MarinHealth Medical Center

Performance Metrics
and
Core Services Report

Q2 2022

October 3, 2022

MarinHealth Medical Center (Marin General Hospital)

Performance Metrics and Core Services Report: **Q2 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	**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 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	**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**

MarinHealth Medical Center (Marin General Hospital)

Performance Metrics and Core Services Report: **Q2 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	**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 2021
(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 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	**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 April 5, 2022 and was presented to the MHD Board on July 12, 2022.
	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, 2022.
	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 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	**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 2020 Form 990 was filed on November 15, 2021.

Schedule 1

EXECUTIVE SUMMARY
Q2 2022 HCAHPS

Time Period
Q2 2022 HCAHPS Survey with CMS Benchmarks

Accomplishments
- Overall Rating (74.82%) meets threshold for achieving full reimbursement (50thp)
- Discharge Information (91.02%), > 50thp and improved

Areas for Improvement
- Nurse, Physicians, Medication Side Effects – improved care explanation needed
- Responsiveness- call light responsiveness
- Care Transitions items < 50thp- attention to patient/family preferences

Data Summary
Sample size= 429, slightly above average survey return for a quarter.

Barriers or Limitations
- Q1, Q2: Limitations on visitors' impact patient/family team communications and experience of care.

Next Steps
- Hourly rounding on Medical/Surgical units.
- Sr Leader rounding on Med/Surg, ED, Cardiac Units

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.

MarinHealth Medical Center
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				Q3 2021	Q4 2021	Q1 2022	Q2 2022
73.66	81.29	87.39	**Overall rating**	71.62	74.45	74.86	74.82
			Would Recommend	73.72	79.81	76.61	79.60
83.62	88.23	91.91	**Communication with Nurses**	73.98	79.90	79.02	77.19
			Nurse Respect	85.00	84.52	84.75	82.98
			Nurse Listen	80.10	75.61	78.37	74.65
			Nurse Explain	79.63	79.57	73.94	79.94
82.63	87.15	90.77	**Communication with Doctors**	76.19	82.97	79.57	79.26
			Doctor Respect	87.63	87.00	83.71	85.38
			Doctor Listen	83.33	81.60	79.14	78.10
			Doctor Explain	79.21	80.31	75.86	74.29
66.32	75.04	82.02	**Responsiveness of Staff**	57.97	66.79	70.20	62.73
			Call Button	61.31	65.40	63.40	61.01
			Bathroom Help	67.43	68.18	77.01	64.44
64.81	70.89	75.75	**Communication about Medications**	56.40	63.69	59.68	63.10
			Med Explanation	76.09	75.00	74.73	76.92
			Med Side Effects	51.11	52.38	44.63	49.28
71.33	79.11	85.34	**Hospital Environment**	57.40	66.29	69.21	67.82
			Cleanliness	67.48	69.35	73.07	69.14
			Quiet	66.93	63.22	65.35	66.51
88.93	91.70	93.91	**Discharge Information**	84.35	90.16	88.38	91.02
			Help After Discharge	85.07	88.27	83.94	88.86
			Symptoms to Monitor	91.62	92.05	92.81	93.18
52.44	58.96	64.17	**Care Transition**	39.34	46.28	49.13	48.42
			Care Preferences	38.19	42.35	39.64	41.69
			Responsibilities	47.58	46.11	53.01	49.88
			Medications	51.15	50.38	54.74	53.69
			Number of Surveys	383	329	357	429

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.

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	13,203			13,203
EBIDA %	4.60%	6.00%	5.00%			5.00%
Loan Ratios						
Annual Debt Service Coverage	2.81	6.08	3.40			3.40
Maximum Annual Debt Service Coverage	1.73	3.74	2.53			2.53
Debt to Capitalization	50.4%	51.0%	50.8%			50.8%
Key Service Volumes						
Acute discharges	8,664	2,249	2,352			4,601
Acute patient days	43,247	12,039	12,171			24,210
Average length of stay	4.99	5.35	5.26			5.26
Emergency Department visits	26,918	6,950	7,554			14,504
Inpatient surgeries	1,573	418	353			771
Outpatient surgeries	4,317	1,397	1,501			2,898
Newborns	1,357	340	364			704

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.medicare.gov/care-compare/)

Schedule 3

EXECUTIVE SUMMARY
Q2 2022 Quality Management Dashboard
(Organization Targets Based on Natl Metrics)

Time Period

Q1 2022 most recent of four rolling quarters (far right)

Accomplishments

- Mortality rate from all causes driven by Acute Myocardial Infarction (AMI) mortality of 0
- Stroke Readmissions improved over Q1
- Surgical Site infections low YTD
- Falls/Injury, Hospital Acquired Pressure Injury(HAPI) low YTD, Patient Safety Indicator rate (PSI-90) improved Q2

Areas for Improvement or Monitoring

- Sepsis Mortality
- Readmission rates: higher than 2021 average but lower than national benchmark
  - Sepsis readmission
- Length of Stay (LOS): overall LOS higher than 2021 mean
  - Hrt Failure, Sepsis LOS driving overall rate
- C-difficile Infections (CDI): testing protocol addressed

Data Summary

- Benchmark: Midas Datavision™ benchmark reports for same size/type hospitals (n~400)
- Report contains: Mortality Observed to Expected Ratios, Readmission rates, Length of Stay means, and selected HAI (Healthcare Associated Infections) and Harm events.
- See core measures dashboard for specialty and process metrics.

Barriers or Limitations

Pending APeX training and implementation competing priority for PI teams.

Next Steps:

- Share Readmission, LOS information with care teams for PI work
- Reduced timing of Sepsis feedback to ED teams with APeX

Quality Managment Dashboard
Period: Q2 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	Q2 2022
Mortality-All Cause (Risk Adjusted O:E)	O:E Ratio	<1.0	0.75	0.71	0.78	0.69	0.71	0.76
Mortality-Acute Myocardial Infarction	O:E Ratio		0.55	0.42	0.61	0.58	0.00	0.00
Mortality-Heart Failure	O:E Ratio		0.74	1.17	0.83	0.32	0.29	0.27
Mortality- Hip	O:E Ratio		0.00	0.00	0.00	0.00	0.75	0.73
Mortality- Knee	O:E Ratio		0.00	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	0.83
Mortality- Sepsis	O:E Ratio		0.72	0.45	0.75	0.74	0.76	0.87
Mortality- Pneumonia	O:E Ratio		0.86	0.85	0.57	1.58	0.33	0.86
Readmission- All (Rate)	Rate	<15.5%	9.66	9.43	9.79	10.63	11.02	10.02
Readmission-Acute Myocardial Infarction	Rate		10.53	13.21	9.26	10.64	9.76	9.09
Readmission-Heart Failure	Rate		12.45	4.26	15.71	14.63	14.94	11.43
Readmission- Hip	Rate		3.33	4.17	0.00	5.56	7.14	14.29
Readmission- Knee	Rate		3.60	7.69	0.00	2.78	0.00	0.00
Readmission- Stroke	Rate		6.29	4.26	7.32	8.70	21.21	10.17
Readmission- Sepsis	Rate		14.15	8.14	16.22	13.48	21.05	18.18
Readmission- Pneumonia	Rate		12.77	6.12	2.33	11.29	14.29	8.88
LOS-All Cause	Mean	4.90	4.64	4.48	4.54	4.74	4.80	4.72
LOS-Acute Myocardial Infarction	Mean		3.85	3.61	4.07	3.61	5.20	3.64
LOS-Heart Failure	Mean		5.01	5.02	4.39	5.24	5.02	6.24
LOS- Hip	Mean		2.23	3.42	1.83	2.17	3.43	3.71
LOS- Knee	Mean		1.85	1.89	1.86	1.83	2.10	2.70
LOS- Stroke	Mean		4.98	3.98	4.51	6.98	5.42	4.02
LOS- SEPSIS	Mean		11.24	11.02	10.18	10.53	10.67	11.82
LOS- Pneumonia	Mean		5.98	5.20	6.13	7.69	7.03	4.92

Metrics: HAIs, Sepsis, Harm Events	Reporting	Target**	2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022
CAUTI (SIR)	SIR	<1.0	0.29	0.95	0.85	0	1.70	0.00
Hospital Acquired C-Diff (CDI)	SIR	<1.0	0.213	0.00	0.14	0	0.31	0.57
Surgical Site Infection (Superfical)	# Infections	TBD	10	2	4	1	0	0
Surgical Site Infection (Deep, Organ Space and Joint)	# Infections	TBD	16	3	6	1	2	0
Sepsis Bundle Compliance	% Compliance	63%^	51%	53%	51%	55%	52%	57%
Hospital Acquired Pressure Injury (HAPI)	# HAPI	<=1	0	0	0	0	1	0
Patient Falls with Injury	# Falls	<=1	1	1	0	0	0	1
PSI 90 / Healthcare Acquired Conditions	Ratio	<1.0	1.78	1.50	3.32	0.90	1.35	0.30
Serious Safety Events	# Events	<=1	1	0	1	0	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

Quick Reference Guide	
Mortality	Death rates show how often patients die, for any reason, within 30 days of admission to a hospital
Readmissions	Anyone readmitted within 30 days of discharge (except for elective procedures/admits).
Length of Stay(LOS)	The average number of days that patients spend in hospital
CAUTI (SIR)	Catheter Associated Urinary Tract Infection
Hospital Acquired C-Diff (CDI)	Clostridium difficile (bacteria) positive test ≥ 4 days after admission
Surgical Site Infections	A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery
Sepsis Bundle Compliance	Compliance with a group of best-practice required measures to prevent sepsis
Hospital Aquired Pressure Injury	Stage III or IV pressure ulcers (not present on admission) in patients hospitalized 4 or more days
Patient Falls with Injury	A fall that resulted in harm that required intervention by medical staff (and reportable to CMS)
PSI 90 / Healthcare Aquired Conditions	PSI = Patient Safety Indicators. # of patients with avoidable Pressure Ulcer, Iatrogenic Pneumothorax, Hospital Fall,w/ Hip Fracture, Periop Hemorrhage or Hematoma, Post-op Acute Kidney Injury, Post-op Respiratory Failure, Periop Pulminary Embolism or DVT, Post-op Sepsis, Post-op Wound Dehiscense,
MRSA Blood Stream Infections	A positive test for a bacteria blood stream infection ≥ 4 days after admission
Patient Falls with Injury	A fall that resulted in harm that required intervention by medical staff (and reportable to CMS)
Serious Safety Events (patients)	A gap in care that reached the patient, causing a significant level of harm
Other Abbreviations	
SIR	Standardize Infection Ratio (Observed/Expected)

Schedule 3

EXECUTIVE SUMMARY
Q2 2022 Core Measures Dashboard
CMS Hospital IQR (Inpatient Quality Reporting) Program

Time Period

Q2 2022

Accomplishments

- SEP (Sepsis) 57% compliance (54/94)
- Perinatal measures

Areas for Improvement or Monitoring

- Thrombolytic Therapy (STK-4) 25% (2/8)
- ED Inpatient Admit Decision-Departure Time 161 min > 99-minute CMS median
- ED Average time in ED 208 minutes, >190 2021 average. CMS (89 cases)
- C-Diff Infection rate 3.59 > than 2021

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:

- Post APeX go-live: in process of identifying measures related APeX reports for immediate clinician feedback.

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

Hospital Inpatient Quality Reporting Program Measures

	METRIC	CMS**	2021	Q1 -2022	Q2 -2022	Q3 -2022	Q4-2022	Q2-2022 Num/Den	Rolling 2022 YTD	2022 YTD Num/Den
	◆ **Stroke Measures**									
STK-4	Thrombolytic Therapy	100%	**90%**	100%	**25%**			2/8	**33%**	3/9
	◆ **Sepsis Measure**									
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	57%	**51%**	**53%**	57%			54/94	**55%**	94/170
	◆ Perinatal Care Measure									
PC-01	Elective Delivery +	3%	0%	**4%**	0%			0/22	2%	1/47
PC-02	Cesarean Section +	TJC	17%	13%	26%			32/125	20%	46/229
PC-05	Exclusive Breast Milk Feeding	TJC	80%	81%	84%			61/73	82%	115/140
	◆ **ED Inpatient Measures**									
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients +	99	**142.00**	**171.00**	**161.00**			204--Cases	**164.00**	386--Cases
	♦ **Psychiatric (HBIPS) Measures**									
IPF-HBIPS- 1	Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed	TJC	100%	100%	100%			106/106	100%	207/207
IPF-HBIPS-2	Hours of Physical Restraint Use +	0.30	0.12	0.09	0.08			N/A	0.08	N/A
IPF-HBIPS-3	Hours of Seclusion Use +	0.29	0.02	0.0030	0.00			N/A	0.0020	N/A
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	64%	97%	**58%**	81%			13/16	71%	20/28
	◆ **Substance Use Measures**									
SUB-2	2-Alcohol Use Brief Intervention Provided or offered	79%	100%	100%	N/A			0/0	100%	2/2
SUB-2a	Alcohol Use Brief Intervention	72%	100%	100%	N/A			0/0	100%	2/2
	◆ **Tobacco Use Measures**									
TOB-2	2-Tobacco Use Treatment Provided or Offered	80%	100%	N/A	N/A			0/0	N/A	0/0
TOB-2a	2a-Tobacco Use Treatment	45%	71%	N/A	N/A			0/0	N/A	0/0
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge	61%	67%	N/A	N/A			0/0	N/A	0/0
TOB-3a	3a-Tobacco Use Treatment at Discharge	22%	33%	N/A	N/A			0/0	N/A	0/0
	METRIC	**CMS****	**2020**	**Q1 -2022**	**Q2 -2022**	**Q3 -2022**	**Q4-2022**	**Q2-2022 Num/Den**	**Rolling 2022 YTD**	**Rolling Num/Den**
	♦ **Transition Record Measures**									
TRSE	Transition Record with Specified Elements Received by Discharged Patients	69%	95%	**68%**	**0%**			0/7	**50%**	13/26
TTTR	Timely Transmission of Transition Record	60%	94%	N/A	N/A			0/0	N/A	0/0
	♦ **Metabolic Disorders Measure**									
SMD	Screening for Metabolic Disorders	Benchmark To Be Established	96%	86%	95%			91/96	91%	165/182
	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	Q2 2022 Num/Den	Rolling 2022 YTD	2022 YTD Num/Den
	♦ **ED Outpatient Measures**									
OP-18b	Average (median) time patients spent in the emergency department before leaving from the visit	175.00	**190.00**	**222.00**	**208.00**			89--Cases	**215.00**	179--Cases
	♦ **Outpatient Stroke Measure**									
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	72%	82%	88%	75%			3/4	83%	10/12
	♦ **Endoscopy Measures**									
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	90%	**79%**	**88%**	**71%**			15/21	**82%**	45/55

**CMS National Average + Lower Number is better

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

♦ 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)	Jan 2019 - Dec 2019	Jul 2019 - Dec 2020	Oct 2019 - Mar 2021	Oct 2020 - Sep 2021
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	0.980	0.90	0.90	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)	Jan 2019 - Dec 2019	Jul 2019 - Dec 2020	Oct 2019 - Mar 2021	Oct 2020 - Sep 2021
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.30	1.17	**1.38**	0.82
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.98	0.99	0.47	0.67
	METRIC	**2021**	**Q1 2022**	**Q2 2022**	**Q3 2022**	**Q4 2022**
	Central Line Associated Blood Stream Infection (CLABSI)	0.29	0.00	0.00		
	Catheter Associated Urinary Tract Infection (CAUTI)	0.48	1.05	0.00		

♦ Healthcare Associated Infections +

	METRIC	National Standardized Infection Ratio (SIR)	Jan 2019 - Dec 2019	Jul 2019 - Dec 2020	Oct 2019 - Mar 2021	Oct 2020 - Sep 2021
HAI-C-Diff	Clostridium Difficile	1	**1.18**	0.65	0.59	0.33
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.00	0.76	0.69	0.62
	METRIC	**2021**	**Q1 2022**	**Q2 2022**	**Q3 2022**	**Q4 2022**
HAI-C-Diff	Clostridium Difficile (Rate per 10000)	0.21	1.69	**3.59**		
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia (Rate per	0.00	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		**2019**	**2020**	**2021**	**2022**
PSI-90 (Composite)	Complication / Patient safety Indicators PSI 90 (Composite)		0.31	0.60	1.96	0.77
PSI-3	Pressure Ulcer		0.00	0.00	0.22	0.42
PSI-6	Iatrogenic Pneumothorax		0.17	0.18	0.62	0.00
PSI-8	Postoperative Hip Fracture		0.48	0.00	0.29	0.27
PSI-9	Perioperative Hemorrhage or Hematoma		0.00	2.19	2.67	0.00
PSI-10	Postop Acute Kidney Injury Requiring Dialysis		0.00	1.59	0.00	0.00
PSI-11	Postoperative Respiratory Failure		4.34	2.07	6.11	0.00
PSI-12	Peri Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)		9.50	2.13	8.74	5.08
PSI-13	Postoperative Sepsis		1.30	6.39	4.64	0.00
PSI-14	Post operative Wound Dehiscence		0.00	0.00	2.02	0.00
PSI-15	Unrecognized Abdominopelvic Accidental Laceration/Puncture Rate		0.00	0.00	0.00	0.00
	METRIC	**Centers for Medicare & Medicaid Services (CMS) National Average**	**July 2016 - June 2018**	**July 2017 - June 2019**	**July 2018 - Dec 2019**	**July 2019 June 2021**
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	not published**

♦ Surgical Complications +

		Centers for Medicare & Medicaid Services (CMS) National Average	April 2015 - March 2018	April 2016 - March 2019	April 2017 - Oct 2019	April 2018 - March 2021
Surgical Complication	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty +	2.4%	**2.7%**	**3.0%**	**2.6%**	**2.5%**

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

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

	♦ Mortality Measures - 30 Day +					
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2015 - June 2018	July 2016 - June 2019	July 2017 - Dec 2019	July 2019 - June 2021
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate	8.4%	12.50%	10.90%	10.70%	**10.00%**
MORT-30-HF	Heart Failure Mortality Rate	12.4%	9.70%	8.00%	8.60%	10.30%
MORT-30-PN	Pneumonia Mortality Rate	15.4%	15.30%	14.20%	13.90%	not published**
MORT-30-COPD	COPD Mortality Rate	8.40%	**8.80%**	**9.20%**	**8.60%**	**10.00%**
MORT-30-STK	Stroke Mortality Rate	13.60%	13.70%	13.60%	13.40%	13.50%
CABG MORT-30	CABG 30-day Mortality Rate	2.90%	**3.40%**	3.00%	2.50%	3.00%
	♦ Mortality Measures - 30 Day (Medicare Only - Midas DataVision) +					
	METRIC		2019	2020	2021	2022
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate		7.14%	4.99%	6.06%	4.87%
MORT-30-HF	Heart Failure Mortality Rate		6.37%	5.88%	7.90%	2.24%
MORT-30-PN	Pneumonia Mortality Rate		8.00%	7.10%	8.42%	6.15%
MORT-30-COPD	COPD Mortality Rate		5.09%	2.38%	0.00%	11.00%
MORT-30-STK	Stroke Mortality Rate		5.43%	4.95%	4.76%	5.66%
CABG MORT-30	CABG Mortality Rate		0.00%	0.00%	0.00%	0.00%
	♦ Acute Care Readmissions - 30 Day Risk Standardized +					
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2015 - June 2018	July 2016 - June 2019	July 2017 - Dec 2019	July 2018 - June 2021
READM-30-AMI	Acute Myocardial Infarction Readmission Rate	15.0%	14.09%	**16.30%**	15.50%	14.70%
READM-30-HF	Heart Failure Readmission Rate	21.3%	20.80%	21.60%	21.20%	19.50%
READM-30-PN	Pneumonia Readmission Rate	16.6%	15.10%	13.80%	14.50%	not published**
READM-30-COPD	COPD Readmission Rate	19.80%	19.20%	19.60%	19.30%	19.50%
READM-30-THA/TKA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.10%	3.90%	**4.40%**	**4.20%**	**4.90%**
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	11.90%	**13.80%**	11.70%	12.20%	11.60%
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2017 - June 2018	July 2018- June 2019	July 2019- Dec 2019	July 2018- June 29021
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR) +	15.0%	14.7%	13.7%	14.9%	14.0%
	♦ Acute Care Readmissions 30 Day (Medicare Only - Midas DataVision) +					
	METRIC		2019	2020	2021	2022
	Hospital-Wide All-Cause Unplanned Readmission		10.14%	10.95%	9.59%	9.95%
	Acute Myocardial Infarction Readmission Rate		9.09%	11.24%	11.27%	6.98%
	Heart Failure Readmission Rate		19.05%	16.67%	12.04%	10.87%
	Pneumonia (PN) 30 Day Readmission Rate		10.14%	14.94%	5.68%	11.43%
	Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate		22.00%	11.11%	13.04%	6.25%
	Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate		3.33%	10.42%	2.50%	0.00%
	30-day Risk Standardized Readmission following Coronary Artery Bypass Graft		11.11%	0.00%	6.67%	0.00%
	♦ 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
			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**

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

♦ 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

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 2022	**Q2 2022**	**Q3 2022**	**Q4 2022**	**Total 2022**
Buckelew	26,250	0			26,250
Ceres Community Project	10,500	0			10,500
Coastal Health Alliance (Petaluma HC)	15,750	0			15,750
Community Action Marin	10,500	0			10,500
Community Institute for Psychotherapy	21,000	0			21,000
Homeward Bound	157,500	0			157,500
Huckleberry Youth Programs	10,500	0			10,500
Jewish Family and Children's Services	10,500	0			10,500
Kids Cooking for Life	5,250	0			5,250
Marin Center for Independent Living	26,250	0			26,250
Marin City Community Dev Corp	10,500	0			10,500
Marin Community Clinics	75,600	0			75,600
MHD 1206B Clinics	4,780,730	5,324,210			10,104,940
North Marin Community Services	10,500	0			10,500
Operation Access	21,000	0			21,000
Ritter Center	26,250	0			26,250
RotaCare Free Clinic	15,750	0			15,750
San Geronimo Valley Community Center	10,500	0			10,500
Spahr Center	8,400	0			8,400
St. Vincent de Paul Society of Marin	10,500	0			10,500
West Marin Senior Services	10,500	0			10,500
Total Cash Donations	**5,274,230**	**5,324,210**			**10,598,440**
Compassionate discharge medications	10,225	8,593			18,818
Meeting room use by community based organizations for community-health related purposes	0	0			0
Food donations	8,859	1,186			10,045
Total In Kind Donations	**19,084**	**9,779**			**28,863**
Total Cash & In-Kind Donations	**5,293,314**	**5,333,989**			**10,627,303**

Schedule 4, continued

Community Benefit Summary (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	43,485			65,848
Health Professions Education	658,855	675,132			1,333,987
Cash and In-Kind Contributions	5,293,314	5,333,989			10,627,303
Community Benefit Operations	6,385	5,684			12,069
Community Building Activities	0	0			0
Traditional Charity Care *Operation Access total is included	556,900	297,572			854,472
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	10,460,541	12,688,399			23,148,940
Community Benefit Subtotal (amount reported annually to State & IRS)	**16,998,358**	**19,044,261**			**36,042,619**
Unpaid Cost of Medicare	20,933,654	23,444,270			44,377,924
Bad Debt	220,144	311,745			531,889
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total	**38,152,156**	**42,800,276**			**80,952,432**

Operation Access 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.					
	Q1 2022	**Q2 2022**	**Q3 2022**	**Q4 2022**	**Total 2022**
*Operation Access charity care provided by MGH (waived hospital charges)	187,072	138,818			325,890
Costs included in Charity Care	31,244	45,939			77,183

Schedule 5: Nursing Turnover, Vacancies, Net Changes

- **Tier 2, Physicians and Employees**
  The MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.

Turnover Rate

Period	Number of Clinical RNs	Separated		Rate
		Voluntary	Involuntary	
Q2 2021	527	22	1	4.36%
Q3 2021	526	23	0	4.37%
Q4 2021	536	19	2	3.92%
Q1 2022	538	21	2	4.28%
Q2 2022	**564**	**22**	**1**	**4.08%**

Vacancy Rate

Period	Open Per Diem Positions	Open Benefitted Positions	Filled Positions	Total Positions	Total Vacancy Rate	Benefitted Vacancy Rate of Total Positions	Per Diem Vacancy Rate of Total Positions
Q2 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%
Q1 2022	16	89	538	643	16.33%	13.84%	2.49%
Q2 2022	**24**	**75**	**564**	**663**	**14.93%**	**11.31%**	**3.62%**

Hired, Termed, Net Change

Period	Hired	Termed	Net Change
Q2 2021	22	23	(1)
Q3 2021	25	23	2
Q4 2021	30	21	9
Q1 2022	21	23	(2)
Q2 2022	**48**	**23**	**25**

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 2022	Apr 18	12:17	2'01"	ED	20	6
	Apr 21	22:50	2'01"	ED	7	5
	May 16	17:52	2'00"	ED	20	7
	May 17	18:08	2'01"	ED	18	11
	May 17	20:17	0'19"	ED	23	8
	May 20	17:46	2'01"	ED	26	6
	May 23	20:39	2'01"	ED	23	6
	May 24	01:32	1'05"	ED	8	8
	June 5	01:15	2'01"	ED	15	5
	June 7	19:50	2'01"	ED	17	10
	June 20	18:14	2'01"	ED	19	7
	June 23	14:33	2'01"	ED	16	9
	June 29	20:19	2'00"	ED	15	11