



MarinHealth Medical Center

Performance Metrics and Core Services Report

Annual Report 2021

June 7, 2022

MarinHealth Medical Center (Marin General Hospital)
Performance Metrics and Core Services Report: ANNUAL REPORT 2021

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 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	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

MarinHealth Medical Center (Marin General Hospital)
Performance Metrics and Core Services Report: ANNUAL REPORT 2021

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 April 5, 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 March 2, 2021.
	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 2021 Independent Audit was completed on May 3, 2021.
	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 2020 Form 990 was filed on November 15, 2021.



SCHEDULE 1: HCAHPS

EXECUTIVE SUMMARY Q4 2021 HCAHPS

Time Period

Q4 2021 HCAHPS Survey with CMS Benchmarks

Accomplishments

- Overall Rating (74.45%) meets threshold for achieving full reimbursement (50thp)
- Physician, Responsiveness, and Discharge Information items at 50thp or better
 - Responsiveness improved over previous quarters

Areas for Improvement

- Nurse, Medication, Care Transitions items < 50thp
 - Performance flat across 2021

Data Summary

Average of 330 surveys returned per quarter for sample of 1,319 during 2021.

Barriers or Limitations

- Potential for staffing impacts on performance due to traveler usage, staff COVID protocols fatigue, leader changes.
- Limitations on visitors impact patient/family team communications and experience of care.

Next Steps

- Rebooting hourly rounding on Medical/Surgical units.
- External consult assessment in process to kickstart performance best practices and assist leader team in focusing on vital few in lieu of APeX implementation.

MHMC Performance Metrics and Core Services Report

Annual Report 2021

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 2023 VBP Thresholds				Q1 2021	Q2 2021	Q3 2021	Q4 2021
73.66	81.29	87.39	Overall rating	76.07	78.08	71.62	74.45
			Would Recommend	78.55	78.45	73.72	79.81
83.62	88.23	91.91	Communication with Nurses	75.70	79.27	73.98	79.90
			Nurse Respect	82.33	85.39	85.00	84.52
			Nurse Listen	72.73	76.95	80.10	75.61
			Nurse Explain	72.03	75.48	79.63	79.57
82.63	87.15	90.77	Communication with Doctors	78.79	79.82	76.19	82.97
			Doctor Respect	86.01	85.94	87.63	87.00
			Doctor Listen	78.67	78.53	83.33	81.60
			Doctor Explain	71.68	75.00	79.21	80.31
66.32	75.04	82.02	Responsiveness of Staff	62.97	62.76	57.97	66.79
			Call Button	55.65	58.45	61.31	65.40
			Bathroom Help	70.29	67.07	67.43	68.18
64.81	70.89	75.75	Communication about Medications	63.55	63.09	56.40	63.69
			Med Explanation	76.77	72.16	76.09	75.00
			Med Side Effects	50.33	54.02	51.11	52.38
71.33	79.11	85.34	Hospital Environment	68.35	66.32	57.40	66.29
			Cleanliness	70.86	71.10	67.48	69.35
			Quiet	65.85	61.54	66.93	63.22
88.93	91.70	93.91	Discharge Information	88.15	90.07	84.35	90.16
			Help After Discharge	85.50	88.14	85.07	88.27
			Symptoms to Monitor	90.80	92.01	91.62	92.05
52.44	58.96	64.17	Care Transition	51.14	47.59	39.34	46.28
			Care Preferences	45.96	40.34	38.19	42.35
			Responsibilities	53.05	47.54	47.58	46.11
			Medications	54.42	54.89	51.15	50.38
			Number of Surveys	288	314	383	329

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.

MHMC Performance Metrics and Core Services Report Annual Report 2021

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, Fall Fest, National Diabetes Month, education and screenings	General public
Breast Health Center	Provided low-cost mammograms	Low-income and underserved women
Breastfeeding Telephone Support Line	Free education, counseling and breastfeeding support	Breastfeeding women
Community Nutrition Education Telephone Support Line	Free advice line open to the community for nutrition information	General public
Community district events	COVID-19 Vaccinations webinar, Teen Mental Health webinar, Bike Safety Webinar	General public
Compassionate Discharge Services and Medications	Covered cost of services and medications upon discharge	Uninsured and underinsured patients
COVID-19 Communications	Public information on COVID	General public
Disaster Training	Medical disaster training and first aid	Boy Scouts
Health Connection e-Newsletter and Podcasts	Free monthly newsletter and quarterly podcasts on a variety of health topics	General public
Infant Care Series	Classes on infant care topics	General public
Integrative Wellness Center	Education and support group events (yoga, healthy weight management, Qi Gong, cancer support groups, etc.)	General public
Shuttle Program for Seniors	Free shuttle service for seniors in the Behavioral Health program	Seniors in need
The Mom’s Group and Pathways	Free support groups that discuss newborn care, breastfeeding, parenting, etc.	General public
The New Father Class	Free class for new fathers to learn to care for newborns	General public
Transportation	Free taxi vouchers	Persons who lack transportation to medical services

MHMC Performance Metrics and Core Services Report Annual Report 2021

Schedule 2, continued

Health Professions Education		
Event	Description	Recipients
Grand Rounds	Education programs open to community health providers	Physicians
Nursing Students	Supervision and training hours	Nursing students
Nutrition Students	Supervision and training hours	Dietetics students
Occupational Therapy Students	Supervision and training hours	Occupational Therapy students
Pharmacy Student Clinical Rotations	Supervision and training hours	Pharmacy students
Physical Therapy Students	Supervision and training hours	Physical Therapy students
Radiology Student Internships	Supervision and training hours	Radiology students
Respiratory Therapy Student Internships	Supervision and training hours	Respiratory Therapy students

The complete 2021 Annual Community Benefit Report is available at
<https://www.mymarinhealth.org/about-us/community-benefit/>

MHMC Performance Metrics and Core Services Report Annual Report 2021

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 MarinHealth 2021 Provider Engagement Survey Results

Source: Professional Research Consultants, Inc.

Asked of Providers:

**“WOULD YOU SAY THE OVERALL
QUALITY OF CARE AT MARINHEALTH MEDICAL CENTER IS...”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	74 [81 in 2020]	40% [37% in 2020]
Very Good	72 [93 in 2020]	39% [42% in 2020]
Good	30 [34 in 2020]	16% [15% in 2020]
Fair	5 [10 in 2020]	3% [5% in 2020]
Poor	2 [2 in 2020]	1% [1% in 2020]

Percentile Ranking: 51st Percentile [44th in 2020]
Total Number of Responses: 183 Providers [220 responses in 2020]

Asked of Providers:

**“OVERALL, AS A PLACE TO PRACTICE MEDICINE,
WOULD YOU SAY MARINHEALTH IS...”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	63 [68 in 2020]	34% [31% in 2020]
Very Good	59 [78 in 2020]	32% [36% in 2020]
Good	38 [44 in 2020]	21% [20% in 2020]
Fair	17 [20 in 2020]	9% [9% in 2020]
Poor	7 [7 in 2020]	4% [4% in 2020]

Percentile Ranking: 38th Percentile [31st in 2020]
Total Number of Responses: 184 Providers [219 responses in 2020]

MHMC Performance Metrics and Core Services Report Annual Report 2021

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 MHMC 2021 Employee Engagement Study Results

Source: MHMC Employee Engagement Pulse Survey

Asked of Employees:

**“OVERALL, AS A PLACE TO WORK, WOULD YOU SAY
MARINHEALTH MEDICAL CENTER IS:”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	216 [201 in 2020]	22% [26% in 2020]
Very Good	276 [225 in 2020]	28% [29% in 2020]
Good	269 [178 in 2020]	28% [23% in 2020]
Fair	132 [116 in 2020]	14% [15% in 2020]
Poor	83 [54 in 2020]	9% [7% in 2020]

Total Number of Responses: 976 (61%) [774 (43%) in 2020]

MHMC Performance Metrics and Core Services Report

Annual Report 2021

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	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Total 2021
EBIDA \$ (in thousands)	519	316	9,099	16,352	22,568	22,568
EBIDA %	0.1%	0.30%	3.90%	4.60%	4.60%	4.60%
Loan Ratios						
Annual Debt Service Coverage	(0.24)	0.49	1.58	1.99	2.81	2.81
Maximum Annual Debt Service Coverage	(0.21)	0.43	1.30	1.63	1.73	1.73
Debt to Capitalization	53.2%	54.1%	52.6%	52.6%	50.4%	50.4%
Key Service Volumes						
Acute discharges	2,006	2,004	2,144	2,307	2,209	8,664
Acute patient days	6,381	10,110	10,405	11,594	11,138	43,247
Average length of stay	4.43	5.04	4.95	4.97	4.99	4.99
Emergency Department visits	7,301	7,346	5,321	7,314	6,937	26,918
Inpatient surgeries	375	359	399	411	404	1,573
Outpatient surgeries	950	963	1,102	1,097	1,155	4,317
Newborns	281	281	352	356	368	1,357

MHMC Performance Metrics and Core Services Report

Annual Report 2021

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 2021

Major Capital Expenditures	
Haemonetics Corporation	289,023
QIAGEN Inc	199,000
Stryker Instruments	169,036
GE Healthcare	164,938
INTUITIVE SURGICAL INC	161,100
Philips	147,388
Philips	125,968
Belmont	113,663
Other Capital Projects under \$100k	1,209,662
Total Major Capital Expenditures	2,579,778
Major Construction in Progress Expenditures	
Hospital Replacement Building Project	31,996,988
2019 Behavioral Health Reclassification	1,753,707
Oak Pavilion Flex Vision	744,038
West Wing Elevator	735,269
APeX MH Labor	626,630
75 Rowland Way Optimization	609,301
Hybrid OR Conversion	521,598
Backfill MGH Master Planning	513,404
APeX MH Interfaces and Conversions	487,870
Sitework Project	354,066
APEX	346,056
Pyxis Medstation	245,136
MHMN/UCSF Orthopedics at 4000 Civic Center	189,178
VERTRAN ASSOCIATES, LLC	167,023
WW Ground + L1 Surgery Support	165,980
Oak Pavilion Ligature	160,058
Capitalized Interest - Series B	152,540
MESA LABORATORIES INC	146,401
Pharmacy Compounding	121,203
MGH 2.0 IT Infrastructure	115,442
Redwood Pavilion Central Feed Tank	107,906
Marin Gastroenterology	107,167
Banyan Integration	106,295
Other CIP under \$100k	711,622
Total Construction in Progress	41,184,876
Total Capital Expenditures	43,764,654

MHMC Performance Metrics and Core Services Report Annual Report 2021

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.medicare.gov/care-compare/)



EXECUTIVE SUMMARY

Q4 2021 Core Measures Dashboard

CMS Hospital IQR (Inpatient Quality Reporting) Program

Time Period

Q4 2021- year end summary of publicly reported metrics (Star Rating)

Accomplishments

- 4 Star rating
- 2021 STK-4 Thrombolytic Therapy 90% (9/10 patients) >75% in 2020
- Behavioral Health measures at benchmark or better than 2020 (except Tobacco)
- Hospital Transition record elements (95%), timeliness (94%) >2021
- Employee Flu Vaccination (94%) improved from 2020

Areas for Improvement or Monitoring

- 2021 SEP (Sepsis) 51% compliance
- ED Inpatient Admit Decision-Departure Time 141 min > 99-minute CMS median
- CLABSI SIR ratio and Hip/Knee Complications (pg. 2) impacted by COVID census

Data Summary

- Pg. 1 contains 2021 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:

- Throughput Committee re-established
- ED staffing stabilized w/ new graduate RNs
- Sepsis improvements pending APeX and committee reboot

Hospital Inpatient Quality Reporting Program Measures

	METRIC	CMS**	2020	Q1 -2021	Q2 -2021	Q3 -2021	Q4-2021	Q4-2021 Num/Den	Rolling 2021 YTD	2021 YTD Num/Den
◆ Stroke Measures										
STK-4	Thrombolytic Therapy	100%	75%	100%	100%	100%	67%	2/3	90%	9/10
◆ Sepsis Measure										
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	81%	50%	46%	53%	51%	54%	51/94	51%	166/323
◆ Perinatal Care Measure										
PC-01	Elective Delivery +	0%	1%	0%	0%	0%	0%	0/27	0%	0/105
◆ ED Inpatient Measures										
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients +	99***	129.00	148.00	143.00	133.00	147.00	166-Cases	141.00	719-Cases
◆ Psychiatric (HBIPS) Measures										
IPF-HBIPS-2	Hours of Physical Restraint Use +	0.38	0.08	0.26	0.04	0.00	0.18	N/A	0.12	N/A
IPF-HBIPS-3	Hours of Seclusion Use +	0.29	0.06	0.03	0.00	0.00	0.07	N/A	0.02	N/A
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	99%	92%	100%	95%	100%	95%	18/19	97%	63/65
◆ Substance Use Measures										
SUB-2	2-Alcohol Use Brief Intervention Provided or offered	100%	100%	100%	N/A	N/A	100%	4/4	100%	8/8
SUB-2a	Alcohol Use Brief Intervention	100%	100%	100%	N/A	N/A	100%	4/4	100%	8/8
◆ Tobacco Use Measures										
TOB-2	2-Tobacco Use Treatment Provided or Offered	100%	97%	100%	N/A	N/A	100%	3/3	100%	7/7
TOB-2a	2a-Tobacco Use Treatment	88%	94%	100%	N/A	N/A	33%	1/3	71%	5/7
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge	99%	100%	67%	N/A	N/A	67%	2/3	67%	4/6
TOB-3a	3a-Tobacco Use Treatment at Discharge	71%	79%	33%	N/A	N/A	33%	1/3	33%	2/6
	METRIC	CMS**	2020	Q1 -2021	Q2 -2021	Q3 -2021	Q4-2021	Q4-2021 Num/Den	Rolling 2020 YTD	Rolling Num/Den
◆ Transition Record Measures										
TRSE	Transition Record with Specified Elements Received by Discharged Patients	99%	92%	98%	95%	93%	94%	123/131	95%	469/493
TTTR	Timely Transmission of Transition Record	98%	90%	97%	94%	93%	93%	122/131	94%	465/493
	METRIC	CMS**	2018	2019	2020				2021	Rolling Num/Den
IPF-IMM-2	Influenza Immunization	100%		98%	90%	92%			96%	244/254

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

Hospital Outpatient Quality Reporting Program Measures

	METRIC	CMS**	2020	Q1 -2021	Q2 -2021	Q3 -2021	Q4-2021	Q4 2021 Num/Den	Rolling 2021 YTD	2021 YTD Num/Den
◆ Outpatient Stroke Measure										
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	72%***	63%	83%	91%	86%	50%	2/4	82%	23/28

*** National Average + Lower Number is better

◆ 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	90%	81%	89%	89%	92%
◆ Surgical Site Infection +						
	METRIC	National Standardized Infection Ratio (SIR)	Jul 2018 - June 2019	Oct 2018 - Sep 2019	Jan 2019 - Dec 2019	Jul 2019 - Dec 2020
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	not published**	not published**	0.98	0.90
HAI-SSI-Hystr	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 2018 - Sep 2019	Jan 2019 - Dec 2019	Jul 2019 - Dec 2020	Oct 2019 - Mar 2021
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.71	0.30	1.17	1.38
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.90	0.98	0.99	0.47
	METRIC	2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021
	Central Line Associated Blood Stream Infection (CLABSI)	1.43	(1 infection)	0.00	0.00	0.00
	Catheter Associated Urinary Tract Infection (CAUTI)	0.73	0.00	0.58	0.52	0.00
◆ Healthcare Associated Infections +						
	METRIC	National Standardized Infection Ratio (SIR)	Oct 2018 - Sep 2019	Jan 2019 - Dec 2019	Jul 2019 - Dec 2020	Oct 2019 - Mar 2021
HAI-CDiff	Clostridium Difficile	1	1.22	1.18	0.65	0.59
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.00	0.00	0.76	0.69
	METRIC	2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021
HAI-CDiff	Clostridium Difficile (Rate per 10000)	0.47	0.87	0.00	0.88	0.00
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia (Rate per	1.30	0.00	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	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-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 2014 - March 2017	April 2015 - March 2018	April 2016 - March 2019	April 2017 - Oct 2019
Surgical Complication	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty +	2.4%	2.5%	2.7%	3.0%	2.6%

*** National Average + Lower Number is better

♦ Mortality Measures - 30 Day +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2014 - June 2017	July 2015 - June 2018	July 2016 - June 2019	July 2017 - Dec 2019
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate	12.7%	12.80%	12.50%	10.90%	10.70%
MORT-30-HF	Heart Failure Mortality Rate	11.3%	10.30%	9.70%	8.00%	8.60%
MORT-30-PN	Pneumonia Mortality Rate	15.4%	15.90%	15.30%	14.20%	13.90%
MORT-30-COPD	COPD Mortality Rate	8.40%	9.30%	8.80%	9.20%	8.60%
MORT-30-STK	Stroke Mortality Rate	13.80%	12.70%	13.70%	13.60%	13.40%
CABG MORT-30	CABG 30-day Mortality Rate	3.00%	3.60%	3.40%	3.00%	2.50%
♦ Acute Care Readmissions - 30 Day Risk Standardized +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2014 - June 2017	July 2015 - June 2018	July 2016 - June 2019	July 2017 - Dec 2019
READM-30-AMI	Acute Myocardial Infarction Readmission Rate	16.1%	14.80%	14.09%	16.30%	15.50%
READM-30-HF	Heart Failure Readmission Rate	21.9%	19.80%	20.80%	21.60%	21.20%
READM-30-PN	Pneumonia Readmission Rate	16.6%	15.90%	15.10%	13.80%	14.50%
READM-30-COPD	COPD Readmission Rate	19.60%	20.49%	19.20%	19.60%	19.30%
READM-30-THA/TKA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.00%	4.10%	3.90%	4.40%	4.20%
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	12.70%	13.70%	13.80%	11.70%	12.20%
	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
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR) +	15.6%	15.40%	14.7%	13.7%	14.9%
♦ Cost Efficiency +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2016 - Dec 2016	Jan 2017 - Dec 2017	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019
MSPB-1	Medicare Spending Per Beneficiary (All)	0.99	0.99	0.98	0.97	0.97
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	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-8	Outpatient with Low Back Pain who had an MRI without trying Recommended Treatments First, such as Physical Therapy	38.20%	Not Available	Not Available	Not Available	Not Available
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



EXECUTIVE SUMMARY

Q1 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 AMI mortality of 0
- Surgical Site infections low YTD
- Falls/Injury and HAPI low YTD

Areas for Improvement or Monitoring

- Stroke Mortality: ratio higher than expected (1.17 for 4 patients)
- Sepsis Mortality: ratio slightly higher than 2021 mean (0.76 for 31 patients)
- Readmission rates: higher than 2021 average but lower than national benchmark
 - Stroke readmission: 7 of 32 patients
 - Sepsis readmission: 13 of 50 patients
- Length of Stay (LOS): overall LOS higher than 2021 mean
 - AMI, Stroke Sepsis Pneumonia LOS driving overall rate
- CAUTI SIR: 2 infections in Q1
- C-difficile Infections (CDI): 2 infections Q1
- PSI-90: 3 Post-operative DVT, 1 HAPI (Healthcare Associated Pressure Injury)

Data Summary

- New Dashboard for 2022, based on feedback from key stakeholders with data from medical/surgical high volume procedures and high risk harm events.
- 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
- HAIs addressed by Infection Prevention and Nursing teams
- Reduce timing of Sepsis feedback to ED teams



Clinical Quality Dashboard
Period: Q1 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
Mortality-All Cause (Risk Adjusted O:E)	O:E Ratio	<1.0	0.75	0.71	0.78	0.69	0.71
Mortality- AMI	O:E Ratio		0.55	0.42	0.61	0.58	0.00
Mortality- Hrt Failure	O:E Ratio		0.74	1.17	0.83	0.32	0.29
Mortality- Hip	O:E Ratio		0.00	0.00	0.00	0.00	0.75
Mortality- Knee	O:E Ratio		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
Mortality- Sepsis	O:E Ratio		0.72	0.45	0.75	0.74	0.76
Mortality- Pneumonia	O:E Ratio		0.86	0.85	0.57	1.58	0.33
Readmission- All (Rate)	Rate	<15.5%	9.66	9.43	9.79	10.63	11.02
Readmission- AMI	Rate		10.53	13.21	9.26	10.64	9.76
Readmission-Hrt Failure	Rate		12.45	4.26	15.71	14.63	14.94
Readmission- Hip	Rate		3.33	4.17	0.00	5.56	7.14
Readmission- Knee	Rate		3.60	7.69	0.00	2.78	0.00
Readmission- Stroke	Rate		6.29	4.26	7.32	8.70	21.21
Readmission- Sepsis	Rate		14.15	8.14	16.22	13.48	21.05
Readmission- Pneumonia	Rate		12.77	6.12	2.33	11.29	14.29
LOS-All Cause	Mean	4.90	4.64	4.48	4.54	4.74	4.80
LOS- AMI	Mean		3.85	3.61	4.07	3.61	5.20
LOS-Hrt Failure	Mean		5.01	5.02	4.39	5.24	5.02
LOS- Hip	Mean		2.23	3.42	1.83	2.17	3.43
LOS- Knee	Mean		1.85	1.89	1.86	1.83	2.10
LOS- Stroke	Mean		4.98	3.98	4.51	6.98	5.42
LOS- SEPSIS	Mean		11.24	11.02	10.18	10.53	10.67
LOS- Pneumonia	Mean		5.98	5.20	6.13	7.69	7.03
Metrics: HAIs, Sepsis, Harm Events	Reporting	Target**	2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022
CAUTI (SIR)	SIR	<1.0	0.29	0.95	0.85	0	1.70
Hospital Acquired C-Diff (CDI)	SIR	<1.0	0.213	0.00	0.14	0	0.31
Surgical Site Infection (Superficial)	# Infections	TBD	10	2	4	1	0
Surgical Site Infection (Deep, Organ Space and Joint)	# Infections	TBD	16	3	6	1	2
Sepsis Bundle Compliance	% Compliance	63%^	51%	53%	51%	55%	52%
Hospital Acquired Pressure Injury (HAPI)	# HAPI	<=1	0	0	0	0	1
Patient Falls with Injury	# Falls	<=1	1	1	0	0	0
PSI 90 / Healthcare Acquired Conditions	Ratio	<1.0	1.78	1.50	3.32	0.90	1.35
Serious Safety Events	# Events	<=1	1	0	1	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

MHMC Performance Metrics and Core Services Report Annual Report 2021

Schedule 7: External Awards & Recognition

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

External Awards and Recognition – 2021
<p style="text-align: center;"><u>Healthgrades</u></p> <p style="text-align: center;"><i>America’s 100 Best Hospitals for Cardiac Care. Five-Star Distinctions in: treatment of sepsis for 10 years in a row, treatment of heart failure for 4 years in a row, treatment of heart attack for two years in a row, treatment of diabetic emergencies for two years in a row, treatment of Chronic Obstructive Pulmonary Disease and treatment of gastrointestinal bleed.</i></p>
<p style="text-align: center;"><u>American Heart/Stroke Association</u></p> <p style="text-align: center;"><i>Get With the Guidelines-Stroke Gold Plus Quality Achievement Award</i></p>
<p style="text-align: center;"><u>Emergency Nurses Association</u></p> <p style="text-align: center;"><i>Lantern Award for demonstrating exceptional and innovative performance in leadership, practice, education (2018 – 2021)</i></p>
<p style="text-align: center;"><u>American College of Surgeons</u></p> <p style="text-align: center;"><i>Level III Trauma Center Verification (2019 – 2021)</i></p>
<p style="text-align: center;"><u>Intersocietal Accreditation Commission</u></p> <p style="text-align: center;"><i>3-Year Echocardiography Accreditation (2018 – 2021)</i></p>
<p style="text-align: center;"><u>The Joint Commission</u></p> <p style="text-align: center;"><i>Primary Stroke Center Certification (2020 -2022)</i> <i>Gold Seal of Approval for hospital services, advanced inpatient diabetes care program, stroke care program and behavioral health services (2019-2022)</i></p>
<p style="text-align: center;"><u>Commission on Cancer</u></p> <p style="text-align: center;"><i>3-Year Accreditation (2020 – 2023)</i></p>
<p style="text-align: center;"><u>United Nations International Children’s Fund/World Health Organization</u></p> <p style="text-align: center;"><i>Baby Friendly Designation (2017 – 2022)</i></p>
<p style="text-align: center;"><u>The National Accreditation Program for Breast Centers</u></p> <p style="text-align: center;"><i>Breast Center Accreditation (2019-2022)</i></p>
<p style="text-align: center;"><u>California Medical Association Institute for Medical Quality</u></p> <p style="text-align: center;"><i>Accreditation of Continuing Medical Education (2020 – 2024)</i></p>
<p style="text-align: center;"><u>Blue Shield of California’s Blue Distinction</u></p> <p style="text-align: center;"><i>Center for Maternity Care</i></p>
<p style="text-align: center;"><u>California Department of Public Health</u></p> <p style="text-align: center;"><i>Antimicrobial Stewardship Honor Roll (2020-2022)</i></p>
<p style="text-align: center;"><u>Marin County Emergency Medical Services Agency</u></p> <p style="text-align: center;"><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></p>
<p style="text-align: center;"><u>The Pacific Sun</u></p> <p style="text-align: center;"><i>Best Local Hospital (2021)</i></p>
<p style="text-align: center;"><u>Marin Independent Journal</u></p> <p style="text-align: center;"><i>Reader’s Choice Award for Best Hospital (2021)</i></p>

MHMC Performance Metrics and Core Services Report Annual Report 2021

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 2021	Q2 2021	Q3 2021	Q4 2021	Total 2021
Bucklew	26,250	0	0	0	26,250
Canal Alliance	21,000	0	0	0	21,000
Ceres Community Project	10,500	0	0	0	10,500
Coastal Health Alliance (Petaluma HC)	15,750	0	0	0	15,750
Community Action Marin	10,500	0	0	0	10,500
Community Institute for Psychotherapy	15,750	0	0	0	15,750
Homeward Bound	157,500	0	0	0	157,500
Huckleberry Youth Programs	10,500	0	0	0	10,500
Jewish Family and Children's Services	10,500	0	0	0	10,500
Marin Center for Independent Living	26,250	0	0	0	26,250
Marin City Community Dev Corp	10,500	0	0	0	10,500
Marin Community Clinics	75,600	0	0	0	75,600
MHD 1206B Clinics	8,068,761	9,001,488	6,076,822	5,109,573	28,256,644
North Marin Community Services	10,500	0	0	0	10,500
Operation Access	21,000	0	0	0	21,000
Ritter Center	26,250	0	0	0	26,250
RotaCare Free Clinic	15,750	0	0	0	15,750
San Geronimo Valley Community Center	10,500	0	0	0	10,500
Spahr Center	8,400	0	0	0	8,400
St. Vincent de Paul Society of Marin	0	0	0	2,625	2,625
Summer Solstice	0	0	0	2,152	2,152
West Marin Senior Services	10,500	0	0	0	10,500
Zero Breast Cancer	0	0	0	5,250	5,250
Total Cash Donations	8,562,261	9,001,488	6,076,822	5,119,600	28,760,171
Compassionate discharge medications	0	0	0	41,115	41,115
Meeting room use by community based organizations for community-health related purposes	0	0	0	0	0
Food donations	1,402	1,186	1,186	18,047	21,821
Total In Kind Donations	1,402	1,186	1,186	59,162	62,936
Total Cash & In-Kind Donations	8,563,663	9,002,674	6,078,008	5,178,762	28,823,107

MHMC Performance Metrics and Core Services Report Annual Report 2021

Schedule 8, continued

Community Benefit Summary (These figures are not final and are subject to change)					
	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Total 2021
Community Health Improvement Services	128,913	84,097	82,061	237,166	532,237
Health Professions Education	1,025,874	652,925	509,061	122,068	2,310,587
Cash and In-Kind Contributions	8,563,663	9,002,674	6,078,008	5,178,762	28,823,107
Community Benefit Operations	0	0	1,428	51,470	52,898
Community Building Activities	0	0	0	0	0
Traditional Charity Care *Operation Access total is included	368,856	352,471	88,354	163,629	973,310
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	11,451,158	12,767,981	11,309,987	10,880,821	46,409,947
Community Benefit Subtotal (amount reported annually to State & IRS)	21,538,464	22,860,148	18,069,558	16,633,916	79,102,086
Unpaid Cost of Medicare	26,353,899	30,885,506	30,209,924	29,467,167	116,916,496
Bad Debt	288,534	287,205	345,832	448,331	1,369,902
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total	48,180,897	54,032,859	48,625,314	46,549,414	197,388,484

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 2021	Q2 2021	Q3 2021	Q4 2021	Total 2021
*Operation Access charity care provided by MGH (waived hospital charges)	732,198	137,328	0	600	870,126
Costs included in Charity Care	140,173	26,290	23	115	166,601

MHMC Performance Metrics and Core Services Report Annual Report 2021

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.

MHMC 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
MarinHealth Medical Center achieved LEED Silver Certification on February 15, 2022

MHMC Performance Metrics and Core Services Report Annual Report 2021

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, 2021, there were a total of 554 physicians on MHMC staff:

- 252 Active
- 57 Affiliate
- 56 Allied Health
- 77 Consulting
- 140 Provisional
- 7 Telemedicine

New Physician Appointments					
January 1, 2021 – December 31, 2021					
	Last Name	First Name	Degree	Appointment Date	Specialty
1	Aicardi	James	PA	2021/10/26	Physician Assistant, Orthopedic Surgery
2	Aye	Saw	MD	2021/04/27	Internal Medicine
3	Baradaran	Kimya	PA	2021/04/27	Physician Assistant
4	Bargo	Lonnie	MD	2021/08/24	Teleradiology
5	Belizaire	Madeleine	CNM	2021/02/23	Certified Nurse Midwife
6	Brar	Amarpali	MD	2021/09/28	Nephrology
7	Burton	Elijah	MD	2021/08/24	Teleradiology
8	Callander	Peter	MD	2021/10/26	Orthopaedic Surgery
9	Carlson	Danielle	CNM	2021/11/23	Certified Nurse Midwife
10	Cecilio	Laurence	RNP	2021/01/26	Nurse Practitioner
11	Cheng	Andrew	DPM	2021/11/23	Surgery, Podiatric
12	Choo	Christopher	MD	2021/02/23	Hospital Medicine
13	Dasari	Gopika	MD	2021/10/26	Adult Hospitalist
14	Dennis	Jolanta	MD	2021/08/24	Teleradiology
15	DiGiorgio	Anthony	DO	2021/05/25	Neurosurgery
16	Doan	Louis	DO	2021/05/25	Psychiatry
17	Friedman	Alex	PA	2021/01/26	Physician Assistant
18	Garcia	Merlienaida	RNP	2021/01/26	Nurse Practitioner
19	Garcia	Jennie	MD	2021/01/26	Obstetrics and Gynecology
20	Garcia	Melanie	RNP	2021/04/27	Nurse Practitioner
21	Gelber	Jonathan	MD	2021/03/23	Emergency Medicine
22	Glover	Kyle	MD	2021/09/28	Internal Medicine
23	Goodarzi Babhadi	Amir	MD	2021/11/23	Neurosurgery
24	Green	William	MD	2021/11/23	Orthopaedic Surgery
25	Grom	Edward	MD	2021/08/24	Emergency Medicine

MHMC Performance Metrics and Core Services Report

Annual Report 2021

Schedule 10, continued

	Last Name	First Name	Degree	Appointment Date	Specialty
26	Haddock	Ellen	MD	2021/10/26	Dermatology
27	Hakim	Natalya	MD	2021/08/24	Pathology
28	Hanks	Madeleine	MD	2021/01/26	Pediatrics
29	Hans	Gurkamal	MD	2021/01/26	Internal Medicine
30	Hovis	Keegan	MD	2021/08/24	Diagnostic Radiology
31	Juncker	Melissa	PA	2021/03/23	Physician Assistant
32	Kershaw	Ruth	PA	2021/11/23	Physician Assistant
33	Kidd	Sabrina	MD	2021/11/23	Colon & Rectal Surgery
34	Klein	Michael	MD	2021/08/24	Diagnostic Radiology
35	Koehler	Matthew	DO	2021/09/28	Dermatology
36	Krepkiy	Viktoriya	DPM	2021/09/28	Surgery, Podiatric
37	Kwong	Steven	MD	2021/06/29	Diagnostic Radiology
38	Latta	Rachel	CNM	2021/02/23	Certified Nurse Midwife
39	Lattin	Grant	MD	2021/08/24	Teleradiology
40	Lin	Stephanie	MD	2021/08/24	Surgery, Vascular Surgery
41	Lin	Elaine	MD	2021/09/28	Dermatology
42	Lucchesi	Archana	MD	2021/08/24	Teleradiology
43	Madsen	Monica	PA	2021/04/27	Physician Assistant
44	Mayle	Robert	MD	2021/08/24	Orthopaedic Surgery
45	Morneau	Leonard	MD	2021/08/24	Teleradiology
46	Neill	Emily	MD	2021/10/26	Emergency Medicine
47	Nichols	Taylor	MD	2021/10/26	Emergency Medicine
48	Nikkar	Anoosheh	PA	2021/11/23	Physician Assistant
49	Nishtala	Arvind	MD	2021/08/24	Cardiology
50	Onderi	Simon	MD	2021/08/24	Teleradiology
51	Osman	Farid	MD	2021/04/27	Nephrology
52	Palmquist	Jacob	MD	2021/09/28	Pediatrics
53	Park	Lisa	MD	2021/11/23	Colon & Rectal Surgery
54	Parsons	Mignon	MD	2021/08/24	Pediatrics
55	Plata-Martinez	Carlos	MD	2021/03/23	Anesthesiology
56	Rodriguez	Angela	MD	2021/02/23	Plastic Surgery
57	Rosenstein	Melissa	MD	2021/08/24	Obstetrics and Gynecology
58	Royston	Eric	DO	2021/09/28	Teleradiology
59	Sandhu	Gurmanpal	MD	2021/01/26	Internal Medicine
60	Santiesteban	Lauren	MD	2021/11/23	Orthopaedic Surgery
61	Saxon	Andrew	MD	2021/08/24	Pediatric Hospitalist
62	Schrumpf	Mark	MD	2021/08/24	Orthopaedic Surgery
63	Shapiro	Lauren	MD	2021/11/23	Orthopaedic Surgery

MHMC Performance Metrics and Core Services Report

Annual Report 2021

Schedule 10, continued

	Last Name	First Name	Degree	Appointment Date	Specialty
64	Shearer	David	MD	2021/05/25	Orthopaedic Surgery
65	Shey	Susan	MD	2021/08/24	Internal Medicine, Endocrinology
66	Sunderrajan	Salitha	MD	2021/03/23	Nephrology
67	Tafoya	Chelsea	MD	2021/10/26	Emergency Medicine
68	Tamplen	Matthew	MD	2021/08/24	Otolaryngology
69	Tamura	Lyndly	MD	2021/09/28	Physical Medicine & Rehabilitation
70	Tanvir	Anum	DO	2021/02/23	Family Medicine
71	Tay	Bobby	MD	2021/01/26	Orthopaedic Surgery
72	Therien	Julie	PA	2021/08/24	Physician Assistant
73	Toogood	Paul	MD	2021/05/25	Orthopaedic Surgery
74	Valone	Frank	MD	2021/08/24	Orthopaedic Surgery
75	Valone	Lindsey	MD	2021/11/23	Orthopaedic Surgery
76	Walker	Johnna	PA	2021/10/26	Physician Assistant, Orthopedic Surgery
77	Washburn	Elisa	DO	2021/01/26	Family Medicine
78	Wlasiuk	Nadine	RNP	2021/05/25	Nurse Practitioner
79	Wong	Jasmine	MD	2021/06/29	Surgery, Breast
80	Wright	Alexander	MD	2021/08/24	Teleradiology
81	Yang	Rachel	MD	2021/09/28	Surgery, Breast
82	Yee	Kalle	DO	2021/09/28	Family Medicine

MHMC Performance Metrics and Core Services Report Annual Report 2021

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 2021	525	23	1	4.57%
Q2 2021	527	22	1	4.36%
Q3 2021	526	23	0	4.37%
Q4 2021	536	19	2	3.92%

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 2021	37	75	525	637	17.58%	11.77%	5.81%
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%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
Q1 2021	35	24	11
Q2 2021	22	23	(1)
Q3 2021	25	23	2
Q4 2021	30	21	9

MHMC Performance Metrics and Core Services Report Annual Report 2021

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 2021	Oct 1	20:01	2'01"	ED	21	10
	Oct 14	15:33	2'00"	ED	6	7
	Oct 19	23:18	2'01"	ED	0	11
	Oct 25	17:58	2'01"	ED	15	5
	Nov 12	22:11	2'01"	ED	17	10
	Nov 13	12:06	2'01"	ED	17	6
	Nov 18	16:31	2'01"	ED	15	5
	Nov 19	14:14	2'01"	ED	15	10
	Dec 4	10:19	1'56"	ED	1	5
	Dec 8	23:47	2'01"	ED	11	2
	Dec 23	00:35	2'00"	ED	9	5
	Dec 27	15:08	1'13"	ED	17	2

2021 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)

