

## **Marin General Hospital**

### Performance Metrics and Core Services Report

3rd Quarter 2015

**Marin General Hospital**  
**Performance Metrics and Core Services Report: 3rd Quarter 2015**

**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 2014 (Annual Report) was presented to MGH Board and to MHD Board in April 2015.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2015 was presented for approval to the MGH Board in April 2015.
	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	<b>Schedule 1</b>
(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 April 2015.
	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 April 2015.
(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	<b>Schedule 2</b>
	2. MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly	In Compliance	<b>Schedule 2</b>

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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	<b>Schedule 3</b>
(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	<b>Schedule 1</b>
	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 April 2015.
(C) Community Commitment	1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly	In Compliance	<b>Schedule 4</b>
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	<b>Schedule 4</b>
	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 April 2015.
	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 April 2015.
	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 April 2015.
(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 April 2015.
	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 April 2015.
	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	<b>Schedule 5</b>
(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 September 12, 2014.
	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 September 12, 2014.
	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	<b>Schedule 2</b>
	4. MGH Board will report on current Emergency services diversion statistics.	Quarterly	In Compliance	<b>Schedule 6</b>
(F) Finances	1. MGH Board will provide the audited financial statements.	Annually	In Compliance	The MGH 2014 Independent Audit was completed on April 29, 2015.
	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	<b>Schedule 2</b>
	3. MGH Board will provide copies of MGH's annual tax return (form 990) upon completion to General Member.	Annually	In Compliance	The MGH 2014 Form 990 was filed on November 15, 2014.

# MGH Performance Metrics and Core Services Report

## 3Q 2015

### 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 2017 VBP Thresholds			4Q 2014	1Q 2015	2Q 2015	3Q 2015	
70.02	78.12	84.60	<b>Overall rating</b>	75.03	61.82	64.40	61.69
			<b>Would Recommend</b>	78.01	70.27	66.68	73.52
78.19	82.87	86.61	<b>Communication with Nurses</b>	74.23	70.12	68.78	71.28
			Nurse Respect	84.47	86.04	80.95	84.75
			Nurse Listen	76.92	74.89	70.69	73.42
			Nurse Explain	73.30	68.33	73.59	74.58
80.51	85.12	88.80	<b>Communication with Doctors</b>	78.72	77.52	74.18	77.97
			Doctor Respect	86.64	86.04	79.83	88.94
			Doctor Listen	76.71	78.54	75.32	77.97
			Doctor Explain	76.71	78.18	77.59	77.22
65.05	73.36	80.01	<b>Responsiveness of Staff</b>	62.19	59.44	58.03	58.63
			Call Button	65.64	65.63	62.74	62.63
			Bathroom Help	68.14	68.46	68.53	69.84
70.28	74.75	78.33	<b>Pain Management</b>	70.37	66.70	66.39	68.91
			Pain Controlled	71.88	70.48	70.62	73.13
			Help with Pain	78.26	77.71	76.97	79.50
62.88	68.70	73.36	<b>Communication about Medications</b>	53.27	52.72	54.87	57.57
			Med Explanation	68.07	77.86	74.65	76.52
			Med Side Effects	46.28	38.58	46.10	49.62
65.30	73.13	79.39	<b>Hospital Environment</b>	52.42	47.04	47.39	51.98
			Cleanliness	62.56	62.44	58.01	62.93
			Quiet	54.09	45.95	51.07	55.32
85.91	88.60	91.23	<b>Discharge Information</b>	83.65	82.82	80.80	85.20
			Help After Discharge	83.01	83.25	81.90	86.88
			Symptoms to Monitor	86.89	87.38	84.69	88.53
			<b>Number of Surveys</b>	222	223	234	239

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

## 3Q 2015

### 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 2015 YTD	2Q 2015 YTD	3Q 2015 YTD	4Q 2015 YTD
EBIDA \$	\$13,625	\$22,849	\$31,494	
EBIDA %	14.28%	11.90%	10.96%	

Loan Ratios				
Current Ratio	2.85	2.82	2.83	
Debt to Capital Ratio	29.7%	27.5%	32.0%	
Debt Service Coverage Ratio	3.98	4.44	4.96	
Debt to EBIDA %	1.40	1.26	1.43	

Key Service Volumes, cumulative				
Acute discharges	2,203	4,386	6,571	
Acute patient days	10,500	20,843	30,686	
Average length of stay	4.77	4.75	4.67	
Emergency Department visits	9,858	19,291	28,529	
Inpatient surgeries	539	1,171	1,680	
Outpatient surgeries	1,076	2,216	3,296	

**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

## 3Q 2015

### 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](http://www.calhospitalcompare.org)), and Centers for Medicare & Medicaid Services (CMS) Hospital Compare ([www.hospitalcompare.hhs.gov/](http://www.hospitalcompare.hhs.gov/))

<b>Abbreviations and Acronyms Used in Dashboard Report</b>	
<b>Term</b>	<b>Title/Phrase</b>
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**  
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and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov/)

METRIC	CMS**	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Q3-Qtr %	Q3-2015 Num/Den	Rolling %	Rolling Num/Den
<b>◆ Venous Thromboembolism (VTE) Measures</b>																	
VTE prophylaxis	100%	100%	97%	83%	98%	83%	84%	97%	95%	97%	95%	100%	100%	<b>98%</b>	131/133	<b>94%</b>	477/508
ICU VTE prophylaxis	100%	100%	100%	86%	93%	100%	89%	100%	100%	89%	100%	100%	100%	<b>100%</b>	21/21	<b>96%</b>	89/93
VTE patients with anticoagulation overlap therapy	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	<b>100%</b>	16/16	<b>100%</b>	66/66
VTE warfarin therapy discharge instructions	100%	100%	100%	67%	83%	100%	33%	80%	100%	75%	33%	50%	100%	<b>54%</b>	7/13	<b>73%</b>	33/45
Hospital acquired potentially-preventable VTE +	0%	N/A	0%	0%	N/A	0%	0%	N/A	N/A	0%	N/A	N/A	N/A	<b>N/A</b>	0/0	<b>0%</b>	0/9
<b>◆ Global Immunization (IMM) Measures</b>																	
* Influenza immunization	100%	87%	91%	85%	81%	90%	86%	N/A	N/A	N/A	N/A	N/A	N/A	<b>N/A</b>	0/0	<b>86%</b>	446/516
<b>◆ Stroke Measures</b>																	
Venous thromboembolism (VTE) prophylaxis	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	<b>100%</b>	39/39	<b>100%</b>	159/159
Thrombolytic therapy	100%	N/A	N/A	0%	N/A	100%	100%	100%	100%	N/A	100%	100%	100%	<b>100%</b>	3/3	<b>90%</b>	9/10
Discharged on statin medication	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%	<b>95%</b>	20/21	<b>99%</b>	91/92
Stroke education	100%	100%	100%	83%	100%	100%	100%	100%	100%	100%	100%	100%	100%	<b>100%</b>	19/19	<b>99%</b>	68/69
<b>◆ Perinatal Care Measure</b>																	
* Elective delivery +	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	<b>0%</b>	0/8	<b>0%</b>	0/29
<b>◆ ED Inpatient (ED) Measures</b>																	
Median time ED arrival to ED departure - Minutes	259***	284.50	295.00	291.50	326.00	271.50	307.00	328.00	355.00	290.00	299.00	312.00	289.00	<b>300.00</b>	117--cases	<b>304.04</b>	642--cases
Admit decision median time to ED departure time - Minutes	88***	100.00	131.00	152.00	125.00	111.00	127.00	139.50	127.00	87.00	114.00	101.50	96.00	<b>103.83</b>	99--cases	<b>117.58</b>	549--cases
<b>◆ ED Outpatient (ED) Measures</b>																	
Median time ED arrival to ED discharge +	139***	147.50	119.50	152.50	160.00	202.00	152.00	178.00	174.00	133.50	152.00	151.00	153.00	<b>152.00</b>	66--cases	<b>156.25</b>	370--cases
Door to diagnostic evaluation by qualified medical personnel +	29***	28.50	23.00	24.00	37.00	32.50	33.00	27.00	33.00	24.50	18.50	133.00	17.00	<b>56.17</b>	66--cases	<b>35.92</b>	369--cases
<b>◆ Outpatient Pain Management Measure</b>																	
Median time to pain management for long bone fracture - Mins +	54***	52.00	47.50	54.50	65.50	71.00	73.00	74.50	82.00	56.00	44.00	55.50	61.50	<b>53.67</b>	48--cases	<b>60.67</b>	184--cases
<b>◆ Outpatient Stroke Measure</b>																	
Head CT/MRI results for stroke patients within 45 mins of ED arrival	65%***	0%	0%	N/A	N/A	N/A	N/A	50%	100%	100%	N/A	N/A	50%	<b>50%</b>	1/2	<b>44%</b>	4/9

\* CMS Reduction Program (shaded in blue)  
\*\* CMS Top Decile Benchmark  
\*\*\* National Average  
TJC: The Joint Commission measures may be CMS voluntary  
+ Lower number is better



**MARIN GENERAL HOSPITAL DASHBOARD  
CLINICAL QUALITY METRICS**

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**◆ Acute Care Readmissions - 30 Day Risk Standardized**

METRIC	CMS National Average	July 2008 - June 2011	July 2009 - June 2012	July 2010 - June 2013	July 2011 - June 2014
* Acute Myocardial Infarction Readmission Rate	17.00%	18.00%	16.70%	15.90%	16.10%
* Heart Failure Readmission Rate	22.00%	24.70%	22.60%	23.00%	22.80%
* Pneumonia Readmission Rate	16.90%	17.90%	16.20%	15.00%	14.10%
* COPD Readmission Rate	20.20%			19.00%	18.40%
Stroke Readmission Rate	12.70%			12.10%	11.10%
* Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.80%		5.80%	5.30%	4.60%
Coronary Artery Bypass Graft Surgery (CABG)	14.90%				15.60%
Hospital-Wide All-Cause Unplanned Readmission (HWR)	15.20%			14.40%	14.90%

**◆ Outpatient Measures (Claims Data)**

METRIC	CMS National Average	Jan 2011 - Dec 2011	July 2012 - June 2013	July 2013 - June 2014	
Outpatient with low back pain who had an MRI without trying recommended treatments first, such as physical therapy	37.20%	Not available	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	8.90%	7.70%	7.40%	6.70%	
Outpatient CT scans of the abdomen that were "combination" (double) scans +	9.40%	6.00%	5.60%	6.10%	
Outpatient CT scans of the chest that were "combination" (double) scans +	2.40%	1.40%	0.40%	0.30%	
Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery +	5.00%	5.56%	2.60%	2.90%	
Outpatients with brain CT scans who got a sinus CT scan at the same time +	2.80%	1.70%	2.30%	1.80%	
METRIC	CMS National Average			Jan 2013 - Dec 2013	
Patient left Emergency Dept. before being seen	2.00%			1.00%	

**◆ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators)**

METRIC	CMS National Average	Oct 2010 - June 2012	July 2011 - June 2013	July 2012 thru June 2014	
* Complication / Patient Safety Indicators PSI 90 (Composite)	0.81	Worse than National Average	Worse than National Average	No different than National Average	
Death Among Surgical Patients with Serious Complications	117.52 per 1,000 patient discharges	No different than National Average	No different than National Average	No different than National Average	

\* CMS Reduction Program (shaded in blue)

+ Lower Number is Better



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**◆ Surgical Site Infection**

METRIC	National Standardized Infection Ratio (SIR)	Jan 2013 - Dec 2013	July 2013 - June 2014	Oct 2013 - Sep 2014	Jan 2014 - Dec 2014	
* Colon surgery	1	1.54	1.19	0.54	0.58	No Different than U.S. National Benchmark
* Abdominal hysterectomy	1	not published**	not published**	not published**	not published**	

**◆ Healthcare Associated Infections (ICU)**

METRIC	National Standardized Infection Ratio (SIR)	Jan 2013 - Dec 2013	July 2013 - June 2014	Oct 2013 - Sep 2014	Jan 2014 - Dec 2014	
* Central Line Associated Blood Stream Infection Rate (CLABSI)	1	0.54	0.27	0.29	0.03	No Different than U.S. National Benchmark
* Catheter Associated Urinary Tract Infection (CAUTI)	1	1.10	1.10	1.41	2.09	No Different than U.S. National Benchmark

**◆ Healthcare Associated Infections (Inpatients)**

METRIC	National Standardized Infection Ratio (SIR)	Jan 2013 - Dec 2013	July 2013 - June 2014	Oct 2013 - Sep 2014	Jan 2014 - Dec 2014	
* Clostridium Difficile	1	1.06	1.16	1.20	1.29	No Different than U.S. National Benchmark
* Methicillin Resistant Staph Aureus Bacteremia	1	0.00	1.63	2.04	1.95	No Different than U.S. National Benchmark

**◆ Healthcare Personnel Influenza Vaccination**

METRIC	CMS National Average	Oct 2013 - March 2014	Oct 2014 - March 2015			
Healthcare Personnel Influenza Vaccination	84%	71%	81%			No Different than U.S. National Benchmark

**◆ Surgical Complications**

METRIC	CMS National Average	July 2009 - March 2012	April 2010- March 2013	April 2011 - March 2014		
Hip/knee complication: Hospital-level risk -- Standardized complication rate (RSCR) following elective primary total hip/knee arthroplasty	3.1%	4.0%	4.4%	3.6%		

**◆ Cost Efficiency**

METRIC	CMS National Average	Jan 2013 - Dec 2013	July 2010 - June 2013	July 2011 thru June 2014	Jan 2014 thru Dec 2014	
*Medicare spending per beneficiary (All)	0.98	1.01			1.00	
Acute Myocardial Infarction payment per episode of care	\$21,791		\$20,850	\$22,019		
Heart Failure payment per episode of care	\$15,223			\$16,871		
Pneumonia payment per episode of care	\$14,294			\$14,889		

**◆ Mortality Measures - 30 Day**

METRIC	CMS National Average	July 2008 - June 2011	July 2009 - June 2012	July 2010 - June 2013	July 2011 - June 2014	
* Acute Myocardial Infarction Mortality Rate	14.2%	13.5%	13.3%	12.60%	11.70%	
* Heart Failure Mortality Rate	11.6%	12.9%	13.8%	12.0%	12.6%	
* Pneumonia Mortality Rate	11.5%	10.7%	10.9%	12.2%	12.3%	
* CABG 30-day Mortality Rate (PD 2017)	3.2%				2.6%	
COPD Mortality Rate	7.7%			7.8%	7.3%	
Stroke Mortality Rate	14.8%			15.2%	13.4%	

\* CMS Reduction Program (shaded in blue)

\*\* Insufficient data to calculate SIR

# MGH Performance Metrics and Core Services Report

## 3Q 2015

### 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.

<b>Cash &amp; In-Kind Donations</b>					
(these figures are not final and are subject to change)					
	1Q 2015	2Q 2015	3Q 2015	4Q 2015	Total 2015
Coastal Health Alliance	0	32,500	0		32,500
Community Institute for Psychotherapy	0	15,000	0		15,000
ExtraFood.org	0	0	3,000		3,000
Heart Walk	2,500	0	0		2,500
Homeward Bound	0	65,000	65,000		130,000
Hospice by the Bay (Ball)	0	0	2,200		2,200
Marin Brain Institute	638	0	0		638
Marin City Health and Wellness	0	20,000	0		20,000
Marin Community Clinics	55,830	183,780	0		239,610
Marin Community Clinics, Summer Solstice	0	1,000	0		1,000
Marin Senior Fair	0	0	2,000		2,000
MHD 1206(b) Clinics	1,128,298	1,538,856	1,344,880		4,012,034
Prima Medical Foundation	1,550,000	1,692,692	3,380,103		6,622,795
Ritter Center	0	20,000	0		20,000
RotaCare San Rafael	0	0	15,000		15,000
Slide Ranch	0	1,500	0		1,500
Streets Team	0	10,000	0		10,000
Whistlestop	0	15,000	0		15,000
Zero Breast Cancer Foundation	0	2,200	0		2,200
<b>Total Cash Donations</b>	<b>\$ 2,737,266</b>	<b>\$ 3,597,528</b>	<b>\$ 4,812,183</b>		<b>\$ 11,146,977</b>
Compassionate discharge medications	655	830	1,168		2,653
Meeting room use by community based organizations for community-health related purposes.	2,568	2,750	2,708		8,026
Food donations	992	913	913		2,818
<b>Total In Kind Donations</b>	<b>\$ 4,215</b>	<b>\$ 4,493</b>	<b>\$ 4,789</b>		<b>\$ 13,497</b>
<b>Total Cash &amp; In-Kind Donations</b>	<b>\$ 2,741,481</b>	<b>\$ 3,606,514</b>	<b>\$ 4,821,761</b>		<b>\$ 11,160,474</b>

# MGH Performance Metrics and Core Services Report

## 3Q 2015

### Schedule 4, continued

<b>Community Benefit Summary</b>					
(these figures are not final and are subject to change)					
	1Q 2015	2Q 2015	3Q 2015	4Q 2015	Total 2015
Community Health Improvement Services	\$ 36,858	\$ 32,638	\$ 65,069		\$ 134,565
Health Professions Education	324,931	347,425	80,649		753,005
Research	0	0	179		179
Cash and In-Kind Contributions	2,741,343	3,606,514	4,816,972		11,164,967
Community Benefit Operations	14,161	22,537	18,250		54,948
Traditional Charity Care *Operation Access total is included	322,987	512,723	656,076		1,491,786
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	3,446,797	3,498,448	3,666,261		10,611,506
<b>Community Benefit Subtotal</b> (amount reported annually to State & IRS)	<b>\$ 6,887,215</b>	<b>\$ 8,020,285</b>	<b>\$ 9,303,456</b>		<b>\$ 24,210,956</b>
<b>Community Building Activities</b>	2,813	2,274	0		5,087
<b>Unpaid Cost of Medicare</b>	20,661,304	19,511,047	17,903,136		58,075,487
<b>Bad Debt</b>	526,063	377,401	514,394		1,417,858
<b>Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total</b>	<b>\$ 28,077,395</b>	<b>\$ 27,911,007</b>	<b>\$ 27,720,986</b>		<b>\$ 83,709,388</b>

<b>Operation Access</b>					
Though not a Community Benefit requirement, MGH has been participating with Operation Access since 2000. Operation Access brings together medical professionals and hospitals to provide donated outpatient surgical and specialty care for the uninsured and underserved.					
	1Q 2014	2Q 2014	3Q 2014	4Q 2014	Total 2014
*Operation Access charity care provided by MGH (waived hospital charges)	\$ 439,833	\$ 89,090	\$ 233,091		\$ 762,014
Costs included in Charity Care	90,984	18,429	48,217		157,630

# MGH Performance Metrics and Core Services Report

## 3Q 2015

### 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	
4Q 2014	541	12	6	3.33%
1Q 2015	534	9	6	2.81%
2Q 2015	536	13	5	3.36%
3Q 2015	522	32	6	7.28%

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
4Q 2014	12	34	2	9	402	139	541	8.46%	8.63%
1Q 2015	13	53	3	7	412	122	534	12.86%	10.66%
2Q 2015	26	79	2	22	419	117	536	18.85%	22.22%
3Q 2015	40	101	3	23	424	98	522	23.82%	40.82%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
4Q 2014	11	18	(7)
1Q 2015	10	15	(5)
2Q 2015	24	18	6
3Q 2015	26	38	(12)

# MGH Performance Metrics and Core Services Report 3Q 2015

## 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
3Q 2015	July 28	12:30-15:00	2 hr 30 min	ED CT scanner inoperable	n/a	n/a	n/a
3Q 2015	July 29	7:03-13:22	6 hr 19 min	Cath lab & stemi divert	n/a	n/a	n/a
3Q 2015	Aug. 29	5:11-7:12	2 hr 1 min	ED saturation (6 limited traumas)	15	1	0
3Q 2015	Sept. 5	18:00-20:30	2 hr 30 min	ED saturation	26	3	1

### 2015 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)

