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Marin General Hospital

Performance Metrics and Core Services Report

2nd Quarter 2011

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Tier 1 Performance Metrics

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

		Due Date	Status	Notes
(A) Quality, Safety and Compliance	1. The Board must maintain MGH's Joint Commission accreditation, or if deficiencies are found, correct them within six months.	Quarterly report	In Compliance	The three day Joint Commission Accreditation Survey was completed August 18, 2010 for both the hospital and the outpatient Behavioral Health programs. On November 19, 2010 Joint Commission granted Marin General Hospital an accreditation decision of "Accredited" with an effective date of August 19, 2010, for a duration of 39 months.
	2. The Board must maintain MGH's Medicare certification for quality of care and reimbursement eligibility.	Quarterly report	In Compliance	MGH maintains its Medicare Certification and has plans in place to ensure reimbursement for quality of care.
	3. The Board must maintain MGH's California Department of Public Health Acute Care License	Quarterly report	In Compliance	MGH maintains its license with the State of California.
	4. The Board must maintain MGH's plan for compliance with SB 1953.	Quarterly report	In Compliance	MGH remains in compliance with SB1953.
	5. The Board must report on all Tier 2 Metrics at least annually.	Annual Report	In Compliance	Annual report to Board April 7, 2011
	6. The Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annual Report	In Compliance	Annual report to Board April 7, 2011
	7. The Board must include quality improvement metrics as part of the CEO and Senior Executive Bonus Structure for MGH.	Annual Report	In Compliance	Annual report to Board April 7, 2011
(B) Patient Satisfaction and Services	The Board will report on MGH's HCAHPS Results Quarterly.	Quarterly report	In Compliance	Schedule 1
(C) Community Commitment	1. In coordination with the General Member, the Board must publish the results of its biennial community survey to assess MGH's performance at meeting community health care needs.	Annual Report	In Compliance	Annual report to Board April 7, 2011
	2. The Board must provide community care benefits at a sufficient level to maintain MGH's non-profit tax exempt status.	Quarterly report	In Compliance	MGH continues to provide community care and has maintained its tax exempt status.
(D) Physicians and Employees	The Board must report on all Tier 1 "Physician and Employee" Metrics at least annually.	Annual Report	In Compliance	Annual report to Board April 7, 2011
(E) Volumes and Service Array	1. The Board must maintain MGH's Scope of Acute Care Services as reported to OSHPD.	Quarterly report	In Compliance	All services have been maintained. MGH added Positive Emission Tomography Mobile Unit 4/12/11. Electrophysiology Catheterization Lab to be added 8/23/11
	2. The 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 report	In Compliance	All services have been maintained.
(F) Finances	1. The 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 report	In Compliance	Schedule 2
	2. The Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly report	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 Board shall provide necessary reports to the General Member on the following metrics:*

		Due Date	Status	Notes
(A) Quality, Safety and Compliance	The 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, CABS, preventive care programs).	Annual Report	In Compliance	Schedule 3
(B) Patient Satisfaction and Services	1. The 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 report	In Compliance	Schedule 1
	2. The Board will report external awards and recognition.	Annual Report	In Compliance	Annual Report to Board April 7, 2011
(C) Community Commitment	1. The Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly report	In Compliance	Schedule 4
	2. The Board will report on MGH's Charity Care.	Quarterly report	In Compliance	Schedule 4
	3. 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.	Annual Report	In Compliance	Annual Report to Board April 7, 2011
	4. 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.	Annual Report	In Compliance	Annual Report to Board April 7, 2011
	5. The Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annual Report	In Compliance	Annual Report to Board April 7, 2011
(D) Physicians and Employees	1. The Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.	Annual Report	In Compliance	Annual Report to Board April 7, 2011
	2. The Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annual Report	In Compliance	Annual Report to Board April 7, 2011
	3. The Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.	Quarterly report	In Compliance	Schedule 5
(E) Volumes and Service Array	1. The Board will develop a strategic plan for MGH and review the plan and its performance with the General Member.	Annually 12/31	In Compliance	Annual Report to Board April 7, 2011
	2. The Board will report on the status of MGH's market share and Management responses.	Annually 12/31	Annual	Annual Report to Board April 7, 2011
	3. The Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.	Quarterly report	In Compliance	Schedule 2
	4. The Board will report on current Emergency services diversion statistics.	Quarterly report	In Compliance	Schedule 6
(F) Finances	1. The Board will provide the audited financial statements.	Annually	In Compliance	Audit provided separately.
	2. The 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 report	In Compliance	Audit provided separately.
	3. The Board will provide copies of MGH's annual tax return (form 990) upon completion to General Member.	Annually	In Compliance	Annual Report to Board April 7, 2011

Schedule 1: HCAHPS

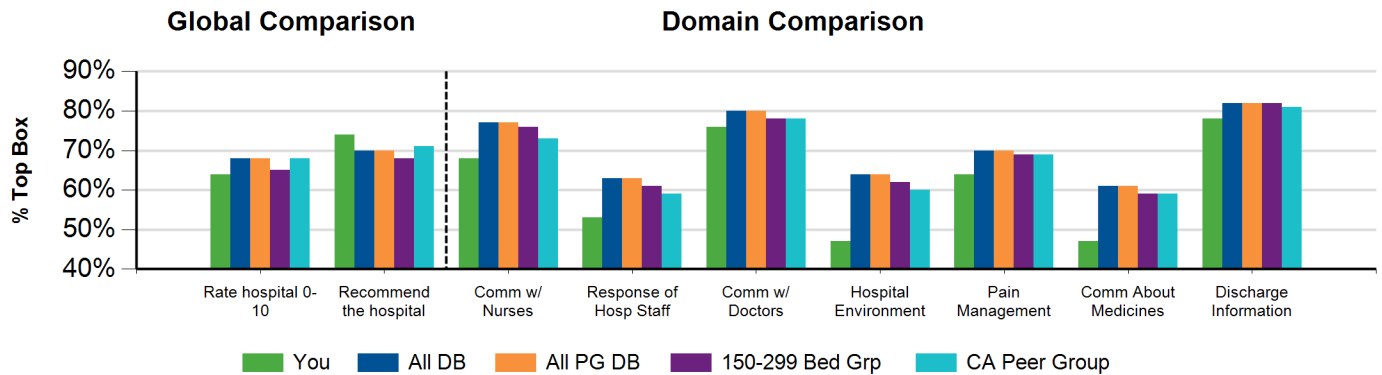
(Hospital Consumer Assessment of Healthcare Providers & Systems)

➤ **Tier 1, Patient Satisfaction and Services**

The Board will report on MGH's HCAHPS Results Quarterly

➤ **Tier 2, Patient Satisfaction and Services**

The 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.



Domains and Questions	n	Your Top Box Score			All DB N = 1852	All PG DB N = 1852	150-299 Bed Grp N = 418	CA Peer Group N = 107
		Previous % Jan-Mar	Current % Apr-Jun		Percentile Rank	Percentile Rank	Percentile Rank	Percentile Rank
Rate hospital 0-10	161	57%	64%	▲	33	33	39	32
Recommend the hospital	160	68%	74%	▲	63	63	68	56
Comm w/ Nurses	163	65%	68%	▲	6	6	6	22
Nurses treat with courtesy/respect	162	76%	80%	▲	21	21	24	42
<i>Nurses listen carefully to you</i>	162	59%	60%	▲	3	3	4	9
Nurses expl in way you understand	161	60%	63%	▲	7	7	7	25
Response of Hosp Staff	151	53%	53%	-	10	10	12	24
Call button help soon as wanted it	144	50%	49%	▼	7	7	10	9
Help toileting soon as you wanted	102	57%	56%	▼	17	17	20	37
Comm w/ Doctors	163	70%	76%	▲	23	23	31	33
Doctors treat with courtesy/respect	163	78%	83%	▲	27	27	35	38
Doctors listen carefully to you	162	69%	72%	▲	16	16	22	23
Doctors expl in way you understand	161	63%	71%	▲	32	32	40	36
Hospital Environment	164	52%	47%	▼	1	1	1	2
Cleanliness of hospital environment	162	63%	59%	▼	5	5	6	9
Quietness of hospital environment	163	42%	36%	▼	1	1	2	1
Pain Management	124	63%	64%	▲	15	15	13	19
Pain well controlled	118	59%	58%	▼	22	22	18	20
Staff do everything help with pain	121	68%	70%	▲	13	13	12	24
Comm About Medicines	127	49%	47%	▼	2	2	2	3
Tell you what new medicine was for	127	59%	64%	▲	7	7	6	12
Staff describe medicine side effect	120	39%	31%	▼	1	1	2	2
Discharge Information	144	75%	78%	▲	21	21	22	26
Staff talk about help when you left	140	75%	77%	▲	31	31	31	38
Info re symptoms/prob to look for	139	74%	80%	▲	20	20	22	24

n = number of respondents
 Questions that are among this period's top ten priorities appear in bold italics.
[Click here to access the Summary Report Guide](#)

Schedule 2: Financials

➤ **Tier 1, Finances**

The 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.

The 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 Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.

Financial	Target	06/30/11 YTD
EBIDA \$	\$14,021	\$14,050
EBIDA %	10.20%	9.90%

Loan Ratios	Target	06/30/11 YTD
Current Ratio	> 1.5	2.23
Debt to Capitalization Ratio	< 50%	47%
Debt Service Coverage Ratio	> 1.75	3.81
Debt to EBIDA %	<2.25	1.77

Key Service Volumes	06/30/10 YTD	06/30/11 YTD
Acute Discharges	4,965	4,908
Acute Patient Days	22,411	21,167
ALOS	4.51	4.31
ED Visits	17,130	17,529
IP Surgeries	1,118	1,210
OP Surgeries	1,506	1,421

Schedule 3: Clinical Quality Reporting Metrics

➤ **Tier 2, Quality, Safety and Compliance**

The 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, CABS, preventive care programs).

Schedule 3: Clinical Quality Reporting Metrics

Publicly Reported on: <http://www.calhospitalcompare.org>

METRIC	State Average /Top Decile+	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Sep Num/Den	Rolling %	Rolling Num/Den
Heart Attack Measures																
AMI – ACEI or ARB for LVSD	97%/100%	100%	100%	N/A	100%	100%	100%	100%	100%	100%	100%	100%	100%	2/2	100%	22/22
AMI – Aspirin on Arrival	99%/100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	8/8	100%	121/121
AMI – Aspirin at Discharge	98%/100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	10/10	100%	154/154
AMI – Beta Blocker at Discharge	98%/100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	10/10	100%	147/147
AMI – PCI within 90 mins. of arrival	91%/100%	100%	100%	100%	100%	N/A	100%	100%	100%	100%	100%	100%	100%	3/3	100%	28/28
AMI – Adult smoking cessation advice	100%/100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	4/4	100%	35/35
Heart Failure Measures																
HF – ACEI or ARB for LVSD	95%/100%	100%	83%	83%	100%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A	96%	46/48
HF – LVS Assessment	98%/100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	8/8	100%	168/168
HF –Discharge instructions	91%/100%	100%	100%	90%	100%	100%	100%	100%	100%	88%	100%	85%	100%	6/6	97%	120/124
HF – Adult smoking cessation advice	99%/100%	100%	100%	100%	100%	100%	100%	100%	N/A	100%	100%	100%	N/A	N/A	100%	26/26
Pneumonia Measures																
PN – Pneumococcal screening and/or vaccination	93%/100%	100%	100%	100%	100%	100%	100%	100%	88%	100%	88%	89%	90%	9/10	97%	191/197
PN – Influenza screening and/or vaccination	91%/100%	87%	93%	100%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	97%	117/121
PN – Antibiotic within 6 hrs after arrival	95%/100%	94%	N/A	100%	N/A	100%	100%	100%	100%	100%	100%	100%	100%	12/12	99%	138/139
PN – Adult smoking cessation advice	97%/100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	3/3	100%	38/38
PN- Antibiotic selection for ICU/non-ICU patients	93%/99%	100%	100%	93%	100%	100%	100%	100%	100%	100%	89%	100%	100%	9/9	99%	138/140
PN – Blood culture in ED prior to initial antibiotic	95%/100%	100%	94%	95%	96%	100%	100%	100%	100%	95%	100%	100%	100%	13/13	98%	236/240
Surgical Care Improvement Project Measures																
SCIP – Antibiotic within 1 hr of incision – Overall	97%/100%	100%	100%	100%	100%	96%	95%	96%	100%	100%	94%	100%	100%	20/20	98%	306/311
SCIP – Antibiotic selection – Overall	97%/100%	96%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	21/21	99%	313/315
SCIP – Antibiotic disc. Within 24 hrs – Overall	94%/100%	92%	96%	100%	96%	96%	95%	100%	100%	100%	100%	100%	100%	20/20	98%	299/305
SCIP – Cardiac Pt. 6 AM Post-op Serum Glucose	94%/99%	100%	86%	100%	100%	100%	100%	100%	83%	100%	100%	100%	80%	4/5	96%	65/68
SCIP – Appropriate Hair Removal	100%/100%	97%	100%	100%	100%	98%	100%	98%	97%	100%	100%	97%	97%	35/36	99%	471/477
SCIP – Beta blocker prior and periop	93%/100%	71%	100%	89%	67%	58%	100%	100%	90%	100%	87%	100%	100%	4/4	88%	96/109
SCIP – Venous thromboembolism prophylaxis	92%/100%	83%	100%	94%	100%	85%	100%	93%	83%	88%	82%	93%	91%	10/11	91%	145/160
SCIP – VTE prophylaxis timing	91%/100%	75%	100%	100%	82%	85%	100%	87%	83%	94%	82%	71%	82%	9/11	87%	137/158
SCIP – Urinary catheter removed on POD 1 or POD 2	90%/100%	N/A	N/A	N/A	79%	94%	100%	92%	80%	94%	88%	67%	100%	2/2	88%	91/103

+ Top Decile benchmark from CMS Hospital Compare

ICU Measures					
	CHART Average++	(Q2 2009 -Q1 2010)	(Q3 2009 -Q2 2010)	(Q3 2009 -Q3 2010)	(Q1 2010 -Q4 2010)
VAP - Respirator Complication Prevention - Peptic Ulcer Medication	97.0%	99.5%	99%	99%	99.5%
Respirator Complication Prevention - Blood Clot Prevention	97.0%	99%	99.5%	100%	99.5%
VAP - Patients Head of Bed Elevated	97.0%	100%	100%	100%	100%
VAP - Bundle Process Composite	92.0%	99%	99%	99%	99%
ICU Mortality	11.6%	12%	12.3%	11.45%	11.50%

++ CHART Average-- refreshed quarterly.

Maternity Measures			
	State Average		
Episiotomy Rate	4%	1%	Time Period Year 2008
C Section Rate	17%	13%	Time Period Year 2007
Exclusive Breast Feeding Rate	52%	74% (YEAR 2007)	82% (YEAR 2008) 79%(Year 2009)

Heart Bypass Surgery Measures			
	State Average		
Heart Bypass Surgery - Internal Mammary Artery Usage Rate	94%	100% (2006)	88% (2007)
Heart Bypass Surgery - Mortality Rate	2.35%	1.81% (2005-2006)	1.91% (2007)

Other Measures				
	State Average			
Hospital Acquired Pressure Ulcers	2.0%	0.6% (2Q 2009 - 1Q 2010)	0.8%(4Q 2009 - 3Q 2010)	0.9% (1Q 2010 - 4Q 2010)

Schedule 4: Community Benefit Executive Summary

- **Tier 2, Community Commitment**
The Board will report all of MGH's cash and in-kind contributions to other organizations.
- **Tier 2, Community Commitment**
The Board will report on MGH's Charity Care

2nd Quarter 2011 Community Benefit Executive Summary	
Community Health Improvement Services	\$4,254.00
Health Professions Education	\$1,371.00
Research	\$0.00
Cash and In-Kind Contributions	\$745,795.00
Community Benefit Operations	\$21,637.00
Traditional Charity Care	\$569,280.00
Government Sponsored Health Care (Includes Medi-Cal and Means-Tested Government Programs)	\$5,286,136.00
Totals - Community Benefit: (Amount to be included in annual report to the state and IRS)	\$6,650,110.00
Community Building Activities	\$0.00
Unpaid Cost of Medicare	\$16,017,258.00
Bad Debt	\$1,522,256.00
Totals - Community Benefit, Community Building, Medicare and Bad Debt:	\$24,189,624.00

Schedule 5: Nursing Turnover, Vacancies, Net Changes

➤ **Tier 2, Physicians and Employees**

The Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH

Turnover Rates				
Quarter	Number of Clinical RNs	Terminated		Rate
		Voluntary	Involuntary	
Q3 2010	509	8	2	1.96%
Q4 2010	522	6	2	1.53%
Q1 2011	526	8	4	2.28%
Q2 2011	527	2	9	2.09%

Vacancy and Net Change									
Period	Per Diem Postings	Benefitted Postings	Per Diem Hires	Benefitted Hires	Benefitted Headcount	Per Diem Headcount	Total Headcount	Benefitted Vacancy Rate	Per Diem Vacancy Rate
Apr. 2011	15	6	4	1	-	-	-	-	-
May 2011	20	5	1	1	-	-	-	-	-
June 2011	17	5	4	2	-	-	-	-	-
Q3 2010	44	15	18	3	352	157	509	4.26%	28.03%
Q4 2010	39	15	14	6	354	168	522	4.24%	23.21%
Q1 2011	16	10	13	0	349	177	526	2.87%	9.04%
Q2 2011	52	16	9	4	357	170	527	4.48%	30.59%

Hired	Termed	Net Change
13	11	2

Schedule 6: Ambulance Diversion

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

The Board will report on current Emergency services diversion statistics.

Date	Time	Length of Time on Divert	Reason	ED Census	Waiting Room Census	ED Admitted Pt Census
1-Apr	2305-0505	6hr.	ED Saturation	13 Down 2 RNs Noc	3	1
5-Apr	2200-0200	4hr.	ED Saturation	21	15	5
4-May	2154-0037	2hr. 17min	ED Saturation	19 down 1 RN p 2300	10 + 1 EMS waiting	7
9-May	1630-1830	2hr. 17min	ED Saturation	24	11	9
24-May	0430-0925	4hr. 55min	CT Scanner Inoperable	2	0	0
19-Jun	0050-0255	2hr. 5min	Trauma Diversion	10	0	1
19-Jun	0320-0600	2hr. 40min	Trauma Diversion	9	0	2

2011 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)

