



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

Thursday, June 4, 2015

8:00 AM – 10:00 AM

Daly City Clinic
380 90th Street
Daly City, CA 94015



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

June 4, 2015 8:00 – 10:00 AM

Daly City Clinic, 380 90th Street, Daly City, CA 94015

AGENDA

A. CALL TO ORDER

B. CLOSED SESSION

Items Requiring Action

1. Medical Staff Credentialing Report
2. Quality Report

Dr. Janet Chaikind

Dr. Alexander 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. May 7, 2015 Meeting Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Janet Chaikind

H. ADMINISTRATION REPORTS

- 1. Daly City Clinic Overview *John Thomas* Verbal
- 2. Quality – Radiology Department *Dr. CJ Kunnappilly*..... Verbal
- 3. Operations – Burlingame Long Term Care *John Thomas* Verbal
- 4. Conservatorships - The Last Resort to Protect an Adult *Lisa Mancini* Verbal
- 5. Financial Report *David McGrew*..... **TAB 2**
- 6. Mission, Vision, Values and Pillar Goals 2015-2010 *Dr. Susan Ehrlich* Verbal
- 7. CEO Report *Dr. Susan Ehrlich*..... **TAB 2**

I. HEALTH SYSTEM CHIEF REPORT

- Health System Snapshot *Jean Fraser*..... **TAB 2**

J. COUNTY MANAGER’S REPORT

John Maltbie

K. BOARD OF SUPERVISOR’S REPORT

Supervisor Adrienne Tissier

L. ADJOURNMENT

Enclosed:

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, May 7, 2015
SMMC Executive Board Room

Board Members Present

Supervisor Adrienne Tissier
Supervisor Carole Groom
John Maltbie
Jean Fraser
Dr. Janet Chaikind
Dr. Julie Hersk
Dr. Susan Ehrlich
Dr. David Lin

Staff Present

Glenn Levy
Dr. CJ Kunnappilly
John Thomas
Liz Evans
Cecilia Diaz
Tosan Boyo
Dr. Alexander Ding

Michelle Lee
David McGrew
Naomi Yunker
Karen Pugh
Angela Gonzales
Joan Spicer
Susan Starnes

Members of the Public

Bernie Mellott
Kimberlee Kimura
Teasha Fleming
Dr. Elzbieta Jurka
Dr. Mamatha Chivukula

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Tissier 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 8:10 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for May 7, 2015. Medical Executive Committee Minutes for April 14, 2015. QIC Report from March 24, 2015.	Glenn Levy reported that the Board unanimously approved the Credentialing Report. It also accepted the Medical Executive Committee minutes.
Public Comment	None	
Foundation Report	The Bundle of Joy fundraiser was held at the Poplar Creek Grill at Coyote Point on April 25, 2015. Over \$10,000 was raised. The 2015 annual Golf Tournament will be held at the Sharon Heights Golf Club on August 24, 2015. The Foundation's Annual Retreat was held on April 20 and it was decided that policies and procedures will be reestablished with the assistance of the new development director, Leslie Hunt.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes for April 2, 2015. 2. Compliance Report	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.

Medical Staff Report Dr. Janet Chaikind Chief of Medical Staff	Dr. Chaikind reported that Dr. Julie Hersk will be going to Africa to support the opening of a new Emergency Department. This sabbatical will be for about one year. In her absence, Dr. Alexander Ding, will assume her seat on the hospital board. Dr. Ding is a radiologist.	FYI
Quality Report Dr. CJ Kunnappilly Chief Medical Officer	Laboratory Department presentation by Susan Starnes, Dr. Elzbieta Jurka, and Dr. Mamatha Chivukula. Lab volumes are up but cost per test is down due to pay raises which are offset by skill mix. We have better contract and are managing our blood inventory more efficiently. There are 60 staff working in nine different departments. Point of Care is done at 32 sites. We work with colleges, mental health, BHRS and Corrections, the Public Health lab, and the Forensics lab.	FYI
Operations Report John Thomas Chief Operating Officer	SMMC 2015 Staff Engagement presentation by Liz Evans, Angela Gonzales, and Karen Pugh. The survey consisted of 40 survey questions and 50% of staff completed it. Every question had a statistically significant increase in score. Here are some highlights: <ul style="list-style-type: none"> • 87% are satisfied with their job • 96% feel their work is meaningful • 70% feel leaders really listen • 80% would recommend SMMC as a place to work How did we accomplish these positive results? <ul style="list-style-type: none"> • 72% of supervisors and managers attended ESS training • 23 managers attended the Health System Leadership Academy • LEAP Zone and LEAP Coaching and regular Huddles Next steps: <ul style="list-style-type: none"> • Finalize 5 year goal strategy • Finalize 1 year strategic initiative • Engage more staff in LEAP • Pulse survey quarterly 	FYI
Financial Report David McGrew, CFO	The March FY14/15 financial report was included in the Board packet and David McGrew answered questions from the Board.	FYI
CEO Report Dr. Susan Ehrlich, CEO	The CEO Report was included in the Board packet and Dr. Ehrlich answered questions from the Board.	FYI
Health Administration Kimberlee Kimura, Director	Solar Construction Project at 37 th Avenue Health System Campus and San Mateo Medical Center. The project will begin on June 1 and is expected to be completed within six months. It will be done in three phases. The priorities are preserving patient and client access to onsite parking, changing commute behaviors over the long term, and mitigating the effect of loss of parking on employees and neighbors. There will be 200 alternate offsite parking at the Hillsdale Shopping Center and a shuttle will run continuously during the day. It is about a 10-15 minute walk.	FYI

	Car sharing will be expanded through a new keyless interface. And a new videoconference and instant messaging application will be made available to all staff. The app is called Lync, aka Skype for Business.	
Health System Report Jean Fraser, HS Chief	The Health System Monthly Snapshot for March 2015 was included in the Board packet.	FYI
County Manager John Maltbie	No report	FYI
Board of Supervisors Supervisor Tissier	The Board of Supervisors is currently developing a Blue Ribbon Task Force on Housing with anticipated formation in the fall. The task force will build countywide momentum about closing the gap between jobs and wealth along with interconnected issues like transportation. The task force is envisioned as a multi-year endeavor and meetings will be public.	FYI

Supervisor Groom adjourned the meeting at 9:35 AM. The next Board meeting will be held on June 4, 2015. Note that due to the solar construction project at SMMC, the Board meeting will be held at the Daly City Clinic, 380 90th Street, Daly City.

Minutes recorded by:



Michelle Lee

Minutes approved by:



Dr. Susan Ehrlich, Chief Executive Officer



San Mateo Medical Center
A County System of Healthcare

TAB 2

ADMINISTRATION REPORTS

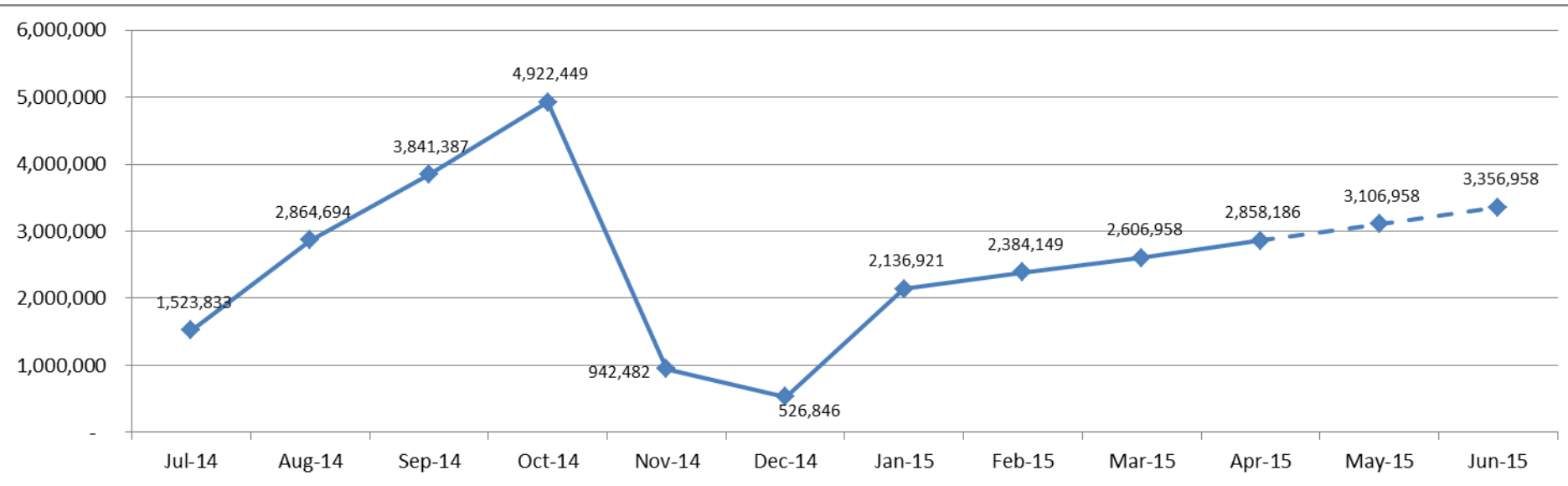


San Mateo Medical Center
A County System of Healthcare

April FY 2014-15 Financial Report

Board of Directors
June 4, 2015

Financial Highlights – Net Income Trend



Financial Drivers:

- April: \$251k net income
 - Operating revenue favorable \$1.4 mil (8%)
 - Operating expenses unfavorable \$475k (-8%)

- Favorable HPSM capitation
- Favorable patient volume
- Labor
- Contracted services

Financial Highlights - Forecast

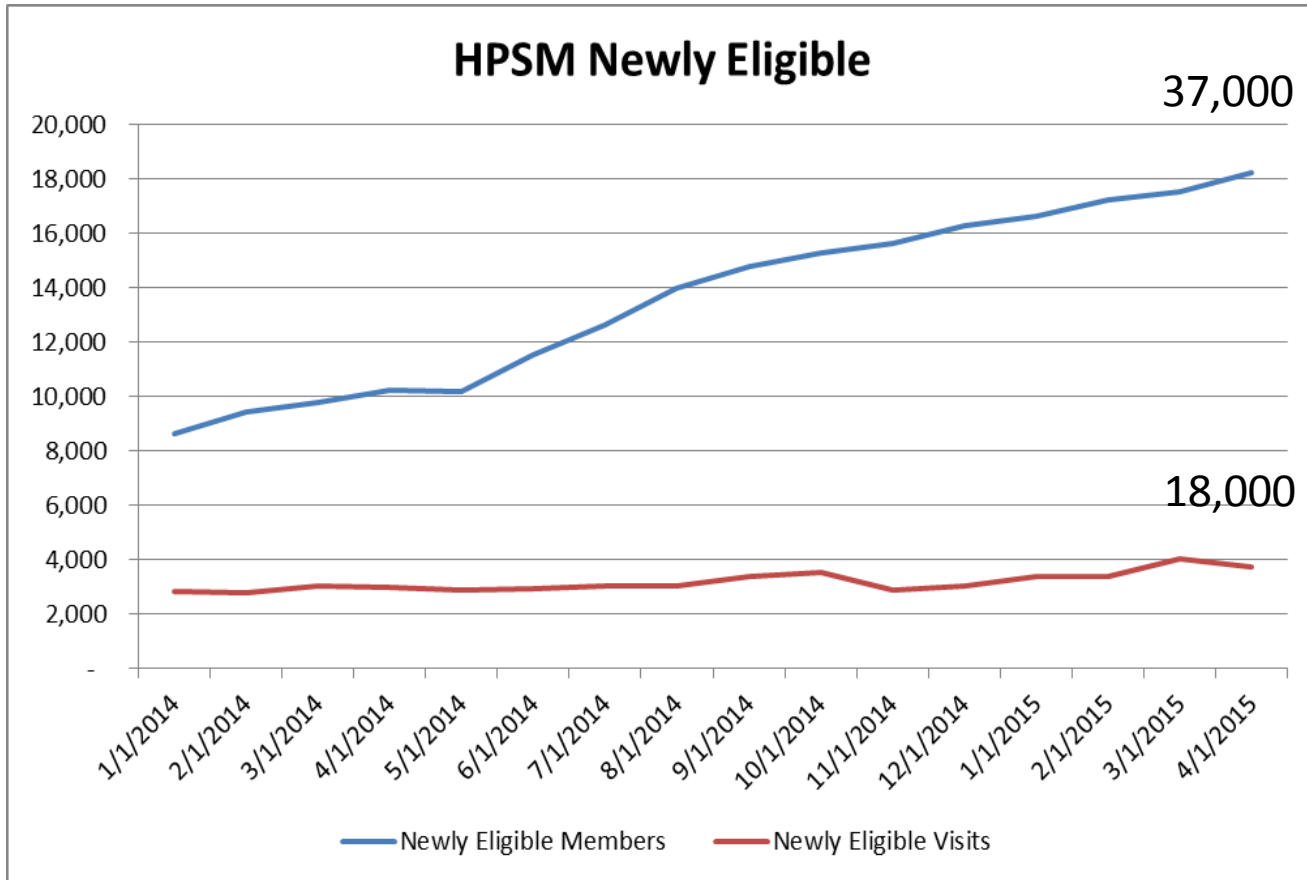
Forecast:

- Full year results are forecasted to be \$3 million positive due to implementation of the new HPSM capitation rates and strong expense management

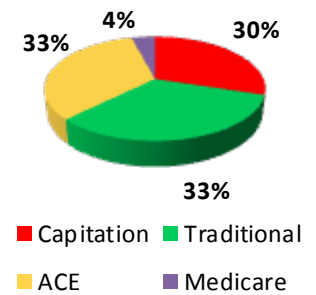
Risks & Opportunities:

- HPSM Capitation Membership
- Medi-Cal dis-enrollments
- Supplemental revenue displacement (e.g. DSH)
- FQHC Cost Report audits
- Nurse staffing
- Clinic demand

SMMC Medi-Cal Members



Managed Care Mix



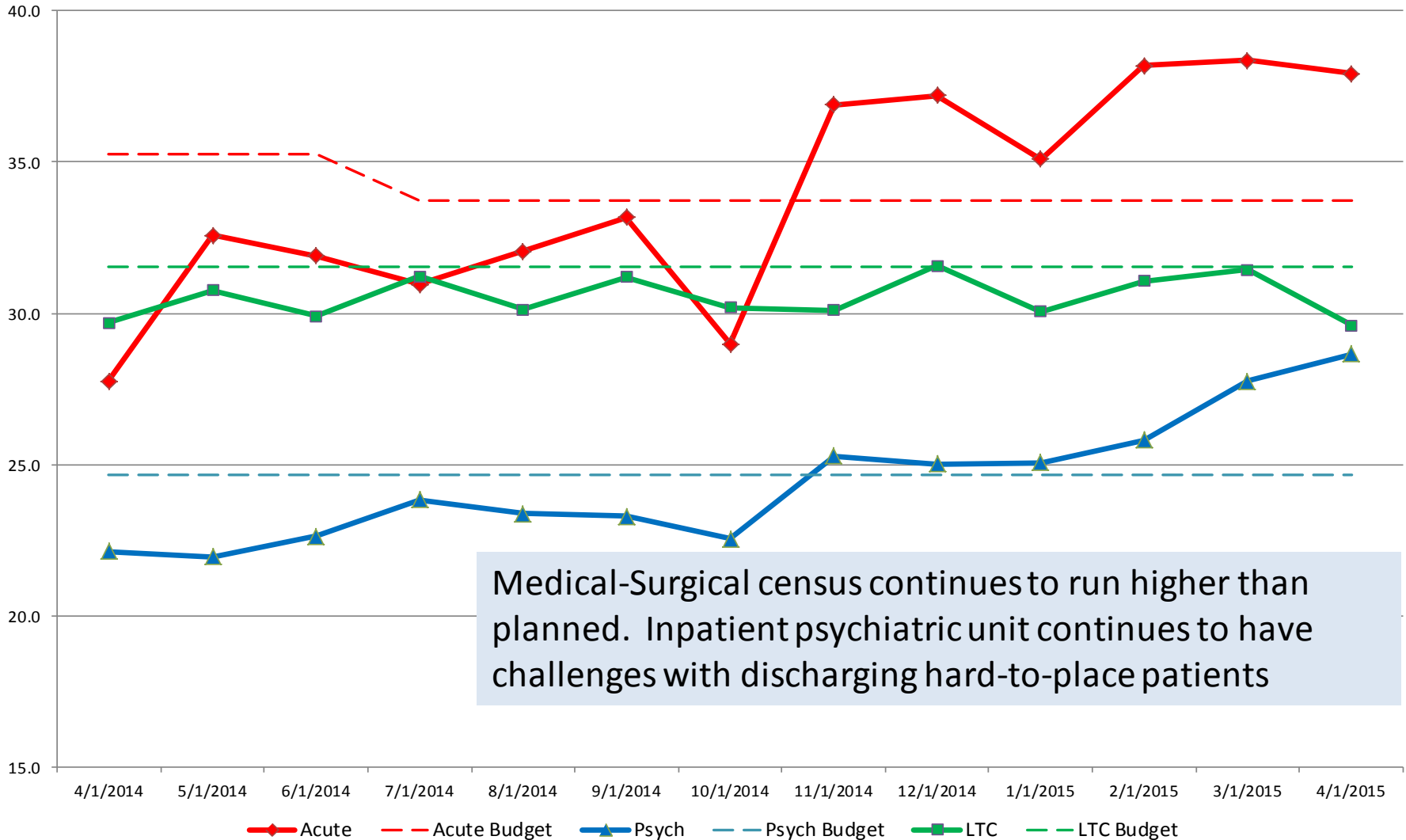
Capitation members are 49% of total Medi-Cal. Access to primary care is critical

San Mateo Medical Center
 Inpatient Census
 April 30, 2015

MONTH			
Actual	Budget	Variance	Stoplight
2,886	2,723	163	6%

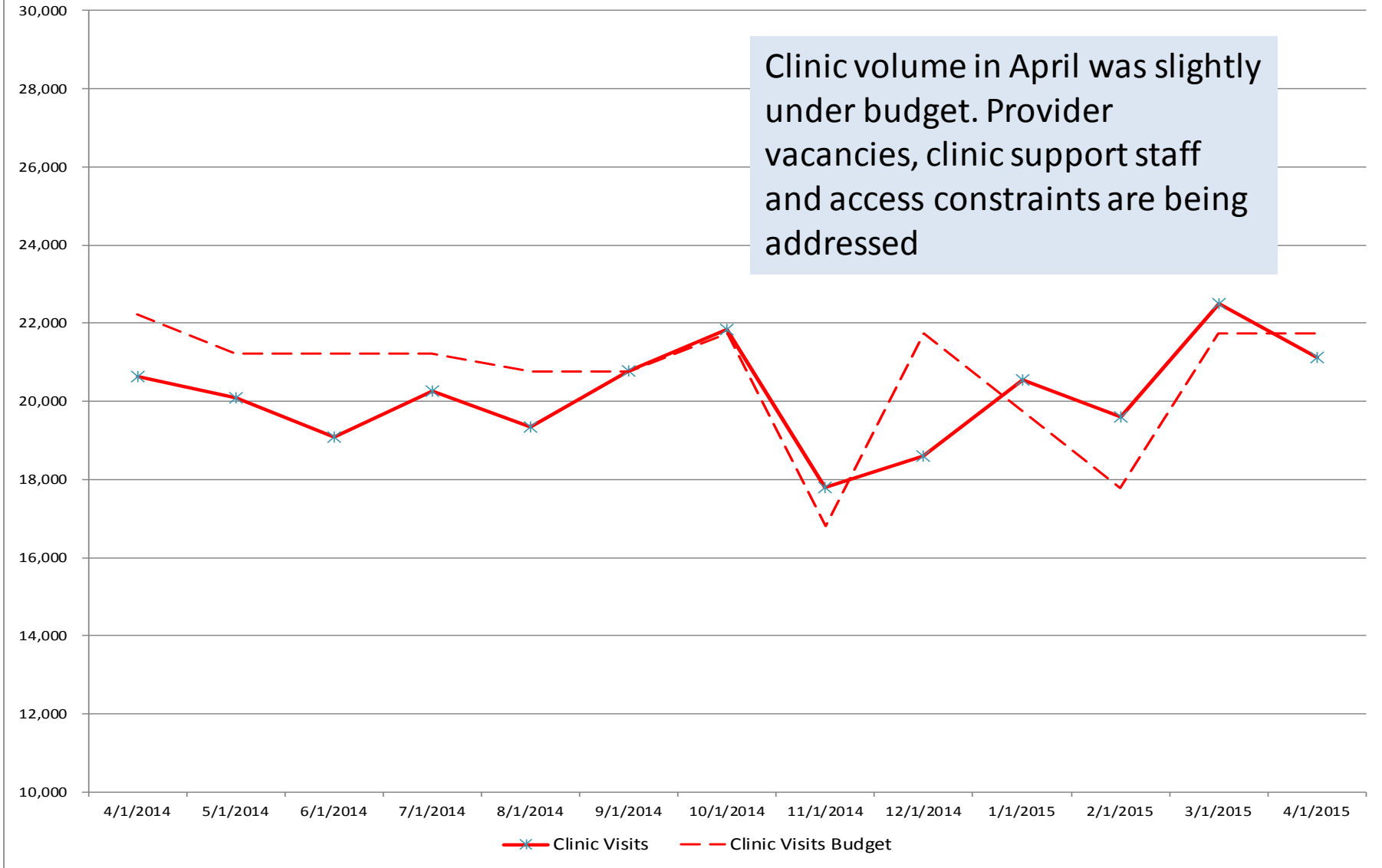
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
27,531	27,595	(64)	0%

Patient Days



**San Mateo Medical Center
Clinic Visits
April 30, 2015**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Clinic Visits	21,122	21,736	(614)	-3%	202,412	182,777	19,635	11%

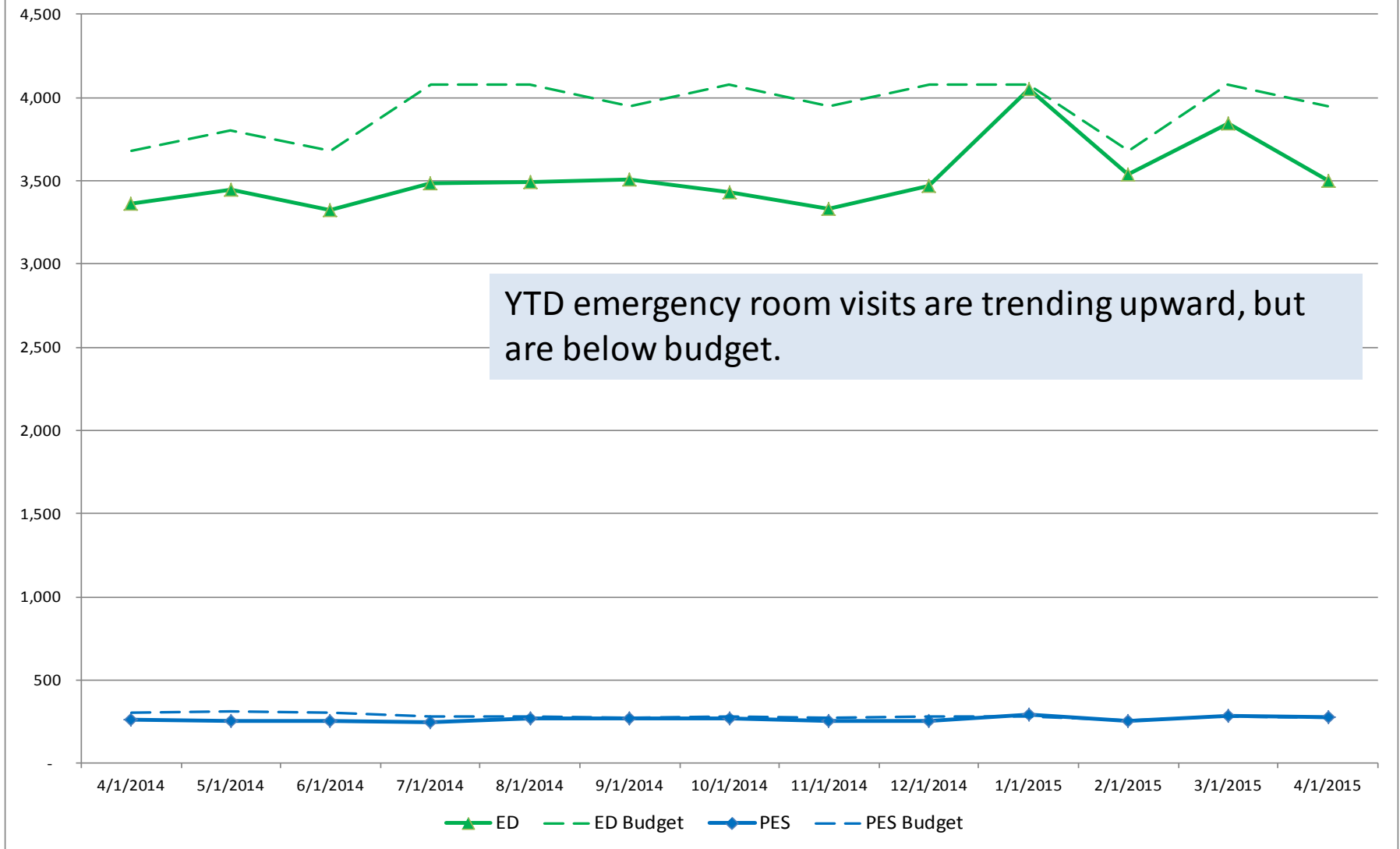


**San Mateo Medical Center
Emergency Visits
April 30, 2015**

MONTH			
Actual	Budget	Variance	Stoplight
3,773	4,220	(447)	-11%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
38,317	42,760	(4,443)	-10%

ED Visits	3,773	4,220	(447)	-11%	38,317	42,760	(4,443)	-10%
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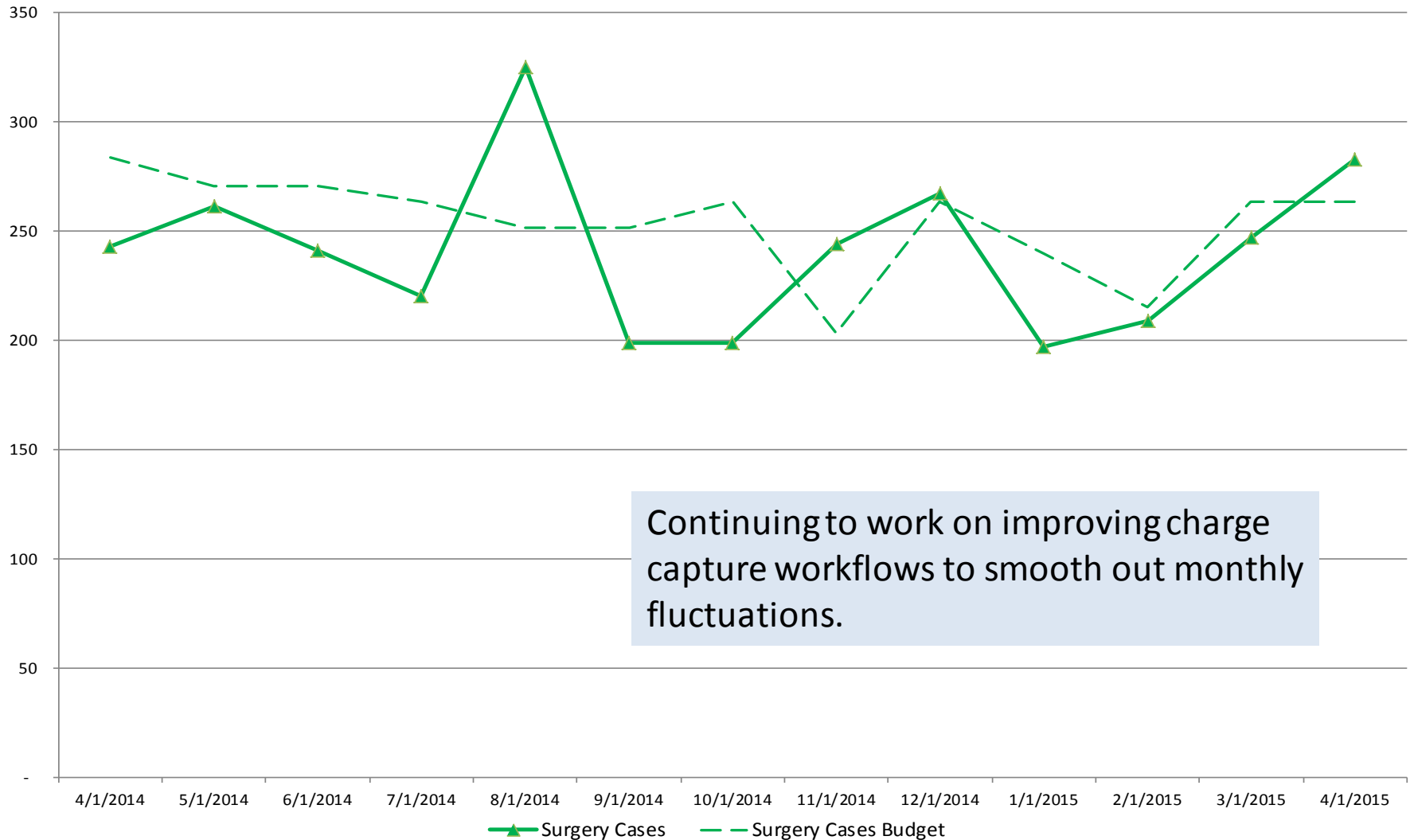
APPENDIX

San Mateo Medical Center
Surgery Cases
April 30, 2015

MONTH			
Actual	Budget	Variance	Stoplight
283	263	20	7%

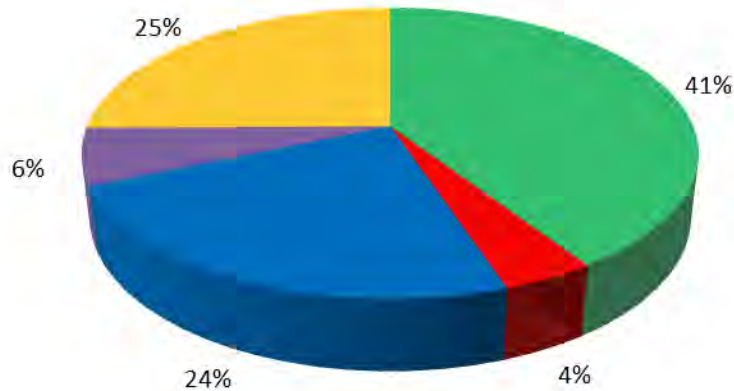
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
2,390	2,477	(87)	-4%

Surgery Cases



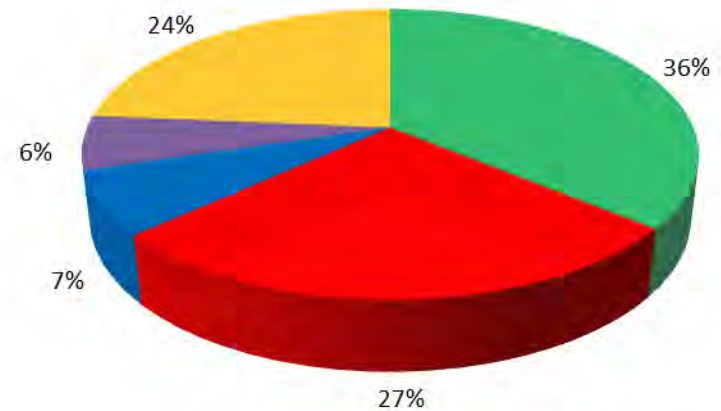
Revenue Mix

Before Capitation (Jan 2014 - Jun 2014)



■ Patient Net ■ Capitation ■ Supplemental ■ Other ■ County Contribution

After Capitation (Jul 2014 - Apr 2015)



■ Patient Net ■ Capitation ■ Supplemental ■ Other ■ County Contribution

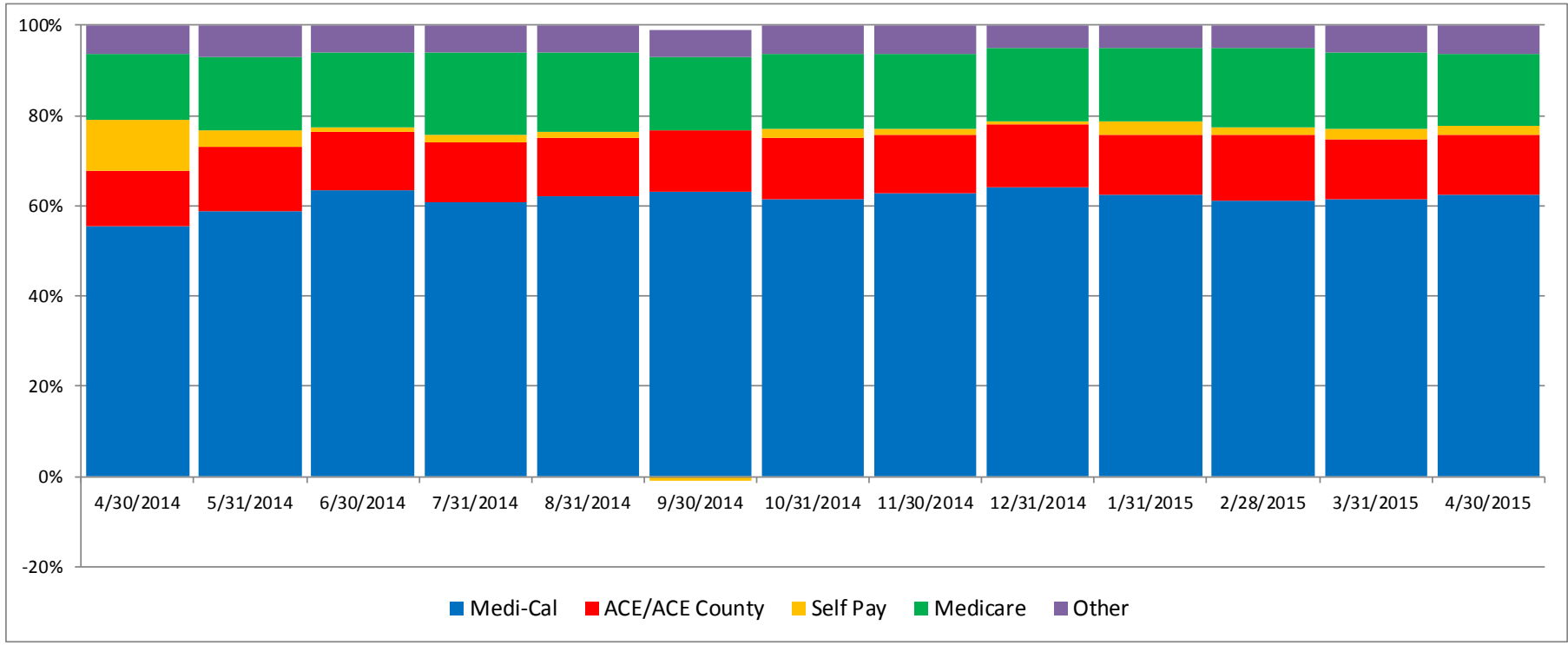
Capitation is a payment arrangement for health care service providers such as hospitals and physicians. It pays a hospital and physician or group of physicians a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.

San Mateo Medical Center

Payer Mix

April 30, 2015

		MONTH				YEAR TO DATE			
		Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Payer Type by Gross Revenue		A	B	C	D	E	F	G	H
15	Medicare	16.0%	15.3%	0.7%		16.9%	15.3%	1.5%	
16	Medi-Cal	62.5%	50.6%	11.9%		62.3%	50.6%	11.7%	
17	Self Pay	2.1%	8.7%	-6.6%		1.5%	8.7%	-7.2%	
18	Other	6.2%	6.5%	-0.3%		5.9%	6.5%	-0.6%	
19	ACE/ACE County	13.2%	18.9%	-5.7%		13.5%	18.9%	-5.4%	
20	Total	100.0%	100.0%			100.0%	100.0%		



San Mateo Medical Center
Income Statement
April 30, 2015

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	251,229	0	251,229		2,858,186	0	2,858,186		
2 HPSM Medi-Cal Members Assigned to SMMC	37,008	32,282	4,726	15%	351,170	322,820	28,350	9%	
3 HPSM Newly Eligible Medi-Cal Members Assigned to SMMC	18,232	14,000	4,232	30%	158,207	140,000	18,207	13%	
4 Patient Days	2,886	2,723	163	6%	27,531	27,595	(64)	0%	
5 ED Visits	3,773	4,220	(447)	-11%	38,317	42,760	(4,443)	-10%	
6 ED Admissions %	6.5%	-	-		6.4%	-	-		
7 Surgery Cases	283	263	20	7%	2,390	2,477	(87)	-4%	
8 Clinic Visits	21,122	21,736	(614)	-3%	202,412	182,777	19,635	11%	
9 Ancillary Procedures	65,794	65,320	474	1%	616,133	615,694	439	0%	
10 Acute Administrative Days as % of Patient Days	12.9%	9.0%	-3.9%	-44%	8.9%	9.0%	0.1%	1%	
11 Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status)	74.5%	58.0%	-16.5%	-29%	68.3%	58.0%	-10.3%	-18%	
Pillar Goals									
12 Patient Revenue per Adjusted Patient Day	734	686	48	7%	696	677	19	3%	
13 Operating Expenses per Adjusted Patient Day	2,076	2,031	(45)	-2%	1,960	2,004	44	2%	
14 Full Time Equivalentents (FTE)	1,044	1,085	41	4%	1,018	1,085	67	6%	

San Mateo Medical Center
Income Statement
April 30, 2015

		MONTH				YEAR TO DATE			
		Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
		A	B	C	D	E	F	G	H
21	Inpatient Gross Revenue	8,275,036	8,302,734	(27,698)	0%	79,498,561	83,027,339	(3,528,778)	-4%
22	Outpatient Gross Revenue	25,636,466	25,740,448	(103,982)	0%	238,842,254	257,404,483	(18,562,229)	-7%
23	Total Gross Revenue	33,911,501	34,043,182	(131,681)	0%	318,340,816	340,431,822	(22,091,007)	-6%
24	Patient Net Revenue	8,685,964	7,662,140	1,023,823	13%	76,751,877	76,621,405	130,472	0%
25	Net Patient Revenue as % of Gross Revenue	25.6%	22.5%	3.1%	14%	24.1%	22.5%	1.6%	7%
26	Capitation Revenue	7,082,869	6,479,461	603,408	9%	58,062,275	64,794,614	(6,732,339)	-10%
27	Supplemental Patient Program Revenue	1,291,789	1,614,399	(322,611)	-20%	15,145,861	16,143,995	(998,134)	-6%
	(Additional payments for patients)								
28	Total Patient Net and Program Revenue	17,060,622	15,756,001	1,304,620	8%	149,960,012	157,560,014	(7,600,002)	-5%
29	Other Operating Revenue	1,294,168	1,200,055	94,113	8%	12,749,620	12,000,551	749,069	6%
	(Additional payment not related to patients)								
30	Total Operating Revenue	18,354,789	16,956,056	1,398,733	8%	162,709,632	169,560,565	(6,850,933)	-4%

San Mateo Medical Center
Income Statement
April 30, 2015

	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	14,199,864	12,762,794	(1,437,070)	-11%	124,596,402	127,627,939	3,031,537	2%
32 Drugs	590,710	879,447	288,737	33%	5,881,520	8,794,468	2,912,948	33%
33 Supplies	982,639	1,031,914	49,274	5%	8,554,874	10,319,136	1,764,262	17%
34 Contract Provider Services	3,622,427	2,752,852	(869,575)	-32%	26,879,079	27,528,517	649,437	2%
35 Other fees and purchased services	3,290,817	3,412,372	121,556	4%	32,345,909	34,123,725	1,777,816	5%
36 Other general expenses	645,603	599,716	(45,888)	-8%	5,642,980	5,997,156	354,175	6%
37 Rental Expense	164,022	183,335	19,313	11%	1,640,231	1,833,352	193,121	11%
38 Lease Expense	812,031	812,030	(1)	0%	8,120,304	8,120,303	(0)	0%
39 Depreciation	241,114	240,914	(200)	0%	2,411,144	2,409,139	(2,004)	0%
40 Total Operating Expenses	24,549,228	22,675,374	(1,873,855)	-8%	216,072,444	226,753,736	10,681,292	5%
41 Operating Income/Loss	(6,194,439)	(5,719,317)	(475,122)	-8%	(53,362,812)	(57,193,171)	3,830,359	7%
42 Non-Operating Revenue/Expense	139,437	463,628	(324,192)	-70%	5,765,179	4,636,283	1,128,896	24%
43 Contribution from County General Fund	6,306,232	5,255,689	1,050,543	20%	50,455,819	52,556,888	(2,101,068)	-4%
44 Total Income/Loss (GAAP)	251,229	0	251,229		2,858,186	0	2,858,186	
(Change in Net Assets)								



SAN MATEO COUNTY HEALTH SYSTEM

DATE: June 4, 2015
TO: SMMC Board Members
FROM: Susan Ehrlich, M.D., Chief Executive Officer
RE: CEO Report to the Hospital Board and SMMC Leadership

This month, we are taking the opportunity presented by our Solar Project construction to hold the Hospital Board meeting at our Daly City Clinic, at 380 90th Street in Daly City. My special thanks to Rafael Vaquerano, North County Clinics Manager; Dr. Denise Gonzalez, Medical Director of the Daly City Clinic, and the whole team of staff and providers for hosting our meeting here.

QUALITY IMPROVEMENT AND SAFETY:

LEAP UPDATES:

Highlighted Accomplishments:

- The ED has consistently approached or exceeded turnaround time goals in the last month.
 - CT scans are at goal of 60 minutes (baseline: 80 minutes).
 - X-rays are at 35 minutes (baseline: 50 minutes).
 - Labs are at 35 minutes (baseline: 94 minutes).
 - 1.17% of patients left without being seen, improved from 1.84% last month (baseline: 7.59%).
- Pharmacy highlights:
 - No formal patient complaints this calendar year. Previous year: 5 complaints per quarter.
 - Monthly average of 38 minutes lead-time for new outpatient prescriptions (original baseline 2 years ago: 162 minutes).

Other LEAP Updates from May 2015:

- **Lab 5S Phase I (3-day Event):** This event improved workspace organization, workspace ergonomics, safety, and reduced waste. The team: (1) consolidated the lab send-out area and moved it closer to the operators, thus improving workflow; and (2) reduced inventory and created additional space in the front office area.
- **2B 5S Phase II (2-day Event):** This two-day event completed and spread the improvements made in Phase I. Specifically, the team reorganized and redesigned the chemo and wound care supply rooms to maximize efficiency, safety, resources, and reduce waste.
- **LEAP Leadership System Spread, Events 3 & 4:** On May 7th and 8th, leaders from the new spread areas continued training on the leadership system (FOHC Dental and OB GYN, ICU, and Infusion



Center). Our focus was on developing and implementing metrics, methods of data collection, and problem-solving. Work areas have already implemented over twenty new improvement ideas and are proactively planning for the work of each day, every day.

- **Strategic Initiatives Planning:** Leaders completed planning for the six strategic initiatives that will ensure progress our new Pillar Goals for the fiscal year starting on July 1st. They are: Leadership System and Staff Engagement; Patient Experience; Flow and Transitions; Patient Centered Medical Home; Quality Outcomes; and Financial Stewardship. The initiative teams are currently finalizing month-by-month plans for each initiative.

PATIENT AND STAFF EXPERIENCE:

- **SMMC celebrates Hospital Week:** Hospital Week was May 11th – May 15th and SMMC celebrated all the staff, providers, and volunteers who work hard every day to provide excellent health care to our community with lunch at every location, dinner at the hospital, and free Pilates classes available at the hospital on a first-come, first-served basis. This year our theme was Italian food, beautifully prepared by our Food and Nutrition team. On Wednesday, Jean Fraser and the Executive Management Team served food to hundreds of Medical Center and Health System staff who attended.
- **Two patient/family stories of gratitude:**
 - **From our inpatient survey:** "I'm very impressed with everyone I came into contact with. There was not one moment I felt worried or apprehensive that I wasn't being taken care of. Hospitals aren't fun and no one wants to be there but the health care workers and staff were kind and caring. I'm a bit of a control freak but the respect your staff gave me made it easy to give control to them."
 - **From our Fair Oaks Health Center Survey:** "I've always had health insurance provided by my employer. Being unemployed for the last 18 months and have county provided insurance was a scary thing for me. I am more than pleased. I feel my care now is better than any I have received at any other time in my life. Such a pleasant experience. Thanks! "

FINANCIAL STEWARDSHIP:

- **Corporate Integrity Agreement closed:** On May 1st, 2015, the Office of the Inspector General's website reflected officially that our five year Corporate Integrity Agreement was closed. During the five year CIA we've greatly improved our policies and practices related to compliance. I very much want to thank Conrad Fernandes, our former Director of HIPAA and Compliance, for leading us through this process, as well as John Nibbelin, Jennifer Stalzer Kraske and Glenn Levy, from County Counsel's Office. With our new leader in this area, Teasha Fleming, we will continue to grow and improve our compliance practices.
- **ICD-10 Update:** Our providers and coding team have been using ICD-10 diagnosis and procedure codes for almost three months and the transition is going according to plan. The ICD-10 adoption is high and less than 15% of patient records still have ICD-9 codes. A significant effort is underway to audit medical record documentation to ensure the correct ICD-10 codes are used and education plans are being tailored to reinforce ICD-10 coding requirements where needed. Our coding team is meeting regularly with our employed and contracted providers to share feedback and tips on proper coding and documentation. Additional system testing is underway and will continue until the official CMS start date of October 1, 2015. All of the planning and early adoption work is positioning SMMC to be fully ready by October 1st.

- **Group Purchasing Organization:** MedAssets is our current Group Purchasing Organization (GPO), through which we acquire 20% of our supplies and equipment. Belonging to a GPO allows organizations like ours to benefit from more favorable contract pricing than if we contracted directly with a vendor. Our MedAssets contract expires next year and our Materials Management team has initiated an RFP process with input from a steering committee of clinical and non-clinical staff. Our criteria for selecting a GPO partner include: lower supply costs; a comprehensive contracting solution that covers a significant portion of our supply spend; clinically-driven decision making process; and programs and technology to identify cost savings opportunities. We expect to select our next GPO vendor by June 30, 2015.

COMMUNITY PARTNERSHIP:

- **Sequoia Health Care District supports RRSCC, Care Transitions:** At its May 13th Board meeting, the SHCD granted three years of funding for two key programs at SMMC: the Ron Robinson Senior Care Center and Care Transitions. For RRSCC, the SHCD will provide \$429,000 over three years to support a portion of a half-time care team at the FOHC. For Care Transitions, it will provide \$918,000 over three years to support uninsured District residents who are discharged from the hospital, in order to ensure they understand their medical problems, know their medications, and are well-supported at home in order to prevent unnecessary readmissions. This grant is a new and unique continuation of the generous support we've had from the SHCD for many years. I am very grateful to the SHCD Board and their Executive Director, Lee Michelson, for their long-standing support.
- **Project SEARCH graduates another cohort:** Project SEARCH held its graduation on Thursday, May 28 at SMMC. Project Search is our partnership between the medical center, the San Mateo Union High School District and the California Department of Rehabilitation. It's a one-year high school transition program for students with disabilities. The goal is to offer training opportunities for the recent graduates so they can get a competitive job. From its inception in 1996, Project SEARCH has helped individuals with disabilities join the workforce. On the occasion of this graduation, Project Search Coordinator, Judy Camarata stated: "You have touched their lives forever and they will never forget. I hope our interns have impacted your departments in a positive way, helping you with real-work experience as much as you have impacted them. In the beginning, the interns walked into Project SEARCH very unsure and insecure. Now, they walk out with their heads held high and confident they can be a contributing member of society...thanks to all of you."

Check out our most recent blog post: "SMMC's Nurses Have the Heart to Heal"

<http://smmcblog.wordpress.com/>



SAN MATEO COUNTY HEALTH SYSTEM

To: SMMC Board Members
 From: Jean S. Fraser, Chief
 Subject: Health System Monthly Snapshot – May 2015

Indicator	Number	Change from last month	Change from last year
ACE Enrollees	18,681	1.8%	-8.3%
SMMC Emergency Department Visits	4,126	8.9%	-5.0%
New Clients Awaiting Primary Care Appointment	419	30.9%	-41.0%

96% of San Mateo County residents have insurance!

With the close of Covered California open enrollment on April 30th, we now estimate that 96% of San Mateo County residents have health insurance. During this second enrollment period under the Affordable Care Act (ACA), we tried new approaches such as eye-catching signage at enrollment sites, Covered California lawn signs, and weekend and extended hours at our enrollment sites across the county. As a result, an additional 8,000 residents signed up for Covered California health coverage, bringing our grand total to 32,000 residents enrolled in Covered California. Overall, ACA has insured 62,000 San Mateo County residents. We are now focusing on helping residents keep their coverage.

Telling our stories helps people get mental health treatment

One in four people have a mental health condition yet fewer than half are getting the help they need fearing others will judge them. To help end the stigma surrounding mental health conditions, residents across the county spoke up and pledged to “Be the One” to make a difference during Mental Health Month. Over 90 community members, providers, clients, and families participated in the *Stand up for Mental Wellness* event to hear powerful stories of hope and recovery, learn how to reduce stigma associated with mental health conditions, and inspire others to speak up and get help. Residents can take the pledge to fight stigma online at:

smchealth.org/takethepledge.



Starting June 1, please don't visit us. Just kidding – sort of!

Starting June 1, DPW will be using 1/3 of our parking spaces at the 37th Avenue Health Campus to install solar panels. **PARKING WILL BE EXTREMELY LIMITED AT THE HEALTH CAMPUS FROM JUNE 1 – OCTOBER 1.** So to the extent possible, please engage with our staff via phone, videoconference, or public transit during this time.

To support our staff in using this opportunity to try healthier alternatives to driving alone, we hosted our third annual Way2Go week. Over 200 staff participated in events that included the launch of our expanded County car sharing and our bike sharing programs. We also called in the “Commute Doctor” to offer each staff member personalized help in figuring out commute alternatives.



San Mateo Medical Center
A County System of Healthcare

TAB 3

**MEDIA
ARTICLES**

The Importance of Preventing Burnout Among Physicians and Nurses

By Bridget Duffy
M.D.



H&HN Daily

Advocates of health care reform often talk about the Triple Aim. However, there is a key component missing from that model: restoring joy to the practice of medicine.

Imagine this scenario: You are a hospital CEO walking the halls of your facility when you overhear a group of physicians or nurses talking about the stress, exhaustion and frustration of their jobs and the system. One of them states without hesitation that she can't wait to leave the profession entirely, and would make sure her son or daughter never considered medicine as a career. Would you have faith that she could devote her full attention to administering care to your patients?

Whether you are privy to those conversations or not, your physicians, nurses and many other medical professionals are likely reporting widespread job dissatisfaction and burnout. In the Medscape Physician Lifestyle Report 2015, 46 percent of physicians responded they had feelings of burnout, a significant increase from 2013 (39.8 percent). As a result, fewer physicians and nurses are choosing to stay in health care.

The 'Quadruple Aim'

Advocates of health care reform often talk about the Triple Aim — improving population health, elevating patient-centered care and reducing costs. However, there is a key component missing from that model: restoring joy to the practice of medicine. When thinking about new ways to transform health care, we must extend our approach to the "Quadruple Aim," that is, to ensure we focus on solutions that prevent initiative fatigue and burnout for our nurses, physicians and other care team members.

The reasons for taking this approach go beyond just keeping doctors and nurses from quitting. It's about humanizing health care for all as a means to improving quality and safety and creating an ideal experience that drives loyalty and growth. When a patient chooses a health care provider, it is often based on personal relationships and peer recommendations, so when our health care professionals bring joy and compassion to their interactions, they are much more likely to build trust and relationships that improve patient engagement and compliance.

Organizations that want to improve the health care experience for patients, families and staff members must map the gaps in efficiency and empathy. We must identify the factors contributing to burnout and fatigue and remove them. We must also find ways to restore the human-to-human connection and provide services that optimize physician and nurse well-being and performance. The secret to caring for patients is caring for our caregivers.

Examples in Health Care

Many forward-thinking organizations are making commitments to elevate the staff and physician experience in conjunction with patient-centered strategies. Several military health systems have made improving experience a top priority. At one naval hospital, the commanding officer steadfastly committed to improving the human experience for active-duty warriors, retirees and their families. The hospital created a chief experience officer role, deployed programs to boost dialogue and collaboration for military and civilian staff members, and taught the galley team how to improve patient and staff well-being through the food they serve.

San Mateo Medical Center in the Bay Area also aims to empower staff and elevate well-being. The hospital implemented a leadership system that supports daily check-ins with staff to ensure that their needs are met and their voices are heard. The hospital's engagement committee measures the effectiveness of the leadership system on both staff engagement and patient experience. After implementing the program, San Mateo employees reported improved communication and a more meaningful connection to their work.

At the Lucile Packard Children's Hospital at Stanford, the leaders have integrated quality and performance improvement efforts with a redesign of both the patient and staff experience. Employee well-being and support is at the center of the pilot "lavender alert" program implemented in the prenatal intensive care unit. The program originally was conceived for patients and families who were going through difficult moments, but lavender alerts also extend rapid response teams to provide emotional support for employees and physicians during times of high stress.

Technology's Role

Another important factor in restoring joy to the practice of medicine is ensuring that organizations have an operational infrastructure that allows doctors and nurses to focus on delivering care. When too much of our caregivers' valuable time is spent at a computer or trying to track down information, supplies or co-workers, health care leaders must find a way to help all partners perform their jobs more efficiently.

An effective combination of technologies and processes can reduce frustration and fatigue. For example, something as simple as better communication tools can improve workflows, relationships, collaboration and job satisfaction. All these factors in turn affect patient care and safety.

Organizations that achieve the greatest success recognize that patient experience and quality of care are directly linked to staff experience and employee empowerment and engagement. By improving communication and building cultures that restore empathy and compassion, care teams will be able to deliver the best patient experience and drive better outcomes.

Bridget Duffy, M.D., is chief medical officer of Vocera, San Jose, Calif.

Daly City Youth Health Center celebrates 25 years

By Jane Northrop

Pacifica Tribune Staff Writer

Posted: 05/05/2015 05:05:37 PM PDT

Daly City Youth Health Center was founded 25 years ago to provide better service for youth in local schools. Over the years, 48,000 teens have been served by the DCYHC.

As Kimberly Gillette, director of the DCYHC noted at the gala celebration Thursday, the center began when a needs assessment demonstrated low-income teens in Daly City, in particular, had trouble accessing health care. That turned out to be the tip of the iceberg. Over the years, many students have relied on the DCYHC for mental and medical health care and reproductive health information.

A partnership formed 25 years ago between the Jefferson Union High School District and San Mateo Medical Center to serve youth as a safety net. DCYHC started in a small office serving 100-150 teens a week. Now DCYHC is a comprehensive health center with youth development programs serving more than 600 youth a week.

San Mateo County Supervisor Adrienne Tissier hosted the gala at Lake Merced Golf Club. Two guest speakers, State Senator Mark Leno and Jan Masaoka, CEO of California Association of Nonprofits, addressed the sold-out audience of 200 attendees. The event raised \$41,000 for DCYHC.

Leno is budget chair who spoke of a problem he faces all too often -- partisanship getting in the way of passing the state budget. He spoke of the value of Proposition 30, and called it a historic fact to have voters raise their own taxes in support of education.

A video message from Congresswoman Jackie Speier noted nationwide, teen pregnancies are down by 57 percent. Locally, the DCYHC provides reproductive health information to high school students through the center and through Project PLAY and the schools' sex education squads deployed to JUHSD schools. In the Sex Ed. Squads, students are trained to teach their peers and to answer their questions.

In addition, the DCYHC Elements for Success program provides school-to-career/college transition assistance. It focuses on developing academic, leadership, and vocational skills for JUHSD students who have barriers to completing high school and finding a job. The program includes workshops and counseling on jobs, life skills and career exploration, field trips to explore career options and assistance with enrollment in post-high school programs and college.

Three people received honors at the gala. The Carol Forest Service Award went to Danamaya Gorham, NP, the Jane Hipe Memorial Award went to Jacquelyn Guerra and the Ball Varney Philanthropy Award went to Janet Chaikind MD.

Carol Forest presented the award to Gorham by introducing her as DCYHC's first employee in 1990. Gorham is a member of the DCYHC's Provider Wellness Committee. She has been a clinical preceptor for nurse practitioner students from UCSF since 1997.

"She has brought her love and respect for teens and advised these young people in many ways," Forest said.

Gorham, in accepting the award, said, "A lot of people on the staff have been together a long time. As healers, we do intimate work," and described the historical conjunction of medical centers and healing over time and in various cultures.

Tissier presented the Jane Hipe Memorial Award to Jacquelyn Guerra, who received counseling services at

DCYHC. Now she is a confident student graduating next month with a communications degree from San Jose State University. She also volunteered as an intern at DCYHC providing assistance for a number of events and on fundraising drives.

Janet Chaikind, MD received the first award in honor of Pacificans Jennifer Ball and Mike Varney's Philanthropy Award. Ball and Varney donated \$25,000 to the DCYHC. Chaikind is chief of staff of San Mateo Medical Center and a pediatrician and adolescent medicine specialist. Before that, she was the medical director at DCYHC and still serves as an advisor to DCYHC.

Chaikind thanked Ball and Varney for their generous support.

"We are lucky to have Jennifer's passion," she said.

The other guest speaker, Jan Masaoka, spoke about how to manage non-profit organizations.

Melissa Ambrose, wellness counselor at Oceana High School, spoke of the value of the DCYHC.

"This is so important," she said, and noted how important it is to get the next generation motivated to take on the causes of health care and education.

Carole Groom of the San Mateo County Board of Supervisors, presented Gillette with a proclamation of appreciation from that group and celebrated the many years of collaboration between the JUHSD and San Mateo County Medical Center.

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THE DAILY JOURNAL

The Peninsula's homepage

County finds space for mental health center: San Mateo facility would be alternative to jail, hospital

May 18, 2015, 05:00 AM By [Bill Silverfarb](#) Daily Journal

The county will convert a house it owns adjacent to the San Mateo Medical Center into a respite center for individuals with mental health issues, said Steve Kaplan, director of behavioral health and recovery services.

The facility and programs provided within will hopefully provide stability for individuals in crisis but some neighbors of the house have already voiced some early opposition to the proposal.

The property at 37th Avenue and Hacienda Street is currently being used by some off-duty Sheriff's Office deputies for sleep, Kaplan said.

A major renovation will help the county-owned building that has fallen into disrepair better blend in with the neighborhood, he said.

Kaplan will meet next week with the Beresford/Hillsdale Neighborhood Association to discuss the plan and hear concerns from nearby residents.

Some residents of the neighborhood have started a petition based on their opposition to the facility, said Lisa Taner, president of the neighborhood association.

"They don't want it there," she said.

Residents could stand up and oppose the facility such as they have done against plans to install lights at the football field at Hillsdale High School, Taner said.

"We are looking for the medical center to be a good neighbor to residents," she said.

The plan is to provide a safe place for up to 10 days for 10 individuals with mental health issues who do not pose an immediate danger to themselves or others.

Dubbed Serenity House, the facility is meant to give police and family a better option than having those suffering with a mental health crisis to be jailed or put on psychiatric hold, Kaplan said.

"The goal is to get them stabilized and back into the community. We currently do not have that option," Kaplan

said.

The county has been searching for an appropriate site for the center for more than a year and it is being paid for out of voter-approved Measure A funds.

The center will be self-contained and individuals who leave the facility will be escorted either by staff or family, Kaplan said.

“It minimizes interaction with the local community,” he said.

Access to the facility will be from the parking lot of the hospital, he said.

It is not, however, a new population that will be coming to the facility but rather many of the same individuals who already seek services at the county hospital, he said.

Admission to the facility will be voluntary which will be open 24 hours a day and not locked, he said.

The county had set aside about \$2.4 million in Measure A funds to purchase a property and renovate it for the facility.

The savings from not having to purchase a building will be applied to services provided there.

Without a respite center alternative, Kaplan said families often have their hands tied getting their loved one into treatment until he or she deteriorates to the point that law enforcement or an ambulance is called.

That response can end with the person being placed on a psychiatric hold, arrested or in extreme situations even injured or dead.

The center will be a place of safety and care for the client and simultaneously educate family members who may need guidance navigating the oftentimes daunting arena of mental illness.

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