



MarinHealth Medical Center

Performance Metrics and Core Services Report

Annual Report 2023

June 4, 2024

MarinHealth Medical Center (Marin General Hospital)
Performance Metrics and Core Services Report: ANNUAL REPORT 2023

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 2023 (Annual Report) was presented to MGH Board and to MHD Board in June 2024.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2024 was presented for approval to the MGH Board in February 2024.
	7. MGH Board must include quality improvement metrics as part of the CEO and Senior Executive Bonus Structure for MGH.	Annually	In Compliance	CEO and Senior Executive Bonus Structure includes quality improvement metrics.
(B) Patient Satisfaction and Services	MGH Board will report on MGH's HCAHPS Results Quarterly.	Quarterly	In Compliance	Schedule 1
(C) Community Commitment	1. In coordination with the General Member, the MGH Board must publish the results of its biennial community assessment to assess MGH's performance at meeting community health care needs.	Annually	In Compliance	Schedule 2
	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	Schedule 3 Schedule 4
(E) Volumes and Service Array	1. MGH Board must maintain MGH's Scope of Acute Care Services as reported to OSHPD.	Quarterly	In Compliance	All services have been maintained.
	2. MGH Board must maintain MGH's services required by Exhibit G to the Loan Agreement between the General Member and Marin County, dated October 2008, as long as the Exhibit commitments are in effect.	Quarterly	In Compliance	All services have been maintained.
(F) Finances	1. MGH Board must maintain a positive operating cash-flow (operating EBITDA) for MGH after an initial phase in period of two fiscal years, and then effective as a performance metric after July 1, 2012, with performance during the phase in period monitored as if a Tier 2 metric.	Quarterly	In Compliance	Schedule 5
	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 5

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TIER 2 PERFORMANCE METRICS

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

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs).	Quarterly	In Compliance	Schedule 6
(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	Schedule 7
(C) Community Commitment	1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly	In Compliance	Schedule 8
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	Schedule 8
	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	Schedule 2
	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	Schedule 5
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	Schedule 9
(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	Schedule 10
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	Schedule 3 Schedule 4
	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 11
(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 14, 2023 and to the MHD Board on January 26, 2024.
	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 14, 2023 and the MHD Board on January 26, 2024.
	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 5
	4. MGH Board will report on current Emergency services diversion statistics.	Quarterly	In Compliance	Schedule 12
(F) Finances	1. MGH Board will provide the audited financial statements.	Annually	In Compliance	The MGH 2023 Independent Audit was completed on April 25, 2024.
	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 5
	3. MGH Board will provide copies of MGH's annual tax return (Form 990) upon completion to General Member.	Annually	In Compliance	The MGH 2022 Form 990 was filed on November 15, 2023.

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SCHEDULE 1 EXECUTIVE SUMMARY Q4 2023 HCAHPS

Time Period

Q4 2023 HCAHPS Survey with CMS Benchmarks

Accomplishments

- Responsiveness, Discharge Information, and Overall Rating above 50th percentile
- Score trends demonstrate improvement with some individual questions above target;
 - Nurse and Doctor Respect
 - Medication Explanation
 - Environment Cleanliness
 - Care Transition: Medications

Areas for Improvement

- Summary scores for each category lag progress on individual questions.
- The progress lag effect is impacted, in part, by CMS algorithms used to level set hospitals.
 - Perinatal scores are weighted negatively
 - Latinx (aka Hispanic) scores are weighted negatively

Data Summary

Sample size= 381

Next Steps

- 2024 Surveys via Press Ganey (new vendor)
- Patient Satisfaction and Experience initiatives; Hourly rounding on Medical/Surgical units, Physician bedside rounding and feedback sessions, among other efforts.
- Sr Leader rounding on Med/Surg, ED, Cardiac Units

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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.

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 2025 VBP Thresholds				Q1 2023	Q2 2023	Q3 2023	Q4 2023
72.16	79.29	85.39	Overall rating	74.05	76.34	74.05	74.05
			Would Recommend	77.33	83.07	78.68	80.06
84.52	89.13	92.81	Communication with Nurses	76.33	80.96	80.36	81.51
			Nurse Respect	81.66	85.93	84.16	88.33
			Nurse Listen	74.75	78.83	79.46	77.25
			Nurse Explain	72.59	78.12	77.48	78.95
82.13	86.65	90.27	Communication with Doctors	77.42	81.94	79.87	80.23
			Doctor Respect	82.46	86.38	85.82	85.15
			Doctor Listen	74.37	81.79	77.42	78.31
			Doctor Explain	75.44	77.63	76.37	77.25
67.92	76.64	83.62	Responsiveness of Staff	64.78	64.88	66.95	69.36
			Call Button	60.76	61.05	61.80	67.16
			Bathroom Help	68.81	68.72	72.09	71.51
69.41	75.49	80.35	Communication about Medications	60.03	63.02	60.34	61.43
			Med Explanation	72.33	77.00	76.19	75.12
			Med Side Effects	47.74	49.04	44.50	47.74
69.38	77.16	83.36	Hospital Environment	67.22	69.72	70.69	68.75
			Cleanliness	71.65	75.77	75.13	73.81
			Quiet	62.78	63.68	66.25	63.68
88.63	91.40	93.61	Discharge Information	88.00	90.81	88.65	89.15
			Help After Discharge	84.28	88.89	86.74	86.42
			Symptoms to Monitor	91.71	92.72	90.57	91.88
52.44	58.96	64.17	Care Transition	46.28	49.16	50.56	51.09
			Care Preferences	39.08	41.05	44.82	44.01
			Responsibilities	45.67	51.17	51.52	52.15
			Medications	54.10	55.26	55.33	57.10
			Number of Surveys	401	396	406	391

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

<i>Scoring Color Key:</i>	
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.

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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.

Community Health Improvement Services		
Event	Description	Recipients
Braden Diabetes Center	Free diabetes support groups, diabetes self-management, Lunch n’ Learns, National Diabetes Day, education, and screenings	Persons with diabetes, and their families, persons at risk of developing diabetes
Breast Health Center	Provided low-cost mammograms	Low-income and underserved women
Breastfeeding Telephone Support Line	Free education, counseling, and breastfeeding support	Breastfeeding women
Community District Events	Teen wellness, eating disorders, Canal District family wellness, screenings, and education	Youth, families, persons with chronic disease or at risk of chronic disease, underserved populations, and the public
Community Nutrition Education Telephone Support Line	Free advice line open to the community for nutrition information	Persons in need of specific nutrition support and the public
Compassionate Discharge Services and Medications	Covered cost of services and medications upon discharge	Uninsured and underinsured patients, individuals who are experiencing homelessness or who are economically unstable
CPR and First Aid	CPR classes and first aid focused on infants and children, CPR, Stop the Bleed trauma education, and Narcan education	Parents and families of children and the 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	Pregnant women and family caregivers
Integrative Wellness Center	Education and support group events (Healthy Weight for Wellness, Qi Gong, cancer support groups, etc.), assistance with accessing needed resources	Persons with chronic disease or at risk of developing chronic disease
Preventive Screenings	Free screenings for blood pressure, glucose, vascular disease, and stroke education	Underserved populations that lack access to preventive healthcare services
Senior Wellness Events	Senior health fairs, nutrition education, food safety, hydration	Seniors and family caregivers
Shuttle Program for Seniors	Free shuttle service for seniors in the Behavioral Health program	Seniors in need
The Mom’s Support Group and Pathways	Free or discounted support groups that discuss newborn care, breastfeeding, parenting, etc.	Parents and family caregivers
Transportation	Free taxi vouchers	Vulnerable populations who lack transportation to medical services

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Schedule 2, continued

Health Professions Education		
Event	Description	Recipients
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
Paramedic Students	Emergency Department clinical rotation	Paramedic 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 2023 Annual Community Benefit Report is available at
<https://www.mymarinhealth.org/about-us/community-benefit/>

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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 2023 Provider Engagement Survey Results
Participation Rate = 37.6%
Source: Professional Research Consultants, Inc.

<i>Asked of Providers:</i> “WOULD YOU SAY THE OVERALL <u>QUALITY OF CARE</u> AT MARINHEALTH MEDICAL CENTER IS...”		
<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	87 [64 in 2022]	36% [32% in 2022]
Very Good	102 [88 in 2022]	42% [43% in 2022]
Good	41 [41 in 2022]	17% [20% in 2022]
Fair	11 [8 in 2022]	5% [4% in 2022]
Poor	0 [1 in 2022]	1% [1% in 2022]
<p>Percentile Ranking: 42nd Percentile [31st percentile in 2022] Total Number of Responses: 241 Providers [202 responses in 2022]</p>		

<i>Asked of Providers:</i> “OVERALL, AS A <u>PLACE TO PRACTICE MEDICINE</u> , WOULD YOU SAY MARINHEALTH IS...”		
<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	68 [46 in 2022]	28% [23% in 2022]
Very Good	80 [63 in 2022]	33% [31% in 2022]
Good	59 [52 in 2022]	24% [26% in 2022]
Fair	26 [31 in 2022]	11% [15% in 2022]
Poor	10 [11 in 2022]	4% [5% in 2022]
<p>Percentile Ranking: 24th Percentile [14th percentile in 2022] Total Number of Responses: 243 Providers [203 responses in 2022]</p>		

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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 2023 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>
Very Satisfied	298 [294 in 2022]	29% [26% in 2022]
Satisfied	482 [504 in 2022]	47% [44% in 2022]
Neither Dissatisfied Nor Satisfied	164 [212 in 2022]	16% [19% in 2022]
Dissatisfied	62 [101 in 2022]	6 [9% in 2022]
Very Dissatisfied	21 [27 in 2022]	2% [2% in 2022]

Total Number of Responses: 1,027 (54%) [1138 (64%) in 2022]

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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.

Financial Measure	Final 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	
EBIDA \$ (in thousands)	26,425	12,655	24,530	30,833	49,927	
EBIDA %	4.90%	8.90%	8.5%	7.2%	8.5%	
Loan Ratios						
Annual Debt Service Coverage	3.16	2.9	3.17	2.76	2.89	
Maximum Annual Debt Service Coverage	2.35	2.22	2.72	1.75	1.83	
Debt to Capitalization	53.8%	53.1%	61.6%	61.9%	60.4%	
Key Service Volumes	Total 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Total 2023
Acute discharges	9,578	2,578	2,593	2,493	2,593	10,257
Acute patient days	49,345	13,532	12,847	12,266	12,148	50,793
Average length of stay	5.23	5.25	5.10	5.04	4.95	5.09
Emergency Department visits	37,084	9,457	10,246	10,579	10,803	41,085
Inpatient surgeries	1,568	466	443	449	465	1,823
Outpatient surgeries	5,709	1,518	1,524	1,529	1,678	6,249
Newborns	1,407	323	330	345	329	1,327

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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 2023**

<u>Major Capital Expenditures</u>	<u>Comment</u>
Livanova - S5 Heart Lung Perfusion System	291,317
Philips Healthcare - MX 450 w Wireless Radio (qt 15), Intellivue MMX (qt 15)	290,167
GE Healthcare C-Arm OEC Elite CFD 31CM Digital MOB	231,789
Stryker Endoscopy - Instruments	203,246
Philips Healthcare - Intellivue Neonatal MX500 Monitor (Qty 10), Intellivue MMX (Qty 3), Masimo Rainbow Set IV Module (Qty 5)	177,398
Philips - EPIQ 7 Ultrasound Upgrades	153,587
Marin IT Pure Storage Flash Array X50R3-FC	143,912
Olympus - Slim Colonoscope Dual Focus NBI	139,834
Philips Healthcare - Ultrasound System EPIQ Elite	137,016
Philips Healthcare - Ultrasound EPIQ Elite Advanced G, Essential Radiology High Frequency, Transducer X6-1, Xmatrix Xplane and Live 3D GI	131,497
GE Healthcare OEC One CFD 21CM	127,710
Philips Electronics - Ultrasound System EPIQ Elite	118,640
Philips Healthcare - Monitor Intellivue Patient MX750 (qty 2)	112,779
Arthrex Inc.	109,257
XTEK Brain Monitor Video Cart System, HL 7 Implementaiton Neuroworks 9.X-1	103,499
Other Capital Projects under \$100k	1,301,578
Total Major Capital Expenditures	3,773,227
Major Construction in Progress Expenditures	
Hybrid OR Conversion	5,519,876
Workday ERP Implementation	1,515,274
MHMN/UCSF Orthopedics at 4000 Civic Center	1,211,576
Hospital Replacement Building Project	1,135,995
Remodel Senior Partial Care Room	1,128,337
Anesthesia Work Room + Soiled Utility Room	971,805
MESA LABORATORIES INC	890,644
Lab Automation	761,366
APeX UCSF Bond Interest to BofA 2022	702,591
Oak Nuclear Medicine Relocation	483,056
Steris Lighting Replacement Project	426,408
1350 S. Eliseo Dermatology	409,231
Pharmacy Compounding	278,436
Petaluma Medical Hub	222,322
75 Rowland Way Imaging/ Multispecialty Clinic	218,203
Optum eCAC and CDI Implementation	148,144
Other CIP Under \$100K	342,502
Total Construction in Progress	16,365,766
Total Capital Expenditures	20,138,993

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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)

and

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

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EXECUTIVE SUMMARY Q4 2023 Quality Management Dashboard (Organization Targets Based on Natl Metrics)

Time Period

Q4 2023 most recent of four rolling quarters (far right)

Accomplishments

- Hip, Knee Mortality sustained 0, All Cause, Hrt Failure, Stroke, Sepsis mortality <1.0
- Overall Readmission (10.34) driven by Sepsis gain (12.28 versus 16.91 2022)
- LOS: All Cause, Hip, Stroke lower than previous qtrs.
- CAUTI
- Sepsis (SEP) bundle compliance: 65% significant improvement
- Injury due to HAPI (pressure-related skin injury), Falls rate

Areas for Improvement or Monitoring

- Mortality related to AMI, Pneumonia: monitoring
- Readmission rates: Hrt Failure, Pneumonia
- Length of Stay (LOS): Monitor
- SSI: PI and Education in place
- PSI 90 Complications: Surgical related DVT, Hematoma, Injuries

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.

Next Steps:

- 2024 PI Projects.

Legend

Value > Target	
Value > 2022 but < Target	
Value < Target < 2022	

Metrics: Adult Medical/Surgical High Volume DRGs	Reporting	Target*	2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Mortality-All Cause (Risk Adjusted O:E)	O:E Ratio	<1.0	0.76	0.97	0.93	0.76	0.98
Mortality-Acute Myocardial Infarction	O:E Ratio		0.00	0.48	0.52	0.00	1.71
Mortality-Heart Failure	O:E Ratio		0.31	0.73	0.40	0.32	0.37
Mortality- Hip	O:E Ratio		0.63	0.00	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		1.03	1.81	1.50	0.79	0.99
Mortality- Sepsis	O:E Ratio		0.79	0.87	1.17	0.95	0.98
Mortality- Pneumonia	O:E Ratio		0.61	0.86	0.42	1.53	2.19
Readmission- All (Rate)	Rate	<15.5%	10.34	9.43	9.85	11.00	10.34
Readmission-Acute Myocardial Infarction	Rate		10.94	3.51	6.52	14.89	5.45
Readmission-Heart Failure	Rate		15.23	17.76	14.44	23.88	23.94
Readmission- Hip	Rate		6.06	0.00	0.00	0.00	0.00
Readmission- Knee	Rate		0.00	8.33	0.00	0.00	12.50
Readmission- Stroke	Rate		10.24	3.45	0.00	7.69	4.00
Readmission- Sepsis	Rate		16.91	13.00	11.58	11.53	12.28
Readmission- Pneumonia	Rate		11.76	7.78	5.41	16.00	14.00
LOS-All Cause	Mean	4.90	4.90	5.00	4.93	4.75	4.68
LOS-Acute Myocardial Infarction	Mean		4.90	4.15	4.55	3.94	5.34
LOS-Heart Failure	Mean		5.70	5.30	5.03	5.69	6.74
LOS- Hip	Mean		3.30	5.00	5.13	3.40	3.00
LOS- Knee	Mean		2.30	2.42	2.60	4.40	3.62
LOS- Stroke	Mean		4.53	5.64	6.03	6.20	3.68
LOS- Sepsis	Mean		11.16	9.82	9.59	9.35	8.51
LOS- Pneumonia	Mean		6.40	7.40	6.08	4.94	6.70

Metrics: HAIs, Sepsis, Harm Events	Reporting	Target**	2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
CAUTI (SIR)	SIR	<1.0	1.21	0.00	1.47	0.00	0.00
Hospital Acquired C-Diff (CDI)	SIR	<1.0	0.5	0.44	0.00	0.53	0.35
Surgical Site Infection (Superficial)	# Infections	<1.0 SIR	7	1	3	2	3
Surgical Site Infection (Deep, Organ Space and Joint)	# Infections	<1.0 SIR	7	2	0	3	2
Sepsis Bundle Compliance	% Compliance	63%^	54%	46%	63%	72%	65%
Hospital Acquired Pressure Injury (HAPI)	# HAPI	<=1	1	0	0	0	0
Patient Falls with Injury	# Falls	<=1.0	1	1	0	0	1
PSI 90 / Healthcare Acquired Conditions	Ratio	<1.0	1.39	0.80	0.99	1.35	2.73
Serious Safety Events	# Events	<=1	0	1	0	1	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 admission to a hospital
Readmissions	Anyone readmitted within 30 days of discharge (except for elective procedures/admits).
Length of Stay(LOS)	The average number of days that patients spend in hospital
CAUTI (SIR)	Catheter Associated Urinary Tract Infection
Hospital Acquired C-Diff (CDI)	Clostridium difficile (bacteria) positive test > 4 days after admission
Surgical Site Infections	An infection that occurs after surgery in the part of the body where the surgery took place
Sepsis Bundle Compliance	Compliance with a group of best-practice required measures to prevent sepsis
Hospital Acquired Pressure Injury	Stage III or IV pressure ulcers (not present on admission) in patients hospitalized 4 or more days
Patient Falls with Injury	A fall that resulted in harm that required intervention by medical staff (and reportable to CMS)
PSI 90 / Healthcare 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 Pulmonary Embolism or DVT, Post-op Sepsis, Post-op Wound Dehiscense, Accidental Laceration/Puncture
MRSA Blood Stream Infections	A positive test for a bacteria blood stream infection > 4 days after admission
Patient Falls with Injury	A fall that resulted in harm that required intervention by medical staff (and reportable to CMS)
Serious Safety Events (patients)	A gap in care that reached the patient, causing a significant level of harm
Other Abbreviations	
SIR	Standardize Infection Ratio (Observed/Expected)

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EXECUTIVE SUMMARY Q4 2023 Core Measures Dashboard CMS Hospital IQR (Inpatient Quality Reporting) Program

Time Period

Q4 2023- publicly reported metrics (contributing to Star Rating)

Accomplishments

- STK-4 Thrombolytic Therapy: 100% for the Yr (9/9)
- Sepsis bundle (SEP) 65% (77/119)
- Perinatal measures: complications are low (C-Sec 18% Yr), breastfeeding higher than avg (73% Yr)
- ED admit Decision Time 120 minutes – compared to 147min in 2022.
- HBIPS positive- high screening rates with low restraint, seclusion rates
- Surgical Site Infection-Colon (SSI-Colon), Central Line Infection (CLABSI) = 0, MRSA Infection = 0
- Urinary Catheter Infection (CAUTI), C-Difficile Infection < 1.0 i.e. less than expected
- Readmission rates: All (9.83%)

Areas for Improvement or Monitoring

- PSI-90 Composite Measure (1.85) > than expected
 - Periop Hemorrhage or Hematoma
 - Post-op Respiratory Failure
 - Post-op DVT
 - Post-op Sepsis
 - Pressure ulcer
 - Abdominopelvic Laceration/Puncture rate

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)

Next Steps:

2024 PI projects

Hospital Inpatient Quality Reporting Program Measures

	METRIC	CMS**	2022	Q1 -2023	Q2 -2023	Q3 -2023	Q4-2023	Q4-2023 Num/Den	Rolling 2023 YTD	2023 YTD Num/Den
◆ Stroke Measures										
STK-4	Thrombolytic Therapy	100%	88%	100%	100%	100%	100%	1/1	100%	9/9
◆ Sepsis Measure										
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	58%	53%	46%	62%	72%	65%	77/119	62%	248/397
◆ Perinatal Care Measure										
PC-01	Elective Delivery +	2%	2%	0%	0%	4%	0%	0/21	1%	1/68
PC-02	Cesarean Section +	TJC	21%	16%	16%	20%	19%	22/116	18%	92/515
PC-05	Exclusive Breast Milk Feeding	TJC	80%	81%	72%	61%	78%	62/79	73%	213/292
◆ ED Inpatient Measures										
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients +	99	147.00	132.00	115.00	108.00	120.00	191-Cases	117.00	789-Cases
◆ Psychiatric (HBIPS) Measures										
IPF-HBIPS- 1	Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed	TJC	96%	100%	99%	N/A	N/A	0/0	100%	205/206
IPF-HBIPS-2	Hours of Physical Restraint Use +	0.12	0.15	0.00	0.00	0.02	0.01	0.01	0.15	N/A
IPF-HBIPS-3	Hours of Seclusion Use +	0.02	0.11	0.0230	0.0140	0.0130	0.0000	0.01	0.11	N/A
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	77%	77%	100%	90%	82%	85%	17/20	88%	50/57
◆ Substance Use Measures										
SUB-2	2-Alcohol Use Brief Intervention Provided or offered	65%	63%	100%	100%	83%	100%	7/7	97%	33/34
SUB-2a	Alcohol Use Brief Intervention	76%	50%	100%	100%	100%	100%	7/7	100%	33/33
◆ Tobacco Use Measures										
TOB-2	2-Tobacco Use Treatment Provided or Offered	72%	71%	77%	71%	100%	N/A	0/0	77%	17/22
TOB-2a	2a-Tobacco Use Treatment	42%	67%	33%	83%	50%	N/A	0/0	50%	10/20
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge	57%	25%	50%	40%	N/A	N/A	0/0	45%	5/11
TOB-3a	3a-Tobacco Use Treatment at Discharge	18%	25%	33%	40%	N/A	N/A	0/0	36%	4/11
	METRIC	CMS**	2022	Q1 -2023	Q2 -2023	Q3 -2023	Q4-2023	Q2-2023 Num/Den	Rolling 2023 YTD	Rolling Num/Den
◆ Transition Record Measures										
TRSE	Transition Record with Specified Elements Received by Discharged Patients	67%	55%	0%	2%	19%	36%	46/83	15%	72/425
◆ Metabolic Disorders Measure										
SMD	Screening for Metabolic Disorders	Benchmark To Be Established	89%	90%	87%	93%	95%	79/83	91%	227/253
	METRIC	CMS**	2018	2019	2020	2021	2022	Rolling Num/Den	Rolling Num/Den	Rolling Num/Den
IPF-IMM-2	Influenza Immunization	77%	98%	90%	92%	96%	96%	96%	228/239	228/239

Hospital Outpatient Quality Reporting Program Measures

	METRIC	CMS**	2022	Q1 -2023	Q2 -2023	Q3 -2023	Q4-2023	Q2 2023 Num/Den	Rolling 2023 YTD	2023 YTD Num/Den
◆ ED Outpatient Measures										
OP-18b	Average (median) time patients spent in the emergency department before leaving from the visit	171.00	178.00	173.00	192.00	221.00	186.00	0-Cases	192.00	279-Cases
◆ Outpatient Stroke Measure										
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	69%	86%	80%	100%	50%	86%	6/7	78%	12/23
◆ Endoscopy Measures										
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	91%	85%	100%	95%	83%	76%	25/33	89%	126/141

**CMS National Average + Lower Number is better

◆ Healthcare Personnel Influenza Vaccination						
	METRIC	CMS National Average	Oct 2018 - Mar 2019	Oct 2020 - Mar 2021	Oct 2021 - Mar 2022	Oct 2022 - Mar 2023
IMM-3	COVID Healthcare Personnel Vaccination	88%			96%	99%
	Healthcare Personnel Influenza Vaccination	80%	97%	94%	96%	93%
◆ Surgical Site Infection +						
	METRIC	National Standardized Infection Ratio (SIR)	Apr 2021 - Mar 2022	Jan 2022 - Dec 2022	July 2021 - June 2022	Apr 2022 - Mar 2023
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	0.00	0.00	0.00	0.00
HAI-SSI-Hyd	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)	April 2021 - Mar 2022	July 2021 - June 2022	Jan 2022 - Dec 2022	April 2022 - Mar 2023
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.00	0.00	0.00	0.00
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.88	0.64	0.62	0.74
	METRIC	2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
	Central Line Associated Blood Stream Infection (CLABSI)	0	0.00	1.70	0.00	0.00
	Catheter Associated Urinary Tract Infection (CAUTI)	1.21	0.00	1.48	0.00	0.00
◆ Healthcare Associated Infections +						
	METRIC	National Standardized Infection Ratio (SIR)	Apr 2021 - Mar 2022	July 2021 - June 2022	Jan 2022 - Dec 2022	Apr 2022 - Mar 2023
HAI-C-DF	Clostridium Difficile	1	0.12	0.26	0.30	0.58
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.00	0.00	0.00	0.00
	METRIC	2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
HAI-C-DF	Clostridium Difficile	0.5	0.44	0.00	0.53	0.35
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	0.00	0.00	0.00	0.00	1 infection (SIR Not Cal)
◆ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators) +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2017 - June 2019	July 2018 - Dec 2019	July 2019 - June 2021	July 2020 - June 2022
PSI-90 (Composite)	Complication / Patient Safety Indicators PSI 90 (Composite)	1	No different than the National Rate	No different than the National Rate	No different than the National Rate	No different than the National Rate
	METRIC		2020	2021	2022	2023
PSI-90 (Composite)	Complication / Patient safety Indicators PSI 90 (Composite)		0.60	1.96	1.38	1.85
PSI-3	Pressure Ulcer		0.00	0.22	0.79	1.52
PSI-6	Iatrogenic Pneumothorax		0.18	0.62	0.00	0.00
PSI-8	Inhospital Fall with Hip Fracture		0.00	0.29	0.13	0.28
PSI-9	Perioperative Hemorrhage or Hematoma		2.19	2.67	2.08	3.42
PSI-10	Postop Acute Kidney Injury Requiring Dialysis		1.59	0.00	0.00	0.00
PSI-11	Postoperative Respiratory Failure		2.07	6.11	1.88	12.01
PSI-12	Peri Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)		2.13	8.74	6.59	7.97
PSI-13	Postoperative Sepsis		6.39	4.64	3.93	1.57
PSI-14	Post operative Wound Dehiscence		0.00	2.02	0.00	0.00
PSI-15	Unrecognized Abdominopelvic Accidental Laceration/Puncture Rate		0.00	0.00	0.00	1.52
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2017 - June 2019	July 2018 - Dec 2019	July 2019 - June 2021	July 2020 - June 2022
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	not published**	No different then National Average
◆ Surgical Complications +						
		Centers for Medicare & Medicaid Services (CMS) National Average	April 2016 - March 2019	April 2017 - Oct 2019	April 2018 - March 2021	April 2019 - March 2022
Surgical Complication	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty +	3.2%	3.0%	2.6%	2.5%	3.6%

*** National Average + Lower Number is better

♦ 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%	10.00%
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%	8.80%	9.20%	8.60%	10.00%
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%	3.40%	3.00%	2.50%	3.00%
♦ Mortality Measures - 30 Day (Medicare Only - Midas DataVision) +						
	METRIC		2020	2021	2022	2023
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate		4.99%	6.06%	3.39%	2.13%
MORT-30-HF	Heart Failure Mortality Rate		5.88%	7.90%	1.20%	3.05%
MORT-30-PN	Pneumonia Mortality Rate		7.10%	8.42%	7.09%	4.46%
MORT-30-COPD	COPD Mortality Rate		2.38%	0.00%	7.14%	3.13%
MORT-30-STK	Stroke Mortality Rate		4.95%	4.76%	4.90%	3.64%
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%	16.30%	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-THATKIA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.10%	3.90%	4.40%	4.20%	4.90%
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	11.90%	13.80%	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		2020	2021	2022	2023
	Hospital-Wide All-Cause Unplanned Readmission		10.95%	9.59%	9.89%	9.83%
	Acute Myocardial Infarction Readmission Rate		11.24%	11.27%	8.75%	7.60%
	Heart Failure Readmission Rate		16.67%	12.04%	11.36%	18.18%
	Pneumonia (PN) 30 Day Readmission Rate		14.94%	5.68%	11.94%	11.84%
	Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate		11.11%	13.04%	9.68%	9.09%
	Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate		10.42%	2.50%	0.00%	0.00%
	30-day Risk Standardized Readmission following Coronary Artery Bypass Graft		0.00%	6.67%	14.29%	7.69%
♦ Cost Efficiency +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2019 - Dec 2019	Jan 2020 - Dec 2020	Jan 2021 - Dec 2021	Jan 2022 - Dec 2022
MSPB-1	Medicare Spending Per Beneficiary (All)	0.99	0.97	0.98	0.98	0.98
	METRIC		July 2016 - June 2019	July 2017 - Dec 2019	July 2018 - June 2021	July 2019 - June 2022
PAY-AMI	Acute Myocardial Infarction (AMI) Payment Per Episode of Care	\$27,314	\$27,327	\$28,746	\$27,962	\$26,768
PAY-HF	Heart Failure (HF) Payment Per Episode of Care	\$18,764	\$17,614	\$18,180	\$17,734	\$18,109
PAY-PN	Pneumonia (PN) Payment Per Episode of Care	\$20,362	\$17,717	\$17,517	\$18,236	\$19,640
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	April 2015 - March 2018	April 2017 - Oct 2019	April 2018 - Mar 2021	April 2019 - Mar 2022
PAY-Knee	Hip and Knee Replacement	\$21,247	\$20,263	\$19,869	\$19,578	\$18,654

*** National Average + Lower Number is better

MarinHealth Medical Center
CLINICAL QUALITY METRICS DASHBOARD
 Publicly Reported on CalHospital Compare (www.calhospitalcompare.org)
 and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (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%	7.00%
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						

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Schedule 7: External Awards & Recognition

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

External Awards and Recognition – 2023
<p><u>Healthgrades</u> <i>America’s 250 Best Hospitals in 2024</i></p>
<p><u>American Heart/Stroke Association</u> <i>Get With the Guidelines-Stroke Gold Plus Quality Achievement Award</i></p>
<p><u>Leapfrog</u> <i>Hospital Safety Grade “A” for Fall 2023</i></p>
<p><u>Centers for Medicare and Medicaid Services</u> <i>5-Star Overall Hospital Quality Ranking 2023</i></p>
<p><u>California Maternal Quality Care Collective</u> <i>2023 Quality and Sustainability Award</i></p>
<p><u>Bay Area Parent Magazine</u> <i>Best Hospital & Birthing Center in San Francisco/Marin County – Gold Medal</i> <i>Best Pediatric Care in San Francisco/Marin County – Silver Medal</i></p>
<p><u>Marin Independent Journal Reader’s Choice Awards</u> <i>Best Hospital in Marin County 2023 Winner</i></p>
<p><u>American College of Surgeons Committee on Trauma</u> <i>Level III Trauma Center Verification (2019-2025)</i></p>
<p><u>The Joint Commission</u> <i>Primary Stroke Center Certification</i> <i>Gold Seal of Approval for Hospital Services, Advanced Inpatient Diabetes Care Program, Stroke Care Program and Behavioral Health Services</i></p>
<p><u>Commission on Cancer, American College of Surgeons</u> <i>3-Year Accreditation (2020-2023)</i></p>
<p><u>Baby-Friendly USA (BFUSA)</u> <i>Baby-Friendly Designation</i></p>
<p><u>The National Accreditation Program for Breast Centers</u> <i>Breast Center Accreditation</i></p>
<p><u>Marin County Emergency Medical Services</u> <i>Pediatric Receiving Center – Advanced Level</i></p>
<p><u>American College of Radiology</u> <i>Excellence in Imaging Services Accreditation</i></p>
<p><u>California Department of Public Health</u> <i>Antimicrobial Stewardship Honor Roll</i></p>
<p><u>The Pacific Sun</u> <i>Best Local Hospital for 2023</i></p>

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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.

Cash & In-Kind Donations (these figures are not final and are subject to change)					
	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Total 2023
Buckelew	26,250				26,250
Ceres Community Project	10,500				10,500
Community Action Marin	10,500				10,500
Community Institute for Psychotherapy	21,000				21,000
Homeward Bound	157,500				157,500
Hospice by the Bay	5,250				5,250
Huckleberry Youth Programs	10,500				10,500
Jewish Family and Children's Services	10,500				10,500
Kids Cooking for Life	5,250				5,250
Marin Center for Independent Living	26,250				26,250
Marin Community Clinics	63,000	2,625			65,625
Marin Senior Fair		2,625			2,625
MHD 1206B Clines	7,484,108	6,475,164	7,878,728	6,493,233	28,331,233
NAMI Marin	10,500				10,500
North Marin Community Services	10,500				10,500
Operation Access	10,500				10,500
Ritter Center	26,250				26,250
RotaCare Bay Area Inc.	15,750				15,750
San Geronimo Valley Community Center	10,500				10,500
Sonoma Women's Health Foundation	3,281				3,281
Spahr Center	10,500				10,500
St. Vincent de Paul Society of Marin	5,250	3,675			8,925
Summer Solstice			472		472
To Celebrate Life				10,500	10,500
West Marin Senior Services	10,500				10,500
Zero Breast Cancer			1,050		1,050
Total Cash Donations	7,944,139	6,484,089	7,880,250	6,503,733	28,812,211
Clothes Closet				28,281	28,281
Compassionate discharge medications	14,182	14,947	18,294	549	47,972
Meeting room use by community based organizations for community-health related purposes.				791	791
Healthy Marin Partnership	1,916	638	1,278	1,023	4,855
Food donations	19,349	20,506	12,122	5,622	57,599
SMILE Cart				7,357	7,357
Total In-Kind Donations	35,447	36,091	31,694	43,623	146,855
Total Cash & In-Kind Donations	7,979,586	6,520,180	7,911,944	6,547,356	28,959,066

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Schedule 8, continued

Community Benefit Summary					
(These numbers are subject to change.)					
	1Q 2023	2Q 2023	3Q 2023	4Q 2023	Total 2023
Community Health Improvement Services	20,343	33,475	43,564	273,972	371,354
Health Professions Education	1,025,850	590,615	477,802	828,707	2,922,974
Cash and In-Kind Contributions	7,979,586	6,520,180	7,911,944	6,547,356	28,959,066
Community Benefit Operations	2,425	1,596	2,774	27,697	34,492
Community Building Activities				11,571	11,571
Traditional Charity Care <i>*Operation Access total is included in Charity Care</i>	5,814	183,223	188,833	356,689	734,559
Government Sponsored Health Care <i>(includes Medi-Cal & Means-Tested Government Programs)</i>	11,153,588	11,662,761	11,824,931	11,308,811	45,950,091
Community Benefit Subtotal (amount reported annually to state & IRS)	20,187,606	18,991,850	20,449,848	19,354,803	78,984,107
Unpaid Cost of Medicare	23,481,601	23,642,142	23,959,093	24,520,301	95,603,137
Bad Debt	199,831	358,419	532,467	419,047	1,509,764
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u>	43,869,038	42,992,411	44,941,408	44,294,151	176,097,008

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 2023	2Q 2023	3Q 2023	4Q 2023	Total 2023
*Operation Access charity care provided by MGH (waived hospital charges)	116,208	160,409	316,349	196,736	789,702
Costs included in Charity Care		27,642			27,642

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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.

MHMC LEED Status
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
MarinHealth Medical Center achieved LEED Silver Certification on February 15, 2022

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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, 2023, there were a total of 619 physicians on MHMC staff:

- 240 Active Physicians
- 53 Affiliate Physicians
- 65 Consulting Physicians
- 215 Provisional Physicians
- 46 Telemedicine Physicians
- 92 Allied Health Professionals

New Physician Appointments January 1, 2023 – December 31, 2023					
	Last Name	First Name	Degree	Appointment Date	Specialty
1	Kallepalli	Anita	MD	2023/10/24	Allergy & Immunology
2	Tsai	Yeh-Kuang	MD	2023/05/23	Anesthesiology
3	Shah	Sameer	MD	2023/05/23	Anesthesiology
4	Lam	Linh	MD	2023/05/23	Anesthesiology
5	Dhiya	Saba	MD	2023/07/25	Anesthesiology
6	Cunnam	Jason	MD	2023/07/25	Anesthesiology
7	Klika	Karin	MD	2023/07/25	Anesthesiology
8	Sacino	Matthew	MD	2023/08/29	Anesthesiology
9	Bowles	Harry	MD	2023/08/29	Anesthesiology
10	Chiang	Richard	MD	2023/08/29	Anesthesiology
11	Leung	Jacqueline	MD	2023/09/26	Anesthesiology
12	Grajo	Joseph	DO	2023/09/26	Anesthesiology
13	Hughes	Lorenzo	MD	2023/09/26	Anesthesiology
14	Paparisto	Ergit	MD	2023/09/26	Anesthesiology
15	Srivatsan	Jayaram	MD	2023/10/24	Anesthesiology
16	Elkadi	Tarek	MD	2023/11/28	Anesthesiology
17	Chiu	Tina	MD	2023/11/28	Anesthesiology
18	Reddy	Rajesh	MD	2023/11/28	Anesthesiology
19	Patel	Pritul	MD	2023/11/28	Anesthesiology, Critical Care Medicine
20	De Pinto	Mario	MD	2023/11/28	Anesthesiology, Pain Medicine
21	Badhwar	Anshul	MD	2023/02/28	Cardiology
22	Malhotra	Pankaj	MD	2023/08/29	Cardiology
23	Cushing	Madeline	CNM	2023/01/24	Certified Nurse Midwife
24	Stoner	Lily	CNM	2023/10/24	Certified Nurse Midwife
25	Looney	Christopher	MD	2023/01/24	Diagnostic Radiology

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Schedule 10, continued

	Last Name	First Name	Degree	Appointment Date	Specialty
26	Davis	Demetrice	MD	2023/01/24	Diagnostic Radiology
27	Jean-Baptiste	Ryan	MD	2023/01/24	Diagnostic Radiology
28	Patel	Lincoln	MD	2023/06/27	Diagnostic Radiology
29	Theisen	Jeremy	MD	2023/06/27	Diagnostic Radiology
30	Abedon	Stephen	MD	2023/07/25	Diagnostic Radiology
31	Tong	Elizabeth	MD	2023/07/25	Diagnostic Radiology
32	McDonald	Marin	MD	2023/08/29	Diagnostic Radiology
33	Drake	Macarthur	MD	2023/10/24	Diagnostic Radiology
34	Kirby	Amy	MD	2023/10/24	Diagnostic Radiology
35	Hur	Jane	MD	2023/10/24	Diagnostic Radiology
36	Eisinger	Philip	DO	2023/11/28	Diagnostic Radiology
37	Kopec	Marcin	MD	2023/11/28	Diagnostic Radiology
38	Morrell	Mignonne	MD	2023/11/28	Diagnostic Radiology
39	Chen	Chuan-Jay	MD	2023/01/24	Emergency Medicine
40	Kasturia	Shirin	MD	2023/01/24	Emergency Medicine
41	Roden	Christopher	DO	2023/02/28	Emergency Medicine
42	Williams	David	MD	2023/02/28	Emergency Medicine
43	Taylor	Grace	MD	2023/09/26	Emergency Medicine
44	Hall	Olivia	MD	2023/09/26	Emergency Medicine
45	Mehran	Parisa	MD	2023/10/24	Endocrinology, Diabetes and Metabolism
46	Mundy	William	MD	2023/01/24	Family Medicine
47	Frankel	Jennifer	MD	2023/07/25	Gastroenterology
48	Sidhu	Simran	MD	2023/07/25	Gastroenterology
49	Grandhe	Sirisha	MD	2023/10/24	Gastroenterology
50	Young	Monica	MD	2023/01/24	Hospital Medicine
51	Nguyen	Flang	MD	2023/01/24	Hospital Medicine
52	Matz	Robert	MD	2023/01/24	Hospital Medicine
53	Cheng	Tom	MD	2023/01/24	Hospital Medicine
54	Bourne	Rae	MD	2023/02/28	Hospital Medicine
55	Leong	Jonathan	MD	2023/03/28	Hospital Medicine
56	Chaung	Kevin	MD	2023/03/28	Hospital Medicine
57	Javaherian	Kavon	MD	2023/03/28	Hospital Medicine
58	Scott	Renata	MD	2023/05/23	Hospital Medicine
59	Zhang	Yixi	MD	2023/06/27	Hospital Medicine
60	Dove	Erik	MD	2023/08/29	Hospital Medicine
61	Pande	Prithvi	MD	2023/08/29	Hospital Medicine
62	Shadan	Shideh	MD	2023/01/24	Internal Medicine
63	Ziaie Martin	Maryam	MD	2023/01/24	Internal Medicine

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Schedule 10, continued

	Last Name	First Name	Degree	Appointment Date	Specialty
64	Wen	Hui-Shan	DO	2023/01/24	Internal Medicine
65	Shrestha	Prabhat	MD	2023/01/24	Internal Medicine
66	Taylor	Mark	MD	2023/01/24	Internal Medicine
67	Hambro	Benjamin	MD	2023/02/28	Internal Medicine
68	Sapp	Felicia	MD	2023/02/28	Internal Medicine
69	Cullen	Esme	MD	2023/03/28	Internal Medicine
70	Kim	Jaehee	MD	2023/03/28	Internal Medicine
71	Yusufaly	Sara	MD	2023/03/28	Internal Medicine
72	Ranginwala	Mohammad	MD	2023/03/28	Internal Medicine
73	Brennan	Ingrid	MD	2023/06/27	Internal Medicine
74	Shrestha	Sangye	MD	2023/06/27	Internal Medicine
75	Guyer	Marion	MD	2023/09/26	Internal Medicine
76	Emami Esfahani	Nader	MD	2023/10/24	Internal Medicine-Critical Care Medicine
77	Bernstein	Joshua	MD	2023/11/28	Nephrology
78	Ahlawat	Aditi	MD	2023/04/25	Neurology
79	Taylor	Blake	MD	2023/09/26	Neurosurgery
80	Conroy	Mary	NP	2023/01/24	Nurse Practitioner
81	Chambliss	Rebecca	NP	2023/10/24	Nurse Practitioner, Cardiology
82	Chang	Evaline	NP	2023/06/27	Nurse Practitioner, Critical Care Medicine
83	Berlin	Alia	NP	2023/04/25	Nurse Practitioner, Hospice and Palliative Medicine
84	Sorapuru	Anjenette	NP	2023/03/28	Nurse Practitioner, Neurological Surgery
85	Huskey	Dana	MD	2023/10/24	Obstetrics
86	Zappas-Levy	Katerina	MD	2023/01/24	Obstetrics & Gynecology
87	Heinlein	Peter	MD	2023/01/24	Obstetrics & Gynecology
88	Vaynberg	Dina	MD	2023/01/24	Obstetrics & Gynecology
89	Christ	Jacob	MD	2023/03/28	Obstetrics & Gynecology
90	Manandhar	Shila	MD	2023/05/23	Obstetrics & Gynecology
91	Lo	Alyssa	MD	2023/08/29	Obstetrics & Gynecology
92	Jovel	Iris	MD	2023/10/24	Obstetrics & Gynecology
93	Reiter	Samuel	MD	2023/05/23	Ophthalmology
94	Chan	Keith	MD	2023/03/28	Orthopaedic Surgery
95	Mast	Nicholas	MD	2023/04/25	Orthopaedic Surgery
96	Politzer	Carey	MD	2023/08/29	Orthopaedic Surgery
97	Tarabichi	Majd	MD	2023/08/29	Orthopaedic Surgery
98	Theismann	Jeffrey	MD	2023/08/29	Orthopaedic Surgery
99	Han	Alex	MD	2023/08/29	Orthopaedic Surgery
100	Dedini	Russell	MD	2023/08/29	Orthopaedic Surgery
101	McQueen	Peter	MD	2023/09/26	Orthopaedic Surgery
102	Cole	Elliott	MD	2023/09/26	Orthopaedic Surgery

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	Last Name	First Name	Degree	Appointment Date	Specialty
103	Wang	Kevin	MD	2023/09/26	Orthopaedic Surgery
104	Kaiser	Philip	MD	2023/05/23	Orthopaedic Surgery, Foot and Ankle Surgery
105	Dotterweich	William	MD	2023/11/28	Orthopaedic Surgery, Hand Surgery
106	Hwang	Kevin	MD	2023/06/27	Orthopedic Spine Surgery
107	Iaquinta	Salvatore	MD	2023/04/25	Otolaryngology
108	Harless	Lucas	MD	2023/04/25	Otolaryngology
109	Atmakuri	Malika	MD	2023/04/25	Otolaryngology
110	Lee	Monica	MD	2023/04/25	Otolaryngology
111	Austin	Stephanie	MD	2023/05/23	Otolaryngology
112	Pancio	Sharon	MD	2023/10/24	Pediatric Hospitalist
113	Pico	Michael	MD	2023/09/26	Physical Medicine & Rehabilitation, Pain Medicine
114	Bonamici	Christine	PA	2023/01/24	Physician Assistant
115	Teixeira	Debora	PA	2023/01/24	Physician Assistant
116	Munayer	Stephani	PA	2023/02/28	Physician Assistant
117	Sivik	Caroline	PA	2023/03/28	Physician Assistant
118	Sanchez	Gary	PA	2023/03/28	Physician Assistant, Neurological Surgery
119	Washburn	Cynthia	PA	2023/09/26	Physician Assistant, Neurological Surgery
120	Moore	Mollie	PA-C	2023/06/27	Physician Assistant, Obstetrics and Gynecology
121	Liu	Sally	PA	2023/01/24	Physician Assistant, Orthopedic Surgery
122	Vales Kennedy	Guillermo	PA	2023/01/24	Physician Assistant, Orthopedic Surgery
123	Allen	David	PA	2023/04/25	Physician Assistant, Orthopedic Surgery
124	Colliflower	David	PA	2023/05/23	Physician Assistant, Orthopedic Surgery
125	Ansari	Ryan	PA	2023/09/26	Physician Assistant, Orthopedic Surgery
126	Daniel	Jessica	PA	2023/09/26	Physician Assistant, Orthopedic Surgery
127	Davis-Hunter	Austin	PA	2023/03/28	Physician Assistant, Plastic and Reconstructive Su
128	Ling	Yiwei	PA	2023/11/28	Physician Assistant, Plastic and Reconstructive Su
129	DeTore	Ashley	PA	2023/03/28	Physician Assistant, Surgical
130	Scheck	Lauren	PA	2023/02/28	Physician Assistant, Trauma Surgery
131	Serebrakian	Arman	MD	2023/10/24	Plastic Surgery, Surgery of the Hand
132	Holliday	Jessica	MD	2023/03/28	Psychiatry

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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 2022	583	33	3	6.17%
Q1 2023	595	18	4	3.70%
Q2 2023	618	29	1	4.85%
Q3 2023	626	22	1	3.67%
Q4 2023	632	22	3	3.96%

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 2022	7	55	583	645	9.61%	8.53%	1.09%
Q1 2023	14	53	595	662	10.12%	8.01%	2.11%
Q2 2023	6	54	618	678	8.85%	7.96%	0.88%
Q3 2023	8	42	626	676	7.40%	6.21%	1.18%
Q4 2023	1	21	632	654	3.36%	3.21%	0.15%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
Q4 2022	51	36	15
Q1 2023	34	22	12
Q2 2023	53	30	23
Q3 2023	31	23	8
Q4 2023	33	25	8

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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 2023	Oct 27	02:15	7'15"	CATH			
	Nov 04	01:07	2'00"	ED	4	23	3
	Nov 07	04:07	2'00"	ED	2	17	2
	Dec 01	20:37	2'00"	ED	6	34	8
	Dec 19	01:22	2'00"	ED	2	31	4
	Dec 20	12:29	2'00"	ED	15	45	7

2023 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)*

