



# **MarinHealth Medical Center**

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

### **Annual Report 2024**

June 3, 2025

**MarinHealth Medical Center (Marin General Hospital)**  
Performance Metrics and Core Services Report: **ANNUAL REPORT 2024**

**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 2024 (Annual Report) was presented to MGH Board and to MHD Board in June 2025.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2025 was presented for approval to the MGH Board in February 2025.
	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 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)**  
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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	<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</b> <b>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 26, 2024 and to the MHD Board on February 21, 2025.
	2. MGH Board will report on the status of MGH's market share and Management responses.	Annually	In Compliance	MGH's market share and management responses report was presented to the MGH Board on October 26, 2024 and the MHD Board on February 21, 2025.
	3. MGH Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.	Quarterly	In Compliance	<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 2024 Independent Audit was completed on April 24, 2025.
	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 2023 Form 990 was filed on November 15, 2024.

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

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### SCHEDULE 1

### EXECUTIVE SUMMARY

### Q4 2024 HCAHPS

#### Time Period

Q4 2024 HCAHPS Survey with Press Ganey Benchmarks (n=400)

#### Accomplishments

Overall Hospital Rating (Natl 78p) & Likelihood to Recommend (Natl 78p) stayed > 75thp

Responsiveness, Discharge Information > 50thp National

11 of 17 questions improved from Q3

#### Areas for Improvement

Nurse Communication

MD Communication

Hospital Environment

Communication About medications

Care Transitions

#### Data Summary

Reporting HCAHPS Press Ganey percentile rank among all PG database (Natl) and PG California Hospitals (CA), # of hospitals not reported

Not patient mix or mode adjusted, not benchmarked to CMS

#### Barriers or Limitations

True CMS comparison report not yet available.

#### Next Steps

- Patient Satisfaction and Experience initiatives; Geographic Assignments on Med/Surg, Hourly rounding on Medical/Surgical units, Physician bedside rounding and feedback sessions, among other efforts.
- Sr Leader rounding on Med/Surg, ED, Cardiac Units


# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

### 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.



2024 HCAHPS DASHBOARD

Updated 2-21-25

HCAHPS DOMAINS

	Top Box	Nat.	CA		Top Box	Nat.	CA		Top Box	Nat.	CA		Top Box	Nat.	CA
	Q1	Rank	Rank		Q2	Rank	Rank		Q3	Rank	Rank		Q4	Rank	Rank
Rate Hospital 0-10	72.27%	61st	57th	↑	82.17%	88th	87th	↓	80.15%	84th	83rd	↓	78.56%	78th	74th
Recommend the Hospital	74.03%	67th	53rd	↑	81.25%	85th	74th	↓	79.77%	80th	77th	↓	79.26%	78th	71st
Communication with Nurses	75.55%	29th	29th	↑	77.31%	31st	39th	↓	75.71%	22nd	25th	↑	76.61%	25th	28th
Responsiveness of Hospital Staff	65.51%	66th	75th	↑	72.37%	83rd	89th	↓	65.12%	57th	71st	↓	65.78%	57th	62nd
Communication with Doctors	80.35%	60th	67th	↑	81.66%	64th	70th	↓	77.90%	35th	39th	↑	79.15%	41st	41st
Hospital Environment	66.63%	60th	78th	↑	67.96%	58th	76th	↓	63.63%	36th	48th	↓	63.70%	36th	49th
Communication about Medications	56.72%	31st	20th	↑	60.68%	49th	36th	↓	55.56%	18th	13th	↑	58.92%	31st	21st
Discharge Information	88.81%	70th	72nd	↑	90.38%	80th	76th	↓	87.05%	50th	44th	↑	88.42%	61st	54th
Care Transitions	46.96%	27th	19th	↑	51.48%	42nd	26th	↓	50.23%	36th	29th	↑	51.68%	39th	28th
"n"	239				281				286				408		

	Q1	Nat.	CA		Q2	Nat.	CA		Q3	Nat.	CA		Q4	Nat.	CA	
		Rank	Rank			Rank	Rank			Rank	Rank			Rank	Rank	
Global Items	Rate hospital 0-10	72.27%	61	57	↑	82.17%	88	87	↓	80.15%	84	83	↓	78.56%	78	74
	Recommend the hospital	74.03%	67	53	↑	81.25%	85	74	↓	79.77%	80	77	↓	79.26%	78	71
Comm w/ Nurses	Nurses treat with courtesy/respect	77.03%	9	9	↑	82.71%	22	29	↓	80.72%	14	17	↑	83.38%	26	34
	Nurses listen carefully to you	73.56%	34	39	↑	76.26%	42	42	↓	74.55%	31	35	↑	75.05%	33	38
	Nurses expl in way you understand	76.07%	62	71	↓	72.96%	33	38	↓	71.85%	26	29	↓	71.41%	22	21
Response of Hosp Staff	Call button help soon as wanted it	66.32%	73	79	↑	69.03%	75	82	↓	65.76%	65	74	↓	62.64%	49	49
	Help toileting soon as you wanted	64.71%	58	67	↑	75.71%	89	94	↓	64.48%	48	61	↑	68.91%	68	74
Comm w/ Doctors	Doctors treat with courtesy/respect	84.73%	45	53	↑	85.56%	46	55	↓	80.97%	16	20	↑	84.38%	33	38
	Doctors listen carefully to you	78.71%	58	57	↑	81.15%	68	74	↓	76.15%	35	32	↓	76.88%	36	34
	Doctors expl in way you understand	77.62%	72	74	↓	78.28%	70	70	↓	76.57%	58	60	↓	76.20%	52	61
Hospital Environment	Cleanliness of hospital environment	70.11%	44	36	↑	75.26%	59	56	↓	72.60%	47	40	↑	71.92%	40	30
	Quietness of hospital environment	63.15%	69	89	↓	60.66%	54	81	↓	54.67%	31	55	↓	55.48%	34	57
Comm About Medicines	Tell you what new medicine was for	72.33%	41	42	↓	71.65%	30	24	↓	68.52%	15	11	↑	70.92%	23	16
	Staff describe medicine side effect	41.11%	25	14	↑	49.70%	65	52	↓	42.61%	25	17	↑	46.92%	44	32
Discharge Information	Staff talk about help when you left	88.51%	77	78	↓	88.56%	74	70	↓	86.00%	55	51	↑	86.03%	53	49
	Info re symptoms/prob to look for	88.88%	55	50	↑	92.06%	79	76	↓	88.09%	45	35	↑	90.80%	66	60
Care Transitions	Hosp staff took pref into account	39.66%	23	18	↑	45.92%	44	29	↓	45.36%	41	31	↑	45.16%	35	26
	Good understanding managing health	47.47%	35	27	↑	51.80%	49	36	↓	49.40%	37	29	↑	54.96%	61	56
	Understood purpose of taking meds	53.06%	25	20	↑	56.72%	36	24	↓	55.94%	33	23	↑	54.92%	25	18

Data is Mode Adjusted (to account for use of phone vs. mail surveys). Only includes CMS reportable/eligible surveys. Note: Patients have up to 6 weeks to complete the HCAHPS survey.

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

### 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' Learn, National Diabetes Day, education, and screenings	Persons with diabetes, and their families, persons at risk to develop 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
Center for Integrative Health and Wellness	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
Community District Events	Family wellness, health education, screenings, and resources	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, economically unstable people, persons experiencing homelessness
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, Educational Outreach and Podcasts	Free monthly newsletter, community education events, and podcasts on a variety of health topics	General public
Infant Care and Childbirth Series	Classes on infant care topics	Pregnant women and family caregivers
Preventive Screenings	Free screenings for blood pressure, glucose, vascular disease, and stroke education	Underserved populations that lack access to preventive health care services
Senior Wellness Events	Senior health fairs, nutrition education, food safety, hydration	Seniors and family caregivers
Senior Wellness Events	Senior health fairs, nutrition education, food safety, hydration	Seniors and family caregivers
The Mom's Support Group, New Father's Class, and Pathways	Free 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

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

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
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 2024 Annual Community Benefit Report is available at  
<https://www.mymarinhealth.org/about-us/community-benefit/>

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

### 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 2024 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>117</b> [87 in 2023]	<b>36.4%</b> [36.1% in 2023]
<b>Very Good</b>	<b>130</b> [102 in 2023]	<b>40.5%</b> [42.3% in 2023]
<b>Good</b>	<b>61</b> [41 in 2023]	<b>19.0%</b> [17.0% in 2023]
<b>Fair</b>	<b>12</b> [11 in 2023]	<b>3.7%</b> [4.6% in 2023]
<b>Poor</b>	<b>1</b> [0 in 2023]	<b>0.3%</b> [0% in 2023]

**Percentile Ranking: 44<sup>th</sup> Percentile** [42<sup>nd</sup> percentile in 2023]

**Total Number of Responses: 321 Providers** [241 responses in 2023]

#### *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>101</b> [68 in 2023]	<b>31.2%</b> [28.0% in 2023]
<b>Very Good</b>	<b>103</b> [80 in 2023]	<b>31.8%</b> [32.9% in 2023]
<b>Good</b>	<b>79</b> [59 in 2023]	<b>24.4%</b> [24.3% in 2023]
<b>Fair</b>	<b>26</b> [26 in 2023]	<b>8.0%</b> [10.7% in 2023]
<b>Poor</b>	<b>15</b> [10 in 2023]	<b>4.6%</b> [4.1% in 2023]

**Percentile Ranking: 33<sup>rd</sup> Percentile** [24<sup>th</sup> percentile in 2023]

**Total Number of Responses: 324 Providers** [243 responses in 2023]



# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

### 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 2024 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>346</b> [298 in 2023]	<b>33%</b> [29% in 2023]
<b>Satisfied</b>	<b>482</b> [482 in 2023]	<b>46%</b> [47% in 2023]
<b>Neither Dissatisfied Nor Satisfied</b>	<b>136</b> [164 in 2023]	<b>13%</b> [16% in 2023]
<b>Dissatisfied</b>	<b>22</b> [62 in 2023]	<b>5%</b> [6% in 2023]
<b>Very Dissatisfied</b>	<b>31</b> [21 in 2023]	<b>3%</b> [2% in 2023]

**Total Number of Responses: 1049 (67%)** [1027 (64%) in 2023]

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

### 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 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	
EBIDA \$ (in thousands)	\$49,927	\$17,171	\$33,107	\$49,283	\$63,752	
EBIDA %	8.50%	10.90%	10.39%	10.20%	9.80%	
<b>Loan Ratios</b>						
Annual Debt Service Coverage	2.89	2.28	2.42	2.20	2.42	
Maximum Annual Debt Service Coverage	1.83	2.28	2.42	2.20	2.42	
Debt to Capitalization	60.40%	59.0%	58.1%	56.1%	53.8%	
<b>Key Service Volumes</b>	<b>Total 2023</b>	<b>Q1 2024</b>	<b>Q2 2024</b>	<b>Q3 2024</b>	<b>Q4 2024</b>	<b>Total 2024</b>
Acute discharges	10,257	2,544	2,711	2,525	2,542	10,322
Acute patient days	50,793	12,843	12,487	12,082	12,944	50,356
Average length of stay	4.95	5.05	4.82	4.81	4.88	4.88
Emergency Department visits	41,085	10,608	11,510	10,942	11,352	44,412
Inpatient surgeries	1,823	412	459	460	428	1,759
Outpatient surgeries	6,249	1,594	1,551	1,581	1,647	6,373
Newborns	1,327	319	317	330	313	1,279

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

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 2024**

**Major Capital Expenditures**

Philips Healthcare - Ingenia Ambition X	1,385,814
O-Arm 02 Base Unit and StealthStation S8 System and accessories	1,206,105
Philips EPIQ CVx Ultrasound System (2)	632,147
Philips Healthcare - DD C90 HP VS Classic - Ceiling Mounted Digital Radiography Sol (2)	546,439
CARESTREAM HEALTH Mobile X-ray System DRX Revoltion	270,468
Huntington Technology Finance - BD Alaris Pumps - Lease Termination Agreement	265,213
EPIQ Elite Diagnostic Ultrasounds System 7639	206,892
Teleflex - AC3 Optimus Intraaortic Balloon Pump (qty 3)	192,414
Philips Healthcare - Uronav 4 System, Transperineal Stepper Biopsy	179,544
TRU-D SmartUVC - IQ Disinfection Device	164,997
EPIQ Elite Diagnostic Ultrasounds System 7631	161,159
Olympus American Inc - Colonoscope Evis Exera III Bronchoscope	155,635
Philips Healthcare - Ambient Experience for MRI	108,426
Other Capital under \$100k	730,913
<b>Total Major Capital Expenditures</b>	<b>6,206,165</b>

**Major Construction in Progress Expenditures**

Workday ERP Implementation	6,043,163
Petaluma Medical Hub	5,272,673
Oak Nuclear Medicine Relocation	3,632,761
75 Rowland Way Imaging/ Multispecialty Clinic	3,602,944
Bloom Energy	3,505,177
Lab Automation	1,543,631
Administration Support Consolidation	813,902
Hybrid OR Conversion	809,648
Pharmacy Compounding	789,044
MHMC/UCSF Orthopedics at 4000 Civic Center	486,184
Cypress Pavilion Generator	454,382
California Orthopedics and Spine	450,368
Fire Alarm Expansion	394,710
Optum eCAC and CDI Implementation	186,758
1260 S. Eliseo Dr. - MRI Replacement	179,422
1350 S Eliseo Elevator Upgrade	121,442
Other CIP Under \$100K	607,879

**Total Construction in Progress** **28,894,086**

**Total Capital Expenditures** **35,100,251**

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

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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/))

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

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### EXECUTIVE SUMMARY

#### Q4 2024 Quality Management Dashboard

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

##### Time Period

Q4 2024 most recent of four rolling quarters (far right)

##### Accomplishments

- Lowest mortality rate of the year (0.65) Hip, Knee mortality achieved 0,
- AMI Readmissions low, Hip, Knee Readmissions 0
- LOS: All Cause, Stroke lower than previous qtrs.
- Injury due to HAPI (pressure-related skin injury), Falls with Injury rate
- PSI 90 Complications improved

##### Areas for Improvement or Monitoring

- Stroke mortality: 2 patients expired, just above expected given comorbidities
- Readmission rates:
  - Sepsis- improved, Pneumonia- monitor
- Length of Stay (LOS): Driven by Stroke, Sepsis outliers
- CAUTI (Urinary catheter infections): Improved
- Deep SSI- 4 infections but higher denominator so under expected rate

##### 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

##### Next Steps:

- Ongoing support for PI continues

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024



Quality Management Dashboard  
Period: Q4 2024

Schedule 6, continued

Legend			
Value > Target			
Value > 2023 but <Target			
Value < Target <2023			

Metrics: Adult Medical/Surgical High Volume DRGs	Reporting	Target*	2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024
Mortality-All Cause (Risk Adjusted O:E)	O:E Ratio	<1.0	0.91	0.90	0.71	0.66	0.65
Mortality-Acute Myocardial Infarction	O:E Ratio		0.69	1.51	1.60	0.00	0.46
Mortality-Heart Failure	O:E Ratio		0.48	0.69	0.91	0.97	0.26
Mortality- Hip	O:E Ratio		0.00	3.57	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		1.33	0.00	0.56	1.35	1.54
Mortality- Sepsis	O:E Ratio		1.00	0.90	0.78	0.75	0.68
Mortality- Pneumonia	O:E Ratio		0.95	0.00	0.00	0.49	0.47
Readmission- All (Rate)	Rate	<15.5%	10.14	10.92	11.71	11.66	12.05
Readmission-Acute Myocardial Infarction	Rate		7.32	10.00	9.61	4.91	5.41
Readmission-Heart Failure	Rate		19.24	17.59	15.58	18.57	15.56
Readmission- Hip	Rate		0.00	0.00	16.67	30.77	0.00
Readmission- Knee	Rate		6.66	12.50	8.33	10.00	0.00
Readmission- Stroke	Rate		4.03	4.76	15.56	8.11	6.25
Readmission- Sepsis	Rate		12.25	10.43	16.81	21.85	17.20
Readmission- Pneumonia	Rate		10.04	13.10	13.68	12.73	17.95
LOS-All Cause	Mean	4.90	4.84	4.82	4.62	4.72	4.91
LOS-Acute Myocardial Infarction	Mean		4.52	4.22	3.27	3.94	4.09
LOS-Heart Failure	Mean		5.64	5.56	5.81	5.47	5.21
LOS- Hip	Mean		4.17	3.80	4.67	5.07	3.50
LOS- Knee	Mean		3.10	3.25	3.75	4.80	4.38
LOS- Stroke	Mean		5.50	5.90	6.13	4.67	7.58
LOS- Sepsis	Mean		9.32	8.39	9.10	8.65	9.04
LOS- Pneumonia	Mean		6.41	5.20	6.34	7.58	5.79
Metrics: HAIs, Sepsis, Harm Events	Reporting	Target**		Q1 2024	Q2 2024	Q3 2024	Q4 2024
CAUTI (SIR)	SIR	<1.0	0.35	1.47	1.37	0.00	0.71
Hospital Acquired C-Diff (CDI)	SIR	<1.0	0.33	0.63	0.00	0.88	0.00
Surgical Site Infection (Superficial)	# Infections		10	3	1	1	3
Surgical Site Infection (Deep, Organ Space and Joint)	# Infections		8	2	5	6	4
SSI	SIR	<1.0 SIR		<1.0	<1.0	<1.0	TBD
Sepsis Bundle Compliance	% Compliance	63%^	62%	74%	67%	61%	64%
Hospital Acquired Pressure Injury (HAPI)	# HAPI	<=1	0	0	0	1	0
Patient Falls with Injury	# Falls	<=1.0		0	0	0	1
PSI 90 / Healthcare Acquired Conditions	Ratio	<1.0		1.54	1.60	1.07	2.40
Serious Safety Events	# Events	<=1	2	0	0	1	1

\* 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

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024



Schedule 6, continued

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 $\geq 4$
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 Dehiscence, Accidental Laceration/Puncture
MRSA Blood Stream Infections	A positive test for a bacteria blood stream infection $\geq 4$ days after admission
Patient Falls with Injury	A fall that resulted in harm that required intervention by medical staff (and reportable to
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)

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

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### EXECUTIVE SUMMARY

#### Q4 2024 Core Measures Dashboard

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

##### Time Period

Q4 2024- publicly reported metrics (contributing to Star Rating)

##### Accomplishments

- STK-4 Thrombolytic Therapy: 100%
- Sepsis bundle (SEP) 64% 101/160, 66% YTD
- Perinatal measures: C-Sec remains (27%), Exclusive Breast Milk (81%)
- ED-2 Admit to ED Time 88 min, lowest of the year
- HBIPS - low restraint, seclusion rates
- OP-29 Colonoscopy follow up interval 97%
- Surgical Site Infection-Colon (SSI-Colon), MRSA Infection = 0
- CAUTI, CLABSI Infections fewer than expected (SIR < 1.0)
- C-difficile, MRSA Infections 0
- Readmission rates: All (10.93%)

##### Areas for Improvement or Monitoring

- PSI-90 Composite Measure improved from 2023
- AMI, COPD Mortality rates
- Hospital-wide Readmissions; Pneumonia, COPD, Hrt Failure
- Transition Record and Metabolic Disorders -denominator dropped

##### Data Summary

- STK 4 - Q2 2024 moved to IQVIA; reflects joint commission certification data set
- CMS has updated National averages: Sepsis, ED Avg patient time spent, Transition of care, Head CT/MRI with 45 minutes
- Hip and Knee Complications benchmark and numbers updated, (Lower is better)
- Payment per episode updated: AMI, HF, PN and Hip and Knee
- Outpatient CT Scan of abdomen, Outpatients with Cardiac Imaging Stress Tests Before Low-Risk Outpatient benchmark and dataset updated (lower is better)
- Surgery, Patient left without seen both benchmark and data updated.
- Pg. 1 contains 2024 data by quarter with YTD sizes
- Pg. 2-4 publicly reported data published by CMS (dates vary by measure)

##### Barriers or Limitations

Competing Priorities

##### Next Steps:

2024 PI projects ongoing





MarinHealth Medical Center <b>CLINICAL QUALITY METRICS DASHBOARD</b> Publicly Reported on Call Hospital Compare ( <a href="http://www.callhospitalcompare.org">www.callhospitalcompare.org</a> ) and Centers for Medicare & Medicaid Services (CMS) Hospital Compare ( <a href="http://www.hospitalcompare.hhs.gov/">www.hospitalcompare.hhs.gov/</a> )						
♦ Healthcare Personnel Influenza Vaccination						
	METRIC	CMS National Average	Oct 2018 - Mar 2019	Oct 2020 - Mar 2021	Oct 2021 - Mar 2022	Oct 2022 - Mar 2023
	COVID Healthcare Personnel Vaccination	88%			96%	99%
IMM-3	Healthcare Personnel Influenza Vaccination	80%	97%	94%	96%	93%
♦ Surgical Site Infection +						
	METRIC	National Standardized Infection Ratio (SIR)	July 2021 - June 2022	Apr 2022 - Mar 2023	July 2022 - June 2023	Jan 2023 - Dec 2023
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	0.00	0.00	0.00	0.00
HAI-SSI-Hygt	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)	Jan 2022 - Dec 2022	April 2022 - Mar 2023	July 2022 - June 2023	Jan 2023 - Dec 2023
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.00	0.00	0.43	0.44
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.62	0.62	1.07	0.35
	METRIC	2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024
	Central Line Associated Blood Stream Infection (CLABSI)	0.44	0.00	2.30	0.00	0.78
	Catheter Associated Urinary Tract Infection (CAUTI)	0.35	1.47	1.37	0.00	0.71
♦ Healthcare Associated Infections +						
	METRIC	National Standardized Infection Ratio (SIR)	Jan 2022 - Dec 2022	Apr 2022 - Mar 2023	July 2022 - June 2023	Jan 2023 - Dec 2023
HAI-C-Diff	Clostridium Difficile	1	0.30	0.58	0.43	0.36
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.00	0.00	0.00	0.46
	METRIC	2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024
HAI-C-Diff	Clostridium Difficile	0.33	0.63	0.00	0.88	0.00
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	0.49	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 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		2021	2022	2023	2024
PSI-90 (Composite)	Complication / Patient safety Indicators PSI 90 (Composite)		1.96	1.38	1.85	1.65
PSI-3	Pressure Ulcer		0.22	0.79	1.52	0.17
PSI-6	Iatrogenic Pneumothorax		0.62	0.00	0.57	0.52
PSI-8	Inhospital Fall with Hip Fracture		0.29	0.13	0.28	0.00
PSI-9	Perioperative Hemorrhage or Hematoma		2.67	2.08	3.42	3.54
PSI-10	Postop Acute Kidney Injury Requiring Dialysis		0.00	0.00	0.00	0.00
PSI-11	Postoperative Respiratory Failure		6.11	1.88	12..01	4.41
PSI-12	Peri Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)		8.74	6.59	7.97	7.91
PSI-13	Postoperative Sepsis		4.64	3.93	1.57	0.00
PSI-14	Post operative Wound Dehiscence		2.02	0.00	0.00	0.00
PSI-15	Unrecognized Abdominopelvic Accidental Laceration/Puncture Rate		0.00	0.00	1.52	0.00
*** National Average + Lower Number is better						
	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 2017 - Oct 2019	April 2018 - March 2021	April 2019 - March 2022	April 2019 - March 2022
Surgical Complication	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty +	3.5%	2.6%	2.5%	3.6%	4.3%



**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/))

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

+ Lower Number is better									
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# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

### Schedule 7: External Awards & Recognition

➤ **Tier 2, Patient Satisfaction and Services**

The Board will report external awards and recognition.

<b>External Awards and Recognition – 2024</b>
<b>Healthgrades</b> America's 250 Best Hospitals in 2024-2025
<b>Get with the Guidelines</b> Stroke Gold Plus Quality Achievement Award (2011 – 2024)
<b>Leapfrog</b> Hospital Safety Grade "A" for fall 2024
<b>Centers for Medicare and Medicaid Services</b> 5-Star Overall Hospital Quality Ranking 2023
<b>Marin Independent Journal Readers' Choice Awards</b> Best Hospital in Marin County (2017 – 2025)
<b>The Pacific Sun</b> Best Local Hospital 2025
<b>American College of Surgeons Committee on Trauma</b> Level III Trauma Center Verification (2019 – 2025)
<b>Geriatric Emergency Department Accreditation</b> American College of Emergency Physicians (2025 – 2028)
<b>Baby Friendly Designation</b> World Health Organization (2017 – 2028)
<b>National Accreditation</b> Commission on Cancer of the American College of Surgeons (ACOS) (2024 – 2027)
<b>Echocardiography Accreditation (2018 – 2026)</b>
<b>Gold Seal of Approval™</b> The Joint Commission (2019 – 2025)
<b>Level III Trauma Center Verification</b> The American College of Surgeons (2019 – 2025)
<b>Top 300 Orthopedic Hospitals for Women</b> Becker's Spine Review (2025)
<b>Excellence in OB – Tier 1 &amp; Tier 2</b> Beta Healthcare Group (2012-2022, 2024)
<b>Quality and Sustainability Award: NTSV Cesarean Birth Rate</b> California Maternal Quality Care Collective (2024)
<b>Blue Distinction Center for Maternity Care</b> Blue Shield of California (2024)
<b>Advanced Primary Stroke Center Certification</b> The Joint Commission (2020 – 2024)
<b>Maternity Care Honor Role</b> California Hospital Compare (2021 – 2023)
<b>Breast Center Accreditation</b> The National Accreditation Program for Breast Centers
<b>Excellence in Imaging Services Accreditation</b> American College of Radiology (ACR)
<b>Pediatric Receiving Centers – Advanced Level</b> Marin County Emergency Medical Services Agency

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

### 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 2024	Q2 2024	Q3 2024	Q4 2024	Total 2024
Buckelew	\$ 26,250				\$ 26,250
Canal Alliance	\$ 15,750			\$ 10,500	\$ 26,250
Ceres Community Project	\$ 10,500			\$ 10,500	\$ 21,000
Center of Domestic Peace				\$ 2,625	\$ 2,625
Community Action Marin	\$ 10,500				\$ 10,500
Community Institute for Psychotherapy	\$ 21,000			\$ 10,500	\$ 31,500
ExtraFood.org				\$ 10,500	\$ 10,500
Healthy Aging Symposium				\$ 1,050	\$ 1,050
Homeward Bound	\$ 157,500				\$ 157,500
Hospice by the Bay				\$ 10,500	\$ 10,500
Huckleberry Youth Programs	\$ 10,500			\$ 10,500	\$ 21,000
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 City Health and Wellness	\$ 15,750				\$ 15,750
Marin Community Clinics	\$ 52,500				\$ 52,500
Marin Teen Girls Conference				\$ 525	\$ 525
Marin Mommies	\$ 5,250		\$ 5,250	\$ 5,250	\$ 15,750
Marin Senior Fair				\$ 2,625	\$ 2,625
MHD 1206B Clincs	\$ 9,998,286	\$ 10,087,144	\$ 11,140,664	\$ 6,588,848	\$ 37,814,942
NAMI Marin	\$ 10,500				\$ 10,500
North Marin Community Services	\$ 10,500			\$ 10,500	\$ 21,000
Ritter Center	\$ 21,000				\$ 21,000
RotaCare Bay Area Inc.	\$ 15,750				\$ 15,750
San Geronimo Valley Community Center	\$ 10,500				\$ 10,500
Schools Rule				\$ 5,250	\$ 5,250
Schurig Center				\$ 1,050	\$ 1,050
St. Vincent de Paul Society of Marin (\$5000 Sponsorship and \$15,000 Grant)	\$ 5,250			\$ 15,750	\$ 21,000
Summer Solstice				\$ 2,625	\$ 2,625
To Celebrate Life				\$ 15,750	\$ 15,750

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

### Schedule 8, continued

West Marin Senior Services	\$ 10,500			\$ 10,500	\$ 21,000
Whistlestop	\$ 5,250				\$ 5,250
Zero Breast Cancer				\$ 5,250	\$ 5,250
<b>Total Cash Donations</b>	<b>\$ 10,455,036</b>	<b>\$ 10,087,144</b>	<b>\$ 11,145,914</b>	<b>\$ 6,730,598</b>	<b>\$ 38,418,692</b>
Clothes Closet					\$ -
Compassionate discharge medications			\$ 4,318		\$ 4,318
Meeting room use by community based organizations for community-health related purposes.	\$ 1,624	\$ 1,783			\$ 3,407
Healthy Marin Partnership		\$ 1,773	\$ 2,177	\$ 806	\$ 4,756
Food donations	\$ 9,178	\$ 13,884	\$ 13,897	\$ 34,198	\$ 71,157
Community Engagement				\$ 123	\$ 123
<b>Total In-Kind Donations</b>	<b>\$ 10,802</b>	<b>\$ 17,440</b>	<b>\$ 20,392</b>	<b>\$ 35,127</b>	<b>\$ 83,761</b>
<b>Total Cash &amp; In-Kind Donations</b>	<b>\$ 10,465,838</b>	<b>\$ 10,104,584</b>	<b>\$ 11,166,306</b>	<b>\$ 6,765,725</b>	<b>\$ 38,502,453</b>

### Community Benefit Summary

(These numbers are subject to change.)

	1Q 2024	2Q 2024	3Q 2024	4Q 2024	Total 2024
Community Health Improvement Services	\$ 70,104	\$ 103,841	\$ 131,572	\$ 487,850	\$ 793,367
Health Professions Education	\$ 832,710	\$ 459,620	\$ 554,794	\$ 1,132,439	\$ 2,979,563
Cash and In-Kind Contributions	\$ 10,465,838	\$ 10,104,584	\$ 11,166,306	\$ 6,765,725	\$ 38,502,453
Community Benefit Operations	\$ 806	\$ 6,773	\$ 5,242	\$ 30,731	\$ 43,552
Community Building Activities	\$ 1,934	\$ 1,934	\$ 1,934	\$ 1,934	\$ 7,736
Traditional Charity Care <i>*Operation Access total is included in Charity Care</i>	\$ 84,332	\$ 134,903	\$ 82,331	\$ 31,775	\$ 333,341
Government Sponsored Health Care <i>(includes Medi-Cal &amp; Means-Tested Government Programs)</i>	\$ 15,930,440	\$ 17,246,982	\$ 15,085,498	\$ 18,023,632	\$ 66,286,552
<b>Community Benefit Subtotal (amount reported annually to state &amp; IRS)</b>	<b>\$ 27,386,164</b>	<b>\$ 28,058,637</b>	<b>\$ 27,027,677</b>	<b>\$ 26,474,086</b>	<b>\$ 108,946,564</b>
<b>Unpaid Cost of Medicare</b>	<b>\$ 37,388,610</b>	<b>\$ 38,240,632</b>	<b>\$ 38,935,694</b>	<b>\$ 38,463,713</b>	<b>\$ 153,028,649</b>
<b>Bad Debt</b>	<b>\$ 458,091</b>	<b>\$ 151,369</b>	<b>\$ 303,719</b>	<b>\$ 373,011</b>	<b>\$ 1,286,190</b>
<b>Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total</b>	<b>\$ 65,232,865</b>	<b>\$ 66,450,638</b>	<b>\$ 66,267,090</b>	<b>\$ 65,310,810</b>	<b>\$ 263,261,403</b>

### Operation Access

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.

	1Q 2024	2Q 2024	3Q 2024	4Q 2024	Total 2024
*Operation Access charity care provided by MGH (waived hospital charges)					\$ -
Costs included in Charity Care					\$ -

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

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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
<b>MarinHealth Medical Center achieved LEED Silver Certification on February 15, 2022</b>



# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

### 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, 2024, there were a total of 770 physicians on MHMC staff:**

- 265 Active Physicians
- 61 Affiliate Physicians
- 58 Consulting Physicians
- 238 Provisional Physicians
- 48 Telemedicine Physicians
- 100 Allied Health Professionals

New Physician Appointments January 1, 2024 – December 31, 2024					
	Last Name	First Name	Degree	Appointment Date	Specialty
1	Woo	Wendy	MD	02/27/2024	Anesthesiology
2	Hutfless	Ryan	MD	02/27/2024	Anesthesiology
3	Chander	Divya	MD	03/26/2024	Anesthesiology
4	Ray	Andrew	MD	03/26/2024	Anesthesiology
5	Gorham	Kinnari	MD	04/23/2024	Anesthesiology
6	Sajnani	Neeti	MD	04/23/2024	Anesthesiology
7	Lee	Brian	MD	04/23/2024	Anesthesiology
8	Thoma	Mark	MD	04/23/2024	Anesthesiology
9	Gilliss	Brian	MD	04/23/2024	Anesthesiology
10	Wang	Binbin	MD	04/23/2024	Anesthesiology
11	Sharma	Neeraj	MD	05/28/2024	Anesthesiology
12	Olmos	Andrea	MD	07/23/2024	Anesthesiology
13	Nellen	James	MD	07/23/2024	Anesthesiology
14	Grier	Daniel	MD	07/23/2024	Anesthesiology
15	Gillis	Stephanie	MD	07/23/2024	Anesthesiology
16	Dorogi	Allison	MD	07/23/2024	Anesthesiology
17	Gyls	Raymond	MD	07/23/2024	Anesthesiology
18	Wu	Chung-An	MD	02/27/2024	Anesthesiology, Critical Care Medicine
19	Tobler	Diana	MD	08/27/2024	Cardiology
20	Frometa Song	Kate	CNM	01/23/2024	Certified Nurse Midwife
21	Loh	Kenneth	MD	05/28/2024	Colon & Rectal Surgery
22	Alkoraishi	Ahmed	MD	11/26/2024	Colon & Rectal Surgery
23	Lazzareschi	Daniel	MD	02/27/2024	Critical Care Medicine
24	Freedman	Andrew	MD	08/27/2024	Critical Care Medicine
25	Chen	Kristen	MD	10/29/2024	Dermatology

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

**Schedule 10, continued**

	Last Name	First Name	Degree	Appointment Date	Specialty
26	Kohn	Lucinda	MD	11/26/2024	Dermatology
27	Srinivasan	Lakshminarayan	MD	03/26/2024	Diagnostic Radiology
28	Feick	Steven	MD	03/26/2024	Diagnostic Radiology
29	Khan	Gulam	MD	05/28/2024	Diagnostic Radiology
30	Connolly	Michael	MD	05/28/2024	Diagnostic Radiology
31	Williams	Danielle	MD	05/28/2024	Diagnostic Radiology
32	Olsen	Erik	MD	06/25/2024	Diagnostic Radiology
33	Junus	Kevin	DO	07/23/2024	Diagnostic Radiology
34	Wheeler	Guy	MD	08/27/2024	Diagnostic Radiology
35	Su	Hsiu	MD	08/27/2024	Diagnostic Radiology
36	Ro	Tae	MD	09/24/2024	Diagnostic Radiology
37	Hedayati	Amir	MD	12/23/2024	Diagnostic Radiology
38	Plotz	Zachary	MD	12/23/2024	Diagnostic Radiology
39	Copperman	Paul	DO	03/26/2024	Emergency Medicine
40	Reisdorf	Carli	MD	04/23/2024	Emergency Medicine
41	Roever	John	MD	06/25/2024	Emergency Medicine
42	Tubbs	Tajah	MD	07/23/2024	Emergency Medicine
43	Schwimmer	Henry	MD	08/27/2024	Emergency Medicine
44	Mason	Antoinette	MD	06/25/2024	Family Medicine
45	Gaerlan	Stephanie	MD	10/29/2024	Family Medicine
46	Bandy	Sohini	MD	12/23/2024	Family Medicine
47	Prushani	Amir	MD	03/26/2024	Gastroenterology
48	Jedrzejewski	Breanna	MD	01/23/2024	Gender Confirmation Surgery
49	Adams	Samuel	MD	01/23/2024	Hospital Medicine
50	Maung	Kyaw	MD	08/27/2024	Hospital Medicine
51	Kennedy	Louis	MD	08/27/2024	Hospital Medicine
52	Siddiqui	Vajeesh	MD	08/27/2024	Hospital Medicine
53	Abbasi	Rafay	MD	08/27/2024	Hospital Medicine
54	Tufail	Humayun	MD	08/27/2024	Hospital Medicine
55	Nuanes	Steven	DO	09/24/2024	Hospital Medicine
56	Al-Sabek	Karim	MD	09/24/2024	Hospital Medicine
57	Udani	Sanjay	MD	09/24/2024	Hospital Medicine
58	Kalaw	Valerio	MD	09/24/2024	Hospital Medicine
59	Anigbogu	Nkoli	MD	09/24/2024	Hospital Medicine
60	Chaudhury	Tuhin	MD	09/24/2024	Hospital Medicine
61	Vidrih	John	MD	09/24/2024	Hospital Medicine
62	Kaur	Jaskarin	MD	10/29/2024	Hospital Medicine
63	Aziz	Muhammad	MD	10/29/2024	Hospital Medicine

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

**Schedule 10, continued**

	Last Name	First Name	Degree	Appointment Date	Specialty
64	Al Jandeel	Aws	MD	10/29/2024	Hospital Medicine
65	Kaul	Neerja	MD	10/29/2024	Hospital Medicine
66	Opere	Caxton	MD	10/29/2024	Hospital Medicine
67	Khalid	Madiha	MD	10/29/2024	Hospital Medicine
68	Anikina	Olga	MD	10/29/2024	Hospital Medicine
69	Papa	Khristine	MD	11/26/2024	Hospital Medicine
70	Hublikar	Siddharth	MD	11/26/2024	Hospital Medicine
71	Atchikova	Elena	MD	11/26/2024	Hospital Medicine
72	McAndrew	Matthew	MD	11/26/2024	Hospital Medicine
73	Khan	Sana	MD	11/26/2024	Hospital Medicine
74	Patel	Bansuri	DO	11/26/2024	Hospital Medicine
75	Bashiri	Seyedeh Maryam	MD	11/26/2024	Hospital Medicine
76	Bacon	John	MD	12/23/2024	Hospital Medicine
77	Mohammad	Kamran	MD	12/23/2024	Hospital Medicine
78	Treki	Yousef	MD	12/23/2024	Hospital Medicine
79	Chang	Gordon	MD	12/23/2024	Hospital Medicine
80	Chandrasena	Anita	MD	02/27/2024	Internal Medicine
81	Soe	Kyaw Khine	MD	08/27/2024	Internal Medicine
82	Myint	Kyaw	MD	08/27/2024	Internal Medicine
83	Guezmir	Hina	MD	09/24/2024	Internal Medicine
84	Walther	Ako	MD	10/29/2024	Internal Medicine
85	Jacobs	Bradly	MD	10/29/2024	Internal Medicine
86	Tang	Willie	MD	10/29/2024	Internal Medicine
87	Doris	Robert	MD	10/29/2024	Internal Medicine
88	Bjekic	Gordana	MD	11/26/2024	Internal Medicine, Critical Care Medicine
89	Zaman	Warda	DO	03/26/2024	Internal Medicine, Nephrology
90	Meka	Muralikrishna	MD	01/23/2024	Interventional Radiology and Diagnostic Radiology
91	Salahi	Maher	MD	01/23/2024	Interventional Radiology and Diagnostic Radiology
92	Manhec	Barbara	MD	11/26/2024	Interventional Radiology and Diagnostic Radiology
93	Mazidi	Cyrus	MD	08/27/2024	Medical Oncology
94	Park	Beau	MD	03/26/2024	Minimally Invasive Gynecologic Surgery
95	Kiely	James	MD	07/23/2024	Neurology
96	Markert	Matthew	MD	07/23/2024	Neurology
97	Qureshi	Mushtaq	MD	07/23/2024	Neurology
98	Abood	Waleed	MD	07/23/2024	Neurology
99	Hussein	Omar	MD	08/27/2024	Neurology
100	Gianakakos	Georgia	MD	11/26/2024	Neurology
101	Bhatti	Muhammad	MD	11/26/2024	Neurology
102	Osso-Rivera	Henry	MD	07/23/2024	Neurology with Special Qualification in Child Neur

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

**Schedule 10, continued**

	Last Name	First Name	Degree	Appointment Date	Specialty
103	Sommer	Megan	NP	05/28/2024	Nurse Practitioner, Hospice and Palliative Medicine
104	Schwartz	Kaia	MD	05/28/2024	Obstetrics & Gynecology
105	Ghevariya	Sara	DO	07/23/2024	Obstetrics & Gynecology
106	Massa	Bonni	MD	10/29/2024	Obstetrics & Gynecology
107	Lu	Louise	MD	08/27/2024	Ophthalmology
108	Walter	Christopher	DO	05/28/2024	Orthopaedic Surgery
109	Comer	Brendan	MD	08/27/2024	Orthopaedic Surgery
110	Gannon	Nicholas	MD	08/27/2024	Orthopaedic Surgery
111	Katz	Austen	MD	08/27/2024	Orthopaedic Surgery
112	Confino	Jamie	MD	08/27/2024	Orthopaedic Surgery
113	Trotter	Marcus	MD	08/27/2024	Orthopaedic Surgery
114	Vutescu	Emil	MD	11/26/2024	Orthopaedic Surgery
115	Arshad	Seyed	DO	07/23/2024	Orthopedic Surgery
116	Jabara	Justin	MD	08/27/2024	Orthopedic Surgery
117	Aghighi	Maryam	MD	08/27/2024	Pathology
118	Skinner	Kimberly	MD	10/29/2024	Pediatric Hospitalist
119	Hugh	Ashley	MD	07/23/2024	Pediatrics
120	Pollack	Henry	MD	07/23/2024	Pediatrics
121	Higgins	Brennan	MD	08/27/2024	Pediatrics
122	Kramer	Katelin	MD	08/27/2024	Pediatrics
123	Gu	Hannah	MD	08/27/2024	Pediatrics
124	Khorrami	Ghazal	MD	08/27/2024	Pediatrics
125	Learned	Nicole	MD	11/26/2024	Pediatrics
126	Donnelly	Kate	PA	06/25/2024	Physician Assistant
127	Griffin	Florencia	PA	04/23/2024	Physician Assistant, Cardiology
128	Blanchet	Nicole	NP	04/23/2024	Physician Assistant, Cardiology
129	Hernandez	Thomas	PA	12/23/2024	Physician Assistant, Cardiology
130	Gillespie	Mark	PA	04/23/2024	Physician Assistant, Critical Care Medicine
131	Grayman	Britta	PA	04/23/2024	Physician Assistant, Emergency Medicine
132	Huynh	Tiffany	PA	06/25/2024	Physician Assistant, Emergency Medicine
133	Fedie	Jessica	PA	10/29/2024	Physician Assistant, General Surgery
134	Hendon	Blaine	PA	01/23/2024	Physician Assistant, Orthopedic Surgery
135	Sheperdson	Alexandra	PA	02/27/2024	Physician Assistant, Orthopedic Surgery
136	Hoptman	Virginia	PA	02/27/2024	Physician Assistant, Orthopedic Surgery
137	Jassowski	Mackenzie	PA	02/27/2024	Physician Assistant, Orthopedic Surgery
138	Justin	Jason	PA	03/26/2024	Physician Assistant, Orthopedic Surgery
139	Ashley-White	Quianna	PA	05/28/2024	Physician Assistant, Orthopedic Surgery
140	Sanchez	Isabella	PA	05/28/2024	Physician Assistant, Orthopedic Surgery
141	Flynn	Francesca	PA	07/23/2024	Physician Assistant, Orthopedic Surgery
142	Wirta	Corbin	PA	08/27/2024	Physician Assistant, Orthopedic Surgery

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

**Schedule 10, continued**

	Last Name	First Name	Degree	Appointment Date	Specialty
143	Miao	Fiona	PA	07/23/2024	Physician Assistant, Plastic and Reconstructive Su
144	Gillilan	Rebecca	PA	09/24/2024	Physician Assistant, Plastic and Reconstructive Su
145	Liu	Caroline	PA	09/24/2024	Physician Assistant, Plastic and Reconstructive Su
146	Insko	Wesley	PA	09/24/2024	Physician Assistant, Plastic and Reconstructive Su
147	Raney	Jonathan	PA	12/23/2024	Physician Assistant, Trauma Surgery
148	Melkonyan	Satenik	PA	01/23/2024	Physician Assistant, Urology
149	Ley	Ellie	MD	03/26/2024	Plastic and Reconstructive Surgery
150	Dyquiangco	Monique	DPM	10/29/2024	Podiatry, Foot & Ankle Surgery
151	Wong	Carmen	DPM	06/25/2024	Podiatry, Foot Surgery
152	Bertsch Dobrick	Jenna	MD	08/27/2024	Psychiatry
153	Threlfall	Alexander	MD	10/29/2024	Psychiatry
154	Schuster	Sheeja	MD	07/23/2024	Pulmonary Disease
155	Cohen	Max	MD	07/23/2024	Pulmonary Disease
156	Chen	William	MD	11/26/2024	Radiation Oncology
157	Frey	Joseph	MD	04/23/2024	Radiology, Diagnostic Radiology
158	Fife	William	MD	07/23/2024	Radiology, Diagnostic Radiology
159	Koenig	Titus	MD	09/24/2024	Radiology, Diagnostic Radiology
160	Maroney	Sean	MD	01/23/2024	Surgery (General Surgery)
161	Maroney	Stephanie	MD	01/23/2024	Surgery (General Surgery)
162	Yutan	Elaine	MD	05/28/2024	Surgery (General Surgery)
163	Rose	Susannah	MD	07/23/2024	Surgery (General Surgery)
164	Forman	Dana	DO	07/23/2024	Surgery (General Surgery)
165	Constant	James	MD	09/24/2024	Surgery (General Surgery)
166	Woo Lee	Yessika	DPM	01/23/2024	Surgery, Podiatric

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

### 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 2023	632	22	3	3.96%
Q1 2024	649	18	5	3.54%
Q2 2024	654	19	5	3.67%
Q3 2024	661	13	2	2.27%
Q4 2024	653	19	1	3.06%

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 2023	1	21	632	654	3.36%	3.21%	0.15%
Q1 2024	4	42	649	695	6.62%	6.04%	0.58%
Q2 2024	0	30	654	684	4.39%	4.39%	0.00%
Q3 2024	1	36	661	698	5.30%	5.16%	0.14%
Q4 2024	0	29	653	682	4.25%	4.25%	0.00%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
Q4 2023	33	25	8
Q1 2024	39	23	16
Q2 2024	27	24	3
Q3 2024	22	15	7
Q4 2024	12	20	(8)

# MHMC Performance Metrics and Core Services Report

## Annual Report 2024

### 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 2024	Oct 7	21:00	2'00"	ED	18	48	6
	Dec 18	19:55	2'00"	ED	14	42	14
	Dec 23	22:08	2'00"	ED	17	45	6
	Dec 30	19:19	0'16"	Full Divert			

#### 2024 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)

