# MarinHealth Medical Center

# Performance Metrics
# and
# Core Services Report

## Q1 2026

August 4, 2026

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# MarinHealth Medical Center (Marin General Hospital)

Performance Metrics and Core Services Report: **Q1 2026**

## 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 October 25, 2025 for a duration of 36 months. |
| | 2. MGH Board must maintain MGH's Medicare certification for quality of care and reimbursement eligibility. | Quarterly | In Compliance | MGH maintains its Medicare Certification. |
| | 3. MGH Board must maintain MGH's California Department of Public Health Acute Care License | Quarterly | In Compliance | MGH maintains its license with the State of California. |
| | 4. MGH Board must maintain MGH's plan for compliance with SB 1953. | Quarterly | In Compliance | MGH remains in compliance with SB 1953 (California Hospital Seismic Retrofit Program). |
| | 5. MGH Board must report on all Tier 2 Metrics at least annually. | Annually | In Compliance | 4Q 2025 (Annual Report) was presented to MGH Board and to MHD Board in June 2026. |
| | 6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH. | Annually | In Compliance | MGH Performance Improvement Plan for 2026 was presented for approval to the MGH Board in April 2026. |
| | 7. MGH Board must include quality improvement metrics as part of the CEO and Senior Executive Bonus Structure for MGH. | Annually | In Compliance | CEO and Senior Executive Bonus Structure includes quality improvement metrics. |
| (B) Patient Satisfaction and Services | MGH Board will report on MGH's HCAHPS Results Quarterly. | Quarterly | In Compliance | **Schedule 1** |
| (C) Community Commitment | 1. In coordination with the General Member, the MGH Board must publish the results of its biennial community assessment to assess MGH's performance at meeting community health care needs. | Annually | In Compliance | Reported in Q4 2025 |
| | 2. MGH Board must provide community care benefits at a sufficient level to maintain MGH's non-profit tax exempt status. | Quarterly | In Compliance | MGH continues to provide community care and has maintained its tax exempt status. |
| (D) Physicians and Employees | MGH Board must report on all Tier 1 "Physician and Employee" Metrics at least annually. | Annually | In Compliance | Reported in Q4 2025 |
| (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** |

# MarinHealth Medical Center (Marin General Hospital)

Performance Metrics and Core Services Report: **ANNUAL REPORT 2025**

## TIER 2 PERFORMANCE METRICS

*In accordance with Tier 2 Performance Metrics requirements, the General Member shall monitor and the MGH Board shall provide necessary reports to the General Member on the following metrics:*

| | | Frequency | Status | Notes |
|---|---|---|---|---|
| (A) Quality, Safety and Compliance | MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs). | Quarterly | In Compliance | **Schedule 3** |
| (B) Patient Satisfaction and Services | 1. MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction. | Quarterly | In Compliance | **Schedule 1** |
| | 2. MGH Board will report external awards and recognition. | Annually | In Compliance | Reported in Q4 2025 |
| (C) Community Commitment | 1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations. | Quarterly | In Compliance | **Schedule 4** |
| | 2. MGH Board will report on MGH's Charity Care. | Quarterly | In Compliance | **Schedule 4** |
| | 3. MGH Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities. | Annually | In Compliance | Reported in Q4 2025 |
| | 4. MGH Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance. | Annually | In Compliance | Reported in Q4 2025 |
| | 5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors. | Annually | In Compliance | Reported in Q4 2025 |
| (D) Physicians and Employees | 1. MGH Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH. | Annually | In Compliance | Reported in Q4 2025 |
| | 2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH. | Annually | In Compliance | Reported in Q4 2025 |
| | 3. MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH. | Quarterly | In Compliance | **Schedule 5** |
| (E) Volumes and Service Array | 1. MGH Board will develop a strategic plan for MGH and review the plan and its performance with the General Member. | Annually | In Compliance | The updated MGH Strategic Plan was presented to the MGH Board on November 1, 2025 and to the MHD Board on February 21, 2025. |
| | 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 November 1, 2025 and the MHD Board on February 21, 2025. |
| | 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 2024 Independent Audit was completed on April 23, 2026. |
| | 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 2024 Form 990 was filed on November 14, 2025. |

# MHMC Performance Metrics and Core Services Report
# Q1 2026

## Schedule 1: HCAHPS

(Hospital Consumer Assessment of Healthcare Providers & Systems)

- **Tier 1, Patient Satisfaction and Services**
  The MHMC Board will report on MHMC's HCAHPS Results Quarterly.
- **Tier 2, Patient Satisfaction and Services**
  The MHMC 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.

# MHMC Performance Metrics and Core Services Report
# Q1 2026

## EXECUTIVE SUMMARY
## Q1 2026 HCAHPS

**Time Period**

Q1 2026 HCAHPS Survey with Press Ganey Benchmarks (n=297)

**Accomplishments**

Domains:

Overall Hospital Rating (Natl 62p) & Likelihood to Recommend (Natl 71p),

Responsiveness, MD Communications, Discharge Information => 50thp National

Improved: Hospital Environment

**Areas for Improvement**

Nurse Communication

Communication About Medications

Restful Hospital Environment

Coordination of Care

Information About Symptoms

**Data Summary**

Data is mode adjusted (phone vs mail-in survey)

Reporting HCAHPS Press Ganey percentile rank among all PG database (n=2,369 hospitals) and PG California Hospitals (n=128 hospitals)

**Barriers or Limitations**

Strike in Q1

True CMS comparison report not available.

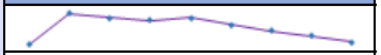
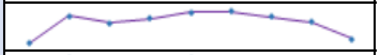
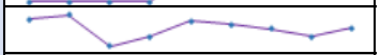
**Next Steps**

Patient Satisfaction and Experience initiatives; creation of Patient Experience governance structure with 4 workgroups (Inpatient/HCAHPS, Outpatient Radiology, Medical Network, Ambulatory Surgery/OAS CAHPS), focus on Rankings vs Top Box numbers, staff engagement/communications, Nurse/Physician rounding, Bedside Shift Report, Inpatient Unit Partnerships with Ancillary Units (See Patient Experience Report).

# MHMC Performance Metrics and Core Services Report
# Q1 2026

## New HCAHPS Report (Q1)

PATIENT EXPERIENCE (HOUSEWIDE)
HCAHPS COMPOSITE **PERCENTILE RANKINGS**

| Measure | 2025 Baseline | Target Goal | 12 Month Rolling | YTD | Last Month (March) | Quarterly Trend |
|---|---|---|---|---|---|---|
| Overall Rate the Hospital 0-10 | 75th | 75th | 73 | 63 | 75 |  |
| Recommend the Hospital | 85th | 75th | 83 | 70 | 87 |  |
| Communication with Nurses | 21st | 50th | 21 | 15 | 29 |  |
| Response of Hospital Staff | 55th | 75th | 58 | 57 | 54 |  |
| Communication with Doctors | 51st | 75th | 53 | 52 | 62 |  |
| Hospital Environment | 27th | 50th | 36 | 50 | 43 |  |
| Communication About Medicines | 50th | 75th | 51 | 25 | 25 |  |
| Discharge Information | 57th | 75th | 63 | 53 | 79 |  |
| Restful Hospital Environment | 37th | 50th | 42 | 40 | 59 |  |
| Coordination of Care | 28th | 50th | 26 | 14 | 17 |  |
| Information about Symptoms | 44th | 50th | 48 | 32 | 32 |  |
| "n" | 1230 | | 1209 | 304 | 97 | |

*last updated 4-22-26*

# Q1 2026 Inpatient (HCAHPS) Patient Experience Dashboard

| | Q1 2025 | | | Q2 2025 | | | Q3 2025 | | | Q4 2025 | | | Q1 2026 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Top Box | Nat. Rank | CA Rank | Top Box | Nat. Rank | CA Rank | Top Box | Nat. Rank | CA Rank | Top Box | Nat. Rank | CA Rank | Top Box | Nat. Rank | CA Rank |
| **Rate Hospital 0-10** | **78.97%** | 84 | 81 | **77.36%** | 78 | 74 | **76.29%** | 73 | 69 | **75.52%** | 68 | 59 | **72.77%** | 62 | 54 |
| **Recommend the Hospital** | **82.04%** | 87 | 78 | **83.54%** | 88 | 82 | **81.63%** | 84 | 73 | **80.42%** | 81 | 72 | **76.92%** | 71 | 61 |
| **Communication with Nurses** | **76.65%** | 31 | 40 | **75.65%** | 22 | 27 | **74.90%** | 18 | 19 | **75.69%** | 21 | 22 | **73.86%** | 15 | 13 |
| **Responsiveness of Hospital Staff**** | **62.61%** | 54 | 58 | **63.63%** | 57 | 53 | **62.74%** | 51 | 54 | **64.60%** | 61 | 67 | **62.96%** | 56 | 55 |
| **Communication with Doctors** | **80.33%** | 58 | 70 | **79.89%** | 55 | 56 | **79.58%** | 51 | 50 | **78.78%** | 44 | 46 | **79.04%** | 50 | 44 |
| **Hospital Environment ***** | **70.22%** | 41 | 35 | **67.09%** | 22 | 9 | **70.44%** | 35 | 20 | **68.52%** | 25 | 13 | **72.66%** | 49 | 39 |
| **Communication about Medications** | **58.92%** | 33 | 22 | **64.83%** | 71 | 57 | **61.42%** | 48 | 32 | **60.27%** | 40 | 23 | **56.76%** | 22 | 15 |
| **Discharge Information** | **85.96%** | 45 | 37 | **87.03%** | 53 | 46 | **89.18%** | 75 | 66 | **88.95%** | 69 | 58 | **87.05%** | 53 | 47 |
| **Restful Hospital Environment** | **55.08%** | 37 | 34 | **53.58%** | 28 | 23 | **55.45%** | 36 | 34 | **57.89%** | 53 | 49 | **54.65%** | 38 | 33 |
| **Coordination of Care** | **68.68%** | 30 | 27 | **70.11%** | 31 | 30 | **72.39%** | 45 | 45 | **66.60%** | 14 | 10 | **65.42%** | 12 | 11 |
| **Information About Symptoms (to family)** | **68.20%** | 35 | 32 | **72.07%** | 51 | 50 | **73.01%** | 57 | 49 | **71.00%** | 43 | 35 | **69.00%** | 33 | 28 |
| ***"n"*** | *325* | | | *331* | | | *330* | | | *244* | | | *297* | | |

Data is Mode Adjusted (to account for use of phone vs. mail-in surveys)
National Benchmark = 2,369 hospitals in Q1 2026
CA Benchmark = 128 hospitals
Only includes CMS reportable/eligible surveys

Green = Above the 50th percentile
Red = Below the 50th percentile

* New (overarching) changes to the HCAHPS survey in 2025 include:
(1) Response window increased from 42 to 49 days
(2) Proxy/loved one can take the survey on behalf of a patient
(3) Limit on supplemental questions to 12 maximum
(4) Reduced language spoken at home to only 4 options – English, Spanish, Chinese, Another Language
(5) Replaced: "Were you admitted through the Emergency Department?" with "Was this hospital stay planning in advance?"
(6) Removed the "Care Transitions" Domain
(7) Added "Care Coordination" Domain:
*(a) During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to date about your care?*
*(b) During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?*
*(c) Did doctors, nurses or other hospital staff work with you and your family or caregiver in making plans for your care after you left the hospital?*
(8) Added "Restfulness Domain":
*(a) During this hospital stay, how often was the area around your room quiet at night? (pre-existing question)*
*(b) During this hospital stay, how often were you able to get the rest you needed?*
*(c) During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?*
(9) Added "Info About Symptoms" question:
*(a) Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?*
(10) Total increase from 29 to 32 questions

** Wording change to 1 of the 2 Questions in the "Responsiveness" Domain in 2025 (Press Ganey is seeing lower domain scores across the nation)
*** Environment Domain now *only* includes the Cleanliness question. Quiet at Night moved out of Environment Domain into new "Restful" Domain in 2025.

# MHMC Performance Metrics and Core Services Report
# Q1 2026

## Schedule 2: Finances

- **Tier 1, Finances**
  The MHMC Board must maintain a positive operating cash-flow (operating EBIDA) for MHMC 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 MHMC Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MHMC.
- **Tier 2, Volumes and Service Array**
  The MHMC Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.

| **Financial Measure** | **Final 2025** | **Q1 2026** | **Q2 2026** | **Q3 2026** | **Q4 2026** | |
|---|---|---|---|---|---|---|
| EBIDA $ (in thousands) | $68,406 | $3,139 | | | | |
| EBIDA % | 9.60% | 1.70% | | | | |
| **Loan Ratios** | | | | | | |
| Annual Debt Service Coverage | 2.10 | 1.84 | | | | |
| Maximum Annual Debt Service Coverage | 2.07 | 1.81 | | | | |
| Debt to Capitalization | 47.9% | 47.7% | | | | |
| **Key Service Volumes** | **Total 2025** | **Q1 2026** | **Q2 2026** | **Q3 2026** | **Q4 2026** | **Total YTD 2026** |
| Acute discharges | 11,091 | 2,825 | | | | |
| Acute patient days | 53,942 | 13,867 | | | | |
| Average length of stay | 4.86 | 4.91 | | | | |
| Emergency Department visits | 43,663 | 11,062 | | | | |
| Inpatient surgeries | 1,974 | 508 | | | | |
| Outpatient surgeries | 6,074 | 1,638 | | | | |
| Newborns | 1,352 | 302 | | | | |

# MHMC Performance Metrics and Core Services Report
# Q1 2026

## Schedule 3: Clinical Quality Reporting Metrics

- **Tier 2, Quality, Safety and Compliance**
  The MHMC Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MHMC's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs).

**CLINICAL QUALITY METRICS DASHBOARD**

Metrics are publicly reported on

CalHospital Compare (www.calhospitalcompare.org)

and

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

# MHMC Performance Metrics and Core Services Report
# Q1 2026

## EXECUTIVE SUMMARY

**Q1 2026 Quality Management Dashboard**
**(Organization Targets Based on Natl Metrics)**

### Accomplishments

- Readmission Rates (12.05)
    - AMI (5.77)
    - Hip (7.69)
    - Knee (0.0)
    - Stroke (8.16)
- Catheter Assoc Urinary Tract Infection-CAUTI (0)
- SSI (Deep, Organ space)- improved
- Sepsis compliance (73%)
- Injury due to HAPI (pressure-related skin injury) (0)
- Falls with Injury rate (0)
- PSI -90 Surgical Complications (0.99)- fewer than expected
- Social Determinants of Health (SDOH) Screening Rate >90%

### Areas for Monitoring

- All-Cause Mortality rate (0.81)
    - Sepsis (0.94)
    - Pneumonia (0.69)
- Readmission
    - Sepsis (22.0)
    - Pneumonia (17.14)
- Length Of Stay: All Cause (5.1)
    - Hrt Failure (5.74)
    - Stroke (6.75)
    - Sepsis (9.76)
- C-Difficile infection (2 cases)

### Data Summary

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

### Next Steps:

- Ongoing support for PI continues

**Quality Managment Dashboard**
**Period: Q1 2026**

**Legend**
Value > Target
Value > 2025 <Target
Value < Target <2024

| **Metrics: Adult Medical/Surgical High Volume DRGs** | **Reporting** | **Target*** | **2025** | **Q2 2025** | **Q3 2025** | **Q4 2025** | **Q1 2026** |
|---|---|---|---|---|---|---|---|
| Mortality-All Cause (Risk Adjusted O:E) | O:E Ratio | <1.0 | 0.74 | 0.74 | 0.75 | 0.84 | 0.81 |
| Mortality-Acute Myocardial Infarction | O:E Ratio | | 1.08 | 0.00 | 2.26 | 1.86 | 0.00 |
| Mortality-Heart Failure | O:E Ratio | | 0.72 | 0.74 | 1.67 | 0.00 | 0.56 |
| Mortality- Hip | O:E Ratio | | 2.06 | 3.22 | 0.00 | 0.00 | 0.00 |
| Mortality- Knee | O:E Ratio | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Mortality- Stroke | O:E Ratio | | 0.89 | 1.03 | 0.90 | 0.00 | 0.88 |
| Mortality- Sepsis | O:E Ratio | | 0.89 | 0.89 | 0.99 | 1.04 | 0.94 |
| Mortality- Pneumonia | O:E Ratio | | 0.65 | 1.72 | 0.00 | 0.65 | 0.69 |
| | | | | | | | |
| Readmission- All (Rate) | Rate | <15.5% | 12.29 | 10.83 | 11.90 | 13.41 | 12.05 |
| Readmission-Acute Myocardial Infarction | Rate | | 9.39 | 8.16 | 13.21 | 11.84 | 5.77 |
| Readmission-Heart Failure | Rate | | 20.94 | 20.00 | 20.55 | 16.45 | 15.69 |
| Readmission- Hip | Rate | | 7.41 | 0.00 | 20.00 | 0.00 | 7.69 |
| Readmission- Knee | Rate | | 2.04 | 9.09 | 0.00 | 0.00 | 0.00 |
| Readmission- Stroke | Rate | | 15.04 | 15.15 | 16.67 | 10.26 | 8.16 |
| Readmission- Sepsis | Rate | | 20.00 | 16.20 | 20.00 | 27.50 | 22.00 |
| Readmission- Pneumonia | Rate | | 12.81 | 7.14 | 12.50 | 11.45 | 17.14 |
| | | | | | | | |
| LOS-All Cause | Mean | 4.90 | 4.92 | 5.16 | 4.78 | 4.82 | 5.10 |
| LOS-Acute Myocardial Infarction | Mean | | 4.62 | 4.29 | 4.72 | 4.84 | 4.33 |
| LOS-Heart Failure | Mean | | 5.51 | 4.59 | 5.23 | 6.21 | 5.74 |
| LOS- Hip | Mean | | 4.31 | 3.25 | 3.20 | 7.80 | 3.69 |
| LOS- Knee | Mean | | 3.39 | 4.27 | 2.44 | 2.80 | 2.80 |
| LOS- Stroke | Mean | | 5.21 | 5.84 | 4.32 | 3.95 | 6.75 |
| LOS- Sepsis | Mean | | 8.63 | 10.16 | 8.44 | 7.65 | 9.76 |
| LOS- Pneumonia | Mean | | 5.86 | 6.12 | 6.18 | 5.32 | 5.70 |

| **Metrics: HAIs, Sepsis, Harm Events** | **Reporting** | **Target**** | | **Q2 2025** | **Q3 2025** | **Q4 2025** | **Q1 2026** |
|---|---|---|---|---|---|---|---|
| CAUTI (SIR) | SIR | <1.0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 |
| Hospital Acquired C-Diff (CDI) | SIR | <1.0 | 0.45 | 0.17 | 0.92 | 0.00 | 1.02 |
| Surgical Site Infection (Superficial) | # Infections | | 15 | 2 | 6 | 6 | 5 |
| Surgical Site Infection (Deep, Organ Space and Joint) | # Infections | | 30 | 8 | 10 | 12 | 7 |
| SSI | SIR | <1.0 SIR | 1.42 | 1.34 | 1.73 | 1.71 | TBD |
| Sepsis Bundle Compliance | % Compliance | 63%^ | 66% | 69% | 61% | 68% | 73% |
| Hospital Acquired Pressure Injury (HAPI) | # HAPI | <=1 | 2 | 1 | 1 | 0 | 0 |
| Patient Falls with Injury | # Falls | <=1.0 | 1 | 0 | 0 | 0 | 0 |
| PSI 90 / Healthcare Acquired Conditions | Ratio | <1.0 | 1.65 | 0.84 | 0.72 | 1.35 | 0.99 |
| Serious Safety Events | # Events | <=1 | 4 | 1 | 0 | 2 | 0 |
| **Metrics: Health Equity** | **Reporting** | **Target**** | **2025** | **Q2 2025** | **Q3 2025** | **Q4 2025** | **Q1 2026** |
| Social Determinants of Health Screening Rates [%] | % Screened | TBD | 77.60 | 92.50 | 92.00 | [+]94.7 | TBD |
| ***Domain Positive Rates*** | | | | | | | |
| Food Insecurity | | | 6.40 | 6.40 | 7.40 | 7.30 | TBD |
| Housing Insecurity | | | 6.60 | 6.20 | 7.00 | 6.30 | TBD |
| Transportation Risk | | | 5.50 | 5.20 | 5.80 | 5.60 | TBD |
| Utility Risk | | | 2.70 | 2.80 | 3.00 | [+]3.6 | TBD |
| Interpersonal Safety | | | 0.60 | 0.50 | 0.60 | 0.60 | TBD |
| | | | | | | | |

+ estimated rates pending APeX report correction.

* Targets are <1.0 for ratios or Midas Datavision Median

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

^ Target = California Median rate

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

# MHMC Performance Metrics and Core Services Report
# Q1 2026

## EXECUTIVE SUMMARY
## Q1 2026 Core Measures Dashboard
## CMS Hospital IQR (Inpatient Quality Reporting) Program

**Time Period**

Q1 2026- publicly reported metrics (contributing to Star Rating)

**Accomplishments**

Stroke - 100% (3/3)
Sepsis - 73% (132/180)
PC-02 Cesarean (18%)
CLABSI – 0
CAUTI – 0.85 SIR
MRSA – 0
PSI-90 - 0.99 (fewer than expected)
All-Cause Readmissions 11.42%

**Areas for Improvement or Monitoring**

Influenza Immunization- 80% (first year <95%, 160/200) HCP
Influenza Immunization- 88% (Natl 80%)
OP-18b ED time (210.40 min), compared to 177 in 2025
CDI 1.02 (2 infections)

**Data Summary**

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

**Barriers or Limitations:** Competing Priorities

**Next Steps**: Continue PI Projects

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## Hospital Inpatient Quality Reporting Program Measures

| | METRIC | CMS** | 2025 | Q1 -2026 | Q2 -2026 | Q3 -2026 | Q4-2026 | Q1-2026 Num/Den | Rolling 2026 YTD | 2026 YTD Num/Den |
|---|---|---|---|---|---|---|---|---|---|---|
| | ◆ **Stroke Measures** | | | | | | | | | |
| STK-4 | Thrombolytic Therapy[&] | 100% | 100% | 100% | | | | 3/3 | 100% | 3/3 |
| | ◆ **Sepsis Measure** | | | | | | | | | |
| SEP-01 | Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) | 64% | 66% | 73% | | | | 132/180 | 73% | 132/180 |
| | ◆ Perinatal Care Measure | | | | | | | | | |
| PC-01 | Elective Delivery + | 2% | 1% | 0% | | | | 0/30 | 0% | 0/30 |
| PC-02 | Cesarean Section + | TJC | 22% | 18% | | | | 23/127 | 18% | 23/127 |
| PC-05 | Exclusive Breast Milk Feeding | TJC | 73% | 71% | | | | 49/69 | 73% | 49/69 |
| | ◆ **ED Inpatient Measures** | | | | | | | | | |
| ED-2 | Admit Decision Time to ED Departure Time for Admitted Patients + | 99 | 92.00 | **112.90** | | | | 119--Cases | 112.90 | 119--Cases |
| | ♦ **Psychiatric (HBIPS) Measures** | | | | | | | | | |
| IPF-HBIPS-2 | Hours of Physical Restraint Use + | 0.32 | 0.00 | 0.02 | | | | 0.00 | 0.00 | 102--Cases |
| IPF-HBIPS-3 | Hours of Seclusion Use + | 0.35 | 0.00 | 0.00 | | | | 0.02 | 0.00 | 102--Cases |
| | ◆ **Substance Use Measures** | | | | | | | | | |
| SUB-2 | 2-Alcohol Use Brief Intervention Provided or offered | 60% | 74% | 100% | | | | 4/4 | 100% | 4/4 |
| SUB-2a | Alcohol Use Brief Intervention | 77% | 78% | 100% | | | | 4/4 | 100% | 4/4 |
| SUB-3a | Alc/Oth Drug Use Tx Provide/Offer at Disch | | 50% | 0% | | | | 0/1 | 0% | 0/1 |
| | ◆ **Tobacco Use Measures** | | | | | | | | | |
| TOB-3 | 3-Tobacco Use Treatment Provided or Offered at Discharge | 71% | 21% | **0%** | | | | 0/2 | **0%** | 0/2 |
| TOB-3a | 3a-Tobacco Use Treatment at Discharge | 40% | 21% | **0%** | | | | 0/2 | **0%** | 0/2 |
| | ♦ **Metabolic Disorders Measure** | | | | | | | | | |
| SMD | Screening for Metabolic Disorders | Benchmark To Be Established | 94% | 98% | | | | 56/57 | 98% | 56/57 |
| | METRIC | CMS** | | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | Rolling Num/Den |
| IPF-IMM-2 | Influenza Immunization | 77% | | 96% | 96% | 97% | 97% | 95% | 80% | 160/200 |

| | METRIC | CMS** | 2025 | Q1 -2026 | Q2 -2026 | Q3 -2026 | Q4-2026 | Q1-2026 Num/Den | Rolling 2026 YTD | 2026 YTD Num/Den |
|---|---|---|---|---|---|---|---|---|---|---|
| | ♦ **ED Outpatient Measures** | | | | | | | | | |
| OP-18b | Average (median) time patients spent in the emergency department before leaving from the visit | 208.00 | 177.00 | **210.40** | | | | 102--Cases | **210.40** | 102--Cases |
| | ♦ **Outpatient Stroke Measure** | | | | | | | | | |
| OP-23 | Head CT/MRI Results for STK Pts w/in 45 Min of Arrival | 69% | 77% | 100% | | | | 5/5 | 100% | 5/5 |
| | ♦ **Endoscopy Measures** | | | | | | | | | |
| OP-29 | Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients | 95% | 93% | 95% | | | | 37/39 | 95% | 37/39 |

****CMS National Average + Lower Number is better & Results Jan-Feb**

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## ♦ Healthcare Personnel Influenza Vaccination

| | METRIC | CMS National Average | Oct 2021 - Mar 2022 | Oct 2022 - Mar 2023 | Oct 2023 - Mar 2024 | Oct 2024 - Mar 2025 |
|---|---|---|---|---|---|---|
| | COVID Healthcare Personnel Vaccination | 88% | 96% | 99% | | |
| IMM-3 | Healthcare Personnel Influenza Vaccination | 80% | 96% | 93% | 80% | 88% |

## ♦ Surgical Site Infection +

| | METRIC | National Standardized Infection Ratio (SIR) | July 2023 - June 2024 | Oct 2023 - Sep 2024 | Jan 2024 - Dec 2024 | July 2024 - June 2025 |
|---|---|---|---|---|---|---|
| HAI-SSI-Colon | Surgical Site Infection - Colon Surgery | 1 | 0.53 | 0.83 | 0.86 | 0.92 |
| HAI-SSI-Hyst | Surgical Site Infection - Abdominal Hysterectomy + | 1 | not published** | not published** | not published** | not published** |

## ♦ Healthcare Associated Device Related Infections

| | METRIC | National Standardized Infection Ratio (SIR) | July 2023 - June 2024 | Oct 2023 - Sep 2024 | Jan 2024 - Dec 2024 | July 2024 - June 2025 |
|---|---|---|---|---|---|---|
| HAI-CLABSI | Central Line Associated Blood Stream Infection (CLABSI) | 1 | 0.50 | 0.53 | 0.73 | 0.97 |
| HAI-CAUTI | Catheter Associated Urinary Tract Infection (CAUTI) | 1 | 0.70 | 0.73 | 0.92 | 0.55 |
| | **METRIC** | **2025** | **Q2 2025** | **Q3 2025** | **Q4 2025** | **Q1 2026** |
| | Central Line Associated Blood Stream Infection (CLABSI) | 0.58 | 0.00 | 0.00 | 1.44 | 0.00 |
| | Catheter Associated Urinary Tract Infection (CAUTI) | 0 | 0.00 | 0.00 | 0.00 | 0.85 |

## ♦ Healthcare Associated Infections

| | METRIC | National Standardized Infection Ratio (SIR) | July 2023 - June 2024 | Oct 2023 - Sep 2024 | Jan 2024 - Dec 2024 | July 2024 - June 2025 |
|---|---|---|---|---|---|---|
| HAI-C-Diff | Clostridium Difficile | 1 | 0.38 | 0.39 | 0.30 | 0.33 |
| HAI-MRSA | Methicillin Resistant Staph Aureus Bacteremia | 1 | 0.41 | 0.44 | 0.00 | 0.00 |
| | **METRIC** | **2025** | **Q2 2025** | **Q3 2025** | **Q4 2025** | **Q1 2026** |
| HAI-C-Diff | Clostridium Difficile | 0.45 | 0.17 | 0.92 | 0.00 | 1.02 |
| HAI-MRSA | Methicillin Resistant Staph Aureus Bacteremia | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |



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

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## ♦ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators) +

| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | July 2019 - June 2021 | July 2020 - June 2022 | July 2021 - June 2023 | July 2022 - June 2024 |
|---|---|---|---|---|---|---|
| PSI-90 (Composite) | Complication / Patient Safety Indicators PSI 90 (Composite) | 1 | No different than the National Rate | No different than the National Rate | No different than the National Rate | No different than the National Rate |
| | **METRIC** | | **2023** | **2024** | **2025** | **2026** |
| PSI-90 (Composite) | Complication / Patient safety Indicators PSI 90 (Composite) | | 1.85 | 1.65 | 0.87 | 0.99 |
| PSI-3 | Pressure Ulcer | | 1.52 | 0.17 | 0.31 | 0.00 |
| PSI-6 | Iatrogenic Pneumothorax | | 0.57 | 0.52 | 0.36 | 0.00 |
| PSI-8 | Inhospital Fall with Hip Fracture | | 0.28 | 0.00 | 0.24 | 0.00 |
| PSI-9 | Perioperative Hemorrhage or Hematoma | | 3.42 | 3.54 | 0.00 | 2.46 |
| PSI-10 | Postop Acute Kidney Injury Requiring Dialysis | | 0.00 | 0.00 | 4.44 | 0.00 |
| PSI-11 | Postoperative Respiratory Failure | | 12..01 | 4.41 | 5.33 | 10.70 |
| PSI-12 | Peri Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) | | 7.97 | 7.91 | 2.82 | 4.59 |
| PSI-13 | Postoperative Sepsis | | 1.57 | 0.00 | 1.40 | 0.00 |
| PSI-14 | Post operative Wound Dehiscence | | 0.00 | 0.00 | 0.00 | 0.00 |
| PSI-15 | Unrecognized Abdominopelvic Accidental Laceration/Puncture Rate | | 1.52 | 0.00 | 0.00 | |
| | **METRIC** | **Centers for Medicare & Medicaid Services (CMS) National Average** | **July 2019 June 2021** | **July 2020 June 2022** | **July 2021 June 2023** | **July 2022 June 2024** |
| PSI-4 | Death Among Surgical Patients with Serious Complications + | 185.37 per 1,000 patient discharges | not published** | 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 2018 - March 2021 | April 2019 - March 2022 | April 2019 - March 2022 | April 2022 - March 2024 |
|---|---|---|---|---|---|---|
| Surgical Complication | Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty + | 3.6% | 2.5% | 3.6% | **4.3%** | **4.0%** |



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## ♦ Mortality Measures - 30 Day +

| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | July 2017 - Dec 2019 | July 2019 - June 2021 | July 2020 - June 2023 | July 2021 - June 2024 |
|---|---|---|---|---|---|---|
| MORT-30-AMI | Acute Myocardial Infarction Mortality Rate | 12.2% | 10.70% | **10.00%** | 10.00% | 9.80% |
| MORT-30-HF | Heart Failure Mortality Rate | 11.6% | 8.60% | 10.30% | 9.30% | 8.30% |
| MORT-30-PN | Pneumonia Mortality Rate | 16.2% | 13.90% | not published** | 13.80% | 11.60% |
| MORT-30-COPD | COPD Mortality Rate | 8.80% | **8.60%** | **10.00%** | 7.30% | 8.00% |
| MORT-30-STK | Stroke Mortality Rate | 13.30% | 13.40% | 13.50% | 12.50% | 10.60% |
| CABG MORT-30 | CABG 30-day Mortality Rate | 2.60% | 2.50% | **3.00%** | 2.30% | 2.20% |

## ♦ Mortality Measures - 30 Day (Medicare Only - Midas DataVision) +

| | METRIC | | 2023 | 2024 | 2025 | 2026 |
|---|---|---|---|---|---|---|
| MORT-30-AMI | Acute Myocardial Infarction Mortality Rate | | 2.13% | 4.81% | 4.55% | 6.25% |
| MORT-30-HF | Heart Failure Mortality Rate | | 3.05% | 4.69% | 3.82% | 3.33% |
| MORT-30-PN | Pneumonia Mortality Rate | | 4.46% | 2.21% | 6.70% | 4.88% |
| MORT-30-COPD | COPD Mortality Rate | | 3.13% | 7.84% | 0.00% | 0.00% |
| MORT-30-STK | Stroke Mortality Rate | | 3.64% | 5.50% | 3.90% | 5.88% |
| CABG MORT-30 | CABG Mortality Rate | | 0.00% | 0.00% | 0.00% | 0.00% |

## ♦ Acute Care Readmissions - 30 Day Risk Standardized +

| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | July 2018 - June 2021 | July 2019 - June 2022 | July 2020 - June 2023 | July 2021 - June 2024 |
|---|---|---|---|---|---|---|
| READM-30-AMI | Acute Myocardial Infarction Readmission Rate | 13.60% | 14.70% | 13.40% | 13.90% | 12.50% |
| READM-30-HF | Heart Failure Readmission Rate | 19.70% | 19.50% | 18.40% | 17.80% | 18.70% |
| READM-30-PN | Pneumonia Readmission Rate | 16.00% | not published** | 14.70% | 13.90% | 14.90% |
| READM-30-COPD | COPD Readmission Rate | 18.20% | 19.50% | | **19.10%** | 18.10% |
| READM-30-THA/TKA | Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate | 4.80% | **4.90%** | 4.20% | 4.10% | 4.50% |
| READM-30-CABG | Coronary Artery Bypass Graft Surgery (CABG) | 10.70% | 11.60% | 10.80% | 10.50% | 10.60% |

| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | July 2018- June 2021 | July 2019- June 2022 | July 2020- June 2023 | July 2021- June 2024 |
|---|---|---|---|---|---|---|
| HWR Readmission | Hospital-Wide All-Cause Unplanned Readmission (HWR) + | 15.0% | 14.0% | 13.2% | 13.9% | 13.7% |



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## ♦ Acute Care Readmissions 30 Day (Medicare Only - Midas DataVision) +

| | METRIC | | 2023 | 2024 | 2025 | 2026 |
|---|---|---|---|---|---|---|
| | Hospital-Wide All-Cause Unplanned Readmission | | 9.83% | 10.93% | 12.75% | 11.42% |
| | Acute Myocardial Infarction Readmission Rate | | 7.60% | 8.80% | 10.53% | 4.35% |
| | Heart Failure Readmission Rate | | 18.18% | 16.50% | 20.77% | 15.52% |
| | Pneumonia (PN) 30 Day Readmission Rate | | 11.84% | 13.22% | 10.04% | 13.79% |
| | Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate | | 9.09% | 20.00% | 22.73% | 11.11% |
| | Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate | | 0.00% | 8.33% | 4.65% | 8.33% |
| | 30-day Risk Standardized Readmission following Coronary Artery Bypass Graft | | 7.69% | 7.14% | 11.43% | 12.50% |

## ♦ Cost Efficiency +

| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | Jan 2020 - Dec 2020 | Jan 2021 - Dec 2021 | Jan 2022 - Dec 2022 | Jan 2023 - Dec 2023 |
|---|---|---|---|---|---|---|
| MSPB-1 | Medicare Spending Per Beneficiary (All) | 0.99 | 0.98 | 0.98 | 0.98 | 0.99 |
| | | | July 2017- Dec 2019 | July 2018- June 2021 | July 2019- June 2022 | July 2012- June 2023 |
| PAY-AMI | Acute Myocardial Infarction (AMI) Payment Per Episode of Care | $28,355 | **$28,746** | **$27,962** | $26,768 | $27,013 |
| PAY-HF | Heart Failure (HF) Payment Per Episode of Care | $19,602 | $18,180 | $17,734 | $18,109 | $19,654 |
| PAY-PN | Pneumonia (PN) Payment Per Episode of Care | $20,362 | $17,517 | $18,236 | $19,640 | $19,640 |
| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | April 2017 - Oct 2019 | April 2018 - Mar 2021 | April 2019 - Mar 2022 | July 2020 June 2023 |
| PAY-Knee | Hip and Knee Replacement | $22,530 | $19,869 | $19,578 | $20,848 | $20,848 |



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## ♦ Outpatient Measures (Claims Data) +

| | METRIC | Centers for Medicare & Medicaid Services (CMS) National Average | July 2018 - June 2019 | July 2019 - Dec 2019 | July 2020- June 2021 | July 2022- June 2023 |
|---|---|---|---|---|---|---|
| OP-10 | Outpatient CT Scans of the Abdomen that were "Combination" (Double) Scans | 5.80% | 6.10% | 2.70% | **7.00%** | **7.60%** |
| OP-13 | Outpatients who got Cardiac Imaging Stress Tests Before Low-Risk Outpatient Surgery | 2.90% | 3.20% | 3.70% | 3.00% | **3.70%** |
| | **METRIC** | **Centers for Medicare & Medicaid Services (CMS) National Average** | **Jan 2015 - Dec 2015** | **Jan 2016 - Dec 2016** | **Jan 2018 - Dec 2018** | **Jan 2022 - Dec 2022** |
| OP-22 | Patient Left Emergency Department before Being Seen | 3.00% | 1.00% | 2.00% | 3.00% | 1.00% |

**+ Lower Number is better**

# MHMC Performance Metrics and Core Services Report
# Q1 2026

## Schedule 4: Community Benefit Summary

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

| **Cash & In-Kind Donations** (these figures are not final and are subject to change) | | | | | |
|---|---|---|---|---|---|
| | **Q1 2026** | **Q2 2026** | **Q3 2026** | **Q4 2026** | **Total 2026** |
| Buckelew | $ 28,750 | | | | $ 28,750 |
| Canal Alliance | $ 17,250 | | | | $ 17,250 |
| Ceres Community Project | $ 11,500 | | | | $ 11,500 |
| Center for Domestic Peace | $ 11,500 | | | | $ 11,500 |
| Community Institute for Psychotherapy | $ 23,000 | | | | $ 23,000 |
| Homeward Bound | $ 172,500 | | | | $ 172,500 |
| Huckleberry Youth Programs | $ 11,500 | | | | $ 11,500 |
| Jewish Family and Children's Services | $ 10,000 | | | | $ 10,000 |
| Kids Cooking for Life | $ 5,750 | | | | $ 5,750 |
| Marin Center for Independent Living | $ 25,000 | | | | $ 25,000 |
| Marin Community Clinics | $ 57,500 | | | | $ 57,500 |
| Marin Housing Authority | $ 11,500 | | | | $ 11,500 |
| MHD 1206B Clincs | $ 10,010,230 | | | | $ 10,010,230 |
| NAMI Marin | $ 11,500 | | | | $ 11,500 |
| North Marin Community Services | $ 11,500 | | | | $ 11,500 |
| Planned Parenthood NoCal | $ 11,500 | | | | $ 11,500 |
| Ritter Center | $ 23,000 | | | | $ 23,000 |
| RotaCare Bay Area Inc. | $ 17,250 | | | | $ 17,250 |
| San Geronimo Valley Community Center | $ 11,500 | | | | $ 11,500 |
| St. Vincent de Paul Society of Marin | $ 11,500 | | | | $ 11,500 |
| West Marin Senior Services | $ 11,500 | | | | $ 11,500 |
| Vivalon (Whistlestop) | $ 11,500 | | | | $ 11,500 |
| **Total Cash Donations** | **$ 10,516,730** | **$ -** | **$ -** | **$ -** | **$ 10,516,730** |
| Clothes Closet | | | | | $ - |
| Compassionate discharge medications | | | | | $ - |
| Meeting room use by community based organizations for community-health related purposes. | | | | | $ - |
| Charity Housing | | | | | $ - |
| Healthy Marin Partnership | | | | | $ - |
| Food donations | $ 19,267 | | | | $ 19,267 |
| Community Engagement | | | | | $ - |
| **Total In-Kind Donations** | **$ 19,267** | **$ -** | **$ -** | **$ -** | **$ 19,267** |
| **Total Cash & In-Kind Donations** | **$ 10,535,997** | **$ -** | **$ -** | **$ -** | **$ 10,535,997** |

# MHMC Performance Metrics and Core Services Report
# Q1 2026

## Schedule 4, continued

| Community Benefit Summary (These numbers are subject to change.) | | | | | |
|---|---|---|---|---|---|
| | **Q1 2026** | **Q2 2026** | **Q3 2026** | **Q4 2026** | **Total 2026** |
| Community Health Improvement Services | $ 55,616 | | | | $ 55,616 |
| Health Professions Education | $ 118,034 | | | | $ 118,034 |
| Cash and In-Kind Contributions | $ 10,535,997 | $ - | $ - | $ - | $ 10,535,997 |
| Community Benefit Operations | $ 1,946 | | | | $ 1,946 |
| Community Building Activities | $ 13,944 | | | | $ 13,944 |
| Traditional Charity Care **Operation Access total is included in Charity Care* | $ 97,297 | | | | $ 97,297 |
| Government Sponsored Health Care *(includes Medi-Cal & Means-Tested Government Programs)* | $ 13,817,032 | | | | $ 13,817,032 |
| **Community Benefit Subtotal (amount reported annually to state & IRS)** | **$ 24,639,866** | **$ -** | **$ -** | **$ -** | **$ 24,639,866** |
| **Unpaid Cost of Medicare** | $ 44,205,672 | | | | $ 44,205,672 |
| **Bad Debt** | $ 352,771 | | | | $ 352,771 |
| **Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total** | **$ 69,198,309** | **$ -** | **$ -** | **$ -** | **$ 69,198,309** |

## Operation Access

Though not a Community Benefit requirement, MHMC 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 2026** | **Q2 2026** | **Q3 2026** | **Q4 2026** | **Total 2026** |
|---|---|---|---|---|---|
| *Operation Access charity care provided by MGH (waived hospital charges) | $30,805 | | | | |

# MHMC Performance Metrics and Core Services Report
# Q1 2026

## Schedule 5: Nursing Turnover, Vacancies, Net Changes

- **Tier 2, Physicians and Employees**
  The MHMC Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MHMC.

| Turnover Rate | | | | |
|---|---|---|---|---|
| Period | Number of Clinical RNs | Separated | | Rate |
| | | Voluntary | Involuntary | |
| Q1 2025 | 662 | 14 | 1 | 2.27% |
| Q2 2025 | 677 | 17 | 1 | 2.66% |
| Q3 2025 | 686 | 14 | 2 | 2.33% |
| Q4 2025 | 689 | 13 | 3 | 2.32% |
| **Q1 2026** | **699** | **13** | **1** | **2.00%** |

| Vacancy Rate | | | | | | | |
|---|---|---|---|---|---|---|---|
| Period | Open Per Diem Positions | Open Benefitted Positions | Filled Positions | Total Positions | Total Vacancy Rate | Benefitted Vacancy Rate of Total Positions | Per Diem Vacancy Rate of Total Positions |
| Q1 2025 | 7 | 49 | 662 | 718 | 7.80% | 6.82% | 0.97% |
| Q2 2025 | 1 | 48 | 677 | 726 | 6.75% | 6.61% | 0.14% |
| Q3 2025 | 6 | 41 | 686 | 733 | 6.41% | 5.59% | 0.82% |
| Q4 2025 | 0 | 48 | 689 | 737 | 6.51% | 6.51% | 0.00% |
| **Q1 2026** | **1** | **48** | **699** | **748** | **6.55%** | **6.42%** | **0.13%** |

| Hired, Termed, Net Change | | | |
|---|---|---|---|
| Period | Hired | Termed | Net Change |
| Q1 2025 | 25 | 15 | 10 |
| Q2 2025 | 31 | 18 | 13 |
| Q3 2025 | 28 | 16 | 12 |
| Q4 2025 | 17 | 16 | 1 |
| **Q1 2026** | **22** | **14** | **8** |

# MHMC Performance Metrics and Core Services Report
# Q1 2026

## Schedule 6: Ambulance Diversion

- **Tier 2, Volumes and Service Array**
  The MHMC Board will report on current Emergency services diversion statistics.

| Quarter | Date | Time | Diversion Duration | Reason | Waiting Room Census | ED Admitted Patient Census |
|---|---|---|---|---|---|---|
| **Q1 2026** | 01/13/26 | 21:31 | 2'00" | ED | 17 | 7 |
| | 02/13/26 | 18:55 | 2'00" | ED | 17 | 7 |
| | 02/20/26 | 20:11 | 2'00" | ED | 14 | 7 |
| | 02/21/26 | 02:38 | 2'00" | ED | 10 | 6 |
| | 02/21/26 | 17:03 | 1'55" | ED | 25 | 5 |
| | 03/20/26 | 05:31 | 2'00" | ED | 5 | 2 |
| | 03/20/26 | 22:13 | 2'00" | ED | 17 | 4 |
| | 03/21/26 | 13:03 | 2'00" | ED | 12 | 4 |