



MarinHealth Medical Center

Performance Metrics and Core Services Report

Q1 2024

August 6, 2024

MarinHealth Medical Center (Marin General Hospital)

Performance Metrics and Core Services Report: Q1 2024

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	The Joint Commission granted MGH an "Accredited" decision with an effective date of May 25, 2022 for a duration of 36 months.
	2. MGH Board must maintain MGH's Medicare certification for quality of care and reimbursement eligibility.	Quarterly	In Compliance	MGH maintains its Medicare Certification.
	3. MGH Board must maintain MGH's California Department of Public Health Acute Care License	Quarterly	In Compliance	MGH maintains its license with the State of California.
	4. MGH Board must maintain MGH's plan for compliance with SB 1953.	Quarterly	In Compliance	MGH remains in compliance with SB 1953 (California Hospital Seismic Retrofit Program).
	5. MGH Board must report on all Tier 2 Metrics at least annually.	Annually	In Compliance	4Q 2024 (Annual Report) was presented to MGH Board and to MHD Board in June 2024.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2024 was presented for approval to the MGH Board in February 2024.
	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	Reported in Q4 2023
	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	Reported in Q4 2023
(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

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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 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	Reported in Q4 2023
(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	Reported in Q4 2023
	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	Reported in Q4 2023
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	Reported in Q4 2023
(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	Reported in Q4 2023
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	Reported in Q4 2023
	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 14, 2023 and was presented to the MHD Board January 26, 2024.
	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 14, 2023 and was presented to the MHD Board on January 26, 2024.
	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 2023 Independent Audit was completed on April 25, 2023
	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 2022 Form 990 was filed on November 15, 2023

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EXECUTIVE SUMMARY Q1-2 2024 HCAHPS

Time Period

Q1-2 2024 HCAHPS Survey with Press Ganey Benchmarks

Accomplishments

Transition to Press Ganey vendor

Areas for Improvement

Data Summary

Q1 Sample size= 235, Q2 Sample size= 261

Reporting HCAHPS Press Ganey percentile rank among all PG database (Natl) and PG California Hospitals (CA), # of hospitals not reported

Not patient mix or mode adjusted, not benchmarked to CMS

Barriers or Limitations

True CMS comparison report not yet available.

Next Steps

- 2024 Surveys via Press Ganey (new vendor)
- Patient Satisfaction and Experience initiatives; Hourly rounding on Medical/Surgical units, Physician bedside rounding and feedback sessions, among other efforts.
- Sr Leader rounding on Med/Surg, ED, Cardiac Units


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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.



2024 HCAHPS DASHBOARD

Updated 7-9-24

HCAHPS DOMAINS	Top Box			↑	Top Box			↑	Top Box			↑	Top Box		
	Q1	Nat. Rank	CA Rank		Q2	Nat. Rank	CA Rank		Q3	Nat. Rank	CA Rank		Q4	Nat. Rank	CA Rank
Rate Hospital 0-10	72.27%	61st	57th	↑	81.11%	86th	84th								
Recommend the Hospital	74.03%	67th	53rd	↑	81.05%	84th	74th								
Communication with Nurses	75.55%	29th	29th	↑	77.11%	30th	37th								
Responsiveness of Hospital Staff	65.51%	66th	75th	↑	71.97%	82nd	88th								
Communication with Doctors	80.35%	60th	67th	↑	81.00%	58th	64th								
Hospital Environment	66.63%	60th	78th	↑	68.03%	59th	76th								
Communication about Medications	56.72%	31st	20th	↑	58.87%	37th	27th								
Discharge Information	88.81%	70th	72nd	↑	90.11%	79th	74th								
Care Transitions	46.96%	27th	19th	↑	50.63%	39th	22nd								
"n"	235				261										

Global Items		Q1			↑	Q2			↑	Q3			↑	Q4		
			Nat. Rank	CA Rank			Nat. Rank	CA Rank			Nat. Rank	CA Rank			Nat. Rank	CA Rank
Global Items	Rate hospital 0-10	72.27%	61	57	↑	81.11%	86	84								
	Recommend the hospital	74.03%	67	53	↑	81.05%	84	74								
Comm w/ Nurses	Nurses treat with courtesy/respect	77.03%	9	9	↑	83.07%	24	30								
	Nurses listen carefully to you	73.56%	34	39	↑	76.27%	42	42								
	Nurses expl in way you understand	76.07%	62	71	↓	72.00%	27	31								
Response of Hosp Staff	Call button help soon as wanted it	66.32%	73	79	↑	67.91%	72	79								
	Help toileting soon as you wanted	64.71%	58	67	↑	76.03%	90	94								
Comm w/ Doctors	Doctors treat with courtesy/respect	84.73%	45	53	↑	85.53%	45	55								
	Doctors listen carefully to you	78.71%	58	57	↑	80.08%	62	69								
	Doctors expl in way you understand	77.62%	72	74	↓	77.39%	65	65								
Hospital Environment	Cleanliness of hospital environment	70.11%	44	36	↑	74.48%	56	50								
	Quietness of hospital environment	63.15%	69	89	↑	61.58%	58	84								
Comm About Medicines	Tell you what new medicine was for	72.33%	41	42	↓	69.33%	18	14								
	Staff describe medicine side effect	41.11%	25	14	↓	48.40%	58	44								
Discharge Information	Staff talk about help when you left	88.51%	77	78	↓	88.23%	72	66								
	Info re symptoms/prob to look for	88.88%	55	50	↑	91.99%	79	75								
Care Transitions	Hosp staff took pref into account	39.66%	23	18	↑	44.54%	37	20								
	Good understanding managing health	47.47%	35	27	↑	51.56%	48	35								
	Understood purpose of taking meds	53.06%	25	20	↑	55.79%	31	20								

Data is Mode Adjusted (to account for use of phone vs. mail surveys). Only includes CMS reportable/eligible surveys. Note: Patients have up to 6 weeks to complete the HCAHPS survey.

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Schedule 2: Finances

➤ **Tier 1, Finances**

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

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

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

Financial Measure	Final 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	
EBIDA \$ (in thousands)	\$49,927	\$17,171				
EBIDA %	8.50%	10.90%				
Loan Ratios						
Annual Debt Service Coverage	2.89	2.28				
Maximum Annual Debt Service Coverage	1.83	2.28				
Debt to Capitalization	60.40%	59.0%				
Key Service Volumes	Total 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Total 2024
Acute discharges	10,257	2,544				
Acute patient days	50,793	12,886				
Average length of stay	4.95	5.07				
Emergency Department visits	41,085	10,608				
Inpatient surgeries	1,823	412				
Outpatient surgeries	6,249	1,594				
Newborns	1,327	319				

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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.medicare.gov/care-compare/)

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EXECUTIVE SUMMARY Q1 2024 Quality Management Dashboard (Organization Targets Based on Natl Metrics)

Time Period

Q1 2024 most recent of four rolling quarters (far right)

Accomplishments

- Knee, Stroke, Pneumonia Mortality achieved 0 mortality,
- All Cause, Hrt Failure, Sepsis mortality <1.0
- Heart Failure Readmissions improved
- Sepsis readmissions lowest in several quarters
- LOS: All Cause, Sepsis lower than previous qtrs.
- Sepsis (SEP) bundle compliance: 74% significant improvement
- Injury due to HAPI (pressure-related skin injury), Falls with Injury rate

Areas for Improvement or Monitoring

- Mortality related to AMI, Hip: monitoring
- Readmission rates: Pneumonia to be explored
- Length of Stay (LOS): Monitor
- CAUTI (Urinary catheter infections): Improvement plan in place
- PSI 90 Complications: Surgical related DVT, Hematoma, Injuries

Data Summary

- Benchmark: Midas Datavision™ benchmark reports for same size/type hospitals (n~400)
- Report contains: Mortality Observed to Expected Ratios, Readmission rates, Length of Stay means, and selected HAI (Healthcare Associated Infections) and Harm events.
- See core measures dashboard for specialty and process metrics.

Barriers or Limitations

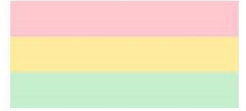
Leaders driving improvements but competing priorities challenging
Lack of direct caregiver involvement in PI projects

Next Steps:

- Ongoing support for PI continues

Legend

Value > Target
Value > 2023 but < Target
Value < Target < 2023



Metrics: Adult Medical/Surgical High Volume DRGs	Reporting	Target*	2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024
Mortality-All Cause (Risk Adjusted O:E)	O:E Ratio	<1.0	0.91	0.93	0.76	0.98	0.87
Mortality-Acute Myocardial Infarction	O:E Ratio		0.69	0.52	0.00	1.71	1.51
Mortality-Heart Failure	O:E Ratio		0.48	0.40	0.32	0.37	0.69
Mortality- Hip	O:E Ratio		0.00	0.00	0.00	0.00	3.57
Mortality- Knee	O:E Ratio		0.00	0.00	0.00	0.00	0.00
Mortality- Stroke	O:E Ratio		1.33	1.50	0.79	0.99	0.00
Mortality- Sepsis	O:E Ratio		1.00	1.17	0.95	0.98	0.84
Mortality- Pneumonia	O:E Ratio		0.95	0.42	1.53	2.19	0.00
Readmission- All (Rate)	Rate	<15.5%	10.14	9.85	11.00	10.34	11.11
Readmission-Acute Myocardial Infarction	Rate		7.32	6.52	14.89	5.45	10.00
Readmission-Heart Failure	Rate		19.24	14.44	23.88	23.94	17.43
Readmission- Hip	Rate		0.00	0.00	0.00	0.00	0.00
Readmission- Knee	Rate		6.66	0.00	0.00	12.50	12.50
Readmission- Stroke	Rate		4.03	0.00	7.69	4.00	4.76
Readmission- Sepsis	Rate		12.25	11.58	11.53	12.28	10.34
Readmission- Pneumonia	Rate		10.04	5.41	16.00	14.00	12.94
LOS-All Cause	Mean	4.90	4.84	4.93	4.75	4.68	4.82
LOS-Acute Myocardial Infarction	Mean		4.52	4.55	3.94	5.34	4.22
LOS-Heart Failure	Mean		5.64	5.03	5.69	6.74	5.53
LOS- Hip	Mean		4.17	5.13	3.40	3.00	3.90
LOS- Knee	Mean		3.10	2.60	4.40	3.62	3.25
LOS- Stroke	Mean		5.50	6.03	6.20	3.68	5.90
LOS- Sepsis	Mean		9.32	9.59	9.35	8.51	8.34
LOS- Pneumonia	Mean		6.41	6.08	4.94	6.70	5.17

Metrics: HAIs, Sepsis, Harm Events	Reporting	Target**		Q2 2023	Q3 2023	Q4 2023	Q1 2024
CAUTI (SIR)	SIR	<1.0	0.35	1.47	0.00	0.00	2.19
Hospital Acquired C-Diff (CDI)	SIR	<1.0	0.33	0.00	0.53	0.35	0.63
Surgical Site Infection (Superficial)	# Infections		10	3	3	3	3
Surgical Site Infection (Deep, Organ Space and Joint)	# Infections		8	0	4	2	1
SSI	SIR	<1.0 SIR		<1.0	<1.0	<1.0	TBD
Sepsis Bundle Compliance	% Compliance	63%^	62%	63%	72%	65%	74%
Hospital Acquired Pressure Injury (HAPI)	# HAPI	<=1	0	0	0	0	0
Patient Falls with Injury	# Falls	<=1.0		0	0	1	0
PSI 90 / Healthcare Acquired Conditions	Ratio	<1.0		0.99	1.35	2.73	1.04
Serious Safety Events	# Events	<=1	2	0	1	0	0

* Targets are <1.0 for ratios or Midas Datavision Median

** Target <1.0 SIR (Ratio) or Number needed to achieve Natl Benchmark Ratio/Rate

^ Target = California Median rate

Quick Reference Guide	
Mortality	Death rates show how often patients die, for any reason, within 30 days of admission to a hospital
Readmissions	Anyone readmitted within 30 days of discharge (except for elective procedures/admits).
Length of Stay(LOS)	The average number of days that patients spend in hospital
CAUTI (SIR)	Catheter Associated Urinary Tract Infection
Hospital Acquired C-Diff (CDI)	Clostridium difficile (bacteria) positive test ≥ 4 days after admission
Surgical Site Infections	An infection that occurs after surgery in the part of the body where the surgery took place
Sepsis Bundle Compliance	Compliance with a group of best-practice required measures to prevent sepsis
Hospital Aquired Pressure Injury	Stage III or IV pressure ulcers (not present on admission) in patients hospitalized 4 or more days
Patient Falls with Injury	A fall that resulted in harm that required intervention by medical staff (and reportable to CMS)
PSI 90 / Healthcare Aquired Conditions	PSI = Patient Safety Indicators. # of patients with avoidable Pressure Ulcer, Iatrogenic Pneumothorax, Hospital Fall,w/ Hip Fracture, Periop Hemorrhage or Hematoma, Post-op Acute Kidney Injury, Post-op Respiratory Failure, Periop Pulmonary Embolism or DVT, Post-op Sepsis, Post-op Wound Dehiscense, Accidental Laceration/Puncture
MRSA Blood Stream Infections	A positive test for a bacteria blood stream infection ≥ 4 days after admission
Patient Falls with Injury	A fall that resulted in harm that required intervention by medical staff (and reportable to CMS)
Serious Safety Events (patients)	A gap in care that reached the patient, causing a significant level of harm
Other Abbreviations	
SIR	Standardize Infection Ratio (Observed/Expected)

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EXECUTIVE SUMMARY Q1 2024 Core Measures Dashboard CMS Hospital IQR (Inpatient Quality Reporting) Program

Time Period

Q1 2024- publicly reported metrics (contributing to Star Rating)

Accomplishments

- STK-4 Thrombolytic Therapy: 100% (3/3)
- Sepsis bundle (SEP) 74% (98/133)
- Perinatal measures: PC-01 Elective Delivery 4% (1/23), C-Sec remains low (16%), breastfeeding higher than avg (86% Yr)
- ED admit Decision Time 117 minutes.
- HBIPS positive- high screening rates with low restraint, seclusion rates
- Surgical Site Infection-Colon (SSI-Colon), Central Line Infection (CLABSI) = 0, MRSA Infection = 0
- C-difficile Infection < 1.0 i.e. less than expected
- Readmission rates: All (12.34%)

Areas for Improvement or Monitoring

- CAUTI- more infections than expected for patient population
- PSI-90 Composite Measure (1.09) > than expected, better than Q4 2023
 - Periop Hemorrhage or Hematoma
 - Post-op DVT
- AMI Mortality

Data Summary

- Pg. 1 contains 2022 data by quarter with YTD sizes
- Pg. 2-4 publicly reported data published by CMS (dates vary by measure)

Barriers or Limitations

Competing Priorities

Next Steps:

2024 PI projects ongoing

Hospital Inpatient Quality Reporting Program Measures

	METRIC	CMS**	2023	Q1 -2024	Q2 -2024	Q4 -2024	Q4-2024	Q4-2024 Num/Den	Rolling 2024 YTD	2024 YTD Num/Den
◆ Stroke Measures										
STK-4	Thrombolytic Therapy	100%	100%	100%				3/3	100%	9/9
◆ Sepsis Measure										
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	60%	62%	74%				98/133	74%	98/133
◆ Perinatal Care Measure										
PC-01	Elective Delivery +	2%	1%	4%				1/23	4%	1/23
PC-02	Cesarean Section +	TJC	18%	16%				82/350	18%	82/350
PC-05	Exclusive Breast Milk Feeding	TJC	73%	86%				36/42	86%	36/42
◆ ED Inpatient Measures										
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients +	99	117.00	117.50				192-Cases	117.50	192-Cases
◆ Psychiatric (HBIPS) Measures										
IPF-HBIPS-2	Hours of Physical Restraint Use +	0.32	0.15	0.21				0.21	0.21	N/A
IPF-HBIPS-3	Hours of Seclusion Use +	0.34	0.11	0.00				0.00	0.00	N/A
◆ Substance Use Measures										
SUB-2	2-Alcohol Use Brief Intervention Provided or offered	61%	97%	100%				3/3	100%	3/3
SUB-2a	Alcohol Use Brief Intervention	77%	100%	100%				3/3	100%	3/3
◆ Tobacco Use Measures										
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge	71%	45%	50%				1/2	50%	1/2
TOB-3a	3a-Tobacco Use Treatment at Discharge	40%	36%	50%				1/2	50%	1/2
	METRIC	CMS**	2022	Q1 -2023	Q2 -2023	Q3 -2023	Q4-2023	Q2-2023 Num/Den	Rolling 2023 YTD	Rolling Num/Den
◆ Transition Record Measures										
TRSE	Transition Record with Specified Elements Received by Discharged Patients	62%	15%	67%				77/115	67%	77/115
◆ Metabolic Disorders Measure										
SMD	Screening for Metabolic Disorders	Benchmark To Be Established	91%	85%				69/81	85%	69/81
	METRIC	CMS**		2018	2019	2020	2021	2022	2023	Rolling Num/Den
IPF-IMM-2	Influenza Immunization	77%		98%	90%	92%	96%	96%	97%	216/222
	METRIC	CMS**	2022	Q1 -2024	Q2 -2024	Q4 -2024	Q4-2024	Q2 2024 Num/Den	Rolling 2024 YTD	2024 YTD Num/Den
◆ ED Outpatient Measures										
OP-18b	Average (median) time patients spent in the emergency department before leaving from the visit	168.00	192.00					95-Cases	188.00	95-Cases
◆ Outpatient Stroke Measure										
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	69%	78%	86%				6/7	86%	6/7
◆ Endoscopy Measures										
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	91%	89%	94%				48/51	94%	48/51
**CMS National Average + Lower Number is better										

◆ Healthcare Personnel Influenza Vaccination						
	METRIC	CMS National Average	Oct 2018 - Mar 2019	Oct 2020 - Mar 2021	Oct 2021 - Mar 2022	Oct 2022 - Mar 2023
	COVID Healthcare Personnel Vaccination	88%			96%	99%
MM-3	Healthcare Personnel Influenza Vaccination	80%	97%	94%	96%	93%
◆ Surgical Site Infection +						
	METRIC	National Standardized Infection Ratio (SIR)	Jan 2022 - Dec 2022	July 2021 - June 2022	Apr 2022 - Mar 2023	July 2022 - June 2023
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	0.00	0.00	0.00	0.00
HAI-SSI-Hyst	Surgical Site Infection - Abdominal Hysterectomy +	1	not published**	not published**	not published**	not published**
◆ Healthcare Associated Device Related Infections						
	METRIC	National Standardized Infection Ratio (SIR)	July 2021 - June 2022	Jan 2022 - Dec 2022	April 2022 - Mar 2023	July 2022 - June 2023
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.00	0.00	0.00	0.43
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.64	0.62	0.62	1.07
	METRIC	2023	Q1 2024	Q2 2024	Q4 2024	Q4 2024
	Central Line Associated Blood Stream Infection (CLABSI)	0.44	0.00			
	Catheter Associated Urinary Tract Infection (CAUTI)	0.35	2.19			
◆ Healthcare Associated Infections +						
	METRIC	National Standardized Infection Ratio (SIR)	July 2021 - June 2022	Jan 2022 - Dec 2022	Apr 2022 - Mar 2023	July 2022 - June 2023
HAI-C-Diff	Clostridium Difficile	1	0.26	0.30	0.58	0.43
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.00	0.00	0.00	0.00
	METRIC	2023	Q1 2024	Q2 2024	Q4 2024	Q4 2024
HAI-C-Diff	Clostridium Difficile	0.33	0.63			
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	0.49	0.00			
◆ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators) +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2017 - June 2019	July 2018 - Dec 2019	July 2019 - June 2021	July 2020 - June 2022
PSI-90 (Composite)	Complication / Patient Safety Indicators PSI 90 (Composite)	1	No different than the National Rate	No different than the National Rate	No different than the National Rate	No different than the National Rate
	METRIC		2021	2022	2023	2024
PSI-90 (Composite)	Complication / Patient safety Indicators PSI 90 (Composite)		1.96	1.38	1.85	1.09
PSI-3	Pressure Ulcer		0.22	0.79	1.52	0.00
PSI-6	Iatrogenic Pneumothorax		0.62	0.00	0.00	0.00
PSI-8	Inhospital Fall with Hip Fracture		0.29	0.13	0.28	0.00
PSI-9	Perioperative Hemorrhage or Hematoma		2.67	2.08	3.42	3.27
PSI-10	Postop Acute Kidney Injury Requiring Dialysis		0.00	0.00	0.00	0.00
PSI-11	Postoperative Respiratory Failure		6.11	1.88	12.01	0.00
PSI-12	Peri Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)		8.74	6.59	7.97	9.09
PSI-13	Postoperative Sepsis		4.64	3.93	1.57	0.00
PSI-14	Post operative Wound Dehiscence		2.02	0.00	0.00	0.00
PSI-15	Unrecognized Abdominopelvic Accidental Laceration/Puncture Rate		0.00	0.00	1.52	0.00
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2017 - June 2019	July 2018 - Dec 2019	July 2019 - June 2021	July 2020 - June 2022
PSI-4	Death Among Surgical Patients with Serious Complications +	136.48 per 1,000 patient discharges	No different then National Average	No different then National Average	not published**	No different then National Average
◆ Surgical Complications +						
		Centers for Medicare & Medicaid Services (CMS) National Average	April 2016 - March 2019	April 2017 - Oct 2019	April 2018 - March 2021	April 2019 - March 2022
Surgical Complication	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty +	3.2%	3.0%	2.6%	2.5%	3.6%

*** National Average + Lower Number is better

♦ Mortality Measures - 30 Day +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2015 - June 2018	July 2016 - June 2019	July 2017 - Dec 2019	July 2019 - June 2021
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate	8.4%	12.50%	10.90%	10.70%	10.00%
MORT-30-HF	Heart Failure Mortality Rate	12.4%	9.70%	8.00%	8.60%	10.30%
MORT-30-PN	Pneumonia Mortality Rate	15.4%	15.30%	14.20%	13.90%	not published**
MORT-30-COPD	COPD Mortality Rate	8.40%	8.80%	9.20%	8.60%	10.00%
MORT-30-STK	Stroke Mortality Rate	13.60%	13.70%	13.60%	13.40%	13.50%
CABG MORT-30	CABG 30-day Mortality Rate	2.90%	3.40%	3.00%	2.50%	3.00%
♦ Mortality Measures - 30 Day (Medicare Only - Midas DataVision) +						
	METRIC		2021	2022	2023	2024
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate		6.06%	3.39%	2.13%	13.79%
MORT-30-HF	Heart Failure Mortality Rate		7.90%	1.20%	3.05%	4.29%
MORT-30-PN	Pneumonia Mortality Rate		8.42%	7.09%	4.46%	0.00%
MORT-30-COPD	COPD Mortality Rate		0.00%	7.14%	3.13%	0.00%
MORT-30-STK	Stroke Mortality Rate		4.76%	4.90%	3.64%	0.00%
CABG MORT-30	CABG Mortality Rate		0.00%	0.00%	0.00%	0.00%
♦ Acute Care Readmissions - 30 Day Risk Standardized +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2016 - June 2019	July 2017 - Dec 2019	July 2018 - June 2021	July 2019 - June 2022
READM-30-AMI	Acute Myocardial Infarction Readmission Rate	15.0%	16.30%	15.50%	14.70%	13.40%
READM-30-HF	Heart Failure Readmission Rate	20.2%	21.60%	21.20%	19.50%	18.40%
READM-30-PN	Pneumonia Readmission Rate	16.9%	13.80%	14.50%	not published**	14.70%
READM-30-COPD	COPD Readmission Rate	19.30%	19.60%	19.30%	19.50%	
READM-30-THA/TKA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.30%	4.40%	4.20%	4.90%	4.20%
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	11.00%	11.70%	12.20%	11.60%	10.80%
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2018 - June 2019	July 2019 - Dec 2019	July 2018 - June 2021	July 2019 - June 2022
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR) +	14.6%	13.7%	14.9%	14.0%	13.2%
♦ Acute Care Readmissions 30 Day (Medicare Only - Midas DataVision) +						
	METRIC		2021	2022	2023	2024
	Hospital-Wide All-Cause Unplanned Readmission		9.59%	9.89%	9.83%	12.34%
	Acute Myocardial Infarction Readmission Rate		11.27%	8.75%	7.60%	10.53%
	Heart Failure Readmission Rate		12.04%	11.36%	18.18%	17.91%
	Pneumonia (PN) 30 Day Readmission Rate		5.68%	11.94%	11.84%	10.35%
	Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate		13.04%	9.68%	9.09%	11.11%
	Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate		2.50%	0.00%	0.00%	7.14%
	30-day Risk Standardized Readmission following Coronary Artery Bypass Graft		6.67%	14.29%	7.69%	0.00%
♦ Cost Efficiency +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2019 - Dec 2019	Jan 2020 - Dec 2020	Jan 2021 - Dec 2021	Jan 2022 - Dec 2022
MSPB-1	Medicare Spending Per Beneficiary (All)	0.99	0.97	0.98	0.98	0.98
	METRIC		July 2016 - June 2019	July 2017 - Dec 2019	July 2018 - June 2021	July 2019 - June 2022
PAY-AMI	Acute Myocardial Infarction (AMI) Payment Per Episode of Care	\$27,314	\$27,327	\$28,746	\$27,962	\$26,768
PAY-HF	Heart Failure (HF) Payment Per Episode of Care	\$18,764	\$17,614	\$18,180	\$17,734	\$18,109
PAY-PN	Pneumonia (PN) Payment Per Episode of Care	\$20,362	\$17,717	\$17,517	\$18,236	\$19,640
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	April 2015 - March 2018	April 2017 - Oct 2019	April 2018 - Mar 2021	April 2019 - Mar 2022
PAY-Knee	Hip and Knee Replacement	\$21,247	\$20,263	\$19,869	\$19,578	\$18,654

*** National Average + Lower Number is better

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

◆ Outpatient Measures (Claims Data) +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2017 - June 2018	July 2018 - June 2019	July 2019 - Dec 2019	July 2020 - June 2021
OP-10	Outpatient CT Scans of the Abdomen that were “Combination” (Double) Scans	6.30%	4.50%	6.10%	2.70%	7.00%
OP-13	Outpatients who got Cardiac Imaging Stress Tests Before Low-Risk Outpatient Surgery	3.90%	3.20%	3.20%	3.70%	3.00%
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2015 - Dec 2015	Jan 2016 - Dec 2016	Jan 2018 - Dec 2018	Jan 2020 - Dec 2020
OP-22	Patient Left Emergency Department before Being Seen	3.00%	1.00%	1.00%	2.00%	3.00%
+ Lower Number is better						

MHMC Performance Metrics and Core Services Report

Q1 2024

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)					
	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Total 2024
Bucklew	\$ 26,250				\$ 26,250
Canal Alliance	\$ 15,750				\$ 15,750
Ceres Community Project	\$ 10,500				\$ 10,500
Community Action Marin	\$ 10,500				\$ 10,500
Community Institute for Psychotherapy	\$ 21,000				\$ 21,000
Homeward Bound	\$ 157,500				\$ 157,500
Huckleberry Youth Programs	\$ 10,500				\$ 10,500
Jewish Family and Children's Services	\$ 10,500				\$ 10,500
Kids Cooking for Life	\$ 5,250				\$ 5,250
Marin Center for Independent Living	\$ 26,250				\$ 26,250
Marin City Health and Wellness	\$ 15,750				\$ 15,750
Marin Community Clinics	\$ 52,500				\$ 52,500
Marin Mommies	\$ 5,250				\$ 5,250
MHD 1206B Clincs	\$ 9,998,286				\$ 9,998,286
NAMI Marin	\$ 10,500				\$ 10,500
North Marin Community Services	\$ 10,500				\$ 10,500
Ritter Center	\$ 21,000				\$ 21,000
RotaCare Bay Area Inc.	\$ 15,750				\$ 15,750
San Geronimo Valley Community Center	\$ 10,500				\$ 10,500
St. Vincent de Paul Society of Marin	\$ 5,250				\$ 5,250
West Marin Senior Services	\$ 10,500				\$ 10,500
Whistlestop	\$ 5,250				\$ 5,250
Total Cash Donations	\$ 10,455,036				\$ 10,455,036
Clothes Closet					\$ -
Compassionate discharge medications					\$ -
Meeting room use by community-based organizations for community-health related purposes.	\$ 1,451				\$ 1,451
Healthy Marin Partnership					\$ -
Food donations	\$ 7,662				\$ 7,662
SMILE Cart					\$ -
Total In-Kind Donations	\$ 9,113				\$ 9,113
Total Cash & In-Kind Donations	\$ 10,464,149				\$ 10,464,149

MHMC Performance Metrics and Core Services Report

Q1 2024

Schedule 4, continued

Community Benefit Summary					
(These numbers are subject to change.)					
	1Q 2024	2Q 2024	3Q 2024	4Q 2024	Total 2024
Community Health Improvement Services	\$ 70,671				\$ 70,671
Health Professions Education	\$ 81,470				\$ 81,470
Cash and In-Kind Contributions	\$ 10,464,149				\$ 10,464,149
Community Benefit Operations	\$ 638				\$ 638
Community Building Activities	\$ 1,533				\$ 1,533
Traditional Charity Care <i>*Operation Access total is included in Charity Care</i>	\$ 84,332				\$ 84,332
Government Sponsored Health Care <i>(includes Medi-Cal & Means-Tested Government Programs)</i>	\$ 15,930,440				\$ 15,930,440
Community Benefit Subtotal (amount reported annually to state & IRS)	\$ 26,633,233				\$ 26,633,233
Unpaid Cost of Medicare	\$ 37,388,610				\$ 37,388,610
Bad Debt	\$ 458,091				\$ 458,091
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total	\$ 64,479,934				\$ 64,479,934

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 2024	2Q 2024	3Q 2024	4Q 2024	Total 2024
*Operation Access charity care provided by MGH (waived hospital charges)					\$ -
Costs included in Charity Care					\$ -

MHMC Performance Metrics and Core Services Report

Q1 2024

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				
Period	Number of Clinical RNs	Separated		Rate
		Voluntary	Involuntary	
Q1 2023	595	18	4	3.70%
Q2 2023	618	29	1	4.85%
Q3 2023	626	22	1	3.67%
Q4 2023	632	22	3	3.96%
Q1 2024	649	18	5	3.54%

Vacancy Rate							
Period	Open Per Diem Positions	Open Benefitted Positions	Filled Positions	Total Positions	Total Vacancy Rate	Benefitted Vacancy Rate of Total Positions	Per Diem Vacancy Rate of Total Positions
Q1 2023	14	53	595	662	10.12%	8.01%	2.11%
Q2 2023	6	54	618	678	8.85%	7.96%	0.88%
Q3 2023	8	42	626	676	7.40%	6.21%	1.18%
Q4 2023	1	21	632	654	3.36%	3.21%	0.15%
Q1 2024	4	42	649	695	6.62%	6.04%	0.58%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
Q1 2023	34	22	12
Q2 2023	53	30	23
Q3 2023	31	23	8
Q4 2023	33	25	8
Q1 2024	39	23	16

