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Marin General Hospital
Performance Metrics and Core Services Report
2nd Quarter 2012

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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:*

		Due Date	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	Joint Commission granted MGH an "Accredited" decision with an effective date of 8/19/2010 for a duration of 36 months.
	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 SB1953.
	5. MGH Board must report on all Tier 2 Metrics at least annually.	Annually	In Compliance	<i>To be included in Q4 2012 Annual Report</i>
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	The annual <i>MGH Performance Improvement Plan for 2012</i> was approved by the MGH Board on 3/3/12.
	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	Schedule 1
(C) Community Commitment	1. In coordination with the General Member, the MGH Board must publish the results of its triennial community assessment to assess MGH's performance at meeting community health care needs.	Triennially	In Compliance	<i>To be included in Q4 2012 Annual Report</i>
	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 1 "Physician and Employee" Metrics at least annually.	Annually	In Compliance	<i>To be included in Q4 2012 Annual Report</i>
(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 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:*

		Due Date	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	Schedule 3
(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	Schedule 1
	2. MGH Board will report external awards and recognition.	Annually	In Compliance	<i>To be included in Q4 2012 Annual Report</i>
(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	<i>To be included in Q4 2012 Annual Report</i>
	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	<i>To be included in Q4 2012 Annual Report</i>
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	<i>To be included in Q4 2012 Annual Report</i>
(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	<i>To be included in Q4 2012 Annual Report</i>
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	<i>To be included in Q4 2012 Annual Report</i>
	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 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 MGH Strategic Plan update will be presented to the MHD Board for their endorsement at their November 2012 meeting
	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 was presented to the MHD Board in Closed Session on January 10, 2012.
	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 services diversion statistics.	Quarterly	In Compliance	Schedule 6
(F) Finances	1. MGH Board will provide the audited financial statements.	Annually	In Compliance	The MGH 2011 Independent Audit was completed on April 27, 2012
	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	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 2011 Form 990 will be filed by November 15, 2012.

Schedule 1: HCAHPS

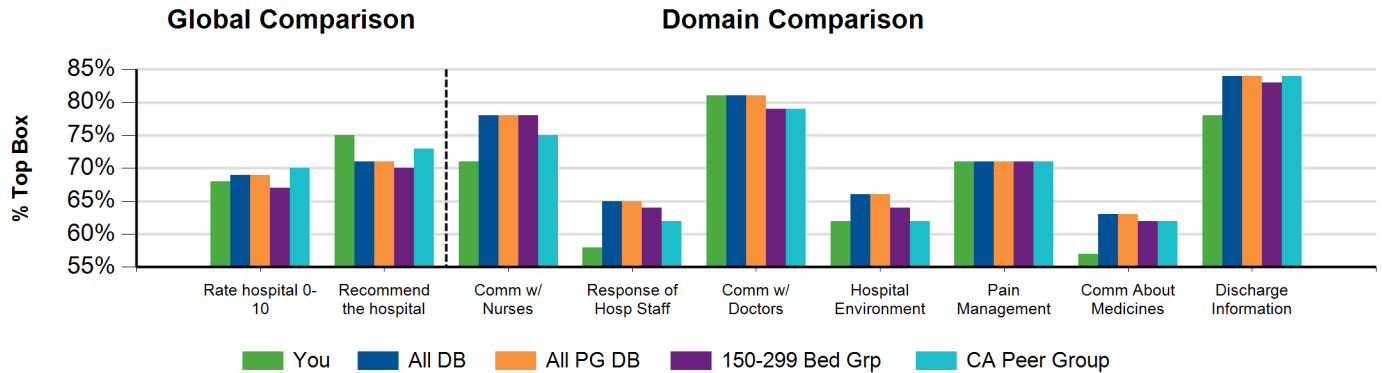
(Hospital Consumer Assessment of Healthcare Providers & Systems)

➤ **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.



Domains and Questions	n	Your Top Box Score			All DB N = 1696	All PG DB N = 1696	150-299 Bed Grp N = 387	CA Peer Group N = 99
		Previous % Mar-May	Current % Jun-Aug		Percentile Rank	Percentile Rank	Percentile Rank	Percentile Rank
Rate hospital 0-10	123	61%	68%	▲	43	43	52	44
Recommend the hospital	123	69%	75%	▲	61	61	67	53
Comm w/ Nurses	124	70%	71%	▲	8	8	8	23
Nurses treat with courtesy/respect	124	83%	82%	▼	25	25	25	42
<i>Nurses listen carefully to you</i>	124	66%	65%	▼	6	6	5	17
<i>Nurses expl in way you understand</i>	124	61%	65%	▲	5	5	4	19
Response of Hosp Staff	114	60%	58%	▼	17	17	18	30
Call button help soon as wanted it	107	49%	58%	▲	24	24	26	37
Help toileting soon as you wanted	70	70%	59%	▼	17	17	18	28
Comm w/ Doctors	122	75%	81%	▲	56	56	67	65
Doctors treat with courtesy/respect	121	88%	86%	▼	41	41	50	57
Doctors listen carefully to you	121	71%	80%	▲	57	57	66	71
Doctors expl in way you understand	121	65%	78%	▲	63	63	73	66
Hospital Environment	124	49%	62%	▲	30	30	36	53
Cleanliness of hospital environment	122	56%	68%	▲	27	27	32	37
Quietness of hospital environment	123	41%	55%	▲	38	38	44	61
Pain Management	91	65%	71%	▲	49	49	53	47
Pain well controlled	91	56%	68%	▲	78	78	78	73
Staff do everything help with pain	89	74%	74%	-	22	22	23	33
Comm About Medicines	93	48%	57%	▲	14	14	14	21
Tell you what new medicine was for	90	67%	67%	-	6	6	5	12
Staff describe medicine side effect	90	29%	47%	▲	33	33	36	35
Discharge Information	113	77%	78%	▲	12	12	13	13
Staff talk about help when you left	113	77%	79%	▲	34	34	37	38
Info re symptoms/prob to look for	111	77%	77%	-	6	6	6	6

n = number of respondents
 Questions that are among this period's top ten priorities appear in bold italics.
[Click here to access the Summary Report Guide](#)

Schedule 2: Finances

➤ Tier 1, Finances

The 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. 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	1Q 2012	2Q 2012
*EBIDA \$	\$5,466	\$28,270
EBIDA %	7.23%	18.63%

Loan Ratios	1Q 2012	2Q 2012
Current Ratio	1.85	2.69
*Debt to Capital Ratio	47.6%	47.4%
*Debt Service Coverage Ratio	3.09	4.55
*Debt to EBIDA %	1.93	1.59

Key Service Volumes	1Q 2012	2Q 2012
Acute discharges	2,536	5,026
Acute patient days	11,473	22,326
Average length of stay	4.5	4.4
Emergency Department visits	8,700	17,594
Inpatient surgeries	647	625
Outpatient surgeries	715	831

***DEFINITIONS OF TERMS**

EBIDA: Earnings Before Interest, Depreciation And Amortization. By adding back interest and amortization payments as well as depreciation (a non-cash outflow expense), it allows the measurement of the cash that a company generates.

Debt to Capital Ratio: A measurement of how leveraged a company is. The ratio compares a firm's total debt to its total capital. The total capital is the amount of available funds that the company can use for financing projects and other operations. A high debt-to-capital ratio indicates that a high proportion of a company's capital is comprised of debt.

Debt Service Coverage Ratio: A measurement of a property's ability to generate enough revenue to cover the cost of its mortgage payments. It is calculated by dividing the net operating income by the total debt service. For example, a property with a net operating income of \$50,000 and a total debt service of \$40,000 would have a debt service ratio of 1.25, meaning that it generates 25% more revenue than required to cover its debt payment.

Debt to EBIDA %: Measurement used to predict a company's ability to pay off the debt it already has. The ratio calculates the amount of time required for the business to pay off all debt, but does not take into considerations like interest, depreciation, taxes or amortization. Having a high debt/EBITDA ratio will often result in a lower credit score for the business.

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).

Abbreviations & Acronyms	
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
MD	Medical Doctor
MGH	Marin General Hospital
mm	Millimeters
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)
TBD	To Be Determined
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	Top Decile Benchmark from CMS Hospital Compare	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Q2-2012 Num/Den	Rolling %	Rolling Num/Den
Acute Myocardial Infarction (AMI) Measures																
AMI - ACEI or ARB for LVSD	100%	100%	75%	N/A	100%	100%	100%	100%	N/A	100%	100%	100%	100%	10/10	96%	23/24
AMI - Aspirin at arrival	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	54/54	100%	182/182
AMI - Aspirin prescribed at discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	49/49	100%	170/170
AMI - Beta blocker prescribed at discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	46/46	100%	158/158
*AMI - Primary PCI within 90 minutes of arrival	100%	100%	100%	N/A	100%	100%	100%	100%	100%	100%	100%	100%	100%	10/10	100%	30/30
AMI - Statin Prescribed at Discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	44/44	100%	159/159
Heart Failure (HF) Measures																
HF - ACEI or ARB for LVSD	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	11/11	100%	41/41
HF - LVS Assessment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	92%	33/32	99%	152/153
*HF- Discharge instructions	100%	92%	100%	86%	100%	100%	89%	91%	100%	100%	100%	100%	100%	25/25	96%	99/103
Pneumonia (PN) Measures																
*PN - Antibiotic selection	100%	86%	100%	83%	100%	100%	100%	100%	90%	100%	100%	100%	100%	15/15	97%	96/99
*PN - Blood culture in ED prior to initial antibiotic	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	39/39	100%	177/177
Surgical Care Improvement Project (SCIP) Measures																
*SCIP - Antibiotic within 1 hr of incision - Overall	100%	100%	96%	96%	100%	100%	93%	100%	100%	100%	100%	100%	100%	64/64	99%	303/307
*SCIP - Antibiotic selection - Overall	100%	100%	100%	96%	100%	96%	100%	100%	100%	100%	100%	100%	100%	63/63	99%	310/312
*SCIP - Antibiotic Discontinued Within 24 hrs - Overall	100%	96%	92%	89%	91%	100%	93%	100%	100%	100%	100%	100%	100%	63/63	97%	292/302
*SCIP - Cardiac Pt. 6 AM Post-op Serum Glucose	99%	75%	100%	100%	100%	100%	100%	100%	80%	100%	75%	83%	100%	14/17	93%	63/68
SCIP - Appropriate Hair Removal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	106/106	100%	469/469
*SCIP - Beta blocker prior and periop	100%	100%	100%	96%	96%	82%	100%	93%	100%	100%	100%	100%	100%	34/34	97%	111/115
*SCIP - Venous thromboembolism prophylaxis	100%	100%	100%	100%	96%	82%	97%	85%	100%	97%	88%	95%	95%	62/67	95%	295/311
*SCIP - VTE prophylaxis timing	100%	100%	100%	96%	96%	82%	97%	81%	100%	94%	88%	95%	95%	62/67	94%	292/311
*SCIP - Urinary catheter removed on POD 1 or POD 2	100%	100%	91%	94%	92%	73%	78%	100%	100%	87%	95%	88%	78%	43/48	90%	160/177
SCIP - Surgery patients with periop temperature mgmt	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	104/104	100%	471/471
Global Immunization (IMM) Measures																
IMM - Pneumococcal Immunization (PPV23) - Overall Rate	Benchmark To Be Established							61%	76%	71%	66%	53%	61%	93/155	0.64571	226/350
IMM - Pneumococcal Immunization (PPV23) - Age 65 and Older	Benchmark To Be Established							67%	77%	78%	67%	52%	63%	81/133	0.67586	196/290
IMM - Pneumo Immunization (PPV23) - High Risk Pop (6 - 64 yrs)	Benchmark To Be Established							42%	75%	36%	57%	60%	50%	12/22	0.5	30/60
IMM - Influenza Immunization	Benchmark To Be Established							58%	74%	83%	N/A	N/A	N/A	N/A	0.71104	219/308

*Performance period for CMS Value-Based Purchasing metric: 04-01-2012 through 12-31-2012

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	Top Decile Benchmark from CMS Hospital Compare	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Q2-2012 Num/Den	Rolling %	Rolling Num/Den
Outpatient Surgery Measures																
Timing of Antibiotic Prophylaxis	100%	91%	100%	91%	92%	100%	95%	92%	100%	92%	94%	100%	89%	56/53	95%	172/181
Antibiotic Selection	100%	100%	86%	82%	100%	100%	95%	100%	95%	100%	100%	100%	100%	56/56	97%	175/180

Intensive Care Unit (ICU) Measures						
METRIC	California Standardized Infection Ratio (SIR)	Jan 2011 - June 2011	Jan 2011 - Sep 2011	Jan 2011 - Dec 2011		
Central Line Associated Blood Stream Infection Rate (CLABSI)	0.53	0	0	not published		
Serious Complications						
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2008	2009	2010	2011	2012
Unplanned Surgical Wound Reopening	0.19%	0.46%	not published	not published	not published	not published
Death after Serious Treated Complications	15.1%	11.72%	not published	not published	not published	not published
Unnecessary Appendectomy Among the Elderly	1.36%	2.17%	not published	not published	not published	not published
Accidental Lung Puncture	0.04%	0.08%	not published	not published	not published	not published
Hospital Acquired Conditions						
METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	2008-2010	July 2009 thru June 2011	July 2011 Onward		
Objects Accidentally Left in the Body After Surgery	0.028	0.000	0.126	not published		
Air Bubble in the Bloodstream	0.003	0.000	0.000	not published		
Mismatched blood types	0.001	0.000	0.000	not published		
Falls and injuries	0.527	0.574	0.379	not published		
Blood infection from a catheter in a large vein	0.372	1.148	0.759	not published		
Infection from a Urinary Catheter	0.358	0.430	0.379	not published		
Signs of Uncontrolled Blood Sugar	0.058	0.000	0.000	not published		
	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2Q 2009 - 1Q 2010	4Q 2009 - 3Q 2010	1Q 2010 - 4Q 2010	4Q 2010 - 3Q 2011	4Q 2011 onward
Hospital Acquired Pressure Ulcers	1.7%	0.80%	0.90%	0.60%	0.30%	not published

MARIN GENERAL HOSPITAL DASHBOARD CLINICAL QUALITY METRICS

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

		Benchmark														
Maternity Measures																
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2007			2008			2009			2010			2011		
Episiotomy Rate	4%	not published			1%			not published			not published			not published		
Primary Caesarian Section Rate	18%	13%			15%			12%			14.8%			not published		
Exclusive Breast Feeding Rate	57%	74%			82%			79%			80%			not published		
High Risk Deliveries at Lower Levels of Newborn Care	0.48%	0.17%			not published			not published			not published			not published		
	MGH	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Exclusive Breast Feeding Rate	TBD	99.10%			99.40%			99.60%			94.40%			100%		
Heart Bypass Surgery Measures																
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2006			2007			2008			2009			2010		
Heart Bypass Surgery - Internal Mammary Artery Usage Rate	95%	100.00%			88%			94%			not published			not published		
Heart Bypass Surgery - Mortality Rate	2.24%	1.81% (2005-2006)			1.91%			4.35%			not published			not published		
Bilateral Cardiac Catheterization	2.14%	not published			not published			1.16%			not published			not published		
Mortality Measures																
METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2006 - June 2009			July 2007 - June 2010			July 2008 - June 2011			July 2011 - June 2012					
*Acute Myocardial Infarction Mortality	15.5%	13.8%			13.7%			13.5%			not published					
*Heart Failure Mortality	11.6%	10.6%			12.1%			12.9%			not published					
*Pneumonia Mortality	12.0%	11.6%			11.1%			10.7%			not published					
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	Q4 2009 -Q3 2010			Q1 2010 -Q4 2010			Q3 2010 -Q2 2011			Q4 2010 -Q3 2011			Q4 2011 onward		
Intensive Care Unit Mortality	11.67%	11.45%			11.50%			9.09%			10.19%			not published		
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2006			2007			2008			2009			2010		
Hip Fracture Mortality	2.74%	not published			not published			2.94%			not published			not published		
Acute Care Readmissions within 30 Days																
		Benchmark														
METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2006 - June 2009			July 2007 - June 2010			July 2008- June 2011			July 2011 onward					
Acute Myocardial Infarction Readmissions	19.7%	18.0%			19.1%			18.0%			not published					
Heart Failure Readmissions	24.7%	24.8%			24.5%			24.7%			not published					
Pneumonia Readmissions	18.5%	17.7%			17.9%			17.9%			not published					

*Performance period for CMS Value-Based Purchasing metric: 04-01-2012 through 12-31-2012

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.
- **Tier 2, Community Commitment**
The Board will report on MGH's Charity Care.

Cash & In-Kind Donations (these figures are not final and are subject to change)		
	Q1 2012	Q2 2012
Alzheimer's Association	\$0	\$50
Bread & Roses "Take Heart Benefit"	\$2,200	\$0
College of Marin Scholarship	\$0	\$100
Harbor Point Charitable Fund (eSurrance Tennis Classic)	\$0	\$5,000
Homeward Bound (Jan-Dec 2012)	\$91,000	\$0
Marin City Health & Wellness	\$0	\$20,000
Marin Community Clinics	\$48,159	\$48,159
Marin County Senior Fair	\$0	\$2,000
Marin Sonoma Concours d'Elegance	\$2,500	\$0
MHD 1206B Clinics	\$598,967	\$1,087,128
NAMI Walk	\$1,000	\$0
PRIMA Medical Foundation	\$719,573	\$719,573
Ritter Center	\$0	\$15,000
Summer Solstice Event	\$1,000	\$0
To Celebrate Life	\$0	\$15,000
Whistle Stop	\$0	\$15,000
Zero Breast Cancer	\$1,140	\$0
Total Cash Donations	\$1,465,539	\$1,927,010
MedShare	\$6,427	\$3,855
Total In-Kind Donations	\$6,427	\$3,855
Total Cash & In-Kind Donations	\$1,471,966	\$1,930,865

Schedule 4: Community Benefit Summary (continued)

Community Benefit Summary (these figures are not final and are subject to change)		
	Q1 2012	Q2 2012
Community Health Improvement Services:	\$59,786	\$44,768
Health Professions Education:	\$67,846	\$29,927
Research:	\$0	\$0
Cash and In-Kind Contributions:	\$1,471,966	\$1,930,865
Community Benefit Operations:	\$449	\$449
Traditional Charity Care:	\$591,260	\$588,036
Government Sponsored Health Care(Incls. Medi-Cal & Means-Tested Gov. Programs):	\$5,122,894	\$4,985,568
Community Benefit Subtotal: (amount reported annually to state & IRS)	\$7,314,201	\$7,579,613
Community Building Activities:	\$0	\$0
Unpaid Cost of Medicare:	\$16,696,295	\$15,899,502
Bad Debt:	\$1,194,584	\$990,937
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total:	\$25,205,080	\$24,470,052

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 Rates				
Quarter	Number of Clinical RNs	Terminated		Rate
		Voluntary	Involuntary	
Q1 2012	548	8	8	2.92%
Q2 2012	544	12	5	3.13%

Vacancy and Net Change

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
Q1 2012	26	7	15	3	343	205	548	2.04%	12.68%
Q2 2012	27	26	10	6	356	188	544	7.30%	14.36%

Hired, Termed, Net Change

Period	Hired	Termed	Net Change
Q1 2012	18	16	2
Q2 2012	16	17	-1

Schedule 6: Ambulance Diversion

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

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

Qtr	Date	Time	Length of Time on Divert	Reason	ED Census	Waiting Room Census	ED Admitted Pt Census
1Q	1/4/12	1120-1200	40min	ED Saturation	14 (3 full traumas)	6	0
1Q	1/4/12	1520-2125	6hr5min	ED Saturation	27	10	0
1Q	1/10/12	1600 - 2130	5hr 30 min	ED Saturation	19	15	6
1Q	1/19/12	0325-0525	2hr	ED Saturation	16	0	9
1Q	1/28/12	0825-1210	3hr 45min	ED Saturation	4	0	4
1Q	2/11/12	1100-1300	2hr	ED Saturation	21	8	6
1Q	2/18/12	0915-1428	5hr 13min	ED Saturation	23	3	10
1Q	2/21/12	1029-1225	1hr 56min	ED Saturation	21	8	6
1Q	3/1/12	2135-2335	2hr	ED Saturation	20	7	10 (5 intubated ICU holds)
1Q	3/3/12	0415-0607	1hr 52min	ED Saturation	15	2	4
1Q	3/5/12	1630-2030	4hr	ED Saturation	20	13	9
1Q	3/8/12	1950-2335	3hr 45min	ED Saturation	24	14	6
2Q	4/4/12	0830-1230	4hr	ED Saturation	18	0	11
2Q	4/5/12	1815-0015	6hr 5min	ED Saturation	24	3	8
2Q	4/7/12	0952-1145	1hr 53min	ED Saturation	13	1	5 (3 ICU pts, 2 resp arrest)
2Q	4/7/12	1410-1810	4 hr	ED Saturation	19	8	5
2Q	4/8/12	1550-1745	1hr 55min	ED Saturation	24	12	6
2Q	4/13/12	0818-0929	1hr 11min	CT Scanner Down	4	0	0
2Q	4/25/12	1411-2010	5hr 59min	ED Saturation	23	9	3
2Q	5/9/12	1110-1200	50 min	CT Scanner Down	N/A	N/A	N/A
2Q	5/11/12	1520-1720	2hr	ED Saturation	24	5	6
2Q	6/7/12	1443-1900	4hr 17min	ED Saturation	21	5	3
2Q	6/13/12	1300-1430	1hr 30min	ED Saturation	27	11	4
2Q	6/16/12	1655-1845	1hr 50min	ED Saturation	27	4	
2Q	6/18/12	1905-2035	1hr 30min	ED Saturation	20	7	5
2Q	6/21/12	1915-0205	6hr 50min	CT Scanner Down	21	3	4

Schedule 6: Ambulance Diversion (continued)

2012 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)

