

Marin General Hospital

Performance Metrics and Core Services Report

2nd Quarter 2018

Marin General Hospital
Performance Metrics and Core Services Report: **2nd 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 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 granted MGH an "Accredited" decision with an effective date of July 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 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 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	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 and Employees	MGH Board must report on all Tier 2 "Physician and Employee" Metrics at least annually.	Annually	In Compliance	Reported in Q4 2017
(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:

		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	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	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 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	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 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 27, 2018.
	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 27, 2018.
	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 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, 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 2017 Form 990 was filed on November 15, 2018.

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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.

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 2020 VBP Thresholds				3Q 2017	4Q 2017	1Q 2018	2Q 2018
71.59	79.11	85.12	Overall rating	67.23	64.44	65.66	65.87
			Would Recommend	74.24	70.35	68.09	70.10
79.08	83.55	87.12	Communication with Nurses	73.88	72.01	72.60	72.00
			Nurse Respect	86.45	81.97	83.47	86.61
			Nurse Listen	78.00	76.90	77.90	74.80
			Nurse Explain	74.90	74.86	74.73	72.88
80.41	84.87	88.44	Communication with Doctors	75.40	72.91	76.83	75.15
			Doctor Respect		85.35	83.74	85.25
			Doctor Listen		76.07	80.22	79.06
			Doctor Explain		74.72	80.32	74.93
65.07	73.44	80.14	Responsiveness of Staff	62.19	60.79	62.08	65.89
			Call Button	61.29	58.47	63.66	65.51
			Bathroom Help	70.29	70.31	67.29	73.08
			CMS removed from VBP			63.50	68.64
			Pain Communication				
			Talk How Much Pain			62.41	70.47
			Talk Pain Treatment			64.60	66.80
63.30	69.17	73.86	Communication about Medications	56.68	58.35	56.50	55.34
			Med Explanation	74.47	75.40	76.47	77.00
			Med Side Effects	44.29	46.70	45.32	42.49
65.72	73.33	79.42	Hospital Environment	53.62	53.57	52.85	54.62
			Cleanliness	66.26	68.68	65.66	69.06
			Quiet	55.38	52.86	52.45	52.57
87.44	90.03	92.11	Discharge Information	87.28	86.39	87.21	86.51
			Help After Discharge	90.13	88.58	86.01	86.59
			Symptoms to Monitor	89.22	88.99	91.81	89.83
51.14	57.45	62.50	Care Transition			47.16	45.22
			Care Preferences			42.82	39.00
			Responsibilities			53.26	51.80
			Medications			59.81	59.26
			Number of Surveys	253	358	373	371

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.

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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	\$7,149 (\$11,830 total)		
EBIDA %	4.62%	3.46%		
Loan Ratios				
Current Ratio	4.34			
Debt to Capital Ratio	29.4%			
Debt Service Coverage Ratio	2.91			
Annual Debt Service Coverage		5.10		
Maximum Annual Debt Service Coverage		1.28		
Debt to Capitalization		49.82%		
Debt to EBIDA %	2.53			
Key Service Volumes				
Acute discharges	2,367	2374 (4,741 total)		
Acute patient days	11,305	10,721 (22,026 total)		
Average length of stay	4.78	4.65		
Emergency Department visits	9,348	5,484 (14,832 total)		
Inpatient surgeries	524	531 (1,055 total)		
Outpatient surgeries	1,101	1,133 (2,234 total)		
Newborns	251	283 (534 total)		

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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/)

Hospital Inpatient Quality Reporting Program Measures

	METRIC	CMS**	Q1 -2018	Q2 -2018	Q3 -2018	Q4-2018	Q2-2018 Num/Den	Rolling 2018 YTD	2018 YTD Num/Den	2017
◆ Venous Thromboembolism (VTE) Measures										
VTE-6	Hospital Acquired Potentially-Preventable Venous Thromboembolism +	0%	0%	0%			0/4	0%	0/5	8%
◆ Stroke Measures										
STK-4	Thrombolytic Therapy	100%	100%	100%			5/5	100%	7/7	100%
◆ Sepsis Measure										
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	76%	36%	38%			43/112	37%	97/260	43%
◆ Perinatal Care Measures										
PC-01	Elective Delivery +	0%	0%	4%			1/24	2%	1/45	0%
◆ ED Inpatient Measures										
ED-1	Median Time From ED Arrival to ED Departure for Admitted Patients	262***	352.00	343.00			192--Cases	342.00	387--Cases	311.00
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	90***	121.00	104.00			192--Cases	109.00	387--Cases	96.00
◆ Global Immunization (IMM) Measure										
	METRIC	CMS**						2018	Rolling Num/Den	2017
IMM-2	Influenza Immunization	100%						94%	484/515	91%
◆ Psychiatric (HBIPS) Measures										
IPF-HBIPS-2	Hours of Physical Restraint Use	0.41	0.12	0.22			N/A	0.17	N/A	0.08
IPF-HBIPS-3	Hours of Seclusion Use	0.21	0.58	0.00			N/A	0.38	N/A	0.00
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	36%	60%	87%			27/31	71%	52/73	68%
◆ Substance Use Measures										
SUB-1	Alcohol Use Screening	71%	100%	98%			163/166	99%	339/342	96%

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

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**	Q1 -2018	Q2 -2018	Q3 -2018	Q4-2018	Q4-2017 Num/Den	Rolling 2018 YTD	Rolling Num/Den	2017
Hospital Outpatient Quality Reporting Program Measures										
	METRIC	CMS**	Q1 -2018	Q2 -2018	Q3 -2018	Q4-2018	Q4-2017 Num/Den	Rolling 2018 YTD	Rolling Num/Den	2017
◆ ED Outpatient Measures										
OP-18	Median Time from ED Arrival to ED Departure for Discharged Patients	143***	153.50	180.00			92--Cases	169.50	186--Cases	164.00
◆ Outpatient Stroke Measure										
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	72%***	67%	83%			5/6	78%	7/9	67%
◆ Endoscopy Measures										
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	100%	100%	95%			18/19	97%	34/35	99%
OP-30	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use	100%	100%	100%			47/47	100%	92/92	96%

** CMS Top Decile Benchmark (Benchmark changes each time CMS updates the website) ***National Average + Lower Number is better

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)	Jan 2016 - Dec 2016	April 2016 - March 2017	July 2016 - June 2017	Oct 2016 - Sep 2017
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	not published**	not published**	not published**	not published**
HAI-SSI-Hyst	Surgical Site Infection - Abdominal Hysterectomy	1	not published**	not published**	not published**	not published**
◆ Healthcare Associated Device Related Infections						
	METRIC	National Standardized Infection Ratio (SIR)	Jan 2016 - Dec 2016	April 2016 - March 2017	July 2016 - June 2017	Oct 2016 - Sep 2017
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	1.32	0.92	0.24	0.24
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.51	0.55	0.56	0.94
◆ Healthcare Associated Infections						
	METRIC	National Standardized Infection Ratio (SIR)	Jan 2016 - Dec 2016	April 2016 - March 2017	July 2016 - June 2017	Oct 2016 - Sep 2017
HAI-C-Diff	Clostridium Difficile	1	1.80	1.48	1.21	1.15
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	1.86	1.84	1.34	1.35
◆ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators)						
	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-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

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	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 2011 - March 2014	April 2011 - March 2014	July 2014 - March 2016	April 2014 - March 2017
Surgical Complication	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty	2.8%	3.6%	3.6%	2.7%	2.5%
◆ Acute Care Readmissions - 30 Day Risk Standardized						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2011- June 2014	July 2012- June 2015	July 2013- June 2016	July 2013- June 2016
READM-30-AMI	Acute Myocardial Infarction Readmission Rate	16.0%	16.10%	16.10%	15.20%	14.80%
READM-30-HF	Heart Failure Readmission Rate	21.7%	22.80%	22.50%	20.19%	19.80%
READM-30-PN	Pneumonia Readmission Rate	16.7%	14.10%	15.10%	16.80%	15.90%
READM-30-COPD	COPD Readmission Rate	19.60%	18.40%	18.50%	18.70%	20.49%
READM-30-THA/TKA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.20%	4.60%	4.50%	4.00%	4.10%
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	13.2%	15.60%	13.60%	14.30%	13.70%
READM-30-STR	Stroke Readmission Rate	11.90%	11.10%	10.00%	9.90%	10.40%
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2011- June 2014	July 2014- June 2015	July 2015 - June 2016	July 2016 - June 2017
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR)	15.3%	14.90%	14.60%	15.00%	15.40%

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 2011- June 2014	July 2012- June 2015	July 2013- June 2016	July 2014- June 2017
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate	13.2%	11.70%	11.10%	12.90%	12.80%
MORT-30-HF	Heart Failure Mortality Rate	11.7%	12.60%	11.80%	11.70%	10.30%
MORT-30-PN	Pneumonia Mortality Rate	15.7%	12.30%	17.40%	15.90%	15.90%
MORT-30-COPD	COPD Mortality Rate	8.30%	7.30%	7.30%	7.96%	9.30%
MORT-30-STK	Stroke Mortality Rate	14.30%	13.40%	12.20%	11.70%	12.70%
CABG MORT-30	CABG 30-day Mortality Rate	3.10%	2.60%	2.60%	3.46%	3.60%
◆ 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)	0.98	1.01	1.00	1.00	0.99
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2011 - June 2014	July 2012- June 2015	July 2013- June 2016	July 2014- June 2017
MSPB-AMI	Acute Myocardial Infarction (AMI) Payment Per Episode of Care	\$23,119	\$22,019	\$22,564	\$21,192	\$21,274
MSPB-HF	Heart Failure (HF) Payment Per Episode of Care	\$16,190	\$16,871	\$17,575	\$16,904	\$16,632
MSPB-AMI	Pneumonia (PN) Payment Per Episode of Care	\$17,026	\$14,889	\$14,825	\$17,429	\$17,415
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average			July 2013 - June 2016	April 2014 - March 2017
MSPB-Knee	Hip and Knee Replacement	\$22,567			\$22,502	\$21,953

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CLINICAL QUALITY METRICS
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◆ Outpatient Measures (Claims Data)						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2013 - June 2014	July 2014 - June 2015	July 2015 - June 2016	July 2016 - June 2017
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%	6.70%	7.20%	6.80%	7.00%
OP-10	Outpatient CT Scans of the Abdomen that were “Combination” (Double) Scans ⁺	7.80%	6.10%	4.10%	5.60%	4.80%
OP-11	Outpatient CT Scans of the Chest that were “Combination” (Double) Scans ⁺	1.80%	0.30%	0.40%	0.10%	0.20%
OP-13	Outpatients who got Cardiac Imaging Stress Tests Before Low-Risk Outpatient Surgery ⁺	4.80%	2.90%	4.00%	3.30%	3.50%
OP-14	Outpatients with Brain CT Scans who got a Sinus CT Scan at the Same Time ⁺	1.60%	1.80%	1.00%	0.40%	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)					
	1Q 2018	2Q 2018	3Q 2018	4Q 2018	Total 2018
Brain Injury Network	\$ 920	0			\$ 920
Bucklew	25,000	0			25,000
Healthy Aging Symposium	0	1,000			1,000
Homeward Bound	150,000	0			150,000
Lifelong Medical Care	15,000	0			15,000
Marin Center for Independent Living	25,000	0			25,000
Marin Community Clinics	131,000	500			131,500
Marin County Patient Transportation	3,000	0			3,000
MHD 1206(b) Clinics	3,077,607	3,673,063			6,750,670
Operation Access	30,000	0			30,000
Prima Foundation	2,342,114	2,610,260			4,952,374
Ritter Center	25,000	0			25,000
RotaCare Free Clinic	15,000	0			15,000
To Celebrate Life	0	15,000			15,000
Zero Breast Cancer	0	5,000			5,000
Total Cash Donations	\$ 5,839,641	\$ 6,304,823			\$ 12,144,464
Compassionate discharge medications	62	0			62
Meeting room use by community based organizations for community-health related purposes.	722	2,380			3,102
Food donations	940	940			1,880
Total In Kind Donations	1,724	3,320			5,044
Total Cash & In-Kind Donations	\$ 5,841,365	\$ 6,308,143			\$ 12,149,508

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Schedule 4, continued

Community Benefit Summary					
(these figures are not final and are subject to change)					
	1Q 2018	2Q 2018	3Q 2018	4Q 2018	Total 2018
Community Health Improvement Services	\$ 34,891	\$ 126,571			\$ 161,462
Health Professions Education	96,473	32,395			128,868
Cash and In-Kind Contributions	5,841,365	6,308,143			12,149,508
Community Benefit Operations	1,359	5,175			6,534
Community Building Activities	0	0			0
Traditional Charity Care *Operation Access total is included	550,280	420,729			971,009
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	7,368,588	6,722,236			14,090,824
Community Benefit Subtotal (amount reported annually to State & IRS)	\$ 13,892,956	\$ 13,615,249			\$ 27,508,205
Unpaid Cost of Medicare	23,425,852	21,702,519			45,128,371
Bad Debt	311,372	279,239			590,611
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u>	\$ 37,630,180	\$ 35,597,007			\$ 73,227,187

Operation Access					
<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 2018	2Q 2018	3Q 2018	4Q 2018	Total 2018
*Operation Access charity care provided by MGH (waived hospital charges)	392,703	450,642			843,345
Costs included in Charity Care	73,222	84,025			157,247

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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	
2Q 2017	540	12	2	2.59%
3Q 2017	534	21	1	4.12%
4Q 2017	525	20	1	4.00%
1Q 2018	520	14	0	2.69%
2Q 2018	538	12	0	2.23%

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
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%
2Q 2018	26	61	538	626	14.06%	9.74%	4.15%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
2Q 2017	20	14	6
3Q 2017	18	22	(4)
4Q 2017	12	21	(9)
1Q 2018	11	14	(3)
2Q 2018	31	12	19

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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
2Q 2018	Apr 20	1618 – 2057	4 hrs, 38 mins	ED	15	9
2Q 2018	May 3	1604 – 1730	1 hr, 25 mins	ED	7	4
2Q 2018	May 10	1813 – 2218	4 hrs, 4 mins	ED	12	6
2Q 2018	June 6	0046 – 0159	1 hr, 12 mins	ED	0	1
2Q 2018	June 14	1923 – 2220	2 hrs, 56 mins	ED	17	2
2Q 2018	June 28	2016 – 2109	0 hrs, 52 mins	ED	4	6

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)*

