

Marin General Hospital
Performance Metrics and Core Services Report
Annual Report 2018

Marin General Hospital
Performance Metrics and Core Services Report: **ANNUAL REPORT 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	Joint Commission granted MGH an "Accredited" decision with an effective date of 7/16/2016 for a duration of 36 months. The next survey occurred in May 2019, and decision is pending.
	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 2018 (Annual Report) was presented to MGH Board and to MHD Board in June 2019.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2019 was presented for approval to the MGH Board in June 2019.
	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	Partial 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	Partial 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 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	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 2018 Independent Audit was completed on April 26, 2019.
	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 2017 Form 990 was filed on November 15, 2018.

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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.

FFY 2020 VBP Thresholds				1Q 2018	2Q 2018	3Q 2018	4Q 2018
71.59	79.11	85.12	Overall rating	65.66	65.87	73.43	72.84
			Would Recommend	68.09	70.10	74.91	78.20
79.08	83.55	87.12	Communication with Nurses	72.60	72.00	74.78	74.52
			Nurse Respect	83.47	86.61	86.82	87.14
			Nurse Listen	77.90	74.80	77.78	80.31
			Nurse Explain	74.73	72.88	78.04	74.41
80.41	84.87	88.44	Communication with Doctors	76.83	75.15	79.07	78.33
			Doctor Respect	83.74	85.25	86.67	87.83
			Doctor Listen	80.22	79.06	83.20	82.41
			Doctor Explain	80.32	74.93	81.14	78.65
65.07	73.44	80.14	Responsiveness of Staff	62.08	65.89	66.27	65.36
			Call Button	63.66	65.51	66.86	65.76
			Bathroom Help	67.29	73.08	72.49	71.76
			Pain Communication	63.50	68.64	67.42	65.74
			Talk How Much Pain	62.41	70.47		68.20
			Talk Pain Treatment	64.60	66.80		63.28
63.30	69.17	73.86	Communication about Medications	56.50	55.34	59.52	59.50
			Med Explanation	76.47	77.00	79.15	79.60
			Med Side Effects	45.32	42.49	48.70	48.21
65.72	73.33	79.42	Hospital Environment	52.85	54.62	58.25	53.05
			Cleanliness	65.66	69.06	70.87	67.72
			Quiet	52.45	52.57	58.03	50.79
87.44	90.03	92.11	Discharge Information	87.21	86.51	87.50	86.60
			Help After Discharge	86.01	86.59	85.60	83.62
			Symptoms to Monitor	91.81	89.83	92.80	92.98
51.14	57.45	62.50	Care Transition	47.16	45.22	45.58	48.27
			Care Preferences	42.82	39.00	41.35	45.48
			Responsibilities	53.26	51.80	51.45	58.20
			Medications	59.81	59.26	58.33	55.52
			Number of Surveys	373	371	391	386

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
Braden Diabetes Center	Free diabetes support groups, lunch and learn, education and screenings	General public
Breastfeeding Telephone Support Line	Free education, counseling and breastfeeding support	Breastfeeding women
Center for Integrative Health & Wellness (CIHW) Events	Education and support group events (yoga, healthy weight, Qi Dong, breast cancer support group, etc.)	General public
Community Dietary/Nutrition Telephone Support Line	Free advice line open to the community for nutrition information	General public
Compassionate Discharge Prescriptions and Transportation	Covered cost of discharged medications and transportation for underserved patients	Uninsured patients
Health Connection Newsletter	Free monthly newsletter on various health topics	General public
Low Cost Mammogram Day	Mammograms offered to underserved women	Patients in need
National Nutrition Month and Nutrition Education	National Nutrition Month activities and nutrition education	General public
Shuttle Program for Seniors	Free shuttle service for seniors in the Behavioral Health program	Seniors in need
The Mom's Group	Free support group to the community that discusses newborn care, breastfeeding, parenting, etc.	General public
The New Father Class	Free class for new fathers to learn how to care for their newborns	General public
Transportation	Free transportation	General public

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Schedule 2, continued

Health Professions Education		
Event	Description	Recipients
Grand Rounds	Education programs open to community doctors	Physicians
Nursing Student Placement and Clinical Supervision	Time spent from Education placing student nurses	Student Nurses
Nutrition Students	Training hours provided by staff	Dietitian Students
Occupational Therapy Students	Supervision and training hours provided by MGH	Occupational Therapy students
Paramedics Emergency Department Clinical Rotations	Supervision and training hours provided by MGH	Paramedics
Pharmacy Student Clinical Rotations	Supervision and training hours provided by MGH	Pharmacy students
Radiology Student Internships	Supervision and training hours provided by MGH	Radiology students
Rehabilitation Student Internships	Supervision and training hours provided by MGH	Rehabilitation students
Respiratory Therapy Student Internships	Supervision and training hours provided by MGH	Respiratory Therapy students
Nutrition Conference	Education on nutrition for diabetic patients	Health professionals

Community Building		
Event	Description	Recipients
Healthy Marin Partnership	Collaborative to advance community health improvement initiatives	Community
Career Development	Presentation to Redwood High School students about career development	High School Students

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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.

Overall MGH 2018 Medical Staff Perception Study Results

Source: (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	82	36.7%
Very Good	93	41.6%
Good	32	14.5%
Fair	14	6.3%
Poor	2	0.9%

**Percentile Ranking: 49th
Total Number of Responses: 223 (73.4%)**

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	77	34.4%
Very Good	66	29.4%
Good	47	21.3%
Fair	25	11.3%
Poor	8	3.6%

**Percentile Ranking: 45th
Total Number of Responses: 223 (73.4%)**

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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.

Overall MGH 2018 Employee Engagement Study Results

Source: MGH Employee Engagement Pulse Survey

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	251	29%
Very Good	294	34%
Good	208	24%
Fair	87	10%
Poor	26	3%

Total Number of Responses: 866 (50%)

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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 2018	2Q 2018	3Q 2018	4Q 2018
EBIDA \$ (in thousands)	\$4,681	\$2,468 \$7,149 YTD	\$3,552 \$10,701 YTD	\$11,878 \$22,579 YTD
EBIDA %	4.62%	3.46%	3.44%	5.32%
Loan Ratios				
Current Ratio	4.34			
Debt to Capital Ratio	29.4%			
Debt Service Coverage Ratio	2.91			
Annual Debt Service Coverage		5.10	4.04	5.87
Maximum Annual Debt Service Coverage		1.28	1.35	1.97
Debt to Capitalization		49.82%	51.30%	49.90%
Debt to EBIDA %	2.53			
Key Service Volumes				
Acute discharges	2,367	2,374 4,741 YTD	2,192 6,933 YTD	2,296 9,229 YTD
Acute patient days	11,305	10,721 22,026 YTD	10,414 32,440 YTD	10,477 42,917 YTD
Average length of stay	4.78	4.65	4.68	4.65
Emergency Department visits	9,348	5,484 14,832 YTD	7,175 22,007 YTD	7,038 29,045 YTD
Inpatient surgeries	524	531 1,055 YTD	477 1,532 YTD	502 2,034 YTD
Outpatient surgeries	1,101	1,133 2,234 YTD	1,115 3,349 YTD	1,302 4,651 YTD
Newborns	251	283 534 YTD	328 862 YTD	268 1,130 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 2018

<u>Major Capital Expenditures</u>	
Cyroablation Console	193,305
LivaNova Heart Lung Bypass system	213,386
Hemosphere Advanced Monitoring Platform	103,920
System 8 Surgical Drill System	118,157
Ultrasound	131,705
EPIQ 7 Ultrasound system, Philips CX50 upgrade and interface	236,504
EPIQ 7C Ultrasound System	138,991
FOUNDATION - Watchman LAA Closure Devices	250,990
CORE Mobile Precision Guided Therapy System	153,668
Prima and MHD clinic infrastructure upgrades and standardization	752,171
Unified Imaging	360,097
Telephone switch replacement to VOIP	146,360
Data Center Equipment Expansion 2018	967,472
McKesson Upgrades 2018	177,060
Network and Telecom Upgrades 2018	120,910
Philips CAP Equipment	1,475,401
Other Capital Under \$100K	1,279,242
Total Major Capital Expenditures	6,819,338
<u>Construction in Progress</u>	
1240 MOIC , UROLOGY & MEN'S HEALTH	2,698,500
Philips Strategic Partnership	116,100
Dr Murphy 75 Rowland, Suite 230/250	1,655,564
HRIS	880,314
2018 Above Ceiling Corrections	170,527
2018 MEP Mechanical Improvements	237,150
Replace Dunham Bush Cooling Tower	267,545
2016 MDF West Wing (closed with 1251.9288)	488,798
West Wing Elevator	1,025,927
PMF 1100 Larkspur Landing	2,305,586
Perioperative Room 3	230,114
2019 Behavioral Health Reclassification	308,389
West Wing Roof	964,651
Banyan Integration	293,692
3T MRI	1,040,393
EPIC Conversion	238,483
MGH Activation	281,862
Other CIP Under \$100K	337,387
Total Construction in Progress	13,540,981
Total Capital Expenditures	20,360,319

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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/)

Hospital Inpatient Quality Reporting Program Measures

	METRIC	CMS**	2017	Q1 -2018	Q2 -2018	Q3 -2018	Q4-2018	Q4-2018 Num/Den	Rolling 2018 YTD	2018 YTD Num/Den
♦ Venous Thromboembolism (VTE) Measures										
VTE-6	Hospital Acquired Potentially-Preventable Venous Thromboembolism +	0%	8%	0%	0%	0%	0%	0/0	0%	0/0
♦ Stroke Measures										
STK-4	Thrombolytic Therapy	100%	100%	100%	100%	100%	100%	1/1	100%	13/13
♦ Sepsis Measure										
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	75%	43%	36%	38%	55%	54%	58/108	44%	198/446
♦ Perinatal Care Measure										
PC-01	Elective Delivery +	0%	0%	0%	4%	0%	0%	0/27	1%	1/94
♦ ED Inpatient Measures										
ED-1	Median Time From ED Arrival to ED Departure for Admitted Patients	262***	311.00	352.00	343.00	331.00	337.50	180-Cases	342.50	716-Cases
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	90***	96.00	121.00	104.00	112.00	117.00	180-Cases	114.00	716-Cases
♦ Global Immunization (IMM) Measure										
	METRIC	CMS**	2017						2018	Rolling Num/Den
IMM-2	Influenza Immunization	100%	91%						94%	484/515
♦ Psychiatric (HBIPS) Measures										
IPF-HBIPS-2	Hours of Physical Restraint Use	0.41	0.08	0.13	0.22	0.03	0.11	N/A	0.12	N/A
IPF-HBIPS-3	Hours of Seclusion Use	0.21	0.19	0.59	0.00	0.00	0.00	N/A	0.23	N/A
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	36%	68%	60%	87%	100%	96%	25/26	82%	99/121
♦ Substance Use Measures										
SUB-1	Alcohol Use Screening	71%	96%	100%	98%	99%	100%	175/175	99%	660/664

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

	METRIC	CMS**	2017						2018	Rolling Num/Den
IPF-IMM-2	Influenza Immunization	Benchmark To Be Established	79%						88%	297/336
Hospital Outpatient Quality Reporting Program Measures										
	METRIC	CMS**	2017	Q1 -2018	Q2 -2018	Q3 -2018	Q4-2018	Q4-2018 Num/Den	Rolling 2018 YTD	Rolling Num/Den
◆ ED Outpatient Measures										
OP-18	Median Time from ED Arrival to ED Departure for Discharged Patients	143***	164.00	153.50	182.00	148.50	155.50	94-Cases	159.50	374-Cases
◆ Outpatient Stroke Measure										
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	72%***	67%	67%	83%	50%	100%	7/7	83%	15/18
◆ Endoscopy Measures										
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	100%	99%	100%	94%	95%	87%	34/39	93%	88/95
OP-30	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use	100%	96%	100%	100%	100%	93%	41/44	98%	183/186

** 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)
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov/)

◆ Healthcare Personnel Influenza Vaccination						
	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%	81%	95%	89%	92%
◆ Surgical Site Infection						
	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**
◆ Healthcare Associated Device Related Infections						
	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
◆ Healthcare Associated Infections						
	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	1.48	1.21	1.15	1.02
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	1.84	1.34	1.35	0.00
◆ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators)						
	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)
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (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
◆ Surgical Complications						
	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%	3.6%	3.6%	2.7%	2.5%
◆ Acute Care Readmissions - 30 Day Risk Standardized						
	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%	22.80%	22.50%	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%	20.49%
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%	15.60%	13.60%	14.30%	13.70%
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%	15.40%

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/)

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

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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 – 2018
<p><u>Healthgrades</u> <i>7 5-Star Ratings and the Stroke Care Excellence Award</i> <i>A complete list of 5-star ratings and additional excellence awards are published on the Marin General Hospital website:</i> http://www.maringeneral.org/about-us/awards-accreditations</p>
<p><u>Leapfrog Group</u> <i>Grade A Safety Award (Spring 2018)</i></p>
<p><u>American Heart/Stroke Association</u> <i>Get With the Guidelines-Stroke Gold Plus Quality Achievement Award</i></p>
<p><u>Emergency Nurses Association</u> <i>Lantern Award for demonstrating exceptional and innovative performance in leadership, practice, education (2018 – 2021)</i></p>
<p><u>American College of Surgeons</u> <i>Level III Trauma Center Verification (2018 – 2019)</i></p>
<p><u>Intersocietal Accreditation Commission</u> <i>3-Year Echocardiography Accreditation (2018 – 2021)</i></p>
<p><u>Marin County Emergency Medical Services Agency</u> <i>Emergency Department Approved for Pediatrics</i></p>
<p><u>The Pacific Sun</u> <i>Best Hospital</i></p>
<p><u>Marin Independent Journal</u> <i>Reader's Choice Award</i></p>
<p><u>The Joint Commission</u> <i>Primary Stroke Center Certification (2018 -2020)</i> <i>The Gold Seal of Approval (2016 – 2019)</i></p>
<p><u>Commission on Cancer</u> <i>3-Year Accreditation with Commendation (2017 – 2020)</i></p>
<p><u>Society of Cardiovascular Patient Care</u> <i>Chest Pain Center Accreditation (2017 – 2020)</i></p>
<p><u>U. N. International Children's Fund/World Health Organization</u> <i>Baby Friendly Designation (2017 – 2022)</i></p>
<p><u>The National Accreditation Program for Breast Centers</u> <i>Breast Center Accreditation (2016 – 2019)</i></p>
<p><u>California Medical Association Institute for Medical Quality</u> <i>Accreditation of Continuing Medical Education (2016 – 2020)</i></p>

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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 2018	2Q 2018	3Q 2018	4Q 2018	Total 2018
American Heart Association (Heart Walk)	\$ 5,000	0	0	0	\$ 5,000
Brain Injury Network	920	0	0	0	920
Bucklew	25,000	0	0	0	25,000
ExtraFood.org	0	0	0	5,000	5,000
Healthy Aging Symposium	0	1,000	0	0	1,000
Homeward Bound	150,000	0	0	0	150,000
Hospice By the Bay	0	0	3,400	0	3,400
Kids Cooking for Life	0	0	2,400	0	2,400
Lifelong Medical Care	15,000	0	0	0	15,000
Marin Center for Independent Living	25,000	0	0	0	25,000
Marin Community Clinics	131,000	500	0	0	131,500
Marin County Fair	0	5,000	0	0	5,000
Marin County Patient Transportation	5,000	0	0	0	5,000
Marin Senior Fair	0	0	350	0	350
MHD 1206(b) Clinics	3,077,607	3,673,063	4,407,669	4,184,953	15,343,292
Operation Access	30,000	0	0	0	30,000
Prima Foundation	2,342,114	2,610,260	2,342,114	2,342,114	9,636,602
Ritter Center	25,000	0	0	0	25,000
RotaCare Free Clinic	15,000	0	0	0	15,000
Sepsis Alliance	0	0	1,000	0	1,000
Summer Solstice	0	1,700	0	0	1,700
TEDx	5,500	0	0	0	5,500
To Celebrate Life	0	15,000	0	0	15,000
Whistlestop	0	0	0	13,500	13,500
Zero Breast Cancer	0	5,000	0	0	5,000
Zero – The End of Prostate Cancer	0	0	500	0	500
Total Cash Donations	\$ 5,839,641	\$ 6,304,823	\$ 6,756,933		\$ 18,901,397
Compassionate discharge medications	0	0	0	0	0
Meeting room use by community based organizations for community-health related purposes.	2,140	2,380	4,444	4,223	13,187
Food donations	940	940	1,065	940	3,885
Total In Kind Donations	3,080	3,320	5,509	5,163	17,072
Total Cash & In-Kind Donations	\$ 5,855,221	\$ 6,314,843	\$ 6,762,942	\$ 6,550,730	\$ 25,483,736

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Schedule 8, continued

Community Benefit Summary					
(These figures are not final and are subject to change)					
	1Q 2018	2Q 2018	3Q 2018	4Q 2018	Total 2018
Community Health Improvement Services	\$ 97,512	\$ 110,065	\$ 94,065	\$ 177,237	\$ 478,879
Health Professions Education	81,412	140,028	97,104	1,434,923	1,753,467
Cash and In-Kind Contributions	5,855,221	6,314,843	6,762,942	6,550,730	25,483,736
Community Benefit Operations	1,360	18,675	10,250	63,770	94,055
Community Building Activities	0	0	0	0	0
Traditional Charity Care *Operation Access total is included	550,280	420,729	232,233	280,610	1,483,852
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	7,368,588	6,722,236	7,101,921	7,753,560	28,946,305
Community Benefit Subtotal (amount reported annually to State & IRS)	\$13,954,373	\$13,726,576	\$14,298,515	\$16,260,830	\$58,240,294
Unpaid Cost of Medicare	23,425,852	21,702,519	18,195,264	19,076,816	82,400,451
Bad Debt	311,372	279,239	117,673	195,028	903,312
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u>	\$37,691,597	\$35,708,334	\$32,611,452	\$35,532,674	\$141,544,057

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 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	\$ 106,731	\$ 1,025,486
Costs included in Charity Care	73,222	84,025	14,061	19,901	191,209

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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 Construction Documents of the Hospital Replacement Project, the Project has maintained LEED Silver status

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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, 2018, there were a total of 588 physicians on MGH staff:

- 251 Active
- 77 Provisional
- 36 Courtesy
- 54 Consulting
- 47 Office-Based
- 123 Telemedicine

New Physician Appointments				
January 1, 2018 – December 31, 2018				
	Name		Appointment Date	Specialty
1	Anderson	Brian	7/24/2018	Psychiatry
2	Baba	Atsuko	4/24/2018	Anesthesiology
3	Bartos	Gabriella	3/27/2018	Med-Hospitalist
4	Beygui	Ramin	9/25/2018	Surg-Cardiothoracic
5	Boaz	Sammantha	5/29/2018	RNP-Nurse Practitioner
6	Brady	Brian	7/24/2018	Med-Nephrology
7	Chang	Crystal	4/24/2018	Radiology
8	Chertow	Glenn	11/27/2018	Med-Nephrology
9	Coleman	Clarence	8/28/2018	Rad-Telemedicine
10	Copp	Hillary	4/24/2018	Surg-Urology
11	DeTora	Adam	8/28/2018	Pediatrics
12	Dieckman	Shane	8/28/2018	Rad-Telemedicine
13	Dittmar	W.	8/28/2018	Med-Hospitalist
14	Ely	Rachel	4/24/2018	CNM-Cert Nurse Midwife
15	Eng	Winnie	7/24/2018	PA-Physician Assistant
16	Ferschl	Marla	4/24/2018	Anesthesiology
17	Garfinkle	Mark	5/29/2018	Med-Hospitalist
18	Goodman	Lindzy	9/25/2018	Surg-Dentistry
19	Grubb	Hilary	4/24/2018	Psychiatry
20	Hansen	Robert	7/24/2018	Rad-Telemedicine
21	Hecht	Adam	7/24/2018	Rad-Telemedicine
22	Hu	Benjamin	5/29/2018	Anesthesiology
23	Infosino	Andrew	5/29/2018	Anesthesiology
24	Iyer	Vivek	7/24/2018	Med-Cardiology
25	Kane	Ari	4/24/2018	Radiology

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Schedule 10, continued

26	Kenig	Kathryn	5/29/2018	RNP-Nurse Practitioner
27	Khatod	Elaine	7/24/2018	Rad-Telemedicine
28	Kim	Jennifer	7/24/2018	Rad-Telemedicine
29	King	Isabelle	8/28/2018	Pediatrics
30	La Barbara	Allyson	8/28/2018	Pediatrics
31	Loveman	Camille	1/30/2018	Acupuncture - L.Ac
32	Maliakkal	Mammen	8/28/2018	Med-Hospitalist
33	Mansfield	Humphrey	7/24/2018	Rad-Telemedicine
34	Mehra	Ratnesh	11/27/2018	Surg-Neurosurgery
35	Milikow	David	8/28/2018	Rad-Telemedicine
36	Miller	Catherine	8/28/2018	Surg-Neurosurgery
37	Morrissey	Mykl	3/27/2018	RNP-Nurse Practitioner
38	Paine	Allison	7/24/2018	Pediatrics
39	Petersen	Jordan	10/28/2018	AHP Reg Dental Assist
40	Petersen	Dana	11/27/2018	Surg-Otolaryngology
41	Pomerantz	Jason	8/28/2018	Surg-Plastic
42	Rainow	Alex	7/24/2018	Med-Cardiology
43	Rattananan	Watcharasarn	8/28/2018	Med-Teleneurology
44	Reeves	Megan	3/27/2018	Pediatrics
45	Rosbe	Kristina	4/24/2018	Surg-Otolaryngology
46	Rozell	Joseph	8/28/2018	Rad-Telemedicine
47	Silsbee	Alisa	5/29/2018	PA-Physician Assistant
48	Stahelin	Melanie	8/28/2018	CNM-Cert Nurse Midwife
49	Szady	Anita	3/27/2018	Med-Cardiology
50	Thomas	Linda	7/24/2018	Rad-Telemedicine
51	Tippin	Jon	8/28/2018	Med-Teleneurology
52	Tomlinson	Andrew	1/30/2018	Surg-Otolaryngology
53	Wang	Helena	3/27/2018	Med-eICU Intensivist
54	Watt	Jill	1/30/2018	CNM-Cert Nurse Midwife
55	Wilkof	Leslie	9/25/2018	OBGYN
56	Wong	Brandon	11/27/2018	PA-Physician Assistant
57	Woo	Wendy	7/24/2018	Anesthesiology
58	Wozniak	Curtis	9/25/2018	Surg-Cardiothoracic
59	Zhang	Jeanie	8/28/2018	Rad-Telemedicine

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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				
Period	Number of Clinical RNs	Separated		Rate
		Voluntary	Involuntary	
1Q 2018	520	14	0	2.69%
2Q 2018	538	12	0	2.23%
3Q 2018	542	17	3	3.69%
4Q 2018	548	9	3	2.19%

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
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%
4Q 2018	26	48	548	626	12.46%	7.67%	4.15%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
1Q 2018	11	14	(3)
2Q 2018	31	12	19
3Q 2018	25	20	5
4Q 2018	20	12	8

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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
4Q 2018	Oct 1	0026 – 0234	2 hrs, 8 mins	ED
4Q 2018	Oct 15	1741 – 2308	5 hrs, 26 mins	Neuro
4Q 2018	Oct 16	1400 – 1633	2 hrs, 33 mins	Neuro
4Q 2018	Oct 27	1240 – 1716	4 hrs, 35 mins	ED
4Q 2018	Oct 30	1314 – 1628	3 hrs, 14 mins	ED
4Q 2018	Nov 5	0233 – 0407	1 hr, 34 mins	ED
4Q 2018	Nov 10	1254 – 1717	4 hrs, 22 mins	ED
4Q 2018	Nov 23	1749 – 2255	5 hrs, 6 mins	ED
4Q 2018	Nov 25	1713 – 2147	4 hrs, 34 mins	ED
4Q 2018	Dec 6	1513 – 1845	3 hrs, 31 mins	ED
4Q 2018	Dec 21	2006 – 0316	7 hrs, 9 mins	ED
4Q 2018	Dec 26	2013 – 0023	4 hrs, 9 mins	ED

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Schedule 12, continued

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)

