

## **Marin General Hospital**

### Performance Metrics and Core Services Report

3rd Quarter 2017

March 6, 2018

**Marin General Hospital**  
Performance Metrics and Core Services Report: **3rd 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 2016 (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	<b>Schedule 1</b>
(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 <u>monitored as if a Tier 2 metric.</u>	Quarterly	In Compliance	<b>Schedule 2</b>
	2. MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly	In Compliance	<b>Schedule 2</b>

**Marin General Hospital**  
Performance Metrics and Core Services Report: **3rd Quarter 2017**

**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	<b>Schedule 3</b>
(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	<b>Schedule 1</b>
	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	<b>Schedule 4</b>
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	<b>Schedule 4</b>
	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	<b>Schedule 5</b>
(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 28, 2017.
	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 28, 2017.
	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	<b>Schedule 2</b>
	4. MGH Board will report on current Emergency services diversion statistics.	Quarterly	In Compliance	<b>Schedule 6</b>
(F) Finances	1. MGH Board will provide the audited financial statements.	Annually	In Compliance	The MGH 2016 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	<b>Schedule 2</b>
	3. MGH Board will provide copies of MGH's annual tax return (form 990) upon completion to General Member.	Annually	In Compliance	The MGH 2016 Form 990 was filed on November 15, 2017.

# MGH Performance Metrics and Core Services Report

## 3Q 2017

### 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				4Q 2016	1Q 2017	2Q 2017	3Q 2017
70.85	78.62	84.83	<b>Overall rating</b>	66.56	65.74	71.00	67.23
			<b>Would Recommend</b>	72.99	71.17	74.91	74.24
78.69	83.29	86.97	<b>Communication with Nurses</b>	69.58	70.53	75.84	73.88
			Nurse Respect	84.83	83.04	87.25	86.45
			Nurse Listen	71.97	74.35	78.52	78.00
			Nurse Explain	68.15	71.30	79.45	74.90
80.32	84.93	88.62	<b>Communication with Doctors</b>	76.46	76.48	75.10	75.40
			Doctor Respect	86.36	85.40	85.49	
			Doctor Listen	78.75	82.17	80.63	
			Doctor Explain	76.57	74.78	76.59	
65.16	73.49	80.15	<b>Responsiveness of Staff</b>	59.28	52.72	63.35	62.19
			Call Button	58.40	57.36	66.07	61.29
			Bathroom Help	72.96	63.08	67.83	70.29
			CMS removed from VBP				
			<b>Pain Management</b>	63.30	62.54	67.11	65.12
			Pain Controlled	64.82	60.36	70.06	
			Help with Pain	76.77	79.53	76.97	
63.26	68.97	75.53	<b>Communication about Medications</b>	51.55	52.96	58.62	56.68
			Med Explanation	69.64	74.05	77.86	74.47
			Med Side Effects	44.05	41.67	44.78	44.29
65.58	73.07	79.06	<b>Hospital Environment</b>	52.02	50.31	54.76	53.62
			Cleanliness	66.55	64.76	69.02	66.26
			Quiet	50.69	50.66	54.90	55.38
87.05	89.73	91.87	<b>Discharge Information</b>	89.29	89.02	88.88	87.28
			Help After Discharge	89.93	90.52	90.00	90.13
			Symptoms to Monitor	93.66	91.51	92.56	89.22
			<b>Number of Surveys</b>	292	231	256	253

<b>Thresholds Color Key:</b>
National 95th percentile
National 75th percentile
National average, 50th percentile

<b>Scoring Color Key:</b>
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.

# MGH Performance Metrics and Core Services Report

## 3Q 2017

### 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	\$10,091 (\$20,250 total)	\$3,695 (\$23,945 total)	
EBIDA %	9.84%	9.70%	7.78%	

Loan Ratios				
Current Ratio	3.79	4.35	4.03	
Debt to Capital Ratio	31.0%	30.8%	30.2%	
Debt Service Coverage Ratio	3.77	4.11	3.70	
Debt to EBIDA %	1.66	1.77	1.99	

Key Service Volumes				
Acute discharges	2,299	2,292 (4,591 total)	2,339 (6,930 total)	
Acute patient days	10,729	10,061 (20,790 total)	9,887 (30,677 total)	
Average length of stay	4.67	4.53	4.43	
Emergency Department visits	8,972	9,061 (18,033 total)	9,137 (27,170 total)	
Inpatient surgeries	435	478 (913 total)	460 (1,373 total)	
Outpatient surgeries	1,120	1,249 (2,369 total)	1,048 (3,417 total)	
Newborns	272	294 (566 total)	314 (880 total)	

# MGH Performance Metrics and Core Services Report

## 3Q 2017

---

### 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](http://www.calhospitalcompare.org))  
and  
Centers for Medicare & Medicaid Services (CMS)  
Hospital Compare ([www.hospitalcompare.hhs.gov/](http://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**	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Q3 %	Q3-2017 Num/Den	Rolling %	Rolling Num/Den
<b>◆ Venous Thromboembolism (VTE) Measures</b>																	
Hospital acquired potentially-preventable VTE +	0%	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	33%	0%	0%	0%	0%	0/5	9%	1/11
<b>◆ Global Immunization (IMM) Measures</b>																	
Influenza immunization (season October-March)	100%	90%	92%	87%	87%	93%	97%	N/A	N/A	N/A	N/A	N/A	N/A	92%	239/259	91%	473/520
<b>◆ Stroke Measures</b>																	
Thrombolytic therapy	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	100%	N/A	100%	N/A	100%	2/2	100%	10/10
<b>◆ Perinatal Care Measure</b>																	
Elective delivery +	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0/30	0%	0/122
<b>◆ Psychiatric (HBIPS) Measures</b>																	
Hours of physical restraint use	0.41	0.30	0.64	0.00	0.00	0.05	0.00	0.00	0.00	0.05	0.00	0.15	0.14	0.09	N/A	0.11	N/A
Hours of seclusion use	0.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.05	0.00	0.99	0.39	0.46	N/A	0.16	N/A
Patients discharged on multiple antipsychotic medications with appropriate justification	36%	71%	100%	90%	73%	60%	55%	80%	90%	85%	63%	64%	22%	52%	16/31	71%	82/115
Alcohol use screening	71%	100%	86%	93%	96%	93%	84%	93%	97%	100%	93%	94%	99%	95%	182/191	94%	594/631
<b>◆ ED Inpatient (ED) Measures</b>																	
Median time (mins) ED arrival to ED departure +	258***	281.00	269.00	298.00	345.50	269.00	298.00	345.50	312.00	303.00	308.00	314.00	323.00	315.00	185 cases	303.17	727 cases
Admit decision median time (mins) to ED departure time +	88***	74.00	80.00	79.50	101.00	80.00	79.50	101.00	141.50	93.00	97.00	85.00	116.00	99.33	185 cases	93.63	723 cases
<b>◆ ED Outpatient (ED) Measures</b>																	
Median time (mins) ED arrival to ED discharge +	142***	197.50	125.50	165.00	160.50	150.00	127.00	160.00	161.50	161.00	161.00	171.00	157.75	163.25	449 cases	157.75	375 cases
Door to diagnostic evaluation by qualified medical personnel +	22***	27.50	26.00	32.50	50.00	30.50	33.50	22.00	25.50	40.00	31.50	28.50	23.00	27.67	101 cases	30.88	406 cases
<b>◆ Outpatient Pain Management Measure</b>																	
Median time (mins) to pain management for long bone fracture +	50***	67.00	42.50	76.50	53.00	42.00	74.00	58.00	94.00	57.00	77.00	77.00	44.50	66.17	49 cases	63.54	173 cases
<b>◆ Outpatient Stroke Measure</b>																	
Head CT/MRI results for stroke patients within 45 mins of ED arrival	71%***	50%	N/A	50%	N/A	100%	100%	N/A	N/A	50%	50%	0%	0%	33%	2/6	50%	7/14
<b>◆ Endoscopy Measures</b>																	
Endoscopy/polyp surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients	100%	89%	100%	80%	100%	100%	100%	100%	100%	88%	100%	100%	100%	100%	23/23	96%	96/100
Endoscopy/polyp surveillance: Colonoscopy interval for patients with a history of adenomatous polyps - avoidance of inappropriate use	100%	100%	100%	100%	92%	100%	95%	100%	95%	100%	83%	100%	93%	93%	56/60	97%	195/202

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



<b>◆ Acute Care Readmissions - 30 Day Risk Standardized</b>					
<b>METRIC</b>	<b>CMS National Average</b>	<b>July 2010 - June 2013</b>	<b>July 2011 - June 2014</b>	<b>July 2012 - June 2015</b>	<b>July 2013 - June 2016</b>
Acute Myocardial Infarction Readmission Rate	16.30%	15.90%	16.10%	16.10%	15.20%
Heart Failure Readmission Rate	21.60%	<b>23.00%</b>	<b>22.80%</b>	<b>22.50%</b>	20.19%
Pneumonia Readmission Rate	16.90%	15.00%	14.10%	15.10%	16.80%
COPD Readmission Rate	19.80%	19.00%	18.40%	18.50%	18.70%
Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.40%	<b>5.30%</b>	4.60%	4.50%	4.00%
Coronary Artery Bypass Graft Surgery (CABG)	13.80%		<b>15.60%</b>	13.60%	<b>14.30%</b>
Stroke Readmission Rate	12.20%	12.10%	11.10%	10.00%	9.90%
<b>METRIC</b>	<b>CMS National Average</b>	<b>July 2010 - June 2013</b>	<b>July 2011 - June 2014</b>	<b>July 2014 - June 2015</b>	<b>July 2015 - June 2016</b>
Hospital-Wide All-Cause Unplanned Readmission (HWR)	15.30%	14.40%	14.90%	14.60%	15.00%
<b>◆ Agency for Healthcare Research and Quality Measures (AHRQ - Patient Safety Indicators)</b>					
<b>METRIC</b>	<b>CMS National Average</b>	<b>July 2011 - June 2013</b>	<b>July 2012 - June 2014</b>	<b>July 2013 - June 2015</b>	<b>July 2014 - Sept 2015</b>
Complication/Patient Safety Indicators PSI 90 (Composite)	0.90	Worse than national average	No different 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	No different than national average	No different than national average	No different than national average



<b>◆ Outpatient Measures (Claims Data)</b>					
<b>METRIC</b>	<b>CMS National Average</b>	<b>July 2012 - June 2013</b>	<b>July 2013 - June 2014</b>	<b>July 2014 - June 2015</b>	<b>July 2015 - June 2016</b>
Outpatient with low back pain who had an MRI without trying recommended treatments first, such as physical therapy	39.80%	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	8.80%	7.40%	6.70%	7.20%	6.80%
Outpatient CT scans of the abdomen that were "combination" (double) scans +	7.80%	5.60%	6.10%	4.10%	5.60%
Outpatient CT scans of the chest that were "combination" (double) scans +	1.80%	0.40%	0.30%	0.40%	0.10%
Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery +	4.80%	2.60%	2.90%	4.00%	3.30%
Outpatients with brain CT scans who got a sinus CT scan at the same time +	1.60%	2.30%	1.80%	1.00%	0.40%
<b>METRIC</b>	<b>CMS National Average</b>		<b>Jan 2013 - Dec 2013</b>	<b>Jan 2014 - Dec 2014</b>	<b>Jan 2015 - Dec 2015</b>
Patient left Emergency Dept. before being seen	2.00%		1.00%	1.00%	1.00%
<b>◆ Structural Measures</b>					
<b>METRIC</b>	<b>2016</b>				
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 2015 - Dec 2015	July 2015 - June 2016	Oct 2015 - Sept 2016	Jan 2016 - Dec 2016	
Colon surgery	1	0.75	<b>1.95</b>	0.97	not published**	
Abdominal hysterectomy	1	not published**	not published**	<b>1.02</b>	not published**	
◆ Healthcare Associated Infections (All units including ICU)						
METRIC	National Standardized Infection Ratio (SIR)	Jan 2015 - Sept 2015	Jan 2015 - Dec 2015	July 2015 - June 2016	Jan 2016 - Dec 2016	
Central Line Associated Blood Stream Infection Rate (CLABSI)	1	0.26	0.20	not published**	<b>1.32</b>	No Different than National Benchmark
Catheter Associated Urinary Tract Infection (CAUTI)	1	0.20	0.29	0.61	0.51	No Different than National Benchmark
◆ Healthcare Associated Infections (ICU)						
METRIC	National Standardized Infection Ratio (SIR)	Oct 2014 - Sept 2015	Jan 2015 - Dec 2015	July 2015 - June 2016	Jan 2016 - Dec 2016	
Central Line Associated Blood Stream Infection Rate (CLABSI)	1	0.28	0.26	not published**	not published**	
Catheter Associated Urinary Tract Infection (CAUTI)	1	0.56	0.00	not published**	not published**	
◆ Healthcare Associated Infections (Inpatients)						
METRIC	National Standardized Infection Ratio (SIR)	Jan 2015 - Dec 2015	July 2015 - June 2016	Oct 2015 - Sept 2016	Jan 2016 - Dec 2016	
Clostridium Difficile	1	<b>1.55</b>	<b>2.02</b>	<b>2.02</b>	<b>1.80</b>	Worse than National Benchmark
Methicillin Resistant Staph Aureus Bacteremia (MRSA)	1	0.00	0.67	0.69	<b>1.86</b>	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%	<b>71%</b>	<b>81%</b>	<b>95%</b>		
◆ Surgical Complications						
METRIC	CMS National Average	April 2010 - March 2013	April 2011 - March 2014	April 2012 - March 2015	July 2014 - March 2016	
Hip/knee complication: Hospital-level risk -- Standardized complication rate (RSCR) following elective primary total hip/knee arthroplasty	2.8%	<b>4.4%</b>	<b>3.6%</b>	<b>3.6%</b>	2.7%	
◆ 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	<b>1.01</b>	<b>1.00</b>	<b>1.00</b>		
METRIC	CMS National Average	July 2010 - June 2013	July 2011 thru June 2014	July 2012 thru June 2015	July 2013 thru June 2016	
Acute Myocardial Infarction payment per episode of care	\$23,119	\$20,850	<b>\$22,019</b>	\$22,564	\$21,192	
Heart Failure payment per episode of care	\$16,190		<b>\$16,781</b>	<b>\$17,575</b>	<b>\$16,904</b>	
Pneumonia payment per episode of care	\$17,026		<b>\$14,889</b>	<b>\$14,825</b>	<b>\$17,429</b>	
Hip and knee replacement	\$22,567				\$22,502	
◆ Mortality Measures - 30 Day						
METRIC	CMS National Average	July 2010 - June 2013	July 2011 - June 2014	July 2012 - June 2015	July 2013 - June 2016	
Acute Myocardial Infarction Mortality Rate	13.00%	12.60%	11.70%	11.10%	12.90%	
Heart Failure Mortality Rate	11.90%	<b>12.00%</b>	<b>12.60%</b>	11.80%	11.70%	
Pneumonia Mortality Rate	15.90%	<b>12.20%</b>	<b>12.30%</b>	<b>17.40%</b>	15.90%	
COPD Mortality Rate	8.00%	7.80%	7.30%	7.30%	7.96%	
Stroke Mortality Rate	14.60%	15.20%	13.40%	12.20%	11.70%	
CABG 30-day Mortality Rate	3.20%		2.60%	2.60%	<b>3.46%</b>	

\*\* Insufficient data to calculate SIR

# MGH Performance Metrics and Core Services Report

## 3Q 2017

### 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.

<b>Cash &amp; In-Kind Donations</b>					
(these figures are not final and are subject to change)					
	1Q 2017	2Q 2017	3Q 2017	4Q 2017	Total 2017
Brain Injury Network	\$ 638	\$ 0	\$ 0		\$ 638
Bucklew	20,000	0	0		20,000
Coastal Health Alliance	25,000	0	0		25,000
Community Institute for Psychotherapy	25,000	0	0		25,000
ExtraFood.org	0	3,000	0		3,000
Harbor Point Foundation (Battle Breast Cancer)			5,000		5,000
Healthy Aging Symposium	1,000	0	0		1,000
Heart Walk	2,500	0	0		2,500
Homeward Bound	150,000	0	0		150,000
Hospice By the Bay	0	0	0		0
Marin Center for Independent Living	25,000	0	0		25,000
Marin Community Clinics	131,000	0	0		131,000
Marin Senior Fair	0	2,000	300		2,300
MHD 1206(b) Clinics	2,389,270	2,685,442	2,698,890		7,773,602
Prima Foundation	1,918,748	1,918,748	1,918,748		5,756,244
Relay For Life	5,000	0	0		5,000
Ritter Center	25,000	0	0		25,000
RotaCare Free Clinic	15,000	625	0		15,625
Senior Access, adult day program	15,000	0	0		15,000
South Asian Heart Center	450	0	0		450
Summer Solstice	760	0	0		760
To Celebrate Life	0	15,000	0		15,000
Whistlestop	15,000	0	0		15,000
Zero Breast Cancer	0	20,000	0		20,000
<b>Total Cash Donations</b>	<b>\$ 4,764,366</b>	<b>\$ 4,644,815</b>	<b>\$ 4,622,938</b>		<b>\$ 14,032,119</b>
Compassionate discharge medications	347	0	128		475
Meeting room use by community based organizations for community-health related purposes.	2,550	2,259	2,086		6,895
Food donations	940	940	940		2,820
<b>Total In Kind Donations</b>	<b>\$ 3,837</b>	<b>\$ 3,199</b>	<b>\$ 3,154</b>		<b>\$ 10,190</b>
<b>Total Cash &amp; In-Kind Donations</b>	<b>\$ 4,768,203</b>	<b>\$ 4,648,014</b>	<b>\$ 4,626,092</b>		<b>\$ 14,042,309</b>

# MGH Performance Metrics and Core Services Report

## 3Q 2017

### Schedule 4, continued

<b>Community Benefit Summary</b>					
(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	\$ 31,157	\$ 20,734		\$ 72,770
Health Professions Education	83,151	68,371	112,171		263,693
Cash and In-Kind Contributions	4,768,203	4,648,014	4,626,092		14,042,309
Community Benefit Operations	16,583	13,200	10,850		40,633
Community Building Activities	7,266	0	0		7,266
Traditional Charity Care *Operation Access total is included	583,586	588,843	538,584		1,711,013
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	7,327,035	7,828,397	7,812,729		22,968,161
<b>Community Benefit Subtotal</b> (amount reported annually to State & IRS)	<b>\$ 12,806,703</b>	<b>13,177,982</b>	<b>13,121,160</b>		<b>\$ 39,105,845</b>
Unpaid Cost of Medicare	22,315,528	20,926,912	20,614,608		63,857,048
Bad Debt	244,306	475,903	305,846		1,026,055
<b>Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u></b>	<b>\$ 35,366,537</b>	<b>\$ 34,580,797</b>	<b>34,041,613</b>		<b>\$103,988,948</b>

<b>Operation Access</b>					
<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	\$ 211,442	\$ 261,540		\$ 580,115
Costs included in Charity Care	20,622	40,724	51,584		112,930

# MGH Performance Metrics and Core Services Report

## 3Q 2017

### 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	
3Q 2016	531	15	3	3.39%
4Q 2016	537	12	1	2.42%
1Q 2017	537	13	1	2.61%
2Q 2017	540	12	2	2.59%
3Q 2017	534	21	1	4.12%

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
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	649	17.26%	11.71%	5.55%
2Q 2017	32	62	540	634	14.83%	9.78%	5.05%
3Q 2017	34	63	534	631	15.37%	9.98%	5.39%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
3Q 2016	41	18	23
4Q 2016	20	13	7
1Q 2017	16	14	2
2Q 2017	20	14	6
3Q 2017	18	22	(4)

# MGH Performance Metrics and Core Services Report

## 3Q 2017

### Schedule 6: Ambulance Diversion

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

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

Quarter	Date	Time	Diversion Duration	Reason	Waiting Room Census	ED Admitted Patient Census
3Q 2017	July 5	1626 – 1826	2 hrs, 0 mins	ED	8	4
3Q 2017	July 5	1831 – 1850	19 mins	ED	11	20
3Q 2017	Aug 21	1748 – 2140	3 hrs, 51 mins	ED	12	7
3Q 2017	Aug 29	1932 – 2206	2 hrs, 34 mins	ED	13	4
3Q 2017	Sept 12	0918 – 1044	1 hr, 26 mins	CATH		
3Q 2017	Sept 13	0754 – 1725	9 hrs, 31 mins	CATH		

#### 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)**

