

Marin General Hospital

Performance Metrics and Core Services Report

2nd Quarter 2014

Marin General Hospital
Performance Metrics and Core Services Report: **2nd Quarter 2014**

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	Joint Commission granted MGH an "Accredited" decision with an effective date of 7/16/2013 for a duration of 36 months. Next survey to occur in 2016.
	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 2013 (Annual Report) was presented to MGH Board and to MHD Board in May 2014.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2013 was presented for approval to the MGH Board in May 2014.
	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 biennial community assessment to assess MGH's performance at meeting community health care needs.	Annually	In Compliance	Community Health and Education Report was presented to the MGH Board and to the MHD Board in May 2014.
	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	Physician and Employee metrics were presented to the MGH Board and to the MHD Board in May 2014.
(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	External awards and recognition report was presented to the MGH Board and the MHD Board in May 2014
(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	Community Health and Education Report was presented to the MGH Board and to the MHD Board in May 2014.
	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 2014.
	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 2014.
(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 2014.
	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 2014.
	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 12, 2013
	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 12, 2013
	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 2012 Independent Audit was completed on April 29, 2014.
	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 was filed on November 15, 2013.

MGH Performance Metrics and Core Services Report

2Q 2014

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 2016 VBP Thresholds				3Q 2013	4Q 2013	1Q 2014	2Q 2014
69.32	77.46	83.97	Overall rating	65.53	67.54	68.15	65.95
			Would Recommend	72.10	68.13	73.75	71.39
77.67	82.34	86.07	Communication with Nurses	74.41	74.61	74.55	75.09
			Nurse Respect	83.11	86.02	86.07	83.42
			Nurse Listen	76.79	70.76	78.28	76.72
			Nurse Explain	75.34	79.06	71.31	77.13
80.40	84.93	88.56	Communication with Doctors	79.38	78.45	79.62	83.57
			Doctor Respect	87.73	87.45	84.43	89.89
			Doctor Listen	78.54	76.92	80.25	81.48
			Doctor Explain	75.78	74.89	78.10	83.25
64.71	73.07	79.76	Responsiveness of Staff	57.17	57.01	58.39	59.25
			Call Button	54.74	57.00	60.99	57.58
			Bathroom Help	69.00	66.43	65.19	70.33
70.18	74.61	78.16	Pain Management	65.17	68.84	67.46	69.93
			Pain Controlled	64.24	68.29	66.48	67.16
			Help with Pain	75.50	78.79	77.84	82.09
62.33	68.13	72.77	Communication about Medications	57.01	51.31	58.41	56.15
			Med Explanation	72.22	76.00	75.00	75.86
			Med Side Effects	49.59	34.43	49.63	44.25
64.95	72.81	79.10	Hospital Environment	53.80	52.05	49.16	49.95
			Cleanliness	62.39	65.04	61.13	58.51
			Quiet	50.71	50.85	48.98	53.19
84.70	87.86	90.39	Discharge Information	82.68	81.49	83.52	80.99
			Help After Discharge	80.77	82.41	83.62	82.12
			Symptoms to Monitor	87.19	83.17	86.03	82.46
			Number of Surveys	224	236	247	192

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

2Q 2014

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 Measure	1Q 2014 YTD	2Q 2014 YTD	3Q 2014 YTD	4Q 2014 YTD
EBIDA \$	\$5,621	\$10,497		
EBIDA %	6.81%	6.14%		

Loan Ratios				
Current Ratio	2.82	2.61		
Debt to Capital Ratio	35.4%	32.6%		
Debt Service Coverage Ratio	5.16	2.62		
Debt to EBIDA %	2.45	2.21		

Key Service Volumes, cumulative				
Acute discharges	2,308	4,611		
Acute patient days	10,129	20,065		
Average length of stay	4.39	4.35		
Emergency Department visits	9,014	18,299		
Inpatient surgeries	531	1,054		
Outpatient surgeries	958	1,964		

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.

MGH Performance Metrics and Core Services Report

2Q 2014

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/)

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**	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Q2-Qtr %	Q2-2014 Num/Den	Rolling %	Rolling Num/Den
Acute Myocardial Infarction (AMI) Measures																	
Aspirin prescribed at discharge	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	37/37	100%	203/203
Beta blocker prescribed at discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	30/30	100%	172/172
Primary PCI within 90 minutes of arrival	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	8/8	100%	43/43
Statin Prescribed at Discharge	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	34/34	100%	190/190
Heart Failure (HF) Measures																	
Evaluation of LVS Function	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	38/38	100%	154/154
ACEI or ARB for LVSD	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	9/9	100%	39/39
Pneumonia (PN) Measures																	
*Initial antibiotic selection for CAP in immunocompetent patient	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	28/28	100%	94/94
Surgical Care Improvement Project (SCIP)Measures																	
Prophylactic antibiotic rec'd within one hr prior to surgical incision	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	81/81	100%	307/307
*Prophylactic antibiotic selection for surgical patients: Overall rate	99%	100%	100%	100%	100%	100%	100%	100%	97%	100%	100%	100%	100%	100%	81/81	100%	306/307
*Prophylactic antibiotics discontinued within 24 hours after surgery end time: Overall rate	98%	100%	100%	95%	96%	96%	100%	100%	100%	96%	100%	100%	100%	100%	79/79	99%	300/304
Cardiac surgery patients with controlled postoperative blood glucose	97%	100%	100%	100%	100%	100%	100%	67%	100%	100%	100%	100%	100%	100%	14/14	98%	52/53
*Urinary catheter removed on post-op day 1 (POD 1) or post-op day 2 (POD 2), day of surgery being day zero (POD)	97%	95%	100%	100%	93%	100%	100%	88%	94%	93%	93%	100%	100%	98%	44/45	96%	191/198
*Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the periop period	98%	100%	100%	100%	100%	100%	100%	88%	100%	100%	100%	100%	100%	100%	24/24	99%	103/104
*Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hrs prior to surgery to 24 hrs after surgery	98%	96%	100%	100%	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%	84/84	99%	324/326
Venous Thromboembolism (VTE) Measures																	
VTE prophylaxis	85%	94%	100%	100%	97%	100%	95%	100%	95%	100%	100%	100%	100%	100%	122/122	99%	493/500
ICU VTE prophylaxis	92%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	22/22	100%	70/70
VTE patients with anticoagulation overlap therapy	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	12/12	100%	54/54
VTE pts receiving unfractionated heparin with dosage/platelet monitoring	97%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A	100%	100%	100%	100%	4/4	100%	21/21
VTE warfarin therapy discharge instructions	75%	100%	100%	100%	100%	100%	100%	40%	33%	67%	100%	100%	75%	92%	9/10	83%	34/41
Hospital acquired potentially-preventable VTE +	10%	N/A	0%	0%	N/A	0%	N/A	0%	0%	0%	0%	0%	0%	0%	0/4	0%	0/16
Global Immunization (IMM) Measures																	
*Influenza immunization	90%	N/A	N/A	N/A	86%	91%	90%	93%	83%	84%	N/A	N/A	N/A	N/A	0/0	88%	453/515

* Performance period for CMS Value-Based Purchasing metric: 01-01-2014 through 12-31-2014 (shaded in blue)

+ Lower Number is better

** CMS Top Decile Benchmark

*** CMS National Median Benchmark (changed from top decile to national median effective 3rd Qtr 2013)

TJC: The Joint Commission measures, may be CMS voluntary

BTBE: Benchmark to be established

**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**	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Q2-Qtr %	Q2-2014 Num/Den	Rolling %	Rolling Num/Den
Stroke Measures																	
Venous thromboembolism (VTE) prophylaxis	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	40/40	100%	168/138
Discharged on antithrombotic therapy	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	28/28	100%	136/136
Anticoagulation therapy for atrial fibrillation/flutter	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	9/9	100%	39/39
Thrombolytic therapy	66%	100%	N/A	100%	N/A	100%	N/A	100%	100%	N/A	N/A	N/A	N/A	100%	0/0	100%	7/7
Antithrombotic therapy by end of hospital day 2	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	35/35	100%	147/147
Discharged on statin medication	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	21/21	100%	98/98
Stroke education	88%	100%	100%	100%	89%	100%	100%	100%	100%	100%	100%	100%	75%	92%	17/18	97%	75/77
Assess for rehabilitation	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	38/38	100%	166/166
Perinatal Care Measure																	
Elective Delivery +	6%	0%	0%	0%	N/A	0%	0%	N/A	0%	0%	0%	0%	0%	0%	0/14%	0%	0/28
ED Inpatient (ED) Measures																	
Median time ED arrival to ED departure - Minutes	274***	300.00	353.00	309.00	299.00	291.50	312.00	318.00	298.00	347.50	314.00	295.00	276.50	295.17	192--Cases	309.46	705--Cases
Admit decision median time to ED departure time - Minutes	98***	160.00	165.00	154.50	165.00	150.00	134.00	168.00	170.00	165.00	149.00	127.50	137.50	138.00	119--Cases	153.79	468--Cases
ED Outpatient (ED) Measures																	
Median time ED arrival to ED discharge +	134***	168.00	147.00	142.00	138.00	144.00	138.50	168.50	149.50	121.50	138.00	205.50	129.00	157.50	104--Cases	149.13	443--Cases
Door to diagnostic evaluation by qualified medical personnel +	26***	33.00	23.00	28.00	23.50	30.00	37.00	31.00	31.00	36.00	26.50	48.00	22.50	32.33	104--Cases	30.79	436--Cases
Outpatient Pain Management Measure																	
Median time to pain management for long bone fracture - Mins +	57***	46.00	48.00	75.00	54.00	48.50	67.00	46.50	73.00	38.50	44.00	39.00	53.00	45.33	44--Cases	52.71	155--Cases
Outpatient Stroke Measure																	
Head CT/MRI results for stroke patients within 45 mins of ED arrival	57%	100%	0%	N/A	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	50%	1/2	57%	4/7
Outpatient Surgery Measures																	
Timing of antibiotic prophylaxis	98%	95%	92%	91%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	44/44	98%	198/202
Antibiotic selection	99%	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	44/44	100%	201/202

* Performance period for CMS Value-Based Purchasing metric: 01-01-2014 through 12-31-2014 (shaded in blue)

+ Lower Number is better

** CMS Top Decile Benchmark

*** CMS National Median Benchmark (changed from top decile to national median effective 3rd Qtr 2013)

TJC: The Joint Commission measures, may be CMS voluntary

BTBE: Benchmark to be established

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/)

Benchmark						
◆ Surgical Site Infection						
METRIC	National Standardized Infection Ratio (SIR)	Jan 2012 - Sep 2012	April 2012 - March 2013	July 2012 - June 2013	Oct 2012 - Sep 2013	
*Colon surgery	1	Insufficient data to calculate SIR	2.16	0.80	1.68	No Different than U.S. National Benchmark
*Abdominal hysterectomy	1	Insufficient data to calculate SIR	Insufficient data to calculate SIR	0.00	not published	No Different than U.S. National Benchmark
◆ Healthcare Associated Infections (ICU)						
METRIC	National Standardized Infection Ratio (SIR)	Jan 2012 - Sep 2012	April 2012 - March 2013	July 2012 - June 2013	Oct 2012 - Sep 2013	
*Central Line Associated Blood Stream Infection Rate (CLABSI)	1	not published	1.38	0.85	1.11	No Different than U.S. National Benchmark
*Catheter Associated Urinary Tract Infection (CAUTI)	1	0.81	0.55	0.86	0.82	No Different than U.S. National Benchmark
◆ Healthcare Associated Infections (Inpatients)						
METRIC	National Standardized Infection Ratio (SIR)	July 2012 - June 2013	Jan 2013 - Sep 2013			
*Clostridium Difficile	1	1.08	1.03			No Different than U.S. National Benchmark
*Methicillin Resistant Staph Aureus Bacteremia	1	0.00	0.00			No Different than U.S. National Benchmark
◆ Heart Bypass Surgery Measures						
METRIC	CA Hospital Assessment and Reporting Task Force (CHART) State Average	2006	2007	2008	2009	
Internal mammary artery usage rate	95.00%	100.00%	88.00%	94.00%	not published	
Mortality rate	2.24%	1.81% (2005-2006)	1.91%	4.35%	not published	
Bilateral Cardiac Catheterization	2.14%	not published	not published	1.16%	not published	
◆ Surgical Complications						
METRIC	CMS National Average	July 2009 - March 2012				
Hip/knee complication: Hospital-level risk -- Standardized complication rate (RSCR) following elective primary total hip/knee arthroplasty	3.40%	4.0%				
METRIC	CMS National Average	Oct 2010 - June 2012				
*Serious Complications	0.61	Worse than National Average				
Deaths among patients with serious treatable complications after surgery	110.25 per 1,000 patient discharges	No different than National Average				
◆ Medicare Spending Per Beneficiary						
METRIC	CMS National Average	Jan 2012 - Dec 2012				
*Medicare spending per beneficiary (All)	0.98	1.02				
◆ Mortality Measures - 30 Day						
METRIC	CMS National Average	July 2006 - June 2009	July 2007 - June 2010	July 2008 - June 2011	July 2009 - June 2012	
*Acute Myocardial Infarction Mortality Rate	15.2%	13.8%	13.7%	13.5%	13.30%	
*Heart Failure Mortality Rate	11.7%	10.6%	12.1%	12.9%	13.8%	
*Pneumonia Mortality Rate	11.9%	11.6%	11.1%	10.7%	10.9%	
COPD Mortality Rate	TBD					
Stroke Mortality Rate	TBD					

* Performance period for CMS Value-Based Purchasing metric: 01-01-2014 through 12-31-2014 (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/)

◆ Acute Care Readmissions - 30 Day Risk Standardized					
METRIC	CMS National Average	July 2006 - June 2009	July 2007 - June 2010	July 2008- June 2011	July 2009- June 2012
Acute Myocardial Infarction Readmission Rate	18.3%	18.0%	19.1%	18.0%	16.70%
Heart Failure Readmission Rate	23.0%	24.8%	24.5%	24.7%	22.60%
Pneumonia Readmission Rate	17.6%	17.7%	17.9%	17.9%	16.20%
COPD Readmission Rate	TBD				
Stroke Readmission Rate	TBD				
Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	5.4%				5.80%
METRIC	CMS National Average	July 2011 - June 2012			
Hospital-Wide All-Cause Unplanned Readmission	16.0%	15.2%			
◆ Outpatient Measures (Claims Data)					
METRIC	CMS National Average	Jan 2011 - Dec 2011	July 2012 - June 2013		
Outpatient with low back pain who had an MRI without trying recommended treatments first, such as physical therapy	37.20%	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	8.80%	7.70%	7.40%		
Outpatient CT scans of the abdomen that were "combination" (double) scans +	10.50%	6.00%	5.60%		
Outpatient CT scans of the chest that were "combination" (double) scans +	2.70%	1.40%	0.40%		
Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery +	5.30%	5.56%	2.60%		
Outpatients with brain CT scans who got a sinus CT scan at the same time +	2.70%	1.70%	2.30%		

* Performance period for CMS Value-Based Purchasing metric: 01-01-2014 through 12-31-2014 (shaded in blue)

+ Lower Number is better

MGH Performance Metrics and Core Services Report

2Q 2014

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 2014	2Q 2014	3Q 2014	4Q 2014	Total 2014
Bread & Roses 40 th Anniversary	\$ 2,420	\$ 0			\$ 2,420
Healthy Aging Symposium	1,000	0			1,000
Homeward Bound of Marin	113,600	0			113,600
Marin Brain Institute	0	630			630
Marin Community Clinics	53,151	18,610			71,761
Marin Community Clinics Summer Solstice	1,000	0			1,000
MHD 1206(b) Clinics	1,183,299	1,304,529			2,487,828
PRIMA Medical Foundation	950,000	950,000			1,900,000
Relay For Life	0	5,000			5,000
RotaCare San Rafael (Refrigerator)	2,182	0			2,182
Total Cash Donations	\$2,306,652	\$2,278,769			\$4,585,421
Total Cash & In-Kind Donations	\$2,306,652	\$2,278,769			\$4,585,421

MGH Performance Metrics and Core Services Report

2Q 2014

Schedule 4, continued

Community Benefit Summary (these figures are not final and are subject to change)					
	1Q 2014	2Q 2014	3Q 2014	4Q 2014	Total 2014
Community Health Improvement Services	\$41,854	\$51,351			\$93,205
Health Professions Education	17,993	19,612			37,605
Cash and In-Kind Contributions	2,306,652	2,278,769			4,585,421
Community Benefit Operations	1,640	1,640			3,280
Traditional Charity Care <i>*Operation Access total is included in Charity Care</i>	1,063,745	731,530			1,795,275
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	6,649,465	7,665,676			14,315,141
Community Benefit Subtotal (amount reported annually to state & IRS)	\$10,081,349	\$10,748,578			\$20,829,927
Community Building Activities	\$0	\$0			\$0
Unpaid Cost of Medicare	15,529,526	15,319,223			30,848,749
Bad Debt	526,391	590,145			1,116,536
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total	\$26,137,266	\$26,657,946			\$52,795,212

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 2014	2Q 2014	3Q 2014	4Q 2014	Total 2014
*Operation Access charity care provided by MGH (waived hospital charges)	\$575,773	\$114,687			\$690,460

MGH Performance Metrics and Core Services Report

2Q 2014

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				
Quarter	Number of Clinical RNs	Terminated		Rate
		Voluntary	Involuntary	
3Q 2013	556	9	5	2.52%
4Q 2013	552	12	3	2.72%
1Q 2014	547	9	11	3.66%
2Q 2014	550	9	9	3.27%

Vacancy Rate									
Period	Per Diem Postings	Benefited Postings	Per Diem Hires	Benefited Hires	Benefited Headcount	Per Diem Headcount	Total Headcount	Benefited Vacancy Rate	Per Diem Vacancy Rate
3Q 2013	24	29	3	6	387	169	556	7.49%	14.20%
4Q 2013	19	37	8	4	386	166	552	9.59%	11.45%
1Q 2014	14	25	4	11	393	154	547	6.36%	9.09%
2Q 2014	23	31	6	15	403	147	550	7.69%	15.65%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
3Q 2013	10	14	(4)
4Q 2013	12	15	(3)
1Q 2014	15	20	(5)
2Q 2014	21	18	3

MGH Performance Metrics and Core Services Report

2Q 2014

Schedule 6: Ambulance Diversion

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

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

Quarter	Date	Time	Length of Time on Divert	Reason	ED Census	Waiting Room Census	ED Admitted Patient Census
1Q 2014	Jan. 2	1640 - 0039	8 hours	ED Saturation	25	10	5
1Q 2014	Jan. 3	1810 - 2005	1 hour, 55 min	Trauma Diversion	33	9	4
1Q 2014	Jan. 9	1805 - 2020	2 hours, 15 min	ED Saturation	31	10	5
1Q 2014	Jan. 14	1510 - 1706	2 hours	ED Saturation	22	5	12
1Q 2014	Jan. 15	1825 - 2105	2 hours, 20 min	ED Saturation	32	9	8
1Q 2014	Jan. 19	1417 - 1646	2 hours, 29 min	ED Saturation	24 (3 ICU Pts)	0	6
1Q 2014	Feb. 16	1905 - 2105	2 hours	ED Saturation	33	10	3 (2 ICU holds)
1Q 2014	Feb. 26	0000 - 0215	2 hours, 15 min	ED Saturation	17	6	6
2Q 2014	April 11	0115 - 0515	4 hours	ED Saturation	14	8	3 (ICU holds)
2Q 2014	May 2	1632 - 2320	6 hours, 48 mins	ED Saturation	36	9	8
2Q 2014	May 5	2040 - 2340	3 hours	ED Saturation	23	10	3
2Q 2014	May 11	1745 - 1845	1 hour	CT Scanner down	33	9	3
2Q 2014	May 11	1900 - 2100	2 hours	ED Saturation	23	5	1
2Q 2014	June 30	1930-2105	1 hour, 35 mins	ED Saturation	39	8	5

MGH Performance Metrics and Core Services Report 2Q 2014

Schedule 6, continued

2014 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)*

