

# MARIN HEALTHCARE DISTRICT

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**TUESDAY, FEBRUARY 11, 2025**  
**BOARD OF DIRECTORS**  
**5:30 PM: REGULAR OPEN MEETING**

**Board of Directors:**

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

**Staff:**

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

**Location:**

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

**Public option: Zoom video:**

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

**AGENDA**

	<u>Presenter</u>	<u>Tab #</u>
<b><u>5:30 PM: REGULAR OPEN MEETING</u></b>		
1. Call to Order and Roll Call	Alfrey	
2. General Public Comment <i>Any member of the audience may make statements regarding any items NOT on the agenda. Statements are limited to a maximum of three (3) minutes. Please state and spell your name if you wish it to be recorded in the minutes.</i>	Alfrey	
3. Approve Agenda (action)	Alfrey	
4. Approve Minutes of the Regular Meeting of January 14, 2025 (action)	Alfrey	#1
5. Approval of Q3 2024 MarinHealth Medical Center Report of Performance Metrics and Core Services (action)	Klein/ Seaver-Forsev	#2
6. Healthcare Advocacy and Emerging Challenges and Trends	Klein	
7. Committee Reports		
A. Finance & Audit Committee ( <i>did not meet</i> )	Su	
B. Lease, Building, Education & Outreach Committee ( <i>did not meet</i> )	Rienks	
8. Reports		
A. District CEO's Report	Klein	
B. Hospital CEO's Report	Klein	
C. Chair's and Board Members' Reports	All	

The agenda for the meeting will be posted and distributed at least 72 hours prior to the meeting.  
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Meetings open to the public are recorded and the recordings are posted on the District web site.

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**TUESDAY, FEBRUARY 11, 2025**

**BOARD OF DIRECTORS**

**5:30 PM: REGULAR OPEN MEETING**

9. Agenda Suggestions for Future Meetings

*All*

10. Adjournment of Regular Meeting

*Alfrey*

*Next Regular Meeting: Tuesday, March 11, 2025 @ 5:30 p.m.*

**Tab 1**



**MARIN HEALTHCARE DISTRICT  
BOARD OF DIRECTORS**

**REGULAR MEETING**

**Tuesday, January 14, 2025  
MarinHealth Medical Center  
Conference Center**

**MINUTES**

**1. Call to Order and Roll Call**

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

*Board members present:* Chair Edward Alfrey, MD; Vice Chair Ann Sparkman, RN/BSN, JD; Secretary Jennifer Rienks, PhD; Brian Su, MD; Samantha Ramirez, BSW

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

**2. General Public Comment**

There was no public comment.

**3. Nomination and Election of Marin Healthcare District Officers for 2025**

**A. Chair** – Ms. Rienks nominated Dr. Alfrey, and Ms. Sparkman seconded. Dr. Alfrey accepted the nomination. There were no further nominations. Voting took place by roll call, and each voted affirmatively for Dr. Alfrey. **Dr. Edward Alfrey was elected unanimously to be Chair of Marin Healthcare District Board for 2025.**

**B. Vice Chair** – Dr. Alfrey nominated Ms. Sparkman to continue as Vice Chair and she accepted. There were no further nominations. Voting took place by roll call, and each voted affirmatively for Ms. Sparkman. **Ms. Ann Sparkman was elected unanimously to be Vice Chair of Marin Healthcare District Board for 2025.**

**C. Secretary** – Dr. Alfrey nominated Ms. Rienks to continue as Secretary and she accepted. There were no further nominations. Voting took place by roll call, and each voted affirmatively for Ms. Rienks. **Ms. Jennifer Rienks was elected unanimously to be Secretary of Marin Healthcare District Board for 2025.**

**4. Approve Agenda**

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

**5. Approve Minutes of the Regular Meeting of December 10, 2024**

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

## 6. Healthcare Advocacy and Emerging Challenges and Trends

Dr. Klein provided an update on SB 1953, Seismic Compliance. Submissions of construction documents for relocation of services in a building that does not meet the seismic guidelines are required to be submitted by January 1, 2026. Stakeholder meetings will begin in the coming weeks, with preliminary plans expected in March of 2025.

Dr. Klein reported on AB 896, Seismic Safety Compliance which was recently passed. AB 869 offers potential relief for extending the seismic compliance requirement beyond 2030 for specified rural and district hospitals.

Dr. Klein noted the California governor's race is gaining momentum, with several candidates announcing their intention to run.

## 7. Committee Reports

### A. *Finance & Audit Committee*

No report given.

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

Ms. Rienks reported the updated website is set to launch in the coming weeks. The URL will be forwarded to the board for review.

Ms. Rienks provided an update on upcoming events.

- Careers in Medicine Event is scheduled for February 27, 2025. The initial event is scheduled with Tam district (Redwood, Archie Williams, and TAM), with San Rafael schools to follow.
- Men's and Women's Health Seminar is scheduled for March 15, 2025 from 11:00 AM to 1:00 PM at the Embassy Suites Hotel. Key topics include; Urinary Incontinence, Sexual Health and Menopause, Innovations for Enlarged Prostates and Diabetes Prevention.

Ms. Rienks noted several pop-up and outreach events are in the planning stage, with additional pop-up ideas to be discussed at the upcoming Board Retreat on February 21, 2025.

- Marin City Woman's Health Fair
- Marin Senior Fair
- Marin Teen Girls Event
- Library Partnerships
- Potential collaboration with Marin Mommies

Ms. Rienks also reported the first e-blast is scheduled for February 10, 2025. Content will include a recap of 2024, accessing primary care and mental health services, hospital innovations, and upcoming seminars and events.

## 8. Reports

### A. *Hospital and District CEO's Report*

Dr. Klein reported 2024 was a strong financial year, exceeding budget projections in EBITDA and net revenue, surpassing last year's results.

Dr. Klein reported growth was driven by strong operational efficiencies and increased patient volume across multiple areas. Outpatient imaging volume increased by 33%, with several other service lines showing double-digit growth. ED admissions, surgeries, and overall patient visits remained high, with record-high patient volumes sustained throughout the holiday season.

Dr. Klein shared that MarinHealth has been named one of America's 250 Best Hospitals by Healthgrades for the second consecutive year, placing MarinHealth in the top 5% for clinical performance.

Dr. Klein noted the Annual MHD Board Retreat is scheduled for February 21, 2025. Key discussions will include organizational goals for 2025, facility expansions, and service line growth.

Dr. Klein provided physician recruitment updates:

- 66 new providers were recruited in 2024, 7 of which are primary care physicians.
- New Heart Program launching March 2025 with Dr. Castro and Dr. Sarkeshik.
- An Arthroplasty Surgeon has successfully been recruited and set to begin in Summer 2025.
- An Ortho Trauma Surgeon candidate is in the final stages of the interview process.
- 10 new Primary Care Physicians (PCPs) planned, with three already recruited for Petaluma.

Dr. Klein announced Katie Wickes, Executive Director of Access will be starting in her role in this month. She will be focusing on improving scheduling, testing, and procedural access.

Dr. Klein reported annual Physician Satisfaction and Employee Engagement surveys have been completed with record-high participation.

Dr. Klein reported that the Joint Commission survey is anticipated within the next three to four months. A mock survey was conducted in November 2024, which identified areas for improvement. Action plans have been established, and corrective measures are currently being implemented.

Dr. Klein also noted Stroke and Diabetes certification reviews are anticipated in early 2025.

Dr. Klein shared the Commission on Cancer survey successfully passed with strong results.

Dr. Klein reported on several facility and security updates:

- Many administrative offices at Drakes Landing have been relocated to Civic Center Dr. in San Rafael.
- Medical Network leadership will be relocating to Novato in April 2025.
- Hospital Expansion Plans under discussion, including ambulatory services building design and increased parking options.
- IV shortage crisis resolved.
- Novato Imaging Center is now fully operational and experiencing high patient volume.
- Outpatient MRI replacement on S. Eliseo has begun with completion expected in April 2025.
- New SPECT CT scanner is operational all licensure has been issued.
- Petaluma Clinic expansion: Urgent care services to start on February 1, 2025, in response to high community demand.
- Pharmacy Compounding room construction to begin February 2025.
- Emergency generator replacement in the Cypress Pavilion forecasted for 2025.
- Seismic Planning has begun for January 1, 2026 submission deadline.
- Bloom Energy Project has been initiated.
- The weapons management and visitor badging systems are scheduled to be implemented in February 2025.
- Hospital signage and branding improvements are ongoing to enhance patient experience.
- Reintroduction of Valet Service to alleviate parking challenges for patients coming in April 2025.

*B. Chair's and Board Members' Reports.*

Ms. Rienks expressed concern about the impact of wildfire smoke in Los Angeles and its implications for emergency preparedness. She suggested an educational initiative, such as a pop-up event or website resource, to inform the public on protecting themselves from wildfire smoke.



Dr. Su expressed gratitude to Dr. Klein for his contributions to the hospital and to Dr. Alfrey for leading the board over the past year.

Dr. Alfrey discussed the idea of promoting e-bike safety through emergency department waiting room. He suggested creating a poster or display with standard talking points about e-bikes, focusing in safety tips.

Ms. Ramirez expressed her concerns about the mental health challenges faced by the Latino immigrant community during this period of uncertainty under the new administration. She emphasized the need for ongoing support and the availability of mental health resources for vulnerable populations.

**9. Agenda Suggestions for Future Meetings**

Ms. Rienks suggested inviting Dr. Lisa Santora from Marin County Public Health, along with a representative from the Marin Office of Education, to discuss their strategies regarding the impact of the new administration on the community.

**10. Adjournment of Regular Meeting**

Chair Alfrey adjourned the meeting at 6:47 pm.



## Tab 2



# **MarinHealth Medical Center**

## **Performance Metrics and Core Services Report**

**Q3 2024**

February 4, 2025

# MarinHealth Medical Center (Marin General Hospital)

## Performance Metrics and Core Services Report: Q3 2024

### TIER 1 PERFORMANCE METRICS

*In accordance with Tier 1 Performance Metrics requirements, the MGH Board is required to meet each of the following minimum level requirements:*

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

## MarinHealth Medical Center (Marin General Hospital)

### Performance Metrics and Core Services Report: **Q3 2024**

#### **TIER 2 PERFORMANCE METRICS**

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

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

# MHMC Performance Metrics and Core Services Report

## Q3 2024

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### EXECUTIVE SUMMARY

#### Q3 2024 HCAHPS

#### Time Period

Q3 2024 HCAHPS Survey with Press Ganey Benchmarks (n=300)

#### Accomplishments

Compared with PG National Benchmarks;

Overall Hospital Rating (Natl 82p) & Likelihood to Recommend (Natl 81p) stayed > 75thp  
Responsiveness, Discharge Information > 50thp National

#### Areas for Improvement

Top box scores dropped from Q2 to Q3

#### Data Summary

Q3 Sample size= 300

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

Not patient mix or mode adjusted, not benchmarked to CMS

#### Barriers or Limitations

True CMS comparison report not yet available.

Hospitalists group change during September (3<sup>rd</sup> month of the quarter)

#### Next Steps

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

# MHMC Performance Metrics and Core Services Report

## Q3 2024

### Schedule 1: HCAHPS

(Hospital Consumer Assessment of Healthcare Providers & Systems)

➤ **Tier 1, Patient Satisfaction and Services**

The MGH Board will report on MGH's HCAHPS Results Quarterly.

➤ **Tier 2, Patient Satisfaction and Services**

The MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.

HCAHPS DOMAINS	Top Box	Nat. Rank	CA Rank		Top Box	Nat. Rank	CA Rank		Top Box	Nat. Rank	CA Rank
	Q1				Q2				Q3		
Rate Hospital 0-10	72.27%	61st	57th	↑	82.17%	88th	87th	↓	79.64%	82nd	78th
Recommend the Hospital	74.03%	67th	53rd	↑	81.25%	85th	74th	↓	79.86%	81st	77th
Communication with Nurses	75.55%	29th	29th	↑	77.31%	31st	39th	↓	75.92%	24th	29th
Responsiveness of Hospital Staff	65.51%	66th	75th	↑	72.37%	83rd	89th	↓	64.56%	54th	65th
Communication with Doctors	80.35%	60th	67th	↑	81.66%	64th	70th	↓	77.93%	36th	39th
Hospital Environment	66.63%	60th	78th	↑	67.96%	58th	76th	↓	63.59%	36th	48th
Communication about Medications	56.72%	31st	20th	↑	60.68%	49th	36th	↓	54.99%	16th	12th
Discharge Information	88.81%	70th	72nd	↑	90.38%	80th	76th	↓	87.18%	52nd	44th
Care Transitions	46.96%	27th	19th	↑	51.48%	42nd	26th	↓	50.21%	36th	29th
"n"	235				281				300		

Global Items		Q1	Nat. Rank	CA Rank		Q2	Nat. Rank	CA Rank		Q3	Nat. Rank	CA Rank
Global Items	Rate hospital 0-10	72.27%	61	57	↑	82.17%	88	87	↓	79.64%	82	78
	Recommend the hospital	74.03%	67	53	↑	81.25%	85	74	↓	79.86%	81	77
Comm w/ Nurses	Nurses treat with courtesy/respect	77.03%	9	9	↑	82.71%	22	29	↓	81.34%	17	20
	Nurses listen carefully to you	73.56%	34	39	↑	76.26%	42	42	↓	74.83%	33	37
	Nurses expl in way you understand	76.07%	62	71	↓	72.96%	33	38	↓	71.59%	25	27
Response of Hosp Staff	Call button help soon as wanted it	66.32%	73	79	↑	69.03%	75	82	↓	65.05%	61	71
	Help toileting soon as you wanted	64.71%	58	67	↑	75.71%	89	94	↓	64.07%	46	55
Comm w/ Doctors	Doctors treat with courtesy/respect	84.73%	45	53	↑	85.56%	46	55	↓	81.43%	19	22
	Doctors listen carefully to you	78.71%	58	57	↑	81.15%	68	74	↓	75.81%	33	30
	Doctors expl in way you understand	77.62%	72	74	↓	78.28%	70	70	↓	76.56%	58	60
Hospital Environment	Cleanliness of hospital environment	70.11%	44	36	↑	75.26%	59	56	↓	72.84%	48	44
	Quietness of hospital environment	63.15%	69	89	↓	60.66%	54	81	↓	54.34%	30	54
Comm About Medicines	Tell you what new medicine was for	72.33%	41	42	↓	71.65%	30	24	↓	67.67%	13	8
	Staff describe medicine side effect	41.11%	25	14	↑	49.70%	65	52	↓	42.31%	23	17
Discharge Information	Staff talk about help when you left	88.51%	77	78	↓	88.56%	74	70	↓	86.15%	56	53
	Info re symptoms/prob to look for	88.88%	55	50	↑	92.06%	79	76	↓	88.22%	46	35
Care Transitions	Hosp staff took pref into account	39.66%	23	18	↑	45.92%	44	29	↓	46.07%	44	36
	Good understanding managing health	47.47%	35	27	↑	51.80%	49	36	↓	48.88%	35	28
	Understood purpose of taking meds	53.06%	25	20	↑	56.72%	36	24	↓	55.68%	32	23

# MHMC Performance Metrics and Core Services Report

## Q3 2024

### Schedule 2: Finances

➤ **Tier 1, Finances**

The MGH Board must maintain a positive operating cash-flow (operating EBIDA) for MGH after an initial phase in period of two fiscal years, and then effective as a performance metric after July 1, 2012, with performance during the phase in period monitored as if a Tier 2 metric. The MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.

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

The MGH Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.

Financial Measure	Final 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	
EBIDA \$ (in thousands)	\$49,927	\$17,171	\$33,107	\$49,283		
EBIDA %	8.50%	10.90%	10.39%	10.20%		
<b>Loan Ratios</b>						
Annual Debt Service Coverage	2.89	2.28	2.42	2.20		
Maximum Annual Debt Service Coverage	1.83	2.28	2.42	2.20		
Debt to Capitalization	60.40%	59.0%	58.1%	56.1%		
<b>Key Service Volumes</b>	<b>Total 2023</b>	<b>Q1 2024</b>	<b>Q2 2024</b>	<b>Q3 2024</b>	<b>Q4 2024</b>	<b>Total 2024</b>
Acute discharges	10,257	2,544	2,711	2,525		7,780
Acute patient days	50,793	12,843	12,487	12,082		37,412
Average length of stay	4.95	5.05	4.82	4.81		4.89
Emergency Department visits	41,085	10,608	11,510	10,942		66,060
Inpatient surgeries	1,823	412	459	460		1,331
Outpatient surgeries	6,249	1,594	1,551	1,581		4,726
Newborns	1,327	319	317	330		966

# MHMC Performance Metrics and Core Services Report

## Q3 2024

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### 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](http://www.calhospitalcompare.org))

and

Centers for Medicare & Medicaid Services (CMS)  
Hospital Compare ([www.medicare.gov/care-compare/](http://www.medicare.gov/care-compare/))



# MHMC Performance Metrics and Core Services Report

## Q3 2024

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### EXECUTIVE SUMMARY

#### Q3 2024 Quality Management Dashboard (Organization Targets Based on Natl Metrics)

#### Time Period

Q3 2024 most recent of four rolling quarters (far right)

#### Accomplishments

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

#### Areas for Improvement or Monitoring

- Stroke mortality: 2 patients expired, just above expected given comorbidities
- Readmission rates:
  - Hip: 4/13
  - Ischemic Stroke Readmission: 3/37 improved rate
  - Sepsis: 27/120 patients, similar to Q2
- Length of Stay (LOS): Monitor
- CAUTI (Urinary catheter infections): Improvement plan in place

#### Data Summary

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

#### Barriers or Limitations

Lack of direct caregiver involvement in PI projects

#### Next Steps:

- Ongoing support for PI continues

# MHMC Performance Metrics and Core Services Report

## Q3 2024



Quality Management Dashboard  
Period: Q3 2024

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

Metrics: Adult Medical/Surgical High Volume DRGs	Reporting	Target*	2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024
Mortality-All Cause (Risk Adjusted O:E)	O:E Ratio	<1.0	0.91	0.98	0.89	0.71	0.66
Mortality-Acute Myocardial Infarction	O:E Ratio		0.69	1.71	1.51	1.60	0.00
Mortality-Heart Failure	O:E Ratio		0.48	0.37	0.69	0.91	0.97
Mortality- Hip	O:E Ratio		0.00	0.00	3.57	0.00	0.00
Mortality- Knee	O:E Ratio		0.00	0.00	0.00	0.00	0.00
Mortality- Stroke	O:E Ratio		1.33	0.99	0.00	0.56	1.35
Mortality- Sepsis	O:E Ratio		1.00	0.90	0.84	0.78	0.75
Mortality- Pneumonia	O:E Ratio		0.95	2.19	0.00	0.00	0.49
Readmission- All (Rate)	Rate	<15.5%	10.14	10.34	11.11	11.71	11.85
Readmission-Acute Myocardial Infarction	Rate		7.32	5.45	10.00	9.61	4.91
Readmission-Heart Failure	Rate		19.24	23.94	17.59	15.58	18.57
Readmission- Hip	Rate		0.00	0.00	0.00	16.67	30.77
Readmission- Knee	Rate		6.66	12.50	12.50	8.33	10.00
Readmission- Stroke	Rate		4.03	4.00	4.76	15.56	8.11
Readmission- Sepsis	Rate		12.25	12.28	10.43	16.81	22.50
Readmission- Pneumonia	Rate		10.04	14.00	13.10	13.68	12.73
LOS-All Cause	Mean	4.90	4.84	4.68	4.82	4.62	4.72
LOS-Acute Myocardial Infarction	Mean		4.52	5.34	4.22	3.27	3.94
LOS-Heart Failure	Mean		5.64	6.74	5.56	5.81	5.47
LOS- Hip	Mean		4.17	3.00	3.80	4.67	5.07
LOS- Knee	Mean		3.10	3.62	3.25	3.75	4.80
LOS- Stroke	Mean		5.50	3.68	5.90	6.13	4.67
LOS- Sepsis	Mean		9.32	8.51	8.39	9.10	8.65
LOS- Pneumonia	Mean		6.41	6.70	5.20	6.34	7.58
<b>Metrics: HAIs, Sepsis, Harm Events</b>	<b>Reporting</b>	<b>Target**</b>		<b>Q4 2023</b>	<b>Q1 2024</b>	<b>Q2 2024</b>	<b>Q3 2024</b>
CAUTI (SIR)	SIR	<1.0	0.35	0.00	1.47	1.37	0.00
Hospital Acquired C-Diff (CDI)	SIR	<1.0	0.33	0.35	0.63	0.00	0.88
Surgical Site Infection (Superficial)	# Infections		10	3	3	1	
Surgical Site Infection (Deep, Organ Space and Joint)	# Infections		8	2	1	4	
SSI	SIR	<1.0 SIR		<1.0	<1.0	<1.0	TBD
Sepsis Bundle Compliance	% Compliance	63%^	62%	65%	74%	67%	61%
Hospital Acquired Pressure Injury (HAPI)	# HAPI	<=1	0	0	0	0	1
Patient Falls with Injury	# Falls	<=1.0		1	0	0	0
PSI 90 / Healthcare Acquired Conditions	Ratio	<1.0		2.73	1.54	1.60	1.07
Serious Safety Events	# Events	<=1	2	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

# MHMC Performance Metrics and Core Services Report

## Q3 2024



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



## **EXECUTIVE SUMMARY**

### **Q3 2024 Core Measures Dashboard**

### **CMS Hospital IQR (Inpatient Quality Reporting) Program**

#### **Time Period**

Q3 2024- publicly reported metrics (contributing to Star Rating)

#### **Accomplishments**

- STK-4 Thrombolytic Therapy: 100%
- Sepsis bundle (SEP) 61% 90/147, 67% YTD
- Perinatal measures: C-Sec remains low (14%), Exclusive Breast Milk (86%)
- ED-2 Admit to ED Time 93 min
- HBIPS positive- high screening rates with low restraint, seclusion rates
- Transition Record and Metabolic Disorders improved (APeX related)
- OP-23 Head CT timing for Stroke 100% (5/5)
- Surgical Site Infection-Colon (SSI-Colon), MRSA Infection = 0
- CAUTI, CLABSI Infections 0
- C-difficile Infection < 1.0 i.e., less than expected
- Readmission rates: All (10.69%)

#### **Areas for Improvement or Monitoring**

- PSI-90 Composite Measure improved
- AMI, COPD Mortality rates
- Hospital-wide Readmissions; Pneumonia, COPD, Hrt Failure

#### **Data Summary**

- STK 4 -Q2 2024 moved to IQVIA; reflects joint commission certification data set
- CMS has updated National averages: Sepsis, ED Avg patient time spent, Transition of care, Head CT/MRI with 45 minutes
- Hip and Knee Complications benchmark and numbers updated, (Lower is better)
- Payment per episode updated: AMI, HF, PN and Hip and Knee
- Outpatient CT Scan of abdomen, Outpatients with Cardiac Imaging Stress Tests Before Low-Risk Outpatient benchmark and dataset updated (lower is better)
- Surgery, Patient left without seen both benchmark and data updated.
- Pg. 1 contains 2022 data by quarter with YTD sizes
- Pg. 2-4 publicly reported data published by CMS (dates vary by measure)

#### **Barriers or Limitations**

Competing Priorities

#### **Next Steps:**

2024 PI projects ongoing

◆ Healthcare Personnel Influenza Vaccination						
	METRIC	CMS National Average	Oct 2018 - Mar 2019	Oct 2020 - Mar 2021	Oct 2021 - Mar 2022	Oct 2022 - Mar 2023
	COVID Healthcare Personnel Vaccination	88%			96%	99%
HMM-3	Healthcare Personnel Influenza Vaccination	80%	97%	94%	96%	93%
◆ Surgical Site Infection +						
	METRIC	National Standardized Infection Ratio (SIR)	Jan 2022 - Dec 2022	July 2021 - June 2022	Apr 2022 - Mar 2023	July 2022 - June 2023
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	0.00	0.00	0.00	0.00
HAI-SSHyst	Surgical Site Infection - Abdominal Hysterectomy +	1	not published**	not published**	not published**	not published**
◆ Healthcare Associated Device Related Infections						
	METRIC	National Standardized Infection Ratio (SIR)	July 2021 - June 2022	Jan 2022 - Dec 2022	April 2022 - Mar 2023	July 2022 - June 2023
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.00	0.00	0.00	0.43
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.64	0.62	0.62	1.07
	METRIC	2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024
	Central Line Associated Blood Stream Infection (CLABSI)	0.44	0.00	2.30	0.00	
	Catheter Associated Urinary Tract Infection (CAUTI)	0.35	1.47	1.37	0.00	
◆ Healthcare Associated Infections +						
	METRIC	National Standardized Infection Ratio (SIR)	July 2021 - June 2022	Jan 2022 - Dec 2022	Apr 2022 - Mar 2023	July 2022 - June 2023
HAI-C-Diff	Clostridium Difficile	1	0.26	0.30	0.58	0.43
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	0.00	0.00	0.00	0.00
	METRIC	2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024
HAI-C-Diff	Clostridium Difficile	0.33	0.63	0.00	0.88	
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	0.49	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 2017 - June 2019	July 2018 - Dec 2019	July 2019 - June 2021	July 2020 - June 2022
PSI-90 (Composite)	Complication / Patient Safety Indicators PSI 90 (Composite)	1	No different than the National Rate	No different than the National Rate	No different than the National Rate	No different than the National Rate
	METRIC		2021	2022	2023	2024
PSI-90 (Composite)	Complication / Patient safety Indicators PSI 90 (Composite)		1.96	1.38	1.85	1.40
PSI-3	Pressure Ulcer		0.22	0.79	1.52	0.23
PSI-6	Iatrogenic Pneumothorax		0.62	0.00	0.57	0.50
PSI-8	Inhospital Fall with Hip Fracture		0.29	0.13	0.28	0.00
PSI-9	Perioperative Hemorrhage or Hematoma		2.67	2.08	3.42	3.24
PSI-10	Postop Acute Kidney Injury Requiring Dialysis		0.00	0.00	0.00	0.00
PSI-11	Postoperative Respiratory Failure		6.11	1.88	12.01	3.50
PSI-12	Peri Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)		8.74	6.59	7.97	4.64
PSI-13	Postoperative Sepsis		4.64	3.93	1.57	2.94
PSI-14	Post operative Wound Dehiscence		2.02	0.00	0.00	0.00
PSI-15	Unrecognized Abdominopelvic Accidental Laceration/Puncture Rate		0.00	0.00	1.52	0.00
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2017 - June 2019	July 2018 - Dec 2019	July 2019 - June 2021	July 2020 - June 2022
PSI-4	Death Among Surgical Patients with Serious Complications +	136.48 per 1,000 patient discharges	No different then National Average	No different then National Average	not published**	No different then National Average
◆ Surgical Complications +						
		Centers for Medicare & Medicaid Services (CMS) National Average	April 2017 - Oct 2019	April 2018 - March 2021	April 2019 - March 2022	April 2019 - March 2022
Surgical Complication	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty +	3.5%	2.6%	2.5%	3.6%	4.3%

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

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

◆ Mortality Measures - 30 Day +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2015 - June 2018	July 2016 - June 2019	July 2017 - Dec 2019	July 2019 - June 2021
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate	8.4%	12.50%	10.90%	10.70%	10.00%
MORT-30-HF	Heart Failure Mortality Rate	12.4%	9.70%	8.00%	8.60%	10.30%
MORT-30-PN	Pneumonia Mortality Rate	15.4%	15.30%	14.20%	13.90%	not published**
MORT-30-COPD	COPD Mortality Rate	8.40%	8.80%	9.20%	8.60%	10.00%
MORT-30-STK	Stroke Mortality Rate	13.60%	13.70%	13.60%	13.40%	13.50%
CABG MORT-30	CABG 30-day Mortality Rate	2.90%	3.40%	3.00%	2.50%	3.00%
◆ Mortality Measures - 30 Day (Medicare Only - Midas DataVision) +						
	METRIC		2021	2022	2023	2024
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate		6.06%	3.39%	2.13%	4.35%
MORT-30-HF	Heart Failure Mortality Rate		7.90%	1.20%	3.05%	5.48%
MORT-30-PN	Pneumonia Mortality Rate		8.42%	7.09%	4.46%	2.14%
MORT-30-COPD	COPD Mortality Rate		0.00%	7.14%	3.13%	7.32%
MORT-30-STK	Stroke Mortality Rate		4.76%	4.90%	3.64%	2.82%
CABG MORT-30	CABG Mortality Rate		0.00%	0.00%	0.00%	0.00%
◆ Acute Care Readmissions - 30 Day Risk Standardized +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2016 - June 2019	July 2017 - Dec 2019	July 2018 - June 2021	July 2019 - June 2022
READM-30-AMI	Acute Myocardial Infarction Readmission Rate	15.0%	16.30%	15.50%	14.70%	13.40%
READM-30-HF	Heart Failure Readmission Rate	20.2%	21.60%	21.20%	19.50%	18.40%
READM-30-PN	Pneumonia Readmission Rate	16.9%	13.80%	14.50%	not published**	14.700
READM-30-COPD	COPD Readmission Rate	19.30%	19.60%	19.30%	19.50%	
READM-30-THATKA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.30%	4.40%	4.20%	4.90%	4.20%
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	11.00%	11.70%	12.20%	11.60%	10.80%
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2018 - June 2019	July 2019 - Dec 2019	July 2018 - June 2021	July 2019 - June 2022
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR) +	14.6%	13.7%	14.9%	14.0%	13.2%
◆ Acute Care Readmissions 30 Day (Medicare Only - Midas DataVision) +						
	METRIC		2021	2022	2023	2024
	Hospital-Wide All-Cause Unplanned Readmission		9.59%	9.89%	9.83%	10.69%
	Acute Myocardial Infarction Readmission Rate		11.27%	8.75%	7.60%	9.20%
	Heart Failure Readmission Rate		12.04%	11.36%	18.18%	16.00%
	Pneumonia (PN) 30 Day Readmission Rate		5.68%	11.94%	11.84%	13.97%
	Chronic Obstructive Pulmonary Disease (COPD) 30 Day Readmission Rate		13.04%	9.68%	9.09%	18.92%
	Total Hip Arthroplasty and Total Knee Arthroplasty 30 Day Readmission Rate		2.50%	0.00%	0.00%	9.68%
	30-day Risk Standardized Readmission following Coronary Artery Bypass Graft		6.67%	14.29%	7.69%	12.50%
◆ Cost Efficiency +						
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2019 - Dec 2019	Jan 2020 - Dec 2020	Jan 2021 - Dec 2021	Jan 2022 - Dec 2022
MSPB-1	Medicare Spending Per Beneficiary (All)	0.99	0.97	0.98	0.98	0.98
	METRIC		July 2017 - Dec 2019	July 2018 - June 2021	July 2019 - June 2022	July 2012 - June 2023
PAY-AMI	Acute Myocardial Infarction (AMI) Payment Per Episode of Care	\$28,355	\$28,746	\$27,962	\$26,768	\$27,013
PAY-HF	Heart Failure (HF) Payment Per Episode of Care	\$19,602	\$18,180	\$17,734	\$18,109	\$19,654
PAY-PN	Pneumonia (PN) Payment Per Episode of Care	\$20,362	\$17,517	\$18,236	\$19,640	\$19,640
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	April 2017 - Oct 2019	April 2018 - Mar 2021	April 2019 - Mar 2022	July 2020 - June 2023
PAY-Knee	Hip and Knee Replacement	\$22,530	\$19,869	\$19,578	\$20,848	\$20,848

# MHMC Performance Metrics and Core Services Report

## Q3 2024

### Schedule 4: Community Benefit Summary

➤ **Tier 2, Community Commitment**

The Board will report all of MGH's cash and in-kind contributions to other organizations.

The Board will report on MGH's Charity Care.

Cash & In-Kind Donations					
(these figures are not final and are subject to change)					
	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Total 2024
Bucklew	\$ 26,250				\$ 26,250
Canal Alliance	\$ 15,750				\$ 15,750
Ceres Community Project	\$ 10,500				\$ 10,500
Community Action Marin	\$ 10,500				\$ 10,500
Community Institute for Psychotherapy	\$ 21,000				\$ 21,000
Homeward Bound	\$ 157,500				\$ 157,500
Huckleberry Youth Programs	\$ 10,500				\$ 10,500
Jewish Family and Children's Services	\$ 10,500				\$ 10,500
Kids Cooking for Life	\$ 5,250				\$ 5,250
Marin Center for Independent Living	\$ 26,250				\$ 26,250
Marin City Health and Wellness	\$ 15,750				\$ 15,750
Marin Community Clinics	\$ 52,500				\$ 52,500
Marin Mommies	\$ 5,250				\$ 5,250
MHD 1206B Clinics	\$ 9,998,286	\$ 10,087,144	\$ 11,140,664		\$ 31,226,094
NAMI Marin	\$ 10,500				\$ 10,500
North Marin Community Services	\$ 10,500				\$ 10,500
Ritter Center	\$ 21,000				\$ 21,000
RotaCare Bay Area Inc.	\$ 15,750				\$ 15,750
San Geronimo Valley Community Center	\$ 10,500				\$ 10,500
St. Vincent de Paul Society of Marin	\$ 5,250				\$ 5,250
West Marin Senior Services	\$ 10,500				\$ 10,500
Whistlestop	\$ 5,250				\$ 5,250
<b>Total Cash Donations</b>	<b>\$ 10,455,036</b>	<b>\$ 10,084,144</b>	<b>\$ 11,140,664</b>		<b>\$ 31,682,844</b>
Clothes Closet					\$ -
Compassionate discharge medications			\$ 4,318		\$ 4,318
Meeting room use by community-based organizations for community-health related purposes.	\$ 1,624	\$ 1,783			\$ 3,407
Healthy Marin Partnership		\$ 1,773			\$ 1,405
Food donations	\$ 7,662	\$ 11,584			\$ 19,246
SMILE Cart					\$ -
<b>Total In-Kind Donations</b>	<b>\$ 9,113</b>	<b>\$ 14,580</b>			<b>\$ 23,693</b>
<b>Total Cash &amp; In-Kind Donations</b>	<b>\$ 10,464,149</b>	<b>\$ 10,101,724</b>			<b>\$ 20,565,873</b>

# MHMC Performance Metrics and Core Services Report

## Q3 2024

### Schedule 4, continued

<b>Community Benefit Summary</b>					
(These numbers are subject to change.)					
	1Q 2024	2Q 2024	3Q 2024	4Q 2024	Total 2024
Community Health Improvement Services	\$ 69,843	\$ 104,749	\$ 29,517		\$ 204,109
Health Professions Education	\$ 843,622	\$ 466,220	\$ 15,489		\$ 1,325,331
Cash and In-Kind Contributions	\$ 10,465,838	\$ 10,104,584	\$ 11,161,167	\$ -	\$ 31,731,589
Community Benefit Operations	\$ 806	\$ 7,257	\$ 1,290		\$ 9,353
Community Building Activities	\$ 1,934	\$ 1,934	\$ 1,934		\$ 5,802
Traditional Charity Care <i>*Operation Access total is included in Charity Care</i>	\$ 84,332	\$ 134,903	\$ 82,331		\$ 301,566
Government Sponsored Health Care <i>(includes Medi-Cal &amp; Means-Tested Government Programs)</i>	\$ 15,930,440	\$ 17,246,982	\$ 15,085,498		\$ 48,262,920
<b>Community Benefit Subtotal (amount reported annually to state &amp; IRS)</b>	<b>\$ 27,396,815</b>	<b>\$ 28,066,629</b>	<b>\$ 26,377,226</b>	<b>\$ -</b>	<b>\$ 81,840,670</b>
<b>Unpaid Cost of Medicare</b>	<b>\$ 37,388,610</b>	<b>\$ 38,240,632</b>	<b>\$ 38,935,694</b>		<b>\$ 114,564,936</b>
<b>Bad Debt</b>	<b>\$ 458,091</b>	<b>\$ 151,369</b>	<b>\$ 303,719</b>		<b>\$ 913,179</b>
<b>Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt <u>Total</u></b>	<b>\$ 65,243,516</b>	<b>\$ 66,458,630</b>	<b>\$ 65,616,639</b>	<b>\$ -</b>	<b>\$ 197,318,785</b>

<b>Operation Access</b>					
<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>					
	1Q 2024	2Q 2024	3Q 2024	4Q 2024	Total 2024
*Operation Access charity care provided by MGH (waived hospital charges)					\$ -
Costs included in Charity Care					\$ -



# MHMC Performance Metrics and Core Services Report

## Q3 2024

### Schedule 5: Nursing Turnover, Vacancies, Net Changes

➤ **Tier 2, Physicians and Employees**

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

Turnover Rate				
Period	Number of Clinical RNs	Separated		Rate
		Voluntary	Involuntary	
Q3 2023	626	22	1	3.67%
Q4 2023	632	22	3	3.96%
Q1 2024	649	18	5	3.54%
Q2 2024	654	19	5	3.67%
<b>Q3 2024</b>	<b>661</b>	<b>13</b>	<b>2</b>	<b>2.27%</b>

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
Q3 2023	8	42	626	676	7.40%	6.21%	1.18%
Q4 2023	1	21	632	654	3.36%	3.21%	0.15%
Q1 2024	4	42	649	695	6.62%	6.04%	0.58%
Q2 2024	0	30	654	684	4.39%	4.39%	0.00%
<b>Q3 2024</b>	<b>1</b>	<b>36</b>	<b>661</b>	<b>698</b>	<b>5.30%</b>	<b>5.16%</b>	<b>0.14%</b>

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
Q3 2023	31	23	8
Q4 2023	33	25	8
Q1 2024	39	23	16
Q2 2024	27	24	3
<b>Q3 2024</b>	<b>22</b>	<b>15</b>	<b>7</b>

# MHMC Performance Metrics and Core Services Report Q3 2024

## Schedule 6: Ambulance Diversion

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

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

Quarter	Date	Time	Diversion Duration	Reason	Waiting Room Census	ED Admitted Patient Census
Q3 2024	07/05/2024	23:10	2'00"	ED	19	8
	07/14/2024	13:20	2'00"	ED	13	6
	08/12/2024	00:38	2'00"	ED	3	0
	08/29/2024	00:16	2'00"	ED	6	5
	09/06/2024	21:29	2'00"	ED	15	1

### 2024 ED Diversion Data - All Reasons\*

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

