

## **Marin General Hospital**

### Performance Metrics and Core Services Report

3rd Quarter 2018

**Marin General Hospital**  
Performance Metrics and Core Services Report: **3rd 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	<b>Schedule 1</b>
(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	<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>

**Marin General Hospital**  
**Performance Metrics and Core Services Report: 3rd Quarter 2018**

**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	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	<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	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	<b>Schedule 2</b>
	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	<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 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	<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 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	<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 2017 Form 990 was filed on November 15, 2018.

# MGH Performance Metrics and Core Services Report

## 3Q 2018

### 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 2019 VBP Thresholds			4Q 2017	1Q 2018	2Q 2018	3Q 2018
70.85	78.62	84.43	<b>64.44</b>	<b>65.66</b>	<b>65.87</b>	<b>73.43</b>
			<b>70.35</b>	<b>68.09</b>	<b>70.10</b>	<b>74.91</b>
78.69	83.29	86.97	<b>72.01</b>	<b>72.60</b>	<b>72.00</b>	<b>74.78</b>
			81.97	83.47	86.61	86.82
			76.90	77.90	74.80	77.78
			74.86	74.73	72.88	78.04
80.32	84.93	88.62	<b>72.91</b>	<b>76.83</b>	<b>75.15</b>	<b>79.07</b>
			85.35	83.74	85.25	86.67
			76.07	80.22	79.06	83.20
			74.72	80.32	74.93	81.14
65.16	73.49	80.15	<b>60.79</b>	<b>62.08</b>	<b>65.89</b>	<b>66.27</b>
			58.47	63.66	65.51	66.86
			70.31	67.29	73.08	72.49
CMS removed from VBP				63.50	68.64	67.42
				62.41	70.47	
				64.60	66.80	
63.26	68.97	73.53	<b>58.35</b>	<b>56.50</b>	<b>55.34</b>	<b>59.52</b>
			75.40	76.47	77.00	79.15
			46.70	45.32	42.49	48.70
65.58	73.07	79.06	<b>53.57</b>	<b>52.85</b>	<b>54.62</b>	<b>58.25</b>
			68.68	65.66	69.06	70.87
			52.86	52.45	52.57	58.03
87.05	89.73	91.87	<b>86.39</b>	<b>87.21</b>	<b>86.51</b>	<b>87.50</b>
			88.58	86.01	86.59	85.60
			88.99	91.81	89.83	92.80
51.42	57.73	62.77		<b>47.16</b>	<b>45.22</b>	<b>45.58</b>
				42.82	39.00	41.35
				53.26	51.80	51.45
				59.81	59.26	58.33
			<b>358</b>	<b>373</b>	<b>371</b>	<b>391</b>

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 2018

### 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)	\$10,701 (\$22,531 total)	
EBIDA %	4.62%	3.46%	3.44%	
<b>Loan Ratios</b>				
Current Ratio	4.34			
Debt to Capital Ratio	29.4%			
Debt Service Coverage Ratio	2.91			
Annual Debt Service Coverage		5.10	4.04	
Maximum Annual Debt Service Coverage		1.28	1.35	
Debt to Capitalization		49.82%	51.30%	
Debt to EBIDA %	2.53			
<b>Key Service Volumes</b>				
Acute discharges	2,367	2,374 (4,741 total)	2,192 (6,933 total)	
Acute patient days	11,305	10,721 (22,026 total)	10,414 (32,440 total)	
Average length of stay	4.78	4.65	4.68	
Emergency Department visits	9,348	5,484 (14,832 total)	7,175 (22,007 total)	
Inpatient surgeries	524	531 (1,055 total)	477 (1,532 total)	
Outpatient surgeries	1,101	1,133 (2,234 total)	1,115 (3,349 total)	
Newborns	251	283 (534 total)	328 (862 total)	

# MGH Performance Metrics and Core Services Report

## 3Q 2018

---

### 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/))

**Hospital Inpatient Quality Reporting Program Measures**

	METRIC	CMS**	2017	Q1 -2018	Q2 -2018	Q3 -2018	Q4-2018	Q3-2018 Num/Den	Rolling 2018 YTD	2018 YTD Num/Den
<b>♦ Venous Thromboembolism (VTE) Measures</b>										
VTE-6	Hospital Acquired Potentially-Preventable Venous Thromboembolism +	0%	8%	0%	0%	0%		0/6	0%	0/11
<b>♦ Stroke Measures</b>										
STK-4	Thrombolytic Therapy	100%	100%	100%	100%	100%		5/5	100%	12/12
<b>♦ Sepsis Measure</b>										
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	75%	43%	36%	38%	55%		43/78	41%	140/338
<b>♦ Perinatal Care Measure</b>										
PC-01	Elective Delivery +	0%	0%	0%	4%	0%		0/22	1%	1/67
<b>♦ ED Inpatient Measures</b>										
ED-1	Median Time From ED Arrival to ED Departure for Admitted Patients	262***	311.00	352.00	343.00	342.50		141--Cases	343.00	528--Cases
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	90***	96.00	121.00	104.00	113.00		141--Cases	113.00	528--Cases
<b>♦ Global Immunization (IMM) Measure</b>										
	METRIC	CMS**	2017						2018	Rolling Num/Den
IMM-2	Influenza Immunization	100%	91%						94%	484/515
<b>♦ Psychiatric (HBIPS) Measures</b>										
IPF-HBIPS-2	Hours of Physical Restraint Use	0.41	0.08	0.12	0.22	0.03		N/A	0.12	N/A
IPF-HBIPS-3	Hours of Seclusion Use	0.21	0.19	0.58	0.00	0.00		N/A	0.29	N/A
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	36%	68%	60%	87%	100%		22/22	78%	74/95
<b>♦ Substance Use Measures</b>										
SUB-1	Alcohol Use Screening	71%	96%	100%	98%	99%		146/147	99%	485/489

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

**Hospital Outpatient Quality Reporting Program Measures**

	METRIC	CMS**	2017	Q1 -2018	Q2 -2018	Q3 -2018	Q4-2018	Q3-2018 Num/Den	Rolling 2018 YTD	Rolling Num/Den
<b>◆ ED Outpatient Measures</b>										
OP-18	Median Time from ED Arrival to ED Departure for Discharged Patients	143***	164.00	153.50	182.00	150.00		88-Cases	168.00	274-Cases
<b>◆ Outpatient Stroke Measure</b>										
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	72%***	67%	67%	83%	50%		1/2	73%	8/11
<b>◆ Endoscopy Measures</b>										
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	100%	99%	100%	95%	95%		21/22	96%	55/57
OP-30	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use	100%	96%	100%	100%	100%		50/50	100%	142/142

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

<b>◆ Healthcare Personnel Influenza Vaccination</b>						
	METRIC	CMS National Average	Oct 2014 - Mar 2015	Oct 2015 - Mar 2016	Oct 2016 - Mar 2017	Oct 2017 - Mar 2018
IMM-3	Healthcare Personnel Influenza Vaccination	88%	<b>81%</b>	95%	89%	92%
<b>◆ Surgical Site Infection</b>						
	METRIC	National Standardized Infection Ratio (SIR)	April 2016 - March 2017	July 2016 - June 2017	Oct 2016 - Sep 2017	Jan 2017 - Dec 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**
<b>◆ Healthcare Associated Device Related Infections</b>						
	METRIC	National Standardized Infection Ratio (SIR)	April 2016 - March 2017	July 2016 - June 2017	Oct 2016 - Sep 2017	Jan 2017 - Dec 2017
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.92	0.24	0.24	0.49
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.55	0.56	0.94	0.99
<b>◆ Healthcare Associated Infections</b>						
	METRIC	National Standardized Infection Ratio (SIR)	April 2016 - March 2017	July 2016 - June 2017	Oct 2016 - Sep 2017	Jan 2017 - Dec 2017
HAI-C-Diff	Clostridium Difficile	1	<b>1.48</b>	<b>1.21</b>	<b>1.15</b>	<b>1.02</b>
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	<b>1.84</b>	<b>1.34</b>	<b>1.35</b>	0.00
<b>◆ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators)</b>						
	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](http://www.calhospitalcompare.org))  
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare ([www.hospitalcompare.hhs.gov/](http://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
<b>◆ Surgical Complications</b>						
	METRIC	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%	<b>3.6%</b>	<b>3.6%</b>	2.7%	2.5%
<b>◆ Acute Care Readmissions - 30 Day Risk Standardized</b>						
	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
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%	<b>22.80%</b>	<b>22.50%</b>	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%	<b>20.49%</b>
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%	<b>15.60%</b>	13.60%	<b>14.30%</b>	<b>13.70%</b>
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%	<b>15.40%</b>

**MARIN GENERAL HOSPITAL DASHBOARD**  
**CLINICAL QUALITY METRICS**  
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/))

◆ 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%	<b>12.60%</b>	11.80%	11.70%	10.30%
MORT-30-PN	Pneumonia Mortality Rate	15.7%	<b>12.30%</b>	<b>17.40%</b>	<b>15.90%</b>	<b>15.90%</b>
MORT-30-COPD	COPD Mortality Rate	8.30%	7.30%	7.30%	7.96%	<b>9.30%</b>
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%	<b>3.46%</b>	<b>3.60%</b>
◆ 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	<b>1.01</b>	<b>1.00</b>	<b>1.00</b>	<b>0.99</b>
	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	<b>\$22,019</b>	\$22,564	\$21,192	\$21,274
MSPB-HF	Heart Failure (HF) Payment Per Episode of Care	\$16,190	<b>\$16,871</b>	<b>\$17,575</b>	<b>\$16,904</b>	<b>\$16,632</b>
MSPB-AMI	Pneumonia (PN) Payment Per Episode of Care	\$17,026	<b>\$14,889</b>	<b>\$14,825</b>	<b>\$17,429</b>	<b>\$17,415</b>
	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

**MARIN GENERAL HOSPITAL DASHBOARD**  
**CLINICAL QUALITY METRICS**  
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/))

◆ 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

# MGH Performance Metrics and Core Services Report

## 3Q 2018

### 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 2018	2Q 2018	3Q 2018	4Q 2018	Total 2018
Brain Injury Network	\$ 920	0	0		\$ 920
Bucklew	25,000	0	0		25,000
Healthy Aging Symposium	0	1,000	0		1,000
Homeward Bound	150,000	0	0		150,000
Hospice By the Bay	0	0	3,400		3,400
Kids Cooking for Life	0	0	2,400		2,400
Lifelong Medical Care	15,000	0	0		15,000
Marin Center for Independent Living	25,000	0	0		25,000
Marin Community Clinics	131,000	500	0		131,500
Marin County Patient Transportation	3,000	0	0		3,000
Marin Senior Fair	0	0	350		350
MHD 1206(b) Clinics	3,077,607	3,673,063	4,407,669		11,158,339
Operation Access	30,000	0	0		30,000
Prima Foundation	2,342,114	2,610,260	2,342,114		7,294,488
Ritter Center	25,000	0	0		25,000
RotaCare Free Clinic	15,000	0	0		15,000
Sepsis Alliance	0	0	1,000		1,000
To Celebrate Life	0	15,000	0		15,000
Zero Breast Cancer	0	5,000	0		5,000
<b>Total Cash Donations</b>	<b>\$ 5,839,641</b>	<b>\$ 6,304,823</b>	<b>\$ 6,756,933</b>		<b>\$ 18,901,397</b>
Compassionate discharge medications	62	0	0		62
Meeting room use by community based organizations for community-health related purposes.	2,140	2,380	4,444		8,964
Food donations	940	940	1,065		2,945
<b>Total In Kind Donations</b>	<b>3,142</b>	<b>3,320</b>	<b>5,509</b>		<b>11,971</b>
<b>Total Cash &amp; In-Kind Donations</b>	<b>\$ 5,842,783</b>	<b>\$ 6,308,143</b>	<b>\$ 6,762,442</b>		<b>\$ 18,913,368</b>

# MGH Performance Metrics and Core Services Report

## 3Q 2018

### Schedule 4, continued

<b>Community Benefit Summary</b>					
(these figures are not final and are subject to change)					
	1Q 2018	2Q 2018	3Q 2018	4Q 2018	Total 2018
Community Health Improvement Services	\$ 34,491	\$ 127,237	\$ 103,348		\$ 265,076
Health Professions Education	96,473	32,395	38,703		167,571
Cash and In-Kind Contributions	5,862,783	6,308,143	6,762,442		18,913,368
Community Benefit Operations	1,359	18,675	10,250		30,284
Community Building Activities	0	0	0		0
Traditional Charity Care *Operation Access total is included	550,280	420,729	232,233		1,203,242
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	7,368,588	6,722,236	7,101,921		21,192,745
<b>Community Benefit Subtotal</b> (amount reported annually to State & IRS)	<b>\$ 13,893,974</b>	<b>\$ 13,629,415</b>	<b>\$ 14,248,897</b>		<b>\$ 41,772,286</b>
Unpaid Cost of Medicare	23,425,852	21,702,519	18,195,264		63,323,625
Bad Debt	311,372	279,239	117,673		798,284
<b>Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u></b>	<b>\$ 37,631,198</b>	<b>\$ 35,611,173</b>	<b>\$ 32,561,834</b>		<b>\$105,804,205</b>

<b>Operation Access</b>					
<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	\$ 75,410		\$ 918,755
Costs included in Charity Care	73,222	84,025	14,061		171,308

# MGH Performance Metrics and Core Services Report

## 3Q 2018

### 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	
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%
3Q 2018	542	17	3	3.69%

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
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%
3Q 2018	29	53	542	626	13.42%	8.47%	4.63%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
3Q 2017	18	22	(4)
4Q 2017	12	21	(9)
1Q 2018	11	14	(3)
2Q 2018	31	12	19
3Q 2018	25	20	5

# MGH Performance Metrics and Core Services Report 3Q 2018

## 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
3Q 2018	July 6	1724 – 1923	1 hr, 59 mins	ED
3Q 2018	Aug 3	2241 – 0040	1 hr, 59 mins	ED
3Q 2018	Aug 7	1755 – 2242	4 hrs, 47 mins	ED
3Q 2018	Aug 9	1410 – 1758	3 hrs, 48 mins	ED
3Q 2018	Aug 25	1227 – 1603	3 hrs, 36 mins	ED
3Q 2018	Sept 22	0300 – 0617	3 hrs, 17 mins	ED
3Q 2018	Sept 26	1505 – 1723	2 hrs, 18 mins	ED
3Q 2018	Sept 26	2337 – 0058	1 hr, 21 mins	ED

**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)*

