MARIN HEALTHCARE DISTRICT

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

TUESDAY, DECEMBER 12, 2023
BOARD OF DIRECTORS
5:30 PM: REGULAR OPEN MEETING

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

Staff:
David Klein, MD, MBA, CEO
Eric Brettner, CFO
Colin Leary, General Counsel
Louis Weiner, Executive Assistant

Location for Board:
MarinHealth Medical Center, Inverness Room
250 Bon Air Road, Greenbrae CA

Public via Zoom video:
https://mymarinhealth.zoom.us/join
Meeting ID: 973 3028 8244
Passcode: 095482
Or via Zoom telephone: 1-669-900-9128

AGENDA

	Presenter	Tab #
5:30 PM: REGULAR OPEN MEETING		
1. Call to Order and Roll Call	*Su*	
2. General Public Comments *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.*	*Su*	
3. Approve Agenda (action)	*Su*	
4. Approve Minutes of the Regular Meeting of November 14, 2023 (action)	*Su*	#1
5. Move to reconfirm findings under Assembly Bill 361 and extend Resolution No. MHD 2023-02 to continue virtual meetings of the Marin Healthcare District Board of Directors (action)	*Su*	#2
6. Electric Bikes	*Alfrey*	
A. E-Bike Awareness for Parents & Caregivers (Ms. Gwen Froh, Marin County Bicycle Coalition)		#3
B. "Marin Voice: Trauma surgeons make plea for more e-bike safety"		#4
C. Review Resolution No. MHD 2022-08 requesting state and local governments to study further measures to safely regulate electric bikes		#5
7. Review and Approve Q2 2023 Report of MHMC Performance Metrics and Core Services (action)	*Klein/ Seaver-Forsey*	#6

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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8. Healthcare Advocacy and Emerging Challenges and Trends	*Klein*	
9. Review Draft Agenda for Annual Retreat, January 26, 2024	*Klein*	#7
10. Committee Reports		
A. Finance & Audit Committee *(did not meet)*	*Alfrey*	
B. Lease, Building, Education and Outreach Committee *(meets Dec. 14)*	*Rienks/Kinney*	
11. Reports		
A. District CEO's Report	*Klein*	
B. Hospital CEO's Report	*Klein*	
C. Chair's and Board Members' Reports	*All*	
12. Adjournment of Regular Meeting	*Su*	

Next Regular Meeting: Tuesday, January 9, 2024 @ 5:30 p.m.

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Tab 1

MARIN HEALTHCARE DISTRICT
BOARD OF DIRECTORS

REGULAR MEETING

Tuesday, November 14, 2023 @ 5:30 pm
Inverness Conference Room
and via Zoom Teleconference

MINUTES

1. **Call to Order and Roll Call**
   Chair Su called the Regular Meeting to order at 5:30 pm.

   Board members present: Chair Brian Su, MD; Vice Chair Edward Alfrey, MD; Jennifer Rienks, PhD; Samantha Ramirez, BSW
   Board member absent: Secretary Ann Sparkman, RN/BSN, JD
   Staff present: David Klein, MD, CEO; Colin Leary, General Counsel; Louis Weiner, EA

2. **General Public Comment**
   There was no public comment.
3. **Approve Agenda**
   Dr. Alfrey moved to approve the agenda as presented. Ms. Rienks seconded. **Vote: all ayes.**
4. **Approve Minutes of the Regular Meeting of October 10, 2023**
   Ms. Rienks moved to approve the minutes as presented. Dr. Alfrey seconded. **Vote: all ayes.**
5. **Move to reconfirm findings under Assembly Bill 361 and extend Resolution MHD 2023-02 to continue virtual meetings of the Marin Healthcare District Board of Directors**
   Ms. Rienks moved to approve. Dr. Alfrey seconded. **Vote: all ayes.**

6. **Proposed amendment to MHD bylaws regarding name and scope of the Lease & Building Committee**
   Dr. Klein and Mr. Leary presented (Tab #3) a draft of the MHD Bylaws reflecting the Board's desire (as expressed in the previous Regular Meeting and recorded in the minutes of that meeting) to change the name and description of the Lease & Building Committee better to reflect the committee's current role. As presented in this draft, the name of the committee would be changed to "Lease, Building, Education and Outreach Committee" and in Article V Section 4 the committee's description would be augmented with "(f) Develop, propose, and recommend to the Board educational and community outreach programs for the benefit of residents of the District, including without limitation health education seminars, health or career fairs, and other events designed to facilitate connection between the District and the communities it represents and better health outcomes for such communities."
   After general discussion Dr. Su asked for public comment and there was none. He asked for a motion to approve the Bylaws amendment as presented. Ms. Rienks so moved. Dr. Alfrey referenced Article VII Section 1, "Triennial Review," and asked that this motion include acknowledgement that this present discussion fulfills the requirement of triennial Bylaws review. Ms. Rienks moved to approve, with the added inclusion presented. Dr. Alfrey seconded the motion, with the inclusion. Vote by roll call: **All ayes.**

7. **Second Reading: Approval of Ms. KC George for membership on the MarinHealth Medical Center Board of Directors, as recommended by the MHD/MHMC Joint Nominating Committee on September 6, 2023**

The District Board, at its previous Regular Meeting, reviewed Ms. George's candidacy for membership on the MHMC Board and, in accordance with the MHMC Bylaws Article IV.4.4(h), chose to take the full two of its meeting cycles before final approval or rejection, and this was the second cycle. After general discussion Dr. Su asked for public comment, and there was none. He asked for a motion to approve as presented. Ms. Rienks moved to approve, and Dr. Alfrey seconded. Vote by roll call: **All ayes.**

8. **Nomination, review and approval of Molly Koehler, DO, for membership on the MHD Finance & Audit Committee**

Dr. Alfrey and Dr. Su presented (Tab #5) Dr. Molly Koehler to serve as a Community Member on the MHD Finance & Audit Committee. Dr. Koehler was present, remotely, and expressed her interest and desire in serving the District and its mission. After general discussion Dr. Su asked for public comment, and there was none. He asked for a motion to approve as presented. Dr. Alfrey moved to approve, and Mr. Rienks seconded. **Vote: all ayes.**

9. **Report: Gun Safety Collaborative, with Marin County District Attorney Ms. Lori Frugoli**

Dr. Su welcomed Ms. Lori Frugoli, County of Marin District Attorney, and Ms. Pellie Anderson, Co-Chair of Marin Gun Safety Collaborative, and both presented (Tab #6). They acknowledged that healthcare providers play a key role in the community-wide partnership toward gun safety. The Marin Gun Safety Collaborative has 48 community partner entities and is growing. Free gun locks are made available.

The 2022 Marin Gun Buy-back program was successful and compared very well to other Bay Area counties. The next program has not yet been planned, as law enforcement agencies are understaffed. Agencies accept voluntary firearm surrenders and temporary storage.

Gun violence is a national public health crisis, with easy access to firearms a major cause, and suicide the outcome by a slight majority. The #1 cause of death for children in America is gun violence.

In Marin, around 15% of homes have firearms. Firearm suicide counts for about 78% of gun-related deaths in Marin, with highest proportion in people aged 50 and older, nearly all men.

Health care interactions provide intervention opportunities to prevent firearm suicide.

Ms. Frugoli and Ms. Anderson tomorrow night are presenting a full presentation to the MarinHealth Medical Center Medical Executive Committee.

Gun Violence Restraining Orders (GVRO) was explained and discussed. For an emergency restraint, the concerned parties (which can include physicians and clinical staff) contact law enforcement, and law enforcement obtains the GVRO directly from the court

10. **Report: Marin County Commission on Aging, with Mr. Lee Notowich**

Dr. Su welcomed Mr. Lee Notowich, Chair of the Marin County Commission on Aging. His slide deck was not included in the packet, and was presented in print and on screen, and is posted to this meeting's MHD web page.

The Commission is a voice for Marin residents aged 60 and up. It is a federally mandated advisory council to the Marin Board of Supervisors. Its mission is to "Promote dignity, independence, equity and quality of life for older adults in Marin County through advocacy, information, programs and services." It is composed of five committees: Housing and transportation, health and nutrition, equity, advocacy, and outreach. A planning group does a needs assessment

every four years. The Commission members are all volunteers who get some administrative support from Marin Health and Human Services.

Older adults are the fastest growing age group in Marin, and Marin has the fastest growing 60+ community in the state. People aged 60+ are 29% of Marin's population, projected to be 38% by 2030. The fastest growing sector are aged 85+. Average life expectancy in California is 81, and in Marin it's 85.2. National average is 76. In Marin there are pronounced disparities in census tract (age 92.0 in Sausalito vs. age 77.1 in Marin City) and in ethnicity (age 88.7 for Asian and age 77.1 for Black).

Ageism is a major challenge that can be reduced through policy and law, educational activities, and intergenerational interventions.

Isolation presents severe health consequences with increased risks of heart disease, stroke, dementia, and premature death. Hospital visits by isolated individuals are considerably higher than by those living with others.

The Commission's congregate dining program ("Lunch With Friends") for those aged 60+ is a successful weekly lunch provided at 6 locations in Marin.

The Commission has an Information and Assistance phone line that includes connections to Area Agency on Aging, Adult Protective Services, In-Home Supportive Services, and Long-Term Care Ombudsman Program.

11. Committee Reports

A. Finance & Audit Committee

Dr. Alfrey reported that the committee did not meet, and there is nothing to report.

B. Lease & Building Committee

Ms. Kinney reported that for the MHD re-branding logo development, Watson Creative agreed to a fee of $20,000, submitted a scope of work, and has begun the work. Ms. Rienks moved to approve the fee. Dr. Alfrey seconded. **Vote: all ayes.**

Ms. Kinney reported that the recent MHD seminar on skin cancer in the hospital's Conference Center was very successful. 90 people attended. Dr. Ravinder Gogia presented well and the audience asked many questions. The event's success was also attributed to the topic, location, and promotion campaign.

Ms. Kinney reported that the next planned seminar on "Healthy Eating for the Holidays" proved too expensive to mount and the lead time too short. The committee will discuss a similar event scheduled in the new year, possibly at the hospital, at a lower cost.

The committee will discuss mapping out the seminar series for the entire year.

12. Reports

A. District CEO's Report

Dr. Klein reported that, during the current APEC conference in San Francisco, MHMC is a designated hospital for diplomatic priority if needed.

We are initiating a safety domains program for safe patient handling, ergonomics, etc., with experts and internal stakeholders.

Hybrid OR is completed and awaiting final CDPH approval.

Pharmacy compounding area rebuild is in process.

Nuclear medicine project is scheduled for completion in June, multi-specialty imaging center in Novato is also scheduled for June completion, and the medical hub in Petaluma is under construction and scheduled for completion in summer.

Senate Bill 525, minimum wage for healthcare workers, was modified with differing paces of rates of wage increases for different size healthcare systems. As modified, it was supported by labor unions, CHA and CMA, and was signed by the Governor.

Assembly Bill 1882, the seismic requirements due in 2030, has requirements due January 1. Full facility evaluation is coming due. Seismic correction compliance status levels will be required to be notified to internal and external entities. Cedar Pavilion will be able to be retrofitted, while the Redwood Pavilion will not. This will be discussed at the upcoming Board retreat in January.

B. Hospital CEO's Report

The Hospital Board retreat in October went very well, and will be reported on at the upcoming MHD Board retreat in January.

Hospital volumes continue high with discharges, admissions, ER visits and surgeries all favorable to budget.

Primary care physician recruitment is a priority and the active pipeline continues.

The hospital's new Chief Medical Officer will be announced later this week.

Current marketing campaign focuses on cardiac, OB, urgent care and vascular. The new branding is well received with positive feedback.

New masking protocol started November 1, with masks required in patient care areas and in outpatient clinics.

Last week's Town Hall for employees focused in hospital finance and was well attended. Mr. Brettner and his Finance team are to be commended for their excellent presentation.

MHMC has just been awarded the "A" Grade from Leapfrog.

MHMC scored "100%" on Partnership Health Plan Quality Criteria for quality of patient care.

MHMC received the "5 Star" rating from CMS.

Regarding public access to finding primary care physicians (and Advanced Practice Professionals) who accept new patients, Ms. Kinney added comments that the website is being enhanced with such capability. The website is also being enhanced as a physician recruiting tool.

C. Chair's and Board Members' Reports

Ms. Rienks commented that Lease & Building Committee discussed issuing a monthly email health education newsletter focusing on a single topic. This can be further discussed at the retreat.

Ms. Ramirez thanked Ms. Kinney and her team for helping stage the recent community health events, and encouraged planning more for the new year. She asked for support for an upcoming toy fair in the Canal area, and will send information to the Board.

Dr. Su expressed thanks for both of the guest presentations at tonight's meeting. He asked about the active shooter drills for the outpatient clinics; Dr. Klein reported they are scheduled and occurring for the hospital and the clinics, and will find out when it's scheduled for Dr. Su's clinic.

13. <u>Agenda Suggestions for Future Meetings</u>

Dr. Su asked to include, on the December agenda, a discussion for suggesting topics for the January Retreat.

E-bike safety and regulation is on the agenda for the December meeting.

Youth involvement in the hospital, as volunteers and career development etc.

Ms. Rienks: Social needs and mental health screening procedures and tools within the hospital, and how such information is shared with the community.

14. <u>Adjournment of Regular Meeting</u>

Dr. Su adjourned the meeting at 7:38 pm.

Tab 2

MARIN HEALTHCARE DISTRICT BOARD OF DIRECTORS
RESOLUTION NO. MHD 2023-02
RESOLUTION AUTHORIZING REMOTE TELECONFERENCE MEETINGS PURSUANT TO AB 361

WHEREAS, all Marin Healthcare District ("District") meetings are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code 54950 – 54963); and

WHEREAS, on March 4, 2020, Governor Newsom declared a State of Emergency to make additional resources available, formalize emergency actions already underway across multiple state agencies and departments, and help the State prepare for a broader spread of the novel coronavirus disease 2019 ("COVID-19"); and

WHEREAS, on March 17, 2020, in response to the COVID-19 pandemic, Governor Newsom issued Executive Order N-29-20 suspending certain provisions of the Ralph M. Brown Act in order to allow local legislative bodies to conduct meetings telephonically or by other means; and

WHEREAS, as a result of Executive Order N-29-20, District staff set up virtual meetings for all meetings of the District Board of Directors and its committees (collectively, "District Meetings"); and

WHEREAS, certain teleconferencing allowances were made under subsequently-enacted AB 361 (2021) and AB 2449 (2022) that replaced now-repealed Executive Order N-29-20; and

WHEREAS, AB 361 (2022) was signed on September 13, 2022 and is in effect through January 1, 2024, and among other things provides in Government Code 54953(e) that (i) a legislative body may use teleconferencing if it holds a meeting during a proclaimed state of emergency and state or local officials have imposed or recommended measures to promote social distancing, which the Board of Directors have done, and (ii) a legislative body may continue using the teleconferencing procedures of AB 361 provided that it makes renewed findings by majority vote every thirty (30) days that it has considered the circumstances of the state of emergency, and that either (a) the state of emergency continues to directly impact the ability of the members to meet safety in person, or (b) state or local officials continue to impose or recommend measures to promote social distancing; and

WHEREAS, the Board of Directors desires to make findings and determinations consistent with AB 361 for District Meetings to utilize the special procedures for teleconferencing provided therein due to imminent risks to the health and safety of attendees; and

WHEREAS, highly contagious Delta and Omicron COVID-19 variants are in circulation, causing increases in COVID-19 cases throughout the State and Marin County; and

WHEREAS, on February 28, 2023, Governor Newsom proclaimed that the State of Emergency declared on March 4, 2020 was no longer in effect; and

WHEREAS, state and local officials continue to impose or recommend measures to promote social distancing, including without limitation through COVID-19 Prevention Non-Emergency Regulations issued by the State of California's Department of Industrial Relations (the "COVID-19 Prevention Regulations") that took effect on February 4, 2023; and

WHEREAS, the CDC continues to recommend source control and physical distancing for everyone in a healthcare setting; and

WHEREAS, the District Board of Directors hereby finds that the continued presence of COVID-19 and the increase of cases due to new variants would present imminent risks to the health or safety of attendees, including the legislative bodies and staff, should District Meetings be held in person.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Marin Healthcare District, that (i) the above recitals are true and correct, and incorporated into this Resolution, and (ii) the Board of Directors makes the following findings: (a) The Board of Directors has considered the circumstances of the State of Emergency, (b) the COVID-19 Prevention Regulations evidence imposition or recommendation of measures to promote social distancing by state and local officials, (c) the CDC continues to recommend source control and physical distancing for everyone in a healthcare setting, and (d) as a result of the presence of COVID-19 and the increase of cases due to the new variants, meeting in person would present imminent risks to the health or safety of attendees, the legislative bodies and staff; and

RESOLVED, FURTHER, that District Meetings may continue to meet remotely in compliance with AB 361 (2022), in order to better ensure the health and safety of the public; and

RESOLVED, FURTHER, that the District Board of Directors will revisit the need to conduct District Meetings remotely within thirty (30) days of the adoption of this resolution.

REVIEWED, APPROVED, AND ADOPTED at a Regular Board Meeting held on the 9th of May, 2023, by the following vote, to wit:

AYES:	Su, Alfrey, Sparkman, Rienks, Ramirez
NOES:	0
ABSENT:	0
ABSTAIN:	0

ATTEST:

_____
Brian Su, MD
Chair of the Board

_____
Ann Sparkman, RN/BSN, JD
Secretary of the Board

Tab 3

Safe Routes to Schools

E-Bike Awareness for Parents & Caregivers

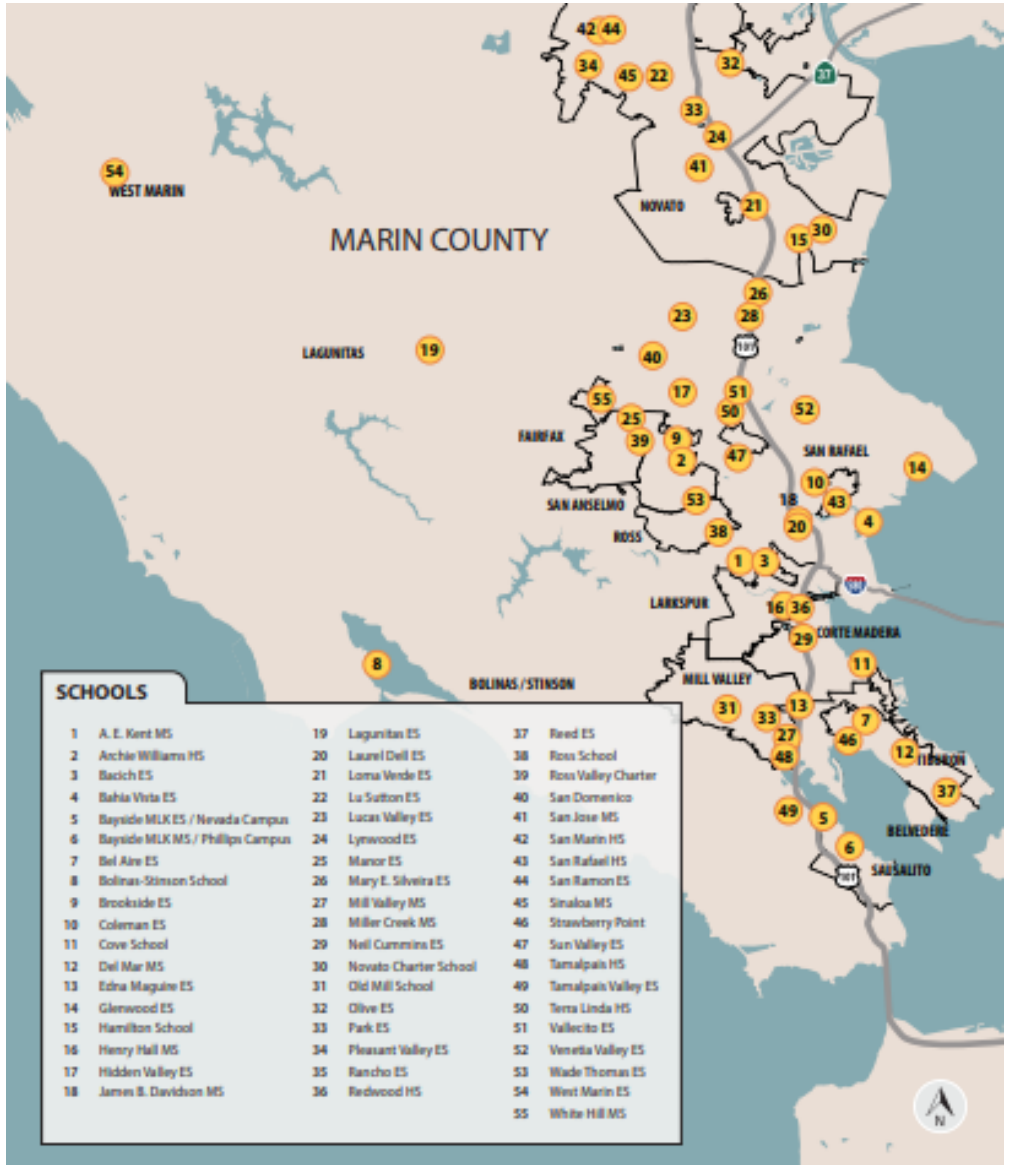
TAM
Transportation Authority of Marin

Safe Routes to Schools

Who We Are:

- Marin's Safe Routes to Schools is designed to increase the number of active (walk, bike) and shared (carpool, bus) to and from schools.

- The program integrates health, fitness, traffic relief, environmental action, and safetv all under one program.



SAFE ROUTES TO SCHOOLS MARIN COUNTY

TAM Transportation Authority of Marin

Safety Awareness – E-Bikes for Tweens/Teens

Presentation:

- E-Bike Considerations: Pros and Cons
- E-Bike Classification – Dispel Confusion
- Marin E-bike related data reveals traumatic injury rise
- Legislation
- Local response

SAFE ROUTES TO SCHOOLS
MARIN COUNTY

Safety Awareness – E-Bikes for Tweens/Teens

Parents are responsible:

- Parents must determine if student is ride ready for any bicycle, e-bike or e-scooter
- Parents are legally and financially responsible for the actions of their children
- Set students up for success: law enforcement – last resort

Goal: Help parents make informed decisions

SAFE ROUTES TO SCHOOLS
MARIN COUNTY

Safety Awareness – E-Bikes for Tweens/Teens

Pros:

- Teen Independence / Increased Sociability / Health
- Parents no longer have to chauffer
- Overcome Barriers to Biking
  - Hills
  - Distance
  - Too much to carry
- Great for the environment / safer streets

Safety Concerns for E-bikes

Concerns

- Speed
- Heavy E-Bikes harder to control / stop
- Reckless riding (in traffic, on sidewalks and pathways)
- Multiple students riding tandem
- No helmets

If you can't ride a conventional bike, you should NOT ride an ebike.

SAFE ROUTES TO SCHOOLS
MARIN COUNTY

What Is An Electric Bicycle?

As defined by **California Vehicle Code** (**CVC**) §**312.15:**

"An 'electric bicycle' is a bicycle equipped with fully operable pedals and an **electric motor of less than 750 watts**."

Electric Motors work either through a "pedal assist mode" and/or a throttle. Importantly, electric bikes are **low speed devices** with motor tance that does not exceed 28mph.

E-bike laws around the world

SAFE ROUTES TO SCHOOLS MARIN COUNTY

Class I - *Pedal Power*

20 mph max with only pedal-assist, no throttle. These E-bikes are legal on any paved surface a conventional bike is allowed to operate. ***Recommended for Tweens/Teens***

Myth *– These bikes cannot: climb hills, take off fast in traffic, or go very far.*

SAFE ROUTES TO SCHOOLS
MARIN COUNTY

Class I - *Pedal Power*

20 mph max with only pedal-assist, no throttle. These E-bikes are legal on any paved surface a conventional bike is allowed to operate. *Recommended for Tweens/Teens.*

False

Myth *– These bikes cannot: climb hills, take off fast in traffic, or go very far.*

SAFE ROUTES TO SCHOOLS
MARIN COUNTY

Class II – *Throttle (no pedaling needed)*

20 mph max with throttle function.

- ✓ Are legal on any paved surface a conventional bike is allowed to operate.

***Class I and Class II E-bikes don't have a minimum age restriction and are allowed on multi-use pathways.**

Myth *– Class 2 E-bikes are built to only go 20 mph.*

SAFE ROUTES TO SCHOOLS
MARIN COUNTY

Class II – *Throttle (no pedaling needed)*

20 mph max with throttle function.

- ✓ These E-bikes are legal on any paved surface a conventional bike is allowed to operate.

***Class I and Class II E-bikes don't have a minimum age restriction and are allowed on multi-use pathways.**

False

~~***Myth*** – *Class 2 E-bikes are built to only go 20 mph.*~~

SAFE ROUTES TO SCHOOLS
MARIN COUNTY

Class III – *Must be 16 years old, pedal assist*

28 mph max, only **pedal-assist**, no throttle.

- ✓ Riders **must be 16 or older.**
- ✓ All users must wear a helmet.
- ✓ Not allowed on multi-use pathways or sidewalks.

SAFE ROUTES TO SCHOOLS
MARIN COUNTY

Motor-bikes

Any bike that go faster than 28 mph are considered “out of class” and is not an electric bicycle.

California Vehicle Code states that it is illegal to tamper with or change the speed capability of an electric bicycle unless the label on the bicycle is also changed.

Example: Sur-Ron “off road” mode

SAFE ROUTES TO SCHOOLS
MARIN COUNTY

E-Scooters – *Must be 16 years old*

15 mph maximum speed

- ✓ Riders **must be 16 or older.**
- ✓ Must have a drivers license or legal permit.
- ✓ Not allowed on sidewalks

Tweens and Teens - Max Speed 12 to 15 mph			
Swagtron Swagger 8	Fast, smooth ride - even on grass	15	$199
GoTrax Vibe	LED headlight for better visibility	12	*$211*
Razor Pocket Mod	Retro moto, sit down scooter	15	$350

SAFE ROUTES TO SCHOOLS
MARIN COUNTY

Concerns for Teen E-Bike Safety

Marin Safe Routes to Schools strongly discourages parents from purchasing Class 2 throttle e-bikes for children under 16.

"They (Class II) are basically mini-motocycles. I got hoodwinked into buying one."
Anonymous Marin parent

- Easy access for use
  Minimal biking experience
- E-bikes travel twice the speed
  "Standard" bike ridden by 14 year old (9.7 mph)
- Class 2 are heavier and hard to control with or without passengers

Popular brands at Marin schools: Super 73 and Rad e-bikes

SAFE ROUTES TO SCHOOLS
MARIN COUNTY

Concerns for Teen E-Bike Safety

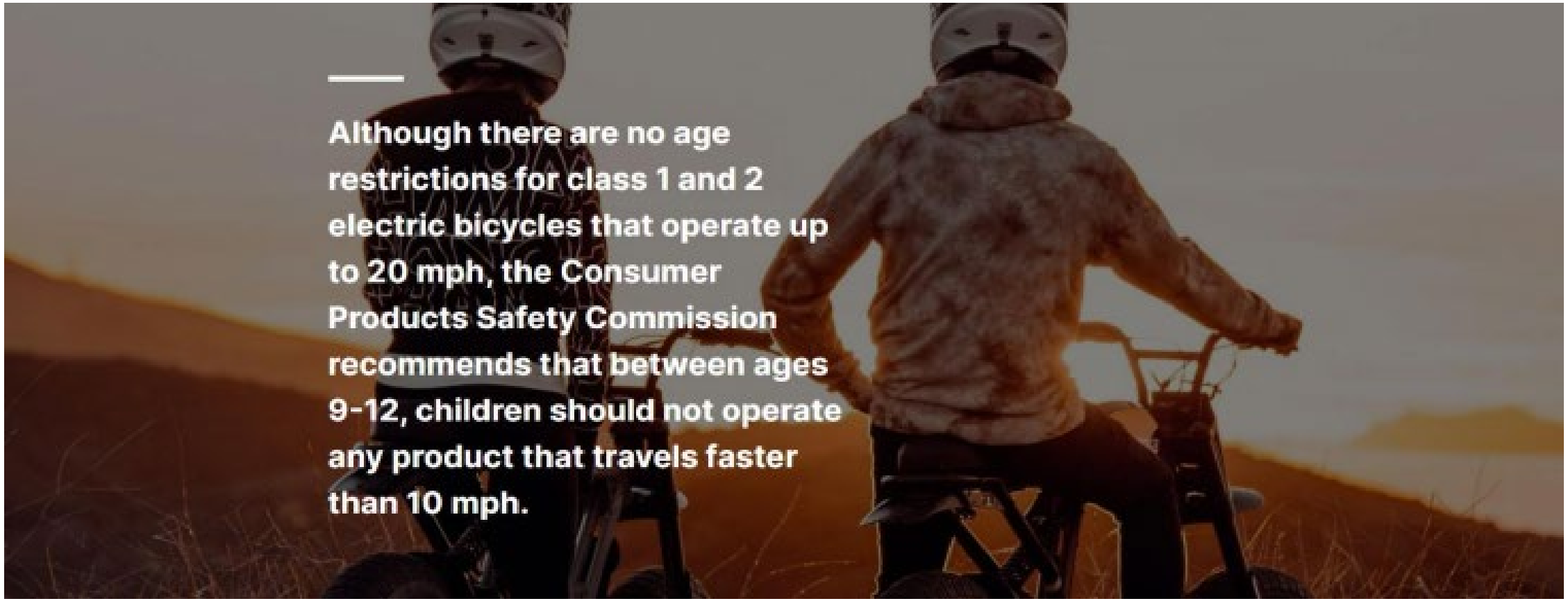
Marin Safe Routes to Schools strongly discourages parents from purchasing Class 2 throttle e-bikes for children under 16.

- Parent confusion over CA laws
  Class I & 2 legal under 16 = must be safe
- Manufacturers give conflicting information
- Many Class 2 exceed 750 watt limit and can travel up to 30/35 mph

youtube.com
https://m.youtube.com › watch
EASY Ways To Make Your E-Bike Faster! - YouTube

SAFE ROUTES TO SCHOOLS MARIN COUNTY

Consumer Products Safety Commission Recommendation

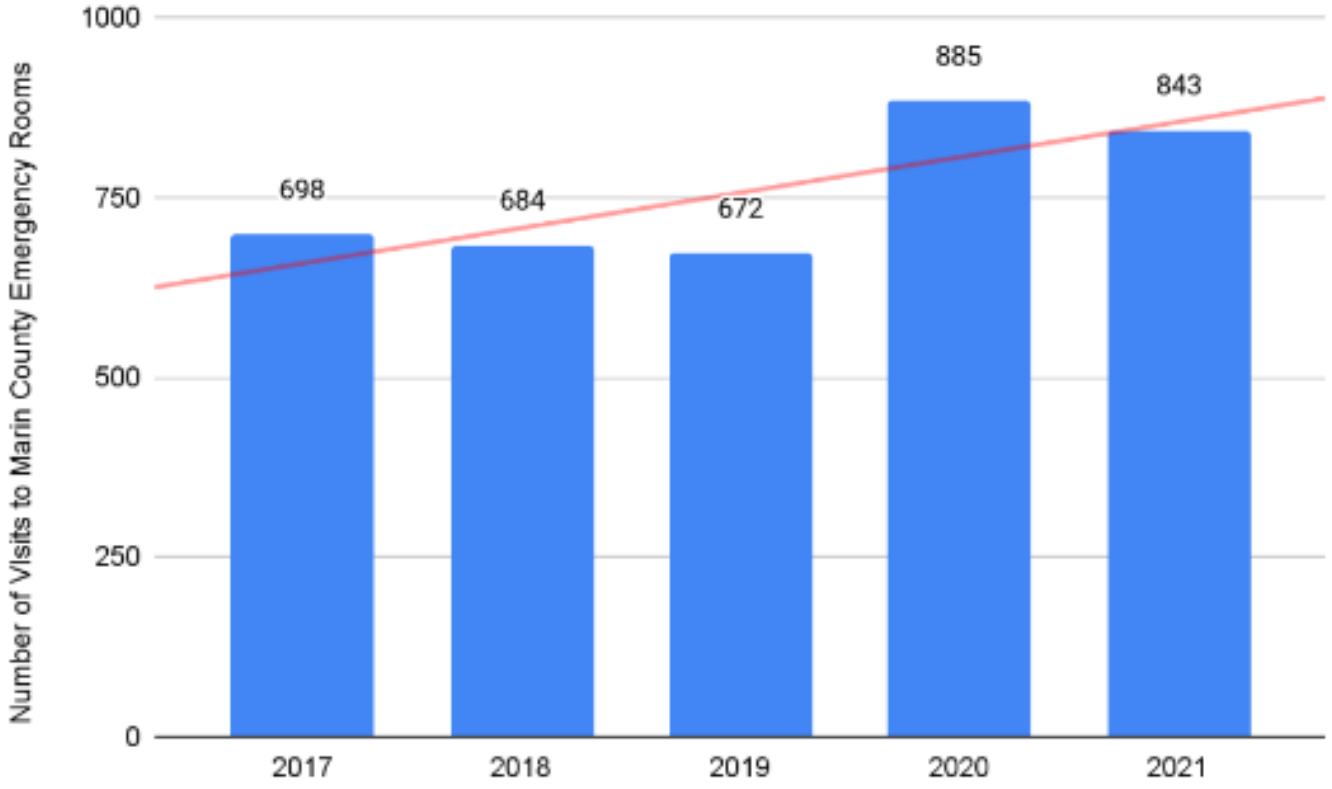


Parents must determine if student is ride ready for any bicycle, e-bike or e-scooter

SAFE ROUTES TO SCHOOLS
MARIN COUNTY

Health and Human Resources Data

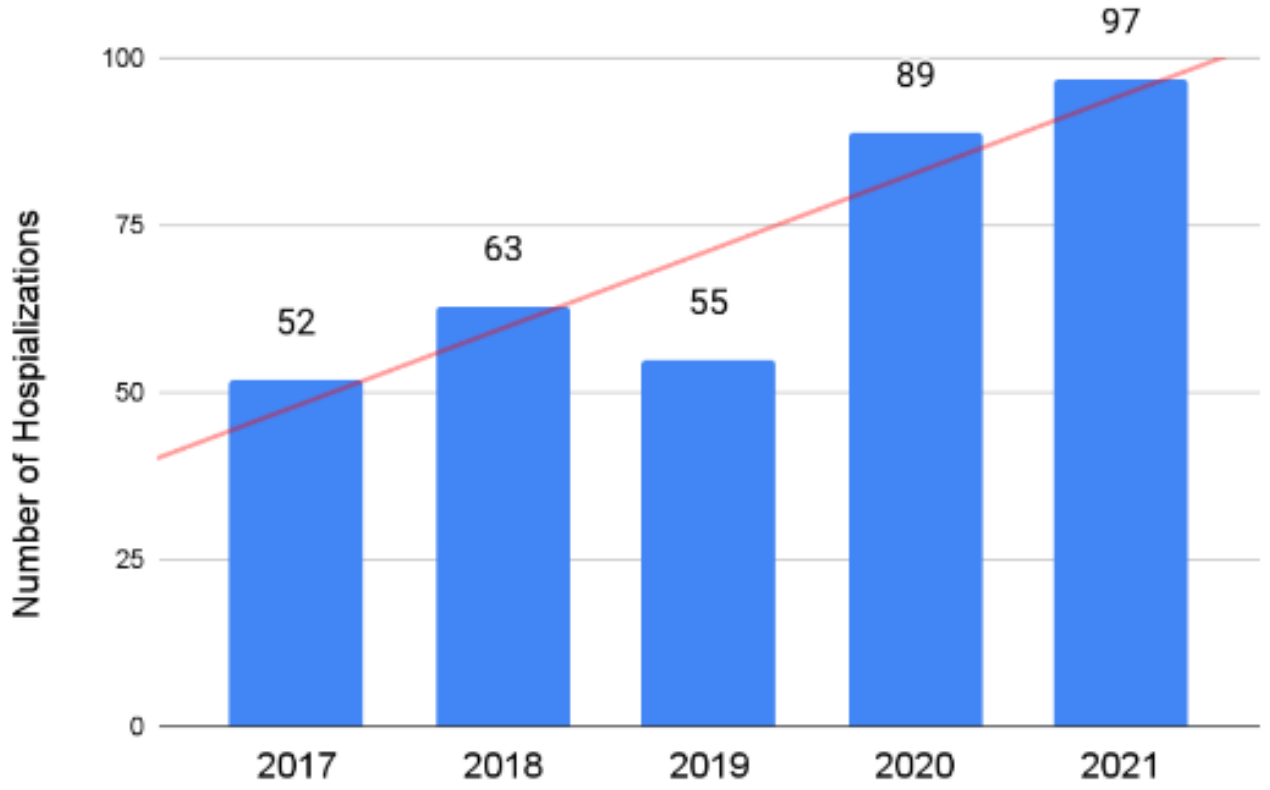
Bike and E-Bike Visits to Marin Emergency Rooms, 2017-2021 (2022 data not yet avail)



Data updated: 9/19/2023
Data Source: CDPH EpiCente

Health and Human Resources Data

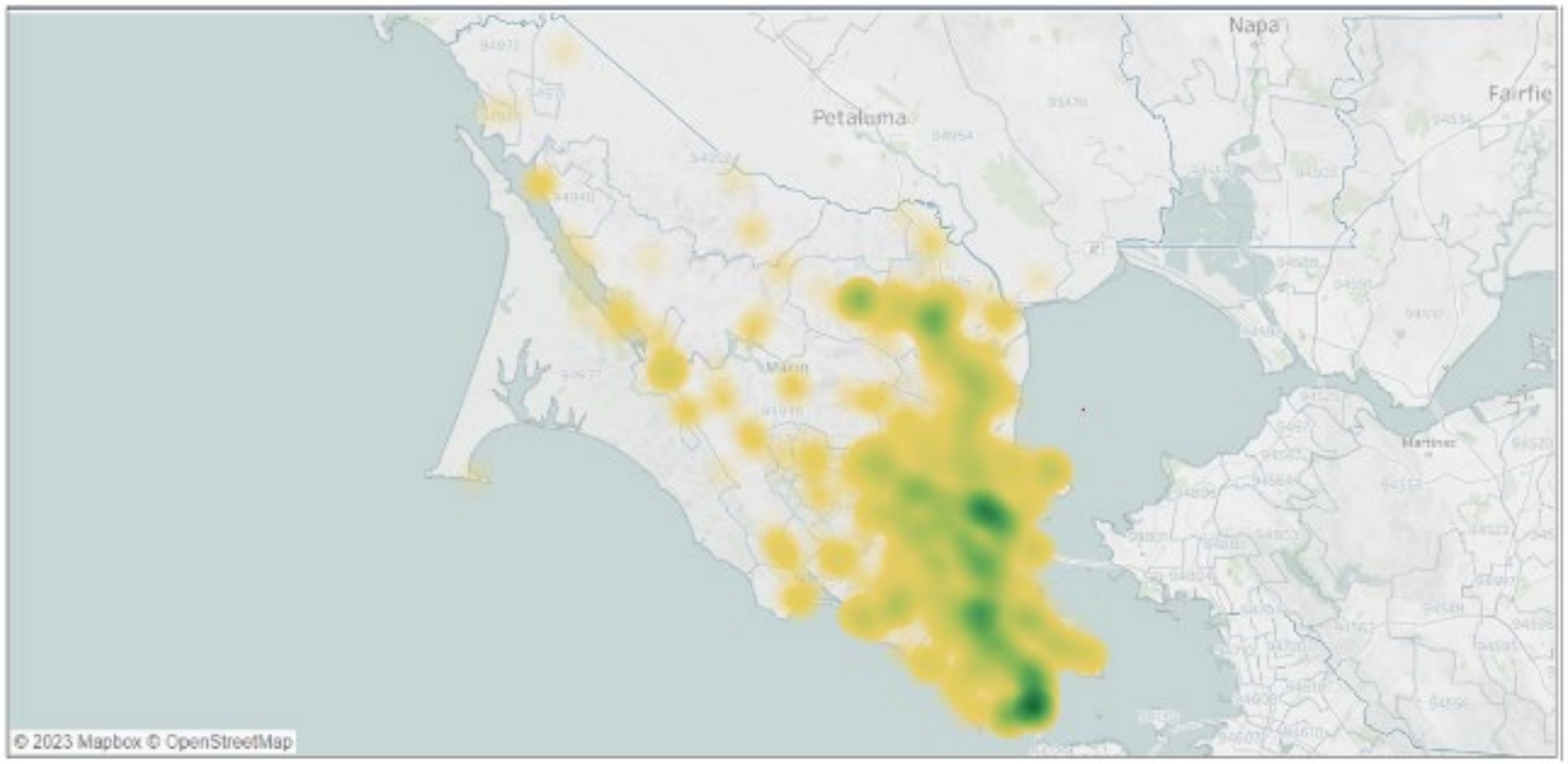
Bike and E-Bike Admissions to Marin County Hospitals, 2017-2021 (2022 data not yet avail)



Data updated: 9/19/2023
Data Source: CDPH EpiCe

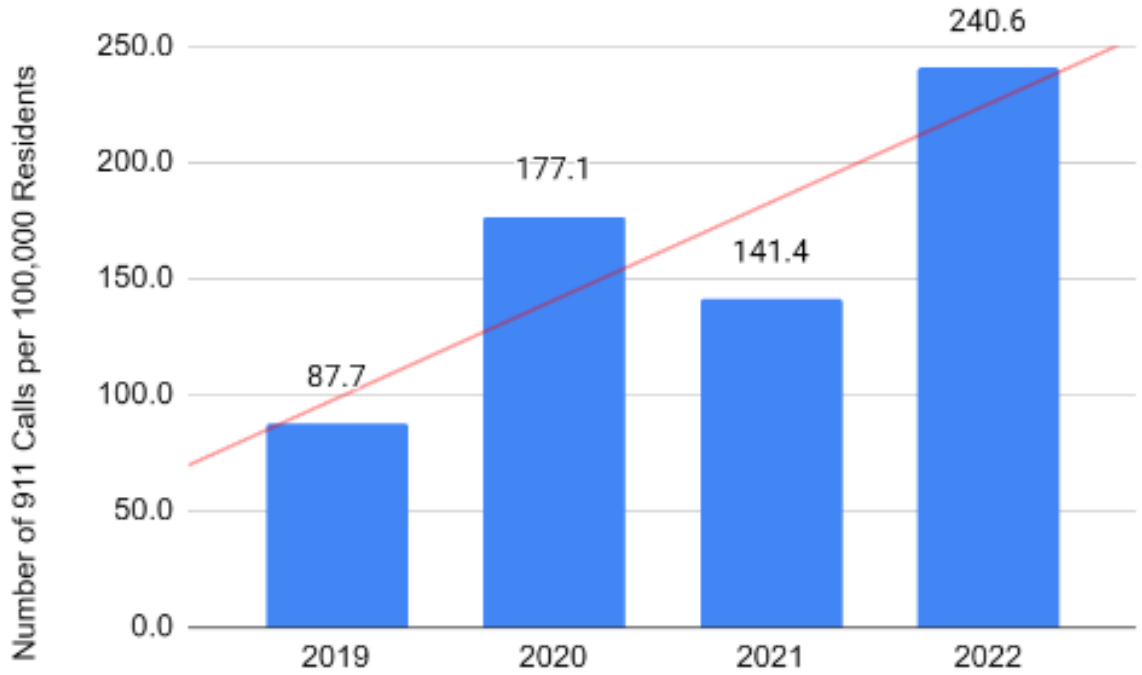
Health and Human Resources Data

Locations of 911 Calls Involving Bikes 2019 – June 2023



Health and Human Resources Data

911 calls for bicycle accidents among 12-17 year olds has increased by nearly 3 fold



Data updated: 9/22/2023
Data from: 2019 - 2022
Data Source: EMS Data from ImageTrend

Health and Human Resources Data

Bike and E-Bike Deaths, 2017-2021

- Since 2018, 17 deaths in Marin where bike accident noted on the death certificate
- 50% of the bicycle-related deaths occurring in 2022 were noted as involving an ebike (2023 data are not yet complete)

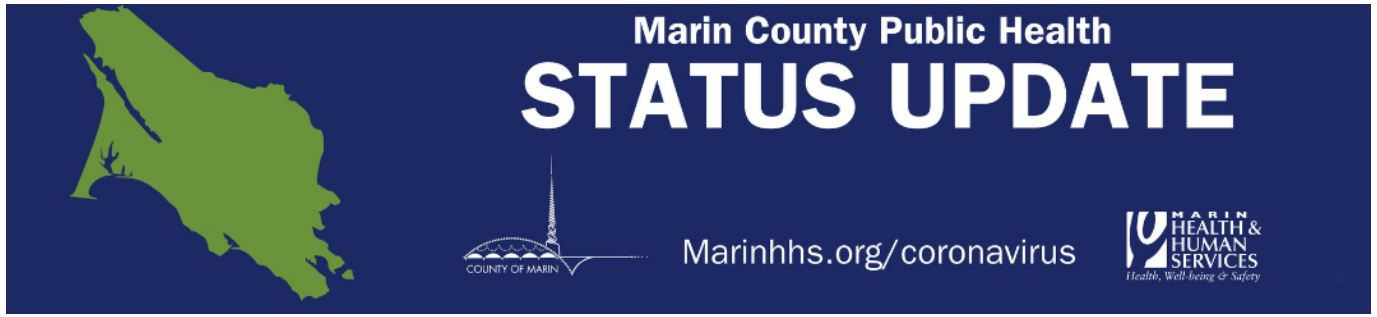
Data updated: 9/19/2023
Data Source: EDRS

Health and Human Resources Data

Key Findings: Dr. Matt Willis

- Between 2019 and 2022, 9-1-1 calls for bike crashes in Marin increased by 25%, with 379 calls in 2022.
- Teen crashes rose most sharpy: In the 12-17 age group, 911 calls increased nearly 3 fold from 2017 to 2022
- In 2022, 12-17 year olds had the highest rate of 9-1-1 calls for bike crashes of any age group.
- Emergency room visits for bike crashes in Marin increased by 21% from 2017 to 2021, totaling 843 visits for 2021.
- The average severity of injury is increasing. Twice as any people who had bike crashes required hospitalization in 2021, compared to 2017.
- Since 2018, 17 people in Marin died in bike crashes, and in 2022, at least half of the bike-related deaths involved e-bikes (2023 data pending).

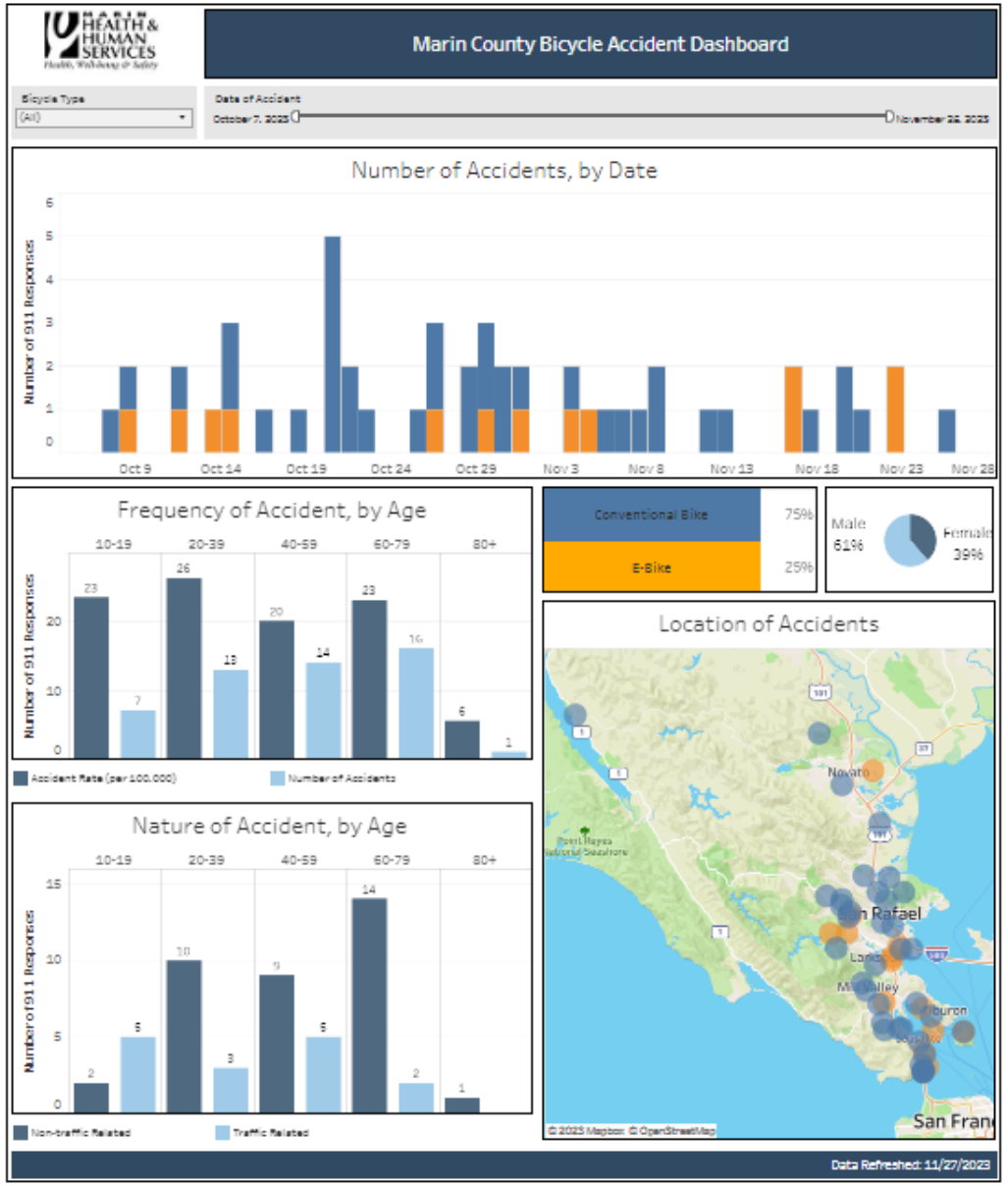
Health and Human Resources Dashboard



October 10, 2023: E-bike related injuries are now being reported by [Marin County Emergency Medical Services.]

Within one month, 71% (five out of seven) bike crashes needing parametric assistance involved children
ages 10 to 19, were riding e-bikes.

[Public health dashboard]



SAFE ROUTES TO SCHOOLS
MARIN COUNTY

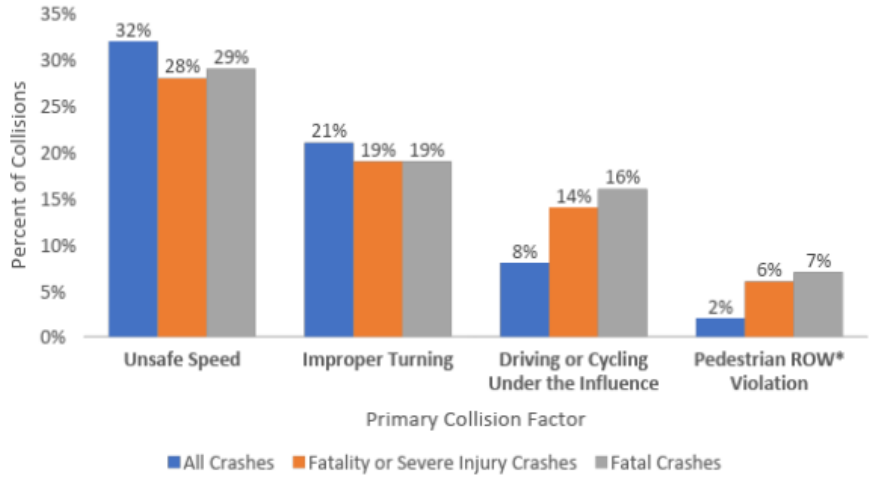
Marin County Crash Data 2016-2020

The faster the SPEED, the higher the risk of injury and death.

Primary Collision Factors

Marin County Crash Data 2016-2020

1. Unsafe Speed
2. Improper Turning
3. Driving or cycling under the influence
4. Pedestrian right of way violations



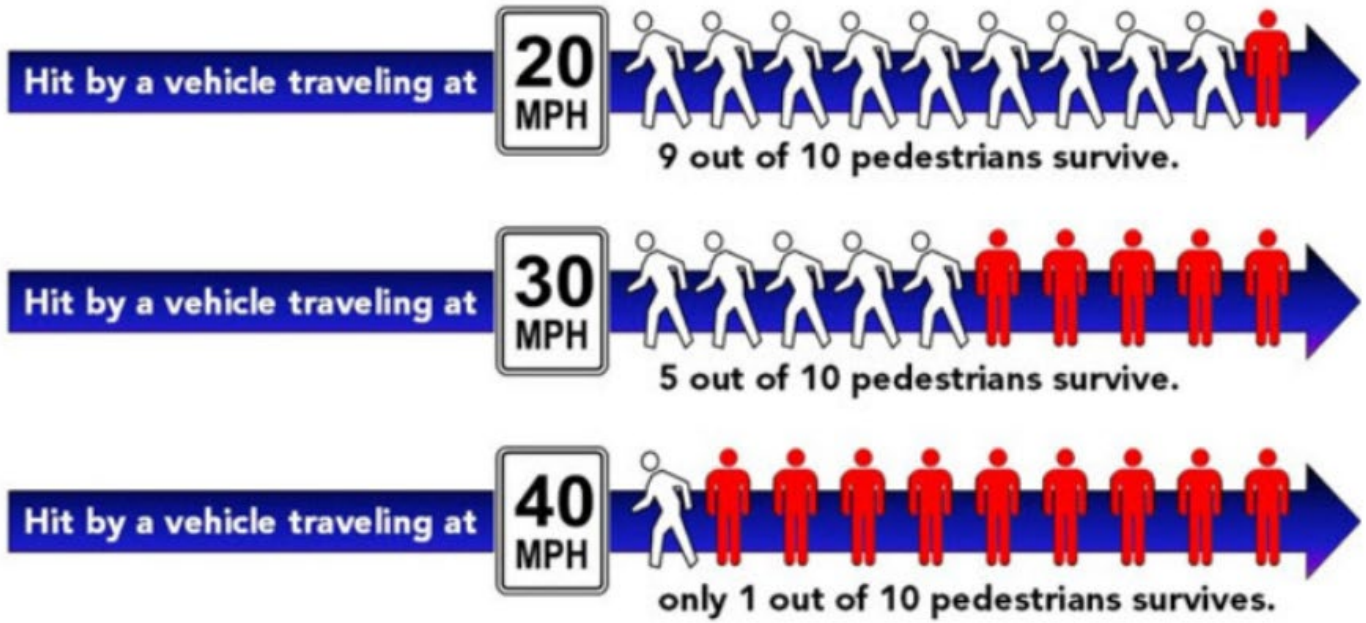
SAFE ROUTES TO SCHOOLS
MARIN COUNTY

Share the Road Class - Taught to Teens

The faster the SPEED, the higher the risk of injury and death.

Speed and Injury Severity

Figure 7-3: Impact Speed and a Pedestrian's Risk of Severe Injury or Death



SAFE ROUTES TO SCHOOLS
MARIN COUNTY

Share the Road Class - Taught to Teens

The faster the SPEED, the higher the risk of injury and death.

According to Governor's Highway Safety Association (GHSA):

- Between 2015 to 2019, teen drivers and passengers between **16 - 19 accounted for 43% of speeding-related** roadway fatalities.

- **979** teen drivers and passengers in CA died from 2015 - 2019. **453 – or 46% – were speed related**

SAFE ROUTES TO SCHOOLS
MARIN COUNTY

Response to Concerns: What's Been Done

Partnership with Public Schools

Parent outreach - can your student…

- Handle the speed and maneuverability of a heavy e-bike?
- Obey laws and ride predictably?
- Have experience to ride confidently?

Safety education – 10,000 students per year

- In-class presentations
- On-bike "experiential" during physical education

E-Bikes are Electrifying the Future!

What Parents Should Know…

E-bikes are rapidly increasing in popularity, especially with teens as they provide increased independence. E-bikes allow children to travel further and faster, allowing steep hills to be easily climbed. Heavy school books and sports equipment are no longer an issue to transport!

One less vehicle on the road benefits all.

BUT, is your child experienced enough to manage the increased speeds and maneuverability of a heavy E-bike?

Parents are advised to do their own research and assess their children's cycling capabilities before purchasing one. Below are some considerations to help parents make informed decisions.

1. **Heavy E-bikes traveling at high speeds are harder to maneuver and take longer to stop.** The average speed of a standard bicyclist is 12 mph. Type 1 & 2 ebikes can travel up to 20 mph (Type 3- 28 mph). This is a significant difference when considering the experience level of student E-bike riders.
2. **E-bike riders (and all cyclists) must follow the same rules as vehicles when riding on roadways.** (California Vehicle Code (CVC) §21230)

Is your child experienced with the following?

- Taking turns with vehicles at intersections after coming to a complete stop
- Riding predictably WITH the flow of traffic and does not weave in and out of vehicles
- Riding outside of the door zone of parked vehicles (at least 3 feet away)
- Using hand signals for turning right, left and stopping, and scans before merging onto roads and changing lanes
- Obeying posted speeds on pathways and giving pedestrians the right of way
- Knowing how to stop abruptly and dodge obstacles without swerving into vehicle lanes
- Committed to wearing a helmet and ensuring their passenger does as well (17 and under are required to do so by law)

Riding confidently on roads and pathways takes practice

Parents, or another experienced adult cyclist, are advised to ride with children to ensure they are following the rules of the road and can handle the bicycle in various road conditions. With E-bikes, this includes extra practice – riding responsibly and under control at all times, including switching between gears and speed settings.

TAM Transportation Authority of Marin

SAFE ROUTES TO SCHOOLS MARIN COUNTY

SAFE ROUTES TO SCHOOLS MARIN COUNTY

https://www.saferoutestoschools.org/

Response to Concerns

E-Bike Smart Marin for Teens

"On-road" safety education taught by Safe Routes Instructors

- Middle/High Schools
- Mill Valley Police Dept. Diversion Program

E-Bike Buyers Guide

Response to Concerns – Going Forward

E-bike Safety Task Force *– November, 2023*

* County Supervisor, Mary Sackett

* Marin Health Human Services – Dr. Willis

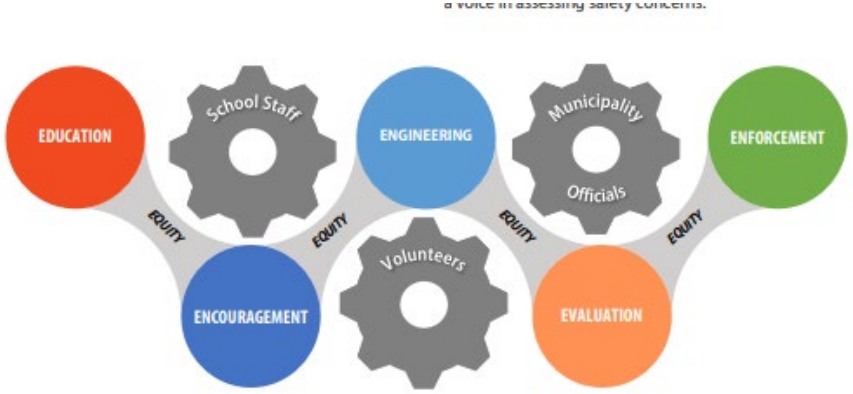
* Transportation Authority of Marin – Safe Routes to Schools / MCBC

Infrastructure: Bike Lanes, Crosswalks, Pathways

* 180 Safe Routes Projects

* $55 million

* Funded through 2049



SAFE ROUTES TO SCHOOLS
MARIN COUNTY

Parent Outreach and E-bike Safety Awareness

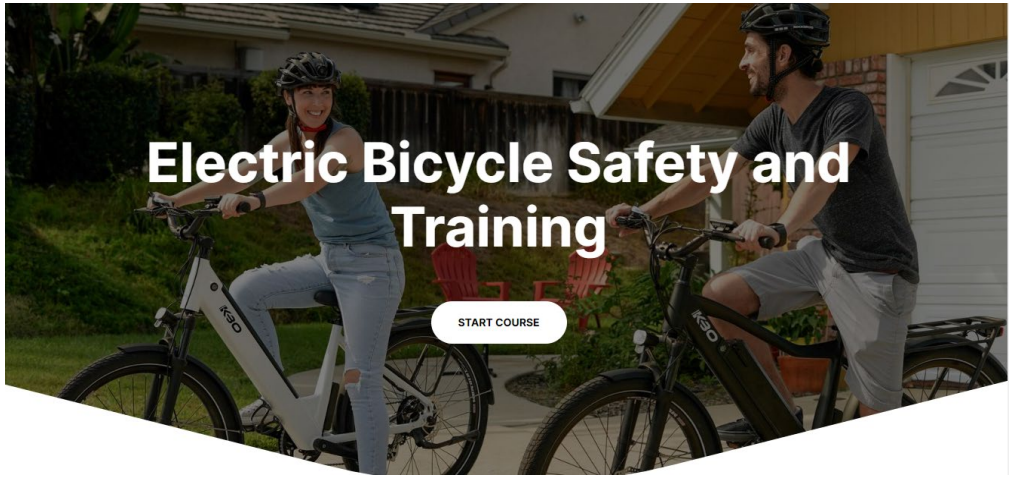
Resources:

Safe Routes to Schools: Program Director: Gwen Froh gwen@marinbike.org

Public health dashboard

Marin County Press Release: E-Bike Safety Alert

CHP on-line e-bike safety and training class (AB 1946) Here



Marin County Bicycle Education: E-bike Smart Marin -on-road e-bike classes: Zoe@marinbike.org

E-bike Buyers Guide:

SAFE ROUTES TO SCHOOLS MARIN COUNTY

MCBC MARIN COUNTY BICYCLE COALITION

Contact Information:

Gwen Froh, Program Director
Marin Safe Routes to Schools
Gwen@marinbike.org

Tab 4

Marin Independent Journal

Marin Voice: Trauma surgeons make plea for more e-bike safety

By DR. JOHN MAA and DR. EDWARD ALFREY
December 6, 2023 at 2:14 p.m.

Marin County has long been recognized as the birthplace of the modern mountain biking industry. Tourists travel to ride a bicycle across the Golden Gate Bridge and enjoy the Marin Headlands, Sausalito, Muir Woods and Mount Tamalpais.

Behind the beauty and adventure is a hidden danger. For decades, MarinHealth Medical Center has been the primary hospital treating bicyclists and motorcyclists injured across Marin, and borne witness to many accidents leading to lifelong disability and death.

In 2023, a new public health hazard is being recognized in electric-assist bikes. The closure of gyms and social distancing imposed by the COVID-19 pandemic led some to purchase e-bikes as a healthy alternative for outdoor exercise.

But along with this innovation came new perils. Over the past three years, the medical center has witnessed a dramatic increase in e-bike incidents resulting in serious injuries, some of which have resulted in fatalities. As trauma surgeons, we believe it is time to raise public awareness about the special dangers associated with e-bikes, to protect adult and youth riders.

Our analysis of the trauma registry reveals that riders in e-bike incidents were more likely to require hospital admission than regular bicyclists, with an order of magnitude higher risk of dying. The e-bike injury pattern includes pelvic fractures, which are more commonly seen in motorcycle riders than bicyclists. Our review revealed older patients were the most likely to die, as they may have been less skilled riding a bicycle. They were more likely to hit obstacles on bike paths and other fixed structures. One Sausalito pedestrian was killed after being struck by an e-bike rider.

Recently, the rapid proliferation of less-expensive, next-generation e-bikes increasingly being used by kids resulted in a dramatic rise in youth injuries. Seeing multiple unhelmeted kids on a single e-bike, traveling at a high rate of speed, is worrisome. We applaud the improved tracking of e-bike incidents by the Marin County Health and Human Services Department.

We believe that several steps can be taken to address the challenges posed by this new innovation.

A first step is to catalyze an educational safety campaign about the under-recognized risks of e-bikes. The public, especially parents, need to understand the importance of helmet use (mandatory for those under age 18), and that some e-bikes reach moped speeds that exceed state limits for youth under 16 years old.

Riders should beware of losing control while traveling downhill as the heavier weight of an e-bike can result in a rapid acceleration. Caution should be exercised when riding in traffic and on bike paths. Education about safety could be required at the point of sale.

We must strengthen and standardize local and state regulations to promote rider safety and assist law enforcement. Currently, there is confusion as rules differ across the three different categories of e-bikes, and across adjacent communities.

Mill Valley led the way earlier this year to ticket youth riding against traffic or without a helmet by requiring them to attend a safety course afterwards. Novato discussed banning e-bikes from trails and sidewalks, and setting speed limits. We believe multiple passengers on an e-bike should be banned.

The use of motorcycle helmets that protect both the skull and neck should be considered, and perhaps those using e-bikes which can obtain higher speeds should be licensed, like motorcyclists.

A third step at the federal level is to strengthen e-bike product safety standards and tighten e-bike manufacture to prevent disabling the speed limiter with a magnet. Across the nation, lithium-ion battery explosions in e-bikes leading to fires have been reported. Nevada's Incline Village and the Port of San Diego have banned the use of e-bikes in areas where pedestrians travel.

Our key advice for parents is to recognize that e-bikes are dangerous, and to think carefully before purchasing an e-bike as a holiday gift for your children.

E-bikes are touted as an energy efficient method of transportation, but enormous injury and disability can result. Given Marin's history as a leader in the cycling industry, we believe it is our responsibility to raise awareness across California and the nation of the hazards of e-bikes.

Dr. John Maa, of San Francisco, is a trauma surgeon at MarinHealth Medical Center and former president of the San Francisco Marin Medical Society. Dr. Edward Alfrey is trauma medical director at MarinHealth.

Tab 5

MARIN HEALTHCARE DISTRICT BOARD OF DIRECTORS
RESOLUTION NO. MHD 2022-08
RESOLUTION REQUESTING STATE AND LOCAL GOVERNMENTS TO STUDY FURTHER MEASURES TO SAFELY REGULATE ELECTRIC BIKES

WHEREAS, bicycles and the infrastructure that supports their use play an important role in the transportation system in the jurisdiction of the Marin Healthcare District ("District") and supporting the health of the District's constituents, including by reducing the impacts of vehicle use and facilitating a family-friendly and healthy physical activity; and

WHEREAS, bicycles became an increasingly popular way to travel and exercise during the COVID-19 pandemic and the implementation of its social distancing requirements, and sales and usage of all kinds of bicycles, particularly electric bicycles ("e-bikes"), increased significantly across the country; and

WHEREAS, data from the National Electronic Injury Surveillance System (NEISS)[1] show that riders of e-bikes have a materially different risk and injury profile than riders of traditional pedal bicycles, are more likely to have serious accidents that result in internal injuries, hospital admissions, and concussions to themselves, and are more than three times more likely to hit a pedestrian; and

WHEREAS, MarinHealth Medical Center physicians have reported a significant increase in serious e-bike accidents in the hospital's emergency department; and

WHEREAS, the State of California presently regulates e-bikes in California, including through AB 1096 (2015), which (a) defines Class I (low-speed pedal-assisted), Class II (low-speed throttle-assisted), and Class III (high-speed pedal-assisted) e-bikes, (b) provides a 20 mph maximum powered speed for Class I and II e-bikes, (c) requires certain warning labels on e-bikes related to their power and speed capabilities, (d) sets Class III e-bike usage limits, restricting use by riders under the age of 16, on bicycle paths unless they are adjacent to a public roadway, or without a helmet; and

WHEREAS, on August 15, 2022, Governor Newsom signed AB 1946 (2022), requiring the California state highway patrol to develop statewide safety and training programs based on evidence-based practices for e-bike riders to be made online by September 1, 2023; and

WHEREAS, e-bikes are presently regulated in Marin County, including by certain speed limits applicable to Class I and Class II e-bikes applicable on County-maintained pathways, and local agencies generally have the right to adopt ordinances or permits that provide more stringent safety measures than required by State law.

[1] See DiMaggio CJ, Bukur M, Wall SP, Frangos SG, Wen AY. Injuries associated with electric-powered bikes and scooters: analysis of US consumer product data. Inj Prev. 2020 Dec. 26(6):524-528.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the District, that in light of increasing data showing risks of serious injury associated with e-bikes, state and local agencies with jurisdiction to regulate e-bikes in Marin County are urged to study current safety risks and how they may be effectively mitigated by best practices regulation not already in place, and to develop and deploy coordinated educational resources for riders of e-bikes, all in the interest of mitigating the personal safety risks associated with increasing e-bike ridership.

REVIEWED, APPROVED, AND ADOPTED at a Regular Board Meeting held on the 13th of December, 2022, by the following vote, to wit:

AYES: Alfrey, Sparkman, Rienks, Ramirez
NOES:
ABSENT: Su
ABSTAIN:

ATTEST:

Edward Alfrey, MD
Vice Chair of the Board

Ann Sparkman, RN/BSN, JD
Secretary of the Board

Tab 6

MarinHealth Medical Center

Performance Metrics
and
Core Services Report

Q2 2023

December 5, 2023

250 Bon Air Road, Greenbrae, CA 94904 | O 1-415-925-7000

www.mymarinhealth.org

MarinHealth Medical Center (Marin General Hospital)

Performance Metrics and Core Services Report: **Q2 2023**

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 2022 (Annual Report) was presented to MGH Board and to MHD Board in June 2023.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2023 was presented for approval to the MGH Board in February 2023.
	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 2022
	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 2022
(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 2023**

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 2022
(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 2022
	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 2022
	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 2022
(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 2022
	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 2022
	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 22, 2022 and was presented to the MHD Board February 17, 2023.
	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 22, 2022 and was presented to the MHD Board on February 17, 2022.
	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 2022 Independent Audit was completed on April 7, 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.

EXECUTIVE SUMMARY
Q2 2023 HCAHPS

Time Period

Q2 2023 HCAHPS Survey with CMS Benchmarks

Accomplishments

- Score trends demonstrate improvement with some individual questions higher than 50thp
    - Nurse and Doctor Respect above 50thp
    - Responsiveness: Bathroom Help above 50thp
    - Medication Explanation above 90thp
    - Environment Cleanliness above 50thp
    - Discharge: Symptom Monitoring above 75thp
    - Care Transition: Medications above 50thp

Areas for Improvement

- Summary scores for each category lag progress on individual questions.
- The progress lag effect is impacted, in part, by CMS algorithms used to level set hospitals.
    - Perinatal scores are weighted negatively
    - Latinx (aka Hispanic) scores are weighted negatively

Data Summary

Sample size= 383, (regular survey response rate for a quarter).

Barriers or Limitations

Next Steps

- Senior Leaders have prioritized Patient Satisfaction and Experience initiatives; Hourly rounding on Medical/Surgical units, Physician bedside rounding and feedback sessions, ED wait times addressed, among other efforts.
- Sr Leader rounding on Med/Surg, ED, Cardiac Units
- Continue focusing on patient experience action plan items, including staff and provider education

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.

Heat Map for HCAHPS with CMS Benchmarks

The top-box scores displayed may include surveys not officially submitted and may not match the final values reported by CMS. This uses the VBP Thresholds published by CMS for coloring.

	FFY 2025			Marin General Hospital Greenbrae, CA					
	Achievement	Percentile	Benchmark	Jan-Mar 22	Apr-Jun 22	Jul-Sep 22	Oct-Dec 22	Jan-Mar 23	Apr-Jun 23
Nurses	79.42	84.03	87.71	71.84	70.21	67.40	72.46	65.94	71.73
Nurse Respect				84.62	83.17	84.11	83.83	80.43	85.71
Nurse Listen				78.19	74.70	69.86	79.08	73.33	78.89
Nurse Explain				73.71	73.75	69.23	75.46	71.35	77.89
Doctors	79.83	84.35	87.97	71.50	71.33	67.93	71.08	68.56	73.83
Doctor Respect				83.57	85.37	80.66	84.56	81.55	86.21
Doctor Listen				78.96	77.97	74.72	76.85	72.92	81.48
Doctor Explain				75.65	74.34	72.10	75.52	74.60	77.19
Responsiveness	65.52	74.24	81.22	62.86	55.42	54.43	55.28	53.69	54.18
Call Button				63.04	60.59	59.38	56.01	59.26	60.18
Bathroom Help				76.88	64.44	63.68	68.75	68.52	68.57
Medicines	63.11	69.19	74.05	51.42	55.00	55.17	54.70	45.45	49.34
Med Explanation				74.44	76.59	78.57	75.69	71.35	77.07
Med Side Effects				44.00	49.02	47.37	49.31	45.95	48.00
Environment	65.63	73.41	79.64	57.94	56.37	53.63	53.69	56.95	59.63
Cleanliness				72.83	68.86	66.20	70.42	71.08	75.20
Quiet				65.34	66.19	63.36	59.26	61.73	62.96
Discharge Info	87.23	90.00	92.21	84.62	87.19	84.42	86.91	83.42	86.95
Help After Discharge				84.10	88.66	84.29	90.37	83.24	88.76
Symptoms to Monitor				92.75	93.32	92.15	91.04	91.19	92.74
Care Transition	51.84	58.36	63.57	42.83	42.49	39.92	43.85	37.16	41.47
Care Preferences				39.10	41.67	38.29	43.61	36.68	40.87
Responsibilities				52.60	49.75	42.78	49.41	44.44	50.67
Medications				54.77	54.05	56.70	56.53	52.56	55.08
Overall Rating	71.66	79.29	85.39	67.24	66.99	64.62	65.22	66.12	68.85
Would Recommend				67.40	70.75	67.90	69.90	66.72	73.81
Surveys				354	422	366	436	376	383

Created by Marin.Admin on 8/21/2023 at 12:33PM
This report has been produced by Professional Research Consultants and does not represent official HCAHPS results, which are published on the CMS Compare website for this program. These results are unofficial and are for internal quality improvement purposes only.

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 2022**	**Q1 2023**	**Q2 2023**	**Q3 2023**	**Q4 2023**	
EBIDA $ (in thousands)	26,425	12,655	24,530			
EBIDA %	4.90%	8.90%	8.5%			
Loan Ratios						
Annual Debt Service Coverage	3.16	2.59	3.17			
Maximum Annual Debt Service Coverage	2.35	2.22	2.72			
Debt to Capitalization	53.8%	53.1%	61.6%			
Key Service Volumes	**Total 2022**	**Q1 2023**	**Q2 2023**	**Q3 2023**	**Q4 2023**	**Total 2023**
Acute discharges	9,578	2,578	2,593			5,171
Acute patient days	49,345	13,532	12,847			26,379
Average length of stay	5.23	5.25	5.10			5.175
Emergency Department visits	37,084	9,457	10,246			19,703
Inpatient surgeries	1,568	466	443			909
Outpatient surgeries	5,709	1,518	1,524			3,042
Newborns	1,407	323	330			653

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/)

EXECUTIVE SUMMARY
Q2 2023 Quality Management Dashboard
(Organization Targets Based on Natl Metrics)

Time Period

Q2 2023 most recent of four rolling quarters (far right)

Accomplishments

- Overall Readmissions 9.88, AMI Readmissions 3.51
- Stroke, Sepsis, Pneumonia Readmission rates below 2022 average
- LOS: Hrt Failure, Sepsis lower than previous qtrs.
- Sepsis (SEP) bundle compliance: 63%, significant improvement
- Infection rates: C-difficile, Deep Surgical Infection rate
- Injury due to HAPI (pressure-related skin injury), Falls - 0

Areas for Improvement or Monitoring

- All-cause mortality (0.92): monitoring
- Sepsis Mortality rate 1.17, higher than expected (29/115), monitoring
- Readmission rates: Hrt Failure, Sepsis
- Length of Stay (LOS): overall LOS, Hip, Stroke
- CLABSI, CAUTI Infection rates

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

APeX reports for concurrent review of care in process

Next Steps:

- 2023 PI projects; CAUTI, Sepsis, Throughput

Quality Managment Dashboard
Period: Q1 2023

Legend
Value > Target
Value> 2022 but< Target
Value < Target <2022

Metrics: Adult Medical/Surgical High Volume DRGs	Reporting	Target*	2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023
Mortality-All Cause (Risk Adjusted O:E)	O:E Ratio	<1.0	0.76	0.73	0.88	0.97	0.92
Mortality-Acute Myocardial Infarction	O:E Ratio		0.00	0.00	0.00	0.48	0.52
Mortality-Heart Failure	O:E Ratio		0.31	0.00	1.02	0.73	0.39
Mortality- Hip	O:E Ratio		0.63	0.00	0.00	0.00	0.00
Mortality- Knee	O:E Ratio		0.00	0.00	0.00	0.00	0.00
Mortality- Stroke	O:E Ratio		1.03	1.07	1.61	1.81	1.50
Mortality- Sepsis	O:E Ratio		0.79	0.60	0.95	0.87	1.17
Mortality- Pneumonia	O:E Ratio		0.61	0.00	1.54	0.86	0.42
Readmission- All (Rate)	Rate	<15.5%	10.34	10.95	8.98	9.40	9.88
Readmission-Acute Myocardial Infarction	Rate		10.94	10.87	14.89	3.51	6.52
Readmission-Heart Failure	Rate		15.23	16.94	18.18	17.76	14.44
Readmission- Hip	Rate		6.06	0.00	0.00	0.00	0.00
Readmission- Knee	Rate		0.00	0.00	0.00	8.33	0.00
Readmission- Stroke	Rate		10.24	9.09	0.00	3.45	0.00
Readmission- Sepsis	Rate		16.91	18.47	10.89	5.00	14.29
Readmission- Pneumonia	Rate		11.76	13.95	9.52	7.78	5.41
LOS-All Cause	Mean	4.90	4.90	4.91	4.98	5.00	4.93
LOS-Acute Myocardial Infarction	Mean		4.90	4.58	6.43	4.15	4.55
LOS-Heart Failure	Mean		5.70	5.44	5.92	4.20	5.03
LOS- Hip	Mean		3.30	2.86	3.60	4.20	5.13
LOS- Knee	Mean		2.30	1.33	2.31	2.40	2.60
LOS- Stroke	Mean		4.53	4.38	4.84	5.60	6.03
LOS- SEPSIS	Mean		11.16	11.20	10.99	9.82	9.59
LOS- Pneumonia	Mean		6.40	6.60	6.51	7.40	6.08

Metrics: HAIs, Sepsis, Harm Events	Reporting	Target**	2022	Q32022	Q4 2022	Q1 2023	Q2 2023
CAUTI (SIR)	SIR	<1.0	1.21	0.73	2.43	0.00	1.47
Hospital Acquired C-Diff (CDI)	SIR	<1.0	0.5	0.29	0.90	0.44	0.00
Surgical Site Infection (Superficial)	# Infections	TBD	7	3	1	2	3
Surgical Site Infection (Deep, Organ Space and Joint)	# Infections	TBD	7	1	2	3	0
Sepsis Bundle Compliance	% Compliance	63%^	54%	48%	57%	46%	63%
Hospital Acquired Pressure Injury (HAPI)	# HAPI	<=1	1	0	0	0	0
Patient Falls with Injury	# Falls	<=1	1	0	0	1	0
PSI 90 / Healthcare Acquired Conditions	Ratio	<1.0	1.39	1.58	1.38	0.58	0.38
Serious Safety Events	# Events	<=1	0	0	0	1	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
Readmissions	Anyone readmitted within 30 days of discharge (except for elective
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	A surgical site infection is an infection that occurs after surgery in the part of the
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
Patient Falls with Injury	A fall that resulted in harm that required intervention by medical staff (and
PSI 90 / Healthcare Aquired Conditions	PSI = Patient Safety Indicators. # of patients with avoidable Pressure Ulcer, Iatrogenic Pneumothorax, Hospital Fall,w/ Hip Fracture, Periop Hemorrahage or Hematoma, Post-op Acute Kidney Injury, Post-op Respiratory Failure, Periop
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	

EXECUTIVE SUMMARY
Q2 2023 Core Measures Dashboard
CMS Hospital IQR (Inpatient Quality Reporting) Program

Time Period

Q2 2023- publicly reported metrics (contributing to Star Rating)

Accomplishments

- STK-4 Thrombolytic Therapy: 100% (5/5)
- Sepsis bundle (SEP) 63% (72/115)
- Perinatal measures: complications are low, breastfeeding higher than avg
- Psychiatric Measures (HBIPS): at or better than CMS target
- C-difficile, MRSA Infections: better than expected rate
- PSI-90 complications rate better than expected rate

Areas for Improvement or Monitoring

- ED admit Decision Time 115.00 minutes - Improving
- 2022 HBIPS: Tobacco Use education documentation (12 or fewer patients)
- HBIPS Transition Records: pending APeX modification
- CLABSI, CAUTI SIR higher than expected
- Outpatient CT scan Abdomen rate 7 %

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

Next Steps:

2023 PI projects in process

MarinHealth Medical Center
CLINICAL QUALITY METRICS DASHBOARD
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Hospital Inpatient Quality Reporting Program Measures

	METRIC	CMS**	2022	Q1 -2023	Q2 -2023	Q3 -2023	Q4-2023	Q2-2023 Num/Den	Rolling 2023 YTD	2023 YTD Num/Den
	◆ Stroke Measures									
STK-4	Thrombolytic Therapy	100%	88%	100%	100%			5/5	100%	8/8
	◆ Sepsis Measure									
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	58%	53%	**46%**	63%			72/115	**56%**	104/185
	◆ Perinatal Care Measure									
PC-01	Elective Delivery +	2%	2%	0%	0%			0/8	0%	0/21
PC-02	Cesarean Section +	TJC	21%	16%	16%			20/126	16%	41/256
PC-05	Exclusive Breast Milk Feeding	TJC	80%	81%	72%			53/74	76%	108/142
	◆ ED Inpatient Measures									
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients +	99	147.00	**132.00**	**115.00**			212--Cases	**118.00**	403--Cases
	♦ Psychiatric (HBIPS) Measures									
IPF-HBIPS- 1	Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed	TJC	96%	100%	99%			104/105	100%	205/206
IPF-HBIPS-2	Hours of Physical Restraint Use +	0.12	0.15	0.00	0.00			0.00	0.15	N/A
IPF-HBIPS-3	Hours of Seclusion Use +	0.02	0.11	0.0230	0.0140			0.02	0.11	N/A
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	77%	77%	100%	90%			18/20	92%	24/26
	◆ Substance Use Measures									
SUB-2	2-Alcohol Use Brief Intervention Provided or offered	65%	63%	100%	100%			11/11	100%	21/21
SUB-2a	Alcohol Use Brief Intervention	76%	50%	100%	100%			11/11	100%	21/21
	◆ Tobacco Use Measures									
TOB-2	2-Tobacco Use Treatment Provided or Offered	72%	71%	77%	**71%**			5/7	75%	15/20
TOB-2a	2a-Tobacco Use Treatment	42%	67%	**33%**	83%			5/6	**50%**	9/18
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge	57%	25%	**50%**	**40%**			2/5	**45%**	5/11
TOB-3a	3a-Tobacco Use Treatment at Discharge	18%	25%	33%	40%			2/5	36%	4/11
	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	67%	55%	**0%**	**2%**			3/124	**1%**	3/242
	♦ Metabolic Disorders Measure									
SMD	Screening for Metabolic Disorders	Benchmark To Be Established	89%	90%	87%			77/89	88%	147/167
	METRIC	CMS**		2018	2019	2020	2021		2022	Rolling Num/Den
IPF-IMM-2	Influenza Immunization	77%		**98%**	**90%**	**92%**	**96%**		**96%**	228/239

Hospital Outpatient Quality Reporting Program Measures

	METRIC	CMS**	2022	Q1 -2023	Q2 -2023	Q3 -2023	Q4-2023	Q2 2023 Num/Den	Rolling 2023 YTD	2023 YTD Num/Den
	♦ ED Outpatient Measures									
OP-18b	Average (median) time patients spent in the emergency department before leaving from the visit	171.00	**178.00**	**173.00**	**192.00**			93--Cases	**187.50**	186--Cases
	♦ Outpatient Stroke Measure									
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	69%	86%	80%	100%			5/5	90%	9/10
	♦ Endoscopy Measures									
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	91%	**85%**	100%	95%			40/42	97%	75/77

****CMS National Average + Lower Number is better**

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♦ Healthcare Personnel Influenza Vaccination

	METRIC	CMS National Average	Oct 2017 - Mar 2018	Oct 2018 - Mar 2019	Oct 2020 - Mar 2021	Oct 2021 - Mar 2022
	COVID Healthcare Personnel Vaccination	88%				96%
IMM-3	Healthcare Personnel Influenza Vaccination	80%	89%	97%	94%	96%

♦ Surgical Site Infection +

	METRIC	National Standardized Infection Ratio (SIR)	Oct 2020 - Sep 2021	Jan 2021 - Dec 2022	Apr 2021 - Mar 2022	July 2021 - June 2022
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	not published**	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)	Oct 2020 - Sep 2021	Jan 2021 - Dec 2021	April 2021 - Mar 2022	July 2021 - June 2022
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.82	0.26	0.00	0.00
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.67	0.44	0.88	0.64

	METRIC	2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
	Central Line Associated Blood Stream Infection (CLABSI)	0	0.00	**1.70**		
	Catheter Associated Urinary Tract Infection (CAUTI)	1.21	0.00	**1.48**		

♦ Healthcare Associated Infections +

	METRIC	National Standardized Infection Ratio (SIR)	Oct 2020 - Sep 2021	Jan 2021 - Dec 2021	Apr 2021 - Mar 2022	July 2021 - June 2022
HAI-C-Diff	Clostridium Difficile	1	0.33	0.21	0.12	0.26
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.62	0.00	0.00	0.00

	METRIC	2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
HAI-C-Diff	Clostridium Difficile (Rate per 10000)	0.5	0.08	0.00		
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia (Rate per	0.00	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 2016 - June 2018	July 2017 - June 2019	July 2018 - Dec 2019	July 2019 - June 2021
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		2020	2021	2022	2023
PSI-90 (Composite)	Complication / Patient safety Indicators PSI 90 (Composite)		0.60	1.96	1.38	0.76
PSI-3	Pressure Ulcer		0.00	0.22	0.79	0.00
PSI-6	Iatrogenic Pneumothorax		0.18	0.62	0.00	0.00
PSI-8	Inhospital Fall with Hip Fracture		0.00	0.29	0.13	0.21
PSI-9	Perioperative Hemorrhage or Hematoma		2.19	2.67	2.08	2.55
PSI-10	Postop Acute Kidney Injury Requiring Dialysis		1.59	0.00	0.00	0.00
PSI-11	Postoperative Respiratory Failure		2.07	6.11	1.88	5.90
PSI-12	Peri Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)		2.13	8.74	6.59	3.53
PSI-13	Postoperative Sepsis		6.39	4.64	3.93	0.00
PSI-14	Post operative Wound Dehiscence		0.00	2.02	0.00	0.00
PSI-15	Unrecognized Abdominopelvic Accidental Laceration/Puncture Rate		0.00	0.00	0.00	0.00

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2016 - June 2018	July 2017 - June 2019	July 2018 - Dec 2019	July 2019 June 2021
PSI-4	Death Among Surgical Patients with Serious Complications +	136.48 per 1,000 patient discharges	No different then National Average	No different then National Average	No different then National Average	not published**

♦ Surgical Complications +

		Centers for Medicare & Medicaid Services (CMS) National Average	April 2015 - March 2018	April 2016 - March 2019	April 2017 - Oct 2019	April 2018 - March 2021
Surgical Complication	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty +	2.4%	**2.7%**	**3.0%**	**2.6%**	**2.5%**

***** National Average + Lower Number is better**

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♦ 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		2020	2021	2022	2023
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate		4.99%	6.06%	3.39%	3.45%
MORT-30-HF	Heart Failure Mortality Rate		5.88%	7.90%	1.20%	2.94%
MORT-30-PN	Pneumonia Mortality Rate		7.10%	8.42%	7.09%	5.88%
MORT-30-COPD	COPD Mortality Rate		2.38%	0.00%	7.14%	0.00%
MORT-30-STK	Stroke Mortality Rate		4.95%	4.76%	4.90%	2.56%
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 2015 - June 2018	July 2016 - June 2019	July 2017 - Dec 2019	July 2018 - June 2021
READM-30-AMI	Acute Myocardial Infarction Readmission Rate	15.0%	14.09%	**16.30%**	15.50%	14.70%
READM-30-HF	Heart Failure Readmission Rate	21.3%	20.80%	21.60%	21.20%	19.50%
READM-30-PN	Pneumonia Readmission Rate	16.6%	15.10%	13.80%	14.50%	not published**
READM-30-COPD	COPD Readmission Rate	19.80%	19.20%	19.60%	19.30%	19.50%
READM-30-THA/TKA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.10%	3.90%	**4.40%**	**4.20%**	**4.90%**
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	11.90%	**13.80%**	11.70%	12.20%	11.60%
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2017 - June 2018	July 2018- June 2019	July 2019- Dec 2019	July 2018- June 2021
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR) +	15.0%	14.7%	13.7%	14.9%	14.0%

♦ Acute Care Readmissions 30 Day (Medicare Only - Midas DataVision) +

	METRIC		2020	2021	2022	2023
	Hospital-Wide All-Cause Unplanned Readmission		10.95%	9.59%	9.89%	9.17%
	Acute Myocardial Infarction Readmission Rate		11.24%	11.27%	8.75%	2.44%
	Heart Failure Readmission Rate		16.67%	12.04%	11.36%	11.43%
	Pneumonia (PN) 30 Day Readmission Rate		14.94%	5.68%	11.94%	6.82%
	Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate		11.11%	13.04%	9.68%	13.04%
	Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate		10.42%	2.50%	0.00%	0.00%
	30-day Risk Standardized Readmission following Coronary Artery Bypass Graft		0.00%	6.67%	14.29%	0.00%

♦ Cost Efficiency +

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2018 - Dec 2018	Jan 2019 - Dec 2019	Jan 2020 - Dec 2020	Jan 2021 - Dec 2021
MSPB-1	Medicare Spending Per Beneficiary (All)	0.99	0.97	0.97	0.98	0.98
			July 2015- June 2018	July 2016- June 2019	July 2017- Dec 2019	July 2018- June 2021
MSPB-AMI	Acute Myocardial Infarction (AMI) Payment Per Episode of Care	$26,800	$23,374	**$27,327**	**$28,746**	**$27,962**
MSPB-HF	Heart Failure (HF) Payment Per Episode of Care	$18,280	**$16,981**	$17,614	$18,180	$17,734
MSPB-PN	Pneumonia (PN) Payment Per Episode of Care	$20,793	**$17,316**	$17,717	$17,517	$18,236
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	April 2014 - March 2017	April 2015 - March 2018	April 2017 - Oct 2019	April 2018 - Mar 2021
MSPB-Knee	Hip and Knee Replacement	$20,793	$21,953	$20,263	$19,869	$19,578

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♦ 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

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 2023	**Q2 2023**	**Q3 2023**	**Q4 2023**	**Total 2023**
Buckelew	26,250	0			26,250
Ceres Community Project	10,500	0			10,500
Community Action Marin	10,500	0			10,500
Community Institute for Psychotherapy	21,000	0			21,000
Homeward Bound	157,500	0			157,500
Huckleberry Youth Programs	10,500	0			10,500
Jewish Family and Children's Services	10,500	0			10,500
Kids Cooking for Life	5,250	0			5,250
Marin Center for Independent Living	26,250	0			26,250
Marin Community Clinics	63,000	0			63,000
MHD 1206B Clinics	7,484,108	6,475,164			13,959,272
NAMI Marin	10,500	0			10,500
North Marin Community Services	10,500	0			10,500
Operation Access	10,500	0			10,500
Ritter Center	26,250	0			26,250
RotaCare Free Clinic	15,750	0			15,750
San Geronimo Valley Community Center	10,500	0			10,500
Spahr Center	10,500	0			10,500
St. Vincent de Paul Society of Marin	5,250	0			5,250
West Marin Senior Services	10,500	0			10,500
Total Cash Donations	**7,935,608**	**6,475,164**			**14,410,772**
Compassionate discharge medications	14,182	14,947			29,129
Meeting room use by community-based organizations for community-health related purposes	0	0			0
Healthy Marin Partnership	1,916	0			1,916
Food donations	19,349	20,506			39,855
Total In Kind Donations	**35,447**	**35,453**			**70,900**
Total Cash & In-Kind Donations	**7,971,055**	**6,510,617**			**14,481,672**

Schedule 4, continued

Community Benefit Summary

(These figures are not final and are subject to change)

	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Total 2023
Community Health Improvement Services	19,545	26,551			46,096
Health Professions Education	777,808	531,310			1,309,118
Cash and In-Kind Contributions	7,971,055	6,510,617			14,481,672
Community Benefit Operations	2,234	0			2,234
Community Building Activities	0	0			0
Traditional Charity Care *Operation Access total is included	5,814	182,223			188,037
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	11,153,588	11,662,761			22,816,349
Community Benefit Subtotal (amount reported annually to State & IRS)	**19,930,044**	**18,913,462**			**38,843,506**
Unpaid Cost of Medicare	23,481,601	23,642,242			47,123,843
Bad Debt	199,831	358,419			558,250
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total	**43,611,476**	**42,914,123**			**86,525,599**

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.

	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Total 2022
*Operation Access charity care provided by MGH (waived hospital charges)	(116,208)	(160,409)			(276,617)
Costs included in Charity Care	5,814	183,223			189,037

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 2022	564	22	1	4.08%
Q3 2022	569	26	4	5.27%
Q4 2022	583	33	3	6.17%
Q1 2023	595	18	4	3.70%
Q2 2023	**618**	**29**	**1**	**4.85%**

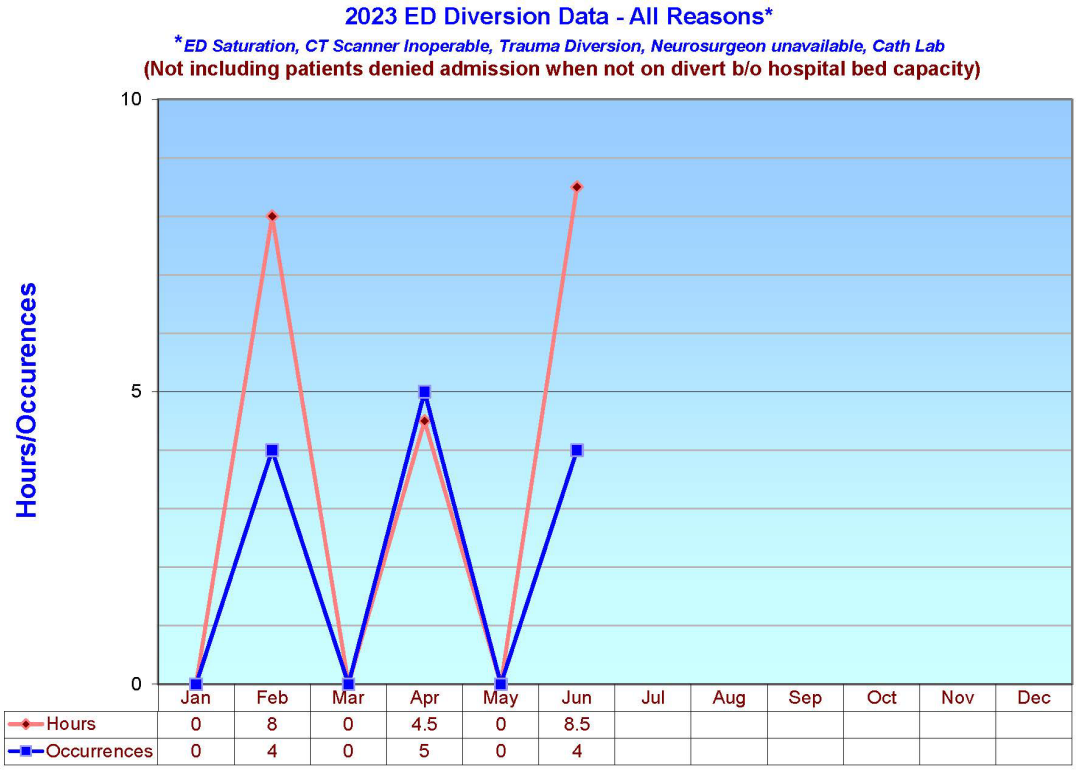
Vacancy Rate							
Period	Open Per Diem Positions	Open Benefitted Positions	Filled Positions	Total Positions	Total Vacancy Rate	Benefitted Vacancy Rate of Total Positions	Per Diem Vacancy Rate of Total Positions
Q2 2022	24	75	564	663	14.93%	11.31%	3.62%
Q3 2022	9	79	569	657	13.39%	12.02%	1.37%
Q4 2022	7	55	583	645	9.61%	8.53%	1.09%
Q1 2023	14	53	595	662	10.12%	8.01%	2.11%
Q2 2023	**6**	**54**	**618**	**678**	**8.85%**	**7.96%**	**0.88%**

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
Q2 2022	48	23	25
Q3 2022	36	30	6
Q4 2022	51	36	15
Q1 2023	34	22	12
Q2 2023	**53**	**30**	**23**

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 2023	Apr 12	01:52	0'37"	CATH		
	Apr 18	21:16	0'27"	ED	14	6
	Apr 23	12:04	0'04"	CATH		
	Apr 24	19:32	1'59"	ED	16	19
	Apr 24	21:32	1'21"	ED	18	14
	June 10	13:20	2'00"	ED	16	1
	June 19	00:47	2'00"	ED	5	3
	June 19	15:50	1'58"	ED	10	7
	June 20	16:10	2'00"	ED	15	3



Tab 7

DRAFT

Marin Healthcare District Board Retreat
AGENDA
January 26, 2024

Time	Topic	Presenter
12:00 pm – 12:15 pm	Welcome and Lunch	All
12:15 pm – 1:15 pm	Healthcare Trends and MHMC Strategic Plan Update	David Klein, MD
1:15 pm – 2:15 pm	2023 District Goals and Projects and Open Forum	Mary Friedman
2:15 pm – 2:25 pm	Break	All
2:25 pm – 3:00 pm	MHD Community Outreach and Education	David Klein, MD Jill Kinney
3:00 pm – 3:10 pm	MHD Rebranding	Jill Kinney
3:10 pm – 3:25 pm	Health Equity Committee Update	Tori Murray
3:25 pm – 3:50 pm	District Committee Restructuring	David Klein, MD
3:50 pm – 4:00 pm	Closing Comments	David Klein, MD