

Marin General Hospital

Performance Metrics and Core Services Report

2nd Quarter 2016

Marin General Hospital
Performance Metrics and Core Services Report: **2nd Quarter 2016**

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 May 2016.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2016 was presented for approval to the MGH Board in May 2016.
	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 May 2016.
	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 May 2016.
(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 <u>monitored as if a Tier 2 metric.</u>	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 May 2016.
(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 May 2016.
	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 May 2016.
	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 May 2016.
(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 May 2016.
	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 May 2016.
	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 29, 2016.
	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 2014 Form 990 was filed on November 12, 2015.

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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 2017 VBP Thresholds			3Q 2015	4Q 2015	1Q 2016	2Q 2016
70.23	78.20	84.58	61.69	62.36	60.45	60.93
			73.52	63.78	67.14	68.03
78.52	83.05	86.68	71.28	66.58	68.38	71.46
			84.75	79.13	81.18	82.79
			73.42	71.26	71.90	75.20
			74.58	68.24	68.27	72.58
80.44	84.92	88.51	77.97	74.79	73.12	74.27
			88.94	83.00	81.85	83.81
			77.97	77.73	75.91	77.02
			77.22	73.83	73.90	74.30
65.08	73.56	80.35	58.63	55.88	59.21	57.70
			62.63	59.83	61.02	62.86
			69.84	67.13	70.20	65.33
70.20	74.79	78.46	68.91	63.22	63.02	67.63
			73.13	66.67	66.67	68.45
			79.50	74.57	74.37	81.82
63.37	69.09	73.66	57.57	58.36	55.23	61.78
			76.52	76.26	74.34	78.52
			49.62	51.47	46.71	55.64
65.60	73.04	79.00	51.98	49.53	43.13	53.75
			62.93	64.14	54.85	64.02
			55.32	49.21	44.61	56.68
86.60	89.39	91.63	85.20	83.59	84.47	85.02
			86.88	81.59	87.06	86.34
			88.53	90.60	86.87	88.69
			239	257	274	249

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 2016	2Q 2016	3Q 2016	4Q 2016
EBIDA \$	\$8,914	\$11,298 (\$20,212 total)		
EBIDA %	9.24%	10.24%		

Loan Ratios				
Current Ratio	3.25	3.45		
Debt to Capital Ratio	27.1%	26.8%		
Debt Service Coverage Ratio	4.13	4.39		
Debt to EBIDA %	1.70	1.64		

Key Service Volumes				
Acute discharges	2,317	2,198 (4,515 total)		
Acute patient days	10,913	10,149 (21,062 total)		
Average length of stay	4.71	4.66		
Emergency Department visits	9,285	9,243 (18,528 total)		
Inpatient surgeries	604	456 (1,060 total)		
Outpatient surgeries	1,033	1,154 (2,187 total)		
Newborns	327	300 (627 total)		

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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/)

Abbreviations and Acronyms Used in Dashboard Report	
Term	Title/Phrase
Abx	Antibiotics
ACC	American College of Cardiology
ACE	Angiotensin Converting Enzyme Inhibitor
AMI	Acute Myocardial Infarction
APR DRG	All Patient Refined Diagnosis Related Groups
ARB	Angiotensin Receptor Blocker
ASA	American Stroke Association
C Section	Caesarian Section
CHART	California Hospital Assessment and Reporting Task Force
CLABSI	Central Line Associated Blood Stream Infection
CMS	Centers for Medicare and Medicaid Services
CT	Computerized Axial Tomography (CAT Scan)
CVP	Central Venous Pressure
ED	Emergency Department
HF	Heart Failure
Hg	Mercury
hr(s)	hour(s)
ICU	Intensive Care Unit
LVS	Left Ventricular Systolic
LVSD	Left Ventricular Systolic Dysfunction
NHSN	National Healthcare Safety Network
PCI	Percutaneous Coronary Intervention
PN	Pneumonia
POD	Post-op Day
Pt	Patient
SCIP	Surgical Care Improvement Project
ScVO2	Central Venous Oxygen Saturation
STEMI	ST Elevated Myocardial Infarction (ST refers to the EKG tracing segment)
VAP	Ventilator Associated Pneumonia
VHA	Voluntary Hospitals of America
VTE	Venous Thromboembolism

**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**	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Q2 %	Q2-2016 Num/Den	Rolling %	Rolling Num/Den
♦ Venous Thromboembolism (VTE) Measures																	
VTE warfarin therapy discharge instructions	100%	33%	50%	100%	0%	100%	25%	50%	100%	100%	100%	100%	100%	100%	5/5	62%	18/29
Hospital acquired potentially-preventable VTE +	0%	N/A	N/A	N/A	0%	N/A	0%	0%	0%	0%	0%	0%	0%	0%	0/5	0%	0/17
♦ Global Immunization (IMM) Measures																	
Influenza immunization (season October-March)	100%	N/A	N/A	N/A	93%	91%	92%	89%	89%	91%	N/A	N/A	N/A	Q1 89%	Q1 230/257	Q1 91%	Q1 461/508
♦ Stroke Measures																	
Thrombolytic therapy	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A	100%	100%	100%	4/4	100%	17/17
♦ Perinatal Care Measure																	
Elective delivery +	0%	0%	0%	0%	0%	N/A	0%	0%	0%	0%	0%	0%	0%	0%	0/27	0%	0/55
♦ Psychiatric (HBIPS) Measures																	
Hours of physical restraint use	0.41	0.08	1.11	0.15	0.08	0.00	0.17	0.29	0.00	0.00	0.08	0.00	0.00	0.03	N/A	0.16	N/A
Hours of seclusion use	0.21	0.14	0.00	0.01	0.00	0.00	0.02	0.00	0.00	0.10	0.00	0.00	0.27	0.09	N/A	0.33	N/A
Patients discharged on multiple antipsychotic medications with appropriate justification	36%	100%	100%	89%	80%	100%	91%	100%	75%	25%	57%	43%	100%	72%	18/25	83%	72/87
Alcohol use screening	71%	98%	100%	91%	93%	98%	98%	89%	67%	89%	91%	84%	94%	89%	115/129	91%	442/488
♦ ED Inpatient (ED) Measures																	
Median time (mins) ED arrival to ED departure +	260***	296.00	312.00	289.00	299.00	311.00	282.00	292.00	310.50	312.00	311.50	255.00	328.00	298.17	165 cases	299.83	674 cases
Admit decision median time (mins) to ED departure time +	90***	111.50	102.00	96.00	104.50	171.00	133.00	142.00	166.00	125.00	106.00	102.50	108.00	105.50	110 cases	122.29	617 cases
♦ ED Outpatient (ED) Measures																	
Median time (mins) ED arrival to ED discharge +	142***	150.00	151.00	153.00	118.00	146.00	120.50	183.50	125.00	168.00	111.00	137.00	145.92	131.31	306 cases	145.92	375 cases
Door to diagnostic evaluation by qualified medical personnel +	24***	16.00	133.00	17.00	11.50	13.00	12.50	14.00	12.50	15.00	17.00	29.00	33.50	26.50	23 cases	27.00	276 cases
♦ Outpatient Pain Management Measure																	
Median time (mins) to pain management for long bone fracture +	53***	44.00	55.50	61.50	72.00	76.00	41.00	77.00	60.50	46.50	48.50	47.00	77.00	57.50	59 cases	55.88	211 cases
♦ Outpatient Stroke Measure																	
Head CT/MRI results for stroke patients within 45 mins of ED arrival	68%***	57%	60%	62%	79%	80%	76%	93%	75%	75%	77%	59%	89%	40%	2/5	71%	11/18
♦ Endoscopy Measures																	
Endoscopy/polyp surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients	100%	100%	100%	100%	100%	100%	100%	100%	100%	93%	100%	100%	100%	100%	32/32	99%	104/105
Endoscopy/polyp surveillance: Colonoscopy interval for patients with a history of adenomatous polyps - avoidance of inappropriate use	100%	N/A	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	45/45	100%	81/81

** 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%

◆ Outpatient Measures (Claims Data)					
METRIC	CMS National Average	Jan 2011 - Dec 2011	July 2012 - June 2013	July 2013 - June 2014	July 2104 - 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%	30.00%	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%
◆ 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 thru June 2014	July 2013 - June 2015
Complication / Patient Safety Indicators PSI 90 (Composite)	0.9	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 different than National Average			
METRIC	MGH Goal	2013	2014	2015	2016 (Jan - June)
Complication/Patient Safety Indicators PSI 90 (Composite)		0.42	0.43	0.24	0.19
Adult Pressure Ulcer		0.00	0.00	0.00	0.00
Iatrogenic Pneumothorax, Adult		0.71	1.21	0.58	0.59
Adult Central Venous Catheter-Related Bloodstream Infections		0.70	1.07	0.00	0.00
Adult Postoperative Hip Fracture		0.00	0.00	0.00	0.00
Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)		4.96	4.79	8.60	4.22
Adult Postoperative Sepsis		0.00	5.98	0.00	0.00
Post-Operative Wound Dehiscence		0.00	0.00	0.00	0.00
Accidental Puncture or Laceration		2.34	2.19	0.00	0.57
◆ Structural Measures					
METRIC	2016				
Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care	Yes				
Participation in a Systematic Clinical Database Registry for General Surgery	No				
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)	Jan 2014 - Dec 2014	April 2014 - March 2015	July 2014 - June 2015	Oct 2014 - Sept 2015	
Colon surgery	1	0.58	0.00	0.00	0.80	No Different than U.S. 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			
Central Line Associated Blood Stream Infection Rate (CLABSI)	1	0.37	0.26			Better than U.S. National Benchmark
Catheter Associated Urinary Tract Infection (CAUTI)	1	0.27	0.20			Better than U.S. National Benchmark
◆ Healthcare Associated Infections (ICU)						
METRIC	National Standardized Infection Ratio (SIR)	Jan 2014 - Dec 2014	April 2014 - March 2015	July 2014 - June 2015	Oct 2014 - Sept 2015	
Central Line Associated Blood Stream Infection Rate (CLABSI)	1	0.30	0.00	0.28	0.28	No Different than U.S. National Benchmark
Catheter Associated Urinary Tract Infection (CAUTI)	1	2.09	1.76	1.13	0.56	No Different than U.S. National Benchmark
◆ Healthcare Associated Infections (Inpatients)						
METRIC	National Standardized Infection Ratio (SIR)	Jan 2014 - Dec 2014	April 2014 - March 2015	July 2014 - June 2015	Oct 2014 - Sept 2015	
Clostridium Difficile	1	1.29	1.25	1.26	1.35	No Different than U.S. National Benchmark
Methicillin Resistant Staph Aureus Bacteremia (MRSA)	1	1.95	1.59	0.53	0.00	No Different than U.S. National Benchmark
◆ Healthcare Personnel Influenza Vaccination						
METRIC	CMS National Average	Oct 2013 - March 2014	Oct 2014 - March 2015			
Healthcare Personnel Influenza Vaccination	84%	71%	81%			No Different than U.S. National Benchmark
◆ 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	July 2010 - June 2013	July 2011 thru June 2014	Jan 2014 thru Dec 2014	
Medicare spending per beneficiary (All)	0.98	1.01			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 2016	2Q 2016	3Q 2016	4Q 2016	Total 2016
Brain Injury Network	638	0			638
Coastal Health Alliance	25,000	0			25,000
Community Institute for Psychotherapy	25,000	0			25,000
ExtraFood.org	0	3,000			3,000
Healthy Aging Symposium	1,000	0			1,000
Heart Walk	0	2,500			2,500
Homeward Bound	150,000	0			150,000
Marin Center for Independent Living	25,000	0			25,000
Marin City Health & Wellness	0	20,000			20,000
Marin Community Clinics	0	221,000			221,000
Marin Senior Fair	0	2,000			2,000
MHD 1206(b) Clinics	1,701,556	2,153,464			3,855,020
Operation Access	20,000	0			20,000
Pine St. Foundation Acupuncture Services	10,000	0			10,000
Prima Foundation	1,684,025	1,768,967			3,452,992
Relay For Life	0	5,000			5,000
Ritter Center	25,000	0			25,000
RotaCare Free Clinic	20,000	0			20,000
Senior Access, adult day program	15,000	0			15,000
Summer Solstice	760	0			780
Zero Breast Cancer	2,140	0			2,140
Total Cash Donations	\$3,705,119	4,175,931			7,881,050
Compassionate discharge medications	2,198	920			3,118
Meeting room use by community based organizations for community-health related purposes.	2,401	2,270			4,671
Food donations	940	940			1,880
Total In Kind Donations	\$5,539	\$4,130			\$9,669
Total Cash & In-Kind Donations	\$3,710,658	\$4,180,061			\$7,890,719

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Schedule 4, continued

Community Benefit Summary					
(these figures are not final and are subject to change)					
	1Q 2016	2Q 2016	3Q 2016	4Q 2016	Total 2016
Community Health Improvement Services	14,856	221,321			236,177
Health Professions Education	104,692	209,569			314,261
Cash and In-Kind Contributions	3,710,658	4,180,061			7,890,719
Community Benefit Operations	24,581	17,399			41,980
Community Building Activities	0	971			971
Traditional Charity Care *Operation Access total is included	554,705	464,740			1,019,445
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	8,477,596	8,593,757			17,071,353
Community Benefit Subtotal (amount reported annually to State & IRS)	\$12,887,088	\$13,687,818			\$26,574,906
Unpaid Cost of Medicare	19,575,166	18,824,536			38,399,702
Bad Debt	336,502	394,312			730,814
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u>	\$32,798,756	\$32,906,666			\$65,705,422

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 2016	2Q 2016	3Q 2016	4Q 2016	Total 2016
*Operation Access charity care provided by MGH (waived hospital charges)	516,328	282,467			798,795
Costs included in Charity Care	102,881	56,283			159,164

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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	
2Q 2015	536	13	5	3.36%
3Q 2015	522	32	6	7.28%
4Q 2015	515	12	7	3.69%
1Q 2016	511	17	5	4.31%
2Q 2016	510	22	4	5.10%

Vacancy Rate - 2016							
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							
4Q 2016							

Vacancy Rate - 2015									
Period	Per Diem Postings	Benefitted Postings	Per Diem Hires	Benefitted Hires	Benefitted Headcount	Per Diem Headcount	Total Headcount	Benefitted Vacancy Rate	Per Diem Vacancy Rate
1Q 2015	13	53	3	7	412	122	534	12.86%	10.66%
2Q 2015	26	79	2	22	419	117	536	18.85%	22.22%
3Q 2015	30	77	3	23	424	98	522	18.16%	30.61%
4Q 2015	37	96	7	17	422	93	515	22.75%	39.78%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
2Q 2015	24	18	6
3Q 2015	26	38	(12)
4Q 2015	24	19	5
1Q 2016	19	22	(3)
2Q 2016	25	26	(1)

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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
2Q 2016	April 18	2105 - 2305	2	ED Saturation	37	14	4
2Q 2016	April 30	2030 - 0040	4	ED Saturation	27	4	N/A
2Q 2016	May 6	1840 - 2213	3.5	ED Saturation	33	N/A	6 & 2 crit transfers
2Q 2016	May 11	0530 - 0600	0.5	Trauma diversion Generator power	6	0	1
2Q 2016	May 17	1535 - 2330	8	ED Saturation	24	9	2
2Q 2016	June 17	2320 - 0101	1.4	ED Saturation	17	14	2
2Q 2016	June 26	1134 - 1329	2	ED Saturation	30	8	5

2016 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)

