

# **MarinHealth Medical Center**

Performance Metrics and Core Services Report

**Annual Report 2022** 

# **MarinHealth Medical Center (Marin General Hospital)**

Performance Metrics and Core Services Report: **ANNUAL REPORT 2022** 

# 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 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	Schedule 2
	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	Schedule 3 Schedule 4
(E) Volumes and Service Array	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 5
	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 5

# **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 6
(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	Schedule 7
(C) Community	1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly	In Compliance	Schedule 8
Commitment	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	Schedule 8
	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	Schedule 2
	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	Schedule 5
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	Schedule 9
(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	Schedule 10
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	Schedule 3 Schedule 4
	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 11
(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 to the MHD Board on 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 the MHD Board on February 17, 2023.
	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 5
	4. MGH Board will report on current Emergency services diversion statistics.	Quarterly	In Compliance	Schedule 12
(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 5
	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.



# SCHEDULE 1 EXECUTIVE SUMMARY Q4 2022 HCAHPS

#### **Time Period**

Q4 2022 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
- Help after Discharge & Symptom Monitoring above 75thp
- Care Transition Medications above 50thp

#### **Areas for Improvement**

Summary scores for each category need improving

#### **Data Summary**

Sample size= 436, above average survey return for a quarter.

#### **Barriers or Limitations**

 Q4 was a very high census period, high RSV and COVID activity, staffing challenges across many shifts.

#### **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

#### **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.

#### MarinHealth Medical Center 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 2024 VBP Thresholds Q1 2022 Q2 2022 Q3 2022 Q4 2022						
FFY 2024 VBP Thresholds		Charles Charles Statement of Control of			I was a server of		
71.66	1.66 <b>79.29</b> 85.39		Overall rating	74.86	74.82	72.04	65.22
			Would Recommend	76.61	79.60	77.05	69.90
79.42	84.03	87.71	Communication with Nurses	79.02	77.19	74.80	72.46
			Nurse Respect	84.75	82.98	84.31	83.83
			Nurse Listen	78.37	74.65	70.48	79.08
			Nurse Explain	73.94	79.94	69.60	75.46
79.83	84.35	87.97	Communication with Doctors	79.57	79.26	76.36	71.08
			Doctor Respect	83.71	85.38	81.23	84.56
			Doctor Listen	79.14	78.10	75.47	76.85
			Doctor Explain	75.86	74.29	72.39	75.52
65.52	74.24	81.22	Responsiveness of Staff	70.20	62.73	61.99	55.28
			Call Button	63.40	61.01	59.76	56.01
			Bathroom Help	77.01	64.44	64.22	68.75
63.11	69.19	74.05	Communication about Medications	59.68	63.10	63.58	54.70
			Med Explanation	74.73	76.92	79.21	75.69
			Med Side Effects	44.63	49.28	47.96	49.31
65.63	73.41	79.64	Hospital Environment	69.21	67.82	65.42	53.69
			Cleanliness	73.07	69.14	66.94	70.42
			Quiet	65.35	66.51	63.90	59.26
87.23	90.00	92.21	Discharge Information	88.38	91.02	88.53	86.91
			Help After Discharge	83.94	88.86	84.71	90.37
			Symptoms to Monitor	92.81	93.18	92.35	91.04
51.84	58.36	63.57	Care Transition	49.13	48.42	46.73	43.85
			Care Preferences	39.64	41.69	39.61	43.61
			Responsibilities	53.01	49.88	43.67	49.41
			Medications	54.74	53.69	56.90	56.53
			Number of Surveys	357	429	377	436

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.

# **Schedule 2: Community Health & Education**

#### ➤ Tier 1, Community Commitment

In coordination with the General Member, the Board must publish the results of its triennial community survey to assess MGH's performance at meeting community health care needs.

#### > Tier 2, Community Commitment

The Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities.

Community Health Improvement Services						
Event	Description	Recipients				
Braden Diabetes Center	Free diabetes support groups, Diabetes Self-Management, Lunch 'n' Learn, National Diabetes Day, education and screenings					
Breast Health Center	Provided low-cost mammograms	Low-income and underserved women				
Breastfeeding Telephone Support Line	Free education, counseling and breastfeeding support	Breastfeeding women				
Integrative Wellness Center	Education and support group events (healthy weight for wellness, Qi Gong, cancer support groups, etc.)	Persons with chronic disease, general public				
Community district events	Suicide prevention, aging well events	General public				
Community Nutrition Education Telephone Support Line	Free advice line open to the community for nutrition information	General public				
Compassionate Discharge Services and Medications	Covered cost of services and medications upon discharge	Uninsured and underinsured patients				
Concussion Smart Marin	Athletic trainers provided support, concussion education, and injury prevention	Students, parents, coaches, schools				
COVID-19 Communications	Public information on COVID	General public				
CPR and First Aid	CPR classes and first aid for children	General public				
Health Connection e-Newsletter and Podcasts	Free monthly newsletter and quarterly podcasts on a variety of health topics	General public				
Infant Care and Childbirth Series	Classes on infant care topics	General public				
Shuttle Program for Seniors	Free shuttle service for seniors in the Behavioral Health program	Seniors in need				
Stop the Bleed	Training to handle an emergency before professionals arrive on scene	Boy Scouts				
The Mom's Group and Pathways	Free support groups that discuss newborn care, breastfeeding, parenting, etc.	General public				
Transportation	Free taxi vouchers	Persons who lack transportation to medical services				

#### Schedule 2, continued

Health Professions Education						
Event	Description	Recipients				
Grand Rounds	Education programs open to community health providers	Physicians and Advanced Practice Providers				
Nursing Students	Supervision and training hours	Nursing students				
Nutrition Students	Supervision and training hours	Dietetics students				
Occupational Therapy Interns in Behavioral Health	Supervision and training hours	Occupational Therapy students				
Pharmacy Student Clinical Rotations	Supervision and training hours	Pharmacy students				
Physical Therapy Students	Supervision and training hours	Physical Therapy students				
Radiology Student Internships	Supervision and training hours	Radiology students				
Respiratory Therapy Student Internships	Supervision and training hours	Respiratory Therapy students				

The complete 2022 Annual Community Benefit Report is available at <a href="https://www.mymarinhealth.org/about-us/community-benefit/">https://www.mymarinhealth.org/about-us/community-benefit/</a>

# **Schedule 3: Physician Engagement**

#### > Tier 1, Physicians and Employees

The Board must report on all Tier 1 Physician and Employee Metrics at least annually.

#### > Tier 2, Physicians and Employees

The Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.

#### **Overall MarinHealth 2022 Provider Engagement Survey Results**

Participation Rate = 40.5%

Source: Professional Research Consultants, Inc.

# Asked of Providers: "Would you say the overall

#### **QUALITY OF CARE AT MARINHEALTH MEDICAL CENTER IS...**"

Rank	# Responses	% of Responses
Excellent	<b>64</b> [74 in 2021]	<b>32%</b> [40% in 2021]
Very Good	<b>88</b> [72 in 2021]	<b>43%</b> [39% in 2021]
Good	<b>41</b> [30 in 2021]	<b>20%</b> [16% in 2021]
Fair	<b>8</b> [5 in 2021]	<b>4%</b> [3% in 2021]
Poor	<b>1</b> [2 in 2021]	# <b>%</b> [1% in 2021]

Percentile Ranking: 30th Percentile [51st percentile in 2021]

Total Number of Responses: 202 Providers [183 responses in 2021]

# Asked of Providers: "Overall, as a <u>Place to Practice Medicine</u>,

WOULD YOU SAY MARINHEALTH IS..."

Rank	# Responses	% of Responses
Excellent	<b>46</b> [63 in 2021]	<b>23%</b> [34% in 2021]
Very Good	<b>63</b> [59 in 202!]	<b>31%</b> [32% in 2021]
Good	<b>52</b> [38 in 2021]	<b>26%</b> [21% in 2021]
Fair	<b>31</b> [17 in 2021]	<b>15%</b> [9% in 2021]
Poor	<b>11</b> [7 in 2021]	<b>5%</b> [4% in 2021]

Percentile Ranking: 14th Percentile [38th percentile in 2021]
Total Number of Responses: 203 Providers [184 responses in 2021]

# **Schedule 4: Employee Engagement**

#### > Tier 1, Physicians and Employees

The Board must report on all Tier 1 Physician and Employee Metrics at least annually.

#### > Tier 2, Physicians and Employees

The Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.

#### **Overall MHMC 2022 Employee Engagement Study Results**

**Source: MHMC Employee Engagement Pulse Survey** 

# Asked of Employees: "Overall, how satisfied are you with

"OVERALL, HOW SATISFIED ARE YOU WITH MARINHEALTH AS A PLACE OF WORK?"

Rank	# Responses	% of Responses
Very Satisfied	<b>294</b> [216 in 2021]	<b>26%</b> [22% in 2021]
Satisfied	<b>504</b> [276 in 2021]	<b>44%</b> [28% in 2021]
Neither Dissatisfied Nor Satisfied	<b>212</b> [269 in 2021]	<b>19%</b> [28% in 2021]
Dissatisfied	<b>101</b> [132 in 2021]	<b>9%</b> [14% in 2021]
Very Dissatisfied	<b>27</b> [83 in 2021]	<b>2%</b> [9% in 2021]

**Total Number of Responses: 1,138 (64%)** [976 (61%) in 2021]

#### **Schedule 5: 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 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	
EBIDA \$ (in thousands)	22,568	7,826	13,203	16,453	26,425	
EBIDA %	4.60%	6.00%	5.00%	4.20%	4.90%	
Loan Ratios						
Annual Debt Service Coverage	2.81	6.08	3.40	3.29	3.16	
Maximum Annual Debt Service Coverage	1.73	3.74	2.53	2.44	2.35	
Debt to Capitalization	50.4%	51.0%	50.8%	54.0%	53.8%	
Key Service Volumes	Total 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Total 2022
Acute discharges	8,664	2,249	2,352	2,580	2,397	9,578
Acute patient days	43,247	12,039	12,171	12,789	12,346	49,345
Average length of stay	4.99	5.35	5.26	5.15	5.15	5.23
Emergency Department visits	34,378	8,514	9,147	9,181	10,242	37,084
Inpatient surgeries	1,573	418	353	387	410	1,568
Outpatient surgeries	4,317	1,397	1,501	1,433	1,378	5,709
Newborns	1,357	340	364	355	348	1,407

#### Schedule 5, continued

#### > Tier 2, Community Commitment

The Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.

#### MHMC

#### Major Capital Expenditure Report For the period January - December 2022

Major Capital Expenditures	<u>Comment</u>
Stryker Endoscopy - Instruments	2,317,865
Stryker Performance	776,585
JJH Velys Robotic Assisted Solution & Video HIP Navigation System	553,569
Hologic Breast Biopsy	487,969
Rampart IC - Radiation Shield	367,744
Philips Epiq CVX Ultrasounds	360,509
Carl Zeiss - VS Opmi Lumera 700 System 088	251,704
Philips Electronics North - Ultrasound System Epiq Elite	222,221
Philips Affiniti 70 Ultrasound System Neuro	167,038
Medtronic USA Inc Stealthcart	149,956
Advanced Sterilizatino Products Service	145,000
Hologic Breast Biopsy	138,092
Stryker Medical Parts	124,516
Other Capital Projects under \$100k	1,164,568
Total Major Capital Expenditures	7,227,336
Major Construction in Progress Expenditures	
APEX	8,884,936
Hybrid OR Conversion	2,851,363
APeX MH Labor	2,622,381
2019 Behavioral Health Reclassification	2,008,852
MHMN/UCSF Orthopedics at 4000 Civic Center	1,981,557
CT Scanner at 1350 S Eliseo - Somatom Go	1,485,786
Oak Pavilion Flex Vision	1,101,576
APeX MH Interfaces and Conversions	782,682
MESA LABORATORIES INC	767,764
Pharmacy Compounding	480,404
Lab Automation	448,344
APeX MH Contingency	353,714
APeX UCSF Bond Interest to BofA 2022	322,328
Oak Nuclear Medicine Relocation	300,415
Capitalized Interest - Series B	296,961
APeX MH Equipment	255,895
APeX MH Software Upgrades	238,596
1350 S. Eliseo Dermatology	195,214
Oak LDRP Tubs	160,450
Other CIP Under \$100K	317,792
Hospital Replacement Building Project	(7,324,050) Adjustment to additions recorded in 2021
Total Construction in Progress	18,532,961
→	
Total Capital Expenditures	25,760,297

# **Schedule 6: Clinical Quality Reporting Metrics**

#### > Tier 2, Quality, Safety and Compliance

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

#### **CLINICAL QUALITY METRICS DASHBOARD**

Metrics are publicly reported on

CalHospital Compare (www.calhospitalcompare.org)

and

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



# EXECUTIVE SUMMARY Q4 2022 Quality Management Dashboard (Organization Targets Based on Natl Metrics)

#### **Time Period**

Q4 2022 most recent of four rolling quarters (far right)

#### **Accomplishments**

- Overall Readmissions improved to 8.98
- Stroke Readmission rate 0.0, steadily lower across the year
- SEP bundle compliance improved after APeX transition
- Falls/Injury, HAPI, SSE low YTD, PSI-90 improved

#### **Areas for Improvement or Monitoring**

- Pneumonia mortality
- Readmission rates: AMI, Hrt Failure
- Length of Stay (LOS): overall LOS, AMI, Hrt Failure, Pneumonia
- CAUT
- C-difficile Infections (CDI): testing protocol updates implemented

#### **Data Summary**

- Benchmark: Midas Datavision<sup>™</sup> 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 in development; CAUTI, SEP, Pneumonia, Throughput



Quality Managment Dashboard Period: Q4 2022

#### Legend

Value > Target Value> 2021 but< Target Value < Target <2021

Metrics: Adult Medical/Surgical High Volume DRGs	Reporting	Target*	2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Mortality-All Cause (Risk Adjusted O:E)	O:E Ratio	<1.0	0.75	0.71	0.76	0.73	0.88
Mortality-Acute Myocardial Infarction	O:E Ratio		0.55	0.00	0.00	0.00	0.00
Mortality-Heart Failure	O:E Ratio		0.74	0.29	0.26	0.00	1.02
Mortality- Hip	O:E Ratio		0.00	0.75	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		0.78	1.17	0.83	1.07	1.61
Mortality- Sepsis	O:E Ratio		0.72	0.76	0.87	0.60	0.95
Mortality- Pneumonia	O:E Ratio		0.86	0.33	0.85	0.00	1.54
Readmission- All (Rate)	Rate	<15.5%	9.66	11.02	10.15	10.95	8.98
Readmission-Acute Myocardial Infarction	Rate		10.53	9.76	9.09	10.87	14.89
Readmission-Heart Failure	Rate		12.45	14.94	11.43	16.94	18.18
Readmission- Hip	Rate		3.33	7.14	14.29	0.00	0.00
Readmission- Knee	Rate		3.60	0.00	0.00	0.00	0.00
Readmission- Stroke	Rate		6.29	21.21	10.17	9.09	0.00
Readmission- Sepsis	Rate		14.15	21.05	19.48	18.47	10.89
Readmission- Pneumonia	Rate		12.77	14.29	8.89	13.95	9.52
LOS-All Cause	Mean	4.90	4.64	4.80	4.72	4.91	4.98
LOS-Acute Myocardial Infarction	Mean		3.85	5.20	3.64	4.58	6.43
LOS-Heart Failure	Mean		5.01	5.02	6.24	5.44	5.92
LOS- Hip	Mean		2.23	3.43	3.71	2.86	3.60
LOS- Knee	Mean		1.85	2.10	2.70	1.33	2.31
LOS- Stroke	Mean		4.98	5.42	4.02	4.38	4.84
LOS- SEPSIS	Mean		11.24	10.67	11.82	11.20	10.99
LOS- Pneumonia	Mean		5.98	7.03	4.92	6.60	6.51
Metrics: HAIs, Sepsis, Harm Events	Reporting	Target**	2021	Q1 2022	Q2 2022	Q32022	Q4 2022
CAUTI (SIR)	SIR	<1.0	0.29	1.70	0.00	0.73	2.43
Hospital Acquired C-Diff (CDI)	SIR	<1.0	0.213	0.31	0.57	0.29	0.90
Surgical Site Infection (Superfical)	# Infections	TBD	10	1	2	3	
Surgical Site Infection (Deep, Organ Space and Joint)	# Infections	TBD	16	1	2	2	
Sepsis Bundle Compliance	% Compliance	63%^	51%	52%	57%	48%	57%
Hospital Acquired Pressure Injury (HAPI)	# HAPI	<=1	0	1	0	0	0
Patient Falls with Injury	# Falls	<=1	1	0	1	0	0
PSI 90 / Healthcare Acquired Conditions	Ratio	<1.0	1.78	1.35	0.30	1.58	1.38
Serious Safety Events	# Events	<=1	1	0	0	0	0

<sup>\*</sup> Targets are <1.0 for ratios or Midas Datavision Median

<sup>^</sup> Target = California Median rate

Quick Reference Guide	
Mortality	Death rates show how often patients die, for any reason, within 30 days of
Readmissions	Anyone readmitted within 30 days of discharge (except for elective
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
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
Patient Falls with Injury	A fall that resulted in harm that required intervention by medical staff (and
PSI 90 / Healthcare Aquired Conditions	PSI = Patient Safety Indicators. # of patients with avoidable Pressure Ulcer, latrogenic Pneumothorax, Hospital Fall,w/ Hip Fracture, Periop Hemorrahage or Hematoma, Post-op Acute Kidney Injury, Post-op Respiratory Failure, Periop
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
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)

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



# EXECUTIVE SUMMARY Q4 2022 Core Measures Dashboard CMS Hospital IQR (Inpatient Quality Reporting) Program

#### **Time Period**

Q4 2022- year end summary of publicly reported metrics (Star Rating)

#### **Accomplishments**

- STK-4 Thrombolytic Therapy: Q4 100% (1/1), 2022 88% (7/8 patients)
- Sepsis (SEP): Q4 57% (CMS Median), 2022 53% >2021
- Psychiatric Measures (HBIPS: at or better than CMS target
- ED Outpatient Median ED time (OP-18b) 126 minutes, Better than CMS median
- Stk Head CT time (OP-23): Q4 100% (5/5). 2022 86% better than CMS median
- CLABSI 0%

#### **Areas for Improvement or Monitoring**

- ED Inpatient Admit Decision-Departure Time: 2022, 147 min > 99-minute CMS median
- New 2022 HBIPS: Substance and Tobacco Use documentation, Transition record Elements
- PSI-90: Periop PE/DVT; Postop Sepsis, Periop Hemorrhage/Hematoma
- CAUTI, Q4 1.73 SIR
- CDI Q4 5.06 SIR (testing measures implemented)

#### **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**	2021	Q1 -2022	Q2 -2022	Q3 -2022	Q4-2022	Q4-2022	Rolling 2022	2022 YTD
		CIVIS	2021	Q1 -2022	QZ -Z0ZZ	Q3 -2022	Q4-2022	Num/Den	YTD	Num/Den
CTV 1	◆ Stroke Measures  Thrombolytic Therapy	100%	000/	1000/	670/	1000/	1000/	1 /1	000/	7/9
STK-4			90%	100%	67%	100%	100%	1/1	88%	7/8
	◆ Sepsis Measure  Severe Sepsis and Septic Shock: Management									
SEP-01	Bundle (Composite Measure)	57%	51%	53%	57%	48%	57%	38/67	53%	177/331
	◆ Perinatal Care Measure									
PC-01	Elective Delivery +	2%	0%	4%	0%	4%	0%	0/15	2%	2/87
PC-02	Cesarean Section +	TJC	17%	13%	25%	23%	21%	28/133	21%	103/490
PC-05	Exclusive Breast Milk Feeding  A ED Innetiont Measures	TJC	80%	80%	84%	79%	78%	52/67	80%	223/278
ED-2	<ul> <li>◆ ED Inpatient Measures</li> <li>Admit Decision Time to ED Departure Time for Admitted Patients</li> </ul>	99	142.00	171.00	161.00	161.00	161.00	198Cases	147.00	769Cases
	♦ Psychiatric (HBIPS) Measures									
IPF-HBIPS- 1	Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed	TJC	100%	100%	100%	89%	94%	109/116	96%	409/428
IPF-HBIPS-2	Hours of Physical Restraint Use +	0.30	0.12	0.09	0.08	0.10	0.20	0.12	0.15	N/A
IPF-HBIPS-3	Hours of Seclusion Use +	0.29	0.02	0.0030	0.00	0.00	0.04	0.01	0.11	N/A
	Patients Discharged on Multiple Antipsychotic Medications with									
IPF-HBIPS-5	Appropriate Justification	77%	97%	58%	81%	86%	82%	18/22	77%	44/57
	<b>♦ Substance Use Measures</b>									
SUB-2	2-Alcohol Use Brief Intervention Provided or offered	65%	100%	100%	N/A	67%	33%	1/3	63%	5/8
SUB-2a	Alcohol Use Brief Intervention	76%	100%	100%	N/A	33%	33%	1/3	50%	4/8
	<b>♦ Tobacco Use Measures</b>									
TOB-2	2-Tobacco Use Treatment Provided or Offered	72%	100%	N/A	N/A	100%	50%	2/4	71%	5/7
TOB-2a	2a-Tobacco Use Treatment	42%	71%	N/A	N/A	67%	67%	2/3	67%	4/6
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge	57%	67%	N/A	N/A	0%	50%	1/2	25%	1/4
TOB-3a	3a-Tobacco Use Treatment at Discharge	18%	33%	N/A	N/A	0%	50%	1/2	25%	1/4
	METRIC	CMS**	2020	Q1 -2022	Q2 -2022	Q3 -2022	Q4-2022	Q4-2022 Num/Den	Rolling 2022 YTD	Rolling Num/Den
	♦ Transition Record Measures									
TRSE	Transition Record with Specified Elements Received by Discharged Patients	69%	95%	95%	95%	33%	0%	0/138	55%	285/518
	♦ Metabolic Disorders Measure									
SMD	Screening for Metabolic Disorders	Benchmark To Be Established	96%	86%	95%	88%	88%	82/93	89%	325/364
	METRIC	CMS**		2018	2019	2020			2021	Rolling Num/Den
IPF-IMM-2	Influenza Immunization	100%		98%	90%	92%			96%	244/254
	Hospital Outp	atient Qual	lity Reporti	ng Program	Measures					
	METRIC	CMS**	2021	Q1 -2022	Q2 -2022	Q3 -2022	Q4-2022	Q4 2022 Num/Den	Rolling 2022 YTD	2022 YTD Num/Den
	<b>♦ ED Outpatient Measures</b>									
OP-18b	Average (median) time patients spent in the emergency department before leaving from the visit	170.00	190.00	222.00	208.00	190.00	126.00	95Cases	178.00	369Cases
	<b>♦ Outpatient Stroke Measure</b>									
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	70%	82%	88%	75%	80%	100%	5/5	86%	19/22
	<b>♦ Endoscopy Measures</b>									
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	91%	79%	88%	71%	89%	90%	27/30	85%	88/103
	**CMS	National Avera	ige + Lower	Number is bette	er					

# **MarinHealth Medical Center**

CLINICAL QUALITY METRICS DASHBOARD

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	<b>♦ Healthcare Personnel Influen</b>	vza Vanai	nation							
		CMS National	Oct 2017 -	Oct 2018 -	Oct 2020 -	Oct 2021 -				
	METRIC 1.1 D	Average	Mar 2018	Mar 2019	Mar 2021	Mar 2022				
	COVID Healthcare Personnel Vaccination	88%				96%				
IMM-3	Healthcare Personnel Influenza Vaccination	80%	89%	97%	94%	96%				
	<b>♦ Surgical Site Infection +</b>									
	METRIC	National Standardized Infection Ratio	Oct 2019 - Mar 2021	Oct 2020 - Sep 2021	Jan 2021 - Dec 2022	Apr 2021 - Mar 2022				
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	(SIR)	0.90	not published**	0.00	0.00				
HAI-SSI-Hyst	Surgical Site Infection - Abdominal	1	not published**	not published**	not published**	not published**				
	<ul> <li>Hysterectomy +</li> <li>★ Healthcare Associated Device</li> </ul>	Related	Infections							
	METRIC	National Standardized	Oct 2019 -	Oct 2020 -	Jan 2021 -	April 2021 -				
		Infection Ratio (SIR)	Mar 2021	Sep 2021	Dec 2021	Mar 2022				
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	1.38	0.82	0.26	0.00				
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.47	0.67	0.44	0.88				
	METRIC	2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022				
	Central Line Associated Blood Stream Infection (CLABSI)	0.29	0.00	0.00	0.00	0.00				
	Catheter Associated Urinary Tract Infection (CAUTI)	0.48	1.05	0.00	0.39	1.73				
	<b>♦ Healthcare Associated Infecti</b>	ions +								
	METRIC	National Standardized Infection Ratio	Oct 2019 - Mar 2021	Oct 2020 - Sep 2021	Jan 2021 - Dec 2021	Apr 2021 - Mar 2022				
HAI-C-Diff	Clostridium Difficile	(SIR)	0.59	0.33	0.21	0.12				
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.69	0.62	0.00	0.00				
	METRIC	2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022				
HAI-C-Diff	Clostridium Difficile (Rate per 10000)	0.21	1.69	3.59	1.68	5.06				
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia (Rate per	0.00	0.00	0.00	0.00	0.00				
	<b>♦ Agency for Healthcare Resear</b>	ch and Qu	iality Measure	es (AHRQ-Pa	tient Safety In	dicators) +				
		Centers for								
	METRIC	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		2019	2020	2021	2022				
PSI-90 (Composite)	Complication / Patient safety Indicators PSI 90 (Composite)		0.31	0.60	1.96	1.38				
PSI-3	Pressure Ulcer		0.00	0.00	0.22	0.79				
PSI-6	Iatrogenic Pneumothorax		0.17	0.18	0.62	0.00				
PSI-8	Postoperative Hip Fracture		0.48	0.00	0.29	0.13				
PSI-9	Perioperative Hemorrhage or Hematoma Postop Acute Kidney Injury Requiring		0.00	2.19	2.67	2.08				
PSI-10	Dialysis		0.00	1.59	0.00	0.00				
PSI-11	Postoperative Respiratory Failure  Pari Operative Pulmonary Embolism		4.34	2.07	6.11	1.88				
PSI-12	Peri Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)		9.50	2.13	8.74	6.59				
PSI-13 PSI-14	Postoperative Sepsis Post operative Wound Dehiscence		0.00	6.39 0.00	4.64 2.02	3.93 0.00				
PSI-15	Unrecognized Abdominopelvic		0.00	0.00	0.00	0.00				
	Accidental Laceration/Puncture Rate	Centers for								
	METRIC	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**				
	<b>♦ Surgical Complications +</b>									
	Sur									
		Centers for Medicare & Medicaid Services (CMS)	April 2015 - March 2018	April 2016 - March 2019	April 2017 - Oct 2019	April 2018 - March 2021				
Surgical	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate	National Average	2.70/	2.00/						
Complication	(RSCR) following Elective Primary Total Hip/Knee Arthroplasty +	2.4%	2.7%	3.0%	2.6%	2.5%				
I .	*** National Average + Lower Number is better  Page 16 of 28									

# MarinHealth Medical Center

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	<b>♦ Mortality Measures - 30 Day</b>	+				
	V Mortanty Measures - 30 Day	Centers for				
	METRIC	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  MORT-30-STK	COPD Mortality Rate Stroke Mortality Rate	8.40%	8.80% 13.70%	<b>9.20%</b> 13.60%	8.60% 13.40%	10.00% 13.50%
CABG MORT-30	CABG 30-day Mortality Rate	2.90%	3.40%	3.00%	2.50%	3.00%
	<b>♦ Mortality Measures - 30 Day</b>	(Medicar	e Only - Mi	das DataVis	ion) +	
	METRIC		2019	2020	2021	2022
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate		7.14%	4.99%	6.06%	3.39%
MORT-30-HF	Heart Failure Mortality Rate		6.37%	5.88%	7.90%	1.20%
MORT-30-PN	Pneumonia Mortality Rate		8.00%	7.10%	8.42%	7.09%
MORT-30-COPD  MORT-30-STK	COPD Mortality Rate Stroke Mortality Rate		5.09% 5.43%	2.38% 4.95%	0.00% 4.76%	7.14% 4.90%
CABG	CABG Mortality Rate		0.00%	0.00%	0.00%	0.00%
MORT-30	<b>♦ Acute Care Readmissions - 30</b>	Day Ric			0.0070	0.0070
	Acute Care Readinissions - 30	Centers for	K Stallual ul	Zeu		
	METRIC	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%
HWR	METRIC  Hospital-Wide All-Cause Unplanned	Centers for Medicare & Medicaid Services (CMS) National Average	July 2017 - June 2018	July 2018- June 2019	July 2019- Dec 2019	July 2018- June 2021
Readmission	Readmission (HWR) +	15.0%	14.7%	13.7%	14.9%	14.0%
	<b>♦</b> Acute Care Readmissions 30	Day (Med	dicare Only	- Midas Dat	taVision) +	
	METRIC  Llogarital Wide All Course Llandonned		2019	2020	2021	2022
	Hospital-Wide All-Cause Unplanned Readmission		10.14%	10.95%	9.59%	9.89%
	Acute Myocardial Infarction Readmission Rate		9.09%	11.24%	11.27%	
			9.0970	11.24/0	11.2770	8.75%
	Heart Failure Readmission Rate		19.05%	16.67%	12.04%	8.75%
	Heart Failure Readmission Rate Pneumonia (PN) 30 Day Readmission Rate					
	Pneumonia (PN) 30 Day Readmission Rate Chronic Obstructive Pulmonary Disease		19.05%	16.67%	12.04%	11.36%
	Pneumonia (PN) 30 Day Readmission Rate Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate Total Hip Arthroplasty and Total Knee		19.05%	16.67%	12.04%	11.36%
	Pneumonia (PN) 30 Day Readmission Rate Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate 30-day Risk Standardized Readmission		19.05% 10.14% 22.00% 3.33%	16.67% 14.94% 11.11% 10.42%	12.04% 5.68% 13.04% 2.50%	11.36% 11.94% 9.68% 0.00%
	Pneumonia (PN) 30 Day Readmission Rate Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate 30-day Risk Standardized Readmission following Coronary Artery Bypass Graft		19.05% 10.14% 22.00%	16.67% 14.94% 11.11%	12.04% 5.68% 13.04%	11.36% 11.94% 9.68%
	Pneumonia (PN) 30 Day Readmission Rate Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate 30-day Risk Standardized Readmission	Centers for	19.05% 10.14% 22.00% 3.33%	16.67% 14.94% 11.11% 10.42%	12.04% 5.68% 13.04% 2.50%	11.36% 11.94% 9.68% 0.00%
	Pneumonia (PN) 30 Day Readmission Rate Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate 30-day Risk Standardized Readmission following Coronary Artery Bypass Graft	Centers for Medicare & Medicaid Services (CMS) National Average	19.05% 10.14% 22.00% 3.33%	16.67% 14.94% 11.11% 10.42%	12.04% 5.68% 13.04% 2.50%	11.36% 11.94% 9.68% 0.00%
MSPB-1	Pneumonia (PN) 30 Day Readmission Rate Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate 30-day Risk Standardized Readmission following Coronary Artery Bypass Graft  Cost Efficiency +	Medicare & Medicaid Services (CMS) National	19.05%  10.14%  22.00%  3.33%  11.11%	16.67%  14.94%  11.11%  10.42%  0.00%  Jan 2019 -	12.04% 5.68% 13.04% 2.50% 6.67%	11.36% 11.94% 9.68% 0.00% 14.29%
MSPB-1	Pneumonia (PN) 30 Day Readmission Rate Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate 30-day Risk Standardized Readmission following Coronary Artery Bypass Graft  Cost Efficiency +  METRIC	Medicare & Medicaid Services (CMS) National Average	19.05%  10.14%  22.00%  3.33%  11.11%  Jan 2018 - Dec 2018	16.67% 14.94% 11.11% 10.42% 0.00%  Jan 2019 - Dec 2019	12.04% 5.68% 13.04% 2.50% 6.67%  Jan 2020 - Dec 2020	11.36% 11.94% 9.68% 0.00% 14.29%  Jan 2021-Dec 2021
MSPB-1	Pneumonia (PN) 30 Day Readmission Rate Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate 30-day Risk Standardized Readmission following Coronary Artery Bypass Graft  Cost Efficiency +  METRIC  Medicare Spending Per Beneficiary (All)  Acute Myocardial Infarction (AMI)	Medicare & Medicaid Services (CMS) National Average	19.05%  10.14%  22.00%  3.33%  11.11%  Jan 2018 - Dec 2018  0.97  July 2015-	16.67% 14.94% 11.11% 10.42% 0.00%  Jan 2019 - Dec 2019  0.97  July 2016-	12.04% 5.68% 13.04% 2.50% 6.67%  Jan 2020 - Dec 2020  0.98  July 2017-	11.36% 11.94% 9.68% 0.00% 14.29%  Jan 2021 - Dec 2021  0.98  July 2018-
	Pneumonia (PN) 30 Day Readmission Rate  Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate  Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate  30-day Risk Standardized Readmission following Coronary Artery Bypass Graft  Cost Efficiency +  METRIC  Medicare Spending Per Beneficiary (All)  Acute Myocardial Infarction (AMI) Payment Per Episode of Care Heart Failure (HF) Payment Per Episode	Medicare & Medicaid Services (CMS) National Average 0.99	19.05%  10.14%  22.00%  3.33%  11.11%  Jan 2018 - Dec 2018  0.97  July 2015-June 2018	16.67%  14.94%  11.11%  10.42%  0.00%  Jan 2019 - Dec 2019  0.97  July 2016-June 2019	12.04% 5.68% 13.04% 2.50% 6.67%  Jan 2020 - Dec 2020  0.98  July 2017-Dec 2019	11.36% 11.94% 9.68% 0.00% 14.29%  Jan 2021 - Dec 2021  0.98  July 2018-June 2011
MSPB-AMI	Pneumonia (PN) 30 Day Readmission Rate Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate 30-day Risk Standardized Readmission following Coronary Artery Bypass Graft  Cost Efficiency +  METRIC  Medicare Spending Per Beneficiary (All)  Acute Myocardial Infarction (AMI) Payment Per Episode of Care Heart Failure (HF) Payment Per Episode of Care Pneumonia (PN) Payment Per Episode of	Medicare & Medicaid Services (CMS) National Average 0.99 \$26,800 \$18,280	19.05%  10.14%  22.00%  3.33%  11.11%  Jan 2018 - Dec 2018  0.97  July 2015 - June 2018  \$23,374	16.67% 14.94% 11.11% 10.42% 0.00%  Jan 2019 - Dec 2019  0.97  July 2016-June 2019  \$27,327	12.04% 5.68% 13.04% 2.50% 6.67%  Jan 2020 - Dec 2020  0.98  July 2017-Dec 2019  \$28,746	11.36% 11.94% 9.68% 0.00% 14.29%  Jan 2021 - Dec 2021  0.98  July 2018-June 2011  \$27,962
MSPB-AMI MSPB-HF	Pneumonia (PN) 30 Day Readmission Rate Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate 30-day Risk Standardized Readmission following Coronary Artery Bypass Graft  Cost Efficiency +  METRIC  Medicare Spending Per Beneficiary (All)  Acute Myocardial Infarction (AMI) Payment Per Episode of Care Heart Failure (HF) Payment Per Episode of Care	Medicare & Medicaid Services (CMS) National Average 0.99 \$26,800 \$18,280	19.05% 10.14% 22.00% 3.33% 11.11%  Jan 2018 - Dec 2018  0.97  July 2015 - June 2018  \$23,374  \$16,981	16.67% 14.94% 11.11% 10.42% 0.00%  Jan 2019 - Dec 2019  0.97  July 2016-June 2019  \$27,327 \$17,614	12.04% 5.68% 13.04% 2.50% 6.67%  Jan 2020 - Dec 2020  0.98  July 2017-Dec 2019  \$28,746  \$18,180	11.36% 11.94% 9.68% 0.00% 14.29%  Jan 2021 - Dec 2021  0.98  July 2018-June 2011  \$27,962 \$17,734
MSPB-AMI MSPB-HF	Pneumonia (PN) 30 Day Readmission Rate Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate 30-day Risk Standardized Readmission following Coronary Artery Bypass Graft  Cost Efficiency +  METRIC  Medicare Spending Per Beneficiary (All)  Acute Myocardial Infarction (AMI) Payment Per Episode of Care Heart Failure (HF) Payment Per Episode of Care Pneumonia (PN) Payment Per Episode of Care	Medicaid Services (CMS) National Average  0.99  \$26,800  \$18,280  \$20,793  Centers for Medicare & Medicaid Services (CMS) National	19.05%  10.14%  22.00%  3.33%  11.11%  Jan 2018-Dec 2018  0.97  July 2015-June 2018  \$23,374  \$16,981  \$17,316	16.67% 14.94% 11.11% 10.42% 0.00%  Jan 2019 - Dec 2019  0.97  July 2016-June 2019  \$27,327 \$17,614 \$17,717	12.04% 5.68% 13.04% 2.50% 6.67%  Jan 2020 - Dec 2020  0.98  July 2017- Dec 2019  \$28,746  \$18,180  \$17,517	11.36% 11.94% 9.68% 0.00% 14.29%  Jan 2021 - Dec 2021  0.98  July 2018-June 2011  \$27,962 \$17,734 \$18,236

# MarinHealth Medical Center CLINICAL QUALITY METRICS DASHBOARD

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	♦ 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 Nun	nber is better		•		

# **Schedule 7: External Awards & Recognition**

#### > Tier 2, Patient Satisfaction and Services

The Board will report external awards and recognition.

#### External Awards and Recognition - 2022

#### Healthgrades

America's top 10% in the nation for Cardiology Services. Five-Star Distinctions in: treatment of sepsis for 8 years in a row, treatment of heart failure for 4 years in a row, treatment of heart attack for 2 years in a row, treatment of Chronic Obstructive Pulmonary Disease and treatment of gastrointestinal bleed.

#### **American Heart/Stroke Association**

Get With the Guidelines-Stroke Gold Plus Quality Achievement Award (2011-2022)

#### **California Maternal Quality Care Collective**

2022 Quality and Sustainability Award

#### **Bay Area Parent Magazine**

Best Hospital & Birthing Center in San Francisco/Marin County 2022 Silver Medal for Pediatric Care

#### **American College of Surgeons**

Level III Trauma Center (2019 – 2025)

#### The Joint Commission

Primary Stroke Center Certification

Gold Seal of Approval for hospital services, advanced inpatient diabetes care program, stroke care program and behavioral health services (2020-2022)

#### **Commission on Cancer**

*3-Year Accreditation (2020 – 2023)* 

#### United Nations International Children's Fund/World Health Organization

*Baby Friendly Designation (2017 – 2022)* 

#### The National Accreditation Program for Breast Centers

Breast Center Accreditation (2019-2022)

#### **California Medical Association Institute for Medical Quality**

*Accreditation of Continuing Medical Education (2020 – 2024)* 

#### American College of Radiology

Excellence in Imaging Services Accreditation

#### California Department of Public Health

Antimicrobial Stewardship Honor Roll (2020-2022)

#### The Pacific Sun

Best Local Hospital

#### **Marin Independent Journal**

Reader's Choice Award for Best Hospital

# **Schedule 8: Community Benefit Summary**

#### > Tier 2, Community Commitment

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

Cash & In-Kind Donations						
(These figure	es are not final a	and are subject	to change)			
	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Total 2022	
Buckelew	26,250	0	0	0	26,250	
By the Bay Health	0	0	0	5,250	5,250	
Center of Domestic Peace	2,625	0	0	0	2,625	
Ceres Community Project	10,500	0	0	0	10,500	
Coastal Health Alliance (Petaluma HC)	15,750	0	0	0	15,750	
Community Action Marin	10,500	0	0	0	10,500	
Community Institute for Psychotherapy	21,000	0	0	0	21,000	
ExtraFood.org	0	0	0	2,625	2,625	
Healthy Aging Symposium	0	0	0	1,050	1,050	
Homeward Bound	157,500	0	0	0	157,500	
Huckleberry Youth Programs	10,500	0	0	0	10,500	
Jewish Family and Children's Services	10,500	0	0	0	10,500	
Kids Cooking for Life	5,250	0	0	0	5,250	
Marin Center for Independent Living	26,250	0	0	0	26,250	
Marin City Community Dev Corp	10,500	0	0	0	10,500	
Marin Community Clinics	75,600	0	0	0	75,600	
Marin County Survivors Celebration	0	0	0	5,250	5,250	
MHD 1206B Clinics	4,780,730	5,324,210	6,242,452	6,290,852	22,638,244	
North Marin Community Services	10,500	0	0	0	10,500	
Operation Access	21,000	0	0	0	21,000	
Ritter Center	26,250	0	0	0	26,250	
RotaCare Free Clinic	15,750	0	0	0	15,750	
San Geronimo Valley Community Center	10,500	0	0	0	10,500	
Spahr Center	8,400	0	0	0	8,400	
St. Vincent de Paul Society of Marin	10,500	0	0	2,625	13,125	
To Celebrate Life	0	0	0	15,750	15,750	
West Marin Senior Services	10,500	0	0	0	10,500	
Zero Breast Cancer	0	0	0	5,250	5,250	
<b>Total Cash Donations</b>	5,276,855	5,324,210	6,242,452	6,328,652	23,172,169	
Clothes Closet	0	0	0	23,435	23,436	
Compassionate discharge medications	10,225	8,593	13,795	16,880	49,493	
Meeting room use by community-based organizations	0	0	0	0	0	
for community-health related purposes	Ů	ŭ	Ů	v		
Food donations	8,859	9,539	17,189	14,017	49,604	
Healthy Marin Partnership	0	0	0	7,602	7,602	
SMILE Cart	0	0	0	06,355	6,355	
Total In Kind Donations	19,084	18,132	30,984	68,290	136,490	
Total Cash & In-Kind Donations	5,295,939	5,342,342	6,273,436	6,396,942	23,308,659	

#### Schedule 8, continued

Community Benefit Summary (These figures are not final and are subject to change)								
	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Total 2022			
Community Health Improvement Services	76,856	99,205	37,885	181,791	395,737			
Health Professions Education	658,855	861,607	475,977	652,693	2,649,132			
Cash and In-Kind Contributions	5,295,939	5,342,342	6,273,436	6,396,942	23,308,659			
Community Benefit Operations	2,874	4,087	3,130	50,828	60,919			
Community Building Activities	0	0	0	0	0			
Traditional Charity Care *Operation Access total is included	556,900	297,572	242,542	72,963	1,169,977			
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	9,224,940	10,096,628	10,793,070	11,263,852	41,378,490			
Community Benefit Subtotal (amount reported annually to State & IRS)	15,816,364	16,701,441	17,826,040	18,619,069	68,962,914			
Unpaid Cost of Medicare	20,933,654	23,444,270	22,568,580	22,796,340	89,742,844			
Bad Debt	220,144	311,745	299,086	319,264	1,150,239			
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u>	36,970,162	40,457,456	40,693,706	41,734,673	159,855,997			

### **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)	187,072	138,818	305,179	124,587	755,656
Costs included in Charity Care	31,244	45,939	28,215	0	105,398

# Schedule 9: "Green Building" Status

#### **➤** Tier 2, Community Commitment

The Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.

#### Leadership in Energy and Environmental Design (LEED)

Leadership in Energy and Environmental Design (LEED) is a third-party nationally accepted certification program that consists of a suite of rating systems for the design, construction and operation of high performance "green buildings." This ensures that the buildings are environmentally compatible, provide a healthy work environment, and are profitable.

LEED-certified buildings are intended to use resources more efficiently when compared to conventional buildings simply built to code. LEED-certified buildings often provide healthier work and living environments, which contributes to higher productivity and improved employee health and comfort.

#### **MHMC LEED Status**

MGH Hospital Replacement Project is registered with the United States Green Building Council (USGBC) as a New Construction Project

MGH Hospital Replacement Project has retained Thornton Tomasetti, specializing in LEED requirements

All key members of the Design Team are LEED certified

Through Construction Documents of the Hospital Replacement Project, the Project has maintained LEED Silver status

> MarinHealth Medical Center achieved LEED Silver Certification on February 15, 2022

# Schedule 10: Physicians on Staff

#### > Tier 2, Physicians and Employees

The Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.

#### As of December 31, 2022, there were a total of 567 physicians on MHMC staff:

- 240 Active Physicians
- 59 Affiliate Physicians
- 73 Consulting Physicians
- 160 Provisional Physicians
- 35 Telemedicine Physicians
- 75 Allied Health Professionals

	New Physician Appointments January 1, 2022 – December 31, 2022							
	Last Name	First Name	Degree	Appointment Date	Specialty			
1	Pappas	Kristin	MD	2022/02/22	Anesthesiology			
2	Rapan	Roxanne	MD	2022/03/29	Anesthesiology			
3	Loftus-Farren	Kara	MD	2022/07/26	Anesthesiology			
4	Scibetta	William	MD	2022/09/27	Anesthesiology			
5	Choukalas	Christopher	MD	2022/10/25	Anesthesiology			
6	Brinson	Erika	MD	2022/04/26	Anesthesiology			
7	Dohmeier	Keeley	MD	2022/10/25	Anesthesiology			
8	Allair	Hilary	CNM	2022/03/29	Certified Nurse Midwife			
9	Dettloff	Renee	CNM	2022/03/29	Certified Nurse Midwife			
10	Willis	Alison	CNM	2022/03/29	Certified Nurse Midwife			
11	Brown	Jared	MD	2022/01/25	Critical Care Medicine			
12	Yoo	Christopher	MD	2022/06/28	Diagnostic Radiology			
13	Sobrero	Maximiliano	MD	2022/04/26	Emergency Medicine			
14	Tiret	Sean	MD	2022/07/26	Emergency Medicine			
15	Tran	Katherine	MD	2022/07/26	Emergency Medicine			
16	Dei Rossi	Elizabeth	MD	2022/09/27	Emergency Medicine			
17	Lewis	Rebekah	MD	2022/07/26	Family Medicine			
18	Chow	Denise	MD	2022/07/26	Female Pelvic Medicine and Reconstructive Surgery			
19	Verheyen	Elijah	MD	2022/08/23	Gastroenterology			
20	Jun	Min Suk	DO	2022/04/26	Gender Confirmation Surgery			
21	Но	Gwendolyn	MD	2022/04/26	Hematology & Oncology			
22	Donohue	Rachel	MD	2022/11/29	Hematopathology			
23	Alghussein	Mohammad	MD	2022/04/26	Hospital Medicine			
24	Amiri	Fariba	MD	2022/05/24	Hospital Medicine			
25	Attri	Navneet	MD	2022/06/28	Hospital Medicine			

#### Schedule 10, continued

	Last Name	First Name	Degree	Appointment Date	Specialty
26	Shostakovich	Elizaveta	MD	2022/06/28	Hospital Medicine
27	Park	Aaron	MD	2022/07/26	Hospital Medicine
28	Bhatt	Hilarey	MD	2022/02/22	Internal Medicine
29	Kim	Michael	MD	2022/04/26	Internal Medicine
30	Suh	Se Young	MD	2022/04/26	Internal Medicine
31	Rikleen	Sarah	MD	2022/06/28	Internal Medicine
32	Shaikh	Faraz	MD	2022/08/23	Internal Medicine
33	Jalilvand	Zakiat	DO	2022/08/23	Internal Medicine
34	Arent	Gregory	MD	2022/09/27	Internal Medicine
35	Schneider	Beacher	MD	2022/09/27	Internal Medicine
36	Matson	Ryan	MD	2022/09/27	Internal Medicine
37	Alexander	Mohini	MD	2022/10/25	Internal Medicine
38	Gerken	Noah	MD	2022/11/29	Internal Medicine
39	Le	Hong Diem	DO	2022/11/29	Internal Medicine
40	English	Isaac	MD	2022/11/29	Internal Medicine
41	Abdelkader	Mariam	MD	2022/11/29	Internal Medicine
42	Sidhu	Sharleen	MD	2022/05/24	Internal Medicine,
43	Grady	Conor	MD	2022/07/26	Neurological Surgery
44	Maloney	Patrick	MD	2022/07/26	Neurosurgery
45	Lieberson	Robert	MD	2022/09/27	Neurosurgery
46	Raper	Daniel	MBBS	2022/09/27	Neurosurgery
47	Tse	Chun-Kee	MD	2022/11/29	Neurosurgery
48	Rodriguez	Candita	NP	2022/09/27	Nurse Practitioner
49	Walter	April	NP	2022/06/28	Nurse Practitioner
50	Tiglao	Lawrence	MD	2022/02/22	Obstetrics and Gynecology
51	Cho	Maureen	MD	2022/05/24	Obstetrics and Gynecology
52	Reim	Katherine	MD	2022/09/27	Obstetrics and Gynecology
53	Platt	Catherine	MD	2022/09/27	Obstetrics and Gynecology
54	Klekman	Jaclyn	MD	2022/09/27	Obstetrics and Gynecology
55	White Knayzeh	Lisa	MD	2022/09/27	Obstetrics and Gynecology
56	Chiu	Monica	MD	2022/09/27	Obstetrics and Gynecology
57	Tien	Susan	MD	2022/09/27	Obstetrics and Gynecology
58	Martin	Maria	MD	2022/09/27	Obstetrics and Gynecology
59	Brotherton	Joy	MD	2022/09/27	Obstetrics and Gynecology
60	Betenia	Nicole	MD	2022/09/27	Obstetrics and Gynecology
61	Yang	Louis	MD	2022/03/27	Ophthalmology
62	Campomanes	Alejandra	MD	2022/01/23	Ophthalmology
		-			
63	Oatts	Julius	MD	2022/09/27	Ophthalmology

#### Schedule 10, continued

	Last Name	First Name	Degree	Appointment Date	Specialty
64	Colyvas	Nicholas	MD	2022/01/25	Orthopaedic Surgery
65	Prescott	Alex	MD	2022/01/25	Orthopaedic Surgery
66	Pahk	Raymond	MD	2022/01/25	Orthopaedic Surgery
67	Chow	Vincent	MD	2022/03/29	Orthopaedic Surgery
68	Goldberg	Daniel	MD	2022/08/23	Orthopaedic Surgery
69	Bourque	Jason	MD	2022/09/27	Orthopaedic Surgery
70	Bhullar	Preetinder	MD	2022/09/27	Orthopaedic Surgery
71	Kelly	Brandon	MD	2022/09/27	Orthopaedic Surgery
, 1	Trenty	Brunden	IVID	2022/05/27	Orthopaedic Surgery, Adult
72	Kenney	Steven	DO	2022/08/23	Reconstructive Orthopae
73	Hartwell	Matthew	MD	2022/08/23	Orthopaedic Surgery, Sports Medicine
74	Moulton	Samuel	MD	2022/08/23	Orthopaedic Surgery, Sports Medicine
75	Baskind	Melanie	MD	2022/07/26	Pediatric Hospitalist
76	Bird	Liat	MD	2022/08/23	Pediatric Hospitalist
77	Goksenin	Alexandra	MD	2022/08/23	Pediatric Hospitalist
78	Truong	Don	PA	2022/01/25	Physician Assistant
79	Chow	Jane	PA	2022/01/25	Physician Assistant
80	Lai	Michelle	PA	2022/01/25	Physician Assistant
81	Epps	Kathleen	PAC	2022/02/22	Physician Assistant
82	Brown	Courtney	PA	2022/02/22	Physician Assistant
83	Nagy	Joseph	PA	2022/02/22	Physician Assistant
84	See	Nicole	PA	2022/03/29	Physician Assistant
85	Okawachi	Mark	PAC	2022/03/29	Physician Assistant
86	Cheuk	Sammy	PA	2022/04/26	Physician Assistant
87	Richman	Jennifer	PA	2022/04/26	Physician Assistant
88	Munson	Reagan	PA	2022/04/26	Physician Assistant
89	Borgerding	Danielle	PA	2022/04/26	Physician Assistant
90	Yip	Hiu Tung	PA	2022/07/26	Physician Assistant
91	Brown	Conor	PA	2022/09/27	Physician Assistant
92	Garol	Alexa	PA	2022/11/29	Physician Assistant
93	Nguyen	Daniel	PA	2022/11/29	Physician Assistant
93	Nguyen	Danner	ГА	2022/11/29	Physician Assistant,
94	Murray	William	PA	2022/06/28	Emergency Medicine
	-				Physician Assistant,
95	Peterlin	Marcus	PA	2022/05/24	Neurological Surgery
96	Matusalem	Justin	PA	2022/04/26	Physician Assistant, Orthopedic Surgery
90	iviatusaiciii	Justill	17	2022/04/20	Physician Assistant,
97	Jones	Amy	PA	2022/05/24	Orthopedic Surgery
					Physician Assistant,
98	Campanile	Christian	PAC	2022/05/24	Orthopedic Surgery
99	Sibal	Steffi	PA	2022/11/29	Physician Assistant, Orthopedic Surgery
フフ	DIVai	BIGITI	171	2022/11/27	ormopeate surgery

	Last Name	First Name	Degree	Appointment Date	Specialty
					Physician Assistant,
100	Dea	Alisa	PA	2022/06/28	Otolaryngology
101	Tietjen	Keely	PA	2022/05/24	Physician Assistant, Plastic and Reconstructive Su
101	Heyen	Reciy	FA	2022/03/24	Physician Assistant, Plastic
102	Lam	Teranze	PA	2022/08/23	and Reconstructive Su
					Plastic and Reconstructive
103	Le	Нор	MD	2022/01/25	Surgery
104	D 1 L	17 - 1	MD	2022/01/25	Plastic and Reconstructive
104	Belek	Kyle	MD	2022/01/25	Surgery Plastic and Reconstructive
105	Mosser	Scott	MD	2022/01/25	Surgery
					Plastic and Reconstructive
106	Pang	John Henry	MD	2022/09/27	Surgery
107	Facque	Alexander	MD	2022/01/25	Plastic Surgery
108	Rankin	Timothy	MD	2022/08/23	Plastic Surgery
					Podiatry, Foot & Ankle
109	Dini	Monara	DPM	2022/10/25	Surgery
110	Choung	Jun	DPM	2022/06/28	Podiatry, Foot Surgery
111	Graham	Jonathan	DPM	2022/06/28	Podiatry, Foot Surgery
112	Lin	David	DPM	2022/06/28	Podiatry, Foot Surgery
113	Kaur	Gurmehr	MD	2022/07/26	Psychiatry
114	Schwab	Zachary	MD	2022/08/23	Psychiatry
115	Jaffe	Kathleen	MD	2022/10/25	Radiation Oncology
					Radiology, Diagnostic
116	Weinstein	Stefanie	MD	2022/11/29	Radiology
117	Gomez	Jose	MD	2022/01/25	Surgery (General Surgery)
118	Parnes	Michael	MD	2022/01/25	Surgery (General Surgery)
119	San Mateo	Carlos	MD	2022/01/25	Surgery (General Surgery)
120	Hassanein	Omar	MD	2022/01/25	Surgery (General Surgery)
121	Plunkett	Jennifer	MD	2022/11/29	Surgery (General Surgery)
122	Tabrizi	Ranna	MD	2022/11/29	Surgery (General Surgery)
123	Odele	Patience	MD	2022/11/29	Surgery (General Surgery)
124	Schroeder	Nicole	MD	2022/03/29	Surgery of the Hand
125	Ramirez	Fernando	DPM	2022/10/25	Surgery, Podiatric
126	Acquaviva	Anthony	MD	2022/01/25	Surgery, Urological
127	Lee	Joseph	MD	2022/03/29	Surgery, Urological
128	Hermann	Matthew	MD	2022/08/23	Teleradiology
129	Fisher	Jason	MD	2022/08/23	Teleradiology
130	Giudici	Mario	MD	2022/08/23	Teleradiology
131	Bownds	Shannon	MD	2022/08/23	Teleradiology
132	Belani	Jay	MD	2022/01/25	Urology
133	Ganatra	Anjali	MD	2022/01/25	Urology
		İ			
134	Conway	Allan	MD	2022/11/29	Vascular Surgery

# Schedule 11: Nursing Turnover, Vacancies, Net Changes

#### > Tier 2, Physicians and Employees

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

Turnover Rate								
D : 1	Number of	Sepa	ъ.					
Period	Clinical RNs	Voluntary	Involuntary	Rate				
Q4 2021	536	19	2	3.92%				
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%				

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 2021	20	76	536	632	15.19%	12/03%	3.16%		
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	1	55	583	645	9.61%	8.53%	1.09%		

Hired, Termed, Net Change							
Period	Hired	Termed	Net Change				
Q4 2021	30	21	9				
Q1 2022	21	23	(2)				
Q2 2022	48	23	25				
Q3 2022	36	30	6				
Q4 2022	51	36	15				

## **Schedule 12: 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 Census	ED Admitted Patient Census
Q4 2022	Oct 18	20:23	2'00"	ED	15	41	10
	Oct 22	22:39	2'00"	ED	15	32	2
	Nov 25	14:01	2'00"	ED	21	44	3
	Nov 26	13:20	2'00"	ED	20	30	4
	Nov 26	23:49	2'00"	ED	12	37	8
	Dec 05	18:57	2'00"	ED	6	29	5
	Dec 09	16:21	2'00"	ED	18	54	6
	Dec 18	20:10	2'00"	ED	14	40	8
	Dec 19	17:43	2'00"	ED	13	45	10
	Dec 22	13:47	2'00"	ED	18	42	7
	Dec 28	23:13	2'00"	ED	16	39	3

#### 2022 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)

