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Marin General Hospital
Performance Metrics and Core Services Report
1st Quarter 2012

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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:*

		Due Date	Status	Notes
(A) Quality, Safety and Compliance	1. MGH Board must maintain MGH's Joint Commission accreditation, or if deficiencies are found, correct them within six months.	Quarterly	In Compliance	Joint Commission granted MGH an "Accredited" decision with an effective date of 8/19/2010 for a duration of 36 months.
	2. MGH Board must maintain MGH's Medicare certification for quality of care and reimbursement eligibility.	Quarterly	In Compliance	MGH maintains its Medicare Certification.
	3. MGH Board must maintain MGH's California Department of Public Health Acute Care License	Quarterly	In Compliance	MGH maintains its license with the State of California.
	4. MGH Board must maintain MGH's plan for compliance with SB 1953.	Quarterly	In Compliance	MGH remains in compliance with SB1953.
	5. MGH Board must report on all Tier 2 Metrics at least annually.	Annually	In Compliance	<i>To be included in Q4 2012 Annual Report</i>
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	The annual <i>MGH Performance Improvement Plan for 2012</i> was approved by the MGH Board on 3/3/12.
	7. MGH Board must include quality improvement metrics as part of the CEO and Senior Executive Bonus Structure for MGH.	Annually	In Compliance	CEO and Senior Executive Bonus Structure includes quality improvement metrics.
(B) Patient Satisfaction and Services	MGH Board will report on MGH's HCAHPS Results Quarterly.	Quarterly	In Compliance	Schedule 1
(C) Community Commitment	1. In coordination with the General Member, the MGH Board must publish the results of its triennial community assessment to assess MGH's performance at meeting community health care needs.	Triennially	In Compliance	<i>To be included in Q4 2012 Annual Report</i>
	2. MGH Board must provide community care benefits at a sufficient level to maintain MGH's non-profit tax exempt status.	Quarterly	In Compliance	MGH continues to provide community care and has maintained its tax exempt status.
(D) Physicians and Employees	MGH Board must report on all Tier 1 "Physician and Employee" Metrics at least annually.	Annually	In Compliance	<i>To be included in Q4 2012 Annual Report</i>
(E) Volumes and Service Array	1. MGH Board must maintain MGH's Scope of Acute Care Services as reported to OSHPD.	Quarterly	In Compliance	All services have been maintained.
	2. MGH Board must maintain MGH's services required by Exhibit G to the Loan Agreement between the General Member and Marin County, dated October 2008, as long as the Exhibit commitments are in effect.	Quarterly	In Compliance	All services have been maintained.
(F) Finances	1. MGH Board must maintain a positive operating cash-flow (operating EBITDA) for MGH after an initial phase in period of two fiscal years, and then effective as a performance metric after July 1, 2012, with performance during the phase in period monitored as if a Tier 2 metric.	Quarterly	In Compliance	Schedule 2
	2. MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly	In Compliance	Schedule 2

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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:*

		Due Date	Status	Notes
(A) Quality, Safety and Compliance	MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs).	Quarterly	In Compliance	Schedule 3
(B) Patient Satisfaction and Services	1. MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.	Quarterly	In Compliance	Schedule 1
	2. MGH Board will report external awards and recognition.	Annually	In Compliance	<i>To be included in Q4 2012 Annual Report</i>
(C) Community Commitment	1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly	In Compliance	Schedule 4
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	Schedule 4
	3. MGH Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities.	Annually	In Compliance	<i>To be included in Q4 2012 Annual Report</i>
	4. MGH Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.	Annually	In Compliance	<i>To be included in Q4 2012 Annual Report</i>
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	<i>To be included in Q4 2012 Annual Report</i>
(D) Physicians and Employees	1. MGH Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.	Annually	In Compliance	<i>To be included in Q4 2012 Annual Report</i>
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	<i>To be included in Q4 2012 Annual Report</i>
	3. MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.	Quarterly	In Compliance	Schedule 5
(E) Volumes and Service Array	1. MGH Board will develop a strategic plan for MGH and review the plan and its performance with the General Member.	Annually	In Compliance	The MGH Strategic Plan was presented to and approved by the MHD Board on September 13, 2011.
	2. MGH Board will report on the status of MGH's market share and Management responses.	Annually	In Compliance	MGH's market share and management responses was presented to the MHD Board in Closed Session on January 10, 2012.
	3. MGH Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.	Quarterly	In Compliance	Schedule 2
	4. MGH Board will report on current Emergency services diversion statistics.	Quarterly	In Compliance	Schedule 6
(F) Finances	1. MGH Board will provide the audited financial statements.	Annually	In Compliance	The MGH 2011 Independent Audit will be completed in April 2012; will be available for review in District Office.
	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 2010 Form 990 was provided in October 2011. 2011's has yet to be filed.

Schedule 1: HCAHPS

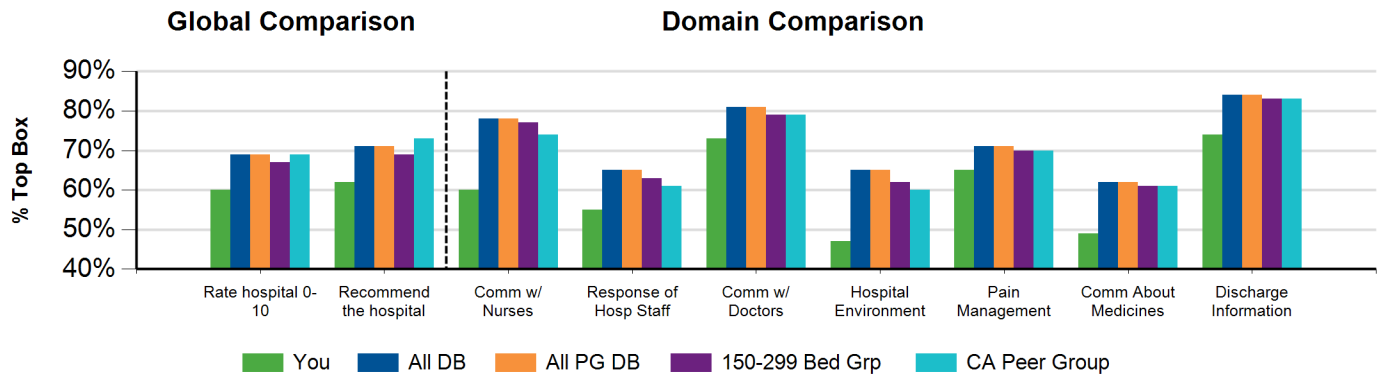
(Hospital Consumer Assessment of Healthcare Providers & Systems)

➤ **Tier 1, Patient Satisfaction and Services**

The MGH Board will report on MGH's HCAHPS Results Quarterly.

➤ **Tier 2, Patient Satisfaction and Services**

The MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.



Domains and Questions	n	Your Top Box Score			All DB N = 1791	All PG DB N = 1791	150-299 Bed Grp N = 404	CA Peer Group N = 102
		Previous % Oct-Dec	Current % Jan-Mar		Percentile Rank	Percentile Rank	Percentile Rank	Percentile Rank
Rate hospital 0-10	129	58%	60%	▲	15	15	17	16
Recommend the hospital	130	75%	62%	▼	20	20	23	15
Comm w/ Nurses	133	75%	60%	▼	1	1	1	3
Nurses treat with courtesy/respect	132	80%	71%	▼	2	2	2	9
<i>Nurses listen carefully to you</i>	130	70%	54%	▼	1	1	1	3
<i>Nurses expl in way you understand</i>	128	74%	54%	▼	1	1	1	2
Response of Hosp Staff	118	62%	55%	▼	12	12	12	19
Call button help soon as wanted it	107	60%	47%	▼	3	3	4	6
Help toileting soon as you wanted	72	63%	64%	▲	41	41	46	62
Comm w/ Doctors	132	82%	73%	▼	7	7	9	7
Doctors treat with courtesy/respect	131	88%	81%	▼	10	10	12	19
Doctors listen carefully to you	131	83%	73%	▼	15	15	19	12
Doctors expl in way you understand	129	76%	64%	▼	4	4	4	8
Hospital Environment	131	51%	47%	▼	1	1	1	3
<i>Cleanliness of hospital environment</i>	127	60%	57%	▼	2	2	2	6
Quietness of hospital environment	131	43%	37%	▼	2	2	2	5
Pain Management	91	65%	65%	-	15	15	14	16
Pain well controlled	91	60%	57%	▼	13	13	10	11
Staff do everything help with pain	91	71%	74%	▲	21	21	21	28
Comm About Medicines	87	55%	49%	▼	2	2	2	4
Tell you what new medicine was for	87	70%	66%	▼	7	7	6	12
Staff describe medicine side effect	85	40%	32%	▼	1	1	1	2
Discharge Information	126	77%	74%	▼	4	4	3	4
Staff talk about help when you left	125	76%	71%	▼	6	6	4	6
Info re symptoms/prob to look for	122	79%	76%	▼	5	5	5	4

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

Schedule 2: Finances

➤ Tier 1, Finances

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

➤ Tier 2, Volumes and Service Array

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

Financial	Q1 2012
*EBIDA \$	\$5,466
EBIDA %	7.23%

Loan Ratios	Q1 2012
Current Ratio	1.85
*Debt to Capital Ratio	47.6%
*Debt Service Coverage Ratio	3.09
*Debt to EBIDA %	1.93

Key Service Volumes	Q1 2012
Acute discharges	2,536
Acute patient days	11,473
Average length of stay	4.5
Emergency Department visits	8,700
Inpatient surgeries	647
Outpatient surgeries	715

*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.

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).

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

Schedule 3: Clinical Quality Reporting Metrics
Publicly Reported on CalHospital Compare (www.calhospitalcompare.org)
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov/)

METRIC	Top Decile Benchmark from CMS Hospital Compare	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Mar 12 Num/Den	Rolling %	Rolling Num/Den
Acute Myocardial Infarction (AMI) Measures																
AMI - ACEI or ARB for LVSD	100%	100%	100%	100%	100%	75%	N/A	100%	100%	100%	100%	N/A	100%	2/2	95%	21/22
AMI - Aspirin at arrival	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	14/14	100%	168/168
AMI - Aspirin prescribed at discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	13/13	100%	156/156
AMI - Beta blocker prescribed at discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	12/12	100%	145/145
*AMI - Primary PCI within 90 minutes of arrival	100%	100%	100%	100%	100%	100%	N/A	100%	100%	100%	100%	100%	100%	4/4	100%	145/145
Heart Failure (HF) Measures																
HF - ACEI or ARB for LVSD	100%	100%	100%	N/A	100%	100%	100%	100%	100%	100%	100%	100%	100%	3/3	100%	35/35
HF - LVS Assessment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	10/10	100%	158/158
*HF- Discharge instructions	100%	100%	92%	100%	92%	100%	86%	100%	100%	89%	91%	100%	100%	7/7	95%	102/107
Pneumonia (PN) Measures																
*PN - Antibiotic selection	100%	93%	100%	100%	86%	100%	83%	100%	100%	100%	100%	90%	100%	9/9	97%	122/126
*PN - Blood culture in ED prior to initial antibiotic	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	15/15	99%	197/198
Surgical Care Improvement Project (SCIP) Measures																
*SCIP - Antibiotic within 1 hr of incision - Overall	100%	96%	100%	100%	100%	96%	96%	100%	100%	93%	100%	100%	100%	33/33	98%	315/320
*SCIP - Antibiotic selection - Overall	100%	96%	96%	97%	100%	100%	96%	100%	96%	100%	100%	100%	100%	33/33	98%	323/328
*SCIP - Antibiotic disc. Within 24 hrs - Overall	100%	92%	100%	96%	96%	92%	89%	91%	100%	93%	100%	100%	100%	33/33	96%	302/315
*SCIP - Cardiac Pt. 6 AM Post-op Serum Glucose	99%	80%	50%	100%	75%	100%	100%	100%	100%	100%	100%	80%	100%	8/8	94%	62/66
SCIP - Appropriate Hair Removal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	48/48	100%	479/479
*SCIP - Beta blocker prior and periop	100%	100%	100%	100%	100%	100%	89%	92%	80%	100%	93%	100%	100%	10/10	96%	100/104
*SCIP - Venous thromboembolism prophylaxis	100%	92%	100%	100%	100%	100%	100%	96%	82%	97%	85%	100%	97%	34/35	96%	315/328
*SCIP - VTE prophylaxis timing	100%	92%	100%	100%	100%	100%	96%	96%	82%	97%	81%	100%	94%	33/35	95%	312/328
*SCIP - Urinary catheter removed on POD 1 or POD 2	100%	100%	100%	100%	100%	91%	94%	92%	73%	78%	100%	100%	87%	13/15	93%	149/161
SCIP - Surgery patients with periop temperature mgmt	100%	100%	100%	100%	100%	N/A	100%	100%	100%	100%	100%	100%	100%	48/48	100%	483/483

*Performance period for CMS Value-Based Purchasing metric: 04-01-2011 through 03-31-2012

Global Immunization Measures							
METRIC	Top Decile Benchmark from CMS Hospital Compare	Jan-12	Feb-12	Mar-12	Mar 12 Num/ Den	Rolling %	Rolling Num/Den
Pneumococcal Immunization (PPV23) - Overall Rate	Benchmark To Be Established	61%	76%	71%	44/62	68%	133/195
Pneumococcal Immunization (PPV23) - Age 65 and Older	Benchmark To Be Established	67%	77%	78%	40/51	73%	115/157
Pneumo Immunization (PPV23) - High Risk Pop (6 - 64 yrs)	Benchmark To Be Established	42%	75%	36%	4/11	47%	18/38
Influenza Immunization	Benchmark To Be Established	58%	74%	83%	88/106	71%	219/308

Emergency Department (ED) Inpatient Measures							
METRIC	Top Decile Benchmark from CMS Hospital Compare	Jan-12	Feb-12	Mar-12	Mar 12 Num/ Den	Rolling %	Rolling Num/Den
Mean Time ED Arrival to ED Departure - Overall Rate	Benchmark To Be Established	not published	not published	not published	not published	not published	not published
Admit Decision Time to ED Departure Time - Overall Rate	Benchmark To Be Established	not published	not published	not published	not published	not published	not published

Intensive Care Unit (ICU) Measures				
METRIC	California Standardized Infection Ratio (SIR)	Jan. 2011 - June 2011	July 2011 - Dec. 2011	Jan. 2012 - June 2012
Central Line Associated Blood Stream Infection Rate (CLABSI)	0.54	0	not published	not published

Serious Complications						
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2008	2009	2010	2011	2012
Unplanned Surgical Wound Reopening	0.19%	0.46%	not published	not published	not published	not published
Death after Serious Treated Complications	15.1%	11.72%	not published	not published	not published	not published
Unnecessary Appendectomy Among the Elderly	1.36%	2.17%	not published	not published	not published	not published
Accidental Lung Puncture	0.04%	0.08%	not published	not published	not published	not published
	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2Q 2009 - 1Q 2010	4Q 2009 - 3Q 2010	1Q 2010 - 4Q 2010	3Q 2010 - 3Q 2011	4Q 2011 on
Hospital Acquired Pressure Ulcers	1.7%	0.8%	0.9%	0.6%	0.3%	not published

Hospital Acquired Conditions				
METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	2008-2010	2011	2012
Objects Accidentally Left in the Body After Surgery (per 1,000 patient discharges)	0.026	0.000	not published	not published
Air Bubble in the Bloodstream (per 1,000 patient discharges)	0.003	0.000	not published	not published
Mismatched blood types (per 1,000 patient discharges)	0.001	0.000	not published	not published
Falls and injuries (per 1,000 patient discharges)	0.564	0.574	not published	not published
Blood infection from a catheter in a large vein (per 1,000 patient discharges)	0.367	1.148	not published	not published
Infection from a Urinary Catheter (per 1,000 patient discharges)	0.316	0.430	not published	not published
Signs of Uncontrolled Blood Sugar (per 1,000 patient discharges)	0.050	0.000	not published	not published

Maternity Measures

METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2007	2008	2009	2010	2011	2012
Episiotomy Rate	4%	not published	1%	not published	not published	not published	not published
Caesarian Section Rate	18%	13%	15%	12%	not published	not published	not published
Exclusive Breast Feeding Rate	57%	74%	82%	79%	80%	not published	not published
High Risk Deliveries at Lower Levels of Newborn Care	0.48%	not published	not published	not published	0.17%	not published	not published

Heart Bypass Surgery Measures

METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2006	2007	2008	2009	2010	2011	2012
Heart Bypass Surgery - Internal Mammary Artery Usage Rate	96%	100%	88%	94%	not published	not published	not published	not published
Heart Bypass Surgery - Mortality Rate	2.24%	1.81% (2005-2006)	1.91%	4.35%	not published	not published	not published	not published
Bilateral Cardiac Catheterization	2.14%	not published	not published	1.16%	not published	not published	not published	not published

Mortality Measures

METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2006 - June 2009		July 2007 - June 2010		July 2010 - June 2011		July 2011 - June 2012					
*Acute Myocardial Infarction Mortality	15.4%	13.8%		13.7%		not published		not published					
*Heart Failure Mortality	10.8%	10.6%		12.1%		not published		not published					
*Pneumonia Mortality	11.8%	11.6%		11.1%		not published		not published					
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	Q4 2009 -Q3 2010		Q1 2010 -Q4 2010		Q3 2010 -Q2 2011		Q42010 -Q32011		Q42011		2012	
Intensive Care Unit Mortality	11.67%	11.45%		11.50%		9.09%		10.19%		not published		not published	
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2006	2007	2008	2009	2010	2011	2012					
Hip Fracture Mortality	2.74%	not published	not published	2.94%	not published	not published	not published	not published					

Acute Care Readmissions within 30 Days

METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2006 - June 2009	July 2007 - June 2010	July 2010 - June 2011	July 2011 on
Acute Myocardial Infarction Readmissions	19.8%	18.0%	19.10%	not published	not published
Heart Failure Readmissions	24.8%	24.8%	24.50%	not published	not published
Pneumonia Readmissions	18.4%	17.7%	17.90%	not published	not published

Schedule 4: Community Benefit Summary

- **Tier 2, Community Commitment**
The Board will report all of MGH's cash and in-kind contributions to other organizations.
- **Tier 2, Community Commitment**
The Board will report on MGH's Charity Care.

Cash & In-Kind Donations (these figures are not final and are subject to change)	
	Q1 2012
Bread & Roses "Take Heart Benefit"	\$2,200
Homeward Bound (Jan-Dec 2012)	\$91,000
Marin Community Clinics	\$48,159
Marin Sonoma Concours d'Elegance	\$2,500
MHD 1206B Clinics	\$598,967
NAMI Walk	\$1,000
PRIMA Medical Foundation	\$719,573
Summer Solstice Event	\$1,000
Zero Breast Cancer	\$1,140
Total Cash Donations	\$1,465,539

MedShare	\$6,427
Total In-Kind Donations	\$6,427

Total Cash & In-Kind Donations	\$1,471,966
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Schedule 4: Community Benefit Summary (continued)

Community Benefit Summary (these figures are not final and are subject to change)	
	Q1 2012
Community Health Improvement Services:	\$59,786
Health Professions Education:	\$67,846
Research:	\$0
Cash and In-Kind Contributions:	\$1,471,966
Community Benefit Operations:	\$449
Traditional Charity Care:	\$591,260
Government Sponsored Health Care(Incls. Medi-Cal & Means-Tested Gov. Programs):	\$5,122,894
Community Benefit Subtotal: (amount reported annually to state & IRS)	\$7,314,201
Community Building Activities:	\$0
Unpaid Cost of Medicare:	\$16,696,295
Bad Debt:	\$1,194,584
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total:	\$25,205,080

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 Rates				
Quarter	Number of Clinical RNs	Terminated		Rate
		Voluntary	Involuntary	
Q1 2012	548	8	8	2.92%

Vacancy and Net Change

Period	Per Diem Postings	Benefitted Postings	Per Diem Hires	Benefitted Hires	Benefitted Headcount	Per Diem Headcount	Total Headcount	Benefitted Vacancy Rate	Per Diem Vacancy Rate
Jan. 2012	8	1	8	1	-	-	-	-	-
Feb. 2012	8	2	3	1	-	-	-	-	-
Mar. 2012	10	4	4	1	-	-	-	-	-
Q1 2012	26	7	15	3	343	205	548	2.04%	12.68%

Q1 2012		
Hired	Termed	Net Change
18	16	2

Schedule 6: Ambulance Diversion

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

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

Qtr	Date	Time	Length of Time on Divert	Reason	ED Census	Waiting Room Census	ED Admitted Pt Census
Q1	1/4/12	1120-1200	40min	ED Saturation	14 (3 full traumas)	6	0
Q1	1/4/12	1520-2125	6hr5min	ED Saturation	27	10	0
Q1	1/10/12	1600 - 2130	5 hr 30 min	ED Saturation	19	15	6
Q1	1/19/12	0325-0525	2hr	ED Saturation	16	0	9
Q1	1/28/12	0825-1210	3hr45min	ED Saturation	4	0	4
Q1	2/11/12	1100-1300	2hr	ED Saturation	21	8	6
Q1	2/18/12	0915-1428	5hr13min	ED Saturation	23	3	10
Q1	2/21/12	1029-1225	1hr56min	ED Saturation	21	8	6
Q1	3/1/12	2135-2335	2hr	ED Saturation	20	7	10 (5 intubated ICU holds)
Q1	3/3/12	0415-0607	1hr52min	ED Saturation	15	2	4
Q1	3/5/12	1630-2030	4hr	ED Saturation	20	13	9
Q1	3/8/12	1950-2335	3hr45min	ED Saturation	24	14	6

Schedule 6: Ambulance Diversion (continued)

2012 ED Diversion Data - All Reasons*

*ED Saturation, CT Scanner Inoperable, Trauma Diversion, Neurosurgeon unavailable, Cath Lab
 (Not including patients denied admission when not on divert b/o hospital bed capacity)

