

# MARIN HEALTHCARE DISTRICT

100-B Drake's Landing Road, Suite 250, Greenbrae, CA 94904  
[www.marinhealthcare.org](http://www.marinhealthcare.org)

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**TUESDAY, JUNE 13, 2023**  
**BOARD OF DIRECTORS**  
**5:30 PM: REGULAR OPEN MEETING**

**Board of Directors:**

**Chair:** Brian Su, MD (Division 3)  
**Vice Chair:** Edward Alfrey, MD (Div. 5)  
**Secretary:** Ann Sparkman, RN/BSN, JD (Div. 2)  
**Directors:** Jennifer Rienks, PhD (Div. 4)  
Samantha Ramirez, BSW (Div. 1)

**Staff:**

David Klein, MD, MBA, CEO  
Eric Brettner, CFO  
Colin Leary, General Counsel  
Louis Weiner, Executive Assistant

**Location for Board:**

MarinHealth Medical Center, Inverness Room  
250 Bon Air Road, Greenbrae CA

**Public via Zoom video:**

<https://mymarinhealth.zoom.us/join>  
Meeting ID: 968 3653 3849  
Passcode: 350343  
Or via Zoom telephone: 1-669-900-9128

**AGENDA**

	<u>Presenter</u>	<u>Tab #</u>
<b><u>5:30 PM: REGULAR OPEN MEETING</u></b>		
1. Call to Order and Roll Call	Su	
2. General Public Comments <i>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.</i>	Su	
3. Approve Agenda (action)	Su	
4. Move to reconfirm findings under Assembly Bill 361 and extend Resolution MHD 2023-02 to continue virtual meetings of the Marin Healthcare District Board of Directors (action)	Su	#1
5. Approve Minutes of the Regular Meeting of May 9, 2023 (action)	Su	#2
6. Disclosure of Action Taken at Board Special Closed Session, June 13, 2023	Klein	
7. Approval of 2022 Annual Report of MHMC Performance Metrics and Core Services (action)	Klein/ Seaver-Forsey	#3
8. Discussion: Formation of MHD-Sponsored Community Advisory Board	Rienks/Klein	
9. Report: Outpatient Clinic Safety Program	Klein	

The agenda for the 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 recorded and the recordings are posted on the District web site.

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**TUESDAY, JUNE 13, 2023**

**BOARD OF DIRECTORS**

**5:30 PM: REGULAR OPEN MEETING**

## 10. Committee Reports

a. Finance & Audit Committee (*next meets June 27*)

*Alfrey*

b. Lease & Building Committee (*next meets June 14*)

*Rienks*

(1) Report: Seminar, May 24: "Adolescent Eating Disorders"

#4

## 11. Reports

a. District CEO's Report

*Klein*

b. Hospital CEO's Report

*Klein*

c. Chair's and Board Members' Reports

*All*

## 12. Agenda Suggestions for Future Meetings

*All*

## 13. Adjournment of Regular Meeting

*Chair*

*Next Regular Meeting: Tuesday, July 11, 2023 @ 5:30 p.m.*

**Tab 1**



**MARIN HEALTHCARE DISTRICT BOARD OF DIRECTORS**  
**RESOLUTION NO. MHD 2023-02**  
**RESOLUTION AUTHORIZING REMOTE TELECONFERENCE MEETINGS**  
**PURSUANT TO AB 361**

WHEREAS, all Marin Healthcare District (“District”) meetings are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code 54950 – 54963); and

WHEREAS, on March 4, 2020, Governor Newsom declared a State of Emergency to make additional resources available, formalize emergency actions already underway across multiple state agencies and departments, and help the State prepare for a broader spread of the novel coronavirus disease 2019 (“COVID-19”); and

WHEREAS, on March 17, 2020, in response to the COVID-19 pandemic, Governor Newsom issued Executive Order N-29-20 suspending certain provisions of the Ralph M. Brown Act in order to allow local legislative bodies to conduct meetings telephonically or by other means; and

WHEREAS, as a result of Executive Order N-29-20, District staff set up virtual meetings for all meetings of the District Board of Directors and its committees (collectively, “District Meetings”); and

WHEREAS, certain teleconferencing allowances were made under subsequently-enacted AB 361 (2021) and AB 2449 (2022) that replaced now-repealed Executive Order N-29-20; and

WHEREAS, AB 361 (2022) was signed on September 13, 2022 and is in effect through January 1, 2024, and among other things provides in Government Code 54953(e) that (i) a legislative body may use teleconferencing if it holds a meeting during a proclaimed state of emergency and state or local officials have imposed or recommended measures to promote social distancing, which the Board of Directors have done, and (ii) a legislative body may continue using the teleconferencing procedures of AB 361 provided that it makes renewed findings by majority vote every thirty (30) days that it has considered the circumstances of the state of emergency, and that either (a) the state of emergency continues to directly impact the ability of the members to meet safety in person, or (b) state or local officials continue to impose or recommend measures to promote social distancing; and

WHEREAS, the Board of Directors desires to make findings and determinations consistent with AB 361 for District Meetings to utilize the special procedures for teleconferencing provided therein due to imminent risks to the health and safety of attendees; and

WHEREAS, highly contagious Delta and Omicron COVID-19 variants are in circulation, causing increases in COVID-19 cases throughout the State and Marin County; and

WHEREAS, on February 28, 2023, Governor Newsom proclaimed that the State of Emergency declared on March 4, 2020 was no longer in effect; and

WHEREAS, state and local officials continue to impose or recommend measures to promote social distancing, including without limitation through COVID-19 Prevention Non-Emergency Regulations issued by the State of California’s Department of Industrial Relations (the “COVID-19 Prevention Regulations”) that took effect on February 4, 2023; and

Resolution MHD 2023-02

Page 2 of 2

WHEREAS, the CDC continues to recommend source control and physical distancing for everyone in a healthcare setting; and

WHEREAS, the District Board of Directors hereby finds that the continued presence of COVID-19 and the increase of cases due to new variants would present imminent risks to the health or safety of attendees, including the legislative bodies and staff, should District Meetings be held in person.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Marin Healthcare District, that (i) the above recitals are true and correct, and incorporated into this Resolution, and (ii) the Board of Directors makes the following findings: (a) The Board of Directors has considered the circumstances of the State of Emergency, (b) the COVID-19 Prevention Regulations evidence imposition or recommendation of measures to promote social distancing by state and local officials, (c) the CDC continues to recommend source control and physical distancing for everyone in a healthcare setting, and (d) as a result of the presence of COVID-19 and the increase of cases due to the new variants, meeting in person would present imminent risks to the health or safety of attendees, the legislative bodies and staff; and

RESOLVED, FURTHER, that District Meetings may continue to meet remotely in compliance with AB 361 (2022), in order to better ensure the health and safety of the public; and

RESOLVED, FURTHER, that the District Board of Directors will revisit the need to conduct District Meetings remotely within thirty (30) days of the adoption of this resolution.

REVIEWED, APPROVED, AND ADOPTED at a Regular Board Meeting held on the 9th of May, 2023, by the following vote, to wit:

AYES: Su, Alfrey, Sparkman, Rienks, Ramirez  
NOES: 0  
ABSENT: 0  
ABSTAIN: 0

ATTEST:



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Brian Su, MD  
Chair of the Board



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Ann Sparkman, RN/BSN, JD  
Secretary of the Board

## Tab 2



**MARIN HEALTHCARE DISTRICT  
BOARD OF DIRECTORS**

**REGULAR MEETING**

**Tuesday, May 9, 2023 @ 5:30 pm  
Via Zoom**

**MINUTES**

**1. Call to Order and Roll Call**

Chair Su called the Regular Meeting to order at 5:42 pm.

*Board members present:* Chair Brian Su, MD; Vice Chair Edward Alfrey, MD; Secretary Ann Sparkman, RN/BSN, JD; Jennifer Rienks, PhD; Samantha Ramirez, BSW  
*Staff present:* David Klein, MD, CEO; Eric Brettner, CFO; Colin Leary, General Counsel; Louis Weiner, EA

**2. General Public Comment**

Lynn Warner, RN, thanked the Board for their support in the recent favorable settlement of the CNA agreement. Dr. Su thanked Dr. Klein and his team.

**3. Approve Agenda**

Dr. Alfrey moved to approve the agenda as presented. Ms. Rienks seconded. **Vote: all ayes.**

**4. Approve Resolution No. MHD 2023-02 Authorizing Remote Teleconference Meetings Pursuant to AB 361**

Mr. Leary presented the Resolution and explained the state's ruling of AB 361 and the District's response as put forth in this Resolution for the Board to continue to meet by teleconference in accordance with AB 361. AB 361 is in effect through January 1, 2024.

Discussion followed, and the Board generally agreed to hold hybrid Board meetings in accordance with AB 361. At least for the remainder of 2023, each Director will have the option to attend in person or remotely.

Mr. Leary stated the requirement that this Resolution is to be presented for re-approval at each Regular meeting of this Board at least for the remainder of 2023. He noted that once AB 361 expires, the Brown Act will revert to less permissive rules for teleconference meetings.

Dr. Su asked for a motion to approve Resolution No. MHD 2023-02. Dr. Alfrey moved to approve as presented. Ms. Sparkman seconded. **Vote by roll call: All ayes.**

**5. Approve Minutes of the Regular Meeting of April 11, 2023**

Dr. Alfrey moved to approve the minutes as presented. Ms. Rienks seconded. **Vote: all ayes.**



**6. Disclosure of Action Taken at Board Special Closed Session, May 9, 2023**

Dr. Klein reported that the Board met in closed session immediately before this meeting. The Board reviewed and edited the District CEO Performance Evaluation tool.

**7. Review and Approve Amendment to Policies and Procedures for Board Meetings of Marin Healthcare District**

Mr. Leary presented the amended draft for discussion, review and approval. The redline amendments reflect the Board's discussion of this topic at the previous Regular Meeting, as well as best practice that Mr. Leary gathered from outside counsel's experience with other like district entities. General discussion followed.

Dr. Alfrey moved to approve the amended "Policies and Procedures for Board Meetings of Marin Healthcare District" as presented. Ms. Sparkman seconded. **Vote by roll call: all ayes.**

**8. MHD Branding: RFP for Logo Re-design**

Ms. Rienks presented the RFP (Request For Proposal) for re-design of the MHD logo that she and Ms. Jill Kinney (VP Marketing & Communications) drafted, and asked for Board feedback. General discussion followed about details of the RFP, and all generally agreed to move forward and to have Ms. Kinney distribute the RFP to local graphic design/creative resources. The proposals received will be reviewed, discussed, and selected by the Board according to a schedule to be determined.

Ms. Kinney estimated that the cost to the District would be at least \$10,000.

**9. Committee Reports**

*A. Finance & Audit Committee (met April 25)*

Dr. Alfrey reported that the committee reviewed the year-to-date financials, and Mr. Brettner gave some details. YTD income (rental revenue plus investment earnings) are at \$260K, favorable to budget by \$83K due to favorable investment earnings. YTD expenses of \$91K are favorable to budget by \$47K, due largely to charitable contributions and community education funds that are not yet expended. YTD operating income is \$169K, favorable to budget by \$130K.

*B. Lease & Building Committee (did not meet, next meets June 14)*

Ms. Rienks reported that the next MHD community health seminar "Adolescent Eating Disorders" is set for Weds. May 24 with eating disorders specialist Dr. Erin Accurso of UCSF, a community-accessible resource who sees patients with insurance. Another specialist physician was considered whose concierge clinic does not take insurance (but refers patients to UCSF), and it was decided not to include them in this seminar.

The hybrid seminar will be in-person at the San Rafael Community Center on B Street, and on Zoom webinar. Ms. Kinney reported that publicity will be through broad social media, county-wide schools and counselors, parent groups, and through Dr. Accurso's resources.



## **10. Reports**

### *A. District CEO's Report*

Dr. Klein reported that the hospital's hybrid OR construction is slightly delayed.

A new digital display board, funded by philanthropy, is being installed in the main lobby.

Necessary repair of sub-drainage system is proving difficult and delayed. McCarthy Construction is paying for the repairs, and we're hiring specialists to ensure that the work is done optimally.

The Pharmacy compounding room will be undergoing expansion.

Work on the Petaluma medical hub is moving forward on the 14,000 square foot facility, scheduled to open in late 2024.

Installation is on schedule for the outpatient Behavioral Health garden.

Plans are moving forward for cosmetic renovations in the heavily-used Cedar pavilion.

Meetings are beginning with PMB Consulting for developing pricing and financing models for the Ambulatory Services Building.

### *B. Hospital CEO's Report*

Dr. Klein reported that Q1 has been very strong, with high volumes well ahead of budget, and peak census levels.

ED turnaround and throughput has greatly improved through process initiatives. "Left without being seen" rates are very low. Patients are increasingly expressing their thanks for the more efficient and quick ED process.

Financial results continue strong, with strong EBIDA and positive operating margin.

The corporate borrowing revenue bond offering approved by the Boards last month is being finalized for market.

Today is the Brand Launch Day with events in all shifts for the hospital employees and staff rolling out the new MHMC "Closer than you think" brand with events, activities, videos and meals. Attendance has been very high and enthusiastic.

The master facility plan, a 4-month project, is proceeding intensely toward a strategic, facility, and data analysis of what MarinHealth must do in the near-to-medium future to service and respond to changing healthcare demands. This will be the subject of the Hospital Board retreat in the fall, and then presented to the District Board.

The Marin IJ recently had a favorable article on our minimally invasive carotid artery procedure program; we are the first in the region to do this.

Petaluma Valley Hospital closed their OB service as of May 1. Some patients are coming here. We'll be providing OB outpatient services there, and we've hired some of their OB nurses here.

For patient experience, we have organized a new 18-month plan. During the daily leadership morning huddle, attention and response will also focus on service and safety. Initiatives include hiring of skilled positions.

We have moved up to Leapfrog B status.

Patient room turnover time is now down to 30 minutes, the national benchmark standard.



Dr. Alfrey commented on pictures of individuals in the main lobby. Dr. Klein said those are of philanthropic donors, in a gallery that will rotate with other pictures. Dr. Su suggested that such photos would best be on a digital visual board, and that the portraits of the MHD and MHMC Board members should also be so displayed. Dr. Klein agreed and will discuss with Facilities and Ms. Kinney.

*C. Chair's and Board Members' Reports*

Dr. Alfrey reported that he and Ms. Ramirez are discussing working on a health care fair in June at Boro Park in the Canal to address subjects such as diabetes, hypertension and healthy diet. He is talking to physicians asking for their inclusion. He would like it to be under the auspices of Marin Healthcare District.

Ms. Rienks reported that she recently attended an excellent colloquium that addressed screening for social determinants of health, and that patients and clinicians all agreed that such screening is very beneficial. She urged the hospital to increase such efforts, particularly in discharge planning.

Ms. Ramirez reported on her activity at the Youth Commission Wellness Festival in San Rafael last weekend. Tomorrow she is involved with a forum of financial literacy for young people.

Dr. Su reported that the recent Foundation Gala was enjoyable, and that he visited with Dr. Matt Willis and DA Lori Frugoli and discussed gun violence.

Ms. Sparkman had nothing further to report.

**11. Agenda Suggestions for Future Meetings**

Ms. Rienks suggested discussing the District forming an advisory board of underserved Marin residents, particularly from the Canal and Marin City. Dr. Klein agreed to agendaize for the next meeting.

Dr. Su suggested further discussion on gun safety measures at the clinics. Dr. Klein noted that such clinical training is being planned, including "Stop the Bleed," and agreed to agendaize for the next meeting.

**12. Adjournment of Regular Meeting**

Chair Su adjourned the meeting at 6:52 pm.

## Tab 3



# **MarinHealth Medical Center**

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

### **Annual Report 2022**

June 6, 2023

**MarinHealth Medical Center (Marin General Hospital)**  
Performance Metrics and Core Services Report: **ANNUAL REPORT 2022**

**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 May 25, 2022 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 2022 (Annual Report) was presented to MGH Board and to MHD Board in June 2023.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2023 was presented for approval to the MGH Board in February 2023.
	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	<b>Schedule 1</b>
(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	<b>Schedule 2</b>
	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	<b>Schedule 3</b> <b>Schedule 4</b>
(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	<b>Schedule 5</b>
	2. MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly	In Compliance	<b>Schedule 5</b>

**MarinHealth Medical Center (Marin General Hospital)**  
**Performance Metrics and Core Services Report: ANNUAL REPORT 2022**

**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	<b>Schedule 6</b>
(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	<b>Schedule 1</b>
	2. MGH Board will report external awards and recognition.	Annually	In Compliance	<b>Schedule 7</b>
(C) Community Commitment	1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly	In Compliance	<b>Schedule 8</b>
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	<b>Schedule 8</b>
	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	<b>Schedule 2</b>
	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	<b>Schedule 5</b>
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	<b>Schedule 9</b>
(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	<b>Schedule 10</b>
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	<b>Schedule 3 Schedule 4</b>
	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	<b>Schedule 11</b>
(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 22, 2022 and to the MHD Board on February 17, 2023.
	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 22, 2022 and the MHD Board on February 17, 2023.
	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	<b>Schedule 5</b>
	4. MGH Board will report on current Emergency services diversion statistics.	Quarterly	In Compliance	<b>Schedule 12</b>
(F) Finances	1. MGH Board will provide the audited financial statements.	Annually	In Compliance	The MGH 2022 Independent Audit was completed on April 7, 2023.
	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	<b>Schedule 5</b>
	3. MGH Board will provide copies of MGH's annual tax return (Form 990) upon completion to General Member.	Annually	In Compliance	The MGH 2021 Form 990 was filed on November 10, 2022.



# SCHEDULE 1

## EXECUTIVE SUMMARY

### Q4 2022 HCAHPS

#### **Time Period**

Q4 2022 HCAHPS Survey with CMS Benchmarks

#### **Accomplishments**

- Nurse and Doctor Respect above 50thp
- Responsiveness: Bathroom Help above 50thp
- Medication Explanation above 90thp
- Environment Cleanliness above 50thp
- Help after Discharge & Symptom Monitoring above 75thp
- Care Transition Medications above 50thp

#### **Areas for Improvement**

- Summary scores for each category need improving

#### **Data Summary**

Sample size= 436, above average survey return for a quarter.

#### **Barriers or Limitations**

- Q4 was a very high census period, high RSV and COVID activity, staffing challenges across many shifts.

#### **Next Steps**

- Senior Leaders have prioritized Patient Satisfaction and Experience initiatives; Hourly rounding on Medical/Surgical units, Physician bedside rounding and feedback sessions, ED wait times addressed, among other efforts.
- Sr Leader rounding on Med/Surg, ED, Cardiac Units

# MHMC Performance Metrics and Core Services Report

## Annual Report 2022

### 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.

#### MarinHealth Medical Center Overall Hospital HCAHPS Trending by Quarter

Scores displayed here are based on interviews from CMS submitted data for the selected time periods.  
Mode adjustments and ESTIMATED Patient Mix Adjustments have been applied to the dimension scores.  
Scores for the individual questions do not have adjustments applied.

FFY 2024 VBP Thresholds				Q1 2022	Q2 2022	Q3 2022	Q4 2022
71.66	79.29	85.39	<b>Overall rating</b>	74.86	74.82	72.04	65.22
			<b>Would Recommend</b>	76.61	79.60	77.05	69.90
79.42	84.03	87.71	<b>Communication with Nurses</b>	79.02	77.19	74.80	72.46
			Nurse Respect	84.75	82.98	84.31	83.83
			Nurse Listen	78.37	74.65	70.48	79.08
			Nurse Explain	73.94	79.94	69.60	75.46
79.83	84.35	87.97	<b>Communication with Doctors</b>	79.57	79.26	76.36	71.08
			Doctor Respect	83.71	85.38	81.23	84.56
			Doctor Listen	79.14	78.10	75.47	76.85
			Doctor Explain	75.86	74.29	72.39	75.52
65.52	74.24	81.22	<b>Responsiveness of Staff</b>	70.20	62.73	61.99	55.28
			Call Button	63.40	61.01	59.76	56.01
			Bathroom Help	77.01	64.44	64.22	68.75
63.11	69.19	74.05	<b>Communication about Medications</b>	59.68	63.10	63.58	54.70
			Med Explanation	74.73	76.92	79.21	75.69
			Med Side Effects	44.63	49.28	47.96	49.31
65.63	73.41	79.64	<b>Hospital Environment</b>	69.21	67.82	65.42	53.69
			Cleanliness	73.07	69.14	66.94	70.42
			Quiet	65.35	66.51	63.90	59.26
87.23	90.00	92.21	<b>Discharge Information</b>	88.38	91.02	88.53	86.91
			Help After Discharge	83.94	88.86	84.71	90.37
			Symptoms to Monitor	92.81	93.18	92.35	91.04
51.84	58.36	63.57	<b>Care Transition</b>	49.13	48.42	46.73	43.85
			Care Preferences	39.64	41.69	39.61	43.61
			Responsibilities	53.01	49.88	43.67	49.41
			Medications	54.74	53.69	56.90	56.53
			<b>Number of Surveys</b>	357	429	377	436

<b>Thresholds Color Key:</b>
National 95th percentile
National 75th percentile
National average, 50th percentile

<b>Scoring Color Key:</b>
At or above 95th percentile
At or above 75th percentile
At or above 50th percentile
Below 50th percentile

Official VPB (Value-Based Purchasing) monthly trending HCAHPS results are distributed by  
MGH Quality Management on the 15th of each month.

# MHMC Performance Metrics and Core Services Report Annual Report 2022

## Schedule 2: Community Health & Education

➤ **Tier 1, Community Commitment**

In coordination with the General Member, the Board must publish the results of its triennial community survey to assess MGH’s performance at meeting community health care needs.

➤ **Tier 2, Community Commitment**

The 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.

<b>Community Health Improvement Services</b>		
<b>Event</b>	<b>Description</b>	<b>Recipients</b>
Braden Diabetes Center	Free diabetes support groups, Diabetes Self-Management, Lunch ‘n’ Learn, National Diabetes Day, education and screenings	Persons with diabetes, and their families, general public
Breast Health Center	Provided low-cost mammograms	Low-income and underserved women
Breastfeeding Telephone Support Line	Free education, counseling and breastfeeding support	Breastfeeding women
Integrative Wellness Center	Education and support group events (healthy weight for wellness, Qi Gong, cancer support groups, etc.)	Persons with chronic disease, general public
Community district events	Suicide prevention, aging well events	General public
Community Nutrition Education Telephone Support Line	Free advice line open to the community for nutrition information	General public
Compassionate Discharge Services and Medications	Covered cost of services and medications upon discharge	Uninsured and underinsured patients
Concussion <i>Smart Marin</i>	Athletic trainers provided support, concussion education, and injury prevention	Students, parents, coaches, schools
COVID-19 Communications	Public information on COVID	General public
CPR and First Aid	CPR classes and first aid for children	General public
Health Connection e-Newsletter and Podcasts	Free monthly newsletter and quarterly podcasts on a variety of health topics	General public
Infant Care and Childbirth Series	Classes on infant care topics	General public
Shuttle Program for Seniors	Free shuttle service for seniors in the Behavioral Health program	Seniors in need
Stop the Bleed	Training to handle an emergency before professionals arrive on scene	Boy Scouts
The Mom’s Group and Pathways	Free support groups that discuss newborn care, breastfeeding, parenting, etc.	General public
Transportation	Free taxi vouchers	Persons who lack transportation to medical services

# MHMC Performance Metrics and Core Services Report Annual Report 2022

## Schedule 2, continued

<b>Health Professions Education</b>		
<b>Event</b>	<b>Description</b>	<b>Recipients</b>
Grand Rounds	Education programs open to community health providers	Physicians and Advanced Practice Providers
Nursing Students	Supervision and training hours	Nursing students
Nutrition Students	Supervision and training hours	Dietetics students
Occupational Therapy Interns in Behavioral Health	Supervision and training hours	Occupational Therapy students
Pharmacy Student Clinical Rotations	Supervision and training hours	Pharmacy students
Physical Therapy Students	Supervision and training hours	Physical Therapy students
Radiology Student Internships	Supervision and training hours	Radiology students
Respiratory Therapy Student Internships	Supervision and training hours	Respiratory Therapy students

The complete 2022 Annual Community Benefit Report is available at  
<https://www.mymarinhealth.org/about-us/community-benefit/>

# MHMC Performance Metrics and Core Services Report Annual Report 2022

## Schedule 3: Physician Engagement

- **Tier 1, Physicians and Employees**  
The Board must report on all Tier 1 Physician and Employee Metrics at least annually.
- **Tier 2, Physicians and Employees**  
The Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.

### Overall MarinHealth 2022 Provider Engagement Survey Results

Participation Rate = 40.5%

Source: Professional Research Consultants, Inc.

#### *Asked of Providers:*

**“WOULD YOU SAY THE OVERALL  
QUALITY OF CARE AT MARINHEALTH MEDICAL CENTER IS...”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
<b>Excellent</b>	<b>64</b> [74 in 2021]	<b>32%</b> [40% in 2021]
<b>Very Good</b>	<b>88</b> [72 in 2021]	<b>43%</b> [39% in 2021]
<b>Good</b>	<b>41</b> [30 in 2021]	<b>20%</b> [16% in 2021]
<b>Fair</b>	<b>8</b> [5 in 2021]	<b>4%</b> [3% in 2021]
<b>Poor</b>	<b>1</b> [2 in 2021]	<b>#%</b> [1% in 2021]

**Percentile Ranking: 30th Percentile** [51<sup>st</sup> percentile in 2021]  
**Total Number of Responses: 202 Providers** [183 responses in 2021]

#### *Asked of Providers:*

**“OVERALL, AS A PLACE TO PRACTICE MEDICINE,  
WOULD YOU SAY MARINHEALTH IS...”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
<b>Excellent</b>	<b>46</b> [63 in 2021]	<b>23%</b> [34% in 2021]
<b>Very Good</b>	<b>63</b> [59 in 2021]	<b>31%</b> [32% in 2021]
<b>Good</b>	<b>52</b> [38 in 2021]	<b>26%</b> [21% in 2021]
<b>Fair</b>	<b>31</b> [17 in 2021]	<b>15%</b> [9% in 2021]
<b>Poor</b>	<b>11</b> [7 in 2021]	<b>5%</b> [4% in 2021]

**Percentile Ranking: 14th Percentile** [38<sup>th</sup> percentile in 2021]  
**Total Number of Responses: 203 Providers** [184 responses in 2021]

# MHMC Performance Metrics and Core Services Report Annual Report 2022

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## Schedule 4: Employee Engagement

- **Tier 1, Physicians and Employees**  
The Board must report on all Tier 1 Physician and Employee Metrics at least annually.
- **Tier 2, Physicians and Employees**  
The Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.

### Overall MHMC 2022 Employee Engagement Study Results

Source: MHMC Employee Engagement Pulse Survey

*Asked of Employees:*

**“OVERALL, HOW SATISFIED ARE YOU WITH  
MARINHEALTH AS A PLACE OF WORK?”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
<b>Very Satisfied</b>	<b>294</b> [216 in 2021]	<b>26%</b> [22% in 2021]
<b>Satisfied</b>	<b>504</b> [276 in 2021]	<b>44%</b> [28% in 2021]
<b>Neither Dissatisfied Nor Satisfied</b>	<b>212</b> [269 in 2021]	<b>19%</b> [28% in 2021]
<b>Dissatisfied</b>	<b>101</b> [132 in 2021]	<b>9%</b> [14% in 2021]
<b>Very Dissatisfied</b>	<b>27</b> [83 in 2021]	<b>2%</b> [9% in 2021]

**Total Number of Responses: 1,138 (64%)** [976 (61%) in 2021]

# MHMC Performance Metrics and Core Services Report

## Annual Report 2022

### Schedule 5: 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.

<b>Financial Measure</b>	<b>Final 2021</b>	<b>Q1 2022</b>	<b>Q2 2022</b>	<b>Q3 2022</b>	<b>Q4 2022</b>	
EBIDA \$ (in thousands)	22,568	7,826	13,203	16,453	26,425	
EBIDA %	4.60%	6.00%	5.00%	4.20%	4.90%	
<b>Loan Ratios</b>						
Annual Debt Service Coverage	2.81	6.08	3.40	3.29	3.16	
Maximum Annual Debt Service Coverage	1.73	3.74	2.53	2.44	2.35	
Debt to Capitalization	50.4%	51.0%	50.8%	54.0%	53.8%	
<b>Key Service Volumes</b>	<b>Total 2021</b>	<b>Q1 2022</b>	<b>Q2 2022</b>	<b>Q3 2022</b>	<b>Q4 2022</b>	<b>Total 2022</b>
Acute discharges	8,664	2,249	2,352	2,580	2,397	9,578
Acute patient days	43,247	12,039	12,171	12,789	12,346	49,345
Average length of stay	4.99	5.35	5.26	5.15	5.15	5.23
Emergency Department visits	34,378	8,514	9,147	9,181	10,242	37,084
Inpatient surgeries	1,573	418	353	387	410	1,568
Outpatient surgeries	4,317	1,397	1,501	1,433	1,378	5,709
Newborns	1,357	340	364	355	348	1,407

# MHMC Performance Metrics and Core Services Report

## Annual Report 2022

### Schedule 5, continued

➤ **Tier 2, Community Commitment**

The 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.

**MHMC**  
**Major Capital Expenditure Report**  
**For the period January - December 2022**

<b>Major Capital Expenditures</b>		<b>Comment</b>
Stryker Endoscopy - Instruments	2,317,865	
Stryker Performance	776,585	
JJH Velys Robotic Assisted Solution & Video HIP Navigation System	553,569	
Hologic Breast Biopsy	487,969	
Rampart IC - Radiation Shield	367,744	
Philips Epiq CVX Ultrasounds	360,509	
Carl Zeiss - VS Opmi Lumera 700 System 088	251,704	
Philips Electronics North - Ultrasound System Epiq Elite	222,221	
Philips Affiniti 70 Ultrasound System Neuro	167,038	
Medtronic USA Inc Stealthcart	149,956	
Advanced Sterilization Products Service	145,000	
Hologic Breast Biopsy	138,092	
Stryker Medical Parts	124,516	
Other Capital Projects under \$100k	1,164,568	
<b>Total Major Capital Expenditures</b>	<b>7,227,336</b>	
<b>Major Construction in Progress Expenditures</b>		
APEX	8,884,936	
Hybrid OR Conversion	2,851,363	
APeX MH Labor	2,622,381	
2019 Behavioral Health Reclassification	2,008,852	
MHMC/UCSF Orthopedics at 4000 Civic Center	1,981,557	
CT Scanner at 1350 S Eliseo - Somatom Go	1,485,786	
Oak Pavilion Flex Vision	1,101,576	
APeX MH Interfaces and Conversions	782,682	
MESA LABORATORIES INC	767,764	
Pharmacy Compounding	480,404	
Lab Automation	448,344	
APeX MH Contingency	353,714	
APeX UCSF Bond Interest to BofA 2022	322,328	
Oak Nuclear Medicine Relocation	300,415	
Capitalized Interest - Series B	296,961	
APeX MH Equipment	255,895	
APeX MH Software Upgrades	238,596	
1350 S. Eliseo Dermatology	195,214	
Oak LDRP Tubs	160,450	
Other CIP Under \$100K	317,792	
Hospital Replacement Building Project	(7,324,050)	Adjustment to additions recorded in 2021
<b>Total Construction in Progress</b>	<b>18,532,961</b>	
<b>Total Capital Expenditures</b>	<b>25,760,297</b>	

# MHMC Performance Metrics and Core Services Report Annual Report 2022

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## Schedule 6: Clinical Quality Reporting Metrics

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

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

### CLINICAL QUALITY METRICS DASHBOARD

Metrics are publicly reported on

CalHospital Compare ([www.calhospitalcompare.org](http://www.calhospitalcompare.org))

and

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



## **EXECUTIVE SUMMARY**

### **Q4 2022 Quality Management Dashboard**

### **(Organization Targets Based on Natl Metrics)**

#### **Time Period**

Q4 2022 most recent of four rolling quarters (far right)

#### **Accomplishments**

- Overall Readmissions improved to 8.98
- Stroke Readmission rate 0.0, steadily lower across the year
- SEP bundle compliance improved after APeX transition
- Falls/Injury, HAPI, SSE low YTD, PSI-90 improved

#### **Areas for Improvement or Monitoring**

- Pneumonia mortality
- Readmission rates: AMI, Hrt Failure
- Length of Stay (LOS): overall LOS, AMI, Hrt Failure, Pneumonia
- CAUTI
- C-difficile Infections (CDI): testing protocol updates implemented

#### **Data Summary**

- 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.

#### **Barriers or Limitations**

APeX reports for concurrent review of care in process

#### **Next Steps:**

- 2023 PI projects in development; CAUTI, SEP, Pneumonia, Throughput



**Quality Management Dashboard**  
**Period: Q4 2022**

**Legend**

Value > Target	
Value > 2021 but < Target	
Value < Target < 2021	

Metrics: Adult Medical/Surgical High Volume DRGs	Reporting	Target*	2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Mortality-All Cause (Risk Adjusted O:E)	O:E Ratio	<1.0	0.75	0.71	0.76	0.73	0.88
Mortality-Acute Myocardial Infarction	O:E Ratio		0.55	0.00	0.00	0.00	0.00
Mortality-Heart Failure	O:E Ratio		0.74	0.29	0.26	0.00	1.02
Mortality- Hip	O:E Ratio		0.00	0.75	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		0.78	1.17	0.83	1.07	1.61
Mortality- Sepsis	O:E Ratio		0.72	0.76	0.87	0.60	0.95
Mortality- Pneumonia	O:E Ratio		0.86	0.33	0.85	0.00	1.54
Readmission- All (Rate)	Rate	<15.5%	9.66	11.02	10.15	10.95	8.98
Readmission-Acute Myocardial Infarction	Rate		10.53	9.76	9.09	10.87	14.89
Readmission-Heart Failure	Rate		12.45	14.94	11.43	16.94	18.18
Readmission- Hip	Rate		3.33	7.14	14.29	0.00	0.00
Readmission- Knee	Rate		3.60	0.00	0.00	0.00	0.00
Readmission- Stroke	Rate		6.29	21.21	10.17	9.09	0.00
Readmission- Sepsis	Rate		14.15	21.05	19.48	18.47	10.89
Readmission- Pneumonia	Rate		12.77	14.29	8.89	13.95	9.52
LOS-All Cause	Mean	4.90	4.64	4.80	4.72	4.91	4.98
LOS-Acute Myocardial Infarction	Mean		3.85	5.20	3.64	4.58	6.43
LOS-Heart Failure	Mean		5.01	5.02	6.24	5.44	5.92
LOS- Hip	Mean		2.23	3.43	3.71	2.86	3.60
LOS- Knee	Mean		1.85	2.10	2.70	1.33	2.31
LOS- Stroke	Mean		4.98	5.42	4.02	4.38	4.84
LOS- SEPSIS	Mean		11.24	10.67	11.82	11.20	10.99
LOS- Pneumonia	Mean		5.98	7.03	4.92	6.60	6.51

Metrics: HAIs, Sepsis, Harm Events	Reporting	Target**	2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
CAUTI (SIR)	SIR	<1.0	0.29	1.70	0.00	0.73	2.43
Hospital Acquired C-Diff (CDI)	SIR	<1.0	0.213	0.31	0.57	0.29	0.90
Surgical Site Infection (Superficial)	# Infections	TBD	10	1	2	3	
Surgical Site Infection (Deep, Organ Space and Joint)	# Infections	TBD	16	1	2	2	
Sepsis Bundle Compliance	% Compliance	63%^	51%	52%	57%	48%	57%
Hospital Acquired Pressure Injury (HAPI)	# HAPI	<=1	0	1	0	0	0
Patient Falls with Injury	# Falls	<=1	1	0	1	0	0
PSI 90 / Healthcare Acquired Conditions	Ratio	<1.0	1.78	1.35	0.30	1.58	1.38
Serious Safety Events	# Events	<=1	1	0	0	0	0

\* 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
Readmissions	Anyone readmitted within 30 days of discharge (except for elective
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	A surgical site infection is an infection that occurs after surgery in the part of the
Sepsis Bundle Compliance	Compliance with a group of best-practice required measures to prevent sepsis
Hospital Acquired Pressure Injury	Stage III or IV pressure ulcers (not present on admission) in patients hospitalized
Patient Falls with Injury	A fall that resulted in harm that required intervention by medical staff (and
PSI 90 / Healthcare Acquired Conditions	PSI = Patient Safety Indicators. # of patients with avoidable Pressure Ulcer, Iatrogenic Pneumothorax, Hospital Fall, w/ Hip Fracture, Periop Hemorrhage or Hematoma, Post-op Acute Kidney Injury, Post-op Respiratory Failure, Periop
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
Serious Safety Events (patients)	A gap in care that reached the patient, causing a significant level of harm
<b>Other Abbreviations</b>	
SIR	Standardize Infection Ratio ( Observed/Expected)



## **EXECUTIVE SUMMARY**

### **Q4 2022 Core Measures Dashboard**

### **CMS Hospital IQR (Inpatient Quality Reporting) Program**

#### **Time Period**

Q4 2022- year end summary of publicly reported metrics (Star Rating)

#### **Accomplishments**

- STK-4 Thrombolytic Therapy: Q4 100% (1/1), 2022 88% (7/8 patients)
- Sepsis (SEP): Q4 57% (CMS Median), 2022 53% >2021
- Psychiatric Measures (HBIPS: at or better than CMS target
- ED Outpatient Median ED time (OP-18b) 126 minutes, Better than CMS median
- Stk Head CT time (OP-23): Q4 100% (5/5). 2022 86% better than CMS median
- CLABSI 0%

#### **Areas for Improvement or Monitoring**

- ED Inpatient Admit Decision-Departure Time: 2022, 147 min > 99-minute CMS median
- New 2022 HBIPS: Substance and Tobacco Use documentation, Transition record Elements
- PSI-90: Periop PE/DVT; Postop Sepsis, Periop Hemorrhage/Hematoma
- CAUTI, Q4 1.73 SIR
- CDI Q4 5.06 SIR (testing measures implemented)

#### **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**

#### **Next Steps:**

2023 PI projects in process

### Hospital Inpatient Quality Reporting Program Measures

	METRIC	CMS**	2021	Q1 -2022	Q2 -2022	Q3 -2022	Q4-2022	Q4-2022 Num/Den	Rolling 2022 YTD	2022 YTD Num/Den
<b>◆ Stroke Measures</b>										
STK-4	Thrombolytic Therapy	100%	90%	100%	67%	100%	100%	1/1	88%	7/8
<b>◆ Sepsis Measure</b>										
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	57%	51%	53%	57%	48%	57%	38/67	53%	177/331
<b>◆ Perinatal Care Measure</b>										
PC-01	Elective Delivery +	2%	0%	4%	0%	4%	0%	0/15	2%	2/87
PC-02	Cesarean Section +	TJC	17%	13%	25%	23%	21%	28/133	21%	103/490
PC-05	Exclusive Breast Milk Feeding	TJC	80%	80%	84%	79%	78%	52/67	80%	223/278
<b>◆ ED Inpatient Measures</b>										
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients +	99	142.00	171.00	161.00	161.00	161.00	198--Cases	147.00	769--Cases
<b>◆ Psychiatric (HBIPS) Measures</b>										
IPF-HBIPS-1	Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed	TJC	100%	100%	100%	89%	94%	109/116	96%	409/428
IPF-HBIPS-2	Hours of Physical Restraint Use +	0.30	0.12	0.09	0.08	0.10	0.20	0.12	0.15	N/A
IPF-HBIPS-3	Hours of Seclusion Use +	0.29	0.02	0.0030	0.00	0.00	0.04	0.01	0.11	N/A
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	77%	97%	58%	81%	86%	82%	18/22	77%	44/57
<b>◆ Substance Use Measures</b>										
SUB-2	2-Alcohol Use Brief Intervention Provided or offered	65%	100%	100%	N/A	67%	33%	1/3	63%	5/8
SUB-2a	Alcohol Use Brief Intervention	76%	100%	100%	N/A	33%	33%	1/3	50%	4/8
<b>◆ Tobacco Use Measures</b>										
TOB-2	2-Tobacco Use Treatment Provided or Offered	72%	100%	N/A	N/A	100%	50%	2/4	71%	5/7
TOB-2a	2a-Tobacco Use Treatment	42%	71%	N/A	N/A	67%	67%	2/3	67%	4/6
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge	57%	67%	N/A	N/A	0%	50%	1/2	25%	1/4
TOB-3a	3a-Tobacco Use Treatment at Discharge	18%	33%	N/A	N/A	0%	50%	1/2	25%	1/4
	METRIC	CMS**	2020	Q1 -2022	Q2 -2022	Q3 -2022	Q4-2022	Q4-2022 Num/Den	Rolling 2022 YTD	Rolling Num/Den
<b>◆ Transition Record Measures</b>										
TRSE	Transition Record with Specified Elements Received by Discharged Patients	69%	95%	95%	95%	33%	0%	0/138	55%	285/518
<b>◆ Metabolic Disorders Measure</b>										
SMD	Screening for Metabolic Disorders	Benchmark To Be Established	96%	86%	95%	88%	88%	82/93	89%	325/364
<b>◆ Influenza Immunization</b>										
IPF-IMM-2	Influenza Immunization	100%		98%	90%	92%			96%	244/254

### Hospital Outpatient Quality Reporting Program Measures

	METRIC	CMS**	2021	Q1 -2022	Q2 -2022	Q3 -2022	Q4-2022	Q4 2022 Num/Den	Rolling 2022 YTD	2022 YTD Num/Den
<b>◆ ED Outpatient Measures</b>										
OP-18b	Average (median) time patients spent in the emergency department before leaving from the visit	170.00	190.00	222.00	208.00	190.00	126.00	95--Cases	178.00	369--Cases
<b>◆ Outpatient Stroke Measure</b>										
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	70%	82%	88%	75%	80%	100%	5/5	86%	19/22
<b>◆ Endoscopy Measures</b>										
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	91%	79%	88%	71%	89%	90%	27/30	85%	88/103

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

**◆ Healthcare Personnel Influenza Vaccination**

	METRIC	CMS National Average	Oct 2017 - Mar 2018	Oct 2018 - Mar 2019	Oct 2020 - Mar 2021	Oct 2021 - Mar 2022
	COVID Healthcare Personnel Vaccination	88%				96%
IMM-3	Healthcare Personnel Influenza Vaccination	80%	89%	97%	94%	96%

**◆ Surgical Site Infection +**

	METRIC	National Standardized Infection Ratio (SIR)	Oct 2019 - Mar 2021	Oct 2020 - Sep 2021	Jan 2021 - Dec 2022	Apr 2021 - Mar 2022
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	0.90	not published**	0.00	0.00
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)	Oct 2019 - Mar 2021	Oct 2020 - Sep 2021	Jan 2021 - Dec 2021	April 2021 - Mar 2022
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	1.38	0.82	0.26	0.00
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.47	0.67	0.44	0.88
	METRIC	2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
	Central Line Associated Blood Stream Infection (CLABSI)	0.29	0.00	0.00	0.00	0.00
	Catheter Associated Urinary Tract Infection (CAUTI)	0.48	<b>1.05</b>	0.00	0.39	<b>1.73</b>

**◆ Healthcare Associated Infections +**

	METRIC	National Standardized Infection Ratio (SIR)	Oct 2019 - Mar 2021	Oct 2020 - Sep 2021	Jan 2021 - Dec 2021	Apr 2021 - Mar 2022
HAI-C-Diff	Clostridium Difficile	1	<b>0.59</b>	0.33	0.21	0.12
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.69	0.62	0.00	0.00
	METRIC	2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
HAI-C-Diff	Clostridium Difficile (Rate per 10000)	0.21	1.69	<b>3.59</b>	1.68	<b>5.06</b>
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia (Rate per	0.00	0.00	0.00	0.00	0.00

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

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2016 - June 2018	July 2017 - June 2019	July 2018 - Dec 2019	July 2019 - June 2021
PSI-90 (Composite)	Complication / Patient Safety Indicators PSI 90 (Composite)	1	No different than the National Rate			
	METRIC		2019	2020	2021	2022
PSI-90 (Composite)	Complication / Patient safety Indicators PSI 90 (Composite)		0.31	0.60	1.96	1.38
PSI-3	Pressure Ulcer		0.00	0.00	0.22	0.79
PSI-6	Iatrogenic Pneumothorax		0.17	0.18	0.62	0.00
PSI-8	Postoperative Hip Fracture		0.48	0.00	0.29	0.13
PSI-9	Perioperative Hemorrhage or Hematoma		0.00	2.19	2.67	2.08
PSI-10	Postop Acute Kidney Injury Requiring Dialysis		0.00	1.59	0.00	0.00
PSI-11	Postoperative Respiratory Failure		4.34	2.07	6.11	1.88
PSI-12	Peri Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)		9.50	2.13	8.74	6.59
PSI-13	Postoperative Sepsis		1.30	6.39	4.64	3.93
PSI-14	Post operative Wound Dehiscence		0.00	0.00	2.02	0.00
PSI-15	Unrecognized Abdominopelvic Accidental Laceration/Puncture Rate		0.00	0.00	0.00	0.00

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2016 - June 2018	July 2017 - June 2019	July 2018 - Dec 2019	July 2019 - June 2021
PSI-4	Death Among Surgical Patients with Serious Complications +	136.48 per 1,000 patient discharges	No different then National Average	No different then National Average	No different then National Average	not published**

**◆ Surgical Complications +**

		Centers for Medicare & Medicaid Services (CMS) National Average	April 2015 - March 2018	April 2016 - March 2019	April 2017 - Oct 2019	April 2018 - March 2021
Surgical Complication	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty +	2.4%	<b>2.7%</b>	<b>3.0%</b>	<b>2.6%</b>	<b>2.5%</b>

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

**MarinHealth Medical Center**  
**CLINICAL QUALITY METRICS DASHBOARD**  
Publicly Reported on CalHospital Compare ([www.calhospitalcompare.org](http://www.calhospitalcompare.org))  
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare ([www.hospitalcompare.hhs.gov/](http://www.hospitalcompare.hhs.gov/))

**◆ Mortality Measures - 30 Day +**

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2015 - June 2018	July 2016 - June 2019	July 2017 - Dec 2019	July 2019 - June 2021
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate	8.4%	12.50%	10.90%	10.70%	<b>10.00%</b>
MORT-30-HF	Heart Failure Mortality Rate	12.4%	9.70%	8.00%	8.60%	10.30%
MORT-30-PN	Pneumonia Mortality Rate	15.4%	15.30%	14.20%	13.90%	not published**
MORT-30-COPD	COPD Mortality Rate	8.40%	<b>8.80%</b>	<b>9.20%</b>	<b>8.60%</b>	<b>10.00%</b>
MORT-30-STK	Stroke Mortality Rate	13.60%	13.70%	13.60%	13.40%	13.50%
CABG MORT-30	CABG 30-day Mortality Rate	2.90%	<b>3.40%</b>	3.00%	2.50%	3.00%

**◆ Mortality Measures - 30 Day (Medicare Only - Midas DataVision) +**

	METRIC		2019	2020	2021	2022
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate		7.14%	4.99%	6.06%	3.39%
MORT-30-HF	Heart Failure Mortality Rate		6.37%	5.88%	7.90%	1.20%
MORT-30-PN	Pneumonia Mortality Rate		8.00%	7.10%	8.42%	7.09%
MORT-30-COPD	COPD Mortality Rate		5.09%	2.38%	0.00%	7.14%
MORT-30-STK	Stroke Mortality Rate		5.43%	4.95%	4.76%	4.90%
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 2015 - June 2018	July 2016 - June 2019	July 2017 - Dec 2019	July 2018 - June 2021
READM-30-AMI	Acute Myocardial Infarction Readmission Rate	15.0%	14.09%	<b>16.30%</b>	15.50%	14.70%
READM-30-HF	Heart Failure Readmission Rate	21.3%	20.80%	21.60%	21.20%	19.50%
READM-30-PN	Pneumonia Readmission Rate	16.6%	15.10%	13.80%	14.50%	not published**
READM-30-COPD	COPD Readmission Rate	19.80%	19.20%	19.60%	19.30%	19.50%
READM-30-THA/TKA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.10%	3.90%	<b>4.40%</b>	<b>4.20%</b>	<b>4.90%</b>
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	11.90%	<b>13.80%</b>	11.70%	12.20%	11.60%

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2017 - June 2018	July 2018 - June 2019	July 2019 - Dec 2019	July 2018 - June 2021
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR) +	15.0%	14.7%	13.7%	14.9%	14.0%

**◆ Acute Care Readmissions 30 Day (Medicare Only - Midas DataVision) +**

	METRIC		2019	2020	2021	2022
	Hospital-Wide All-Cause Unplanned Readmission		10.14%	10.95%	9.59%	9.89%
	Acute Myocardial Infarction Readmission Rate		9.09%	11.24%	11.27%	8.75%
	Heart Failure Readmission Rate		19.05%	16.67%	12.04%	11.36%
	Pneumonia (PN) 30 Day Readmission Rate		10.14%	14.94%	5.68%	11.94%
	Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate		22.00%	11.11%	13.04%	9.68%
	Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate		3.33%	10.42%	2.50%	0.00%
	30-day Risk Standardized Readmission following Coronary Artery Bypass Graft		11.11%	0.00%	6.67%	14.29%

**◆ Cost Efficiency +**

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019	Jan 2020 - Dec 2020	Jan 2021 - Dec 2021
MSPB-1	Medicare Spending Per Beneficiary (All)	0.99	0.97	0.97	0.98	0.98
			July 2015 - June 2018	July 2016 - June 2019	July 2017 - Dec 2019	July 2018 - June 2021
MSPB-AMI	Acute Myocardial Infarction (AMI) Payment Per Episode of Care	\$26,800	\$23,374	<b>\$27,327</b>	<b>\$28,746</b>	<b>\$27,962</b>
MSPB-HF	Heart Failure (HF) Payment Per Episode of Care	\$18,280	<b>\$16,981</b>	\$17,614	\$18,180	\$17,734
MSPB-PN	Pneumonia (PN) Payment Per Episode of Care	\$20,793	<b>\$17,316</b>	\$17,717	\$17,517	\$18,236
			April 2014 - March 2017	April 2015 - March 2018	April 2017 - Oct 2019	April 2018 - Mar 2021
MSPB-Knee	Hip and Knee Replacement	\$20,793	\$21,953	\$20,263	\$19,869	\$19,578

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

**MarinHealth Medical Center**  
**CLINICAL QUALITY METRICS DASHBOARD**  
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and Centers for Medicare & Medicaid Services (CMS) Hospital Compare ([www.hospitalcompare.hhs.gov/](http://www.hospitalcompare.hhs.gov/))

◆ Outpatient Measures (Claims Data) +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2017 - June 2018	July 2018 - June 2019	July 2019 - Dec 2019	July 2020 - June 2021
OP-10	Outpatient CT Scans of the Abdomen that were “Combination” (Double) Scans	6.30%	4.50%	6.10%	2.70%	<b>7.00%</b>
OP-13	Outpatients who got Cardiac Imaging Stress Tests Before Low-Risk Outpatient Surgery	3.90%	3.20%	3.20%	3.70%	3.00%
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2015 - Dec 2015	Jan 2016 - Dec 2016	Jan 2018 - Dec 2018	Jan 2020 - Dec 2020
OP-22	Patient Left Emergency Department before Being Seen	3.00%	1.00%	1.00%	2.00%	3.00%

+ Lower Number is better

# MHMC Performance Metrics and Core Services Report Annual Report 2022

## Schedule 7: External Awards & Recognition

- **Tier 2, Patient Satisfaction and Services**  
The Board will report external awards and recognition.

<b>External Awards and Recognition – 2022</b>
<p style="text-align: center;"><b><u>Healthgrades</u></b></p> <p style="text-align: center;"><i>America’s top 10% in the nation for Cardiology Services. Five-Star Distinctions in: treatment of sepsis for 8 years in a row, treatment of heart failure for 4 years in a row, treatment of heart attack for 2 years in a row, treatment of diabetic emergencies for 2 years in a row, treatment of Chronic Obstructive Pulmonary Disease and treatment of gastrointestinal bleed.</i></p>
<p style="text-align: center;"><b><u>American Heart/Stroke Association</u></b></p> <p style="text-align: center;"><i>Get With the Guidelines-Stroke Gold Plus Quality Achievement Award (2011-2022)</i></p>
<p style="text-align: center;"><b><u>California Maternal Quality Care Collective</u></b></p> <p style="text-align: center;"><i>2022 Quality and Sustainability Award</i></p>
<p style="text-align: center;"><b><u>Bay Area Parent Magazine</u></b></p> <p style="text-align: center;"><i>Best Hospital &amp; Birthing Center in San Francisco/Marin County 2022 Silver Medal for Pediatric Care</i></p>
<p style="text-align: center;"><b><u>American College of Surgeons</u></b></p> <p style="text-align: center;"><i>Level III Trauma Center (2019 – 2025)</i></p>
<p style="text-align: center;"><b><u>The Joint Commission</u></b></p> <p style="text-align: center;"><i>Primary Stroke Center Certification Gold Seal of Approval for hospital services, advanced inpatient diabetes care program, stroke care program and behavioral health services (2020-2022)</i></p>
<p style="text-align: center;"><b><u>Commission on Cancer</u></b></p> <p style="text-align: center;"><i>3-Year Accreditation (2020 – 2023)</i></p>
<p style="text-align: center;"><b><u>United Nations International Children’s Fund/World Health Organization</u></b></p> <p style="text-align: center;"><i>Baby Friendly Designation (2017 – 2022)</i></p>
<p style="text-align: center;"><b><u>The National Accreditation Program for Breast Centers</u></b></p> <p style="text-align: center;"><i>Breast Center Accreditation (2019-2022)</i></p>
<p style="text-align: center;"><b><u>California Medical Association Institute for Medical Quality</u></b></p> <p style="text-align: center;"><i>Accreditation of Continuing Medical Education (2020 – 2024)</i></p>
<p style="text-align: center;"><b><u>American College of Radiology</u></b></p> <p style="text-align: center;"><i>Excellence in Imaging Services Accreditation</i></p>
<p style="text-align: center;"><b><u>California Department of Public Health</u></b></p> <p style="text-align: center;"><i>Antimicrobial Stewardship Honor Roll (2020-2022)</i></p>
<p style="text-align: center;"><b><u>The Pacific Sun</u></b></p> <p style="text-align: center;"><i>Best Local Hospital</i></p>
<p style="text-align: center;"><b><u>Marin Independent Journal</u></b></p> <p style="text-align: center;"><i>Reader’s Choice Award for Best Hospital</i></p>

# MHMC Performance Metrics and Core Services Report Annual Report 2022

## Schedule 8: Community Benefit Summary

➤ **Tier 2, Community Commitment**

The Board will report all of MGH's cash and in-kind contributions to other organizations.  
The Board will report on MGH's Charity Care.

<b>Cash &amp; In-Kind Donations</b>					
(These figures are not final and are subject to change)					
	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Total 2022
Bucklew	26,250	0	0	0	26,250
By the Bay Health	0	0	0	5,250	5,250
Center of Domestic Peace	2,625	0	0	0	2,625
Ceres Community Project	10,500	0	0	0	10,500
Coastal Health Alliance (Petaluma HC)	15,750	0	0	0	15,750
Community Action Marin	10,500	0	0	0	10,500
Community Institute for Psychotherapy	21,000	0	0	0	21,000
ExtraFood.org	0	0	0	2,625	2,625
Healthy Aging Symposium	0	0	0	1,050	1,050
Homeward Bound	157,500	0	0	0	157,500
Huckleberry Youth Programs	10,500	0	0	0	10,500
Jewish Family and Children's Services	10,500	0	0	0	10,500
Kids Cooking for Life	5,250	0	0	0	5,250
Marin Center for Independent Living	26,250	0	0	0	26,250
Marin City Community Dev Corp	10,500	0	0	0	10,500
Marin Community Clinics	75,600	0	0	0	75,600
Marin County Survivors Celebration	0	0	0	5,250	5,250
MHD 1206B Clinics	4,780,730	5,324,210	6,242,452	6,290,852	22,638,244
North Marin Community Services	10,500	0	0	0	10,500
Operation Access	21,000	0	0	0	21,000
Ritter Center	26,250	0	0	0	26,250
RotaCare Free Clinic	15,750	0	0	0	15,750
San Geronimo Valley Community Center	10,500	0	0	0	10,500
Spahr Center	8,400	0	0	0	8,400
St. Vincent de Paul Society of Marin	10,500	0	0	2,625	13,125
To Celebrate Life	0	0	0	15,750	15,750
West Marin Senior Services	10,500	0	0	0	10,500
Zero Breast Cancer	0	0	0	5,250	5,250
<b>Total Cash Donations</b>	<b>5,276,855</b>	<b>5,324,210</b>	<b>6,242,452</b>	<b>6,328,652</b>	<b>23,172,169</b>
Clothes Closet	0	0	0	23,435	23,436
Compassionate discharge medications	10,225	8,593	13,795	16,880	49,493
Meeting room use by community-based organizations for community-health related purposes	0	0	0	0	0
Food donations	8,859	9,539	17,189	14,017	49,604
Healthy Marin Partnership	0	0	0	7,602	7,602
SMILE Cart	0	0	0	06,355	6,355
<b>Total In Kind Donations</b>	<b>19,084</b>	<b>18,132</b>	<b>30,984</b>	<b>68,290</b>	<b>136,490</b>
<b>Total Cash &amp; In-Kind Donations</b>	<b>5,295,939</b>	<b>5,342,342</b>	<b>6,273,436</b>	<b>6,396,942</b>	<b>23,308,659</b>

# MHMC Performance Metrics and Core Services Report

## Annual Report 2022

### Schedule 8, continued

<b>Community Benefit Summary</b>					
(These figures are not final and are subject to change)					
	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Total 2022
Community Health Improvement Services	76,856	99,205	37,885	181,791	395,737
Health Professions Education	658,855	861,607	475,977	652,693	2,649,132
Cash and In-Kind Contributions	5,295,939	5,342,342	6,273,436	6,396,942	23,308,659
Community Benefit Operations	2,874	4,087	3,130	50,828	60,919
Community Building Activities	0	0	0	0	0
Traditional Charity Care *Operation Access total is included	556,900	297,572	242,542	72,963	1,169,977
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	9,224,940	10,096,628	10,793,070	11,263,852	41,378,490
<b>Community Benefit Subtotal</b> (amount reported annually to State & IRS)	<b>15,816,364</b>	<b>16,701,441</b>	<b>17,826,040</b>	<b>18,619,069</b>	<b>68,962,914</b>
Unpaid Cost of Medicare	20,933,654	23,444,270	22,568,580	22,796,340	89,742,844
Bad Debt	220,144	311,745	299,086	319,264	1,150,239
<b>Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total</b>	<b>36,970,162</b>	<b>40,457,456</b>	<b>40,693,706</b>	<b>41,734,673</b>	<b>159,855,997</b>

<b>Operation Access</b>					
<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>					
	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Total 2022
*Operation Access charity care provided by MGH (waived hospital charges)	187,072	138,818	305,179	124,587	755,656
Costs included in Charity Care	31,244	45,939	28,215	0	105,398

# MHMC Performance Metrics and Core Services Report Annual Report 2022

## Schedule 9: “Green Building” Status

➤ **Tier 2, Community Commitment**

The Board will report on the facility’s “green building” status based on generally accepted industry environmental impact factors.

### **Leadership in Energy and Environmental Design (LEED)**

*Leadership in Energy and Environmental Design (LEED)* is a third-party nationally accepted certification program that consists of a suite of rating systems for the design, construction and operation of high performance “green buildings.” This ensures that the buildings are environmentally compatible, provide a healthy work environment, and are profitable.

LEED-certified buildings are intended to use resources more efficiently when compared to conventional buildings simply built to code. LEED-certified buildings often provide healthier work and living environments, which contributes to higher productivity and improved employee health and comfort.

<b>MHMC LEED Status</b>
MGH Hospital Replacement Project is registered with the United States Green Building Council (USGBC) as a New Construction Project
MGH Hospital Replacement Project has retained Thornton Tomasetti, specializing in LEED requirements
All key members of the Design Team are LEED certified
Through Construction Documents of the Hospital Replacement Project, the Project has maintained LEED Silver status
<b>MarinHealth Medical Center achieved LEED Silver Certification on February 15, 2022</b>

# MHMC Performance Metrics and Core Services Report Annual Report 2022

## Schedule 10: Physicians on Staff

➤ **Tier 2, Physicians and Employees**

The Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.

**As of December 31, 2022, there were a total of 567 physicians on MHMC staff:**

- 240 Active Physicians
- 59 Affiliate Physicians
- 73 Consulting Physicians
- 160 Provisional Physicians
- 35 Telemedicine Physicians
- 75 Allied Health Professionals

<b>New Physician Appointments</b> January 1, 2022 – December 31, 2022					
	Last Name	First Name	Degree	Appointment Date	Specialty
1	Pappas	Kristin	MD	2022/02/22	Anesthesiology
2	Rapan	Roxanne	MD	2022/03/29	Anesthesiology
3	Loftus-Farren	Kara	MD	2022/07/26	Anesthesiology
4	Scibetta	William	MD	2022/09/27	Anesthesiology
5	Choukalas	Christopher	MD	2022/10/25	Anesthesiology
6	Brinson	Erika	MD	2022/04/26	Anesthesiology
7	Dohmeier	Keeley	MD	2022/10/25	Anesthesiology
8	Allair	Hilary	CNM	2022/03/29	Certified Nurse Midwife
9	Dettloff	Renee	CNM	2022/03/29	Certified Nurse Midwife
10	Willis	Alison	CNM	2022/03/29	Certified Nurse Midwife
11	Brown	Jared	MD	2022/01/25	Critical Care Medicine
12	Yoo	Christopher	MD	2022/06/28	Diagnostic Radiology
13	Sobrero	Maximiliano	MD	2022/04/26	Emergency Medicine
14	Tiret	Sean	MD	2022/07/26	Emergency Medicine
15	Tran	Katherine	MD	2022/07/26	Emergency Medicine
16	Dei Rossi	Elizabeth	MD	2022/09/27	Emergency Medicine
17	Lewis	Rebekah	MD	2022/07/26	Family Medicine
18	Chow	Denise	MD	2022/07/26	Female Pelvic Medicine and Reconstructive Surgery
19	Verheyen	Elijah	MD	2022/08/23	Gastroenterology
20	Jun	Min Suk	DO	2022/04/26	Gender Confirmation Surgery
21	Ho	Gwendolyn	MD	2022/04/26	Hematology & Oncology
22	Donohue	Rachel	MD	2022/11/29	Hematopathology
23	Alghussein	Mohammad	MD	2022/04/26	Hospital Medicine
24	Amiri	Fariba	MD	2022/05/24	Hospital Medicine
25	Attri	Navneet	MD	2022/06/28	Hospital Medicine

# MHMC Performance Metrics and Core Services Report Annual Report 2022

## Schedule 10, continued

	Last Name	First Name	Degree	Appointment Date	Specialty
26	Shostakovich	Elizaveta	MD	2022/06/28	Hospital Medicine
27	Park	Aaron	MD	2022/07/26	Hospital Medicine
28	Bhatt	Hilarey	MD	2022/02/22	Internal Medicine
29	Kim	Michael	MD	2022/04/26	Internal Medicine
30	Suh	Se Young	MD	2022/04/26	Internal Medicine
31	Rikleen	Sarah	MD	2022/06/28	Internal Medicine
32	Shaikh	Faraz	MD	2022/08/23	Internal Medicine
33	Jalilvand	Zakiat	DO	2022/08/23	Internal Medicine
34	Arent	Gregory	MD	2022/09/27	Internal Medicine
35	Schneider	Beacher	MD	2022/09/27	Internal Medicine
36	Matson	Ryan	MD	2022/09/27	Internal Medicine
37	Alexander	Mohini	MD	2022/10/25	Internal Medicine
38	Gerken	Noah	MD	2022/11/29	Internal Medicine
39	Le	Hong Diem	DO	2022/11/29	Internal Medicine
40	English	Isaac	MD	2022/11/29	Internal Medicine
41	Abdelkader	Mariam	MD	2022/11/29	Internal Medicine
42	Sidhu	Sharleen	MD	2022/05/24	Internal Medicine,
43	Grady	Conor	MD	2022/07/26	Neurological Surgery
44	Maloney	Patrick	MD	2022/07/26	Neurosurgery
45	Lieberson	Robert	MD	2022/09/27	Neurosurgery
46	Raper	Daniel	MBBS	2022/09/27	Neurosurgery
47	Tse	Chun-Kee	MD	2022/11/29	Neurosurgery
48	Rodriguez	Candita	NP	2022/09/27	Nurse Practitioner
49	Walter	April	NP	2022/06/28	Nurse Practitioner
50	Tiglao	Lawrence	MD	2022/02/22	Obstetrics and Gynecology
51	Cho	Maureen	MD	2022/05/24	Obstetrics and Gynecology
52	Reim	Katherine	MD	2022/09/27	Obstetrics and Gynecology
53	Platt	Catherine	MD	2022/09/27	Obstetrics and Gynecology
54	Klekman	Jaclyn	MD	2022/09/27	Obstetrics and Gynecology
55	White Knayzeh	Lisa	MD	2022/09/27	Obstetrics and Gynecology
56	Chiu	Monica	MD	2022/09/27	Obstetrics and Gynecology
57	Tien	Susan	MD	2022/09/27	Obstetrics and Gynecology
58	Martin	Maria	MD	2022/09/27	Obstetrics and Gynecology
59	Brotherton	Joy	MD	2022/09/27	Obstetrics and Gynecology
60	Betenia	Nicole	MD	2022/09/27	Obstetrics and Gynecology
61	Yang	Louis	MD	2022/01/25	Ophthalmology
62	Campomanes	Alejandra	MD	2022/09/27	Ophthalmology
63	Oatts	Julius	MD	2022/09/27	Ophthalmology

# MHMC Performance Metrics and Core Services Report

## Annual Report 2022

**Schedule 10, continued**

	Last Name	First Name	Degree	Appointment Date	Specialty
64	Colyvas	Nicholas	MD	2022/01/25	Orthopaedic Surgery
65	Prescott	Alex	MD	2022/01/25	Orthopaedic Surgery
66	Pahk	Raymond	MD	2022/01/25	Orthopaedic Surgery
67	Chow	Vincent	MD	2022/03/29	Orthopaedic Surgery
68	Goldberg	Daniel	MD	2022/08/23	Orthopaedic Surgery
69	Bourque	Jason	MD	2022/09/27	Orthopaedic Surgery
70	Bhullar	Preetinder	MD	2022/09/27	Orthopaedic Surgery
71	Kelly	Brandon	MD	2022/09/27	Orthopaedic Surgery
72	Kenney	Steven	DO	2022/08/23	Orthopaedic Surgery, Adult Reconstructive Orthopae
73	Hartwell	Matthew	MD	2022/08/23	Orthopaedic Surgery, Sports Medicine
74	Moulton	Samuel	MD	2022/08/23	Orthopaedic Surgery, Sports Medicine
75	Baskind	Melanie	MD	2022/07/26	Pediatric Hospitalist
76	Bird	Liat	MD	2022/08/23	Pediatric Hospitalist
77	Goksenin	Alexandra	MD	2022/08/23	Pediatric Hospitalist
78	Truong	Don	PA	2022/01/25	Physician Assistant
79	Chow	Jane	PA	2022/01/25	Physician Assistant
80	Lai	Michelle	PA	2022/01/25	Physician Assistant
81	Epps	Kathleen	PAC	2022/02/22	Physician Assistant
82	Brown	Courtney	PA	2022/02/22	Physician Assistant
83	Nagy	Joseph	PA	2022/02/22	Physician Assistant
84	See	Nicole	PA	2022/03/29	Physician Assistant
85	Okawachi	Mark	PAC	2022/03/29	Physician Assistant
86	Cheuk	Sammy	PA	2022/04/26	Physician Assistant
87	Richman	Jennifer	PA	2022/04/26	Physician Assistant
88	Munson	Reagan	PA	2022/04/26	Physician Assistant
89	Borgerding	Danielle	PA	2022/04/26	Physician Assistant
90	Yip	Hiu Tung	PA	2022/07/26	Physician Assistant
91	Brown	Conor	PA	2022/09/27	Physician Assistant
92	Garol	Alexa	PA	2022/11/29	Physician Assistant
93	Nguyen	Daniel	PA	2022/11/29	Physician Assistant
94	Murray	William	PA	2022/06/28	Physician Assistant, Emergency Medicine
95	Peterlin	Marcus	PA	2022/05/24	Physician Assistant, Neurological Surgery
96	Matusalem	Justin	PA	2022/04/26	Physician Assistant, Orthopedic Surgery
97	Jones	Amy	PA	2022/05/24	Physician Assistant, Orthopedic Surgery
98	Campanile	Christian	PAC	2022/05/24	Physician Assistant, Orthopedic Surgery
99	Sibal	Steffi	PA	2022/11/29	Physician Assistant, Orthopedic Surgery

## MHMC Performance Metrics and Core Services Report Annual Report 2022

	Last Name	First Name	Degree	Appointment Date	Specialty
100	Dea	Alisa	PA	2022/06/28	Physician Assistant, Otolaryngology
101	Tietjen	Keely	PA	2022/05/24	Physician Assistant, Plastic and Reconstructive Su
102	Lam	Teranze	PA	2022/08/23	Physician Assistant, Plastic and Reconstructive Su
103	Le	Hop	MD	2022/01/25	Plastic and Reconstructive Surgery
104	Belek	Kyle	MD	2022/01/25	Plastic and Reconstructive Surgery
105	Mosser	Scott	MD	2022/01/25	Plastic and Reconstructive Surgery
106	Pang	John Henry	MD	2022/09/27	Plastic and Reconstructive Surgery
107	Facque	Alexander	MD	2022/01/25	Plastic Surgery
108	Rankin	Timothy	MD	2022/08/23	Plastic Surgery
109	Dini	Monara	DPM	2022/10/25	Podiatry, Foot & Ankle Surgery
110	Choung	Jun	DPM	2022/06/28	Podiatry, Foot Surgery
111	Graham	Jonathan	DPM	2022/06/28	Podiatry, Foot Surgery
112	Lin	David	DPM	2022/06/28	Podiatry, Foot Surgery
113	Kaur	Gurmehr	MD	2022/07/26	Psychiatry
114	Schwab	Zachary	MD	2022/08/23	Psychiatry
115	Jaffe	Kathleen	MD	2022/10/25	Radiation Oncology
116	Weinstein	Stefanie	MD	2022/11/29	Radiology, Diagnostic Radiology
117	Gomez	Jose	MD	2022/01/25	Surgery (General Surgery)
118	Parnes	Michael	MD	2022/01/25	Surgery (General Surgery)
119	San Mateo	Carlos	MD	2022/01/25	Surgery (General Surgery)
120	Hassanein	Omar	MD	2022/01/25	Surgery (General Surgery)
121	Plunkett	Jennifer	MD	2022/11/29	Surgery (General Surgery)
122	Tabrizi	Ranna	MD	2022/11/29	Surgery (General Surgery)
123	Odele	Patience	MD	2022/11/29	Surgery (General Surgery)
124	Schroeder	Nicole	MD	2022/03/29	Surgery of the Hand
125	Ramirez	Fernando	DPM	2022/10/25	Surgery, Podiatric
126	Acquaviva	Anthony	MD	2022/01/25	Surgery, Urological
127	Lee	Joseph	MD	2022/03/29	Surgery, Urological
128	Hermann	Matthew	MD	2022/08/23	Teleradiology
129	Fisher	Jason	MD	2022/08/23	Teleradiology
130	Giudici	Mario	MD	2022/08/23	Teleradiology
131	Bownds	Shannon	MD	2022/08/23	Teleradiology
132	Belani	Jay	MD	2022/01/25	Urology
133	Ganatra	Anjali	MD	2022/01/25	Urology
134	Conway	Allan	MD	2022/11/29	Vascular Surgery

# MHMC Performance Metrics and Core Services Report

## Annual Report 2022

### Schedule 11: 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	Separated		Rate
		Voluntary	Involuntary	
Q4 2021	536	19	2	3.92%
Q1 2022	538	21	2	4.28%
Q2 2022	564	22	1	4.08%
Q3 2022	569	26	4	5.27%
<b>Q4 2022</b>	<b>583</b>	<b>33</b>	<b>3</b>	<b>6.17%</b>

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
Q4 2021	20	76	536	632	15.19%	12/03%	3.16%
Q1 2022	16	89	538	643	16.33%	13.84%	2.49%
Q2 2022	24	75	564	663	14.93%	11.31%	3.62%
Q3 2022	9	79	569	657	13.39%	12.02%	1.37%
<b>Q4 2022</b>	<b>1</b>	<b>55</b>	<b>583</b>	<b>645</b>	<b>9.61%</b>	<b>8.53%</b>	<b>1.09%</b>

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
Q4 2021	30	21	9
Q1 2022	21	23	(2)
Q2 2022	48	23	25
Q3 2022	36	30	6
<b>Q4 2022</b>	<b>51</b>	<b>36</b>	<b>15</b>

# MHMC Performance Metrics and Core Services Report Annual Report 2022

## Schedule 12: Ambulance Diversion

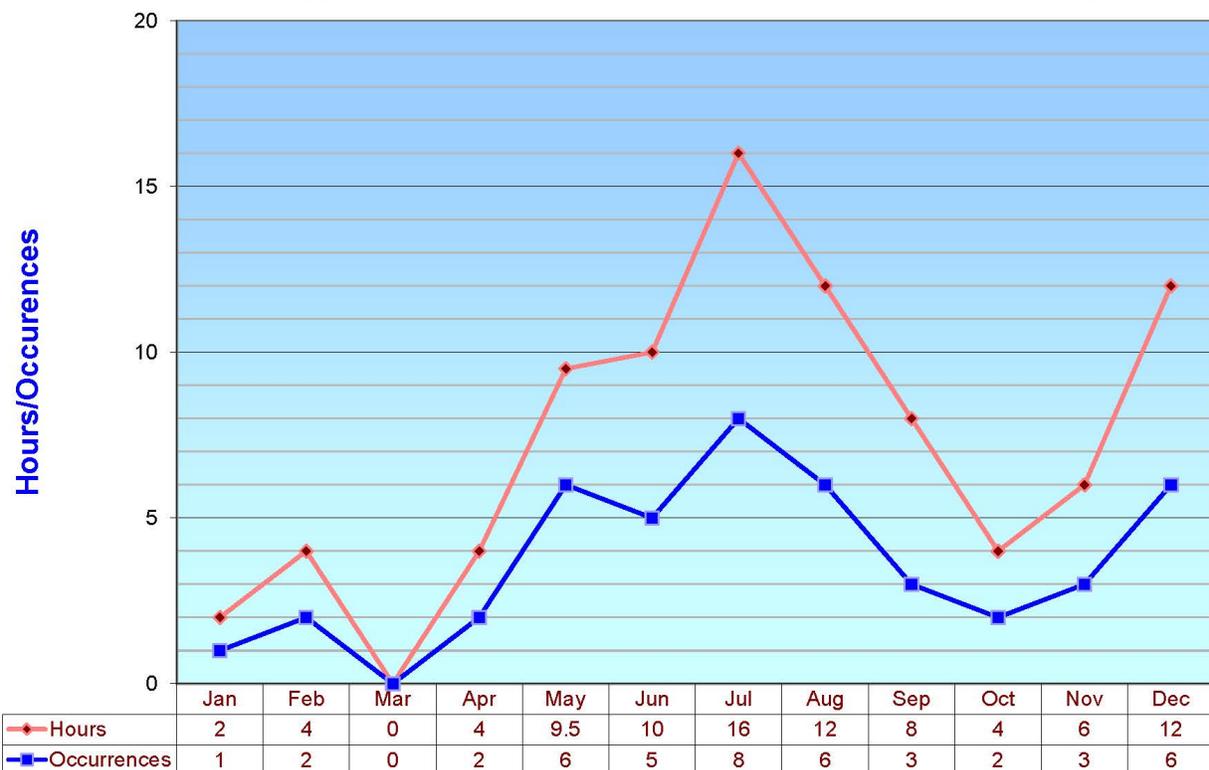
➤ **Tier 2, Volumes and Service Array**

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

Quarter	Date	Time	Diversion Duration	Reason	Waiting Room Census	ED Census	ED Admitted Patient Census	
Q4 2022	Oct 18	20:23	2'00"	ED	15	41	10	
	Oct 22	22:39	2'00"	ED	15	32	2	
	Nov 25	14:01	2'00"	ED	21	44	3	
	Nov 26	13:20	2'00"	ED	20	30	4	
	Nov 26	23:49	2'00"	ED	12	37	8	
	Dec 05	18:57	2'00"	ED	6	29	5	
	Dec 09	16:21	2'00"	ED	18	54	6	
	Dec 18	20:10	2'00"	ED	14	40	8	
	Dec 19	17:43	2'00"	ED	13	45	10	
	Dec 22	13:47	2'00"	ED	18	42	7	
	Dec 28	23:13	2'00"	ED	16	39	3	

### 2022 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**

# If you think your child has an eating disorder, start here.

Marin Healthcare District is pleased to present:

## Adolescent eating disorders: What steps can you take?

Eating disorders affect more than 30 million people in the U.S. It's a serious condition that impacts all genders, races, and ethnic groups, and it can negatively impact one's health, emotions, and ability to function in all areas of life. Most eating disorders involve focusing too much on weight, body shape, and food, leading to dangerous eating behaviors that can harm the heart, digestive system, bones, teeth and mouth, and lead to other diseases.

The good news is that with proper treatment and early intervention, your child can return to healthier eating habits and reverse serious complications caused by eating disorders.

### FEATURED GUEST



Erin C. Accurso, PhD, is an Associate professor in the Department of Psychiatry and behavioral Sciences at

UCSF, where she also serves as Clinical Director of the UCSF Eating Disorders program. her focus is on the treatment of eating disorders with the goal of improving access to evidence-based care for diverse youth with eating disorders.

**JOIN US FOR A SEMINAR IN PERSON OR ONLINE**

May 24, 2023 | 5:30 – 7:00 p.m. | San Rafael Community Center  
618 B. Street, Club Rooms 2 & 3 | San Rafael, CA 94901

RSVP BY MAY 22: [www.marinhealthcare.org/Eatingdisorders](http://www.marinhealthcare.org/Eatingdisorders)



This seminar is made possible by  
the Marin Healthcare District