

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 \$19.9M in FY18 and a total margin of 6.7%, compared to the cohort median of 5.0%.

Overview / Size		Payer Mix	
Hospital System Affiliation:	Signature Healthcare Corporation	Public Payer Mix:	73.7% HPP Hospital
Hospital System Surplus (Loss) in FY18:	\$11,483,617	CY17 Commercial Statewide Relative Price:	0.80
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.
Total Staffed Beds:	216, mid-size acute hospital		
% Occupancy:	59.9%, < cohort avg. (67%)		
Special Public Funding:	ICB*		
Trauma Center Designation:	Not Applicable		
Case Mix Index:	0.93, = cohort avg. (0.93); < statewide (1.14)		

Financial		Utilization	
Inpatient NPSR per CMAD:	\$12,334	Inpatient Discharges in FY18:	10,920
Change FY17-FY18:	4.2%	Change FY17-FY18:	-6.4%
Inpatient: Outpatient Revenue in FY18:	35%/65%	Emergency Department Visits in FY18:	60,238
Outpatient Revenue in FY18:	\$131,293,262	Change FY17-FY18:	-0.1%
Change FY17-FY18:	5.2%	Outpatient Visits in FY18:	174,540
Total Revenue in FY18:	\$297,137,271	Change FY17-FY18:	10.3%
Total Surplus (Loss) in FY18:	\$19,945,526		

Quality	
Readmission Rate in FY18:	15.7%
Change FY14-FY18 (percentage points):	-1.4
Early Elective Deliveries Rate:	0.0%

Hospital name

Campus location(s)

Hospital type

Region

Hospital system affiliation

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?

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

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?

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.

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.

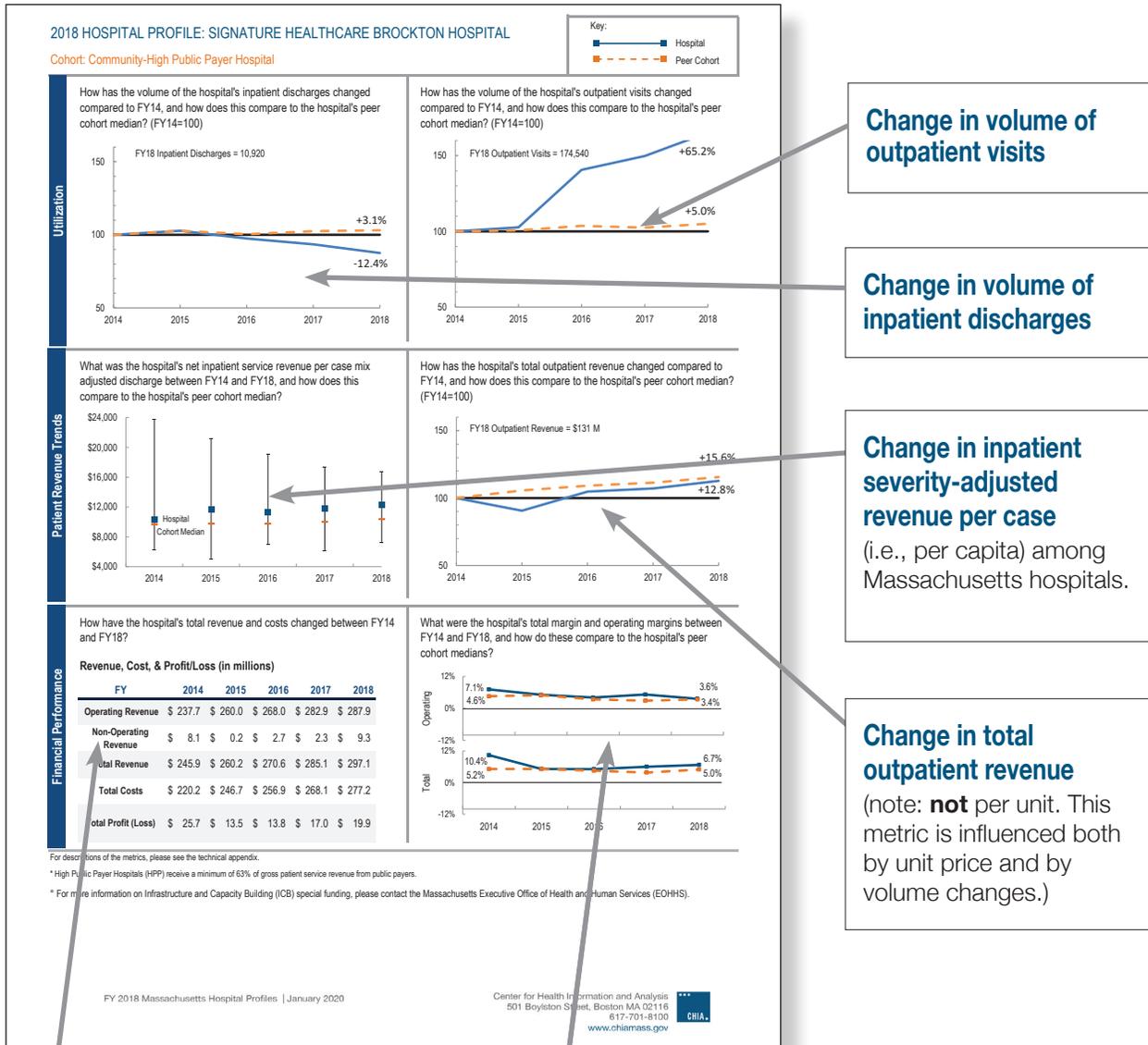
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Each of the first four graphs compares trends at the featured hospital (in blue) to the trend among the peer cohort hospitals (in orange). Both trends are anchored at 100 to emphasize recent changes. The labeled points are cumulative over the time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



Annual financial information

Total and operating margin history