



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, May 6, 2019

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

May 6, 2019 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. April 1, 2019 Minutes

TAB 1

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Bryan Gescuk

H. ADMINISTRATION REPORTS

1. Primary Care Department

Dr. Alpa Sanghavi

Dr. Sumita Kalra

2. Food Insecurity

Dr. CJ Kunnappilly

Dr. Rakhi Singh

Dr. Michelle Hauser

3. Nurse-Family Partnership

Louise Rogers

Lizelle Lino de Luna

4. Financial Report

David McGrew.....TAB 2

5. CEO Report

Dr. CJ Kunnappilly.....TAB 2

I. COUNTY HEALTH CHIEF REPORT

County Health Snapshot

Louise Rogers.....TAB 2

J. COUNTY MANAGER’S REPORT

Mike Callagy

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
Monday, April 1, 2019
Executive Board Room

Board Members Present

Supervisor Carole Groom
Supervisor David Canepa
Mike Callagy
Louise Rogers
Dr. CJ Kunnappilly
Deborah Torres

Staff Present

Michelle Lee	Cecilia Diaz	Lucianne Latu
David McGrew	Karen Pugh	Robbie Larcina
Dr. Susan Fernyak	Leslie Williams-Hurt	Priscilla Romero
Dr. Alpa Sanghavi	Craig Baumgartner	
Joan Spicer	Paul Rogerville	
Peggy Jensen	Ginger Campbell	
Ava Carter	Dr. Frank Trinh	

Members of the Public

Neighbor

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 8:12 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for April 1, 2019. QIC Minutes from February 26, 2019. Medical Executive Committee Minutes from March 12, 2019.	Craig Baumgartner reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report	Current grants pending: Joseph and Vera Long Foundation, Sidney Stern Memorial Trust, and Mervyn Brenner Foundation. IRA Roll Over Campaign begins on September 15. It will be an excellent strategy for supporters on the IRA charitable rollover to make current gifts of up to \$100,000 annually.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from March 7, 2019.	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, in his absence, provided the board with a written report:</p> <ul style="list-style-type: none"> • The provider survey resulted in four years of collected data and 170 responses in 2018. In the next steps, the departments will focus on high impact, low effort areas and limit to 2-3 themes for future improvement. • Regarding wi-fi limitations and secure messaging, the HIT team informed there will be a solution in the future. • Provider parking will be moved to the main lot in May 2019. • The use of personal email address for work related communications is no longer allowed. • The Emergency Department continues to deal with high volume and is looking at ways to improve patient flow. The Opiate pilot project is continuing. 	<p>FYI</p>
<p>Medicine Department Dr. Frank Trinh Roberta Larcina, RN</p>	<p>The Medicine Department: cardiology, dermatology, endocrinology, gastroenterology, hematology, infectious diseases, musculoskeletal clinic, nephrology, neurology, oncology, pain clinic, rheumatology, pulmonary, palliative care, hospitalist medicine, and radiology.</p> <p>Specialty clinic visits 3/2018-2/2019) = 18,505. Hospital admissions 3/2018-2/2019) = 2,158 We measure Quality of Care 1.) to provide the best care for our patients; 2.) results are reported to the Joint Commission and the CMS; 3.) receive higher Medicare reimbursement rates and; 4.) financial penalties for non-participation.</p> <p>We have monthly Department of Medicine Quality Improvement Committee meetings. The committee provides continued assessment of measures, regular updates from QIP and PRIME teams, supports radiology quality improvements, and determines scope and potential for new projects.</p> <p>Nurse Leader Rounding is focused on patient perception of care, care transitions, consistency of care and provider characteristics. The goal is to improve patient experience by providing a mechanism to facilitate the patient’s voice in their care, in real time. It is one of the most important tactics in determining patient experience.</p>	<p>FYI</p>
<p>Environment of Care Ava Carter,</p>	<p>The Safety department has two staff members and covers the utility systems, fire, hazardous materials, security, biomedical equipment, and disaster preparedness. Focus is on regulatory readiness, surveyor findings such as ligature risks and opportunities for self-harm, campus construction, and trainings and drills.</p> <p>Ligature Risks is widespread in inpatient Psych and Psych Emergency. They are anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. They are everywhere – ceilings, doors, exit signs, fire alarms strobes, bathrooms.</p> <p>SMMC is a HazMat-designated facility. We train HazMat for Healthcare and patient evacuation.</p>	<p>FYI</p>

	<p>Unified Command Active Shooter Exercise <u>Ground Floor, Nursing Wing</u> Objective: Test the Run-Hide-Fight response and Code Silver activation in a mock patient unit including volunteer patients. Scenario: Hostile visitor turned aggressive on inpatient nursing unit. Strengths: Staff chose to run, hide, and/or fight. Barricaded patients, provided comfort, and called in incident. Callers provided description of the perpetrator, location, and weapon. SMPD full response. Areas for Improvement: Process on managing incoming calls; location nomenclature; overhead identification of Code Silver (move to plain language)</p> <p><u>Unified Command</u> SMPD ICP location: Doctor’s parking lot (South of administration building) SMMC ICP location: Education Classroom 2 Objectives: Establish communications with law enforcement ICP per Code Silver Policy Strengths: SMMC security team located SMPD ICP and was able to establish communication via disaster radio. Areas of jurisdictional overlap were identified and explored Areas for Improvement: Time it took to establish communications was excessive due to non-functional disaster radio. SMPD perimeter posed as a barrier to patient discharges, patient and visitor flow, staff shift change, ambulance flow. Processes to minimize impact and work with PD on these issues need to be explored.</p>	
Financial Report David McGrew, CFO	The February FY18/19 financial report was included in the Board packet and David McGrew answered questions from the Board.	FYI
CEO Report Dr. CJ Kunnappilly	Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board. The Laboratory regulatory survey was a success. Although it was focused on the lab, it involved the entire organization.	FYI
County Health Chief Report Louise Rogers	EMS, with support from the LEAP Institute, has developed a new workflow to improve response to those suffering from certain types of heart attacks. EMS reports that the time when first responders are at a patient’s side and when the EKG information is obtained has been reduced from an average of 14 minutes to 10, which can increase a patient’s chance for survival. For the second year in a row, San Mateo County was ranked #2 healthiest county in California, behind Marin. HPSM is proposing a Recuperative Care Respite Center of about six beds. Bay Area Community Services in Alameda County has had prior success with this.	FYI
County Manager Mike Callagy	The MOU with the Human Services Agency has been ratified.	FYI

	There will be a brown bag lunch with Mike in May on the Health campus in San Mateo.	
Board of Supervisors Supervisor Groom	No report.	FYI

Supervisor Groom adjourned the meeting at 8:58 AM. The next Board meeting will be held on May 6, 2019.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer

TAB 2

**ADMINISTRATION
REPORTS**

BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: March FY18-19

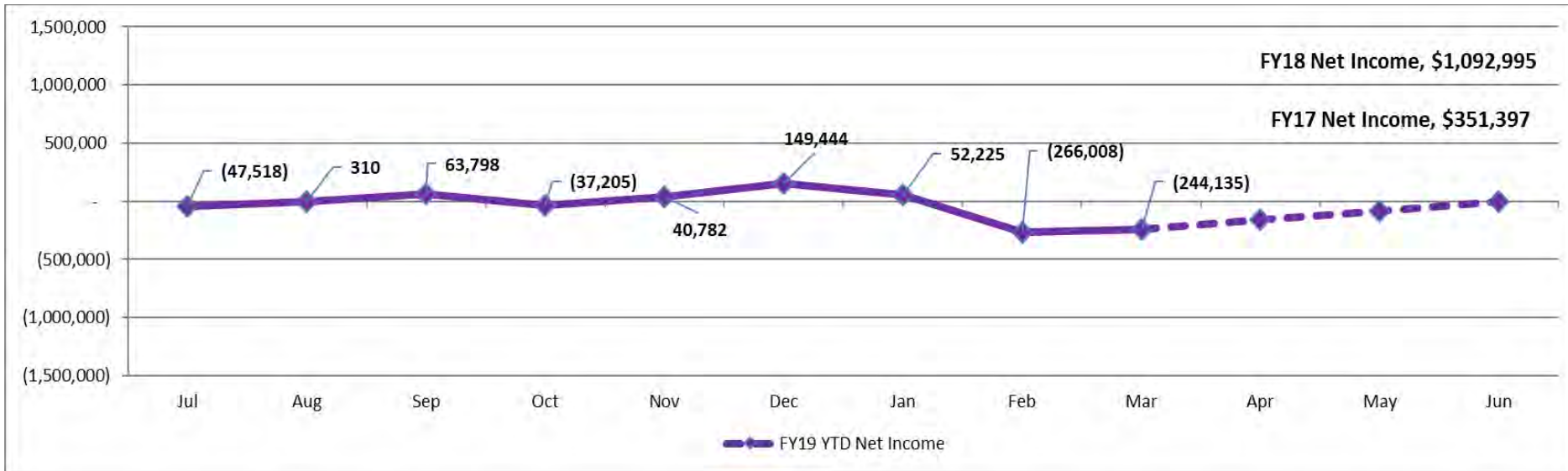
May 6, 2019

Presenter: David McGrew, CFO



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

Financial Highlights



March Positive \$21k/YTD Negative \$244k:

- FTEs below budget
- AB85 Realignment revenue
- Expenses over budget
 - Drug, Registry, ACE, IGT Fees

- Membership decline & lower PCP cap
- Patient Service Revenue
 - High claim denials
- Reserves for PRIME/QIP, GPP
- Engineering relocation cost

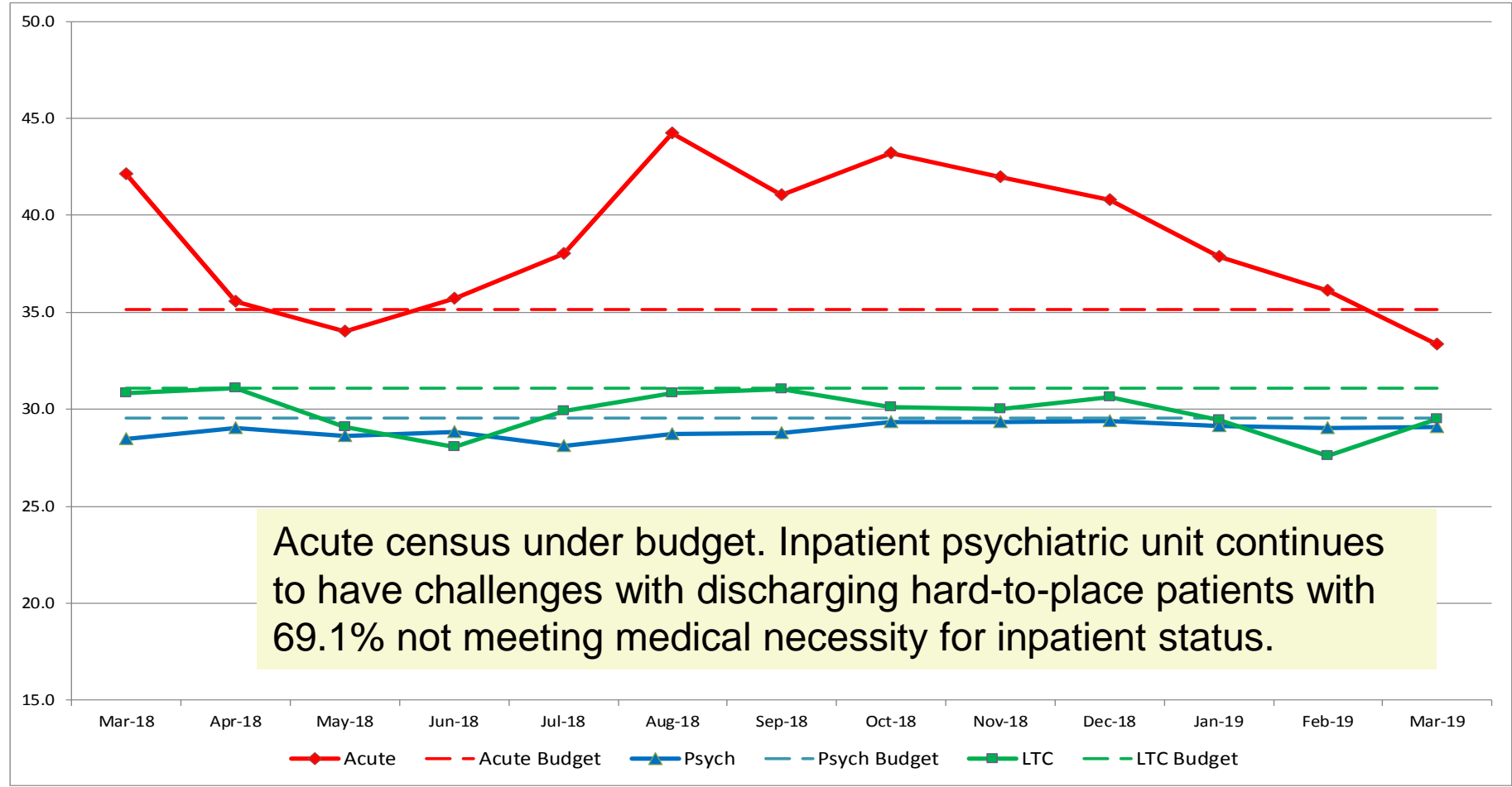
Forecast FY19: We've used \$11.1m of the YTD budgeted \$15.1m reserves, and updated AB85 Realignment revenue estimate. Identified risks to the full year budget at this time are full achievement of the PRIME/QIP performance measures, increasing payroll costs, and unpaid non-acute days. Potential opportunity for increased AB85 Realignment and EPP revenue.

**San Mateo Medical Center
Patient Days
March 31, 2019**

MONTH			
Actual	Budget	Variance	Stoplight
2,848	2,934	(86)	-3%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
27,008	25,931	1,077	4%

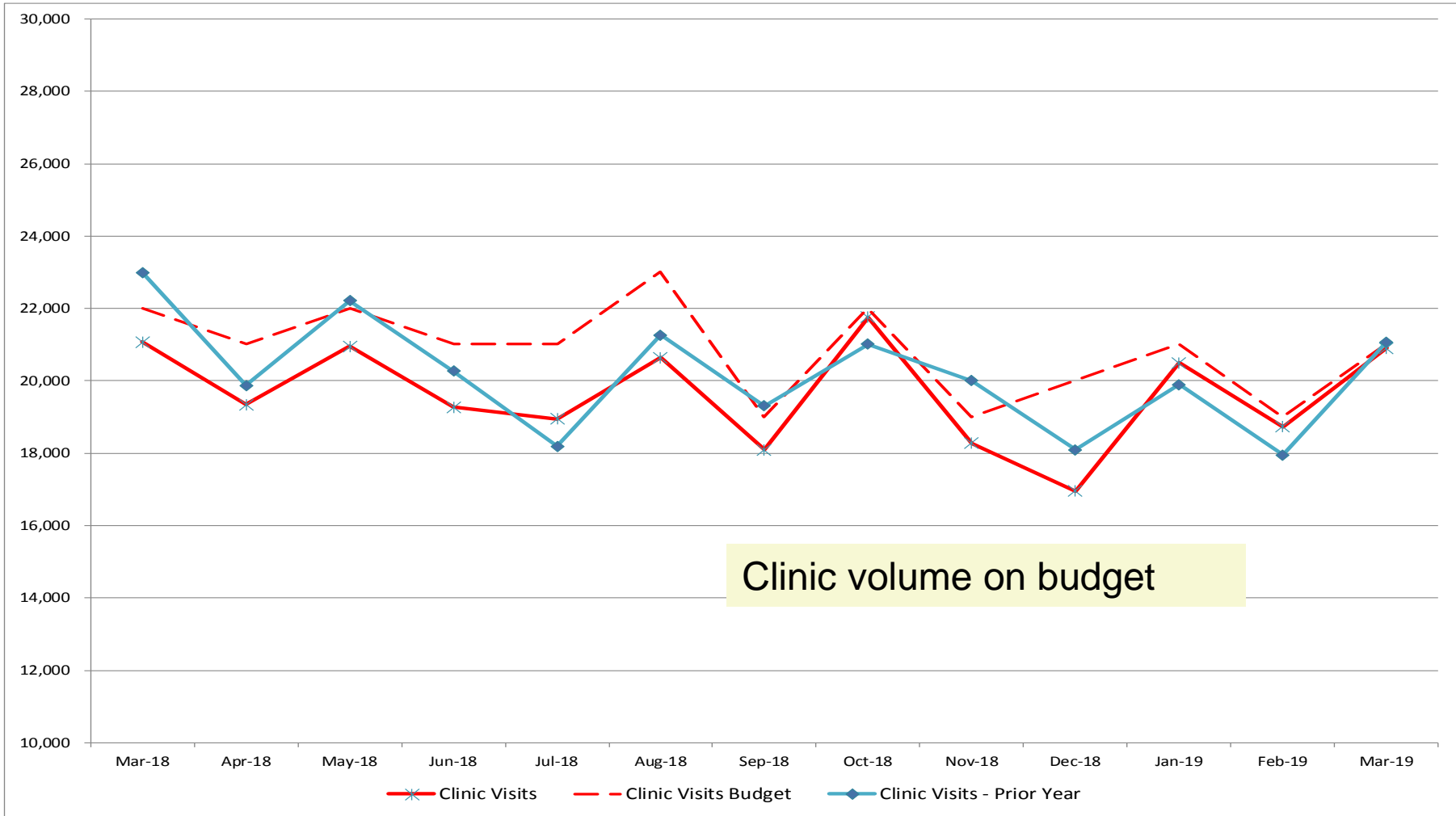
Patient Days



Acute census under budget. Inpatient psychiatric unit continues to have challenges with discharging hard-to-place patients with 69.1% not meeting medical necessity for inpatient status.

**San Mateo Medical Center
Clinic Visits
March 31, 2019**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Clinic Visits	20,908	21,009	(101)	0%	174,817	185,077	(10,260)	-6%

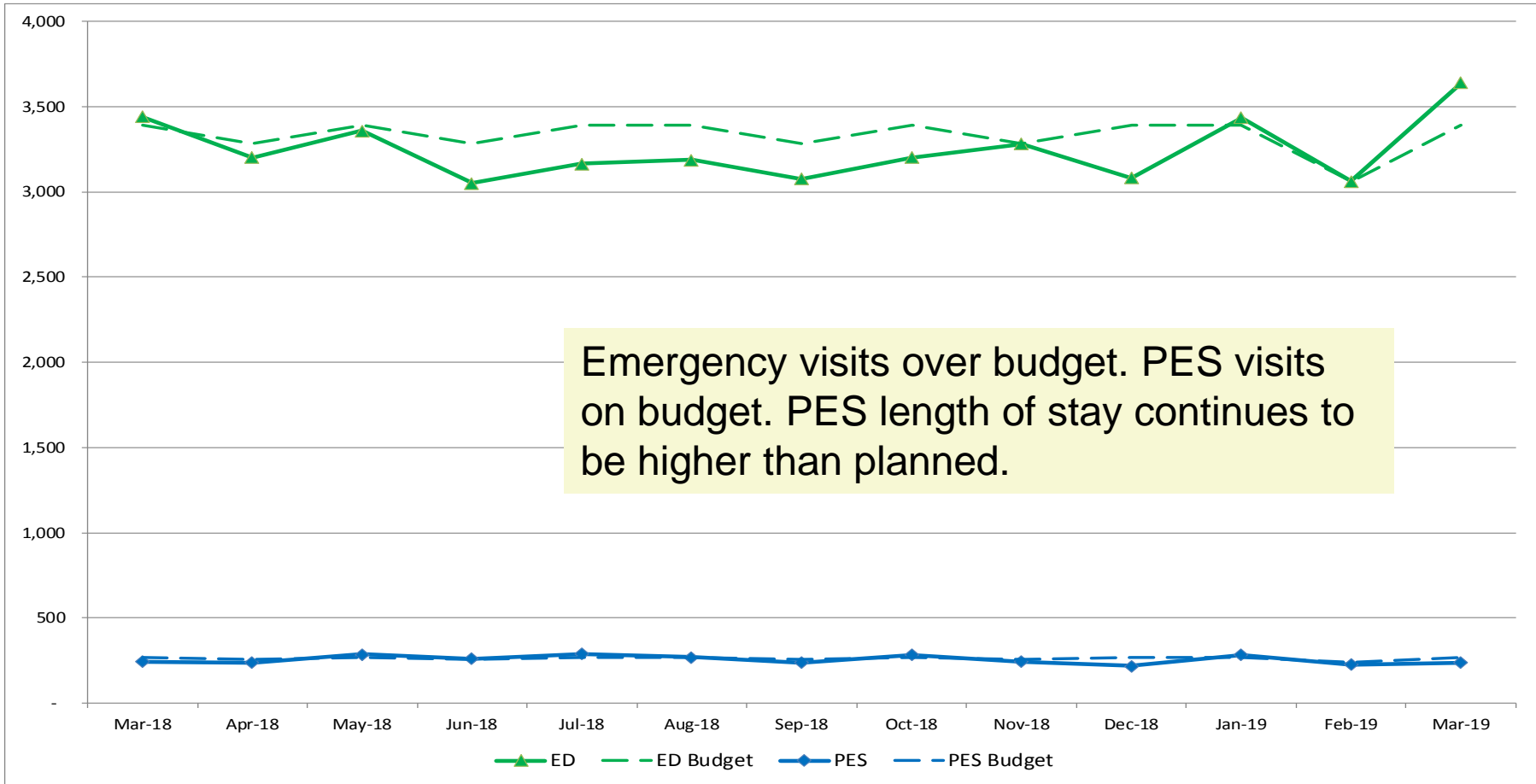


**San Mateo Medical Center
Emergency Visits
March 31, 2019**

MONTH			
Actual	Budget	Variance	Stoplight
3,879	3,659	220	6%

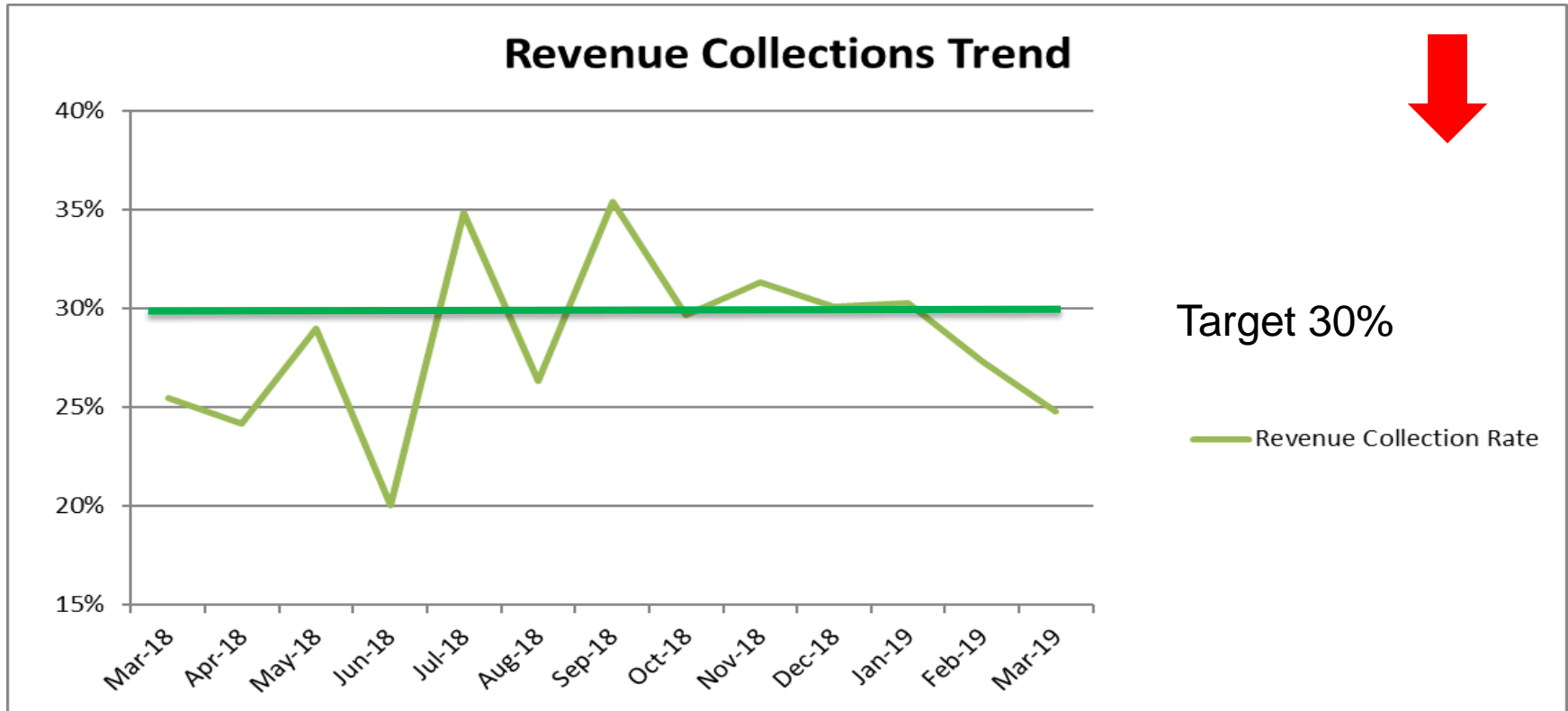
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
31,434	32,343	(909)	-3%

ED Visits							
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Key Performance Indicators

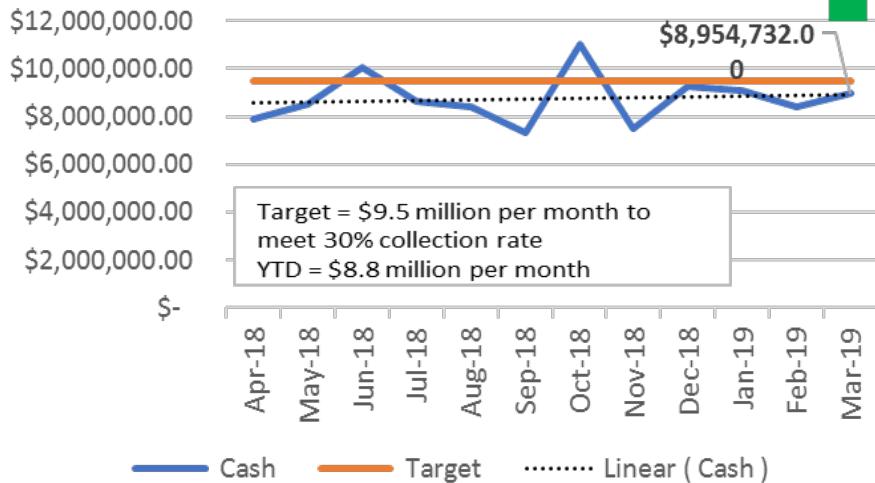
FFS Revenue Collection Trend



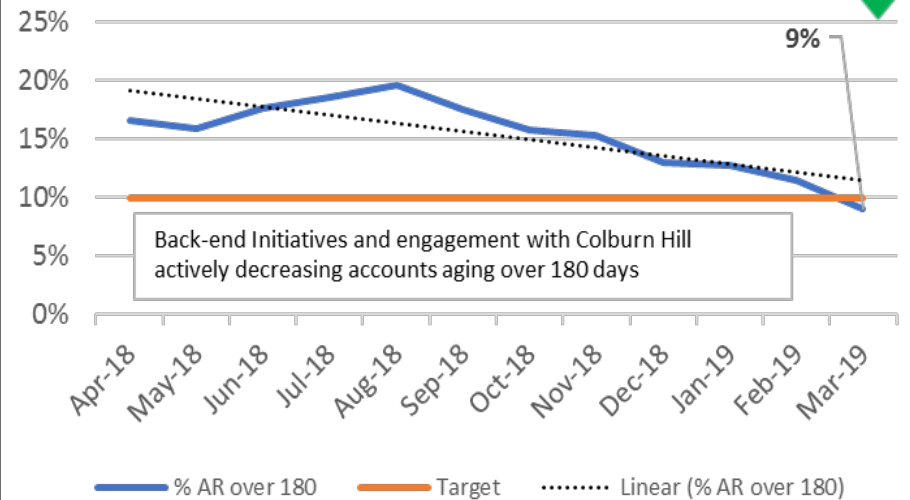
The previous upward trend was due to higher HPSM medical-surgical inpatient per diem rate. The collection rate dipped below 30% in March due to higher claim denials resulting from incorrect diagnosis and procedure codes as well as eligibility and claim documentation errors.

Key Performance Indicators

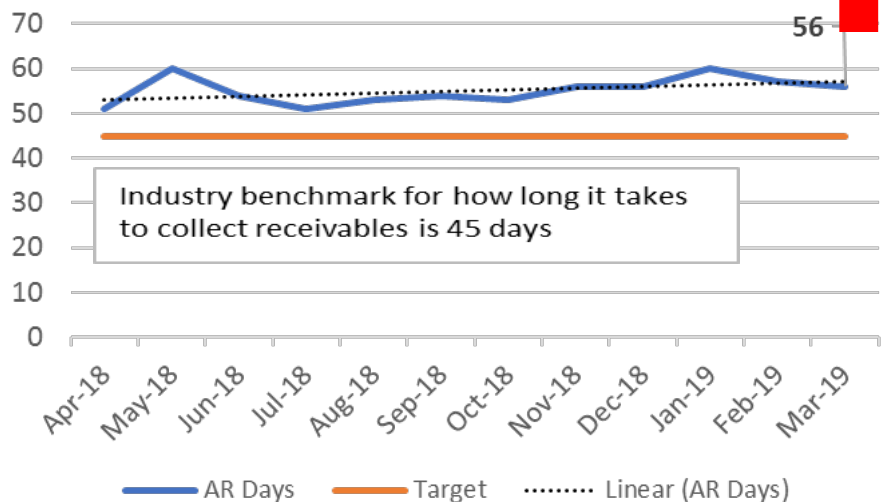
Cash - Rolling 12 Months



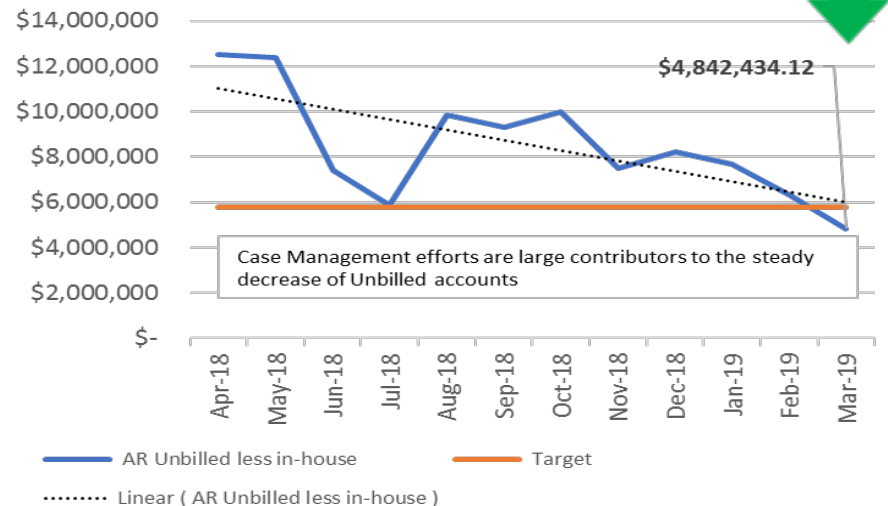
% of A/R Over 180 Days - Rolling 12 Months



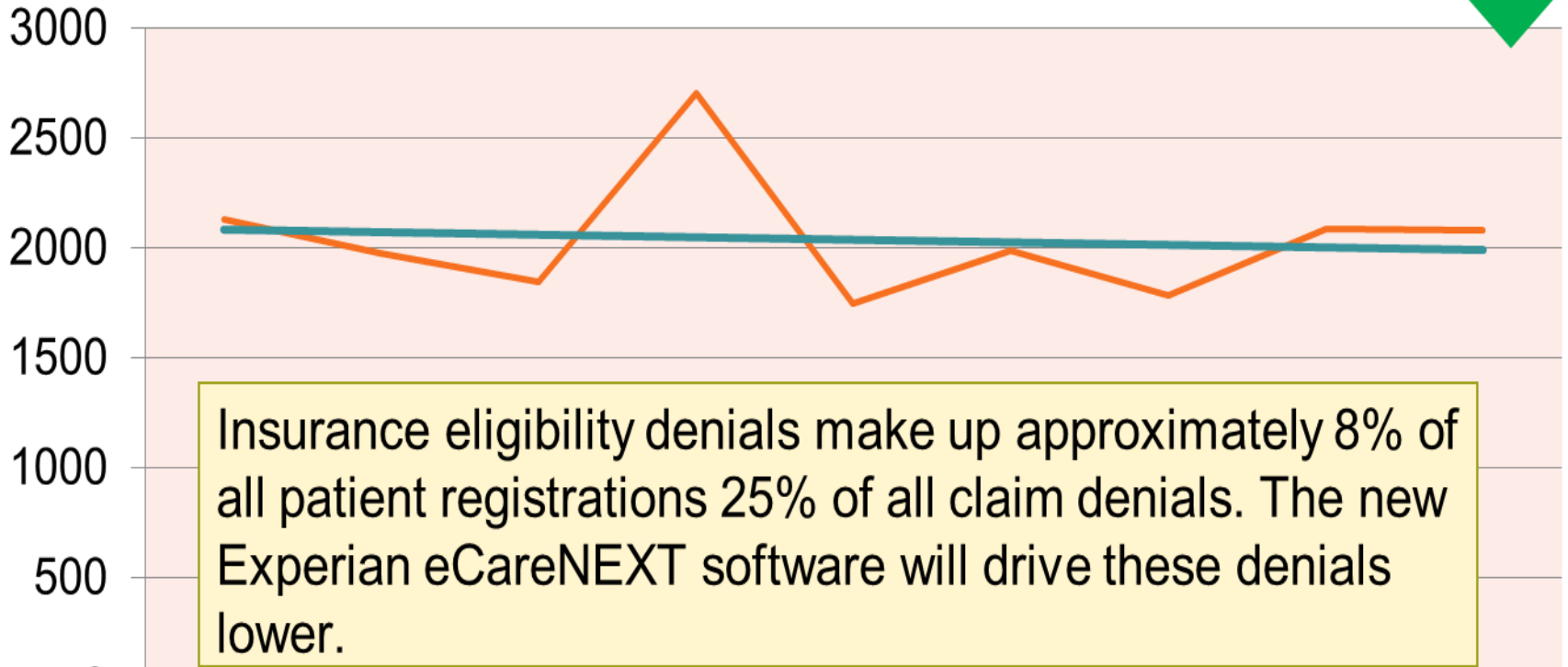
A/R Days - Rolling 12 Months



A/R Unbilled - Rolling 12 Months



Eligibility Denial Volume March 2019



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Series1	2131	1975	1847	2704	1745	1987	1785	2085	2081



Revenue Improvement Plan

Executive Summary

Initiative

Status

<p><i>Registration Accuracy</i></p>	<ul style="list-style-type: none"> • Implementing eCareNEXT - registration quality software <ul style="list-style-type: none"> ✓ Kickoff 1/16/19 ❑ Phased Go Live targeted for 5/21-5/31
<p><i>Clinical Documentation Improvement (CDI)</i></p>	<ul style="list-style-type: none"> ✓ Chartwise software – live 1/8/18 ✓ CDI Specialist (CDS) contractor started 1/14/19 ✓ Reviewing Medicare and Medi-Cal IP charts ✓ CDI Steering Committee launched 3/5/19 ❑ Recruiting CDS staff ❑ Roll-out Outpatient CDI
<p><i>Accounts Receivable management</i></p>	<ul style="list-style-type: none"> • Implementing Colburn Hill automated patient account follow-up software <ul style="list-style-type: none"> ✓ Priority Go-Live 2/26/19 ❑ Hints Go-Live 5/24/19 ❑ Robots Go-Live 6/28/19 (Robotic Process Automation)
<p><i>Denial management & Unbilled Accounts</i></p>	<ul style="list-style-type: none"> ❑ Medical necessity compliance reviews in progress. ❑ Denials workflow & reporting software in production ❑ Authorization improvement work – IP, SSU, Infusion



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

QUESTIONS?

APPENDIX



SAN MATEO COUNTY HEALTH
SAN MATEO
MEDICAL CENTER

San Mateo Medical Center
Income Statement
March 31, 2019

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

1	Income/Loss (GAAP)	21,874	0	21,874	
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(244,135)	0	(244,135)	
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2	HPSM Medi-Cal Members Assigned to SMMC	35,387	38,019	(2,632)	-7%
3	Unduplicated Patient Count	68,465	70,114	(1,649)	-2%
4	Patient Days	2,848	2,934	(86)	-3%
5	ED Visits	3,879	3,659	220	6%
7	Surgery Cases	258	265	(7)	-3%
8	Clinic Visits	20,908	21,009	(101)	0%
9	Ancillary Procedures	76,868	69,402	7,466	11%

329,067	342,171	(13,104)	-4%
68,465	70,114	(1,649)	-2%
27,008	25,931	1,077	4%
31,434	32,343	(909)	-3%
2,220	2,336	(116)	-5%
174,817	185,077	(10,260)	-6%
642,924	611,460	31,464	5%

10	Acute Administrative Days as % of Patient Days	0.0%	16.0%	16.0%	100%
11	Psych Administrative Days as % of Patient Days	69.1%	80.0%	10.9%	14%

0.0%	16.0%	16.0%	100%
78.6%	80.0%	1.4%	2%

(Days that do not qualify for inpatient status)

Pillar Goals

12	Revenue PMPM	131	150	(18)	-12%
13	Operating Expenses PMPM	423	399	(25)	-6%
14	Full Time Equivalents (FTE) including Registry	1,229	1,256	27	2%

159	150	9	6%
408	399	(10)	-2%
1,221	1,256	36	3%



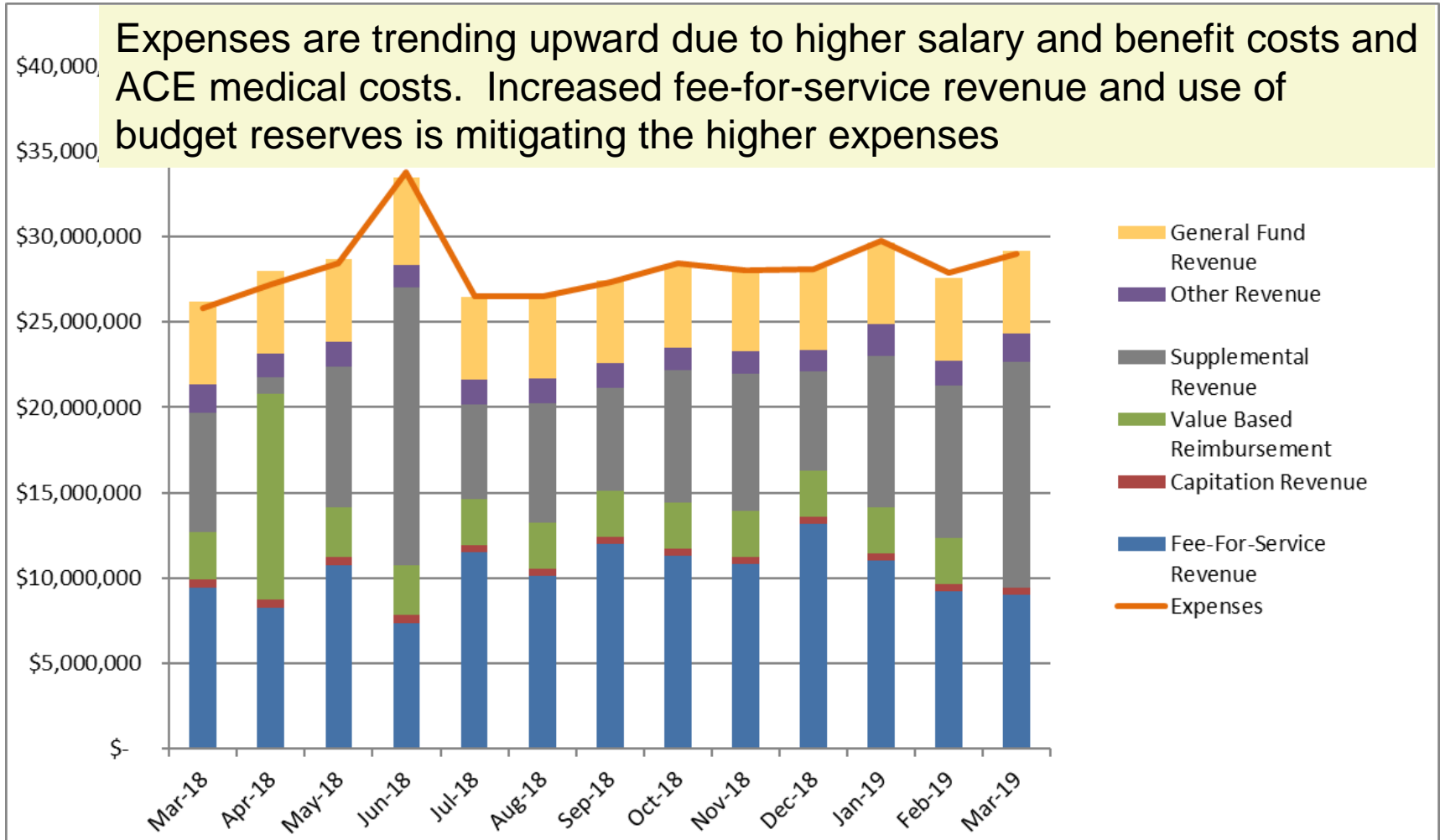
San Mateo Medical Center
Income Statement
March 31, 2019

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	9,880,919	9,577,810	303,109	3%	89,403,020	86,200,289	3,202,730	4%
22 Outpatient Gross Revenue	26,452,671	25,324,704	1,127,968	4%	227,708,364	227,922,335	(213,971)	0%
23 Total Gross Revenue	36,333,590	34,902,514	1,431,077	4%	317,111,384	314,122,624	2,988,759	1%
24 Patient Net Revenue	9,000,905	10,512,930	(1,512,025)	-14%	98,007,818	94,616,369	3,391,448	4%
25 Net Patient Revenue as % of Gross Revenue	15.1%	30.1%	-5.3%	-18%	30.9%	30.1%	0.8%	3%
26 Capitation Revenue	420,707	500,000	(79,293)	-16%	3,405,989	4,500,000	(1,094,011)	-24%
27 Supplemental Patient Program Revenue (Additional payments for patients)	13,073,600	12,436,356	637,244	5%	100,429,132	111,927,207	(11,498,075)	-10%
28 Total Patient Net and Program Revenue	22,495,212	23,449,286	(954,074)	-4%	201,842,938	211,043,576	(9,200,638)	-4%
29 Other Operating Revenue (Additional payment not related to patients)	1,389,408	1,233,153	156,255	13%	10,026,134	11,098,378	(1,072,244)	-10%
30 Total Operating Revenue	23,884,620	24,682,439	(797,819)	-3%	211,869,073	222,141,955	(10,272,882)	-5%

**San Mateo Medical Center
Income Statement
March 31, 2019**

	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	16,431,261	16,448,653	17,391	0%	145,708,321	148,037,873	2,329,552	2%
32 Drugs	944,803	806,645	(138,157)	-17%	6,807,972	7,259,809	451,837	6%
33 Supplies	1,004,371	954,099	(50,272)	-5%	7,990,981	8,586,889	595,909	7%
34 Contract Provider Services	3,818,481	3,346,496	(471,985)	-14%	33,261,140	30,118,465	(3,142,674)	-10%
35 Other fees and purchased services	4,611,117	4,575,407	(35,709)	-1%	40,636,447	41,178,667	542,220	1%
36 Other general expenses	959,971	532,070	(427,901)	-80%	6,324,657	4,788,630	(1,536,027)	-32%
37 Rental Expense	206,237	196,247	(9,990)	-5%	1,722,630	1,766,225	43,595	2%
38 Lease Expense	825,358	825,358	-	0%	7,428,218	7,428,218	-	0%
39 Depreciation	189,558	273,093	83,535	31%	1,704,236	2,457,838	753,602	31%
40 Total Operating Expenses	28,991,157	27,958,068	(1,033,088)	-4%	251,584,602	251,622,615	38,013	0%
41 Operating Income/Loss	(5,106,537)	(3,275,629)	(1,830,908)	-56%	(39,715,529)	(29,480,660)	(10,234,869)	-35%
42 Non-Operating Revenue/Expense	284,942	(1,567,840)	1,852,781	118%	(4,119,821)	(14,110,556)	9,990,734	71%
43 Contribution from County General Fund	4,843,468	4,843,468	0	0%	43,591,216	43,591,216	0	0%
44 Total Income/Loss (GAAP)	21,874	0	21,874		(244,135)	0	(244,135)	
(Change in Net Assets)								

Revenue & Expense Trend

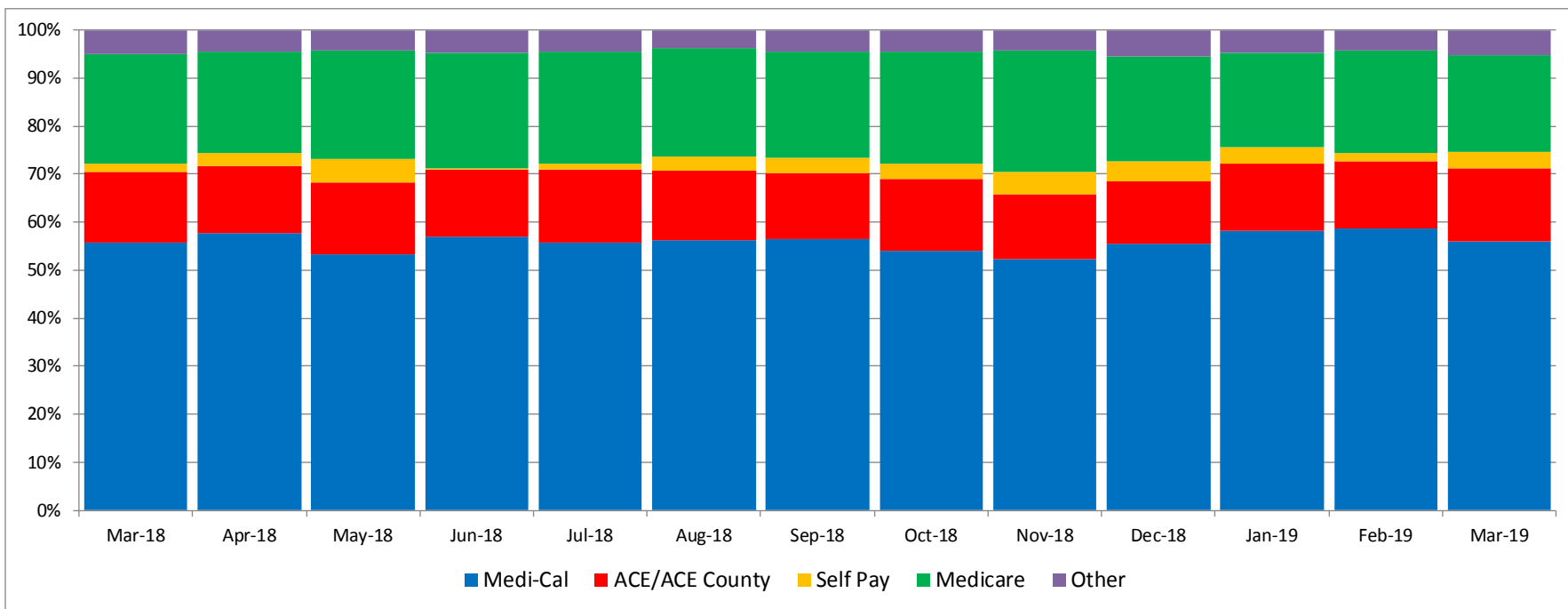


Note: the spike in June was due to end of year payments for the Whole Person Care program

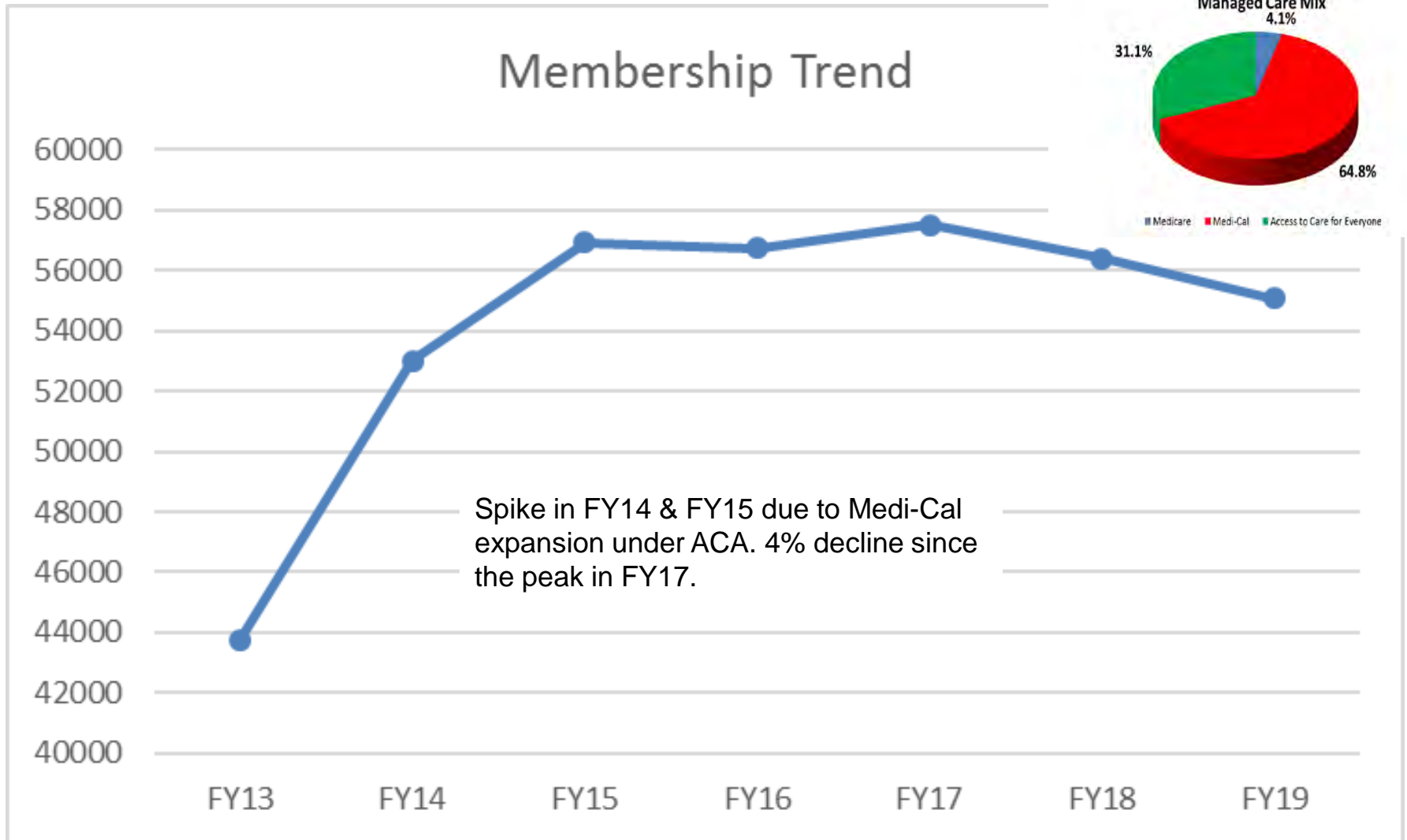
**San Mateo Medical Center
Payer Mix
March 31, 2019**

Payer Type by Gross Revenue	MONTH			
	Actual	Budget	Variance	Stoplight
	A	B	C	D
Medicare	20.1%	21.0%	-0.9%	
Medi-Cal	56.0%	58.0%	-2.0%	
Self Pay	3.4%	2.0%	1.4%	
Other	5.3%	5.0%	0.3%	
ACE/ACE County	15.2%	14.0%	1.2%	
Total	100.0%	100.0%		

Payer Type by Gross Revenue	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
	E	F	G	H
Medicare	22.1%	21.0%	1.1%	
Medi-Cal	55.9%	58.0%	-2.1%	
Self Pay	3.1%	2.0%	1.1%	
Other	4.6%	5.0%	-0.4%	
ACE/ACE County	14.3%	14.0%	0.3%	
Total	100.0%	100.0%		

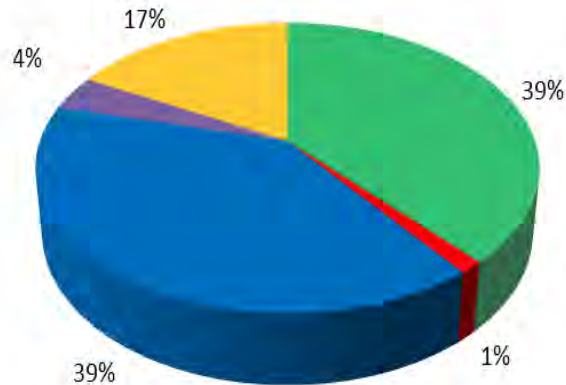


Managed Care Membership Trend



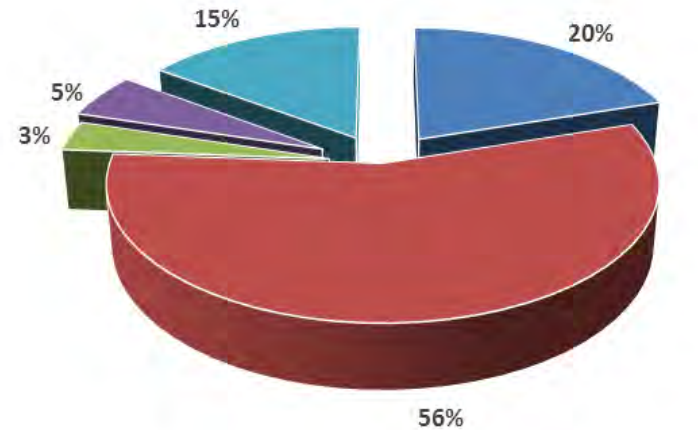
Revenue Mix

Sources of Revenue



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

Payor Mix



■ Medicare ■ Medi-Cal ■ Self Pay ■ Commercial ■ ACE

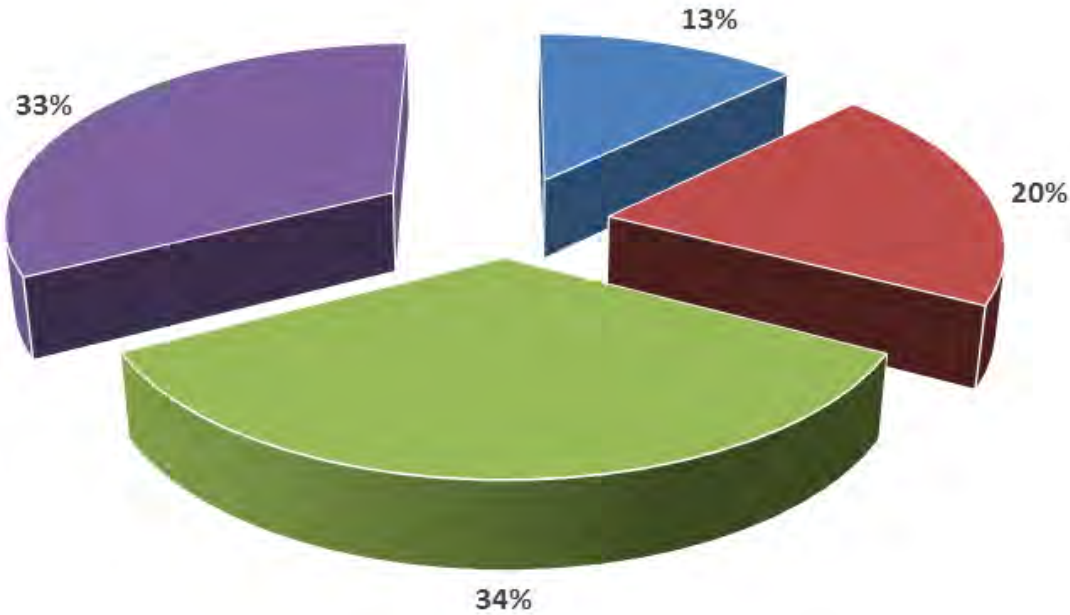
Health Plan of San Mateo (HPSM) represents 31% of our Operating Revenue

- Medi-Cal Managed Care and Medicare Managed Care FFS
- Medi-Cal PCP Capitation

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.

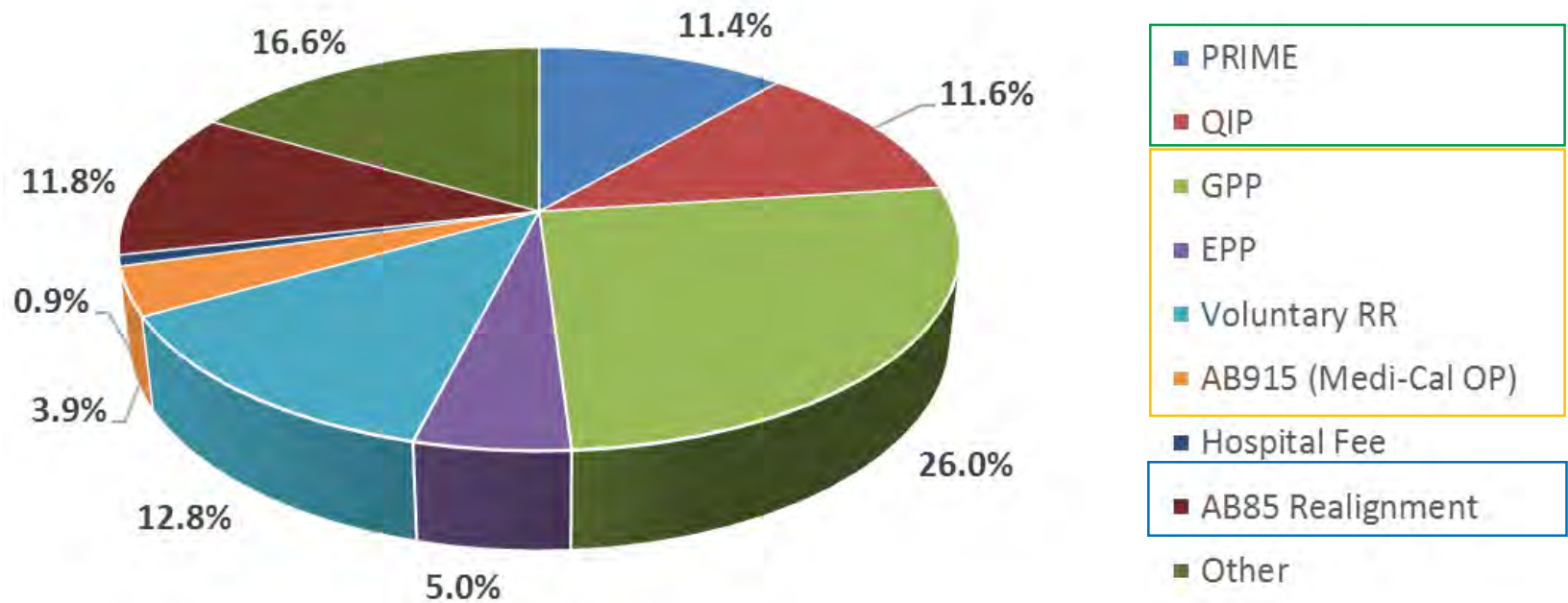
NO commercial contracts

Revenue Mix by Service Line



■ Inpatient ■ Hospital ED & Outpatient ■ Ambulatory Clinics ■ Ancillary Services

Supplemental Revenue Mix

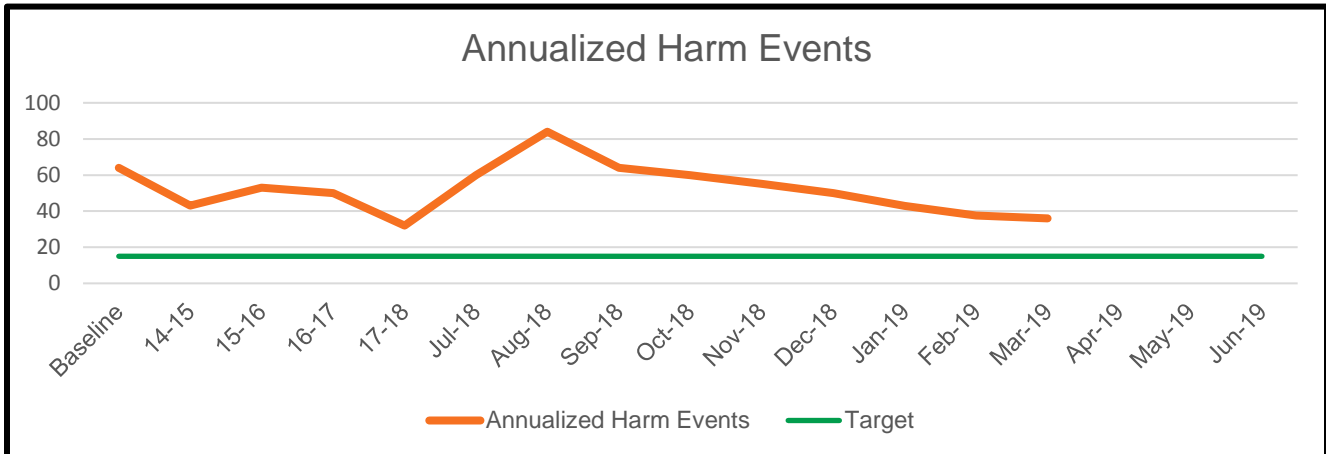


- **Value-Based** programs represent 23% of our Supplemental Revenue
- **Volume-Based** programs represent 77% of our Supplemental Revenue

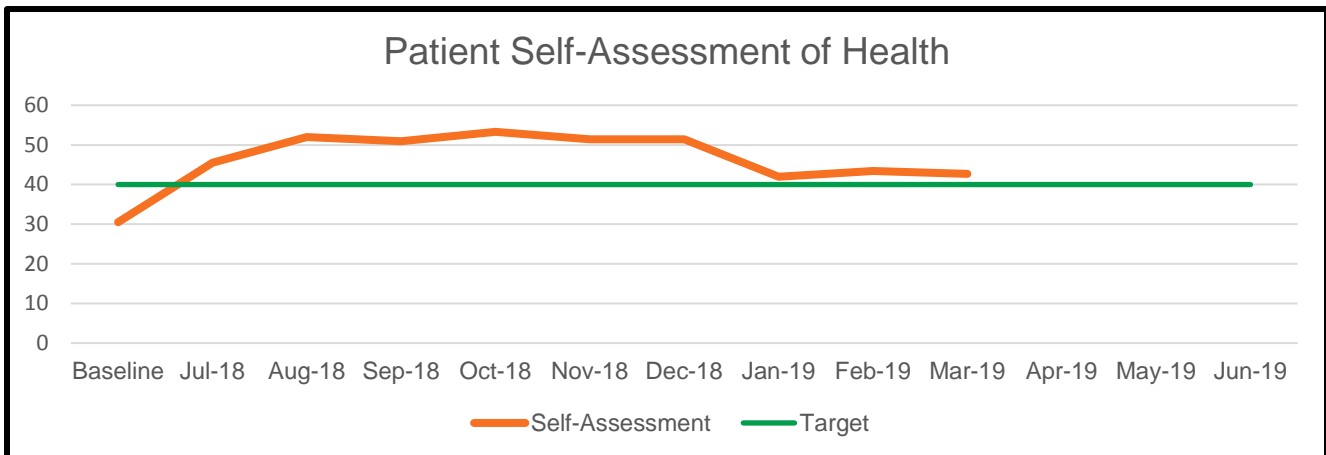
CEO REPORT

May 2019

EXCELLENT CARE METRICS

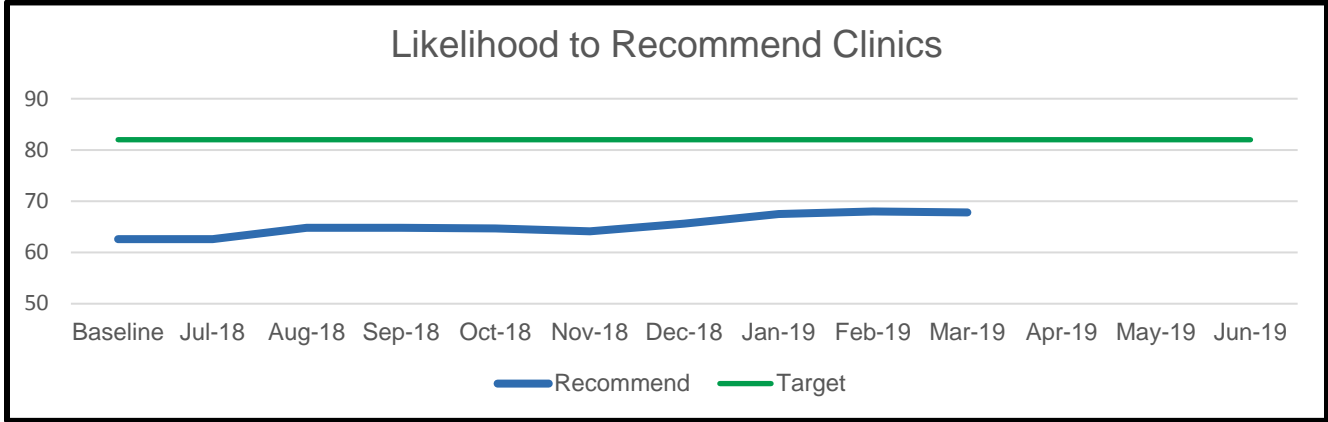


Annualized Harm Events: Measures avoidable patient harm events including central line infections, catheter associated urinary infections, hospital acquired pressure ulcers, surgical site infections, medication errors with harm, blood clots, falls with injury and others. The number is annualized (i.e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

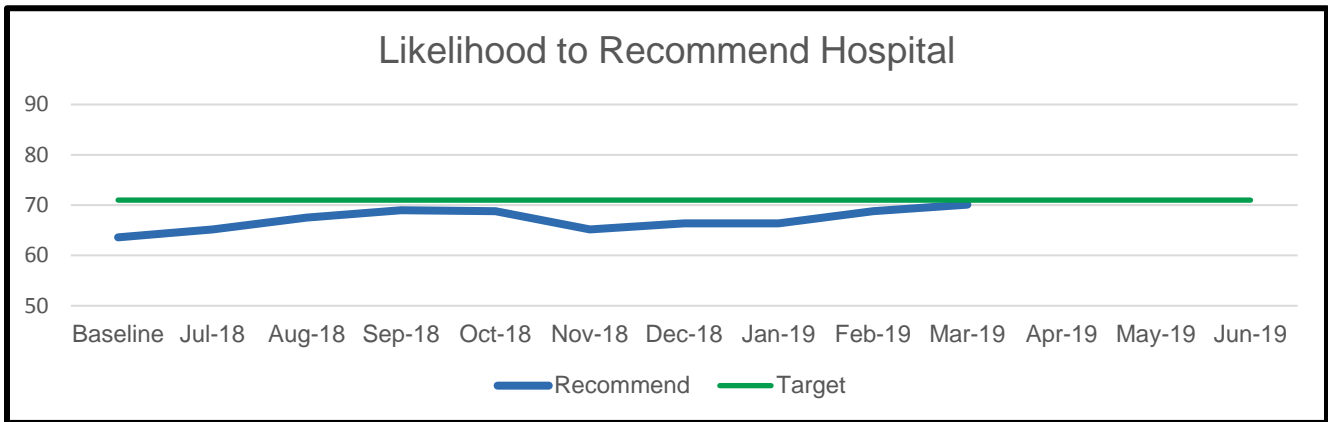


Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**

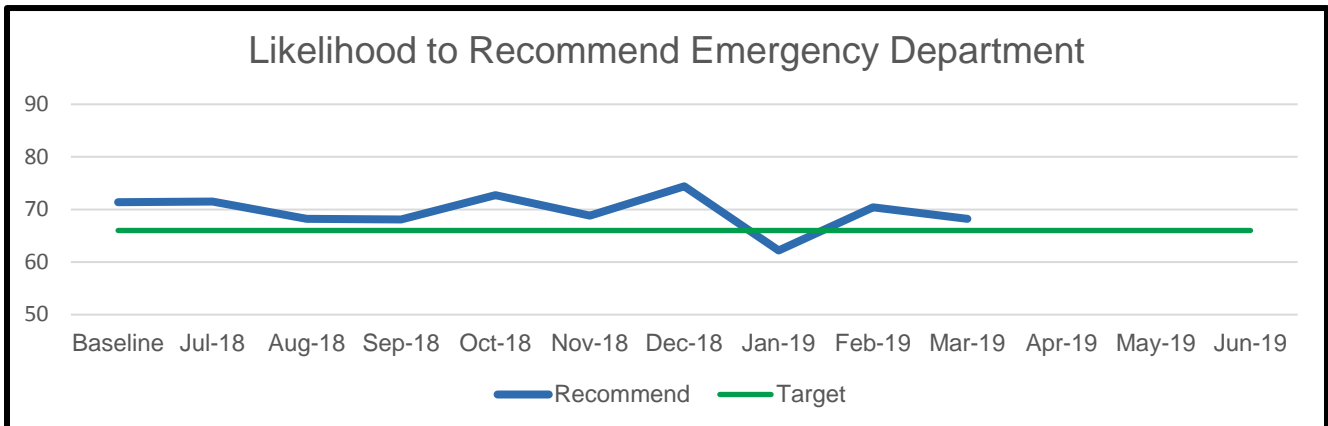
PATIENT CENTERED CARE METRICS



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

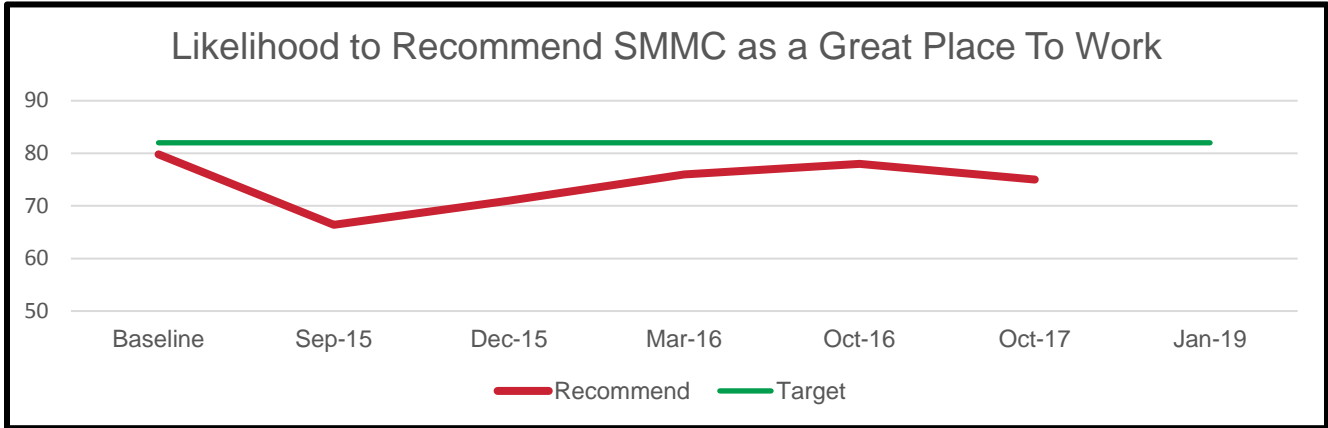


Likelihood to Recommend Hospital: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this hospital to friends and family?” **Higher is better.**



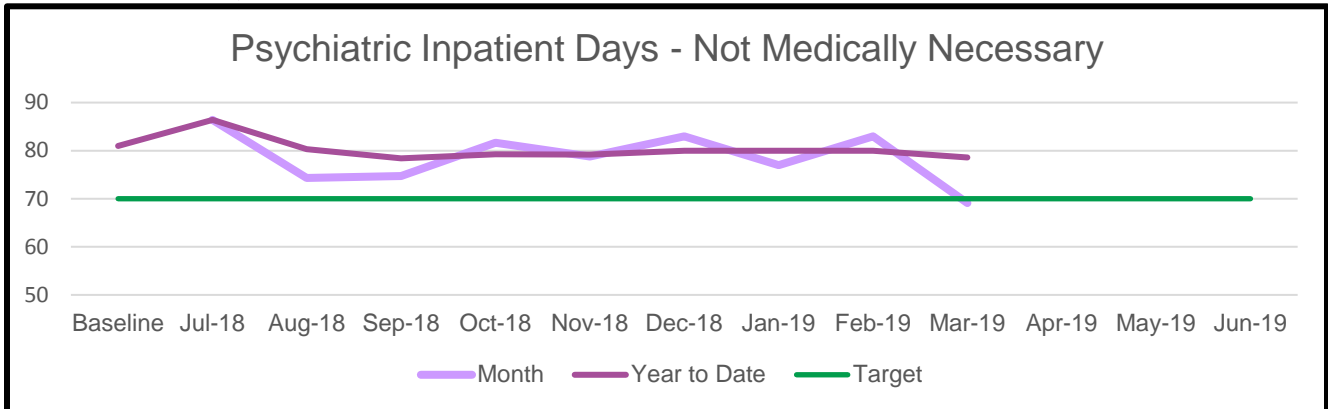
Likelihood to Recommend Emergency Department: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this emergency department to friends and family?” **Higher is better.**

STAFF ENGAGEMENT METRICS

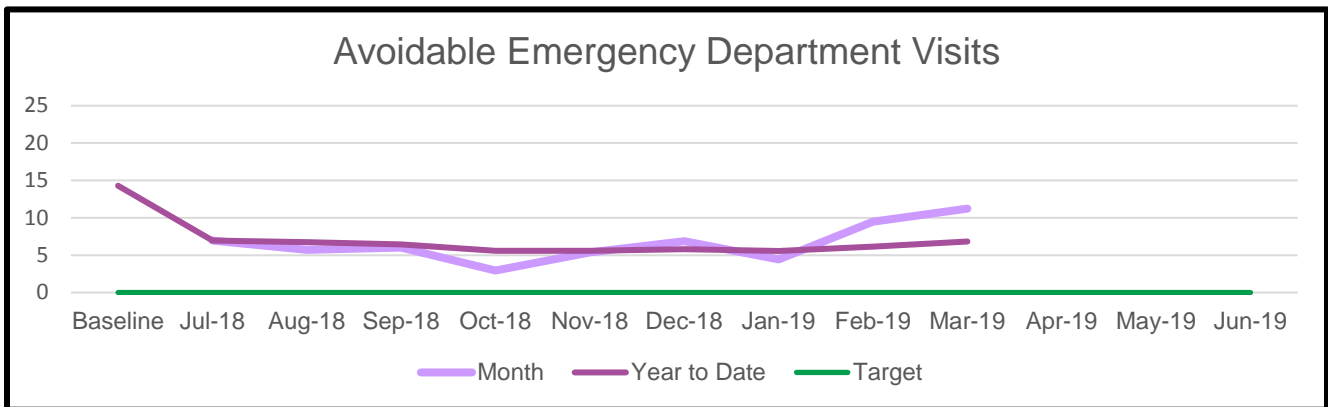


Likelihood to Recommend SMMC: Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual Blessing White staff engagement survey. **Higher is better.**

RIGHT CARE, TIME AND PLACE METRICS



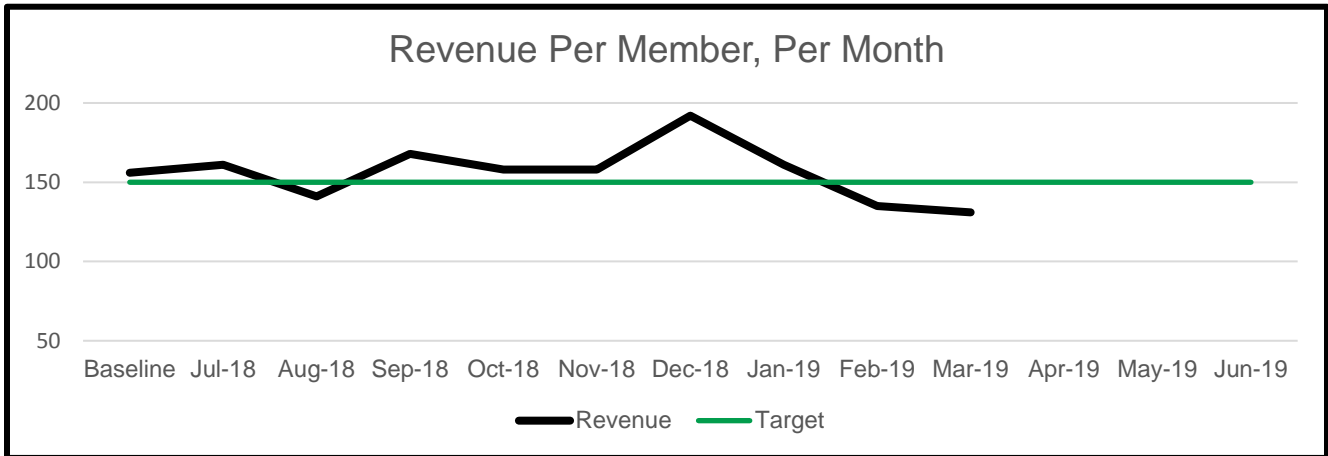
Psychiatric Inpatient Days – Not Medically Necessary: Percentage of acute inpatient psychiatry days where a patient may have been able to be discharged if there was a safe environment for them to go to. **Lower is better.**



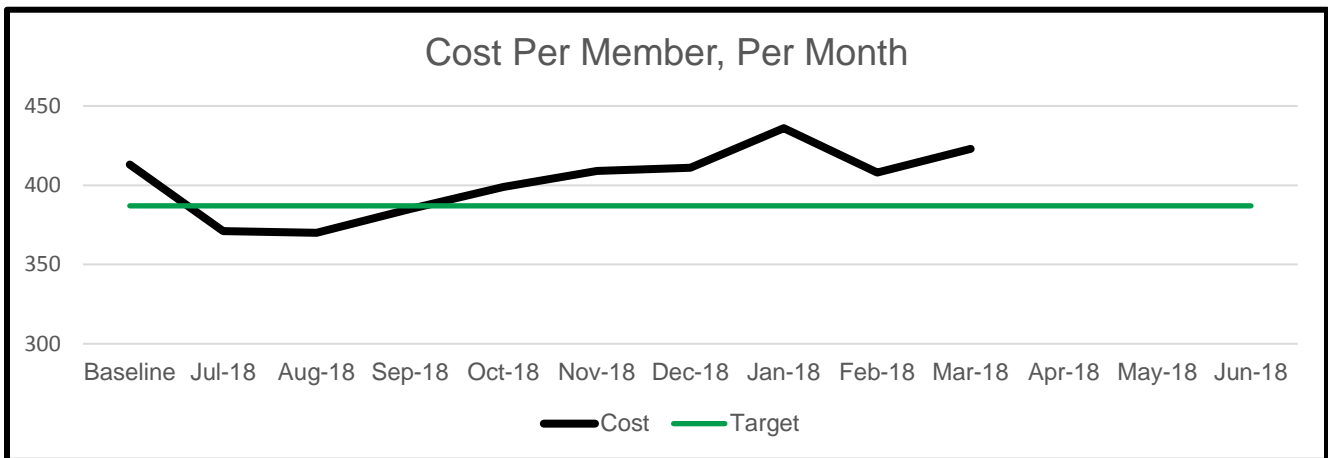
Potentially Avoidable ED Visits: Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**



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



SMMC Participates in District 5 Together Event– Staff from our Daly City Health Center participated in the District 5 Together event at Jefferson High School hosted by Supervisor Canepa on March 30th. The culture and resource fair promoted the county’s efforts related to Census 2020. Our team provided health information and conducted free blood pressure and blood glucose checks. Thank you to everyone who represented San Mateo Medical Center. *(Pictured Above Left: Our SMMC table at the District 5 Together event)*

SMMC Staff Participate in Campus Clean-up Walk- On April 10th, a group of staff at the hospital volunteered to spend part of their lunch hour cleaning up our San Mateo campus. We provided reachers, gloves, and trash bags and the team provided the energy (and earned 30 minutes of training credit). This service project, proposed by staff, was so popular it will be a monthly event. I’m grateful to everyone who participated for their generosity and pride in our campus. *(Pictured Above Right: Some of our eager campus walkers)*

April Staff Celebrations - In April we recognized Administrative Professionals Day, World Graphic Design Day, Neurodiagnostic Week, Laboratory Week, Patient Experience Week, Patient Access Week, and National Occupational Therapy Month. We appreciate and celebrate the diverse skills and expertise that make up our amazing team.

Transitions- SMMC has experienced several key leadership transitions in the last several weeks. Both Peggy Rothaus (OR Manager) and Glynis Carreira (Patient Advocate) have left the organization through retirement. Meanwhile, Lab Director, Valerie Trudeau, has moved on to an exciting opportunity with Kaiser Permanente. Interim coverage plans are in place as we launch permanent recruitments in these areas. My thanks to everyone who is working hard to ensure our patients receive uninterrupted service during this time.

Transformation 2021 - Operational and Financial Transformation Engagement- Our Navigant partners are a month into their engagement with us and have met with many key stakeholders to get a deeper understanding of our organization and its priorities, challenges and opportunities through interviews, conducting workflow observations and analyzing operational and financial data. They

also met with the LEAP Institute to understand our tools and methodologies for improvement work to ensure integration into the effort. A report-out of findings, observations and recommendations from this “Discovery” phase is scheduled for June 12th.

This is an 18-month engagement to ensure adequate time to drive execution of improvement plans and transition to a sustainable state. The work will be governed by an Executive Steering Committee (ESC) consisting of Health and Medical Center leadership. The Navigant Engagement Leader provides weekly progress reporting to SMMC’s CFO and the T2021 ESC will meet in early May to review its charter and project status reports. Regular project updates will be provided to the Hospital Board and County Board of Supervisors.

Revenue Cycle Transformation team executing on FY19 Initiatives- Our Revenue Cycle teams are making significant progress on several operational improvement initiatives. First, the implementation of Experian Health’s eCareNEXT software solution to improve registration accuracy is scheduled for a rolling go-live starting in late May. Over the past several months there has been extensive work in configuring the software for our organization, testing the build and creating the training program. Over 40 staff have attended “super-user” training and 150 staff attended “refresher” training in the fundamentals of patient registration workflows, as a prerequisite to the upcoming eCareNEXT training. During the rolling go-lives, our registration staff will be supported by “at the elbow” project team members and super users to ensure issues are identified and resolved timely and any learnings can be applied during the next go-live.

For the Patient Accounts Receivable follow-up initiative (Colburn Hill Ops Center), the first phase, “Priority”, is now live and staff are adapting their workflows to the new software. Priority identifies accounts that have the highest potential for collectability and places them in a work queue for staff follow-up. The next phase is called “Hints”, which uses artificial intelligence to recommend a course of follow-up actions for the staff, alleviating the need to conduct time-consuming research. The staff received training on Hints during the last week of April and this functionality goes live in May. The third phase is the development of “Robots” to automate the processing of repetitive, manual transactions. Robots will go live in June.

Finally, to support efforts at improving collections for “self-pay” accounts, SMMC selected finalists through an RFP process and will conduct interviews in May. SMMC is proposing to streamline collections in an effort to increase the dollars we receive. The organization will do this by using vendors that are knowledgeable in healthcare related collections and who can provide more focused resources with greater subject matter expertise. We anticipate these efforts will ultimately result in fewer patients being sent to bad debt collections, will increase our cash collections and will improve patient experience, while decreasing costs. SMMC will continue to support our patients through our financial assistance programs when the cost of their care becomes a financial hardship.

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	23,545	7.9%	8.6%
SMMC Emergency Department Visits	3,879	17.9%	5.2%
New Clients Awaiting Primary Care Appt.	84	-28.2%	-87.2%

Measure K funds advance Community Collaboration for Children’s Success

Leaders from across sectors celebrated and learned from more than 950 residents in the Community Collaboration for Children’s Success (CCCS) effort aimed at preventing young people from ending up in the highest intensity systems and promoting their well-being and success. Through a Measure K investment, Health’s Public Health Policy and Planning team analyzed data to prioritize four communities demonstrating the highest need and readiness to engage in a community planning process. Young people and adults in targeted areas within East Palo Alto, Redwood City/ North Fair Oaks, South San Francisco and Daly City have created or are nearing completion of community action plans outlining key strategies to further young people’s success. In a recent meeting of the countywide Steering Committee for this effort, leaders from Probation, the Human Services Agency and Health, as well as the San Mateo County Office of Education, First5 San Mateo County and additional partners reflected on the learnings from the residents to guide next steps to act.



Communications wins state award for new visual identity

SMC Health was honored with an Epic Award from the California Association of Public Information Officers (CAPIO) for the new visual identity—the logo, tagline, and other communications tools now in use throughout SMC Health. Communications staff attended CAPIO’s annual conference to receive the award on behalf of SMC Health. Health Communications worked with its division partners, community stakeholders, patients, clients, and members of the public to inform a process that led to the new communications tools, including the logo, writing and style guides, more than 1,800 templates for the creation of brochures, signs, and other documents, and the health-forward unifying tagline, All together better. CAPIO’s membership includes more than 700 public information officers and communications professionals working in government agencies throughout California.



Staff accepting CAPIO Epic award was (left to right): Cheryl Dughman, Diana Rohini LaVigne (Chief Communications Officer), Lauren Mascarenhas, Preston Merchant

Elder and Dependent Adult Protection Team honored by Department of Justice

Aging and Adult Services’ (AAS) Elder and Dependent Adult Protection Team (EDAPT) was recently awarded the Crime Victims Financial Restoration Award by the Department of Justice, during the annual National Crime Victims’ Service Awards ceremony in Washington D.C. Since the program began in January 2016, EDAPT staff have conducted 425+ trainings, outreach seminars and community education programs to promote awareness of elder financial abuse and services available to victims. The team has shortened the response time in investigating financial elder abuse, created a robust dedicated prosecution unit—resulting in \$1.7 million in restitution for financial abuse victims—and provided training and case consultation for local law enforcement.



EDAPT staff accepting award was (left to right): Tara Heumann (County Counsel), Nicole Fernandez (AAS), Nicole Sato (District Attorney), Shannon Morgan (AAS)