

## MarinHealth Medical Center (Marin General Hospital)

### Performance Metrics and Core Services Report: Q2 2024

#### TIER 1 PERFORMANCE METRICS

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

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	1. MGH Board must maintain MGH's Joint Commission accreditation, or if deficiencies are found, correct them within six months.	Quarterly	In Compliance	The Joint Commission granted MGH an "Accredited" decision with an effective date of May 25, 2022 for a duration of 36 months.
	2. MGH Board must maintain MGH's Medicare certification for quality of care and reimbursement eligibility.	Quarterly	In Compliance	MGH maintains its Medicare Certification.
	3. MGH Board must maintain MGH's California Department of Public Health Acute Care License	Quarterly	In Compliance	MGH maintains its license with the State of California.
	4. MGH Board must maintain MGH's plan for compliance with SB 1953.	Quarterly	In Compliance	MGH remains in compliance with SB 1953 (California Hospital Seismic Retrofit Program).
	5. MGH Board must report on all Tier 2 Metrics at least annually.	Annually	In Compliance	4Q 2024 (Annual Report) was presented to MGH Board and to MHD Board in June 2024.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2024 was presented for approval to the MGH Board in February 2024.
	7. MGH Board must include quality improvement metrics as part of the CEO and Senior Executive Bonus Structure for MGH.	Annually	In Compliance	CEO and Senior Executive Bonus Structure includes quality improvement metrics.
(B) Patient Satisfaction and Services	MGH Board will report on MGH's HCAHPS Results Quarterly.	Quarterly	In Compliance	<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: Q2 2024

#### TIER 2 PERFORMANCE METRICS

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

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs).	Quarterly	In Compliance	<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

## Q2 2024

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## EXECUTIVE SUMMARY

### Q2 2024 HCAHPS

#### Time Period

Q2 2024 HCAHPS Survey with Press Ganey Benchmarks

#### Accomplishments

Overall Hospital Rating & Likelihood to Recommend significantly improved

Responsiveness: Toileting significantly improved

MD communications & Hospital environment >50thp of PG comparisons

Discharge information: Symptoms to watch improved

#### Areas for Improvement

Improved but <50thp:

Nurse communication:

Communication about medications

Care Transitions

#### Data Summary

Q2 Sample size= 287

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

Not patient mix or mode adjusted, not benchmarked to CMS

#### Barriers or Limitations

True CMS comparison report not yet available.

#### Next Steps

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

# MHMC Performance Metrics and Core Services Report

## Q2 2024

### Schedule 1: HCAHPS

(Hospital Consumer Assessment of Healthcare Providers & Systems)

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

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

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

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



## 2024 HCAHPS DASHBOARD

Updated 8-15-24

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

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

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

# MHMC Performance Metrics and Core Services Report

## Q2 2024

### Schedule 2: Finances

➤ **Tier 1, Finances**

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

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

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

<b>Financial Measure</b>	<b>Final 2023</b>	<b>Q1 2024</b>	<b>Q2 2024</b>	<b>Q3 2024</b>	<b>Q4 2024</b>	
EBIDA \$ (in thousands)	\$49,927	\$17,171	\$33,107			
EBIDA %	8.50%	10.90%	10.39%			
<b>Loan Ratios</b>						
Annual Debt Service Coverage	2.89	2.28	2.42			
Maximum Annual Debt Service Coverage	1.83	2.28	2.42			
Debt to Capitalization	60.40%	59.0%	58.1%			
<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			5,255
Acute patient days	50,793	12,886	12,487			25,337
Average length of stay	4.95	5.05	4.82			4.82
Emergency Department visits	41,085	10,608	11,510			22,118
Inpatient surgeries	1,823	412	459			871
Outpatient surgeries	6,249	1,594	1,551			3,145
Newborns	1,327	319	317			636

# MHMC Performance Metrics and Core Services Report

## Q2 2024

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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

## Q2 2024

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### EXECUTIVE SUMMARY

#### Q2 2024 Quality Management Dashboard

#### (Organization Targets Based on Natl Metrics)

#### Time Period

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

#### Accomplishments

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

#### Areas for Improvement or Monitoring

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

#### Data Summary

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

#### Barriers or Limitations

Lack of direct caregiver involvement in PI projects

#### Next Steps:

- Ongoing support for PI continues

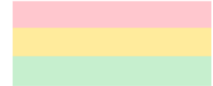
# MHMC Performance Metrics and Core Services Report

## Q2 2024



Quality Management Dashboard  
Period: Q2 2024

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



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

\* Targets are <1.0 for ratios or Midas Datavision Median

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

^ Target = California Median rate



# MHMC Performance Metrics and Core Services Report

## Q2 2024

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

# MHMC Performance Metrics and Core Services Report

## Q2 2024

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### EXECUTIVE SUMMARY

#### Q2 2024 Core Measures Dashboard

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

#### Time Period

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

#### Accomplishments

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

#### Areas for Improvement or Monitoring

- Central Line Infection (CLABSI) 2.30 (2)
- Urinary Catheter infections (CAUTI) 1.37 (2)
  - more infections than expected for patient population
- PSI-90 Composite Measure (1.09) > than expected, better than Q4 2023
  - Periop Hemorrhage or Hematoma
  - Post-op DVT
  - Post-op Sepsis
- AMI, COPD Mortality rates
- Hospital-wide Readmissions; Pneumonia, COPD, CABG

#### Data Summary

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

# MHMC Performance Metrics and Core Services Report

## Q2 2024

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- 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

# MHMC Performance Metrics and Core Services Report

## Q2 2024

### Schedule 4: Community Benefit Summary

➤ **Tier 2, Community Commitment**

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

The Board will report on MGH's Charity Care.

<b>Cash &amp; In-Kind Donations</b>					
(these figures are not final and are subject to change)					
	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Total 2024
Bucklew	\$ 26,250				\$ 26,250
Canal Alliance	\$ 15,750				\$ 15,750
Ceres Community Project	\$ 10,500				\$ 10,500
Community Action Marin	\$ 10,500				\$ 10,500
Community Institute for Psychotherapy	\$ 21,000				\$ 21,000
Homeward Bound	\$ 157,500				\$ 157,500
Huckleberry Youth Programs	\$ 10,500				\$ 10,500
Jewish Family and Children's Services	\$ 10,500				\$ 10,500
Kids Cooking for Life	\$ 5,250				\$ 5,250
Marin Center for Independent Living	\$ 26,250				\$ 26,250
Marin City Health and Wellness	\$ 15,750				\$ 15,750
Marin Community Clinics	\$ 52,500				\$ 52,500
Marin Mommies	\$ 5,250				\$ 5,250
MHD 1206B Clincs	\$ 9,998,286	\$ 10,087,144			\$ 20,085,430
NAMI Marin	\$ 10,500				\$ 10,500
North Marin Community Services	\$ 10,500				\$ 10,500
Ritter Center	\$ 21,000				\$ 21,000
RotaCare Bay Area Inc.	\$ 15,750				\$ 15,750
San Geronimo Valley Community Center	\$ 10,500				\$ 10,500
St. Vincent de Paul Society of Marin	\$ 5,250				\$ 5,250
West Marin Senior Services	\$ 10,500				\$ 10,500
Whistlestop	\$ 5,250				\$ 5,250
<b>Total Cash Donations</b>	<b>\$ 10,455,036</b>	<b>\$ 10,084,144</b>			<b>\$ 20,542,180</b>
Clothes Closet					\$ -
Compassionate discharge medications					\$ -
Meeting room use by community-based organizations for community-health related purposes.	\$ 1,451	\$ 1,591			\$ 3,042
Healthy Marin Partnership		\$ 1,405			\$ 1,405
Food donations	\$ 7,662	\$ 11,584			\$ 19,246
SMILE Cart					\$ -
<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

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

<b>Operation Access</b>					
Though not a Community Benefit requirement, MGH has been participating with Operation Access since 2000. Operation Access brings together medical professionals and hospitals to provide donated outpatient surgical and specialty care for the uninsured and underserved.					
	1Q 2024	2Q 2024	3Q 2024	4Q 2024	Total 2024
*Operation Access charity care provided by MGH (waived hospital charges)					\$ -
Costs included in Charity Care					\$ -

# MHMC Performance Metrics and Core Services Report

## Q2 2024

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

➤ **Tier 2, Physicians and Employees**

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

<b>Turnover Rate</b>				
Period	Number of Clinical RNs	Separated		Rate
		Voluntary	Involuntary	
Q2 2023	618	29	1	4.85%
Q3 2023	626	22	1	3.67%
Q4 2023	632	22	3	3.96%
Q1 2024	649	18	5	3.54%
<b>Q2 2024</b>	<b>654</b>	<b>19</b>	<b>5</b>	<b>3.67%</b>

<b>Vacancy Rate</b>							
Period	Open Per Diem Positions	Open Benefitted Positions	Filled Positions	Total Positions	Total Vacancy Rate	Benefitted Vacancy Rate of Total Positions	Per Diem Vacancy Rate of Total Positions
Q2 2023	6	54	618	678	8.85%	7.96%	0.88%
Q3 2023	8	42	626	676	7.40%	6.21%	1.18%
Q4 2023	1	21	632	654	3.36%	3.21%	0.15%
Q1 2024	4	42	649	695	6.62%	6.04%	0.58%
<b>Q2 2024</b>	<b>0</b>	<b>30</b>	<b>654</b>	<b>684</b>	<b>4.39%</b>	<b>4.39%</b>	<b>0.00%</b>

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

# MHMC Performance Metrics and Core Services Report

## Q2 2024

### Schedule 6: Ambulance Diversion

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

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

Quarter	Date	Time	Diversion Duration	Reason	Waiting Room Census	ED Admitted Patient Census
Q2 2024	04/11/2024	01:44	2'00"	ED	8	8
	05/14/2024	23:10	2'00"	ED	17	10
	05/15/2024	17:33	1'59"	ED	10	7
	05/21/2024	13:05	1'56"	ED	11	2
	05/22/2024	22:14	2'00"	ED	9	7
	06/02/2024	20:01	2'00"	ED	17	12
	06/08/2024	17:30	2'00"	ED	10	12
	06/10/2024	19:40	2'00"	ED	12	7
	06/15/2024	00:56	2'00"	ED	7	3
	06/19/2024	22:02	2'00"	ED	8	10
	06/20/2024	20:57	2'00"	ED	5	12
	06/21/2024	20:51	2'00"	ED	12	9
	06/22/2024	23:06	2'00"	ED	19	7

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

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

