

**MarinHealth Medical Center  
(Marin General Hospital)**

Performance Metrics and Core Services Report

1st Quarter 2019

**MarinHealth Medical Center (Marin General Hospital)**  
**Performance Metrics and Core Services Report: 1st QUARTER 2019**

**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)<br>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 May 24, 2019 for a duration of 36 months. |
|  | 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)<br>Patient Satisfaction and Services | MGH Board will report on MGH's HCAHPS Results Quarterly.   | Quarterly | In Compliance      | <b>Schedule 1</b>   |
| (C)<br>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      | Reported in Q4 2018   |
|  | 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)<br>Physicians and Employees          | MGH Board must report on all Tier 1 "Physician and Employee" Metrics at least annually.  | Annually  | Partial Compliance | Reported in Q4 2018   |
| (E)<br>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)<br>Finances                          | 1. MGH Board must maintain a positive operating cash-flow (operating EBITDA) for MGH after an initial phase in period of two fiscal years, and then effective as a performance metric after July 1, 2012, with performance during the phase in period monitored as if a Tier 2 metric. | Quarterly | In Compliance      | <b>Schedule 2</b>   |
|  | 2. MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.  | Quarterly | In Compliance      | <b>Schedule 2</b>   |

**MarinHealth Medical Center (Marin General Hospital)**  
**Performance Metrics and Core Services Report: 1st QUARTER 2019**

**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)<br>Quality, Safety and Compliance    | MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs). | Quarterly | In Compliance      | <b>Schedule 3</b>  |
| (B)<br>Patient Satisfaction and Services | 1. MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.   | Quarterly | In Compliance      | <b>Schedule 1</b>  |
|  | 2. MGH Board will report external awards and recognition.  | Annually  | In Compliance      | Reported in Q4 2018  |
| (C)<br>Community Commitment              | 1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.   | Quarterly | In Compliance      | <b>Schedule 4</b>  |
|  | 2. MGH Board will report on MGH's Charity Care.  | Quarterly | In Compliance      | <b>Schedule 4</b>  |
|  | 3. MGH Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities.  | Annually  | In Compliance      | Reported in Q4 2018  |
|  | 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      | Reported in Q4 2018  |
|  | 5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.  | Annually  | In Compliance      | Reported in Q4 2018  |
| (D)<br>Physicians and Employees          | 1. MGH Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.   | Annually  | In Compliance      | Reported in Q4 2018  |
|  | 2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.   | Annually  | Partial Compliance | Reported in Q4 2018  |
|  | 3. MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.  | Quarterly | In Compliance      | <b>Schedule 5</b>  |
| (E)<br>Volumes and Service Array         | 1. MGH Board will develop a strategic plan for MGH and review the plan and its performance with the General Member.  | Annually  | In Compliance      | The updated MGH Strategic Plan was presented to the MGH Board on October 27, 2018.                     |
|  | 2. MGH Board will report on the status of MGH's market share and Management responses.   | Annually  | In Compliance      | MGH's market share and management responses report was presented to the MGH Board on October 27, 2018. |
|  | 3. MGH Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.  | Quarterly | In Compliance      | <b>Schedule 2</b>  |
|  | 4. MGH Board will report on current Emergency services diversion statistics.   | Quarterly | In Compliance      | <b>Schedule 6</b>  |
| (F)<br>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      | <b>Schedule 2</b>  |
|  | 3. MGH Board will provide copies of MGH's annual tax return (form 990) upon completion to General Member.  | Annually  | In Compliance      | The MGH 2017 Form 990 was filed on November 15, 2018.  |

# MHMC Performance Metrics and Core Services Report

## Q1 2019

### 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 2021 VBP Thresholds |       |       |  | Q2 2018 | Q3 2018 | Q4 2018 | Q1 2019 |
|-------------------------|-------|-------|--|---------|---------|---------|---------|
| 73.80                   | 81.51 | 87.67 | <b>Overall rating</b>                  | 65.87   | 73.43   | 72.84   | 69.53   |
|                         |       |       | <b>Would Recommend</b>                 | 70.10   | 74.91   | 78.20   | 76.81   |
| 83.26                   | 87.87 | 91.56 | <b>Communication with Nurses</b>       | 72.00   | 74.78   | 74.52   | 78.50   |
|                         |       |       | Nurse Respect                          | 86.61   | 86.82   | 87.14   | 84.68   |
|                         |       |       | Nurse Listen                           | 74.80   | 77.78   | 80.31   | 76.63   |
|                         |       |       | Nurse Explain                          | 72.88   | 78.04   | 74.41   | 74.18   |
| 82.71                   | 87.26 | 90.90 | <b>Communication with Doctors</b>      | 75.15   | 79.07   | 78.33   | 80.20   |
|                         |       |       | Doctor Respect                         | 85.25   | 86.67   | 87.83   | 86.30   |
|                         |       |       | Doctor Listen                          | 79.06   | 83.20   | 82.41   | 78.36   |
|                         |       |       | Doctor Explain                         | 74.93   | 81.14   | 78.65   | 75.96   |
| 66.57                   | 75.03 | 81.80 | <b>Responsiveness of Staff</b>         | 65.89   | 66.27   | 65.36   | 66.57   |
|                         |       |       | Call Button                            | 65.51   | 66.86   | 65.76   | 65.43   |
|                         |       |       | Bathroom Help                          | 73.08   | 72.49   | 71.76   | 67.70   |
|                         |       |       | <b>Pain Communication</b>              | 68.64   | 67.42   | 65.74   | 68.26   |
|                         |       |       | Talk How Much Pain                     | 70.47   |         | 68.20   | 69.71   |
|                         |       |       | Talk Pain Treatment                    | 66.80   |         | 63.28   | 66.81   |
| 65.53                   | 71.60 | 76.45 | <b>Communication about Medications</b> | 55.34   | 59.52   | 59.50   | 62.72   |
|                         |       |       | Med Explanation                        | 77.00   | 79.15   | 79.60   | 76.58   |
|                         |       |       | Med Side Effects                       | 42.49   | 48.70   | 48.21   | 48.87   |
| 71.31                   | 79.07 | 85.28 | <b>Hospital Environment</b>            | 54.62   | 58.25   | 53.05   | 56.99   |
|                         |       |       | Cleanliness                            | 69.06   | 70.87   | 67.72   | 63.71   |
|                         |       |       | Quiet                                  | 52.57   | 58.03   | 50.79   | 50.27   |
| 89.08                   | 91.74 | 93.87 | <b>Discharge Information</b>           | 86.51   | 87.50   | 86.60   | 88.30   |
|                         |       |       | Help After Discharge                   | 86.59   | 85.60   | 83.62   | 84.76   |
|                         |       |       | Symptoms to Monitor                    | 89.83   | 92.80   | 92.98   | 91.84   |
| 52.47                   | 58.83 | 63.92 | <b>Care Transition</b>                 | 45.22   | 45.58   | 48.27   | 47.80   |
|                         |       |       | Care Preferences                       | 39.00   | 41.35   | 45.48   | 39.83   |
|                         |       |       | Responsibilities                       | 51.80   | 51.45   | 58.20   | 45.20   |
|                         |       |       | Medications                            | 59.26   | 58.33   | 55.52   | 58.39   |
|                         |       |       | <b>Number of Surveys</b>               | 371     | 391     | 386     | 368     |

| <b>Thresholds Color Key:</b>      |  |
|-----------------------------------|--|
| National 95th percentile          |  |
| National 75th percentile          |  |
| National average, 50th percentile |  |

| <b>Scoring Color Key:</b>   |  |
|-----------------------------|--|
| 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.

# MHMC Performance Metrics and Core Services Report

## Q1 2019

### Schedule 2: Finances

➤ **Tier 1, Finances**

The MGH Board must maintain a positive operating cash-flow (operating EBIDA) for MGH after an initial phase in period of two fiscal years, and then effective as a performance metric after July 1, 2012, with performance during the phase in period monitored as if a Tier 2 metric. The MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.

➤ **Tier 2, Volumes and Service Array**

The MGH Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.

| Financial Measure                    | Q1 2019  | Q2 2019 | Q3 2019 | Q4 2019 | Total 2019 |
|--------------------------------------|----------|---------|---------|---------|------------|
| EBIDA \$ (in thousands)              | \$ 8,922 |         |         |         | \$ 8,922   |
| EBIDA %                              | 8.52%    |         |         |         |            |
| <b>Loan Ratios</b>                   |          |         |         |         |            |
| Annual Debt Service Coverage         | 1.46     |         |         |         |            |
| Maximum Annual Debt Service Coverage | 1.35     |         |         |         |            |
| Debt to Capitalization               | 49.90%   |         |         |         |            |
| <b>Key Service Volumes</b>           |          |         |         |         |            |
| Acute discharges                     | 2,255    |         |         |         | 2,255      |
| Acute patient days                   | 11,182   |         |         |         | 11,182     |
| Average length of stay               | 4.96     |         |         |         |            |
| Emergency Department visits          | 7,365    |         |         |         | 7,365      |
| Inpatient surgeries                  | 471      |         |         |         | 471        |
| Outpatient surgeries                 | 1,228    |         |         |         | 1,228      |
| Newborns                             | 265      |         |         |         | 265        |

# MHMC Performance Metrics and Core Services Report

## Q1 2019

---

### Schedule 3: Clinical Quality Reporting Metrics

➤ **Tier 2, Quality, Safety and Compliance**

The MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs).

#### CLINICAL QUALITY METRICS DASHBOARD

Metrics are publicly reported on

CalHospital Compare ([www.calhospitalcompare.org](http://www.calhospitalcompare.org))

and

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

**Hospital Inpatient Quality Reporting Program Measures**

|  | METRIC   | CMS** | 2018   | Q1 -2019 | Q2 -2019 | Q3 -2019 | Q4-2019 | Q1-2018 Num/Den | Rolling 2019 YTD | 2019 YTD Num/Den |
|--|--|-------|--------|----------|----------|----------|---------|-----------------|------------------|------------------|
| <b>◆ Stroke Measures</b>                   |  |       |        |          |          |          |         |                 |                  |                  |
| STK-4                                      | Thrombolytic Therapy   | 100%  | 100%   | 75%      |          |          |         | 3/4             | 75%              | 3/4              |
| <b>◆ Sepsis Measure</b>                    |  |       |        |          |          |          |         |                 |                  |                  |
| SEP-01                                     | Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)                    | 76%   | 44%    | 57%      |          |          |         | 65/114          | 57%              | 65/114           |
| <b>◆ Perinatal Care Measure</b>            |  |       |        |          |          |          |         |                 |                  |                  |
| PC-01                                      | Elective Delivery +  | 0%    | 1%     | 5%       |          |          |         | 1/22            | 5%               | 1/22             |
| <b>◆ ED Inpatient Measures</b>             |  |       |        |          |          |          |         |                 |                  |                  |
| ED-2                                       | Admit Decision Time to ED Departure Time for Admitted Patients                           | 90*** | 114.00 | 124.00   |          |          |         | 185--Cases      | 124.00           | 185--Cases       |
| <b>◆ Global Immunization (IMM) Measure</b> |  |       |        |          |          |          |         |                 |                  |                  |
|  | METRIC   | CMS** | 2017   |          |          |          |         |                 | 2018             | Rolling Num/Den  |
| IMM-2                                      | Influenza Immunization   | 100%  | 94%    |          |          |          |         |                 | 94%              | 240/256          |
| <b>◆ Psychiatric (HBIPS) Measures</b>      |  |       |        |          |          |          |         |                 |                  |                  |
| IPF-HBIPS-2                                | Hours of Physical Restraint Use  | 0.41  | 0.12   | 0.00     |          |          |         | N/A             | 0.00             | N/A              |
| IPF-HBIPS-3                                | Hours of Seclusion Use   | 0.21  | 0.23   | 0.06     |          |          |         | N/A             | 0.06             | N/A              |
| IPF-HBIPS-5                                | Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification | 36%   | 82%    | 94%      |          |          |         | 16/17           | 94%              | 16/17            |

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

**Hospital Outpatient Quality Reporting Program Measures**

|                                    | METRIC   | CMS**  | 2018   | Q1 -2019 | Q2 -2019 | Q3 -2019 | Q4-2019 | Q1-2018 Num/Den | Rolling 2019 YTD | 2019 YTD Num/Den |
|------------------------------------|--|--------|--------|----------|----------|----------|---------|-----------------|------------------|------------------|
| <b>◆ ED Outpatient Measures</b>    |  |        |        |          |          |          |         |                 |                  |                  |
| OP-18                              | Median Time from ED Arrival to ED Departure for Discharged Patients  | 143*** | 159.50 | 186.00   |          |          |         | 99--Cases       | 186.00           | 99--Cases        |
| <b>◆ Outpatient Stroke Measure</b> |  |        |        |          |          |          |         |                 |                  |                  |
| OP-23                              | Head CT/MRI Results for STK Pts w/in 45 Min of Arrival   | 72%*** | 83%    | 100%     |          |          |         | 6/6             | 100%             | 6/6              |
| <b>◆ Endoscopy Measures</b>        |  |        |        |          |          |          |         |                 |                  |                  |
| OP-29                              | Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients | 100%   | 93%    | 95%      |          |          |         | 21/22           | 95%              | 21/22            |

**MARIN GENERAL HOSPITAL DASHBOARD**  
**CLINICAL QUALITY METRICS**  
Publicly Reported on CalHospital Compare ([www.calhospitalcompare.org](http://www.calhospitalcompare.org))  
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare ([www.hospitalcompare.hhs.gov/](http://www.hospitalcompare.hhs.gov/))

| <b>◆ Healthcare Personnel Influenza Vaccination</b>   |   |   |                                     |                                     |                                     |                                     |
|---|---|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|   | METRIC  | CMS National Average  | Oct 2014 - Mar 2015                 | Oct 2015 - Mar 2016                 | Oct 2016 - Mar 2017                 | Oct 2017 - Mar 2018                 |
| IMM-3   | Healthcare Personnel Influenza Vaccination                  | 88%   | <b>81%</b>                          | 95%                                 | 89%                                 | 92%                                 |
| <b>◆ Surgical Site Infection</b>  |   |   |                                     |                                     |                                     |                                     |
|   | METRIC  | National Standardized Infection Ratio (SIR)                     | July 2016 - June 2017               | Oct 2016 - Sep 2017                 | Jan 2017 - Dec 2017                 | Apr 2017 - Mar 2018                 |
| HAI-SSI-Colon   | Surgical Site Infection - Colon Surgery                     | 1   | not published**                     | not published**                     | not published**                     | not published**                     |
| HAI-SSI-Hyst  | Surgical Site Infection - Abdominal Hysterectomy            | 1   | not published**                     | not published**                     | not published**                     | not published**                     |
| <b>◆ Healthcare Associated Device Related Infections</b>                                      |   |   |                                     |                                     |                                     |                                     |
|   | METRIC  | National Standardized Infection Ratio (SIR)                     | July 2016 - June 2017               | Oct 2016 - Sep 2017                 | Jan 2017 - Dec 2017                 | Apr 2017 - Mar 2018                 |
| HAI-CLABSI  | Central Line Associated Blood Stream Infection (CLABSI)     | 1   | 0.24                                | 0.24                                | 0.49                                | 0.76                                |
| HAI-CAUTI   | Catheter Associated Urinary Tract Infection (CAUTI)         | 1   | 0.56                                | 0.94                                | 0.99                                | <b>1.22</b>                         |
| <b>◆ Healthcare Associated Infections</b>   |   |   |                                     |                                     |                                     |                                     |
|   | METRIC  | National Standardized Infection Ratio (SIR)                     | July 2016 - June 2017               | Oct 2016 - Sep 2017                 | Jan 2017 - Dec 2017                 | Apr 2017 - Mar 2018                 |
| HAI-C-Diff  | Clostridium Difficile                                       | 1   | <b>1.21</b>                         | <b>1.15</b>                         | <b>1.02</b>                         | 0.96                                |
| HAI-MRSA  | Methicillin Resistant Staph Aureus Bacteremia               | 1   | <b>1.34</b>                         | <b>1.35</b>                         | 0.00                                | 0.86                                |
| <b>◆ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators)</b> |   |   |                                     |                                     |                                     |                                     |
|   | METRIC  | Centers for Medicare & Medicaid Services (CMS) National Average | July 2012 - June 2014               | July 2013 - June 2015               | July 2014 - Sept 2015               | Nov 2015 - June 2017                |
| PSI-90 (Composite)  | Complication / Patient Safety Indicators PSI 90 (Composite) | 0.9   | No different than the National Rate | No different than the National Rate | No different than the National Rate | No different than the National Rate |



**MARIN GENERAL HOSPITAL DASHBOARD**  
**CLINICAL QUALITY METRICS**  
Publicly Reported on CalHospital Compare ([www.calhospitalcompare.org](http://www.calhospitalcompare.org))  
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare ([www.hospitalcompare.hhs.gov/](http://www.hospitalcompare.hhs.gov/))

|   | METRIC   | Centers for Medicare & Medicaid Services (CMS) National Average | July 2012 - June 2014              | July 2013 - June 2015              | July 2014 - Sept 2015              | Nov 2015 - June 2017               |
|---|--|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| PSI-4   | Death Among Surgical Patients with Serious Complications   | 136.48 per 1,000 patient discharges                             | No different then National Average | No different then National Average | No different then National Average | No different then National Average |
| <b>◆ Surgical Complications</b>                             |  |   |                                    |                                    |                                    |                                    |
|   | METRIC   | Centers for Medicare & Medicaid Services (CMS) National Average | April 2011 - March 2014            | April 2011 - March 2014            | July 2014 - March 2016             | April 2014 - March 2017            |
| Surgical Complication                                       | Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty | 2.8%  | <b>3.6%</b>                        | <b>3.6%</b>                        | 2.7%                               | 2.5%                               |
| <b>◆ Acute Care Readmissions - 30 Day Risk Standardized</b> |  |   |                                    |                                    |                                    |                                    |
|   | METRIC   | Centers for Medicare & Medicaid Services (CMS) National Average | July 2011- June 2014               | July 2012- June 2015               | July 2013- June 2016               | July 2014- June 2017               |
| READM-30-AMI  | Acute Myocardial Infarction Readmission Rate   | 16.0%   | 16.10%                             | 16.10%                             | 15.20%                             | 14.80%                             |
| READM-30-HF   | Heart Failure Readmission Rate   | 21.7%   | <b>22.80%</b>                      | <b>22.50%</b>                      | 20.19%                             | 19.80%                             |
| READM-30-PN   | Pneumonia Readmission Rate   | 16.7%   | 14.10%                             | 15.10%                             | 16.80%                             | 15.90%                             |
| READM-30-COPD   | COPD Readmission Rate  | 19.60%  | 18.40%                             | 18.50%                             | 18.70%                             | <b>20.49%</b>                      |
| READM-30-THA/TKA  | Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate  | 4.20%   | 4.60%                              | 4.50%                              | 4.00%                              | 4.10%                              |
| READM-30-CABG   | Coronary Artery Bypass Graft Surgery (CABG)  | 13.2%   | <b>15.60%</b>                      | 13.60%                             | <b>14.30%</b>                      | <b>13.70%</b>                      |
| READM-30-STR  | Stroke Readmission Rate  | 11.90%  | 11.10%                             | 10.00%                             | 9.90%                              | 10.40%                             |
|   | METRIC   | Centers for Medicare & Medicaid Services (CMS) National Average | July 2011- June 2014               | July 2014- June 2015               | July 2015 - June 2016              | July 2016 - June 2017              |
| HWR Readmission   | Hospital-Wide All-Cause Unplanned Readmission (HWR)  | 15.3%   | 14.90%                             | 14.60%                             | 15.00%                             | <b>15.40%</b>                      |

**MARIN GENERAL HOSPITAL DASHBOARD  
CLINICAL QUALITY METRICS**

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

| <b>◆ Mortality Measures - 30 Day</b> |   |   |                       |                      |                       |                         |
|--------------------------------------|---|---|-----------------------|----------------------|-----------------------|-------------------------|
|                                      | METRIC  | Centers for Medicare & Medicaid Services (CMS) National Average | July 2011- June 2014  | July 2012- June 2015 | July 2013- June 2016  | July 2014- June 2017    |
| MORT-30-AMI                          | Acute Myocardial Infarction Mortality Rate                    | 13.2%   | 11.70%                | 11.10%               | 12.90%                | 12.80%                  |
| MORT-30-HF                           | Heart Failure Mortality Rate                                  | 11.7%   | <b>12.60%</b>         | 11.80%               | 11.70%                | 10.30%                  |
| MORT-30-PN                           | Pneumonia Mortality Rate                                      | 15.7%   | <b>12.30%</b>         | <b>17.40%</b>        | <b>15.90%</b>         | <b>15.90%</b>           |
| MORT-30-COPD                         | COPD Mortality Rate   | 8.30%   | 7.30%                 | 7.30%                | 7.96%                 | <b>9.30%</b>            |
| MORT-30-STK                          | Stroke Mortality Rate   | 14.30%  | 13.40%                | 12.20%               | 11.70%                | 12.70%                  |
| CABG MORT-30                         | CABG 30-day Mortality Rate                                    | 3.10%   | 2.60%                 | 2.60%                | <b>3.46%</b>          | <b>3.60%</b>            |
| <b>◆ Cost Efficiency</b>             |   |   |                       |                      |                       |                         |
|                                      | METRIC  | Centers for Medicare & Medicaid Services (CMS) National Average | Jan 2014 - Dec 2014   | Jan 2015 - Dec 2015  | Jan 2016 - Dec 2016   | Jan 2017 - Dec 2017     |
| MSPB-1                               | Medicare Spending Per Beneficiary (All)                       | 0.98  | <b>1.00</b>           | <b>1.00</b>          | <b>0.99</b>           | 0.98                    |
|                                      | METRIC  | Centers for Medicare & Medicaid Services (CMS) National Average | July 2011 - June 2014 | July 2012- June 2015 | July 2013- June 2016  | July 2014- June 2017    |
| MSPB-AMI                             | Acute Myocardial Infarction (AMI) Payment Per Episode of Care | \$23,119  | <b>\$22,019</b>       | \$22,564             | \$21,192              | \$21,274                |
| MSPB-HF                              | Heart Failure (HF) Payment Per Episode of Care                | \$16,190  | <b>\$16,871</b>       | <b>\$17,575</b>      | <b>\$16,904</b>       | <b>\$16,632</b>         |
| MSPB-AMI                             | Pneumonia (PN) Payment Per Episode of Care                    | \$17,026  | <b>\$14,889</b>       | <b>\$14,825</b>      | <b>\$17,429</b>       | <b>\$17,415</b>         |
|                                      | METRIC  | Centers for Medicare & Medicaid Services (CMS) National Average |                       |                      | July 2013 - June 2016 | April 2014 - March 2017 |
| MSPB-Knee                            | Hip and Knee Replacement                                      | \$22,567  |                       |                      | \$22,502              | \$21,953                |

**MARIN GENERAL HOSPITAL DASHBOARD**  
**CLINICAL QUALITY METRICS**  
Publicly Reported on CalHospital Compare ([www.calhospitalcompare.org](http://www.calhospitalcompare.org))  
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare ([www.hospitalcompare.hhs.gov/](http://www.hospitalcompare.hhs.gov/))

| ◆ Outpatient Measures (Claims Data) |  |   |                       |                       |                       |                       |
|-------------------------------------|--|---|-----------------------|-----------------------|-----------------------|-----------------------|
|                                     | METRIC   | Centers for Medicare & Medicaid Services (CMS) National Average | July 2013 - June 2014 | July 2014 - June 2015 | July 2015 - June 2016 | July 2016 - June 2017 |
| OP-8                                | Outpatient with Low Back Pain who had an MRI without trying Recommended Treatments First, such as Physical Therapy <sup>+</sup>      | 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 <sup>+</sup> | 8.80%   | 6.70%                 | 7.20%                 | 6.80%                 | 7.00%                 |
| OP-10                               | Outpatient CT Scans of the Abdomen that were “Combination” (Double) Scans <sup>+</sup>   | 7.80%   | 6.10%                 | 4.10%                 | 5.60%                 | 4.80%                 |
| OP-11                               | Outpatient CT Scans of the Chest that were “Combination” (Double) Scans <sup>+</sup>   | 1.80%   | 0.30%                 | 0.40%                 | 0.10%                 | 0.20%                 |
| OP-13                               | Outpatients who got Cardiac Imaging Stress Tests Before Low-Risk Outpatient Surgery <sup>+</sup>                                     | 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 <sup>+</sup>  | 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

# MHMC Performance Metrics and Core Services Report

## Q1 2019

### Schedule 4: Community Benefit Summary

➤ **Tier 2, Community Commitment**

The Board will report all of MGH's cash and in-kind contributions to other organizations.  
The Board will report on MGH's Charity Care.

| <b>Cash &amp; In-Kind Donations</b>  |                     |         |         |         |                     |
|--|---------------------|---------|---------|---------|---------------------|
| (These figures are not final and are subject to change)                                  |                     |         |         |         |                     |
|  | Q1 2019             | Q2 2019 | Q3 2019 | Q4 2019 | Total 2019          |
| Bucklew  | \$ 25,000           |         |         |         | \$ 25,000           |
| Coastal Health Alliance  | 15,000              |         |         |         | 15,000              |
| Community Institute for Psychotherapy  | 15,000              |         |         |         | 15,000              |
| Homeward Bound   | 150,000             |         |         |         | 150,000             |
| Marin Center for Independent Living  | 25,000              |         |         |         | 25,000              |
| Marin City Health and Wellness   | 11,500              |         |         |         | 11,500              |
| Marin Community Clinics  | 131,000             |         |         |         | 131,000             |
| MHD 1206(b) Clinics  | 3,047,081           |         |         |         | 3,047,081           |
| North Marin Community Clinics  | 10,000              |         |         |         | 10,000              |
| Operation Access   | 30,000              |         |         |         | 30,000              |
| Ritter Center  | 25,000              |         |         |         | 25,000              |
| RotaCare Free Clinic   | 15,000              |         |         |         | 15,000              |
| West Marin Senior Services   | 10,000              |         |         |         | 10,000              |
| Whistlestop  | 13,500              |         |         |         | 13,500              |
| <b>Total Cash Donations</b>  | <b>\$ 3,523,081</b> |         |         |         | <b>\$ 3,523,081</b> |
| Compassionate discharge medications  |                     |         |         |         |                     |
| Meeting room use by community based organizations for community-health related purposes. | 4,297               |         |         |         | 4,297               |
| Food donations   | 940                 |         |         |         | 940                 |
| <b>Total In Kind Donations</b>   | <b>\$ 5,237</b>     |         |         |         | <b>\$ 5,237</b>     |
| <b>Total Cash &amp; In-Kind Donations</b>  | <b>\$ 3,528,318</b> |         |         |         | <b>\$ 3,528,318</b> |

# MHMC Performance Metrics and Core Services Report

## Q1 2019

### Schedule 4, continued

| <b>Community Benefit Summary</b>  |                     |         |         |         |                     |
|---|---------------------|---------|---------|---------|---------------------|
| (These figures are not final and are subject to change)   |                     |         |         |         |                     |
|   | Q1 2019             | Q2 2019 | Q3 2019 | Q4 2019 | Total 2019          |
| Community Health Improvement Services   | \$ 36,245           |         |         |         | \$ 36,245           |
| Health Professions Education  | 399,449             |         |         |         | 399,449             |
| Cash and In-Kind Contributions  | 3,528,318           |         |         |         | 3,528,318           |
| Community Benefit Operations  | 0                   |         |         |         | 0                   |
| Community Building Activities   | 0                   |         |         |         | 0                   |
| Traditional Charity Care<br>*Operation Access total is included                                     | 274,130             |         |         |         | 274,130             |
| Government Sponsored Health Care<br>(includes Medi-Cal & Means-Tested<br>Government Programs)       | 9,470,403           |         |         |         | 9,470,403           |
| <b>Community Benefit Subtotal</b><br>(amount reported annually to State & IRS)                      | <b>\$13,708,545</b> |         |         |         | <b>\$13,708,545</b> |
| Unpaid Cost of Medicare   | 23,735,540          |         |         |         | 23,735,540          |
| Bad Debt  | 327,536             |         |         |         | 327,536             |
| <b>Community Benefit, Community Building,<br/>Unpaid Cost of Medicare and Bad Debt <u>Total</u></b> | <b>\$37,771,621</b> |         |         |         | <b>\$37,771,621</b> |

| <b>Operation Access</b>   |         |         |         |         |            |
|---|---------|---------|---------|---------|------------|
| <p>Though not a Community Benefit requirement, MGH has been participating with Operation Access since 2000. Operation Access brings together medical professionals and hospitals to provide donated outpatient surgical and specialty care for the uninsured and underserved.</p> |         |         |         |         |            |
|   | Q1 2019 | Q2 2019 | Q3 2019 | Q4 2019 | Total 2019 |
| *Operation Access charity care provided by MGH (waived hospital charges)  | 315,229 |         |         |         | 315,229    |
| Costs included in Charity Care  | 56,079  |         |         |         | 56,079     |

# MHMC Performance Metrics and Core Services Report Q1 2019

## Schedule 5: Nursing Turnover, Vacancies, Net Changes

➤ **Tier 2, Physicians and Employees**

The MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.

| <b>Turnover Rate</b> |                               |                  |                    |             |
|----------------------|-------------------------------|------------------|--------------------|-------------|
| <b>Period</b>        | <b>Number of Clinical RNs</b> | <b>Separated</b> |                    | <b>Rate</b> |
|                      |                               | <b>Voluntary</b> | <b>Involuntary</b> |             |
| Q2 2018              | 538                           | 12               | 0                  | 2.23%       |
| Q3 2018              | 542                           | 17               | 3                  | 3.69%       |
| Q4 2018              | 548                           | 9                | 3                  | 2.19%       |
| Q1 2019              | 546                           | 14               | 2                  | 2.93%       |

| <b>Vacancy Rate</b> |                                |                                  |                         |                        |                           |   |   |
|---------------------|--------------------------------|----------------------------------|-------------------------|------------------------|---------------------------|---|---|
| <b>Period</b>       | <b>Open Per Diem Positions</b> | <b>Open Benefitted Positions</b> | <b>Filled Positions</b> | <b>Total Positions</b> | <b>Total Vacancy Rate</b> | <b>Benefitted Vacancy Rate of Total Positions</b> | <b>Per Diem Vacancy Rate of Total Positions</b> |
| Q2 2018             | 26                             | 61                               | 538                     | 626                    | 14.06%                    | 9.74%   | 4.15%   |
| Q3 2018             | 29                             | 53                               | 542                     | 626                    | 13.42%                    | 8.47%   | 4.63%   |
| Q4 2018             | 26                             | 48                               | 548                     | 626                    | 12.46%                    | 7.67%   | 4.15%   |
| Q1 2019             | 30                             | 70                               | 546                     | 646                    | 15.48%                    | 10.84%  | 4.64%   |

| <b>Hired, Termed, Net Change</b> |              |               |                   |
|----------------------------------|--------------|---------------|-------------------|
| <b>Period</b>                    | <b>Hired</b> | <b>Termed</b> | <b>Net Change</b> |
| Q2 2018                          | 31           | 12            | 19                |
| Q3 2018                          | 25           | 20            | 5                 |
| Q4 2018                          | 20           | 12            | 8                 |
| Q1 2019                          | 15           | 16            | (1)               |

# MHMC Performance Metrics and Core Services Report

## Q1 2019

### Schedule 6: Ambulance Diversion

➤ **Tier 2, Volumes and Service Array**

The MGH Board will report on current Emergency services diversion statistics.

| Quarter | Date   | Time        | Diversion Duration | Reason | Waiting Room Census | ED Admitted Patient Census |
|---------|--------|-------------|--------------------|--------|---------------------|----------------------------|
| Q1 2019 | Jan 7  | 1441 – 2012 | 5 hrs, 31 mins     | ED     | 12                  | 10                         |
| Q1 2019 | Jan 16 | 2125 – 0204 | 4 hrs, 38 mins     | ED     | N/A                 | N/A                        |
| Q1 2019 | Jan 17 | 1926 – 0007 | 4 hrs, 40 mins     | ED     | 9                   | 5                          |
| Q1 2019 | Feb 22 | 1831 - 2259 | 4 hrs, 27 mins     | ED     | 15                  | 7                          |
| Q1 2019 | Feb 23 | 2133 – 2325 | 1 hr, 51 mins      | ED     | 13                  | 6                          |
| Q1 2019 | Feb 24 | 0405 – 0544 | 1 hr, 39 mins      | ED     | 3                   | 3                          |
| Q1 2019 | Feb 25 | 1345 – 2141 | 7 hrs, 56 mins     | ED     | 8                   | 12                         |
| Q1 2019 | Feb 27 | 1503 – 1953 | 4 hrs, 50 mins     | ED     | 18                  | 4                          |
| Q1 2019 | Feb 28 | 1811 – 0013 | 6 hrs, 1 mins      | ED     | 13                  | 13                         |
| Q1 2019 | Mar 1  | 1419 – 1831 | 4 hrs, 11 mins     | ED     | 10                  | 9                          |
| Q1 2019 | Mar 8  | 1729 – 0020 | 6 hrs, 50 mins     | ED     | 18                  | 6                          |
| Q1 2019 | Mar 12 | 2111 – 0301 | 5 hrs, 50 mins     | ED     | 15                  | 4                          |
| Q1 2019 | Mar 15 | 1754 – 2235 | 4 hrs, 41 mins     | ED     | 19                  | 10                         |
| Q1 2019 | Mar 21 | 1831 – 2340 | 5 hrs, 8 mins      | ED     | 6                   | 2                          |
| Q1 2019 | Mar 23 | 1917 – 2019 | 1 hrs, 41 mins     | ED     | 12                  | 3                          |
| Q1 2019 | Mar 25 | 2227 – 0053 | 2 hrs, 26 mins     | ED     | 13                  | 7                          |
| Q1 2019 | Mar 26 | 1315 – 1833 | 5 hrs, 17 mins     | ED     | 8                   | 6                          |
| Q1 2019 | Mar 27 | 1731 - 0252 | 9 hrs, 21 mins     | ED     | 10                  | 12                         |
| Q1 2019 | Mar 29 | 1511 – 2220 | 7 hrs, 8 mins      | ED     | 16                  | 4                          |
| Q1 2019 | Mar 30 | 1425 – 1707 | 2 hrs, 42 mins     | ED     | 15                  | 6                          |

# MHMC Performance Metrics and Core Services Report Q1 2019

Schedule 6, continued

### 2019 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)**

