

Marin General Hospital

Performance Metrics and Core Services Report

1st Quarter 2014

Marin General Hospital
Performance Metrics and Core Services Report: **1st Quarter 2014**

TIER 1 PERFORMANCE METRICS

In accordance with Tier 1 Performance Metrics requirements, the MGH Board is required to meet each of the following minimum level requirements:

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	1. MGH Board must maintain MGH's Joint Commission accreditation, or if deficiencies are found, correct them within six months.	Quarterly	In Compliance	Joint Commission granted MGH an "Accredited" decision with an effective date of 7/16/2013 for a duration of 36 months. Next survey to occur in 2016.
	2. MGH Board must maintain MGH's Medicare certification for quality of care and reimbursement eligibility.	Quarterly	In Compliance	MGH maintains its Medicare Certification.
	3. MGH Board must maintain MGH's California Department of Public Health Acute Care License	Quarterly	In Compliance	MGH maintains its license with the State of California.
	4. MGH Board must maintain MGH's plan for compliance with SB 1953.	Quarterly	In Compliance	MGH remains in compliance with SB 1953 (California Hospital Seismic Retrofit Program).
	5. MGH Board must report on all Tier 2 Metrics at least annually.	Annually	In Compliance	4Q 2013 (Annual Report) was presented to MGH Board and to MHD Board in May 2014.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2013 was presented for approval to the MGH Board in May 2014.
	7. MGH Board must include quality improvement metrics as part of the CEO and Senior Executive Bonus Structure for MGH.	Annually	In Compliance	CEO and Senior Executive Bonus Structure includes quality improvement metrics.
(B) Patient Satisfaction and Services	MGH Board will report on MGH's HCAHPS Results Quarterly.	Quarterly	In Compliance	Schedule 1
(C) Community Commitment	1. In coordination with the General Member, the MGH Board must publish the results of its biennial community assessment to assess MGH's performance at meeting community health care needs.	Annually	In Compliance	Community Health and Education Report was presented to the MGH Board and to the MHD Board in May 2014.
	2. MGH Board must provide community care benefits at a sufficient level to maintain MGH's non-profit tax exempt status.	Quarterly	In Compliance	MGH continues to provide community care and has maintained its tax exempt status.
(D) Physicians and Employees	MGH Board must report on all Tier 1 "Physician and Employee" Metrics at least annually.	Annually	In Compliance	Physician and Employee metrics were presented to the MGH Board and to the MHD Board in May 2014.
(E) Volumes and Service Array	1. MGH Board must maintain MGH's Scope of Acute Care Services as reported to OSHPD.	Quarterly	In Compliance	All services have been maintained.
	2. MGH Board must maintain MGH's services required by Exhibit G to the Loan Agreement between the General Member and Marin County, dated October 2008, as long as the Exhibit commitments are in effect.	Quarterly	In Compliance	All services have been maintained.
(F) Finances	1. MGH Board must maintain a positive operating cash-flow (operating EBITDA) for MGH after an initial phase in period of two fiscal years, and then effective as a performance metric after July 1, 2012, with performance during the phase in period monitored as if a Tier 2 metric.	Quarterly	In Compliance	Schedule 2
	2. MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly	In Compliance	Schedule 2

Marin General Hospital
Performance Metrics and Core Services Report: **1st Quarter 2014**

TIER 2 PERFORMANCE METRICS

In accordance with Tier 2 Performance Metrics requirements, the General Member shall monitor and the MGH Board shall provide necessary reports to the General Member on the following metrics:

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs).	Quarterly	In Compliance	Schedule 3
(B) Patient Satisfaction and Services	1. MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.	Quarterly	In Compliance	Schedule 1
	2. MGH Board will report external awards and recognition.	Annually	In Compliance	External awards and recognition report was presented to the MGH Board and the MHD Board in May 2014
(C) Community Commitment	1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly	In Compliance	Schedule 4
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	Schedule 4
	3. MGH Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities.	Annually	In Compliance	Community Health and Education Report was presented to the MGH Board and to the MHD Board in May 2014.
	4. MGH Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.	Annually	In Compliance	Reinvestment and Capital Expenditure Report was presented to the MGH Board and to the MHD Board in May 2014.
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	"Green Building" Status Report was presented to the MGH Board and to the MHD Board in May 2014.
(D) Physicians and Employees	1. MGH Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.	Annually	In Compliance	Physician Report was presented to the MGH Board and to the MHD Board in May 2014.
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	Physician and Employee metrics were presented to the MGH Board and to the MHD Board in May 2014.
	3. MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.	Quarterly	In Compliance	Schedule 5
(E) Volumes and Service Array	1. MGH Board will develop a strategic plan for MGH and review the plan and its performance with the General Member.	Annually	In Compliance	The updated MGH Strategic Plan was presented to the MGH Board on October 12, 2013
	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 October 12, 2013
	3. MGH Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.	Quarterly	In Compliance	Schedule 2
	4. MGH Board will report on current Emergency services diversion statistics.	Quarterly	In Compliance	Schedule 6
(F) Finances	1. MGH Board will provide the audited financial statements.	Annually	In Compliance	The MGH 2012 Independent Audit was completed on April 29, 2014.
	2. MGH Board will report on its performance with regard to industry standard bond rating metrics, e.g., current ratio, leverage ratios, days cash on hand, reserve funding.	Quarterly	In Compliance	Schedule 2
	3. MGH Board will provide copies of MGH's annual tax return (form 990) upon completion to General Member.	Annually	In Compliance	The MGH 2011 Form 990 was filed on November 15, 2013.

MGH Performance Metrics and Core Services Report

1Q 2014

Schedule 1: HCAHPS

(Hospital Consumer Assessment of Healthcare Providers & Systems)

- **Tier 1, Patient Satisfaction and Services**
The MGH Board will report on MGH's HCAHPS Results Quarterly.
- **Tier 2, Patient Satisfaction and Services**
The MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.

Marin General Hospital Overall Hospital HCAHPS Trending by Quarter

Scores displayed here are based on interviews from CMS submitted data for the selected time periods.
Mode adjustments and ESTIMATED Patient Mix Adjustments have been applied to the dimension scores.
Scores for the individual questions do not have adjustments applied.

FY 2016 VBP Thresholds			2Q 2013	3Q 2013	4Q 2013	1Q 2014	
69.32	77.46	83.97	Overall rating	67.49	65.53	67.54	68.15
77.67	82.34	86.07	Communication with Nurses	72.04	74.41	74.61	74.55
			Nurse Respect	81.93	83.11	86.02	86.07
			Nurse Listen	74.15	76.79	70.76	78.28
			Nurse Explain	72.03	75.34	79.06	71.31
80.40	84.93	88.56	Communication with Doctors	81.90	79.38	78.45	79.62
			Doctor Respect	87.71	87.73	87.45	84.43
			Doctor Listen	81.97	78.54	76.92	80.25
			Doctor Explain	79.91	75.78	74.89	78.10
64.71	73.07	79.76	Responsiveness of Staff	62.73	57.17	57.01	58.39
			Call Button	67.96	54.74	57.00	60.99
			Bathroom Help	66.91	69.00	66.43	65.19
70.18	74.61	78.16	Pain Management	71.82	65.17	68.84	67.46
			Pain Controlled	72.00	64.24	68.29	66.48
			Help with Pain	81.03	75.50	78.79	77.84
62.33	68.13	72.77	Communication about Medications	58.88	57.01	51.31	58.41
			Med Explanation	79.14	72.22	76.00	75.00
			Med Side Effects	46.43	49.59	34.43	49.63
64.95	72.81	79.10	Hospital Environment	52.75	53.80	52.05	49.19
			Cleanliness	62.87	62.39	65.04	61.13
			Quiet	54.43	50.71	50.85	48.98
84.70	87.86	90.39	Discharge Information	85.63	82.68	81.49	83.52
			Help After Discharge	86.88	80.77	82.41	83.62
			Symptoms to Monitor	86.98	87.19	83.17	86.03
			Number of Surveys	239	224	236	247

Thresholds Color Key:
National 95th percentile
National 75th percentile
National average, 50th percentile

Scoring Color Key:
At or above 95th percentile
At or above 75th percentile
At or above 50th percentile
Below 50th percentile

Official VPB (Value-Based Purchasing) monthly trending HCAHPS results are distributed by
MGH Quality Management on the 15th of each month.

MGH Performance Metrics and Core Services Report

1Q 2014

Schedule 2: Finances

➤ **Tier 1, Finances**

The MGH Board must maintain a positive operating cash-flow (operating EBITDA) for MGH after an initial phase in period of two fiscal years, and then effective as a performance metric after July 1, 2012, with performance during the phase in period monitored as if a Tier 2 metric. The MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.

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

The MGH Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.

Financial Measure	1Q 2014 YTD	2Q 2014 YTD	3Q 2014 YTD	4Q 2014 YTD
EBIDA \$	\$5,621			
EBIDA %	6.81%			

Loan Ratios				
Current Ratio	2.82			
Debt to Capital Ratio	35.4%			
Debt Service Coverage Ratio	5.16			
Debt to EBIDA %	2.45			

Key Service Volumes, cumulative				
Acute discharges	2,308			
Acute patient days	10,129			
Average length of stay	4.39			
Emergency Department visits	9,014			
Inpatient surgeries	531			
Outpatient surgeries	958			

DEFINITIONS OF TERMS

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

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

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

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

MGH Performance Metrics and Core Services Report

1Q 2014

Schedule 3: Clinical Quality Reporting Metrics

➤ **Tier 2, Quality, Safety and Compliance**

The MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH’s Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, “never events,” process of care measures, adverse drug effects, CLABSI, preventive care programs).

CLINICAL QUALITY METRICS DASHBOARD

Metrics are publicly reported on CalHospital Compare (www.calhospitalcompare.org), and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov/)

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

MARIN GENERAL HOSPITAL DASHBOARD

CLINICAL QUALITY METRICS

Publicly Reported on Call Hospital Compare (www.callhospitalcompare.org)

and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov)

METRIC	CMS**	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Q1-Qtr %	Q1-2014 Num/Den	Rolling %	Rolling Num/Den
Acute Myocardial Infarction (AMI) Measures																	
Aspirin at arrival	TJC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	58/58	100%	206/206
Aspirin prescribed at discharge	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	55/55	100%	195/195
ACEI or ARB for LVSD	TJC	N/A	N/A	100%	100%	100%	100%	100%	N/A	100%	100%	100%	100%	100%	5/5	100%	25/25
Beta blocker prescribed at discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	49/49	100%	167/167
Primary PCI within 90 minutes of arrival	96%	100%	N/A	N/A	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	14/14	100%	38/38
Statin Prescribed at Discharge	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	53/53	100%	184/184
Heart Failure (HF) Measures																	
Evaluation of LVS Function	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	51/51	100%	161/161
ACEI or ARB for LVSD	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	13/13	100%	36/36
Pneumonia (PN) Measures																	
Blood cultures performed within 24 hours prior to or 24 hours after hospital arrival for patients who were transferred or admitted to the ICU within 24 hours of hospital arrival	95%	100%	N/A	100%	100%	100%	100%	100%	N/A	100%	100%	100%	100%	100%	14/14	100%	28/28
*Initial antibiotic selection for CAP in immunocompetent patient	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	43/43	100%	86/86
Initial antibiotic selection for CAP in immunocompetent ICU patient	TJC	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	6/6	100%	8/8
Initial antibiotic selection for CAP in immunocompetent non-ICU pt	TJC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	37/37	100%	78/78
Surgical Care Improvement Project (SCIP) Measures																	
Prophylactic antibiotic rec'd within one hr prior to surgical incision	99%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	82/82	100%	309/310
*Prophylactic antibiotic selection for surgical patients: Overall rate	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%	100%	99%	81/82	100%	309/310
*Prophylactic antibiotics discontinued within 24 hours after surgery end time: Overall rate	98%	100%	94%	100%	100%	100%	95%	96%	96%	100%	100%	100%	96%	99%	80/81	98%	303/309
Cardiac surgery patients with controlled postoperative blood glucose	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	67%	100%	100%	100%	13/14	98%	52/53
Surgery patients with appropriate hair removal	TJC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	115/115	100%	456/456
*Urinary catheter removed on post-op day 1 (POD 1) or post-op day 2 (POD 2), day of surgery being day zero (POD)	97%	100%	100%	100%	95%	100%	100%	93%	100%	100%	88%	94%	93%	92%	45/49	97%	198/204
*Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the periop period	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	88%	100%	100%	100%	26/27	99%	109/110
*Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hrs prior to surgery to 24 hrs after surgery	97%	100%	100%	96%	96%	100%	100%	100%	100%	96%	100%	100%	100%	100%	78/78	99%	318/321
Venous Thromboembolism (VTE) Measures																	
VTE prophylaxis	83%	100%	94%	98%	94%	100%	100%	97%	100%	100%	100%	95%	100%	98%	128/130	98%	478/488
ICU VTE prophylaxis	91%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	16/16	100%	60/60
VTE patients with anticoagulation overlap therapy	92%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	11/11	100%	60/60
VTE pts receiving UFH with dosage/platelet monitoring	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/A	N/A	100%	1/1	100%	25/25
VTE warfarin therapy discharge instructions	73%	100%	100%	100%	100%	100%	100%	100%	100%	100%	40%	33%	67%	47%	5/11	86%	38/44
Hospital acquired potentially-preventable VTE + Global immunization (IMM) Measures	10%	0%	0%	0%	0%	0%	0%	N/A	0%	N/A	0%	0%	0%	0%	0/7	0%	0/17
*Influenza immunization	90%	N/A	N/A	N/A	N/A	N/A	N/A	86%	91%	90%	93%	83%	84%	87%	221/254	88%	453/515

* Performance period for CMS Value-Based Purchasing metric: 01-01-2014 through 12-31-2014 (shaded in blue)

** CMS Top Decile Benchmark

*** CMS National Median Benchmark (changed from top decile to national median effective 3rd Qtr 2013)

TJC: The Joint Commission measures, may be CMS voluntary

BTBE: Benchmark to be established

+ Lower Number is better

MARIN GENERAL HOSPITAL DASHBOARD																	
CLINICAL QUALITY METRICS																	
Publicly Reported on CalHospital Compare (www.calhospitalcompare.org)																	
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov)																	
METRIC	CMS**	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Q1-Qtr %	Q1-2014 Num/Den	Rolling %	Rolling Num/Den
Stroke Measures																	
Venous thromboembolism (VTE) prophylaxis	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	45/45	100%	155/155
Discharged on antithrombotic therapy	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	37/37	100%	132/132
Anticoagulation therapy for atrial fibrillation/flutter	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	13/13	100%	36/36
Thrombolytic therapy	63%	N/A	N/A	N/A	100%	N/A	100%	N/A	100%	N/A	100%	100%	N/A	100%	2/2	100%	7/7
Antithrombotic therapy by end of hospital day 2	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	38/38	100%	137/137
Discharged on statin medication	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	28/28	100%	90/90
Stroke education	87%	83%	100%	50%	100%	100%	100%	89%	100%	100%	100%	100%	100%	100%	16/16	95%	69/73
Assess for rehabilitation	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	45/45	100%	153/153
ED Inpatient (ED) Measures																	
Median time ED arrival to ED departure - Minutes +	275***	318.00	325.00	322.00	300.00	353.00	309.00	299.00	291.50	312.00	318.00	298.00	347.50	321.17	169--Cases	316.08	691--Cases
Admit decision median time to ED departure time - Minutes +	98***	150.00	161.00	165.00	160.00	165.00	154.50	165.00	150.00	134.00	168.00	170.00	165.00	167.67	116--Cases	158.96	469--Cases
ED Outpatient (ED) Measures																	
Median time ED arrival to ED discharge +	135***	168.50	127.00	154.50	168.00	147.00	142.00	138.00	143.50	138.50	168.50	149.50	121.50	146.50	102--Cases	147.21	459--Cases
Door to diagnostic evaluation by qualified medical personnel +	26***	37.00	37.00	40.00	33.00	23.00	28.00	23.50	30.00	37.00	31.00	31.00	36.00	32.67	101--Cases	32.21	454--Cases
Outpatient Pain Management Measure																	
Median time to pain management for long bone fracture - Mins +	58***	51.50	62.50	35.00	46.00	48.00	75.00	54.00	48.50	67.00	46.50	73.00	51.00	56.83	31--Cases	55	150--Cases
Outpatient Stroke Measure																	
Head CT/MRI results for stroke patients within 45 mins of ED arrival	54%	N/A	0%	N/A	100%	0%	N/A	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	50%	3/6
Outpatient Surgery Measures																	
Timing of antibiotic prophylaxis	98%	100%	100%	100%	95%	92%	91%	100%	100%	100%	100%	100%	100%	100%	51/51	98%	206/210
Antibiotic selection	99%	100%	92%	100%	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%	51/51	99%	207/210

* Performance period for CMS Value-Based Purchasing metric: 01-01-2014 through 12-31-2014 (shaded in blue)

** CMS Top Decile Benchmark

*** CMS National Median Benchmark (changed from top decile to national median effective 3rd Qtr 2013)

TJC: The Joint Commission measures, may be CMS voluntary

BTBE: Benchmark to be established

+ Lower Number is better

MARIN GENERAL HOSPITAL DASHBOARD CLINICAL QUALITY METRICS Publicly Reported on CallHospital Compare (www.callhospitalcompare.org) and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov/)						
		Benchmark				
METRIC	National Standardized Infection Ratio (SIR)	Jan 2012 - June 2012	Jan 2012 - Sep 2012	April 2012 - March 2013	July 2012 - June 2013	No Different than U.S. National Benchmark
*Surgical Site Infection						
*Colon surgery	1	Insufficient data to calculate SIR	Insufficient data to calculate SIR	2.16	0.80	No Different than U.S. National Benchmark
*Abdominal hysterectomy	1	Insufficient data to calculate SIR	Insufficient data to calculate SIR	Insufficient data to calculate SIR	0.00	No Different than U.S. National Benchmark
Healthcare Associated Infections (ICU)						
METRIC	National Standardized Infection Ratio (SIR)	Oct 2011 - Sep 2012	Jan 2012 - Sep 2012	April 2012 - March 2013	July 2012 - June 2013	No Different than U.S. National Benchmark
*Central Line Associated Blood Stream Infection Rate (CLABSI)	1	0.59	not published	1.38	0.85	No Different than U.S. National Benchmark
Catheter Associated Urinary Tract Infection (CAUTI)	1	not published	0.81	0.55	0.86	No Different than U.S. National Benchmark
Healthcare Associated Infections (Inpatients)						
METRIC	National Standardized Infection Ratio (SIR)	July 2012 - June 2013				No Different than U.S. National Benchmark
*Clostridium Difficile	1	1.08				No Different than U.S. National Benchmark
*Methicillin Resistant Staph Aureus Bacteremia	1	0.00				No Different than U.S. National Benchmark
Surgical Complications						
METRIC	CMS National Average	July 2009 - March 2012				
Hip/knee complication: Hospital-level risk -- Standardized complication rate (RSCR) following elective primary total hip/knee arthroplasty	3.40%	4.0%				
*Serious Complications	0.61	Worse than National Average				
Deaths among patients with serious treatable complications after surgery	110.25 per 1,000 patient discharges	No different than National Average				
Medicare Spending Per Beneficiary						
METRIC	CMS National Average	Jan 2012 - Dec 2012				
*Medicare spending per beneficiary (All)	0.98	1.02				
Mortality Measures - 30 Day						
METRIC	CMS National Average	July 2006 - June 2009	July 2007 - June 2010	July 2008 - June 2011	July 2009 - June 2012	
*Acute Myocardial Infarction Mortality Rate	15.2%	13.8%	13.7%	13.5%	13.30%	
*Heart Failure Mortality Rate	11.7%	10.6%	12.1%	12.9%	13.8%	
*Pneumonia Mortality Rate	11.9%	11.6%	11.1%	10.7%	10.9%	
COPD Mortality Rate	TBD					
Stroke Mortality Rate	TBD					

* Performance period for CMS Value-Based Purchasing metric: 01-01-2014 through 12-31-2014 (shaded in blue) + Lower Number is better

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

◆ Acute Care Readmissions - 30 Day Risk Standardized						
METRIC	CMS National Average	July 2006 - June 2009	July 2007 - June 2010	July 2008- June 2011	July 2009- June 2012	
Acute Myocardial Infarction Readmission Rate	18.3%	18.0%	19.1%	18.0%	16.70%	
Heart Failure Readmission Rate	23.0%	24.8%	24.5%	24.7%	22.60%	
Pneumonia Readmission Rate	17.6%	17.7%	17.9%	17.9%	16.20%	
COPD Readmission Rate	TBD					
Stroke Readmission Rate	TBD					
Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	5.4%				5.80%	
METRIC	CMS National Average	July 2011 - June 2012				
Hospital-Wide All-Cause Unplanned Readmission	16.0%	15.2%				
◆ Outpatient Measures (Claims Data)						
METRIC	CMS National Average	Jan 2011 - Dec 2011				
Outpatient with low back pain who had an MRI without trying recommended treatments first, such as physical therapy	36.5%	Not available				
Outpatient who had follow-up mammogram, ultrasound, or MRI of the breast within 45 days after the screening on the mammogram	8.8%	7.70%				
Outpatient CT scans of the abdomen that were "combination" (double) scans +	12.7%	6.00%				
Outpatient CT scans of the chest that were "combination" (double) scans +	3.7%	1.40%				
Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery +	5.5%	5.56%				
Outpatients with brain CT scans who got a sinus CT scan at the same time +	2.8%	1.70%				

* Performance period for CMS Value-Based Purchasing metric: 01-01-2014 through 12-31-2014 (shaded in blue)

+ Lower Number is better

MGH Performance Metrics and Core Services Report

1Q 2014

Schedule 4: Community Benefit Summary

➤ **Tier 2, Community Commitment**

The Board will report all of MGH's cash and in-kind contributions to other organizations.
The Board will report on MGH's Charity Care.

Cash & In-Kind Donations					
(these figures are not final and are subject to change)					
	1Q 2014	2Q 2014	3Q 2014	4Q 2014	Total 2014
Bread & Roses 40 th Anniversary	\$2,420				
Healthy Aging Symposium	\$1,000				
Homeward Bound of Marin	\$113,600				
Marin Community Clinics	\$53,151				
Marin Community Clinics Summer Solstice	\$1,000				
MHD 1206(b) Clinics	\$1,183,299				
PRIMA Medical Foundation	\$950,000				
RotaCare San Rafael (Refrigerator)	\$2,182				
Total Cash Donations	\$2,306,652				
Total Cash & In-Kind Donations	\$2,306,652				

MGH Performance Metrics and Core Services Report

1Q 2014

Schedule 4, continued

Community Benefit Summary (these figures are not final and are subject to change)					
	1Q 2014	2Q 2014	3Q 2014	4Q 2014	Total 2014
Community Health Improvement Services	\$41,854				\$41,854
Health Professions Education	\$17,993				\$17,993
Cash and In-Kind Contributions	\$2,306,652				\$2,306,652
Community Benefit Operations	\$1,640				\$1,640
Traditional Charity Care <i>*Operation Access total in Charity Care: \$575,773</i>	\$1,063,745				\$1,063,745
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	\$6,649,465				\$6,649,465
Community Benefit Subtotal (amount reported annually to state & IRS)	\$10,081,349				\$10,081,349
Community Building Activities	\$0				\$0
Unpaid Cost of Medicare	\$15,529,526				\$15,529,526
Bad Debt	\$526,391				\$526,391
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total	\$26,137,266				\$26,137,266

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>					
	1Q 2014	2Q 2014	3Q 2014	4Q 2014	Total 2014
*Operation Access charity care provided by MGH (waived hospital charges)	\$575,773				\$575,773

MGH Performance Metrics and Core Services Report

1Q 2014

Schedule 5: Nursing Turnover, Vacancies, Net Changes

➤ **Tier 2, Physicians and Employees**

The MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.

Turnover Rate				
Quarter	Number of Clinical RNs	Terminated		Rate
		Voluntary	Involuntary	
2Q 2013	561	11	1	2.14%
3Q 2013	556	13	1	2.52%
4Q 2013	552	14	1	2.72%
1Q 2014	547	16	4	3.66%

Vacancy Rate									
Period	Per Diem Postings	Benefited Postings	Per Diem Hires	Benefited Hires	Benefited Headcount	Per Diem Headcount	Total Headcount	Benefited Vacancy Rate	Per Diem Vacancy Rate
2Q 2013	22	29	11	8	387	174	561	7.49%	12.64%
3Q 2013	24	29	3	6	387	169	556	7.49%	14.20%
4Q 2013	19	37	8	4	386	166	552	9.59%	11.45%
1Q 2014	14	25	4	11	393	154	547	6.36%	9/09%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
2Q 2013	19	12	7
3Q 2013	9	14	(5)
4Q 2013	12	15	(3)
1Q 2014	15	20	(5)

MGH Performance Metrics and Core Services Report

1Q 2014

Schedule 6: Ambulance Diversion

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

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

Quarter	Date	Time	Length of Time on Divert	Reason	ED Census	Waiting Room Census	ED Admitted Patient Census
1Q 2014	Jan. 2	1640 - 0039	8 hours	ED Saturation	25	10	5
1Q 2014	Jan. 3	1810 - 2005	1 hour, 55 min	Trauma Diversion	33	9	4
1Q 2014	Jan. 9	1805 - 2020	2 hours, 15 min	ED Saturation	31	10	5
1Q 2014	Jan. 14	1510 - 1706	2 hours	ED Saturation	22	5	12
1Q 2014	Jan. 15	1825 - 2105	2 hours, 20 min	ED Saturation	32	9	8
1Q 2014	Jan. 19	1417 - 1646	2 hours, 29 min	ED Saturation	24 (3 ICU Pts)	0	6
1Q 2014	Feb. 16	1905 - 2105	2 hours	ED Saturation	33	10	3 (2 ICU holds)
1Q 2014	Feb. 26	0000 - 0215	2 hours, 15 min	ED Saturation	17	6	6

MGH Performance Metrics and Core Services Report 1Q 2014

Schedule 6, continued

2014 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)

