



MarinHealth Medical Center

Performance Metrics and Core Services Report

Annual Report 2019

June 2, 2020

MarinHealth Medical Center (Marin General Hospital)
Performance Metrics and Core Services Report: ANNUAL REPORT 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 2019 (Annual Report) was presented to MGH Board and to MHD Board in June 2020.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2020 was presented for approval to the MGH Board in April 2020.
	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	Schedule 2
	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	Schedule 3 Schedule 4
(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 5
	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 5

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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 6
(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	Schedule 7
(C) Community Commitment	1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly	In Compliance	Schedule 8
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	Schedule 8
	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	Schedule 2
	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	Schedule 5
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	Schedule 9
(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	Schedule 10
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	Schedule 3 Schedule 4
	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 11
(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 and will be updated in Q4 2020.
	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 3, 2020.
	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 5
	4. MGH Board will report on current Emergency services diversion statistics.	Quarterly	In Compliance	Schedule 12
(F) Finances	1. MGH Board will provide the audited financial statements.	Annually	In Compliance	The MGH 2019 Independent Audit was completed on April 24, 2020.
	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 5
	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				Q1 2019	Q2 2019	Q3 2019	Q4 2019
73.80	81.51	87.67	Overall rating	69.53	73.80	72.97	75.25
			Would Recommend	76.81	79.39	78.40	83.04
83.26	87.87	91.56	Communication with Nurses	78.50	81.50	78.12	77.56
			Nurse Respect	84.68	90.37		83.67
			Nurse Listen	76.63	79.84		75.25
			Nurse Explain	74.18	74.28		73.75
82.71	87.26	90.90	Communication with Doctors	80.20	81.62	81.04	83.60
			Doctor Respect	86.30	86.81	84.73	88.33
			Doctor Listen	78.36	78.89	78.61	81.00
			Doctor Explain	75.96	79.16	79.77	81.46
66.57	75.03	81.80	Responsiveness of Staff	66.57	65.63	71.91	68.20
			Call Button	65.43	63.99	67.85	66.30
			Bathroom Help	67.70	67.26	75.98	70.11
			Pain Communication	68.26	64.04	72.37	16.67
			Talk How Much Pain	69.71	64.52	75.50	0.00
			Talk Pain Treatment	66.81	63.57	69.23	33.33
65.53	71.60	76.45	Communication about Medications	62.72	65.05	63.98	66.34
			Med Explanation	76.58	79.62	81.19	82.00
			Med Side Effects	48.87	50.49	46.77	50.68
71.31	79.07	85.28	Hospital Environment	56.99	57.20	61.27	59.67
			Cleanliness	63.71	65.05	65.98	64.31
			Quiet	50.27	49.34	56.56	55.03
89.08	91.74	93.87	Discharge Information	88.30	89.44	90.89	93.31
			Help After Discharge	84.76	87.14	88.00	90.88
			Symptoms to Monitor	91.84	91.74	93.79	95.74
52.47	58.83	63.92	Care Transition	47.80	49.03	53.67	54.72
			Care Preferences	39.83	43.30	41.74	47.00
			Responsibilities	45.20	48.38	56.40	55.10
			Medications	58.39	55.41	62.89	62.06
			Number of Surveys	368	382	349	302

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: Community Health & Education

➤ **Tier 1, Community Commitment**

In coordination with the General Member, the Board must publish the results of its triennial community survey to assess MGH's performance at meeting community health care needs.

➤ **Tier 2, Community Commitment**

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.

Community Health Improvement Services		
Event	Description	Recipients
Braden Diabetes Center	Free diabetes support groups, lunch and learn, education and screenings	General public
Breastfeeding Telephone Support Line	Free education, counseling and breastfeeding support	Breastfeeding women
Caregiver Class	Registered dietician educates community caregivers working with those with diabetes and other chronic diseases	Caregivers
Center for Integrative Health & Wellness (CIHW) Events	Education and support group events (yoga, healthy weight, Qi Dong, breast cancer support group, etc.)	General public
Community Dietary/Nutrition Telephone Support Line	Free advice line open to the community for nutrition information	General public
Compassionate Discharge Prescriptions and Transportation	Covered cost of discharged medications and transportation for underserved patients	Uninsured patients
Disaster Training	Medical disaster training and first aid	Boy Scouts
Health Connection Newsletter and Podcasts	Free monthly newsletter and quarterly podcasts on various health topics	General public
Health Education	Free education on a variety of health-related topics	General public
Low-Cost Mammograms	Mammograms offered to underserved women	Patients in need
National Nutrition Month and Nutrition Education	National Nutrition Month activities and nutrition education	General public
Shuttle Program for Seniors	Free shuttle service for seniors in the Behavioral Health program	Seniors in need
The Mom's Group	Free support group to the community that discusses newborn care, breastfeeding, parenting, etc.	General public
The New Father Class	Free class for new fathers to learn how to care for their newborns	General public
Transportation	Free transportation	General public
Wellness for Life	Free education to seniors in need on health and safety topics	Seniors

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Schedule 2, continued

Health Professions Education		
Event	Description	Recipients
Chaplaincy Students	Supervision and training hours	Chaplain students
Grand Rounds	Education programs open to community doctors	Physicians
Nursing Student Placement and Clinical Supervision	Supervision and training hours	Student Nurses
Nutrition Students	Training hours provided by staff	Dietitian Students
Occupational Therapy Students	Supervision and training hours	Occupational Therapy students
Paramedics Emergency Department Clinical Rotations	Supervision and training hours	Paramedics
Pharmacy Student Clinical Rotations	Supervision and training hours	Pharmacy students
Physical Therapy Student Clinical Rotations	Supervision and training hours	Physical Therapy students
Radiology Student Internships	Supervision and training hours	Radiology students
Rehabilitation Student Internships	Supervision and training hours provided by MGH	Rehabilitation students
Respiratory Therapy Student Internships	Supervision and training hours	Respiratory Therapy students

The complete 2019 Annual Community Benefit Report is available at
<https://www.mymarinhealth.org/about-us/community-benefit/>

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Schedule 3: Physician Engagement

- **Tier 1, Physicians and Employees**
The Board must report on all Tier 1 Physician and Employee Metrics at least annually.
- **Tier 2, Physicians and Employees**
The Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.

Overall MGH 2019 Medical Staff Perception Study Results

Source: Professional Research Consultants, Inc.

Asked of Physicians:

**“OVERALL, WOULD YOU RATE THE QUALITY OF CARE AT
MARIN GENERAL HOSPITAL:”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	53	26.8%
Very Good	83	41.9%
Good	44	22.2%
Fair	13	6.6%
Poor	5	2.5%

**Percentile Ranking: 23rd
Total Number of Responses: 198**

Asked of Physicians:

**“OVERALL, WOULD YOU RATE MARIN GENERAL HOSPITAL
AS A PLACE TO PRACTICE MEDICINE:”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	51	25.9%
Very Good	58	29.4%
Good	48	24.4%
Fair	33	16.8%
Poor	7	3.6%

**Percentile Ranking: 21st
Total Number of Responses: 197**

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Schedule 4: Employee Engagement

- **Tier 1, Physicians and Employees**
The Board must report on all Tier 1 Physician and Employee Metrics at least annually.
- **Tier 2, Physicians and Employees**
The Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.

Overall MGH 2019 Employee Engagement Study Results

Source: MGH Employee Engagement Pulse Survey

Asked of Employees:

**“OVERALL, AS A PLACE TO WORK, WOULD YOU SAY
MARIN GENERAL HOSPITAL IS:”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	130	19%
Very Good	197	29%
Good	179	26%
Fair	122	18%
Poor	61	9%

Total Number of Responses: 689 (38%)

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Schedule 5: 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	\$ 2,042	\$ 2,366	\$ 19,989
EBIDA %	8.52%	6.30%	5.00%	2.07%	4.70%
Loan Ratios					
Annual Debt Service Coverage	1.46	2.07	1.88	1.30	1.19
Maximum Annual Debt Service Coverage	1.35	1.92	1.74	1.20	1.10
Debt to Capitalization	49.90%	49.63%	49.63%	49.63%	49.70%
Key Service Volumes					
Acute discharges	2,255	2,265	2,200	2,079	8,658
Acute patient days	11,182	10,770	11,014	10,071	42,084
Average length of stay	4.96	4.70	4.51	4.74	4.76
Emergency Department visits	7,365	7,470	7,763	7,708	30,306
Inpatient surgeries	471	491	452	385	1,832
Outpatient surgeries	1,228	1,262	1,171	835	4,916
Newborns	265	285	294	305	1,157

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Schedule 5, continued

➤ **Tier 2, Community Commitment**

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.

MHMC
Major Capital Expenditure Report
For the Period January - December 2019

Major Capital Expenditures

Smart UVC V9 Disinfecting Robot	103,045
Philips - MobileDiagnost wDR	195,313
Epiq Elite Advanced	246,843
Philips - Guardian Early Warning	308,489
Digital Diagnost 4.1	341,054
Digital Diagnost 4.1	341,054
Telephone switch replacement to VOIP	372,849
HVAC TurnKey (Philips)	629,233
Azurion 7 M20 Installtion	1,527,826
Azurion 7 B20 Installtion	2,193,616
Philips - Ingenia 3.0T Omega	2,204,380
Other Capital Under \$100K	1,018,416
Total Major Capital Expenditures	9,482,118

Construction in Progress

Room Service	104,424
2019 Above Ceiling Requirements	110,949
HOPITAL AND OFF-SITE MIGRATION TO CCURE	145,386
2019 Patient/Guest Furniture	158,733
Pharmacy Compounding	161,764
Lab Automation	185,444
West Wing Roof (close with 1251.9269)	189,611
Hybrid OR Conversion	198,837
Backfill MGH Master Planning	199,264
Behavioral Health Ligature	273,581
Generator Upgrade	284,728
Rebranding main campus at 250 Bon Air & offsite locations in Marin, Sonoma	354,220
1350 S. Eliseo	386,144
2019 IT Network Equipment	394,847
Perioperative Room 3	410,309
Banyan Integration	503,375
Capitalized Interest - Series B	505,540
2019 Behavioral Health Reclassification	609,804
2019 Application Upgrades	631,452
3T MRI	1,094,288
PMF 4000 Civic Center relocation	1,214,211
MGH 2.0 IT Infrastructure	1,309,357
2019 IT End User Devices	1,423,737
West Wing Elevator	1,584,833
EPIC Conversion	2,583,451
Other CIP Under \$100K	652,927
Total Construction in Progress	15,671,214

Total Capital Expenditures

25,153,332

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Schedule 6: 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	Q4-2019 Num/Den	Rolling 2019 YTD	2019 YTD Num/Den
◆ Stroke Measures										
STK-4	Thrombolytic Therapy	100%	100%	75%	100%	100%	100%	3/3	94%	16/17
◆ Sepsis Measure										
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	80%	46%	57%	60%	46%	57%	73/128	55%	264/477
◆ Perinatal Care Measure										
PC-01	Elective Delivery +	0%	0%	5%	4%	0%	0%	0/29	2%	2/100
◆ ED Inpatient Measures										
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	98***	109.00	123.00	136.00	109.00	109.50	84-Cases	122.00	637-Cases
◆ Psychiatric (HBIPS) Measures										
IPF-HBIPS-2	Hours of Physical Restraint Use	0.38	0.20	0.00	0.05	0.20	0.35	N/A	0.15	N/A
IPF-HBIPS-3	Hours of Seclusion Use	0.29	0.14	0.06	0.00	0.00	0.00	N/A	0.11	N/A
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	99%	93%	94%	100%	93%	95%	19/20	96%	68/71
◆ Substance Use Measures										
SUB-2	2-Alcohol Use Brief Intervention Provided or offered	100%	100%	100%	100%	100%	100%	7/7	100%	29/29
SUB-2a	Alcohol Use Brief Intervention	100%	100%	100%	100%	100%	100%	7/7	100%	29/29
◆ Tobacco Use Measures										
TOB-2	2-Tobacco Use Treatment Provided or Offered	100%	94%	88%	89%	94%	100%	13/13	92%	61/66
TOB-2a	2a-Tobacco Use Treatment	88%	44%	65%	89%	44%	85%	11/13	67%	44/66
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge	99%	94%	36%	89%	94%	77%	10/13	69%	42/61
TOB-3a	3a-Tobacco Use Treatment at Discharge	71%	41%	5%	56%	41%	8%	1/13	23%	14/61
	METRIC	CMS**	2017	Q1 -2019	Q2 -2019	Q3 -2019	Q4-2019	Q4-2019 Num/Den	Rolling 2019 YTD	Rolling Num/Den
◆ Transition Record Measures										
TRSE	Transition Record with Specified Elements Received by Discharged Patients	99%		92%	97%	96%	87%	162/187	93%	639/690
TTTR	Timely Transmission of Transition Record	98%		90%	96%	95%	90%	155/187	91%	626/690
	METRIC	CMS**	2017	2018					2019	Rolling Num/Den
IPF-IMM-2	Influenza Immunization	100%	88%	98%					90%	202/224

** 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	Q4-2019 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	140***	160.00	186	159	160	208	--Cases	169	--Cases
◆ Outpatient Stroke Measure										
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	72%***	60%	100%	100%	60%	86%	6/7	85%	17/20
◆ Endoscopy Measures										
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	100%	89%	95%	97%	89%	93%	26/28	94%	94/100

*** National Average

◆ 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)	Apr 2017 - Mar 2018	Oct 2017 - Sep 2018	Jan 2017 - Dec 2018	Apr 2018 - Mar 2019
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)	Apr 2017 - Mar 2018	Oct 2017 - Sep 2018	Jan 2017 - Dec 2018	Apr 2018 - Mar 2019
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.76	1.04	1.07	0.54
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	1.22	0.90	1.17	0.95
◆ Healthcare Associated Infections						
	METRIC	National Standardized Infection Ratio (SIR)	Apr 2017 - Mar 2018	Oct 2017 - Sep 2018	Jan 2017 - Dec 2018	Apr 2018 - Mar 2019
HAI-C-Diff	Clostridium Difficile	1	0.96	0.73	0.72	0.99
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.86	0.52	0.53	0.00
◆ 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

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/)

	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						
	METRIC	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	15.7%	16.10%	15.20%	14.80%	14.09%
READM-30-HF	Heart Failure Readmission Rate	21.6%	22.50%	20.19%	19.80%	20.80%
READM-30-PN	Pneumonia Readmission Rate	16.6%	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)	12.8%	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)	15.3%	14.60%	15.00%	15.40%	14.7%

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 2012- June 2015	July 2013- June 2016	July 2014- June 2017	July 2015 - June 2018
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate	12.9%	11.10%	12.90%	12.80%	12.50%
MORT-30-HF	Heart Failure Mortality Rate	11.5%	11.80%	11.70%	10.30%	9.70%
MORT-30-PN	Pneumonia Mortality Rate	15.6%	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 2015 - Dec 2015	Jan 2016 - Dec 2016	Jan 2017 - Dec 2017	Jan 2018 - Dec 2018
MSPB-1	Medicare Spending Per Beneficiary (All)	0.99	1.00	0.99	0.98	0.97
	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
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

◆ 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 +	38.70%	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 2014 - Dec 2014	Jan 2015 - Dec 2015	Jan 2016 - Dec 2016	Jan 2018 - Dec 2018
OP-22	Patient Left Emergency Department before Being Seen	2.00%	1.00%	1.00%	1.00%	2.00%

+ Lower Number is better

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Schedule 7: External Awards & Recognition

- **Tier 2, Patient Satisfaction and Services**
The Board will report external awards and recognition.

External Awards and Recognition – 2019
<u>Healthgrades:</u> <i>Top 10% for Pulmonary Care, Top 10% in nation for Stroke Care, and Five-Star Distinctions for clinical achievements in Treatment of Heart Failure, Treatment of Pneumonia, and Treatment of Sepsis, Treatment for Diabetic Emergencies, and Treatment of Stroke</i>
<u>American Heart/Stroke Association:</u> <i>Get With the Guidelines – Stroke Gold Plus Quality Achievement Award</i>
<u>Emergency Nurses Association:</u> <i>Lantern Award for demonstrating exceptional and innovative performance in leadership, practice, education (2018-2021)</i>
<u>American College of Surgeons:</u> <i>Level III Trauma Center Verification (2018-2019)</i>
<u>Intersocietal Accreditation Commission:</u> <i>3-Year Echocardiography Accreditation (2018-2021)</i>
<u>The Joint Commission:</u> <i>Primary Stroke Center Notification (2018-2020); The Gold Seal of Approval (2016-2019)</i>
<u>Commission on Cancer:</u> <i>3-Year Accreditation with Commendation (2017-2020)</i>
<u>Society of Cardiovascular Patient Care:</u> <i>Chest Pain Center Accreditation (2017-2020)</i>
<u>United Nations International Children’s Fund/World Health Organization:</u> <i>Baby Friendly Designation (2017-2022)</i>
<u>The National Accreditation Program for Breast Centers:</u> <i>Breast Center Accreditation (2019-2022)</i>
<u>California Medical Association Institute for Medical Quality:</u> <i>Accreditation of Continuing Medical Education (2016-2020)</i>
<u>Top Doctors Marin Magazine:</u> <i>More than 200 physicians across 40+ specialties at MarinHealth Medical Center have been named to the prestigious Top Doctors (2019)</i>
<u>Marin County Emergency Medical Services Agency:</u> <i>MarinHealth Medical Center has earned the esteemed designation of an Emergency Department Approved for Pediatrics (EDAP) from Marin County Emergency Medical Services Agency</i>
<u>The Pacific Sun:</u> <i>Best Local Hospital (2019)</i>
<u>Marin Independent Journal:</u> <i>Reader’s Choice Award for Best Hospital (2019)</i>

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Schedule 8: 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
Brain Injury Network (Schurig Center)	1,050	0	0	0	1,050
Buckelew	26,250	0	0	0	26,250
Coastal Health Alliance	15,750	0	0	0	15,750
Community Institute for Psychotherapy	15,750	0	0	0	15,750
ExtraFood.org	0	0	0	5,775	5,775
Healthy Aging Symposium	0	1,050	0	0	1,050
Homeward Bound	157,500	0	0	0	157,500
Hospice By the Bay	0	0	3,570	0	3,570
Marin Center for Independent Living	26,250	0	0	0	26,250
Marin City Health and Wellness	12,075	0	0	0	12,075
Marin Community Clinics	137,550	0	0	0	137,550
Marin County Patient Transportation	0	0	4,200	0	4,200
Marin Senior Fair	0	2,940	0	0	2,940
MHD 1206(b) Clinics	3,047,081	2,317,938	4,708,623	10,538,183	20,611,825
North Marin Community Clinics	10,500	0	0	0	10,500
Olive Elementary School	525	0	0	0	525
Operation Access	31,500	0	0	0	31,500
Ritter Center	26,250	0	0	0	26,250
RotaCare Free Clinic	15,750	0	0	0	15,750
Summer Solstice	2,153	0	0	0	2,153
To Celebrate Life	0	15,750	0	0	15,750
West Marin Senior Services	10,500	0	0	0	10,500
Whistlestop	14,175	0	0	0	14,175
Zero Breast Cancer	0	5,250	0	0	5,250
Total Cash Donations	\$ 3,550,609	\$ 2,342,928	\$ 4,716,393	\$ 10,543,958	\$ 21,153,888
Meeting room use by community based organizations for community-health related purposes.	4,297	4,164	4,091	4,098	16,650
Food donations	987	987	987	987	3,948
Total In Kind Donations	\$ 5,284	\$ 5,151	\$ 5,078	\$ 5,085	\$ 20,598
Total Cash & In-Kind Donations	\$ 3,555,893	\$ 2,348,079	\$ 4,721,471	\$ 10,549,043	\$ 21,174,486

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Schedule 8, 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	116,201	88,339	106,793	134,502	445,835
Health Professions Education	463,141	496,871	990,422	735,766	2,686,200
Cash and In-Kind Contributions	3,555,893	2,348,079	4,721,471	10,549,043	21,174,486
Community Benefit Operations	4,725	9,450	15,304	13,224	42,703
Community Building Activities	0	0	0	0	0
Traditional Charity Care *Operation Access total is included	274,130	530,775	251,276	178,993	1,235,174
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	9,470,403	8,984,024	7,886,715	7,158,457	33,499,599
Community Benefit Subtotal (amount reported annually to State & IRS)	\$13,884,493	\$12,457,538	\$13,971,981	\$18,769,985	\$59,083,997
Unpaid Cost of Medicare	23,735,540	23,033,010	19,463,994	19,525,704	85,758,248
Bad Debt	327,536	368,080	449,268	461,470	1,606,354
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u>	\$37,947,569	\$35,858,628	\$33,885,243	\$38,757,159	\$146,448,599

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	\$ 347,546	24,661	\$ 898,526
Costs included in Charity Care	\$ 56,079	\$ 35,774	\$ 63,630	4,387	\$ 159,870

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Schedule 9: “Green Building” Status

➤ **Tier 2, Community Commitment**

The Board will report on the facility’s “green building” status based on generally accepted industry environmental impact factors.

Leadership in Energy and Environmental Design (LEED)

Leadership in Energy and Environmental Design (LEED) is a third-party nationally accepted certification program that consists of a suite of rating systems for the design, construction and operation of high performance “green buildings.” This ensures that the buildings are environmentally compatible, provide a healthy work environment, and are profitable.

LEED-certified buildings are intended to use resources more efficiently when compared to conventional buildings simply built to code. LEED-certified buildings often provide healthier work and living environments, which contributes to higher productivity and improved employee health and comfort.

MGH LEED Status
MGH Hospital Replacement Project is registered with the United States Green Building Council (USGBC) as a New Construction Project
MGH Hospital Replacement Project has retained Thornton Tomasetti, specializing in LEED requirements
All key members of the Design Team are LEED certified
Through Construction Documents of the Hospital Replacement Project, the Project has maintained LEED Silver status

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Schedule 10: Physicians on Staff

➤ **Tier 2, Physicians and Employees**

The Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.

As of December 31, 2019, there were a total of 588 physicians on MHMC staff:

- 258 Active
- 50 Consulting
- 29 Courtesy
- 3 Honorary
- 4 Leave of Absence
- 45 Office-Based
- 83 Provisional
- 47 Telemedicine

New Physician Appointments				
January 1, 2019 – December 31, 2019				
	Name		Appointment Date	Specialty
1	Asrani	Anjali	11/26/2019	RNP-Nurse Practitioner
2	Baron	Michele	8/27/2019	OBGYN
3	Barry	Jeffrey	11/26/2019	Orthopedic Surgery
4	Bava	Eric	8/27/2019	Orthopedic Surgery
5	Bhandarkar	Stephen	5/28/2019	Emergency Medicine
6	Biddle	Joshua	8/27/2019	Med-Internal Medicine
7	Busby	Lindsay	6/25/2019	Radiology
8	Caudullo	Dorothy	3/26/2019	PA-Physician Assistant
9	Chan	Robert	5/28/2019	Surg-Urology
10	Cooke	Laura	10/31/2019	RNP-Nurse Practitioner
11	Corradetti	Anita	10/31/2019	Hospital Medicine
12	Coughlin	Ralph	11/26/2019	Orthopedic Surgery
13	Darwish	Carol	5/28/2019	OBGYN
14	Dhillon	Ranvir	10/31/2019	Hospital Medicine
15	Dodds	Claire	2/26/2019	RNP-Nurse Practitioner
16	Ehmer	Nathan	8/27/2019	Orthopedic Surgery
17	Goswamy	Juhi	11/26/2019	Med-Internal Medicine
18	Greenway	Jennifer	6/25/2019	RNP-Nurse Practitioner
19	Gurjala	Anandev	8/27/2019	Surg-Plastic
20	Hellman	Julia	8/27/2019	Emergency Medicine
21	Hepner	Jessica	6/25/2019	RNP-Nurse Practitioner
22	Herr	Jan	3/26/2019	OBGYN
23	Hoffman	Matthew	1/29/2019	Rad-Telemedicine
24	Huang	James	6/25/2019	Pedi-Hematology
25	Immerman	Igor	11/26/2019	Orthopedic Surgery

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Schedule 10, continued

26	Joseph	Tom	6/25/2019	Anesthesiology
27	Kopp-Yates	Hannah	10/31/2019	Certified Nurse Midwife
28	Lansdown	Drew	11/26/2019	Orthopedic Surgery
29	Levin	Jessica	4/23/2019	Certified Nurse Midwife
30	Lewin	Laurence	2/26/2019	Med-Nephrology
31	Lising	Melanie	8/27/2019	Med-Neurology
32	Lowenthal	Sarah	8/27/2019	Family Medicine
33	Marino	Vincent	1/29/2019	Surg-Podiatry
34	Marion	Fiona	2/26/2019	Pediatrics
35	Martinez	Jeanelle	6/25/2019	Certified Nurse Midwife
36	Mayer	Rory	8/27/2019	Surg-Neurosurgery
37	Moller	Lennart	5/28/2019	Psychiatry
38	Naidus	Elliot	11/26/2019	Med-eICU Intensivist
39	Ni	Siyuan	9/24/2019	Med-eICU Intensivist
40	Paul	George	10/31/2019	Anesthesiology
41	Pifer	Eric	2/26/2019	Med-Internal Medicine
42	Rhee	Sue	9/24/2019	Pedi-Gastroenterology
43	Sanda	Srinath	4/23/2019	Pedi-Endocrinology
44	Sauer	Loie	1/29/2019	Surg-Assistant
45	Shavelson	Karin	9/24/2019	Pedi-Hospitalist
46	Shillingford	Jamal	10/31/2019	Orthopedic Surgery
47	Shum	Justine	11/26/2019	Med-Rheumatology
48	Tarekegn	Selamawit	8/27/2019	Hospital Medicine
49	Toquinto	Signy	6/25/2019	Certified Nurse Midwife
50	Valcarcel	Tara	10/31/2019	RNP-Nurse Practitioner
51	Victor	Joy	1/29/2019	Hospital Medicine
52	Virk	Pushwaz	1/29/2019	Hospital Medicine
53	Vohra	Jaspreet	6/25/2019	Emergency Medicine
54	Wild	Yvette	9/24/2019	Pedi-Gastroenterology
55	Yount	Ashley	11/26/2019	PA-Physician Assistant

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Schedule 11: 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	
Q1 2019	546	14	2	2.93%
Q2 2019	541	17	0	3.14%
Q3 2019	542	10	0	1.85%
Q4 2019	539	14	0	2.60%

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
Q1 2019	30	70	546	646	15.48%	10.84%	4.64%
Q2 2019	37	68	541	646	16.25%	10.53%	5.73%
Q3 2019	40	64	542	646	16.10%	9.91%	6.19%
Q4 2019	38	68	539	646	16.56%	10.53%	5.88%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
Q1 2019	15	16	(1)
Q2 2019	13	17	(4)
Q3 2019	11	10	1
Q4 2019	12	14	(2)

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Schedule 12: 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
Q4 2019	Oct 3	0714 – 1905	11'51"	Cath		
Q4 2019	Nov 30	1549 – 1716	1'27"	ED	18	2
Q4 2019	Dec 10	2119 – 2306	1'47"	ED	6	8
Q4 2019	Dec 16	0333 – 0504	1'31"	ED	0	2
Q4 2019	Dec 27	1425 – 2221	7'56"	ED	15	5
Q4 2019	Dec 29	2129 – 2357	2'28"	ED	8	10
Q4 2019	Dec 30	1447 – 1802	3'15"	ED	21	4

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)*

