



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

Thursday, April 7, 2016

8:00 AM – 10:00 AM

SAN MATEO MEDICAL CENTER

EXECUTIVE BOARD ROOM

Second Floor, Administration Wing



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

April 7, 2016 8:00 – 10:00 AM

Executive Board Room – Second Floor, Administration Wing

AGENDA

A. CALL TO ORDER

B. CLOSED SESSION

Items Requiring Action

1. Medical Staff Credentialing Report
2. Quality Report

Dr. Janet Chaikind

Dr. Alex Ding

Informational Items

3. Medical Executive Committee

Dr. Janet Chaikind

C. REPORT OUT OF CLOSED SESSION

D. PUBLIC COMMENT

Persons wishing to address items not on the agenda

E. FOUNDATION REPORT

Bernadette Mellott

F. CONSENT AGENDA

TAB 1

Approval of:

1. March 3, 2016 Meeting Minutes
2. Burlingame LTC Report

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Janet Chaikind

H. ADMINISTRATION REPORTS

- 1. Emergency Department *Dr. Alpa Sanghavi* Verbal
- 2. LEAP Leadership System *John Thomas* Verbal
- 3. Medical Education for the Health System *Louise Rogers* Verbal
- 4. Financial Report *David McGrew* **TAB 2**
- 5. CEO Report *Dr. CJ Kunnappilly* **TAB 2**
- 6. Pillar Goals Update *Dr. CJ Kunnappilly* **TAB 2**

I. HEALTH SYSTEM CHIEF REPORT

- Health System Snapshot *Louise Rogers* **TAB 2**

J. COUNTY MANAGER’S REPORT

John Maltbie

K. BOARD OF SUPERVISOR’S REPORT

Supervisor Carole Groom

L. ADJOURNMENT

MEDIA ARTICLES

TAB 3

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact the executive secretary at least two working days before the meeting at (650) 573-3533 (phone) or mlee@smcgov.org (e-mail). Notification in advance of the meeting will enable San Mateo Medical Center to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it.



San Mateo Medical Center
A County System of Healthcare

TAB 1

CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Thursday, March 3, 2016
Executive Board Room

Board Members Present

Supervisor Carole Groom
John Maltbie
Louise Rogers
Dr. Susan Ehrlich
Dr. David Lin
Dr. Alex Ding

Staff Present

Dr. CJ Kunnappilly
John Thomas
Joan Spicer
Glenn Levy
Bernie Mellott
Cecilia Diaz

Members of the Public

Dr. Susan Fernyak
Scott Gruendl
Karen Pugh
Naomi Yunker
Sandra Santana-Mora

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Groom called the meeting to order at 8:00 AM, and the Board adjourned to Closed Session.	
Reconvene to Open Session	The meeting was reconvened at 8:17 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for March 3, 2016. Medical Executive Committee Minutes from February 9, 2016. QIC Minutes from January 26, 2016.	Glenn Levy reported that the Board approved the Credentialing Report and the QIC Minutes. And it accepted the MEC Minutes.
Public Comment	No comments.	
Foundation Report Bernadette Mellott	For the next three months, Whole Foods Market will give its customers who bring their own shopping bags the option to support the FOHC Garden. If customers choose this option, the amount is 0.05. The Annual Foundation Golf Tournament will be on August 29, 2016 at the Stanford Golf Course.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from February 4, 2016.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.

<p>Medical Staff Report Dr. Alex Ding</p>	<p>No additional comments outside of those given during the Closed Session.</p>	<p>FYI</p>
<p>Quality Report Dr. CJ Kunnappilly, Chief Medical Officer</p>	<p>1115 Medi-Cal Waiver Renewal: Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Program.</p> <p>Prime Basics</p> <ul style="list-style-type: none"> • Approved December 2015 but awaiting technical specifications • Waiver Term: 7/1/15-12/31/20 • Baseline Data Collection:7/1/15-6/30/16 • Expanded Population • Year over Year Performance Improvement: 10% Gap Closure Methodology • SMMC Core Funding at Risk: \$97.6 M over 5 years • Role of Waiver Integration Team <p>Prime Structure</p> <ul style="list-style-type: none"> • Domain I: Outpatient Delivery System Transformation and Prevention <ul style="list-style-type: none"> – 3 Mandatory Projects + 1 Project of Organization’s Choice • Domain II: Targeted High Risk or High Cost Populations <ul style="list-style-type: none"> – 2 Mandatory Projects +2 Projects of Organization’s Choice • Domain III: Resource Utilization Efficiency <ul style="list-style-type: none"> – 1 Project of Organization’s Choice <p>Prime Summary</p> <ul style="list-style-type: none"> • 9 projects and 45 unique metrics • Over \$97 Million at risk • Will require significant effort but well aligned with current strategic initiatives • PCMH work will be crucial to success • Promotes Advancement of our Transformation • Patients will benefit greatly 	<p>FYI</p>
<p>Health System Louise Rogers Health System Chief</p>	<p>MHSA Full Service Partnerships, presented by Scott Gruendl, Assistant Director of BHRS.</p> <p>Background</p> <ul style="list-style-type: none"> • Full Service Partnerships (FSP) are funded by the Mental Health Services Act and provide comprehensive services for 350 mentally ill individuals in San Mateo. • San Mateo’s FSP Program began on July 1, 2006 and this evaluation covers from 7/1/06-7/1/15. • Measured effectiveness by looking at reductions in use of psychiatric hospitals and PES as indicators of improvement of mental health status and less need for intensive care. <p>The proportion of FSP clients with any hospitalization and days hospitalized decreased significantly after FSP</p>	<p>FYI</p>

	<p>enrollment as compared to before enrollment and year of entry.</p> <p>Next FSP Evaluation</p> <ul style="list-style-type: none"> • Outcomes will include: Homelessness, incarceration, mental & physical health emergencies, arrests, employment, and school suspensions & attendance. • Findings presented by four age groups: children, transitional age youths, adults, and older adults. • Preliminary results show significant decreases in mental health emergencies and arrests, as well as reductions in unemployment, incarceration, and homelessness. <p>Tenure in FSP significantly reduces intensive care utilization; and the impact on positive outcomes by the FSP program has improved over time.</p>	
Financial Report David McGrew, CFO	The January FY15/16 financial report was included in the Board packet and David McGrew answered questions from the Board.	FYI
CEO Report Dr. Susan Ehrlich, CEO	<p>Dr. Ehrlich presented the CEO report which is included in the Board packet and answered questions from the Board. She also updated the Board on the Strategic Goals.</p> <p>Dr. Susan Ehrlich has accepted the CEO position at Zuckerberg San Francisco General Hospital and Trauma Center. Her last day with the San Mateo County Health System will be April 1, 2016. Dr. CJ Kunnappilly will become the interim CEO for SMMC.</p>	FYI
Health System Report Louise Rogers Health System Chief	<p>Louise Rogers reported on the current situation of medical PES care for incarcerated persons. SMC no longer has two medical beds at the Santa Clara jail. Her team is investigating how best to address the issue of the lost beds. The goal would be that patients are treated onsite and to prevent hospital visits with the help of onsite case workers, social worker, and psychiatric support.</p> <p>The Daly City Youth Clinic will be remodeled or moved to a new location by the end of the year.</p> <p>The upcoming City of San Mateo traffic and parking forum will be attended by HS staff to answer any questions related to the HS campus.</p> <p>The San Francisco Department of Health will be partnering with SMC to improve Pacific Islander medical care.</p>	FYI
County Manager John Maltbie	The SSF courthouse location may become the new site for the SSF Clinic. They are reviewing the options.	FYI

<p>Board of Supervisors Supervisor Groom</p>	<p>Supervisor Groom extended her appreciation to Dr. Ehrlich for her years of exemplary service to San Mateo County.</p> <p>The grand opening of the new County Jail was on March 2, 2016.</p> <p>Supervisor Groom remarked that at the last Employee Service Awards, long time employees kept commenting on how much they enjoy working for the Health System.</p>	<p>FYI</p>
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Supervisor Groom adjourned the meeting at 9:30 AM. The next Board meeting will be held on April 7, 2016.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer



San Mateo County HEALTH SYSTEM

Date: Thursday, April 7, 2016
To: SMMC Board Members
From: Nora De Leon-Flores, Marcus Weenig, and Rhonda Alvarez
Re: Burlingame LTC Report to the Hospital Board

Achievements

Burlingame Long Term Care continues to collaborate and coordinate with the Health Plan of San Mateo (HPSM), Aging and Adult Services, and the Institute on Aging (IOA) for appropriate alternate placement of residents to the community.

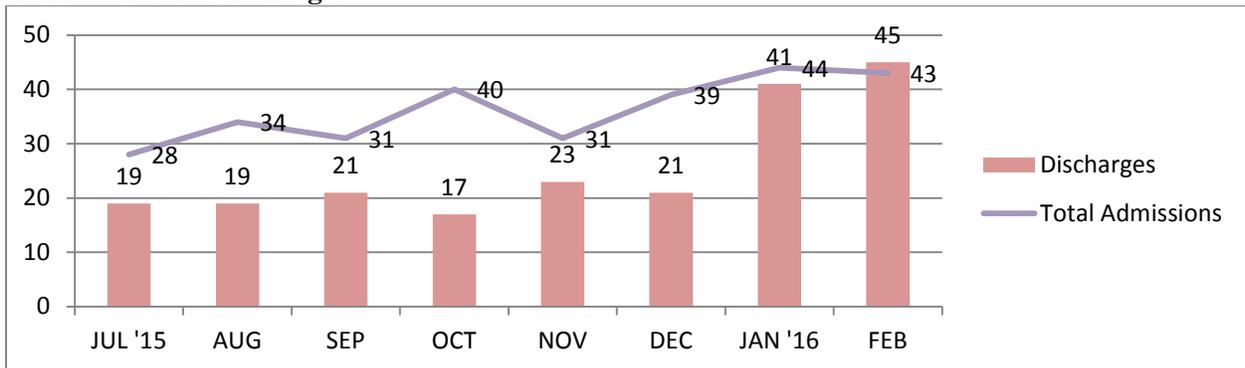
The facility continues to focus on reducing rates in quality measures, more specifically on use of anti-psychotic medications and the number of resident falls.

In addition, the facility continued to introduce and implement more group activity programs like “Alive Inside” – a music and memory program and a “Snooze Room” for sun-downing residents. The facility also has other activities such as resident choir, community outings, and celebrity chef.

The facility also continues to track trends related to residents’ customer satisfaction. These trends include satisfaction rates between short term stay and long term care residents. Other rates include dining experience and overall cleanliness of the facility.

Lastly, the facility’s staff turnover rate was at 27.24% for the year 2015.

Admissions and Discharges



Since last July of 2015, the facility saw an increase in admissions and discharges. Last month, the facility admitted 43 residents and discharged 45 to a lower level of care. Most residents discharged found placement through assistance with IOA. The facility continues to collaborate and coordinate with IOA for appropriate placement of residents.

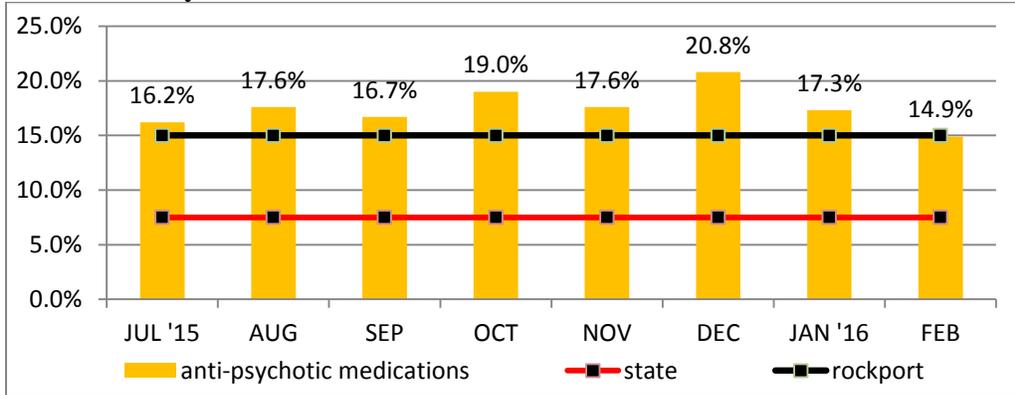
Quality of Care

The facility tracks and trends several quality measures and develops and implements a Quality Assurance Performance Improvement (QAPI) action plan to meet goals. Two examples of these quality measures are the facility’s use of anti-psychotic medications and the number of resident falls.



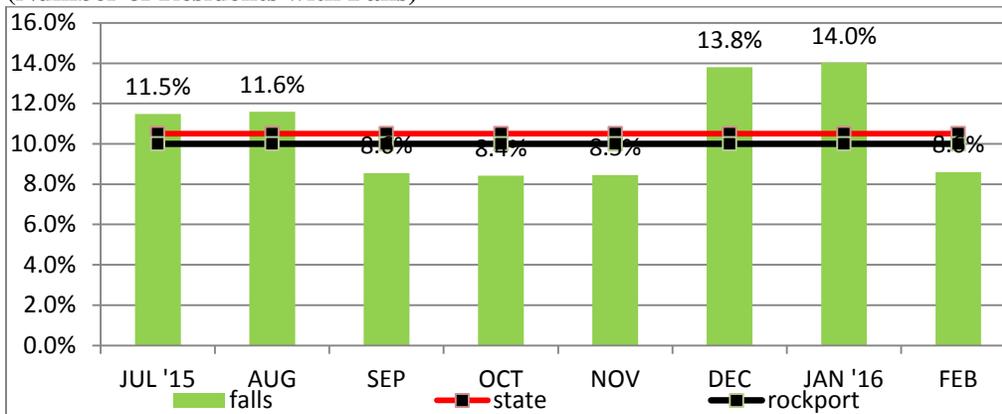
San Mateo County HEALTH SYSTEM

Use of Anti-Psychotic Medications



There is an expected higher rate than the state and company (Rockport) average rates in the use of anti-psychotic medications because many residents admitted to the facility have existing psychiatric diagnoses and/or has dementia with psychotic features.

Falls Prevention Program (Number of Residents with Falls)



The facility continues to implement the Falling Leaf Program to reduce falls and/or prevent injury. With timely utilization and assessment of a resident's risk for fall upon admission, the facility is able to implement measures to prevent recurrences. The overall goal is not to have injuries.

The Interdisciplinary Team (IDT) committee will oversee the program and discuss root-cause analysis (RCA) post-fall. The facility continues to implement our post-fall rehabilitation screening and evaluation program to promote mobility and strength.



San Mateo County HEALTH SYSTEM

Quality of Life: Activities Active Games



Music and Memory



Pet Visits



Community Outing





San Mateo County HEALTH SYSTEM

Customer Satisfaction and the Pinnacle Survey

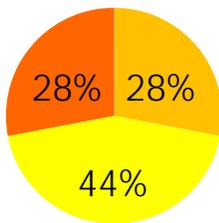


Last month, the short term stay resident satisfaction rate was 56.0% compared to long-term residents at 86.7%.

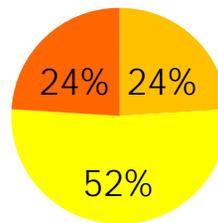
The facility continues to work on improving our customer satisfaction to achieve the target goal which is at or above the national average.

Dining Experience

Appearance of Meal Trays



Taste of Food Served



Dining experience satisfaction rates has improved since last November following the facility's annual survey.

The goal is to continue implementation of systems currently in place to further improve dining experience.



San Mateo Medical Center
A County System of Healthcare

TAB 2

ADMINISTRATION REPORTS

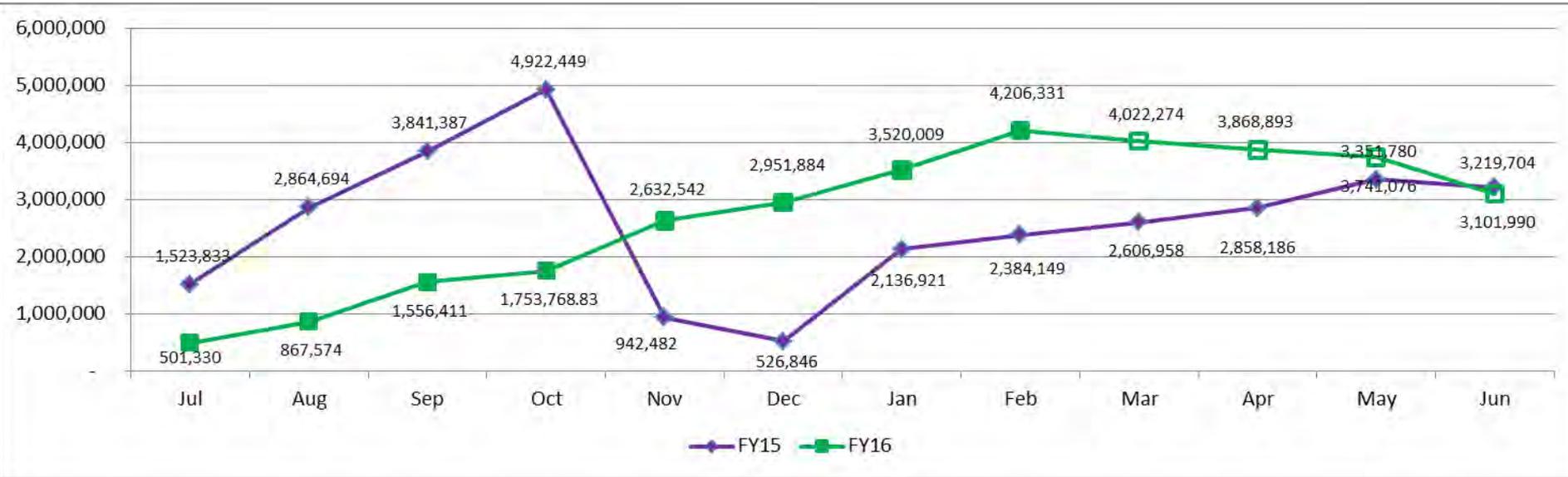


San Mateo Medical Center
A County System of Healthcare

February FY 2015-16 Financial Report

Board Meeting
April 7, 2016

Financial Highlights – Net Income Trend



Financial Drivers:

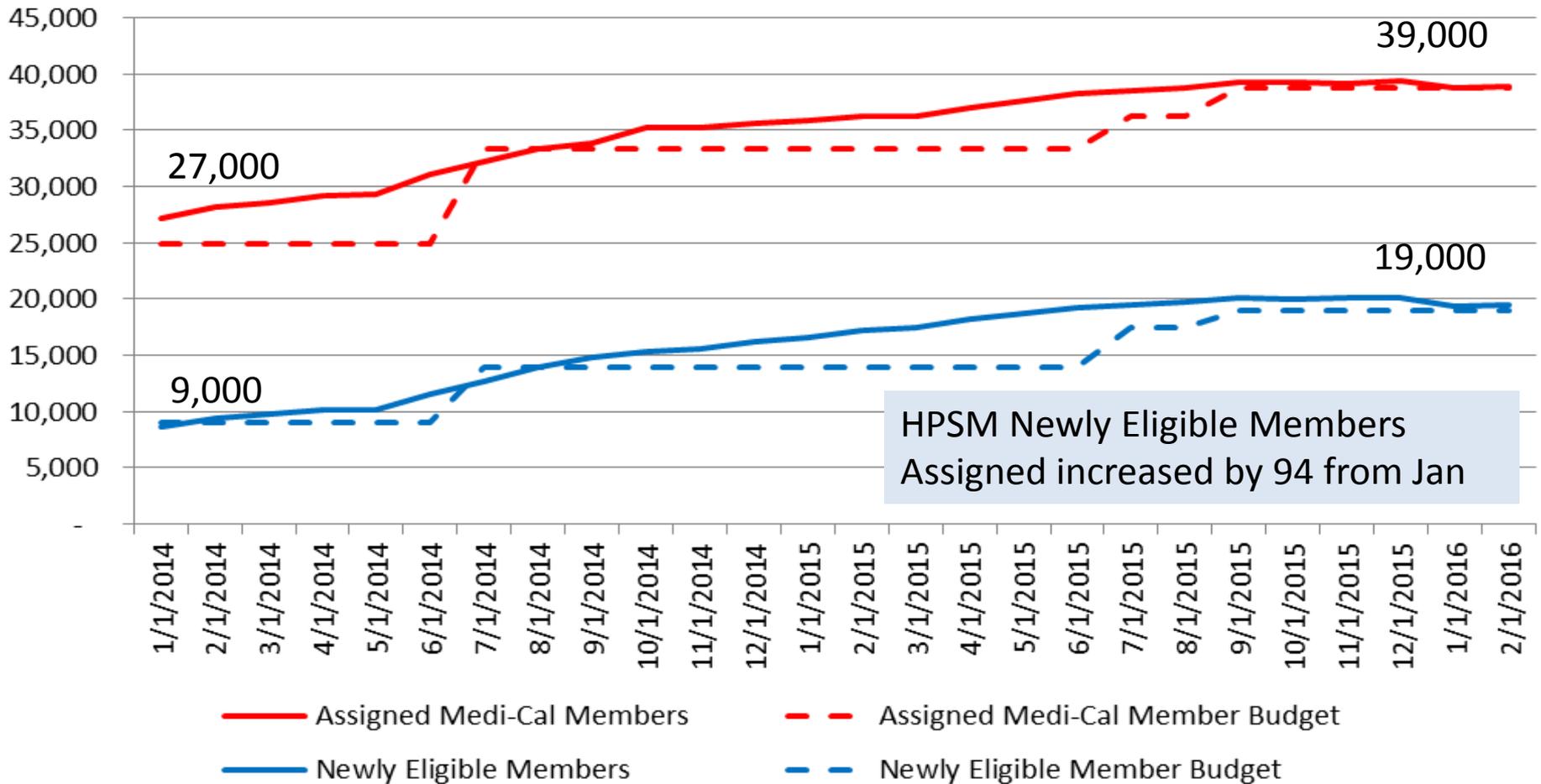
- Inpatient Revenue - Volume
- Other Fees and Purchased Services – ISD charges
- Drug Expenses
- Registry staffing - Volume

Full Year Forecast:

- Uncertainty around FQHC claiming and Medi-Cal audits may drive negative results in the last quarter

SMMC Medi-Cal Members

HPSM Newly Eligible and Assigned Members

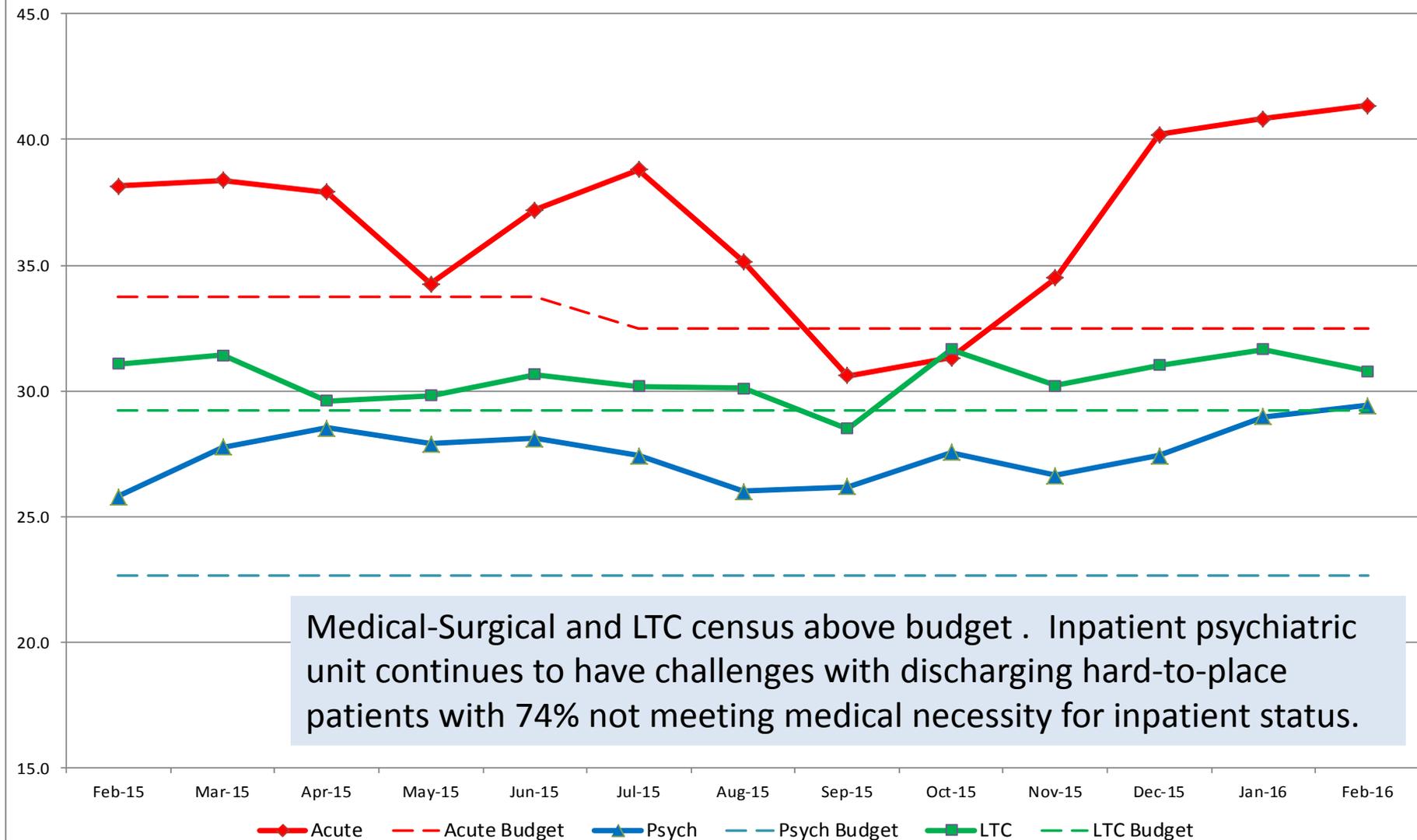


**San Mateo Medical Center
Inpatient Census
February 29, 2016**

MONTH			
Actual	Budget	Variance	Stoplight
2,945	2,520	425	17%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
23,071	21,201	1,870	9%

Patient Days

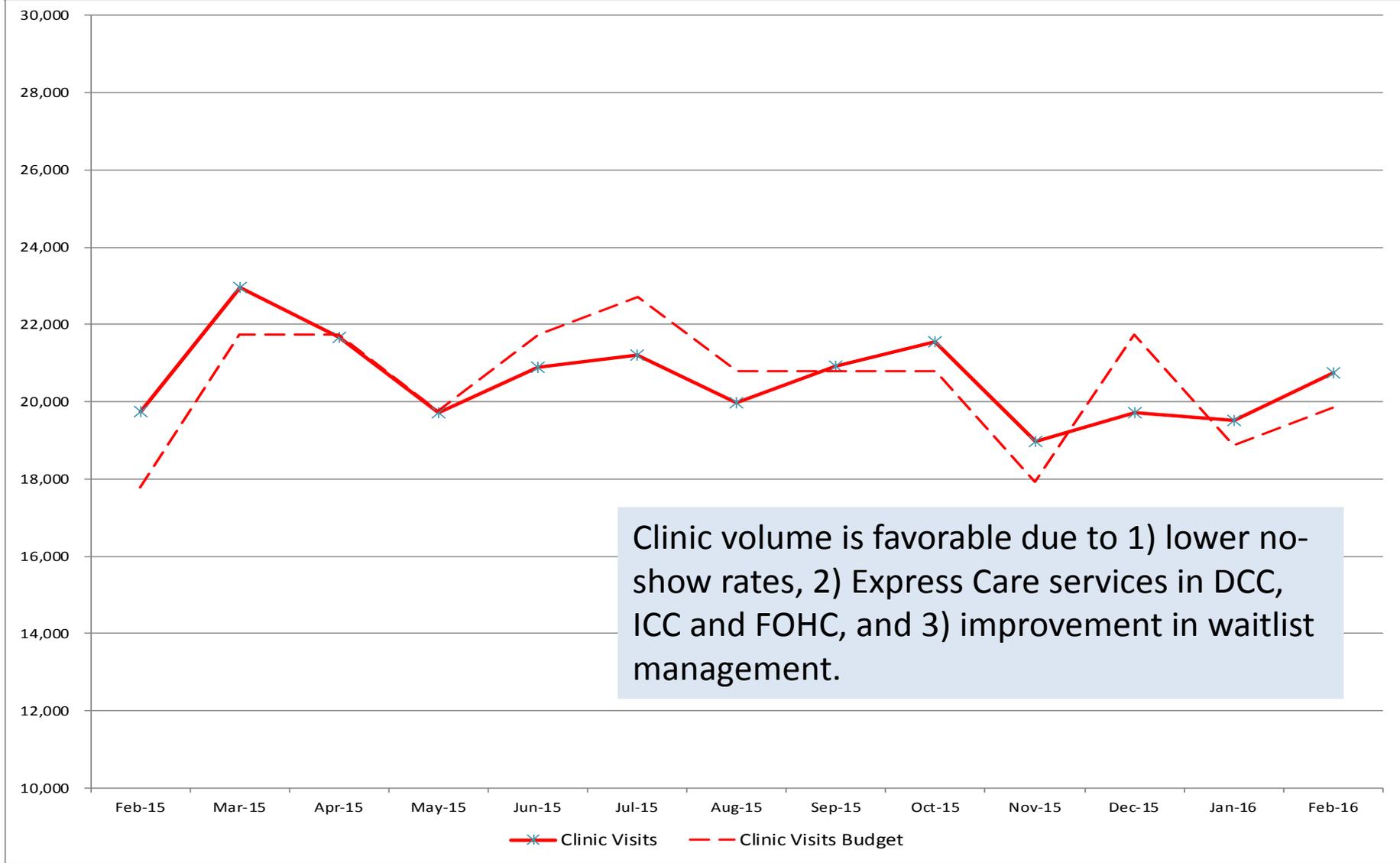


**San Mateo Medical Center
Clinic Visits
February 29, 2016**

MONTH			
Actual	Budget	Variance	Stoplight
20,746	19,721	1,025	5%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
162,575	162,700	(125)	0%

Clinic Visits



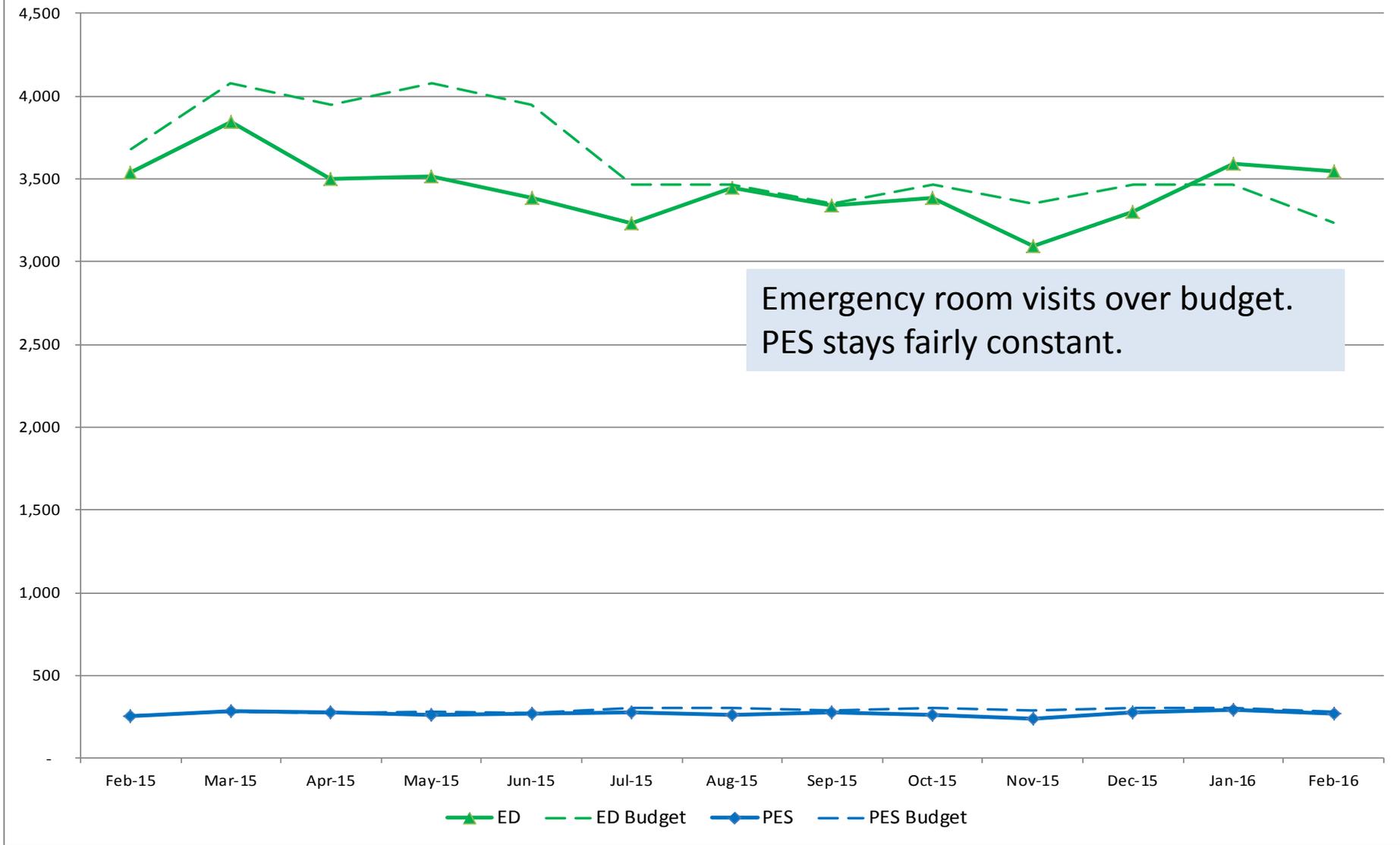
Clinic volume is favorable due to 1) lower no-show rates, 2) Express Care services in DCC, ICC and FOHC, and 3) improvement in waitlist management.

**San Mateo Medical Center
Emergency Visits
February 29, 2016**

MONTH			
Actual	Budget	Variance	Stoplight
3,812	3,520	292	8%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
29,097	29,613	(516)	-2%

ED Visits

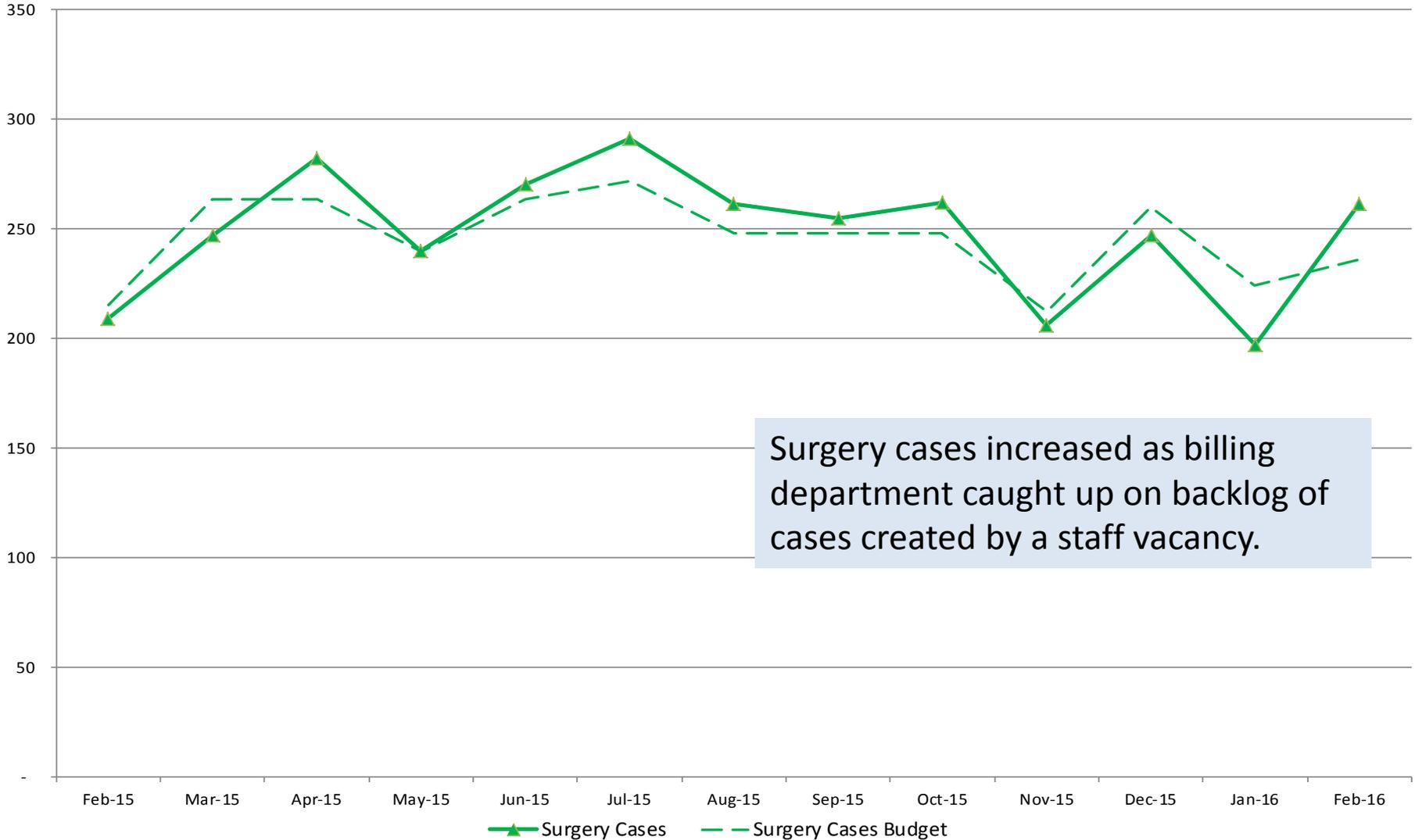


**San Mateo Medical Center
Surgery Cases
February 29, 2016**

MONTH			
Actual	Budget	Variance	Stoplight
261	236	25	11%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
1,980	1,947	33	2%

Surgery Cases



Surgery cases increased as billing department caught up on backlog of cases created by a staff vacancy.

APPENDIX

San Mateo Medical Center

Payer Mix

February 29, 2016

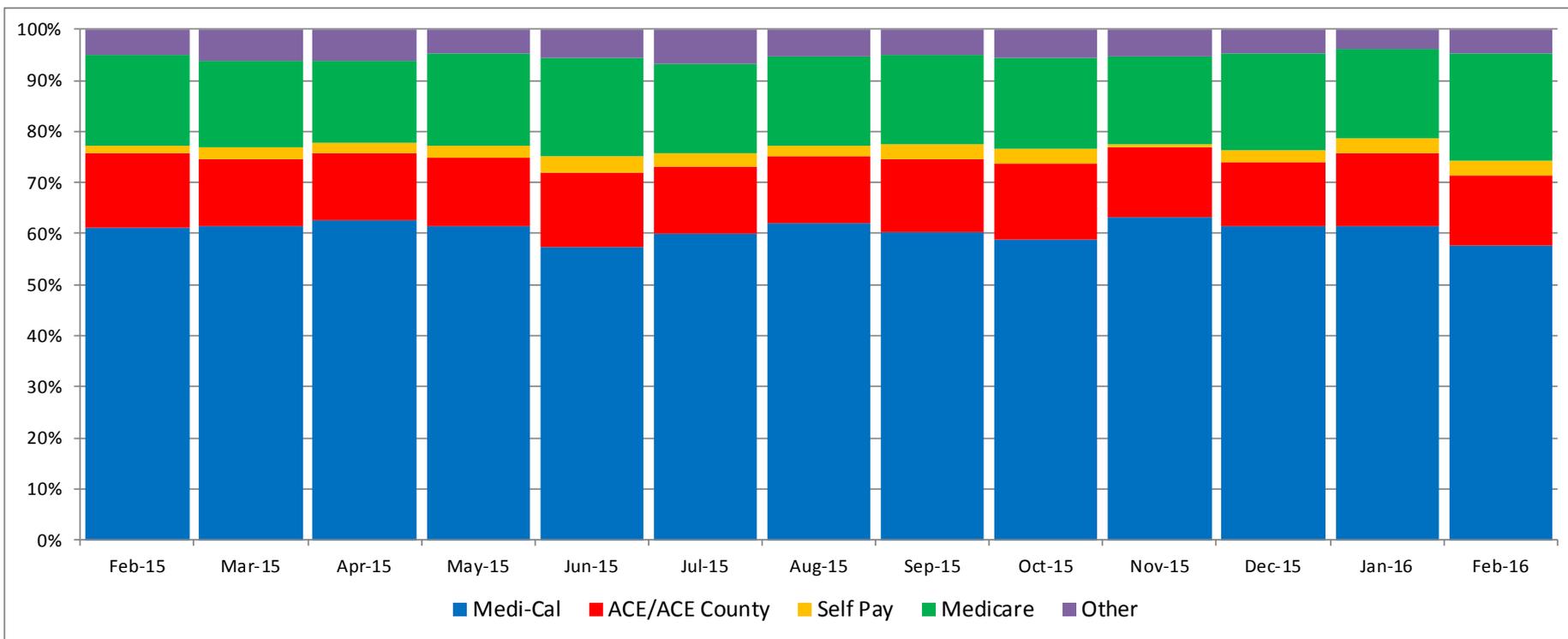
MONTH			
Actual	Budget	Variance	Stoplight

YEAR TO DATE			
Actual	Budget	Variance	Stoplight

Payer Type by Gross Revenue

	A	B	C	D
15 Medicare	21.3%	16.6%	4.7%	
16 Medi-Cal	57.7%	59.9%	-2.2%	
17 Self Pay	2.8%	3.5%	-0.7%	
18 Other	4.6%	5.9%	-1.4%	
19 ACE/ACE County	13.6%	14.1%	-0.5%	
20 Total	100.0%	100.0%		

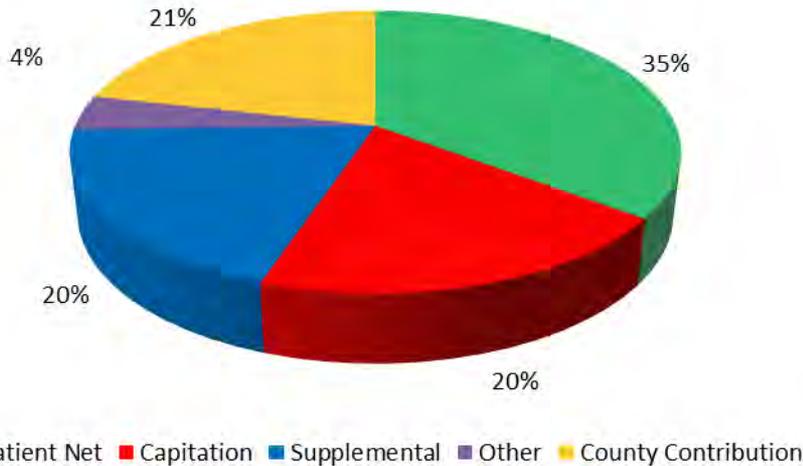
E	F	G	H
18.1%	16.6%	1.5%	
60.6%	59.9%	0.7%	
2.4%	3.5%	-1.0%	
5.2%	5.9%	-0.7%	
13.7%	14.1%	-0.4%	
100.0%	100.0%		



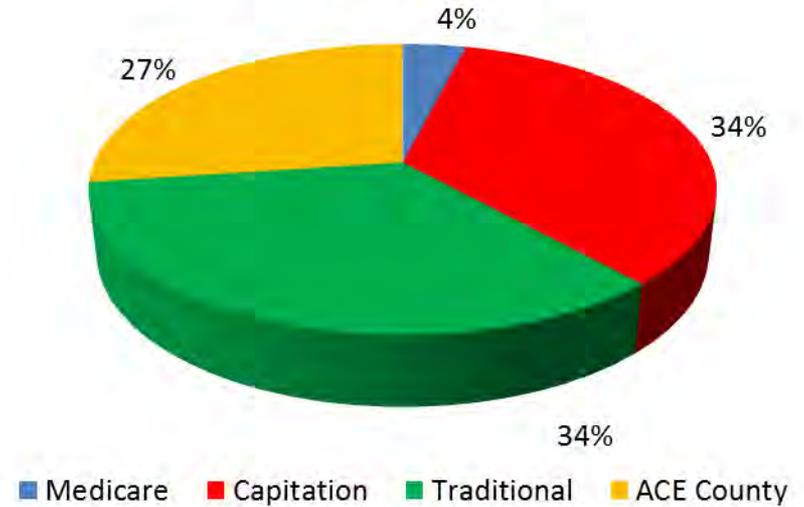
Revenue Mix

59,000
Managed
Care
Lives

Sources of Revenue



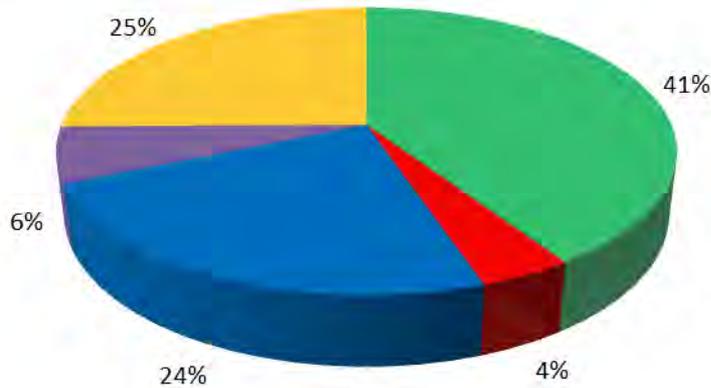
Managed Care Mix



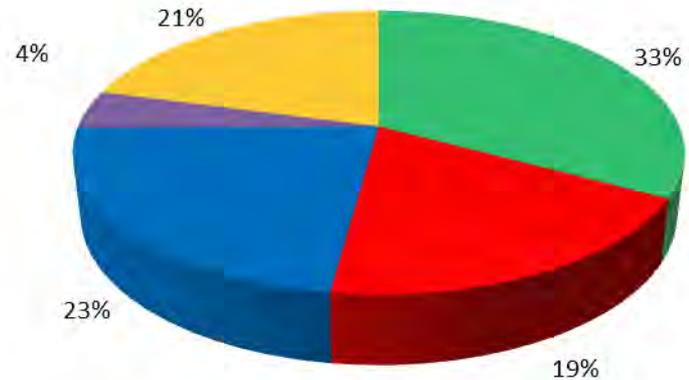
- 65% of our Operating Revenue is for services provided to patients covered by a managed care program
- \$40 million of our Supplemental Revenue is impacted by the renegotiation of the new Section 1115 Waiver.

Revenue Mix

Before Capitation (Jan 2014 - Jun 2014)



After Capitation (Jul 2015 - Feb 2016)



■ Fee for Service ■ Capitation ■ Supplemental ■ Other ■ County Contribution

■ Fee For Service ■ Capitation ■ Supplemental ■ Other ■ County Contribution

Capitation is a payment arrangement for health care service providers such as hospitals and physicians. It pays a hospital and physician or group of physicians a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.

San Mateo Medical Center
Income Statement
February 29, 2016

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	686,307	(0)	686,308		4,206,331	-3	4,206,334		
2 HPSM Medi-Cal Members Assigned to SMMC	38,857	38,773	84	0%	311,948	310,184	1,764	1%	
3 HPSM Newly Eligible Medi-Cal Members Assigned to SMMC	19,511	19,018	493	3%	158,480	152,144	6,336	4%	
4 Patient Days	2,945	2,520	425	17%	23,071	21,201	1,870	9%	
5 ED Visits	3,812	3,520	292	8%	29,097	29,613	(516)	-2%	
6 ED Admissions %	5.3%	-	-		6.3%	-	-		
7 Surgery Cases	261	236	25	11%	1,980	1,947	33	2%	
8 Clinic Visits	20,746	19,721	1,025	5%	162,575	162,700	(125)	0%	
9 Ancillary Procedures	68,453	58,007	10,446	18%	529,977	478,707	51,270	11%	
10 Acute Administrative Days as % of Patient Days	9.5%	9.0%	-0.5%	-6%	9.2%	9.0%	-0.2%	-2%	
11 Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status)	74.0%	58.0%	-16.0%	-28%	74.7%	58.0%	-16.7%	-29%	
Pillar Goals									
12 Patient & Capitation Revenue PMPM	167	174	(7)	-4%	161	174	(12)	-7%	
13 Operating Expenses PMPM	341	342	1	0%	333	342	9	3%	
14 Full Time Equivalentents (FTE)	1,132	1,164	32	3%	1,089	1,164	75	6%	

San Mateo Medical Center
Income Statement
February 29, 2016

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
21	Inpatient Gross Revenue	8,419,976	7,848,949	571,026	7%	72,179,097	62,791,595	9,387,502	15%
22	Outpatient Gross Revenue	21,717,261	24,719,016	(3,001,755)	-12%	191,118,322	197,752,132	(6,633,810)	-3%
23	Total Gross Revenue	30,137,237	32,567,966	(2,430,729)	-7%	263,297,419	260,543,727	2,753,692	1%
24	Patient Net Revenue	8,229,432	8,270,730	(41,298)	0%	62,244,152	66,165,840	(3,921,688)	-6%
25	Net Patient Revenue as % of Gross Revenue	27.3%	25.4%	1.9%	8%	23.6%	25.4%	-1.8%	-7%
26	Capitation Revenue	4,457,274	4,439,557	17,717	0%	36,128,505	35,516,454	612,051	2%
27	Supplemental Patient Program Revenue (Additional payments for patients)	5,679,217	5,264,148	415,069	8%	42,836,265	42,113,187	723,078	2%
28	Total Patient Net and Program Revenue	18,365,923	17,974,435	391,488	2%	141,208,922	143,795,481	(2,586,559)	-2%
29	Other Operating Revenue (Additional payment not related to patients)	1,342,003	1,097,157	244,846	22%	8,311,061	8,777,255	(466,195)	-5%
30	Total Operating Revenue	19,707,926	19,071,592	636,334	3%	149,519,983	152,572,736	(3,052,753)	-2%

San Mateo Medical Center
Income Statement
February 29, 2016

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
Operating Expenses									
31	Salaries & Benefits	14,531,662	14,268,186	(263,476)	-2%	110,399,642	114,145,489	3,745,847	3%
32	Drugs	788,071	648,254	(139,816)	-22%	5,728,323	5,186,036	(542,287)	-10%
33	Supplies	975,739	906,478	(69,261)	-8%	7,117,604	7,251,827	134,224	2%
34	Contract Provider Services	3,112,652	2,800,013	(312,639)	-11%	22,597,568	22,400,103	(197,466)	-1%
35	Other fees and purchased services	3,287,456	4,147,418	859,962	21%	31,319,618	33,179,346	1,859,728	6%
36	Other general expenses	539,532	455,369	(84,163)	-18%	3,690,461	3,642,951	(47,510)	-1%
37	Rental Expense	147,176	173,805	26,629	15%	1,421,748	1,390,438	(31,310)	-2%
38	Lease Expense	817,104	817,105	1	0%	6,536,838	6,536,839	1	0%
39	Depreciation	225,658	241,114	15,455	6%	1,805,268	1,928,911	123,643	6%
40	Total Operating Expenses	24,425,051	24,457,742	32,692	0%	190,617,070	195,661,939	5,044,869	3%
41	Operating Income/Loss	(4,717,125)	(5,386,150)	669,026	12%	(41,097,088)	(43,089,203)	1,992,116	5%
42	Non-Operating Revenue/Expense	497,758	480,477	17,282	4%	6,058,030	3,843,813	2,214,218	58%
43	Contribution from County General Fund	4,905,674	4,905,674	-	0%	39,245,388	39,245,388	-	0%
44	Total Income/Loss (GAAP) (Change in Net Assets)	686,307	0	686,308		4,206,331	-3	4,206,334	



APRIL 2016

LEAP UPDATES & EXCELLENT CARE

LEAP Updates:

- **Highlighted Accomplishments:**
 - **Patient Centered Medical Home Strategic Initiative:** The number of new patients awaiting an initial appointment with a primary care provider declined significantly in February to a 2-year low of 31 patients, with only 2 of 6 clinics requiring a waitlist.
 - **Financial Stewardship Strategic Initiative:** The average cost per member per month met the monthly target of \$341 for the third consecutive.
- **Medication Safety Improvement Event (#2):** During the week of February 22nd, an interdisciplinary team comprising pharmacists, nurses, providers, system experts, and a patient came together in an improvement event to perfect the process of ordering medications for patients on our Medical-Surgery Unit (2AB). The improvements developed and tested by the team are designed to ensure that critical medications (STAT orders) are processed and validated by nursing staff within 15 minutes of the order, and to make work more efficient by decreasing the number of required communications between the pharmacy and the unit.
- **Care Team Transformation:** The Innovative Care Clinic (ICC) and the Pediatric Clinic at 39th Avenue underwent robust 3-week training in order to launch the Patient Centered Medical Home pilot. Participating staff were trained on 8 new pieces of standard work and are now using these new workflows and processes to proactively care for the needs of our population, a critical step toward achieving our vision of being a high performing care team model that proactively meets preventive, acute and chronic care needs of our population, achieves patient and staff satisfaction, improves the clinical outcomes for patients, and maintains a stable financial base for SMMC.
- **Phone-based Care:** After several months of successful phone-based care pilots in adult primary care (Coastside and Daly City Adult Clinics), the Endocrinology Clinic launched the first ever Specialty Services pilot in February. Dr. Silver and his team were able to have 2 successful phone based visits, and are gearing up to be able to have this additional method for providing care for our patients with minimal disruption to their lives.
- **Executive Team begins third cycle of strategic improvement:** During March, the Executive Management Team completed a day-long session focused on SMMC's strategic goals and initiatives. The day's objective was to ensure that all the organization's work is most effectively focused on achieving its pillar goals. The EMT reaffirmed its strategic direction, assessed how effectively SMMC is achieving its goals, cataloged all the work going on in the organization, and is now in the process of prioritizing the work to ensure that all work is fully strategically focused.

Excellent Care:

- **Joint Commission Survey, March 15 – 18:** The week of March 14th was Patient Safety Awareness Week, and also marked our triennial unannounced Joint Commission survey. The surveyors arrived Tuesday morning, March 15th, and exited on Friday afternoon, March 19th. Our last survey was in April, 2013. It was a very detailed survey, covering every part of SMMC, including for the first time in history a visit to every clinic site. Overall the surveyors were very complementary of our commitment to quality, including LEAP. As was inevitable with such a detailed survey, and consistent with what other hospitals have experienced recently, there were a number of findings that we are in the process of responding to in writing. We will also be having a repeat survey within 30 – 45 days. To read additional reflections on the survey, I've included at the end of this report a letter Dr. Ehrlich and I sent to the organization describing how the survey went.
- **SMMC Laboratory recognized for improving safety:** In March, the Quality Department recognized the Laboratory Department for using the SAFE Reporting System to implement a new process that will ultimately improve patient safety. In January, the Laboratory received three SAFE reports regarding specimens being dropped off in the Pathology Department on a Friday afternoon. Because the Pathology Department is closed on weekends, lab cell counts and cultures are not completed in a timely manner. The SAFE reports brought this processing error to light. In response, the Laboratory has changed the specimen drop off procedures. Now specimens are delivered to the appropriate lab staff for processing in a timelier manner. This is just one of the many ways our on-line SAFE system has made our environment safer, and improved our culture of safety.

PATIENT CENTERED CARE and STAFF ENGAGEMENT

- **March celebrates dietitians and nutrition:** March was National Nutrition Month, and March 9th was National Registered Dietician Day! Whether it is at one of our offsite clinics or educating in our inpatient environment, our Registered Dietitians (RDs) help our patients take control of their health by providing them with nutritional education, tips on how to live a healthier life, navigating food allergies, sensitivities and intolerances, and be more aware of what is entering their bodies. Our Fair Oaks and Pediatric Dietitians are helping reduce childhood obesity rates by providing one-on-one nutrition consults and group classes. Additionally, we have three Registered Dietitians who are also Certified Diabetes Educators who provide newly diagnosed diabetics with tips on how to manage their blood sugar levels. Nutrition is a key part of good health, and RDs are a key part of our healthcare teams.
- **Meet the MITS team:** San Mateo Medical Center's in-house team of IT professionals, led by Cecilia Diaz and Roberto Tercero, has a new name: **Medical Information Technology Services: MITS**. This small but mighty team provides management and support for all the health IT applications used throughout the hospital and clinics. MITS focuses on front- and back-end application support and troubleshooting, application upgrades, testing and documentation, application interfaces, end-user training, and much more. The MITS team is SMMC's liaison to the Health System's IT team, the County's ISD, and external IT vendors, like eCW and Cerner. The County's Information Services Department (ISD) continues to provide Core IT services including cardkeys, e-mail services, network and internet access, desktop and telephone services, ATKS and more. Please take a moment to thank a MITS team member!

- **Phuong Hathaway nominated for Excellence in Health award:** The Business Journal's Excellence in Healthcare award recognizes the top men and women in the Silicon Valley healthcare industry. This can be physicians, nurse administrators, board members, advocates or researchers whose work has improved the way the health system works in the valley's hospitals, labs, clinics, nonprofits and universities. Our partners in patient experience work, Vocera and the Experience Innovation Network, have nominated Phuong Hathaway, our Chair of the Patient and Family Advisory Council, for this award. Here's just one of the many wonderful statements contained in her nomination: "Phuong's compassion for patients, families and fellow team members, along with her unwavering passion to improve the healthcare experience for everyone has made a lasting impression on the lives she has touched over the last 24 years." Congratulations to Phuong on this incredible distinction, and your work on behalf of our patients!

- **Conrad Fernandes earns leadership distinction:** Congratulations to Conrad Fernandes, SMMC's Safety Officer, who recently became a Fellow of the American College of Healthcare Executives (ACHE). ACHE is the nation's leading professional society for healthcare leaders. Fellow status represents achievement of the highest standard of professional development. To obtain Fellow status, candidates must fulfill multiple requirements, including passing a comprehensive examination, meeting academic and experiential criteria, earning continuing education credits and demonstrating professional/community involvement. Fellows are also committed to ongoing professional development and undergo recertification every three years.

- **Selected patient/family stories of gratitude:**
 - **From the Emergency Department:**
 - It's pleasant for a patient to have this service so good personally it helps me feel better.
 - Very nice doctor
 - Kevin Tao, MD - Great care, spoke to me intelligently, got me out quickly with good plan. I'm doing much better now.

 - **From 2A/B and the Intensive Care Unit:**
 - I would like to commend RN Jing for her courtesy, **helpful** and good attitude and also Linda for proactive.
 - ICU nurses were **excellent** & kept me informed all the time: CN Dianne, Terry, Arnida,
 - Marie, Wilma, Franco, Poya, Virdu, Jocelyn & Rob. 2A nurses CN: Bella, Natalya, Jing, Ann Kelly & Fredilynne were **excellent** too.
 - I highly recommend *Dr. DeJesus who closely follow-up my condition, Dr. McCarthy, Dr. Haskins - very good in explaining my condition. Dr. Hassid my cardio MD.

 - **From 3A/B:**
 - Everybody was great & **caring**. Thank you for everything.
 - I have recommended this hospital to others before.
 - All do a great job.

 - **From Coastside Clinic:**
 - Nurse assistant was very **courteous** and **attentive**. She listened well and explained procedures clearly and confidently.
 - All went smoothly from the moment I arrived to when I left. Each provider clearly explained what they were doing and what to expect.

- **From Daly City Clinic:**
 - Excellent care provider & thank you so much for all your **concern**.
 - Nurse/assistant are so **helpful, friendly** & gives/showed **concern** about my problems

- **From South San Francisco Clinic:**
 - Keep up the good work and thank you for providing tender loving care to your patients and guests.
 - Dr. Grady is a very **helpful** person very **happy** to have her for my grandkids pediatrician.

- **From the Innovative Care Center:**
 - I have seen Dr. Kalra for a number of years and she has always been competent, **attentive** and takes her time to explain to me all the aspects of my condition. I like her very much.
 - The staff, especially Maria (I believe that is her name) is beyond compare. I eagerly look forward to seeing all staff as well as my provider. I was incredibly wary of taking on a new doctor from my previous doctor of nearly a decade and am COMPLETELY FLOORED by how great staff and my provider is. NP Monge is probably the best medical **professional** I've had the pleasure to be treated by and the staff, again Maria especially (the Assistant Nurse) is overwhelmingly **excellent**. I'm so comfortable and feel that as a result of this care I am getting healthier than I've been in years and have a true connection with my provider and staff.
 - Way beyond the call of duty - I am in awe of them and they truly take care of me and all my needs (some of which are very specific and tedious) with aplomb and care. I will never leave this office/provider/staff.

- **From Main Campus Pediatrics:**
 - Excellent care from Dr. Borovina & nurse staff.

- **From Main Campus OB/Gyn:**
 - It has always been a good experience for me with Dr. Kassis. So far she is the best OBGyn I have seen. She makes me feel that she is listening to what I have to say. I trust her fully.

- **From the Ron Robinson Senior Care Center:**
 - I have all high praises for the services and care I received from this health provider.
 - The entire staff at Ron Robinson Senior Center is awesome.

- **From the Surgical Specialty Clinic:**
 - San Mateo General has come a long way - I can't begin to say how **satisfied** I am with the Medical Center, the Doctors, Nurses, and Staff. An **excellent** place to go if one has to.
 - Doctors, Nurses and other office staffs were all very polite and **kind**. I never encounter rude people in the hospital. Hospital building is very clean, organized and has an **excellent** system in dealing with patients. I am very thankful, **grateful** with all the staffs, doctors, my provider and to all top administrators.
 - I feel nervous for arriving to have a surgery but the doctor gives me confidence.

- **From the Medical Specialty Clinic:**
 - I always have a good visit with Dr. Gescuk, he always makes sure that I have something to ease my arthritic **pain**, and make sure that I have the proper **meds**. Most doctors will send you home **suffering**, not Dr. Gescuk.

- they're always nice and explain things to me that I do not understand but with their help it's very easy thanks.
- **From Fair Oaks Health Center:**
 - Thank you Dr. Dalal for being a great health provider. I **appreciate** your **caring**.
 - Very **friendly & caring**.
 - Also I love nurse *Kay - They both care. *Dr. Ehling is a "God send" to me. I **appreciate** him with all my heart & soul. I am so **happy** that he is my doctor.
 - People at the registration area have always been very nice to me. I really miss *Oscar!
 - Teresa was respectful; she gave me advice and made me feel comfortable. Best provider I have had here in this clinic.
 - My care provider is **outstanding** every way

Blog Post: "Patient Experience Fair," <https://smmcblog.wordpress.com/2016/04/01/patient-experience-fair/>

RIGHT CARE, TIME, PLACE

- **Collaboration with Correctional Health to better serve those in the jail with mental illness:** For years San Mateo County has had a partnership with Santa Clara County to serve acutely mentally ill persons in the San Mateo County jail. In January, Santa Clara County abruptly ended the contract, leaving us with no resources for these very ill individuals. There are no other such resources in the Bay Area. We have been working with Correctional Health to develop mental health "pods" in the jail, which will greatly improve mental health services in the jail, and will hopefully over time reduce the need for acute psychiatric beds for these individuals. At the same time, we are planning to replace the Santa Clara County beds for the acutely mentally ill in the San Mateo County jail. In the immediate term, we are working with our colleagues in Correctional Health to develop protocols for serving acutely mentally ill incarcerated persons in PES. We appreciate the County Manager's partnership in ensuring funds are available for this critical community need.

FINANCIAL STEWARDSHIP

- **Supply cost savings hitting the mark:** Our Materials Management department, led by Cassidy Hoehn, established a cross-disciplinary team to look for ways to reduce medical supply costs while maintaining or improving patient care. This team, called Clinical Quality Value Analysis (CQVA) committee, includes staff from Radiology, Laboratory, Operating Room, Infection Control, Nursing and Specialty Clinics, and meets regularly to evaluate new products and the standardization of existing products. The CQVA committee established a FY 15-16 savings target of \$294,000 and has achieved 77%, or \$225,000, towards that target as of the end of March. During the Joint Commission survey, the Physician Surveyor commended the team for their collaborative efforts, including the visual display of data to track progress at their weekly huddle!
- **Accounting and Patient Financial Services teams moving north:** In April our Accounting and Patient Financial Services teams are joining colleagues from several Health System divisions and relocating to the new Health Plan of San Mateo building at 801 Gateway, South San Francisco. This is a great opportunity to work in a modern professional office building with a variety of amenities and automation that create a quality work place environment. Please join us for our official ribbon-cutting event on April 28th!

From Susan Ehrlich and CJ Kunnappilly, on the Joint Commission Survey

Dear SMMC Staff, Medical Providers, and Hospital Board Members:

SMMC completed its regular triennial survey by The Joint Commission (TJC) on Friday, March 18th. In years past, the measure of a Joint Commission survey was all about the number of findings at the end. A great survey was no findings; a bad survey was, well, a lot of findings.

Things have changed. Today, findings tend to be numerous and about half of all organizations require a revisit to ensure that certain fixes are in place. This is because now, not only does the Joint Commission measure organizations against CMS (Centers for Medicare and Medicaid) standards but they also measure against the standards of “High Reliability Organizations (HROs)”. HROs are organizations that despite highly complex environments have systems in place that are exceptionally consistent in accomplishing their goals and avoiding potentially catastrophic errors. Experts including Dr. Mark Chassin, the head of TJC, have identified 5 key attributes of HROs:

- **Sensitivity to operations:** staff and leaders have constant awareness of systems and processes that affect patient care.
- **Reluctance to simplify:** staff and leaders don’t accept simple explanations about why things work or fail, but rather investigate further to get to the root cause.
- **Pre-occupation with failure:** staff and leaders view near-misses (or good catches!) as opportunities to improve.
- **Deference to expertise:** leaders listen to staff insights about the reasons things fail and the ways we can improve.
- **Resilience:** staff and leaders are trained and prepared to respond when system failures occur.

How do we fit into this framework, and how do we know? From the moment they entered the organization, it was clear to the surveyors that we are a high performing organization that has embraced process improvement. They were very complementary of our pillar goals, asking to take a copy of them to show to other organizations. They were impressed by our LEAP work, and how they saw examples of it throughout the organization. They complemented our SAFE system, and how it promotes a culture of safety.

Most of all, throughout our four day survey, the surveyors were consistently complementary of staff throughout the organization. From housekeeping to infection control to inpatient services and clinics, they complemented the helpfulness, knowledge level and general engagement of the staff. One surveyor commented that it was clear to them that the “medical staff embraces high reliability.” Another stated that we have “a lot of good people doing good things.” They found our mission-driven patient centered care both notable and pervasive. They mentioned many of you by name and we look forward to reaching out and thanking you.

They were also very complementary of many of our programs and processes. Areas they specifically called out included the ICU, MRI, Infusion Center, and Endoscopy. They remarked on the “safe environment” of 2AB specifically noting our discharge medication and isolation processes. They had good things to say about almost every unit. They were also very impressed with our ambulatory system, and the way our system is generally organized. They told us that the way we are set up, with a

large outpatient service line, is the way health care throughout the country should be set up in the future. Our ambulatory surveyor told us: “you have a jewel out there, and I hope everyone in the organization realizes that.” Specifically, they found the way our ambulatory system is imbedded in the community very impressive, showing in their interviews of patients and staff. These findings were particularly impressive given that for the first time in SMMC memory, they visited each and every one of our clinics.

It is true that we have plenty of work to do to respond to the findings of the survey. This was inevitable given the width and depth of the survey. It is also true that they will be coming back in the near future to ensure certain findings have been fully addressed. As a learning organization, we welcome this because we welcome the opportunity for improvement. At the end of the day, what matters most is what we do every day for our patients, not the number of findings. It’s truly embracing SMMC as a high reliability organization. Congratulations to everyone at SMMC for a survey well done!

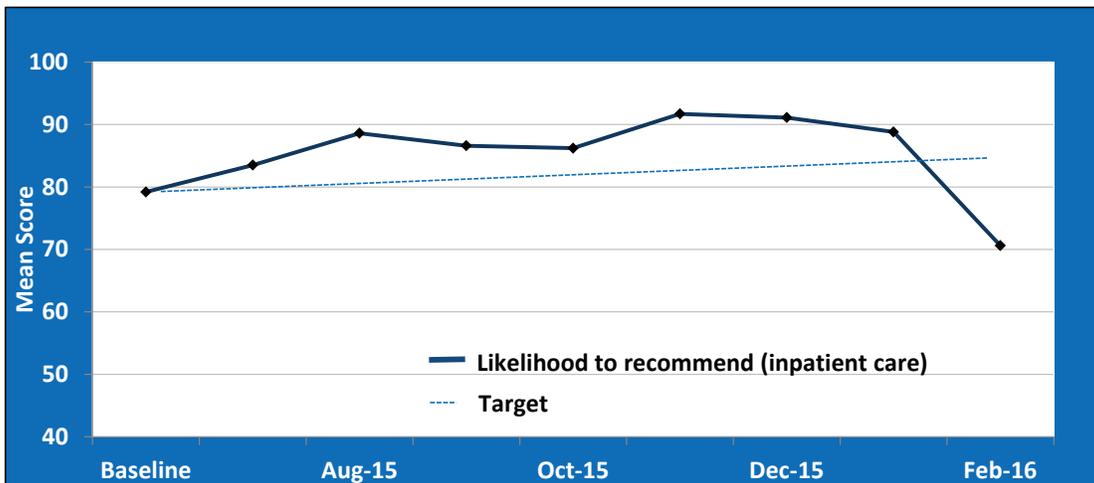
Susan & CJ

We focus on what matters most to our patients and their families, and partner with them to provide compassionate care in a culturally competent way.



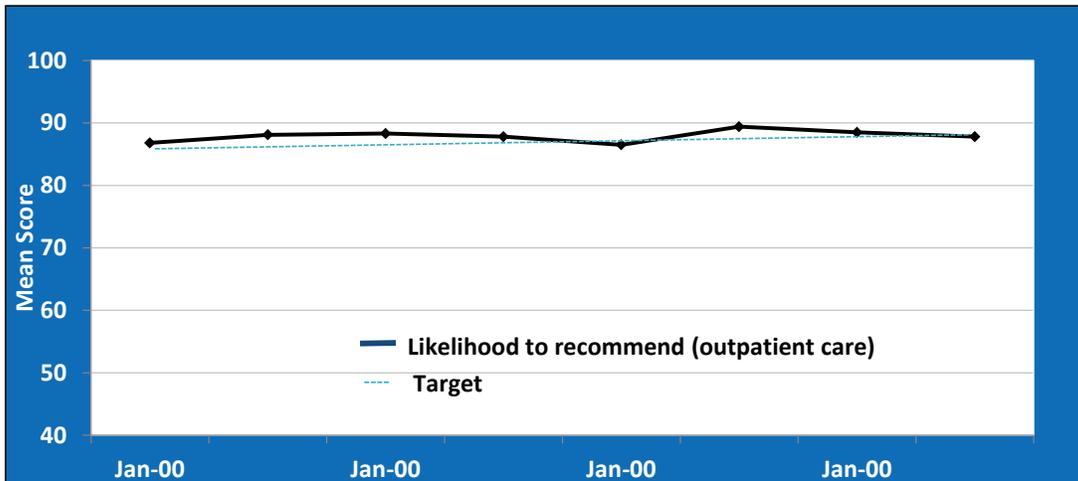
Patient Centered Care Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Target Jul 2016
Likelihood to recommend care in emergency dept	83.8	80.4	87.8	86.9	85.6	88.0	76.5	77.2	88.9	90

We focus on what matters most to our patients and their families, and partner with them to provide compassionate care in a culturally competent way.



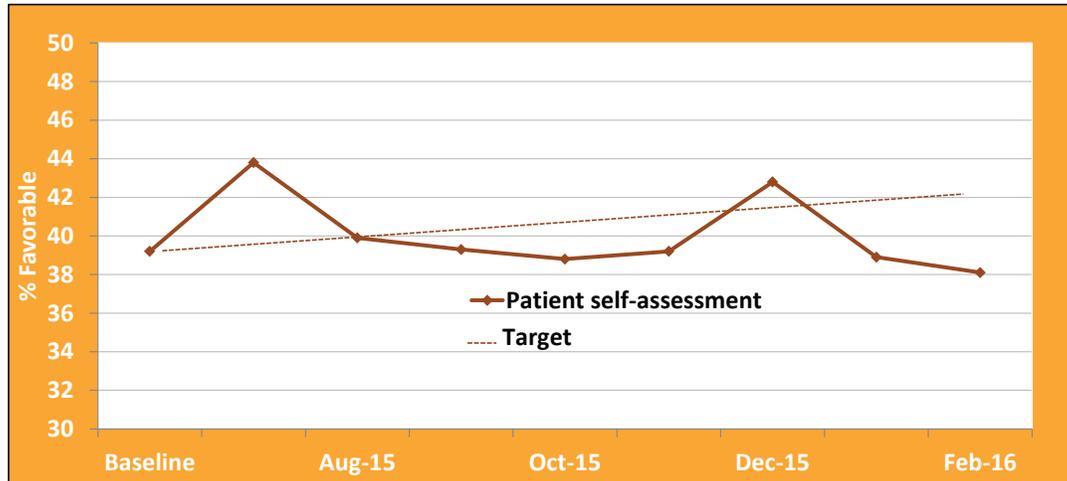
Patient Centered Care Metric	Baseline	Jul-16	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Target Jul 2016
Likelihood to recommend care in inpatient	79.2	83.5	88.6	86.6	86.2	91.7	91.1	88.8	70.6	90

We focus on what matters most to our patients and their families, and partner with them to provide compassionate care in a culturally competent way.



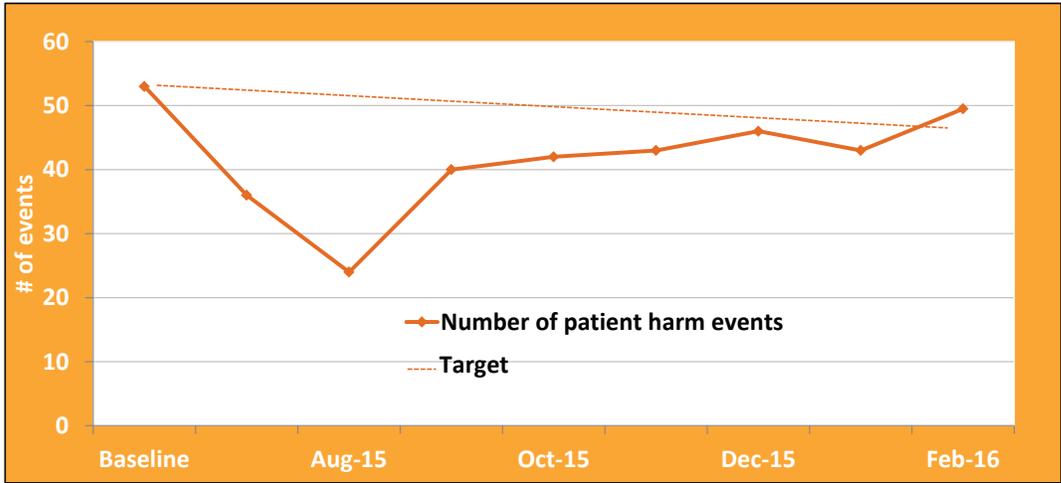
Patient Centered Care Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Target Jul 2016
Likelihood to recommend care in clinics	85.7	86.8	88.1	88.3	87.8	86.5	89.4	88.5	87.8	90

We partner with our patients to achieve their health goals by providing a safe environment and integrated, evidence-based care.



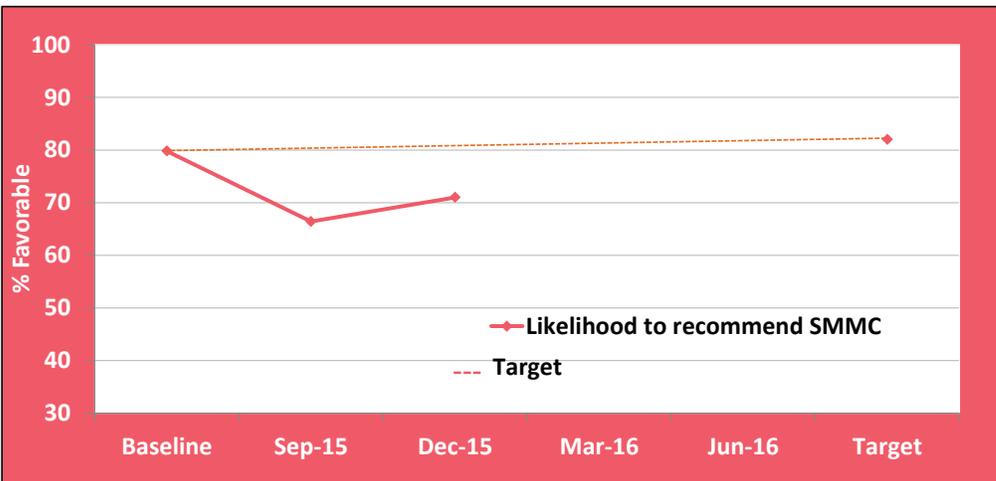
Excellent Care Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Target Jul 2016
Patient self-assessment	39.2	43.8	39.9	39.3	38.8	39.2	42.8	38.9	38.1	45

We partner with our patients to achieve their health goals by providing a safe environment and integrated, evidence-based care.



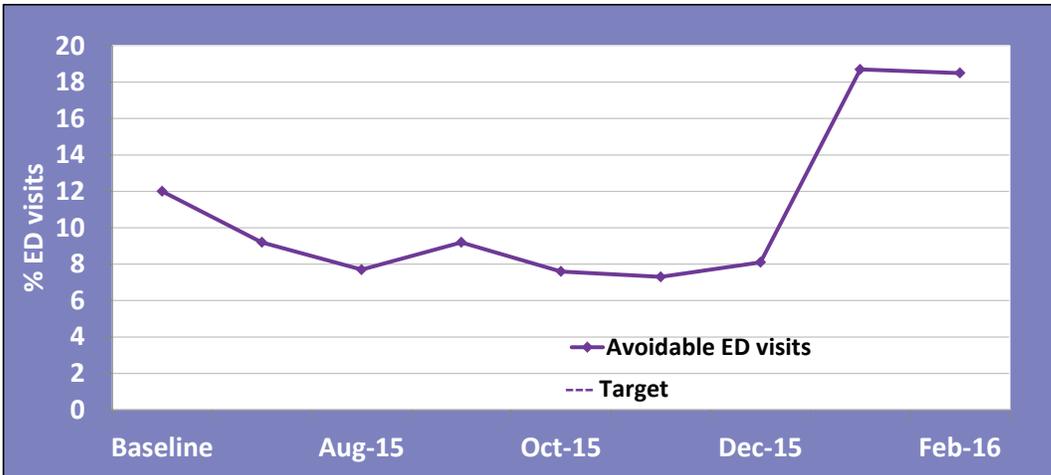
Excellent Care Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Target Jul 2016
Number of patient harm events	53	36	24	40	42	43	46	43	49.5	40

We are a great place to work and we are passionate about serving our community.



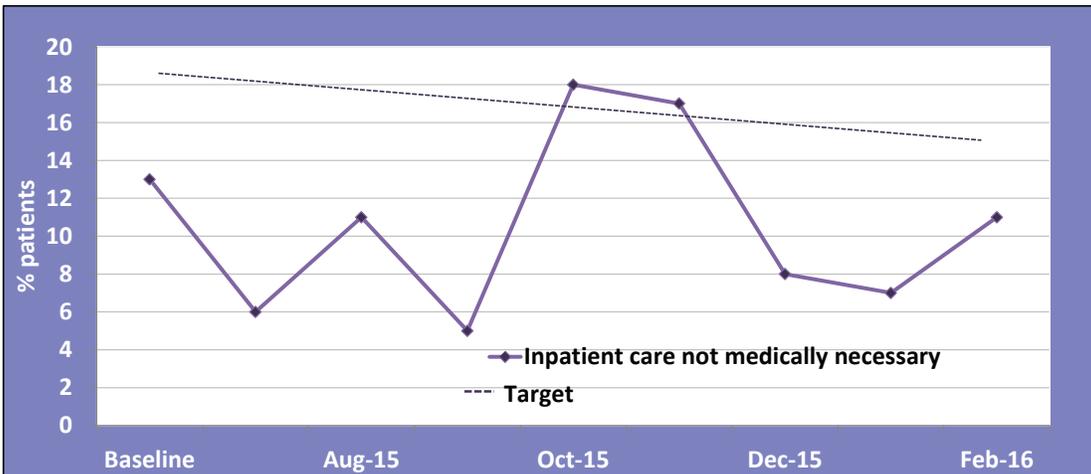
Staff Engagement Metric	Baseline	Sep-15	Dec-15	Mar-16	Jun-16	Target
Likelihood to recommend SMMC	79.8	66.4	71	no data yet		82

We ensure our patients get the right care at the right time and place.



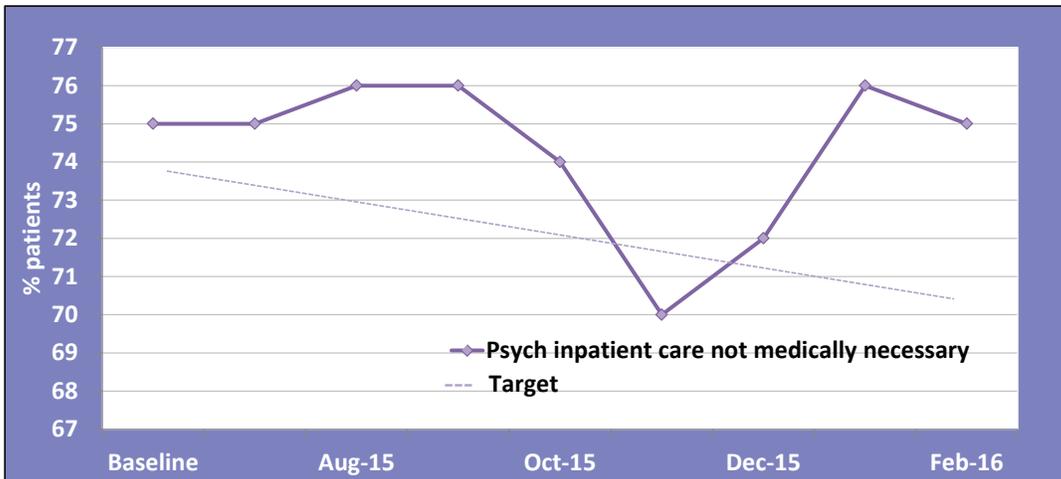
Right Care, Time, Place Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Target Jul 2016
Avoidable ED visits	12.0	9.2	7.7	9.2	7.6	7.3	8.1	18.7	18.5	?

We ensure our patients get the right care at the right time and place.



Right Care, Time, Place Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Target Jul 2016
Inpatient care not medically necessary	13.0	6	11	5	18	17	8	7	11	8

We ensure our patients get the right care at the right time and place.



Right Care, Time, Place Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Target Jul 2016
Psych inpatient care not medically necessary	75.0	75.0	76	76	74	70	72	76	75	60

We partner with our patients to deliver high value care in a financially responsible manner.



Financial Stewardship Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Target Jul 2016
Revenue per member per month	208	181	156	168	160	167	134	165	170	173

We partner with our patients to deliver high value care in a financially responsible manner.



Financial Stewardship Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Target Jul 2016
Cost per member per month	310	329	319	325	318	327	352	347	341	341



COUNTY OF SAN MATEO HEALTH SYSTEM

To: SMMC Board Members
 From: Louise Rogers, Chief
 Subject: Health System Monthly Snapshot – March 2016

Indicator	Number	Change from previous month	Change from last year
ACE Enrollees	19,289 <i>(February 2016)</i>	0.7%	0.3%
SMMC Emergency Department Visits	3,812 <i>(February 2016)</i>	-1.9%	0.6%
New Clients Awaiting Primary Care Appointment	12 <i>(March 2016)</i>	-85.2%	-96%

Making it easy to gain health coverage – and peace of mind

During the Affordable Care Act’s third open enrollment period between November 2015 and early February 2016, 62,875 San Mateo County residents signed up for affordable health insurance through Covered California and Medi-Cal. By promoting the “no wrong door” approach, residents were able to sign up for health coverage in the mode that was easiest for them. Community based partners located in uninsured “hotspot” areas of East Menlo Park, Redwood City, East Palo Alto, and North Fair Oaks were key to engaging and enrolling uninsured residents. The North Fair Oaks hotspot saw more local families enroll in health coverage thanks to one local school's efforts to enroll every parent and child in health insurance. Fair Oaks School, which is an example of a "community school" model where supportive services are provided on school campuses, is celebrating 100% enrollment of their families. School enrollment counselors found most families had not enrolled due to busy work schedules, frequent moves, and feeling uncomfortable navigating the enrollment system. With determined leadership at schools and across our communities, we can continue to sign more people up for affordable health coverage and help every child and family continue on a path towards success and good health.



2,362 preventable injuries and deaths on our streets

San Mateo County residents are walking, biking, and using public transportation more than 10 years ago. However, San Mateo County has high walking and biking collision rates, particularly in Daly City, the border between North Fair Oaks and Redwood City, the border between San Mateo and Burlingame, near schools, and along El Camino Real. This month, Get Healthy San Mateo County (GHSMC) released a [new report, Creating Healthier Streets](#), highlighting the connection between health and safety and showing where more bike and pedestrian collisions and deaths occur. The report shows how cities can promote health and safety by focusing on improving areas with the highest percentages of preventable collisions and deaths. Watch GHSMC’s [Strengthening Communities through Healthier Streets](#) video or [catch the video promo](#) for more on how we can improve the health and safety of everyone who uses our streets.

Tackling a 25-Year Lifespan Gap

On average, people with mental health and/or substance use conditions die 25 years earlier than their peers. The Health System is working to fix this problem through its Total Wellness program, recently honored with the Insure the Uninsured Project 2016 E Richard Brown Award. Led by Behavioral Health and Recovery Services and the San Mateo Medical Center, the Total Wellness program offers clients a menu of health and wellness resources. Specialized support from nurse care managers and peer health coaches help clients follow through on the care and behaviors they need to be healthy. **The data speaks for itself: the majority of clients’ key health indicators improve after enrolling in the program. As one client says, “I am riding my bike 6 miles every day and aim to do more. I have cut down on sugar and am holding a job well for years! I realize finally, that all these changes have to come from me—within myself.”**



San Mateo Medical Center
A County System of Healthcare

TAB 3

**MEDIA
ARTICLES**

Incoming CEO of Zuckerberg San Francisco General talks goals, focus in new position

Written by Emily Rappleye (March 17, 2016

After an extensive nationwide search for a new CEO, the Priscilla Chan and Mark Zuckerberg San Francisco General Hospital found its next chief executive just 20 miles away at San Mateo (Calif.) Medical Center.

Beginning in late April, Susan Ehrlich, MD, who has served as CEO of SMMC since 2009, will take the helm at Zuckerberg San Francisco General, the city's only trauma center and safety-net hospital. There, Dr. Ehrlich will lead a staff of 5,400, manage a budget of \$1.1 billion, and oversee the hospital's move into a new seismically safe, nine-story tower.

It's not surprising Dr. Ehrlich was the fit for the job. She has nearly 14 years of clinical and leadership experience from her tenure at SMMC, where she also served as CMO, vice president and medical director. She is also uniquely embedded in the San Francisco community from a public health and policy perspective. She served with the city's department of public health as Budget and Planning Director and in addition to her medical degree, holds a graduate degree in public policy from the University of California, Berkeley.

We checked in with Dr. Ehrlich to see how she was preparing for the transition. Here, she reflects on her experiences at SMMC and how they will inform her newest undertaking.

Question: How would you describe your leadership style?

Dr. Susan Ehrlich: I really believe my job as a leader is to ensure my team has the support they need to provide excellent patient care and that they can all work together effectively as a team to accomplish the goals of the organization.

One of the most important things I do as a leader myself is to care for patients. I am a very devoted primary care provider for older adults and I plan to provide patient care at Zuckerberg San Francisco General as well. There are a lot of important reasons I do this. One is just for my own professional growth and job satisfaction, but it also really helps me know the organization from the ground up and work in an entirely different way with the medical staff and the entire team.

Q: About how much of your time is devoted to patient care versus your duties as CEO?

SE: Well, it varies. Here at San Mateo it's officially 12 percent of my time. I'm in clinic every Monday morning and every other Wednesday afternoon, but it varies from week to week, depending on what's going on with the patients and my other duties.

Q: Do you think you will carry a lot of those patients over to San Francisco General?

SE: No, sadly I am in the process of saying goodbye to my patients, which is one of the hardest things about leaving here, because I have taken care of many of those people for the entire time I've been here — 13.5 years.

Q: What do you consider your biggest accomplishment at San Mateo Medical Center?

SE: I have to identify two things. One is that we have — since I became the CEO here in 2009 — embedded lean tools in the organization to create a patient-focused, data-driven community of problem solvers. This is how we do improvements in the organization and I am very proud of that.

The other thing is that early in my tenure here I was asked to lead the development of the Ron Robinson Senior Care Center. I opened that clinic — it's where I still practice today — and it's an incredibly unique resource for older adults in the community. We serve about 3,000 people as a patient centered medical home for adults over the age of 60. It's a thriving clinic that provides a great service and I am really proud of that.

Q: What brings you to your new position at Zuckerberg San Francisco General Hospital?

SE: There are many things that draw me there. There's a fabulous team of people there who are devoted to providing the highest quality of patient-centered care. It's an opportunity to join a world class group of physicians — the University of California, San Francisco physicians and Zuckerberg San Francisco General. It's reconnecting with many people I worked with at the San Francisco Department of Public Health and many faculty who taught me when I was in medical school at the University of California, San Francisco. And it's an opportunity to serve the community where I have lived for many years.

Q: What will be your main focus when you start your new role?

SE: The main focus will be moving into our new tower in the month of May. That's going to be a big focus of attention that will likely take up most of my time. Following that the hospital will start the process of implementing an enterprise-wide EHR. Both of those things are giant undertakings.

Q: You have a significant background in health policy and public health. What do you see as the most pressing public health issue in San Francisco?

SE: San Francisco is really distinguished in the sense it cares deeply about serving all of its citizens and that compassion has led to near universal access, first with Healthy San Francisco and then with the Affordable Care Act. Now that access is ensured financially for everyone in the community, we need to really eliminate disparities in health access and outcomes for the whole population. As a community provider for everyone no matter their insurance, that's a very important role for us, especially in such a diverse community.

Q: How do those issues factor into your long- and short-term goals at Zuckerberg San Francisco General?

SE: Eliminating disparities is really a long-term goal, so that is something we will be working on for many years. But in the short-term, we are really focused everyday on providing the highest quality service, the safest care, the best patient experience and the most efficient care for everybody who walks in the door.

Q: Is there anything else you would like to add?

SE: I am honored to take on this new role. Zuckerberg San Francisco General is an incredible community resource and I am deeply honored to join the team there.

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