute hospitals
% Occupancy: 67.8%, > cohort avg. (67%)
Special Public Funding: CHART\(^a\), HCII\(^b\), ICB\(^c\)
Trauma Center Designation: Adult: Level 3
Case Mix Index: 0.92, < cohort avg. (0.93); < statewide (1.14)

Financial

Inpatient NPSR per CMAD: $11,435
Change FY17-FY18: -0.6%
Inpatient:Outpatient Revenue in FY18: 34%;66%
Outpatient Revenue in FY18: $225,241,077
Change FY17-FY18: 5.3%
Total Revenue in FY18: $480,315,000
Total Surplus (Loss) in FY18: $23,178,000

Payer Mix

Public Payer Mix: 65.7% HPP Hospital
CY17 Commercial Statewide Relative Price: 0.79
Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts, Tufts Associated HMO, Inc.
Harvard Pilgrim Health Care

Utilization

Inpatient Discharges in FY18: 21,586
Change FY17-FY18: -2.5%
Emergency Department Visits in FY18: 198,693
Change FY17-FY18: -0.8%
Outpatient Visits in FY18: 18%
Change FY17-FY18: 0.6%

Quality

Readmission Rate in FY18: 15.6%
Change FY14-FY18 (percentage points): 0.2%
Early Elective Deliveries Rate:

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

Lowell MA (10,113) 76% of community discharges were treated at this hospital in FY18
Dracut MA (2,452) 69%
Tewksbury MA (1,606) 41%
Chelmsford MA (1,323) 52%
Tyngsboro MA (675) 63%
North Chelmsford MA (637) 62%
Westford MA (506) 31%
Billerica MA (478) 14%
North Billerica MA (408) 32%
Pelham NH (339) 44%

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 state average?

Quality

CLABSI
CAUTI
SSI: Colon Surgery

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?

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

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. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 0.8% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased by 6.1% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Lowell General reported a profit in each year of the five-year period. Its total margin was 4.8% as compared to the median total margin of 5.0% at peer cohort hospitals.

 Lowell General Hospital is among the larger acute hospitals in Massachusetts. It is a member of Wellforce. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 0.8% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased by 6.1% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Lowell General reported a profit in each year of the five-year period. Its total margin was 4.8% as compared to the median total margin of 5.0% at peer cohort hospitals.
2018 HOSPITAL PROFILE: LOWELL GENERAL HOSPITAL
Cohort: Community-High Public Payer Hospital

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$415.6</td>
<td>$430.2</td>
<td>$441.4</td>
<td>$451.8</td>
<td>$472.6</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$11.2</td>
<td>$(2.9)</td>
<td>$0.8</td>
<td>$(1.8)</td>
<td>$7.7</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$426.8</td>
<td>$427.4</td>
<td>$442.1</td>
<td>$449.9</td>
<td>$480.3</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$409.2</td>
<td>$416.7</td>
<td>$431.8</td>
<td>$447.6</td>
<td>$457.1</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$17.6</td>
<td>$10.7</td>
<td>$10.4</td>
<td>$2.3</td>
<td>$23.2</td>
</tr>
</tbody>
</table>

Financial Performance

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

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

2018 Hospital Profile

Marlborough Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Metro West region. It is among the smaller acute hospitals in Massachusetts and a member of UMass Memorial Health Care. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 2.7% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits decreased 25.8% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Marlborough hospital reported a loss of $0.1M in FY18 and a total margin of -0.2% as compared to the median total margin of 5.0% at peer cohort hospitals.

Overview / Size

- Hospital System Affiliation: UMass Memorial Health Care
- Hospital System Surplus (Loss) in FY18: ($19,297,000)
- Change in Ownership (FY14-18): Not Applicable
- Total Staffed Beds: 79, among the smaller acute hospitals
- % Occupancy: 60.3%, < cohort avg. (67%)
- Special Public Funding: ICB®
- Trauma Center Designation: Not Applicable
- Case Mix Index: 0.95, > cohort avg. (0.93); < statewide (1.14)

Financial

- Inpatient NPSR per CMAD: $7,174
- Change FY17-FY18: 9.7%
- Inpatient:Outpatient Revenue in FY18: 29%, 71%
- Outpatient Revenue in FY18: $44,175,648
- Change FY17-FY18: -14.1%
- Total Revenue in FY18: $84,472,000
- Total Surplus (Loss) in FY18: ($131,000)

Payer Mix

- Public Payer Mix: 63.6% HPP Hospital
- CY17 Commercial Statewide Relative Price: 0.88
- Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts, Tufts Associated HMO, Inc., Network Health, LLC (Medicaid MCO)

Utilization

- Inpatient Discharges in FY18: 3,850
- Change FY17-FY18: -5.9%
- Emergency Department Visits in FY18: 27,086
- Change FY17-FY18: 3.3%
- Outpatient Visits in FY18: 29,095
- Change FY17-FY18: -3.6%

Quality

- Readmission Rate in FY18: 17.1%
- Change FY14-FY18 (percentage points): 1.4
- Early Elective Deliveries Rate: Not Available

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

- Discharges by DRG:
  - Maj Depressive Disorders (300)
  - Septicemia Infections (245)
  - Other Pneumonia (211)
  - Heart Failure (199)
  - Bipolar Disorders (163)
  - COPD (158)
  - Knee Joint Replacement (120)
  - Kidney & UT Infections (115)
  - Bacterial Skin Infections (86)

- % of regional discharges were treated at this hospital in FY18
  - 19%
  - 11%
  - 17%
  - 11%
  - 26%
  - 14%
  - 12%
  - 16%
  - 12%
  - 11%

- Data is not available for this measure.

- 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:
  - Marlborough MA (1,690)
  - Hudson MA (741)
  - Northborough MA (212)
  - Worcester MA (147)
  - Westborough MA (137)
  - Framingham MA (73)
  - Southborough MA (71)
  - Berlin MA (70)
  - Clinton MA (48)
  - Sudbury MA (37)

- 39% of community discharges were treated at this hospital in FY18
- 36%
- 17%
- 5%
- 5%
- 1%
- 11%
- 25%
- 3%
- 3%

- 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?

- CLABSI
  - Data is not available for this measure.
- CAUTI
  - Data is not available for this measure.
- SSI: Colon Surgery
  - Data is not available for this measure.

- 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 state average?

- Readmission Rate in FY18: 17.1%
- Change FY14-FY18: 1.4%

- Lower is Better

- Quality

For descriptions of the metrics, please see the technical appendix.
2018 HOSPITAL PROFILE: MARLBOROUGH HOSPITAL
Cohort: Community-High Public Payer Hospital

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
MelroseWakefield Hospital, which includes Lawrence Memorial Hospital and Melrose-Wakefield Hospital campuses, is a mid-size, non-profit community High Public Payer (HPP) hospital located in the Metro Boston region. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 17.2% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits decreased 19.1% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. MelroseWakefield Healthcare reported a profit of $20.1M in FY18 and a total margin of 7.9%.

### Overview / Size

<table>
<thead>
<tr>
<th>Hospital System Affiliation:</th>
<th>Wellforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital System Surplus (Loss) in FY18:</td>
<td>$38,459,000</td>
</tr>
<tr>
<td>Change in Ownership (FY14-18):</td>
<td>Wellforce - 2017</td>
</tr>
<tr>
<td>Total Staffed Beds:</td>
<td>162, mid-size acute hospital</td>
</tr>
<tr>
<td>% Occupancy:</td>
<td>88.6%, &gt; cohort avg. (67%)</td>
</tr>
<tr>
<td>Special Public Funding:</td>
<td>CHART®, ICB®</td>
</tr>
<tr>
<td>Trauma Center Designation:</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Case Mix Index:</td>
<td>0.91, &lt; cohort avg. (0.93); &lt; statewide (1.14)</td>
</tr>
</tbody>
</table>

### Payer Mix

<table>
<thead>
<tr>
<th>Public Payer Mix:</th>
<th>63.2% HPP Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY17 Commercial Statewide Relative Price:</td>
<td>0.92</td>
</tr>
<tr>
<td>Top 3 Commercial Payers:</td>
<td>Blue Cross Blue Shield of Massachusetts, Tufts Associated HMO, Inc. , Harvard Pilgrim Health Care</td>
</tr>
</tbody>
</table>

### Utilization

| Inpatient Discharges in FY18: | 9,769 |
| Inpatient:Outpatient Revenue in FY18: | 30.7%:70.3% |
| Outpatient Revenue in FY18: | $126,893,905 |
| Inpatient Revenue in FY18: | $253,632,000 |
| Total Revenue in FY18: | $20,094,000 |

### Quality

| Readmission Rate in FY18: | 15.8% |
| Early Elective Deliveries Rate: | 0.0% |

### Financial

<table>
<thead>
<tr>
<th>Financial Metrics</th>
<th>FY18 Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient NPSR per CMAD:</td>
<td>$11,137</td>
</tr>
<tr>
<td>Change FY17-FY18:</td>
<td>17.0%</td>
</tr>
<tr>
<td>Total Surplus (Loss) in FY18:</td>
<td>$20,094,000</td>
</tr>
<tr>
<td>Total Revenue in FY18:</td>
<td>$253,632,000</td>
</tr>
</tbody>
</table>

### Services

**Discharges by DRG**

- Normal Neonate Birth (746)
- Heart Failure (536)
- Vaginal Delivery (533)
- Septicemia Infections (393)
- Other Pneumonia (351)
- COPD (341)
- Renal Failure (305)
- Maj Depressive Disorders (248)
- Cardiac Arrhythmia (245)
- Cesarean Delivery (245)

- Hospital (9,769) = 3% of total regional discharges

**Discharges by Community**

<table>
<thead>
<tr>
<th>Community</th>
<th>Percentage of Community Discharges Treated at This Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melrose MA (1,128)</td>
<td>20%</td>
</tr>
<tr>
<td>Malden MA (1,560)</td>
<td>25%</td>
</tr>
<tr>
<td>Medford MA (1,171)</td>
<td>20%</td>
</tr>
<tr>
<td>Saugus MA (1,028)</td>
<td>28%</td>
</tr>
<tr>
<td>Wakefield MA (909)</td>
<td>30%</td>
</tr>
<tr>
<td>Stoneham MA (607)</td>
<td>18%</td>
</tr>
<tr>
<td>Revere MA (462)</td>
<td>7%</td>
</tr>
<tr>
<td>Everett MA (394)</td>
<td>8%</td>
</tr>
<tr>
<td>Lynn MA (208)</td>
<td>2%</td>
</tr>
<tr>
<td>Somerville MA (166)</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community</th>
<th>Percentage of Community Discharges Treated at This Hospital</th>
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<tbody>
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<td>2%</td>
</tr>
<tr>
<td>Somerville MA (166)</td>
<td>3%</td>
</tr>
</tbody>
</table>

### Performance

**Lower is Better**

<table>
<thead>
<tr>
<th>Metric</th>
<th>2014</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cesarean Delivery (245)</td>
<td>14.7%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Normal Neonate Birth (746)</td>
<td>16.5%</td>
<td>15.8%</td>
</tr>
</tbody>
</table>

For descriptions of the metrics, please see the technical appendix.
2018 HOSPITAL PROFILE: MELROSEWAKEFIELD HOSPITAL

Cohort: Community-High Public Payer Hospital

Key:
- Hospital
- Peer Cohort

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

 chá

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

 chá

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

 chá

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

 chá

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

 chá
Mercy Medical Center is a large, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 8.1% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased by 8.3% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. After reporting a profit of $11.3M in FY17, the hospital reported a loss of $12.6M in FY18 and a total margin of -4.2% compared to a median total margin of 5.0% at peer cohort hospitals.

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

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 state average?

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?

Where did most of the hospital’s inpatients reside? What proportion of each community’s total discharges was attributed to this hospital?

What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

For descriptions of the metrics, please see the technical appendix.
**2018 HOSPITAL PROFILE: MERCY MEDICAL CENTER**

**Cohort: Community-High Public Payer Hospital**

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

---

**Key:**
- Hospital
- Peer Cohort

---

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

<table>
<thead>
<tr>
<th>FY</th>
<th>Operating Revenue</th>
<th>Non-Operating Revenue</th>
<th>Total Revenue</th>
<th>Total Costs</th>
<th>Total Profit (Loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$250.4</td>
<td>$0.9</td>
<td>$251.3</td>
<td>$233.6</td>
<td>$17.7</td>
</tr>
<tr>
<td>2015</td>
<td>$272.8</td>
<td>$0.3</td>
<td>$273.1</td>
<td>$256.0</td>
<td>$17.0</td>
</tr>
<tr>
<td>2016</td>
<td>$264.4</td>
<td>(0.3)</td>
<td>$264.1</td>
<td>$268.9</td>
<td>(4.8)</td>
</tr>
<tr>
<td>2017</td>
<td>$295.1</td>
<td>$2.7</td>
<td>$297.8</td>
<td>$286.5</td>
<td>$11.3</td>
</tr>
<tr>
<td>2018</td>
<td>$300.1</td>
<td>$0.1</td>
<td>$300.2</td>
<td>$312.8</td>
<td>(12.6)</td>
</tr>
</tbody>
</table>

---

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
* For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
METROWEST MEDICAL CENTER
2018 Hospital Profile

MetroWest Medical Center is a for-profit community-High Public Payer (HPP) hospital located in the Metro West region. It is among the larger acute hospitals in Massachusetts and it is a member of Tenet Healthcare. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 6.0% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased 120.0% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. After reporting a loss of $3.0M in FY17, the hospital reported a profit of $4.8M in FY18 and a total margin of 1.9% compared to a median total margin of 5.0% at peer cohort hospitals.

**Overview / Size**
- Hospital System Affiliation: Tenet Healthcare
- Hospital System Surplus (Loss) in FY18: $111,000,000
- Change in Ownership (FY14-18): Not Applicable
- Total Staffed Beds: 340, among the larger acute hospitals
- % Occupancy: 43.9%, < cohort avg. (67%)
- Special Public Funding: Not Applicable
- Trauma Center Designation: ICB*
- Case Mix Index: 0.98, > cohort avg. (0.93); < statewide (1.14)

**Financial**
- Inpatient NPSR per CMAD: $10,115
- Change FY17-FY18: -5.2%
- Inpatient:Outpatient Revenue in FY18: 33.67%
- Outpatient Revenue in FY18: $128,558,290
- Change FY17-FY18: -3.6%
- Total Revenue in FY18: $254,378,229
- Change FY17-FY18: -3.6%

**Services**
- What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

**Quality**
- Readmission Rate in FY18: 15.9%
- Early Elective Deliveries Rate: Not Available

**Payer Mix**
- Public Payer Mix: 66.0% HPP Hospital
- CY17 Commercial Statewide Relative Price: 0.90
- Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, Tufts Associated HMO, Inc.

**Utilization**
- Inpatient Discharges in FY18: 11,199
- Change FY17-FY18: -3.7%
- Emergency Department Visits in FY18: 52,768
- Change FY17-FY18: 0.3%
- Outpatient Visits in FY18: 419,254
- Change FY17-FY18: -0.6%

**At a Glance**

**Quality**

**For descriptions of the metrics, please see the technical appendix.**
**2018 HOSPITAL PROFILE: METROWEST MEDICAL CENTER**

**Cohort: Community-High Public Payer Hospital**

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

---

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

<table>
<thead>
<tr>
<th>Financial Performance</th>
<th>FY 2014</th>
<th>FY 2015</th>
<th>FY 2016</th>
<th>FY 2017</th>
<th>FY 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$248.8</td>
<td>$258.2</td>
<td>$247.6</td>
<td>$241.3</td>
<td>$253.9</td>
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<td>Non-Operating Revenue</td>
<td>$0.6</td>
<td>$1.0</td>
<td>$2.2</td>
<td>$0.4</td>
<td>$0.5</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$249.4</td>
<td>$259.2</td>
<td>$249.8</td>
<td>$241.7</td>
<td>$254.4</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$255.4</td>
<td>$255.4</td>
<td>$249.0</td>
<td>$244.7</td>
<td>$249.6</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$(6.0)</td>
<td>$3.9</td>
<td>$0.8</td>
<td>$(3.0)</td>
<td>$4.8</td>
</tr>
</tbody>
</table>

---

### Patent Revenue Trends

**Patient Revenue Trends**

**Hospital**

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$12,000</td>
<td>$16,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>2014</td>
<td>50</td>
<td>100</td>
<td>150</td>
<td>200</td>
<td>250</td>
</tr>
<tr>
<td>2015</td>
<td>50</td>
<td>100</td>
<td>150</td>
<td>200</td>
<td>250</td>
</tr>
<tr>
<td>2016</td>
<td>50</td>
<td>100</td>
<td>150</td>
<td>200</td>
<td>250</td>
</tr>
<tr>
<td>2017</td>
<td>50</td>
<td>100</td>
<td>150</td>
<td>200</td>
<td>250</td>
</tr>
<tr>
<td>2018</td>
<td>50</td>
<td>100</td>
<td>150</td>
<td>200</td>
<td>250</td>
</tr>
</tbody>
</table>

**Cohort Median**

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$12,000</td>
<td>$16,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>2014</td>
<td>50</td>
<td>100</td>
<td>150</td>
<td>200</td>
<td>250</td>
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<tr>
<td>2015</td>
<td>50</td>
<td>100</td>
<td>150</td>
<td>200</td>
<td>250</td>
</tr>
<tr>
<td>2016</td>
<td>50</td>
<td>100</td>
<td>150</td>
<td>200</td>
<td>250</td>
</tr>
<tr>
<td>2017</td>
<td>50</td>
<td>100</td>
<td>150</td>
<td>200</td>
<td>250</td>
</tr>
<tr>
<td>2018</td>
<td>50</td>
<td>100</td>
<td>150</td>
<td>200</td>
<td>250</td>
</tr>
</tbody>
</table>

### Financial Performance

**Operating**

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Margin</td>
<td>4.6%</td>
<td>13.0%</td>
<td>12.1%</td>
<td>12.0%</td>
<td>12.0%</td>
</tr>
<tr>
<td>2014</td>
<td>-2.6%</td>
<td>-2.6%</td>
<td>-2.6%</td>
<td>-2.6%</td>
<td>-2.6%</td>
</tr>
<tr>
<td>2015</td>
<td>5.2%</td>
<td>5.2%</td>
<td>5.2%</td>
<td>5.2%</td>
<td>5.2%</td>
</tr>
<tr>
<td>2016</td>
<td>1.9%</td>
<td>1.9%</td>
<td>1.9%</td>
<td>1.9%</td>
<td>1.9%</td>
</tr>
<tr>
<td>2017</td>
<td>-2.4%</td>
<td>-2.4%</td>
<td>-2.4%</td>
<td>-2.4%</td>
<td>-2.4%</td>
</tr>
<tr>
<td>2018</td>
<td>3.4%</td>
<td>3.4%</td>
<td>3.4%</td>
<td>3.4%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

**Total**

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Margin</td>
<td>4.6%</td>
<td>13.0%</td>
<td>12.1%</td>
<td>12.0%</td>
<td>12.0%</td>
</tr>
<tr>
<td>2014</td>
<td>-2.6%</td>
<td>-2.6%</td>
<td>-2.6%</td>
<td>-2.6%</td>
<td>-2.6%</td>
</tr>
<tr>
<td>2015</td>
<td>5.2%</td>
<td>5.2%</td>
<td>5.2%</td>
<td>5.2%</td>
<td>5.2%</td>
</tr>
<tr>
<td>2016</td>
<td>1.9%</td>
<td>1.9%</td>
<td>1.9%</td>
<td>1.9%</td>
<td>1.9%</td>
</tr>
<tr>
<td>2017</td>
<td>-2.4%</td>
<td>-2.4%</td>
<td>-2.4%</td>
<td>-2.4%</td>
<td>-2.4%</td>
</tr>
<tr>
<td>2018</td>
<td>3.4%</td>
<td>3.4%</td>
<td>3.4%</td>
<td>3.4%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

---

### Utilization

**How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)**

- 2014: 11,199
- 2015: 11,199
- 2016: 11,199
- 2017: 11,199
- 2018: 11,199

**How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)**

- 2014: 419,254
- 2015: 419,254
- 2016: 419,254
- 2017: 419,254
- 2018: 419,254

---

**How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)**

- 2014: $129 M
- 2015: $129 M
- 2016: $129 M
- 2017: $129 M
- 2018: $129 M

---

**How have the hospital's total revenue and costs changed between FY14 and FY18?**

**FY 2018**

- Total Revenue: $254.4 M
- Total Costs: $249.6 M
- Total Profit (Loss): $4.8 M

---

**How was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?**

- FY14: $4,000
- FY15: $8,000
- FY16: $12,000
- FY17: $16,000
- FY18: $20,000

---

**How have the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)**

- FY14: $129 M
- FY15: $129 M
- FY16: $129 M
- FY17: $129 M
- FY18: $129 M

---

**How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)**

- FY14: +5.0%
- FY15: +130.2%
- FY16: +121.3%
- FY17: +120.0%
- FY18: +5.0%

---

**How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)**

- FY14: -6.0%
- FY15: +3.1%
- FY16: +3.1%
- FY17: +3.1%
- FY18: +3.1%
Morton Hospital, A Steward Family Hospital is a smaller, for-profit community-High Public Payer Hospital (HPP) located in the Metro South region. Morton Hospital is a member of Steward Health Care. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 6.5% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits decreased 10.8% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Morton Hospital reported a loss for the second year in the row in FY18, losing $8.6M and reporting a total margin of -7.2%, compared to its peer cohort median of 5.0%.

**Overview / Size**
- Hospital System Affiliation: Steward Health Care
- Hospital System Surplus (Loss) in FY18: ($271,104,000)
- Change in Ownership (FY14-18): Not Applicable
- Total Staffed Beds: 93, among the smaller acute hospitals
- % Occupancy: 80.0%, > cohort avg. (67%)
- Special Public Funding: ICB
- Trauma Center Designation: Not Applicable
- Case Mix Index: 1.03, > cohort avg. (0.93); < statewide (1.14)

**Payer Mix**
- Public Payer Mix: 72.7% HPP Hospital
- CY17 Commercial Statewide Relative Price: 0.85
- Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, Tufts Associated HMO, Inc.

**Utilization**
- Inpatient Discharges in FY18: 5,633
- Change FY17-FY18: -10.1%
- Emergency Department Visits in FY18: 47,995
- Change FY17-FY18: -5.0%
- Outpatient Visits in FY18: 57,481
- Change FY17-FY18: -2.7%

**Quality**
- Readmission Rate in FY18: 20.1%
- Change FY14-FY18 (percentage points): 3.0
- Early Elective Deliveries Rate: 0.0%

**Financial**
- Inpatient NPSR per CMAD: $10,136
- Change FY17-FY18: 0.6%
- Inpatient:Outpatient Revenue in FY18: 39%:61%
- Outpatient Revenue in FY18: $56,293,011
- Change FY17-FY18: 3.3%
- Total Revenue in FY18: $119,370,052
- Total Surplus (Loss) in FY18: ($56,669,906)

**Discharges by DRG**
- Septicemia Infections (553): 12%
- Heart Failure (355): 13%
- COPD (278): 12%
- Other Pneumonia (220): 10%
- Cardiac Arrhythmia (190): 13%
- Degen Nrvs Syst exc MS (160): 24%
- Kidney & UT Infections (150): 9%
- Pulm Edema & Resp Failure (143): 22%
- Bacterial Skin Infections (143): 10%
- Renal Failure (143): 11%

**Services**
- What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

**Quality**
- 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 state average?

**Data is not available for this measure.**

**Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?**

**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?**

For descriptions of the metrics, please see the technical appendix.
2018 HOSPITAL PROFILE: MORTON HOSPITAL, A STEWARD FAMILY HOSPITAL
Cohort: Community-High Public Payer Hospital

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$116.2</td>
<td>$116.1</td>
<td>$116.0</td>
<td>$119.4</td>
<td>$119.0</td>
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<tr>
<td>Non-Operating Revenue</td>
<td>$0.0</td>
<td>$0.0</td>
<td>$0.2</td>
<td>$0.0</td>
<td>$0.3</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$116.2</td>
<td>$116.1</td>
<td>$116.2</td>
<td>$119.4</td>
<td>$119.4</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$107.3</td>
<td>$110.7</td>
<td>$116.9</td>
<td>$122.9</td>
<td>$127.9</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$8.9</td>
<td>$5.4</td>
<td>$1.3</td>
<td>$(3.4)</td>
<td>$(8.6)</td>
</tr>
</tbody>
</table>

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
NASHOBA VALLEY MEDICAL CENTER, A STEWARD FAMILY HOSPITAL

2018 Hospital Profile

Nashoba Valley Medical Center, A Steward Family Hospital is a small, for-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is a member of Steward Health Care. The hospital reported a loss for the second year in the row in FY18, losing $1.1M and reporting a total margin of -1.9%, compared to its peer cohort median of 5.0%.

Overview / Size

Hospital System Affiliation: Steward Health Care
Hospital System Surplus (Loss) in FY18: ($271,104,000)
Change in Ownership (FY14-18): Not Applicable
Total Staffed Beds: 40, among the smaller acute hospitals
% Occupancy: 84.9%, > cohort avg. (67%)
Special Public Funding: ICB*
Trauma Center Designation: Not Applicable
Case Mix Index: 0.89, < cohort avg. (0.93); < statewide (1.14)

Financial

Inpatient NPSR per CMAD: $11,162
Change FY17-FY18: -0.2%
Inpatient:Outpatient Revenue in FY18: 27%;73%
Outpatient Revenue in FY18: $35,507,564
Change FY17-FY18: 8.2%
Total Revenue in FY18: $58,582,411
Outpatient Revenue in FY18: ($1,094,569)
Total Surplus (Loss) in FY18: ($271,104,000)

Payer Mix

Public Payer Mix: 66.4% HPP Hospital
CY17 Commercial Statewide Relative Price: 0.95
Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc.
Harvard Pilgrim Health Care

Utilization

Inpatient Discharges in FY18: 2,012
Change FY17-FY18: 2.8%
Emergency Department Visits in FY18: 14,517
Change FY17-FY18: -1.6%
Outpatient Visits in FY18: 51,662
Change FY17-FY18: -5.8%

Quality

Readmission Rate in FY18: 16.3%
Change FY14-FY18 (percentage points): 0.9
Early Elective Deliveries Rate: Not Available

What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

Discharges by DRG

<table>
<thead>
<tr>
<th>DRG Description</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Org Mental Hlth Disturb (176)</td>
<td>4%</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COPD (138)</td>
<td>2%</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Failure (110)</td>
<td>2%</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Pneumonia (83)</td>
<td>3%</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac Arrhythmia (74)</td>
<td>1%</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney &amp; UT Infections (71)</td>
<td>5%</td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maj Resp Infect &amp; Inflam (68)</td>
<td>2%</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip Joint Replacement (57)</td>
<td>2%</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacterial Skin Infections (56)</td>
<td>2%</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maj Depressive Disorders (51)</td>
<td>2%</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- - - Hospital (2,012) = 1% of total regional discharges

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

<table>
<thead>
<tr>
<th>Community</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayer MA (369)</td>
<td>36%</td>
</tr>
<tr>
<td>Pepperell MA (199)</td>
<td>21%</td>
</tr>
<tr>
<td>Groton MA (194)</td>
<td>25%</td>
</tr>
<tr>
<td>Shirley MA (156)</td>
<td>23%</td>
</tr>
<tr>
<td>Townsend MA (156)</td>
<td>22%</td>
</tr>
<tr>
<td>Shrewsbury MA (110)</td>
<td>4%</td>
</tr>
<tr>
<td>Littleton MA (105)</td>
<td>11%</td>
</tr>
<tr>
<td>Lunenburg MA (95)</td>
<td>9%</td>
</tr>
<tr>
<td>Leominster MA (82)</td>
<td>1%</td>
</tr>
<tr>
<td>Westford MA (80)</td>
<td>4%</td>
</tr>
</tbody>
</table>

At a Glance

36% of community discharges were treated at this hospital in FY18

Services

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

Hospital  
Peer Cohort

 Hospital Cohort: Community-High Public Payer Hospital

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

### Financial Performance

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$49.3</td>
<td>$51.9</td>
<td>$53.2</td>
<td>$54.7</td>
<td>$57.7</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0.0</td>
<td>$0.0</td>
<td>$(0.0)</td>
<td>$0.0</td>
<td>$0.9</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$49.3</td>
<td>$51.9</td>
<td>$53.2</td>
<td>$54.7</td>
<td>$58.6</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$46.1</td>
<td>$48.3</td>
<td>$51.9</td>
<td>$58.3</td>
<td>$59.7</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$3.2</td>
<td>$3.6</td>
<td>$1.3</td>
<td>$(3.6)</td>
<td>$(1.1)</td>
</tr>
</tbody>
</table>

### Patient Revenue Trends

How has the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

- 2014: $4,000
- 2015: $8,000
- 2016: $12,000
- 2017: $16,000
- 2018: $20,000

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

- FY18 Outpatient Revenue = $36 M
- Hospital Utilization: +18.2%
- Cohort Median: +15.6%

### Financial Performance

#### Total Profit (Loss)

How have the hospital's total revenue and costs changed between FY14 and FY18?

- Total Profit (Loss): $3.2 in 2014, $3.6 in 2015, $3.6 in 2016, $(3.6) in 2017, $(1.1) in 2018

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

- Total Margin: 6.4% in 2014, 3.4% in 2015, 6.4% in 2016, 12% in 2017, 5.0% in 2018
- Operating Margin: 4.6% in 2014, 15.6% in 2015, 3.1% in 2016, 18.2% in 2017, 5.9% in 2018

For descriptions of the metrics, please see the technical appendix.
North Shore Medical Center is a large, non-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is a member of Partners HealthCare. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 0.8% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits decreased by 1.1% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. North Shore Medical Center experienced a loss in each year included in this time period (FY14 - FY18). In FY18, the hospital had a total margin of -7.6% compared to the median of its peer cohort of 5.0%.

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 state average?

At a Glance

Discharges by DRG

- Normal Neonate Birth (1084): 10% of regional discharges treated at this hospital in FY18
- Heart Failure (956): 17%
- Septicemia Infections (859): 13%
- Vaginal Delivery (800): 10%
- Major Depressive Disorders (596): 23%
- COPD (525): 16%
- Other Pneumonia (508): 13%
- Cardiac Arrhythmia (417): 15%
- Kidney & UT Infections (512): 16%
- Bacterial Skin Infections (363): 14%

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

- Lynn MA (6,592): 54% of community discharges were treated at this hospital in FY18
- Salem MA (2,693): 52%
- Peabody MA (2,466): 32%
- Marblehead MA (950): 52%
- Swampscott MA (765): 51%
- Danvers MA (750): 18%
- Saugus MA (535): 15%
- Beverly MA (493): 9%
- Lynnfield MA (274): 20%
- Nahant MA (180): 45%

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?

CLABSI

CAUTI

SSI: Colon Surgery

Lower is Better

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

Hospital

Cohort: Community-High Public Payer Hospital

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$416.7</td>
<td>$419.4</td>
<td>$419.2</td>
<td>$413.7</td>
<td>$422.8</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$(0.7)</td>
<td>$(0.7)</td>
<td>$0.7</td>
<td>$0.2</td>
<td>$0.4</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$416.0</td>
<td>$418.7</td>
<td>$419.9</td>
<td>$413.9</td>
<td>$423.1</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$438.2</td>
<td>$454.6</td>
<td>$467.9</td>
<td>$471.7</td>
<td>$455.3</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$(22.2)</td>
<td>$(36.0)</td>
<td>$(48.0)</td>
<td>$(57.7)</td>
<td>$(32.2)</td>
</tr>
</tbody>
</table>

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

Operating

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margin</td>
<td>4.6%</td>
<td>-5.2%</td>
<td>5.2%</td>
<td>-5.3%</td>
<td>-13.9%</td>
</tr>
<tr>
<td>Operating</td>
<td>-14.0%</td>
<td>-7.6%</td>
<td>5.0%</td>
<td>-7.7%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

Total

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margin</td>
<td>4.6%</td>
<td>-5.2%</td>
<td>5.2%</td>
<td>-5.3%</td>
<td>-13.9%</td>
</tr>
<tr>
<td>Operating</td>
<td>-14.0%</td>
<td>-7.6%</td>
<td>5.0%</td>
<td>-7.7%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>
Northeast Hospital, which includes Addison Gilbert Hospital and Beverly Hospital campuses, 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 and is a member of Lahey Health. Northeast Hospital reported a profit in each of the last five years, including a profit of $28.0M in FY18 and a total margin of 7.4%, higher than the 5.0% median for its peer cohort.

**Overview / Size**
- Hospital System Affiliation: Lahey Health System
- Hospital System Surplus (Loss) in FY18: ($13,194,627)
- Change in Ownership (FY14-18): Not Applicable
- Total Staffed Beds: 346, among the larger acute hospitals
- % Occupancy: 76.1%, > cohort avg. (67%)
- Special Public Funding: CHART®, HCII®, ICB®
- Trauma Center Designation: Adult: Level 3
- Case Mix Index: 0.91, < cohort avg. (0.93); < statewide (1.14)

**Payer Mix**
- Public Payer Mix: 63.7% HPP Hospital
- CY17 Commercial Statewide Relative Price: 0.85
- Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care

**Utilization**
- Inpatient Discharges in FY18: 21,055
- Change FY17-FY18: -2.3%
- Emergency Department Visits in FY18: 63,314
- Change FY17-FY18: 2.2%
- Outpatient Visits in FY18: 162,900
- Change FY17-FY18: -4.1%

**Quality**
- Readmission Rate in FY18: 15.8%
- Change FY14-FY18 (percentage points): 0.0
- Early Elective Deliveries Rate: 0.0%

**Financial**
- Inpatient NPSR per CMAD: $10,409
- Change FY17-FY18: 3.8%
- Inpatient:Outpatient Revenue in FY18: 36%, 64%
- Outpatient Revenue in FY18: $161,248,222
- Change FY17-FY18: 6.2%
- Total Revenue in FY18: $379,693,709
- Total Surplus (Loss) in FY18: $27,958,080

What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

**Discharges by DRG**
- Normal Neonate Birth (2010): 18% of regional discharges were treated at this hospital in FY18
- Vaginal Delivery (1516): 19%
- Septicemia Infections (907): 14%
- Knee Joint Replacement (780): 22%
- Maj Depressive Disorders (755): 30%
- Heart Failure (656): 11%
- Bipolar Disorders (617): 27%
- Cesarean Delivery (594): 15%
- Other Pneumonia (568): 14%
- Hip Joint Replacement (558): 20%

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**
- Beverly MA (3,949): 69% of community discharges were treated at this hospital in FY18
- Gloucester MA (3,019): 72%
- Peabody MA (2,149): 52%
- Danvers MA (2,130): 11%
- Lynn MA (1,351): 22%
- Salem MA (1,137): 22%
- Ipswich MA (834): 59%
- Rockport MA (626): 70%
- South Hamilton MA (378): 60%
- Middleton MA (350): 39%

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**
- Lower is Better

For descriptions of the metrics, please see the technical appendix.
**Revenue, Cost, & Profit/Loss (in millions)**

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$330.0</td>
<td>$346.3</td>
<td>$349.5</td>
<td>$350.2</td>
<td>$373.4</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$3.5</td>
<td>$5.2</td>
<td>$9.4</td>
<td>$18.5</td>
<td>$6.3</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$336.5</td>
<td>$351.5</td>
<td>$358.9</td>
<td>$368.7</td>
<td>$379.7</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$317.3</td>
<td>$337.6</td>
<td>$333.0</td>
<td>$335.6</td>
<td>$351.7</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$19.2</td>
<td>$13.9</td>
<td>$25.9</td>
<td>$33.1</td>
<td>$28.0</td>
</tr>
</tbody>
</table>

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

* For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).
Signature Healthcare Brockton Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Metro South region. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 12.4% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased 65.2% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Signature Healthcare Brockton Hospital reported a profit each year in this time period including a profit of $19.9M in FY18 and a total margin of 6.7%, compared to the cohort median of 5.0%.

### Financial

- **Inpatient NPSR per CMAD**: $12,334
- **Change FY17-FY18**: 4.2%
- **Inpatient:Outpatient Revenue in FY18**: 35%:65%
- **Outpatient Revenue in FY18**: $131,293,262
- **Change FY17-FY18**: 5.2%
- **Total Revenue in FY18**: $297,137,271
- **Total Surplus (Loss) in FY18**: $19,945,526

### Quality

#### Early Elective Deliveries Rate

- **Change FY14-FY18 (percentage points)**: -1.4%

#### Utilization

- **Inpatient Discharges in FY18**: 10,920
- **Change FY17-FY18**: -6.4%
- **Emergency Department Visits in FY18**: 60,238
- **Change FY17-FY18**: -0.1%
- **Outpatient Visits in FY18**: 174,540
- **Change FY17-FY18**: 10.3%

#### Readmission Rate in FY18

- **Change FY14-FY18 (percentage points)**: -1.4%

#### Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

<table>
<thead>
<tr>
<th>Community</th>
<th>Proportion of Total Community Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brockton MA</td>
<td>32%</td>
</tr>
<tr>
<td>Bridgewater MA</td>
<td>24%</td>
</tr>
<tr>
<td>East Bridgewater MA</td>
<td>27%</td>
</tr>
<tr>
<td>Whitman MA</td>
<td>24%</td>
</tr>
<tr>
<td>Abington MA</td>
<td>17%</td>
</tr>
<tr>
<td>Taunton MA</td>
<td>5%</td>
</tr>
<tr>
<td>Rockland MA</td>
<td>11%</td>
</tr>
<tr>
<td>West Bridgewater MA</td>
<td>22%</td>
</tr>
<tr>
<td>Stoughton MA</td>
<td>6%</td>
</tr>
<tr>
<td>Hanson MA</td>
<td>19%</td>
</tr>
</tbody>
</table>

#### 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?

<table>
<thead>
<tr>
<th>Infection</th>
<th>Expected Rate</th>
<th>Actual Rate</th>
<th>Lower is Better</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLABSI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAUTI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI: Colon Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For descriptions of the metrics, please see the technical appendix.
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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
Southcoast Hospital Group is a large, non-profit community-High Public Payer (HPP) hospital group located in the Southcoast region. It has three campuses across Southeastern Massachusetts: Charlton Memorial Hospital, St. Luke’s Hospital, and Tobey Hospital. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 6.2% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased by 3.0% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Southcoast Hospital Group reported a profit each year in this time period including a profit of $71.8M in FY18 and a total margin of 8.4%.

SOUTHCOAST HOSPITAL GROUP
2018 Hospital Profile

Overview / Size
- Hospital System Affiliation: Southcoast Health System
- Hospital System Surplus (Loss) in FY18: $28,579,192
- Total Staffed Beds: 356, 6th largest acute hospital
- % Occupancy: 79.6%, > cohort avg. (67%)
- Special Public Funding: CHART*
- Case Mix Index: 1.04, > cohort avg. (0.93); < statewide (1.14)

Payer Mix
- Public Payer Mix: 75.4% HPP Hospital
- Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, Tufts Associated HMO, Inc.

Financial
- Inpatient NPSR per CMAD: $9,293
- Change FY17-FY18: 1.2%
- Inpatient:Outpatient Revenue in FY18: 39%,61%
- Outpatient Revenue in FY18: $422,810,441
- Change FY17-FY18: 7.3%
- Total Revenue in FY18: $849,211,983
- Total Surplus (Loss) in FY18: $71,755,273

Utilization
- Inpatient Discharges in FY18: 36,105
- Change FY17-FY18: 4.4%
- Emergency Department Visits in FY18: 923,116
- Change FY17-FY18: 0.4%
- Outpatient Visits in FY18: 923,116
- Change FY17-FY18: 0.9%

Quality
- Readmission Rate in FY18: 16.8%
- Early Elective Deliveries Rate: Not Available

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

\[ \text{FY18 Inpatient Discharges} = 36,105 \]

\[ +3.1\% \]

\[ -6.2\% \]

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

\[ \text{FY18 Outpatient Visits} = 923,116 \]

\[ +5.0\% \]

\[ +3.0\% \]

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

\[ \text{FY18 Outpatient Revenue} = \$423 \text{ M} \]

\[ +22.7\% \]

\[ +15.6\% \]

How have the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

\[ \text{Revenue, Cost, & Profit/Loss (in millions)} \]

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$730.2</td>
<td>$807.5</td>
<td>$815.8</td>
<td>$810.2</td>
<td>$827.9</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$15.4</td>
<td>$25.4</td>
<td>$13.8</td>
<td>$13.9</td>
<td>$21.3</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$745.7</td>
<td>$832.8</td>
<td>$829.6</td>
<td>$824.1</td>
<td>$849.2</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$692.1</td>
<td>$745.7</td>
<td>$756.4</td>
<td>$772.7</td>
<td>$777.5</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$53.6</td>
<td>$87.2</td>
<td>$73.2</td>
<td>$51.4</td>
<td>$71.8</td>
</tr>
</tbody>
</table>

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).
Steward Good Samaritan Medical Center is a large, for-profit community-High Public Payer (HPP) hospital located in the Metro South region. It is a member of Steward Health Care. Outpatient visits increased by 3.4% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Outpatient revenue increased 23.0% for the hospital between FY14 and FY18, compared to a median increase of 15.6% for its peer cohort. Steward Good Samaritan reported a profit in each of the five years in this period, including its largest profit at $38.1M and its largest total margin of 12.7% in FY18.

## Overview / Size
- Hospital System Affiliation: Steward Health Care
- Hospital System Surplus (Loss) in FY18: ($271,104,000)
- Change in Ownership (FY14-18): Not Applicable
- Total Staffed Beds: 249, among the larger acute hospitals
- % Occupancy: 84.2%, > cohort avg. (67%)
- Special Public Funding: ICB*
- Trauma Center Designation: Adult: Level 3
- Case Mix Index: 0.90, < cohort avg. (0.93); < statewide (1.14)

## Financial
- Inpatient NPSR per CMAD: $10,539
- Change FY17-FY18: 3.6%
- Inpatient:Outpatient Revenue in FY18: 47%;53%
- Outpatient Revenue in FY18: $125,303,667
- Change FY17-FY18: 5.6%
- Total Revenue in FY18: $299,344,336
- Total Surplus (Loss) in FY18: $38,134,085

## Services
### Discharges by DRG
- Normal Neonate Birth (1121)
- Opioid Abuse & Dependence (1022)
- Alcohol Abuse & Dependence (799)
- Vaginal Delivery (798)
- Drug/Alcohol Abuse, LAMA (754)
- Septicemia Infections (740)
- Heart Failure (664)
- Other Pneumonia (499)
- COPD (462)
- Cesarean Delivery (405)

### Services by Community
- Brockton MA (5,767)
- Raynham MA (1,044)
- South Easton MA (461)
- Middleboro MA (363)

## Payer Mix
- Public Payer Mix: 70.4% HPP Hospital
- CY17 Commercial Statewide Relative Price: 0.92
- Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts
- Harvard Pilgrim Health Care
- Tufts Associated HMO, Inc.

## Utilization
- Inpatient Discharges in FY18: 17,317
- Change FY17-FY18: 4.5%
- Emergency Department Visits in FY18: 65,879
- Change FY17-FY18: 2.4%
- Outpatient Visits in FY18: 78,389
- Change FY17-FY18: 2.4%

## Quality
- Readmission Rate in FY18: 18.5%
- Change FY14-FY18 (percentage points): -1.7
- Early Elective Deliveries Rate: 0.0%

### Quality Metrics
- Cesarean Delivery
- Drug/Alcohol Abuse, LAMA
- Normal Neonate Birth
- Other Pneumonia
- Septicemia Infections
- Vaginal Delivery
- Heart Failure

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

**FY18 Inpatient Discharges = 17,317**

- FY14: 16,850
- FY15: 17,060
- FY16: 17,250
- FY17: 17,400
- FY18: 17,317

Change: +3.5%

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

**FY18 Outpatient Visits = 78,389**

- FY14: 76,000
- FY15: 77,000
- FY16: 78,000
- FY17: 79,000
- FY18: 78,389

Change: +5.0%

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

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

<table>
<thead>
<tr>
<th>Financial Performance</th>
<th>FY 2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$246.9</td>
<td>$260.6</td>
<td>$273.7</td>
<td>$276.4</td>
<td>$298.7</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0.1</td>
<td>$0.2</td>
<td>$0.2</td>
<td>$0.2</td>
<td>$0.6</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$247.0</td>
<td>$260.8</td>
<td>$273.9</td>
<td>$276.6</td>
<td>$299.3</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$227.2</td>
<td>$238.4</td>
<td>$243.1</td>
<td>$250.8</td>
<td>$261.2</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$19.8</td>
<td>$22.4</td>
<td>$30.8</td>
<td>$25.8</td>
<td>$38.1</td>
</tr>
</tbody>
</table>

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
Steward Holy Family Hospital is a mid-size, for-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. Merrimack Hospital, another Steward Health Care System hospital, merged with Holy Family Hospital in FY14. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 24.0% compared to a median increase of 3.1% at cohort hospitals. Steward Holy Family Hospital reported a profit each year in this time period including a profit of $16.3M in FY18.

**At a Glance**

### Financial

- **Inpatient NPSR per CMAD:** $10,555
- **Change FY17-FY18:** 7.0%
- **Inpatient:Outpatient Revenue in FY18:** 42%:58%
- **Outpatient Revenue in FY18:** $117,465,976
- **Change FY17-FY18:** 6.8%
- **Total Revenue in FY18:** $250,251,355
- **Total Surplus (Loss) in FY18:** $16,340,683

### Payer Mix

- **Public Payer Mix:** 69.9% HPP Hospital
- **CY17 Commercial Statewide Relative Price:** 0.87
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of Massachusetts
  - Tufts Associated HMO, Inc.
  - Harvard Pilgrim Health Care

### Utilization

- **Inpatient Discharges in FY18:** 13,024
- **Emergency Department Visits in FY18:** 77,279
- **Outpatient Visits in FY18:** 129,698
- **Readmission Rate in FY18:** 15.9%
- **Early Elective Deliveries Rate:** 2.2%

### Quality

- **CLABSI:** Lower is Better
- **CAUTI:** Lower is Better
- **SSI: Colon Surgery:** Lower is Better

### Services

#### Discharges by DRG

<table>
<thead>
<tr>
<th>DRG Description</th>
<th>FY18 Discharges</th>
<th>% of Regional Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (965)</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Vaginal Delivery (639)</td>
<td>8%</td>
<td>27%</td>
</tr>
<tr>
<td>Bipolar Disorders (605)</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>Heart Failure (581)</td>
<td>6%</td>
<td>19%</td>
</tr>
<tr>
<td>Septicemia Infections (489)</td>
<td>6%</td>
<td>10%</td>
</tr>
<tr>
<td>Maj Depressive Disorders (473)</td>
<td>6%</td>
<td>13%</td>
</tr>
<tr>
<td>Cesarean Delivery (427)</td>
<td>6%</td>
<td>11%</td>
</tr>
<tr>
<td>COPD (426)</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Other Pneumonia (425)</td>
<td>6%</td>
<td>0%</td>
</tr>
<tr>
<td>Schizophrenia (411)</td>
<td>6%</td>
<td>4%</td>
</tr>
</tbody>
</table>

#### Discharges by Community

- **Haverhill MA (3,357):** 40% of community discharges were treated at this hospital in FY18
- **Lawrence MA (2,424):** 40% of community discharges were treated at this hospital in FY18
- **Salem NH (1,097):** 31% of community discharges were treated at this hospital in FY18

### Quality

- **CLABSI:** Lower is Better
- **CAUTI:** Lower is Better
- **SSI: Colon Surgery:** Lower is Better

### Quality

- **Early Elective Deliveries Rate:** 2.2%
- **State Average:** 15.9% in 2018, 14.7% in 2014

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

Hospital

Cohort: Community-High Public Payer Hospital

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
STEWARD NORWOOD HOSPITAL
2018 Hospital Profile

Steward Norwood Hospital is a mid-size, for-profit community-High Public Payer (HPP) hospital located in the Metro West region. Steward Norwood Hospital is a member of Steward Health Care. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 7.4% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased 18.4% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Steward Norwood Hospital reported a profit each year in this time period including a profit of $11.2M in FY18 and a total margin of 5.7%.

### Overview / Size
- **Hospital System Affiliation:** Steward Health Care
- **Hospital System Surplus (Loss) in FY18:** ($271,104,000)
- **Change in Ownership (FY14-18):** Not Applicable
- **Total Staffed Beds:** 192, mid-size acute hospital
- **% Occupancy:** 78.0%, > cohort avg. (67%)
- **Special Public Funding:** Not Applicable
- **Case Mix Index:** 0.94, > cohort avg. (0.93); < statewide (1.14)

### Financial
- **Inpatient NPSR per CMAD:** $10,315
- **Change FY17-FY18:** 2.9%
- **Inpatient:Outpatient Revenue in FY18:** 40.60%
- **Outpatient Revenue in FY18:** $87,305,164
- **Change FY17-FY18:** 1.9%
- **Total Revenue in FY18:** $194,653,908
- **Total Surplus (Loss) in FY18:** $11,185,551

### Payer Mix
- **Public Payer Mix:** 64.4% HPP Hospital
- **CY17 Commercial Statewide Relative Price:** 0.92
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of Massachusetts
  - Harvard Pilgrim Health Care
  - Tufts Associated HMO, Inc.

### Utilization
- **Inpatient Discharges in FY18:** 10,481
- **Change FY17-FY18:** -3.1%
- **Emergency Department Visits in FY18:** 40,446
- **Change FY17-FY18:** -3.1%
- **Outpatient Visits in FY18:** 66,408
- **Change FY17-FY18:** 9.3%

### Quality
- **Readmission Rate in FY18:** 16.5%
- **Change FY14-FY18 (percentage points):** 2.3
- **Early Elective Deliveries Rate:** 0.0%

### Services

#### Discharges by DRG

<table>
<thead>
<tr>
<th>DRG Description</th>
<th>Inpatient</th>
<th>24% of regional discharges were treated at this hospital in FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bipolar Disorders (470)</td>
<td>24%</td>
<td>39%</td>
</tr>
<tr>
<td>Heart Failure (444)</td>
<td>15%</td>
<td>26%</td>
</tr>
<tr>
<td>Normal Neonate Birth (423)</td>
<td>15%</td>
<td>26%</td>
</tr>
<tr>
<td>Maj Depressive Disorders (416)</td>
<td>15%</td>
<td>26%</td>
</tr>
<tr>
<td>Depression exc MDD (378)</td>
<td>15%</td>
<td>26%</td>
</tr>
<tr>
<td>Septicemia Infections (342)</td>
<td>15%</td>
<td>26%</td>
</tr>
<tr>
<td>Vaginal Delivery (310)</td>
<td>16%</td>
<td>26%</td>
</tr>
<tr>
<td>Cardiac Arrhythmia (308)</td>
<td>31%</td>
<td>26%</td>
</tr>
<tr>
<td>Kidney &amp; UT Infections (248)</td>
<td>25%</td>
<td>26%</td>
</tr>
<tr>
<td>Bacterial Skin Infections (243)</td>
<td>31%</td>
<td>26%</td>
</tr>
</tbody>
</table>

---

**Hospital (10,481) = 24% of total regional discharges**

### Quality

#### Discharges by Community

<table>
<thead>
<tr>
<th>Community</th>
<th>Inpatient Discharges in FY18 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norwood MA (2,083)</td>
<td>48%</td>
</tr>
<tr>
<td>Walpole MA (921)</td>
<td>41%</td>
</tr>
<tr>
<td>Canton MA (681)</td>
<td>24%</td>
</tr>
<tr>
<td>Foxboro MA (641)</td>
<td>35%</td>
</tr>
<tr>
<td>Mansfield MA (476)</td>
<td>22%</td>
</tr>
<tr>
<td>Sharon MA (442)</td>
<td>29%</td>
</tr>
<tr>
<td>Wrentham MA (406)</td>
<td>29%</td>
</tr>
<tr>
<td>Westwood MA (376)</td>
<td>24%</td>
</tr>
<tr>
<td>Dedham MA (374)</td>
<td>11%</td>
</tr>
<tr>
<td>Stoughton MA (307)</td>
<td>7%</td>
</tr>
</tbody>
</table>

---

**Hospital (10,481) = 24% of community discharges**

### Quality

- **Bacterial Skin Infections (243)**
- **Kidney & UT Infections (248)**
- **Cardiac Arrhythmia (308)**
- **Depression exc MDD (378)**
- **Septicemia Infections (342)**
- **Vaginal Delivery (310)**
- **Normal Neonate Birth (423)**
- **Heart Failure (444)**
- **Bipolar Disorders (470)**

### Quality

- **Lower is Better**

For descriptions of the metrics, please see the technical appendix.
2018 HOSPITAL PROFILE: STEWART NORWOOD HOSPITAL
Cohort: Community-High Public Payer Hospital

Key:
- Hospital
- Peer Cohort

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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Inpatient Discharges = 10,481

-7.4%

+3.1%

2014 2015 2016 2017 2018

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Outpatient Visits = 66,408

+18.4%

+5.0%

2014 2015 2016 2017 2018

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$173.6</td>
<td>$181.4</td>
<td>$189.0</td>
<td>$189.8</td>
<td>$192.9</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0.1</td>
<td>$0.1</td>
<td>$0.1</td>
<td>$0.1</td>
<td>$1.7</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$173.9</td>
<td>$181.4</td>
<td>$189.1</td>
<td>$189.9</td>
<td>$194.7</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$164.7</td>
<td>$167.6</td>
<td>$167.9</td>
<td>$180.3</td>
<td>$183.5</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$9.2</td>
<td>$13.8</td>
<td>$21.3</td>
<td>$9.6</td>
<td>$11.2</td>
</tr>
</tbody>
</table>

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

FY18 Outpatient Revenue = $87 M

+15.6%

+12.5%

2014 2015 2016 2017 2018

How have the hospital's total revenue and costs changed between FY14 and FY18?

Financial Performance

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Profit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

Operating:

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margin</td>
<td>5.2%</td>
<td>4.6%</td>
<td>5.7%</td>
<td>4.9%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

Total:

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margin</td>
<td>5.2%</td>
<td>5.3%</td>
<td>5.2%</td>
<td>5.7%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>
Steward Saint Anne’s Hospital is a mid-size, for-profit community-High Public Payer (HPP) hospital located in the Southcoast region. Steward Saint Anne’s is a member of Steward Health Care. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 30.6% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased by 5.5% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Steward Saint Anne’s Hospital reported a profit each year in this time period including a profit of $35.6M in FY18 and a total margin of 12.9% compared to its peer cohort median total margin of 5.0%.

### Financial

- **Total Staffed Beds:** 183, mid-size acute hospital
- **% Occupancy:** 72.2%, > cohort avg. (67%)
- **Case Mix Index:** 1.04, > cohort avg. (0.93); < statewide (1.14)
- **Total Revenue in FY18:** $276,918,438
- **Inpatient Revenue in FY18:** $201,285,323
- **Outpatient Revenue in FY18:** $10,063,102
- **Total Surplus (Loss) in FY18:** $168,304,382

### Quality

- **Readmission Rate in FY18:** 19.0%
- **Early Elective Deliveries Rate:** Not Available
- **CLABSI:** 14.7%
- **CAUTI:** 15.4%
- **SSI: Colon Surgery:** 18.5%

### Utilization

- **Inpatient Discharges in FY18:** 9,730
- **Change FY17-FY18:** -5.1%
- **Outpatient Visits in FY18:** 182,217
- **Change FY17-FY18:** -5.1%

### Case Mix

- **ICB°:** Not Applicable
- **Utilization:** 70.3% HPP Hospital

### Services

- **Septicemia Infections (479):** 6%
- **Knee Joint Replacement (444):** 22%
- **COPD (432):** 41%
- **Heart Failure (387):** 24%
- **Other Pneumonia (375):** 29%
- **Bacterial Skin Infections (291):** 34%
- **Kidney & UT Infections (288):** 39%
- **Org Mental Hlth Disturb (263):** 27%
- **Hip Joint Replacement (254):** 54%
- **Renal Failure (219):** 86%

### Overview / Size

- **Hospital System Affiliation:** Steward Health Care
- **Hospital System Surplus (Loss) in FY18:** ($271,104,000)
- **Change in Ownership (FY14-18):** Not Applicable
- **Total Staffed Beds:** 183, mid-size acute hospital
- **% Occupancy:** 72.2%, > cohort avg. (67%)
- **Special Public Funding:** Not Applicable
- **Trauma Center Designation:** ICB°

### Payer Mix

- **Public Payer Mix:** 70.3% HPP Hospital
- **CY17 Commercial Statewide Relative Price:** 0.96
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of Massachusetts
  - Harvard Pilgrim Health Care
  - Tufts Associated HMO, Inc.

### At a Glance

- **Services by Community**
  - Fall River MA (5,292) 36%
  - New Bedford MA (720) 5%
  - Somerset MA (607) 27%
  - Tiverton RI (555) 39%
  - Swansea MA (457) 25%
  - Westport MA (412) 15%
  - North Dartmouth MA (323) 8%
  - Fairhaven MA (172) 10%
  - South Dartmouth MA (138) 6%

### For descriptions of the metrics, please see the technical appendix.
**2018 HOSPITAL PROFILE: STEWARD SAINT ANNE’S HOSPITAL**

**Cohort: Community-High Public Payer Hospital**

---

**Financial Performance**

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$234.2</td>
<td>$253.0</td>
<td>$264.5</td>
<td>$264.0</td>
<td>$276.2</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$0.1</td>
<td>$0.3</td>
<td>$0.2</td>
<td>$0.3</td>
<td>$0.7</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$234.3</td>
<td>$253.2</td>
<td>$264.7</td>
<td>$264.4</td>
<td>$276.9</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$209.8</td>
<td>$228.0</td>
<td>$235.3</td>
<td>$231.2</td>
<td>$241.3</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$24.6</td>
<td>$25.3</td>
<td>$29.4</td>
<td>$33.2</td>
<td>$35.6</td>
</tr>
</tbody>
</table>

**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 Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
STURDY MEMORIAL HOSPITAL

2018 Hospital Profile

Sturdy Memorial Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Metro West region. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 17.4% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased by 0.2% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Sturdy Memorial Hospital reported a profit each year in this time period including a profit of $23.3M in FY18 and a total margin of 11.5% compared to its peer cohort median total margin of 5.0%.

### Overview / Size

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital System Affiliation</td>
<td>Sturdy Memorial Foundation</td>
</tr>
<tr>
<td>Hospital System Surplus (Loss) in FY18</td>
<td>$18,224,876</td>
</tr>
<tr>
<td>Change in Ownership (FY14-18)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Total Staffed Beds</td>
<td>153, mid-size acute hospital</td>
</tr>
<tr>
<td>% Occupancy</td>
<td>59.1%, &lt; cohort avg. (67%)</td>
</tr>
<tr>
<td>Special Public Funding</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Trauma Center Designation</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Case Mix Index</td>
<td>0.83, &lt; cohort avg. (0.93); &lt; statewide (1.14)</td>
</tr>
</tbody>
</table>

### Financial

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient NPSR per CMAD</td>
<td>$9,124</td>
</tr>
<tr>
<td>Change FY17-FY18</td>
<td>4.1%</td>
</tr>
<tr>
<td>Inpatient:Outpatient Revenue in FY18</td>
<td>29%:71%</td>
</tr>
<tr>
<td>Outpatient Revenue in FY18</td>
<td>$126,483,247</td>
</tr>
<tr>
<td>Change FY17-FY18</td>
<td>6.5%</td>
</tr>
<tr>
<td>Total Revenue in FY18</td>
<td>$202,392,767</td>
</tr>
<tr>
<td>Total Surplus (Loss) in FY18</td>
<td>$126,483,247</td>
</tr>
<tr>
<td>Change FY17-FY18</td>
<td>64.9% HPP Hospital</td>
</tr>
</tbody>
</table>

### Payer Mix

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Payer Mix: 64.9% HPP Hospital</td>
<td></td>
</tr>
<tr>
<td>CY17 Commercial Statewide Relative Price</td>
<td>1.02</td>
</tr>
<tr>
<td>Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care</td>
<td></td>
</tr>
</tbody>
</table>

### Utilization

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Discharges in FY18</td>
<td>7,832</td>
</tr>
<tr>
<td>Change FY17-FY18</td>
<td>5.1%</td>
</tr>
<tr>
<td>Emergency Department Visits in FY18</td>
<td>50,428</td>
</tr>
<tr>
<td>Change FY17-FY18</td>
<td>4.9%</td>
</tr>
<tr>
<td>Outpatient Visits in FY18</td>
<td>114,445</td>
</tr>
<tr>
<td>Change FY17-FY18</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

### Quality

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readmission Rate in FY18</td>
<td>17.8%</td>
</tr>
<tr>
<td>Change FY14-FY18 (percentage points)</td>
<td>3.7</td>
</tr>
<tr>
<td>Early Elective Deliveries Rate</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

### Services

#### Discharges by DRG

<table>
<thead>
<tr>
<th>DRG</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Neonate Birth (596)</td>
<td>121</td>
</tr>
<tr>
<td>COPD (490)</td>
<td>122</td>
</tr>
<tr>
<td>Septicemia Infections (489)</td>
<td>123</td>
</tr>
<tr>
<td>Vaginal Delivery (418)</td>
<td>124</td>
</tr>
<tr>
<td>Other Pneumonia (355)</td>
<td>125</td>
</tr>
<tr>
<td>Heart Failure (321)</td>
<td>126</td>
</tr>
<tr>
<td>Bacterial Skin Infections (238)</td>
<td>127</td>
</tr>
<tr>
<td>Knee Joint Replacement (225)</td>
<td>128</td>
</tr>
<tr>
<td>Kidney &amp; UT Infections (225)</td>
<td>129</td>
</tr>
<tr>
<td>Cesarean Delivery (209)</td>
<td>130</td>
</tr>
</tbody>
</table>

#### Discharges by Community

<table>
<thead>
<tr>
<th>Community</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attleboro MA (3,061)</td>
<td>52%</td>
</tr>
<tr>
<td>North Attleboro MA (1,252)</td>
<td>66%</td>
</tr>
<tr>
<td>Norton MA (751)</td>
<td>36%</td>
</tr>
<tr>
<td>Mansfield MA (386)</td>
<td>19%</td>
</tr>
<tr>
<td>Wrentham MA (333)</td>
<td>24%</td>
</tr>
<tr>
<td>Plainville MA (331)</td>
<td>32%</td>
</tr>
<tr>
<td>Rehoboth MA (234)</td>
<td>41%</td>
</tr>
<tr>
<td>Seekonk MA (209)</td>
<td>46%</td>
</tr>
<tr>
<td>Pawtucket RI (163)</td>
<td>32%</td>
</tr>
<tr>
<td>Foxboro MA (141)</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Quality

#### Inpatient Readmissions

- 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 state average?

#### Infections

- 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?

For descriptions of the metrics, please see the technical appendix.
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?

How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

<table>
<thead>
<tr>
<th>FY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$164.9</td>
<td>$165.5</td>
<td>$170.8</td>
<td>$178.6</td>
<td>$190.7</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$15.9</td>
<td>$7.1</td>
<td>$7.7</td>
<td>$10.3</td>
<td>$11.7</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$180.8</td>
<td>$172.6</td>
<td>$178.5</td>
<td>$188.9</td>
<td>$202.4</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$149.6</td>
<td>$154.7</td>
<td>$159.5</td>
<td>$170.3</td>
<td>$179.1</td>
</tr>
<tr>
<td>Total Profit (Loss)</td>
<td>$31.2</td>
<td>$17.9</td>
<td>$19.1</td>
<td>$18.6</td>
<td>$23.3</td>
</tr>
</tbody>
</table>

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.
Boston Children’s Hospital is a large, non-profit specialty hospital dedicated to pediatric health care. It is located in the Metro Boston region. Boston Children’s is a teaching hospital for Harvard Medical School and has research partnerships with numerous institutions in Massachusetts and elsewhere. It is one of nine organ transplant centers in Massachusetts. After reporting losses in each FY15 and FY16, the hospital has reported a profit in each of the last two years, including a $122.9M profit in FY18. In FY18 it reported a 6.7% total margin.

Overview / Size

Hospital System Affiliation: Boston Children’s Hospital and Subsid.
Hospital System Surplus (Loss) in FY18: $499,974,000
Change in Ownership (FY14-18): Not Applicable
Total Staffed Beds: 415, 9th largest acute hospital
% Occupancy: 79.4%
Special Public Funding: Not Applicable
Trauma Center Designation: Pedi: Level 1
Case Mix Index: 2.09 > statewide (1.14)

Financial

Inpatient NPSR per CMAD: $23,960
Change FY17-FY18: 2.8%
Inpatient:Outpatient Revenue in FY18: 51.49%
Outpatient Revenue in FY18: $585,895,509
Change FY17-FY18: 7.1%
Total Revenue in FY18: $1,835,285,000
Total Surplus (Loss) in FY18: $122,866,000

Payer Mix

Public Payer Mix: 35.7% Non-HPP Hospital
CY17 Commercial Statewide Relative Price: 1.58
Top 3 Commercial Payers:
- Blue Cross Blue Shield of Massachusetts
- Tufts Associated HMO, Inc.
- Harvard Pilgrim Health Care

Utilization

Inpatient Discharges in FY18: 14,223
Change FY17-FY18: -4.6%
Emergency Department Visits in FY18: 60,076
Change FY17-FY18: -0.6%
Outpatient Visits in FY18: 256,469
Change FY17-FY18: 2.6%

Quality

Readmission Rate in FY18: Not Available
Change FY14-FY18 (percentage points): Not Available
Early Elective Deliveries Rate: Not Available

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

<table>
<thead>
<tr>
<th>Discharges by DRG</th>
<th>Regional Discharges</th>
<th>Hospital FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seizure (603)</td>
<td>22%</td>
<td>36%</td>
</tr>
<tr>
<td>Chemotherapy (486)</td>
<td>16%</td>
<td>11%</td>
</tr>
<tr>
<td>Bronchiolitis &amp; RSV Pneumonia (349)</td>
<td>11%</td>
<td>7%</td>
</tr>
<tr>
<td>Cranialotomy, exc Trauma (321)</td>
<td>11%</td>
<td>7%</td>
</tr>
<tr>
<td>Cystic Fibrosis - Pulmonary Dx (306)</td>
<td>15%</td>
<td>31%</td>
</tr>
<tr>
<td>Other Digestive System Dx (301)</td>
<td>23%</td>
<td>52%</td>
</tr>
<tr>
<td>Diabetes (299)</td>
<td>11%</td>
<td>3%</td>
</tr>
<tr>
<td>Major HEM/IG Dx exc SC (288)</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Other Cardiothoracic Proc (294)</td>
<td>0%</td>
<td>1%</td>
</tr>
</tbody>
</table>

- - - Hospital (14,223) = 5% of total regional discharges

Quality

Data for this measure is not available for the patient population at this specialty hospital.

Quality

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 state average?

- - - Data for this measure is not available for the patient population at this specialty hospital.

For descriptions of the metrics, please see the technical appendix.
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* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.
Dana-Farber Cancer Institute is a nonprofit specialty hospital dedicated to pediatric and adult cancer treatment and research, located in the Metro Boston region. It is a teaching affiliate of Harvard Medical School. It is one of 49 Comprehensive Cancer Centers in the US, designated by the National Cancer Institute. Dana-Farber Cancer Institute provides the majority of its care in an outpatient setting and had 1,304 inpatient discharges compared to 286,608 outpatient visits in FY18. Dana-Farber has posted profits in each of the five-year period, including a 6.3% total margin in FY18.

### Overview / Size
- **Hospital System Affiliation:** Dana-Farber Cancer Institute and Subsid.
- **Hospital System Surplus (Loss) in FY18:** $106,732,714
- **Change in Ownership (FY14-18):** Not Applicable
- **Total Staffed Beds:** 30, among the smallest acute hospitals
- **% Occupancy:** 95.1%
- **Special Public Funding:** Not Applicable
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 3.28 > statewide (1.14)

### Financial
- **Inpatient NPSR per CMAD:** $11,394
- **Change FY17-FY18:** 0.5%
- **Inpatient:Outpatient Revenue in FY18:** 4%:96%
- **Outpatient Revenue in FY18:** $993,959,059
- **Change FY17-FY18:** 18.8%
- **Total Revenue in FY18:** $1,798,495,622
- **Total Surplus (Loss) in FY18:** $113,111,736

### Payer Mix
- **Public Payer Mix:** 50.5% Non-HPP Hospital
- **CY17 Commercial Statewide Relative Price:** 1.34
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of Massachusetts
  - Harvard Pilgrim Health Care
  - Tufts Associated HMO, Inc.

### Utilization
- **Inpatient Discharges in FY18:** 1,304
- **Emergency Department Visits in FY18:** 25.0%
- **Outpatient Visits in FY18:** 286,608
- **Change FY17-FY18:**
  - Inpatient
  - Outpatient
  - Total: 0.0%

### Quality
- **Readmission Rate in FY18:** Not Available
- **Early Elective Deliveries Rate:** Not Available
- **This measure is not applicable to the patient population treated at this specialty hospital.

### Services
- **This graph has been suppressed, as the hospital provides the vast majority of its services on an outpatient basis. In FY18, this hospital reported 160,655 infusion treatments and over 286,500 outpatient visits.**

### At a Glance

### Quality
- **Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?**
- **Data is not available for these measures.**

### For descriptions of the metrics, please see the technical appendix.
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.
Massachusetts Eye and Ear Infirmary is a small, non-profit specialty hospital located in the Metro Boston region. Mass Eye and Ear provides specialized services for disorders of the eye, ear, nose, and throat, including a 24-hour emergency department for these conditions. It provides the region’s only designated eye trauma center. It serves a patient population ranging in age from newborn to the elderly. Mass Eye and Ear is a teaching hospital of Harvard Medical School. After reporting losses in FY16 and FY17, the hospital reported a $15.9M profit in FY18 and a 9.9% total margin.

Overview / Size
Hospital System Affiliation: Partners HealthCare System
Hospital System Surplus (Loss) in FY18: $26,605,000
Change in Ownership (FY14-18): Joined Partners Effective 4/1/18
Total Staffed Beds: 41, among the smaller acute hospitals
% Occupancy: 31.3%
Special Public Funding: ICB*
Case Mix Index: 1.37 > statewide (1.14)

Financial
Inpatient NPSR per CMAD: $12,384
Change FY17-FY18: 0.5%
Inpatient:Outpatient Revenue in FY18: 9%;91%
Outpatient Revenue in FY18: $196,980,139
Change FY17-FY18: 11.2%
Total Revenue in FY18: $307,428,383
Total Surplus (Loss) in FY18: $21,159,302

Payer Mix
Public Payer Mix: 47.0% Non-HPP Hospital
CY17 Commercial Statewide Relative Price: 0.77
Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts
Harvard Pilgrim Health Care
Tufts Associated HMO, Inc.

Utilization
Inpatient Discharges in FY18: 1,187
Change FY17-FY18: -8.1%
Emergency Department Visits in FY18: 20,395
Change FY17-FY18: 2.0%
Outpatient Visits in FY18: 343,577
Change FY17-FY18: 13.8%

Quality
Readmission Rate in FY18: 9.3%
Change FY14-FY18 (percentage points): Not Available
Early Elective Deliveries Rate: Not Available

Services
What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region’s cases did this hospital treat for each service?

<table>
<thead>
<tr>
<th>Discharges by DRG</th>
<th>% of Total Regional Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other ENT Procedures (116)</td>
<td>17%</td>
</tr>
<tr>
<td>Other Maj Head/Neck Procs (115)</td>
<td>53%</td>
</tr>
<tr>
<td>Orbital Procs (96)</td>
<td>74%</td>
</tr>
<tr>
<td>Maj Cranial/Facial Bone (82)</td>
<td>19%</td>
</tr>
<tr>
<td>Other O.R. Procs for Lymph/HEM (71)</td>
<td>12%</td>
</tr>
<tr>
<td>Oth Skin, Tis &amp; Rel Procs (59)</td>
<td>8%</td>
</tr>
<tr>
<td>Craniotomy: exc Trauma (54)</td>
<td>2%</td>
</tr>
<tr>
<td>Other ENT &amp; Cranial Dxs (47)</td>
<td>8%</td>
</tr>
<tr>
<td>Eye Procs except Orbit (46)</td>
<td>42%</td>
</tr>
<tr>
<td>Other Nervous Syst Procs (42)</td>
<td>9%</td>
</tr>
</tbody>
</table>

This graph has been suppressed as no single community accounted for more than 1% of the hospital's total discharges. The hospital reports its patients are primarily from Massachusetts, but also across New England, the U.S. and in some cases the world.

Quality
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 state average?

For descriptions of the metrics, please see the technical appendix.
### Key:
- **Hospital**
- **Peer Cohort**

#### 2018 HOSPITAL PROFILE: MASSACHUSETTS EYE AND EAR INFIRMARY

**Cohort: Specialty Hospital**

**FY2018**

This is based on audited financial statements which includes only April 1, 2018 through September 30, 2018 when MEEI joined the Partners HealthCare System.

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

° For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

### FY18 Inpatient Discharges

<table>
<thead>
<tr>
<th>Year</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>1,187</td>
</tr>
</tbody>
</table>

**FY18 Outpatient Visits**

<table>
<thead>
<tr>
<th>Year</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>1,187</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>FY</th>
<th>Operating Revenue</th>
<th>Non-Operating Revenue</th>
<th>Total Revenue</th>
<th>Total Costs</th>
<th>Total Profit (Loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$223.4</td>
<td>$5.3</td>
<td>$228.7</td>
<td>$229.2</td>
<td>$(0.5)</td>
</tr>
<tr>
<td>2015</td>
<td>$227.8</td>
<td>$29.5</td>
<td>$257.3</td>
<td>$254.3</td>
<td>$2.9</td>
</tr>
<tr>
<td>2016</td>
<td>$249.8</td>
<td>$9.2</td>
<td>$259.1</td>
<td>$262.2</td>
<td>$(3.1)</td>
</tr>
<tr>
<td>2017</td>
<td>$274.2</td>
<td>$4.9</td>
<td>$279.1</td>
<td>$280.1</td>
<td>$(1.1)</td>
</tr>
<tr>
<td>2018**</td>
<td>$149.2</td>
<td>$11.5</td>
<td>$160.7</td>
<td>$144.9</td>
<td>$15.9</td>
</tr>
</tbody>
</table>

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

**FY2018** This is based on audited financial statements which includes only April 1, 2018 through September 30, 2018 when MEEI joined the Partners HealthCare System.

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

° For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).
New England Baptist Hospital is a non-profit specialty hospital located in the Metro Boston region. New England Baptist focuses exclusively on orthopedic and musculoskeletal conditions. It is a member of CareGroup. New England Baptist Hospital is a teaching affiliate of Tufts University School of Medicine and conducts teaching programs in collaboration with the Harvard School of Public Health and the Harvard School of Medicine. New England Baptist earned a profit each year from FY14 to FY18, with a total margin of 3.6% in FY18.

### Overview / Size
- **Hospital System Affiliation:** CareGroup
- **Hospital System Surplus (Loss) in FY18:** $110,129,000
- **Change in Ownership (FY14-18):** Not Applicable
- **Total Staffed Beds:** 98, among the smaller acute hospitals
- **% Occupancy:** 58.1%
- **Special Public Funding:** Not Applicable
- **Trauma Center Designation:** Not Applicable
- **Case Mix Index:** 1.39 > statewide (1.14)

### Financial
- **Inpatient NPSR per CMAD:** $14,487
- **Change FY17-FY18:** -0.7%
- **Inpatient:Outpatient Revenue in FY18:** 63%:37%
- **Outpatient Revenue in FY18:** $53,073,012
- **Change FY17-FY18:** -3.2%
- **Total Revenue in FY18:** $246,085,000
- **Total Surplus (Loss) in FY18:** $8,876,000

### Payer Mix
- **Public Payer Mix:** 48.6% Non-HPP Hospital
- **CY17 Commercial Statewide Relative Price:** 0.91
- **Top 3 Commercial Payers:**
  - Blue Cross Blue Shield of Massachusetts
  - Harvard Pilgrim Health Care
  - Tufts Associated HMO, Inc.

### Utilization
- **Inpatient Discharges in FY18:** 8,563
  - **Change FY17-FY18:** 2.4%
- **Emergency Department Visits in FY18:** 0
  - **Change FY17-FY18:** 0.1%
- **Outpatient Visits in FY18:** 111,454
  - **Change FY17-FY18:** 1.6%
- **Readmission Rate in FY18:** Not Available
  - **Change FY14-FY18 (percentage points):** -0.7
- **Early Elective Deliveries Rate:** Not Available

### Quality
- **Lower is Better**

For descriptions of the metrics, please see the technical appendix.
2018 HOSPITAL PROFILE: NEW ENGLAND BAPTIST HOSPITAL

Cohort: Specialty Hospital

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.
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.

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Shriners Hospital for Children - Springfield is a 40-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. The hospital reported 142 inpatient discharges in FY18, a 6% increase from FY17.
### Shriners Hospitals for Children - Boston

**Boston, MA**

#### At a Glance
- **Total Staffed Beds:** 30
- **% Occupancy:** 15.82%
- **Inpatient Discharges in FY18:** 154
- **Public payer mix:** 30.3%
- **Case Mix Index:** 3.71
- **Tax Status:** Non-profit
- **Inpatient:Outpatient Revenue in FY18:** N/A
- **Inpatient Cost Per CMAD:** $32,680
- **Change in Ownership (FY14-FY18):** N/A

#### Payer Mix

<table>
<thead>
<tr>
<th></th>
<th>Shriners Boston</th>
<th>Average Acute Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial &amp; Other</td>
<td>70%</td>
<td>35%</td>
</tr>
<tr>
<td>State Programs</td>
<td>1%</td>
<td>19%</td>
</tr>
<tr>
<td>Medicare and Other Federal Programs</td>
<td>30%</td>
<td>46%</td>
</tr>
</tbody>
</table>

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

#### Average Length of Stay
- **FY15:** 12.2
- **FY16:** 11.8
- **FY17:** 13.5
- **FY18:** 11.3

#### Inpatient Discharges
- **FY15:** 174
- **FY16:** 223
- **FY17:** 198
- **FY18:** 154

#### Outpatient Visits
- **FY15:** 4,492
- **FY16:** 6,608
- **FY17:** 6,383
- **FY18:** 6,157

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

<table>
<thead>
<tr>
<th>FY</th>
<th>Total Revenue</th>
<th>Operating Revenue</th>
<th>Non-Operating Revenue</th>
<th>Costs</th>
<th>Total Profit/Loss</th>
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<tbody>
<tr>
<td>2015</td>
<td>$5.1</td>
<td>$3.7</td>
<td>$1.3</td>
<td>$39.2</td>
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<tr>
<td>2016</td>
<td>$5.2</td>
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<td>$41.5</td>
<td>See Note</td>
</tr>
<tr>
<td>2017</td>
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<td>$2.5</td>
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<tr>
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</tbody>
</table>

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.

---

### Shriners Hospitals for Children - Springfield

**Springfield, MA**

#### At a Glance
- **Total Staffed Beds:** 40
- **% Occupancy:** 5.02%
- **Inpatient Discharges in FY18:** 142
- **Public payer mix:** 46.5%
- **Case Mix Index:** 2.11
- **Tax Status:** Non-profit
- **Inpatient:Outpatient Rev. in FY18:** N/A
- **Inpatient Cost Per CMAD:** $41,018
- **Change in Ownership (FY14-FY18):** N/A

#### Payer Mix

<table>
<thead>
<tr>
<th></th>
<th>Shriners Springfield</th>
<th>Average Acute Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial &amp; Other</td>
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</tr>
<tr>
<td>Medicare and Other Federal Programs</td>
<td>46%</td>
<td>46%</td>
</tr>
</tbody>
</table>

#### Average Length of Stay
- **FY15:** 5.7
- **FY16:** 4.5
- **FY17:** 4.4
- **FY18:** 5.2

#### Inpatient Discharges
- **FY15:** 86
- **FY16:** 91
- **FY17:** 134
- **FY18:** 142

#### Outpatient Visits
- **FY15:** 9,980
- **FY16:** 13,765
- **FY17:** 16,593
- **FY18:** 17,020

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

<table>
<thead>
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<th>FY</th>
<th>Total Revenue</th>
<th>Operating Revenue</th>
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<th>Costs</th>
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</table>

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.
Acute Specialty Hospitals - Shriners Hospitals for Children

2018 Hospital Profile

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.

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**Boston, MA**

#### At a Glance

- **Total Staffed Beds:** 30
- **% Occupancy:** 15.82%
- **Inpatient Discharges in FY18:** 154
- **Public Payer Mix:** 30.3%
- **Case Mix Index:** 3.71
- **Tax Status:** Non-profit
- **Inpatient:Outpatient Revenue in FY18:** 39%:61%
- **Inpatient Cost Per CMAD:** $32,680
- **Change in Ownership (FY14-FY18):** N/A

#### Payer Mix

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### Shriners Hospitals for Children - Springfield

**Springfield, MA**

#### At a Glance

- **Total Staffed Beds:** 40
- **% Occupancy:** 5.02%
- **Inpatient Discharges in FY18:** 142
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INTRODUCTION TO NON-ACUTE HOSPITAL PROFILES

**Non-acute hospitals** in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria. When presenting trends for utilization, costs, and financial performance, CHIA has provided baseline data for each hospital's cohort as a point of comparison.

Specialty non-acute hospitals are not considered a cohort; however, individual specialty non-acute hospital profiles are available.

**Psychiatric hospitals** are licensed by DMH for psychiatric services and by DPH for substance abuse services.

**Rehabilitation hospitals** provide intensive post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, the federal government classifies hospitals as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in federal regulations.

**Chronic care hospitals** are hospitals with an average length of patient stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator dependent care. Medicare classifies chronic hospitals as Long-Term Care Hospitals, using the same 25-day threshold.
### Specialty Non-Acute Hospital

- AdCare Hospital of Worcester
- Franciscan Hospital for Children
- Hebrew Rehabilitation Hospital

### Department of Health

<table>
<thead>
<tr>
<th>Department of Mental Health Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cape Cod and Islands Community Mental Health Center</td>
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<tr>
<td>Corrigan Mental Health Center</td>
</tr>
<tr>
<td>Solomon Carter Fuller Mental Health Center</td>
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<tr>
<td>Taunton State Hospital</td>
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<tr>
<td>Worcester State Hospital</td>
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</table>

<table>
<thead>
<tr>
<th>Department of Public Health Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lemuel Shattuck Hospital</td>
</tr>
<tr>
<td>Pappas Rehabilitation Hospital for Children</td>
</tr>
<tr>
<td>Tewksbury Hospital</td>
</tr>
<tr>
<td>Western Massachusetts Hospital</td>
</tr>
</tbody>
</table>

For detailed descriptions of the data sources and metrics used in the non-acute hospital profiles, please see the [technical appendix](#).
This sheet provides a brief introduction to the metrics on the non-acute hospital cohort-level profiles. Definitions and notes on all metrics are available in the technical appendix.

### REHABILITATION HOSPITALS

2018 Hospital Profile

Rehabilitation Hospitals provide intensive, post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, hospitals are classified as Rehabilitation Hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in the federal regulations. The nine Rehabilitation Hospitals were responsible for 77% of chronic and rehabilitation cases in FY18, while other non-acute hospitals accounted for 16% and acute hospitals accounted for 7% of rehabilitation discharges. Six of the nine Rehabilitation Hospitals were profitable in FY18. Inpatient days decreased 0.5% between FY14 and FY18 at Rehabilitation Hospitals.

**Average Public Payer Mix:**

**Total Gross Patient Service Revenue:**

### List of hospitals in cohort

<table>
<thead>
<tr>
<th>Hospitals in Cohort</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
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<td>Baystate Rehabilitation Hospital</td>
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<td>1,402</td>
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<td>550</td>
<td>660</td>
<td>710</td>
<td>688</td>
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<td>Brigham and Women’s Hospital</td>
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<td>2,415</td>
<td>2,505</td>
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<td>760</td>
<td>808</td>
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<td>2,938</td>
<td>2,938</td>
<td>2,938</td>
<td>2,938</td>
</tr>
</tbody>
</table>

### Inpatient cases

Each cohort hospital’s proportion of cohort-type discharges statewide (e.g., rehabilitation hospital’s proportion of total chronic and rehabilitation discharges) for FY18 are displayed in the top graph. Note that some cohort hospitals treat other types of cases as well.

The bottom graph shows the cohort hospitals’ total number of discharges for the cohort type, and compares it to the number of discharges of that type that come from other non-acute hospitals and from acute hospitals.

### Payer mix

The cohort’s average share of business from federal, state, and commercial payers is outlined. The average payer mix for all non-acute hospitals and for each of the other non-acute hospital cohorts is shown for comparison.

### Change in volume of inpatient days

### Change in the median of the cohort hospitals’ average length of stay

For descriptions of the metrics, please see technical appendices.

FY 2018 Massachusetts Hospital Profiles | January 2020

center for health information and analysis
Utilization, cost, revenue, and financial data from FY14 to FY18 is presented for each hospital in the given non-acute hospital cohort in the tables below.

### Rehabilitation Hospitals

#### 2018 Hospital Profile

<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
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<table>
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<th>Average Length of Stay</th>
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<th>2016</th>
<th>2015</th>
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### Utilization Trends

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### Financial Information

#### Total Net Outpatient Revenue (in millions)

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<th>FY16</th>
<th>FY15</th>
<th>FY14</th>
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<tr>
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<td>$9.0</td>
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#### Total Revenues, Costs, and Profit (Loss) in FY2016

<table>
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<tr>
<th>FY18</th>
<th>FY17</th>
<th>FY16</th>
<th>FY15</th>
<th>FY14</th>
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<td>$1.7</td>
<td>$1.7</td>
<td>$1.7</td>
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</table>

#### Average length of stay

#### Volume of inpatient days

#### Total outpatient visits

#### Total net outpatient revenue

#### Inpatient revenue per day (i.e., per capita)
Psychiatric Hospitals are licensed by the Department of Mental Health (DMH) for psychiatric services, and by the Department of Public Health (DPH) for substance abuse services. Psychiatric Hospitals offer mental health services, substance abuse disorder treatments, and both inpatient and outpatient services. With the addition of Westborough Behavioral Healthcare Hospital opening in FY18, there were now 12 Psychiatric Hospitals in Massachusetts. Inpatient days increased 19.8% at Psychiatric Hospitals between FY14 and FY18. 54% of psychiatric patient discharges in FY18 were from Psychiatric Hospitals, while 46% of psychiatric discharges were from acute hospitals. Seven of the twelve Psychiatric Hospitals earned a profit in FY18.

### Hospitals in Cohort:
- Arbour Hospital
- Southcoast Behavioral Hospital
- Arbour-Fuller Hospital
- Taravista Behavioral Health
- Arbour-HRI Hospital
- Walden Behavioral Care
- Bournewood Hospital
- Westborough Behavioral Healthcare Hospital
- High Point Hospital
- Westwood Lodge
- McLean Hospital
- Whittier Pavilion

### At a Glance

#### Total Beds:
- 1,277 (31.9% of total non-acute hospitals)

#### Average Public Payer Mix:
- 73.9%, < total non-acute hospitals (77.2%)

#### Median % Occupancy:
- 89.5%, > total non-acute hospitals (77.2%)

#### Total Inpatient Days:
- 375,319 (36.2% of total non-acute hospitals)

#### Total Inpatient Discharges:
- 36,910 (58.8% of total non-acute hospitals)

#### Total Gross Patient Service Revenue:
- $813 million (29.1% of total non-acute hospitals)

#### Inpatient:Outpatient Gross Patient Service Revenue:
- 88:12% (total non-acute hospitals = 87:13%)

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

### Services

#### What proportion of total non-acute hospitals psychiatric discharges was attributed to each of the cohort's hospitals in FY18? Overall, what proportions of total psychiatric discharges were attributed to acute hospitals and non-acute hospitals?

#### What was this cohort's average payer mix (gross revenues) in FY18, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?

### Utilization

#### How has the volume of this cohort's inpatient days changed compared to FY14, and how does this compare to that of other non-acute hospitals? (FY14=100)

#### How has the cohort's median average length of stay (ALOS) changed compared to FY14, and how does this compare to that of other non-acute hospitals? (FY14=100)

For descriptions of the metrics, please see Technical Appendix.
### Volume of Inpatient Days

<table>
<thead>
<tr>
<th>Facility</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arbour</td>
<td>44,074</td>
<td>42,121</td>
<td>39,681</td>
<td>45,926</td>
<td>46,468</td>
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<td>31,014</td>
<td>32,239</td>
<td>33,846</td>
<td>35,683</td>
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<td>18,672</td>
<td>19,280</td>
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<td>21,720</td>
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<td>Bournewood</td>
<td>30,903</td>
<td>31,495</td>
<td>31,819</td>
<td>31,613</td>
<td>31,242</td>
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<tr>
<td>High Point</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Point (Opened in FY16)</td>
<td>13,760</td>
<td>21,234</td>
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<td>65,845</td>
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</tr>
<tr>
<td>Southcoast Behavioral (Opened in FY16)</td>
<td>23,139</td>
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<tr>
<td>Taravista</td>
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</tr>
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<td>Westborough Behavioral (Opened in FY18)</td>
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### Average Length of Stay (Days)

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<th>FY18</th>
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<td></td>
</tr>
<tr>
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</tr>
<tr>
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<td>10.9</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Southcoast Behavioral (Opened in FY16)</td>
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<td>10.6</td>
<td>9.2</td>
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<td></td>
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<tr>
<td>Taravista</td>
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<td></td>
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<td></td>
</tr>
<tr>
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<tr>
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### Net Inpatient Revenue per Patient Day

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<td>$651</td>
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<td>$920</td>
<td>$940</td>
<td>$929</td>
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### Total Revenue, Cost, and Profit (Loss) in FY2018

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<th>Costs</th>
<th>Income (Loss)</th>
<th>Total Margin</th>
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<td>$29.7</td>
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<td>6.0%</td>
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<td>-8.5%</td>
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<td>$14.3</td>
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<td>-$1.2</td>
<td>-8.5%</td>
</tr>
<tr>
<td>McLean</td>
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<td>$239.8</td>
<td>$234.8</td>
<td>$4.9</td>
<td>2.1%</td>
</tr>
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<td>$33.8</td>
<td>$33.8</td>
<td>$28.1</td>
<td>$5.7</td>
<td>16.9%</td>
</tr>
<tr>
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<td>$33.8</td>
<td>$28.1</td>
<td>$5.7</td>
<td>16.9%</td>
</tr>
<tr>
<td>Taravista</td>
<td>$21.6</td>
<td>$21.6</td>
<td>$30.8</td>
<td>-$9.2</td>
<td>-42.5%</td>
</tr>
<tr>
<td>Walden</td>
<td>$35.2</td>
<td>$35.2</td>
<td>$37.1</td>
<td>-$1.9</td>
<td>-5.3%</td>
</tr>
<tr>
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<td>$7.2</td>
<td>$7.2</td>
<td>$17.1</td>
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<td>-138.6%</td>
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<td>$29.0</td>
<td>$31.5</td>
<td>-$2.5</td>
<td>-8.6%</td>
</tr>
<tr>
<td>Whittier Pavilion</td>
<td>$22.5</td>
<td>$22.5</td>
<td>$22.3</td>
<td>$0.1</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

* Did not report any outpatient data
2018 Hospital Profile

Rehabilitation Hospitals provide intensive, post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, hospitals are classified as Rehabilitation Hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in the federal regulations. The nine Rehabilitation Hospitals were responsible for 77% of chronic and rehabilitation cases in FY18, while other non-acute hospitals accounted for 16% and acute hospitals accounted for 7% of rehabilitation discharges. Six of the nine Rehabilitation Hospitals were profitable in FY18. Inpatient days decreased 0.5% between FY14 and FY18 at Rehabilitation Hospitals.

**Hospitals in Cohort:**
- Braintree Rehabilitation Hospital
- Healthsouth Fairlawn Rehabilitation Hospital
- HealthSouth Rehabilitation Hospital of Western Massachusetts
- New Bedford Rehabilitation Hospital
- New England Rehabilitation Hospital
- Spaulding Rehabilitation Hospital Boston
- Spaulding Rehabilitation Hospital Cape Cod
- Whittier Rehab Hospital Bradford
- Whittier Rehab Hospital Westborough

**Total Beds:**
990 (24.7% of total non-acute hospitals)

**Average Public Payer Mix:**
78.0%, > total non-acute hospitals (77.2%)

**Median % Occupancy:**
67.9%, < total non-acute hospitals (77.2%)

**Total Gross Patient Service Revenue:**
$939 million (33.6% of total non-acute hospitals)

**Total Inpatient Days:**
233,880 (22.6% of total non-acute hospitals)

**Total Inpatient Discharges:**
14,702 (23.4% of total non-acute hospitals)

For descriptions of the metrics, please see Technical Appendix.
## REHABILITATION HOSPITALS

### Volume of Inpatient Days

<table>
<thead>
<tr>
<th>Hospital</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Braintree Rehabilitation</td>
<td>30,803</td>
<td>28,600</td>
<td>29,804</td>
<td>33,351</td>
<td>34,444</td>
</tr>
<tr>
<td>Healthsouth Fairlawn</td>
<td>32,121</td>
<td>31,226</td>
<td>31,470</td>
<td>28,820</td>
<td>27,718</td>
</tr>
<tr>
<td>HealthSouth Western</td>
<td>17,062</td>
<td>17,226</td>
<td>17,229</td>
<td>17,274</td>
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</tr>
<tr>
<td>New Bedford</td>
<td>26,807</td>
<td>25,593</td>
<td>26,182</td>
<td>22,168</td>
<td>21,586</td>
</tr>
<tr>
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<td>30,526</td>
<td>31,144</td>
<td>37,434</td>
<td>38,807</td>
<td>39,055</td>
</tr>
<tr>
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<td>45,583</td>
<td>46,005</td>
<td>46,056</td>
<td>44,756</td>
<td>44,863</td>
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<tr>
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<td>15,851</td>
<td>15,667</td>
<td>15,576</td>
<td>14,631</td>
<td>14,876</td>
</tr>
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<td>18,552</td>
<td>18,069</td>
<td>16,867</td>
<td>17,666</td>
<td>17,063</td>
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<tr>
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<td>17,767</td>
<td>18,696</td>
<td>17,090</td>
<td>17,682</td>
<td>16,988</td>
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</table>

### Volume of Outpatient Visits

<table>
<thead>
<tr>
<th>Hospital</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Braintree Rehabilitation</td>
<td>91,137</td>
<td>84,061</td>
<td>69,374</td>
<td>58,668</td>
<td>47,217</td>
</tr>
<tr>
<td>Healthsouth Fairlawn</td>
<td>12,599</td>
<td>9,180</td>
<td>9,425</td>
<td>8,573</td>
<td>8,398</td>
</tr>
<tr>
<td>HealthSouth Western</td>
<td>13,227</td>
<td>11,678</td>
<td>12,173</td>
<td>10,564</td>
<td>9,333</td>
</tr>
<tr>
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<td>3,834</td>
<td>2,925</td>
<td>2,483</td>
<td>2,399</td>
<td>1,677</td>
</tr>
<tr>
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<td>36,301</td>
<td>31,864</td>
<td>25,743</td>
<td>27,594</td>
<td>23,739</td>
</tr>
<tr>
<td>Spaulding Boston</td>
<td>179,678</td>
<td>268,500</td>
<td>296,754</td>
<td>312,846</td>
<td>349,259</td>
</tr>
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<td>104,630</td>
<td>111,381</td>
<td>112,457</td>
<td>112,597</td>
<td>118,759</td>
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<td>38,786</td>
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<td>43,713</td>
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<td>11,625</td>
<td>15,792</td>
<td>15,781</td>
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### Total Net Outpatient Revenue (in millions)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Braintree Rehabilitation</td>
<td>$9.6</td>
<td>$8.8</td>
<td>$8.3</td>
<td>$5.7</td>
<td>$5.0</td>
</tr>
<tr>
<td>Healthsouth Fairlawn</td>
<td>$0.9</td>
<td>$0.3</td>
<td>$0.7</td>
<td>$0.7</td>
<td>$0.7</td>
</tr>
<tr>
<td>HealthSouth Western</td>
<td>$0.9</td>
<td>$0.9</td>
<td>$0.9</td>
<td>$0.8</td>
<td>$0.7</td>
</tr>
<tr>
<td>New Bedford</td>
<td>$0.8</td>
<td>$0.5</td>
<td>$0.4</td>
<td>$0.3</td>
<td>$0.2</td>
</tr>
<tr>
<td>New England Rehab</td>
<td>$3.1</td>
<td>$5.0</td>
<td>$2.2</td>
<td>$2.6</td>
<td>$2.2</td>
</tr>
<tr>
<td>Spaulding Boston</td>
<td>$27.1</td>
<td>$30.1</td>
<td>$41.8</td>
<td>$42.9</td>
<td>$47.6</td>
</tr>
<tr>
<td>Spaulding Cape Cod</td>
<td>$13.0</td>
<td>$14.7</td>
<td>$14.7</td>
<td>$15.5</td>
<td>$14.8</td>
</tr>
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<td>$5.3</td>
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<td>$5.0</td>
<td>$5.3</td>
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<tr>
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<td>$1.0</td>
<td>$1.4</td>
<td>$1.7</td>
<td>$1.5</td>
<td>$1.3</td>
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</table>

### Average Length of Stay (Days)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Braintree Rehabilitation</td>
<td>12.5</td>
<td>10.3</td>
<td>12.8</td>
<td>13.2</td>
<td>13.1</td>
</tr>
<tr>
<td>Healthsouth Fairlawn</td>
<td>13.0</td>
<td>12.7</td>
<td>12.5</td>
<td>13.4</td>
<td>12.0</td>
</tr>
<tr>
<td>HealthSouth Western</td>
<td>13.9</td>
<td>14.4</td>
<td>13.7</td>
<td>13.5</td>
<td>13.2</td>
</tr>
<tr>
<td>New Bedford</td>
<td>42.7</td>
<td>42.7</td>
<td>44.1</td>
<td>44.6</td>
<td>39.3</td>
</tr>
<tr>
<td>New England Rehab</td>
<td>12.1</td>
<td>12.3</td>
<td>13.6</td>
<td>13.4</td>
<td>13.3</td>
</tr>
<tr>
<td>Spaulding Boston</td>
<td>20.3</td>
<td>19.5</td>
<td>20.1</td>
<td>20.4</td>
<td>20.9</td>
</tr>
<tr>
<td>Spaulding Cape Cod</td>
<td>13.8</td>
<td>13.9</td>
<td>13.1</td>
<td>13.1</td>
<td>14.1</td>
</tr>
<tr>
<td>Whittier Bradford</td>
<td>24.9</td>
<td>25.0</td>
<td>20.0</td>
<td>22.0</td>
<td>21.1</td>
</tr>
<tr>
<td>Whittier Westborough</td>
<td>21.9</td>
<td>22.4</td>
<td>20.5</td>
<td>19.1</td>
<td>17.8</td>
</tr>
</tbody>
</table>

### Net Inpatient Revenue per Patient Day

<table>
<thead>
<tr>
<th>Hospital</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Braintree Rehabilitation</td>
<td>$1,501</td>
<td>$1,462</td>
<td>$1,554</td>
<td>$1,617</td>
<td>$1,675</td>
</tr>
<tr>
<td>Healthsouth Fairlawn</td>
<td>$1,370</td>
<td>$1,363</td>
<td>$1,460</td>
<td>$1,456</td>
<td>$1,593</td>
</tr>
<tr>
<td>HealthSouth Western</td>
<td>$1,315</td>
<td>$1,316</td>
<td>$1,404</td>
<td>$1,479</td>
<td>$1,497</td>
</tr>
<tr>
<td>New Bedford</td>
<td>$1,111</td>
<td>$1,103</td>
<td>$1,098</td>
<td>$1,129</td>
<td>$1,184</td>
</tr>
<tr>
<td>New England Rehab</td>
<td>$1,466</td>
<td>$1,418</td>
<td>$1,587</td>
<td>$1,527</td>
<td>$1,585</td>
</tr>
<tr>
<td>Spaulding Boston</td>
<td>$1,615</td>
<td>$1,701</td>
<td>$1,671</td>
<td>$1,710</td>
<td>$1,849</td>
</tr>
<tr>
<td>Spaulding Cape Cod</td>
<td>$1,563</td>
<td>$1,667</td>
<td>$1,753</td>
<td>$1,810</td>
<td>$1,717</td>
</tr>
<tr>
<td>Whittier Bradford</td>
<td>$1,272</td>
<td>$1,292</td>
<td>$1,295</td>
<td>$1,281</td>
<td>$1,401</td>
</tr>
<tr>
<td>Whittier Westborough</td>
<td>$1,234</td>
<td>$1,246</td>
<td>$1,311</td>
<td>$1,271</td>
<td>$1,391</td>
</tr>
</tbody>
</table>

### Total Revenue, Cost, and Profit (Loss) in FY2018

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Operating Revenue</th>
<th>Total Revenue</th>
<th>Costs</th>
<th>Income (Loss)</th>
<th>Total Margin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Braintree Rehabilitation</td>
<td>$63.0</td>
<td>$63.0</td>
<td>$48.0</td>
<td>$15.0</td>
<td>23.9%</td>
</tr>
<tr>
<td>Healthsouth Fairlawn</td>
<td>$45.1</td>
<td>$45.1</td>
<td>$34.0</td>
<td>$11.1</td>
<td>24.6%</td>
</tr>
<tr>
<td>HealthSouth Western</td>
<td>$26.7</td>
<td>$26.7</td>
<td>$22.3</td>
<td>$4.3</td>
<td>16.3%</td>
</tr>
<tr>
<td>New Bedford</td>
<td>$26.5</td>
<td>$26.5</td>
<td>$27.6</td>
<td>-$1.0</td>
<td>-3.9%</td>
</tr>
<tr>
<td>New England Rehab</td>
<td>$64.2</td>
<td>$64.2</td>
<td>$51.3</td>
<td>$13.0</td>
<td>20.2%</td>
</tr>
<tr>
<td>Spaulding Boston</td>
<td>$145.7</td>
<td>$145.6</td>
<td>$166.2</td>
<td>-$20.6</td>
<td>-14.2%</td>
</tr>
<tr>
<td>Spaulding Cape Cod</td>
<td>$41.0</td>
<td>$41.0</td>
<td>$44.9</td>
<td>-$3.9</td>
<td>-9.5%</td>
</tr>
<tr>
<td>Whittier Bradford</td>
<td>$30.6</td>
<td>$30.6</td>
<td>$28.8</td>
<td>$1.8</td>
<td>5.8%</td>
</tr>
<tr>
<td>Whittier Westborough</td>
<td>$26.2</td>
<td>$26.2</td>
<td>$24.3</td>
<td>$2.0</td>
<td>7.5%</td>
</tr>
</tbody>
</table>
Chronic Care Hospitals are non-acute hospitals with an average length of patient stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator dependent care. Medicare classifies Chronic Care Hospitals as Long-Term Care Hospitals, using the same 25-day threshold. In FY18 there were four Chronic Care Hospitals operating in Massachusetts. Those facilities were responsible for 16% of all chronic and rehabilitation cases in FY18, while other non-acute hospitals accounted for 77% and acute hospitals accounted for 7% of chronic care discharges. All four Chronic Care Hospitals reported a loss in FY18. Inpatient days at Chronic Care Hospitals decreased 37.5% between FY14 and FY18.

### Hospitals in Cohort:
- Curahealth Stoughton
- New England Sinai Hospital
- Spaulding Hospital Cambridge
- Vibra Hospital of Western Massachusetts

### At a Glance

| **Total Beds:** | 799 (19.9% of total non-acute hospitals) |
| **Average Public Payer Mix:** | 85.7%, > total non-acute hospitals (77.2%) |
| **Median % Occupancy:** | 55.6%, < total non-acute hospitals (77.2%) |
| **Total Inpatient Days:** | 131,122 (12.7% of total non-acute hospitals) |
| **Total Inpatient Discharges:** | 3,158 (5.0% of total non-acute hospitals) |
| **Total Gross Patient Service Revenue:** | $714 million (25.6% of total non-acute hospitals) |
| **Inpatient:Outpatient Gross Patient Service Revenue:** | 99:1% (total non-acute hospitals = 87:13%) |

### Services

What proportion of total non-acute hospitals chronic/rehab discharges was attributed to each of the cohort’s hospitals in FY18? Overall, what proportions of total chronic/rehab discharges were attributed to acute hospitals and non-acute hospitals?

![Chronic Care Hospitals vs. Other Non-Acute Hospitals](chart)

### Utilization

How has the volume of this cohort’s inpatient days changed compared to FY14, and how does this compare to that of other non-acute hospitals? (FY14=100)

![Inpatient Days Utilization Chart](chart)

FY18 Inpatient Days = 131,122

-37.5% decrease compared to FY14

### Table: Average Non-Acute Hospital

<table>
<thead>
<tr>
<th>Services</th>
<th>Percentage</th>
<th>Chronic Care Hospitals</th>
<th>Psychiatric Hospitals</th>
<th>Rehabilitation Hospitals</th>
<th>Average Non-Acute Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curahealth Stoughton</td>
<td>14%</td>
<td>224</td>
<td>43%</td>
<td>22%</td>
<td>23%</td>
</tr>
<tr>
<td>New England Sinai</td>
<td>43%</td>
<td>1,129</td>
<td>26%</td>
<td>12%</td>
<td>30%</td>
</tr>
<tr>
<td>Spaulding Cambridge</td>
<td>47%</td>
<td>1,189</td>
<td>27%</td>
<td>66%</td>
<td>42%</td>
</tr>
<tr>
<td>Vibra Hospital of Western</td>
<td>6%</td>
<td>616</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>50%</td>
<td>3,158</td>
<td>43%</td>
<td>22%</td>
<td>23%</td>
</tr>
</tbody>
</table>

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

For descriptions of the metrics, please see Technical Appendix.
## CHRONIC CARE HOSPITALS

### 2018 Hospital Profile

<table>
<thead>
<tr>
<th>Volume of Inpatient Days</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curahealth Stoughton</td>
<td>33,984</td>
<td>31,721</td>
<td>28,761</td>
<td>21,261</td>
<td>19,604</td>
</tr>
<tr>
<td>New England Sinai</td>
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<td>33,984</td>
<td>31,287</td>
<td>26,895</td>
<td>33,824</td>
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<tr>
<td>Spaulding Cambridge</td>
<td>47,169</td>
<td>46,951</td>
<td>43,987</td>
<td>42,475</td>
<td>42,776</td>
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<tr>
<td>Vibra Western</td>
<td>55,175</td>
<td>52,426</td>
<td>49,729</td>
<td>46,924</td>
<td>34,918</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Average Length of Stay (Days)</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curahealth Stoughton</td>
<td>46.2</td>
<td>49.9</td>
<td>64.8</td>
<td>86.4</td>
<td>87.5</td>
</tr>
<tr>
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<td>34.9</td>
<td>33.5</td>
<td>34.3</td>
<td>27.0</td>
<td>30.0</td>
</tr>
<tr>
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<td>27.7</td>
<td>30.0</td>
<td>32.3</td>
<td>31.8</td>
<td>36.0</td>
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<tr>
<td>Vibra Western</td>
<td>52.9</td>
<td>47.5</td>
<td>48.8</td>
<td>51.0</td>
<td>56.7</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Volume of Outpatient Visits</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curahealth Stoughton</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>New England Sinai</td>
<td>29,013</td>
<td>18,620</td>
<td>21,316</td>
<td>13,388</td>
<td>14,734</td>
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<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Vibra Western</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net Inpatient Revenue per Patient Day</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curahealth Stoughton</td>
<td>$1,065</td>
<td>$1,067</td>
<td>$1,062</td>
<td>$963</td>
<td>$1,333</td>
</tr>
<tr>
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<td>$1,192</td>
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<td>$1,374</td>
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<td>$1,414</td>
<td>$1,448</td>
<td>$1,605</td>
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<tr>
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<td>$969</td>
<td>$976</td>
<td>$952</td>
<td>$772</td>
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</table>

<table>
<thead>
<tr>
<th>Total Net Outpatient Revenue (in millions)</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curahealth Stoughton</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>New England Sinai</td>
<td>$1.9</td>
<td>$0.9</td>
<td>$1.3</td>
<td>$1.0</td>
<td>$0.6</td>
</tr>
<tr>
<td>Spaulding Cambridge</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Vibra Western</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Revenue, Cost, and Profit (Loss) in FY2018</th>
<th>Operating Revenue</th>
<th>Total Revenue</th>
<th>Costs</th>
<th>Income (Loss)</th>
<th>Total Margin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curahealth Stoughton</td>
<td>$26.8</td>
<td>$26.8</td>
<td>$27.2</td>
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<tr>
<td>New England Sinai</td>
<td>$49.1</td>
<td>$45.7</td>
<td>$50.5</td>
<td>$-4.8</td>
<td>-10.6%</td>
</tr>
<tr>
<td>Spaulding Cambridge</td>
<td>$76.2</td>
<td>$76.2</td>
<td>$79.4</td>
<td>$-3.3</td>
<td>-4.3%</td>
</tr>
<tr>
<td>Vibra Western</td>
<td>$31.9</td>
<td>$32.0</td>
<td>$36.0</td>
<td>$-4.1</td>
<td>-12.7%</td>
</tr>
</tbody>
</table>

* Did not report any outpatient data
**AdCare Hospital of Worcester** is a for-profit specialty hospital located in Worcester. It is the only private non-acute care hospital that exclusively focuses on substance abuse. It provides detox and inpatient services, as well as outpatient services. From FY14 to FY18, inpatient days at AdCare increased by 1.5% and outpatient visits decreased by 3.9%. During each year in this five year period, AdCare reported positive margins, including a total margin of 8.2% in FY18.

**Franciscan Hospital for Children** is a non-profit specialty hospital located in Brighton. It focuses on providing pediatric chronic care and rehabilitation services. It offers inpatient, residential, educational, surgical, outpatient, and home care programs for children with special health care needs. Between FY14 and FY18, inpatient days increased 9.3%, and outpatient visits decreased 37.8%. Franciscan Hospital for Children reported a loss in FY18 with a total margin of -0.5%.

<table>
<thead>
<tr>
<th>AdCare Hospital of Worcester</th>
<th>Franciscan Hospital for Children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Staffed beds:</strong> 114</td>
<td><strong>Total Staffed beds:</strong> 112</td>
</tr>
<tr>
<td><strong>% Occupancy:</strong> 91.4%</td>
<td><strong>% Occupancy:</strong> 57.8%</td>
</tr>
<tr>
<td><strong>Inpatient Discharges:</strong> 5,972</td>
<td><strong>Inpatient Discharges:</strong> 769</td>
</tr>
<tr>
<td><strong>Public Payer Mix:</strong> 83.1%</td>
<td><strong>Public Payer Mix:</strong> 64.7%</td>
</tr>
<tr>
<td><strong>Tax Status:</strong> for-profit</td>
<td><strong>Tax Status:</strong> non-profit</td>
</tr>
<tr>
<td><strong>Net Inpatient Revenue (millions)</strong></td>
<td><strong>Net Inpatient Revenue (millions)</strong></td>
</tr>
<tr>
<td><strong>Operating Margin:</strong> 12.8%</td>
<td><strong>Operating Margin:</strong> 3.9%</td>
</tr>
<tr>
<td><strong>Total Margin:</strong> 12.8%</td>
<td><strong>Total Margin:</strong> 4.6%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>FY</th>
<th>Total Revenue</th>
<th>Operating Revenue</th>
<th>Non-Operating Revenue</th>
<th>Costs</th>
<th>Total Profit/Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$40</td>
<td>$40</td>
<td>$0</td>
<td>$35</td>
<td>$5.1</td>
</tr>
<tr>
<td>2015</td>
<td>$41</td>
<td>$41</td>
<td>$0</td>
<td>$35</td>
<td>$6.4</td>
</tr>
<tr>
<td>2016</td>
<td>$39</td>
<td>$39</td>
<td>$0</td>
<td>$35</td>
<td>$3.8</td>
</tr>
<tr>
<td>2017</td>
<td>$42</td>
<td>$42</td>
<td>$0</td>
<td>$36</td>
<td>$6.8</td>
</tr>
<tr>
<td>2018</td>
<td>$40</td>
<td>$40</td>
<td>$0</td>
<td>$37</td>
<td>$3.3</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>FY</th>
<th>Total Revenue</th>
<th>Operating Revenue</th>
<th>Non-Operating Revenue</th>
<th>Costs</th>
<th>Total Profit/Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$60</td>
<td>$60</td>
<td>$0</td>
<td>$58</td>
<td>$2.8</td>
</tr>
<tr>
<td>2015</td>
<td>$59</td>
<td>$59</td>
<td>$0</td>
<td>$59</td>
<td>-$0.2</td>
</tr>
<tr>
<td>2016</td>
<td>$59</td>
<td>$58</td>
<td>$1</td>
<td>$57</td>
<td>$2.5</td>
</tr>
<tr>
<td>2017</td>
<td>$58</td>
<td>$59</td>
<td>-$1</td>
<td>$59</td>
<td>-$1.2</td>
</tr>
<tr>
<td>2018</td>
<td>$62</td>
<td>$62</td>
<td>$0</td>
<td>$63</td>
<td>-$0.3</td>
</tr>
</tbody>
</table>
Hebrew Rehabilitation Hospital is a non-profit specialty hospital located in Boston. It specializes in providing hospital and community health care services to geriatric patients. It provides long-term acute, rehabilitative, outpatient, adult day health, and home health care services. It is also the healthcare facility for Hebrew SeniorLife provider organization, a provider of elder care. Between FY14 and FY18, inpatient days decreased 3.9%, and outpatient visits increased 41.2%. During each year in this five year period, Hebrew Rehabilitation has reported a loss, including a -4.0% total margin in FY18.

Hebrew Rehabilitation Hospital
Boston, MA

At a Glance

<table>
<thead>
<tr>
<th>Metric</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Staffed beds:</td>
<td>717</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Occupancy:</td>
<td>89.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Discharges:</td>
<td>1,248</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Payer Mix:</td>
<td>82.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax Status:</td>
<td>non-profit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Net Revenue:</td>
<td>$118,756,750</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Payer Mix

<table>
<thead>
<tr>
<th>Group</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Gross Revenue:</td>
<td>96%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in Ownership (FY14-FY18)</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Non-Acute Hospital</td>
<td>23%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial &amp; Other</td>
<td>17%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Programs</td>
<td>55%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare and Other Government</td>
<td>28%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>FY</th>
<th>Total Revenue</th>
<th>Operating Revenue</th>
<th>Non-Operating Revenue</th>
<th>Costs</th>
<th>Total Profit/Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$116</td>
<td>$116</td>
<td>$0</td>
<td>$125</td>
<td>-$8.7</td>
</tr>
<tr>
<td>2015</td>
<td>$120</td>
<td>$119</td>
<td>$0</td>
<td>$128</td>
<td>-$8.5</td>
</tr>
<tr>
<td>2016</td>
<td>$120</td>
<td>$120</td>
<td>$0</td>
<td>$131</td>
<td>-$11.5</td>
</tr>
<tr>
<td>2017</td>
<td>$119</td>
<td>$118</td>
<td>$1</td>
<td>$127</td>
<td>-$8.8</td>
</tr>
<tr>
<td>2018</td>
<td>$122</td>
<td>$121</td>
<td>$1</td>
<td>$127</td>
<td>-$4.9</td>
</tr>
</tbody>
</table>

For descriptions of the metrics, please see Technical Appendix.
The Department of Mental Health (DMH) operates five hospitals that provide psychiatric and mental health care for those with otherwise limited access to facilities providing such care. The department operates Cape Cod & Islands Mental Health Center, Corrigan Mental Health Center, Solomon Carter Fuller Mental Health Center, Taunton State Hospital, and Worcester State Hospital. Cape Cod & Islands provides inpatient and outpatient psychiatric care. Corrigan offers inpatient and outpatient treatment, crisis counseling, and emergency psychiatric services. Solomon Fuller provides emergency and crisis care for adult and youth patients. Taunton Hospital offers a youth residential program, addiction and substance abuse program, and psychiatric services. Worcester State offers a mental health center for adult and youth patients.

### Hospitals in Cohort:
- Cape Cod & Islands Community Mental Health Center
- Corrigan Mental Health Center
- Solomon Carter Fuller Mental Health Center
- Taunton State Hospital
- Worcester State Hospital

### At a Glance

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Staffed Beds</td>
<td>427</td>
</tr>
<tr>
<td>Total Outpatient Visits</td>
<td>6,744</td>
</tr>
<tr>
<td>Median % Occupancy</td>
<td>95.8%</td>
</tr>
<tr>
<td>Median Average Length of Stay in Days</td>
<td>68.9</td>
</tr>
<tr>
<td>Total Inpatient Days</td>
<td>147,919</td>
</tr>
<tr>
<td>Average Public Payer Mix</td>
<td>76.4%</td>
</tr>
<tr>
<td>Total Inpatient Discharges</td>
<td>1,138</td>
</tr>
<tr>
<td>Total Gross Patient Service Revenue</td>
<td>$180 million</td>
</tr>
</tbody>
</table>

### Services

**What proportion of total discharges was attributed to each of the hospitals in FY18?**

- Cape Cod Islands DMH: 141
- Corrigan DMH: 56
- Solomon Fuller DMH: 310
- Taunton DMH: 27
- Worcester DMH: 604

### Utilization

**How has the volume of the inpatient days changed compared to FY14?**

### For descriptions of the metrics, please see Technical Appendix.
<table>
<thead>
<tr>
<th>Volume of Inpatient Days</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cape Cod Islands DMH</td>
<td>5,782</td>
<td>5,781</td>
<td>5,754</td>
<td>5,773</td>
<td>5,786</td>
</tr>
<tr>
<td>Corrigan DMH</td>
<td>5,727</td>
<td>5,640</td>
<td>5,636</td>
<td>5,255</td>
<td>3,860</td>
</tr>
<tr>
<td>Solomon Fuller DMH</td>
<td>21,417</td>
<td>21,317</td>
<td>21,223</td>
<td>21,453</td>
<td>20,989</td>
</tr>
<tr>
<td>Taunton DMH</td>
<td>15,707</td>
<td>16,304</td>
<td>17,182</td>
<td>17,126</td>
<td>16,065</td>
</tr>
<tr>
<td>Worcester DMH</td>
<td>83,757</td>
<td>90,550</td>
<td>101,522</td>
<td>102,018</td>
<td>101,219</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average Length of Stay (Days)</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cape Cod Islands DMH</td>
<td>35.0</td>
<td>30.8</td>
<td>36.0</td>
<td>34.6</td>
<td>41.0</td>
</tr>
<tr>
<td>Corrigan DMH</td>
<td>33.9</td>
<td>31.3</td>
<td>31.0</td>
<td>41.4</td>
<td>68.9</td>
</tr>
<tr>
<td>Solomon Fuller DMH</td>
<td>77.3</td>
<td>76.7</td>
<td>68.5</td>
<td>71.8</td>
<td>67.7</td>
</tr>
<tr>
<td>Taunton DMH</td>
<td>374.0</td>
<td>382.2</td>
<td>419.1</td>
<td>519.0</td>
<td>595.0</td>
</tr>
<tr>
<td>Worcester DMH</td>
<td>164.6</td>
<td>160.0</td>
<td>156.7</td>
<td>173.5</td>
<td>167.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Volume of Outpatient Visits</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cape Cod Islands DMH</td>
<td>5,473</td>
<td>5,364</td>
<td>4,874</td>
<td>4,956</td>
<td>3,041</td>
</tr>
<tr>
<td>Corrigan DMH</td>
<td>10,616</td>
<td>9,963</td>
<td>9,288</td>
<td>7,710</td>
<td>3,703</td>
</tr>
<tr>
<td>Solomon Fuller DMH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Taunton DMH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Worcester DMH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of Occupancy</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cape Cod Islands DMH</td>
<td>99.0</td>
<td>99.0</td>
<td>98.3</td>
<td>98.9</td>
<td>99.1</td>
</tr>
<tr>
<td>Corrigan DMH</td>
<td>98.1</td>
<td>96.6</td>
<td>96.2</td>
<td>90.0</td>
<td>66.1</td>
</tr>
<tr>
<td>Solomon Fuller DMH</td>
<td>97.8</td>
<td>97.3</td>
<td>96.6</td>
<td>98.0</td>
<td>95.8</td>
</tr>
<tr>
<td>Taunton DMH</td>
<td>95.6</td>
<td>99.3</td>
<td>104.1</td>
<td>104.3</td>
<td>97.8</td>
</tr>
<tr>
<td>Worcester DMH</td>
<td>96.4</td>
<td>95.4</td>
<td>95.7</td>
<td>96.4</td>
<td>95.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Staffed Beds</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cape Cod Islands DMH</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Corrigan DMH</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Solomon Fuller DMH</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>Taunton DMH</td>
<td>45</td>
<td>45</td>
<td>45</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>Worcester DMH</td>
<td>238</td>
<td>260</td>
<td>290</td>
<td>290</td>
<td>290</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Net Patient Service Revenue (Thousands)</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cape Cod Islands DMH</td>
<td>$6,058</td>
<td>$6,832</td>
<td>$6,136</td>
<td>$7,249</td>
<td>$6,368</td>
</tr>
<tr>
<td>Corrigan DMH</td>
<td>$5,931</td>
<td>$7,286</td>
<td>$7,111</td>
<td>$7,314</td>
<td>$5,724</td>
</tr>
<tr>
<td>Solomon Fuller DMH</td>
<td>$4,939</td>
<td>$5,035</td>
<td>$5,272</td>
<td>$5,107</td>
<td>$12,856</td>
</tr>
<tr>
<td>Taunton DMH</td>
<td>$2,250</td>
<td>$2,409</td>
<td>$2,549</td>
<td>$2,626</td>
<td>$11,944</td>
</tr>
<tr>
<td>Worcester DMH</td>
<td>$22,961</td>
<td>$28,382</td>
<td>$27,232</td>
<td>$25,837</td>
<td>$68,319</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Utilization Trends</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2018 Hospital Profile</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEPARTMENT OF MENTAL HEALTH HOSPITALS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of Occupancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Department of Public Health (DPH) operates four multi-specialty hospitals that provide acute and chronic care to those for whom community facilities are not available or access to health care is restricted. The department operates Lemuel Shattuck Hospital, Pappas Rehabilitation Hospital for Children, Tewksbury Hospital, and Western Mass Hospital. Lemuel Shattuck provides acute, subacute, and ambulatory care. Tewksbury Hospital provides both medical and psychiatric services to challenging adult patients with chronic conditions. The Pappas Rehabilitation Hospital for Children serves children with birth defects and severe physical disabilities, many of whom reside there. Western Massachusetts Hospital is a long term medical and specialty care hospital.

### Hospitals in Cohort:
- Lemuel Shattuck Hospital
- Pappas Rehabilitation Hospital for Children
- Tewksbury Hospital
- Western Massachusetts Hospital

### At a Glance

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Staffed Beds</td>
<td>967</td>
</tr>
<tr>
<td>Median % Occupancy</td>
<td>75.8%</td>
</tr>
<tr>
<td>Total Inpatient Days</td>
<td>250,351</td>
</tr>
<tr>
<td>Median Average Length of Stay in Days</td>
<td>273.5</td>
</tr>
<tr>
<td>Total Inpatient Discharges</td>
<td>2,025</td>
</tr>
<tr>
<td>Total Outpatient Visits</td>
<td>15,939</td>
</tr>
<tr>
<td>Average Public Payer Mix</td>
<td>85.1%</td>
</tr>
<tr>
<td>Total Gross Patient Service Revenue</td>
<td>$299 million</td>
</tr>
</tbody>
</table>

### Services

**What proportion of total discharges was attributed to each of the hospitals in FY18?**

- Pappas DPH: 15%
- Tewksbury DPH: 82%
- Western MA DPH: 3%
- Lemuel Shattuck DPH: 0%

**What was the average payer mix (gross revenues) in FY18?**

- Commercial & Other: 15%
- State Programs: 82%
- Medicare and Other Government: 3%

### Utilization

**How has the volume of the inpatient days changed compared to FY14?**

- FY14: 270,000
- FY15: 260,000
- FY16: 250,000
- FY17: 240,000
- FY18: 230,000

**How has the median average length of stay (ALOS) changed compared to FY14?**

- FY14: 240
- FY15: 250
- FY16: 260
- FY17: 270
- FY18: 280

For descriptions of the metrics, please see Technical Appendix.
### Utilization Trends

#### Volume of Inpatient Days

<table>
<thead>
<tr>
<th></th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lemuel Shattuck DPH</td>
<td>83,739</td>
<td>82,530</td>
<td>82,271</td>
<td>83,115</td>
<td>79,567</td>
</tr>
<tr>
<td>Pappas DPH</td>
<td>20,745</td>
<td>21,122</td>
<td>21,849</td>
<td>21,336</td>
<td>19,953</td>
</tr>
<tr>
<td>Tewksbury DPH</td>
<td>131,494</td>
<td>129,527</td>
<td>125,147</td>
<td>126,256</td>
<td>124,386</td>
</tr>
<tr>
<td>Western MA DPH</td>
<td>26,734</td>
<td>31,329</td>
<td>28,642</td>
<td>27,942</td>
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#### Average Length of Stay (Days)

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<tr>
<th></th>
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<tr>
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#### Volume of Outpatient Visits

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</thead>
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<tr>
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#### Percentage of Occupancy

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<tr>
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</thead>
<tbody>
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<td>68.3</td>
</tr>
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<td>Tewksbury DPH</td>
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<td>65.7</td>
<td>63.3</td>
<td>64.1</td>
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</tr>
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#### Total Net Patient Service Revenue (Thousands)

<table>
<thead>
<tr>
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<th>FY18</th>
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</thead>
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<tr>
<td>Lemuel Shattuck DPH</td>
<td>$57,591</td>
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<td>Pappas DPH</td>
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<td>Tewksbury DPH</td>
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<td>$76,960</td>
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<td>Western MA DPH</td>
<td>$20,585</td>
<td>$25,059</td>
<td>$24,537</td>
<td>$24,429</td>
<td>$24,880</td>
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</table>
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Introduction

Acute and non-acute hospitals included in *Massachusetts Hospital Profiles - Data through Fiscal Year 2018* were profiled on service, payer mix, quality, utilization, revenue, and financial performance. Details for each of these metrics are included in this technical appendix.

The Center for Health Information and Analysis (CHIA) relied on the following primary data sources to present information: the Hospital Cost Report, the Hospital Discharge Database (HDD), and the Hospital Standardized Financial Statement database.

Unless otherwise noted, metrics included in this report are based on data reported by acute and non-acute hospitals from Fiscal Year (FY) 2014 to FY2018. Descriptive acute and non-acute hospital information is from FY2018.

**Hospital Cost Report:**
The Hospital Cost Report is submitted each year by acute and non-acute hospitals and contains data on costs, revenues, and utilization statistics. For FY2014 acute hospitals were required to complete the Cost Report based on a fiscal year end of September 30 regardless of their actual fiscal year end. Beginning in FY2015, the new Hospital Cost Report requires hospitals to submit based on the same time frames as the Medicare 2552 Cost Report filing schedules, which reflects the unique fiscal year end of each hospital.

**Hospital Discharge Database (HDD):**
HDD data is submitted quarterly by acute hospitals and contains patient-level data identifying charges, days, and diagnostic information for all acute inpatient discharges. CHIA used FY2018 HDD data as of August 2019 for the service metrics, which includes discharges between October 1, 2017 and September 30, 2018 for all acute hospitals.

**Hospital Standardized Financial Statements:**
The Hospital Standardized Financial Statements are submitted quarterly and annually by acute hospitals based on their individual fiscal year end. The Standardized Financial Statements contain information on the hospital’s assets, liabilities, revenues, expenses, and profits or losses. They reflect only the hospital’s financial information; they do not reflect financial information for any larger health system with which a hospital may be affiliated.

**Audited Financial Statements:**
Audited Financial Statements are submitted annually by hospitals (or their parent organizations, if applicable). In addition to the financial figures that are found in the Hospital Standardized Financial Statements, the Audited Financial Statements contain an opinion from an independent auditor as well as notes from hospital or system management that elaborate on the financial performance and standing of the hospital or system during the fiscal year.

**Quality Data Sources:**
To compile the hospital quality measures, CHIA relied on the following primary data sources: HDD, the Centers for Medicare & Medicaid Services (CMS) Hospital Compare database, and The Leapfrog Group.

**Data Verification:**
Each year’s Hospital Cost Report, hospital and multi-acute hospital system financial statements, Relative Price, and quality data reports were verified in accordance with respective reporting regulation requirements. Additional data verification forms that included each hospital’s reported financial data were sent to each acute and non-acute hospital for FY2014-FY2018.
An **acute hospital** is a hospital that is licensed by the Massachusetts Department of Public Health and contains a majority of medical-surgical, pediatric, obstetric, and maternity beds.

**Multi-Acute Hospital System Affiliation and Location**

Massachusetts hospitals are generally affiliated with a larger health system. Health systems may include multiple hospitals and/or provider organizations while others may have only one hospital with associated providers or provider organizations. Multi-acute hospital system membership identifies those health systems with more than one acute hospital. This information was derived from Audited Financial Statements.

Below is a list of Massachusetts multi-acute hospital systems and their acute hospital members as of the end of each system’s fiscal year 2018:

<table>
<thead>
<tr>
<th>MULTI-ACUTE HOSPITAL SYSTEM</th>
<th>ACUTE HOSPITAL MEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baystate Health</td>
<td>Baystate Franklin Medical Center</td>
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<tr>
<td></td>
<td>Baystate Medical Center</td>
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<td></td>
<td>Baystate Noble</td>
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<tr>
<td></td>
<td>Baystate Wing Hospital</td>
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<tr>
<td>Berkshire Health Systems</td>
<td>Berkshire Medical Center</td>
</tr>
<tr>
<td></td>
<td>Fairview Hospital</td>
</tr>
<tr>
<td>Cape Cod Healthcare</td>
<td>Cape Cod Hospital</td>
</tr>
<tr>
<td></td>
<td>Falmouth Hospital</td>
</tr>
<tr>
<td>CareGroup</td>
<td>Beth Israel Deaconess Hospital – Milton</td>
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<tr>
<td></td>
<td>Beth Israel Deaconess Hospital – Needham</td>
</tr>
<tr>
<td></td>
<td>Beth Israel Deaconess Hospital – Plymouth</td>
</tr>
<tr>
<td></td>
<td>Beth Israel Deaconess Medical Center</td>
</tr>
<tr>
<td></td>
<td>Mount Auburn Hospital</td>
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<tr>
<td></td>
<td>New England Baptist Hospital</td>
</tr>
<tr>
<td>Heywood Healthcare</td>
<td>Athol Hospital</td>
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<tr>
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<td>Heywood Hospital</td>
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<tr>
<td>Lahey Health System</td>
<td>Lahey Hospital &amp; Medical Center</td>
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<tr>
<td></td>
<td>Northeast Hospital</td>
</tr>
<tr>
<td></td>
<td>Winchester Hospital</td>
</tr>
<tr>
<td>Partners HealthCare System</td>
<td>Brigham and Women’s Hospital</td>
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<tr>
<td></td>
<td>Brigham and Women’s Faulkner Hospital</td>
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<td></td>
<td>Cooley Dickinson Hospital</td>
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<td></td>
<td>Martha’s Vineyard Hospital</td>
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<td></td>
<td>Massachusetts Eye and Ear Infirmary</td>
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<td></td>
<td>Massachusetts General Hospital</td>
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<td></td>
<td>Nantucket Cottage Hospital</td>
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<td></td>
<td>Newton-Wellesley Hospital</td>
</tr>
<tr>
<td></td>
<td>North Shore Medical Center</td>
</tr>
</tbody>
</table>
### Regional Definitions

The location for each acute hospital in this report was obtained, where possible, from hospital licensing information collected by the Massachusetts Department of Public Health (DPH). The hospital license includes information on a hospital’s campuses and satellite offices.

The geographic regions presented in this report are derived from the Health Policy Commission (HPC) static geographic regions. The HPC regions were rolled up into larger regions for this publication to facilitate better comparison within each geographic area. The acute hospitals and the regions to which they were assigned are:

<table>
<thead>
<tr>
<th>MASSACHUSETTS REGION</th>
<th>ACUTE HOSPITAL ASSIGNED TO REGION</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td></td>
<td>Beth Israel Deaconess Hospital – Needham</td>
</tr>
<tr>
<td></td>
<td>Beth Israel Deaconess Medical Center</td>
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<td></td>
<td>Boston Children’s Hospital</td>
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<td>Boston Medical Center</td>
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<tr>
<td></td>
<td>Brigham and Women’s Faulkner Hospital</td>
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<tr>
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<td>Dana-Farber Cancer Institute</td>
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<tr>
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<td>Massachusetts Eye and Ear Infirmary</td>
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<td>Massachusetts General Hospital</td>
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<td>MASSACHUSETTS REGION</td>
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<tr>
<td></td>
<td>MelroseWakefield Hospital</td>
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<td></td>
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<td></td>
<td>Newton-Wellesley Hospital</td>
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<tr>
<td></td>
<td>Shriners Hospitals for Children – Boston</td>
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<tr>
<td></td>
<td>Steward Carney Hospital</td>
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<tr>
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<td>Steward St. Elizabeth’s Medical Center</td>
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<td>Tufts Medical Center</td>
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<tr>
<td>Northeastern Massachusetts</td>
<td>Anna Jaques Hospital</td>
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<td>Emerson Hospital</td>
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<td></td>
<td>Lahey Hospital &amp; Medical Center</td>
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<td></td>
<td>Lawrence General Hospital</td>
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<td></td>
<td>Lowell General Hospital</td>
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<td></td>
<td>Nashoba Valley Medical Center, A Steward Family Hospital</td>
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<td></td>
<td>North Shore Medical Center</td>
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<td>Northeast Hospital</td>
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<td></td>
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<td></td>
<td>South Shore Hospital</td>
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<tr>
<td>Southcoast</td>
<td>Steward Saint Anne’s Hospital</td>
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<tr>
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</table>


Special Designations

Certain acute hospitals in Massachusetts have a special status among public payers due to their rural or relatively isolated locations:

**Critical Access Hospital** is a state designation given to hospitals that have no more than 25 acute beds, are located in a rural area, and are more than a 35-mile drive from the nearest hospital or more than a 15-mile drive in areas with mountainous terrains or secondary roads.\(^1\) Critical Access Hospitals receive cost-based payments from Medicare and MassHealth.

**Sole Community Hospital** is a Medicare designation given to hospitals that are located in rural areas or are located in areas where it is difficult to access another hospital quickly. These hospitals are eligible to receive higher inpatient payments from Medicare than other hospitals.

---

\(^1\) In addition, Critical Access Hospitals include hospitals that were, prior to January 1, 2006, designated by the State as a "necessary provider" of health care services to residents in the area. There are additional requirements to be designated as a Critical Access Hospital, including length of stay requirements, staffing requirements, and other provisions. See Code of Federal Regulations: 42 CFR 485.601-647.
**Hospital Types**

In order to develop comparative analytics, CHIA assigned hospitals to peer cohorts. The acute hospitals were assigned to one of the following cohorts according to the criteria below:

**Academic Medical Centers (AMCs)** are a subset of teaching hospitals. AMCs are characterized by (1) extensive research and teaching programs and (2) extensive resources for tertiary and quaternary care, and are (3) principal teaching hospitals for their respective medical schools and (4) full service hospitals with case mix intensity greater than 5% above the statewide average.

**Teaching hospitals** are those hospitals that report at least 25 full-time equivalent medical school residents per one hundred inpatient beds in accordance with Medicare Payment Advisory Commission (MedPAC) and do not meet the criteria to be classified as AMCs.

**Community hospitals** are hospitals that are not teaching hospitals and have a public payer mix of less than 63%.

**Community - High Public Payer (HPP)** are community hospitals that are disproportionately reliant on public revenues by virtue of a public payer mix of 63% or greater. Public payers include Medicare, Medicaid, and other government payers, including the Health Safety Net.

**Specialty hospitals** are not included in any cohort comparison analysis due the unique patient populations they serve and/or the unique sets of services they provide.

We are using the FY2018 Cohort Designations. Below is a list of acute hospital cohorts and the hospitals assigned to each, based on FY18 data (with the exception of Teaching which is based on FY2017 to be consistent with the Massachusetts Acute Hospital and Health System Financial Performance: FY 2018 Published in September 2019):

<table>
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<tr>
<th>COHORT DESIGNATION</th>
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<td>Massachusetts General Hospital</td>
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<td>UMass Memorial Medical Center</td>
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<td>Mount Auburn Hospital</td>
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<td>Saint Vincent Hospital</td>
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<tr>
<td>Community</td>
<td>Anna Jaques Hospital</td>
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<td></td>
<td>Beth Israel Deaconess Hospital – Milton</td>
</tr>
<tr>
<td></td>
<td>Beth Israel Deaconess Hospital – Needham</td>
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<tr>
<td></td>
<td>Brigham and Women’s Faulkner Hospital</td>
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<td></td>
<td>Cooley Dickinson Hospital</td>
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<td>Emerson Hospital</td>
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<tr>
<td>COHORT DESIGNATION</td>
<td>ACUTE HOSPITAL</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Martha’s Vineyard Hospital</td>
<td>Milford Regional Medical Center</td>
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<tr>
<td>Nantucket Cottage Hospital</td>
<td>Newton-Wellesley Hospital</td>
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<tr>
<td>South Shore Hospital</td>
<td>Winchester Hospital</td>
</tr>
<tr>
<td>Athol Hospital</td>
<td>Baystate Franklin Medical Center</td>
</tr>
<tr>
<td>Baystate Noble Hospital</td>
<td>Baystate Wing Hospital</td>
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<tr>
<td>Berkshire Medical Center</td>
<td>Beth Israel Deaconess Hospital – Plymouth</td>
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<tr>
<td>Cape Cod Hospital</td>
<td>Fairview Hospital</td>
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<td>Falmouth Hospital</td>
<td>Harrington Memorial Hospital</td>
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<tr>
<td>HealthAlliance-Clinton Hospital</td>
<td>Heywood Hospital</td>
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<tr>
<td>Holyoke Medical Center</td>
<td>Lawrence General Hospital</td>
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<tr>
<td>Lowell General Hospital</td>
<td>Marlborough Hospital</td>
</tr>
<tr>
<td>MelroseWakefield Hospital</td>
<td>Mercy Medical Center</td>
</tr>
<tr>
<td>MetroWest Medical Center</td>
<td>Morton Hospital, A Steward Family Hospital</td>
</tr>
<tr>
<td>Nashoba Valley Medical Center, A Steward Family Hospital</td>
<td>North Shore Medical Center</td>
</tr>
<tr>
<td>Northeast Hospital</td>
<td>Signature Healthcare Brockton Hospital</td>
</tr>
<tr>
<td>Southcoast Hospitals Group</td>
<td>Steward Good Samaritan Medical Center</td>
</tr>
<tr>
<td>Steward Holy Family Hospital</td>
<td>Steward Norwood Hospital</td>
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<tr>
<td>Sturdy Memorial Hospital</td>
<td>Steward Saint Anne’s Hospital</td>
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<tr>
<td>Boston Children’s Hospital</td>
<td>Dana-Farber Cancer Institute</td>
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<tr>
<td>Massachusetts Eye and Ear Infirmary</td>
<td>New England Baptist Hospital</td>
</tr>
<tr>
<td>Shriners Hospitals for Children – Boston</td>
<td>Shriners Hospitals for Children – Springfield</td>
</tr>
</tbody>
</table>
At a Glance

**Hospital system affiliation** notes with which multi-acute hospital system, if any, the hospital is affiliated.

**Hospital system surplus (loss)** is the hospital system’s profit/loss in FY 2018.

**Change in ownership** notes change in ownership during the period of the analysis.

**Total staffed beds** are the average number of beds during the fiscal year that were in service and staffed for patient use.

**Inpatient occupancy rate** is the average percent of staffed inpatient beds occupied during the reporting period. Percentage of occupancy is calculated as follows: Inpatient Days divided by Weighted Average Staffed Beds times 365 (or the number of days in the reporting period).

**Special public funding** indicates whether the hospital received Infrastructure and Capacity Building (ICB), Community Hospitals Acceleration, Revitalization and Transformation (CHART), or Health Care Innovation Investment (HCII) grants. Special public funding is grant money given to hospitals by the state or federal government. The amounts listed may be total grant allocations that will be disbursed over a period of time, or a portion of a grant that was disbursed in FY18. For more information please see the Special Public Funding notes contained in Appendix D.

**Trauma Center designation** is determined by the Massachusetts Department of Public Health and the American College of Surgeons, with Level 1 being the highest designation given to tertiary care facilities. Facilities can be designated as Adult and/or Pediatric Trauma Centers. While there are five levels of trauma center designations recognized nationally, Massachusetts hospitals only fall under Levels 1, 2, and 3 for Adult and/or Levels 1 and 2 for Pediatric.

- **Level 1 Trauma Center** is a comprehensive regional resource that is a tertiary care facility central to the trauma system. A Level 1 Trauma Center is capable of providing total care for every aspect of injury, from prevention through rehabilitation.

- **Level 2 Trauma Center** is able to initiate definitive care for all injured patients, and provide 24-hour immediate coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care.

- **Level 3 Trauma Center** has demonstrated an ability to provide prompt assessment, resuscitation, surgery, intensive care and stabilization of injured patients and emergency operations, including the ability to provide 24-hour immediate coverage by emergency medicine physicians and prompt availability of general surgeons and anesthesiologists.

**Case mix index (CMI)** is a relative value assigned to the hospital’s mix of inpatients to determine the overall acuity of the hospital’s patients and is compared with the CMI of peer hospitals and the statewide average CMI. CHIA calculated each hospital’s CMI by applying the 3M™ All Patient Refined (APR) grouper, version 30 with Massachusetts-specific baseline cost weights to each hospital’s HDD data. Hospitals validate their HDD data submissions annually with CHIA.

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2 American Trauma Society, Trauma Center Levels Explained. Available at: [http://www.amtrauma.org/?page=TraumaLevels](http://www.amtrauma.org/?page=TraumaLevels) (last accessed October 6, 2017).
The APR grouper and Massachusetts-specific baseline cost weights used in this year’s publication are consistent with those used in last year’s publication. All case mix information included in this report has been grouped under APR grouper, version 30.

**Inpatient Net Patient Service Revenue (NPSR) per Case Mix Adjusted Discharge (CMAD)** measures the hospital’s NPSR divided by the product of the hospital’s discharges and its case mix index. NPSR includes both net inpatient revenue and inpatient premium revenue.

**Inpatient Net Revenue per CMAD** growth rate for each hospital was calculated by dividing the hospital’s Net Patient Service Revenue (NPSR) by the total CMADs.

**Inpatient – outpatient revenue** is derived from the amount of GPSR reported for inpatient and outpatient services in the Hospital Cost Report.

**Outpatient revenue** is the hospital’s reported net revenue for outpatient services. Net outpatient service revenue includes both net outpatient revenue and outpatient premium revenue.

**Outpatient Revenue** growth rate for each hospital represents the percent change in a hospital's reported net revenue for outpatient services. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume, severity or service mix.

**Total revenue** is the hospital’s total unrestricted revenue in FY 2018.

**Total surplus (loss)** is the hospital’s reported profit/loss in FY 2018.

**Public payer mix** is determined based upon the hospital’s reported Gross Patient Service Revenue (GPSR). See Payer Mix metric description in this appendix for more information. We are using the FY2018 GPSR.

**Calendar Year (CY) 2017 Commercial Statewide Relative Price** reflects a relativity calculated for a given provider across all commercial payers (statewide RP or “S-RP”). For more information on S-RP methodology, refer to [http://www.chiamass.gov/assets/docs/r/pubs/19/relative-price-methodology-paper.pdf](http://www.chiamass.gov/assets/docs/r/pubs/19/relative-price-methodology-paper.pdf)

**Top three commercial payers** represent those with the largest percentage share of total commercial payments at that hospital.

**Inpatient discharges** data was sourced from the Hospital Cost Report. See the Inpatient Discharge metric for more information.

**Inpatient discharges** growth rate for each hospital measures the percent change in discharges for inpatient admissions.

**Emergency department visits** include any visit by a patient to an emergency department that results in registration at the Emergency Department but does not result in an outpatient observation stay or the inpatient admission of the patient at the reporting facility. An Emergency Department visit occurs even if the only service provided to a registered patient is triage or screening.

**Emergency department visits** growth rate for each hospital measures the percent change in emergency department visits.
**Outpatient visits** are the total outpatient visits reported by the hospital. Note that outpatient visits may not be uniformly reported across hospitals. Where substantial increases / decreases were observed, hospitals were notified and afforded the opportunity to update the information provided. In most cases, hospitals provided explanations but did not revise their data.

**Outpatient visits** growth rate for each hospital measures the percent change in total outpatient visits to a hospital.

**Readmission rate** is calculated using the Hospital-Wide All-Cause Unplanned 30-day Readmission Measure developed by CMS and the Yale Center for Outcomes Research, and applied to the Massachusetts adult all-payer population. Readmissions are defined as an admission for any reason to the same or a different hospital within 30 days of a previous discharge. Obstetric, primary behavioral health, cancer, and rehabilitation discharges are excluded from the calculations. The raw readmissions rate is reported, which is the number of readmissions within 30 days divided by the total number of eligible discharges.

**Early elective deliveries rate** measures the proportion of deliveries that were completed between 37 to 39 weeks gestation without medical necessity, following an induction or cesarean section. Thirty-six acute hospitals reported data for this indicator. All data were received from The Leapfrog Group as pre-calculated percentages. The patient population represents all payers and all ages, and the data period was 2018. Participation in the Leapfrog survey is voluntary; where a hospital does not complete the survey or report on certain items in the survey, the measure is also not included in the profiles.
Acute Hospital Profiles: Services

**Most common inpatient diagnosis related groups (DRGs)** and the percentage of those DRGs treated at that hospital for the region.

- **Data Sources:** FY 2018 HDD data as of August 2019 and the 3M™ APR-DRG 30 All Patient Refined Grouper

- **Hospital Calculation:** Each discharge was grouped and ranked by DRG code. The subject hospital’s 10 most frequently occurring DRGs were identified and those DRGs were then summed for all hospitals in the region in order to calculate the percent of regional discharges that were treated at the subject hospital. The total number of the subject hospital’s discharges was compared to the sum of all hospital discharges in the region to determine the overall proportion of regional discharges.

For more information on DRGs, please see Appendix C.

**Most common communities** from where the hospital’s inpatient discharges originated, and the total percent of all discharges (from Massachusetts hospitals) from that community that went to that hospital.

- **Data Source:** FY 2018 HDD data as of August 2019 for discharge information; patient origin was determined by the zip codes from where the patients resided. In larger cities, the top communities may reflect postal code neighborhoods.

- **Hospital Calculation:** The zip code for each patient discharge was matched with the USPS community name, and then grouped and ranked. The most frequently occurring communities were then summed for all hospitals in the region to calculate the percent of community discharges that went to the subject hospital.

A hospital’s top communities by inpatient origin were determined using a hospital’s FY18 discharge data from the HDD. Patient origin was determined by the reported zip code for each patient’s residence. In larger cities, communities may include multiple zip codes. These zip codes were rolled up to reflect postal code neighborhoods based on the United States Postal Service Database. For more information on the zip codes included within each region, please see the databook.

For example, Boston zip codes were rolled up to the following designations: Boston (Downtown) includes: Back Bay, Beacon Hill, Downtown Boston, the Financial District, East Boston, Fenway/Kenmore, South Boston and South End. The remaining Boston communities with multiple zip codes were rolled up to these designations: Allston, Brighton, Charlestown, Dorchester, Dorchester Center, Hyde Park, Jamaica Plain, Mattapan, Mission Hill, Roslindale, Roxbury, and West Roxbury.

**Acute Hospital Profiles: Quality Measures**

To compile provider quality performance information, CHIA relied on the following primary data sources: CHIA’s Hospital Discharge Database (HDD), the Centers for Medicare and Medicaid Services (CMS) Hospital Compare database, and The Leapfrog Group. Metrics are based on varied data periods due to differences in reporting time frames across the data sources. For each metric, the associated reporting time period is listed.
Health Care-Associated Infections of three different types are reported:

1. Central Line-Associated Blood Stream Infections (CLABSI): This measure captures the observed rate of health care-associated central line-associated bloodstream infections among patients in an inpatient acute hospital, compared to the expected number of infections based on the hospital’s characteristics and case mix.

2. Catheter-Related Urinary Tract Infections (CAUTI): This measure captures the observed rate of health care-associated catheter-related urinary tract infections among patients in an inpatient acute hospital (excluding patients in Level II or III neonatal ICUs), compared to the expected number of infections based on the hospital’s characteristics and case mix.

3. Surgical Site Infections (SSI): Colon Surgery: This measure captures the observed rate of deep incisional primary or organ/space surgical site infections during the 30-day postoperative period following inpatient colon surgery, compared to the expected number of infections based on the hospital’s characteristics and case mix.

- **Data source:** CMS Hospital Compare
- **Data Period:** 2017-2018
- **Hospital Calculation:** These health care-associated infections are reported using the Standard Infection Ratio (SIR), which is the number of infections in a hospital compared to the number of expected infections. The SIR for CLABSI and CAUTI is risk adjusted for type of patient care locations, hospital affiliation with a medical school, and bed size. The SIR for SSI: Colon Surgery is risk adjusted for procedure-related factors, such as: duration of surgery, surgical wound class, use of endoscope, re-operation status, patient age, and patient assessment at time of anesthesiology.

  All SIRs for Health Care-Associated Infections are retrieved from CMS Hospital Compare as pre-calculated SIRs.

- **Cohort Calculation:** Not applicable
- **National Comparative:** CMS Hospital Compare
- **Patient Population:** All payers, Age 18+

Hospital Readmission rates are calculated using the Hospital-Wide All-Cause Unplanned 30-day Readmission Measure developed by CMS and the Yale Center for Outcomes Research, and applied to the Massachusetts adult all-payer population. Readmissions are defined as an admission for any reason to the same or a different hospital within 30 days of a previous discharge. Obstetric, primary behavioral health, cancer, and rehabilitation discharges are excluded from the calculations. The raw readmission rate is reported, which is the number of readmissions within 30 days divided by the total number of eligible discharges.

- **Data source:** CHIA’s Hospital Discharge Database
- **Data Period:** FY 2018
- **Hospital Calculation**: The raw readmission rate reflects the number of unplanned readmissions within 30 days divided by the total number of eligible discharges during the designated time period.

- **Cohort Calculation**: Not applicable

- **State Comparative**: The method yields a statewide readmission rate across all the Commonwealth’s acute-care hospitals for the designated time period.

- **Patient Population**: All payers, age 18+, excluding obstetric, primary psychiatric, cancer, and rehabilitation discharges.
Acute Hospital Profiles: Utilization Trends

Change in volume of inpatient discharges measures discharges for inpatient admissions.

- **Data Sources:**
  FY 2014, 403 Cost Report, Schedule 5a, Row 25, Column 2

  FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Line 47, Column 1


- **Cohort calculation:** Represents the percent change of total discharges across all hospitals in the cohort for each year. For example: Cohort for FY 2015 = (Sum of discharges at cohort hospitals in FY 2015-Sum of discharges at cohort hospitals in FY 2014)/Sum of discharges at cohort hospitals in FY 2014.

Change in volume of outpatient visits measures total outpatient visits to a hospital. Note that outpatient visits may not be uniformly reported across hospitals.

- **Data Sources:**
  FY 2014, 403 Cost Report, Schedule 5a, Row 39, Column 2

  FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Line 301, Column 1


- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY 2015 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

Acute Hospital Profiles: Patient Revenue Trends

Net inpatient service revenue per case mix adjusted discharge (CMAD) measures the hospital’s net inpatient service revenue (NPSR) divided by the product of the number of the hospital’s discharges and its case mix index. NPSR includes both net inpatient revenue and inpatient premium revenue.

- **Data Sources:** NPSR and discharges were sourced from the Massachusetts Hospital Cost Report; Case Mix Index (CMI) is sourced from HDD.

- **Hospital calculation:** The hospital’s inpatient net revenue per CMAD was calculated by dividing NPSR by the total CMAD for each year.

- **Cohort calculation:** The range of all revenue/CMAD values for cohort hospitals are represented by the vertical black line. The cohort value denotes the median revenue per CMAD for all cohort hospitals.
Variation in inpatient discharge counts:

Hospitals may report different numbers of discharges on the Hospital Cost Report and the HDD. Hospitals have explained that this is due to:

- **Timing** – while HDD is accurate when submitted (75 days after the close of a quarter), a case may be reclassified as outpatient, usually due to a change in payer designation. Payers may have different clinical criteria for defining an inpatient and outpatient stay.
- **HDD edits** – discharges reported by the hospital that did not pass HDD edits may have been excluded from the HDD but included in the Hospital Cost Report;
- Payer classification/status differences between the Hospital Cost Report and HDD;

Since a hospital’s case mix index is calculated using the HDD, which often includes a lower number of discharges than reported by the hospital on the Hospital Cost Report, the calculation of a hospital’s total case mix adjusted discharges equals the number of discharges reported on the Hospital Cost Report, multiplied by the case mix index.

**Change in total outpatient revenue** measures a hospital's reported net revenue for outpatient services. Net outpatient service revenue includes both net outpatient revenue and outpatient premium revenue. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume, severity or service mix.

- **Data Sources:**
  
  FY 2014, 403 Cost Report, Schedule 5a, Rows 78.01 (net outpatient revenue) + 78.02 (outpatient premium revenue), Column 2

  FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Line 209, Column 1

- **Hospital index calculation**: Displays the percent change between each year, using FY14 as the base year.
  

- **Cohort calculation**: Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY15= median of (% change for hospital A, % change for hospital B, % change for hospital C...)
Acute Hospital Profiles: Financial Performance

**Total Revenue, Total Costs and Profit / Loss** measure the amount of the subject hospital’s Total Revenue, Total Costs, and Total Profit or Loss for each year from 2014 through 2018.

- **Data Sources:** Financial Statements: The line numbers for each data point are as follows: Total Unrestricted Revenue (row 65), Operating Revenue (row 57.2), Non-Operating Revenue (row 64.1), Total Expenses (row 73), and Profit / Loss (row 74).

**Total Margin** measures the subject hospital’s overall financial performance compared to the median total margin of the hospitals in its peer cohort.

- **Data Sources:** Financial Statements: Excess of Revenue, Gains, & Other Support (row 74) divided by Total Unrestricted Revenue (row 65)
- **Cohort Calculation:** Calculated median for the cohort group.

**Operating Margin** measures the subject hospital’s financial performance of its primary, patient care activities compared to the median operating margin of the hospitals in its peer cohort.

- **Data Sources:** Financial Statements: Operating Revenue (row 57.2) minus Total Expenses (row 73) divided by Total Unrestricted Revenue (row 65)
- **Cohort Calculation:** Calculated median for the cohort group.

**Note:** Hospitals may have been assigned to different cohorts in previous years due to payer mix in that given year or other factors. To remain consistent in comparisons between cohorts across multiple years, hospitals were retroactively assigned to their FY 2018 cohort designations for all years examined. The number of hospitals included in a given cohort may vary from year to year due to hospital closures.

The acute hospital cohort profile measures the acute hospital cohorts as composites of the individual hospitals assigned to each cohort. In general, metrics were determined by aggregating the values of all hospitals assigned to the cohort. For comparison purposes, the individual cohorts are compared to one another and all hospitals statewide, including specialties. The analytic metrics are largely the same as the metrics used for the individual hospital profiles, except as noted below. Please see the descriptions and calculation methods described in the Acute Hospital Metric Description section for more information.

**Inpatient Severity Distribution** measures the percentage of a cohort’s discharges that falls into each statewide severity quintile. This metric provides a way to compare the severity levels of the cohort’s patients to those of other acute hospitals in Massachusetts.

- **Data Source:** Hospital Discharge Database (HDD) as of August 2019.
- **Data Period:** FY 2018

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3 Note that specialty hospitals are not assigned to any cohort due to their unique service mix and/or populations served.
Cohort Calculation: Every discharge in the state has a Diagnosis Related Group (DRG) code associated with it. Severity quintiles were determined by ranking all possible DRG outputs by case-weight. The cohort calculation shows the percentage of a cohort’s aggregate discharges that falls into each quintile. These proportions were then compared with the proportions of aggregated discharges by severity quintile for all hospitals assigned to other cohorts.

In cases where metrics were similar to the acute hospital profile metrics, data was aggregated to determine cohort measures. For example:

The most common inpatient DRGs for each subject cohort were determined by categorizing all of the hospitals’ discharges by cohort using the All Patient Refined Grouper (3M™ APR-DRG 30), which were then summed and ranked. Each of the subject cohort’s ten most frequently occurring DRGs were then divided by the statewide count per DRG to obtain the percent of discharges to the statewide total.

The cohort comparison metric for payer mix is different from comparisons among acute hospitals:

Payer mix was calculated differently from other measures due to the fact that the underlying charges that comprise GPSR differ across hospitals. For this measure, the cohort payer mix was first calculated for each hospital assigned to the cohort in the manner described in the Acute Hospital Profiles section of this Appendix. The mean of the individual cohort hospital’s experience was determined and is displayed here. The same method was used to determine the trend in outpatient visits for comparison to all other cohort hospital. Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, chronic care facilities and state owned non-acute hospitals including department of mental health / public health hospitals.
Non-Acute Hospital Location and Multi-Hospital System Affiliations

The location for each non-acute hospital in this report was obtained, where possible, from hospital licensing information collected by DPH. The hospital license includes information on a hospital’s campuses and satellite offices.

Multi-hospital system membership identifies the health system with which the subject non-acute hospital is a member. This information was derived from the hospital’s Audited Financial Statements.

Below is a list of Massachusetts multi-hospital systems and their non-acute hospital members:

<table>
<thead>
<tr>
<th>MULTI-HOSPITAL SYSTEM</th>
<th>NON-ACUTE HOSPITAL MEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal Health Service</td>
<td>Arbour Hospital</td>
</tr>
<tr>
<td></td>
<td>Arbour-Fuller Memorial</td>
</tr>
<tr>
<td></td>
<td>Arbour-HRI Hospital</td>
</tr>
<tr>
<td></td>
<td>Westwood Pembroke Hospital</td>
</tr>
<tr>
<td>Encompass</td>
<td>Braintree Rehabilitation Hospital</td>
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<tr>
<td></td>
<td>HealthSouth Rehabilitation of Western MA</td>
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<tr>
<td></td>
<td>Fairlawn Rehabilitation Hospital</td>
</tr>
<tr>
<td></td>
<td>New England Rehabilitation Hospital</td>
</tr>
<tr>
<td>Partners Health Care System</td>
<td>McLean Hospital</td>
</tr>
<tr>
<td></td>
<td>Spaulding Rehabilitation Hospital Boston</td>
</tr>
<tr>
<td></td>
<td>Spaulding Rehabilitation Hospital Cape Cod</td>
</tr>
<tr>
<td></td>
<td>Spaulding Hospital Cambridge</td>
</tr>
<tr>
<td>Signature HealthCare</td>
<td>Westborough Behavioral Healthcare Hospital</td>
</tr>
<tr>
<td>Vibra HealthCare</td>
<td>Vibra Hospital of Western MA</td>
</tr>
<tr>
<td></td>
<td>New Bedford Rehabilitation Hospital</td>
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<tr>
<td>Steward Health Care System</td>
<td>New England Sinai Hospital</td>
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<tr>
<td>Whittier Health System</td>
<td>Whittier Pavilion</td>
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<tr>
<td></td>
<td>Whittier Rehabilitation Hospital Bradford</td>
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<tr>
<td></td>
<td>Whittier Rehabilitation Hospital Westborough</td>
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</tbody>
</table>
Non-Acute Hospital Cohorts

Non-acute hospitals were assigned to peer cohorts based upon MassHealth regulatory designations, defined by the criteria below:\(^4\):

**Psychiatric hospitals** are licensed by the DMH for psychiatric services, and by DPH for substance abuse services.

**Rehabilitation hospitals** provide intensive post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, the federal government classifies hospitals as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in federal regulations.\(^5\)

**Chronic care hospitals** are hospitals with an average length of stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator-dependent care. Medicare classifies chronic hospitals as Long-Term Care Hospitals, using the same 25-day threshold.

Non-acute specialty hospitals were not included in any cohort comparison analysis due to the unique patient populations they serve and/or the unique sets of services they provide. Non-acute hospitals that were considered specialty hospitals include:

- AdCare Hospital of Worcester - provides substance abuse services
- Franciscan Hospital for Children - provides specialized children’s services
- Hebrew Rehabilitation Hospital - specializes in providing longer term care than other chronic hospitals

**Department of Mental Health Hospitals** are state owned non-acute hospital provides psychiatric and mental health care for those with otherwise limited access to facilities providing such care.

**Department of Public Health Hospitals** are multi-specialty hospitals that provide acute and chronic care to those for whom community facilities are not available or access to health care is restricted.

Below is a list of non-acute hospital cohorts and the hospitals assigned to each:

<table>
<thead>
<tr>
<th>COHORT DESIGNATION</th>
<th>NON-ACUTE HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Hospitals</td>
<td>Arbour Hospital</td>
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<tr>
<td></td>
<td>Arbour-Fuller Memorial</td>
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<tr>
<td></td>
<td>Arbour-HRI Hospital</td>
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<tr>
<td></td>
<td>Bournewood Hospital</td>
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<tr>
<td></td>
<td>High Point Hospital</td>
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<tr>
<td></td>
<td>McLean Hospital</td>
</tr>
<tr>
<td></td>
<td>Southcoast Behavioral Hospital</td>
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<tr>
<td></td>
<td>Taravista Health Center</td>
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<tr>
<td></td>
<td>Walden Behavioral Care</td>
</tr>
</tbody>
</table>

\(^4\) State-owned non-acute hospitals are included in this publication started with the 2018 report.

\(^5\) Code of Federal Regulations: 42 CFR 412.29(b)(2)

\(^\wedge\) Westborough Behavioral Healthcare Hospital is a new provider in 2018
<table>
<thead>
<tr>
<th>COHORT DESIGNATION</th>
<th>NON-ACUTE HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Westborough Behavioral Healthcare Hospital^</td>
</tr>
<tr>
<td></td>
<td>Westwood Pembroke Hospital</td>
</tr>
<tr>
<td></td>
<td>Whittier Pavilion</td>
</tr>
<tr>
<td>Rehabilitation Hospitals</td>
<td>Braintree Rehabilitation Hospital</td>
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<tr>
<td></td>
<td>HealthSouth Fairlawn Rehabilitation Hospital</td>
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<tr>
<td></td>
<td>HealthSouth Rehabilitation Hospital of Western MA</td>
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<td></td>
<td>New Bedford Rehabilitation Hospital</td>
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<td></td>
<td>New England Rehabilitation Hospital</td>
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<td></td>
<td>Spaulding Rehabilitation Hospital Boston</td>
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<td></td>
<td>Spaulding Rehabilitation Hospital Cape Cod</td>
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<tr>
<td></td>
<td>Whittier Rehabilitation Hospital Bradford</td>
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<tr>
<td></td>
<td>Whittier Rehabilitation Hospital Westborough</td>
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<tr>
<td>Chronic Care Hospitals</td>
<td>Curahealth Stoughton</td>
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<tr>
<td></td>
<td>New England Sinai Hospital</td>
</tr>
<tr>
<td></td>
<td>Spaulding Hospital Cambridge</td>
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<tr>
<td></td>
<td>Vibra Hospital of Western MA</td>
</tr>
<tr>
<td>Specialty Non-Acute Hospitals</td>
<td>AdCare Hospital of Worcester</td>
</tr>
<tr>
<td></td>
<td>Franciscan Hospital for Children</td>
</tr>
<tr>
<td></td>
<td>Hebrew Rehabilitation Hospital</td>
</tr>
<tr>
<td>Department of Mental Health Hospitals</td>
<td>Cape Cod &amp; Islands Community Mental Health Center</td>
</tr>
<tr>
<td></td>
<td>Corrigan Mental Health Center</td>
</tr>
<tr>
<td></td>
<td>Solomon Carter Fuller Mental Health Center</td>
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<tr>
<td></td>
<td>Taunton State Hospital</td>
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<tr>
<td></td>
<td>Worcester State Hospital</td>
</tr>
<tr>
<td>Department of Public Health Hospitals</td>
<td>Lemuel Shattuck Hospital</td>
</tr>
<tr>
<td></td>
<td>Pappas Rehabilitation Hospital for Children</td>
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<tr>
<td></td>
<td>Tewksbury Hospital</td>
</tr>
<tr>
<td></td>
<td>Western Massachusetts Hospital</td>
</tr>
</tbody>
</table>

**Total staffed beds** are the average number of beds during the fiscal year that were in service and staffed for patient use. Beds ordinarily occupied for less than 24 hours are usually not included.

**Percent occupancy rate** is the median percent of staffed inpatient beds occupied during the reporting period. Percentage of occupancy is calculated as follows: Inpatient Days divided by Weighted Average Staffed Beds times 365 (or the number of days in the reporting period).

**Total inpatient days** include all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.
Total inpatient discharge information was sourced from Schedule 3 of the FY 2014 403 Cost Report and Tab 3 of the FY 2015 and subsequent years Massachusetts Hospital Cost Report.

Public payer mix was determined based upon the hospital’s reported GPSR. See Payer Mix metric description for more information.

Total revenue was sourced from the hospital’s Hospital Cost Report.

Inpatient – outpatient revenue is derived from the amount of GPSR reported for inpatient and outpatient services in the hospital’s Hospital Cost Report.
Non-Acute Hospital Profiles: Services

**Types of inpatient services** are defined by Discharges.

- **Data Sources:**
  FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 3, Column 5, Lines 1 to 19.

- **Hospital calculation:** Hospital’s absolute count of discharges by specific bed type.

- **Cohort calculation:** Hospital’s absolute discharge count divided by cohort’s total discharges by that specific bed type.

**Payer Mix** measures the distribution of total GPSR for across the major payer categories. This provides information regarding the proportion of services, as measured by gross charges, which a hospital provides to patients from each category of payer.

- **Data Sources:**
  FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Line 302, Column 2 through 13

- **Payer Category Definitions:** State Programs = Medicaid Managed + Medicaid Non-Managed + Health Safety Net (HSN); Federal Programs = Medicare Managed + Medicare Non-Managed + Other Government; Commercial & Other = Managed Care + Non-Managed Care + Self Pay + Workers Comp + Other + Connector Care. Dividing each of the above by Total GPSR results in the percentages displayed for each of the three categories.

- **Cohort Calculation:** Displays the mean of the percentages in each of the above payer categories across all hospitals in the cohort.

- **Average Hospital Calculation:** Displays the mean of the percentages in each of the payer categories to get each of the component percentages for the average non-acute hospital.
  - Note: “Average Hospital” group includes specialty hospitals.

**Change in Volume of Inpatient Days** includes all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

- **Data Sources:**
  FY 2014, 403 Cost Report, Schedule 3, Column 6, Row 22.
  FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 3, Column 4, Line 500

- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example Cohort for FY15 = median of (% change for hospital A, % change for hospital B, % change for hospital C…)

**Median Average Length of Stay (ALOS)** measures the average duration of an inpatient admission.

- **Data Sources:**
  

  FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 3, Column 8, Line 500


- This is plotted against the growth in median ALOS among all non-acute hospitals, including specialties, relative to FY 2014.
Non-Acute Hospital Profiles: Utilization

**Volume of Inpatient Days** includes all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

- **Data Sources:**
  FY 2014, 403 Cost Report, Schedule 3, Column 6, Row 22.
  FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 3, Column 4, Line 500

**Average Length of Stay (ALOS)** measures the average duration of an inpatient admission.

- **Data Sources:**
  FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 3, Column 8, Line 500

**Volume of Outpatient Visits** measures the total outpatient visits to a hospital.

- **Data Sources:**
  FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Column 1, Line 301
Non-Acute Hospital Profiles: Patient Revenue Trends

**Inpatient Revenue per Day** is the hospital’s net inpatient service revenue (NPSR) divided by its total inpatient days.

- **Data Sources:**
  - FY 2014, 403 Cost Report: NPSR was sourced from Schedule 5a, Column 2, Rows 65.01 (net inpatient revenue) and 65.02 (inpatient premium revenue). Inpatient days were sourced from Schedule 3, Column 6, Row 22 of the 403 Cost Report.
  
  FY 2015 and subsequent years: Massachusetts Hospital Cost Report: NPSR including premium revenue was sourced from Tab 5, Column 1, Line 208. Inpatient days were sourced from Tab 5, Column 1, Line 300.

**Total Outpatient Revenue** measures a hospital’s reported net revenue for outpatient services. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume. In addition, several non-acute hospitals do not provide outpatient services.

- **Data Sources:**
  - FY 2014, 403 Cost Report, Schedule 5a, Column 2, Rows 78.01 (net outpatient revenue) and 78.02 (outpatient premium revenue)
  
  FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Line 209 (outpatient NPSR including premium revenue)
Non-Acute Hospital Profiles: Financial Performance

**Operating Revenue, Total Revenue, Total Costs and Profit / Loss** displays the amount of each hospital’s Total Revenue, Operating Revenue, Total Costs, and Total Profit or Loss.

- **Data Sources:**
  - FY 2014, 403 Cost Report, Schedule 23B, Column 2, Total Unrestricted Revenue (Row 65), Operating Revenue (Rows 55 + 56 + 57 + 60 + 64, Total Expenses Row 73, Total Profit or Loss Row 74
  
  FY 2015 and subsequent years, Massachusetts Hospital Cost Report, Tab 11, Column 1, Total Unrestricted Revenue (Row 65), Total Expenses (Row 73), and Profit / Loss: (Row 74).

**Total Margin** measures the subject hospital’s overall financial performance.

- **Data Sources:**
  - FY 2014, 403 Cost Report, Schedule 23E, Row 173
  
  FY 2015 and subsequent years, Massachusetts Hospital Cost Report, Tab 11, Column 1, Line 74 (Excess of Revenue, Gains & other support Over Expenses) divided by Tab 11, Column 1, Line 65 (Total Unrestricted Revenue, Gains and Other Supports)

**Note:** Some for-profit hospitals are organized as S corporations. For-profit entities that are organized as S corporations, in accordance with Internal Revenue Code, do not pay federal income tax on their taxable income. Instead, the shareholders are liable for individual federal income taxes on their portion of the hospital’s taxable income. Therefore, these hospitals may have income that appears higher than hospitals organized as a C corporation, which are taxed separately from their owners.
Patient Origins

The Massachusetts Patient Origins map lets users identify the areas from which hospitals and hospital systems draw their patients by illustrating the distribution of hospital inpatient discharges in 2018 by patient zip code, for each acute care hospital and 11 hospital systems in Massachusetts.

Using the Hospital Inpatient Discharge Database (HIDD) Case Mix data, areas in dark blue represent ZIP codes with a high number of discharges, while light blue or gray areas represent ZIP codes with low numbers of discharges for each hospital or hospital system. Hospitals are shown as orange circles.

Please note that discharge densities are relative and hospital-specific; therefore it is not possible to directly compare the size and intensity of shaded areas across hospitals or hospital systems.

Notes about Patient Origins Map Data
Only Massachusetts ZIP codes are included in the map.

ZIP codes with fewer than 26 total discharges are not displayed to preserve data confidentiality.

Relative density scales are hospital-specific, and vary across hospitals and hospital systems (i.e., “high” and “low” densities may represent different discharge counts for different hospitals). Therefore, while it is possible to display multiple hospitals and/or systems at a time on the map, densities are not comparable and it is recommended that users select only one hospital or system at a time.

Shaded areas are positioned according to calculated center points (centroids) for each 5-digit ZIP Code. Points do not represent specific street addresses.

Dana-Farber Cancer Institute, Massachusetts Eye and Ear Infirmary, Shriners Hospitals for Children – Boston, and Shriners Hospitals for Children - Springfield are not depicted because all patient origin ZIP codes fell below the 26-discharge threshold.

Hospital system affiliations are based on arrangements as of September 2018.

Patient Origins Map Data Source
Hospital discharge data comes from the Hospital Inpatient Discharge Database (HIDD), Fiscal Year (FY) 2018. HDD data are submitted quarterly by acute hospitals. The HDD contains patient-level data—including zip code of residence—for all acute inpatient discharges. FY 2018 data includes information on discharges occurring between October 1, 2017 and September 30, 2018. Patient origin was determined by each patient’s reported zip code of residence. Discharges were totaled for each zip code in Massachusetts.

For additional information about acute care hospitals in Massachusetts, please see CHIA’s Acute Hospital Profiles. For information about patient discharges by ZIP code, please refer to the FY18 Patient Origins Databook.
Appendix A: Acute Hospitals

Baystate Mary Lane hospital merged with Baystate Wing hospital in FY 2016.

Beth Israel Deaconess Hospital - Plymouth (formerly Jordan Hospital) affiliated with Beth Israel Deaconess Medical Center effective January 1, 2014.

Beth Israel Lahey Health formed in March, 2019 including the following Hospitals: Addison Gilbert Hospital (Northeast), Anna Jaques Hospital, BayRidge Hospital (Northeast), Beth Israel Deaconess Hospital – Milton, Beth Israel Hospital – Needham, Beth Israel Hospital – Plymouth, Beth Israel Deaconess Medical Center, Beverly Hospital (Northeast), Lahey Hospital & Medical Center, Lahey Medical Center, Peabody, Mount Auburn Hospital, New England Baptist Hospital, and Winchester Hospital. This will be reflected in future reports.

Brigham and Women’s Hospital reported a 42% decrease in outpatient visits from 645,563 in FY2014 to 375,864 in FY2015. It was noted that outpatient revenue increased during this same period. The hospital indicated the discrepancy was related to a change in internal systems, and expects that future years will be consistent with FY2014.

Boston Medical Center
Outpatient metrics for Boston Medical Center (BMC) include information for the following freestanding community health centers:
- 1. East Boston Neighborhood Health Center
- 2. Codman Square Health Center
- 3. Dorchester House Multi-Service Center
- 4. South Boston Community Health Center

Boston Medical Center
The supplement payments from federal and state support are included in Net Patient Service Revenue (NPSR) in the calculation of Inpatient Net Patient Service Revenue per Case Mix Adjusted Discharge (CMAD).

Boston Medical Center
The FY2018 cost report includes the physician charges. Physician charges were not included in the Gross Patient Service Revenue (GPSR), Net Patient Service Revenue (NPSR), expenses or statistics of the cost reports in the prior years.

Cambridge Health Alliance
The supplement payments from federal and state support are included in NPSR in the calculation of Inpatient Net Patient Service Revenue (NPSR) per Case Mix Adjusted Discharge (CMAD). CHIA recalculated NPSR for the years FY2014 through FY2018 to include the supplemental payments from federal and state support.

Clinton Hospital merged with HealthAlliance Hospital effective October 1, 2017 to become HealthAlliance-Clinton Hospital.
Dana-Farber Cancer Institute had a substantial increase in the case mix index from 2.13 in FY2016 to 4.04 in FY2017. This increase was the result of the hospital performing more bone marrow transplants in FY2017. The case mix index in FY2018 was 3.28.

Massachusetts Eye and Ear Infirmary joined Partners Healthcare effective April 1, 2018.

MelroseWakefield Hospital was formally Hallmark Health.

Merrimack Valley Hospital, owned by Steward Health Care System, merged with Steward Holy Family Hospital, and became a campus of Steward Holy Family Hospital effective August 2014.

MetroWest Medical Center started included ancillary visits in outpatient visits in FY2015. Ancillary visits are consistently included in outpatient visits in the following years.

North Adams Regional Hospital announced on March 25, 2014 a closure of the hospital and related health care businesses effective March 28, 2014. The hospital building is now operating as a satellite emergency department for Berkshire Medical Center.

Noble Hospital was acquired by Baystate Health in June 2015. Noble Hospital was renamed Baystate Noble Hospital.

Quincy Medical Center closed on December 26, 2014. The hospital building is now operating as a satellite emergency department for Steward Carney Hospital.

Steward Health Care’s hospitals did not provide their audited financial statements, therefore the financial data is as reported or filed.

Shriners Hospitals for Children (both Boston and Springfield locations) began submitting data to CHIA in FY11.

South Shore Hospital reported revenue and total margin data for FY2015 that includes approximately $29 million in a non-operating, nonrecurring sale of investments transaction.

Wellforce - On October 20, 2014, Tufts Medical Center and Lowell General Hospital combined under a new parent company (Wellforce) and created a new multi-acute hospital system. Hallmark Health joined Wellforce in FY2017.

Winchester Hospital became a member of Lahey Health in July 2014.
Appendix B: Non-Acute Hospitals

**Spaulding Hospital Cambridge:** As of 2013, Spaulding Hospital Cambridge no longer provides Outpatient services.

**Bournewood Hospital** is a sub-chapter S corporation.

**Curahealth Hospitals.** All the Kindred Hospitals in Massachusetts were bought by Curahealth Hospitals in the Fall of 2016. Curahealth Boston and North Shore subsequently closed after approximately a year into new ownership. Curahealth Stoughton remains open.

**High Point Hospital** is a new psychiatric hospital opened in 2016.

**Radius Specialty Hospital** closed its Roxbury and Quincy rehabilitation facilities in October 2014

**Southcoast Behavioral Hospital** is a new psychiatric hospital opened in 2016.

**Taravista Health Center** is a new psychiatric hospital opened in 2017.

**Westborough Behavioral Healthcare Hospital** is a new psychiatric hospital opened in 2017.

**Westwood Pembroke Hospital,** Westwood Hospital was closed by the Department of Mental Health on 8/25/2017, the Pembroke Hospital site remains open.

**Whittier Pavilion** began providing outpatient services in FY14. FY14 outpatient data represents a partial year of operation for these services.

**Spaulding North Shore** discontinued inpatient operations as of July 31, 2015 and subsequently closed.
Appendix C: Diagnosis Related Groups

Diagnosis Related Groups (DRGs) are used to classify the patient illnesses a hospital treats.

The 10 most common DRGs for each hospital were determined by categorizing all of a hospital’s discharges into DRGs defined in the All Patient Refined Grouper (3M™ APR-DRG 30) and ranked by the total number of discharges. In most cases, it was necessary for CHIA to abbreviate the DRG name in order to fit the space available.

Below is a list of abbreviated DRG descriptions that appear in the report, and the full name and APR-DRG 30 code for each DRG.

<table>
<thead>
<tr>
<th>ABBREVIATED DESCRIPTION</th>
<th>DESCRIPTION</th>
<th>APR DRG V.30</th>
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<td>3rd Degree Brn w Skn Grft</td>
<td>Extensive 3rd Degree Burns w Skin Graft</td>
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<td>Acute Leukemia</td>
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<td>Adjustment Disorders &amp; Neuroses Except Depressive Diagnoses</td>
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<td>Alcohol &amp; Drug Dependence w Rehab Or Rehab/Detox Therapy</td>
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<td>Diverticulitis &amp; Diverticulosis</td>
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<td>Drug &amp; Alcohol Abuse Or Dependence, Left Against Medical Advice</td>
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<td>Eye Procedures Except Orbit</td>
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<td>Signs, Symptoms &amp; Other Factors Influencing Health Status</td>
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<td>Shoulder, Upper Arm &amp; Forearm Procedures</td>
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<tr>
<td>Vaginal Delivery</td>
<td>Vaginal Delivery</td>
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</tbody>
</table>
Appendix D: Special Public Funding

Infrastructure & Capacity Building (ICB) program is a federal and state-funded program administered by MassHealth to help hospitals transition to integrated delivery systems that provide more effective and cost-efficient care to patients in need.

The Community Hospital Acceleration, Revitalization, and Transformation Investment Program (CHART) is a four-year, $120M program funded by an industry assessment of select providers and insurers and administered by the Health Policy Commission that makes phased investments to promote efficient, effective care delivery in non-profit, non-teaching, lower cost community hospitals. For more information and amounts, see the Health Policy Commission website.

The Health Care Innovation Investment (HCII) program is a unique opportunity for Massachusetts providers, health plans, and their partners to implement innovative models that deliver better health and better care at a lower cost. Chapter 224 of the Acts of 2012, the state’s landmark cost containment law, established this competitive investment program to support health care innovation and transformation.
FY18 Massachusetts Acute Care Hospitals
(January 2020)

TECHNICAL APPENDIX

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Introduction

Acute and non-acute hospitals included in Massachusetts Hospital Profiles - Data through Fiscal Year 2018 were profiled on service, payer mix, quality, utilization, revenue, and financial performance. Details for each of these metrics are included in this technical appendix.

The Center for Health Information and Analysis (CHIA) relied on the following primary data sources to present information: the Hospital Cost Report, the Hospital Discharge Database (HDD), and the Hospital Standardized Financial Statement database.

Unless otherwise noted, metrics included in this report are based on data reported by acute and non-acute hospitals from Fiscal Year (FY) 2014 to FY2018. Descriptive acute and non-acute hospital information is from FY2018.

Hospital Cost Report:
The Hospital Cost Report is submitted each year by acute and non-acute hospitals and contains data on costs, revenues, and utilization statistics. For FY2014 acute hospitals were required to complete the Cost Report based on a fiscal year end of September 30 regardless of their actual fiscal year end. Beginning in FY2015, the new Hospital Cost Report requires hospitals to submit based on the same time frames as the Medicare 2552 Cost Report filing schedules, which reflects the unique fiscal year end of each hospital.

Hospital Discharge Database (HDD):
HDD data is submitted quarterly by acute hospitals and contains patient-level data identifying charges, days, and diagnostic information for all acute inpatient discharges. CHIA used FY2018 HDD data as of August 2019 for the service metrics, which includes discharges between October 1, 2017 and September 30, 2018 for all acute hospitals.

Hospital Standardized Financial Statements:
The Hospital Standardized Financial Statements are submitted quarterly and annually by acute hospitals based on their individual fiscal year end. The Standardized Financial Statements contain information on the hospital’s assets, liabilities, revenues, expenses, and profits or losses. They reflect only the hospital’s financial information; they do not reflect financial information for any larger health system with which a hospital may be affiliated.

Audited Financial Statements:
Audited Financial Statements are submitted annually by hospitals (or their parent organizations, if applicable). In addition to the financial figures that are found in the Hospital Standardized Financial Statements, the Audited Financial Statements contain an opinion from an independent auditor as well as notes from hospital or system management that elaborate on the financial performance and standing of the hospital or system during the fiscal year.

Quality Data Sources:
To compile the hospital quality measures, CHIA relied on the following primary data sources: HDD, the Centers for Medicare & Medicaid Services (CMS) Hospital Compare database, and The Leapfrog Group.

Data Verification:
Each year’s Hospital Cost Report, hospital and multi-acute hospital system financial statements, Relative Price, and quality data reports were verified in accordance with respective reporting regulation requirements. Additional data verification forms that included each hospital’s reported financial data were sent to each acute and non-acute hospital for FY2014-FY2018.
An **acute hospital** is a hospital that is licensed by the Massachusetts Department of Public Health and contains a majority of medical-surgical, pediatric, obstetric, and maternity beds.

### Multi-Acute Hospital System Affiliation and Location

Massachusetts hospitals are generally affiliated with a larger health system. Health systems may include multiple hospitals and/or provider organizations while others may have only one hospital with associated providers or provider organizations. Multi-acute hospital system membership identifies those health systems with more than one acute hospital. This information was derived from Audited Financial Statements.

Below is a list of Massachusetts multi-acute hospital systems and their acute hospital members as of the end of each system’s fiscal year 2018:

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<tr>
<th>MULTI-ACUTE HOSPITAL SYSTEM</th>
<th>ACUTE HOSPITAL MEMBER</th>
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<td>Baystate Health</td>
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<td>Heywood Healthcare</td>
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<td>Lahey Health System</td>
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<td>Newton-Wellesley Hospital</td>
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<td>North Shore Medical Center</td>
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<td>Shriners Hospitals for Children^</td>
<td>Shriners Hospitals for Children – Boston</td>
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<tr>
<td>MULTI-ACUTE HOSPITAL SYSTEM</td>
<td>ACUTE HOSPITAL MEMBER</td>
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<td>Shriners Hospitals for Children – Springfield</td>
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<td>Steward Health Care System</td>
<td>Morton Hospital, A Steward Family Hospital</td>
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<td>Nashoba Valley Medical Center, A Steward Family Hospital</td>
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<td>Steward Good Samaritan Medical Center</td>
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<td>Saint Vincent Hospital</td>
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</table>

^Tenet Healthcare Corporation and Shriners Hospitals for Children are multi-state health systems with a large presence outside of Massachusetts. Both own two acute hospitals in Massachusetts (Tenet owns MetroWest Medical Center and Saint Vincent Hospital; Shriners owns Shriners Hospitals for Children – Boston and Shriners Hospitals for Children - Springfield).

**Regional Definitions**

The location for each acute hospital in this report was obtained, where possible, from hospital licensing information collected by the Massachusetts Department of Public Health (DPH). The hospital license includes information on a hospital’s campuses and satellite offices.

The geographic regions presented in this report are derived from the Health Policy Commission (HPC) static geographic regions. The HPC regions were rolled up into larger regions for this publication to facilitate better comparison within each geographic area. The acute hospitals and the regions to which they were assigned are:

<table>
<thead>
<tr>
<th>MASSACHUSETTS REGION</th>
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<td>Mount Auburn Hospital</td>
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<td>MASSACHUSETTS REGION</td>
<td>ACUTE HOSPITAL ASSIGNED TO REGION</td>
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<td>Shriners Hospitals for Children – Springfield</td>
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<tr>
<td>Beth Israel Deaconess Hospital – Plymouth</td>
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Technical Appendix | FY 18 Massachusetts Acute Care Hospitals


### Special Designations

Certain acute hospitals in Massachusetts have a special status among public payers due to their rural or relatively isolated locations:

**Critical Access Hospital** is a state designation given to hospitals that have no more than 25 acute beds, are located in a rural area, and are more than a 35-mile drive from the nearest hospital or more than a 15-mile drive in areas with mountainous terrains or secondary roads. Critical Access Hospitals receive cost-based payments from Medicare and MassHealth.

**Sole Community Hospital** is a Medicare designation given to hospitals that are located in rural areas or are located in areas where it is difficult to access another hospital quickly. These hospitals are eligible to receive higher inpatient payments from Medicare than other hospitals.

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1 In addition, Critical Access Hospitals include hospitals that were, prior to January 1, 2006, designated by the State as a “necessary provider” of health care services to residents in the area. There are additional requirements to be designated as a Critical Access Hospital, including length of stay requirements, staffing requirements, and other provisions. See Code of Federal Regulations: 42 CFR 485.601-647.
**Hospital Types**

In order to develop comparative analytics, CHIA assigned hospitals to peer cohorts. The acute hospitals were assigned to one of the following cohorts according to the criteria below:

**Academic Medical Centers (AMCs)** are a subset of teaching hospitals. AMCs are characterized by (1) extensive research and teaching programs and (2) extensive resources for tertiary and quaternary care, and are (3) principal teaching hospitals for their respective medical schools and (4) full service hospitals with case mix intensity greater than 5% above the statewide average.

**Teaching hospitals** are those hospitals that report at least 25 full-time equivalent medical school residents per one hundred inpatient beds in accordance with Medicare Payment Advisory Commission (MedPAC) and do not meet the criteria to be classified as AMCs.

**Community hospitals** are hospitals that are not teaching hospitals and have a public payer mix of less than 63%.

**Community - High Public Payer (HPP)** are community hospitals that are disproportionately reliant on public revenues by virtue of a public payer mix of 63% or greater. Public payers include Medicare, Medicaid, and other government payers, including the Health Safety Net.

**Specialty hospitals** are not included in any cohort comparison analysis due the unique patient populations they serve and/or the unique sets of services they provide.

We are using the FY2018 Cohort Designations. Below is a list of acute hospital cohorts and the hospitals assigned to each, based on FY18 data (with the exception of Teaching which is based on FY2017 to be consistent with the Massachusetts Acute Hospital and Health System Financial Performance: FY 2018 Published in September 2019):

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<th>COHORT DESIGNATION</th>
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<td>COHORT DESIGNATION</td>
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<td>Community – High Public Payer</td>
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<td>Steward Holy Family Hospital</td>
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<td>Shriners Hospitals for Children – Boston</td>
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<td>Shriners Hospitals for Children – Springfield</td>
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</table>
At a Glance

**Hospital system affiliation** notes with which multi-acute hospital system, if any, the hospital is affiliated.

**Hospital system surplus (loss)** is the hospital system’s profit/loss in FY 2018.

**Change in ownership** notes change in ownership during the period of the analysis.

**Total staffed beds** are the average number of beds during the fiscal year that were in service and staffed for patient use.

**Inpatient occupancy rate** is the average percent of staffed inpatient beds occupied during the reporting period. Percentage of occupancy is calculated as follows: Inpatient Days divided by Weighted Average Staffed Beds times 365 (or the number of days in the reporting period).

**Special public funding** indicates whether the hospital received Infrastructure and Capacity Building (ICB), Community Hospitals Acceleration, Revitalization and Transformation (CHART), or Health Care Innovation Investment (HCII) grants. Special public funding is grant money given to hospitals by the state or federal government. The amounts listed may be total grant allocations that will be disbursed over a period of time, or a portion of a grant that was disbursed in FY18. For more information please see the Special Public Funding notes contained in Appendix D.

**Trauma Center designation** is determined by the Massachusetts Department of Public Health and the American College of Surgeons, with Level 1 being the highest designation given to tertiary care facilities. Facilities can be designated as Adult and/or Pediatric Trauma Centers. While there are five levels of trauma center designations recognized nationally, Massachusetts hospitals only fall under Levels 1, 2, and 3 for Adult and/or Levels 1 and 2 for Pediatric.

**Level 1 Trauma Center** is a comprehensive regional resource that is a tertiary care facility central to the trauma system. A Level 1 Trauma Center is capable of providing total care for every aspect of injury, from prevention through rehabilitation.

**Level 2 Trauma Center** is able to initiate definitive care for all injured patients, and provide 24-hour immediate coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care.

**Level 3 Trauma Center** has demonstrated an ability to provide prompt assessment, resuscitation, surgery, intensive care and stabilization of injured patients and emergency operations, including the ability to provide 24-hour immediate coverage by emergency medicine physicians and prompt availability of general surgeons and anesthesiologists.

**Case mix index (CMI)** is a relative value assigned to the hospital’s mix of inpatients to determine the overall acuity of the hospital’s patients and is compared with the CMI of peer hospitals and the statewide average CMI. CHIA calculated each hospital’s CMI by applying the 3M™ All Patient Refined (APR) grouper, version 30 with Massachusetts-specific baseline cost weights to each hospital’s HDD data. Hospitals validate their HDD data submissions annually with CHIA.

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2 American Trauma Society, Trauma Center Levels Explained. Available at: [http://www.amtrauma.org/?page=TraumaLevels](http://www.amtrauma.org/?page=TraumaLevels) (last accessed October 6, 2017).
The APR grouper and Massachusetts-specific baseline cost weights used in this year’s publication are consistent with those used in last year’s publication. All case mix information included in this report has been grouped under APR grouper, version 30.

**Inpatient Net Patient Service Revenue (NPSR) per Case Mix Adjusted Discharge (CMAD)** measures the hospital’s NPSR divided by the product of the hospital’s discharges and its case mix index. NPSR includes both net inpatient revenue and inpatient premium revenue.

**Inpatient Net Revenue per CMAD** growth rate for each hospital was calculated by dividing the hospital’s Net Patient Service Revenue (NPSR) by the total CMADs.

**Inpatient – outpatient revenue** is derived from the amount of GPSR reported for inpatient and outpatient services in the Hospital Cost Report.

**Outpatient revenue** is the hospital’s reported net revenue for outpatient services. Net outpatient service revenue includes both net outpatient revenue and outpatient premium revenue.

**Outpatient Revenue** growth rate for each hospital represents the percent change in a hospital's reported net revenue for outpatient services. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume, severity or service mix.

**Total revenue** is the hospital’s total unrestricted revenue in FY 2018.

**Total surplus (loss)** is the hospital’s reported profit/loss in FY 2018.

**Public payer mix** is determined based upon the hospital’s reported Gross Patient Service Revenue (GPSR). See Payer Mix metric description in this appendix for more information. We are using the FY2018 GPSR.

**Calendar Year (CY) 2017 Commercial Statewide Relative Price** reflects a relativity calculated for a given provider across all commercial payers (statewide RP or “S-RP”). For more information on S-RP methodology, refer to [http://www.chiamass.gov/assets/docs/r/pubs/19/relative-price-methodology-paper.pdf](http://www.chiamass.gov/assets/docs/r/pubs/19/relative-price-methodology-paper.pdf)

**Top three commercial payers** represent those with the largest percentage share of total commercial payments at that hospital.

**Inpatient discharges** data was sourced from the Hospital Cost Report. See the Inpatient Discharge metric for more information.

**Inpatient discharges** growth rate for each hospital measures the percent change in discharges for inpatient admissions.

**Emergency department visits** include any visit by a patient to an emergency department that results in registration at the Emergency Department but does not result in an outpatient observation stay or the inpatient admission of the patient at the reporting facility. An Emergency Department visit occurs even if the only service provided to a registered patient is triage or screening.

**Emergency department visits** growth rate for each hospital measures the percent change in emergency department visits.
Outpatient visits are the total outpatient visits reported by the hospital. Note that outpatient visits may not be uniformly reported across hospitals. Where substantial increases / decreases were observed, hospitals were notified and afforded the opportunity to update the information provided. In most cases, hospitals provided explanations but did not revise their data.

Outpatient visits growth rate for each hospital measures the percent change in total outpatient visits to a hospital.

Readmission rate is calculated using the Hospital-Wide All-Cause Unplanned 30-day Readmission Measure developed by CMS and the Yale Center for Outcomes Research, and applied to the Massachusetts adult all-payer population. Readmissions are defined as an admission for any reason to the same or a different hospital within 30 days of a previous discharge. Obstetric, primary behavioral health, cancer, and rehabilitation discharges are excluded from the calculations. The raw readmissions rate is reported, which is the number of readmissions within 30 days divided by the total number of eligible discharges.

Early elective deliveries rate measures the proportion of deliveries that were completed between 37 to 39 weeks gestation without medical necessity, following an induction or cesarean section. Thirty-six acute hospitals reported data for this indicator. All data were received from The Leapfrog Group as pre-calculated percentages. The patient population represents all payers and all ages, and the data period was 2018. Participation in the Leapfrog survey is voluntary; where a hospital does not complete the survey or report on certain items in the survey, the measure is also not included in the profiles.
Acute Hospital Profiles: Services

**Most common inpatient diagnosis related groups (DRGs)** and the percentage of those DRGs treated at that hospital for the region.

- **Data Sources:** FY 2018 HDD data as of August 2019 and the 3M™ APR-DRG 30 All Patient Refined Grouper

- **Hospital Calculation:** Each discharge was grouped and ranked by DRG code. The subject hospital’s 10 most frequently occurring DRGs were identified and those DRGs were then summed for all hospitals in the region in order to calculate the percent of regional discharges that were treated at the subject hospital. The total number of the subject hospital’s discharges was compared to the sum of all hospital discharges in the region to determine the overall proportion of regional discharges.

For more information on DRGs, please see Appendix C.

**Most common communities** from where the hospital’s inpatient discharges originated, and the total percent of all discharges (from Massachusetts hospitals) from that community that went to that hospital.

- **Data Source:** FY 2018 HDD data as of August 2019 for discharge information; patient origin was determined by the zip codes from where the patients resided. In larger cities, the top communities may reflect postal code neighborhoods.

- **Hospital Calculation:** The zip code for each patient discharge was matched with the USPS community name, and then grouped and ranked. The most frequently occurring communities were then summed for all hospitals in the region to calculate the percent of community discharges that went to the subject hospital.

A **hospital’s top communities by inpatient origin** were determined using a hospital’s FY18 discharge data from the HDD. Patient origin was determined by the reported zip code for each patient’s residence. In larger cities, communities may include multiple zip codes. These zip codes were rolled up to reflect postal code neighborhoods based on the United States Postal Service Database. For more information on the zip codes included within each region, please see the databook.

For example, Boston zip codes were rolled up to the following designations: Boston (Downtown) includes: Back Bay, Beacon Hill, Downtown Boston, the Financial District, East Boston, Fenway/Kenmore, South Boston and South End. The remaining Boston communities with multiple zip codes were rolled up to these designations: Allston, Brighton, Charlestown, Dorchester, Dorchester Center, Hyde Park, Jamaica Plain, Mattapan, Mission Hill, Roslindale, Roxbury, and West Roxbury.

**Acute Hospital Profiles: Quality Measures**
To compile provider quality performance information, CHIA relied on the following primary data sources: CHIA’s Hospital Discharge Database (HDD), the Centers for Medicare and Medicaid Services (CMS) Hospital Compare database, and The Leapfrog Group. Metrics are based on varied data periods due to differences in reporting time frames across the data sources. For each metric, the associated reporting time period is listed.

**Health Care-Associated Infections** of three different types are reported:
1. Central Line-Associated Blood Stream Infections (CLABSI): This measure captures the observed rate of health care-associated central line-associated bloodstream infections among patients in an inpatient acute hospital, compared to the expected number of infections based on the hospital’s characteristics and case mix.

2. Catheter-Related Urinary Tract Infections (CAUTI): This measure captures the observed rate of health care-associated catheter-related urinary tract infections among patients in an inpatient acute hospital (excluding patients in Level II or III neonatal ICUs), compared to the expected number of infections based on the hospital’s characteristics and case mix.

3. Surgical Site Infections (SSI): Colon Surgery: This measure captures the observed rate of deep incisional primary or organ/space surgical site infections during the 30-day postoperative period following inpatient colon surgery, compared to the expected number of infections based on the hospital’s characteristics and case mix.

- **Data source:** CMS Hospital Compare
- **Data Period:** 2017-2018
- **Hospital Calculation:** These health care-associated infections are reported using the Standard Infection Ratio (SIR), which is the number of infections in a hospital compared to the number of expected infections. The SIR for CLABSI and CAUTI is risk adjusted for type of patient care locations, hospital affiliation with a medical school, and bed size. The SIR for SSI: Colon Surgery is risk adjusted for procedure-related factors, such as: duration of surgery, surgical wound class, use of endoscope, re-operation status, patient age, and patient assessment at time of anesthesiology.

All SIRs for Health Care-Associated Infections are retrieved from CMS Hospital Compare as pre-calculated SIRs.

- **Cohort Calculation:** Not applicable
- **National Comparative:** CMS Hospital Compare
- **Patient Population:** All payers, Age 18+

**Hospital Readmission rates** are calculated using the Hospital-Wide All-Cause Unplanned 30-day Readmission Measure developed by CMS and the Yale Center for Outcomes Research, and applied to the Massachusetts adult all-payer population. Readmissions are defined as an admission for any reason to the same or a different hospital within 30 days of a previous discharge. Obstetric, primary behavioral health, cancer, and rehabilitation discharges are excluded from the calculations. The raw readmission rate is reported, which is the number of readmissions within 30 days divided by the total number of eligible discharges.

- **Data source:** CHIA’s Hospital Discharge Database
- **Data Period:** FY 2018
- **Hospital Calculation:** The raw readmission rate reflects the number of unplanned readmissions within 30 days divided by the total number of eligible discharges during the designated time period.
- **Cohort Calculation:** Not applicable

- **State Comparative:** The method yields a statewide readmission rate across all the Commonwealth’s acute-care hospitals for the designated time period.

- **Patient Population:** All payers, age 18+, excluding obstetric, primary psychiatric, cancer, and rehabilitation discharges.
Acute Hospital Profiles: Utilization Trends

Change in volume of inpatient discharges measures discharges for inpatient admissions.

- **Data Sources:**
  - FY 2014, 403 Cost Report, Schedule 5a, Row 25, Column 2
  - FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Line 47, Column 1


- **Cohort calculation:** Represents the percent change of total discharges across all hospitals in the cohort for each year. For example: Cohort for FY 2015 = (Sum of discharges at cohort hospitals in FY 2015-Sum of discharges at cohort hospitals in FY 2014)/Sum of discharges at cohort hospitals in FY 2014.

Change in volume of outpatient visits measures total outpatient visits to a hospital. Note that outpatient visits may not be uniformly reported across hospitals.

- **Data Sources:**
  - FY 2014, 403 Cost Report, Schedule 5a, Row 39, Column 2
  - FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Line 301, Column 1


- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY 2015 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

Acute Hospital Profiles: Patient Revenue Trends

Net inpatient service revenue per case mix adjusted discharge (CMAD) measures the hospital's net inpatient service revenue (NPSR) divided by the product of the number of the hospital's discharges and its case mix index. NPSR includes both net inpatient revenue and inpatient premium revenue.

- **Data Sources:** NPSR and discharges were sourced from the Massachusetts Hospital Cost Report; Case Mix Index (CMI) is sourced from HDD.

- **Hospital calculation:** The hospital’s inpatient net revenue per CMAD was calculated by dividing NPSR by the total CMAD for each year.

- **Cohort calculation:** The range of all revenue/CMAD values for cohort hospitals are represented by the vertical black line. The cohort value denotes the median revenue per CMAD for all cohort hospitals.
Variation in inpatient discharge counts:

Hospitals may report different numbers of discharges on the Hospital Cost Report and the HDD. Hospitals have explained that this is due to:

- **Timing** – while HDD is accurate when submitted (75 days after the close of a quarter), a case may be reclassified as outpatient, usually due to a change in payer designation. Payers may have different clinical criteria for defining an inpatient and outpatient stay.
- **HDD edits** – discharges reported by the hospital that did not pass HDD edits may have been excluded from the HDD but included in the Hospital Cost Report;
- **Payer classification/status differences between the Hospital Cost Report and HDD**;

Since a hospital’s case mix index is calculated using the HDD, which often includes a lower number of discharges than reported by the hospital on the Hospital Cost Report, the calculation of a hospital’s total case mix adjusted discharges equals the number of discharges reported on the Hospital Cost Report, multiplied by the case mix index.

**Change in total outpatient revenue** measures a hospital’s reported net revenue for outpatient services. Net outpatient service revenue includes both net outpatient revenue and outpatient premium revenue. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume, severity or service mix.

- **Data Sources:**
  FY 2014, 403 Cost Report, Schedule 5a, Rows 78.01 (net outpatient revenue) + 78.02 (outpatient premium revenue), Column 2

  FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Line 209, Column 1


- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY15= median of (% change for hospital A, % change for hospital B, % change for hospital C...)
Acute Hospital Profiles: Financial Performance

**Total Revenue, Total Costs and Profit / Loss** measure the amount of the subject hospital’s Total Revenue, Total Costs, and Total Profit or Loss for each year from 2014 through 2018.

- **Data Sources**: Financial Statements: The line numbers for each data point are as follows: Total Unrestricted Revenue (row 65), Operating Revenue (row 57.2), Non-Operating Revenue (row 64.1), Total Expenses (row 73), and Profit / Loss (row 74).

**Total Margin** measures the subject hospital’s overall financial performance compared to the median total margin of the hospitals in its peer cohort.

- **Data Sources**: Financial Statements: Excess of Revenue, Gains, & Other Support (row 74) divided by Total Unrestricted Revenue (row 65)

- **Cohort Calculation**: Calculated median for the cohort group.

**Operating Margin** measures the subject hospital’s financial performance of its primary, patient care activities compared to the median operating margin of the hospitals in its peer cohort.

- **Data Sources**: Financial Statements: Operating Revenue (row 57.2) minus Total Expenses (row 73) divided by Total Unrestricted Revenue (row 65)

- **Cohort Calculation**: Calculated median for the cohort group.

**Note**: Hospitals may have been assigned to different cohorts in previous years due to payer mix in that given year or other factors. To remain consistent in comparisons between cohorts across multiple years, hospitals were retroactively assigned to their FY 2018 cohort designations for all years examined. The number of hospitals included in a given cohort may vary from year to year due to hospital closures.

The acute hospital cohort profile measures the acute hospital cohorts as composites of the individual hospitals assigned to each cohort. In general, metrics were determined by aggregating the values of all hospitals assigned to the cohort. For comparison purposes, the individual cohorts are compared to one another and all hospitals statewide, including specialties. The analytic metrics are largely the same as the metrics used for the individual hospital profiles, except as noted below. Please see the descriptions and calculation methods described in the Acute Hospital Metric Description section for more information.

**Inpatient Severity Distribution** measures the percentage of a cohort’s discharges that falls into each statewide severity quintile. This metric provides a way to compare the severity levels of the cohort’s patients to those of other acute hospitals in Massachusetts.

- **Data Source**: Hospital Discharge Database (HDD) as of August 2019.

- **Data Period**: FY 2018

- **Cohort Calculation**: Every discharge in the state has a Diagnosis Related Group (DRG) code associated with it. Severity quintiles were determined by ranking all possible DRG outputs by case-weight. The cohort

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3 Note that specialty hospitals are not assigned to any cohort due to their unique service mix and/or populations served.
calculation shows the percentage of a cohort’s aggregate discharges that falls into each quintile. These proportions were then compared with the proportions of aggregated discharges by severity quintile for all hospitals assigned to other cohorts.

*In cases where metrics were similar to the acute hospital profile metrics, data was aggregated to determine cohort measures. For example:*

**The most common inpatient DRGs** for each subject cohort were determined by categorizing all of the hospitals’ discharges by cohort using the All Patient Refined Grouper (3M™ APR-DRG 30), which were then summed and ranked. Each of the subject cohort’s ten most frequently occurring DRGs were then divided by the statewide count per DRG to obtain the percent of discharges to the statewide total.

*The cohort comparison metric for payer mix is different from comparisons among acute hospitals:*

**Payer mix** was calculated differently from other measures due to the fact that the underlying charges that comprise GPSR differ across hospitals. For this measure, the cohort payer mix was first calculated for each hospital assigned to the cohort in the manner described in the Acute Hospital Profiles section of this Appendix. The mean of the individual cohort hospital’s experience was determined and is displayed here. The same method was used to determine the trend in outpatient visits for comparison to all other cohort hospital. Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, chronic care facilities and state owned non-acute hospitals including department of mental health / public health hospitals.
Non-Acute Hospital Location and Multi-Hospital System Affiliations

The location for each non-acute hospital in this report was obtained, where possible, from hospital licensing information collected by DPH. The hospital license includes information on a hospital’s campuses and satellite offices.

Multi-hospital system membership identifies the health system with which the subject non-acute hospital is a member. This information was derived from the hospital’s Audited Financial Statements.

Below is a list of Massachusetts multi-hospital systems and their non-acute hospital members:

<table>
<thead>
<tr>
<th>MULTI-HOSPITAL SYSTEM</th>
<th>NON-ACUTE HOSPITAL MEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal Health Service</td>
<td>Arbour Hospital</td>
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<tr>
<td></td>
<td>Arbour-Fuller Memorial</td>
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<tr>
<td></td>
<td>Arbour-HRI Hospital</td>
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<tr>
<td></td>
<td>Westwood Pembroke Hospital</td>
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<tr>
<td>Encompass</td>
<td>Braintree Rehabilitation Hospital</td>
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<tr>
<td></td>
<td>HealthSouth Rehabilitation of Western MA</td>
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<tr>
<td></td>
<td>Fairlawn Rehabilitation Hospital</td>
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<tr>
<td></td>
<td>New England Rehabilitation Hospital</td>
</tr>
<tr>
<td>Partners Health Care System</td>
<td>McLean Hospital</td>
</tr>
<tr>
<td></td>
<td>Spaulding Rehabilitation Hospital Boston</td>
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<tr>
<td></td>
<td>Spaulding Rehabilitation Hospital Cape Cod</td>
</tr>
<tr>
<td></td>
<td>Spaulding Hospital Cambridge</td>
</tr>
<tr>
<td>Signature HealthCare</td>
<td>Westborough Behavioral Healthcare Hospital</td>
</tr>
<tr>
<td>Vibra HealthCare</td>
<td>Vibra Hospital of Western MA</td>
</tr>
<tr>
<td></td>
<td>New Bedford Rehabilitation Hospital</td>
</tr>
<tr>
<td>Steward Health Care System</td>
<td>New England Sinai Hospital</td>
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<tr>
<td>Whittier Health System</td>
<td>Whittier Pavilion</td>
</tr>
<tr>
<td></td>
<td>Whittier Rehabilitation Hospital Bradford</td>
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<tr>
<td></td>
<td>Whittier Rehabilitation Hospital Westborough</td>
</tr>
</tbody>
</table>

Non-Acute Hospital Cohorts
Non-acute hospitals were assigned to peer cohorts based upon MassHealth regulatory designations, defined by the criteria below:

**Psychiatric hospitals** are licensed by the DMH for psychiatric services, and by DPH for substance abuse services.

**Rehabilitation hospitals** provide intensive post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, the federal government classifies hospitals as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in federal regulations.

**Chronic care hospitals** are hospitals with an average length of stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator-dependent care. Medicare classifies chronic hospitals as Long-Term Care Hospitals, using the same 25-day threshold.

Non-acute specialty hospitals were not included in any cohort comparison analysis due to the unique patient populations they serve and/or the unique sets of services they provide. Non-acute hospitals that were considered specialty hospitals include:

- AdCare Hospital of Worcester - provides substance abuse services
- Franciscan Hospital for Children - provides specialized children’s services
- Hebrew Rehabilitation Hospital - specializes in providing longer term care than other chronic hospitals

**Department of Mental Health Hospitals** are state owned non-acute hospital provides psychiatric and mental health care for those with otherwise limited access to facilities providing such care.

**Department of Public Health Hospitals** are multi-specialty hospitals that provides acute and chronic care to those for whom community facilities are not available or access to health care is restricted.

Below is a list of non-acute hospital cohorts and the hospitals assigned to each:

<table>
<thead>
<tr>
<th>COHORT DESIGNATION</th>
<th>NON-ACUTE HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Hospitals</td>
<td>Arbour Hospital</td>
</tr>
<tr>
<td></td>
<td>Arbour-Fuller Memorial</td>
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<tr>
<td></td>
<td>Arbour-HRI Hospital</td>
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<tr>
<td></td>
<td>Bournewood Hospital</td>
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<tr>
<td></td>
<td>High Point Hospital</td>
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<tr>
<td></td>
<td>McLean Hospital</td>
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<tr>
<td></td>
<td>Southcoast Behavioral Hospital</td>
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<tr>
<td></td>
<td>Taravista Health Center</td>
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<tr>
<td></td>
<td>Walden Behavioral Care</td>
</tr>
<tr>
<td></td>
<td>Westborough Behavioral Healthcare Hospital^</td>
</tr>
<tr>
<td></td>
<td>Westwood Pembroke Hospital</td>
</tr>
</tbody>
</table>

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4 State-owned non-acute hospitals are included in this publication started with the 2018 report.

5 Code of Federal Regulations: 42 CFR 412.29(b)(2)

^ Westborough Behavioral Healthcare Hospital is a new provider in 2018
<table>
<thead>
<tr>
<th>COHORT DESIGNATION</th>
<th>NON-ACUTE HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation Hospitals</td>
<td>Whittier Pavilion</td>
</tr>
<tr>
<td></td>
<td>Braintree Rehabilitation Hospital</td>
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<tr>
<td></td>
<td>HealthSouth Fairlawn Rehabilitation Hospital</td>
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<tr>
<td></td>
<td>HealthSouth Rehabilitation Hospital of Western MA</td>
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<td></td>
<td>New Bedford Rehabilitation Hospital</td>
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<td></td>
<td>New England Rehabilitation Hospital</td>
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<td></td>
<td>Spaulding Rehabilitation Hospital Boston</td>
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<td></td>
<td>Spaulding Rehabilitation Hospital Cape Cod</td>
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<tr>
<td></td>
<td>Whittier Rehabilitation Hospital Bradford</td>
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<tr>
<td></td>
<td>Whittier Rehabilitation Hospital Westborough</td>
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<tr>
<td>Chronic Care Hospitals</td>
<td>Curahealth Stoughton</td>
</tr>
<tr>
<td></td>
<td>New England Sinai Hospital</td>
</tr>
<tr>
<td></td>
<td>Spaulding Hospital Cambridge</td>
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<tr>
<td></td>
<td>Vibra Hospital of Western MA</td>
</tr>
<tr>
<td>Specialty Non-Acute Hospitals</td>
<td>AdCare Hospital of Worcester</td>
</tr>
<tr>
<td></td>
<td>Franciscan Hospital for Children</td>
</tr>
<tr>
<td></td>
<td>Hebrew Rehabilitation Hospital</td>
</tr>
<tr>
<td>Department of Mental Health Hospitals</td>
<td>Cape Cod &amp; Islands Community Mental Health Center</td>
</tr>
<tr>
<td></td>
<td>Corrigan Mental Health Center</td>
</tr>
<tr>
<td></td>
<td>Solomon Carter Fuller Mental Health Center</td>
</tr>
<tr>
<td></td>
<td>Taunton State Hospital</td>
</tr>
<tr>
<td></td>
<td>Worcester State Hospital</td>
</tr>
<tr>
<td>Department of Public Health Hospitals</td>
<td>Lemuel Shattuck Hospital</td>
</tr>
<tr>
<td></td>
<td>Pappas Rehabilitation Hospital for Children</td>
</tr>
<tr>
<td></td>
<td>Tewksbury Hospital</td>
</tr>
<tr>
<td></td>
<td>Western Massachusetts Hospital</td>
</tr>
</tbody>
</table>

**Total staffed beds** are the average number of beds during the fiscal year that were in service and staffed for patient use. Beds ordinarily occupied for less than 24 hours are usually not included.

**Percent occupancy rate** is the median percent of staffed inpatient beds occupied during the reporting period. Percentage of occupancy is calculated as follows: Inpatient Days divided by Weighted Average Staffed Beds times 365 (or the number of days in the reporting period).

**Total inpatient days** include all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

**Total inpatient discharge** information was sourced from Schedule 3 of the FY 2014 403 Cost Report and Tab 3 of the FY 2015 and subsequent years Massachusetts Hospital Cost Report.
Public payer mix was determined based upon the hospital’s reported GPSR. See Payer Mix metric description for more information.

Total revenue was sourced from the hospital’s Hospital Cost Report.

Inpatient – outpatient revenue is derived from the amount of GPSR reported for inpatient and outpatient services in the hospital’s Hospital Cost Report.
Non-Acute Hospital Profiles: Services

Types of inpatient services are defined by Discharges.

- **Data Sources:**
  
  FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 3, Column 5, Lines 1 to 19.

- **Hospital calculation:** Hospital’s absolute count of discharges by specific bed type.

- **Cohort calculation:** Hospital’s absolute discharge count divided by cohort’s total discharges by that specific bed type.

**Payer Mix** measures the distribution of total GPSR for across the major payer categories. This provides information regarding the proportion of services, as measured by gross charges, which a hospital provides to patients from each category of payer.

- **Data Sources:**
  
  FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Line 302, Column 2 through 13.

- **Payer Category Definitions:** State Programs = Medicaid Managed + Medicaid Non-Managed + Health Safety Net (HSN); Federal Programs = Medicare Managed + Medicare Non-Managed + Other Government; Commercial & Other = Managed Care + Non-Managed Care + Self Pay + Workers Comp + Other + Connector Care. Dividing each of the above by Total GPSR results in the percentages displayed for each of the three categories.

- **Cohort Calculation:** Displays the mean of the percentages in each of the above payer categories across all hospitals in the cohort.

- **Average Hospital Calculation:** Displays the mean of the percentages in each of the payer categories to get each of the component percentages for the average non-acute hospital.
  
  o Note: “Average Hospital” group includes specialty hospitals.

**Change in Volume of Inpatient Days** includes all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

- **Data Sources:**
  
  FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 3, Column 4, Line 500.

- **Cohort calculation**: Represents the median of the percent change across all hospitals in the cohort for each year. For example Cohort for FY15 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

**Median Average Length of Stay (ALOS)** measures the average duration of an inpatient admission.

- **Data Sources**:  
  FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 3, Column 8, Line 500


- This is plotted against the growth in median ALOS among all non-acute hospitals, including specialties, relative to FY 2014.
Non-Acute Hospital Profiles: Utilization

**Volume of Inpatient Days** includes all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

- **Data Sources:**
  - FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 3, Column 4, Line 500

**Average Length of Stay (ALOS)** measures the average duration of an inpatient admission.

- **Data Sources:**
  - FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 3, Column 8, Line 500

**Volume of Outpatient Visits** measures the total outpatient visits to a hospital.

- **Data Sources:**
  - FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Column 1, Line 301
Non-Acute Hospital Profiles: Patient Revenue Trends

**Inpatient Revenue per Day** is the hospital’s net inpatient service revenue (NPSR) divided by its total inpatient days.

- **Data Sources:**
  - FY 2014, 403 Cost Report: NPSR was sourced from Schedule 5a, Column 2, Rows 65.01 (net inpatient revenue) and 65.02 (inpatient premium revenue). Inpatient days were sourced from Schedule 3, Column 6, Row 22 of the 403 Cost Report.
  
  FY 2015 and subsequent years: Massachusetts Hospital Cost Report: NPSR including premium revenue was sourced from Tab 5, Column 1, Line 208. Inpatient days were sourced from Tab 5, Column 1, Line 300.

**Total Outpatient Revenue** measures a hospital’s reported net revenue for outpatient services. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume. In addition, several non-acute hospitals do not provide outpatient services.

- **Data Sources:**
  - FY 2014, 403 Cost Report, Schedule 5a, Column 2, Rows 78.01 (net outpatient revenue) and 78.02 (outpatient premium revenue)

  FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Line 209 (outpatient NPSR including premium revenue)
Non-Acute Hospital Profiles: Financial Performance

Operating Revenue, Total Revenue, Total Costs and Profit / Loss displays the amount of each hospital’s Total Revenue, Operating Revenue, Total Costs, and Total Profit or Loss.

- **Data Sources:**
  FY 2014, 403 Cost Report, Schedule 23B, Column 2, Total Unrestricted Revenue (Row 65), Operating Revenue (Rows 55 + 56 + 57 + 60 + 64, Total Expenses Row 73, Total Profit or Loss Row 74

  FY 2015 and subsequent years, Massachusetts Hospital Cost Report, Tab 11, Column 1, Total Unrestricted Revenue (Row 65), Total Expenses (Row 73), and Profit / Loss: (Row 74).

Total Margin measures the subject hospital’s overall financial performance.

- **Data Sources:**
  FY 2014, 403 Cost Report, Schedule 23E, Row 173

  FY 2015 and subsequent years, Massachusetts Hospital Cost Report, Tab 11, Column 1, Line 74 (Excess of Revenue, Gains & other support Over Expenses) divided by Tab 11, Column 1, Line 65 (Total Unrestricted Revenue, Gains and Other Supports)

**Note:** Some for-profit hospitals are organized as S corporations. For-profit entities that are organized as S corporations, in accordance with Internal Revenue Code, do not pay federal income tax on their taxable income. Instead, the shareholders are liable for individual federal income taxes on their portion of the hospital’s taxable income. Therefore, these hospitals may have income that appears higher than hospitals organized as a C corporation, which are taxed separately from their owners.
Patient Origins

The Massachusetts Patient Origins map lets users identify the areas from which hospitals and hospital systems draw their patients by illustrating the distribution of hospital inpatient discharges in 2018 by patient zip code, for each acute care hospital and 11 hospital systems in Massachusetts.

Using the Hospital Inpatient Discharge Database (HIDD) Case Mix data, areas in dark blue represent ZIP codes with a high number of discharges, while light blue or gray areas represent ZIP codes with low numbers of discharges for each hospital or hospital system. Hospitals are shown as orange circles.

Please note that discharge densities are relative and hospital-specific; therefore it is not possible to directly compare the size and intensity of shaded areas across hospitals or hospital systems.

Notes about Patient Origins Map Data
Only Massachusetts ZIP codes are included in the map.

ZIP codes with fewer than 26 total discharges are not displayed to preserve data confidentiality.

Relative density scales are hospital-specific, and vary across hospitals and hospital systems (i.e., “high” and “low” densities may represent different discharge counts for different hospitals). Therefore, while it is possible to display multiple hospitals and/or systems at a time on the map, densities are not comparable and it is recommended that users select only one hospital or system at a time.
Shaded areas are positioned according to calculated center points (centroids) for each 5-digit ZIP Code. Points do not represent specific street addresses.

Dana-Farber Cancer Institute, Massachusetts Eye and Ear Infirmary, Shriners Hospitals for Children – Boston, and Shriners Hospitals for Children - Springfield are not depicted because all patient origin ZIP codes fell below the 26-discharge threshold.

Hospital system affiliations are based on arrangements as of September 2018.

Patient Origins Map Data Source
Hospital discharge data comes from the Hospital Inpatient Discharge Database (HIDD), Fiscal Year (FY) 2018. HDD data are submitted quarterly by acute hospitals. The HDD contains patient-level data—including zip code of residence—for all acute inpatient discharges. FY 2018 data includes information on discharges occurring between October 1, 2017 and September 30, 2018. Patient origin was determined by each patient’s reported zip code of residence. Discharges were totaled for each zip code in Massachusetts.

For additional information about acute care hospitals in Massachusetts, please see CHIA’s Acute Hospital Profiles. For information about patient discharges by ZIP code, please refer to the FY18 Patient Origins Databook.
Appendix A: Acute Hospitals

Baystate Mary Lane hospital merged with Baystate Wing hospital in FY 2016.

Beth Israel Deaconess Hospital - Plymouth (formerly Jordan Hospital) affiliated with Beth Israel Deaconess Medical Center effective January 1, 2014.

Beth Israel Lahey Health formed in March, 2019 including the following Hospitals: Addison Gilbert Hospital (Northeast), Anna Jaques Hospital, BayRidge Hospital (Northeast), Beth Israel Deaconess Hospital – Milton, Beth Israel Hospital – Needham, Beth Israel Hospital – Plymouth, Beth Israel Deaconess Medical Center, Beverly Hospital (Northeast), Lahey Hospital & Medical Center, Lahey Medical Center, Peabody, Mount Auburn Hospital, New England Baptist Hospital, and Winchester Hospital. This will be reflected in future reports.

Brigham and Women’s Hospital reported a 42% decrease in outpatient visits from 645,563 in FY2014 to 375,864 in FY2015. It was noted that outpatient revenue increased during this same period. The hospital indicated the discrepancy was related to a change in internal systems, and expects that future years will be consistent with FY2014.

Boston Medical Center
Outpatient metrics for Boston Medical Center (BMC) include information for the following freestanding community health centers:
1. East Boston Neighborhood Health Center
2. Codman Square Health Center
3. Dorchester House Multi-Service Center
4. South Boston Community Health Center

Boston Medical Center
The supplement payments from federal and state support are included in Net Patient Service Revenue (NPSR) in the calculation of Inpatient Net Patient Service Revenue per Case Mix Adjusted Discharge (CMAD).

Boston Medical Center
The FY2018 cost report includes the physician charges. Physician charges were not included in the Gross Patient Service Revenue (GPSR), Net Patient Service Revenue (NPSR), expenses or statistics of the cost reports in the prior years.

Cambridge Health Alliance
The supplement payments from federal and state support are included in NPSR in the calculation of Inpatient Net Patient Service Revenue (NPSR) per Case Mix Adjusted Discharge (CMAD). CHIA recalculated NPSR for the years FY2014 through FY2018 to include the supplemental payments from federal and state support.

Clinton Hospital merged with HealthAlliance Hospital effective October 1, 2017 to become HealthAlliance-Clinton Hospital.

Dana-Farber Cancer Institute had a substantial increase in the case mix index from 2.13 in FY2016 to 4.04 in FY2017. This increase was the result of the hospital performing more bone marrow transplants in FY2017. The case mix index in FY2018 was 3.28.
Massachusetts Eye and Ear Infirmary joined Partners Healthcare effective April 1, 2018.

MelroseWakefield Hospital was formally Hallmark Health.

Merrimack Valley Hospital, owned by Steward Health Care System, merged with Steward Holy Family Hospital, and became a campus of Steward Holy Family Hospital effective August 2014.

MetroWest Medical Center started included ancillary visits in outpatient visits in FY2015. Ancillary visits are consistently included in outpatient visits in the following years.

North Adams Regional Hospital announced on March 25, 2014 a closure of the hospital and related health care businesses effective March 28, 2014. The hospital building is now operating as a satellite emergency department for Berkshire Medical Center.

Noble Hospital was acquired by Baystate Health in June 2015. Noble Hospital was renamed Baystate Noble Hospital.

Quincy Medical Center closed on December 26, 2014. The hospital building is now operating as a satellite emergency department for Steward Carney Hospital.

Steward Health Care’s hospitals did not provide their audited financial statements, therefore the financial data is as reported or filed.

Shriners Hospitals for Children (both Boston and Springfield locations) began submitting data to CHIA in FY11.

South Shore Hospital reported revenue and total margin data for FY2015 that includes approximately $29 million in a non-operating, nonrecurring sale of investments transaction.

Wellforce - On October 20, 2014, Tufts Medical Center and Lowell General Hospital combined under a new parent company (Wellforce) and created a new multi-acute hospital system. Hallmark Health joined Wellforce in FY2017.

Winchester Hospital became a member of Lahey Health in July 2014.
Appendix B: Non-Acute Hospitals

Spaulding Hospital Cambridge: As of 2013, Spaulding Hospital Cambridge no longer provides Outpatient services.

Bournewood Hospital is a sub-chapter S corporation.

Curahealth Hospitals, All the Kindred Hospitals in Massachusetts were bought by Curahealth Hospitals in the Fall of 2016. Curahealth Boston and North Shore subsequently closed after approximately a year into new ownership. Curahealth Stoughton remains open.

High Point Hospital is a new psychiatric hospital opened in 2016.

Radius Specialty Hospital closed its Roxbury and Quincy rehabilitation facilities in October 2014

Southcoast Behavioral Hospital is a new psychiatric hospital opened in 2016.

Taravista Health Center is a new psychiatric hospital opened in 2017.

Westborough Behavioral Healthcare Hospital is a new psychiatric hospital opened in 2017.

Westwood Pembroke Hospital, Westwood Hospital was closed by the Department of Mental Health on 8/25/2017, the Pembroke Hospital site remains open.

Whittier Pavilion began providing outpatient services in FY14. FY14 outpatient data represents a partial year of operation for these services.

Spaulding North Shore discontinued inpatient operations as of July 31, 2015 and subsequently closed.
Appendix C: Diagnosis Related Groups

**Diagnosis Related Groups (DRGs)** are used to classify the patient illnesses a hospital treats.

The 10 most common DRGs for each hospital were determined by categorizing all of a hospital’s discharges into DRGs defined in the All Patient Refined Grouper (3M™ APR-DRG 30) and ranked by the total number of discharges. In most cases, it was necessary for CHIA to abbreviate the DRG name in order to fit the space available.

Below is a list of abbreviated DRG descriptions that appear in the report, and the full name and APR-DRG 30 code for each DRG.

<table>
<thead>
<tr>
<th>ABBREVIATED DESCRIPTION</th>
<th>DESCRIPTION</th>
<th>APR DRG V.30</th>
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<td>3rd Degree Brn w Skn Grft</td>
<td>Extensive 3rd Degree Burns w Skin Graft</td>
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<td>Eye Procedures Except Orbit</td>
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<td>Signs, Symptoms &amp; Other Factors Influencing Health Status</td>
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<td>Thyroid, Parathyroid &amp; Thyroglossal Procedures</td>
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</tr>
<tr>
<td>Vaginal Delivery</td>
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<td>560</td>
</tr>
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</table>
Appendix D: Special Public Funding

Infrastructure & Capacity Building (ICB) program is a federal and state-funded program administered by MassHealth to help hospitals transition to integrated delivery systems that provide more effective and cost-efficient care to patients in need.

The Community Hospital Acceleration, Revitalization, and Transformation Investment Program (CHART) is a four-year, $120M program funded by an industry assessment of select providers and insurers and administered by the Health Policy Commission that makes phased investments to promote efficient, effective care delivery in non-profit, non-teaching, lower cost community hospitals. For more information and amounts, see the Health Policy Commission website.

The Health Care Innovation Investment (HCII) program is a unique opportunity for Massachusetts providers, health plans, and their partners to implement innovative models that deliver better health and better care at a lower cost. Chapter 224 of the Acts of 2012, the state’s landmark cost containment law, established this competitive investment program to support health care innovation and transformation.