

Marin General Hospital

Performance Metrics and Core Services Report

1st Quarter 2017

September 5, 2017

Marin General Hospital
Performance Metrics and Core Services Report: **1st Quarter 2017**

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 July 16, 2016 for a duration of 36 months. Next survey to occur in 2019.
	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 2015 (Annual Report) was presented to MGH Board and to MHD Board in June 2017.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2017 was presented for approval to the MGH Board in June 2017.
	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 triennial community needs assessment conducted with other regional providers pursuant to SB 697 (1994) to assess MGH's performance at meeting community health care needs and its planning for meeting those needs.	Annually	In Compliance	Community Health and Education Report was presented to the MGH Board and to the MHD Board in June 2017.
	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 2 "Physician and Employee" Metrics at least annually.	Annually	In Compliance	Physician and Employee metrics were presented to the MGH Board and to the MHD Board in June 2017.
(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

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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	External awards and recognition report was presented to the MGH Board and the MHD Board in June 2017.
(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	Community Health and Education Report was presented to the MGH Board and to the MHD Board in June 2017.
	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	Reinvestment and Capital Expenditure Report was presented to the MGH Board and to the MHD Board in June 2017.
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	"Green Building" Status Report was presented to the MGH Board and to the MHD Board in June 2017.
(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	Physician Report was presented to the MGH Board and to the MHD Board in June 2017.
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	Physician and Employee metrics were presented to the MGH Board and to the MHD Board in June 2017.
	3. MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.	Quarterly	In Compliance	Schedule 5
(E) Volumes and Service Array	1. MGH Board will develop a strategic plan for MGH and review the plan and its performance with the General Member.	Annually	In Compliance	The updated MGH Strategic Plan was presented to the MGH Board on October 29, 2016.
	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 29, 2016.
	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 2015 Independent Audit was completed on April 28, 2017.
	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 2015 Form 990 was filed on November 15, 2016.

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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.

FY 2019 VBP Thresholds				2Q 2016	3Q 2016	4Q 2016	1Q 2017
70.85	78.62	84.83	Overall rating	60.93	69.53	66.56	65.74
			Would Recommend	68.03	78.85	72.99	71.17
78.52	83.05	86.68	Communication with Nurses	71.46	75.04	69.58	70.53
			Nurse Respect	82.79	84.92	84.83	83.04
			Nurse Listen	75.20	78.00	71.97	74.35
			Nurse Explain	72.58	78.39	68.15	71.30
80.32	84.93	88.62	Communication with Doctors	74.27	78.08	76.46	76.48
			Doctor Respect	83.81	89.55	86.36	85.40
			Doctor Listen	77.02	79.00	78.75	82.17
			Doctor Explain	74.30	78.00	76.57	74.78
65.16	73.49	80.15	Responsiveness of Staff	57.70	62.27	59.28	52.72
			Call Button	62.86	65.50	58.40	57.36
			Bathroom Help	65.33	71.84	72.96	63.08
			Pain Management	67.63	66.97	63.30	62.54
			Pain Controlled	68.45	70.21	64.82	60.36
			Help with Pain	81.82	78.72	76.77	79.53
63.26	68.97	75.53	Communication about Medications	61.78	64.76	51.55	52.96
			Med Explanation	78.52	82.46	69.64	74.05
			Med Side Effects	55.64	57.66	44.05	41.67
65.58	73.07	79.06	Hospital Environment	53.75	55.54	52.02	50.31
			Cleanliness	64.02	70.56	66.55	64.76
			Quiet	56.68	53.73	50.69	50.66
87.05	89.73	91.87	Discharge Information	85.02	86.45	89.29	89.02
			Help After Discharge	86.34	89.13	89.93	90.52
			Symptoms to Monitor	88.69	88.77	93.66	91.51
			Number of Surveys	249	201	292	231

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.

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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	1Q 2017	2Q 2017	3Q 2017	4Q 2017
EBIDA \$	\$10,159			
EBIDA %	9.84%			

Loan Ratios				
Current Ratio	3.79			
Debt to Capital Ratio	31.0%			
Debt Service Coverage Ratio	3.77			
Debt to EBIDA %	1.66			

Key Service Volumes				
Acute discharges	2,299			
Acute patient days	10,729			
Average length of stay	4.67			
Emergency Department visits	8,972			
Inpatient surgeries	435			
Outpatient surgeries	1,120			
Newborns	272			

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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.hospitalcompare.hhs.gov/)

**MARIN GENERAL HOSPITAL DASHBOARD
CLINICAL QUALITY METRICS**

Publicly Reported on CalHospital Compare (www.calhospitalcompare.org)
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov/)

METRIC	CMS**	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Q1 %	Q1-2017 Num/Den	Rolling %	Rolling Num/Den
◆ Venous Thromboembolism (VTE) Measures																	
Hospital acquired potentially-preventable VTE +	0%	0%	0%	0%	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	0%	0%	0/2	0%	0/10
◆ Global Immunization (IMM) Measures																	
Influenza immunization (season October-March)	100%	N/A	N/A	N/A	N/A	N/A	N/A	90%	92%	87%	87%	93%	97%	92%	239/259	91%	473/520
◆ Stroke Measures																	
Thrombolytic therapy	100%	N/A	100%	100%	N/A	N/A	100%	100%	100%	100%	100%	100%	N/A	100%	2/2	100%	12/12
◆ Perinatal Care Measure																	
Elective delivery +	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0/26	0%	0/103
◆ Psychiatric (HBIPS) Measures																	
Hours of physical restraint use	0.41	0.09	0.00	0.00	0.06	0.11	1.01	0.31	0.68	0.00	0.00	0.05	0.00	0.02	N/A	0.20	N/A
Hours of seclusion use	0.21	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.03	0.12	0.23	0.05	0.00	0.09	N/A	0.17	N/A
Patients discharged on multiple antipsychotic medications with appropriate justification	36%	57%	43%	100%	89%	100%	100%	71%	100%	90%	64%	40%	45%	52%	14/27	76%	75/99
Alcohol use screening	71%	91%	84%	94%	88%	83%	70%	100%	86%	93%	94%	92%	84%	90%	145/161	88%	476/540
◆ ED Inpatient (ED) Measures																	
Median time (mins) ED arrival to ED departure +	258***	311.50	255.00	328.00	313.00	255.00	328.00	313.00	306.00	328.00	281.00	269.00	298.00	282.67	178 cases	304.17	704 cases
Admit decision median time (mins) to ED departure time +	88***	106.00	102.50	108.00	88.00	102.50	108.00	88.00	78.00	91.00	74.00	80.00	79.50	77.83	175 cases	95.21	641 cases
◆ ED Outpatient (ED) Measures																	
Median time (mins) ED arrival to ED discharge +	141***	168.00	111.00	137.00	127.00	115.00	197.50	125.50	165.00	153.00	160.50	150.00	147.13	152.54	441 cases	147.13	375 cases
Door to diagnostic evaluation by qualified medical personnel +	23***	17.00	29.00	33.50	22.00	18.50	16.00	27.50	26.00	32.50	50.00	30.50	33.50	38.00	97 cases	28.00	404 cases
◆ Outpatient Pain Management Measure																	
Median time (mins) to pain management for long bone fracture +	52***	48.50	47.00	77.00	67.00	42.50	76.50	53.00	42.00	74.00	58.00	94.00	57.00	69.67	35 cases	61.38	183 cases
◆ Outpatient Stroke Measure																	
Head CT/MRI results for stroke patients within 45 mins of ED arrival	69%***	100%	N/A	0%	0%	N/A	N/A	50%	N/A	50%	N/A	100%	100%	100%	2/2	46%	6/13
◆ Endoscopy Measures																	
Endoscopy/polyp surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients	100%	100%	100%	100%	100%	100%	100%	89%	100%	80%	N/A	N/A	100%	100%	7/7	97%	86/89
Endoscopy/polyp surveillance: Colonoscopy interval for patients with a history of adenomatous polyps - avoidance of inappropriate use	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A	94%	94%	17/18	99%	143/144

** CMS Top Decile Benchmark
*** National Average
+ Lower number is better

◆ Acute Care Readmissions - 30 Day Risk Standardized					
METRIC	CMS National Average	July 2009 - June 2012	July 2010 - June 2013	July 2011 - June 2014	July 2012 - June 2015
Acute Myocardial Infarction Readmission Rate	16.80%	16.70%	15.90%	16.10%	16.10%
Heart Failure Readmission Rate	21.90%	22.60%	23.00%	22.80%	22.50%
Pneumonia Readmission Rate	17.10%	16.20%	15.00%	14.10%	15.10%
COPD Readmission Rate	20.00%		19.00%	18.40%	18.50%
Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.60%	5.80%	5.30%	4.60%	4.50%
Coronary Artery Bypass Graft Surgery (CABG)	14.40%			15.60%	13.60%
Stroke Readmission Rate	12.50%		12.10%	11.10%	10.00%
METRIC	CMS National Average	July 2009 - June 2012	July 2010 - June 2013	July 2011 - June 2014	July 2014 - June 2015
Hospital-Wide All-Cause Unplanned Readmission (HWR)	15.60%		14.40%	14.90%	14.60%
◆ Agency for Healthcare Research and Quality Measures (AHRQ - Patient Safety Indicators)					
METRIC	CMS National Average	Oct 2010 - June 2012	July 2011 - June 2013	July 2012 - June 2014	July 2013 - June 2015
Complication/Patient Safety Indicators PSI 90 (Composite)	0.90	Worse than national average	Worse than national average	No different than national average	No different than national average
Death among surgical patients with serious complications	136.48 per 1,000 patient discharges	No difference than national average	No different than national average	No different than national average	No different than national average

◆ Outpatient Measures (Claims Data)					
METRIC	CMS National Average	Jan 2011 - Dec 2011	July 2012 - June 2013	July 2013 - June 2014	July 2014 - June 2015
Outpatient with low back pain who had an MRI without trying recommended treatments first, such as physical therapy	39.50%	Not available	Not available	Not available	Not Available
Outpatient who had follow-up mammogram, ultrasound, or MRI of the breast within 45 days after the screening on the mammogram	8.90%	7.70%	7.40%	6.70%	7.20%
Outpatient CT scans of the abdomen that were "combination" (double) scans +	8.40%	6.00%	5.60%	6.10%	4.10%
Outpatient CT scans of the chest that were "combination" (double) scans +	2.10%	1.40%	0.40%	0.30%	0.40%
Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery +	4.80%	5.56%	2.60%	2.90%	4.00%
Outpatients with brain CT scans who got a sinus CT scan at the same time +	2.90%	1.70%	2.30%	1.80%	1.00%
METRIC	CMS National Average			Jan 2013 - Dec 2013	Jan 2014 - Dec 2014
Patient left Emergency Dept. before being seen	2.00%			1.00%	1.00%
◆ Structural Measures					
METRIC	2016				
Safe Surgery Checklist Use	Yes				
Hospital Survey on Patient Safety Culture	Yes				

+ Lower Number is Better

◆ Surgical Site Infection						
METRIC	National Standardized Infection Ratio (SIR)	July 2014 - June 2015	Oct 2014 - Sept 2015	Jan 2015 - Dec 2015	July 2015 - June 2016	
Colon surgery	1	0.00	0.80	0.80	0.75	No Different than National Benchmark
Abdominal hysterectomy	1	not published**	not published**	not published**	not published**	
◆ Healthcare Associated Infections (All units including ICU)						
METRIC	National Standardized Infection Ratio (SIR)	Jan 2014 - June 2015	Jan 2015 - Sept 2015	Jan 2015 - Dec 2015	July 2015 - June 2016	
Central Line Associated Blood Stream Infection Rate (CLABSI)	1	0.37	0.26	0.20	not published**	
Catheter Associated Urinary Tract Infection (CAUTI)	1	0.27	0.20	0.29	0.61	Better than National Benchmark
◆ Healthcare Associated Infections (ICU)						
METRIC	National Standardized Infection Ratio (SIR)	July 2014 - June 2015	Oct 2014 - Sept 2015	Jan 2015 - Dec 2015	July 2015 - June 2016	
Central Line Associated Blood Stream Infection Rate (CLABSI)	1	0.28	0.28	0.26	not published**	
Catheter Associated Urinary Tract Infection (CAUTI)	1	1.13	0.56	0.00	not published**	
◆ Healthcare Associated Infections (Inpatients)						
METRIC	National Standardized Infection Ratio (SIR)	July 2014 - June 2015	Oct 2014 - Sept 2015	Jan 2015 - Dec 2015	July 2015 - June 2016	
Clostridium Difficile	1	1.26	1.35	1.55	2.02	Worse than National Benchmark
Methicillin Resistant Staph Aureus Bacteremia (MRSA)	1	0.53	0.00	0.00	0.67	No Different than National Benchmark
◆ Healthcare Personnel Influenza Vaccination						
METRIC	CMS National Average	Oct 2013 - March 2014	Oct 2014 - March 2015	Oct 2015 - March 2016		
Healthcare Personnel Influenza Vaccination	86%	71%	81%	95%		
◆ Surgical Complications						
METRIC	CMS National Average	July 2009 - March 2012	April 2010- March 2013	April 2011 - March 2014	April 2012 - March 2015	
Hip/knee complication: Hospital-level risk -- Standardized complication rate (RSCR) following elective primary total hip/knee arthroplasty	3.0%	4.0%	4.4%	3.6%	3.3%	
◆ Cost Efficiency						
METRIC	CMS National Average	Jan 2013 - Dec 2013	Jan 2014 - Dec 2014	Jan 2015 - Dec 2015		
Medicare spending per beneficiary (All)	0.99	1.01	1.00	1.00		
METRIC	CMS National Average	July 2010 - June 2013	July 2011 thru June 2014	July 2012 thru June 2015		
Acute Myocardial Infarction payment per episode of care	\$22,760	\$20,850	\$22,019	\$22,564		
Heart Failure payment per episode of care	\$15,959		\$16,781	\$17,575		
Pneumonia payment per episode of care	\$14,817		\$14,889	\$14,825		
◆ Mortality Measures - 30 Day						
METRIC	CMS National Average	July 2009 - June 2012	July 2010 - June 2013	July 2011 - June 2014	July 2012 - June 2015	
Acute Myocardial Infarction Mortality Rate	14.10%	13.30%	12.60%	11.70%	11.10%	
Heart Failure Mortality Rate	12.10%	13.80%	12.00%	12.60%	11.80%	
Pneumonia Mortality Rate	16.30%	10.90%	12.20%	12.30%	17.40%	
CABG 30-day Mortality Rate (PD 2017)	3.20%			2.60%	2.60%	
COPD Mortality Rate	8.00%		7.80%	7.30%	7.30%	
Stroke Mortality Rate	14.90%		15.20%	13.40%	12.20%	

** Insufficient data to calculate SIR

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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)					
	1Q 2017	2Q 2017	3Q 2017	4Q 2017	Total 2017
Brain Injury Network	\$ 638				\$ 638
Bucklew	20,000				20,000
Coastal Health Alliance	25,000				25,000
Community Institute for Psychotherapy	25,000				25,000
Healthy Aging Symposium	1,000				1,000
Heart Walk	2,500				2,500
Homeward Bound	150,000				150,000
Marin Center for Independent Living	25,000				25,000
Marin Community Clinics	131,000				131,000
MHD 1206(b) Clinics	2,389,270				2,389,270
Prima Foundation	1,918,748				1,918,748
Relay For Life	5,000				5,000
Ritter Center	25,000				25,000
RotaCare Free Clinic	15,000				15,000
Senior Access, adult day program	15,000				15,000
South Asian Heart Center	450				450
Summer Solstice	760				760
Whistlestop	15,000				15,000
Total Cash Donations	\$ 4,764,366				\$ 4,764,366
Compassionate discharge medications	347				347
Meeting room use by community based organizations for community-health related purposes.	2,550				2,550
Food donations	940				940
Total In Kind Donations	\$ 3,837				\$ 3,837
Total Cash & In-Kind Donations	\$ 4,768,203				\$ 4,768,203

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Schedule 4, continued

Community Benefit Summary					
(these figures are not final and are subject to change)					
	1Q 2017	2Q 2017	3Q 2017	4Q 2017	Total 2017
Community Health Improvement Services	\$ 20,879				\$ 20,879
Health Professions Education	83,151				83,151
Cash and In-Kind Contributions	4,768,203				4,768,203
Community Benefit Operations	16,583				16,583
Community Building Activities	7,266				7,266
Traditional Charity Care *Operation Access total is included	583,586				583,586
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	7,327,035				7,327,035
Community Benefit Subtotal (amount reported annually to State & IRS)	\$ 12,806,703				\$ 12,806,703
Unpaid Cost of Medicare	22,315,528				22,315,528
Bad Debt	244,306				244,306
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u>	\$ 35,366,537				\$ 35,366,537

Operation Access					
<p>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.</p>					
	1Q 2017	2Q 2017	3Q 2017	4Q 2017	Total 2017
*Operation Access charity care provided by MGH (waived hospital charges)	\$ 107,133				\$ 107,133
Costs included in Charity Care	20,622				20,622

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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	Terminated		Rate
		Voluntary	Involuntary	
1Q 2016	511	17	5	4.31%
2Q 2016	510	22	4	5.10%
3Q 2016	531	15	3	3.39%
4Q 2016	537	12	1	2.42%
1Q 2017	537	13	1	2.61%

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
1Q 2016	31	56	511	598	14.54%	9.36%	5.18%
2Q 2016	29	74	510	613	16.80%	12.07%	4.73%
3Q 2016	33	68	531	636	16.51%	10.69%	5.19%
4Q 2016	39	82	537	658	18.39%	12.46%	5.93%
1Q 2017	36	76	537	679	17.26%	17.26%	5.55%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
1Q 2016	19	22	(3)
2Q 2016	25	26	(1)
3Q 2016	41	18	23
4Q 2016	20	13	7
1Q 2017	16	14	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	ED Census	Waiting Room Census	ED Admitted Patient Census
1Q 2017	Jan 1	1450 - 1753	3	ED Saturation	45	17	4
1Q 2017	Jan 1	1805 - 1835	5	ED Saturation	37	8	5
1Q 2017	Jan 4	1230 - 1938	7	ED Saturation	32	8	12
1Q 2017	Jan 5	1355 - 1742	3.8	ED Saturation	25	10	6
1Q 2017	Jan 8	1004 - 1357	4	ED Saturation	25	4	5 (ICU)
1Q 2017	Jan 17	2100 - 0130	4.5	ED Saturation and full house	30	7	7
1Q 2017	Jan 18	0935 - 1510	5.6	ED Saturation and full house	23	2	14
1Q 2017	Jan 19	2215 - 0210	4	ED Saturation	29	9	
1Q 2017	Jan 22	0235 - 0802	5.5	ED Saturation	14	0	8 2 ICU
1Q 2017	Feb 1	2115 - 0115	3	ED Saturation	31	7	3
1Q 2017	Feb 8	0530 - 1525	10	ED Saturation	22	0	11
1Q 2017	Feb 13	1515 - 1815	3	ED Saturation	24	11	4
1Q 2017	Feb 17	2315 - 0315	4	ED Saturation	33	15	5
1Q 2017	March (none)						

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Schedule 6, continued

2017 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)*

