SURVEY ON
THE FUTURE OF MARIN GENERAL HOSPITAL

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ABOUT THE MARIN HEALTH FUND

The Marin Health Fund (MHF) is a California non-profit corporation, founded in 1982 as the Bay Area Legal Foundation. We received our preliminary ruling of tax-exempt status in 1983 and our final 5-year ruling in 1988. The Internal Revenue Service has ruled that the MHF is a 501(c)(3) tax-exempt organization. The Board changed the name to Marin Health Fund in 1998. We are listed with GuideStar, the national registry of charitable organizations. Contributions are tax deductible to the full extent allowed by law. As stated in our Articles of Incorporation, our purposes are:

A. To secure, for benevolent, educational and charitable purposes, justice for and protection of the civil and economic rights of the poor, of the elderly, of small businesses, of taxpayers, of the general public and other persons who are in need of effective legal representation in civil and criminal matters, and to preserve, protect and defend the environment against misuse insofar as it relates to the protection of the rights of the aforesaid persons;

B. To conduct research and to collect, compile and publish facts, information and statistics concerning infringements of the rights of the poor, of the elderly, of small businesses, of taxpayers, of the general public and other similarly situated persons, and to conduct public and legal education programs with respect thereto;

C. To advance the knowledge of and appreciation for the law among the general public in regard to the human and civil rights and misuse of the environment, in cooperation with the courts and with the Bar, and with social agencies, and any and all other persons, or groups of persons interested in the administration of justice;

Given these broad directives, the MHF has focused primarily on three major programs. **The Public Healthcare Initiative focuses on protecting healthcare rights and healthcare assets.** The MHF helped win access for people with disabilities to Golden Gate Transit buses, challenged creation of the Buck Center for Research in Aging, and supported several successful lawsuits challenging Medi-Cal benefits cuts for the poor. We have followed events at Marin General Hospital (MGH) since 1985, when the Healthcare District privatized Marin's most important healthcare institution. In 1998 we attempted to help the District with a funding crisis that arose out of its efforts to restore District control of MGH and to cure lease breaches that had occurred under the stewardship of Sutter Health, the District's tenant. This current report is under the auspices of the Healthcare Initiative and reflects our third major effort on behalf of MGH.

The Public Media Initiative was created in 2000 to protect and promote the vital role of public media in disseminating information about healthcare reform efforts. We raised nearly $500,000 to help support the Listener-Sponsored Lawsuit filed by the Committee to Remove the Pacifica Board to preserve the independence of KPFA radio and the affiliated Pacifica stations.

Founded to pursue justice on behalf of the community, the MHF Awards for Vision and Achievement (AVAs) are biannual awards established in 2002 to recognize individuals who work with integrity and creativity to develop strategies that improve community well being. The 2004 AVAs were awarded to Joan Blades and Wes Boyd (MoveOn.Org), Donna Sheehan (Baring Witness), Kim Spence (LinkTV), Lynn Carman (10% Medi-Cal Cut case), and Carol Spooner (Listener-Sponsored Lawsuit). We are seeking nominations for the 2006 AVA awards now.

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EXECUTIVE SUMMARY

The purposes of this study were:

(A) To obtain opinions from voters in the Marin Healthcare District (the District) as to (1) the quality of care they have been receiving in outpatient and inpatient hospital settings, and (2) their views regarding various policy decisions the publicly elected District Board (the Board) made in the past and will make soon about the future of the publicly owned Marin General Hospital (MGH) now leased to a wholly-owned subsidiary of Sutter Health (Sutter).

(B) To share the information obtained with Marin County residents so they might make informed decisions about the future of their healthcare.

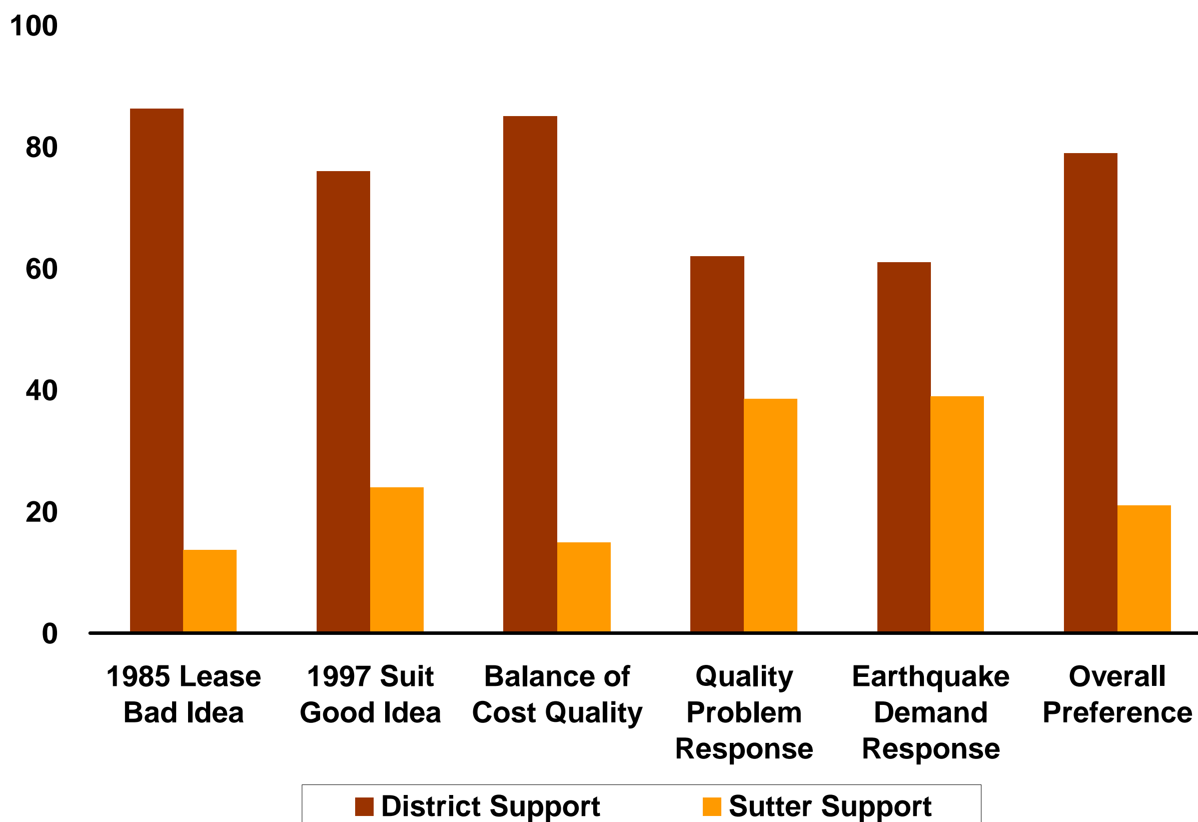
With responses from 807 Marin residents, the sample of data gathered from a web- and paper-based survey revealed the following:

- **Hospital Ownership**. 20 years after the lease, the District has a major problem with the public knowing that MGH is publicly owned and that the District Board controls its fate. Upon starting the survey, only 35% knew it is publicly owned. The Board urgently needs a major public education program to focus on the District's purposes, goals, and programs.
- **Hospital Lease**. 86% believe the 1985 Hospital lease was a bad idea.
- **1997 Lawsuit**. 82% support the Board's 1997 lawsuit to restore local control of MGH.
- **Balance Between Cost and Quality**. 85% do not trust Sutter to provide high quality care to District residents at a reasonable cost.
- **Response to Quality Problems**. 62% believe the District should respond to ongoing quality of care violations by arranging its own financing, moving ahead with making MGH earthquake proof, and retaining qualified professionals to manage MGH rather than accept Sutter's demand for a new lease. For those preferring some continuing role for Sutter, the depth of their preference is not strong and in making their decision, most will rely on their assessment of quality of care, patient safety, and the balance of these with cost.
- **Response to Earthquake Demands**. 62% support the District getting its own financing, moving ahead with making MGH earthquake proof, and retaining qualified professionals to manage MGH. Although only about 1 in 3 support some form of continued Sutter presence for earthquake upgrades, those who support Sutter feel somewhat stronger about this than on other issues, and their feelings are much influenced by quality concerns. The District will have to convince the public that it has the capacity to acquire financing and improve care.
- **Bottom Line Assessment**. In the end, after evaluating all the options facing the Board and considering everything else they know about the issue, 80% support returning control of MGH and all the assets transferred with the lease to the District, hiring a qualified management team to run MGH, and obtaining bonds to construct a new hospital or do needed upgrades. Support is strong for this direction.
- **Retrofit, New Wing, or Move**. Most (70%) prefer that MGH remain in Greenbrae at its present location, either retrofitting or building a new wing. However, feelings are mixed, suggesting residents would defer to the Board as to the best solution.
- **Green Hospital**. 86% want an environmentally friendly (green-built and green-operated) hospital to the maximum extent possible, regardless of who builds or controls it.

- **Primary Drivers in Assessing Alternatives**. Assessments of care quality is the top priority, followed by patient safety, and then cost. This suggests that these priorities will be the primary drivers in the public's decision as to which options to support.
- **Quality of Care**. Inpatient care quality appears to be significantly impaired at MGH, when compared with other hospitals. Outpatient care at MGH does not seem to be different from other hospitals in terms of quality.
- **Sample Representativeness**. Respondents approximate characteristics of Marin residents with respect to voting history and health services history.

To gain an overall sense of community support for the various policy decisions considered, we made a series of variables with the value of 1 if the respondent: (1) thought the 1985 lease was a bad idea, (2) thought the 1997 lawsuit to restore local control was a good idea, (3) wanted to restore District control because of quality of care violations, (4) did not trust Sutter to balance healthcare quality and costs, (5) wanted to restore District control to carry out earthquake upgrades, and, (6) in the end, given everything else they knew about the situation, wanted the District to control the future of care at MGH. We interpret those who made these choices as in favor of restoring District control of MGH and those who made other choices as favoring some form of continued Sutter control. Figure 1 shows the results. In this and all other figures, answers are shown as percent of all respondents.

Figure 1. Support for various policy options



CONCLUSION: Support for restoring District control of Marin General Hospital is very strong, primarily because of assessments of care quality, patient safety, and the balance of quality and costs under Sutter management.

DISTRICT POLICY DECISIONS

In this section, we present the actual wording of the survey questions, followed by the responses. In all of these items, we found no statistically significant differences based on health services use (MGH or other). We interpret this to mean strong broad support for the opinions reported.

1. KNOWLEDGE: WHO OWNS THE HOSPITAL?

QUESTION: Who owns Marin General Hospital: Do you think it is:

8% Marin General Hospital Corporation
35% Publicly owned by the Marin Healthcare District, which includes all Marin residents except those in Novato
45% Sutter Healthcare
12% County of Marin

CONCLUSION: 20 years after the lease, the District has a major problem with the public knowing that MGH is publicly owned and that the District Board controls its fate. Upon starting the survey, only 35% knew it is publicly owned. The Board needs to undertake a major education program to focus the public on the District's purposes, goals, and programs.

2. POLICY DECISION: WAS THE 1985 HOSPITAL LEASE IN THE PUBLIC'S BEST INTERESTS?

QUESTION. In 1985, the Healthcare District leased the publicly owned Marin General Hospital to a newly created private corporation. The lease ends in 2015. The District's own CEO and attorney arranged to lease the hospital to the private Marin General Hospital Corporation, where they also served as CEO and attorney and got large salary increases and bonuses. The District transferred to the Corporation all its cash, accounts receivable, Marin General Hospital Foundation, and Marin Home Care. Authority over use of the District assets, quality of care, and types of services offered by the hospital shifted from public to corporate control. When public employees engage in such activities, it creates an illegal conflict of interest, in that public officials are not permitted to benefit financially from a transaction involving their agency. Although this is against the law, the District did nothing about this at the time. A number of District Directors also benefited from this transaction. Thinking back on it, and given all the changes in healthcare since 1985 do you think it was a good idea or a bad idea for the District to give up all its assets, relinquish control over the types and quality of hospital care provided to District residents, and lease Marin General to a private corporation for 30 years?

86% Bad idea
14% Good idea

CONCLUSION: The public deeply holds an opinion that the 1985 lease was not its best interests.

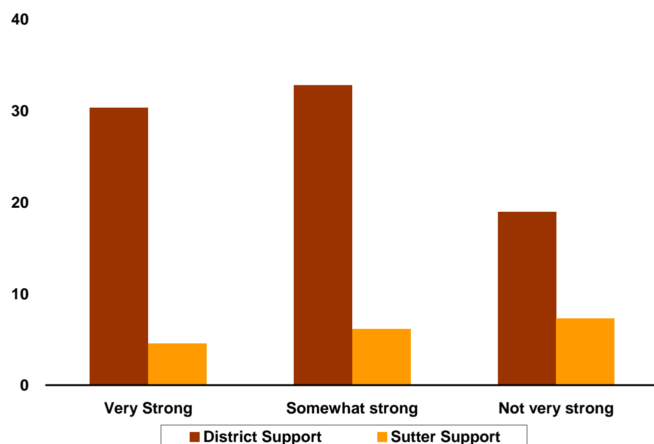
3. POLICY DECISION: WAS THE 1997 LAWSUIT THE RIGHT THING TO DO?

QUESTION: In 1995, MGH Corporation became wholly owned by Sutter Health and the hospital lease became controlled by Sutter. In 1997, the public learned of the traumatic death of Jennifer Childs when Sutter/MGH failed to provide 24-hour emergency services. In late 1997, the District Board sued Sutter/MGH to try to restore public control. The lawsuit was based on the conflict of interest in making the original lease, failing to provide 24-hour emergency services, and other lease violations. Sutter did not dispute the alleged conflict of interest in the making of the lease. Sutter/MGH and the District settled the issue of emergency services and other lease violations to the benefit of the District, but the courts ruled that too much time had gone by to pursue the conflict of interest. On balance, which statement best describes your opinion about the lawsuit?

76% The District was right to try to improve emergency services, correct the lease breaches, and restore local control of MGH.

24% The lawsuit never should have been filed. The money should have been used for healthcare.

Figure 2. Feelings about lawsuit



QUESTION: How strong are your feelings about the 1997 lawsuit?

We interpret those who support the 1997 lawsuit as supporting the District, with those opposing as supporting Sutter.

Figure 2 shows the strength of feelings about the choices respondents made. The underlying numbers reflect percentages of total respondents. Only 3% of total respondents feel very strongly that the lawsuit never should have been filed.

The difference in strength of feelings was significant in favor of the District (P = 0.0026).

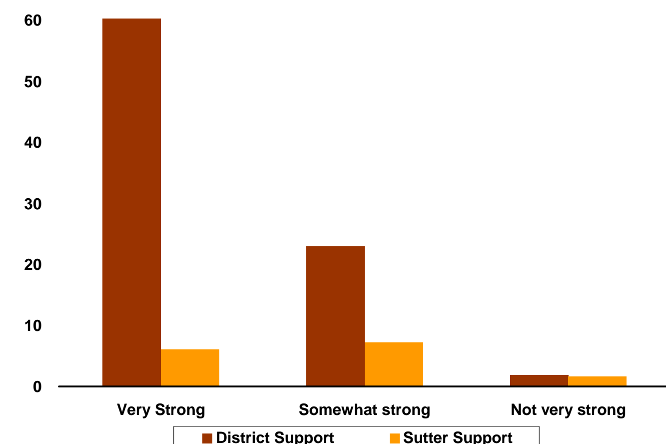
CONCLUSION: Support for the 1997 lawsuit strongly outweighs the view that it should never have been filed.

4. POLICY DECISION: DOES THE PRESENT ARRANGEMENT HAVE A SATISFACTORY BALANCE BETWEEN QUALITY OF CARE AND PROFITS?

QUESTION: Sutter is one of the nation's most profitable healthcare systems -- earning $465 million in 2003. Marin General alone made $18.7 million. The Sutter CEO is among the highest paid healthcare executives in the nation, over $1.8 million. Some people think Sutter makes so much money by over charging, under-staffing, and by providing very little charity care. After they found Sutter was charging 80 percent more than other hospitals, the California Public Employees Retirement System took many Sutter hospitals off their list of approved facilities. Sutter is the defendant in one of the nation's largest class action lawsuits for overbilling. Kaiser San Rafael notified Marin County that Sutter was overcharging by 300 percent for Kaiser patients who needed trauma care. MGH no longer contracts with Kaiser for certain outpatient services, so Kaiser members who live in Marin must go out of county for some services. San Francisco and Berkeley have passed resolutions deploring Sutter's charity care policies. Hearings are under way in the US Senate and House of Representatives regarding Sutter's fee structure, charity care, and tax exempt status. On balance, given everything else you may know, do you trust Sutter to provide high quality care to District residents at a reasonable cost?

15% Yes
85% No

Figure 3. Balance of quality and cost



QUESTION: How strongly do you feel about this matter?

We interpret those who trust Sutter to provide high quality care at a reasonable trust as supporting some continuing form of Sutter control.

Figure 3 shows that only 6% of respondents feel very strongly that they can trust Sutter to provide a good balance between quality of care and cost.

The difference in strength of feelings was significant in favor of the District (P = 0.0001).

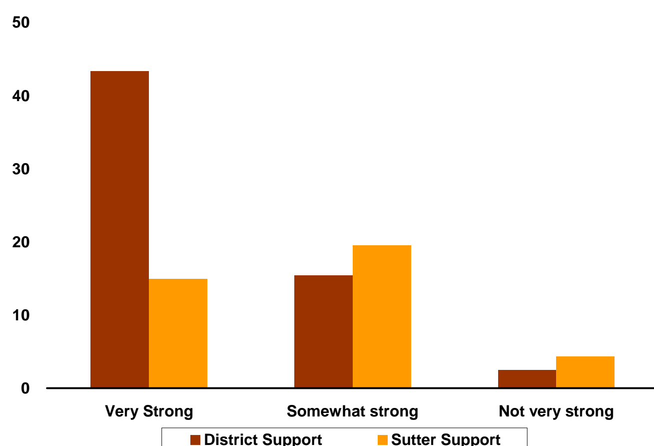
CONCLUSION: the public has a very strong opinion that the lease does not provide an adequate balance between quality and cost of hospital care.

5. POLICY DECISION: HOW SHOULD THE DISTRICT BOARD RESPOND TO QUALITY OF CARE VIOLATIONS?

QUESTION. Before Sutter, Marin General Hospital had never been cited for any violations of health and safety laws. From 1995 through early 2005, State and Federal investigators cited Sutter/MGH for more than 400 violations, with many laws violated repeatedly, including several that ended in preventable patient deaths. In May 2004, October 2004, and February 2005, the Federal government told Sutter/MGH it would remove the hospital's ability to bill Medicare and MediCal if it did not comply with all health and safety laws. Losing the ability to bill Medicare is one of the few things that could terminate the lease. As this has been happening, Sutter has demanded a new 50-year lease. What should the District Board do? Do you think the District should ...

62% *Option 1.* End the lease for cause, hire another qualified management team to run the hospital, and demand full return of all assets transferred to Sutter/MGH.
31% *Option 2.* Put Sutter on notice that it must improve care or the District will end the lease, and do not renew or extend the lease until this happens.
6% *Option 3.* Extend the lease with Sutter as it has asked for another 50 years and assume quality of care will improve.
1% *Option 4.* Sell MGH to Sutter and let them manage it without public oversight.

Figure 4. Response to care quality



QUESTION: How strong are your feelings that this is what the Board should do to address quality of care issues?

We interpret those who support Option 1 as supporting District control, and those who support any other option as supporting some form of continuing Sutter control.

Figure 4 shows that only 15% of all respondents feel very strongly that the District should negotiate some form of continued Sutter control at MGH, compared with 43% who very strongly feel that the district should restore local control.

The difference in strength of feelings was significant in favor of the District (P = 0.0001).

CONCLUSION: 62% believe the District should respond to ongoing quality of care violations by arranging its own financing, moving ahead with making MGH earthquake proof, and retaining qualified professionals to manage MGH rather than accept Sutter's demand for a new lease. For those preferring some continuing role for Sutter, the depth of their preference is not strong and in making their decision, most will rely on their assessment of quality of care, patient safety, and the balance with cost.

6. POLICY DECISION: HOW SHOULD THE DISTRICT RESPOND TO SUTTER'S DEMANDS REGARDING EARTHQUAKE UPGRADES?

QUESTION. The lease requires Sutter to operate the hospital in accordance with all governmental laws. This includes laws that the hospital be fully earthquake proof in order to remain open. Sutter knew it had this obligation when it took over the lease. Sutter recently told the District Board that it would not make the hospital earthquake proof without a new, 50-year lease ending well past 2015 when the current lease ends. The District Board hired qualified financing and architectural professionals in 2002, 2004 and 2005. They advised that the District could obtain its own bond financing to do the earthquake upgrades. In 2002, the District voted to do this work itself. Do you think the District should...

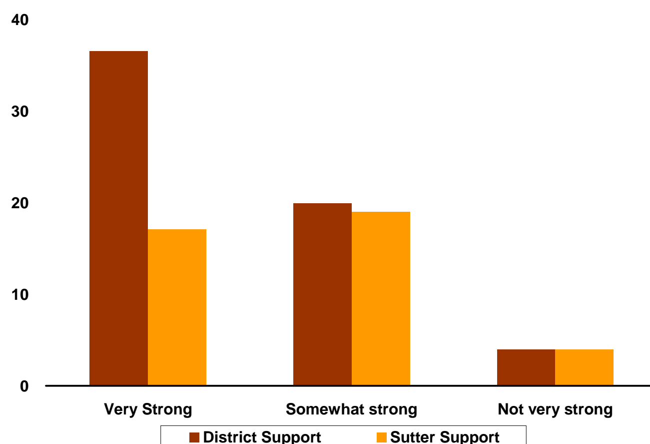
62% *Option 1.* Get its own financing, move ahead with making the hospital earthquake proof, and retain qualified professionals to manage the hospital.

33% *Option 2.* Require Sutter to show for five years that they can provide consistently high quality care and have Sutter complete the earthquake upgrades as the lease requires, at which time the District will consider a new lease.

4% *Option 3.* Do what Sutter wants now and extend the lease without any further public oversight or control and with no return of District assets. Accept $1 million per year to provide grants for healthcare services.

1% *Option 4.* Sell MGH to Sutter and let them manage it without public oversight or control. Use the proceeds to provide healthcare-related services or make grants to existing healthcare organizations.

Figure 5. Response to earthquake demand



QUESTION: How strong are your feelings that this is what the Board should do about the earthquake upgrades?

We interpret those who favor Options 2-4 as supporting some continuing form of Sutter control.

Figure 5 shows that 17% of all respondents feel very strongly that they want some form of continued Sutter control.

The difference in strength of feelings was significant in favor of the District (P = 0.0030).

CONCLUSION: 62% support the District getting its own financing, moving ahead with making MGH earthquake proof, and retaining qualified professionals to manage MGH. Although only about 1 in 3 support some form of continued Sutter presence for earthquake upgrades, those who do feel stronger about this than on other issues, and their feelings are much influenced by quality concerns. The District will have to convince the public that it has the capacity to acquire financing and improve care.

7. POLICY DECISION: WHAT IS THE "BOTTOM LINE" FOR THE FUTURE OF MARIN GENERAL HOSPITAL?

QUESTION: Whichever option Marin County residents choose, there will be costs and benefits. If most choose to restore local control of Marin's publicly owned hospital, to rebuild or to move it, the District would obtain bonds to fund the upgrades and property taxes would increase. With this option, costs of hospital care would go down because the debt would be paid by taxes rather than patient revenues. The public would control quality of care through the qualified administrative team their elected officials select to run the hospital. The District would be able to resume contracting with Kaiser for certain services to Marin residents that are not available in Terra Linda. If the District resumed control, existing contracts with physician groups and insurers would transfer back to the District, per the conditions of the lease. Thus the hospital would be able to continue operating during and after the transition. If the public did not like the decisions District Directors made, they could elect new ones. If on the other hand, most residents prefer continued Sutter control, Sutter will obtain revenue bonds which have higher interest rates. Hospital charges would increase to pay off revenue bonds and reduce the indebtedness. As it does now, Sutter would continue to select its own Directors and have sole decision-making authority over services, quality of care, charges, and profit margin at Marin General. Sutter would continue to use MGH profits to cover costs in other hospitals that are losing money, to increase executive salaries, and/or to invest in privately held for-profit corporations, activities that place their tax-exempt status at risk. They would give the District about $1 million a year to spend on healthcare through grants. On balance, given everything you understand at this time, please select the outcome you most prefer for Marin's only publicly owned hospital?

79% Restore District control of Marin General Hospital and all the assets transferred with the lease. Hire a qualified management team to run the hospital. Obtain bonds to construct a new hospital or do needed upgrades.

21% Allow Sutter to continue running Marin General. Enter into a new lease or sell the hospital to them, and let them make the choices on the future of healthcare in Marin.

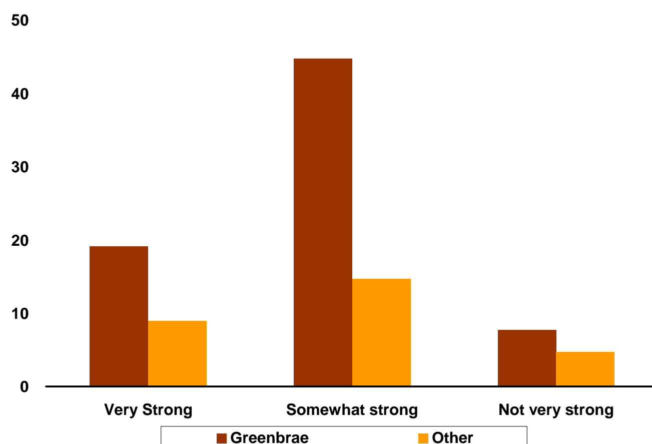
CONCLUSION: Support for restoring local control of Marin General Hospital is very significant, primarily because of assessments of care quality, patient safety, and the balance of quality and costs under Sutter management.

8. POLICY DECISION: SHOULD THE HOSPITAL BE MOVED TO A NEW LOCATION?

QUESTION: Most patients stay in the new tower that is earthquake safe through 2030. Older parts of Marin General have to be made seismically safe. Thinking more broadly, some have suggested moving the hospital to a new location, and building a new state-of-the-art hospital instead of doing just a seismic upgrade or building a new wing at the present location. Because of costs associated with keeping the hospital open during construction, building a new hospital at a new site may cost about the same as building a new wing at the present location. If a hospital was built at a new site, the Greenbrae site could be converted to other healthcare uses such as clinics or long-term care, or it could be sold and the proceeds used to pay off bonds further reducing costs. Others think that it would be very difficult to find a suitable new site, since few large properties are available in Marin's central area and given this, the hospital should stay where it is. On balance, which option do you prefer?

43% *Option 1.* Seismic upgrade at the Greenbrae location
27% *Option 2.* New wing at the Greenbrae location
26% *Option 3.* New hospital at new location
4% *Option 4.* The District should lease or sell MGH to Sutter and let them make these decisions.

Figure 6. Moving MGH



QUESTION: How strongly do you feel that this is the course the District should take?

We interpreted those who favored Options 1 and 2 as keeping MGH in Greenbrae.

Although 70% favor a Greenbrae option, Figure 6 shows no clear strength of feeling as to the District's course. Differences were not statistically significant in favor of one course over another and this question had the most missing data.

CONCLUSION: Most (70%) prefer that MGH remain in Greenbrae at its present location, either retrofitting or building a new wing. However, feelings are mixed for the options, suggesting residents would defer to the Board as to the best solution.

9. POLICY DECISION: SHOULD THE FUTURE MGH BE "GREEN", THAT IS, ENVIRONMENTALLY SOUND IN ITS CONSTRUCTION AND OPERATION?

QUESTION: Most people do not know that hospitals are a major environmental polluter in most communities. For example, they discard large amounts of medical waste such as plastic food containers, infectious materials, radioactive waste, and other hazardous materials. Hospital building materials and equipment often include persistent toxic chemicals such as mercury, dioxin, or polyvinyl chloride. Hospital gardens and lawns typically are maintained with herbicides and pesticides. Hospitals rarely use "green" technology to dispose of these materials and rarely consider "green" materials when deciding how to build or manage a hospital. Building a "green" hospital adds about 1.5 percent to the cost of construction. Using "green" environmental management saves a lot in both operating costs and environmental costs. For example, using solar panels can make a hospital almost entirely energy self-sufficient. This also would be very helpful after an earthquake, when power might not be available for a long time. On balance, which of the following best reflects your feelings on the "greening" of MGH?

86% I want a green-built and a green-operated hospital to the maximum extent possible, regardless of who controls it.
14% I do not care one way or the other on this issue.

CONCLUSION: Regardless of who controls MGH, Marin voters want MGH to be as environmentally sensitive as possible.[1]

10. MOTIVATION: PERSONAL VALUES

QUESTION: On a scale of 1 (Most Important) to 6 (Least important), please rank your personal priorities for Marin General Hospital. If you change your mind, you can type over your previous choice.

1 **Quality**
2 **Protecting patients from negligence or safety risks**
3 **Cost**
4 Management Team
5 Location
6 Aesthetics

CONCLUSION: Assessments of care quality is the top priority, followed by patient safety, and then cost, suggesting that these priorities will be the primary drivers in the public's decision as to which options to support.

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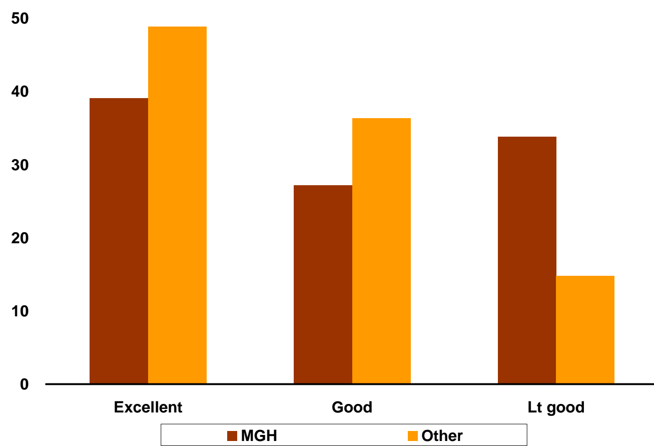
[1] Several "green" hospitals have been built in the US. The 1.5% cost increase described in the question does not consider the potential funding benefits available from state and other grant sources supporting green technology.

HOSPITAL CARE QUALITY

We defined high quality care as an optimum medical outcome or the outcome the patient anticipated or expected before medical treatment, delivered in a healthcare setting where the process of care was without (1) adverse incidents or medical errors, (2) further injury, illness, or inconvenience, (3) unnecessary additional discomfort or pain for the patient. We asked patients to evaluate their last outpatient visit and inpatient stay, and then to compare their last stay with previous stays. In the analysis of care quality, we compared those who had an outpatient visit or inpatient stay at MGH with all other hospitals.

Figure 7. Hospital stay quality



Hospital visit quality. There was no statistically significant quality difference for those who had outpatient visits at MGH compared with those who had outpatient visits at other facilities.

Hospital stay quality. 16% with a hospital stay had only one experience. Similar to those with more than one stay, 1/3 ranked care quality as less than good, with no significant difference between MGH and other hospitals. Also, no one with one stay rated care as among the worst possible.

Figure 7 shows hospital stay results for people with more than one inpatient stay experience. Of these, 40% last at MGH rated care as excellent, compared with 51% of those last at other hospitals, and 33% at MGH rated care during that stay as less than good, compared with 16% at other facilities ($p = 0.0002$).

When asked to compare the last stay with others before it, 22% of those last at MGH reported care was about the worst possible, compared with 6% at other hospitals ($p = 0.0005$).

The survey provided an opportunity for people to provide more descriptive information about quality of care during their hospital outpatient visits and inpatient stays if they wished to do so. Appendix A contains qualitative information patients provided to describe their experiences. We urge readers to review the verbatim comments in Appendix A. Comments about inpatient stays are organized by hospital (MGH, other), and quality ranking (best to worst).

People with overnight experiences at MGH tended to describe much more serious adverse events than people at other hospitals.

Because there were no statistically significant quality differences for outpatient services, we have omitted those comments in the interests of brevity. However, for those who wish to review them, we can make a document of outpatient service descriptions available upon request.

Conclusion: Inpatient care quality appears to be significantly impaired at MGH, when compared with other hospitals. Outpatient care does not seem to be different from other hospitals in terms of quality.

REPRESENTATIVENESS

VOTER REPRESENTATION

Table 1 compares characteristics of Marin Healthcare District voters who responded to the survey with the overall voter profile. Numbers in the columns are column percentages.

Table 1: Respondent Comparison (%)

Variable	Category	Survey	Voters
Voters	Number	807	117,443
Age	18 to 34	13	16
	35 to 44	23	19
	45 to 54	23	25
	55 to 64	26	22
	65 or older	16	18
Supervisor District	Southern	32	25
	West	20	27
	Central	33	28
	Ross Valley	15	20
Voting History	New	57	52
	Frequent	38	48
	Democrat/Green	56	52
	Mail Voter	57	45

Age. The age profile of respondents closely reflects the age profile of District voters.

Supervisor District. West Marin and the Ross Valley are under-represented. Compared with voters in other districts, West Marin and Ross voters were about two years younger on average and would be expected to have emails. However, it had been more years since they updated their registration. Thus voters in these Districts were less likely to have emails in the voter database and to be in the sample. As a result, those districts are under-represented simply because we were less successful in contacting those voters with this methodology.

About 10% of District voters had email addresses, with 7.5% valid. These voters tended to be much younger and newly registered. Thus we were pleasantly surprised when we compared respondents to voters and found decent distributions, particularly with respect to age. The US Census estimates that about 60% of Californians over age 15 have home internet access, with about 90% accessing email daily. Email is more common among the highly educated and professional occupations common to Marin. Almost half of internet users search for health-related information.[2]

Voting History. Voting history variables reflect surveys taken from directed web-based survey sites. Frequent voters are under-represented, although they responded at twice their proportion in the email database. Mail voters are over-represented. Again we believe this is a function of the voter registration updating process. We had no voter information on people using the public access site or sending paper-based surveys.

Traditionally, pollsters consider new voters and frequent voters to be likely voters. In this regard, 95% of respondents whose history we know would be considered likely voters. Given their motivation to take the survey, the remainder probably is also. In the 2004 election, about 90% of Marin's registered voters cast ballots.

Conclusion: Respondents approximate the characteristics of District voters.

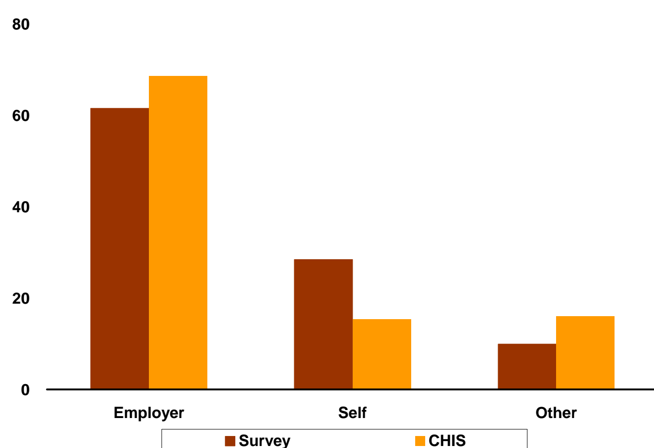
[2] A Nation Online: Entering the Broadband Age. (Sep 2004) US Dept. of Commerce. ESA/NTIA.

ACCESS AND UTILIZATION

Gender is not available in the voter database. Males were 40% of the sample and females were 60%. In 2003, 41% of Marin residents admitted to hospital were male and 58% were female. Women also are more likely to respond to surveys than men.

In this section we report results comparing survey respondents with results obtained from Marin respondents to the California Health Interview survey (www.chis.ucla.edu).

Figure 8. Health insurance coverage



Insurance Coverage. 61% of respondents had non-Kaiser insurance, 21% had Kaiser, and the remaining 18% had public payors (Medicare, MediCal, uninsured).

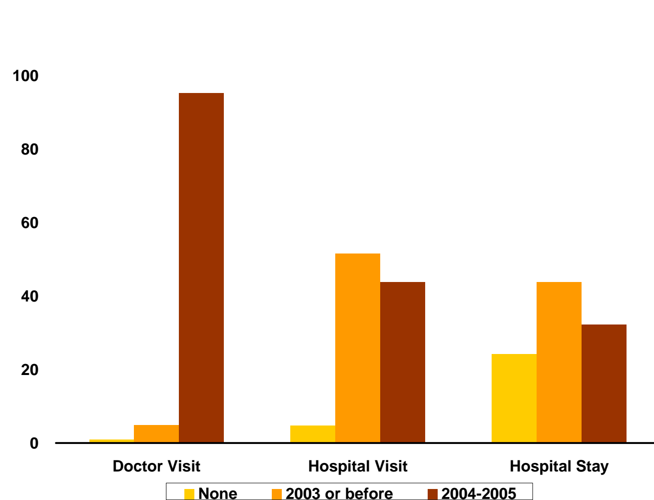
Figure 8 compares insurance coverage source (employer, self, other) for respondents age 18 to 64 with CHIS 2003 data.

CHIS reported 68.6% of Marin residents age 18-64 had employer-based insurance. At 62% for survey respondents, the difference was not significant.

Keep in mind that CHIS data are from 2001. Depending on how one interprets the effect of the time lag, survey respondents may be slightly more likely than CHIS respondents to be self-insured and less likely to have other coverage (MediCare, MediCal, uninsured).

Healthcare Utilization. The survey asked when respondents last sought healthcare from a physician, visited a hospital for outpatient testing or treatment, or were admitted for an overnight stay. Figure 9 shows the distribution of responses by service type, for those with no service, service before 2003, and during 2004 through June 2005.

Figure 9. Healthcare usage



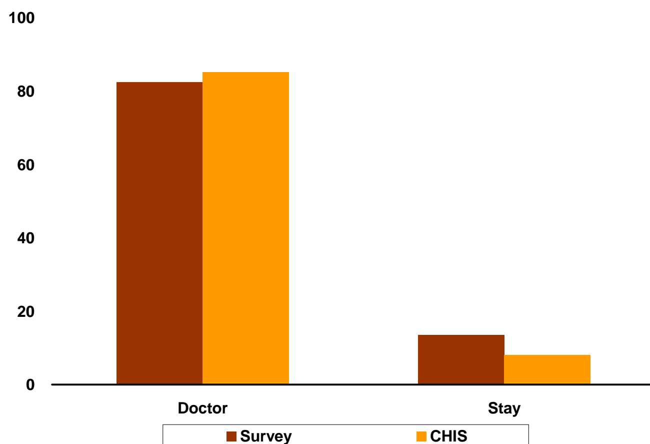
Doctor Visits. 95% of respondents had seen a physician within the last 18 months.

Hospital Visits. 45% had visited a hospital-affiliated outpatient setting for testing or treatment, or for an emergency room visit.

Hospital Stay. One in three reported they, a family member, or close friend had been admitted for an overnight stay within the last eighteen months. One in four reported no hospital admissions.

Next, we compared utilization for survey respondents to the Marin CHIS in 2001, the last year CHIS utilization data are available. The two closest questions were when the CHIS respondent last saw a physician and last entered the hospital. We focused on the population age 18 to 80 and the respondent's 2005 utilization to date. Percentages are compared in Figure 10.

Figure 10. Healthcare usage - CHIS

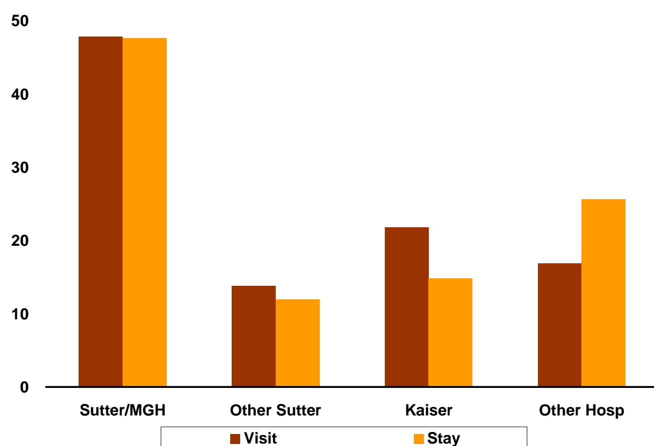


Doctor Visit. There was no statistically significant difference in the percent of visits to doctor's offices for survey respondents for the year to date compared to Marin respondents to the CHIS.

Hospital Stay. There was no statistically significant difference in the percent of hospital stays for survey respondents compared to Marin respondents to the CHIS.

Hospital Usage. The survey asked respondents to identify the hospital they last visited as an outpatient or were admitted for an inpatient stay. In the Figure 11 below, the percentages reflect only those who reported at least one outpatient visit or at inpatient stay.

Figure 11. Hospital visits and stays



Hospital Stays. In its June 18 report, the Lewin Group reported that 46% of Marin residents admitted to a hospital went to MGH in 2003. For our survey, 47% said they, a family member, or friend had been hospitalized at least once at MGH.

21% of respondents said they were Kaiser members and 17% reported inpatient stays at Kaiser facilities. Lewin reported that 22.5% of Marin residents went to Kaiser.

We compared those who visited or stayed at MGH with all others.

Conclusion: Respondents approximate characteristics of Marin residents with respect to healthcare insurance and access to care.

METHODOLOGY

This self-administered web- and paper-based based survey was developed by two members of the Marin Health Fund Board of Directors with expertise in conducting research. Fifteen volunteers with different types of computer equipment and operating systems pretested it. After each pretest, the survey was revised, then another volunteer would complete it.

Our primary source for subjects was the 2004 Marin County database of registered voters. Voters were classified as to District residence, voting history (new voter, frequent voter), party of registration, voting method (mail, precinct), and if they had provided an email address or phone number. Email links directed voters to different sites. We also established a public link at www.marinhealthfund.org. While we know something about the voting habits of respondents, we do not know who in a given group responded. In this regard the survey is anonymous.

On June 13, we sent email invitations to 11,539 District voters. Two follow-up reminders were sent, the last on July 6. The survey closed at 8 AM on July 10. We followed the 2003 Can-Spam Act (http://www.ftc.gov/bcp/conline/pubs/buspubs/canspam.htm), even though it applies only to commercial emailers. Our message had complete and truthful header information, return email and postal address, and a subject line that accurately and honestly described the content. By using true email and mail addresses, we provided a method for people to unsubscribe.

In the end, 3,636 email addresses were undeliverable (bad address, mail box full, on vacation, delivery failures), 25 people asked to be removed because they had moved from Marin, and 25 asked to be removed with no reason. The list was cleaned after each invitation was sent. As many as 7,878 voters may have received the survey. We have no way to know how many used email filters or actually saw the survey. To increase participation by seniors and others who may not have computer access, and to those who may have email but whose addresses we did not know, volunteers distributed printed surveys with self-addressed return envelopes at a meeting of the Gray Panthers, to residents at two senior communities, and to people active in the Marin Center for Independent Living. Volunteers also distributed flyers at Farmers Markets, directing people to the public access link.

Volunteers entered paper-based surveys into Excel as they arrived, and the web survey was downloaded and imported into Excel on July 10 at 8 AM. After reading data into SAS, variables were recoded as needed for analysis. From 0.1% to 13% of questions were not answered. Demographic and health service questions are most complete and policy questions are missing more. Basic one and two-way comparisons were done, with statistical tests (chi-square, trend, odds ratio, Hosmer-Lemeshow, T-test, ANOVA) as appropriate. We reported all statistically significant differences based on where people sought care (MGH or other). We received surveys from 807 people, with 671 web-based. Thus, even though the study used a convenience sample, we have good statistical power to the extent that respondents are representative of District residents and users of healthcare.

The study is based on a convenience sample. This type of sampling can be useful in identifying issues surrounding a given issue; for certain types of qualitative research such as this, web-generated convenience samples may be as valid as samples generated from other modes.[3] The online population has come to better reflect the US population, although it still over-represents the better educated and more affluent. A number of studies have examined online survey

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[3] Schonlau M, Fricker RD, Elliott MN (2001) Conducting Research Surveys via E-mail and the Web. Rand

response rates. Response rates decline with increasing size as in our case. Similar to random dial and mail surveys, response rates increase with education and decrease with income. As here, women are more likely to participate than men. Executives, upper management and sales professionals, and those with the most seniority respond at the lowest rate.[4] Similar to response rates for random dial surveys, response rates for online surveys have been declining.[5]

BACKGROUND FOR THE STUDY

Through our Healthcare Initiative, the MHF has followed the affairs of MGH since 1985. In that year, the publicly elected District Board leased this important publicly owned hospital and one of Marin's most valuable public assets to a private corporation. The transaction was tainted from the outset by conflicts of interest which have never been rebutted after several lawsuits: While serving as the District's Chief Executive Officer and General Counsel, these public officers negotiated the transfer of all the District's assets (MGH, MGH Foundation, Marin Home Care, and millions in cash and accounts receivable) to a new corporation that they created and headed. The MHF attempted to work with the District to void the lease, but the conflicted majority retained control and the needed votes could not be obtained.

In 1995, Marin General Hospital, Inc., the District's tenant, became a wholly-owned subsidiary of Sutter Health. Again the transaction was tainted by conflicts of interest. This time, however, voters recalled two Directors, and the public gained its first consumer-oriented majority.

In 1997, the MHF attempted again to help the District, this time to address a funding crisis that arose when the District sought to overturn the lease on the grounds that it had been made in an impermissible conflict of interest circumstance and sought damages for various lease breaches. The District was able to negotiate a payment schedule with their Counsel that did not require outside help. The lease breach settled to the advantage of the District. In 2002, a California Appellate Court ruled that the District had waited too long to pursue its conflict of interest case.

In 1995, shortly after MGH implemented severe staffing cuts, the public began to hear reports that the California Department of Health Services (DHS) was finding serious deficiencies in the quality of care. In 2000, the MHF began to obtain Statements of Deficiency from DHS and began compiling a database summarizing them. This is available upon request. Our concerns grew as we found the deficiencies to be serious and growing in number. We began distributing these to the media and to publicly elected officials in Marin County.

In 2003, the President of our Board made a public information request for the DHS database, to evaluate if it was typical for hospitals to have this many complaints and violations. She found that the pattern of complaints and violations was atypical and very serious. She presented her study several times at District Board meetings, and sent summaries to various elected officials and the media. She is available to make this presentation at any public or private gathering.

In 2005, when the District Board commissioned its survey focusing primarily on financing alternatives for the various options it is considering for the future of MGH, they explicitly excluded asking about quality of care, the community's opinion of Sutter's suitability to manage MGH, or the public's opinion regarding the Board's past policy decisions or those it faces. Given the District Board's omissions, the MHF decided to conduct this survey.

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[4] Knapton K, Myers S. (2005) Demographics and online response rates. Quirk's Marketing Response Review.
[5] Sheehan K (2001) E-mail Survey Response Rates: A Review. JCMC 6 (2) Jan 2001.

APPENDIX A: COMMENTS ABOUT INPATIENT CARE QUALITY

The following are verbatim comments about inpatient stays at Marin General and other hospitals. Comments are arranged by the score categories the respondents gave for their care.

Because there were no statistically significant quality differences for outpatient services, we have omitted those comments in the interests of brevity. However, we can make a document of outpatient service descriptions available upon request.

MARIN GENERAL HOSPITAL

1. EXCELLENT

2004 overnight stay after admitted self to ER for chest pain. Didn't check in previous question as it forbid "overnight stay". My care was fantastically good and the price was fantastically high.

Again, the physicians, nurse, and staff were responsive to my needs, professional, and compassionate. Beyond that, the treatment was the best possible and the outcome was excellent.

My mom had spinal fusion surgery at Marin General Hospital in May, 2005. The entire experience at the hospital was excellent.

As commented earlier, August 2004 ER self-admission. Not only was the testing/treatment and cardiologist on call exceptionally good, but since I am uninsured, the MGH social worker and MGH located county medical insurance applications specialist did outstanding work as well.

Gave birth to baby, June 2002 and everyone was very professional and nice.

Everything was so smooth from admitting to discharge. The staff was very helpful. The nurses on every shift were great. The people in the x-ray and ultrasound were pleasant.

Flexible, case appropriate and personal care.

I had a private room, and I felt all the monitoring and tests you did were close to or at the state-of-the-art in current medical care.

I was a patient for about 2 weeks and my babies were still in ICN, so the hospital let me stay as a "resident" without paying. (Since I was constantly in the ICN feeding). My room was switched 3x, which was annoying, but I can't complain because it was free.

I had twins in January 2005 and the ICN staff was incredible. The maternity ward staff was also terrific...very helpful and comforting.

I was actually afraid to stay in the hospital because I was not sick. I thought the nurses would be mean to me. I had a little plastic surgery done. Everyone responded with prompt compassionate care. I really appreciated the good bedside manor of all who cared for me.

I was admitted without delay and a team of attentive physicians showed up were both well-informed and caring. The partner of the surgeon who operated on me came out at 4 AM to check up on me and was thoughtful and reassuring with a sense of humor. I was very grateful and felt I was well taken care of throughout.

I was in labor and delivery and gave birth to my beautiful daughter at 35 weeks. It was a very stressful time but the staff really made us comfortable and informed. Our daughter had to stay in NICU for 8 days and we were able to stay as well because I was breastfeeding. This was amazing. I would have been torn apart if I had to leave my baby in intensive care. This made all the difference in the world and I am forever grateful.

In 2003, I brought my other son, 18 at the time, to Emergency with severe abdominal pain. He was attended to immediately, and given several tests and scans since the doctors believed the severity of his pain. His pain was dealt with immediately. It was determined that same night that he probably had pancreatitis, which they said was unusual for a person his age. He stayed for two nights for observation, confirmation of the diagnosis, and careful monitoring of his fluid consumption. He wasn't allowed to eat, in order to allow his pancreas to relax. Everyone took his condition very seriously, and informed his parents all along the way.

Last stay was birth of our younger child in mid-eighties.

My brother was not straight on his meds from back surgery, drank too much, overdosed on meds and drugs. He did not want to live. He was delivered with activated charcoal by 911 and then the police. I just happened to find him because my daughter was ill and I had to stay home with her. If I had not been there he probably would have died. When we got there was someone with him at all times. There was even live music which he did not hear because he was asleep.

My husband required an overnight stay after visiting the emergency room for pneumonia. As was seen when my mother-in-law required emergency room treatment as well as during my maternity ward stay in 2001, the staff were professional, deft, and caring. We have been VERY pleased with Marin General Hospital overall.

My husband was admitted to MGH, in 1988, for surgery on an artery aneurysm. Following the surgery he was in the ICU for several days and received excellent care, which continued when he was moved to a regular room.

My wife was admitted 6 months after my son was born with appendicitis. The MD and RN care was superb!

My wife was brought in as a result of a bad fall. Was in coma for two days. Doctors and specialists were very helpful. Easily available for counsel. Emergency room people and doctors particularly responsive. Understood the agitated state I was in. Very patient and skillful.

My wife was having a reaction to outpatient chemotherapy (5FU) and was admitted and successfully treated for the side effects.

Nurses helped when I needed and left me alone with my baby when I needed. A wonderful balance.

The emergency room acknowledging the severity of the problem before tests confirmed the diagnoses. The emergency communicating their decisions and giving good estimates of the length of time that care will be provided. Moving from the emergency room to a hospital bed which is clean and ready. The extremely friendly and hard working nursing staff. The ability to receive calls or ask question from any staff member with accurate and honest answers in a timely fashion. I provide care to my mother, along with my siblings , we know our mother and her health in great detail which the doctors and nurses use to provide better care rather than try to ignore our understanding of our mother's medical history which is has been the case at other hospitals.

2. GOOD

My mother had a stent put in her neck in 2003 and spilled water on her bed. She had to sleep all night in a wet bed after surgery at Marin General. She's 84. The nursing care was poor but she is doing great!

No one ever came to clean either my room or the bathroom during my 4 day stay. The bathroom shower was dirty. The floor in the bathroom was dirty. I understand the need for the staff to wake me to take my vitals, but they would also wake me to give me the menu for the next day. PLEASE! No one ever changed my linens. This hospital needs a facelift. The facilities seem run down.

Pain medication not given promptly.

I was quite surprised at the scar remaining after 3 yr. time. When I went for my check up, the dr. had left and I was not informed prior to this. The care at the facility was ok, and my husband stayed with me took care of me after the procedure in the recovery room.

1996 during surgery partial hysterectomy. I remember my room seeing Mt Tam and felt healing. The nurses overworked but nice and kind and helped my modest nature. I shared a room and it was still nice with room. Some of my visitors were older folks and it was lovely that they could park and Marin Gen Hosp was convenient for them to visit and my family so close in Corte Madera. How could Marin lose this hospital, it is so clearly needed with too many having to go to San Fran for treatment. Also earlier question have blue shield PPO insurance.

All in all, I got the job done and I did not die. A relatively good result.

An associate of the internist that was my wife's primary care physician was on call that night and refused to see my wife saying she was busy. I called a physician-friend and got the name of another physician who promptly saw my wife who was admitted and operated on that evening.

At Marin General there were nurses available to us around the clock. We were moved to CPMC in San Francisco when my son stabilized and we rarely saw nurses there. At Marin General, if we rang for a nurse, one arrived immediately. At CPMC there was often a 20-30 minute lag from the time we rang for a nurse until the time we actually were able to locate one by roaming the halls.

The doctors and nurses on the floor were great. There was once occasion when none of the floor nurses could get the IV needle into a new location, and they had to call a float nurse who was known for her skill in inserting IVs. I was

very upset when I subsequently read in the IJ that float nurses had been the first to be cut. It took me many, many months to recover at all, and I have never recovered fully as far as lung capacity goes. A horrible experience!

I had a visiting nurse. I wonder if she was well supported since it didn't seem the staff wanted her there.

I had my baby at Marin General. The nurses were incredible!!! So professional, so helpful. It made me realize that they are the backbone of the organization. I was very impressed.

I had open heart surgery and for the most part no complaints at all. However, some staff (not nurses or doctors) were rather careless in their job duties. ie: One man put my dinner tray on a chair across the room from my bed. I could barely make it out of bed to get to the bathroom, let alone get my dinner tray.

I was admitted for a mild infarction. My only complaint was the noise level on my first night. The nurse's station was right outside my door. Closing the door on the second night solved the problem.

I was admitted for the normal birth of my first baby. I was having a fairly fast labor, and although I wanted the epidural, there was no time. The staff were very nice but they had trouble even getting in an IV for the IV narcotic -- I ended up having a natural childbirth. The doctor apologized afterward for being unable to deliver any of the pain medications I had requested. Most of the staff handled themselves well in this mini-emergency but they did seem rather unprepared.

It was clear early on that the degree of oversight and questioning and involvement of assertive family members was essential in getting complete and adequate care. The person hospitalized at MGH had complex medical issues that the main doctor took a special interest in overseeing carefully and persistently, and the family was very assertive as well. Without these factors of 'special interest' I am not sure that the average patient, without a doctor with 'clout' would fare as well.

Long time from the emergency room treatment. I think Sutter Health Care is not the right group to be managing a local hospital. The costs are outrageous and unnecessary. The medical care in ICU was very good, but there were quite a few things that were odd about the management end.

My father was admitted for back surgery. The care was good, but he had to change rooms twice and some of his belongings were nearly lost. After he returned home, he had to stay in bed for three weeks and was on a number of medications. Two years later, he is still on a number of medications and his condition does not seem to have drastically improved.

My husband was a patient at Marin General and received good care.

Overall the care during my hospital stay was excellent. There were a few evening nurses that were less than kind, gentle and understanding. I found that the time I needed the most care (during the late hours of the night) were the times that the staff seemed most interested in just getting their job done and not with the best bed side manner.

Previously we have always had good experience their especially before 1996 when Sutter cut 40% of the RNs off staff.

The 2003 visit was for a scheduled C-section and recovery (my second one). My first experience was slightly better -- the nursing staff was more attentive and more helpful. Perhaps the second time around, the nursing staff thought I needed less assistance, which was true in many, but not all, respects.

The doctors and nurses were very caring, attentive and professional. They were always trying to make sure I was comfortable on all levels. I have raved about my stay in the hospital since.

The outcome was very good. Nursing services were much slower than at a surgicenter or one day surgicenter.

Went to Marin General for labor and delivery of my child. Nurses and doctors were attentive and professional.

3. ACCEPTABLE

At 2:00 a.m. (when I was put in a bed on the surgical recovery floor) to figure out what procedures should be followed. I was also dismayed that on my way to surgery, the mechanical doors did not work properly and the doors needed to be opened manually. This did not provide a good impression about the maintenance of the hospital.

Confused and made me very uneasy. I was speaking to her and a MD butted into my conversation and pre-empted what I was doing. He was arrogant and confused the clerk. He needed copies at that moment so she had to stop with me and do what he asked. She should have made him wait for me. He did not have an emergency! It is very important that when someone enters a hospital that the people who first greet them are prepared, knowledgeable and focused on the needs of the patient. I can run the hospital better than who is doing it now!!

Have been at MGH Hospital several times during the past 5 years. Diabetes onset, heart attack, sinus surgery, pneumonia, embolism. Had to go to MGH 3 times during the summer of 2002 for pneumonia. Was sent home without prescribed meds, which took weeks to get on a TAR from outside pharmacy. Developed pleurisy and spent another 10 days in MGH. During my last stay for the embolisms (both lungs) nurses were working very long hours - 12-16 hours, and we patients had long waits for nurse assistance or needed medications.

I was admitted to the hospital in October 2003 to deliver my baby daughter. I had serious complications shortly after giving birth which caused me to stay in the hospital for 10 days. I was hemorrhaging and the doctors couldn't determine the cause. I had 3 procedures and after the third, the bleeding finally stopped. But the cause still was unknown. It wasn't until I got home when my husband "fished" a piece of placenta out of the toilet that had come out of me. We took it to the hospital to be tested. It turns out I had Bi Lobe Placenta. The most frustrating part was why they weren't able to determine this during any of the procedures.

Inattention to patient needs. Mistakes by staff members. Unpleasant dealings with business office.

Male in his nineties was not able to get hospital help to relieve himself and could not walk easily so he fell trying to get to the rest room.

My best friend's mother was in the hospital and passed away. The nurses on duty seemed very busy and unable to give proper care.

My last personal visit to Marin General was in February when I arrived for cardioversion procedure. The room was not prepared, and the nurse could not find the essential materials she needed to prepare me for the procedure. Finally, a staff member arrived with the materials, and proceeded to remain in the room, obviously in the way, while they prepared me for the procedure. The staff was courteous and efficient, however when I remarked about the poor quality of the experience they were sympathetic and suggested that I notify the administration of my displeasure. This occurred on a similar occasion.

Nurses overworked and could not respond to button and light. Nurses were fine.

The care I had was mixed. The emergency room person was great. He recognized that I was in severe pain and pushed hard to get a doctor. When they didn't show up he was on them again. I was admitted for an overnight stay and a CT scan in the morning. The admitted doctor never showed up the next day to see me until 5:30 pm. I found out long after that the "standard of care" for the type of accident (shattered scapula) was not met. A MRI and EMG are standard for that type of injury and they were not only not done they were not even mentioned as something that should be done. It's now two years since this accident and I am having severe complications possibly due to the fact that the diagnosis was incomplete and by the time the subsequent doctors figured out all of the things that were injured they had healed improperly causing chronic pain that is debilitating.

This was during and post c-section delivery at Marin General- care was adequate. The recovery nurse was rude and pushy and did not listen to my comments about my recovery (this is baby #3 so I know my body pretty well in these situations). I explained to her how quickly I recover from an epidural and she ignored my requests for blankets and kept leaving the room, and was just pushy and rude. Some nurses were nice during my recovery and some were just in & out. This was my first experience in-patient at MGH and I was very disappointed. The room was old and needed something warm added to the decor.

4. POOR

My wife went in for surgery and they had difficulty giving her general anaesthetic. She woke up -or they woke her up-and they had seconds to get the tube out, put another in and put her back to sleep. They said it was about 15 seconds but she said it felt like 15 minutes. She was very scared. The treatment after she retuned to her room was status quo I believe.

The nurse was not well trained nor responsive to the needs of the patient.

Care was lackluster; attention by nurses and MDs was practically non-existent.

For the two days I was too sick to even get into the shower, I lay in bed on soiled sheets which had not been changed and sweaty and dirty. No nurse or nurse's aide offered to help me wash or bathe me until I was able to bathe myself. That to me is lousy care. I have already reported this in the survey and am reporting it again. It is despicable.

I attempted to follow the complaint process at the time of the incident, including contacting the manager that made the decision, and was completely blown off by the County Ombudsman (said there was little they could DO). And especially by the MGH manager - he was so remarkably arrogant and uncaring in his comments to me: Basically said to get over it that there was no way I could touch him. It was totally outrageous, and if anyone I know EVER was admitted to MGH, I would insist that friends and family stand 24 hour guard to protect the patient.

I was admitted to hospital after a mountain bike accident and stayed four days and three nights. I was diagnosed with brachial plexus stretch which gave me a paralyzed left upper and lower arm. I also had a concussion and some scrapes and bruises. Doctors at Marin General did not do X-Rays of my back which was and continued to be very painful. It was seven months later that I was diagnosed with broken ribs on the left and right sides. DURING my inpatient stay, my thoracic pain was not diagnosed.

I was also disturbed that the personnel did not identify themselves, when they came into my room. They should introduce themselves by stating their names, and the name of their jobs.

I was in quite a bit of pain, but had to wait 4-6 hours to see a nurse because she was busy. Wasn't her fault, she was busy, and overworked. Also a nurses aide or some such person, made 4 attempts to get blood and butchered my arm and it turned out she was not a registered phlebotimist? and in fact they had to wait several hours to get someone who know what they were doing. Staff is wonderful and caring. The conditions they have to work in under Sutter is terrible and the board needs to take responsibility.

I was readmitted with a major infection after an appendectomy. I was hospitalized for 8 days and recovery took 10 weeks. The nursing care I received during the stay was excellent and their attentiveness probably saved my life. The infection introduced during the appendectomy was unexpected and a horrible experience for me and my family. I later learned of others who had serious infections after similar surgeries at MG.

My daughter was overdosed with radiation to her brain in 1976. The damage they did caused severe cognitive loss and will result in a shortened life span. I received radiation and chemotherapy for Hodgkin's disease in 1981-83. My lungs are scarred with two lobes collapsed. I am short of breath and I need four brand name inhalers to breathe. Both of us were treated at Marin General. My daughter was born @MGH and the MD caused internal damage to me.

Place was dirty. I was given no food or bad food. Waited forever in ER.

Some nurses seemed unfamiliar with basic safe procedures, unresponsive to my needs, and in one case seemed uncaring in causing unnecessary pain (total knee replacement) - - jerking a pillow out from under my just-operated-on knee. In one case a nurse, who may have been a "temp," was fiddling with a fixture that had to be added to my IV setup, obviously confused about how it was to be oriented, when another nurse came up, turned the fixture around, and said "This way is safer." This was terrifying. Some nursing assistants were not very helpful, in one case with a poor attitude toward her job. It took 1 hour and 20 minutes to get an aspirin for a severe headache. One night shift nurse seemed to have limited understanding of English; my questions about my care needs in the next few hours (like pain medication after the surgery anesthesia wore off) went unanswered. The list goes on.

5. VERY POOR

I broke my wrist in November 2004. I had it operated on in November 2004 as it was broken in more than one place. In December 2004, I developed a staph infection at the site where they did the surgery on my wrist. I had emergency surgery that day and spent 5 days in the hospital. During those 5 days, I had 3 surgeries on my wrist. After I got out of the hospital, I went on a rigid regime to fight the staph infection including antibiotics through and IV. I now have a deformed wrist. I have had over $100,000 of hospital bills due to this. I also am getting additional bills because I need to have surgery again and it looks like it might mean I lose movement in my wrist. I do not like it gobbling up the lifetime insurance you get which is $2MM. That might sounds like a lot but at the rate I am going it doesn't feel it. I was operated on at Marin General Hospital in Greenbrae, California. It has a pretty bad reputation.

1997 was the previous in-hospital stay. I rate that experience EXCELLENT. In comparison the 2002 in-hospital stay was VERY POOR. Shortage of nurses resulted in long waits for nursing attendance (bringing a bed pan). Dirty, bloody towels left in a pile on the floor. Long wait for someone to change soiled sheets.

93 year old man could not find attendant to help him to bathroom. He rang until he could not wait any longer (over half an hour) and got up to relieve himself and fell enroute to the toilet.

Eating and swallowing JUST FINE. I will never set foot in Marin General again unless there is a medical emergency that will not allow us to get to Novato.

I was there in 2002 for my first son and a wonderful experience. This time was a nightmare and it made me hate hospitals. I don't ever want to stay in one again. I was sooo traumatized. Both stays were at Marin General.

In the morning I waited around for several hours in the hospital room for a nurse to take my IV out. DC orders had been written around 8:30 am, at 12 noon I finally took the IV out myself and walked out! UNBELIEVABLY poor care!

My husband had a stroke and when I arrived for visiting hours, he had been laying in a wet bed. He told me he tried to call the nurse to help him go to the bathroom, but no one responded. Since the care was so poor I spent every night thereafter with him so he could have some one to care for him and respond to his needs.

My mother received her roommate's medication, and experienced a stroke within hours. I caught another nurse attempting to get a list of medications for a woman with a similar name to my mother's. Personal care was unreliable. My mother's catheter got clogged and it was not discovered for 24 hours. A traveler nurse was unable to get needed pain medications in a timely fashion.

Sutter has dumbed down the hospital.

Understaffed to provide CARE to patients, poor transfer of information from shift to shift, compartmentalizing of information to the point of frustration when simple status could not be obtained on any one item. No single point of contact for hospital stay management. Mechanical, taking and providing of services with no RESPECT for patients needs. Insufficient attention to detail and small changes in patience's status. Feeling that it was the patience fault when something did not go as expected.

OTHER HOSPITALS

1. EXCELLENT

It was for my mom as she was entering final stages of leukemia. They were attentive, took a lot of time, answered questions well, ordered tests that the family requested as well as what they needed to do, on top of her condition, knowledgeable about her disease. Attention, good outcome, information transfer.

The service at Seton should be the basis of comparison for all hospitals.

Follow up call following release---excellent nursing care while hospitalized.

Frequent checks on condition by doctors in attendance. Prompt and good caring attention from nurses, and other specialists on my case

Friendly and caring; they listened to things I had to say; results of surgery

I had a baby at CPMC, the nurses and doctors were great.

I had a thyroidectomy. It was painless and I received excellent attention and care.

Much better result than my friend. Sometimes knowing your limitations is the first step in the proper treatment of your patient. I will always be grateful to doctor for referring me out, and for not having an ego problem that could interfere with my treatment.

My last hospitalization was at UCLA Medical Center in October 1997. It was the final, positive chapter in a long and awful saga that started with surgical errors during a medically necessary hysterectomy at California Pacific Medical Center in July 1997. The surgical errors were not diagnosed properly or timely, and a follow--up surgery at Cal Pacific failed to correct the problems.

My last stay in a hospital was over 15 years ago but it was excellent because it was at Stanford Hospital and they are exceptional and very caring.

Consultation at UCSF medical center also was not helpful. The final surgery at UCLA saved my life and my health.

My mother was hospitalized. The staff and doctors were very attentive and informative, however, my sisters and I stayed with her round-the-clock and spoke to the nurses/doctors continuously

My wife had our second child in Children's Hospital, San Francisco in 1987. None of my family members has had an overnight stay in a hospital since.

Quick recovery, long-term results of the surgery were 100% successful, care was attentive and competent. This was at Stanford Medical Center.

The doctor listened to me and included me in my treatment.

The Lake Tahoe Hospital was very attentive and provided quality care to my dad after a skiing accident.

The most recent stay was at UCSF for my son who has CF. Comparing UCSF to Marin General is a joke, the joke being Marin General. Marin General is a third rate dump compared to UCSF, including nursing staff, etc.

The stay was at Novato community hospital. The nurses were caring, the unit was quiet, I felt confident in the care I was receiving. The surgeon came to check me after the surgery to see how I was doing.

This stay was for the birth of our child at Edith Cavell Hospital in Brussels, Belgium. We had 4 nights stay with all medical treatment (including post-natal physical therapy/massage) for about the price of a one night stay in a California hospital.

This stay was in Chinese Hospital in San Francisco. The previous stay was in Marin General. I found the MGH staff less attentive to patient comfort and requests than Chinese Hospital.

Waited to be seen by physician. Specialist called in. Problem correctly identified. Treatment successful. Patient released. No after effects.

2. GOOD

Admitted for my 2nd pregnancy. All went well, even thought I had a resident physician which I wish was not the case. I had very attentive and nice nurses, they let me be in peace with my baby. Gave me help when I wanted it.

I delivered a baby and while it was overall a good experience some things could have been improved upon: Waiting time to be induced was long (I had an appointment that was delayed for 8 hours), when ready to deliver I had to wait for my Dr. who was in surgery (not sure anything can be done about that), and the nurses wouldn't let me send the baby to the nursery so I could rest (baby had already nursed/bonded).

I had a hysterectomy and oovorectomy in 2001 at Kaiser Hospital for uterine cancer. Surgery was successful and efficient.

I had good care but I felt like there was a shortage of nurses. My family helped me out of bed to walk since the nurses didn't have time. One nurse was very rude but another was wonderful so it just depended on luck of who you got.

I was kept in emergency for four hours before I was admitted for gall bladder surgery.

It was 30 years ago at Children's hospital in SF. Poor nurse service. Bad shots and not attended to on a regular basis.

Main thing is that I feel "completely" cured. At 84, that's an accomplishment for the hospital as well as myself.

Nurses and physicians did not seem to be fully aware of patient's medical history at the start of the stay, as judged from their statements to family member assisting patient. However, communication with physicians was reasonably prompt and thorough, procedures and testing performed seemed reasonably appropriate, staff were helpful and pleasant and the facility appeared clean and tidy.

On the medical-surgical unit there was little contact with staff for a one night length of stay.

Our friend had three Kaiser/Terra Linda experiences recently. He has a very complicated problem due to former heart surgeries. From what I could tell he was thrilled and when I visited he seemed to be getting a lot of personal care, very cautious treatment and oversight, and accommodated as good as can be expected on personal requests and room, etc.

The last hospital stay was at UCSF. This was FAR, FAR superior to the experience we had just 2 years earlier at Marin General. At Marin General, my husband received very inadequate care, was injured, experienced much unnecessary pain and I was told erroneously that he DIED, when in fact he was in the recovery room and was OK. It was very different at UCSF, where he received excellent care.

3. ACCEPTABLE

Doctors not available easily... maybe once a day for a minute. Nurses however were great.

Extremely long waiting for tests and to see specialists, it was also over the weekend so nothing could be done for 2 days a lot of waiting everything took forever

My brother's roommate was a man in his mid 50s, admitted with stage 4 lung cancer. He was inoperable, incurable and was finally admitted to your hospice care at CPMC in San Francisco and from there to a hospice facility on Diamond Street in the city. The care at that hospice was superb. He did pass away, but that was not the fault of the hospital.

Not enough nurses to cover the patients, it was like pulling teeth to find our nurse who was obviously overworked. When she was able to be there, she provided excellent care. The non-nurse staff communicated poorly with us, including the M.D.

Not enough staff to care for patients.

Previous visit was in 1974.

The hospitalization did not occur in Marin.

Wrong medications were given. Different doctors treated the patient and nurses were unclear as to correct procedures because of the various doctors on call.

4. POOR

Admission was not granted for overnite stay until 4 a.m. the next day.

I didn't pee after coming out of anesthesia and that presented problems later.

Poor pain management after surgery. Some nurses were not as timely in responding as they could have been. However, facility was better than prior hospitalization and I had my own room.

The total cost was definitely out of whack to me. Normally, the check and balance is the reduction of amount paid by the insurance company. But surprisingly, they only reduced the bill by less than 25%. The only other option to keep costs down is for a competitor to build a hospital and do it for less to put them out of business rather than try to have the local government run it. Why would anyone think government employees would be any better at managing a hospital? The political nonsense alone would cause costs to go up. The taxpayers would all end up paying for their inefficiency and lack of financial incentive through higher property taxes and we'd be no better off in the end.

Several different nurses, over a period of several hours, tried and were unsuccessful in being able to insert a catheter into me postsurgically. I was extremely uncomfortable, though on morphine, terrified that my bladder would burst and I would die. Asked for reassurance many times but no nurse provided me with reassurance and no doctor came to insert the catheter. Eventually, after 6-8 hours of incompetent attempts, one persistent nurse managed to do the job.

Very poor care - almost like a convalescent stay.

When I got to the hospital for a mastectomy, the hospital had lost all the records of xrays and blood work that I had sent to them from Kaiser. They told me they would have to start over and take more xrays. I refused, called Kaiser myself, explained who I was and that this was urgent as I was about to have serious surgery and didn't want to have any more xrays than I had to have. They found my reports and faxed them over, even though they had already done so earlier. I was able to resolve the problem myself. They had told me they could never get help from Kaiser and clearly they didn't even try. All the confusion when I was already very tense about the surgery, was infuriating. To add insult to injury, the male nurse at the check-in desk that I was dealing with, kept singing and playing around as though all of this was part of a very dull routine for him. I went to my surgery very stressed out and very upset.

Doctor made an error, which he refused to admit, which caused me long recovery. He was arrogant.

So many things wrong I can't go into it. They let my IV run out, they gave me a drug I told them I was allergic to, they misdiagnosed the stage of my disease.

5. VERY POOR

No comments

OTHER COMMENTS

1. ABOUT THE SURVEY

154 people requested copies of the survey results. 17 people thanked the MHF for making the survey available. Our favorite addition to "thank you" was: You have my blessings and may the one who brings justice be upon your door. 16 people wrote comments that the study was biased. 10 people had problems accessing the survey online. Other comments included:

Good Survey. Much info on Sutter's mismanagement of MGH. The Marin HealthCare District Board should cancel the Sutter lease for "cause", and discontinue Sutter's excess profit-taking from the MGH, retain new management, build a new "GREEN" hospital, critical in Marin County which has serious environmental quality problems with air, water, hazardous waste disposal, etc.

You did not give me an acceptable choice in the blank items, i.e. I want a new hospital on the Greenbrae site after which we tear down or otherwise utilize the old hospital.

Let's put the idea of the green hospital to the public as part of the water saving program here in CA.

1. POLITICS OF HEALTHCARE

Person 1. I must say that I have used the hospital facilities over the past several years & have been very impressed with the level of care & attention that I received. In addition, I was personal friends with one of my treating doctors & he very privately mentioned that this dispute was started by a couple of members of the board & he felt that they went way to far with this & had a personal agenda. Nevertheless, it's never a good idea to only listen to the issues presented by one side.

Person 2. I have been unable to reply to your survey for technical reasons I don't understand, but I do have a strong opinion that Sutter should not continue to operate Marin General Hospital. I have followed the situation closely, and have observed the hospital's operation at first hand when experiencing heart surgery there four years ago and when hospitalized for an injury in 1969. After my recent experience, I wrote a heartfelt letter to the nursing staff thanking its members and praising them for the fine care they had given me. To my surprise and displeasure, I received a thank-you note from the administration, taking credit for that care. My observation was that the staff had done its job in spite of the administration rather than because of it. The difference in my two periods of hospitalization was the later continual changing staff -- there was no stability or continuity of care -- and the entire lack of assistance at the time of discharge. The staff was clearly too busy with new cases to give me the help in showering and general preparation for me to return home -- in sharp contrast in both ways to my earlier experience. The other great difference, also surely due to a cost-cutting or cheese-paring approach to hospital administration, was the marked deterioration in the quality of food. In 1969, I was surprised and delighted at how good the meals were. In 2001, I was astonished at how bad they were. I was once served chicken that was obviously spoiled, and had to return it, with the warning that it was bad. There was no follow-up, and so far as I know, nothing was done. Even at best, the meals were unpalatable and obviously mass-produced, apparently originating outside the hospital. Aside from my own observations, I have a strong belief that community welfare is best served by community ownership and operation. I believe that Sutter is utilizing its operation of Marin General in such a way as to maximize its earnings, and that it has showed arrogant disregard of the public board seeking to carry out its responsibilities. The original deal was questionable in both a political and legal sense, and I hope further legal action is still open to the Board. Finally, I want to emphasize the respect I feel for all the members of the nursing staff, who have carried on their duties in a heroic fashion, despite, rather than with the help of, an inefficient and inhumane administration, one whose members have little appreciation for the dedication and tireless concern of the real healers. They might as well be supervising the manufacture of roller bearings, such a contrast are they to the heroic nurses.

Person 3. I think the Healthcare District has to learn to work with Sutter Health. Sutter Health has done a good job with Novato Community Hospital. The law suit just adds a lot of friction to the relationship. Marin County cannot run a hospital by itself. Stand alone hospitals do not work these days.

Person 4. The spouse of a very high-level Sutter/MGH executive sent the email below to the MHF. In our view, it accurately reflects the contempt that Sutter, its executives, and physician-contractors have for publicly elected Healthcare District Directors who take their oversight responsibilities seriously and community members who advocate for quality care at the publicly owned Marin General Hospital.

District boards with oversight of leases on a hospital system of the size and complexity of Marin General Hospital are typically out of their depth. That is why most such boards have long since been dissolved. The type of governance you claim to supply is nonexistent; what you actually do is grind progress to a halt. This particular board's only role for many years has been to see to it that a facility exists in Greenbrae that meets state regulatory guidelines. Your achievements to date are atrocious. Every time you meet you demonstrate a total disdain for the community that you supposedly represent. It is unfortunate that reasonable health care professionals and concerned Marin County health care consumers have to deal with your relentless lack of professionalism. I resent that my community's best interests are so tremendously misrepresented by such an unfocused and incompetent group. Through your outlandish tactics and bombastic rhetoric, you have brought nothing but embarrassment to this community. Individually, many of you have had outstanding professional accomplishments. By contrast, most of your vocal and oft-quoted minions have distinguished themselves as professionals of exceedingly low integrity, limited talent, and mediocre performance. Collectively, you have wasted money our community can not afford to lose. As a governing board, you have done nothing but create a stalemate. No one could be proud of such a dismal record. For this reason alone, you should all resign. Regardless of how you obfuscate facts and distort the truth (such as through this "health fund" and your transparent survey), you will never have my support. You will also never have the support of the tremendous number of Marin County residents with whom my family and I interact personally and professionally every day. For the sake of real health care progress in this community, please go away. If you must apply your considerable resources and energy to a project that will truly benefit this community, protest the war, feed the poor, or help the homeless. And if you truly want to see real improvement in the quality of health care in this community, retire.