



# **MarinHealth Medical Center**

## **Performance Metrics and Core Services Report**

**Q3 2021**

February 1, 2022

# MHMC Performance Metrics and Core Services Report

## Q3 2021

### 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.

FFY 2023 VBP Thresholds			Q4 2020	Q1 2021	Q2 2021	Q3 2021
71.66	79.29	85.39	74.40	76.07	78.08	71.62
			78.10	78.55	78.45	73.72
79.42	84.03	87.71	78.32	75.70	79.27	73.98
			83.87	82.33	85.39	85.00
			77.38	72.73	76.95	80.10
			73.71	72.03	75.48	79.63
79.83	84.35	87.97	81.60	78.79	79.82	76.19
			87.40	86.01	85.94	87.63
			81.10	78.67	78.53	83.33
			76.28	71.68	75.00	79.21
65.52	74.24	81.22	70.44	62.97	62.76	57.97
			69.27	55.65	58.45	61.31
			71.62	70.29	67.07	67.43
63.11	69.19	74.05	66.62	63.55	63.09	56.40
			78.12	76.77	72.16	76.09
			55.12	50.33	54.02	51.11
65.63	73.41	79.64	67.17	68.35	66.32	57.40
			70.73	70.86	71.10	67.48
			63.60	65.85	61.54	66.93
87.23	90.00	92.21	85.54	88.15	90.07	84.35
			84.32	85.50	88.14	85.07
			86.75	90.80	92.01	91.62
51.84	58.36	63.57	44.13	51.14	47.59	39.34
			34.30	45.96	40.34	38.19
			46.37	53.05	47.54	47.58
			51.71	54.42	54.89	51.15
			254	288	314	383

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.

# MHMC Performance Metrics and Core Services Report

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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	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Total 2021
EBIDA \$ (in thousands)	519	316	9,099	16,352		16,352
EBIDA %	0.1%	0.30%	3.90%	4.60%		4.60%
<b>Loan Ratios</b>						
Annual Debt Service Coverage	(0.24)	0.49	1.58	1.99		1.99
Maximum Annual Debt Service Coverage	(0.21)	0.43	1.30	1.63		1.63
Debt to Capitalization	53.2%	54.1%	52.6%	52.6%		52.6%
<b>Key Service Volumes</b>						
Acute discharges	2,006	2,004	2,144	2,307		6,455
Acute patient days	6,381	10,110	10,405	11,594		32,109
Average length of stay	4.43	5.04	4.95	4.97		4.97
Emergency Department visits	7,301	7,346	5,321	7,314		19,981
Inpatient surgeries	375	359	399	411		1,169
Outpatient surgeries	950	963	1,102	1,097		3,162
Newborns	281	281	352	356		989

# MHMC Performance Metrics and Core Services Report

## Q3 2021

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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](http://www.calhospitalcompare.org))

and

Centers for Medicare & Medicaid Services (CMS)  
Hospital Compare ([www.medicare.gov/care-compare/](http://www.medicare.gov/care-compare/))

**Hospital Inpatient Quality Reporting Program Measures**

	METRIC	CMS**	2020	Q1 -2021	Q2 -2021	Q3 -2021	Q4-2021	Q3-2021 Num/Den	Rolling 2021 YTD	2021 YTD Num/Den
<b>◆ Stroke Measures</b>										
STK-4	Thrombolytic Therapy	100%	75%	100%	100%	100%		3/3	100%	7/7
<b>◆ Sepsis Measure</b>										
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	81%	50%	46%	53%	51%		40/79	50%	115/229
<b>◆ Perinatal Care Measure</b>										
PC-01	Elective Delivery +	0%	1%	0%	0%	0%		0/41	0%	0/78
<b>◆ ED Inpatient Measures</b>										
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients +	99***	129.00	148.00	142.00	133.00		59-Cases	140.00	423-Cases
<b>◆ Psychiatric (HBIPS) Measures</b>										
IPF-HBIPS-2	Hours of Physical Restraint Use +	0.38	0.08	0.25	0.04	0.00		N/A	0.09	N/A
IPF-HBIPS-3	Hours of Seclusion Use +	0.29	0.06	0.02	0.00	0.00		N/A	0.01	N/A
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	99%	92%	100%	95%	100%		10/10	98%	45/46
<b>◆ Substance Use Measures</b>										
SUB-2	2-Alcohol Use Brief Intervention Provided or offered	100%	100%	100%	N/A	N/A		0/0	100%	4/4
SUB-2a	Alcohol Use Brief Intervention	100%	100%	100%	N/A	N/A		0/0	100%	4/4
<b>◆ Tobacco Use Measures</b>										
TOB-2	2-Tobacco Use Treatment Provided or Offered	100%	97%	100%	N/A	N/A		0/0	100%	4/4
TOB-2a	2a-Tobacco Use Treatment	88%	94%	100%	N/A	N/A		0/0	100%	4/4
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge	99%	100%	67%	N/A	N/A		0/0	67%	2/3
TOB-3a	3a-Tobacco Use Treatment at Discharge	71%	79%	33%	N/A	N/A		0/0	33%	1/3
	METRIC	CMS**	2020	Q1 -2021	Q2 -2021	Q3 -2021	Q4-2021	Q3-2021 Num/Den	Rolling 2020 YTD	Rolling Num/Den
<b>◆ Transition Record Measures</b>										
TRSE	Transition Record with Specified Elements Received by Discharged Patients	99%	92%	98%	95%	93%		125/134	96%	346/362
TTTR	Timely Transmission of Transition Record	98%	90%	97%	94%	93%		125/134	95%	343/362
<b>◆ Metabolic Disorders Measure</b>										
SMD	Screening for Metabolic Disorders	Benchmark To Be Established	98%	100%	92%	98%		91/93	96%	248/257
IPF-IMM-2	Influenza Immunization	100%		98%	90%	92%			96%	244/254

\*\* CMS Top Decile Benchmark      CMS Reduction Program (shaded in blue)      + Lower Number is better

**Hospital Outpatient Quality Reporting Program Measures**

	METRIC	CMS**	2020	Q1 -2021	Q2 -2021	Q3 -2021	Q4-2021	Q3 2021 Num/Den	Rolling 2021 YTD	2021 YTD Num/Den
<b>◆ Outpatient Stroke Measure</b>										
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	72%***	63%	83%	91%	80%		4/5	86%	19/22

\*\*\* National Average      + Lower Number is better

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♦ Healthcare Personnel Influenza Vaccination						
	METRIC	CMS National Average	Oct 2014 - Mar 2015	Oct 2016 - Mar 2017	Oct 2016 - Mar 2017	Oct 2017 - Mar 2018
HM-3	Healthcare Personnel Influenza Vaccination	90%	81%	89%	89%	92%
♦ Surgical Site Infection +						
	METRIC	National Standardized Infection Ratio (SIR)	Jul 2018 - June 2019	Oct 2018 - Sep 2019	Jan 2019 - Dec 2019	Jul 2019 - Dec 2020
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	not published**	not published**	0.98	0.83
HAI-SSIHyst	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 2018 - June 2019	Oct 2018 - Sep 2019	Jan 2019 - Dec 2019	Jul 2019 - Dec 2020
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.57	0.71	0.30	1.17
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.49	0.90	0.98	0.99
♦ Healthcare Associated Infections +						
	METRIC	National Standardized Infection Ratio (SIR)	July 2018 - June 2019	Oct 2018 - Sep 2019	Jan 2019 - Dec 2019	Jul 2019 - Dec 2020
HAI-C-Diff	Clostridium Difficile	1	1.01	1.22	1.18	0.65
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.00	0.00	0.00	0.76
♦ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators) +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2014 - Sept 2015	Nov 2015 - June 2017	July 2016 - June 2018	July 2017 - June 2019
PSI-90 (Composite)	Complication / Patient Safety Indicators PSI 90 (Composite)	0.9	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	Centers for Medicare & Medicaid Services (CMS) National Average	Nov 2015 - June 2017	July 2016 - June 2018	July 2017 - June 2019	July 2018 - Dec 2019
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	No different then National Average	No different then National Average
♦ Surgical Complications +						
		Centers for Medicare & Medicaid Services (CMS) National Average	April 2014 - March 2017	April 2015 - March 2018	April 2016 - March 2019	April 2017 - Oct 2019
Surgical Complication	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty +	2.4%	2.5%	2.7%	3.0%	2.6%

\*\*\* National Average + Lower Number is better

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♦ Mortality Measures - 30 Day +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2014 - June 2017	July 2015 - June 2018	July 2016 - June 2019	July 2017 - Dec 2019
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate	12.7%	12.80%	12.50%	10.90%	10.70%
MORT-30-HF	Heart Failure Mortality Rate	11.3%	10.30%	9.70%	8.00%	8.60%
MORT-30-PN	Pneumonia Mortality Rate	15.4%	15.90%	15.30%	14.20%	13.90%
MORT-30-COPD	COPD Mortality Rate	8.40%	9.30%	8.80%	9.20%	8.60%
MORT-30-STK	Stroke Mortality Rate	13.80%	12.70%	13.70%	13.60%	13.40%
CABG MORT-30	CABG 30-day Mortality Rate	3.00%	3.60%	3.40%	3.00%	2.50%
♦ Acute Care Readmissions - 30 Day Risk Standardized +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2014 - June 2017	July 2015 - June 2018	July 2016 - June 2019	July 2017 - Dec 2019
READM-30-AMI	Acute Myocardial Infarction Readmission Rate	16.1%	14.80%	14.09%	16.30%	15.50%
READM-30-HF	Heart Failure Readmission Rate	21.9%	19.80%	20.80%	21.60%	21.20%
READM-30-PN	Pneumonia Readmission Rate	16.6%	15.90%	15.10%	13.80%	14.50%
READM-30-COPD	COPD Readmission Rate	19.60%	20.49%	19.20%	19.60%	19.30%
READM-30-THA/TKA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.00%	4.10%	3.90%	4.40%	4.20%
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	12.70%	13.70%	13.80%	11.70%	12.20%
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2016 - June 2017	July 2017 - June 2018	July 2018 - June 2019	July 2019 - Dec 2019
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR) +	15.6%	15.40%	14.7%	13.7%	14.9%
♦ Cost Efficiency +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2016 - Dec 2016	Jan 2017 - Dec 2017	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019
MSPB-1	Medicare Spending Per Beneficiary (All)	0.99	0.99	0.98	0.97	0.97
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2014 - June 2017	July 2015 - June 2018	July 2016 - June 2019	July 2017 - Dec 2019
MSPB-AMI	Acute Myocardial Infarction (AMI) Payment Per Episode of Care	\$26,304	\$21,274	\$23,374	\$27,327	\$28,746
MSPB-HF	Heart Failure (HF) Payment Per Episode of Care	\$18,060	\$16,632	\$16,981	\$17,614	\$18,180
MSPB-PN	Pneumonia (PN) Payment Per Episode of Care	\$18,776	\$17,415	\$17,316	\$17,717	\$17,517
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2013 - June 2016	April 2014 - March 2017	April 2015 - March 2018	April 2017 - Oct 2019
MSPB-Knee	Hip and Knee Replacement	\$20,839	\$22,502	\$21,953	\$20,263	\$19,869

\*\*\* National Average + Lower Number is better

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◆ Outpatient Measures (Claims Data) +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2015 - June 2016	July 2016 - June 2017	July 2017 - June 2018	July 2018 - June 2019
OP-8	Outpatient with Low Back Pain who had an MRI without trying Recommended Treatments First, such as Physical Therapy	38.20%	Not Available	Not Available	Not Available	Not Available
OP-10	Outpatient CT Scans of the Abdomen that were "Combination" (Double) Scans	6.40%	5.60%	4.80%	4.50%	6.10%
OP-13	Outpatients who got Cardiac Imaging Stress Tests Before Low-Risk Outpatient Surgery	4.20%	3.30%	3.50%	3.20%	3.20%
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2014 - Dec 2014	Jan 2015 - Dec 2015	Jan 2016 - Dec 2016	Jan 2018 - Dec 2018
OP-22	Patient Left Emergency Department before Being Seen	2.00%	1.00%	1.00%	1.00%	2.00%

+ Lower Number is better



# MHMC Performance Metrics and Core Services Report

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### 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.

<b>Cash &amp; In-Kind Donations</b>					
(These figures are not final and are subject to change)					
	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Total 2021
Buckelew	26,250	0	0		26,250
Canal Alliance	21,000	0	0		21,000
Ceres Community Project	10,500	0	0		10,500
Coastal Health Alliance (Petaluma HC)	15,750	0	0		15,750
Community Action Marin	10,500	0	0		10,500
Community Institute for Psychotherapy	15,750	0	0		15,750
Homeward Bound	157,500	0	0		157,500
Huckleberry Youth Programs	10,500	0	0		10,500
Jewish Family and Children's Services	10,500	0	0		10,500
Marin Center for Independent Living	26,250	0	0		26,250
Marin City Community Dev Corp	10,500	0	0		10,500
Marin Community Clinics	75,600	0	0		75,600
MHD 1206B Clinics	8,068,761	9,001,488	6,076,822		23,147,071
North Marin Community Services	10,500	0	0		10,500
Operation Access	21,000	0	0		21,000
Ritter Center	26,250	0	0		26,250
RotaCare Free Clinic	15,750	0	0		15,750
San Geronimo Valley Community Center	10,500	0	0		10,500
Spahr Center	8,400	0	0		8,400
West Marin Senior Services	10,500	0	0		10,500
<b>Total Cash Donations</b>	<b>8,562,261</b>	<b>9,001,488</b>	<b>6,076,822</b>		<b>23,640,571</b>
Compassionate discharge medications	0	0	9,943		9,943
Meeting room use by community based organizations for community-health related purposes	0	0	0		0
Food donations	1,182	987	987		3,156
<b>Total In Kind Donations</b>	<b>1,182</b>	<b>987</b>	<b>10,930</b>		<b>13,099</b>
<b>Total Cash &amp; In-Kind Donations</b>	<b>8,563,443</b>	<b>9,002,475</b>	<b>6,087,752</b>		<b>23,653,670</b>

# MHMC Performance Metrics and Core Services Report

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### Schedule 4, continued

<b>Community Benefit Summary</b>					
(These figures are not final and are subject to change)					
	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Total 2021
Community Health Improvement Services	98,644	78,175	76,190		253,009
Health Professions Education	826,720	527,548	411,190		1,765,458
Cash and In-Kind Contributions	8,563,443	9,002,475	6,087,752		23,653,670
Community Benefit Operations	0	0	1,428		1,428
Community Building Activities	0	0	0		0
Traditional Charity Care *Operation Access total is included	368,856	352,471	88,354		809,681
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	11,451,158	12,767,981	11,309,987		35,529,126
<b>Community Benefit Subtotal</b> (amount reported annually to State & IRS)	<b>21,308,821</b>	<b>22,728,650</b>	<b>17,974,901</b>		<b>62,012,372</b>
Unpaid Cost of Medicare	26,353,899	30,885,506	30,209,924		87,449,329
Bad Debt	288,534	287,205	345,832		921,571
<b>Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u></b>	<b>47,951,254</b>	<b>53,901,361</b>	<b>48,530,657</b>		<b>150,383,272</b>

<b>Operation Access</b>					
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.					
	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Total 2021
*Operation Access charity care provided by MGH (waived hospital charges)	732,198	137,328	0		869,526
Costs included in Charity Care	140,173	26,290	23		166,486

# MHMC Performance Metrics and Core Services Report

## Q3 2021

### 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.

<b>Turnover Rate</b>				
Period	Number of Clinical RNs	Separated		Rate
		Voluntary	Involuntary	
Q4 2020	515	19	1	3.88%
Q1 2021	525	23	1	4.57%
Q2 2021	527	22	1	4.36%
<b>Q3 2021</b>	<b>526</b>	<b>23</b>	<b>0</b>	<b>4.37%</b>

<b>Vacancy Rate</b>							
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
Q4 2020	24	75	515	610	15.57%	12.30%	3.93%
Q1 2021	37	75	525	637	17.58%	11.77%	5.81%
Q2 2021	23	61	527	611	13.75%	9.98%	3.76%
<b>Q3 2021</b>	<b>28</b>	<b>70</b>	<b>526</b>	<b>624</b>	<b>15.71%</b>	<b>11.22%</b>	<b>4.49%</b>

<b>Hired, Termed, Net Change</b>			
Period	Hired	Termed	Net Change
Q4 2020	15	20	(5)
Q1 2021	35	24	11
Q2 2021	22	23	(1)
<b>Q3 2021</b>	<b>25</b>	<b>23</b>	<b>2</b>

# MHMC Performance Metrics and Core Services Report Q3 2021

## Schedule 6: Ambulance Diversion

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

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

Quarter	Date	Time	Diversion Duration	Reason
Q3 2021	July 21	02:27 – 04:20	1'53"	ED
	July 23	23:46 – 01:46	2'01"	ED
	July 27	21:13 – 23:12	2'00"	ED
	July 28	05:30 – 07:30	2'01"	ED
	July 30	13:45 – 15:45	2'01"	ED
	Aug 2	20:27 – 22:26	1'59"	ED
	Aug 16	21:43 – 23:43	2'01"	ED
	Aug 17	19:47 – 21:47	2'01"	ED
	Sept 13	13:59 – 15:59	2'01"	ED
	Sept 15	22:44 – 00:44	2'01"	ED

### 2021 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)*

