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 HFY 2024, there were 6 AMCs, 8 teaching hospitals, 9 community hospitals, and 33 community-HPP hospitals. There were 5 specialty hospitals.

To see the acute and non-acute hospital profiles, refer to the HFY 2024 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 Cohort ..... page A2

- Beth Israel Deaconess Medical Center
- Boston Medical Center
- Brigham and Women's Hospital
- Massachusetts General Hospital
- Tufts Medical Center
- 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 Cohort ..... page A8

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

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 A16

- Beth Israel Deaconess Hospital - Milton
- Beth Israel Deaconess Hospital - Needham
- Emerson Hospital
- Martha's Vineyard Hospital
- Milford Regional Medical Center
- Nantucket Cottage Hospital
- Newton-Wellesley Hospital
- North Adams Regional Hospital
- Winchester Hospital

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 A25

Anna Jaques Hospital

Athol Hospital

Baystate Franklin Medical Center

Baystate Noble Hospital

Baystate Wing Hospital

Berkshire Medical Center

Beth Israel Deaconess Hospital - Plymouth

Cape Cod Hospital

Cooley Dickinson Hospital

Fairview Hospital

Falmouth Hospital

Harrington Memorial Hospital

HealthAlliance-Clinton Hospital

Heywood Hospital

Holyoke Medical Center

Lawrence General Hospital

Lowell General Hospital

Marlborough Hospital

MelroseWakefield Hospital

Mercy Medical Center

MetroWest Medical Center

Morton Hospital, A Steward Family Hospital

Nashoba Valley Medical Center, A Steward Family Hospital

North Shore Medical Center

Northeast Hospital

Signature Healthcare Brockton Hospital

South Shore Hospital

Southcoast Hospitals Group

Steward Good Samaritan Medical Center

Steward Holy Family Hospital

Steward Norwood Hospital

Steward Saint Anne's Hospital

Sturdy Memorial 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 A58

Boston Children's Hospital

Dana-Farber Cancer Institute

Massachusetts Eye and Ear Infirmary

New England Baptist Hospital

Shriners Hospitals for Children - Boston

HOW TO READ ACUTE HOSPITAL PROFILES—HOSPITAL FISCAL YEAR 2024

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.

Anna Jaques Hospital

Hospital Fiscal Year 2024 Profile

OVERVIEW

City/Town:	Newburyport, MA	Trauma Center Designation:	Adult: Level 3
Region:	Northeastern Massachusetts	Total FTEs in HFY 2024:	627.24
Hospital Type:	Community-High Public Payer Hospital	FY24 Case Mix Index:	0.78
Total Staffed Beds in HFY 2024:	129, Mid-Size Hospital	Average Age of Plant in HFY 2024:	5: Increased from HFY23
Hospital System Affiliation:	Beth Israel Lahey Health	Public Payer Mix[1]:	64.8%: HPP Hospital
Hospital System Surplus (Deficit) in HFY 2024:	$76,642,000	CY 2023 Commercial Statewide Relative Price:	0.74
Hospital System Operating Margin in HFY 2024:	(2.7%)	Teaching Hospital Status[2]:	0.00
Hospital System Total Margin in HFY 2024:	0.8%	Medicare Mix:	52.5%: High Medicare Hospital
Change in Ownership HFY 2020 - HFY 2024:	Not Applicable	Medicaid Mix:	11.0%
Tax Status:	Non-profit		

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)[3]

	HFY20	HFY21	HFY22	HFY23	HFY24
Inpatient GPSR	$70.3M	$73.9M	[illegible]	$83.4M	$95.7M
Outpatient GPSR	$182.8M	$219.8M	$211.1M	$226.2M	[illegible]
Inpatient and Outpatient GPSR	$253.1M	$293.7M	$286.1M	$309.6M	$361.1M
Inpatient NPSR per CMAD	$9,826	$10,142	$9,944	$12,113	$11,730
Inpatient NPSR	$45.5M	$48.7M	$49.2M	$60.0M	$53.8M
Outpatient NPSR	$69.6M	$82.8M	$80.3M	$80.2M	$83.3M

Data Source: CHIA Hospital Cost Reports

REVENUE AND EXPENSES

	HFY20	HFY21	HFY22	HFY23	HFY24
Operating Revenue	$126.3M	$141.2M	$138.7M	$149.1M	$144.7M
Non-Operating Revenue[4]	[illegible]	$3.8M	($2.4M)	$0.9M	($0.8M)
Total Revenue	[illegible]	$145.0M	$136.3M	$149.9M	$143.9M
Total Expenses	$133.6M	$143.0M	$150.2M	$163.2M	$174.6M
Total Surplus (Deficit)	($6.4M)	$1.9M	($13.9M)	($13.3M)	($30.7M)
Operating Margin	(5.7%)	[illegible]	(8.4%)	(9.4%)	(20.7%)
Non-Operating Margin	0.6%	2.6%	(1.8%)	0.6%	(0.6%)
Total Margin	(5.0%)	1.3%	(10.2%)	(8.9%)	(21.3%)

Data Source: CHIA Hospital Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY20	HFY21	HFY22	HFY23	HFY24
Total Net Assets or Equity	$8.7M	$26.6M	$39.5M	$31.2M	$1.8M
Current Ratio	1.6	1.6	1.3	[illegible]	0.6
Debt Service Coverage Ratio[5]	(0.1)	4.4	(4.6)	(6.3)	(21.5)
Cash Flow to Total Debt[6]	(1.2%)	12.1%	(16.3%)	(12.3%)	(31.1%)

Data Source: CHIA Hospital Standardized Financial Statements

HFY2024 REVENUE TO COST RATIO

	All Payer	Medicare	Medicaid	Commercial	Other[7]
Revenue to Cost Ratio	0.82	0.80	0.80	0.91	0.59
Payer Mix		51.5%	10.6%	31.6%	6.2%

Data Source: CHIA Hospital Discharge Dataset and CHIA Hospital Cost Reports

UTILIZATION

	HFY20	HFY21	HFY22	HFY23	HFY24
Licensed Beds	140	140	136	136	136
Available Beds	140	140	136	136	129
Staffed Beds	140	140	136	136	129
Percentage Occupancy	54.1%	57.5%	61.2%	57.7%	55.6%
Inpatient Discharges	6,147	6,030	5,899	6,173	5,851
Inpatient Days	27,693	29,390	[illegible]	28,650	26,261
Average Length of Stay	4.51	4.87	5.15	4.64	4.49
Emergency Department Visits	22,221	22,519	24,274	24,274	19,775
Outpatient Visits	57,903	60,836	61,531	62,855	54,284

Data Source: CHIA Hospital Cost Reports

TOP INPATIENT DIAGNOSES IN HFY 2024

Diagnosis[6]	Discharges	Percent of Total Hospital Discharges	Percent Change (HFY23 - HFY24)
Normal Neonate Birth	540	9.2%	(5.8%)
Vaginal Delivery	304	5.2%	(16.0%)
Septicemia & Disseminated Infections	282	4.8%	(10.8%)
Heart Failure	216	3.7%	(8.9%)
Major Depress Disorders & Other/Unspecpsychoses	214	3.7%	(36.5%)

Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN HFY 2024

Community[6]	Discharges	Percent of Total Hospital Discharges	Percent Change (HFY23 - HFY24)
Amesbury, MA	1,000	17.1%	0.9%
Newburyport, MA	977	16.7%	(9.2%)
Haverhill, MA	638	10.9%	(0.3%)
Salisbury, MA	581	9.9%	5.4%
Merrimac, MA	324	5.5%	0.0%

Data Source: CHIA Hospital Discharge Dataset

For descriptions of the metrics, please see the technical appendix at https://www.chiamass.gov/hospital-profiles.

[1] High public payer (HPP) Hospitals reported a minimum of 63% of Gross Patient Service revenue from public payers.

[2] Teaching hospitals report at least 25 Full-Time Equivalent medical school residents per 100 Inpatient Beds.

[3] Effective HFY 2020, Supplemental Revenue is not included in Net Patient Service Revenue for all hospitals.

[4] There was an accounting change adopted by most hospitals beginning in HFY 2020 in which Unrealized Gains and Losses on investments are now recognized as Non-Operating Revenue.

[5] Starting in HFY 2023, Unrealized Gains and Losses were removed from the Debt Service Coverage Ratio and Cash Flow to Total Debt metrics. They are included in prior year calculations.

[6] Inpatient cases and communities with fewer than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) chart.

[7] Payers included in Other category: Workers Comp, Self-pay, Other Government, Other, Commonwealth Care, Health Safety Net (HSN).

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Hospital Name

Overview

General information pertaining to the hospital and its system.

Utilization

Hospital utilization information derived from hospital cost reports over five years.

Gross and Net Patient Service Revenues (GPSR & NPSR)

Financial information derived from hospital cost reports relating to the hospital's GPSR 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, the percent each DRG represents of the total discharges at the hospital. and the change in discharges from the prior year.

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, the percent of inpatients from the community treated at the hospital and the change in discharges from the prior year.

Revenue to Cost Ratio

The hospital's revenue to cost ratio by payer type.

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.