

Marin General Hospital

Performance Metrics and Core Services Report

4th Quarter 2016

Marin General Hospital
Performance Metrics and Core Services Report: **4th Quarter 2016**

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 7/16/2016 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 2016 (Annual Report) was presented to MGH Board and to MHD Board in May 2017.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2017 was presented for approval to the MGH Board in March 2017.
	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

Marin General Hospital
Performance Metrics and Core Services Report: **4th Quarter 2016**

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 29, 2016.
	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 29, 2016.
	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 2016 Independent Audit was completed on April 28, 2017.
	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 2015 Form 990 was filed on November 15, 2016.

MGH Performance Metrics and Core Services Report

4Q 2016

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 2018 VBP Thresholds			1Q 2016	2Q 2016	3Q 2016	4Q 2016	
70.23	78.20	84.58	Overall rating	60.45	60.93	69.53	66.56
			Would Recommend	67.14	68.03	78.85	72.99
78.52	83.05	86.68	Communication with Nurses	68.38	71.46	75.04	69.58
			Nurse Respect	81.18	82.79	84.92	84.83
			Nurse Listen	71.90	75.20	78.00	71.97
			Nurse Explain	68.27	72.58	78.39	68.15
80.44	84.92	88.51	Communication with Doctors	73.12	74.27	78.08	76.46
			Doctor Respect	81.85	83.81	89.55	86.36
			Doctor Listen	75.91	77.02	79.00	78.75
			Doctor Explain	73.90	74.30	78.00	76.57
65.08	73.56	80.35	Responsiveness of Staff	59.21	57.70	62.27	59.28
			Call Button	61.02	62.86	65.50	58.40
			Bathroom Help	70.20	65.33	71.84	72.96
70.20	74.79	78.46	Pain Management	63.02	67.63	66.97	63.30
			Pain Controlled	66.67	68.45	70.21	64.82
			Help with Pain	74.37	81.82	78.72	76.77
63.37	69.09	73.66	Communication about Medications	55.23	61.78	64.76	51.55
			Med Explanation	74.34	78.52	82.46	69.64
			Med Side Effects	46.71	55.64	57.66	44.05
65.60	73.04	79.00	Hospital Environment	43.13	53.75	55.54	52.02
			Cleanliness	54.85	64.02	70.56	66.55
			Quiet	44.61	56.68	53.73	50.69
86.60	89.39	91.63	Discharge Information	84.47	85.02	86.45	89.29
			Help After Discharge	87.06	86.34	89.13	89.93
			Symptoms to Monitor	86.87	88.69	88.77	93.66
			Number of Surveys	274	249	201	292

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

4Q 2016

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
Age Well Drive Smart	Free education to seniors	Senior drivers	Trauma
Breastfeeding Telephone Line	Free education, counseling and breast-feeding 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
Community RD Phone Line	Free advice line open to the community for nutrition info	General Public	Nutrition Services
First Aid Merit Badge Training	First-aid training to Girl and Boy Scouts	Girl Scouts and Boy Scouts	Emergency
Hands-Only CPR and Stop the Bleed	Free education for stopping bleeding prior to first responders	General Public	Trauma
The Mom's Group	Free support group to the community that discusses newborn care, breast-feeding, parenting, etc.	General Public	WIC
The New Father Class	Free class for new fathers on having a newborn	General Public	WIC
National Nutrition Month	National Nutrition Month Booth	General Public	Nutrition Services
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
Smart Start Teen Driving	Presentation with the California Highway Patrol	Newly or soon-to-be licensed teenage drivers	Trauma
Shuttle Program for Senior Partial Hospitalization Program	Free shuttle service for Behavioral Health program	Patients in need	Behavioral Health / Security & Shuttle
Transportation	Transportation for underserved patients	Patients in need	Care Coordination

MGH Performance Metrics and Core Services Report

4Q 2016

Schedule 2, continued

Health Professions Education			
Event	Description	Recipients	Presenter
Grand Rounds	Education programs open to community doctors	Physicians	Medical Staff Office
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
Social Work Interns in Behavioral Health	Supervision and training hours provided by MGH	Social Work Students	Behavioral Health – Outpatient
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
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
Marin Medical Reserve Foundation	Disaster Preparedness	Community	MGH
Healthy Marin Partnership	Collaborative that advances community health improvement initiatives	Community	MGH

MGH Performance Metrics and Core Services Report 4Q 2016

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 2017 Medical Staff Perception Study results are indicated below.

Source: PRC (Professional Research Consultants, Inc.)

Asked of Physicians:

“OVERALL, WOULD YOU RATE THE QUALITY OF CARE AT MARIN GENERAL HOSPITAL:”

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	79	34.6%
Very Good	100	43.9%
Good	37	16.2%
Fair	10	4.4%
Poor	2	0.9%

**Percentile Ranking: 43rd
Total Number of Responses: 228 (82.6%)**

Asked of Physicians:

“OVERALL, WOULD YOU RATE MARIN GENERAL HOSPITAL AS A PLACE TO PRACTICE MEDICINE:”

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	62	26.7%
Very Good	94	40.5%
Good	53	22.8%
Fair	14	6.0%
Poor	9	3.9%

**Percentile Ranking: 22nd
Total Number of Responses: 232 (84.1%)**

MGH Performance Metrics and Core Services Report

4Q 2016

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.

Overall MGH 2016 Employee Engagement Study results

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	327	29%
Very Good	361	32%
Good	294	26%
Fair	124	11%
Poor	23	2%

Percentile Ranking: 37th
Total Number of Responses: 1,129 (70%)

MGH Performance Metrics and Core Services Report

4Q 2016

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 2016	2Q 2016	3Q 2016	4Q 2016
EBIDA \$	\$8,914	\$11,298 (\$20,212 total)	\$8,813 (\$29,025 total)	\$23,096 (\$52,121 total)
EBIDA %	9.24%	10.24%	9.87%	5.79%

Loan Ratios				
Current Ratio	3.25	3.45	3.65	2.76
Debt to Capital Ratio	27.1%	26.8%	26.1%	26.7%
Debt Service Coverage Ratio	4.13	4.39	4.25	2.62
Debt to EBIDA %	1.70	1.64	1.63	2.44

Key Service Volumes				
Acute discharges	2,317	2,198 (4,515 total)	2,264 (6,779 total)	2,321 (9,100 total)
Acute patient days	10,913	10,149 (21,062 total)	9,933 (30,995 total)	10,582 (41,577 total)
Average length of stay	4.71	4.66	4.57	4.57
Emergency Department visits	9,285	9,243 (18,528 total)	8,852 (27,380 total)	8,925 (36,305 total)
Inpatient surgeries	604	456 (1,060 total)	388 (1,448 total)	559 (2,007 total)
Outpatient surgeries	1,033	1,154 (2,187 total)	1,244 (3,431 total)	1,135 (4,566 total)
Newborns	327	300 (627 total)	324 (951 total)	309 (1,260 total)

MGH Performance Metrics and Core Services Report

4Q 2016

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 2016

Major Capital Expenditures

Philips Cap Lease	5,343,695.07
2nd Varian TrueBeam	2,406,591.85
Implement Integrated Cardiology Solution	671,496.01
Stryker Endo Towers	491,461.04
Covidien 840 Ventilators	425,187.26
Stryker Endo Navigation	380,572.50
Olympus Flexible Endoscopes	368,096.14
Bed-tracking system	304,621.27
IR Fund portion of GE Innova 3100	200,000.00
Auto Cat Wave 2	182,280.00
Mizuho Spine Table	109,877.34
Xenex Germ Zapper (R2Clean2)	104,594.00
Hill-Rom Gurneys	102,288.71
Other Capital Under \$100K	1,408,749.67
Total Major Capital Expenditures	12,499,510.86

Construction in Progress

MHD 1206b 75 Rowland Way - Ambulatory Care Faci	1,127,367
McKesson Upgrades V13	1,019,933
100 Drakes Landing Breast Health Center	973,590
PACS Radiology Upgrade	833,554
SPD Sterilizer/Washers/DI System	830,699
1240 MOIC , Urology & Men's Health	644,572
McKesson Upgrades 2015	626,306
Upgrade and replace end user devices	511,659
1350 Linear Accelerator Project Phase 3 & 4 (1 & 2 c/c)	442,551
Network and Telecom Upgrade	426,246
Pyxis Anesthesia	368,549
Data Center Expansion	325,755
Pharmacy Redesign	223,010
2016 Internal Move	218,060
2016 Wayfinding	211,769
Patient Guest Furniture	205,033
Philips Lease Consulting	180,000
East Lobby 2016	160,076
Explorer Analytics Upgrade	159,444
OR Flooring /Wall Protection	150,258
No Lift Linen Collection System	149,748
End User Devices 2015	134,932
Interior Master Planning	131,682
5 Bon Air Suite 116 Hospital Offload	128,705
2014 Emergency Services Master Planning	117,547
Philips Strategic Partnership	107,827
2016 MFD West Wing	101,805
Other CIP Under \$100K	635,105
Total Construction in Progress	11,145,782
Total Capital Expenditures	23,645,293

MGH Performance Metrics and Core Services Report

4Q 2016

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-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Q4 %	Q4-2016 Num/Den	Rolling %	Rolling Num/Den
◆ Venous Thromboembolism (VTE) Measures																	
VTE warfarin therapy discharge instructions	100%	50%	100%	100%	100%	100%	100%	100%	100%	50%	100%	100%	75%	90%	9/10	88%	23/26
Hospital acquired potentially-preventable VTE +	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	N/A	N/A	N/A	N/A	0/0	0%	0/16
◆ Global Immunization (IMM) Measures																	
Influenza immunization (season October-March)	100%	89%	89%	91%	N/A	N/A	N/A	N/A	N/A	N/A	90%	92%	83%	N/A	N/A	88%	229/260
◆ Stroke Measures																	
Thrombolytic therapy	100%	100%	100%	N/A	N/A	100%	100%	N/A	N/A	100%	100%	100%	100%	100%	3/3	100%	14/14
◆ Perinatal Care Measure																	
Elective delivery +	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0/25	0%	0/87
◆ Psychiatric (HBIPS) Measures																	
Hours of physical restraint use	0.41	0.32	0.00	0.00	0.09	0.00	0.00	0.06	0.11	1.01	0.31	0.68	0.00	0.33	N/A	0.23	N/A
Hours of seclusion use	0.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.32	0.00	0.03	0.12	0.05	N/A	0.17	N/A
Patients discharged on multiple antipsychotic medications with appropriate justification	36%	100%	75%	25%	57%	43%	100%	89%	100%	100%	71%	100%	90%	88%	21/24	83%	74/89
Alcohol use screening	71%	89%	67%	89%	91%	84%	94%	88%	83%	70%	100%	86%	93%	93%	112/121	86%	433/504
◆ ED Inpatient (ED) Measures																	
Median time (mins) ED arrival to ED departure +	258***	292.00	310.50	312.00	311.50	255.00	328.00	313.00	306.00	328.00	281.00	269.00	298.00	282.67	180 cases	300.33	693 cases
Admit decision median time (mins) to ED departure time +	88***	142.00	166.00	125.00	106.00	102.50	108.00	88.00	78.00	91.00	74.00	80.00	79.50	77.83	179 cases	103.33	632 cases
◆ ED Outpatient (ED) Measures																	
Median time (mins) ED arrival to ED discharge +	141***	120.50	183.50	125.00	111.00	137.00	156.00	127.00	115.00	197.50	125.50	165.00	144.25	144.92	443 cases	144.25	375 cases
Door to diagnostic evaluation by qualified medical personnel +	23***	14.00	12.50	15.00	17.00	29.00	33.50	22.00	18.50	16.00	27.50	26.00	32.50	28.67	103 cases	21.96	405 cases
◆ Outpatient Pain Management Measure																	
Median time (mins) to pain management for long bone fracture +	52***	77.00	60.50	46.50	48.50	47.00	77.00	67.00	42.50	76.50	53.00	42.00	74.00	56.33	40 cases	59.29	193 cases
◆ Outpatient Stroke Measure																	
Head CT/MRI results for stroke patients within 45 mins of ED arrival	69%***	100%	100%	0%	100%	N/A	0%	0%	N/A	N/A	50%	N/A	50%	50%	2/4	47%	8/17
◆ Endoscopy Measures																	
Endoscopy/polyp surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients	100%	100%	100%	93%	100%	100%	100%	100%	100%	100%	89%	100%	80%	91%	30/33	97%	113/117
Endoscopy/polyp surveillance: Colonoscopy interval for patients with a history of adenomatous polyps - avoidance of inappropriate use	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	44/44	100%	146/146

** CMS Top Decile Benchmark
*** National Average
+ Lower number is better

◆ Acute Care Readmissions - 30 Day Risk Standardized					
METRIC	CMS National Average	July 2009 - June 2012	July 2010 - June 2013	July 2011 - June 2014	July 2012 - June 2015
Acute Myocardial Infarction Readmission Rate	16.80%	16.70%	15.90%	16.10%	16.10%
Heart Failure Readmission Rate	21.90%	22.60%	23.00%	22.80%	22.50%
Pneumonia Readmission Rate	17.10%	16.20%	15.00%	14.10%	15.10%
COPD Readmission Rate	20.00%		19.00%	18.40%	18.50%
Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.60%	5.80%	5.30%	4.60%	4.50%
Coronary Artery Bypass Graft Surgery (CABG)	14.40%			15.60%	13.60%
Stroke Readmission Rate	12.50%		12.10%	11.10%	10.00%
METRIC	CMS National Average	July 2009 - June 2012	July 2010 - June 2013	July 2011 - June 2014	July 2014 - June 2015
Hospital-Wide All-Cause Unplanned Readmission (HWR)	15.60%		14.40%	14.90%	14.60%
◆ 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 - June 2014	July 2013 - June 2015
Complication/Patient Safety Indicators PSI 90 (Composite)	0.90	Worse than national average	Worse than national average	No different than national average	No different than national average
Death among surgical patients with serious complications	136.48 per 1,000 patient discharges	No difference than national average	No different than national average	No different than national average	No different than national average

◆ Outpatient Measures (Claims Data)					
METRIC	CMS National Average	Jan 2011 - Dec 2011	July 2012 - June 2013	July 2013 - June 2014	July 2014 - June 2015
Outpatient with low back pain who had an MRI without trying recommended treatments first, such as physical therapy	39.50%	Not available	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%	7.20%
Outpatient CT scans of the abdomen that were "combination" (double) scans +	8.40%	6.00%	5.60%	6.10%	4.10%
Outpatient CT scans of the chest that were "combination" (double) scans +	2.10%	1.40%	0.40%	0.30%	0.40%
Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery +	4.80%	5.56%	2.60%	2.90%	4.00%
Outpatients with brain CT scans who got a sinus CT scan at the same time +	2.90%	1.70%	2.30%	1.80%	1.00%
METRIC	CMS National Average			Jan 2013 - Dec 2013	Jan 2014 - Dec 2014
Patient left Emergency Dept. before being seen	2.00%			1.00%	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 - June 2014	July 2013 - June 2015
Complication / Patient Safety Indicators PSI 90 (Composite)	0.9	Worse than National Average	Worse than National Average	No different than National Average	No different than National Average
Death Among Surgical Patients with Serious Complications	136.48 per 1,000 patient discharges	No different than National Average	No different than National Average	No different than National Average	No different than National Average
◆ Structural Measures					
METRIC	2016				
Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care	Yes				
Participation in a Systematic Clinical Database Registry for General Surgery	No				
Safe Surgery Checklist Use	Yes				
Hospital Survey on Patient Safety Culture	Yes				

+ Lower Number is Better

◆ Surgical Site Infection						
METRIC	National Standardized Infection Ratio (SIR)	April 2014 - March 2015	July 2014 - June 2015	Oct 2014 - Sept 2015	Jan 2015 - Dec 2015	
Colon surgery	1	0.00	0.00	0.80	0.75	No Different than U.S. National Benchmark
Abdominal hysterectomy	1	not published**	not published**	not published**	not published**	
◆ Healthcare Associated Infections (All units including ICU)						
METRIC	National Standardized Infection Ratio (SIR)	Jan 2014 -June 2015	Jan 2015 - Sept 2015	Jan 2015 - Dec 2015		
Central Line Associated Blood Stream Infection Rate (CLABSI)	1	0.37	0.26	0.20		Better than U.S. National Benchmark
Catheter Associated Urinary Tract Infection (CAUTI)	1	0.27	0.20	0.29		Better than U.S. National Benchmark
◆ Healthcare Associated Infections (ICU)						
METRIC	National Standardized Infection Ratio (SIR)	April 2014 - March 2015	July 2014 - June 2015	Oct 2014 - Sept 2015	Jan 2015 - Dec 2015	
Central Line Associated Blood Stream Infection Rate (CLABSI)	1	0.00	0.28	0.28	0.26	No Different than U.S. National Benchmark
Catheter Associated Urinary Tract Infection (CAUTI)	1	1.76	1.13	0.56	0.00	No Different than U.S. National Benchmark
◆ Healthcare Associated Infections (Inpatients)						
METRIC	National Standardized Infection Ratio (SIR)	April 2014 - March 2015	July 2014 - June 2015	Oct 2014 - Sept 2015	Jan 2015 - Dec 2015	
Clostridium Difficile	1	1.25	1.26	1.35	1.55	No Different than U.S. National Benchmark
Methicillin Resistant Staph Aureus Bacteremia (MRSA)	1	1.59	0.53	0.00	0.00	No Different than U.S. National Benchmark
◆ Healthcare Personnel Influenza Vaccination						
METRIC	CMS National Average	Oct 2013 - March 2014	Oct 2014 - March 2015	Oct 2015 - March 2016		
Healthcare Personnel Influenza Vaccination	86%	71%	81%	95%		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	April 2012 - March 2015	
Hip/knee complication: Hospital-level risk -- Standardized complication rate (RSCR) following elective primary total hip/knee arthroplasty	3.0%	4.0%	4.4%	3.6%	3.3%	
◆ Cost Efficiency						
METRIC	CMS National Average	Jan 2013 - Dec 2013	Jan 2014 - Dec 2014	Jan 2015 - Dec 2015		
Medicare spending per beneficiary (All)	0.99	1.01	1.00	1.00		
METRIC	CMS National Average	July 2010 - June 2013	July 2011 thru June 2014	July 2012 thru June 2015		
Acute Myocardial Infarction payment per episode of care	\$22,760	\$20,850	\$22,019	\$22,564		
Heart Failure payment per episode of care	\$15,959		\$16,781	\$17,575		
Pneumonia payment per episode of care	\$14,817		\$14,889	\$14,825		
◆ Mortality Measures - 30 Day						
METRIC	CMS National Average	July 2009 - June 2012	July 2010 - June 2013	July 2011 - June 2014	July 2012 - June 2015	
Acute Myocardial Infarction Mortality Rate	14.10%	13.30%	12.60%	11.70%	11.10%	
Heart Failure Mortality Rate	12.10%	13.80%	12.00%	12.60%	11.80%	
Pneumonia Mortality Rate	16.30%	10.90%	12.20%	12.30%	17.40%	
CABG 30-day Mortality Rate (PD 2017)	3.20%			2.60%	2.60%	
COPD Mortality Rate	8.00%		7.80%	7.30%	7.30%	
Stroke Mortality Rate	14.90%		15.20%	13.40%	12.20%	

** Insufficient data to calculate SIR

MGH Performance Metrics and Core Services Report

4Q 2016

Schedule 7: External Awards & Recognition

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

External Awards and Recognition – 2016

Healthgrades

7 5-Star Ratings

Stroke Care Excellence Award

A complete list of 5-star ratings and additional excellence awards are published on the Marin General Hospital website:

<http://www.maringeneral.org/about-us/awards-accreditations/healthgrades-awards>

Leapfrog Group

Top General Hospital

“A” Grade for Hospital Safety

American Heart/Stroke Association

Get With the Guidelines-Stroke Gold Plus Quality Achievement Award

American Heart Association

Fit-Friendly Worksite – Gold Achievement

San Francisco Business Times & Silicon Valley Business Journal

Bay Area Healthiest Employers Award

Blue Shield of California

Blue Distinction Center – Spine Surgery, Knee Replacement, Hip Replacement

California Medical Association Institute for Medical Quality

Accreditation for Continuing Medical Education

MGH Performance Metrics and Core Services Report

4Q 2016

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 2016	2Q 2016	3Q 2016	4Q 2016	Total 2016
Brain Injury Network	638	0	0	0	638
Coastal Health Alliance	25,000	0	0	0	25,000
Community Institute for Psychotherapy	25,000	0	0	0	25,000
ExtraFood.org	0	3,000	0	0	3,000
Harbor Point Fdn (Battle Breast Cancer)	0	0	5,000	0	5,000
Healthy Aging Symposium	1,000	0	0	0	1,000
Heart Walk	0	2,500	0	0	2,500
Helen Vine Recovery Center	0	0	0	200,000	200,000
Homeward Bound	150,000	0	0	0	150,000
Hospice By The Bay	0	0	2,200	0	2,200
Marin Center for Independent Living	25,000	0	0	0	25,000
Marin City Health & Wellness	0	20,000	0	0	20,000
Marin Community Clinics	0	221,000	0	0	221,000
Marin Senior Fair	0	2,000	0	0	2,000
MHD 1206(b) Clinics	1,701,556	2,153,464	2,127,279	2,090,272	8,072,571
Operation Access	20,000	0	0	0	20,000
Pine St. Foundation Acupuncture Services	10,000	0	(10,000)	0	0
Prima Foundation	1,691,282	1,691,282	1,691,282	1,691,282	6,765,128
Relay For Life	0	5,000	0	0	5,000
Ritter Center	25,000	0	0	0	25,000
RotaCare Free Clinic	20,000	0	0	0	20,000
Senior Access, adult day program	15,000	0	0	0	15,000
Summer Solstice	760	0	0	0	760
To Celebrate Life	0	0	15,000	0	15,000
Zero Breast Cancer	2,140	0	0	0	2,140
Total Cash Donations	3,712,376	4,098,246	3,830,761	3,981,554	15,622,937
Compassionate discharge medications	2,198	920	1,517	725	5,360
Meeting room use by community based organizations for community-health related purposes.	2,401	2,270	2,865	3,913	11,449
Food donations	940	940	940	38,285	41,105
MedShare	0	0	0	15,610	15,610
Total In Kind Donations	5,539	4,130	5,322	58,533	73,524
Total Cash & In-Kind Donations	\$3,717,915	\$4,112,376	\$3,836,083	\$4,040,087	\$15,706,461

MGH Performance Metrics and Core Services Report

4Q 2016

Schedule 8, continued

Community Benefit Summary					
(these figures are not final and are subject to change)					
	1Q 2016	2Q 2016	3Q 2016	4Q 2016	Total 2016
Community Health Improvement Services	14,469	35,922	16,068	39,588	106,047
Health Professions Education	102,974	219,724	117,745	200,067	631,510
Cash and In-Kind Contributions	3,717,915	4,112,376	3,836,083	4,040,087	15,706,461
Community Benefit Operations	24,581	17,399	14,161	16,243	72,384
Community Building Activities	0	971	432	647	2,050
Traditional Charity Care *Operation Access total is included	554,705	464,740	715,064	355,614	2,090,123
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	8,035,616	8,426,422	8,073,152	8,265,687	32,800,876
Community Benefit Subtotal (amount reported annually to State & IRS)	12,450,260	13,268,554	12,772,705	12,917,932	51,409,451
Unpaid Cost of Medicare	19,763,123	18,706,637	18,305,734	20,340,155	77,115,649
Bad Debt	336,502	394,312	385,469	328,343	1,444,626
Community Benefit, Community Building, and Unpaid Cost of Medicare and Bad Debt Total	\$32,549,885	\$32,369,503	\$31,463,908	\$33,586,430	\$129,969,727

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 2016	2Q 2016	3Q 2016	4Q 2016	Total 2016
*Operation Access charity care provided by MGH (waived hospital charges)	516,328	282,467	100,483	155,314	1,054,592
Costs included in Charity Care	102,881	56,283	26,017	24,952	210,133

MGH Performance Metrics and Core Services Report

4Q 2016

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

MGH Performance Metrics and Core Services Report 4Q 2016

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, 2016, there were a total of 562 physicians on MGH staff:

- 250 Active
- 81 Provisional
- 39 Courtesy
- 48 Consulting
- 47 Office-Based
- 97 Telemedicine

New Physician Appointments			
January 1, 2016 – December 31, 2016			
	Name	Appointment Date	Specialty
1	Adi, Saleh	10/25/2016	Pediatrics
2	Alberts, Michael B	2/23/2016	Emergency Dept
3	Ancock, Benedict P.	8/30/2016	Cardiology
4	Atay-Rosenthal, Saadet	4/26/2016	Radiology
5	Bedell, Matthew G.	2/23/2016	Ophthal Surg
6	Bein, Shelli Y.	5/24/2016	Pediatrics
7	Burdeny, Derek A.	10/25/2016	Radiology
8	Chang, Jennifer S.	9/27/2016	Radiation Oncology
9	Chapman, Jocelyn S.	7/26/2016	Gynecology
10	Chen, Mang L.	1/26/2016	Urol Surg
11	Chu, Lisa L.	7/26/2016	Radiology
12	Cusick, Seric S.	7/26/2016	Emergency Dept
13	De Silva, Nihal	8/30/2016	Psychiatry
14	Delic, Lejla	3/22/2016	Gynecology
15	Do-Williams, Dorothy H.	3/22/2016	Medical Hospitalist
16	Enker, Mark H.	11/29/2016	eICU-ICU Intensivist
17	Evans, Tracy	7/26/2016	Medicine
18	Flis, Daniel W.	8/30/2016	ENT Surg
19	Galligan, Barbara M.	9/27/2016	Medicine
20	Gandhi, Shital M.	7/26/2016	Radiology
21	Giovannetti, Mark J.	4/26/2016	Radiology
22	Grimley, Margaret J.	9/27/2016	Psychiatry
23	Harrington, Jennifer L.	8/30/2016	Plas Surg
24	Harrington, Siobhan K.	5/24/2016	Anesthesiology
25	Hassanein, Mohamed K.	8/30/2016	Medical Hospitalist

MGH Performance Metrics and Core Services Report 4Q 2016

Schedule 10, continued

26	Hassanein, Mohamed K.	8/30/2016	Medical Hospitalist
27	Herron, Nancy B.	7/26/2016	Psychiatry
28	Hill, David M.	11/29/2016	Cardiology
29	Hogan, Christopher M.	8/30/2016	Medicine
30	Hsu, Jeffrey N.	7/26/2016	Medical Hospitalist
31	Huberman, Robert P.	10/25/2016	Radiology
32	Jablon, Kimberly	9/27/2016	Pedi Hospitalist
33	Jackson, Dana L.	10/25/2016	Pediatrics
34	Katics, Matthew J.	3/22/2016	Family Practice
35	Kim, Christopher J.	8/30/2016	Pathology
36	Korangy, Shahin J.	4/26/2016	Radiology
37	LaBelle, Natasha P.	7/26/2016	Emergency Dept
38	LeKander, Gary M.	11/29/2016	eICU-ICU Intensivist
39	Majid, Abid	9/27/2016	eICU-ICU Intensivist
40	Najibi, Roshanak	9/27/2016	Medical Hospitalist
41	Nguyen, Huu N.	2/23/2016	Medical Hospitalist
42	Patel, Hiren A.	8/30/2016	Medical Hospitalist
43	Peyvandi, Shabnam	7/26/2016	Pediatrics
44	Robin, Jennie K.	2/23/2016	Emergency Dept
45	Roby, Jerrad W.	2/23/2016	Anesthesiology
46	Sapien, David M.	4/8/2016	Medical Hospitalist
47	Sasaki, Tina M.	9/27/2016	General Surg
48	Schulz, Hakima A.	3/22/2016	Medical Hospitalist
49	Serebrakian, Armen	4/14/2016	ENT Surg
50	Sieber, David A.	8/30/2016	Plas Surg
51	Soni, Anand V.	8/30/2016	Cardiology
52	Stahl, Benjamin R.	9/27/2016	General Surg
53	Tanel, Ronn E.	7/26/2016	Pediatrics
54	Traverso, Mercedes C.	10/25/2016	Pediatrics
55	Upadhyaya, Prashant R.	11/29/2016	Medical Hospitalist
56	Vahid, Bobbak	7/26/2016	eICU-ICU Intensivist
57	Valle, Herminigildo	1/26/2016	Medical Hospitalist
58	Vileisis, Rita A.	11/29/2016	Pediatrics
59	Washburn, Erin E.	9/27/2016	OB Hospitalist
60	Wei, Jiandong	9/27/2016	Medical Hospitalist
61	Welte, Frank J.	4/26/2016	Radiology

MGH Performance Metrics and Core Services Report

4Q 2016

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.

RN Turnover Rate				
Period	Number of Clinical RNs	Terminated		Rate
		Voluntary	Involuntary	
1Q 2016	511	17	5	4.31%
2Q 2016	510	22	4	5.10%
3Q 2016	531	15	3	3.39%
4Q 2016	537	12	1	2.42%

RN Vacancy Rate - 2016							
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
1Q 2016	31	56	511	598	14.55%	9.36%	5.18%
2Q 2106	29	74	510	613	16.80%	12.07%	4.73%
3Q 2016	33	68	531	636	16.51%	10.69%	5.19%
4Q 2016	39	82	537	658	18.39%	12.46%	5.93%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
1Q 2016	19	22	(3)
2Q 2016	25	26	(1)
3Q 2016	41	18	23
4Q 2016	20	13	7

MGH Performance Metrics and Core Services Report

4Q 2016

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 2016	Oct. 18	1848 – 0045	6	ED Saturation	39	14	2
4Q 2016	Oct. 19	1716 – 0105	8	ED Saturation	36	12	10
4Q 2016	Nov. 6	1532 – 1845	2.75	ED Saturation	34	9	1
4Q 2016	Nov. 11	1800 – 2004	2	ED Saturation	29	2	1
4Q 2016	Dec. 2	1615 – 2010	4	ED Saturation	25	8	8
4Q 2016	Dec. 9	1300 – 2030	7.5	ED Saturation	36	14	6
4Q 2016	Dec. 15	1330 – 1557	2.5	Cath lab unavailable	20	0	8
4Q 2016	Dec. 19	1505 – 1815	3.1	ED Saturation	26	4	4
4Q 2016	Dec. 30	1600 – 2020	4.4	ED Saturation	31	7	9

2016 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)

