MarinHealth Medical Center

Performance Metrics
and
Core Services Report

Q1 2023

August 1, 2023

250 Bon Air Road, Greenbrae, CA 94904 | O 1-415-925-7000

www.mymarinhealth.org

MarinHealth Medical Center (Marin General Hospital)

Performance Metrics and Core Services Report: **Q1 2023**

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	The Joint Commission granted MGH an "Accredited" decision with an effective date of May 25, 2022 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 2022 (Annual Report) was presented to MGH Board and to MHD Board in June 2023.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2023 was presented for approval to the MGH Board in February 2023.
	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	Reported in Q4 2022
	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 2022
(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**

MarinHealth Medical Center (Marin General Hospital)

Performance Metrics and Core Services Report: **Q1 2023**

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	Reported in Q4 2022
(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	Reported in Q4 2022
	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 2022
	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 2022
(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 2022
	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 2022
	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 MGH Board on October 22, 2022 and was presented to the MHD Board February 17, 2023.
	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 October 22, 2022 and was presented to the MHD Board on February 17, 2022.
	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 2022 Independent Audit was completed on April 7, 2023.
	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 2021 Form 990 was filed on November 10, 2022.

EXECUTIVE SUMMARY
Q1 2023 HCAHPS

Time Period

Q1 2023 HCAHPS Survey with CMS Benchmarks

Accomplishments

- Nurse and Doctor Respect above 50thp
- Responsiveness: Bathroom Help above 50thp
- Medication Explanation above 90thp
- Environment Cleanliness above 50thp
- Symptom Monitoring above 75thp
- Care Transition Medications above 50thp

Areas for Improvement

- Summary scores for each category lag progress on individual questions.
- The progress lag effect is impacted, in part, by CMS algorithms used to level set hospitals.
    - Perinatal scores are weighted negatively
    - Hispanic scores are weighted negatively

Data Summary

Sample size= 376, (regular survey response rate for a quarter).

Barriers or Limitations

Next Steps

- Senior Leaders have prioritized Patient Satisfaction and Experience initiatives; Hourly rounding on Medical/Surgical units, Physician bedside rounding and feedback sessions, ED wait times addressed, among other efforts.
- Sr Leader rounding on Med/Surg, ED, Cardiac Units
- Continue focusing on patient experience action plan items, including staff and provider education

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.

Heat Map for HCAHPS with CMS Benchmarks

The top-box scores displayed may include surveys not officially submitted and may not match the final values reported by CMS. This uses the VBP Thresholds published by CMS for coloring.

	FFY 2025			Marin General Hospital		
	Achievement	Percentile	Benchmark	Jan 23	Feb 23	Mar 23
Nurses	79.42	84.03	87.71	65.95	65.40	66.51
Nurse Respect				84.75	75.76	81.30
Nurse Listen				72.88	73.68	73.39
Nurse Explain				67.52	74.05	72.13
Doctors	79.83	84.35	87.97	65.28	69.88	70.25
Doctor Respect				77.12	83.46	83.74
Doctor Listen				70.34	72.73	75.61
Doctor Explain				71.79	76.87	74.80
Responsiveness	65.52	74.24	81.22	53.09	51.24	57.05
Call Button				56.31	58.77	62.62
Bathroom Help				70.27	64.10	71.88
Medicines	63.11	69.19	74.05	44.80	44.40	47.36
Med Explanation				69.23	70.59	74.58
Med Side Effects				46.77	44.62	46.55
Environment	65.63	73.41	79.64	58.38	58.97	53.41
Cleanliness				69.57	78.20	64.75
Quiet				66.09	58.65	60.98
Discharge Info	87.23	90.00	92.21	83.32	84.08	82.80
Help After Discharge				83.33	84.55	81.74
Symptoms to Monitor				90.91	91.20	91.45
Care Transition	51.84	58.36	63.57	36.36	36.18	38.95
Care Preferences				34.29	36.29	39.17
Responsibilities				43.24	43.51	46.61
Medications				53.76	50.93	53.26
Overall Rating	71.66	79.29	85.39	58.02	69.49	70.04
Would Recommend				65.11	67.36	67.52
Surveys				118	134	124

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	**Final 2022**	**Q1 2023**	**Q2 2023**	**Q3 2023**	**Q4 2023**	
EBIDA $ (in thousands)	26,425	12,655				
EBIDA %	4.90%	8.90%				
Loan Ratios						
Annual Debt Service Coverage	3.16	2.59				
Maximum Annual Debt Service Coverage	2.35	2.22				
Debt to Capitalization	53.8%	53.1%				
Key Service Volumes	**Total 2022**	**Q1 2023**	**Q2 2023**	**Q3 2023**	**Q4 2023**	**Total 2023**
Acute discharges	9,578	2,578				2,578
Acute patient days	49,345	13,532				13,532
Average length of stay	5.23	5.25				5.25
Emergency Department visits	37,084	9,457				9,457
Inpatient surgeries	1,568	466				466
Outpatient surgeries	5,709	1,518				1,518
Newborns	1,407	323				323

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.medicare.gov/care-compare/)

EXECUTIVE SUMMARY
Q1 2023 Quality Management Dashboard
(Organization Targets Based on Natl Metrics)

Time Period

Q1 2023 most recent of four rolling quarters (far right)

Accomplishments

- Sepsis Mortality rate .77
- Overall Readmissions 9.27, AMI Readmissions 3.51
- Stroke, Sepsis, Pneumonia Readmission rates below 2022 average
- LOS: Hrt Failure, Sepsis lower than previous qtrs.
- Infection rates 0: CAUTI, CLABSI
- HAPI, PSI-90 improved

Areas for Improvement or Monitoring

- Stroke mortality
- Readmission rates: Hrt Failure
- Length of Stay (LOS): overall LOS, Stroke, Pneumonia
- SEP bundle compliance

Data Summary

- Benchmark: Midas Datavision™ benchmark reports for same size/type hospitals (n~400)
- Report contains: Mortality Observed to Expected Ratios, Readmission rates, Length of Stay means, and selected HAI (Healthcare Associated Infections) and Harm events.
- See core measures dashboard for specialty and process metrics.

Barriers or Limitations

APeX reports for concurrent review of care in process

Next Steps:

- 2023 PI projects; CAUTI, SEP, Throughput

Quality Managment Dashboard
Period: Q1 2023

Legend	
Value > Target	
Value> 2022 but< Target	
Value < Target <2021	

Metrics: Adult Medical/Surgical High Volume DRGs	Reporting	Target*	2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023
Mortality-All Cause (Risk Adjusted O:E)	O:E Ratio	<1.0	0.76	0.76	0.73	0.88	0.85
Mortality-Acute Myocardial Infarction	O:E Ratio		0.00	0.00	0.00	0.00	0.46
Mortality-Heart Failure	O:E Ratio		0.31	0.26	0.00	1.02	0.65
Mortality- Hip	O:E Ratio		0.63	0.00	0.00	0.00	0.00
Mortality- Knee	O:E Ratio		0.00	0.00	0.00	0.00	0.00
Mortality- Stroke	O:E Ratio		1.03	0.83	1.07	1.61	2.44
Mortality- Sepsis	O:E Ratio		0.79	0.87	0.60	0.95	0.77
Mortality- Pneumonia	O:E Ratio		0.61	0.85	0.00	1.54	0.78
Readmission- All (Rate)	Rate	<15.5%	10.34	10.15	10.95	8.98	9.27
Readmission-Acute Myocardial Infarction	Rate		10.94	9.09	10.87	14.89	3.51
Readmission-Heart Failure	Rate		15.23	11.43	16.94	18.18	17.76
Readmission- Hip	Rate		6.06	14.29	0.00	0.00	0.00
Readmission- Knee	Rate		0.00	0.00	0.00	0.00	8.33
Readmission- Stroke	Rate		10.24	10.17	9.09	0.00	3.45
Readmission- Sepsis	Rate		16.91	19.48	18.47	10.89	13.00
Readmission- Pneumonia	Rate		11.76	8.89	13.95	9.52	7.78
LOS-All Cause	Mean	4.90	4.90	4.72	4.91	4.98	5.00
LOS-Acute Myocardial Infarction	Mean		4.90	3.64	4.58	6.43	4.15
LOS-Heart Failure	Mean		5.70	6.24	5.44	5.92	4.20
LOS- Hip	Mean		3.30	3.71	2.86	3.60	4.20
LOS- Knee	Mean		2.30	2.70	1.33	2.31	2.40
LOS- Stroke	Mean		4.53	4.02	4.38	4.84	5.60
LOS- SEPSIS	Mean		11.16	11.82	11.20	10.99	9.82
LOS- Pneumonia	Mean		6.40	4.92	6.60	6.51	7.40

Metrics: HAIs, Sepsis, Harm Events	Reporting	Target**	2022	Q2 2022	Q32022	Q4 2022	Q1 2023
CAUTI (SIR)	SIR	<1.0	1.21	0.00	0.73	2.43	0.00
Hospital Acquired C-Diff (CDI)	SIR	<1.0	0.5	0.57	0.29	0.90	0.00
Surgical Site Infection (Superfical)	# Infections	TBD	7	2	3	1	1
Surgical Site Infection (Deep, Organ Space and Jc	# Infections	TBD	7	2	1	2	1
Sepsis Bundle Compliance	% Compliance	63%^	54%	57%	48%	57%	46%
Hospital Acquired Pressure Injury (HAPI)	# HAPI	<=1	1	0	0	0	0
Patient Falls with Injury	# Falls	<=1	1	1	0	0	1
PSI 90 / Healthcare Acquired Conditions	Ratio	<1.0	1.39	0.30	1.58	1.38	0.90
Serious Safety Events	# Events	<=1	0	0	0	0	1

* Targets are <1.0 for ratios or Midas Datavision Median

** Target <1.0 SIR (Ratio) or Number needed to achieve Natl Benchmark Ratio/Rate

^ Target = California Median rate

Quick Reference Guide	
Mortality	Death rates show how often patients die, for any reason, within 30 days of admission to a
Readmissions	Anyone readmitted within 30 days of discharge (except for elective procedures/admits).
Length of Stay(LOS)	The average number of days that patients spend in hospital
CAUTI (SIR)	Catheter Associated Urinary Tract Infection
Hospital Acquired C-Diff (CDI)	Clostridium difficile (bacteria) positive test ≥ 4 days after admission
Surgical Site Infections	A surgical site infection is an infection that occurs after surgery in the part of the body where
Sepsis Bundle Compliance	Compliance with a group of best-practice required measures to prevent sepsis
Hospital Aquired Pressure Injury	Stage III or IV pressure ulcers (not present on admission) in patients hospitalized 4 or more
Patient Falls with Injury	A fall that resulted in harm that required intervention by medical staff (and reportable to CMS)
PSI 90 / Healthcare Aquired Conditions	PSI = Patient Safety Indicators. # of patients with avoidable Pressure Ulcer, Iatrogenic Pneumothorax, Hospital Fall,w/ Hip Fracture, Periop Hemorrahage or Hematoma, Post-op Acute Kidney Injury, Post-op Respiratory Failure, Periop Pulminary Embolism or DVT, Post-
MRSA Blood Stream Infections	A positive test for a bacteria blood stream infection ≥ 4 days after admission
Patient Falls with Injury	A fall that resulted in harm that required intervention by medical staff (and reportable to CMS)
Serious Safety Events (patients)	A gap in care that reached the patient, causing a significant level of harm
Other Abbreviations	
SIR	Standardize Infection Ratio (Observed/Expected)

EXECUTIVE SUMMARY
Q1 2023 Core Measures Dashboard
CMS Hospital IQR (Inpatient Quality Reporting) Program

Time Period

Q1 2023- publicly reported metrics (contributing to Star Rating)

Accomplishments

- STK-4 Thrombolytic Therapy: Q4 100% (2/2)
- Perinatal measures: complications are low, breastfeeding higher than avg
- Psychiatric Measures (HBIPS): at or better than CMS target
- ED Outpatient Median ED time (OP-18b), Improved
- CLABSI, SSI, MRSA 0%, CAUTI SIR better than expected rate
- PSI-90 better than expected rate

Areas for Improvement or Monitoring

- Sepsis bundle (SEP) 46% of 71 patients, PI project in process
- New 2022 HBIPS: Tobacco Use documentation not being captured by ApeX per updated standard yet (12 or fewer patients),
- New 2022 HBIPS: Transition record Elements (119 patients) not captured by APEX yet. Project in process

Data Summary

- Pg. 1 contains 2022 data by quarter with YTD sizes
- Pg. 2-4 publicly reported data published by CMS (dates vary by measure)

Barriers or Limitations

Next Steps:

2023 PI projects in process

MarinHealth Medical Center
CLINICAL QUALITY METRICS DASHBOARD
Publicly Reported on CalHospital Compare (www.calhospitalcompare.org)
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov/)

Hospital Inpatient Quality Reporting Program Measures

	METRIC	CMS**	2022	Q1 -2023	Q2 -2023	Q3 -2023	Q4-2023	Q1-2023 Num/Den	Rolling 2023 YTD	2023 YTD Num/Den
	◆ Stroke Measures									
STK-4	Thrombolytic Therapy	100%	88%	100%				2/2	100%	2/2
	◆ Sepsis Measure									
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	58%	53%	**46%**				33/71	**46%**	33/71
	◆ Perinatal Care Measure									
PC-01	Elective Delivery +	2%	2%	0%				0/13	0%	0/13
PC-02	Cesarean Section +	TJC	21%	16%				21/130	16%	21/130
PC-05	Exclusive Breast Milk Feeding	TJC	80%	82%				50/61	82%	50/61
	◆ ED Inpatient Measures									
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients +	99	147.00	**132.00**				182--Cases	**132.00**	769--Cases
	♦ Psychiatric (HBIPS) Measures									
IPF-HBIPS- 1	Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed	TJC	96%	100%				101/101	100%	101/101
IPF-HBIPS-2	Hours of Physical Restraint Use +	0.12	0.15	0.00				0.00	0.15	N/A
IPF-HBIPS-3	Hours of Seclusion Use +	0.02	0.11	0.0220				0.02	0.11	N/A
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	77%	77%	100%				6/6	100%	6/6
	◆ Substance Use Measures									
SUB-2	2-Alcohol Use Brief Intervention Provided or offered	65%	63%	100%				10/10	100%	10/10
SUB-2a	Alcohol Use Brief Intervention	76%	50%	100%				10/10	100%	10/10
	◆ Tobacco Use Measures									
TOB-2	2-Tobacco Use Treatment Provided or Offered	72%	71%	77%				10/13	77%	10/13
TOB-2a	2a-Tobacco Use Treatment	42%	67%	**33%**				4/12	**33%**	4/12
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge	57%	25%	**50%**				3/6	**50%**	3/6
TOB-3a	3a-Tobacco Use Treatment at Discharge	18%	25%	33%				2/6	33%	2/6
	METRIC	CMS**	2022	Q1 -2023	Q2 -2023	Q3 -2023	Q4-2023	Q1-2023 Num/Den	Rolling 2023 YTD	Rolling Num/Den
	♦ Transition Record Measures									
TRSE	Transition Record with Specified Elements Received by Discharged Patients	67%	55%	**0%**				0/119	**0%**	0/119
	♦ Metabolic Disorders Measure									
SMD	Screening for Metabolic Disorders	Benchmark To Be Established	89%	90%				71/79	90%	71/79
	METRIC	CMS**		2018	2019	2020	2021		2022	Rolling Num/Den
IPF-IMM-2	Influenza Immunization	77%		**98%**	**90%**	**92%**	**96%**		**96%**	228/239

Hospital Outpatient Quality Reporting Program Measures

	METRIC	CMS**	2022	Q1 -2023	Q2 -2023	Q3 -2023	Q4-2023	Q1 2023 Num/Den	Rolling 2023 YTD	2023 YTD Num/Den
	♦ ED Outpatient Measures									
OP-18b	Average (median) time patients spent in the emergency department before leaving from the visit	171.00	**178.00**	**173.00**				90--Cases	**173.00**	90--Cases
	♦ Outpatient Stroke Measure									
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	69%	86%	100%				3/3	100%	3/3
	♦ Endoscopy Measures									
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	91%	**85%**	100%				35/35	100%	35/35

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

MarinHealth Medical Center
CLINICAL QUALITY METRICS DASHBOARD
Publicly Reported on CalHospital Compare (www.calhospitalcompare.org)
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov/)

♦ Healthcare Personnel Influenza Vaccination

	METRIC	CMS National Average	Oct 2017 - Mar 2018	Oct 2018 - Mar 2019	Oct 2020 - Mar 2021	Oct 2021 - Mar 2022
	COVID Healthcare Personnel Vaccination	88%				96%
IMM-3	Healthcare Personnel Influenza Vaccination	80%	89%	97%	94%	96%

♦ Surgical Site Infection +

	METRIC	National Standardized Infection Ratio (SIR)	Oct 2020 - Sep 2021	Jan 2021 - Dec 2022	Apr 2021 - Mar 2022	July 2021 - June 2022
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	not published**	0.00	0.00	0.00
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)	Oct 2020 - Sep 2021	Jan 2021 - Dec 2021	April 2021 - Mar 2022	July 2021 - June 2022
Page 13 of 17	Central Line Associated Blood Stream Infection (CLABSI)	1	0.82	0.26	0.00	0.00
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.67	0.44	0.88	0.64

	METRIC	2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
	Central Line Associated Blood Stream Infection (CLABSI)	0	0.00			
	Catheter Associated Urinary Tract Infection (CAUTI)	1.21	0.00			

♦ Healthcare Associated Infections +

	METRIC	National Standardized Infection Ratio (SIR)	Oct 2020 - Sep 2021	Jan 2021 - Dec 2021	Apr 2021 - Mar 2022	July 2021 - June 2022
HAI-C-Diff	Clostridium Difficile	1	0.33	0.21	0.12	0.26
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.62	0.00	0.00	0.00

	METRIC	2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
HAI-C-Diff	Clostridium Difficile (Rate per 10000)	0.5	0.08			
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia (Rate per	0.00	0.00			

♦ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators) +

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2016 - June 2018	July 2017 - June 2019	July 2018 - Dec 2019	July 2019 - June 2021
PSI-90 (Composite)	Complication / Patient Safety Indicators PSI 90 (Composite)	1	No different than the National Rate	No different than the National Rate	No different than the National Rate	No different than the National Rate

	METRIC		2020	2021	2022	2023
PSI-90 (Composite)	Complication / Patient safety Indicators PSI 90 (Composite)		0.60	1.96	1.38	0.90
PSI-3	Pressure Ulcer		0.00	0.22	0.79	0.00
PSI-6	Iatrogenic Pneumothorax		0.18	0.62	0.00	0.00
PSI-8	Postoperative Hip Fracture		0.00	0.29	0.13	0.48
PSI-9	Perioperative Hemorrhage or Hematoma		2.19	2.67	2.08	2.67
PSI-10	Postop Acute Kidney Injury Requiring Dialysis		1.59	0.00	0.00	0.00
PSI-11	Postoperative Respiratory Failure		2.07	6.11	1.88	6.10
PSI-12	Peri Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)		2.13	8.74	6.59	4.93
PSI-13	Postoperative Sepsis		6.39	4.64	3.93	0.00
PSI-14	Post operative Wound Dehiscence		0.00	2.02	0.00	0.00
PSI-15	Unrecognized Abdominopelvic Accidental Laceration/Puncture Rate		0.00	0.00	0.00	0.00

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2016 - June 2018	July 2017 - June 2019	July 2018 - Dec 2019	July 2019 June 2021
PSI-4	Death Among Surgical Patients with Serious Complications +	136.48 per 1,000 patient discharges	No different then National Average	No different then National Average	No different then National Average	not published**

♦ Surgical Complications +

		Centers for Medicare & Medicaid Services (CMS) National Average	April 2015 - March 2018	April 2016 - March 2019	April 2017 - Oct 2019	April 2018 - March 2021
Surgical Complication	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty +	2.4%	2.7%	3.0%	2.6%	2.5%

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

MarinHealth Medical Center
CLINICAL QUALITY METRICS DASHBOARD
Publicly Reported on CalHospital Compare (www.calhospitalcompare.org)
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov/)

♦ Mortality Measures - 30 Day +

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2015 - June 2018	July 2016 - June 2019	July 2017 - Dec 2019	July 2019 - June 2021
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate	8.4%	12.50%	10.90%	10.70%	**10.00%**
MORT-30-HF	Heart Failure Mortality Rate	12.4%	9.70%	8.00%	8.60%	10.30%
MORT-30-PN	Pneumonia Mortality Rate	15.4%	15.30%	14.20%	13.90%	not published**
MORT-30-COPD	COPD Mortality Rate	8.40%	**8.80%**	**9.20%**	**8.60%**	**10.00%**
MORT-30-STK	Stroke Mortality Rate	13.60%	13.70%	13.60%	13.40%	13.50%
CABG MORT-30	CABG 30-day Mortality Rate	2.90%	**3.40%**	3.00%	2.50%	**3.00%**

♦ Mortality Measures - 30 Day (Medicare Only - Midas DataVision) +

	METRIC		2020	2021	2022	2023
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate		4.99%	6.06%	3.39%	6.25%
MORT-30-HF	Heart Failure Mortality Rate		5.88%	7.90%	1.20%	3.70%
MORT-30-PN	Pneumonia Mortality Rate		7.10%	8.42%	7.09%	2.27%
MORT-30-COPD	COPD Mortality Rate		2.38%	0.00%	7.14%	0.00%
MORT-30-STK	Stroke Mortality Rate		4.95%	4.76%	4.90%	5.55%
CABG MORT-30	CABG Mortality Rate		0.00%	0.00%	0.00%	0.00%

♦ Acute Care Readmissions - 30 Day Risk Standardized +

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2015 - June 2018	July 2016 - June 2019	July 2017 - Dec 2019	July 2018 - June 2021
READM-30-AMI	Acute Myocardial Infarction Readmission Rate	15.0%	14.09%	**16.30%**	15.50%	14.70%
READM-30-HF	Heart Failure Readmission Rate	21.3%	20.80%	21.60%	21.20%	19.50%
READM-30-PN	Pneumonia Readmission Rate	16.6%	15.10%	13.80%	14.50%	not published**
READM-30-COPD	COPD Readmission Rate	19.80%	19.20%	19.60%	19.30%	19.50%
READM-30-THA/TKA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.10%	3.90%	**4.40%**	**4.20%**	**4.90%**
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	11.90%	**13.80%**	11.70%	12.20%	11.60%

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2017 - June 2018	July 2018- June 2019	July 2019- Dec 2019	July 2018- June 2021
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR) +	15.0%	14.7%	13.7%	14.9%	14.0%

♦ Acute Care Readmissions 30 Day (Medicare Only - Midas DataVision) +

	METRIC		2020	2021	2022	2023
	Hospital-Wide All-Cause Unplanned Readmission		10.95%	9.59%	9.89%	8.66%
	Acute Myocardial Infarction Readmission Rate		11.24%	11.27%	8.75%	4.55%
	Heart Failure Readmission Rate		16.67%	12.04%	11.36%	9.26%
	Pneumonia (PN) 30 Day Readmission Rate		14.94%	5.68%	11.94%	6.25%
	Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate		11.11%	13.04%	9.68%	15.38%
	Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate		10.42%	2.50%	0.00%	0.00%
	30-day Risk Standardized Readmission following Coronary Artery Bypass Graft		0.00%	6.67%	14.29%	0.00%

♦ Cost Efficiency +

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019	Jan 2020 - Dec 2020	Jan 2021 - Dec 2021
MSPB-1	Medicare Spending Per Beneficiary (All)	0.99	0.97	0.97	0.98	0.98

			July 2015- June 2018	July 2016- June 2019	July 2017- Dec 2019	July 2018- June 2021
MSPB-AMI	Acute Myocardial Infarction (AMI) Payment Per Episode of Care	$26,800	$23,374	**$27,327**	**$28,746**	**$27,962**
MSPB-HF	Heart Failure (HF) Payment Per Episode of Care	$18,280	**$16,981**	$17,614	$18,180	$17,734
MSPB-PN	Pneumonia (PN) Payment Per Episode of Care	$20,793	**$17,316**	$17,717	$17,517	$18,236

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	April 2014 - March 2017	April 2015 - March 2018	April 2017 - Oct 2019	April 2018 - Mar 2021
MSPB-Knee	Hip and Knee Replacement	$20,793	$21,953	$20,263	$19,869	$19,578

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

MarinHealth Medical Center
CLINICAL QUALITY METRICS DASHBOARD
Publicly Reported on CalHospital Compare (www.calhospitalcompare.org)
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov/)

♦ Outpatient Measures (Claims Data) +

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2017 - June 2018	July 2018 - June 2019	July 2019 - Dec 2019	July 2020- June 2021
OP-10	Outpatient CT Scans of the Abdomen that were "Combination" (Double) Scans	6.30%	4.50%	6.10%	2.70%	**7.00%**
OP-13	Outpatients who got Cardiac Imaging Stress Tests Before Low-Risk Outpatient Surgery	3.90%	3.20%	3.20%	3.70%	3.00%
	METRIC	**Centers for Medicare & Medicaid Services (CMS) National Average**	**Jan 2015 - Dec 2015**	**Jan 2016 - Dec 2016**	**Jan 2018 - Dec 2018**	**Jan 2020 Dec 2020**
OP-22	Patient Left Emergency Department before Being Seen	3.00%	1.00%	1.00%	2.00%	3.00%

+ Lower Number is better

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)					
	Q1 2023	**Q2 2023**	**Q3 2023**	**Q4 2023**	**Total 2023**
Buckelew	26,250				26,250
Ceres Community Project	10,500				10,500
Community Action Marin	10,500				10,500
Community Institute for Psychotherapy	21,000				21,000
Homeward Bound	157,500				157,500
Huckleberry Youth Programs	10,500				10,500
Jewish Family and Children's Services	10,500				10,500
Kids Cooking for Life	5,250				5,250
Marin Center for Independent Living	26,250				26,250
Marin Community Clinics	63,000				63,000
MHD 1206B Clinics	7,484,108				7,484,108
NAMI Marin	10,500				10,500
North Marin Community Services	10,500				10,500
Operation Access	10,500				10,500
Ritter Center	26,250				26,250
RotaCare Free Clinic	15,750				15,750
San Geronimo Valley Community Center	10,500				10,500
Spahr Center	10,500				10,500
St. Vincent de Paul Society of Marin	5,250				5,250
West Marin Senior Services	10,500				10,500
Total Cash Donations	**7,935,608**				**7,935,608**
Compassionate discharge medications	14,182				14,182
Meeting room use by community-based organizations for community-health related purposes	0				0
Healthy Marin Partnership	1,916				1,916
Food donations	19,349				19,349
Total In Kind Donations	**35,447**				**35,447**
Total Cash & In-Kind Donations	**7,971,055**				**7,971,055**

Schedule 4, continued

Community Benefit Summary

(These figures are not final and are subject to change)

	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Total 2023
Community Health Improvement Services	19,565				19,565
Health Professions Education	777,808				777,808
Cash and In-Kind Contributions	7,971,055				7,971,055
Community Benefit Operations	2,234				2,234
Community Building Activities	0				0
Traditional Charity Care *Operation Access total is included	5,814				5,814
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	11,153,588				11,153,588
Community Benefit Subtotal (amount reported annually to State & IRS)	**19,930,064**				**19,930,064**
Unpaid Cost of Medicare	23,481,312				23,481,312
Bad Debt	199,831				199,831
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total	**43,611,207**				**43,611,207**

Operation Access

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 2022	Q2 2022	Q3 2022	Q4 2022	Total 2022
*Operation Access charity care provided by MGH (waived hospital charges)	(116,208)				(116,208)
Costs included in Charity Care	0				0

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				
Period	Number of Clinical RNs	Separated		Rate
		Voluntary	Involuntary	
Q1 2022	538	21	2	4.28%
Q2 2022	564	22	1	4.08%
Q3 2022	569	26	4	5.27%
Q4 2022	583	33	3	6.17%
Q1 2023	**595**	**18**	**4**	**3.70%**

Vacancy Rate							
Period	Open Per Diem Positions	Open Benefitted Positions	Filled Positions	Total Positions	Total Vacancy Rate	Benefitted Vacancy Rate of Total Positions	Per Diem Vacancy Rate of Total Positions
Q1 2022	16	89	538	643	16.33%	13.84%	2.49%
Q2 2022	24	75	564	663	14.93%	11.31%	3.62%
Q3 2022	9	79	569	657	13.39%	12.02%	1.37%
Q4 2022	7	55	583	645	9.61%	8.53%	1.09%
Q1 2023	**14**	**53**	**595**	**662**	**10.12%**	**8.01%**	**2.11%**

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
Q1 2022	21	23	(2)
Q2 2022	48	23	25
Q3 2022	36	30	6
Q4 2022	51	36	15
Q1 2023	**34**	**22**	**12**

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 2023	Feb 1	22:01	2'00"	ED	10	7
	Feb 4	12:20	2'00"	ED	18	6
	Feb 8	16:29	2'00"	ED	15	3
	Feb 25	15:12	2'00"	ED	22	4