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Marin General Hospital
Performance Metrics and Core Services Report
4th Quarter 2011

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Tier 1 Performance Metrics

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

		Due Date	Status	Notes
(A) Quality, Safety and Compliance	1. The Board must maintain MGH's Joint Commission accreditation, or if deficiencies are found, correct them within six months.	Quarterly report	In Compliance	Joint Commission granted MGH an "Accredited" decision with an effective date of 8/19/2010 for a duration of 36 months.
	2. The Board must maintain MGH's Medicare certification for quality of care and reimbursement eligibility.	Quarterly report	In Compliance	MGH maintains its Medicare Certification and has plans in place to ensure reimbursement for quality of care.
	3. The Board must maintain MGH's California Department of Public Health Acute Care License	Quarterly report	In Compliance	MGH maintains its license with the State of California.
	4. The Board must maintain MGH's plan for compliance with SB 1953.	Quarterly report	In Compliance	MGH remains in compliance with SB1953.
	5. The Board must report on all Tier 2 Metrics at least annually.	Annual Report	In Compliance	4Q 2011 (Annual Report) to MGH Board on 4/3/12 & to MHD Board on 4/10/12
	6. The Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annual Report	In Compliance	The annual <i>MGH Performance Improvement Plan for 2012</i> was approved by the MGH Board on 3/3/12.
	7. The Board must include quality improvement metrics as part of the CEO and Senior Executive Bonus Structure for MGH.	Annual Report	In Compliance	CEO and Senior Executive Bonus Structure includes quality improvement metrics.
(B) Patient Satisfaction and Services	The Board will report on MGH's HCAHPS Results Quarterly.	Quarterly report	In Compliance	Schedule 1
(C) Community Commitment	1. In coordination with the General Member, the Board must publish the results of its biennial community survey to assess MGH's performance at meeting community health care needs.	Annual Report	In Compliance	Schedule 2
	2. The Board must provide community care benefits at a sufficient level to maintain MGH's non-profit tax exempt status.	Quarterly report	In Compliance	MGH continues to provide community care and has maintained its tax exempt status.
(D) Physicians and Employees	The Board must report on all Tier 1 "Physician and Employee" Metrics at least annually.	Annual Report	In Compliance	Schedules 3 & 4
(E) Volumes and Service Array	1. The Board must maintain MGH's Scope of Acute Care Services as reported to OSHPD.	Quarterly report	In Compliance	All services have been maintained.
	2. The 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 report	In Compliance	All services have been maintained.
(F) Finances	1. The 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 report	In Compliance	Schedule 5
	2. The Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly report	In Compliance	Schedule 5

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Tier 2 Performance Metrics

*In accordance with Tier 2 Performance Metrics requirements,
the General Member shall monitor and the Board shall provide necessary reports to the General Member on the following metrics:*

		Due Date	Status	Notes
(A) Quality, Safety and Compliance	The 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, CABS, preventive care programs).	Annual Report	In Compliance	Schedule 6
(B) Patient Satisfaction and Services	1. The 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 report	In Compliance	Schedule 1
	2. The Board will report external awards and recognition.	Annual Report	In Compliance	Schedule 7
(C) Community Commitment	1. The Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly report	In Compliance	Schedule 8
	2. The Board will report on MGH's Charity Care.	Quarterly report	In Compliance	Schedule 8
	3. The Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities.	Annual Report	In Compliance	Schedule 2
	4. The Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.	Annual Report	In Compliance	Schedule 2
	5. The Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annual Report	In Compliance	Schedule 9
(D) Physicians and Employees	1. The Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.	Annual Report	In Compliance	Schedule 10
	2. The Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annual Report	In Compliance	Schedules 3 & 4
	3. The Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.	Quarterly report	In Compliance	Schedule 11
(E) Volumes and Service Array	1. The Board will develop a strategic plan for MGH and review the plan and its performance with the General Member.	Annual Report	In Compliance	The MGH Strategic Plan was presented to and approved by the MHD Board on September 13, 2011.
	2. The Board will report on the status of MGH's market share and Management responses.	Annual Report	In Compliance	MGH's market share and management responses was presented to the MHD Board in Closed Session on January 10, 2012.
	3. The Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.	Quarterly report	In Compliance	Schedule 4
	4. The Board will report on current Emergency services diversion statistics.	Quarterly report	In Compliance	Schedule 12
(F) Finances	1. The Board will provide the audited financial statements.	Annual Report	In Compliance	The MGH 2011 Independent Audit will be completed in April 2012; will be available for review in District Office.
	2. The 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 report	In Compliance	Schedule 4
	3. The Board will provide copies of MGH's annual tax return (form 990) upon completion to General Member.	Annual Report	In Compliance	The MGH 2010 Form 990 was provided in October 2011.

Schedule 1: HCAHPS

(Hospital Consumer Assessment of Healthcare Providers & Systems)

➤ **Tier 1, Patient Satisfaction and Services**

The Board will report on MGH's HCAHPS Results Quarterly.

➤ **Tier 2, Patient Satisfaction and Services**

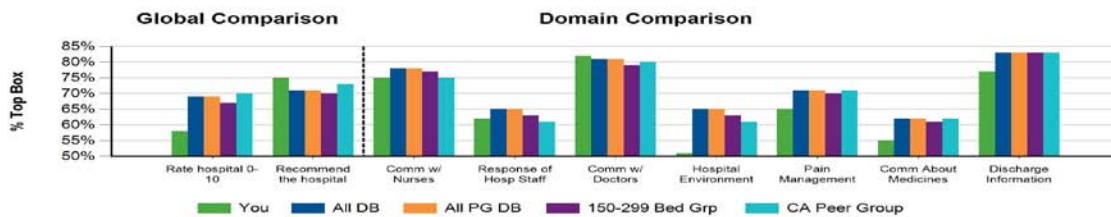
The Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.



Marin General Hospital

HCAHPS Summary Report

Surveys Returned: October 2011 - December 2011



Domains and Questions	n	Your Top Box Score			All DB N = 1719	All PG DB N = 1719	150-299 Bed Grp N = 391	CA Peer Group N = 103
		Previous % Jul-Sep	Current % Oct-Dec		Percentile Rank	Percentile Rank	Percentile Rank	Percentile Rank
Rate hospital 0-10	103	74%	58%	▼	12	12	13	13
Recommend the hospital	104	79%	75%	▼	63	63	68	52
Comm w/ Nurses	105	74%	75%	▲	25	25	27	41
Nurses treat with courtesy/respect	105	84%	80%	▼	15	15	14	31
Nurses listen carefully to you	105	71%	70%	▼	23	23	25	31
Nurses expl in way you understand	103	66%	74%	▲	46	46	48	59
Response of Hosp Staff	92	57%	62%	▲	36	36	39	58
Call button help soon as wanted it	88	49%	60%	▲	39	39	43	55
Help toileting soon as you wanted	54	64%	63%	▼	34	34	36	56
Comm w/ Doctors	105	81%	82%	▲	61	61	70	65
Doctors treat with courtesy/respect	104	91%	88%	▼	55	55	64	67
Doctors listen carefully to you	104	80%	83%	▲	73	73	83	78
Doctors expl in way you understand	104	73%	76%	▲	52	52	63	53
Hospital Environment	104	54%	51%	▼	3	3	4	10
Cleanliness of hospital environment	102	66%	60%	▼	4	4	2	7
Quietness of hospital environment	101	41%	43%	▲	6	6	10	14
Pain Management	83	70%	65%	▼	15	15	15	17
Pain well controlled	82	65%	60%	▼	26	26	24	17
Staff do everything help with pain	82	75%	71%	▼	11	11	11	14
Comm About Medicines	76	59%	55%	▼	11	11	14	13
Tell you what new medicine was for	76	68%	70%	▲	16	16	18	17
Staff describe medicine side effect	72	51%	40%	▼	10	10	14	10
Discharge Information	94	81%	77%	▼	12	12	11	9
Staff talk about help when you left	94	78%	76%	▼	20	20	17	26
Info re symptoms/prob to look for	92	84%	79%	▼	13	13	13	8

n = number of respondents
 Questions that are among this period's top ten priorities appear in bold italics.
[Click here to access the Summary Report Guide](#)
www.PressGaney.com | 800.232.8032



Schedule 2: Community Health & Education

➤ Tier 1, Community Commitment

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

➤ Tier 2, Community Commitment

The Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities.

Community Health Improvement Services			
Event	Description	Recipients	Presenter
Breast Forum	Community breast health event	General public	CIHW
Breast Surgery Education Class	Informative session on breast surgery	General public	Marin Cancer Institute
Cancer Institute Classes	Classes and events held by the Cancer Institute	General public	Marin Cancer Institute
Cancer Resource and Recovery Center	Service hours for library, financial resources, administrative assistance	General public	Marin Cancer Institute
Cancer Support Groups	Variety of support groups for cancer patients	General public	Marin Cancer Institute
CIHW Classes	Classes and events held by CIHW	General public	CIHW
Home is Where the Heart Care Is	Community heart forum event	General Public	Haynes Cardiovascular Institute
Don't Miss A Beat	Free community-wide hands-on non-certified CPR and AED training sessions	General public	MGH Emergency/Trauma Dept.
Healthy Marin Partnership	Community collaborative program to improve the health and well-being of Marin citizens	General public	Marin General Hospital
Horses as Healers	Community program for cancer patients	General public	Marin Cancer Institute
Indigent Funded Services for Behavioral Health	Lunches and rides for Behavioral Health patients	General public	Behavioral Health
Indigent Funded Services for Case Management	Bus and taxi fare provided free of charge	Patients who need a ride home from the hospital	Case Management
Low Cost Mammo Day	Low cost mammograms for under and uninsured women	General public	Breast Center
Lymphedema Awareness Class	Community class	General public	PT
Marin County Senior Fair	Community Event Attendance	General public; senior population	Community Relations
Medical Library	Medical Library assistance for the community	General public	Marin General Hospital

Schedule 2: Community Health & Education (continued)

Community Health Improvement Services			
Event	Description	Recipients	Presenter
Nutrition Counseling	Free nutrition counseling to community	General public	Nutrition Department
Prostate Cancer Screening	Community screening	General public; male	Marin Cancer Institute/Community Relations
Shuttle Program	Free shuttle for Senior Partial Adult Day Care Program	Program members needing a ride	Behavioral Health/Security
Skin Cancer Screening	Community screening	General public	Marin Cancer Institute/Community Relations
WIC Classes	Women, Infant and Children Classes	General public	WIC

Health Professions Education			
Event	Description	Recipients	Presenter
Case Management Student Nurses	Training time spent with student nurses	Student nurses	Case management nurses
Chaplain Resident Program	Training time spent with chaplain residents	Chaplain residents	Chaplaincy Program
Continuing Medical Education (CME) Programs	Educational programs for physicians	Physicians and nurse practitioners	MGH Medical Staff Dept.
Marin Child Health & Disabilities Prevention Program	Training to nurses to do hearing testing in schools	Nurses and young students	Hearing and Speech Pathology
Preceptorship for Intern - Nutrition	Training time spent with nutrition intern	Students	Nutrition Department
Student placement	Organizing and placing students in the hospital for training	Students	Education
Trauma Nurse Core Course (TNCC)	Class instruction for trauma nursing education	Health care workers	MGH Emergency/Trauma Dept.
Trauma: The Marin Series	Three-hour education class series	Paramedics, EMTs, fire and rescue staff, RNs, emergency technicians, physicians	MGH Emergency/Trauma Dept.

Community Building (financials do not count toward Community Benefit totals)			
Event	Description	Recipients	Presenter
San Rafael Chamber of Commerce	Membership	Community	Marin General Hospital
Workforce Investment Board	Membership	Community	Marin General Hospital
Marin Economic Forum	Membership	Community	Marin General Hospital

Schedule 3: Physician Satisfaction

➤ Tier 1, Physicians and Employees

The Board must report on all Tier 1 Physician and Employee Metrics at least annually.

➤ Tier 2, Physicians and Employees

The Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.

Overall Performance

Your Overall Performance consists of the Overall Partnership Score, the Overall Satisfaction Score, and the Overall Engagement Score. The tables below include: the number of respondents (n), your current level of performance (Mean Score), the comparison of your current level of performance with the National All Facility database (National Rank), and two additional comparison groups (Peer Group Rank 1 & 2). The table also includes the National 90th Mean which is the mean score of the facilities at 90th percentile in the National All Facility database. To ensure confidentiality, scores are not provided when there are less than three respondents (n<3). Statistically significant changes in Mean Score from the previous report period are marked with asterisks.

Overall Partnership Scores

Your Overall Partnership Score is a combination of your physicians' Overall Satisfaction and Overall Engagement scores.

Period	n	Mean Score	National Rank	Peer Group Rank ₁	Peer Group Rank ₂	National 90th Mean
December 2011	157	76.7 ▲	48th ▲	52nd	69th	83.7
December 2010	140	75.2 ▲	41st ▲	42nd	68th	83.0
November 2009	77	73.0 ▼	40th ▼	42nd	45th	80.3

Overall Satisfaction Scores

This score summarizes responses to questions that drive physician satisfaction.

Period	n	Mean Score	National Rank	Peer Group Rank ₁	Peer Group Rank ₂	National 90th Mean
December 2011	157	77.6 ▲	46th ▲	51st	58th	84.5
December 2010	140	76.1 ▲	40th ▼	41st	66th	83.9
November 2009	77	75.5 ▼	43rd ▼	44th	67th	81.8

Overall Engagement Scores

This score summarizes responses to questions that drive physician engagement.

Period	n	Mean Score	National Rank	Peer Group Rank ₁	Peer Group Rank ₂	National 90th Mean
December 2011	157	75.3 ▲	48th ▲	49th	75th	83.6
December 2010	139	73.8 ▲	43rd ▲	44th	66th	82.6
November 2009	77	69.2 ▼	33rd ▼	38th	43rd	80.1

n = the number of physicians that responded to at least one standard question

1 Your peer group is Licensed Beds 150-209

2 Your peer group is AHA Region 8

December 2011

Marin General Hospital

Schedule 4: Employee Satisfaction

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

Overall Performance

Your Overall Performance is displayed as an Overall Partnership Score, an Overall Satisfaction Score, and an Overall Engagement Score. Use these scores as high-level summaries of the current status of your Employee Partnership. The data provided below for each standard question on the survey includes: the number of respondents (n), your current level of performance (Mean Score), the amount of change in performance from your last survey (Mean Change), the percentage of each question's ratings that were marked "Strongly Agree" and "Agree" (% Favorable), how your current level of performance compares with the National All Facility Database (National Rank), and how it compares with your Comparison Groups (Peer Rank). The table also includes the mean score that represents the 90th percentile in the National All Facility Database.

Overall Partnership Scores

This is your Overall Partnership Score, a combination of employees' Overall Satisfaction and Overall Engagement. It is the highest-level "picture" of your workforce, including overall mean score as well as comparative data.

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank ₁	Peer Group Rank ₂	National 90th Mean
February 2012	954	65.6 ** ▼	73.9%	8th ▼	4th	11th	79.4
October 2010	856	68.7	78.6%	31st	40th	53rd	78.3

Overall Satisfaction Scores

This is your Overall Satisfaction Score. This score summarizes responses to questions that drive employee satisfaction—their baseline needs.

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank ₁	Peer Group Rank ₂	National 90th Mean
February 2012	952	61.4 ** ▼	66.7%	7th ▼	4th	12th	76.9
October 2010	855	64.6	72.4%	30th	38th	54th	75.5

Overall Engagement Scores

This is your Overall Engagement Score. This score summarizes responses to questions that drive employee engagement—what they give back.

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank ₁	Peer Group Rank ₂	National 90th Mean
February 2012	954	71.2 ** ▼	81.5%	8th ▼	4th	5th	82.9
October 2010	856	74.1	85.1%	33rd	40th	50th	82.2

**This mean score is significantly different from the previous mean score at the p < .01 level.

¹ Your peer group is FTE's 1001-2000

² Your peer group is California

February 2012

Marin General Hospital

Schedule 5: Finances

➤ Tier 1, Finances

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

Financial	12/31/11 YTD
*EBIDA \$	\$6,056
EBIDA %	2.10%

Loan Ratios	12/31/11 YTD
Current Ratio	1.89
*Debt to Capital Ratio	49%
*Debt Service Coverage Ratio	3.15
*Debt to EBIDA %	1.98

Key Service Volumes	12/31/11 YTD
Acute discharges	9,854
Acute patient days	42,814
Average length of stay	4.3
Emergency Department visits	34,872
Inpatient surgeries	2,413
Outpatient surgeries	2,816

*DEFINITIONS OF TERMS

EBIDA: Earnings Before Interest, Depreciation And Amortization. By adding back interest and amortization payments as well as depreciation (a non-cash outflow expense), it allows the measurement of the cash that a company generates.

Debt to Capital Ratio: A measurement of how leveraged a company is. The ratio compares a firm's total debt to its total capital. The total capital is the amount of available funds that the company can use for financing projects and other operations. A high debt-to-capital ratio indicates that a high proportion of a company's capital is comprised of debt.

Debt Service Coverage Ratio: A measurement of a property's ability to generate enough revenue to cover the cost of its mortgage payments. It is calculated by dividing the net operating income by the total debt service. For example, a property with a net operating income of \$50,000 and a total debt service of \$40,000 would have a debt service ratio of 1.25, meaning that it generates 25% more revenue than required to cover its debt payment.

Debt to EBIDA %: Measurement used to predict a company's ability to pay off the debt it already has. The ratio calculates the amount of time required for the business to pay off all debt, but does not take into considerations like interest, depreciation, taxes or amortization. Having a high debt/EBITDA ratio will often result in a lower credit score for the business.

Schedule 6: Clinical Quality Reporting Metrics

➤ Tier 2, Quality, Safety and Compliance

The 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, CABS, preventive care programs).

Abbreviations & Acronyms	
Term	Title/Phrase
Abx	Antibiotics
ACC	American College of Cardiology
ACE	Angiotensin Converting Enzyme Inhibitor
AMI	Acute Myocardial Infarction
APR DRG	All Patient Refined Diagnosis Related Groups
ARB	Angiotensin Receptor Blocker
ASA	American Stroke Association
C Section	Caesarian Section
CHART	California Hospital Assessment and Reporting Task Force
CLABS	Central Line Associated Blood Stream Infection
CMS	Centers for Medicare and Medicaid Services
CT	Computerized Axial Tomography (CAT Scan)
CVP	Central Venous Pressure
ED	Emergency Department
HF	Heart Failure
Hg	Mercury
hr(s)	hour(s)
ICU	Intensive Care Unit
LVS	Left Ventricular Systolic
LVSD	Left Ventricular Systolic Dysfunction
MD	Medical Doctor
MGH	Marin General Hospital
mm	Millimeters
NHSN	National Healthcare Safety Network
PCI	Percutaneous Coronary Intervention
PN	Pneumonia
POD	Post-op Day
Pt	Patient
SCIP	Surgical Care Improvement Project
ScVO2	Central Venous Oxygen Saturation
STEMI	ST Elevated Myocardial Infarction
TBD	To Be Determined
VAP	Ventilator Associated Pneumonia
VHA	Voluntary Hospitals of America
VTE	Venous Thromboembolism

Schedule 6: Clinical Quality Reporting Metrics

Publicly Reported on: <http://www.calhospitalcompare.org>

METRIC	State Average /Top Decile+	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Dec-11 Num/ Den	Rolling %	Rolling Num/Den
Heart Attack Measures																
AMI – ACEI or ARB for LVSD	97%/100%	100%	100%	100%	100%	100%	100%	100%	75%	N/A	100%	100%	100%	1/1	96%	25/26
AMI – Aspirin on Arrival	99%/100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	11/11	100%	167/167
AMI – Beta Blocker on Arrival	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
AMI – Beta Blocker at Discharge	98%/100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	11/11	100%	140/140
AMI – PCI within 90 mins. of arrival	92%/100%	N/A	100%	100%	100%	100%	100%	100%	100%	N/A	100%	100%	100%	1/1	100%	21/21
AMI - Process Composite*	N/A	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	36/36	100%	531/532
Heart Failure Measures																
HF – ACEI or ARB for LVSD	95%/100%	100%	100%	100%	100%	100%	N/A	100%	100%	100%	100%	100%	100%	1/1	100%	32/32
HF – LVS Assessment	98%/100%	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	15/15	99%	154/155
HF –Discharge instructions	92%/100%	100%	92%	88%	100%	92%	100%	92%	100%	86%	100%	100%	89%	8/9	95%	108/114
HF- Process Composite*	N/A	97%	96%	96%	100%	97%	100%	97%	100%	95%	100%	100%	96%	24/25	98%	305/312
Pneumonia Measures																
PN – Pneumococcal screening and/or vaccination	95%/100%	96%	100%	100%	100%	100%	88%	82%	100%	89%	100%	84%	52%	11/21	90%	174/193
PN – Antibiotic within 4 hrs after arrival	94%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PN – Oxygenation assessment	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PN – Adult smoking cessation advice	98%/100%	100%	100%	100%	100%	100%	100%	100%	100%	N/A	100%	100%	100%	3/3	100%	39/39
PN- Antibiotic selection for ICU/non-ICU patients	95%/100%	100%	100%	100%	93%	100%	100%	86%	100%	83%	100%	100%	100%	16/16	98%	139/142
Surgical Care Improvement Project Measures																
SCIP – Antibiotic within 1 hr of incision – Overall	97%/100%	100%	100%	97%	96%	100%	100%	100%	96%	96%	100%	100%	93%	27/29	98%	304/310
SCIP – Antibiotic selection – Overall	98%/100%	100%	100%	100%	96%	96%	97%	100%	100%	96%	100%	96%	100%	30/30	98%	315/320
SCIP – Antibiotic disc. Within 24 hrs – Overall	95%/100%	96%	100%	94%	92%	100%	96%	96%	92%	89%	91%	100%	93%	27/29	95%	286/302
SCIP – Cardiac Pt. 6 AM Post-op Serum Glucose	94%/99%	67%	100%	100%	80%	50%	100%	75%	100%	100%	100%	100%	100%	5/5	92%	57/62
SCIP – Colorectal Immediate Post-op Normothermia		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SCIP – Beta blocker prior and periop	94%/100%	100%	100%	100%	100%	100%	100%	100%	100%	89%	92%	80%	100%	6/6	97%	92/95
SCIP – Venous thromboembolism prophylaxis	94%/100%	81%	100%	85%	92%	100%	100%	100%	100%	100%	96%	82%	97%	32/33	95%	272/285
SCIP – VTE prophylaxis timing	92%/100%	81%	100%	85%	92%	100%	100%	100%	100%	96%	96%	82%	97%	32/33	95%	271/285
SCIP - Urinary catheter removed on POD 1 or POD 2	91%/100%	100%	88%	86%	100%	100%	100%	100%	91%	94%	92%	73%	78%	14/18	91%	127/140

+ Top Decile benchmark from CMS Hospital Compare

ICU Measures					
	CHART Average++	(Q3 2009 -Q2 2010)	(Q4 2009 -Q3 2010)	(Q1 2010 -Q4 2010)	(Q3 2010 -Q2 2011)
VAP - Respirator Complication Prevention - Peptic Ulcer Medication	97.0%	99%	99%	99.5%	Not published
Respirator Complication Prevention - Blood Clot Prevention	97.0%	99.5%	100%	99.5%	Not published
VAP - Patients Head of Bed Elevated	97.0%	100%	100%	100%	Not published
VAP - <i>Bundle Process Composite</i>	92.0%	99%	99%	99%	Not published
ICU Mortality	11.56%	12.3%	11.45%	11.50%	9.09%

++ CHART Average-- refreshed quarterly.

Maternity Measures					
	State Average	2007	2008	2009	2010
Episiotomy Rate	4%		1%		
C Section Rate	18%	13%		12%	
Exclusive Breast Feeding Rate (MGH Internal)	52%	74.00%	82.00%	79.00%	80.40%

Heart Bypass Surgery Measures				
	State Average	2006	2007	2008
Heart Bypass Surgery - Internal Mammary Artery Usage Rate	96%	100%	88%	94%
Heart Bypass Surgery - Mortality Rate	2.24%	1.81% (2005-2006)	1.91%	4.35%

Other Measures					
	CHART State Average	2Q 2009 - 1Q 2010	4Q 2009 - 3Q 2010	1Q 2010 - 4Q 2010	3Q 2010 - 2Q 2011
Hospital Acquired Pressure Ulcers	1.8%	0.6%	0.80%	0.90%	0.60%

Core Measure Mortality			
	State Average+++	July 2006 thru June 2009	July 2007 thru June 2010
AMI - Mortality	15.4%	13.8%	13.70%
HF - Mortality	10.8%	10.6%	12.10%
PN - Mortality	11.8%	11.6%	11.10%

Core Measure Readmissions 30 Days			
	State Average+++	July 2006 thru June 2009	July 2007 thru June 2010
AMI - Readmissions	19.4%	18.0%	19.10%
HF - Readmissions	24.7%	24.8%	24.50%
PN - Readmissions	18.2%	17.7%	17.90%

Schedule 7: External Awards & Recognition

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

External Awards and Recognition - 2011
California Hospital Assessment and Reporting Task Force (CHART): 2011 Certificate of Excellence
The Commission on Cancer of the American College of Surgeons: 3-Year Accreditation with Commendation
The Commission on Cancer of the American College of Surgeons: 2011 Outstanding Achievement Award
American Heart Association / American Stroke Association: 2011 Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award

Schedule 8: Community Benefit Summary

- **Tier 2, Community Commitment**
The Board will report all of MGH's cash and in-kind contributions to other organizations.
- **Tier 2, Community Commitment**
The Board will report on MGH's Charity Care.

Community Benefit Summary (these figures are not final and are subject to change)				
	1Q 2011	2Q 2011	3Q 2011	4Q 2011
Community Health Improvement Services:	\$26,928	\$4,254	\$69,368	\$65,036
Health Professions Education:	\$1,371	\$1,371	\$35,807	\$92,868
Research:	\$0	\$0	\$0	\$0
Cash and In-Kind Contributions (detail provided on following page):	\$803,290	\$745,795	\$737,230	\$1,083,740
Community Benefit Operations:	\$800	\$21,637	\$10,177	\$1,349
Traditional Charity Care:	\$409,849	\$513,043	\$836,407	\$695,517
Government Sponsored Health Care(Incls. Medi-Cal & Means-Tested Gov. Programs):	\$4,915,193	\$4,626,541	\$5,458,901	\$4,631,223
Community Benefit Subtotal: (amount reported annually to state & IRS)	\$6,338,491	\$6,650,110	\$7,147,890	\$6,569,733
Community Building Activities:	\$0.00	\$0	\$196	\$1,630
Unpaid Cost of Medicare:	\$14,244,512	\$13,243,210	\$15,846,861	\$13,449,883
Bad Debt:	\$911,876	\$1,371,879	\$1,179,343	\$1,352,039
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total:	\$21,494,879	\$21,265,199	\$24,174,290	\$21,373,285

Schedule 8: Community Benefit Summary (continued)

Cash & In-Kind Donations (these figures are not final and are subject to change)				
	1Q 2011	2Q 2011	3Q 2011	4Q 2011
Coastal Health Alliance	\$10,000	\$0	\$0	\$0
eSurance Harbor Point Tennis Classic	\$5,000	\$0	\$0	\$0
Healthy Aging Symposium	\$1,000	\$0	\$0	\$0
Honor Thy Healer	\$1,495	\$0	\$0	\$0
Hospice By The Bay	\$0	\$0	\$0	\$3,500
Marin City Health & Wellness	\$22,500	\$0	\$0	\$0
Marin Community Clinics	\$48,159	\$48,159	\$48,159	\$48,159
Marin Link	\$0	\$0	\$1,000	\$0
Marin Senior Fair	\$0	\$0	\$0	\$1,000
Marin Healthcare District 1206(b) Clinics	\$166,484	\$148,932	\$264,716	\$339,336
Marin Sonoma Concours d'Elegance	\$5,000	\$0	\$0	\$0
NAMI Walk	\$0	\$1,000	\$0	\$0
Prima Medical Foundation	\$681,136	\$681,136	\$681,136	\$681,136
Rally for Health & Hope	\$0	\$2,500	\$0	\$0
RotaCare San Rafael	\$15,000	\$0	\$0	\$0
Stepping Out (To Celebrate Life)	\$0	\$0	\$0	\$2,500
Summer Solstice	\$1,000	\$0	\$0	\$0
The Redwoods Crab Fest	\$0	\$0	\$0	\$1,000
Total Cash Donations	\$956,774	\$881,727	\$995,011	\$1,076,631

MedShare	\$0	\$0	\$6,935	\$7,109
VIDA	\$13,000	\$13,000	\$0	\$0
Total In-Kind Donations	\$13,000	\$13,000	\$6,935	\$7,109

Total Cash & In-Kind Donations	\$969,774	\$894,727	\$1,001,946	\$1,083,740
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Schedule 9: “Green Building” status

➤ **Tier 2, Community Commitment**

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

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

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

MGH LEED Status
MGH Hospital Replacement Project is registered with the USGBC as a New Construction Project.
MGH Hospital Replacement Project has retained Green Building Services, specializing in Healthcare LEED requirements.
All key members of the design team are LEED certified
Through Schematic Design the Project has achieved LEED Silver
The Project Team will conduct cost benefit analysis on LEED requirements in order to achieve a higher than LEED Silver certification (LEED Gold or Platinum)

Schedule 10: New Physicians on Staff at MGH

➤ Tier 2, Physicians and Employees

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

As of December 31, 2011, there were a total of 534 physicians on MGH staff classified as: 287 active, 100 provisional, 65 courtesy, 50 consulting, and 32 office-based.

New Physician Appointments January 1, 2011 - December 31, 2011				
	Physician's Last Name	Physician's First Name	Appointment Date	Specialty
1	Nichols	Benjamin	1/6/2011	Med-Dermatology
2	Ortega Lau	Elizabeth	1/6/2011	Pediatrics
3	Yee	Pearl	1/6/2011	Obst-Gynecology
4	Bak	Benjamin	3/3/2011	Radiology
5	Chang	Edward	3/3/2011	Surg-Neurosurgery
6	Collinsworth	Ken	3/3/2011	Med-Internal Medicine
7	Hamblin	B. Colin	3/3/2011	Family Practice
8	Itani	Shaker	3/3/2011	Med-Infect Disease
9	Kagan	David	3/3/2011	Med-Internal Medicine
10	Keller	Kathy	3/3/2011	Radiology
11	Lee	Roberta	3/3/2011	Surg-Assistant
12	Mendelson	Lisa	3/3/2011	RNP-Nurse Practitioner
13	Roberts	Molly	3/3/2011	Family Practice
14	Skillern	Amanda	3/3/2011	Obst-OBGYN
15	Ahluwalia	Hardeep	4/7/2011	Surg-Vascular
16	Alfrey	Edward	4/7/2011	Surg-General
17	Berger	Mitchel	4/7/2011	Surg-Neurosurgery
18	Doyle	Kate	4/7/2011	Radiology
19	Torrone	Maria	4/7/2011	Radiology
20	Newberry	Mary	5/5/2011	Obst-Midwifery
21	Perryman	Scott	5/5/2011	Surg-General
22	Ueda	Stefanie	5/5/2011	Obst-Gynecology
23	Wittenberg	Heidi	5/5/2011	Obst-Gynecology
24	Yamnik	Alexandra	5/5/2011	Obst-Midwifery
25	Adams	Samuel	6/2/2011	Med-Internal Medicine

Schedule 10: New Physicians on Staff (continued)

New Physician Appointments				
January 1, 2011 - December 31, 2011				
	Physician's Last Name	Physician's First Name	Appointment Date	Specialty
26	Bowie	Constance	6/2/2011	Radiation Therapy
27	Kenyon	Jonathan	7/7/2011	Emergency Medicine
28	Martin	Christopher	7/7/2011	Emergency Medicine
29	Rull	Sonny	7/7/2011	PA-Physician Assistant
30	Sengupta	Geetika	7/7/2011	Pediatrics
31	Vaughan	Michael	7/7/2011	Family Practice
32	Kalra	Ruben	7/20/2011	Anesthesiology
33	Baumgarten	Adam	8/4/2011	Med-Cardiology
34	Brooks	Rebecca	8/4/2011	Obst-Gynecology
35	Cuneo	Judith	8/4/2011	Obst-OBGYN
36	Doherty	Amanda	8/4/2011	Pathology
37	Gleber	Eileen	8/4/2011	Family Practice
38	Hassan	Fatima	8/4/2011	Pediatrics
39	Hoffman	David	8/4/2011	Pediatrics
40	Rosenstein	Melissa	8/4/2011	Obst-OBGYN
41	Sanders	Delmar	8/4/2011	Surg-Neurosurgery
42	Sawyer	Sydney	8/4/2011	Pediatrics
43	Gheorghiu	Ioana	9/1/2011	Med-Internal Medicine
44	Stern	Debra	9/1/2011	Pediatrics
45	Taghavy	Azita	9/1/2011	Med-Internal Medicine
46	Virk	Bhupinder	9/1/2011	Med-Internal Medicine
47	Singh	Navdeep	9/7/2011	Med-eICU Intensivist
48	Barry	Piers	10/6/2011	Orthopedic Surgery
49	Chung	Eleanor	10/6/2011	Pediatrics
50	Hogan	Maureen	10/6/2011	Radiology
51	Kidd	Sabrina	10/6/2011	Surg-Colon/Rectal
52	Kosinski	Anthony	10/6/2011	Obst-OBGYN
53	Le	Hop	10/6/2011	Surg-Plastic
54	Malladi	Arundathi	10/6/2011	Med-Rheumatology
55	Spera	Marcella	10/6/2011	Pediatrics
56	Warvariv	Vasyl	10/6/2011	Med-Nephrology
57	Lewis	John	10/27/2011	Radiology
58	Lieberson	Robert	10/27/2011	Surg-Neurosurgery

Schedule 10: New Physicians on Staff (continued)

New Physician Appointments				
January 1, 2011 - December 31, 2011				
	Physician's Last Name	Physician's First Name	Appointment Date	Specialty
59	Abel	Michael	11/3/2011	Surg-Colon/Rectal
60	Basu	Auveek	11/3/2011	Radiology
61	Burkholz	Kimberly	11/3/2011	Radiology
62	Ching	Russell	11/3/2011	Med-Cardiology
63	Chiu	Yanek	11/3/2011	Surg-Colon/Rectal
64	Chung	T. Philip	11/3/2011	Surg-General
65	Li	Michelle	11/3/2011	Surg-General
66	Ngo	Andrea	11/3/2011	Med-Internal Medicine
67	Philip	Shailendri	11/3/2011	Radiology
68	Podolin	Richard	11/3/2011	Med-Cardiology
69	Rho	Robert	11/3/2011	Med-Cardiology
70	Sternberg	Jeffrey	11/3/2011	Surg-General
71	Yee	Laurence	11/3/2011	Surg-Colon/Rectal
72	Bold	Jonathan	12/8/2011	Radiology
73	Cavazos	Cristina	12/8/2011	Radiology
74	Evens	Alexander	12/8/2011	Med-Infect Disease
75	Gilles	Taiye	12/8/2011	Med-Internal Medicine
76	Montella	Marc	12/8/2011	Radiology
77	Novick	Michael	12/8/2011	Radiology
78	Palfy	Shelley	12/8/2011	Pediatrics
79	Paul	Marc	12/8/2011	Radiology
80	Rule	John	12/8/2011	Radiology
81	Sloves	James	12/8/2011	Radiology
82	Spinuzza	Thomas	12/8/2011	Radiology
83	Turner	James	12/8/2011	Radiology
84	Ransom	Evan	12/13/2011	Surg-Otolaryngology

Schedule 11: Nursing Turnover, Vacancies, Net Changes

➤ Tier 2, Physicians and Employees

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

Turnover Rates				
Quarter	Number of Clinical RNs	Terminated		Rate
		Voluntary	Involuntary	
Q1 2011	526	8	4	2.28%
Q2 2011	527	2	9	2.09%
Q3 2011	533	10	6	3.00%
Q4 2011	547	11	3	2.56%

Vacancy and Net Change

Period	Per Diem Postings	Benefitted Postings	Per Diem Hires	Benefitted Hires	Benefitted Headcount	Per Diem Headcount	Total Headcount	Benefitted Vacancy Rate	Per Diem Vacancy Rate
July 2011	10	3	9	0	-	-	-	-	-
Aug. 2011	8	2	9	1	-	-	-	-	-
Sept. 2011	9	2	2	1	-	-	-	-	-
Q1 2011	16	10	13	0	349	177	526	2.87%	9.04%
Q2 2011	52	16	9	4	357	170	527	4.48%	30.59%
Q3 2011	27	7	20	2	351	182	533	1.99%	14.84%
Q4 2011	39	9	21	2	353	194	547	2.55%	20.10%

Q4 2011		
Hired	Termed	Net Change
23	14	9

Schedule 12: Ambulance Diversion

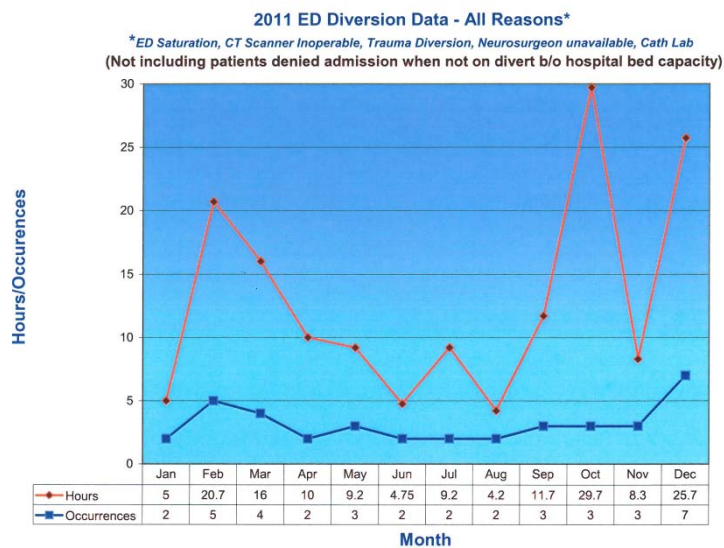
➤ Tier 2, Volumes and Service Array

The Board will report on current Emergency services diversion statistics.

Qtr	Date	Time	Length of Time on Divert	Reason	ED Census	Waiting Room Census	ED Admitted Pt Census
1Q	1/5/11	1710-1910	2hr	ED Saturation	21	9	8
1Q	1/11/11	2158-2355	2 hr 57min	ED Saturation	18	7	5
1Q	2/7/11	2347-0155	2hr 8min	ED Saturation	23	2	9
1Q	2/11/11	1607-2045	4hr 38min	ED Saturation	20	5	1
1Q	2/14/11	1720-2320	7hr	ED Saturation	23	10	11
1Q	2/20/11	1320-1524	2hr 4min	ED Saturation	23	7	8
1Q	2/21/11	1355-1850	4hr 55min	ED Saturation	22	8	5
1Q	3/8/11	1518-2125	6hr 7min	ED Saturation	19 & 8 in PIT	10	3
1Q	3/10/11	1850-2050	2hr	ED Saturation	25	20	6
1Q	3/18/11	0850-1335	4hr 15min	CT Scanner Inoperable	9	0	0
1Q	3/21/11	1810-2250	3hr 40min	ED Saturation	23	15	9
2Q	4/1/11	2305-0505	6hr	ED Saturation	13 Down 2 RNs Noc	3	1
2Q	4/5/11	2200-0200	4hr	ED Saturation	21	15	5
2Q	5/4/11	2154-0037	2hr 17min	ED Saturation	19 down 1 RN p 2300	10 + 1 EMS waiting	7
2Q	5/9/11	1630-1830	2hr	ED Saturation	24	11	9
2Q	5/24/11	0430-0925	4hr 55min	CT Scanner Inoperable	2	0	0
2Q	6/19/11	0050-0255	2hr 5min	Trauma Diversion	10	0	1
2Q	6/19/11	0320-0600	2hr 40min	Trauma Diversion	9	0	2
3Q	7/8/11	1655-2203	5hr 8min	ED Saturation	23	21	4
3Q	7/25/11	0312-0718	4hr 6min	CT Scanner Inoperable	4	0	3
3Q	8/10/11	1000-1350	3hr 50min	CT Scanner Inoperable	N/A	N/A	N/A
3Q	8/16/11	1430-1453	23min	CT Scanner Inoperable	20	0	6
3Q	9/10/11	1010-1055	45min	ED Saturation	10 "only 3 RNs", unable to find RNs	3	3
3Q	9/15/11	1240-1758	5hr 18min	ED Saturation	24 - 2 ICU, 1 full trauma	4	6
3Q	9/15/11	2020-0205	5hr 45min	ED Saturation	21	12	9

Schedule 12: Ambulance Diversion (continued)

Qtr	Date	Time	Length of Time on Divert	Reason	ED Census	Waiting Room Census	ED Admitted Pt Census
4Q	10/2/11	0320-0850	6hr 30min	ED Saturation	15	0	8
4Q	10/3/11 to 10/4/11	1550-1418	22hr 28min	CT Scanner Inoperable	15	0	
4Q	10/16/11	1406-1450	44min	ED Saturation	20	6	3
4Q	11/5/11	1420-1620	2hr	ED Saturation	20	6	1
4Q	11/14/11	1530-1930	4hr	ED Saturation	22	10	7
4Q	11/25/11	2110-0230	2hr 20min	CT Scanner Inoperable	17	6	6
4Q	12/1/11	0545-1415	8hr 30min	ED Saturation	13	0	8
4Q	12/12/12	1925-2350	4hr25min	ED Saturation	22	5	5
4Q	12/13/11	1155-1321	1 hr26min	ED Saturation	23	2	4 & 4 pending
4Q	12/22/12	0915-1025	1hr10min	Internal disaster - Total Power Failure	8	5	2
4Q	12/28/12	1850-2150	2hr	ED Saturation	23	8	9
4Q	12/30/12	1825-2040	2hr15min	ED Saturation	22	12 w/ 2 amb enroute	2
4Q	12/30/12	2125-0325	6hr	ED Saturation	24	11 w/ amb enroute	3 & mult pending



Performance Metrics and Core Services Report
4th Quarter 2011