

Marin General Hospital

Performance Metrics and Core Services Report

4th Quarter 2017

Marin General Hospital
Performance Metrics and Core Services Report: **4th 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	Joint Commission granted MGH an "Accredited" decision with an effective date of 7/16/2016 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 2017 (Annual Report) was presented to MGH Board and to MHD Board in June 2018.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2018 was presented for approval to the MGH Board in June 2018.
	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	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 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

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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 Commitment	1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly	In Compliance	Schedule 8
	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 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	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 2017 Independent Audit was completed on April 13, 2018.
	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 2015 Form 990 was filed on November 15, 2017.

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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			1Q 2017	2Q 2017	3Q 2017	4Q 2017	
70.85	78.62	84.83	Overall rating	65.74	71.00	67.23	64.44
			Would Recommend	71.17	74.91	74.24	70.35
78.69	83.29	86.97	Communication with Nurses	70.53	75.84	73.88	72.01
			Nurse Respect	83.04	87.25	86.45	81.97
			Nurse Listen	74.35	78.52	78.00	76.90
			Nurse Explain	71.30	79.45	74.90	74.86
80.32	84.93	88.62	Communication with Doctors	76.48	75.10	75.40	72.91
			Doctor Respect	85.40	85.49		85.35
			Doctor Listen	82.17	80.63		76.07
			Doctor Explain	74.78	76.59		74.72
65.16	73.49	80.15	Responsiveness of Staff	52.72	63.35	62.19	60.79
			Call Button	57.36	66.07	61.29	58.47
			Bathroom Help	63.08	67.83	70.29	70.31
CMS removed from VBP			Pain Management	62.54	67.11	65.12	69.97
			Pain Controlled	60.36	70.06		72.58
			Help with Pain	79.53	76.97		80.16
63.26	68.97	75.53	Communication about Medications	52.96	58.62	56.68	58.35
			Med Explanation	74.05	77.86	74.47	75.40
			Med Side Effects	41.67	44.78	44.29	46.70
65.58	73.07	79.06	Hospital Environment	50.31	54.76	53.62	53.57
			Cleanliness	64.76	69.02	66.26	68.68
			Quiet	50.66	54.90	55.38	52.86
87.05	89.73	91.87	Discharge Information	89.02	88.88	87.28	86.39
			Help After Discharge	90.52	90.00	90.13	88.58
			Symptoms to Monitor	91.51	92.56	89.22	88.99
			Number of Surveys	231	256	253	358

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: 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	Presenter
Breastfeeding Telephone Line	Free education, counseling and breastfeeding support.	General Public Women who are breastfeeding	Lactation Center
Center for Integrative Health & Wellness (CIHW) Events	Education and support group events (yoga, healthy weight, Qi Dong, breast cancer support group, etc.).	General Public	CIHW
Community Dietary/Nutrition Phone Line	Free advice line open to the community for nutrition info	General Public	Nutrition Services
Hands-Only CPR, AED and Stop the Bleed	Free education for CPR, automatic defibs and first aid.	General Public	Trauma
The Mom's Group	Free support group to the community that discusses newborn care, breastfeeding, parenting, etc.	General Public	Lactation Center
The New Father Class	Free class for new fathers to learn how to care for their newborns.	General Public	Lactation Center
National Nutrition Month and Nutrition Education	National Nutrition Month Booth and nutrition education.	General Public	Nutrition Services
Low Cost Mammogram Day	Mammograms offered to underserved women.	Patients in need	Breast Health Center
Smart Start Teen Driving	Presentation with the California Highway Patrol	Newly or soon-to-be licensed teenage drivers	Trauma
Shuttle Program for Senior Partial Hospitalization Program	Free shuttle service for Behavioral Health program.	Patients in need	Behavioral Health/ Security & Shuttle
Transportation	Transportation for underserved patients.	Patients in need	Care Coordination

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Schedule 2, continued

Health Professions Education			
Event	Description	Recipients	Presenter
Grand Rounds	Education programs open to community doctors	Physicians	Medical Staff Office
Nursing Student Placement and Clinical Supervision	Time spent from Education placing student nurses	Student Nurses	Clinical Education
Chaplain Resident Program	Supervision and training hours provided by MGH	Residents	Spiritual Care
Nutrition Students	Training hours provided by staff	Dietitian Students	Nutrition Services
Pharmacy Student Clinical Rotations	Supervision and training hours provided by MGH	Pharmacy students	Pharmacy
Radiology Student Internships	Supervision and training hours provided by MGH	Radiology students	Radiology
Respiratory Therapy Student Internships	Supervision and training hours provided by MGH	Respiratory Therapy students	Respiratory Therapy
Occupational Therapy Students	Supervision and training hours provided by MGH	Occupational Therapy students	Occupational Therapy
Rehabilitation Student Internships	Supervision and training hours provided by MGH	Rehabilitation students	Rehab
IT Internships	Supervision and training hours provided by MGH	IT students	Information Technology
The Marin Series (Trauma Care)	Education classes for paramedics, EMTs, fire department and other health care workers on trauma-related topics.	Health care and emergency response workers	Trauma Center
Fall Prevention Summit	Education on fall prevention	Health care workers and senior organizations	Trauma

Community Building			
Event	Description	Recipients	Presenter
Marin Medical Reserve Foundation	Disaster Preparedness	Community	MGH
Healthy Marin Partnership	Collaborative that advances community health improvement initiatives	Community	MGH

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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 MGH 2018 Medical Staff Perception Study Results

Source: PRC (Professional Research Consultants, Inc.)

Asked of Physicians:

**“OVERALL, WOULD YOU RATE THE QUALITY OF CARE AT
MARIN GENERAL HOSPITAL:”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	82	36.7%
Very Good	93	41.6%
Good	32	14.5%
Fair	14	6.3%
Poor	2	0.9%

**Percentile Ranking: 49th
Total Number of Responses: 223 (73.4%)**

Asked of Physicians:

**“OVERALL, WOULD YOU RATE MARIN GENERAL HOSPITAL
AS A PLACE TO PRACTICE MEDICINE:”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	77	34.4%
Very Good	66	29.4%
Good	47	21.3%
Fair	25	11.3%
Poor	8	3.6%

**Percentile Ranking: 45th
Total Number of Responses: 223 (73.4%)**

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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 MGH 2017 Employee Engagement Study Results

Source: PRC (Professional Research Consultants, Inc.)

Asked of Employees:

**“OVERALL, AS A PLACE TO WORK, WOULD YOU SAY
MARIN GENERAL HOSPITAL IS:”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	363	29.3%
Very Good	434	35.2%
Good	322	26.1%
Fair	90	7.3%
Poor	26	2.1%

Percentile Ranking: 46th
Total Number of Responses: 1,235 (74.1%)

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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	1Q 2017	2Q 2017	3Q 2017	4Q 2017
EBIDA \$	\$10,159	\$10,091 (\$20,250 total)	\$3,695 (\$23,945 total)	\$11,559 (\$35,504 total)
EBIDA %	9.84%	9.70%	7.78%	8.40%

Loan Ratios				
Current Ratio	3.79	4.35	4.03	3.88
Debt to Capital Ratio	31.0%	30.8%	30.2%	29.7%
Debt Service Coverage Ratio	3.77	4.11	3.70	3.41
Debt to EBIDA %	1.66	1.77	1.99	2.15

Key Service Volumes				
Acute discharges	2,299	2,292 (4,591 total)	2,339 (6,930 total)	2,423 (9,353 total)
Acute patient days	10,729	10,061 (20,790 total)	9,887 (30,677 total)	10,824 (41,501 total)
Average length of stay	4.67	4.53	4.43	4.44
Emergency Department visits	8,972	9,061 (18,033 total)	9,137 (27,170 total)	9,332 (36,502 total)
Inpatient surgeries	435	478 (913 total)	460 (1,373 total)	545 (1,918 total)
Outpatient surgeries	1,120	1,249 (2,369 total)	1,048 (3,417 total)	1,194 (4,611 total)
Newborns	272	294 (566 total)	314 (880 total)	298 (1,178 total)

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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.

MGH Major Capital Expenditure Report For the Period January - December 2017

Major Capital Expenditures

Philips Cap Lease	6,439,666
100 Drakes Landing Breast Health Center	2,549,542
Anesthesia machines	721,877
GE Healthcare Innova 2100	390,837
MHD Clinics IT Equipment Replacements	297,252
Mammography System Upgrade	167,850
980 Ventilators	163,343
Patientworks Kiosks (close with 1251.9279)	159,003
Data Center Equipment Expansion 2017	141,320
Surgery RemB Drills	138,161
Scopes, cameras, light sources	134,622
End User Devices 2017	119,848
Cardiology Upgrade	118,611
MOSAIQ Upgrade	117,165
Iris Analyzer	104,500
Other Capital Under \$100K	1,528,969
Total Major Capital Expenditures	<u>13,292,564</u>

Construction in Progress

MHD 1206b 75 Rowland Way - Ambulatory Care Faci	980,878
1240 MOIC , UROLOGY & MEN'S HEALTH	888,724
Dr Murphy 75 Rowland	825,395
McKesson Upgrades 2017	813,648
HRIS	542,375
West Wing Elevator	493,774
End User Devices Replacement 2017	473,628
Data Center Equipment Expansion 2017	416,723
Network and Telecom Upgrades 2017	414,472
Admin Expansion/Hearing Speech	413,555
2017 Master Move	322,208
Philips Strategic Partnership	225,261
2016 MFD West Wing	212,716
2017 Wayfinding	172,184
2017 Patient/Guest Furniture	130,772
2017 ABOVE CEILING REQUIREMENTS	108,386
Other CIP Under \$100K	501,179
Total Construction in Progress	<u>7,935,879</u>
Total Capital Expenditures	<u>21,228,443</u>

MGH Performance Metrics and Core Services Report

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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 (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**	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Q4%	Q4-2017 Num/Den	Rolling %	Rolling Num/Den	
◆ Venous Thromboembolism (VTE) Measures																		
VTE-6	Hospital Acquired Potentially-Preventable Venous Thromboembolism +	0%	N/A	N/A	0%	0%	N/A	33%	0%	0%	0%	N/A	0%	N/A	0%	0/1	8%	1/12
◆ Stroke Measures																		
STK-4	Thrombolytic Therapy	100%	100%	100%	N/A	100%	N/A	100%	N/A	100%	N/A	100%	100%	100%	100%	3/3	100%	10/10
◆ Perinatal Care Measure																		
PC-01	Elective Delivery +	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0/28	0%	0/125
◆ ED Inpatient (ED) Measures																		
ED-1	Median Time From ED Arrival to ED Departure for Admitted Patients	258***	345.50	312.00	303.00	308.00	312.00	303.00	308.00	314.00	323.00	288.50	295.00	301.00	294.83	179--Cases	309.13	726--Cases
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	88***	101.00	141.50	93.00	97.00	141.50	93.00	97.00	85.00	116.00	83.50	92.00	81.00	85.50	179--Cases	97.29	723--Cases
◆ Global Immunization (IMM) Measure																		
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 -2017 %	Q1 -2017 Num/Den	Rolling %	Rolling Num/Den	
IMM-2	Influenza Immunization	100%	N/A	N/A	N/A	N/A	N/A	90%	92%	87%	87%	93%	97%	92%	239/259	91%	473/520	

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

METRIC	CMS**	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Q3%	Q4-2017 Num/Den	Rolling %	Rolling Num/Den	
◆ Psychiatric (HBIPS) Measures																		
IPF-HBIPS-2	Hours of Physical Restraint Use	0.41	0.00	0.05	0.00	0.00	0.05	0.00	0.15	0.14	0.23	0.00	0.35	0.19	N/A	0.08	N/A	
IPF-HBIPS-3	Hours of Seclusion Use	0.21	0.22	0.00	0.00	0.00	0.00	0.00	0.99	0.39	0.03	0.03	0.28	0.12	N/A	0.17	N/A	
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	36%	73%	60%	55%	80%	90%	85%	88%	64%	33%	40%	40%	80%	53%	8/15	68%	72/106
SUB-1	Alcohol Use Screening	71%	96%	93%	84%	93%	97%	100%	93%	95%	99%	100%	100%	100%	140/140	96%	622/649	

** CMS Top Decile Benchmark CMS Reduction Program (shaded in blue) + Lower Number is better

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/)

◆ Healthcare Personnel Influenza Vaccination

METRIC	CMS National Average	Oct 2013 - March 2014	Oct 2014 - March 2015	Oct 2016 - March 2016	Oct 2016 - March 2017		
IMM-3	Healthcare Personnel Influenza Vaccination	88%	71%	81%	95%	89%	

◆ Surgical Site Infection

METRIC	National Standardized Infection Ratio (SIR)	July 2015 - June 2016	Oct 2015 - Sep 2016	Jan 2016 - Dec 2016	April 2016 - March 2017		
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	1.95	0.97	not published**	not published**	
HAI-SSI-Hyst	Surgical Site Infection - Abdominal Hysterectomy	1	not published**	1.02	not published**	not published**	

◆ Healthcare Associated Infections (All Units Including ICU)

METRIC	National Standardized Infection Ratio (SIR)	Jan 2015 - Dec 2015	July 2015 - June 2016	Jan 2016 - Dec 2016	April 2016 - March 2017		
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.20	not published**	1.32	0.92	No Different than U.S. National Benchmark
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.29	0.61	0.51	0.55	No Different than U.S. National Benchmark

◆ Healthcare Associated Infections (ICU)

METRIC	National Standardized Infection Ratio (SIR)	Oct 2014 - Sep 2015	Jan 2015 - Dec 2015	July 2015 - June 2016	Jan 2016 - Dec 2016		
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.28	0.26	not published**	not published**	
HAI-CAUTI	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)	July 2015 - June 2016	Oct 2015 - Sep 2016	Jan 2016 - Dec 2016	April 2016 - March 2017		
HAI-C-Diff	Clostridium Difficile	1	2.02	2.02	1.80	1.48	Worse than National Benchmark
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.67	0.69	1.86	1.84	No Different than U.S. National Benchmark

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◆ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators)

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2011 - June 2013	July 2012 - June 2014	July 2013 - June 2015	July 2014 - Sept 2015	
PSI-90 (Composite)	Complication / Patient Safety Indicators PSI 90 (Composite)	0.9	Worse than National Average	No different than the National Rate	No different than the National Rate	No different than the National Rate	
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2011 - June 2013	July 2012 - June 2014	July 2013 - June 2015	July 2014 - Sep 2015	
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	No different then National Average	
◆ Surgical Complications							
		Centers for Medicare & Medicaid Services (CMS) National Average	April 2010 - March 2013	April 2011- March 2014	April 2011- March 2014	July 2014- March 2016	
Surgical Complication	Hip/Knee Complication: Hospital-level Risk-Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty	2.8%	4.4%	3.6%	3.6%	2.7%	

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

◆ Acute Care Readmissions - 30 Day Risk Standardized

		Benchmark					
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2010- June 2013	July 2011- June 2014	July 2012- June 2015	July 2013- June 2016	
READM-30-AMI	Acute Myocardial Infarction Readmission Rate	16.3%	15.90%	16.10%	16.10%	15.20%	
READM-30-HF	Heart Failure Readmission Rate	21.6%	23.00%	22.80%	22.50%	20.19%	
READM-30-PN	Pneumonia Readmission Rate	16.9%	15.00%	14.10%	15.10%	16.80%	
READM-30-COPD	COPD Readmission Rate	19.80%	19.00%	18.40%	18.50%	18.70%	
READM-30-THA/TKA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.40%	5.30%	4.60%	4.50%	4.00%	
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	13.8%		15.60%	13.60%	14.30%	
READM-30-STR	Stroke Readmission Rate	12.20%	12.10%	11.10%	10.00%	9.90%	
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2010- June 2013	July 2011- June 2014	July 2014- June 2015	July 2015- June 2016	
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR)	15.3%	14.40%	14.90%	14.60%	15.00%	

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/)

◆ Mortality Measures - 30 Day

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2010 - June 2013	July 2011- June 2014	July 2012- June 2015	July 2013- June 2016	
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate	13.0%	12.60%	11.70%	11.10%	12.90%	
MORT-30-HF	Heart Failure Mortality Rate	11.9%	12.00%	12.60%	11.80%	11.70%	
MORT-30-PN	Pneumonia Mortality Rate	15.9%	12.20%	12.30%	17.40%	15.90%	
MORT-30-COPD	COPD Mortality Rate	8.00%	7.80%	7.30%	7.30%	7.96%	
MORT-30-STK	Stroke Mortality Rate	14.60%	15.20%	13.40%	12.20%	11.70%	
CABG MORT-30	CABG 30-day Mortality Rate	3.20%		2.60%	2.60%	3.46%	

◆ Cost Efficiency

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2013 - Dec 2013	Jan 2014 thru Dec 2014	Jan 2015 thru Dec 2015	Jan 2016 thru Dec 2016	
MSPB-1	Medicare Spending Per Beneficiary (All)	0.99	1.01	1.00	1.00	0.99	
			July 2010 - June 2013	July 2011 thru June 2014	July 2012 thru June 2015	July 2013 thru June 2016	
MSPB-AMI	Acute Myocardial Infarction (AMI) Payment Per Episode of Care	\$23,119	\$20,850	\$22,019	\$22,564	\$21,192	
MSPB-HF	Heart Failure (HF) Payment Per Episode of Care	\$16,190		\$16,871	\$17,575	\$16,904	
MSPB-AMI	Pneumonia (PN) Payment Per Episode of Care	\$17,026		\$14,889	\$14,825	\$17,429	
MSPB-Knee	Hip and Knee Replacement	\$22,567				\$22,502	

MARIN GENERAL HOSPITAL DASHBOARD
CLINICAL QUALITY METRICS
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	METRIC	CMS**	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Q4%	Q4-2017 Num/Den	Rolling %	Rolling Num/Den	
◆ ED Outpatient (ED) Measures																			
OP-18	Median Time from ED Arrival to ED Departure for Discharged Patients	142***	153.00	160.50	150.00	160.00	161.50	161.00	161.00	171.00	166.50	232.00	176.00	164.96	190.99	451--Cases	164.96	375--Cases	
OP-20	Door to Diagnostic Evaluation by a Qualified Medical Personnel	22***	50.00	30.50	33.50	22.00	25.50	40.00	31.50	28.50	23.00	20.50	34.50	26.00	27.00	101--Cases	30.46	404--Cases	
◆ Outpatient Pain Management Measure																			
OP-21	OP - Median Time to Pain Mgmt. for Long Bone Fracture - Mins +	50***	58.00	94.00	57.00	77.00	77.00	44.50	118.50	66.00	43.50	80.50	58.00	78.00	72.17	45--Cases	71.00	178--Cases	
◆ Outpatient Stroke Measure																			
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	71%***	N/A	100%	100%	N/A	N/A	50%	50%	0%	0%	100%	100%	100%	100%	5/5	67%	10/15	
◆ Endoscopy Measures																			
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	100%	100%	100%	100%	100%	100%	88%	100%	100%	100%	100%	100%	100%	100%	24/24	99%	90/91	
OP-30	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use	100%	92%	100%	95%	100%	95%	100%	83%	100%	93%	92%	100%	100%	96%	52/54	96%	203/212	

** CMS Top Decile Benchmark

***National Average

+ Lower Number is better

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/)

		Benchmark					
◆ Outpatient Measures (Claims Data)							
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2012 - June 2013	July 2013 - June 2014	July 2014 - June 2015	July 2015 - June 2016	
OP-8	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	
OP-9	Outpatient who had Follow-Up Mammogram, Ultrasound, or MRI of the Breast within 45 days following a Screening Mammogram ⁺	8.80%	7.40%	6.70%	7.20%	6.80%	
OP-10	Outpatient CT Scans of the Abdomen that were “Combination” (Double) Scans ⁺	7.80%	5.60%	6.10%	4.10%	5.60%	
OP-11	Outpatient CT Scans of the Chest that were “Combination” (Double) Scans ⁺	1.80%	0.40%	0.30%	0.40%	0.10%	
OP-13	Outpatients who got Cardiac Imaging Stress Tests Before Low-Risk Outpatient Surgery ⁺	4.80%	2.60%	2.90%	4.00%	3.30%	
OP-14	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%	
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average		Jan 2013 - Dec 2013	Jan 2014 - Dec 2014	Jan 2015 - Dec 2015	
OP-22	Patient Left Emergency Department before Being Seen	2.00%		1.00%	1.00%	1.00%	

+ Lower Number is better

MARIN GENERAL HOSPITAL DASHBOARD
CLINICAL QUALITY METRICS
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◆ Structural Measures							
	METRIC	2016					
Registry-SSCL	Safe Surgery Checklist Use	Yes					
Structural-PSC NEW	Hospital Survey on Patient Safety Culture	Yes					

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Schedule 7: External Awards & Recognition

- **Tier 2, Patient Satisfaction and Services**
The Board will report external awards and recognition.

External Awards and Recognition – 2017

Healthgrades

7 5-Star Ratings

Stroke Care Excellence Award

A complete list of 5-star ratings and additional excellence awards are published on the Marin General Hospital website:

<http://www.maringeneral.org/about-us/awards-accreditations/healthgrades-awards>

American Heart/Stroke Association

Get With the Guidelines-Stroke Gold Plus Quality Achievement Award

Commission on Cancer

3-Year Accreditation with Commendation & Outstanding Achievement Award

Society of Cardiovascular Patient Care

Chest Pain Center Accreditation

Marin Magazine

[415] Top Doctors

United Nations International Children's Fund/

World Health Organization

Baby Friendly Designation

Healthiest Employers

Bay Area Healthiest Employers

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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 figures are not final and are subject to change)					
	1Q 2017	2Q 2017	3Q 2017	4Q 2017	Total 2017
American Heart Association	\$ 0	\$ 0	\$ 0	\$ 10,000	\$ 10,000
Brain Injury Network	638	0	0	0	638
Bucklew	20,000	0	0	0	20,000
Coastal Health Alliance	25,000	0	0	15,000	40,000
Community Institute for Psychotherapy	25,000	0	0	15,000	40,000
ExtraFood.org	0	3,000	0	0	3,000
Harbor Point Foundation (Battle Breast Cancer)	0	0	0	5,000	5,000
Healthy Aging Symposium	1,000	0	0	0	1,000
Heart Walk	2,500	0	0	0	2,500
Homeward Bound	150,000	0	0	0	150,000
Hospice By the Bay	0	0	3,000	0	3,000
Marin Center for Independent Living	25,000	0	0	0	25,000
Marin Community Clinics	131,000	0	0	0	131,000
Marin Senior Fair	0	2,000	300	0	2,300
MHD 1206(b) Clinics	2,389,270	2,685,442	2,698,890	2,628,117	10,401,719
Operation Access	0	20,000	0	0	20,000
Prima Foundation	1,918,748	1,918,748	1,918,748	1,918,748	7,694,992
Relay For Life	5,000	0	0	0	5,000
Ritter Center	25,000	0	0	0	25,000
RotaCare Free Clinic	15,000	625	0	0	15,625
Senior Access, adult day program	15,000	0	0	10,000	25,000
South Asian Heart Center	450	0	0	0	450
Summer Solstice	760	0	0	0	760
To Celebrate Life	0	15,000	0	0	15,000
Whistlestop	15,000	0	0	10,000	25,000
Year Up	0	0	0	90,566	90,566
Zero Breast Cancer	0	4,000	0	0	4,000
Total Cash Donations	\$ 4,764,366	\$ 4,648,815	\$ 4,620,938	\$ 4,702,431	\$ 18,736,550
Compassionate discharge medications	347	0	128	553	1,028
Meeting room use by community based organizations for community-health related purposes.	2,082	2,259	2,086	2,134	8,561
Food donations	940	940	940	940	3,760
Total In Kind Donations	\$ 3,369	\$ 3,199	\$ 3,154	\$ 3,627	\$ 13,349
Total Cash & In-Kind Donations	\$ 4,767,735	\$ 4,652,014	\$ 4,624,092	\$ 4,706,058	\$ 18,749,899

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Schedule 8, 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	\$ 18,150	\$ 30,437	\$ 20,734	\$ 85,036	\$ 154,357
Health Professions Education	140,657	227,923	135,529	142,100	646,209
Cash and In-Kind Contributions	4,767,735	4,652,014	4,624,092	4,706,058	18,749,899
Community Benefit Operations	18,371	15,433	7,255	5,033	46,092
Community Building Activities	0	0	0	1,296	1,296
Traditional Charity Care *Operation Access total is included	583,586	588,843	538,584	623,485	2,334,498
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	7,327,035	7,828,397	7,812,729	6,471,446	29,439,607
Community Benefit Subtotal (amount reported annually to State & IRS)	\$12,855,534	\$13,343,047	\$13,128,923	\$12,034,454	\$51,371,958
Unpaid Cost of Medicare	22,315,528	20,926,912	20,614,608	19,934,595	83,791,643
Bad Debt	244,306	475,903	305,846	262,560	1,288,615
Community Benefit, Community Building, and Unpaid Cost of Medicare and Bad Debt Total	\$35,415,368	\$34,745,862	\$34,059,376	\$32,231,609	\$136,452,216

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	\$ 211,442	\$ 261,540	\$ 548,032	\$ 1,128,147
Costs included in Charity Care	20,622	40,724	51,584	104,252	217,182

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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.

MGH 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 Design Development of the Hospital Replacement Project, the Project has maintained LEED Silver status

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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, 2017, there were a total of 577 physicians on MGH staff:

- 245 Active
- 81 Provisional
- 42 Courtesy
- 49 Consulting
- 45 Office-Based
- 115 Telemedicine

New Physician Appointments			
January 1, 2017 – December 31, 2017			
	Name	Appointment Date	Specialty
1	Alshuwaykh, Harish	1/24/2017	Med-Hospitalist
2	Ardakani, Navid	7/25/2017	Rad-Telemedicine
3	Avise, Jennifer	2/28/2017	Surg-Vascular
4	Bamgbose, Olusunmi	7/25/2017	Psychiatry
5	Baskin, Nathan	1/24/2017	Med-Hospitalist
6	Bharadwaj, Amitabh	11/28/2017	Surg-Ophthalmology
7	Bukowski, Dinah	5/23/2017	Med-Hospitalist
8	Byer, Jennifer	7/25/2017	OBGYN-Ob & Gyn
9	Carney, Dylan	7/25/2017	Emergency Medicine
10	Chong, Kenneth	3/28/2017	Rad-Telemedicine
11	Chow, Sarah	8/29/2017	RNP-Nurse Practitioner
12	Conley, Diane	4/25/2017	Rad-Telemedicine
13	Cox, Catherine	4/25/2017	Surg-Ophthalmology
14	Curtin, Jennifer	3/28/2017	Med-Hospitalist
15	DeVido, Jeffrey	3/28/2017	Psychiatry
16	DiPoce, Jason	7/25/2017	Rad-Telemedicine
17	Dorsey-Higdon, Carrie	5/23/2017	RNP-Nurse Practitioner
18	Dougherty, Ryan	3/28/2017	Med-eICU Intensivist
19	Fabi, Mary Rose	8/29/2017	Med-Internal Medicine
20	Fedie, Jessica	4/25/2017	PA-Physician Assistant
21	Fernandez, James	4/25/2017	Rad-Telemedicine
22	Flanagan, Brian	9/26/2017	Anesthesiology
23	Gidwaney, Nikita (Rita)	1/24/2017	Radiology
24	Gonzalez, Fernando	12/5/2017	Pedi-Neonatology
25	Habis, Joseph	2/28/2017	Med-Internal Medicine

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Schedule 10, continued

26	Hagstrom, Jennifer	7/25/2017	Psychiatry
27	Haimes, Alison	7/25/2017	Rad-Telemedicine
28	Hellman, Michael	9/26/2017	Orthopedic Surgery
29	Henderson, Fiona	2/28/2017	Pedi-Hospitalist
30	Hinkle-Johnston, Lindsay	1/24/2017	Med-Hospitalist
31	Iruvuri, Sireesha	7/25/2017	Rad-Telemedicine
32	Jha, Vinayak	10/24/2017	Med-eICU Intensivist
33	Katragunta, Neelima	11/28/2017	Surg-Vascular
34	Kerns, Scott	3/28/2017	Rad-Telemedicine
35	Kim, Thomas	9/26/2017	Orthopedic Surgery
36	Koehler, Tarin	8/29/2017	Family Medicine
37	Kompala, Sushila	8/29/2017	Rad-Telemedicine
38	Kosik, Russell	4/25/2017	Rad-Telemedicine
39	Kulchycki, Lara	3/28/2017	Emergency Medicine
40	Kwan, Patrick	9/26/2017	Anesthesiology
41	Lahiji, Arta	11/28/2017	Med-Hospitalist
42	Lee, Janet	2/28/2017	Med-Hospitalist
43	Lee, Justing	2/28/2017	Anesthesiology
44	Lengle, Steven	4/25/2017	Rad-Telemedicine
45	Liebowitz, Melissa	7/25/2017	Pediatrics
46	Maynard, Walter	4/25/2017	Rad-Telemedicine
47	Moon, David	4/25/2017	Rad-Telemedicine
48	Morrow, Brian	4/25/2017	Rad-Telemedicine
49	Murphy, J. Timothy	10/24/2017	Family Medicine
50	Nadukhovskaya, Larisa	5/23/2017	Emergency Medicine
51	Naidu, Ramana	9/26/2017	Anesthesiology
52	Navarro, Priscilla Joy	10/24/2017	Med-Hospitalist
53	Nwoke, Franklin	4/25/2017	Rad-Telemedicine
54	Olney, Nicholas	5/23/2017	Med-Neurology
55	Oo, Heyman	10/24/2017	Pediatrics
56	Partida, Ramon	8/29/2017	Med-Cardiology
57	Reid, Patrick	11/28/2017	Surg-Neurosurgery
58	Richardson, Derek	1/24/2017	Emergency Medicine
59	Robinette, Alison	3/28/2017	Rad-Telemedicine
60	Rossin, Richard	7/25/2017	Rad-Telemedicine
61	Ruggles, Mathew	8/29/2017	Surg-Oral Surgery
62	Sani, Farhad	7/25/2017	Rad-Telemedicine
63	Schultes, Glenn	7/25/2017	Rad-Telemedicine
64	Serrano, Noel	8/29/2017	Med-Hospitalist
65	Shaffrey, Julie	7/25/2017	Rad-Telemedicine
66	Shkurovich, Sergey	4/25/2017	Rad-Telemedicine
67	Singer, Michael	4/25/2017	OBGYN-Obstetrics

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68	Telischak, Nicholas	7/25/2017	Radiology
69	Thakur, Neil	7/25/2017	Radiology
70	Travis, Talitha	4/25/2017	Radiology
71	Uihlein, Alexander	2/28/2017	Med-Endocrinology
72	Veletto, Tony	10/24/2017	Med-Hospitalist
73	Wong, Waikong	3/28/2017	Rad-Telemedicine
74	Yang, Wanhua	7/25/2017	Pathology
75	Yoshii, Isaac	11/28/2017	Med-eICU Intensivist
76	Yuan, Chao	3/28/2017	Emergency Medicine
	UCSF TELEMEDICINE:		
77	Arcilla, Lisa	12/5/2017	Pedi-Telemed (Card)
78	Arnold, Thomas	12/5/2017	Pedi-Telemed (Hospitalist)
79	Avasarala, Kishor	12/5/2017	Pedi-Telemed (Card)
80	Bekmezian, Arpi	12/5/2017	Pedi-Telemed (Hospitalist)
81	Bokser, Seth	12/5/2017	Pedi-Telemed (Hospitalist)
82	Bose, Alok	12/5/2017	Pedi-Telemed (Card)
83	Botas, Carlos	12/5/2017	Pedi-Telemed (Neonat)
84	Burt, Trevor	12/5/2017	Pedi-Telemed (Neonat)
85	Cisco, Michael	12/5/2017	Pedi-Telemed (Hospitalist)
86	Clemens, Regina	12/5/2017	Pedi-Telemed (Hospitalist)
87	Cocalis, Mark	12/5/2017	Pedi-Telemed (Card)
88	Cohen, Jeffrey	9/26/2017	Med-Teleneurology
89	Cooper, Michael	12/5/2017	Pedi-Telemed (Card)
90	Danhaive, Oliver	12/5/2017	Pedi-Telemed (Neonat)
91	Datar, Sanjeev	12/5/2017	Pedi-Telemed (Hospitalist)
92	Douglas-Escobar, Martha	12/5/2017	Pedi-Telemed (Neonat)
93	Fineman, Jeffrey	12/5/2017	Pedi-Telemed (Hospitalist)
94	Fiore, Darren	12/5/2017	Pedi-Telemed (Hospitalist)
95	Gin, Brian	12/5/2017	Pedi-Telemed (Hospitalist)
96	Gonzalez, Fernando	12/5/2017	Pedi-Telemed (Neonat)
97	Helton, James	12/5/2017	Pedi-Telemed (Card)
98	Henry, Duncan	12/5/2017	Pedi-Telemed (Hospitalist)
99	Israni-Jiang, Manisha	12/5/2017	Pedi-Telemed (Hospitalist)
100	Judge, Luke	12/5/2017	Pedi-Telemed (Neonat)
101	Kaiser, Sunitha	12/5/2017	Pedi-Telemed (Hospitalist)
102	Kameny, Rebecca	12/5/2017	Pedi-Telemed (Hospitalist)
103	Kaushik, Neeru	12/5/2017	Pedi-Telemed (Card)
104	Keller, Roberta	12/5/2017	Pedi-Telemed (Neonat)
105	Kelly, Timothy	12/5/2017	Pedi-Telemed (Hospitalist)
106	Kim, Cynthia	12/5/2017	Pedi-Telemed (Hospitalist)
107	Kortz, Teresa	12/5/2017	Pedi-Telemed (Hospitalist)

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Schedule 10, continued

108	Kurio, Gregory	12/5/2017	Pedi-Telemed (Card)
109	Le, Phuoc	12/5/2017	Pedi-Telemed (Hospitalist)
110	Lelkes, Efrat	12/5/2017	Pedi-Telemed (Hospitalist)
111	Li, Walter	12/5/2017	Pedi-Telemed (Card)
112	Long, Michele	12/5/2017	Pedi-Telemed (Hospitalist)
113	Lusk, Leslie	12/5/2017	Pedi-Telemed (Neonat)
114	Maltepe, Emin	12/5/2017	Pedi-Telemed (Neonat)
115	McGuire, James	12/5/2017	Pedi-Telemed (Neonat)
116	McQuillen, Patrick	12/5/2017	Pedi-Telemed (Hospitalist)
117	Meadows, Jeffrey	12/5/2017	Pedi-Telemed (Card)
118	Monash, Bradley	12/5/2017	Pedi-Telemed (Hospitalist)
119	Moon-Grady, Anita	12/5/2017	Pedi-Telemed (Card)
120	Moore, Phillip	12/5/2017	Pedi-Telemed (Card)
121	Nawaytou, Hythem	12/5/2017	Pedi-Telemed (Card)
122	Newkumet, Kathleen	12/5/2017	Pedi-Telemed (Card)
123	O'Brien, Julie	12/5/2017	Pedi-Telemed (Hospitalist)
124	Oishi, Peter	12/5/2017	Pedi-Telemed (Hospitalist)
125	Patel, Hitendra	12/5/2017	Pedi-Telemed (Card)
126	Patel, Akash	12/5/2017	Pedi-Telemed (Card)
127	Petersen, Mark	12/5/2017	Pedi-Telemed (Neonat)
128	Pope, Amber	12/5/2017	Pedi-Telemed (Neonat)
129	Quezada Liuti, Jorge	12/5/2017	Pedi-Telemed (Card)
130	Ravid, Noga	12/5/2017	Pedi-Telemed (Hospitalist)
131	Rogers, Elizabeth	12/5/2017	Pedi-Telemed (Neonat)
132	Rosenbluth, Glenn	12/5/2017	Pedi-Telemed (Hospitalist)
133	Soifer, Scott	12/5/2017	Pedi-Telemed (Hospitalist)
134	Somerset, William	9/26/2017	Med-Teleneurology
135	Steurer-Mueller, Martina	12/5/2017	Pedi-Telemed (Hospitalist)
136	Sun, Yao	12/5/2017	Pedi-Telemed (Neonat)
137	Sun, Karen	12/5/2017	Pedi-Telemed (Hospitalist)
138	Tabbutt, Sarah	12/5/2017	Pedi-Telemed (Hospitalist)
139	Teitel, David	12/5/2017	Pedi-Telemed (Card)
140	Tureen, Jay	12/5/2017	Pedi-Telemed (Hospitalist)
141	Unger, Alon	12/5/2017	Pedi-Telemed (Hospitalist)
142	Van Schaik, Sandrijn	12/5/2017	Pedi-Telemed (Hospitalist)
143	Wilson, Stephen	12/5/2017	Pedi-Telemed (Hospitalist)
144	Zuluaga, Maria	12/5/2017	Pedi-Telemed (Hospitalist)

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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				
Period	Number of Clinical RNs	Terminated		Rate
		Voluntary	Involuntary	
1Q 2017	537	13	1	2.61%
2Q 2017	540	12	2	2.59%
3Q 2017	534	21	1	4.12%
4Q 2017	525	20	1	4.00%

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 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%
4Q 2017	35	75	525	635	17.32%	11.81%	5.51%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
1Q 2017	16	14	2
2Q 2017	20	14	6
3Q 2017	18	22	(4)
4Q 2017	12	21	(9)

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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 Admitted Patient Census
4Q 2017	Oct 2	1216 – 1420	2 hrs, 4 mins	ED	7	12
4Q 2017	Oct 7	1505 – 1923	4 hrs, 17 mins	ED	25	4
4Q 2017	Nov 24	0001 – 0203	2 hrs, 1 min	ED	4	3
4Q 2017	Dec 4	1734 – 2213	4 hrs, 38 mins	ED	11	9
4Q 2017	Dec 12	1417 – 1637	2 hrs, 19 mins	ED	9	8
4Q 2017	Dec 12	1848 – 0035	5 hrs, 47 mins	ED	4	10
4Q 2017	Dec 17	1006 – 1552	5 hrs, 45 mins	ED	4	5
4Q 2017	Dec 27	1832 – 0056	6 hrs, 23 mins	ED	13	7
4Q 2017	Dec 28	2029 – 2252	2 hrs, 23 mins	ED	17	8
4Q 2017	Dec 29	1447 – 1657	2 hrs, 10 mins	ED	20	11
4Q 2017	Dec 29	1658 – 1847	1 hr, 49 mins	ED	19	8
4Q 2017	Dec 30	2301 – 0159	2 hrs, 58 mins	ED	15	5

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Schedule 12, 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)

