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# MARIN HEALTHCARE DISTRICT

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August 31, 2004

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The Honorable Terrence R. Boren  
Marin County Superior Court  
P.O. Box 4988  
San Rafael, CA 94913-4988

Dear Judge Boren,

The Marin Healthcare District's response to the Grand Jury report "Marin General Hospital: Moving Beyond the Impasse" follows.

## **RESPONSE TO GRAND JURY REPORT FORM**

**Report Title:** Marin General Hospital: Moving Beyond the Impasse  
**Report Date:** June 4, 2004

**Response by:** Diana D. Parnell, MD **Title:** Chair, Marin Healthcare District Board

## **FINDINGS**

The Marin Healthcare District Board agrees with the findings numbered: F1; F3a,b,c,f; F7; F8.

The Marin Healthcare District Board wholly or partially disagrees with findings F3d,e and F6.

## **RECOMMENDATIONS**

Recommendations numbered R3a,b,c and R6b,d,e,f,and g have been implemented.

Recommendations R2; R4; R5; and R7 have not yet been implemented, but will be implemented in the future.

Recommendations R1a,b,c; and R6a,c will not be implemented because they are not warranted or are not reasonable.

Date: August 31, 2004

Signed: Diana Arnell

Number of pages attached 4

## **Response by the Marin Healthcare District Board to the Grand Jury Report Form**

**Report Title:** Marin General Hospital: Moving Beyond the Impasse

**Report Date:** June 4, 2004

**The Marin Healthcare District Board wholly or partially disagrees with findings F3d,e and F6.**

**F3d:** “Inability to be forceful in controlling disruptive remarks from the public undermines the effectiveness of the District Board.”

The Board feels that disruptive remarks have come not only from the public, but also from Marin General Hospital representatives. The Board Chair has repeatedly called people making disruptive remarks out of order and has had to adjourn the meeting prematurely in order to maintain decorum.

**F3e:** “Lack of necessary expertise to deal with healthcare management issues has undermined the effectiveness of the District Board.”

With four healthcare professionals on the Board, there is no lack of expertise. However, Marin General Hospital is managed by Sutter/MGH and the faulty, unfair Lease gives the District no role in healthcare management at this time.

The District Board members and the public have repeatedly presented instances of inadequate health care at Marin General Hospital. However, the Board has no power to force remediation other than to bring issues to the attention of Sutter/MGH management and to the public and request that improvements be made.

There is no deficit of such information. Acrimony is based on differing opinions among Directors and between Directors and the public on the issues presented.

**F6:** “Multiple allegations of conflict of interest have hamstrung the District Board and prevented it from carrying out its duties.”

The District Board believes that the sentence should be changed to “Multiple allegations of conflict of interest have hamstrung the District Board and impeded it in carrying out some of its duties.”

## RECOMMENDATIONS

The following recommendations have been implemented. R3a,b,c and R6b,d,e,f,g

**R3a,b,c:** “Employ consultants with expertise in hospital management to:

- a. Develop feasible options
- b. Help implement a long-term strategy that would enhance the provision of healthcare in the District
- c. Guide negotiations with Sutter about the terms of any future lease or sale and with others regarding future management responsibilities.”

The District plans to hire consultants to assist it in the issues raised in the Grand Jury report and other issues. The District has hired a new General Counsel with over 20 years of experience in health care and hospital management issues to assist it in developing feasible options, seek better long term strategy and help guide possible lease discussions with Sutter/MGH.

Private negotiations between the Board (2 members only) and Sutter/MGH have not been productive. Sutter announced at the Board’s June 2004 meeting that they would not be coming to the District with terms for, or drafts of, a new potential lease.

**R6b:** “Limit comments to one person per issue.”

It has long been the policy of the Board to permit a single three minute comment by an individual on each agenda item.

**R6d:** “Insist that the comments deal only with the agenda item itself.”

It is Board policy that comments must deal with the agenda item. The Chair has frequently ruled out of order attempts to discuss subjects unrelated to the agenda item

**R6e:** “Do not tolerate personal attacks.”

The Board is aware that it has not adequately responded when a member of the public, MGH/Sutter representatives, or a Board member have verbally attacked another person. In part this stems from the Board’s policy prohibiting discussing or responding to public statements, and a reluctance to challenge each other. It has now been discussed by the Board who agreed that such personal attacks will be forcefully responded to by the Chair or any Board member.

**R6f:** “Do not engage in any discussion with the public during the period for public comments.”

Board policy has been and is to avoid discussion with the public during public comments other than for clarification.

**R6g:** “If necessary, remove those who disrupt meetings and refuse to obey the rules.”

The District Board has had a sergeant-at-arms in the past to facilitate removal of disruptive public members, but doesn’t have one at the present time. It has, on occasion, been forced to adjourn a meeting when its Rules of Decorum were violated.

**The following recommendations have not yet been implemented, but will be implemented in the future. R2; R4; R5; and R7**

**R2:** “Develop more effective ways to negotiate privately with MGH Corporation and/or any other management group.”

The Marin Healthcare District Board has attempted to negotiate privately with MGH Corporation on several occasions. A serious attempt to renegotiate the unfair Lease failed in 1997 leading to litigation. Recent attempts to negotiate have been unproductive due to multiple factors. The District Board reaffirmed that it will continue to develop more effective ways to negotiate with MGH management.

**R4:** “Negotiate an adequate rent or compensation in any new lease arrangement or sale of the hospital.”

This will be done if and when a new lease is written, discussed, voted and implemented. At a minimum this will require six months.

**R5:** “Consider hiring a CEO.”

The board is presently discussing this option with General Counsel. Our budget is limited, but a part-time CEO will likely be hired possibly within the next 3-4 months.

**R7:** “Request a seat on the boards of MGH and Marin Community Health.”

In a proposed new lease, the Board could request that two of its Directors be voting members of the MGH Board of Directors. This cannot occur until a lease is negotiated. Marin Community Health is not under the purview of the District Board, although the District Board has contributed financially to its programs.

**The following recommendations will not be implemented because they are not warranted or are not reasonable. R1a,b,c; and R6a,c**

**R1:** “Reformulate the Board’s mission and develop a strategic plan for the District with concrete goals and operations. Elements should include:

- a. specific oversight responsibilities with respect to the mix of services and the quality of care at MGH
- b. feasible long-term options with regard to hospital management
- c. feasible long-term options with regard to the provision of other healthcare services within the district.”

These three suggestions will only be implemented if and when a new lease granting the Board oversight of quality of care and long term options for hospital management and other healthcare services is agreed by the District Board, Sutter/MGH and approved by the electorate. The present lease does not allow these responsibilities, it restricts them. Some Board members advocate waiting for the lease to expire in 2015 and then regaining public control of the hospital.

**R6a,c:** “Control disruptive behavior at meetings by enforcing the Brown Act more strictly. For example:

- a. Allow comments from the public only before an agenda item is discussed by the District Board
- b. Limit time for comments to two minutes per person.”

The District Board feels that Board members should be able to ask questions and have some brief discussion allowing the public to fully understand fully the agenda item before public comment. The item then comes back to the Board for deliberation and action.

Regarding limiting public comment to two minutes per person, the Board majority rejected any restriction of the three minute individual public comment allotment per agenda item.