

Marin General Hospital

Performance Metrics and Core Services Report

4th Quarter 2015

Marin General Hospital
Performance Metrics and Core Services Report: **4th 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 2015 (Annual Report) was presented to MGH Board and to MHD Board in May 2016.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2016 was presented for approval to the MGH Board in May 2016.
	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	Schedule 2
	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	Schedule 3 Schedule 4
(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 5
	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 5

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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 6
(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	Schedule 7
(C) Community Commitment	1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly	In Compliance	Schedule 8
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	Schedule 8
	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	Schedule 2
	4. MGH Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.	Annually	In Compliance	Schedule 5
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	Schedule 9
(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	Schedule 10
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	Schedule 3 Schedule 4
	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 11
(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 24, 2015.
	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 24, 2015.
	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 5
	4. MGH Board will report on current Emergency services diversion statistics.	Quarterly	In Compliance	Schedule 12
(F) Finances	1. MGH Board will provide the audited financial statements.	Annually	In Compliance	The MGH 2015 Independent Audit was completed on April 29, 2016.
	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 5
	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 12, 2015.

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Schedule 1: HCAHPS

(Hospital Consumer Assessment of Healthcare Providers & Systems)

- **Tier 1, Patient Satisfaction and Services**
The MGH Board will report on MGH's HCAHPS Results Quarterly.
- **Tier 2, Patient Satisfaction and Services**
The MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.

Marin General Hospital Overall Hospital HCAHPS Trending by Quarter

Scores displayed here are based on interviews from CMS submitted data for the selected time periods.
Mode adjustments and ESTIMATED Patient Mix Adjustments have been applied to the dimension scores.
Scores for the individual questions do not have adjustments applied.

FY 2017 VBP Thresholds				1Q 2015	2Q 2015	3Q 2015	4Q 2015
70.02	78.12	84.60	Overall rating	61.82	64.40	61.69	62.36
			Would Recommend	70.27	66.68	73.52	63.78
78.19	82.87	86.61	Communication with Nurses	70.12	68.78	71.28	66.58
			Nurse Respect	86.04	80.95	84.75	79.13
			Nurse Listen	74.89	70.69	73.42	71.26
			Nurse Explain	68.33	73.59	74.58	68.24
80.51	85.12	88.80	Communication with Doctors	77.52	74.18	77.97	74.79
			Doctor Respect	86.04	79.83	88.94	83.00
			Doctor Listen	78.54	75.32	77.97	77.73
			Doctor Explain	78.18	77.59	77.22	73.83
65.05	73.36	80.01	Responsiveness of Staff	59.44	58.03	58.63	55.88
			Call Button	65.63	62.74	62.63	59.83
			Bathroom Help	68.46	68.53	69.84	67.13
70.28	74.75	78.33	Pain Management	66.70	66.39	68.91	63.22
			Pain Controlled	70.48	70.62	73.13	66.67
			Help with Pain	77.71	76.97	79.50	74.57
62.88	68.70	73.36	Communication about Medications	52.72	54.87	57.57	58.36
			Med Explanation	77.86	74.65	76.52	76.26
			Med Side Effects	38.58	46.10	49.62	51.47
65.30	73.13	79.39	Hospital Environment	47.04	47.39	51.98	49.53
			Cleanliness	62.44	58.01	62.93	64.14
			Quiet	45.95	51.07	55.32	49.21
85.91	88.60	91.23	Discharge Information	82.82	80.80	85.20	83.59
			Help After Discharge	83.25	81.90	86.88	81.59
			Symptoms to Monitor	87.38	84.69	88.53	90.60
			Number of Surveys	223	234	239	257

Thresholds Color Key:
National 95th percentile
National 75th percentile
National average, 50th percentile

Scoring Color Key:
At or above 95th percentile
At or above 75th percentile
At or above 50th percentile
Below 50th percentile

Official VPB (Value-Based Purchasing) monthly trending HCAHPS results are distributed by
MGH Quality Management on the 15th of each month.

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Schedule 2: Community Health & Education

➤ **Tier 1, Community Commitment**

In coordination with the General Member, the Board must publish the results of its triennial community survey to assess MGH's performance at meeting community health care needs.

➤ **Tier 2, Community Commitment**

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.

Community Health Improvement Services			
Event	Description	Recipients	Presenter
Breastfeeding Telephone Line	Free education, counseling and breastfeeding support available to the community	General Public	Women, Infants & Children (WIC)
Center for Integrative Health & Wellness (CIHW) Events	Various education and support group events for the community	General Public	CIHW
Diabetes Fall Fest	Free health education	General Public	CIHW
Community RD Phone Line	Free advice line open to the community for nutrition info	General Public	Nutrition Services
Community Patient Navigator	Free information and referral to community resources	General Public	CIHW
The Mom's Group	Free support group to the community that discusses newborn care, breastfeeding, parenting, etc.	General Public	WIC
The New Father Class	Free class for new fathers on having a newborn	General Public	WIC
Low Cost Mammo Day	Mammograms offered to underserved women	Patients in need	Breast Health Center
Indigent Funded Services for Behavioral Health	Includes transportation	Patients in need	Behavioral Health
Indigent Funded Services for Case Management	Including transportation, housing, and medications	Patients in need	Case Management
Shuttle Program for Senior Partial Hospitalization Program	Free shuttle service for Behavioral Health program	Patients in need	Behavioral Health / Security & Shuttle

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Schedule 2, continued

Health Professions Education			
Event	Description	Recipients	Presenter
Grand Rounds	Education programs open to community doctors	Physicians	Medical Office Staff
Nursing Student Placement and Clinical Supervision	Time spent from Education placing student nurses	Student Nurses	Clinical Education
Chaplain Resident Program	Supervision and training hours provided by MGH	Residents	Spiritual Care
Preceptorship for Nutrition Students	Training hours provided by staff	Dietitian Students	Nutrition Services
Case Management Social Work Students	Supervision and training hours provided by MGH	Social Work Students	Care Coordination and Behavioral Health
Occupational Health Interns	Supervision and training hours provided by MGH	Occupational Therapy students	Behavioral Health
Pharmacy Student Clinical Rotations	Supervision and training hours provided by MGH	Pharmacy students	Pharmacy
Radiology Student Internships	Supervision and training hours provided by MGH	Radiology students	Radiology
Rehabilitation Student Internships	Supervision and training hours provided by MGH	Physical, Occupational and Speech Therapists students	Rehabilitation Services
Respiratory Therapy Student Internships	Supervision and training hours provided by MGH	Respiratory Therapy students	Respiratory Therapy
IT Internships	Supervision and training hours provided by MGH	IT students	Information Technology
Trauma: The Marin Series	Education classes for paramedics, EMTs, fire department and other health care workers	Health care and emergency response workers	Trauma Center

Community Building			
Event	Description	Recipients	Presenter
San Rafael Chamber of Commerce	Membership, events	Community	MGH
Healthy Marin Partnership	Collaborative that advances community health improvement initiatives	Community	MGH

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Schedule 3: Physician Engagement

- **Tier 1, Physicians and Employees**
The Board must report on all Tier 1 Physician and Employee Metrics at least annually.
- **Tier 2, Physicians and Employees**
The Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.

**The overall MGH 2016 Medical Staff Perception Study results are indicated below.
Source: PRC (Professional Research Consultants, Inc.)**

<i>Asked of Physicians:</i>		
“OVERALL, WOULD YOU RATE THE QUALITY OF CARE AT MARIN GENERAL HOSPITAL:”		
<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	66	26.2%
Very Good	116	46.4%
Good	50	20.2%
Fair	16	6.5%
Poor	2	0.8%
Percentile Ranking: 20th Total Number of Responses: 250 (85.9%)		

<i>Asked of Physicians:</i>		
“OVERALL, WOULD YOU RATE MARIN GENERAL HOSPITAL AS A PLACE TO PRACTICE MEDICINE:”		
<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	57	22.7%
Very Good	95	38.1%
Good	62	24.7%
Fair	32	13.0%
Poor	4	1.6%
Percentile Ranking: 13th Total Number of Responses: 250 (85.9%)		

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Schedule 4: Employee Engagement

- **Tier 1, Physicians and Employees**
The Board must report on all Tier 1 Physician and Employee Metrics at least annually.
- **Tier 2, Physicians and Employees**
The Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.

The overall MGH 2015 Employee Engagement Study results are indicated below.

Source: PRC (Professional Research Consultants, Inc.)

Asked of Employees:

**“OVERALL, AS A PLACE TO WORK, WOULD YOU SAY
MARIN GENERAL HOSPITAL IS:”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	209	22.2%
Very Good	263	27.9%
Good	234	24.8%
Fair	164	17.4%
Poor	72	7.7%

Percentile Ranking: 22nd
Total Number of Responses: 942 (59.6%)

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Schedule 5: 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 2015	2Q 2015	3Q 2015	4Q 2015
EBIDA \$	\$13,625	\$9,224 ((\$22,849 YTD))	\$8,645 ((\$31,494 YTD))	\$4,293 ((\$35,787 YTD))
EBIDA %	14.28%	11.90%	10.96%	9.32%

Loan Ratios				
Current Ratio	2.85	2.82	2.83	3.40
Debt to Capital Ratio	29.7%	27.5%	32.0%	29.1%
Debt Service Coverage Ratio	3.98	4.44	4.96	4.50
Debt to EBIDA %	1.40	1.26	1.43	1.54

Key Service Volumes				
Acute discharges	2,203	2,183 (4,386 YTD)	2,185 (6,571 YTD)	2,203 (8,774 YTD)
Acute patient days	10,500	10,343 (20,843 YTD)	9,843 (30,686 YTD)	10,427 (41,113 YTD)
Average length of stay	4.77	4.75	4.67	4.69
Emergency Department visits	9,858	9,433 (19,291 YTD)	9,238 (28,529 YTD)	9,226 (37,755 YTD)
Inpatient surgeries	539	632 (1,171 YTD)	509 (1,680 YTD)	412 (2,092 YTD)
Outpatient surgeries	1,076	1,140 (2,216 YTD)	1,080 (3,296 YTD)	1,131 (4,427 YTD)

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Schedule 5, continued

➤ **Tier 2, Community Commitment**

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.

MGH
Major Capital Expenditure Report
For the Period January - December 2015

<u>Major Capital Expenditures</u>	
Truebeam Linear Accelerator	2,248,850
Pyxis MedStation Cap Lease	1,143,661
Implement Integrated Cardiology Solution	769,647
40 Monitors and Defibrillators	362,911
Paragon ORM/Resource Scheduling Optimization	257,617
Patient/Guest Furniture:3 Year replacement program	187,829
Philips Intellivue MP5	180,823
End User Device Upgrade Project	171,479
EPIQ7G Ultrasound System	159,572
Stryker Ultrasonic Aspirator	153,966
ECMO System	151,316
Bed-tracking system	141,927
10 V60 Ventilators	133,724
Bronchoscope	133,720
Vocera Care Rounds License & Implementation	108,599
Medtronic Dual Chamber Temp Pacemaker	106,062
Other Capital Under \$100K	1,796,749
Total Major Capital Expenditures	<u>8,208,453</u>
<u>Construction in Progress</u>	
EDIS	1,225,788
1350 Linear Accelerator Project	1,067,600
SPD Sterilizer/Washers/DI System	916,371
3950 Hospital Offload	702,308
Network Upgrade 2015	578,225
End User Devices 2015	552,858
1350 S. Eliseo Roof	474,163
Internal Moves for Hospital Replacement	403,034
McKesson Upgrades 2015	356,791
2nd Floor ICU Flex	301,145
2 Bon Air TIs Cardiovascular	237,764
ICD 10 Readiness	218,804
Perimeter Access Control	206,714
2 Belvedere NBIM/23 Reed	206,399
MGH IT Data Center	189,990
Data Center Expansions	182,556
1350 S. Eliseo Ste 300 Kelley/GynOnc	161,614
2014 Emergency services Master Planning	153,683
Perioperative Access Control	143,132
No Lift Linen Collection System	138,198
Interventional Radiology	133,625
OR Flooring /Wall Protection	129,695
West Wing AC-1 for Elevator Room	100,158
Other CIP Under \$100K	593,046
Total Construction in Progress	<u>9,373,659</u>
Total Capital Expenditures	<u>17,582,112</u>

MGH Performance Metrics and Core Services Report

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Schedule 6: 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**	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Q4-Qtr %	Q4-2015 Num/Den	Rolling %	Rolling Num/Den
♦ Venous Thromboembolism (VTE) Measures																	
VTE prophylaxis	100%	98%	83%	84%	97%	95%	97%	95%	100%	100%	95%	100%	97%	97%	109/112	95%	467/492
ICU VTE prophylaxis	100%	93%	100%	89%	100%	100%	89%	100%	100%	100%	100%	100%	100%	100%	28/29	97%	98/101
VTE patients with anticoagulation overlap therapy	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	12/12	100%	62/62
VTE warfarin therapy discharge instructions	100%	83%	100%	33%	80%	100%	75%	33%	50%	100%	0%	100%	25%	33%	2/6	65%	28/43
Hospital acquired potentially-preventable VTE +	0%	N/A	0%	0%	N/A	N/A	0%	N/A	N/A	N/A	0%	N/A	0%	0%	0/4	0%	0/10
♦ Global Immunization (IMM) Measures																	
* Influenza immunization	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	93%	90%	91%	91%	229/251	91%	449/509
♦ Stroke Measures																	
Venous thromboembolism (VTE) prophylaxis	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	41/41	100%	157/157
Thrombolytic therapy	100%	N/A	100%	100%	100%	100%	N/A	100%	100%	100%	100%	100%	100%	100%	6/6	100%	15/15
Discharged on statin medication	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	34/34	99%	95/96
Stroke education	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	91%	95%	21/22	99%	68/69
♦ ED Inpatient (ED) Measures																	
Median time ED arrival to ED departure - Minutes	260***	326.00	271.50	307.00	328.00	355.00	290.00	296.00	312.00	289.00	298.00	311.00	282.00	297.00	167--cases	305.46	702--cases
Admit decision median time to ED departure time - Minutes	89***	125.00	111.00	127.00	139.50	127.00	87.00	111.50	101.50	96.00	104.00	171.00	133.00	136.00	167--cases	119.46	696--cases
♦ ED Outpatient (ED) Measures																	
Median time ED arrival to ED discharge +	139***	157.00	160.00	16.00	103.50	178.00	133.50	150.00	151.00	153.00	188.00	118.00	146.00	150.67	101--cases	153.33	404--cases
Door to diagnostic evaluation by qualified medical personnel +	29***	37.00	32.50	33.00	21.00	33.00	24.50	16.00	133.00	13.00	11.00	13.50	13.00	12.50	101--cases	31.71	405--cases
♦ Outpatient Pain Management Measure																	
Median time to pain management for long bone fracture - Mins +	54***	56.50	71.00	73.00	74.50	82.00	56.00	44.00	55.50	61.50	72.00	76.00	41.00	63.00	59--cases	63.58	191--cases
♦ Outpatient Stroke Measure																	
Head CT/MRI results for stroke patients within 45 mins of ED arrival	66%***	57%	83%	84%	80%	79%	83%	57%	60%	62%	79%	80%	76%	80%	4/5	73%	8/11

* 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**

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 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

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/)

◆ Surgical Site Infection

METRIC	National Standardized Infection Ratio (SIR)	July 2013 - June 2014	Oct 2013 - Sep 2014	Jan 2014 - Dec 2014	April 2014 - March 2015	
* Colon surgery	1	1.19	0.54	0.58	0.00	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)	July 2013 - June 2014	Oct 2013 - Sep 2014	Jan 2014 - Dec 2014	April 2014 - March 2015	
* Central Line Associated Blood Stream Infection Rate (CLABSI)	1	0.27	0.29	0.30	0.00	No Different than U.S. National Benchmark
* Catheter Associated Urinary Tract Infection (CAUTI)	1	1.10	1.41	2.09	1.76	No Different than U.S. National Benchmark

◆ Healthcare Associated Infections (Inpatients)

METRIC	National Standardized Infection Ratio (SIR)	July 2013 - June 2014	Oct 2013 - Sep 2014	Jan 2014 - Dec 2014	April 2014 - March 2015	
* Clostridium Difficile	1	1.16	1.20	1.29	1.25	No Different than U.S. National Benchmark
* Methicillin Resistant Staph Aureus Bacteremia	1	1.63	2.04	1.95	1.59	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

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Schedule 7: External Awards & Recognition

- **Tier 2, Patient Satisfaction and Services**
The Board will report external awards and recognition.

External Awards and Recognition – 2015
Healthgrades <i>Distinguished Hospital Award for Clinical Excellence. A complete list of 5-star ratings and additional excellence awards are published on the Marin General Hospital website.</i>
American Heart/Stroke Association <i>Get With the Guidelines-Stroke Gold Plus Quality Achievement Award</i>
Leapfrog Group <i>“A” Grade for Hospital Safety</i>
Intersocietal Accreditation Commission <i>Echocardiography 3-year Accreditation</i>
The Joint Commission <i>Top Performer on Key Quality Measures</i>
North Bay Business Journal <i>Bay Area’s Healthiest Employers</i>
Marin Magazine <i>Top Doctors 2015 Over 250 physicians in 42 specialties practicing at MGH on the Top Doctor List</i>
American College of Radiology (ACR) <i>MRI & Ultrasound 3-year Accreditation</i>
American College of Surgeons <i>Commission on Cancer Outstanding Achievement Award</i>
Beta Healthcare <i>Quest for Zero: Excellence in ED Quest for Zero: Excellence in OB</i>

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Schedule 8: 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 2015	2Q 2015	3Q 2015	4Q 2015	Total 2015
American Cancer Society (Relay for Life)	5,000	0	0	0	5,000
American Heart Association (Heart Walk)	2,500	0	0	0	2,500
Coastal Health Alliance	0	32,500	0	0	32,500
Community Institute for Psychotherapy	0	15,000	0	0	15,000
ExtraFood.org	0	0	3,000		3,000
Healthy Aging Symposium	1,000	0	0	0	1,000
Homeward Bound	0	65,000	65,000	0	130,000
Hospice by the Bay (Ball)	0	0	2,200	0	2,200
Marin Brain Injury Network	638	0	0	0	638
Marin City Health and Wellness	0	20,000	0	0	20,000
Marin Community Clinics	55,830	165,170	0	0	221,000
Marin Community Clinics, Summer Solstice	0	1,000	0	0	1,000
Marin Senior Fair	0	0	2,000	0	2,000
MHD 1206(b) Clinics	1,128,298	1,538,856	1,344,880	1,779,484	5,791,518
Prima Medical Foundation	1,550,000	1,692,692	3,380,103	2,954,955	9,577,750
Ritter Center	0	20,000	0	0	20,000
RotaCare San Rafael	0	0	15,000	0	15,000
San Rafael Streets Team	0	10,000	0	0	10,000
Slide Ranch	0	1,500	0	0	1,500
To Celebrate Life	15,000	0	0	0	15,000
Whistlestop	0	15,000	0	0	15,000
Wine, Women & Song Breastival	0	0	0	5,000	5,000
Zero Breast Cancer Foundation	0	2,200	0	0	2,200
Total Cash Donations	\$2,758,266	\$3,578,918	\$4,812,183	\$4,739,439	\$15,888,806
Compassionate discharge medications	655	830	1,168	454	3,107
Meeting room use by community based organizations for community-health related purposes.	2,430	2,750	2,708	2,002	9,890
Food donations	992	913	913	913	3,731
Total In Kind Donations	\$4,077	\$4,493	\$4,789	\$3,369	\$16,728
Total Cash & In-Kind Donations	\$2,762,343	\$3,583,411	\$4,816,972	\$4,742,808	\$15,905,534

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Schedule 8, continued

Community Benefit Summary					
(these figures are not final and are subject to change)					
	1Q 2015	2Q 2015	3Q 2015	4Q 2015	Total 2015
Community Health Improvement Services	36,278	32,638	66,447	20,823	156,186
Health Professions Education	343,188	236,619	104,894	222,507	907,208
Cash and In-Kind Contributions	2,762,343	3,583,411	4,816,972	4,742,808	15,905,434
Community Benefit Operations	14,517	22,537	20,198	38,243	95,495
Traditional Charity Care *Operation Access total is included	322,987	512,723	656,076	532,068	2,023,853
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	3,950,638	4,069,476	3,898,387	3,749,544	15,668,044
Community Benefit Subtotal (amount reported annually to State & IRS)	\$7,429,951	\$8,457,404	\$9,562,974	\$9,305,993	\$34,756,320
Community Building Activities	2,813	2,274	0	0	5,087
Unpaid Cost of Medicare	19,735,612	19,475,248	17,453,845	17,744,654	74,409,359
Bad Debt	526,063	377,401	514,394	336,337	1,754,196
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u>	\$27,694,439	\$28,312,327	\$27,531,213	\$27,386,984	\$110,924,962

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 2015	2Q 2015	3Q 2015	4Q 2015	Total 2015
*Operation Access charity care provided by MGH (waived hospital charges)	439,833	89,090	233,091	246,088	1,008,102
Costs included in Charity Care	90,984	18,429	48,217	50,906	208,537

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Schedule 9: “Green Building” Status

➤ **Tier 2, Community Commitment**

The Board will report on the facility’s “green building” status based on generally accepted industry environmental impact factors.

Leadership in Energy and Environmental Design (LEED)

Leadership in Energy and Environmental Design (LEED) is a third-party nationally accepted certification program that consists of a suite of rating systems for the design, construction and operation of high performance “green buildings.” This ensures that the buildings are environmentally compatible, provide a healthy work environment, and are profitable.

LEED-certified buildings are intended to use resources more efficiently when compared to conventional buildings simply built to code. LEED-certified buildings often provide healthier work and living environments, which contributes to higher productivity and improved employee health and comfort.

MGH LEED Status
MGH Hospital Replacement Project is registered with the United States Green Building Council (USGBC) as a New Construction Project
MGH Hospital Replacement Project has retained Thornton Tomasetti, specializing in LEED requirements
All key members of the Design Team are LEED certified
Through Design Development of the Hospital Replacement Project, the Project has maintained LEED Silver status
The Project Team will conduct cost benefit analysis on LEED requirements in order to achieve a certification higher than LEED Silver (LEED Gold)

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Schedule 10: Physicians on Staff

➤ **Tier 2, Physicians and Employees**

The Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.

As of December 31, 2015, there were a total of 493 physicians on MGH staff:

- 264 Active
- 79 Provisional
- 42 Courtesy
- 62 Consulting
- 46 Office-Based

New Physician Appointments			
January 1, 2015 – December 31, 2015			
	Name	Appointment Date	Specialty
1	Aviado, Domingo G.	11/24/2015	Family Medicine
2	Aghayan, Aric S.	11/24/2015	Surg-Plastic
3	Allison, Stephen C.	2/24/2015	Psychiatry
4	Anderson, Kristin N.	10/27/2015	Med-Oncology
5	Brown, Elizabeth R.	10/27/2015	Obst-OBGYN
6	Chakrabarti, Anindita	11/24/2015	Med-Medical Hospitalist
7	Chang, Helen P.	1/27/2015	Pediatrics
8	Chen, James C.	3/24/2015	Radiology
9	CooperVaughn, Margaret V.	2/24/2015	Obst-OBGYN
10	Debayle, Melissa M.	10/27/2015	Radiology
11	Desai, Tina R.	8/25/2015	Surg-Vascular
12	DiMaio, Michael A.	6/23/2015	Pathology
13	Elmi, Eman	8/25/2015	Surg-Podiatry
14	Fromont, Sebastien C.	12/1/2015	Psychiatry
15	Gandhe, Renu M.	6/23/2015	Pediatrics
16	Greenberg, Harvey M.	8/25/2015	Radiology
17	Greenspan, Stacey L.	12/29/2015	Radiology
18	Jaeger, Amber L.	10/27/2015	Obst-OBGYN
19	Kamal, Oendriila	10/27/2015	Surg-Podiatry
20	Kim, Paul H.	10/27/2015	Orthopedic Surgery
21	Kubrican, Tomas	1/27/2015	Family Medicine
22	Maliro, Tennyson M.	6/23/2015	Radiology
23	Martin, Joshua H.	10/27/2015	Pediatrics
24	Meisel, Lauren W.	2/24/2015	Pediatrics
25	Naderi, Nadia	11/24/2015	Pathology

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Schedule 10, continued

26	Newman, Patrick M.	6/23/2015	Pediatrics
27	Norwood, Aliza	4/8/2015	Med-Internal Medicine
28	Otto, Tara M	3/24/2015	Radiology
29	Sanders, Timothy A.	10/27/2015	Pediatrics
30	Santucci, Stephen A.	6/23/2015	Pediatrics
31	Satterwhite, Thomas S.	2/24/2015	Surg-Plastic
32	Schmidt, Katherine E.	3/24/2015	Med-Medical Hospitalist
33	Shah, Tushar V.	12/29/2015	Med-Medical Hospitalist
34	Shimotake, Janet C.	10/27/2015	Pediatrics
35	Ullah, Nushrat J.	10/27/2015	Med-Internal Medicine
36	Westphal, Suzanne L.	8/25/2015	Med-Dermatology
37	Whetsell, William M.	4/28/2015	Radiology

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Schedule 11: 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	
1Q 2015	534	9	6	2.81%
2Q 2015	536	13	5	3.36%
3Q 2015	522	32	6	7.28%
4Q 2015	515	12	7	3.69%

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
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	30	77	3	23	424	98	522	18.16%	30.61%
4Q 2015	37	96	7	17	422	93	515	22.75%	39.78%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
1Q 2015	10	15	(5)
2Q 2015	24	18	6
3Q 2015	26	38	(12)
4Q 2015	24	19	5

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Schedule 12: 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	ED Census	Waiting Room Census	ED Admitted Patient Census
4Q 2015	Oct 25	1303-1620	3hr, 17mn	ED saturation	16	15	n/a
4Q 2015	Oct 26	2000-2355	3hr, 55mn	ED saturation	35	10	n/a
4Q 2015	Oct 28	1856-2056	2hr	ED saturation	38	12	8
4Q 2015	Nov 29	1651-2251	6hr	ED saturation	22	5	6
4Q 2015	Dec 1	1837-2235	4hr	ED saturation	33	6	10
4Q 2015	Dec 21	1617-2017	4hr	ED saturation	35	7	3
4Q 2015	Dec 22	0045-0854	8hr	ED saturation	12	0	6

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)

