

Marin General Hospital
Performance Metrics and Core Services Report
3rd Quarter 2012

Marin General Hospital
Performance Metrics and Core Services Report: **3rd Quarter 2012**

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 8/19/2010 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	<i>To be included in 4Q 2012 Annual Report</i>
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	The annual <i>MGH Performance Improvement Plan for 2012</i> was approved by the MGH Board on 3/3/12.
	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 triennial community assessment to assess MGH's performance at meeting community health care needs.	Triennially	In Compliance	<i>To be included in 4Q 2012 Annual Report</i>
	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	<i>To be included in 4Q 2012 Annual Report</i>
(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: **3rd Quarter 2012**

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	<i>To be included in 4Q 2012 Annual Report</i>
(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	<i>To be included in 4Q 2012 Annual Report</i>
	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	<i>To be included in 4Q 2012 Annual Report</i>
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	<i>To be included in 4Q 2012 Annual Report</i>
(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	<i>To be included in 4Q 2012 Annual Report</i>
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	<i>To be included in 4Q 2012 Annual Report</i>
	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 MGH Strategic Plan update was presented to the MHD Board for their endorsement at their December 2012 meeting.
	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 was presented to the MHD Board in Closed Session on January 10, 2012.
	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 2011 Independent Audit was completed on April 27, 2012.
	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, 2012

MGH Performance Metrics and Core Services Report

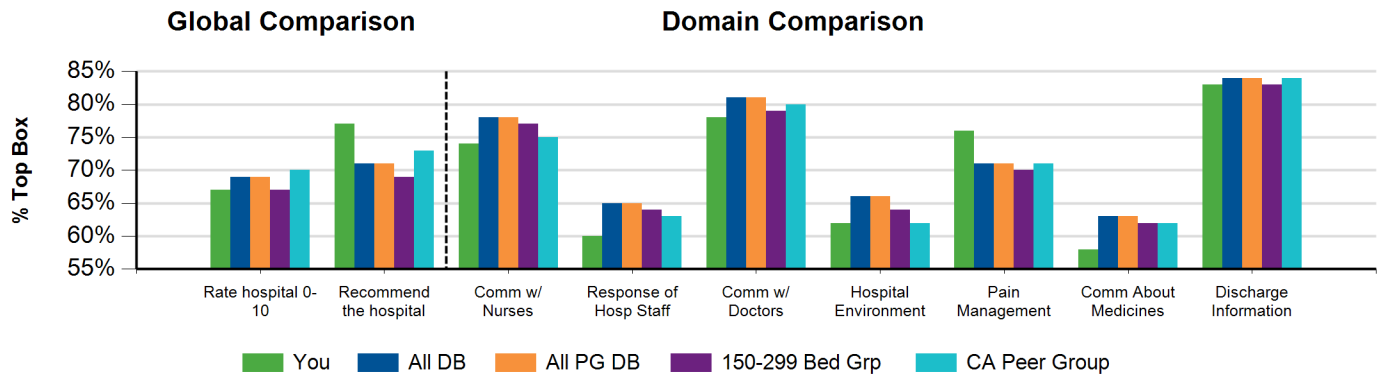
3Q 2012

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.



Domains and Questions	n	Your Top Box Score			All DB N = 1703	All PG DB N = 1703	150-299 Bed Grp N = 391	CA Peer Group N = 102
		Previous % Apr-Jun	Current % Jul-Sep		Percentile Rank	Percentile Rank	Percentile Rank	Percentile Rank
Rate hospital 0-10	107	62%	67%	▲	40	40	48	40
Recommend the hospital	107	72%	77%	▲	69	69	75	57
Comm w/ Nurses	107	71%	74%	▲	17	17	18	33
Nurses treat with courtesy/respect	107	80%	85%	▲	47	47	50	64
<i>Nurses listen carefully to you</i>	107	67%	70%	▲	18	18	22	32
<i>Nurses expl in way you understand</i>	107	67%	66%	▼	8	8	8	23
Response of Hosp Staff	97	56%	60%	▲	23	23	25	37
Call button help soon as wanted it	94	48%	63%	▲	47	47	53	58
Help toileting soon as you wanted	60	63%	57%	▼	12	12	11	19
Comm w/ Doctors	106	79%	78%	▼	34	34	43	40
Doctors treat with courtesy/respect	105	88%	84%	▼	25	25	31	36
Doctors listen carefully to you	105	77%	78%	▲	43	43	54	54
Doctors expl in way you understand	105	72%	73%	▲	34	34	42	35
Hospital Environment	107	52%	62%	▲	34	34	39	55
Cleanliness of hospital environment	105	57%	71%	▲	45	45	55	56
Quietness of hospital environment	103	48%	53%	▲	30	30	34	55
Pain Management	78	64%	76%	▲	83	83	88	78
Pain well controlled	78	57%	73%	▲	93	93	96	90
Staff do everything help with pain	77	71%	79%	▲	55	55	60	63
Comm About Medicines	74	52%	58%	▲	20	20	23	25
Tell you what new medicine was for	72	67%	68%	▲	9	9	11	16
Staff describe medicine side effect	72	36%	49%	▲	44	44	51	50
Discharge Information	98	78%	83%	▲	39	39	45	41
Staff talk about help when you left	98	80%	84%	▲	68	68	73	74
Info re symptoms/prob to look for	97	75%	82%	▲	17	17	19	14

n = number of respondents
 Questions that are among this period's top ten priorities appear in bold italics.
[Click here to access the Summary Report Guide](#)

MGH Performance Metrics and Core Services Report

3Q 2012

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	1Q 2012	2Q 2012	3Q 2012
EBIDA \$	\$5,466	\$28,270	\$32,551
EBIDA %	7.23%	18.63%	14.39%

Loan Ratios	1Q 2012	2Q 2012	3Q 2012
Current Ratio	1.85	2.69	2.55
Debt to Capital Ratio	47.6%	47.4%	45.0%
Debt Service Coverage Ratio	3.09	4.55	4.32
Debt to EBIDA %	1.93	1.59	1.54

Key Service Volumes	1Q 2012	2Q 2012	3Q 2012
Acute discharges	2,536	5,026	7,548
Acute patient days	11,473	22,326	32,675
Average length of stay	4.5	4.4	4.33
Emergency Department visits	8,700	17,594	26,522
Inpatient surgeries	647	1,272	1,890
Outpatient surgeries	715	1,546	2,314

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

3Q 2012

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
MD	Medical Doctor
MGH	Marin General Hospital
mm	Millimeters
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)
TBD	To Be Determined
VAP	Ventilator Associated Pneumonia
VHA	Voluntary Hospitals of America
VTE	Venous Thromboembolism

METRIC	**CMS Benchmark	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Q3-2012 Num/Den	Rolling %	Rolling Num/Den
Acute Myocardial Infarction (AMI) Measures																
AMI - ACEI or ARB for LVSD	100%	100%	100%	100%	100%	N/A	100%	100%	100%	100%	100%	100%	N/A	2/2	100%	19/19
AMI - Aspirin at arrival	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	45/45	100%	185/185
AMI - Aspirin prescribed at discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	42/43	99%	173/174
AMI - Beta blocker prescribed at discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	36/36	100%	159/159
*AMI - Primary PCI within 90 minutes of arrival	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	9/9	100%	36/36
AMI - Statin Prescribed at Discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	37/36	99%	158/159
Heart Failure (HF) Measures																
HF – ACEI or ARB for LVSD	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	12/12	100%	42/42
HF – LVS Assessment	100%	100%	100%	100%	100%	100%	100%	100%	100%	92%	100%	100%	100%	41/41	99%	153/154
*HF– Discharge instructions	100%	100%	100%	89%	91%	100%	100%	100%	100%	100%	100%	100%	100%	30/30	98%	103/105
Pneumonia (PN) Measures																
*PN – Antibiotic selection	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%	100%	100%	75%	17/18	98%	97/99
*PN – Blood culture in ED prior to initial antibiotic	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	39/39	100%	179/179
Surgical Care Improvement Project (SCIP)Measures																
*SCIP – Antibiotic within 1 hr of incision – Overall	100%	100%	100%	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	84/84	99%	309/311
*SCIP – Antibiotic selection – Overall	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	83/83	100%	310/311
*SCIP – Antibiotic Discontinued Within 24 hrs – Overall	100%	91%	100%	93%	100%	100%	100%	100%	100%	100%	100%	96%	100%	82/83	98%	304/309
*SCIP – Cardiac Pt. 6 AM Post-op Serum Glucose	99%	100%	100%	100%	100%	80%	100%	75%	83%	100%	80%	100%	100%	10/11	92%	58/63
SCIP – Appropriate Hair Removal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	114/114	100%	460/460
*SCIP – Beta blocker prior and periop	100%	92%	82%	97%	81%	100%	100%	100%	100%	100%	91%	100%	100%	31/32	97%	118/122
*SCIP – Venous thromboembolism prophylaxis	100%	96%	82%	97%	85%	100%	97%	88%	95%	95%	100%	100%	97%	83/84	95%	299/316
*SCIP – VTE prophylaxis timing	100%	96%	82%	97%	81%	100%	94%	88%	95%	95%	95%	100%	97%	82/84	94%	296/316
*SCIP – Urinary catheter removed on POD 1 or POD 2	100%	92%	73%	78%	100%	100%	87%	95%	88%	78%	100%	100%	95%	52/53	92%	176/192
SCIP – Surgery patients with periop temperature mgmt	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	114/114	100%	459/459
Global Immunization (IMM) Measures																
IMM - Pneumococcal Immunization (PPV23) - Overall Rate	***				61%	76%	71%	66%	53%	61%	68%	69%	80%	105/146	67%	331/496
IMM - Pneumococcal Immunization (PPV23) - Age 65 and Older	***				67%	77%	78%	67%	52%	63%	67%	69%	76%	93/132	68%	289/422
IMM - Pneumo Immunization (PPV23) - High Risk Pop (6 - 64 yrs)	***				42%	75%	36%	57%	60%	50%	100%	67%	100%	12/14	57%	42/74
IMM - Influenza Immunization	***				58%	74%	83%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	71%	219/308
Outpatient Surgery Measures																
Timing of Antibiotic Prophylaxis	100%	92%	100%	95%	92%	100%	92%	94%	100%	89%	86%	96%	100%	61/57	95%	202/213
Antibiotic Selection	100%	100%	100%	95%	100%	95%	100%	100%	100%	100%	95%	100%	100%	58/59	99%	207/210
<i>*Performance period for CMS Value-Based Purchasing metric: 04-01-2012 through 12-31-2012</i>																
<i>** Top Decile Benchmark from CMS Hospital Compare</i>																
<i>***Benchmark yet to be established.</i>																

Intensive Care Unit (ICU) Measures					
METRIC	California Standardized Infection Ratio (SIR)	Jan 2011 - June 2011	Jan 2011 - Sep 2011	Jan 2011 - Dec 2011	
Central Line Associated Blood Stream Infection Rate (CLABSI)	0.53	0	0	not published	
Serious Complications					
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2008	2009	2010	2011
Unplanned Surgical Wound Reopening	0.19%	0.46%	not published	not published	not published
Death after Serious Treated Complications	15.1%	11.72%	not published	not published	not published
Unnecessary Appendectomy Among the Elderly	1.36%	2.17%	not published	not published	not published
Accidental Lung Puncture	0.04%	0.08%	not published	not published	not published
Hospital Acquired Conditions					
METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	2008-2010	July 2009 thru June 2011	July 2011 Onward	
Objects Accidentally Left in the Body After Surgery	0.028	0.000	0.126	not published	
Air Bubble in the Bloodstream	0.003	0.000	0.000	not published	
Mismatched Blood Types	0.001	0.000	0.000	not published	
Falls and Injuries	0.527	0.574	0.379	not published	
Blood Infection from a Catheter in a Large Vein	0.372	1.148	0.759	not published	
Infection from a Urinary Catheter	0.358	0.430	0.379	not published	
Signs of Uncontrolled Blood Sugar	0.058	0.000	0.000	not published	
	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2Q 2009 - 1Q 2010	4Q 2009 - 3Q 2010	1Q 2010 - 4Q 2010	4Q 2010 - 3Q 2011
Hospital Acquired Pressure Ulcers	1.7%	0.80%	0.90%	0.60%	0.30%
	Benchmark				
Maternity Measures					
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2007	2008	2009	2010
Episiotomy Rate	4%	not published	1%	not published	not published
Primary Caesarian Section Rate	18%	13%	15%	12%	14.8%
Exclusive Breast Feeding Rate	57%	74%	82%	79%	80%
High Risk Deliveries at Lower Levels of Newborn Care	0.48%	0.17%	not published	not published	not published

Heart Bypass Surgery Measures					
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2006	2007	2008	2009
Heart Bypass Surgery - Internal Mammary Artery Usage Rate	95%	100.00%	88%	94%	not published
Heart Bypass Surgery - Mortality Rate	2.24%	1.81% (2005-2006)	1.91%	4.35%	not published
Bilateral Cardiac Catheterization	2.14%	not published	not published	1.16%	not published
Mortality Measures					
METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2006 - June 2009	July 2007 - June 2010	July 2008 - June 2011	July 2011 - June 2012
*Acute Myocardial Infarction Mortality	15.5%	13.8%	13.7%	13.5%	not published
*Heart Failure Mortality	11.6%	10.6%	12.1%	12.9%	not published
*Pneumonia Mortality	12.0%	11.6%	11.1%	10.7%	not published
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	Q4 2009 -Q3 2010	Q1 2010 -Q4 2010	Q3 2010 -Q2 2011	Q4 2010 -Q3 2011
Intensive Care Unit Mortality	11.67%	11.45%	11.50%	9.09%	10.19%
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2006	2007	2008	2009
Hip Fracture Mortality	2.74%	not published	not published	2.94%	not published
Acute Care Readmissions within 30 Days					
METRIC	Benchmark Centers for Medicare & Medicaid Services (CMS) National Average	July 2006 - June 2009	July 2007 - June 2010	July 2008- June 2011	July 2011 onward
Acute Myocardial Infarction Readmissions	19.7%	18.0%	19.1%	18.0%	not published
Heart Failure Readmissions	24.7%	24.8%	24.5%	24.7%	not published
Pneumonia Readmissions	18.5%	17.7%	17.9%	17.9%	not published
METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	2010	2011 onwards		
Outpatients with low back pain who had MRI w/o trying other treatment first, such as Physical Therapy	36.8%	Number of cases too small to reliably tell how MGH is performing	not published		
Outpatient who had a follow up mammogram or ultrasound within 45 days after a screening mammogram	8.5%	8%	not published		
Outpatient CT scans of the chest that were "combinations" (double) scans	0.044	0.015	not published		
Outpatient CT scans of the abdomen that were "combinations" (double) scans	0.149	0.024	not published		
Outpatient who got cardiac Imaging stress test before low- risk outpatient surgery	5.6%	3.9%	not published		
Outpatient with brain CT scans who got a sinus CT scan at the same time	2.7%	Number of cases too small to reliably tell how MGH is performing	not published		

MGH Performance Metrics and Core Services Report

3Q 2012

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.
- **Tier 2, Community Commitment**
The Board will report on MGH's Charity Care.

Cash & In-Kind Donations			
(these figures are not final and are subject to change)			
	1Q 2012	2Q 2012	3Q 2012
Alzheimer's Association	\$0	\$50	\$0
Bread & Roses "Take Heart Benefit"	\$2,200	\$0	\$0
College of Marin Scholarship	\$0	\$100	\$0
Harbor Point Charitable Fund (eSurance Tennis Classic)	\$0	\$5,000	\$0
Homeward Bound (Jan-Dec 2012)	\$91,000	\$0	\$0
Hospice By the Bay Annual Ball	\$0	\$0	\$3,500
Marin Center for Independent Living	\$0	\$0	\$250
Marin City Health & Wellness	\$0	\$20,000	\$0
Marin Community Clinics	\$48,159	\$48,159	\$48,159
Marin County Senior Fair	\$0	\$2,000	\$0
Marin Sonoma Concours d'Elegance	\$2,500	\$0	\$0
MHD 1206(b) Clinics	\$598,967	\$1,087,128	\$854,782
NAMI Walk	\$1,000	\$0	\$0
PRIMA Medical Foundation	\$719,573	\$719,573	\$719,573
Relay For Life	\$0	\$0	\$2,500
Ritter Center	\$0	\$15,000	\$0
RotaCare San Rafael	\$0	\$0	\$15,000
Summer Solstice Event	\$1,000	\$0	\$0
To Celebrate Life	\$0	\$15,000	\$0
Whistle Stop	\$0	\$15,000	\$0
Zero Breast Cancer	\$1,140	\$0	\$0
Total Cash Donations	\$1,465,539	\$1,927,010	\$1,643,764
MedShare	\$6,427	\$3,855	\$6,126
Total In-Kind Donations	\$6,427	\$3,855	\$6,126
Total Cash & In-Kind Donations	\$1,471,966	\$1,930,865	\$1,649,890

MGH Performance Metrics and Core Services Report

3Q 2012

Schedule 4: Community Benefit Summary (continued)

Community Benefit Summary (these figures are not final and are subject to change)			
	1Q 2012	2Q 2012	3Q 2012
Community Health Improvement Services	\$59,786	\$44,768	\$51,994
Health Professions Education	\$67,846	\$29,927	\$37,821
Research	\$0	\$0	\$0
Cash and In-Kind Contributions	\$1,471,966	\$1,930,865	\$1,649,890
Community Benefit Operations	\$449	\$449	\$3,898
Traditional Charity Care	\$591,260	\$588,036	\$695,814
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	\$5,122,894	\$4,985,568	\$5,193,434
Community Benefit Subtotal (amount reported annually to state & IRS)	\$7,314,201	\$7,579,613	\$7,632,851
Community Building Activities	\$0	\$0	\$52,574
Unpaid Cost of Medicare	\$16,696,295	\$15,899,502	\$15,189,744
Bad Debt	\$1,194,584	\$990,937	\$1,001,697
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total	\$25,205,080	\$24,470,052	\$23,876,866

MGH Performance Metrics and Core Services Report

3Q 2012

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	
1Q 2012	548	8	8	2.92%
2Q 2012	544	12	5	3.13%
3Q 2012	551	14	4	3.27%

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
1Q 2012	26	7	15	3	343	205	548	2.04%	12.68%
2Q 2012	27	26	10	6	356	188	544	7.30%	14.36%
3Q 2012	23	12	17	8	358	193	551	3.35%	11.92%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
1Q 2012	18	16	2
2Q 2012	16	17	(1)
3Q 2012	25	18	7

MGH Performance Metrics and Core Services Report

3Q 2012

Schedule 6: Ambulance Diversion

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

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

Qtr	Date	Time	Length of Time on Divert	Reason	ED Census	Waiting Room Census	ED Admitted Pt Census
3Q 2012	July 2	0240-0640	4 hr	ED Saturation	11 (with 3 limited Traumas en route)	2	1
3Q 2012	July 16	0230-0700	4 hr, 30 min	CT Scanner Down	5	0	1
3Q 2012	Aug. 13	1336-1543	2hr, 7min	ED Saturation	18	6	2
3Q 2012	Sept. 18	1010-1140	1 hr, 30 min	ED Saturation	13	0	0

2012 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)

