

MARIN HEALTHCARE DISTRICT

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

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

Fax: 415-464-2094

TUESDAY, AUGUST 8, 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)

Virtual via Zoom video:

<https://mymarinhealth.zoom.us/join>
Meeting ID: 977 8407 8204
Passcode: 842600
Or via Zoom telephone: 1-669-900-9128

Staff:

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

AGENDA

	<u>Presenter</u>	<u>Tab #</u>
<u>5:30 PM: REGULAR OPEN MEETING</u>		
1. Call to Order and Roll Call	Su	
2. General Public Comments <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>	Su	
3. Approve Agenda (action)	Su	
4. 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 (action)	Su	#1
5. Approve Minutes of the Regular Meeting of July 11, 2023 (action)	Su	#2
6. Report: MHMC Behavioral Health Program	Maxwell	#3
7. Review and Approve Marin Healthcare District FY 2024 Operating Budget As Recommended by the Finance & Audit Committee (action)	Klein/ Brettner	#4
8. Review and Approve District Corporate Investment Portfolio Policy As Recommended by the Finance & Audit Committee (action)	Klein/ Brettner	#5

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

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5:30 PM: REGULAR OPEN MEETING

- | | | |
|--|---------------------------------|----|
| 9. Approve Q1 2023 Report of MHMC Performance Metrics and Core Services (action) | <i>Klein/
Seaver-Forsey</i> | #6 |
| 10. Magnet Recognition Program | <i>Seaver-Forsey</i> | #7 |
| 11. Healthcare Advocacy and Emerging Challenges and Trends | <i>Klein</i> | |
| 12. Committee Reports | | |
| A. Finance & Audit Committee (<i>met July 25</i>) | <i>Alfrey</i> | |
| B. Lease & Building Committee (<i>met July 19</i>) | <i>Rienks</i> | |
| (i) MHD Re-branding RFP | | |
| (ii) Community Health Seminar | | |
| (iii) Community Health Fair | | |
| 13. Reports | | |
| A. District CEO's Report | <i>Klein</i> | |
| B. Hospital CEO's Report | <i>Klein</i> | |
| C. Chair's and Board Members' Reports | <i>All</i> | |
| 14. Agenda Suggestions for Future Meetings | <i>All</i> | |
| 15. Adjournment of Regular Meeting | <i>Su</i> | |

Next Regular Meeting: Tuesday, September 12, 2023 @ 5:30 p.m.

Tab 1



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

Resolution MHD 2023-02

Page 2 of 2

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 2



**MARIN HEALTHCARE DISTRICT
BOARD OF DIRECTORS**

REGULAR MEETING

**Tuesday, July 11, 2023 @ 5:30 pm
Inverness Conference Room, and via Zoom**

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; Eric Brettner, CFO, 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. Ramirez seconded. **Vote: all ayes.**

4. 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 as presented. Dr. Alfrey seconded. **Vote: all ayes.**

5. Approve Minutes of the Regular Meeting of June 13, 2023

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

6. Disclosure of Action Taken at Board Special Closed Session, July 11, 2023

Dr. Klein reported that in the Closed Session held immediately before this Regular Meeting, the Board discussed and approved management's settling of certain construction claims with McCarthy and for finalizing an agreement.

7. Report: MarinHealth Medical Center Patient & Family Advisory Council

Ms. Anna Sellenriek, Executive Director of Patient Experience, presented an update report (Tab #3) on the hospital's Patient and Family Advisory Council (PFAC) that was established in 2016 and meets every other month with the objective of seeking input and understanding of the needs of patients, families and visitors. The group is chaired by Ms. Sellenriek and comprises 8-12 patients and family of varied health system experiences, hospital leadership, and a physician.



Discussion followed on the ethno-socio-economic breakdown of the PFAC members, the hospital's patients, and the general Marin population. The Board expressed interest in knowing the hospital patient ethno-socio-economic demographics (including within various clinical departments) and how they measure against the general Marin population. Dr. Klein agreed to research and provide information at the next meeting.

The PFAC membership is varied and could be more so, and possibly with more members. There are no monolingual Spanish speakers. They are provided lunch during the meetings and are not given a stipend nor reimbursement for transportation. Ms. Rienks stated that UCSF has several such committees that do provide stipends and multi-lingual provisions.

Ms. Rienks asked whether a PFAC member is a patient of Marin Community Clinic or other county provider. Ms. Sellenriek agreed to ask at the next PFAC meeting and suggest it to them.

Discussion followed on the District's consideration of forming a separate committee. It was generally agreed first to expand the hospital's PFAC in conjunction with the District, to work to more broadly include communities of interest. Ms. Ramirez suggested using a racially diverse focus group format.

Ms. Sellenriek will report back to the Board in 6 months.

8. Status of Magnet Recognition Program at MarinHealth Medical Center

Dr. Klein reported. Three years ago the hospital paused Magnet efforts due to the major events of the Covid pandemic, moving into the new Oak Pavilion, APeX implementation, and the current focus on patient experience. However, key concepts of Magnet have been retained: structural empowerment through councils, exemplary professional practice and support for education, and transformational leadership and stability. A gap analysis is planned for 2024 based on timeline and cost, and will require additional FTEs.

Only about 7% of hospitals in the US have Magnet status. The application is labor intensive and requires additional funding and FTEs.

Ms. Lynn Seaver-Forsey, Executive Director of Quality Services, is a Magnet expert with broad experience at Stanford, John Muir, and other Bay Area Magnet hospitals. We can build the infrastructure and make it a strategic goal to achieve world-class status.

The Board generally agreed on the importance of keeping the goal of achieving Magnet status.

Discussion followed on whether Magnet status improves patient and employee satisfaction; this data can be retrieved. Dr. Klein stressed that the process and journey toward Magnet status heightens staff awareness and culture toward optimizing levels of care.

Ms. Seaver-Forsey will attend the next Board meeting and will report on these subjects.

9. Committee Reports

A. Finance & Audit Committee

Dr. Alfrey reported that the committee met on June 27 with an excellent presentation of the annual audit by Moss Adams. Mr. Brettner reported that it was a clean audit that included a new accounting policy regarding lease accounting. The committee had voted to recommend approval of the audit by the Board.



Dr. Su asked for a motion to approve the Marin Healthcare District 2022 Report of Independent Auditors and Financial Statements. Dr. Alfrey so moved. Ms. Rienks seconded. **Vote: all ayes.**

Dr. Alfrey reported that the committee discussed the District's investments and investment policy, and delegation of authority. The policy is being revised so that all investment decisions and actions of the District will be clearly and entirely separate from the Hospital's. The committee's next meeting in 2 weeks will include Canterbury Consultants in order to review, finalize and approve the District's investment policy.

B. Lease & Building Committee

Ms. Rienks reported that the committee met on June 14 and discussed the next community health seminars. Skin cancer and breast cancer are urgent topics to present. They would like the next seminar to be an in-person event in September at the hospital on skin cancer that could include screening. They also discussed the pop up event in the Canal area that Dr. Alfrey and Ms. Ramirez are planning, about diabetes, hypertension, and healthy eating.

Regarding the skin cancer event including screening, physicians have shown interest, and there is precedence at other facilities and health fairs. Dr. Su and Dr. Alfrey expressed concerns about liability issues; Dr. Klein will talk to Ms. Kinney about that and discuss it at the next committee meeting next week.

The committee also discussed the RFP process for District logo re-branding. 10 responses have been received so far. The committee will review all proposals, choose the top 3, and bring them to the Board in open session.

Regarding breast cancer event, Dr. Klein noted that discussion from the last Board retreat included setting up a breast health van, and that he is meeting with Marin Community Foundation for their possibly helping to fund it.

11. Reports

A. District CEO's Report

Dr. Klein read a recent letter from a grateful patient who was admitted through the ER and expressed profound thanks for the care provided by all of the doctors, nurses, and support staff.

The American Hospital Association (AHA) Annual Leadership Summit is next week in Seattle. Dr. Klein, Dr. Alfrey and Ms. Ramirez will be attending.

The Association of California Healthcare Districts (ACHD) Annual Meeting will be in September at Lake Tahoe. Dr. Klein and District Board members will be attending.

Construction repairs in sub-drainage, leaks, and chiller are close to completion.

Hybrid OR construction work continues, scheduled for completion in October.

Plans are finalized for new pharmacy compounding area.

Master facilities plan is focused on property lease expirations, reducing operating costs, and increasing efficiencies.

FEMA obligated fund reimbursement continues being delayed due to government agency process delays. Mr. Brettner reported his finance team is working diligently with FEMA on this, and Dr. Klein will consider appealing to Representative Jared Huffman if there is no acceptable activity towards payment.



B. Hospital CEO's Report

Dr. Klein reported that strong volumes continued in May, with adjusted discharges 12% above budget. ER and OR volumes continue very strong.

Work is well underway on 2024 budgets for the hospital and the clinical network. Medicare reimbursement will drop to about 2%, with additional pressures from private insurers. Costs are increasing, especially in labor and supplies.

The bond recently approved is now issued and fully subscribed and funds now received.

The new hospital brand campaign is fully underway and well received.

Two more surveys are in house now. CAP (lab) survey just completed and very successful. Social services survey of CDPH just completed and passed with zero findings.

American Heart Association just awarded us the Stroke Gold Plus Award. Recent Diabetes Survey passed successfully with zero findings.

Master Facility Plan is proceeding well to plan needs for facilities and space over the next decade.

Lease has been signed for the Petaluma outpatient clinical hub, with opening planned for December 2024.

New outpatient clinics joining the network include nephrology in Greenbrae, OB/GYN in Petaluma, and Dr. Su's Spine Institute.

In the last 6 months, about a dozen new providers have joined the network, with another dozen over the next 6 months.

Primary care physician recruitment is a top priority and strong efforts continue. Six new providers are in process now.

This morning Dr. Klein held the hybrid "Town Hall" for staff. Ms. Sellenriek gave a presentation on Patient Experience. Mr. Weiner will send the recording's intranet link to the District Board members, and will notify them of future Town Halls. The next one will be in October on the subject of Finance.

The Marin Council on Aging has been contacted and invited to present at a future Board meeting. Dr. Matt Willis has also been so contacted.

Dr. Klein did a long interview last week with the North Bay Business Journal for an article to appear soon.

Dr. Klein will bring topics of interest to the Board for report and discussion such as the healthcare workers minimum wage bill, seismic legal issues, and other advocacy topics he is pursuing with California Hospital Assn, Hospital Council, legislators, etc.

The helipad planning timeline is ongoing and various funding options are being explored.

C. Chair's and Board Members' Reports

Dr. Alfrey and Ms. Ramirez reported that they are working on holding a popup healthcare event on August 19 in the Canal area on diabetes, hypertension, and healthy eating.

Mr. Rienks had nothing further to report.

Dr. Su had nothing further to report



12. Agenda Suggestions for Future Meetings

Dr. Su: Dr. Matt Willis is being asked to address the Board on current and future County public health issues.

Ms. Rienks: The County Council on Aging is being asked to address the Board.

Dr. Alfrey: MHD holding Community Health Fairs.

13. Adjournment of Regular Meeting

Dr. Su adjourned the meeting at 6:50 pm.

DRAFT

Tab 3



marinhealthSM

Behavioral Health Department Report

*Rebecca Maxwell, LCSW
Director, Behavioral Health, Social Services, Education, and
Inpatient Palliative Care*

August 8, 2023

MarinHealth Behavioral Health Service Line

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



Acute Inpatient Unit



17 bed adult
inpatient
unit

ADC:
16.26
ALOS:
10.7



Only inpatient
psychiatric unit in
Marin County

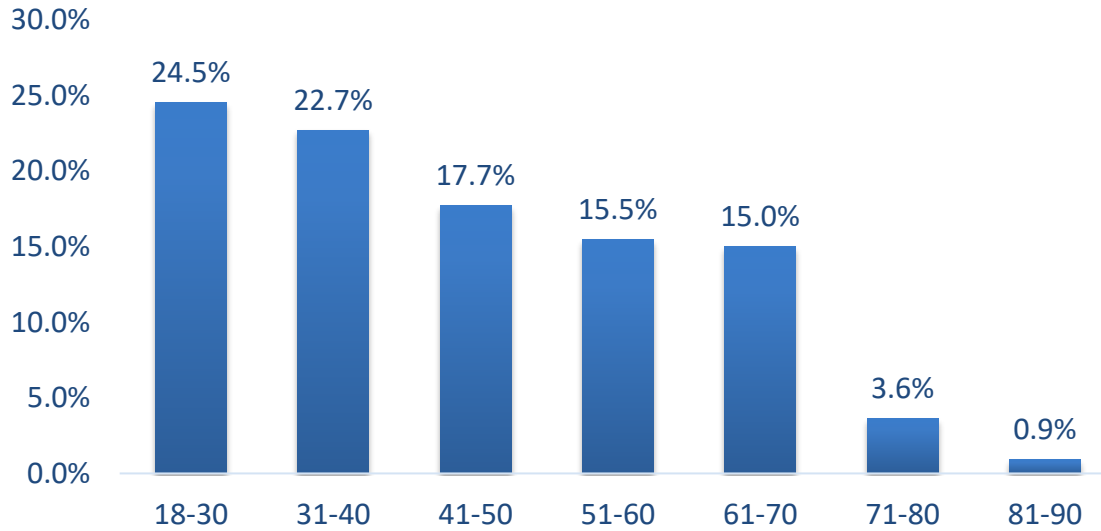


95th percentile in
Excellent Overall
Quality of Care

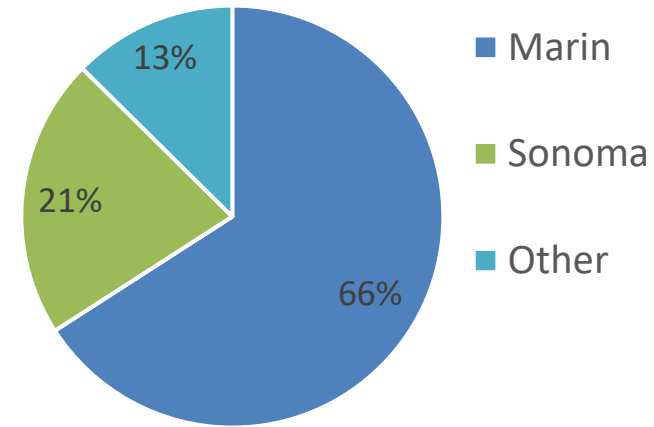
- Focus on Quality and Patient Safety
 - **0.12** hours of physical restraint for every 1000 hours of patient care (*lower is better*)
 - National Average: 0.38
 - California Average: 0.76
 - **0.02** hours of seclusion for every 1000 hours of patient care (*lower is better*)
 - National Average: 0.36
 - California Average: 0.53

Adult Inpatient Unit

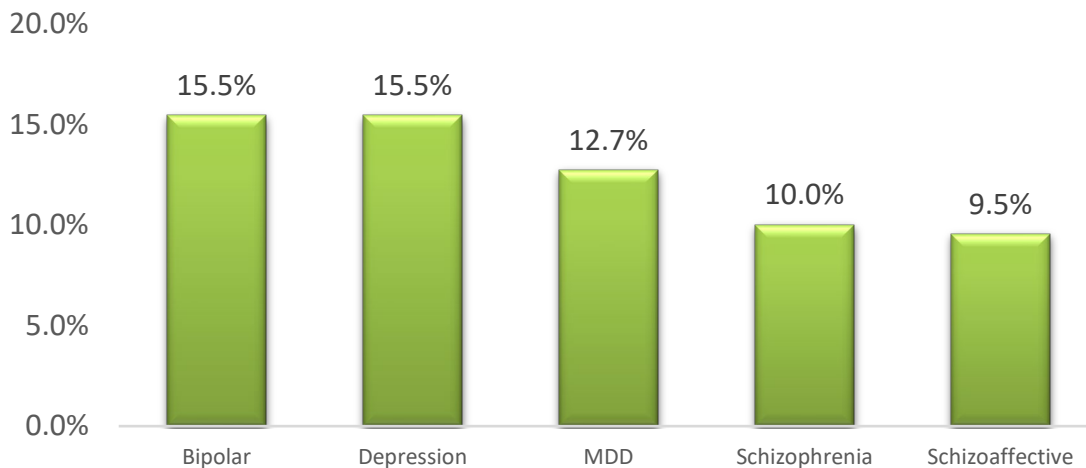
Age



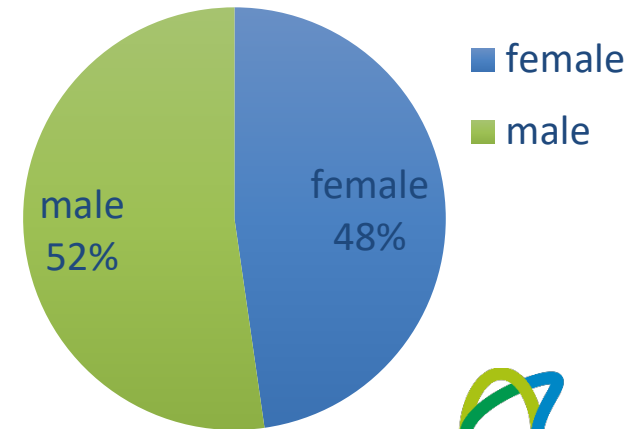
County of Origin



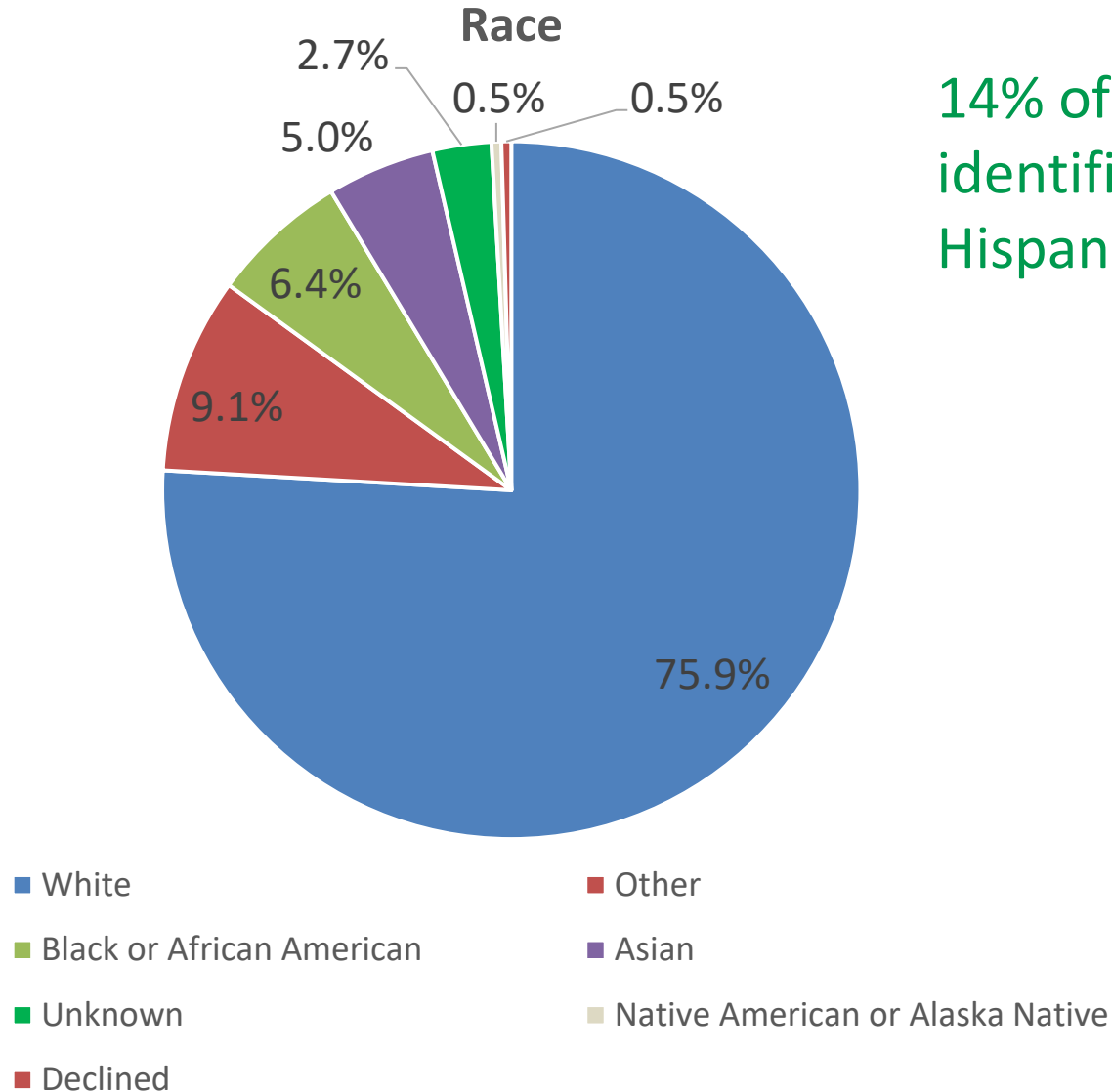
Diagnosis



Sex (at birth)



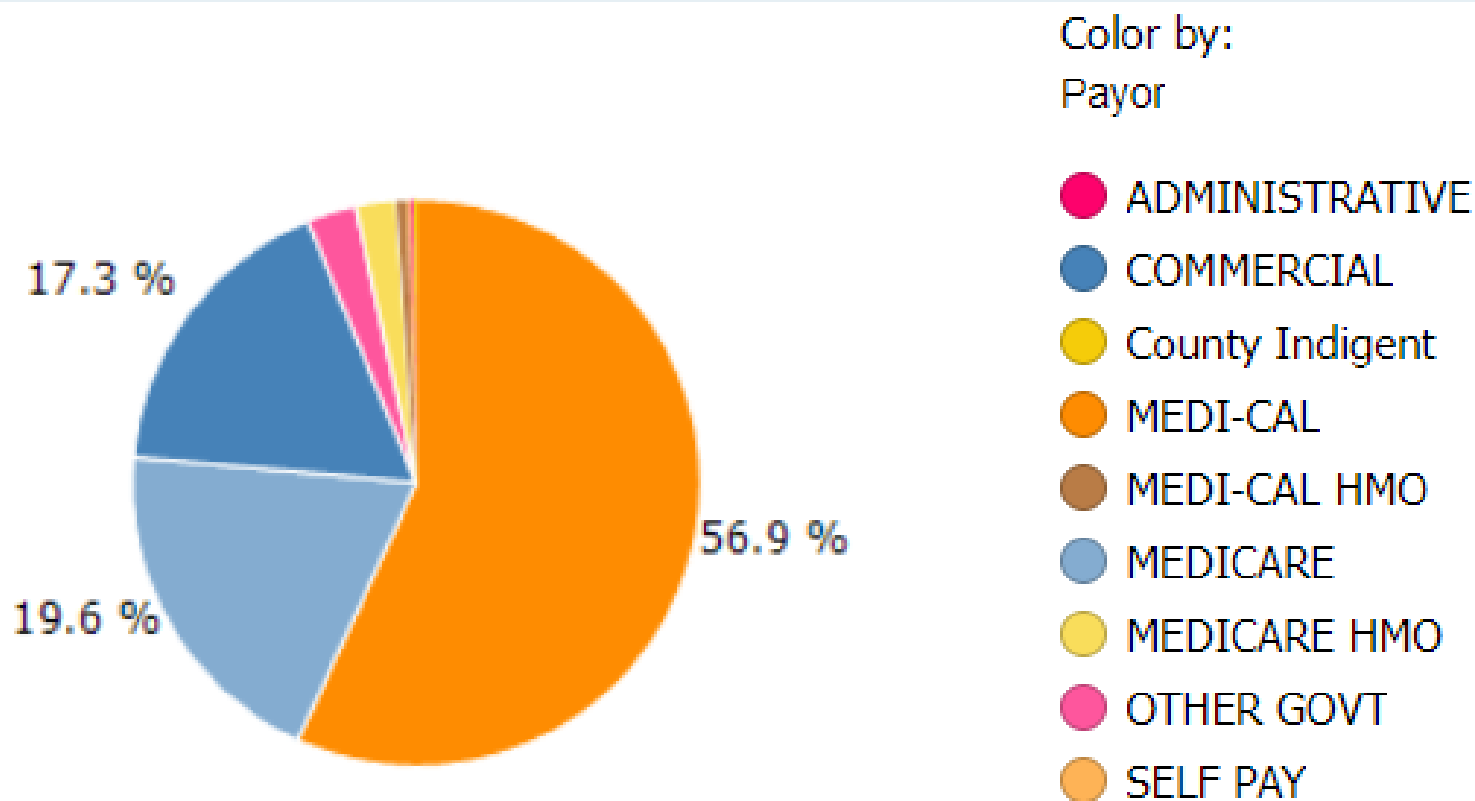
Adult Inpatient Unit



14% of patients identified as Hispanic or Latino

Adult Inpatient Unit

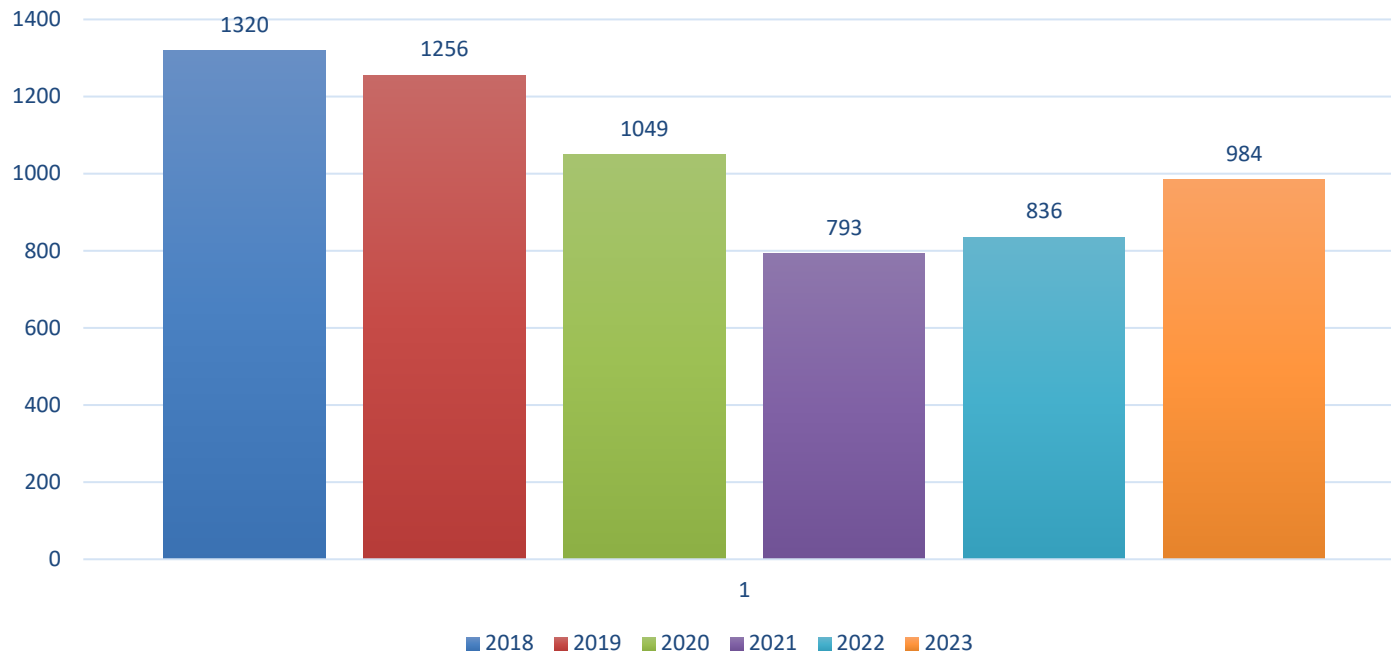
Payor Mix



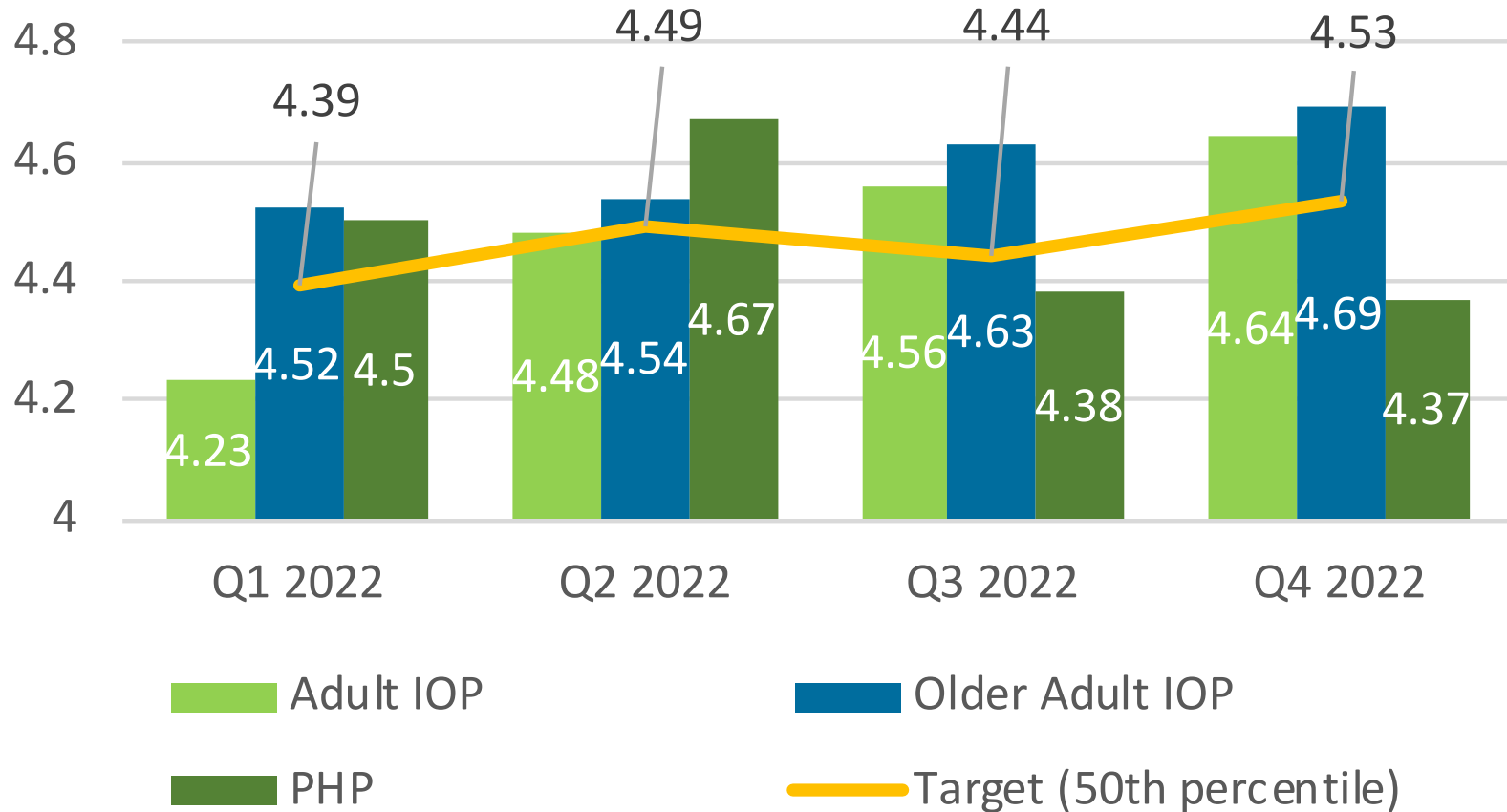
Partial Hospitalization and Intensive Outpatient

- Diversion or step-down from psychiatric inpatient care
 - Older Adult IOP (55+y.o.)
 - Adult PHP & IOP (25-55+y.o.)
 - Young Adult PHP & IOP (18-25y.o.)
- Rebounding from post-pandemic modified services
 - Focus on restoring access to full PHP level of care

**Behavioral Health PHP/IOP
Units of Service - Monthly Average**



2022 Overall Patient Perception of Care MHMC Behavioral Health Outpatient Programs



Social Services & Psychiatric Emergency Services

- Social Services
 - Successful CDPH licensing survey – 7/11/2023
 - 25 full-time and per diem masters-prepared clinical social workers
 - 5150 designation
 - ED & Trauma Center
 - Level II NICU
 - Adult inpatient units
 - Inpatient behavioral health
 - Psychiatric Consultation-Liaison service
 - Inpatient/outpatient palliative care & oncology

- Psychiatric Emergency Services
 - Designated 5150 receiving facility
 - Extensive collaboration with County of Marin BHRS
 - Staffed 24/7 with access to psychiatric assessment services
 - LCSWs assess ~1000 patients annually with primary psychiatric need
 - 49% discharged home or subacute level of care
 - 24% transfer to other psych unit or crisis stabilization unit (county BH services)
 - 19% admitted to medicine and followed by CL
 - 9% admitted to inpatient BH Unit

Behavioral Health Continuum



Electroconvulsive Treatment (ECT) - Inpatient / Outpatient

1200 cases per year

Life-saving intervention for treatment-refractory depression, catatonia, and other psychiatric illnesses that are not responsive to other interventions

3-month waiting list for treatment

Only provider in Marin County



Psychiatric Consultation-Liaison Service

~260 cases per year

Complex medical and psychiatric care is provided concurrently

A resource to staff and providers to help guide best practice and patient care with the goal to reduce the overall length of stay and decrease the likelihood of readmission



Substance Use Navigator

Grant-funded position to increase access to care and decrease stigma related to substance use

Provides navigation, consultation, and psychoeducation about medication-assisted treatment (MAT)

Promotes harm reduction

- ~300 patient encounters
- 75 free Narcan distribution kits

MarinHealth Psychiatry

- Ambulatory psychiatry clinic located at 75 Rowland Way in Novato
 - Five consultation rooms
 - Two 10-12 person group room rooms with media/technology
 - Soothing reception area and space design
- Impact Since Opening (9/1/2021 – 6/30/2023)
 - **5741** patient encounters
 - **645** total unique patients
 - **5** established therapy groups
- Upcoming
 - Partnering with specialty services to provide support groups
 - Adding another child & adolescent provider in Fall 2023
 - Development of integrated behavioral health in primary care



Jessica Holliday, MD, MPH



Zachary Schwab, MD



Ted Vander Clute, LCSW



Jessie Stuhl, LCSW



Luisa Ward, LCSW

Service Line Growth

Adolescent Intensive Outpatient Program – Q1 2024

Target audience

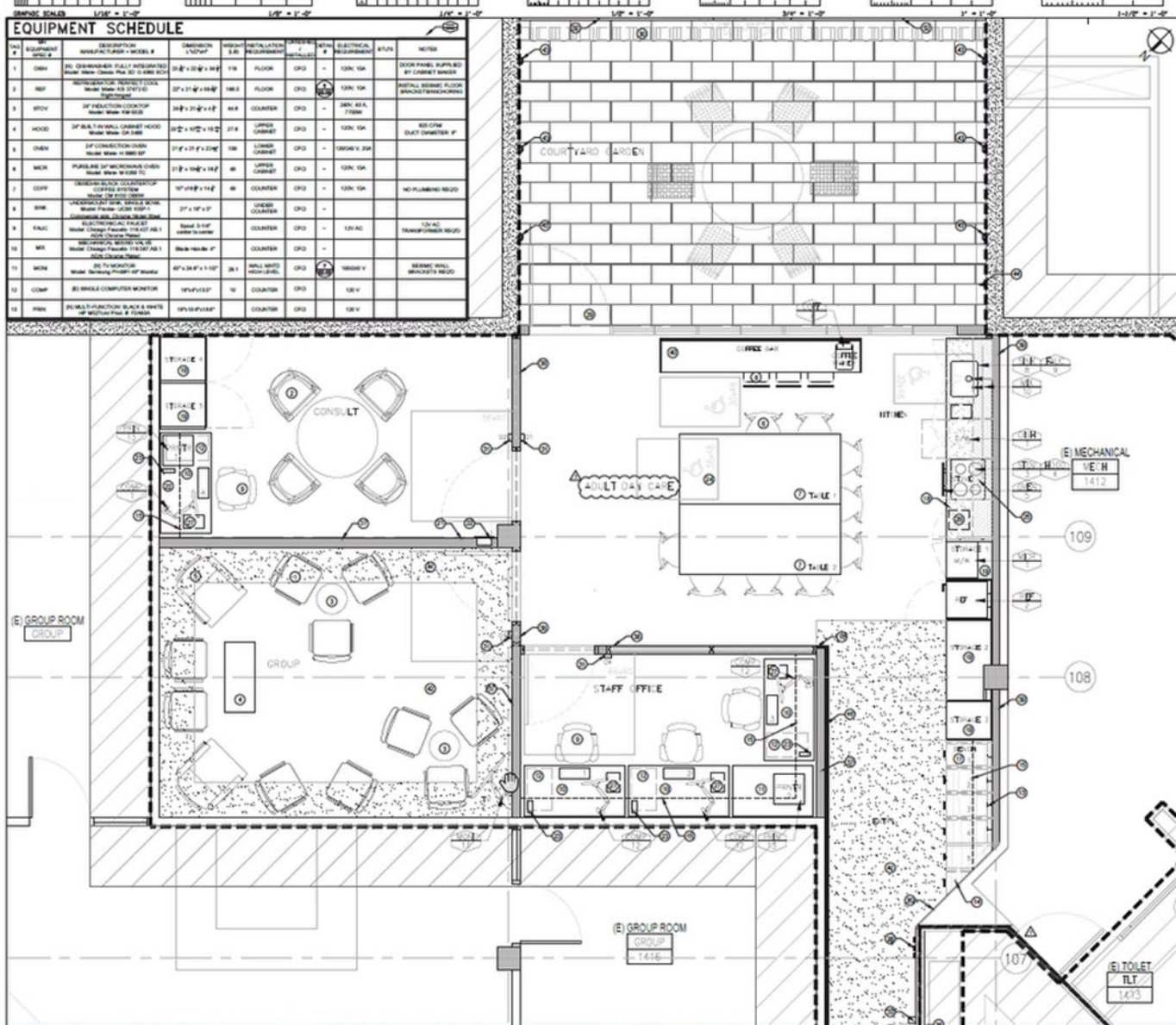
- 12-17 y.o. with a behavioral health diagnosis
- Dialectical behavior therapy model of care
- Outreach and liaison with local area schools

IOP Program

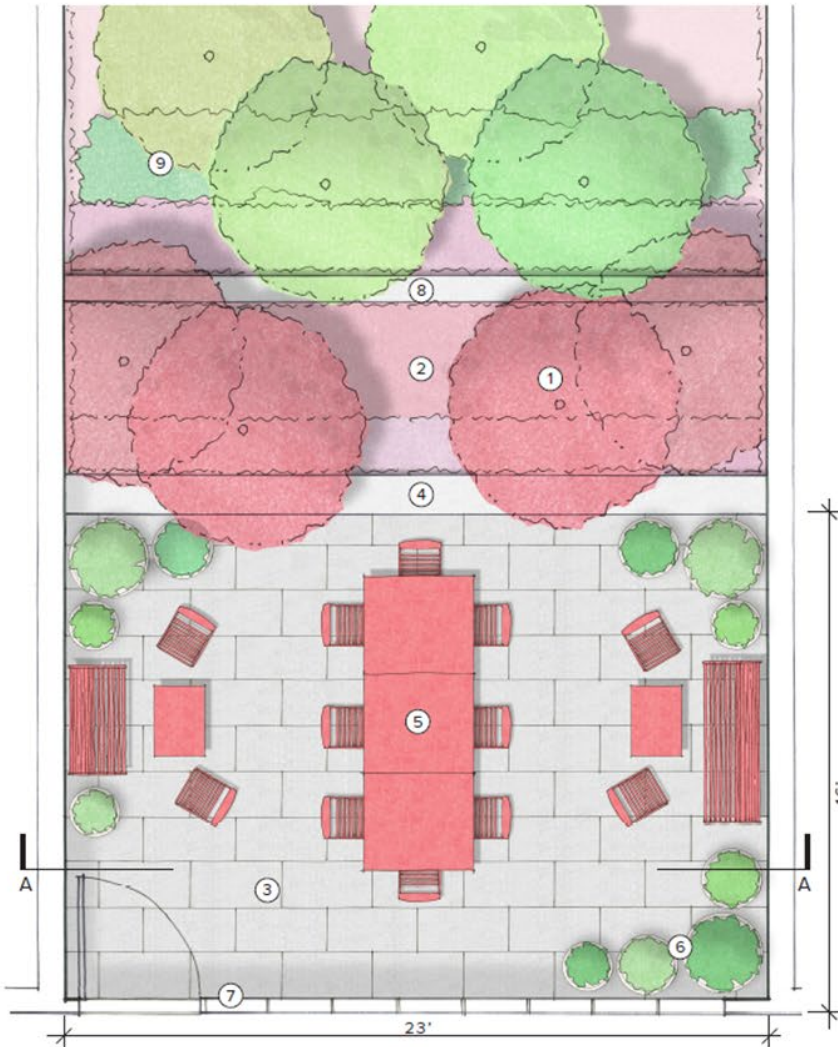
- Participants attend 1-3 afternoons/week; ~3 month LOS
- 8-12 participants/cohort capacity
- Potential to enroll 65-75 teens per year

Therapeutic Space

- Newly redesigned
- Safe and therapeutic environment
- Confidential meeting space for individual, group, and family therapy
- Soothing garden and patio space



THE SARLO FAMILY BEHAVIORAL HEALTH GARDEN COURTYARD
LANDSCAPE CONCEPT



Plan View

- ① ornamental shade grove with mix of small evergreen and deciduous trees
- ② vibrant/colorful understory plant palette incorporating reds/purples to emphasize contrasts in color
- ③ large precast concrete or stone pavers in running bond pattern
- ④ concrete seat wall/retaining wall with horizontal boardform finish (18" wide x 20" tall)
- ⑤ light/modern family of site furnishings (tables, chairs, benches) with bold powercoat color
- ⑥ circular ceramic planter pots with perennial groundcovers
- ⑦ Sarlo Family donor recognition plaque
- ⑧ low concrete terrace wall with finish to match seat wall
- ⑨ evergreen screening/privacy hedge



Section/Elevation A

Thank you

Tab 4



July 25, 2023

FY 2024 Operating Budget

Eric Brettner
CFO



FY 2024 Budget Assumptions - Receipts

- Rental Income
 - Increased 4.2% based on estimated 2023 CPI
- Lease Interest Revenue
 - GASB 87 Accounting rule change is now in effect
- Investment Earnings
 - Based on March, 2023 current yield
- Tax Revenue
 - In working with the County of Marin, we have calculated the amount to be \$15.1M in total for the 2015 and 2017 Bond Funds



FY 2024 Budget Assumptions - Expenses

- **Legal Fees** - expected expenses in 2024 based on estimates from internal legal counsel
- **Audit Fees** - 5% increase to FY2023 actuals. Fees are split 50/50 with Hospital
- **Board Comp and Board Expenses** - slight decrease from the FY2023 budget due to fewer anticipated meetings
- **Charitable Contributions** - \$6K + additional \$10K to be used at District Board's discretion
- **Advertising** - \$7K + additional \$10K to be used at District Board's discretion
- **Community Communications & Education** - assumed \$60K for events, \$50K for annual reports, and \$35K for completion of website
- **Depreciation** - based on current fixed assets related depreciation expenses
- **Mental Health Clinic Support** - assumed \$100K for year 3 of the 3 year (\$300K) commitment
- **Mental Health Program Support** - \$200K continued support pending District Board approval



FY 2024 Income Statement Budget

	1/1/23 through 5/31/23 (5 months)			No accounting change	GASB 87 Accounting Change	
	FY2023 Budget	To Date - Budget	To Date - Actual	Variance	FY2024 Budget	FY2024 Budget
Rental Revenue	\$ 629,599	\$ 268,713	\$ 260,702	\$ (8,010)	\$ 651,965	\$ 92,743
Lease Interest Revenue	-	-	-	-	-	565,066
Investment Earnings	63,862	26,609	89,874	63,265	179,697	179,697
Total Income	693,461	295,322	350,577	55,255	831,661	837,505
Legal Fees	60,000	25,000	18,864	6,136	50,000	50,000
Accounting Fees	24,000	10,000	8,464	1,536	27,500	27,500
Board Compensation	18,000	7,500	4,410	3,090	14,000	14,000
Board Expenses	25,000	10,417	787	9,629	20,000	20,000
Election Expenses	-	-	250	(250)	200,000	200,000
Charitable Contributions	46,000	19,167	-	19,167	16,000	16,000
Advertising	7,000	2,917	-	2,917	17,000	17,000
Community Education	70,000	29,167	0	29,167	145,000	145,000
Dues	12,000	5,000	5,000	-	12,000	12,000
MHMC Program Support	200,000	83,333	83,333	-	200,000	200,000
MHMN Program Support	90,000	37,500	37,500	-	100,000	100,000
Total Expense	552,000	230,000	158,608	71,392	801,500	801,500
Net Operating Income/(Loss) before Depr & Bond-Related	141,461	65,322	191,969	126,647	30,161	36,005
Depreciation Expense	11,910,028	4,962,512	4,950,248	12,263	11,878,774	11,878,774
Net Operating Income/(Loss) before Bond-Related	(11,768,567)	(4,897,190)	(4,758,280)	138,910	(11,848,613)	(11,842,769)
Bond-Related Revenue (Expense)						
Tax Revenue	15,808,220	6,586,758	6,586,758	-	15,101,308	15,101,308
Bond Fund Earnings	-	-	110,428	110,428	66,257	66,257
Bond Interest Expense	(14,262,758)	(5,942,816)	(5,949,447)	(6,631)	(14,219,642)	(14,219,642)
Net Income/(Loss)	\$ (10,223,105)	\$ (4,253,247)	\$ (4,010,541)	\$ 242,707	\$ (10,900,689)	\$ (10,894,845)



FY 2024 Balance Sheet Budget

	<u>12/31/2022</u>	<u>Expected 12/31/2023</u>	<u>Expected 12/31/2024</u>
Current Assets			
Cash	748,674	783,478	635,942
Investment	3,463,546	3,729,215	3,906,912
Tax Revenues Receivable	6,921,837	7,088,190	6,525,151
Prepaid Expenses	6,000	6,000	6,000
Total Current Assets	11,140,057	11,606,884	11,074,006
Property, plant, and equipment, net	397,683,703	387,706,132	376,817,020
Parking Garage, net	20,266,128	19,358,934	18,369,270
Assets Limited to Use - Building Funds	10,518,468	-	-
Assets Limited To Use - Sinking Funds	11,136,137	9,941,749	8,154,706
Deposits & Retainers	36,000	36,000	36,000
Total Non-Current Assets	439,640,436	417,042,815	403,376,996
Total Assets	450,780,493	428,649,698	414,451,003
Current Liabilities			
Accounts Payable	420	210	210
Interest Payable	6,356,291	6,340,375	6,003,789
Accrued Expenses	58,318	15,944	16,614
Other Current Liabilities	10,366,037	-	-
Related Party Payables	81,972	-	-
Current Bond Maturities	955,000	1,250,000	1,250,000
Total Current Liabilities	17,818,038	7,606,529	7,270,613
Bonds Payable	363,790,000	362,540,000	361,290,000
Bond Premium	22,607,217	21,630,789	20,654,361
Total Liabilities	404,215,255	391,777,318	389,214,974
Net Assets	56,792,572	46,565,238	36,872,380
Net (Loss)/Income	(10,227,334)	(9,692,858)	(11,636,351)
Total Net Assets	46,565,238	36,872,380	25,236,029
Total Liabilities and Net Assets	450,780,493	428,649,698	414,451,003



Questions?

Tab 5

Marin Healthcare District Corporate Portfolio

Statement of Investment Policy

Draft: As of July 2023

Marin Healthcare District

Statement of Investment Policy

Purpose and Scope

This Statement of Investment Policy (the “Policy”) governing the management of the investment assets held as a Corporate Portfolio, (the “Corporate Portfolio”) by or for the benefit of Marin Healthcare District (the “District”) is created to set forth the Corporate Portfolio’s investment objectives, allocate responsibility for the management and oversight of the Corporate Portfolio, provide the policy parameters within which assets are to be managed and against which the success of the investment function is to be evaluated, and ensure compliance with applicable rules and regulations

It is expected that all those involved in the management and oversight of the Corporate Portfolio will act in such a way as to enable the District, as best as possible, to attain the objectives stated in the Policy.

It is intended that the guidelines set forth in the Policy will be both sufficiently specific to be meaningful and flexible enough to be practical.

Marin Healthcare District

Statement of Investment Policy

Investment Goals & Philosophy

The MHD Board has determined that the assets in the Corporate Portfolio are to be invested, with due regard to preservation and growth of principal, as to maintain the liquidity needs of the District, as a supplement to other District's resources, to support the District's operations. It is the Board's expectation that this objective will be best met if the Corporate Portfolio is managed as a balanced portfolio consisting of, but not limited to, equity and fixed income securities.

Background

The purpose of the Policy is to set forth the guidelines whereby surplus funds are invested by the District in accordance with statutory guidelines and a prudent balance between Fund preservation, liquidity, and return on investment. As provided in Section 53600.3 of the Government Code, except as provided in subdivision (a) of Section 27000.3 of the Government Code, all governing bodies of local agencies or persons authorized to make investment decisions on behalf of those local agencies investing public funds pursuant to this chapter are trustees and therefore fiduciaries subject to the prudent investor standard. When investing, reinvesting, purchasing, acquiring, exchanging, selling, or managing public funds, a trustee shall act with care, skill, prudence, and diligence under the circumstances then prevailing, including, but not limited to, the general economic conditions and the anticipated needs of the agency, that a prudent person acting in a like capacity and familiarity with those matters would use in the conduct of funds of a like character and with like aims, to safeguard the principal and maintain the liquidity needs of the agency. Within the limitations of this section and considering individual investments as part of an overall strategy, investments may be acquired as authorized by law.

Definition of Duties

The Marin Healthcare District (MHD) Board & The Finance and Audit Committee

The MHD Board is responsible for broad fiduciary oversight of the District's investments. In exercising that oversight role, the Board has determined that it is appropriate that the MHD Board delegate to the MHD Finance and Audit Committee to assist the MHD Board in formulating appropriate investment policies, in selecting an Investment Advisor and Investment Managers, and in overseeing the investment of the assets held in the Corporate Portfolio. The MHD Board and the Finance and Audit Committee have adopted this Policy as the statement of intent for achieving the District's investment objectives. The MHD Board and the Finance and Audit Committee have the responsibility to:

- Review this Policy at least annually and adopt modifications to this Policy as appropriate.
- Approve the investment policy statement and any future revision of the statement.

Marin Healthcare District

Statement of Investment Policy

- Approve the engagement of an Investment Advisor, including the terms of the Investment Advisor's retention and the scope of activities to be delegated to the Investment Advisor.
- Consider and approve recommendations from the Investment Advisor on Asset Allocation and other strategic matters related to the investment portfolio.
- Implement the hiring and termination of Investment Advisor, whether directly or through an agreement held by an affiliate.
- Develop criteria for the review of the Investment Advisor's performance, conduct that review annually and as otherwise necessary and report the results of any such review to the Board.
- With the Investment Advisor, monitor and evaluate the performance of the Corporate Portfolio including the expenses of managing the Corporate Portfolio at least quarterly and on an ongoing basis.

In carrying out its responsibilities, the MHD Board may delegate the above duties to the Finance and Audit Committee which will make periodic reports to the MHD Board.

The Financial Officer

The District's Chief Financial Officer, in consultation with the Finance and Audit Committee and the Investment Advisor(s), is responsible for the financial management and enforcement of the investment assets within the context of the Policy. In addition, they will:

- Assure proper custody of the investments
- Negotiate contracts related to investments
- Monitor investment expense

The Investment Advisor

The Investment Advisor has the responsibility to manage the investment funds given a set of asset allocation targets within asset allocation ranges of the portfolio and assist the Finance and Audit Committee and Board in fulfilling their responsibilities for the oversight of the Corporate Portfolio. In exercising its duties, the Investment Advisor will be expected to act in good faith and with the care that an ordinarily prudent person would exercise in managing his or her own assets under similar circumstances.

The Investment Advisor will be expected to take into account not only general economic conditions (including, without limitation, rates of current and expected inflation) and their possible effects upon investment performance, but also whether particular asset classes, and specific assets within those asset classes, will further the District's overall investment strategy, including the risk and return parameters set forth in this Policy.

Marin Healthcare District

Statement of Investment Policy

The Investment Advisor has the responsibility to:

- Assist in the development and revisions, as needed, of the Investment Policy statement, which will include, investment policies, guidelines and objectives for the District's assets, and asset allocation targets and ranges.
- Review, hire and terminate investment managers.
- Review, monitor, and adjust allocation among investment managers within the constraints of the Investment Policy Statement for Asset Allocation.
- Work with the custodian and respective managers to implement cash flow requirements, rebalances, and other investment decisions.
- At least annually and more frequently as necessary, provide the Finance and Audit Committee with performance measurement and evaluation reports for each Investment Manager and for the overall Portfolio's, which shall include:
 - The overall performance results in relation to stated objectives and policy guidelines and specifically in relation to the relevant custom policy index designed for the Portfolio's as defined under "Investment Guidelines and Performance Criteria" below.
 - For Individual Investment Managers,
 - Performance results in relation to stated objectives and policy guidelines, including both rates of return and an examination of the risk an Investment Manager assumed to achieve that return.
 - Comparison of each Investment Manager's performance against their respective benchmarks and peers.
- At least quarterly and otherwise as necessary, review with the Finance and Audit Committee general economic and market conditions or situations and their possible effect on the future performance of the Portfolio's.
- Assist in the selection of one or more trustees, custodians, or administrators if necessary.
- Provide appropriate support to the District's internal staff in their work in maintaining and safeguarding the assets in the Portfolio.

The Investment Managers

Each investment Manager will be expected to act in good faith and to invest the District's assets entrusted to it in the manner described in materials defining the investment philosophy of such Investment Manager. So long as the Investment Manager acts in accordance with its stated investment philosophy, it will have full discretion and authority as to the manner in which it executes that investment strategy, including security selection and the timing of purchases and sales of securities.

Investments held in separate accounts will be held to the investment guidelines for such accounts established by the Finance and Audit Committee, with the advice of the Investment Advisor.

Marin Healthcare District

Statement of Investment Policy

Investments made through a mutual fund governed by the Investment Advisers Act of 1940 will be considered a liquid investment even if the underlying strategy does not fit into a traditional equity or fixed income strategy. Mutual funds and commingled funds shall be held to the specific guidelines of their respective prospectuses.

The investment performance, net of fees, of the portion of the Portfolio managed by each Investment Manager will be measured quarterly and on an ongoing basis against a market index determined by the Investment Advisor and approved by the Finance and Audit Committee.

The Custodians

The Custodians have possession of securities for safekeeping, for settlement of trades and for the collection of income. In addition, the Custodians process contributions and withdrawals, and provide comprehensive monthly statements for each investment in the Corporate Portfolio subject to their control. Each Custodian will be expected to:

- Provide means and procedures to each Investment Manager for the voting of proxies.
- Meet with the Investment Advisor and the staff of the District, as required, to address custodial issues that may be of concern.

Investment Guidelines and Performance Criteria

General

The Board has determined that the assets in the Corporate Portfolio are to be invested, with due regard to preservation and growth of principal, as a balanced portfolio consisting of, but not limited to, equity and fixed income securities.

Investment performance of the Portfolio is to be measured over rolling three- to five-year periods. In addition, the aim is that, on an annualized basis, the performance of the Portfolio's should exceed the Policy Index approved by the Finance and Audit Committee from time to time, as reflected in a resolution adopted at a duly constituted meeting of the Finance and Audit Committee and approved by the Board. As of the date of adoption of this Policy, the Policy Index is set forth in Appendix A.

In managing to achieve the desired returns, it is the intention of the Finance and Audit Committee that the Investment Advisor provide for an allocation of funds in the Corporate Portfolio so as to limit the overall risk of the Portfolio's to a level not to exceed that of a basket of assets mirroring the Policy Index in effect from time to time. Funds will only be invested in instruments in which local agencies are permitted to invest pursuant to Section 53601, et seq., of the Government Code.

Marin Healthcare District

Statement of Investment Policy

Socially Responsible Investing:

It is the Board's desire that MHD's investment program reflect MHD's values. The investment program will seek to invest in companies with strong track records of corporate responsibility and minimize holdings in companies as described in Appendix C.

Asset Allocation

The allocation of assets held in the Portfolio's should be consistent with the objectives of return and risk established by the Finance and Audit Committee and the Board from time to time. These policies, which consider the historic relationships of return and risk among asset classes, are designed to provide the highest probability of meeting or exceeding the Portfolio's return objectives, while limiting risk to the extent practicable.

The table in Appendix B indicates the allowable ranges for each of the major asset categories. Changes in policy ranges may occur as a result of changing market conditions or anticipated changes in the District's needs. While the policy ranges will be reviewed on a regular basis, the Board believes that the need to deviate from the policy ranges would arise infrequently. Any changes in the policy ranges will be evidenced by resolutions adopted by the Finance and Audit Committee and the Board and delivered to the Investment Advisor. See Appendix B.

Rebalancing

To maintain the risk and return characteristics of the Portfolio established by the Board, the Investment Advisor will rebalance the portfolio towards target allocations when contributions to or distributions from the Portfolio are made or when the asset class allocations have fallen outside the allowable ranges established within these guidelines.

Liquidity

The Investment Advisor will be expected to maintain adequate cash reserves to accommodate regular operational needs. While the total Portfolio may include investments that have less than daily liquidity, it is expected that the overall Portfolio will have enough liquidity to (a) provide for the District's expected draws to support the District's operations in both normal and difficult market conditions, and (b) allow for the reallocation of assets to areas of opportunities that may present themselves as a result of changes in market conditions or otherwise.

Marin Healthcare District

Statement of Investment Policy

Investment Manager Fees; Transaction Costs

In recommending individual Investment Managers, the Investment Advisor will be expected to take into account, among the factors to be considered in evaluating the Investment Manager's suitability, the fees charged by such Investment Manager, including any transaction costs to be borne by the District. It is expected that transaction costs will be minimized to the extent practicable.

Benchmarking:

The Board recognizes that an Investment Manager's performance is best measured over a full market cycle. In general terms, the performance of Investment Managers is expected to deviate from their benchmark during any quarter or annual period, but Investment Managers will be expected to outperform their respective benchmarks over rolling 3- to 5- year periods. The benchmark against which any Investment Manager's performance is to be measured will be determined by the Investment Advisor and approved by the Finance and Audit Committee.

Asset Classes

Equities

The purpose of the equity investments, both domestic and international, is to provide capital appreciation, growth of income and current income. This asset class carries the assumption of greater market volatility and increased risk of loss, but also provides a traditional approach to meeting portfolio total return goals. This component includes domestic and international common stocks, American Depository Receipts (ADRs) and other equity securities traded on the world's stock exchanges or over-the-counter markets.

The allocation to domestic large cap equity will be passively invested in index funds. Active management maybe utilized for the U.S. small and mid-cap equity allocation. The investment objective for the domestic equity composite is to outperform the Russell 3000 Index over a normal investment cycle.

The investment objective for the international (developed and emerging) markets equities is to outperform the MSCI ACWI ex US Index over a normal investment cycle.

Fixed Income Securities

The purpose of the fixed income segment is to provide a hedge against deflation, provide a stable component of return, and to minimize the overall volatility of the fund.

The fixed income asset class includes the fixed income markets of the US and the world's other economies. It includes but is not limited to US Treasury and government agency bonds, US and non-US dollar denominated securities, public and private corporate debt, mortgage and asset-backed securities, non-investment grade debt and currencies. Also included are money market instruments

Marin Healthcare District

Statement of Investment Policy

such as commercial paper, certificates of deposit, time deposits, bankers' acceptances, repurchase agreements, and US Treasury and agency obligations. Recommending Investment Managers to manage the fixed income portion of the Portfolio, the Investment Advisor shall take into consideration credit quality, sector, duration, and issuer concentrations in selecting an appropriate mix of fixed income securities. It is expected that Investment Managers managing the Portfolio's fixed income assets will manage those assets actively, so as to be able to pursue opportunities presented by changes in interest rates, credit ratings and maturity premiums.

The allocation to investment strategies will be managed to maintain an average intermediate duration at the level of the overall fixed income segment.

The investment objective for the total fixed income segment is to outperform the Barclays Global Aggregate Bond index over a normal investment cycle.

Cash Equivalents

The percentage of total assets allocated to cash equivalents should provide enough liquidity to support general operational expenses.

Cash equivalents may include a selection of high-quality money market instruments such as U.S. Treasury bills, commercial paper, certificates of deposit [as well as bank Short Term Investment Funds (STIFs)].

Derivatives

Derivatives are financial instruments that derive their value from the value of some underlying security or asset. Derivative instruments may be used in lieu of physical securities when the derivatives offer greater liquidity (lower transaction costs) or greater precision for the purpose of managing a portfolio's market or security exposure, duration, yield curve exposure, credit risk or prepayment risk. Derivatives will be used primarily to hedge or reduce risk, but they may also be used to increase exposure to a market factor or portfolio attribute if that desired exposure is not easily obtainable via physical securities.

The Board recognizes that certain of the Investment Managers selected by the Investment Advisor may utilize derivatives as part of their investment strategies. It is the Board's expectation that the Investment Advisor will carefully review the extent to which any Investment Manager employs derivatives, with due regard to appropriate limitations on the extent to which they are used and the care employed by the Investment Manager in determining the characteristics of any particular derivative, including without limitation duration, counterparty credit quality, asset concentration, etc. Any derivatives used must be highly liquid and have an active secondary market. Derivatives may be used when they offer a more efficient means to manage the portfolio, but they are not to be used for the sole purpose of yield enhancement.

Guidelines for acceptable derivatives instruments and limitations on their use are directly applicable for separate accounts. If commingled funds or mutual funds are utilized, it is recognized that the fund's prospectus will govern the management of the fund. These guidelines then become relevant in fund selection.

Marin Healthcare District

Statement of Investment Policy

Appendix A

Total Fund	Policy Index	Universe
District Corporate	11% Russell 3000/9% MSCI ACWI Ex. US/80% Barclays Global AGG	N/A

Appendix B

Asset Class	Minimum %	Maximum %
Equity	0%	30%
Fixed Income	0%	100%
Cash	0%	25%

Marin Healthcare District

Statement of Investment Policy

Appendix C – Socially Responsible Investing

The purpose of the investments of MHD is to provide for the security of the funds and to optimize return on them. At the same time, MHD wants the investment decisions to support the values of MHD. Therefore, we wish to minimize investments in companies which:

- Engage in the manufacturing of materials or weapons that would likely destroy human life.
- Engage in the manufacturing of tobacco products.

Marin Healthcare District

Statement of Investment Policy

Acknowledged & Agreed

The Investment Policy Statement has been reviewed and approved by the Trustees of the plan assets. Should the Trustees believe at any time that changes, additions, or deletions to this statement are advisable, it shall be his/her full responsibility to recommend them to the Investment Advisor.

APPROVED by the FO of Marin Health

By: _____ Date: _____

Eric Brettner, CFO

By acknowledging in writing the receipt of this statement, Canterbury Consulting agrees to its terms and conditions. Should the Investment Advisor believe at any time that changes, additions, or deletions to this statement are advisable, it shall be their full responsibility to recommend them to the Trustees.

Investment Advisor (Canterbury Consulting)

By: _____ Date: _____

D. Robinson Cluck, Chairman

By: _____ Date: _____

Poorvi Parekh, Director of Outsourced Investments

Tab 6



MarinHealth Medical Center

Performance Metrics and Core Services Report

Q1 2023

August 1, 2023

MarinHealth Medical Center (Marin General Hospital)

Performance Metrics and Core Services Report: Q1 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: Q1 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 2021 Form 990 was filed on November 10, 2022.



EXECUTIVE SUMMARY

Q1 2023 HCAHPS

Time Period

Q1 2023 HCAHPS Survey with CMS Benchmarks

Accomplishments

- Nurse and Doctor Respect above 50thp
- Responsiveness: Bathroom Help above 50thp
- Medication Explanation above 90thp
- Environment Cleanliness above 50thp
- 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
 - Hispanic scores are weighted negatively

Data Summary

Sample size= 376, (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

MHMC Performance Metrics and Core Services Report

Q1 2023

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		
	Achievement	Percentile	Benchmark	Jan 23	Feb 23	Mar 23
Nurses	79.42	84.03	87.71	65.95	65.40	66.51
Nurse Respect				84.75	75.76	81.30
Nurse Listen				72.88	73.68	73.39
Nurse Explain				67.52	74.05	72.13
Doctors	79.83	84.35	87.97	65.28	69.88	70.25
Doctor Respect				77.12	83.46	83.74
Doctor Listen				70.34	72.73	75.61
Doctor Explain				71.79	76.87	74.80
Responsiveness	65.52	74.24	81.22	53.09	51.24	57.05
Call Button				56.31	58.77	62.62
Bathroom Help				70.27	64.10	71.88
Medicines	63.11	69.19	74.05	44.80	44.40	47.36
Med Explanation				69.23	70.59	74.58
Med Side Effects				46.77	44.62	46.55
Environment	65.63	73.41	79.64	58.38	58.97	53.41
Cleanliness				69.57	78.20	64.75
Quiet				66.09	58.65	60.98
Discharge Info	87.23	90.00	92.21	83.32	84.08	82.80
Help After Discharge				83.33	84.55	81.74
Symptoms to Monitor				90.91	91.20	91.45
Care Transition	51.84	58.36	63.57	36.36	36.18	38.95
Care Preferences				34.29	36.29	39.17
Responsibilities				43.24	43.51	46.61
Medications				53.76	50.93	53.26
Overall Rating	71.66	79.29	85.39	58.02	69.49	70.04
Would Recommend				65.11	67.36	67.52
Surveys				118	134	124

MHMC Performance Metrics and Core Services Report

Q1 2023

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				
EBIDA %	4.90%	8.90%				
Loan Ratios						
Annual Debt Service Coverage	3.16	2.59				
Maximum Annual Debt Service Coverage	2.35	2.22				
Debt to Capitalization	53.8%	53.1%				
Key Service Volumes	Total 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Total 2023
Acute discharges	9,578	2,578				2,578
Acute patient days	49,345	13,532				13,532
Average length of stay	5.23	5.25				5.25
Emergency Department visits	37,084	9,457				9,457
Inpatient surgeries	1,568	466				466
Outpatient surgeries	5,709	1,518				1,518
Newborns	1,407	323				323

MHMC Performance Metrics and Core Services Report Q1 2023

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

Q1 2023 Quality Management Dashboard

(Organization Targets Based on Natl Metrics)

Time Period

Q1 2023 most recent of four rolling quarters (far right)

Accomplishments

- Sepsis Mortality rate .77
- Overall Readmissions 9.27, AMI Readmissions 3.51
- Stroke, Sepsis, Pneumonia Readmission rates below 2022 average
- LOS: Hrt Failure, Sepsis lower than previous qtrs.
- Infection rates 0: CAUTI, CLABSI
- HAPI, PSI-90 improved

Areas for Improvement or Monitoring

- Stroke mortality
- Readmission rates: Hrt Failure
- Length of Stay (LOS): overall LOS, Stroke, Pneumonia
- SEP bundle compliance

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, SEP, Throughput



Quality Management Dashboard
Period: Q1 2023

Legend

Value > Target	
Value > 2022 but < Target	
Value < Target < 2021	

Metrics: Adult Medical/Surgical High Volume DRGs	Reporting	Target*	2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023
Mortality-All Cause (Risk Adjusted O:E)	O:E Ratio	<1.0	0.76	0.76	0.73	0.88	0.85
Mortality-Acute Myocardial Infarction	O:E Ratio		0.00	0.00	0.00	0.00	0.46
Mortality-Heart Failure	O:E Ratio		0.31	0.26	0.00	1.02	0.65
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	0.83	1.07	1.61	2.44
Mortality- Sepsis	O:E Ratio		0.79	0.87	0.60	0.95	0.77
Mortality- Pneumonia	O:E Ratio		0.61	0.85	0.00	1.54	0.78
Readmission- All (Rate)	Rate	<15.5%	10.34	10.15	10.95	8.98	9.27
Readmission-Acute Myocardial Infarction	Rate		10.94	9.09	10.87	14.89	3.51
Readmission-Heart Failure	Rate		15.23	11.43	16.94	18.18	17.76
Readmission- Hip	Rate		6.06	14.29	0.00	0.00	0.00
Readmission- Knee	Rate		0.00	0.00	0.00	0.00	8.33
Readmission- Stroke	Rate		10.24	10.17	9.09	0.00	3.45
Readmission- Sepsis	Rate		16.91	19.48	18.47	10.89	13.00
Readmission- Pneumonia	Rate		11.76	8.89	13.95	9.52	7.78
LOS-All Cause	Mean	4.90	4.90	4.72	4.91	4.98	5.00
LOS-Acute Myocardial Infarction	Mean		4.90	3.64	4.58	6.43	4.15
LOS-Heart Failure	Mean		5.70	6.24	5.44	5.92	4.20
LOS- Hip	Mean		3.30	3.71	2.86	3.60	4.20
LOS- Knee	Mean		2.30	2.70	1.33	2.31	2.40
LOS- Stroke	Mean		4.53	4.02	4.38	4.84	5.60
LOS- SEPSIS	Mean		11.16	11.82	11.20	10.99	9.82
LOS- Pneumonia	Mean		6.40	4.92	6.60	6.51	7.40
Metrics: HAIs, Sepsis, Harm Events	Reporting	Target**	2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023
CAUTI (SIR)	SIR	<1.0	1.21	0.00	0.73	2.43	0.00
Hospital Acquired C-Diff (CDI)	SIR	<1.0	0.5	0.57	0.29	0.90	0.00
Surgical Site Infection (Superficial)	# Infections	TBD	7	2	3	1	1
Surgical Site Infection (Deep, Organ Space and J)	# Infections	TBD	7	2	1	2	1
Sepsis Bundle Compliance	% Compliance	63%^	54%	57%	48%	57%	46%
Hospital Acquired Pressure Injury (HAPI)	# HAPI	<=1	1	0	0	0	0
Patient Falls with Injury	# Falls	<=1	1	1	0	0	1
PSI 90 / Healthcare Acquired Conditions	Ratio	<1.0	1.39	0.30	1.58	1.38	0.90
Serious Safety Events	# Events	<=1	0	0	0	0	1

* Targets are <1.0 for ratios or Midas Datavision Median
 ** Target <1.0 SIR (Ratio) or Number needed to achieve Natl Benchmark Ratio/Rate
 ^ Target = California Median rate

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



EXECUTIVE SUMMARY

Q1 2023 Core Measures Dashboard

CMS Hospital IQR (Inpatient Quality Reporting) Program

Time Period

Q1 2023- publicly reported metrics (contributing to Star Rating)

Accomplishments

- STK-4 Thrombolytic Therapy: Q4 100% (2/2)
- Perinatal measures: complications are low, breastfeeding higher than avg
- Psychiatric Measures (HBIPS): at or better than CMS target
- ED Outpatient Median ED time (OP-18b), Improved
- CLABSI, SSI, MRSA 0%, CAUTI SIR better than expected rate
- PSI-90 better than expected rate

Areas for Improvement or Monitoring

- Sepsis bundle (SEP) 46% of 71 patients, PI project in process
- New 2022 HBIPS: Tobacco Use documentation not being captured by ApeX per updated standard yet (12 or fewer patients),
- New 2022 HBIPS: Transition record Elements (119 patients) not captured by APEX yet. Project in process

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

Hospital Inpatient Quality Reporting Program Measures

	METRIC	CMS**	2022	Q1 -2023	Q2 -2023	Q3 -2023	Q4-2023	Q1-2023 Num/Den	Rolling 2023 YTD	2023 YTD Num/Den
◆ Stroke Measures										
STK-4	Thrombolytic Therapy	100%	88%	100%				2/2	100%	2/2
◆ Sepsis Measure										
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	58%	53%	46%				33/71	46%	33/71
◆ Perinatal Care Measure										
PC-01	Elective Delivery +	2%	2%	0%				0/13	0%	0/13
PC-02	Cesarean Section +	TJC	21%	16%				21/130	16%	21/130
PC-05	Exclusive Breast Milk Feeding	TJC	80%	82%				50/61	82%	50/61
◆ ED Inpatient Measures										
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients +	99	147.00	132.00				182-Cases	132.00	769-Cases
◆ Psychiatric (HBIPS) Measures										
IPF-HBIPS-1	Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed	TJC	96%	100%				101/101	100%	101/101
IPF-HBIPS-2	Hours of Physical Restraint Use +	0.12	0.15	0.00				0.00	0.15	N/A
IPF-HBIPS-3	Hours of Seclusion Use +	0.02	0.11	0.0220				0.02	0.11	N/A
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	77%	77%	100%				6/6	100%	6/6
◆ Substance Use Measures										
SUB-2	2-Alcohol Use Brief Intervention Provided or offered	65%	63%	100%				10/10	100%	10/10
SUB-2a	Alcohol Use Brief Intervention	76%	50%	100%				10/10	100%	10/10
◆ Tobacco Use Measures										
TOB-2	2-Tobacco Use Treatment Provided or Offered	72%	71%	77%				10/13	77%	10/13
TOB-2a	2a-Tobacco Use Treatment	42%	67%	33%				4/12	33%	4/12
TOB-3	3-Tobacco Use Treatment Provided or Offered at Discharge	57%	25%	50%				3/6	50%	3/6
TOB-3a	3a-Tobacco Use Treatment at Discharge	18%	25%	33%				2/6	33%	2/6
	METRIC	CMS**	2022	Q1 -2023	Q2 -2023	Q3 -2023	Q4-2023	Q1-2023 Num/Den	Rolling 2023 YTD	Rolling Num/Den
◆ Transition Record Measures										
TRSE	Transition Record with Specified Elements Received by Discharged Patients	67%	55%	0%				0/119	0%	0/119
◆ Metabolic Disorders Measure										
SMD	Screening for Metabolic Disorders	Benchmark To Be Established	89%	90%				71/79	90%	71/79
◆ Influenza Immunization										
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	Q1 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				90-Cases	173.00	90-Cases
◆ Outpatient Stroke Measure										
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	69%	86%	100%				3/3	100%	3/3
◆ Endoscopy Measures										
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	91%	85%	100%				35/35	100%	35/35

**CMS National Average + Lower Number is better

◆ 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-Hyat	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
Page 13 of 17	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			
	Catheter Associated Urinary Tract Infection (CAUTI)	1.21	0.00			
◆ 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			
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia (Rate per	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	0.90
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	Postoperative Hip Fracture		0.00	0.29	0.13	0.48
PSI-9	Perioperative Hemorrhage or Hematoma		2.19	2.67	2.08	2.67
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	6.10
PSI-12	Peri Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)		2.13	8.74	6.59	4.93
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

♦ 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%	6.25%
MORT-30-HF	Heart Failure Mortality Rate		5.88%	7.90%	1.20%	3.70%
MORT-30-PN	Pneumonia Mortality Rate		7.10%	8.42%	7.09%	2.27%
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%	5.55%
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%	8.66%
	Acute Myocardial Infarction Readmission Rate		11.24%	11.27%	8.75%	4.55%
	Heart Failure Readmission Rate		16.67%	12.04%	11.36%	9.26%
	Pneumonia (PN) 30 Day Readmission Rate		14.94%	5.68%	11.94%	6.25%
	Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate		11.11%	13.04%	9.68%	15.38%
	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)		0.97	0.97	0.98	0.98
	METRIC		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

*** National Average + Lower Number is better

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

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

+ Lower Number is better

MHMC Performance Metrics and Core Services Report

Q1 2023

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				26,250
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 Community Clinics	63,000				63,000
MHD 1206B Clinics	7,484,108				7,484,108
NAMI Marin	10,500				10,500
North Marin Community Services	10,500				10,500
Operation Access	10,500				10,500
Ritter Center	26,250				26,250
RotaCare Free Clinic	15,750				15,750
San Geronimo Valley Community Center	10,500				10,500
Spahr Center	10,500				10,500
St. Vincent de Paul Society of Marin	5,250				5,250
West Marin Senior Services	10,500				10,500
Total Cash Donations	7,935,608				7,935,608
Compassionate discharge medications	14,182				14,182
Meeting room use by community-based organizations for community-health related purposes	0				0
Healthy Marin Partnership	1,916				1,916
Food donations	19,349				19,349
Total In Kind Donations	35,447				35,447
Total Cash & In-Kind Donations	7,971,055				7,971,055

MHMC Performance Metrics and Core Services Report

Q1 2023

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	19,565				19,565
Health Professions Education	777,808				777,808
Cash and In-Kind Contributions	7,971,055				7,971,055
Community Benefit Operations	2,234				2,234
Community Building Activities	0				0
Traditional Charity Care *Operation Access total is included	5,814				5,814
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	11,153,588				11,153,588
Community Benefit Subtotal (amount reported annually to State & IRS)	19,930,064				19,930,064
Unpaid Cost of Medicare	23,481,312				23,481,312
Bad Debt	199,831				199,831
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u>	43,611,207				43,611,207

Operation Access					
<p>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.</p>					
	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Total 2022
*Operation Access charity care provided by MGH (waived hospital charges)	(116,208)				(116,208)
Costs included in Charity Care	0				0

MHMC Performance Metrics and Core Services Report Q1 2023

Schedule 5: Nursing Turnover, Vacancies, Net Changes

➤ **Tier 2, Physicians and Employees**

The MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.

Turnover Rate				
Period	Number of Clinical RNs	Separated		Rate
		Voluntary	Involuntary	
Q1 2022	538	21	2	4.28%
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%

Vacancy Rate							
Period	Open Per Diem Positions	Open Benefitted Positions	Filled Positions	Total Positions	Total Vacancy Rate	Benefitted Vacancy Rate of Total Positions	Per Diem Vacancy Rate of Total Positions
Q1 2022	16	89	538	643	16.33%	13.84%	2.49%
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%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
Q1 2022	21	23	(2)
Q2 2022	48	23	25
Q3 2022	36	30	6
Q4 2022	51	36	15
Q1 2023	34	22	12

MHMC Performance Metrics and Core Services Report Q1 2023

Schedule 6: Ambulance Diversion

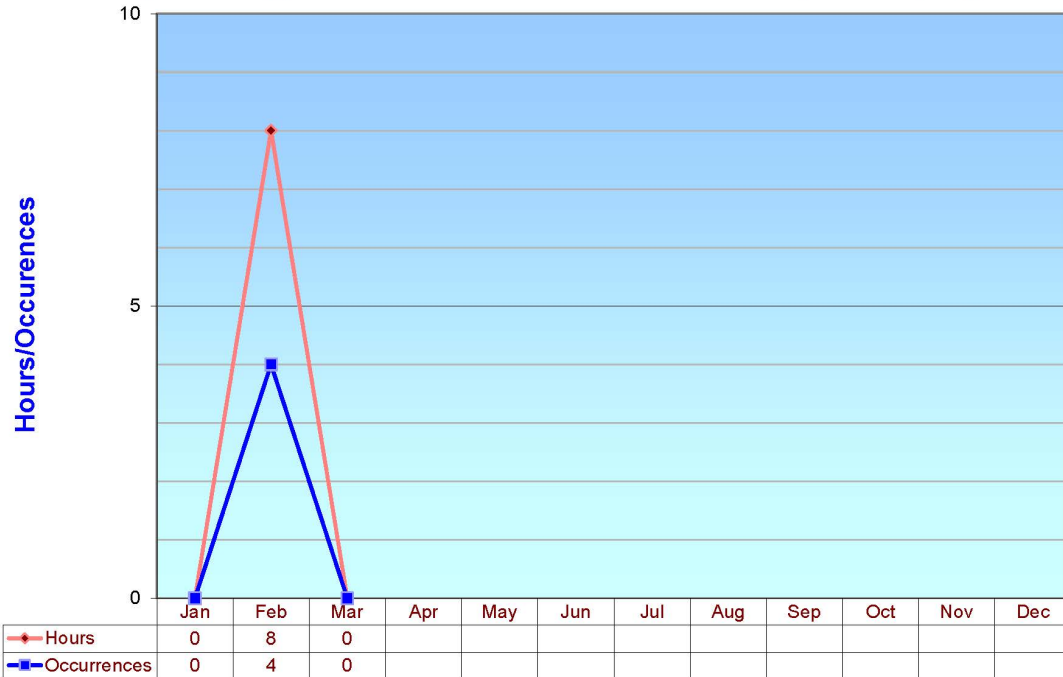
➤ **Tier 2, Volumes and Service Array**

The MGH Board will report on current Emergency services diversion statistics.

Quarter	Date	Time	Diversion Duration	Reason	Waiting Room Census	ED Admitted Patient Census
Q1 2023	Feb 1	22:01	2'00"	ED	10	7
	Feb 4	12:20	2'00"	ED	18	6
	Feb 8	16:29	2'00"	ED	15	3
	Feb 25	15:12	2'00"	ED	22	4

2023 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)*



Tab 7

Quality & Patient Safety

ANCC Magnet Designation

Lynn Seaver-Forsey PhD RN CPHQ CPPS

ANCC Magnet Designation Program

MISSION: The Magnet Recognition Program will continually elevate patient care around the world in an environment where nurses, in collaboration with the interprofessional team flourish by setting the standard for excellence through leadership, scientific discovery and dissemination and implementation of new knowledge.

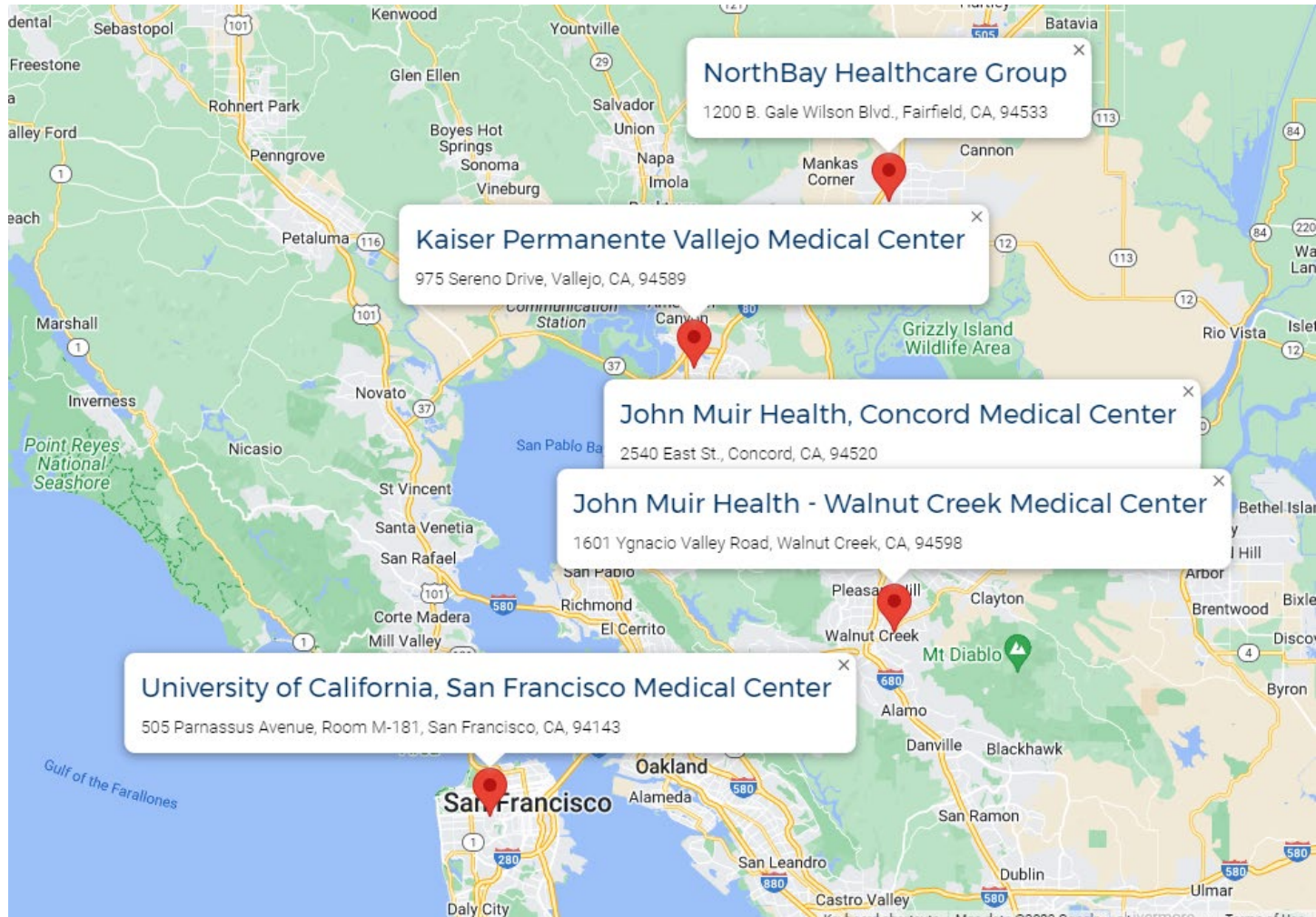
- Current Number of Magnet Facilities: 612
- As of April 2023, 10% of hospitals in the US are designated Magnet.

Source: The American Hospital Association's metric 'Total Number of All U.S. Hospitals' as denominator.

**Denominator is currently 6,093 hospitals.*

**599 Magnet hospitals in the US as of April 2023 13 internationals.*

ANCC Magnet Hospitals Nearby



<https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization/>
accessed 8.3.2023

Magnet Recognition Benefits

Quality and Safety

- Higher adoption of National Quality Forum safe practices⁷;
- Lower overall missed nursing care⁸;
- Higher support for evidence-based practice implementation⁹;
- Higher nurse-perceived quality of care¹⁰⁻¹²; and
- Higher patient ratings of their hospital experience¹³⁻¹⁶.

Patient Outcomes

- Lower mortality rates¹⁷⁻²²;
- Lower failure-to-rescue^{19,21};
- Lower patient fall rates²³⁻²⁴;
- Lower nosocomial infections²⁰;
- Lower hospital-acquired pressure ulcer rates²⁵; and
- Lower central line-associated bloodstream infection rates²⁶.

Cost advantages in Magnet organizations include:

- Lower RN turnover⁵⁻⁶;
- Lower length of stay^{17,22}; and
- Higher net inpatient income²⁷.

<https://www.nursingworld.org/organizational-programs/magnet/about-magnet/why-become-magnet/>

Business Case for ANCC Magnet Designation

- ANCC Magnet Designation as core strategy to address nursing turnover
 - 62% of US Hospitals have RN turnover > 7.5% (2021)
 - Replacement costs have negative impact on hospital expenses (multi millions annually)
 - Work environment impacts key factors leading to lower costs:
 - Nursing turnover, intent to stay, burnout
 - Patient Safety and Quality
 - Patient outcomes
 - Patient satisfaction
 - ROI (Return on Investment):
 - Reduced Agency RN Use (\$ 3 million per 20 RNs)
 - Prevented Falls (\$34,294 per fall)
 - Avoided Urinary Catheter Infection (\$13,793)
 - Avoided Central Line Infection (\$48,108)
 - Increased adjusted net income of \$104-\$127 per discharge

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9415212/pdf/jona-52-452.pdf> accessed 8.3.23