



MarinHealth Medical Center

Performance Metrics and Core Services Report

Q1 2020

September 1, 2020

MarinHealth Medical Center (Marin General Hospital)

Performance Metrics and Core Services Report: Q1 2020

TIER 1 PERFORMANCE METRICS

In accordance with Tier 1 Performance Metrics requirements, the MGH Board is required to meet each of the following minimum level requirements:

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	1. MGH Board must maintain MGH's Joint Commission accreditation, or if deficiencies are found, correct them within six months.	Quarterly	In Compliance	Joint Commission granted MGH an "Accredited" decision with an effective date of May 24, 2019 for a duration of 36 months.
	2. MGH Board must maintain MGH's Medicare certification for quality of care and reimbursement eligibility.	Quarterly	In Compliance	MGH maintains its Medicare Certification.
	3. MGH Board must maintain MGH's California Department of Public Health Acute Care License	Quarterly	In Compliance	MGH maintains its license with the State of California.
	4. MGH Board must maintain MGH's plan for compliance with SB 1953.	Quarterly	In Compliance	MGH remains in compliance with SB 1953 (California Hospital Seismic Retrofit Program).
	5. MGH Board must report on all Tier 2 Metrics at least annually.	Annually	In Compliance	4Q 2019 (Annual Report) was presented to MGH Board and to MHD Board in June 2020.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2020 was presented for approval to the MGH Board in April 2020.
	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	Reported in Q4 2019
	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	Reported in Q4 2019
(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	At Risk	Schedule 2
	2. MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly	Not 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	Reported in Q4 2019
(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	Reported in Q4 2019
	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	Reported in Q4 2019
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	Reported in Q4 2019
(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	Reported in Q4 2019
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	Reported in Q4 2019
	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	Not In Compliance	The updated MGH Strategic Plan was presented to the MGH Board on March 5, 2019 and will be updated in Q2 2021 .
	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 March 3, 2020.
	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 2019 Independent Audit was completed on April 24, 2020.
	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 2018 Form 990 was filed on November 15, 2019.

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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.

FFY 2021 VBP Thresholds				Q2 2019	Q3 2019	Q4 2019	Q1 2020
73.37	81.04	87.18	Overall rating	73.80	72.97	75.25	75.53
			Would Recommend	79.39	78.40	83.04	82.35
83.38	88.02	91.73	Communication with Nurses	81.50	78.12	77.56	78.76
			Nurse Respect	90.37		83.67	84.40
			Nurse Listen	79.84		75.25	79.15
			Nurse Explain	74.28		73.75	72.73
82.52	87.04	90.65	Communication with Doctors	81.62	81.04	83.60	81.23
			Doctor Respect	86.81	84.73	88.33	84.81
			Doctor Listen	78.89	78.61	81.00	80.99
			Doctor Explain	79.16	79.77	81.46	77.89
66.75	75.27	82.09	Responsiveness of Staff	65.63	71.91	68.20	67.19
			Call Button	63.99	67.85	66.30	68.53
			Bathroom Help	67.26	75.98	70.11	65.85
			Pain Communication	64.04	72.37	16.67	
			Talk How Much Pain	64.52	75.50	0.00	
			Talk Pain Treatment	63.57	69.23	33.33	
65.29	71.25	76.01	Communication about Medications	65.05	63.98	66.34	65.19
			Med Explanation	79.62	81.19	82.00	81.12
			Med Side Effects	50.49	46.77	50.68	49.26
71.16	78.91	85.11	Hospital Environment	57.20	61.27	59.67	59.47
			Cleanliness	65.05	65.98	64.31	61.35
			Quiet	49.34	56.56	55.03	57.60
88.82	91.50	93.65	Discharge Information	89.44	90.89	93.31	91.76
			Help After Discharge	87.14	88.00	90.88	89.55
			Symptoms to Monitor	91.74	93.79	95.74	93.96
52.29	58.63	63.71	Care Transition	49.03	53.67	54.72	52.61
			Care Preferences	43.30	41.74	47.00	43.96
			Responsibilities	48.38	56.40	55.10	54.29
			Medications	55.41	62.89	62.06	59.57
			Number of Surveys	382	349	302	288

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	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Total 2020
EBIDA \$ (in thousands)	(5,163)				(5,163)
EBIDA %	-4.77%				-4.77%
Loan Ratios					
Annual Debt Service Coverage	0.18				0.18
Maximum Annual Debt Service Coverage	0.15				0.15
Debt to Capitalization	51%				51%
Key Service Volumes					
Acute discharges	1,930				1,930
Acute patient days	9,705				9,705
Average length of stay	5.03				5.03
Emergency Department visits	6,763				6,763
Inpatient surgeries	375				375
Outpatient surgeries	955				955
Newborns	263				263

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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/)

Hospital Inpatient Quality Reporting Program Measures

	METRIC	CMS**	2019	Q1 -2020	Q2 -2020	Q3 -2020	Q4-2020	Q4-2020 Num/Den	Rolling 2020 YTD	2020 YTD Num/Den
◆ Stroke Measures										
STK-4	Thrombolytic Therapy	100%	94%	100%	N/A	N/A	N/A	2/2	100%	2/2
◆ Sepsis Measure										
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	81%	55%	52%	N/A	N/A	N/A	78/149	52%	78/149
◆ Perinatal Care Measure										
PC-01	Elective Delivery +	0%	2%	0%	N/A	N/A	N/A	0/25	0%	2/25
◆ ED Inpatient Measures										
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	99***	122.00	129.00	N/A	N/A	N/A	199--Cases	129.00	199--Cases
◆ Psychiatric (HBIPS) Measures										
IPF-HBIPS-2	Hours of Physical Restraint Use	0.38	0.15	0.11	N/A	N/A	N/A	N/A	0.11	N/A
IPF-HBIPS-3	Hours of Seclusion Use	0.29	0.11	0.03	N/A	N/A	N/A	N/A	0.03	N/A
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	99%	96%	100%	N/A	N/A	N/A	13/13	100%	13/13
◆ Substance Use Measures										
SUB-2	2-Alcohol Use Brief Intervention Provided or offered	100%	100%	100%	N/A	N/A	N/A	2/2	100%	2/2
SUB-2a	Alcohol Use Brief Intervention	100%	100%	100%	N/A	N/A	N/A	2/2	100%	2/2
◆ Tobacco Use Measures										
TOB-2	2-Tobacco Use Treatment Provided or Offered	100%	92%	100%	N/A	N/A	N/A	5/5	100%	5/5
TOB-2a	2a-Tobacco Use Treatment	88%	67%	100%	N/A	N/A	N/A	5/5	100%	5/5
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge	99%	69%	100%	N/A	N/A	N/A	4/4	100%	4/4
TOB-3a	3a-Tobacco Use Treatment at Discharge	71%	23%	25%	N/A	N/A	N/A	1/1	25%	1/4
	METRIC	CMS**	2019	Q1 -2020	Q2 -2020	Q3 -2020	Q4-2020	Q4-2020 Num/Den	Rolling 2020 YTD	Rolling Num/Den
◆ Transition Record Measures										
TRSE	Transition Record with Specified Elements Received by Discharged Patients	99%	93%	94%	N/A	N/A	N/A	120/127	94%	120/127
TTTR	Timely Transmission of Transition Record	98%	91%	92%	N/A	N/A	N/A	117/127	92%	117/127
◆ Influenza Immunization										
IPF-IMM-2	Influenza Immunization	100%	88%	98%	90%				92%	279/302

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

Hospital Outpatient Quality Reporting Program Measures

	METRIC	CMS**	2019	Q1 -2020	Q2 -2020	Q3 -2020	Q4-2020	Q4-2020 Num/Den	Rolling 2020 YTD	2020 YTD Num/Den
♦ ED Outpatient Measures										
OP-18	Median Time from ED Arrival to ED Departure for Discharged Patients	141***	168.50	189	N/A	N/A	N/A	94-Cases	169	94-Cases
♦ Outpatient Stroke Measure										
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	72%***	85%	86%	N/A	N/A	N/A	6/7	86%	6/7
♦ Endoscopy Measures										
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	100%	94%	96%	N/A	N/A	N/A	22/23	96%	22/23

*** National Average

◆ Healthcare Personnel Influenza Vaccination						
	METRIC	CMS National Average	Oct 2014 - Mar 2015	Oct 2016 - Mar 2017	Oct 2016 - Mar 2017	Oct 2017 - Mar 2018
IMM-3	Healthcare Personnel Influenza Vaccination	90%	81%	89%	89%	92%
◆ Surgical Site Infection						
	METRIC	National Standardized Infection Ratio (SIR)	Oct 2017 - Sep 2018	Jan 2017 - Dec 2018	Apr 2018 - Mar 2019	July 2018 - June 2019
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	not published**	not published**	not published**	not published**
HAI-SSI-Hyst	Surgical Site Infection - Abdominal Hysterectomy	1	not published**	not published**	not published**	not published**
◆ Healthcare Associated Device Related Infections						
	METRIC	National Standardized Infection Ratio (SIR)	Oct 2017 - Sep 2018	Jan 2017 - Dec 2018	Apr 2018 - Mar 2019	July 2018 - June 2019
	Central Line Associated Blood Stream Infection (CLABSI)	1	1.04	1.07	0.54	0.57
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.90	1.17	0.95	0.49
◆ Healthcare Associated Infections						
	METRIC	National Standardized Infection Ratio (SIR)	Oct 2017 - Sep 2018	Jan 2017 - Dec 2018	Apr 2018 - Mar 2019	July 2018 - June 2019
HAI-C-Diff	Clostridium Difficile	1	0.73	0.72	0.99	1.01
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.52	0.53	0.00	0.00
◆ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators)						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2013 - June 2015	July 2014 - Sept 2015	Nov 2015 - June 2017	July 2016 - June 2018
PSI-90 (Composite)	Complication / Patient Safety Indicators PSI 90 (Composite)	0.9	No different than the National Rate	No different than the National Rate	No different than the National Rate	No different than the National Rate

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

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2013 - June 2015	July 2014 - Sept 2015	Nov 2015 - June 2017	July 2016 - June 2018
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						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	April 2011 - March 2014	July 2014 - March 2016	April 2014 - March 2017	April 2015 - March 2018
Surgical Complication	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty	2.5%	3.6%	2.7%	2.5%	2.7%
◆ Acute Care Readmissions - 30 Day Risk Standardized						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2012- June 2015	July 2013- June 2016	July 2014- June 2017	July 2015 - June 2018
READM-30-AMI	Acute Myocardial Infarction Readmission Rate	15.7%	16.10%	15.20%	14.80%	14.09%
READM-30-HF	Heart Failure Readmission Rate	21.6%	22.50%	20.19%	19.80%	20.80%
READM-30-PN	Pneumonia Readmission Rate	16.6%	15.10%	16.80%	15.90%	15.10%
READM-30-COPD	COPD Readmission Rate	19.50%	18.50%	18.70%	20.49%	19.20%
READM-30-THA/TKA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.00%	4.50%	4.00%	4.10%	3.90%
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	12.8%	13.60%	14.30%	13.70%	13.80%
READM-30-STR	Stroke Readmission Rate	11.90%	10.00%	9.90%	10.40%	Not Published
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2014- June 2015	July 2015 - June 2016	July 2016 - June 2017	July 2015 - June 2018
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR)	15.3%	14.60%	15.00%	15.40%	14.7%

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◆ Mortality Measures - 30 Day						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2012- June 2015	July 2013- June 2016	July 2014- June 2017	July 2015 - June 2018
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate	12.9%	11.10%	12.90%	12.80%	12.50%
MORT-30-HF	Heart Failure Mortality Rate	11.5%	11.80%	11.70%	10.30%	9.70%
MORT-30-PN	Pneumonia Mortality Rate	15.6%	17.40%	15.90%	15.90%	15.30%
MORT-30-COPD	COPD Mortality Rate	8.50%	7.30%	7.96%	9.30%	8.80%
MORT-30-STK	Stroke Mortality Rate	13.80%	12.20%	11.70%	12.70%	13.70%
CABG MORT-30	CABG 30-day Mortality Rate	3.10%	2.60%	3.46%	3.60%	3.40%
◆ Cost Efficiency						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2015 - Dec 2015	Jan 2016 - Dec 2016	Jan 2017 - Dec 2017	Jan 2018 - Dec 2018
MSPB-1	Medicare Spending Per Beneficiary (All)	0.99	1.00	0.99	0.98	0.97
			July 2012- June 2015	July 2013- June 2016	July 2014- June 2017	July 2015- June 2018
MSPB-AMI	Acute Myocardial Infarction (AMI) Payment Per Episode of Care	\$24,627	\$22,564	\$21,192	\$21,274	\$23,374
MSPB-HF	Heart Failure (HF) Payment Per Episode of Care	\$17,217	\$17,575	\$16,904	\$16,632	\$16,981
MSPB-PN	Pneumonia (PN) Payment Per Episode of Care	\$17,858	\$14,825	\$17,429	\$17,415	\$17,316
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average		July 2013 - June 2016	April 2014 - March 2017	April 2015 - March 2018
MSPB-Knee	Hip and Knee Replacement	\$21,392		\$22,502	\$21,953	\$20,567

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◆ Outpatient Measures (Claims Data)						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2014 - June 2015	July 2015 - June 2016	July 2016 - June 2017	July 2017 - June 2018
OP-8	Outpatient with Low Back Pain who had an MRI without trying Recommended Treatments First, such as Physical Therapy ⁺	38.70%	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 ⁺	8.90%	7.20%	6.80%	7.00%	6.80%
OP-10	Outpatient CT Scans of the Abdomen that were “Combination” (Double) Scans ⁺	6.90%	4.10%	5.60%	4.80%	4.50%
OP-11	Outpatient CT Scans of the Chest that were “Combination” (Double) Scans ⁺	1.40%	0.40%	0.10%	0.20%	0.20%
OP-13	Outpatients who got Cardiac Imaging Stress Tests Before Low-Risk Outpatient Surgery ⁺	4.70%	4.00%	3.30%	3.50%	3.20%
OP-14	Outpatients with Brain CT Scans who got a Sinus CT Scan at the Same Time ⁺	1.20%	1.00%	0.40%	0.40%	0.30%
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2014 - Dec 2014	Jan 2015 - Dec 2015	Jan 2016 - Dec 2016	Jan 2018 - Dec 2018
OP-22	Patient Left Emergency Department before Being Seen	2.00%	1.00%	1.00%	1.00%	2.00%

+ Lower Number is better

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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)					
	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Total 2020
Buckelew	26,250				26,250
Community Action Marin	10,500				10,500
Community Development Corp of Marin	10,500				10,500
Community Institute for Psychotherapy	15,750				15,750
Homeward Bound	157,500				157,500
Huckleberry Youth Programs	10,500				10,500
Marin Center for Independent Living	26,250				26,250
Marin Community Clinics	105,000				105,000
MHD 1206B Clinics	6,524,273				6,524,273
North Marin Community Services	10,500				10,500
Operation Access	21,000				21,000
Ritter Center	26,250				26,250
RotaCare Free Clinic	15,750				15,750
San Geronimo Valley Community Center	5,250				5,250
Spahr Center	15,750				15,750
West Marin Senior Services	10,500				10,500
Whistlestop	15,750				15,750
Total Cash Donations	7,007,273				7,007,273
Meeting room use by community based organizations for community-health related purposes.	2,781				2,781
Food donations	987				987
Total In Kind Donations	3,768				3,768
Total Cash & In-Kind Donations	7,011,041				7,011,041

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Schedule 4, continued

Community Benefit Summary					
(These figures are not final and are subject to change)					
	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Total 2020
Community Health Improvement Services	43,643				43,643
Health Professions Education	517,015				517,015
Cash and In-Kind Contributions	7,011,041				7,011,041
Community Benefit Operations	0				
Community Building Activities	0				
Traditional Charity Care *Operation Access total is included	470,995				470,995
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	6,784,847				6,784,847
Community Benefit Subtotal (amount reported annually to State & IRS)	14,827,541				14,827,541
Unpaid Cost of Medicare	20,131,921				20,131,921
Bad Debt	550,915				550,915
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u>	35,510,377				35,510,377

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>					
	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Total 2020
*Operation Access charity care provided by MGH (waived hospital charges)	5,513				5,513
Costs included in Charity Care	966				966

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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	Separated		Rate
		Voluntary	Involuntary	
Q2 2019	541	17	0	3.14%
Q3 2019	542	10	0	1.85%
Q4 2019	539	14	0	2.60%
Q1 2020	523	23	1	4.59%

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
Q2 2019	37	68	541	646	16.25%	10.53%	5.73%
Q3 2019	40	64	542	646	16.10%	9.91%	6.19%
Q4 2019	38	68	539	646	16.56%	10.53%	5.88%
Q1 2020	20	67	523	610	14.26%	10.98%	3.28%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
Q2 2019	13	17	(4)
Q3 2019	11	10	1
Q4 2019	12	14	(2)
Q1 2020	8	24	(16)

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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	Waiting Room Census	ED Admitted Patient Census
Q1 2020	Jan 13	16:38	3'40"	ED	12	7
	Jan 21	19:17	4'33"	ED	14	12
	Jan 26	14:50	2'45"	ED	20	6
	Feb 7	19:51	2'05"	ED	18	11
	Feb 10	17:44	6'01"	ED	19	7
	Feb 17	19:48	5'34"	ED	18	7
	Feb 21	14:00	1'55"	ED	9	12
	Feb 21	15:55	1'12"	ED	11	13

2020 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)*

