



**MARIN HEALTHCARE DISTRICT
BOARD OF DIRECTORS**

REGULAR MEETING

**Tuesday, April 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 5:39 pm.

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

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 2449 and extend Resolution MHD 2022-06 to continue virtual meetings of the Marin Healthcare District

Mr. Leary announced that the MHD Resolution will require a change to reflect the Brown Act's amendments in AB 361 and AB 2449 regarding virtual meetings. Government Code permits holding meetings virtually if state or local officials have imposed or recommended measures to promote social distancing. The Dept. of Industrial Relations has issued non-emergency workplace Covid regulations in February which are sufficient for MHD to base its Resolution's continuance. Mr. Leary suggested that the Resolution be amended, or a new revised Resolution issued, to comply with those regulations.

Chair Su asked for a motion to approve modifying the Resolution as described, which revision will be presented for approval at the next Regular meeting of this Board. Ms. Sparkman so moved. Dr. Alfrey seconded. **Vote: all ayes.**

5. Approve Minutes of the Regular Meeting of March 14, 2023

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

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

Dr. Klein reported that, in the Closed Session immediately preceding this Regular Open Meeting, the Board discussed MarinHealth Medical Center's proposed issuance of 2023 revenue bonds. The Board then met in Executive Session.



7. Management of General Public Comments

Dr. Su addressed the issue of the public submitting comments to the Board during Board meetings, of considering time limitations while allowing and welcoming a diversity of expression, and observing of Brown Act rules.

Mr. Leary said that the Board has a policy for Board meetings that includes the right of the public to comment. The Brown Act permits a governing board to create regulations and policy that govern the public comments, and allows flexibility in regulating, to defend the integrity of the public comment process. Such rules cannot be made “on the fly” but rather should be codified within a formal policy. This doesn’t need to be within the Board Bylaws, but as a separate policy.

Mr. Leary suggested that he draft the policy, working with Dr. Su and Dr. Klein, for the full Board’s review, input, discussion and approval. The Board generally agreed to proceed thus, and for the draft policy to be submitted to the Board at the next Regular Meeting.

8. Resolution No. MHD 2023-01: Approval, as General Member of MarinHealth Medical Center (“Hospital”), of Hospital’s issuance of 2023 Revenue Bonds pursuant to Section 10.1(d) of the Hospital Bylaws

Dr. Klein gave a background and overview of the purpose of issuing of \$100M of revenue bonds in 2023, which will bolster the hospital’s balance sheet and create liquidity for time-sensitive growth projects in 2023/2024. The balance sheet has been adversely affected by Covid, and affected by significant investments including Epic/APeX. The hospital now has a positive operating margin and a positive EBIDA. This borrowing also can provide support should another Covid-like event occur.

Mr. Brettner showed the presentation (Tab #3) “2023 Taxable Borrowing”. Now is a good time for this before interest rates rise further, to be timed with the issuance of the 2022 audited financial statement, and to secure a rate lower than a line of credit. This provides strength to the balance sheet and liquidity for strategic investments. It will not be used for ongoing operating costs. Fitch and S&P rating agencies have already reviewed this and have anticipated the impact on the debt ratings to be neutral to slightly positive.

Dr. Su asked about UCSF’s agreement to provide \$90M for joint initiatives as part of the alliance. Dr. Klein noted that those investments have not been made, and potential options are currently being considered.

Dr. Su asked for a motion to approve Resolution No. MHD 2023-01 as presented. Dr. Alfrey moved to approve. Ms. Sparkman seconded. **Vote by roll call: all ayes. Motion was approved unanimously.**

9. Achieving Nutrition Security in Marin County

The Board welcomed Mr. Andy Naja-Riese, CEO of Agricultural Institute of Marin (AIM). His presentation (Tab #4) was updated with this web link:

https://www.canva.com/design/DAAfWrxnMSw/zfKQ_DTS_G3zL_EiZASBMQ/view

AIM’s Vision: “We envision a responsible food and farming system that is environmentally beneficial, economically viable, and socially just.”

AIM’s Mission: “To educate, inspire, and connect communities, responsible farmers, and producers as part of a healthy, earth-friendly, equitable local and regional food system.”



Nutrition security must be tied to equitable local food systems. Resilient food systems require education, access, policy, and community engagement.

Though Marin is ranked the healthiest county in California, 16% of the overall Marin population is at risk of food insecurity, including 71% in Canal and 48% in Marin City. Over 14,000 participate in CalFresh. Macro and local causes include poverty, lack of affordable housing, chronic health conditions or lack of access to healthcare, systemic racism and racial discrimination, disasters and emergencies, and climate change.

Marin resources and programs working to provide nutrition security include:

- AIM's Certified Farmers Markets
- Rollin' Root Mobile Farmers Market
- Center for Food & Agriculture
- Marin HEAL (Healthy Eating Active Living)
- Marin Food Policy Council
- Marin County Cooperation Team (MCCT)
- Youth For Justice (Canal)
- West Marin Community Services
- Extra Food
- San Francisco-Marín Food Bank
- Ceres Community Project

Nearly 20,000 seniors experience food insecurity in Marin, particularly in Novato, San Rafael, and West Marin. Seniors have low enrollment in programs, possibly due to stigma and shame. Ms. Rienks urged more work be done to provide for seniors, that West Marin particularly is lacking in resources for access.

Dr. Alfrey asked how solutions are delivered to Canal and Marin City, and Mr. Naja-Reise explained that resources are provided and the communities and their leaders know their particular solutions for delivery; communities don't want to rely upon the charitable food system.

Ms. Ramirez commented that she is involved with Youth For Justice that supports programs in the schools that include teaching cooking, nutrition, and hands-on practices. She asked about community fridges; Mr. Naja-Reise noted that challenges are being overcome and more are being set up in the county.

10. Update: Discharge Planning Process for Patients with Limited English Proficiency (LEP)

Dr. Klein noted that the process has had some changes since the implementation of APeX in August, and he introduced Jessica Gonzalez-Romero RN, Danielle Shockey RN, and Leigh Burns RN. They presented the slide deck (Tab #5).

Effective communication at discharge, and throughout the patient experience, is necessary for optimal care. Regulatory requirements are delineated by Dept of Human Services, CMS, and The Joint Commission.

MarinHealth utilizes 24/7 video interpreters, 24/7 phone interpreters, printed forms in other languages, and post-discharge phone calls. Online references for staff of interpreter/translation services include telephone, in-person on-site, iPad interpreter on wheels, written by request, and sign language.



Primary considerations include level of English proficiency, patient preference, cultural background, education level, mode/technology, verbal/written preference. Preferences, methods and documentation are entered into the patient record.

For Maternity Care, about 46% of the patients are Spanish-speaking. MarinHealth's processes, practices, procedures, checklists, etc., are used, including discharge teaching tool/checklist and publications in Spanish. Several nurses are proficient in Spanish.

For Emergency Dept, a large percentage of patients are Spanish-speaking, and communication tools in Spanish are comprehensive. After Visit Summary (AVS), discharge instructions, consents, AMA forms. AVS is printed in English and the patient's preferred language; post discharge phone calls use interpreters; discharge instructions use Language Line/Voyce or in-person interpreter.

For Medical-Surgical Care, Voyce iPads are available in 12 additional languages with printing capabilities. Nurses use "teach back" skills. For prescriptions, outside pharmacies provide translations on the labels.

A new recent tool is Mytonomy, a program of patient education videos patients can view in MyChart. Several topics are available in Spanish, with more being added.

Dr. Alfrey asked how discharge phone calls are done and how effective they are for LEP patients; he felt there is lower interaction and effectiveness, that patients don't often answer the phone. He also felt that discharge phone calls are not consistently being documented in APeX. Ms. Leigh Burns explained that we have a Spanish-speaking complex care nurse navigator that does transitional discharge calls with follow-ups. She noted that the discharge nurses do chart in APeX. They also do a medication review from the AVS. They ensure that the care plan while inpatient is continued post-discharge to the next provider of care. We are also doing a pilot program with Marin Community Clinics so all transition management and medication reconciliation is fulfilled.

Regarding patient education videos, Dr. Su noted that his practice has a YouTube channel in English that is effective; other physicians may want to consider likewise, including in Spanish.

11. Committee Reports

A. Finance & Audit Committee (met Feb 28, next meets April 25)

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

B. Lease & Building Committee (met March 22)

Ms. Rienks reported that planning for the next Community Health Seminar in May is moving forward on the subject of Adolescent Eating Disorders. Two physician specialists will be panelists. Location is TBD in central Marin.

For the District's logo re-branding, Ms. Kinney has provided a draft RFP which Ms. Rienks has reviewed and will bring the Board at the next regular meeting.

12. Reports

A. District CEO's Report

Dr. Klein reported that Oak Pavilion open construction issues are being resolved. Sub-drainage issues remediation begins this week by McCarthy at their expense. Work will be noisy and disruptive at times.



Cosmetic work in patient rooms in the Cedar Pavilion is being scheduled.
Hybrid OR schedule has been delayed, with opening in the fall of this year.
Outpatient behavioral health garden is under construction, scheduled for August completion.

Planning continues for ASB (ambulatory services building) costing and financing.
Fully furnished and functional cost is about \$200M.

Hospital is participating in county-wide “Golden Eagle” disaster drill on May 18.
Facilities team is working on go-forward strategies for leases due to expire in 2026.
Healthy food vending options are being explored, particularly for after-hours staff and visitors.

A study is underway to improve and optimize signage and wayfinding throughout the facility.

B. Hospital CEO's Report

Dr. Klein reported that Q1 2023 financial performance is strong, with positive EBIDA and operating margin favorable to budget. Patient volumes continue at very high levels; March average daily census is about 178 patients.

FEMA funding is yet to be received for either District or Hospital.

Five new primary care physicians are in process for being added. Cardiothoracic surgeons are credentialed and starting soon.

The Foundation's Annual Gala is April 22, and benefits the cardiovascular program.

OB services are being provided to patients in Petaluma who will no longer have labor and delivery services at Petaluma Valley Hospital beginning May 1.

An outside firm is engaged for master facility planning for the next 5-10 years.

Agreement has been reached with CNA, and a nurses strike was averted.

Hospital Compare again put our OB/GYN on their Honor Roll. Significant improvement is seen in hospital acquired infections. Patient Experience Team is making great progress through initiatives.

Recent Employee SCORE Safety Survey is complete, and results are now being finalized.

Emergency “left without being seen” rate in March was the lowest ever recorded here, thanks to initiative work by physicians, nurses, leadership and support.

There have been no CLABSI cases in 2 years, a remarkable metric. There have been no CAUTI cases in 3 months.

Nurse staffing is benefiting from the new RN grad program. 30 new grads were added in 2022, and another 12 are about to begin this month. Philanthropy has helped start and support this program.

A Health Equity Committee has formed, and will include determining support needs for social determinants of health.

The annual Employee Awards Banquet is this week, and MHD Board members have been invited to attend.

New Vice President of Operations, Ms. Min Zhu, recruited from UCSF, begins in mid-May.

“Overdose Free Marin” is a county initiative that is asking for support of the Hospital and the District. The District will agendize this.



The Marin Adult Health Day Care center has closed due to lack of funding. Ms. Rienks noted that the county has known for 2 years that this closure was impending due to greatly increasing deficits as grants were not renewed. This is a systemic problem nationwide.

The AHA Annual Leadership Summit is in July in Seattle. Dr. Klein will attend. Mr. Weiner will send all information to Board members and will handle arrangements for those who wish to attend. This is included in the budget.

C. Chair's and Board Members' Reports

Ms. Ramirez is participating in the Marin Youth Commission Wellness Festival on May 6 and suggested the District to have a presence with a staffed table. Dr. Klein agreed and will contact Ms. Jill Kinney for setting it up.

Ms. Rienks reported that this is Mental Health Week and she encouraged support for screening for perinatal anxiety disorder.

There were no other reports.

13. Agenda Suggestions for Future Meetings

Dr. Su noted that the next meeting will include the public comment policy, and the branding RFP, both discussed earlier.

Ms. Ramirez asked how the District Board could better serve the needs of the Spanish-speaking community. It was suggested she contact Mr. Omar Carrera at the Canal Alliance for him to address the Board possibly in June or July.

14. Adjournment

Chair Su adjourned the meeting at 7:54 pm.