

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, DECEMBER 10, 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 November 12, 2024 (action)	Alfrey	#1
5. College of Marin Nursing & Trade Programs Jonathan Eldridge, Ed.D, Superintendent/President Dana Emerson, PhD, Vice President	Klein	
6. Approval of Q2 2024 MarinHealth Medical Center Report of Performance Metrics and Core Services (action)	Klein/ Chandrasena	#2
7. Healthcare Advocacy and Emerging Challenges and Trends	Klein	
8. Committee Reports		
A. Finance & Audit Committee (<i>Did not meet</i>)	Su	
B. Lease, Building, Education & Outreach Committee (<i>did not meet</i>)	Rienks	

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.

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, DECEMBER 10, 2024

BOARD OF DIRECTORS

5:30 PM: REGULAR OPEN MEETING

9. Reports

A. District CEO's Report

Klein

B. Hospital CEO's Report

Klein

C. Chair's and Board Members' Reports

All

10. Agenda Suggestions for Future Meetings

All

11. Adjournment of Regular Meeting

Alfrey

Next Regular Meeting: Tuesday, January 14, 2025 @ 5:30 p.m.

Tab 1



**MARIN HEALTHCARE DISTRICT
BOARD OF DIRECTORS**

REGULAR MEETING

**Tuesday, November 12, 2024
MarinHealth Medical Center
Conference Center**

MINUTES

1. Call to Order and Roll Call

Chair Alfrey called the Regular Meeting to order at 5:31 pm.

Board members present: Chair Edward Alfrey, MD; Vice Chair Brian Su, MD;
Secretary Jennifer Rienks, PhD (via Zoom); Samantha Ramirez, BSW

Staff present: David Klein, MD, CEO; Eric Brettner, CFO; Colin Leary, General Counsel;
Tricia Lee, EA

Board members Absent: Ann Sparkman, RN/BSN, JD

2. Oaths of Office for Board Members Appointed In-Lieu of Election

Dr. Klein presented the appointments of candidates as certified by the Registrar of Voters of Marin County, and invited Edward Alfrey, MD (Division 5) to swear the Oath of Office aloud. Dr. Alfrey so swore.

Ann Sparkman, RN/BSN, JD (Division 2) was absent from the meeting. She will swear the Oath of Office with Dr. Klein at a time before the next meeting of the Board, and will report such action to the Board.

3. General Public Comment

There was no public comment.

4. Approve Agenda

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

5. Approve Minutes of the Regular Meeting of October 8, 2024

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

6. Healthcare Advocacy and Emerging Challenges and Trends

Dr. Klein provided updates on several statewide propositions relevant to the hospital and healthcare industry following the recent election. All results remain unofficial until December 13, 2024, when they will be certified.

- Proposition 5 (Affordable Housing and Infrastructure Bonds). Aimed to lower the vote requirement for community general obligation bond elections for hospitals and providers. Currently failing with 44% Yes and 55% No votes.
- Proposition 34 Restricts hospital spending of revenues tied to prescription pricing, particularly impacting 340B programs. As of now, a close race with 50.9% Yes and 49.1% No votes.
- Proposition 35 (Taxation of Managed Care Organizations): Allows taxation of managed care organizations, with funds directed toward Medi-Cal patient care and access expansion. Passed with 67% Yes and 32% No votes.

Dr. Klein provided an update on Assembly Bill 869 Seismic Standard. AB 869 signed by the governor, introduces an alternate path for seismic compliance for district hospitals. This bill has the potential to delay the seismic requirements deadline from 2030 by three years, with a possibility of up to five years. The next major reporting deadline is January 2026.

7. Committee Reports

A. *Finance & Audit Committee*

Dr. Su reported the Finance and Audit Committee met on October 28th. The investment portfolio was reviewed. The current investment strategy is 20% equities and 80% fixed income, the total portfolio value is approximately \$3.9M, with a YTD growth of 6.7%. Dr. Su provided a review of assets which include \$190K in a money market account, \$475K cash on hand and \$350K in a local agency investment fund (LAIF) earning 4%.

The Finance and Audit Committee recommends maintaining \$250K cash on hand (four to six months of expenses) with the remaining funds reallocated to the investment portfolio. Also recommended to shift to a 60% fixed income and 40% equities allocation.

Chair Alfrey asked for a motion to approve the investment strategy adjustment to 60% fixed income and 40% equities. Ms. Rienks moved to approve. Ms. Ramirez seconded.

Vote: all ayes

B. *Lease, Building, Education and Outreach Committee*

Ms. Rienks provided an update on upcoming and past events.

- **Marin City Event:** The event was well attended, with approximately 150 participants. It focused on women's health and included blood pressure screenings for 70 individuals. 10 individuals were identified with elevated blood pressure requiring follow-up care. The event received positive feedback, including a letter to the editor recognizing Dr. Santora's participation.
- **Bolinas Pop-Up Event:** A smaller-scale event attended by 40 individuals. Blood pressure screenings were conducted, with no follow-up care required. The community expressed appreciation for the services provided.

- Men's and Women's Health Seminar: Scheduled for Saturday, February 8, 2025.
- Spanish-Speaking Community Event: Planning in progress for early 2025.
- Careers in Medicine Event is Scheduled for February 25, 2025. Strong interest from schools, with potential for multiple sessions to accommodate demand.

8. Reports

A. *Hospital and District CEO's Report*

Dr. Klein reported record patient volumes in recent days. Preparedness efforts are underway for seasonal viral surges.

Dr. Klein shared 2025 hospital budget is nearing completion, which will go to the MarinHealth Medical Center Finance Committee for approval on November 21, 2024. Once approved at the Finance Committee it will go to the Operating Board on December 3, 2024 for final approval.

The SPECT CT scanner construction is completed, pending CDPH approval.

The Petaluma Hub is scheduled to open the December 3, 2024. Open house and ribbon cutting ceremony will be in November 19, 2024 5:00 – 7:00 pm. The Urgent Care is due to open in January of 2025.

Dr. Klein reported the Operating Board Retreat was held recently, with strong attendance and robust discussions.

Dr. Klein reported the 2025 District Board Retreat to be held in January/February. Ms. Lee will send a Doodle Poll to find the best date for the board members.

Dr. Klein shared the Doctor-to-Doctor Spine Seminar was held with excellent physician participation.

Dr. Klein reported CNA and Teamsters labor agreement negotiations will begin in the coming weeks.

Dr. Klein reported UCSF is anticipating a two-day strike by two unions November 20 through November 21, 2024, impacting approximately 7,000 employees.

Dr. Klein shared the Fitch Rating results. The hospitals outlook was upgraded from neutral to positive.

Dr. Klein shared the Leapfrog results will be released on November 15, 2024 with a positive outcome anticipated.

Dr. Klein reported the Town Hall was held today and had high attendance and covered topics such as quality strategy and patient experience.

Vaccination and masking updates. Mandatory flu vaccinations are nearly complete for staff. COVID vaccine is optional and available for staff. MarinHealth is following the Marin Health and Human Service recommendations for masking.

Dr. Klein reviewed the changes to the HCAHPS questions. Beginning in January new questions addressing teamwork, restfulness and communication will be added to the survey.

Workday implementation will begin December 23, 2024 for the Medical Network and January 1, 2025 for the Hospital. Features include self-service access for employees to view paystubs, update beneficiaries and manage HR related tasks.

Dr. Klein shared that MarinHealth recently attended the Beta Heart Conference, where Marinhealth received the Beta Heart Achievement Award and the Beta Quest for Zero Award, recognizing excellence in OB programs.

Dr. Klein announced MarinHealth has launched a formalized DEI initiative with commitment to advance diversity, equity and inclusion across all workforce and medical staff levels. The objectives are to ensure equitable healthcare access for all community members, create a workforce reflective of the community's diversity and foster an inclusive environment.

Dr. Klein reported next week the hospital will participate in a mock survey in preparation for The Joint Commission survey in 2025.

Dr. Klein reported on several facility and security updates:

- Outpatient MRI replacement on S. Eliseo has begun with completion expected in April 2025.
- Pharmacy Compounding room construction to begin February 2025.
- Emergency generator replacement in the Cypress Pavilion forecasted for 2025.
- Bloom Energy contact is nearing finalization.
- McCarthy is currently evaluating the multi-stack chiller for functional issues and addressing building leaks from previous heavy rains.
- Preparations are underway to winterize the hospital facilities.
- Visitor badging system will launch early next.

- The weapons management system is scheduled to be implemented on February 2025

Dr. Klein reported the application for Age-Friendly recognition is still in process.

The Marin County Commission on Aging is working with Vivalon on an updated strategic plan which will be complete in Spring of 2025. Once completed the Chair of the Marin County Commission on Aging will present to the board.

Jonathan Eldridge, the new president of College of Marin has been invited to the December meeting to speak on the Nursing Program and other trade programs offered at College of Marin.

B. Chair's and Board Members' Reports.

Ms. Rienks shared she recently met with a young nursing student currently studying at the College of Marin. The student, who recently gained experience in interventional radiology and is pursuing a nursing degree, spoke highly of her time at MarinHealth, praising the physicians and nurses. Ms. Rienks expressed gratitude that programs supporting student training and engagement have been reinstated, emphasizing their importance in fostering future healthcare talent.

Dr. Alfrey reported on attending the California Medical Association (CMA) meeting. During a session with a physician leader from Adventist Health, Dr. Alfrey raised concerns about a recent letter from Adventist Health to the Mendocino Healthcare District regarding potential withdrawal of services from the Fort Bragg hospital if financial benchmarks, specifically a 5% EBITDA, were not met within 60 days.

Dr. Alfrey emphasized the critical importance of preserving access to care in rural areas.

Concerns were raised about potential service cuts, such as chemotherapy being redirected to other locations, which would inconvenience patients.

Dr. Alfrey is hopeful that the state would intervene if closures threatened access to essential services.

9. Agenda Suggestions for Future Meetings

There were no suggestions for future agenda items.

10. Adjournment of Regular Meeting

Chair Alfrey adjourned the meeting at 6:31 pm.

Tab 2

MarinHealth Medical Center (Marin General Hospital)

Performance Metrics and Core Services Report: Q2 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: Q2 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 26, 2024 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 26, 2024 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, 2024
	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 2023 Form 990 was filed on November 15, 2024

MHMC Performance Metrics and Core Services Report Q2 2024



EXECUTIVE SUMMARY Q2 2024 HCAHPS

Time Period

Q2 2024 HCAHPS Survey with Press Ganey Benchmarks

Accomplishments

Overall Hospital Rating & Likelihood to Recommend significantly improved

Responsiveness: Toileting significantly improved

MD communications & Hospital environment >50thp of PG comparisons

Discharge information: Symptoms to watch improved

Areas for Improvement

Improved but <50thp:

Nurse communication:

Communication about medications

Care Transitions

Data Summary

Q2 Sample size= 287

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

Q2 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 8-15-24

HCAHPS DOMAINS	Top Box			Nat.			CA				Top Box			Nat.			CA				Top Box			Nat.			CA			
	Q1	Rank	Rank	Q2	Rank	Rank	Q3	Rank	Rank		Q4	Rank	Rank	Q1	Rank	Rank	Q2	Rank	Rank		Q3	Rank	Rank	Q4	Rank	Rank				
Rate Hospital 0-10	72.27%	61st	57th	↑	81.73%	87th	84th	↑	82.65%	89th	89th																			
Recommend the Hospital	74.03%	67th	53rd	↑	80.75%	83rd	73rd	↓	79.56%	80th	68th																			
Communication with Nurses	75.55%	29th	29th	↑	76.88%	28th	32nd	↑	78.73%	41st	50th																			
Responsiveness of Hospital Staff	65.51%	66th	75th	↑	71.81%	81st	88th	↓	71.80%	82nd	91st																			
Communication with Doctors	80.35%	60th	67th	↑	80.60%	56th	61st	↓	79.99%	50th	53rd																			
Hospital Environment	66.63%	60th	78th	↑	67.56%	56th	75th	↓	65.88%	48th	62nd																			
Communication about Medications	56.72%	31st	20th	↑	59.39%	41st	29th	↓	58.62%	34th	22nd																			
Discharge Information	88.81%	70th	72nd	↑	90.06%	78th	74th	↓	92.29%	91st	87th																			
Care Transitions	46.96%	27th	19th	↑	50.61%	39th	22nd	↓	47.61%	24th	11st																			
	"n"	235			287				89																					

Global Items	Rate hospital 0-10	Q1		↑	Q2		↑	Q3		↑	Q4	
		Nat. Rank	CA Rank		Nat. Rank	CA Rank		Nat. Rank	CA Rank		Nat. Rank	CA Rank
Rate hospital 0-10	72.27%	61	57	↑	81.73%	87	84	↑	82.65%	89	89	
Recommend the hospital	74.03%	67	53	↑	80.75%	83	73	↓	79.56%	80	68	
Comm w/ Nurses	Nurses treat with courtesy/respect	77.03%	9	9	↑	82.44%	20	27	↓	81.57%	16	22
	Nurses listen carefully to you	73.56%	34	39	↑	75.87%	40	42	↑	78.42%	56	65
Response of Hosp Staff	Nurses expl in way you understand	76.07%	62	71	↓	72.33%	29	33	↑	76.22%	56	58
	Call button help soon as wanted it	66.32%	73	79	↑	68.12%	72	79	↑	69.20%	76	84
Comm w/ Doctors	Help toileting soon as you wanted	64.71%	58	67	↑	75.51%	89	94	↓	74.39%	86	92
	Doctors treat with courtesy/respect	84.73%	45	53	↑	84.25%	35	44	↓	84.37%	35	45
Hospital Environment	Doctors listen carefully to you	78.71%	58	57	↑	80.34%	64	70	↓	79.02%	53	52
	Cleanliness of hospital environment	70.11%	44	36	↑	74.70%	57	53	↓	71.32%	40	27
Comm About Medicines	Quietness of hospital environment	63.15%	69	89	↓	60.41%	53	80	↓	60.43%	51	80
	Tell you what new medicine was for	72.33%	41	42	↓	70.04%	21	18	↑	69.89%	21	16
Discharge Information	Staff describe medicine side effect	41.11%	25	14	↑	48.74%	60	46	↓	47.36%	52	35
	Staff talk about help when you left	88.51%	77	78	↓	87.95%	70	66	↑	91.10%	89	86
Care Transitions	Info re symptoms/prob to look for	88.88%	55	50	↑	92.16%	80	76	↑	93.47%	88	83
	Hosp staff took pref into account	39.66%	23	18	↑	45.34%	41	25	↑	45.91%	43	32
Good understanding managing health	47.47%	35	27	↑	50.65%	44	30	↓	44.75%	17	10	
	Understood purpose of taking meds	53.06%	25	20	↑	55.85%	31	20	↓	52.18%	17	9

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

Q2 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	\$33,107			
EBIDA %	8.50%	10.90%	10.39%			
Loan Ratios						
Annual Debt Service Coverage	2.89	2.28	2.42			
Maximum Annual Debt Service Coverage	1.83	2.28	2.42			
Debt to Capitalization	60.40%	59.0%	58.1%			
Key Service Volumes	Total 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Total 2024
Acute discharges	10,257	2,544	2,711			5,255
Acute patient days	50,793	12,886	12,487			25,337
Average length of stay	4.95	5.05	4.82			4.82
Emergency Department visits	41,085	10,608	11,510			22,118
Inpatient surgeries	1,823	412	459			871
Outpatient surgeries	6,249	1,594	1,551			3,145
Newborns	1,327	319	317			636

MHMC Performance Metrics and Core Services Report

Q2 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

Q2 2024



EXECUTIVE SUMMARY

Q2 2024 Quality Management Dashboard

(Organization Targets Based on Natl Metrics)

Time Period

Q2 2024 most recent of four rolling quarters (far right)

Accomplishments

- Hip, Knee, Pneumonia mortality achieved 0,
- All Cause, Hrt Failure, Stroke, Sepsis mortality <1.0
- Heart Failure Readmissions improved
- LOS: All Cause, Acute MI, Sepsis lower than previous qtrs.
- Injury due to HAPI (pressure-related skin injury), Falls with Injury rate
- PSI 90 Complications improved

Areas for Improvement or Monitoring

- Acute MI mortality: 1 86 yo on palliative care, kidney failure POA
- Heart failure mortality- monitor
- Readmission rates:
 - Ischemic Stroke Readmission: 7 pts compared to 2 Q1.
 - Sepsis: 14 pts compared to 8 in Q1
 - Pneumonia to be explored
- Length of Stay (LOS): Monitor
- CAUTI (Urinary catheter infections): Improvement plan in place

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

Lack of direct caregiver involvement in PI projects

Next Steps:

- Ongoing support for PI continues

MHMC Performance Metrics and Core Services Report

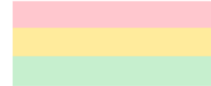
Q2 2024



Quality Management Dashboard
Period: Q2 2024

Legend

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



Metrics: Adult Medical/Surgical High Volume DRGs	Reporting	Target*	2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024
Mortality-All Cause (Risk Adjusted O:E)	O:E Ratio	<1.0	0.91	0.76	0.98	0.87	0.74
Mortality-Acute Myocardial Infarction	O:E Ratio		0.69	0.00	1.71	1.51	1.60
Mortality-Heart Failure	O:E Ratio		0.48	0.32	0.37	0.69	0.91
Mortality- Hip	O:E Ratio		0.00	0.00	0.00	3.57	0.00
Mortality- Knee	O:E Ratio		0.00	0.00	0.00	0.00	0.00
Mortality- Stroke	O:E Ratio		1.33	0.79	0.99	0.00	0.56
Mortality- Sepsis	O:E Ratio		1.00	0.95	0.98	0.84	0.82
Mortality- Pneumonia	O:E Ratio		0.95	1.53	2.19	0.00	0.00
Readmission- All (Rate)	Rate	<15.5%	10.14	11.00	10.34	11.11	11.69
Readmission-Acute Myocardial Infarction	Rate		7.32	14.89	5.45	10.00	9.43
Readmission-Heart Failure	Rate		19.24	23.88	23.94	17.43	15.38
Readmission- Hip	Rate		0.00	0.00	0.00	0.00	16.67
Readmission- Knee	Rate		6.66	0.00	12.50	12.50	7.69
Readmission- Stroke	Rate		4.03	7.69	4.00	4.76	15.56
Readmission- Sepsis	Rate		12.25	11.53	12.28	10.34	16.86
Readmission- Pneumonia	Rate		10.04	16.00	14.00	12.94	14.58
LOS-All Cause	Mean	4.90	4.84	4.75	4.68	4.82	4.62
LOS-Acute Myocardial Infarction	Mean		4.52	3.94	5.34	4.22	3.27
LOS-Heart Failure	Mean		5.64	5.69	6.74	5.53	5.78
LOS- Hip	Mean		4.17	3.40	3.00	3.90	4.67
LOS- Knee	Mean		3.10	4.40	3.62	3.25	3.62
LOS- Stroke	Mean		5.50	6.20	3.68	5.90	6.13
LOS- Sepsis	Mean		9.32	9.35	8.51	8.34	9.12
LOS- Pneumonia	Mean		6.41	4.94	6.70	5.17	6.34
Metrics: HAIs, Sepsis, Harm Events	Reporting	Target**		Q3 2023	Q4 2023	Q1 2024	Q2 2024
CAUTI (SIR)	SIR	<1.0	0.35	0.00	0.00	1.47	1.37
Hospital Acquired C-Diff (CDI)	SIR	<1.0	0.33	0.53	0.35	0.63	0.00
Surgical Site Infection (Superficial)	# Infections		10	3	3	3	1
Surgical Site Infection (Deep, Organ Space and Joint)	# Infections		8	4	2	1	2
SSI	SIR	<1.0 SIR		<1.0	<1.0	<1.0	TBD
Sepsis Bundle Compliance	% Compliance	63%^	62%	72%	65%	74%	67%
Hospital Acquired Pressure Injury (HAPI)	# HAPI	<=1	0	0	0	0	0
Patient Falls with Injury	# Falls	<=1.0		0	1	0	0
PSI 90 / Healthcare Acquired Conditions	Ratio	<1.0		1.35	2.73	1.04	0.99
Serious Safety Events	# Events	<=1	2	1	0	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

MHMC Performance Metrics and Core Services Report

Q2 2024



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 \geq 4 days after admission
Surgical Site Infections	An infection that occurs after surgery in the part of the body where the surgery took place
Sepsis Bundle Compliance	Compliance with a group of best-practice required measures to prevent sepsis
Hospital Aquired Pressure Injury	Stage III or IV pressure ulcers (not present on admission) in patients hospitalized 4 or more days
Patient Falls with Injury	A fall that resulted in harm that required intervention by medical staff (and reportable to CMS)
PSI 90 / Healthcare Aquired Conditions	PSI = Patient Safety Indicators. # of patients with avoidable Pressure Uloer, 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 \geq 4 days after admission
Patient Falls with Injury	A fall that resulted in harm that required intervention by medical staff (and reportable to CMS)
Serious Safety Events (patients)	A gap in care that reached the patient, causing a significant level of harm
Other Abbreviations	
SIR	Standardize Infection Ratio (Observed/Expected)

MHMC Performance Metrics and Core Services Report

Q2 2024



EXECUTIVE SUMMARY

Q2 2024 Core Measures Dashboard

CMS Hospital IQR (Inpatient Quality Reporting) Program

Time Period

Q2 2024- publicly reported metrics (contributing to Star Rating)

Accomplishments

- STK-4 Thrombolytic Therapy: 100%
- Sepsis bundle (SEP) 67% 94/141
- Perinatal measures: PC-01 Elective Delivery 0% (0/20), C-Sec remains low (20%)
- HBIPS positive- high screening rates with low restraint, seclusion rates
- Transition Record and Metabolic Disorders improved (APeX related)
- OP-23 Head CT timing for Stroke 100% (5/5)
- Surgical Site Infection-Colon (SSI-Colon), MRSA Infection = 0
- C-difficile Infection < 1.0 i.e. less than expected
- Readmission rates: All (12.34%)

Areas for Improvement or Monitoring

- Central Line Infection (CLABSI) 2.30 (2)
- Urinary Catheter infections (CAUTI) 1.37 (2)
 - 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
 - Post-op Sepsis
- AMI, COPD Mortality rates
- Hospital-wide Readmissions; Pneumonia, COPD, CABG

Data Summary

- STK 4 - Q2 2024 moved to IQVIA; reflects joint commission certification data set
- CMS has updated National averages: Sepsis, ED Avg patient time spent, Transition of care, Head CT/MRI with 45 minutes
- Hip and Knee Complications benchmark and numbers updated, (Lower is better)
- Payment per episode updated: AMI, HF, PN and Hip and Knee
- Outpatient CT Scan of abdomen, Outpatients with Cardiac Imaging Stress Tests Before Low-Risk Outpatient benchmark and dataset updated (lower is better)
- Surgery, Patient left without seen both benchmark and data updated.

MHMC Performance Metrics and Core Services Report

Q2 2024

- 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	Q3 -2024	Q4-2024	Q2-2024 Num/Den	Rolling 2024 YTD	2024 YTD Num/Den
◆ Stroke Measures										
STK-4	Thrombolytic Therapy	100%	100%	100%	100%			44/46	100%	103/103
◆ Sepsis Measure										
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	61%	62%	74%	67%			95/141	70%	193/274
◆ Perinatal Care Measure										
PC-01	Elective Delivery +	2%	1%	4%	0%			0/20	2%	1/43
PC-02	Cesarean Section +	TJC	18%	18%	20%			26/127	20%	48/246
PC-05	Exclusive Breast Milk Feeding	TJC	73%	73%	71%			45/63	72%	92/127
◆ ED Inpatient Measures										
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients +	99	117.00	118.00	112.50			200--Cases	112.00	391--Cases
◆ Psychiatric (HBIPS) Measures										
IPF-HBIPS-2	Hours of Physical Restraint Use +	0.32	0.15	0.02	0.00			0.01	0.21	N/A
IPF-HBIPS-3	Hours of Seclusion Use +	0.35	0.11	0.00	0.00			0.00	0.00	N/A
◆ Substance Use Measures										
SUB-2	2-Alcohol Use Brief Intervention Provided or offered	60%	97%	100%	100%			7/7	100%	10/10
SUB-2a	Alcohol Use Brief Intervention	77%	100%	100%	100%			7/7	100%	10/10
◆ Tobacco Use Measures										
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge	71%	45%	50%	0%			0/3	20%	1/5
TOB-3a	3a-Tobacco Use Treatment at Discharge	40%	36%	50%	0%			0/3	20%	1/5
	METRIC	CMS**	2022	Q1 -2024	Q2 -2024	Q3 -2024	Q4-2024	Q2-2024 Num/Den	Rolling 2024 YTD	Rolling Num/Den
◆ Transition Record Measures										
TRSE	Transition Record with Specified Elements Received by Discharged Patients	62%	15%	67%	70%			103/147	69%	180/262
◆ Metabolic Disorders Measure										
SMD	Screening for Metabolic Disorders	Benchmark To Be Established	91%	85%	92%			89/97	89%	158/178
	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	170.00	192.00	188.00	179.00			100--Cases	180.50	195--Cases
◆ Outpatient Stroke Measure										
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	69%	78%	86%	100%			5/5	92%	11/12
◆ Endoscopy Measures										
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	92%	89%	94%	97%			63/65	96%	111/116
**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	2.30		
	Catheter Associated Urinary Tract Infection (CAUTI)	0.35	1.47	1.37		
◆ 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	Q3 2024	Q4 2024
HAI-C-Diff	Clostridium Difficile	0.33	0.63	0.00		
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	0.49	0.00	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	1.01
PSI-3	Pressure Ulcer		0.22	0.79	1.52	0.00
PSI-6	Iatrogenic Pneumothorax		0.62	0.00	0.57	0.57
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	3.02
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	6.96
PSI-13	Postoperative Sepsis		4.64	3.93	1.57	2.94
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 2017 - Oct 2019	April 2018 - March 2021	April 2019 - March 2022	April 2019 - March 2022
Surgical Complication	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty +	3.5%	2.6%	2.5%	3.6%	4.3%

*** 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%	7.14%
MORT-30-HF	Heart Failure Mortality Rate		7.90%	1.20%	3.05%	5.74%
MORT-30-PN	Pneumonia Mortality Rate		8.42%	7.09%	4.46%	1.94%
MORT-30-COPD	COPD Mortality Rate		0.00%	7.14%	3.13%	11.11%
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-THATKKA	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%	10.89%
	Acute Myocardial Infarction Readmission Rate		11.27%	8.75%	7.60%	8.93%
	Heart Failure Readmission Rate		12.04%	11.36%	18.18%	15.79%
	Pneumonia (PN) 30 Day Readmission Rate		5.68%	11.94%	11.84%	14.71%
	Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate		13.04%	9.68%	9.09%	17.39%
	Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate		2.50%	0.00%	0.00%	8.33%
	30-day Risk Standardized Readmission following Coronary Artery Bypass Graft		6.67%	14.29%	7.69%	14.29%
♦ 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 2017 - Dec 2019	July 2018 - June 2021	July 2019 - June 2022	July 2012 - June 2023
PAY-AMI	Acute Myocardial Infarction (AMI) Payment Per Episode of Care	\$28,355	\$28,746	\$27,962	\$26,768	\$27,013
PAY-HF	Heart Failure (HF) Payment Per Episode of Care	\$19,602	\$18,180	\$17,734	\$18,109	\$19,654
PAY-PN	Pneumonia (PN) Payment Per Episode of Care	\$20,362	\$17,517	\$18,236	\$19,640	\$19,640
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	April 2017 - Oct 2019	April 2018 - Mar 2021	April 2019 - Mar 2022	July 2020 - June 2023
PAY-Knee	Hip and Knee Replacement	\$22,530	\$19,869	\$19,578	\$20,848	\$20,848

*** 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 2018 - June 2019	July 2019 - Dec 2019	July 2020 - June 2021	July 2022 - June 2023
OP-10	Outpatient CT Scans of the Abdomen that were “Combination” (Double) Scans	5.80%	6.10%	2.70%	7.00%	7.60%
OP-13	Outpatients who got Cardiac Imaging Stress Tests Before Low-Risk Outpatient Surgery	2.90%	3.20%	3.70%	3.00%	3.70%
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2015 - Dec 2015	Jan 2016 - Dec 2016	Jan 2018 - Dec 2018	Jan 2022 - Dec 2022
OP-22	Patient Left Emergency Department before Being Seen	3.00%	1.00%	2.00%	3.00%	1.00%

+ Lower Number is better

MHMC Performance Metrics and Core Services Report

Q2 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	\$ 10,087,144			\$ 20,085,430
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	\$ 10,084,144			\$ 20,542,180
Clothes Closet					\$ -
Compassionate discharge medications					\$ -
Meeting room use by community-based organizations for community-health related purposes.	\$ 1,451	\$ 1,591			\$ 3,042
Healthy Marin Partnership		\$ 1,405			\$ 1,405
Food donations	\$ 7,662	\$ 11,584			\$ 19,246
SMILE Cart					\$ -
Total In-Kind Donations	\$ 9,113	\$ 14,580			\$ 23,693
Total Cash & In-Kind Donations	\$ 10,464,149	\$ 10,101,724			\$ 20,565,873

MHMC Performance Metrics and Core Services Report

Q2 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	\$ 66,639	\$ 101,697			\$ 168,336
Health Professions Education	\$ 25,614	\$ 461,066			\$ 1,286,680
Cash and In-Kind Contributions	\$ 10,464,149	\$ 10,101,724	\$ -	\$ -	\$ 20,565,873
Community Benefit Operations	\$ 638	\$ 5,748			\$ 6,386
Community Building Activities	\$ 1,533	\$ 1,533			\$ 3,066
Traditional Charity Care <i>*Operation Access total is included in Charity Care</i>	\$ 84,332	\$ 134,903			\$ 219,235
Government Sponsored Health Care <i>(includes Medi-Cal & Means-Tested Government Programs)</i>	\$ 15,930,440	\$ 17,246,982			\$ 33,177,422
Community Benefit Subtotal (amount reported annually to state & IRS)	\$ 27,373,345	\$ 28,053,653	\$ -	\$ -	\$ 55,426,998
Unpaid Cost of Medicare	\$ 37,388,610	\$ 38,240,632			\$ 75,629,242
Bad Debt	\$ 458,091	\$ 151,369			\$ 609,460
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u>	\$ 65,220,046	\$ 66,445,654	\$ -	\$ -	\$ 131,665,700

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

Q2 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	
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%
Q2 2024	654	19	5	3.67%

Vacancy Rate							
Period	Open Per Diem Positions	Open Benefitted Positions	Filled Positions	Total Positions	Total Vacancy Rate	Benefitted Vacancy Rate of Total Positions	Per Diem Vacancy Rate of Total Positions
Q2 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%
Q2 2024	0	30	654	684	4.39%	4.39%	0.00%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
Q2 2023	53	30	23
Q3 2023	31	23	8
Q4 2023	33	25	8
Q1 2024	39	23	16
Q2 2024	27	24	3

MHMC Performance Metrics and Core Services Report

Q2 2024

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
Q2 2024	04/11/2024	01:44	2'00"	ED	8	8
	05/14/2024	23:10	2'00"	ED	17	10
	05/15/2024	17:33	1'59"	ED	10	7
	05/21/2024	13:05	1'56"	ED	11	2
	05/22/2024	22:14	2'00"	ED	9	7
	06/02/2024	20:01	2'00"	ED	17	12
	06/08/2024	17:30	2'00"	ED	10	12
	06/10/2024	19:40	2'00"	ED	12	7
	06/15/2024	00:56	2'00"	ED	7	3
	06/19/2024	22:02	2'00"	ED	8	10
	06/20/2024	20:57	2'00"	ED	5	12
	06/21/2024	20:51	2'00"	ED	12	9
	06/22/2024	23:06	2'00"	ED	19	7

2024 ED Diversion Data - All Reasons*

*ED Saturation, CT Scanner Inoperable, Trauma Diversion, Neurosurgeon unavailable, Cath Lab
 (Not including patients denied admission when not on divert b/o hospital bed capacity)

