

MARIN HEALTHCARE DISTRICT

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TUESDAY, AUGUST 9, 2016

6:00 pm: Closed Meeting
7:00 pm: Regular Meeting

Board of Directors:

Chair: Harris Simmonds, MD
Vice Chair: Ann Sparkman, JD
Secretary: Jennifer Rienks, PhD
Directors: Larry Bedard, MD
Jennifer Hershon, RN, MSN

Location:

Marin General Hospital
Conference Center
250 Bon Air Road
Greenbrae, CA 94904

Staff:

Lee Domanico, CEO
Colin Coffey, District Counsel
Louis Weiner, Executive Assistant

REVISED AGENDA

Tab #

6:00 PM: CLOSED MEETING

1. Call to Order and Roll Call Simmonds
2. General Public Comment Simmonds
Any member of the audience may make statements regarding any items on the agenda. Statements are limited to a Maximum of three (3) minutes. Please state and spell your name if you wish it to be recorded in the minutes.
3. Closed Session Simmonds
 - a. Approval of minutes of previous Closed Session (action)
 - b. Conference with Legal Counsel – Existing Litigation (Government Code Section 54956.9(d)(1): Alameda Superior Court, Case No. RG14726252) Coffey
4. Adjournment of Closed Session Simmonds

7:00 PM: REGULAR MEETING

1. Call to Order and Roll Call Simmonds
2. General Public Comment Simmonds
Any member of the audience may make statements regarding any items NOT on the agenda. Statements are limited to a maximum of three (3) minutes. Please state and spell your name if you wish it to be recorded in the minutes.

A copy of the agenda for the Regular Meeting will be posted and distributed at least 72 hours prior to the meeting. In compliance with the Americans with Disabilities Act, if you require accommodations to participate in a District meeting please contact the District office at 415-464-2090 (voice) or 415-464-2094 (fax) at least 48 hours prior to the meeting. Meetings open to the public are audio-recorded; the recordings are posted on the District web site and retained for 1 year.

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		<u>Tab #</u>
3. Approval of Agenda (action)	Simmonds	
4. Approval of Minutes of Regular Meeting of July 12, 2016 (action)	Simmonds	#1
5. Changes in CMS Reporting of Clinical Quality Metrics (action)	Domanico	#2
6. Approve Q1 2016 MGH Performance Metrics & Core Services Quarterly Report (action)	Domanico	#3
7. MHD Resolution #2016-04: Authorizing and Directing Execution of Offer of Dedication Offering Marin County an Easement along Bon Air Road for Public Roadway and Utility Purposes, and Directing Certain Actions with Respect Thereto (action)	Coffey	#4
8. MHD Resolution #2016-05: Authorizing and Directing Execution of Easement Agreement Granting Marin County an Easement for Access Purposes, and Directing Certain Actions with Respect Thereto (action)	Coffey	#5
9. Committee Meeting Reports		
a. MHD Finance and Audit Committee (did not meet in July; meets 9/27)	Rienks	
b. MHD Lease and Building Committee (did not meet in July; meets 8/31)	Sparkman	
10. Reports		
a. District CEO's Report	Domanico	
b. Hospital CEO's Report	Domanico	
c. Chair's Report	Simmonds	
d. Board Members' Reports	All	
11. Agenda Items Suggested for Future Meetings	All	
12. Adjournment of Regular Meeting	Simmonds	

Next Regular Meeting: Tuesday, September 13, 2016, 7:00 p.m.

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Tab 1



**BOARD OF DIRECTORS
REGULAR MEETING
Tuesday, July 12, 2016
Marin General Hospital, Conference Center**

MINUTES

1. Call to Order and Roll Call

Chair Simmonds called the Regular Meeting to order at 7:02 pm.

Board Members Present: Chair Harris Simmonds, MD; Vice Chair Ann Sparkman; Secretary Jennifer Rienks; Director Larry Bedard, MD; Director Jennifer Hershon
Staff Present: Lee Domanico, CEO; Jon Friedenberg, CAO; Mark Zielazinski, CITIO; Karin Reese, VP Nursing; Jean Noonan, Controller; Colin Coffey, District Counsel; Louis Weiner, Executive Assistant;

2. General Public Comment

There was no public comment.

3. Approval of Agenda

Vice Chair Sparkman moved to approve the agenda as submitted. Director Bedard seconded. There was no further discussion. Vote: all ayes.

4. Approval of the Minutes of the Special Open Meeting/Board Study Session of June 14, 2016, and of the Minutes of the Regular Meeting of June 14, 2016

Vice Chair Sparkman moved to approve both sets of minutes as submitted. Director Hershon seconded. There was no further discussion. Vote: all ayes.

5. Committee Reports

A. MHD Finance and Audit Committee (met June 27)

- (i) Approve Amendment of MMPC Management Services Agreement for B Clinic Operations.

Director Hershon noted that the meeting of the Committee, the main point of discussion was about the fees paid to MMPC. Director Hershon moved to approve the Amendment of MMPC Management Services Agreement for B Clinic Operations, as recommended and presented. Director Bedard seconded. There was no further comment or discussion. Vote by roll call: All ayes.

B. MHD Lease and Building Committee (met June 28)

- (i) Biannual Review and Approval of Bylaws of Marin General Hospital Corporation.
Vice Chair Sparkman noted that this meeting was a Special Study Session, allowing the Full Board to meet for discussion while voting and action is held to the members of the Committee. The MGH Bylaws were presented with minor revisions indicated by blue/redline edit markings in the document on pages 7, 15, 17, 18, 19, 22, 23



and 25; these changes pertain to dates, committee structure, lease, and transaction approval.

Director Bedard moved to approve the Revised Bylaws of the Marin General Hospital Corporation, as presented. Director Hershon seconded. Vote by roll call: All ayes.

Director Rienks remarked that the Bylaws' Attachment B, "Performance Metrics and Core Services Policy," is being reviewed for possible proposed update.

(ii) Review MHD Conflict of Interest Code.

The Committee recommended that no changes need be proposed, and no action need be taken. There was no further discussion.

6. Reports

A. District CEO's Report:

Mr. Domanico reported that MGH 2.0 construction project continues on time and on budget. Formal Groundbreaking is July 28. The employee parking garage opened on June 27, precisely on time and under budget. The garage elevator is not yet operational due to sub-contractor delay; this should be remedied fully this week. The new traffic lights are still being evaluated for optimal effectiveness.

B. Hospital CEO's Report:

Mr. Domanico reported that cash and investments increased in May, contributing to a strong financial performance. Team rounding is continuing on the 5th floor and just expanded to the 3rd and 4th floors, showing positive impacts to the patient experience and HCAHPS scores. The 8-week Leadership Institutes program, focused on relationship-based nursing care, is complete and received positive feedback. The Capital Campaign continues with strong gifts and pledges, and preparations are underway for the "Taste of Germany" annual golf tournament fundraising event. For the first time, all four clinical affiliations exceeded budgeted financial performance.

There were no further questions or comments.

C. Chair's Report:

Chair Simmonds announced that he, Director Bedard, and Mr. Domanico will be attending the annual Health Forum/American Hospital Association Leadership Summit in San Diego, July 17-19.

D. Board Members' Reports:

Director Rienks noted receipt of the annual dues statement from ACHD (Association of California Healthcare Districts), and that MHD's membership should be classified at a lower fee rate. Mr. Domanico will look into this. She also asked about the status of MHD's application for "Certified" distinction with ACHD. Mr. Coffey has submitted the final piece regarding MHD's compensation policy, and is awaiting reply. She also asked



about the response to the Marin Grand Jury regarding their evaluation of the MHD web site; Mr. Weiner prepared and sent the response by the deadline, and has not heard back.

7. Agenda Suggestions for Future Meetings

Director Bedard noted that there will be several healthcare-related issues on the November ballot, and asked about MHD's discussing them in public and taking positions. Mr. Coffey noted that this is permitted as long as no financial support from the MHD Board is made on any issue.

8. Adjournment

Chair Simmonds adjourned the meeting at 7:25 pm.

DRAFT

Tab 2

MEMORANDUM

Date: June 17, 2016

To: Lee Domanico, CEO

From: Joan McCready, RN

RE: CMS Measure Changes for 2016

CMS has identified changes to the Hospital Inpatient Quality Reporting Program, Hospital Outpatient Quality Reporting Program, and Hospital-Based Inpatient Psychiatric Services Quality Reporting Program measures. These changes include removal of measures that reached maximum performance and the addition of new measures.

The changes for 2016 are reflected in the attached dashboard and color-coded for your convenience. Measures that were removed are highlighted in light salmon, measures that are newly published with benchmarks are highlighted in light lavender and new measures that will be published when benchmarks are identified are highlighted in dark lavender. The latter won't appear on the dashboard until data is published on the CMS website, but were identified by CMS as new measures for 2016.

CMS publishes data for new measures after it has been collected for twelve months or when benchmarks are established.

MARIN GENERAL HOSPITAL DASHBOARD
CLINICAL QUALITY METRICS
 Publicly Reported on CalHospital Compare (www.calhospitalcompare.org)
 and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov)

	METRIC	CMS**	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Q4-Qtr %	Q4-2015 Num/Den	Rolling %	Rolling Num/Den
◆ Venous Thromboembolism (VTE) Measures																		
VTE-1	Venous Thromboembolism Prophylaxis	100%	98%	83%	84%	97%	95%	97%	95%	100%	100%	95%	100%	97%	97%	109/112	95%	467/492
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	100%	93%	100%	89%	100%	100%	89%	100%	100%	100%	100%	100%	100%	100%	29/29	97%	98/101
VTE-3	Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	12/12	100%	62/62
VTE-5	Venous Thromboembolism Warfarin Therapy Discharge Instructions	100%	83%	100%	33%	80%	100%	75%	33%	50%	100%	0%	100%	25%	33%	2/6	65%	28/43
VTE-6	Hospital Acquired Potentially-Preventable Venous Thromboembolism +	0%	N/A	0%	0%	N/A	N/A	0%	N/A	N/A	N/A	0%	N/A	0%	0%	0/4	0%	0/10
◆ Stroke Measures																		
STK-1	Venous Thromboembolism (VTE) Prophylaxis	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	41/41	100%	157/157
STK-4	Thrombolytic Therapy	100%	N/A	100%	100%	100%	100%	N/A	100%	100%	100%	100%	100%	100%	100%	6/6	100%	15/15
STK-6	Discharged on Statin Medication	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	34/34	99%	95/96
STK-8	Stroke Education	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	91%	95%	21/22	99%	68/69
◆ Global Immunization (IMM) Measures																		
IMM-2	Influenza Immunization	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	93%	90%	91%	91%	229/251	91%	449/509
◆ ED Inpatient (ED) Measures																		
ED-1b	Median Time From ED Arrival to ED Departure for Admitted Patients	260***	326.00	271.50	307.00	328.00	355.00	290.00	296.00	312.00	289.00	298.00	311.00	282.00	297.00	167--Cases	305.46	702--Cases
ED-2b	Admit Decision Time to ED Departure Time for Admitted Patients	89***	125.00	111.00	127.00	139.50	127.00	87.00	111.50	101.50	96.00	104.00	171.00	133.00	136.00	167--Cases	119.46	696--Cases
◆ Psychiatric (HBIPS) Measures																		
IPF-HBIPS-2	Hours of Physical Restraint Use	0.41	0.00	0.00	0.00	0.08	1.11	0.15	0.08	0.00	0.17	0.29	0.00	0.00	0.10	N/A	0.15	N/A
IPF-HBIPS-3	Hours of Seclusion Use	0.21	0.18	0.00	0.00	0.00	0.00	0.01	0.24	0.00	2.06	0.00	0.10	0.00	0.03	N/A	0.34	N/A
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	36%	100%	86%	100%	100%	100%	89%	80%	100%	91%	100%	75%	25%	76%	13/17	88%	68/77
New Measures																		
◆ Sepsis Measure																		
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)																	
◆ Psychiatric (HBIPS) Measures																		
SUB-2	2-Alcohol Use Brief Intervention Provided or Offered																	
SUB-2a	Alcohol Use Brief Intervention																	
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge																	
TOB-3a	3a-Tobacco Use Treatment at Discharge																	

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

MARIN GENERAL HOSPITAL DASHBOARD
CLINICAL QUALITY METRICS
Publicly Reported on CalHospital Compare (www.calhospitalcompare.org)
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov)

◆ Healthcare Personnel Influenza Vaccination

	METRIC	CMS National Average	Oct 2013 - March 2014	Oct 2014 - March 2015			
IMM-3	Healthcare Personnel Influenza Vaccination	84%	71%	81%			No Different than U.S. National Benchmark

◆ Surgical Site Infection

	METRIC	National Standardized Infection Ratio (SIR)	July 2013 - June 2014	Oct 2013 - Sep 2014	Jan 2014 - Dec 2014	April 2014 - March 2015	
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	1.19	0.54	0.58	0.00	No Different than U.S. National Benchmark
HAI-SSI-Hyst	Surgical Site Infection - Abdominal Hysterectomy	1	not published**	not published**	not published**	not published**	

◆ Healthcare Associated Infections (ICU)

	METRIC	National Standardized Infection Ratio (SIR)	July 2013 - June 2014	Oct 2013 - Sep 2014	Jan 2014 - Dec 2014	April 2014 - March 2015	
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.27	0.29	0.30	0.00	No Different than U.S. National Benchmark
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	1.10	1.41	2.09	1.76	No Different than U.S. National Benchmark

◆ Healthcare Associated Infections (Inpatients)

	METRIC	National Standardized Infection Ratio (SIR)	July 2013 - June 2014	Oct 2013 - Sep 2014	Jan 2014 - Dec 2014	April 2014 - March 2015	
HAI-C-Diff	Clostridium Difficile	1	1.16	1.20	1.29	1.25	No Different than U.S. National Benchmark
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	1.63	2.04	1.95	1.59	No Different than U.S. National Benchmark

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◆ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators)

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Oct 2010 - June 2012	July 2011 - June 2013	July 2012 - June 2014		
PSI-90 (Composite)	Complication / Patient Safety Indicators PSI 90 (Composite)	0.81	Worse than National Average	Worse than National Average	No different than the National Rate		
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Oct 2010 - June 2012	July 2011 - June 2013	July 2012 - June 2014		
PSI-4	Death Among Surgical Patients with Serious Complications	117.52 per 1,000 patient discharges	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	July 2009 - March 2012	April 2010 - March 2013	April 2011- March 2014		
Surgical Complication	Hip/Knee Complication: Hospital-level Risk-Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty	3.1%	4.0%	4.4%	3.6%		

CMS Reduction Program (shaded in blue)

	METRIC	Benchmark Centers for Medicare & Medicaid Services (CMS) National Average	July 2008- June 2011	July 2009- June 2012	July 2010- June 2013	July 2011- June 2014	
READM-30-AMI	Acute Myocardial Infarction Readmission Rate	17.0%	18.0%	16.70%	15.90%	16.10%	
READM-30-HF	Heart Failure Readmission Rate	22.0%	24.7%	22.60%	23.00%	22.80%	
READM-30-PN	Pneumonia Readmission Rate	16.9%	17.9%	16.20%	15.00%	14.10%	
READM-30-COPD	COPD Readmission Rate	20.20%			19.00%	18.40%	
READM-30-THA/TKA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.80%		5.80%	5.30%	4.60%	
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	14.9%				15.60%	
READM-30-STR	Stroke Readmission Rate	12.70%			12.10%	11.10%	
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR)	15.2%			14.40%	14.90%	

MARIN GENERAL HOSPITAL DASHBOARD
CLINICAL QUALITY METRICS
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	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2008 - June 2011	July 2009 - June 2012	July 2010 - June 2013	July 2011 - June 2014	
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate	14.2%	13.50%	13.30%	12.60%	11.70%	
MORT-30-HF	Heart Failure Mortality Rate	11.6%	12.90%	13.80%	12.00%	12.60%	
MORT-30-PN	Pneumonia Mortality Rate	11.5%	10.70%	10.90%	12.20%	12.30%	
MORT-30-COPD	COPD Mortality Rate	7.70%			7.80%	7.30%	
MORT-30-STK	Stroke Mortality Rate	14.80%			15.20%	13.40%	
CABG MORT-30	CABG 30-day Mortality Rate	3.20%				2.60%	

◆ Cost Efficiency

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2013 - Dec 2013	July 2010 - June 2013	July 2011 thru June 2014	Jan 2014 thru Dec 2014	
MSPB-1	Medicare Spending Per Beneficiary (All)	0.98	1.01			1.00	
MSPB-AMI	Acute Myocardial Infarction (AMI) Payment Per Episode of Care	\$21,791		\$20,850	\$22,019		
MSPB-HF	Heart Failure (HF) Payment Per Episode of Care	\$15,223			\$16,871		
MSPB-AMI	Pneumonia (PN) Payment Per Episode of Care	\$14,294			\$14,889		

New Measures

Cost- THA/TKA	Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty Payment associated w/ an Episode-of-Care						
EDAC-AMI	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction						
EDAC-HF	Excess Days in Acute Care after Hospitalization for Heart Failure						

CMS Reduction Program (shaded in blue)

MARIN GENERAL HOSPITAL DASHBOARD
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	METRIC	CMS**	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Q4-Qtr %	Q4-2015 Num/Den	Rolling %	Rolling Num/Den
◆ ED Outpatient (ED) Measures																		
OP-18	Median Time from ED Arrival to ED Departure for Discharged Patients	139***	157.00	160.00	16.00	103.50	178.00	133.50	150.00	151.00	153.00	188.00	118.00	146.00	150.67	101--Cases	153.33	404--Cases
OP-20	Door to Diagnostic Evaluation by a Qualified Medical Personnel	29***	37.00	32.50	33.00	21.00	33.00	24.50	16.00	133.00	13.00	11.00	13.50	13.00	12.50	101--Cases	31.71	405--Cases
◆ Outpatient Pain Management Measure																		
OP-21	OP - Median Time to Pain Mgmt for Long Bone Fracture - Mins +	54***	56.50	71.00	73.00	74.50	82.00	56.00	44.00	55.50	61.50	72.00	76.00	41.00	63.00	59--Cases	63.58	191--Cases
◆ Outpatient Stroke Measure																		
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	66%***	57%	83%	84%	80%	79%	83%	57%	60%	62%	79%	80%	76%	80%	4/5	73%	8/11

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Benchmark

◆ Outpatient Measures (Claims Data)

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2011 - Dec 2011	July 2012 - June 2013	July 2013 - June 2014		
OP-8	Outpatient with Low Back Pain who had an MRI without trying Recommended Treatments First, such as Physical Therapy +	37.20%	Not Available	Not Available	Not Available		
OP-9	Outpatient who had Follow-Up Mammogram, Ultrasound, or MRI of the Breast within 45 days following a Screening Mammogram +	8.90%	7.70%	7.40%	6.70%		
OP-10	Outpatient CT Scans of the Abdomen that were "Combination" (Double) Scans +	9.40%	6.00%	5.60%	6.10%		
OP-11	Outpatient CT Scans of the Chest that were "Combination" (Double) Scans +	2.40%	1.40%	0.40%	0.30%		
OP-13	Outpatients who got Cardiac Imaging Stress Tests Before Low-Risk Outpatient Surgery +	5.00%	5.56%	2.60%	2.90%		
OP-14	Outpatients with Brain CT Scans who got a Sinus CT Scan at the Same Time +	2.80%	1.70%	2.30%	1.80%		
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average			Jan 2013 - Dec 2013		
OP-22	Patient Left Emergency Department before Being Seen	2.00%			1.00%		
New Measure							
OP-33 New	External Beam Radiotherapy for Bone Metastases						

MARIN GENERAL HOSPITAL DASHBOARD
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◆ Structural Measures

	METRIC	2016					
Registry-NSC	Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care	Yes					
Registry-GenSurg	Participation in a Systematic Clinical Database Registry for General Surgery	No					
Registry-SSCL	Safe Surgery Checklist Use	Yes					
Structural-PSC	Hospital Survey on Patient Safety Culture	Yes					

Retired Measures
Publicly Reported in 2016
New Measures to be Published when Benchmarks are Available

Tab 3

Marin General Hospital

Performance Metrics and Core Services Report

1st Quarter 2016

Marin General Hospital
Performance Metrics and Core Services Report: **1st Quarter 2016**

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	The Joint Commission surveyed MGH July 12-15, 2016. An "Accredited" decision is expected and is in process.
	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 2015 (Annual Report) was presented to MGH Board and to MHD Board in May 2016.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2016 was presented for approval to the MGH Board in May 2016.
	7. MGH Board must include quality improvement metrics as part of the CEO and Senior Executive Bonus Structure for MGH.	Annually	In Compliance	CEO and Senior Executive Bonus Structure includes quality improvement metrics.
(B) Patient Satisfaction and Services	MGH Board will report on MGH's HCAHPS Results Quarterly.	Quarterly	In Compliance	Schedule 1
(C) Community Commitment	1. In coordination with the General Member, the MGH Board must publish the results of its triennial community needs assessment conducted with other regional providers pursuant to SB 697 (1994) to assess MGH's performance at meeting community health care needs and its planning for meeting those needs.	Annually	In Compliance	Community Health and Education Report was presented to the MGH Board and to the MHD Board in May 2016.
	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 2 "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 May 2016.
(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 <u>monitored as if a Tier 2 metric.</u>	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

Marin General Hospital
Performance Metrics and Core Services Report: **1st Quarter 2016**

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 the MHD Board in May 2016.
(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 May 2016.
	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 May 2016.
	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 May 2016.
(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 May 2016.
	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 May 2016.
	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 October 24, 2015.
	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 October 24, 2015.
	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 2015 Independent Audit was completed on April 29, 2016.
	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 2014 Form 990 was filed on November 12, 2015.

MGH Performance Metrics and Core Services Report

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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 2017 VBP Thresholds			2Q 2015	3Q 2015	4Q 2015	1Q 2016	
70.23	78.20	84.58	Overall rating	64.40	61.69	62.36	60.45
			Would Recommend	66.68	73.52	63.78	67.14
78.52	83.05	86.68	Communication with Nurses	68.78	71.28	66.58	68.38
			Nurse Respect	80.95	84.75	79.13	81.18
			Nurse Listen	70.69	73.42	71.26	71.90
			Nurse Explain	73.59	74.58	68.24	68.27
80.44	84.92	88.51	Communication with Doctors	74.18	77.97	74.79	73.12
			Doctor Respect	79.83	88.94	83.00	81.85
			Doctor Listen	75.32	77.97	77.73	75.91
			Doctor Explain	77.59	77.22	73.83	73.90
65.08	73.56	80.35	Responsiveness of Staff	58.03	58.63	55.88	59.21
			Call Button	62.74	62.63	59.83	61.02
			Bathroom Help	68.53	69.84	67.13	70.20
70.20	74.79	78.46	Pain Management	66.39	68.91	63.22	63.02
			Pain Controlled	70.62	73.13	66.67	66.67
			Help with Pain	76.97	79.50	74.57	74.37
63.37	69.09	73.66	Communication about Medications	54.87	57.57	58.36	55.23
			Med Explanation	74.65	76.52	76.26	74.34
			Med Side Effects	46.10	49.62	51.47	46.71
65.60	73.04	79.00	Hospital Environment	47.39	51.98	49.53	43.13
			Cleanliness	58.01	62.93	64.14	54.85
			Quiet	51.07	55.32	49.21	44.61
86.60	89.39	91.63	Discharge Information	80.80	85.20	83.59	84.47
			Help After Discharge	81.90	86.88	81.59	87.06
			Symptoms to Monitor	84.69	88.53	90.60	86.87
			Number of Surveys	234	239	257	274

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

1Q 2016

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	1Q 2016	2Q 2016	3Q 2016	4Q 2016
EBIDA \$	\$8,914			
EBIDA %	9.24%			

Loan Ratios				
Current Ratio	3.25			
Debt to Capital Ratio	27.1%			
Debt Service Coverage Ratio	4.13			
Debt to EBIDA %	1.70			

Key Service Volumes				
Acute discharges	2,317			
Acute patient days	10,913			
Average length of stay	4.71			
Emergency Department visits	9,285			
Inpatient surgeries	604			
Outpatient surgeries	1,033			
Newborns	327			

MGH Performance Metrics and Core Services Report 1Q 2016

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

**MARIN GENERAL HOSPITAL DASHBOARD
CLINICAL QUALITY METRICS**

Publicly Reported on CalHospital Compare (www.calhospitalcompare.org)
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov/)

METRIC	CMS**	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Q1 %	Q1-2016 Num/Den	Rolling %	Rolling Num/Den
◆ Venous Thromboembolism (VTE) Measures																	
VTE warfarin therapy discharge instructions	100%	80%	100%	75%	33%	50%	100%	0%	100%	25%	50%	100%	100%	80%	4/5	63%	22/35
Hospital acquired potentially-preventable VTE +	0%	N/A	N/A	0%	N/A	N/A	N/A	0%	N/A	0%	0%	0%	0%	0%	0/8	0%	0/15
◆ Global Immunization (IMM) Measures																	
Influenza immunization	100%	N/A	N/A	N/A	N/A	N/A	N/A	93%	91%	92%	89%	89%	91%	89%	230/257	91%	461/508
◆ Stroke Measures																	
Thrombolytic therapy	100%	100%	100%	N/A	100%	100%	100%	100%	100%	100%	100%	100%	N/A	100%	4/4	100%	16/16
◆ Perinatal Care Measure																	
Elective delivery +	0%	0%	0%	0%	0%	0%	0%	0%	N/A	0%	0%	0%	0%	0%	0/10	0%	0/37
◆ Psychiatric (HBIPS) Measures																	
Hours of physical restraint use	0.41	0.00	0.00	0.00	0.08	1.11	0.15	0.08	0.00	0.17	0.29	0.00	0.00	0.10	N/A	0.15	N/A
Hours of seclusion use	0.21	0.18	0.00	0.00	0.00	0.00	0.01	0.24	0.00	2.06	0.00	0.10	0.00	0.03	N/A	0.34	N/A
Patients discharged on multiple antipsychotic medications with appropriate justification	36%	100%	86%	100%	100%	100%	89%	80%	100%	91%	100%	75%	25%	76%	13/17	88%	68/77
Alcohol use screening	71%	97%	90%	96%	98%	100%	91%	93%	98%	98%	89%	67%	89%	82%	102/125	92%	430/468
◆ ED Inpatient (ED) Measures																	
Median time (mins) ED arrival to ED departure +	262***	328.00	355.00	290.00	296.00	312.00	289.00	298.00	311.00	282.00	292.00	310.50	312.00	304.83	168 cases	306.29	688 cases
Admit decision median time (mins) to ED departure time +	90***	139.50	127.00	87.00	111.50	102.00	96.00	104.00	171.00	133.00	142.00	166.00	125.00	144.33	167 cases	125.33	681 cases
◆ ED Outpatient (ED) Measures																	
Median time (mins) ED arrival to ED discharge +	142***	103.50	178.00	133.50	151.00	153.00	188.00	118.00	146.00	120.50	163.00	125.00	144.13	144.04	92 cases	144.13	375 cases
Door to diagnostic evaluation by qualified medical personnel +	25***	21.00	33.00	24.50	16.00	133.00	17.00	11.50	13.00	12.50	12.00	12.50	15.50	13.33	73 cases	26.79	328 cases
◆ Outpatient Pain Management Measure																	
Median time (mins) to pain management for long bone fracture +	54***	74.50	82.00	56.00	44.00	55.50	61.50	72.00	76.00	41.00	77.00	60.50	46.50	61.33	45 cases	62.21	196 cases
◆ Outpatient Stroke Measure																	
Head CT/MRI results for stroke patients within 45 mins of ED arrival	67%***	50%	100%	100%	N/A	N/A	50%	100%	N/A	67%	100%	100%	0%	67%	4/6	71%	12/17

** CMS Top Decile Benchmark
*** National Average
+ Lower number is better

◆ Acute Care Readmissions - 30 Day Risk Standardized					
METRIC	CMS National Average	July 2008 - June 2011	July 2009 - June 2012	July 2010 - June 2013	July 2011 - June 2014
Acute Myocardial Infarction Readmission Rate	17.0%	18.0%	16.7%	15.9%	16.1%
Heart Failure Readmission Rate	22.0%	24.7%	22.6%	23.0%	22.8%
Pneumonia Readmission Rate	16.9%	17.9%	16.2%	15.0%	14.1%
COPD Readmission Rate	20.2%			19.0%	18.4%
Stroke Readmission Rate	12.7%			12.1%	11.1%
Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.8%		5.8%	5.3%	4.6%
Coronary Artery Bypass Graft Surgery (CABG)	14.9%				15.6%
Hospital-Wide All-Cause Unplanned Readmission (HWR)	15.2%			14.4%	14.9%
◆ Outpatient Measures (Claims Data)					
METRIC	CMS National Average	Jan 2011 - Dec 2011	July 2012 - June 2013	July 2013 - June 2014	
Outpatient with low back pain who had an MRI without trying recommended treatments first, such as physical therapy	37.2%	Not available	Not available	Not available	
Outpatient who had follow-up mammogram, ultrasound, or MRI of the breast within 45 days after the screening on the mammogram	8.9%	7.7%	7.4%	6.7%	
Outpatient CT scans of the abdomen that were "combination" (double) scans +	9.4%	6.0%	5.6%	6.1%	
Outpatient CT scans of the chest that were "combination" (double) scans +	2.4%	1.4%	0.4%	0.3%	
Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery +	5.0%	5.56%	2.6%	2.9%	
Outpatients with brain CT scans who got a sinus CT scan at the same time +	2.8%	1.7%	2.3%	1.8%	
METRIC	CMS National Average			Jan 2013 - Dec 2013	
Patient left Emergency Dept. before being seen	2.0%			1.0%	
◆ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators)					
METRIC	CMS National Average	Oct 2010 - June 2012	July 2011 - June 2013	July 2012 thru June 2014	
Complication / Patient Safety Indicators PSI 90 (Composite)	0.81	Worse than National Average	Worse than National Average	No different than National Average	
Death Among Surgical Patients with Serious Complications	117.52 per 1,000 patient discharges	No different than National Average	No different than National Average	No different than National Average	
◆ Structural Measures					
METRIC	2016				
Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care	Yes				
Participation in a Systematic Clinical Database Registry for General Surgery	Yes				
Safe Surgery Checklist Use	Yes				
Hospital Survey on Patient Safety Culture	Yes				

+ Lower Number is Better

◆ Surgical Site Infection						
METRIC	National Standardized Infection Ratio (SIR)	Oct 2013 - Sep 2014	Jan 2014 - Dec 2014	April 2014 - March 2015	July 2014 - June 2015	
Colon surgery	1	0.54	0.58	0.00	0.00	No Different than U.S. National Benchmark
Abdominal hysterectomy	1	not published**	not published**	not published**	not published**	
◆ Healthcare Associated Infections (All units including ICU)						
METRIC	National Standardized Infection Ratio (SIR)	Jan 2014 - June 2015				
Central Line Associated Blood Stream Infection Rate (CLABSI)	1	0.37				No Different than U.S. National Benchmark
Catheter Associated Urinary Tract Infection (CAUTI)	1	0.27				No Different than U.S. National Benchmark
◆ Healthcare Associated Infections (ICU)						
METRIC	National Standardized Infection Ratio (SIR)	Oct 2013 - Sep 2014	Jan 2014 - Dec 2014	April 2014 - March 2015	July 2014 - June 2015	
Central Line Associated Blood Stream Infection Rate (CLABSI)	1	0.29	0.30	0.00	0.28	No Different than U.S. National Benchmark
Catheter Associated Urinary Tract Infection (CAUTI)	1	1.41	2.09	1.76	1.13	No Different than U.S. National Benchmark
◆ Healthcare Associated Infections (Inpatients)						
METRIC	National Standardized Infection Ratio (SIR)	Oct 2013 - Sep 2014	Jan 2014 - Dec 2014	April 2014 - March 2015	July 2014 - June 2015	
Clostridium Difficile	1	1.20	1.29	1.25	1.23	No Different than U.S. National Benchmark
Methicillin Resistant Staph Aureus Bacteremia (MRSA)	1	2.04	1.95	1.59	0.53	No Different than U.S. National Benchmark
◆ Healthcare Personnel Influenza Vaccination						
METRIC	CMS National Average	Oct 2013 - March 2014	Oct 2014 - March 2015			
Healthcare Personnel Influenza Vaccination	84%	71%	81%			No Different than U.S. National Benchmark
◆ Surgical Complications						
METRIC	CMS National Average	July 2009 - March 2012	April 2010- March 2013	April 2011 - March 2014		
Hip/knee complication: Hospital-level risk -- Standardized complication rate (RSCR) following elective primary total hip/knee arthroplasty	3.1%	4.0%	4.4%	3.6%		
◆ Cost Efficiency						
METRIC	CMS National Average	Jan 2013 - Dec 2013	July 2010 - June 2013	July 2011 thru June 2014	Jan 2014 thru Dec 2014	
Medicare spending per beneficiary (All)	0.98	1.01			1.00	
Acute Myocardial Infarction payment per episode of care	\$21,791		\$20,850	\$22,019		
Heart Failure payment per episode of care	\$15,223			\$16,871		
Pneumonia payment per episode of care	\$14,294			\$14,889		
◆ Mortality Measures - 30 Day						
METRIC	CMS National Average	July 2008 - June 2011	July 2009 - June 2012	July 2010 - June 2013	July 2011 - June 2014	
Acute Myocardial Infarction Mortality Rate	14.2%	13.5%	13.3%	12.60%	11.70%	
Heart Failure Mortality Rate	11.6%	12.9%	13.8%	12.0%	12.6%	
Pneumonia Mortality Rate	11.5%	10.7%	10.9%	12.2%	12.3%	
CABG 30-day Mortality Rate (PD 2017)	3.2%				2.6%	
COPD Mortality Rate	7.7%			7.8%	7.3%	
Stroke Mortality Rate	14.8%			15.2%	13.4%	

** Insufficient data to calculate SIR

MGH 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.

Cash & In-Kind Donations					
(these figures are not final and are subject to change)					
	1Q 2016	2Q 2016	3Q 2016	4Q 2016	Total 2016
Brain Injury Network	638				638
Coastal Health Alliance	25,000				25,000
Community Institute for Psychotherapy	25,000				25,000
Healthy Aging Symposium	1,000				1,000
Homeward Bound	150,000				150,000
Marin Center for Independent Living	25,000				25,000
MHD 1206(b) Clinics	1,701,556				1,701,556
Operation Access	20,000				20,000
Pine St. Foundation, acupuncture services	10,000				10,000
Prima Foundation	1,684,025				1,684,025
Ritter Center	25,000				25,000
RotaCare Free Clinic	20,000				20,000
Senior Access, adult day program	15,000				15,000
Summer Solstice	780				780
Zero Breast Cancer	2,140				2,140
Total Cash Donations	\$3,705,139				\$3,705,139
Compassionate discharge medications	2,198				2,198
Meeting room use by community based organizations for community-health related purposes.	2,529				2,529
Food donations	940				940
Total In Kind Donations	\$5,667				\$5,667
Total Cash & In-Kind Donations	\$3,710,806				\$3,710,806

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1Q 2016

Schedule 4, continued

Community Benefit Summary					
(these figures are not final and are subject to change)					
	1Q 2016	2Q 2016	3Q 2016	4Q 2016	Total 2016
Community Health Improvement Services	14,856				14,856
Health Professions Education	132,465				132,465
Cash and In-Kind Contributions	3,705,139				3,705,139
Community Benefit Operations	24,581				24,581
Traditional Charity Care *Operation Access total is included	554,705				554,705
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	8,477,596				8,477,596
Community Benefit Subtotal (amount reported annually to State & IRS)	\$12,909,342				\$12,909,342
Community Building Activities	0				0
Unpaid Cost of Medicare	19,575,166				19,575,166
Bad Debt	336,502				336,502
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u>	\$32,821,010				\$32,821,010

Operation Access					
<p>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.</p>					
	1Q 2016	2Q 2016	3Q 2016	4Q 2016	Total 2016
*Operation Access charity care provided by MGH (waived hospital charges)	516,328				516,328
Costs included in Charity Care	102,881				102,881

MGH Performance Metrics and Core Services Report

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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				
Period	Number of Clinical RNs	Terminated		Rate
		Voluntary	Involuntary	
1Q 2015	534	9	6	2.81%
2Q 2015	536	13	5	3.36%
3Q 2015	522	32	6	7.28%
4Q 2015	515	12	7	3.69%
1Q 2016	511	17	5	4.31%

Vacancy Rate - 2016							
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
1Q 2016	31	56	511	598	14.54%	9.36%	5.18%
2Q 2106							
3Q 2016							
4Q2016							

Vacancy Rate - 2015									
Period	Per Diem Postings	Benefitted Postings	Per Diem Hires	Benefitted Hires	Benefitted Headcount	Per Diem Headcount	Total Headcount	Benefitted Vacancy Rate	Per Diem Vacancy Rate
1Q 2015	13	53	3	7	412	122	534	12.86%	10.66%
2Q 2015	26	79	2	22	419	117	536	18.85%	22.22%
3Q 2015	30	77	3	23	424	98	522	18.16%	30.61%
4Q 2015	37	96	7	17	422	93	515	22.75%	39.78%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
1Q 2015	10	15	(5)
2Q 2015	24	18	6
3Q 2015	26	38	(12)
4Q 2015	24	19	5
1Q 2016	19	22	(3)

MGH Performance Metrics and Core Services Report 1Q 2016

Schedule 6: Ambulance Diversion

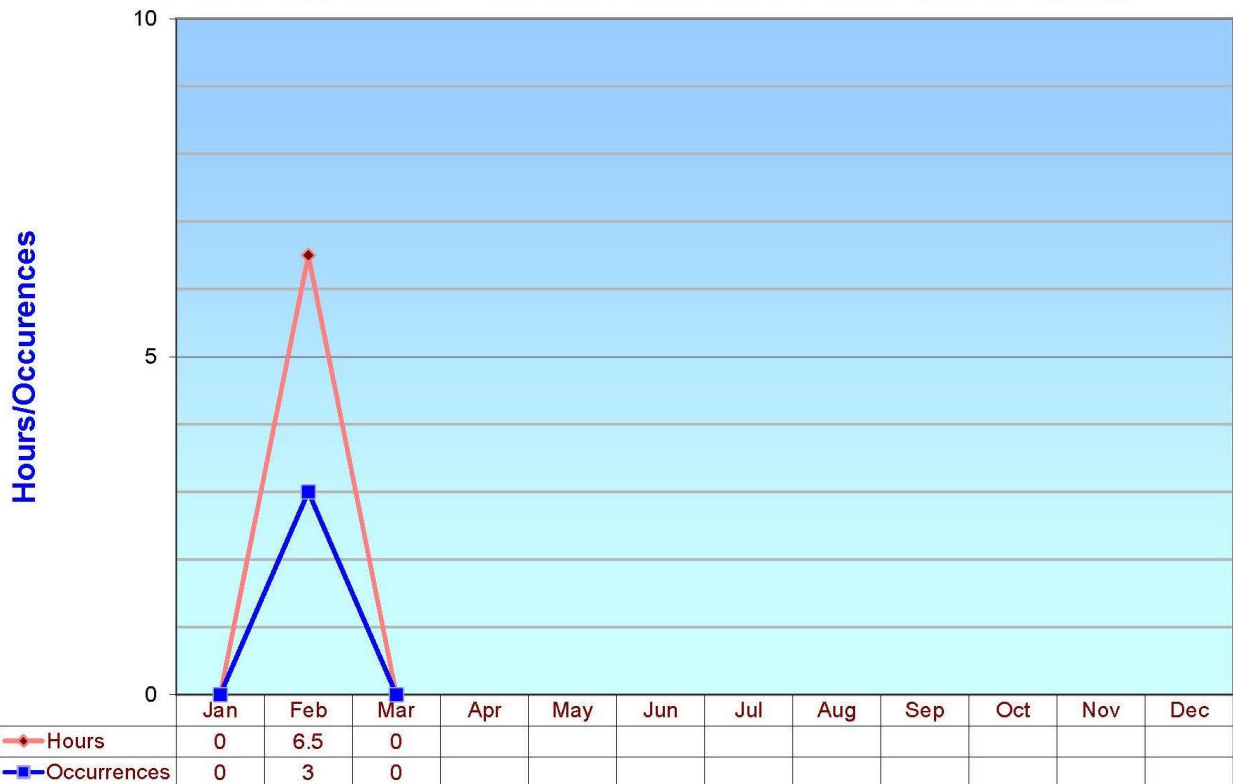
➤ **Tier 2, Volumes and Service Array**

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

Quarter	Date	Time	Diversion Duration	Reason	ED Census	Waiting Room Census	ED Admitted Patient Census
1Q 2016	Feb 5	1720-1915	1hr, 55mn	Internal disaster: Fire and flood in bathroom			
1Q 2016	Feb 5	1915-2154	2hr, 39mn	ED saturation	38	10	6
1Q 2016	Feb 22	1530-1730	2hr	ED saturation	45	14	3

2016 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)*



Tab 4



MARIN HEALTHCARE DISTRICT

RESOLUTION NO. 2016-04

**RESOLUTION AUTHORIZING AND DIRECTING EXECUTION OF
OFFER OF DEDICATION OFFERING MARIN COUNTY AN EASEMENT ALONG
BON AIR ROAD FOR PUBLIC ROADWAY AND UTILITY PURPOSES, AND
DIRECTING CERTAIN ACTIONS WITH RESPECT THERETO**

RESOLVED, by the Board of Directors (the “Board”) of the Marin Healthcare District, Marin County, California (the “District”), as follows:

WHEREAS, pursuant to Section 32121 (c) of the California Health and Safety Code, the District has the power to encumber real property the District owns, including the power to grant easements;

WHEREAS, Marin County (“County”) currently owns Bon Air Road along the frontage of the District’s real property commonly known as Marin General Hospital, which road provides access to Marin General Hospital;

WHEREAS, the District is redeveloping Marin General Hospital, part of which work involves improving access roads and pedestrian facilities and installing traffic signal equipment, which improvements are meant to facilitate vehicle and pedestrian movement between Marin General Hospital and Bon Air Road and along the Bon Air Road frontage;

WHEREAS, the District and County have negotiated that certain Offer of Dedication in the form attached to this Resolution as Attachment 1 (the “Dedication”), by which the District will offer to dedicate an easement over a portion of Marin General Hospital at the intersection of its access road and Bon Air Road on which the District is installing said improvements and along a strip of land abutting Bon Air Road, for public roadway and utility use;

WHEREAS, the Board finds based on information provided and arms’ length negotiations with County that the Dedication is in the best interest of the District and Marin General Hospital and represents fair value of the rights exchanged;

WHEREAS, members of the Board have reviewed the Dedication with the aid of its management;

NOW, THEREFORE, the Board of Directors hereby DECLARES and ORDERS, as follows:

1. The Board of Directors of the Marin Healthcare District hereby approves the proposed transaction generally as described in the Dedication and hereby directs and authorizes

the District's Chief Executive Officer to finalize and execute the following documents, each of which incorporates the terms and conditions set forth in the Agreement, and otherwise contains such terms and conditions that are consistent therewith and are deemed in the Chief Executive Officer's judgment to be reasonable and necessary to effectuate the transaction: the Dedication and all other documents that in the Chief Executive Officer's judgment are reasonable and necessary to effectuate the transaction.

2. All actions heretofore taken by the officers and agents of the District with respect to the execution, delivery and completion of the transaction approved by this Resolution are hereby approved, confirmed and ratified.

3. The Chief Executive Officer is authorized to take such other steps and do such acts and things, all as in his judgment may be necessary, appropriate or desirable on behalf of and in the name of the District to carry out, observe and perform and enforce the performance by others of, and comply with, the terms and provisions of the proposed transaction, and to consummate the transaction herein contemplated.

4. This Resolution shall take effect upon its adoption by this Board.

PASSED AND ADOPTED this 9th day of August, 2016, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

Harris Simmonds, Chair of the Board of Directors
Marin Healthcare District

Jennifer Rienks, Secretary of the Board of Directors
Marin Healthcare District

Secretary's Certification

I, the undersigned Secretary of the Marin Healthcare District, hereby certify that the foregoing is a full, true and correct copy of a resolution duly adopted by the Board of Directors of the District at a meeting thereof held on the 9th day of August, 2016.

Jennifer Rienks, Secretary of the Board of Directors
Marin Healthcare District

RECORDING REQUESTED BY:
County of Marin

WHEN RECORDED MAIL TO:
County of Marin
Dept of Public Works Real Estate
Division
P.O. Box 4186, Civic Center Branch
San Rafael, CA 94913-4186

Attn: Alexi Dicker

Recording Fees exempt per G.C. §6103
Transfer Taxes exempt per R.T.C. § 11922

APN: 022-060-020 (ptn.);
022-010-34 (ptn.)

SPACE ABOVE THIS LINE FOR RECORDER'S USE

OFFER OF DEDICATION

Marin Healthcare District, a political subdivision of the State of California, for good and valuable consideration and in order to promote the public welfare, hereby offers to dedicate an easement, hereinafter described, to the **County of Marin**, a political subdivision of the State of California, or its successor in interest for public roadway and public utility purposes.

The within **Offer of Dedication** shall remain in full force and effect, notwithstanding any rejection thereof or failure to accept by the **County of Marin**, it being specifically understood and agreed that the **County of Marin**, or its successors in interest, may, at any time whatsoever, rescind said rejection and/or accept said offer.

The property sought to be dedicated herein is situated in the County of Marin, State of California, and is more particularly described as follows:

As described in Exhibit "A" and as shown on Exhibit "B" which are attached hereto and by this reference made a part hereof.

IN WITNESS WHEREOF, the undersigned has executed the within instrument the _____ day of _____, 2016.

MARIN HEALTHCARE DISTRICT

By: _____
Lee Domanico, Chief Executive Officer

Exhibit _____

Legal Description
Bon Air Road Right of Way Dedication

All that certain real property situate in the unincorporated area of Marin County, being a portion of the lands granted to the Marin Hospital District by deed filed for record November 22, 1968 in Book 2257 of Official Records at Page 73 in the Office of the Marin County Recorder, being more particularly described as follows:

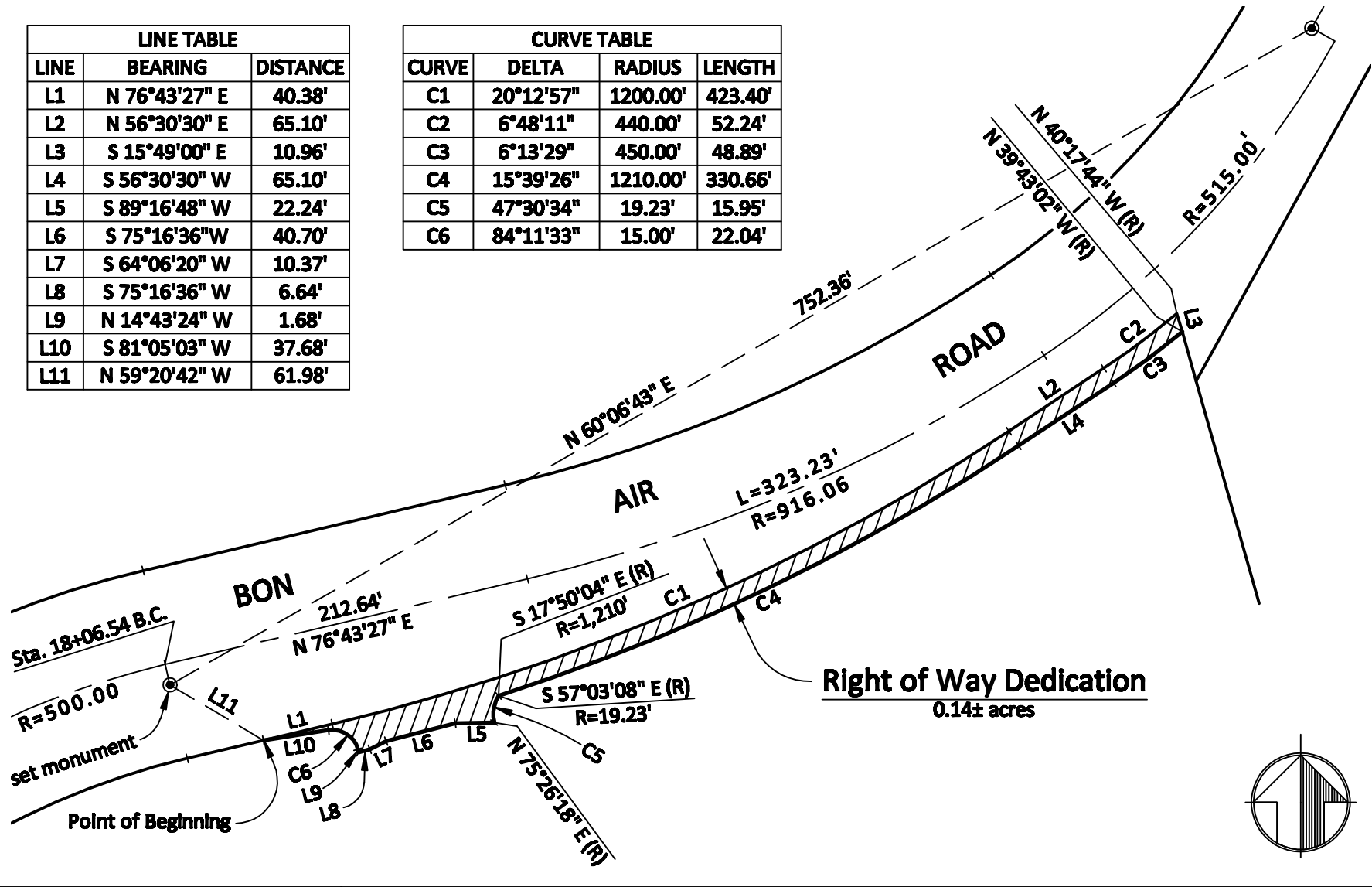
Beginning at a point on the southerly right of way line of Bon Air Road as shown on the Marin County Department of Public Works drawing number 75-6 on file in the County Engineers office, from which point a well monument witnessing the beginning of a 500' radius curve (monument located at a 12.00 foot offset from centerline station 18+06.54 as shown thereon) in Bon Air Road bears North 59°20'42" West, 61.98 feet; thence from said Point of Beginning, along said southerly right of way line, the following 4 courses: North 76°43'27 East, 40.38 feet to the beginning of a curve concave northerly having a radius of 1,200.00 feet; thence northeasterly along the arc of said curve 423.40 feet through a central angle of 20°12'57"; thence North 53°30'30" East, 65.10 feet to the beginning of a curve concave northwesterly having a radius of 440.00 feet; thence northeasterly along the arc of said curve 52.24 feet through a central angle of 6°48'11" to a point on the east line of said Marin Hospital District lands; thence along said easterly line South 15°49'00" East, 10.96 feet to a point 10.00 feet southerly of, when measured at a right angle thereto, said southerly right of way line, said point being further described as the beginning of a non-tangent curve concave northwesterly having a radius of 450.00 feet; from which point the radius bears North 39°43'02" West; thence lying parallel with and 10.00 feet southerly of said right of way line the following 3 courses: thence southwesterly along the arc of last said curve 48.98 feet through a central angle of 6°13'29"; thence South 56°30'30" West, 65.10 feet to the beginning of a curve concave northerly having a radius of 1,210.00 feet; thence southwesterly along the arc of said curve 330.66 feet through a central angle of 15°39'26" to the beginning of a non-tangent curve concave easterly having a radius of 19.23 feet, from which point the radius bears South 57°03'08" East; thence southerly along the arc of said curve 15.95 feet through a central angle of 47°30'34"; thence South 89°16'48" West, 22.24 feet; thence South 75°16'36" West, 40.70 feet; thence South 64°06'20" West, 10.37 feet; thence South 75°16'36" West, 6.64 feet; thence North 14°43'24" West, 1.68 feet to the beginning of a curve concave southwesterly having a radius of 15.00 feet; thence northwesterly along the arc of said curve 22.04 feet through a central angle of 84°11'33"; thence South 81°05'03" West, 37.68 feet to the Point of Beginning.

Containing 0.14 acres, more or less.

See plat attached hereto and by reference made a part hereof.

LINE TABLE		
LINE	BEARING	DISTANCE
L1	N 76°43'27" E	40.38'
L2	N 56°30'30" E	65.10'
L3	S 15°49'00" E	10.96'
L4	S 56°30'30" W	65.10'
L5	S 89°16'48" W	22.24'
L6	S 75°16'36" W	40.70'
L7	S 64°06'20" W	10.37'
L8	S 75°16'36" W	6.64'
L9	N 14°43'24" W	1.68'
L10	S 81°05'03" W	37.68'
L11	N 59°20'42" W	61.98'

CURVE TABLE			
CURVE	DELTA	RADIUS	LENGTH
C1	20°12'57"	1200.00'	423.40'
C2	6°48'11"	440.00'	52.24'
C3	6°13'29"	450.00'	48.89'
C4	15°39'26"	1210.00'	330.66'
C5	47°30'34"	19.23'	15.95'
C6	84°11'33"	15.00'	22.04'



Land Surveying • Mapping • Planning
 2000 W. Trans Street PH (707) 425-6294
 Redwood, CA 94069 FAX (707) 425-1969

Plat to Accompany Legal Description
BON AIR ROAD RIGHT OF WAY DEDICATION
 Marin General Hospital
 Marin County California

Approved	
Drawn CMW	Scale 1"=80'
Date 06/29/16	Sheet No. 2
Proj. No. 508078.13	of 2

Tab 5



MARIN HEALTHCARE DISTRICT

RESOLUTION NO. 2016-05

**RESOLUTION AUTHORIZING AND DIRECTING EXECUTION OF
EASEMENT AGREEMENT GRANTING MARIN COUNTY AN EASEMENT FOR
ACCESS PURPOSES, AND DIRECTING CERTAIN ACTIONS WITH RESPECT
THERE TO**

RESOLVED, by the Board of Directors (the “Board”) of the Marin Healthcare District, Marin County, California (the “District”), as follows:

WHEREAS, pursuant to Section 32121 (c) of the California Health and Safety Code, the District has the power to encumber real property the District owns, including the power to grant easements;

WHEREAS, the District owns certain real property commonly known as Marin General Hospital, which the District currently is redeveloping including relocation of roadways and pedestrian facilities;

WHEREAS, Marin County (“County”) and the District co-own certain real property adjacent to Marin General Hospital commonly known as the Mental Health Building Property, on which the District and County operate certain medical care facilities;

WHEREAS, the District previously granted County an easement through Marin General Hospital for vehicle and pedestrian access to and from the Mental Health Building Property, but redevelopment of Marin General Hospital is changing the location of the designated route;

WHEREAS, the District and County have negotiated that certain Easement Agreement in the form attached to this Resolution as Attachment 1 (the “Agreement”), by which the District will grant County an easement over a portion of Marin General Hospital following the new route of the roadway and pedestrian facilities providing access to the Mental Health Building Property;

WHEREAS, the Board finds based on information provided and arms’ length negotiations with County that the Agreement is in the best interest of the District and Marin General Hospital and represents fair value of the rights exchanged;

WHEREAS, members of the Board have reviewed the Agreement with the aid of its management;

NOW, THEREFORE, the Board of Directors hereby DECLARES and ORDERS, as follows:

1. The Board of Directors of the Marin Healthcare District hereby approves the proposed transaction generally as described in the Agreement and hereby directs and authorizes the District's Chief Executive Officer to finalize and execute the following documents, each of which incorporates the terms and conditions set forth in the Agreement, and otherwise contains such terms and conditions that are consistent therewith and are deemed in the Chief Executive Officer's judgment to be reasonable and necessary to effectuate the transaction: the Agreement and all other documents that in the Chief Executive Officer's judgment are reasonable and necessary to effectuate the transaction.

2. All actions heretofore taken by the officers and agents of the District with respect to the execution, delivery and completion of the transaction approved by this Resolution are hereby approved, confirmed and ratified.

3. The Chief Executive Officer is authorized to take such other steps and do such acts and things, all as in his judgment may be necessary, appropriate or desirable on behalf of and in the name of the District to carry out, observe and perform and enforce the performance by others of, and comply with, the terms and provisions of the proposed transaction, and to consummate the transaction herein contemplated.

4. This Resolution shall take effect upon its adoption by this Board and approval of the Agreement by the Marin County Board of Supervisors.

PASSED AND ADOPTED this 9th day of August, 2016, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

Harris Simmonds, Chair of the Board of Directors
Marin Healthcare District

Jennifer Rienks, Secretary of the Board of Directors
Marin Healthcare District

Secretary's Certification

I, the undersigned Secretary of the Marin Healthcare District, hereby certify that the foregoing is a full, true and correct copy of a resolution duly adopted by the Board of Directors of the District at a meeting thereof held on the 9th day of August, 2016.

Jennifer Rienks, Secretary of the Board of Directors
Marin Healthcare District

RECORDED AT THE REQUEST OF:)
County of Marin)
)
WHEN RECORDED RETURN TO:)
County of Marin)
Attn: Steven Woodside, County Counsel)
3501 Civic Center Drive, Room 275)
San Rafael, California 94903)

Space above this line for Recorder's use

**EASEMENT AGREEMENT
(Road Access)**

This Easement Agreement (“**Agreement**”) is entered into as of _____, 2016, by and between the Marin Healthcare District, a political subdivision of the State of California (“**Grantor**”) and the County of Marin, a political subdivision of the State of California (“**Grantee**”).

Recitals

A. Grantor is the owner of that certain real property, and all improvements thereon, situated in the area known as Greenbrae within the unincorporated area of the County of Marin (the “**County**”), California, which is more particularly described in Exhibit “A” attached to this Agreement and incorporated herein by this reference (the “**Servient Tenement**”).

B. Grantor and Grantee are the co-owners of certain real property situated in the County, adjacent to and abutting on the Servient Tenement, which is more particularly described in Exhibit “B” attached to this Agreement and incorporated herein by this reference (the “**Dominant Tenement**”). Grantor and Grantee share the ownership and operation of the mental health facility located on the Dominant Tenement.

C. Grantee currently has an easement following a roadway across the Servient Tenement to access the Dominant Tenement. Grantor is redesigning the roadway as part of a project to redevelop portions of the Servient Tenement, which will require revising Grantee’s access route to match the redesigned roadway.

D. Grantor has agreed to grant to Grantee certain rights in and over a portion of the Servient Tenement, as set forth in this Agreement, to reflect the redesigned roadway, and Grantee has agreed to relinquish its current access easement through a separate quitclaim deed. Therefore, the parties hereby agree as follows.

Agreement

1. In consideration of the parties' respective covenants and rights in, and their performance of their respective obligations and duties pursuant to this Agreement, Grantor hereby grants to Grantee an easement (the "**Easement**") in and over a certain portion of the Servient Tenement, subject to the terms of this Agreement.

2. The Easement granted in this Agreement is appurtenant to the Dominant Tenement. The rights and obligations of the Grantor and Grantee hereunder, and the terms, rights, conditions, restrictions and limitations contained herein shall burden, benefit, and run with the Servient Tenement and Dominant Tenement. The Easement granted in this Agreement is nonexclusive and permanent.

3. The Easement granted in this Agreement is for the purpose of access to, and ingress and egress to and from, the Dominant Tenement, via the road from Bon Air Road to the Dominant Tenement, as described and depicted in Exhibit C (the "**Easement Area**"), which is attached to this Agreement and hereby incorporated by reference. The Easement shall be only for pedestrians and motor vehicles to access the Dominant Tenement and shall not be used for any other purpose; provided, the Easement also may be used as reasonably required for the movement of equipment and materials related to construction activity that may occur on the Dominant Tenement, subject to the provisions in this Agreement.

4. In exercising its rights under this Easement, Grantee must use reasonable care and may not unreasonably increase the burden on the Servient Tenement beyond Grantee's customary use of its previous access easement or make any material changes to the Servient Tenement. Grantee acknowledges that the Easement Area is subject to access and use rights by Grantor and various third parties, including, without limitation, by pedestrians and motor vehicles for access to, and ingress and egress from various health care facilities located on the Servient Tenement operated by Marin General Hospital corporation pursuant to that certain Lease Agreement, dated August 6, 2014, by and between Grantor, as landlord and Marin General Hospital, a California nonprofit public benefit corporation, as tenant. Grantee understands and acknowledges that such third parties' use of the Easement Area pursuant to such agreements may materially impair or interfere with Grantee's use and enjoyment of the Easement Area. Grantee further acknowledges that Grantor may in the future grant additional third parties rights over and to the Easement Area; provided that such grant(s) shall not materially or unreasonably impair or interfere with Grantee's use and enjoyment of the Easement Area. Grantee further acknowledges that in the future Grantor may desire to construct or reconstruct improvements that require using part or all of the Easement Area. In such event, Grantee agrees Grantor may relocate the Easement and the Easement Area, provided that such alternate Easement Area is reasonably adequate for the use granted under this Agreement and does not unreasonably or materially interfere or impair Grantee's operation of its mental health facilities on the Dominant Tenement.

5. Grantor, subject to Grantee's indemnity obligations set forth in Section 6 below, shall maintain the Easement Area in good condition and repair throughout the term of the Easement. Grantor retains the right to make or grant any use of the Servient Tenement that does not unreasonably interfere with Grantee's free use and enjoyment of the Easement; provided, however, that Grantor shall not, and shall not allow any third party to, obstruct, block, damage, or otherwise render unusable or inaccessible the Easement Area for the uses granted to Grantee hereunder. If for any reason, Grantor or any third party obstructs, blocks, damages, or otherwise renders unusable or inaccessible the Easement Area, and such obstruction, blockage, damage or rendering unusable or inaccessible of the Easement Area substantially impairs Grantee's ability to operate its mental health facilities on the Dominant Tenement, then, in addition to any remedies available to Grantee under applicable law and this Agreement, Grantee also shall have the right to enter onto the Easement Area to remedy or remove any obstruction, blockage, damage, or rendering unusable or inaccessible of the Easement Area and Grantor shall promptly reimburse Grantee for all reasonable costs and expenses Grantee incurs to remedy such matters. Notwithstanding anything to the contrary contained herein, Grantor, or any of Grantor's agents, contractors, or employees, shall have the right, from time to time, but only pursuant to and in accordance with all required approvals therefor from governmental/public agencies and emergency response authorities, to temporarily obstruct or block access to the Easement Area for purposes of maintaining or renovating the Easement Area, and such temporary obstruction or blockage shall not trigger any of Grantee's remedies as provided for in this Section 5; provided, however, that Grantor shall give Grantee forty-eight (48) hours prior notice before any such maintenance or renovations occurs.

6. Each party shall defend, indemnify, and hold the other party harmless of and from any and all claims, liabilities, expenses, demands, controversies, obligations, costs (including without limitation reasonable attorneys' fees, arbitration fees, and/or court costs), actions, causes of action, and damages of all parties, including without limitation claims for personal injury or property damage, that arise out of, relate to, or result from the use of the Easement and/or the Easement Area by such party or anyone using the Easement and/or the Easement Area under a claim of right from such party; provided, however, that such party shall have no obligation to indemnify the other party with respect to any portion of a claim, etc., to the extent that such portion of such claim is caused by the negligence or willful acts or omissions of the other party.

7. This instrument contains the entire agreement between the parties relating to the rights herein granted and the obligations herein assumed. Any oral representations or modifications concerning this instrument shall be of no force and effect excepting a subsequent modification in writing, signed by the party to be charged.

8. This Agreement shall be binding on and shall inure to the benefit of the heirs, executors, administrators, successors, and assigns of Grantors and Grantees.

[rest of page left blank intentionally]

IN WITNESS WHEREOF, the parties hereto have executed this instrument as of the date first written above.

GRANTOR:

MARIN HEALTHCARE DISTRICT,
a political subdivision of the State of California

By: _____
Lee Domanico, Chief Executive Officer

GRANTEE:

COUNTY OF MARIN,
a political subdivision of the State of California

By: _____
Matthew H. Hymel,
County Administrator

EXHIBIT A

Legal description of Servient Tenement

DESCRIPTION

ALL THAT CERTAIN real property situate in the County of Marin, State of California, described below as follows:

PARCEL ONE:

Beginning at the point of intersection of the two courses "South 29° 02' West 389.351 feet and South 53° 54' 20" West 506.07 feet" in the Westerly boundary of that certain tract conveyed by The Roman Catholic Archbishop of San Francisco to Schultz, Inc., by Deed dated April 10, 1946 and recorded April 17, 1946 in Book 516 of Official Records at Page 223, Marin County Records; thence running from said point of beginning along the Westerly boundary of said tract South 53° 54' 20" West 506.07 feet; thence South 30° 34' 20" West 84.0 feet; thence South 0° 24' 20" West 192.0 feet; thence South 52° 59' 20" West 163.0 feet; thence South 39° 49' 20" West 244.0 feet; thence South 0° 19' 20" West 307.0 feet; thence South 39° 34' 20" West 30.0 feet; thence leaving said Westerly boundary South 70° 51' 55" East 251.351 feet to the point of intersection of the two courses" South 66° 34' West 69.5 feet and South 34° West 119.1 feet" in the Westerly boundary of that certain tract conveyed by John E. Manlove, et ux to Christopher C. Rivers by Deed recorded May 16, 1904 in Book 87 of Deeds at Page 116, Marin County Records; thence running along the boundary of said tract conveyed by Manlove to Rivers, North 67° 43' East 69.5 feet, South 54° 51' East 62.8 feet to the most Northeasterly corner of said tract conveyed from Manlove to Rivers; thence leaving said boundary North 45° 55' East 666.0 feet; thence North 29° 23' 30" East 261.34 feet to the Northeasterly boundary of the Bon Air Tract and the boundary of the City of Larkspur; thence along said Tract boundary North 15° 49' West 585.50 feet; thence North 68° 16' 19" West 42.99 feet to the point of beginning.

The bearing used in the above description are based on the Lambert Conformal Projection for Zone 3, California as established by Surveys of the State Lands Commission and set forth on the "Plat of Corte Madera Ark Sites, Marin County, Calif.", filed for record June 26, 1942 in Book 2 of Surveys, at Page 99, Marin County Records.

Excepting therefrom all that portion included within that certain parcel conveyed to the County of Marin by Deed recorded December 17, 1953 in Book 841 of Official Records at Page 211, Marin County Records.

PARCEL TWO:

Beginning at a point in the Westerly boundary of the lands described as "Parcel One" in the Deed from The Roman Catholic Archbishop of San Francisco to Schultz Company, recorded April 17, 1946 in Book 516 of Official Records at Page 223, Marin County Records; said point being distant along said boundary South 29° 02' West 237.806 feet from the Southerly line of Sir Francis Drake Boulevard as described in said Deed; thence running from said point of beginning and leaving said boundary on a curve to the right from a tangent bearing South 29° 02' West with a radius of 360 feet through an angle of 26° 28' for a distance of 172.578 feet; thence South 56° 30' West 365.702 feet; thence on a curve to the left with a radius of 540 feet through an angle of

DESCRIPTION

Continued

24° 56' for a distance of 234.991 feet; thence South 31° 34' West 445.718 feet; thence on a curve to the left with a radius of 540 feet through an angle of 26° 04' for a distance of 245.672 feet; thence South 5° 30' West 307.642 feet to the Westerly line of the lands conveyed to Schultz Company by Deed above referred to; thence running Northerly along the last named line, North 43° 04' 20" East 73.20 feet; North 39° 34' 20" East 92.0 feet; North 0° 19' 20" East 307.0 feet; North 39° 49' 20" East 244.0 feet; North 52° 59' 20" East 163.0 feet; North 0° 24' 20" East 192.0 feet; North 30° 34' 20" East 84.0 feet; North 53° 54' 20" East 506.07 feet and North 29° 02' East 151.545 feet to the point of beginning.

The bearings used above are based on the Lambert Conformal Projection for Zone 3, California, as established by Surveys of the State Lands Commission and set forth on the "Plat of Corte Madera Ark Sites, Marin County, Calif.", filed for record June 26, 1942 in Book 2 of Surveys, at Page 99, Marin County Records.

Excepting therefrom all that portion included within that certain parcel conveyed to the County of Marin by Deed recorded December 17, 1953 in Book 841 of Official Records at Page 211, Marin County Records.

PARCEL THREE:

Beginning at the point of intersection of the two courses "South 39° 34' 20" West 92.0 feet and South 43° 04' 20" West 383.826 feet" in the Westerly boundary of that certain tract conveyed by the Roman Catholic Archbishop of San Francisco to Schultz, Inc., by Deed dated April 10, 1946 and recorded April 17, 1946 in Book 516 of Official Records at Page 223, Marin County Records; thence running from said point of beginning along the Westerly boundary of said tract, South 43° 04' 20" West 76.02 feet; thence leaving said boundary South 73° 38' East 271.302 feet; thence North 35° 09' East 119.1 feet; thence North 70° 51' 55" West 251.351 feet to the Westerly boundary of said tract aforementioned; thence along said boundary South 39° 34' 20" West 62.0 feet to the point of beginning.

Excepting therefrom all that portion conveyed to the County of Marin by Deed recorded October 9, 1974 in Book 2837 of Official Records at Page 223, Marin County Records.

PARCEL FOUR:

Beginning at the most Northeasterly point of the lands described in the Deed from Marin County Hospital District to the County of Marin, recorded December 17, 1953 in Book 841 of Official Records at Page 211, Marin County Records; thence Southwesterly along the Westerly line of the lands described in said Deed to the County of Marin, on a curve to the right from a tangent bearing South 29° 02' West with a radius of 360 feet through an angle of 27° 28' for a distance of 172.578 feet; thence South 56° 30' West 365.702 feet; thence on a curve to the left with a radius of 540 feet through an angle of 24° 56' for a distance of 234.991 feet; thence South 31° 34' West 445.718 feet; thence on a curve to the left with a radius of 540 feet through an angle of 26° 04' for a distance of 245.672 feet; thence South 5° 30' West 307.642 feet to the Westerly boundary of the lands described as "Parcel One" in the Deed from the Roman Catholic Archbishop of San Francisco to Schultz Company, recorded April 17, 1946 in Book 516 of Official Records at Page

DESCRIPTION
continued

223, Marin County Records; thence along last said Westerly boundary, South 43° 04' 20" West 58.904 feet; thence leaving last said boundary Northerly along the arc of a curve to the left the center of which bears North 73° 55' West, having a radius of 445 feet and a central angle of 33° 05', a distance of 256.949 feet; thence North 17° 00' West 200 feet; thence along the arc of a curve to the right tangent to the preceding course, having a radius of 555 feet and a central angle of 93° 43', a distance of 907.794 feet; thence North 76° 43' East 212.641 feet; thence along the arc of a curve to the left, tangent to the preceding course, having a radius of 861.064 feet and a central angle of 20° 13', a distance of 303.824 feet; thence along the arc of a compound curve to the left having a radius of 460 feet and a central angle of 27° 28', a distance of 220.517 feet to the Westerly boundary of the lands conveyed to Schultz Company by Deed above referred to; thence along last said line, South 29° 02' West 24.439 feet to the point of beginning.

Excepting therefrom all that portion conveyed to the County of Marin by Deed recorded October 9, 1974 in Book 2837 of Official Records at page 223, Marin County Records.

PARCEL FIVE:

Beginning at a point in the Westerly boundary of the lands described as "Parcel One" in the Deed from the Roman Catholic Archbishop of San Francisco to Schultz Company, recorded April 17, 1946 in Book 516 of Official Records at Page 223, Marin County Records; said point being distant along said boundary South 29° 02' West 237.806 feet from the Southerly line of Sir Francis Drake Boulevard, as described in said Deed; thence along said Westerly boundary South 29° 02' West, 151.545 feet; thence leaving said boundary South 68° 16' 19" East 42.99 feet; thence South 15° 49' East 12.871 feet; thence along the arc of a curve to the right, the center of which bears North 40° 18' 43" West 440 feet, having a radius of 440 feet, and a central angle of 6° 48' 43", a distance of 52.312 feet; thence South 56° 30' West 65.084 feet to the true point of beginning; thence Southwesterly along the arc of a curve to the right, tangent to the last mentioned course, having a radius of 1,200 feet and a central angle of 19° 40' 13", a distance of 411.973 feet; thence Southwesterly along the arc of a curve to the left, the center of which bears South 44° 31' 47" East having a radius of 540 feet and a central angle of 13° 54' 13", a distance of 131.038 feet; thence South 31° 34' 00" West 445.718 feet; thence along the arc of a curve to the left, tangent to the preceding course, having a radius of 540 feet and a central angle of 22° 36' 40", a distance of 213.105 feet; thence South 17° 00' 00" East 100.401 feet; thence along the arc of a curve to the right, tangent to the preceding course, having a radius of 555 feet and a central angle of 18° 04' 42", a distance of 175.117 feet; thence North 5° 30' 00" East 229.810 feet; thence along the arc of a curve to the right, tangent to the preceding course, having a radius of 460 feet and a central angle of 26° 04' 00", a distance of 209.277 feet; thence North 31° 34' 00" East 445.718 feet; thence along the arc of a curve to the right, tangent to the preceding course, having a radius of 460 feet and a central angle of 24° 56' 00", a distance of 200.178 feet; thence North 56° 30' 00' East 300.618 feet to the true point of beginning.

Excepting from Parcel One above:

All that certain real property situate in the City of Greenbrae, County of Marin, being a portion of the lands of the Marin Hospital District, more particularly described as follows:

Beginning at a point on the easterly line of said parcel, said Point of Beginning being further described as a point on the northerly projection of the westerly boundary of the Bon Air Subdivision No. Three as filed for record in Book 8 of Maps at Page 3 in the office of the Marin County Recorder, from which Point of Beginning a well monument as shown on the Marin County Department of Public Works drawing number 75-6 on file in the County Engineers office witnessing the beginning of a 500' radius curve (12.00 foot offset from centerline station 18+06.54 as shown thereon) in Bon Air Road bears South 77°19'09" West, 612.23 feet; thence from said point of beginning, along the easterly and southeasterly lines of said Hospital District lands the following 3 courses and distances: South 15°49'00" East, 491.73 feet; thence South 29°23'38" West, 261.34 feet; thence South 45°55'00" West, 104.04 feet; thence leaving said southeasterly line North 58°57'11" West, 232.64 feet; thence South 75°18'53" West, 81.40 feet; thence North 14°41'07" West, 97.23 feet; thence North 75°18'53" East, 21.96 feet; thence North 30°46'07" East, 70.00 feet; thence South 59°13'53" West, 11.75 feet; thence North 30°46'07" East, 90.00 feet; thence North 38°28'07" East, 18.22 feet; thence North 59°13'53" West, 94.51 feet; thence North 38°26'29" West, 90.47 feet; thence North 51°33'31" East, 77.51 feet; thence South 38°26'29" East, 28.74 feet to the beginning of a curve concave northerly having a radius of 108.00 feet; thence easterly along the arc of said curve 155.51 feet through a central angle of 82°30'03" to the beginning of a non-tangent curve concave westerly having a radius of 425.00 feet, from which the radius bears North 70°53'48" West; thence northerly along the arc of said curve 206.13 feet through a central angle of 27°47'19"; thence North 54°19'12" East, 181.44 feet to the Point of Beginning.

Containing 4.98 acres, more or less.

EXHIBIT B

Legal Description of Dominant Tenement

Legal Description

Parcel A

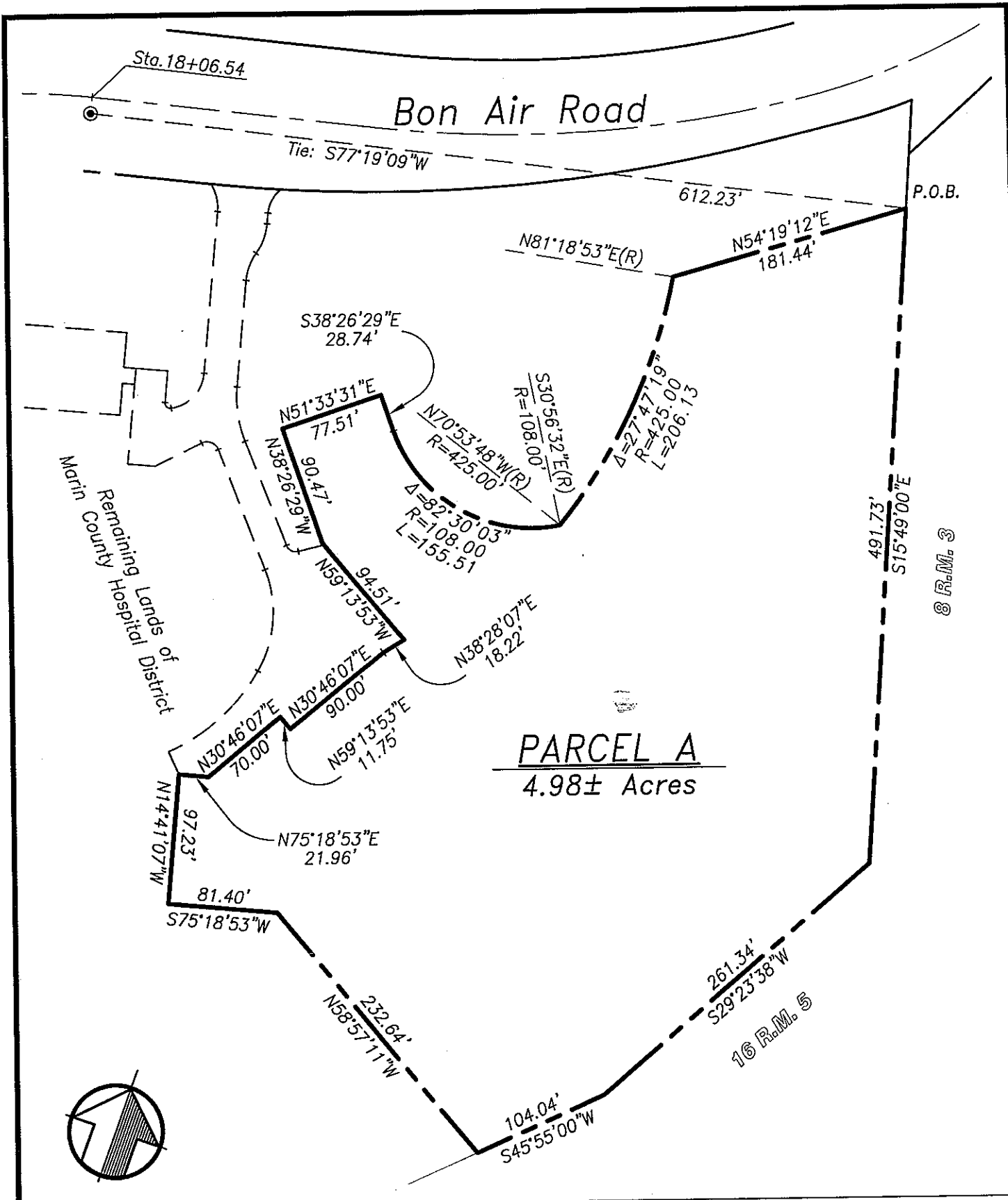
All that certain real property situate in the City of Greenbrae, County of Marin, being a portion of the lands of the Marin Hospital District, more particularly described as follows:

Beginning at a point on the easterly line of said parcel, said Point of Beginning being further described as a point on the northerly projection of the westerly boundary of the Bon Air Subdivision No. Three as filed for record in Book 8 of Maps at Page 3 in the office of the Marin County Recorder, from which Point of Beginning a well monument as shown on the Marin County Department of Public Works drawing number 75-6 on file in the County Engineers office witnessing the beginning of a 500' radius curve (12.00 foot offset from centerline station 18+06.54 as shown thereon) in Bon Air Road bears South 77°19'09" West, 612.23 feet; thence from said point of beginning, along the easterly and southeasterly lines of said Hospital District lands the following 3 courses and distances: South 15°49'00" East, 491.73 feet; thence South 29°23'38" West, 261.34 feet; thence South 45°55'00" West, 104.04 feet; thence leaving said southeasterly line North 58°57'11" West, 232.64 feet; thence South 75°18'53" West, 81.40 feet; thence North 14°41'07" West, 97.23 feet; thence North 75°18'53" East, 21.96 feet; thence North 30°46'07" East, 70.00 feet; thence South 59°13'53" West, 11.75 feet; thence North 30°46'07" East, 90.00 feet; thence North 38°28'07" East, 18.22 feet; thence North 59°13'53" West, 94.51 feet; thence North 38°26'29" West, 90.47 feet; thence North 51°33'31" East, 77.51 feet; thence South 38°26'29" East, 28.74 feet to the beginning of a curve concave northerly having a radius of 108.00 feet; thence easterly along the arc of said curve 155.51 feet through a central angle of 82°30'03" to the beginning of a non-tangent curve concave westerly having a radius of 425.00 feet, from which the radius bears North 70°53'48" West; thence northerly along the arc of said curve 206.13 feet through a central angle of 27°47'19"; thence North 54°19'12" East, 181.44 feet to the Point of Beginning.

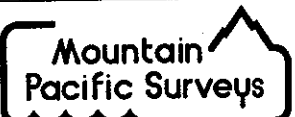
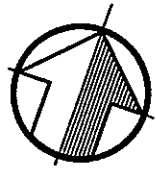
Containing 4.98 acres, more or less.

See plat attached and by reference made a part hereof.





PARCEL A
4.98± Acres



Land Surveying • Mapping • Planning

1505 W. Texas Street PH (707) 425-6234
Fairfield, CA 94533 FAX (707) 425-1989

Plat to Accompany
Legal Description
4.98± Acre Parcel
Marin General Hospital
Greenbrae California

Approved			
Drawn	CMW	Scale	1"=100'
Date	04/16/09	Sheet No.	2
Proj. No.	508078	of	2

EXHIBIT C

Description/depiction of the Easement Area

Exhibit _____

Legal Description
County Access Easement

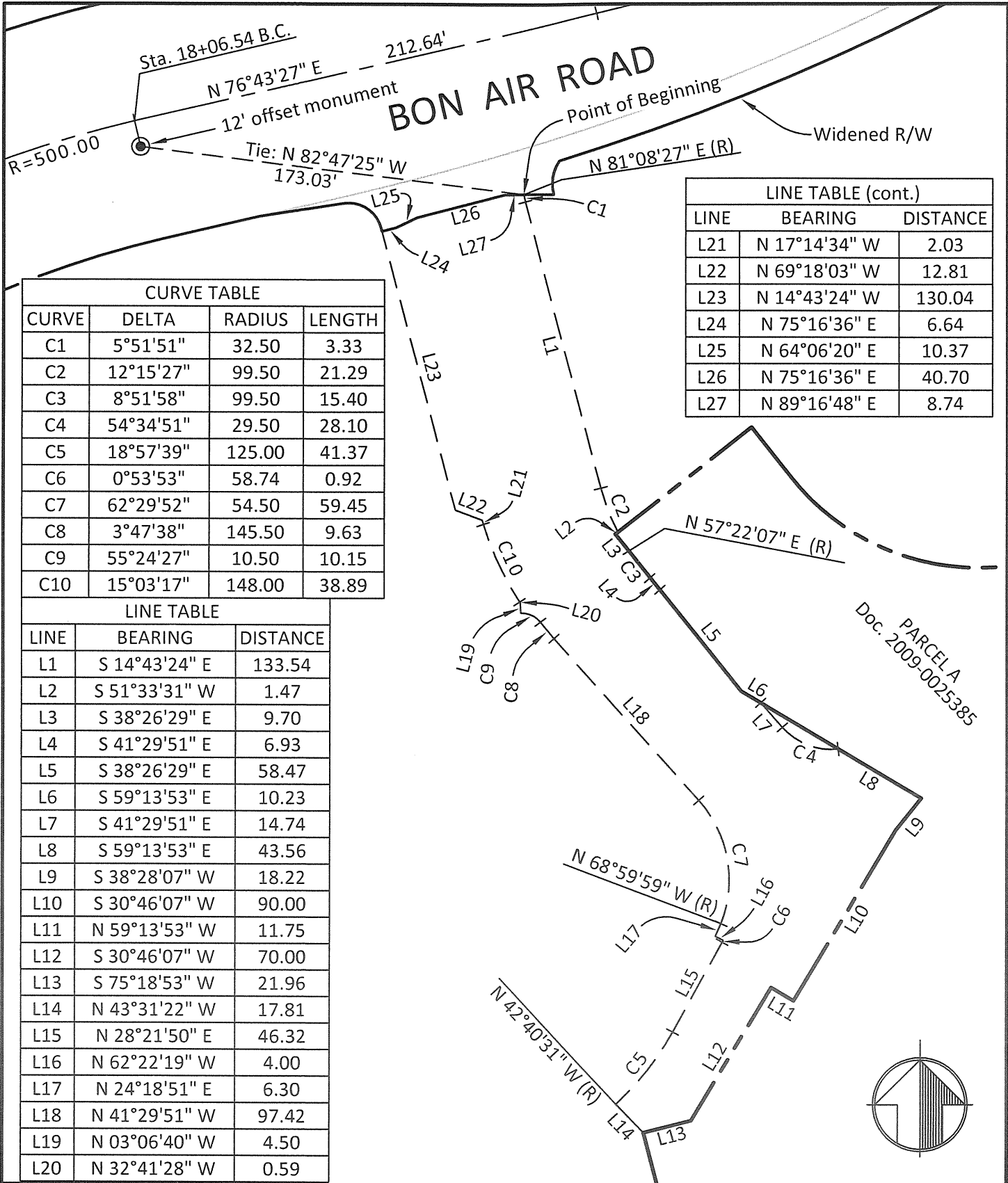
An easement for access, ingress, egress, and all purposes incidental thereto over that certain real property situate in the unincorporated area of Marin County, and being a portion of the lands granted to the Marin Hospital District by deed filed for record November 22, 1968 in Book 2257 of Official Records at Page 73 in the Office of the Marin County Recorder, being more particularly described as follows:

Beginning at a point on the southerly right of way line of Bon Air Road as widened by a right of way dedication filed concurrently with, or about the date of recording of this easement, from which point a well monument shown on the Marin County Department of Public Works drawing number 75-6 on file in the County Engineers office witnessing the beginning of a 500' radius curve (monument located at a 12.00 foot offset from centerline station 18+06.54 as shown thereon) in Bon Air Road bears North 82°47'25" West, 173.03 feet; said Point of Beginning being further described as the beginning of a non-tangent curve concave easterly having a radius of 32.50 feet, from which point the radius bears North 81°08'27" East; thence southerly along the arc of said curve 3.33 feet through a central angle of 5°51'51"; thence South 14°43'24" East, 133.54 feet to the beginning of a curve concave easterly having a radius of 99.50 feet; thence southerly along the arc of said curve 21.29 feet through a central angle of 12°15'27" to a point on the general west line of Parcel A as described in the Deed of Trust filed for record May 12, 2009 as document 2009-0025385 in said Recorder's office; thence along said general west line the following two courses and distances: South 51°33'31" West, 1.47 feet; thence South 38°26'29" East, 9.70 feet to the beginning of a non-tangent curve concave northeasterly having a radius of 99.50 feet, from which point the radius bears North 57°22'07" East; thence leaving said general west line, southerly along the arc of said curve 15.40 feet through a central angle of 8°51'58"; thence South 41°29'51" East, 6.93 feet to a point on said general west line; thence along said general west line the following two courses and distances: South 38°26'29" East, 58.47 feet; thence South 59°13'53" East, 10.23 feet; thence leaving said general west line South 41°29'51" East, 14.74 feet to the beginning of a curve concave northerly having a radius of 29.50 feet; thence easterly along the arc of said curve 28.10 feet through a central angle of 54°34'51" to a point on said general west line; thence along said general west line the following six courses and distances: South 59°13'53" East, 43.56 feet; thence South 38°28'07" West, 18.22 feet; thence South 30°46'07" West, 90.00 feet; thence North 59°13'53" West, 11.75 feet; thence South 30°46'07" West, 70.00 feet; thence South 75°18'53" West, 21.96 feet; thence leaving said general west line North 43°31'22" West, 17.81 feet to the beginning of a non-tangent curve concave northwesterly having a radius of 125.00 feet, from which point the radius bears North 42°40'31" West; thence northeasterly along the arc of said curve 41.37 feet through a central angle of 18°57'39"; thence North 28°21'50" East, 46.32 feet to the beginning of a curve concave northwesterly having a radius of 58.74 feet; thence northerly along the arc of said curve 0.92 feet through a central angle of 0°53'53"; thence North 62°22'19" West, 4.00 feet; thence North 24°18'51" East, 6.30 feet to the beginning of a non-tangent curve concave westerly having a radius of 54.50 feet, from which point the radius bears North 68°59'59" West; thence northerly along the arc of said curve 59.45 feet through a central angle of 62°29'52"; thence North 41°29'51" West, 97.42 feet to the beginning of a curve concave northeasterly having a radius of 145.50 feet; thence northwesterly along the arc of said curve 9.63 feet through a central angle of 3°47'38" to the beginning of a reverse curve concave southerly having a radius of 10.50 feet; thence westerly along the arc of said curve 10.15 feet through a central angle of

55°24'27"; thence North 03°06'40" West, 4.50 feet; thence North 32°41'28" West, 0.59 feet to the beginning of a curve concave easterly having a radius of 148.00 feet; thence northerly along the arc of said curve 38.89 feet through a central angle of 15°03'17"; thence North 17°14'34" West, 2.03 feet; thence North 69°18'03" West, 12.81 feet; thence North 14°43'24" West, 130.04 feet to an angle point in said widened southerly line of Bon Air Road, thence along said southerly line the following four courses and distances: North 75°16'36" East, 6.64 feet; thence North 64°06'20" East, 10.37 feet; thence North 75°16'36" East, 40.70 feet; thence North 89°16'48" East, 8.74 feet to the Point of Beginning.

Containing 25,728 sq. feet, more or less.

See plat attached hereto and by reference made a part hereof.



Land Surveying • Mapping • Planning
 1505 W. Texas Street PH (707) 425-6234
 Fairfield, CA 94533 FAX (707) 425-1969

Plat to Accompany
 Legal Description
County Access Easement
 Marin General Hospital
 Marin County California

Approved		
Drawn	CMW	Scale 1"=60'
Date	Rev. 07/26/16	Sheet No. 3
Proj. No.	508078	of 3