



# **MarinHealth Medical Center**

## **Performance Metrics and Core Services Report**

**Q1 2022**

August 2, 2022

## MarinHealth Medical Center (Marin General Hospital)

### Performance Metrics and Core Services Report: Q1 2022

#### 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 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 2021 (Annual Report) was presented to MGH Board and to MHD Board in June 2022.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2022 was presented for approval to the MGH Board in February 2022.
	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 biennial community assessment to assess MGH's performance at meeting community health care needs.	Annually	In Compliance	Reported in Q4 2021
	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 2021
(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	<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>

## MarinHealth Medical Center (Marin General Hospital)

### Performance Metrics and Core Services Report: Q1 2022

#### 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	Reported in Q4 2021
(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	Reported in Q4 2021
	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 2021
	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 2021
(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 2021
	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 2021
	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 April 5, 2022 and was presented to the MHD Board on July 12, 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 April 5, 2022 and was presented to the MHD Board on July 12, 2021.
	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 2021 Independent Audit was completed on May 3, 2022.
	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 2020 Form 990 was filed on November 15, 2021.



## **SCHEDULE 1**

# **EXECUTIVE SUMMARY Q1 2022 HCAHPS**

### **Time Period**

Q1 2022 HCAHPS Survey with CMS Benchmarks

### **Accomplishments**

- Overall Rating (74.86%) meets threshold for achieving full reimbursement (50thp)
- Responsiveness at 50thp or better and improved

### **Areas for Improvement**

- Nurse, Physicians, Medication, Environment of Care, Discharge Information, Care Transitions items < 50thp

### **Data Summary**

357 surveys were returned, about average for a quarter.

### **Barriers or Limitations**

- Potential for staffing impacts on performance due to traveler usage, staff COVID protocols, leader changes.
- Limitations on visitors' impact patient/family team communications and experience of care.

### **Next Steps**

- Rebooting hourly rounding on Medical/Surgical units.
- External consult to kickstart performance best practices and assist leader team in focusing on patient experience during APeX implementation.

# MHMC Performance Metrics and Core Services Report

## Q1 2022

### 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 2023 VBP Thresholds				Q2 2021	Q3 2021	Q4 2021	Q1 2022
73.66	81.29	87.39	<b>Overall rating</b>	78.08	71.62	74.45	74.86
			<b>Would Recommend</b>	78.45	73.72	79.81	76.61
83.62	88.23	91.91	<b>Communication with Nurses</b>	79.27	73.98	79.90	79.02
			Nurse Respect	85.39	85.00	84.52	84.75
			Nurse Listen	76.95	80.10	75.61	78.37
			Nurse Explain	75.48	79.63	79.57	73.94
82.63	87.15	90.77	<b>Communication with Doctors</b>	79.82	76.19	82.97	79.57
			Doctor Respect	85.94	87.63	87.00	83.71
			Doctor Listen	78.53	83.33	81.60	79.14
			Doctor Explain	75.00	79.21	80.31	75.86
66.32	75.04	82.02	<b>Responsiveness of Staff</b>	62.76	57.97	66.79	70.20
			Call Button	58.45	61.31	65.40	63.40
			Bathroom Help	67.07	67.43	68.18	77.01
64.81	70.89	75.75	<b>Communication about Medications</b>	63.09	56.40	63.69	59.68
			Med Explanation	72.16	76.09	75.00	74.73
			Med Side Effects	54.02	51.11	52.38	44.63
71.33	79.11	85.34	<b>Hospital Environment</b>	66.32	57.40	66.29	69.21
			Cleanliness	71.10	67.48	69.35	73.07
			Quiet	61.54	66.93	63.22	65.35
88.93	91.70	93.91	<b>Discharge Information</b>	90.07	84.35	90.16	88.38
			Help After Discharge	88.14	85.07	88.27	83.94
			Symptoms to Monitor	92.01	91.62	92.05	92.81
52.44	58.96	64.17	<b>Care Transition</b>	47.59	39.34	46.28	49.13
			Care Preferences	40.34	38.19	42.35	39.64
			Responsibilities	47.54	47.58	46.11	53.01
			Medications	54.89	51.15	50.38	54.74
			<b>Number of Surveys</b>	<b>314</b>	<b>383</b>	<b>329</b>	<b>357</b>

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.

# MHMC Performance Metrics and Core Services Report

## Q1 2022

### 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	Total 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Total 2022
EBIDA \$ (in thousands)	22,568	7,826				7,826
EBIDA %	4.60%	6.00%				6.00%
<b>Loan Ratios</b>						
Annual Debt Service Coverage	2.81	6.08				6.08
Maximum Annual Debt Service Coverage	1.73	3.74				3.74
Debt to Capitalization	50.4%	51.0%				51.0%
<b>Key Service Volumes</b>						
Acute discharges	8,664	2,249				2,249
Acute patient days	43,247	12,039				12,039
Average length of stay	4.99	5.35				5.35
Emergency Department visits	26,918	6,950				6,950
Inpatient surgeries	1,573	418				418
Outpatient surgeries	4,317	1,397				1,397
Newborns	1,357	340				340

# MHMC Performance Metrics and Core Services Report

## Q1 2022

---

### 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.medicare.gov/care-compare/](http://www.medicare.gov/care-compare/))



## SCHEDULE 3

# EXECUTIVE SUMMARY

## Q1 2022 Core Measures Dashboard

### CMS Hospital IQR (Inpatient Quality Reporting) Program

#### Time Period

Q1 2022

#### Accomplishments

- STK-4 Thrombolytic Therapy 100% (1/1 patients)
- HBIPS Restrain/Seclusion use v low compared to CMS

#### Areas for Improvement or Monitoring

- SEP (Sepsis) 52% compliance (40/77)
- PC-01 Elective Delivery 8%, > 3% CMS mean (2/26)
- ED Inpatient Admit Decision-Departure Time 171 min > 99-minute CMS median
- ED Average time in ED 222 minutes, >190 2021 average. CMS (97 cases)
- Antipsychotic justification documented 58% (7/12)
- C-Diff Infection rate 0.309 > than 2021
  
- CLABSI SIR ratio (1.38) and Hip/Knee Complications (2.6%) (pg. 2) impacted by COVID census

#### Data Summary

- Pg. 1 contains 2022 data by quarter with YTD sizes
- Pg. 2-4 publicly reported data published by CMS (dates vary by measure)

#### Barriers or Limitations

Pending APeX training and implementation competing priority for PI teams.

#### Next Steps:

- Reboot PI teams post APeX go-live





**Clinical Quality Dashboard**  
**Period: Q1 2022**

**Legend**

Value > Target	
Value > 2021 but < Target	
Value < Target < 2021	

Metrics: Adult Medical/Surgical High Volume DRGs	Reporting	Target*	2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022
Mortality-All Cause (Risk Adjusted O:E)	O:E Ratio	<1.0	0.75	0.71	0.78	0.69	0.71
Mortality- AMI	O:E Ratio		0.55	0.42	0.61	0.58	0.00
Mortality- Hrt Failure	O:E Ratio		0.74	1.17	0.83	0.32	0.29
Mortality- Hip	O:E Ratio		0.00	0.00	0.00	0.00	0.75
Mortality- Knee	O:E Ratio		0.00	0.00	0.00	0.00	0.00
Mortality- Stroke	O:E Ratio		0.78	1.09	0.97	0.35	1.17
Mortality- Sepsis	O:E Ratio		0.72	0.45	0.75	0.74	0.76
Mortality- Pneumonia	O:E Ratio		0.86	0.85	0.57	1.58	0.33
Readmission- All (Rate)	Rate	<15.5%	9.66	9.43	9.79	10.63	11.02
Readmission- AMI	Rate		10.53	13.21	9.26	10.64	9.76
Readmission-Hrt Failure	Rate		12.45	4.26	15.71	14.63	14.94
Readmission- Hip	Rate		3.33	4.17	0.00	5.56	7.14
Readmission- Knee	Rate		3.60	7.69	0.00	2.78	0.00
Readmission- Stroke	Rate		6.29	4.26	7.32	8.70	21.21
Readmission- Sepsis	Rate		14.15	8.14	16.22	13.48	21.05
Readmission- Pneumonia	Rate		12.77	6.12	2.33	11.29	14.29
LOS-All Cause	Mean	4.90	4.64	4.48	4.54	4.74	4.80
LOS- AMI	Mean		3.85	3.61	4.07	3.61	5.20
LOS-Hrt Failure	Mean		5.01	5.02	4.39	5.24	5.02
LOS- Hip	Mean		2.23	3.42	1.83	2.17	3.43
LOS- Knee	Mean		1.85	1.89	1.86	1.83	2.10
LOS- Stroke	Mean		4.98	3.98	4.51	6.98	5.42
LOS- SEPSIS	Mean		11.24	11.02	10.18	10.53	10.67
LOS- Pneumonia	Mean		5.98	5.20	6.13	7.69	7.03
<b>Metrics: HAIs, Sepsis, Harm Events</b>	<b>Reporting</b>	<b>Target**</b>	<b>2021</b>	<b>Q2 2021</b>	<b>Q3 2021</b>	<b>Q4 2021</b>	<b>Q1 2022</b>
CAUTI (SIR)	SIR	<1.0	0.29	0.95	0.85	0	1.70
Hospital Acquired C-Diff (CDI)	SIR	<1.0	0.213	0.00	0.14	0	0.31
Surgical Site Infection (Superficial)	# Infections	TBD	10	2	4	1	0
Surgical Site Infection (Deep, Organ Space and Joint)	# Infections	TBD	16	3	6	1	2
Sepsis Bundle Compliance	% Compliance	63%^	51%	53%	51%	55%	52%
Hospital Acquired Pressure Injury (HAPI)	# HAPI	<=1	0	0	0	0	1
Patient Falls with Injury	# Falls	<=1	1	1	0	0	0
PSI 90 / Healthcare Acquired Conditions	Ratio	<1.0	1.78	1.50	3.32	0.90	1.35
Serious Safety Events	# Events	<=1	1	0	1	0	0

\* Targets are <1.0 for ratios or Midas Datavision Median  
 \*\* Target <1.0 SIR (Ratio) or Number needed to achieve Natl Benchmark Ratio/Rate  
 ^ Target = California Median rate

### Hospital Inpatient Quality Reporting Program Measures

	METRIC	CMS**	2021	Q1 -2022	Q2 -2022	Q3 -2022	Q4-2022	Q1-2022 Num/Den	Rolling 2022 YTD	2022 YTD Num/Den
<b>◆ Stroke Measures</b>										
STK-4	Thrombolytic Therapy	100%	90%	100%				1/1	100%	1/1
<b>◆ Sepsis Measure</b>										
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	57%	51%	52%				40/77	52%	40/77
<b>◆ Perinatal Care Measure</b>										
PC-01	Elective Delivery +	3%	0%	8%				2/26	8%	2/26
<b>◆ ED Inpatient Measures</b>										
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients +	99	142.00	171.00				197-Cases	171.00	197-Cases
<b>◆ Psychiatric (HBIPS) Measures</b>										
IPF-HBIPS-2	Hours of Physical Restraint Use +	0.30	0.12	0.09				N/A	0.09	N/A
IPF-HBIPS-3	Hours of Seclusion Use +	0.29	0.02	0.0030				N/A	0.0030	N/A
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	64%	97%	58%				7/12	58%	7/12
<b>◆ Substance Use Measures</b>										
SUB-2	2-Alcohol Use Brief Intervention Provided or offered	79%	100%	100%				2/2	100%	2/2
SUB-2a	Alcohol Use Brief Intervention	72%	100%	100%				2/2	100%	2/2
<b>◆ Tobacco Use Measures</b>										
TOB-2	2-Tobacco Use Treatment Provided or Offered	80%	100%	N/A				0/0	N/A	0/0
TOB-2a	2a-Tobacco Use Treatment	45%	71%	N/A				0/0	N/A	0/0
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge	61%	67%	N/A				0/0	N/A	0/0
TOB-3a	3a-Tobacco Use Treatment at Discharge	22%	33%	N/A				0/0	N/A	0/0
	METRIC	CMS**	2020	Q1 -2022	Q2 -2022	Q3 -2022	Q4-2022	Q1-2022 Num/Den	Rolling 2022 YTD	Rolling Num/Den
<b>◆ Transition Record Measures</b>										
TRSE	Transition Record with Specified Elements Received by Discharged Patients	69%	95%	72%				21/29	72%	21/29
TTTR	Timely Transmission of Transition Record	60%	94%	N/A				0/0	N/A	0/0
	METRIC	CMS**	2018	2019	2020			2021	Rolling Num/Den	
IPF-IMM-2	Influenza Immunization	100%		98%	90%	92%		96%		244/254

### Hospital Outpatient Quality Reporting Program Measures

	METRIC	CMS**	2021	Q1 -2022	Q2 -2022	Q3 -2022	Q4-2022	Q1 2022 Num/Den	Rolling 2022 YTD	2022 YTD Num/Den
<b>◆ ED Outpatient Measures</b>										
OP-18b	Average (median) time patients spent in the emergency department before leaving from the visit	175.00	190.00	222.00				97-Cases	222.00	97-Cases
<b>◆ Outpatient Stroke Measure</b>										
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	72%	82%	88%				7/8	88%	7/8
<b>◆ Endoscopy Measures</b>										
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	90%	79%							

\*\*CMS National Average + Lower Number is better

**◆ Healthcare Personnel Influenza Vaccination**

	METRIC	CMS National Average	Oct 2016 - Mar 2017	Oct 2017 - Mar 2018	Oct 2018 - Mar 2019	Oct 2020 - Mar 2021
IMM-3	Healthcare Personnel Influenza Vaccination	90%	89%	89%	97%	94%

**◆ Surgical Site Infection +**

	METRIC	National Standardized Infection Ratio (SIR)	Jul 2018 - June 2019	Jan 2019 - Dec 2019	Jul 2019 - Dec 2020	Oct 2019 - Mar 2021
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	not published**	0.98	0.90	0.90
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 2018 - Sep 2019	Jan 2019 - Dec 2019	Jul 2019 - Dec 2020	Oct 2019 - Mar 2021
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.71	0.30	1.17	1.38
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.90	0.98	0.99	0.47
	METRIC	2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
	Central Line Associated Blood Stream Infection (CLABSI)	0.29	0.00			
	Catheter Associated Urinary Tract Infection (CAUTI)	0.48	1.70			

**◆ Healthcare Associated Infections +**

	METRIC	National Standardized Infection Ratio (SIR)	Oct 2018 - Sep 2019	Jan 2019 - Dec 2019	Jul 2019 - Dec 2020	Oct 2019 - Mar 2021
HAI-C-Diff	Clostridium Difficile	1	1.22	1.18	0.65	0.59
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.00	0.00	0.76	0.69
	METRIC	2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
HAI-C-Diff	Clostridium Difficile (Rate per 10000)	0.21	0.309			
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia (Rate per	0.00	0.00			

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

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Nov 2015 - June 2017	July 2016 - June 2018	July 2017 - June 2019	July 2018 - Dec 2019
PSI-90 (Composite)	Complication / Patient Safety Indicators PSI 90 (Composite)	1	No different than the National Rate	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	Nov 2015 - June 2017	July 2016 - June 2018	July 2017 - June 2019	July 2018 - Dec 2019
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 2014 - March 2017	April 2015 - March 2018	April 2016 - March 2019	April 2017 - Oct 2019
Surgical Complication	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty +	2.4%	2.5%	2.7%	3.0%	2.6%

\*\*\* National Average + Lower Number is better

◆ Mortality Measures - 30 Day +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2014 - June 2017	July 2015 - June 2018	July 2016 - June 2019	July 2017 - Dec 2019
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate	12.7%	12.80%	12.50%	10.90%	10.70%
MORT-30-HF	Heart Failure Mortality Rate	11.3%	10.30%	9.70%	8.00%	8.60%
MORT-30-PN	Pneumonia Mortality Rate	15.4%	15.90%	15.30%	14.20%	13.90%
MORT-30-COPD	COPD Mortality Rate	8.40%	9.30%	8.80%	9.20%	8.60%
MORT-30-STK	Stroke Mortality Rate	13.80%	12.70%	13.70%	13.60%	13.40%
CABG MORT-30	CABG 30-day Mortality Rate	3.00%	3.60%	3.40%	3.00%	2.50%
◆ Acute Care Readmissions - 30 Day Risk Standardized +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2014 - June 2017	July 2015 - June 2018	July 2016 - June 2019	July 2017 - Dec 2019
READM-30-AMI	Acute Myocardial Infarction Readmission Rate	16.1%	14.80%	14.09%	16.30%	15.50%
READM-30-HF	Heart Failure Readmission Rate	21.9%	19.80%	20.80%	21.60%	21.20%
READM-30-PN	Pneumonia Readmission Rate	16.6%	15.90%	15.10%	13.80%	14.50%
READM-30-COPD	COPD Readmission Rate	19.60%	20.49%	19.20%	19.60%	19.30%
READM-30-THA/TKA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.00%	4.10%	3.90%	4.40%	4.20%
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	12.70%	13.70%	13.80%	11.70%	12.20%
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2016 - June 2017	July 2017 - June 2018	July 2018 - June 2019	July 2019 - Dec 2019
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR) +	15.6%	15.40%	14.7%	13.7%	14.9%
◆ Cost Efficiency +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2017 - Dec 2017	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019	Jan 2020 - Dec 2020
MSPB-1	Medicare Spending Per Beneficiary (All)	0.99	0.98	0.97	0.97	0.98
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2014 - June 2017	July 2015 - June 2018	July 2016 - June 2019	July 2017 - Dec 2019
MSPB-AMI	Acute Myocardial Infarction (AMI) Payment Per Episode of Care	\$26,304	\$21,274	\$23,374	\$27,327	\$28,746
MSPB-HF	Heart Failure (HF) Payment Per Episode of Care	\$18,060	\$16,632	\$16,981	\$17,614	\$18,180
MSPB-PN	Pneumonia (PN) Payment Per Episode of Care	\$18,776	\$17,415	\$17,316	\$17,717	\$17,517
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2013 - June 2016	April 2014 - March 2017	April 2015 - March 2018	April 2017 - Oct 2019
MSPB-Knee	Hip and Knee Replacement	\$20,839	\$22,502	\$21,953	\$20,263	\$19,869

\*\*\* National Average + Lower Number is better

◆ Outpatient Measures (Claims Data) +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2016 - June 2017	July 2017 - June 2018	July 2018 - June 2019	July 2019 - Dec 2019
OP-10	Outpatient CT Scans of the Abdomen that were "Combination" (Double) Scans	6.40%	4.80%	4.50%	6.10%	2.70%
OP-13	Outpatients who got Cardiac Imaging Stress Tests Before Low-Risk Outpatient Surgery	4.20%	3.50%	3.20%	3.20%	3.70%
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2015 - Dec 2015	Jan 2016 - Dec 2016	Jan 2018 - Dec 2018	Jan 2020 - Dec 2020
OP-22	Patient Left Emergency Department before Being Seen	2.00%	1.00%	1.00%	2.00%	2.00%

+ Lower Number is better

# MHMC Performance Metrics and Core Services Report

## Q1 2022

### 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)					
	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Total 2022
Bucklew	26,250				26,250
Ceres Community Project	10,500				10,500
Coastal Health Alliance (Petaluma HC)	15,750				15,750
Community Action Marin	10,500				10,500
Community Institute for Psychotherapy	21,000				21,000
Homeward Bound	157,500				157,500
Huckleberry Youth Programs	10,500				10,500
Jewish Family and Children's Services	10,500				10,500
Kids Cooking for Life	5,250				5,250
Marin Center for Independent Living	26,250				26,250
Marin City Community Dev Corp	10,500				10,500
Marin Community Clinics	75,600				75,600
MHD 1206B Clinics	4,780,730				4,780,730
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	10,500				10,500
Spahr Center	8,400				8,400
St. Vincent de Paul Society of Marin	10,500				10,500
West Marin Senior Services	10,500				10,500
<b>Total Cash Donations</b>	<b>5,274,230</b>				<b>5,274,230</b>
Compassionate discharge medications	10,225				10,225
Meeting room use by community based organizations for community-health related purposes	0				0
Food donations	8,859				8,859
<b>Total In Kind Donations</b>	<b>19,084</b>				<b>19,084</b>
<b>Total Cash &amp; In-Kind Donations</b>	<b>5,293,314</b>				<b>5,293,314</b>

# MHMC Performance Metrics and Core Services Report

## Q1 2022

### Schedule 4, continued

<b>Community Benefit Summary</b>					
(These figures are not final and are subject to change)					
	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Total 2022
Community Health Improvement Services	22,363				22,363
Health Professions Education	658,855				658,855
Cash and In-Kind Contributions	5,293,314				5,293,314
Community Benefit Operations	6,385				6,385
Community Building Activities	0				0
Traditional Charity Care *Operation Access total is included	556,900				556,900
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	10,460,541				10,460,541
<b>Community Benefit Subtotal</b> (amount reported annually to State & IRS)	<b>16,998,358</b>				<b>16,998,358</b>
Unpaid Cost of Medicare	20,933,654				20,933,654
Bad Debt	220,144				220,144
<b>Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u></b>	<b>38,152,156</b>				<b>38,152,156</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>					
	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Total 2022
*Operation Access charity care provided by MGH (waived hospital charges)	187,072				187,072
Costs included in Charity Care	31,244				31,244

# MHMC Performance Metrics and Core Services Report Q1 2022

## 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.

<b>Turnover Rate</b>				
Period	Number of Clinical RNs	Separated		Rate
		Voluntary	Involuntary	
Q1 2021	525	23	1	4.57%
Q2 2021	527	22	1	4.36%
Q3 2021	526	23	0	4.37%
Q4 2021	536	19	2	3.92%
<b>Q1 2022</b>	<b>538</b>	<b>21</b>	<b>2</b>	<b>4.28%</b>

<b>Vacancy Rate</b>							
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
Q1 2021	37	75	525	637	17.58%	11.77%	5.81%
Q2 2021	23	61	527	611	13.75%	9.98%	3.76%
Q3 2021	28	70	526	624	15.71%	11.22%	4.49%
Q4 2021	20	76	536	632	15.19%	12/03%	3.16%
<b>Q1 2022</b>	<b>16</b>	<b>89</b>	<b>538</b>	<b>643</b>	<b>16.33%</b>	<b>13.84%</b>	<b>2.49%</b>

<b>Hired, Termed, Net Change</b>			
Period	Hired	Termed	Net Change
Q1 2021	35	24	11
Q2 2021	22	23	(1)
Q3 2021	25	23	2
Q4 2021	30	21	9
<b>Q1 2022</b>	<b>21</b>	<b>23</b>	<b>(2)</b>



# MHMC Performance Metrics and Core Services Report Q1 2022

## 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 2022	Jan 22	15:43	2'01"	ED	17	11
	Feb 9	21:12	2'01"	ED	14	9
	Feb 18	00:28	2'01"	ED	6	7

**2022 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)*

