



MarinHealth Medical Center

Performance Metrics and Core Services Report

Annual Report 2020

May 4, 2021

MarinHealth Medical Center (Marin General Hospital)
Performance Metrics and Core Services Report: ANNUAL REPORT 2020

TIER 1 PERFORMANCE METRICS

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

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	1. MGH Board must maintain MGH's Joint Commission accreditation, or if deficiencies are found, correct them within six months.	Quarterly	In Compliance	Joint Commission granted MGH an "Accredited" decision with an effective date of 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 2020 (Annual Report) was presented to MGH Board and to MHD Board in May 2021.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2021 was presented for approval to the MGH Board in March 2021.
	7. MGH Board must include quality improvement metrics as part of the CEO and Senior Executive Bonus Structure for MGH.	Annually	In Compliance	CEO and Senior Executive Bonus Structure includes quality improvement metrics.
(B) Patient Satisfaction and Services	MGH Board will report on MGH's HCAHPS Results Quarterly.	Quarterly	In Compliance	Schedule 1
(C) Community Commitment	1. In coordination with the General Member, the MGH Board must publish the results of its biennial community assessment to assess MGH's performance at meeting community health care needs.	Annually	In Compliance	Schedule 2
	2. MGH Board must provide community care benefits at a sufficient level to maintain MGH's non-profit tax exempt status.	Quarterly	In Compliance	MGH continues to provide community care and has maintained its tax exempt status.
(D) Physicians and Employees	MGH Board must report on all Tier 1 "Physician and Employee" Metrics at least annually.	Annually	In Compliance	Schedule 3 Schedule 4
(E) Volumes and Service Array	1. MGH Board must maintain MGH's Scope of Acute Care Services as reported to OSHPD.	Quarterly	In Compliance	All services have been maintained.
	2. MGH Board must maintain MGH's services required by Exhibit G to the Loan Agreement between the General Member and Marin County, dated October 2008, as long as the Exhibit commitments are in effect.	Quarterly	In Compliance	All services have been maintained.
(F) Finances	1. MGH Board must maintain a positive operating cash-flow (operating EBITDA) for MGH after an initial phase in period of two fiscal years, and then effective as a performance metric after July 1, 2012, with performance during the phase in period monitored as if a Tier 2 metric.	Quarterly	In Compliance	Schedule 5
	2. MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly	In Compliance	Schedule 5

MarinHealth Medical Center (Marin General Hospital)
Performance Metrics and Core Services Report: ANNUAL REPORT 2020

TIER 2 PERFORMANCE METRICS

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

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs).	Quarterly	In Compliance	Schedule 6
(B) Patient Satisfaction and Services	1. MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.	Quarterly	In Compliance	Schedule 1
	2. MGH Board will report external awards and recognition.	Annually	In Compliance	Schedule 7
(C) Community Commitment	1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly	In Compliance	Schedule 8
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	Schedule 8
	3. MGH Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities.	Annually	In Compliance	Schedule 2
	4. MGH Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.	Annually	In Compliance	Schedule 5
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	Schedule 9
(D) Physicians and Employees	1. MGH Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.	Annually	In Compliance	Schedule 10
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	Schedule 3 Schedule 4
	3. MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.	Quarterly	In Compliance	Schedule 11
(E) Volumes and Service Array	1. MGH Board will develop a strategic plan for MGH and review the plan and its performance with the General Member.	Annually	In Compliance	The updated MGH Strategic Plan was presented to the MGH Board on April 17, 2021.
	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 March 2, 2021.
	3. MGH Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.	Quarterly	In Compliance	Schedule 5
	4. MGH Board will report on current Emergency services diversion statistics.	Quarterly	In Compliance	Schedule 12
(F) Finances	1. MGH Board will provide the audited financial statements.	Annually	In Compliance	The MGH 2020 Independent Audit was completed on April 22, 2021.
	2. MGH Board will report on its performance with regard to industry standard bond rating metrics, e.g., current ratio, leverage ratios, days cash on hand, reserve funding.	Quarterly	In Compliance	Schedule 5
	3. MGH Board will provide copies of MGH's annual tax return (Form 990) upon completion to General Member.	Annually	In Compliance	The MGH 2019 Form 990 was filed on November 13, 2020.

MHMC Performance Metrics and Core Services Report

Annual Report 2020

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 2022 VBP Thresholds				Q1 2020	Q2 2020	Q3 2020	Q4 2020
73.37	81.04	87.18	Overall rating	75.53	78.89	70.37	74.40
			Would Recommend	82.35	79.43	75.54	78.10
83.38	88.02	91.73	Communication with Nurses	78.76	81.80	77.52	78.32
			Nurse Respect	84.40	86.53	84.33	83.87
			Nurse Listen	79.15	80.87	76.08	77.38
			Nurse Explain	72.73	78.00	72.15	73.71
82.52	87.04	90.65	Communication with Doctors	81.23	80.26	82.10	81.60
			Doctor Respect	84.81	83.95	84.69	87.40
			Doctor Listen	80.99	80.81	82.13	81.10
			Doctor Explain	77.89	76.01	79.46	76.28
66.75	75.27	82.09	Responsiveness of Staff	67.19	71.05	68.71	70.44
			Call Button	68.53	71.06	66.29	69.27
			Bathroom Help	65.85	71.04	71.12	71.62
65.29	71.25	76.01	Communication about Medications	65.19	73.08	56.92	66.62
			Med Explanation	81.12	90.74	66.90	78.12
			Med Side Effects	49.26	55.41	46.94	55.12
71.16	78.91	85.11	Hospital Environment	59.47	67.18	61.00	67.17
			Cleanliness	61.35	68.81	66.21	70.73
			Quiet	57.60	65.54	55.78	63.60
88.82	91.50	93.65	Discharge Information	91.76	90.07	86.17	85.54
			Help After Discharge	89.55	88.24	83.77	84.32
			Symptoms to Monitor	93.96	91.91	88.56	86.75
52.29	58.63	63.71	Care Transition	52.61	50.74	47.50	44.13
			Care Preferences	43.96	43.12	39.44	34.30
			Responsibilities	54.29	51.21	47.60	46.37
			Medications	59.57	57.89	55.46	51.71
			Number of Surveys	288	301	301	254

Thresholds Color Key:
National 95th percentile
National 75th percentile
National average, 50th percentile

Scoring Color Key:
At or above 95th percentile
At or above 75th percentile
At or above 50th percentile
Below 50th percentile

Official VPB (Value-Based Purchasing) monthly trending HCAHPS results are distributed by
MGH Quality Management on the 15th of each month.

MHMC Performance Metrics and Core Services Report Annual Report 2020

Schedule 2: Community Health & Education

➤ **Tier 1, Community Commitment**

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

➤ **Tier 2, Community Commitment**

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

Community Health Improvement Services		
Event	Description	Recipients
Braden Diabetes Center	Free diabetes support groups, Fall Fest, lunch and learn, National Diabetes Day, education and screenings	General public
Breastfeeding Telephone Support Line	Free education, counseling and breastfeeding support	Breastfeeding women
Integrative Wellness Center	Education and support group events (yoga, healthy weight, Qi Dong, breast cancer support group, etc.)	General public
Community Dietary/Nutrition Telephone Support Line	Free advice line open to the community for nutrition information	General public
Compassionate Discharge Prescriptions and Transportation	Covered cost of discharged medications and transportation for underserved patients	Uninsured patients
COVID-19 Communications	Public information on COVID	General public
Disaster Training	Medical disaster training and first aid	Boy Scouts
Health Connection e-Newsletter and Podcasts	Free monthly newsletter and quarterly podcasts on a variety of health topics	General public
Shuttle Program for Seniors	Free shuttle service for seniors in the Behavioral Health program	Seniors in need
The Mom’s Group	Free support group that discusses newborn care, breastfeeding, parenting, etc.	General public
The New Father Class	Free class for new fathers to learn to care for newborns	General public
Transportation	Free transportation	General public

MHMC Performance Metrics and Core Services Report Annual Report 2020

Schedule 2, continued

Health Professions Education		
Event	Description	Recipients
Grand Rounds	Education programs open to community health providers	Physicians
Nursing Student Supervision	Supervision and training hours	Student Nurses
Nutrition Students	Training hours provided by staff	Dietitian Students
Occupational Therapy Students	Supervision and training hours	Occupational Therapy students
Paramedic Emergency Department Clinical Rotations	Supervision and training hours	Paramedics
Pharmacy Student Clinical Rotations	Supervision and training hours	Pharmacy students
Radiology Student Internships	Supervision and training hours	Radiology students
Respiratory Therapy Student Internships	Supervision and training hours	Respiratory Therapy students

The complete 2020 Annual Community Benefit Report is available at
<https://www.mymarinhealth.org/about-us/community-benefit/>

MHMC Performance Metrics and Core Services Report Annual Report 2020

Schedule 3: Physician Engagement

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

Overall MarinHealth 2020 Provider Engagement Survey Results

Source: Professional Research Consultants, Inc.

Asked of Providers:

**“OVERALL, WOULD YOU RATE THE
QUALITY OF CARE AT MARINHEALTH:”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	81 [53 in 2019]	37% [27% in 2019]
Very Good	93 [83 in 2019]	42% [42% in 2019]
Good	34 [44 in 2019]	15% [22% in 2019]
Fair	10 [13 in 2019]	5% [7% in 2019]
Poor	2 [5 in 2019]	1% [2% in 2019]

Percentile Ranking: 44th [23rd in 2019]
Total Number of Responses: 220 (51%) [198 in 2019]

Asked of Providers:

**“OVERALL, WOULD YOU RATE MARINHEALTH
AS A PLACE TO PRACTICE MEDICINE:”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	68 [51 in 2019]	31% [26% in 2019]
Very Good	78 [58 in 2019]	36% [29% in 2019]
Good	44 [48 in 2019]	20% [24% in 2019]
Fair	20 [33 in 2019]	9% [17% in 2019]
Poor	9 [7 in 2019]	4% [4% in 2019]

Percentile Ranking: 31st [21st in 2019]
Total Number of Responses: 219 (51%) [197 in 2019]

MHMC Performance Metrics and Core Services Report Annual Report 2020

Schedule 4: Employee Engagement

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

Overall MHMC 2020 Employee Engagement Study Results

Source: MHMC Employee Engagement Pulse Survey

Asked of Employees:

**“OVERALL, AS A PLACE TO WORK, WOULD YOU SAY
MARINHEALTH MEDICAL CENTER IS:”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	201 [130 in 2019]	26% [19% in 2019]
Very Good	225 [197 in 2019]	29% [29% in 2019]
Good	178 [179 in 2019]	23% [26% in 2019]
Fair	116 [122 in 2019]	15% [18% in 2019]
Poor	54 [61 in 2019]	7% [9% in 2019]

Total Number of Responses: 774 (43%) [689 (38%) in 2019]

MHMC Performance Metrics and Core Services Report

Annual Report 2020

Schedule 5: Finances

➤ **Tier 1, Finances**

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

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

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

Financial Measure	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Total 2020
EBIDA \$ (in thousands)	(5,163)	(10,182)	(7,977)	519	519
EBIDA %	-4.77%	-5.10%	-2.6%	0.1%	0.1%
Loan Ratios					
Annual Debt Service Coverage	0.18	(1.31)	(0.97)	(0.24)	(0.24)
Maximum Annual Debt Service Coverage	0.15	(1.08)	(0.80)	(0.21)	(0.21)
Debt to Capitalization	51%	52.1%	52.5%	53.2%	53.2%
Key Service Volumes					
Acute discharges	1,930	1,671	1,900	2,006	7,507
Acute patient days	9,705	7,976	9,200	6,381	33,262
Average length of stay	5.03	4.72	4.74	4.43	4.43
Emergency Department visits	6,763	4,833	10,338	7,301	29,235
Inpatient surgeries	375	303	340	375	1,393
Outpatient surgeries	955	505	896	950	3,306
Newborns	263	285	317	281	1,146

MHMC Performance Metrics and Core Services Report

Annual Report 2020

Schedule 5, continued

➤ **Tier 2, Community Commitment**

The Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.

MHMC
Major Capital Expenditure Report
For the period January - December 2020

Major Capital Expenditures	
VAPOTHERM, INC. #40341	105,470
ULTRASOUND FOR 2ND EP LAB PROJECT	117,527
TRIANIM HEALTH SERVICES- PARAPAC PLUS W CASE	126,998
PAGEWRITER TC70 CARDIOGRAPH	131,779
GE HEALTHCARE - CCW SOFTWARE AGREEMENT	133,638
STRYKER MEDICAL PARTS #28337	142,979
GE HEALTHCARE- Quote PR12-C138840	151,760
Parts and Labor to upgrade Generator Control System	158,366
GENEXPERT 6 COLOR Modules	172,106
ADVANCED STERILIZATION PRODUTS SRVS	180,477
BRAINLAB INC	186,721
COVIDIEN LP- VENTILATOR	192,623
Philips- Mobile Diagnost cDR Upgrade	195,313
Sonopet IQ Ultrasonic Aspirator Console	219,457
Philips- EPIQ Cxvi Ultrasound System	304,565
KYOCERA DOCUMENT SOLUTIONS	318,879
Banyan Hardware PLUS	366,668
HILL ROM COMPANY	422,528
Philips- Chapter -USMS	535,312
USCAN CAMBO LAB ALTIX UPGRADE	539,571
Banyan Hardware	1,443,333
AZURION 7 M20	1,527,826
DA VINCI ROBOT	1,870,917
Other Capital Projects under \$100k	749,133
Total Major Capital Expenditures	10,293,945
Major Construction in Progress Expenditures	
Marin Gastroenterology	108,484
EPIC Conversion	116,081
2020 IT APPLICATION	204,918
75 Rowland Way Optimization	221,272
Redwood Pavilion Central Feed Tank	233,057
2020 IT END USER DEVICES	266,410
Banyan Integration	303,644
Urgent Care/Walk in project	325,535
MGH 2.0 IT Infrastructure	328,402
West Wing Elevator	375,941
2019 Application Upgrades	385,219
Backfill MGH Master Planning	588,643
Capitalized Interest - Series B	924,151
2016 MDF West Wing (closed with 1251.9288)	1,269,878
Capitalized Interest - Series A	2,189,929
2019 Behavioral Health Reclassification	2,305,360
Pyxis Medstation	2,923,542
Other CIP under \$100k	617,853
Total Construction in Progress	13,688,319
Total Capital Expenditures	23,982,264

MHMC Performance Metrics and Core Services Report Annual Report 2020

Schedule 6: Clinical Quality Reporting Metrics

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

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

CLINICAL QUALITY METRICS DASHBOARD

Metrics are publicly reported on

CalHospital Compare (www.calhospitalcompare.org)

and

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

Hospital Inpatient Quality Reporting Program Measures

	METRIC	CMS**	2019	Q1 -2020	Q2 -2020	Q3 -2020	Q4-2020	Q4-2020 Num/Den	Rolling 2020 YTD	2020 YTD Num/Den
◆ Stroke Measures										
STK-4	Thrombolytic Therapy	100%	94%	100%	100%	56%	100%	1/1	75%	12/16
◆ Sepsis Measure										
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	81%	55%	53%	58%	47%	42%	39/93	50%	211/420
◆ Perinatal Care Measure										
PC-01	Elective Delivery +	0%	2%	0%	0%	0%	4%	1/24	1%	1/92
◆ ED Inpatient Measures										
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients +	99***	122.00	129.00	112.00	128.00	162.00	63-Cases	126.50	584-Cases
◆ Psychiatric (HBIPS) Measures										
IPF-HBIPS-2	Hours of Physical Restraint Use +	0.38	0.15	0.11	0.11	0.01	0.08	N/A	0.08	N/A
IPF-HBIPS-3	Hours of Seclusion Use +	0.29	0.11	0.00	0.99	0.39	0.03	N/A	0.06	N/A
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	99%	96%	100%	95%	93%	79%	11/14	92%	56/61
◆ Substance Use Measures										
SUB-2	2-Alcohol Use Brief Intervention Provided or offered	100%	100%	100%	100%	100%	100%	5/5	100%	10/10
SUB-2a	Alcohol Use Brief Intervention	100%	100%	100%	100%	100%	100%	5/5	100%	10/10
◆ Tobacco Use Measures										
TOB-2	2-Tobacco Use Treatment Provided or Offered	100%	92%	100%	100%	93%	100%	8/8	97%	35/36
TOB-2a	2a-Tobacco Use Treatment	88%	67%	100%	100%	86%	100%	8/8	94%	33/35
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge	99%	69%	100%	100%	100%	100%	8/8	100%	33/33
TOB-3a	3a-Tobacco Use Treatment at Discharge	71%	23%	25%	100%	77%	88%	7/8	79%	26/33
	METRIC	CMS**	2019	Q1 -2020	Q2 -2020	Q3 -2020	Q4-2020	Q4-2020 Num/Den	Rolling 2020 YTD	Rolling Num/Den
◆ Transition Record Measures										
TRSE	Transition Record with Specified Elements Received by Discharged Patients	99%	93%	95%	92%	92%	90%	127/141	92%	487/528
TTTR	Timely Transmission of Transition Record	98%	91%	91%	92%	91%	87%	122/141	90%	476/528
◆ Metabolic Disorders Measure										
SMD	Screening for Metabolic Disorders	Benchmark To Be Established	97%	99%	99%	99%	97%	103/106	98%	363/369
	METRIC	CMS**	2017	2018	2019				2020	Rolling Num/Den
IPF-IMM-2	Influenza Immunization	100%	88%	98%	90%				92%	279/302
** CMS Top Decile Benchmark CMS Reduction Program (shaded in blue) + Lower Number is better										
Page 11 of 25										

Hospital Outpatient Quality Reporting Program Measures

	METRIC	CMS**	2019	Q1 -2020	Q2 -2020	Q3 -2020	Q4-2020	Q4-2020 Num/Den	Rolling 2020 YTD	2020 YTD Num/Den
♦ ED Outpatient Measures										
OP-18	Median Time from ED Arrival to ED Departure for Discharged Patients +	142***	168.50	191	169	166	175	90-Cases	176	369-Cases
♦ Outpatient Stroke Measure										
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	72%***	85%	86%	50%	50%	33%	1/3	63%	10/16

*** National Average + Lower Number is better

◆ Healthcare Personnel Influenza Vaccination						
	METRIC	CMS National Average	Oct 2014 - Mar 2015	Oct 2016 - Mar 2017	Oct 2016 - Mar 2017	Oct 2017 - Mar 2018
IMM-3	Healthcare Personnel Influenza Vaccination	90%	81%	89%	89%	92%
◆ Surgical Site Infection +						
	METRIC	National Standardized Infection Ratio (SIR)	Apr 2018 - Mar 2019	July 2018 - June 2019	Oct 2018 - Sep 2019	Jan 2019 - Dec 2019
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	not published**	not published**	not published**	0.98
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)	Apr 2018 - Mar 2019	July 2018 - June 2019	Oct 2018 - Sep 2019	Jan 2019 - Dec 2019
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.54	0.57	0.71	0.30
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.95	0.49	0.90	0.98
◆ Healthcare Associated Infections +						
	METRIC	National Standardized Infection Ratio (SIR)	Apr 2018 - Mar 2019	July 2018 - June 2019	Oct 2018 - Sep 2019	Jan 2019 - Dec 2019
HAI-C-Diff	Clostridium Difficile	1	0.99	1.01	1.22	1.18
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.00	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 2014 - Sept 2015	Nov 2015 - June 2017	July 2016 - June 2018	July 2017 - June 2019
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

*** National Average + Lower Number is better

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)

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2014 - Sept 2015	Nov 2015 - June 2017	July 2016 - June 2018	July 2017 - June 2019
PSI-4	Death Among Surgical Patients with Serious Complications +	136.48 per 1,000 patient discharges	No different then National Average	No different then National Average	No different then National Average	No different then National Average
◆ Surgical Complications +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2014 - March 2016	April 2014 - March 2017	April 2015 - March 2018	April 2016 - March 2019
Surgical Complication	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty +	2.4%	2.7%	2.5%	2.7%	3.0%
◆ Acute Care Readmissions - 30 Day Risk Standardized +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2013- June 2016	July 2014- June 2017	July 2015 - June 2018	July 2016 - June 2019
READM-30-AMI	Acute Myocardial Infarction Readmission Rate	16.1%	15.20%	14.80%	14.09%	16.30%
READM-30-HF	Heart Failure Readmission Rate	21.9%	20.19%	19.80%	20.80%	21.60%
READM-30-PN	Pneumonia Readmission Rate	16.6%	16.80%	15.90%	15.10%	13.80%
READM-30-COPD	COPD Readmission Rate	19.60%	18.70%	20.49%	19.20%	19.60%
READM-30-THA/TKA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.00%	4.00%	4.10%	3.90%	4.40%
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	12.70%	14.30%	13.70%	13.80%	11.70%
READM-30-STR	Stroke Readmission Rate		9.90%	10.40%	Not Published	Not Published
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2015 - June 2016	July 2016 - June 2017	July 2015 - June 2018	July 2018 - June 2019
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR) +	15.6%	15.00%	15.40%	14.7%	13.7%

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)

◆ Mortality Measures - 30 Day +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2013- June 2016	July 2014- June 2017	July 2015 - June 2018	July 2016 - June 2019
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate	12.7%	12.90%	12.80%	12.50%	10.90%
MORT-30-HF	Heart Failure Mortality Rate	11.3%	11.70%	10.30%	9.70%	8.00%
MORT-30-PN	Pneumonia Mortality Rate	15.4%	15.90%	15.90%	15.30%	14.20%
MORT-30-COPD	COPD Mortality Rate	8.40%	7.96%	9.30%	8.80%	9.20%
MORT-30-STK	Stroke Mortality Rate	13.80%	11.70%	12.70%	13.70%	13.60%
CABG MORT-30	CABG 30-day Mortality Rate	3.00%	3.46%	3.60%	3.40%	3.00%
◆ Cost Efficiency +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2016 - Dec 2016	Jan 2017 - Dec 2017	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019
MSPB-1	Medicare Spending Per Beneficiary (All)	0.99	0.99	0.98	0.97	0.97
			July 2013- June 2016	July 2014- June 2017	July 2015- June 2018	July 2016- June 2019
MSPB-AMI	Acute Myocardial Infarction (AMI) Payment Per Episode of Care	\$25,526	\$21,192	\$21,274	\$23,374	\$27,327
MSPB-HF	Heart Failure (HF) Payment Per Episode of Care	\$17,670	\$16,904	\$16,632	\$16,981	\$17,614
MSPB-PN	Pneumonia (PN) Payment Per Episode of Care	\$18,322	\$17,429	\$17,415	\$17,316	\$17,717
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2013 - June 2016	July 2013 - June 2016	April 2014 - March 2017	April 2015 - March 2018
MSPB-Knee	Hip and Knee Replacement	\$20,959		\$22,502	\$21,953	\$20,263

*** National Average + Lower Number is better

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/)

◆ Outpatient Measures (Claims Data) +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2015 - June 2016	July 2016 - June 2017	July 2017 - June 2018	July 2018 - June 2019
OP-8	Outpatient with Low Back Pain who had an MRI without trying Recommended Treatments First, such as Physical Therapy	38.20%	Not Available	Not Available	Not Available	Not Available
OP-9	Outpatient who had Follow-Up Mammogram, Ultrasound, or MRI of the Breast within 45 days following a Screening Mammogram	8.90%	6.80%	7.00%	6.80%	Not Published
OP-10	Outpatient CT Scans of the Abdomen that were “Combination” (Double) Scans	6.40%	5.60%	4.80%	4.50%	6.10%
OP-11	Outpatient CT Scans of the Chest that were “Combination” (Double) Scans	1.40%	0.10%	0.20%	0.20%	Not Published
OP-13	Outpatients who got Cardiac Imaging Stress Tests Before Low-Risk Outpatient Surgery	4.20%	3.30%	3.50%	3.20%	3.20%
OP-14	Outpatients with Brain CT Scans who got a Sinus CT Scan at the Same Time	1.20%	0.40%	0.40%	0.30%	Not Published
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2014 - Dec 2014	Jan 2015 - Dec 2015	Jan 2016 - Dec 2016	Jan 2018 - Dec 2018
OP-22	Patient Left Emergency Department before Being Seen	2.00%	1.00%	1.00%	1.00%	2.00%

+ Lower Number is better

MHMC Performance Metrics and Core Services Report Annual Report 2020

Schedule 7: External Awards & Recognition

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

External Awards and Recognition – 2020
<u>Healthgrades:</u> <i>America’s 100 Best Hospitals for Cardiac Care & Cardiac Care Excellence Award. Five-Star Distinctions in: treatment of pneumonia for 4 years in a row, treatment of sepsis for 9 years in a row, treatment of heart failure for 3 years in a row, coronary intervention procedures, treatment of heart attack, hip fracture treatment, spinal fusion surgery, and treatment of diabetic emergencies.</i>
<u>American Heart/Stroke Association:</u> <i>Get With the Guidelines-Stroke Gold Plus Quality Achievement Award (2011-2020)</i>
<u>Emergency Nurses Association:</u> <i>Lantern Award for demonstrating exceptional and innovative performance in leadership, practice, education (2018 – 2021)</i>
<u>American College of Surgeons:</u> <i>Level III Trauma Center Verification (2019 – 2021)</i>
<u>Intersocietal Accreditation Commission:</u> <i>3-Year Echocardiography Accreditation (2018 – 2021)</i>
<u>The Joint Commission:</u> <i>Primary Stroke Center Certification (2018-2020); Gold Seal of Approval (2019-2022)</i>
<u>Commission on Cancer:</u> <i>3-Year Accreditation with Commendation (2020 – 2023)</i>
<u>United Nations International Children’s Fund/World Health Organization:</u> <i>Baby Friendly Designation (2017 – 2022)</i>
<u>The National Accreditation Program for Breast Centers:</u> <i>Breast Center Accreditation (2019-2022)</i>
<u>California Medical Association Institute for Medical Quality:</u> <i>Accreditation of Continuing Medical Education (2020 – 2024)</i>
<u>Blue Distinction:</u> <i>Center for Maternity Care (2020)</i>
<u>American Health Association:</u> <i>Type II Diabetes Honor Roll (2020)</i>
<u>BETA Healthcare Group:</u> <i>Excellence in OR (2014-2020)</i>
<u>California Department of Public Health:</u> <i>Antimicrobial Stewardship Honor Roll (2020-2022)</i>
<u>Marin County Emergency Medical Services Agency:</u> <i>MarinHealth Medical Center has earned the esteemed designation of an Emergency Department Approved for Pediatrics (EDAP) from Marin County Emergency Medical Services Agency.</i>
<u>The Pacific Sun:</u> <i>Best Local Hospital (2020)</i>
<u>Marin Independent Journal:</u> <i>Reader’s Choice Award for Best Hospital (2020)</i>

MHMC Performance Metrics and Core Services Report Annual Report 2020

Schedule 8: Community Benefit Summary

➤ **Tier 2, Community Commitment**

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

Cash & In-Kind Donations					
(These figures are not final and are subject to change)					
	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Total 2020
Brain Injury Network (Schurig Center)	\$ 1,050	0	0	0	\$ 1,050
Buckelew	26,250	0	0	0	26,250
Community Action Marin	10,500	0	0	0	10,500
Community Institute for Psychotherapy	15,750	0	0	0	15,750
ExtraFood.org	0	0	0	5,250	5,250
Homeward Bound	157,500	0	0	0	157,500
Hospice by the Bay	0	0	0	5,250	5,250
Huckleberry Youth Programs	10,500	0	0	0	10,500
Jewish Family and Children's Services	10,500	0	0	0	10,500
Marin Center for Independent Living	26,250	0	0	0	26,250
Marin Community Clinics	105,000	0	0	0	105,000
MHD 1206B Clinics	6,524,273	8,692,426	5,623,735	7,063,036	27,903,470
North Marin Community Services	10,500	0	0	0	10,500
Operation Access	21,000	0	0	0	21,000
Ritter Center	26,250	0	0	0	26,250
RotaCare Free Clinic	15,750	0	0	0	15,750
San Geronimo Valley Community Center	5,250	0	0	0	5,250
Spahr Center	15,750	0	0	0	15,750
Summer Solstice	2,153	0	0	0	2,153
West Marin Senior Services	10,500	0	0	0	10,500
Whistlestop	15,750	0	0	0	15,750
Total Cash Donations	\$ 7,020,976	\$ 8,692,426	\$ 5,623,735	\$ 7,073,536	\$ 28,410,673
Meeting room use by community based organizations for community-health related purposes.	2,781	0	0	0	2,781
Food donations	987	987	987	987	3,948
Total In Kind Donations	\$ 15,521	\$ 15,338	\$ 13,140	\$ 11,005	\$ 55,004
Total Cash & In-Kind Donations	\$ 7,036,497	\$ 8,707,764	\$ 5,636,875	\$ 7,084,541	\$ 28,465,677

MHMC Performance Metrics and Core Services Report Annual Report 2020

Schedule 8, continued

Community Benefit Summary					
(These figures are not final and are subject to change)					
	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Total 2020
Community Health Improvement Services	\$ 86,116	\$ 62,009	\$ 62,696	\$ 653,850	\$ 64,671
Health Professions Education	517,015	350,811	81,714	692,763	1,642,303
Cash and In-Kind Contributions	7,036,497	8,707,764	5,636,875	7,084,541	28,465,677
Community Benefit Operations	6,300	5,513	7,225	5,942	24,980
Community Building Activities	0	0	0	0	0
Traditional Charity Care <i>*Operation Access total is included</i>	470,995	289,175	388,929	280,379	1,429,478
Government Sponsored Health Care <i>(includes Medi-Cal & Means-Tested Government Programs)</i>	6,784,847	6,734,333	8,794,129	7,912,832	30,226,141
Community Benefit Subtotal (amount reported annually to State & IRS)	\$14,901,770	\$16,149,605	\$14,971,568	\$16,630,307	\$ 62,653,250
Unpaid Cost of Medicare	20,131,921	16,777,396	18,216,928	16,527,290	71,653,535
Bad Debt	550,915	428,464	408,548	422,359	1,810,286
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u>	\$35,584,606	\$33,355,465	\$33,597,044	\$33,579,956	\$136,117,071

Operation Access					
<p>Though not a Community Benefit requirement, MHMC 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 2020	Q2 2020	Q3 2020	Q4 2020	Total 2020
*Operation Access charity care provided by MHMC (waived hospital charges)	\$ 5,513	\$ 191,460	\$ 754,668	\$ 201,852	\$ 1,153,493
Costs included in Charity Care	966	33,567	131,784	35,389	201,706

MHMC Performance Metrics and Core Services Report Annual Report 2020

Schedule 9: “Green Building” Status

➤ **Tier 2, Community Commitment**

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

Leadership in Energy and Environmental Design (LEED)

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

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

MHMC LEED Status
MGH Hospital Replacement Project is registered with the United States Green Building Council (USGBC) as a New Construction Project
MGH Hospital Replacement Project has retained Thornton Tomasetti, specializing in LEED requirements
All key members of the Design Team are LEED certified
Through Construction Documents of the Hospital Replacement Project, the Project has maintained LEED Silver status

MHMC Performance Metrics and Core Services Report Annual Report 2020

Schedule 10: Physicians on Staff

➤ **Tier 2, Physicians and Employees**

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

As of December 31, 2020, there were a total of 554 physicians on MHMC staff:

- 253 Active
- 52 Consulting
- 20 Courtesy
- 52 Office-Based
- 119 Provisional
- 6 Telemedicine
- 52 Allied Health Professionals

New Physician Appointments				
January 1, 2020 – December 31, 2020				
	Name		Appointment Date	Specialty
1	Abadie	Brianna	7/28/2020	Rad-Telemedicine
2	Aharonian	Artin	1/28/2020	Rad-Telemedicine
3	Al-Balas	Hassan	1/28/2020	Rad-Telemedicine
4	Aldahhan	Nadine	1/28/2020	Family Medicine
5	Anand	Neil	1/28/2020	Rad-Telemedicine
6	Bajwa	Meera	7/28/2020	Med-Nephrology
7	Benedict	Matthew	7/28/2020	Rad-Telemedicine
8	Blanchard	Julie	3/24/2020	PA-Physician Assistant
9	Burch	Shane	3/24/2020	Orthopedic Surgery
10	Chen	Henry	7/28/2020	Radiology
11	Coast	Reed	2/25/2020	Surg-Podiatry
12	Colby	John	7/28/2020	Radiology
13	Coll	Jonathan	1/28/2020	Rad-Telemedicine
14	Conte	Michael	1/28/2020	Surg-Vascular
15	Curran	Shannon	2/25/2020	Surg-Podiatry
16	Davies	Laura	7/28/2020	Psychiatry
17	DeSon	Amanda	8/25/2020	OBGYN
18	Desruisseau	Andrew	1/28/2020	Med-Infectious Disease
19	Doan	Lien	7/28/2020	Rad-Telemedicine
20	Douglas	Trent	1/28/2020	Surg-Plastic
21	Drotman	Spencer	5/26/2020	Anesthesiology
22	Duggirala	Chandra	5/26/2020	Hospital Medicine
23	Edwards	Sara	11/24/2020	Orthopedic Surgery
24	Eichler	Charles	4/28/2020	Surg-Vascular
25	Evitts	Matthew	10/27/2020	Rad-Telemedicine

MHMC Performance Metrics and Core Services Report Annual Report 2020

Schedule 10, continued

26	Farrell	Robert	1/28/2020	Rad-Telemedicine
27	Frederiksen	Ryan	1/28/2020	Rad-Telemedicine
28	Frencher	James	7/28/2020	Rad-Telemedicine
29	Furubayashi	Jill	1/28/2020	Rad-Telemedicine
30	Garcia-Rojas	Xavier	1/28/2020	Rad-Telemedicine
31	Gasper	Warren	1/28/2020	Surg-Vascular
32	Gaudet	Ross	1/28/2020	Anesthesiology
33	Gin	Amy	4/28/2020	Cardiovascular Services
34	Gore	Nikita	9/29/2020	Family Medicine
35	Green	Deanna	3/24/2020	Med-Internal Medicine
36	Higgins	Brennan	8/25/2020	Pedi-Hospitalist
37	Hobart	Edward	1/28/2020	Rad-Telemedicine
38	Hollis	Richard	7/28/2020	Rad-Telemedicine
39	Hwang	Janice	1/28/2020	Rad-Telemedicine
40	Iannuzzi	James	1/28/2020	Surg-Vascular
41	Jamison	Emma	9/29/2020	OBGYN
42	Jang	Brittany	5/26/2020	PA-Physician Assistant
43	Johnk	Dorien	3/24/2020	PA-Physician Assistant
44	Joshi	Sonali	11/24/2020	Anesthesiology
45	Karachalios	Michael	1/28/2020	Rad-Telemedicine
46	Kato	Kambrie	1/28/2020	Rad-Telemedicine
47	Kazem	Fatima	1/28/2020	Rad-Telemedicine
48	Klenow	Megan	4/28/2020	Pedi-Hospitalist
49	LaBourene	Jay	12/1/2020	Surg-Cardiothoracic
50	Leal	Deborah	1/28/2020	RNP-Nurse Practitioner
51	Lee	David	1/28/2020	Rad-Telemedicine
52	Lin	Michael	7/28/2020	Rad-Telemedicine
53	Lorents	Evelyn	1/28/2020	Rad-Telemedicine
54	Lotan	Roi	1/28/2020	Rad-Telemedicine
55	Macari	Candice	9/29/2020	PA-Physician Assistant
56	MacPherson	Liane	10/27/2020	CNM
57	Martin	Andrew	1/28/2020	Rad-Telemedicine
58	Martinez	Marisol	1/28/2020	PA-Physician Assistant
59	Meckel	Moya	2/25/2020	RNP-Nurse Practitioner
60	Mischiu	Oana	7/28/2020	Rad-Telemedicine
61	Newhauser	Nicole	10/27/2020	PA-Physician Assistant
62	Obembe	Olufolajimi	1/28/2020	Rad-Telemedicine
63	Peel	Avanee	7/28/2020	Rad-Telemedicine
64	Peysakhovich	Anya	9/29/2020	PA-Physician Assistant
65	Pollock	Max	1/28/2020	Rad-Telemedicine
66	Riad	Shareef	1/28/2020	Rad-Telemedicine

MHMC Performance Metrics and Core Services Report Annual Report 2020

Schedule 10, continued

67	Roeder	Zachary	1/28/2020	Rad-Telemedicine
68	Santiago	Jayson	3/24/2020	RNP-Nurse Practitioner
69	Schoellerman	Manal	1/28/2020	Rad-Telemedicine
70	Segev	Tamar	4/28/2020	OBGYN
71	Shah	Vatsal	9/29/2020	Hospital Medicine
72	Sherifi	Ines	2/25/2020	Cardiovascular Services
73	Shukla	Pinak	7/28/2020	Orthopedic Surgery
74	Simpson	Dustin	1/28/2020	Rad-Telemedicine
75	Slayden	Edward	4/28/2020	Hospital Medicine
76	Sloan	Steven	10/27/2020	Surg-Otolaryngology
77	Smith	Peter	7/28/2020	Radiology
78	Sohal	Ravinder	10/27/2020	Rad-Telemedicine
79	St. Germain	Sunny	10/27/2020	RNP-Nurse Practitioner
80	Sternbach	Joshua	7/28/2020	Med-eICU Intensivist
81	Thalken	Gregory	1/28/2020	Rad-Telemedicine
82	Thomson	Matthew	1/28/2020	Rad-Telemedicine
83	Tjerandsen	Carl	5/26/2020	PA-Physician Assistant
84	Tkac	Anthony	5/26/2020	PA-Physician Assistant
85	Tran	Michelle	10/27/2020	RNP-Nurse Practitioner
86	Uzquiano	Nelson	3/24/2020	Rad-Telemedicine
87	Vila	Molly	11/24/2020	Anesthesiology
88	Vila	Peter	11/24/2020	Surg-Otolaryngology
89	Vridhachalam	Sanjeevi	1/28/2020	Rad-Telemedicine
90	Ward	Derek	4/28/2020	Orthopedic Surgery
91	Wu	I-Kung	7/28/2020	Med-Phys Med & Rehab
92	Yamamoto	Shota	1/28/2020	Rad-Telemedicine
93	Yuen	Edwin	8/25/2020	Hospital Medicine
94	Yuh	Theresa	1/28/2020	Rad-Telemedicine
95	Zhang	Lucy	1/28/2020	Surg-Ophthalmology
96	Ziolkowski	Susan	2/25/2020	Med-Nephrology

MHMC Performance Metrics and Core Services Report Annual Report 2020

Schedule 11: Nursing Turnover, Vacancies, Net Changes

➤ **Tier 2, Physicians and Employees**

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

Turnover Rate				
Period	Number of Clinical RNs	Separated		Rate
		Voluntary	Involuntary	
Q1 2020	523	23	1	4.59%
Q2 2020	531	11	1	2.26%
Q3 2020	521	17	8	4.80%
Q4 2020	515	19	1	3.88%

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
Q1 2020	20	67	523	610	14.26%	10.98%	3.28%
Q2 2020	17	62	531	610	12.95%	10.16%	2.79%
Q3 2020	22	72	521	610	14.59%	11.80%	3.61%
Q4 2020	24	75	515	610	15.57%	12.30%	3.93%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
Q1 2020	8	24	(16)
Q2 2020	21	12	9
Q3 2020	11	25	(14)
Q4 2020	15	20	(5)

MHMC Performance Metrics and Core Services Report Annual Report 2020

Schedule 12: Ambulance Diversion

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

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

Quarter	Date	Time	Diversion Duration	Reason	Waiting Room Census	ED Admitted Patient Census
Q4 2020	Oct 4	17:59	2'01"	ED	18	6
	Dec 15	19:22	2'01"	ED	15	9
	Dec 24	03:08	2'01"	ED	2	7
	Dec 26	16:12	2'01"	ED	15	9

2020 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)

