

# **MARIN HEALTHCARE DISTRICT**

*<http://www.marinhealthcare.org>*

1100 South Eliseo Drive, Suite 4, Greenbrae, CA 94904

Telephone: 415-461-5700

Fax: 415-461-0308

DIRECTORS: SHARON J. JACKSON, MBA , Chair

ARCHIMEDES RAMIREZ, M.D., Vice-Chair

JAMES CLEVER, M.D., Secretary

LARRY BEDARD, M.D.

JENNIFER RIENKS, Ph.D.

## **NOTICE**

### **Marin Healthcare District Board of Directors**

**Regular Meeting  
Tuesday, July 10, 2007**

**7:00 pm**

**Marin General Hospital  
Conference Center  
250 Bon Air  
Greenbrae, CA 94904**

A copy of the agenda for the Regular Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting.

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# MARIN HEALTHCARE DISTRICT

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## AGENDA

### Regular Meeting

#### Board of Directors

#### Marin Healthcare District

Chair: Sharon Jackson MBA

Members: Archimedes Ramirez M.D.,

Larry Bedard M.D.,

James Clever M.D.

Jennifer Rienks Ph.D.

**Tuesday July 10, 2007 7:00p.m.**

**Location: The Conference Center at**

**Marin General Hospital**

**250 Bon Air Road**

**Greenbrae, California 94904**

#### Staff:

Barry Woerman, Executive Director

Marilyn Coffey, District Clerk

Colin Coffey, District Counsel

Guests: Elizabeth Guthridge; Jeff Hoffman and Associates, KSA ; Ralph Ferguson, ACHD; Dr. Derice Tao from the Health Council of Marin

\*\*\*\*\*

### ATTACHMENTS

- |      |   |                 |            |
|------|---|-----------------|------------|
| 7:00 | <b><u>(1) CALL TO ORDER</u></b>                       | Jackson         |            |
| 7:00 | <b><u>(2) ROLL CALL</u></b>                           | Woerman         |            |
| 7:05 | <b><u>(3) * ADOPTION OF AGENDA</u></b>                | Jackson         |            |
| 7:15 | <b><u>(4) REPORT OF CHAIR</u></b>                     | Jackson         | <b>A</b>   |
|      | A. Receipt of Petition supporting Lease or Sale MGH   |                 | <b>A.1</b> |
| 7:20 | <b><u>(5) REPORT OF BOARD MEMBERS</u></b>             |                 |            |
|      | A. Management, Finance & Audit Committee 6/08         | Clever, Ramirez |            |
|      | B. Lease & Building Committee                         | Bedard, Rienks  |            |
| 7:25 | <b><u>(6) ADMINISTRATIVE REPORT</u></b>               | Woerman         | <b>B</b>   |
|      | District Impact Collective Bargaining Agreements      |                 | <b>B.1</b> |
| 7:30 | <b><u>(7) *CONSENT CALENDAR</u></b>                   | Jackson         |            |
|      | A. Approve: Minutes: May 14, 2007 Regular Meeting     |                 | <b>C</b>   |
|      | B. Approve: Minutes: June 12, 2007 Regular Meeting    |                 | <b>D</b>   |
|      | C. Approve: Minutes: June 18, 2007 Closed Session     |                 | <b>E</b>   |
|      | D. Accept: Hospital Operations Reports: June and July |                 | <b>F</b>   |
|      | E. Accept: Nurse Recruiting Report: June and July     |                 | <b>F</b>   |
|      | F. Accept: I.T. Transition Status Report - DeMarco    |                 | <b>G</b>   |
| 7:35 | <b><u>(8) PUBLIC COMMENT</u></b>                      | Jackson         |            |

Any member of the audience may make statements regarding any item NOT on the agenda. Statements are limited to a maximum of three (3) minutes.

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8:00 **(9) \* SPECIAL REPORTS**

- A. \* Report and Recommendations on Changes to District Policies and Procedures for conduct of District Board Meetings. Rienks/Clever **H**  
Liz Guthridge presenting  
1.\* Consideration to return to previous format for recording minutes. Ramirez **I**

8:50 **(10) UNFINISHED BUSINESS**

- A. \*Consider and adopt the Annual Budget for FYE 2008- Woerman Clever **J**  
B. \*Approve: Grand Jury Response: Retiree Health Care Costs Woerman **K**  
C. \*Approve: Grand Jury Response: Health and Wellness Center Woerman **L**  
D. \*Consideration to approve selection of a "special consultant" to investigate all competent and proven hospital management groups to ascertain their interest and conditions in purchasing or leasing Marin General Hospital; AND allocate budgeted funds for such purposes. Bedard  
E. \*Consideration to accept the report of the Education Subcommittee and approve recommendation for the presentation of educational programs on District Hospital ownership, governance, and operation. Bedard/Rienks **M**

9:35 **(11) NEW BUSINESS**

- A. \* Consideration to place an Advisory Ballot initiative for the November 2007 General election, seeking the advice of District Voters for the Future of Marin General Hospital; and, that ballot initiative be considered at a Special Meeting of the Board to be scheduled for August 6, 2007. Bedard **N**  
  
A.1. Motion to amend: The proposed ballot measure above shall include the alternative for local control and professional management of Marin General Hospital, with collaboration and affiliation with UCSF Medical Center as needed to assure a full range of care, including Trauma Care. Ramirez  
B. \*Presentation by Dr. Derice Tao from the Health Council of Marin on the "Healthcare Access Bill of Rights." (10 Min) Rienks **O**  
C. Presentation by Ralph Ferguson from ACHD on "The Advantages of the District Hospital Model for meeting community health needs. (15 min) Rienks  
D. Presentation by Colin Coffey on "Possible Governance models for hospital operations in Healthcare Districts." (10 min) Rienks/Coffey  
E. Discussion on Hospital District Board's Strategic Vision. (10 min) Rienks  
F. \*Women's Health Focus: Support UCSF's offered sponsorship of a local breast surgeon to care for Marin patients. Ramirez

10:45 **(13) Closed Session:** Conference with Labor Negotiators (pursuant to Government Code 54957.6) Agency Negotiators: Barry Woerman as District Representative  
Employee Organization: Teamsters.  
**Return to Public Session**

- \* Report of Reportable Action(s) Taken During Closed Session, if any. Jackson

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*\*Indicates Action Items*

\*\*\*\*\*

Upcoming Schedule:

- Closed Board Meeting for purposes of Strategic Planning: **Thursday, July 12, 2007;**
- Educational Study Session to review District Hospital role, structure, and status: Time and location to be determined.
- Closed Board Meeting for purposes of Strategic Planning: **Sunday, August 5<sup>th</sup>**
- Special Board Meeting to consider Strategic Planning Issues: **Monday, August 6<sup>th</sup>**
- Next Regular Monthly District Board Meeting: **August 14, 2007.** MGH Conference Center, 7:00 pm.

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ATTACHMENT A  
REPORT OF THE CHAIR



1100 South Eliseo Dr; Suite 4, Greenbrae, CA 94904 Telephone: 415-461-5700 Fax: 415-461-0308  
E-mail: MHCD@PACBELL.NET

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## Report of the Chair July 10, 2007

### **Strategic Planning**

The June/July board continues to focus the strategic planning process. We received the preliminary report of the planners in a closed session on June 18. The preliminary data was encouraging for all members of the board as they strongly suggest that Marin General can be successful under any management or governance scenario. It is important to remember that the data are **preliminary only** and the work of data gathering and analysis is continuing. KSA will make a report to the public prior to the July 10 board meeting in a study session 5:30-6:30 in Conference Center at MGH. The meeting will adjourn promptly at 6:30 so Directors can prepare for the board meeting at 7:00.

As I did last month, I remind us all that we are a long way from completing the planning process. However, the press of our obligations under the terms of the settlement require that we undertake some activities in parallel with the planning process. I remind us all, also, that whatever we do must be ratified by the voters in the District and that we do well to hold our opinions as tentative until we have sufficient information to present a reasonable course of action for public approval. I understand that we all have preferences already; I am only suggesting that we keep open minds, even as we pursue those preferences. I am further urging that each of us remain respectful of those who do not share our preferences; and that we focus on the facts and not the personalities or presumed motivations of those who differ with us.

I continue to attempt to lead from the center with one exception. I believe it is important to go forward with the advisory ballot measure. Assuming the preliminary data are reasonably accurate, the only real question is the form of governance that will most nearly ensure the sustainability of MGH in the face of unprecedented market change. KSA indicates that the planning process will require more than an additional year to complete; our settlement requires that we meet certain deadlines that will not wait for the planning. A November expression of preference between the major governance alternatives will provide important direction to the board as we move forward with the planning. It will also serve to reduce somewhat the uncertainty that clouds the future for those who work and/or provide services in MGH.



### **Grand Jury Responses**

Barry has drafted responses to the Grand Jury reports that require MHCD responses. They are included in the board packet. I urge approval of them both so that we may reply in a timely way and focus more closely on the huge tasks we face now.

### **Association of California Healthcare Districts (ACHD)**

ACHD is a statewide trade association that provides support, leadership, and training for trustees and staff of local healthcare districts. It also provides an important voice for districts in Sacramento. It is an invaluable resource to all its member districts and essential to the rural hospitals as their primary support agency. ACHD offers a high quality, high service worker's compensation plan that will be important to MGH in the event it operates as an independent hospital.

I serve on the Leadership Committee and am very impressed by the quality of the Association personnel and programs. I attended a meeting of the committee in Sacramento in mid June and then again, in late June when I represented the committee in the second semi-annual Leadership Training for newly elected district directors.

### **Petition Received from Tamalpais**

We received a petition that supports the sale or lease of MGH to a "competent and proven Hospital Management Group." The petition was signed by 147 individuals, 138 of whom reside at the Tamalpais. (attached)

**Philip Ehrlich**  
501 Via Casitas #1115  
Greenbrae, CA 94904  
464-1484

RECEIVED JUL 2 - 2007

Sharon Jackson, Chairman,  
Marin Healthcare District  
1000 S. Elisio Drive  
Greenbrae, CA 94904

Re: November Ballot

Dear Chairman Jackson:

Enclosed is a petition signed by 147 persons, 138 residents of The Tamalpais Retirement Community and 11 other residents of Marin County. The Petition is titled "*Petition Supporting The Lease Or Sale Of Marin General Hospital To A Competent And Proven Hospital Management Group*". The Petition states in part: "*We further urge the District Board to take all steps necessary to meet the August 10 deadline for qualifying this measure.*"

The enclosed Petition tracks the petition previously presented at the June 12<sup>th</sup> District meeting and signed by over 500 doctors, nurses and other health care professionals.

Will you please send a copy of this letter to all District Board members.

Sincerely

  
Philip Ehrlich

July 1, 2007

Enclosure: Petition, 9 pages



ATTACHMENT B

(6) ADMINISTRATIVE REPORT



1100 South Eliseo Dr; Suite 4, Greenbrae, CA 94904 Telephone: 415-461-5700 Fax: 415-461-0308  
E-mail: MHCD@PACBELL.NET

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**ADMINISTRATIVE REPORT: 30 DAY PERIOD ENDING JULY 6, 2007**

1. **Budget/Financial Issues.** The Board will be considering the adoption of a “placeholder” budget at the July 10, 2006 meeting. Included in this budget are estimates of all of the expenses that the District has incurred, or anticipates to incur, in the next fiscal year. Depending on the Governance/operations model chosen, responsibility for implementation of transition-identified responsibilities could fall on either the District or an agent/operator chosen by the District. Once these pivotal decisions are completed, staff will work with the Finance Committee to provide a more detailed Business Plan for the Fiscal Year.
2. **Transition Planning/ Implementation.** The Transition Team meetings are scheduled for every two weeks. Due to unforeseen personal issues, the team has not met the last two scheduled meetings. Mr. Prosper and I continued to pursue resolution of issues identified in the transition plan to assure progress and to keep the plan on schedule.
  - 2.1 Last month the Board received a copy of the District Impact Collective bargaining agreements that are under negotiations. District Executive Director has been provided full access to collective bargaining sessions between MGH and representatives of the Teamsters and, separately, the California Nurses Association, and the Radiology department technicians unit. Collective bargaining issues are permitted to be discussed in closed session. A portion of the July 10<sup>th</sup> Regular meeting has been set aside for Closed Session to consider proposed agreement with the Radiology Technicians collective bargaining agreement.
  - 2.2 The District has received notification from Marin General Hospital Corporation of a major capital equipment lease. This request from the Medical Staff has the support of the MGH Board of Trustees and Sutter Health is currently reviewing the cost/benefit of the acquisition. This equipment involves the capital lease of surgical equipment that will provide a significant improvement to the surgical care of patients living in the District as well as become a source of referral from secondary service areas. The MHCD Board should review this proposal at the Regular meeting in August. (Transition provisions are very specific on the timing and responsibilities of all parties in the acquisition of major equipment for capital financial responsibilities that extend beyond the Transfer Date).
3. **IT Transition Plan.** Mr. Demarco and his associates continue to meet with the Hospital IT transition team as well as explore additional options with IT Hardware and Software vendors. A more detailed report is attached to the Consent Calendar portion of the Agenda.
4. **Strategic Planning Implementation.** The Board met last month in Closed Session to review a preliminary report from KSA, and provide the Board additional opportunity for input. KSA will present these preliminary findings to the community in an open Study Session preceding the July Regular Board Meeting. The Board will have one additional opportunity on July 12<sup>th</sup> to provide input prior to the final plan development and review in August.

5. **Office systems upgrade; web site; and miscellaneous issues.** As reported last month, the District Web page is now fully functional and awaiting input from each Director for your personal profile and photograph that will be posted on the internet. As reported last month, those District residents wishing hard copy mailings of the District meeting notices, agenda's and minutes will need to re-subscribe and pay the annual fee of \$85.00 (this fee barely covers the direct cost of postage and copying expenses)..
6. **Seismic Safety Update.** No information from the Office of the State Architect has been transmitted to our Architects.
7. **Grand Jury Report.** The Board Packet this month contains draft responses to two reports compiled by the Marin Civil Grand Jury. The first report deals with implementation of GASB 45, new accounting regulations that deal with the record keeping and accounting requirements for pension and retirement health benefit costs. Currently, the District has no liability; the accountability for such liability will rest with the Marin General Hospital Corporation, which will continue to hold not only the assets but also the liabilities for staff associated expenses of Marin General Hospital.
8. **Executive Director Goals and Objectives/ Performance Evaluation Process.** A special Closed Session to deal with this issue and other personnel matters has been coordinated through the Chair for July 9<sup>th</sup>. The session will identify clear performance goals and objectives, a timeline for completion, and a structured evaluation process that will focus on objective criteria.
9. **Status Report on Board Policies and Procedures – Liz Guthridge.** Ms Guthridge has compiled a final draft of the proposed changes to policies and procedures based on Board, Community input, “best practices” established at similar facilities, and her own knowledge and experience. This item has been delayed for 2 months due to an overwhelming Board agenda. Once complete, staff will work with legal counsel to suggest changes to the District Bylaws to assure no conflict exists between Bylaws, Policies and Procedures.
10. **Sutter Sale of 1350 South Eliseo.** It appears that the Community Clinic is no longer interested in renting the vacant space at 1350 S. Eliseo. Sutter Health is still interested in selling the office building.

ATTACHMENT B.1

(6) District Impact Collective Bargaining Agreements

**Marin Healthcare District**

**“District Impact Collective Bargaining Agreements”**

- A “District Impact Collective Bargaining Agreements” is one that ends more than 6 months after the “Transfer Date” (Transfer Agreement Section 4.8(d)(iii))
- The “Transfer Date” is a date no earlier than 1/1/09 and no later than 7/1/10. (Transfer Agreement Section 2.1)
  - If MGC wishes to set a date earlier than 7/1/10 it must give 12 months notice. (Transfer Agreement Section 2.1) Therefore, to set 1/1/09 as the Transfer Date it must give notice on or before 12/31/07.
- Based on the above and the CBAs disclosed to the District during the negotiations, the following table sets out which CBAs may or may not qualify as “District Impact Collective Bargaining Agreements.”

Union	Exp. Date	“Cycle”	Next Expiration Date	Earliest Transfer Date	Latest Transfer Date	DI CBA?
CNA	7/1/07	21 months	4/1/09	1/1/09	7/1/10	No*
Radiology Associates	7/1/07	2 years	7/1/09	1/1/09	7/1/10	Possible
Local 856 (Prof. & Voc.)	6/30/07	3 years	6/30/10	1/1/09	7/1/10	Possible
Local 39	1/31/11	5 years	1/31/11	1/1/09	7/1/10	Yes
Local 856 (Clerical)	4/17/08	3 years	4/17/11	1/1/09	7/1/10	Yes
CLVNA	7/1/08	3 years	7/1/11	1/1/09	7/1/10	Yes

\*Unless MGC and the Union agree to a longer term.

ATTACHMENT C

(7)A Consent – May 14, 2007 Minutes

**MARIN HEALTHCARE DISTRICT  
REGULAR MEETING  
Monday, May 14, 2007**

**BOARD MEMBERS PRESENT:**

Sharon Jackson, MBA; Archimedes Ramirez, M.D.  
Larry Bedard, M.D., James Clever, M.D., Jennifer Rienks, PH.D

**ALSO PRESENT:** Laura Freemore, and Jeffrey Hoffman of KSA, Liz Guthridge; Robert DeMarco, IT Consultant; Barry Woerman, Executive Director; Marilyn Coffey, District Clerk of the Board.

\*\*\*\*\*

**CALL TO ORDER:** The Regular Meeting of the Marin Healthcare District was called to order at 7:12 p. m. by Director Jackson at the Corte Madera Inn, 57 Madera Boulevard, Corte Madera, CA 94925.

**(2) ROLL CALL** Sharon Jackson, MBA; Archimedes Ramirez, M.D.; Larry Bedard, M.D., James Clever, M.D., Jennifer Rienks, PH.D

**(3) ADOPTION OF AGENDA**

Dir Bedard **moved** that agenda item 10 ( C ) be heard at to 8:00. p.m. to accommodate Mr. Peters and the public **Second** by Dir Clever. Dir Rienks **moved** that this item be tabled to a time when it is more fitting with the District’s strategic planning process and the District has all the data. **Second** by Dir Ramirez.

Motion to Table

VOTE; AYES: Director Rienks and Ramirez.

NAYS: Director Bedard, Director Clever, and Director Jackson..

Motion does not carry.

Motion to move Agenda Item 10 ( C ) item to 8:00 p.m.

VOTE; AYES: Directors Bedard, Clever, Jackson.

NAYS: Director Ramirez and Rienks

Motion carried.

Dir Rienks **moved** to approve the agenda as amended. **Second** by Dir Bedard.

VOTE; AYES: Directors Bedard, Clever, Jackson, and Rienks.

NAYS: Director Ramirez

Motion carried.

Dir Jackson recommended that public comments be limited to 2 minutes and requested that the District Clerk set the timer to 2 minutes.

**(4) REPORT OF CHAIR**

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Dir Jackson shared with the Board a summary of her activities during the past month, a summary was included as part of the Board packet. In addition to that information, she and Mr. Woerman met with County Supervisor Kinsey to discuss County and Healthcare related issues and introduce Mr. Woerman.

**A. Grand Jury Request for review on proposed Health and Wellness Center**

Dir Jackson reported that the District has received a letter from the Grand Jury who is reviewing the proposed Health and Wellness Center. This information was included in the packet and will be on the next Board agenda.

**(5) REPORT OF BOARD MEMBERS**

Jennifer Rienks reported that the Racoons have raised some money and we should thank them and also thanked the nurses for meeting with Barry Woerman. Dir Bedard reported that he met with the radiologists, anesthesiologists and the office manage of the oncology group and that he traveled to Washington D.C. to meet with Lynn Woolsey and Congressman, Peter Stark.

**(6) ADMINISTRATIVE REPORT**

Barry Woerman reviewed the transition materials in the 5/14/07 packet. He stated that the hospital is represented separately by an attorney, Tom Driscoll. Mr. Prosper from Sutter, and representatives from Archer Norris comprise the remainder of the "Transition Committee". The Transition Committee continues to meet every two weeks to assure issues are addressed on time. It is important that each member of the Board be aware of the issues and timeline. Progress on this schedule will be reviewed each month.

Mr. Woerman also reported that the costs for KSA have been reduced to \$355,000.

Mr. Woerman also stated that a budget and Business Plan is under preparation and will be presented to the Board in June, after review by the Management, Audit and Finance Committee. Dir Rienks reported Sutter had dropped its earthquake insurance and that Barry Woerman would be getting some more information on that.

**A. Transition Planning and Management**  
**1. Billings and Collections Update**

In an effort to save time at this heavily agendized meeting, Robert DeMarco presented key points from the packet material. Mr. DeMarco said that most of the billing system info will be handled during the preparation period of the transition. However, planning is underway with MGH. Dir Bedard specifically questioned what the IT costs will be for the Business Office functions. These costs have not been estimated and Robert DeMarco will be working with Barry Woerman to develop them. Some costs will be available September 30, i.e. billing systems and acts receivable. Barry Woerman stated it is premature to speculate on costs at this point. A monthly IT status report was recommended by Dir Ramirez.

**(7) APPROVAL OF MINUTES**

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### **A. April 10, 2007 Regular Meeting**

Dir Clever **moved** that the minutes be approved as amended. Dir Rienks **second**. Dir Bedard would like motion 11(E carried from 3/13) on Guidelines for Diversion & need for more ICU Beds from the 4/10 packet to be included with the 4/10 minutes.

VOTE; AYES: Directors Bedard, Clever, Jackson, and Rienks.

NAYS: Director Ramirez

The motion carried.

### **B. May 8, 2007 Special Closed Meeting**

Dir Clever **moved** to approve the minutes as amended. **Second** by Dir Rienks

VOTE; AYES: Directors Bedard, Clever, Jackson, and Rienks.

NAYS: Director Ramirez

The motion carried.

## **(9) REPORT OF THE HOSPITAL**

### **A. Hospital Operations**

For the month ending April 30, 2007 Marin general Hospital had 505 surgery cases, 2910 Emergency Department visits and experienced an average daily census of 118.4.

### **B. Nursing Recruiting**

For the month ending April 30, 2007, 10 RN's were hired and 5 terminated, yielding a net gain of 5 for the months and 23 year to date. Over the same period 1 CNA was hired and 0 terminated, for a net gain of 1 for the month and negative 1 year to date.

## **10( C) FUTURE OF MARIN GENERAL HOSPITAL. ORAL AND WRITTEN PRESENTATION BY JERRY PETERS, ADVOCATING SALE OR LEASE OPTIONS FOR MGH (REPORT FORTHCOMING).**

Mr. Jerry Peters delivered an oral summary of his Letter to the Editor published in the Marin Independent Journal on May 11, 2007 and entitled "Why Marin's Hospital Services are in Jeopardy and What Must Be Done Now to Preserve Marin General Hospital". Following his presentation, Board discussion resulted in several questions and responses by Mr. Peters. The Chair opened the floor to public comment.

There were over 100 people attending this meeting with 3 letters being submitted to the Board, one from Marin Urology, one from California Cancer Care, Inc. and the last from Cardiovascular Associates of Marin and San Francisco. Many of the physicians were concerned about the delay in the decision making process with several stating that they would not remain at Marin General unless there is resolution to their concerns. Copies of the letters are attached and included as part of these minutes. The comment was made that there was no intention in the plans that the Board would run the Hospital.

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Public Comment:

For Mr. Peters' opinion (16 counted via a show of hands).

:

Ann Otter  
Harry Neuwirth, M.D., Letter Submitted  
Myles Reiner, M.D.  
M. Nisom, M.D.  
Robert Anderson, M.D.  
R. Mendius, M.D.  
Barbara Jonas, R.N.  
Joel Sklar, M.D., Letter Submitted (13 M.D's  
from Cardiovascular Associates.)  
J. Cohen, M.D.  
Brian Strunk, M.D.  
Susan Anderson  
Peter Van Goodman, R.N.  
Dick Pohli  
Phil Erlich  
Sandy Augustus  
Roy Wonder

Against Mr. Peters' opinion or  
a portion thereof (6 via show of  
hands)

John Severinghaus, M.D.  
Nancy McCarthy  
Essie Blau  
Bill Rothman, M.D.  
Alan Blau  
Barbara Sites (comment)  
Linda Remy

Tica Lyons (comment)

*A break was given from 10:00 – 10:20.*

**10(A) KURT SALMON AND ASSOCIATES REPORT AND CONSIDERATION FOR ACTION.**

**1. Update on Progress of Phase I, and review of Phase II of the Strategic Work Plan**

Jeff Hoffman introduced himself to the audience and briefly outlined the experience of his firm and the scope of the project they were undertaking with the District in considering the different options. KSA's role is to take the options and quantify them, including the option that Mr. Peters presented, so that there is a factual basis on which to base a decision. The goal of the work plan is to present the quantified options in July/August so that a public debate and discussion can be held. There may be enough information to get on the ballot as far as what option the public wants, if the Board chooses. However, the ballot measure will not be a funding measure because this will take more preparation.

Comments and questions from the public:

Joe Poen  
Bill Rothman, M.D.  
Phil Erlich  
Alan Blau

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Linda Remy  
Harry Neuwirth, M.D.  
Tica Lyons  
Phil Sklar, M.D.  
Margaret Jones  
Bob Derzon  
Charles Auerbach  
Nancy McCarthy  
Richard Mendius, M.D.

## **2. Consideration for approval of a Medical Staff and Nursing Staff Opinion Survey**

After discussion with Jeff Hoffman, Mr. Woerman stated that to survey all the physicians, nurses and therapists, would cost an additional \$15,000.

Dir Bedard **moved** that the Marin Healthcare District Board authorize KSA to conduct a comprehensive confidential survey of the medical staff, nurses and other staff at Marin General Hospital for a price of \$15,000 constituting an addendum to the contract. **Second** by Dir Clever. The possibility of collecting the survey on line was discussed. Jeff Hoffman stated that the physician's survey is already drafted and will be presented to the Board at the next meeting after it is reviewed by Mr. Woerman.

Public Comment:

Linda Remy  
Bill Rothman, M.D.  
Nancy McCarthy  
Alan Blau  
John Severinghaus, M.D.

VOTE; AYES: Directors Bedard, Clever, Jackson, and Rienks.

NAYS: Director Ramirez

Motion carried.

Dir Bedard moved to extend the time of the Board Meeting in order to handle Agenda Item 12(B), the denial of tort claim. **Second** by J. Rienks.

VOTE; AYES: Directors Bedard, Clever, Jackson, Ramirez and Rienks.

Motion carried without opposition.

### **12(B) DENIAL OF GOVERNMENT TORT CLAIM SUBMITTED BY DIBASILIO FOR CLAUDINE WOEBER**

Barry Woerman recommends that the Board deny the claim as submitted which was wrongly submitted to the District, it is untimely and insufficient and Mr. Woerman also recommends that the Board direct Legal Counsel to handle the claim accordingly. Dir Rienks added that the claim is wrongly submitted because the District is not running the hospital.

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Dir Rienks made the motion as stated above. **Second** by Bedard.

VOTE; AYES: Directors Bedard, Clever, Jackson, Ramierez and Rienks.  
Motion carried without opposition.

**(13) ADJOURNMENT**

Director Jackson adjourned the meeting at 11:12 p.m. Agenda items not covered during this meeting will be carried over.

A copy of the agenda for the Regular Meeting will be posted and distributed  
at least seventy-two (72) hours prior to the meeting.

American Sign Language Interpreters may be requested by calling (415) 461-5700 (voice)  
or (415) 461-0308 (facsimile) at least 48 hours in advance of this meeting.

ATTACHMENT D

(7)B Consent –June 12, 2007 Minutes

**MARIN HEALTHCARE DISTRICT  
REGULAR MEETING  
Tuesday, June 12, 2007**

**BOARD MEMBERS PRESENT:**

Sharon Jackson, MBA; Archimedes Ramirez, M.D.  
Larry Bedard, M.D., James Clever, M.D., Jennifer Rienks, PH.D

**ALSO PRESENT:** Jeffrey Hoffman of KSA, Liz Guthridge; Barry Woerman, Executive Director; Colin Coffey, Legal Counsel, Marilyn Coffey, District Clerk of the Board.

\*\*\*\*\*

**CALL TO ORDER:** Director Jackson in the Conference Center at Marin General Hospital called the Regular Meeting of the Marin Healthcare District to order at 7:12 p. m.

**(2) ROLL CALL** Sharon Jackson, MBA; Archimedes Ramirez, M.D.; Larry Bedard, M.D., James Clever, M.D., Jennifer Rienks, PH.D

**(3) ADOPTION OF AGENDA**

Dir Bedard **moved** the agenda be rearranged to have public comments on items not on the agenda as the first order of business, followed by items 14 (A), 14(B), 14(C). **Second** by Dir Clever.

Discussion: Dir Rienks **moved** that her resolution entitled “District and Physician and Nurse Relations Emergency Resolution be added to the agenda. She read the resolution; a copy was available for the public on the back table. Attorney Colin Coffey stated that if this resolution is to be considered as an emergency item, the Brown Act has three requirements to do so: (1) a two-thirds vote of the Board is needed and (2) a finding by this Board that the matter is an issue that arose within the three-day time limit to this meeting. Dir Jackson ruled that Director Rienk’s motion was out of order. Dir Jackson stated that the substance of Director Rienk’s “District and Physician and Nurse Relations Emergency Resolution” was mentioned by Director Rienks to Dir Jackson a week ago and would be more timely discussed when the Executive Director’s goals and objectives are reviewed next month. Director Rienks **moved** that it be placed on tonight’s agenda. **Second** by Dir Ramirez. Mr. Woerman, Executive Director, in response to Board question regarding improving communications with the Medical Staff and the hospital nursing staff, indicated that in any communication, the District must have a unified position and a consistent message. If each Board member promotes an individual opinion, the staff and community will be confused and there will be no clear direction from the Board. Director Jackson limited the public speaking time to 1 minute on the above topic due to the great number of people attending the meeting.

Public input:  
Bill Rothman, M.D.  
Alan Blau

Vote on the addition of Dir Rienks resolution to the agenda:  
Ayes: Directors Ramirez, Rienks

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or (415) 461-0308 (facsimile) at least 48 hours in advance of this meeting.

Nays: Directors Bedard, Clever, Jackson. Motion does not carry.

Dir Ramirez **moved** to amend the agenda and to table item 14(A) pending receipt of data and information from KSA. Director Jackson stated that the motion being presented by Director Ramirez was an inappropriate motion at this time in the meeting; Liz Guthridge, the Parliamentarian, was requested to clarify the point of order and stated that Director Ramirez's motion to table will be appropriate when item 14(A) comes up on the agenda, and at this time, the Boards action is to approve the agenda and the requested change in order.

The action required of the Board is to vote on Director Bedard's motion to rearrange the agenda to have public comments on items not on the agenda as the first item of business, followed by items 14(A), 14(B), 14(C).

Public input

Bill Rothman, M.D.

Erik Sher, M.D.

Nancy McCarthy

Myrna Pepper

Brian Strunk, M.D.

Vote on Director Bedard's motion to rearrange the agenda:

Ayes: Directors Bedard, Jackson, Rienks, Clever

Nays: Director Ramirez

The motion carries.

**Public Comment on items not on the agenda:**

Director Jackson recommended that public comments be limited to 2 minutes and requested that the District Clerk set the timer and limit public speaking to 2 minutes per speaker.

Harry Neuwirth, M.D. presented a petition signed by approximately 110 doctors and over 500 nurses, technicians and other staff interested in the future of Marin General Hospital. The petition is entitled: "Petition to seek the lease or sale of Marin General Hospital to a competent and a proven Hospital Management Group. Doctors, Nurses, and other health professionals express "no confidence" in a District -run hospital."

Public comment both for and against in order of appearance:

Sandy Augustus, R.N.

Gerald Young, M.D.

Douglas, Kerr, M.D. of Larkspur Nancy McCarthy

Alan Blau

Myles Riner, M.D.

Katrina Erbach, M.D.

Eric Scher, M.D.

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Bill Rothman, M.D.  
Stewart Rowe, M.D.  
Margaret Jones  
Phil Erlich

Additional public comment was presented, but the speaker could not be identified.

Chair Jackson thanked those present for their input and indicated that the petition would be shared with our Planning consultants, and the Board will take the recommendations contained in the petition under advisement.

Agenda item 14(A) \*RESOLUTION: The MHDB immediately appoint a “special consultant” to approach and discuss with all competent and proven hospital management groups, their interest and conditions in purchasing or leasing Marin General Hospital.

Dir Bedard **moved that** the Marin Hospital District Board immediately approve the appointment of a “special consultant” to approach and discuss with all competent and proven hospital management groups their interest and conditions in managing, leasing or purchasing Marin General Hospital. Second by Director Clever.

Dir Rienks **moved** to amend Dir Bedard’s motion to state that Mr. Woerman, the District’s Executive Director and Colin would be the consultants to work to set up the RFI.

Public Comment in order of appearance:

Jack Nixon  
Former Mayor of Fairfax  
Alan Blau  
Schoenbrau (?)  
Bill Rothman, M.D.  
Essie Blau  
Phil Erlich  
Dr. Anderson  
Dr. Annette Skorn  
Tica Lyons  
Nancy McCarthy  
Eric Sher, M.D.

Vote on the amendment to (14) A:  
Votes: Ayes: Directors Rienks, Ramirez  
Nays: Directors Bedard, Clever, Jackson  
The amendment does not carry.

Vote on motion (14)A:  
Ayes: Directors Bedard, Clever, Jackson  
Nays: Directors Ramirez, Rienks      Motion 14(A) carried.

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*Director Jackson declared a break between 9:20 and 9:40.*

Agenda item 14(B) Consideration to conduct a special study session to educate the Board and public on the role, structure, and status of District Hospitals.

Director Rienks **moved** to consider conducting a special study session to educate the Board and public On the role, structure, and status of District Hospitals. **Second** by Director Bedard.

- Director Bedard **moved** to amend by complete substitution that the Chair appoint an education sub-committee to develop and present a fair and balanced study sessions on District Hospital ownership and operation; and that they come back to the board at the next meeting for approval of the content, speakers and format for the study session(s). Second by Director Clever. Director Ramirez moved to table the motion.

**Second** by Director Rienks.

Vote on the Motion to Table: Ayes: Directors Ramirez, Rienks  
Nays: Directors Clever; Bedard, Jackson  
Motion does not carry.

Public Comment in order of appearance:

Unidentified individual

Margaret

Alan Blau

Nancy McCarthy

Tica Lyons

Bill Rothman

Bob Derzon

Vote on Motion of substitution to amend:

Ayes: Directors Bedard, Clever, Jackson

Nays: Directors Ramirez, Rienks,

Motion on the substitute carries.

Vote on Director Bedard's Motion:

Vote: Ayes: Directors Bedard, Clever, Jackson, And Rienks

Nays: Director Ramirez,

The motion carried.

Agenda item 14 (C )

\*RESOLUTION: The Chair of the MHCD Board appoint a 2-board-member contingent to meet with Sutter Health Systems to discuss Sutter's future plans for providing services in Marin County.

Director Bedard **moved** that the Marin Healthcare District Board appoint a 2-board-member contingent to meet with Sutter Health Systems to discuss Sutter's future plans for providing

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services in Marin County. **Second** by Dir Clever.

Director Rienks moved to amend the motion to indicate that the Marin Healthcare District should also include Kaiser and UCSF. **Second** by Director Ramirez.

Public Comment:

Nancy McCarthy  
Phil Erlich  
Alan Blau  
Bill Rothman, M.D.  
Bob Derzon

Vote on the amendment:

Ayes: Directors Rienks, Ramirez

Nays: Directors Clever, Bedard, Jackson

Amendment failed.

Vote on the motion: Ayes: Directors Bedard, Clever, Jackson

Nays: Directors Rienks, Ramirez

The Motion passes.

**(15) ADJOURNMENT**

Director Jackson, Chair, adjourned the meeting at 11 o'clock.

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**PETITION TO SEEK THE LEASE OR SALE OF MARIN GENERAL  
HOSPITAL TO A COMPETENT AND PROVEN HOSPITAL MANAGEMENT  
GROUP**

Doctors, Nurses and Other Health Professionals Express "No Confidence" in a District-run hospital.

We, the doctors, nurses and other professionals who work at or refer patients to Marin General Hospital, want to preserve the exceptional patient care to the residents of Marin County and the outstanding community programs in cardiology, cancer care, trauma, obstetrics, orthopedics and primary care. We believe Marin has a remarkable aggregation of outstanding physicians who practice at Marin General. However, we also know district run hospitals are at high risk for failure. We have watched the politicization of the Marin Healthcare District Board over the years. With the date now set to terminate the Sutter management contract, we have no confidence that the District can manage, or oversee the management of a successful community hospital.

Doctors and nurses are leaving the hospital now. Because of so many uncertainties, many other colleagues are considering leaving. The survival of Marin General Hospital is in serious doubt if it is to be administered by a politicized District Board, especially now that Sutter has announced expansions at Novato Community Hospital and with its just announced purchase of Marin Square Shopping Center in the Canal neighborhood.

Time is running out. Action is urgent. We the undersigned, who provide health care to the citizens of Marin County, respectfully ask that the Marin Health Care District put a plan on the November 2007 ballot to sell or lease the Marin General Hospital to a competent and proven hospital management group.

Over 110 physicians and surgeons have signed on to this petition, as have almost 500 nurses, therapists, technicians and other professionals.

The physicians include:

118  
Nurses

Adams, James	Grossfeld, Gary	Ogden, David
Allen, Peter	Gullion, David	Ogden, Paul
Andrew, J. David	Halbert, Francine	Oppenheim, Alfred
Arnold, Charles	Hall, Albert	Orwig, Dennis
Azimi, Saba	Hall, Shirley	Poulos, Stanley
Baer, Margaret	Harvey, John	Prasad, Che
Bearg, Stephen	Hatch, Christopher	Printz, Richard
Bennett, Patrick	Head, Bobbie	Quasha, Art
Berman, David	Hoghooghi, Donna	Roben, Jason
Bloom, David	Holland, Betsy	Robinson, Scott
Bookoff, Charles	Jacos, Gerson	Sacco, Damon
Branco, Nelson	Jacques, Christopher	Salmen, Brian
Buxton, Eric	Kaiser, Jay	Scher, Eric
Byers, Robert	Keeffe, Brian	Shaikh, Naureen
Calvilli, Aida	Keohane, John	Sklar, Joel
Campbell, Vida	Khattak, Muhammed	Smith, Alison
Cha, Imok	Nasir	Sowerby, Tim
Chamberlain, Keith	Kim, Eunice	Sperling, David
Chang, Kathy	Koenker, Ralph	Sperling, Robert
Clark-Sayles, Catharine	Kunhardt, George	Spitzer, Carl
Cohen, Douglas E	Landfield, Barry	Sponzilli, Ernest
Crowley, Timothy	Leavitt, Lisa	Stock, Michael
Cumming, Susan	Lee, Mimi	Strunk, Brian
Cummings, Anne	Levey, Lawrence	Stuart, Charles
D'Amore, Tancredi	Levine, Lois	Teasdale, Robert
Davidson, Kerry	Licata, Stephen	Tweten, Scott
Davidson, Paul	Lowe, Elizabeth	Vercoutere, Ann
Dawson, Tim	Maisel, Jan	Wasserstein, Paul
DeMuth, Brian	Margolin, Alan	Wexman, Mark
Dinello, Christophe	Mayeda, William	White, Chris
Drach, Fred	Mcauliffe, Richard	Widman, Regina
Drucker, Mark	Melkonian, Rita	Yamaguchi, Michael
Eisenberg, Peter	Melnick, Irina	Young, Jerald
Ellis, Robert	Metzger, Alex	Zecherle, John
Farren, Georgianna	Nagai, Brian	Zitzer, Jerry
Fedrigio, Anthony	Najafi, Kathryn	
Fritz, Russell	Neill, Mather	
Galland, David	Nejad, Mike	
Goltz, David	Neuwirth, Harry	
Goodman, Chad	Newbury, Brian	
Grewal, Sajot	Nisam, Merrill	
	Oeschel, Mike	

ATTACHMENT E  
7( C) June 18, 2007 Minutes

**MARIN HEALTHCARE DISTRICT  
SPECIAL CLOSED MEETING  
Monday, June 18, 2007**

The Lodge at Tiburon  
1615 Tiburon Blvd  
Tiburon, Ca. 94920

(1) **CALL TO ORDER:**

Sharon Jackson, Chair, called the Special Meeting of the Marin Healthcare District Board to order at 6:03 pm in the Chart Room of the Lodge. Notice of the meeting was provided in accordance with the Brown Act and the Policies and Procedures for District Board Meetings.

(2) **PURPOSE OF MEETING:**

Director Jackson announced that this was a Special Closed Meeting of the Marin Healthcare District Board of Directors. By law, no items of business other than those on the agenda may be considered by the Board of Directors at the Special Meeting. Members of the public will have an opportunity to address the Board regarding only those items listed on the agenda. The purpose of this meeting will be to discuss strategic planning with consultants, Kurt Salmon and Associates (KSA), which will involve trade secrets under Health & Safety Code Section 32106.

(3) **ROLL CALL:**

**BOARD MEMBERS PRESENT:** Sharon Jackson, M.B.A., Chair; James Clever, M.D., Secretary; Larry Bedard, M.D.; Jennifer Rienks, Ph.D.

(Director Archimedes Ramirez, M.D. joined the meeting at 6:07 p.m.)

**ALSO PRESENT:** Colin Coffey, District Counsel; Barry Woerman, Executive Director; from KSA: Jeff Hoffman, Charles Cosovich, Laura Freemore, and Sara Sternberger.

(4) **PUBLIC COMMENT:**

Chair Jackson recognized two members of the Public in attendance who wished to address the District Board. Following presentation of information/comment to the Board, Chair Jackson closed Public Comment period and moved the meeting to closed session.

(5) **CLOSED SESSION:**

KSA presented a draft report involving Trade Secrets pursuant to Health and Safety Code Section 32106. Discussion included possible new programs, services and facilities. Estimated date for the completed report and public discussion is on track for the September 11, 2007 regular monthly meeting.

(6) **OPEN SESSION:**

Chair Jackson re-opened the meeting to open session; reported that the information discussed was in draft format; no decisions were made, and thus there were no announcements as to any Board actions.

(7) **ADJOURNMENT:**

Chair Jackson adjourned the meeting at 10:07pm.

**The next regular Meeting of the Marin HealthCare Board is scheduled for July 10, 2007 at the Conference Center located at Marin General Hospital, 260 Bon Air, Greenbrae, Ca. 94904**

ATTACHMENT F

7(D) Hospital Operations Reports: June and July

7( E) Nurse Recruiting Report: June and July

**The Hospital Report for the July 10, 2007  
Board Meeting was not available  
at the time of printing.**



**Marin Healthcare District  
Regular Meeting  
June 12, 2007**

**Report of the Hospital**

**1. Hospital Operations**

For the month ending May 31, 2007 Marin General Hospital had 537 surgery cases, 2,982 Emergency Department visits and experienced an average daily census of 121.3.

**2. Nursing Recruiting**

For the month ending May 31, 2007, 1 RN's was hired and 7 terminated, yielding a net gain of negative 6 for the month and 16 year to date. Over the same period 0 CNA's were hired and 2 terminated, for a net gain of negative 2 for the month and negative 3 year to date.

ATTACHMENT G  
I.T. Transition Status Report



# IT Transition Plan

## Status Report: June `07

<b>AUTHOR</b>	Bob DeMarco
<b>REPORTING PERIOD</b>	June 1, 2007 through June 30, 2007
<b>Project Description</b>	IT Transition – Phase II: Preparation of Initial Draft of IT Transition Plan by September 30, 2007
<b>ACTIVITIES COMPLETED</b>	<ul style="list-style-type: none"> <li>○ Conducted weekly meetings with MGHC IS Point Contact to review project tasks, requests, and deliverables.</li> <li>○ Conducted initial vendor Executive Briefings with: <ul style="list-style-type: none"> <li>▪ Cerner/ACS</li> <li>▪ Keane</li> <li>▪ Lawson</li> <li>▪ Medware</li> <li>▪ Medsphere</li> <li>▪ Eclipsys</li> <li>▪ Siemens</li> <li>▪ McKesson</li> </ul> </li> <li>○ Prepared questionnaire for remaining departments for information requests to include: <ul style="list-style-type: none"> <li>▪ Laboratory</li> <li>▪ Pharmacy</li> <li>▪ Radiology including Oncology</li> <li>▪ Surgery</li> <li>▪ Finance and Human Resources</li> <li>▪ Materials Management</li> </ul> </li> <li>○ Conducted vendor follow-up activities</li> <li>○ Conducted meetings/discussions with similar hospitals: <ul style="list-style-type: none"> <li>▪ John Muir Medical Center</li> <li>▪ El Camino Hospital</li> <li>▪ North Bay Medical Center</li> <li>▪ <b>ValleyCare Health System</b></li> </ul> </li> </ul>

<b>ACTIVITIES TO BE ACCOMPLISHED</b>	<ul style="list-style-type: none"> <li>○ Review and assess current Business Office operations</li> <li>○ Meet with Additional Vendors and conduct site visits for executive briefings to include MHCD Executive Director and Board Member(s) <ul style="list-style-type: none"> <li>▪ Siemens (ValleyCare Health System)</li> <li>▪ Eclipsys (El Camino Hospital)</li> <li>▪ Cerner/Keane/Lawson (North Bay Medical Center)</li> <li>▪ McKesson/VisICU (John Muir Medical Center)</li> <li>▪ Misys</li> <li>▪ GE (Centricity Enterprise and Financing)</li> <li>▪ Winthrop Resources (Financing)</li> <li>▪ Lawson</li> <li>▪ Others as appropriate</li> </ul> </li> <li>○ Complete Request for Information and submit to selected vendors</li> <li>○ Complete department meetings</li> <li>○ Prepare Findings from department assessments and incorporate into RFI</li> <li>○ Review updated IS Baseline document (June 30 deliverable from MGH)</li> </ul>	
<b>OPEN ISSUES</b>	<ul style="list-style-type: none"> <li>○ Board representation and involvement in IT planning process</li> </ul>	
<b>MILESTONES</b>	<b>DELIVERABLE</b>	<b>DATE</b>
	<ul style="list-style-type: none"> <li>○ Updated IS Baseline</li> <li>○ IT Transition Plan – First Draft</li> <li>○ Identify Significant Plan Differences</li> <li>○ Update IS Baseline Information</li> <li>○ Notify Transition Managers of Plan Updates</li> <li>○ Complete IS Strategic Plan</li> </ul>	<ul style="list-style-type: none"> <li>○ June 30, 2007</li> <li>○ September 30, 2007</li> <li>○ December 31, 2007</li> <li>○ January 1, 2008</li> <li>○ January 15, 2008</li> <li>○ April 30, 2008</li> </ul>
<b>ISSUES PREVIOUSLY RESOLVED</b>	<ul style="list-style-type: none"> <li>● MHCD Executive and Board representation –E.D will participate in executive briefings</li> </ul>	
<b>SCHEDULE / BUDGET UPDATE</b>	<ul style="list-style-type: none"> <li>● TBD</li> </ul>	
<b>SCOPE CHANGES</b>	<ul style="list-style-type: none"> <li>● None</li> </ul>	

ATTACHMENT H

(9) A. Report and Recommendations on Changes to District Policies and  
Procedures for conduct to District Board Meetings

POLICIES AND PROCEDURES FOR BOARD MEETINGS  
MARIN HEALTHCARE DISTRICT  
Adopted: March 8, 1994 Amended  
September 13, 1994 Amended  
June 13, 1995 Amended  
April 15, 1997 Amended  
August 10, 1999 Amended  
February 12, 2002 Amended  
June 14, 2005 Amended  
June 13, 2006 Amended  
July 10, 2007 Amended (**CONFIRM**)

**NOTE: These Policies and Procedures are designed specifically for the Board during this period of transition for the Hospital from Sutter to the District. The Board is operating under tight timeframes for completing specific assignments, and it is imperative that it uses its meeting time efficiently. It is expected that these Policies and Procedures will be adapted again once the transition is complete.**

**These Policies and Procedures need to work in conjunction with the District's Bylaws, which were last amended September 14, 2004.**

I. GENERAL PROVISIONS.

A. SCOPE AND APPLICATION.

These Policies and Procedures for Board meetings apply to the Open Meetings of the Marin Healthcare District Board of Directors (the "Board") and do not apply to Closed Meetings or Committee Meetings. Nor do these Policies and Procedures apply to any study sessions that the Board sponsors, but are not formal meetings.

B. DEFINED TERMS.

1. "Regular Meeting" shall have that meaning given to such term under the Ralph M. Brown Act ("the Brown Act").
2. "Special Meeting" shall have that meaning given to such term under the Brown Act.
3. "Open Meeting" shall have that meaning given to such term under the Brown Act.
4. "Closed Meeting" shall have that meaning given to such term under the Brown Act.
5. "Study Session" shall mean an informal gathering of board members and interested public to discuss topics of interest or to hear presentations. The session is conducive to discussion. No formal business is ever conducted in a Study Session.
6. "District" shall mean the Marin Healthcare District.
7. "Hospital" shall mean the Marin General Hospital.
8. "MGH Corporation" shall mean the Marin General Hospital Corporation, a non-profit public benefit corporation.

II. PLACE AND TIME OF BOARD MEETINGS.

A. LOCATION.

Except as permitted by law, Board meetings shall be held within the District at a location determined by the Board. (§54954)

B. DATES OF BOARD MEETINGS.

1. Regular Meetings. The dates of Regular Meetings are the dates prescribed in the District Bylaws. (§54954)
2. Special Meetings. The notice of a Special Meeting shall state the date, time, and location of the meeting. (§54956)
3. Study Sessions. The notice of a Study Session shall state the date, time, and location of the meeting.

C. TIME OF BOARD MEETINGS.

4. Regular Meetings. Regular Meetings shall generally start at 7 p.m., and adjourn no later than 11 p.m. or upon the completion of the agenda item under discussion at 11 p.m., whichever is later, unless the Board votes to extend the time for adjournment. The Board may modify the start time and frequency of Regular Meetings as necessary to conduct the business of the District. The Board also may have a special meeting or closed meeting that starts and ends right before a regular meeting.
5. Special Meetings. Special Meetings shall start at the time stated in the notice thereof. (§54956)

D. DISTRIBUTION OF MEETING NOTICE.

1. Regular Meetings. Not later than 10 days before each Regular Meeting, notice of a Regular Meeting shall be delivered, mailed, or transmitted electronically to: each Board member; newspapers of general circulation within the District; the County government, City or Town governments, and libraries within the District for public posting; and any other representative of the media or person for whom a written request is on file in the District office at the time the notice is given. If the District continues to have a website, the notice of the Regular Meeting shall be posted there. The notice of the Regular Meeting shall be posted in the main lobby of the Hospital. (§54954.1)
2. Special Meetings. As soon as practical but not less than 24 hours prior to a Special Meeting, notice of a Special Meeting shall be delivered, mailed, or transmitted electronically to: each Board member; newspapers of general circulation within the District; the County government, City or Town governments, and libraries within the District for public posting; and any other representative of the media or person for whom a written request is on file in the District office at the time the notice is given. If the District continues to have a website, the notice of the Special Meeting shall be posted there. The notice of the Special Meeting shall be posted in the main lobby of the Hospital. (§§54954.1 and 54956)

E. MEETING NOTICE AND AGENDA REQUESTS.

A written request to receive meeting notices and/or agendas shall be valid for 12 months from the date filed with the District. Unless a written renewal request is received by the District within 12 months of a prior request, no further meeting notices and/or agendas will be sent. (§54954.1) The District may set a fee to cover costs of distributing meeting notices and/or

agendas.

### III. THE AGENDA: CONTENT AND PREPARATION.

#### A. SETTING THE AGENDA.

The District Executive Director working in consultation with the Board Chair shall prepare the agenda. The Board Chair has the final authority to approve the agenda. This preparation includes determining what items need to come before the Board for the Board's information, action or both. Board Directors may also suggest items to the Board Chair and District Executive Director. The District Executive Director and Board Chair shall have sufficient backup documentation for every item that is to be included on the agenda. This also includes determining the order of agenda items, based on the general order of the Agenda, and making time allocations for the agenda items in 5-minute increments.

Before an item is placed on the agenda, the agenda request shall contain a brief written description of the item (not exceeding 20 words); appropriate documentation and supporting written materials; and a draft motion if the agenda item requires Board action. If there is insufficient documentation, the Board Chair may exclude the item until such time as supporting documentation is received.

For pre-arranged presentations by non-Board Members (such as MGH Corporation, District consultants or a community group) that are specific to the business the Board is undertaking, the name of the group, the name and title of the individual or firm presenting, and an executive summary of the proposed presentation topic, shall be indicated on the agenda.

If a Board member wants to invite an outside speaker to present to the Board at a Regular Meeting on an issue that is germane yet not directly related to the current business of the Board or District, a majority of the Board members must agree on adding the outside speaker to the agenda. Two Board Members must be in agreement in order to invite an outside speaker (unrelated to current business) to a study session.

If any board members submit specific agenda items, as described next, their name will be listed next to the item(s).

#### B. REGULAR MEETINGS.

1. Board members requesting agenda items for a Regular Meeting shall submit their requests to the Executive Director at least eight (8) days before the meeting. The eight-day limit does not apply to referral by a Committee to the Board for the discussion and actions within the scope of items listed on the posted agenda of the Committee.
2. At the time of the request, each requested item shall include a written detailed narrative description of the item to enable the Executive Director and Board Chair to determine its scope and its relation to the Board's responsibilities. Each Board member having requested an agenda item shall provide to the Executive Assistant any pertinent documentation related to each item with the item at least eight (8) days before the meeting. If the Board Member is seeking information or a staff report on an issue, the request should include a list of information sought by the member (if the item includes such a request) or a draft motion for the consideration of the Board to authorize the resources necessary to research and complete the requested report.
3. Except for those matters which the Executive Director and Board Chair deem duplicative, appropriate for closed session, necessary to postpone to a future meeting or not germane to the mission, goals and objectives adopted by the Board, all requested items shall be included on the agenda. Should an item be deferred from the agenda, the Board Chair or the Executive



Director will confer with the originator to discuss the reasons for the deferral. Should a Director disagree with the deferral, the Director may request a majority vote of the attending Board Members (at the next regular meeting where the Agenda is set) to have the item added to the next Board Meeting.

C. SPECIAL MEETINGS.

The agenda for a Special Meeting shall be limited to the items set forth in the notice for the Special Meeting. (§54956)

D. ORDER OF ITEMS ON THE AGENDA.

The general order of the agenda for a Regular Meeting shall be:

1. Call to Order
2. Roll Call
3. Approval of Agenda
4. Approval of the Consent Agenda
  - Approval of the Minutes
  - Committee Meeting Minutes for review
  - Written reports, including updates and progress reports
  - Written correspondence
5. Action Items in Order of Priority
  - a) Action Items Related to the Transition
    - Unfinished Business
    - New Business
  - b) Other Action Items
    - Unfinished Business
    - New Business
6. Special Presentations by Consultants or Other Guests
7. General Public Comment Period
8. Reports
  - Chair's Report
  - Reports of Board Members
  - Administrative Report
  - Hospital Report
  - Any Responses to Grand Jury Reports (in compliance with Penal Code Section 933 and the Brown Act)
9. Preview of Items for Next Meeting
10. Adjournment

E. CHANGING THE ORDER AND TIME LIMITS OF THE AGENDA.

The Chair shall have the discretion to change the order of agenda items to allocate time to deliberate action items.

The Chair also shall have the discretion to limit the total time to be devoted to an item on the agenda, including limiting the time allowed for each person to speak on such item, including the public. The Chair is expected to exercise this discretion when it is necessary to complete consideration of the entire agenda in a timely fashion.

F. PURPOSE OF CLOSED SESSION FOR THE AGENDA.

If a closed session of the Board will be held before, during or after a Board meeting, the agenda shall describe the purpose of the closed session in compliance with the Policies and Procedures for Closed Sessions.

G. ABOUT THE CONSENT AGENDA

The consent agenda lists routine items that the Board Members can act on with no individual presentation or discussion required. Any member of the Board may remove one or more items from the consent agenda and have it as a regular agenda item later in the meeting. No reason, rationale or discussion is required. The items remaining on the consent agenda shall then be enacted by one motion. Approval by the Board of Directors of consent items indicates that these items were approved together without any additional conditions.

After the Chair introduces the consent agenda and a Director moves to adopt the consent agenda, it is in order for a Director to remove one or more items for consideration later. It also is in order for a member of the public to address any item on the consent agenda; however, only a Board member can request that an item be removed from the consent agenda.

Consent agenda items can include but shall not be limited to the items listed earlier in III.D.4.

The Board's response to Grand Jury reports will never be on the consent agenda. Instead, the response will be placed on the regular public meeting agenda in compliance with Penal Code Section 933 and the Brown Act in order to provide opportunity for public discussion.

IV. DISTRIBUTION OF THE AGENDA.

A. POSTING THE AGENDA.

1. Time for Posting.

- a) Regular Meetings. The agenda for a Regular Meeting shall be posted no later than 72 hours before the meeting. (§54954.2)
- b) Special Meetings. The agenda for a Special Meeting shall be posted no later than 24 hours before the meeting. (§54956)

2. Place and Manner of Posting.

The agenda for a meeting shall be posted in a conspicuous place in the main lobby and in the glass cabinets opposite Greenbrae Grill of the Hospital that is freely accessible to all members of the public. The date and time of the posting shall be noted on the posted agenda and on a file copy, and signed by the person posting the agenda. (§54954.2)

B. DISTRIBUTING THE AGENDA.

1. Board Members. The agenda packet for a Board meeting shall be delivered, mailed, or transmitted electronically to each Board Member at the same time the agenda is posted. If reports or supporting documents have been prepared on an item, such materials shall be distributed, if feasible, to the Board Members with the agenda packet. If a Board member requests a hard copy of the packet, the Executive Assistant will deliver or mail the packet to the Board member.

2. Media, Government and Libraries. At least three days before a Regular Meeting, the agenda shall be delivered, mailed, or transmitted electronically within the District to: newspapers of general circulation; the County government, city and town governments, and libraries for posting; and to other media upon request. The agenda for a Special Meeting shall be mailed or transmitted electronically to the same parties not less than 24 hours before the Board meeting. To encourage maximum community knowledge of District affairs, agenda packets will be provided to media representatives free of charge upon request.

3. Members of the Public. The agenda for Regular Meetings and Special Meetings shall be mailed or transmitted electronically on the schedule outlined above to all persons having submitted an annual request. Members of the public may make an appointment to visit the District office during established office hours to view the agenda and agenda packet without charge. The District may set a fee to cover costs of copying and distributing the agenda and agenda packet to the public.

4. Website. The notice and agenda shall be posted on the District website.

## V. PROCESS FOR BOARD MEETINGS.

### A. AGENDA ITEMS.

1. The Chair shall announce each agenda item.
2. For agenda items other than reports, the Board Member who has requested the item shall introduce it by presenting a motion. The Chair shall ask for a second. If there is a second, the Chair shall state the name of the seconder. If there is no second, the Chair shall move to the next agenda item.
3. If there is a second to the motion, the Chair shall allow the Board Member who made the motion to discuss the motion first. The other Board members may then discuss the motion.
4. The Chair shall allow the public to comment on the agenda item and motion as provided in VI of these Policies and Procedures.
5. The Chair shall allow the Board members to conclude discussion on the item and motion.
6. The Chair shall close discussion and if appropriate call for a vote on the item or motion.
7. Except as stated in the District Bylaws, Sturgis, The Standard Code of Parliamentary Procedure, the most recent edition ("Sturgis"), shall be a general guideline for the Board's deliberations (such as the manner of debate, motions, amendments and voting) on matters not covered in these Policies and Procedures.

### B. ITEMS NOT ON THE AGENDA.

1. Except as provided in VI below, no discussion or action shall be undertaken on any item that does not appear on the posted agenda. However, if time permits, the Chair may allow Board members or staff to respond briefly to statements or questions posed by members of the public, ask a question for clarification, or provide a reference to District staff or other resources for factual information. The Board may also request District staff to report back at a future meeting or place the item on the agenda for a future meeting. (§54954.2)
2. The Board may discuss and/or take action on an item which does not appear on the posted agenda if prior to any discussion of the item, the Board takes one of the following actions:
  - a. A majority of the Board determines that an emergency situation (e.g., work stoppage, disaster) exists, that was unknown at the time the agenda was set, or

- b. Two-thirds of the Board determines that the issue is urgent and requires immediate action; or
  - c. The item was continued from a Board meeting that was held within the past five days and was properly posted on the agenda for the prior meeting. (§54954.2)
3. If the Board proposes to take action on an item that was not listed on the posted agenda, the Board will first vote on its determination that it may take action on the item. The minutes of the meeting will reflect the need for taking action and why the need arose after the posting of the agenda

#### C. VOTING

Voting by the Board on motions and other items before the Board shall be by recorded roll call vote.. The District shall not take action by secret ballot, whether preliminary or final. (§54953)

#### D. APPROVAL OF MINUTES

Board members are responsible for providing corrections to non-substantive, typographic, and grammatical errors to the preparer of the minutes before the Board meeting at which the minutes are to be approved—provided the Board members were able to receive a draft copy of the minutes in advance of being distributed to the public. In this case, Board members shall provide only substantive suggestions regarding the minutes during the meeting. If Board members were not able to receive a draft copy of the minutes in advance, they should provide all corrections, substantive and administrative, during the meeting.

#### VI. RIGHTS OF MEMBERS OF THE PUBLIC.

##### A. RIGHTS TO ATTEND AND SPEAK AT BOARD MEETINGS.

Members of the public have the following rights:

1. To attend meetings in facilities that do not discriminate on the basis of race, religious creed, color, national origin, ancestry or sex. (§54961)
2. To attend meetings in facilities that are physically accessible to all members of the public. (§54961)
3. To attend meetings without making a payment or purchase, or to register, provide other information or complete a questionnaire, or otherwise fulfill any other condition to attending a meeting. (§§54953.3 and 54961)
4. To testify or otherwise address the Board during meetings in the manner prescribed in VI ("Rights of Public to Comment") and VIII.C ("Addressing the Board").
5. To share their point of view about the policies, procedures, programs and services of the District, or the acts or omissions of the Board. (§54954.3)
6. To record meetings of the Board in the manner prescribed in VII.B.
7. To access Board agendas and documents in the manner prescribed in IV.B.3.

##### B. RIGHTS OF PUBLIC TO COMMENT.

1. General Public Comment Period at Regular Meetings. Each Regular Meeting agenda shall include a general public comment period for the public to address issues that are not on the agenda. In addition, members of the public can ask to address the board on particular

agenda items during time allotted for such purpose. (§54954.3)

2. Public Comment at Special Meeting. Special Meetings do not have a general public comment period unless the Board orders it. Public Comment limited to only the items on the agenda will be allowed at each Special Meeting. (§54954.3)

#### C. ACCESS TO PUBLIC DOCUMENTS.

Members of the public have the right to review, upon request agendas of all meetings of the Board, the agenda packet and any other written or typed materials (excluding those materials that are exempt from public disclosure under the California Public Records Act), which are distributed to a majority of the Board Members at or before a Board meeting. (§54957.5)

1. Written materials that are public records distributed to Board members before a meeting shall be made available to members of the public at the meeting.
2. Written materials that are public records distributed at a meeting shall be made available to members of the public within three (3) working days after the meeting. (§54957.5(b))
3. The Board may charge a fee for the copy of a public record in accordance with the California Public Records Act. (§§6257 and 54957.5)

#### VII. RECORDING OF BOARD MEETINGS.

##### A. RECORDING BY THE DISTRICT.

1. Minutes. Minutes of Board meetings shall be prepared by the Executive Director's office as soon as possible after each meeting and submitted to the Secretary of the Board. The minutes should summarize the actions taken on all items and the vote of the board members on those items. The minutes also may list the names of the public who spoke at the meeting, including the topic on which they spoke and whether they spoke in favor, against or were neutral on the issue.
2. Recording Board Meetings. Meetings of the Board shall be recorded under the supervision of the District staff.
  - a) Tapes of Board meetings made by the District shall be retained and be subject to public inspection in accordance with the California Public Records Act (Gov's Code §§6250 et seq.). Any inspection of a taped recording made by the District shall be provided for public review without charge on equipment made available by the District in its office. (§54953.5) Copies of the recordings may be requested. The District shall set a fee to cover costs of copying recordings.
  - b) The District Board may provide for erasure or destruction of taped meetings one year after a Board meeting. (§54953.5)
  - c) Media equipment and personnel authorized by the District to operate the equipment shall have primacy of location.

##### B. RECORDING BY MEMBERS OF THE PUBLIC.

Members of the public shall have the right to broadcast or record an Open Meeting using any media, in the absence of a reasonable finding by the Board that the broadcast or recording cannot continue without noise, illumination or obstruction of view that constitutes, or would constitute, a persistent disruption of the meeting. (§§54953.5 and 54953.6)

The District may prescribe where media equipment may be placed, consistent with State safety

regulations. Stationary equipment and its operators not authorized by the District may displace no more than 15% of the seating capacity established by the Fire Marshall. Operators of stationary video or camera equipment not authorized by the District must make arrangements with the District office between five (5) days and no less than seven (7) hours before the meeting to establish placement of their equipment. If more than one crew (not including a crew authorized by the District) wishes to use stationary equipment, the crews will have to negotiate among themselves to form a recording pool. Media equipment or personnel operating the equipment which obstruct the safe access or egress of the public, obstruct the conduct of the meeting by placement or illumination or noise, or create persistent disruption of the meeting will not be permitted.

### VIII. RULES OF DECORUM.

#### A. PRINCIPLES OF DECORUM

Meetings of the Board shall be conducted in an orderly manner to ensure that the Board may deliberate its business as well as allowing the public to listen and also be heard at appropriate times. The purpose of the meeting is for the Board to conduct its business in public, not to conduct a public meeting.

It is the responsibility of the Chair and the other members of the Board to maintain common courtesy and decorum and to show each other respect. Whoever is serving as Presiding Officer (generally the Board Chair but the Vice Chair in the Chair's absence) has overall responsibility for maintaining the order and decorum of the meetings, including the public in attendance.

#### B. RULES OF DECORUM

While any meeting of the Board is in session, the following rules of order and decorum shall be observed:

1. Board Members. The Board members shall preserve order and decorum, and a member shall not by conversation or other means delay or interrupt the Board proceedings or disturb any other member while speaking. Individual Board members have the right to disagree with ideas and opinions. However, once the Board votes to take action, the Board members shall support the action and not create impediments to the implementation of the action.
2. Staff Members. Employees of the District shall observe the same rules of order and decorum as those which apply to the members of the Board.
3. Persons Addressing the Board. Public oral communications at the Board meetings should not be a substitute for any item that can be handled during the normal working hours of the District. The primary purpose of the oral communications is to allow citizens the opportunity to communicate formally with the Board as a whole, for matters that cannot be handled during the regular working hours of the District. Each person who addresses the Board shall not make personal, impertinent, slanderous or profane remarks to any member of the Board, staff or general public. Any person who makes such remarks, or who utters loud, threatening, personal or abusive language, or engages in any other disorderly conduct which disrupts, disturbs or otherwise impedes the orderly conduct of any Board meeting shall be expelled from the meeting and may be barred from further audience before the Board during that meeting.
4. Members of the Audience. No person in the audience at a Board meeting shall engage in disorderly or boisterous conduct, including the utterance of loud, threatening or abusive language, whistling, hissing, and stamping of feet or other acts which disturb, disrupt or otherwise impede the orderly conduct of any Board meeting. Persons who conduct themselves in the aforementioned manner shall be barred from further audience before the Board during that meeting.

Even when Board meetings are not in session, Board members shall conduct themselves with courtesy and respect to each other, to staff and to members of the public if the Board members are representing themselves and the District.

If there are any complaints against any Board members, a District employee or a consultant or advisor to the Board, the complaint should first be addressed with the Executive Director or the Chair. A good faith effort to resolve the problem should be made at that level before bringing the matter to a meeting of the Board.

#### C. ADDRESSING THE BOARD.

A person wishing to address the Board may seek recognition by the Chair during discussion of any item during the time set aside for public comment. No person shall address the Board without first being recognized by the Chair. The following procedures shall be observed:

1. Each person shall step to the microphone or specific area provided for the use of the public and will state his or her name when recognized by the Chair.
2. During the general "Public Comment" portion of a Regular Meeting, the Chair shall request the speaker to terminate immediately any discussion on a subject which the Chair deems to be outside the subject matter of the District, or may be the subject of an agenda item at the meeting.
3. During the discussion of an agenda item, the Chair shall request the speaker to terminate immediately the discussion of a matter that the Chair deems to be outside the scope of the agenda item.
4. Each person shall limit any remarks to three (3) minutes, unless further time is granted by the Chair, or conversely, the time is limited as set forth by III.E. The time limits for public comment are not transferable. The time limits shall not include questions and answers to or from Board members. (§54954.3)
5. All remarks shall be addressed to the Board as a whole and not to any single member thereof, unless in response to a question from a particular member.
6. No question may be asked of a member of the Board or of the District staff without permission of the Chair.

#### D. ENFORCEMENT OF DECORUM

The rules of decorum set forth above shall be enforced in the following manner:

1. Warning. The Chair shall request that a person who is breaching the rules of decorum be orderly and silent. If, after receiving a warning from the Chair, a person persists in disturbing the meeting, the Chair shall order the person to leave the Board meeting; provided however, that any person addressing the Board who makes a personal, impertinent, slanderous, or profane remark to any member of the Board, staff, or general public may be ordered by the Presiding Officer to leave the Board meeting without first receiving such warning. If such person does not leave, the Presiding Officer may order any law enforcement officer who is on duty at the meeting as sergeant-at-arms of the Board to remove that person from the Board meeting.
2. Removal. Any law enforcement officer who is serving as sergeant-at-arms of the Board shall carry out all orders and instructions given by the Presiding Officer for the purpose of maintaining order and decorum at the Board meeting. Upon instruction of the Presiding Officer, it shall be the duty of the sergeant-at-arms to remove from the Board meeting any person who is disturbing the proceedings of the Board.
3. Adjournment. If a meeting of the Board is disturbed or disrupted in such a manner as to make infeasible or improbable the restoration of order, the meeting may be adjourned or continued by the Presiding Officer or a majority of the Board, and any remaining Board business

may be considered at the next meeting.

IX. OTHER POLICIES AND PROCEDURES.

A. BROWN ACT.

The Board shall provide a copy or a summary of the Brown Act and these Policies and Procedures to each Board Member when revised, and to each Board Member Elect, upon election, who has not assumed the duties of District office. (§54952.7)

B. AMENDMENTS.

These Policies and Procedures may be amended at any Board meeting by majority vote, assuming advance notification as an agenda item. These Policies and Procedures also may be suspended at any Board meeting by two-thirds vote, provided the suspension does not conflict with the Bylaws or the Brown Act or deprive any Board member of a fundamental right as set forth in parliamentary procedure.

The Policies and Procedures shall be reviewed every three years by the Management, Finance and Audit Committee, with recommendations submitted to the Board.

However, when the Board completes the transition of the Hospital, the Management, Finance and Audit Committee should review these Policies and Procedures.

C. SUPERCEDED BY CHANGES IN BROWN ACT.

These Policy and Procedures shall be superseded by any change in the provisions of the Brown Act that are in conflict with this Policy.



ATTACHMENT I

(9) A.1 Consideration to return to previous format for recording minutes

AGENDA ITEM (14) B      MINUTE FORMAT CHANGES

Presenter:                Ramirez

Discussion:              Minutes of Board Meetings. Review of unilateral decision by the Chair, absent Board action, to change the format of the Board minutes and eliminating public comment.

Action desired:        Unknown

Comment:                Topic was discussed at retreat with agreement that streamlined minutes follow current best practices.

Recommendation:    Refer to Policy and Procedure ad hoc committee for further study.

ATTACHMENT J

(10) A Consider and adopt the Annual Budget for FYE 2008-Woerman

## MARIN HEALTHCARE DISTRICT

Projections for year ending June 30, 2007

Preliminary budget for year ending June 30, 2008

	FY 2007 Final Budget	12/31/06 Actual Results	Actual 3rd qtr Results	Projected 4th qtr Results	Projected YE Results	FY 2008 Prelim. Budget
<b>Revenue</b>						
MGHC Cash Rental Income	\$ 309,602	\$ 230,634	\$ -	\$ 76,000	\$ 306,634	\$ 310,000
MGHC Litigation Settlement	157,204	77,250	-	77,250	154,500	160,000
Rental Income - 1260 Eliseo	45,000	77,559	-	-	77,559	-
Sale of assets	-	1,400	-	-	1,400	-
Interest	43,750	6,768	22,146	15,000	43,914	80,000
MGH Settlement Transition	750,000	375,000	-	-	375,000	500,000
MGH Settlement 50% Loan	-	375,000	-	-	375,000	500,000
Other Income	200	-	-	-	-	-
<b>Total Revenue</b>	<b>1,305,756</b>	<b>1,143,611</b>	<b>22,146</b>	<b>168,250</b>	<b>1,334,007</b>	<b>1,550,000</b>
<b>Expenses</b>						
Audit	10,000	15,351	-	-	15,351	10,000
Bank Service Charge	-	10	23	15	48	100
Board Expenses	-	-	9,784	-	9,784	6,000
Financial	10,000	2,850	1,950	3,000	7,800	12,000
Publ/Subs/Dues	6,000	-	5,000	500	5,500	6,000
Education & Travel	8,000	1,718	685	4,000	6,403	6,000
Election	85,000	42,500	21,250	21,250	85,000	85,000
General Counsel Legal Fees	150,000	129,180	38,784	37,500	205,464	120,000
Special Counsel Litigation Fees	200,000	158,796	5,841	-	164,637	-
LAFCO	1,500	1,361	-	-	1,361	1,500
<b>Operating Expenses</b>						
Supplies	-	1,251	1,338	1,500	4,089	6,000
Photocopier Rental	-	749	1,975	1,000	3,724	3,600
Postage	-	-	-	-	-	1,200
Operating Expenses - Other	2,000	977	340	500	1,817	1,200
Capital equipment - ED	-	-	7,963	-	7,963	1,000
<b>Payroll Expenses</b>						
Executive Director - Housing	-	-	6,993	7,050	14,043	49,800
Executive Director - Salary	-	-	33,000	66,000	99,000	264,000
Salary Expenses - Office	60,000	23,750	14,250	14,250	52,250	60,000
Admin Support (Secretarial)	-	9,090	-	-	9,090	-
<b>Benefits</b>						
Health Insurance	5,600	2,293	1,800	1,800	5,893	7,200
Workers Compensation	1,500	282	454	750	1,486	3,600
Payroll Taxes	9,000	2,307	4,595	8,200	15,102	32,400
Payroll Service Fee	-	558	519	500	1,577	2,000
Consultants	100,000	101,417	6,672	-	108,089	-
<b>Transition Team</b>						
IT consultant	-	-	20,250	65,000	85,250	105,000
Attorney	-	-	11,360	27,000	38,360	48,000
Operations	-	-	55,338	15,000	70,338	12,000
Financial	-	-	-	-	-	-
Strategic Planning	-	-	-	110,000	110,000	300,000
Bond advisor	-	-	-	-	-	-
Other	-	-	-	-	-	24,000
Public Communications/Website	55,000	534	27	-	561	25,000
Telephone	6,000	1,432	692	1,500	3,624	6,000
Charitable Contributions	-	1,000	-	-	1,000	10,000
Reserve Fund*	-	-	-	-	-	-
<b>Total Operating Expense</b>	<b>1,459,600</b>	<b>497,406</b>	<b>250,883</b>	<b>386,315</b>	<b>1,134,604</b>	<b>1,208,600</b>
<b>Operating Net Income (Loss)</b>	<b>(153,844)</b>	<b>646,205</b>	<b>(228,737)</b>	<b>(218,065)</b>	<b>199,403</b>	<b>341,400</b>

Accrual

	FY 2007 Final Budget	12/31/06 Actual Results	Actual 3rd qtr Results	Projected 4th qtr Results	Projected YE Results	FY 2008 Prelim. Budget
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**Extraordinary Income for FY 2006/2007:**

Other Income						
Sale of 1260 So. Eliseo	1,529,000	1,526,923				
Public Records Request	-	110				
	1,529,000	1,527,033				
Other Expense						
Suspense	-	423				
Net Other Income	1,529,000	1,526,610				

**2007/2008  
Expected Cash Flow**

<b>July 1, 2007:</b>	<b>\$ 2,025,935</b>
<b>Income from 2007/2008 operations</b>	<b>341,400</b>
<b>June 30, 2008:</b>	<b>\$ 2,367,335</b>

ATTACHMENT K

(10) B Approve: Grand Jury Response: Retiree Health Costs

Report Title: **Retiree Health Care Costs: I Think I'm Gonna Be Sick**

Report Date: **March 19, 2007**

Response by: Sharon Jackson Title: Chair, Board of Directors

BOARD: Marin Health Care District: Responses to F12 and R2 required.

**FINDINGS**

- I (we) agree with the findings numbered: F12.
- I (we) disagree wholly or partially with the Findings numbered: \_\_\_\_\_.

Attach a statement specifying any portion of the findings that are disputed; include an explanation of the reasons therefore.)

**RECOMMENDATIONS**

- Recommendations numbered \_\_\_\_\_ have been Implemented.  
(Attach a summary describing the implemented actions.)
- Recommendations numbered \_\_\_\_\_ have not yet been implemented but will be implemented in the future.  
(Attach a timeframe for the Implementation.)
- Recommendations numbered R2 require further analysis.

(Attach an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or director of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the grand jury report.)

- Recommendations numbered \_\_\_\_\_ will not be implemented because they are not warranted or are not reasonable.

(Attach an explanation)

Date: June 25, 2007

Signed: \_\_\_\_\_

**Sharon Jackson, Chair**

Number of pages attached: 1

## RESPONSE TO GRAND JURY REPORT FORM

### Attachment F Addendum

The Marin HealthCare District (**MHCD**) employs two staff positions and does not provide an employee Health Care and pension benefit program. The employees are provided additional compensation to provide for their own self-directed health and pension plan. Directors serve on a voluntary basis with no salary, pension, or benefits in any form.

**MHCD** has negotiated a settlement to all outstanding legal disputes with the Sutter Health System to return operating responsibility of the Marin General Hospital to the District (no later than July 1, 2010). The pension and health care retirement issues identified by the Report of the Grand Jury will be addressed as part of the transition planning. **MHCD** is using the services of professional actuarial and legal advisors to assure that the District complies with all Federal and State regulations, including GASB (45).

#### **RESPONSE TO RECOMMENDATION R2:**

As explained above, the **MHCD** does not provide employee or Directors with health care or pension benefits that are subject to provisions in GASB (45). **MHCD** is currently evaluating organizational models for the operations of Marin General Hospital once the transition from Sutter is complete. Compliance with GASB (45) will be an integral component of any program/plan approved by the District Board.

While most of the Findings and Recommendations of the Grand Jury on the issues and potential costs associated with employee retirement and healthcare benefit cost do not apply to the District at this time, we are grateful to the Grand Jury for its review and analysis of this issue. The Marin Healthcare District can assure the Grand Jury that these concerns will be closely monitored and addressed as we transition the responsibility for the compensation and benefits of the Marin General Hospital Staff from a Sutter based benefit program to a new program that will be approved by the District Board of Directors.

Sincerely,

---

Sharon Jackson, Chair  
Marin HealthCare District



ATTACHMENT L  
(10) C Approve: Grand Jury Response: Health and Wellmess

Report Title: **THE HEALTH AND WELLNESS CENTER: A DISTIRBING LIST OF UNANSWERED QUESTIONS**

Report Date: April 19, 2007

Response by: Sharon Jackson

Title: Chair, Board of Directors

**BOARD: Marin HealthCare District:**

**FINDINGS**

- I (we) agree with the findings numbered: \_\_\_\_\_.
- I (we) disagree wholly or partially with the Findings numbered: **F1-F8.**

Attach a statement specifying any portion of the findings that are disputed; include an explanation of the reasons therefore.)

**RECOMMENDATIONS**

- Recommendations numbered \_\_\_\_\_ have been Implemented.  
(Attach a summary describing the implemented actions.)
- Recommendations numbered \_\_\_\_\_ have not yet been implemented but will be implemented in the future.  
(Attach a timeframe for the Implementation.)
- Recommendations numbered \_\_\_\_\_ require further analysis.  
(Attach an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or director of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the grand jury report.)
- Recommendations numbered **R1-R4** will not be implemented because they are not warranted or are not reasonable.

(Attach an explanation)

Date: **June 25, 2007**

Signed: \_\_\_\_\_

**Sharon Jackson, Chair**

Number of pages attached: 1

## RESPONSE TO GRAND JURY REPORT FORM

### Attachment G Addendum

#### RESPONSE TO FINDINGS F1-F8:

The Marin Healthcare District Board does not feel it is appropriate for the District to either agree or disagree with the findings of the Grand Jury on the issues surrounding the planning for the Health and Wellness Center. The District has not been privy to the detailed planning and analysis that has taken place between County Administrative Staff and the Board of Supervisors. The District feels that any comment that we could add would only be based on conjecture and opinion, and thus the review process would best be addressed by the County Board of Supervisors.

#### RESPONSE TO RECOMMENDATIONS R1-R4.:

Consistent with the comment made on the Findings above, the District has not been an integral part of the planning process for the Health and Wellness Center. The District is aware of the County's planning for the Health and Wellness Center but lack sufficient detail to agree or disagree with the recommendations of the Grand Jury. Responses to the recommendations are more appropriately the responsibility of the Marin County Board of Supervisors.

The District applauds the commitment of the County to identify and plan for healthcare access for those residents in the County who are unable to afford private health care services. We also applaud the Grand Jury's interest in assuring that access to Health care and the related issues of transportation, facilities planning, and the need to assure that safety net acute services are included in our countywide health services master plan.

Sincerely,

---

Sharon Jackson, Chair  
Marin HealthCare District

ATTACHMENT M

(10) E \*Consideration to accept the report of the Education Subcommittee  
and  
approve recommendation for the presentation of educational programs on  
District Hospital ownership, governance, and operation.

**ATTACHMENT M**

Agenda item 10 (E)

Director Bedard Motion: Resolve that the Marin Healthcare District Board create definitive language for a November 2007 Advisory Ballot initiative, seeking the advice of District Voters for the future of Marin General Hospital; and, that the Ballot language be presented to the District Board for approval at a Special Meeting of the District Board on August 6, 2007.

**ATTACHMENT N**

- (11) A \* Consideration to place an Advisory Ballot initiative for the November 2007 General election, seeking the advice of District Voters for the Fuure of Marin General Hospital; and, that ballot initiative be considered At a Special Meeting of the Board to be scheduled for August 6, 2007.

**ATTACHMENT N**  
Agenda item 11 (A)

Director Bedard Motion: Resolve that the Marin Healthcare District Board create definitive language for a November 2007 Advisory Ballot initiative, seeking the advice of District Voters for the future of Marin General Hospital; and, that the Ballot language be presented to the District Board for approval at a Special Meeting of the District Board on August 6, 2007.

ATTACHMENT O

(11)B \* Presentation by Dr. Derice Tao from the Health Council of Marin on the "Healthcare Access Bill of Rights."





# The Health Council of Marin has identified the health care services and facilities that should be available to county residents

- There are three overarching principles
  - Green healthcare construction and management
  - Culturally and linguistically competent care
  - Affordable healthcare
- Marin County residents should have access to:
  - Healthcare facilities
  - Hospital-based (or hospital-affiliated) services
  - Community clinic-based services
  - External services

# Healthcare Facilities

- Acute care hospitals (including medical, intensive care, acute psychiatry beds, pediatrics, newborn intensive care and obstetric services)
- Clinic care accessible through the ER
- Emergency services
  - Full service ER
  - Trauma care
- Stroke center
- Integrative services on site
- Long-term care

# Hospital-Based Services

- Cardiac care
- Cancer treatment
- Full reproductive health services (including pregnancy termination)
- Urgent care and triage care
- Communicable disease treatment
- Disaster preparedness
  - Ability to increase bed capacity in response to a disaster
  - Participation in emergency network; emergency response plans
- Palliative care
- Pharmacy services
- Case management
- Discharge planning

# Community Clinic-Based Services

- Chronic disease management programs (e.g., asthma, hypertension, obesity, diabetes)
- Health promotion and wellness services and education
- Communicable disease treatment and prevention (e.g., pandemic flu, influenza, tuberculosis)
- Environmental health (e.g., avian flu, West Nile virus, contaminated water, lead)
- Disaster preparedness
- Family planning and sexual health (e.g., birth control, HIV/AIDS, STDs)
- Injury and violence prevention (e.g., firearms, traffic, sports, domestic violence, drowning, suicide/homicide)
- Mental health treatment services
- Dental care
- Pediatrics (e.g., routine care, emergency care)
- Healthcare campus associated with hospital to provide integrative services, with clinic-based urgent care

# External Services

- Mobile senior care (for frail elderly with limited access due to impaired mobility, lack of health insurance or lack of funds), aging in place
- Hospice care
- Case management across provider spectrum
- Home health visiting nurses
- Transportation services for patients