

Marin General Hospital
Performance Metrics and Core Services Report
2nd Quarter 2013

Marin General Hospital
Performance Metrics and Core Services Report: **2nd Quarter 2013**

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 7/16/2013 for a duration of 36 months. Next survey to occur in 2016.
	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 2012 (Annual Report) was presented to MGH Board and to MHD Board in April 2013.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2013 was presented for approval to the MGH Board in April 2013.
	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	Community Health and Education Report was presented to the MGH Board and to the MHD Board in April 2013.
	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	Physician and Employee metrics were presented to the MGH Board and to the MHD Board in April 2013.
(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 2
	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 2

Marin General Hospital
Performance Metrics and Core Services Report: **2nd Quarter 2013**

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	External awards and recognition report was presented to the MGH Board and to the MHD Board in April 2013.
(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	Community Health and Education Report was presented to the MGH Board and to the MHD Board in April 2013.
	4. MGH Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.	Annually	In Compliance	Reinvestment and Capital Expenditure Report was presented to the MGH Board and to the MHD Board in April 2013.
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	"Green Building" Status Report was presented to the MGH Board and to the MHD Board in April 2013.
(D) Physicians and Employees	1. MGH Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.	Annually	In Compliance	Physician Report was presented to the MGH Board and to the MHD Board in April 2013.
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	Physician and Employee metrics were presented to the MGH Board and to the MHD Board in April 2013.
	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	In Compliance	The updated MGH Strategic Plan was presented to the MHD Board on 11/16/12.
	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 12/13/12.
	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 2012 Independent Audit was completed in April 2013, and is available in the MHD office.
	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 2011 Form 990 was filed on 11/15/12.

MGH Performance Metrics and Core Services Report

2Q 2013

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 2015 VBP Thresholds				4Q 2012	1Q 2013	2Q 2013
67.96	76.56	83.44	Overall rating	68.86	63.44	67.29
76.56	81.64	85.70	Communication with Nurses	69.56	71.73	72.10
			Nurse Respect	79.10	82.35	81.97
			Nurse Listen	70.85	75.21	74.03
			Nurse Explain	70.73	69.62	72.29
79.88	84.83	88.79	Communication with Doctors	75.55	81.25	81.68
			Doctor Respect	83.20	89.27	87.45
			Doctor Listen	74.29	80.26	81.58
			Doctor Explain	73.06	78.11	79.91
63.17	72.00	79.06	Responsiveness of Staff	58.87	62.66	62.42
			Call Button	59.26	59.72	67.82
			Bathroom Help	67.88	75.00	66.42
69.46	74.30	78.17	Pain Management	65.93	66.80	71.56
			Pain Controlled	67.22	67.26	71.93
			Help with Pain	74.03	75.74	80.59
60.89	66.98	71.85	Communication about Medications	55.07	54.38	59.26
			Med Explanation	76.16	71.63	79.26
			Med Side Effects	41.78	44.93	47.06
64.07	72.31	78.90	Hospital Environment	51.85	47.26	53.15
			Cleanliness	57.16	54.24	57.86
			Quiet	46.55	40.28	48.44
83.54	86.97	89.72	Discharge Information	82.02	83.23	85.67
			Help After Discharge	80.54	82.35	87.16
			Symptoms to Monitor	86.10	86.70	85.79
			Number of Surveys	247	238	234

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.

MGH Performance Metrics and Core Services Report

2Q 2013

Schedule 2: Finances

➤ **Tier 1, Finances**

The 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. 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 2013	2Q 2013
EBIDA \$	\$7,589	\$5,191
EBIDA %	9.53%	7.91%

Loan Ratios	1Q 2013	2Q 2013
Current Ratio	2.45	2.61
Debt to Capital Ratio	38.8%	38.8%
Debt Service Coverage Ratio	4.76	3.40
Debt to EBIDA %	1.05	1.65

Key Service Volumes, cumulative	1Q 2013	2Q 2013
Acute discharges	2,427	2,364
Acute patient days	10,698	9,729
Average length of stay	4.41	4.26
Emergency Department visits	8,739	8,841
Inpatient surgeries	565	529
Outpatient surgeries	753	1,075

DEFINITIONS OF TERMS

EBIDA: Earnings Before Interest, Depreciation And Amortization. By adding back interest and amortization payments as well as depreciation (a non-cash outflow expense), it allows the measurement of the cash that a company generates.

Debt to Capital Ratio: A measurement of how leveraged a company is. The ratio compares a firm's total debt to its total capital. The total capital is the amount of available funds that the company can use for financing projects and other operations. A high debt-to-capital ratio indicates that a high proportion of a company's capital is comprised of debt.

Debt Service Coverage Ratio: A measurement of a property's ability to generate enough revenue to cover the cost of its mortgage payments. It is calculated by dividing the net operating income by the total debt service. For example, a property with a net operating income of \$50,000 and a total debt service of \$40,000 would have a debt service ratio of 1.25, meaning that it generates 25% more revenue than required to cover its debt payment.

Debt to EBIDA %: Measurement used to predict a company's ability to pay off the debt it already has. The ratio calculates the amount of time required for the business to pay off all debt, but does not take into considerations like interest, depreciation, taxes or amortization. Having a high debt/EBITDA ratio will often result in a lower credit score for the business.

MGH Performance Metrics and Core Services Report

2Q 2013

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/)

Abbreviations and Acronyms Used in Dashboard Report	
Term	Title/Phrase
Abx	Antibiotics
ACC	American College of Cardiology
ACE	Angiotensin Converting Enzyme Inhibitor
AMI	Acute Myocardial Infarction
APR DRG	All Patient Refined Diagnosis Related Groups
ARB	Angiotensin Receptor Blocker
ASA	American Stroke Association
C Section	Caesarian Section
CHART	California Hospital Assessment and Reporting Task Force
CLABSI	Central Line Associated Blood Stream Infection
CMS	Centers for Medicare and Medicaid Services
CT	Computerized Axial Tomography (CAT Scan)
CVP	Central Venous Pressure
ED	Emergency Department
HF	Heart Failure
Hg	Mercury
hr(s)	hour(s)
ICU	Intensive Care Unit
LVS	Left Ventricular Systolic
LVSD	Left Ventricular Systolic Dysfunction
NHSN	National Healthcare Safety Network
PCI	Percutaneous Coronary Intervention
PN	Pneumonia
POD	Post-op Day
Pt	Patient
SCIP	Surgical Care Improvement Project
ScVO2	Central Venous Oxygen Saturation
STEMI	ST Elevated Myocardial Infarction (ST refers to the EKG tracing segment)
VAP	Ventilator Associated Pneumonia
VHA	Voluntary Hospitals of America
VTE	Venous Thromboembolism

METRIC	**CMS Benchmark	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Q2-2013 %	Q2-2013 Num/Den	Rolling %	Rolling Num/Den
◆ Acute Myocardial Infarction (AMI) Measures																	
AMI - ACEI or ARB for LVSD	100%	100%	100%	N/A	100%	100%	100%	N/A	100%	100%	N/A	N/A	100%	100%	2/2	100%	21/21
AMI - Aspirin at arrival	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	30/30	100%	175/175
AMI - Aspirin prescribed at discharge	100%	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	29/29	99%	160/161
AMI - Beta blocker prescribed at discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	25/25	100%	145/145
*AMI - Primary PCI within 90 minutes of arrival	100%	100%	100%	100%	N/A	100%	N/A	100%	100%	100%	100%	N/A	N/A	100%	3/3	100%	24/24
AMI - Statin Prescribed at Discharge	100%	100%	100%	94%	100%	100%	100%	100%	100%	92%	100%	100%	100%	100%	28/28	99%	153/155
◆ Heart Failure (HF) Measures																	
HF – ACEI or ARB for LVSD	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	6/6	100%	42/42
HF – Evaluation of LVS Function	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	45/45	100%	197/197
*HF– All Discharge Instructions	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	85%	100%	95%	35/37	99%	151/153
◆ Pneumonia (PN) Measures																	
PN – Antibiotic selection for ICU/non-ICU patients	100%	100%	100%	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	20/20	99%	81/82
*PN – Blood culture in ED prior to initial antibiotic	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	50/50	100%	193/193
◆ Surgical Care Improvement Project (SCIP)Measures																	
*SCIP/SIP-Inf-Antibiotic within 1 hr of incision-Overall	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%	100%	99%	83/84	100%	338/339
*SCIP/SIP-Inf-Antibiotic selection-Overall	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	84/84	100%	338/338
*SCIP/SIP-Inf-Antibiotic disc. within 24 hrs-Overall	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%	100%	94%	100%	98%	82/84	99%	335/338
*SCIP-Inf-Cardiac patients 6am postop serum glucose	100%	80%	100%	100%	89%	100%	100%	100%	80%	100%	100%	100%	100%	100%	18/18	95%	60/63
SCIP-Inf-Appropriate hair removal	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	113/113	100%	478/478
*SCIP-CARD-Beta blocker prior to adm and periop	100%	91%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	30/30	99%	121/122
*SCIP-VTE-VTE prophylaxis timing	100%	95%	100%	97%	100%	100%	97%	96%	100%	100%	100%	100%	96%	99%	78/79	99%	333/338
*SCIP-Inf-Urinary catheter removed POD 1 or POD 2	100%	100%	100%	95%	100%	100%	91%	100%	100%	100%	100%	100%	100%	100%	51/51	99%	208/211
SCIP-Inf-Surgery patients w/periop temp mgmt	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	113/113	100%	478/478
◆ Global Immunization (IMM) Measures																	
IMM - Pneumo Immunization - Overall Rate	98%	68%	69%	80%	87%	88%	86%	85%	81%	89%	69%	75%	80%	75%	112/150	80%	501/626
IMM - Influenza Immunization	98%	N/A	N/A	N/A	81%	78%	90%	89%	93%	87%	N/A	N/A	N/A	N/A	0/0	86%	470/544

*Performance period for CMS Value-Based Purchasing (VBP) metric:

01-01-2013 through 12-31-2013

** Top Decile Benchmark from CMS Hospital Compare

METRIC	**CMS Benchmark	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Q2-2013 %	Q2-2013 Num/Den	Rolling %	Rolling Num/Den
◆ ED Inpatient (ED) Measures																	
ED - Mean Time ED Arrival to ED Departure, Minutes+	175	294.59	304.61	336.09	363.54	306.67	401.14	346.14	398.85	346.74	315.50	354.29	332.60	334.13	55249/178	341.96	247239/723
ED - Admit Decision Time to ED Depart Time, Minutes+	42	181.32	173.33	190.16	249.12	181.22	283.58	199.07	240.08	187.44	190.34	201.49	192.37	194.73	23363/120	206.51	106974/518
◆ ED Outpatient (ED) Measures																	
OP - Mean Time ED Arrival to ED Departure Home - Reporting+	92	147.64	159.15	158.22	154.19	123.82	164.78	152.72	169.35	170.70	178.52	151.00	200.00	176.51	20050/113	161.74	66313/410
OP - Avg Time Spent in ED before seen by Health Care Profs+	14	35.94	34.32	40.91	32.39	29.91	45.56	47.13	55.44	31.78	51.28	47.84	42.47	47.19	5829/122	41.75	17745/425
◆ Outpatient Pain Management Measure																	
OP - Mean Time to Pain Mgmt for Long Bone Fracture - Mins+	37	84.40	74.18	61.59	73.52	49.44	70.50	70.33	103.44	86.67	68.69	64.50	35.58	56.26	2429/42	69.28	13163/190
◆ Outpatient Stroke Measure																	
OP - Head CT/MRI Results for Stroke Patients Within 45 Minutes of Arrival	100%	0%	0%	100%	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	N/A	0%	0/1	33%	2/6
◆ Outpatient Surgery Measures																	
OP - Timing of Antibiotic Prophylaxis	100%	86%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	52/52	98%	203/207
OP - Antibiotic Selection	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	92%	100%	97%	50/52	99%	203/206

*Performance period for CMS Value-Based Purchasing

(VBP) metric:

01-01-2013 through 12-31-2013

** Top Decile Benchmark from CMS Hospital Compare

+Lower number is better

		BENCHMARK				
◆ Surgical Site Infection						
METRIC	California Standardized Infection Ratio (SIR)	Jan 2012 - June 2012	Jan 2012 - Sept 2012			
Colon Surgery	0.78	Insufficient data to calculate SIR	Insufficient data to calculate SIR			
Hysterectomy	0.98	Insufficient data to calculate SIR	Insufficient data to calculate SIR			
◆ Intensive Care Unit (ICU) Measures						
METRIC	California Standardized Infection Ratio (SIR)	Jan 2011 - June 2011	Jan 2011 - Sept 2011	July 2011 - June 2012	Oct 2011 - Sept 2012	Jan 2012 - Sept 2012
*Central Line Associated Blood Stream Infection Rate (CLABSI)	0.5	0	0	0.60	0.59	not published
Catheter Associated Urinary Tract Infection (CAUTI)	1.01	not published	not published	not published	not published	0.81
◆ Maternity Measures						
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2008	2009	2010	2011	
Primary Caesarian Section Rate	18%	15%	12%	14.8%	14.8%	
Exclusive Breast Feeding Rate	57%	82%	79%	80%	82%	
◆ Mortality Measures						
METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2006 - June 2009	July 2007 - June 2010	July 2008 - June 2011	July 2009 - June 2012	
*Acute Myocardial Infarction Mortality +	15.2%	13.8%	13.7%	13.5%	13.3%	
*Heart Failure Mortality +	11.7%	10.6%	12.1%	12.9%	13.8%	
*Pneumonia Mortality +	11.9%	11.6%	11.1%	10.7%	10.9%	
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	Q4 2009 -Q3 2010	Q1 2010 -Q4 2010	Q3 2010 -Q2 2011	Q4 2010 -Q3 2011	
Intensive Care Unit Mortality +	11.67%	11.45%	11.50%	9.09%	10.19%	
◆ Acute Care Readmissions within 30 Days						
METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2006 - June 2009	July 2007 - June 2010	July 2008- June 2011	July 2009 - June 2012	
Acute Myocardial Infarction Readmissions +	19.7%	18.0%	19.1%	18.0%	not published	CMS currently has suppressed data for this time period.
Heart Failure Readmissions +	24.7%	24.8%	24.5%	24.7%	not published	
Pneumonia Readmissions +	18.5%	17.7%	17.9%	17.9%	not published	
*Performance period for CMS Value-Based Purchasing (VBP) metric: 01-01-2013 through 12-31-2013						
+Lower number is better						

MGH Performance Metrics and Core Services Report 2Q 2013

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)		
	1Q 2013	2Q 2013
Baseline Concussion Testing for Underserved Youth	\$2,500	\$0
Bread & Roses "Art to Heart Benefit"	\$0	\$2,200
Community Institute for Psychotherapy	\$100	\$0
Healthy Aging Symposium	\$1,000	\$0
Homeless Program	\$0	\$100,000
Homeward Bound	\$0	\$110,000
Implementation Strategy Work	\$0	\$13,500
LITA – Love is the Answer	\$0	\$1,000
Loving Spoonfuls Benefit	\$0	\$1,000
Marin Brain Injury Network	\$528	\$0
Marin City Health & Wellness	\$0	\$20,000
Marin Community Clinics	\$53,151	\$53,151
Marin Community Clinics Summer Solstice	\$0	\$1,000
Marin Sonoma Concours d'Elegance	\$2,500	\$0
MHD 1206(b) Clinics	\$623,639	\$948,551
NAMI Walk SF Bay Area	\$0	\$1,000
PRIMA Medical Foundation	\$1,110,743	\$936,031
Redwoods Crabfest	\$1,000	\$0
Ritter Center	\$0	\$20,000
RotaCare San Rafael	\$0	\$15,000
Zero Breast Cancer – Honor Thy Healer	\$1,140	\$0
Total Cash Donations	\$1,796,301	\$2,222,433
Total Cash & In-Kind Donations	\$1,796,301	\$2,222,433

MGH Performance Metrics and Core Services Report

2Q 2013

Schedule 4, continued

Community Benefit Summary		
(these figures are not final and are subject to change)		
	1Q 2013	2Q 2013
Community Health Improvement Services	\$41,622	\$39,522
Health Professions Education	\$27,953	\$20,915
Cash and In-Kind Contributions	\$1,796,301	\$2,222,433
Community Benefit Operations	\$582	\$305
Traditional Charity Care	\$462,918	\$577,924
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	\$4,422,724	\$4,117,192
Community Benefit Subtotal (amount reported annually to state & IRS)	\$6,752,100	\$6,978,291
Community Building Activities	\$0	\$0
Unpaid Cost of Medicare	\$15,226,174	\$15,559,427
Bad Debt	\$891,511	\$821,343
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total	\$22,869,785	\$23,359,061

MGH Performance Metrics and Core Services Report 2Q 2013

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				
Quarter	Number of Clinical RNs	Terminated		Rate
		Voluntary	Involuntary	
1Q 2013	553	14	4	3.25%
2Q 2013	561	11	1	2.14%

Vacancy Rate									
Period	Per Diem Postings	Benefited Postings	Per Diem Hires	Benefited Hires	Benefited Headcount	Per Diem Headcount	Total Headcount	Benefited Vacancy Rate	Per Diem Vacancy Rate
1Q 2013	20	37	5	5	388	165	553	9.54%	12.12%
2Q 2103	22	29	11	8	387	174	561	7.49%	12.64%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
1Q 2013	10	18	(8)
2Q 2013	19	12	7

MGH Performance Metrics and Core Services Report

2Q 2013

Schedule 6: Ambulance Diversion

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

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

Quarter	Date	Time	Length of Time on Divert	Reason	ED Census	Waiting Room Census	ED Admitted Patient Census
2Q 2013	26-Mar	1600 - 2100	5 hr	ED Saturation	18	12	8
2Q 2013	5-Apr	1210 - 1505	2 hr 55 min	ED Saturation	17	1	6 (3 ICU)
2Q 2013	7-Apr	1230 - 1630	4hr	ED Saturation	33	10	6
2Q 2013	7-Apr	1821 - 0010	4 hr 49 min	ED Saturation	19	7	5
2Q 2013	14-Apr	1325 - 1525	2hr	ED Saturation	30	10	5
2Q 2013	27-Apr	1750 - 0215	8hr 25min	ED Saturation	23 - 34	8 - 15	2
2Q 2013	1-May	2121 - 2345	2 hr 24 min.	ED Saturation	30	9	5
2Q 2013	3-May	1957 - 2157	2 hr	ED Saturation	22	5	6
2Q 2013	8-May	1500 - 2000	5 hr	ED Saturation	36 (census and waiting room)		5
2Q 2013	27-May	0443 - 0515	32 min	CT Scanner Inoperable	9	0	1
2Q 2013	31-May	1755 - 2200	3 hr 55 min	CT Scanner Inoperable	24	4	5
2Q 2013	7-Jun	0710 - 0724	14 min	Internal Disaster (House Code Red)	1	0	0
2Q 2013	7-Jun	1805 - 2010	2 hr 5 min	ED Saturation	26	7	1
2Q 2013	13-Jun	1645 - 2130	4 hr 45 min	ED Saturation	21	11	5

MGH Performance Metrics and Core Services Report

2Q 2013

Schedule 6, continued

2013 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)

