



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Thursday, November 1, 2018

8:00 AM – 10:00 AM

SAN MATEO MEDICAL CENTER

EXECUTIVE BOARD ROOM

Second Floor, Administration Wing



SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

November 1, 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

Approval of:

1. October 4, 2018 Meeting Minutes
2. Compliance/Privacy Report

TAB 1

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Bryan Gescuk

H. ADMINISTRATION REPORTS

- 1. Food and Nutrition Services
- 2. Financial Audit Report
- 3. Financial Report
- 4. CEO Report

Dr. Alpa Sanghavi.....Verbal

David McGrew.....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.

TAB 1

**CONSENT
AGENDA**

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Thursday, October 4, 2018
Executive Board Room

Board Members Present

Supervisor David Canepa
John Maltbie
Louise Rogers
Dr. CJ Kunnappilly
Dr. Bryan Gescuk
Dr. Julie Hersk
Dr. Janet Chaikind
Deborah Torres

Staff Present

Michelle Lee
David McGrew
Dr. Susan Fernyak
DeAndre James
Joan Spicer
Brighton Ncube
Peggy Jensen
Aimee Armsby

Members of the Public

Michael Callagy
Priscilla Romero
Julie Griffith
Gary Horne
Julie Griffiths
Cecilia Diaz
Malu Cruz
Dr. Hareesh Ruparel

Marcus Weenig
Mary Fullerton
Matthew Boyle
Burke Malin

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Canepa 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 8:22 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for October 4, 2018. QIC Minutes from August 28, 2018. Medical Executive Committee Minutes from September 11, 2018.	Aimee Armsby reported that the Board unanimously approved the Credentialing Report as amended and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report	Foundation Board member, Burke Malin, reported that official tours of the hospital for invited guests will be a regular event. On September 14, two original members of the Foundation visited SMMC. They were Margaret Taylor, former director of San Mateo Health System and Congresswoman Anne Eshoo.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from September 6, 2018.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.

<p>Medical Staff Report Dr. Bryan Gescuk</p>	<p>Dr. Gescuk reported the Code of Conduct Policy is in the process of being updated.</p>	<p>FYI</p>
<p>SMMC 1A Long Term care and Burlingame Long Term Care Malu Cruz, Dr. Haresh Ruparel, Marcus Weenig</p>	<p>SMMC 1A:</p> <ul style="list-style-type: none"> • 32 bed skilled nursing unit • 47 employees, 10,778 resident days, 1741 discharges • Admission priorities: intravenous antibiotics (infections), staged surgeries, wounds, specialty consults, palliative care, pain management • In-house medical coverage 24/7, in house consults, group activities <p>BLTC:</p> <ul style="list-style-type: none"> • 281 bed skilled nursing facility operating under the SMMC license and managed by Brius since 2012 • 353 employees, 96,331 resident days, 289 discharges • Admission priorities: intravenous therapy, wound care, dementia and respite care, palliative care, behavioral care, skilled needs • Rehab services, mental health, pain management, health education, 24-hour licensed RNs and LVNs <p>Active Programs:</p> <ul style="list-style-type: none"> • Coordination and Collaboration for appropriate and/or alternate placement of residents: Health Plan of San Mateo (HPSM); Aging and Adult Services; Institute on Aging (IOA); Care Transitions • Quality Assurance and Performance Improvement (QAPI) Program • Antibiotic Stewardship Program • Dementia Care Program <p>Challenges:</p> <ol style="list-style-type: none"> 1. Continued CMS unfunded mandates such as: <ol style="list-style-type: none"> a. New regulations: Direct Care Service Hours per patient day 3.5, with MSA providing 2.4 of the Hours b. New MDS changes focusing on the functional status of patients 2. Limited placement options for lower level of care 3. Residents have property rights to their bed 4. Low number of referrals & admissions of patients with Medicare and HMO 	<p>FYI</p>
<p>BHRS Integrated Medication Assisted Treatment Mary Fullerton, Matt Boyle</p>	<p>MAT Pilot started in 2013 in partnership with HPSM, BHRS, SMMC, and Primary Care. Integrated MAT Services began in July 2015 and added alcohol use d/o. IMAT expanded in Fall 2017 to include opioid use d/o. It is integrated in ED/PES, Field Based, MAT Clinic, Detox/Treatment, Primary Care</p> <p>IMAT Criteria: Who we serve</p> <ol style="list-style-type: none"> 1. Chronic, problematic Alcohol & Opioid use <ul style="list-style-type: none"> • High utilization of SMMC Emergency Services (ED, PES) • Criminal Justice or Law Enforcement involvement 2. Health Plan of San Mateo member (or HPSM eligible). Including indigent and undocumented 	<p>FYI</p>

	<p>3. Motivated to reduce or stop Alcohol or Opioids</p> <p>4. Not already connected to MAT provider (e.g.: BHRS Mental Health)</p> <p>Challenges: Office co-location; vehicles; 42 CFR confidentiality regulations; multiple medical record systems; timely service delivery</p> <p>Opportunities: transform addiction treatment in San Mateo County; enhance system integration</p>	
Financial Report David McGrew, CFO	The August FY18/19 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	In September, the Daly City Youth Health Center moved to new, expanded facilities which will allow for program growth and improved service delivery in an open, vibrant, and safe setting.	FYI
County Manager John Maltbie	No report.	FYI
Board of Supervisors Supervisor Canepa	The Board of Supervisors is committed to upgrading the county's aging facilities and is reviewing the financing to support it.	FYI

Supervisor Canepa adjourned the meeting at 9:35 AM. The next Board meeting will be held on November 1, 2018.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer



DATE: November 1, 2018

TO: San Mateo Medical Center, Board of Directors

FROM: Gabriela Behn, Esq., CHC, Compliance/Privacy Officer

RE: Compliance/Privacy Report to the Hospital Board – August – October 2018

As we finalize the Compliance Program dashboard, a written report is submitted for the Compliance Program report out for Q2: August – October 2018.

Standards, Policies, Procedures

Much effort has been made to update the Compliance Program policies, as well as write new policies and work with departments to complete their policies. The following policies have been finalized and approved in the last quarter:

- Compliance Investigations and Corrective Action Plans
- Stark and Anti-Kickback Policy
- Unlisted Codes – CPT, HCPCS
- Breach Response
- Facility Directories and Media Release
- PHI Guidelines for Business Associates
- Privacy Policy
- Right to Amend Protected Health Information
- Storage of Protected Health Information
- Consent, Informed and Emergency Medical Treatment

Monitoring and Auditing

We are still working on our opioid audit. I received a report of all providers who have prescribed opiates and am now working with Gary Horne (Pharmacy) and others to analyze the data and determine if there are any concerning trends.

An audit of the use of the new Patient Status was completed (Surgery Outpatient in Bed), and indicated that both provider education was needed, as well as a conversation about how we





determine the status of surgery patients. The sample size was 10, as we are working with our Resource Management consultants to determine if additional audits are needed.

Additionally, I engaged our Resource Management consultants to perform on-going monitoring of patients in observation status. We are working to determine how to perform this audit and what data will be presented.

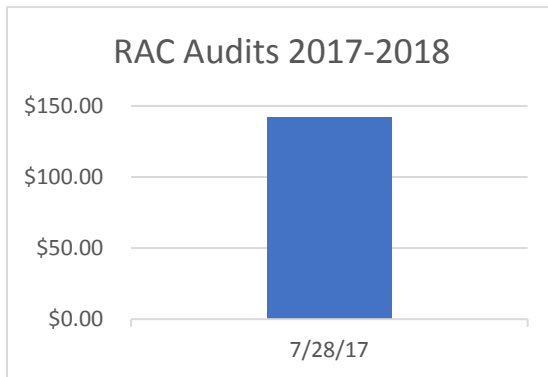
Internal Reporting Systems

Compliance Program metrics are being transformed into dashboards. Below is a preview:

Mandatory Training Completion Status

	Assigned	Completion – 10/24/18
Annual Regulatory Compliance v2.0	2/5/2018	94.8%
Compliance 101	7/2/2018	75.4%

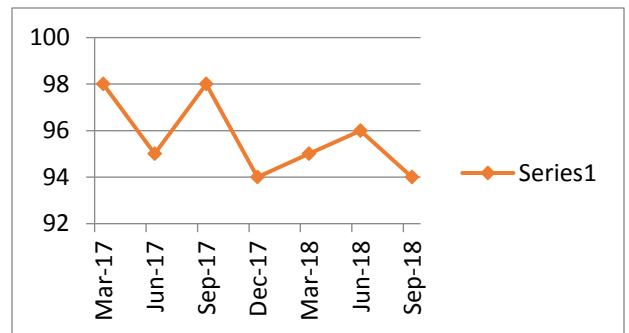
RAC Audits



The Recovery Audit Contractor (RAC) Program was created by the federal government to identify and recover improper Medicare payments paid to healthcare providers under Fee-For-Service (FFS) Medicare plans. One account was audited, and we did not appeal the findings. A corrective action plan was developed and implemented to update our Invision system and educate our staff.

MOON Letters

The Medicare Outpatient Observation Notice (MOON) is required for all patients placed in Observation Status. This letter is handed to patients regardless of financial class, as there are similar requirements for most other insurances. The chart shows accuracy of giving letter to patients while still in-house. If the patient leaves before the letter is given, it is mailed. The letter must be given within 36 hours of being placed in Observation Status. We have 100% accuracy of giving the letter to an Observation patient (in-house or mail).



TAB 2

**ADMINISTRATION
REPORTS**

BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: September FY18-19

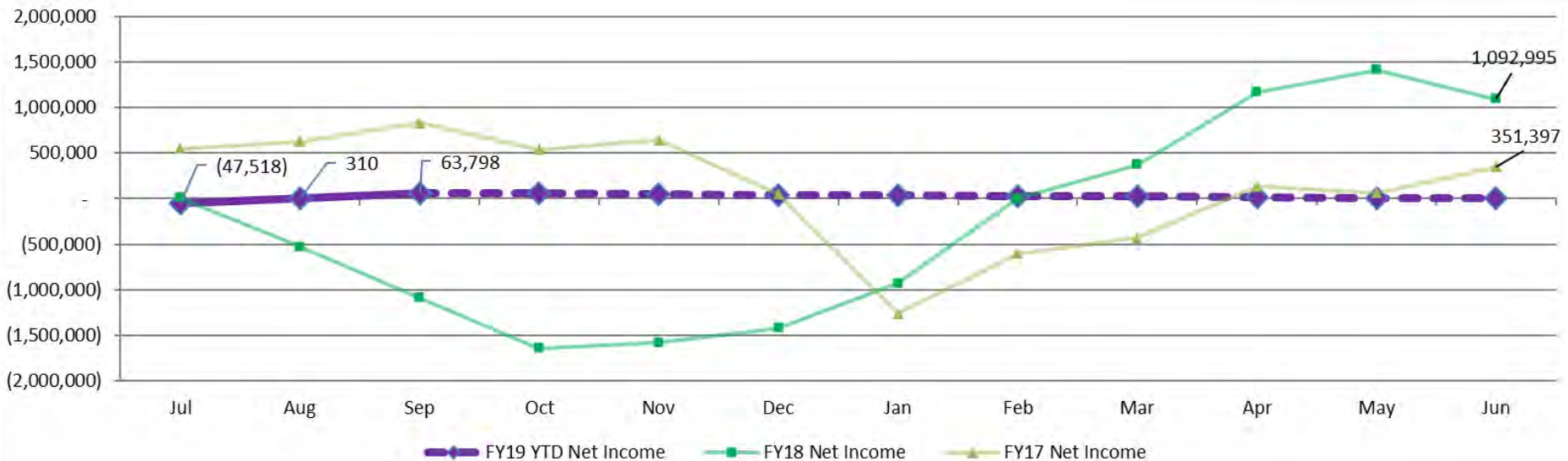
November 1, 2018

Presenter: David McGrew, CFO



SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

Financial Highlights



September - Positive \$64k:

- FTEs below budget
- FQHC settlements
- Patient Service Revenue
Claim denials, non-acute days

- EPP pending CMS approval
- Reserves for PRIME/QIP, GPP
- ACE outside claims

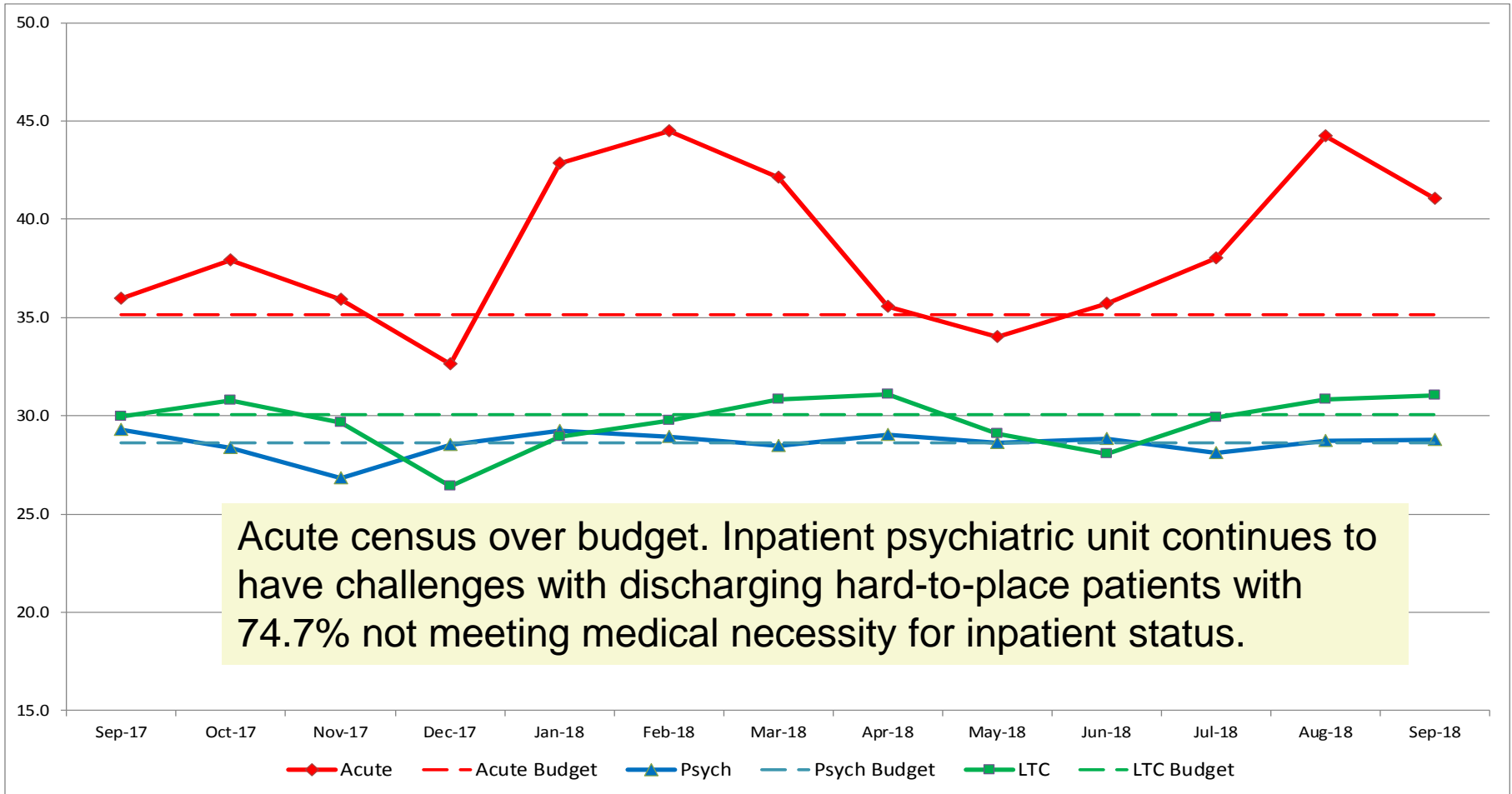
Forecast FY19: We've only used \$1m of the YTD budgeted \$5.1m reserves. Identified risks to the full year budget at this time are the pending CMS approval for EPP, full achievement of the PRIME/QIP performance measures, increasing payroll costs, non-acute days and fee-for-service revenue denials.

**San Mateo Medical Center
Patient Days
September 30, 2018**

MONTH			
Actual	Budget	Variance	Stoplight
3,027	2,839	188	7%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
9,222	8,707	515	6%

Patient Days

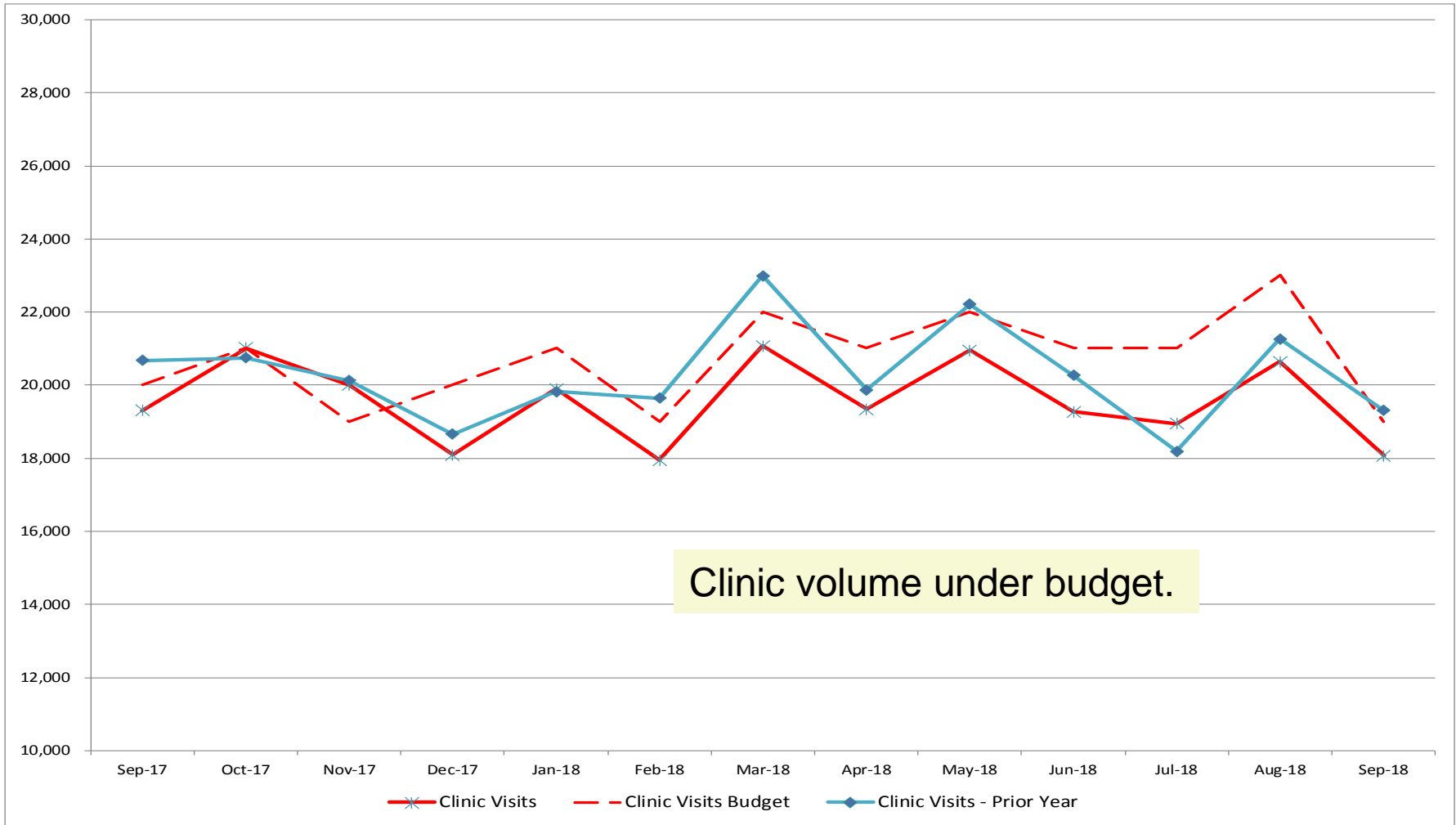


**San Mateo Medical Center
Clinic Visits
September 30, 2018**

MONTH			
Actual	Budget	Variance	Stoplight
18,066	19,008	(942)	-5%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
57,655	63,026	(5,371)	-9%

Clinic Visits

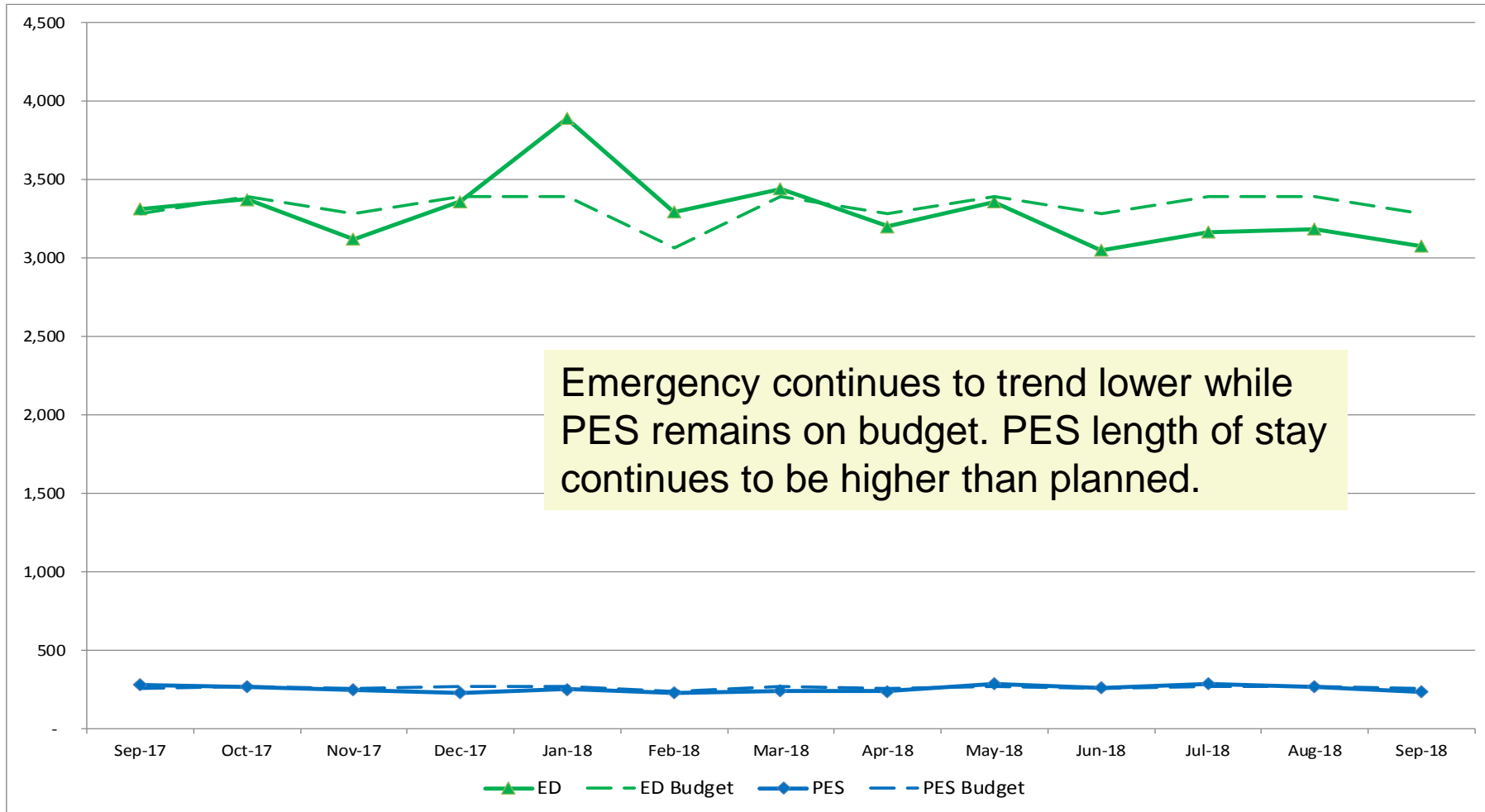


San Mateo Medical Center
Emergency Visits
September 30, 2018

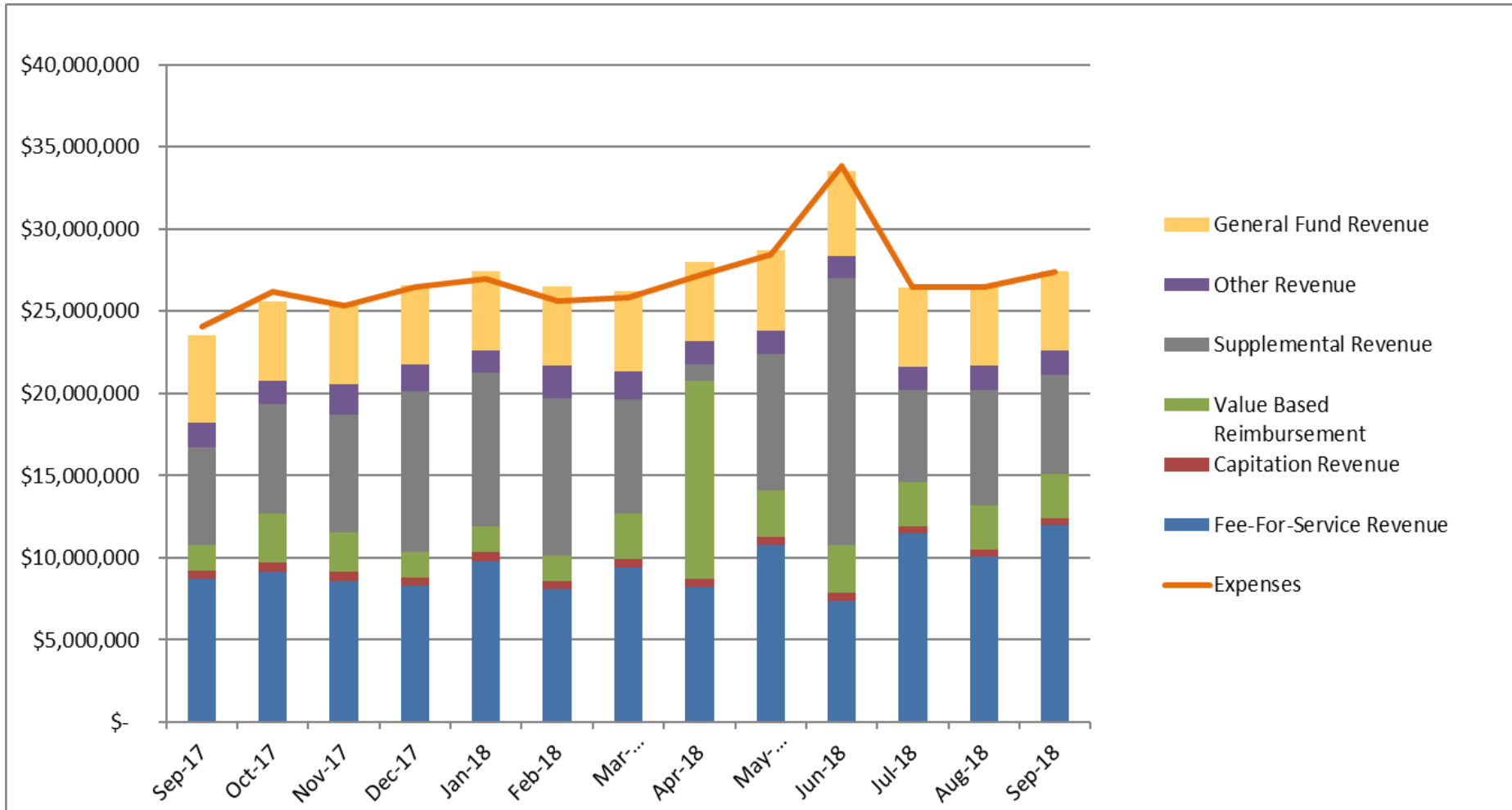
MONTH			
Actual	Budget	Variance	Stoplight
3,314	3,541	(227)	-6%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
10,226	10,860	(634)	-6%

ED Visits	3,314	3,541	(227)	-6%	10,226	10,860	(634)	-6%
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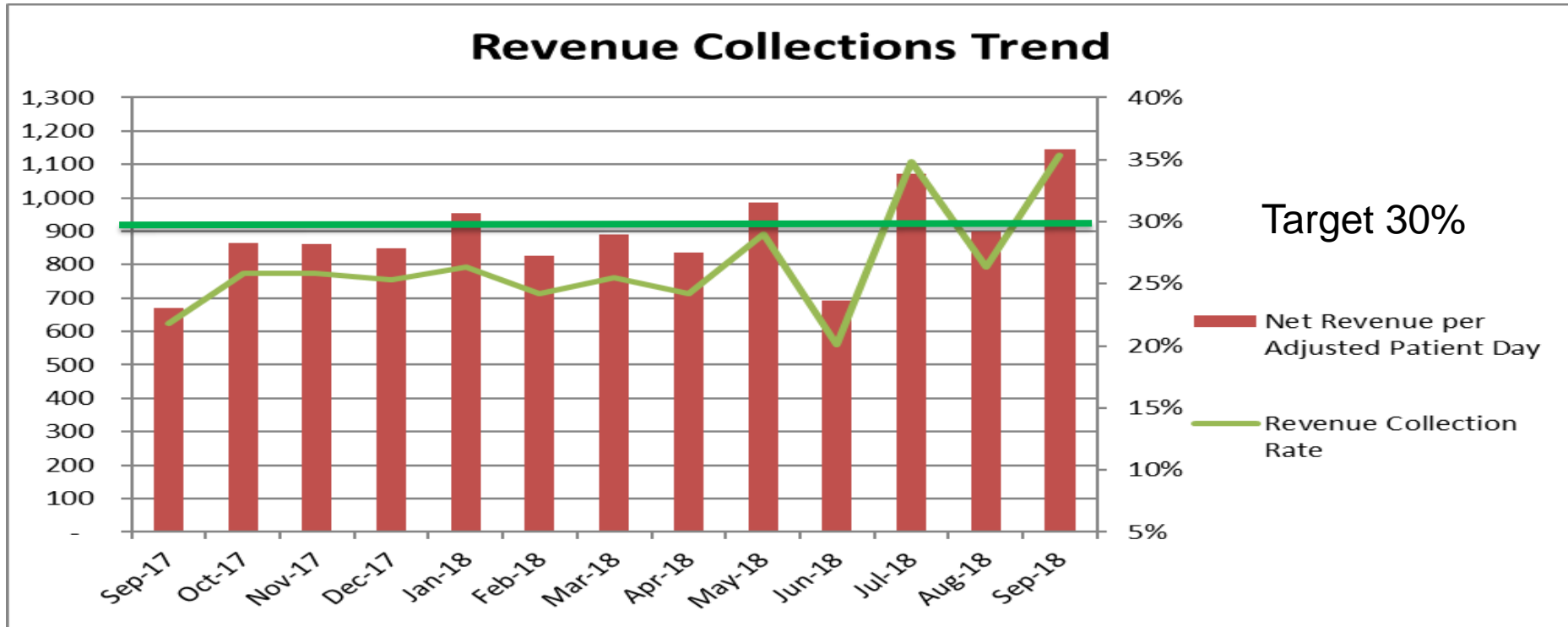


Revenue & Expense Trend



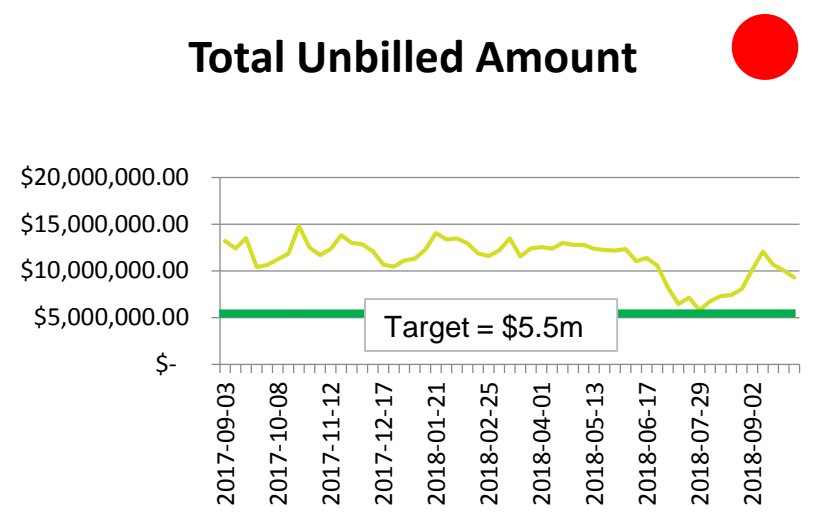
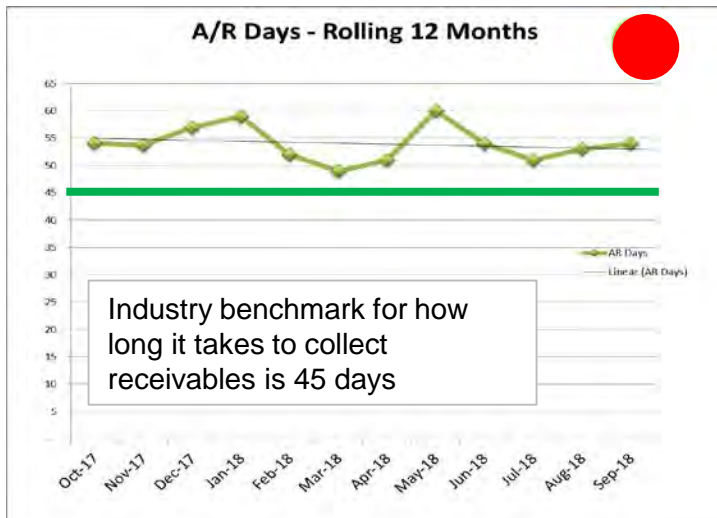
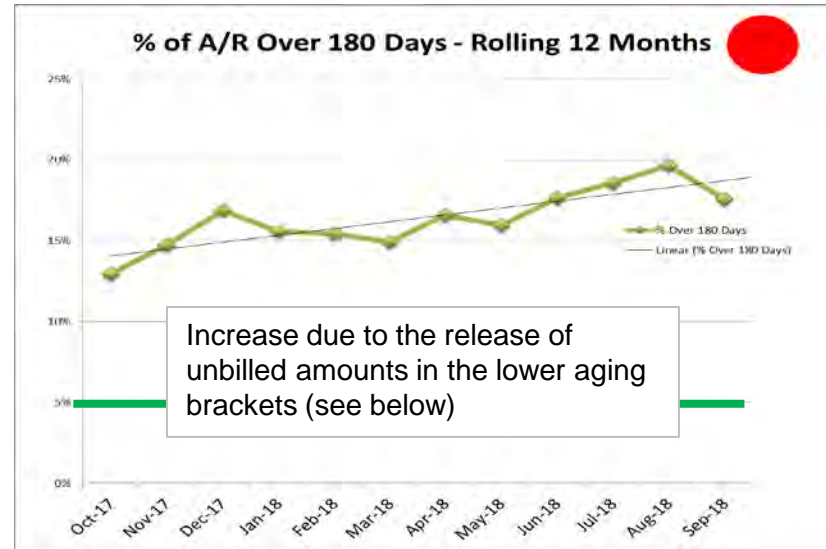
Key Performance Indicators

FFS Revenue Collection Trend



The September collection rate was 27.7% after adjusting for the positive prior year FQHC cost report settlements. The revenue collection rate remains below the target of 30% as we continue to delay the release of claims pending compliance reviews for accuracy and completeness. Claim denials continue to be high due to insurance verification errors and inpatients not meeting medical necessity.

Key Performance Indicators



Revenue Improvement Plan

Executive Summary

Initiative

Status

<p><i>Registration Accuracy</i></p>	<ul style="list-style-type: none"> • Improvement Charter focused on registration workflows • Experian eCareNEXT - registration quality work queues and dashboard reporting tool pending Cerner amendment (BOS date 11/6). Expected kick-off January 2019
<p><i>Clinical Documentation Improvement (CDI)</i></p>	<ul style="list-style-type: none"> • Project work started in June – 2 Phases <ul style="list-style-type: none"> • CDI program assessment complete mid-Nov • Chartwise software live 11/30
<p><i>Accounts Receivable management</i></p>	<ul style="list-style-type: none"> • Implement automated account follow-up software to replace manually intensive and inefficient excel spreadsheet process. RFP closed/vendor selected. BOS contract
<p><i>Denial management & Unbilled Accounts</i></p>	<ul style="list-style-type: none"> • Medical necessity compliance reviews in progress. • Medical necessity training & monitoring in progress. • Denials workflow & reporting software live in April • Authorization improvement work – IP, SSU, Infusion
<p><i>Increase Medi-Cal rates</i></p>	<ul style="list-style-type: none"> • Medi-Cal cost report appeals in progress. FY14 SNF settlement pending; yield approx. \$2.3m annually • HPSM Medical-Surgical inpatient rates increased. Projected to yield \$3m annually (BOS approval 10/23).



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

QUESTIONS?

APPENDIX



SAN MATEO COUNTY HEALTH
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San Mateo Medical Center
Income Statement
September 30, 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)	63,488	0	63,488		63,798	0	63,798	
2 HPSM Medi-Cal Members Assigned to SMMC	37,117	38,019	(902)	-2%	111,519	114,057	(2,538)	-2%
3 Unduplicated Patient Count	71,141	70,114	1,027	1%	71,141	70,114	1,027	1%
4 Patient Days	3,027	2,839	188	7%	9,222	8,707	515	6%
5 ED Visits	3,314	3,541	(227)	-6%	10,226	10,860	(634)	-6%
7 Surgery Cases	241	240	1	0%	744	795	(51)	-6%
8 Clinic Visits	18,066	19,008	(942)	-5%	57,655	63,026	(5,371)	-9%
9 Ancillary Procedures	68,842	62,931	5,911	9%	214,149	208,134	6,015	3%
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	74.7%	80.0%	5.3%	7%	78.4%	80.0%	1.6%	2%
(Days that do not qualify for inpatient status)								
Pillar Goals								
12 Revenue PMPM	168	150	18	12%	157	150	7	5%
13 Operating Expenses PMPM	385	398	14	3%	376	398	22	5%
14 Full Time Equivalent (FTE) including Registry	1,213	1,256	43	3%	1,207	1,256	49	4%

**San Mateo Medical Center
Income Statement
September 30, 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	9,792,785	9,577,810	214,975	2%	29,948,030	28,733,430	1,214,600	4%
22 Outpatient Gross Revenue	24,007,668	25,324,704	(1,317,036)	-5%	75,108,795	75,974,112	(865,317)	-1%
23 Total Gross Revenue	33,800,453	34,902,514	(1,102,061)	-3%	105,056,825	104,707,541	349,283	0%
24 Patient Net Revenue	11,964,882	10,512,930	1,451,952	14%	33,529,983	31,538,790	1,991,193	6%
25 Net Patient Revenue as % of Gross Revenue	35.4%	30.1%	5.3%	18%	31.9%	30.1%	1.8%	6%
26 Capitation Revenue	429,176	500,000	(70,824)	-14%	1,289,421	1,500,000	(210,579)	-14%
27 Supplemental Patient Program Revenue (Additional payments for patients)	8,717,095	12,398,049	(3,680,954)	-30%	26,674,076	37,194,146	(10,520,071)	-28%
28 Total Patient Net and Program Revenue	21,111,153	23,410,979	(2,299,826)	-10%	61,493,479	70,232,936	(8,739,457)	-12%
29 Other Operating Revenue (Additional payment not related to patients)	1,089,804	1,229,820	(140,016)	-11%	3,219,383	3,689,459	(470,077)	-13%
30 Total Operating Revenue	22,200,957	24,640,799	(2,439,842)	-10%	64,712,862	73,922,396	(9,209,534)	-12%

**San Mateo Medical Center
Income Statement
September 30, 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	16,192,397	16,432,845	240,448	1%	47,638,710	49,298,535	1,659,825	3%
32 Drugs	627,003	806,645	179,642	22%	2,025,663	2,419,936	394,273	16%
33 Supplies	688,915	931,599	242,683	26%	1,983,411	2,794,796	811,386	29%
34 Contract Provider Services	3,375,538	3,346,496	(29,042)	-1%	10,974,121	10,039,488	(934,633)	-9%
35 Other fees and purchased services	4,590,533	4,572,074	(18,459)	0%	12,651,067	13,716,222	1,065,155	8%
36 Other general expenses	673,310	532,070	(141,240)	-27%	1,431,913	1,596,210	164,297	10%
37 Rental Expense	199,619	196,247	(3,372)	-2%	576,252	588,742	12,490	2%
38 Lease Expense	825,358	825,358	-	0%	2,476,073	2,476,073	-	0%
39 Depreciation	189,558	273,093	83,535	31%	566,889	819,279	252,390	31%
40 Total Operating Expenses	27,362,231	27,916,427	554,196	2%	80,324,099	83,749,282	3,425,184	4%
41 Operating Income/Loss	(5,161,274)	(3,275,629)	(1,885,645)	-58%	(15,611,237)	(9,826,887)	(5,784,350)	-59%
42 Non-Operating Revenue/Expense	381,293	(1,567,840)	1,949,133	124%	1,144,629	(4,703,519)	5,848,148	124%
43 Contribution from County General Fund	4,843,468	4,843,468	0	0%	14,530,405	14,530,405	0	0%
44 Total Income/Loss (GAAP)	63,488	0	63,488		63,798	0	63,798	
(Change in Net Assets)								

**San Mateo Medical Center
Payer Mix
September 30, 2018**

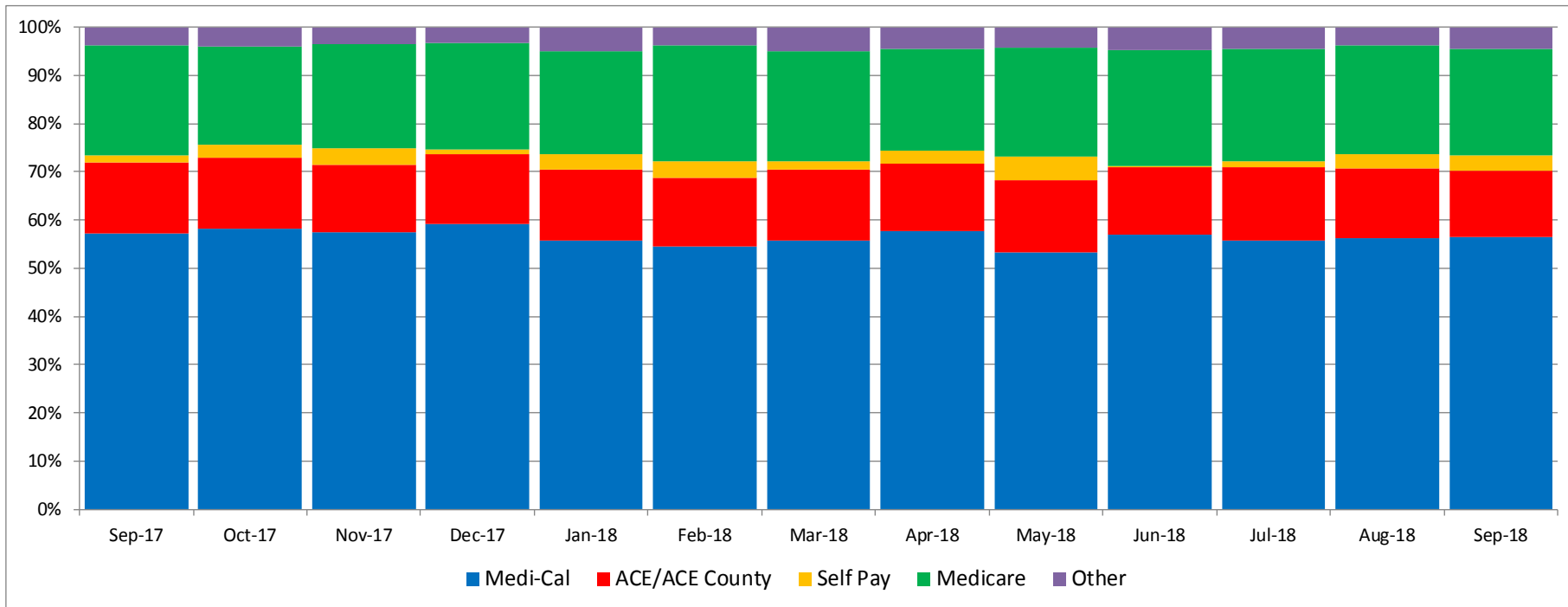
MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

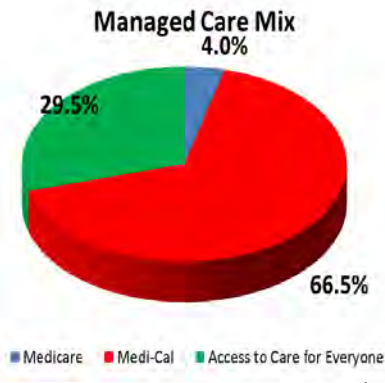
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

Payer Type by Gross Revenue

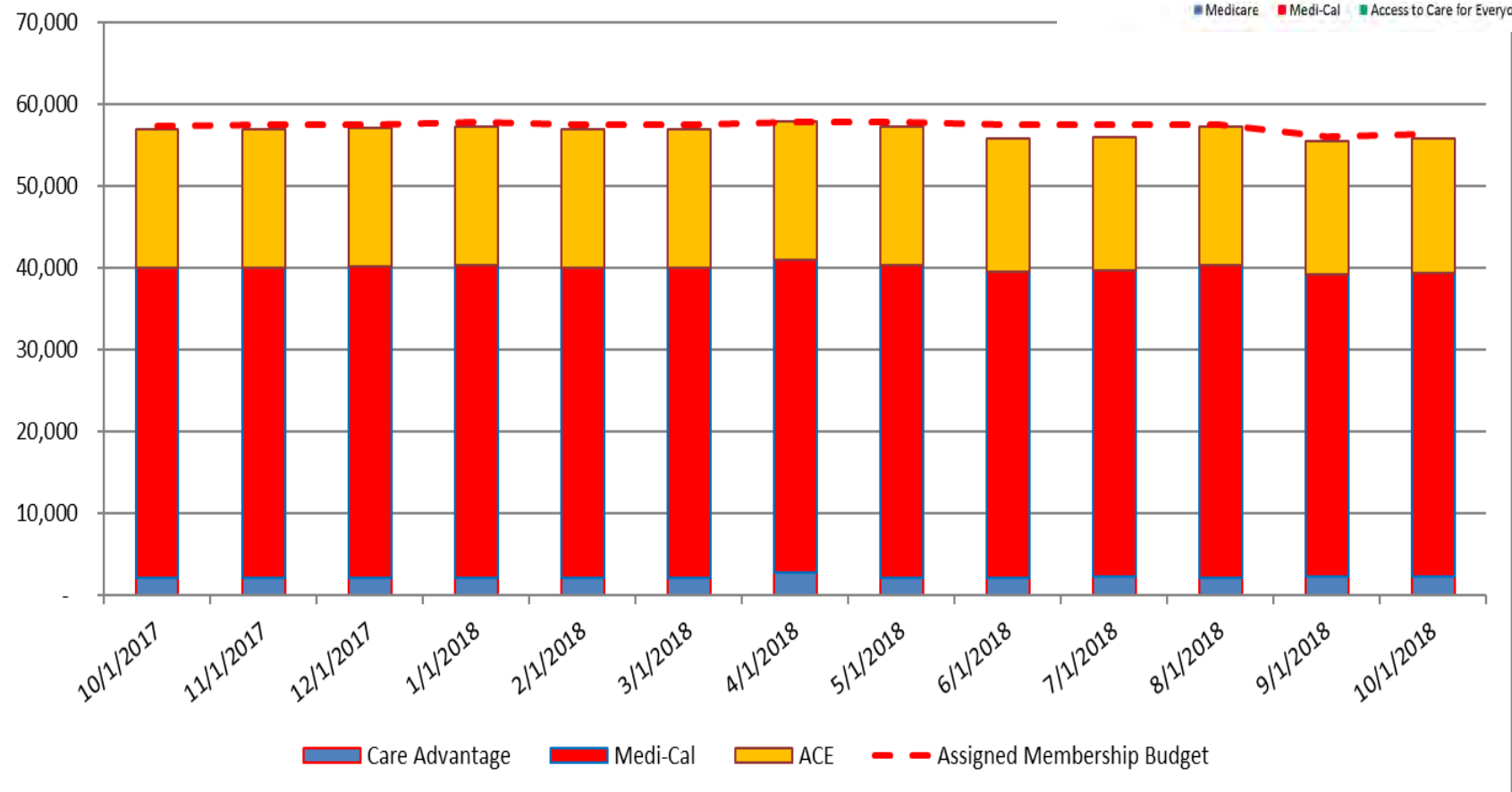
	A	B	C	D
Medicare	22.1%	21.0%	1.1%	
Medi-Cal	56.4%	58.0%	-1.6%	
Self Pay	3.3%	2.0%	1.3%	
Other	4.5%	5.0%	-0.5%	
ACE/ACE County	13.8%	14.0%	-0.2%	
Total	100.0%	100.0%		

22.7%	21.0%	1.7%	
56.1%	58.0%	-1.9%	
2.5%	2.0%	0.5%	
4.3%	5.0%	-0.7%	
14.5%	14.0%	0.5%	
100.0%	100.0%		



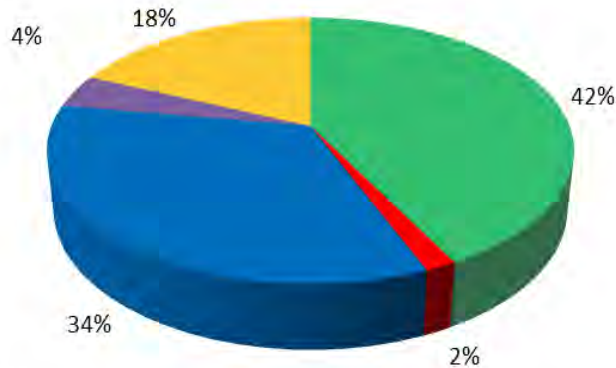


Managed Care Membership Trend



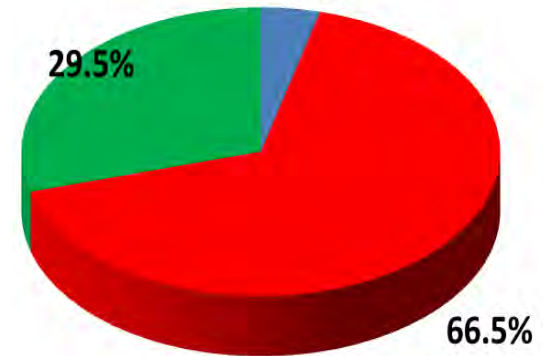
Revenue Mix

Sources of Revenue



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

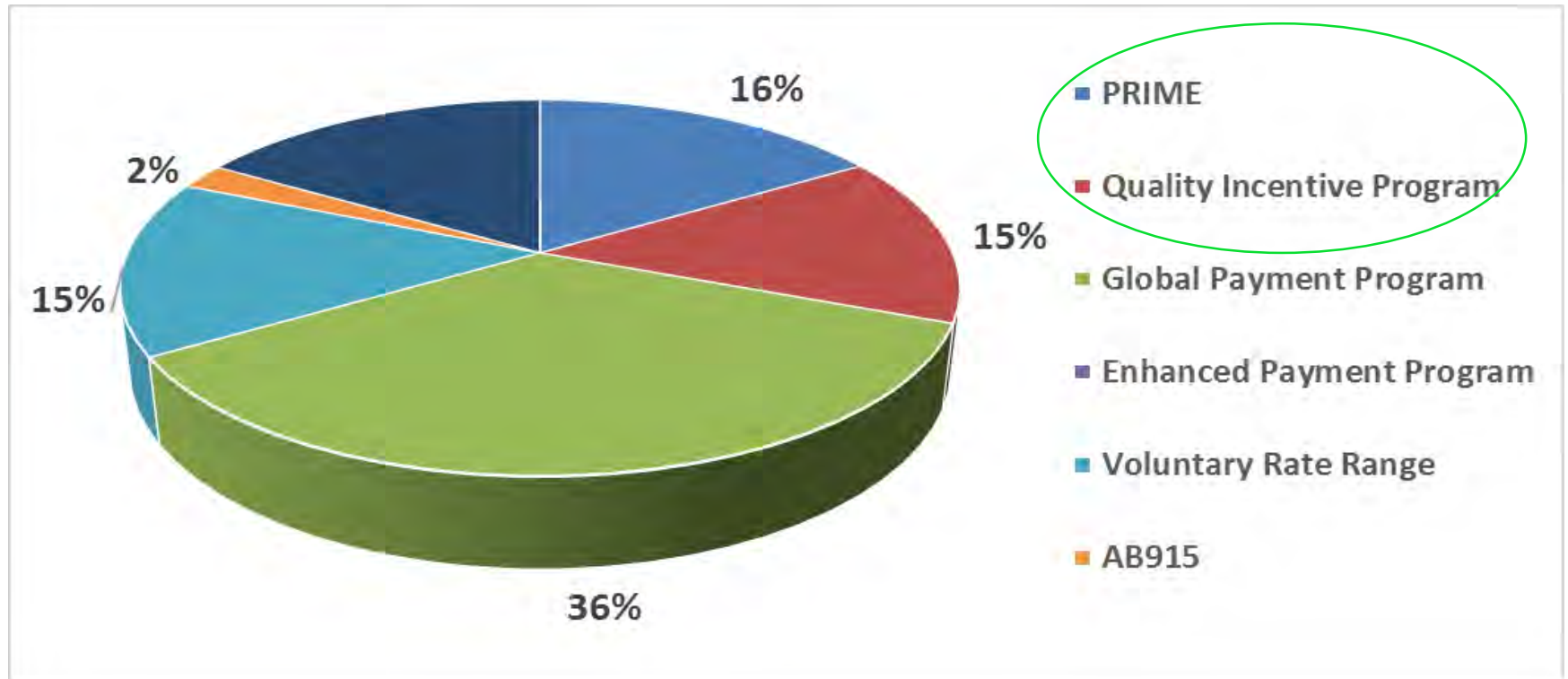
Managed Care Mix



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

- **Managed Care** programs represent 32% 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.

Supplemental Revenue Mix

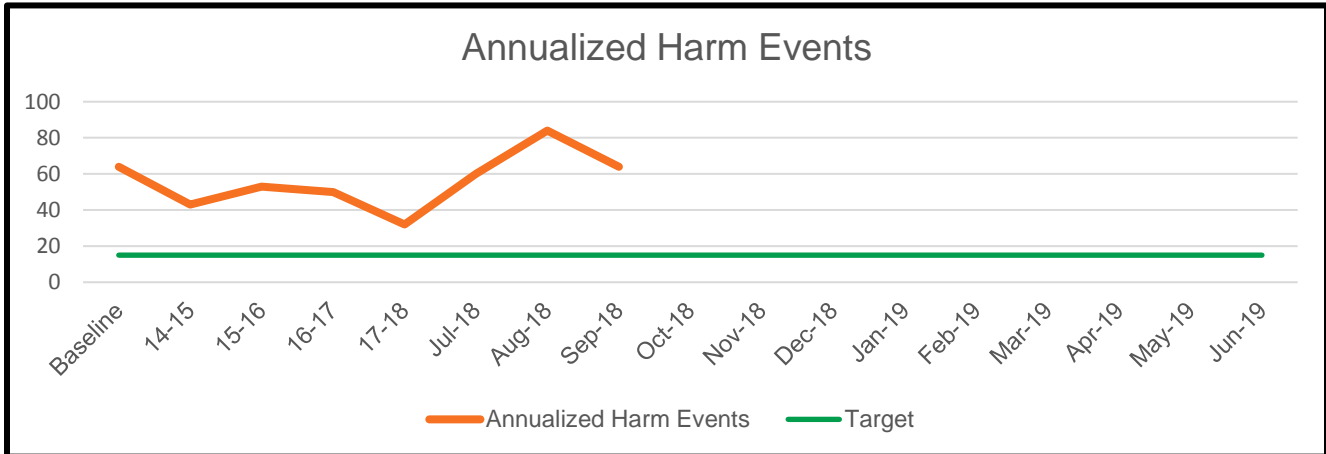


- **Value-Based** programs represent 31% of our Supplemental Revenue
 - New HPSM P4P and Shared Savings programs could boost it to 34%
- **Volume-Based** programs represent 69% of our Supplemental Revenue

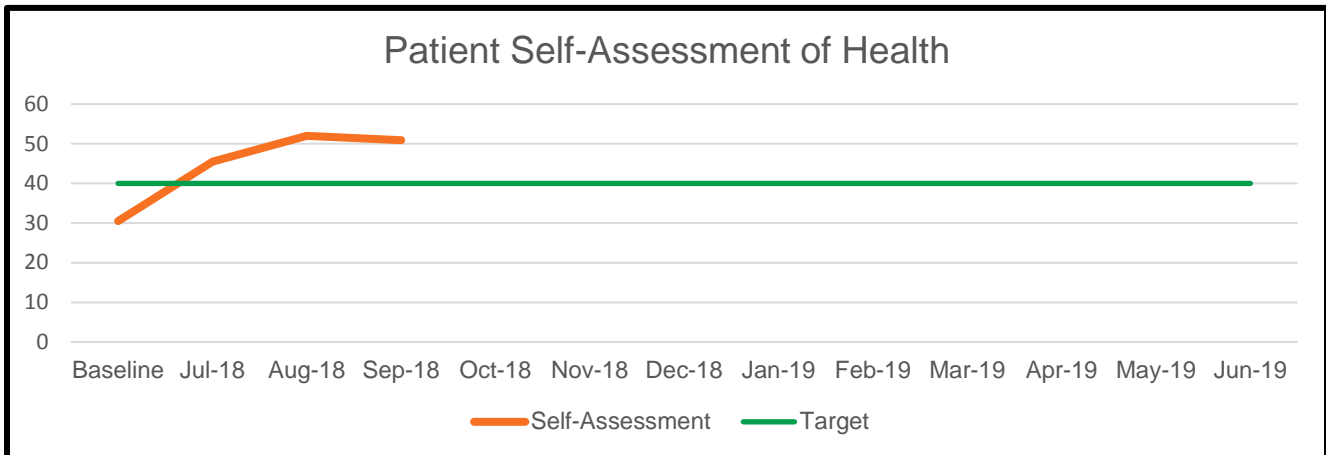
CEO REPORT

November 2018

EXCELLENT CARE METRICS



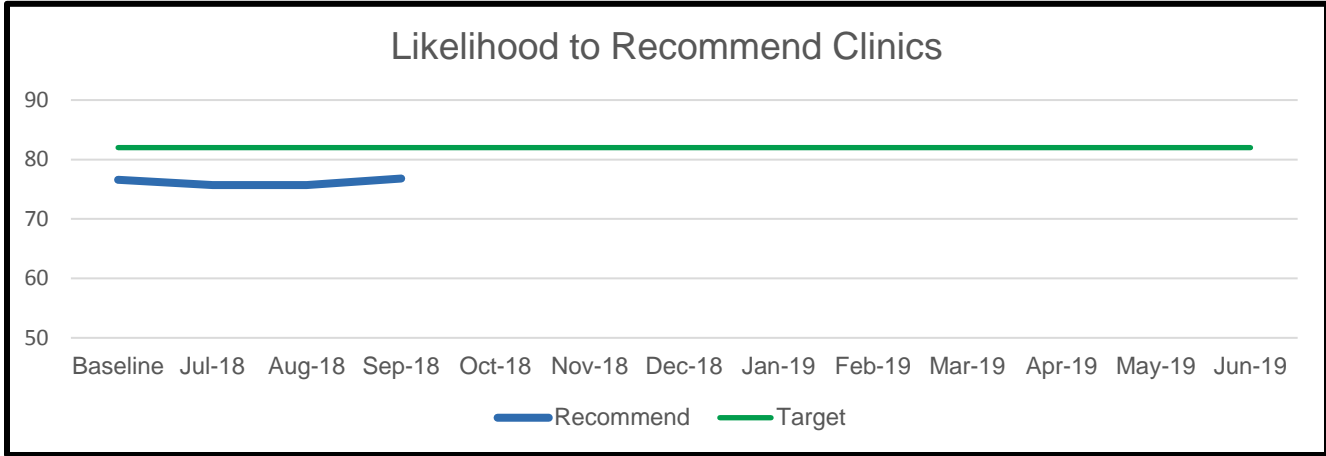
Annualized Harm Events: Measures avoidable patient harm events including central line infections, catheter associated urinary infections, hospital acquired pressure ulcers, surgical site infections, medication errors with harm, blood clots, falls with injury and others. The number is annualized (i.e the number after 2 months is multiplied by 6, the number after 4 months is multiplied by 3, etc.) **Lower is better.**



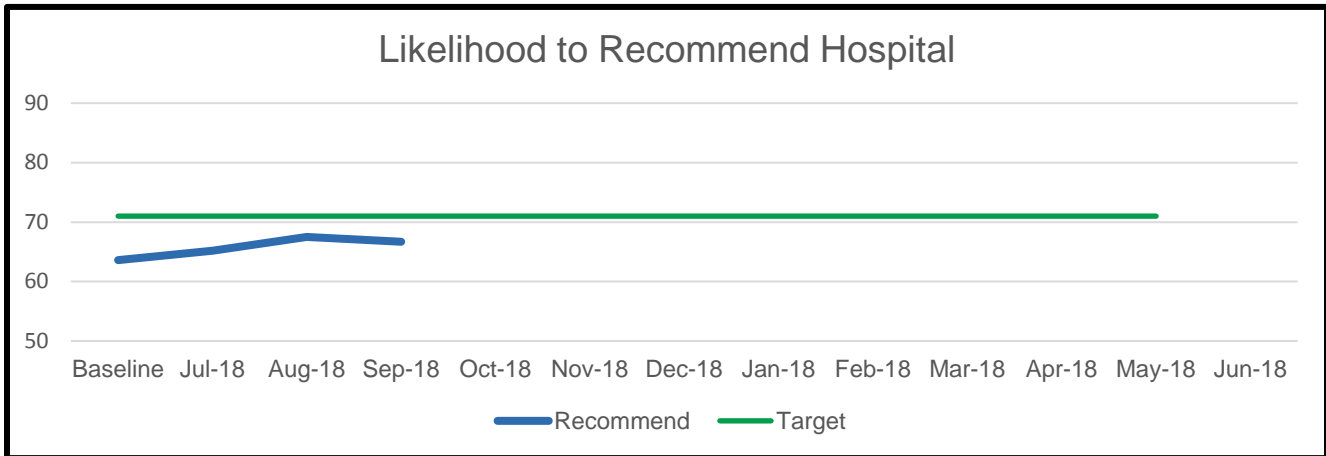
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



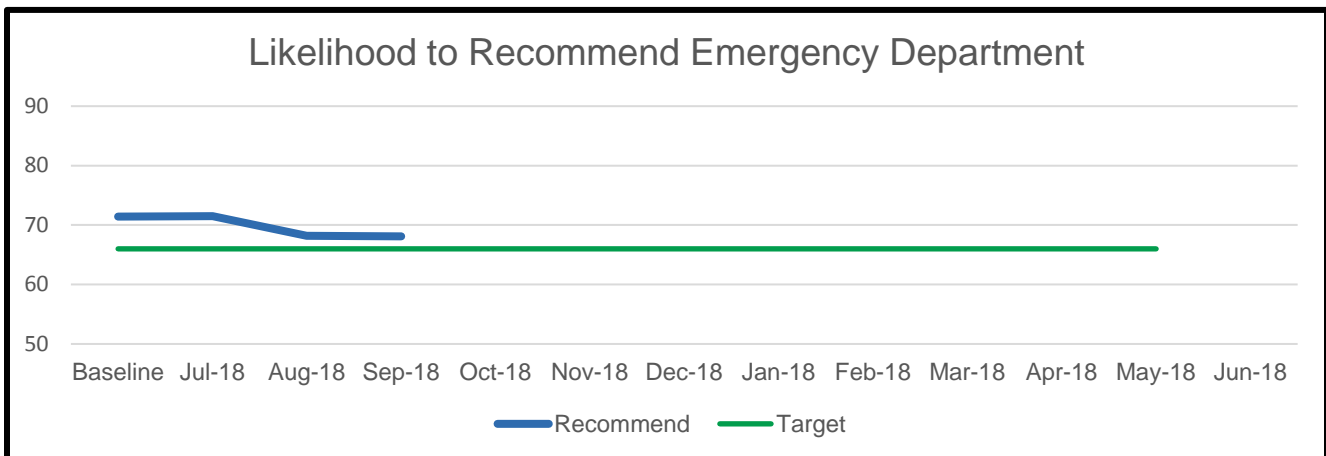
PATIENT CENTERED CARE METRICS



Likelihood to Recommend Clinics: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey, “How likely are you to recommend this clinic to friends and family?” **Higher is better.**

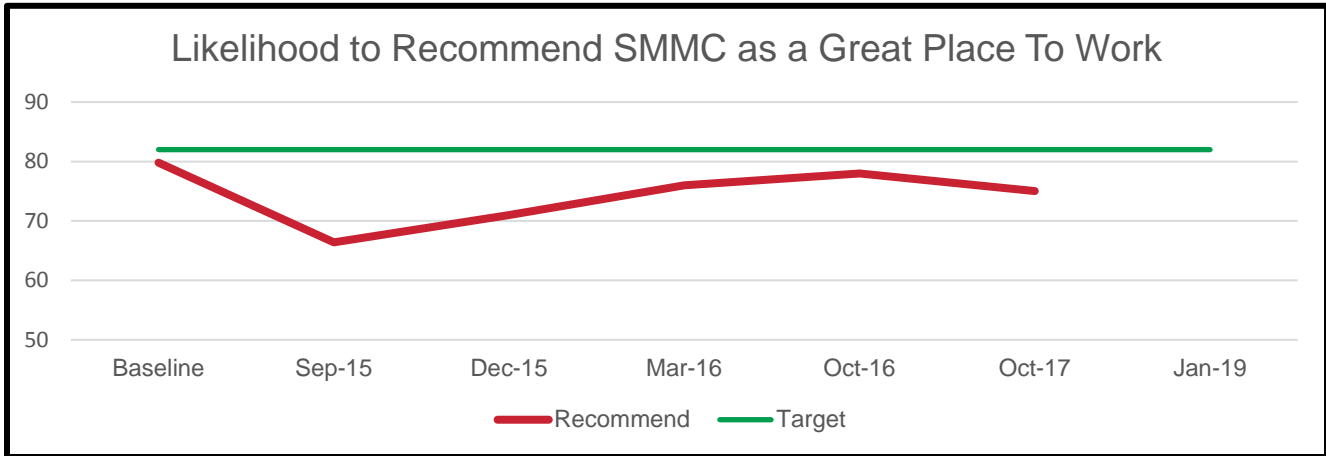


Likelihood to Recommend Hospital: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey, “How likely are you to recommend this hospital to friends and family?” **Higher is better.**



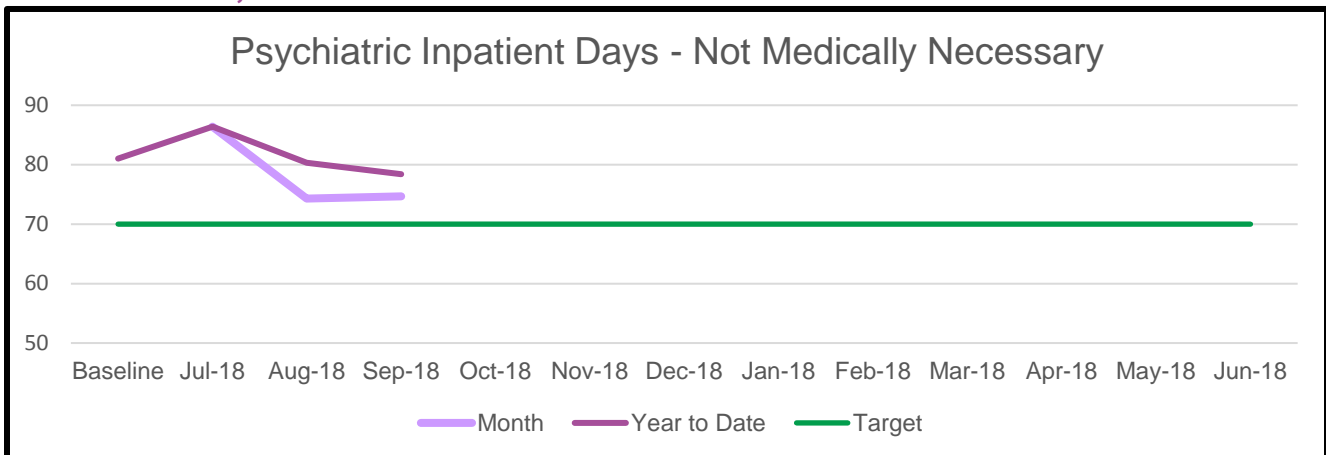
Likelihood to Recommend Emergency Department: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey, “How likely are you to recommend this emergency department to friends and family?” **Higher is better.**

STAFF ENGAGEMENT METRICS

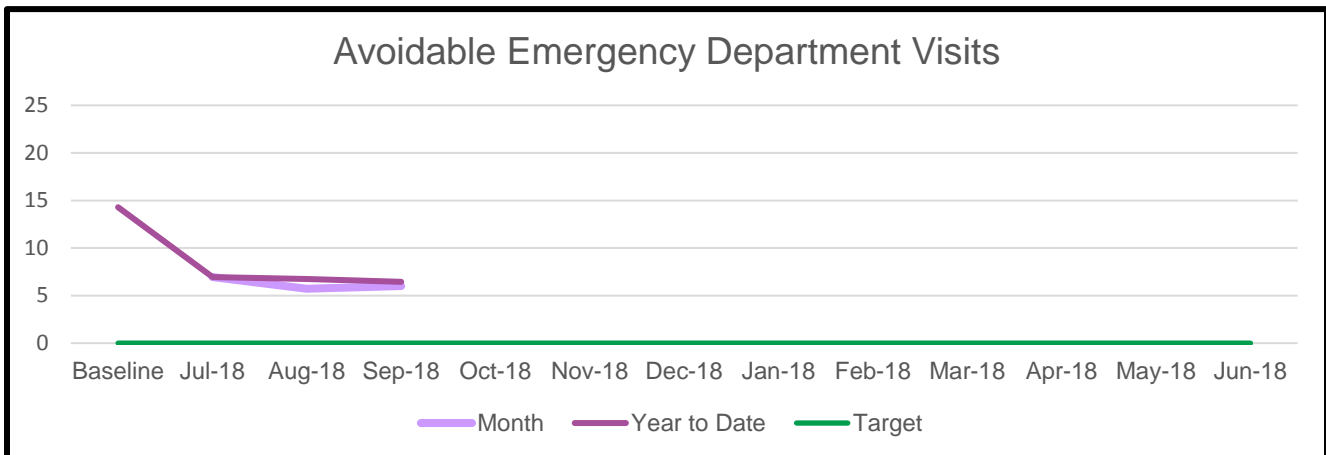


Likelihood to Recommend SMMC: Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the Blessing White staff engagement survey. **Higher is better.**

RIGHT CARE, TIME AND PLACE METRICS

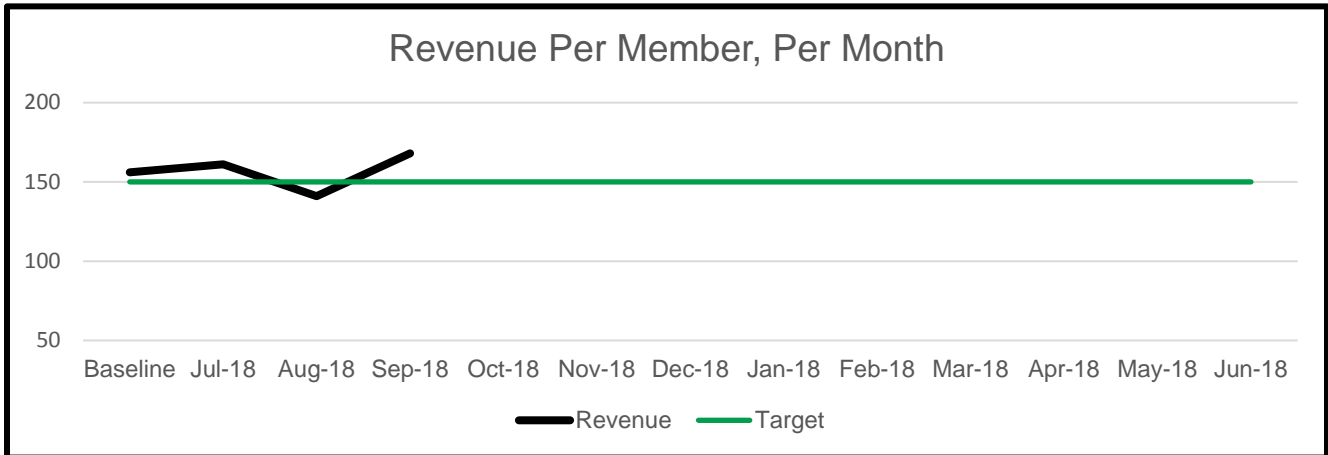


Psychiatric Inpatient Days – Not Medically Necessary: Percentage of acute inpatient psychiatry days where a patient may have been able to be discharged if there was a safe environment for them to go to. **Lower is better.**

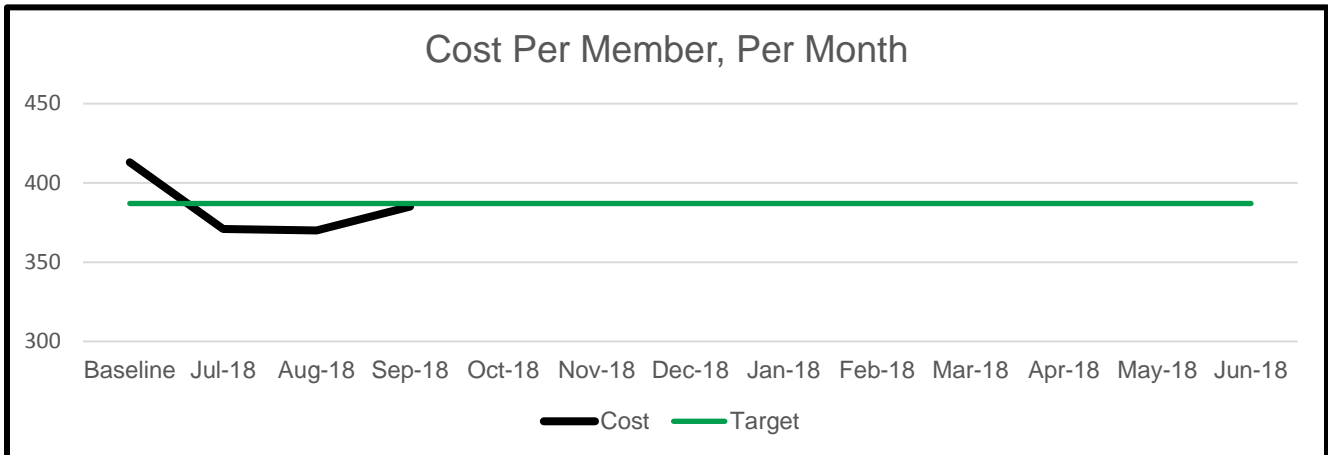


Potentially Avoidable ED Visits: Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**

FINANCIAL STEWARDSHIP METRICS



Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. **Higher is better.**



Cost Per Member, Per Month: Total cost divided by total number of assigned members. **Lower is better.**

STRATEGIC UPDATES, RECOGNITIONS & AWARDS



Congresswoman Speier visits Mobile Dental Van – On October 24th, Congresswoman Jackie Speier visited several mobile health units including the medical center’s Mobile Dental Van and San Mateo County Health’s Mobile Health Van. While visiting the Dental Van, the congresswoman recognized the importance of regular dental care and expressed her appreciation for what the van was doing to improve access. Thank you to all the staff who made her feel welcome and answered questions about the program. *(Pictured Above, left to right: Dr. Ann Marie Silvestri, Congresswoman Jackie Speier, Jose Mora-seated, Dr. CJ Kunnappilly, SMMC CEO.)*

SMMC Staff host Important Webinar on Diversity and Disparities– On October 16th, members of the SMMC community, in partnership with the Experience Innovation Network, hosted a Webinar entitled: ***Solving Cross-Race Disparities in the Medical Setting***. The webinar was led by Phuong Hathaway (Staff Engagement Manager and Chair of the Patient and Family Advisory Council), Sara Okabayashi-Williams (Nurse Practitioner at the Daly City Clinic), and Jeri Hill (Community Patient Advocate and SMMC Improvement Partner). The webinar was powerful and dove into some very challenging topics with sensitivity and respect. Comments from the organizer included: “Hearing how Phuong deftly, delicately, kindly, and firmly helped to make sure the patients who were sharing their stories felt heard, safe, and respected was eye opening. She is powerful and passionate – and never loses sight of the goal of doing the right thing for patients and families.” “[Sara] showed the kind of humility and humanity that make care exceptional. Being able to link the patient and provider perspective made the message so much stronger.” “Both Phuong and Sara are huge assets to SMMC. And I’m proud to partner with SMMC on the journey to humanize healthcare – for every patient, every family member, and every team member!” Thank you and congratulations to both Sara and Phuong!

Familiar Faces in New Roles:

- ***Phuong Hathaway named Staff Engagement Manager***-Phuong Hathaway has accepted the work out of class opportunity as our new Staff Engagement Manager. In the last five years Phuong has worked as a Supervising Creative Arts Therapist and Community Program Supervisor in the Rehabilitation Dept. She provided operational support, created standard work & policies, and coordinated all staff engagement related activities; the biggest being the annual departmental retreat. Phuong has also served as the Chair of the SMMC Patient and Family Advisory Council.



- **Dr. Janet Chaikind named Assistant Medical Director of Primary Care**- Effective October 21, 2018, Dr. Janet Chaikind has accepted the position of Assistant Medical Director of Primary Care. This position, posted in early August, had a number of excellent candidates apply and the interviewing panel was excited to meet them all and make this selection. Dr Chaikind brings not only her expertise in Pediatrics and Adolescent Medicine, but also her wealth of experience in other areas such as LEAP and Provider Communication. In this new leadership position, Dr. Chaikind will assist in clinical support and daily management systems as well as strategic and improvement efforts across all of primary care. She will also help ensure we now have more complete expertise in both adult and pediatric areas. As with all leadership roles, clinical practice will also be part of this position and Dr Chaikind will continue to work in the 39th Avenue Pediatrics clinic. .
- **Brenda Macedo named Manager of Performance Based Delivery System Strategy**-Brenda Macedo has accepted this work out of class opportunity to help lead many of SMMC's quality-based programs. Brenda's primary responsibility will be to lead the Quality Incentive Program (QIP) and other pay for performance programs. She will be working closely with Brad Jacobson, Manager of Analytics, Kristin Gurley, Director of Performance Strategies, and the executive team in helping the system transformation to help us succeed in providing value-based care. Brenda has served the medical center in many roles over the years including as the Administrator for the Ambulatory Electronic Medical Record. Most recently she has been helping to support a number of ambulatory improvement efforts.

Congratulations to all three of these incredible leaders, we look forward to supporting them in their new roles!

Revenue Cycle Transformation team executing on FY19 Initiatives - As reported last month, the Revenue Cycle team has embarked on a number of transformation efforts for this fiscal year. The following updates highlight the progress made to-date:

- **Clinical Documentation Improvement** – the assessment phase will wrap up next month and the software phase is on track to launch at the end of November. Baseline metrics against which progress will be measured are in development and we'll soon begin recruiting for a Clinical Documentation Specialist who will work directly with our hospital Providers for medical record documentation improvement opportunities.
- **Registration Accuracy** – the contract amendment to acquire Experian Health's eCareNEXT software tool has passed all internal review processes and is on track to be presented to the Board on November 6th. A dedicate project manager is being engaged to begin planning for the January kick-off, which will include communication plans with all key stakeholders.
- **Automated Billing Follow-up Work Queues** – We have closed the RFP process for a software tool and selected a vendor. Contract negotiations are under way and we expect the project kick-off in Q1 of calendar year 2019.
- **Revenue Cycle Assessment** – We launched the assessment work by submitting requested documentation to our external consultant in mid-October. Analysis and on-site interviews and observations will occur through November and the Final Assessment report is expected to be delivered in mid-December.

Supply Chain Assessment Update- As reported last month, we engaged Vizient, our Group Purchasing Organization, to conduct an assessment of our supply chain operations. Their Opportunity Analysis report was delivered to the CFO in mid-October, which identified gaps between our current performance and industry leading practices. Key recommendations include: 1) develop a supply chain strategic plan; 2) begin planning for the replacement of the Materials Management Information System; 3) implement key performance indicators to measure supply savings; 4) enhance the Clinical Quality Value Analysis committee; 5) implement changes in contract and purchase order processing; 6) leverage existing technology to streamline supply receipts and invoice

processing; 7) implement inventory reduction strategies. We are developing an implementation plan with key stakeholders to prioritize the recommendations and set quarterly deadlines. We will provide periodic progress reports to the Board.

Finance Team Welcomes New Member- We are excited to have Jennifer Papa join our SMMC Finance team as the Manager of Population Health Finance Strategy. Jennifer first came to San Mateo County Health System in 2014, assisting Gina Wilson, Health System CFO, with the fiscal management of the Health System through financial analysis, budget monitoring and special projects. Jennifer has extensive experience in the areas of Medicaid program financing, design, development and operations and, in collaboration with our leadership team and HPSM, will be leading SMMC efforts to develop financing strategies to align and support our strategic and operational improvement initiatives.

SNAPSHOT: San Mateo County Health

TO: SMMC Board Members | FROM: Louise Rogers, Chief

INDICATOR	NUMBER	CHANGE FROM PREVIOUS MONTH	CHANGE FROM PREVIOUS YEAR
ACE Enrollees	27,310 (September 2018)	3.5%	21.1%
SMMC Emergency Department Visits	3,314 (September 2018)	-4.1%	-7.8%
New Clients Awaiting Primary Care Appt.	296 (October 2018)	38.9%	-68.6%

Serenity House to Provide Necessary Crisis Residential Care

Serenity House, a crisis residential center that opened in October, is set to offer clients and family members intervention services for adults experiencing a mental health crisis who need short-term 24/7 treatment and support. Located on the SMC Health Campus on the corner of 37th Avenue and Hacienda Street, the center has been extensively renovated with funds from Measure K. Serenity House is overseen by Behavioral Health and Recovery Services and operated under contract by HealthRIGHT360, a non-profit provider. Professional staff, including licensed clinicians, a nurse practitioner, case managers, a family advocate, and a cook will provide care and guidance to help clients reduce stress, refocus on their long-term goals, and successfully return to their living situations. Serenity House currently serves up to ten residents with an average stay of ten days.



Photo: Preston Merchant, County Health Communications

New Public Health Data Portal to Promote Community Collaboration

Public Health, Policy & Planning has launched a new data portal to provide comprehensive and detailed information to increase collaboration and participation in the health of San Mateo County. The site, which is freely accessible at SMCalltogetherbetter.org, allows users to explore data from a range of health indicators, demographic breakdowns, and geographic locations. The data reflect 46 health and socio-economic indicators in 38 categories, from broad disease incidence like cancer and diabetes to specific markers such as the age-adjusted emergency room rate due to hypertension. Health data is also mapped to social determinants such as education, income, food insecurity, access to health services, and other factors. The data can help inform programs and policies as health staff, community planners, elected officials, and others can identify communities shouldering inequitable health burdens. It also sheds light on areas that lack access to services or economic opportunities, which can lead to negative health outcomes.

Coastal Cleanup Day Sees Record Volunteer Turnout

On September 15, nearly 5,000 people gathered at San Mateo County's beaches, parks, and waterways to take part in the State's 34th annual Coastal Cleanup Day. This was San Mateo County's highest turnout for the event, which is coordinated locally by Environmental Health Services in conjunction with the California Coastal Commission, the Ocean Conservancy, and dozens of statewide and local partners. Volunteers at over 30 sites picked up 32,347 pounds of debris across 84 miles of bayside and coastal waterways. Among the trash was a total of 10,210 cigarette butts, which are especially toxic and important to remove before seasonal rains wash them downstream. SMC Health conducted a month-long outreach campaign for the event, which garnered over 112k views on social media.



Photo: Preston Merchant, County Health Communications

