MARIN HEALTHCARE DISTRICT

100-B Drake's Landing Road, Suite 250, Greenbrae, CA 94904 www.marinhealthcare.org Telephone: 415-464-2090 info@marinhealthcare.org Fax: 415-464-2094

TUESDAY, JULY 12, 2022

5:30 PM: REGULAR OPEN MEETING

Board of Directors:

Chair:	Brian Su, MD
Vice Chair:	Edward Alfrey, MD
Secretary:	Ann Sparkman, RN/BSN, JD
Directors:	Jennifer Rienks, PhD
	Larry Bedard, MD

Staff:

David Klein, MD, MBA, CEO Eric Brettner, CFO Colin Leary, General Counsel Louis Weiner, Executive Assistant Location:

Via Zoom video: https://mymarinhealth.zoom.us/join Meeting ID: 953 9114 4321 Passcode: 94965 Or via Zoom telephone: 1-669-900-9128

AGENDA

<u>5:3(</u>) P	M: REGULAR OPEN MEETING	Presenter	<u>Tab#</u>
	1.	Call to Order and Roll Call	Su	
	2.	General Public Comment Any member of the audience may make statements regarding any items NOT on the agenda. Statements are limited to a maximum of three (3) minutes. Please state and spell your name if you wish it to be recorded in the minutes.	Su	
	3.	Approve Agenda (action)	Su	
4	4.	Approve Minutes of Regular Meeting of June 14, 2022 (action)	Su	#1
	5.	 Marin Gun Buyback Program a. Report by San Rafael Mayor Kate Colin b. Marin Healthcare District Approval of Financial Support (action) 	Su Su	#2
	6.	Request by Marin Community Clinics for Capital Campaign Funding (action)	Klein	
,	7.	Approval of Revised Conflict of Interest Code (action)	Klein/Leary	#3
:	8.	MHD Election: District 1 "Get Out the Candidates/Votes" Campaign	Klein/Kinney	#4
(9.	Hospital Security and Threat Management Update	Klein	

The agenda for the meeting will be posted and distributed at least 72 hours prior to the meeting. In compliance with the Americans with Disabilities Act, if you require accommodations to participate in a District meeting please contact the District office at 415-464-2090 (voice) or 415-464-2094 (fax) at least 48 hours prior to the meeting. Meetings open to the public are recorded and the recordings are posted on the District web site.

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TUESDAY, JULY 12, 2022

5:30 PM: REGULAR OPEN MEETING

10. Committee Reports	
a. Finance & Audit Committee (<i>did not meet</i>)	Alfrey/Brettner
(i) Investment Policy: Socially Responsible Investing	-
b. Lease & Building Committee (<i>did not meet</i>)	Rienks
11. Reports	
a. District CEO's Report	Klein
b. Hospital CEO's Report	Klein
c. Chair's and Board Members' Reports	All
12. Agenda Suggestions for Future Meetings	All
13. Adjournment of Regular Meeting	Su

Next Regular Meeting: Tuesday, August 9, 2022, 5:30 p.m.

Tab 1



MARIN HEALTHCARE DISTRICT BOARD OF DIRECTORS

REGULAR MEETING

Tuesday, June 14, 2022 @ 5:30 pm Virtual, via Zoom

MINUTES

1. Call to Order and Roll Call

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

Board members present: Chair Brian Su, MD; Vice Chair Edward Alfrey, MD; Secretary Ann Sparkman, RN/BSN, JD; Larry Bedard, MD
Board members absent: Jennifer Rienks, PhD
Staff present: David Klein, MD, CEO; Colin Leary, General Counsel; Louis Weiner, EA

2. General Public Comment

Ms. Susan Windman expressed appreciation for the care her mother received in the hospital, and commented on opportunities to improve access to medical records.

3. Approval of Agenda

Dr. Alfrey moved to approve the agenda as presented. Ms. Sparkman seconded. Vote by roll call (Rienks absent): all ayes.

4. Approval of Minutes of Regular Meeting of May 10, 2022

Dr. Alfrey requested the minutes be edited thus: In "6. MHD Election: District 1 …" the second paragraph to begin "Dr. Alfrey had a phone call with Omar Carrera …"

Dr. Alfrey moved to approve the minutes with the change. Dr. Bedard seconded. **Vote by** roll call: all ayes (Rienks absent).

5. Approve BofA Loan for APeX, refinancing of UCSF note

Dr. Klein presented and explained the refinancing proposal that was recommended for approval by the MarinHealth Board Finance Committee on May 26, and approved by the MarinHealth Board of Directors on June 7. As required by the MGH Bylaws, Article X, this proposal was presented here to the Marin Healthcare District Board for final approval. Dr. Bedard moved to approve as presented. Ms. Sparkman seconded. **Vote by roll call: all ayes (Rienks absent).**

6. <u>Committee Reports</u>

- A. Finance & Audit Committee (met May 31)
 - (i) <u>Approve Marin Healthcare District 2021 Report of Independent Auditors and Financial Statements</u>



Dr. Klein asked Ms. Liz Lasnier, Controller, to present the audit (Tab #3). She noted highlights and explained that Moss Adams assigned their "Unmodified Opinion" to the audit, the highest level of assurance provided by an auditing firm. It was a very clean audit with no adjustments, material weaknesses or significant deficiencies.

Dr. Bedard moved to approve the "Marin Healthcare District 2021 Report of Independent Auditors and Financial Statements." Dr. Alfrey seconded. **Vote by roll call: all ayes (Rienks absent).**

(ii) <u>Approve Statement of Investment Policy</u>

Mr. Jason Levey of Canterbury Consultants to presented the Policy that was discussed at the May 31 Finance & Audit Committee meeting. Asset class allocation in the current policy has been 100% fixed income. The committee discussed and recommended reallocation changes to allow for as much as 25% in equities, and Dr. Alfrey suggested a current rebalancing to 20% equities.

Dr. Bedard moved to change the Investment Policy to allow for a maximum allocation of 25% equities. Dr. Alfrey seconded.

Mr. Levey noted that this Policy is to be reviewed annually and the allocation is to be reviewed quarterly. Dr. Klein stated that guidance and action for investing will be overseen by the MHMC Board Investment Committee with Canterbury's advice, with ultimate authority by the District Board.

Vote by roll call: all ayes (Rienks absent).

B. Lease & Building Committee (did not meet)

Dr. Su reported that he had spoken with Dr. Sarah Lowenthal, physician specializing in adolescent eating disorders. He suggested this as a topic for a community health webinar.

7. <u>Approve 2021 Annual Report of MarinHealth Medical Center Performance Metrics</u> <u>and Core Services</u>

Dr. Klein welcomed Dr. Lynn Seaver-Forsey, new MHMC Executive Director of Quality Services, and he presented the Report, commenting on each of the Schedules.

All Tier 1 and Tier 2 Performance Metrics are in compliance.

Schedule 1: HCAHPS – Q4 2021 data shows improvement. Overall Rating of 74.45% meets threshold for achieving full reimbursement. Dr. Seaver-Forsey is now heading a new Patient Experience Team.

Schedule 5: Finances – EBIDA is favorable to budget but is impacted by market losses. Schedule 6: Clinical Quality Reporting Metrics – Executive Summary for Q4 2021 indicates accomplishments and areas for improvement. Executive Summary for Q1 2022

accompanies the revised succinct targeted format of the Clinical Quality Dashboard.
 Schedule 8: Community Benefit – Community Benefit report was reviewed. Operation
 Access charity care funding in Q1 and Q2 was noted compared to Q3 and Q4; Dr. Klein will research this.

Schedule 11: Nursing Turnover, Vacancies, Net Changes – 130 new employees have been hired in the past 3 months, including new RN grads in WIC and cardiology.



Ms. Sparkman moved to approve the 2021 Annual Report of MarinHealth Medical Center Performance Metrics and Core Services. Dr. Alfrey seconded. **Vote by roll call: all ayes (Rienks absent).**

8. <u>Review and Approve Resolution #2022-04 "In the Matter of Support for Reproductive</u> <u>Rights"</u>

Dr. Klein presented the resolution that was suggested by Ms. Rienks at the previous Board meeting. Dr. Bedard moved to approve as presented. Dr. Alfrey seconded. **Vote by roll call: all ayes (Rienks absent).** It was agreed to send the adopted resolution to Governor Newsom.

9. <u>Report: MarinHealth Medical Center Policy, "Compassionate Access to Medical</u> <u>Cannabis for Terminally III Patients"</u>

Dr. Klein reported that the new MarinHealth Medical Center policy "Compassionate Access to Medical Cannabis for Terminally III Patients" has been approved by the hospital's Medical Executive Committee, Quality & Patient Safety Committee, and Board of Directors. It is fully compliant with "Ryan's Law." Having been approved, it is now active and in force. Dr. Bedard expressed his appreciation and suggested that it be shared with ACHD (Association of California Healthcare Districts), and Dr. Klein agreed.

10. MHD Election: District 1 "Get Out the Candidates/Votes" Campaign

Dr. Klein reported that he spoke with Omar Carrera, CEO of Canal Alliance, about the new MHD Board redistricting and its significance to the Canal community that makes up much of the new District 1. Mr. Carrera admitted the challenge to find candidates. Should no candidates file for District 1, there is an appointment protocol that Mr. Leary will research.

Dr. Klein and Dr. Alfrey have spoken with Ms. Jill Kinney, MHMC's VP of Marketing and Communication, who is working on a campaign. Dr. Klein will also speak about it to the San Rafael Chamber of Commerce and others in the community.

The marketing campaign will be presented at the next Board meeting.

11. Discussion of Drug Overdose Task Force

Dr. Klein reported on his research of the data of MHMC's ED: From June 2021 to June 2022, of 37,000 ED visits there were 150 overdoses, with no deaths. Expanded Behavioral Health services have contributed favorably. Dr. Klein and Dr. Su agreed that a special task force is not warranted at this time, and others agreed.

12. Discussion of Marin Gun Buyback Program

Dr. Su reported that he had spoken with Marin District Attorney Frugoli about the program. The County raised \$100,000 through donations, including \$50,000 from Marin Community Clinics; Kaiser and Marin HHS also donated. The event on June 4 was a success. \$50,000 was paid out. Another event will be in December.

General discussion ensued and it was agreed to consider MHD donate to the program, starting with \$10,000 per year. It was agreed to discuss this as an action item at the next Board meeting.



Dr. Alfrey stated that the American College of Surgeons "Stop the Bleed" training program has resumed and MHMC Trauma Services will coordinate locally.

13. <u>Reports</u>

A. District CEO's Report

Construction issues with McCarthy continue, regarding repairs and flood damage. Floor connections between buildings continue, with 1st floor to be completed in July.

4th floor connection is complete.

Hybrid OR construction is underway, scheduled for completion in May 2023.

MarinHealth Foundation raised funds for a new nuclear medicine SPECT camera, to be completed by the end of 2023.

Energy utilization in the hospital is being evaluated for cost and environmental improvements.

The PET CT trailer behind Administration is being moved soon. Seismic work in Behavioral Health is being completed and will allow for clearer traffic access.

Bon Air Bridge is scheduled for completion within the next 2 weeks.

Management is contacting community leaders for adjusting traffic lights on SF Drake Blvd to improve traffic flow especially in concern for emergency vehicles.

B. Hospital CEO's Report

No FEMA funding has yet been received.

The hospital has 130 new hires in the past 3 months.

The hospital is experiencing record patient census counts.

Concern is great for the security of hospitals and clinics in the face of gun violence. The hospital's Security team is reviewing—for the hospital and the clinics—access points and vulnerabilities, access control, security officers training and skills, outside training programs, etc. Dr. Klein will report back to the Board at the next meetings.

Dr. Klein recently attended a national conference of healthcare system CEOs. All are experiencing increased financial and labor pressures.

The APeX EHR system installation preparation is continuing in full force, going live on August 6.

C. Chair's and Board Members' Reports

Ms. Sparkman noted that UC has divested from all fossil fuel investments and suggested that the MHD Finance & Audit Committee discuss that.

There were no further reports.

14. Agenda Suggestions for Future Meetings

Regarding security at the hospital and clinics, it was discussed to report monthly, and invite law enforcement and security professionals to present.

15. Adjournment

Chair Su adjourned the meeting at 7:02 pm

Tab 2

Marin Health Care District Board

July 12, 2022

Marin County Gun Safety Collaborative

- March 2021: Initiated and co-chaired by Marin County District Attorney, Lori Frugoli and Brady United, Pellie Anderson.
- Gun Violence is a Public Health issue.
- The Marin Gun Safety Collaborative includes representatives from the DA's office; mental health and health care providers, including the Suicide Prevention Collaborative.

Plus these additional agencies: City of San Rafael (Mayor and Police Chief); the Marin Interfaith Council; the Marin City Ministerial Alliance; the Marin County Cooperation Team; members of law enforcement; and the advocacy organizations Brady United and Moms Demand Action for Gun Sense in America.

Gun Safety Collaborative Priorities

- Creating awareness of gun safety issues
- Implementing meaningful measures to prevent gun injuries and death in Marin County.
- Education about the dangers of unlocked guns in the home
- Disbursement of free gun locks
- Creating awareness of gun violence restraining orders
- Gun buy-back programs

Gun Buy Back June 4 2022

- 6 months to organize Funding, Outreach and Logistics
- Funding Marin Community Foundation, local cities/towns, Marin County DA, Kaiser Hospital, College of Marin, Marin Office of Education, businesses and individuals.
- **Outreach** Social media (government and community), Marin IJ (2 ads, Spotswood article, Marin Voice) and e-flyers to local non-profits. Flyer in both English and Spanish.
 - Event Day and after KRON4, KTVU, SF Chronicle
- Logistics Organized by San Rafael Police Department. Event in Sheriff's parking lot. Planned for event to receive between 350 – 400 weapons based on other recent Bay Area buy back events.

E-flyers & IJ ad

Gun Buy Back RESULTS

- Funding Raised \$116.8k. Expended \$53.8k.
- 552 firearms (30% more than we expected!)
 - 210 rifles
 - 193 handguns
 - 149 shotguns
 - Of which 28 classified as Assault Weapons, 14 stolen, 7 illegal and 4 ghost guns.
- 11k rounds of ammunition

All weapons and ammo destroyed after event

Anonymous Post Event survey

Why did you participate today?

76% didn't want the firearm in the house

29% want to reduce the number of firearms in our community

27% wanted the cash

Take-aways

- Gun violence continues to plague our society so Gun Buy Back events offer people a chance to **do something**
- Organize Buy Backs more frequently
- Work with local stakeholders to raise funds
- Partner with other Bay Area regions for max success

Tab 3

CONFLICT OF INTEREST CODE FOR THE MARIN HEALTHCARE DISTRICT

(Incorporating by Reference 2 Cal. Code of Regs. 18730, "FPPC Model Code")

Adopted: December 29, 1976 Revised: May 30, 1989 Revised: August 25, 1992 Reviewed: October, 2000 Revised: October, 2004 Revised: October, 2012 Revised: September, 2014 Revised: October, 2018 Revised: July, 2022

Section A. PURPOSE AND APPLICATION:

1. <u>Introduction</u>: The Marin Healthcare District (the "District") is a subdivision of the State of California. As a governmental agency, the District and members of its Board of Directors (the "Board"), its officers and employees are subject to California laws regulating conflicts of interest and requiring certain financial disclosures. The Political Reform Act of 1974 (California Government Code §81000, et. seq.) (the "PRA") requires, among other things, each state and local government agency to adopt and promulgated its own conflict of interest code (§87300). Section 18730 of the California Code of Regulations, "Regulations of the Fair Political Practices Commission," provides that incorporation by reference of the terms of that regulation constitutes the adoption and promulgation of a conflict of interest code as required by the PRA. The District has therefore adopted by reference Section 18730 as its own Conflict of Interest Code, including as that regulation may be hereinafter be amended or modified by the FPPC.

2. <u>Purpose</u>: It is the purpose of this Conflict of Interest Code (the "Code") to provide for the disclosure of Investments, Business Positions, Interests in Real Property and Income of Designated Officials and Employees that may be materially affected by their official actions, and, in appropriate circumstances, to provide that Designated Officials and Employees should be disqualified from acting in order that conflicts of interest may be avoided.

Section B. CONFLICT OF INTERESTS LAWS:

This Code shall be in addition to, and shall not be construed to supersede or limit in any way, the application of (i) any policies and procedures adopted by the District pertaining to conflicts of interest that are not otherwise codified herein or (ii) other laws and regulations pertaining to conflicts of interest of public officials, including but not limited to Government Code Sections 1090 (financial interest in contracts), 87100 (financial interest in governmental decisions) and 1126 (employment-based conflicts of interest), and Health and Safety Code Section 32110 (service to a competing hospital), each of which is hereby incorporated by reference into the Code.¹ Following is a summary of the prohibitions of those statutes:

¹ In determining whether there is a conflict of interest in violation of any of the foregoing statutes, reference should be made to each of their related provisions, limitations and exceptions, if any, which also are hereby incorporated into the Code by this reference.

1. <u>Government Code Section 1090</u> prohibits any member of the Board, officer or employee of the District from participating in the making of any District contract in which he/she has a financial interest. This prohibition against participation in the making of a contract includes but is not limited to discussing or voting upon the contract, or influencing or attempting to influence another member of the Board as to his/her vote on the contract. [NOTE: A violation of Section 1090 carries with it the risk that the District contract in question will be declared void under Government Code Section 1092.)

2. <u>Government Code Section 87100</u> prohibits any member of the Board, officer or employee of the District from making, participating in making or in any way attempting to use his official position to influence a District decision in which he/she knows or has reason to know he/she has a financial interest. This prohibition against participation in District decision making includes but is not limited to discussing or voting upon the matter, or influencing or attempting to influence another member of the Board as to the District's decision or vote on the matter.

3. <u>Government Code Section 1126</u> prohibits any member of the Board, officer or employee of the District from engaging in any employment, activity, or enterprise for compensation that is inconsistent, incompatible or in conflict with, or in inimical to his/her duties for the District.

4. <u>Health and Safety Code Section 32110</u> prohibits any member of the Board, officer or employee of the District from serving as a director, policy making management employee or medical staff officer of any hospital serving the same area as the area served by the hospital owned by the District, nor may he/she possess any ownership interest in any such hospital. For the purposes of this Code, a hospital shall be considered to serve the same area as the District when more than five percent (5%) of the other hospital's inpatient admissions are residents of the District.

Section C. DISCLOSURE STATEMENTS:

1. <u>Designated Officials and Employees</u>: The persons holding positions listed in the Appendix are Designated Officials and Employees. As described in the Appendix, each Designated Official and Employee shall file annual statements disclosing his/her Business Positions, Health Care Facility Relationships, Interests in Real Property Within the Jurisdiction, Investments in Business Entities, Income, or sources of Income as well as those Interests in Real Property, Business Positions, Investments and Income and sources income of his/her Immediate Family members, which might foreseeably be affected materially by the operations of the District in a manner different from the public generally or a significant segment thereof.

2. <u>Time of Filing Statements</u>: As provided in Section 18730, California Code of Regulations.

3. <u>Forms</u>: Forms will be supplied by the District.

4. <u>Place of Filing</u>: Designated employees, except members of the Board of Directors, shall file their Statements of Economic Interests (Form 700) with the District administration, who will make the statements available for public inspection and reproduction (Gov. Code Section 81800). Statements of designated employees will be retained by the District. Members of the elected Board will file their original statements with the Marin County Elections Department and will provide copies to be retained by the District."

APPENDIX

DESIGNATED EMPLOYEES

The following is a list of the positions which the Board of Directors of Marin Healthcare District has determined will entail the making or participation in the making of decisions which may foreseeably have a material effect on any financial interest:

- 1. Members of the Board of Directors of Marin Healthcare District, elected or appointed;
- 2. District Chief Executive Officer, District Chief Financial Officer, and District Chief Operating Officer;
- 3. General Counsel for Marin Healthcare District.

The Board of Directors of Marin Healthcare District has determined that the disclosure requirements of this Code shall be equally applicable to each of the above-listed "designated employees", i.e., each of said designated employees will be subject to all disclosure requirements of this Code.

Consultants to the District may also be subject to the disclosure requirements of this Code, as determined on a case-by-case basis by the District Board. This decision shall be based upon the determination of whether the Consultant participates in the making of decisions on. behalf of the District.

DISCLOSURE

TYPES OF INVESTMENTS, BUSINESS POSITIONS, INTEREST IN REAL PROPERTY AND SOURCES OF INCOME THAT ARE REPORTABLE

General Rule: An investment, business position, interest in real property, or source of income, including gifts, is reportable if the business entity in which the investment or business position is held, the interest in real property, or the income or source of income, may foreseeably be affected materially by any decision made or participated in by the designated employee by virtue of his or her official position. Financial interests are reportable only if located within the Healthcare District or if the business entity is doing business or planning to do business within the District (and such plans are known by the designated employee) or has done business within the District at any time during the two years prior to the filing of the Statement.

Furthermore, pursuant to Government Code Section 87302(a), the District Board has determined that the following, but not by way of limitation, specific Business Entities in which a Designated Official or Employee has an Investment, Business Position, an Interest in Real

Property, or derives Income therefrom are reportable:

- (I) Bank, Savings and Loan or other Thrift Associations;
- (2) Third Party Payors for Health Care Services (including health maintenance organizations, hospital service plans, preferred provider organizations and indemnity health insurance carriers);
- (3) Liability Insurance Companies (including carriers which offer or sell professional liability insurance, comprehensive liability insurance, directors and officers liability and other types of insurance maintained by or on behalf of the District);
- (4) Real Estate Companies;
- (5) Ambulance Services Companies;
- (6) Health Care Providers *I* Facilities (including hospitals, skilled nursing homes, home health agencies, medical groups, ambulatory care centers, clinics, etc.);
- (7) Consulting Firms (architectural, legal, accounting); and
- (8) Any other Business Entity which supplies materials and/or supplies to the District, or which has supplied materials and/or supplies to the District at any time during the two (2) years prior to the time any statement or other action is required under this Code.

Tab 4

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Get Out and Vote Campaign Media Recommendations

May 5, 2022

Media Recommendations

- Email Campaign to Current Patients within Targeted Zipcodes
 - Educate patients on the importance of voting \$2,000
- Targeted Facebook and Instagram Campaigns
 - Includes a minimum of 8 mini campaigns with links over to a landing page for more details
 - Total cost: \$3,000
- Annual Report Message
 - Include a "Get out and vote" message on the back cover \$0
- Schools/Business Kit
 - Kit includes posters and flyers to be distributed Includes a generic box with 25 posters, 100 flyers and cover memo. Total number of kits = 50 or \$5,000
- Press Release
 - Focuses on the importance of working together as a community to ensure access to great healthcare - \$0

