

INTRODUCTION TO ACUTE HOSPITAL PROFILES

An **acute hospital** is a hospital that is licensed by the Massachusetts Department of Public Health that 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 because of their unique patient populations and services. For HFY2023, there were six AMCs, seven teaching hospitals, seven community hospitals, and 35 community-HPP hospitals. There were five specialty hospitals.

To see the acute and non-acute hospital profiles, refer to the [HFY 2023 Hospital Profiles Compendium](#).

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 percent above the statewide average.

AMC Cohortpage A1

Beth Israel Deaconess Medical Center	Massachusetts General Hospital
Boston Medical Center	Tufts Medical Center
Brigham and Women's Hospital	UMass Memorial Medical Center

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.

Teaching Cohortpage A7

Baystate Medical Center	Saint Vincent Hospital
Cambridge Health Alliance	Steward Carney Hospital
Lahey Hospital & Medical Center	Steward St. Elizabeth's Medical Center
Mount Auburn Hospital	

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 percent.

Community Hospital Cohort.....page A14

Beth Israel Deaconess Hospital - Milton	Nantucket Cottage Hospital
Beth Israel Deaconess Hospital - Needham	Newton-Wellesley Hospital
Emerson Hospital	Winchester Hospital
Milford Regional Medical Center	

Community-High Public Payer (HPP) hospitals are community hospitals that have 63 percent or greater of Gross Patient Service Revenue (GPSR) attributable to Medicare, MassHealth, and other government payers, including the Health Safety Net.

Community-High Public Payer (HPP) Cohort.....page A21

Anna Jaques Hospital	Marlborough Hospital
Athol Hospital	Martha's Vineyard Hospital
Baystate Franklin Medical Center	MelroseWakefield Hospital
Baystate Noble Hospital	Mercy Medical Center
Baystate Wing Hospital	MetroWest Medical Center
Berkshire Medical Center	Morton Hospital, A Steward Family Hospital
Beth Israel Deaconess Hospital - Plymouth	Nashoba Valley Medical Center, A Steward Family Hospital
Brigham and Women's Faulkner Hospital	North Shore Medical Center
Cape Cod Hospital	Northeast Hospital
Cooley Dickinson Hospital	Signature Healthcare Brockton Hospital
Fairview Hospital	South Shore Hospital
Falmouth Hospital	Southcoast Hospitals Group
Harrington Memorial Hospital	Steward Good Samaritan Medical Center
HealthAlliance-Clinton Hospital	Steward Holy Family Hospital
Heywood Hospital	Steward Norwood Hospital
Holyoke Medical Center	Steward Saint Anne's Hospital
Lawrence General Hospital	Sturdy Memorial Hospital
Lowell General Hospital	

Specialty hospitals are not included in any cohort comparison analysis because of the unique patient populations they serve and/or the unique sets of services they provide. Specialty hospitals may be included in statewide analyses.

Specialty Hospitals.....page A56

Boston Children's Hospital	New England Baptist Hospital
Dana-Farber Cancer Institute	Shriners Hospitals for Children - Boston
Massachusetts Eye and Ear Infirmary	

HOW TO READ ACUTE HOSPITAL PROFILES—HOSPITAL FISCAL YEAR 2023

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](#).

<h2>Anna Jaques Hospital</h2> <h3>Hospital Fiscal Year 2023 Profile</h3>					
OVERVIEW					
City/Town:	Newburyport, MA				
Region:	Northeastern Massachusetts				
Hospital Type:	Community-High Public Payer Hospital				
Total Staffed Beds in HFY23:	130, Mid-Size Hospital				
Hospital System Affiliation:	Beth Israel Lahey Health				
Hospital System Surplus (Deficit) in HFY23:	\$255,992,000				
Change in Ownership HFY19-HFY23:	Beth Israel Lahey Health 3/1/19				
Tax Status:	Trauma Center Designation: Adult, Level 3				
Total FTEs in HFY23:	706.14				
FY23 Case Mix Index:	0.80				
Public Payer Mix ¹ :	63.7%; HPP Hospital				
Percent of Total GSPR by Payer:	Medicare: 52% / Medicaid: 11% / Commercial: 33%				
CY22 Commercial Statewide Relative Price:	0.76				
FINANCIAL					
GROSS AND NET PATIENT SERVICE REVENUES (GSPR & NPSR)²					
	HFY19	HFY20	HFY21	HFY22	HFY23
Inpatient GSPR	\$70.3M	\$70.3M	\$73.9M	\$75.0M	\$83.4M
Outpatient GSPR	\$215.0M	\$191.1M	\$219.8M	\$211.1M	\$226.2M
Total GSPR	\$294.1M	\$253.1M	\$293.7M	\$286.1M	\$309.6M
Inpatient NPSR per CIMAD	\$8,985	\$9,826	\$10,142	\$9,944	\$12,113
Inpatient NPSR	\$48.1M	\$45.5M	\$48.7M	\$49.2M	\$60.0M
Outpatient NPSR	\$85.0M	\$69.6M	\$82.8M	\$80.3M	\$80.2M
<small>*Data Source: CHA Hospital Cost Reports</small>					
REVENUE & EXPENSES					
	HFY19	HFY20	HFY21	HFY22	HFY23
Operating Revenue	\$78.7M	\$126.3M	\$141.2M	\$138.7M	\$149.1M
Non-Operating Revenue ³	\$7.3M	\$0.8M	\$3.8M	(\$2.4M)	\$0.9M
COVID Funding Included in Operating Revenue ⁴	\$6.8M	\$4.9M	\$1.2M	\$0.0M	\$0.0M
Total Revenue	\$92.8M	\$131.9M	\$146.2M	\$136.3M	\$150.0M
Total Expenses	\$79.5M	\$131.0M	\$143.0M	\$150.2M	\$163.2M
Total Surplus (Deficit)	\$13.3M	\$1.9M	\$3.2M	(\$13.9M)	(\$13.3M)
Operating Margin	(0.9%)	(5.7%)	(1.3%)	(8.4%)	(9.4%)
Non-Operating Margin	8.5%	0.6%	2.1%	(1.8%)	0.6%
Total Margin	7.5%	(5.0%)	1.3%	(10.2%)	(8.9%)
<small>*Data Source: CHA Hospital Standardized Financial Statements</small>					
SOLVENCY AND LIQUIDITY					
	HFY19	HFY20	HFY21	HFY22	HFY23
Total Net Assets or Equity	\$21.0M	\$8.7M	\$28.6M	\$39.5M	\$3.1M
Current Ratio	3.5	1.6	1.8	1.3	1.0
Debt Service Coverage Ratio ⁵	5.7	(0.1)	4.4	(4.6)	(6.3)
Cash Flow to Total Debt ⁶	18.2%	(1.2%)	12.1%	(16.3%)	(12.3%)
Equity Financing Ratio	2.7%	8.3%	23.1%	34.3%	27.8%
Average Age of Plant	0.0	0.0	2.7	3.9	5.1
<small>*Data Source: CHA Hospital Standardized Financial Statements</small>					
UTILIZATION					
Licensed Beds in HFY23:	136				
Available Beds in HFY23:	136				
Staffed Beds in HFY23:	136				
HFY23 Percentage Occupancy:	57.7%				
Inpatient Discharges in HFY23:	6,173				
Change HFY22-HFY23:	4.6%				
Percent of Total Region Discharges in HFY23:	4.6%				
Percent of Statewide Total Discharges in HFY23:	<1%				
Inpatient Days in HFY23:	28,650				
Change HFY22-HFY23:	(6.6%)				
Percent of Total Region Inpatient Days in HFY23:	4.4%				
Percent of Statewide Total Inpatient Days in HFY23:	<1%				
Average Length of Stay in HFY23:	4.6				
Change HFY22-HFY23:	(9.9%)				
Emergency Department Visits in HFY23:	24,274				
Change HFY22-HFY23:	0%				
Percent of Total Region Emergency Department Visits in HFY23:	4.7%				
Percent of Statewide Total Emergency Department Visits in HFY23:	<1%				
Outpatient Visits in HFY23:	62,855				
Change HFY22-HFY23:	2.2%				
<small>*Data Source: CHA Hospital Cost Reports</small>					
TOP INPATIENT DIAGNOSES IN FY23					
Diagnosis ⁷	Discharges	Percent of Total Hospital Discharges			
Neonate Birth W Major Cardiovas Proc	573	9.3%			
Vaginal Delivery W Sterilization &/Or DAC	162	5.9%			
Lymphoma, Myeloma & Non-Acute Leukemia	21	5.8%			
Post-Operative, Post-Traumatic, Other Device Infections	337	5.5%			
Acute & Subacute Endocarditis	237	3.8%			
Other Female Reproductive System & Related Procedure	204	3.3%			
Viral Illness	197	3.2%			
Bronchitis & Rev Pneumonia	186	3.0%			
Knee Joint Replacement	182	3.0%			
Respiratory Malignancy	180	2.9%			
<small>*Data Source: CHA Hospital Discharge Dataset</small>					
TOP DISCHARGES BY COMMUNITY IN FY23					
Community ⁸	Discharges	Percent of Total Community Discharges			
Newburyport, MA	976	80%			
Amesbury, MA	11	55%			
Saverhill, MA	64	8%			
Newbury, MA	551	58%			
Methuen, MA	324	50%			
Georgetown, MA	222	28%			
Seabrook, NH	186	47%			
Newbury, N.	173	54%			
Groveland, N.	165	24%			
Rowley, MA	146	25%			
<small>*Data Source: CHA Hospital Discharge Dataset</small>					

Hospital name

Overview

A list of general information pertaining to the hospital.

Utilization

Hospital utilization information derived from hospital cost reports with comparisons to prior year, region, and statewide metrics where applicable.

Gross and Net Patient Service Revenues (GSPR & NPSR)

Financial information derived from hospital cost reports relating to the hospital's GSPR and NPSR over five years.

Top Inpatient Diagnoses

The hospital's most frequent inpatient diagnoses derived from the Hospital Inpatient Discharge Database listed with the number of discharges and the percent each DRG represents of the total discharges at the hospital.

Top Discharges by Community

The communities where the hospital's inpatients reside derived from the Hospital Inpatient Discharge Database listed with the number of discharges and the percent of inpatients from the community treated at that hospital.

Solvency and Liquidity

Five-year trend information derived from standardized financial statements for the hospital's solvency and liquidity metrics.

Revenue and Expenses

Five-year trend derived from standardized financial statements showing hospital's revenue, expense, and profitability statistics.