# MarinHealth Medical Center

# Performance Metrics
# and
# Core Services Report

# Q2 2023

December 5, 2023

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www.mymarinhealth.org

# MarinHealth Medical Center (Marin General Hospital)

Performance Metrics and Core Services Report: **Q2 2023**

## TIER 1 PERFORMANCE METRICS

*In accordance with Tier 1 Performance Metrics requirements, the MGH Board is required to meet each of the following minimum level requirements:*

| | | Frequency | Status | Notes |
|---|---|---|---|---|
| (A) Quality, Safety and Compliance | 1. MGH Board must maintain MGH's Joint Commission accreditation, or if deficiencies are found, correct them within six months. | Quarterly | In Compliance | The Joint Commission granted MGH an "Accredited" decision with an effective date of May 25, 2022 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 2022 (Annual Report) was presented to MGH Board and to MHD Board in June 2023. |
| | 6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH. | Annually | In Compliance | MGH Performance Improvement Plan for 2023 was presented for approval to the MGH Board in February 2023. |
| | 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 | Reported in Q4 2022 |
| | 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 | Reported in Q4 2022 |
| (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 2** |
| | 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 2** |

# MarinHealth Medical Center (Marin General Hospital)

Performance Metrics and Core Services Report: **Q2 2023**

## 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 3** |
| (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 | Reported in Q4 2022 |
| (C) Community Commitment | 1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations. | Quarterly | In Compliance | **Schedule 4** |
| | 2. MGH Board will report on MGH's Charity Care. | Quarterly | In Compliance | **Schedule 4** |
| | 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 2022 |
| | 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 2022 |
| | 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 2022 |
| (D) Physicians and Employees | 1. MGH Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH. | Annually | In Compliance | Reported in Q4 2022 |
| | 2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH. | Annually | In Compliance | Reported in Q4 2022 |
| | 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 5** |
| (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 22, 2022 and was presented to the MHD Board February 17, 2023. |
| | 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 22, 2022 and was presented to the MHD Board on February 17, 2022. |
| | 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 2** |
| | 4. MGH Board will report on current Emergency services diversion statistics. | Quarterly | In Compliance | **Schedule 6** |
| (F) Finances | 1. MGH Board will provide the audited financial statements. | Annually | In Compliance | The MGH 2022 Independent Audit was completed on April 7, 2023. |
| | 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 2** |
| | 3. MGH Board will provide copies of MGH's annual tax return (Form 990) upon completion to General Member. | Annually | In Compliance | The MGH 2022 Form 990 was filed on November 15, 2023. |

# EXECUTIVE SUMMARY
# Q2 2023 HCAHPS

**Time Period**

Q2 2023 HCAHPS Survey with CMS Benchmarks

**Accomplishments**

- Score trends demonstrate improvement with some individual questions higher than 50thp
    - Nurse and Doctor Respect above 50thp
    - Responsiveness: Bathroom Help above 50thp
    - Medication Explanation above 90thp
    - Environment Cleanliness above 50thp
    - Discharge: Symptom Monitoring above 75thp
    - Care Transition: Medications above 50thp

**Areas for Improvement**

- Summary scores for each category lag progress on individual questions.
- The progress lag effect is impacted, in part, by CMS algorithms used to level set hospitals.
    - Perinatal scores are weighted negatively
    - Latinx (aka Hispanic) scores are weighted negatively

**Data Summary**

Sample size= 383, (regular survey response rate for a quarter).

**Barriers or Limitations**

**Next Steps**

- Senior Leaders have prioritized Patient Satisfaction and Experience initiatives; Hourly rounding on Medical/Surgical units, Physician bedside rounding and feedback sessions, ED wait times addressed, among other efforts.
- Sr Leader rounding on Med/Surg, ED, Cardiac Units
- Continue focusing on patient experience action plan items, including staff and provider education

# 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.

## Heat Map for HCAHPS with CMS Benchmarks

The top-box scores displayed may include surveys not officially submitted and may not match the final values reported by CMS. This uses the VBP Thresholds published by CMS for coloring.

| | FFY 2025 | | | Marin General Hospital Greenbrae, CA | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Achievement | Percentile | Benchmark | Jan-Mar 22 | Apr-Jun 22 | Jul-Sep 22 | Oct-Dec 22 | Jan-Mar 23 | Apr-Jun 23 |
| Nurses | 79.42 | 84.03 | 87.71 | 71.84 | 70.21 | 67.40 | 72.46 | 65.94 | 71.73 |
| Nurse Respect | | | | 84.62 | 83.17 | 84.11 | 83.83 | 80.43 | 85.71 |
| Nurse Listen | | | | 78.19 | 74.70 | 69.86 | 79.08 | 73.33 | 78.89 |
| Nurse Explain | | | | 73.71 | 73.75 | 69.23 | 75.46 | 71.35 | 77.89 |
| Doctors | 79.83 | 84.35 | 87.97 | 71.50 | 71.33 | 67.93 | 71.08 | 68.56 | 73.83 |
| Doctor Respect | | | | 83.57 | 85.37 | 80.66 | 84.56 | 81.55 | 86.21 |
| Doctor Listen | | | | 78.96 | 77.97 | 74.72 | 76.85 | 72.92 | 81.48 |
| Doctor Explain | | | | 75.65 | 74.34 | 72.10 | 75.52 | 74.60 | 77.19 |
| Responsiveness | 65.52 | 74.24 | 81.22 | 62.86 | 55.42 | 54.43 | 55.28 | 53.69 | 54.18 |
| Call Button | | | | 63.04 | 60.59 | 59.38 | 56.01 | 59.26 | 60.18 |
| Bathroom Help | | | | 76.88 | 64.44 | 63.68 | 68.75 | 68.52 | 68.57 |
| Medicines | 63.11 | 69.19 | 74.05 | 51.42 | 55.00 | 55.17 | 54.70 | 45.45 | 49.34 |
| Med Explanation | | | | 74.44 | 76.59 | 78.57 | 75.69 | 71.35 | 77.07 |
| Med Side Effects | | | | 44.00 | 49.02 | 47.37 | 49.31 | 45.95 | 48.00 |
| Environment | 65.63 | 73.41 | 79.64 | 57.94 | 56.37 | 53.63 | 53.69 | 56.95 | 59.63 |
| Cleanliness | | | | 72.83 | 68.86 | 66.20 | 70.42 | 71.08 | 75.20 |
| Quiet | | | | 65.34 | 66.19 | 63.36 | 59.26 | 61.73 | 62.96 |
| Discharge Info | 87.23 | 90.00 | 92.21 | 84.62 | 87.19 | 84.42 | 86.91 | 83.42 | 86.95 |
| Help After Discharge | | | | 84.10 | 88.66 | 84.29 | 90.37 | 83.24 | 88.76 |
| Symptoms to Monitor | | | | 92.75 | 93.32 | 92.15 | 91.04 | 91.19 | 92.74 |
| Care Transition | 51.84 | 58.36 | 63.57 | 42.83 | 42.49 | 39.92 | 43.85 | 37.16 | 41.47 |
| Care Preferences | | | | 39.10 | 41.67 | 38.29 | 43.61 | 36.68 | 40.87 |
| Responsibilities | | | | 52.60 | 49.75 | 42.78 | 49.41 | 44.44 | 50.67 |
| Medications | | | | 54.77 | 54.05 | 56.70 | 56.53 | 52.56 | 55.08 |
| Overall Rating | 71.66 | 79.29 | 85.39 | 67.24 | 66.99 | 64.62 | 65.22 | 66.12 | 68.85 |
| Would Recommend | | | | 67.40 | 70.75 | 67.90 | 69.90 | 66.72 | 73.81 |
| Surveys | | | | 354 | 422 | 366 | 436 | 376 | 383 |


Created by Marin.Admin on 8/21/2023 at 12:33PM
This report has been produced by Professional Research Consultants and does not represent official HCAHPS results, which are published on the CMS Compare website for this program. These results are unofficial and are for internal quality improvement purposes only.

# 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** | **Final 2022** | **Q1 2023** | **Q2 2023** | **Q3 2023** | **Q4 2023** | |
|---|---|---|---|---|---|---|
| EBIDA $ (in thousands) | 26,425 | 12,655 | 24,530 | | | |
| EBIDA % | 4.90% | 8.90% | 8.5% | | | |
| **Loan Ratios** | | | | | | |
| Annual Debt Service Coverage | 3.16 | 2.59 | 3.17 | | | |
| Maximum Annual Debt Service Coverage | 2.35 | 2.22 | 2.72 | | | |
| Debt to Capitalization | 53.8% | 53.1% | 61.6% | | | |
| **Key Service Volumes** | **Total 2022** | **Q1 2023** | **Q2 2023** | **Q3 2023** | **Q4 2023** | **Total 2023** |
| Acute discharges | 9,578 | 2,578 | 2,593 | | | 5,171 |
| Acute patient days | 49,345 | 13,532 | 12,847 | | | 26,379 |
| Average length of stay | 5.23 | 5.25 | 5.10 | | | 5.175 |
| Emergency Department visits | 37,084 | 9,457 | 10,246 | | | 19,703 |
| Inpatient surgeries | 1,568 | 466 | 443 | | | 909 |
| Outpatient surgeries | 5,709 | 1,518 | 1,524 | | | 3,042 |
| Newborns | 1,407 | 323 | 330 | | | 653 |

# 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)

and

Centers for Medicare & Medicaid Services (CMS)
Hospital Compare (www.medicare.gov/care-compare/)

# EXECUTIVE SUMMARY
# Q2 2023 Quality Management Dashboard
# (Organization Targets Based on Natl Metrics)

**Time Period**

Q2 2023 most recent of four rolling quarters (far right)

**Accomplishments**

- Overall Readmissions 9.88, AMI Readmissions 3.51
- Stroke, Sepsis, Pneumonia Readmission rates below 2022 average
- LOS: Hrt Failure, Sepsis lower than previous qtrs.
- Sepsis (SEP) bundle compliance: 63%, significant improvement
- Infection rates: C-difficile, Deep Surgical Infection rate
- Injury due to HAPI (pressure-related skin injury), Falls - 0

**Areas for Improvement or Monitoring**

- All-cause mortality (0.92): monitoring
- Sepsis Mortality rate 1.17, higher than expected (29/115), monitoring
- Readmission rates: Hrt Failure, Sepsis
- Length of Stay (LOS): overall LOS, Hip, Stroke
- CLABSI, CAUTI Infection rates

**Data Summary**

- Benchmark: Midas Datavision™ benchmark reports for same size/type hospitals (n~400)
- Report contains: Mortality Observed to Expected Ratios, Readmission rates, Length of Stay means, and selected HAI (Healthcare Associated Infections) and Harm events.
- See core measures dashboard for specialty and process metrics.

**Barriers or Limitations**

APeX reports for concurrent review of care in process

**Next Steps:**

- 2023 PI projects; CAUTI, Sepsis, Throughput

**Quality Managment Dashboard**
**Period: Q1 2023**

**Legend**
Value > Target
Value> 2022 but< Target
Value < Target <2022

| Metrics: Adult Medical/Surgical High Volume DRGs | Reporting | Target* | 2022 | Q3 2022 | Q4 2022 | Q1 2023 | Q2 2023 |
|---|---|---|---|---|---|---|---|
| Mortality-All Cause (Risk Adjusted O:E) | O:E Ratio | <1.0 | 0.76 | 0.73 | 0.88 | 0.97 | 0.92 |
| Mortality-Acute Myocardial Infarction | O:E Ratio | | 0.00 | 0.00 | 0.00 | 0.48 | 0.52 |
| Mortality-Heart Failure | O:E Ratio | | 0.31 | 0.00 | 1.02 | 0.73 | 0.39 |
| Mortality- Hip | O:E Ratio | | 0.63 | 0.00 | 0.00 | 0.00 | 0.00 |
| Mortality- Knee | O:E Ratio | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Mortality- Stroke | O:E Ratio | | 1.03 | 1.07 | 1.61 | 1.81 | 1.50 |
| Mortality- Sepsis | O:E Ratio | | 0.79 | 0.60 | 0.95 | 0.87 | 1.17 |
| Mortality- Pneumonia | O:E Ratio | | 0.61 | 0.00 | 1.54 | 0.86 | 0.42 |
| | | | | | | | |
| Readmission- All (Rate) | Rate | <15.5% | 10.34 | 10.95 | 8.98 | 9.40 | 9.88 |
| Readmission-Acute Myocardial Infarction | Rate | | 10.94 | 10.87 | 14.89 | 3.51 | 6.52 |
| Readmission-Heart Failure | Rate | | 15.23 | 16.94 | 18.18 | 17.76 | 14.44 |
| Readmission- Hip | Rate | | 6.06 | 0.00 | 0.00 | 0.00 | 0.00 |
| Readmission- Knee | Rate | | 0.00 | 0.00 | 0.00 | 8.33 | 0.00 |
| Readmission- Stroke | Rate | | 10.24 | 9.09 | 0.00 | 3.45 | 0.00 |
| Readmission- Sepsis | Rate | | 16.91 | 18.47 | 10.89 | 5.00 | 14.29 |
| Readmission- Pneumonia | Rate | | 11.76 | 13.95 | 9.52 | 7.78 | 5.41 |
| | | | | | | | |
| LOS-All Cause | Mean | 4.90 | 4.90 | 4.91 | 4.98 | 5.00 | 4.93 |
| LOS-Acute Myocardial Infarction | Mean | | 4.90 | 4.58 | 6.43 | 4.15 | 4.55 |
| LOS-Heart Failure | Mean | | 5.70 | 5.44 | 5.92 | 4.20 | 5.03 |
| LOS- Hip | Mean | | 3.30 | 2.86 | 3.60 | 4.20 | 5.13 |
| LOS- Knee | Mean | | 2.30 | 1.33 | 2.31 | 2.40 | 2.60 |
| LOS- Stroke | Mean | | 4.53 | 4.38 | 4.84 | 5.60 | 6.03 |
| LOS- SEPSIS | Mean | | 11.16 | 11.20 | 10.99 | 9.82 | 9.59 |
| LOS- Pneumonia | Mean | | 6.40 | 6.60 | 6.51 | 7.40 | 6.08 |

| Metrics: HAIs, Sepsis, Harm Events | Reporting | Target** | 2022 | Q32022 | Q4 2022 | Q1 2023 | Q2 2023 |
|---|---|---|---|---|---|---|---|
| CAUTI (SIR) | SIR | <1.0 | 1.21 | 0.73 | 2.43 | 0.00 | 1.47 |
| Hospital Acquired C-Diff (CDI) | SIR | <1.0 | 0.5 | 0.29 | 0.90 | 0.44 | 0.00 |
| Surgical Site Infection (Superficial) | # Infections | TBD | 7 | 3 | 1 | 2 | 3 |
| Surgical Site Infection (Deep, Organ Space and Joint) | # Infections | TBD | 7 | 1 | 2 | 3 | 0 |
| Sepsis Bundle Compliance | % Compliance | 63%^ | 54% | 48% | 57% | 46% | 63% |
| Hospital Acquired Pressure Injury (HAPI) | # HAPI | <=1 | 1 | 0 | 0 | 0 | 0 |
| Patient Falls with Injury | # Falls | <=1 | 1 | 0 | 0 | 1 | 0 |
| PSI 90 / Healthcare Acquired Conditions | Ratio | <1.0 | 1.39 | 1.58 | 1.38 | 0.58 | 0.38 |
| Serious Safety Events | # Events | <=1 | 0 | 0 | 0 | 1 | 0 |

* Targets are <1.0 for ratios or Midas Datavision Median

** Target <1.0 SIR (Ratio) or Number needed to achieve Natl Benchmark Ratio/Rate

^ Target = California Median rate

| Quick Reference Guide | |
|---|---|
| Mortality | Death rates show how often patients die, for any reason, within 30 days of |
| Readmissions | Anyone readmitted within 30 days of discharge (except for elective |
| Length of Stay(LOS) | The average number of days that patients spend in hospital |
| CAUTI (SIR) | Catheter Associated Urinary Tract Infection |
| Hospital Acquired C-Diff (CDI) | Clostridium difficile (bacteria) positive test ≥ 4 days after admission |
| Surgical Site Infections | A surgical site infection is an infection that occurs after surgery in the part of the |
| Sepsis Bundle Compliance | Compliance with a group of best-practice required measures to prevent sepsis |
| Hospital Aquired Pressure Injury | Stage III or IV pressure ulcers (not present on admission) in patients hospitalized 4 |
| Patient Falls with Injury | A fall that resulted in harm that required intervention by medical staff (and |
| PSI 90 / Healthcare Aquired Conditions | PSI = Patient Safety Indicators. # of patients with avoidable Pressure Ulcer, Iatrogenic Pneumothorax, Hospital Fall,w/ Hip Fracture, Periop Hemorrahage or Hematoma, Post-op Acute Kidney Injury, Post-op Respiratory Failure, Periop |
| MRSA Blood Stream Infections | A positive test for a bacteria blood stream infection ≥ 4 days after admission |
| Patient Falls with Injury | A fall that resulted in harm that required intervention by medical staff (and reportable to CMS) |
| Serious Safety Events (patients) | A gap in care that reached the patient, causing a significant level of harm |
| **Other Abbreviations** | |

# EXECUTIVE SUMMARY
# Q2 2023 Core Measures Dashboard
# CMS Hospital IQR (Inpatient Quality Reporting) Program

**Time Period**

Q2 2023- publicly reported metrics (contributing to Star Rating)

**Accomplishments**

- STK-4 Thrombolytic Therapy: 100% (5/5)
- Sepsis bundle (SEP) 63% (72/115)
- Perinatal measures: complications are low, breastfeeding higher than avg
- Psychiatric Measures (HBIPS): at or better than CMS target
- C-difficile, MRSA Infections: better than expected rate
- PSI-90 complications rate better than expected rate

**Areas for Improvement or Monitoring**

- ED admit Decision Time 115.00 minutes - Improving
- 2022 HBIPS: Tobacco Use education documentation (12 or fewer patients)
- HBIPS Transition Records: pending APeX modification
- CLABSI, CAUTI SIR higher than expected
- Outpatient CT scan Abdomen rate 7 %

**Data Summary**

- Pg. 1 contains 2022 data by quarter with YTD sizes
- Pg. 2-4 publicly reported data published by CMS (dates vary by measure)

**Barriers or Limitations**

**Next Steps:**

2023 PI projects in process

**MarinHealth Medical Center**
**CLINICAL QUALITY METRICS DASHBOARD**
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** | 2022 | Q1 -2023 | Q2 -2023 | Q3 -2023 | Q4-2023 | Q2-2023 Num/Den | Rolling 2023 YTD | 2023 YTD Num/Den |
|---|---|---|---|---|---|---|---|---|---|---|
| | **◆ Stroke Measures** | | | | | | | | | |
| STK-4 | Thrombolytic Therapy | 100% | 88% | 100% | 100% | | | 5/5 | 100% | 8/8 |
| | **◆ Sepsis Measure** | | | | | | | | | |
| SEP-01 | Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) | 58% | 53% | **46%** | 63% | | | 72/115 | **56%** | 104/185 |
| | ◆ Perinatal Care Measure | | | | | | | | | |
| PC-01 | Elective Delivery + | 2% | 2% | 0% | 0% | | | 0/8 | 0% | 0/21 |
| PC-02 | Cesarean Section + | TJC | 21% | 16% | 16% | | | 20/126 | 16% | 41/256 |
| PC-05 | Exclusive Breast Milk Feeding | TJC | 80% | 81% | 72% | | | 53/74 | 76% | 108/142 |
| | **◆ ED Inpatient Measures** | | | | | | | | | |
| ED-2 | Admit Decision Time to ED Departure Time for Admitted Patients + | 99 | 147.00 | **132.00** | **115.00** | | | 212--Cases | **118.00** | 403--Cases |
| | **♦ Psychiatric (HBIPS) Measures** | | | | | | | | | |
| IPF-HBIPS- 1 | Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed | TJC | 96% | 100% | 99% | | | 104/105 | 100% | 205/206 |
| IPF-HBIPS-2 | Hours of Physical Restraint Use + | 0.12 | 0.15 | 0.00 | 0.00 | | | 0.00 | 0.15 | N/A |
| IPF-HBIPS-3 | Hours of Seclusion Use + | 0.02 | 0.11 | 0.0230 | 0.0140 | | | 0.02 | 0.11 | N/A |
| IPF-HBIPS-5 | Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification | 77% | 77% | 100% | 90% | | | 18/20 | 92% | 24/26 |
| | **◆ Substance Use Measures** | | | | | | | | | |
| SUB-2 | 2-Alcohol Use Brief Intervention Provided or offered | 65% | 63% | 100% | 100% | | | 11/11 | 100% | 21/21 |
| SUB-2a | Alcohol Use Brief Intervention | 76% | 50% | 100% | 100% | | | 11/11 | 100% | 21/21 |
| | **◆ Tobacco Use Measures** | | | | | | | | | |
| TOB-2 | 2-Tobacco Use Treatment Provided or Offered | 72% | 71% | 77% | **71%** | | | 5/7 | 75% | 15/20 |
| TOB-2a | 2a-Tobacco Use Treatment | 42% | 67% | **33%** | 83% | | | 5/6 | **50%** | 9/18 |
| TOB-3 | 3-Tobacco Use Treatment Provided or Offered at Discharge | 57% | 25% | **50%** | **40%** | | | 2/5 | **45%** | 5/11 |
| TOB-3a | 3a-Tobacco Use Treatment at Discharge | 18% | 25% | 33% | 40% | | | 2/5 | 36% | 4/11 |
| | METRIC | CMS** | 2022 | Q1 -2023 | Q2 -2023 | Q3 -2023 | Q4-2023 | Q2-2023 Num/Den | Rolling 2023 YTD | Rolling Num/Den |
| | **♦ Transition Record Measures** | | | | | | | | | |
| TRSE | Transition Record with Specified Elements Received by Discharged Patients | 67% | 55% | **0%** | **2%** | | | 3/124 | **1%** | 3/242 |
| | **♦ Metabolic Disorders Measure** | | | | | | | | | |
| SMD | Screening for Metabolic Disorders | Benchmark To Be Established | 89% | 90% | 87% | | | 77/89 | 88% | 147/167 |
| | METRIC | CMS** | | 2018 | 2019 | 2020 | 2021 | | 2022 | Rolling Num/Den |
| IPF-IMM-2 | Influenza Immunization | 77% | | **98%** | **90%** | **92%** | **96%** | | **96%** | 228/239 |

## Hospital Outpatient Quality Reporting Program Measures

| | METRIC | CMS** | 2022 | Q1 -2023 | Q2 -2023 | Q3 -2023 | Q4-2023 | Q2 2023 Num/Den | Rolling 2023 YTD | 2023 YTD Num/Den |
|---|---|---|---|---|---|---|---|---|---|---|
| | **♦ ED Outpatient Measures** | | | | | | | | | |
| OP-18b | Average (median) time patients spent in the emergency department before leaving from the visit | 171.00 | **178.00** | **173.00** | **192.00** | | | 93--Cases | **187.50** | 186--Cases |
| | **♦ Outpatient Stroke Measure** | | | | | | | | | |
| OP-23 | Head CT/MRI Results for STK Pts w/in 45 Min of Arrival | 69% | 86% | 80% | 100% | | | 5/5 | 90% | 9/10 |
| | **♦ Endoscopy Measures** | | | | | | | | | |
| OP-29 | Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients | 91% | **85%** | 100% | 95% | | | 40/42 | 97% | 75/77 |

****CMS National Average + Lower Number is better**

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## ♦ Healthcare Personnel Influenza Vaccination

| | METRIC | CMS National Average | Oct 2017 - Mar 2018 | Oct 2018 - Mar 2019 | Oct 2020 - Mar 2021 | Oct 2021 - Mar 2022 |
|---|---|---|---|---|---|---|
| | COVID Healthcare Personnel Vaccination | 88% | | | | 96% |
| IMM-3 | Healthcare Personnel Influenza Vaccination | 80% | 89% | 97% | 94% | 96% |

## ♦ Surgical Site Infection +

| | METRIC | National Standardized Infection Ratio (SIR) | Oct 2020 - Sep 2021 | Jan 2021 - Dec 2022 | Apr 2021 - Mar 2022 | July 2021 - June 2022 |
|---|---|---|---|---|---|---|
| HAI-SSI-Colon | Surgical Site Infection - Colon Surgery | 1 | not published** | 0.00 | 0.00 | 0.00 |
| 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) | Oct 2020 - Sep 2021 | Jan 2021 - Dec 2021 | April 2021 - Mar 2022 | July 2021 - June 2022 |
|---|---|---|---|---|---|---|
| HAI-CLABSI | Central Line Associated Blood Stream Infection (CLABSI) | 1 | 0.82 | 0.26 | 0.00 | 0.00 |
| HAI-CAUTI | Catheter Associated Urinary Tract Infection (CAUTI) | 1 | 0.67 | 0.44 | 0.88 | 0.64 |

| | METRIC | 2022 | Q1 2023 | Q2 2023 | Q3 2023 | Q4 2023 |
|---|---|---|---|---|---|---|
| | Central Line Associated Blood Stream Infection (CLABSI) | 0 | 0.00 | **1.70** | | |
| | Catheter Associated Urinary Tract Infection (CAUTI) | 1.21 | 0.00 | **1.48** | | |

## ♦ Healthcare Associated Infections +

| | METRIC | National Standardized Infection Ratio (SIR) | Oct 2020 - Sep 2021 | Jan 2021 - Dec 2021 | Apr 2021 - Mar 2022 | July 2021 - June 2022 |
|---|---|---|---|---|---|---|
| HAI-C-Diff | Clostridium Difficile | 1 | 0.33 | 0.21 | 0.12 | 0.26 |
| HAI-MRSA | Methicillin Resistant Staph Aureus Bacteremia | 1 | 0.62 | 0.00 | 0.00 | 0.00 |

| | METRIC | 2022 | Q1 2023 | Q2 2023 | Q3 2023 | Q4 2023 |
|---|---|---|---|---|---|---|
| HAI-C-Diff | Clostridium Difficile (Rate per 10000) | 0.5 | 0.08 | 0.00 | | |
| HAI-MRSA | Methicillin Resistant Staph Aureus Bacteremia (Rate per | 0.00 | 0.00 | 0.00 | | |

## ♦ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators) +

| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | July 2016 - June 2018 | July 2017 - June 2019 | July 2018 - Dec 2019 | July 2019 - June 2021 |
|---|---|---|---|---|---|---|
| PSI-90 (Composite) | Complication / Patient Safety Indicators PSI 90 (Composite) | 1 | No different than the National Rate | No different than the National Rate | No different than the National Rate | No different than the National Rate |

| | METRIC | | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|---|
| PSI-90 (Composite) | Complication / Patient safety Indicators PSI 90 (Composite) | | 0.60 | 1.96 | 1.38 | 0.76 |
| PSI-3 | Pressure Ulcer | | 0.00 | 0.22 | 0.79 | 0.00 |
| PSI-6 | Iatrogenic Pneumothorax | | 0.18 | 0.62 | 0.00 | 0.00 |
| PSI-8 | Inhospital Fall with Hip Fracture | | 0.00 | 0.29 | 0.13 | 0.21 |
| PSI-9 | Perioperative Hemorrhage or Hematoma | | 2.19 | 2.67 | 2.08 | 2.55 |
| PSI-10 | Postop Acute Kidney Injury Requiring Dialysis | | 1.59 | 0.00 | 0.00 | 0.00 |
| PSI-11 | Postoperative Respiratory Failure | | 2.07 | 6.11 | 1.88 | 5.90 |
| PSI-12 | Peri Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) | | 2.13 | 8.74 | 6.59 | 3.53 |
| PSI-13 | Postoperative Sepsis | | 6.39 | 4.64 | 3.93 | 0.00 |
| PSI-14 | Post operative Wound Dehiscence | | 0.00 | 2.02 | 0.00 | 0.00 |
| PSI-15 | Unrecognized Abdominopelvic Accidental Laceration/Puncture Rate | | 0.00 | 0.00 | 0.00 | 0.00 |

| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | July 2016 - June 2018 | July 2017 - June 2019 | July 2018 - Dec 2019 | July 2019 June 2021 |
|---|---|---|---|---|---|---|
| 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 | not published** |

## ♦ Surgical Complications +

| | | Centers for Medicare & Medicaid Services (CMS) National Average | April 2015 - March 2018 | April 2016 - March 2019 | April 2017 - Oct 2019 | April 2018 - March 2021 |
|---|---|---|---|---|---|---|
| Surgical Complication | Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty + | 2.4% | **2.7%** | **3.0%** | **2.6%** | **2.5%** |

***** National Average + Lower Number is better**

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## ♦ Mortality Measures - 30 Day +

| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | July 2015 - June 2018 | July 2016 - June 2019 | July 2017 - Dec 2019 | July 2019 - June 2021 |
|---|---|---|---|---|---|---|
| MORT-30-AMI | Acute Myocardial Infarction Mortality Rate | 8.4% | 12.50% | 10.90% | 10.70% | **10.00%** |
| MORT-30-HF | Heart Failure Mortality Rate | 12.4% | 9.70% | 8.00% | 8.60% | 10.30% |
| MORT-30-PN | Pneumonia Mortality Rate | 15.4% | 15.30% | 14.20% | 13.90% | not published** |
| MORT-30-COPD | COPD Mortality Rate | 8.40% | **8.80%** | **9.20%** | **8.60%** | **10.00%** |
| MORT-30-STK | Stroke Mortality Rate | 13.60% | 13.70% | 13.60% | 13.40% | 13.50% |
| CABG MORT-30 | CABG 30-day Mortality Rate | 2.90% | **3.40%** | 3.00% | 2.50% | **3.00%** |

## ♦ Mortality Measures - 30 Day (Medicare Only - Midas DataVision) +

| | METRIC | | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|---|
| MORT-30-AMI | Acute Myocardial Infarction Mortality Rate | | 4.99% | 6.06% | 3.39% | 3.45% |
| MORT-30-HF | Heart Failure Mortality Rate | | 5.88% | 7.90% | 1.20% | 2.94% |
| MORT-30-PN | Pneumonia Mortality Rate | | 7.10% | 8.42% | 7.09% | 5.88% |
| MORT-30-COPD | COPD Mortality Rate | | 2.38% | 0.00% | 7.14% | 0.00% |
| MORT-30-STK | Stroke Mortality Rate | | 4.95% | 4.76% | 4.90% | 2.56% |
| CABG MORT-30 | CABG Mortality Rate | | 0.00% | 0.00% | 0.00% | 0.00% |

## ♦ Acute Care Readmissions - 30 Day Risk Standardized +

| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | July 2015 - June 2018 | July 2016 - June 2019 | July 2017 - Dec 2019 | July 2018 - June 2021 |
|---|---|---|---|---|---|---|
| READM-30-AMI | Acute Myocardial Infarction Readmission Rate | 15.0% | 14.09% | **16.30%** | 15.50% | 14.70% |
| READM-30-HF | Heart Failure Readmission Rate | 21.3% | 20.80% | 21.60% | 21.20% | 19.50% |
| READM-30-PN | Pneumonia Readmission Rate | 16.6% | 15.10% | 13.80% | 14.50% | not published** |
| READM-30-COPD | COPD Readmission Rate | 19.80% | 19.20% | 19.60% | 19.30% | 19.50% |
| READM-30-THA/TKA | Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate | 4.10% | 3.90% | **4.40%** | **4.20%** | **4.90%** |
| READM-30-CABG | Coronary Artery Bypass Graft Surgery (CABG) | 11.90% | **13.80%** | 11.70% | 12.20% | 11.60% |
| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | July 2017 - June 2018 | July 2018- June 2019 | July 2019- Dec 2019 | July 2018- June 2021 |
| HWR Readmission | Hospital-Wide All-Cause Unplanned Readmission (HWR) + | 15.0% | 14.7% | 13.7% | 14.9% | 14.0% |

## ♦ Acute Care Readmissions 30 Day (Medicare Only - Midas DataVision) +

| | METRIC | | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|---|
| | Hospital-Wide All-Cause Unplanned Readmission | | 10.95% | 9.59% | 9.89% | 9.17% |
| | Acute Myocardial Infarction Readmission Rate | | 11.24% | 11.27% | 8.75% | 2.44% |
| | Heart Failure Readmission Rate | | 16.67% | 12.04% | 11.36% | 11.43% |
| | Pneumonia (PN) 30 Day Readmission Rate | | 14.94% | 5.68% | 11.94% | 6.82% |
| | Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate | | 11.11% | 13.04% | 9.68% | 13.04% |
| | Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate | | 10.42% | 2.50% | 0.00% | 0.00% |
| | 30-day Risk Standardized Readmission following Coronary Artery Bypass Graft | | 0.00% | 6.67% | 14.29% | 0.00% |

## ♦ Cost Efficiency +

| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | Jan 2018 - Dec 2018 | Jan 2019 - Dec 2019 | Jan 2020 - Dec 2020 | Jan 2021 - Dec 2021 |
|---|---|---|---|---|---|---|
| MSPB-1 | Medicare Spending Per Beneficiary (All) | 0.99 | 0.97 | 0.97 | 0.98 | 0.98 |
| | | | July 2015- June 2018 | July 2016- June 2019 | July 2017- Dec 2019 | July 2018- June 2021 |
| MSPB-AMI | Acute Myocardial Infarction (AMI) Payment Per Episode of Care | $26,800 | $23,374 | **$27,327** | **$28,746** | **$27,962** |
| MSPB-HF | Heart Failure (HF) Payment Per Episode of Care | $18,280 | **$16,981** | $17,614 | $18,180 | $17,734 |
| MSPB-PN | Pneumonia (PN) Payment Per Episode of Care | $20,793 | **$17,316** | $17,717 | $17,517 | $18,236 |
| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | April 2014 - March 2017 | April 2015 - March 2018 | April 2017 - Oct 2019 | April 2018 - Mar 2021 |
| MSPB-Knee | Hip and Knee Replacement | $20,793 | $21,953 | $20,263 | $19,869 | $19,578 |

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## ♦ Outpatient Measures (Claims Data) +

| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | July 2017 - June 2018 | July 2018 - June 2019 | July 2019 - Dec 2019 | July 2020- June 2021 |
|---|---|---|---|---|---|---|
| OP-10 | Outpatient CT Scans of the Abdomen that were "Combination" (Double) Scans | 6.30% | 4.50% | 6.10% | 2.70% | **7.00%** |
| OP-13 | Outpatients who got Cardiac Imaging Stress Tests Before Low-Risk Outpatient Surgery | 3.90% | 3.20% | 3.20% | 3.70% | 3.00% |

| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | Jan 2015 - Dec 2015 | Jan 2016 - Dec 2016 | Jan 2018 - Dec 2018 | Jan 2020 Dec 2020 |
|---|---|---|---|---|---|---|
| OP-22 | Patient Left Emergency Department before Being Seen | 3.00% | 1.00% | 1.00% | 2.00% | 3.00% |

**+ Lower Number is better**

# 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.

| Cash & In-Kind Donations (These figures are not final and are subject to change) | | | | | |
|---|---|---|---|---|---|
| | **Q1 2023** | **Q2 2023** | **Q3 2023** | **Q4 2023** | **Total 2023** |
| Buckelew | 26,250 | 0 | | | 26,250 |
| Ceres Community Project | 10,500 | 0 | | | 10,500 |
| Community Action Marin | 10,500 | 0 | | | 10,500 |
| Community Institute for Psychotherapy | 21,000 | 0 | | | 21,000 |
| Homeward Bound | 157,500 | 0 | | | 157,500 |
| Huckleberry Youth Programs | 10,500 | 0 | | | 10,500 |
| Jewish Family and Children's Services | 10,500 | 0 | | | 10,500 |
| Kids Cooking for Life | 5,250 | 0 | | | 5,250 |
| Marin Center for Independent Living | 26,250 | 0 | | | 26,250 |
| Marin Community Clinics | 63,000 | 0 | | | 63,000 |
| MHD 1206B Clinics | 7,484,108 | 6,475,164 | | | 13,959,272 |
| NAMI Marin | 10,500 | 0 | | | 10,500 |
| North Marin Community Services | 10,500 | 0 | | | 10,500 |
| Operation Access | 10,500 | 0 | | | 10,500 |
| Ritter Center | 26,250 | 0 | | | 26,250 |
| RotaCare Free Clinic | 15,750 | 0 | | | 15,750 |
| San Geronimo Valley Community Center | 10,500 | 0 | | | 10,500 |
| Spahr Center | 10,500 | 0 | | | 10,500 |
| St. Vincent de Paul Society of Marin | 5,250 | 0 | | | 5,250 |
| West Marin Senior Services | 10,500 | 0 | | | 10,500 |
| **Total Cash Donations** | **7,935,608** | **6,475,164** | | | **14,410,772** |
| Compassionate discharge medications | 14,182 | 14,947 | | | 29,129 |
| Meeting room use by community-based organizations for community-health related purposes | 0 | 0 | | | 0 |
| Healthy Marin Partnership | 1,916 | 0 | | | 1,916 |
| Food donations | 19,349 | 20,506 | | | 39,855 |
| **Total In Kind Donations** | **35,447** | **35,453** | | | **70,900** |
| **Total Cash & In-Kind Donations** | **7,971,055** | **6,510,617** | | | **14,481,672** |

**Schedule 4, continued**

## Community Benefit Summary

(These figures are not final and are subject to change)

| | Q1 2023 | Q2 2023 | Q3 2023 | Q4 2023 | Total 2023 |
|---|---|---|---|---|---|
| Community Health Improvement Services | 19,545 | 26,551 | | | 46,096 |
| Health Professions Education | 777,808 | 531,310 | | | 1,309,118 |
| Cash and In-Kind Contributions | 7,971,055 | 6,510,617 | | | 14,481,672 |
| Community Benefit Operations | 2,234 | 0 | | | 2,234 |
| Community Building Activities | 0 | 0 | | | 0 |
| Traditional Charity Care<br>*Operation Access total is included | 5,814 | 182,223 | | | 188,037 |
| Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs) | 11,153,588 | 11,662,761 | | | 22,816,349 |
| **Community Benefit Subtotal** (amount reported annually to State & IRS) | **19,930,044** | **18,913,462** | | | **38,843,506** |
| Unpaid Cost of Medicare | 23,481,601 | 23,642,242 | | | 47,123,843 |
| Bad Debt | 199,831 | 358,419 | | | 558,250 |
| **Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total** | **43,611,476** | **42,914,123** | | | **86,525,599** |

## Operation Access

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.

| | Q1 2022 | Q2 2022 | Q3 2022 | Q4 2022 | Total 2022 |
|---|---|---|---|---|---|
| *Operation Access charity care provided by MGH (waived hospital charges) | (116,208) | (160,409) | | | (276,617) |
| Costs included in Charity Care | 5,814 | 183,223 | | | 189,037 |

# Schedule 5: Nursing Turnover, Vacancies, Net Changes

- **Tier 2, Physicians and Employees**
  The MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.

| Turnover Rate | | | | |
|---|---|---|---|---|
| Period | Number of Clinical RNs | Separated | | Rate |
| | | Voluntary | Involuntary | |
| Q2 2022 | 564 | 22 | 1 | 4.08% |
| Q3 2022 | 569 | 26 | 4 | 5.27% |
| Q4 2022 | 583 | 33 | 3 | 6.17% |
| Q1 2023 | 595 | 18 | 4 | 3.70% |
| **Q2 2023** | **618** | **29** | **1** | **4.85%** |

| 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 |
| Q2 2022 | 24 | 75 | 564 | 663 | 14.93% | 11.31% | 3.62% |
| Q3 2022 | 9 | 79 | 569 | 657 | 13.39% | 12.02% | 1.37% |
| Q4 2022 | 7 | 55 | 583 | 645 | 9.61% | 8.53% | 1.09% |
| Q1 2023 | 14 | 53 | 595 | 662 | 10.12% | 8.01% | 2.11% |
| **Q2 2023** | **6** | **54** | **618** | **678** | **8.85%** | **7.96%** | **0.88%** |

| Hired, Termed, Net Change | | | |
|---|---|---|---|
| Period | Hired | Termed | Net Change |
| Q2 2022 | 48 | 23 | 25 |
| Q3 2022 | 36 | 30 | 6 |
| Q4 2022 | 51 | 36 | 15 |
| Q1 2023 | 34 | 22 | 12 |
| **Q2 2023** | **53** | **30** | **23** |

# 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 |
|---|---|---|---|---|---|---|
| **Q2 2023** | Apr 12 | 01:52 | 0'37" | CATH | | |
| | Apr 18 | 21:16 | 0'27" | ED | 14 | 6 |
| | Apr 23 | 12:04 | 0'04" | CATH | | |
| | Apr 24 | 19:32 | 1'59" | ED | 16 | 19 |
| | Apr 24 | 21:32 | 1'21" | ED | 18 | 14 |
| | June 10 | 13:20 | 2'00" | ED | 16 | 1 |
| | June 19 | 00:47 | 2'00" | ED | 5 | 3 |
| | June 19 | 15:50 | 1'58" | ED | 10 | 7 |
| | June 20 | 16:10 | 2'00" | ED | 15 | 3 |