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)

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(Copy and Paste from IAP if available)

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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 [**G**reen/**Y**ellow/**R**ed]	Comments (short term objectives)	Resource Request(s) (Check if "yes")
Hospitals	Kaiser				
	Kentfield				
	Marin General Hospital				
	Novato Community Hospital				
Clinics	Marin County Behavioral Health				
	Marin County Clinic				
	Marin Community Clinics				
	Marin City Health and Wellness				
	Coastal Health Alliance				
	Ritter Center				
SNFs/LTC	Canyon Manor				
	Care Meridian				
	Generations Healthcare – Smith Ranch				
	Marin Convalescent				
	Marin Post-Acute				
	Northgate Post-Acute				
	Novato Healthcare				
	Pine Ridge				
	Professional Post-Acute				
	San Rafael Healthcare and Wellness				
	South Marin Health and Wellness Center				
	Tamalpais				
	The Rafael				
	The Redwoods				
	Villa Marin				
Other	Davita - Dialysis				
	Hospice by the Bay – Hospice				
	Marin Surgery Center – Surgery Cntr				
	Satellite Health - Dialysis				
	Greenbrae Surgery Center				
	Bon Air Surgery Center				

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):

7. Next conference call:

   Date_____   Time_____

   Call-in number_____ Passcode _____