



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

Thursday, August 6, 2015

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

August 6, 2015 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. 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. July 2, 2015 Meeting Minutes
2. Evaluation of the Environment of Care Program
3. Compliance and Privacy Report

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Janet Chaikind

H. ADMINISTRATION REPORTS

- 1. Quality – Rehabilitation Department *Dr. CJ Kunnappilly.....*Verbal
- 2. Operations – Environment of Care Program *John Thomas*Verbal
- 3. Right Care at the Right Time and Place: Nurse-Family Partnership *Louise Rogers*Verbal
- 4. Financial Report *David McGrew.....***TAB 2**
- 5. CEO Report *Dr. Susan Ehrlich.....* **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 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, July 2, 2015
Executive Board Room

Board Members Present

John Maltbie
Jean Fraser
Dr. Janet Chaikind
Dr. Susan Ehrlich
Dr. David Lin
Dr. Alex Ding

Staff Present

Dr. CJ Kunnappilly	Eliana Alvarez	Louise Rogers
John Thomas	David McGrew	Peggy Rothaus
Liz Evans	Angela Gonzales	Dr. Michael Trinidad
Dr. Alpa Sanghavi	Viral Mehta	Karen Pugh
Cecilia Diaz	Bernie Mellott	Viral Mehta
Eric Raffin	Glenn Levy	Naomi Yunker

Members of the Public

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	John Maltbie 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 8:07 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for July 2, 2015. Medical Executive Committee Minutes for June 9, 2015. QIC Report from May 26, 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 2015 annual Golf Tournament will be held at the Sharon Heights Golf Club on August 24, 2015. Brius is the main sponsor for the tournament. In October 30, 2015, there will be a masked ball at the Peninsula Country Club. Proceeds will benefit the Infusion Center.	FYI
Consent Agenda	Approval of: <ol style="list-style-type: none"> 1. Hospital Board Meeting Minutes for June 4, 2015. 2. Medical Staff Bylaws/Rules-Regs Changes and department Chair Elections Results 	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 informed the Board that Temporary Privileges are limited to a maximum of 120 days. The new maximum days number is a result of work done during the Mock Survey.	FYI

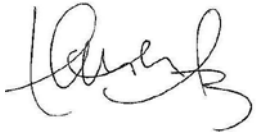
<p>Quality Report Dr. CJ Kunnappilly Chief Medical Officer</p>	<p>The Surgery Department report was presented by Dr. Michael Trinidad and Peggy Rothaus, RN.</p> <p>The Surgery Department is made up of 30 surgeons, two nurse practitioners, and one physician assistant. There are three operating rooms and they see an average of 12 cases per day. General surgery has the highest volume followed by orthopedics.</p> <p>Surgery cancellation rate is 20%. National cancellation rates range from 10-40% based on setting. Surgeries canceled by the patient represent 30% of total cancellations. Proactive measures are being taken by the Pre-Op RN to reduce the rate of cancellations or replace with same day appointments.</p> <p>Infection rates remain below the national average.</p> <p>Summary:</p> <ul style="list-style-type: none"> • Surgical backlog and wait times have decreased significantly. • Surgical site infection rate has remained below the national average. • Cancellation rate is consistently around 20%. • OR utilization remains above goal. <p>Future efforts:</p> <ul style="list-style-type: none"> • Identify preventable causes of cancellations. • Increase patient reminder calls. • Set a policy for illicit drug screening. • Continue pre-op RN case review. • Further decrease surgical wait times and back-logs. 	<p>FYI</p>
<p>Operations Report John Thomas Chief Operating Officer</p>	<p>Patient Safety Culture Survey was presented by Dr. Alpa Sanghavi, Chief Quality Officer.</p> <p>What is culture of safety?</p> <ul style="list-style-type: none"> • Acknowledge high risk nature of work. • Commitment to safety. • Blame free environment. Encourage collaboration. • Commit resources. <p>Patient Safety Culture</p> <ul style="list-style-type: none"> • Survey administered to staff in March 2015. • Survey tool from Agency for Healthcare Research and Quality, (AHRQ). • Comparison of SMMC to other 200-299 bed hospitals (all). • 42 questions with 12 sections. 393 participants. 33% response rate. • Demographics <ul style="list-style-type: none"> ○ 77% Direct Care; 30% Nursing; 6% MD/NP/Physician Assistant; 13% Administrative <p>Focus</p> <ul style="list-style-type: none"> • Communication. • Non punitive environment. Frequency of events reported. 	<p>FYI</p>

	<ul style="list-style-type: none"> • Management support. Teamwork. • Hand offs and transitions. <p>Results</p> <ul style="list-style-type: none"> • Results are lower than AHRQ benchmark. • Results are similar to 2013 survey. • Results in Frequency of Events Reported decreased. • Continuing issues: Hospital units do not coordinate well and mistakes are kept in employee files. • Negative comments centered around staffing, and provider consistency. <p>Improvements</p> <ul style="list-style-type: none"> • Positive comments on the new SAFE system. More system issues identified. • Scored higher from last survey in: <ul style="list-style-type: none"> ○ When one area in unit is really busy, others help out +10% ○ We don't work in "crisis mode" trying to do too much, too quickly +9% ○ 50% of participants reported that they had submitted a SAFE Report in the last year +6% <p>Action Plan to Address Key Concerns</p> <ul style="list-style-type: none"> • Provide managers and staff with survey results • SAFE training • Quarterly pulse survey • Focus on "non-punitive environment" • Focus on "closing the loop" • Huddles 	
<p>Health Information Technology</p>	<p>Delivering on Target, On Time and On Budget presented by Eric Raffin, Health System CIO.</p> <p>Health IT projects are driven by the business owner, not Health IT staff:</p> <ul style="list-style-type: none"> ○ BUSINESS REQUIREMENTS: We require business owners to define what they want the project to achieve and why ○ PROJECT SELECTION: We choose only those projects that have the highest value and that we can successfully deliver ○ PROJECT MANAGEMENT: Health IT facilitates a structured and collaborative process with business owners to plan and deliver IT solutions <p>All projects must have proposals written by business owners:</p> <ul style="list-style-type: none"> ○ Prior to each budget cycle, Health IT opens a "requirements submission open season" ○ Health IT reviews and helps business owners clarify and refine proposals into Business Requirements Documents (BRD). ○ BRDs cover a project proposal's scope and ROI <p>Health System division directors rank every proposal. Directors review the BRDs and score each against a common set of ROI criteria.</p>	<p>FYI</p>

	<p>Only the number of projects that Health IT can deliver are approved:</p> <ul style="list-style-type: none"> o Resource commitment (people's time and skills) is our single biggest risk to project success o Health IT coordinates resource estimates to determine what work can be successfully undertaken <p>Once projects are approved, they are intensely and transparently managed:</p> <ul style="list-style-type: none"> o Weekly status reports are provided to the project team, business owner, and posted on HS Intranet o Milestones are reviewed and approved by the HIT Governance Board monthly as are all significant changes <p>Great processes result in great outcomes:</p> <ul style="list-style-type: none"> o Successfully completed 14 projects <ul style="list-style-type: none"> o Activated 23 new projects o Gathered requirements and sequenced 24 projects to start in the FY15-17 cycle 	
Financial Report David McGrew, CFO	The May 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 System Report Jean Fraser, HS Chief	The Health System Monthly Snapshot for June 2015 was included in the Board packet. Jean Fraser introduced the Louise Rogers who will be taking over the HS Chief position.	FYI
County Manager John Maltbie	John Maltbie thanked Jean Fraser for her leadership as the Chief of the Health System and wished her well in future endeavors.	FYI
Board of Supervisors	No report.	FYI

John Maltbie adjourned the meeting at 9:15 AM. The next Board meeting will be held on August 6, 2015.

Minutes recorded by:



Eliana Alvarez, Administrative Secretary

Minutes approved by:



Dr. Susan Ehrlich, Chief Executive Officer



San Mateo Medical Center
A County System of Healthcare

**ANNUAL EVALUATION OF
THE ENVIRONMENT OF CARE PROGRAM
2014**

San Mateo Medical Center 2014 Annual Evaluation

The annual evaluation of Effectiveness for the Environment of Care (EOC) program is prepared for the organization in compliance with The Joint Commission Standards. In compliance with the intent of EC standards, a documented response from the Board is appreciated.

Thank you

Submitted by:

Conrad Fernandes
Safety Officer

Date approved by Safety Committee:

_____The Board reviewed the report and concur with the report.

_____The Board reviewed the report and would like additional information on the following items:

_____The Board reviewed the report and recommends the following:

TABLE OF CONTENTS

1. Executive Summary
2. Safety Management Plan Evaluation
3. Security Management Plan Evaluation
4. Hazardous Materials & Waste Management Plan Evaluation
5. Emergency Planning and Operations Plan Evaluation
6. Fire Prevention Management Plan Evaluation
7. Medical Equipment Management Plan Evaluation
8. Utility Management Plan Evaluation
9. Reports and Supporting Documentation (Binder only)

Executive Summary – Environment of Care

The Environment of Care is a vital part of effective hospital operations to ensure patient safety. The Standards set by The Joint Commission and CMS provide for a safe and functional environment for all patients, visitors and hospital employees. San Mateo Medical Center, through the Safety Management Program, has developed and implemented a safety program to identify, resolve and monitor Environment of Care issues throughout the hospital and affiliated satellite clinic facilities. This is accomplished through a multidisciplinary approach to the management of each one of the seven Environment of Care disciplines. The seven plans that are considered for annual evaluation are:

- Safety Management
- Security Management
- Hazardous Materials and Waste Management
- Medical Equipment Management
- Fire/Life Safety Management
- Utilities Management
- Emergency Management Planning and Operations Plan

The Safety Committee sets and prioritizes the environmental safety goals and performance standards of the hospital and all clinics and assesses whether those goals are being met. The Safety committee meets 10 times a year and the membership is comprised of program managers for each of the 6 EOC Management Programs and representatives from Administration, Nursing, Infection Control, Clinical Laboratory, Pharmacy, Quality, Materials Management, Risk Management and Human Resources. Members of the Safety Committee are empowered with the responsibility to manage the six disciplines comprising the Environment of Care and the Emergency Management Program. The Director of Safety has been granted the authority and responsibility to act immediately on any issue that threatens the safety of our patients, visitors and staff.

The activities of the Safety Committee and information relevant to the Environment of Care are communicated to the Executive Committee and the Hospital Board. Department Managers use staff meetings to update employees on issues related to the Environment of Care and Safety Management. The Fire, Safety & Health Module, Environmental Rounds, and Fire and Disaster Drills are used to evaluate employee knowledge, skills, and level of staff participation in the Safety Program. The management plans are reviewed annually and the policies and procedures contained in the EOC manual are reviewed every three years and revised as often necessary to remain current. These reviews and subsequent revisions helped to assure that all standards and requirements of The Joint Commission are met and objectives, scope, performance, and effectiveness on key indicators of the plans are appropriate and lastly that priorities identified during the year are addressed

The following annual evaluations describe the objectives, scope, performance, and effectiveness of each Environment of Care discipline.

The organizational safety priority for 2014 was to update all EOC chapter policies and upload them to Worksite. This has been successfully completed.

San Mateo Medical Center 2014 Annual Evaluation

The organizational safety priority for 2015 will be to increase response rate to EOC Rounds within 30 days to 75%.

I. SAFETY MANAGEMENT PLAN EVALUATION

A. Scope

The San Mateo Medical Center (SMMC) strives to provide a physical environment free of hazards and manage staff activities to reduce the risk of injury. The Safety Management Plan is based on the mission, vision, and values of and includes the SMMC main campus (Inpatient, outpatient clinics and ancillaries), off-site Clinics, and Long Term Care at SMMC. The scope included the following safe environment of care management components/processes:

- **Plan** – Identify risks from internal sources such as ongoing monitoring of the environment (EOC rounds), results of root cause analyses, results of annual risk assessments, product notices and recalls.
- **Teach** – Communicate Staff/Volunteers roles and responsibilities (Competency) through orientation, in-service training, continuing education, Safety Test and EOC rounds
- **Implement** – Minimize the impact of risk by implementing procedures and controls (Six Management Plans and other policies)
- **Respond** – Contacting Safety Officer, reporting to Safety Committee, completing Safe Report, completing Worker’s Compensation claim forms, Ergonomics Evaluation, Injury and Illness Prevention and implementing Emergency Operational Plan (EOP)
- **Monitor** – Performance indicators used may include staff knowledge and skills, level of staff participation (in drills, etc.), monitoring and inspection activities, emergency and incident reporting, or inspection, preventive maintenance, and testing of equipment
- **Improve** – Data analysis and annual evaluation of the plan. Report submission to the Hospital Board

B. Objective

The overall objective of the Safety Management plan was to provide a safe, accessible and effective environment of care, consistent with the mission and services of the organization as well as applicable governmental regulations.

C. 2014 Specific Performance Improvement

2014 Performance Indicator	Target	Performance
Staff participation in the Fire, Safety and Health Module Test	100%	Objective not met

- The number of staff taking the Fire, Safety & Health Module Test was identified as an opportunity for improvement in 2014. However, due to staff turnover the

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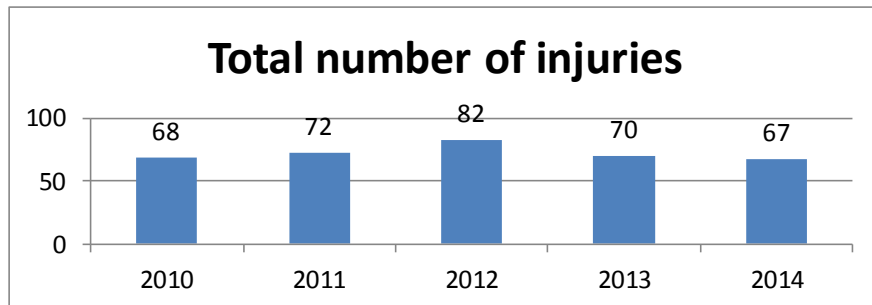
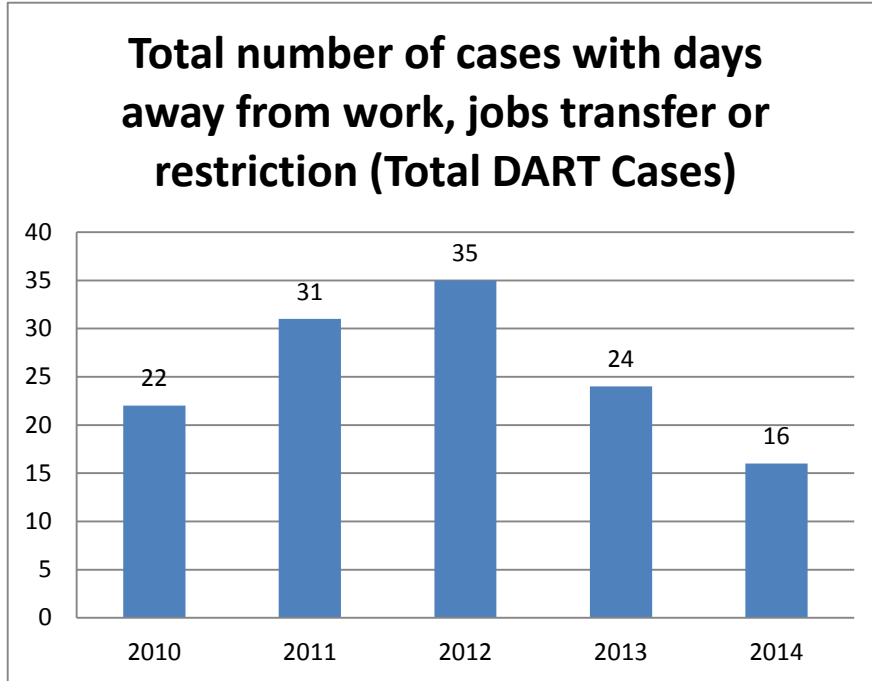
training was delayed resulting in less than 100% staff completion. For 2015, the training will be sent out earlier in the year for staff education and will be monitored for compliance.

D. Other Performance Measures

- Injuries that cause either a day-away, restriction and/or transfer (DART) accounted for 21% of the total recordable injuries in 2014. SMMC made great strides in reducing the total number of days away from work from 2,034 in 2013 to just 333 in 2014, a savings of 1,700 days. SMMC continues to improve performance in reducing cases of DART's and in managing staff injuries as they occur. Mitigation strategies are reviewed at a minimum monthly. The OSHA total number of recordable cases are 79 with an incidence rate (DART) of 0.05 well below the BLS published rate of 3.9.

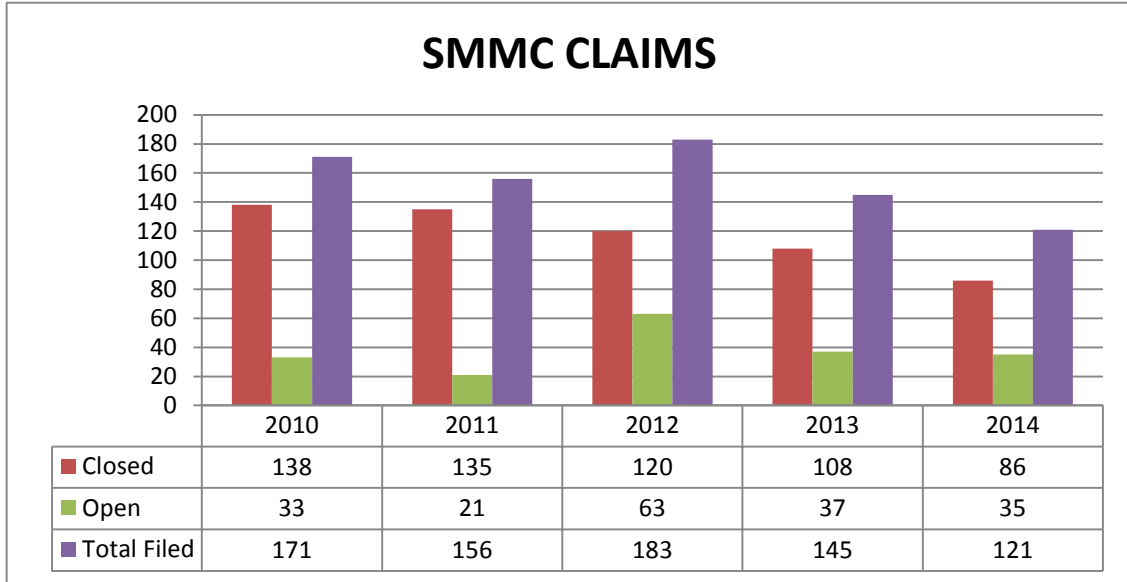
OSHA Measure	2014	2013	2012	2011	2010	BLS Comparison (2011)
Total number of deaths	0	0	0	0	0	
Total number of cases with days away from work	16	24	35	31	20	
Total number of cases with jobs transfer or restriction	0	0	0	0	2	
Total number of other recordable cases	61	57	62	45	51	
Total number of recordable cases	79	81	97	76	73	
Total number of days away from work	334	2,034	2,298	1390	646	
Total number of days of job transfer or restriction	2	252	236	55	96	
Injuries	67	70	82	72	68	
Skin disorders	0	0	0	0	0	
Respiratory conditions	0	0	1	0	0	
Poisonings	0	0	0	0	0	
Hearing Loss	0	0	0	0	0	
All other cases	10	11	14	4	5	
Incidence Rate (DART)	0.05	0.4	0.7	0.6	0.4	3.9
Total Rate (DART+ Other Recordable)	0.2	1.3	1.9	1.5	1.9	8.2

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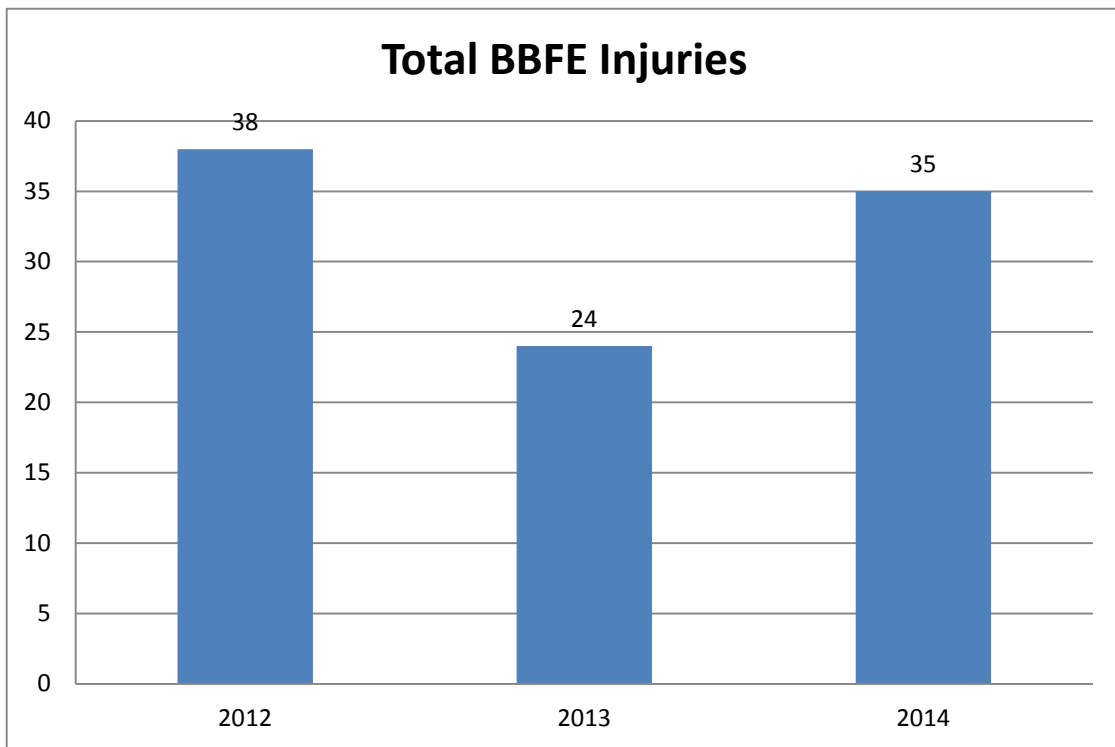


- In 2014, San Mateo Medical Center and Clinics had a total of 121 staff injury claims and 86 claims (71%) were closed. There is a decrease of 17% of injuries from 2013 to 2014. Specific emphasis will be made on reducing the rate of Sprain/Strain, Repetitive Stress Injuries (RSI) and blood borne exposures/incidents.

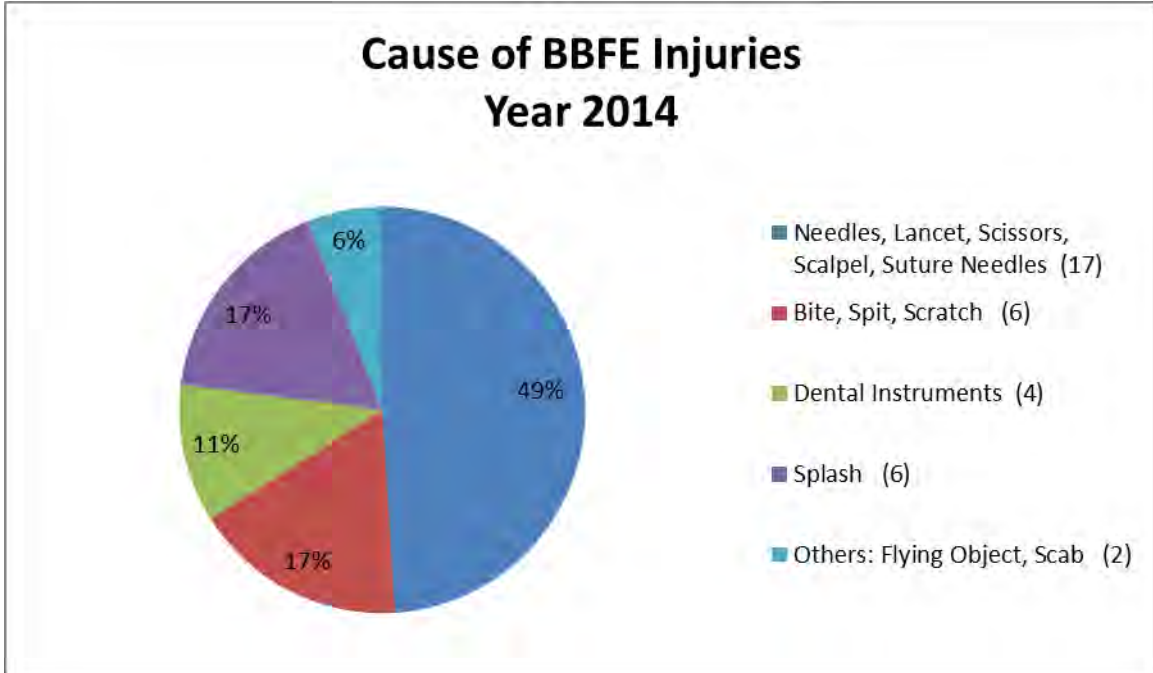
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- The Blood Borne Fluid Exposure injuries have increased from 24 to 35 a 9% increase. 33% of these injuries are preventable. To reduce the injury rate, Blood Borne pathogen exposure plan was updated and strategies were developed to change the behavior. Each new group of employees was given BBFE orientation using a film.



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- Health and Safety Compliance

Flu vaccination rate meets the annual incremental goal and is consistent with achieving the 90% rate established in the national influenza initiative for 2020.

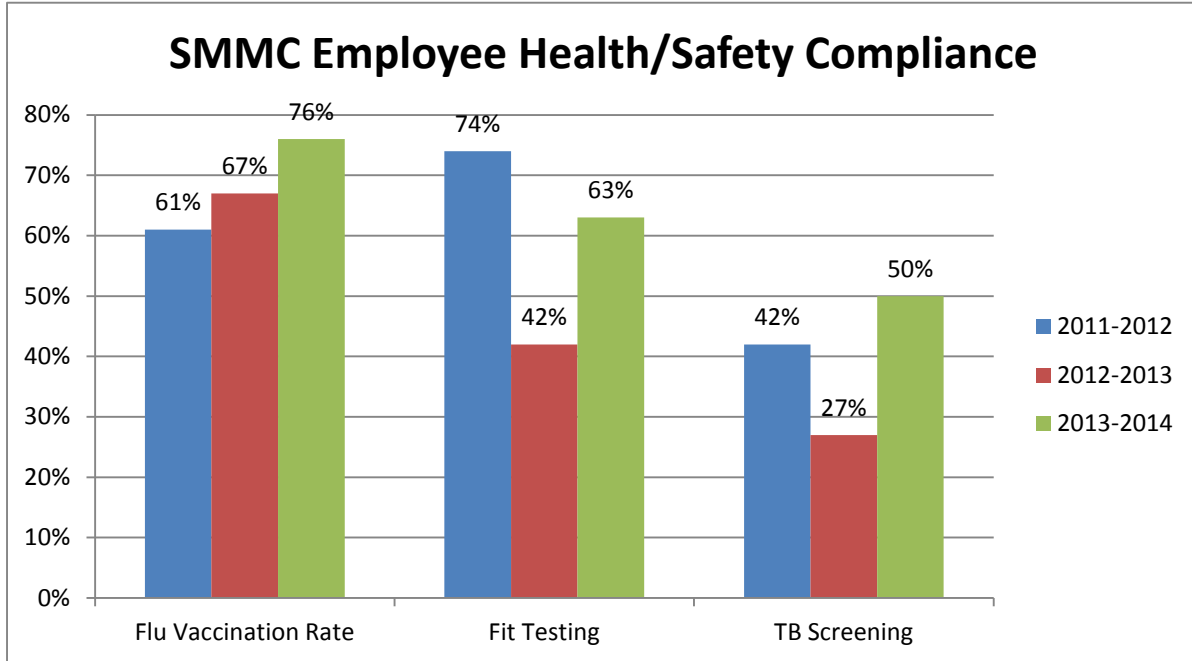
In 2012, all staff was required to be fit tested. In 2013, fit testing was only required for employees who may need to wear respiratory protection due to the nature of their work at San Mateo Medical Center and Clinics.

In 2013, there was a decrease in employee screening due to nation-wide shortage for skin test solution and also delay in implementing the transition from skin test to blood test.

In 2014, there was a 9% increase in flu vaccinations, 19% increase in N95 fit testing, and a 23% increase in Heath/TB screening for employees with direct patient contact.

SMMC Employee Health/Safety Compliance	Flu Vaccination	N 95 Fit Testing	Health Screening and TB Surveillance
2011-2012	1131	785 out of 1060 employees	492 out of 1060 employees
2012-2013	765	476 out of 1135 employees	303 out of 1135 employees
2013-2014	872	547 out of 869 employees with direct patient contact	431 out of 869 employees with direct patient contact

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Environmental Tours – 100% of scheduled environmental tours were conducted in the facility to identify deficiencies, hazards and unsafe practices. Of the 56 items that are assessed during the inspection process, 43 were maintained above the 90% compliance level with an overall average of 95%.

EOC ROUNDS RESULTS 2013 - 2014

Element	2013 % Compliance	2014 % Compliance
Floor surfaces free of cracks/holes/loose carpet	90	98
Aisles free and clear	71	75
Ceiling tiles clean and unbroken	65	79
Items over 5 ft. anchored	88	96
Refrigerators checked daily for temperatures and results recorded	94	92
Foods and pharmaceuticals stored separately	100	100
Who is the Safety Officer?	98	94
Are you familiar with the hospital smoking policy for staff/patients	100	100
All employees wearing I.D. badges	96	88
Medications secured/Med room locked	100	100
Patient Health Information (PHI) is not found in trash or recycling receptacles	83	98
Shred bins in department locked/secured	98	98

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Element	2013 % Compliance	2014 % Compliance
Where are you allowed to smoke?	100	100
Chemical storage according to hospital policy	98	90
All chemical containers have manufacturer labels	100	96
Pharmaceutical waste containers dated according to requirements	92	100
What material goes in red bags?	100	98
Tell me the process for locating MSDS information.	96	100
Are you familiar with the spill procedure on your unit?	98	90
Disaster Plan readily available	94	96
What is the hospital emergency code extension?	92	90
What is your role in a disaster?	100	96
Equipment cords and plugs in good condition.	100	98
Medical equipment in use displays current sticker showing proper Biomed check	50	63
Clinical alarms in area are audible to health team	100	96
What is your procedure when you encounter patient care equipment that is defective	100	98
Fire extinguishers checked <input type="checkbox"/> annually <input type="checkbox"/> monthly	96	98
Three foot clearance surrounding fire extinguisher location	92	90
All exits clearly marked	92	100
All fire exit doors in area closed completely and open easily	96	94
Doors not wedged or blocked open	94	98
18 inch clearance below any sprinkler system	98	98
Where is the nearest fire extinguisher?	100	98
Where is the nearest pull station?	100	96
What do you do if there is a fire in your area?	100	100
Vital equipment connected to red outlets	100	100
Medical gas valve labeled and unobstructed	96	94
Electric outlets undamaged	100	100
Electric outlets overloaded	100	88
Who is authorized to turn off the medical gas valves?	100	100
Employees observed washing hands with soap and water?	98	100
Employees observed using waterless Hand-Hygiene product?	100	100

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Element	2013 % Compliance	2014 % Compliance
Internal/External Disaster	100	88
Bomb Threat	98	88
Hazardous Materials	100	88
Combative Patient	100	88
Fire	100	88
Cardiac Arrest	100	88
Person with a weapon and or hostage	100	88
Do medication refrigerators have correct temperature and logged daily and are there a thermometer?	94	98
Are expired products removed from cabinets and medication refrigerators?	88	85
Are syringes properly stored in an enclosed area?	96	94
Are chemo spill kits available if applicable? Can staff verbalize use?	98	100
Are medicine cabinets, carts and Med Rooms locked when not in use and nurse not present?	90	90
Are crash carts checked, logged and locked?	96	98
Average	95	95

D. Additional Safety Program Initiatives

- Responsibilities and Authority:
 - a) Attendance of the combined Safety Committee and Emergency Preparedness Committee was satisfactory with an average of 70% committee members in attendance. Composition of the committee is considered to be appropriate. The Safety Committee enjoys a 95% attendance from senior leadership.
- Risk Assessment:
 - a) The Safety Committee reviewed hazard vulnerability analysis (HVA) of the medical center and clinics identifying human, technological and natural vulnerability risks. The goal of the HVA is to prepare the facility for any possible risks, which could threaten the medical center and clinics.
 - b) Risk assessments to evaluate buildings, grounds, equipment, and staff knowledge were proactively conducted through the environmental tours and the Statement of Conditions.
- Product Safety Recalls – When a product was identified by the manufacturer or through other sources as defective or recalled, the appropriate procedures were followed. For the year 2014, 169 items were recalled and 100% of the items were either discontinued or removed from service.
- Safety Training: Safety training of San Mateo Medical Center employees was appropriate. Trainings provided included, Hazmat for Healthcare, HICS 100, 200 and 700, Stericycle training on waste disposal, MedSled evacuation training, Safety Champion Training and Fire Safety for the Operating Room.

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- Smoking Policy: The smoking policy was enforced throughout the campus and enforcement actions taken as necessary.
- New Employee Orientation: Approximately 282 employees, students and travelers attended orientation in 2014. The orientation includes overview of Environment of Care standards.

E. Effectiveness

The 2014 Safety Management Program was reviewed to determine if the program was effective in meeting the needs of patients, employees and visitors within the parameters of the given scope, objectives and performance. Based on the performance actions stated above and the heightened staff awareness of safety, the Safety Management plan was effective in 2014 in fulfilling its Scope, Objectives, and Performance goals. The EOC inspection sheet has been updated and the focus for 2015 will be to increase awareness and response time to the findings generated during rounds.

F. Identified Opportunities for Improvement in 2015

2015 Performance Indicator	Target
Response to EOC findings within 30 days	75%

San Mateo Medical Center 2014 Annual Evaluation

II. SECURITY MANAGEMENT PLAN EVALUATION

A. Scope

The San Mateo Medical Center (SMMC) Security Management Plan includes the medical center, off-site clinics, administrative offices, grounds, equipment and processes in SMMC. The program was designed to ensure the identification of security risks, minimize the risk of injury or property loss, provide effective response procedures and ensure rapid recovery. The scope included: identification processes; access and egress to the facility; infant and pediatric abduction prevention process; VIP and media security; and vehicular access to emergency care areas.

B. Objective

The overall objective of the Security Management Plan was to provide a safe, accessible and effective environment of care, consistent with the mission and services of the organization as well applicable government regulations.

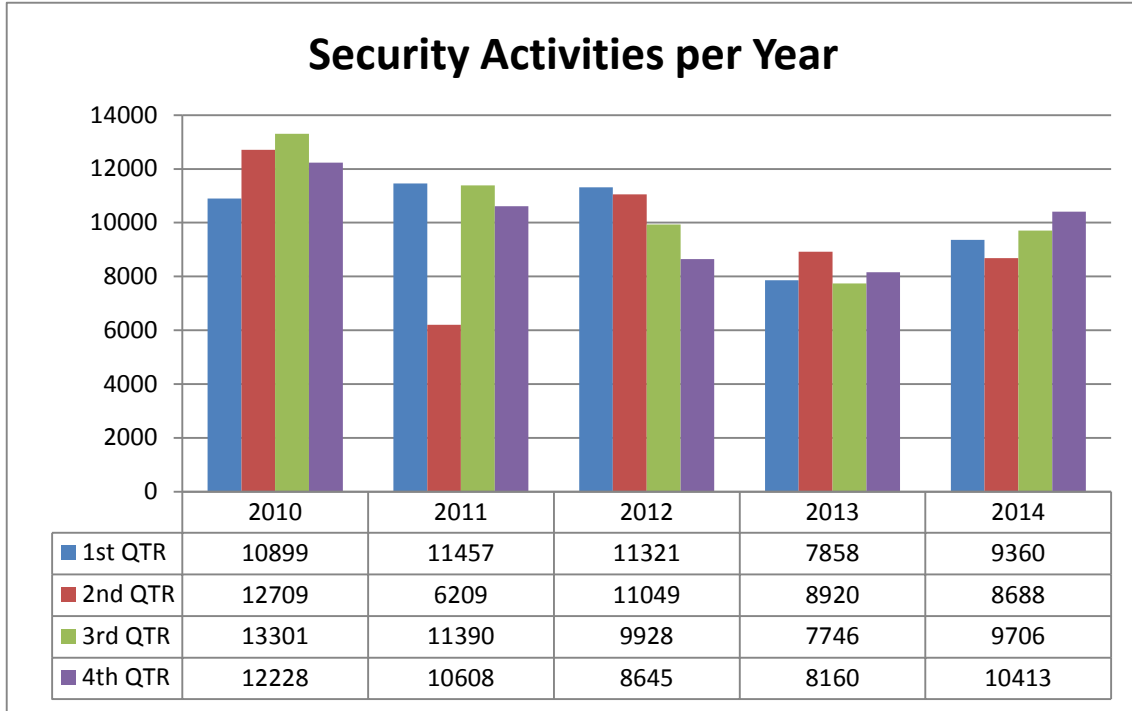
C. 2014 Specific Performance Improvement

2014 Performance Indicator	Target	Performance
Update Code Pink, and Code Silver policies, and conduct drills	Complete by June 2014	Objective Met

D. Security Activities per Year

	2011	2012	2013	2014
ASSAULTS	59	82	52	81
INJURIES ATTENDANT TO ASSAULTS	7	17	7	15
MISSING PERSONS / AWOL	12	11	13	14
FIRES	14	18	17	18
RESTRAINTS	245	328	290	295
REPORTS TAKEN	748	888	792	793
ARRESTS	9	14	16	14
POLICE CALLED	99	109	161	154
POLICE RESPONDED	37	60	55	69
SERVICE CALLS	43244	40943	33790	38167
DISPATCHED (Dispatcher Initiated)	3191	3998	3419	2278
ON- VIEW (Officer Initiated)	25267	36945	30371	35889
CODE GRAY	36	55	68	60

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E. Effectiveness

The 2014 Security Management Program was reviewed to determine if the program was effective in meeting the needs of members, employees and visitors within the parameters of the given scope, objectives and performance. Based on the numerical data comparing 2014 to past years, as well as the performance actions, the Security management plan was effective in 2014.

F. Identified Opportunities for Improvement in 2015

2015 Performance Indicator	Target
Create a workplace violence prevention plan per Senate Bill 1299	Implement by December 31 st , 2015

III. HAZARDOUS MATERIALS AND WASTE MANAGEMENT PLAN EVALUATION

A. Scope

The scope of this plan applied to all operations, processes, activities and departments involved in the selection, procurement, handling, storage and disposal of hazardous materials and wastes at SMMC and all off-site clinics. The scope included: risk assessment; processes for selecting, storing, using and disposing of hazardous materials; space allocation; monitoring and disposal of hazardous gases and vapors; emergency procedures for a hazardous material release; appropriate documentation (e.g. permits, licenses and manifests) and in addition policies and procedures appropriate with regulatory compliance.

B. Objective

The overall objective of the Hazardous Materials and Waste Management plan was to provide a safe, accessible and effective environment of care, consistent with the mission and services of the organization as well as applicable governmental regulations.

C. 2014 Specific Performance Improvement

2014 Performance Indicator	Target	Performance
Update the chemical inventory on 3E database	Complete by June 2014	Objective met

D. Additional Hazardous Materials/Waste Initiatives

- Risk assessment was conducted through the HVA, Environmental Tours as well as the audits conducted by the Fire Department and the County Environmental Agency. In addition, space and the hazardous materials program were monitored during the Environmental Tours process.
- The facility chemical inventory was updated and meets TJC and State requirements.
- Emergency procedures for a hazardous material release are current
- Appropriate documentation (e.g. permits, licenses and manifests) are in place.
- Policies and procedures appropriate with regulatory compliance.

E. Effectiveness

The 2014 Hazardous Material and Waste Management Program was reviewed to determine if the program was effective in meeting the needs of members, employees and visitors within the parameters of the given scope, objectives and performance. Based on the performance actions of the objective to inventory all hazardous materials, the Hazardous Material and Waste Management plan was effective in 2014.

F. Identified Opportunities for Improvement in 2015

2015 Performance Indicator	Target
Improve the process for the removal of wastes and hazardous materials in a timely manner	Complete by December 2015

IV. EMERGENCY MANAGEMENT PLANNING AND OPERATIONS PLAN EVALUATION

A. Scope

The Emergency Management Plan applies to the medical center departments, off-site clinics, processes, activities, including medical offices and is applicable to both internal and external disruptions, natural or man-made disasters, emergency events or catastrophes. It identifies the alert, notification and activation of key personnel, the internal management structure and reporting relationships, as well as coordination with external agencies and the community. It also includes managing activities related to care, evacuation, meeting essential building needs, staff education and managing a radioactive, biological and/or chemical incident.

B. Objectives

The overall objective of the Emergency Management Plan was to provide a safe, accessible and effective environment of care, consistent with the mission and services of the organization as well as applicable government regulations.

C. 2014 Specific Performance Improvement Objective

2014 Performance Indicator	Target	Performance
Incorporate new TJC leadership standards in the EOP	100% senior leadership participation	Objective met

D. Additional Emergency Operations Plan Updates:

Staff knowledge in responding to an incident was tested during the drills and actual events:

Date	Scenario	Shift	Location
04/17/2014	Public Health Emergency Drill	AM	Silver Dragon County Wide
04/17/2014	Code Pink and Code Silver	PM	SMMC and Clinics
11/20/14	Anthrax Illness Drill	AM	Statewide Medical & Health Exercise

- Risk Assessment: Alert, notification and activation of key personnel was activated and tested during the disaster drills. The incident command structure was utilized to evaluate the internal management structure and reporting relationships, as well as the coordination with external agencies and the community.
- The hospital conducted an annual review of the inventory and updated the list.
- The annual emergency management planning reviews were forwarded to senior hospital leadership for review.

San Mateo Medical Center 2014 Annual Evaluation

- After Action Report/Evaluation of the drills/actual events were completed based on all monitoring activities and observations from all levels of staff.
- The deficiencies and opportunities for improvements identified in the evaluation were communicated to ER Prep Committee and to senior hospital leadership.
- Senior leadership reviewed and directed implementation of deficiencies and opportunities for improvements. The reviews include both annual management planning reviews and evaluations of all emergency response exercises and all responses to actual emergencies.
- Community Involvement
 - a) The Safety Department actively participated in the San Mateo County Emergency Preparedness committee to ensure there was ongoing community involvement.

E. Effectiveness

The 2014 Emergency Management Plan was reviewed retrospectively to determine if the program was effective in meeting the needs of members, employees and visitors within the parameters of the given scope, objectives and performance. Based on the numerical data comparisons, as well as the performance actions, the Emergency management plan was effective in 2014.

F. Identified Opportunities for Improvement in 2015:

2015 Performance Indicator	Target
100% of SMMC's Executive Team are trained in NIMS	100%

V. FIRE PREVENTION MANAGEMENT PLAN EVALUATION

A. Scope

The scope of the San Mateo Medical Center (SMMC) Fire Safety Management Plan applied to San Mateo Medical Center, and all satellite facilities owned, leased or operated. The plan addressed structural features of fire protection; systems of detection, early warning, communication and suppression; means of emergency egress; operations and staff behaviors relative to fire safety, emergency notifications, responses and other critical aspects of fire and fire safety. Specifically, the plan included information on achieving the goal of a safe environment including:

- Proactive processes for protecting patients, staff and visitors
- Processes for inspecting, testing and maintaining fire protection equipment
- The fire response plan
- Proposed acquisitions
- Life Safety Code compliance for construction and renovated areas
- Fire drills
- Interim Life Safety Measures

B. Objectives

The overall objective of the Fire Management Plan was to provide a safe, accessible and effective environment of care, consistent with the mission and services of the organization as well as applicable government regulations.

C. 2014 Specific Performance Improvement

2014 Performance Indicator	Target
Update fire alarm device location descriptions to reflect current building layout.	Objective was not met as the project was not approved by OSHPD during the year.

D. Additional Fire Program Initiatives

- Proactive processes for protecting patients, staff and visitors: Environmental rounds were conducted to identify fire safety deficiencies; the Electronic Statement of Conditions (eSOC) and (PFI) was completed to assess the buildings' fire protection features and evaluate compliance of the Life Safety Code (LSC). The Building Maintenance Program was utilized to ensure 100% of the life safety elements are operational at any given time.
- Information Collection & Evaluation System (ICES) – Monthly reviews of trending information; incident reports, audit findings, and risk analysis were conducted.
- Processes for inspecting, testing and maintaining fire protection equipment: All Life Safety systems were tested in 2014 with a 100% compliance factor. The sprinkler systems were tested and approved. Fire extinguishers were checked on a monthly basis to ensure a full charge.

San Mateo Medical Center 2014 Annual Evaluation

- The fire response plan was tested through the Fire Drill program. The results of the critique and evaluation of the drills and staff knowledge were reviewed.
- Proposed acquisitions: All bedding, cubicle curtains, draperies, upholstery, and wastebaskets are all flame retardant and fire marshal approved.
- Fire drills: Fire drills were scheduled on a monthly basis for three shifts. Employees were monitored for response, containment, activating the alarm, evacuation and fighting the simulated fire. When deficiencies were noted, staff was educated and suggestions for improvement were immediately addressed with the employees. In 2014, SMMC continued to address evacuation procedures/ techniques as part of fire training.

E. Effectiveness

The 2014 Fire Prevention Management Plan was reviewed to determine if the program was effective in meeting the needs of the organization, within the parameters of the given scope, objectives and performance. The scope, objectives and performance of the 2014 Fire prevention management plan were effective and consistent with the hospital's mission of providing a safe environment for its patients, visitors and staff, in relation to fire/life safety and based on objectives and performance actions.

F. Identified Opportunities for Improvement in 2015

2014 Performance Indicator	Target
Staff knowledgeable in the location of the fire extinguisher and pull station	100% of staff

VI. MEDICAL EQUIPMENT MANAGEMENT PLAN EVALUATION

A. Scope

The program was applied to the San Mateo Medical Center and all other leased, owned, or operated facilities and included selected medical equipment, devices and technology which include, but are not limited to:

- Equipment purchased, rented, leased, borrowed, and demonstrated
- Clinical and technical consultative services relative to equipment pre-purchase evaluation and user training.

This scope of the medical equipment management plan included:

- Risk Assessment
- Selecting and Researching Medical Equipment
- Risk Criteria for Identifying, Evaluating and Creating an Inventory
- Appropriate Inspection and Maintenance of the Equipment
- Intervals for Inspecting, Testing and Maintaining Equipment
- Process for Monitoring and Acting on Hazard Alerts and Recalls
- Process for Safe Medical Device Act
- Performance Testing of Sterilizers

B. Objective

The overall objective of the Equipment Management Plan was to support a safe patient care environment by managing risks associated with the operation and maintenance of medical equipment systems, consistent with the mission and services of the organizations as well applicable government regulations.

C. 2014 Specific Performance Improvement Objective

2014 Performance Indicator	Target	Performance
Prioritize Clinical Alarms	Complete by July 1 st , 2014	Objective met

D. Additional Medical Equipment Program Updates

- Risk Assessment reviews including Environmental Rounds, HVA, medical equipment management and quality control detectors and incident reports did not indicate any changes in the procedures, training, and/or equipment provided.
- Selecting and Acquiring Medical Equipment The selecting and acquiring of medical equipment is a combined effort of the Bio-medical contract service, Material Management, the Department Manager, and Administration.
- Appropriate Inspection and Maintenance of the Equipment: The bio-medical department completed 100% preventative maintenance inspections for life support systems (Priority 1) and 95% preventative maintenance inspections for non-life support systems (Priority 2,3 & 4) as per the policy.

San Mateo Medical Center 2014 Annual Evaluation

- Process for Monitoring and Acting on Hazard Alerts and Recalls: This metric was within SMMC target. Communications were sent to department managers notifying them of alerts and recalls of equipment.
- Process for Safe Medical Device Act: There were no reports generated that fell under the Safe Medical Device Act for the year 2014. SMMC did not experience any death or injury from any medical equipment.
- Performance Testing of Sterilizers was conducted and documented.

E. Effectiveness

The 2014 Equipment Management plan was reviewed to determine if the program was effective in meeting the needs of the organization, within the parameters of the given scope, objectives and performance. The scope, objectives and performance of the 2014 Equipment Management Plan were effective and consistent with the hospital’s mission of providing a safe environment for its patients, visitors and staff, in relation to medical equipment and based on objectives and performance actions.

F. Identified Opportunities for Improvement in 2015

2015 Performance Indicator	Target
Set up an electronic work order ticketing system for Bio-Med issues	Complete by December 31 st , 2015

VII. UTILITIES MANAGEMENT PLAN EVALUATION

A. Scope

The program applies to the San Mateo Medical Center and all other leased, owned, or operated facilities, grounds, equipment and processes. The scope of the utility management plan includes:

- Risk Assessment
- Utility Systems Equipment Operation, Inspections, Testing and Maintenance
- Emergency Procedures for Utility System Disruptions or Failures
- Mapping of the Distribution of the Utility Systems and Labeling Controls
- Minimizing Pathogenic Biological Agents
- Utility systems, components and the operation, for the purposes of providing:
 - Life support systems
 - Ventilation
 - Electrical power
 - Communication systems
 - Domestic hot and cold water

B. Objective

The overall objective of the Utilities Management Plan was to provide a safe, accessible and effective environment of care, consistent with the mission and services of the organization as well applicable government regulations.

C. 2014 Specific Performance Improvement Objective

2014 Performance Indicator	Target	Performance
Engineering staff are familiar with the procedures to operate, test, and maintain the new chillers	100 %	Objective met

D. Additional Utilities Management Program Updates

- Risk Assessments: Environmental Rounds, Hazard Vulnerability Analysis, Utilities management and quality control detectors (e.g. identifies user errors and system failures), Incident Reports and Disaster drill critiques were reviewed to identify areas of vulnerability. Communication was identified as an area of opportunity and additional redundant communication equipment was procured.
- Emergency Procedures for Utility System Disruptions or Failures: This process is outlined in the Emergency Operations Plan.
- Mapping of the Distribution of the Utility Systems and Labeling Controls: In an effort to keep utility systems labels and controls current, historical documents are being converted to computerized drawings. New utility systems and major updates are provided to the medical center as computerized drawings.

San Mateo Medical Center 2014 Annual Evaluation

- Minimizing Pathogenic Biological Agents: The monitoring program for managing the potential for hospital-acquired infections detects the presence of pathogenic biological agents in water systems. Monthly water treatment tests are performed to control pathogenic biological organisms in the chilled water, heating hot water and domestic hot water. In addition, domestic water quality test is performed monthly.
- Utility systems, components and the operation, for the purposes of providing Life support systems, ventilation, electrical power, communication systems and domestic hot and cold water are monitored and maintained:

PROGRAM ACTIVITY/ PERFORMANCE STANDARD	PERFORMANCE MEASURE	YTD TOTAL	YTD TOTAL	YTD TOTAL	YTD TOTAL	YTD TOTAL
		2010	2011	2012	2013	2014
All utility systems are inspected and preventive maintenance services performed in accordance with existing procedures and the schedule.	95% compliance with scheduled services.	2977/2977	4124/4124	4519/4519	4453/4453	3941/3941
		100%	100%	100%	100%	100%
Utility outages will be promptly corrected and reported.	100 % utility outages reported and corrected.	0	2/2	5/5	1/1	4/4
Testing of emergency generators accomplished in accordance with current procedures.	100 % of required generator testing accomplished.	156/156	153/153	153/153	186/186	155/155
		100%	100%	100%	100%	100%
Utility problems, failures will be reported to the safety committee.	100 % problems reported to the safety committee occurred during the current quarter.	0/0	0/0	0/0	0/0	0/0
		100%	100%	100%	100%	100%
Life safety support systems are tested, inspected and maintained as per the current schedule.	100 % of the inspections are performed on time. Deficiencies are immediately corrected.	2172/2172	2172/2172	2172/2172	2172/2172	2172/2172
		100%	100%	100%	100%	100%
Building maintenance program elements are tested, inspected and maintained as per the current schedule.	95 % of the building maintenance program items are functional at any given time. Deficiencies are immediately corrected.	Included in the Utilities Program	Included in the Utilities Program	Included in the Utilities Program	Included in the Utilities Program	Included in the Utilities Program
		100%	100%	100%	100%	100%

San Mateo Medical Center 2014 Annual Evaluation

E. Effectiveness

The 2014 Utilities Management Plan was reviewed to determine if the program was effective in meeting the needs of the organization, within the parameters of the given scope, objectives and performance. The scope, objectives and performance of the 2014 Utilities Management Plan are effective and consistent with the hospital's mission of providing a safe environment for its patients, visitors and staff, in relation to fire/life safety and based on objectives and performance actions.

F. Identified Opportunities for Improvement in 2015

2015 Performance Indicator	Target
Engineering staff are familiar with the procedures to operate, test and maintain the new cogeneration system	100%

DATE: August 6, 2015

TO: San Mateo Medical Center Board of Directors

FROM: Teasha Fleming, CHC, Manager, Corporate Compliance and HIPAA

RE: Compliance/Privacy Report to the Hospital Board

Corporate Integrity Agreement

Our CIA was closed effective May 1, 2015 per the OIG website.

HIPAA and Compliance

The compliance department received 10 compliance inquiries, 9 privacy inquiries and 8 suspected incidents or breaches for the second quarter of the calendar year. Three privacy breaches were submitted to DHCS. Each corrective action submitted to DHCS was accepted and closed. All inquiries were used as an informal educational session where privacy was reinforced and thoroughly explained.

The Compliance Committee met on May 27, 2015. The 2015 Compliance Plan was approved pending finalization of the new mission, vision and values and implementation of the OIG/SAM exclusion screening process. The exclusion vendor, Streamline Verify was selected and the contract is currently under review with legal. The final plan will be provided to the Board when the exclusion process is finalized. Future committee meetings are schedule for August 19 and November 18.

The Pharmacy Department identified an overpayment due to inadvertent double billing during a covered skilled nursing facility staff at Burlingame Long Term Care (BLTC). The error occurred due to limited communication on patient status changes from custodial care to skilled facility care. Approximately \$219,000 was received in error. Compliance made contact with each affected plan and has worked collaboratively with the Pharmacy director to refund all erroneous payments. To correct this issue, BLTC now provides a weekly census that identifies current patient status. At the end of each month, the Pharmacy director reverses any claims that should not have been billed.

Training & Education

The revised HIPAA/Privacy training is in its final stages of editing. Akram Cader, in the education department, has done an extraordinary job creating a storyline and interactive training content. The privacy test will have three tracks; expert, regular and basic. Each track covers detailed HIPAA and Privacy information and has interactive games and tests to confirm understanding. We anticipate assigning the training, through the LMS, during the first week of August and users will have 60 days to complete the training. All employees, volunteers and interns are required to take the training annually. Business associates have the option to take our training or complete comparable training.



San Mateo Medical Center
A County System of Healthcare

TAB 2

ADMINISTRATION REPORTS

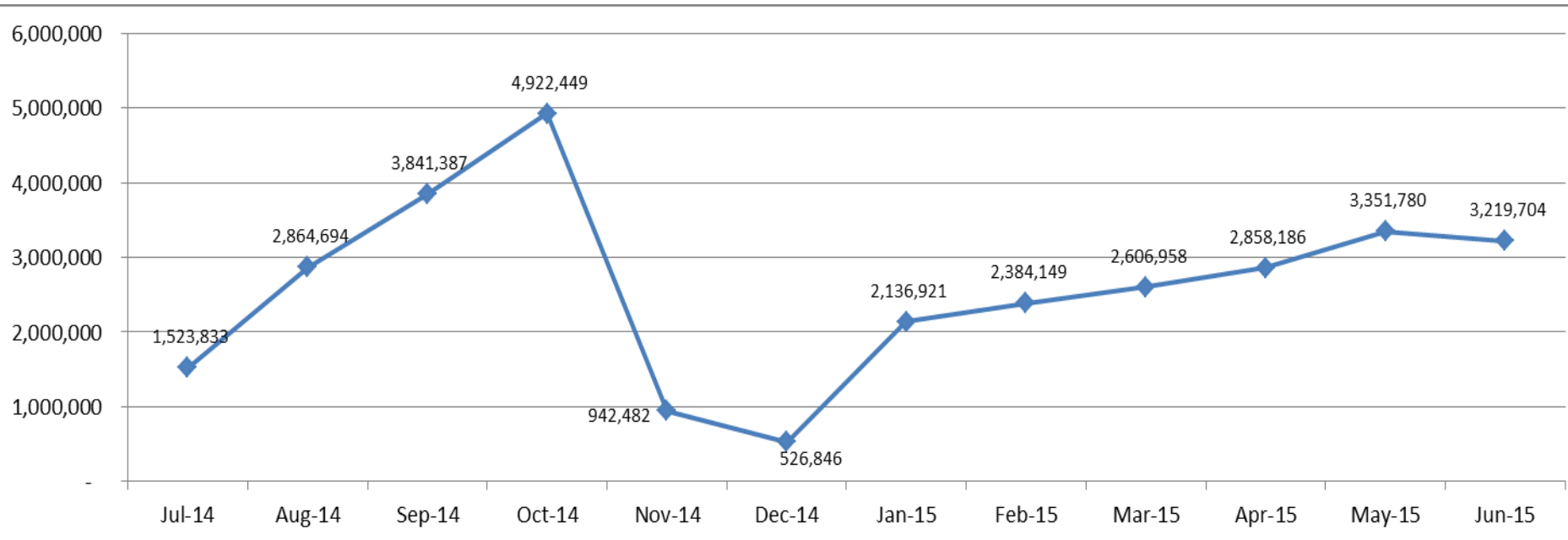


San Mateo Medical Center
A County System of Healthcare

**June FY 2014-15
Preliminary Financial Report**

**Board Meeting
August 6, 2015**

Financial Highlights – Net Income Trend



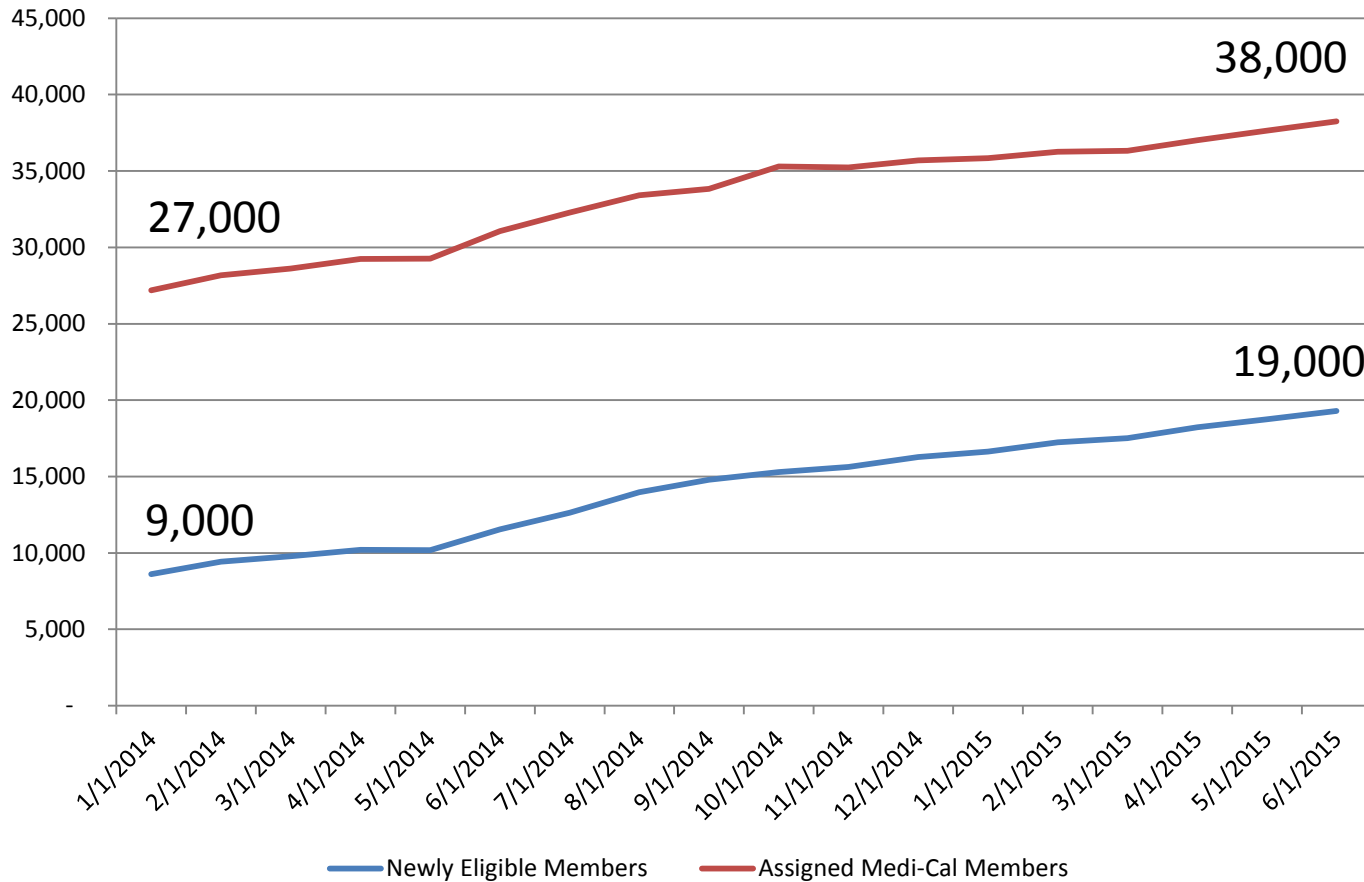
Financial Drivers:

- Operating revenue unfavorable \$9.0 million (-4%)
- Operating expenses favorable \$11.7 million (+4%)
- Patient volumes above or near budget, except ED
- HPSM capitation enrollment
- Salaries, drugs, supplies and contracted services
- Reserves for DSH/SNCP
- Reserves for Medi-Cal audits

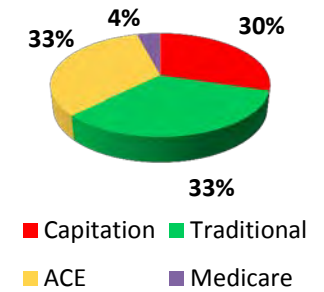
Pending: Controller's pension JE

SMMC Medi-Cal Members

HPSM Newly Eligible and Assigned Members



Managed Care Mix

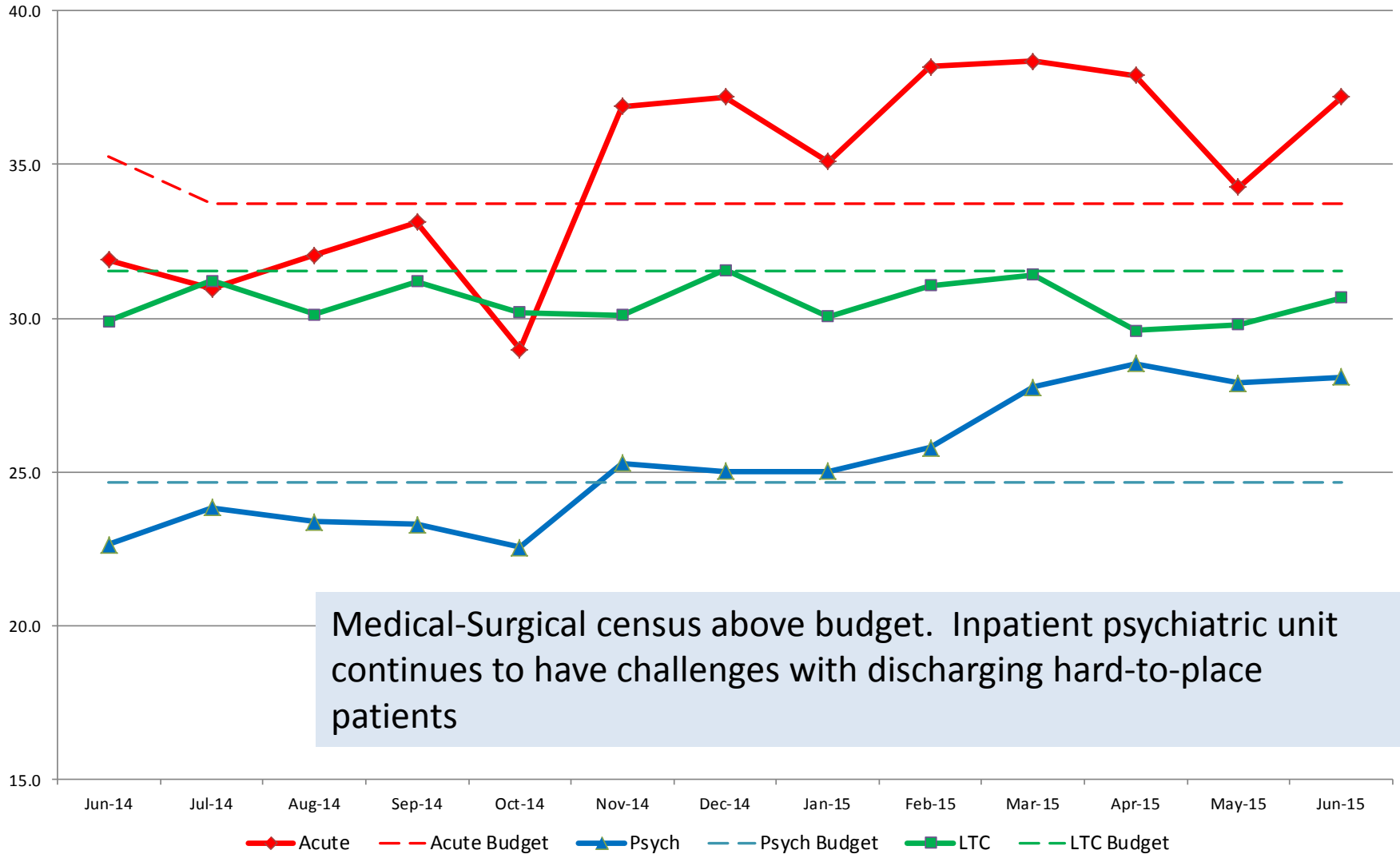


San Mateo Medical Center
 Inpatient Census
 June 30, 2015

MONTH			
Actual	Budget	Variance	Stoplight
2,879	2,723	156	6%

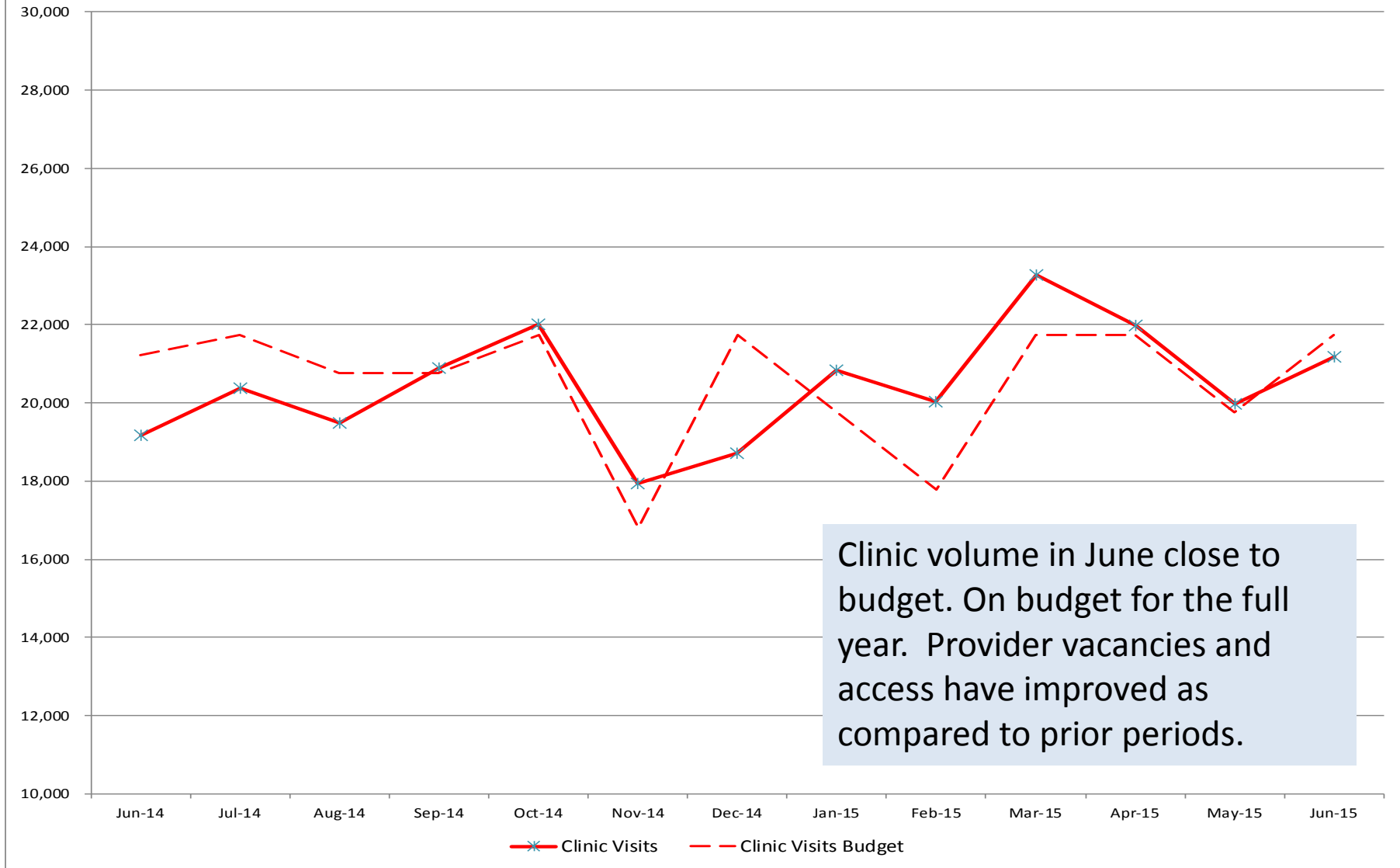
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
33,252	33,132	120	0%

Patient Days



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

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Clinic Visits	21,170	21,736	(566)	-3%	246,680	246,006	674	0%

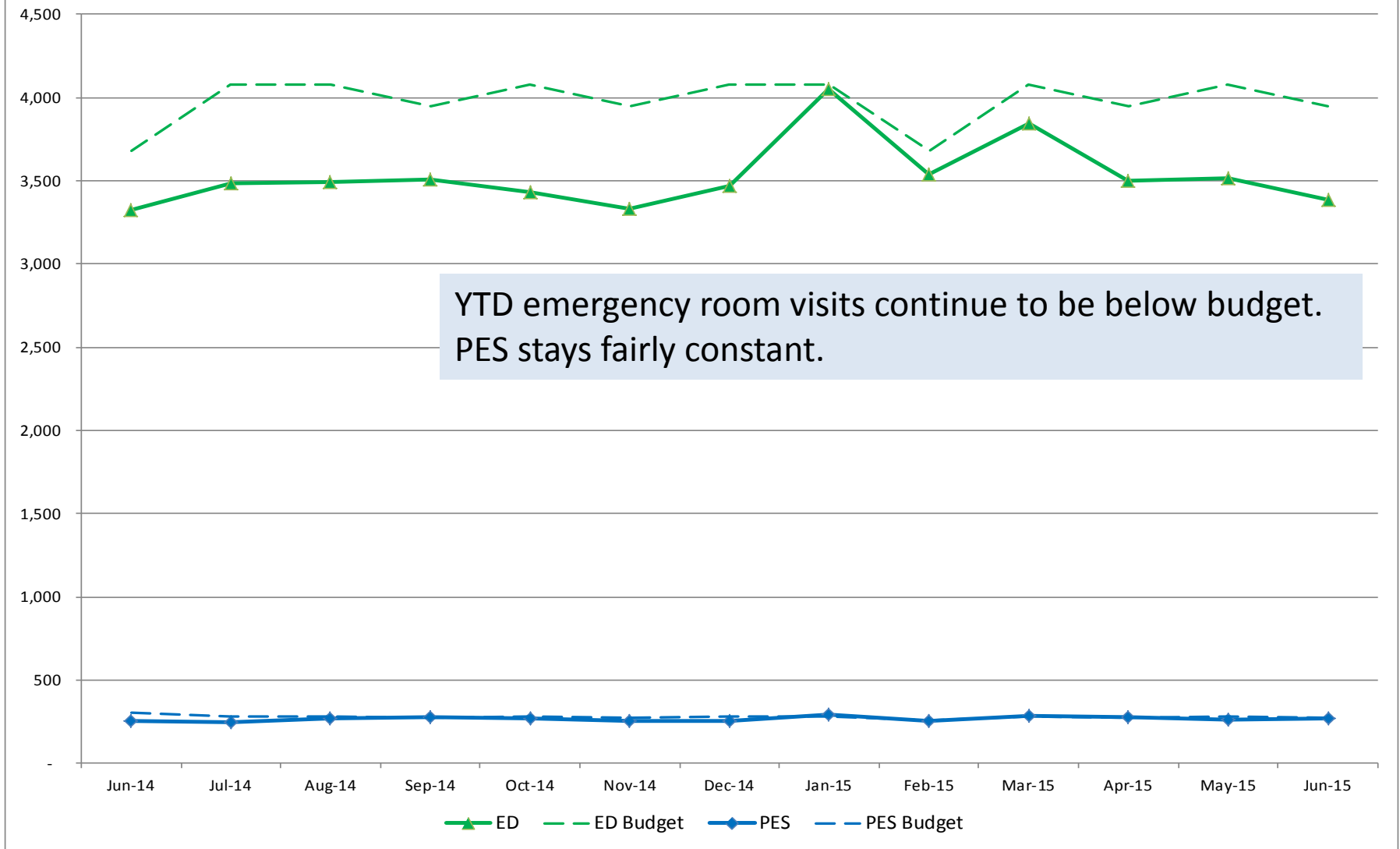


**San Mateo Medical Center
Emergency Visits
June 30, 2015**

MONTH			
Actual	Budget	Variance	Stoplight
3,652	4,220	(568)	-13%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
45,760	51,341	(5,581)	-11%

ED Visits	3,652	4,220	(568)	-13%	45,760	51,341	(5,581)	-11%
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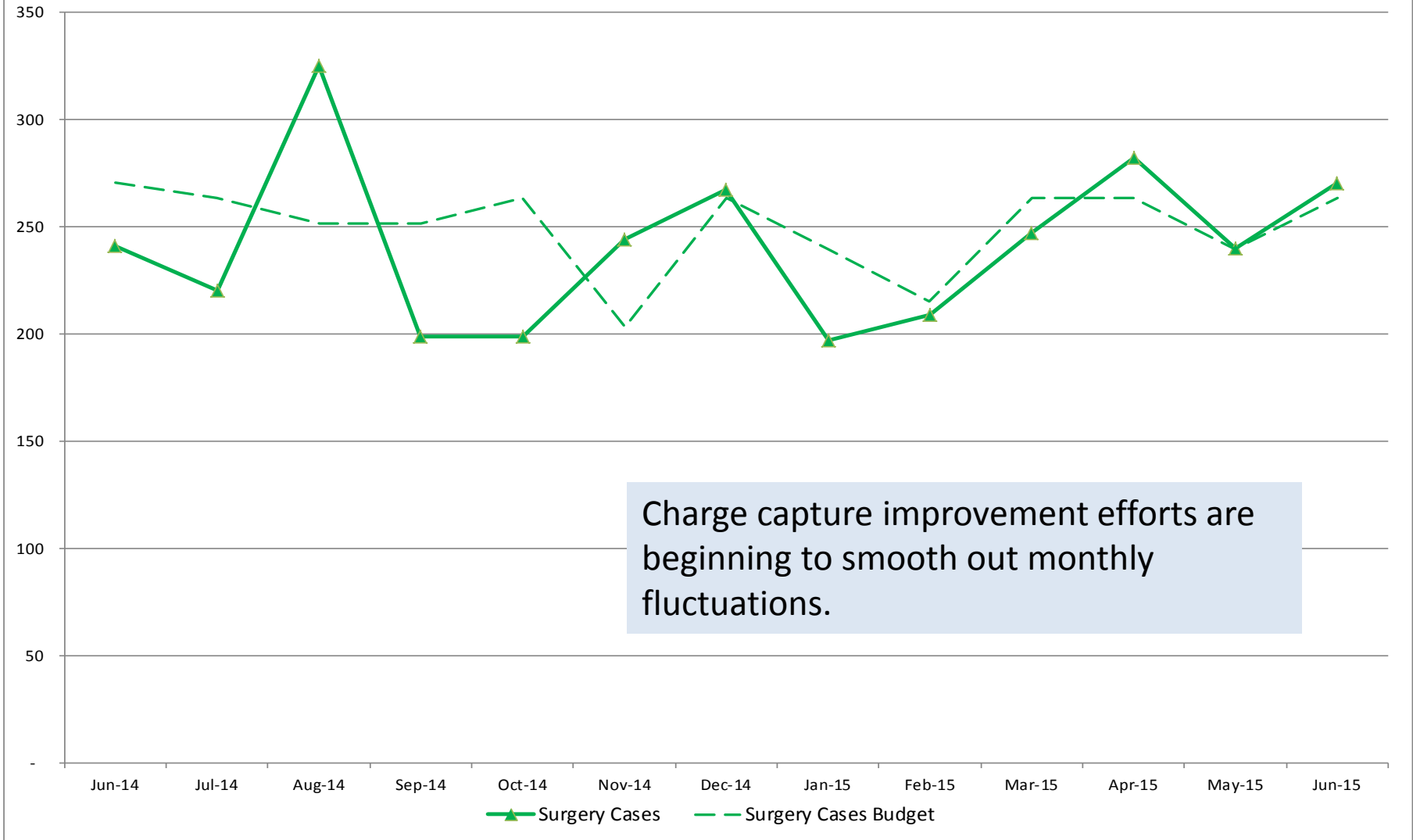


San Mateo Medical Center
Surgery Cases
June 30, 2015

MONTH			
Actual	Budget	Variance	Stoplight
270	263	7	3%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
2,899	2,980	(81)	-3%

Surgery Cases



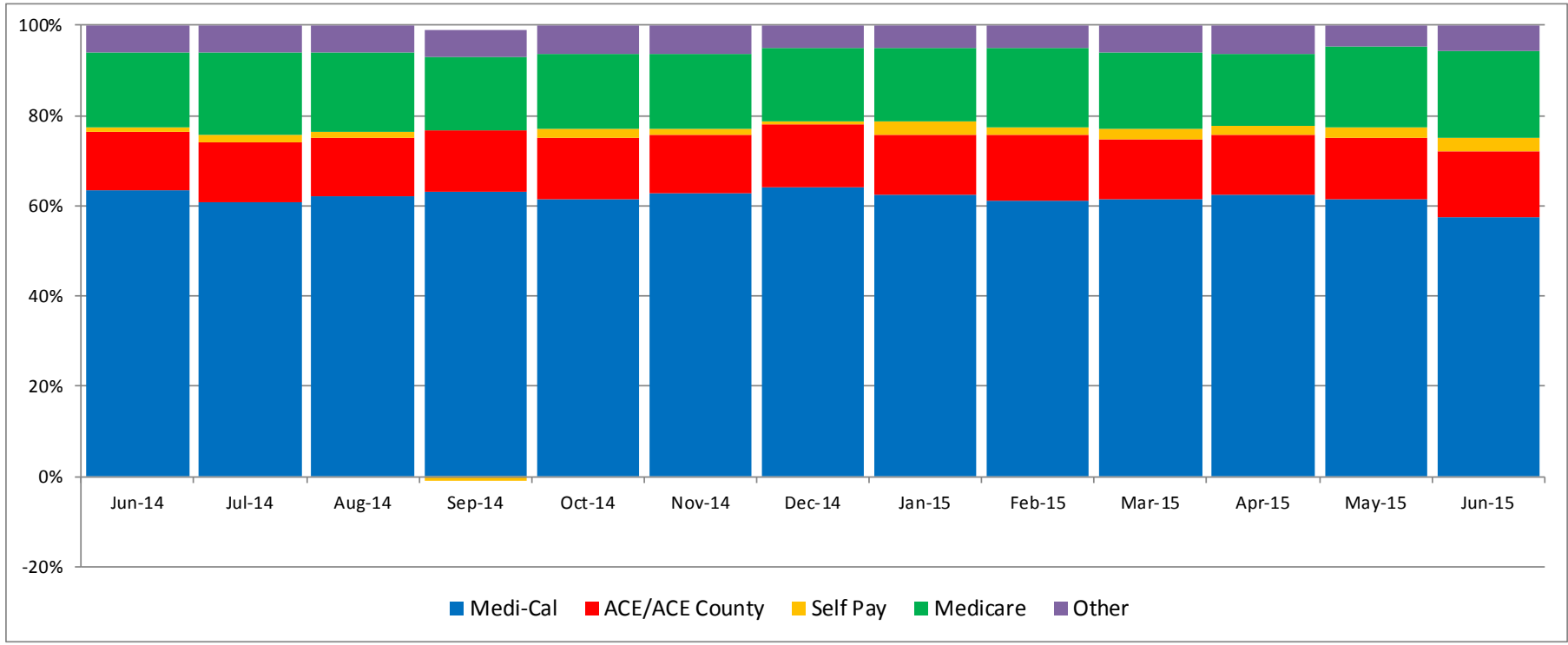
APPENDIX

San Mateo Medical Center

Payer Mix

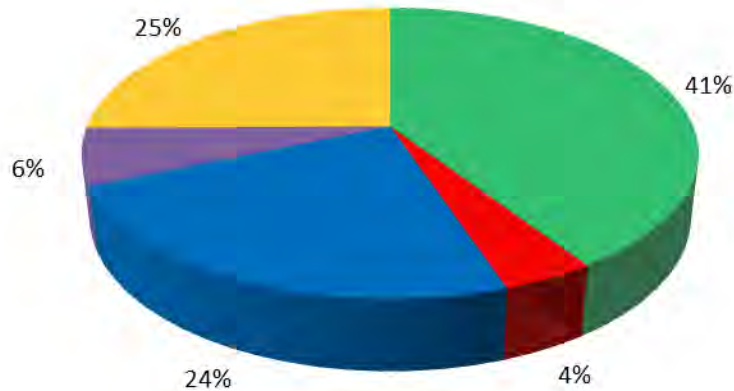
June 30, 2015

		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	19.1%	15.3%	3.8%		17.2%	15.3%	1.8%	
16	Medi-Cal	57.4%	50.6%	6.8%		61.8%	50.6%	11.2%	
17	Self Pay	3.2%	8.7%	-5.5%		1.7%	8.7%	-7.0%	
18	Other	5.7%	6.5%	-0.8%		5.7%	6.5%	-0.7%	
19	ACE/ACE County	14.6%	18.9%	-4.3%		13.6%	18.9%	-5.3%	
20	Total	100.0%	100.0%			100.0%	100.0%		

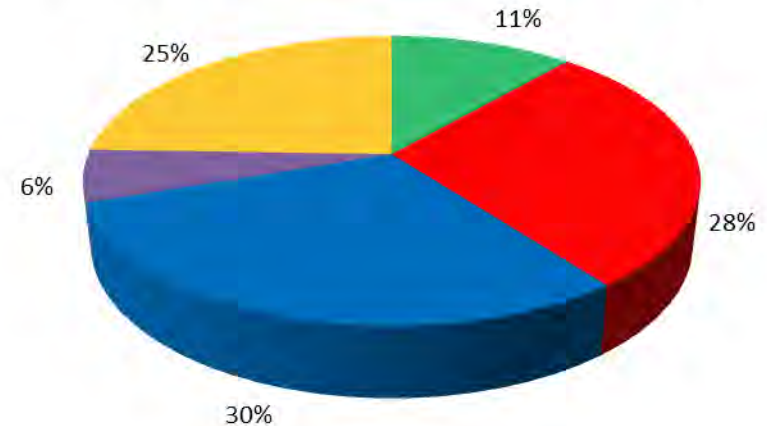


Revenue Mix

Before Capitation (Jan 2014 - Jun 2014)



After Capitation (Jul 2014 - Jun 2015)



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

■ 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
Income Statement
June 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)	(112,230)	0	(112,230)		3,219,704	0	3,219,704		
2 HPSM Medi-Cal Members Assigned to SMMC	38,252	32,282	5,970	18%	361,377	387,384	(26,007)	-7%	
3 HPSM Newly Eligible Medi-Cal Members Assigned to SMMC	19,300	14,000	5,300	38%	183,615	168,000	15,615	9%	
4 Patient Days	2,879	2,723	156	6%	33,252	33,132	120	0%	
5 ED Visits	3,652	4,220	(568)	-13%	45,760	51,341	(5,581)	-11%	
6 ED Admissions %	6.8%	-	-		6.4%	-	-		
7 Surgery Cases	270	263	7	3%	2,899	2,980	(81)	-3%	
8 Clinic Visits	21,170	21,736	(566)	-3%	246,680	246,006	674	0%	
9 Ancillary Procedures	65,511	65,320	191	0%	756,987	740,583	16,404	2%	
10 Acute Administrative Days as % of Patient Days	9.9%	9.0%	-0.9%	-11%	9.1%	9.0%	-0.1%	-1%	
11 Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status)	75.6%	58.0%	-17.6%	-30%	69.8%	58.0%	-11.8%	-20%	
Pillar Goals									
12 Patient Revenue per Adjusted Patient Day	2	686	(684)	-100%	627	677	(50)	-7%	
13 Operating Expenses per Adjusted Patient Day	1,950	2,031	80	4%	1,960	2,003	43	2%	
14 Full Time Equivalent (FTE)	1,045	1,085	40	4%	1,018	1,085	67	6%	

San Mateo Medical Center
Income Statement
June 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	8,451,845	8,302,734	149,111	2%	96,013,877	99,632,807	(3,618,930)	-4%
22 Outpatient Gross Revenue	24,963,596	25,740,448	(776,852)	-3%	287,565,324	308,885,380	(21,320,056)	-7%
23 Total Gross Revenue	33,415,441	34,043,182	(627,741)	-2%	383,579,200	408,518,187	(24,938,987)	-6%
24 Patient Net Revenue	22,476	7,662,140	(7,639,665)	-100%	83,304,704	91,945,686	(8,640,982)	-9%
25 Net Patient Revenue as % of Gross Revenue	0.1%	22.5%	-22.4%	-100%	21.7%	22.5%	-0.8%	-4%
26 Capitation Revenue	7,502,423	6,479,461	1,022,961	16%	72,732,189	77,753,537	(5,021,348)	-6%
27 Supplemental Patient Program Revenue (Additional payments for patients)	6,923,918	1,614,399	5,309,519	329%	23,450,749	19,372,794	4,077,955	21%
28 Total Patient Net and Program Revenue	14,448,816	15,756,001	(1,307,185)	-8%	179,487,642	189,072,017	(9,584,375)	-5%
29 Other Operating Revenue (Additional payment not related to patients)	1,041,476	1,200,055	(158,579)	-13%	14,991,508	14,400,661	590,847	4%
30 Total Operating Revenue	15,490,292	16,956,056	(1,465,764)	-9%	194,479,150	203,472,678	(8,993,528)	-4%

San Mateo Medical Center
Income Statement
June 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	13,845,104	12,762,794	(1,082,310)	-8%	150,607,884	153,153,527	2,545,643	2%	
32 Drugs	520,492	879,447	358,955	41%	7,054,398	10,553,362	3,498,964	33%	
33 Supplies	1,391,014	1,031,914	(359,101)	-35%	10,611,050	12,382,963	1,771,913	14%	
34 Contract Provider Services	2,923,735	2,752,852	(170,883)	-6%	32,813,402	33,034,220	220,818	1%	
35 Other fees and purchased services	2,947,956	3,412,372	464,416	14%	39,153,231	40,948,470	1,795,239	4%	
36 Other general expenses	(821,780)	599,716	1,421,496	237%	5,396,070	7,196,587	1,800,517	25%	
37 Rental Expense	354,290	183,335	(170,954)	-93%	2,158,545	2,200,023	41,478	2%	
38 Lease Expense	797,801	812,030	14,229	2%	9,730,134	9,744,364	14,230	0%	
39 Depreciation	241,114	240,914	(200)	0%	2,893,372	2,890,967	(2,405)	0%	
40 Total Operating Expenses	22,199,727	22,675,374	475,647	2%	260,418,086	272,104,483	11,686,397	4%	
41 Operating Income/Loss	(6,709,435)	(5,719,317)	(990,117)	-17%	(65,938,936)	(68,631,805)	2,692,869	4%	
42 Non-Operating Revenue/Expense	290,979	463,628	(172,649)	-37%	6,090,375	5,563,540	526,835	9%	
43 Contribution from County General Fund	6,306,226	5,255,689	1,050,537	20%	63,068,265	63,068,265	-	0%	
44 Total Income/Loss (GAAP) (Change in Net Assets)	(112,230)	0	(112,230)	-	3,219,704	0	3,219,704	-	



AUGUST 2015

LEAP UPDATES & EXCELLENT CARE

- **Laboratory Accreditation Granted:** After much hard work to address findings following our survey, The Joint Commission granted two year accreditation to our laboratory for 2015-17. Many thanks to Susan Starnes, Dr. Elzbieta Jurka, and Linda Wallach for leading the team in responding to the survey.
- **MERP Survey offers opportunities for improvement:** On July 7, a pharmacy surveyor from the State Department of Public Health arrived for an unannounced survey for the Medication Error Reduction Program (MERP). We received the report of official findings from the DPH on 7/29, to which we have 10 days to respond. The report provides us opportunities to improve our compliance with Title 22 and to improve the way the medical staff and administration work to identify and reduce medication errors. We have an interdisciplinary team working to address all findings.
- **State CHDP Audit a success:** On July 8, the San Mateo County Child Health and Disability Prevention (CHDP) Program came to the Coastside Medical Clinic for a state mandated site review. The CHDP provider relations nurse evaluated the physical site and did an audit of the pediatric medical records. All physical standards were met and all documentation was complete, including timely referrals and follow up to specialty clinics, and immunization status and administration. The clinic was well prepared and met all the State standards required for continued approval as a CHDP provider. We are awaiting our final report; the surveyor was very complimentary of our program. A special thanks to Vicky Camilleri, Charge Nurse, Dr. Rosa Brody, pediatrician and Dr. Rebecca Ashe, Medical Director for preparing for the survey and ensuring a great outcome.
- **SMMC's Central Line Infection rate of zero highlighted:** Vox Media has been writing a year-long, detailed series on fatal medical harm, supported by the Commonwealth Fund. It's most recent piece on central line infections has an interactive map showing hospital central line infection rates. SMMC stands out with ZERO infections. This is a wonderful piece that shows the human side of these infections, as well as the excellent work that hospitals can do to prevent them. It is also an excellent reminder that everything we do is available to the public.
- **LEAP Updates:**
 - **Highlighted Accomplishments:**
 - Transitioned the 6 Strategic Initiatives for 2015-16 from the planning phase into the implementation phase, which commenced on July 1st.
 - Completed the Business Intelligence improvement charter and monthly planner in order to resume this work in August.

- Designed, improved and launched a new visual management system for all strategic initiatives, with first prototypes unveiled on July 1st.

Leader Rounding Event: This event, held on 7/29 and 7/30, focused on developing a pilot program for a future state in which all leaders are interacting routinely with patients. Leader rounding, a best practice in hospital settings, consists of leaders visiting patients on a daily basis, and seeking both input on their experience under our care and ideas for improvement. SMMC Chiefs (CEO, COO, CMO, CNO, CFO, CXO) will test this process between 8/3 and 8/12.

LEAP Leadership System Spread: Through our Staff Engagement Strategic Initiative, we will be spreading our LEAP Leadership System in two ways during the current fiscal year. The “full spread” deploys all the tools within the Leadership System, and the partial spread focuses on the deployment of the two tools that most advance the goals of all 6 strategic initiatives. These two tools are “status sheets” (daily check-ins to better understand our business and proactively plan for the day), and huddles (a powerful way to garner the creativity of staff, engaging them in daily problem solving). Our first spread session of 2015-16 will begin in August.

LEAP Education Wave 6: We continued the 6th wave of LEAP education on 7/20 and 7/27. This small wave is intended as one last evaluation of the current state of LEAP education before we revamp our education program to better suit the needs of the Health System.

Strategic Initiatives Visual Management: This visual management system comprises multi-tiered boards / "walls" that communicate, at a glance, key information on initiative progress and metrics' evolution. It also supports flow of information within the organization –from operational units up to the board of directors. All initiatives have started their weekly stand-up meetings at each wall in order to monitor advancement and to offer opportunities for coaching and development of team members.

SMMC mentioned on KQED's California Report for our efforts with Lean: On July 30th, the California Report featured a story on how public hospitals are using Lean for their improvement efforts. The story focused primarily on Harbor/UCLA Hospital, but it also mentions San Mateo Medical Center. This is yet another way that our leadership in the area is attracting California-wide, and even national attention.

PATIENT CENTERED CARE & STAFF ENGAGEMENT

- **Record attendance at SMMC Leaders Retreat:** On July 17th, we held our semi-annual Leaders' Retreat, attended by 82 managers and medical staff leaders. The focus of the retreat was to drill into our new Mission, Vision, Values and Pillar Goals, as well as to learn concrete skills related to those goals. The two skills we chose to focus on were empathy, taught by an engaging speaker from Press-Ganey and coaching, taught by our own Dr. CJ Kunnappilly and Mary Brinig. It was a wonderfully inspiring and engaging day, and I'm grateful to all those who attended and made it successful.
- **Random Acts of Flowers at SMMC:** Random Acts of Flowers is a wonderful volunteer organization that recycles and repurposes flowers in order to be delivered and provided to

healthcare facilities for patients, at no cost to SMMC or the patients. One of our radiologists, Dr. Diana Baker, kindly brought this organization to our attention. This group will be coming for the first time on Thursday, August 13th at 2:00, and our plan is to have them visit the 2nd Thursday of every month thereafter with bouquets for our patients. Glynis Carreira, our Patient Advocate, will be organizing SMMC volunteers to work with the charge nurses on 1A, 2A and 2B to deliver the bouquets to the most appropriate patients. I very much appreciate Dr. Baker bringing this organization to our attention, and Glynis for making it a reality with our patients!

- **SMMC Specialty Newsletter spreads the news:** We just published our second issue of the SMMC Specialty Newsletter, designed by Jankee Dahya with information provided by Dr. Susan Ferynyak and the entire specialty services team. In it, you can find news about our SMART e-referral project, Pain Management Clinic expansion, our Palliative Care Program, our Sound Physician Hospitalist team, and more. It is beautifully designed and is a wonderful way to spread news about these important services.
- **Patient/family stories of gratitude:**
 - **From our Daly City Health Center:**
 - I am a new patient and I have no experience on my provider (physician) treatment of care. But my provider gave a well written explanation on what to avoid foods and other related concerns. It made her an **excellent** physician for first visit.
 - The entire medical (and administrative) staff at the Daly City Clinic has been very, very good....in every instance that I have interacted with them.
 - **From the Specialty Clinic:**
 - I highly recommend this dr he is very knowledgeable very thorough compassionate, **caring**, explained in detail my medical condition. I **appreciate** his service and his advice.
 - The nurses were all **wonderful** and **caring** ... thank you very much specially on the day of my surgery. There were all angels ... thank you.
 - **From PES/3AB:**
 - Please let the staff in PES and the 3AB know that I am now in the Free at Last drug program in East Palo Alto and have been here for 90 days doing great. I appreciate all their help and I know I have been a repeat guest and a source of frustration with my huffing addiction but they have been great. In particular I want to thank: Sueme, Dr Ozbeck, Tracy, Dr. Plout, and the entire staff...names are escaping me at the moment.
- **Blog Post:** “Prehabilitation is High Value Care” (<http://smmcblog.wordpress.com>)

RIGHT CARE, TIME, PLACE

- **Program to reduce alcohol addiction up and running in the Emergency Department:** We are working with Behavioral Health and Recovery Services (BHRS) to host an exciting new partnership: the Integrated Medication Assisted Therapy, or IMAT program. The goal of this effort is to help chronic alcoholics address their addiction through intensive case management

and an injectable medication called Vivitrol that reduces alcohol cravings. The IMAT team has been working 14 hour weekday shifts in the ED since July 13th, and will be expanding coverage as of August 1st to 7 days a week between 8am - 12 midnight. In just the first 2 weeks, IMAT received 27 referrals from the ED, engaged and interviewed 17 patients, provided varying levels of outreach and coordination to 11, and connected 3 of these patients to receive Vivitrol injections. The successful linkages for clients results from collaboration with ED staff and especially between the Charge Nurse and the IMAT Case Manager on duty. I'm eager to report on further successes of this team and for our patients.

FINANCIAL STEWARDSHIP

- **SMMC provides high value care through “prehab”:** Knee and hip joint replacements are a common occurrence at SMMC, with our orthopedic surgeons performing dozens of operations each year. Patients undergoing joint replacements typically spend a few days in the hospital and up to two weeks in our skilled nursing facility, resulting in tens of thousands of dollars in costs. However, many advanced joint replacement programs in other parts of the country are discharging patients directly home in 2-3 days after surgery, thus reducing costs, as well as to improve patient experience and quality. One of the key components to successful early discharge is educating patients and caregivers about the rehabilitation process. This process of early education with accompanying pre-operative exercise prescription from licensed therapists is referred to as prehabilitation, or “prehab.” Beginning in August of this year, SMMC physical therapists, occupational therapists, and social workers will be providing a once a month prehabilitation program for patients scheduled for joint replacement surgery. “Prehab” is one way we are seeking to provide high value care: excellent experience and excellent care at a lower cost.



COUNTY OF SAN MATEO HEALTH SYSTEM

To: SMMC Board Members
 From: Louise Rogers, Chief
 Subject: Health System Monthly Snapshot – July 2015

Indicator	Number	Change from previous month	Change from last year
ACE Enrollees	18,451 <i>(May 2015)</i>	-1.2%	-11.1%
SMMC Emergency Department Visits	4,126 <i>(March 2015)</i>	8.9%	9.7%
New Clients Awaiting Primary Care Appointment	162 <i>(July 2015)</i>	-61.3%	-73.0%

Health Coverage Unit wins Covered California grant to increase health coverage

For the second year in a row, the Health System has been selected to receive funding to promote **Affordable Care Act (ACA) enrollment through the Covered California “Navigator Grant Program.”** The Health Coverage Unit has been awarded \$250,000 to guide a local enrollment assistance effort to help inform, motivate, and connect county residents to health insurance coverage during the upcoming third ACA Open Enrollment, which begins November 1, 2015 and ends January 31, 2016. Two longstanding partners with deep roots in the East Palo Alto and Daly City communities, Ravenswood Family Health Center and HealthWays, are partners in this grant. Our proposal was chosen among a competitive, statewide process that aims to connect residents with trusted, community-based resources. With an estimated 96% of San Mateo County residents insured, the Health Coverage Unit will be focusing this year's efforts on neighborhoods where the number of uninsured remains stubbornly high.

Creating paths to health – one school at a time

To increase access to parks and improve physical activity, Get Healthy San Mateo County and the County Parks Department brought over 150 students and families from East Palo Alto Charter School to Take a Hike in Pacifica. The school has primarily Latino students from low-income families, with 9 out of 10 qualifying for free or reduced lunches. This was the first time many families had ever hiked let alone been to Pacifica. Before the hike, park rangers discussed local wildlife and how to prepare for physical activities, such as by being well hydrated and eating nutritious foods. Many students and families said they enjoyed their hike and learning about the outdoors, and would like to return or visit another County park.



Guidelines to protect people with mental health conditions during emergencies

To help friends and family members be as prepared as possible before calling 9-1-1 for a mental health emergency, Behavioral Health and Recovery Services (BHRS) has developed guidelines to help ensure **everyone’s safety.** These guidelines include how to plan ahead for a potential crisis, what to do before calling 9-1-1, how to best communicate during the call, and what to do when police arrive. Tips include telling police you are calling about a mental health emergency, asking for a Crisis Intervention Trained officer to be dispatched, and requesting police arrive without sirens if possible. These guidelines are available at www.smchealth.org/MH911, and are available in English and Spanish. Tagalog and Chinese-Mandarin are in the works.



San Mateo Medical Center
A County System of Healthcare

TAB 3

**MEDIA
ARTICLES**

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County names new Health System chief: Board of Supervisors must approve at next meeting

July 02, 2015, 05:00 AM Daily Journal staff report

The San Mateo County Health System's second in command, Louise Rogers, was nominated by County Manager John Maltbie Wednesday to replace outgoing Chief Jean Fraser.

The Board of Supervisors will vote on whether to tap Maltbie's pick to replace Fraser at its July 7 meeting, the day before Fraser officially leaves the county position.

The county did not disclose what Rogers' salary would be but Fraser earns approximately \$300,000 a year.

The Health System, the county's largest department, has 2,200 employees and a \$716 million annual budget. It oversees the San Mateo Medical Center and clinics throughout the county.

Since 2011, Rogers has served as deputy chief of the Health System and was previously director of the Health System's Behavioral Health and Recovery Services Division which serves more than 17,000 clients and has an annual budget of \$133 million.

"Louise has long been an outstanding asset to our county's Health System and I couldn't be more excited to see her continuing its excellent delivery of *Louise Rogers* equitable and compassionate care to clients, invaluable leadership to staff and unwavering commitment to keeping the entire community healthy," Maltbie wrote in a statement.

The outgoing Fraser first worked with Rogers in the mid-1990s.

"Louise and I first worked together 20 years ago in San Francisco and I was immediately impressed by her smarts, savvy and commitment. My admiration for her has continued to grow and over the past four years as deputy chief, Louise has helped guide this very large and diverse organization. I am leaving with great confidence that the Health System and the people we serve will be in excellent hands," Fraser wrote in a statement.

Prior to joining the Health System in 2003, Rogers held a variety of positions in public and nonprofit health organizations in San Francisco and New York City. She earned a bachelor's degree from Yale University and a master's degree in public administration from Golden Gate University.

"There is no other place with greater opportunities to help people through public service live longer and better lives than San Mateo County. It would be my honor to serve the county, the organization and our community in this new capacity," Rogers wrote in a statement.



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Hospital's parking irks neighbors

July 04, 2015, 05:00 AM By Bill Silverfarb Daily Journal Staff

An effort to go green at the San Mateo Medical Center is causing some nearby residents to see red as they claim hospital employees are parking in the neighborhood due to an ongoing construction project.

Parking at the medical center's campus is currently restricted to patients and visitors as part of the main lot accessed by Hacienda Street and 37th Avenue is closed off for the installation of solar panels.

Residents in the Beresford Hillsdale Neighborhood contend hospital employees were told to park in the neighborhood but hospital officials say that's not true.

The Health System has leased 200 offsite parking spaces at the Hillsdale Shopping Center with all-day shuttle service to and from the campus, according to spokeswoman Robyn Thaw.

"The number of offsite parking spaces is more than the loss of parking spaces on campus and is currently about 60 percent occupied," Thaw wrote in an email.

But Thaine Anderson sent a letter to Health System Chief Susan Ehrlich Friday complaining about the parking problem since the solar project started June 1. The project is expected to be completed in about four months.

"The current situation has our neighbors annoyed and left with parking in their driveways only," Anderson wrote to Ehrlich. "Apparently all the employees received the email notice to park in our neighborhood, but the people that live here got no advance warning at all. We would have fought it if we had been notified."

Anderson claims to have spoken to hospital employees as they walk to work "after they parked by our house and they confirmed that the people parking in our neighborhood are hospital employees."

Anderson sent the same letter to San Mateo city officials including the city attorney and police chief.

"The San Mateo County Medical Center employees parking in the neighborhood around the hospital has to stop immediately," Anderson wrote.

He claims that guests and service workers have nowhere to park because the hospital employees are taking it all up.

But the Health System has taken many other measures to solve the parking crunch, according to Thaw.

Other measures the Health System has put in place to address parking include:

- Strongly promoting the Health System's Commute Alternative Program, including incentives for using transit, walking and/or biking;
- Promoting flexible schedules and telework for staff where appropriate and feasible;
- Providing mobile technology to reduce the need for employees who are in the field to return to the campus to gather or input data;
- Offering individualized alternative commute planning assistance to all employees at the Main Health Campus to help people figure out options other than driving alone;
- Carpool and vanpool matching and incentives for employees;
- Making county cars available to all Main Campus staff members so that they do not need to drive to work merely to use their car for work trips during the day;
- Adopted a tech app that staff members can use to instant-message, videoconference and simultaneously share documents over the Internet to reduce the need for people to travel to and from the Health System for meetings;
- Purchased bicycles and have made them available to all Health System employees to use for personal or work trips during the day; and



A solar panel construction project at the San Mateo Medical Center has restricted parking on the campus to patients and visitors leaving employees to look for parking elsewhere.

- Hired a professional transportation planning firm to do a transportation demand management analysis for the Health System.

“Our goal is to also use this construction project as an opportunity to impact long-term commute behavior changes,” Thaw wrote in an email.

Besides, the project will save taxpayers nearly \$300,000 a year and reduce greenhouses gas emissions, Thaw wrote.

“People living in this neighborhood will all be part of a community that supports clean energy and helps to reduce our carbon footprint,” Thaw wrote.

Health System and other county officials routinely attend Beresford Hillsdale Neighborhood Association meetings and parking has been an ongoing issue for years.

The association's president, Lisa Taner, has asked Anderson to update the neighborhood group when he gets a response from the Health System.

bill@smdailyjournal.com

(650) 344-5200 ext. 102

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Rehabs downsize as county postpones funding decision: Substance abuse treatment centers, supervisors await countywide study

July 13, 2015, 05:00 AM By Samantha Weigel Daily Journal Staff

With county officials postponing a commitment to provide residential substance abuse treatment centers with enhanced funding until September, several nonprofits are left having to close facilities and turn people back to the streets.

For the first time in more than two decades, the county has postponed issuing new contracts to providers such as Our Common Ground, which must consider selling its Redwood City center to make ends meet, said Executive Director Orville Roache.

Similar services like San Mateo's Project 90 is slated to close one of its residences and the South San Francisco-based Latino Commission has closed two facilities that could have provided treatment to 72 people each year.

Officials who oversee these treatment centers say they're already strapped for funding, particularly as many thought the Affordable Care Act would kick in and pick up part of the tab — although Medi-Cal will never pay for the costly residential portion, it would contribute to treatment. Like providers, the county and state health officials are awaiting word on a waiver that would help local nonprofits draw federal dollars for this kind of treatment. But the bureaucratic process has been grueling with many expecting an answer months ago.

Now, providers fear vital services are being lost, as they must wait for the county's Board of Supervisors to decide how to proceed with increasing funding, despite not knowing how the ACA's impact will play out.

Supervisors are slated to make a decision in September after the county's Behavioral Health and Recovery Services finalizes a countywide analysis of providers, their facilities and finances. While the wait is prompting some to consider downsizing, Supervisor Don Horsley said the results of the study could lead the county to step up in a big way.

"It's not that we have suspended funding, we're really looking at what's the best way to sustain those beds," Horsley said, explaining the county might consider purchasing certain buildings or pairing with the nonprofits. "What [providers are] asking for is for us to give them additional money. But what we're thinking about doing is becoming essentially a landlord."

Horsley, a former sheriff, said he understands the significant value substance abuse treatment centers provide, particularly with Proposition 47 having turned many drug crimes to misdemeanors.

"It's really incredibly important because if someone is in jail and has a drug or substance abuse problem, it's one thing to get them clean and sober in jail, but they have to have additional transitional housing," Horsley said.

Providers couldn't agree more, but without a firm commitment from the county, several are closing facilities to get by.

Roache said while Our Common Ground has received verbal commitments from different county officials, if a new contract isn't in place by the nonprofit's board meeting July 20, it will likely put its property up for sale.

"Other facilities are closing down or downsizing for the same reason because there's not enough support from the county. For some reason they seem to think it's better to put people in jail," said Ray Rosenthal, president emeritus of Our Common Ground. "We need our politicians to make a decision and just go for it instead of just sitting on their money."

Debra Camarillo, executive director of the Latino Commission, said the group earlier this year was forced to close two of its residential facilities that provided 18 beds.

"It is a shame, because reopening those facilities will cost so much more than had they been maintained open. Not to mention those who desperately needed treatment and did not receive it and those in the future that will not receive services because the facility closed down," Camarillo wrote in an email.

Project 90 Executive Director Jim Stansberry said he's had to put one of his therapeutic residences on the market — a San Mateo property that provided transitional housing to about six people who graduated from the program but needed longer term help. Currently, Project 90 must turn down a significant portion of those requesting assistance because it doesn't have the funds to support the amount of beds it maintains, Stansberry said

"We're in the process of selling one of our facilities that we own just to give us sufficient resources to be able to move forward," Stansberry said. The therapeutic housing supports continued outpatient recovery as "rather than being homeless, and because most people aren't capable of going into this marketplace and finding housing, we try to provide some stability."

Furthering Project 90's trials is the fact that it doesn't own one of its largest residential and intake facilities known as the O'Toole Center. The Ninth Avenue property owner is planning on redeveloping the site and Stansberry said he's struggling to

commit to another locale because the county hasn't solidified what it will contribute.

Horsley said providing transitional housing opportunities to those released from jail is critical and the county may consider how it can help find Project 90 another site.

But as the Board of Supervisors must first review the countywide analysis, it appears unlikely treatment providers will receive any confirmation before late September. Nonetheless, devising sustaining means to support such facilities is in the works, according to Steve Kaplan, director of the county's Behavior Health and Recovery Services.

"The county values all of our residential service providers and recognizes the significant challenges some of them are facing," Kaplan said in an email. "Often, for individuals with a substance abuse addiction, residential treatment is key to their recovery. Maintaining and possibly expanding the capacity in San Mateo County is a high priority for the county."

samantha@smdailyjournal.com

(650) 344-5200 ext. 106