

Tufts Medical Center

2022 Hospital Profile

OVERVIEW

| | |
|---|-------------------------|
| City/Town: | Boston, MA |
| Region: | Metro Boston |
| Hospital Type: | Academic Medical Center |
| Total Staffed Beds in HFY22: | 288, Large Hospital |
| Hospital System Affiliation: | Tufts Medicine |
| Hospital System Surplus (Deficit) in HFY22: | (\$530,357,000) |
| Change in Ownership HFY18-HFY22: | Not Applicable |

| | |
|---|-----------------|
| Tax Status: | Non-profit |
| Trauma Center Designation: | Adult: Level 1 |
| Total FTE's in HFY22: | 4,778.47 |
| FY22 Case Mix Index: | 1.77 |
| Public Payer Mix ¹ : | 62.7% |
| Percent of Total GPSR - Medicare/Medicaid/Commercial: | 38% / 23% / 33% |
| CY21 Commercial Statewide Relative Price: | 1.08 |

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

| | HFY18 | HFY19 | HFY20 | HFY21 | HFY22 |
|-------------------------|------------|------------|------------|------------|------------|
| Inpatient GPSR | \$995.4M | \$1,022.7M | \$974.8M | \$1,100.8M | \$1,073.2M |
| Outpatient GPSR | \$1,101.8M | \$1,196.5M | \$1,083.8M | \$1,305.0M | \$1,337.2M |
| Total GPSR | \$2,097.2M | \$2,219.2M | \$2,058.6M | \$2,405.7M | \$2,410.4M |
| Inpatient NPSR per CMAD | \$14,177 | \$15,436 | \$16,239 | \$16,366 | \$15,038 |
| Inpatient NPSR | \$457.2M | \$483.7M | \$475.0M | \$518.6M | \$441.2M |
| Outpatient NPSR | \$330.1M | \$368.0M | \$375.5M | \$477.5M | \$533.9M |

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

| | HFY18 | HFY19 | HFY20 | HFY21 | HFY22 |
|--|----------|----------|------------|------------|------------|
| Operating Revenue | \$874.0M | \$939.9M | \$1,001.6M | \$1,122.1M | \$1,088.8M |
| Non-Operating Revenue ³ | \$13.2M | (\$1.0M) | \$19.1M | \$81.0M | (\$57.1M) |
| COVID Funding Included in Operating Revenue ⁴ | - | - | \$27.6M | \$7.6M | \$14.5M |
| Total Revenue | \$887.2M | \$938.9M | \$1,020.7M | \$1,203.1M | \$1,031.6M |
| Total Expenses | \$847.9M | \$904.9M | \$982.5M | \$1,067.7M | \$1,222.0M |
| Total Surplus (Deficit) | \$39.3M | \$33.9M | \$38.2M | \$135.3M | (\$190.4M) |
| Operating Margin | 2.9% | 3.7% | 1.9% | 4.5% | (12.9%) |
| Non-Operating Margin | 1.5% | (0.1%) | 1.9% | 6.7% | (5.5%) |
| Total Margin | 4.4% | 3.6% | 3.7% | 11.2% | (18.5%) |

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

| | HFY18 | HFY19 | HFY20 | HFY21 | HFY22 |
|-----------------------------|----------|----------|----------|----------|---------|
| Total Net Assets or Equity | \$155.4M | \$143.3M | \$184.7M | \$387.9M | \$51.3M |
| Current Ratio | 1.4 | 1.2 | 1.1 | 1.4 | 0.9 |
| Debt Service Coverage Ratio | 3.1 | 2.7 | 2.8 | 5.8 | (4.5) |
| Cash Flow to Total Debt | 13.6% | 10.2% | 8.4% | 23.5% | (21.0%) |
| Equity Financing Ratio | 21.2% | 17.0% | 16.4% | 31.9% | 5.5% |
| Average Age of Plant | 16.0 | 16.0 | 16.0 | 16.0 | 14.0 |

*Data Source: Standardized Financial Statements

UTILIZATION

| | |
|--|---------|
| Licensed Beds in HFY22: | 439 |
| Available Beds in HFY22: | 428 |
| Staffed Beds in HFY22: | 288 |
| HFY22 Percentage Occupancy: | 100.8% |
| Inpatient Discharges in HFY22: | 16,557 |
| Change HFY21-HFY22: | (5.1%) |
| Percent of Total Region Discharges in HFY22: | 6.1% |
| Percent of Statewide Total Discharges in HFY22: | 2.3% |
| Inpatient Days in HFY22: | 105,984 |
| Change HFY21-HFY22: | 0.1% |
| Percent of Total Region Inpatient Days in HFY22: | 6.0% |
| Percent of Statewide Total Inpatient Days in HFY22: | 2.6% |
| Average Length of Stay in HFY22: | 6.4 |
| Change HFY21-HFY22: | 5.4% |
| Emergency Department Visits in HFY22: | 37,753 |
| Change HFY21-HFY22: | 0% |
| Percent of Total Region Emergency Department Visits in HFY22: | 4.8% |
| Percent of Statewide Total Emergency Department Visits in HFY22: | 1.4% |
| Outpatient Visits in HFY22: | 400,060 |
| Change HFY21-HFY22: | 6.8% |

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

| Inpatient Case (DRG) ⁵ | Discharges | Percent of Total Hospital Discharges |
|--|------------|--------------------------------------|
| Normal Neonate Birth | 956 | 5.8% |
| Vaginal delivery | 677 | 4.1% |
| Cesarean delivery | 520 | 3.1% |
| Major Resp Infect & Inflam | 459 | 2.8% |
| Heart failure | 350 | 2.1% |
| Per Cardio Proc w/o AMI | 329 | 2.0% |
| Dorsal & lumbar fusion proc | 293 | 1.8% |
| Cardiac cath w circ disord exc heart disease | 218 | 1.3% |
| Craniotomy except for trauma | 216 | 1.3% |
| Cardiac Arrhythmia | 214 | 1.3% |

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

| Community ⁵ | Discharges | Percent of Total Community Discharges |
|------------------------|------------|---------------------------------------|
| Boston, MA | 2,232 | 13% |
| Lowell, MA | 767 | 7% |
| Quincy, MA | 723 | 7% |
| Dorchester, MA | 547 | 6% |
| Brockton, MA | 468 | 3% |
| Malden, MA | 456 | 7% |
| Lawrence, MA | 352 | 4% |
| Framingham, MA | 324 | 4% |
| Dorchester Center, MA | 292 | 5% |
| Dracut, MA | 233 | 7% |

*Data Source: CHIA Hospital Discharge Dataset

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

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

² Effective HFY 2020, supplemental revenue is not included in net patient service revenue for all hospitals. Prior to HFY 2020, reporting of supplemental revenue varied by hospital.

³ 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.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

⁶ Tufts Medical Center's net patient service revenue (NPSR) includes their pharmacy revenue.



For more information, please contact:

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