MarinHealth Medical Center

Performance Metrics
and
Core Services Report

Q2 2025

December 2, 2025

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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	**Schedule 1**
(C) Community Commitment	1. In coordination with the General Member, the MGH Board must publish the results of its biennial community assessment to assess MGH's performance at meeting community health care needs.	Annually	In Compliance	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	**Schedule 2**
	2. MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly	In Compliance	**Schedule 2**

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	**Schedule 3**
(B) Patient Satisfaction and Services	1. MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.	Quarterly	In Compliance	**Schedule 1**
	2. MGH Board will report external awards and recognition.	Annually	In Compliance	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	**Schedule 4**
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	**Schedule 4**
	3. MGH Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities.	Annually	In Compliance	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	**Schedule 5**
(E) Volumes and Service Array	1. MGH Board will develop a strategic plan for MGH and review the plan and its performance with the General Member.	Annually	In Compliance	The updated MGH Strategic Plan was presented to the MGH Board on 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	**Schedule 2**
	4. MGH Board will report on current Emergency services diversion statistics.	Quarterly	In Compliance	**Schedule 6**
(F) Finances	1. MGH Board will provide the audited financial statements.	Annually	In Compliance	The MGH 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	**Schedule 2**
	3. MGH Board will provide copies of MGH's annual tax return (Form 990) upon completion to General Member.	Annually	In Compliance	The MGH 2024 Form 990 was filed on November 14, 2025.

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

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

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 1st (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 planning 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%			
Loan Ratios						
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%			
Key Service Volumes	**Total 2024**	**Q1 2025**	**Q2 2025**	**Q3 2025**	**Q4 2025**	**Total YTD 2025**
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

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)

and

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

MHMC Performance Metrics and Core Services Report
Q2 2025

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.

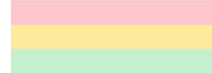
Next Steps:

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

MHMC Performance Metrics and Core Services Report
Q2 2025

Quality Managment 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%^	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 ≥ 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 Hemorrahage or Hematoma, Post-op Acute Kidney Injury, Post-op Respiratory Failure, Periop Pulminary Embolism or DVT, Post-op Sepsis, Post-op Wound Dehiscense, Accidental Laceration/Puncture
MRSA Blood Stream Infections	A positive test for a bacteria blood stream infection ≥ 4 days after admission
Patient Falls with Injury	A fall that resulted in harm that required intervention by medical staff (and reportable to CMS)
Serious Safety Events (patients)	A gap in care that reached the patient, causing a significant level of harm
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

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

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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/Offer 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

	METRIC	CMS**	2024	Q1 -2025	Q2 -2025	Q3 -2025	Q4-2025	Q4-2025 Num/Den	Rolling 2025 YTD	2025 YTD Num/Den
	♦ **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**

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	♦ 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)**	**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					
	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					
	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

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♦ 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		**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 +

		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%**

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♦ 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%

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	♦ 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 2012- June 2023**
PAY-AMI	Acute Myocardial Infarction (AMI) Payment Per Episode of Care	$28,355	**$28,746**	**$27,962**	$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
	METRIC	**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

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♦ 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.

Cash & In-Kind Donations (these figures are not final and are subject to change)					
	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Total YTD 2025
Buckelew	$ 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 Clincs	$ 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
Total Cash Donations	**$ 10,516,230**	**$ 10,894,000**	**$ -**	**$ -**	**$ 21,410,230**
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					$ -
Total In-Kind Donations	**$ 18,012**	**$ 16,890**	**$ -**	**$ -**	**$ 34,902**
Total Cash & In-Kind Donations	**$ 10,534,242**	**$ 10,910,890**	**$ -**	**$ -**	**$ 21,445,132**

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 YTD 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 **Operation Access total is included in Charity Care*	$ 47,471	$ 119,241			$ 166,712
Government Sponsored Health Care *(includes Medi-Cal & Means-Tested Government Programs)*	$ 15,246,728	$ 14,983,705			$ 30,230,433
Community Benefit Subtotal (amount reported annually to state & IRS)	**$ 26,823,498**	**$ 26,619,050**	**$ -**	**$ -**	**$ 53,442,548**
Unpaid Cost of Medicare	$ 40,249,044	$ 41,097,723			$ 81,346,767
Bad Debt	$ 508,771	$ 622,287			$ 1,131,058
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total	**$ 67,581,313**	**$ 68,339,060**	**$ -**	**$ -**	**$ 135,920,373**

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 YTD 2025
*Operation Access charity care provided by MGH (waived hospital charges)	$46,444	$14,665			**$61,109**

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%
Q2 2025	**677**	**17**	**1**	**2.66%**

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%
Q2 2025	**1**	**48**	**677**	**726**	**6.75%**	**6.61%**	**0.14%**

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
Q2 2025	**31**	**18**	**13**

MHC 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