

**Marin Medical-Health MAC Group
Conference Call Agenda**

Informational Decisional*

Date _____

Time _____

Facilitator Name _____

Call-in Number _____ Passcode _____

Video Conf (via Zoom) _____

MAC Group Coordinator _____

1. Marin Op Area Situation Report (from Med Health Branch or EOC Incident Action Plan (IAP) if available)

(Copy and Paste from IAP if available)

2. Facility Status and Updates (listed in alphabetic order by facility type – ask for any facilities that may have been missed at the end of the list run-through)

	Facility Name	Attendee(s) Name	Facility Status [Green/Yellow/Red]	Comments (short term objectives)	Resource Request(s) (Check if "yes")
Hospitals	Kaiser				
	Kentfield				
	MarinHealth Medical Center				
	Novato Community Hospital				
Clinics	Marin County Behavioral Health				
	Marin Community Clinic				
	Marin City Health and Wellness				
	Coastal Health Alliance				
	Ritter Center				
	Sutter Pacific Medical Foundation Clinic				
SNFs/LTC	Aldersly				
	Canyon Manor				
	Generations Healthcare – Smith Ranch				
	Marin Convalescent				
	Marin Post-Acute				
	Neuro Restorative				
	Northgate Post-Acute				
	Novato Healthcare				
	Pine Ridge				
	Professional Post-Acute				
	San Rafael Healthcare and Wellness				
	South Marin Health and Wellness Center				
	The Redwoods				
	Tamalpais				
Villa Marin					
Other	Marin County Ombudsman				
	Davita - Dialysis				
	Greenbrae / Bon Aire Surgery Center				
	Golden Gate Regional Center				
	Hospice by the Bay – Hospice				
	Marin Ophthalmic Surgery Center				
	Redwood Community Health Coalition				
	Satellite Health - Dialysis				

3. Medical Health Priorities for Operational Area

4. Long Term Objectives for the Operational Area

5. Review need for additional attendees:

6. *MAC Decisions to be made (use additional page(s) if needed):

Next conference call:

Date _____ Time _____

Call-in number _____ Passcode _____