

Marin General Hospital

Performance Metrics and Core Services Report

4th Quarter 2014

Marin General Hospital
Performance Metrics and Core Services Report: **4th 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 2014 (Annual Report) will be presented to MGH Board and to MHD Board in April 2015.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2015 will be presented for approval to the MGH Board in April 2015.
	7. MGH Board must include quality improvement metrics as part of the CEO and Senior Executive Bonus Structure for MGH.	Annually	In Compliance	CEO and Senior Executive Bonus Structure includes quality improvement metrics.
(B) Patient Satisfaction and Services	MGH Board will report on MGH's HCAHPS Results Quarterly.	Quarterly	In Compliance	Schedule 1
(C) Community Commitment	1. In coordination with the General Member, the MGH Board must publish the results of its biennial community assessment to assess MGH's performance at meeting community health care needs.	Annually	In Compliance	Schedule 2
	2. MGH Board must provide community care benefits at a sufficient level to maintain MGH's non-profit tax exempt status.	Quarterly	In Compliance	MGH continues to provide community care and has maintained its tax exempt status.
(D) Physicians and Employees	MGH Board must report on all Tier 1 "Physician and Employee" Metrics at least annually.	Annually	In Compliance	Schedule 3 Schedule 4
(E) Volumes and Service Array	1. MGH Board must maintain MGH's Scope of Acute Care Services as reported to OSHPD.	Quarterly	In Compliance	All services have been maintained.
	2. MGH Board must maintain MGH's services required by Exhibit G to the Loan Agreement between the General Member and Marin County, dated October 2008, as long as the Exhibit commitments are in effect.	Quarterly	In Compliance	All services have been maintained.
(F) Finances	1. MGH Board must maintain a positive operating cash-flow (operating EBITDA) for MGH after an initial phase in period of two fiscal years, and then effective as a performance metric after July 1, 2012, with performance during the phase in period monitored as if a Tier 2 metric.	Quarterly	In Compliance	Schedule 5
	2. MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly	In Compliance	Schedule 5

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TIER 2 PERFORMANCE METRICS

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

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs).	Quarterly	In Compliance	Schedule 6
(B) Patient Satisfaction and Services	1. MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.	Quarterly	In Compliance	Schedule 1
	2. MGH Board will report external awards and recognition.	Annually	In Compliance	Schedule 7
(C) Community Commitment	1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly	In Compliance	Schedule 8
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	Schedule 8
	3. MGH Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities.	Annually	In Compliance	Schedule 2
	4. MGH Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.	Annually	In Compliance	Schedule 5
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	Schedule 9
(D) Physicians and Employees	1. MGH Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.	Annually	In Compliance	Schedule 10
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	Schedule 3 Schedule 4
	3. MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.	Quarterly	In Compliance	Schedule 11
(E) Volumes and Service Array	1. MGH Board will develop a strategic plan for MGH and review the plan and its performance with the General Member.	Annually	In Compliance	The updated MGH Strategic Plan was presented to the MGH Board on Sept. 12, 2014
	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 Sept. 12, 2014
	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 2014 Independent Audit will be completed on April 29, 2015
	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 2013 Form 990 was filed on November 15, 2014

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Schedule 1: HCAHPS

(Hospital Consumer Assessment of Healthcare Providers & Systems)

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

Marin General Hospital Overall Hospital HCAHPS Trending by Quarter

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

FY 2016 VBP Thresholds				1Q 2014	2Q 2014	3Q 2014	4Q 2014
69.32	77.46	83.97	Overall rating	68.15	65.95	69.66	75.03
			Would Recommend	73.75	71.39	67.10	78.01
77.67	82.34	86.07	Communication with Nurses	74.55	75.09	73.50	74.23
			Nurse Respect	86.07	83.42	85.02	84.47
			Nurse Listen	78.28	76.72	74.04	76.92
			Nurse Explain	71.31	77.13	73.43	73.30
80.40	84.93	88.56	Communication with Doctors	79.62	83.57	79.39	78.72
			Doctor Respect	84.43	89.89	84.06	86.64
			Doctor Listen	80.25	81.48	83.25	76.71
			Doctor Explain	78.10	83.25	74.76	76.71
64.71	73.07	79.76	Responsiveness of Staff	58.39	59.25	59.16	62.19
			Call Button	60.99	57.58	61.05	65.64
			Bathroom Help	65.19	70.33	66.67	68.14
70.18	74.61	78.16	Pain Management	67.46	69.93	68.83	70.37
			Pain Controlled	66.48	67.16	68.63	71.88
			Help with Pain	77.84	82.09	78.43	78.26
62.33	68.13	72.77	Communication about Medications	58.41	56.15	56.00	53.27
			Med Explanation	75.00	75.86	71.90	68.07
			Med Side Effects	49.63	44.25	47.90	46.28
64.95	72.81	79.10	Hospital Environment	49.16	49.95	47.91	52.42
			Cleanliness	61.13	58.51	59.31	62.56
			Quiet	48.98	53.19	48.31	54.09
84.70	87.86	90.39	Discharge Information	83.52	80.99	84.09	83.65
			Help After Discharge	83.62	82.12	84.18	83.01
			Symptoms to Monitor	86.03	82.46	86.60	86.89
			Number of Surveys	247	192	210	222

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

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

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

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Schedule 2: Community Health & Education

➤ **Tier 1, Community Commitment**

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

➤ **Tier 2, Community Commitment**

The Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities.

Community Health Improvement Services

Event	Description	Recipients	Presenter
Behavioral Health Partial Hospitalization	Nutrition Counseling	Patients in Need	Behavioral Health/ Nutrition Services
Breastfeeding Telephone Line	Free advice line open to the community	General Public	Women, Infants & Children (WIC)
Center for Integrative Health & Wellness (CIHW) Events	Various events held by CIHW for the community	General Public	CIHW
Community RD Phone Line	Free advice line open to the community for nutrition info	General Public	Nutrition Services
Heart Health programs	Free education programs on heart health	General Public	CIHW
Breast Cancer Support Group	Free support group for those with breast cancer	General Public	CIHW
Breastfeeding Phone Line	Free lactation consultation by phone	General Public	WIC
Family Safety & Car Seat Checks	Free car seat checks and safety information	General Public	ED/Trauma
Marin County Senior Fair	Health information	General Public	Community Relations
Women's Support Group-Anal Cancer	Free support group for those with anal cancer	General Public	CIHW
Hands on CPR and AED Training	Free community-wide CPR and AED training held in the community	General Public	ED/Trauma
Medical Library	Health reference library open to staff, physicians and community	General Public	MGH
Outpatient Lactation Center	Free education, counseling and breastfeeding support available to the community	General Public	WIC
The Mom's Group	Free support group to the community that discusses newborn care, breastfeeding, parenting, etc.	General Public	WIC

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The New Father Class	Free class for new fathers on having a newborn	General Public	WIC
Low Cost Mammo Day	Mammograms offered to underserved women	Patients in need	Breast Center
Indigent Funded Services for Behavioral Health	Including transportation, and meals.	Patients in need	Behavioral Health
Indigent Funded Services for Case Management	Including transportation, housing, and Physical Therapy	Patients in need	Case Management
Shuttle Program for Senior Partial Hospitalization Program	Free shuttle service for Behavioral Health program	Patients in need	Behavioral Health/Security & Shuttle

Health Professions Education

Event	Description	Recipients	Presenter
Grand Rounds	Education programs open to community doctors	Physicians	Medical Office Staff
Nursing Student Placement and Clinical Supervision	Time spent from Education placing student nurses	Student Nurses	Education
Chaplain Resident Program	Training hours provided by our staff	Residents	Spiritual Care Department
Preceptorship for Nutrition Students	Training hours provided by staff	Dietitian Students	Nutrition Services
Trauma: The Marin Series	Education classes for paramedics, EMTs, fire department and other health care workers	Health care and emergency response workers	ED/Trauma

Community Building

Event	Description	Recipients	Presenter
San Rafael Chamber of Commerce	Membership, events	Community	MGH
Healthy Marin Partnership	Collaborative that advances community health improvement initiatives	Community	MGH

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Schedule 3: Physician Engagement

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

The overall MGH 2015 Medical Staff Perception Study results are indicated below.

Source: PRC (Professional Research Consultants, Inc.)

Asked of Physicians:

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

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	114	44.4%
Very Good	103	40.1%
Good	31	12.1%
Fair	8	3.1%
Poor	1	0.4%

Percentile Ranking: 65th
Total Number of Responses: 257 (79.3%)

Asked of Physicians:

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

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	95	37.0%
Very Good	94	36.6%
Good	51	19.7%
Fair	14	5.5%
Poor	3	1.2%

Percentile Ranking: 48th
Total Number of Responses: 257 (79.3%)

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Schedule 4: Employee Engagement

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

The overall MGH 2014 Employee Engagement Study results are indicated below.

Source: PRC (Professional Research Consultants, Inc.)

Asked of Employees:

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

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	198	23.5%
Very Good	266	31.5%
Good	222	26.3%
Fair	121	14.3%
Poor	37	4.4%

Percentile Ranking: 26th
Total Number of Responses: 844 (51.5%)

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Schedule 5: 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	\$10,497	\$14,279	\$25,109
EBIDA %	6.81%	6.14%	5.59%	7.15%

Loan Ratios				
Current Ratio	2.82	2.61	2.85	2.58
Debt to Capital Ratio	35.4%	32.6%	31.2%	31.9%
Debt Service Coverage Ratio	2.56	2.62	2.78	3.13
Debt to EBIDA %	2.45	2.21	2.12	1.87

Key Service Volumes, cumulative				
Acute discharges	2,308	4,611	6,842	9,016
Acute patient days	10,129	20,065	29,856	39,596
Average length of stay	4.39	4.35	4.36	4.39
Emergency Department visits	9,014	18,299	27,533	36,615
Inpatient surgeries	531	1,054	1,547	2,076
Outpatient surgeries	958	1,964	2,868	3,876

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.

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Schedule 5, continued

➤ **Tier 2, Community Commitment**

The Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.

**MGH
Major Capital Expenditure Report
For the Period January - December 2014**

Major Capital Expenditures

Cardiac Monitors Celtic Lease	2,632,235
136 Advanta2 Bed System	878,838
C-ARM	481,190
2 DRX Revolution Mobile Xray	328,516
End User Device Upgrade Project	313,061
Imprivata Single Sign-on	222,378
SurgicalContainers	175,250
3M Coding, CAC and CDI System	158,217
EPIQ7G Ultrasound System	144,620
Paragon ORM/Resource Scheduling Optimization	114,896
Other Equipment Under \$100K	2,124,486
Total Major Capital Expenditures	<u>7,573,687</u>

Construction in Progress

MGH Preliminary Architectural Design	5,063,065
MGH IT Data Center	2,347,306
2 Belvedere NBIM/23 Reed	1,388,661
MGH Hillside Parking Structure	687,004
3950 Hospital Offload	686,794
Network Core Upgrade (Core Switches)	575,925
Philips Patient Monitoring Project	532,979
EDIS	529,476
Interventional Radiology	349,255
2014 Emergency services Master Planning	297,344
1260 S. Eliseo Prima OB	294,697
Air Handler Unit S-21	273,358
First Floor Periop Office, EVS Relocation	257,956
SPM Instrumentation	230,466
2 Bon Air TIs Cardiovascular	186,289
Perioperative Access Control	179,230
Meaningful Use 2	163,515
Champion UDI Tissue Tracker	119,827
McKesson Data Center Migration	100,685
Other CIP Under \$100K	259,088
Total Construction in Progress	<u>14,522,918</u>
Total Capital Expenditures	<u>22,096,605</u>

MGH Performance Metrics and Core Services Report

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Schedule 6: Clinical Quality Reporting Metrics

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

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

CLINICAL QUALITY METRICS DASHBOARD

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

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

METRIC	CMS**	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Q4-Qtr %	Q4-2014 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%	41/41	100%	185/185
Aspirin prescribed at discharge	99%	100%	100%	100%	100%	100%	100%	100%	94%	100%	100%	100%	100%	100%	36/36	99%	169/170
ACEI or ARB for LVSD	TJC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/A	100%	3/3	100%	19/19
Beta blocker prescribed at discharge	100%	100%	100%	100%	100%	100%	100%	100%	93%	100%	100%	100%	100%	100%	34/34	99%	148/149
Primary PCI within 90 minutes of arrival	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/A	100%	100%	6/6	100%	35/35
Statin Prescribed at Discharge	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	35/35	100%	164/164
Heart Failure (HF) Measures																	
Evaluation of LVS Function	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	38/38	100%	158/158
ACEI or ARB for LVSD	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	6/6	100%	37/37
Pneumonia (PN) Measures																	
*Initial antibiotic selection for CAP in immunocompetent patient	96%	100%	100%	100%	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%	23/23	99%	113/114
Surgical Care Improvement Project (SCIP)Measures																	
Prophylactic antibiotic rec'd within one hr prior to surgical incision	99%	100%	100%	100%	100%	100%	100%	100%	100%	96%	100%	97%	100%	99%	81/82	99%	328/330
*Prophylactic antibiotic selection for surgical patients: Overall rate	99%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%	97%	100%	99%	81/82	100%	328/330
*Prophylactic antibiotics discontinued within 24 hours after surgery end time: Overall rate	98%	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	82/82	100%	326/327
Cardiac surgery patients with controlled postoperative blood glucose	94%	67%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	18/18	98%	63/64
*Urinary catheter removed on post-op day 1 (POD 1) or post-op day 2 (POD 2), day of surgery being day zero (POD)	98%	88%	94%	93%	93%	100%	100%	94%	100%	100%	100%	100%	93%	98%	51/52	96%	190/197
*Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the periop period	98%	88%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	30/30	99%	110/111
*Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hrs prior to surgery to 24 hrs after surgery	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	78/78	100%	320/320
Venous Thromboembolism (VTE) Measures																	
VTE prophylaxis	88%	100%	95%	100%	100%	100%	100%	100%	98%	100%	100%	97%	83%	93%	119/128	98%	481/493
ICU VTE prophylaxis	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	86%	95%	20/21	99%	80/81
VTE patients with anticoagulation overlap therapy	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	16/16	100%	53/53
VTE pts receiving unfractionated heparin with dosage/platelet monitoring	98%	100%	N/A	N/A	100%	100%	100%	100%	100%	100%	N/A	100%	100%	100%	11/11	100%	24/24
VTE warfarin therapy discharge instructions	82%	40%	33%	67%	100%	100%	75%	100%	50%	100%	100%	100%	67%	89%	7/8	74%	26/35
Hospital acquired potentially-preventable VTE +	8%	0%	0%	0%	0%	0%	0%	0%	N/A	N/A	N/A	0%	0%	0%	0/3	0%	0/15
Global Immunization (IMM) Measures																	
*Influenza immunization	93%	93%	83%	84%	N/A	N/A	N/A	N/A	N/A	N/A	87%	91%	85%	88%	226/258	87%	446/511

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

+ Lower Number is better

** 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

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**	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Q4-Qtr %	Q4-2014 Num/Den	Rolling %	Rolling Num/Den
Stroke Measures																	
Venous thromboembolism (VTE) prophylaxis	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	43/43	100%	164/164
Discharged on antithrombotic therapy	99%	100%	100%	100%	100%	100%	83%	100%	100%	100%	100%	100%	100%	100%	40/40	99%	136/137
Anticoagulation therapy for atrial fibrillation/flutter	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/A	100%	100%	7/7	100%	35/35
Thrombolytic therapy	73%	100%	100%	N/A	N/A	N/A	N/A	67%	N/A	100%	N/A	N/A	0%	0%	0/1	71%	5/7
Antithrombotic therapy by end of hospital day 2	98%	100%	100%	100%	100%	100%	89%	100%	100%	100%	100%	100%	100%	100%	36/36	99%	143/144
Discharged on statin medication	95%	100%	100%	100%	100%	100%	100%	100%	100%	91%	100%	100%	100%	100%	30/30	99%	103/104
Stroke education	90%	89%	100%	100%	100%	100%	75%	100%	100%	100%	100%	100%	83%	94%	21/22	97%	74/76
Assess for rehabilitation	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	46/46	100%	162/162
Perinatal Care Measure																	
Elective Delivery +	5%	N/A	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0/6	0%	0/28
ED Inpatient (ED) Measures																	
Median time ED arrival to ED departure - Minutes	272***	318.00	304.00	347.50	314.00	295.00	276.50	285.00	280.00	257.50	284.50	295.00	291.50	290.33	165--Cases	295.71	701--Cases
Admit decision median time to ED departure time - Minutes	97***	168.00	170.00	165.00	149.00	127.50	137.50	116.50	125.00	135.00	100.00	131.00	152.00	127.67	95--Cases	139.71	433--Cases
ED Outpatient (ED) Measures																	
Median time ED arrival to ED discharge +	133***	168.50	149.50	121.50	122.00	205.50	129.00	121.00	102.00	140.00	147.50	119.50	152.50	139.83	102--Cases	139.88	411--Cases
Door to diagnostic evaluation by qualified medical personnel +	24***	31.00	31.00	36.00	28.00	48.00	22.50	18.00	35.50	26.00	28.50	23.00	24.00	25.17	100--Cases	29.29	406--Cases
Outpatient Pain Management Measure																	
Median time to pain management for long bone fracture - Mins +	55***	46.50	73.00	38.50	44.00	39.00	53.00	42.00	55.50	52.00	52.00	47.50	54.50	51.33	52--Cases	49.79	178--Cases
Outpatient Stroke Measure																	
Head CT/MRI results for stroke patients within 45 mins of ED arrival	61%	N/A	N/A	N/A	N/A	50%	N/A	N/A	100%	N/A	0%	0%	N/A	0%	0/3	33%	2/6
Outpatient Surgery Measures																	
Timing of antibiotic prophylaxis	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	98%	49/50	99%	195/196
Antibiotic selection	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	50/50	100%	196/196

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

+ Lower Number is better

** 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

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)

Benchmark						
◆ Surgical Site Infection						
METRIC	National Standardized Infection Ratio (SIR)	April 2012 - March 2013	July 2012 - June 2013	Oct 2012 - Sep 2013	Jan 2013 - Dec 2013	
*Colon surgery	1	2.16	0.80	1.68	1.54	No Different than U.S. National Benchmark
*Abdominal hysterectomy	1	Insufficient data to calculate SIR	0.00	not published	not published	No Different than U.S. National Benchmark
◆ Healthcare Associated Infections (ICU)						
METRIC	National Standardized Infection Ratio (SIR)	April 2012 - March 2013	July 2012 - June 2013	Oct 2012 - Sep 2013	Jan 2013 - Dec 2013	
*Central Line Associated Blood Stream Infection Rate (CLABSI)	1	1.38	0.85	1.11	0.54	No Different than U.S. National Benchmark
*Catheter Associated Urinary Tract Infection (CAUTI)	1	0.55	0.86	0.82	1.10	No Different than U.S. National Benchmark
◆ Healthcare Associated Infections (Inpatients)						
METRIC	National Standardized Infection Ratio (SIR)	July 2012 - June 2013	Jan 2013 - Sep 2013	Jan 2013 - Dec 2013		
*Clostridium Difficile	1	1.08	1.03	1.06		No Different than U.S. National Benchmark
*Methicillin Resistant Staph Aureus Bacteremia	1	0.00	0.00	0.00		No Different than U.S. National Benchmark
◆ Heart Bypass Surgery Measures						
METRIC	CA Hospital Assessment and Reporting Task Force (CHART) State Average	2006	2007	2008	2009	
Internal mammary artery usage rate	95.00%	100.00%	88.00%	94.00%	not published	
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	
◆ Surgical Complications						
METRIC	CMS National Average	July 2009 - March 2012	April 2010- March 2013			
Hip/knee complication: Hospital-level risk -- Standardized complication rate (RSCR) following elective primary total hip/knee arthroplasty	3.30%	4.0%	4.4%			
METRIC	CMS National Average	Oct 2010 - June 2012	July 2011 thru June 2013			
*Serious Complications	0.881	Worse than National Average	Worse than National Average			
Deaths among patients with serious treatable complications after surgery	118.52 per 1,000 patient discharges	No different than National Average	No different than National Average			
◆ Medicare Spending Per Beneficiary						
METRIC	CMS National Average	Jan 2012 - Dec 2012	Jan 2013 - Dec 2013			
*Medicare spending per beneficiary (All)	0.98	1.02	1.01			
◆ Mortality Measures - 30 Day						
METRIC	CMS National Average	July 2007 - June 2010	July 2008 - June 2011	July 2009 - June 2012	July 2010 - June 2013	
*Acute Myocardial Infarction Mortality Rate	14.9%	13.7%	13.5%	13.30%	12.60%	
*Heart Failure Mortality Rate	12.0%	12.1%	12.9%	13.8%	11.9%	
*Pneumonia Mortality Rate	11.9%	11.1%	10.7%	10.9%	12.2%	

* 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 2007 - June 2010	July 2008- June 2011	July 2009- June 2012	July 2010 - June 2013
Acute Myocardial Infarction Readmission Rate	17.8%	19.1%	18.0%	16.70%	15.90%
Heart Failure Readmission Rate	22.7%	24.5%	24.7%	22.60%	23.00%
Pneumonia Readmission Rate	17.3%	17.9%	17.9%	16.20%	15.00%
COPD Readmission Rate	TBD				
Stroke Readmission Rate	TBD				
Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	5.2%			5.80%	5.30%
METRIC	CMS National Average	July 2011 - June 2012			
Hospital-Wide All-Cause Unplanned Readmission	16.0%	15.2%			

◆ Current Performance Mortality Measures

METRIC	MGH	Q4-2013	Q1-2014	Q2-2014	Q3-2014
Acute Care Admission Mortality (APR DRG - Datavision)	1.00	0.98	1.13	1.19	1.26
Sepsis Mortality (APR DRG - Datavision)	1.00	0.61	1.25	1.00	1.30

◆ Outpatient Measures (Claims Data)

METRIC	CMS National Average	Jan 2011 - Dec 2011	July 2012 - June 2013		
Outpatient with low back pain who had an MRI without trying recommended treatments first, such as physical therapy	37.20%	Not available	Not available		
Outpatient who had follow-up mammogram, ultrasound, or MRI of the breast within 45 days after the screening on the mammogram	8.80%	7.70%	7.40%		
Outpatient CT scans of the abdomen that were "combination" (double) scans +	10.50%	6.00%	5.60%		
Outpatient CT scans of the chest that were "combination" (double) scans +	2.70%	1.40%	0.40%		
Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery +	5.30%	5.56%	2.60%		
Outpatients with brain CT scans who got a sinus CT scan at the same time +	2.70%	1.70%	2.30%		

* 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

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Schedule 7: External Awards & Recognition

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

External Awards and Recognition – 2014
Healthgrades <i>Distinguished Hospital Award; America's Top 100 Best Hospitals for Cardiac Care; America's Top 100 Best Hospitals for Coronary Intervention</i>
American Heart/Stroke Association: <i>Get With the Guidelines-Stroke Gold Plus Quality Achievement Award</i>
Leapfrog Group "A" Grade for Hospital Safety
Commission on Cancer of the American College of Surgeons: <i>3-Year Accreditation</i>
The Society of Cardiovascular Patient Care (SCPC) <i>Chest Pain Center Accreditation</i>
The Joint Commission <i>Primary Stroke Center Re-Certification</i>
<i>Marin Magazine Top Doctors 2014 Over 250 physicians practicing at MGH on the Top Doctor List</i>

MGH Performance Metrics and Core Services Report

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Schedule 8: Community Benefit Summary

➤ **Tier 2, Community Commitment**

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

Cash & In-Kind Donations					
(these figures are not final and are subject to change)					
	1Q 2014	2Q 2014	3Q 2014	4Q 2014	Total 2014
Bread & Roses 40th Anniversary	\$2,420	\$0	\$0	\$0	\$2,420
Coastal Health Alliance	0	0	20,000	0	20,000
Healthy Aging Symposium	1,000	0	0	0	1,000
Hearth Walk	0	0	2,500	0	2,500
Honor Thy Healer	2,200	0	0	0	2,200
Homeward Bound of Marin	56,800	0	0	64,058	120,858
Hospice by the Bay (Ball)	0	0	2,200	0	2,200
Marin Brain Institute	0	630	0	0	630
Marin City Health and Wellness	0	0	0	20,000	20,000
Marin Community Clinics	53,151	55,830	55,830	55,830	220,641
Marin Community Clinics Summer Solstice	1,000	0	0	0	1,000
Marin Senior Fair	0	0	0	2,000	2,000
MHD 1206(b) Clinics	1,183,299	1,219,643	1,358,621	1,173,628	4,935,191
PRIMA Medical Foundation	1,093,137	1,093,048	1,242,959	1,542,870	4,972,014
Redwoods Crabfest	2,500	0	0	0	2,500
Relay For Life	0	5,000	0	0	5,000
Ritter Center	0	0	0	20,000	20,000
RotaCare San Rafael	0	0	15,000	0	15,000
RotaCare San Rafael (Refrigerator)	2,182	0	0	0	2,182
To Celebrate Life	0	0	15,000	0	15,000
Whistlestop	0	0	0	15,000	15,000
Wine, Women & Song: Rock-n-Roll Breastival	0	0	5,000	0	5,000
Total Cash Donations	\$2,397,689	\$2,374,151	\$2,717,110	\$2,893,386	\$10,382,336
Compassionate discharge medications					44,353
Meeting room use by community based organizations for community-health related					1,423
Food donations					5,163
Marin Community Clinic-Facilities					46,366
Total In Kind Donations					\$97,305
Total Cash & In-Kind Donations	\$2,397,689	\$2,374,151	\$2,717,110	\$2,893,386	\$10,479,641

MGH Performance Metrics and Core Services Report

4Q 2014

Schedule 8, 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	\$51,351	\$78,854	\$199,204	\$279,288
Health Professions Education	17,993	19,612	15,255	385,234	539,512
Research	0	0	5,105	0	5,105
Cash and In-Kind Contributions	2,306,652	2,278,769	3,119,483	2,767,927	10,479,641
Community Benefit Operations	1,640	1,640	2,830	4,459	10,936
Traditional Charity Care *Operation Access total is included	1,063,745	731,530	555,312	689,518	3,040,105
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	6,649,467	7,665,678	7,840,847	7,688,141	29,844,133
Community Benefit Subtotal (amount reported annually to state & IRS)	\$10,081,351	\$10,748,580	\$11,617,686	\$11,734,483	\$44,198,720
Community Building Activities	\$ 0	\$ 0	\$ 0	\$ 2,606	\$ 2,606
Unpaid Cost of Medicare	15,529,526	15,319,223	14,802,669	15,736,370	45,651,418
Bad Debt	526,391	590,145	857,451	449,301	1,973,987
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total	\$26,137,268	\$26,657,948	\$27,277,806	\$27,922,760	\$108,012,402

Operation Access

Though not a Community Benefit requirement, MGH has been participating with Operation Access since 2000. Operation Access brings together medical professionals and hospitals to provide donated outpatient surgical and specialty care for the uninsured and underserved.

	1Q 2014	2Q 2014	3Q 2014	4Q 2014	Total 2014
*Operation Access charity care provided by MGH (waived hospital charges)	\$575,773	\$114,687	\$15,544	\$204,707	\$910,711

MGH Performance Metrics and Core Services Report

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Schedule 9: “Green Building” Status

➤ **Tier 2, Community Commitment**

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

Leadership in Energy and Environmental Design (LEED)

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

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

MGH LEED Status
MGH Hospital Replacement Project is registered with the United States Green Building Council (USGBC) as a New Construction Project.
MGH Hospital Replacement Project has retained Green Building Services, specializing in Healthcare LEED requirements.
All key members of the Design Team are LEED certified.
Through Design Development of the Hospital Replacement Project, the Project has maintained LEED Silver status.
The Project Team will conduct cost benefit analysis on LEED requirements in order to achieve a certification higher than LEED Silver (LEED Gold or Platinum).

MGH Performance Metrics and Core Services Report 4Q 2014

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, 2014, there were a total of 520 physicians on MGH staff:

- 269 Active
- 107 Provisional
- 49 Courtesy
- 52 Consulting
- 43 Office-Based

New Physician Appointments January 1, 2014 – December 31, 2014				
	Last Name	First Name	Appointment Date	Specialty
1	Abbass	Khurram	9/23/2014	Med-Rheumatology
2	Alvarado	Michael	3/6/2014	Surg-General
3	Amin	Hitha	9/23/2014	Pediatrics
4	Apter	Brian	9/23/2014	Med-Internal Medicine
5	Belek	Kyle	3/6/2014	Surg-Plastic
6	Berta	Theresa	6/24/2014	Med-Internal Medicine
7	Bitner	Robin	9/23/2014	Psychiatry
8	Brown	Michael	5/1/2014	Orthopedic Surgery
9	Buda	Lisa	6/24/2014	Surg-Dentistry
10	Burke	Jasmine	5/1/2014	Med-Internal Medicine
11	Cermak	Emma	9/23/2014	Obst-OBGYN
12	Chandra	Venita	5/27/2014	Surg-Vascular
13	Chang	Scott	12/9/2014	Radiology
14	Clayton	Erica	9/23/2014	Pathology
15	Cohen	Steven	6/24/2014	Radiology
16	Dailey	Elizabeth	9/23/2014	Orthopedic Surgery
17	Dela Merced	Jacqueline	7/22/2014	Obst-OBGYN
18	Edwards	Christina	12/9/2014	Med-Internal Medicine
19	Elboim	Charles	9/23/2014	Surg-General
20	Etefia	Kenneth	5/1/2014	Psychiatry
21	Everett	Charles	3/6/2014	Med-eICU/Critical Care
22	Glatt	Patricia	9/23/2014	Family Practice
23	Gogia	Ravinder	9/23/2014	Med-Dermatology
24	Goodwine	Diana	5/1/2014	Emergency Medicine
25	Grissom	Nima	3/6/2014	Surg-General

MGH Performance Metrics and Core Services Report

4Q 2014

Schedule 10, continued

26	Johnson	Jacob	5/1/2014	Surg-Otolaryngology
27	Juarez	Marianne	5/27/2014	Emergency Medicine
28	Kangelaris	Gerald	5/1/2014	Surg-Otolaryngology
29	Kattah	Michael	6/24/2014	Med-Internal Medicine
30	Keck	Sara	3/6/2014	Med-Oncology
31	King	Benjamin	10/28/2014	Pediatrics
32	Kohli	Payal	10/28/2014	Med-Cardiology
33	Kuchta	Alison	9/23/2014	Pediatrics
34	Kwun	Peggy	5/27/2014	Psychiatry
35	Lee	George	5/27/2014	Surg-Vascular
36	Lee	Janie	3/6/2014	Pediatrics
37	Lee	Janie	3/6/2014	Pediatrics
38	Lee Char	Susan	3/6/2014	Surg-General
39	Lu	Brandon	9/23/2014	Med-eICU/Critical Care
40	Maa	John	5/1/2014	Surg-General
41	Malladi	Vikram	7/22/2014	Med-Gastroenterology
42	Marar	Devan	10/28/2014	Med-Cardiology
43	Marfatia	Rina	9/23/2014	Med-Infect Disease
44	Meyers	Samuel	3/6/2014	Surg-Podiatry
45	Nguyen	Susan	5/1/2014	Med-Internal Medicine
46	Osborne	Thomas	5/1/2014	Radiology
47	Radparvar	Arash	3/6/2014	Radiology
48	Raju	Menaka	7/22/2014	Pathology
49	Saligram	Pragathi	10/28/2014	Med-Endocrinology
50	Sanoyan	Naira	9/23/2014	Med-Internal Medicine
51	Shirley	Margaret	9/23/2014	Psychiatry
52	Smith	Ashley	6/24/2014	Med-Dermatology
53	Stein	Elliott	3/6/2014	Psychiatry
54	Toothman	Richard	5/1/2014	Radiology
55	Wagle	Rohan	3/6/2014	Med-Internal Medicine
56	Wright	Kimberly	12/9/2014	Radiology
57	Yamout	Stephanie	9/23/2014	Pediatrics
58	Zadel	Ari	3/6/2014	Pediatrics
59	Zand	Sarvenaz	3/6/2014	Med-Dermatology

MGH Performance Metrics and Core Services Report

4Q 2014

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				
Quarter	Number of Clinical RNs	Terminated		Rate
		Voluntary	Involuntary	
1Q 2014	547	9	11	3.66%
2Q 2014	550	9	9	3.27%
3Q 2014	547	9	5	2.56%
4Q 2014	541	12	6	3.33%

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 2014	14	25	4	11	393	154	547	6.36%	9.09%
2Q 2014	23	31	6	15	403	147	550	7.69%	15.65%
3Q 2014	13	19	2	10	402	145	547	4.73%	8.97%
4Q 2014	12	34	2	9	402	139	541	8.46%	8.63%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
1Q 2014	15	20	(5)
2Q 2014	21	18	3
3Q 2014	12	14	(2)
4Q 2014	11	18	(7)

MGH Performance Metrics and Core Services Report

4Q 2014

Schedule 12: 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
2Q 2014	April 11	0115 - 0515	4 hours	ED Saturation	14	8	3 (ICU holds)
2Q 2014	May 2	1632 - 2320	6 hours, 48 mins	ED Saturation	36	9	8
2Q 2014	May 5	2040 - 2340	3 hours	ED Saturation	23	10	3
2Q 2014	May 11	1745 - 1845	1 hour	CT Scanner down	33	9	3
2Q 2014	May 11	1900 - 2100	2 hours	ED Saturation	23	5	1
2Q 2014	June 30	1930 - 2105	1 hour, 35 mins	ED Saturation	39	8	5
3Q 2014	July 3	1930 - 0005	4 hr 35 min	ED Saturation	25	15	7
3Q 2014	Aug. 2	1820 - 2004	1 hour 44 min	ED Saturation	36	12	4
3Q 2014	Aug. 20	2252 - 0414	5 hours 22 min	CT Scanner down	15	0	0

MGH Performance Metrics and Core Services Report

4Q 2014

Schedule 12, continued

Quarter	Date	Time	Length of Time on Divert	Reason	ED Census	Waiting Room Census	ED Admitted Patient Census
4Q 2014	Dec. 2	1943 – 0146	6 hours, 3 min	ED Saturation	37	9	2
4Q 2014	Dec. 16	1255 – 1556	3 hours, 1 min	ED Saturation	30	5	3
4Q 2014	Dec. 26	1657 – 0001	7 hours, 4 min	ED Saturation	38	16	3
4Q 2014	Dec. 28	2300 – 0125	2 hours, 25 min	ED Saturation	38	12	2

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)

