

## **Marin General Hospital**

### Performance Metrics and Core Services Report

1st Quarter 2016

**Marin General Hospital**  
Performance Metrics and Core Services Report: **1st Quarter 2016**

**TIER 1 PERFORMANCE METRICS**

*In accordance with Tier 1 Performance Metrics requirements, the MGH Board is required to meet each of the following minimum level requirements:*

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	1. MGH Board must maintain MGH's Joint Commission accreditation, or if deficiencies are found, correct them within six months.	Quarterly	In Compliance	The Joint Commission surveyed MGH July 12-15, 2016. An "Accredited" decision is expected and is in process.
	2. MGH Board must maintain MGH's Medicare certification for quality of care and reimbursement eligibility.	Quarterly	In Compliance	MGH maintains its Medicare Certification.
	3. MGH Board must maintain MGH's California Department of Public Health Acute Care License	Quarterly	In Compliance	MGH maintains its license with the State of California.
	4. MGH Board must maintain MGH's plan for compliance with SB 1953.	Quarterly	In Compliance	MGH remains in compliance with SB 1953 (California Hospital Seismic Retrofit Program).
	5. MGH Board must report on all Tier 2 Metrics at least annually.	Annually	In Compliance	4Q 2015 (Annual Report) was presented to MGH Board and to MHD Board in May 2016.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2016 was presented for approval to the MGH Board in May 2016.
	7. MGH Board must include quality improvement metrics as part of the CEO and Senior Executive Bonus Structure for MGH.	Annually	In Compliance	CEO and Senior Executive Bonus Structure includes quality improvement metrics.
(B) Patient Satisfaction and Services	MGH Board will report on MGH's HCAHPS Results Quarterly.	Quarterly	In Compliance	<b>Schedule 1</b>
(C) Community Commitment	1. In coordination with the General Member, the MGH Board must publish the results of its triennial community needs assessment conducted with other regional providers pursuant to SB 697 (1994) to assess MGH's performance at meeting community health care needs and its planning for meeting those needs.	Annually	In Compliance	Community Health and Education Report was presented to the MGH Board and to the MHD Board in May 2016.
	2. MGH Board must provide community care benefits at a sufficient level to maintain MGH's non-profit tax exempt status.	Quarterly	In Compliance	MGH continues to provide community care and has maintained its tax exempt status.
(D) Physicians and Employees	MGH Board must report on all Tier 2 "Physician and Employee" Metrics at least annually.	Annually	In Compliance	Physician and Employee metrics were presented to the MGH Board and to the MHD Board in May 2016.
(E) Volumes and Service Array	1. MGH Board must maintain MGH's Scope of Acute Care Services as reported to OSHPD.	Quarterly	In Compliance	All services have been maintained.
	2. MGH Board must maintain MGH's services required by Exhibit G to the Loan Agreement between the General Member and Marin County, dated October 2008, as long as the Exhibit commitments are in effect.	Quarterly	In Compliance	All services have been maintained.
(F) Finances	1. MGH Board must maintain a positive operating cash-flow (operating EBITDA) for MGH after an initial phase in period of two fiscal years, and then effective as a performance metric after July 1, 2012, with performance during the phase in period <u>monitored as if a Tier 2 metric.</u>	Quarterly	In Compliance	<b>Schedule 2</b>
	2. MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly	In Compliance	<b>Schedule 2</b>

**Marin General Hospital**  
Performance Metrics and Core Services Report: **1st Quarter 2016**

**TIER 2 PERFORMANCE METRICS**

*In accordance with Tier 2 Performance Metrics requirements, the General Member shall monitor and the MGH Board shall provide necessary reports to the General Member on the following metrics:*

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs).	Quarterly	In Compliance	<b>Schedule 3</b>
(B) Patient Satisfaction and Services	1. MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.	Quarterly	In Compliance	<b>Schedule 1</b>
	2. MGH Board will report external awards and recognition.	Annually	In Compliance	External awards and recognition report was presented to the MGH Board and the MHD Board in May 2016.
(C) Community Commitment	1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly	In Compliance	<b>Schedule 4</b>
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	<b>Schedule 4</b>
	3. MGH Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities.	Annually	In Compliance	Community Health and Education Report was presented to the MGH Board and to the MHD Board in May 2016.
	4. MGH Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.	Annually	In Compliance	Reinvestment and Capital Expenditure Report was presented to the MGH Board and to the MHD Board in May 2016.
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	"Green Building" Status Report was presented to the MGH Board and to the MHD Board in May 2016.
(D) Physicians and Employees	1. MGH Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.	Annually	In Compliance	Physician Report was presented to the MGH Board and to the MHD Board in May 2016.
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	Physician and Employee metrics were presented to the MGH Board and to the MHD Board in May 2016.
	3. MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.	Quarterly	In Compliance	<b>Schedule 5</b>
(E) Volumes and Service Array	1. MGH Board will develop a strategic plan for MGH and review the plan and its performance with the General Member.	Annually	In Compliance	The updated MGH Strategic Plan was presented to the MGH Board on October 24, 2015.
	2. MGH Board will report on the status of MGH's market share and Management responses.	Annually	In Compliance	MGH's market share and management responses report was presented to the MGH Board on October 24, 2015.
	3. MGH Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.	Quarterly	In Compliance	<b>Schedule 2</b>
	4. MGH Board will report on current Emergency services diversion statistics.	Quarterly	In Compliance	<b>Schedule 6</b>
(F) Finances	1. MGH Board will provide the audited financial statements.	Annually	In Compliance	The MGH 2015 Independent Audit was completed on April 29, 2016.
	2. MGH Board will report on its performance with regard to industry standard bond rating metrics, e.g., current ratio, leverage ratios, days cash on hand, reserve funding.	Quarterly	In Compliance	<b>Schedule 2</b>
	3. MGH Board will provide copies of MGH's annual tax return (form 990) upon completion to General Member.	Annually	In Compliance	The MGH 2014 Form 990 was filed on November 12, 2015.

# MGH Performance Metrics and Core Services Report

## 1Q 2016

### Schedule 1: HCAHPS

(Hospital Consumer Assessment of Healthcare Providers & Systems)

- **Tier 1, Patient Satisfaction and Services**  
The MGH Board will report on MGH's HCAHPS Results Quarterly.
- **Tier 2, Patient Satisfaction and Services**  
The MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.

#### Marin General Hospital Overall Hospital HCAHPS Trending by Quarter

Scores displayed here are based on interviews from CMS submitted data for the selected time periods.  
Mode adjustments and ESTIMATED Patient Mix Adjustments have been applied to the dimension scores.  
Scores for the individual questions do not have adjustments applied.

FY 2017 VBP Thresholds			2Q 2015	3Q 2015	4Q 2015	1Q 2016	
70.23	78.20	84.58	<b>Overall rating</b>	64.40	61.69	62.36	60.45
			<b>Would Recommend</b>	66.68	73.52	63.78	67.14
78.52	83.05	86.68	<b>Communication with Nurses</b>	68.78	71.28	66.58	68.38
			Nurse Respect	80.95	84.75	79.13	81.18
			Nurse Listen	70.69	73.42	71.26	71.90
			Nurse Explain	73.59	74.58	68.24	68.27
80.44	84.92	88.51	<b>Communication with Doctors</b>	74.18	77.97	74.79	73.12
			Doctor Respect	79.83	88.94	83.00	81.85
			Doctor Listen	75.32	77.97	77.73	75.91
			Doctor Explain	77.59	77.22	73.83	73.90
65.08	73.56	80.35	<b>Responsiveness of Staff</b>	58.03	58.63	55.88	59.21
			Call Button	62.74	62.63	59.83	61.02
			Bathroom Help	68.53	69.84	67.13	70.20
70.20	74.79	78.46	<b>Pain Management</b>	66.39	68.91	63.22	63.02
			Pain Controlled	70.62	73.13	66.67	66.67
			Help with Pain	76.97	79.50	74.57	74.37
63.37	69.09	73.66	<b>Communication about Medications</b>	54.87	57.57	58.36	55.23
			Med Explanation	74.65	76.52	76.26	74.34
			Med Side Effects	46.10	49.62	51.47	46.71
65.60	73.04	79.00	<b>Hospital Environment</b>	47.39	51.98	49.53	43.13
			Cleanliness	58.01	62.93	64.14	54.85
			Quiet	51.07	55.32	49.21	44.61
86.60	89.39	91.63	<b>Discharge Information</b>	80.80	85.20	83.59	84.47
			Help After Discharge	81.90	86.88	81.59	87.06
			Symptoms to Monitor	84.69	88.53	90.60	86.87
			<b>Number of Surveys</b>	234	239	257	274

Thresholds Color Key:	
National 95th percentile	
National 75th percentile	
National average, 50th percentile	

Scoring Color Key:	
At or above 95th percentile	
At or above 75th percentile	
At or above 50th percentile	
Below 50th percentile	

Official VPB (Value-Based Purchasing) monthly trending HCAHPS results are distributed by  
MGH Quality Management on the 15th of each month.

# MGH Performance Metrics and Core Services Report

## 1Q 2016

### Schedule 2: Finances

➤ **Tier 1, Finances**

The MGH Board must maintain a positive operating cash-flow (operating EBIDA) for MGH after an initial phase in period of two fiscal years, and then effective as a performance metric after July 1, 2012, with performance during the phase in period monitored as if a Tier 2 metric. The MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.

➤ **Tier 2, Volumes and Service Array**

The MGH Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.

Financial Measure	1Q 2016	2Q 2016	3Q 2016	4Q 2016
EBIDA \$	\$8,914			
EBIDA %	9.24%			

Loan Ratios				
Current Ratio	3.25			
Debt to Capital Ratio	27.1%			
Debt Service Coverage Ratio	4.13			
Debt to EBIDA %	1.70			

Key Service Volumes				
Acute discharges	2,317			
Acute patient days	10,913			
Average length of stay	4.71			
Emergency Department visits	9,285			
Inpatient surgeries	604			
Outpatient surgeries	1,033			
Newborns	327			

# MGH Performance Metrics and Core Services Report

## 1Q 2016

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### Schedule 3: Clinical Quality Reporting Metrics

➤ **Tier 2, Quality, Safety and Compliance**

The MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH’s Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, “never events,” process of care measures, adverse drug effects, CLABSI, preventive care programs).

#### CLINICAL QUALITY METRICS DASHBOARD

Metrics are publicly reported on CalHospital Compare ([www.calhospitalcompare.org](http://www.calhospitalcompare.org)), and Centers for Medicare & Medicaid Services (CMS) Hospital Compare ([www.hospitalcompare.hhs.gov/](http://www.hospitalcompare.hhs.gov/))

Abbreviations and Acronyms Used in Dashboard Report	
Term	Title/Phrase
Abx	Antibiotics
ACC	American College of Cardiology
ACE	Angiotensin Converting Enzyme Inhibitor
AMI	Acute Myocardial Infarction
APR DRG	All Patient Refined Diagnosis Related Groups
ARB	Angiotensin Receptor Blocker
ASA	American Stroke Association
C Section	Caesarian Section
CHART	California Hospital Assessment and Reporting Task Force
CLABSI	Central Line Associated Blood Stream Infection
CMS	Centers for Medicare and Medicaid Services
CT	Computerized Axial Tomography (CAT Scan)
CVP	Central Venous Pressure
ED	Emergency Department
HF	Heart Failure
Hg	Mercury
hr(s)	hour(s)
ICU	Intensive Care Unit
LVS	Left Ventricular Systolic
LVSD	Left Ventricular Systolic Dysfunction
NHSN	National Healthcare Safety Network
PCI	Percutaneous Coronary Intervention
PN	Pneumonia
POD	Post-op Day
Pt	Patient
SCIP	Surgical Care Improvement Project
ScVO2	Central Venous Oxygen Saturation
STEMI	ST Elevated Myocardial Infarction (ST refers to the EKG tracing segment)
VAP	Ventilator Associated Pneumonia
VHA	Voluntary Hospitals of America
VTE	Venous Thromboembolism

**MARIN GENERAL HOSPITAL DASHBOARD  
CLINICAL QUALITY METRICS**

Publicly Reported on CalHospital Compare (www.calhospitalcompare.org)  
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov/)

METRIC	CMS**	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Q1 %	Q1-2016 Num/Den	Rolling %	Rolling Num/Den
<b>◆ Venous Thromboembolism (VTE) Measures</b>																	
VTE warfarin therapy discharge instructions	100%	80%	100%	75%	33%	50%	100%	0%	100%	25%	50%	100%	100%	<b>80%</b>	4/5	<b>63%</b>	22/35
Hospital acquired potentially-preventable VTE +	0%	N/A	N/A	0%	N/A	N/A	N/A	0%	N/A	0%	0%	0%	0%	<b>0%</b>	0/8	<b>0%</b>	0/15
<b>◆ Global Immunization (IMM) Measures</b>																	
Influenza immunization	100%	N/A	N/A	N/A	N/A	N/A	N/A	93%	91%	92%	89%	89%	91%	<b>89%</b>	230/257	<b>91%</b>	461/508
<b>◆ Stroke Measures</b>																	
Thrombolytic therapy	100%	100%	100%	N/A	100%	100%	100%	100%	100%	100%	100%	100%	N/A	<b>100%</b>	4/4	<b>100%</b>	16/16
<b>◆ Perinatal Care Measure</b>																	
Elective delivery +	0%	0%	0%	0%	0%	0%	0%	0%	N/A	0%	0%	0%	0%	<b>0%</b>	0/10	<b>0%</b>	0/37
<b>◆ Psychiatric (HBIPS) Measures</b>																	
Hours of physical restraint use	0.41	0.00	0.00	0.00	0.08	1.11	0.15	0.08	0.00	0.17	0.29	0.00	0.00	<b>0.10</b>	N/A	<b>0.15</b>	N/A
Hours of seclusion use	0.21	0.18	0.00	0.00	0.00	0.00	0.01	0.24	0.00	2.06	0.00	0.10	0.00	<b>0.03</b>	N/A	<b>0.34</b>	N/A
Patients discharged on multiple antipsychotic medications with appropriate justification	36%	100%	86%	100%	100%	100%	89%	80%	100%	91%	100%	75%	25%	<b>76%</b>	13/17	<b>88%</b>	68/77
Alcohol use screening	71%	97%	90%	96%	98%	100%	91%	93%	98%	98%	89%	67%	89%	<b>82%</b>	102/125	<b>92%</b>	430/468
<b>◆ ED Inpatient (ED) Measures</b>																	
Median time (mins) ED arrival to ED departure +	262***	328.00	355.00	290.00	296.00	312.00	289.00	298.00	311.00	282.00	292.00	310.50	312.00	<b>304.83</b>	168 cases	<b>306.29</b>	688 cases
Admit decision median time (mins) to ED departure time +	90***	139.50	127.00	87.00	111.50	102.00	96.00	104.00	171.00	133.00	142.00	166.00	125.00	<b>144.33</b>	167 cases	<b>125.33</b>	681 cases
<b>◆ ED Outpatient (ED) Measures</b>																	
Median time (mins) ED arrival to ED discharge +	142***	103.50	178.00	133.50	151.00	153.00	188.00	118.00	146.00	120.50	163.00	125.00	144.13	<b>144.04</b>	92 cases	<b>144.13</b>	375 cases
Door to diagnostic evaluation by qualified medical personnel +	25***	21.00	33.00	24.50	16.00	133.00	17.00	11.50	13.00	12.50	12.00	12.50	15.50	<b>13.33</b>	73 cases	<b>26.79</b>	328 cases
<b>◆ Outpatient Pain Management Measure</b>																	
Median time (mins) to pain management for long bone fracture +	54***	74.50	82.00	56.00	44.00	55.50	61.50	72.00	76.00	41.00	77.00	60.50	46.50	<b>61.33</b>	45 cases	<b>62.21</b>	196 cases
<b>◆ Outpatient Stroke Measure</b>																	
Head CT/MRI results for stroke patients within 45 mins of ED arrival	67%***	50%	100%	100%	N/A	N/A	50%	100%	N/A	67%	100%	100%	0%	<b>67%</b>	4/6	<b>71%</b>	12/17

\*\* CMS Top Decile Benchmark  
\*\*\* National Average  
+ Lower number is better



<b>◆ Acute Care Readmissions - 30 Day Risk Standardized</b>					
<b>METRIC</b>	<b>CMS National Average</b>	<b>July 2008 - June 2011</b>	<b>July 2009 - June 2012</b>	<b>July 2010 - June 2013</b>	<b>July 2011 - June 2014</b>
Acute Myocardial Infarction Readmission Rate	17.0%	18.0%	16.7%	15.9%	16.1%
Heart Failure Readmission Rate	22.0%	24.7%	22.6%	23.0%	22.8%
Pneumonia Readmission Rate	16.9%	17.9%	16.2%	15.0%	14.1%
COPD Readmission Rate	20.2%			19.0%	18.4%
Stroke Readmission Rate	12.7%			12.1%	11.1%
Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.8%		5.8%	5.3%	4.6%
Coronary Artery Bypass Graft Surgery (CABG)	14.9%				15.6%
Hospital-Wide All-Cause Unplanned Readmission (HWR)	15.2%			14.4%	14.9%
<b>◆ Outpatient Measures (Claims Data)</b>					
<b>METRIC</b>	<b>CMS National Average</b>	<b>Jan 2011 - Dec 2011</b>	<b>July 2012 - June 2013</b>	<b>July 2013 - June 2014</b>	
Outpatient with low back pain who had an MRI without trying recommended treatments first, such as physical therapy	37.2%	Not available	Not available	Not available	
Outpatient who had follow-up mammogram, ultrasound, or MRI of the breast within 45 days after the screening on the mammogram	8.9%	7.7%	7.4%	6.7%	
Outpatient CT scans of the abdomen that were "combination" (double) scans +	9.4%	6.0%	5.6%	6.1%	
Outpatient CT scans of the chest that were "combination" (double) scans +	2.4%	1.4%	0.4%	0.3%	
Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery +	5.0%	5.56%	2.6%	2.9%	
Outpatients with brain CT scans who got a sinus CT scan at the same time +	2.8%	1.7%	2.3%	1.8%	
<b>METRIC</b>	<b>CMS National Average</b>			<b>Jan 2013 - Dec 2013</b>	
Patient left Emergency Dept. before being seen	2.0%			1.0%	
<b>◆ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators)</b>					
<b>METRIC</b>	<b>CMS National Average</b>	<b>Oct 2010 - June 2012</b>	<b>July 2011 - June 2013</b>	<b>July 2012 thru June 2014</b>	
Complication / Patient Safety Indicators PSI 90 (Composite)	0.81	Worse than National Average	Worse than National Average	No different than National Average	
Death Among Surgical Patients with Serious Complications	117.52 per 1,000 patient discharges	No different than National Average	No different than National Average	No different than National Average	
<b>◆ Structural Measures</b>					
<b>METRIC</b>	<b>2016</b>				
Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care	Yes				
Participation in a Systematic Clinical Database Registry for General Surgery	Yes				
Safe Surgery Checklist Use	Yes				
Hospital Survey on Patient Safety Culture	Yes				

+ Lower Number is Better



◆ Surgical Site Infection						
METRIC	National Standardized Infection Ratio (SIR)	Oct 2013 - Sep 2014	Jan 2014 - Dec 2014	April 2014 - March 2015	July 2014 - June 2015	
Colon surgery	1	0.54	0.58	0.00	0.00	No Different than U.S. National Benchmark
Abdominal hysterectomy	1	not published**	not published**	not published**	not published**	
◆ Healthcare Associated Infections (All units including ICU)						
METRIC	National Standardized Infection Ratio (SIR)	Jan 2014 - June 2015				
Central Line Associated Blood Stream Infection Rate (CLABSI)	1	0.37				No Different than U.S. National Benchmark
Catheter Associated Urinary Tract Infection (CAUTI)	1	0.27				No Different than U.S. National Benchmark
◆ Healthcare Associated Infections (ICU)						
METRIC	National Standardized Infection Ratio (SIR)	Oct 2013 - Sep 2014	Jan 2014 - Dec 2014	April 2014 - March 2015	July 2014 - June 2015	
Central Line Associated Blood Stream Infection Rate (CLABSI)	1	0.29	0.30	0.00	0.28	No Different than U.S. National Benchmark
Catheter Associated Urinary Tract Infection (CAUTI)	1	1.41	2.09	1.76	1.13	No Different than U.S. National Benchmark
◆ Healthcare Associated Infections (Inpatients)						
METRIC	National Standardized Infection Ratio (SIR)	Oct 2013 - Sep 2014	Jan 2014 - Dec 2014	April 2014 - March 2015	July 2014 - June 2015	
Clostridium Difficile	1	1.20	1.29	1.25	1.23	No Different than U.S. National Benchmark
Methicillin Resistant Staph Aureus Bacteremia (MRSA)	1	2.04	1.95	1.59	0.53	No Different than U.S. National Benchmark
◆ Healthcare Personnel Influenza Vaccination						
METRIC	CMS National Average	Oct 2013 - March 2014	Oct 2014 - March 2015			
Healthcare Personnel Influenza Vaccination	84%	71%	81%			No Different than U.S. National Benchmark
◆ Surgical Complications						
METRIC	CMS National Average	July 2009 - March 2012	April 2010- March 2013	April 2011 - March 2014		
Hip/knee complication: Hospital-level risk -- Standardized complication rate (RSCR) following elective primary total hip/knee arthroplasty	3.1%	4.0%	4.4%	3.6%		
◆ Cost Efficiency						
METRIC	CMS National Average	Jan 2013 - Dec 2013	July 2010 - June 2013	July 2011 thru June 2014	Jan 2014 thru Dec 2014	
Medicare spending per beneficiary (All)	0.98	1.01			1.00	
Acute Myocardial Infarction payment per episode of care	\$21,791		\$20,850	\$22,019		
Heart Failure payment per episode of care	\$15,223			\$16,871		
Pneumonia payment per episode of care	\$14,294			\$14,889		
◆ Mortality Measures - 30 Day						
METRIC	CMS National Average	July 2008 - June 2011	July 2009 - June 2012	July 2010 - June 2013	July 2011 - June 2014	
Acute Myocardial Infarction Mortality Rate	14.2%	13.5%	13.3%	12.60%	11.70%	
Heart Failure Mortality Rate	11.6%	12.9%	13.8%	12.0%	12.6%	
Pneumonia Mortality Rate	11.5%	10.7%	10.9%	12.2%	12.3%	
CABG 30-day Mortality Rate (PD 2017)	3.2%				2.6%	
COPD Mortality Rate	7.7%			7.8%	7.3%	
Stroke Mortality Rate	14.8%			15.2%	13.4%	

\*\* Insufficient data to calculate SIR

# MGH Performance Metrics and Core Services Report

## 1Q 2016

### Schedule 4: Community Benefit Summary

➤ **Tier 2, Community Commitment**

The Board will report all of MGH's cash and in-kind contributions to other organizations.  
The Board will report on MGH's Charity Care.

<b>Cash &amp; In-Kind Donations</b>					
(these figures are not final and are subject to change)					
	1Q 2016	2Q 2016	3Q 2016	4Q 2016	Total 2016
Brain Injury Network	638				638
Coastal Health Alliance	25,000				25,000
Community Institute for Psychotherapy	25,000				25,000
Healthy Aging Symposium	1,000				1,000
Homeward Bound	150,000				150,000
Marin Center for Independent Living	25,000				25,000
MHD 1206(b) Clinics	1,701,556				1,701,556
Operation Access	20,000				20,000
Pine St. Foundation, acupuncture services	10,000				10,000
Prima Foundation	1,684,025				1,684,025
Ritter Center	25,000				25,000
RotaCare Free Clinic	20,000				20,000
Senior Access, adult day program	15,000				15,000
Summer Solstice	780				780
Zero Breast Cancer	2,140				2,140
<b>Total Cash Donations</b>	<b>\$3,705,139</b>				<b>\$3,705,139</b>
Compassionate discharge medications	2,198				2,198
Meeting room use by community based organizations for community-health related purposes.	2,529				2,529
Food donations	940				940
<b>Total In Kind Donations</b>	<b>\$5,667</b>				<b>\$5,667</b>
<b>Total Cash &amp; In-Kind Donations</b>	<b>\$3,710,806</b>				<b>\$3,710,806</b>

# MGH Performance Metrics and Core Services Report

## 1Q 2016

### Schedule 4, continued

<b>Community Benefit Summary</b>					
(these figures are not final and are subject to change)					
	1Q 2016	2Q 2016	3Q 2016	4Q 2016	Total 2016
Community Health Improvement Services	14,856				14,856
Health Professions Education	132,465				132,465
Cash and In-Kind Contributions	3,705,139				3,705,139
Community Benefit Operations	24,581				24,581
Traditional Charity Care *Operation Access total is included	554,705				554,705
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	8,477,596				8,477,596
<b>Community Benefit Subtotal</b> (amount reported annually to State & IRS)	<b>\$12,909,342</b>				<b>\$12,909,342</b>
Community Building Activities	0				0
Unpaid Cost of Medicare	19,575,166				19,575,166
Bad Debt	336,502				336,502
<b>Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u></b>	<b>\$32,821,010</b>				<b>\$32,821,010</b>

<b>Operation Access</b>					
<p>Though not a Community Benefit requirement, MGH has been participating with Operation Access since 2000. Operation Access brings together medical professionals and hospitals to provide donated outpatient surgical and specialty care for the uninsured and underserved.</p>					
	1Q 2016	2Q 2016	3Q 2016	4Q 2016	Total 2016
*Operation Access charity care provided by MGH (waived hospital charges)	516,328				516,328
Costs included in Charity Care	102,881				102,881

# MGH Performance Metrics and Core Services Report

## 1Q 2016

### Schedule 5: Nursing Turnover, Vacancies, Net Changes

➤ **Tier 2, Physicians and Employees**

The MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.

<b>Turnover Rate</b>				
Period	Number of Clinical RNs	Terminated		Rate
		Voluntary	Involuntary	
1Q 2015	534	9	6	2.81%
2Q 2015	536	13	5	3.36%
3Q 2015	522	32	6	7.28%
4Q 2015	515	12	7	3.69%
1Q 2016	511	17	5	4.31%

<b>Vacancy Rate - 2016</b>							
Period	Open Per Diem Positions	Open Benefitted Positions	Filled Positions	Total Positions	Total Vacancy Rate	Benefitted Vacancy Rate of Total Positions	Per Diem Vacancy Rate of Total Positions
1Q 2016	31	56	511	598	14.54%	9.36%	5.18%
2Q 2016							
3Q 2016							
4Q 2016							

<b>Vacancy Rate - 2015</b>									
Period	Per Diem Postings	Benefitted Postings	Per Diem Hires	Benefitted Hires	Benefitted Headcount	Per Diem Headcount	Total Headcount	Benefitted Vacancy Rate	Per Diem Vacancy Rate
1Q 2015	13	53	3	7	412	122	534	12.86%	10.66%
2Q 2015	26	79	2	22	419	117	536	18.85%	22.22%
3Q 2015	30	77	3	23	424	98	522	18.16%	30.61%
4Q 2015	37	96	7	17	422	93	515	22.75%	39.78%

<b>Hired, Termed, Net Change</b>			
Period	Hired	Termed	Net Change
1Q 2015	10	15	(5)
2Q 2015	24	18	6
3Q 2015	26	38	(12)
4Q 2015	24	19	5
1Q 2016	19	22	(3)

# MGH Performance Metrics and Core Services Report 1Q 2016

## Schedule 6: Ambulance Diversion

➤ **Tier 2, Volumes and Service Array**

The MGH Board will report on current Emergency services diversion statistics.

Quarter	Date	Time	Diversion Duration	Reason	ED Census	Waiting Room Census	ED Admitted Patient Census
1Q 2016	Feb 5	1720-1915	1hr, 55mn	Internal disaster: Fire and flood in bathroom			
1Q 2016	Feb 5	1915-2154	2hr, 39mn	ED saturation	38	10	6
1Q 2016	Feb 22	1530-1730	2hr	ED saturation	45	14	3

### 2016 ED Diversion Data - All Reasons\*

*\*ED Saturation, CT Scanner Inoperable, Trauma Diversion, Neurosurgeon unavailable, Cath Lab  
(Not including patients denied admission when not on divert b/o hospital bed capacity)*

