



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

Thursday, April 5, 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

April 5, 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. Janet Chaikind

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. March 1, 2018 Meeting Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Bryan Gescuk

H. ADMINISTRATION REPORTS

- 1. Emergency Department
- 2. Teen Clinics
- 3. Master Planning Update
- 4. Financial Report
- 5. CEO Report

Dr. Alpa Sanghavi Verbal

Dr. CJ Kunnappilly..... 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, March 1, 2018
Executive Board Room

Board Members Present

Supervisor Carole Groom
Supervisor David Canepa
John Maltbie
Louise Rogers
Dr. CJ Kunnappilly
Dr. Bryan Gescuk
Dr. Janet Chaikind
Dr. Alex Ding

Staff Present

Michelle Lee	Priscilla Romero	Leslie Williams-Hurt
David McGrew	Gabriela Behn	Cecilia Diaz
Dr. Susan Fernyak	Aimee Armsby	Angela Gonzalez
DeAndre James	Julia McLaughlin	Juliana Fuer
Peggy Jensen	Julie Griffith	
Gary Horne	Erica Horn	

Members of the Public

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 8:11 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for March 1, 2018. QIC Minutes from January 23, 2018. Medical Executive Committee Minutes from February 13, 2018.	Aimee Armsby reported that the Board approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report Leslie Williams-Hurt	The ribbon cutting for the SMMC Infusion Center expansion will be held on April 26. The Bothin Foundation made a generous award to the Dental Clinics to support imaging technology.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from February 1, 2018.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Bryan Gescuk	Additional physician support is needed especially during period of high census which were recently experience. The inpatient units are still high.	FYI

<p>SMMC Medical Psychiatry Services Dr. Daniele Levy</p>	<p>The Med-Psych Services is part of the Psychiatry department of SMMC.</p> <p>Integrating Behavioral Health in Primary Care through Depression Screening</p> <ul style="list-style-type: none"> • Depression is a Common and Disabling Chronic Condition in Primary Care (PC) • Addressing Depression in PC Fits Market Imperatives and Funding Mandates • Typical PC Models Lack in Systematic Diagnosis and Treatment of Depression <p>Roll Out of Depression Screening</p> <ul style="list-style-type: none"> • Standardized: Screening instrument; New workflows; New provider tools; Integrated resources • Workflows Re-Designed to Efficiently Capture, Document, and Address Screening • New Tools Enable PCPs to Quickly Process Results and Offer Resources to Patients • Embedded Full-time Behavioral Health Specialist in PC Augments Care Seamlessly <p>Opportunities and Challenges Going Forward</p> <ul style="list-style-type: none"> • Nearly 4,000 Screens Completed in Strong Two-Clinic Roll out vs. 2018 goal of 6,000 • We will Expand Clinic Reach and Continue to Innovate in Service Offering 	<p>FYI</p>
<p>Board Self-Assessment Dr. CJ Kunnappilly</p>	<ul style="list-style-type: none"> • We will focus on bringing presentation that are focused on areas that were identified as needing more exposure/knowledge • As we begin the 2018 strategic cycle, will regularly update board on progress of plan and how it facilitates long term strategy • We will continue to explore board composition 	<p>FYI</p>
<p>California Clubhouse Erica Horn</p>	<p>The Clubhouse is a free and voluntary social and vocational rehab program for adults living with persistent mental illness. At its core, the Clubhouse is a community where members (our program participants), can build meaningful relationships while engaging in productive work. Through participating in the Clubhouse members regain self-confidence and relieve isolation.</p> <p>The Work-Ordered Day The Work-Ordered Day organizes the daily activity of the Clubhouse. It helps members regain structure while learning new skills and strengthening personal talents and abilities. Members come from various backgrounds and contribute to all aspects of the Clubhouse.</p> <p>Employment and Educational Opportunities The Clubhouse enables its members to return to paid work or obtain work for the first time through different employment opportunities. We partner up with local businesses on job placements in the labor market. We also support members who needs guidance and advocacy on their educational pursuits.</p>	<p>FYI</p>

	Through Social Program, members develop meaningful relationships outside the work-ordered day. Socials are held on all major holidays, weekends, and weekday evenings. They range from hikes, festivals, beach trips, to card games.	
Financial Report David McGrew, CFO	The January 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 BOS approved the Marijuana Education Campaign which will be aimed at youth. Jei Africa will be taking a new position as the Director of Behavioral Health and Recovery Services for Marin County. We wish Jei the best.	FYI
County Manager John Maltbie	No update..	FYI
Board of Supervisors Supervisor Groom	No update.	FYI

Supervisor Groom adjourned the meeting at 9:12 AM. The next Board meeting will be held on April 5, 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

TAB 2

ADMINISTRATION REPORTS

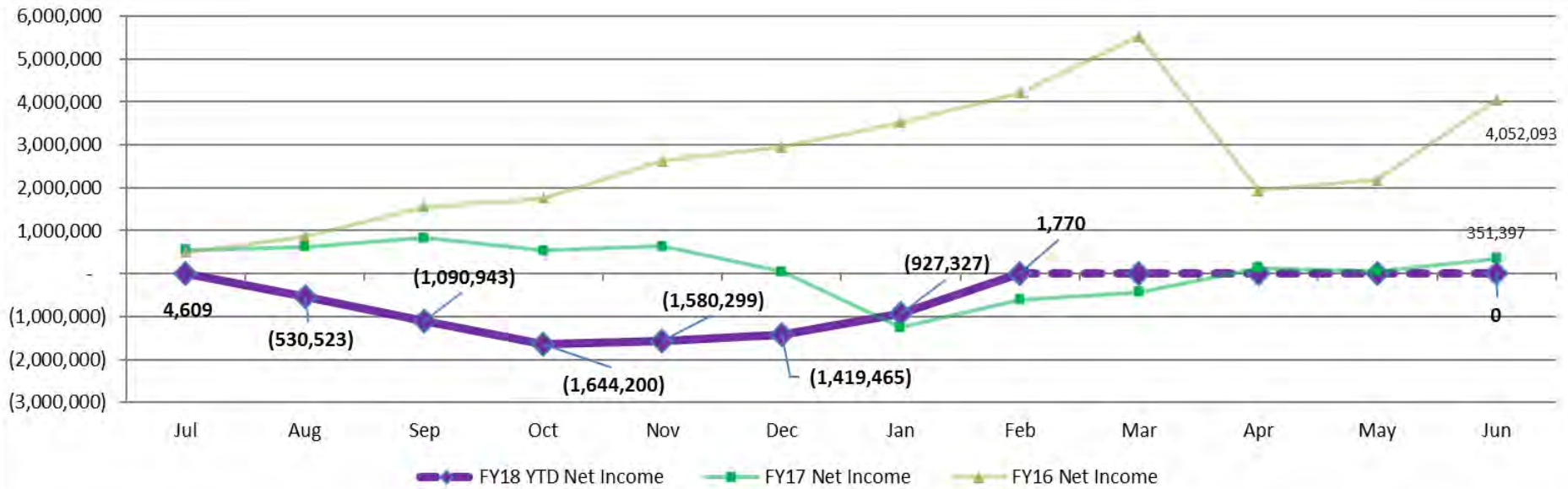


San Mateo Medical Center
A County System of Healthcare

February FY 2017-2018 Financial Report

Board of Directors Meeting
April 5, 2018

Financial Highlights



February - Positive \$929k:

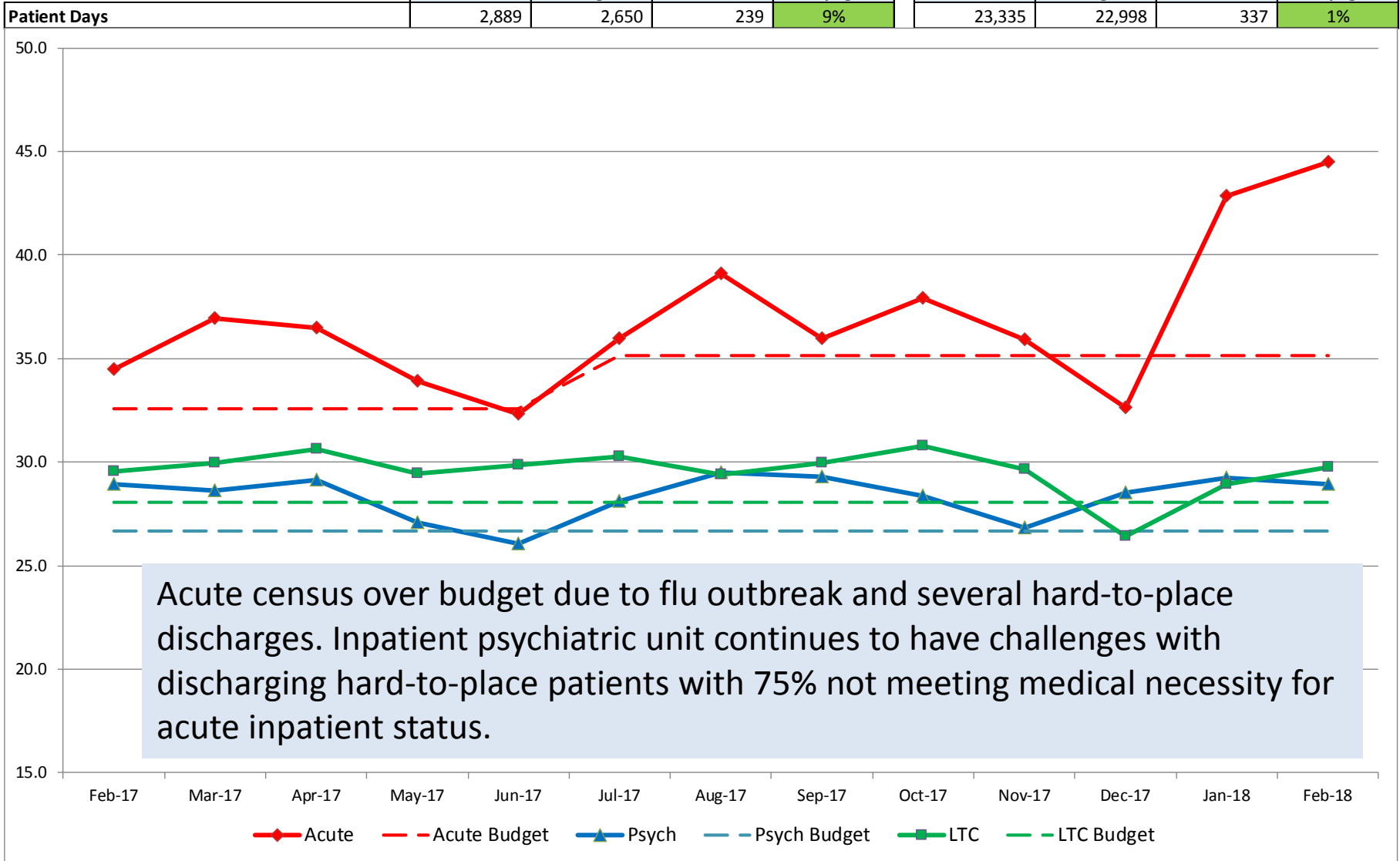
- FTEs below budget
- GPP DSH Cut Delay
- Voluntary Rate Range
- Patient service revenue
- Claim denials
- Non-acute days

Forecast FY18: Several recent actions on supplemental revenue funding will support our forecast to end the year on budget. Congress delayed DSH cuts to the GPP program and CMS approved the QIP. Additional funding through the EPP is still pending CMS approval.

San Mateo Medical Center
 Inpatient Census
 February 28, 2018

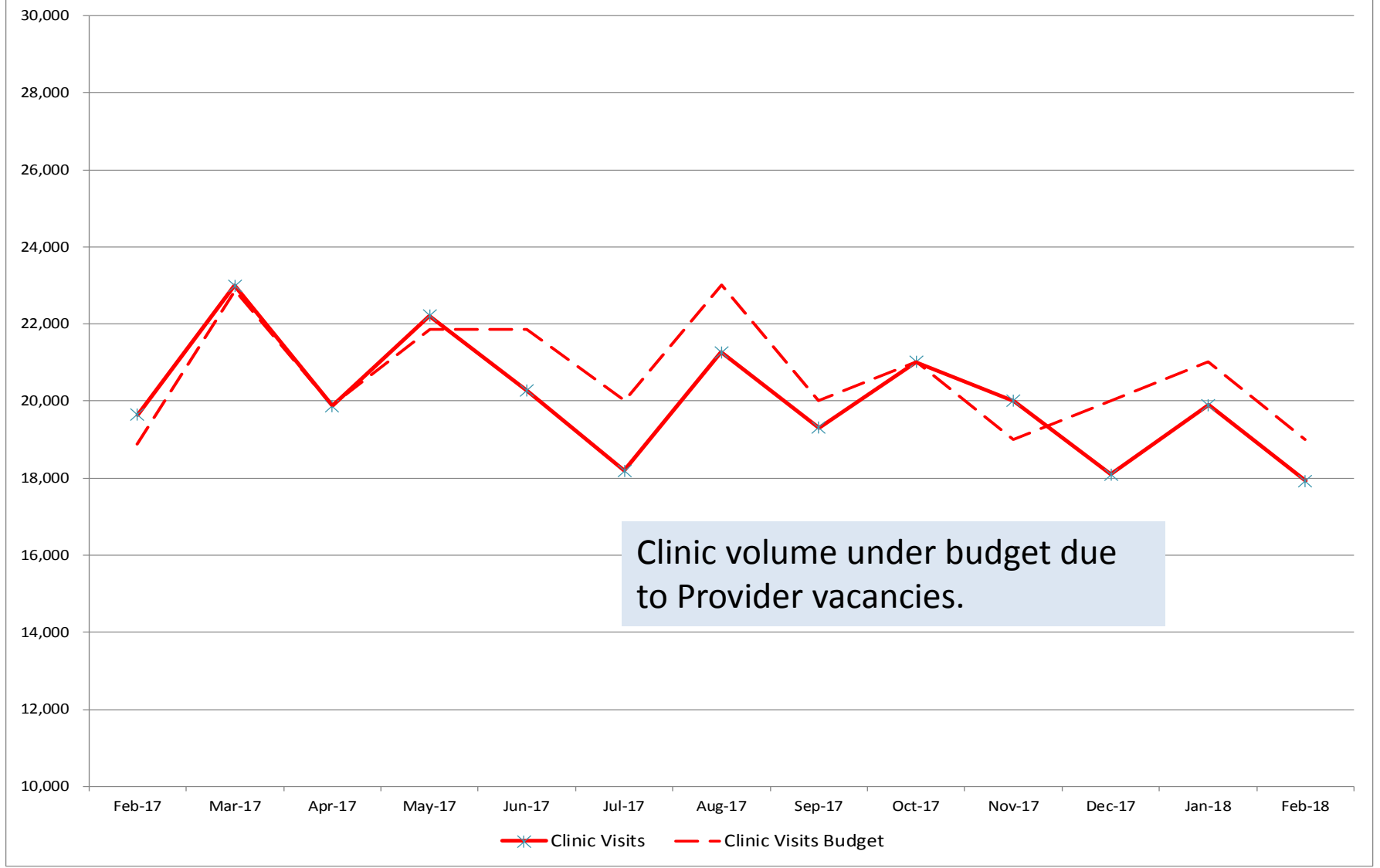
MONTH			
Actual	Budget	Variance	Stoplight
2,889	2,650	239	9%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
23,335	22,998	337	1%



**San Mateo Medical Center
Clinic Visits
February 28, 2018**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Clinic Visits	17,925	19,008	(1,083)	-6%	155,694	163,068	(7,374)	-5%

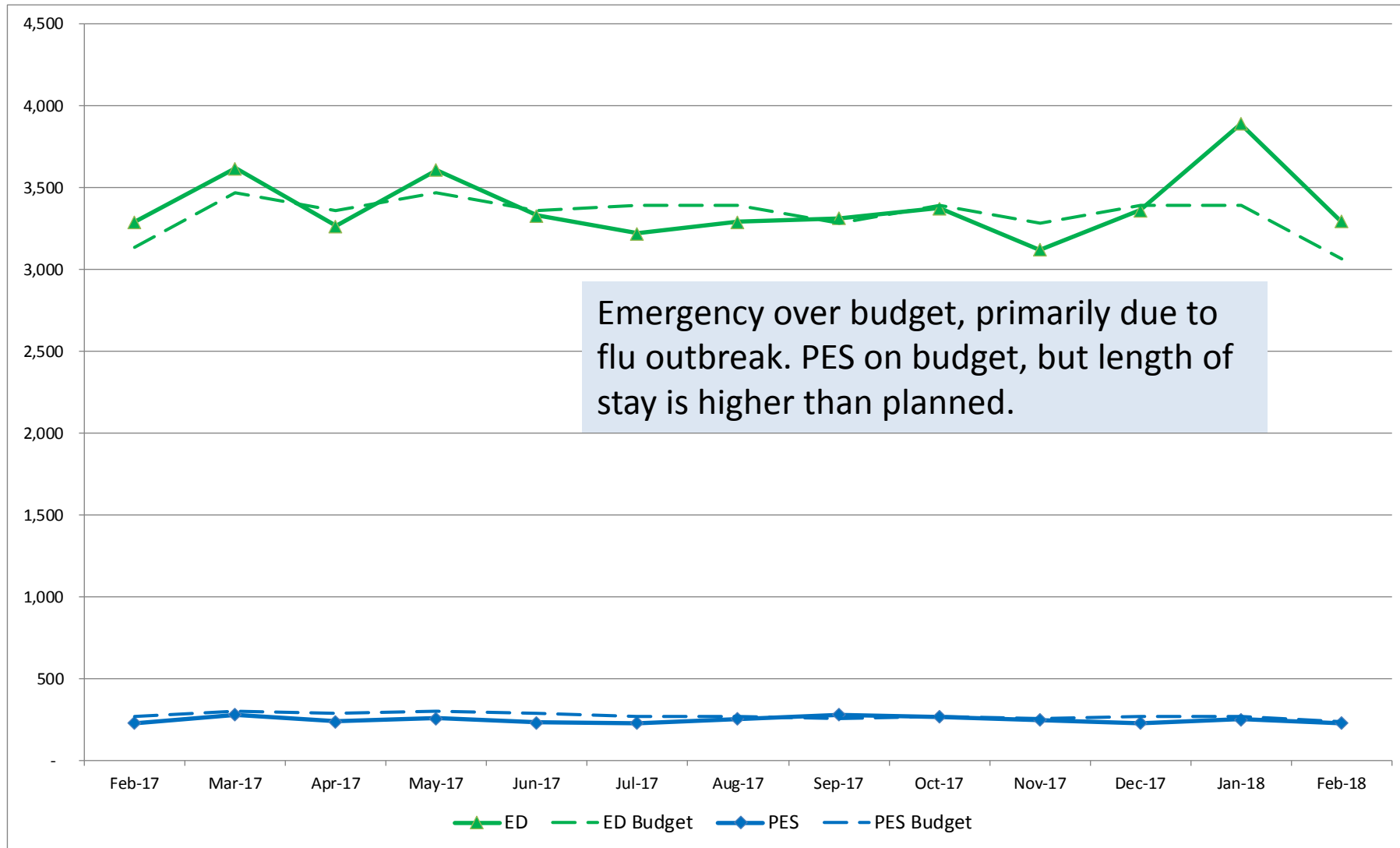


**San Mateo Medical Center
Emergency Visits
February 28, 2018**

MONTH			
Actual	Budget	Variance	Stoplight
3,524	3,305	219	7%

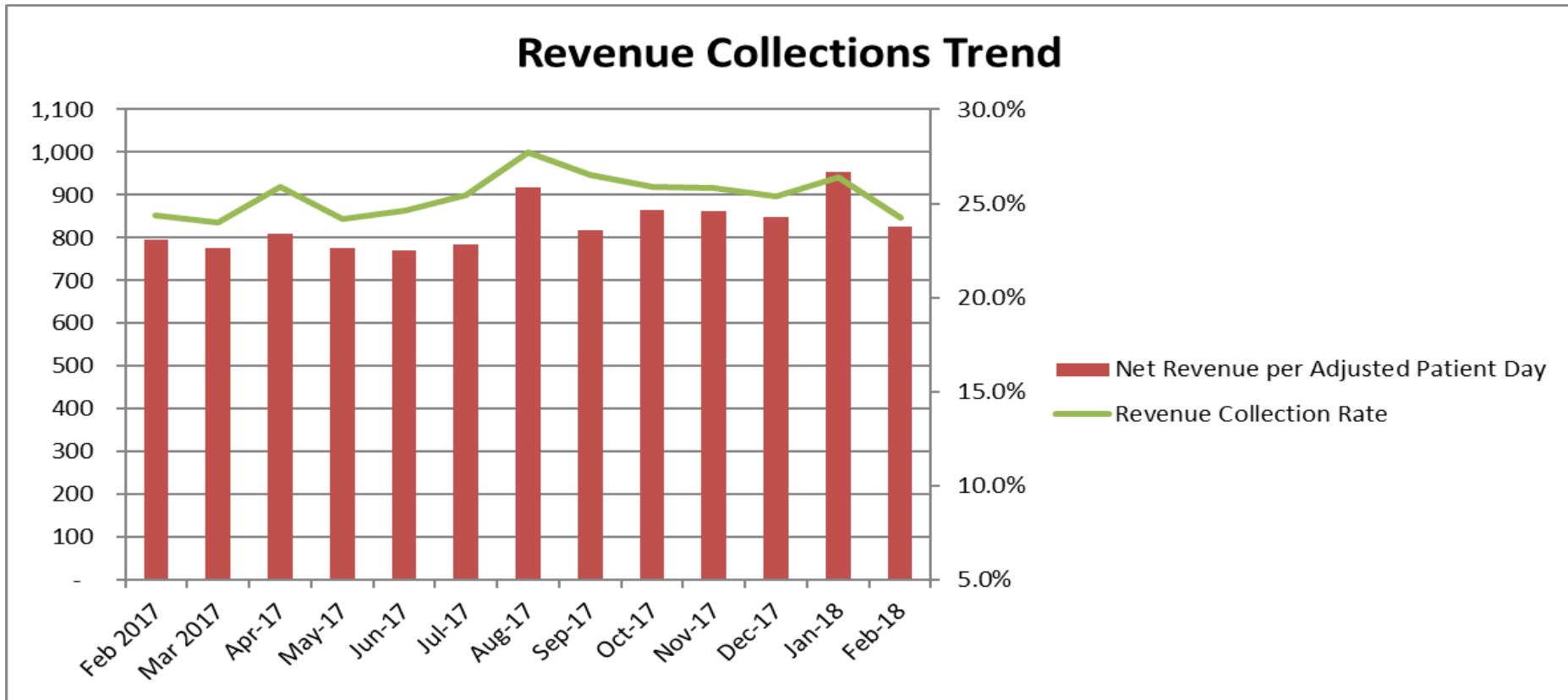
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
28,872	28,684	188	1%

ED Visits	3,524	3,305	219	7%	28,872	28,684	188	1%
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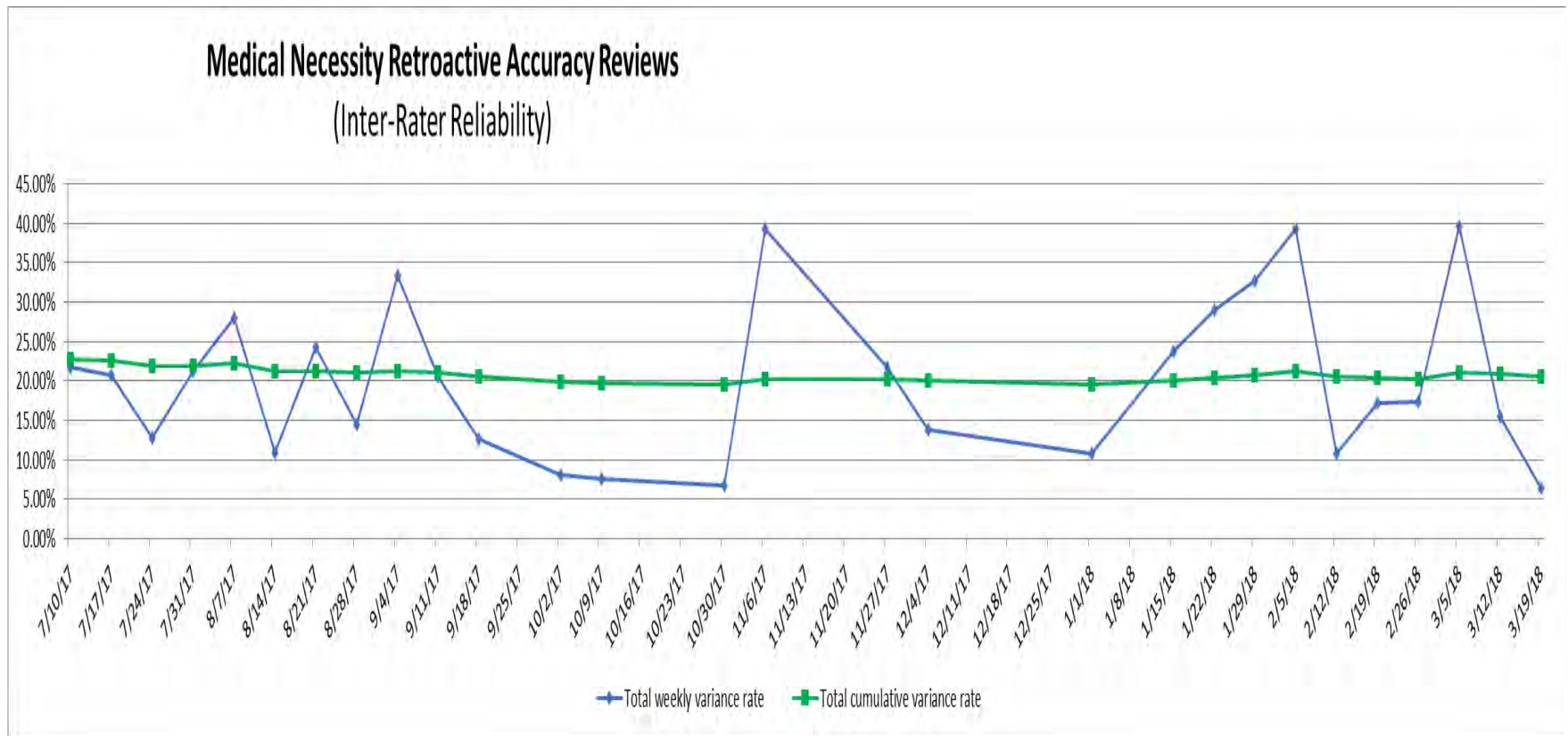
Key Performance Indicators

FFS Revenue Collection Trend



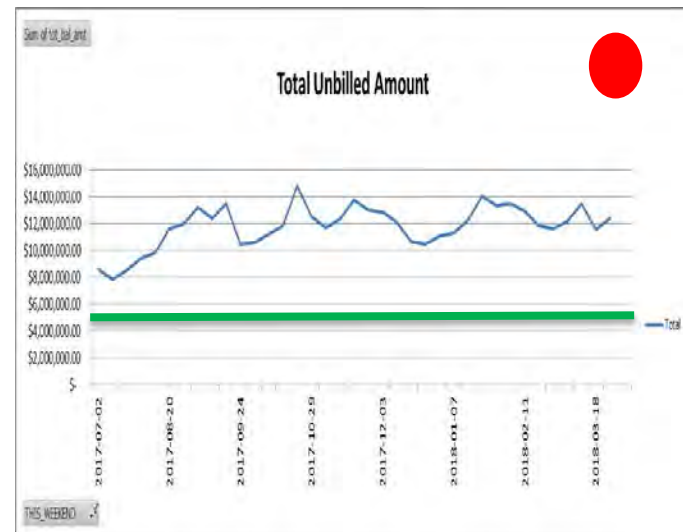
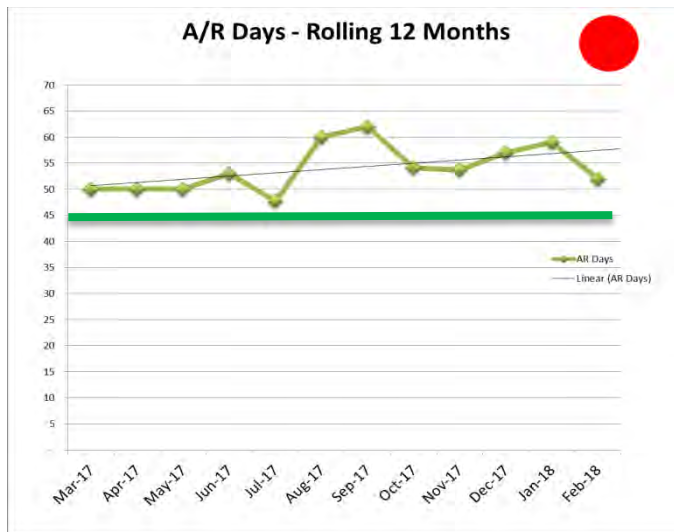
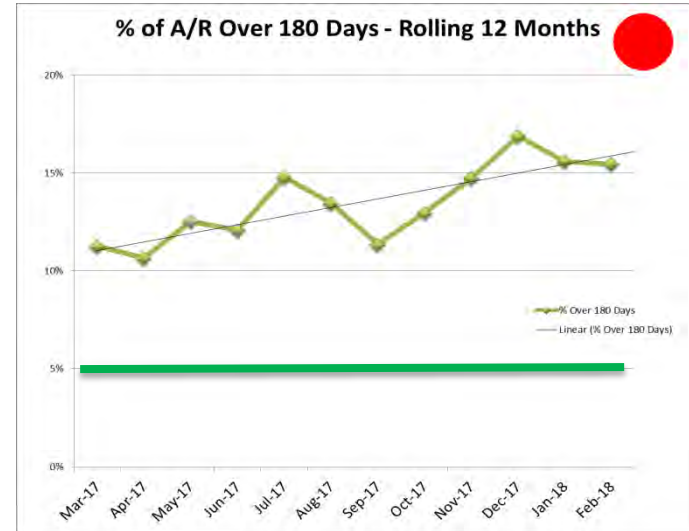
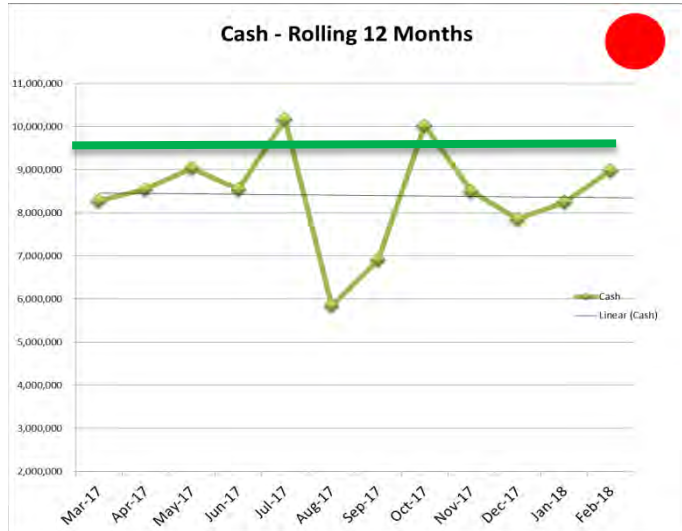
The revenue collection rate continues to hover around 25%, but ticked down to 24% in February as we continue to delay the release of claims pending compliance reviews for accuracy and completeness. Claim denials continue to be high due to inpatients not meeting medical necessity on the medical-surgical unit and the psychiatric unit

Key Performance Indicators



Claims are held pending a review of medical necessity for compliance with acute inpatient billing rules. The retro review process has identified a cumulative error rate of 20%, which is being addressed with weekly variance reviews, focused training/monitoring and LEAP Improvement Charter work. Implementation of a CDI program will further support these efforts.

Key Performance Indicators



Revenue 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 April
<i>Clinical Documentation Improvement (CDI)</i>	<ul style="list-style-type: none"> RFP closed January 2nd Vendor selected BOS contract in May Initiate project work in June
<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 in April.

APPENDIX

San Mateo Medical Center
Income Statement
February 28, 2018

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	929,098	31,850	897,248		1,770	254,799	(253,029)		
2 HPSM Medi-Cal Members Assigned to SMMC	37,918	38,019	(101)	0%	304,618	304,152	466	0%	
3 Unduplicated Patient Count	69,402	70,114	(712)	-1%	69,402	70,114	(712)	-1%	
4 Patient Days	2,889	2,650	239	9%	23,335	22,998	337	1%	
5 ED Visits	3,524	3,305	219	7%	28,872	28,684	188	1%	
7 Surgery Cases	233	240	(7)	-3%	1,875	2,058	(183)	-9%	
8 Clinic Visits	17,925	19,008	(1,083)	-6%	155,694	163,068	(7,374)	-5%	
9 Ancillary Procedures	67,219	62,789	4,430	7%	543,130	538,858	4,272	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)	74.7%	80.0%	5.3%	7%	80.7%	80.0%	-0.7%	-1%	
Pillar Goals									
12 Revenue PMPM	116	150	(34)	-23%	130	150	(20)	-13%	
13 Operating Expenses PMPM	369	387	18	5%	371	387	16	4%	
14 Full Time Equivalentents (FTE) including Registry	1,170	1,252	82	7%	1,166	1,252	86	7%	

San Mateo Medical Center
Income Statement
February 28, 2018

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
21	Inpatient Gross Revenue	9,856,309	9,577,810	278,499	3%	77,352,556	76,622,479	730,076	1%
22	Outpatient Gross Revenue	23,387,143	25,324,704	(1,937,561)	-8%	194,344,384	202,597,631	(8,253,248)	-4%
23	Total Gross Revenue	33,243,452	34,902,514	(1,659,062)	-5%	271,696,940	279,220,111	(7,523,171)	-3%
24	Patient Net Revenue	8,054,796	10,512,930	(2,458,134)	-23%	72,052,618	84,103,439	(12,050,821)	-14%
25	Net Patient Revenue as % of Gross Revenue	24.2%	30.1%	-5.9%	-20%	26.5%	30.1%	-3.6%	-12%
26	Capitation Revenue	501,383	1,291,667	(790,284)	-61%	5,121,583	10,333,333	(5,211,750)	-50%
27	Supplemental Patient Program Revenue (Additional payments for patients)	11,112,558	10,030,626	1,081,932	11%	80,454,060	80,245,009	209,051	0%
28	Total Patient Net and Program Revenue	19,668,737	21,835,223	(2,166,486)	-10%	157,628,261	174,681,781	(17,053,520)	-10%
29	Other Operating Revenue (Additional payment not related to patients)	1,125,947	1,238,275	(112,329)	-9%	9,319,729	9,906,201	(586,472)	-6%
30	Total Operating Revenue	20,794,683	23,073,498	(2,278,815)	-10%	166,947,990	184,587,983	(17,639,992)	-10%

**San Mateo Medical Center
Income Statement
February 28, 2018**

	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	15,037,491	15,814,559	777,068	5%	123,435,029	126,516,471	3,081,441	2%
32 Drugs	898,514	806,645	(91,869)	-11%	6,450,423	6,453,163	2,741	0%
33 Supplies	681,588	916,646	235,058	26%	6,539,062	7,333,165	794,103	11%
34 Contract Provider Services	3,700,441	3,290,227	(410,214)	-12%	26,006,403	26,321,815	315,411	1%
35 Other fees and purchased services	3,612,513	4,519,167	906,655	20%	30,002,327	36,153,339	6,151,012	17%
36 Other general expenses	434,929	504,203	69,274	14%	3,462,178	4,033,627	571,449	14%
37 Rental Expense	168,836	189,615	20,779	11%	1,385,406	1,516,921	131,515	9%
38 Lease Expense	822,975	822,975	(0)	0%	6,583,803	6,583,803	(0)	0%
39 Depreciation	250,574	260,089	9,515	4%	2,011,329	2,080,711	69,382	3%
40 Total Operating Expenses	25,607,861	27,124,127	1,516,266	6%	205,875,961	216,993,014	11,117,053	5%
41 Operating Income/Loss	(4,813,177)	(4,050,629)	(762,548)	-19%	(38,927,970)	(32,405,031)	(6,522,939)	-20%
42 Non-Operating Revenue/Expense	898,807	(760,990)	1,659,796	218%	181,993	(6,087,917)	6,269,910	103%
43 Contribution from County General Fund	4,843,468	4,843,468	0	0%	38,747,747	38,747,747	0	0%
44 Total Income/Loss (GAAP)	929,098	31,850	897,248		1,770	254,799	(253,029)	

(Change in Net Assets)

**San Mateo Medical Center
Payer Mix
February 28, 2018**

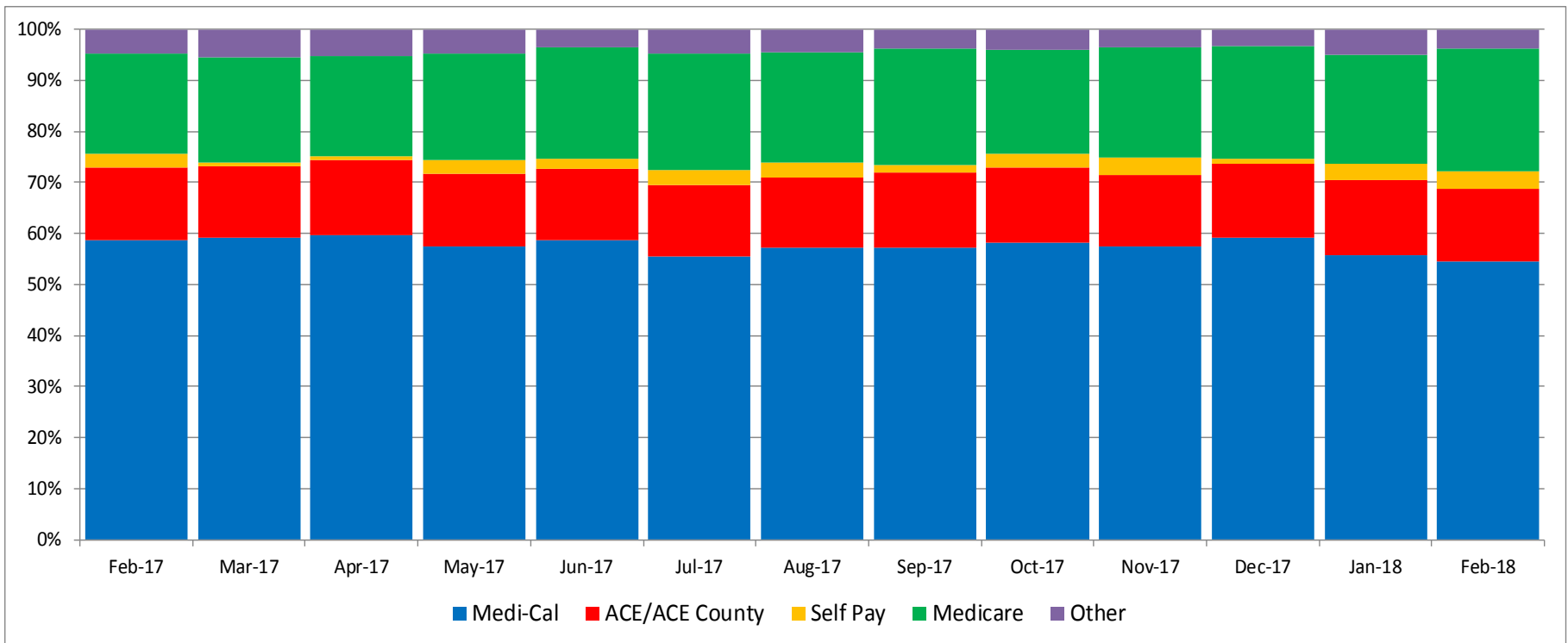
MONTH			
Actual	Budget	Variance	Stoplight

YEAR TO DATE			
Actual	Budget	Variance	Stoplight

Payer Type by Gross Revenue

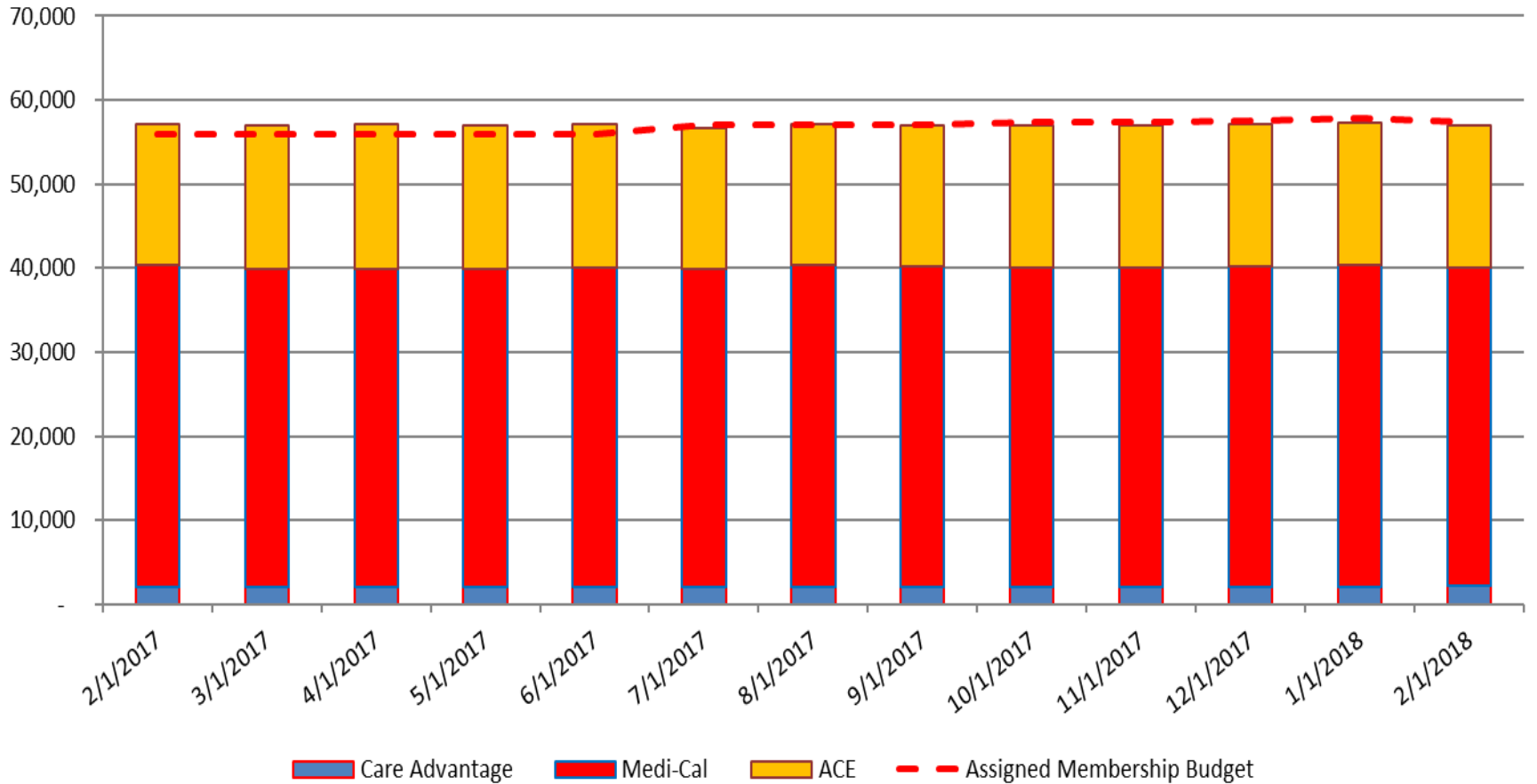
	A	B	C	D
Medicare	23.9%	21.0%	2.9%	
Medi-Cal	54.6%	58.0%	-3.4%	
Self Pay	3.4%	2.0%	1.4%	
Other	3.9%	5.0%	-1.1%	
ACE/ACE County	14.2%	14.0%	0.2%	
Total	100.0%	100.0%		

	E	F	G	H
Medicare	22.1%	21.0%	1.1%	
Medi-Cal	56.9%	58.0%	-1.1%	
Self Pay	2.6%	2.0%	0.6%	
Other	4.1%	5.0%	-0.9%	
ACE/ACE County	14.4%	14.0%	0.4%	
Total	100.0%	100.0%		





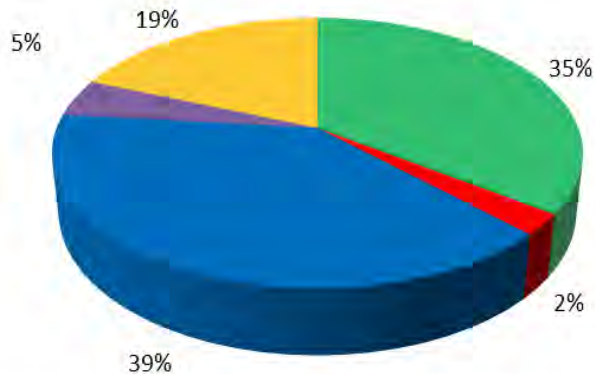
Managed Care Membership Trend



Revenue Mix

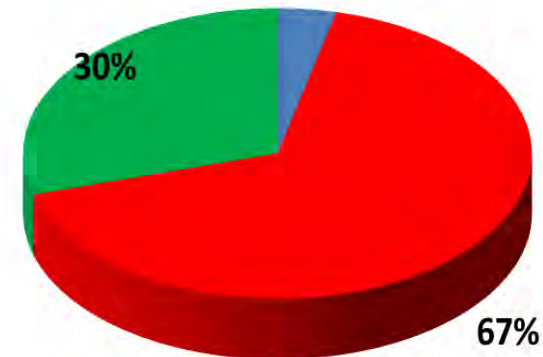
57,000
Managed
Care
Lives

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 34% 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.

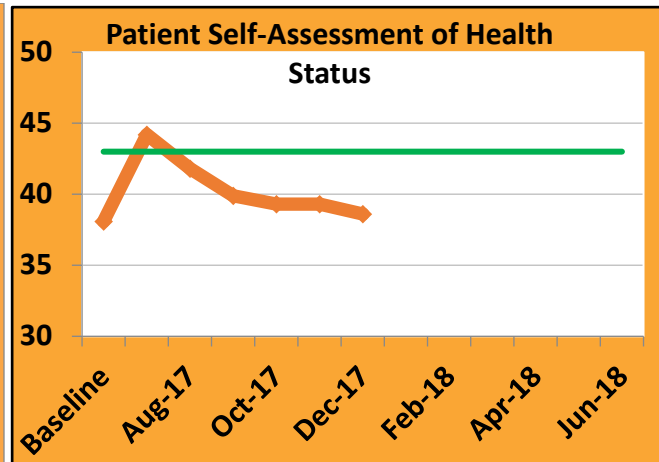
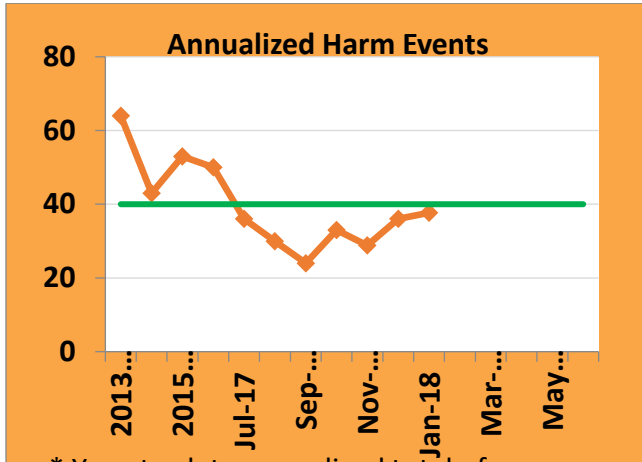
San Mateo Medical Center CEO REPORT



April, 2018

EXCELLENT CARE

• PILLAR METRICS



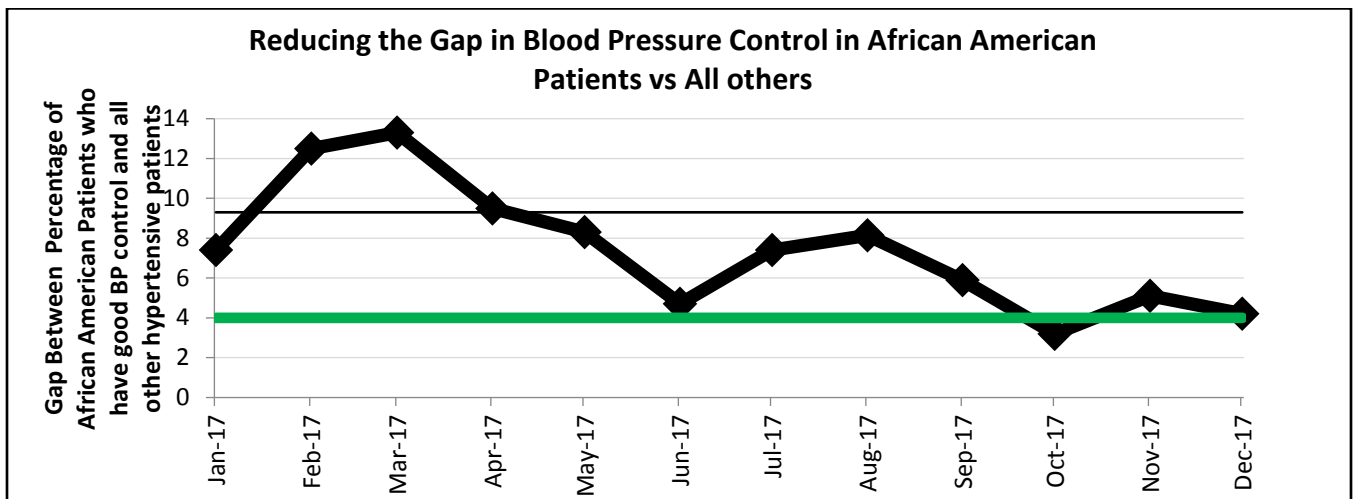
Harm Events= Avoidable Patient Harm= Central Line Infections, Catheter Associated Urinary Infections, Hospital Acquired Pressure Ulcers, Surgical Site Infections, Medication errors with harm, Blood clots, Falls with Injury and other avoidable patient harm events. The number is annualized (i.e the number after 2 months is multiplied by 6, the number after 4 months is multiplied by 3 etc)—**Lower is better**

Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One of the questions asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent – **Higher is better**

- **SMMC Submits PRIME Mid-Year Report:** On March 23rd, SMMC submitted its mid-year report for the third year of the PRIME program. PRIME is the pay for performance program within the Medical Waiver. In order to earn this critical source of core funding, each public hospital must, each year, move their performance closer to the 90th percentile of all Medicaid providers on 52 key metrics. We are excited and proud that SMMC has already demonstrated performance above the 90th percentile in several key areas including: Blood pressure control, Provider Ratings in Patient Experience Surveys, Avoiding the inappropriate use of imaging in low back pain, and Avoiding poor blood sugar control in diabetics. We also continue to move toward the 90th percentile in many other areas. Congratulations to our Director of Performance Strategies, Kristin Gurley, who helps organize the submission of this report; our Health System Business Intelligence Team who extract the data for the report; and, most importantly, every team member who actually does the work to provide our patients with this high quality of care.
- **Care Transitions Program Reduces Hospital Readmissions-** In May of 2015, SMMC received a 3-year grant from the **Sequoia Healthcare District** to establish a Care Transitions Program focused primarily on the uninsured residents of that district. On March 6th, I had the privilege of presenting the “final” report to the Health District Board. The highlight of that report was that SMMC’s overall readmission rate is 8.65%, already low by industry standards, but patients served by the Care Transitions Program had a readmission rate that was only 4.5%! Congratulations to the entire Care Transitions team

including Irina Kaplan, RN who has led it from its inception. Thank you to **Sequoia Healthcare District** for their generous support of this important and effective program.

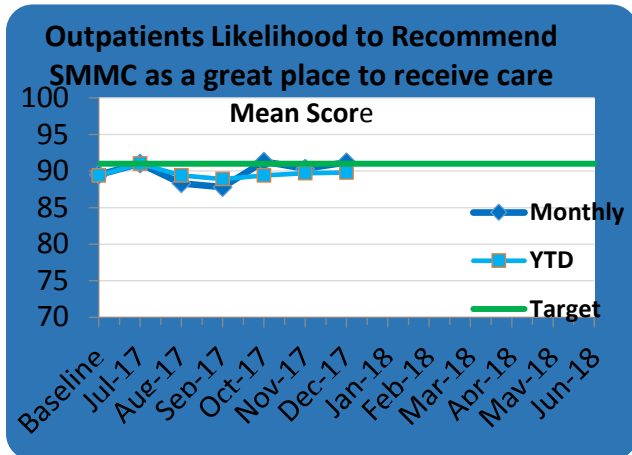
- Nursing Works to Reduce Patient Harm Events:** The ***Advancing Nursing Practice Strategic Initiative*** has been focused on reducing harms related to what are nationally identified “nurse-sensitive indicators.” At SMMC, these focused efforts have reduced tissue injury (pressure ulcers or “bedsores”) from a baseline of 2.0/month to 0.8/month. We have also seen Medication errors go from 2.5/ month to 1.8/month. In addition, SMMC’s nationally recognized Falls Prevention Program has reduced the rate of falls with injury from 1.21/1000 patient days to 0.15/1000 patient days. Our goal is to eliminate all patient harm events and nursing is leading the way. Congratulations and Thank You to all of our incredible nurses!
- Reducing Disparities In Blood Pressure Control:** The ***Disparities Reduction Strategic Initiative*** has been focused on identifying and reducing disparities in care and outcomes. As part of this work, the team identified a significant disparity in blood pressure control where the rate of good control was 13 percentage points lower in our African American patients as compared with all other patients with Hypertension. As demonstrated in the graph below, however, that gap was reduced to 4.2 % by December of 2017. The data is now being produced monthly and will be incorporated in upcoming efforts to further improve blood pressure control in all patients. The goal is to further reduce this gap even as we improve performance across the board.



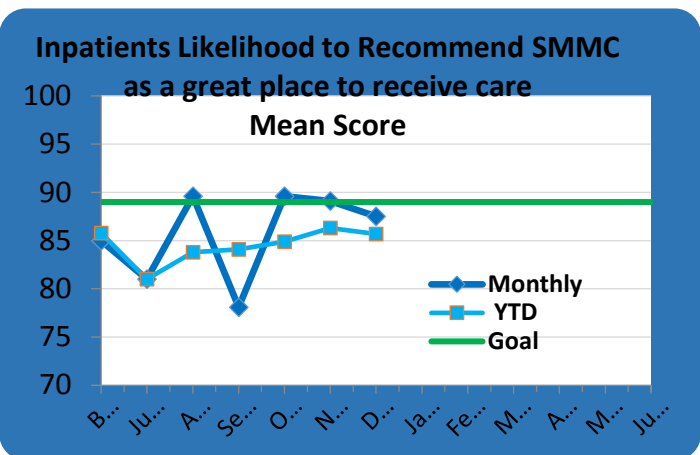
- Improving our Ability to Identify Depression:** The ***Patient Centered Medical Home Strategic Initiative*** has been focused on improving our ability to identify and treat patients with depression. As a result of focused efforts at both the Innovative Care Clinic and Fair Oaks Health Center, as of March of 2018, over 4100 patients were screened with 30% screening positive and receiving treatment. The team is currently evaluating how to spread this success to other clinics. Congratulations to everyone involved in making this effort so successful.

PATIENT CENTERED CARE

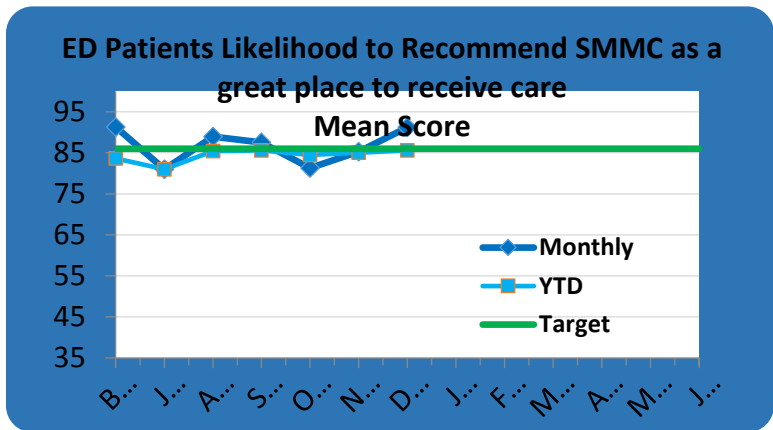
- PILLAR METRICS**



Press Ganey Mean Score: Score on the question of “How likely are you to recommend this clinic to friends and family?”-**Higher is better**



Press Ganey Mean Score: Score on the question of “How likely are you to recommend this Hospital to friends and family?”-**Higher is better**



Press Ganey Mean Score: Score on the question of “How likely are you to recommend this Emergency Department to friends and family?”-**Higher is better**

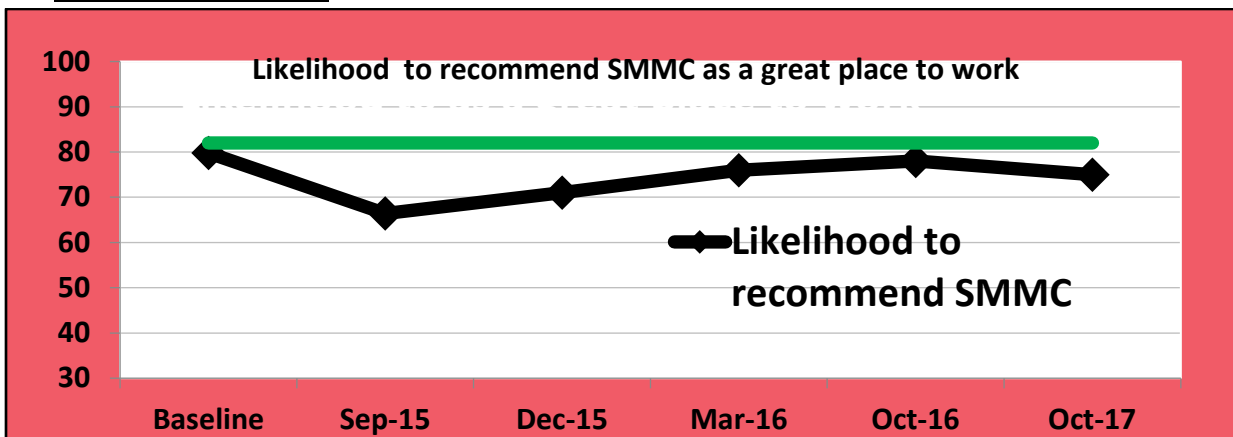
- Senior Care Clinic Provides Specialized Services to the Elderly at Fair Oaks Health Center:** In May of 2015, **Sequoia Healthcare District** authorized a 3-year grant to support the expansion of services from the Ron Robinson Senior Care Clinic at SMMC to Fair Oaks Health Center. On March 6th, I provided an update on this program to the Healthcare District board. Since its inception in August of 2015, this clinic has provided over 1800 visits to almost 350 Medical Home Patients. Congratulations to Dr. Allen Tong and his entire team for their work to meet the needs of this vulnerable population. Thank you again to the **Sequoia Healthcare District** for their generous support of this program.
- Delivering Care in Patients’ Preferred Language:** The **Disparities Reduction Strategic Initiative** has been focused on improving our ability to deliver care in a patient’s preferred language. The main focus

has been identifying and removing the barriers to the use of trained interpreters. One of the metrics that the group follows is the gap between English and Spanish speakers with respect to their self-assessment of their own health. In July of 2017 there was a 17.2 percentage point gap between the percentage of English speakers who rated their health as very good or excellent and the percentage of Spanish speakers who gave themselves the same rating. By December, that gap was virtually zero. The **Advancing Nursing Practice Strategic Initiative** has also been focused on this area. On the inpatient service, their efforts have improved the ratio of telephone-video interpreter equipment from 1:20 beds to 1:10 beds. In addition, nursing identified that Spanish speaking patients rated their level of pain control 9 percentage points lower than their English speaking counterparts. As a result of nursing efforts, that gap has now been eliminated. Congratulations to both teams for all their efforts in this critical area.

- Pediatrics Focuses on Team-based Care and Improved Flow:** The **Patient Centered Medical Home Strategic Initiative** recently held a LEAP improvement event in the Main Campus Pediatrics Clinic. The focus was to improve flow and support providers, nursing and clerical staff in working “at the top of their license.” The goal is to stabilize this work within the clinic and then spread the process to other pediatrics clinics. We will look forward to sharing updates as the work spreads.

STAFF ENGAGEMENT

- PILLAR METRICS**



County Staff Engagement Survey: Percentage of staff members who Agree or Strongly Agree that they would recommend SMMC as a great place to work—Higher is better

SMMC Celebrates All Its Physicians: March 30th was National Doctor’s Day. I could not be prouder to be part of an organization that has such a committed and talented medical staff. Doctor’s Day was also an opportunity for me to reflect on why I became a physician. I could not, however, say it any better than our Chief Medical Officer, Dr. Susan Fernyak. Her message to the organization is contained below:

Today – March 30th – is National Doctor’s Day!

Every day I feel immensely proud of the physicians who work at SMMC. Over the course of the year, I hear stories and observe first-hand the compassionate care provided, the many ways our patients are supported, and how well physicians work with all care team members.

There is work underway in every part of our organization to improve the day-to-day experience of our physicians including improving work flows, transitioning non-physician tasks to other Care Team members, and including physicians in decision making.

Today I want to acknowledge all our providers who are thought leaders, innovators, collaborative team members, passionate about the health of our community, and always striving to be patient-centered.

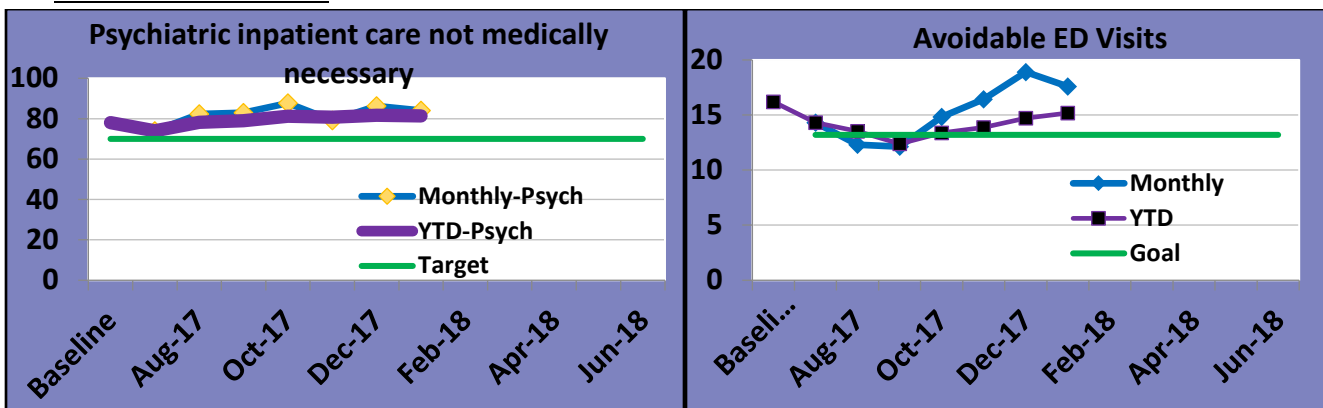
Happy National Doctor Day to all SMMC providers. I am proud and honored to work with you all.

- Nursing Clinical Ladder Promotes Engagement and Improves Care:** The *Advancing Nursing Practice Strategic Initiative* envisions a nursing structure that reaches across the continuum of care from ambulatory to inpatient to emergency services to long term care. Part of this work has focused on revising the clinical ladder program for clinical nurses. In the first 18 months since the revision, nine nurses have applied for advancement on the clinical ladder. Applicants work with a mentor and meet quarterly with representatives of the Clinical Nurse Committee to review their projects and to elicit peer guidance and direction. Examples of the projects are contained below:

Nurse Driven Project	A Measure of Success
Hepatitis C Virus (HCV) Patient Adherence to Treatment Plan	Individualize and create a bundle of best practice interventions for each patient to increase show rates for laboratory follow-up.
Patient follow-up with patients with high Hemoglobin A1C who had surgical procedure canceled	Ensure patients were not lost to follow-up when surgical procedures were canceled because of high Hemoglobin A1C to monitor until the patient was rescheduled.
Medication Adherence for Low Literacy, Illiterate and Cognitively Impaired Patients in the Anticoagulation Clinic	Develop and implement a pictorial guide for patient medication regimes and teach patients how to successfully manage their medications to achieve anticoagulation within normal ranges.
In-patient Rapid Response Team collaborates with clinics to develop a Rapid Response Team for the clinics	Identify and provide necessary support equipment for the Rapid Response Team in the clinics and to now provide training and mock drills.

RIGHT CARE, TIME AND PLACE

PILLAR METRICS



Psychiatric Non-medically necessary Inpatient Days: Percentage of Acute Inpatient psychiatry days where a patient may have been able to be discharged if there was a safe environment for them to go to-**Lower is better**

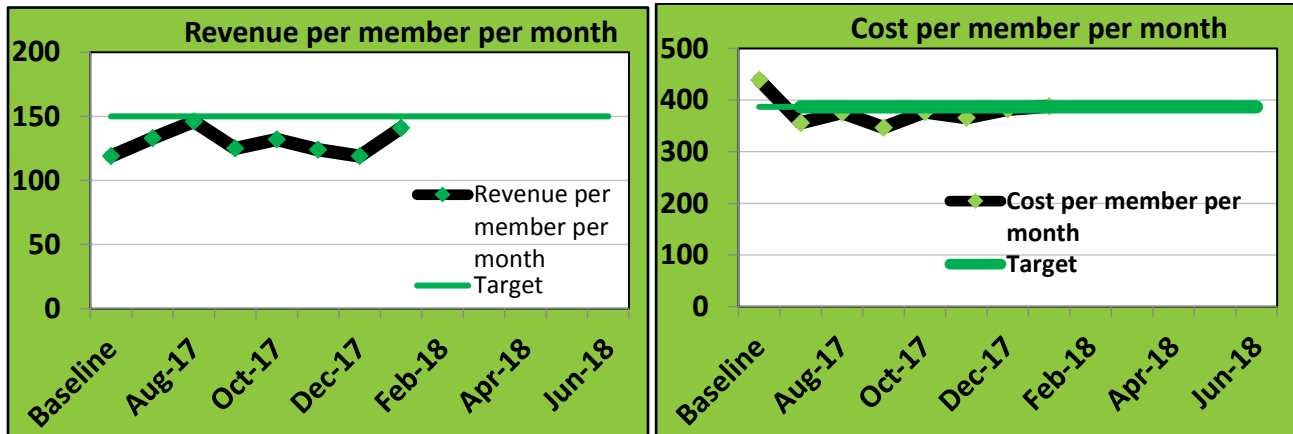
Potentially Avoidable ED Visits: Percentage of ED visits by Established Primary Care Patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than ED-**Lower is better**

- Reducing Unnecessary ED Visits:** As part of the *Advancing Nursing Practice Strategic Initiative*, two clinical nurse projects have focused on reducing unnecessary ED utilization. One focuses on Primary Care patients who were seen in the ED for medication refills. The nurse connected each patient with their assigned provider team. This intervention has led to a **30% decrease in ED visits for medication**

refills. In the other project, the nurse lactation specialist follows up on each infant who had an ambulatory sensitive diagnosis and was seen in the ED. In each follow-up, support with breastfeeding and parenting skills is also offered. The intervention has informed the class content and teaching methods in clinic.

FINANCIAL STEWARDSHIP

• PILLAR METRICS

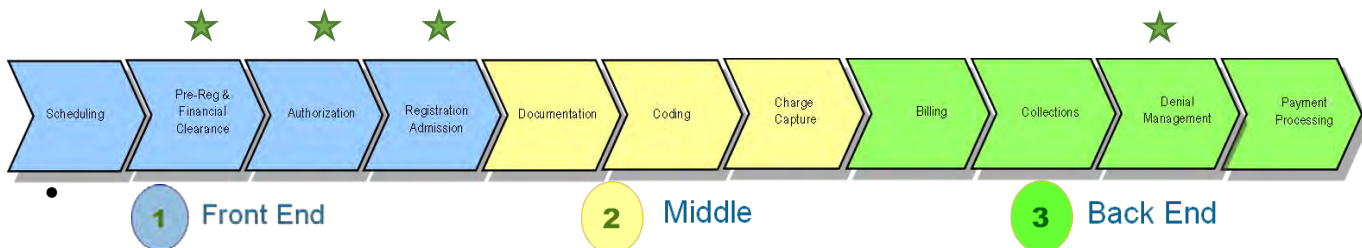


Revenue Per Member Per Month: Total Patient Revenue divided by total assigned members- **Higher is better**

Cost Per Member Per Month: Total Cost divided by total assigned members- **Lower is better**

• Revenue Cycle Transformation – FY18 Initiatives

Our FY17-18 Financial Stewardship strategic initiative continues to focus on the revenue cycle, building on last year’s front-end work with insurance verification accuracy and inpatient authorization approvals. In addition, we added a focus on ensuring our providers are enrolled with Medicare and Medi-Cal in a timely manner to eliminate payment denials.

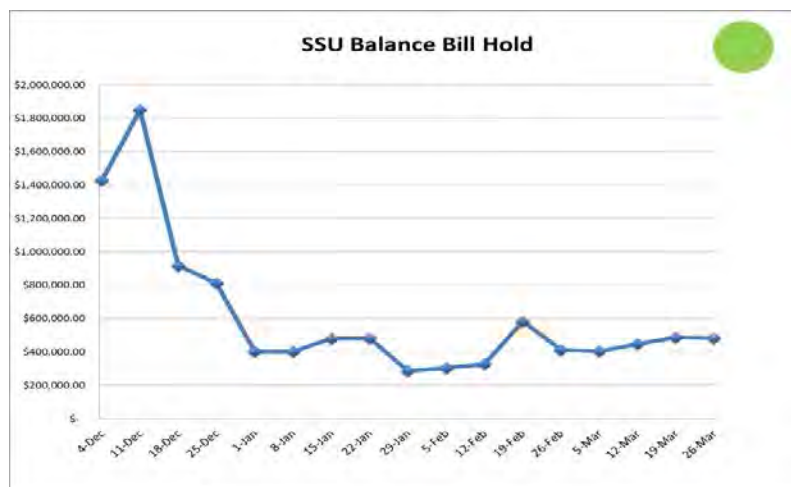


The following measures are tracked in conjunction with our Improvement Charter work:

Measures:	Baseline value (6/30/17)	Current Value (2/28/17)	Budget Value (FY17-18)	Ideal Value
Revenue per member per month (pmpm)	\$119	\$130	\$150	\$398
Claim denials (< 5% NPR)	\$4.4 million	\$5.1 million	\$4.1 million	No Denials
Unbilled accounts (5 day bill hold)	\$8.6 million	\$12.4 million	\$5.5 million	No Unbilled

The Registration Accuracy nested charter encompasses the activities to ensure all the required registration data elements for accurate billing will be collected as early in the patient contact cycle as possible, typically before the patient arrives for services. The most significant gaps identified in the current state assessment are the lack of adequate reporting tools for quality assurance, lack of work queue tools to manage workflow prioritization, and inefficient structure of insurance plan codes. Two of these gaps can be addressed through technology to automate work that is done manually today and this will be a focus area for the next several months as we move to implement Experian Health’s front-end automated tool “eCareNEXT” in advance of the Invision system replacement.

The Authorizations nested charter workgroup designed several experiments to improve the timeliness of obtaining treatment authorizations for scheduled outpatient surgery (SSU) cases. Prior to this work, many of the authorizations were attempted to be obtained after the surgery occurred, leading to claims being held or, in some cases, denied. Authorizations are now obtained 100% prior to surgery, which resulted in an 83% reduction of bill holds from the high in December, as shown below:



- Patient Access Training Team Supporting Front-End Staff**

A couple of years ago, our Patient Access department reorganized its training function to support our patient registration staff with Front-End workflows and processes in preparation for the replacement of the Invision system and other strategic initiatives. The team restructured the training program that covers areas such as: the healthcare industry, revenue cycle concepts, Medi-Cal and Medicare programs, HPSM, insurance fundamentals (including insurance verification and an orientation to the tools available), relevant policies that govern insurance coding and registration principles, and an orientation to the registration tool with hands on practice. In addition, the team created a post-training evaluation tool to help staff with furthering their development. For experienced staff, a refresher course was created and is held monthly to help reinforce policies and procedures as well as create problem solving opportunities in a collaborative learning environment. The training team created a SharePoint site that is a repository for all training materials and related supporting documentation and leads the monthly Ambulatory Revenue Cycle team meeting for registration staff Supervisors. All of this is designed to give our staff the tools and training they need to do their job.

In support of the **Disparities Reduction Strategic Initiative**, the training team took the lead in creating training materials for the roll-out of our Sexual Orientation/Gender Identify (SOGI) data collection practices. Since the September 2017 launch, we have seen an increase in data collection from 57% to 82% due to the team’s use of data, feedback and continuing education. Finally, the training team took a lead role in creating the Improvement Charter for the Registration Accuracy initiative, described above, which focused on the use of our insurance verification system, HDX, and simplification of our insurance plan codes. The next phase will consist of implementing Experian Health’s eCareNEXT, as a replacement to HDX, and in preparation for replacing Invision.

To: SMMC Board Members
 From: Louise Rogers, Chief
 Subject: Health System Monthly Snapshot – March 2018



Indicator	Number	Change from previous month	Change from previous year
ACE Enrollees	21,696 (February, 2018)	0.1%	0.4%
SMMC Emergency Department Visits	3,524 (February, 2018)	-14.9%	0.14%
New Clients Awaiting Primary Care Appointment	718 (March, 2018)	-1.6%	10.2%

Family Health Services Completes 3rd Annual Nutrition Education Series for 800+ Students

The Nutrition Education & Obesity Prevention Program (NEOP), part of Family Health Services, completed its third annual nutrition education series with three San Mateo County schools in Ravenswood and South San Francisco Unified School Districts. These are schools with a student population of 50% or more who are recipients of a free or reduced meal program. The education series is designed to get students excited about healthy eating as well as to inform them of the “story” of their food (where it comes from, the ecosystem it grows in) as part of the program’s larger goal to create policy change around public school lunches. NEOP’s curriculum for this series includes a pre/post-program survey of participants, which tracks behavior changes in eating habits and physical activity. Last year’s survey results showed that students increased their levels of physical activity by 30% after completing NEOP’s curriculum, while rates of unhealthy food consumption decreased by 17%. NEOP also surveys students to understand what they want to change about their school meal program in the hopes that such data can be used to institute changes in districts’ school meal programs. This latest education series reached over 800 students in San Mateo County.



Photo: Family Health Services

Inaugural Infectious Disease Conference Brings Together 120+ Public Health Providers and Practitioners

This month, our Public Health, Policy, and Planning division partnered with the San Mateo County Medical Association to host a provider training to improve local maternal and pediatric health. The Inaugural Peninsula Infectious Diseases Conference featured experts from across the state to share the latest guidance on reporting, preventing, diagnosing, and treating maternal and pediatric infections like Zika, influenza, pertussis, vaccine-preventable infections, and more. Over 120 providers and public health practitioners from throughout California attended. Supervisor Pine provided a great framing in his opening remarks about the impact of climate change on emerging infectious diseases. The Health System plans to continue hosting this conference as needed to help bridge the gap between public health and clinical care in San Mateo County.



Homeland Security Conducts BioWatch Training Exercise in San Mateo County

The Health System, along with local, state, and federal partners, participated in BioWatch California, an exercise to test readiness and response to a bioterrorism incident. In the simulation, San Mateo County was the affected jurisdiction and host of the event, which was managed by the Department of Homeland Security and coordinated by the Health System. In addition to regional and national calls involving health officers, public information officers, emergency medical services personnel, and other responders, the exercise included a drill for the county’s hazmat team, overseen by the Belmont Fire Department. BioWatch is a national early warning system to detect and respond to the release of deadly pathogens in urban areas.



Photo: Preston Merchant, Health System Communications

Get Healthy Releases Health Equity Video Series

Get Healthy San Mateo County has launched a health and place video education series to expand awareness of what it takes to build healthy, equitable communities to improve the health of the public. The series provides an overview of how health is impacted by where we live, and Get Healthy collaborative efforts underway to improve health by addressing the root causes. The goal of these videos is to expand the reach of the program’s health message throughout San Mateo County. To view the videos, visit www.GetHealthySMC.org.

