



# **MarinHealth Medical Center**

## **Performance Metrics and Core Services Report**

**Q1 2021**

**July 6, 2021**

## MarinHealth Medical Center (Marin General Hospital)

### Performance Metrics and Core Services Report: Q1 2021

#### 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	<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	Reported in Q4 2020
	2. MGH Board must provide community care benefits at a sufficient level to maintain MGH's non-profit tax exempt status.	Quarterly	In Compliance	MGH continues to provide community care and has maintained its tax exempt status.
(D) Physicians and Employees	MGH Board must report on all Tier 1 "Physician and Employee" Metrics at least annually.	Annually	In Compliance	Reported in Q4 2020
(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 2</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 2</b>

## MarinHealth Medical Center (Marin General Hospital)

### Performance Metrics and Core Services Report: Q1 2021

#### 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 3</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	Reported in Q4 2020
(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 4</b>
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	<b>Schedule 4</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	Reported in Q4 2020
	4. MGH Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.	Annually	In Compliance	Reported in Q4 2020
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	Reported in Q4 2020
(D) Physicians and Employees	1. MGH Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.	Annually	In Compliance	Reported in Q4 2020
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	Reported in Q4 2020
	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 5</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 MGH Board on April 17, 2021 and will be presented to the MHD Board on July 30, 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 and will be presented to the MHD Board on July 30, 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	<b>Schedule 2</b>
	4. MGH Board will report on current Emergency services diversion statistics.	Quarterly	In Compliance	<b>Schedule 6</b>
(F) Finances	1. MGH Board will provide the audited financial statements.	Annually	In Compliance	The MGH 2019 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	<b>Schedule 2</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 2019 Form 990 was filed on November 13, 2020.

# MHMC Performance Metrics and Core Services Report

## Q1 2021

### 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 2023 VBP Thresholds				Q2 2020	Q3 2020	Q4 2020	Q1 2021
73.66	81.29	87.39	<b>Overall rating</b>	78.89	70.37	74.40	76.07
			<b>Would Recommend</b>	79.43	75.54	78.10	78.55
83.62	88.23	91.91	<b>Communication with Nurses</b>	81.80	77.52	78.32	75.70
			Nurse Respect	86.53	84.33	83.87	82.33
			Nurse Listen	80.87	76.08	77.38	72.73
			Nurse Explain	78.00	72.15	73.71	72.03
82.63	87.15	90.77	<b>Communication with Doctors</b>	80.26	82.10	81.60	78.79
			Doctor Respect	83.95	84.69	87.40	86.01
			Doctor Listen	80.81	82.13	81.10	78.67
			Doctor Explain	76.01	79.46	76.28	71.68
66.32	75.04	82.02	<b>Responsiveness of Staff</b>	71.05	68.71	70.44	62.97
			Call Button	71.06	66.29	69.27	55.65
			Bathroom Help	71.04	71.12	71.62	70.29
64.81	70.89	75.75	<b>Communication about Medications</b>	73.08	56.92	66.62	63.55
			Med Explanation	90.74	66.90	78.12	76.77
			Med Side Effects	55.41	46.94	55.12	50.33
71.33	79.11	85.34	<b>Hospital Environment</b>	67.18	61.00	67.17	68.35
			Cleanliness	68.81	66.21	70.73	70.86
			Quiet	65.54	55.78	63.60	65.85
88.93	91.70	93.91	<b>Discharge Information</b>	90.07	86.17	85.54	88.15
			Help After Discharge	88.24	83.77	84.32	85.50
			Symptoms to Monitor	91.91	88.56	86.75	90.80
52.44	58.96	64.17	<b>Care Transition</b>	50.74	47.50	44.13	51.14
			Care Preferences	43.12	39.44	34.30	45.96
			Responsibilities	51.21	47.60	46.37	53.05
			Medications	57.89	55.46	51.71	54.42
			<b>Number of Surveys</b>	301	301	254	288

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

## Q1 2021

### Schedule 2: Finances

➤ **Tier 1, Finances**

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

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

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

Financial Measure	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Total 2021
EBIDA \$ (in thousands)	316				316
EBIDA %	0.30%				0.30%
<b>Loan Ratios</b>					
Annual Debt Service Coverage	0.49				0.49
Maximum Annual Debt Service Coverage	0.43				0.43
Debt to Capitalization	54.1%				54.1%
<b>Key Service Volumes</b>					
Acute discharges	2,004				2,004
Acute patient days	10,110				10,110
Average length of stay	5.04				5.04
Emergency Department visits	7,346				7,346
Inpatient surgeries	359				359
Outpatient surgeries	963				963
Newborns	281				281

# MHMC Performance Metrics and Core Services Report Q1 2021

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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](http://www.calhospitalcompare.org))

and

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

**Hospital Inpatient Quality Reporting Program Measures**

	METRIC	CMS**	2020	Q1 -2021	Q2 -2021	Q3 -2021	Q4-2021	Q1-2021 Num/Den	Rolling 2021 YTD	2021 YTD Num/Den
<b>◆ Stroke Measures</b>										
STK-4	Thrombolytic Therapy	100%	75%	100%				2/2	100%	2/2
<b>◆ Sepsis Measure</b>										
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	81%	50%	46%				32/69	46%	32/69
<b>◆ Perinatal Care Measure</b>										
PC-01	Elective Delivery +	0%	1%	0%				0/15	0%	0/15
<b>◆ ED Inpatient Measures</b>										
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients +	99***	129.00	149.00				177-Cases	149.00	177-Cases
<b>◆ Global Immunization (IMM) Measure</b>										
	METRIC	CMS**							2018	Rolling Num/Den
IMM-2	Influenza Immunization	100%							94%	240/
<b>◆ Psychiatric (HBIPS) Measures</b>										
IPF-HBIPS-2	Hours of Physical Restraint Use +	0.38	0.08	0.25				N/A	0.25	N/A
IPF-HBIPS-3	Hours of Seclusion Use +	0.29	0.06	0.00				N/A	0.02	N/A
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	99%	92%	100%				15/15	100%	15/15
<b>◆ Substance Use Measures</b>										
SUB-2	2-Alcohol Use Brief Intervention Provided or offered	100%	100%	100%				4/4	100%	4/4
SUB-2a	Alcohol Use Brief Intervention	100%	100%	100%				4/4	100%	4/4
<b>◆ Tobacco Use Measures</b>										
TOB-2	2-Tobacco Use Treatment Provided or Offered	100%	97%	100%				4/4	100%	4/4
TOB-2a	2a-Tobacco Use Treatment	88%	94%	100%				4/4	100%	4/4
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge	99%	100%	67%				2/3	67%	2/3
TOB-3a	3a-Tobacco Use Treatment at Discharge	71%	79%	33%				1/3	33%	1/3
	METRIC	CMS**		Q1 -2020	Q2 -2020	Q3 -2020	Q4-2020	Q1-2020 Num/Den	Rolling 2020 YTD	Rolling Num/Den
<b>◆ Transition Record Measures</b>										
TRSE	Transition Record with Specified Elements Received by Discharged Patients	99%	92%	98%				117/119	98%	117/119
TTTR	Timely Transmission of Transition Record	98%	90%	97%				116/119	97%	116/119
	METRIC	CMS**		2018	2019	2020			2021	Rolling Num/Den
IPF-IMM-2	Influenza Immunization	100%	92%	98%	90%	92%			96%	244/254

\*\* CMS Top Decile Benchmark    CMS Reduction Program (shaded in blue)    + Lower Number is better

**Hospital Outpatient Quality Reporting Program Measures**

	METRIC	CMS**		Q1 -2020	Q2 -2020	Q3 -2020	Q4-2020	Q1-2020 Num/Den	Rolling 2020 YTD	2020 YTD Num/Den
<b>◆ Outpatient Stroke Measure</b>										
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	72%***	63%	80%				4/5	80%	4/5

\*\*\* 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
	METRIC	2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021
	Central Line Associated Blood Stream Infection (CLABSI)	1.43	(1 infection)			
	Catheter Associated Urinary Tract Infection (CAUTI)	0.73	0.00			
◆ 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
	METRIC	2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021
HAI-C-Diff	Clostridium Difficile (Rate per 10000)	0.47	0.87			
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia (Rate per	1.30	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			

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

	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			

**◆ Surgical Complications +**

		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%	<b>2.7%</b>	<b>3.0%</b>

CMS Reduction Program (shaded in blue)

◆ 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%	<b>16.30%</b>
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%	<b>20.49%</b>	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%	<b>4.40%</b>
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	12.70%	<b>14.30%</b>	<b>13.70%</b>	<b>13.80%</b>	11.70%
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2015 - June 2016	July 2016 - June 2017	July 2015 - June 2018	July 2016 - June 2019
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR) +	15.6%	15.00%	<b>15.40%</b>	14.7%	13.7%

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

CMS Reduction Program (shaded in blue)

◆ 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%	<b>15.90%</b>	<b>15.90%</b>	15.30%	14.20%
MORT-30-COPD	COPD Mortality Rate	8.40%	7.96%	<b>9.30%</b>	<b>8.80%</b>	<b>9.20%</b>
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%	<b>3.46%</b>	<b>3.60%</b>	<b>3.40%</b>	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	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](http://www.calhospitalcompare.org))  
 and Centers for Medicare & Medicaid Services (CMS) Hospital Compare ([www.hospitalcompare.hhs.gov/](http://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-10	Outpatient CT Scans of the Abdomen that were "Combination" (Double) Scans	6.40%	5.60%	4.80%	4.50%	6.10%
OP-13	Outpatients who got Cardiac Imaging Stress Tests Before Low-Risk Outpatient Surgery	4.20%	3.30%	3.50%	3.20%	3.20%
	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%
<b>+ Lower Number is better</b>						

# MHMC Performance Metrics and Core Services Report

## Q1 2021

### 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.

<b>Cash &amp; In-Kind Donations</b>					
(These figures are not final and are subject to change)					
	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Total 2021
Buckelew	26,250				26,250
Canal Alliance	21,000				21,000
Ceres Community Project	10,500				10,500
Coastal Health Alliance (Petaluma HC)	15,750				15,750
Community Action Marin	10,500				10,500
Community Institute for Psychotherapy	15,750				15,750
Homeward Bound	157,500				157,500
Huckleberry Youth Programs	10,500				10,500
Jewish Family and Children's Services	10,500				10,500
Marin Center for Independent Living	26,250				26,250
Marin City Community Dev Corp	10,500				10,500
Marin Community Clinics	75,600				75,600
MHD 1206B Clinics	8,068,761				8,068,761
North Marin Community Services	10,500				10,500
Operation Access	21,000				21,000
Ritter Center	26,250				26,250
RotaCare Free Clinic	15,750				15,750
San Geronimo Valley Community Center	10,500				10,500
Spahr Center	8,400				8,400
West Marin Senior Services	10,500				10,500
<b>Total Cash Donations</b>	<b>8,562,261</b>				<b>8,562,261</b>
Meeting room use by community based organizations for community-health related purposes	0				0
Food donations	1,182				1,182
<b>Total In Kind Donations</b>	<b>1,182</b>				<b>1,182</b>
<b>Total Cash &amp; In-Kind Donations</b>	<b>8,563,443</b>				<b>8,563,443</b>

# MHMC Performance Metrics and Core Services Report

## Q1 2021

### Schedule 4, continued

<b>Community Benefit Summary</b>					
(These figures are not final and are subject to change)					
	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Total 2021
Community Health Improvement Services	29,681				29,681
Health Professions Education	826,720				826,720
Cash and In-Kind Contributions	8,563,443				8,563,443
Community Benefit Operations	0				0
Community Building Activities	0				0
Traditional Charity Care *Operation Access total is included	368,856				368,856
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	11,451,158				11,451,158
<b>Community Benefit Subtotal</b> (amount reported annually to State & IRS)	<b>21,239,858</b>				<b>21,239,858</b>
Unpaid Cost of Medicare	26,353,899				26,353,899
Bad Debt	288,534				288,534
<b>Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u></b>	<b>47,882,291</b>				<b>47,882,291</b>

<b>Operation Access</b>					
Though not a Community Benefit requirement, MGH has been participating with Operation Access since 2000. Operation Access brings together medical professionals and hospitals to provide donated outpatient surgical and specialty care for the uninsured and underserved.					
	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Total 2021
*Operation Access charity care provided by MGH (waived hospital charges)	732,198				732,198
Costs included in Charity Care	140,173				140,173

# MHMC Performance Metrics and Core Services Report Q1 2021

## 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.

<b>Turnover Rate</b>				
Period	Number of Clinical RNs	Separated		Rate
		Voluntary	Involuntary	
Q2 2020	531	11	1	2.26%
Q3 2020	521	17	8	4.80%
Q4 2020	515	19	1	3.88%
<b>Q1 2021</b>	<b>525</b>	<b>23</b>	<b>1</b>	<b>4.57%</b>

<b>Vacancy Rate</b>							
Period	Open Per Diem Positions	Open Benefitted Positions	Filled Positions	Total Positions	Total Vacancy Rate	Benefitted Vacancy Rate of Total Positions	Per Diem Vacancy Rate of Total Positions
Q2 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%
<b>Q1 2021</b>	<b>37</b>	<b>75</b>	<b>525</b>	<b>637</b>	<b>17.58%</b>	<b>11.77%</b>	<b>5.81%</b>

<b>Hired, Termed, Net Change</b>			
Period	Hired	Termed	Net Change
Q2 2020	21	12	9
Q3 2020	11	25	(14)
Q4 2020	15	20	(5)
<b>Q1 2021</b>	<b>35</b>	<b>24</b>	<b>11</b>

# MHMC Performance Metrics and Core Services Report Q1 2021

## Schedule 6: Ambulance Diversion

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

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

Quarter	Date	Time	Diversion Duration	Reason	Waiting Room Census	ED Admitted Patient Census
Q1 2021	Mar 7	17:48 – 19:48	2'01"	ED	15	3
	Mar 12	16:25 – 18:25	2'01"	ED	15	6

**2021 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)*

