



MarinHealth Medical Center

Performance Metrics and Core Services Report

Q3 2021

February 1, 2022

MarinHealth Medical Center (Marin General Hospital)

Performance Metrics and Core Services Report: **Q3 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 | The Joint Commission granted MGH an "Accredited" decision with an effective date of May 24, 2019 for a duration of 36 months. |
| | 2. MGH Board must maintain MGH's Medicare certification for quality of care and reimbursement eligibility. | Quarterly | In Compliance | MGH maintains its Medicare Certification. |
| | 3. MGH Board must maintain MGH's California Department of Public Health Acute Care License | Quarterly | In Compliance | MGH maintains its license with the State of California. |
| | 4. MGH Board must maintain MGH's plan for compliance with SB 1953. | Quarterly | In Compliance | MGH remains in compliance with SB 1953 (California Hospital Seismic Retrofit Program). |
| | 5. MGH Board must report on all Tier 2 Metrics at least annually. | Annually | In Compliance | 4Q 2020 (Annual Report) was presented to MGH Board and to MHD Board in May 2021. |
| | 6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH. | Annually | In Compliance | MGH Performance Improvement Plan for 2021 was presented for approval to the MGH Board in March 2021. |
| | 7. MGH Board must include quality improvement metrics as part of the CEO and Senior Executive Bonus Structure for MGH. | Annually | In Compliance | CEO and Senior Executive Bonus Structure includes quality improvement metrics. |
| (B) Patient Satisfaction and Services | MGH Board will report on MGH's HCAHPS Results Quarterly. | Quarterly | In Compliance | Schedule 1 |
| (C) Community Commitment | 1. In coordination with the General Member, the MGH Board must publish the results of its biennial community assessment to assess MGH's performance at meeting community health care needs. | Annually | In Compliance | 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 | 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)

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TIER 2 PERFORMANCE METRICS

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

| | | Frequency | Status | Notes |
|--|--|-----------|---------------|---|
| (A) Quality, Safety and Compliance | MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs). | Quarterly | In Compliance | Schedule 3 |
| (B) Patient Satisfaction and Services | 1. MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction. | Quarterly | In Compliance | Schedule 1 |
| | 2. MGH Board will report external awards and recognition. | Annually | In Compliance | 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 | 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 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 | 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 April 17, 2021 and was 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 was 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 | 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 2020 Independent Audit was completed on April 22, 2021. |
| | 2. MGH Board will report on its performance with regard to industry standard bond rating metrics, e.g., current ratio, leverage ratios, days cash on hand, reserve funding. | Quarterly | In Compliance | Schedule 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 2020 Form 990 was filed on November 15, 2021. |

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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.

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 | | | Q4 2020 | Q1 2021 | Q2 2021 | Q3 2021 |
|-------------------------|-------|-------|---------|---------|---------|---------|
| 71.66 | 79.29 | 85.39 | 74.40 | 76.07 | 78.08 | 71.62 |
| | | | 78.10 | 78.55 | 78.45 | 73.72 |
| 79.42 | 84.03 | 87.71 | 78.32 | 75.70 | 79.27 | 73.98 |
| | | | 83.87 | 82.33 | 85.39 | 85.00 |
| | | | 77.38 | 72.73 | 76.95 | 80.10 |
| | | | 73.71 | 72.03 | 75.48 | 79.63 |
| 79.83 | 84.35 | 87.97 | 81.60 | 78.79 | 79.82 | 76.19 |
| | | | 87.40 | 86.01 | 85.94 | 87.63 |
| | | | 81.10 | 78.67 | 78.53 | 83.33 |
| | | | 76.28 | 71.68 | 75.00 | 79.21 |
| 65.52 | 74.24 | 81.22 | 70.44 | 62.97 | 62.76 | 57.97 |
| | | | 69.27 | 55.65 | 58.45 | 61.31 |
| | | | 71.62 | 70.29 | 67.07 | 67.43 |
| 63.11 | 69.19 | 74.05 | 66.62 | 63.55 | 63.09 | 56.40 |
| | | | 78.12 | 76.77 | 72.16 | 76.09 |
| | | | 55.12 | 50.33 | 54.02 | 51.11 |
| 65.63 | 73.41 | 79.64 | 67.17 | 68.35 | 66.32 | 57.40 |
| | | | 70.73 | 70.86 | 71.10 | 67.48 |
| | | | 63.60 | 65.85 | 61.54 | 66.93 |
| 87.23 | 90.00 | 92.21 | 85.54 | 88.15 | 90.07 | 84.35 |
| | | | 84.32 | 85.50 | 88.14 | 85.07 |
| | | | 86.75 | 90.80 | 92.01 | 91.62 |
| 51.84 | 58.36 | 63.57 | 44.13 | 51.14 | 47.59 | 39.34 |
| | | | 34.30 | 45.96 | 40.34 | 38.19 |
| | | | 46.37 | 53.05 | 47.54 | 47.58 |
| | | | 51.71 | 54.42 | 54.89 | 51.15 |
| | | | 254 | 288 | 314 | 383 |

| 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

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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 | Q4 2020 | Q1 2021 | Q2 2021 | Q3 2021 | Q4 2021 | Total 2021 |
|--------------------------------------|---------|---------|---------|---------|---------|------------|
| EBIDA \$ (in thousands) | 519 | 316 | 9,099 | 16,352 | | 16,352 |
| EBIDA % | 0.1% | 0.30% | 3.90% | 4.60% | | 4.60% |
| Loan Ratios | | | | | | |
| Annual Debt Service Coverage | (0.24) | 0.49 | 1.58 | 1.99 | | 1.99 |
| Maximum Annual Debt Service Coverage | (0.21) | 0.43 | 1.30 | 1.63 | | 1.63 |
| Debt to Capitalization | 53.2% | 54.1% | 52.6% | 52.6% | | 52.6% |
| Key Service Volumes | | | | | | |
| Acute discharges | 2,006 | 2,004 | 2,144 | 2,307 | | 6,455 |
| Acute patient days | 6,381 | 10,110 | 10,405 | 11,594 | | 32,109 |
| Average length of stay | 4.43 | 5.04 | 4.95 | 4.97 | | 4.97 |
| Emergency Department visits | 7,301 | 7,346 | 5,321 | 7,314 | | 19,981 |
| Inpatient surgeries | 375 | 359 | 399 | 411 | | 1,169 |
| Outpatient surgeries | 950 | 963 | 1,102 | 1,097 | | 3,162 |
| Newborns | 281 | 281 | 352 | 356 | | 989 |

MHMC Performance Metrics and Core Services Report

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Schedule 3: Clinical Quality Reporting Metrics

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

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

CLINICAL QUALITY METRICS DASHBOARD

Metrics are publicly reported on

CalHospital Compare (www.calhospitalcompare.org)

and

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

Hospital Inpatient Quality Reporting Program Measures

| | METRIC | CMS** | 2020 | Q1 -2021 | Q2 -2021 | Q3 -2021 | Q4-2021 | Q3-2021 Num/Den | Rolling 2021 YTD | 2021 YTD Num/Den |
|---------------------------------------|--|-----------------------------|--------|----------|----------|----------|---------|-----------------|------------------|------------------|
| ◆ Stroke Measures | | | | | | | | | | |
| STK-4 | Thrombolytic Therapy | 100% | 75% | 100% | 100% | 100% | | 3/3 | 100% | 7/7 |
| ◆ Sepsis Measure | | | | | | | | | | |
| SEP-01 | Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) | 81% | 50% | 46% | 53% | 51% | | 40/79 | 50% | 115/229 |
| ◆ Perinatal Care Measure | | | | | | | | | | |
| PC-01 | Elective Delivery + | 0% | 1% | 0% | 0% | 0% | | 0/41 | 0% | 0/78 |
| ◆ ED Inpatient Measures | | | | | | | | | | |
| ED-2 | Admit Decision Time to ED Departure Time for Admitted Patients + | 99*** | 129.00 | 148.00 | 142.00 | 133.00 | | 59-Cases | 140.00 | 423-Cases |
| ◆ Psychiatric (HBIPS) Measures | | | | | | | | | | |
| IPF-HBIPS-2 | Hours of Physical Restraint Use + | 0.38 | 0.08 | 0.25 | 0.04 | 0.00 | | N/A | 0.09 | N/A |
| IPF-HBIPS-3 | Hours of Seclusion Use + | 0.29 | 0.06 | 0.02 | 0.00 | 0.00 | | N/A | 0.01 | N/A |
| IPF-HBIPS-5 | Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification | 99% | 92% | 100% | 95% | 100% | | 10/10 | 98% | 45/46 |
| ◆ Substance Use Measures | | | | | | | | | | |
| SUB-2 | 2-Alcohol Use Brief Intervention Provided or offered | 100% | 100% | 100% | N/A | N/A | | 0/0 | 100% | 4/4 |
| SUB-2a | Alcohol Use Brief Intervention | 100% | 100% | 100% | N/A | N/A | | 0/0 | 100% | 4/4 |
| ◆ Tobacco Use Measures | | | | | | | | | | |
| TOB-2 | 2-Tobacco Use Treatment Provided or Offered | 100% | 97% | 100% | N/A | N/A | | 0/0 | 100% | 4/4 |
| TOB-2a | 2a-Tobacco Use Treatment | 88% | 94% | 100% | N/A | N/A | | 0/0 | 100% | 4/4 |
| TOB-3 | 3-Tobacco Use Treatment Provided or Offered at Discharge | 99% | 100% | 67% | N/A | N/A | | 0/0 | 67% | 2/3 |
| TOB-3a | 3a-Tobacco Use Treatment at Discharge | 71% | 79% | 33% | N/A | N/A | | 0/0 | 33% | 1/3 |
| | METRIC | CMS** | 2020 | Q1 -2021 | Q2 -2021 | Q3 -2021 | Q4-2021 | Q3-2021 Num/Den | Rolling 2020 YTD | Rolling Num/Den |
| ◆ Transition Record Measures | | | | | | | | | | |
| TRSE | Transition Record with Specified Elements Received by Discharged Patients | 99% | 92% | 98% | 95% | 93% | | 125/134 | 96% | 346/362 |
| TTTR | Timely Transmission of Transition Record | 98% | 90% | 97% | 94% | 93% | | 125/134 | 95% | 343/362 |
| ◆ Metabolic Disorders Measure | | | | | | | | | | |
| SMD | Screening for Metabolic Disorders | Benchmark To Be Established | 98% | 100% | 92% | 98% | | 91/93 | 96% | 248/257 |
| IPF-IMM-2 | Influenza Immunization | 100% | | 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** | 2020 | Q1 -2021 | Q2 -2021 | Q3 -2021 | Q4-2021 | Q3 2021 Num/Den | Rolling 2021 YTD | 2021 YTD Num/Den |
|------------------------------------|--|--------|------|----------|----------|----------|---------|-----------------|------------------|------------------|
| ◆ Outpatient Stroke Measure | | | | | | | | | | |
| OP-23 | Head CT/MRI Results for STK Pts w/in 45 Min of Arrival | 72%*** | 63% | 83% | 91% | 80% | | 4/5 | 86% | 19/22 |

*** 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 2014 - Mar 2015 | Oct 2016 - Mar 2017 | Oct 2016 - Mar 2017 | Oct 2017 - Mar 2018 |
| HM-3 | Healthcare Personnel Influenza Vaccination | 90% | 81% | 89% | 89% | 92% |
| ♦ Surgical Site Infection + | | | | | | |
| | METRIC | National Standardized Infection Ratio (SIR) | Jul 2018 - June 2019 | Oct 2018 - Sep 2019 | Jan 2019 - Dec 2019 | Jul 2019 - Dec 2020 |
| HAI-SSI-Colon | Surgical Site Infection - Colon Surgery | 1 | not published** | not published** | 0.98 | 0.83 |
| HAI-SSIHyst | 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) | July 2018 - June 2019 | Oct 2018 - Sep 2019 | Jan 2019 - Dec 2019 | Jul 2019 - Dec 2020 |
| HAI-CLABSI | Central Line Associated Blood Stream Infection (CLABSI) | 1 | 0.57 | 0.71 | 0.30 | 1.17 |
| HAI-CAUTI | Catheter Associated Urinary Tract Infection (CAUTI) | 1 | 0.49 | 0.90 | 0.98 | 0.99 |
| ♦ Healthcare Associated Infections + | | | | | | |
| | METRIC | National Standardized Infection Ratio (SIR) | July 2018 - June 2019 | Oct 2018 - Sep 2019 | Jan 2019 - Dec 2019 | Jul 2019 - Dec 2020 |
| HAI-C-Diff | Clostridium Difficile | 1 | 1.01 | 1.22 | 1.18 | 0.65 |
| HAI-MRSA | Methicillin Resistant Staph Aureus Bacteremia | 1 | 0.00 | 0.00 | 0.00 | 0.76 |
| ♦ 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 |
| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | Nov 2015 - June 2017 | July 2016 - June 2018 | July 2017 - June 2019 | July 2018 - Dec 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 | April 2014 - March 2017 | April 2015 - March 2018 | April 2016 - March 2019 | April 2017 - Oct 2019 |
| Surgical Complication | Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty + | 2.4% | 2.5% | 2.7% | 3.0% | 2.6% |

*** National Average + Lower Number is better

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CLINICAL QUALITY METRICS DASHBOARD
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| ♦ Mortality Measures - 30 Day + | | | | | | |
|--|---|---|-----------------------|-------------------------|-------------------------|-----------------------|
| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | July 2014 - June 2017 | July 2015 - June 2018 | July 2016 - June 2019 | July 2017 - Dec 2019 |
| MORT-30-AMI | Acute Myocardial Infarction Mortality Rate | | 12.7% | 12.80% | 10.90% | 10.70% |
| MORT-30-HF | Heart Failure Mortality Rate | | 11.3% | 10.30% | 9.70% | 8.60% |
| MORT-30-PN | Pneumonia Mortality Rate | | 15.4% | 15.90% | 15.30% | 13.90% |
| MORT-30-COPD | COPD Mortality Rate | | 8.40% | 9.30% | 8.80% | 9.20% |
| MORT-30-STK | Stroke Mortality Rate | | 13.80% | 12.70% | 13.70% | 13.40% |
| CABG MORT-30 | CABG 30-day Mortality Rate | | 3.00% | 3.60% | 3.40% | 2.50% |
| ♦ Acute Care Readmissions - 30 Day Risk Standardized + | | | | | | |
| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | July 2014 - June 2017 | July 2015 - June 2018 | July 2016 - June 2019 | July 2017 - Dec 2019 |
| READM-30-AMI | Acute Myocardial Infarction Readmission Rate | | 16.1% | 14.80% | 14.09% | 16.30% |
| READM-30-HF | Heart Failure Readmission Rate | | 21.9% | 19.80% | 20.80% | 21.20% |
| READM-30-PN | Pneumonia Readmission Rate | | 16.6% | 15.90% | 15.10% | 13.80% |
| READM-30-COPD | COPD Readmission Rate | | 19.60% | 20.49% | 19.20% | 19.30% |
| READM-30-THA/TKA | Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate | | 4.00% | 4.10% | 3.90% | 4.40% |
| READM-30-CABG | Coronary Artery Bypass Graft Surgery (CABG) | | 12.70% | 13.70% | 13.80% | 12.20% |
| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | July 2016 - June 2017 | July 2017 - June 2018 | July 2018 - June 2019 | July 2019 - Dec 2019 |
| HWR Readmission | Hospital-Wide All-Cause Unplanned Readmission (HWR) + | | 15.6% | 15.40% | 14.7% | 13.7% |
| ♦ 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 |
| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | July 2014 - June 2017 | July 2015 - June 2018 | July 2016 - June 2019 | July 2017 - Dec 2019 |
| MSPB-AMI | Acute Myocardial Infarction (AMI) Payment Per Episode of Care | | \$26,304 | \$21,274 | \$23,374 | \$27,327 |
| MSPB-HF | Heart Failure (HF) Payment Per Episode of Care | | \$18,060 | \$16,632 | \$16,981 | \$17,614 |
| MSPB-PN | Pneumonia (PN) Payment Per Episode of Care | | \$18,776 | \$17,415 | \$17,316 | \$17,517 |
| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | July 2013 - June 2016 | April 2014 - March 2017 | April 2015 - March 2018 | April 2017 - Oct 2019 |
| MSPB-Knee | Hip and Knee Replacement | | \$20,839 | \$22,502 | \$21,953 | \$20,263 |

*** National Average + Lower Number is better

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CLINICAL QUALITY METRICS DASHBOARD
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 and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov)

| ◆ Outpatient Measures (Claims Data) + | | | | | | |
|---------------------------------------|--|---|-----------------------|-----------------------|-----------------------|-----------------------|
| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | July 2015 - June 2016 | July 2016 - June 2017 | July 2017 - June 2018 | July 2018 - June 2019 |
| OP-8 | Outpatient with Low Back Pain who had an MRI without trying Recommended Treatments First, such as Physical Therapy | 38.20% | Not Available | Not Available | Not Available | Not Available |
| OP-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% |

+ Lower Number is better

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Schedule 4: Community Benefit Summary

➤ **Tier 2, Community Commitment**

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

| Cash & In-Kind Donations | | | | | |
|---|------------------|------------------|------------------|---------|-------------------|
| (These figures are not final and are subject to change) | | | | | |
| | Q1 2021 | Q2 2021 | Q3 2021 | Q4 2021 | Total 2021 |
| Buckelew | 26,250 | 0 | 0 | | 26,250 |
| Canal Alliance | 21,000 | 0 | 0 | | 21,000 |
| Ceres Community Project | 10,500 | 0 | 0 | | 10,500 |
| Coastal Health Alliance (Petaluma HC) | 15,750 | 0 | 0 | | 15,750 |
| Community Action Marin | 10,500 | 0 | 0 | | 10,500 |
| Community Institute for Psychotherapy | 15,750 | 0 | 0 | | 15,750 |
| Homeward Bound | 157,500 | 0 | 0 | | 157,500 |
| Huckleberry Youth Programs | 10,500 | 0 | 0 | | 10,500 |
| Jewish Family and Children's Services | 10,500 | 0 | 0 | | 10,500 |
| Marin Center for Independent Living | 26,250 | 0 | 0 | | 26,250 |
| Marin City Community Dev Corp | 10,500 | 0 | 0 | | 10,500 |
| Marin Community Clinics | 75,600 | 0 | 0 | | 75,600 |
| MHD 1206B Clinics | 8,068,761 | 9,001,488 | 6,076,822 | | 23,147,071 |
| North Marin Community Services | 10,500 | 0 | 0 | | 10,500 |
| Operation Access | 21,000 | 0 | 0 | | 21,000 |
| Ritter Center | 26,250 | 0 | 0 | | 26,250 |
| RotaCare Free Clinic | 15,750 | 0 | 0 | | 15,750 |
| San Geronimo Valley Community Center | 10,500 | 0 | 0 | | 10,500 |
| Spahr Center | 8,400 | 0 | 0 | | 8,400 |
| West Marin Senior Services | 10,500 | 0 | 0 | | 10,500 |
| Total Cash Donations | 8,562,261 | 9,001,488 | 6,076,822 | | 23,640,571 |
| Compassionate discharge medications | 0 | 0 | 9,943 | | 9,943 |
| Meeting room use by community based organizations for community-health related purposes | 0 | 0 | 0 | | 0 |
| Food donations | 1,182 | 987 | 987 | | 3,156 |
| Total In Kind Donations | 1,182 | 987 | 10,930 | | 13,099 |
| Total Cash & In-Kind Donations | 8,563,443 | 9,002,475 | 6,087,752 | | 23,653,670 |

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Schedule 4, continued

| Community Benefit Summary | | | | | |
|---|-------------------|-------------------|-------------------|---------|--------------------|
| (These figures are not final and are subject to change) | | | | | |
| | Q1 2021 | Q2 2021 | Q3 2021 | Q4 2021 | Total 2021 |
| Community Health Improvement Services | 98,644 | 78,175 | 76,190 | | 253,009 |
| Health Professions Education | 826,720 | 527,548 | 411,190 | | 1,765,458 |
| Cash and In-Kind Contributions | 8,563,443 | 9,002,475 | 6,087,752 | | 23,653,670 |
| Community Benefit Operations | 0 | 0 | 1,428 | | 1,428 |
| Community Building Activities | 0 | 0 | 0 | | 0 |
| Traditional Charity Care *Operation Access total is included | 368,856 | 352,471 | 88,354 | | 809,681 |
| Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs) | 11,451,158 | 12,767,981 | 11,309,987 | | 35,529,126 |
| Community Benefit Subtotal (amount reported annually to State & IRS) | 21,308,821 | 22,728,650 | 17,974,901 | | 62,012,372 |
| Unpaid Cost of Medicare | 26,353,899 | 30,885,506 | 30,209,924 | | 87,449,329 |
| Bad Debt | 288,534 | 287,205 | 345,832 | | 921,571 |
| Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u> | 47,951,254 | 53,901,361 | 48,530,657 | | 150,383,272 |

| 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 2021 | Q2 2021 | Q3 2021 | Q4 2021 | Total 2021 |
| *Operation Access charity care provided by MGH (waived hospital charges) | 732,198 | 137,328 | 0 | | 869,526 |
| Costs included in Charity Care | 140,173 | 26,290 | 23 | | 166,486 |

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Schedule 5: Nursing Turnover, Vacancies, Net Changes

➤ **Tier 2, Physicians and Employees**

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

| Turnover Rate | | | | |
|----------------------|------------------------|-----------|-------------|--------------|
| Period | Number of Clinical RNs | Separated | | Rate |
| | | Voluntary | Involuntary | |
| Q4 2020 | 515 | 19 | 1 | 3.88% |
| Q1 2021 | 525 | 23 | 1 | 4.57% |
| Q2 2021 | 527 | 22 | 1 | 4.36% |
| Q3 2021 | 526 | 23 | 0 | 4.37% |

| 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 |
| Q4 2020 | 24 | 75 | 515 | 610 | 15.57% | 12.30% | 3.93% |
| Q1 2021 | 37 | 75 | 525 | 637 | 17.58% | 11.77% | 5.81% |
| Q2 2021 | 23 | 61 | 527 | 611 | 13.75% | 9.98% | 3.76% |
| Q3 2021 | 28 | 70 | 526 | 624 | 15.71% | 11.22% | 4.49% |

| Hired, Termed, Net Change | | | |
|----------------------------------|-----------|-----------|------------|
| Period | Hired | Termed | Net Change |
| Q4 2020 | 15 | 20 | (5) |
| Q1 2021 | 35 | 24 | 11 |
| Q2 2021 | 22 | 23 | (1) |
| Q3 2021 | 25 | 23 | 2 |

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Schedule 6: Ambulance Diversion

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

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

| Quarter | Date | Time | Diversion Duration | Reason |
|---------|---------|---------------|--------------------|--------|
| Q3 2021 | July 21 | 02:27 – 04:20 | 1'53" | ED |
| | July 23 | 23:46 – 01:46 | 2'01" | ED |
| | July 27 | 21:13 – 23:12 | 2'00" | ED |
| | July 28 | 05:30 – 07:30 | 2'01" | ED |
| | July 30 | 13:45 – 15:45 | 2'01" | ED |
| | Aug 2 | 20:27 – 22:26 | 1'59" | ED |
| | Aug 16 | 21:43 – 23:43 | 2'01" | ED |
| | Aug 17 | 19:47 – 21:47 | 2'01" | ED |
| | Sept 13 | 13:59 – 15:59 | 2'01" | ED |
| | Sept 15 | 22:44 – 00:44 | 2'01" | ED |

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)*

