

MARIN GENERAL HOSPITAL

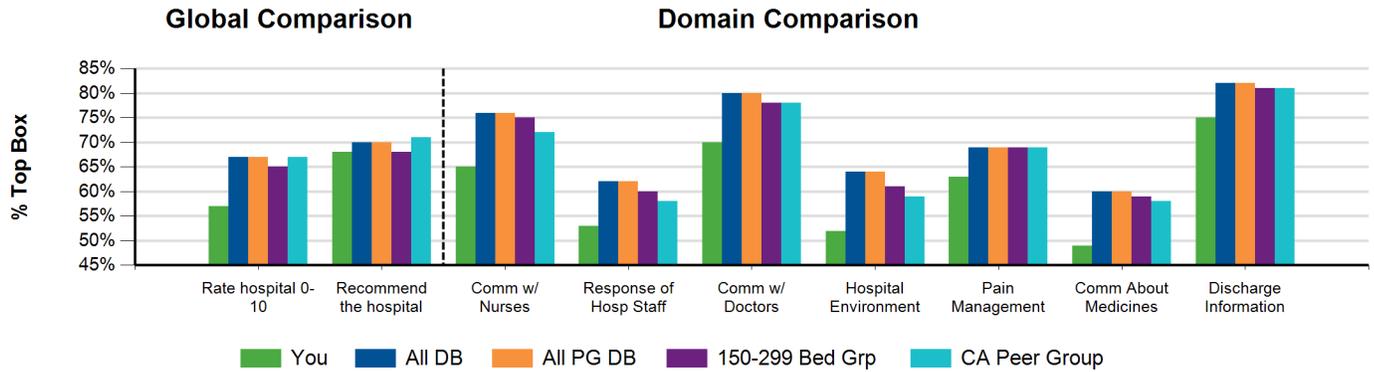
PERFORMANCE METRICS AND CORE SERVICES
REPORT

1ST QUARTER, 2011

Marin General Hospital Board of Directors				
PERFORMANCE METRICS AND CORE SERVICES: Q1 2011				
Report Date: March 31, 2011				
I. Tier 1 Performance Metrics				
In accordance with Tier 1 Performance Metrics requirements, the Board is required to meet each of the following minimum level requirements:				
	Due Date	Status	Notes	
(A) Quality, Safety and Compliance	1. The Board must maintain MGH's Joint Commission accreditation, or if deficiencies are found, correct them within six months.	Quarterly report	In Compliance	The three day Joint Commission Accreditation Survey was completed August 18, 2010 for both the hospital and the outpatient Behavioral Health programs. On November 19, 2010 Joint Commission granted Marin General Hospital an accreditation decision of "Accredited" with an effective date of August 19, 2010, for a duration of 39 months.
	2. The Board must maintain MGH's Medicare certification for quality of care and reimbursement eligibility.	Quarterly report	In Compliance	MGH maintains its Medicare Certification and has plans in place to ensure reimbursement for quality of care.
	3. The Board must maintain MGH's California Department of Public Health Acute Care License	Quarterly report	In Compliance	MGH maintains its license with the State of California.
	4. The Board must maintain MGH's plan for compliance with SB 1953.	Quarterly report	In Compliance	MGH remains in compliance with SB1953.
	5. The Board must report on all Tier 2 Metrics at least annually	Annual Report	In Compliance	Annual report to Board April 7, 2011
	6. The Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annual Report	In Compliance	Annual report to Board April 7, 2011
	7. The Board must include quality improvement metrics as part of the CEO and Senior Executive Bonus Structure for MGH.	Annual Report	In Compliance	Annual report to Board April 7, 2011
(B) Patient Satisfaction and Services	The Board will report on MGH's HCAHPS Results Quarterly.	Quarterly report	In Compliance	<u>Schedule 1.</u>
(C) Community Commitment	1. In coordination with the General Member, the Board must publish the results of its biennial community survey to assess MGH's performance at meeting community health care needs.	Annual Report	In Compliance	Annual report to Board April 7, 2011
	2. The Board must provide community care benefits at a sufficient level to maintain MGH's non-profit tax exempt status.	Quarterly report	In Compliance	MGH continues to provide community care and has maintained its tax exempt status.
(D) Physicians and Employees	The Board must report on all Tier 1 "Physician and Employee" Metrics at least annually.	Annual Report	In Compliance	Annual report to Board April 7, 2011
(E) Volumes and Service Array	1. The Board must maintain MGH's Scope of Acute Care Services as reported to OSHPD.	Quarterly report	In Compliance	All services have been maintained and MGH added expanded Neurosurgery capability in 2010 and plan to add PET/CT during 2011.
	2. The 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 report	In Compliance	All services have been maintained.
(F) Finances	1. The 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 report	In Compliance	<u>Schedule 2.</u>
	2. The Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly report	In Compliance	<u>Schedule 2.</u>

Marin General Hospital Board of Directors			
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II. Tier 2 Performance Metrics			
<i>In accordance with Tier 2 Performance Metrics requirements, the General Member shall monitor and the Board shall provide necessary reports to the General Member on the following metrics:</i>			
(A) Quality, Safety and Compliance	The 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, CABS!, preventive care programs).	Annual Report	In Compliance Annual Report to Board April 7, 2011
(B) Patient Satisfaction and Services	1. The 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 report	In Compliance <u>Schedule 1.</u>
	2. The Board will report external awards and recognition.	Annual Report	In Compliance Annual Report to Board April 7, 2011
(C) Community Commitment	1. The Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly report	In Compliance <u>Schedule 3.</u>
	2. The Board will report on MGH's Charity Care.	Quarterly report	In Compliance Report prepared annually and was presented to Board April 7, 2011
	3. 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.	Annual Report	In Compliance Annual Report to Board April 7, 2011
	4. 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.	Annual Report	In Compliance Annual Report to Board April 7, 2011
	5. The Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annual Report	In Compliance Annual Report to Board April 7, 2011
(D) Physicians and Employees	1. The Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.	Annual Report	In Compliance Annual Report to Board April 7, 2011
	2. The Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annual Report	In Compliance Annual Report to Board April 7, 2011
	3. The Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.	Quarterly report	In Compliance <u>Schedule 4.</u>
(E) Volumes and Service Array	1. The Board will develop a strategic plan for MGH and review the plan and its performance with the General Member.	Annually 12/31	In Compliance Annual Report to Board April 7, 2011
	2. The Board will report on the status of MGH's market share and Management responses.	Annually 12/31	Annual Annual Report to Board April 7, 2011
	3. The Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.	Quarterly report	In Compliance <u>Schedule 2.</u>
	4. The Board will report on current Emergency services diversion statistics.	Quarterly report	In Compliance <u>Schedule 5.</u>
(F) Finances	1. The Board will provide the audited financial statements.	Annually	In Compliance Audit provided separately.
	2. The 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 report	In Compliance Audit provided separately.

Marin General Hospital Board of Directors			
PERFORMANCE METRICS AND CORE SERVICES: <u>Q1 2011</u>			
Report Date: March 31, 2011			
	3. The Board will provide copies of MGH's annual tax return (form 990) upon completion to General Member.	Annually	In Compliance
Annual Report to Board April 7, 2011			



Domains and Questions	n	Your Top Box Score			All DB N = 1882	All PG DB N = 1882	150-299 Bed Grp N = 424	CA Peer Group N = 112
		Previous % Oct-Dec	Current % Jan-Mar		Percentile Rank	Percentile Rank	Percentile Rank	Percentile Rank
Rate hospital 0-10	215	65%	57%	▼	14	14	17	19
Recommend the hospital	220	74%	68%	▼	41	41	46	33
Comm w/ Nurses	221	74%	65%	▼	3	3	5	10
Nurses treat with courtesy/respect	220	82%	76%	▼	8	8	9	25
Nurses listen carefully to you	220	73%	59%	▼	2	2	2	7
Nurses expl in way you understand	220	66%	60%	▼	3	3	5	12
Response of Hosp Staff	206	59%	53%	▼	13	13	16	28
Call button help soon as wanted it	197	58%	50%	▼	10	10	13	15
Help toileting soon as you wanted	120	59%	57%	▼	22	22	28	42
Comm w/ Doctors	221	79%	70%	▼	4	4	5	5
Doctors treat with courtesy/respect	219	85%	78%	▼	5	5	6	11
Doctors listen carefully to you	219	79%	69%	▼	8	8	9	11
Doctors expl in way you understand	219	73%	63%	▼	3	3	3	4
Hospital Environment	221	52%	52%	-	7	7	10	18
Cleanliness of hospital environment	220	62%	63%	▲	14	14	16	21
Quietness of hospital environment	220	42%	42%	-	9	9	12	27
Pain Management	160	77%	63%	▼	14	14	14	20
Pain well controlled	157	71%	59%	▼	30	30	27	29
Staff do everything help with pain	158	82%	68%	▼	8	8	8	15
Comm About Medicines	147	51%	49%	▼	4	4	4	8
Tell you what new medicine was for	145	63%	59%	▼	3	3	3	8
Staff describe medicine side effect	145	40%	39%	▼	11	11	12	20
Discharge Information	188	80%	75%	▼	10	10	10	12
Staff talk about help when you left	186	81%	75%	▼	23	23	22	27
Info re symptoms/prob to look for	183	78%	74%	▼	7	7	6	7

n = number of respondents

Questions that are among this period's top ten priorities appear in bold italics.

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SCHEDULE 2

FINANCIALS

1st QUARTER, 2011

Financial	Target	03/31/11 YTD
EBIDA \$	\$6,619	\$7,193
EBIDA %	9.2%	9.6%

Loan Ratios		
Current Ratio	> 1.5	1.8
Debt to Capitalization Ratio	< 50%	43%
Debt Service Coverage Ratio	> 1.75	3.86
EBIDA %	<2.25	1.51

Community Commitment

MGH submits an annual community benefit report describing the community needs assessment process, accomplishments made during the year and a valuation of community benefits provided. In addition, a work plan for the coming year is provided. On a quarterly basis, the community benefit inventory and valuation will be taken and provided for future quarters.

Key Service Volumes	03/31/10 YTD	03/31/11 YTD
Acute Discharges	2,498	2,434
Acute Patient Days	11,559	10,556
ALOS	4.63	4.34
ED Visits	8,450	8,504
IP Surgeries	558	494
OP Surgeries	718	833

Terms and Definitions

- EBIDA – Earnings before Interest, Depreciation, and Amortization. Essentially, the free cash flow generated by the hospital annually.
- Current Ratio – Current Assets divided by Current Liabilities.
- Current Assets – Those assets that are either cash or can be converted into cash within one year.
- Current Liabilities – Liabilities which must be paid within one year.
- Debt Service – How much principal and interest must be paid in the next year.
- Debt Service Coverage Ratio – Free Cash Flow divided by Debt Service and measures how many times the hospital can make that payment.
- Capitalization – Long Term Debt plus Equity (Balance Sheet: $A = L + E$). The relationship between the two is defined as Leverage and determines the riskiness of the organization and its ability to issue additional debt.
- Debt to Capitalization – Debt divided by (Debt + Equity) and is a common measure of Leverage.
- Debt to EBIDA – A measure of how quickly the bank's debt can be paid off.

SCHEDULE 3

2011 to Date
Cash Contributions and Grants

Date	Sponsorship	Amount
1/21/2011	Marin City Health & Wellness	\$ 22,500.00
1/21/2011	Marin Economic Forum	\$ 10,000.00
1/21/2011	Coastal Health Alliance	\$ 10,000.00
2/4/2011	RotaCare San Rafael	\$ 15,000.00
3/7/2011	eSurance Tennis	\$ 5,000.00
3/9/2011	Marin Community Clinics - Summer Solstice	\$ 1,000.00
3/9/2011	San Rafael Chamber - Leaders Circle Sponsor	\$ 4,000.00
3/14/2011	Healthy Aging Symposium (5/12)	\$ 1,000.00
3/21/2011	Marin Sonoma Concours d'Elegance	\$ 5,000.00
3/29/2011	Marin County Survivor's Celebration	\$ 5,000.00
3/31/2011	Marin Community Clinic	\$ 48,159.30
5/9/2011	CAM - MHB (Behavioral Health Banquet Dinner)	\$ 450.00
5/11/2011	Rally for Health & Hope	\$ 2,500.00
5/17/2011	Zero Breast Cancer	\$ 1,580.00
5/17/2011	WHCE woman of the Year 2011	\$ 2,500.00
Grand Total		\$ 133,689.30

SCHEDULE 4
NURSING TURNOVER, VACANCY, & NET STAFF CHANGE
1st QUARTER, 2011

Turnover:

Turnover Rates (as of the end of Quarter)				
Quarter	Number of Clinical RNs	Terminated		Rate
		Voluntary	Involuntary	
Q3 010	509	8	2	1.96%
Q4 010	522	6	2	1.53%
Q1 011	526	8	4	2.28%
Q2 011				
Q3 011				
Q4 011				

Vacancy and Net Change:

	Per Diem Postings	Benefitted Postings	Per Diem Hires	Benefitted Hires	Benefitted Headcount	Per Diem Headcount	Total Headcount	Benefitted Vacancy Rate	Per Diem Vacancy Rate
January 2011	3	2	7	0	-	-	-	-	-
February 2011	4	2	3	0	-	-	-	-	-
March 2011	9	6	3	0	-	-	-	-	-
Q3 2010	44	15	18	3	352	157	509	4.26%	28.03%
Q4 2010	39	15	14	6	354	168	522	4.24%	23.21%
Q1 2011	16	10	13	0	349	177	526	2.87%	9.04%
Q2 2011									

	Hired	Termed	Net Change
#	13	12	1

SCHEDULE 5
AMBULANCE DIVERSION
1st QUARTER, 2011

Date	Time	Length of Time on Divert	Reason	ED Census	Waiting Room Census	ED Admitted Pt Census
5-Jan	1710-1910	2hr	ED Saturation	21	9	8
11-Jan	2158-2355	2hr, 57min	ED Saturation	18	7	5
7-Feb	2347-0155	2hr, 8min	ED Saturation	23	2	9
11-Feb	1607-2045	4hr, 38min	ED Saturation	20	5	1
14-Feb	1720-2320	7hr	ED Saturation	23	10	11
20-Feb	1320-1524	2hr, 4min	ED Saturation	23	7	8
21-Feb	1355-1850	4hr, 55min	ED Saturation	22	8	5
8-Mar	1518-2125	6hr, 7min	ED Saturation	19 & 8 in PIT	10	3
10-Mar	1850-2050	2hr	ED Saturation	25	20	6
18-Mar	0850-1335	4hr, 15min	CT Scanner Inoperable	9	0	0
21-Mar	1810-2250	3hr, 40min	ED Saturation	23	15	9

2011 ED Diversion Data - All Reasons
 (Not including patients denied admission when not on divert b/o hospital bed capacity)

