

Marin General Hospital

Performance Metrics and Core Services Report

1st Quarter 2013

Marin General Hospital
Performance Metrics and Core Services Report: **1st Quarter 2013**

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 8/19/2010 for a duration of 36 months. Next survey to occur in 2013.
	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 2012 (Annual Report) was presented to MGH Board and to MHD Board in April 2013.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	<i>MGH Performance Improvement Plan for 2013</i> was presented for approval to the MGH Board in April 2013.
	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	Community Health and Education Report was presented to the MGH Board and to the MHD Board in April 2013.
	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	Physician and Employee metrics were presented to the MGH Board and to the MHD Board in April 2013.
(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

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TIER 2 PERFORMANCE METRICS

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

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs).	Quarterly	In Compliance	Schedule 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	External awards and recognition report was presented to the MGH Board and to the MHD Board in April 2013.
(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	Community Health and Education Report was presented to the MGH Board and to the MHD Board in April 2013.
	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	Reinvestment and Capital Expenditure Report was presented to the MGH Board and to the MHD Board in April 2013.
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	"Green Building" Status Report was presented to the MGH Board and to the MHD Board in April 2013.
(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	Physician Report was presented to the MGH Board and to the MHD Board in April 2013.
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	Physician and Employee metrics were presented to the MGH Board and to the MHD Board in April 2013.
	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 MHD Board on 11/16/12.
	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 12/13/12.
	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 2012 Independent Audit will be completed by 4/30/13, and will be available in the MHD office.
	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 2011 Form 990 was filed on 11/15/12.

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Schedule 1: HCAHPS

(Hospital Consumer Assessment of Healthcare Providers & Systems)

- **Tier 1, Patient Satisfaction and Services**
The MGH Board will report on MGH's HCAHPS Results Quarterly.
- **Tier 2, Patient Satisfaction and Services**
The MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.

Scores displayed here are based on interviews submitted to CMS for the selected time period(s).

Mode adjustments and ESTIMATED Patient Mix Adjustments have been applied to the dimension scores. Scores for the individual questions do not have adjustments applied.

FY 2015 VBP Thresholds				Marin General Hospital Greenbrae, CA
67.96	76.56	83.44	Overall Rating	63.73
76.56	81.64	85.70	Communication with Nurses	71.91
			Nurse Respect	82.28
			Nurse Listen	75.53
			Nurse Explain	69.92
79.88	84.83	88.79	Communication with Doctors	81.46
			Doctor Respect	89.22
			Doctor Listen	80.60
			Doctor Explain	78.45
63.17	72.00	79.06	Responsiveness of Staff	63.13
			Call Button	60.00
			Bathroom Help	75.65
69.46	74.30	78.17	Pain Management	67.23
			Pain Controlled	67.66
			Help with Pain	76.19
60.89	66.98	71.85	Communication about Medications	54.80
			Med Explanation	72.14
			Med Side Effects	45.26
64.07	72.31	78.90	Hospital Environment	47.49
			Cleanliness	54.50
			Quiet	40.48
83.54	86.97	89.72	Discharge Information	83.15
			Help After Discharge	82.27
			Symptoms to Monitor	86.64
			Number of Surveys	237

Overall Hospital HCAHPS

1st Quarter 2013

EXPLANATION OF COLORS:

This HCAHPS chart shows what percent of the nation we are better than:

If we are:

- **Blue** = better than 95% of the nation (as reported by CMS)
- **Yellow** = better than 75% of the nation (as reported by CMS)
- **Green** = better than 50% of the nation (as reported by CMS)
- **Red** = below the national 50th percentile (as reported by CMS)

The "FY 2015 VBP Thresholds" (on the left side of the chart) shows the:

- National 95th Percentile Score = **Blue**
- National 75th Percentile Score = **Yellow**
- National Average (50th Percentile) Score = **Green**

**Official VBP monthly trending HCAHPS results are distributed by Juhi Dutt on the 15th of each month

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Schedule 2: Finances

➤ **Tier 1, Finances**

The 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. The MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.

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

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

Financial Measure	1Q 2012
EBIDA \$	\$7,589
EBIDA %	9.53%

Loan Ratios	1Q 2012
Current Ratio	2.45
Debt to Capital Ratio	38.8%
Debt Service Coverage Ratio	4.76
Debt to EBIDA %	1.05

Key Service Volumes, cumulative	1Q 2012
Acute discharges	2,427
Acute patient days	10,698
Average length of stay	4.41
Emergency Department visits	8,739
Inpatient surgeries	565
Outpatient surgeries	753

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.

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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.hospitalcompare.hhs.gov/)

Abbreviations and Acronyms Used in Dashboard Report	
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
CLABSI	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 (ST refers to the EKG tracing segment)
TBD	To Be Determined
VAP	Ventilator Associated Pneumonia
VHA	Voluntary Hospitals of America
VTE	Venous Thromboembolism

METRIC	**CMS Benchmark	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Q1-2013 Num/Den	Rolling %	Rolling Num/Den
◆ Acute Myocardial Infarction (AMI) Measures																
AMI - ACEI or ARB for LVSD	100%	100%	100%	100%	100%	100%	N/A	100%	100%	100%	N/A	100%	100%	6/6	100%	29/29
AMI - Aspirin at arrival	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	50/50	100%	199/199
AMI - Aspirin prescribed at discharge	100%	100%	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%	100%	42/42	99%	180/181
AMI - Beta blocker prescribed at discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	39/39	100%	166/166
*AMI - Primary PCI within 90 minutes of arrival	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	100%	100%	100%	8/8	100%	31/31
AMI - Statin Prescribed at Discharge	100%	100%	100%	100%	100%	100%	94%	100%	100%	100%	100%	100%	92%	43/44	99%	169/171
◆ Heart Failure (HF) Measures																
HF – ACEI or ARB for LVSD	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	16/16	100%	47/47
HF – LVS Assessment	100%	100%	100%	92%	100%	100%	100%	100%	100%	100%	100%	100%	100%	60/60	99%	184/185
*HF– Discharge instructions	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	45/45	100%	141/141
◆ Pneumonia (PN) Measures																
PN – Antibiotic selection for ICU/non-ICU patients	100%	100%	100%	100%	100%	100%	75%	100%	100%	100%	100%	100%	100%	21/21	99%	76/77
*PN – Blood culture in ED prior to initial antibiotic	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	47/47	100%	182/182
◆ Surgical Care Improvement Project (SCIP)Measures																
*SCIP/SIP-Inf-Antibiotic within 1 hr of incision-Overall	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	82/82	100%	319/319
*SCIP/SIP-Inf-Antibiotic selection-Overall	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	82/82	100%	317/317
*SCIP/SIP-Inf-Antibiotic disc. within 24 hrs-Overall	100%	100%	100%	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%	82/82	100%	316/317
*SCIP-Inf-Cardiac patients 6am postop serum glucose	100%	75%	83%	100%	80%	100%	100%	89%	100%	100%	100%	80%	100%	14/15	90%	56/62
SCIP-Inf-Appropriate hair removal	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	119/119	100%	470/470
*SCIP-CARD-Beta blocker prior to adm and periop	100%	100%	100%	100%	91%	100%	100%	100%	100%	100%	100%	100%	100%	21/21	99%	125/126
*SCIP-VTE-VTE prophylaxis timing	100%	88%	95%	95%	95%	100%	97%	100%	100%	97%	96%	100%	100%	85/86	97%	317/326
*SCIP-Inf-Urinary catheter removed POD 1 or POD 2	100%	95%	88%	78%	100%	100%	95%	100%	100%	91%	100%	100%	100%	48/48	96%	200/208
SCIP-Inf-Surgery patients w/periop temp mgmt	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	120/120	100%	468/468
◆ Global Immunization (IMM) Measures																
IMM - Pneumo Immunization - Overall Rate	98%	66%	53%	61%	68%	69%	80%	87%	88%	86%	85%	81%	89%	136/160	76%	482/631
IMM - Influenza Immunization	98%	N/A	N/A	N/A	N/A	N/A	N/A	81%	78%	90%	89%	93%	87%	241/268	86%	470/544
◆ Outpatient Surgery Measures																
OP - Timing of Antibiotic Prophylaxis	100%	94%	100%	89%	86%	96%	100%	100%	100%	100%	100%	100%	100%	42/42	97%	204/211
OP - Antibiotic Selection	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	42/42	100%	209/210
<i>*Performance period for CMS Value-Based Purchasing (VBP) metric: 01-01-2013 through 12-31-2013</i>																
<i>** Top Decile Benchmark from CMS Hospital Compare</i>																
<i>***Benchmark yet to be established.</i>																

METRIC	**CMS Benchmark	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Q1-2013 Mins/ Den	Rolling mins	Rolling Mins/ Den
◆ ED Inpatient (ED) Measures																
ED - Mean Time ED Arrival to ED Departure, Minutes	175	355.36	322.94	305.95	294.59	304.61	336.09	363.54	306.67	401.14	346.14	398.85	346.74	69312/191	340.65	249353/732
ED - Admit Decision Time to ED Depart Time, Minutes	42	217.19	183.26	173.93	181.32	173.33	190.16	249.12	181.22	283.58	199.07	240.08	187.44	31335/150	205.96	107923/524
◆ ED Outpatient (ED) Measures																
OP - Mean Time ED Arrival to ED Departure Home - Reporting	92	145.75	162.69	168.33	147.64	159.15	158.22	154.19	123.82	164.78	151.07	161.55	172.09	15370/95	157.08	105085/669
OP - Avg Time Spent in ED before seen by Health Care Profs.	14	48.02	58.86	51.05	35.94	34.32	40.91	32.39	29.91	45.56	46.00	57.12	31.78	4328/96	46.65	31165/668
◆ Outpatient Pain Management Measure																
OP - Mean Time to Pain Mgmt for Long Bone Fracture - Mins	37	94.83	79.93	81.36	84.40	74.18	61.59	73.52	49.44	70.50	98.00	92.85	80.60	5146/57	78.01	16850/216
◆ Outpatient Stroke Measure																
OP - Head CT/MRI Results for Stroke Patients Within 45 Minutes of Arrival	100%	0%	N/A	0%	0%	0%	100%	N/A	N/A	N/A	N/A	N/A	0%	0/1	25%	2/8
<i>*Performance period for CMS Value-Based Purchasing (VBP) metric: 04-01-2012 through 12-31-2012</i>																
<i>** Top Decile Benchmark from CMS Hospital Compare</i>																
<i>***Benchmark yet to be established.</i>																

		Benchmark			
◆ Surgical Site Infection					
METRIC	California Standardized Infection Ratio (SIR)	Jan 2011 - June 2011			
Colon Surgery	0.78	Insufficient data to calculate SIR			
Hysterectomy	0.98	Insufficient data to calculate SIR			
◆ Intensive Care Unit (ICU) Measures					
METRIC	California Standardized Infection Ratio (SIR)	Jan 2011 - June 2011	Jan 2011 - Sep 2011	July 2011 - June 2012	Jan 2012 - June 2012
*Central Line Associated Blood Stream Infection Rate (CLABSI)	0.52	0	0	0.60	not published
Catheter Associated Urinary Tract Infection (CAUTI)	1.06	not published	not published	not published	1.21
◆ Maternity Measures					
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2008	2009	2010	2011
Primary Caesarian Section Rate	18%	15%	12%	14.8%	14.8%
Exclusive Breast Feeding Rate	57%	82%	79%	80%	82%
◆ Mortality Measures					
METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2006 - June 2009	July 2007 - June 2010	July 2008 - June 2011	July 2011 - June 2012
*Acute Myocardial Infarction Mortality	15.5%	13.8%	13.7%	13.5%	not published
*Heart Failure Mortality	11.6%	10.6%	12.1%	12.9%	not published
*Pneumonia Mortality	12.0%	11.6%	11.1%	10.7%	not published
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	Q4 2009 -Q3 2010	Q1 2010 -Q4 2010	Q3 2010 -Q2 2011	Q4 2010 -Q3 2011
Intensive Care Unit Mortality	11.67%	11.45%	11.50%	9.09%	10.19%
◆ Acute Care Readmissions within 30 Days					
		Benchmark			
METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2006 - June 2009	July 2007 - June 2010	July 2008- June 2011	July 2011 onward
Acute Myocardial Infarction Readmissions	19.7%	18.0%	19.1%	18.0%	not published
Heart Failure Readmissions	24.7%	24.8%	24.5%	24.7%	not published
Pneumonia Readmissions	18.5%	17.7%	17.9%	17.9%	not published

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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)	
	1Q 2013
Baseline Concussion Testing for Underserved Youth	\$2,500
Community Institute for Psychotherapy	\$100
Healthy Aging Symposium	\$1,000
Marin Brain Injury Network	\$528
Marin Community Clinics	\$53,151
Marin Sonoma Concours d'Elegance	\$2,500
MHD 1206(b) Clinics	\$623,639
Prima Medical Foundation	\$1,110,743
Redwoods Crabfest	\$1,000
Zero Breast Cancer – Honor Thy Healer	\$1,140
Total Cash Donations	\$1,796,301
MedShare	\$0
Total In-Kind Donations	\$0
Total Cash & In-Kind Donations	\$1,796,301

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Schedule 4, continued

Community Benefit Summary	
(these figures are not final and are subject to change)	
	1Q 2013
Community Health Improvement Services	\$41,622
Health Professions Education	\$27,953
Research	\$0
Cash and In-Kind Contributions	\$1,796,301
Community Benefit Operations	\$582
Traditional Charity Care	\$462,918
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	\$4,422,724
Community Benefit Subtotal (amount reported annually to state & IRS)	\$6,752,100
Community Building Activities	\$0
Unpaid Cost of Medicare	\$15,226,174
Bad Debt	\$891,511
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total	\$22,869,785

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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				
Quarter	Number of Clinical RNs	Terminated		Rate
		Voluntary	Involuntary	
1Q 2013	553	14	4	3.25%

Vacancy Rate									
Period	Per Diem Postings	Benefited Postings	Per Diem Hires	Benefited Hires	Benefited Headcount	Per Diem Headcount	Total Headcount	Benefited Vacancy Rate	Per Diem Vacancy Rate
1Q 2013	20	37	5	5	388	165	553	9.54%	12.12%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
1Q 2013	10	18	(8)

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Schedule 6: Ambulance Diversion

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

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

Quarter	Date	Time	Length of Time on Divert	Reason	ED Census	Waiting Room Census	ED Admitted Patient Census
1Q 2013	3-Jan	1743 - 2045	3 hr 2 min	ED Saturation	26 3 resuscitations	3	8
1Q 2013	9-Jan	0430 - 0740	3 hr 10 min	ED Saturation	15	0	5
1Q 2013	17-Jan	1018- 1425	4hr 7 min	ED Saturation	13	4	9
1Q 2013	30-Jan	0005 - 0116	1 hr 11 min	ED Saturation	17	5	1
1Q 2013	4-Feb	1435 - 1945	4 hr 10 min	ED Saturation	19	10	9
1Q 2013	7-Feb	1615- 1805	1hr 50 min	ED Saturation	18	13	5
1Q 2013	13-Feb	0840 - 1420	5 hr 40 min	Cath Lab Stemi Divert	N/A	N/A	N/A
1Q 2013	13-Feb	2102- 2222	1 hr 20 min	ED Saturation	17	3	9
1Q 2013	14-Feb	1130 - 1300	1 hr 30 min	Cath Lab	N/A	N/A	N/A
1Q 2013	16-Feb	1430- 1755	3 hr 25 min	ED Saturation	33	16	10
1Q 2013	16-Feb	2038- 0040	4 hrs	ED Saturation	37	12	5
1Q 2013	19-Feb	1500- 1700	2 hrs	ED Saturation	20	6	8
1Q 2013	1-Mar	1635 - 1750	1 hr 15 min	ED Saturation	22	13	5
1Q 2013	10-Mar	2043 - 2325	2 hr 42 min	ED Saturation	26	1	3
1Q 2013	11-Mar	1420 - 1720	3 hrs	ED Saturation	17	3	8
1Q 2013	26-Mar	1600 - 2100	5 hrs	ED Saturation	18	12	8

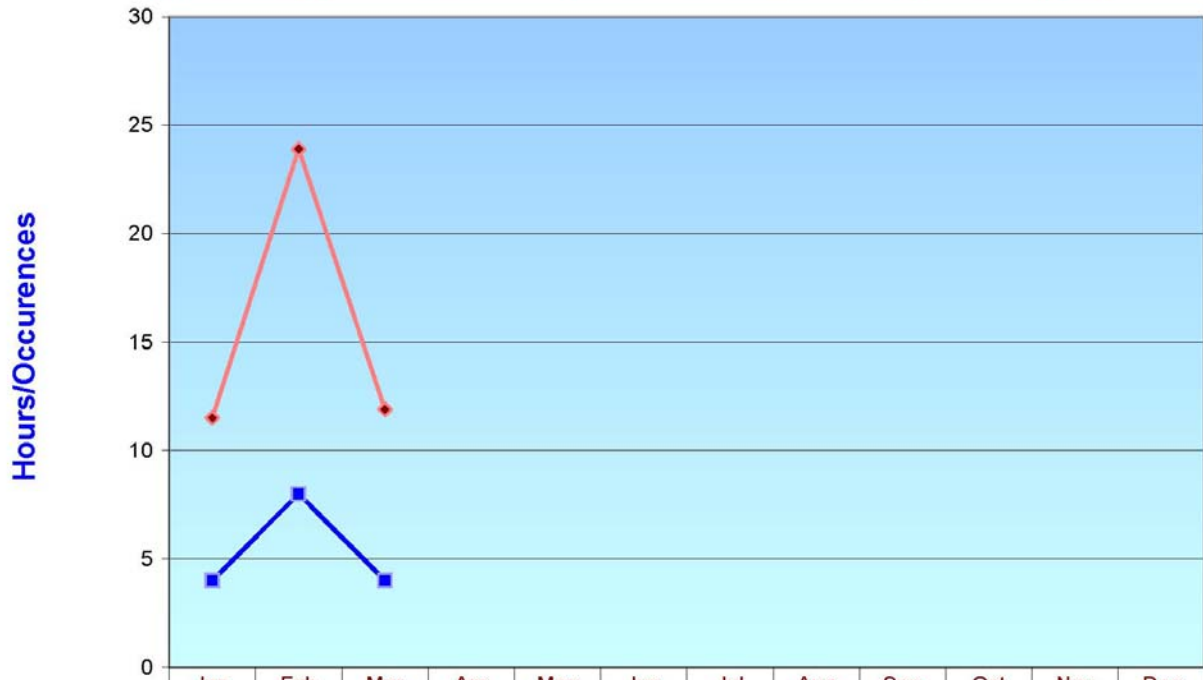
MGH Performance Metrics and Core Services Report

1Q 2013

Schedule 6, continued

2013 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)



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Hours	11.5	23.9	11.9									
Occurrences	4	8	4									