



MarinHealth Medical Center (Marin General Hospital)

Performance Metrics and Core Services Report

Q2 2019

December 3, 2019

MarinHealth Medical Center (Marin General Hospital)
Performance Metrics and Core Services Report: 2nd QUARTER 2019

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 2018 (Annual Report) was presented to MGH Board and to MHD Board in June 2019.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2019 was presented for approval to the MGH Board in June 2019.
	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 2018
	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	Partial Compliance	Reported in Q4 2018
(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

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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 2018
(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 2018
	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 2018
	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 2018
(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 2018
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	Partial Compliance	Reported in Q4 2018
	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 MGH Board on March 5, 2019.
	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 5, 2019.
	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 2018 Independent Audit was completed on April 26, 2019.
	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				Q3 2018	Q4 2018	Q1 2019	Q2 2019
73.80	81.51	87.67	Overall rating	73.43	72.84	69.53	73.80
			Would Recommend	74.91	78.20	76.81	79.39
83.26	87.87	91.56	Communication with Nurses	74.78	74.52	78.50	81.50
			Nurse Respect	86.82	87.14	84.68	90.37
			Nurse Listen	77.78	80.31	76.63	79.84
			Nurse Explain	78.04	74.41	74.18	74.28
82.71	87.26	90.90	Communication with Doctors	79.07	78.33	80.20	81.62
			Doctor Respect	86.67	87.83	86.30	86.81
			Doctor Listen	83.20	82.41	78.36	78.89
			Doctor Explain	81.14	78.65	75.96	79.16
66.57	75.03	81.80	Responsiveness of Staff	66.27	65.36	66.57	65.63
			Call Button	66.86	65.76	65.43	63.99
			Bathroom Help	72.49	71.76	67.70	67.26
			Pain Communication	67.42	65.74	68.26	64.04
			Talk How Much Pain		68.20	69.71	64.52
			Talk Pain Treatment		63.28	66.81	63.57
65.53	71.60	76.45	Communication about Medications	59.52	59.50	62.72	65.05
			Med Explanation	79.15	79.60	76.58	79.62
			Med Side Effects	48.70	48.21	48.87	50.49
71.31	79.07	85.28	Hospital Environment	58.25	53.05	56.99	57.20
			Cleanliness	70.87	67.72	63.71	65.05
			Quiet	58.03	50.79	50.27	49.34
89.08	91.74	93.87	Discharge Information	87.50	86.60	88.30	89.44
			Help After Discharge	85.60	83.62	84.76	87.14
			Symptoms to Monitor	92.80	92.98	91.84	91.74
52.47	58.83	63.92	Care Transition	45.58	48.27	47.80	49.03
			Care Preferences	41.35	45.48	39.83	43.30
			Responsibilities	51.45	58.20	45.20	48.38
			Medications	58.33	55.52	58.39	55.41
			Number of Surveys	391	386	368	382

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 2019	Q2 2019	Q3 2019	Q4 2019	Total 2019
EBIDA \$ (in thousands)	\$ 8,922	\$ 6,662			\$ 15,584
EBIDA %	8.52%	6.30%			7.40%
Loan Ratios					
Annual Debt Service Coverage	1.46	2.07			2.17
Maximum Annual Debt Service Coverage	1.35	1.92			2.01
Debt to Capitalization	49.90%	49.63%			49.50%
Key Service Volumes					
Acute discharges	2,255	2,265			4,520
Acute patient days	11,182	10,770			20,952
Average length of stay	4.96	4.70			4.75
Emergency Department visits	7,365	7,470			14,835
Inpatient surgeries	471	491			962
Outpatient surgeries	1,228	1,262			2,490
Newborns	265	285			550

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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**	2018	Q1 -2019	Q2 -2019	Q3 -2019	Q4-2019	Q2-2019 Num/Den	Rolling 2019 YTD	2019 YTD Num/Den
	♦ Stroke Measures									
STK-4	Thrombolytic Therapy	100%	100%	75%	100%			3/3	86%	6/7
	♦ Sepsis Measure									
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	78%	44%	57%	60%			75/124	59%	139/237
	♦ Perinatal Care Measure									
PC-01	Elective Delivery +	0%	1%	5%	8%			2/26	6%	3/48
	♦ ED Inpatient Measures									
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	90***	130.00	123.00	136.00			376-Cases	123.00	376-Cases
	♦ Global Immunization (IMM) Measure									
	METRIC	CMS**	2017						2018	Rolling Num/Den
IMM-2	Influenza Immunization	100%	94%						94%	240/256
	♦ Psychiatric (HBIPS) Measures									
IPF-HBIPS-2	Hours of Physical Restraint Use	0.41	0.12	0.00	0.05			N/A	0.02	N/A
IPF-HBIPS-3	Hours of Seclusion Use	0.21	0.23	0.06	0.00			N/A	0.04	N/A
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	36%	82%	94%	100%			20/20	97%	36/37

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

Hospital Outpatient Quality Reporting Program Measures

	METRIC	CMS**	2018	Q1 -2019	Q2 -2019	Q3 -2019	Q4-2019	Q2-2019 Num/Den	Rolling 2019 YTD	2019 YTD Num/Den
	♦ ED Outpatient Measures									
OP-18	Median Time from ED Arrival to ED Departure for Discharged Patients	143***	159.50	186	160			95-Cases	167	194-Cases
	♦ Outpatient Stroke Measure									
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	72%***	83%	100%	N/A			2/2	100%	8/8
	♦ Endoscopy Measures									
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	100%	93%	95%	97%			30/31	96%	51/53

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◆ 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	89%	81%	89%	89%	92%

◆ Surgical Site Infection

	METRIC	National Standardized Infection Ratio (SIR)	Oct 2016 - Sep 2017	Jan 2017 - Dec 2017	Apr 2017 - Mar 2018	Oct 2017 - Sep 2018
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 2016 - Sep 2017	Jan 2017 - Dec 2017	Apr 2017 - Mar 2018	Oct 2017 - Sep 2018
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.24	0.49	0.76	1.04
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.94	0.99	1.22	0.90

◆ Healthcare Associated Infections

	METRIC	National Standardized Infection Ratio (SIR)	Oct 2016 - Sep 2017	Jan 2017 - Dec 2017	Apr 2017 - Mar 2018	Oct 2017 - Sep 2018
HAI-C-Diff	Clostridium Difficile	1	1.15	1.02	0.96	0.73
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	1.35	0.00	0.86	0.52

◆ 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
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	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						
		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	15.70%	16.10%	15.20%	14.80%	14.09%
READM-30-HF	Heart Failure Readmission Rate	21.60%	22.50%	20.19%	19.80%	20.80%
READM-30-PN	Pneumonia Readmission Rate	16.60%	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)	12.80%	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)	15.30%	14.60%	15.00%	15.40%	14.70%

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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	12.90%	11.10%	12.90%	12.80%	12.50%
MORT-30-HF	Heart Failure Mortality Rate	11.50%	11.80%	11.70%	10.30%	9.70%
MORT-30-PN	Pneumonia Mortality Rate	15.60%	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 2014 - Dec 2014	Jan 2015 - Dec 2015	Jan 2016 - Dec 2016	Jan 2017 - Dec 2017
MSPB-1	Medicare Spending Per Beneficiary (All)	0.99	1.00	1.00	0.99	0.98
			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 +	39.80%	Not Available	Not Available	Not Available	Not Available
OP-9	Outpatient who had Follow-Up Mammogram, Ultrasound, or MRI of the Breast within 45 days following a Screening Mammogram +	8.90%	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 2013 - Dec 2013	Jan 2014 - Dec 2014	Jan 2015 - Dec 2015	Jan 2016 - Dec 2016
OP-22	Patient Left Emergency Department before Being Seen	2.00%	1.00%	1.00%	1.00%	1.00%

+ 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 2019	Q2 2019	Q3 2019	Q4 2019	Total 2019
Buckelew	\$ 25,000				\$ 25,000
Coastal Health Alliance	15,000				15,000
Community Institute for Psychotherapy	15,000				15,000
Homeward Bound	150,000				150,000
Marin Center for Independent Living	25,000				25,000
Marin City Health and Wellness	11,500				11,500
Marin Community Clinics	131,000				131,000
MHD 1206(b) Clinics	3,047,081	2,317,938			5,365,019
North Marin Community Clinics	10,000				10,000
Operation Access	30,000				30,000
Ritter Center	25,000				25,000
RotaCare Free Clinic	15,000				15,000
West Marin Senior Services	10,000				10,000
Whistlestop	13,500				13,500
Total Cash Donations	\$ 3,523,081	\$ 2,317,938			\$ 5,841,019
Meeting room use by community based organizations for community-health related purposes.	4,297	4,164			8,461
Food donations	940	940			1,880
Total In Kind Donations	\$ 5,237	\$ 5,104			\$ 10,341
Total Cash & In-Kind Donations	\$ 3,528,318	\$ 2,323,042			\$ 5,851,360

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Schedule 4, continued

Community Benefit Summary					
(These figures are not final and are subject to change)					
	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Total 2019
Community Health Improvement Services	\$ 40,703	\$ 38,725			\$ 79,428
Health Professions Education	399,449	432,668			832,117
Cash and In-Kind Contributions	3,528,318	2,323,042			5,851,360
Community Benefit Operations	0	0			0
Community Building Activities	0	0			0
Traditional Charity Care *Operation Access total is included	274,130	530,775			804,905
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	9,470,403	8,984,024			18,454,427
Community Benefit Subtotal (amount reported annually to State & IRS)	\$13,713,003	\$12,309,234			\$26,022,237
Unpaid Cost of Medicare	23,735,540	23,033,010			46,768,550
Bad Debt	327,536	368,080			695,616
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u>	\$37,776,079	\$35,710,324			\$73,486,403

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 2019	Q2 2019	Q3 2019	Q4 2019	Total 2019
*Operation Access charity care provided by MGH (waived hospital charges)	\$ 315,229	\$ 201,090			\$ 516,319
Costs included in Charity Care	56,079	35,774			91,853

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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	
Q3 2018	542	17	3	3.69%
Q4 2018	548	9	3	2.19%
Q1 2019	546	14	2	2.93%
Q2 2019	541	17	0	3.14%

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
Q3 2018	29	53	542	626	13.42%	8.47%	4.63%
Q4 2018	26	48	548	626	12.46%	7.67%	4.15%
Q1 2019	30	70	546	646	15.48%	10.84%	4.64%
Q2 2019	37	68	541	646	16.25%	10.53%	5.73%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
Q3 2018	25	20	5
Q4 2018	20	12	8
Q1 2019	15	16	(1)
Q2 2019	13	17	(4)

MHMC Performance Metrics and Core Services Report

Q2 2019

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
Q2 2019	Apr 7	1711 – 1915	2 hrs, 4 mins	ED	17	7
Q2 2019	Apr 11	1417 – 2356	9 hrs, 39 mins	ED	10	12
Q2 2019	May 14	1405 – 2304	8 hrs, 59 mins	ED	6	10
Q2 2019	May 17	0053 – 0359	3 hrs, 6 mins	Cath		
Q2 2019	May 17	0054 – 0359	3 hrs, 5 mins	Neuro		
Q2 2019	May 17	0055 – 0359	3 hrs, 4 mins	CT		
Q2 2019	May 17	2024 – 2313	2 hrs, 49 mins	ED	14	9
Q2 2019	May 20	1943 – 0939	13 hrs, 56 mins	ED	10	8
Q2 2019	May 22	1447 – 1820	3 hrs, 33 mins	ED	25	6
Q2 2019	May 31	1849 – 2358	5 hrs, 9 mins	ED	20	28
Q2 2019	June 2	1100 – 1516	4 hrs, 16 mins	ED	12	5
Q2 2019	June 2	2020 – 2327	3 hrs, 8 mins	ED	10	4

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Schedule 6, continued

2019 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)*

