

Marin General Hospital

Performance Metrics and Core Services Report

3rd Quarter 2013

Marin General Hospital
Performance Metrics and Core Services Report: **3rd Quarter 2013**

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 2012 (Annual Report) was presented to MGH Board and to MHD Board in April 2013. |
| | 6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH. | Annually | In Compliance | MGH Performance Improvement Plan for 2013 was presented for approval to the MGH Board in April 2013. |
| | 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 | Community Health and Education Report was presented to the MGH Board and to the MHD Board in April 2013. |
| | 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 | Physician and Employee metrics were presented to the MGH Board and to the MHD Board in April 2013. |
| (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 | External awards and recognition report was presented to the MGH Board and to the MHD Board in April 2013. |
| (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 | Community Health and Education Report was presented to the MGH Board and to the MHD Board in April 2013. |
| | 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 | Reinvestment and Capital Expenditure Report was presented to the MGH Board and to the MHD Board in April 2013. |
| | 5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors. | Annually | In Compliance | "Green Building" Status Report was presented to the MGH Board and to the MHD Board in April 2013. |
| (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 | Physician Report was presented to the MGH Board and to the MHD Board in April 2013. |
| | 2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH. | Annually | In Compliance | Physician and Employee metrics were presented to the MGH Board and to the MHD Board in April 2013. |
| | 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 MHD Board on 11/16/12. |
| | 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 12/13/12. |
| | 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 2012 Independent Audit was completed in April 2013, and is available in the MHD 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 2011 Form 990 was filed on 11/15/12. |

MGH Performance Metrics and Core Services Report

3Q 2013

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 2015 VBP Thresholds | | | | 4Q 2012 | 1Q 2013 | 2Q 2013 | 3Q 2013 |
|------------------------|-------|-------|--|---------|---------|---------|---------|
| 67.96 | 76.56 | 83.44 | Overall rating | 68.86 | 63.44 | 67.29 | 65.84 |
| 76.56 | 81.64 | 85.70 | Communication with Nurses | 69.56 | 71.73 | 72.10 | 74.61 |
| | | | Nurse Respect | 79.10 | 82.35 | 81.97 | 83.49 |
| | | | Nurse Listen | 70.85 | 75.21 | 74.03 | 77.13 |
| | | | Nurse Explain | 70.73 | 69.62 | 72.29 | 75.23 |
| 79.88 | 84.83 | 88.79 | Communication with Doctors | 75.55 | 81.25 | 81.68 | 79.75 |
| | | | Doctor Respect | 83.20 | 89.27 | 87.45 | 88.13 |
| | | | Doctor Listen | 74.29 | 80.26 | 81.58 | 78.90 |
| | | | Doctor Explain | 73.06 | 78.11 | 79.91 | 76.13 |
| 63.17 | 72.00 | 79.06 | Responsiveness of Staff | 58.87 | 62.66 | 62.42 | 57.31 |
| | | | Call Button | 59.26 | 59.72 | 67.82 | 55.03 |
| | | | Bathroom Help | 67.88 | 75.00 | 66.42 | 69.00 |
| 69.46 | 74.30 | 78.17 | Pain Management | 65.93 | 66.80 | 71.56 | 65.83 |
| | | | Pain Controlled | 67.22 | 67.26 | 71.93 | 64.67 |
| | | | Help with Pain | 74.03 | 75.74 | 80.59 | 76.00 |
| 60.89 | 66.98 | 71.85 | Communication about Medications | 55.07 | 54.38 | 59.26 | 57.10 |
| | | | Med Explanation | 76.16 | 71.63 | 79.26 | 72.00 |
| | | | Med Side Effects | 41.78 | 44.93 | 47.06 | 50.00 |
| 64.07 | 72.31 | 78.90 | Hospital Environment | 51.85 | 47.26 | 53.15 | 54.07 |
| | | | Cleanliness | 57.16 | 54.24 | 57.86 | 57.17 |
| | | | Quiet | 46.55 | 40.28 | 48.44 | 50.97 |
| 83.54 | 86.97 | 89.72 | Discharge Information | 82.02 | 83.23 | 85.67 | 82.60 |
| | | | Help After Discharge | 80.54 | 82.35 | 87.16 | 80.68 |
| | | | Symptoms to Monitor | 86.10 | 86.70 | 85.79 | 87.13 |
| | | | Number of Surveys | 247 | 238 | 234 | 223 |

| 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.

MGH Performance Metrics and Core Services Report

3Q 2013

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 Measure | 1Q 2013 | 2Q 2013 | 3Q 2013 | Year To Date |
|-------------------|---------|---------|---------|--------------|
| EBIDA \$ | \$7,589 | \$5,191 | \$3,192 | \$15,972 |
| EBIDA % | 9.53% | 7.91% | 6.67% | |

| Loan Ratios | 1Q 2013 | 2Q 2013 | 3Q 2013 | Year To Date |
|-----------------------------|---------|---------|---------|--------------|
| Current Ratio | 2.45 | 2.61 | 2.67 | |
| Debt to Capital Ratio | 38.8% | 38.8% | 39.1% | |
| Debt Service Coverage Ratio | 4.76 | 3.40 | 3.42 | |
| Debt to EBIDA % | 1.05 | 1.65 | 1.68 | |

| Key Service Volumes, cumulative | 1Q 2013 | 2Q 2013 | 3Q 2013 | Year To Date |
|---------------------------------|---------|---------|---------|--------------|
| Acute discharges | 2,427 | 2,364 | 2,344 | 7,135 |
| Acute patient days | 10,698 | 9,729 | 9,919 | 30,346 |
| Average length of stay | 4.41 | 4.26 | 4.25 | |
| Emergency Department visits | 8,739 | 8,841 | 8,513 | 26,093 |
| Inpatient surgeries | 565 | 529 | 606 | 1,700 |
| Outpatient surgeries | 753 | 1,075 | 891 | 2,719 |

DEFINITIONS OF TERMS

EBIDA: Earnings Before Interest, Depreciation And Amortization. By adding back interest and amortization payments as well as depreciation (a non-cash outflow expense), it allows the measurement of the cash that a company generates.

Debt to Capital Ratio: A measurement of how leveraged a company is. The ratio compares a firm's total debt to its total capital. The total capital is the amount of available funds that the company can use for financing projects and other operations. A high debt-to-capital ratio indicates that a high proportion of a company's capital is comprised of debt.

Debt Service Coverage Ratio: A measurement of a property's ability to generate enough revenue to cover the cost of its mortgage payments. It is calculated by dividing the net operating income by the total debt service. For example, a property with a net operating income of \$50,000 and a total debt service of \$40,000 would have a debt service ratio of 1.25, meaning that it generates 25% more revenue than required to cover its debt payment.

Debt to EBIDA %: Measurement used to predict a company's ability to pay off the debt it already has. The ratio calculates the amount of time required for the business to pay off all debt, but does not take into considerations like interest, depreciation, taxes or amortization. Having a high debt/EBITDA ratio will often result in a lower credit score for the business.

MGH Performance Metrics and Core Services Report

3Q 2013

Schedule 3: Clinical Quality Reporting Metrics

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

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

CLINICAL QUALITY METRICS DASHBOARD

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

| Abbreviations and Acronyms Used in Dashboard Report | |
|--|--|
| Term | Title/Phrase |
| Abx | Antibiotics |
| ACC | American College of Cardiology |
| ACE | Angiotensin Converting Enzyme Inhibitor |
| AMI | Acute Myocardial Infarction |
| APR DRG | All Patient Refined Diagnosis Related Groups |
| ARB | Angiotensin Receptor Blocker |
| ASA | American Stroke Association |
| C Section | Caesarian Section |
| CHART | California Hospital Assessment and Reporting Task Force |
| CLABSI | Central Line Associated Blood Stream Infection |
| CMS | Centers for Medicare and Medicaid Services |
| CT | Computerized Axial Tomography (CAT Scan) |
| CVP | Central Venous Pressure |
| ED | Emergency Department |
| HF | Heart Failure |
| Hg | Mercury |
| hr(s) | hour(s) |
| ICU | Intensive Care Unit |
| LVS | Left Ventricular Systolic |
| LVSD | Left Ventricular Systolic Dysfunction |
| 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 |

| METRIC | **CMS Benchmark | Oct-12 | Nov-12 | Dec-12 | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Q3-2013 % | Q3-2013 Num/Den | Rolling % | Rolling Num/Den |
|---|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|-----------------|-----------|-----------------|
| ◆ Acute Myocardial Infarction (AMI) Measures | | | | | | | | | | | | | | | | | |
| AMI - ACEI or ARB for LVSD | 100% | 100% | 100% | 100% | N/A | 100% | 100% | N/A | N/A | 100% | 100% | 100% | 100% | 100% | 12/12 | 100% | 31/31 |
| AMI - Aspirin at arrival | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 62/62 | 100% | 192/192 |
| AMI - Aspirin prescribed at discharge | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 58/58 | 100% | 176/176 |
| AMI - Beta blocker prescribed at discharge | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 50/50 | 100% | 159/159 |
| *AMI - Primary PCI within 90 minutes of arrival | 100% | N/A | 100% | N/A | 100% | 100% | 100% | 100% | N/A | N/A | 100% | 100% | 100% | 100% | 10/10 | 100% | 25/25 |
| AMI - Statin Prescribed at Discharge | 100% | 100% | 100% | 100% | 100% | 100% | 92% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 54/54 | 99% | 171/172 |
| ◆ Heart Failure (HF) Measures | | | | | | | | | | | | | | | | | |
| HF – ACEI or ARB for LVSD | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 11/11 | 100% | 41/41 |
| HF – Evaluation of LVS Function | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 29/29 | 100% | 185/185 |
| *HF– All Discharge Instructions | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 85% | 100% | 80% | 100% | 100% | 93% | 22/24 | 97% | 143/147 |
| ◆ Pneumonia (PN) Measures | | | | | | | | | | | | | | | | | |
| PN – Antibiotic selection for ICU/non-ICU patients | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 10/10 | 100% | 74/74 |
| *PN – Blood culture in ED prior to initial antibiotic | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 39/39 | 100% | 193/193 |
| ◆ Surgical Care Improvement Project (SCIP)Measures | | | | | | | | | | | | | | | | | |
| *SCIP/SIP-Inf-Antibiotic within 1 hr of incision-Overall | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 97% | 100% | 100% | 100% | 100% | 100% | 74/74 | 100% | 328/329 |
| *SCIP/SIP-Inf-Antibiotic selection-Overall | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 74/74 | 100% | 329/329 |
| *SCIP/SIP-Inf-Antibiotic disc. within 24 hrs-Overall | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 94% | 100% | 100% | 100% | 95% | 98% | 73/74 | 99% | 326/329 |
| *SCIP-Inf-Cardiac patients 6am postop serum glucose | 100% | 89% | 100% | 100% | 100% | 80% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 10/10 | 97% | 59/61 |
| SCIP-Inf-Appropriate hair removal | 99% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 110/110 | 100% | 473/473 |
| *SCIP-CARD-Beta blocker prior to adm and periop | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 29/29 | 100% | 119/119 |
| *SCIP-VTE-VTE prophylaxis timing | 100% | 100% | 100% | 97% | 96% | 100% | 100% | 100% | 100% | 96% | 96% | 100% | 100% | 99% | 81/82 | 99% | 332/336 |
| *SCIP-Inf-Urinary catheter removed POD 1 or POD 2 | 100% | 100% | 100% | 91% | 100% | 100% | 100% | 100% | 100% | 100% | 95% | 100% | 100% | 98% | 54/55 | 99% | 210/213 |
| SCIP-Inf-Surgery patients w/periop temp mgmt | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 110/110 | 100% | 473/473 |
| ◆ Global Immunization (IMM) Measures | | | | | | | | | | | | | | | | | |
| IMM - Pneumo Immunization - Overall Rate | 98% | 87% | 88% | 86% | 85% | 81% | 89% | 69% | 75% | 80% | 81% | 89% | 88% | 86% | 126/146 | 83% | 522/626 |
| IMM - Influenza Immunization | 98% | 81% | 78% | 90% | 89% | 93% | 87% | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 0/0 | 86% | 470/544 |

*Performance period for CMS Value-Based Purchasing (VBP) metric:

01-01-2013 through 12-31-2013 (shaded in blue)

** Top Decile Benchmark from CMS Hospital Compare

| METRIC | **CMS Benchmark | Oct-12 | Nov-12 | Dec-12 | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Q3-2013 % | Q3-2013 Num/Den | Rolling % | Rolling Num/Den |
|---|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|-----------------|---------------|-----------------|
| ◆ ED Inpatient (ED) Measures | | | | | | | | | | | | | | | | | |
| ED - Median Time ED Arrival to ED Departure - Minutes+ | 274*** | 312.00 | 325.00 | 320.00 | 307.00 | 343.00 | 341.00 | 318.00 | 325.00 | 322.00 | 300.00 | 353.00 | 309.00 | 320.67 | 180--Cases | 322.92 | 741--Cases |
| ED - Admit Decision Median Time to ED Departure Time - Minutes+ | 96*** | 174.00 | 171.00 | 180.00 | 166.00 | 165.00 | 164.50 | 150.00 | 161.00 | 165.00 | 160.00 | 165.00 | 154.50 | 159.83 | 119--Cases | 164.67 | 525--Cases |
| ◆ ED Outpatient (ED) Measures | | | | | | | | | | | | | | | | | |
| OP - Median Time ED Arrival to ED Departure Home - Reporting+ | 138*** | 99.00 | 113.00 | 141.00 | 121.50 | 155.50 | 141.00 | 168.50 | 127.00 | 154.50 | 168.00 | 147.00 | 142.00 | 152.33 | 101--Cases | 139.83 | 413--Cases |
| OP - Median Time Spent in ED before seen by Health Care Profs+ | 28*** | 20.00 | 24.00 | 27.50 | 30.50 | 34.50 | 21.50 | 37.00 | 37.00 | 40.00 | 33.00 | 23.00 | 28.00 | 28.00 | 100--Cases | 29.67 | 423--Cases |
| ◆ Outpatient Pain Management Measure | | | | | | | | | | | | | | | | | |
| OP - Median Time to Pain Mgmt for Long Bone Fracture - Mins+ | 60*** | 49.00 | 52.00 | 77.00 | 54.50 | 85.00 | 70.00 | 51.50 | 62.50 | 35.00 | 46.00 | 48.00 | 75.00 | 56.33 | 36--Cases | 59 | 167--Cases |
| ◆ Outpatient Stroke Measure | | | | | | | | | | | | | | | | | |
| OP - Head CT/MRI Results for Stroke Patients Within 45 Minutes of Arrival | 100% | | | | N/A | N/A | 0% | N/A | 0% | N/A | 100% | 0% | N/A | 50 | 1/3 | 20% | 1/5 |
| ◆ Outpatient Surgery Measures | | | | | | | | | | | | | | | | | |
| OP - Timing of Antibiotic Prophylaxis | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 95% | 92% | 91% | 93% | 54/58 | 98% | 200/204 |
| OP - Antibiotic Selection | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 92% | 100% | 100% | 100% | 96% | 99% | 57/58 | 99% | 202/205 |

** Top Decile Benchmark from CMS Hospital Compare

*** CMS National Median benchmark (changed from top decile to national median effective Q3 2013)

+Lower number is better

| | | BENCHMARK | | | | |
|---|--|------------------------------------|------------------------------------|-----------------------|-----------------------|---|
| ◆ Surgical Site Infection | | | | | | |
| METRIC | California Standardized Infection Ratio (SIR) | Jan 2012 - June 2012 | Jan 2012 - Sept 2012 | | | |
| Colon Surgery | 0.78 | Insufficient data to calculate SIR | Insufficient data to calculate SIR | | | |
| Hysterectomy | 0.98 | Insufficient data to calculate SIR | Insufficient data to calculate SIR | | | |
| ◆ Intensive Care Unit (ICU) Measures | | | | | | |
| METRIC | California Standardized Infection Ratio (SIR) | Jan 2011 - Sept 2011 | July 2011 - June 2012 | Oct 2011 - Sept 2012 | Jan 2012 - Sept 2012 | |
| *Central Line Associated Blood Stream Infection Rate (CLABSI) | 0.52 | 0.00 | 0.60 | 0.59 | not published | |
| Catheter Associated Urinary Tract Infection (CAUTI) | 1.01 | not published | not published | not published | 0.81 | |
| ◆ Maternity Measures | | | | | | |
| METRIC | California Hospital Assessment and Reporting Taskforce (CHART) State Average | 2008 | 2009 | 2010 | 2011 | |
| Primary Caesarian Section Rate | 18% | 15% | 12% | 14.8% | 14.8% | |
| Exclusive Breast Feeding Rate | 57% | 82% | 79% | 80% | 82% | |
| ◆ Mortality Measures | | | | | | |
| METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | July 2006 - June 2009 | July 2007 - June 2010 | July 2008 - June 2011 | July 2009 - June 2012 | |
| *Acute Myocardial Infarction Mortality | 15.2% | 13.8% | 13.7% | 13.5% | 13.3% | |
| *Heart Failure Mortality | 11.7% | 10.6% | 12.1% | 12.9% | 13.8% | |
| *Pneumonia Mortality | 11.9% | 11.6% | 11.1% | 10.7% | 10.9% | |
| METRIC | California Hospital Assessment and Reporting Taskforce (CHART) State Average | Q4 2009 - Q3 2010 | Q1 2010 - Q4 2010 | Q3 2010 - Q2 2011 | Q4 2010 - Q3 2011 | |
| Intensive Care Unit Mortality | 11.67% | 11.45% | 11.50% | 9.09% | 10.19% | |
| ◆ Acute Care Readmissions within 30 Days | | | | | | |
| METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | July 2006 - June 2009 | July 2007 - June 2010 | July 2008 - June 2011 | July 2009 - June 2012 | |
| Acute Myocardial Infarction Readmissions | 19.7% | 18.0% | 19.1% | 18.0% | not published | CMS currently has suppressed data for this time period. |
| Heart Failure Readmissions | 24.7% | 24.8% | 24.5% | 24.7% | not published | |
| Pneumonia Readmissions | 18.5% | 17.7% | 17.9% | 17.9% | not published | |
| *Performance period for CMS Value-Based Purchasing (VBP) metric: 01-01-2013 through 12-31-2013 (shaded in blue) | | | | | | |

MGH Performance Metrics and Core Services Report

3Q 2013

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) | | | | |
| | 1Q 2013 | 2Q 2013 | 3Q 2013 | Year To Date |
| Baseline Concussion Testing for Underserved Youth | \$2,500 | \$0 | \$0 | \$2,500 |
| Bread & Roses "Art to Heart Benefit" | \$0 | \$2,200 | \$0 | \$2,200 |
| Coastal Health Alliance | \$0 | \$0 | \$20,000 | \$20,000 |
| Community Institute for Psychotherapy | \$100 | \$0 | \$0 | \$100 |
| Harbor Point Charitable Fund | \$0 | \$0 | \$5,000 | \$5,000 |
| Healthy Aging Symposium | \$1,000 | \$0 | \$0 | \$1,000 |
| Heart Walk | \$0 | \$0 | \$2,500 | \$2,500 |
| Homeless Program | \$0 | \$100,000 | \$0 | \$100,000 |
| Homeward Bound | \$0 | \$110,000 | \$0 | \$110,000 |
| Implementation Strategy Work | \$0 | \$13,500 | \$0 | \$13,500 |
| LITA – Love is the Answer | \$0 | \$1,000 | \$0 | \$1,000 |
| Loving Spoonfuls Benefit | \$0 | \$1,000 | \$0 | \$1,000 |
| Marin Brain Injury Network | \$528 | \$0 | \$0 | \$528 |
| Marin City Health & Wellness | \$0 | \$20,000 | \$0 | \$20,000 |
| Marin Community Clinics | \$53,151 | \$53,151 | \$53,151 | \$159,453 |
| Marin Community Clinics Summer Solstice | \$0 | \$1,000 | \$0 | \$1,000 |
| Marin Sonoma Concours d'Elegance | \$2,500 | \$0 | \$0 | \$2,500 |
| MHD 1206(b) Clinics | \$623,639 | \$948,551 | \$1,162,228 | \$2,734,418 |
| NAMI Walk SF Bay Area | \$0 | \$1,000 | \$0 | \$1,000 |
| PRIMA Medical Foundation | \$1,110,743 | \$936,031 | \$1,125,000 | \$3,171,774 |
| Redwoods Crabfest | \$1,000 | \$0 | \$0 | \$1,000 |
| Ritter Center | \$0 | \$20,000 | \$0 | \$20,000 |
| RotaCare San Rafael | \$0 | \$15,000 | \$0 | \$15,000 |
| To Celebrate Life | \$0 | \$0 | \$15,000 | \$15,000 |
| Whistlestop | \$0 | \$0 | \$15,000 | \$15,000 |
| Zero Breast Cancer – Honor Thy Healer | \$1,140 | \$0 | \$0 | \$1,140 |
| Total Cash Donations | \$1,796,301 | \$2,222,433 | \$2,397,879 | \$6,416,613 |
| Total Cash & In-Kind Donations | \$1,796,301 | \$2,222,433 | \$2,397,879 | \$6,416,613 |

MGH Performance Metrics and Core Services Report

3Q 2013

Schedule 4, continued

| Community Benefit Summary (these figures are not final and are subject to change) | | | | |
|---|---------------------|---------------------|---------------------|---------------------|
| | 1Q 2013 | 2Q 2013 | 3Q 2013 | Year To Date |
| Community Health Improvement Services | \$41,622 | \$39,522 | \$46,952 | \$128,096 |
| Health Professions Education | \$27,953 | \$20,915 | \$17,577 | \$66,445 |
| Cash and In-Kind Contributions | \$1,796,301 | \$2,222,433 | \$2,397,879 | \$6,416,613 |
| Community Benefit Operations | \$582 | \$305 | \$1,640 | \$2,527 |
| Traditional Charity Care | \$462,918 | \$577,924 | \$826,807 | \$1,867,649 |
| Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs) | \$4,422,724 | \$4,117,192 | \$4,527,991 | \$13,067,907 |
| Community Benefit Subtotal (amount reported annually to state & IRS) | \$6,752,100 | \$6,978,291 | \$7,818,846 | \$21,549,237 |
| Community Building Activities | \$0 | \$0 | \$0 | \$0 |
| Unpaid Cost of Medicare | \$15,226,174 | \$15,559,427 | \$15,012,662 | \$45,798,263 |
| Bad Debt | \$891,511 | \$821,343 | \$920,037 | \$2,632,891 |
| Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total | \$22,869,785 | \$23,359,061 | \$23,751,545 | \$69,980,391 |

MGH Performance Metrics and Core Services Report

3Q 2013

Schedule 5: Nursing Turnover, Vacancies, Net Changes

➤ **Tier 2, Physicians and Employees**

The MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.

| Turnover Rate | | | | |
|---------------|------------------------|------------|-------------|-------|
| Quarter | Number of Clinical RNs | Terminated | | Rate |
| | | Voluntary | Involuntary | |
| 1Q 2013 | 553 | 14 | 4 | 3.25% |
| 2Q 2013 | 561 | 11 | 1 | 2.14% |
| 3Q 2013 | 556 | 13 | 1 | 2.52% |

| 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 2013 | 20 | 37 | 5 | 5 | 388 | 165 | 553 | 9.54% | 12.12% |
| 2Q 2013 | 22 | 29 | 11 | 8 | 387 | 174 | 561 | 7.49% | 12.64% |
| 3Q 2013 | 24 | 29 | 3 | 6 | 387 | 169 | 556 | 7.49% | 14.20% |

| Hired, Termed, Net Change | | | |
|---------------------------|-------|--------|------------|
| Period | Hired | Termed | Net Change |
| 1Q 2013 | 10 | 18 | (8) |
| 2Q 2013 | 19 | 12 | 7 |
| 3Q 2013 | 9 | 14 | (5) |

MGH Performance Metrics and Core Services Report

3Q 2013

Schedule 6: 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 |
|---------|--------|-----------|--------------------------|-----------------------------------|--|---------------------|----------------------------|
| 3Q 2013 | 6-Jul | 1610-1945 | 3 hr 35 min | CT scanner inoperable | 17 | 2 | 5 |
| 3Q 2013 | 20-Jul | 1635-2037 | 4 hr 2 min | ED saturation | 23 | 12 | 4 |
| 3Q 2013 | 30-Jul | 1800-2205 | 4 hr 5 min | ED saturation | 22 | 7 | 5 |
| 3Q 2013 | 31-Jul | 1340-1415 | 35 min | ED saturation | 25 (2 trauma, 1 STEMI) | 3 | 7 |
| 3Q 2013 | 9-Aug | 0925-0940 | 15 min | ED saturation | 23 | 5 | 2 |
| 3Q 2013 | 19-Aug | 1656-1746 | 50 min | ED saturation | 25 (MDs encumbered with critical pts) | 0 | 1 |
| 3Q 2013 | 24-Aug | 1300-1416 | 1 hr 16 min | ED saturation | 29 | 15 | 7 |
| 3Q 2013 | 29-Aug | 1808-2055 | 2 hr 47 min | ED saturation | 24 | 3 | 8 |
| 3Q 2013 | 30-Aug | 1415-1615 | 2 hr | ED saturation | 29 | 11 | 4 |
| 3Q 2013 | 4-Sep | 0300-0550 | 2 hr 50 min | ED saturation | 17 | 0 | 7 |
| 3Q 2013 | 15-Sep | 1445-1610 | 1 hr 25 min | ED saturation; CT down, using PET | 14 | 20 | 2 (1 ICU hold) |
| 3Q 2013 | 17-Sep | 2205-0130 | 3 hr 25 min | ED saturation | 31 | 8 | 8 |
| 3Q 2013 | 18-Sep | 0215-0355 | 1 hr 40 min | CT scanner inoperable | 4 | 0 | 2 |
| 3Q 2013 | 29-Sep | 0925-1120 | 1 hr 55 min. | ED saturation | 12 | 2 | 0 |
| 3Q 2013 | 30-Sep | 1300-1605 | 3 hr 5 min | ED saturation | 31 | 7 | 4 |

MGH Performance Metrics and Core Services Report 3Q 2013

Schedule 6, continued

2013 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)

