

**Marin General Hospital**  
Performance Metrics and Core Services Report  
4<sup>th</sup> Quarter 2012

**Marin General Hospital**  
Performance Metrics and Core Services Report: **4th Quarter 2012**

**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) presented to MGH Board on 4/4/13 and to MHD Board on 4/9/13.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	Annual <i>MGH Performance Improvement Plan for 2013</i> presented for approval to the MGH Board on 4/4/13.
	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	<b>Schedule 1</b>
(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	<b>Schedule 2</b>
	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	<b>Schedule 3 Schedule 4</b>
(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	<b>Schedule 5</b>
	2. MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly	In Compliance	<b>Schedule 5</b>

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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	<b>Schedule 6</b>
(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	<b>Schedule 1</b>
	2. MGH Board will report external awards and recognition.	Annually	In Compliance	<b>Schedule 7</b>
(C) Community Commitment	1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly	In Compliance	<b>Schedule 8</b>
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	<b>Schedule 8</b>
	3. MGH Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities.	Annually	In Compliance	<b>Schedule 2</b>
	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	<b>Schedule 5</b>
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	<b>Schedule 9</b>
(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	<b>Schedule 10</b>
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	<b>Schedule 3</b> <b>Schedule 4</b>
	3. MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.	Quarterly	In Compliance	<b>Schedule 11</b>
(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	<b>Schedule 5</b>
	4. MGH Board will report on current Emergency services diversion statistics.	Quarterly	In Compliance	<b>Schedule 12</b>
(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	<b>Schedule 5</b>
	3. MGH Board will provide copies of MGH's annual tax return (form 990) upon completion to General Member.	Annually	In Compliance	The MGH 2011 Form 990 was filed on 11/15/12.

# MGH Performance Metrics and Core Services Report

## 4Q 2012

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### **Schedule 1: HCAHPS**

(Hospital Consumer Assessment of Healthcare Providers & Systems)

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

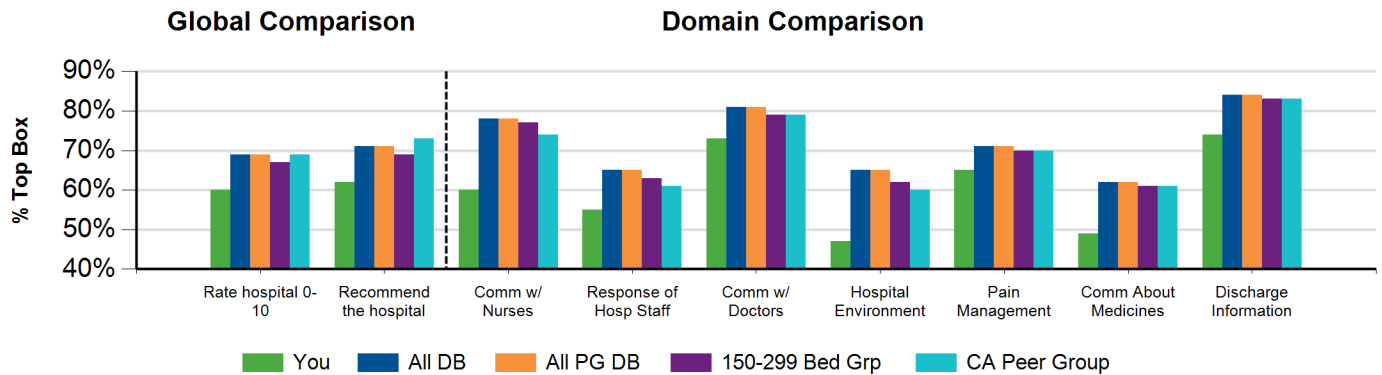
The MGH Board will report on MGH's HCAHPS Results Quarterly.

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

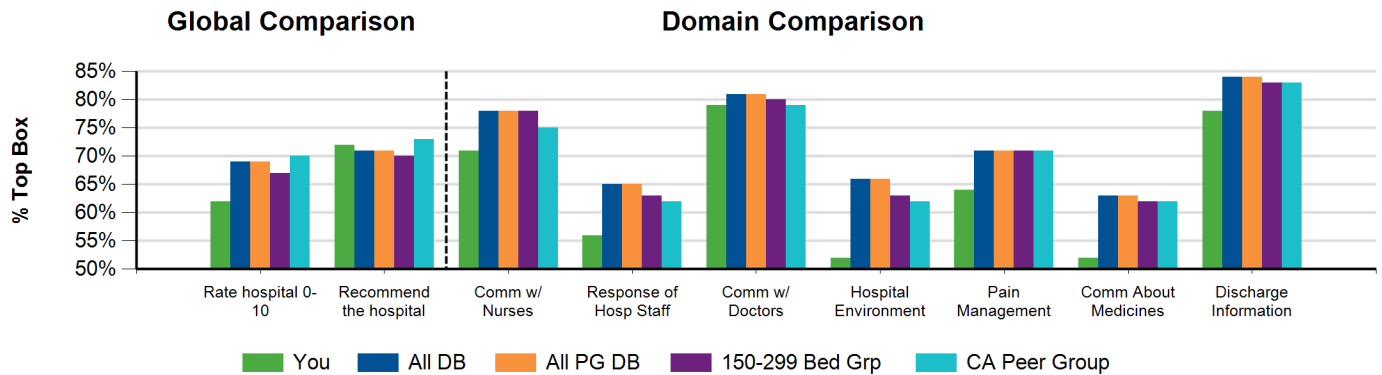
The MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.

**2012 Annual Report of HCAHPS data is presented on the following four pages, by quarter:**

- 1Q 2012: (Source: Press Ganey)
- 2Q 2012: (Source: Press Ganey)
- 3Q 2012: (Source: Press Ganey)
- 4Q 2012: (Source: PRC – Professional Research Consultants)

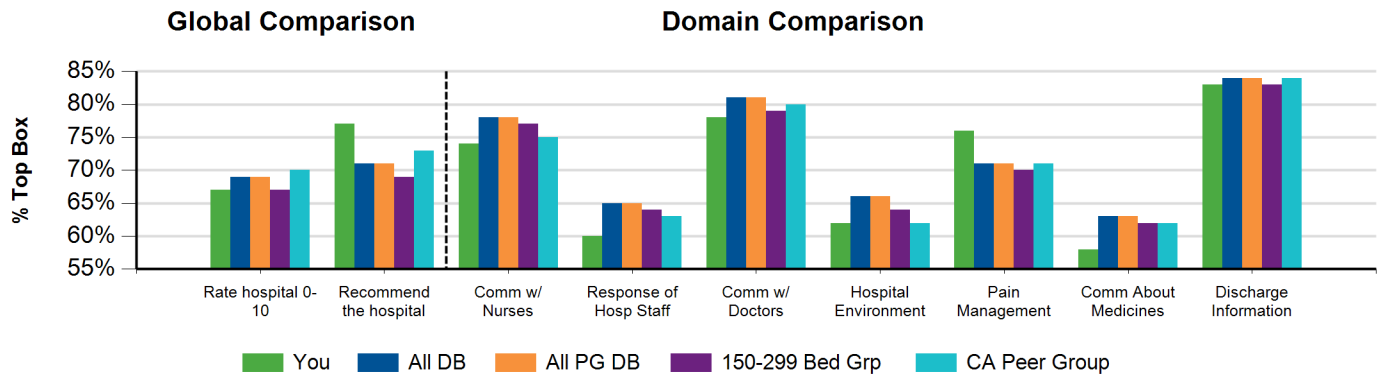


Domains and Questions	n	Your Top Box Score			All DB N = 1791	All PG DB N = 1791	150-299 Bed Grp N = 404	CA Peer Group N = 102
		Previous % Oct-Dec	Current % Jan-Mar		Percentile Rank	Percentile Rank	Percentile Rank	Percentile Rank
Rate hospital 0-10	129	58%	60%	▲	15	15	17	16
Recommend the hospital	130	75%	62%	▼	20	20	23	15
Comm w/ Nurses	133	75%	60%	▼	1	1	1	3
Nurses treat with courtesy/respect	132	80%	71%	▼	2	2	2	9
<i><b>Nurses listen carefully to you</b></i>	<b>130</b>	<b>70%</b>	<b>54%</b>	▼	1	1	1	3
<i><b>Nurses expl in way you understand</b></i>	<b>128</b>	<b>74%</b>	<b>54%</b>	▼	1	1	1	2
Response of Hosp Staff	118	62%	55%	▼	12	12	12	19
Call button help soon as wanted it	107	60%	47%	▼	3	3	4	6
Help toileting soon as you wanted	72	63%	64%	▲	41	41	46	62
Comm w/ Doctors	132	82%	73%	▼	7	7	9	7
Doctors treat with courtesy/respect	131	88%	81%	▼	10	10	12	19
Doctors listen carefully to you	131	83%	73%	▼	15	15	19	12
Doctors expl in way you understand	129	76%	64%	▼	4	4	4	8
Hospital Environment	131	51%	47%	▼	1	1	1	3
<i><b>Cleanliness of hospital environment</b></i>	<b>127</b>	<b>60%</b>	<b>57%</b>	▼	2	2	2	6
Quietness of hospital environment	131	43%	37%	▼	2	2	2	5
Pain Management	91	65%	65%	-	15	15	14	16
Pain well controlled	91	60%	57%	▼	13	13	10	11
Staff do everything help with pain	91	71%	74%	▲	21	21	21	28
Comm About Medicines	87	55%	49%	▼	2	2	2	4
Tell you what new medicine was for	87	70%	66%	▼	7	7	6	12
Staff describe medicine side effect	85	40%	32%	▼	1	1	1	2
Discharge Information	126	77%	74%	▼	4	4	3	4
Staff talk about help when you left	125	76%	71%	▼	6	6	4	6
Info re symptoms/prob to look for	122	79%	76%	▼	5	5	5	4



Domains and Questions	n	Your Top Box Score			All DB N = 1721	All PG DB N = 1721	150-299 Bed Grp N = 387	CA Peer Group N = 101
		Previous % Jan-Mar	Current % Apr-Jun		Percentile Rank	Percentile Rank	Percentile Rank	Percentile Rank
Rate hospital 0-10	125	60%	62%	▲	21	21	24	21
Recommend the hospital	124	62%	72%	▲	51	51	56	48
Comm w/ Nurses	126	60%	71%	▲	9	9	10	21
Nurses treat with courtesy/respect	125	71%	80%	▲	16	16	15	29
<b><i>Nurses listen carefully to you</i></b>	<b>126</b>	<b>54%</b>	<b>67%</b>	▲	<b>9</b>	<b>9</b>	<b>8</b>	<b>21</b>
<b><i>Nurses expl in way you understand</i></b>	<b>126</b>	<b>54%</b>	<b>67%</b>	▲	<b>9</b>	<b>9</b>	<b>10</b>	<b>25</b>
Response of Hosp Staff	110	55%	56%	▲	12	12	14	21
Call button help soon as wanted it	98	47%	48%	▲	3	3	3	6
Help toileting soon as you wanted	71	64%	63%	▼	35	35	36	42
Comm w/ Doctors	124	73%	79%	▲	36	36	42	43
Doctors treat with courtesy/respect	124	81%	88%	▲	59	59	68	63
Doctors listen carefully to you	124	73%	77%	▲	31	31	35	36
Doctors expl in way you understand	123	64%	72%	▲	29	29	33	31
Hospital Environment	124	47%	52%	▲	4	4	4	15
<b><i>Cleanliness of hospital environment</i></b>	<b>122</b>	<b>57%</b>	<b>57%</b>	-	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>
Quietness of hospital environment	124	37%	48%	▲	15	15	19	26
Pain Management	92	65%	64%	▼	11	11	10	10
Pain well controlled	91	57%	57%	-	13	13	10	9
Staff do everything help with pain	90	74%	71%	▼	11	11	11	16
Comm About Medicines	88	49%	52%	▲	4	4	5	6
Tell you what new medicine was for	86	66%	67%	▲	9	9	9	14
Staff describe medicine side effect	84	32%	36%	▲	2	2	3	4
Discharge Information	120	74%	78%	▲	11	11	11	13
Staff talk about help when you left	120	71%	80%	▲	41	41	44	45
Info re symptoms/prob to look for	117	76%	75%	▼	3	3	3	6

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](#)



Domains and Questions	n	Your Top Box Score			All DB N = 1703	All PG DB N = 1703	150-299 Bed Grp N = 391	CA Peer Group N = 102
		Previous % Apr-Jun	Current % Jul-Sep		Percentile Rank	Percentile Rank	Percentile Rank	Percentile Rank
Rate hospital 0-10	107	62%	67%	▲	40	40	48	40
Recommend the hospital	107	72%	77%	▲	69	69	75	57
Comm w/ Nurses	107	71%	74%	▲	17	17	18	33
Nurses treat with courtesy/respect	107	80%	85%	▲	47	47	50	64
<b><i>Nurses listen carefully to you</i></b>	<b>107</b>	<b>67%</b>	<b>70%</b>	▲	<b>18</b>	<b>18</b>	<b>22</b>	<b>32</b>
<b><i>Nurses expl in way you understand</i></b>	<b>107</b>	<b>67%</b>	<b>66%</b>	▼	<b>8</b>	<b>8</b>	<b>8</b>	<b>23</b>
Response of Hosp Staff	97	56%	60%	▲	23	23	25	37
Call button help soon as wanted it	94	48%	63%	▲	47	47	53	58
Help toileting soon as you wanted	60	63%	57%	▼	12	12	11	19
Comm w/ Doctors	106	79%	78%	▼	34	34	43	40
Doctors treat with courtesy/respect	105	88%	84%	▼	25	25	31	36
Doctors listen carefully to you	105	77%	78%	▲	43	43	54	54
Doctors expl in way you understand	105	72%	73%	▲	34	34	42	35
Hospital Environment	107	52%	62%	▲	34	34	39	55
Cleanliness of hospital environment	105	57%	71%	▲	45	45	55	56
Quietness of hospital environment	103	48%	53%	▲	30	30	34	55
Pain Management	78	64%	76%	▲	83	83	88	78
Pain well controlled	78	57%	73%	▲	93	93	96	90
Staff do everything help with pain	77	71%	79%	▲	55	55	60	63
Comm About Medicines	74	52%	58%	▲	20	20	23	25
Tell you what new medicine was for	72	67%	68%	▲	9	9	11	16
Staff describe medicine side effect	72	36%	49%	▲	44	44	51	50
Discharge Information	98	78%	83%	▲	39	39	45	41
Staff talk about help when you left	98	80%	84%	▲	68	68	73	74
Info re symptoms/prob to look for	97	75%	82%	▲	17	17	19	14

n = number of respondents  
 Questions that are among this period's top ten priorities appear in bold italics.  
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# MGH Performance Metrics and Core Services Report

## 4Q 2012

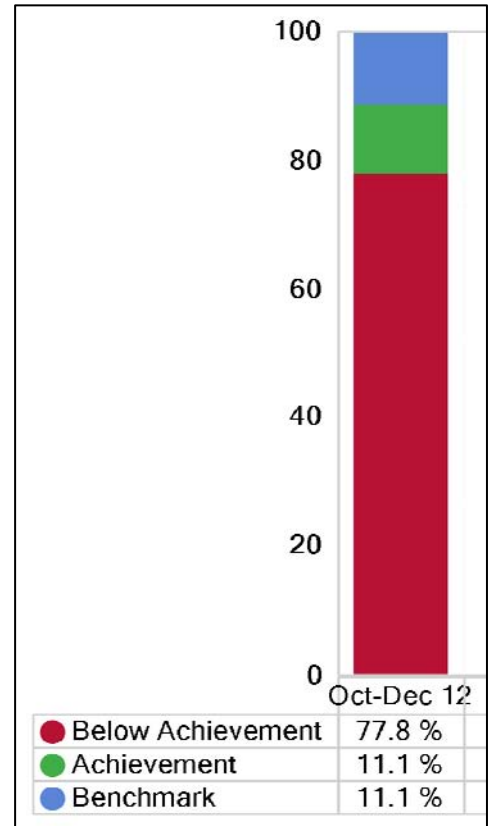
### Schedule 1, continued

### HCAHPS Compliance Chart Data 4<sup>th</sup> Quarter: Oct-Dec 2012

*Source: PRC (Professional Research Consultants, Inc.)*

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

FY 2014 VBP Thresholds			Marin General Hospital Greenbrae, CA
67.33	82.55	<b>Overall Rating</b>	68.86
		Would Recommend	74.11
75.79	84.99	<b>Communication with Nurses</b>	69.56
		Nurse Respect	79.10
		Nurse Listen	70.85
		Nurse Explain	70.73
79.57	88.45	<b>Communication with Doctors</b>	75.55
		Doctor Respect	83.20
		Doctor Listen	74.29
		Doctor Explain	73.06
62.21	78.08	<b>Responsiveness of Staff</b>	58.87
		Call Button	59.26
		Bathroom Help	67.88
68.99	77.92	<b>Pain Management</b>	65.93
		Pain Controlled	67.22
		Help with Pain	74.03
59.85	71.54	<b>Communication about Medications</b>	55.07
		Med Explanation	76.16
		Med Side Effects	41.78
63.54	78.10	<b>Hospital Environment</b>	51.85
		Cleanliness	57.16
		Quiet	46.55
82.72	89.24	<b>Discharge Information</b>	82.02
		Help After Discharge	80.54
		Symptoms to Monitor	86.10
		<b>Number of Surveys</b>	247



#### Compliance Trending Graph

The percentage of VBP (Value Based Purchasing) threshold compliance for all dimensions in the selected areas

*As reported by CMS:*  
 Blue = 95<sup>th</sup> percentile or better  
 Green = 50<sup>th</sup> percentile or better  
 Red = Below 50<sup>th</sup> percentile

*FY 2014 VBP (Value Based Purchasing) Thresholds:*

Green = National Average (50<sup>th</sup> Percentile)

Blue = National 95<sup>th</sup> Percentile Score



# MGH Performance Metrics and Core Services Report

## 4Q 2012

### 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.

<b>Community Health Improvement Services</b>			
<b>Event</b>	<b>Description</b>	<b>Recipients</b>	<b>Presenter</b>
Asthma for Dummies	Education Class	General Public	MGH Physicians
Breastfeeding Line	Free breastfeeding support line	General Public	WIC Department
Breast Health Forum	Community Breast Health Event	General Public	CIHW
Cancer Institute Classes	Classes held by MCI	General Public	Marin Cancer Institute
Cancer Resource and Recovery Center	Hours for library at MCI	General Public	Marin Cancer Institute
Cancer Support Groups	Variety of cancer support groups	General Public	Marin Cancer Institute
Center for Integrative Health and Wellness Classes	Variety of CIHW classes	General Public	CIHW
Community RD Phone Line	Free access line for community to Registered Dietitians	General Public	Nutrition Services
Horses as Healers	Program for cancer patients	General Public	Marin Cancer Institute
Indigent Funded Services	Lunches and rides provided	Patients in need	Behavioral Health/Case Management
Low Cost Mammo Day	Low cost mammograms	General Public	Breast Center
Marin County Senior Fair	Senior Information Fair	General Public/Senior Focus	Community Relations
Medical Library	Assistance for community	General Public	Marin General Hospital
Prostate Cancer Screening	Free for community	General Public	Community Relations/ Marin Cancer Institute
Shuttle Program	Free shuttle for patients	Patients in need	Behavioral Health/Security
Support Groups	Hospital support groups	General Public	Variety
Women, Infants and Children (WIC) Classes	Variety of classes	General Public	WIC Department

# MGH Performance Metrics and Core Services Report

## 4Q 2012

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### Schedule 2, continued

<b>Health Professions Education</b>			
<b>Event</b>	<b>Description</b>	<b>Recipients</b>	<b>Presenter</b>
Case Management Student Nurses	Training student nurses	Student nurses	Case Management
Chaplain Resident Program	Training residents	Residents	Chaplain Dept
CME Programs	Education for Physicians	Physicians	Medical Office Staff
Grand Rounds	Education	Physicians	Medical Office Staff
Interns - Nutrition	Educating Interns	Interns	Nutrition Services
Student Placement	Placing students in hospital training situations	Students	Education
Trauma Nurse Core Classes (TNCC)	Trauma nursing education	Nurses	ED/Trauma Dept
Trauma: The Marin Series	Trauma education	Health Care and Emergency Response Workers	ED/Trauma Dept

<b>Community Building</b>			
<b>Event</b>	<b>Description</b>	<b>Recipients</b>	<b>Presenter</b>
San Rafael Chamber	Membership, events	Community	Marin General Hospital
Healthy Marin Partnership	Membership	Community	Marin General Hospital

# MGH Performance Metrics and Core Services Report 4Q 2012

## 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.

**The overall MGH 2013 Medical Staff Perception Study results are indicated below.**  
**Source: PRC (Professional Research Consultants, Inc.)**

*Asked of Physicians:*  
“OVERALL, WOULD YOU RATE THE QUALITY OF CARE AT MARIN GENERAL HOSPITAL:”

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
<b>Excellent</b>	<b>100</b>	<b>44.8%</b>
<b>Very Good</b>	<b>90</b>	<b>40.4%</b>
<b>Good</b>	<b>28</b>	<b>12.6%</b>
<b>Fair</b>	<b>5</b>	<b>2.2%</b>
<b>Poor</b>	<b>0</b>	<b>0.0%</b>

**Percentile Ranking: 68th**  
**Total Number of Responses: 223 (82.0%)**

*Asked of Physicians:*  
“OVERALL, WOULD YOU RATE MARIN GENERAL HOSPITAL AS A PLACE TO PRACTICE MEDICINE:”

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
<b>Excellent</b>	<b>104</b>	<b>46.4%</b>
<b>Very Good</b>	<b>80</b>	<b>36.0%</b>
<b>Good</b>	<b>31</b>	<b>14.0%</b>
<b>Fair</b>	<b>7</b>	<b>3.2%</b>
<b>Poor</b>	<b>1</b>	<b>0.5%</b>

**Percentile Ranking: 71st**  
**Total Number of Responses: 223 (82.0%)**

# MGH Performance Metrics and Core Services Report

## 4Q 2012

### 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.

**The overall MGH 2013 Employee Engagement Study results are indicated below.**  
**Source: PRC (Professional Research Consultants, Inc.)**

*Asked of Employees:*  
**“OVERALL, AS A PLACE TO WORK, WOULD YOU SAY  
MARIN GENERAL HOSPITAL IS:”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
<b>Excellent</b>	<b>196</b>	<b>19.4%</b>
<b>Very Good</b>	<b>332</b>	<b>32.9%</b>
<b>Good</b>	<b>302</b>	<b>30.0%</b>
<b>Fair</b>	<b>143</b>	<b>14.2%</b>
<b>Poor</b>	<b>35</b>	<b>3.5%</b>

**Percentile Ranking: 16th**  
**Mean Score: 70.1**

**Total Number of Responses: 1,008 (60.4%)**

# MGH Performance Metrics and Core Services Report

## 4Q 2012

### Schedule 5: 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	2Q 2012	3Q 2012	4Q 2012
EBIDA \$	\$5,466	\$28,270	\$32,551	\$48,299
EBIDA %	7.23%	18.63%	14.39%	15.91%

Loan Ratios	1Q 2012	2Q 2012	3Q 2012	4Q 2012
Current Ratio	1.85	2.69	2.55	2.61
Debt to Capital Ratio	47.6%	47.4%	45.0%	42.5%
Debt Service Coverage Ratio	3.09	4.55	4.32	5.84
Debt to EBIDA %	1.93	1.59	1.54	1.10

Key Service Volumes, cumulative	1Q 2012	2Q 2012	3Q 2012	4Q 2012
Acute discharges	2,536	5,026	7,548	10,073
Acute patient days	11,473	22,326	32,675	43,313
Average length of stay	4.5	4.4	4.33	4.3
Emergency Department visits	8,700	17,594	26,522	35,299
Inpatient surgeries	647	1,272	1,890	2,506
Outpatient surgeries	715	1,546	2,314	3,070

**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.

# MGH Performance Metrics and Core Services Report

## 4Q 2012

### 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.

**Marin General Hospital**  
**CAPITAL EXPENDITURE REPORT**  
**For Period January - December 2012**

**Major Capital Expenditures**

Centricity Prenatal Preconfigured Software	\$ 402,945
NICU monitors	391,970
3-D Echo System	340,349
GE Lightspeed Pro16 CT Scanner	322,920
Stryker System 7	282,638
Emergency Power System	235,503
4 Ultrasound Machines	360,629
43 Cybernets For CCS Phase II (computer monitor)	174,354
8 Philips Telemetry Boxes	152,654
Pros Server Upgrade	136,442
Other Equip under \$100K	1,634,805
<b>Total Major Capital Expenditures</b>	<b>4,435,208</b>

**Construction in Progress**

MGH Preliminary Architectural Master Design	1,417,804
Horizon Patient Folders	1,533,206
ED Remodel - Phase II - Family Wait Area	1,445,808
CPOE Meaningful Use	1,223,472
1100 S. Eliseo - Leasehold Improvements	1,091,993
75 Rowland Way Leasehold Improvements	374,722
West Wing Medical Air and Vacuum System Replacement	326,874
IT - Care book by CareinSync	276,225
Lab Dimension Vista/Refrigeration	262,621
Paragon - HPM-HBI Financial Module	255,097
IT - Paragon Med Admin / Clinical Care - software dev & hardware	222,346
Perioperative Services Lighting Project	183,583
Center For Integrative Health & Wellness - Leasehold Improvement	171,820
CDI Clinical Data Interface	150,453
Health Information Management Department - Leasehold Improvement	144,115
Data Center Renovation	139,042
Other CIP under \$100K	190,902
<b>Total Construction in Progress</b>	<b>9,410,082</b>

**Total Capital Expenditure \$ 13,845,290**

# MGH Performance Metrics and Core Services Report

## 4Q 2012

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

<b>Abbreviations and Acronyms Used in Dashboard Report</b>	
<b>Term</b>	<b>Title/Phrase</b>
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	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Q4-2012 Num/Den	Rolling %	Rolling Num/Den
<b>◆ Acute Myocardial Infarction (AMI) Measures</b>																
AMI - ACEI or ARB for LVSD	100%	100%	N/A	100%	100%	100%	100%	100%	100%	N/A	100%	100%	100%	11/11	100%	26/26
AMI - Aspirin at arrival	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	50/50	100%	193/193
AMI - Aspirin prescribed at discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	100%	100%	100%	47/47	99%	179/180
AMI - Beta blocker prescribed at discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	45/45	100%	166/166
*AMI - Primary PCI within 90 minutes of arrival	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	4/4	100%	36/36
AMI - Statin Prescribed at Discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	100%	100%	100%	46/46	99%	167/168
<b>◆ Heart Failure (HF) Measures</b>																
HF – ACEI or ARB for LVSD	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	8/8	100%	41/41
HF – LVS Assessment	100%	100%	100%	100%	100%	100%	92%	100%	100%	100%	100%	100%	100%	51/51	99%	168/168
*HF– Discharge instructions	100%	91%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	41/41	99%	120/121
<b>◆ Pneumonia (PN) Measures</b>																
*PN – Antibiotic selection	100%	100%	90%	100%	100%	100%	100%	100%	100%	75%	100%	100%	100%	23/23	98%	81/83
*PN – Blood culture in ED prior to initial antibiotic	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	57/57	100%	182/182
<b>◆ Surgical Care Improvement Project (SCIP) Measures</b>																
*SCIP – Antibiotic within 1 hr of incision – Overall	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	88/88	100%	324/324
*SCIP – Antibiotic selection – Overall	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	88/88	100%	322/322
*SCIP – Antibiotic Discontinued Within 24 hrs – Overall	100%	100%	100%	100%	100%	100%	100%	100%	96%	100%	100%	100%	100%	88/88	100%	321/322
*SCIP – Cardiac Pt. 6 AM Post-op Serum Glucose	99%	100%	80%	100%	75%	83%	100%	80%	100%	100%	89%	100%	100%	17/18	91%	61/67
SCIP – Appropriate Hair Removal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	130/130	100%	477/477
*SCIP – Beta blocker prior and periop	100%	93%	100%	94%	88%	95%	100%	91%	100%	100%	100%	100%	100%	39/39	99%	135/137
*SCIP – Venous thromboembolism prophylaxis	100%	85%	100%	97%	88%	95%	95%	100%	100%	97%	100%	100%	97%	87/88	96%	313/325
*SCIP – VTE prophylaxis timing	100%	81%	100%	94%	88%	95%	95%	95%	100%	97%	100%	100%	97%	87/88	95%	310/325
*SCIP – Urinary catheter removed on POD 1 or POD 2	100%	100%	100%	87%	95%	88%	78%	100%	100%	95%	100%	100%	91%	57/59	95%	200/210
SCIP – Surgery patients with periop temperature mgmt	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	129/129	100%	474/474
<b>◆ Global Immunization (IMM) Measures</b>																
IMM - Pneumococcal Immunization (PPV23) - Overall Rate	98%				66%	53%	61%	68%	69%	80%	87%	88%	86%	148/170	72%	479/666
IMM - Influenza Immunization	98%				N/A	N/A	N/A	N/A	N/A	N/A	81%	78%	90%	229/276	77%	448/584
<b>◆ Outpatient Surgery Measures</b>																
Timing of Antibiotic Prophylaxis	100%	92%	100%	92%	94%	100%	89%	86%	96%	100%	100%	100%	100%	52/52	96%	206/215
Antibiotic Selection	100%	100%	95%	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%	53/53	99%	212/214
<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>																



METRIC	**CMS Benchmark	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Q4-2012 Mins/ Den	Rolling mins	Rolling Mins/ Den
<b>◆ ED Inpatient (ED) Measures</b>																
ED - Mean Time (Mins) ED Arrival to ED Departure - Overall	175	378	411	413	355	323	306	295	305	336	364	307	401	68037/192	352	267685/761
ED - Admit Decision (Mins) Time to ED Departure Time Overall	43	214	281	233	217	183	174	181	173	190	249	181	284	31649/135	213	111159/521
<b>◆ ED Outpatient (ED) Measures</b>																
Mean Time (Mins) ED Arrival to ED Departure - Reporting Measure	93	164	147	163	146	163	168	148	159	158	154	124	165	14798/100	157	147967/943
Mean Time (Mins) Door to Diagnostic Eval by a Qualified Personnel	14	59	43	56	48	59	51	36	34	41	32	30	46	3726/103	49	45373/927
<b>◆ Outpatient Pain Management Measure</b>																
Mean Time (Mins) to Pain Management for Long Bone Fracture	36	88	53	96	95	80	81	84	74	62	74	49	72	3484/53	76	16340/234
<b>◆ Outpatient Stroke Measure</b>																
Head CT/MRI Results for Stroke Patients Within 45 Minutes of Arrival	100%	0%	N/A	N/A	0%	N/A	0%	0%	0%	100%	N/A	N/A	N/A	N/A	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>																

<b>◆ Intensive Care Unit (ICU) Measures</b>					
<b>METRIC</b>	<b>California Standardized Infection Ratio (SIR)</b>	<b>Jan 2011 - June 2011</b>	<b>Jan 2011 - Sep 2011</b>	<b>Jan 2011 - Dec 2011</b>	
Central Line Associated Blood Stream Infection Rate (CLABSI)	0.53	0	0	not published	
<b>◆ Serious Complications</b>					
<b>METRIC</b>	<b>California Hospital Assessment and Reporting Taskforce (CHART) State Average</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Unplanned Surgical Wound Reopening	0.19%	<b>0.46%</b>	not published	not published	not published
Death after Serious Treated Complications	15.1%	11.72%	not published	not published	not published
Unnecessary Appendectomy Among the Elderly	1.36%	<b>2.17%</b>	not published	not published	not published
Accidental Lung Puncture	0.04%	<b>0.08%</b>	not published	not published	not published
<b>◆ Hospital Acquired Conditions</b>					
<b>METRIC</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS) National Average</b>	<b>2008-2010</b>	<b>July 2009 thru June 2011</b>	<b>July 2011 Onward</b>	
Objects Accidentally Left in the Body After Surgery	0.028	0.000	<b>0.126</b>	not published	
Air Bubble in the Bloodstream	0.003	0.000	0.000	not published	
Mismatched Blood Types	0.001	0.000	0.000	not published	
Falls and Injuries	0.527	<b>0.574</b>	0.379	not published	
Blood Infection from a Catheter in a Large Vein	0.372	<b>1.148</b>	<b>0.759</b>	not published	
Infection from a Urinary Catheter	0.358	<b>0.430</b>	<b>0.379</b>	not published	
Signs of Uncontrolled Blood Sugar	0.058	0.000	0.000	not published	
<b>METRIC</b>	<b>California Hospital Assessment and Reporting Taskforce (CHART) State Average</b>	<b>2Q 2009 - 1Q 2010</b>	<b>4Q 2009 - 3Q 2010</b>	<b>1Q 2010 - 4Q 2010</b>	<b>4Q 2010 - 3Q 2011</b>
Hospital Acquired Pressure Ulcers	1.7%	0.80%	0.90%	0.60%	0.30%
<b>◆ Maternity Measures</b>					
<b>METRIC</b>	<b>California Hospital Assessment and Reporting Taskforce (CHART) State Average</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Episiotomy Rate	4%	1%	not published	not published	not published
Primary Caesarian Section Rate	18%	15%	12%	14.8%	not published
Exclusive Breast Feeding Rate	57%	82%	79%	80%	82%
High Risk Deliveries at Lower Levels of Newborn Care	0.48%	not published	not published	not published	not published

◆ Heart Bypass Surgery Measures					
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2006	2007	2008	2009
Heart Bypass Surgery - Internal Mammary Artery Usage Rate	95%	100.00%	88%	94%	not published
Heart Bypass Surgery - Mortality Rate	2.24%	1.81% (2005-2006)	1.91%	4.35%	not published
Bilateral Cardiac Catheterization	2.14%	not published	not published	1.16%	not published
◆ 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%
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2006	2007	2008	2009
Hip Fracture Mortality	2.74%	not published	not published	2.94%	not published
◆ Acute Care Readmissions within 30 Days					
METRIC	Benchmark 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
METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	2010	2011 onwards		
Outpatients with low back pain who had MRI w/o trying other treatment first, such as Physical Therapy	36.8%	Number of cases too small to reliably tell how MGH is performing	not published		
Outpatient who had a follow up mammogram or ultrasound within 45 days after a screening mammogram	8.5%	8%	not published		
Outpatient CT scans of the chest that were “combinations” ( double) scans	0.044	0.015	not published		
Outpatient CT scans of the abdomen that were “combinations” (double) scans	0.149	0.024	not published		
Outpatient who got cardiac Imaging stress test before low- risk outpatient surgery	5.6%	3.9%	not published		
Outpatient with brain CT scans who got a sinus CT scan at the same time	2.7%	Number of cases too small to reliably tell how MGH is performing	not published		

# MGH Performance Metrics and Core Services Report

## 4Q 2012

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### Schedule 7: External Awards & Recognition

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

<b>External Awards and Recognition – 2012</b>
American Stroke Association: Gold Stroke Performance Award
American College of Surgeons: Level III Trauma Program Reverification
American College of Radiology: Breast Imaging Center of Excellence
California Medical Association Institute for Medical Quality: Accreditation for Continuing Medical Education

# MGH Performance Metrics and Core Services Report

## 4Q 2012

### 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.

<b>Cash &amp; In-Kind Donations</b>				
(these figures are not final and are subject to change)				
	1Q 2012	2Q 2012	3Q 2012	4Q 2012
Alzheimer's Association	\$0	\$50	\$0	\$0
Bread & Roses "Take Heart Benefit"	\$2,200	\$0	\$0	\$0
College of Marin Scholarship	\$0	\$100	\$0	\$0
Harbor Point Charitable Fund (eSurance Tennis Classic)	\$0	\$5,000	\$0	\$0
Homeward Bound (Jan-Dec 2012)	\$91,000	\$0	\$0	\$0
Hospice By the Bay Annual Ball	\$0	\$0	\$3,500	\$0
Marin Center for Independent Living	\$0	\$0	\$250	\$0
Marin City Health & Wellness	\$0	\$20,000	\$0	\$0
Marin Community Clinics	\$48,159	\$48,159	\$48,159	\$48,159
Marin County Senior Fair	\$0	\$2,000	\$0	\$0
Marin Sonoma Concours d'Elegance	\$2,500	\$0	\$0	\$0
MHD 1206(b) Clinics	\$598,967	\$1,087,128	\$854,782	\$849,429
NAMI Walk	\$1,000	\$0	\$0	\$0
PRIMA Medical Foundation	\$719,573	\$719,573	\$719,573	\$2,219,574
Relay For Life	\$0	\$0	\$2,500	\$0
Ritter Center	\$0	\$15,000	\$0	\$0
RotaCare San Rafael	\$0	\$0	\$15,000	\$0
Summer Solstice Event	\$1,000	\$0	\$0	\$0
To Celebrate Life	\$0	\$15,000	\$0	\$0
Whistle Stop	\$0	\$15,000	\$0	\$0
Zero Breast Cancer	\$1,140	\$0	\$0	\$0
<b>Total Cash Donations</b>	<b>\$1,465,539</b>	<b>\$1,927,010</b>	<b>\$1,643,764</b>	<b>\$3,117,162</b>
MedShare	\$6,427	\$3,855	\$6,126	\$3,476
<b>Total In-Kind Donations</b>	<b>\$6,427</b>	<b>\$3,855</b>	<b>\$6,126</b>	<b>\$3,476</b>
<b>Total Cash &amp; In-Kind Donations</b>	<b>\$1,471,966</b>	<b>\$1,930,865</b>	<b>\$1,649,890</b>	<b>\$3,120,638</b>

# MGH Performance Metrics and Core Services Report

## 4Q 2012

### Schedule 8, continued

<b>Community Benefit Summary</b> (these figures are not final and are subject to change)				
	1Q 2012	2Q 2012	3Q 2012	4Q 2012
Community Health Improvement Services	\$59,786	\$44,768	\$51,994	\$29,257
Health Professions Education	\$67,846	\$29,927	\$37,821	\$51,746
Research	\$0	\$0	\$0	\$0
Cash and In-Kind Contributions	\$1,471,966	\$1,930,865	\$1,649,890	\$3,120,638
Community Benefit Operations	\$449	\$449	\$3,898	\$1,610
Traditional Charity Care	\$591,260	\$588,036	\$695,814	\$693,047
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	\$5,122,894	\$4,985,568	\$5,193,434	\$4,933,045
<b>Community Benefit Subtotal</b> (amount reported annually to state & IRS)	\$7,314,201	\$7,579,613	\$7,632,851	\$8,829,343
<b>Community Building Activities</b>	\$0	\$0	\$52,574	\$4,944
<b>Unpaid Cost of Medicare</b>	\$16,696,295	\$15,899,502	\$15,189,744	\$15,001,126
<b>Bad Debt</b>	\$1,194,584	\$990,937	\$1,001,697	\$1,076,948
<b>Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total</b>	<b>\$25,205,080</b>	<b>\$24,470,052</b>	<b>\$23,876,866</b>	<b>\$24,912,361</b>

# MGH Performance Metrics and Core Services Report

## 4Q 2012

### 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.

<b>MGH LEED Status</b>
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 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 status.
The Project Team will conduct cost benefit analysis on LEED requirements in order to achieve a certification higher than LEED Silver (LEED Gold or Platinum).

# MGH Performance Metrics and Core Services Report

## 4Q 2012

### Schedule 10: New 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, 2012, there were a total of 526 physicians on MGH staff:**

- 281 Active
- 118 Provisional
- 52 Courtesy
- 44 Consulting
- 31 Office-Based

<b>New Physician Appointments</b>				
January 1, 2012 – December 31, 2012				
	Last Name	First Name	Appointment Date	Specialty
1	Alavi	Alireza	3/1/2012	Med-Internal Medicine
2	Allman	George	11/1/2012	MD-General Surg
3	Apfel	Brigitte	4/3/2012	Psychiatry
4	Bauer	Colin	9/6/2012	Anesthesiology
5	Bloch	Orin	9/6/2012	Surg-Neurosurgery
6	Bowdle	Richard	2/2/2012	Psychiatry
7	Breazeale	Bretton	4/3/2012	Radiology
8	Brook	Michael	9/6/2012	Pedi-Cardiology
9	Brumwell	Thato	7/19/2012	Med-Internal Medicine
10	Calhoun	Shannon	12/13/2012	Radiology
11	Carlberg	Heather	2/2/2012	Psychiatry
12	Chea	Anuheat	9/6/2012	Med-Internal Medicine
13	Cheng	Mickie	12/13/2012	Med-Internal Medicine
14	Christian	Elaine	11/1/2012	Obst-Midwifery
15	de los Santos	Hannah	2/2/2012	Pediatrics
16	Fassihi	Amir	4/3/2012	Radiology
17	Franca	Lucia	11/1/2012	Obst-OBGYN
18	Gallagher	Katherine	3/1/2012	Pediatrics
19	Ghei	Kamal	11/1/2012	Med-Internal Medicine
20	Hare	Sandra	9/6/2012	Med-Internal Medicine
21	Herndon	Christopher	12/13/2012	Obst-OBGYN
22	Hersk	Julie	6/7/2012	Emergency Medicine
23	Horstman	Kimberly	3/1/2012	Pediatrics
24	Jain	Shelly	2/2/2012	Radiology
25	Kalra	Ruben	7/19/2012	Anesthesiology



# MGH Performance Metrics and Core Services Report

## 4Q 2012

### Schedule 10, continued

<b>New Physician Appointments</b> January 1, 2012 – December 31, 2012				
	Physician's Last Name	Physician's First Name	Appointment Date	Specialty
26	Kim	Lena	9/6/2012	Obst-OBGYN
27	Knott	Haydee	11/1/2012	Med-Dermatology
28	La Saulle	Brooke	11/20/2012	Obst-Midwifery
29	Levin	Carey	2/2/2012	Pediatrics
30	Lewis	John	4/3/2012	Radiology
31	Mady	Attila	12/13/2012	Med-Internal Medicine
32	McDermott	Michael	4/3/2012	Surg-Neurosurgery
33	Melnick	Neil	6/7/2012	Med-Internal Medicine
34	Minnis	James	11/1/2012	Surg-General
35	Moon	Edward	11/1/2012	Orthopedic Surgery
36	Nicell	Donald	12/13/2012	Radiology
37	Parke	Marion	11/1/2012	Surg-Podiatry
38	Parsa	Andrew	2/2/2012	Surg-Neurosurgery
39	Partridge	J. Colin	9/6/2012	Pediatrics
40	Pathi	Sujatha	11/1/2012	Obst-Gynecology
41	Quattrocchi	Keith	4/3/2012	Surg-Neurosurgery
42	Rakic	Ariati	12/13/2012	Psy-Psychology
43	Ramnath	Venktesh	4/3/2012	Med-eICU Intensivist
44	Ransom	Evan	4/3/2012	Surg-Otolaryngology
45	Samra	Daljeet	11/1/2012	Med-Internal Medicine
46	Sanda	Anika	11/1/2012	Pediatrics
47	Singh	Navdeep	4/3/2012	Med-eICU Intensivist
48	Streeter	Hector	2/2/2012	Obst-Gynecology
49	Theoharis	Jennifer	2/2/2012	Radiology
50	Tom	William	6/4/2012	Anesthesiology
51	Walters	Helene	9/6/2012	Pediatrics
52	White	Jeanette	9/6/2012	Pediatrics
53	Zachary	Marcus	3/1/2012	Med-Internal Medicine
54	Zemo	Sessunu	9/6/2012	Anesthesiology

# MGH Performance Metrics and Core Services Report

## 4Q 2012

### 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				
Quarter	Number of Clinical RNs	Terminated		Rate
		Voluntary	Involuntary	
1Q 2012	548	8	8	2.92%
2Q 2012	544	12	5	3.13%
3Q 2012	551	14	4	3.27%
4Q 2012	546	14	2	2.93%

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 2012	26	7	15	3	343	205	548	2.04%	12.68%
2Q 2012	27	26	10	6	356	188	544	7.30%	14.36%
3Q 2012	23	12	17	8	358	193	551	3.35%	11.92%
4Q 2012	16	15	4	7	364	182	546	4.12%	8.79%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
1Q 2012	18	16	2
2Q 2012	16	17	(1)
3Q 2012	25	18	7
4Q 2012	11	16	(5)

# MGH Performance Metrics and Core Services Report

## 4Q 2012

### Schedule 12: 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
4Q 2012	Oct 10	1627-1827	2 hr	ED Saturation	22	10	10
4Q 2012	Nov 24	1200-1227	27 min	Trauma Diversion	19 Trauma team, OR & neurosurgeon encumbered	0	0
4Q 2012	Dec 4	0857-1107	2hr, 10min	CT scanner down	8	0	3
4Q 2012	Dec 9	1706-2110	4 hr, 4 min	ED Saturation	21	6	4
4Q 2012	Dec 20	1640 - 2011	3 hr, 31 min	ED Saturation	19	14	6
4Q 2012	Dec 24	1512 - 1706	1 hr, 54 min	ED Saturation	22	12	4
4Q 2012	Dec 28	2340 - 0140	2 hr	ED Saturation	16	12	6

