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**Marin General Hospital**  
Performance Metrics and Core Services Report  
3<sup>rd</sup> Quarter 2011

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**3rd Quarter 2011**

**Tier 1 Performance Metrics**

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

		Due Date	Status	Notes
(A) Quality, Safety and Compliance	1. The Board must maintain MGH's Joint Commission accreditation, or if deficiencies are found, correct them within six months.	Quarterly report	In Compliance	The three day Joint Commission Accreditation Survey was completed 8/18/2010 for both the hospital and the outpatient Behavioral Health programs. On 11/19/2010, Joint Commission granted MGH an accreditation decision of "Accredited" with an effective date of 8/19/2010 for a duration of 39 months.
	2. The Board must maintain MGH's Medicare certification for quality of care and reimbursement eligibility.	Quarterly report	In Compliance	MGH maintains its Medicare Certification and has plans in place to ensure reimbursement for quality of care.
	3. The Board must maintain MGH's California Department of Public Health Acute Care License	Quarterly report	In Compliance	MGH maintains its license with the State of California.
	4. The Board must maintain MGH's plan for compliance with SB 1953.	Quarterly report	In Compliance	MGH remains in compliance with SB1953.
	5. The Board must report on all Tier 2 Metrics at least annually.	Annual Report	In Compliance	Provided 4Q 2010 (Annual Report) to MGH Board on 4/7/11 & to MHD Board on 4/12/11.
	6. The Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annual Report	In Compliance	Provided 4Q 2010 (Annual Report) to MGH Board on 4/7/11 & to MHD Board on 4/12/11.
	7. The Board must include quality improvement metrics as part of the CEO and Senior Executive Bonus Structure for MGH.	Annual Report	In Compliance	Provided 4Q 2010 (Annual Report) to MGH Board on 4/7/11 & to MHD Board on 4/12/11.
(B) Patient Satisfaction and Services	The Board will report on MGH's HCAHPS Results Quarterly.	Quarterly report	In Compliance	Schedule 1
(C) Community Commitment	1. In coordination with the General Member, the Board must publish the results of its biennial community survey to assess MGH's performance at meeting community health care needs.	Annual Report	In Compliance	Provided 4Q 2010 (Annual Report) to MGH Board on 4/7/11 & to MHD Board on 4/12/11.
	2. The Board must provide community care benefits at a sufficient level to maintain MGH's non-profit tax exempt status.	Quarterly report	In Compliance	MGH continues to provide community care and has maintained its tax exempt status.
(D) Physicians and Employees	The Board must report on all Tier 1 "Physician and Employee" Metrics at least annually.	Annual Report	In Compliance	Provided 4Q 2010 (Annual Report) to MGH Board on 4/7/11 & to MHD Board on 4/12/11.
(E) Volumes and Service Array	1. The Board must maintain MGH's Scope of Acute Care Services as reported to OSHPD.	Quarterly report	In Compliance	All services have been maintained. MGH added Positive Emission Tomography Mobile Unit on 4/12/11 and Electrophysiology Catheterization on 8/23/11.
	2. The 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 report	In Compliance	All services have been maintained.
(F) Finances	1. The 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 report	In Compliance	Schedule 2
	2. The Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly report	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 Board shall provide necessary reports to the General Member on the following metrics:*

		Due Date	Status	Notes
(A) Quality, Safety and Compliance	The 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, CABSIs, preventive care programs).	Annual Report	In Compliance	Schedule 3
(B) Patient Satisfaction and Services	1. The 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 report	In Compliance	Schedule 1
	2. The Board will report external awards and recognition.	Annual Report	In Compliance	Provided 4Q 2010 (Annual Report) to MGH Board on 4/7/11 & to MHD Board on 4/12/11.
(C) Community Commitment	1. The Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly report	In Compliance	Schedule 4
	2. The Board will report on MGH's Charity Care.	Quarterly report	In Compliance	Schedule 4
	3. The 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.	Annual Report	In Compliance	Provided 4Q 2010 (Annual Report) to MGH Board on 4/7/11 & to MHD Board on 4/12/11.
	4. The 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.	Annual Report	In Compliance	Provided 4Q 2010 (Annual Report) to MGH Board on 4/7/11 & to MHD Board on 4/12/11.
	5. The Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annual Report	In Compliance	Provided 4Q 2010 (Annual Report) to MGH Board on 4/7/11 & to MHD Board on 4/12/11.
(D) Physicians and Employees	1. The Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.	Annual Report	In Compliance	Provided 4Q 2010 (Annual Report) to MGH Board on 4/7/11 & to MHD Board on 4/12/11.
	2. The Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annual Report	In Compliance	Provided 4Q 2010 (Annual Report) to MGH Board on 4/7/11 & to MHD Board on 4/12/11.
	3. The Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.	Quarterly report	In Compliance	Schedule 5
(E) Volumes and Service Array	1. The Board will develop a strategic plan for MGH and review the plan and its performance with the General Member.	Annually	In Compliance	Presented to and approved by the MHD Board on 8/12/2011
	2. The Board will report on the status of MGH's market share and Management responses.	Annually	In Compliance	Presented to MHD Board on 10/6/2011 and on 1/10/2012 in closed session.
	3. The Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.	Quarterly report	In Compliance	Schedule 2
	4. The Board will report on current Emergency services diversion statistics.	Quarterly report	In Compliance	Schedule 6
(F) Finances	1. The Board will provide the audited financial statements.	Annually	In Compliance	MGH Audited Financial Statements available for review in District office.
	2. The 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 report	In Compliance	Schedule 2
	3. The Board will provide copies of MGH's annual tax return (form 990) upon completion to General Member.	Annually	In Compliance	MGH 2010 Tax Return filed on 11/15/11; is available for review at District office.

## **Schedule 1: HCAHPS**

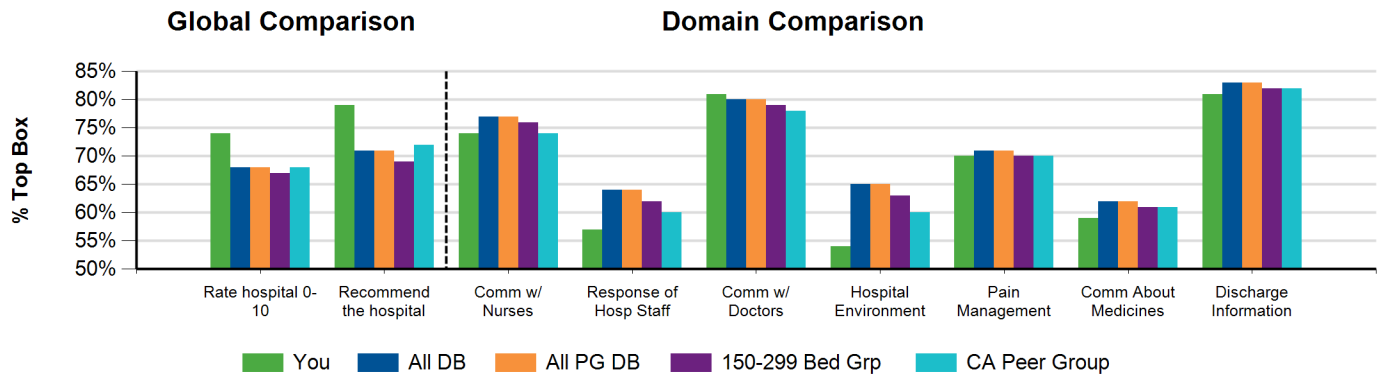
(Hospital Consumer Assessment of Healthcare Providers & Systems)

➤ **Tier 1, Patient Satisfaction and Services**

The Board will report on MGH's HCAHPS Results Quarterly

➤ **Tier 2, Patient Satisfaction and Services**

The 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 = 1799	All PG DB N = 1799	150-299 Bed Grp N = 417	CA Peer Group N = 106
		Previous % Apr-Jun	Current % Jul-Sep		Percentile Rank	Percentile Rank	Percentile Rank	Percentile Rank
Rate hospital 0-10	125	64%	74%	▲	73	73	82	71
Recommend the hospital	124	74%	79%	▲	78	78	85	70
Comm w/ Nurses	124	68%	74%	▲	23	23	26	48
Nurses treat with courtesy/respect	124	80%	84%	▲	41	41	45	58
<i>Nurses listen carefully to you</i>	<b>122</b>	<b>60%</b>	<b>71%</b>	▲	<b>30</b>	<b>30</b>	<b>33</b>	<b>46</b>
<i>Nurses expl in way you understand</i>	<b>122</b>	<b>63%</b>	<b>66%</b>	▲	<b>11</b>	<b>11</b>	<b>14</b>	<b>30</b>
Response of Hosp Staff	111	53%	57%	▲	17	17	20	33
Call button help soon as wanted it	107	49%	49%	-	5	5	8	9
Help toileting soon as you wanted	59	56%	64%	▲	45	45	49	57
Comm w/ Doctors	125	76%	81%	▲	59	59	69	69
Doctors treat with courtesy/respect	124	83%	91%	▲	85	85	92	91
Doctors listen carefully to you	123	72%	80%	▲	56	56	67	70
Doctors expl in way you understand	124	71%	73%	▲	39	39	50	46
Hospital Environment	124	47%	54%	▲	6	6	8	19
Cleanliness of hospital environment	122	59%	66%	▲	18	18	22	32
Quietness of hospital environment	123	36%	41%	▲	4	4	5	14
Pain Management	89	64%	70%	▲	44	44	46	44
Pain well controlled	85	58%	65%	▲	58	58	60	48
Staff do everything help with pain	88	70%	75%	▲	29	29	30	41
Comm About Medicines	94	47%	59%	▲	34	34	38	39
Tell you what new medicine was for	94	64%	68%	▲	12	12	14	23
Staff describe medicine side effect	89	31%	51%	▲	62	62	68	60
Discharge Information	113	78%	81%	▲	31	31	32	35
Staff talk about help when you left	112	77%	78%	▲	33	33	33	42
Info re symptoms/prob to look for	110	80%	84%	▲	32	32	35	35

## Schedule 2: Financials

➤ **Tier 1, Finances**

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

Financial	Target	09/30/11 YTD
EBIDA \$	\$20,216	\$14,150
EBIDA %	9.80%	6.60%

Loan Ratios	Target	09/30/11 YTD
Current Ratio	> 1.5	2.21
Debt to Capitalization Ratio	< 50%	48%
Debt Service Coverage Ratio	> 1.75	3.55
Debt to EBIDA %	<2.25	1.78

Key Service Volumes	09/30/10 YTD	09/30/11 YTD
Acute Discharges	7,496	7,401
Acute Patient Days	33,021	31,979
ALOS	4.4	4.3
ED Visits	25,708	26,387
IP Surgeries	1,649	1,841
OP Surgeries	2,179	2,078

## Schedule 3: Clinical Quality Reporting Metrics

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

The 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, CABS, preventive care programs).

## Schedule 3: Clinical Quality Reporting Metrics

Publicly Reported on: <http://www.calhospitalcompare.org>

METRIC	State Average / Top Decile+	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Mar-11 Num/ Den	Rolling %	Rolling Num/Den
<b>Heart Attack Measures</b>																
AMI – ACEI or ARB for LVSD	97%/100%	100%	100%	100%	100%	100%	100%	100%	0%	100%	100%	100%	100%	1/1	96%	26/27
AMI – Aspirin on Arrival	99%/100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	24/24	100%	143/143
AMI – Aspirin at Discharge	98%/100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	21/21	100%	159/159
AMI – Beta Blocker at Discharge	98%/100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	18/18	100%	149/149
AMI – PCI within 90 mins. of arrival	91%/100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/A	100%	100%	3/3	100%	25/25
AMI – Adult smoking cessation advice	100%/100%	100%	100%	100%	100%	100%	100%	N/A	N/A	100%	N/A	100%	100%	6/6	100%	31/31
<b>Heart Failure Measures</b>																
HF – ACEI or ARB for LVSD	95%/100%	100%	100%	100%	100%	100%	N/A	100%	N/A	100%	100%	100%	100%	2/2	100%	28/28
HF – LVS Assessment	98%/100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	93%	100%	100%	13/13	99%	156/157
HF – Discharge instructions	91%/100%	100%	100%	88%	100%	85%	100%	83%	100%	100%	100%	92%	88%	7/8	94%	112/119
HF – Adult smoking cessation advice	99%/100%	100%	N/A	100%	100%	100%	N/A	100%	N/A	100%	100%	N/A	100%	2/2	100%	15/15
<b>Pneumonia Measures</b>																
PN – Pneumococcal screening and/or vaccination	93%/100%	100%	88%	100%	88%	89%	90%	100%	100%	100%	96%	100%	100%	16/16	96%	181/188
PN – Influenza screening and/or vaccination	91%/100%	N/A	N/A	N/A	N/A	N/A	N/A	89%	100%	95%	94%	100%	100%	22/22	97%	119/123
PN – Antibiotic within 6 hrs after arrival	95%/100%	100%	N/A	100%	N/A	100%	100%	100%	100%	100%	100%	100%	100%	22/22	100%	179/179
PN – Adult smoking cessation advice	97%/100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	7/7	100%	45/45
PN- Antibiotic selection for ICU/non-ICU patients	93%/99%	100%	100%	100%	89%	100%	100%	100%	100%	100%	100%	100%	100%	15/15	99%	142/143
PN – Blood culture in ED prior to initial antibiotic	95%/100%	100%	100%	95%	100%	100%	100%	94%	100%	100%	100%	94%	100%	23/23	99%	228/231
<b>Surgical Care Improvement Project Measures</b>																
SCIP – Antibiotic within 1 hr of incision – Overall	97%/100%	96%	100%	100%	94%	100%	100%	96%	100%	100%	100%	100%	97%	30/31	98%	305/310
SCIP – Antibiotic selection – Overall	97%/100%	100%	100%	100%	100%	100%	100%	100%	96%	96%	100%	100%	100%	32/32	99%	316/318
SCIP – Antibiotic disc. Within 24 hrs – Overall	94%/100%	100%	100%	100%	100%	100%	100%	100%	96%	96%	96%	100%	94%	29/31	98%	300/305
SCIP – Cardiac Pt. 6 AM Post-op Serum Glucose	94%/99%	100%	83%	100%	100%	100%	80%	83%	80%	100%	67%	100%	100%	9/9	91%	64/70
SCIP – Appropriate Hair Removal	100%/100%	98%	97%	100%	100%	97%	97%	100%	100%	100%	100%	100%	100%	46/46	99%	469/473
SCIP – Beta blocker prior and periop	93%/100%	100%	90%	100%	87%	100%	100%	100%	88%	92%	100%	100%	100%	13/13	95%	96/101
SCIP – Venous thromboembolism prophylaxis	92%/100%	93%	83%	88%	82%	93%	91%	100%	92%	81%	81%	100%	85%	11/13	89%	151/170
SCIP – VTE prophylaxis timing	91%/100%	87%	83%	94%	82%	71%	82%	100%	92%	81%	81%	100%	85%	11/13	86%	146/169
SCIP – Urinary catheter removed on POD 1 or POD 2	90%/100%	92%	80%	94%	88%	67%	100%	100%	77%	90%	100%	88%	86%	12/14	88%	109/124

+ Top Decile benchmark from CMS Hospital Compare



ICU Measures						
	CHART Average++	(Q2 2009 -Q1 2010)	(Q3 2009 -Q2 2010)	(Q3 2009 -Q3 2010)	(Q1 2010 -Q4 2010)	(Q3 2010 -Q2 2011)
VAP - Respirator Complication Prevention - Peptic Ulcer Medication	97.0%	99.5%	99%	99%	99.5%	Not published
Respirator Complication Prevention - Blood Clot Prevention	97.0%	99%	99.5%	100%	99.5%	Not published
VAP - Patients Head of Bed Elevated	97.0%	100%	100%	100%	100%	Not published
VAP - Bundle Process Composite	92.0%	99%	99%	99%	99%	Not published
ICU Mortality	11.56%	12%	12.3%	11.45%	11.50%	9.09%

++ CHART Average-- refreshed quarterly.

Maternity Measures				
	State Average			
Episiotomy Rate	4%	1%	Time Period Year 2008	
C Section Rate	18%	13%(2007)	12%(2009)	
Exclusive Breast Feeding Rate	57%	74% (YEAR 2007)	82% (YEAR 2008)	79%(Year 2009) 80%(Year 2010)

Heart Bypass Surgery Measures			
	State Average		
Heart Bypass Surgery - Internal Mammary Artery Usage Rate	96%	100% (2006)	88% (2007) 94% (2008)
Heart Bypass Surgery - Mortality Rate	2.24%	1.81% (2005-2006)	1.91% (2007) 4.35%(2008)

Other Measures					
	State Average				
Hospital Acquired Pressure Ulcers	1.8%	0.6% (2Q 2009 - 1Q 2010)	0.8%(4Q 2009 - 3Q 2010)	0.9% (1Q 2010 - 4Q 2010)	0.6% (3Q 2010 - 2Q 2011)

## Schedule 4: Community Benefit Executive 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

<b>Community Benefit Executive Summary</b>			
	<b>1Q 2011</b>	<b>2Q 2011</b>	<b>3Q 2011</b>
Community Health Improvement Services:	\$26,928	\$4,254	\$69,368
Health Professions Education:	\$1,371	\$1,371	\$35,807
Research:	\$0	\$0	\$0
Cash and In-Kind Contributions (detail provided on following page):	\$803,290	\$745,795	\$737,230
Community Benefit Operations:	\$800	\$21,637	\$10,177
Traditional Charity Care:	\$454,747	\$569,280	\$836,407
Government Sponsored Health Care (Includes Medi-Cal & Means-Tested Government Programs):	\$5,015,355	\$5,286,136	\$5,458,901
<b>Community Benefit Subtotal:</b> (amount reported annually to state & IRS)	\$6,338,491	\$6,650,110	\$7,147,890
<b>Community Building Activities:</b>	\$0.00	\$0	\$196
<b>Unpaid Cost of Medicare:</b>	\$17,097,983	\$16,017,258	\$15,846,861
<b>Bad Debt:</b>	\$1,011,831	\$1,522,256	\$1,179,343
<b>Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total:</b>	<b>\$24,448,305</b>	<b>\$24,189,624</b>	<b>\$24,174,290</b>

## Schedule 4: continued

<b>Cash &amp; In-Kind Donations</b>			
	<b>1Q 2011</b>	<b>2Q 2011</b>	<b>3Q 2011</b>
Coastal Health Alliance	\$10,000	\$0	\$0
eSurance Harbor Point Tennis Classic	\$5,000	\$0	\$0
Healthy Aging Symposium	\$1,000	\$0	\$0
Honor Thy Healer	\$1,495	\$0	\$0
Marin City Health & Wellness	\$22,500	\$0	\$0
Marin Community Clinics	\$48,159	\$48,159	\$48,159
Marin Link	\$0	\$0	\$1,000
Marin Sonoma Concours d'Elegance	\$5,000	\$0	\$0
NAMI Walk	\$0	\$1,000	\$0
Prima Medical Foundation	\$681,136	\$681,136	\$681,136
Rally for Health & Hope	\$0	\$2,500	\$0
RotaCare San Rafael	\$15,000	\$0	\$0
Summer Solstice	\$1,000	\$0	\$0
	\$0	\$0	\$0
<b>Total Cash Donations</b>	<b>\$790,290</b>	<b>\$732,795</b>	<b>\$730,295</b>
MedShare	\$0	\$0	\$6,935
VIDA	\$13,000	\$13,000	\$0
<b>Total In-Kind Donations</b>	<b>\$13,000</b>	<b>\$13,000</b>	<b>\$6,935</b>
<b>Total Cash &amp; In-Kind Donations</b>	<b>\$803,290</b>	<b>\$745,795</b>	<b>\$737,230</b>

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

➤ **Tier 2, Physicians and Employees**

The 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 2011	526	8	4	2.28%
Q2 2011	527	2	9	2.09%
Q3 2011	533	10	6	3.00%

### 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
July 2011	10	3	9	0	-	-	-	-	-
Aug. 2011	8	2	9	1	-	-	-	-	-
Sept. 2011	9	2	2	1	-	-	-	-	-
Q1 2011	16	10	13	0	349	177	526	2.87%	9.04%
Q2 2011	52	16	9	4	357	170	527	4.48%	30.59%
Q3 2011	27	7	20	2	351	182	533	1.99%	14.84%

Hired	Termed	Net Change
22	16	6

## Schedule 6: Ambulance Diversion

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

The 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	1/5/11	1710-1910	2hr	ED Saturation	21	9	8
1Q	1/11/11	2158-2355	2 hr 57 min	ED Saturation	18	7	5
1Q	2/7/11	2347-0155	2hr 8min	ED Saturation	23	2	9
1Q	2/11/11	1607-2045	4hr 38min	ED Saturation	20	5	1
1Q	2/14/11	1720-2320	7hr	ED Saturation	23	10	11
1Q	2/20/11	1320-1524	2hr 4min	ED Saturation	23	7	8
1Q	2/21/11	1355-1850	4hr 55min	ED Saturation	22	8	5
1Q	3/8/11	1518-2125	6hr7min	ED Saturation	19 & 8 in PIT	10	3
1Q	3/10/11	1850-2050	2hr	ED Saturation	25	20	6
1Q	3/18/11	0850-1335	4hr15min	CT Scanner Inoperable	9	0	0
1Q	3/21/11	1810-2250	3hr40min	ED Saturation	23	15	9
2Q	4/1/11	2305-0505	6hr	ED Saturation	13 Down 2 RNs Noc	3	1
2Q	4/5/11	2200-0200	4hr	ED Saturation	21	15	5
2Q	5/4/11	2154-0037	2hr17min	ED Saturation	19 down 1 RN p 2300	10 + 1 EMS waiting	7
2Q	5/9/11	1630-1830	2hr	ED Saturation	24	11	9
2Q	5/24/11	0430-0925	4hr 55min	CT Scanner Inoperable	2	0	0
2Q	6/19/11	0050-0255	2hr5min	Trauma Diversion	10	0	1
2Q	6/19/11	0320-0600	2hr40min	Trauma Diversion	9	0	2
3Q	7/8/11	1655-2203	5hr8min	ED Saturation	23	21	4
3Q	7/25/11	0312-0718	4hr6min	CT Scanner Inoperable	4	0	3
3Q	8/10/11	1000-1350	3hr50min	CT Scanner Inoperable	N/A	N/A	N/A
3Q	8/16/11	1430-1453	23min	CT Scanner Inoperable	20	0	6
3Q	9/10/11	1010-1055	45min	ED Saturation	10 "only 3 RNs", unable to find RNs	3	3
3Q	9/15/11	1240-1758	5hr18min	ED Saturation	24 - 2 ICU, 1 full trauma	4	6
3Q	9/15/11	2020-0205	5hr45min	ED Saturation	21	12	9

## 2011 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)

