



MarinHealth Medical Center

Performance Metrics and Core Services Report

Annual Report 2025

June 2, 2026

MarinHealth Medical Center (Marin General Hospital)
Performance Metrics and Core Services Report: **ANNUAL REPORT 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 an "Accredited" decision with an effective date of October 25, 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 2025 (Annual Report) was presented to MGH Board and to MHD Board in June 2026.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2026 was presented for approval to the MGH Board in April 2026.
	7. MGH Board must include quality improvement metrics as part of the CEO and Senior Executive Bonus Structure for MGH.	Annually	In Compliance	CEO and Senior Executive Bonus Structure includes quality improvement metrics.
(B) Patient Satisfaction and Services	MGH Board will report on MGH's HCAHPS Results Quarterly.	Quarterly	In Compliance	Schedule 1
(C) Community Commitment	1. In coordination with the General Member, the MGH Board must publish the results of its biennial community assessment to assess MGH's performance at meeting community health care needs.	Annually	In Compliance	Schedule 2
	2. MGH Board must provide community care benefits at a sufficient level to maintain MGH's non-profit tax exempt status.	Quarterly	In Compliance	MGH continues to provide community care and has maintained its tax exempt status.
(D) Physicians and Employees	MGH Board must report on all Tier 1 "Physician and Employee" Metrics at least annually.	Annually	In Compliance	Schedule 3 Schedule 4
(E) Volumes and Service Array	1. MGH Board must maintain MGH's Scope of Acute Care Services as reported to OSHPD.	Quarterly	In Compliance	All services have been maintained.
	2. MGH Board must maintain MGH's services required by Exhibit G to the Loan Agreement between the General Member and Marin County, dated October 2008, as long as the Exhibit commitments are in effect.	Quarterly	In Compliance	All services have been maintained.
(F) Finances	1. MGH Board must maintain a positive operating cash-flow (operating EBITDA) for MGH after an initial phase in period of two fiscal years, and then effective as a performance metric after July 1, 2012, with performance during the phase in period monitored as if a Tier 2 metric.	Quarterly	In Compliance	Schedule 5
	2. MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly	In Compliance	Schedule 5

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TIER 2 PERFORMANCE METRICS

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

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs).	Quarterly	In Compliance	Schedule 6
(B) Patient Satisfaction and Services	1. MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.	Quarterly	In Compliance	Schedule 1
	2. MGH Board will report external awards and recognition.	Annually	In Compliance	Schedule 7
(C) Community Commitment	1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly	In Compliance	Schedule 8
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	Schedule 8
	3. MGH Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities.	Annually	In Compliance	Schedule 2
	4. MGH Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.	Annually	In Compliance	Schedule 5
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	Schedule 9
(D) Physicians and Employees	1. MGH Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.	Annually	In Compliance	Schedule 10
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	Schedule 3 Schedule 4
	3. MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.	Quarterly	In Compliance	Schedule 11
(E) Volumes and Service Array	1. MGH Board will develop a strategic plan for MGH and review the plan and its performance with the General Member.	Annually	In Compliance	The updated MGH Strategic Plan was presented to the MGH Board on 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 5
	4. MGH Board will report on current Emergency services diversion statistics.	Quarterly	In Compliance	Schedule 12
(F) Finances	1. MGH Board will provide the audited financial statements.	Annually	In Compliance	The MGH 2024 Independent Audit was completed on April 23, 2026.
	2. MGH Board will report on its performance with regard to industry standard bond rating metrics, e.g., current ratio, leverage ratios, days cash on hand, reserve funding.	Quarterly	In Compliance	Schedule 5
	3. MGH Board will provide copies of MGH's annual tax return (Form 990) upon completion to General Member.	Annually	In Compliance	The MGH 2024 Form 990 was filed on November 14, 2025.

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EXECUTIVE SUMMARY

Q4 2025 HCAHPS

Time Period

Q4 2025 HCAHPS Survey with Press Ganey Benchmarks (n=244)

Accomplishments

Overall Hospital Rating & Likelihood to Recommend sustained > 50thp

Responsiveness >50thp

Discharge Information >50thp

Restful Environment 49thp

Doctors Communication (46thp)

Areas for Improvement

Nurse Communication

Hospital Environment

Communication about Medications

Care Coordination & Care Transitions

Information About Symptoms

Data Summary

2025 has updated questions (see report):

Quietness moved from Hospital Environment to Restful Domain

Care Transitions to Care Coordination Domain

Information about Symptoms as own Domain

Reporting HCAHPS Press Ganey percentile rank among all PG database (Natl n=2476) 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; Physician bedside rounding and feedback sessions, Geographic Assignments on Med/Surg, Hourly rounding on Medical/Surgical units, among other efforts.
- Sr Leader rounding on Med/Surg, ED, Cardiac Units

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Schedule 1: HCAHPS

(Hospital Consumer Assessment of Healthcare Providers & Systems)

- **Tier 1, Patient Satisfaction and Services**
The MGH Board will report on MGH's HCAHPS Results Quarterly.
- **Tier 2, Patient Satisfaction and Services**
The MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.

Q4 2025 Inpatient (HCAHPS) Patient Experience Dashboard

	Q4 2024				Q1 2025				Q2 2025				Q3 2025				Q4 2025		
	Top Box	Nat. Rank	CA Rank		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	79.45%	82	79	Rate Hospital 0-10	78.97%	84	81	Rate Hospital 0-10	77.36%	78	74	Rate Hospital 0-10	76.29%	73	69	Rate Hospital 0-10	75.46%	68	59
Recommend the Hospital	80.60%	83	74	Recommend the Hospital	82.04%	87	78	Recommend the Hospital	83.54%	88	82	Recommend the Hospital	81.63%	84	73	Recommend the Hospital	80.73%	81	72
Communication with Nurses	77.18%	28	30	Communication with Nurses	76.65%	31	40	Communication with Nurses	75.65%	22	27	Communication with Nurses	74.90%	18	19	Communication with Nurses	75.99%	21	22
Responsiveness of Hospital Staff**	66.72%	62	68	Responsiveness of Hospital Staff**	62.61%	55	61	Responsiveness of Hospital Staff**	63.63%	57	53	Responsiveness of Hospital Staff**	62.74%	51	54	Responsiveness of Hospital Staff**	64.23%	61	67
Communication with Doctors	79.54%	44	46	Communication with Doctors	80.33%	58	70	Communication with Doctors	79.89%	55	56	Communication with Doctors	79.58%	51	50	Communication with Doctors	78.81%	44	46
Hospital Environment ***	64.31%	39	52	Hospital Environment ***	70.22%	41	35	Hospital Environment ***	67.09%	22	9	Hospital Environment ***	70.44%	35	20	Hospital Environment ***	68.61%	25	13
Communication about Medications	59.96%	38	27	Communication about Medications	58.92%	37	27	Communication about Medications	64.83%	71	57	Communication about Medications	61.42%	48	32	Communication about Medications	59.26%	40	23
Discharge Information	89.07%	69	65	Discharge Information	85.96%	46	39	Discharge Information	87.03%	53	46	Discharge Information	89.18%	75	66	Discharge Information	88.56%	69	58
Care Transitions	51.68%	39	28	Restful Hospital Environment	55.08%	37	34	Restful Hospital Environment	53.58%	28	23	Restful Hospital Environment	55.45%	36	34	Restful Hospital Environment	57.50%	53	49
"n" 398				Care Coordination	68.68%	30	27	Care Coordination	70.11%	31	30	Care Coordination	72.39%	45	45	Care Coordination	66.38%	14	10
				Information About Symptoms	68.20%	35	32	Information About Symptoms	72.07%	51	50	Information About Symptoms	73.01%	57	49	Information About Symptoms	70.52%	43	35
				"n" 325					331				330				244		

Green = Above the 50th percentile

Red = Below the 50th percentile

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

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Schedule 1, continued

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

National Benchmark = 2,476 hospitals

CA Benchmark = 129 hospitals

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?"
- (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.

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Schedule 2: Community Health and Education

➤ **Tier 1, Community Commitment**

In coordination with the General Member, the Board must publish the results of its triennial community assessment to demonstrate MarinHealth's performance at meeting community health care needs.

➤ **Tier 2, Community Commitment**

The Board will maintain a Community Health Improvement Activities Summary to provide to the General Member, summarizing programs and participation in community health and education activities.

Community Health Improvement Services		
Event	Description	Recipients
Braden Diabetes Center	Free diabetes support groups, Diabetes Self-Management, Lunch n' Learn, National Diabetes Day, education, and screenings	Persons with diabetes, and their families, persons at risk to develop diabetes
Breast Health Center	Provided low-cost mammograms	Low-income and underserved women
Breastfeeding Telephone Support Line	Free education, counseling and breastfeeding support	Breastfeeding women
Center for Integrative Health and Wellness	Education and support group events (healthy weight for wellness, Qi Gong, cancer support groups, etc.). Assistance with accessing needed resources	Persons with chronic disease or at risk of developing chronic disease
Community District Events	Family wellness, health education, screenings, and resources	Youth, families, persons with chronic disease or at risk of chronic disease, underserved populations, and the public
Community Nutrition Education Telephone Support Line	Free advice line open to the community for nutrition information	Persons in need of specific nutrition support and the public
Compassionate Discharge Services and Medications	Covered cost of services and medications upon discharge	Uninsured and underinsured patients, economically unstable people, persons experiencing homelessness
CPR and First Aid	CPR classes and first aid focused on infants and children. CPR, Stop the Bleed trauma education, and Narcan education	Parents and children, and the public
Health Connection e-Newsletter, Educational Outreach and Podcasts	Free monthly newsletter, community education events, and podcasts on a variety of health topics	General public
Infant Care and Childbirth Series	Classes on infant care topics	Pregnant women and family caregivers

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Community Health Improvement Services		
Event	Description	Recipients
Preventive Screenings	Free screenings for blood pressure, glucose, vascular disease, and stroke education	Underserved populations that lack access to preventive health care services
Senior Wellness Events	Senior health fairs, nutrition education, food safety, hydration	Seniors and family caregivers
Shuttle Program for Seniors	Free shuttle service for seniors in the Behavioral Health program	Seniors in need
The Mom's Support Group, New Father's Class, and Pathways	Free support groups that discuss newborn care, breastfeeding, parenting, etc.	Parents and family caregivers
Transportation	Free taxi vouchers	Vulnerable populations who lack transportation to medical services

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

The 2025 annual community benefit report is posted at:
<https://www.mymarinhealth.org/about-us/community-benefit/>.

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Schedule 3: Physician Engagement

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

Overall MarinHealth 2025 Provider Engagement Survey Results

2025 Participation Rate = 39.8% [48.8% in 2024]

Source: Professional Research Consultants, Inc.

Asked of Providers:

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

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	118 [117 in 2024]	41.0% [36.4% in 2024]
Very Good	106 [130 in 2024]	36.8% [40.5% in 2024]
Good	55 [61 in 2024]	19.1% [19.0% in 2024]
Fair	7 [12 in 2024]	2.4% [3.7% in 2024]
Poor	2 [1 in 2024]	0.7% [0.3% in 2024]

Percentile Ranking: 51st Percentile [44th percentile in 2024]
Total Number of Responses: 288 Providers [321 responses in 2024]

Asked of Providers:

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

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Excellent	97 [101 in 2024]	33.7% [31.2% in 2024]
Very Good	103 [103 in 2024]	35.8% [31.8% in 2024]
Good	59 [79 in 2024]	20.5% [24.4% in 2024]
Fair	22 [26 in 2024]	7.6% [8.0% in 2024]
Poor	7 [15 in 2024]	2.4% [4.6% in 2024]

Percentile Ranking: 38th Percentile [33rd percentile in 2024]
Total Number of Responses: 288 Providers [324 responses in 2024]

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Schedule 4: Employee Engagement

Overall MHMC 2025 Employee Engagement Study Results
Source: MHMC Employee Engagement Pulse Survey

<i>Asked of Employees:</i> “OVERALL, HOW SATISFIED ARE YOU WITH MARINHEALTH AS A PLACE OF WORK?”		
<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
Very Satisfied	278 [346 in 2024]	28% [33% in 2024]
Satisfied	417 [482 in 2024]	42% [46% in 2024]
Neither Dissatisfied Nor Satisfied	139 [136 in 2024]	14% [13% in 2024]
Dissatisfied	89 [22 in 2024]	9% [5% in 2024]
Very Dissatisfied	70 [31 in 2024]	7% [3% in 2024]
Total Number of Responses: 994 (60%) [1049 (67%) in 2024]		

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Schedule 5: Finances

➤ **Tier 1, Finances**

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

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

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

Financial Measure	Final 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	
EBIDA \$ (in thousands)	\$65,850	\$15,736	\$33,440	\$50,763	\$68,406	
EBIDA %	10.09%	9.00%	9.60%	9.60%	9.60%	
Loan Ratios						
Annual Debt Service Coverage	2.48	2.06	2.23	1.89	2.10	
Maximum Annual Debt Service Coverage	2.48	2.06	2.20	1.87	2.07	
Debt to Capitalization	57.0%	52.2%	51.2%	50.2%	47.9%	
Key Service Volumes	Total 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Total 2025
Acute discharges	10,322	2,682	2,787	2,835	2,787	11,091
Acute patient days	50,356	13,802	13,788	12,961	13,391	53,942
Average length of stay	4.88	5.15	5.04	4.88	4.86	4.86
Emergency Department visits	44,412	10,953	10,893	11,066	10,751	43,663
Inpatient surgeries	1,759	461	491	496	526	1,974
Outpatient surgeries	6,373	1,483	1,475	1,489	1,627	6,074
Newborns	1,279	315	322	344	371	1,352

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Schedule 5, continued

➤ **Tier 2, Community Commitment**

The Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.

MHMC Major Capital Expenditure Report For the Period January – December 2025

Major Capital Expenditures	Amount
1251.9381 Petaluma Medical Hub	2,005,748.84
1251.9385 Workday ERP Implementation	1,383,016.27
1251.9386 1260 S. Eliseo Drive MRI Replacement	994,424.95
1251.9390 Administration Support Consolidation	231,120.65
1251.9397 1350 S. Eliseo Elevator Upgrade	184,491.22
PROJ100008 Redwood Perioperative Lighting & Power	404,503.85
PROJ100010 23 Reed Blvd Reconfiguration	564,017.39
PROJ100012 2 Bon Air 150 Cardiac Surgeons	900,621.43
PROJ100018 4000 CC Plumbing Renovations	211,152.44
INGENIA AMBITION X	1,316,317.10
Blanket Line	706,893.51
HYDROS ROBOTIC SYSTEM	433,499.00
EPIQ CVx Ultrasound system	316,366.72
PO 324151CAP	313,028.28
MR SUBSCRIPTION 60 MONTHS	275,000.00
MALDI BIOTYPER SIRIUS ONE CA SYS 1890232	218,000.00
ROTATION	163,035.26
Dell Servers for new VM Environment	148,376.09
EPIQ Elite Diagnostic Ultrasound System	138,307.61
ALC CENTURION/AS HP/LUXOR/IMOS VIDEO	131,800.87
Blanket Line	128,921.00
Patient Information Center iX Expand	126,240.84
BASE UNIT ESSENZ	120,175.02
1688 AIM 4K INLINE CAMERA HEAD AND AIM 4K COUPLER K	100,306.05
BD Alaris PC unit, model 8015 (v12.3.2)	278,666.70
CATALYST 9300 48-PORT(12 MGIG, 36 2.5GBPS) NETWORK	131,394.26
CDI ONEVIEW	213,144.25
Cisco Secure Firewall 3120 ASA Appliance, 1U	147,398.82
CONTROL UNIT Essenz	183,526.97
DOSEMONITOR SOFTWARE	105,000.00
Guardrails Point-of-Care Software for Alaris PC units	135,225.00
HEMOSPHERE ADVANCED MONITORING SYSTEM	332,687.51
Hillrom PROGRESSA+ ICU BED	204,830.90
IntelliVue MMX	658,472.19
IntelliVue MX450 US	214,801.52
Roll Stand: MX400-800, MP40-70, MP5	141,814.99
Other Capital under \$100K	2,778,184.65
Total Major Capital Expenditures	17,040,512.15
Major Construction in Progress Expenditures	
PROJ100013 Bloom Energy	3,723,340.34
1251.9336 Pharmacy Compounding	2,927,588.78
PROJ100014 Inpatient Capacity	1,609,186.82
1251.9364 2030 Seismic Study	977,438.91
1251.9391 Cypress Pavilion Generator	497,330.70
PROJ100021 Ambulatory Surgery Building	340,101.00
1251.9370 Fire Alarm Expansion	254,037.92
PROJ100017 1350 SE Cooling Tower	160,694.00
Other CIP Under \$100K	303,165.29
Total Construction in Progress	10,792,883.76
Total Capital Expenditures	27,833,395.91

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Schedule 6: Clinical Quality Reporting Metrics

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

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

CLINICAL QUALITY METRICS DASHBOARD

Metrics are publicly reported on

CalHospital Compare (www.calhospitalcompare.org)

and

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

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EXECUTIVE SUMMARY

Q4 2025 Quality Management Dashboard

(Organization Targets Based on Natl Metrics)

Accomplishments

- All-Cause Mortality rate (0.84)
 - Hrt Failure, Hip, Knee, Stroke, Pneumonia (0.0),
- Length Of Stay (4.78):
 - Hip (3.20)
 - Knee (2.44)
 - Stroke (4.32)
- Catheter Assoc Urinary Tract Infection-CAUTI (0)
- Falls with Injury rate (0)
- Sepsis compliance (68%)
- NEW- Social Determinants of Health (SDOH) Screening Rate 95%

Areas for Improvement or Monitoring

- AMI, Heart Failure mortality: cases reviewed, care appropriate
- Readmission rates:
 - Heart Failure: reviewed, care appropriate
 - Stroke: reviewed, care appropriate
 - Sepsis: 27.5% assessing
- Deep SSI- 12 infections- PI project launched
- PSI -90 Surgical Complications (1.35)- more than expected

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

Quality Management Dashboard
Period: Q4 2025

Legend

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

Metrics: Adult Medical/Surgical High Volume DRGs	Reporting	Target*	2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025
Mortality-All Cause (Risk Adjusted O:E)	O:E Ratio	<1.0	0.73	0.64	0.74	0.75	0.84
Mortality-Acute Myocardial Infarction	O:E Ratio		0.78	0.00	0.00	2.26	1.86
Mortality-Heart Failure	O:E Ratio		0.72	0.41	0.74	1.67	0.00
Mortality- Hip	O:E Ratio		1.11	4.54	3.22	0.00	0.00
Mortality- Knee	O:E Ratio		0.00	0.00	0.00	0.00	0.00
Mortality- Stroke	O:E Ratio		0.94	1.43	1.03	0.90	0.00
Mortality- Sepsis	O:E Ratio		0.77	0.65	0.88	0.99	1.04
Mortality- Pneumonia	O:E Ratio		0.37	0.41	1.72	0.00	0.65
Readmission- All (Rate)	Rate	<15.5%	11.54	12.97	10.83	11.90	13.41
Readmission-Acute Myocardial Infarction	Rate		7.29	4.62	8.16	13.21	11.84
Readmission-Heart Failure	Rate		16.81	25.26	20.00	20.55	16.45
Readmission- Hip	Rate		17.14	10.00	0.00	20.00	0.00
Readmission- Knee	Rate		7.98	0.00	9.09	0.00	0.00
Readmission- Stroke	Rate		8.91	19.35	15.15	16.67	10.26
Readmission- Sepsis	Rate		17.31	16.00	16.20	20.00	27.50
Readmission- Pneumonia	Rate		13.82	18.05	7.14	12.50	11.45
LOS-All Cause	Mean	4.90	4.78	4.90	5.16	4.78	4.82
LOS-Acute Myocardial Infarction	Mean		3.92	4.47	4.29	4.72	4.84
LOS-Heart Failure	Mean		5.54	5.84	4.59	5.23	6.21
LOS- Hip	Mean		4.53	4.00	3.25	3.20	7.80
LOS- Knee	Mean		4.05	3.63	4.27	2.44	2.80
LOS- Stroke	Mean		6.01	6.86	5.84	4.32	3.95
LOS- Sepsis	Mean		8.72	8.01	10.16	8.44	7.65
LOS- Pneumonia	Mean		6.16	5.87	6.12	6.18	5.32
Metrics: HAIs, Sepsis, Harm Events	Reporting	Target**		Q1 2025	Q2 2025	Q3 2025	Q4 2025
CAUTI (SIR)	SIR	<1.0	0.92	0.00	0.00	0.00	0.00
Hospital Acquired C-Diff (CDI)	SIR	<1.0	0.29	0.71	0.17	0.92	0.00
Surgical Site Infection (Superficial)	# Infections		9	1	2	6	6
Surgical Site Infection (Deep, Organ Space and Joint)	# Infections		15	5	8	10	12
SSI	SIR	<1.0 SIR	0.64	0.81	1.34	1.73	TBD
Sepsis Bundle Compliance	% Compliance	63%^	67%	66%	69%	61%	68%
Hospital Acquired Pressure Injury (HAPI)	# HAPI	<=1	1	0	1	1	0
Patient Falls with Injury	# Falls	<=1.0	1	0	0	0	0
PSI 90 / Healthcare Acquired Conditions	Ratio	<1.0	1.65	0.43	0.84	0.72	1.35
Serious Safety Events	# Events	<=1	2	1	1	0	2
Metrics: Health Equity	Reporting	Target**	2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025
Social Determinants of Health Screening Rates %	% Screened	TBD	60.00	91.50	92.50	92.00	*94.7%
Domain Positive Rates							
Food Insecurity			5.70	5.40	6.40	7.40	0.07
Housing Insecurity			6.70	6.70	6.20	7.00	0.06
Transportation Risk			5.40	2.30	5.20	5.80	0.06
Utility Risk			2.70	5.40	2.80	3.00	*3.6%
Interpersonal Safety			0.60	0.40	0.50	0.60	0.01

+ estimated rates pending APeX report correction.

* 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
	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

Annual Report 2025



EXECUTIVE SUMMARY

Q4 2025 Core Measures Dashboard

CMS Hospital IQR (Inpatient Quality Reporting) Program

Time Period

Q4 2025- publicly reported metrics (contributing to Star Rating)

Accomplishments

- STK-4 Thrombolytic Therapy: 100% (3/3)
- Sepsis bundle (SEP): 68% (105/155)
- Perinatal measures: PC-01 Elective Delivery 0% (0/19)
- ED Inpatient Admit-Departure Time (ED-2) 84 minutes (compared to CMS 99 min)
- Actual to Expected Infection Rates: Jan 2024 – Dec 2024(<1.0 = better):
 - Surgical Site Infection (SSI)-Colon 0.86
 - Central Line Infection (CLABSI): 0.73
 - Urinary Catheter Infection (CAUTI): 0.92
 - C-difficile Infection: 0.30
 - Methicillin Resistant Staph Aureus Bacteremia (MRSA): 0
- Q4 2025 CAUTI 0.0, C-diff 0.0, MRSA 0.0
- Surgical Complications Composite Measure (PSI-90): 0.87, less than expected,
- Mortality Rates lower than prior year, except Pneumonia (6.7%):
 - COPD Mortality: 0%
 - CABG Mortality: Sustained 0% (4 years)

Areas for Improvement or Monitoring

- ED Outpatient Median Time: 198.5 Min (Compared to CMS 170 min)
- Q4 2025 CLABSI 1.44
- PSI-10 Post op Acute kidney injury requiring dialysis 4.44
- PSI-11 Postoperative Respiratory Failure 5.33
- PSI-12 Postop Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) 2.82
- Readmission rates: All-Cause 12.75% (Heart Failure, COPD, CABG- 3 highest)

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%	100%	100%	3/3	100%	7/7
	◆ Sepsis Measure									
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	61%	67%	66%	69%	61%	68%	105/155	66%	375/567
	◆ Perinatal Care Measure									
PC-01	Elective Delivery +	2%	3%	0%	0%	5%	0%	0/19	1%	1/70
PC-02	Cesarean Section +	TJC	20%	14%	24%	25%	26%	32/121	22%	110/498
PC-05	Exclusive Breast Milk Feeding	TJC	78%	75%	76%	72%	68%	45/66	73%	195/268
	◆ ED Inpatient Measures									
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients +	99	103.00	108.50	93.50	87.00	84.00	185--Cases	92.00	753--Cases
	◆ Psychiatric (HBIPS) Measures									
IPF-HBIPS-2	Hours of Physical Restraint Use +	0.32	0.02	0.00	0.00	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	0.00	0.00	N/A
	◆ Substance Use Measures									
SUB-2	2-Alcohol Use Brief Intervention Provided or offered	60%	88%	70%	100%	89%	45%	5/11	74%	29/39
SUB-2a	Alcohol Use Brief Intervention	77%	91%	78%	100%	100%	45%	5/11	78%	29/37
SUB-3a	Alc/Oth Drug Use Tx Provide/Offer at Disch		75%	33%	67%	25%	100%	2/2	50%	6/12
	◆ Tobacco Use Measures									
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge	71%	25%	40%	33%	0%	0%	0/3	21%	3/14
TOB-3a	3a-Tobacco Use Treatment at Discharge	40%	17%	40%	33%	0%	0%	0/3	21%	3/14
	METRIC	CMS**	2024	Q1 -2025	Q2 -2025	Q3 -2025	Q3-2025	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%	56%	67%	76%	92/121	67%	329/491
	◆ Metabolic Disorders Measure									
SMD	Screening for Metabolic Disorders	Benchmark To Be Established	88%	97%	89%	98%	95%	0/0	94%	213/226
	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	176.00	198.50	96--Cases	177.00	387--Cases
	◆ Outpatient Stroke Measure									
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	69%	94%	100%	67%	100%	40%	2/5	77%	13/17
	◆ Endoscopy Measures									
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	92%	95%	98%	91%	96%	89%	40/45	93%	143/153

**CMS National Average + Lower Number is better

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

◆ Healthcare Personnel Influenza Vaccination						
	METRIC	CMS National Average	Oct 2021 - Mar 2022	Oct 2022 - Mar 2023	Oct 2023 - Mar 2024	Oct 2024 - Mar 2025
	COVID Healthcare Personnel Vaccination	88%	96%	99%		
IMM-3	Healthcare Personnel Influenza Vaccination	80%	96%	93%	80%	88%
◆ Surgical Site Infection +						
	METRIC	National Standardized Infection Ratio (SIR)	Jan 2023 - Dec 2023	July 2023 - June 2024	Oct 2023 - Sep 2024	Jan 2024 - Dec 2024
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	0.00	0.53	0.83	0.86
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)	Jan 2023 - Dec 2023	July 2023 - June 2024	Oct 2023 - Sep 2024	Jan 2024 - Dec 2024
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.44	0.50	0.53	0.73
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.35	0.70	0.73	0.92
	METRIC	2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025
	Central Line Associated Blood Stream Infection (CLABSI)	0.73	0.00	0.00	0.00	1.44
	Catheter Associated Urinary Tract Infection (CAUTI)	0.92	0.98	0.00	0.00	0.00
◆ Healthcare Associated Infections						
	METRIC	National Standardized Infection Ratio (SIR)	Jan 2023 - Dec 2023	July 2023 - June 2024	Oct 2023 - Sep 2024	Jan 2024 - Dec 2024
HAI-C-Diff	Clostridium Difficile	1	0.36	0.38	0.39	0.30
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.46	0.41	0.44	0.00
	METRIC	2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025
HAI-C-Diff	Clostridium Difficile	0.30	0.71	0.17	0.92	0.00
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	0.00	0.00	0.00	0.00	0.00

MarinHealth Medical Center CLINICAL QUALITY METRICS DASHBOARD Publicly Reported on CalHospital Compare (www.calhospitalcompare.org) and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov/)						
	◆ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators) +					
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2019 - June 2021	July 2020 - June 2022	July 2021 - June 2023	July 2022 - June 2024
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	0.87
PSI-3	Pressure Ulcer		0.79	1.52	0.17	0.31
PSI-6	Iatrogenic Pneumothorax		0.00	0.57	0.52	0.36
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	4.44
PSI-11	Postoperative Respiratory Failure		1.88	12.01	4.41	5.33
PSI-12	Peri Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)		6.59	7.97	7.91	2.82
PSI-13	Postoperative Sepsis		3.93	1.57	0.00	1.40
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 2019 June 2021	July 2020 June 2022	July 2021 June 2023	July 2022 June 2024
PSI-4	Death Among Surgical Patients with Serious Complications +	185.37 per 1,000 patient discharges	not published**	No different then National Average	No different then National Average	No different then National Average
◆ Surgical Complications +						
		Centers for Medicare & Medicaid Services (CMS) National Average	April 2018 - March 2021	April 2019 - March 2022	April 2019 - March 2022	April 2022 - March 2024
Surgical Complication	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty +	3.6%	2.5%	3.6%	4.3%	4.0%
Page 3						
*** National Average + Lower Number is better						

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◆ Mortality Measures - 30 Day +

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2017 - Dec 2019	July 2019 - June 2021	July 2020 - June 2023	July 2021 - June 2024
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate	12.2%	10.70%	10.00%	10.00%	9.80%
MORT-30-HF	Heart Failure Mortality Rate	11.6%	8.60%	10.30%	9.30%	8.30%
MORT-30-PN	Pneumonia Mortality Rate	16.2%	13.90%	not published**	13.80%	11.60%
MORT-30-COPD	COPD Mortality Rate	8.80%	8.60%	10.00%	7.30%	8.00%
MORT-30-STK	Stroke Mortality Rate	13.30%	13.40%	13.50%	12.50%	10.60%
CABG MORT-30	CABG 30-day Mortality Rate	2.60%	2.50%	3.00%	2.30%	2.20%

◆ 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%	4.55%
MORT-30-HF	Heart Failure Mortality Rate		1.20%	3.05%	4.69%	3.82%
MORT-30-PN	Pneumonia Mortality Rate		7.09%	4.46%	2.21%	6.70%
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%	3.90%
CABG MORT-30	CABG Mortality Rate		0.00%	0.00%	0.00%	0.00%

◆ Acute Care Readmissions - 30 Day Risk Standardized +

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2018 - June 2021	July 2019 - June 2022	July 2020 - June 2023	July 2021 - June 2024
READM-30-AMI	Acute Myocardial Infarction Readmission Rate	13.60%	14.70%	13.40%	13.90%	12.50%
READM-30-HF	Heart Failure Readmission Rate	19.70%	19.50%	18.40%	17.80%	18.70%
READM-30-PN	Pneumonia Readmission Rate	16.00%	not published**	14.70%	13.90%	14.90%
READM-30-COPD	COPD Readmission Rate	18.20%	19.50%		19.10%	18.10%
READM-30-THA/TKA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.80%	4.90%	4.20%	4.10%	4.50%
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	10.70%	11.60%	10.80%	10.50%	10.60%

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2018- June 2021	July 2019- June 2022	July 2020- June 2023	July 2021- June 2024
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR) +	15.0%	14.0%	13.2%	13.9%	13.7%

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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%	12.75%
	Acute Myocardial Infarction Readmission Rate		8.75%	7.60%	8.80%	10.53%
	Heart Failure Readmission Rate		11.36%	18.18%	16.50%	20.77%
	Pneumonia (PN) 30 Day Readmission Rate		11.94%	11.84%	13.22%	10.04%
	Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate		9.68%	9.09%	20.00%	22.73%
	Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate		0.00%	0.00%	8.33%	4.65%
	30-day Risk Standardized Readmission following Coronary Artery Bypass Graft		14.29%	7.69%	7.14%	11.43%

♦ 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
		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

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Schedule 7: External Awards & Recognition

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

The Board will report external awards and recognition.

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

MHMC Performance Metrics and Core Services Report

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Schedule 8: Community Benefit Summary

➤ **Tier 2, Community Commitment**

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

The Board will report on MGH's Charity Care.

Cash & In-Kind Donations (these figures are not final and are subject to change)					
	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Total 2025
Bucklelew	\$28,750				\$28,750
Canal Alliance	\$17,250				\$17,250
Ceres Community Project	\$17,250				\$17,250
Center for Domestic Peace	\$11,500			\$2,875	\$14,375
Community Action Marin	\$11,500				\$11,500
Community Institute for Psychotherapy	\$23,000				\$23,000
ExtraFood.org				\$5,000	\$5,000
Homeward Bound	\$172,500				\$172,500
Hospice by the Bay				\$2,875	\$2,875
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
Marin Teen Girls Conference				\$575	\$575
Marin Senior Fair				\$2,875	\$2,875
MHD 1206B Clincs	\$10,010,230	\$10,894,000	\$11,337,716	\$14,282,973	\$46,524,919
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 Francisco Marin Medical School				\$2,875	\$2,875
San Geronimo Valley Community Center	\$11,500				\$11,500
Schools Rule				\$5,750	\$5,750
Schurig Center				\$1,150	\$1,150
St. Vincent de Paul Society of Marin	\$11,500			\$5,750	\$17,250
Summer Solstice				\$2,875	\$2,875
To Celebrate Life				\$17,250	\$17,250
West Marin Senior Services	\$11,500				\$11,500
Vivalon (Whistlestop)	\$11,500				\$11,500
Zero Breast Cancer				\$5,750	\$5,750
Total Cash Donations	\$10,516,230	\$10,894,000	\$11,337,716	\$14,338,573	\$47,086,519
Clothes Closet					\$0
Compassionate discharge medications				\$7,146	\$7,146
Meeting room use by community based organizations for community-health related purposes.					\$0
Charity Housing	\$9,685	\$46,881	\$125,822	\$86,350	\$268,738
Healthy Marin Partnership	\$1,511		\$1,511	\$756	\$3,778
Food donations	\$17,313	\$27,369	\$23,364	\$18,762	\$86,808
Community Engagement					\$0
Total In-Kind Donations	\$28,509	\$74,250	\$150,697	\$113,014	\$366,470
Total Cash & In-Kind Donations	\$10,544,739	\$10,968,250	\$11,488,413	\$14,451,587	\$47,452,989

MHMC Performance Metrics and Core Services Report

Annual Report 2025

Schedule 8, continued

Community Benefit Summary					
(These numbers are subject to change.)					
	1Q 2025	2Q 2025	3Q 2025	4Q 2025	Total 2025
Community Health Improvement Services	\$99,965	\$110,465	\$139,094	\$309,236	\$658,760
Health Professions Education	\$1,217,881	\$766,299	\$517,112	\$2,111,688	\$4,612,980
Cash and In-Kind Contributions	\$10,544,739	\$10,968,250	\$11,488,413	\$14,451,587	\$47,452,989
Community Benefit Operations	\$2,833	\$5,478	\$7,392	\$41,456	\$57,159
Community Building Activities	\$8,571	\$2,267	\$2,267	\$2,267	\$15,372
Traditional Charity Care <i>*Operation Access total is included in Charity Care</i>	\$47,471	\$119,241	\$182,387	\$188,710	\$537,809
Government Sponsored Health Care <i>(includes Medi-Cal & Means-Tested Government Programs)</i>	\$15,246,728	\$14,983,705	\$17,095,810	\$15,329,024	\$62,655,267
Community Benefit Subtotal (amount reported annually to state & IRS)	\$27,168,188	\$26,955,705	\$29,432,475	\$32,433,968	\$115,990,336
Unpaid Cost of Medicare	\$40,249,044	\$41,097,723	\$40,096,725	\$41,152,292	\$162,595,784
Bad Debt	\$508,771	\$622,287	\$611,014	\$719,643	\$2,461,715
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u>	\$67,926,003	\$68,675,715	\$70,140,214	\$74,305,903	\$281,047,835

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	\$15,893	\$43,050	\$335,823.29	\$441,210.29

MHMC Performance Metrics and Core Services Report

Annual Report 2025

Schedule 9: “Green Building” Status

➤ **Tier 2, Community Commitment**

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

Leadership in Energy and Environmental Design (LEED)

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

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

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

MHMC Performance Metrics and Core Services Report

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Schedule 10: Physicians on Staff

➤ **Tier 2, Physicians and Employees**

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

As of December 31, 2025, there were a total of 764 physicians and AHP's on MHMC staff:

- 310 Active Physicians
- 42 Affiliate Physicians
- 52 Consulting Physicians
- 214 Provisional Physicians
- 43 Telemedicine Physicians
- 103 Allied Health Professionals

New Physician Appointments January 1, 2025 – December 31, 2025					
	Last Name	First Name	Degree	Appointment Date	Specialty
1	Sullivan	Melissa	MD	05/27/2025	Anesthesiology
2	Edwards	William	MD	05/27/2025	Anesthesiology
3	Bhat	Pradhan	MD	12/31/2025	Anesthesiology
4	Bhandal	Harjot	MD	05/27/2025	Anesthesiology, Pain Medicine
5	Hein	Lance	PA	07/24/2025	Cardiothoracic Surgery
6	Becker-Schwarm	Candice	CNM	03/25/2025	Certified Nurse Midwife
7	Borja	Camila	CNM	04/29/2025	Certified Nurse Midwife
8	Carvajal Mejia	Melva	CNM	09/23/2025	Certified Nurse Midwife
9	Rasmussen	Cara	CNM	09/23/2025	Certified Nurse Midwife
10	Wang	Jennifer	MD	09/23/2025	Colon & Rectal Surgery
11	Shah	Jasmine	MD	08/26/2025	Critical Care Medicine
12	Ochoa Arenas	Cristhiaan	MD	09/23/2025	Critical Care Medicine
13	Baal	Joe	MD	01/30/2025	Diagnostic Radiology
14	Agarwal	Rishabh	MD	01/30/2025	Diagnostic Radiology
15	Patel	Tejal	MD	03/25/2025	Diagnostic Radiology
16	Lee	Brian	MD	04/29/2025	Diagnostic Radiology
17	Rauscher	Glenn	DO	04/29/2025	Diagnostic Radiology
18	Galinato	Anthony	MD	08/26/2025	Diagnostic Radiology
19	Gujrathi	Sunil	MD	08/26/2025	Diagnostic Radiology
20	Jansen	Jeremiah	MD	08/26/2025	Diagnostic Radiology
21	Larjani	Hasti	MD	08/26/2025	Diagnostic Radiology
22	Duncan	Dameon	MD	08/26/2025	Diagnostic Radiology
23	Larsen	Gregory	DO	02/25/2025	Emergency Medicine
24	Noorhasan	Marisela	MD	10/28/2025	Endocrinology, Diabetes and Metabolism
25	Wang	Aileen	MD	10/28/2025	Endocrinology, Diabetes and Metabolism

MHMC Performance Metrics and Core Services Report

Annual Report 2025

Schedule 10, continued

	Last Name	First Name	Degree	Appointment Date	Specialty
26	Gupta	Adhira	MD	01/30/2025	Family Medicine
27	Monteclaro	Jennifer	MD	08/26/2025	Family Medicine
28	Liao	Kelley	MD	08/26/2025	Family Medicine
29	Zuniga	Kathleen	MD	09/23/2025	Family Medicine
30	Yee	Alice	DO	10/28/2025	Family Medicine
31	Trevino	Humberto	MD	12/31/2025	Family Medicine
32	Reiner	Amanda	DO	12/31/2025	Family Medicine
33	Mosser	Scott	MD	04/29/2025	Gender Confirmation Surgery
34	Elshikh	Fady	MD	01/30/2025	Hospital Medicine
35	Jabbar	Taha	MD	01/30/2025	Hospital Medicine
36	Al Wahsh	EzzAddin	MD	01/30/2025	Hospital Medicine
37	Bhat	Arvind	MD	01/30/2025	Hospital Medicine
38	Frankman	Jonathan	DO	02/25/2025	Hospital Medicine
39	Taweedsedt	Pahnwat	MD	02/25/2025	Hospital Medicine
40	Linn	Wutt	MD	02/25/2025	Hospital Medicine
41	Harlan	Patricia	MD	04/29/2025	Hospital Medicine
42	Pourmirzaie	Roxanna	MD	05/27/2025	Hospital Medicine
43	Mehdizadeh Seraj	Siavash	MD	07/24/2025	Hospital Medicine
44	Lin	Ethan	MD	08/26/2025	Hospital Medicine
45	Shawo	Alexandra	MD	08/26/2025	Hospital Medicine
46	Call	Zachary	MD	08/26/2025	Hospital Medicine
47	Smith	Christopher	MD	12/31/2025	Hospital Medicine
48	Fong	Mei-Ling	MD	03/25/2025	Internal Medicine
49	Lucas	Mei-Lai	MD	03/25/2025	Internal Medicine
50	Ursem	Carling	MD	04/29/2025	Medical Oncology
51	Dutta	Rebecca	MD	08/26/2025	Neurology
52	West	Leslie	MD	10/28/2025	Neurology
53	Talukder	Nafee	DO	11/25/2025	Neurology
54	Hrinko-Otero	Tina	NP	07/24/2025	Nurse Practitioner
55	Wilson	Mackenzie	NP	01/30/2025	Nurse Practitioner, Emergency
56	Cochran	Kelli	NP	03/25/2025	Nurse Practitioner, Vascular Surgery
57	Barnhart	Caroline	MD	03/25/2025	Obstetrics & Gynecology
58	Morrill	Michelle	MD	07/24/2025	Obstetrics & Gynecology
59	Sprunger	Elizabeth	DO	10/28/2025	Obstetrics & Gynecology
60	Lieb	Whitney	MD	12/31/2025	Obstetrics & Gynecology
61	Stash	Natalie	MD	01/30/2025	Orthopaedic Surgery
62	Krogue	Justin	MD	01/30/2025	Orthopaedic Surgery
63	Wiggins	Anthony	MD	04/29/2025	Orthopaedic Surgery

MHMC Performance Metrics and Core Services Report

Annual Report 2025

Schedule 10, continued

	Last Name	First Name	Degree	Appointment Date	Specialty
64	Gendelberg	David	MD	06/24/2025	Orthopaedic Surgery
65	Levinsohn	David	MD	06/24/2025	Orthopaedic Surgery
66	Banala	Vibhu	MD	07/24/2025	Orthopaedic Surgery
67	McDowell	Arthur	MD	07/24/2025	Orthopaedic Surgery
68	Shah	Akash	MD	09/23/2025	Orthopaedic Surgery
69	Toogood	Paul	MD	10/28/2025	Orthopaedic Surgery
70	Paul	Alexandra	MD	11/25/2025	Orthopaedic Surgery
71	Katsuura	Yoshihiro	MD	12/31/2025	Orthopaedic Surgery
72	Rizos	Julian	MD	09/23/2025	Orthopedic Surgery
73	Seo	Lauren	MD	11/25/2025	Orthopedic Surgery
74	Lal	Niraj	MD	08/26/2025	Otolaryngology, Head And Neck Surgery
75	Liao	Been	MD	08/26/2025	Otolaryngology, Head And Neck Surgery
76	Mui	Stanley	MD	09/23/2025	Otolaryngology, Head And Neck Surgery
77	Rafii	Amir	MD	09/23/2025	Otolaryngology, Head And Neck Surgery
78	Wu	Ruobin	MD	07/24/2025	Pathology
79	Avila	David	MD	02/25/2025	Pediatrics
80	Lendzion	Lauren	MD	06/24/2025	Pediatrics
81	Mahony	Talia	MD	07/24/2025	Pediatrics
82	Morris	Catherine	MD	09/23/2025	Pediatrics
83	Ellinger da Fonseca	Carolina	MD	10/28/2025	Pediatrics
84	Mickelson	Steven	PA	05/27/2025	Physician Assistant, Cardiology
85	Stewart	Samantha	PA	02/25/2025	Physician Assistant, Cardiovascular and Thoracic S
86	Washington	Jason	PA	03/25/2025	Physician Assistant, Cardiovascular and Thoracic S
87	Miller	Shari	PA	03/25/2025	Physician Assistant, Cardiovascular and Thoracic S
88	Morong	Shane	PA	03/25/2025	Physician Assistant, Cardiovascular and Thoracic S
89	MacNaughton	Scott	PA	08/26/2025	Physician Assistant, Cardiovascular and Thoracic S
90	Folta	Haley	PA	05/27/2025	Physician Assistant, Emergency Medicine
91	Caicedo	Maria	PA	09/23/2025	Physician Assistant, Emergency Medicine
92	Spinner	Samantha	PA	07/24/2025	Physician Assistant, Obstetrics and Gynecology
93	Schwab	Marcus	PA	01/30/2025	Physician Assistant, Orthopaedic Surgery
94	Pritzkow	Stephanie	PA	06/24/2025	Physician Assistant, Orthopaedic Surgery
95	Riddle	Lauren	PA	08/26/2025	Physician Assistant, Orthopaedic Surgery
96	Lam	Hien	PA	10/28/2025	Physician Assistant, Orthopaedic Surgery
97	Gray	Emily	PA	11/25/2025	Physician Assistant, Orthopaedic Surgery
98	Moeljadi	Brenna	PA	09/23/2025	Physician Assistant, Plastic and Reconstructive Su
99	Rochman	Alexandra	PA	05/27/2025	Physician Assistant, Trauma Surgery
100	Finnerty	Katherine	PA	09/23/2025	Physician Assistant, Trauma Surgery
101	Jespersen	Sarah	PA	12/31/2025	Physician Assistant, Urology

MHMC Performance Metrics and Core Services Report

Annual Report 2025

Schedule 10, continued

	Last Name	First Name	Degree	Appointment Date	Specialty
102	Tong	Winnie	MD	06/24/2025	Plastic and Reconstructive Surgery
103	Hu	Charles	DPM	06/24/2025	Podiatry
104	Svidler	Frances	DPM	12/31/2025	Podiatry
105	Tong	Khanh Phuong	DPM	09/23/2025	Podiatry, Foot & Ankle Surgery
106	Collman	David	DPM	05/27/2025	Podiatry, Foot Surgery
107	Searles Quick	Veronica	MD	03/25/2025	Psychiatry
108	Brighton	Anjuli	MD	12/31/2025	Pulmonary Disease
109	Alexander	Jesse	MD	08/26/2025	Radiation Oncology
110	Seol	Seung Won	MD	12/31/2025	Radiation Oncology
111	Goldstein	Elianna	MD	03/25/2025	Radiology, Diagnostic Radiology
112	Zarzhevsky	Natalia	MD	07/24/2025	Radiology, Diagnostic Radiology
113	Meldrum	Jaren	MD	08/26/2025	Radiology, Diagnostic Radiology
114	Birnbaum	Neal	MD	06/24/2025	Rheumatology
115	Howlett	Natalie	MD	10/28/2025	Rheumatology
116	Schecter	Samuel	MD	08/26/2025	Surgery (General Surgery)
117	Linehan	Elizabeth	MD	09/23/2025	Surgery (General Surgery)
118	Bolinger	Beverly	MD	09/23/2025	Surgery (General Surgery)
119	Castro	Luis	MD	03/25/2025	Thoracic and Cardiac Surgery
120	Sarkeshik	Amir	DO	03/25/2025	Thoracic and Cardiac Surgery
121	Fernandez	Adrian	MD	08/26/2025	Urology
160	Maroney	Sean	MD	01/23/2024	Surgery (General Surgery)
161	Maroney	Stephanie	MD	01/23/2024	Surgery (General Surgery)
162	Yutan	Elaine	MD	05/28/2024	Surgery (General Surgery)
163	Rose	Susannah	MD	07/23/2024	Surgery (General Surgery)
164	Forman	Dana	DO	07/23/2024	Surgery (General Surgery)
165	Constant	James	MD	09/24/2024	Surgery (General Surgery)
166	Woo Lee	Yessika	DPM	01/23/2024	Surgery, Podiatric

MHMC Performance Metrics and Core Services Report

Annual Report 2025

Schedule 11: Nursing Turnover, Vacancies, Net Changes

➤ **Tier 2, Physicians and Employees**

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

Turnover Rate				
Period	Number of Clinical RNs	Separated		Rate
		Voluntary	Involuntary	
Q4 2024	653	19	1	3.06%
Q1 2025	662	14	1	2.27%
Q2 2025	677	17	1	2.66%
Q3 2025	686	14	2	2.33%
Q4 2025	689	13	3	2.32%

Vacancy Rate							
Period	Open Per Diem Positions	Open Benefitted Positions	Filled Positions	Total Positions	Total Vacancy Rate	Benefitted Vacancy Rate of Total Positions	Per Diem Vacancy Rate of Total Positions
Q4 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%
Q3 2025	6	41	686	733	6.41%	5.59%	0.82%
Q4 2025	0	48	689	737	6.51%	6.51%	0.00%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
Q4 2024	12	20	(8)
Q1 2025	25	15	10
Q2 2025	31	18	13
Q3 2025	28	16	12
Q4 2025	17	16	1

MHMC Performance Metrics and Core Services Report

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Schedule 12: Ambulance Diversion

➤ Tier 2, Volumes and Service Array

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

Quarter	Date	Time	Diversion Duration	Reason	Waiting Room Census	ED Census	ED Admitted Patient Census
Q4 2025	Oct 8	05:27	0'36"	Full Divert			
	Nov 11	03:00	2'00"	ED	4	19	4
	Nov 11	20:30	2'00"	ED	18	50	1
	Dec 31	23:31	2'00"	ED	15	47	10

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)

