

# MARIN HEALTHCARE DISTRICT

100-B Drake's Landing Road, Suite 250, Greenbrae, CA 94904

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**TUESDAY, DECEMBER 9, 2025**

**BOARD OF DIRECTORS**

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

## **Board of Directors:**

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

## **Staff:**

David Klein, MD, MBA, CEO  
Eric Brettner, CFO  
Colin Leary, General Counsel  
Tricia Lee, Executive Assistant

## **Location:**

MarinHealth Medical Center  
Conference Center  
250 Bon Air Road, Greenbrae CA

## **Public option: Zoom video:**

<https://mymarinhealth.zoom.us/join>

Meeting ID: **987 7245 6255**

Passcode: **156223**

Or via Zoom telephone: 1-669-900-9128

## **AGENDA**

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

- |  | <u>Presenter</u>        | <u>Tab #</u> |
|--|-------------------------|--------------|
| 1. Call to Order and Roll Call   | Alfrey                  |              |
| 2. General Public Comment<br><i>Any member of the audience may make statements regarding any items NOT on the agenda.<br/>Statements are limited to a maximum of three (3) minutes.<br/>Please state and spell your name if you wish it to be recorded in the minutes.</i> | Alfrey                  |              |
| 3. Approve Agenda (action)   | Alfrey                  |              |
| 4. Approve Minutes of the Regular Meeting of October 14, 2025 (action)   | Alfrey                  | #1           |
| 5. Approval of Q2 2025 MarinHealth Medical Center Report of Performance Metrics and Core Services (action)   | Klein/<br>Seaver-Forsey | #2           |
| 6. Approval of Ms. Jocelyn Nakashige & Mr. John Landers for membership on the MarinHealth Medical Center Board of Directors, as recommended by the MHD/MHMC Joint Nominating Committee on November 19, 2025 (action)   | Alfrey                  | #3           |
| 7. Healthcare Advocacy and Emerging Challenges and Trends  | Klein                   |              |
| 8. Committee Reports   |                         |              |
| A. Finance & Audit Committee   | Su                      |              |
| B. Lease, Building, Education & Outreach Committee   | Rienks                  |              |
| C. Primary Care Task Force Report  | Rienks/Sparkman         |              |

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

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**TUESDAY, DECEMBER 9, 2025**

**BOARD OF DIRECTORS**

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

9. Reports

A. District CEO's Report

*Klein*

B. Hospital CEO's Report

*Klein*

C. Chair's and Board Members' Reports

*All*

10. Agenda Suggestions for Future Meetings

*All*

11. Adjournment of Regular Meeting

*Alfrey*

Next Regular Meeting: Tuesday, January 13, 2026 @ 5:30 p.m.

**Tab 1**



**MARIN HEALTHCARE DISTRICT  
BOARD OF DIRECTORS**

**REGULAR MEETING**

**October 14, 2025  
MarinHealth Medical Center  
Conference Center**

**MINUTES**

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

Chair Alfrey called the Regular Meeting to order at 5:30 pm.

*Board members present:* Chair Edward Alfrey, MD; Secretary Jennifer Rienks, PhD; Brian Su, MD; Samantha Ramirez, BSW

*Staff present:* David Klein, MD, CEO; Eric Brettner, CFO; Colin Leary, General Counsel; Tricia Lee, EA

*Board members absent:* Vice Chair Ann Sparkman, RN/BSN, JD

**2. General Public Comment**

Susanna Farber, Teamsters 856 Representative; Chris Perrando, Teamsters 856 Shop Steward; Steven Batson, Anesthesia Technician; Lynn Warner, RN and Chief Nurse Representative; Marissa Mullins, RN; April Gorham, RN (NICU/Postpartum/Pediatrics); Josh Green, RN; and David Debruler, RN.

Speakers commented regarding labor negotiations between Teamsters 856 and MarinHealth Medical Center. Comments expressed concern regarding issues including employee healthcare costs under the hospital's proposal, affordability for staff living and working in Marin County, employee retention and morale, and workplace safety.

**3. Approve Agenda**

Director Rienks moved to approve. Director Su seconded.

**Vote: all ayes.**

**4. Approve Minutes of the Regular Meeting of September 9, 2025**

Director Su moved to approve. Director Rienks seconded.

**Vote: all ayes.**

**5. Federal and State Impacts to Marin Community Clinics & Health Centers**

Dr. Klein introduced Ms. Brenda Shipp, Chief Executive Officer of Marin Community Clinics, and welcomed her to the meeting. Ms. Shipp joined Marin Community Clinics (MCC) in May 2025, bringing over 18 years of experience in community healthcare leadership.

Ms. Shipp presented on significant federal and state policy changes affecting Marin Community Clinics and other community health centers. She discussed provisions of H.R. 1, a federal budget reconciliation bill signed in July 2025, which redirects funds toward immigration enforcement while cutting funding for Medicaid, Medicare, SNAP, and the Child Tax Credit, potentially leaving 3.4 million Californians without coverage. She noted that elimination of the MCO Provider Tax could reduce California's ability to subsidize Medi-Cal, resulting in automatic 4% federal spending cuts. Ms. Shipp also cited risks to federal 330 grants for community health centers, as well as new vaccine guidance and federal staffing reductions that may delay Medi-Cal and Medicare services.

At the state level, Ms. Shipp reported that California will reinstate the asset test for Medi-Cal eligibility, tighten enrollment for undocumented adults beginning in January 2026, and eliminate full-scope adult dental coverage by July 2026, emphasizing oral health care services are essential, especially for patients with chronic diseases. A Medi-Cal enrollment freeze is expected for certain age and immigration categories.

Regarding local impacts, Ms. Shipp highlighted that these combined policy changes could force many Marin families to choose between healthcare, rent, and food, increasing uninsured rates and emergency room utilization. Clinics may lose reimbursement for telehealth services and face cuts to case management and other enabling services. She noted that both staff and patients are feeling the strain of financial and social instability.

On operational challenges, Ms. Shipp explained that MCC anticipates decreased Medi-Cal and Medicare payments, more complex compliance demands, staffing shortages, and pressure on specialty care access. The organization is exploring operational efficiency measures, expanded fundraising, and stronger partnerships with hospitals and other providers to sustain services and maintain continuity of care. She concluded that these policy shifts are not only a community-clinic issue but a county-wide concern that will affect all residents, underscoring the need for collaboration and collective advocacy to sustain healthcare access in Marin County.

Director Rienks inquired about no-show rates, patient hesitancy to seek care, and strategies to maintain outreach and developmental screenings. Ms. Shipp responded that outreach and case management remain vital to maintaining patient engagement but are at risk if federal and state funding declines.

Director Su asked which services might need to be reduced should the funding cuts occur. Ms. Shipp explained that case management and other enabling services, as well as expanded dental procedures, would likely be the first to be curtailed.

Chair Alfrey emphasized the importance of strong transition-of-care coordination between hospital discharge and outpatient follow-up and suggested exploring the possibility of smaller clinic sites in the Canal area to serve patients who may be hesitant to travel. Ms. Shipp agreed and shared that MCC is considering reopening its Novato pharmacy to enable home medication

delivery for patients who face transportation or access barriers.

Director Reinks asked about partnerships with organizations such as Partnership HealthPlan to support post-discharge care and other enabling services. Ms. Shipp stated that MCC is actively engaging all potential partners to identify sustainable funding and collaborative opportunities.

Director Reinks also asked about trends in local philanthropy and community giving. Ms. Shipp noted that while community engagement and event attendance remain strong, donations have been modest due to economic uncertainty and the potential for a federal government shutdown. Board members expressed appreciation for Ms. Shipp's leadership and for the vital role Marin Community Clinics plays in ensuring access to care for vulnerable residents. The Board affirmed the importance of continued collaboration and advocacy to support the health needs of the Marin community.

#### **6. Healthcare Advocacy and Emerging Challenges and Trends**

Dr. Klein reported that discussions surrounding H.R. 1 continue amid uncertainty during the federal government shutdown, with the primary concern being the potential reduction in patient access to care. He noted that proposed reductions in Medi-Cal eligibility could significantly limit coverage for vulnerable populations, and that questions remain regarding the continuation of federal tax subsidies for the Affordable Care Act (ACA). Should these subsidies expire, approximately 30% of individuals could lose ACA exchange coverage, resulting in a substantial increase in uncompensated care for hospitals and healthcare providers across the state.

Dr. Klein reported that sequestration could occur due to ongoing federal budget pressures, which could trigger an automatic 4% reduction in Medicare reimbursement. The California Medical Association (CMA), California Hospital Association (CHA), and Hospital Council continue to monitor these developments closely, and hospital leadership is evaluating strategies to manage potential financial impacts.

Dr. Klein reported that the California Legislature concluded its 2025 session in September and that Governor Newsome recently acted on several key healthcare-related bills. Among these were CMA-sponsored measures addressing prior authorization reform, the elimination of misleading AI chatbots, and protections for physicians, all of which were signed into law. Additional outcomes are expected to be reviewed during the upcoming CHA Board meeting.

Dr. Klein highlighted that inflationary pressures continue to drive significant cost increases across the healthcare sector. Hospitals are experiencing increases in supply and equipment expenses, and a significant rise in pharmaceutical costs. He also noted that reimbursement from insurers and Medicare has not kept pace with these costs and that recent changes to the 340B Drug Pricing Program have reduced eligibility for discounted pricing. In addition, proposed tariffs on imports are expected to further increase supply costs through 2026.

Dr. Klein reported on The American College of Surgeons-sponsored bill (AB 366), which

established California's first permanent, all-offender ignition interlock device law, replacing an existing pilot program that was set to expire. This expanded the use of ignition interlock devices for all DUI offenders, including first-time violators, bringing California in line with a majority of other states was signed by Governor Newsome.

He also reported that MarinHealth played a key role in shaping federal e-bike safety legislation (H.R. 5265) through contributions to the Mineta Transportation Institute Report, which supports the establishment of a national e-bike safety program under the U.S. Department of Transportation. Data from the report indicate that e-bike crash fatalities are twenty times higher than automobile deaths nationwide and thirty-seven times higher in Marin County, highlighting the importance of these advocacy initiatives.

Dr. Klein reported that the San Francisco Marin Medical Society, in partnership with the Town of Tiburon, is advancing a measure to end tobacco sales permanently, with the vote expected to pass.

## **7. Committee Reports**

### **A. *Finance & Audit Committee***

Director Su reported that the Finance and Audit Committee met on September 16, 2025. The Committee reviewed the administrative support services provided by the Hospital to the District, as requested by Chair Director Alfrey. The Hospital currently provides services up to a capped amount of \$509,000, adjusted for CPI to \$697,000. A general cost summary—including expenses for the District Office, audits, IT support, security, and facilities—totaled \$770,000. Director Su requested a more detailed breakdown of staffing costs for future review.

The District currently pays \$177,000 annually to lease the District Office, and discussions are underway regarding the most effective use of those funds and review of related lease provisions.

Director Su also provided an update on the District's investment portfolio, which now has a 60% fixed income and 40% equity allocation and is earning approximately 9% returns. Efforts continue to consolidate all funds while maintaining three months' cash on hand, with one remaining account pending transfer.

### **B. *Lease, Building, Education and Outreach Committee***

Director Rienks reported the Growing Your Own Food Seminar will take place at the Falkirk Cultural Center in San Rafael October 23, 2025 at 5:30 p.m.

### **C. *Primary Care Task Force***

Director Rienks reported the Task Force continues to make progress. She and Director Sparkman are developing a set of interview questions for various individuals they plan to meet with, including practice managers, physicians, and other stakeholders involved in primary care.



The Task Force will work with Ms. Lee to schedule a series of interviews. The focus of these interviews will be to better understand challenges faced by primary care providers, identify barriers to access, and explore strategies to improve the availability and coordination of primary care services.

Director Rienks also noted that there are some positive anecdotal signs of improvement in primary care access and communication.

## 8. **Reports**

### A. *Hospital and District CEO's Report:*

Dr. Klein reported MarinHealth experienced record volume in September, marking the highest census in hospital history, with continued elevated activity across nearly all service lines. He commended staff for their dedication in providing excellent patient care during this period of sustained demand.

Dr. Klein noted cardiology and cardiac surgery volumes have exceeded expectations. Echocardiography procedures have increased by 30%, and the cardiac surgery team achieved record procedure numbers. The TAVR program has also seen a 30% increase.

Laboratory utilization rose 17%, and turnaround performance improved from the 15th percentile to approximately the 90th percentile over two years.

Radiology volume increased 11% year-over-year, following a 20% rise in 2023–24, while MRI wait times decreased significantly.

Dr. Klein reported strong progress in primary care recruitment and access. Three new primary care providers (PCPs) began in September and October, with one starting in November, two additional offers extended, and ten strong candidates in the pipeline. He noted continued improvements in appointment access and highlighted the implementation of electronic outside referrals, which replaced faxed processes. In the first 18 days, 1,400 e-referrals were submitted, saving an estimated 200 staff hours.

Dr. Klein reported discussions with Marin County on seismic compliance for 2033 have progressed positively.

He also noted the Bloom Energy project will go before the Kentfield Planning Board next week and is expected to be operational by November 2026. The project will transition the hospital toward natural gas-generated electricity, ultimately transition to a zero-carbon hydrogen system within four to five years which will further decrease our carbon footprint.

Dr. Klein reported that Dr. Licht is the new Medical Director of Primary Care. Dr. Licht and

Dr. Lieb (Vice President of Medical Affairs) are working to strengthen provider engagement and quality of care.



He also reported ongoing IT improvements, including deployment of AI based Ambient Listening System to streamline documentation. He also reported the rollout of Epic Secure Chat to modernize real-time clinical communication and adhering to HIPAA privacy rules.

Dr. Klein reported MarinHealth will transition from Zoom to Microsoft Teams for video conferencing. He noted Teams integrates better with hospital IT systems and will generate cost savings, though some adjustment is expected.

Dr. Klein noted the Network continues to see system growth and improvement in employee engagement, with satisfaction scores increasing from 40% in year one to 77% in year three.

He reported that the primary care waitlist has decreased from more than 3,000 patients to a few hundred, and specialty care waitlists have improved significantly.

Dr. Klein reported on continued marketing and community engagement initiatives, including TV, radio, print, and social campaigns. A new marketing liaison has joined to strengthen relationships between physicians and hospital services.

Dr. Klein informed the Board that attorneys representing proponents of a citizen-led parcel tax initiative have submitted a notice of intent to circulate a petition. The District will review the documents and provide updates once additional information becomes available.

Dr. Klein reported on facility and security updates:

- The Joint Commission survey is anticipated in the coming weeks, and readiness efforts remain strong.
- Valet services are now accommodating more than 125 cars daily, but additional capacity and off-site options are being explored.
- 25 new beds targeted, allowing the cardiac care unit to relocate and improve throughput.
- Weapons management continues to function as designed, effectively identifying significant items that could cause harm.
- Visitor badging system will go live in November.

*B. Chair's and Board Members' Reports:*

Director Ramirez reported that she attended several community events during Latino Heritage Month, particularly at local schools noting that schools are an effective way to reach the community. She also participated in four West Marin health fairs, though attendance varied, and attended the Senior Fair, which she described as an excellent event for the senior community. Additionally, she joined the NAMI Walk and recommended MarinHealth consider participating next year, and she attended the Suicide Prevention Collaborative's five-year anniversary, recognizing the important work being done in mental health.

Director Su shared his appreciation to the MarinHealth staff expressing gratitude to those who have contributed to sustaining that work. Director Su stated that he and Dr. Alfrey could not do what they do without the collective efforts of the team and extended his sincere thanks to everyone for their dedication and support.

Director Rienks referenced a recent Marin Independent Journal article highlighting healthcare education programs in local schools sponsored by Kaiser, including learning lab initiatives. She noted that following the District's successful Career Day, there may be additional opportunities to collaborate with schools on career pathways and health education outreach, particularly in underserved communities. She suggested exploring partnerships with schools, such as those in the Canal area, to support pop-up activities and engagement events.

Chair Alfrey commented that he has had the opportunity to meet and work with Dr. Whitney Lieb on several occasions and described her as an outstanding addition to the Medical Center. He noted that while the organization already has many exceptional leaders, it is valuable to bring in someone from a large external medical center who can offer fresh perspectives and insights. Chair Alfrey emphasized his appreciation for the expertise and experience she brings to the team.

**9. Agenda Suggestions for Future Meetings**

No New agenda topics were proposed.

**10. Adjournment of Regular Meeting**

Chair Alfrey adjourned the meeting at 6:58 pm.

## Tab 2



# **MarinHealth Medical Center**

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

**Q2 2025**

December 2, 2025

# MarinHealth Medical Center (Marin General Hospital)

## Performance Metrics and Core Services Report: Q2 2025

### 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 a "Pending" decision with an effective date of October 24, 2025 for a duration of 36 months.
	2. MGH Board must maintain MGH's Medicare certification for quality of care and reimbursement eligibility.	Quarterly	In Compliance	MGH maintains its Medicare Certification.
	3. MGH Board must maintain MGH's California Department of Public Health Acute Care License	Quarterly	In Compliance	MGH maintains its license with the State of California.
	4. MGH Board must maintain MGH's plan for compliance with SB 1953.	Quarterly	In Compliance	MGH remains in compliance with SB 1953 (California Hospital Seismic Retrofit Program).
	5. MGH Board must report on all Tier 2 Metrics at least annually.	Annually	In Compliance	4Q 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	Reported in Q4 2024
	2. MGH Board must provide community care benefits at a sufficient level to maintain MGH's non-profit tax exempt status.	Quarterly	In Compliance	MGH continues to provide community care and has maintained its tax exempt status.
(D) Physicians and Employees	MGH Board must report on all Tier 1 "Physician and Employee" Metrics at least annually.	Annually	In Compliance	Reported in Q4 2024
(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 2</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 2</b>

# MarinHealth Medical Center (Marin General Hospital)

## Performance Metrics and Core Services Report: Q2 2025

### TIER 2 PERFORMANCE METRICS

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

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs).	Quarterly	In Compliance	<b>Schedule 3</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	Reported in Q4 2024
(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 4</b>
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	<b>Schedule 4</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	Reported in Q4 2024
	4. MGH Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.	Annually	In Compliance	Reported in Q4 2024
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	Reported in Q4 2024
(D) Physicians and Employees	1. MGH Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.	Annually	In Compliance	Reported in Q4 2024
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	Reported in Q4 2024
	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 5</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 November 1, 2025 and to the MHD Board on February 21, 2025.
	2. MGH Board will report on the status of MGH's market share and Management responses.	Annually	In Compliance	MGH's market share and management responses report was presented to the MGH Board on November 1, 2025 and the MHD Board on February 21, 2025.
	3. MGH Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.	Quarterly	In Compliance	<b>Schedule 2</b>
	4. MGH Board will report on current Emergency services diversion statistics.	Quarterly	In Compliance	<b>Schedule 6</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 2</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 2024 Form 990 was filed on November 14, 2025.

# MHMC Performance Metrics and Core Services Report

## Q2 2025

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### EXECUTIVE SUMMARY

#### Q2 2025 HCAHPS

##### Time Period

Q2 2025 HCAHPS Survey with Press Ganey Benchmarks (n=343)

##### Accomplishments

Overall Hospital Rating & Likelihood to Recommend sustained > 75thp

Medication Communications > 50thp National

Doctors Communication 49thp

Information About Symptoms 49thp

##### Areas for Improvement

Nurse Communication

Responsiveness

Hospital Environment

Discharge Information

Restful Environment

Care Coordination & Care Transitions

##### Data Summary

2025 has updated questions (see report):

Quietness moved from Hospital Environment to NEW-Restful Domain

Care Transitions to Care Coordination Domain

NEW- Information about Symptoms as own Domain

Reporting HCAHPS Press Ganey percentile rank among all PG database (Natl n=2422) and PG California Hospitals (CA n=129)

Not patient mix adjusted

##### Barriers or Limitations

True CMS comparison report not 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

## Q2 2025

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### Schedule 1: HCAHPS

(Hospital Consumer Assessment of Healthcare Providers & Systems)

➤ **Tier 1, Patient Satisfaction and Services**

The MHMC Board will report on MHMC's HCAHPS Results Quarterly.

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

The MHMC Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.

## EXECUTIVE SUMMARY

### Patient Experience

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Q2 2025

#### Q2 Highlights:

- Patient Experience Week (April 28 - May 2)
  - Activities and events each day (*Appendix C*)
- PX Education:
  - Bedside Shift Report (3-hour training) in April
    - All Cardiac & Med/Surg Nurses
  - “Culture of Yes” training in April (30 minutes)
    - All hospital Radiology staff (will expand to offsite areas)
  - ED skills days
  - EVS skills days
- Implementation of Cardiac “Relaxation Cart” in partnership with Volunteers. Rounding on patients in the evening before bed.
- Ongoing Nursing priorities:
  - Bedside Shift Report
  - Leader Rounding (*Effect of Leader Rounding - Appendix D*)
  - Hourly Rounding
- Patient & Family Advisory Council in May: Behavioral Health, HR Recruiting
- Geographical Hospitalist pilot expansion to remainder of Med/Surg and PMC (with Cardiac upcoming in September)
- Sentact Rounding:
  - Planning/Building phase of implementation
  - To be used comprehensively for Patient Experience, Employee Experience, Environment of Care (EOC), Quality, and Hand Hygiene rounds

#### Next Steps / Major Projects:

- Med/Surg, PMC and Multi-care: Plexiglass covered whiteboards in front of patients, with changeable insert (September)
- Periop: Working with Periop leaders on surgical handouts and patient education
- Maternity: patient-facing handouts (birth preferences, patient menu) with Spanish translations, skills day data (August) + bedside shift report (Fall 2025)
- NICU/Peds: updating patient whiteboards, NICU and Peds welcome letters, with Spanish translations
- Physicians: Working with PX partners in Hospitalist group, ED, Pediatrics
- ED: Patient facing materials (lobby screens and handout pamphlets)
- ICU: Design of patient Thank You cards and family handout
- Lab: Waiting area auditing for better flow
- All Nursing areas: Sentact Rounding Implementation (August)

- Med/Surg & PMC and Multi-care: Repurpose old whiteboard click-in frames to promote patient-facing safety and hourly rounding language (by end of 2025)
- Behavioral Health: CMS to require Patient Experience Behavioral Health survey “PIX” starting January 2026, to be publicly reported in 2028.
- Outpatient Infusion: skills day (August)
- New Grad skills day (July)
- Security: PX/Security partnership with upcoming badging system implementation, and PX included in staff orientation for new security

### **Continued Patient Experience support:**

- Senior Leadership rounding (Mon/Tues = Med/Surg, Tuesday = ICU/PMC, Wed/Thurs = Cardiac, Friday = Maternity)
- Quarterly Executive meetings with Service Line Directors
- Press Ganey Monthly Leadership Training with Best Practices
- Daily tips/current events emailed to clinical leadership (from patient rounding) for huddles
- Patient Experience Navigator rounding on patients to resolve issues in real time
- Custom reports. Monthly/weekly - pushed reports to leaders.
- Weekly nursing newsletter entry (front page)
- Recurring 1:1 meetings with unit managers/directors to review patient feedback and create action plans
- Employee Engagement RBC activities (staff wellness events, etc.)
  - Q2 = April “Spring Fling” Mocktail Monday
  - Q2 = June “Summer Luau” Mocktail Monday
  - Will be re-instituting monthly rounding cart (starting July)
- PX Presentations at New Hire Orientation, New Leader Orientation (hospital), New Leader Orientation (Network)
- Supporting UPC Patient Experience projects (Shared Governance)

### **Barriers or Limitations**

- New HCAHPS questions started January 1<sup>st</sup> (first major changes from CMS to the HCAHPS survey) – effecting national baselines
- No call light data (re: tracking hourly rounding compliance)
- No quantitative rounding data since Q4 2024

## Q2 2025 HCAHPS Dashboard

	Q1 2024			Q2 2024			Q3 2024			Q4 2024		
	Top Box	Nat. Rank	CA Rank	Top Box	Nat. Rank	CA Rank	Top Box	Nat. Rank	CA Rank	Top Box	Nat. Rank	CA Rank
Rate Hospital 0-10	72.27%	61	57	82.17%	88	87	80.15%	84	83	79.45%	82	79
Recommend the Hospital	74.03%	67	53	81.25%	85	74	79.77%	80	77	80.60%	83	74
Communication with Nurses	75.55%	29	29	77.31%	31	39	75.71%	22	25	77.18%	28	30
Responsiveness of Hospital Staff**	65.51%	66	75	72.37%	83	89	65.12%	57	71	66.72%	62	68
Communication with Doctors	80.35%	60	67	81.66%	64	70	77.90%	35	39	79.54%	44	46
Hospital Environment ***	66.63%	60	78	67.96%	58	76	63.63%	36	48	64.31%	39	52
Communication about Medications	56.72%	31	20	60.68%	49	36	55.56%	18	13	59.96%	38	27
Discharge Information	88.69%	70	72	90.31%	80	76	87.05%	50	44	89.07%	69	65
Care Transitions	46.96%	27	19	51.48%	42	26	50.23%	36	29	51.68%	39	28
"n"	239			281			286			398		

	Q1 2025			Q2 2025		
	Top Box	Nat. Rank	CA Rank	Top Box	Nat. Rank	CA Rank
Rate Hospital 0-10	78.97%	84	81	76.80%	76	70
Recommend the Hospital	82.04%	87	78	82.84%	87	81
Communication with Nurses	76.65%	31	40	75.21%	20	21
Responsiveness of Hospital Staff**	62.61%	54	58	62.11%	47	40
Communication with Doctors	80.33%	58	70	79.14%	49	52
Hospital Environment ***	70.22%	41	35	67.83%	26	9
Communication about Medications	58.92%	33	22	62.64%	59	47
Discharge Information	85.96%	45	37	86.33%	45	34
Restful Hospital Environment	55.08%	37	34	53.05%	25	20
Care Coordination	68.68%	30	27	69.40%	26	23
Information About Symptoms	68.20%	35	32	71.57%	49	45
"n"	325			343		

Green = Above the 50th percentile

Red = Below the 50th percentile

Black = New Questions/Domains in 2025 (rankings may continue to change)

Data is Mode Adjusted (to account for use of phone vs. mail-in surveys)

National Benchmark = 2422 hospitals (as of Q2 2025)

CA Benchmark = 129 hospitals (as of Q2 2025)

Only includes CMS reportable/eligible surveys

\* New (overarching) changes to the HCAHPS survey in 2025 include:

- (1) Response window increased from 42 to 49 days
  - (2) Proxy/loved one can take the survey on behalf of a patient
  - (3) Limit on supplemental questions to 12 maximum
  - (4) Reduced language spoken at home to only 4 options - English, Spanish, Chinese, Another Language
  - (5) Replaced: "Were you admitted through the Emergency Department?" with "Was this hospital stay planned in advance?" (Yes Definitely, Yes Somewhat, No)
  - (6) Removed the "Care Transitions" Domain
  - (7) Added "Care Coordination" Domain:
    - (a) During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to date about your care?
    - (b) During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?
    - (c) Did doctors, nurses or other hospital staff work with you and your family or caregiver in making plans for your care after you left the hospital?
  - (8) Added "Restfulness Domain":
    - (a) During this hospital stay, how often was the area around your room quiet at night? (pre-existing question)
    - (b) During this hospital stay, how often were you able to get the rest you needed?
    - (c) During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?
  - (9) Added "Info About Symptoms" question:
    - (a) Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?
  - (10) Total increase from 29 to 32 questions
- Note: Due to these HCAHPS question changes, per Press Ganey, scores / ranks may continue to adjust.

\*\* Wording change to 1 of the 2 Questions in the "Responsiveness" Domain in 2025 (Press Ganey is seeing lower domain scores across the nation)

\*\*\* Environment Domain now only includes the Cleanliness question. Quiet at Night moved out of Environment Domain into new "Restful" Domain in 2025.

# MHMC Performance Metrics and Core Services Report

## Q2 2025

### Schedule 2: Finances

➤ **Tier 1, Finances**

The MHMC Board must maintain a positive operating cash-flow (operating EBIDA) for MHMC after an initial phase in period of two fiscal years, and then effective as a performance metric after July 1, 2012, with performance during the phase in period monitored as if a Tier 2 metric. The MHMC Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MHMC.

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

The MHMC Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.

Financial Measure	Final 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	
EBIDA \$ (in thousands)	\$65,850	\$15,736	\$33,440			
EBIDA %	10.09%	9.00%	9.60%			
<b>Loan Ratios</b>						
Annual Debt Service Coverage	2.48	2.06	2.23			
Maximum Annual Debt Service Coverage	2.48	2.06	2.20			
Debt to Capitalization	57.0%	52.2%	51.2%			
<b>Key Service Volumes</b>	<b>Total 2024</b>	<b>Q1 2025</b>	<b>Q2 2025</b>	<b>Q3 2025</b>	<b>Q4 2025</b>	<b>Total 2025</b>
Acute discharges	10,322	2,682	2,787			5,469
Acute patient days	50,356	13,802	13,788			27,590
Average length of stay	4.88	5.15	5.04			
Emergency Department visits	44,412	10,953	10,893			21,846
Inpatient surgeries	1,759	461	491			952
Outpatient surgeries	6,373	1,483	1,475			2,958
Newborns	1,279	315	322			637

# MHMC Performance Metrics and Core Services Report

## Q2 2025

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### Schedule 3: Clinical Quality Reporting Metrics

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

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

#### **CLINICAL QUALITY METRICS DASHBOARD**

Metrics are publicly reported on

CalHospital Compare ([www.calhospitalcompare.org](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

## Q2 2025

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### EXECUTIVE SUMMARY

#### Q2 2025 Quality Management Dashboard (Organization Targets Based on Natl Metrics)

##### Accomplishments

- All-Cause Mortality rate (0.74)
  - Acute Myocardial Infarction (0.0),
  - Knee (0.0),
- Readmission Rates
  - Hip (0.0)
  - Pneumonia improved
- Length Of Stay:
  - Heart Failure (4.59)
  - Hip (3.25)
  - Knee (4.27)
- Catheter Assoc Urinary Tract Infection-CAUTI (0)
- Sepsis compliance (69%)
- Falls with Injury rate (0)
- PSI -90 Surgical Complications (0.51)- fewer than expected
- NEW- Social Determinants of Health (SDOH) Screening Rate >90%

##### Areas for Improvement or Monitoring

- Hip mortality: cases reviewed, care appropriate
- Stroke mortality: cases reviewed, care appropriate
- Readmission rates:
  - Heart Failure: reviewed, care appropriate
  - Stroke: reviewed, care appropriate
- Deep SSI- 4 infections

##### Data Summary

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

##### Next Steps:

- Ongoing support for PI continues
- Trend SDOH before goal setting



# MHMC Performance Metrics and Core Services Report

## Q2 2025



Quality Management Dashboard  
Period: Q2 2025

### Legend

Value > Target  
Value > 2024 < Target  
Value < Target < 2024

Metrics: Adult Medical/Surgical High Volume DRGs	Reporting	Target*	2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025
Mortality-All Cause (Risk Adjusted O:E)	O:E Ratio	<1.0	0.73	0.66	0.65	0.64	0.74
Mortality-Acute Myocardial Infarction	O:E Ratio		0.78	0.00	0.46	0.00	0.00
Mortality-Heart Failure	O:E Ratio		0.72	0.97	0.26	0.41	0.74
Mortality- Hip	O:E Ratio		1.11	0.00	0.00	4.54	3.22
Mortality- Knee	O:E Ratio		0.00	0.00	0.00	0.00	0.00
Mortality- Stroke	O:E Ratio		0.94	1.35	1.54	1.43	1.03
Mortality- Sepsis	O:E Ratio		0.77	0.75	0.68	0.65	0.88
Mortality- Pneumonia	O:E Ratio		0.37	0.49	0.47	0.41	1.72
Readmission- All (Rate)	Rate	<15.5%	11.54	11.66	12.05	12.92	10.83
Readmission-Acute Myocardial Infarction	Rate		7.29	4.91	5.41	4.62	8.16
Readmission-Heart Failure	Rate		16.81	18.57	15.56	25.26	20.00
Readmission- Hip	Rate		17.14	30.77	0.00	10.00	0.00
Readmission- Knee	Rate		7.98	10.00	0.00	0.00	9.09
Readmission- Stroke	Rate		8.91	8.11	6.25	19.35	15.15
Readmission- Sepsis	Rate		17.31	21.85	17.20	16.00	16.20
Readmission- Pneumonia	Rate		13.82	12.73	17.95	17.91	7.22
LOS-All Cause	Mean	4.90	4.78	4.72	4.91	4.90	5.16
LOS-Acute Myocardial Infarction	Mean		3.92	3.94	4.09	4.47	4.29
LOS-Heart Failure	Mean		5.54	5.47	5.21	5.84	4.59
LOS- Hip	Mean		4.53	5.07	3.50	4.00	3.25
LOS- Knee	Mean		4.05	4.80	4.38	3.63	4.27
LOS- Stroke	Mean		6.01	4.67	7.58	6.86	5.84
LOS- Sepsis	Mean		8.72	8.65	9.04	8.01	10.16
LOS- Pneumonia	Mean		6.16	7.58	5.79	5.87	6.12
Metrics: HAIs, Sepsis, Harm Events	Reporting	Target**		Q3 2024	Q4 2024	Q1 2025	Q1 2025
CAUTI (SIR)	SIR	<1.0	0.92	0.00	0.71	0.00	0.00
Hospital Acquired C-Diff (CDI)	SIR	<1.0	0.29	0.88	0.00	0.71	0.17
Surgical Site Infection (Superficial)	# Infections		8	3	3	1	1
Surgical Site Infection (Deep, Organ Space and Joint)	# Infections		9	7	6	5	4
SSI	SIR	<1.0 SIR	0.64	<1.0	<1.0	0.82	TBD
Sepsis Bundle Compliance	% Compliance	63% <sup>^</sup>	67%	61%	64%	66%	69%
Hospital Acquired Pressure Injury (HAPI)	# HAPI	<=1	1	1	0	0	1
Patient Falls with Injury	# Falls	<=1.0	1	0	1	0	0
PSI 90 / Healthcare Acquired Conditions	Ratio	<1.0	1.65	1.07	2.40	0.43	0.51
Serious Safety Events	# Events	<=1	2	1	1	1	1
Metrics: Health Equity	Reporting	Target**	2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025
Social Determinants of Health Screening Rates	% Screened	TBD	60.00	87.90	90.20	91.50	92.50
Domain Positive Rates							
Food Insecurity			5.70	5.70	5.80	5.40	6.40
Housing Insecurity			6.70	6.60	7.30	6.70	6.20
Transportation Risk			5.40	3.10	2.60	2.30	5.20
Utility Risk			2.70	5.30	5.30	5.40	2.80
Interpersonal Safety			0.60	0.70	0.70	0.40	0.50

# MHMC Performance Metrics and Core Services Report

## Q2 2025



\* 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 $\geq$ 4 days after admission
Surgical Site Infections	An infection that occurs after surgery in the part of the body where the surgery took place
Sepsis Bundle Compliance	Compliance with a group of best-practice required measures to prevent sepsis
Hospital Aquired Pressure Injury	Stage III or IV pressure ulcers (not present on admission) in patients hospitalized 4 or more days
Patient Falls with Injury	A fall that resulted in harm that required intervention by medical staff (and reportable to CMS)
PSI 90 / Healthcare Aquired Conditions	PSI = Patient Safety Indicators. # of patients with avoidable Pressure Ulcer, Iatrogenic Pneumothorax, Hospital Fall,w/ Hip Fracture, Periop 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 CMS)
Serious Safety Events (patients)	A gap in care that reached the patient, causing a significant level of harm
Social Determinants of Health Screening Rates	SDOH screening is a process where healthcare providers ask patients about their non-medical factors that affect their health and well-being
Other Abbreviations	
SIR	Standardize Infection Ratio (Observed/Expected)

# MHMC Performance Metrics and Core Services Report

## Q2 2025

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### EXECUTIVE SUMMARY

#### Q2 2025 Core Measures Dashboard

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

##### Time Period

Q2 2025- publicly reported metrics (contributing to Star Rating)

##### Accomplishments

- STK-4 Thrombolytic Therapy: 100% (1/1)
- Sepsis bundle (SEP): 69% (96/140)
- Perinatal measures: PC-01 Elective Delivery 0% (0/11)
- ED Inpatient Admit-Departure Time (ED-2) 93.50 minutes (compared to CMS 99 min)
- ED Outpatient Median Time: 149 Min (Compared to CMS 170 min)
- Actual to Expected Infection Rates (<1.0 = better):
  - Surgical Site Infection (SSI)-Colon 0.53
  - Central Line Infection (CLABSI): 0
  - Urinary Catheter Infection (CAUTI): 0
  - C-difficile Infection: 0.17
  - Methicillin Resistant Staph Aureus Bacteremia (MRSA): 0
- Surgical Complications Composite Measure (PSI-90): 0.64, less than expected,
- Mortality Rates lower than prior year:
  - AMI Mortality: 2.27%
  - Heart Failure Mortality: 2.83%
  - Pneumonia Mortality: 6.82%
  - COPD Mortality: 0%
  - CABG Mortality: Sustained 0% (4 years)
- Readmission Rates lower than previous
  - Acute AMI: 6.78%
  - Total Hip/Knee 3.70%

##### Areas for Improvement or Monitoring

- Exclusive breast milk feeding 76% (78% 2024)
- Readmission rates: All-Cause 12.90% (Heart Failure, Pneumonia, COPD, CABG)

##### Data Summary

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

**Barriers or Limitations:** Competing Priorities

**Next Steps:** Continue PI Projects

### Hospital Inpatient Quality Reporting Program Measures

	METRIC	CMS**	2024	Q1 -2025	Q2 -2025	Q3 -2025	Q4-2025	Q4-2025 Num/Den	Rolling 2025 YTD	2025 YTD Num/Den
	♦ Stroke Measures									
STK-4	Thrombolytic Therapy	100%	100%	100%	100%			1/1	100%	3/3
	♦ Sepsis Measure									
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	61%	67%	66%	69%			96/140	67%	200/297
	♦ Perinatal Care Measure									
PC-01	Elective Delivery +	2%	3%	0%	0%			0/11	0%	0/31
PC-02	Cesarean Section +	TJC	20%	14%	24%			25/106	18%	42/231
PC-05	Exclusive Breast Milk Feeding	TJC	78%	75%	76%			52/68	76%	99/131
	♦ ED Inpatient Measures									
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients +	99	103.00	108.50	93.50			188--Cases	98.50	374--Cases
	♦ Psychiatric (HBIPS) Measures									
IPF-HBIPS-2	Hours of Physical Restraint Use +	0.32	0.02	0.00	0.00			0.00	0.00	N/A
IPF-HBIPS-3	Hours of Seclusion Use +	0.35	0.00	0.00	0.00			0.00	0.00	N/A
	♦ Substance Use Measures									
SUB-2	2-Alcohol Use Brief Intervention Provided or offered	60%	88%	70%	100%			9/9	84%	16/19
SUB-2a	Alcohol Use Brief Intervention	77%	91%	78%	100%			9/9	89%	16/18
SUB-3a	Alc/Oth Drug Use Tx Provide/Offr at Disch		75%	67%	67%			2/3	67%	4/6
	♦ Tobacco Use Measures									
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge	71%	25%	40%	33%			1/3	38%	3/8
TOB-3a	3a-Tobacco Use Treatment at Discharge	40%	17%	40%	33%			1/3	38%	3/8
	METRIC	CMS**	2024	Q1 -2025	Q2 -2025	Q3 -2025	Q4-2025	Q4-2025 Num/Den	Rolling 2025 YTD	2025 YTD Num/Den
	♦ Transition Record Measures									
TRSE	Transition Record with Specified Elements Received by Discharged Patients	62%	88%	70%	57%			73/128	63%	147/234
	♦ Metabolic Disorders Measure									
SMD	Screening for Metabolic Disorders	Benchmark To Be Established	88%	97%	89%			71/80	92%	133/144
	METRIC	CMS**		2020	2021	2022	2023	2024	2025	Rolling Num/Den
IPF-IMM-2	Influenza Immunization	77%		92%	96%	96%	97%	97%	95%	188/198
	♦ ED Outpatient Measures									
OP-18b	Average (median) time patients spent in the emergency department before leaving from the visit	170.00	183.00	177.00	149.00			95--Cases	162.50	192--Cases
	♦ Outpatient Stroke Measure									
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	69%	94%	100%	67%			2/3	86%	6/7
	♦ Endoscopy Measures									
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	92%	95%	98%	91%			29/32	95%	76/80

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

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

	◆ Healthcare Personnel Influenza Vaccination
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	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 +
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	METRIC	National Standardized Infection Ratio (SIR)	Apr 2022 - Mar 2023	July 2022 - June 2023	Jan 2023 - Dec 2023	July 2023 - June 2024
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	0.00	0.00	0.00	0.53
HAI-SSI-Hyst	Surgical Site Infection - Abdominal Hysterectomy +	1	not published**	not published**	not published**	not published**

	◆ Healthcare Associated Device Related Infections
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	METRIC	National Standardized Infection Ratio (SIR)	April 2022 - Mar 2023	July 2022 - June 2023	Jan 2023 - Dec 2023	July 2023 - June 2024
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.00	0.43	0.44	0.50
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.62	1.07	0.35	0.70

	Metric	2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025
	Central Line Associated Blood Stream Infection (CLABSI)	0.73	0.00	0.78	0.00	0.00
	Catheter Associated Urinary Tract Infection (CAUTI)	0.92	0.00	0.71	0.98	0.00

	◆ Healthcare Associated Infections
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	Metric	National Standardized Infection Ratio (SIR)	Apr 2022 - Mar 2023	July 2022 - June 2023	Jan 2023 - Dec 2023	July 2023 - June 2024
HAI-C-Diff	Clostridium Difficile	1	0.58	0.43	0.36	0.38
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.00	0.00	0.46	0.41
	Metric	2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025
HAI-C-Diff	Clostridium Difficile	0.30	0.88	0.00	0.71	0.17
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	0.00	0.00	0.00	0.00	0.00

**MarinHealth Medical Center**  
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	<p>◆ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators) +</p>
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	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		2022	2023	2024	2025
PSI-90 (Composite)	Complication / Patient safety Indicators PSI 90 (Composite)		1.38	1.85	1.65	0.64
PSI-3	Pressure Ulcer		0.79	1.52	0.17	0.63
PSI-6	Iatrogenic Pneumothorax		0.00	0.57	0.52	0.24
PSI-8	Inhospital Fall with Hip Fracture		0.13	0.28	0.00	0.24
PSI-9	Perioperative Hemorrhage or Hematoma		2.08	3.42	3.54	0.00
PSI-10	Postop Acute Kidney Injury Requiring Dialysis		0.00	0.00	0.00	3.25
PSI-11	Postoperative Respiratory Failure		1.88	12.01	4.41	2.83
PSI-12	Peri Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)		6.59	7.97	7.91	1.17
PSI-13	Postoperative Sepsis		3.93	1.57	0.00	0.00
PSI-14	Post operative Wound Dehiscence		0.00	0.00	0.00	0.00
PSI-15	Unrecognized Abdominopelvic Accidental Laceration/Puncture Rate		0.00	1.52	0.00	0.00

	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 +	
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		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**  
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and Centers for Medicare & Medicaid Services (CMS) Hospital Compare ([www.hospitalcompare.hhs.gov/](http://www.hospitalcompare.hhs.gov/))

◆ **Mortality Measures - 30 Day +**

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2016 - June 2019	July 2017 - Dec 2019	July 2019 - June 2021	July 2020 - June 2023
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate	12.6%	10.90%	10.70%	10.00%	10.00%
MORT-30-HF	Heart Failure Mortality Rate	11.9%	8.00%	8.60%	10.30%	9.30%
MORT-30-PN	Pneumonia Mortality Rate	17.9%	14.20%	13.90%	not published**	13.80%
MORT-30-COPD	COPD Mortality Rate	9.40%	9.20%	8.60%	10.00%	7.30%
MORT-30-STK	Stroke Mortality Rate	13.90%	13.60%	13.40%	13.50%	12.50%
CABG MORT-30	CABG 30-day Mortality Rate	2.80%	3.00%	2.50%	3.00%	2.30%

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

	METRIC		2022	2023	2024	2025
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate		3.39%	2.13%	4.81%	2.27%
MORT-30-HF	Heart Failure Mortality Rate		1.20%	3.05%	4.69%	2.83%
MORT-30-PN	Pneumonia Mortality Rate		7.09%	4.46%	2.21%	6.82%
MORT-30-COPD	COPD Mortality Rate		7.14%	3.13%	7.84%	0.00%
MORT-30-STK	Stroke Mortality Rate		4.90%	3.64%	5.50%	8.75%
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 2017 - Dec 2019	July 2018 - June 2021	July 2019 - June 2022	July 2020 - June 2023
READM-30-AMI	Acute Myocardial Infarction Readmission Rate	14.60%	15.50%	14.70%	13.40%	13.90%
READM-30-HF	Heart Failure Readmission Rate	19.80%	21.20%	19.50%	18.40%	17.80%
READM-30-PN	Pneumonia Readmission Rate	16.40%	14.50%	not published**	14.70%	13.90%
READM-30-COPD	COPD Readmission Rate	18.50%	19.30%	19.50%		19.10%
READM-30-THA/TKA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.50%	4.20%	4.90%	4.20%	4.10%
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	10.70%	12.20%	11.60%	10.80%	10.50%

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2019- Dec 2019	July 2018- June 2021	July 2019- June 2022	July 2020- June 2023
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR) +	14.6%	14.9%	14.0%	13.2%	13.9%



**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/))

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

	METRIC		2022	2023	2024	2025
	Hospital-Wide All-Cause Unplanned Readmission		9.89%	9.83%	10.93%	12.90%
	Acute Myocardial Infarction Readmission Rate		8.75%	7.60%	8.80%	6.78%
	Heart Failure Readmission Rate		11.36%	18.18%	16.50%	24.27%
	Pneumonia (PN) 30 Day Readmission Rate		11.94%	11.84%	13.22%	12.00%
	Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate		9.68%	9.09%	20.00%	26.92%
	Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate		0.00%	0.00%	8.33%	3.70%
	30-day Risk Standardized Readmission following Coronary Artery Bypass Graft		14.29%	7.69%	7.14%	10.00%

**♦ Cost Efficiency +**

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

**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) +**

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

+ Lower Number is better

# MHMC Performance Metrics and Core Services Report

## Q2 2025

### Schedule 4: Community Benefit Summary

➤ **Tier 2, Community Commitment**

The Board will report all of MHMC's cash and in-kind contributions to other organizations.

The Board will report on MHMC's Charity Care.

<b>Cash &amp; In-Kind Donations</b>					
(these figures are not final and are subject to change)					
	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Total 2025
Bucklew	\$ 28,750				\$ 28,750
Canal Alliance	\$ 17,250				\$ 17,250
Ceres Community Project	\$ 17,250				\$ 17,250
Center for Domestic Peace	\$ 11,500				\$ 11,500
Community Action Marin	\$ 11,500				\$ 11,500
Community Institute for Psychotherapy	\$ 23,000				\$ 23,000
Homeward Bound	\$ 172,500				\$ 172,500
Huckleberry Youth Programs	\$ 11,500				\$ 11,500
Jewish Family and Children's Services	\$ 11,500				\$ 11,500
Kids Cooking for Life	\$ 5,750				\$ 5,750
Marin Center for Independent Living	\$ 28,750				\$ 28,750
Marin City Community Dev Corp	\$ 9,200				\$ 9,200
Marin Community Clinics	\$ 57,500				\$ 57,500
MHD 1206B Clinics	\$ 10,010,230	\$ 10,894,000			\$ 20,904,230
NAMI Marin	\$ 11,500				\$ 11,500
North Marin Community Services	\$ 13,800				\$ 13,800
Planned Parenthood NoCal	\$ 11,500				\$ 11,500
RotaCare Bay Area Inc.	\$ 17,250				\$ 17,250
San Geronimo Valley Community Center	\$ 11,500				\$ 11,500
St. Vincent de Paul Society of Marin	\$ 11,500				\$ 11,500
West Marin Senior Services	\$ 11,500				\$ 11,500
Vivalon (Whistlestop)	\$ 11,500				\$ 11,500
<b>Total Cash Donations</b>	<b>\$ 10,516,230</b>	<b>\$ 10,894,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 21,410,230</b>
Clothes Closet					\$ -
Compassionate discharge medications					\$ -
Meeting room use by community based organizations for community-health related purposes.					\$ -
Healthy Marin Partnership	\$ 1,122				\$ 1,122
Food donations	\$ 16,890	\$ 16,890			\$ 33,780
Community Engagement					\$ -
<b>Total In-Kind Donations</b>	<b>\$ 18,012</b>	<b>\$ 16,890</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 34,902</b>
<b>Total Cash &amp; In-Kind Donations</b>	<b>\$ 10,534,242</b>	<b>\$ 10,910,890</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 21,445,132</b>

# MHMC Performance Metrics and Core Services Report

## Q2 2025

### Schedule 4, continued

Community Benefit Summary					
(These numbers are subject to change.)					
	1Q 2025	2Q 2025	3Q 2025	4Q 2025	Total 2025
Community Health Improvement Services	\$ 94,757	\$ 40,823			\$ 135,580
Health Professions Education	\$ 896,509	\$ 560,038			\$ 1,456,547
Cash and In-Kind Contributions	\$ 10,534,242	\$ 10,910,890			\$ 21,445,132
Community Benefit Operations	\$ 2,106	\$ 2,668			\$ 4,774
Community Building Activities	\$ 1,685	\$ 1,685			\$ 3,370
Traditional Charity Care <i>*Operation Access total is included in Charity Care</i>	\$ 47,471	\$ 119,241			\$ 166,712
Government Sponsored Health Care <i>(includes Medi-Cal &amp; Means-Tested Government Programs)</i>	\$ 15,246,728	\$ 14,983,705			\$ 30,230,433
<b>Community Benefit Subtotal (amount reported annually to state &amp; IRS)</b>	<b>\$ 26,823,498</b>	<b>\$ 26,619,050</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 53,442,548</b>
<b>Unpaid Cost of Medicare</b>	<b>\$ 40,249,044</b>	<b>\$ 41,097,723</b>			<b>\$ 81,346,767</b>
<b>Bad Debt</b>	<b>\$ 508,771</b>	<b>\$ 622,287</b>			<b>\$ 1,131,058</b>
<b>Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u></b>	<b>\$ 67,581,313</b>	<b>\$ 68,339,060</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 135,920,373</b>

### Operation Access

Though not a Community Benefit requirement, MHMC has been participating with Operation Access since 2000. Operation Access brings together medical professionals and hospitals to provide donated outpatient surgical and specialty care for the uninsured and underserved.

	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Total 2025
*Operation Access charity care provided by MGH (waived hospital charges)	\$46,444	\$14,665			<b>\$61,109</b>

# MHMC Performance Metrics and Core Services Report

## Q2 2025

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

➤ **Tier 2, Physicians and Employees**

The MHMC Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MHMC.

Turnover Rate				
Period	Number of Clinical RNs	Separated		Rate
		Voluntary	Involuntary	
Q2 2024	654	19	5	3.67%
Q3 2024	661	13	2	2.27%
Q4 2024	653	19	1	3.06%
Q1 2025	662	14	1	2.27%
<b>Q2 2025</b>	<b>677</b>	<b>17</b>	<b>1</b>	<b>2.66%</b>

Vacancy Rate							
Period	Open Per Diem Positions	Open Benefitted Positions	Filled Positions	Total Positions	Total Vacancy Rate	Benefitted Vacancy Rate of Total Positions	Per Diem Vacancy Rate of Total Positions
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%
Q1 2025	7	49	662	718	7.80%	6.82%	0.97%
<b>Q2 2025</b>	<b>1</b>	<b>48</b>	<b>677</b>	<b>726</b>	<b>6.75%</b>	<b>6.61%</b>	<b>0.14%</b>

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
Q2 2024	27	24	3
Q3 2024	22	15	7
Q4 2024	12	20	(8)
Q1 2025	25	15	10
<b>Q2 2025</b>	<b>31</b>	<b>18</b>	<b>13</b>

# MHMC Performance Metrics and Core Services Report

## Q2 2025

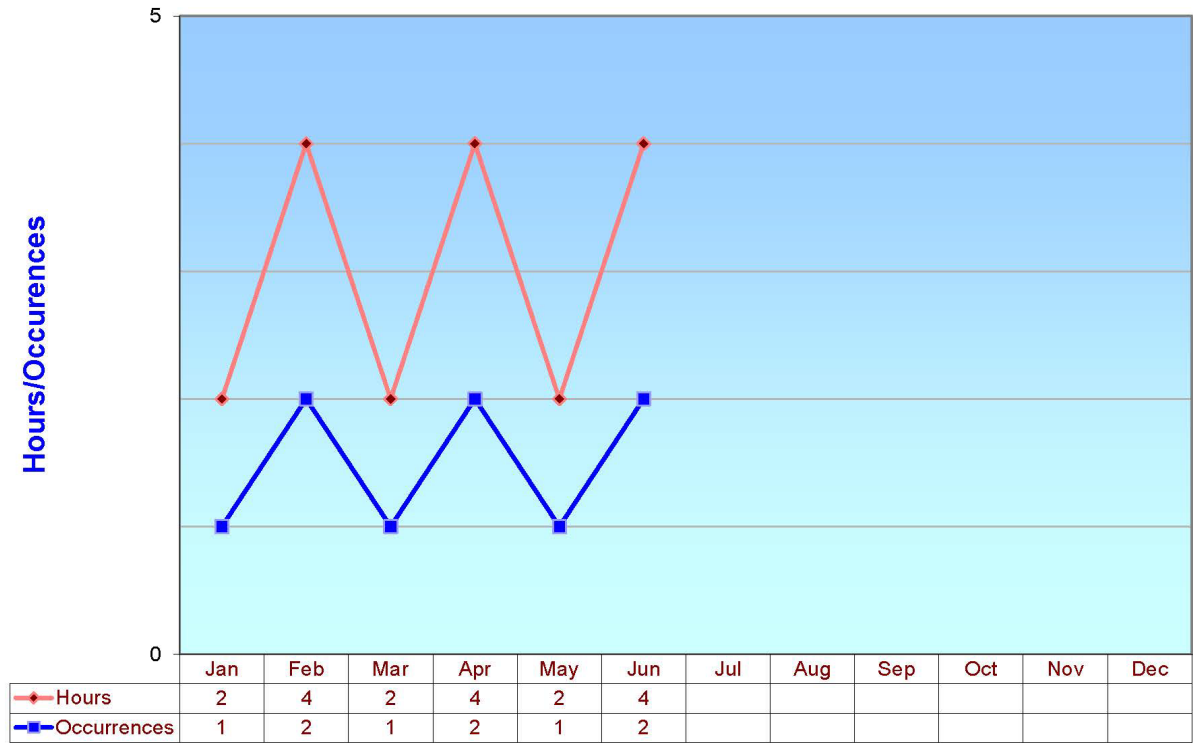
### Schedule 6: Ambulance Diversion

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

Quarter	Date	Time	Diversion Duration	Reason	Waiting Room Census	ED Admitted Patient Census
Q2 2025	04/02/25	21:40	2'00"	ED	18	13
	04/18/25	21:07	2'00"	ED	14	5
	05/29/25	19:55	2'00"	ED	20	13
	06/06/25	19:27	2'00"	ED	10	7
	06/28/25	23:44	2'00"	ED	5	3

2025 ED Diversion Data - All Reasons\*

*\*ED Saturation, CT Scanner Inoperable, Trauma Diversion, Neurosurgeon unavailable, Cath Lab*  
(Not including patients denied admission when not on divert b/o hospital bed capacity)



## Tab 3



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## PROFESSIONAL QUALIFICATIONS

- In-depth understanding of the complexities of compliance, controls, risks and operations in academic/higher education with missions of teaching, research, service and clinical care.
- Demonstrable experience in effectively leading complex institutions through times of strategic planning and critical growth leading to funding and execution of academic, strategic goals;
- Senior leadership level position in getting an emerging medical school for the University of California system approved, successfully funded and accredited;
- Experienced senior manager with over 30 years demonstrated expertise in a university based, academic healthcare and research setting with broad based responsibilities including business strategy, strategic planning, resource planning and management with solid understanding and perspectives from multiple viewpoints from the CEO/President/Chancellor organization level as well as from college/medical school, clinical department with multiple fund sources;
- Thrives in an environment requiring thoughtful, Innovative, creative solution/change management strategies;
- Leadership roles on multiple campus-wide chancellor's committees related to complex issues;
- Have led multiple workgroups tackling often complex issues requiring collaboration, building and maintenance of trust, innovative problem-solving with often delegated decision-making authorities;
- Keen political acumen and demonstrated effective project planning, management and implementation skills;
- Successfully implemented a large shared services center for IT, HR, Academic Personnel, Finance and Facilities for a developing School of Medicine;
- Demonstrated success in designing, shepherding and managing development of systems solutions to build infrastructure to gain efficiencies, enhance compliance, improve processes and manage risk;
- Demonstrated skill and ability to move a large organization with complex structures through the process of reducing budget and expense, program downsizing and service reductions with thoughtful analysis of risk and implications of reductions;
- Excellent interpersonal and communication skills with an in-depth understanding of the complexities of campus operations and cultures, with established relationships and the ability to effectively interface at all levels of the organization.

## PROFESSIONAL EXPERIENCE

### ACADEMIC HEALTHCARE CONSULTANT

**February 2016 – Present**

Business strategy development for schools of medicine and academic training programs. Business plan development working with diverse sets of organizations working toward funding and implementation of complex strategies with clinical affiliates and partners within and between entities. Works collaboratively with partners toward reaching mutually beneficial goals.

### UNIVERSITY OF CALIFORNIA, RIVERSIDE

**October 2010 – February 2016**

#### School of Medicine

Senior Associate Dean for Finance and Administration and Associate Vice Chancellor, Health Affairs

Chief financial and administrative leader for the UCR School of Medicine. Direct report to the Vice Chancellor for Health Affairs and Dean of the School of Medicine functioning as chief strategy officer for all business facets of the overall organization. A key member of the senior leadership team for an emerging medical school, have been a central point person for building all facets of the school's infrastructure, including research, administrative and clinical facilities, developing the financial reporting infrastructure/framework, systems development for datawarehouse and other reporting systems to build efficiencies and effectiveness for the school, and led the effort to pull the pieces together toward developing the 10 year financing plan to enable successful accreditation of the medical school by the

LCME. Heavily involved in the development of new GME programs (in a region where most are GME-naïve institutions) and clinical practices leveraging the benefits of partnership with our affiliates, spending a significant portion of effort achieving shared goals with our partners where both sides feel that mutually beneficial goals can be realized, and wait time on successful return on investment are minimized. Participates in top-level vision setting, decision-making, issues management and integrated problem solutions.

Key successes:

- Developed a 10 year sustainable financing model for the school of medicine which did not assume the inclusion of new support from the State of California, which led to the successful preliminary accreditation by the LCME for the new UCR medical school;
- Worked with the University of California Office of the President on a temporary, start-up strategic support over 10 years, and a \$30 million line of credit to insure all revenue facets of the 10-year financial model;
- Worked with our clinical affiliates to build new primary care programs, which have eliminated the financial risks of downside operating shortfalls for the practice plan;
- Negotiated and worked with clinical affiliates on GME affiliation agreements where the school recovers not just resident salaries/benefits, but also educational and administrative overhead to cover educational infrastructure from our hospital partners;
- Develop and implement key business strategies;
- Negotiate key strategic alliances and affiliations with partners;
- Build out capital facilities for education, research and clinical care for school of medicine;
- Development of a sustainable, long term financial plan for the School of Medicine in the absence of new, incremental resources from the state;
- Key financial liaison with the UC Office of the President toward financing strategies for the UCR School of Medicine;
- Consults actively with campus leadership toward the development of administrative systems infrastructure to adequately develop and maintain a school of medicine;
- Responsible for the design of key financial and business strategies to develop and grow the school of medicine

**UNIVERSITY OF CALIFORNIA, SAN FRANCISCO**

**October 1986 – October 2010**

**Office of the Senior Vice-Chancellor –Finance and Administration**

Director – Finance and Administration

(May 1997 – October 2010)

Direct report to the Senior Vice Chancellor-Finance and Administration with accountability for all fiscal and business operations of the Immediate Office of the Senior Vice Chancellor for Finance and Administration. Serve as Chief Financial Officer and control point of Financial and Administrative Services (FAS), an organization with approximately \$220 million operating budget and 1200 FTE representing campus units of: Audit, Controller, Finance, Procurement, Budget & Resource Management, Human Resources, Police, Campus Life Services, Information Technology, Capital Programs & Facilities Management, Campus Planning, Real Estate and the Office of Legal Affairs. Serves as the Senior Vice Chancellor's delegate and representative on issues of campus-wide interest.

Key responsibilities:

- Step 3 institutional officer for PPSM 70 grievances for unrepresented employees
- Responsible for management of the FAS control point, including coordination and management the FAS organization annual budget-call process and allocation to departments. Work collaboratively with the finance and business managers within the FAS organization, and represents the FAS financial interests as a member of the campus Executive Budget Committee;

- A direct report to the SVC, convenes and chairs the FAS Finance Managers committee, with key responsibilities to inform/communicate, provide direction related to financial coordination in the control point, develop budget increase/reduction plans to enable balancing of the budget towards targets. SVC liaison with Dean's Offices and other control points to ensure that FAS budgets are appropriately implemented and/or reductions contemplated and implemented throughout the enterprise do not jeopardize appropriate levels of controls, or unduly harm the academic mission;
- Serve as the Senior Vice Chancellor's liaison on all issues related to affiliation agreements between UCSF and external institutions. Works collaboratively with campus control point partners in the institutional management and oversight of several key strategic research affiliations between UCSF and research affiliates. Key campus liaison for the SF-VA NCIRE agreement and serves as institutional signatory for the approval of the SF-VA NCIRE joint personnel (JPA) agreements;
- Senior Vice Chancellor decision support and senior analyst for many emerging business issues toward the development and implementation of Institutional Affiliation Agreements with non-UCSF research institutes with the Clinical and Translational Science Initiatives, threading together service and service delivery model agreements spanning and crossing organizations enterprise-wide;
- Designated functional owner of Identity Management system (IID), and chair of the Campus Identity Management advisory committee, and co-chair of the Enterprise Identity and Systems Access committee. Key stakeholders and continuous dialogue with campus CIO, Enterprise Information Security at the campus and medical center, Privacy Office, Legal Affairs, Police and all Dean's Offices and Vice Chancellor offices;
- Regularly interacts and serves as a key liaison with campus control points and the UCSF Medical Center on financial as well as other issues of shared interest. Functions with delegated authority of the Senior Vice Chancellor, and provides input and recommendations to senior leadership on key issues;
- Represents the Senior Vice Chancellor on several broad based campus workgroups to advise and support development and implementation of Global Health efforts, including development of new affiliation agreements and other proposals for academic alliances (national and international), new affiliation agreements for the CTSI, as well as other proposed affiliation efforts;
- Consult actively with FAS departments as well as other campus units on business planning and analysis for large, multi-faceted collaborations and project initiatives.

**Dean's Office-School of Medicine**

UCSF - School of Medicine, Dean's Office (SFGH and Parnassus) September 1995 – April 1997

Oversight for the activities of UCSF at SFGH divisional managers of the Dean's Office units including the Library, Emergency Services, University Personnel Services and Medical Staff Office. Lead LCME data collection coordinator for the Dean's Office School of Medicine for LCME accreditation, including data validation and verification amongst all other UCSF schools, institutes and non-UCSF affiliated institutes.

**Department of Orthopaedic Surgery**

Chief Administrator

(October 1986 – September 1995)

Serve as Chief Administrative Officer for an academic department with approximately 16 FTE full-time faculty, 110 FTE administrative staff, and 150 other clinicians and non-faculty academics (part-time and well as other without salary (WOS) academic personnel.) Developed financial methodology for the Orthopaedic Surgery compensation plan including the first model of the bonus Z methodology, requiring overhaul and redesign of the information systems required for financial budgeting, overhead distribution decisions and reporting; Senior staff of the department, work in tandem with leadership in the development of long and short range strategic planning with oversight and responsibility over business operations and financial forecasting for all clinical, research, teaching and administrative operations of the department. Negotiate and collaborate with the Medical Center hospital administrators on joint collaborations, negotiate fair financial contributions and strategic support on key initiatives between medical center and department. Departmental management including ten geographic sites (Parnassus, Mt. Zion, SFGH, Marin and VA), including multi-site clinical operations, multi-satellite orthotics and prosthetics facilities, UCSF Tissue and Eye Bank transplant services, three research laboratories, and the Orthopaedic Surgery residency teaching program. Developed complex business plans which led to the acquisition of two San Francisco Orthotics and Prosthetics facilities, merging them into university practices, as well developed business plans for the UCSF Tissue Bank, which included delegation of authority by the Chair in negotiations leading to several key collaborative relationships with two county governments as well as various related organizations involved in tissue banking. In-depth understanding of the complexities of compliance, controls, risks and operations balance. Aggregate operating budget of \$9 million annually representing \$20 million annual gross professional fee and other service billings.

**STATE OF HAWAII**

**November 1982 – July 1986**

**Department of Accounting and General Services**

Budget Analyst

(November 1985 – July 1986)

Financial resource planning, long range and short range strategic planning and budget forecasting and analysis. Work with program managers on development and analysis of capital and operating resource plans, evaluation of expenditure plans and significant variances. Draft communications for Director and State Comptroller including legislative testimony and/or written responses for both Governor's Office and legislative requests and queries.

**Department of Hawaiian Home Lands**

Program Management Analyst

(November 1982 – November 1985)

Analyze management practices, operations, procedures and work processes of various units; compile and evaluate data, research statutes, administrative rules, and policies to ascertain statutory and administrative requirements.

## **SERVICE, MEMBERSHIPS, AWARD, APPOINTMENTS AND PRESENTATIONS**

2013-2016	UCR Campus Counsel/Legal Affairs Advisory Committee
April 2013	University Planning Committee
May 2013	Keynote speaker, Epsilon Delta Iota honor society, UCR campus
May 2013	Honorary lifetime Member, Epsilon Delta Iota honor society
June, 2012	Speaker APAHE annual Pathways to Leadership, Pomona, CA
2010 – 2016	UCR Chief Financial and Administrative Officers Group
2010 – 2016	UCR Chief Financial and Human Resources Officers Group
2010 – 2016	UCR Enterprise Risk Management Group
2010 2016	UCR Legal Affairs Advisory Group
1998 - 2010	Mentor, UCSF Academic Business Officers Group Mentorship Program
2009, 10,13	Scholarship applications reader, Ronald McDonald House Charities
2010,11,12	Asian Pacific Americans in Higher Education mentor
2004 - 2010	UCSF Step 3 Institutional Grievance Officer
2001 - 2010	UCSF FAS Step I Grievance Officer
2000 – 2010	Member, UCSF Executive Budget Committee
2001 - 2010	Staff to the UCSF Chancellor's Steering Committee on Nuclear, Biological, Chemical and Cyber Terrorism
January 2009	Panelist - UCSF ABOG leadership series presentation
2000 - 2010	Chair, UCSF FAS Finance and Business Managers committee
2001 - 2003	Co-Chair, UCSF Student Information Systems Advisory Committee
2000 – 2010	Member, various advisory committee for campus recharges (FAS desk-top support, IT voice, Human resources)
2000 -2010	Member, UCSF IT Governance-Administrative Systems Advisory Committee
2002 - 2007	Member, UCSF Financial Systems Advisory Committee
1997 – 2002	Campus liaison and lead negotiator- Substance Abuse Contract - Gallo Research Center
1997 - 2010	Member, UCSF Finance and Administration Leadership Group
2000 - 2010	Member, UCSF FAS Management Group
2000 – 2010	Member, UCSF SVC Direct Reports
2000 - 2010	Chair, UCSF FAS Resource Management and Financial Reporting Committee
2000 - 2008	Steering Committee, UCSF Academic Business Officers Group
1998 - 2010	Mentor, UCSF Academic Business Officers Group Mentorship Program
2003 - 2004	UCSF Chancellor's Coordinating Committee on the Quality of Work Life for Staff
2003 – 2005	UCSF Chancellor's Committee on the Quality of Worklife
2003 – 2010	Chair, UCSF-NCIRE Affiliation workgroup
2005 -2010	UCSF Chancellor's Worklife Council
2005, 2006	HIPAA privacy committee workgroup
2006 – 2010	Member, UCSF Chancellor's Occupational Health Steering Committee
2007 –2010	Chair, Identity Management Advisory Committee
2007 – 2010	Chair, UCSF/Gladstone Institutes Affiliation workgroup
2007 -2010	Chair, UCSF/Gladstone Institutes "Affiliation Agreement" sub-group
2007 - 2010	Member, UCSF/Gladstone Institutes Finance sub-group
2007 - 2010	Member, UCSF Chancellor's Committee on Occupational Health and Safety Issues
2007 – 2010	Chair, UCSF CTSI affiliations workgroup
2009, 2010	Co-Chair, UCSF Red Flags Rule implementation task force

## **PROFESSIONAL AFFILIATIONS**

AAMC American Association of Medical Colleges  
Society for College and University Professionals  
National Association of College and University Business Officers  
Western Association of College and University Business Officers

Jocelyn Nakashige

APAHE Asian Pacific Americans in Higher Education

#### **COMMUNITY SERVICE**

##### **EVAN M NAKASHIGE FOUNDATION**

**April 2017 – Present**

##### **President and Chair of the Board**

The Evan M Nakashige Foundation is a 501c3 IRS approved public charity seeking to reduce the stigma associated with mental illness and growing capacity and access to mental health services for young adults with a focus on young adults in college. Current priorities are focused on providing strategic consulting to colleges and universities toward creating sustainable business plans which significantly grow and increase the number of individuals practicing in a behavioral health profession.

#### **EDUCATION**

Master of Arts (MA), University of Hawaii at Manoa  
Bachelor of Arts (BA) University of Hawaii at Manoa

**REFERENCES AVAILABLE UPON REQUEST**

**John Q. Landers, Jr.**

## **Summary**

Managing Director with over 40 years of experience in health care investment banking and strategic leadership. Expertise spans across investment banking, healthcare M&A, and high-level client relationships. A strong academic foundation complemented by a distinguished career in both finance and research, including leadership roles at Morgan Stanley and Blyth Eastman Paine Webber. Proven track record of success in managing large financing teams, developing comprehensive finance plans, and working with clients to achieve strategic short and long term goals. Acted as lead investment banker/advisor to some of the largest health systems on the west coast, as well as large national systems, academic medical centers, and regional hospitals.

## **Work Experience**

### **Managing Director/Senior Advisor**

*Morgan Stanley, San Francisco, CA*

**February 1, 1991 – Present**

- Worked with senior management of major healthcare institutions to develop capital raising strategies for major projects and strategic investments.
- Responsible for financing plan development, M&A processes, credit strategies to optimize strategic and cultural goals of our clients.
- Led Board level presentations to achieve senior management objectives.
- Cultivated and maintain long-term relationships with top-tier clients, providing exceptional customer service and advising on high-stakes financial matters.
- Ensured regulatory compliance, risk management, and adherence to industry standards in all financial dealings.

### **Managing Director, West Coast Health Care Investment Banking**

*Blyth Eastman Paine Webber, San Francisco, CA*

**1979 – 1991**

- Directed and managed the West Coast Healthcare Investment Banking for Blyth Eastman Paine Webber, focusing on capital generation strategies for healthcare institutions.
- Cultivated and nurtured relationships with healthcare executives, investors, and stakeholders to facilitate deal-making and capital creation.
- Led the team in evaluating and executing healthcare-related transactions, including mergers and acquisitions, providing advisory services for high-stakes financial decisions.

**Research Analyst**

*Memorial Sloan Kettering, New York, NY*

**1976 – 1977**

- Contributed to groundbreaking hormone receptor cancer research, working alongside senior advisors and researchers.
- Assisted in the development and execution of experiments, including data collection, analysis, and interpretation of findings.
- Co-authored and published two articles on red blood cell hormone receptor research, contributing to the scientific understanding of cancer biology.

**Education**

**Columbia University School of Business, MBA, 1979**

**Harvard University, AB in Biology, 1976**

**Punahou School, 1972**

**Teaching/Speaking**

- Golden Gate University-Guest Lecturer on Health Care Capital Finance
- Haas School of Business-Guest Lecturer on Ethics in Investment Banking

**Certifications**

- **Series 7** — FINRA
- **Series 53** — Municipal Securities Principal
- **Series 63** — Uniform Securities Agent State Law Exam

**Personal**

Meadow Club former President and Board Member

Member of the Pacific Union Club

Former Member of Morgan Stanley Community Outreach Committee

40 year resident of Marin County