MARIN HEALTHCARE DISTRICT

100B Drakes Landing Road, Suite 250, Greenbrae, CA 94904 **Telephone: 415-464-2090** **Fax: 415-464-2094**
Website: www.marinhealthcare.org ***Email:*** info@marinhealthcare.org

REGULAR MEETING AGENDA

TUESDAY, MAY 13, 2014
7:00 PM

Board of Directors

Chair:	Larry Bedard, M.D.
Vice Chair:	Ann Sparkman, J.D.
Secretary:	Harris Simmonds, M.D.
Directors:	James Clever, M.D.
	Jennifer Rienks, Ph. D.

Location:
Marin General Hospital, Conference Ctr.
250 Bon Air Road
Greenbrae, CA 94904

Staff:
Lee Domanico, CEO
Gail Mullins, Executive Assistant
Colin Coffey, District Counsel

			Tab
1.	Call to Order	Bedard	
2.	Roll Call	Bedard	
3.	Approval of Agenda	Bedard	
4.	Approval of Consent Agenda		
	a. Minutes of the Regular Meeting of April 15, 2014	Bedard	1
	b. Minutes of the Special Meeting of April 30, 2014	Bedard	2
5.	General Public Comment	Bedard	
	Any member of the audience may make statements regarding any items NOT on the agenda. Statements are limited to a maximum of three (3) minutes. Please state and spell your name if you wish it to be recorded in the minutes.		
6.	MGH Lease Renewal	Bedard/Sparkman/	
	Second Public Hearing on MGH Lease Renewal Agreement	Bouey	3
7.	Review 4Q 2013 Quarterly Report	Domanico	4
8.	Review Summary MGH Audit	Cox	5
9.	Committee Meeting Reports		
	a. MHD Finance & Audit Committee (met on 4/24/2014)	Sparkman	
	b. MHD Leasing & Building Committee (did not meet)	Simmonds	
10.	Reports		
	a. District CEO's Report	Domanico	
	b. Hospital CEO's Report	Domanico	
	c. Chair's Report	Bedard	
	d. Board Members' Reports	All	
11.	Adjournment		
	Next Regular Meeting: Tuesday, June 9, 2014 @ 7:00 p.m.		

A copy of the agenda for the Regular Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting.
American Sign Language Interpreters may be requested by calling (415) 464-2090 (voice) or (415) 464-2094 (facsimile) at least 48 hours in advance of this meeting.

Tab 1

MARIN HEALTHCARE DISTRICT
100B Drakes Landing Road, Suite 250
Greenbrae, CA 94904

REGULAR MEETING MINUTES
Tuesday, April 15, 2014
Marin General Hospital, Magnolia/Tamalpais Room

1. **Call to Order**

Chair Bedard called the meeting to order at 7:00 pm.

2. **Roll Call**

BOARD MEMBERS PRESENT: Chair Larry Bedard, MD; Vice Chair Ann Sparkman; Secretary Harris Simmonds, MD; Director Jennifer Rienks; and Director James Clever

ALSO PRESENT: Lee Domanico, Chief Executive Officer; Colin Coffey, District Counsel; and Louis Weiner, Executive Assistant to the CAO.

3. **Approval of Agenda**

Director Simmonds moved to approve the agenda as presented. Director Clever seconded. Vote: all ayes.

4. **Approval of the Consent Agenda**

Director Simmonds moved to approve the consent agenda. Director Clever seconded. Vote: all ayes.

Director Simmonds move to approve the items listed on the consent agenda. Director Clever seconded. Vote: all ayes to approve the items as listed below:

Regular Meeting Minutes from March 11, 2014

Public comment: none.

5. **General Public Comment**

Chair Bedard stated that any member of the audience may make statements regarding any items NOT on the agenda. Statements are limited to a maximum of three (3) minutes. The public was asked to please state and spell their name if they wished it to be recorded in the minutes.

Cindy Winter commented on pedestrian routes to access the hospital on Bon Air Road, and suggested a safe crossing to be considered in the new construction plans. She handed the Board a map of current and suggested pedestrian routes.

There were no comments from the Board.

6. **Appointment(s) to Community Benefit Committee**

The Community Benefit Committee (CBC) membership is Jamie Maites, MGH Director of Communications (Chair); Jon Friedenberg, CAO; Joel Sklar, MD, CMO; and David Cox, CFO. The Committee has recently appointed Jennifer Rienks, Ph.D., MHD Board Member; and Mara Perez, Ph.D., MGH Board Member. Their appointments were at the invitation of the MGH Board.

The Community Benefit Committee is an MGH committee in an advisory capacity to Lee Domanico in his capacity as the MGH CEO. Chair Bedard asked whether Mr. Domanico's being CEO of both the District and the Hospital would pose a conflict of interest. Counsel Coffey advised that since the CBC is not a required committee but an advisory one, and one solely of the Hospital, that there would appear to be no conflict. The CBC's role is to advise on distribution of charitable funds from the Hospital, not the District, allowing the Hospital to retain its federal tax-exempt status. CEO Domanico added that this is distinctly unrelated to any charitable contributions made by the District. He welcomed the District's collaborative advice on whom to appoint to the CBC.

There were no public comments.

7. **Committee Meeting Reports**

A. Director Sparkman reported on the MHD Finance & Audit Committee's meeting of April 10, 2014, which Director Bedard attended in place of the absent Director Clever. Finances are very positive to the budget, with a surplus of $200k and expenses are below budget. Operating cash balance is $2.6M, up $350k over the previous report. The 1206(b) clinics are running close to budget. The preliminary 2015 budget will be reviewed in May and recommended in June for the FY beginning July 1, 2014. David Cox, MGH CFO, has been added as a signatory for MHD bank accounts, in addition to the required signature of a District Board member. The committee also authorized the retention of a consultant to perform a Fair Market Value analysis of the hospital.

B. Chair Bedard reported on the MHD/MGH Ad Hoc Lease Committee's conference call of April 10, 2014, with Chair Bedard, Director Sparkman, counsel for the District Don Bouey, and counsel for the Hospital Mike Peterson. They unanimously agreed on the final language of the Lease Renewal Agreement. This was presented and accepted at the MHD Board closed meeting earlier this evening, at which time also were approved two management agreements, one for Cardiology Diagnostic Studies, and the other for services for the 1206(b) clinics.

The Lease Renewal Agreement will be presented for final approval at the Special Meeting of the MHD Board on April 30, 2014; the draft Agreement will be posted online 3 days in advance of that meeting. After final approval, it will then be presented to the public at the legally required five public meetings, which schedule is to be determined.

There were no further public or Board comments.

8. **Reports**

A. District CEO's Report:

CEO Domanico reported that a consultant is being engaged for the election campaign for the MHD/MGH Lease Renewal, the same consultant used for the recent successful Measure F bond election.

He commented on the recent action of Palm Drive Hospital's filing for Chapter 9 bankruptcy. MGH has an Administrative Agreement with PDH and it is anticipated that creditors, including MGH, will fare acceptably well after the creditor plan is finalized. PDH is a hospital of the Palm Drive Healthcare District, and MHD has no related liabilities.

There were no public or Board comments.

B. Hospital CEO's Report:

The hospital is profitable year-to-date: Though MGH and other area hospitals are experiencing soft inpatient numbers, MGH's outpatient volume is growing above expectations. In his new capacity as Chief Administrative Officer, Jon Friedenberg is overseeing good management in hospital operations, especially in productivity control, nurse staffing, and ancillary services.

The Foundation's Spring Gala is May 17, and $740,000 has already been raised by the time tickets have gone on sale, indicative of strong community support for the District and the Hospital. MHD Board members will be invited.

"Operation Safety" is underway, with all employees and staff physicians undergoing intense year-long training to attain a culture of patient safety. Director Clever commended CEO Domanico for this program.

There were no public comments.

C. Chair's Report:

Chair Bedard reiterated the successful negotiation of the Lease Renewal Agreement.

D. Board Members' Reports:

Director Clever asked about the frequency the Board meetings. Directors Rienks and Simmonds spoke of the importance of the opportunity for public input at Board meetings, including the five required Lease Renewal public meetings. Chair Bedard suggested that it may suffice that Regular Meetings be bi-monthly, and that scheduling should be revisited for the meetings in 2015.

Director Rienks reported that the Association of California Healthcare District (ACHD) Annual Meeting is May 28-30 in Pasadena, and commended it to the Board. She also announced that Marin County HHS met recently to discuss prescription drug abuse and has asked her to co-chair a committee that will meet to begin research and analysis of the drastic increase in the problem. Chair Bedard mentioned the proposed California Assembly Bill that would allow Narcan (opioid overdose antidote) to be dispensed by pharmacies, and suggested that MHD

might advocate for this and for its availability to law enforcement, first responders, and the general public.

There were no public comments.

9. **Adjournment**

Director Simmonds moved to adjourn the meeting at 7:45 p.m. Director Sparkman seconded. Vote: all ayes.

Tab 2

MARIN HEALTHCARE DISTRICT
100B Drakes Landing Road, Suite 250
Greenbrae, CA 94904

SPECIAL MEETING – MINUTES
Wednesday, April 30, 2014
Marin General Hospital, Conference Center

1. **Call to Order**

Chair Bedard called the meeting to order at 7:03 pm.

2. **Roll Call and Announcement: Purpose of Special Meeting**

BOARD MEMBERS PRESENT: Chair Larry Bedard, MD; Vice Chair Ann Sparkman; Secretary Harris Simmonds, MD; Director Jennifer Rienks; and Director James Clever

ALSO PRESENT: Donald Bouey, Counsel; Louis Weiner, Executive Assistant to the CAO.

Chair Bedard stated that the purpose of the Special Meeting is to approve the MGH Lease Renewal, and to approve the two Service Agreements.

A. Public Comment

There were no public comments.

3. **MGH Lease Renewal**

A. Review and approval of Lease Renewal for purposes of submission to five public hearings

Director Simmonds moved to approve the presentation of the Lease Renewal to the public. Director Rienks seconded. Vote: all ayes.

It was noted that Lee Domanico had recused himself from the meeting to avoid any perception or semblance of conflict of interest from his being both CEO of Marin Healthcare District and CEO of Marin General Hospital.

There were no Board or public comments.

B. First Public Hearing on MGH Lease Renewal Agreement

Five public meetings of the Board are legally required at which are presented the Lease Renewal Agreement for questions and discussion. This meeting is the first of those five public meetings. Final approval of the Lease will occur at the end of the fifth required public meeting.

Donald Bouey, legal counsel, presented a slide presentation "MHD-MGH New Hospital Lease: Summary of Material Terms" to accompany the Term Sheet handout.

The term of the Lease is 30 years, commencing on 12/2/2015 (existing lease expires 12/1/2015). The rent covers the costs of MHD and will permit MGH to achieve financial strength allowing profits to fund growth and development, while additional future profit is to be shared with MHD. Rent components include base annual rent, support services and equipment, and the covering of possible 1206(b) clinic deficits. Additional contingent rent is to be paid when certain favorable financial conditions are met by MGH. The Lease Agreement is a standard commercial triple net lease for use only as a non-profit, general acute care hospital and ancillary services, and assigns risk to the tenant. MGH will perform and pay for all MHD obligations for seismic requirements, new hospital wing construction, parking structures and related improvements; however, GO Bond financing is sought by MHD. There are standard commercial lease default provisions while affording extended lender protections. MHD is to approve improvements and expenditures that extend beyond the term of the lease. The lease includes conditions and stipulations for surrender/ termination, amendment provisions, and dispute resolutions.

Chair Bedard opened the floor for public comment. Mike Whipple asked what serves as collateral for capital debt incurred by MGH; Mr. Bouey replied that the hospital's revenue serves as security against debt. Mr. Whipple asked about assignment of contracts from MGH to MHD at lease termination; Mr. Bouey replied that MHD being sole owner and lessor may renegotiate contracts and retain licenses as needed. Steve Lamb asked about the number of employees in MHD, when the current lease began, and what would happen if MGHC defaults. The District has no employees; the current lease inception was 1985; default remedies are provided for in the lease.

No further comments from the Board.

4. **Review and approve Services Agreements**

A. Management Services Agreement

MHD cannot provide management services directly to the 1206(b) clinics and this agreement allows MGH to provide the clinics with all necessary services on a revenue-neutral basis.

Director Sparkman moved to approve the Management Services Agreement. Director Simmonds seconded. Vote: all ayes.

B. Diagnostic Services Agreement

This agreement allows MGH to engage MHD to provide certain outpatient diagnostic cardiovascular and other services to hospital patients, permitting MGH to bill and collect revenues on MGH's accounts with payors. MGH will pay net cost to the MHD clinic for services "under an arrangement" and revenue-neutral.

Director Sparkman moved to approve the Management Services Agreement. Director Simmonds seconded. Vote: all ayes.

No further comments from the public or the Board.

5. Adjournment

Director Sparkman moved to adjourn the meeting at 7:44 p.m. Director Simmonds seconded. Vote: all ayes.

Tab 3

MARIN GENERAL HOSPITAL/MARIN HEALTHCARE DISTRICT

TERM SHEET FOR NEW HOSPITAL LEASE

The following terms comprise the general terms and conditions for a new lease ("New Lease") for the Marin General Hospital (the "Hospital") by and between the Marin Healthcare District (the "District"), as Lessor, and Marin General Hospital corporation ("MGHC"), as Lessee. This term sheet does not contain all of the terms and conditions of the New Lease and does not bind the parties, but describes the major provisions that the parties will address and incorporate into a formal, binding agreement.

1. Lease Premises. All of the Hospital and surrounding real property and improvements, subject to Marin County's co-ownership rights regarding the Mental Health Building parcel.

2. Term. Thirty (30) years. Commencement date shall be 12/2/2015 (upon expiration of the term of the existing Lease, which expires on 12/1/2015).

3. Rent. Base Rent is $500,000 per year, plus an annual CPI increase, with the first CPI adjustment as of January 1, 2017. MGHC will pay Additional Rent when it achieves both of the following: (a) 150 days of cash on hand, and (b) earnings before interest, depreciation and amortizations ("EBIDA") that is in excess of the higher of (i) 10% of MGHC's Net Revenue (as determined under GAAP), or (ii) the then-current level of EBIDA as a percentage of Net Revenue required for MGHC to achieve an "A" category credit rating (the "Additional Rent Triggers"). When MGHC achieves both of the Additional Rent Triggers, it shall pay Additional Rent in the amount of 2% of any amount of MGHC's EBIDA that is in excess of the second Additional Rent Trigger set forth above. Base Rent is payable in advance monthly. Additional Rent, if any, is payable within ninety (90) days after the end of each calendar year. No Additional Rent shall be payable to the extent it would cause MGHC to violate any covenants or requirements of any loan or bond issuance by MGHC that has been approved by the District.

MGHC also shall provide the District for the duration of the Lease (i) such administrative and secretarial support services as the District may require to conduct its affairs, including without limitation bookkeeping, accounting, human resources, record keeping, and information technology support/services, and (ii) such office space, furniture, computer hardware and software, and equipment the District reasonably requires to house its staff and conduct its affairs, whether located on the leased premises or elsewhere. Upon any District request for any such services or support, MGHC shall, as reasonably directed by the District, (1)

designate and/or make available to the District those MGHC employees and personnel and services as reasonably necessary to provide the District with the requested services on a timely basis and in a good, workmanlike and professional manner, or (2) reimburse the District's direct expenditures for such administrative support. The District's Board, or one or more District management or staff member(s) designated by District's Board, shall have authority to determine on the District's behalf whether MGHC has provided the full scope and quality of the secretarial and administrative services and office space, furniture, computer hardware and software and support, and equipment that MGHC is required to provide to District under this paragraph. The District's reasonable administrative and support needs under this paragraph, and the reasonableness of any District requests for any additional support/ administrative needs, shall be determined based upon the District's operations and administrative/support needs as of the execution of the New Lease, as contemplated under the New Lease and MGH's Bylaws and related agreements, which shall include, at the option of the District, the reasonable expense of an executive officer (as may be determined by an independent recruitment firm) as defined in MGHC's bylaws. If MGHC should need to relocate the District office, it shall do so to space comparable to the space occupied by the District at the beginning of the New Lease and reasonably close to the Hospital, and shall provide the District sixty (60) days advance notice of its intention to do so, advise the District as to its new location, and arrange and pay for the District's cost of relocation. If the District is dissatisfied with the services of any MGH personnel, the District shall consult in good faith with MGH to determine whether the performance of that employee can be brought to acceptable levels through counsel and assistance, or whether MGH should assign a new replacement staff person. MGHC shall have final decision-making authority on staffing issues, and shall be responsible for employee reviews, evaluation and discipline and all decisions regarding termination of employment. In no event shall MGHC be required to provide in any year during the Lease Term, administrative support, space and supplies in excess of $509,000, plus an annual CPI increase commencing January 1, 2013.

The District has formed, pursuant to California Health & Safety Code Section 1206(b), a health care clinic, which contracts with physicians to provide needed health care services, and owns and operates other business and facilities related to the performance of health care services (collectively, the "District Facilities"). MGHC agrees that, during the Term of the New Lease, MGHC shall fund all District deficits incurred in the operation of the District Facilities in accordance with the procedures set forth in Section 3.4 of the New Lease.

4. Triple Net Lease. MGHC, as Lessee pays all taxes, insurance, maintenance and utilities.

5. Permitted Use. As a non-profit, general acute care hospital and related ancillary uses.

6. New Improvements. As is required to meet the requirements of any financing for the New Improvements obtained by either the District or MGHC, ownership of the New Improvements during the Term of the New Lease may vest in either the District or MGHC, or in a combination of the District or MGHC, or be transferred from MGHC to the District, either for, or without, payment of consideration. Notwithstanding any provision of the Prior Lease to the contrary, title to all of the New Improvements constructed and funded by MGHC prior to the Lease Commencement Date of the New Lease shall remain with MGHC and shall not vest in the District as of the expiration or termination of the Prior Lease. During the Term of the New Lease, the parties shall cooperate in good faith to structure and/or transfer the ownership of any of the New Improvements in order to meet the requirements of any financing for the New Improvements. Notwithstanding the forgoing, any portion of the New Improvements, the ownership of which vests in the District during the Term of the New Lease, shall immediately upon such vesting become part of the Premises leased to MGHC, and any portion of the New Improvements, the ownership of which is vested in MGHC as of the date of termination or expiration of the New Lease, shall become the property of the District as of such date, without any obligation on the part of the District to reimburse or compensate MGHC for such New Improvements or the costs thereof. The District agrees that if MGHC constructs the new parking structure on the Premises that is part of the New Improvements and MGHC finances such construction and development with MGHC's own funds or funds borrowed by MGHC, then the District, upon MGHC's written request therefor, which MGHC may give to the District at any time after completion of the parking structure, shall acquire title to the new parking structure from MGHC by paying MGHC from the District's GO Bond proceeds the full construction/ development costs therefor, and the parties shall cooperate in good faith to accomplish same in accordance with the legal requirements regarding the use and application of the District's GO Bond funds. MGHC understands and acknowledges that (a) the District, as the owner of the Property, is obligated to comply with all seismic retrofit/replacement requirements with respect to the Hospital and the Lease Premises under California State law and that the New Improvements are intended to satisfy the District's obligations with respect to such requirements, and (b) the deadline for the District's compliance therewith falls within the New Lease Term.

MGHC acknowledges and agrees that the District has requested and MGHC has agreed that MGHC will perform, at its own cost and expense (other than any General Obligation Bond funding provided by the District), all tasks/work required for the New Improvements, including without limitation, designing the New Improvements, planning, applying for, processing and obtaining all necessary and appropriate approvals, entitlements and permits for

the New Improvements, seeking and obtaining financing/funding for the New Improvements (except that the District will seek to issue General Obligation Bonds to help finance the New Improvements), and implementing, and constructing the New Improvements. MGHC and the District agree that they shall tailor MGHC's obligations and the scope of MGHC's tasks/work hereunder to meet the requirements of any financing obtained by either party for the New Improvements. The District, throughout the term of the New Lease, shall take all reasonably necessary and appropriate action to cooperate with and assist MGHC to plan, apply for, process and obtain all necessary and appropriate approvals, entitlements and permits for, seek and obtain financing/funding for, implement, and construct, the New Improvements. The District's duties hereunder shall include, to the extent necessary and appropriate, the execution and delivery of all applications, plans, drawings, submittals, financial statements and information, and other documents or information, and the District's reasonable consent to the granting or establishment of any temporary or permanent easements, licenses or other rights over the Hospital property, all as is necessary to further and/or support the installation of the New Improvements.

MGHC shall reimburse the District, as Additional Rent due under the New Lease, upon the District's invoicing of same to MGHC, all costs, expenses, fees, and charges the District incurs with respect to the New Improvements, and with respect to the District's efforts to seek and obtain financing/funding therefor, including the funding of efforts to educate the public about, and pay the election costs of, any ballot measures related to public funding of such project, the extension or renewal of the Lease, or similar matters.

7. Default/Remedies. Standard commercial lease default provisions, including cross-default provisions relating to bonds and loans requiring District approval (and a requirement to notify the District if there is a default), modified as follows to provide protections likely to be required by lenders/bond market. The District's right to terminate the Lease for MGHC's default shall be subject to the following conditions: (a) such termination shall be effective no sooner than six (6) months after the District's written notice of termination (to allow for transition of hospital assets/operations to the District or its designee in accordance with paragraph 8 below); and (b) District's satisfaction of all District approved lender/bond holder requirements with respect to security for outstanding loans/bonds (including pledging hospital revenues to the repayment of such debt) and the District accepting/assuming all of MGHC's obligations under such approved loans/bonds. The District shall have the right to approve any capital expenditures for any improvement, restoration, addition, replacement, or any other enhancement to the Premises, any improvements thereon, or for any Hospital assets that (A) will have a useful life (as determined in accordance with GAAP) that extends beyond the expiration of the Lease, or (B) the financing and/or payments for which, in whatever form, extend beyond the expiration of the Lease in an amount that equals or exceeds twenty percent (20%) of the total

acquisition, leasing, licensing, and/or service agreement costs for such improvement, restoration, addition, replacement, enhancement to the Premises, any improvements thereon, or for any Hospital assets. The District will also have the right to approve any "indenture" borrowing, which is a borrowing for which the security is either the Hospital's revenues, accounts receivable, a general pledge of the Hospital's assets, or MGHC's leasehold interest. At any time prior to the date that is five (5) years before the expiration or termination of the Lease, the District cannot unreasonably withhold, condition or delay, such approval. After that date, the District can withhold, condition or delay such approval in its sole discretion.

8. Surrender of Hospital/Assets at Lease Expiration. Upon expiration or early termination of the Lease, subject to the conditions set forth below, MGHC surrenders, assigns, and transfers to the District the Hospital, all Hospital assets, and all affiliated business operations, and everything necessary and appropriate for the uninterrupted operation thereof. The District accepts and assumes all assets, debts (except those that the District properly disapproved under Paragraph 7 above), and obligations of MGHC with respect to the Hospital, all Hospital assets, and all affiliated business operations, including all security interests and liens on the Hospital assets, except for any debts or obligations, or security/liens on any Hospital assets that the District properly disapproved under Paragraph 7 above, or that would cause the District to violate any law, regulation, etc., applicable to the District. In the latter case, MGHC and the District will cooperate to re-structure the obligation or security so that the District can assume same. If that effort fails, and for all properly disapproved debts, obligations and security/liens, MGHC will retain the debt or obligation and the asset(s) subject to such debt/obligation/security, but all other Hospital assets and obligations will be transferred to the District. At expiration or early termination of the Lease, the District shall be entitled to remove and appoint members of the MGHC Board of Directors.

Five (5) years prior to the expiration of the Lease, representatives of the District and MGHC shall form a committee consisting of four members (or such other number as the District and MGHC shall agree) consisting of two members designated by the District and two members designated by MGHC, for the purpose of meeting regularly to discuss entering into a new Lease or planning for the transition of Hospital Assets and operations to the District or its designee, as the parties shall agree, or if they do not agree, as the District shall determine. The parties shall cooperate with and provide each other with all reasonable requested information and resources in connection with such activities.

9. Limited Amendment Rights. The Lease will include a provision allowing the parties to amend the Lease as required to meet the requirements of

any lender or bond issuer of either party, provided that the loan or bond issuance has been approved by both parties.

10. Indemnification. MGHC to fully indemnify the District for all matters arising from or related to MGHC's use and occupancy of the Premises and all Hospital operations.

11. Dispute/Resolution. The mechanism(s) for resolving disputes arising out of the New Lease will be mediation and arbitration.

Tab 4

MARIN GENERAL HOSPITAL

250 Bon Air Road, Greenbrae, CA 94904
t » 415-925-7000

Marin General Hospital

Performance Metrics and Core Services Report

4th Quarter 2013

Prepared 04-18-2014

Marin General Hospital

Performance Metrics and Core Services Report: **4th Quarter 2013**

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 7/16/2013 for a duration of 36 months. Next survey to occur in 2016.
	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 2013 (Annual Report) will be presented to MGH Board and to MHD Board in May 2014.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2013 will be presented for approval to the MGH Board in May 2014.
	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**

Marin General Hospital

Performance Metrics and Core Services Report: 4th Quarter 2013

TIER 2 PERFORMANCE METRICS

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

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs).	Quarterly	In Compliance	**Schedule 6**
(B) Patient Satisfaction and Services	1. MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.	Quarterly	In Compliance	**Schedule 1**
	2. MGH Board will report external awards and recognition.	Annually	In Compliance	**Schedule 7**
(C) Community Commitment	1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly	In Compliance	**Schedule 8**
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	**Schedule 8**
	3. MGH Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities.	Annually	In Compliance	**Schedule 2**
	4. MGH Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.	Annually	In Compliance	**Schedule 5**
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	**Schedule 9**
(D) Physicians and Employees	1. MGH Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.	Annually	In Compliance	**Schedule 10**
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	**Schedule 3** **Schedule 4**
	3. MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.	Quarterly	In Compliance	**Schedule 11**
(E) Volumes and Service Array	1. MGH Board will develop a strategic plan for MGH and review the plan and its performance with the General Member.	Annually	In Compliance	The updated MGH Strategic Plan was presented to the MGH Board on October 12, 2013
	2. MGH Board will report on the status of MGH's market share and Management responses.	Annually	In Compliance	MGH's market share and management responses report was presented to the MGH Board on October 12, 2013
	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 2012 Independent Audit will be completed on April 29, 2014.
	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 2011 Form 990 was filed on November 15, 2013.

MGH Performance Metrics and Core Services Report
4Q 2013

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.

Marin General Hospital
Overall Hospital HCAHPS
Trending by Quarter

Scores displayed here are based on interviews from CMS submitted data for the selected time periods.
Mode adjustments and ESTIMATED Patient Mix Adjustments have been applied to the dimension scores.
Scores for the individual questions do not have adjustments applied.

FY 2015 VBP Thresholds				1Q 2013	2Q 2013	3Q 2013	4Q 2013
67.96	76.56	83.44	**Overall rating**	63.44	67.49	65.53	68.05
76.56	81.64	85.70	**Communication with Nurses**	71.73	72.04	74.41	74.26
			Nurse Respect	82.35	81.93	83.11	85.65
			Nurse Listen	75.21	74.15	76.79	70.85
			Nurse Explain	69.62	72.03	75.34	78.28
79.88	84.83	88.79	**Communication with Doctors**	81.25	81.90	79.38	78.87
			Doctor Respect	89.27	87.71	87.73	88.13
			Doctor Listen	80.26	81.97	78.54	77.93
			Doctor Explain	78.11	79.91	76.78	74.44
63.17	72.00	79.06	**Responsiveness of Staff**	62.68	62.73	57.17	57.05
			Call Button	59.72	67.96	54.74	56.08
			Bathroom Help	75.00	66.91	69.00	67.42
69.46	74.30	78.17	**Pain Management**	66.80	71.82	65.17	69.56
			Pain Controlled	67.26	72.00	64.24	68.39
			Help with Pain	75.74	81.03	75.50	80.13
60.89	66.98	71.85	**Communication about Medications**	54.38	58.88	57.01	51.15
			Med Explanation	71.63	79.14	72.22	76.47
			Med Side Effects	44.93	46.43	45.59	33.62
64.07	72.31	78.90	**Hospital Environment**	47.26	52.75	53.80	53.07
			Cleanliness	54.24	57.37	56.89	60.86
			Quiet	40.28	48.13	50.71	45.28
83.54	86.97	89.72	**Discharge Information**	83.23	85.63	82.68	81.50
			Help After Discharge	82.35	85.88	80.77	82.35
			Symptoms to Monitor	86.70	86.98	87.19	83.25
			Number of Surveys	238	239	224	223

Thresholds Color Key:
National 95th percentile
National 75th percentile
National average, 50th percentile

Scoring Color Key:
At or above 95th percentile
At or above 75th percentile
At or above 50th percentile
Below 50th percentile

Official VPB (Value-Based Purchasing) monthly trending HCAHPS results are distributed by MGH Quality Management on the 15th of each month.

Schedule 2: Community Health & Education

- **Tier 1, Community Commitment**
  In coordination with the General Member, the Board must publish the results of its biennial community survey to assess MGH's performance at meeting community health care needs.
- **Tier 2, Community Commitment**
  The Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities.

Community Health Improvement Services			
Event	**Description**	**Recipients**	**Presenter**
AARP Driver Safety Program	Driver safety program for older adults	General Public	Hosted by MGH
Basic Street Skills Class	Educational class on street skills for bicyclists	General Public	ED/Trauma
Behavioral Health Partial Hospitalization	Nutrition Counseling	Patients in Need	Behavioral Health/ Nutrition Services
Breast Health Forum	Seminar promoting breast cancer awareness	General Public	Center for Integrative Health & Wellness (CIHW)
Breast Surgery Education Class	Class held prior to breast cancer surgery	Patients	Breast Center
Breastfeeding Telephone Line	Free advice line open to the community	General Public	Women, Infants & Children (WIC)
Caregiver's Support Group		General Public	CIHW
Center for Integrative Health & Wellness (CIHW) Events	Various events held by CIHW for the community	General Public	CIHW
Child and Infant CPR Training Class	Safety class	General Public	WIC
Childbirth Class (3 part series)	Class for expecting couples	General Public	WIC
Childbirth Class (1 day)	Class for expecting couples	General Public	WIC
Community RD Phone Line	Free advice line open to the community for nutrition info	General Public	Nutrition Services
Couples Group: Living with Life Threatening Disease		General Public	CIHW
Every 15 Minutes	A community collaboration to educate high school students on drinking and driving	General Public	ED/Trauma

Schedule 2, continued

Community Health Improvement Services			
Event	**Description**	**Recipients**	**Presenter**
Hands on CPR and AED Training	Free community-wide CPR and AED training held in the community	General Public	ED/Trauma
Infant Care Series	Class for new couples on infant care	General Public	WIC
Knitting Circle	For cancer survivors and families	General Public	CIHW
Lymphedema Classes and Support Group		General Public	CIHW
Medical Library	Health reference library open to staff, physicians and community	General Public	MGH
Outpatient Lactation Center	Free education, counseling and breastfeeding support available to the community	General Public	WIC
Prenatal Breastfeeding Class		General Public	WIC
Sibling Preparation Class		General Public	WIC
The Mom's Group	Free support group to the community that discusses newborn care, breastfeeding, parenting, etc.	General Public	WIC
The New Father Class	Free class for new fathers on having a newborn	General Public	WIC
Women's Support Group: Living Well with Metastasis		General Public	CIHW
Low Cost Mammo Day	Mammograms offered to underserved women	Patients in need	Breast Center
Indigent Funded Services for Behavioral Health	Including transportation, lodging, meals and other needs	Patients in need	Behavioral Health
Indigent Funded Services for Case Management	Including transportation, lodging, and Physical Therapy	Patients in need	Case Management
Shuttle Program for Senior Partial Adult Day Care Program	Free shuttle service for Behavioral Health program	Patients in need	Behavorial Health/Security & Shuttle

Schedule 2, continued

Health Professions Education			
Event	**Description**	**Recipients**	**Presenter**
Grand Rounds	Education programs open to community doctors	Physicians	Medical Office Staff
CME Programs	Education for physicians	Physicians	Medical Office Staff/Physician Relations
Nursing Student Placement	Time spent from Education placing student nurses	Student Nurses	Education
Trauma Nurse Core Course (TNCC)	Nursing education focused on trauma	Nurses	ED/Trauma
Chaplain Resident Program	Training hours provided by our staff	Residents	Spiritual Care Department
Preceptorship for Case Management Students	Training hours provided by staff	Student Nurses	Case Management
Preceptorship for Nutrition Students	Training hours provided by staff	Dietitian Students	Nutrition Services
Trauma: The Marin Series	Education classes for paramedics, EMTs, fire department and other health care workers	Health care and emergency response workers	ED/Trauma

Community Building			
Event	**Description**	**Recipients**	**Presenter**
San Rafael Chamber of Commerce	Membership, events	Community	MGH
Marin County Health Eating/Active Living (HE/AL)	A program to create a strategic plan for HE/AL throughout the county	Community	MGH

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.

The overall MGH 2014 Medical Staff Perception Study results are indicated below.
Source: PRC (Professional Research Consultants, Inc.)

Asked of Physicians:
"OVERALL, WOULD YOU RATE THE QUALITY OF CARE AT MARIN GENERAL HOSPITAL:"

Rank	*# Responses*	*% of Responses*
Excellent	111	44.5%
Very Good	97	38.9%
Good	36	14.2%
Fair	6	2.4%
Poor	0	0.0%

Percentile Ranking: 66th
Total Number of Responses: 250 (84.5%)

Asked of Physicians:
"OVERALL, WOULD YOU RATE MARIN GENERAL HOSPITAL AS A PLACE TO PRACTICE MEDICINE:"

Rank	*# Responses*	*% of Responses*
Excellent	103	41.1%
Very Good	88	35.1%
Good	44	17.7%
Fair	14	5.6%
Poor	1	0.4%

Percentile Ranking: 58th
Total Number of Responses: 250 (84.5%)

Schedule 4: Employee Engagement

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

The overall MGH 2014 Employee Engagement Study results are indicated below.
Source: PRC (Professional Research Consultants, Inc.)

Asked of Employees:
"OVERALL, AS A PLACE TO WORK, WOULD YOU SAY MARIN GENERAL HOSPITAL IS:"

Rank	*# Responses*	*% of Responses*
Excellent	178	19.0%
Very Good	275	29.5%
Good	283	30.3%
Fair	139	14.9%
Poor	58	6.2%

Percentile Ranking: 15th
Total Number of Responses: 933 (56.5%)

Schedule 5: Finances

- **Tier 1, Finances**
  The 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. 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	1Q 2013 YTD	2Q 2013 YTD	3Q 2013 YTD	4Q 2013 YTD
EBIDA $	$7,589	$12,780	$15,972	$22,627
EBIDA %	9.53%	7.91%	6.67%	7.01%

Loan Ratios				
Current Ratio	2.45	2.61	2.67	2.71
Debt to Capital Ratio	38.8%	38.8%	39.1%	36.2%
Debt Service Coverage Ratio	4.76	3.40	3.42	2.67
Debt to EBIDA %	1.05	1.65	1.68	2.29

Key Service Volumes, cumulative				
Acute discharges	2,427	4,791	7,135	9,378
Acute patient days	10,698	20,427	30,346	40,356
Average length of stay	4.41	4.26	4.25	4.30
Emergency Department visits	8,739	17,580	26,093	34,787
Inpatient surgeries	565	1,094	1,700	2,269
Outpatient surgeries	753	1,828	2,719	3,740

DEFINITIONS OF TERMS

EBIDA: Earnings Before Interest, Depreciation And Amortization. By adding back interest and amortization payments as well as depreciation (a non-cash outflow expense), it allows the measurement of the cash that a company generates.

Debt to Capital Ratio: A measurement of how leveraged a company is. The ratio compares a firm's total debt to its total capital. The total capital is the amount of available funds that the company can use for financing projects and other operations. A high debt-to-capital ratio indicates that a high proportion of a company's capital is comprised of debt.

Debt Service Coverage Ratio: A measurement of a property's ability to generate enough revenue to cover the cost of its mortgage payments. It is calculated by dividing the net operating income by the total debt service. For example, a property with a net operating income of $50,000 and a total debt service of $40,000 would have a debt service ratio of 1.25, meaning that it generates 25% more revenue than required to cover its debt payment.

Debt to EBIDA %: Measurement used to predict a company's ability to pay off the debt it already has. The ratio calculates the amount of time required for the business to pay off all debt, but does not take into considerations like interest, depreciation, taxes or amortization. Having a high debt/EBITDA ratio will often result in a lower credit score for the business.

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.

Marin General Hospital
Capital Expenditure Report
For the Period January - December 2013

Major Capital Expenditures	
Davinci S System (Surgical Robot)	1,419,766
Upgrade to Stealth Station	294,684
DaVinci Instrumentation	203,083
Covidien Energy Platforms	183,602
Xstrahl 100 Mobile X-ray Therapy System	175,000
4 SPO2RT2 Bed Systems	156,000
8 Affinity Birthing Beds and Bars	132,811
Dornoch Transposal Fluid System	123,970
4 Carebook Software	120,002
22 Stinger Slimline Carts	114,973
3M Coding, CAC and CDI System	110,973
Other Equipment Under $100K	1,643,508
Total Major Capital Expenditures	**4,678,373**

Construction in Progress	
IT-CPOE Meaningful Use	1,269,813
MGH Preliminary Architectural Master Design	1,143,920
Lab Dimension Vista/Refrigeration	1,106,316
EDM (ED Monitoring)	527,454
Interventional Radiology	395,343
MGH IT Data Center	379,495
3950 Civic Center (Leasehold Improvements)	274,156
Inpatient Psychiatry (Leasehold Improvements)	273,062
1350 Suite 100 (Leasehold Improvements)	272,166
West Wing Medical Air and Vacuum System Replacement	209,641
Data Center Renovation	191,669
Network Core Upgrade (Core Swithches)	184,659
SPD Sterilizer/Washers/DI System	166,291
1350 Xstrahl	161,541
SPM Instrumentation	157,608
EDIS	132,830
ED Remodel - Phase II - Family Wait Area	118,960
2 Belvedere (Leasehold Improvements)	114,842
75 Rowland Way (Leasehold Improvements)	112,634
2 Bon Air Network Infrastructure	111,206
Foundation Suite 155/167 (Leasehold Improvements)	106,035
Other CIP Under $100K	1,055,644
Total Construction in Progress	**8,465,286**
Total Capital Expenditures	**13,143,659**

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.hospitalcompare.hhs.gov/)

Abbreviations and Acronyms Used in Dashboard Report

Term	Title/Phrase
Abx	Antibiotics
ACC	American College of Cardiology
ACE	Angiotensin Converting Enzyme Inhibitor
AMI	Acute Myocardial Infarction
APR DRG	All Patient Refined Diagnosis Related Groups
ARB	Angiotensin Receptor Blocker
ASA	American Stroke Association
C Section	Caesarian Section
CHART	California Hospital Assessment and Reporting Task Force
CLABSI	Central Line Associated Blood Stream Infection
CMS	Centers for Medicare and Medicaid Services
CT	Computerized Axial Tomography (CAT Scan)
CVP	Central Venous Pressure
ED	Emergency Department
HF	Heart Failure
Hg	Mercury
hr(s)	hour(s)
ICU	Intensive Care Unit
LVS	Left Ventricular Systolic
LVSD	Left Ventricular Systolic Dysfunction
NHSN	National Healthcare Safety Network
PCI	Percutaneous Coronary Intervention
PN	Pneumonia
POD	Post-op Day
Pt	Patient
SCIP	Surgical Care Improvement Project
ScVO2	Central Venous Oxygen Saturation
STEMI	ST Elevated Myocardial Infarction (ST refers to the EKG tracing segment)
VAP	Ventilator Associated Pneumonia
VHA	Voluntary Hospitals of America
VTE	Venous Thromboembolism

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

METRIC	CMS**	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Q4-Qtr %	Q4-2013 Num/Den	Rolling %	Rolling Num/Den
Acute Myocardial Infarction (AMI) Measures																	
AMI - ACEI or ARB for LVSD	100%	N/A	100%	100%	N/A	N/A	100%	100%	100%	100%	100%	N/A	100%	100%	6/6	100%	26/26
AMI - Aspirin at arrival	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	56/56	100%	198/198
AMI - Aspirin prescribed at discharge	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	53/53	100%	182/182
AMI - Beta blocker prescribed at discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	43/43	100%	157/157
* AMI - Primary PCI within 90 minutes of arrival	95%	100%	100%	100%	100%	N/A	N/A	100%	100%	100%	100%	100%	100%	100%	11/11	100%	32/32
AMI - Statin Prescribed at Discharge	98%	100%	100%	92%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	49/49	99%	174/175
Heart Failure (HF) Measures																	
HF - ACEI or ARB for LVSD	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	6/6	100%	39/39
HF - Evaluation of LVS Function	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	36/36	100%	170/170
* HF - All Discharge Instructions	94%	100%	100%	100%	100%	85%	100%	80%	100%	100%	100%	100%	92%	97%	27/28	96%	129/134
Pneumonia (PN) Measures																	
PN - Antibiotic selection for ICU/non-ICU patients	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	13/13	100%	64/64
*PN - Blood culture in ED prior to initial antibiotic	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	43/43	100%	179/179
Surgical Care Improvement Project (SCIP)Measures																	
*SCIP/SIP-Inf-Antibiotic within 1 hr of incision-Overall	99%	100%	100%	100%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%	70/70	100%	309/310
*SCIP/SIP-Inf-Antibiotic selection-Overall	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	70/70	100%	310/310
*SCIP/SIP-Inf-Antibiotic disc. within 24 hrs-Overall	98%	100%	100%	100%	100%	94%	100%	100%	100%	95%	96%	96%	100%	97%	68/70	98%	305/310
*SCIP-Inf-Cardiac patients 6am postop serum glucose	96%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	11/11	98%	53/54
SCIP-Inf-Appropriate hair removal	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	118/118	100%	458/458
*SCIP-CARD-Beta blocker prior to admission and periop	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	24/24	100%	103/103
*SCIP-VTE-VTE prophylaxis timing	98%	96%	100%	100%	100%	100%	96%	96%	100%	100%	100%	100%	96%	99%	81/82	99%	323/327
*SCIP-Inf-Urinary catheter removed POD 1 or POD 2	97%	100%	100%	100%	100%	100%	100%	95%	100%	100%	93%	100%	100%	98%	48/49	99%	200/202
SCIP-Inf-Surgery patients w/perioperative temperature mgmt	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	118/118	100%	459/459
Venous Thromboembolism (VTE) Measures																	
VTE - Venous Thromboembolism Prophylaxis	82%	100%	98%	93%	100%	94%	98%	94%	100%	100%	97%	100%	95%	98%	124/127	98%	469/481
VTE - ICU Venous Thromboembolism Prophylaxis	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	19/19	100%	64/64
VTE - VTE Patients With Anticoag Overlap Therapy	91%	100%	100%	N/A	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	11/11	100%	61/61
VTE - VTE Pts Receiving UFH with Dosage/Platelet Monitoring	96%	100%	N/A	N/A	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	8/8	100%	26/26
VTE - VTE Warfarin Therapy Discharge Instructions	70%	100%	100%	N/A	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	7/7	100%	41/41
VTE - Hospital Acquired Potentially-Preventable VTE +	11%	0%	N/A	0%	0%	0%	0%	N/A	0%	0%	N/A	0%	N/A	0%	0/1	0%	0/13
Global Immunization (IMM) Measures																	
IMM - Pneumo Immunization - Overall Rate	90%	85%	81%	89%	69%	75%	80%	83%	89%	88%	90%	77%	96%	88%	128/147	83%	503/603
IMM - Influenza Immunization	90%	89%	93%	87%	N/A	N/A	N/A	N/A	N/A	N/A	86%	91%	90%	89%	232/261	89%	473/529

* Performance period for CMS Value-Based Purchasing metric: 01-01-2013 through 12-31-2013 (shaded in blue)
** CMS Top Decile Benchmark
*** CMS National Median Benchmark (changed from top decile to national median effective 3rd Qtr 2013)

+ Lower Number is better

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

METRIC	CMS**	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Q4- Qtr %	Q4-2013 Num/Den	Rolling %	Rolling Num/Den
Stroke Measures																	
STK - VTE Prophylaxis	92%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	42/42	100%	147/147
STK - Discharged on Antithrombotic Therapy	**99%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**29/29**	**100%**	**123/123**
STK - Anticoagulation Thpy for Atrial Fibrillation/Flutter	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	10/10	100%	30/30
STK - Thrombolytic Therapy	60%	N/A	100%	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A	100%	N/A	100%	1/1	100%	6/6
STK - Antithrombotic Therapy By End of Hospital Day 2	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	35/35	100%	130/130
STK - Discharged on Statin Medication	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	19/19	100%	80/80
STK - Stroke Education	85%	75%	83%	75%	83%	100%	50%	100%	100%	100%	89%	100%	100%	96%	19/20	90%	64/71
STK - Assessed for Rehabilitation	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	40/40	100%	138/138
ED Inpatient (ED) Measures																	
ED - Median Time ED Arrival to ED Departure - Minutes +	275***	307.00	343.00	341.00	318.00	325.00	322.00	300.00	353.00	309.00	299.00	287.00	312.00	299.33	163--Cases	318.00	712--Cases
ED - Admit Decision Median Time to ED Departure Time - Minutes +	97***	166.00	165.00	164.50	150.00	161.00	165.00	160.00	165.00	154.50	165.00	150.00	134.00	149.67	114--Cases	158.33	503--Cases
ED Outpatient (ED) Measures																	
OP - Median Time ED Arrival to ED Departure Home - Reporting +	137***	121.50	155.50	141.00	168.50	127.00	154.50	168.00	147.00	142.00	138.00	143.50	138.50	140.00	132--Cases	145.42	445--Cases
OP - Median Time Spent in ED before seen by Health Care Profs. +	27***	30.50	34.50	21.50	37.00	37.00	40.00	33.00	23.00	28.00	23.50	30.00	37.00	30.17	131--Cases	31.25	451--Cases
Outpatient Pain Management Measure																	
OP - Median Time to Pain Mgmt for Long Bone Fracture - Mins +	59***	54.50	85.00	70.00	51.50	62.50	35.00	46.00	48.00	75.00	54.00	48.50	67.00	56.50	41--Cases	58	155--Cases
Outpatient Stroke Measure																	
OP - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	51%	N/A	N/A	0%	N/A	0%	N/A	100%	0%	N/A	N/A	100%	100%	100%	2/2	43%	3/7
Outpatient Surgery Measures																	
OP - Timing of Antibiotic Prophylaxis	97%	100%	100%	100%	100%	100%	100%	95%	92%	91%	100%	100%	100%	100%	49/49	98%	197/201
OP - Antibiotic Selection	97%	100%	100%	100%	100%	92%	100%	100%	100%	96%	100%	100%	100%	100%	49/49	99%	198/201

* Performance period for CMS Value-Based Purchasing metric: 01-01-2013 through 12-31-2013 (shaded in blue)
** CMS Top Decile Benchmark
*** CMS National Median Benchmark (changed from top decile to national median effective 3rd Qtr 2013)
+ Lower Number is better

MARIN GENERAL HOSPITAL DASHBOARD
CLINICAL QUALITY METRICS
Publicly Reported on CalHospital Compare (www.calhospitalcompare.org)
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov)

	Benchmark					
♦ Surgical Site Infection						
METRIC	National Standardized Infection Ratio (SIR)	Jan 2012 - June 2012	Jan 2012 - Sep 2012	April 2012 - March 2013		
Colon Surgery	1	**	**	2.16		No Different than U.S. National Benchmark
Hysterectomy	1	**	**	**		No Different than U.S. National Benchmark
♦ Intensive Care Unit (ICU) Measures						
METRIC	National Standardized Infection Ratio (SIR)	July 2011 - June 2012	Oct 2011 - Sep 2012	Jan 2012 - Sep 2012	April 2012 - March 2013	
*Central Line Associated Blood Stream Infection Rate (CLABSI)	1	0.60	0.59	not published	1.38	No Different than U.S. National Benchmark
Catheter Associated Urinary Tract Infection (CAUTI)	1	not published	not published	0.81	0.55	No Different than U.S. National Benchmark
♦ Maternity Measures						
METRIC	**California Hospital Assessment and Reporting Taskforce (CHART) State Average**	**2009**	**2010**	**2011**	**2012**	
Primary Caesarian Section Rate	27.80%	12%	15%	14.8%	23.5%	
Exclusive Breast Feeding Rate	63.20%	79.0%	80.0%	82.0%	81.3%	
♦ Mortality Measures						
METRIC	**Centers for Medicare & Medicaid Services (CMS) National Average**	**July 2006 - June 2009**	**July 2007 - June 2010**	**July 2008 - June 2011**	**July 2009 - June 2012**	
*Acute Myocardial Infarction Mortality	15.2%	13.8%	13.7%	13.5%	13.30%	
*Heart Failure Mortality	11.7%	10.6%	12.1%	12.0%	13.8%	
*Pneumonia Mortality	11.9%	11.6%	11.1%	10.7%	10.90%	
METRIC	**California Hospital Assessment and Reporting Taskforce (CHART) State Average**	**Q4 2009 -Q3 2010**	**Q1 2010 -Q4 2010**	**Q3 2010 -Q2 2011**	**Q4 2010 -Q3 2011**	
Intensive Care Unit Mortality	11.67%	11.45%	11.50%	9.09%	10.19%	
♦ Current Performance Mortality Measures						
METRIC	**MGH**	**Q4-2012**	**Q12013**	**Q2-2013**	**Q3-2013**	
Acute Care Admission Mortality (APR DRG --Datavision)	1.0	1.13	1.06	1.20	0.9	
Sepsis Mortality (APR DRG --Datavision)	1.0	1.25	1.35	1.24	1.08	
♦ Acute Care Readmissions within 30 Days						
	Benchmark					
METRIC	**Centers for Medicare & Medicaid Services (CMS) National Average**	**July 2006 - June 2009**	**July 2007 - June 2010**	**July 2008- June 2011**	**July 2009- June 2012**	
Acute Myocardial Infarction Readmissions	18.3%	18.0%	19.1%	18.0%	16.70%	
Heart Failure Readmissions	23.0%	24.8%	24.5%	24.7%	22.60%	
Pneumonia Readmissions	17.6%	17.7%	17.9%	17.9%	16.20%	

* Performance period for CMS Value-Based Purchasing metric: 01-01-2013 through 12-31-2013 (shaded in blue)

** Insufficient data to calculate SIR

Schedule 7: External Awards & Recognition

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

External Awards and Recognition – 2013
American Stroke Association: *Stroke Gold Plus Quality Achievement Award*
Blue Shield of California: *Blue Distinction Center in Spine Surgery and Knee and Hip Replacement*
California Medical Association Institute for Medical Quality: *Accreditation for Continuing Medical Education*
College of American Pathologists: *Accreditation*
Joint Commission Accreditation: *Hospital, Behavioral Health, Primary Stroke Center Certification*
National Accreditation Program for Breast Centers and American College of Surgeons: *Breast Program Accreditation*

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)					
	1Q 2013	2Q 2013	3Q 2013	4Q 2013	Total 2013
Baseline Concussion Testing for Underserved Youth	$2,500	$0	$0	$0	$2,500
Bread & Roses "Art to Heart Benefit"	$0	$2,200	$0	$0	$2,200
Coastal Health Alliance	$0	$0	$20,000	$0	$20,000
Community Institute for Psychotherapy	$100	$0	$0	$0	$100
Harbor Point Charitable Fund	$0	$0	$5,000	$0	$5,000
Healthy Aging Symposium	$1,000	$0	$0	$0	$1,000
Heart Walk	$0	$0	$2,500	$0	$2,500
Homeless Program	$0	$100,000	$0	$0	$100,000
Homeward Bound	$0	$110,000	$0	$0	$110,000
Hospice by the Bay Annual Ball	$0	$0	$0	$3,500	$3,500
Implementation Strategy Work	$0	$13,500	$0	$0	$13,500
LITA – Love is the Answer	$0	$1,000	$0	$0	$1,000
Loving Spoonfuls Benefit	$0	$1,000	$0	$0	$1,000
Marin Brain Injury Network	$528	$0	$0	$0	$528
Marin City Health & Wellness	$0	$20,000	$0	$0	$20,000
Marin Community Clinics	$53,151	$53,151	$53,151	$53,151	$212,604
Marin Community Clinics Summer Solstice	$0	$1,000	$0		$1,000
Marin Sonoma Concours d'Elegance	$2,500	$0	$0		$2,500
MHD 1206(b) Clinics	$623,639	$948,551	$1,162,228	$1,119,185	$3,853,603
NAMI Walk SF Bay Area	$0	$1,000	$0		$1,000
PRIMA Medical Foundation	$1,110,743	$936,031	$1,125,000	$760,353	$3,932,127
Redwoods Crabfest	$1,000	$0	$0		$1,000
Ritter Center	$0	$20,000	$0		$20,000
RotaCare San Rafael	$0	$15,000	$0		$15,000
To Celebrate Life	$0	$0	$15,000		$15,000
Vial of Life Program	$0	$0	$0	$2,000	$2,000
Whistlestop	$0	$0	$15,000		$15,000
Zero Breast Cancer – Honor Thy Healer	$1,140	$0	$0		$1,140
Total Cash Donations	**$1,796,301**	**$2,222,433**	**$2,397,879**	**$1,938,189**	**$8,354,802**

Total Cash & In-Kind Donations	**$1,796,301**	**$2,222,433**	**$2,397,879**	**$1,938, 189**	**$8,354,802**

Schedule 8, continued

Community Benefit Summary (these figures are not final and are subject to change)					
	1Q 2013	2Q 2013	3Q 2013	4Q 2013	Total 2013
Community Health Improvement Services	$41,622	$39,522	$46,952	$51,236	$179,332
Health Professions Education	$27,953	$20,915	$17,577	$13,722	$80,167
Cash and In-Kind Contributions	$1,796,301	$2,222,433	$2,397,879	$1,938,189	$8,354,802
Community Benefit Operations	$582	$305	$1,640	$1,640	$4,167
Traditional Charity Care	$462,918	$577,924	$826,807	$1,361,194	$3,228,843
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	$4,422,724	$4,117,192	$4,527,991	$4,486,388	$17,554,295
Community Benefit Subtotal (amount reported annually to state & IRS)	**$6,752,100**	**$6,978,291**	**$7,818,846**	**$7,852,369**	**$29,401,606**
Community Building Activities	$0	$0	$0	$0	$0
Unpaid Cost of Medicare	$15,226,174	$15,559,427	$15,012,662	$15,516,293	$61,314,556
Bad Debt	$891,511	$821,343	$920,037	$983,525	$3,616,416
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total	**$22,869,785**	**$23,359,061**	**$23,751,545**	**$24,352,187**	**$94,332,578**

Operation Access Though not a Community Benefit requirement, MGH has been participating with Operation Access since 2000. Operation Access brings together medical professionals and hospitals to provide donated outpatient surgical and specialty care for the uninsured and underserved.					
	1Q 2013	2Q 2013	3Q 2013	4Q 2013	Total 2013
Operation Access charity care provided by MGH (waived hospital charges)	$235,812	$644,764	$788,888	$949,513	$2,618,977

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.

MGH 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 Green Building Services, specializing in Healthcare LEED requirements.
All key members of the design team are LEED certified.
Through Schematic Design, the Project has achieved LEED Silver status.
The Project Team will conduct cost benefit analysis on LEED requirements in order to achieve a certification higher than LEED Silver (LEED Gold or Platinum).

Schedule 10: New 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, 2013, there were a total of 521 physicians on MGH staff:

- 277 Active
- 117 Provisional
- 49 Courtesy
- 41 Consulting
- 37 Office-Based

New Physician Appointments
January 1, 2013 – December 31, 2013

	Last Name	First Name	Appointment Date	Specialty
1	Agard	Jennifer	2/7/2013	Obst-OBGYN
2	Anaya	Yanett	9/12/2013	Obst-OBGYN
3	Batchelor	Caitlin	4/4/2013	Surg-Dentistry
4	Bermingham	Yamilee	10/12/2013	Obst-OBGYN
5	Bertheau	Daniel	2/7/2013	RNP-Nurse Practitioner
6	Bhat	Jyoti	9/12/2013	Med-Endocrinology
7	Bode	Kenneth	2/7/2013	Orthopedic Surgery
8	Bose	Diwata	4/4/2013	Obst-Gynecology
9	Brown	Michael	10/28/2013	Orthopedic Surgery
10	Browning	Carol	2/7/2013	Radiology
11	Buckley	Celine	4/29/2013	Radiology
12	Bush	Errol	12/5/2013	Surg-Cardiothoracic
13	Cameron	Victoria	4/4/2013	Other-NO Specialty
14	Carroll-Ambrose	Mary	12/5/2013	RNP-Nurse Practitioner
15	Chavez	Frances	5/2/2013	Family Practice
16	Davis	Wendy	9/12/2013	Med-Gastroenterology
17	DeFreitas	Donna	9/12/2013	Med-Internal Medicine
18	Dick	Jonathan	9/12/2013	Med-Internal Medicine
19	Duggirala	Srikant	11/7/2013	Med-Internal Medicine
20	Elia	Giovanni	9/12/2013	Obst-Gynecology
21	Farhat	Alex	12/5/2013	Med-Internal Medicine
22	Graham	Jeremy	9/12/2013	RNP-Nurse Practitioner
23	Harper	Cortney	9/12/2013	Obst-OBGYN
24	Hayward	Robert	3/7/2013	Med-Internal Medicine
25	Henry	Charles	12/5/2013	Radiology

Schedule 10, continued

26	Hirsch	Jan	7/11/2013	Anesthesiology
27	Hoffman	Katey	7/11/2013	Pediatrics
28	Holm	Amy	10/12/2013	RNP-Nurse Practitioner
29	Johal	Sukhi	9/12/2013	Psychiatry
30	Johnson	Jacob	6/21/2013	Surg-Otolaryngology
31	Juriansz	G.	2/7/2013	Med-Internal Medicine
32	Kalira	Dimpi	7/11/2013	Emergency Medicine
33	Kanaan	Samer	5/2/2013	Surg-Cardiothoracic
34	Kangelaris	Gerald	6/21/2013	Surg-Otolaryngology
35	Kavanagh	Joseph	12/5/2013	Radiology
36	Kennedy	Abbey	3/7/2013	Orthopedic Surgery
37	La Saulle	Brooke	4/4/2013	Obst-Midwifery
38	Landeck	Scott	6/6/2013	Emergency Medicine
39	Lee	D.D.	6/6/2013	Obst-OBGYN
40	Lewis	Tangie	9/12/2013	RNP-Nurse Practitioner
41	Maddox	John	9/12/2013	Med-Dermatology
42	Massey	John	9/12/2013	Anesthesiology
43	Matsukuma	Karen	10/12/2013	Pathology
44	Matteo	Sheri	2/7/2013	Obst-Midwifery
45	Merrick	Scot	10/12/2013	Surg-Cardiothoracic
46	Mukhtar	Nizar	2/7/2013	Med-Internal Medicine
47	Munger	Louisa	9/12/2013	PA-Physician Assistant
48	Mynsberge	Matthew	7/11/2013	Surg-Dentistry/Oral
49	Newlon	Barbara	2/6/2013	Med-Internal Medicine
50	Norton	Laura	12/5/2013	Surg-General
51	Oesterle	Adam	9/12/2013	Med-Internal Medicine
52	Patel	Sanketkumar	11/7/2013	Med-Internal Medicine
53	Rand	Larry	2/7/2013	Obst-OBGYN
54	Sharma	Ripple	6/6/2013	Med-Internal Medicine
55	Shikary	Maria	12/5/2013	Pediatrics
56	Simon	Peter	12/5/2013	Pediatrics
57	Singer	Samuel	12/5/2013	Pediatrics
58	Singh	Abhishek	5/2/2013	Med-Internal Medicine
59	Singh	Kabir	10/12/2013	Med-Cardiology
60	Singhel	Shiva	8/7/2013	Med-Internal Medicine
61	Sockell	Mark	10/12/2013	Med-Internal Medicine
62	Sreedharan	Deepak	9/12/2013	Anesthesiology
63	Stark	Timothy	3/7/2013	Anesthesiology
64	Starr	Philip	9/12/2013	Surg-Neurosurgery
65	Teper	Irene	10/12/2013	Med-Internal Medicine
66	Theodosopoulos	Philip	9/12/2013	Surg-Neurosurgery

Schedule 10, continued

67	Tran	Tony	5/2/2013	Med-Internal Medicine
68	Van der Heusen	Frank	10/12/2013	Anesthesiology
69	Vargo	Jeffrey	2/7/2013	Radiology
70	Wadhwa	Rishi	12/5/2013	Surg-Neurosurgery
71	Weiss	Noah	2/7/2013	Orthopedic Surgery
71	Young	Janet	4/4/2013	Emergency Medicine
73	Yu	R. James	10/12/2013	Surg-Urology

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				
Quarter	Number of Clinical RNs	Terminated		Rate
		Voluntary	Involuntary	
1Q 2013	553	14	4	3.25%
2Q 2013	561	11	1	2.14%
3Q 2013	556	13	1	2.52%
4Q 2013	552	14	1	2.72%

Vacancy Rate									
Period	Per Diem Postings	Benefited Postings	Per Diem Hires	Benefited Hires	Benefited Headcount	Per Diem Headcount	Total Headcount	Benefited Vacancy Rate	Per Diem Vacancy Rate
1Q 2013	20	37	5	5	388	165	553	9.54%	12.12%
2Q 2013	22	29	11	8	387	174	561	7.49%	12.64%
3Q 2013	24	29	3	6	387	169	556	7.49%	14.20%
4Q 2013	19	37	8	4	386	166	552	9.59%	11.45%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
1Q 2013	10	18	(8)
2Q 2013	19	12	7
3Q 2013	9	14	(5)
4Q 2013	12	15	(3)

Schedule 12: Ambulance Diversion

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

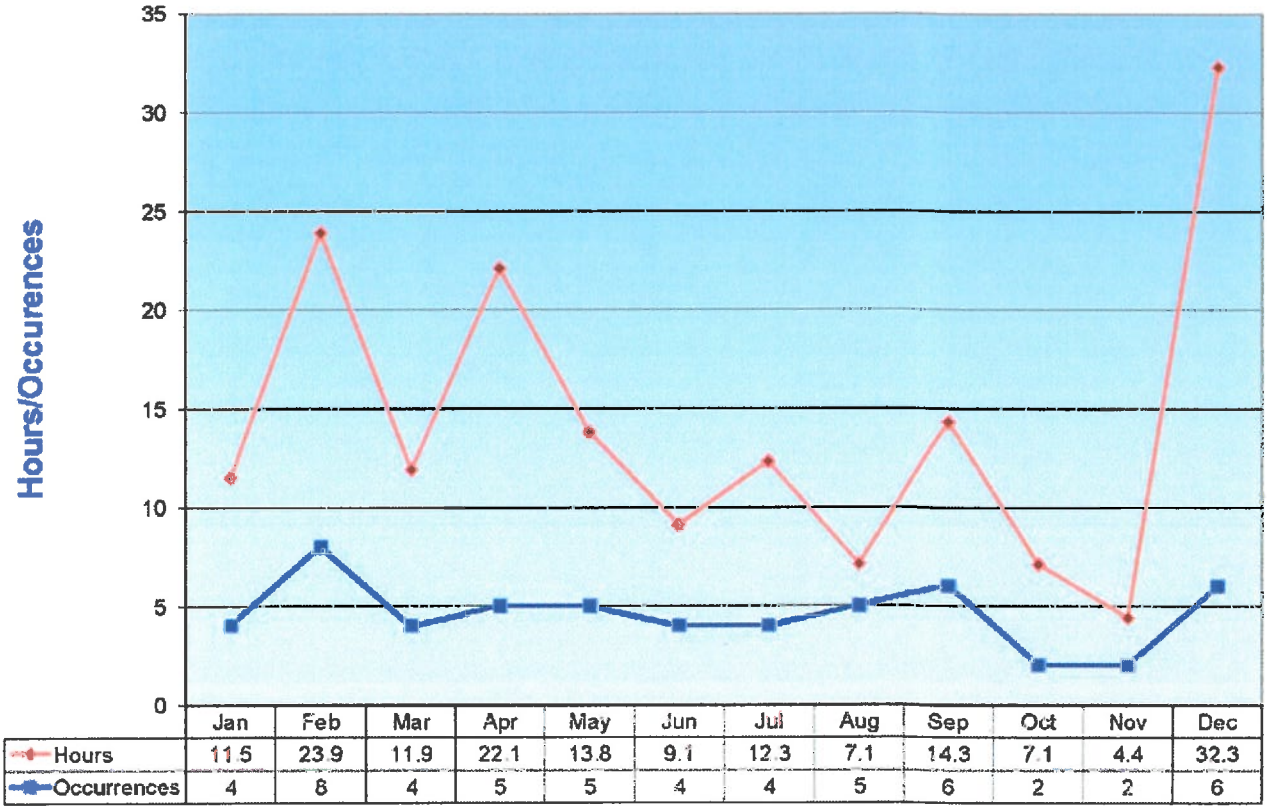
Quarter	Date	Time	Length of Time on Divert	Reason	ED Census	Waiting Room Census	ED Admitted Patient Census
4Q 2013	Oct 10	1440-1740	3 hr	ED Saturation	29	1	8
4Q 2013	Oct 29	1755-2200	4 hr, 5 min	ED Saturation	22	15	5
4Q 2013	Nov 10	1419-1700	2 hr, 41 min.	ED Saturation	30 (3 @ 1:1)	8	2
4Q 2013	Nov 17	1355-1535	1 hr, 40 min	ED Saturation	37	10	7
4Q 2013	Dec 8	1650-1850	2 hour	ED Saturation	22	11	3
4Q 2013	Dec 8	2236-0032	2 hour	ED Saturation	25	6	7
4Q 2013	Dec 19	1810-2119	3 hr, 9 min	ED Saturation	27	5	6
4Q 2013	Dec 20	1150-0000	12 hr, 10 min	ED Saturation	29	7	10
4Q 2013	Dec 23	1725-0115	7 hr, 50 min	ED Saturation	21 (4 @ Level 1)	9	2
4Q 2013	Dec 28	1717-2230	5 hr, 13 min	ED Saturation	26	7	5

Schedule 12, continued

2013 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)



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Hours	11.5	23.9	11.9	22.1	13.8	9.1	12.3	7.1	14.3	7.1	4.4	32.3
Occurrences	4	8	4	5	5	4	4	5	6	2	2	6

Tab 5

MARIN GENERAL HOSPITAL

250 Bon Air Road, Greenbrae, CA 94904
t » 415-925-7000

To: Marin Healthcare District Board of Directors
From: Lee Domanico, CEO
Re: MGH 2013 Independent Audit
Date: May 7, 2014

We are very pleased to provide you with our 2013 Independent Audit, which is completely "clean" with no audit adjustments and no management letter comments, for the fourth year in a row.

This year's audit reflects the consolidation of Prima Medical Foundation as well as our two ventures, Marin Specialty Surgery Center and Marin Advanced Imaging. The most significant impact of this change is that our Consolidated Net Revenues increased from $313 million in 2012 to $368 million in 2013.

MGH's Excess of Revenues Over Operating Expenses in 2013 were $4,562,000 and MGH finished the year with $61.7 million in operating cash.

Marin General Hospital

Report of Independent Auditors

Chris Pritchard, Partner
National Healthcare Practice Leader

Ben Mack, Partner
HealthCare Services

(415) 956-1500

MOSS-ADAMS LLP

Certified Public Accountants | Business Consultants

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2013 AUDIT OBJECTIVES

- Opinion on whether the consolidated financial statements are *reasonably* stated and free of material misstatement in accordance with generally accepted accounting principles
- Consideration of internal controls
- Audit required by bank

AUDITOR'S REPORT

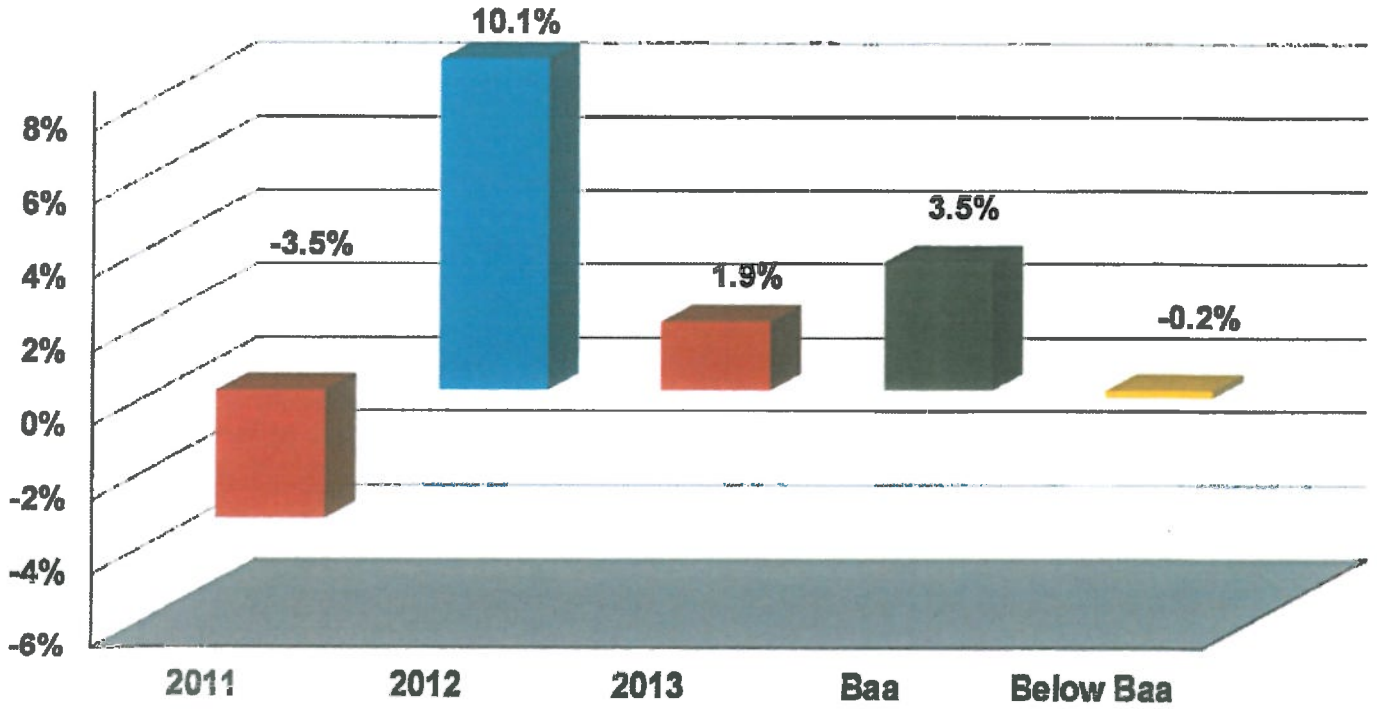
Unmodified opinion

Consolidated* financial statements are fairly presented in accordance with generally accepted accounting principles in the United States.

*The consolidated financial statements include Marin General Hospital and the following controlled entities: Marin General Hospital Foundation, Prima Medical Foundation, MGH/SCA, LLC and MMRIC, LLC.

EXCESS MARGIN

(TOTAL OPERATING REVENUE – TOTAL OPERATING EXPENSES + NON-OPERATING INCOME) / (TOTAL OPERATING REVENUE + NON-OPERATING INCOME)

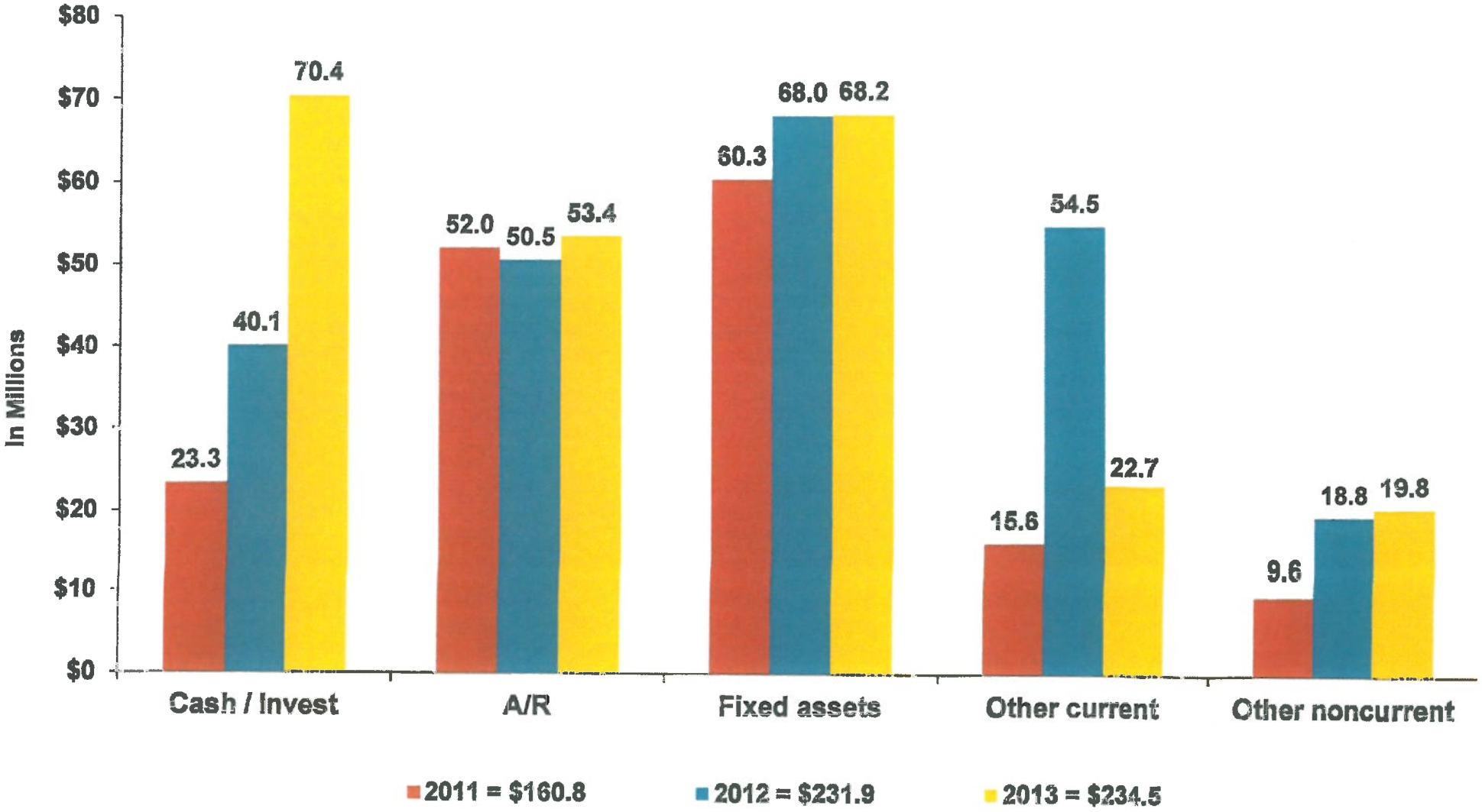


Moody's Health Care *

* Moody's Investors Service:
NFP Healthcare Medians, 2012, August 2013

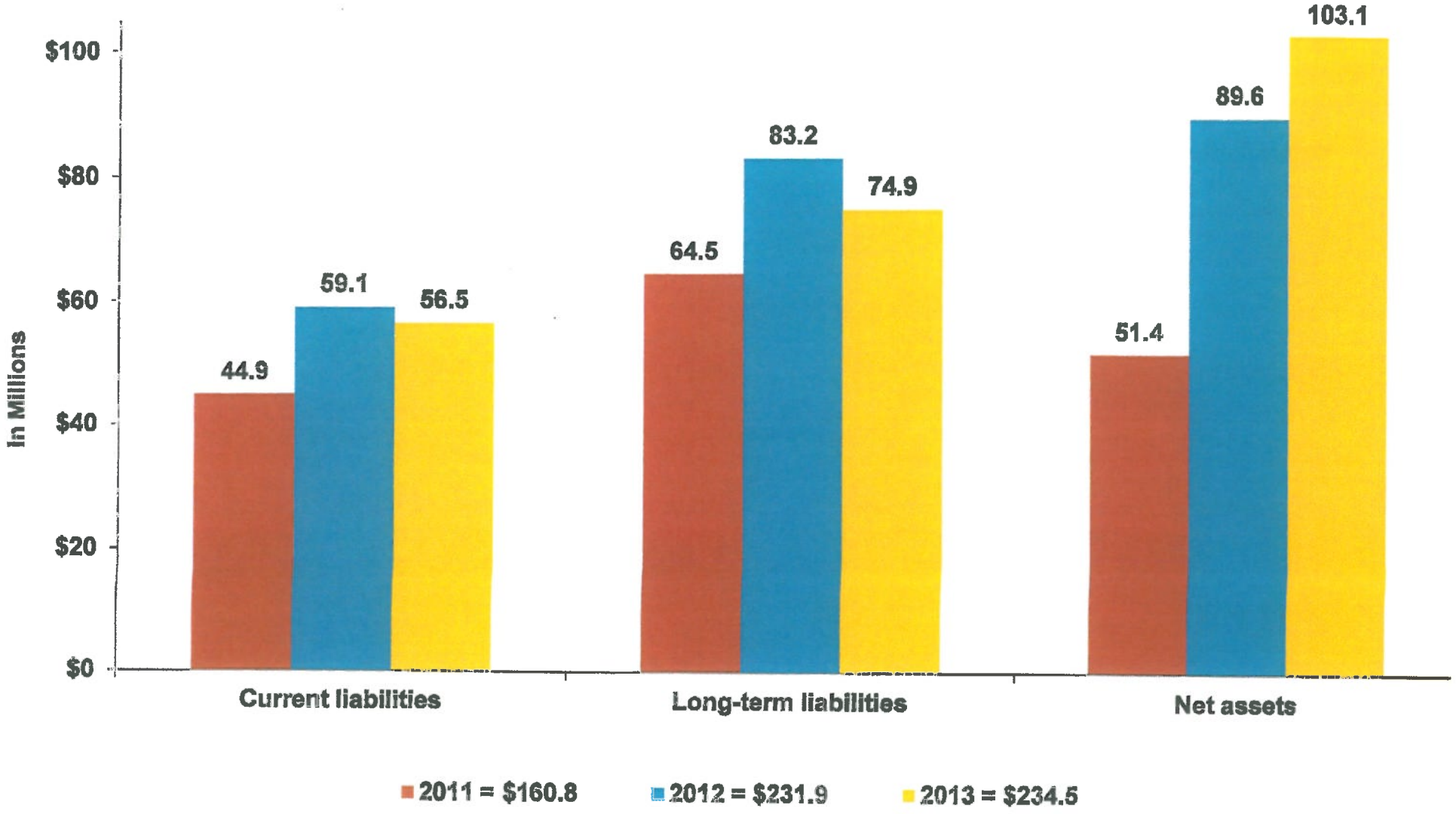
ASSET COMPOSITION

(IN MILLIONS)



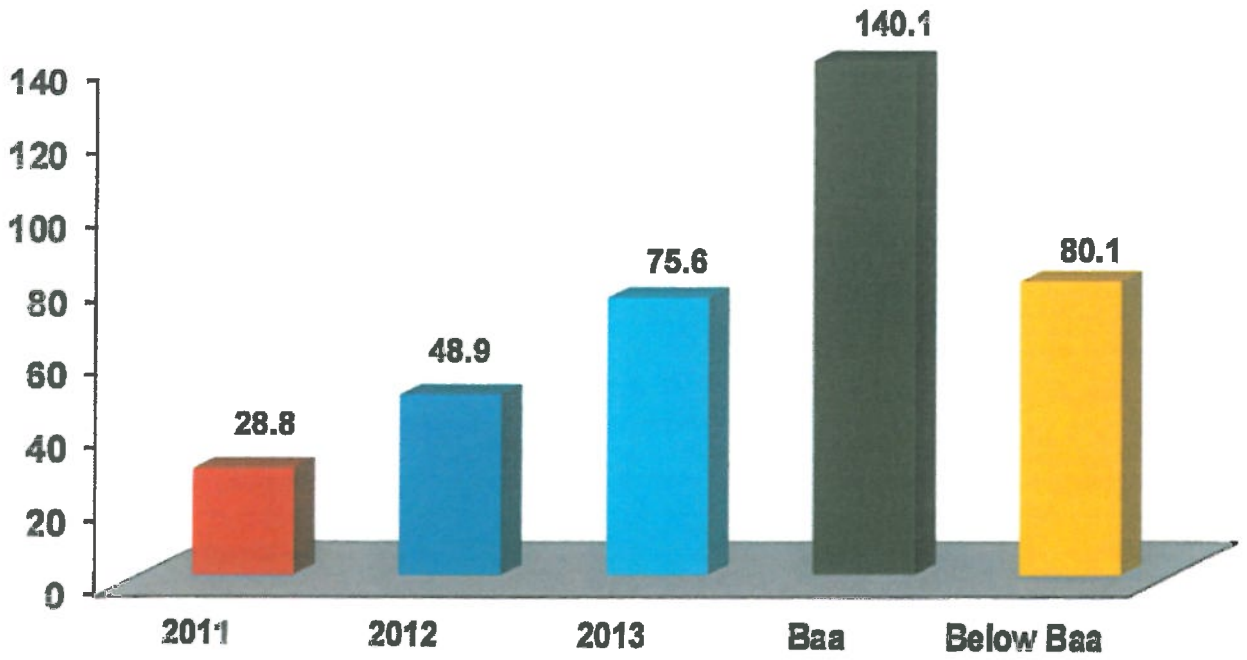
LIABILITIES AND NET ASSETS

(IN MILLIONS)



DAYS CASH AND INVESTMENTS

(UNRESTRICTED CASH AND INVESTMENTS X 365) / (TOTAL OPERATING EXPENSES – DEPRECIATION AND AMORTIZATION EXPENSES)

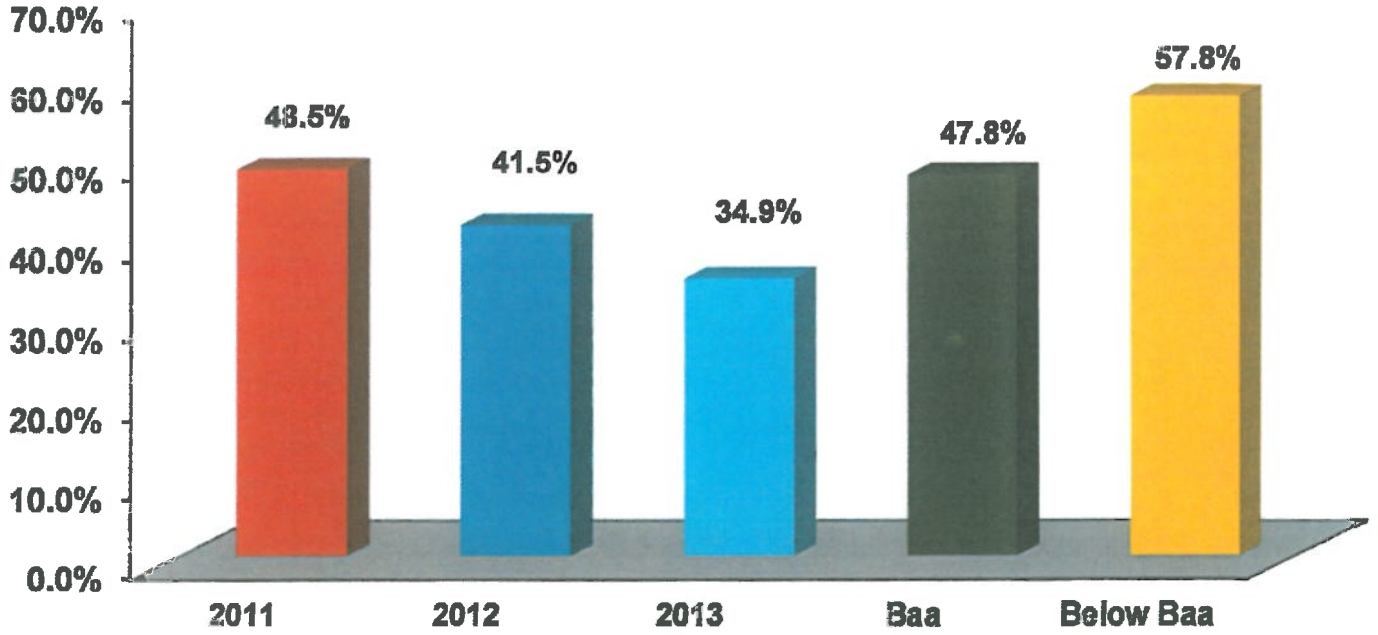


*Moody's Health Care **

* Moody's Investors Service:
NFP Healthcare Medians, 2012, August 2013

DEBT TO CAPITALIZATION

(LONG-TERM DEBT + SHORT-TERM DEBT) / (LONG-TERM DEBT + SHORT-TERM DEBT + UNRESTRICTED FUND BALANCE)



*Moody's Health Care **

* Moody's Investors Service:
NFP Healthcare Medians, 2012, August 2013

IMPORTANT BOARD COMMUNICATIONS

- Accounting estimates are reasonable
  - Allowances for contractual and uncollectible accounts receivable
  - Third-party reserves
  - Claims reserves, including RAC
  - Self insurance reserves
  - Pension and post retirement health care benefits

IMPORTANT BOARD COMMUNICATIONS

- Significant accounting policies
- No material weaknesses
- Best practice recommendations
- No issues discussed prior to our retention as auditors
- No disagreements with management