

MARIN HEALTHCARE DISTRICT

100-B Drake's Landing Road, Suite 250, Greenbrae, CA 94904
www.marinhealthcare.org

Telephone: 415-464-2090
info@marinhealthcare.org

Fax: 415-464-2094

TUESDAY, AUGUST 13, 2024
BOARD OF DIRECTORS
5:30 PM: REGULAR OPEN MEETING

Board of Directors:

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

Staff:

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

Location:

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

Public option: Zoom video:

<https://mymarinhealth.zoom.us/join>
Meeting ID: **987 7245 6255**
Passcode: **156223**
Or via Zoom telephone: 1-669-900-9128

AGENDA

	<u>Presenter</u>	<u>Tab #</u>
<u>5:30 PM: REGULAR OPEN MEETING</u>		
1. Call to Order and Roll Call	Alfrey	
2. General Public Comment <i>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.</i>	Alfrey	
3. Approve Agenda (action)	Alfrey	
4. Approve Minutes of the Regular Meeting of July 9, 2024 (action)	Alfrey	#1
5. Boardvantage	Klein	
6. Bloom Energy	Klein	#2
7. Report: MHMC Behavioral Health Program	Maxwell	#3
8. Selection of two Directors for Bylaw Review Committee Pursuant to Section 13.4 of the Bylaws of MarinHealth Medical Center (action)	Klein	
9. Review and Approve Marin Healthcare District FY 2025 Operating Budget As Recommended by the Finance & Audit Committee (action)	Klein/ Brettner	#4

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

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5:30 PM: REGULAR OPEN MEETING

- | | | |
|---|---------------------------------|----|
| 10. Approve Q1 2024 Report of MHMC Performance Metrics and Core Services (action) | <i>Klein/
Seaver-Forsey</i> | #5 |
| 11. Healthcare Advocacy and Emerging Challenges and Trends | <i>Klein</i> | |
| 12. Committee Reports | | |
| A. Finance & Audit Committee (<i>Met July 29</i>) | <i>Su</i> | |
| B. Lease, Building, Education & Outreach Committee (<i>met Aug 5</i>) | <i>Rienks</i> | |
| 13. Reports | | |
| A. District CEO's Report | <i>Klein</i> | |
| B. Hospital CEO's Report | <i>Klein</i> | |
| C. Chair's and Board Members' Reports | <i>All</i> | |
| 14. Agenda Suggestions for Future Meetings | <i>All</i> | |
| 15. Adjournment of Regular Meeting | <i>Alfrey</i> | |

Next Regular Meeting: Tuesday, September 10, 2024 @ 5:30 p.m.

Tab 1



**MARIN HEALTHCARE DISTRICT
BOARD OF DIRECTORS**

REGULAR MEETING

**Tuesday, July 9, 2024 @ 5:30 pm
MarinHealth Medical Center
Conference Center**

MINUTES

1. Call to Order and Roll Call

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

Board members present: Chair Edward Alfrey, MD; Vice Chair Brian Su, MD; Secretary Ann Sparkman, RN/BSN, JD Jennifer Rienks, PhD; Samantha Ramirez, BSW
Staff present: David Klein, MD, CEO; Eric Brettner, CFO; Tricia Lee, EA

2. General Public Comment

There was no public comment.

3. Approve Agenda

Ms. Sparkman moved to approve the agenda as presented. Ms. Rienks seconded. **Vote: all ayes.**

4. Approve Minutes of the Regular Meeting of June 11, 2024

Ms. Sparkman moved to approve the minutes as presented. Ms. Ramirez seconded. **Vote: all ayes.**

5. Healthcare Advocacy and Emerging Challenges and Trends

Dr. Klein provided an update to AB 1778, which aims to create a two-year pilot program in Marin County for class 2 e-bikes. AB 1778 is expected to be on the Governor's desk in early August, with anticipation it will be signed. However, opposition is expected from local municipalities such as concerns from law enforcement related to enforcement difficulties.

Dr. Klein also provided an update to AB 977 Penalties for Assaulting Healthcare Workers. Progress was impeded due to complications with Proposition 47. The bill was removed from the ballot by the Governor delaying further action until August.

6. Committee Reports

A. Finance & Audit Committee

Dr. Su reported that the committee met on June 19, 2024 to review and the annual audit by Moss Adams. Mr. Brettner reported that it was a clean audit. The Finance and Audit Committee had voted to recommend approval of the audit by the Board.



Dr. Alfrey asked for a motion to approve the Marin Healthcare District 2023 Report of Independent Auditors and Financial Statements. Ms. Sparkman so moved. Dr. Su seconded. **Vote: all ayes.**

Dr. Su reported the committee also discussed April's financials, of note April had negative investment earnings, but are expected to recover in the month of May.

Dr. Su also provided an update on the FEMA reimbursement. The district is in the final stages with Cal OES of receiving the approved funds.

B. Lease, Building, Education and Outreach Committee

Ms. Rienks reported the committee met on July 8, 2024. Ms. Rienks provided an update on the Website redesign. The vendor has been selected, with a targeted date of August for go live.

Ms. Rienks also provided an update on seminar topics for 2024 which include; End of Life Planning and Advanced Directives in August, Hypertension Seminar in September and Careers in Medicine for local high school students in November. The Men's and Women's Health Seminar date to be determined.

Ms. Rienks also provided updates for upcoming Pop-Up's.

- August 17, 2024 Canal District Event
- November 2, 2024 Marin City Event with the City Health and Wellness Center
- September 28, 2024 Community Workers Day

7. Reports

A. Hospital and District CEO's Report

Dr. Klein reported that the 2025 budget planning for the hospital and the district has kicked off.

Dr. Klein reported physician recruitment. Recruitment of a cardiac surgeon is progressing well. Recruitment efforts for three orthopedic specialists: joint surgeon, foot and ankle surgeon and orthopedic trauma surgeon are ongoing. Primary care recruitment is continuous with several promising candidates in the pipeline.

Dr. Klein shared the Transitional Care Clinic has opened. The clinic is staffed by APPs (advanced professional providers). The clinic provides care for patients discharged from the hospital, emergency room and those unable to get immediate appointments with primary care physicians.

Dr. Klein reported a change in leadership of the hospitalist group to Vituity, effective in September.



Dr. Klein reported updates to the Change Healthcare ransom attack. Billing issues related to the ransom attack have been resolved and new processes are in place including backup plans in the event of a similar attack where to happen again.

Dr. Klein shared the hospital is currently looking at an alternative energy option to save costs and reduce the hospital's carbon footprint. Details will be presented at the August board meeting.

The bylaw review is completed with minor updates. The revised bylaws will be presented at the August board meeting.

Dr. Klein reported the electric board management system Boardvantage will be rolled out in the coming weeks. Go live for Boardvantage will be in August.

Dr. Klein reported the HCAPS quarterly scores show improvements in all composite measures.

Dr. Klein provided an update on the Chief Information Officer recruitment process. Recruitment is in the final stages of interviewing candidates for the position.

The AI enhanced security system and patient management systems have been finalized. Operational details are in the planning stages.

Dr. Klein provided updates to current construction projects:

- The Nuclear Medicine Spec/CT camera is on target for August 6, 2024 completion.
- Novato Imaging center is set to open July 30, 2024.
- Petaluma Medical hub is on track for December Opening.
- Administrative and support offices will be moving to Novato and Terra Linda.
- MRI replacement at the Imaging Center on S. Eliseo planned for January 2025.
- The Cedar and Redwood Pavilion's will be getting new carpet, fresh paint and interior design updates.
- Exterior landscaping will be completed in the coming months.

B. Chair's and Board Members' Reports.

Ms. Rienks reported on the "Friendship Line" based out of San Francisco. The "Friendship Line" is a support line for people to call and connect with someone to talk to. These are trained volunteers who provide a listening ear and companionship to callers. Ms. Rienks is will be looking into this in more detail.

Dr. Alfrey reported that Dr. Maa led an article related to e-bikes that will be coming out in the American College of Surgeons Bulletin.



8. Agenda Suggestions for Future Meetings

Ms. Sparkman, requested the new president of College of Marin to come speak on information related to their nursing program and trade schools.

Ms. Sparkman, requested the new president of College of Marin to come speak on information related to their nursing program and trade schools.

Ms. Sparkman also asked the Commission on Aging speak on the grand jury report on the silver tsunami.

9. Adjournment of Regular Meeting

Chair Alfrey adjourned the meeting at 6:33 pm.

DRAFT

Tab 2

Bloomenergy®

ADVANCING YOUR ENERGY STRATEGY



July 2024

Proprietary and Confidential

Subject to NDA



A PROVEN HEALTHCARE PARTNER

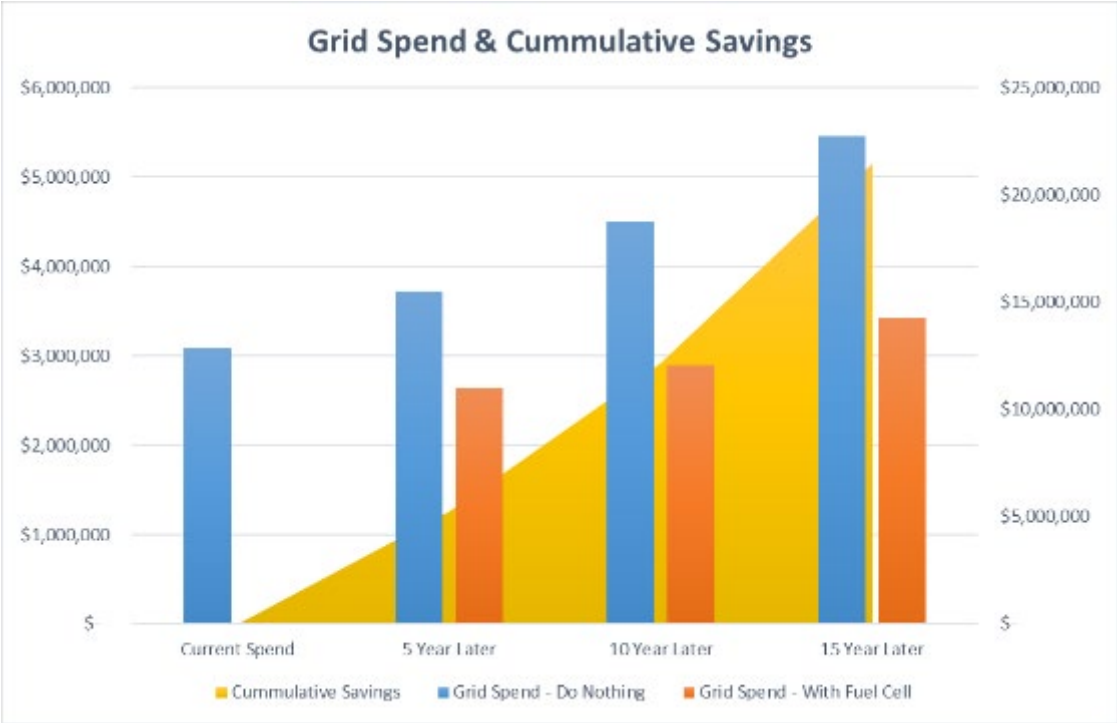
Bloomenergy®

Over **95 MW** deployed or contracted with healthcare customers
(>30 MW operating at HCAI/OSHPD sites & 21MW at HCAI/OSHPD sites in design/construction).

Providers



Why Build Onsite Generation



B20S	Jan 2023 PG&E Total	Jan 2024 PG&E Total	% Difference
Summer Peak	\$ 0.203	\$ 0.231	13.7%
Summer Partial Peak	\$ 0.165	\$ 0.186	12.7%
Summer Off Peak	\$ 0.134	\$ 0.150	11.5%
Winter Peak	\$ 0.180	\$ 0.204	13.2%
Winter Off Peak	\$ 0.134	\$ 0.150	11.5%
Winter Super Off Peak	\$ 0.072	\$ 0.077	5.9%
Summer Peak Demand	\$ 32.34	\$ 46.94	45.1%
Summer Partial Peak Demand	\$ 6.41	\$ 10.08	57.3%
Summer Max Demand	\$ 29.15	\$ 40.38	38.5%
Winter Peak Demand	\$ 2.57	\$ 3.03	17.9%
Winter Max Demand	\$ 29.15	\$ 40.38	38.5%

The benefit of building onsite is less reliance on the grid. The chart to the upper left is assuming a yearly escalation rate from PGE at 3.2%. As we can see in the data on the upper right, PGE has increased dramatically just since January 2023.

Bloom System Financials

Cash Purchase

Bloom fuel cells convert fuel into electricity without combustion. Multiple solid oxide fuel cells combine to form fuel cell stacks, which are placed into independent modules. Several modules combine together to form a modular Bloom Energy Server platform.

System Size	1650 kW	Annual kWh produced	14,157,555	Percent Offset	87.4%
Assumptions and Key Financial Metrics					
Average Annual Savings		Capex Expense		Net Savings (Without Tax Credit)	
Bloom System	\$ 2,313,472	Total Project Costs	\$ 14,520,000	Projected 5 Year	\$ 8,560,578
Meter Consolidation	\$ 225,000	Net Cost (Incl \$4,950,000 Tax Credit)	\$ 9,570,000	Projected 10 Year	\$ 19,575,846
Total Average Savings	\$ 2,538,472	10 Year NPV @6% Discount	\$ 3,996,082	Projected 15 Year	\$ 34,702,084
Life of Asset	15 Years	10 Year NPV @9% Discount	\$ 1,999,431		
		Payback Period (Years)	6.25		

Bloom System Financials

Shared Savings

Bloom fuel cells convert fuel into electricity without combustion. Multiple solid oxide fuel cells combine to form fuel cell stacks, which are placed into independent modules. Several modules combine together to form a modular Bloom Energy Server platform.

System Size	1650 kW	Annual kWh produced	14,157,555	Percent Offset	87.4%
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Assumptions and Key Financial Metrics

Average Annual Net Savings (After Split)		Capex Expense		Net Savings (After Split)	
Bloom System	\$ 769,796	Total Project Costs	\$ 3,630,000	Projected 5 Year	\$ 3,681,062
Meter Consolidation	\$ 225,000	Net Cost (No Tax Credit)	\$ 3,630,000	Projected 10 Year	\$ 8,417,642
Total Average Savings to Client	\$ 994,796	10 Year NPV @ 6% Discount	\$ 2,289,637	Projected 15 Year	\$ 14,921,940
Client % of Savings	43%	10 Year NPV @ 9% Discount	\$ 1,466,054		
		Payback Period (Years)	5.10		

Probable Location

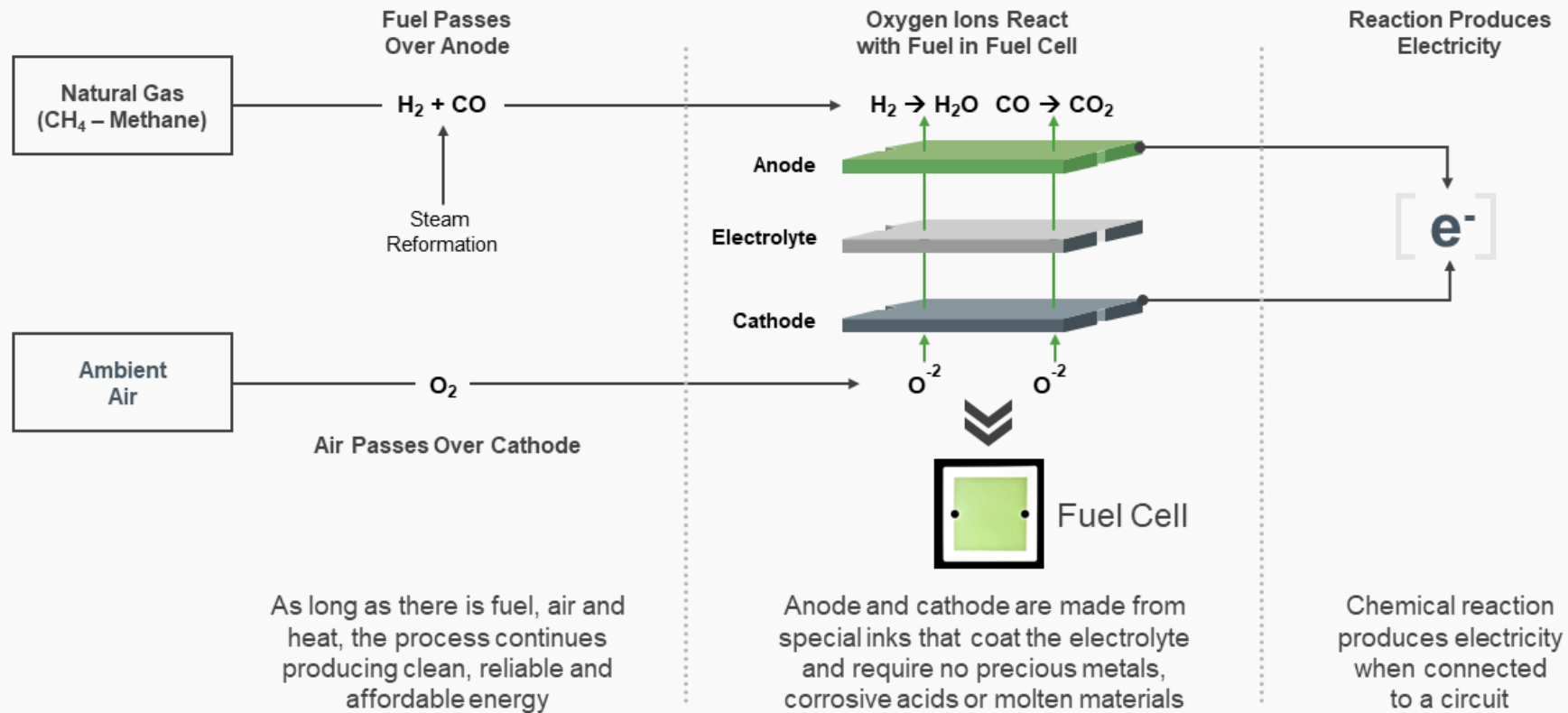


The plan is to terrace into the hill behind the main switch gear pictured above. The gas will come directly from the street and the electric connection will go directly to the switchgear and utilize the existing infrastructure to power the hospital.

Bloomenergy®

How a Fuel Cell Works

SOLID OXIDE FUEL CELL: HOW IT WORKS





ENVIRONMENTAL ATTRIBUTES

BLOOM SERVER EMISSIONS GENERALLY REPORTED AS SCOPE 2 FOR THE CUSTOMER

Bloom emissions categorization depends on the deal type and customer reporting boundary choice

Bloom emissions categorization

Based on different deal structures and customer reporting approaches

Bloom Deal Type	Customer reporting boundary choice	
	Operational Control	Financial Control
PPA	Scope 2	Scope 2
Managed Service	Scope 2	Scope 2
Cap Ex	Scope 2	Scope 1

NOTE: BE takes Scope 1 responsibility for PPA/MSA transaction CO₂, as shown in our annual sustainability report

Bloom maintains operational control of the system, therefore emissions are usually Scope 2



Bloom runs redundant 24/7 monitoring facilities in San Jose and Bangalore

- Bloom monitors 1200 data points from its fuel cells in operation
- Service team replaces fuel cell stacks as they degrade over time
- Bloom controls system efficiency which drives emissions
- Bloom maintains a contractual efficiency commitment with customers

World Resources Institute (WRI)

The company with operational or financial control of the energy generation facility would report these emissions in their scope 1, following the operational control approach, while the consumer of the energy reports the emissions in scope 2.

The Climate Registry (TCR)

Operational Control: Reflects the activities where the organization or its subsidiaries has the full authority to introduce and implement operating policies. The organization that holds the operating license for an activity typically has operational control.

SCOPE 2 EMISSIONS MITIGATION OPTIONS

Approaches to reduce Scope 2 emissions:

- 1 Purchase "unbundled" renewable energy certificates
- 2 Enter into off-site power purchase agreements
- 3 Generate renewable energy on-site
- 4 Purchase Directed BioGas

Process and Cost:

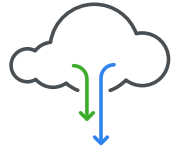
- 1 Renewable Energy Certificates can be easily purchased to offset the Carbon impact of the Bloom system. Annual cost of certificates and processing is **~\$150,000**.
- 2 Similar to RECs but with a direct connection to the generating asset. Annual cost **~\$130,000** but more difficult to find counter parties.
- 3 Increase solar footprint in Hospital parking lot AND MOBs. Reduces carbon footprint and signals greening of District. This would require additional **capital** projects.
- 4 Currently available but difficult to find supply. Limited supply makes this a **cost ineffective** way to mitigate carbon

Real-World Sustainability Benefits

MARGINAL EMISSIONS RATE

Annual impacts for a 1.65MW System in California

AS COMPARED TO GRID



CO₂e Reductions

1,844 Mt CO₂e/yr

26.6%

Reduction ¹

Saves the equivalent CO₂ emissions from:



207,495

gallons of gasoline consumed



NO_x Reductions

11,201 lbs/yr

SO₂ Reductions

796 lbs/yr

99.9+%

Reduction ¹

Saves the equivalent of:



411

passenger vehicles driven



Water Withdrawal

159 M gals/year

99.9+%

Reduction ²

Savings equivalent to:



241

Olympic - sized swimming pools of water annually

1. Bloom's emissions compared to 2022 eGRID non-baseload emission rates for **WECC California**.

2. Reportable (average) water withdrawal and consumption rates are from WRI's Guidance for Calculating Water Use Embedded in Purchased Electricity (<https://www.wri.org/research/guidance-calculating-water-use-embedded-purchased-electricity>). Bloom's water use of 1.01 gal/MWh is based on 2022 actual water consumption.

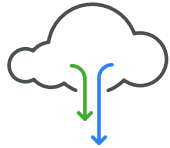
3. Equivalency numbers come from <https://www.epa.gov/energy/greenhouse-gas-equivalencies-calculator>.

Reportable Sustainability Benefits

source

with Hydrogen as the fuel

Annual impacts for a 1.65MW System in California



CO₂e Reductions

7,092 Mt CO₂e/yr

100%
Reduction



NO_x Reductions

6,371 lbs/yr

SO₂ Reductions

412 lbs/yr

100%
Reduction ¹



Water Withdrawal

2,925 M gals/year

Water Consumption

19 M gals/year

99.9+%
Reduction²

1. Bloom's emissions compared to 2022 eGRID average output emission rates for **WECC California**.

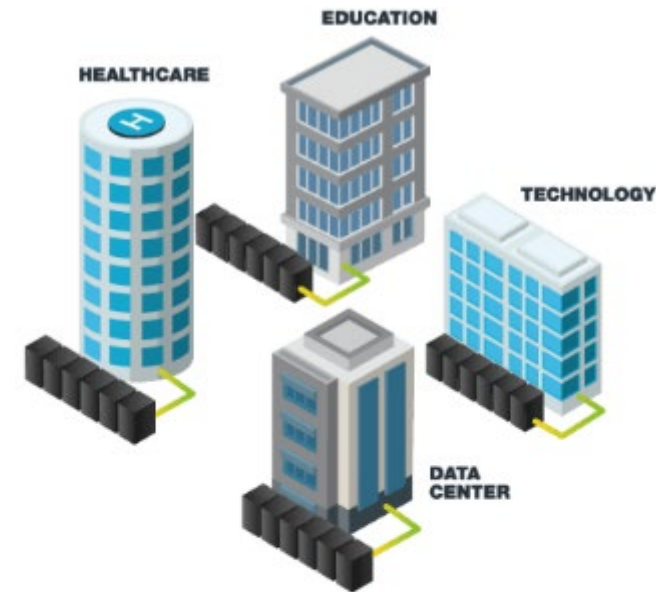
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CLEAN HYDROGEN FUTURE

Hydrogen Fuel Cells

Leveraging its 15 years of experience, scaled-up solid oxide platform, and strong hydrogen intellectual property (including 19 patents), Bloom has created uniquely differentiated solutions for customers interested in hydrogen solutions today.

The same proven fuel cell technology that has powered our global customers can now work symbiotically with renewables by producing or generating electricity from hydrogen. Our Energy Server can be configured for use of 100% hydrogen fuel, providing a highly efficient, combustion-free way of generating renewable, reliable electricity.



- Highly efficient and combustion free
- Proven fuel cell technology, powered by hydrogen
- Superior efficiency and performance compared to alternative technologies



Bloomenergy[®]

What
Powers
You

Tab 3

MarinHealth Behavioral Health

Update

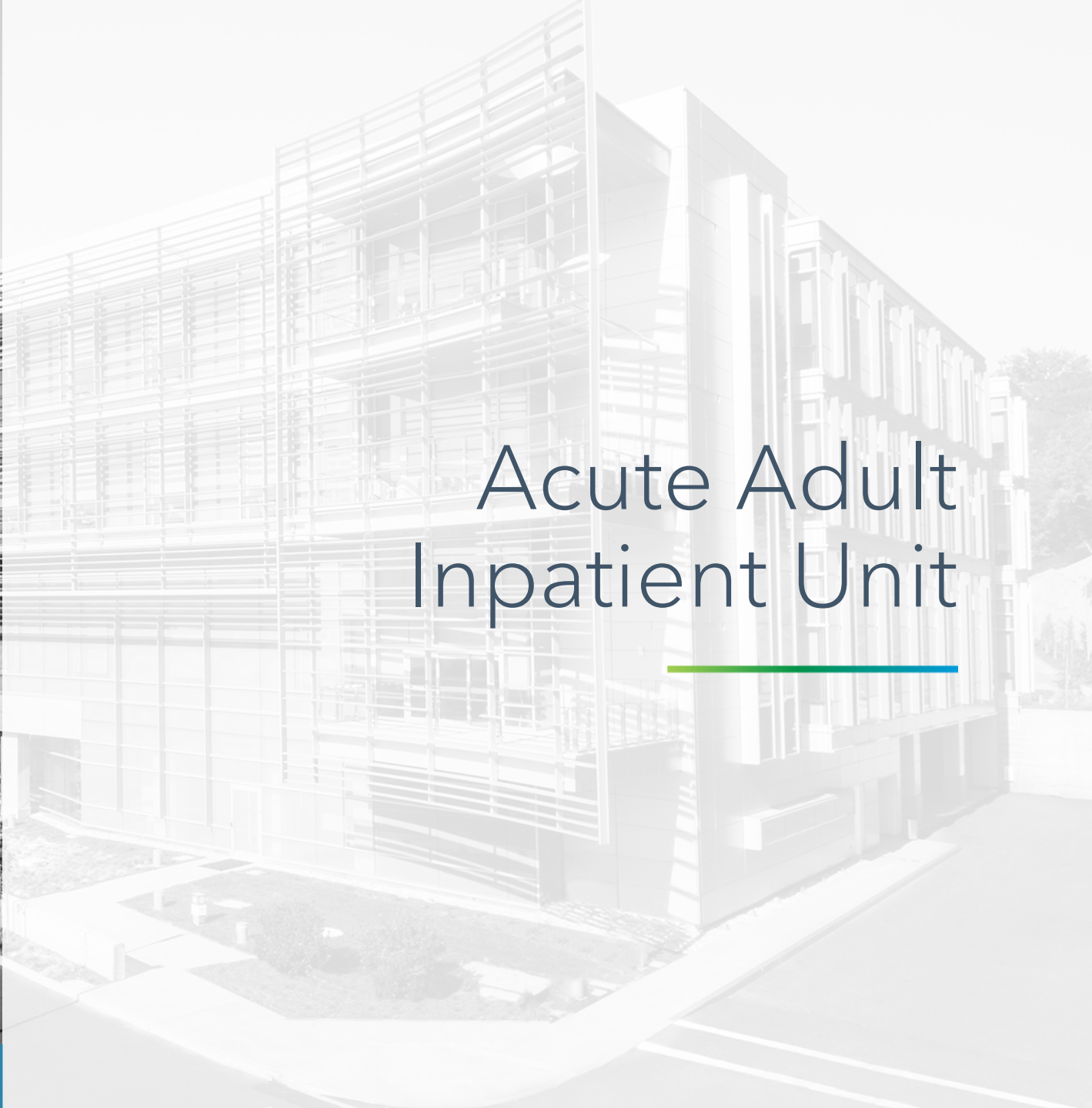
8/8/2024



MarinHealth Behavioral Health Service Line



- Hospital Based Programs
 - Acute Adult Inpatient Unit
 - Partial Hospitalization and Intensive Outpatient Program (PHP & IOP)
 - Electroconvulsive Treatment (ECT) - Inpatient / Outpatient
 - Psychiatric Consultation-Liaison Service
 - Social Services & Psychiatric Emergency Services
 - Substance Use Navigator
- Ambulatory Programs
 - MarinHealth Psychiatry Clinic



Acute Adult Inpatient Unit

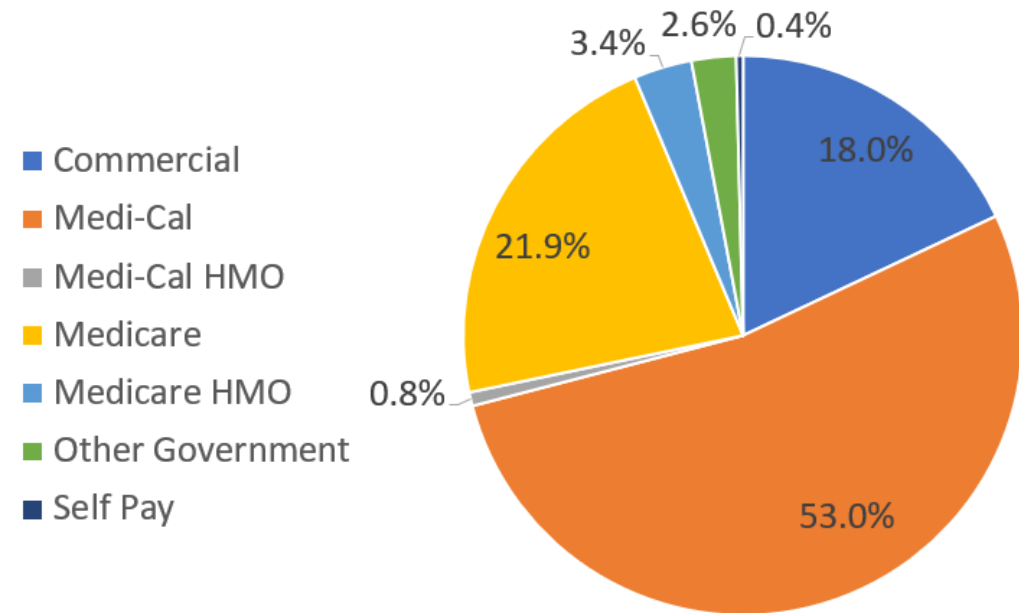
Acute Adult Inpatient Unit (2023-2024)

- Average daily census: **16.4**
- **506** Discharges
 - *Annualized for 518 discharges in 2024*
- **11.7** Average Length of Stay
 - 2024 current **LOS 11.4**
- **68%** of patients discharged home
- Safety and Quality – *consistently outperform CMS benchmarks*
 - Hours of Restraint (*per 1000 patient days*): 0.15
 - Hours of Seclusion (*per 1000 patient days*): 0.11
 - **100%** of patients screened for harmful alcohol use
 - Achieved **83rd percentile** for patient experience key performance indicators in July 2024
 - **89th** in Overall Rating of Care
- Most common primary diagnosis
 - **45%** schizophrenia / schizoaffective d/o
 - **35%** bipolar d/o
 - **19%** depression / major depressive d/o

Patient Composition (2023)

- 63% of patients are residents of Marin
 - 19% from Sonoma
- 73% of patients self-identified as white
 - 16.8% self-identified as Hispanic or Latino as compared to 18.8% for Marin County*
- Average age: 43
 - 27% age 18-30
 - 24% age 21-40
 - 15% age 41-50
 - 15% age 51-60
 - 20% age >60
- Gender:
 - 47% female
 - 53% male

- Payor Mix:



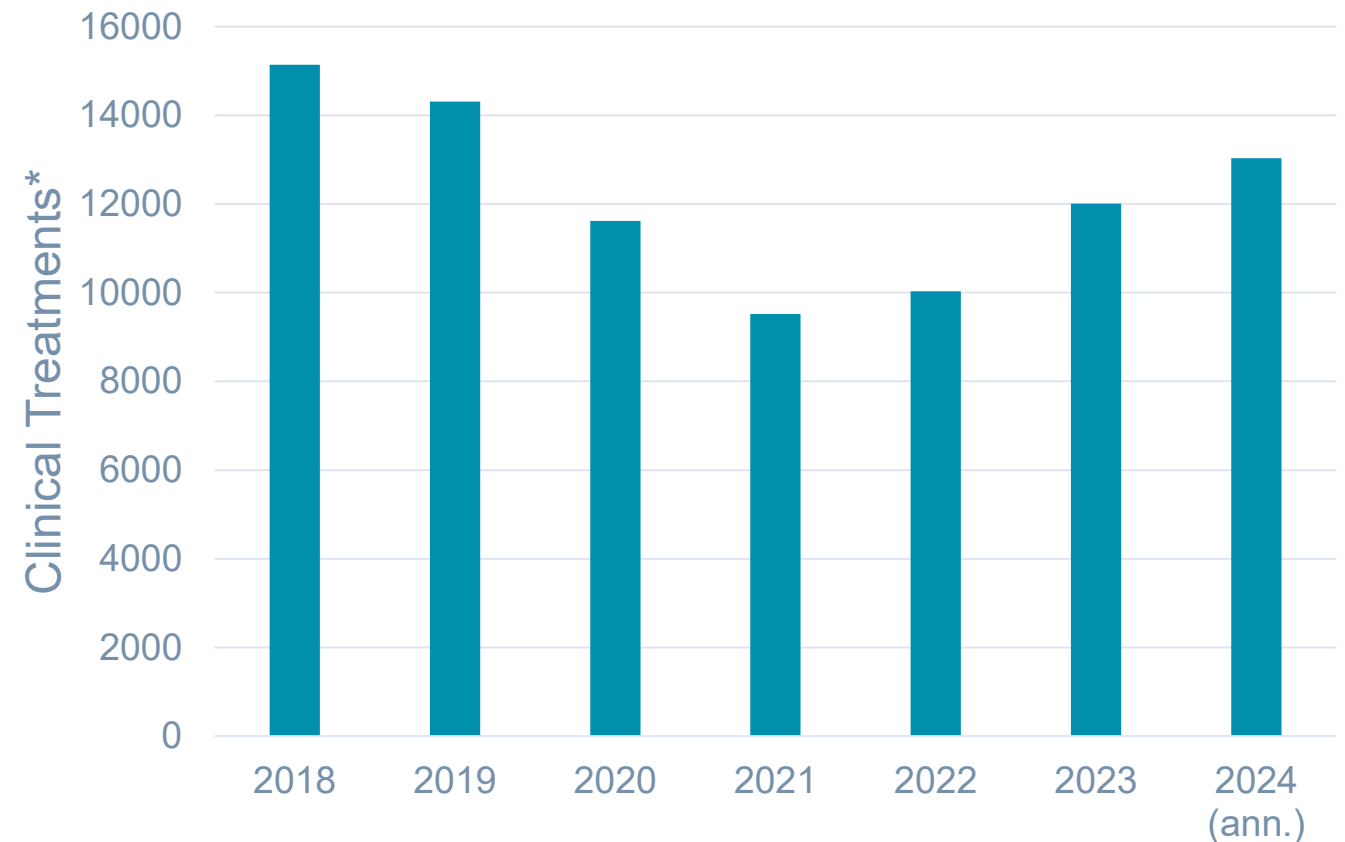


Partial Hospitalization and Intensive Outpatient Services

Partial Hospitalization and Intensive Outpatient Treatment Program Capacity

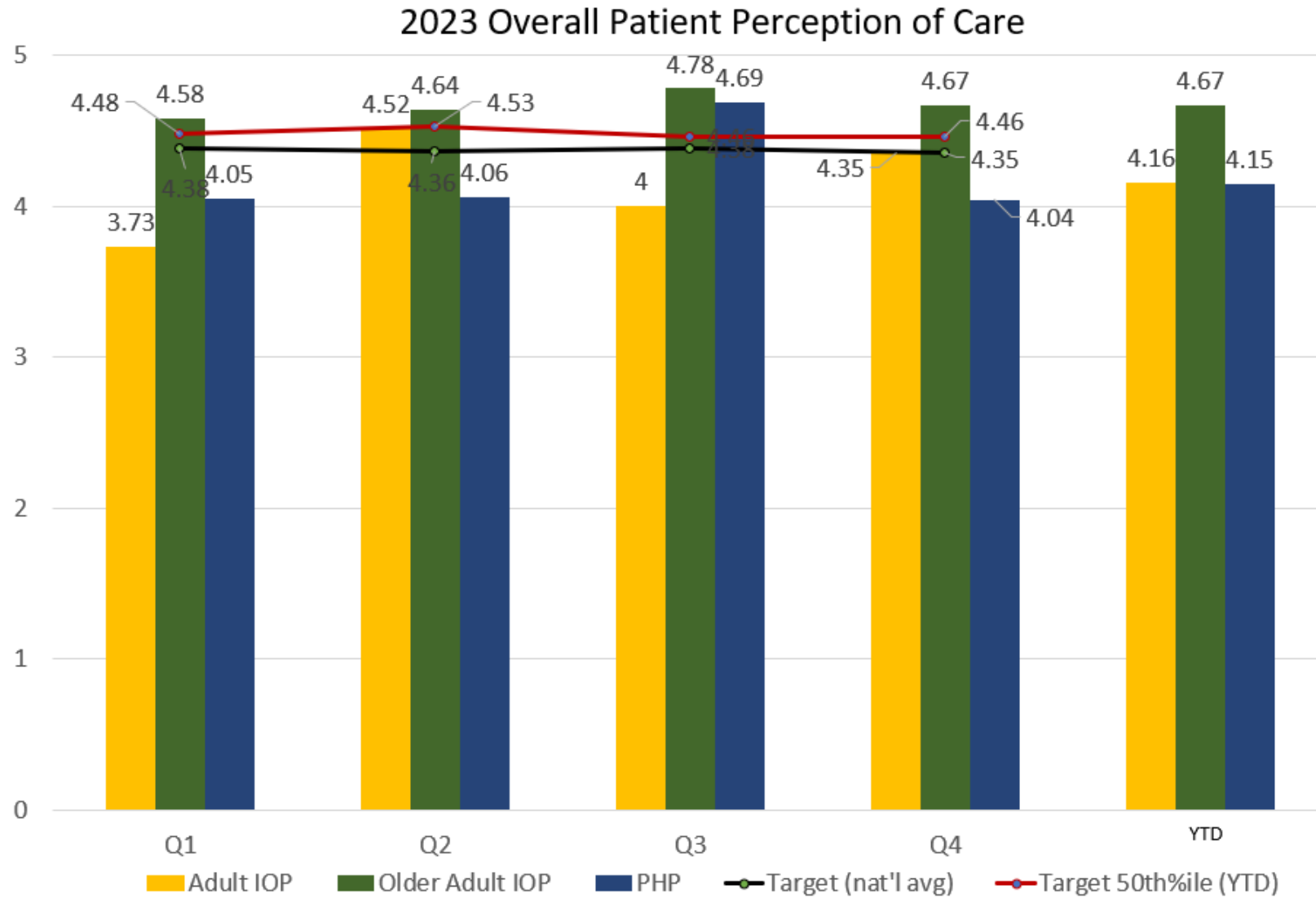


- Restoring pre-pandemic capacity and access to care
 - 2023 and 2024 YTD had slower than expected rate of recovery due to facility construction
 - 2024 Q3 and Q4 volumes are anticipated to be greater than the annualized volume with expanded programming post-construction
- Completed facility renovation in *May 2024* to improve clinical space and expand services
- *June 2024* - Older Adult track restored operations for *intensive outpatient treatment from 3 days/week to 5 days/week* and re-opened *partial hospitalization services*



***Clinical treatments** include: diagnostic assessments, group therapy, individual therapy, and occupational therapy sessions

PHP/IOP Patient Perception of Care



MarinHealth Psychiatry Clinic 2023-2024

Update

8/8/2024



MHMN Psychiatry Clinic Overview

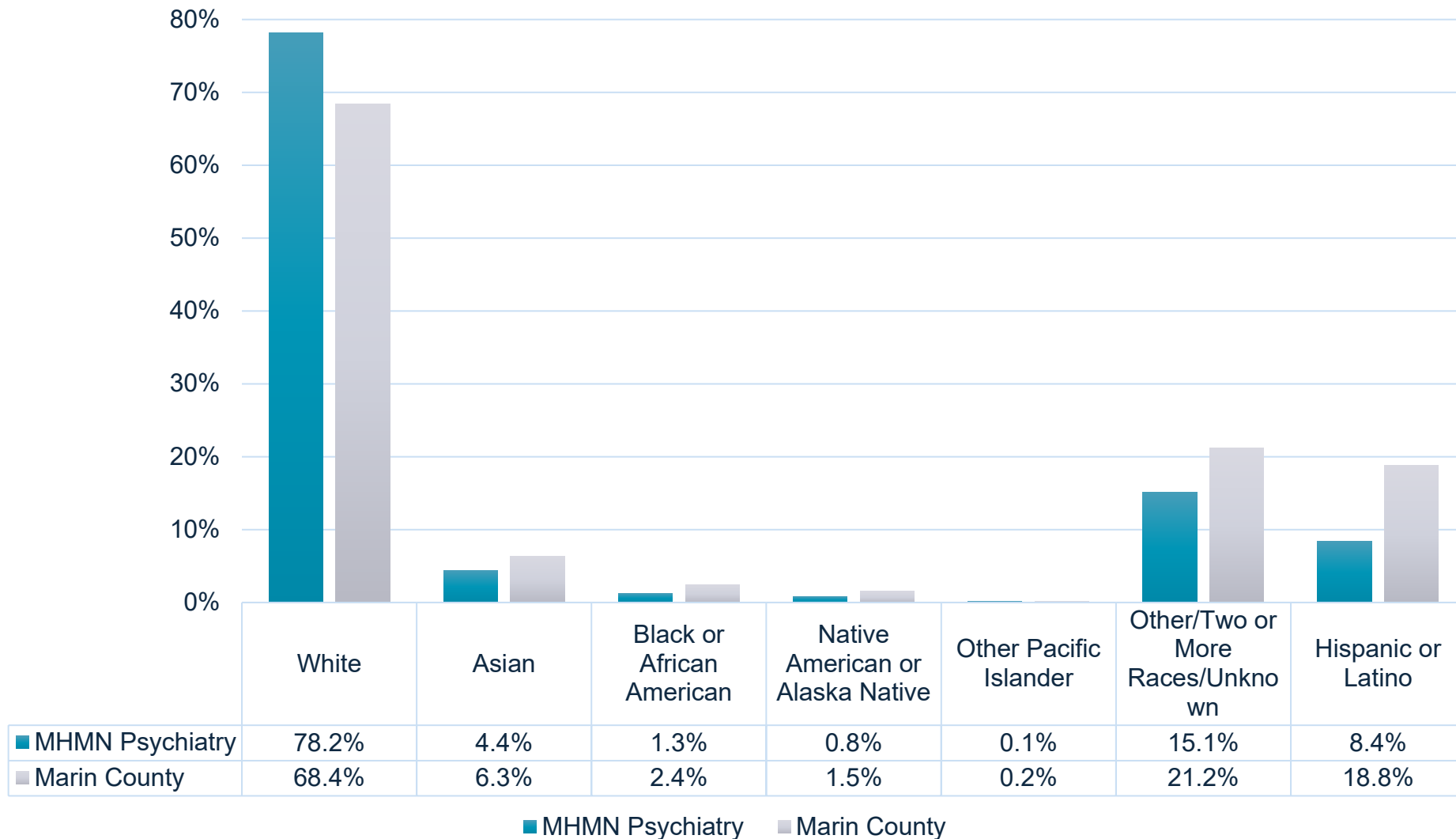
Visits:

- Types of encounters
 - Diagnostic assessments
 - New and follow-up patient visits
 - Psychotherapy
 - Group therapy
- Primary internal MHMN referral sources
 - Internal Medicine
 - Primary Care
 - OB/Urogyn
 - Pediatrics
- 8-12 week waitlist of 70+ patients for individual therapy (LCSW)

Demographics:

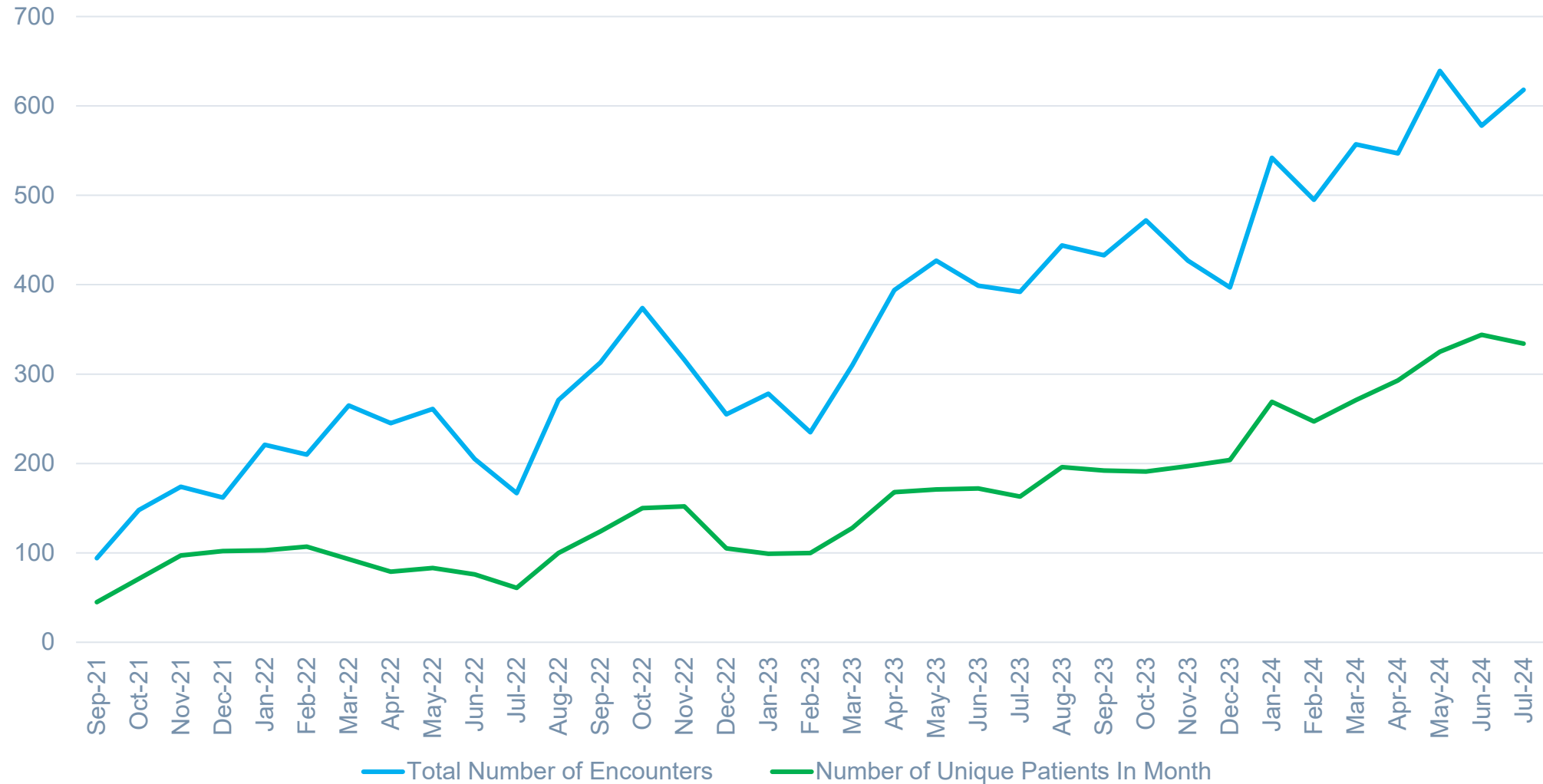
- 66% of patients are female
- 78% of patients self-identified as white
 - 8.4% of patients self-identified as Hispanic or Latino as compared to **18.8% for Marin County** (see next slide)
- 84% of patients live in Marin
 - Of those, 54% live in **Novato** or **San Rafael**
- Children, adolescents, and adults are seen in the clinic, ranging in age from **5 - 94**
 - Average age: **57**
- Most common diagnosis was **Major Depression or Depression (31%)**

Patient Race and Ethnicity



The difference between Hispanic and Latino representation from the clinic to the county may be attributed to existing connection to local FQHCs with available behavioral health resources

Psychiatry Clinic Visits & Patients (by month)



MHMN Psychiatry Clinic Physicians (*as of July 1, 2024*)



Current staffing:

- Dr. Jessica Holliday - 1.0 FTE Medical Director
Adults, Peripartum
Interventional (Spravato starting in 10/2024)
- Dr. Adrienne Fratini - 0.4 FTE
ECT Consultations and follow-up
- Dr. Christopher Migdal - 1.0 FTE (recently increased from 0.4 FTE)
Adults, ECT
- Dr. Lauren Ashley Tipton - 1.0 FTE
Child and Adolescent Only
- Dr. Tina Le - 0.4 FTE
Adult, Child and Adolescent
- Dr. Zachary Schwab - 0.4 FTE (*resigned* March 2024)
Child and Adolescent Only
- *Dr. Alex Threlfall* - 0.4 FTE (*starting* October 2024)
Older Adults, Adults

LCSWs and Psychologists (*as of July 1, 2024*)

Current staffing:

- Jessica Stuhl, LCSW - 1.0 FTE
Adults, Adolescents, Families
Grief and Trauma
EMDR trained
- Edward Vander Clute, LCSW - 1.0 FTE
Adults
CBT trained
Group therapy
- Luisa Ward, LCSW - 1.0 FTE
Children, Adolescents, Adults, Families

Plans for 2024-2025:

- NEW Psychologist - 1.0 FTE
Adult and child neurodiagnostic testing
- NEW LCSW - 1.0 FTE
Address waitlist for individual therapy
Expand group therapy offerings

2024 and Beyond

- Consider additional specialty services – neuromodulation/interventional
 - Interventions that target treatment-resistant depression
 - Spravato (esketamine) – (October 2024) – intranasal spray that activates different pathways in the brain
 - Transcranial magnetic stimulation (TMS) – targeted non-invasive treatment for depression, PTSD, anxiety and other mental health conditions
- Additional therapist and psychologist (*budget neutral*)
 - Address demand for individual psychotherapy
 - Increase group therapy options
 - Address need for child/adolescent and older adult neuropsychological testing
- Expanding referral sources
 - Continue with focus to support Behavioral Health continuum of care (e.g. patients needing follow-up care from ED, IOP/PHP, inpatient, or consult service)

Tab 4

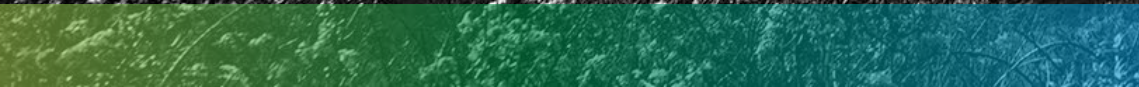


Marin Healthcare District

FY 2025 Operating Budget



8/13/2024



FY 2025 Budget – Open Items

- Mental Health Clinic Support
 - The Outpatient Behavioral Health Clinic operating losses have improved significantly but the clinic continues to generate operating losses in 2024 and is projected to do so in 2025. See appendix for Clinic performance.
 - The Hospital would ask the district to consider continuing to fund \$100,000 to support the Outpatient Behavioral Health Clinic (included in this draft).

FY 2025 Budget Assumptions - Receipts

- Rental Income
 - Increased 3.1% based on estimated 2024 CPI
- Investment Earnings
 - Based on conservative expected return from investment advisor
- Tax Revenue
 - In working with the County of Marin, we have calculated the amount to be \$14.3M in total for the 2015 and 2017 Bond Funds

FY 2025 Budget Assumptions - Expenses

- Legal Fees
 - Expected expenses in 2025 based 3 years of historical data and input from internal legal counsel
- Audit Fees
 - 0% increase to FY2024 actuals. Fees are split 50/50 with Hospital
- Board Comp and Board Expenses
 - Compensation based on 3 years of historical data
 - \$12K for conferences
- Charitable Contributions
 - \$6K + additional \$10K to be used at District Board's discretion
- Advertising
 - \$10K to be used at District Board's discretion

FY 2025 Budget Assumptions – Expenses (continued)

- Community Communications & Education
 - \$68.8K for events, \$16K for reports, and \$4K for Website – see slide 6 for detail
- Depreciation
 - Based on current fixed assets related depreciation expenses
- Mental Health Clinic Support
 - Previous 3-year commitment concluded in 2024
 - See slide 11 for current loss for discussion of potential future funding
- Mental Health Program Support
 - \$200K continued support pending District Board approval

FY 2025 Budget Assumptions – Community Education

- Significant reduction of expenditures due to completion of Website & Logo in 2024 along with shifting of annual report to electronic distribution (\$56K reduction)
- Community Events
 - Seminars - 3 seminars x \$20K = \$60K
 - Pop-up Events - 4 events x \$2.2K = \$8.8K
- Reports
 - Annual Report deployed electronically - \$7K
 - Eblasts - 3 eblasts x \$3K = \$9K
- Website
 - Maintenance - \$4K

FY 2025 Income Statement Budget

	GASB 87 Accounting Change	1/1/24 through 5/31/24 (5 months)			No accounting change	GASB 87 Accounting Change
	FY2024 Budget	To Date - Budget	To Date - Actual	Variance	FY2025 Budget	FY2025 Budget
Rental Revenue	\$ 92,743	\$ 37,972	\$ 269,566	\$ 231,594	\$666,919	\$ 175,590
Lease Interest Revenue	565,066	236,114	-	(236,114)	-	491,329
Investment Earnings	179,697	74,874	21,159	(53,715)	187,289	187,289
Total Income	837,505	348,960	290,725	(58,234)	854,208	854,208
Legal Fees	50,000	20,833	3,228	17,606	40,000	40,000
Accounting Fees	27,500	11,458	11,458	-	29,250	29,250
Board Compensation	14,000	5,833	3,780	2,053	12,000	12,000
Board Expenses	20,000	8,333	641	7,693	12,000	12,000
Election Expenses	200,000	-	-	83,333	-	-
Charitable Contributions	16,000	6,667	-	6,667	16,000	16,000
Advertising	17,000	7,083	-	7,083	10,000	10,000
Community Education	145,000	60,417	32,858	27,559	88,864	88,864
Dues	12,000	5,000	4,828	172	12,000	12,000
Program Support - Medical Center	200,000	83,333	83,333	-	200,000	200,000
Program Support - Clinic	100,000	41,667	41,667	-	100,000	100,000
Total Expense	801,500	250,625	181,792	152,166	520,114	520,114
Net Operating Income/(Loss) before Depr & Bond-Related	36,005	98,335	108,933	10,598	334,094	334,094
Depreciation Expense	11,878,774	4,949,489	4,949,482	7	11,878,757	11,878,757
Net Operating Income/(Loss) before Bond-Related	(11,842,769)	(4,851,154)	(4,840,549)	10,605	(11,544,663)	(11,544,663)
Bond-Related Revenue (Expense)						
Tax Revenue	15,101,308	6,292,212	6,292,212	0	14,280,222	14,280,222
Bond Fund Earnings	66,257	27,607	155,745	128,138	74,758	74,758
Bond Interest Expense	(14,219,642)	(5,924,851)	(5,933,531)	(8,680)	(14,164,308)	(14,164,308)
Net Income/(Loss)	\$ (10,894,845)	\$ (4,456,187)	\$ (4,326,123)	\$ 130,064	\$ (11,353,992)	\$ (11,353,992)

FY 2025 Balance Sheet Budget

Marin Healthcare District Balance Sheet

	12/31/2023	Expected 12/31/2024	Expected 12/31/2025
Current Assets			
Cash	867,658	911,488	1,070,261
Investment	3,690,043	3,825,811	4,001,132
Tax Revenues Receivable	6,794,729	6,418,112	5,640,566
Prepaid Expenses	-	6,000	6,000
Total Current Assets	11,352,430	11,161,411	10,717,959
Property, plant, and equipment, net	386,798,711	376,817,047	365,927,959
Parking Garage, net	19,276,460	18,369,266	17,379,602
Assets Limited To Use - Sinking Funds	11,946,664	11,121,334	8,139,726
Lease Receivable	10,989,350	10,822,652	10,634,865
Deposits & Retainers	36,000	36,000	36,000
Total Non-Current Assets	429,047,185	417,166,298	402,118,152
Total Assets	440,399,615	428,327,709	412,836,111
Current Liabilities			
Accounts Payable	735	501	501
Interest Payable	6,340,375	6,340,375	5,984,278
Accrued Expenses	28,175	38,599	39,790
Other Current Liabilities	9,915,340	9,471,170	9,020,162
Related Party Payables	(691)	-	-
Current Bond Maturities	1,250,000	1,570,000	1,915,000
Total Current Liabilities	17,533,934	17,420,644	16,959,730
Bonds Payable	362,540,000	360,970,000	359,055,000
Bond Premium	21,630,790	20,654,362	19,677,934
Total Liabilities	401,704,724	399,045,006	395,692,664
Net Assets	46,565,238	38,694,891	29,282,703
Net (Loss)/Income	(7,870,347)	(9,412,188)	(12,139,256)
Total Net Assets	38,694,891	29,282,703	17,143,447
Total Liabilities and Net Assets	440,399,615	428,327,709	412,836,111

Questions?



Appendix



Mental Health Clinic Financial Statement

MarinHealth Medical Network
Income Statement
12-December

	YTD
	2022
9021 - MHD BEHAVIORAL HEALTH	
UCSF Revenue	653,982
Total Income	653,982
Salaries & Wages	386,254
Employee Benefits	115,876
Professional Fees	325,245
Purchased Services	14,376
Supplies	2,534
Rent & Leases	146,954
Insurance	25,059
Utilities	2,040
Other	28,350
APeX Fees	71,055
Billing Fees	38,585
Total Expense	1,156,328
Total Net Income / (Loss)	(502,346)
RVUs - MD	1,338
RVUs - APP	5,224
# FTE MD	0.66
# FTE APP	1.95
# FTE Staff	1.96

MarinHealth Medical Network
Income Statement
12-December

	YTD
	2023
9021 - MHD BEHAVIORAL HEALTH	
UCSF Revenue	1,088,483
Total Income	1,088,483
Salaries & Wages	439,866
Employee Benefits	131,960
Professional Fees	576,031
Purchased Services	13,707
Supplies	1,400
Rent & Leases	131,753
Insurance	25,067
Utilities	3,149
Other	15,291
APeX Fees	110,355
Billing Fees	64,221
Total Expense	1,512,799
Total Net Income / (Loss)	(424,316)
RVUs - MD	4,029
RVUs - APP	5,848
# FTE MD	1.50
# FTE APP	2.26
# FTE Staff	1.61

MarinHealth Medical Network
Income Statement
5-May

	YTD	ANNUALIZED
	2024	2024
9021 - MHD BEHAVIORAL HEALTH		
UCSF Revenue	731,090	1,850,934
Total Income	731,090	1,850,934
Salaries & Wages	230,577	553,385
Employee Benefits	69,173	166,015
Professional Fees	371,351	891,242
Purchased Services	5,083	12,198
Supplies	1,904	4,570
Rent & Leases	58,672	140,812
Insurance	8,416	20,198
Utilities	2,459	5,902
Other	7,802	18,724
APeX Fees	57,895	138,948
Billing Fees	43,134	109,205
Total Expense	856,465	2,061,199
Total Net Income / (Loss)	(125,375)	(210,264)
RVUs - MD	3,002	7,829
RVUs - APP	3,358	8,060
# FTE MD	2.32	2.32
# FTE APP	2.97	2.97
# FTE Staff	2.24	2.24

Tab 5



MarinHealth Medical Center

Performance Metrics and Core Services Report

Q1 2024

August 6, 2024

MarinHealth Medical Center (Marin General Hospital)

Performance Metrics and Core Services Report: Q1 2024

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	The Joint Commission granted MGH an "Accredited" decision with an effective date of May 25, 2022 for a duration of 36 months.
	2. MGH Board must maintain MGH's Medicare certification for quality of care and reimbursement eligibility.	Quarterly	In Compliance	MGH maintains its Medicare Certification.
	3. MGH Board must maintain MGH's California Department of Public Health Acute Care License	Quarterly	In Compliance	MGH maintains its license with the State of California.
	4. MGH Board must maintain MGH's plan for compliance with SB 1953.	Quarterly	In Compliance	MGH remains in compliance with SB 1953 (California Hospital Seismic Retrofit Program).
	5. MGH Board must report on all Tier 2 Metrics at least annually.	Annually	In Compliance	4Q 2024 (Annual Report) was presented to MGH Board and to MHD Board in June 2024.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2024 was presented for approval to the MGH Board in February 2024.
	7. MGH Board must include quality improvement metrics as part of the CEO and Senior Executive Bonus Structure for MGH.	Annually	In Compliance	CEO and Senior Executive Bonus Structure includes quality improvement metrics.
(B) Patient Satisfaction and Services	MGH Board will report on MGH's HCAHPS Results Quarterly.	Quarterly	In Compliance	Schedule 1
(C) Community Commitment	1. In coordination with the General Member, the MGH Board must publish the results of its biennial community assessment to assess MGH's performance at meeting community health care needs.	Annually	In Compliance	Reported in Q4 2023
	2. MGH Board must provide community care benefits at a sufficient level to maintain MGH's non-profit tax exempt status.	Quarterly	In Compliance	MGH continues to provide community care and has maintained its tax exempt status.
(D) Physicians and Employees	MGH Board must report on all Tier 1 "Physician and Employee" Metrics at least annually.	Annually	In Compliance	Reported in Q4 2023
(E) Volumes and Service Array	1. MGH Board must maintain MGH's Scope of Acute Care Services as reported to OSHPD.	Quarterly	In Compliance	All services have been maintained.
	2. MGH Board must maintain MGH's services required by Exhibit G to the Loan Agreement between the General Member and Marin County, dated October 2008, as long as the Exhibit commitments are in effect.	Quarterly	In Compliance	All services have been maintained.
(F) Finances	1. MGH Board must maintain a positive operating cash-flow (operating EBITDA) for MGH after an initial phase in period of two fiscal years, and then effective as a performance metric after July 1, 2012, with performance during the phase in period monitored as if a Tier 2 metric.	Quarterly	In Compliance	Schedule 2
	2. MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly	In Compliance	Schedule 2

MarinHealth Medical Center (Marin General Hospital)

Performance Metrics and Core Services Report: Q1 2024

TIER 2 PERFORMANCE METRICS

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

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs).	Quarterly	In Compliance	Schedule 3
(B) Patient Satisfaction and Services	1. MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.	Quarterly	In Compliance	Schedule 1
	2. MGH Board will report external awards and recognition.	Annually	In Compliance	Reported in Q4 2023
(C) Community Commitment	1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly	In Compliance	Schedule 4
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	Schedule 4
	3. MGH Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities.	Annually	In Compliance	Reported in Q4 2023
	4. MGH Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.	Annually	In Compliance	Reported in Q4 2023
	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 2023
(D) Physicians and Employees	1. MGH Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.	Annually	In Compliance	Reported in Q4 2023
	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 2023
	3. MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.	Quarterly	In Compliance	Schedule 5
(E) Volumes and Service Array	1. MGH Board will develop a strategic plan for MGH and review the plan and its performance with the General Member.	Annually	In Compliance	The updated MGH Strategic Plan was presented to the MGH Board on October 14, 2023 and was presented to the MHD Board January 26, 2024.
	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 14, 2023 and was presented to the MHD Board on January 26, 2024.
	3. MGH Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.	Quarterly	In Compliance	Schedule 2
	4. MGH Board will report on current Emergency services diversion statistics.	Quarterly	In Compliance	Schedule 6
(F) Finances	1. MGH Board will provide the audited financial statements.	Annually	In Compliance	The MGH 2023 Independent Audit was completed on April 25, 2023
	2. MGH Board will report on its performance with regard to industry standard bond rating metrics, e.g., current ratio, leverage ratios, days cash on hand, reserve funding.	Quarterly	In Compliance	Schedule 2
	3. MGH Board will provide copies of MGH's annual tax return (Form 990) upon completion to General Member.	Annually	In Compliance	The MGH 2022 Form 990 was filed on November 15, 2023

MHMC Performance Metrics and Core Services Report Q1 2024



EXECUTIVE SUMMARY Q1-2 2024 HCAHPS

Time Period

Q1-2 2024 HCAHPS Survey with Press Ganey Benchmarks

Accomplishments

Transition to Press Ganey vendor

Areas for Improvement

Data Summary

Q1 Sample size= 235, Q2 Sample size= 261

Reporting HCAHPS Press Ganey percentile rank among all PG database (Natl) and PG California Hospitals (CA), # of hospitals not reported

Not patient mix or mode adjusted, not benchmarked to CMS

Barriers or Limitations

True CMS comparison report not yet available.

Next Steps

- 2024 Surveys via Press Ganey (new vendor)
- Patient Satisfaction and Experience initiatives; Hourly rounding on Medical/Surgical units, Physician bedside rounding and feedback sessions, among other efforts.
- Sr Leader rounding on Med/Surg, ED, Cardiac Units


MHMC Performance Metrics and Core Services Report

Q1 2024

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.



2024 HCAHPS DASHBOARD

Updated 7-9-24

HCAHPS DOMAINS	Top Box			↑	Top Box			↑	Top Box			↑	Top Box		
	Q1	Nat. Rank	CA Rank		Q2	Nat. Rank	CA Rank		Q3	Nat. Rank	CA Rank		Q4	Nat. Rank	CA Rank
Rate Hospital 0-10	72.27%	61st	57th	↑	81.11%	86th	84th								
Recommend the Hospital	74.03%	67th	53rd	↑	81.05%	84th	74th								
Communication with Nurses	75.55%	29th	29th	↑	77.11%	30th	37th								
Responsiveness of Hospital Staff	65.51%	66th	75th	↑	71.97%	82nd	88th								
Communication with Doctors	80.35%	60th	67th	↑	81.00%	58th	64th								
Hospital Environment	66.63%	60th	78th	↑	68.03%	59th	76th								
Communication about Medications	56.72%	31st	20th	↑	58.87%	37th	27th								
Discharge Information	88.81%	70th	72nd	↑	90.11%	79th	74th								
Care Transitions	46.96%	27th	19th	↑	50.63%	39th	22nd								
"n"	235				261										

Global Items		Q1			↑	Q2			↑	Q3			↑	Q4		
			Nat. Rank	CA Rank			Nat. Rank	CA Rank			Nat. Rank	CA Rank			Nat. Rank	CA Rank
Global Items	Rate hospital 0-10	72.27%	61	57	↑	81.11%	86	84								
	Recommend the hospital	74.03%	67	53	↑	81.05%	84	74								
Comm w/ Nurses	Nurses treat with courtesy/respect	77.03%	9	9	↑	83.07%	24	30								
	Nurses listen carefully to you	73.56%	34	39	↑	76.27%	42	42								
	Nurses expl in way you understand	76.07%	62	71	↓	72.00%	27	31								
Response of Hosp Staff	Call button help soon as wanted it	66.32%	73	79	↑	67.91%	72	79								
	Help toileting soon as you wanted	64.71%	58	67	↑	76.03%	90	94								
Comm w/ Doctors	Doctors treat with courtesy/respect	84.73%	45	53	↑	85.53%	45	55								
	Doctors listen carefully to you	78.71%	58	57	↑	80.08%	62	69								
	Doctors expl in way you understand	77.62%	72	74	↓	77.39%	65	65								
Hospital Environment	Cleanliness of hospital environment	70.11%	44	36	↑	74.48%	56	50								
	Quietness of hospital environment	63.15%	69	89	↑	61.58%	58	84								
Comm About Medicines	Tell you what new medicine was for	72.33%	41	42	↓	69.33%	18	14								
	Staff describe medicine side effect	41.11%	25	14	↓	48.40%	58	44								
Discharge Information	Staff talk about help when you left	88.51%	77	78	↓	88.23%	72	66								
	Info re symptoms/prob to look for	88.88%	55	50	↑	91.99%	79	75								
Care Transitions	Hosp staff took pref into account	39.66%	23	18	↑	44.54%	37	20								
	Good understanding managing health	47.47%	35	27	↑	51.56%	48	35								
	Understood purpose of taking meds	53.06%	25	20	↑	55.79%	31	20								

Data is Mode Adjusted (to account for use of phone vs. mail surveys). Only includes CMS reportable/eligible surveys. Note: Patients have up to 6 weeks to complete the HCAHPS survey.

MHMC Performance Metrics and Core Services Report

Q1 2024

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	Final 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	
EBIDA \$ (in thousands)	\$49,927	\$17,171				
EBIDA %	8.50%	10.90%				
Loan Ratios						
Annual Debt Service Coverage	2.89	2.28				
Maximum Annual Debt Service Coverage	1.83	2.28				
Debt to Capitalization	60.40%	59.0%				
Key Service Volumes	Total 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Total 2024
Acute discharges	23,092	2,544				
Acute patient days	115,817	12,886				
Average length of stay	5.09	5.09				
Emergency Department visits	78,891	10,608				
Inpatient surgeries	10,345	412				
Outpatient surgeries	6,249	1,594				
Newborns	2,978	319				

MHMC Performance Metrics and Core Services Report

Q1 2024

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.medicare.gov/care-compare/)

MHMC Performance Metrics and Core Services Report Q1 2024



EXECUTIVE SUMMARY Q1 2024 Quality Management Dashboard (Organization Targets Based on Natl Metrics)

Time Period

Q1 2024 most recent of four rolling quarters (far right)

Accomplishments

- Knee, Stroke, Pneumonia Mortality achieved 0 mortality,
- All Cause, Hrt Failure, Sepsis mortality <1.0
- Heart Failure Readmissions improved
- Sepsis readmissions lowest in several quarters
- LOS: All Cause, Sepsis lower than previous qtrs.
- Sepsis (SEP) bundle compliance: 74% significant improvement
- Injury due to HAPI (pressure-related skin injury), Falls with Injury rate

Areas for Improvement or Monitoring

- Mortality related to AMI, Hip: monitoring
- Readmission rates: Pneumonia to be explored
- Length of Stay (LOS): Monitor
- CAUTI (Urinary catheter infections): Improvement plan in place
- PSI 90 Complications: Surgical related DVT, Hematoma, Injuries

Data Summary

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

Barriers or Limitations

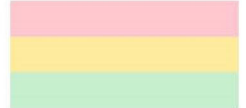
Leaders driving improvements but competing priorities challenging
Lack of direct caregiver involvement in PI projects

Next Steps:

- Ongoing support for PI continues

Legend

Value > Target
Value > 2023 but < Target
Value < Target < 2023



Metrics: Adult Medical/Surgical High Volume DRGs	Reporting	Target*	2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024
Mortality-All Cause (Risk Adjusted O:E)	O:E Ratio	<1.0	0.91	0.93	0.76	0.98	0.87
Mortality-Acute Myocardial Infarction	O:E Ratio		0.69	0.52	0.00	1.71	1.51
Mortality-Heart Failure	O:E Ratio		0.48	0.40	0.32	0.37	0.69
Mortality- Hip	O:E Ratio		0.00	0.00	0.00	0.00	3.57
Mortality- Knee	O:E Ratio		0.00	0.00	0.00	0.00	0.00
Mortality- Stroke	O:E Ratio		1.33	1.50	0.79	0.99	0.00
Mortality- Sepsis	O:E Ratio		1.00	1.17	0.95	0.98	0.84
Mortality- Pneumonia	O:E Ratio		0.95	0.42	1.53	2.19	0.00
Readmission- All (Rate)	Rate	<15.5%	10.14	9.85	11.00	10.34	11.11
Readmission-Acute Myocardial Infarction	Rate		7.32	6.52	14.89	5.45	10.00
Readmission-Heart Failure	Rate		19.24	14.44	23.88	23.94	17.43
Readmission- Hip	Rate		0.00	0.00	0.00	0.00	0.00
Readmission- Knee	Rate		6.66	0.00	0.00	12.50	12.50
Readmission- Stroke	Rate		4.03	0.00	7.69	4.00	4.76
Readmission- Sepsis	Rate		12.25	11.58	11.53	12.28	10.34
Readmission- Pneumonia	Rate		10.04	5.41	16.00	14.00	12.94
LOS-All Cause	Mean	4.90	4.84	4.93	4.75	4.68	4.82
LOS-Acute Myocardial Infarction	Mean		4.52	4.55	3.94	5.34	4.22
LOS-Heart Failure	Mean		5.64	5.03	5.69	6.74	5.53
LOS- Hip	Mean		4.17	5.13	3.40	3.00	3.90
LOS- Knee	Mean		3.10	2.60	4.40	3.62	3.25
LOS- Stroke	Mean		5.50	6.03	6.20	3.68	5.90
LOS- Sepsis	Mean		9.32	9.59	9.35	8.51	8.34
LOS- Pneumonia	Mean		6.41	6.08	4.94	6.70	5.17

Metrics: HAIs, Sepsis, Harm Events	Reporting	Target**		Q2 2023	Q3 2023	Q4 2023	Q1 2024
CAUTI (SIR)	SIR	<1.0	0.35	1.47	0.00	0.00	2.19
Hospital Acquired C-Diff (CDI)	SIR	<1.0	0.33	0.00	0.53	0.35	0.63
Surgical Site Infection (Superficial)	# Infections		10	3	3	3	3
Surgical Site Infection (Deep, Organ Space and Joint)	# Infections		8	0	4	2	1
SSI	SIR	<1.0 SIR		<1.0	<1.0	<1.0	TBD
Sepsis Bundle Compliance	% Compliance	63%^	62%	63%	72%	65%	74%
Hospital Acquired Pressure Injury (HAPI)	# HAPI	<=1	0	0	0	0	0
Patient Falls with Injury	# Falls	<=1.0		0	0	1	0
PSI 90 / Healthcare Acquired Conditions	Ratio	<1.0		0.99	1.35	2.73	1.04
Serious Safety Events	# Events	<=1	2	0	1	0	0

* Targets are <1.0 for ratios or Midas Datavision Median

** Target <1.0 SIR (Ratio) or Number needed to achieve Natl Benchmark Ratio/Rate

^ Target = California Median rate

Quick Reference Guide	
Mortality	Death rates show how often patients die, for any reason, within 30 days of admission to a hospital
Readmissions	Anyone readmitted within 30 days of discharge (except for elective procedures/admits).
Length of Stay(LOS)	The average number of days that patients spend in hospital
CAUTI (SIR)	Catheter Associated Urinary Tract Infection
Hospital Acquired C-Diff (CDI)	Clostridium difficile (bacteria) positive test ≥ 4 days after admission
Surgical Site Infections	An infection that occurs after surgery in the part of the body where the surgery took place
Sepsis Bundle Compliance	Compliance with a group of best-practice required measures to prevent sepsis
Hospital Aquired Pressure Injury	Stage III or IV pressure ulcers (not present on admission) in patients hospitalized 4 or more days
Patient Falls with Injury	A fall that resulted in harm that required intervention by medical staff (and reportable to CMS)
PSI 90 / Healthcare Aquired Conditions	PSI = Patient Safety Indicators. # of patients with avoidable Pressure Ulcer, Iatrogenic Pneumothorax, Hospital Fall,w/ Hip Fracture, Periop Hemorrhage or Hematoma, Post-op Acute Kidney Injury, Post-op Respiratory Failure, Periop Pulmonary Embolism or DVT, Post-op Sepsis, Post-op Wound Dehiscense, Accidental Laceration/Puncture
MRSA Blood Stream Infections	A positive test for a bacteria blood stream infection ≥ 4 days after admission
Patient Falls with Injury	A fall that resulted in harm that required intervention by medical staff (and reportable to CMS)
Serious Safety Events (patients)	A gap in care that reached the patient, causing a significant level of harm
Other Abbreviations	
SIR	Standardize Infection Ratio (Observed/Expected)

MHMC Performance Metrics and Core Services Report Q1 2024



EXECUTIVE SUMMARY Q1 2024 Core Measures Dashboard CMS Hospital IQR (Inpatient Quality Reporting) Program

Time Period

Q1 2024- publicly reported metrics (contributing to Star Rating)

Accomplishments

- STK-4 Thrombolytic Therapy: 100% (3/3)
- Sepsis bundle (SEP) 74% (98/133)
- Perinatal measures: PC-01 Elective Delivery 4% (1/23), C-Sec remains low (16%), breastfeeding higher than avg (86% Yr)
- ED admit Decision Time 117 minutes.
- HBIPS positive- high screening rates with low restraint, seclusion rates
- Surgical Site Infection-Colon (SSI-Colon), Central Line Infection (CLABSI) = 0, MRSA Infection = 0
- C-difficile Infection < 1.0 i.e. less than expected
- Readmission rates: All (12.34%)

Areas for Improvement or Monitoring

- CAUTI- more infections than expected for patient population
- PSI-90 Composite Measure (1.09) > than expected, better than Q4 2023
 - Periop Hemorrhage or Hematoma
 - Post-op DVT
- AMI Mortality

Data Summary

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

Barriers or Limitations

Competing Priorities

Next Steps:

2024 PI projects ongoing

Hospital Inpatient Quality Reporting Program Measures

	METRIC	CMS**	2023	Q1 -2024	Q2 -2024	Q4 -2024	Q4-2024	Q4-2024 Num/Den	Rolling 2024 YTD	2024 YTD Num/Den
◆ Stroke Measures										
STK-4	Thrombolytic Therapy	100%	100%	100%				3/3	100%	9/9
◆ Sepsis Measure										
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	60%	62%	74%				98/133	74%	98/133
◆ Perinatal Care Measure										
PC-01	Elective Delivery +	2%	1%	4%				1/23	4%	1/23
PC-02	Cesarean Section +	TJC	18%	16%				82/350	18%	82/350
PC-05	Exclusive Breast Milk Feeding	TJC	73%	86%				36/42	86%	36/42
◆ ED Inpatient Measures										
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients +	99	117.00	117.50				192-Cases	117.50	192-Cases
◆ Psychiatric (HBIPS) Measures										
IPF-HBIPS-2	Hours of Physical Restraint Use +	0.32	0.15	0.21				0.21	0.21	N/A
IPF-HBIPS-3	Hours of Seclusion Use +	0.34	0.11	0.00				0.00	0.00	N/A
◆ Substance Use Measures										
SUB-2	2-Alcohol Use Brief Intervention Provided or offered	61%	97%	100%				3/3	100%	3/3
SUB-2a	Alcohol Use Brief Intervention	77%	100%	100%				3/3	100%	3/3
◆ Tobacco Use Measures										
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge	71%	45%	50%				1/2	50%	1/2
TOB-3a	3a-Tobacco Use Treatment at Discharge	40%	36%	50%				1/2	50%	1/2
	METRIC	CMS**	2022	Q1 -2023	Q2 -2023	Q3 -2023	Q4-2023	Q2-2023 Num/Den	Rolling 2023 YTD	Rolling Num/Den
◆ Transition Record Measures										
TRSE	Transition Record with Specified Elements Received by Discharged Patients	62%	15%	67%				77/115	67%	77/115
◆ Metabolic Disorders Measure										
SMD	Screening for Metabolic Disorders	Benchmark To Be Established	91%	85%				69/81	85%	69/81
	METRIC	CMS**		2018	2019	2020	2021	2022	2023	Rolling Num/Den
IPF-IMM-2	Influenza Immunization	77%		98%	90%	92%	96%	96%	97%	216/222
	METRIC	CMS**	2022	Q1 -2024	Q2 -2024	Q4 -2024	Q4-2024	Q2 2024 Num/Den	Rolling 2024 YTD	2024 YTD Num/Den
◆ ED Outpatient Measures										
OP-18b	Average (median) time patients spent in the emergency department before leaving from the visit	168.00	192.00					95-Cases	188.00	95-Cases
◆ Outpatient Stroke Measure										
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	69%	78%	86%				6/7	86%	6/7
◆ Endoscopy Measures										
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	91%	89%	94%				48/51	94%	48/51
**CMS National Average + Lower Number is better										

◆ Healthcare Personnel Influenza Vaccination						
	METRIC	CMS National Average	Oct 2018 - Mar 2019	Oct 2020 - Mar 2021	Oct 2021 - Mar 2022	Oct 2022 - Mar 2023
	COVID Healthcare Personnel Vaccination	88%			96%	99%
MM-3	Healthcare Personnel Influenza Vaccination	80%	97%	94%	96%	93%
◆ Surgical Site Infection +						
	METRIC	National Standardized Infection Ratio (SIR)	Jan 2022 - Dec 2022	July 2021 - June 2022	Apr 2022 - Mar 2023	July 2022 - June 2023
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	0.00	0.00	0.00	0.00
HAI-SSI-Hyst	Surgical Site Infection - Abdominal Hysterectomy +	1	not published**	not published**	not published**	not published**
◆ Healthcare Associated Device Related Infections						
	METRIC	National Standardized Infection Ratio (SIR)	July 2021 - June 2022	Jan 2022 - Dec 2022	April 2022 - Mar 2023	July 2022 - June 2023
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.00	0.00	0.00	0.43
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.64	0.62	0.62	1.07
	METRIC	2023	Q1 2024	Q2 2024	Q4 2024	Q4 2024
	Central Line Associated Blood Stream Infection (CLABSI)	0.44	0.00			
	Catheter Associated Urinary Tract Infection (CAUTI)	0.35	2.19			
◆ Healthcare Associated Infections +						
	METRIC	National Standardized Infection Ratio (SIR)	July 2021 - June 2022	Jan 2022 - Dec 2022	Apr 2022 - Mar 2023	July 2022 - June 2023
HAI-C-Diff	Clostridium Difficile	1	0.26	0.30	0.58	0.43
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.00	0.00	0.00	0.00
	METRIC	2023	Q1 2024	Q2 2024	Q4 2024	Q4 2024
HAI-C-Diff	Clostridium Difficile	0.33	0.63			
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	0.49	0.00			
◆ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators) +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2017 - June 2019	July 2018 - Dec 2019	July 2019 - June 2021	July 2020 - June 2022
PSI-90 (Composite)	Complication / Patient Safety Indicators PSI 90 (Composite)	1	No different than the National Rate	No different than the National Rate	No different than the National Rate	No different than the National Rate
	METRIC		2021	2022	2023	2024
PSI-90 (Composite)	Complication / Patient safety Indicators PSI 90 (Composite)		1.96	1.38	1.85	1.09
PSI-3	Pressure Ulcer		0.22	0.79	1.52	0.00
PSI-6	Iatrogenic Pneumothorax		0.62	0.00	0.00	0.00
PSI-8	Inhospital Fall with Hip Fracture		0.29	0.13	0.28	0.00
PSI-9	Perioperative Hemorrhage or Hematoma		2.67	2.08	3.42	3.27
PSI-10	Postop Acute Kidney Injury Requiring Dialysis		0.00	0.00	0.00	0.00
PSI-11	Postoperative Respiratory Failure		6.11	1.88	12.01	0.00
PSI-12	Peri Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)		8.74	6.59	7.97	9.09
PSI-13	Postoperative Sepsis		4.64	3.93	1.57	0.00
PSI-14	Post operative Wound Dehiscence		2.02	0.00	0.00	0.00
PSI-15	Unrecognized Abdominopelvic Accidental Laceration/Puncture Rate		0.00	0.00	1.52	0.00
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2017 - June 2019	July 2018 - Dec 2019	July 2019 - June 2021	July 2020 - June 2022
PSI-4	Death Among Surgical Patients with Serious Complications +	136.48 per 1,000 patient discharges	No different then National Average	No different then National Average	not published**	No different then National Average
◆ Surgical Complications +						
		Centers for Medicare & Medicaid Services (CMS) National Average	April 2016 - March 2019	April 2017 - Oct 2019	April 2018 - March 2021	April 2019 - March 2022
Surgical Complication	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty +	3.2%	3.0%	2.6%	2.5%	3.6%

*** National Average + Lower Number is better

♦ Mortality Measures - 30 Day +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2015 - June 2018	July 2016 - June 2019	July 2017 - Dec 2019	July 2019 - June 2021
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate	8.4%	12.50%	10.90%	10.70%	10.00%
MORT-30-HF	Heart Failure Mortality Rate	12.4%	9.70%	8.00%	8.60%	10.30%
MORT-30-PN	Pneumonia Mortality Rate	15.4%	15.30%	14.20%	13.90%	not published**
MORT-30-COPD	COPD Mortality Rate	8.40%	8.80%	9.20%	8.60%	10.00%
MORT-30-STK	Stroke Mortality Rate	13.60%	13.70%	13.60%	13.40%	13.50%
CABG MORT-30	CABG 30-day Mortality Rate	2.90%	3.40%	3.00%	2.50%	3.00%
♦ Mortality Measures - 30 Day (Medicare Only - Midas DataVision) +						
	METRIC		2021	2022	2023	2024
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate		6.06%	3.39%	2.13%	13.79%
MORT-30-HF	Heart Failure Mortality Rate		7.90%	1.20%	3.05%	4.29%
MORT-30-PN	Pneumonia Mortality Rate		8.42%	7.09%	4.46%	0.00%
MORT-30-COPD	COPD Mortality Rate		0.00%	7.14%	3.13%	0.00%
MORT-30-STK	Stroke Mortality Rate		4.76%	4.90%	3.64%	0.00%
CABG MORT-30	CABG Mortality Rate		0.00%	0.00%	0.00%	0.00%
♦ Acute Care Readmissions - 30 Day Risk Standardized +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2016 - June 2019	July 2017 - Dec 2019	July 2018 - June 2021	July 2019 - June 2022
READM-30-AMI	Acute Myocardial Infarction Readmission Rate	15.0%	16.30%	15.50%	14.70%	13.40%
READM-30-HF	Heart Failure Readmission Rate	20.2%	21.60%	21.20%	19.50%	18.40%
READM-30-PN	Pneumonia Readmission Rate	16.9%	13.80%	14.50%	not published**	14.70%
READM-30-COPD	COPD Readmission Rate	19.30%	19.60%	19.30%	19.50%	
READM-30-THA/TKA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.30%	4.40%	4.20%	4.90%	4.20%
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	11.00%	11.70%	12.20%	11.60%	10.80%
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2018 - June 2019	July 2019 - Dec 2019	July 2018 - June 2021	July 2019 - June 2022
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR) +	14.6%	13.7%	14.9%	14.0%	13.2%
♦ Acute Care Readmissions 30 Day (Medicare Only - Midas DataVision) +						
	METRIC		2021	2022	2023	2024
	Hospital-Wide All-Cause Unplanned Readmission		9.59%	9.89%	9.83%	12.34%
	Acute Myocardial Infarction Readmission Rate		11.27%	8.75%	7.60%	10.53%
	Heart Failure Readmission Rate		12.04%	11.36%	18.18%	17.91%
	Pneumonia (PN) 30 Day Readmission Rate		5.68%	11.94%	11.84%	10.35%
	Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate		13.04%	9.68%	9.09%	11.11%
	Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate		2.50%	0.00%	0.00%	7.14%
	30-day Risk Standardized Readmission following Coronary Artery Bypass Graft		6.67%	14.29%	7.69%	0.00%
♦ Cost Efficiency +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2019 - Dec 2019	Jan 2020 - Dec 2020	Jan 2021 - Dec 2021	Jan 2022 - Dec 2022
MSPB-1	Medicare Spending Per Beneficiary (All)	0.99	0.97	0.98	0.98	0.98
	METRIC		July 2016 - June 2019	July 2017 - Dec 2019	July 2018 - June 2021	July 2019 - June 2022
PAY-AMI	Acute Myocardial Infarction (AMI) Payment Per Episode of Care	\$27,314	\$27,327	\$28,746	\$27,962	\$26,768
PAY-HF	Heart Failure (HF) Payment Per Episode of Care	\$18,764	\$17,614	\$18,180	\$17,734	\$18,109
PAY-PN	Pneumonia (PN) Payment Per Episode of Care	\$20,362	\$17,717	\$17,517	\$18,236	\$19,640
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	April 2015 - March 2018	April 2017 - Oct 2019	April 2018 - Mar 2021	April 2019 - Mar 2022
PAY-Knee	Hip and Knee Replacement	\$21,247	\$20,263	\$19,869	\$19,578	\$18,654

*** National Average + Lower Number is better

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

◆ Outpatient Measures (Claims Data) +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2017 - June 2018	July 2018 - June 2019	July 2019 - Dec 2019	July 2020 - June 2021
OP-10	Outpatient CT Scans of the Abdomen that were “Combination” (Double) Scans	6.30%	4.50%	6.10%	2.70%	7.00%
OP-13	Outpatients who got Cardiac Imaging Stress Tests Before Low-Risk Outpatient Surgery	3.90%	3.20%	3.20%	3.70%	3.00%
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2015 - Dec 2015	Jan 2016 - Dec 2016	Jan 2018 - Dec 2018	Jan 2020 - Dec 2020
OP-22	Patient Left Emergency Department before Being Seen	3.00%	1.00%	1.00%	2.00%	3.00%
+ Lower Number is better						

MHMC Performance Metrics and Core Services Report

Q1 2024

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 2024	Q2 2024	Q3 2024	Q4 2024	Total 2024
Bucklew	\$ 26,250				\$ 26,250
Canal Alliance	\$ 15,750				\$ 15,750
Ceres Community Project	\$ 10,500				\$ 10,500
Community Action Marin	\$ 10,500				\$ 10,500
Community Institute for Psychotherapy	\$ 21,000				\$ 21,000
Homeward Bound	\$ 157,500				\$ 157,500
Huckleberry Youth Programs	\$ 10,500				\$ 10,500
Jewish Family and Children's Services	\$ 10,500				\$ 10,500
Kids Cooking for Life	\$ 5,250				\$ 5,250
Marin Center for Independent Living	\$ 26,250				\$ 26,250
Marin City Health and Wellness	\$ 15,750				\$ 15,750
Marin Community Clinics	\$ 52,500				\$ 52,500
Marin Mommies	\$ 5,250				\$ 5,250
MHD 1206B Clincs	\$ 9,998,286				\$ 9,998,286
NAMI Marin	\$ 10,500				\$ 10,500
North Marin Community Services	\$ 10,500				\$ 10,500
Ritter Center	\$ 21,000				\$ 21,000
RotaCare Bay Area Inc.	\$ 15,750				\$ 15,750
San Geronimo Valley Community Center	\$ 10,500				\$ 10,500
St. Vincent de Paul Society of Marin	\$ 5,250				\$ 5,250
West Marin Senior Services	\$ 10,500				\$ 10,500
Whistlestop	\$ 5,250				\$ 5,250
Total Cash Donations	\$ 10,455,036				\$ 10,455,036
Clothes Closet					\$ -
Compassionate discharge medications					\$ -
Meeting room use by community-based organizations for community-health related purposes.	\$ 1,451				\$ 1,451
Healthy Marin Partnership					\$ -
Food donations	\$ 7,662				\$ 7,662
SMILE Cart					\$ -
Total In-Kind Donations	\$ 9,113				\$ 9,113
Total Cash & In-Kind Donations	\$ 10,464,149				\$ 10,464,149

MHMC Performance Metrics and Core Services Report

Q1 2024

Schedule 4, continued

Community Benefit Summary					
(These numbers are subject to change.)					
	1Q 2024	2Q 2024	3Q 2024	4Q 2024	Total 2024
Community Health Improvement Services	\$ 70,671				\$ 70,671
Health Professions Education	\$ 81,470				\$ 81,470
Cash and In-Kind Contributions	\$ 10,464,149				\$ 10,464,149
Community Benefit Operations	\$ 638				\$ 638
Community Building Activities	\$ 1,533				\$ 1,533
Traditional Charity Care <i>*Operation Access total is included in Charity Care</i>	\$ 84,332				\$ 84,332
Government Sponsored Health Care <i>(includes Medi-Cal & Means-Tested Government Programs)</i>	\$ 15,930,440				\$ 15,930,440
Community Benefit Subtotal (amount reported annually to state & IRS)	\$ 26,633,233				\$ 26,633,233
Unpaid Cost of Medicare	\$ 37,388,610				\$ 37,388,610
Bad Debt	\$ 458,091				\$ 458,091
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u>	\$ 64,479,934				\$ 64,479,934

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 2024	2Q 2024	3Q 2024	4Q 2024	Total 2024
*Operation Access charity care provided by MGH (waived hospital charges)					\$ -
Costs included in Charity Care					\$ -

MHMC Performance Metrics and Core Services Report

Q1 2024

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	Separated		Rate
		Voluntary	Involuntary	
Q1 2023	595	18	4	3.70%
Q2 2023	618	29	1	4.85%
Q3 2023	626	22	1	3.67%
Q4 2023	632	22	3	3.96%
Q1 2024	649	18	5	3.54%

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
Q1 2023	14	53	595	662	10.12%	8.01%	2.11%
Q2 2023	6	54	618	678	8.85%	7.96%	0.88%
Q3 2023	8	42	626	676	7.40%	6.21%	1.18%
Q4 2023	1	21	632	654	3.36%	3.21%	0.15%
Q1 2024	4	42	649	695	6.62%	6.04%	0.58%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
Q1 2023	34	22	12
Q2 2023	53	30	23
Q3 2023	31	23	8
Q4 2023	33	25	8
Q1 2024	39	23	16

