



***SURVEY ON  
THE FUTURE OF MARIN GENERAL HOSPITAL***

***EXECUTIVE SUMMARY***

July 12, 2005

For a copy of the full report, go to:  
<http://www.marinhealthfund.org/survey.htm>  
or call or send email to the MHF

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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.

## 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.

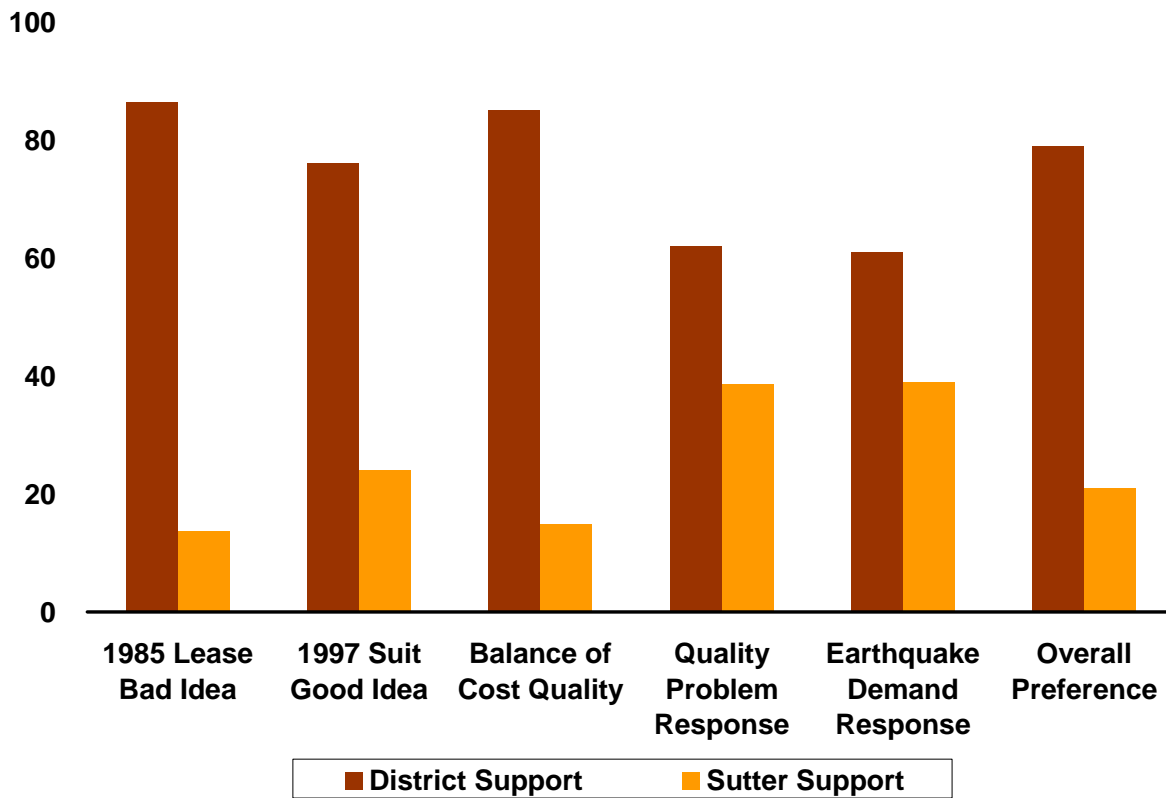
With responses from 807 Marin residents, the sample of data gathered from a web- and paper-based survey revealed the following:

- **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.**