

Marin General Hospital

Performance Metrics and Core Services Report

1st Quarter 2018

MGH Performance Metrics and Core Services Report

1Q 2018

Marin General Hospital

Performance Metrics and Core Services Report: 1st Quarter 2018

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 & Compliance	1. MGH Board must maintain MGH's Joint Commission accreditation, or if deficiencies are found, correct them within six months.	Quarterly	In Compliance	Joint Commission granted MGH an "Accredited" decision with an effective date of 7/16/2016 for a duration of 36 months. Next survey to occur in 2019.
	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 2017 (Annual Report) was presented to MGH Board and to MHD Board in June 2018.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2018 was presented for approval to the MGH Board in June 2018.
	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 & Services	MGH Board will report on MGH's HCAHPS Results Quarterly.	Quarterly	In Compliance	Schedule 1
(C) Community Commitment	1. In coordination with the General Member, the MGH Board must publish the results of its biennial community assessment to assess MGH's performance at meeting community health care needs.	Annually	In Compliance	Reported in Q4 2017
	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 & Employees	MGH Board must report on all Tier 1 "Physician and Employee" Metrics at least annually.	Annually	In Compliance	Report in Q4 2017
(E) Volumes & 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 monitored as if a Tier 2 metric.	Quarterly	In Compliance	Schedule 2
	2. MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly	In Compliance	Schedule 2

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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 & 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, and preventive care programs).	Quarterly	In Compliance	Schedule 3
(B) Patient Satisfaction & 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, and post-discharge instruction.	Quarterly	In Compliance	Schedule 1
	2. MGH Board will report external awards and recognition.	Annually	In Compliance	Reported in Q4 2017
(C) Community Commitment	1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly	In Compliance	Schedule 4
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	Schedule 4
	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	Reported in Q4 2017
	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	Schedule 2
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	Reported in Q4 2017
(D) Physicians & 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	Reported in Q4 2017
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	Reported in Q4 2017
	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	Schedule 5
(E) Volumes & 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 28, 2017.
	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 28, 2017.
	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	Schedule 2
	4. MGH Board will report on current Emergency service diversion statistics.	Quarterly	In Compliance	Schedule 6
(F) Finances	1. MGH Board will provide the audited financial statements.	Annually	In Compliance	The MGH 2017 Independent Audit was completed on April 13, 2018.
	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, and reserve funding.	Quarterly	In Compliance	Schedule 2
	3. MGH Board will provide copies of MGH's annual tax return (form 990) upon completion to General Member.	Annually	In Compliance	The MGH 2015 Form 990 was filed on November 15, 2017.

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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.

Dashboard for HCAHPS

The scores displayed may include surveys not officially submitted and may not match the final values reported by CMS. These results are for process improvement purposes only.

	FFY 2020			Marin General Hospital Greenbrae, CA
	Achievement	Percentile	Benchmark	Jan-Mar 18
Nurses	79.08	83.55	87.12	72.60
Nurse Respect				83.47
Nurse Listen				77.90
Nurse Explain				74.73
Doctors	80.41	84.87	88.44	76.83
Doctor Respect				83.74
Doctor Listen				80.22
Doctor Explain				80.32
Responsiveness	65.07	73.44	80.14	62.08
Call Button				63.66
Bathroom Help				67.29
Pain Management				--
Pain Controlled				--
Help with Pain				--
Pain Communication				63.50
Talk How Much Pain				62.41
Talk Pain Treatment				64.60
Medicines	63.30	69.17	73.86	56.50
Med Explanation				76.47
Med Side Effects				45.32
Environment	65.72	73.33	79.42	52.85
Cleanliness				65.66
Quiet				52.45
Discharge Info	87.44	90.03	92.11	87.21
Help After Discharge				86.01
Symptoms to Monitor				91.81
Care Transition	51.14	57.45	62.50	47.16
Care Preferences				42.82
Responsibilities				53.26
Medications				59.81
Overall Rating	71.59	79.11	85.12	65.66
Would Recommend				68.09
Surveys				373

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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 2018	2Q 2018	3Q 2018	4Q 2018
EBIDA \$	4,681			
EBIDA %	4.62%			

Loan Ratios				
Current Ratio	4.34			
Debt to Capital Ratio	29.4%			
Debt Service Coverage Ratio	2.91			
Debt to EBIDA %	2.53			

Key Service Volumes				
Acute discharges	2,367			
Acute patient days	11,305			
Average length of stay	4.78			
Emergency Department visits	9,348			
Inpatient surgeries	524			
Outpatient surgeries	1,101			
Newborns	251			

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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)
and
Centers for Medicare & Medicaid Services (CMS)
Hospital Compare (www.hospitalcompare.hhs.gov/)

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MARIN GENERAL HOSPITAL DASHBOARD CLINICAL QUALITY METRICS <small>Publicly Reported on CalHospital Compare (www.calhospitalcompare.org) and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov/)</small>								
Hospital Inpatient Quality Reporting Program Measures								
	METRIC	CMS**	Q1 -2018	Q2 -2018	Q3 -2018	Q4-2018	Rolling 2018 YTD	2017
♦ Venous Thromboembolism (VTE) Measures								
VTE-6	Hospital Acquired Potentially-Preventable Venous Thromboembolism +	0%	0%				0%	8%
♦ Stroke Measures								
STK-4	Thrombolytic Therapy	100%	100%				100%	100%
♦ Perinatal Care Measure								
PC-01	Elective Delivery +	0%	0%				0%	0%
♦ ED Inpatient Measures								
ED-1	Median Time From ED Arrival to ED Departure for Admitted Patients	262***	356.50				356.50	311.00
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	90***	122.00				122.00	96.00
♦ Global Immunization (IMM) Measure								
	METRIC	CMS**					2018	2017
DMM-2	Influenza Immunization	100%					94%	91%
♦ Psychiatric (HBIPS) Measures								
IPF-HBIPS-2	Hours of Physical Restraint Use	0.41	0.12				0.12	0.08
IPF-HBIPS-3	Hours of Seclusion Use	0.21	0.58				0.58	0.00
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	36%	60%				60%	68%
♦ Substance Use Measures								
SUB-1	Alcohol Use Screening	71%	100%				100%	96%

** CMS Top Decile Benchmark CMS Reduction Program (shaded in blue) + Lower Number is better

MARIN GENERAL HOSPITAL DASHBOARD CLINICAL QUALITY METRICS <small>Publicly Reported on CalHospital Compare (www.calhospitalcompare.org) and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov/)</small>								
Hospital Outpatient Quality Reporting Program Measures								
	METRIC	CMS**	Q1 -2018	Q2 -2018	Q3 -2018	Q4-2018	Rolling 2018 YTD	2017
♦ ED Outpatient Measures								
OP-18	Median Time from ED Arrival to ED Departure for Discharged Patients	143***	169.00				169.00	164.00
OP-20	Door to Diagnostic Evaluation by a Qualified Medical Personnel	28***	21.00				21.00	30.00
♦ Outpatient Pain Management Measure								
OP-21	OP - Median Time to Pain Mgmt. for Long Bone Fracture - Mins +	49***	63.39				63.39	90.60
♦ Outpatient Stroke Measure								
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	72%***	67%				67%	67%
♦ Endoscopy Measures								
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	100%	100%				100%	99%
OP-30	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use	100%	98%				98%	96%

** CMS Top Decile Benchmark ***National Average + Lower Number is better

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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)						
◆ Healthcare Personnel Influenza Vaccination						
	METRIC	CMS National Average	Oct 2013 - Mar 2014	Oct 2014 - Mar 2015	Oct 2015 - Mar 2016	Oct 2016 - Mar 2017
IMM-3	Healthcare Personnel Influenza Vaccination	88%	71%	81%	95%	89%
◆ Surgical Site Infection						
	METRIC	National Standardized Infection Ratio (SIR)	Oct 2015 - Sep 2016	Jan 2016 - Dec 2016	April 2016 - March 2017	July 2016 - June 2017
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	0.97	not published**	not published**	not published**
HAI-SSI-Hyst	Surgical Site Infection - Abdominal Hysterectomy	1	1.02	not published**	not published**	not published**
◆ Healthcare Associated Device Related Infections						
	METRIC	National Standardized Infection Ratio (SIR)	July 2015 - June 2016	Jan 2016 - Dec 2016	April 2016 - March 2017	July 2016 - June 2017
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	not published**	1.32	0.92	0.24
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.61	0.51	0.55	0.56
◆ Healthcare Associated Infections						
	METRIC	National Standardized Infection Ratio (SIR)	Oct 2015 - Sep 2016	Jan 2016 - Dec 2016	April 2016 - March 2017	July 2016 - June 2017
HAI-C-Diff	Clostridium Difficile	1	2.02	1.80	1.48	1.21
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.69	1.86	1.84	1.34
◆ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators)						
	METRIC	Center for Medicare & Medicaid Services (CMS) National Average	July 2012 - June 2014	July 2013 - June 2015	July 2014 - Sept 2015	Nov 2015 - Sept 2017
PSI-90 (Composite)	Complication / Patient Safety Indicators PSI 90 (Composite)	0.9	No different than the National Rate	No different than the National Rate	No different than the National Rate	No different than the National Rate
	METRIC	MGH Goal			2018 (Q1)	2017
PSI-90 (Composite)	Complication / Patient safety Indicators PSI 90 (Composite)	0.307			0.14	0.17

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	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2012 - June 2014	July 2013 - June 2015	July 2014 - Sept 2015	Nov 2015 - Sept 2017
PSI-4	Death Among Surgical Patients with Serious Complications	136.48 per 1,000 patient discharges	No different then National Average	No different then National Average	No different then National Average	No different then National Average
◆ Surgical Complications						
		Centers for Medicare & Medicaid Services (CMS) National Average	April 2010 - March 2013	April 2011 - March 2014	April 2011- March 2014	July 2014- March 2016
Surgical Complication	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty	2.8%	4.4%	3.6%	3.6%	2.7%
◆ Acute Care Readmissions - 30 Day Risk Standardized						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2010- June 2013	July 2011- June 2014	July 2012- June 2015	July 2013- June 2016
READM-30-AMI	Acute Myocardial Infarction Readmission Rate	16.3%	15.90%	16.10%	16.10%	15.20%
READM-30-HF	Heart Failure Readmission Rate	21.6%	23.00%	22.80%	22.50%	20.19%
READM-30-FN	Pneumonia Readmission Rate	16.9%	15.00%	14.10%	15.10%	16.80%
READM-30-COPD	COPD Readmission Rate	19.80%	19.00%	18.40%	18.50%	18.70%
READM-30-THATKA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.40%	5.30%	4.60%	4.50%	4.00%
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	13.8%		15.60%	13.60%	14.30%
READM-30-STR	Stroke Readmission Rate	12.20%	12.10%	11.10%	10.00%	9.90%
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2010- June 2013	July 2011- June 2014	July 2014- June 2015	July 2015 - June 2016
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR)	15.3%	14.40%	14.90%	14.60%	15.00%

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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/)

◆ Mortality Measures - 30 Day						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2010 - June 2013	July 2011 - June 2014	July 2012 - June 2015	July 2013 - June 2016
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate	13.0%	12.60%	11.70%	11.10%	12.90%
MORT-30-HF	Heart Failure Mortality Rate	11.9%	12.00%	12.60%	11.80%	11.70%
MORT-30-PN	Pneumonia Mortality Rate	15.9%	12.20%	12.30%	17.40%	15.90%
MORT-30-COPD	COPD Mortality Rate	8.00%	7.80%	7.30%	7.30%	7.96%
MORT-30-STK	Stroke Mortality Rate	14.60%	15.20%	13.40%	12.20%	11.70%
CABG MORT-30	CABG 30-day Mortality Rate	3.20%		2.60%	2.60%	3.46%
◆ Cost Efficiency						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2013 - Dec 2013	Jan 2014 - Dec 2014	Jan 2015 - Dec 2015	Jan 2016 - Dec 2016
MSPB-1	Medicare Spending Per Beneficiary (All)	0.99	1.01	1.00	1.00	0.99
			July 2010 - June 2013	July 2011 - June 2014	July 2012 - June 2015	July 2013 - June 2016
MSPB-AMI	Acute Myocardial Infarction (AMI) Payment Per Episode of Care	\$23,119	\$20,850	\$22,019	\$22,564	\$21,192
MSPB-HF	Heart Failure (HF) Payment Per Episode of Care	\$16,190		\$16,871	\$17,575	\$16,904
MSPB-AMI	Pneumonia (PN) Payment Per Episode of Care	\$17,026		\$14,889	\$14,825	\$17,429
MSPB-Knee	Hip and Knee Replacement	\$22,567				\$22,502

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◆ Outpatient Measures (Claims Data)						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2012 -June 2013	July 2013 - June 2014	July 2014 - June 2015	July 2015 - June 2016
OP-8	Outpatient with Low Back Pain who had an MRI without trying Recommended Treatments First, such as Physical Therapy ⁺	39.80%	Not Available	Not Available	Not Available	Not Available
OP-9	Outpatient who had Follow-Up Mammogram, Ultrasound, or MRI of the Breast within 45 days following a Screening Mammogram ⁺	8.80%	7.40%	6.70%	7.20%	6.80%
OP-10	Outpatient CT Scans of the Abdomen that were "Combination" (Double) Scans ⁺	7.80%	5.60%	6.10%	4.10%	5.60%
OP-11	Outpatient CT Scans of the Chest that were "Combination" (Double) Scans ⁺	1.80%	0.40%	0.30%	0.40%	0.10%
OP-13	Outpatients who got Cardiac Imaging Stress Tests Before Low-Risk Outpatient Surgery ⁺	4.80%	2.60%	2.90%	4.00%	3.30%
OP-14	Outpatients with Brain CT Scans who got a Sinus CT Scan at the Same Time ⁺	1.60%	2.30%	1.80%	1.00%	0.40%
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2013 - Dec 2013	Jan 2014 - Dec 2014	Jan 2015 - Dec 2015	Jan 2016 - Dec 2016
OP-22	Patient Left Emergency Department before Being Seen	2.00%	1.00%	1.00%	1.00%	1.00%

+ Lower Number is better

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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.

Cash & In-Kind Donations (these figures are not final and are subject to change)					
	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Total 2018
American Heart Association					\$ -
Brain Injury Network (Schurig Center)	\$ 920				\$ 920
Buckelew	\$ 25,000				\$ 25,000
Coastal Health Alliance					\$ -
Community Institute for Psychotherapy					\$ -
ExtraFood.org					\$ -
Harbor Point Foundation (Bands to Battle Breast Cancer)					\$ -
Healthy Aging Symposium					\$ -
Heart Walk					\$ -
Homeward Bound	\$ 150,000				\$ 150,000
Hospice By Bay					\$ -
Lifelong Medical Care	\$ 15,000				\$ 15,000
Marin Center for Independent Living	\$ 25,000				\$ 25,000
Marin City Health & Wellness					\$ -
Marin Community Clinics	\$ 131,000				\$ 131,000
Marin County Patient Transportation	\$ 3,000				\$ 3,000
Marin Senior Fair					\$ -
MHD 1206B Clincs	\$ 3,077,607				\$ 3,077,607
Operation Access	\$ 30,000				\$ 30,000
Prima Foundation	\$ 2,342,114				\$ 2,342,114
Relay for Life					\$ -
Ritter Center	\$ 25,000				\$ 25,000
RotaCare Free Clinic	\$ 15,000				\$ 15,000
Senior Access adult day program					\$ -
South Asian Heart Center					\$ -
Summer Solstice					\$ -
To Celebrate Life					\$ -

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Schedule 4: Community Benefit Summary (continued)

Whistlestop					\$ -
Zero Breast Cancer					\$ -
Total Cash Donations	\$ 5,839,641	\$ -	\$ -	\$ -	\$ 5,839,641
Compassionate discharge medications	\$ 62				\$ 62
Meeting room use by community based organizations for community-health related purposes.					\$ -
Food donations	\$ 940				\$ 940
Total In-Kind Donations	\$ 1,002	\$ -	\$ -	\$ -	\$ 1,002
Total Cash & In-Kind Donations	\$ 5,840,643	\$ -	\$ -	\$ -	\$ 5,840,643
Community Health Improvement Services	\$ 34,891				\$ 34,981
Health Professions Education	\$ 94,473				\$ 94,473
Cash and In-Kind Contributions	\$ 5,840,643				\$ 5,840,643
Community Benefit Operations	\$ 1,359				\$ 1,359
Community Building Activities					
Traditional Charity Care *Operation Access total is included	\$ 550,280				\$ 550,280
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	\$ 7,368,588				\$ 7,368,588
Community Benefit Subtotal (amount reported annually to State & IRS)	\$ 13,892,234				\$ 13,892,234
Unpaid Cost of Medicare	\$ 23,425,852				\$ 23,425,852
Bad Debt	\$ 311,372				\$ 311,372
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total	\$ 37,629,458				\$ 37,629,458
Operation Access					
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.					
	1Q 2018	2Q 2018	3Q 2018	4Q 2018	Total 2018
*Operation Access charity care provided by MGH (waived hospital charges)	\$ 392,703				\$ 392,703
Costs included in Charity Care	\$ 73,222				\$ 73,222

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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.

Turnover Rate				
Period	Number of Clinical RNs	Terminated		Rate
		Voluntary	Involuntary	
1Q 2017	537	13	1	2.61%
2Q 2017	540	12	2	2.59%
3Q 2017	534	21	1	4.12%
4Q 2017	525	20	1	4.0%
1Q 2018	520	14	0	2.69%

Vacancy Rate							
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 2017	36	76	537	649	17.26%	11.71%	5.55%
2Q 2017	32	62	540	634	14.83%	9.78%	5.05%
3Q 2017	34	63	534	631	15.37%	9.98%	5.39%
4Q 2017	35	75	525	635	17.32%	11.81%	5.51%
1Q 2018	32	74	520	626	16.93%	11.82%	5.11%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
1Q 2017	16	14	2
2Q 2017	20	14	6
3Q 2017	18	22	(4)
4Q 2017	12	21	(9)
1Q 2018	11	14	(3)

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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	Waiting Room Census	ED Admitted Patient Census
1Q 2018	Jan 4	2212 – 0515	7 hrs, 3 mins	ED	8	8
1Q 2018	Jan 5	1334 – 1805	4 hrs, 31 mins	ED	7	9
1Q 2018	Jan 11	0059 – 0459	4 hrs, 0 mins	ED	7	3
1Q 2018	Jan 13	0058 – 0255	1 hr, 56 mins	ED	8	7
1Q 2018	Jan 15	1137 – 1542	4 hrs, 4 mins	ED	15	9
1Q 2018	Feb 6	1702 – 2145	4 hrs, 42 mins	ED	10	8
1Q 2018	Feb 25	1430 – 1730	2 hrs, 59 mins	ED	9	7
1Q 2018	Feb 27	1542 – 1849	3 hrs, 6 mins	ED	12	6
1Q 2018	Feb 28	1307 – 1812	5 hrs, 4 mins	ED	10	5
1Q 2018	Mar 14	1110 – 1447	3 hrs, 36 mins	ED	6	12
1Q 2018	Mar 16	0637 – 0912	2 hrs, 35 mins	ED	3	6
1Q 2018	Mar 30	1612 – 1856	2 hrs, 43 mins	ED	1	10

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2018 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)

