



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

Thursday, January 4, 2018

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

January 4, 2018 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. Bryan Gescuk

Dr. Julie Hersk

Informational Items

3. Medical Executive Committee

Dr. Bryan Gescuk

C. REPORT OUT OF CLOSED SESSION

D. PUBLIC COMMENT

Persons wishing to address items not on the agenda

E. FOUNDATION REPORT

Leslie Williams-Hurt

F. CONSENT AGENDA

TAB 1

Approval of:

1. November 2, 2017 Meeting Minutes
2. Bylaws of the SMMC Board of Directors

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Bryan Gescuk

H. ADMINISTRATION REPORTS

- 1. Medicine Department
- 2. Burlingame Long Term Care
- 3. Early Intervention for Psychosis and Bipolar Program
- 4. Financial Report
- 5. Board Self-Evaluation and the CEO Report

Dr. Susan Fernyak Verbal
DeAndre James..... Verbal
Louise Rogers Verbal
David McGrew..... **TAB 2**
Dr. CJ Kunnappilly..... **TAB 2**

I. HEALTH SYSTEM CHIEF REPORT

Health System Snapshot

Louise Rogers..... **TAB 2**

J. COUNTY MANAGER’S REPORT

John Maltbie

K. BOARD OF SUPERVISOR’S REPORT

Supervisor Carole Groom

L. ADJOURNMENT

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 Michelle Lee, Executive Secretary, at least 48 hours before the meeting at (650) 573-2222 and/or mlee@smcgov.org. Notification in advance of the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. Attendees to this meeting are reminded that other attendees may be sensitive to various chemical based products.



San Mateo Medical Center
A County System of Healthcare

TAB 1

CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Thursday, November 2, 2017
Executive Board Room

Board Members Present

Supervisor Carole Groom
John Maltbie
Louise Rogers
Dr. CJ Kunnappilly
Dr. Bryan Gescuk
Dr. Janet Chaikind
Dr. Julie Hersk

Staff Present

Michelle Lee
David McGrew
Dr. Susan Fernyak
Peggy Jensen
John Thomas
Brighton Ncube
Sara Ferrer

Members of the Public

Priscilla Romero
Gabriela Behn
Gary Horne
Aimee Armsby
Peggy Rothaus
Julia McLaughlin
Dr. David Jegge

Leslie Williams-Hurt
Cecilia Diaz
Angela Gonzalez
Jei Africa
Julie Griffiths
Scott Diem

| ITEM | DISCUSSION/RECOMMENDATION | ACTION |
|---|--|--|
| Call to Order | Supervisor Groom called the meeting to order at 8:00 AM, and the Board adjourned to Closed Session. | |
| Reconvene to Open Session | The meeting was reconvened at 8:13 AM to Open Session. A quorum was present (see above). | |
| Report out of Closed Session | Medical Staff Credentialing Report for November 2, 2017. QIC Minutes from September 26, 2017. Medical Executive Committee Minutes from October 10, 2017. | Aimee Armsby reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes. |
| Public Comment | None. | |
| Foundation Report Leslie Williams-Hurt | Leslie took the opportunity to recognize John Thomas for his integral contributions to the Tournaments success this year and for the past nine years. The Foundation held discussions with SMMC about funding for the Rehabilitation Services' future relocation. The cost of the proposed plan is \$400,000.00 . The Foundation Board will consider it at a future meeting. | FYI |
| Consent Agenda | Approval of: 1. Hospital Board Meeting Minutes from October 5, 2017. | It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda. |

| | | |
|--|--|------------|
| <p>Medical Staff Report Dr. Bryan Gescuk</p> | <p>Following the provider engagement surveys done earlier in the year, action plans have been created for each department and the Medical Staff leadership team will be following up on them over the next few months.</p> | <p>FYI</p> |
| <p>Surgery Department Dr. David Jegge and Peggy Rothaus, RN</p> | <p>The Surgery Safety Checklist are strictly followed by the SMMC Surgery Department. The Checklist mirrors that of the World Health Organization’s World Alliance for Patient Safety.</p> <p>The remodel of the Surgery Department earlier in the year has resulted in better flow and more comfortable accommodations for patients.</p> <p>The Foundation assisted in purchasing new and modern seating for the Infusion Center. Infusion patients spend many hours with us while undergoing treatments and the new chairs can recline and have leg rests.</p> | <p>FYI</p> |
| <p>Crisis and Prevention of Suicide Dr. Jei Africa</p> | <p>Since April 2017, there have been five confirmed youth suicides; all under 17. They were of diverse ethnic backgrounds and three out of five had no connection to BHRS nor were they on anyone’s radar in school. The other two youths were linked to services (PES, CPS, CJ) BHRS response: Crisis Coordinator and Community Response Team in schools</p> <p>Efforts related to addressing suicide (prevention and crisis response) are very complex.</p> <ul style="list-style-type: none"> - Health System/BHRS is not the system of care for these individuals. <ul style="list-style-type: none"> - Little info (and lack of follow-up) about what happens after discharge from hospital or PES - Have other insurance; difference in the way we manage care - Limited capacity and resources focused work on addressing these issues <ul style="list-style-type: none"> - Crisis (CAHPP Line lost funding; RTS and CORA not funded) - Prevention work (limited); Youth Mental Health First Aid <p>Suicide Prevention Roadmap was developed in 2016 with a group of stakeholders to identify the framework on how we prevent and respond to suicides in San Mateo. It lists current efforts (organizations and programs) focused on crisis response and prevention.</p> | <p>FYI</p> |
| <p>Independent Financial Audit Report MGO Certified Public Accountants</p> | <p>MGO is an independent accounting firm that has been conducting audits for the past several years.</p> <p>The past year recommendations have been resolved and SMMC now has a formal policy in place for communicating terminations to ISD. This is an area of difficulty in many organizations since it requires interdepartmental communication between HR and ISD.</p> <p>For the current year, there are no findings. One recommendation for SMMC is to prepare for upcoming lease standards under GASB 87. Recommendation is for SMMC to take an inventory of leases and evaluate the impact of GASB 87.</p> | <p>FYI</p> |

| | | |
|---|--|-----|
| Financial Report David McGrew, CFO | The September FY17/18 financial report was included in the Board packet and David McGrew answered questions from the Board. | FYI |
| CEO Report Dr. CJ Kunnappilly, CEO | Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board. | FYI |
| Health System Report Louise Rogers | The Cordilleras redesign will be selecting a design firm soon. The Environmental Health division will continue to advise and support on the hazardous materials left behind from the fires in Napa and Sonoma counties. | FYI |
| County Manager John Maltbie | John Maltbie congratulated and thanked John Thomas on a successful career in health care and the positive impacts he's had in the Bay Area, including with RotaCare's free clinics. | FYI |
| Board of Supervisors Supervisor Carole Groom | Supervisor Groom also expressed her appreciation to John on behalf of the Board of Supervisors. | FYI |

Supervisor Groom adjourned the meeting at 9:20 AM. The next Board meeting will be held on January 4, 2018.

Minutes recorded by:

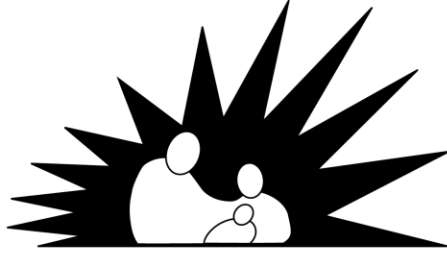


Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer



San Mateo Medical Center
A County System of Healthcare

**BYLAWS
OF THE
SAN MATEO MEDICAL CENTER**

Reviewed and Approved: SMMC Board of Directors on _____

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ARTICLE I

GENERAL

- Section 1. Name. The name of the Hospital is San Mateo Medical Center (SMMC), which includes the main acute and ambulatory care facility, satellite clinics, and Burlingame Long Term Care (which is operated by a third-party pursuant to a management agreement).
- Section 2. Principal Business Office. The principal business office shall be in the City of San Mateo, County of San Mateo, State of California.

ARTICLE II

PURPOSE

The purpose of SMMC is to open doors to excellence in healthcare to the community, including all incompetent, poor, indigent persons and those incapacitated by age, disease, or accident, when such persons are not supported or relieved by their relatives or friends, by their own means, or by other state or private institutions. Care shall be consistent with acceptable professional standards. Each client admitted to SMMC shall be under the care of a member of the medical staff. SMMC shall participate in activities that promote the general health of the community.

To achieve this important mandate, SMMC shall strive to provide quality care and treatment through acute inpatient, ambulatory, long term, rehabilitative and primary care services.

ARTICLE III

DEFINITIONS

1. Administrator – The Chief Executive Officer of San Mateo Medical Center.
2. Governing Board – The Governing Board of SMMC, which is comprised of members of the Board of Supervisors, county administration, the Medical Staff, and other qualified individuals as set out in Article V, Section 2.a. of these Bylaws.
3. Medical Staff – The formal organization of physicians, dentists, clinical psychologists and podiatrists who have been granted recognition as members of the medical staff through the credentialing process and have been granted privileges to practice at SMMC.
4. SMMC – San Mateo Medical Center, which provides: (1) medical and psychiatric emergency services; (2) acute inpatient and psychiatric services; (3) skilled nursing directly and through a management agreement; (4) clinical ancillary services, including laboratory, radiology, pharmacy and rehabilitative services; and (5) primary and specialty ambulatory services at multiple sites throughout San Mateo County.

ARTICLE IV

GOVERNING AUTHORITY

Section 1. General. The Board of Supervisors of San Mateo County (“Board of Supervisors”) is the governing authority of SMMC.

- a. Responsibility. The Governing Board, the Chief Executive Officer, the Medical Staff, all SMMC personnel, and the volunteers are responsible to the Board of Supervisors with regard to all SMMC matters.

No assignment, referral or delegation of authority by the Governing Board to any person or Board shall impair the Board of Supervisors right to rescind any such action at any time.

- b. Board of Supervisors Organization and Operation. The Board of Supervisors consists of five (5) elected members. They fulfill their responsibilities according to the State Constitution, statutes, County Charter, and ordinances.

Section 2. Delegation. In order to more efficiently perform some of the duties and responsibilities of the governing authority, the Board of Supervisors delegates to the Governing Board the authority and responsibility to act as the governing authority with respect to only those matters specifically identified in Article V, Section 1.

In order to retain its authority and responsibilities, the Board of Supervisors reserves all rights and responsibilities, pertaining to the SMMC operations that are not expressly provided for herein.

ARTICLE V

GOVERNING BOARD

- Section 1. General Duties. The Governing Board shall act as the governing authority with respect to the following:
- a. Establishment of Policy. The Governing Board shall establish policies that are in the best interest of SMMC.
 - b. Institutional Management and Planning.
 - 1) Operations Management. The Governing Board shall exercise general oversight of the operation of SMMC. Such oversight shall include:
 - a) Encourage the development, adoption, and implementation of programs for improving the quality of care and service and to assure that the SMMC operations are conducted according to sound principles and practices and in accordance with all laws and regulatory standards;
 - b) Prepare an annual operating and capital budget;
 - c) Monitor and evaluate the financial performance of SMMC against approved budget, organizational goals and outcome-based management plans;
 - d) Monitor SMMC cost containment efforts;
 - e) Review and approve Administrative Policies and Regulations necessary to assure the quality of care provided at SMMC;
 - f) Ensure, through SMMC, County Administrators and Medical Staff, that all legal requirements pertaining to proper operation of SMMC, including licensure and accreditation standards, are met;
 - g) Consider and approve any plans for change in service for the SMMC;
 - h) Provide a forum for communication between the Governing Board, the Medical Staff, and the County Administration by keeping each informed of pertinent actions taken or contemplated;
 - i) Develop and maintain, annually review, and revise as necessary, a set of operational Bylaws;

- j) Ensure that the physical facilities are safe and in substantial compliance with current code and licensure requirements.
 - k) To ensure that the SMMC and its medical staff have in place, continuously follow, and regularly report upon well-defined quality monitoring, continuous quality and performance improvement programs, and other appropriate procedures designed to identify and remedy patient care problems and to improve medical practice and patient care in the SMMC; and
- 2) Planning. The Governing Board shall be responsible for the institutional planning of SMMC and for assuring that those plans are carried out in an effective and efficient manner. Such planning shall include:
- a) Monitoring of annual operating budget and development and monitoring of short- and long-term capital expenditure plans designed to provide equipment and facilities consistent with community needs and the financial resources of the County; and
 - b) Ensuring participation by SMMC Administration and operating departments (including Nursing), the County Administration and Support Services, and the Medical Staff, within the scope of the expertise of each, to SMMC financial planning.
- 3) Quality Management. The Governing Board shall review, approve and oversee the quality management program of SMMC. Oversight includes:
- a) annual review and approval of an on-going, integrated and SMMC-wide Quality Management Plan;
 - b) review and approval of regular, at least quarterly, reports on quality management activities of SMMC and Medical Staff to ensure that opportunities to improve care and problems with quality care are being identified; and actions are being recommended, implemented, evaluated and that ongoing monitoring is occurring; that modification of action plans is recommended as appropriate;
 - c) ensure that the quality of care provided meets professional practice standards;
 - d) oversee SMMC mechanisms used to assure all persons and independent contractors connected with the operation of SMMC

are retained and promoted on the basis of current, competent performance that includes evaluation of the quality, skill, and appropriateness of that performance;

- e) conduct ongoing evaluation and annual review of the Governing Board's own effectiveness in meeting the responsibilities delegated to it.
- 4) Medical Staff Recommendations. The Governing Board shall receive and act upon recommendations from the Medical Executive Committee within a reasonable period. These recommendations shall include but not be limited to:
- a) Medical Staff structure, organization, and officers;
 - b) Medical Staff membership credentialing and privilege delineation, corrective action, and termination mechanisms; and
 - c) Medical Staff Bylaws, Rules and Regulations.

Section 2. Number, Tenure and Qualifications

- a. Number and Qualifications. The number of members of the Governing Board shall not exceed nine (9).
 - 1) Two (2) members shall be appointed from Board of Supervisor membership. The current President of the Board of Supervisors shall make these appointments.
 - 2) One (1) member shall be a public member, selected by the Governing Board. The term shall be for four years. The public member may serve for no more than three, four year terms.
 - 3) Three (3) members shall be appointed from the Medical Staff membership. These appointees shall be made by the Medical Staff; one (1) member of which shall be the current Chief of the Medical Staff and one (1) shall be the Chief of Staff Elect. The Medical staff terms shall coincide with medical staff terms of appointment
 - 4) One (1) member shall be the County Manager or the County Manager's designee, and either the County Manager or designee may attend any given meeting as a member of the Governing Board at the County Manager's discretion.
 - 5) One (1) member shall be the Chief of the Health System of San Mateo County.

- 6) One (1) member shall be the Chief Executive Officer of SMMC.
- 7) Of those members who are appointed, their selection shall be based on demonstrated potential ability to participate effectively in fulfilling the responsibilities of the Governing Board and SMMC, and in representing or responding to the various needs of the community serviced by SMMC. They shall be selected for the experience, relevant areas of interest and expertise, and ability and willingness to participate effectively in fulfilling the responsibilities of a member. Members in good standing of the active Medical Staff are eligible for membership on the Governing Board.
- 8) Each member shall participate in an orientation session upon initial appointment as a member and periodically thereafter in continuing education programs relevant to responsibilities as a Governing Board member, including responsibilities and concepts of quality management and SMMC operations. Documentation of member's orientation and continuing education shall be maintained by the Secretary of the Governing Board.

- b. Tenure. The Governing Board and Medical Staff shall appoint or reappoint members to replace those Governing Board members whose terms have expired and to fill vacancies. Newly appointed Governing Board members shall assume responsibility at the next meeting after election.

Section 3. Vacancies. Any vacancy occurring by the death, resignation, or loss of position required for membership shall be filled within thirty (30) days in the case of appointed members and at the first meeting after assignment or election to the position for all other members. Appointed members may resign at any time by giving written notice to the Governing Board President. Such resignation, which may or may not be made contingent on formal acceptance, takes effect on the date of receipt or at any later reasonable time specified in the notice.

Section 4. Meetings.

- a. Regular Monthly Meetings. Regular monthly meetings of the Governing Board shall normally be held the first Thursday of each calendar month in the Board Room at SMMC. The Governing Board shall make a reasonable effort to maintain at least ten (10) meetings each calendar year.
 - 1) Public Meetings. Regular meetings of the Governing Board shall be open to the public.

- 2) Closed Sessions. The Governing Board may enter into Closed Session as authorized by state law.

- b. Special Meetings. Special meetings of the Governing Board may be called by a majority of the members or by the President. The purpose of any special meeting shall be stated in the notice and agenda thereof which shall be provided to each member of the Governing Board and other persons who have requested notice of special meetings, at least twenty-four (24) hours prior to the meeting. Special meetings will, insofar as practical, be confined to the purpose for which called.

- c. Notice of Regular Meetings. Notice of regular meetings shall be posted at least 72 hours prior thereto, and shall include the time, date, and agenda for the meeting.

- d. Quorum. A majority of the members of the Governing Board, five (5) members, shall constitute a quorum for the transaction of business at any meeting. The majority vote of members present shall decide any question and be the act of the Governing Board unless a greater number is required by law. There shall be no voting by proxy.

- e. Order of Business. Absent special circumstances, the order of business at all meetings shall be as follows:

- 1) The call to order.
- 2) Closed Session
- 3) Public Comment
- 4) Report from the Foundation
- 5) The approval of minutes of prior meetings.
- 6) Report of SMMC Business Requiring Board Action
- 7) Report of Medical Staff Business requiring Board Action.
- 8) Report from the CEO
- 9) Report from the Board of Supervisors
- 10) Report from the County Manager
- 11) Report from the Chief of the Health System
- 12) Adjournment

Minutes shall be maintained of all regular and special meetings to include deliberations, recommendations and actions of the Governing Board. The Governing Board may by resolution designate a person to take minutes of deliberations in closed session as provided for in Government Code Section 54957.2.

- f. Conflict of Interest. Any Governing Board member, officer, employee or committee member having an interest in a contract or other transaction presented to the Governing Board or to a Governing Board Committee for

authorization, approval, or ratification shall give prompt, full, and frank disclosure of said interest to such Board prior to its acting on the contract or vote, whether the disclosure shows that a conflict of interest exists or can reasonably be construed to exist. If a conflict is determined to exist, such person shall not vote, nor use personal influence on, nor participate in the discussions or deliberations with respect to such contract or transaction. A person who discloses a conflict of interest must abstain from discussion, influence, participation and may not vote on the matter. A person determined to have a conflict of interest shall not be counted when establishing the existence of a quorum at any meeting when the contract or transaction is under discussion or being voted upon. Minutes of the meeting shall reflect the disclosure, the vote or abstention thereon and the presence or absence of a quorum.

- g. Disclosing Conflict of Interest. Governing Board members, officers, selected employees, and contractors of SMMC shall report to the Governing Board any existing or potential conflict of interest and shall file annual disclosure statements with the County Clerk.

ARTICLE VI

OFFICERS AND COMMITTEES

Section 1. Officers. There shall be two (2) appointed officers of the Governing Board.

- a. Governing Board President. The President of the Governing Board shall be a member of the Board of Supervisors serving on the Governing Board. The President shall be agreed upon between the two members of the Board of Supervisors serving on the Governing Board. The newly designated President shall assume responsibility upon adjournment of the January meeting of the Governing Board. The President shall preside over all meetings of the Governing Board, supervise the activities of the Governing Board and serve as an ex-officio voting member of all Governing Board Committees. In the President's absence, the other member of the Board of Supervisors serving on the Governing Board shall preside over the Governing Board meeting. In the absence of both members of the Board of Supervisors, the County Manager or Chief Executive Officer will preside over the Governing Board meeting.
- b. The Chief Executive Officer of SMMC shall serve as the official Secretary of the Governing Board. The Secretary shall keep or cause to be kept at the principal office or at such other place as the Governing Board may determine, a book of minutes of all meetings. The Secretary shall give or cause to be given notice of all meetings of the Governing Board as required by these Bylaws or by law. At the discretion of the Secretary, an employee of SMMC may be designated to perform the secretarial services of the Governing Board, which may include the following functions: take minutes of all meetings, maintain documentation of Governing Board members and report conflict of interest statements annually.

Section 2. Standing or Advisory Committees. The creation of Governing Board committees is discretionary. Each standing committee shall have and exercise the powers and authority granted in the resolution creating it. Minutes shall be kept of its proceedings and reports of its actions shall be reported to the Governing Board. Actions taken by any standing committee are subject to ratification by the Governing Board. Standing committees shall comply with vacancies, meeting notices, quorum, order of business, and duality of interest clauses of these Bylaws. The Governing Board may also appoint advisory committees.

ARTICLE VII

ADMINISTRATION

- Section 1. General. The SMMC is administered through the countywide organization structure of which it is a part. The Chief Executive Officer of SMMC reports to the Chief of the Health System, who reports to the County Manager who reports directly to the Board of Supervisors of San Mateo County.
- Section 2. Appointment and Authority. The Chief of the Health System shall monitor the performance of the Chief Executive Officer of SMMC. The Chief Executive Officer of SMMC shall be qualified for the position through appropriate education and experience. The Chief Executive Officer is hereby given authority and responsibility for the administration of SMMC and all its activities and departments subject to the County Charter, ordinances and resolutions of the Board of Supervisors. The Chief Executive Officer shall:
1. Ensure appropriate notice of all meetings of the Governing Board is sent; receive and attend to all correspondence relating to SMMC; act as custodian of all records and reports relating to SMMC, and keep records of all meetings of the Governing Board.
 2. Attend all meetings of the Governing Board as a fully vested voting member.
 3. Submit monthly to the Governing Board or its authorized committees reports showing the professional service and financial activities of SMMC and to prepare and submit any special reports that may be required by the Governing Board and/or Board of Supervisors.

ARTICLE VIII
MEDICAL STAFF

Section 1. Organization. The Governing Board shall appoint a Medical Staff to provide medical service at SMMC. The Medical Staff shall be responsible for the quality of care provided to patients at the SMMC. The Medical Staff shall be a responsible administrative unit, accountable to the Governing Board. Said staff shall be composed of physicians, dentists, clinical psychologists, and podiatrists who are graduates of recognized schools of medicine, osteopath, dentistry, psychology or podiatry, are licensed to practice in California, are in good standing, and who meet the qualifications as set forth in the Bylaws of the Medical Staff.

Appointment and membership to the Medical Staff is a prerequisite to the exercise of clinical privileges in SMMC, except as otherwise specifically provided in the Medical Staff Bylaws.

Each member of the Medical Staff shall have full authority and responsibility for the care of his or her patients, subject only to such limitations as are imposed by the Governing Board, and subject, further, to any limitations or conditions attached to the staff member's appointment. Approval by the Governing Board shall be required to effect the appointment, reappointment, designation of clinical privileges, and clinical department/service assignment at SMMC.

Section 2. Medical Staff Bylaws, Rules and Regulations. The Medical Staff shall propose and adopt by vote Bylaws, Rules and Regulations setting forth its organization, including selection of officers, its government, quality of care protocols, procedure for the granting of clinical privileges, and provisions for a review of the Medical Staff's recommendations with respect to appointment, reappointment, or termination of appointment to the Medical Staff, and granting or curtailment of clinical privileges. Bylaws, Rules and Regulations shall be consistent with applicable law, regulatory and accreditation standards and SMMC policy. Such Medical Staff Bylaws, Rules and Regulations shall become effective when, and in the form, approved by the Governing Board or at such later date as the Governing Board may specify. Medical Staff Bylaws shall be reviewed annually by the Medical Staff and recommended to the Governing Board for review and approval of any changes.

Section 3. Medical Staff Membership and Clinical Privileges. The Medical Staff shall be delegated the responsibility and authority to investigate and evaluate all matters relating to Medical Staff membership status, clinical privileges, and corrective action, and shall require that the staff make recommendations thereon. The Governing Board shall then take final action on all such matters after considering

the staff recommendations forwarded, provided that the Governing Board may act in any event if the staff fails to adopt and submit any such recommendation within the time period required by the Medical Staff Bylaws. Such Governing Board action without a staff recommendation shall be based on the same kind of documented investigation and evaluation of current ability, judgment, and character as is required for staff recommendations.

The Medical Staff Bylaws shall contain provisions for the staff to adopt and forward to the Governing Board specific written recommendations on all matters of Medical Staff membership status, clinical privileges and corrective action, and to support and document its recommendations in a manner that will allow the Governing Board to take informed action.

In acting on matters of Medical Staff membership status, the Governing Board shall consider the staff's recommendations, SMMC and the community's needs, and such other criteria as set forth in the Medical Staff Bylaws. In granting and defining the scope of clinical privileges to be exercised by each practitioner, the Governing Board shall consider the staff's recommendations and supporting information on which they are based and such criteria as are set forth in the Bylaws. No aspect of membership status nor specific clinical privileges shall be limited or denied to a practitioner on the basis of sex, race, creed, color, or national origin.

Any differences in recommendations concerning Medical Staff appointments, reappointments, termination of appointments, and granting or revising of clinical privileges will be resolved in a reasonable period of time by the Governing Board and the Medical Staff.

The procedure to be followed by the Medical Staff and Governing Board in acting on matters of membership status, clinical privileges, and corrective action shall be specified in the Medical Staff Bylaws.

- Section 4. Corrective Action and Fair Hearing Plan. The Governing Board shall require that any action taken by the Executive Committee of the Medical Staff, or by the Governing Board, the effect of which is to deny, revoke, suspend, or reduce a practitioner's staff appointment, reappointment, department affiliation, staff category, admitting prerogatives, or clinical privileges shall, except under circumstances for which specific provision is made in the Medical Staff Bylaws, be accomplished in accordance with the Governing Board approved Corrective Action and Fair Hearing Plan then in effect. Such Plan shall provide for procedures to assure fair treatment and afford opportunity for the presentation of all pertinent information.

Should the Medical Staff via its designated structure, fail to investigate or take disciplinary action, contrary to the weight of the evidence, the Governing Board may direct the Medical Executive Committee to initiate investigation or disciplinary action, but only after consultation with the Medical Executive Committee. If the

Medical Executive Committee fails to take action in response to that direction, the Governing Board may initiate corrective action, but this corrective action must comply with Corrective Action and Hearing and Appellate Review Articles of the Medical Staff Bylaws.

Section 5. Affiliates to the Medical Staff and Physicians in Training. The Governing Board may authorize qualified persons to provide services allied with the medical services provided by members of the Medical Staff. Said authorization shall be granted in accordance with and subject to the Bylaws and Rules and Regulations of the Medical Staff.

ARTICLE IX

QUALITY MANAGEMENT

- Section 1. General. The Quality Improvement Program establishes guidelines for improving clinical and organizational performance with SMMC. The intent is to serve the mission of opening doors to excellence in healthcare through quality/performance improvement.
- Section 2. Governing Board Responsibility. The Governing Board ensures that adequate resources are provided to comply with laws and regulations and receives reports regarding status of programs. The Board participates in the development of long-range goals and the Mission of the Organization.
- Section 3. Delegation to Administration and to the Medical Staff. The Governing Board delegates to the leadership of SMMC, including the Medical Staff, the responsibility for conducting specific activities that contribute to the preservation and improvement of the quality of patient care. These responsibilities include the evaluation and peer review of the practitioner performance, including Affiliates to the Medical Staff and Physicians in Training; ongoing monitoring of critical aspects of care; review of utilization of SMMC's resources; provision of continuing professional education; recommendations on the clinical privileges which may be appropriately granted and delineation of clinical privileges for appointees of the Medical Staff commensurate with individual credentials and demonstrated ability and judgment and such other measures as the Governing Board may deem necessary for the preservation and improvement of the quality patient care.

The Quality Improvement Program provides consistent framework and structure for SMMC to follow in order to achieve the objective of continually improving the delivery of health care for all who seek help from SMMC. The Plan provides the framework for facilitating improvement efforts across the organization.

The facilities maintenance and safety programs include a mechanism of reporting the status of SMMC mechanical, electrical, and structural systems directly to the Board through the Chief Executive Officer. The Board delegates to the Chief Executive Officer the responsibility and authority to immediately resolve any facility safety issue where danger to patients, staff or visitors is identified.

- Section 4. Receipt of Reports on Quality. The Governing Board receives reports on organization and quality/performance activities, including environment of care, patient safety and human resource effectiveness through the Medical Executive Committee.

ARTICLE X

AUXILIARY

Section 1. Creation. A SMMC Auxiliary may be formed and approved under the terms and conditions of SMMC Policies and Procedures.

Section 2. Bylaws. Written Policies, Bylaws and Amendments thereto, and activities of the Auxiliary shall be subject to approval by the Governing Board. Bylaws shall set forth the Auxiliary's purpose, organization and functions.

ARTICLE XI

BYLAWS AND AMENDMENTS

- Section 1. Review. These Bylaws shall be reviewed in their entirety to assure reflection of current responsibilities of the Governing Board to SMMC and community, and representation of current philosophy and direction. Review shall occur annually, and when appropriate, amendments shall be proposed to these Bylaws to meet the needs of the SMMC.
- Section 2. Amendments. These bylaws may be amended or repealed and new Bylaws adopted by a majority vote of the number of Governing Board members fixed by the Bylaws at any regular or special meeting, provided written notice of this intent has been given by the Secretary to each member at least thirty (30) days in advance of the meeting.
- Section 3. Hospital Standard of Care. These Bylaws do not create any standard of care for purposes of litigation. The standard of care applicable to the SMMC for purposes of litigation shall be a community standard, i.e. that level of care required of health care providers in the same or a similar community. Notwithstanding the foregoing, the SMMC shall strive to continuously maintain and improve the quality of care available at the SMMC.

These Bylaws have been reviewed and approved effective January 4, 2018.

Chester Kunnappilly, MD
Chief Executive Officer
SAN MATEO MEDICAL CENTER (SMMC)

Date

Honorable Carole Groom
President, San Mateo Medical Center Board of Directors
COUNTY OF SAN MATEO

Date



San Mateo Medical Center
A County System of Healthcare

TAB 2

ADMINISTRATION REPORTS

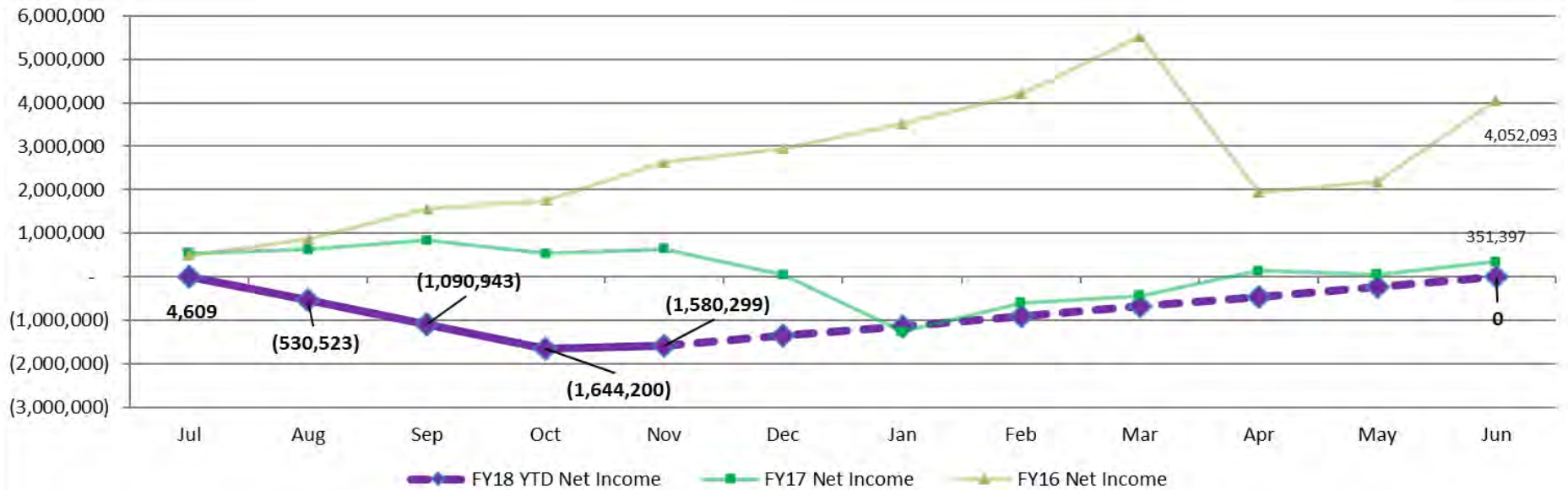


San Mateo Medical Center
A County System of Healthcare

November FY 2017-2018 Financial Report

Board of Directors Meeting
January 4, 2018

Financial Highlights



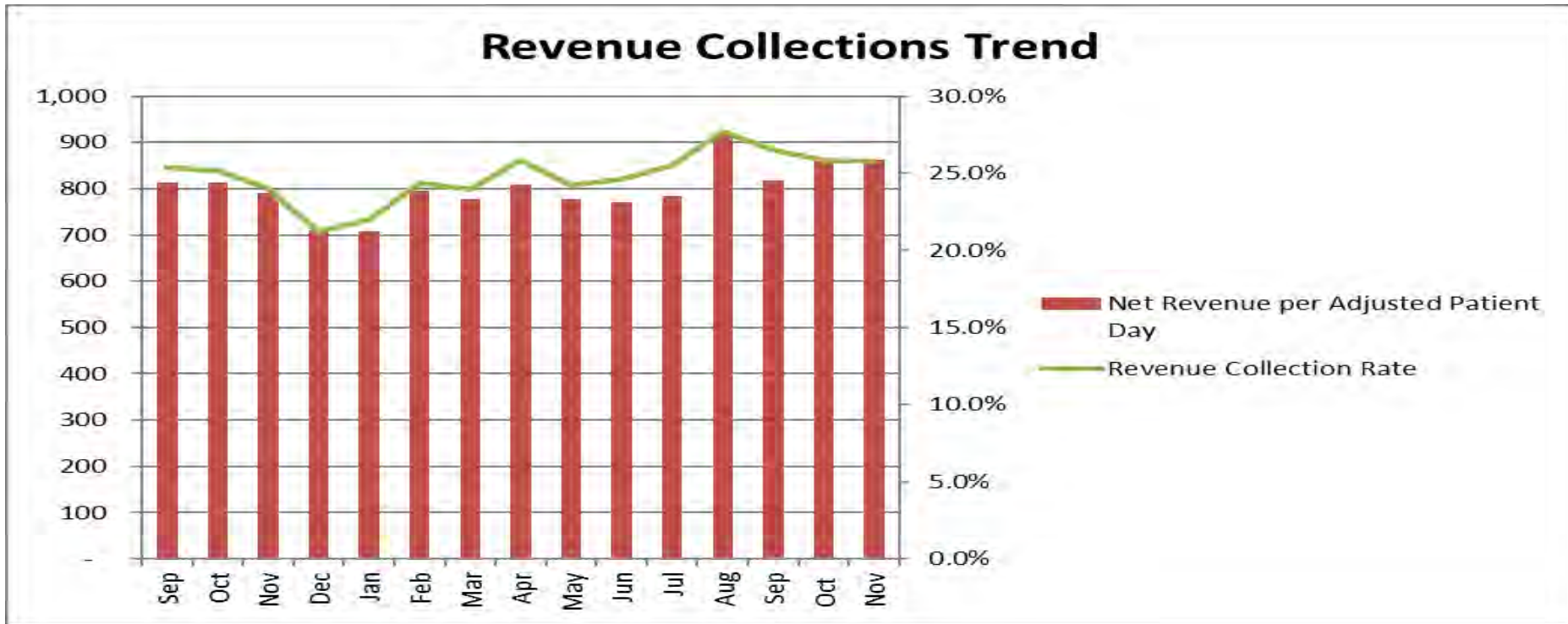
Financial Drivers:

- FTEs below budget
- Timing of WPC, capital and IGT expenditures
- Voluntary Rate Range
- Patient service revenue
- Timing of unbilled claims

Forecast FY18: Forecasting to be back to budget by year-end. The Medicaid Managed Care Rule eliminated several supplemental revenue streams, which will be replaced by 2 new programs: Voluntary Rate Range and EPP/QIP. The latter is expected to be approved by CMS by early 2018.

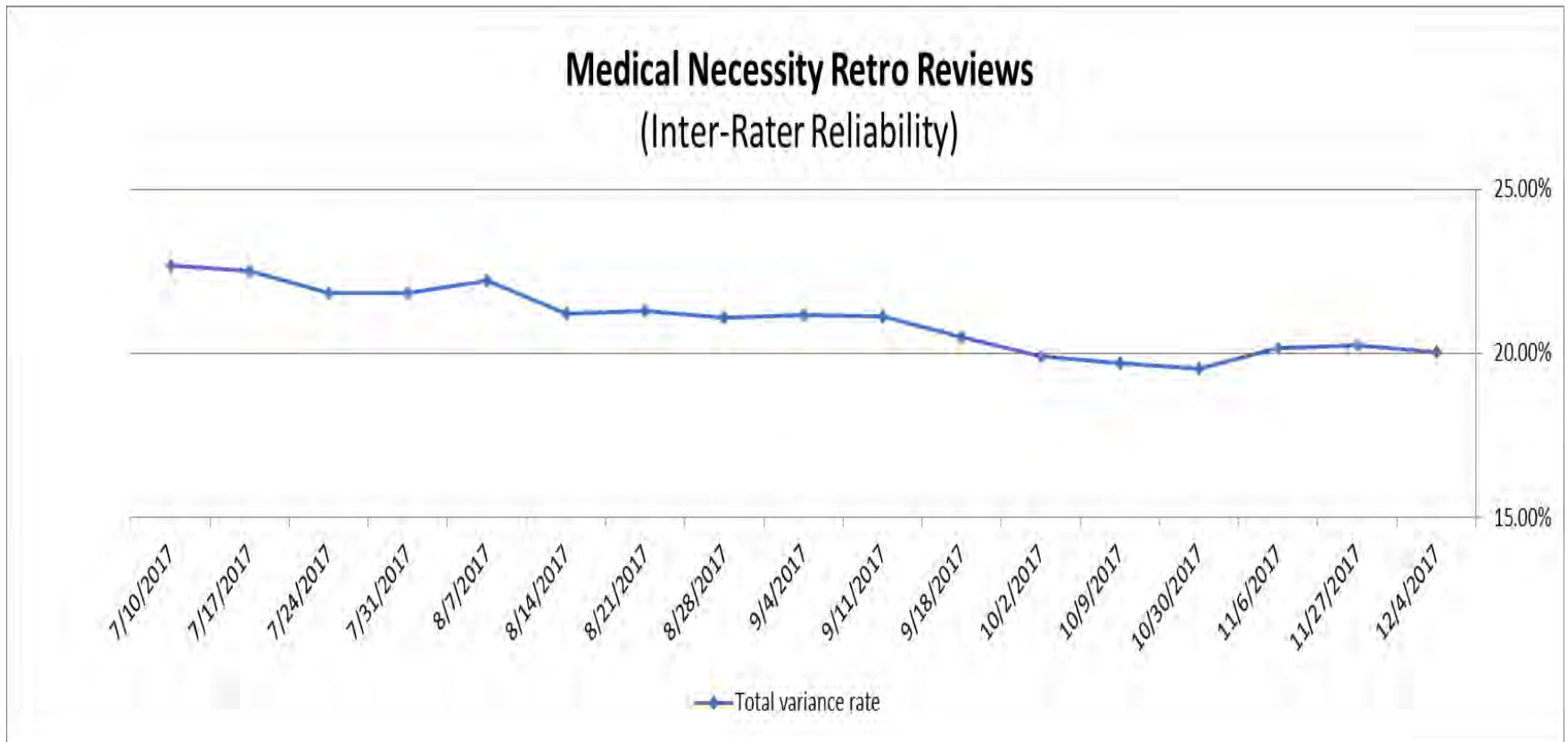
Key Performance Indicators

FFS Revenue Collection Trend



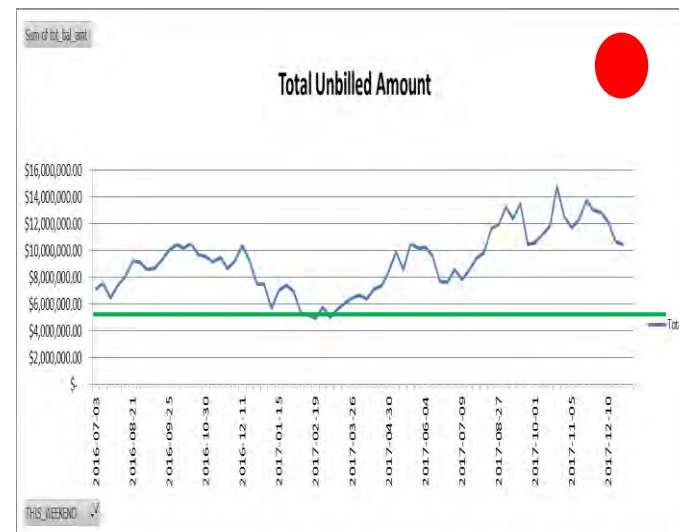
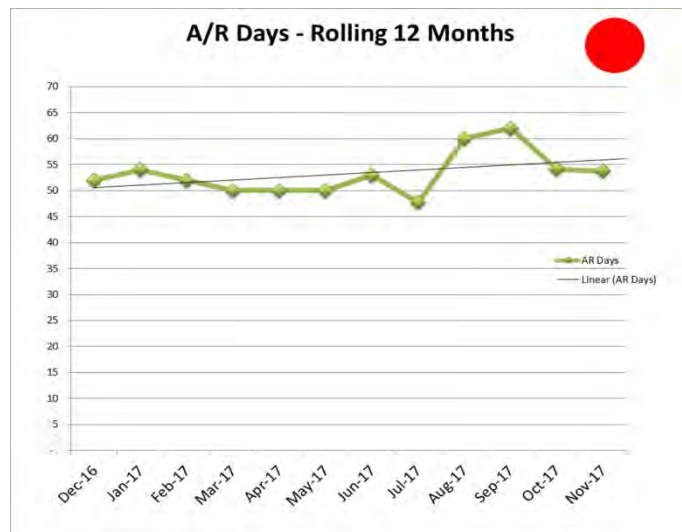
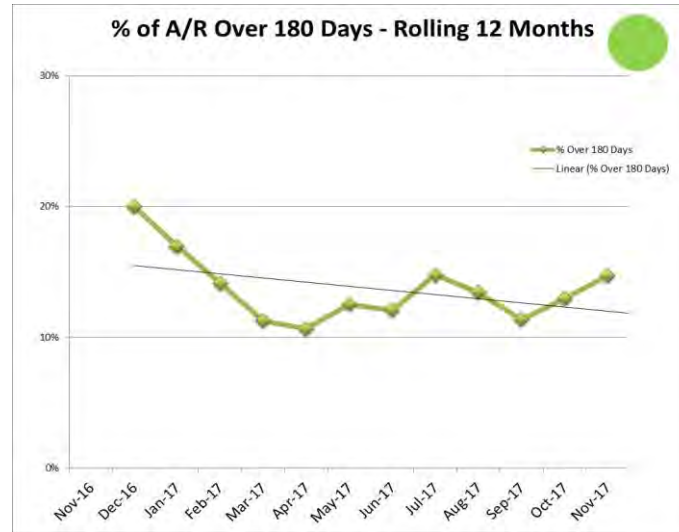
The revenue collection rate declined steadily through December due to high administrative days and lower Medi-Cal rates for acute medical-surgical patients and skilled nursing facility patients at SMMC and BLTC. Beginning January, the collection rate bounced back due to FFS revenue from MCE patients. Effective July, revenue includes the updated Medi-Cal rates for acute medical-surgical patients

Key Performance Indicators



Engaged an external organization to validate the determination of medical necessity for compliance with acute inpatient billing rules. On average, 20% of reviewed inpatient days were found to actually meet medical necessity. Development of a customized training, education and monitoring program is in progress. Implementation of a CDI program will further enhance these efforts.

Key Performance Indicators



Financial Improvement Plan

Executive Summary

| Initiative | Status |
|---|---|
| <i>Denial management</i> | <ul style="list-style-type: none"> External retro reviews in progress. <u>20% of reviewed cases were corrected</u> Medical necessity training & monitoring in progress. Denials reporting tool go-live in February |
| <i>Clinical Documentation Improvement (CDI)</i> | <ul style="list-style-type: none"> RFP closes January 2nd Vendor selection by January 15th BOS contract in March Initiate project work in April |
| <i>Registration Accuracy</i> | <ul style="list-style-type: none"> Developed A3 Improvement Charter to focus on registration workflows Submitted a BRD for a registration quality workflow and dashboard reporting tool. Demo in January |
| <i>Increase Medi-Cal rates</i> | <ul style="list-style-type: none"> SNF cost report appeals in progress Medical-Surgical inpatient rates increased to \$2,280/day. Projected to yield \$6m annually. |
| <i>Psych services billing project</i> | <ul style="list-style-type: none"> Draft report delivered. Feedback being incorporated into final report, which is expected January. |

APPENIDIX

**San Mateo Medical Center
Income Statement
November 30, 2017**

| | MONTH | | | | YEAR TO DATE | | | | |
|---|--------|--------|----------|-----------|--------------|---------|-------------|-----------|--|
| | Actual | Budget | Variance | Stoplight | Actual | Budget | Variance | Stoplight | |
| | A | B | C | D | E | F | G | H | |
| 1 Income/Loss (GAAP) | 63,901 | 31,850 | 32,051 | | (1,580,299) | 159,250 | (1,739,549) | | |
| 2 HPSM Medi-Cal Members Assigned to SMMC | 37,962 | 38,019 | (57) | 0% | 190,446 | 190,095 | 351 | 0% | |
| 3 Unique Patients | 69,340 | 70,114 | (774) | -1% | 69,340 | 70,114 | (774) | -1% | |
| 4 Patient Days | 2,771 | 2,839 | (68) | -2% | 14,600 | 14,480 | 120 | 1% | |
| 5 ED Visits | 3,372 | 3,541 | (169) | -5% | 17,613 | 18,060 | (447) | -2% | |
| 7 Surgery Cases | 194 | 240 | (46) | -19% | 1,152 | 1,301 | (149) | -11% | |
| 8 Clinic Visits | 19,968 | 19,008 | 960 | 5% | 99,739 | 103,043 | (3,304) | -3% | |
| 9 Ancillary Procedures | 66,381 | 62,931 | 3,450 | 5% | 338,579 | 340,466 | (1,887) | -1% | |
| 10 Acute Administrative Days as % of Patient Days | 0.0% | 16.0% | 16.0% | 100% | 0.0% | 16.0% | 16.0% | 100% | |
| 11 Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status) | 79.1% | 80.0% | 0.9% | 1% | 80.8% | 80.0% | -0.8% | -1% | |
| Pillar Goals | | | | | | | | | |
| 12 Revenue PMPM | 124 | 150 | (26) | -17% | 132 | 150 | (17) | -12% | |
| 13 Operating Expenses PMPM | 366 | 387 | 21 | 5% | 366 | 387 | 21 | 5% | |
| 14 Full Time Equivalents (FTE) including Registry | 1,188 | 1,252 | 64 | 5% | 1,164 | 1,252 | 88 | 7% | |

**San Mateo Medical Center
Income Statement
November 30, 2017**

| | MONTH | | | | YEAR TO DATE | | | |
|--|------------|------------|-------------|-----------|--------------|-------------|--------------|-----------|
| | Actual | Budget | Variance | Stoplight | Actual | Budget | Variance | Stoplight |
| | A | B | C | D | E | F | G | H |
| 21 Inpatient Gross Revenue | 9,261,681 | 9,577,810 | (316,129) | -3% | 47,087,297 | 47,889,050 | (801,753) | -2% |
| 22 Outpatient Gross Revenue | 24,055,561 | 25,324,704 | (1,269,143) | -5% | 121,556,000 | 126,623,520 | (5,067,519) | -4% |
| 23 Total Gross Revenue | 33,317,243 | 34,902,514 | (1,585,271) | -5% | 168,643,297 | 174,512,569 | (5,869,272) | -3% |
| 24 Patient Net Revenue | 8,594,806 | 10,512,930 | (1,918,124) | -18% | 45,917,552 | 52,564,650 | (6,647,098) | -13% |
| 25 Net Patient Revenue as % of Gross Revenue | 25.8% | 30.1% | -4.3% | -14% | 27.2% | 30.1% | -2.9% | -10% |
| 26 Capitation Revenue | 510,023 | 500,000 | 10,024 | 2% | 2,607,920 | 2,499,998 | 107,921 | 4% |
| 27 Supplemental Patient Program Revenue (Additional payments for patients) | 12,921,123 | 10,822,293 | 2,098,830 | 19% | 48,033,229 | 54,111,465 | (6,078,237) | -11% |
| 28 Total Patient Net and Program Revenue | 22,025,953 | 21,835,223 | 190,730 | 1% | 96,558,700 | 109,176,113 | (12,617,413) | -12% |
| 29 Other Operating Revenue (Additional payment not related to patients) | 1,474,197 | 1,236,192 | 238,005 | 19% | 5,812,342 | 6,180,959 | (368,618) | -6% |
| 30 Total Operating Revenue | 23,500,149 | 23,071,414 | 428,735 | 2% | 102,371,042 | 115,357,072 | (12,986,031) | -11% |

San Mateo Medical Center
Income Statement
November 30, 2017

| MONTH | | | |
|--------|--------|----------|-----------|
| Actual | Budget | Variance | Stoplight |
| A | B | C | D |

| YEAR TO DATE | | | |
|--------------|--------|----------|-----------|
| Actual | Budget | Variance | Stoplight |
| E | F | G | H |

| Operating Expenses | | | | | | | | | | |
|--------------------|--|--------------------|--------------------|--------------------|--------------|--|---------------------|---------------------|--------------------|-------------|
| 31 | Salaries & Benefits | 15,655,883 | 15,814,559 | 158,676 | 1% | | 76,584,445 | 79,072,794 | 2,488,349 | 3% |
| 32 | Drugs | 620,247 | 806,645 | 186,398 | 23% | | 3,881,258 | 4,033,227 | 151,969 | 4% |
| 33 | Supplies | 808,583 | 916,646 | 108,062 | 12% | | 4,183,619 | 4,583,228 | 399,608 | 9% |
| 34 | Contract Provider Services | 2,964,168 | 3,290,227 | 326,059 | 10% | | 15,104,090 | 16,451,134 | 1,347,044 | 8% |
| 35 | Other fees and purchased services | 3,645,012 | 4,517,084 | 872,072 | 19% | | 18,700,317 | 22,585,420 | 3,885,103 | 17% |
| 36 | Other general expenses | 418,917 | 504,203 | 85,286 | 17% | | 2,174,914 | 2,521,017 | 346,103 | 14% |
| 37 | Rental Expense | 174,551 | 189,615 | 15,064 | 8% | | 871,986 | 948,076 | 76,090 | 8% |
| 38 | Lease Expense | 822,975 | 822,975 | (0) | 0% | | 4,114,877 | 4,114,877 | (0) | 0% |
| 39 | Depreciation | 250,574 | 260,089 | 9,515 | 4% | | 1,259,608 | 1,300,444 | 40,837 | 3% |
| 40 | Total Operating Expenses | 25,360,911 | 27,122,043 | 1,761,132 | 6% | | 126,875,113 | 135,610,217 | 8,735,104 | 6% |
| 41 | Operating Income/Loss | (1,860,762) | (4,050,629) | 2,189,867 | 54% | | (24,504,072) | (20,253,145) | (4,250,927) | -21% |
| 42 | Non-Operating Revenue/Expense | (2,918,806) | (760,990) | (2,157,816) | -284% | | (1,293,569) | (3,804,948) | 2,511,378 | 66% |
| 43 | Contribution from County General Fund | 4,843,468 | 4,843,468 | 0 | 0% | | 24,217,342 | 24,217,342 | 0 | 0% |
| 44 | Total Income/Loss (GAAP) | 63,901 | 31,850 | 32,051 | | | (1,580,299) | 159,250 | (1,739,549) | |

(Change in Net Assets)

**San Mateo Medical Center
Payer Mix
November 30, 2017**

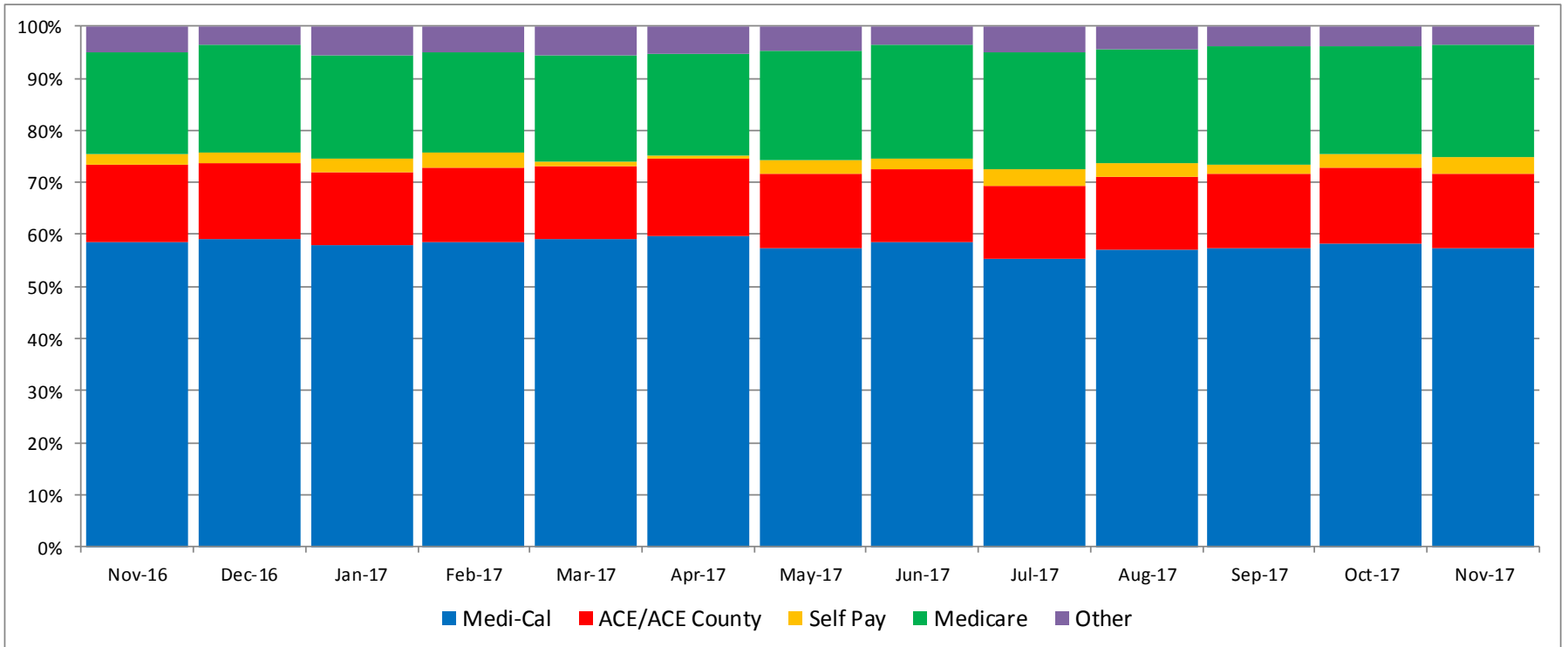
| MONTH | | | |
|--------|--------|----------|-----------|
| Actual | Budget | Variance | Stoplight |

| YEAR TO DATE | | | |
|--------------|--------|----------|-----------|
| Actual | Budget | Variance | Stoplight |

Payer Type by Gross Revenue

| | A | B | C | D |
|----------------|---------------|---------------|-------|---|
| Medicare | 21.7% | 21.0% | 0.7% | |
| Medi-Cal | 57.5% | 58.0% | -0.5% | |
| Self Pay | 3.2% | 2.0% | 1.2% | |
| Other | 3.6% | 5.0% | -1.4% | |
| ACE/ACE County | 14.1% | 14.0% | 0.1% | |
| Total | 100.0% | 100.0% | | |

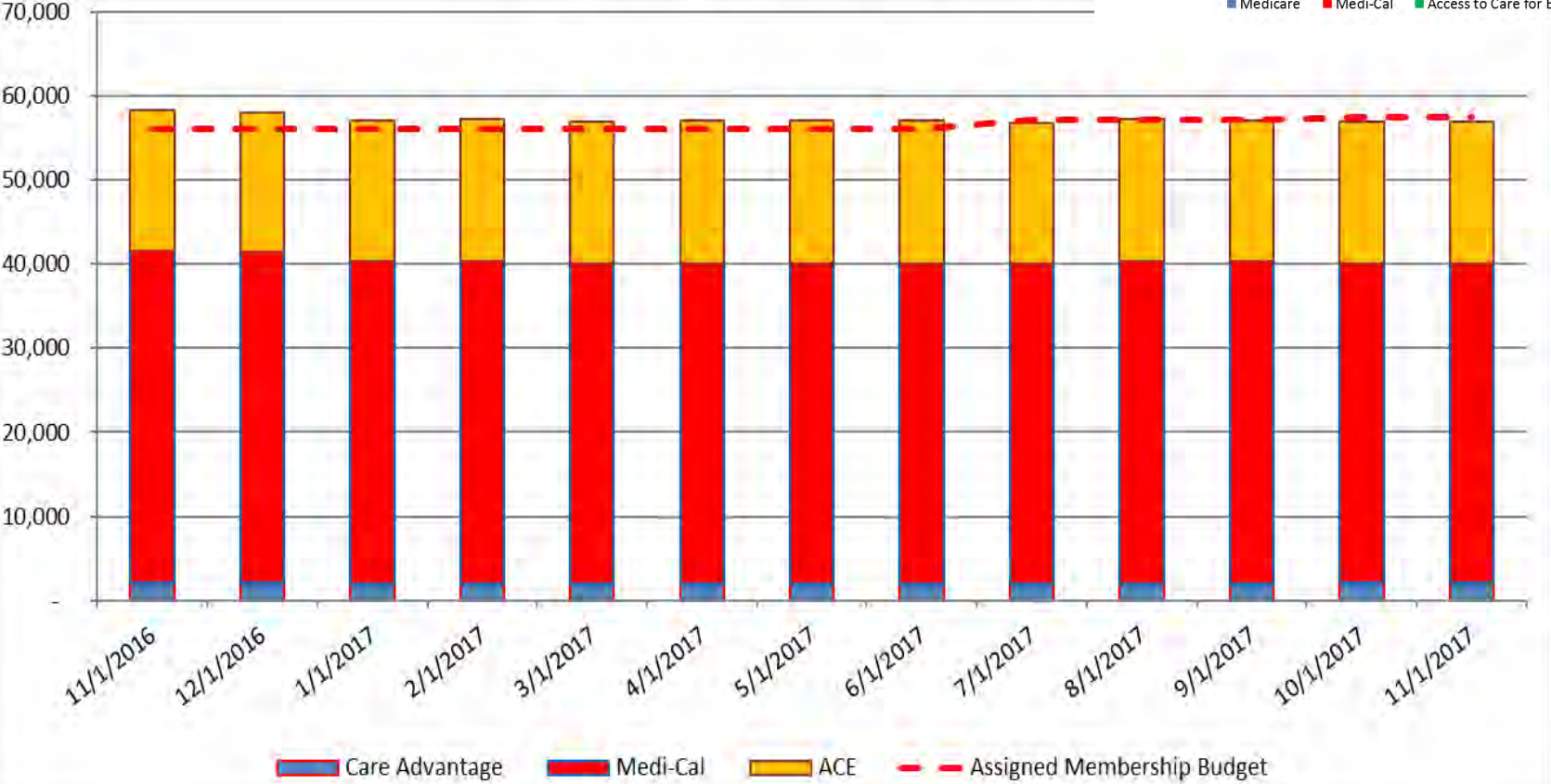
| E | F | G | H |
|--------|--------|-------|---|
| 21.9% | 21.0% | 0.9% | |
| 57.1% | 58.0% | -0.9% | |
| 2.6% | 2.0% | 0.6% | |
| 4.1% | 5.0% | -0.9% | |
| 14.3% | 14.0% | 0.3% | |
| 100.0% | 100.0% | | |



Managed Care Membership Trend



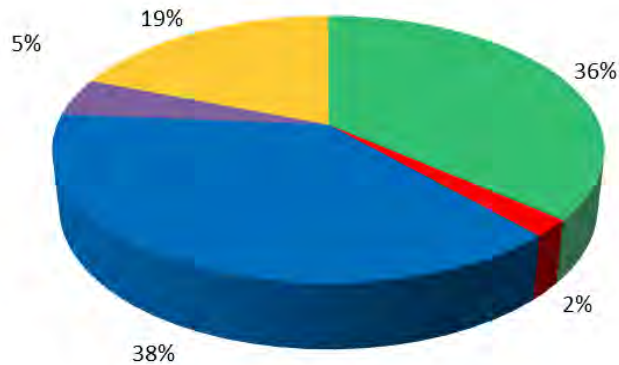
■ Medicare ■ Medi-Cal ■ Access to Care for Everyone



Revenue Mix

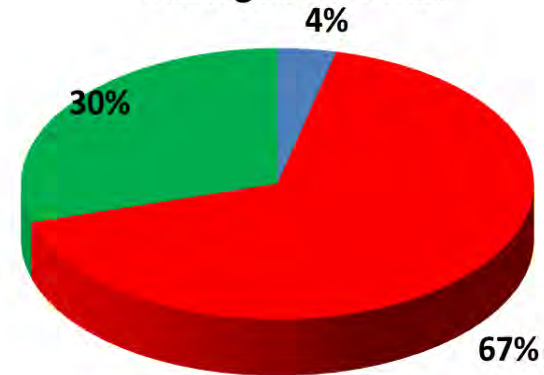
57,000
Managed
Care
Lives

Sources of Revenue



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

Managed Care Mix

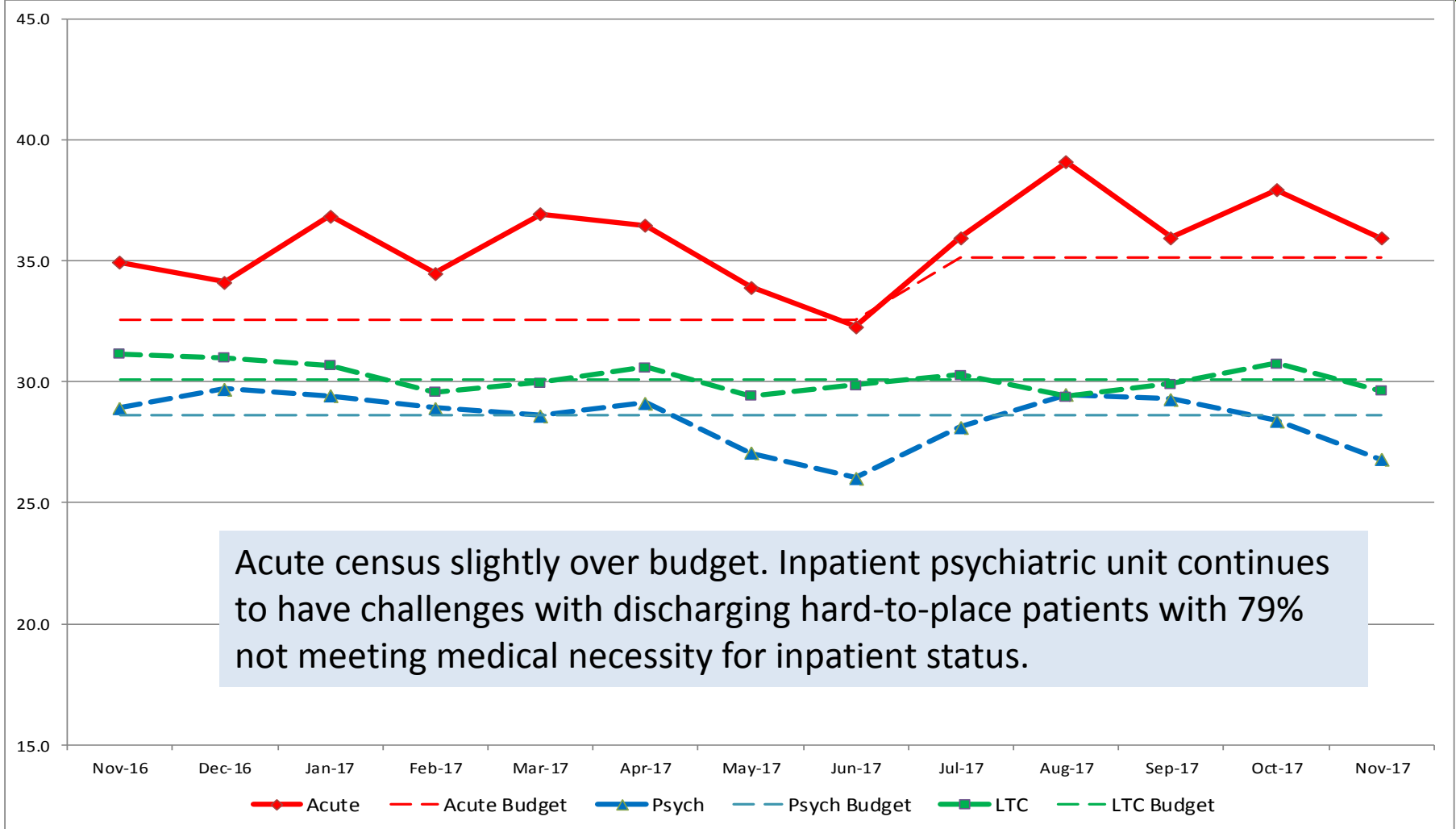


■ Medicare ■ Medi-Cal ■ Access to Care for Everyone

- **Managed Care** programs represent 30% of our Operating Revenue
- **Capitation** is a pre-payment reimbursement model that pays providers a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.

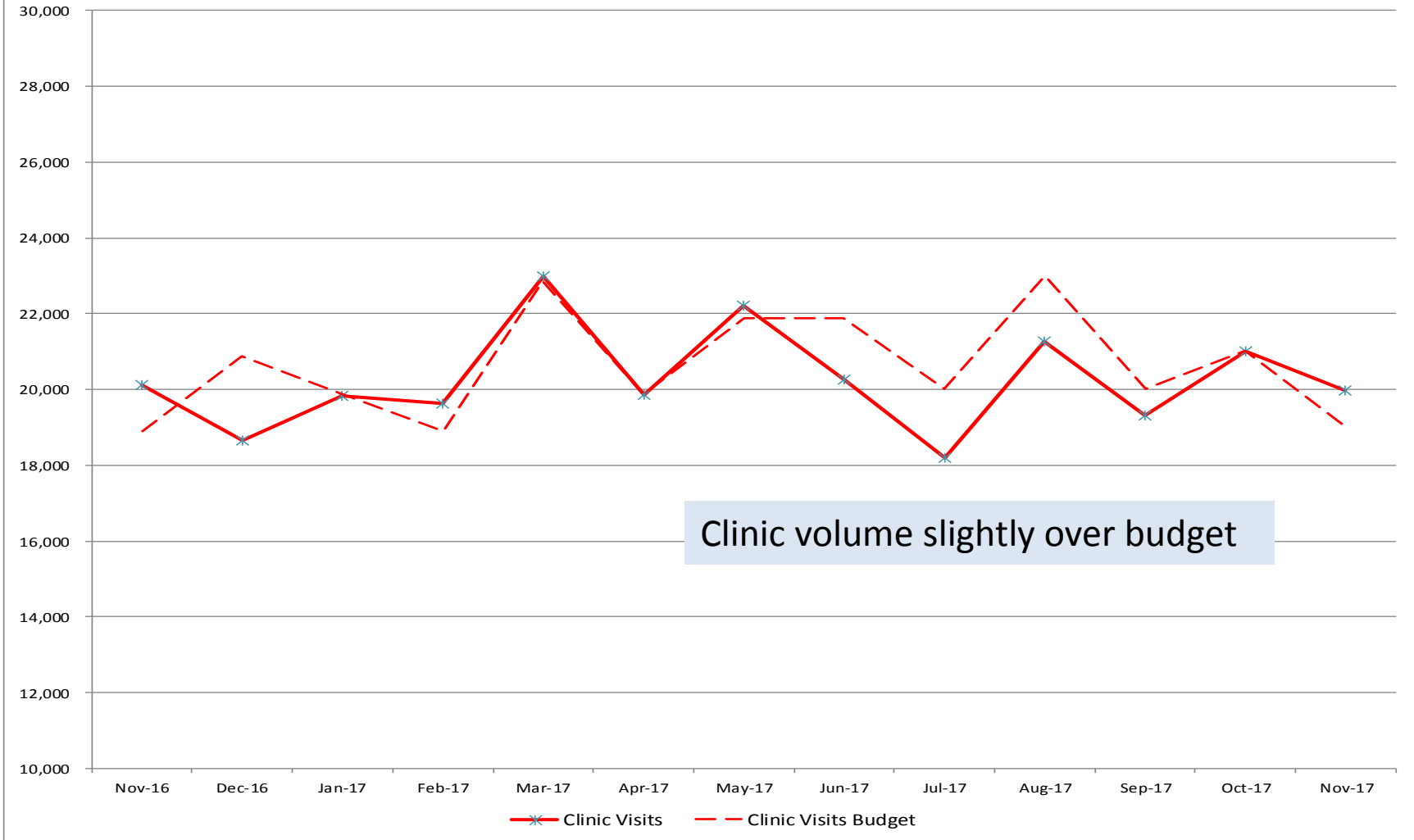
San Mateo Medical Center
 Inpatient Census
 November 30, 2017

| Patient Days | MONTH | | | | YEAR TO DATE | | | |
|--------------|--------|--------|----------|-----------|--------------|--------|----------|-----------|
| | Actual | Budget | Variance | Stoplight | Actual | Budget | Variance | Stoplight |
| | 2,771 | 2,839 | (68) | -2% | 14,600 | 14,480 | 120 | 1% |



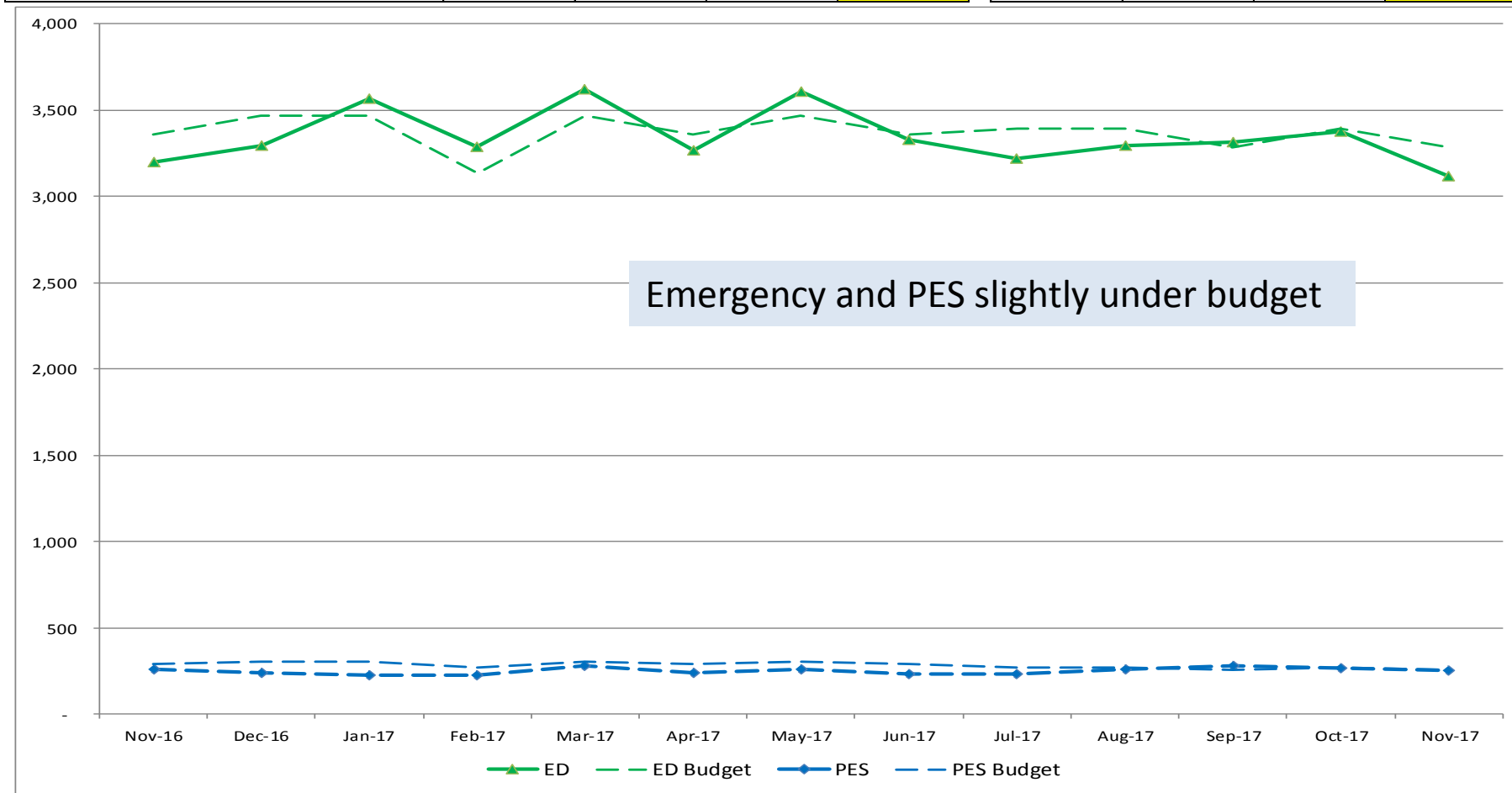
**San Mateo Medical Center
Clinic Visits
November 30, 2017**

| | MONTH | | | | YEAR TO DATE | | | |
|----------------------|--------|--------|----------|-----------|--------------|---------|----------|-----------|
| | Actual | Budget | Variance | Stoplight | Actual | Budget | Variance | Stoplight |
| Clinic Visits | 19,968 | 19,008 | 960 | 5% | 99,739 | 103,043 | (3,304) | -3% |



**San Mateo Medical Center
Emergency Visits
November 30, 2017**

| ED Visits | MONTH | | | | YEAR TO DATE | | | |
|-----------|--------|--------|----------|-----------|--------------|--------|----------|-----------|
| | Actual | Budget | Variance | Stoplight | Actual | Budget | Variance | Stoplight |
| | 3,372 | 3,541 | (169) | -5% | 17,613 | 18,060 | (447) | -2% |



San Mateo Medical Center CEO REPORT



January, 2018

As we close out the year, it is my privilege to highlight some of San Mateo Medical Center's significant achievements in 2017. We look forward to an even more successful 2018.

EXCELLENT CARE

- SMMC completed a **successful Joint Commission Survey** for Laboratory Services with the surveyor commenting that being at SMMC made him “proud” to be in health care.
- The medical center launched focused efforts to better support staff and management in **Real Time Problem Solving**. This began with a pilot in Rehabilitation Services and eventually expanded to include all staff safety events. We continue to expand our knowledge and improve our approaches in this area.
- This year SMMC enjoyed unprecedented media attention for its high quality of care. Examples include:
 - ✓ Fair Oaks Health Center featured in the San Mateo Daily Journal
 - ✓ SMMC featured in an article on ACA Achievements in both the SF Chronicle and California Healthline
 - ✓ Paul Carlisle, Manager of Rehabilitation Services, had his article *Implementing a Lean Management System in a Rehabilitation Setting* published in the Health Policy and Administration section of the American Physical Therapy Association
 - ✓ SMMC's work to reduce sepsis mortality was recognized in an article on the California Health Report
- The SMMC Falls Prevention Program received multiple accolades this year including:
 - ✓ An invitation to present at the Northern California Medical-Surgical Nursing Conference
 - ✓ Recognition in MEDSURG Nursing with the article: *The Got-A-Minute Campaign to Reduce Patient Falls with Injury in an Acute Care Setting*
 - ✓ Recognized as a top ten best practice by the National Academy of Medical-Surgical Nurses
- Psychiatric Services also received multiple recognitions including:
 - ✓ A poster by Karin Buscher RN, MSN and Jessica Frihart MSN, CNS, RN entitled *The Safety Plan-how to plan for safe inpatient stay prior to admission* was presented at the Annual Conference of the American Psychiatric Nurses
 - ✓ Julia McLaughlin, Interim Deputy Director of Psychiatric Services, was invited to present her oral presentation: *Recovery Oriented Care and Inpatient Psychiatric Care* at the Honor Society of Theta Tau International's 2018 Nursing Education Research Conference.
- The SMMC Diabetes Self- Management Training Program successfully renewed its accreditation
- SMMC work to **Reduce Surgical Site Infections** was recognized with a poster presentation at the Scientific Session of the annual conference for the Institute for HealthCare Improvement
- The organization met all its year-end targets for the PRIME program, the pay for performance portion of the 1115 Medi-Cal Waiver. This resulted in the successful claiming of more than \$20 million in core Medi-Cal funding

PATIENT CENTERED CARE

- San Mateo Medical Center has continued its partnership with the Golden Gate Harley Owners Group (HOG) with a successful 8th annual School Supply Run in July and a 28th annual Holiday Toy Drive in December. These two events resulted in the distribution of over 120 backpacks filled with school supplies and 1600 holiday gifts.

- In May, SMMC hosted its *3rd Annual Patient Experience Fair*.
- SMMC hosted its *11th Annual Breast Cancer Awareness and Health Fair*.
- The Ambulatory Call Center has experienced an increasing number of patient phone calls. In the first quarter of 2017, this led to a 45-50% abandoned call rate (patients hanging up before their call was answered). Through focused efforts the call center has been able to reduce that rate to an average of 3% for the rest of the year.
- Ambulatory Care launched annual depression screening of all patient in the Fair Oaks Health Center and Innovative Care Clinic. This coming year, we will look forward to spreading that process to other clinics.
- The Main Campus Skilled Nursing Floor (IA) was recognized by Pinnacle Quality Insight with Pinnacle Customer Experience Service Awards in Laundry Service and Professional Therapy Services.
- In June, SMMC hosted a pediatric art social.
- Thanks to generous support from the San Mateo County Health Foundation, Pediatrics Clinic piloted a 5 session Newborn class to provide education to new moms about breastfeeding, diet, and proper handling of their newborn.
- Nurses on the Medical-Surgical Floor focused on improving the use of appropriate translation services which resulted in a 37% improvement in our ability to hit our patient experience targets in our Spanish-speaking inpatient population.
- The infusion center accepted a generous donation of 100 blankets from Putnam Subaru in Burlingame and the Leukemia and Lymphoma Society of Silicon Valley.
- Thanks to the generosity of the San Mateo County Health Foundation, the new *Infusion Center is approaching completion with hopes for a grand opening in early 2018*.
- The organization launched its *model cell work* focused on improving access to specialty support. The initial phase of this work focused on providing real time support to primary care teams when specialty consultation but not referral was required. As we move forward, we will be focused on improving the timeliness and effectiveness of delivering direct specialty care.
- SMMC leaders presented our *Relationship Centered Communication Work* at the National Press Ganey Conference.
- With the support of the San Mateo County Health Foundation, three of the medical center's five dental clinics underwent renovations this year. Our twenty chairs throughout the system provided over 20,000 patient visits.
- The medical center launched its work to better support patients and customize care plans through the collection of data related to *Sexual Orientation and Gender Identity (SOGI)*.
- SMMC launched WE CARE 102 focused on the next phase of service excellence.

STAFF ENGAGEMENT

- SMMC has two primary staff recognition programs. The **Just Because** Program provides a forum for patients to recognize staff who have provided outstanding service. This past year we had 530 submissions recognizing 330 different staff members. The **Above and Beyond** Program allows staff members to recognize the efforts of their colleagues. In 2017, we had 958 submissions recognizing 661 individual staff members. Congratulations to everyone who was recognized this past year.
- A new structure for focusing on improving staff engagement was piloted in 2017. A newly formed **Staff Engagement Advisory Council** consists of front-line staff from multiple service lines and provides input and feedback on organization-wide engagement initiatives. In addition, a redesigned **Staff Engagement Steering Committee** made up of SMMC managers and supervisors focuses on understanding and improving leader engagement. Both committees have raised awareness of engagement needs and efforts and we believe this led to a six percent increase in the survey response rate in October.
- The Finance team had an overall 81% response rate in the annual staff engagement survey with seven of the thirteen units achieving 100%.
- **Three hundred and sixty nurses** participated in the second combined annual skills week.

- More than 80 Volunteers were recognized and celebrated at the *Annual Volunteer Recognition Lunch* in June.
- Radiology and Rehabilitation Services hosted an all-staff picnic in August.
- In August, SMMC celebrated the sixth cohort of frontline staff to be trained as Health Coaches.
- The medical center raised over \$7800 in support of the American Heart Association through the annual Heart Walk.
- Sixteen members of the finance team are currently enrolled in programs to become Certified Revenue Cycle Representatives.
- In October, SMMC launched a **Remote Coding Program**. Through collaborative efforts by management, staff, HR and AFSCME, this voluntary program was developed through the County's Teleworking program to meet operational needs while balancing employee's work-life goals. The program set productivity and accuracy expectations and is initially limited to two days per week, but will be reevaluated in several months with a potential to expand to five days a week. Through this transition, the team has maintained accuracy rates above the industry standard of 95%.
- The SMMC Volunteer Department launched a new summer volunteer program to encourage local high school and college students to volunteer here. The inaugural cohort included 10 volunteers.

Individual Recognitions

- Noris Larkin, PCMH Manager, was selected to participate in the 2017 American Academy of Ambulatory Care Nursing Conference and collaborated on several sessions including: "Partnering with State Board of Registered Nursing and Redesigning Roles for Nurses in the Ambulatory Care Clinics" and "Joining the Forces to Standardize Education and Training Processes by Integration of Ambulatory Nursing Curriculum into BSN Programs."
- Tina Ling, PharmD, MPH, Clinical Pharmacist at Fair Oaks Health Center, received several recognitions this year including being featured by the UCSF School of Pharmacy, named the San Mateo County Employee of the Month, and being recognized by Congresswoman Jackie Speier at an event honoring local first generation immigrants for their contributions to the community
- Dr. Ann Marie Silvestri, Dental Program Manager, also received a variety of accolades this year including the 2016 Distinguished Service Award from the San Mateo County Dental Society and a Fellowship into the American College of Dentists.
- Michelle Merola, RN, Charge Nurse in Surgical Specialty Clinic was recognized with the 2017 Universal Service Award from County Emergency Medical Services
- Brian Faust, Manager of Health Information Management, began his term as the Board President for the California Health Information Association



RIGHT CARE, TIME AND PLACE

- The Daly City Clinic received a grant from Mills Peninsula Medical Center to continue support for *Express Care Services*.
- Coastside Clinic completed renovations that would allow it to expand access to both primary and specialty care locally.
- SMMC successfully claimed all its available funding through the *Global Payment Program*. The program took funding that was previously distributed through the Disproportionate Share Hospital Program and restructured it to incentivize more appropriate outpatient and preventative care.
- Recognizing a need within our integrated health care delivery system, Dr. Ahayla Joisha and Senior Care Charge Nurse, Patricia Vaught, created a process to scan POLST and Advance Directive forms (that had been completed in the outpatient setting) into Soarian so that they are available to inpatient and ED providers at the point of care.
- A nurse driven project in the PCMH Access Unit led to a 30% reduction in monthly ED visits related to medication refills.

FINANCIAL STEWARDSHIP

- Materials Management achieved supply savings of over \$540,000; a 60% improvement over the prior year.
- Patient Access improved its revenues to \$1.4 million significantly besting its goal and posting a 31% improvement from the prior year.
- Patient Access also initiated improvement work for self-pay account follow-up and reduced the number of patients sent to collections by 59%.
- Our Accounting Team finished the annual external audit with no audit adjustments or audit findings for the fourth year in a row.
- Patient Financial Services implemented FQHC billing for Medicare and transitioned to new HIPAA compliant Medi-Cal FQHC service codes.
- Financial Planning & Analysis implemented a 340B compliance program and together with Pharmacy Services led a successful 340B audit with only three audit findings.
- Accomplishments through our Revenue Cycle Transformation Strategic Initiative include:
 - ✓ Achieved an 82% accuracy rate across five locations for our insurance verification system
 - ✓ Achieved a 38% reduction in the value of accounts pending authorization
 - ✓ Achieved a 100% completion rate for obtaining authorization reference numbers from HPSM

To: SMMC Board Members
 From: Louise Rogers, Chief
 Subject: Health System Monthly Snapshot – December 2017



| Indicator | Number | Change from previous month | Change from previous year |
|---|----------------------------|----------------------------|---------------------------|
| ACE Enrollees | 21,697 (November, 2017) | .04% | 2.9% |
| SMMC Emergency Department Visits | 3,644 (October, 2017) | 1.4% | -.5% |
| New Clients Awaiting Primary Care Appointment | 825 (December, 2017) | -13% | 48% |

Health System Volunteers Continue to Support North Bay Fire Region

From the first Mutual Aid request received by Emergency Medical Services (EMS) in the early morning hours of October 9, the Health System has sent a total of 29 staff members to counties and cities affected by the North Bay fires. As of early December, the Health System has sent 22 mental health workers, one Public Information Officer, one Animal Services Manager, one Medical/Health Branch staffer, and four Environmental Health workers. Mental health workers who were deployed to Napa County, including critical bilingual staff, helped people inside evacuation centers as well as those who were afraid to enter the facilities due to their immigration status. Those deployed to Sonoma County offered mental health support at schools, where families and teachers who lost their homes needed crisis counseling. EMS Director Nancy Lapolla explained that this disaster “demonstrated how important it is that the San Mateo County Health System has response plans and procedures in place to both respond to an incident and to help with continuity of operations.” In the aftermath of the fires, it is anticipated that there will be a continued need for hazmat specialists and solid waste/landfill specialists from Environmental Health divisions throughout the region to support the affected counties’ recovery efforts.



Photo: Preston Merchant, Health System Communications

Health System Leads Bay Area–Wide Open Enrollment Outreach Campaign

As part of the Health System’s efforts to provide affordable health coverage for qualified clients in San Mateo County, the Health Coverage Unit (HCU) conducted its Social Media Chat: Health Coverage Uncovered in partnership with Covered California and Solano County. This was the second consecutive year that HCU, in collaboration with the Health System Communications division, conducted a health coverage social media chat and the first time the effort was coordinated across county lines. As of December 20, this year’s chat, which started with a Facebook Live broadcast, has a reach of over 37,000 people through the Health System’s outreach efforts, thanks in large part to the support of local and state partners.



Photo: Preston Merchant, Health System Communications

Emergency Medical Services Director Recognized by the State

Nancy Lapolla, director of the Health System’s Emergency Medical Services division, has been recognized by California Emergency Medical Services Authority as Administrator of the Year. The awards ceremony was held at the Marines Memorial Hotel in San Francisco. As stated in the official announcement, “For over ten years, Nancy Lapolla has worked tirelessly to improve medical and health disaster preparedness within California. Her leadership, commitment, and expertise in disaster medical services spans over 15 years, helping to form the local Medical/Health Operational Area Coordinator program we know today.”



Photo Courtesy: Emergency Medical Services

Aging and Adult Services Launched Its First Fraud Prevention Social Media Campaign

During the week of November 12-18, Aging and Adult Services’ (AAS) conducted a week-long social media campaign in conjunction with Fraud Prevention Week in a continuing effort to protect older adults from abuse. The campaign highlighted key issues related to financial fraud, identified common scams in San Mateo County, shared preventative measures the public can take, and disseminated resources for scam victims. In total, the campaign garnered over 30,000 impressions on Facebook and Twitter, which was due in part to the incorporation of video content and the help of partner organizations and departments who circulated campaign content on their various channels.



Photo: Elder Abuse Outreach Coordinator Nicole Fernandez records a video PSA to kick off campaign