# MARIN HEALTHCARE DISTRICT

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

**TUESDAY, OCTOBER 9, 2018**

**7:00 PM: REGULAR MEETING**

**Board of Directors:**
**Chair:** Ann Sparkman, JD
**Vice Chair:** Jennifer Hershon, RN, MSN
**Secretary:** Jennifer Rienks, PhD
**Directors:** Larry Bedard, MD
Harris Simmonds, MD

**Location:**
Marin General Hospital
Conference Center
250 Bon Air Road
Greenbrae, CA 94904

**Staff:**
Lee Domanico, CEO
Colin Coffey, District Counsel
Michael Lighthawk, Executive Assistant

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## AGENDA

**7:00 PM: REGULAR MEETING**

| | | | Tab # |
|---|---|---|---|
| 1. | Call to Order and Roll Call | Sparkman | |
| 2. | General Public Comment<br>*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.* | Sparkman | |
| 3. | Approval of Agenda (action) | Sparkman | |
| 4. | Approval of Minutes of Special Open Meeting/Board Study Session of September 11, 2018 (action) | Sparkman | #1 |
| 5. | Approval of Minutes of Regular Meeting of September 11, 2018 (action) | Sparkman | #2 |
| 6. | Approval of Revised Conflict of Interest Code (action) | Coffey | #3 |
| 7. | Review of MGH Performance Metrics and Core Services Report, Q1 2018 | Domanico | #4 |
| 8. | MGH & MHD Boards Joint Nominating Committee<br>a. First Reading of UCSF Nominees to the MGH Board of Directors, Mark Laret, and Joshua Adler, MD | Domanico | #5 |
| 9. | Committee Meeting Reports | | |
| | a. Finance & Audit Committee (did not meet) | Bedard | |
| | b. Lease & Building Committee | Simmonds | |
| | (1) Community Health Seminar Series: "Men's Health" October 16 | Friedenberg | #6 |

A copy of the agenda for the Regular Meeting will be posted and distributed at least 72 hours prior to the meeting.
In compliance with the Americans with Disabilities Act, if you require accommodations to participate in a District meeting please contact the District office at 415-464-2090 (voice) or 415-464-2094 (fax) at least 48 hours prior to the meeting.
Meetings open to the public are audio-recorded; the recordings are posted on the District web site and retained for 1 month.

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**TUESDAY, OCTOBER 9, 2018**

**7:00 PM: REGULAR MEETING**

10. Reports
    a. District CEO's Report — Domanico
    b. Hospital CEO's Report — Domanico
    c. Chair's Report — Sparkman
    d. Board Members' Reports — All

11. Adjournment of Regular Meeting — Sparkman

*Next Regular Meeting: Tuesday, November 13, 2018, 7:00 p.m.*

# Tab 1

**MARIN HEALTHCARE DISTRICT**
**BOARD OF DIRECTORS**
**SPECIAL OPEN MEETING / BOARD STUDY SESSION**

**Tuesday, September 11, 2018 @ 6:30 pm**
**Marin General Hospital, Conference Center**

**MINUTES**

1. **Call to Order and Roll Call**
Vice Chair Jennifer Hershon called the Special Open Meeting/Board Study Session to order at 6:30 pm.

*Board Members Present*: Vice Chair Jennifer Hershon; Secretary Jennifer Rienks; Director Larry Bedard, MD; Director Harris Simmonds, MD
*Board Member Present via Teleconference from 6 Endeavor Drive, Corte Madera CA, as posted:* Chair Ann Sparkman
*Staff Present*: Lee Domanico, CEO; Jon Friedenberg, COO; Jim McManus, CFO; Michael Lighthawk, Executive Assistant; Thomas Asiano, Executive Assistant
*Counsel Present*: Colin Coffey
*Guests Present*: Kevin Coss and Ron Peluso (Vertran Associates); Denise True (COG Furniture)

2. **General Public Comment**
There was no public comment.

3. **Update on Hospital Replacement Project "MGH 2.0"**
Mr. Kevin Coss of Vertran Associates, construction project manager, presented PowerPoint slide show (on file and posted to MHD web site).
*Construction Safety:* There have been no additional safety incidents on the construction site since the previous report to this Board in June.
*Status Report:* Schedule delay recovery is progressing, with 45 of 90 days made up and continuing. The curtain walls and water proofing will be completed in November; tarping is being readied in case of rain before that. Basement and ground floor work is critical to keep on schedule.
Activation and Transition Planning workgroups are meeting, preparing for licensing and first patients to be on schedule for June 2020. Preparation takes 2 years, and State licensing takes at least 3 months. Mr. Coss and the Transition Team will report on this progress at the next report in December.
Contingency is stable at 43% and there are no further change orders.
*Furniture Overview:* Ms. Denise True of COG Furniture presented images via PowerPoint of proposed furniture overview. The concept theme is "Natural Modern 'Mountains of Marin'" with warm wood tones, synthetic rattan, medium neutral vinyls, and heavy textured fabrics.

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For Public Zones, she presented proposed furniture styles and finishes/textiles for typical waiting areas, public conference room, and typical outdoor spaces (dining furniture and lounge furniture).

For Patient Zones, she presented proposed furniture styles and finishes/textiles for typical patient rooms (including sleeper sofa), typical consult/multi-purpose room, and typical sub-wait room.

For Staff Zones, she presented proposed furniture styles and finishes/textiles for typical offices and workstations, typical team and conference rooms, and typical sleep rooms.

**4. <u>Adjournment</u>**

Vice Chair Hershon adjourned the Special Open Meeting at 6:55 pm.

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# Tab 2

**MARIN HEALTHCARE DISTRICT**
**BOARD OF DIRECTORS**

**REGULAR MEETING**

**Tuesday, September 11, 2018 @ 7:00 pm**
**Marin General Hospital, Conference Center**

**MINUTES**

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1. **Call to Order and Roll Call**
   Vice Chair Jennifer Hershon called the Regular Meeting to order at 7:00 pm.

   *Board Members Present*: Vice Chair Jennifer Hershon; Secretary Jennifer Rienks; Director Larry Bedard, MD; Director Harris Simmonds, MD
   *Board Member Present via Teleconference from 6 Endeavor Drive, Corte Madera CA, as posted:* Chair Ann Sparkman
   *Staff Present*: Lee Domanico, CEO; Jon Friedenberg, COO; Jim McManus, CFO; Michael Lighthawk, Executive Assistant; Thomas Asiano, Executive Assistant
   *Counsel Present*: Colin Coffey

2. **General Public Comment**
   There was no public comment.

3. **Approval of Agenda**
   Director Simmonds moved to approve the agenda as presented. Secretary Rienks seconded. Vote: all ayes.

4. **Approval of Minutes of Regular Meeting of August 14, 2018**
   Director Bedard moved to approve the minutes as presented. Secretary Rienks seconded. Vote: all ayes.

5. **Committee Meeting Reports**
   a. *MHD Citizens' Bond Oversight Committee*
   Ms. Leslie Lava, Chair, reported that the Committee met on August 15. The Design Team took the Committee on a tour overlooking the hospital construction site.

   b. *MHD Finance & Audit Committee*
   Director Bedard reported that the Committee met on August 28. The Committee reviewed and recommended for approval the Revised Travel Expense Reimbursement Policy. Director Bedard moved to approve the Policy as submitted. Vice Chair Hershon seconded. Vote: all ayes.

The Committee also reviewed and recommended for approval the Revised Financial Procedures & Internal Controls Policy. Director Bedard moved to approve the Policy as submitted. Director Simmonds seconded. Vote: all ayes.

c. *MHD Lease & Building Committee*
Director Simmonds reported that the Committee met on August 29. The next MHD Community Health Seminar will be on the subject of "Men's Health" and will be presented to the public on an October date yet to be determined.

6. **Reports**

a. *District CEO's Report*
Mr. Domanico had no further business to report.

b. *Hospital CEO's Report*
Mr. Domanico reported that he has formed a Transformation Task Force for controlling expenses and costs. The team is lean-trained in systems improvement and transitions, and includes Executives and Directors in patient care, finance and IT systems. They will manage a concerted effort over the next 2 years on all units of care and improving patient outcomes and quality of care. Further discussion ensued regarding Emergency Department (ED) admissions and cost control. He added that our ED recently received the prestigious 2018 "Lantern Award" from the National Emergency Nurses Association, given this year to only 19 ED's nationwide.

Colin Coffey, Counsel, and his associates are now associated with the law firm of Best Best & Krieger. Mr. Domanico has approved the business transfer to BBK.

c. *Chair's Report*
Vice Chair Hershon had nothing further to report.

d. *Board Members' Reports*
Director Bedard thanked Mr. Coss for facilitating his signing of the beam in the new ED. He reported on the FDA's approval of Epidiolex, the first drug containing substance derived from marijuana, used for treating rare and severe epilepsy.

Secretary Rienks reported on the upcoming ACHD Annual Meeting this week, at which MGH's Michelle Tracy, Director of ED/Trauma, will present on our "Ouchless ED" program. Secretary Rienks, Director Simmonds, and Director Bedard will attend the conference.

7. **Adjournment of Regular Meeting**
Vice Chair Hershon adjourned the meeting at 7:25 pm.

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# Tab 3

# CONFLICT OF INTEREST CODE
# FOR THE
# MARIN HEALTHCARE DISTRICT

## (Incorporating by Reference 2 Cal. Code of Regs. 18730, "FPPC Model Code")

Adopted: December 29, 1976
Revised: May 30, 1989
Revised: August 25, 1992
Reviewed: October, 2000
Revised: October, 2004
Revised: October, 2012
Revised: September, 2014
Revised: October, 2018

Section A. PURPOSE AND APPLICATION:

1. Introduction: The Marin Healthcare District (the "District") is a subdivision of the State of California. As a governmental agency, the District and members of its Board of Directors (the "Board"), its officers and employees are subject to California laws regulating conflicts of interest and requiring certain financial disclosures. The Political Reform Act of 1974 (California Government Code §81000, et. seq.) (the "PRA") requires, among other things, each state and local government agency to adopt and promulgated its own conflict of interest code (§87300). Section 18730 of the California Code of Regulations, "Regulations of the Fair Political Practices Commission," provides that incorporation by reference of the terms of that regulation constitutes the adoption and promulgation of a conflict of interest code as required by the PRA. The District has therefore adopted by reference Section 18730 as its own Conflict of Interest Code, including as that regulation may be hereinafter be amended or modified by the FPPC.

2. Purpose: It is the purpose of this Conflict of Interest Code (the "Code") to provide for the disclosure of Investments, Business Positions, Interests in Real Property and Income of Designated Officials and Employees that may be materially affected by their official actions, and, in appropriate circumstances, to provide that Designated Officials and Employees should be disqualified from acting in order that conflicts of interest may be avoided.

Section B. CONFLICT OF INTERESTS LAWS:

This Code shall be in addition to, and shall not be construed to supercede or limit in any way, the application of (i) any policies and procedures adopted by the District pertaining to conflicts of interest that are not otherwise codified herein or (ii) other laws and regulations pertaining to conflicts of interest of public officials, including but not limited to Government Code Sections 1090 (financial interest in contracts), 87100 (financial interest in governmental decisions) and 1126 (employment-based conflicts of interest), and Health and Safety Code Section 32110 (service to a competing hospital), each of which is hereby incorporated by reference into the Code.[1] Following is a summary of the prohibitions of those statutes:

1 In determining whether there is a conflict of interest in violation of any of the foregoing statutes, reference should be made to each of their related provisions, limitations and exceptions, if any, which also are hereby incorporated into the Code by this reference.

1. Government Code Section 1090 prohibits any member of the Board, officer or employee of the District from participating in the making of any District contract in which he/she has a financial interest. This prohibition against participation in the making of a contract includes but is not limited to discussing or voting upon the contract, or influencing or attempting to influence another member of the Board as to his/her vote on the contract. [NOTE: A violation of Section 1090 carries with it the risk that the District contract in question will be declared void under Government Code Section 1092.)

2. Government Code Section 87100 prohibits any member of the Board, officer or employee of the District from making, participating in making or in any way attempting to use his official position to influence a District decision in which he/she knows or has reason to know he/she has a financial interest. This prohibition against participation in District decision making includes but is not limited to discussing or voting upon the matter, or influencing or attempting to influence another member of the Board as to the District's decision or vote on the matter.

3. Government Code Section 1126 prohibits any member of the Board, officer or employee of the District from engaging in any employment, activity, or enterprise for compensation that is inconsistent, incompatible or in conflict with, or in inimical to his/her duties for the District.

4. Health and Safety Code Section 32110 prohibits any member of the Board, officer or employee of the District from serving as a director, policy making management employee or medical staff officer of any hospital serving the same area as the area served by the hospital owned by the District, nor may he/she possess any ownership interest in any such hospital. For the purposes of this Code, a hospital shall be considered to serve the same area as the District when more than five percent (5%) of the other hospital's inpatient admissions are residents of the District.

Section C. DISCLOSURE STATEMENTS:

1. Designated Officials and Employees: The persons holding positions listed in the Appendix are Designated Officials and Employees. As described in the Appendix, each Designated Official and Employee shall file annual statements disclosing his/her Business Positions, Health Care Facility Relationships, Interests in Real Property Within the Jurisdiction, Investments in Business Entities, Income, or sources of Income as well as those Interests in Real Property, Business Positions, Investments and Income and sources income of his/her Immediate Family members, which might foreseeably be affected materially by the operations of the District in a manner different from the public generally or a significant segment thereof.

2. Time of Filing Statements: As provided in Section 18730, California Code of Regulations.

3. Forms: Forms will be supplied by the District.

4. Place of Filing: Designated employees, except members of the Board of Directors, shall file their Statements of Economic Interests (Form 700) with the District administration, who will make the statements available for public inspection and reproduction (Gov. Code Section 81800). Statements of designated employees will be retained by the District. Members of the elected Board will file their original statements with the Marin County Elections Department and will provide copies to be retained by the District."

APPENDIX

DESIGNATED EMPLOYEES

The following is a list of the positions which the Board of Directors of Marin Healthcare District has determined will entail the making or participation in the making of decisions which may foreseeably have a material effect on any financial interest:

1. Members of the Board of Directors of Marin Healthcare District, elected or appointed;

2. District Chief Executive Officer, District Chief Financial Officer, and District Chief ~~Administrative~~ Operating Officer;

3. General Counsel for Marin Healthcare District.

The Board of Directors of Marin Healthcare District has determined that the disclosure requirements of this Code shall be equally applicable to each of the above-listed "designated employees", i.e., each of said designated employees will be subject to all disclosure requirements of this Code.

Consultants to the District may also be subject to the disclosure requirements of this Code, as determined on a case-by-case basis by the District Board. This decision shall be based upon the determination of whether the Consultant participates in the making of decisions on. behalf of the District.

DISCLOSURE

TYPES OF INVESTMENTS, BUSINESS POSITIONS, INTEREST IN REAL PROPERTY AND SOURCES OF INCOME THAT ARE REPORTABLE

General Rule: An investment, business position, interest in real property, or source of income, including gifts, is reportable if the business entity in which the investment or business position is held, the interest in real property, or the income or source of income, may foreseeably be affected materially by any decision made or participated in by the designated employee by virtue of his or her official position. Financial interests are reportable only if located within the Healthcare District or if the business entity is doing business or planning to do business within the District (and such plans are known by the designated employee) or has done business within the District at any time during the two years prior to the filing of the Statement.

Furthermore, pursuant to Government Code Section 87302(a), the District Board has determined that the following, but not by way of limitation, specific Business Entities in which a Designated Official or Employee has an Investment, Business Position, an Interest in Real

Property, or derives Income therefrom are reportable:

(I) Bank, Savings and Loan or other Thrift Associations;
(2) Third Party Payors for Health Care Services (including health maintenance organizations, hospital service plans, preferred provider organizations and indemnity health insurance carriers);
(3) Liability Insurance Companies (including carriers which offer or sell professional liability insurance, comprehensive liability insurance, directors and officers liability and other types of insurance maintained by or on behalf of the District);
(4) Real Estate Companies;
(5) Ambulance Services Companies;
(6) Health Care Providers *I* Facilities (including hospitals, skilled nursing homes, home health agencies, medical groups, ambulatory care centers, clinics, etc.);
(7) Consulting Firms (architectural, legal, accounting); and
(8) Any other Business Entity which supplies materials and/or supplies to the District, or which has supplied materials and/or supplies to the District at any time during the two (2) years prior to the time any statement or other action is required under this Code.

# 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

1st Quarter 2018

September 4, 2018

## Marin General Hospital

Performance Metrics and Core Services Report: 1st Quarter 2018

## 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 & 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 7/16/2016 for a duration of 36 months. Next survey to occur in 2019. |
| | 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 2017 (Annual Report) was presented to MGH Board and to MHD Board in June 2018. |
| | 6. MGH Board must implement a Biennial Quality Perfomance Improvement Plan for MGH. | Annually | In Compliance | MGH Performance Improvement Plan for 2018 was presented for approval to the MGH Board in June 2018. |
| | 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 & 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 cmmunity health care needs. | Annually | In Compliance | Reported in Q4 2017 |
| | 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 & Employees | MGH Board must report on all Tier 1 "Physician and Employee" Metrics at least annually. | Annually | In Compliance | Report in Q4 2017 |
| (E) Volumes & Service Array | 1. MGH Board must maintain MGH's Scope of Acute Care Services as reported to OSHPD. | Quarterly | In Compliance | All services have been maintained. |
| | 2. MGH Board must maintain MGH's services required by Exhibit G to the Loan Agreement between the General Member and Marin County, dated October 2008, as long as the Exhibit commitments are in effect. | Quarterly | In Compliance | All services have been maintained. |
| (F) Finances | 1. MGH Board must maintain a positive operating cash-flow (operating EBITDA) for MGH after an initial phase in period of two fiscal years, and then effective as a performance metric after July 1, 2012, with performance during the phase in period monitored as if a Tier 2 metric. | Quarterly | In Compliance | Schedule 2 |
| | 2. MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH. | Quarterly | In Compliance | Schedule 2 |

# MGH Performance Metrics and Core Services Report
# 1Q 2018

## Marin General Hospital

Performance Metrics and Core Services Report: 1st Quarter 2018

## 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 & 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 Clincal 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, and preventive care programs). | Quarterly | In Compliance | Schedule 3 |
| (B) Patient Satisfaction & Services | 1. MGH Board will eport on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, urse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, and post-discharge instruction. | Quarterly | In Compliance | Schedule 1 |
| | 2. MGH Board will report external awards and recognition. | Annually | In Compliance | Reported in Q4 2017 |
| (C) Community Commitment | 1. MGH Board will report all of MGH's cash and i-kind contributions to other organizations. | Quarterly | In Compliance | Schedule 4 |
| | 2. MGH Board will report on MGH's Charity Care. | Quarterly | In Compliance | Schedule 4 |
| | 3. MGH Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities. | Annually | In Compliance | Reported in Q4 2017 |
| | 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 faciility upgrades and seismic compliance. | Annually | In Compliance | Schedule 2 |
| | 5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors. | Annually | In Compliance | Reported in Q4 2017 |
| (D) Physicians & Employees | 1. MGH Board will provide a report on new recruited physicians by specialty and active number of physicias on staff at MGH. | Annually | In Compliance | Reported in Q4 2017 |
| | 2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH. | Annually | In Compliance | Reported in Q4 2017 |
| | 3. MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH. | Quarterly | In Compliance | Schedule 5 |
| (E) Volumes & 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 28, 2017. |
| | 2. MGH Board will report on the status of MGHs market share and Management responses. | Annually | In Compliance | MGH's market share and management responses report was presented to the MGH Board on October 28, 2017. |
| | 3. MGH Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits. | Quarterly | In Compliance | Schedule 2 |
| | 4. MGH Board will report on current Emergency service diversion statistics. | Quarterly | In Compliance | Schedule 6 |
| (F) Finances | 1. MGH Board will provide the audited financial statements. | Annually | In Compliance | The MGH 2017 Independent Audit was completed on April 13, 2018. |
| | 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, and reserve funding. | Quarterly | In Compliance | Schedule 2 |
| | 3. MGH Board will provide copies of MGH's annual tax return (form 990) upon completion to General Member. | Annually | In Compliance | The MGH 2015 Form 990 was filed on November 15, 2017. |

# 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.

## Dashboard for HCAHPS

The scores displayed may include surveys not officially submitted and may not match the final values reported by CMS. These results are for process improvement purposes only.

| | FFY 2020 | | | Marin General Hospital Greenbrae, CA |
|---|---|---|---|---|
| | Achievement | Percentile | Benchmark | Jan-Mar 18 |
| Nurses | 79.08 | 83.55 | 87.12 | 72.60 |
| Nurse Respect | | | | 83.47 |
| Nurse Listen | | | | 77.90 |
| Nurse Explain | | | | 74.73 |
| Doctors | 80.41 | 84.87 | 88.44 | 76.83 |
| Doctor Respect | | | | 83.74 |
| Doctor Listen | | | | 80.22 |
| Doctor Explain | | | | 80.32 |
| Responsiveness | 65.07 | 73.44 | 80.14 | 62.08 |
| Call Button | | | | 63.66 |
| Bathroom Help | | | | 67.29 |
| Pain Management | | | | -- |
| Pain Controlled | | | | -- |
| Help with Pain | | | | -- |
| Pain Communication | | | | 63.50 |
| Talk How Much Pain | | | | 62.41 |
| Talk Pain Treatment | | | | 64.60 |
| Medicines | 63.30 | 69.17 | 73.86 | 56.50 |
| Med Explanation | | | | 76.47 |
| Med Side Effects | | | | 45.32 |
| Environment | 65.72 | 73.33 | 79.42 | 52.85 |
| Cleanliness | | | | 65.66 |
| Quiet | | | | 52.45 |
| Discharge Info | 87.44 | 90.03 | 92.11 | 87.21 |
| Help After Discharge | | | | 86.01 |
| Symptoms to Monitor | | | | 91.81 |
| Care Transition | 51.14 | 57.45 | 62.50 | 47.16 |
| Care Preferences | | | | 42.82 |
| Responsibilities | | | | 53.26 |
| Medications | | | | 59.81 |
| Overall Rating | 71.59 | 79.11 | 85.12 | 65.66 |
| Would Recommend | | | | 68.09 |
| Surveys | | | | 373 |

# Schedule 2: 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 | 1Q 2018 | 2Q 2018 | 3Q 2018 | 4Q 2018 |
|---|---|---|---|---|
| EBIDA $ | 4,681 | | | |
| EBIDA % | 4.62% | | | |

| Loan Ratios | | | | |
|---|---|---|---|---|
| Current Ratio | 4.34 | | | |
| Debt to Capital Ratio | 29.4% | | | |
| Debt Service Coverage Ratio | 2.91 | | | |
| Debt to EBIDA % | 2.53 | | | |

| Key Service Volumes | | | | |
|---|---|---|---|---|
| Acute discharges | 2,367 | | | |
| Acute patient days | 11,305 | | | |
| Average length of stay | 4.78 | | | |
| Emergency Department visits | 9,348 | | | |
| Inpatient surgeries | 524 | | | |
| Outpatient surgeries | 1,101 | | | |
| Newborns | 251 | | | |

# Schedule 3: 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/)

# MGH Performance Metrics and Core Services Report
# 1Q 2018

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/)

**Hospital Inpatient Quality Reporting Program Measures**

| | METRIC | CMS** | Q1 -2018 | Q2 -2018 | Q3 -2018 | Q4-2018 | Rolling 2018 YTD | 2017 |
|---|---|---|---|---|---|---|---|---|
| | ♦ **Venous Thromboembolism (VTE) Measures** | | | | | | | |
| VTE-6 | Hospital Acquired Potentially-Preventable Venous Thromboembolism + | 0% | 0% | | | | 0% | 8% |
| | ♦ **Stroke Measures** | | | | | | | |
| STK-4 | Thrombolytic Therapy | 100% | 100% | | | | 100% | 100% |
| | ♦ **Perinatal Care Measure** | | | | | | | |
| PC-01 | Elective Delivery + | 0% | 0% | | | | 0% | 0% |
| | ♦ **ED Inpatient Measures** | | | | | | | |
| ED-1 | Median Time From ED Arrival to ED Departure for Admitted Patients | 262*** | 356.50 | | | | 356.50 | 311.00 |
| ED-2 | Admit Decision Time to ED Departure Time for Admitted Patients | 90*** | 122.00 | | | | 122.00 | 96.00 |
| | ♦ **Global Immunization (IMM) Measure** | | | | | | | |
| | METRIC | CMS** | | | | | 2018 | 2017 |
| IMM-2 | Influenza Immunization | 100% | | | | | 94% | 91% |
| | ♦ **Psychiatric (HBIPS) Measures** | | | | | | | |
| IPF-HBIPS-2 | Hours of Physical Restraint Use | 0.41 | 0.12 | | | | 0.12 | 0.08 |
| IPF-HBIPS-3 | Hours of Seclusion Use | 0.21 | 0.58 | | | | 0.58 | 0.00 |
| IPF-HBIPS-5 | Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification | 36% | 60% | | | | 60% | 68% |
| | ♦ **Substance Use Measures** | | | | | | | |
| SUB-1 | Alcohol Use Screening | 71% | 100% | | | | 100% | 96% |

** CMS Top Decile Benchmark CMS Reduction Program (shaded in blue) + 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** | Q1 -2018 | Q2 -2018 | Q3 -2018 | Q4-2018 | Rolling 2018 YTD | 2017 |
|---|---|---|---|---|---|---|---|---|
| | **Hospital Outpatient Quality Reporting Program Measures** | | | | | | | |
| | METRIC | CMS** | Q1 -2018 | Q2 -2018 | Q3 -2018 | Q4-2018 | Rolling 2018 YTD | 2017 |
| | ♦ **ED Outpatient Measures** | | | | | | | |
| OP-18 | Median Time from ED Arrival to ED Departure for Discharged Patients | 143*** | 169.00 | | | | 169.00 | 164.00 |
| OP-20 | Door to Diagnostic Evaluation by a Qualified Medical Personnel | 28*** | 21.00 | | | | 21.00 | 30.00 |
| | ♦ **Outpatient Pain Management Measure** | | | | | | | |
| OP-21 | OP - Median Time to Pain Mgmt. for Long Bone Fracture - Mins + | 49*** | 63.39 | | | | 63.39 | 90.60 |
| | ♦ **Outpatient Stroke Measure** | | | | | | | |
| OP-23 | Head CT/MRI Results for STK Pts w/in 45 Min of Arrival | 72%*** | 67% | | | | 67% | 67% |
| | ♦ **Endoscopy Measures** | | | | | | | |
| OP-29 | Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients | 100% | 100% | | | | 100% | 99% |
| OP-30 | Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use | 100% | 98% | | | | 98% | 96% |

** CMS Top Decile Benchmark ***National Average + Lower Number is better

# MGH Performance Metrics and Core Services Report
# 1Q 2018

**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/)

| | ♦ Healthcare Personnel Influenza Vaccination | | | | | |
|---|---|---|---|---|---|---|
| | **METRIC** | **CMS National Average** | **Oct 2013 - Mar 2014** | **Oct 2014 - Mar 2015** | **Oct 2015 - Mar 2016** | **Oct 2016 - Mar 2017** |
| IMM-3 | Healthcare Personnel Influenza Vaccination | 88% | 71% | 81% | 95% | 89% |
| | **♦ Surgical Site Infection** | | | | | |
| | **METRIC** | **National Standardized Infection Ratio (SIR)** | **Oct 2015 - Sep 2016** | **Jan 2016 - Dec 2016** | **April 2016 - March 2017** | **July 2016 - June 2017** |
| HAI-SSI-Colon | Surgical Site Infection - Colon Surgery | 1 | 0.97 | not published** | not published** | not published** |
| HAI-SSI-Hyst | Surgical Site Infection - Abdominal Hysterectomy | 1 | 1.02 | not published** | not published** | not published** |
| | **♦ Healthcare Associated Device Related Infections** | | | | | |
| | **METRIC** | **National Standardized Infection Ratio (SIR)** | **July 2015 - June 2016** | **Jan 2016 - Dec 2016** | **April 2016 - March 2017** | **July 2016 - June 2017** |
| HAI-CLABSI | Central Line Associated Blood Stream Infection (CLABSI) | 1 | not published** | 1.32 | 0.92 | 0.24 |
| HAI-CAUTI | Catheter Associated Urinary Tract Infection (CAUTI) | 1 | 0.61 | 0.51 | 0.55 | 0.56 |
| | **♦ Healthcare Associated Infections** | | | | | |
| | **METRIC** | **National Standardized Infection Ratio (SIR)** | **Oct 2015 - Sep 2016** | **Jan 2016 - Dec 2016** | **April 2016 - March 2017** | **July 2016 - June 2017** |
| HAI-C-Diff | Clostridium Difficile | 1 | 2.02 | 1.80 | 1.48 | 1.21 |
| HAI-MRSA | Methicillin Resistant Staph Aureus Bacteremia | 1 | 0.69 | 1.86 | 1.84 | 1.34 |
| **♦ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators)** | | | | | | |
| | **METRIC** | **Centers for Medicare & Medicaid Services (CMS) National Average** | **July 2012 - June 2014** | **July 2013 - June 2015** | **July 2014 - Sept 2015** | **Nov 2015 - Sept 2017** |
| PSI-90 (Composite) | Complication / Patient Safety Indicators PSI 90 (Composite) | 0.9 | 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** | **MGH Goal** | | | **2018 (Q1)** | **2017** |
| PSI-90 (Composite) | Complication / Patient safety Indicators PSI 90 (Composite) | 0.307 | | | 0.14 | 0.17 |

# MGH Performance Metrics and Core Services Report
# 1Q 2018

| | MARIN GENERAL HOSPITAL DASHBOARD<br>CLINICAL QUALITY METRICS<br>Publicly Reported on CalHospital Compare (www.calhospitalcompare.org)<br>and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov/) | | | | | |
|---|---|---|---|---|---|---|
| | **METRIC** | **Centers for Medicare & Medicaid Services (CMS) National Average** | **July 2012 - June 2014** | **July 2013 - June 2015** | **July 2014 - Sept 2015** | **Nov 2015 - Sept 2017** |
| PSI-4 | Death Among Surgical Patients with Serious Complications | 136.48 per 1,000 patient discharges | No different then National Average | No different then National Average | No different then National Average | No different then National Average |
| | ♦ **Surgical Complications** | | | | | |
| | | **Centers for Medicare & Medicaid Services (CMS) National Average** | **April 2010 - March 2013** | **April 2011 - March 2014** | **April 2011- March 2014** | **July 2014- March 2016** |
| Surgical Complication | Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty | 2.8% | 4.4% | 3.6% | 3.6% | 2.7% |
| | ♦ **Acute Care Readmissions - 30 Day Risk Standardized** | | | | | |
| | **METRIC** | **Centers for Medicare & Medicaid Services (CMS) National Average** | **July 2010- June 2013** | **July 2011- June 2014** | **July 2012- June 2015** | **July 2013- June 2016** |
| READM-30-AMI | Acute Myocardial Infarction Readmission Rate | 16.3% | 15.90% | 16.10% | 16.10% | 15.20% |
| READM-30-HF | Heart Failure Readmission Rate | 21.6% | 23.00% | 22.80% | 22.50% | 20.19% |
| READM-30-PN | Pneumonia Readmission Rate | 16.9% | 15.00% | 14.10% | 15.10% | 16.80% |
| READM-30-COPD | COPD Readmission Rate | 19.80% | 19.00% | 18.40% | 18.50% | 18.70% |
| READM-30-THA/TKA | Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate | 4.40% | 5.30% | 4.60% | 4.50% | 4.00% |
| READM-30-CABG | Coronary Artery Bypass Graft Surgery (CABG) | 13.8% | | 15.60% | 13.60% | 14.30% |
| READM-30-STR | Stroke Readmission Rate | 12.20% | 12.10% | 11.10% | 10.00% | 9.90% |
| | **METRIC** | **Centers for Medicare & Medicaid Services (CMS) National Average** | **July 2010- June 2013** | **July 2011- June 2014** | **July 2014- June 2015** | **July 2015 - June 2016** |
| HWR Readmission | Hospital-Wide All-Cause Unplanned Readmission (HWR) | 15.3% | 14.40% | 14.90% | 14.60% | 15.00% |

# MGH Performance Metrics and Core Services Report
# 1Q 2018

**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/)

| | ♦ Mortality Measures - 30 Day | | | | | |
|---|---|---|---|---|---|---|
| | **METRIC** | **Centers for Medicare & Medicaid Services (CMS) National Average** | **July 2010 - June 2013** | **July 2011- June 2014** | **July 2012- June 2015** | **July 2013- June 2016** |
| MORT-30-AMI | Acute Myocardial Infarction Mortality Rate | 13.0% | 12.60% | 11.70% | 11.10% | 12.90% |
| MORT-30-HF | Heart Failure Mortality Rate | 11.9% | 12.00% | 12.60% | 11.80% | 11.70% |
| MORT-30-PN | Pneumonia Mortality Rate | 15.9% | 12.20% | 12.30% | 17.40% | 15.90% |
| MORT-30-COPD | COPD Mortality Rate | 8.00% | 7.80% | 7.30% | 7.30% | 7.96% |
| MORT-30-STK | Stroke Mortality Rate | 14.60% | 15.20% | 13.40% | 12.20% | 11.70% |
| CABG MORT-30 | CABG 30-day Mortality Rate | 3.20% | | 2.60% | 2.60% | 3.46% |

| | ♦ Cost Efficiency | | | | | |
|---|---|---|---|---|---|---|
| | **METRIC** | **Centers for Medicare & Medicaid Services (CMS) National Average** | **Jan 2013 - Dec 2013** | **Jan 2014 - Dec 2014** | **Jan 2015 - Dec 2015** | **Jan 2016 - Dec 2016** |
| MSPB-1 | Medicare Spending Per Beneficiary (All) | 0.99 | 1.01 | 1.00 | 1.00 | 0.99 |
| | | | **July 2010 - June 2013** | **July 2011 - June 2014** | **July 2012- June 2015** | **July 2013- June 2016** |
| MSPB-AMI | Acute Myocardial Infarction (AMI) Payment Per Episode of Care | $23,119 | $20,850 | $22,019 | $22,564 | $21,192 |
| MSPB-HF | Heart Failure (HF) Payment Per Episode of Care | $16,190 | | $16,871 | $17,575 | $16,904 |
| MSPB-AMI | Pneumonia (PN) Payment Per Episode of Care | $17,026 | | $14,889 | $14,825 | $17,429 |
| MSPB-Knee | Hip and Knee Replacement | $22,567 | | | | $22,502 |

**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/)

| | ♦ Outpatient Measures (Claims Data) | | | | | |
|---|---|---|---|---|---|---|
| | **METRIC** | **Centers for Medicare & Medicaid Services (CMS) National Average** | **July 2012 -June 2013** | **July 2013 - June 2014** | **July 2014 - June 2015** | **July 2015 - June 2016** |
| OP-8 | Outpatient with Low Back Pain who had an MRI without trying Recommended Treatments First, such as Physical Therapy + | 39.80% | Not Available | Not Available | Not Available | Not Available |
| OP-9 | Outpatient who had Follow-Up Mammogram, Ultrasound, or MRI of the Breast within 45 days following a Screening Mammogram + | 8.80% | 7.40% | 6.70% | 7.20% | 6.80% |
| OP-10 | Outpatient CT Scans of the Abdomen that were "Combination" (Double) Scans + | 7.80% | 5.60% | 6.10% | 4.10% | 5.60% |
| OP-11 | Outpatient CT Scans of the Chest that were "Combination" (Double) Scans + | 1.80% | 0.40% | 0.30% | 0.40% | 0.10% |
| OP-13 | Outpatients who got Cardiac Imaging Stress Tests Before Low-Risk Outpatient Surgery + | 4.80% | 2.60% | 2.90% | 4.00% | 3.30% |
| OP-14 | Outpatients with Brain CT Scans who got a Sinus CT Scan at the Same Time + | 1.60% | 2.30% | 1.80% | 1.00% | 0.40% |
| | **METRIC** | **Centers for Medicare & Medicaid Services (CMS) National Average** | **Jan 2013 - Dec 2013** | **Jan 2014 - Dec 2014** | **Jan 2015 - Dec 2015** | **Jan 2016 - Dec 2016** |
| OP-22 | Patient Left Emergency Department before Being Seen | 2.00% | 1.00% | 1.00% | 1.00% | 1.00% |

+ Lower Number is better

# Schedule 4: 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 2018** | **Q2 2018** | **Q3 2018** | **Q4 2018** | **Total 2018** |
| American Heart Association | | | | | $ - |
| Brain Injury Network (Schurig Center) | $ 920 | | | | $ 920 |
| Buckelew | $ 25,000 | | | | $ 25,000 |
| Coastal Health Alliance | | | | | $ - |
| Community Institute for Psychotherapy | | | | | $ - |
| ExtraFood.org | | | | | $ - |
| Harbor Point Foundation (Bands to Battle Breast Cancer) | | | | | $ - |
| Healthy Aging Symposium | | | | | $ - |
| Heart Walk | | | | | $ - |
| Homeward Bound | $ 150,000 | | | | $ 150,000 |
| Hospice By Bay | | | | | $ - |
| Lifelong Medical Care | $ 15,000 | | | | $ 15,000 |
| Marin Center for Independent Living | $ 25,000 | | | | $ 25,000 |
| Marin City Health & Wellness | | | | | $ - |
| Marin Community Clinics | $ 131,000 | | | | $ 131,000 |
| Marin County Patient Transportation | $ 3,000 | | | | $ 3,000 |
| Marin Senior Fair | | | | | $ - |
| MHD 1206B Clincs | $ 3,077,607 | | | | $ 3,077,607 |
| Operation Access | $ 30,000 | | | | $ 30,000 |
| Prima Foundation | $ 2,342,114 | | | | $ 2,342,114 |
| Relay for Life | | | | | $ - |
| Ritter Center | $ 25,000 | | | | $ 25,000 |
| RotaCare Free Clinic | $ 15,000 | | | | $ 15,000 |
| Senior Access adult day program | | | | | $ - |
| South Asian Heart Center | | | | | $ - |
| Summer Solstice | | | | | $ - |
| To Celebrate Life | | | | | $ - |

# MGH Performance Metrics and Core Services Report
# 1Q 2018

Schedule 4: Community Benefit Summary (continued)

| | | | | | |
|---|---|---|---|---|---|
| Whistlestop | | | | | $ - |
| Zero Breast Cancer | | | | | $ - |
| **Total Cash Donations** | **$ 5,839,641** | **$ -** | **$ -** | **$ -** | **$ 5,839,641** |
| Compassionate discharge medications | $ 62 | | | | $ 62 |
| Meeting room use by community based organizations for community-health related purposes. | | | | | $ - |
| Food donations | $ 940 | | | | $ 940 |
| **Total In-Kind Donations** | **$ 1,002** | **$ -** | **$ -** | **$ -** | **$ 1,002** |
| **Total Cash & In-Kind Donations** | **$ 5,840,643** | **$ -** | **$ -** | **$ -** | **$ 5,840,643** |
| Community Health Improvement Services | $ 34,891 | | | | $ 34,981 |
| Health Professions Education | $ 94,473 | | | | $ 94,473 |
| Cash and In-Kind Contributions | $ 5,840,643 | | | | $ 5,840,643 |
| Community Benefit Operations | $ 1,359 | | | | $ 1,359 |
| Community Building Activities | | | | | |
| Traditional Charity Care *Operation Access total is included | $ 550,280 | | | | $ 550,280 |
| Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs) | $ 7,368,588 | | | | $ 7,368,588 |
| **Community Benefit Subtotal** (amount reported annually to State & IRS) | **$ 13,892,234** | | | | **$ 13,892,234** |
| Unpaid Cost of Medicare | $ 23,425,852 | | | | $ 23,425,852 |
| Bad Debt | $ 311,372 | | | | $ 311,372 |
| **Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total** | **$ 37,629,458** | | | | **$ 37,629,458** |

## Operation Access

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

| | 1Q 2018 | 2Q 2018 | 3Q 2018 | 4Q 2018 | Total 2018 |
|---|---|---|---|---|---|
| *Operation Access charity care provided by MGH (waived hospital charges) | $ 392,703 | | | | $ 392,703 |
| Costs included in Charity Care | $ 73,222 | | | | $ 73,222 |

# Schedule 5: 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 | Terminated | | Rate |
|---|---|---|---|---|
| | | Voluntary | Involuntary | |
| 1Q 2017 | 537 | 13 | 1 | 2.61% |
| 2Q 2017 | 540 | 12 | 2 | 2.59% |
| 3Q 2017 | 534 | 21 | 1 | 4.12% |
| 4Q 2017 | 525 | 20 | 1 | 4.0% |
| 1Q 2018 | 520 | 14 | 0 | 2.69% |

**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 |
|---|---|---|---|---|---|---|---|
| 1Q 2017 | 36 | 76 | 537 | 649 | 17.26% | 11.71% | 5.55% |
| 2Q 2017 | 32 | 62 | 540 | 634 | 14.83% | 9.78% | 5.05% |
| 3Q 2017 | 34 | 63 | 534 | 631 | 15.37% | 9.98% | 5.39% |
| 4Q 2017 | 35 | 75 | 525 | 635 | 17.32% | 11.81% | 5.51% |
| 1Q 2018 | 32 | 74 | 520 | 626 | 16.93% | 11.82% | 5.11% |

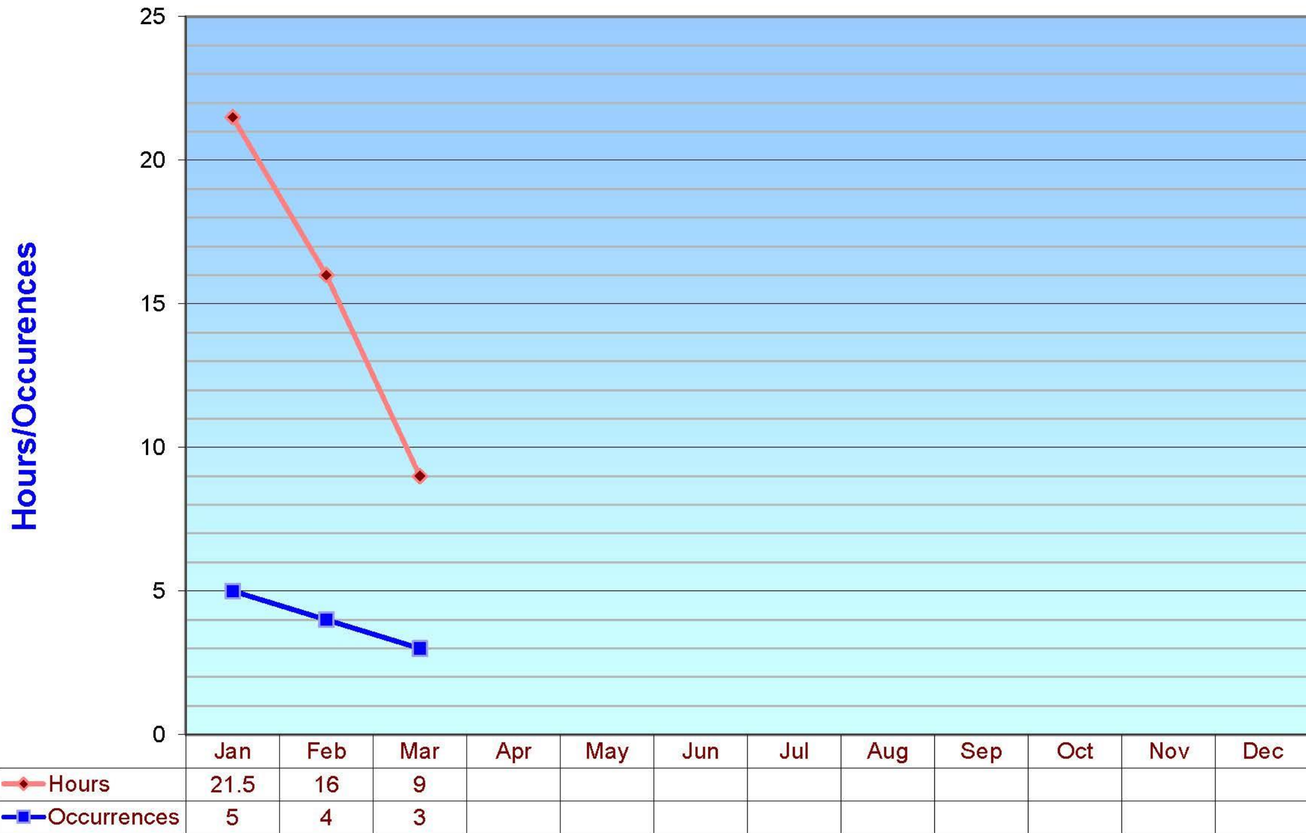
**Hired, Termed, Net Change**

| Period | Hired | Termed | Net Change |
|---|---|---|---|
| 1Q 2017 | 16 | 14 | 2 |
| 2Q 2017 | 20 | 14 | 6 |
| 3Q 2017 | 18 | 22 | (4) |
| 4Q 2017 | 12 | 21 | (9) |
| 1Q 2018 | 11 | 14 | (3) |

# Schedule 6: 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 Admitted Patient Census |
|---|---|---|---|---|---|---|
| 1Q 2018 | Jan 4 | 2212 – 0515 | 7 hrs, 3 mins | ED | 8 | 8 |
| 1Q 2018 | Jan 5 | 1334 – 1805 | 4 hrs, 31 mins | ED | 7 | 9 |
| 1Q 2018 | Jan 11 | 0059 – 0459 | 4 hrs, 0 mins | ED | 7 | 3 |
| 1Q 2018 | Jan 13 | 0058 – 0255 | 1 hr, 56 mins | ED | 8 | 7 |
| 1Q 2018 | Jan 15 | 1137 – 1542 | 4 hrs, 4 mins | ED | 15 | 9 |
| 1Q 2018 | Feb 6 | 1702 – 2145 | 4 hrs, 42 mins | ED | 10 | 8 |
| 1Q 2018 | Feb 25 | 1430 – 1730 | 2 hrs, 59 mins | ED | 9 | 7 |
| 1Q 2018 | Feb 27 | 1542 – 1849 | 3 hrs, 6 mins | ED | 12 | 6 |
| 1Q 2018 | Feb 28 | 1307 – 1812 | 5 hrs, 4 mins | ED | 10 | 5 |
| 1Q 2018 | Mar 14 | 1110 – 1447 | 3 hrs, 36 mins | ED | 6 | 12 |
| 1Q 2018 | Mar 16 | 0637 – 0912 | 2 hrs, 35 mins | ED | 3 | 6 |
| 1Q 2018 | Mar 30 | 1612 – 1856 | 2 hrs, 43 mins | ED | 1 | 10 |




| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hours | 21.5 | 16 | 9 | | | | | | | | | |
| Occurrences | 5 | 4 | 3 | | | | | | | | | |

# Tab 5

**Mark R. Laret**
**President & CEO**
**UCSF Health**

Mark R. Laret is president and chief executive officer of UCSF Health, an internationally recognized medical institution with more than 1200 beds, nearly two million outpatient visits, and annual revenue of over $4 billion. UCSF Health has affiliations with top health care organizations throughout Northern California. Laret also is a founder of Canopy Health, a doctor and hospital-owned accountable care network of more than 4,000 health care providers in the Bay Area.

*U.S. News & World Report* ranks UCSF Medical Center as the 5th best hospital in the country and the best in the west and in California (2017). Laret has led initiatives to improve patient and family health care experiences, the quality and safety of care, and to establish a regional network of hospitals and physicians. He oversaw construction of UCSF Health's newest hospital complex – UCSF Medical Center at Mission Bay - which opened in 2015 and includes hospitals for children, women's services and cancer, as well as an outpatient center.

Laret joined UCSF in 2000. He has more than three decades of experience as a health care executive and is a national leader in health care reform. He held several leadership positions from 1980 to 1995 at UCLA Medical Center, before serving as CEO of UC Irvine Medical Center from 1995 to 2000. He is chair of the board of directors of Canopy Health, and is past chair of the Association of American Medical Colleges, the National Council of Teaching Hospitals, and the California Hospital Association.

Laret earned a bachelor's degree at UCLA and a master's degree at the University of Southern California (USC), both in political science.

UCSF Health
Redefining possible.™

**DR. JOSH ADLER** is Executive Vice President for Physician Services, UCSF Health and Vice Dean for Clinical Affairs, UCSF School of Medicine. Prior to taking his current position, he served as Chief Medical Officer at UCSF Medical Center for six years, and served for seven years as the Medical Director of Ambulatory Care at UCSF. Dr. Adler is a practicing internist and professor of clinical medicine at UCSF.

As Executive Vice President, Dr. Adler oversees the overall coordination and clinical integration of care across the entire health system and is responsible for faculty practice operations, is accountable for quality and safety of care delivered across the system, leads the health system funds flow program, and oversees population health, clinical resource management, compliance, medical staff affairs, clinical innovation and risk management. In addition, he is responsible for managing the UCSF Health network of clinically integrated physicians. As Vice Dean, he has a direct relationship to the clinical department chairs to ensure the alignment of the clinical, research and education missions of UCSF and to ensure physician involvement in operational decision making.

Dr. Adler earned a medical degree at UC San Diego Medical School and completed a residency in internal medicine at UC San Francisco, followed by a chief resident year at the San Francisco Veteran Affairs Medical Center. In the VA system, he served as Assistant Chief of Medicine, Assistant Chief of Staff and Chief Medical Officer of the six-hospital Sierra Pacific VA Network.

* * *

# Tab 6

Creating a healthier Marin together.

# Community Health Seminar Series

## Men's Health Forum

### You're Invited…

Please join us for a special event dedicated to exploring men's health. Discover what issues men face and how to keep them strong, healthy and vibrant. Learn how urology, cardiology and endocrinology all play an important role in every man's life span, what steps you can take to maintain their health and what may be stealing away their strength. Our Marin medical team will also address related public health issues in the community. A question and answer session will follow the presentations.

### Featured Speakers

**Patrick Bennett, MD**
Medical Director of Urology, Marin General Hospital

**Brian Keeffe, MD**
Cardiology, Marin General Hospital

**Alex Uihlein, MD**
Endocrinology, Marin General Hospital

**Matt Willis, MD, MPH**
Marin County Public Health Officer

*Special Guest Moderator:*
**Eric Pifer, MD**
Chief Medical Information Officer, Marin General Hospital

### About Our Community Health Seminar Series

Marin Healthcare District's Community Health Seminar Series offers periodic educational forums for the Marin community about timely and important health-related issues.

**TUESDAY, OCTOBER 16**
**6:00 pm**

**Jason's Restaurant**
**Community Room**
**300 Drakes Landing Road**
**Greenbrae, CA**

***This event is open to the public and FREE of charge. RSVP is not required.***