



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, December 2, 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

December 2, 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. Julie Hersk
Dr. Frank Trinh*

Informational Items

3. Medical Executive Committee

Dr. Julie Hersk

C. REPORT OUT OF CLOSED SESSION

D. PUBLIC COMMENT

Persons wishing to address items not on the agenda

E. FOUNDATION REPORT

Paul Rogerville

F. CONSENT AGENDA

Approval of:

1. November 4, 2019 Minutes

TAB 1

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Julie Hersk

H. ADMINISTRATION REPORTS

- 1. Ambulatory Care Model
- 2. Opioid Trends in San Mateo County
- 3. Financial Report
- 4. CEO Report

Dr. CJ Kunnappilly

Clara Boyden

Dr. Scott Morrow

David McGrew.....TAB 2

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 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, November 4, 2019
Executive Board Room

Board Members Present

Supervisor Carole Groom
Supervisor David Canepa
Mike Callagy
Louise Rogers
Dr. CJ Kunnappilly
Dr. Julie Hersk
Dr. Frank Trinh
Dr. Gordon Mak
Deborah Torres

Staff Present

Michelle Lee
David McGrew
Dr. Susan Fernyak
Dr. Alpa Sanghavi
Joan Spicer
Robert Blake
Brighton Ncube
Peggy Jensen
Aimee Armsby

Carlton Mills
Ava Carter
Karen Pugh
John Jurow
Angela Gonzales
Paul Rogerville
Ginger Campbell
Margaret Hambleton
Pat Curran

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 8:14 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for November 4, 2019. QIC Minutes from September 24, 2019. Medical Executive Committee Minutes from October 8, 2019.	Aimee Armsby reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report	Foundation Board Chair, Paul Rogerville, reported on the successful 30 th Anniversary Celebration of the Foundation held on October 18. It honored four visionary founders: Congresswoman Anna Eshoo, Margaret Taylor, Linda Gregory, and Evelyn Stanton. The event was a full house and many public official, past doctors and staff came out to honor the women. The highlight of the evening was the outpouring of support for the honorees.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from October 7, 2019.	It was MOVED, SECONDED and CARRIED unanimously to

		approve all items on the Consent Agenda.
Medical Staff Report Dr. Julie Hersk	Dr. Hersk reported Governor Gavin Newsom appointed Dr. Alexander Ding to the Health Professions Education Foundation Board of Trustees. Dr. Ding is a member of the Radiology team.	FYI
Rehabilitation Department Emily Weaver	<p>Staff: 2 audiologists, 3 speech pathologists, 5 occupational therapists, 3 recreation therapists and 1 art therapist, and nine physical therapists.</p> <p>Ground B Move</p> <ul style="list-style-type: none"> Scheduled to move all Outpatient Rehab (PT, OT, ST, Audiology) services by March 2020 Replacing old equipment Changing documentation from desktops/WOWs to laptops Increased space for patient care Collaboration opportunities – Pain Management Clinic and Respiratory Services <p>Total Joint Collaboration – August 2019 Some of the implemented items</p> <ul style="list-style-type: none"> Pain management techniques Increased communication Pre-habilitation prior to surgery Equipment management Transportation management 	FYI
Compliance and Privacy Margaret Hambleton	<p>SMMC Compliance Committee Charter 2019-2020 was approved with no changes 8/31/2019 SMMC Compliance Plan, 2019-2020 was approved with no changes 8/31/2019 SMMC Compliance Audit Plan, 2019-2020, was approved on 10/21/2019</p> <p>Mandatory Compliance Training rolled out in April 2019; by 10/16, 2019, nearly 92% of staff have completed it.</p> <p>Focused Compliance Topics</p> <ul style="list-style-type: none"> Observation Audit Coding Accuracy Audit FQHC Scope of Services Review Level 5 Evaluation and Management Coding <p>Privacy – since April, there have been no breaches.</p>	FYI
Oral Public Health Program	The San Mateo County Oral Health Strategic Plan and Local Oral Health Program (Prop 56 funded) both seek to improve oral health in San Mateo County with a focus on populations with limited access to oral health services.	FYI

<p>Dr. Anand Chabra, Pat Curran</p>	<p>HPSM Dental Integration Program Background: Legislative action taken</p> <ul style="list-style-type: none"> • Permissive language that DHCS may authorize a six-year dental integration pilot in SMC no sooner than July 1, 2019 • Requires a process for stakeholder input, objectives for utilization and access, and an HPSM readiness assessment • Includes a formal evaluation by an external entity, focusing on the following categories: <ul style="list-style-type: none"> – Utilization of dental services, especially preventive care – Access to care – Dental provider network participation – Impact on medical costs, such as reduction in ER usage <p>Goals of Dental Integration</p> <ul style="list-style-type: none"> • Improve access to care for dental services, especially preventive services • Align quality incentives for improved oral health with overall health • Demonstrate through formal evaluation that integrating medical and dental services for Medi-Cal is cost-effective <ul style="list-style-type: none"> – Investing in preventive dental care reduces overall medical care costs, especially for non-traumatic dental ER visits, hospital admissions, and costs for diabetic care <p>Dental Integration Program Timeline: October 9, 2019 Health Commission Recommendation: October 2019 Initiate Project Plan – Including initial hiring of dental director: October 2019 – September 2020 State Approval Process: October 2019 – September 2020 Provider Recruitment: October 2019 – September 2020 Member Outreach: October – December 2020 Implementation Date: January 2021 (upon state approval): January 2021 (upon state approval) Health Commission Check-Ins: TBD</p>	
<p>Financial Audit FY 2018/2019</p>	<p>MSO is an independent accounting firm that has conducted SMMC’s annual audits for the past ten years.</p> <p>MSO did not identify any deficiencies in internal control over financial reporting that they consider to be material weaknesses. And there are no current year recommendations.</p>	<p>FYI</p>
<p>Financial Report David McGrew, CFO</p>	<p>The September FY19/20 financial report was included in the Board packet and David McGrew answered questions from the Board.</p>	<p>FYI</p>

CEO Report Dr. CJ Kunnappilly	Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board. He also introduced the new Chief Operating Officer, Robert Blake, who joined the team in November.	FYI
County Health Chief Report Louise Rogers	Louise Rogers reported the recent power outages have been challenging but the Health System responded admirably. The Health Care Coalition was mobilized and 25 people who needed care were successfully placed. Others who needed equipment and services were identified and home visits were arranged, and equipment procured. Dependent children and adults Canyon Oaks were accommodated with StarVista in South County. Medication access was handled successfully by the hospital. I am proud of the ways our staff responded.	FYI
County Manager Mike Callagy	Mike Callagy said that emergency situations, like the high winds which prompted the power outages, are likely to happen more frequently. It continues to be a high priority to be prepared for any situation.	FYI
Board of Supervisors Supervisor Groom	Supervisor Groom reported that Governor Gavin Newson intends to hold PG&E accountable for the way they handled the recent power situation.	FYI

Supervisor Groom adjourned the meeting at 9:30 AM. The next Board meeting will be held on December 2, 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: October FY19-20

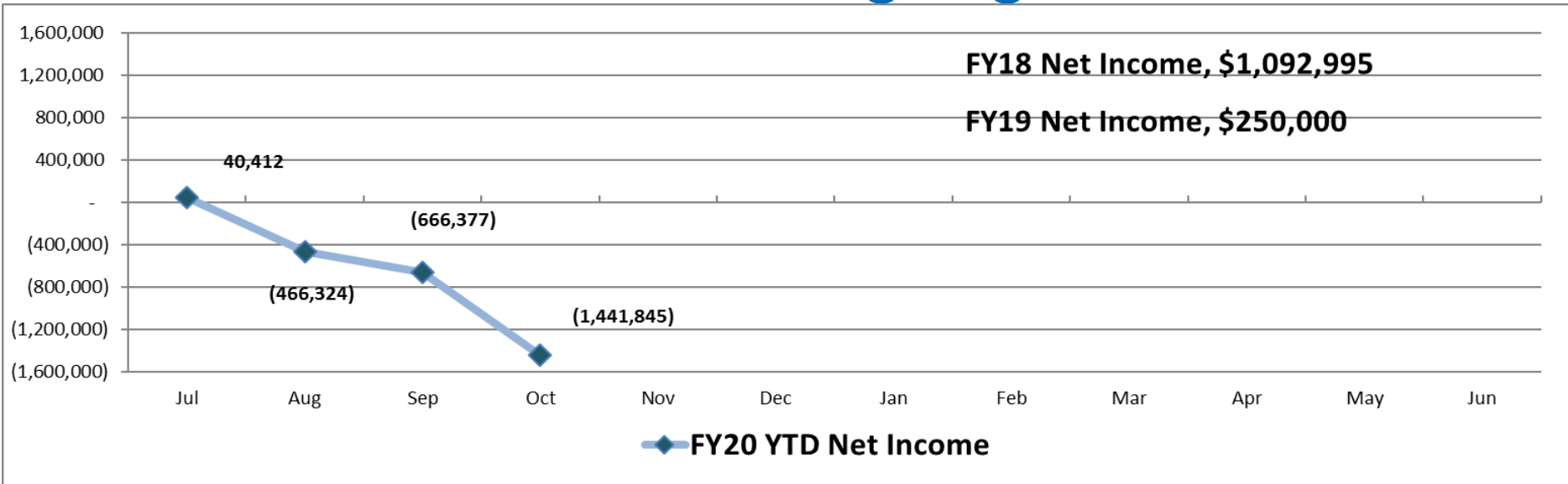
December 2, 2019

Presenter: David McGrew, CFO



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

Financial Highlights



October Negative \$775K:

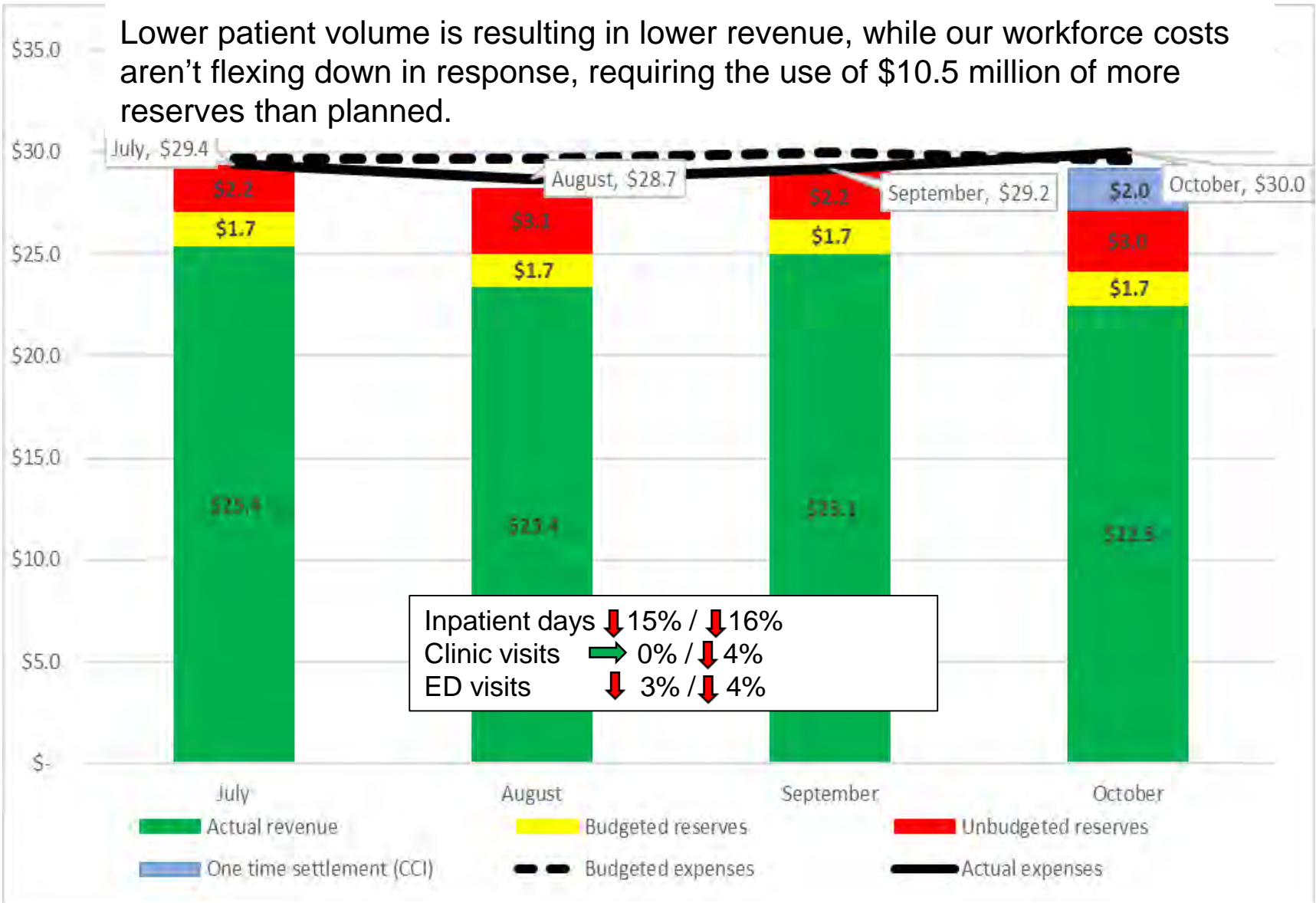
- FTEs below budget
- Favorable CY17 CCI revenue
- ACE outside medical costs

- Membership decline
- FY2020 Enhanced Payment Program (EPP) pending approval
- Patient Service Revenue
 - Decline in patient volume
 - Low cash collection

Forecast FY20: The FY20 budget projected a \$1.7 million loss each month to be covered by prior year Fund Balance reserves. Identified risks to the full year budget at this time are full achievement of the PRIME/QIP performance measures, declines in patient volumes, increasing payroll costs, and unpaid non-acute days. Potential opportunity for increased EPP revenue once approved by CMS.

FY 19-20 Structural Deficit

Lower patient volume is resulting in lower revenue, while our workforce costs aren't flexing down in response, requiring the use of \$10.5 million of more reserves than planned.



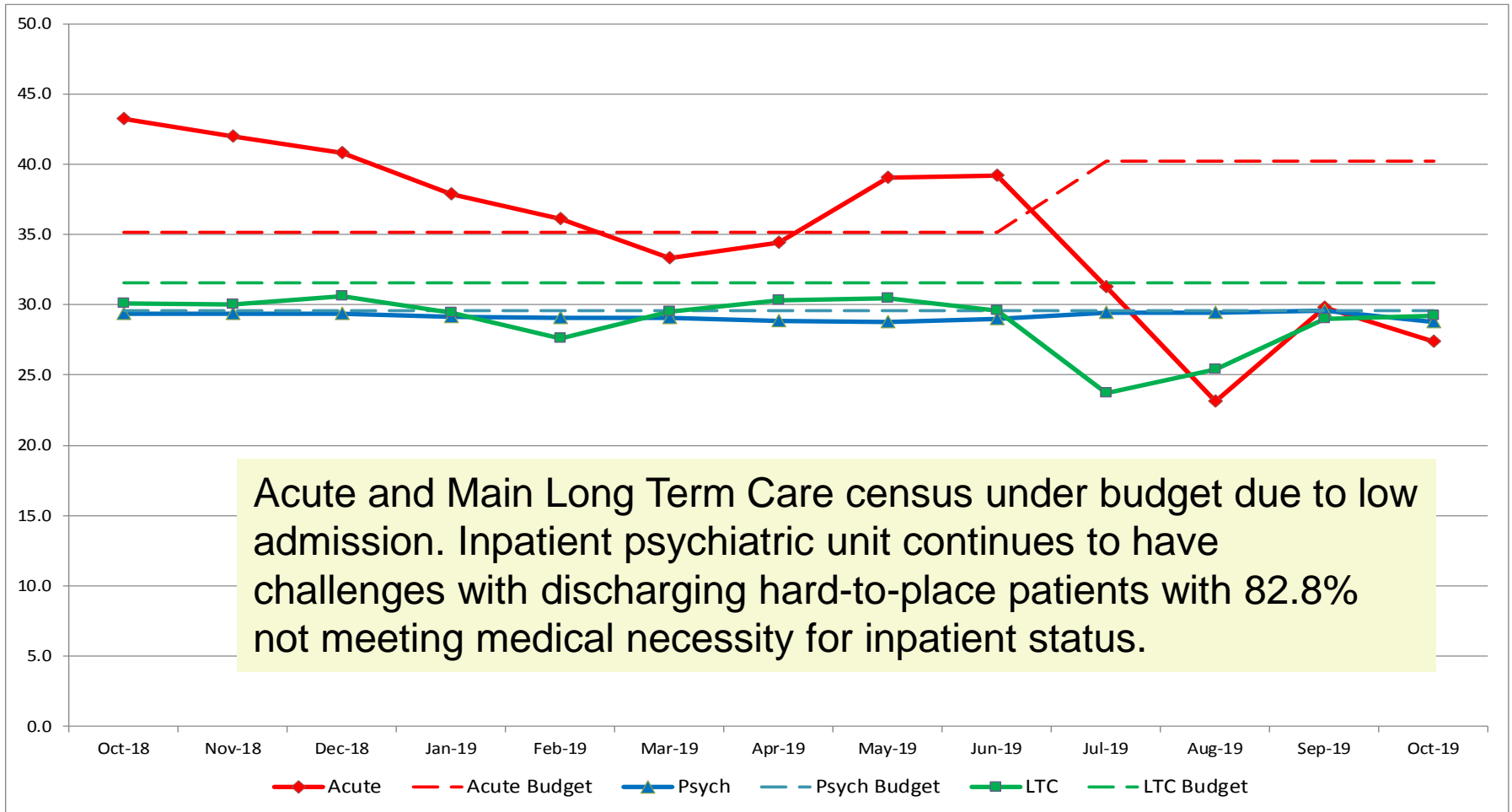
Note: Volume %s are Current Month/YTD

San Mateo Medical Center
Patient Days
October 31, 2019

MONTH			
Actual	Budget	Variance	Stoplight
2,646	3,108	(462)	-15%

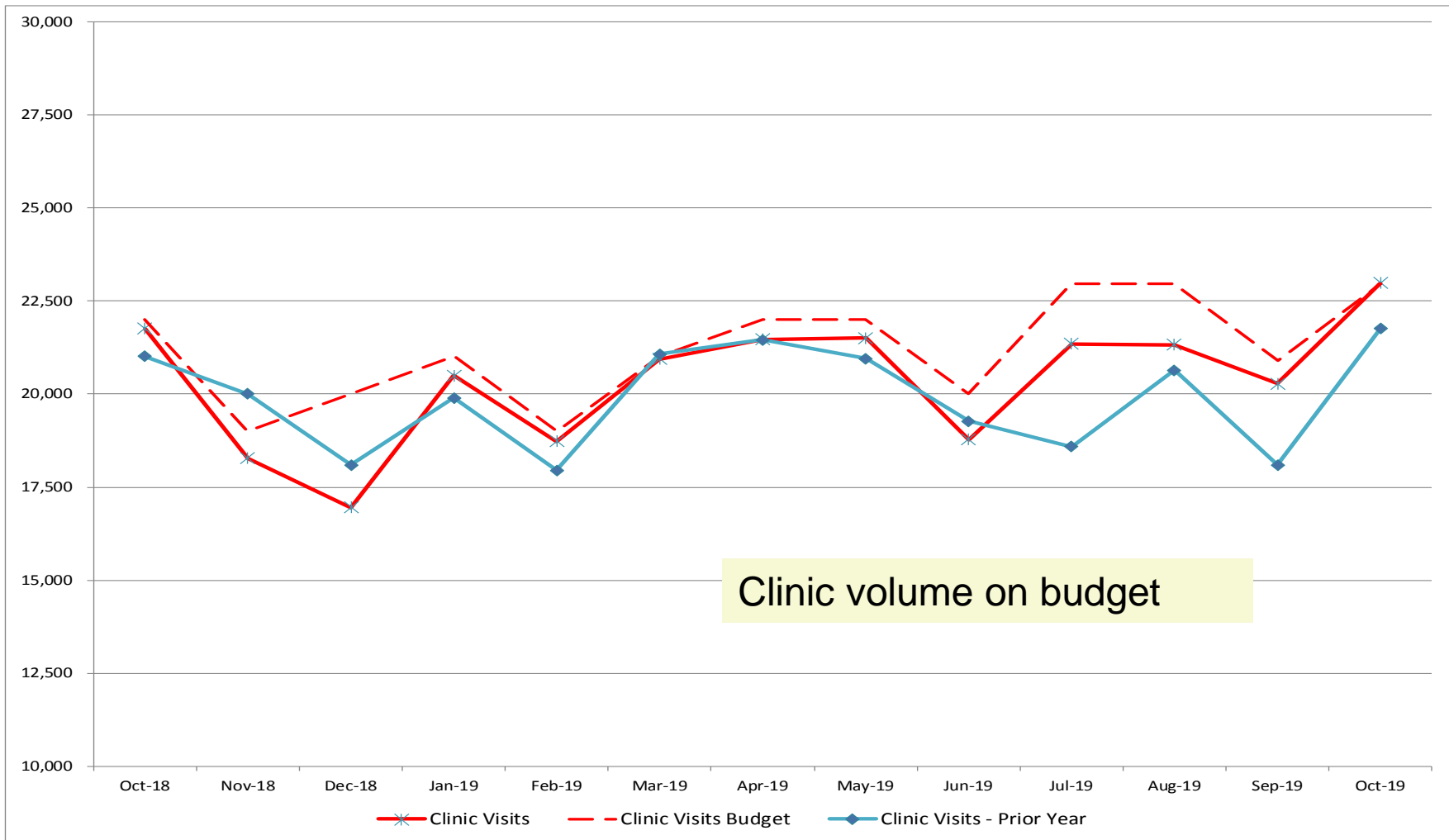
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
10,330	12,331	(2,001)	-16%

Patient Days



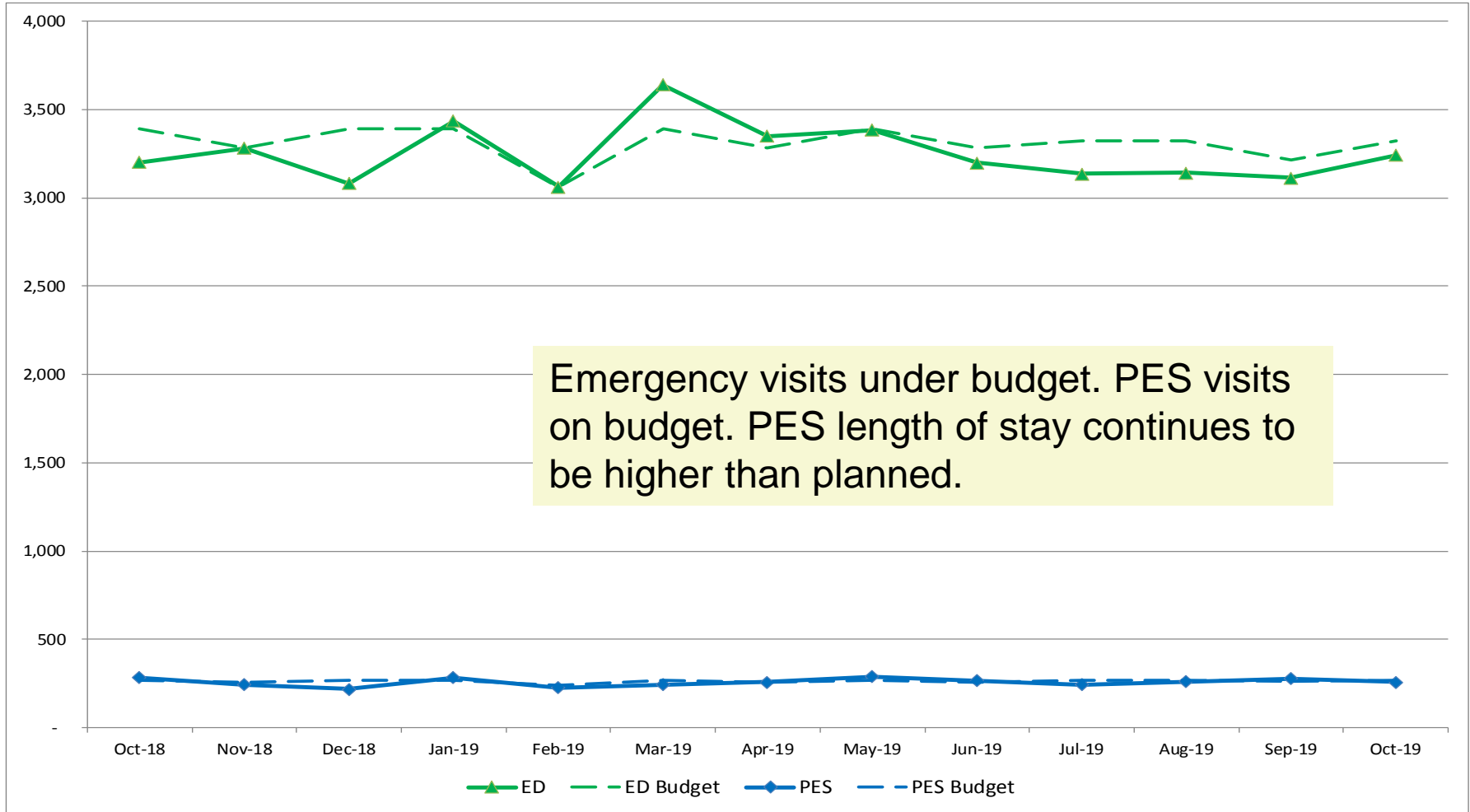
**San Mateo Medical Center
Clinic Visits
October 31, 2019**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Clinic Visits	22,983	22,976	7	0%	85,939	89,813	(3,874)	-4%



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

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
ED Visits	3,499	3,594	(95)	-3%	13,680	14,260	(580)	-4%



Revenue Improvement Plan

Executive Summary

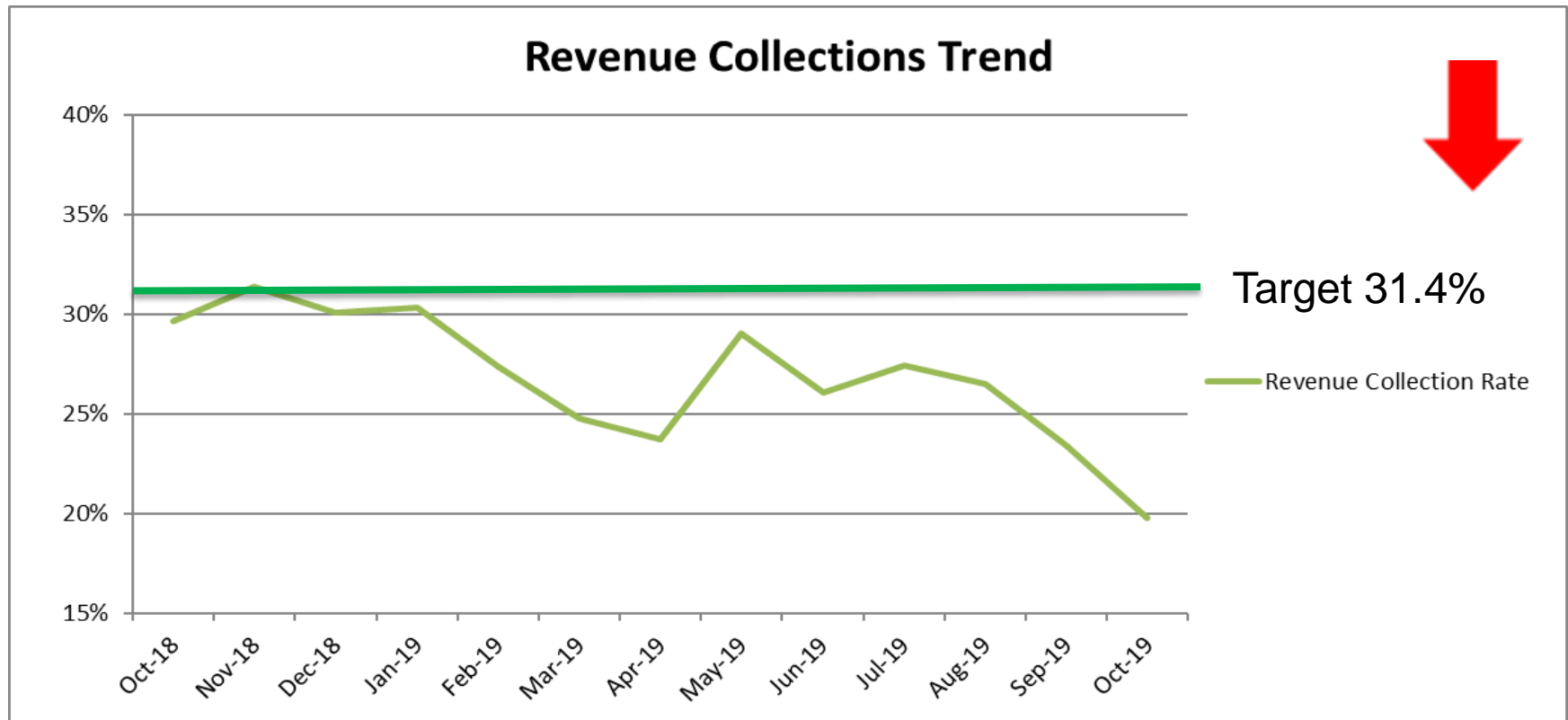
Initiative

Status

<p><i>Registration Accuracy</i></p>	<ul style="list-style-type: none"> • Implementing eCareNEXT - registration quality software <ul style="list-style-type: none"> ✓ All areas live ✓ Performance reporting rolled out to Clinics November 11th ☐ Optimization period & post-live support underway
<p><i>Clinical Documentation Improvement (CDI)</i></p>	<ul style="list-style-type: none"> ✓ Chartwise software live ✓ Reviewing Medicare and Medi-Cal IP charts ✓ CDI Steering Committee launched ✓ CDS staff started July 1st ☐ Roll-out Outpatient CDI
<p><i>Accounts Receivable Follow-Up and Denials 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 ✓ Denials reporting now live ✓ Hints are live ✓ Robots are live (Robotic Process Automation)
<p><i>Self-Pay Collections</i></p>	<ul style="list-style-type: none"> ✓ RFP issued and vendors selected ☐ Implementation in progress. Go live week of December 16th

Key Performance Indicators

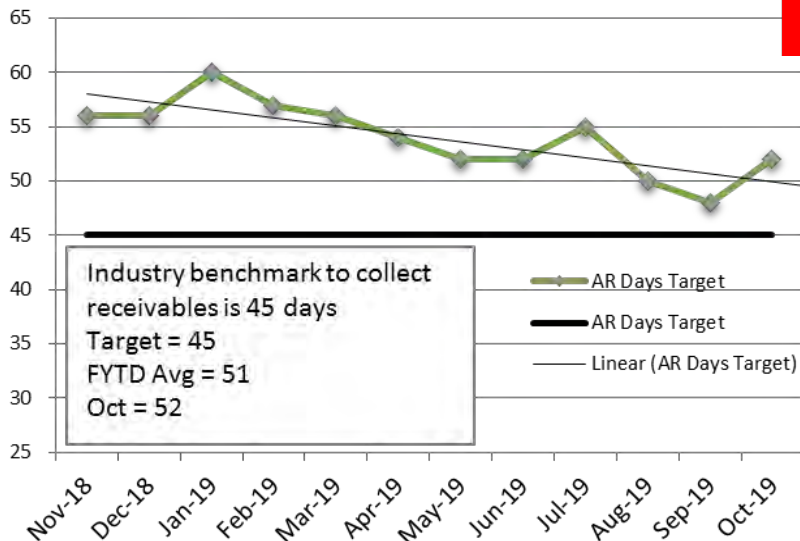
FFS Revenue Collection Trend



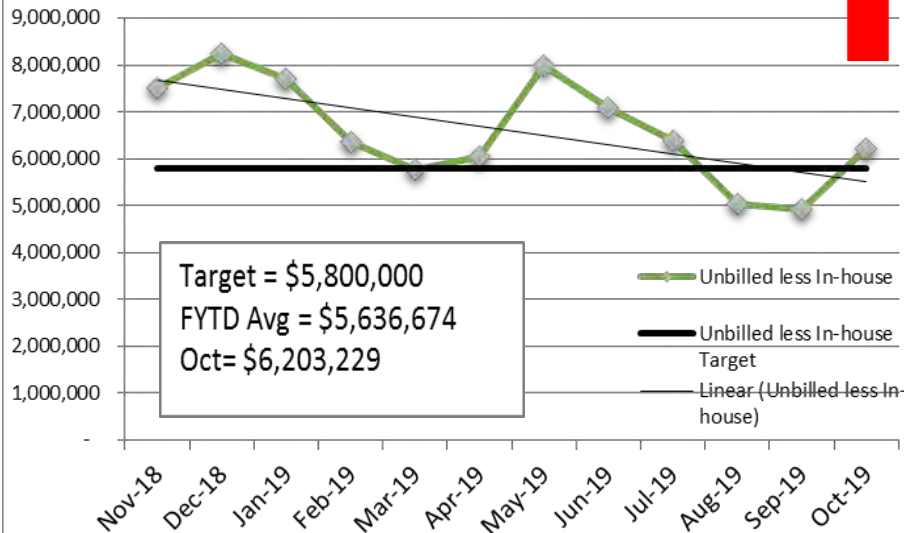
The collection rate dipped below 30% since February due to higher claim denials resulting from increased catch-up efforts on older accounts. Further drop since August was due to increase in charge rates in inpatient and outpatient services and low cash collection due to delays in HPSM and Medicare SNF payments.

Key Performance Indicators

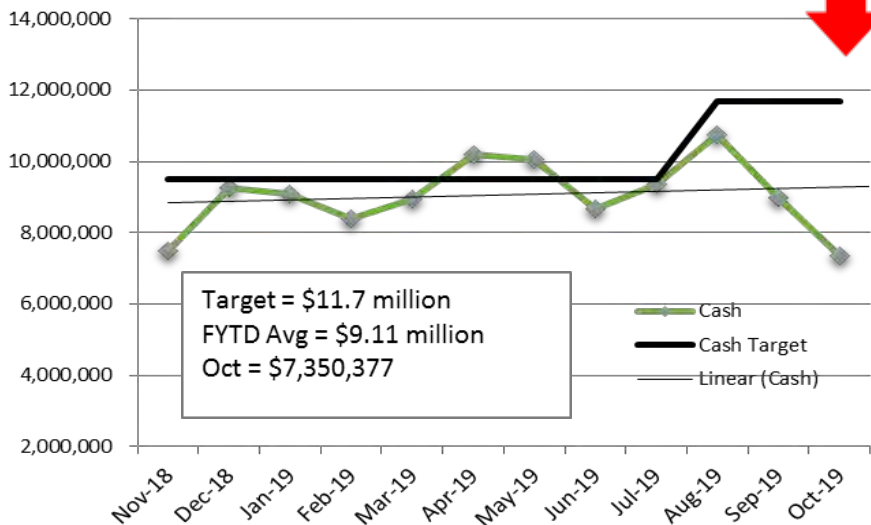
A/R Days - Rolling 12 Months



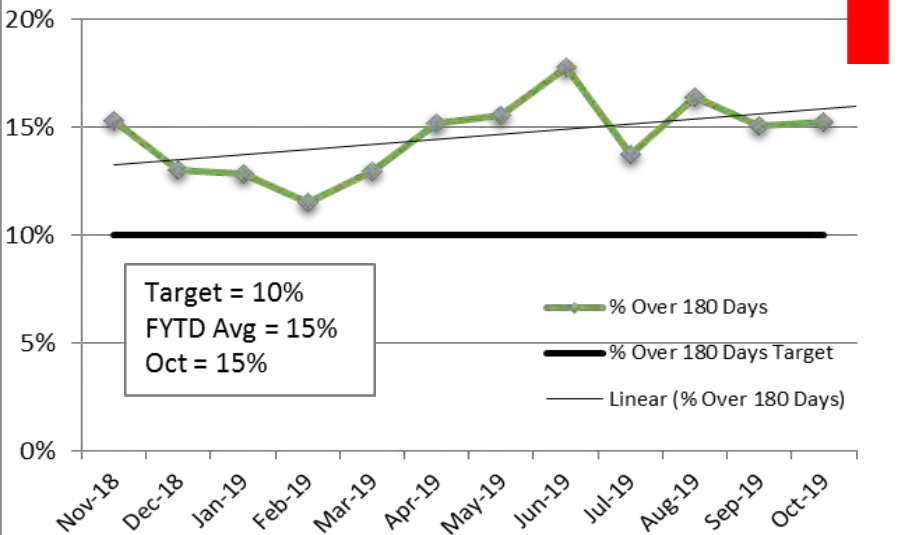
A/R Unbilled - Rolling 12 Months



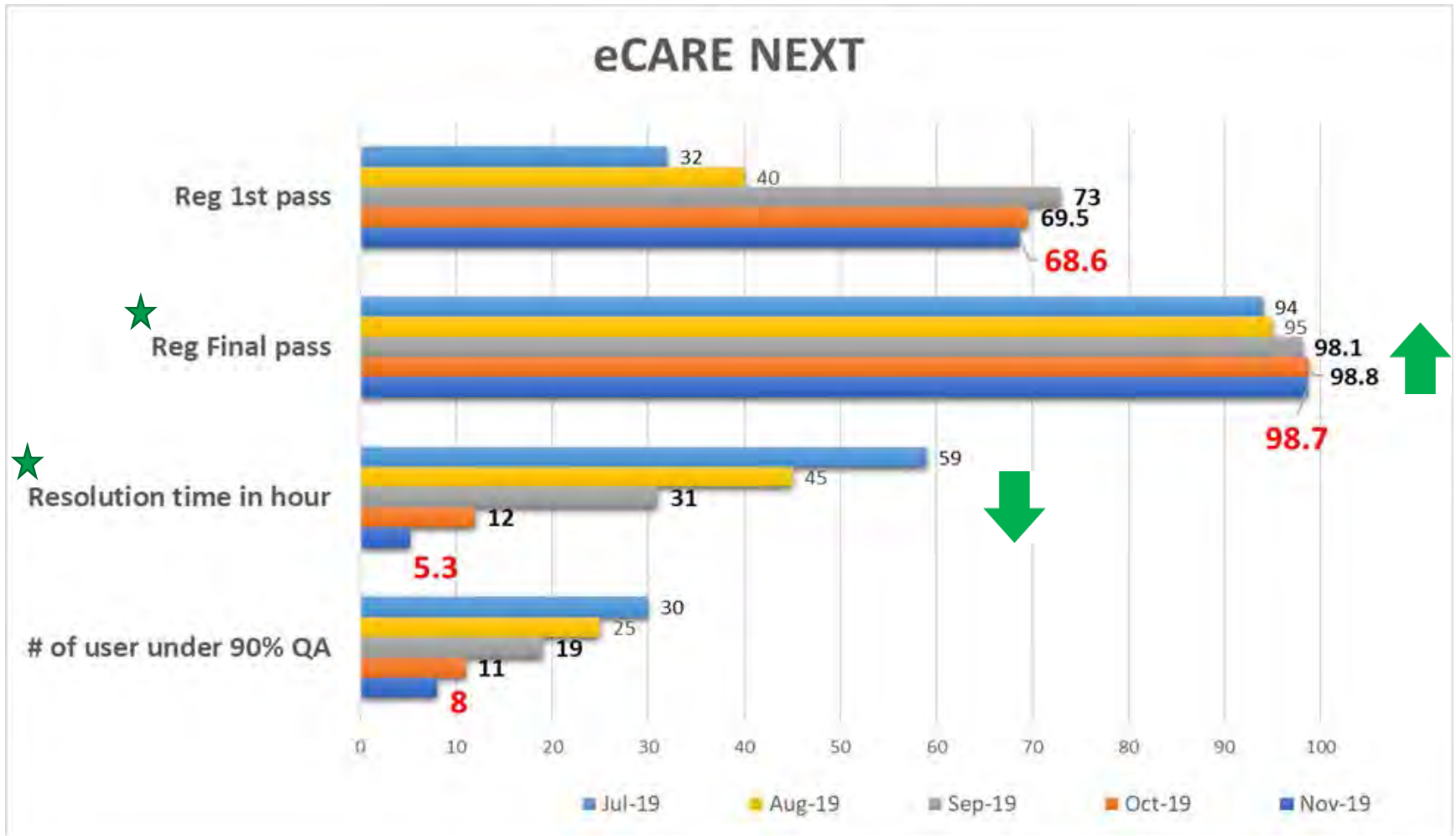
Cash - Rolling 12 Months



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

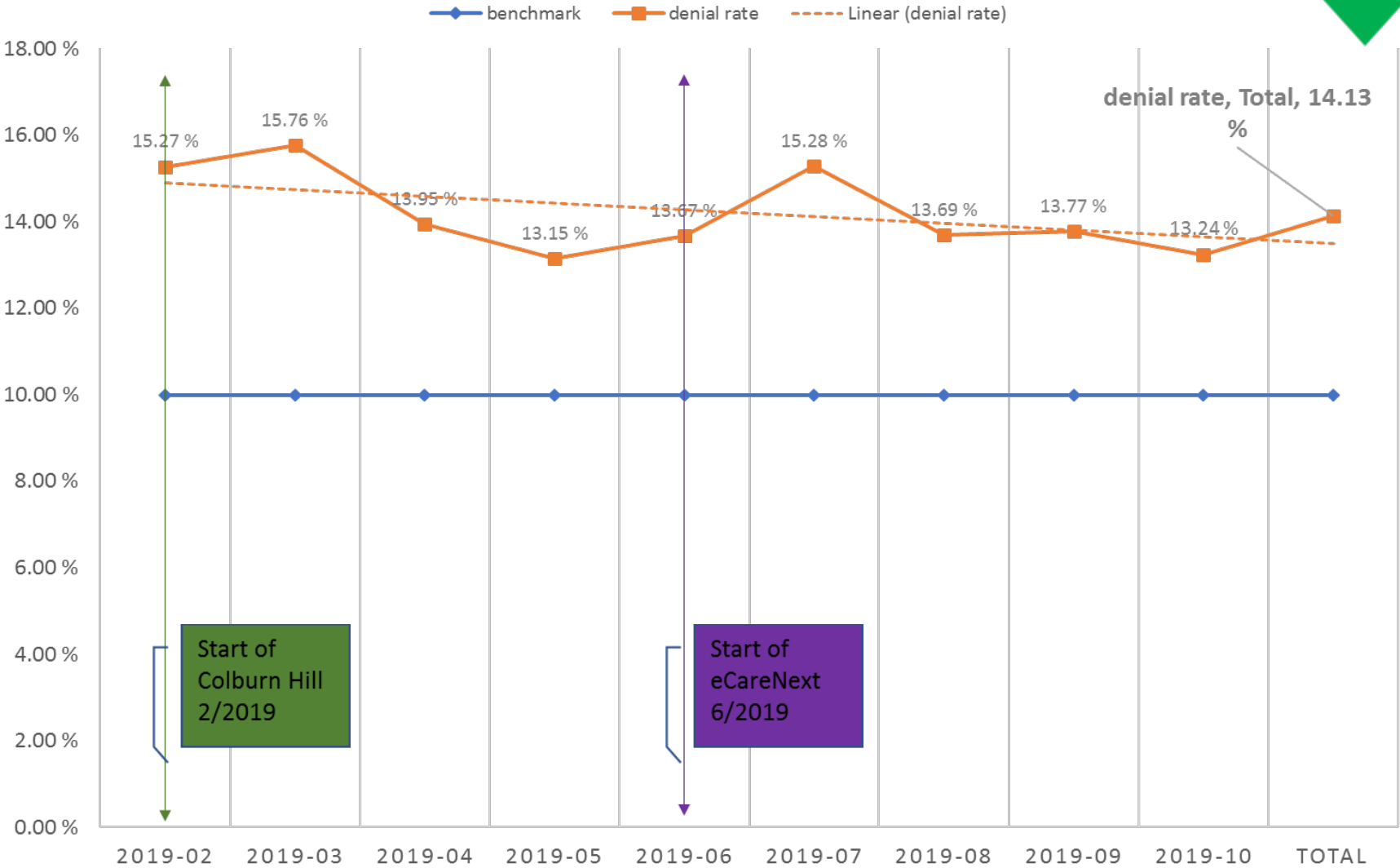


Key Performance Indicators



Final Pass represents the completion of outstanding error alerts (SMMC implemented 57 actionable error alerts) prior to the account being ready for claim submission. SMMC staff met the industry benchmark of 98% for 3 straight months. Resolution Time is the average time in hours to complete alerts and has dropped from an average of 59 hours in the month after go-live to 5.3 in November, which means same day resolution.

DENIAL RATE BY MONTH





SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

QUESTIONS?

APPENDIX



SAN MATEO COUNTY HEALTH
SAN MATEO
MEDICAL CENTER

San Mateo Medical Center
Income Statement
October 31, 2019

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	(775,468)	(41,667)	(733,802)		(1,441,845)	(166,667)	(1,275,178)		
2 HPSM Medi-Cal Members Assigned to SMMC	33,364	36,205	(2,841)	-8%	101,497	144,820	(43,323)	-30%	
3 Unduplicated Patient Count	68,648	68,606	42	0%	68,648	68,606	42	0%	
4 Patient Days	2,646	3,108	(462)	-15%	10,330	12,331	(2,001)	-16%	
5 ED Visits	3,499	3,594	(95)	-3%	13,680	14,260	(580)	-4%	
7 Surgery Cases	247	263	(16)	-6%	1,025	1,028	(3)	0%	
8 Clinic Visits	22,983	22,976	7	0%	85,939	89,813	(3,874)	-4%	
9 Ancillary Procedures	72,842	75,365	(2,523)	-3%	288,171	294,758	(6,587)	-2%	
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%	81.6%	80.0%	-1.6%	-2%	
(Days that do not qualify for inpatient status)									
Pillar Goals									
12 Revenue PMPM	109	125	(16)	-13%	144	125	18	15%	
13 Operating Expenses PMPM	310	300	(11)	-4%	347	300	(47)	-16%	
14 Full Time Equivalent (FTE) including Registry	1,193	1,233	40	3%	1,203	1,233	30	2%	

San Mateo Medical Center
Income Statement
October 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	13,179,367	10,064,335	3,115,032	31%	52,636,107	40,257,340	12,378,766	31%
22 Outpatient Gross Revenue	30,115,027	27,374,864	2,740,163	10%	114,340,936	109,499,458	4,841,478	4%
23 Total Gross Revenue	43,294,395	37,439,199	5,855,195	16%	166,977,043	149,756,798	17,220,245	11%
24 Patient Net Revenue	8,553,311	11,766,250	(3,212,939)	-27%	49,241,211	47,065,002	2,176,209	5%
25 Net Patient Revenue as % of Gross Revenue	19.8%	31.4%	-11.7%	-37%	29.5%	31.4%	-1.9%	-6%
26 Capitation Revenue	330,728	500,000	(169,272)	-34%	1,342,435	2,000,000	(657,565)	-33%
27 Supplemental Patient Program Revenue	14,004,773	9,828,708	4,176,065	42%	38,728,144	39,314,831	(586,687)	-1%
(Additional payments for patients)								
28 Total Patient Net and Program Revenue	22,888,812	22,094,958	793,854	4%	89,311,790	88,379,833	931,957	1%
29 Other Operating Revenue	1,089,771	941,085	148,686	16%	4,286,056	3,764,339	521,717	14%
(Additional payment not related to patients)								
30 Total Operating Revenue	23,978,582	23,036,043	942,539	4%	93,597,846	92,144,172	1,453,674	2%

San Mateo Medical Center
Income Statement
October 31, 2019

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

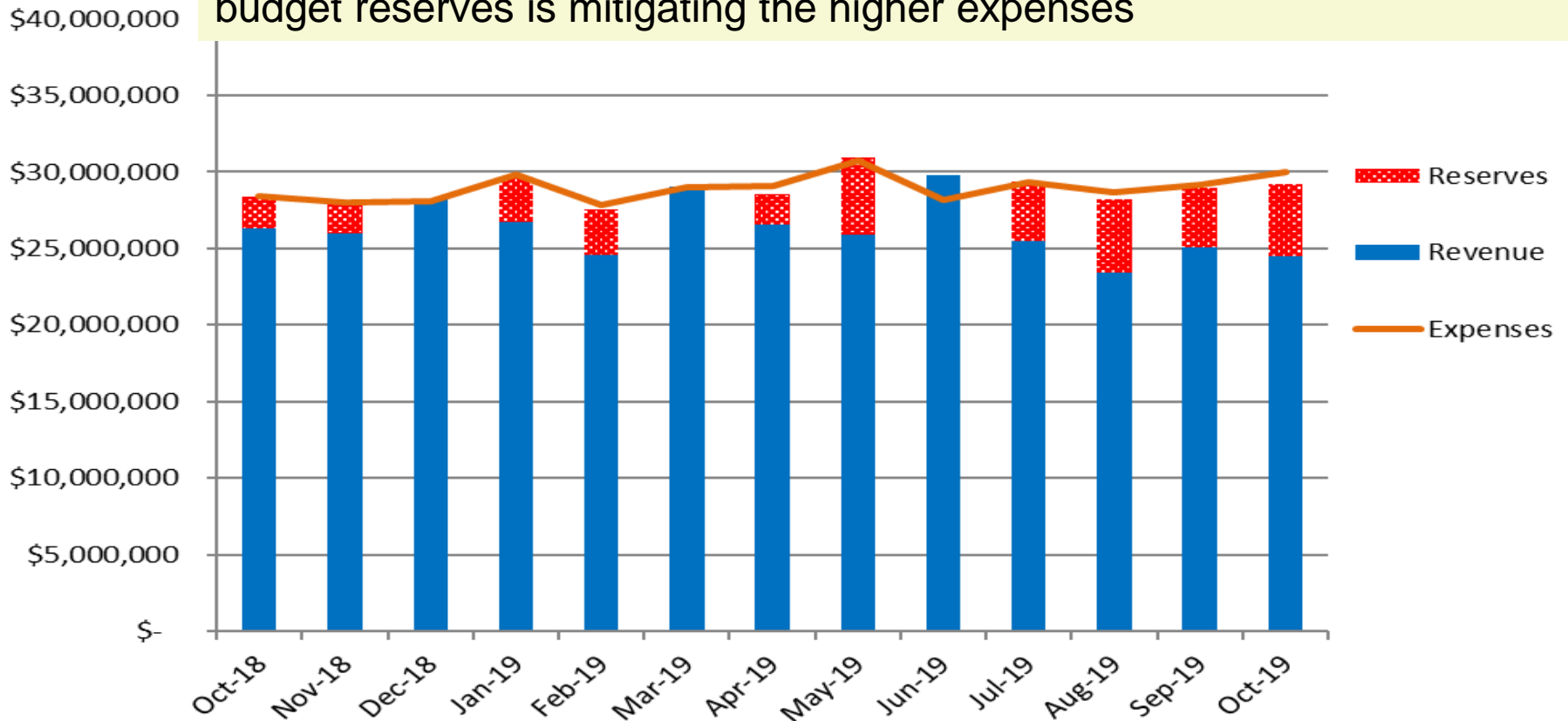
Operating Expenses

31	Salaries & Benefits	17,169,739	17,543,817	374,078	2%	67,017,478	70,175,268	3,157,790	4%
32	Drugs	841,208	810,077	(31,132)	-4%	3,697,335	3,240,306	(457,029)	-14%
33	Supplies	1,088,400	944,072	(144,328)	-15%	3,546,018	3,776,290	230,272	6%
34	Contract Provider Services	3,589,004	3,516,249	(72,755)	-2%	14,248,249	14,064,997	(183,252)	-1%
35	Other fees and purchased services	5,223,988	4,835,225	(388,763)	-8%	19,784,794	19,340,901	(443,893)	-2%
36	Other general expenses	827,013	661,463	(165,549)	-25%	2,684,424	2,645,854	(38,571)	-1%
37	Rental Expense	191,462	206,839	15,377	7%	765,849	827,357	61,508	7%
38	Lease Expense	829,392	829,392	(0)	0%	3,317,567	3,317,567	(0)	0%
39	Depreciation	206,045	237,593	31,547	13%	824,182	950,371	126,189	13%
40	Total Operating Expenses	29,966,252	29,584,728	(381,524)	-1%	115,885,896	118,338,911	2,453,014	2%
41	Operating Income/Loss	(5,987,669)	(6,548,685)	561,016	9%	(22,288,050)	(26,194,739)	3,906,689	15%
42	Non-Operating Revenue/Expense	368,732	1,663,550	(1,294,817)	-78%	1,472,331	6,654,198	(5,181,867)	-78%
43	Contribution from County General Fund	4,843,468	4,843,468	0	0%	19,373,874	19,373,874	0	0%
44	Total Income/Loss (GAAP)	(775,468)	(41,667)	(733,802)		(1,441,845)	(166,667)	(1,275,178)	

(Change in Net Assets)

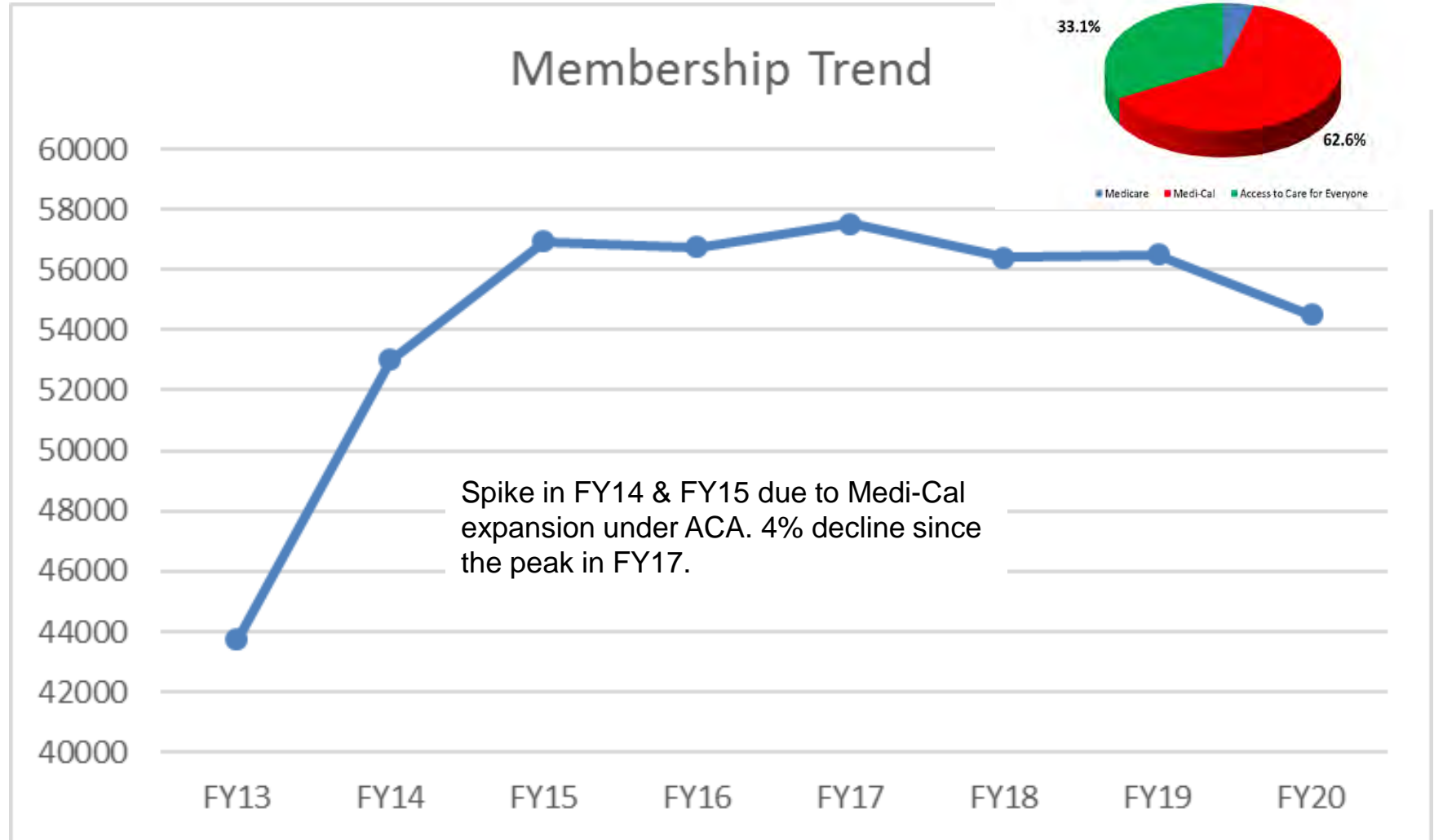
Revenue & Expense Trend

Expenses are trending upward due to higher salary and benefit costs and ACE medical costs. Increased fee-for-service revenue and use of budget reserves is mitigating the higher expenses



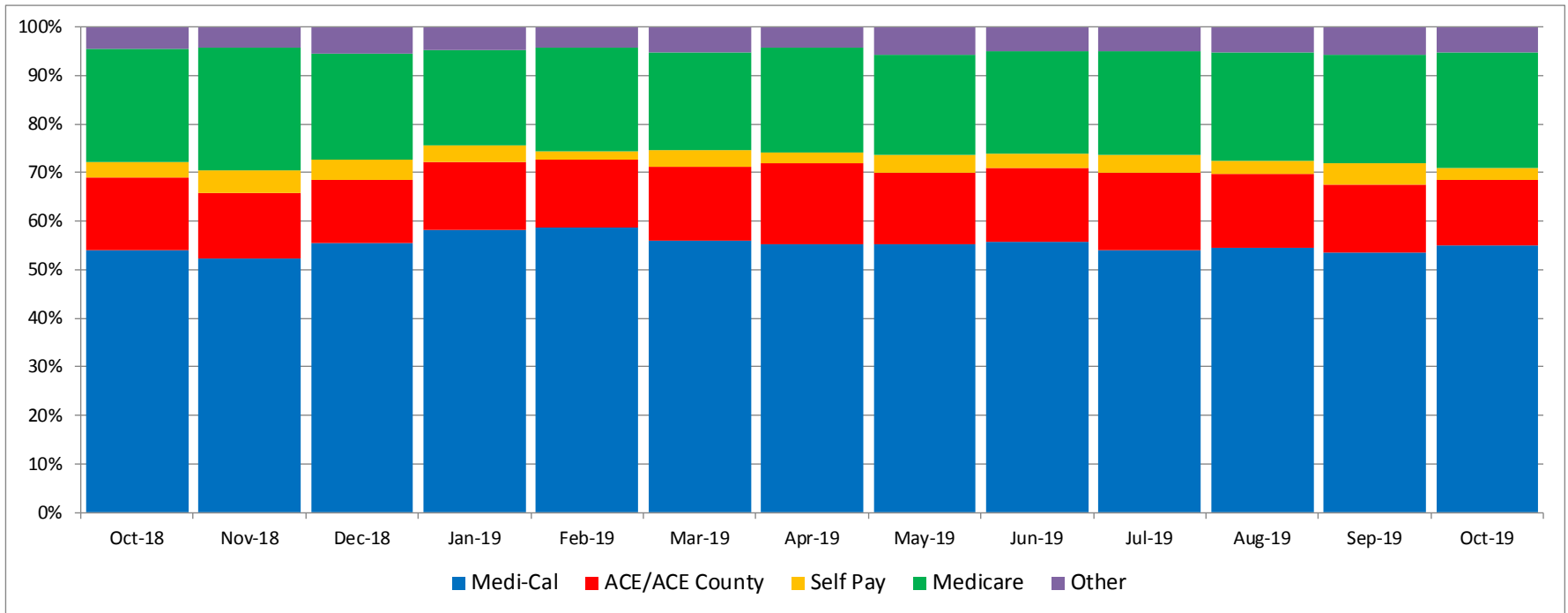
Note: the spike in June was due to end of year payments for the Whole Person Care program

Managed Care Membership Trend



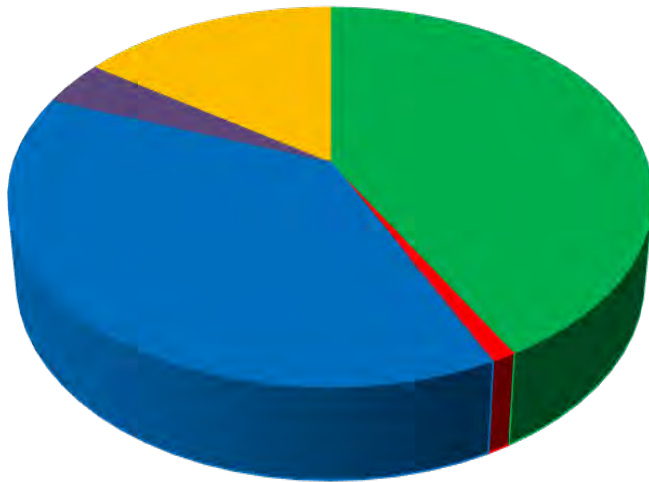
San Mateo Medical Center
Payer Mix
October 31, 2019

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Payer Type by Gross Revenue	A	B	C	D	E	F	G	H
Medicare	23.8%	21.0%	2.8%		22.5%	21.0%	1.5%	
Medi-Cal	55.1%	58.0%	-2.9%		54.3%	58.0%	-3.7%	
Self Pay	2.6%	2.0%	0.6%		3.3%	2.0%	1.3%	
Other	5.3%	5.0%	0.3%		5.3%	5.0%	0.3%	
ACE/ACE County	13.3%	14.0%	-0.7%		14.6%	14.0%	0.6%	
Total	100.0%	100.0%			100.0%	100.0%		



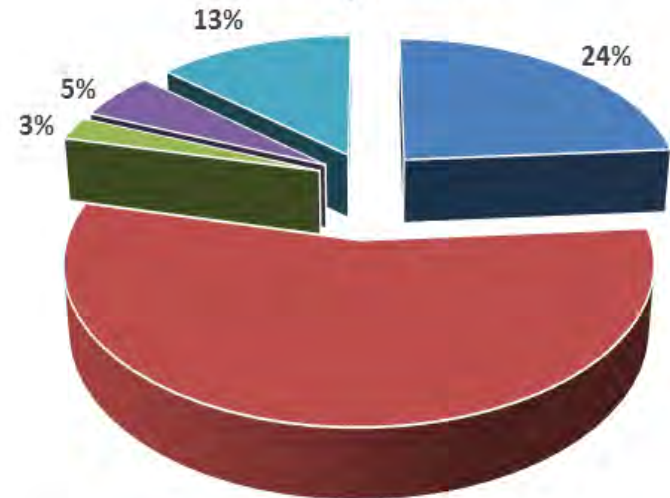
Revenue Mix

Sources of Revenue



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

Payor Mix



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

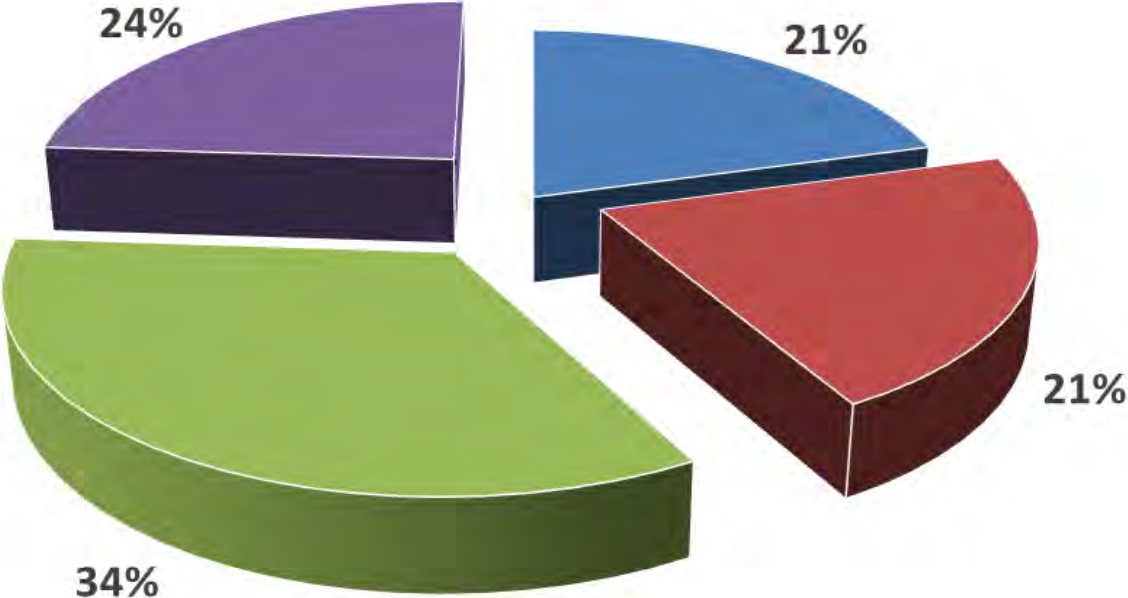
Health Plan of San Mateo (HPSM) represents 37% of our Operating Revenue

- 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.

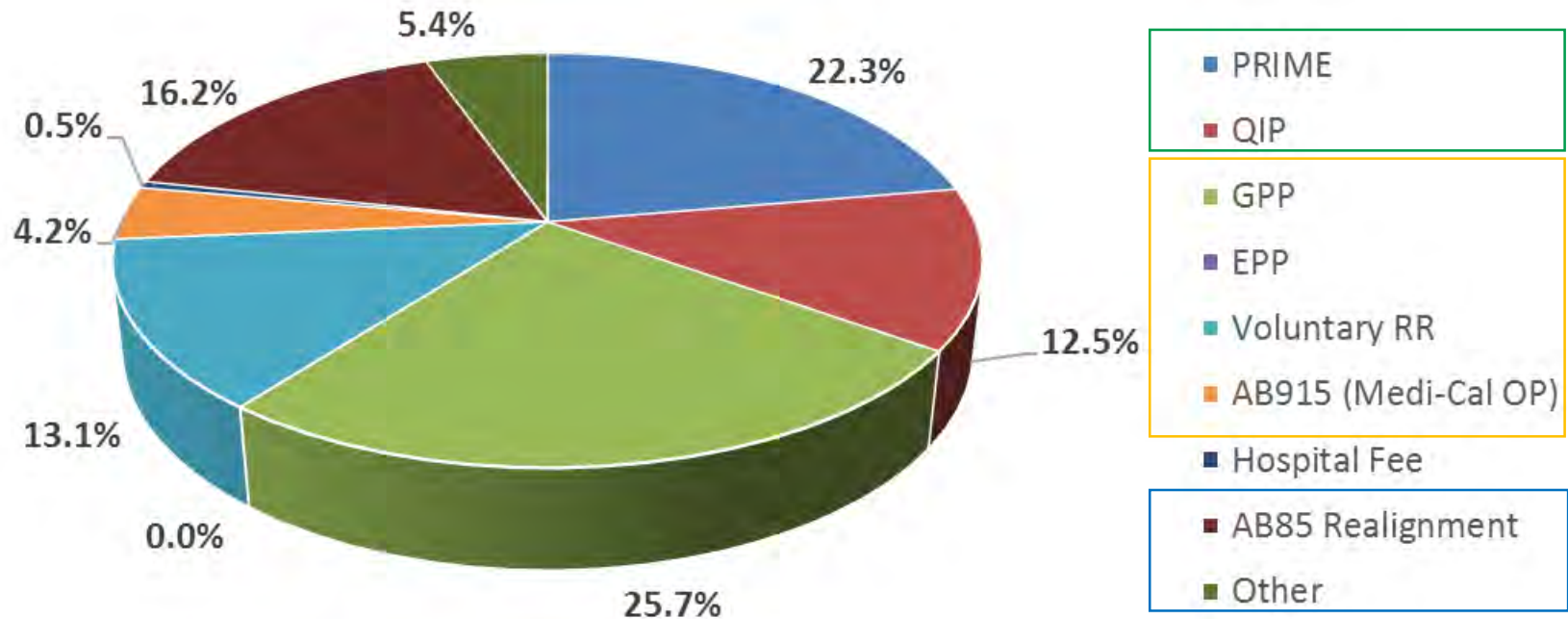
NO commercial contracts

Revenue Mix by Service Line



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

Supplemental Revenue Mix

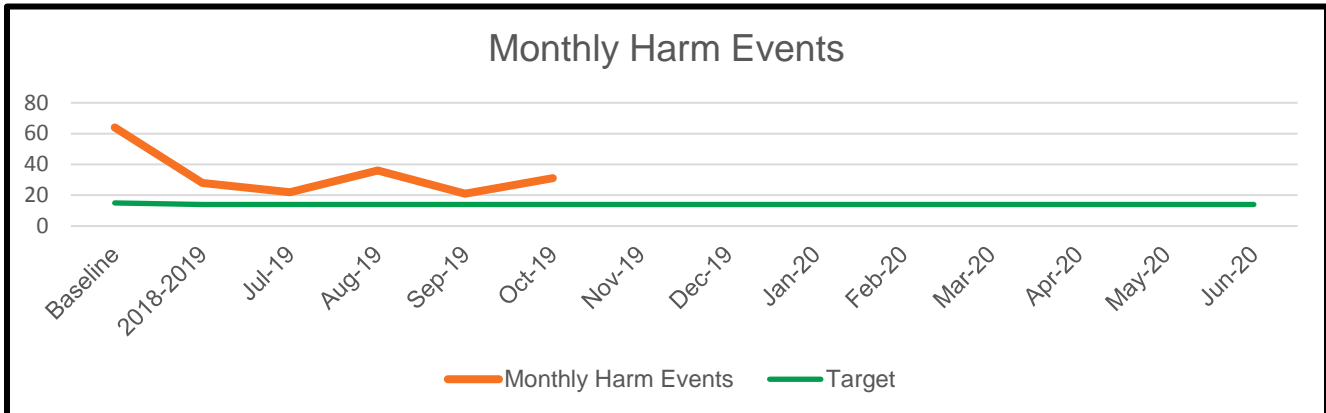


- **Value-Based** programs represent 34.8% of our Supplemental Revenue
- **Volume-Based** programs represent 65.2% of our Supplemental Revenue

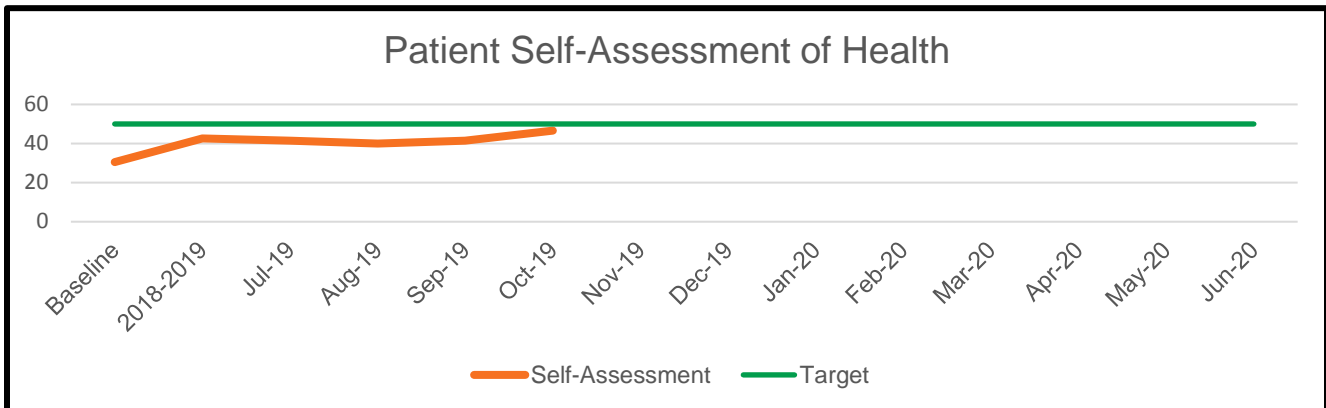
CEO REPORT

December 2019

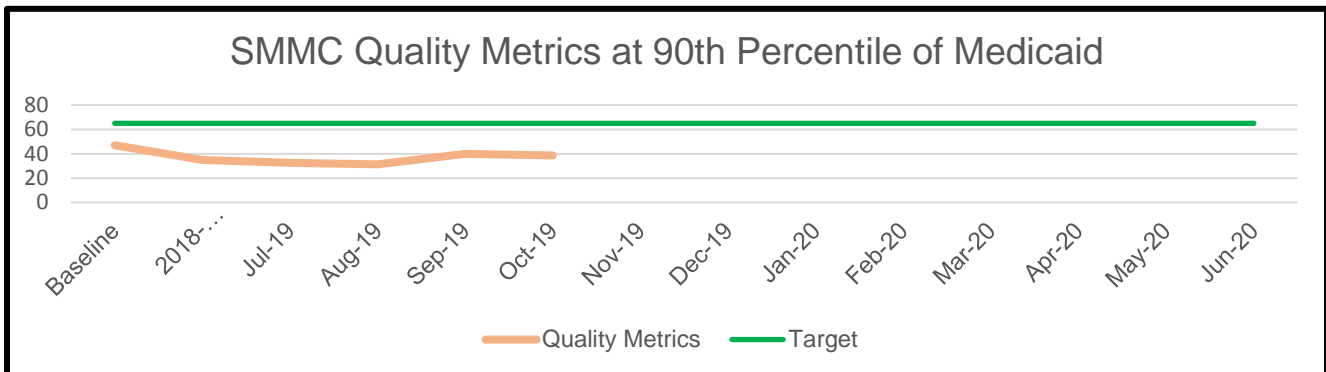
EXCELLENT CARE METRICS



Monthly Harm Events: Measures all instances of patient harm or staff harm including delays in care, falls, medication errors, surgical infections, catheter associated urinary infections, central line associated blood stream infections, other preventable staff and patient injuries. **Lower is better.**



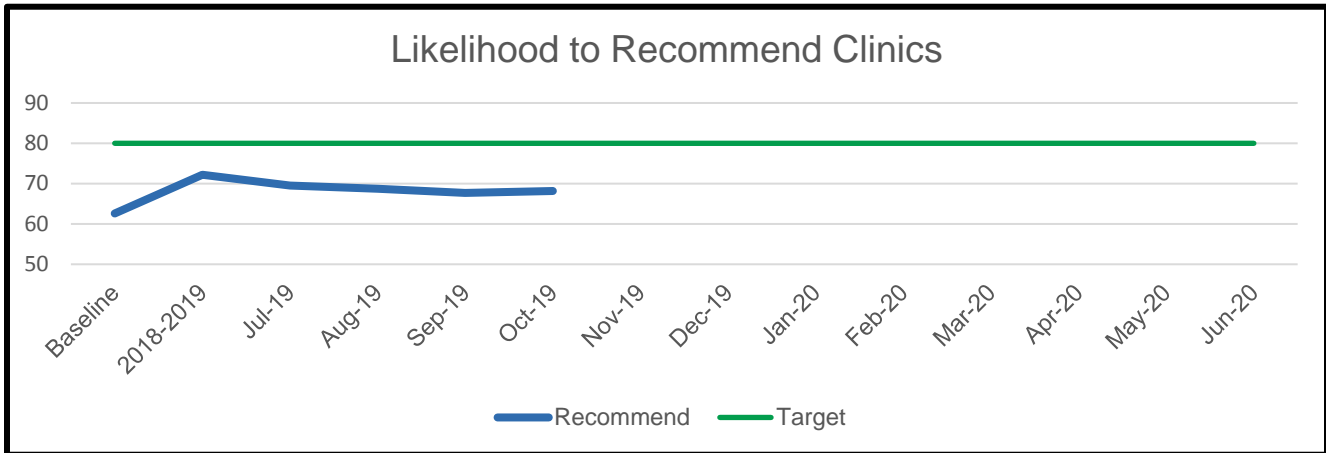
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



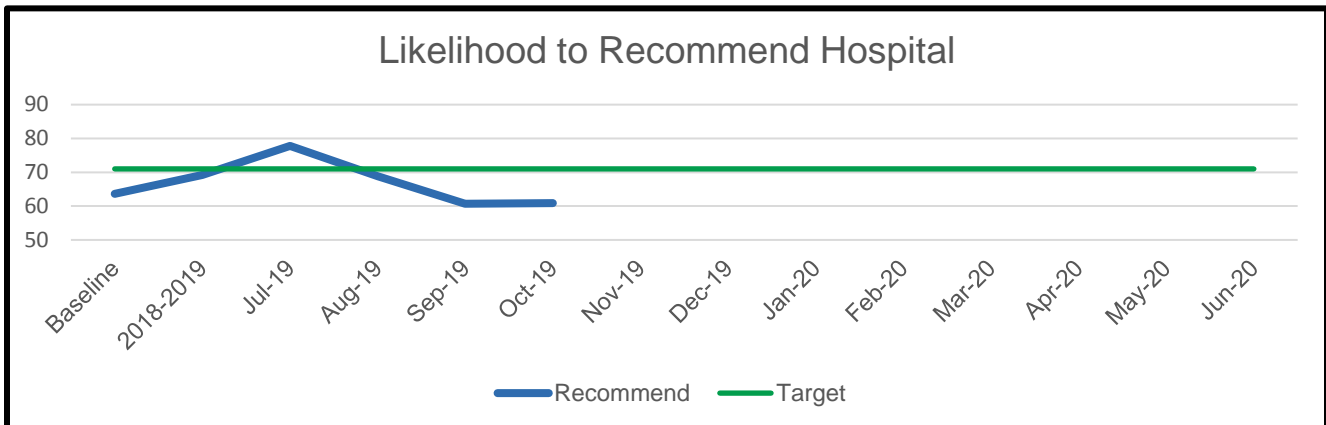
Quality Metrics at 90th Percentile: SMMC seeks excellence in all that it does. The organization currently participates in a number of pay for performance programs including PRIME, QIP and the Health Plan of San Mateo Pay for Performance Program. This metric measures the percentage of quality metrics in which the SMMC performance is equal to or better than the 90th percentile of Medicaid nationally. **Higher is better.**



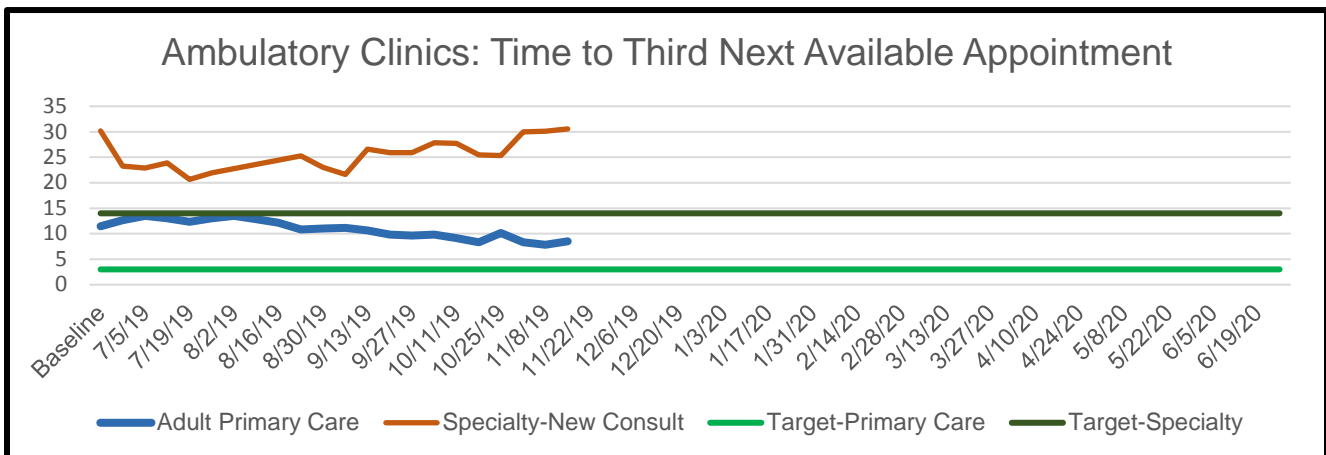
PATIENT CENTERED CARE METRICS



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.**

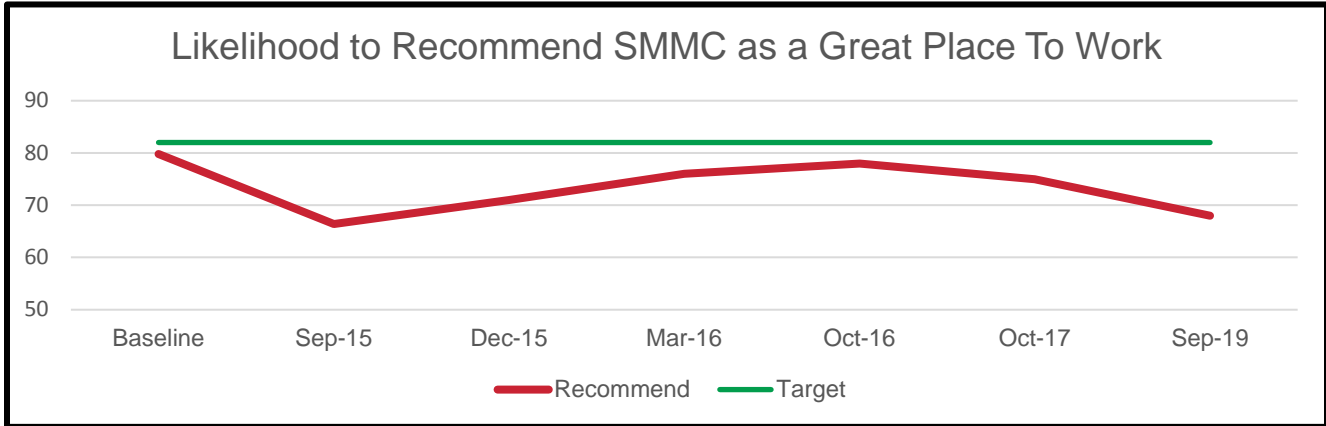


Likelihood to Recommend Hospital: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this hospital to friends and family?” **Higher is better.**



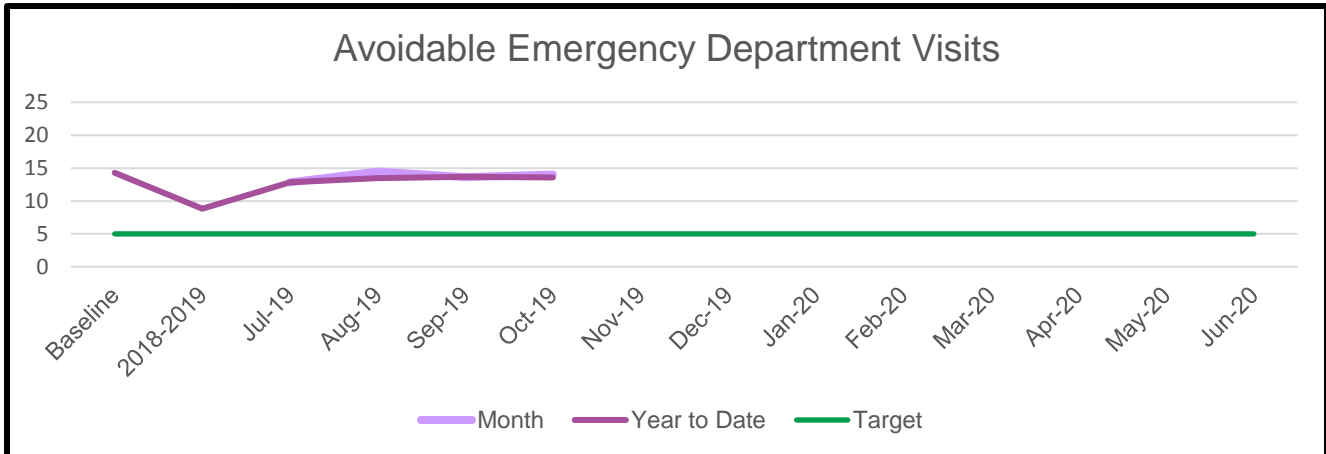
Ambulatory Access: Number of days until the third available appointment for established patients in Primary Care and for new consults in Specialty Services. The third next available appointment is a validated measure of patient access. **Lower is better.**

STAFF ENGAGEMENT METRICS



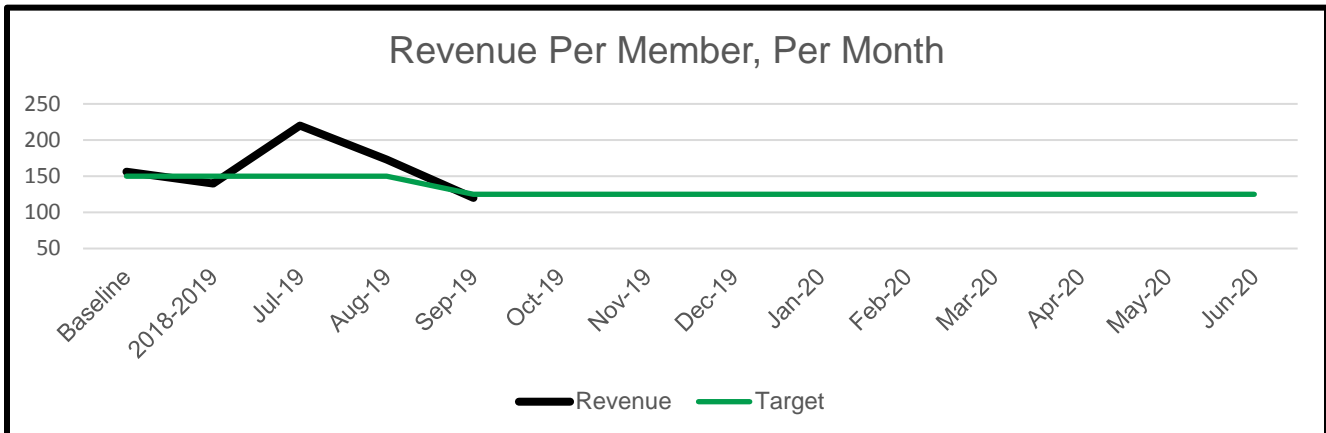
Likelihood to Recommend SMMC: Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual Blessing White staff engagement survey. **Higher is better.**

RIGHT CARE, TIME AND PLACE METRICS

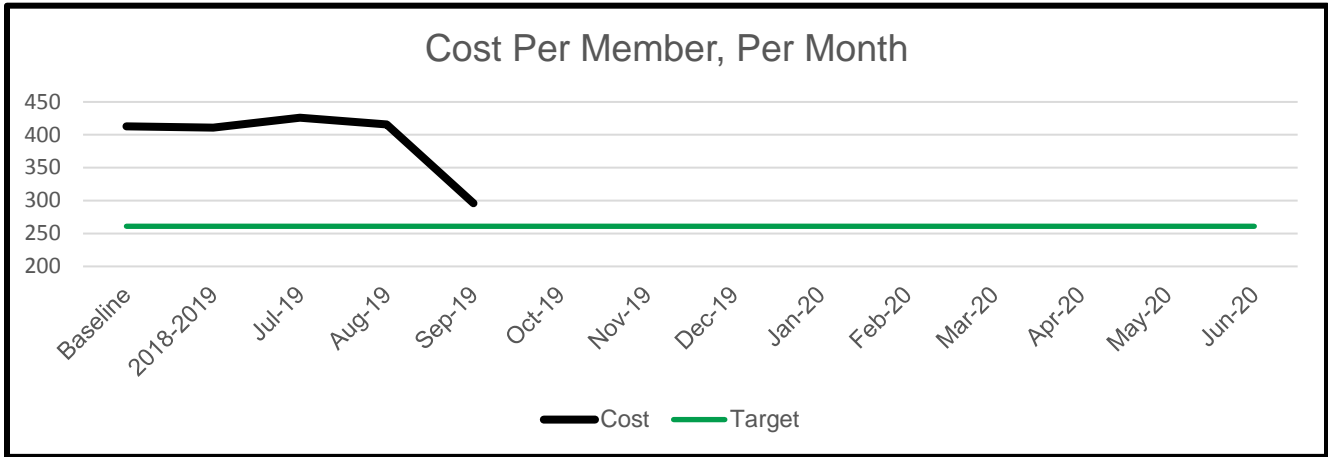


Potentially Avoidable ED Visits: Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**

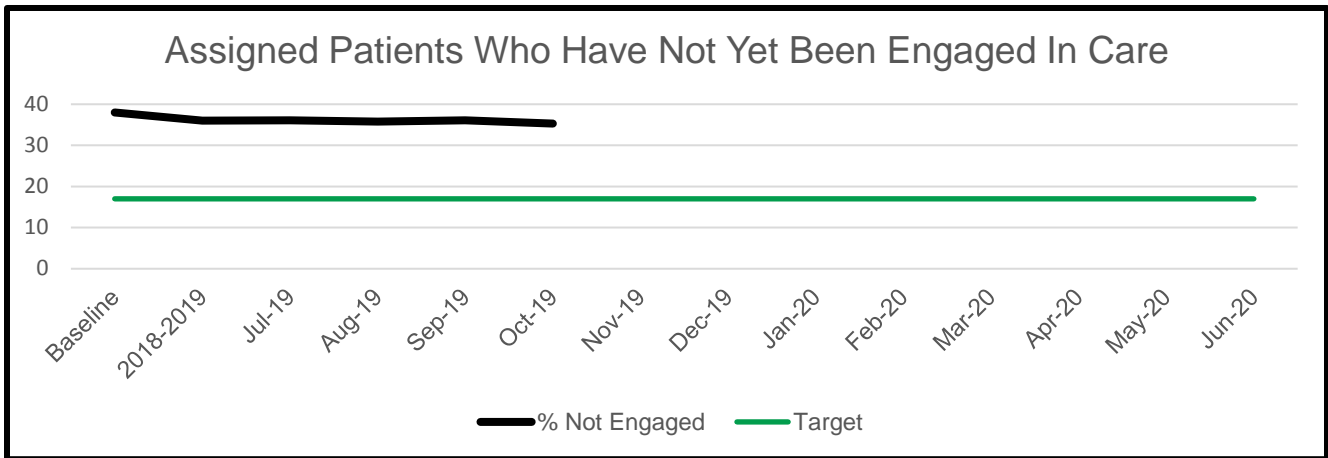
FINANCIAL STEWARDSHIP METRICS



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.**



Assigned But Not Engaged: SMMC has approximately 52,000 patients assigned to it through the Health Plan of San Mateo. This metric measures the percentage of those assigned patients who have not yet engaged in care. **Lower is better.**

STRATEGIC UPDATES, RECOGNITIONS & AWARDS

SMMC Care Transformation Efforts Continue to Progress– On November 22nd, a team of staff members from across the organization completed the fourth in a series of improvement events focused on radically improving the way we deliver care to our clients. The prior events ranged from making every primary care contact as impactful as possible to integrating ancillary and specialty services into the flow. This latest event focused on how we outreach to patients who are assigned to us but have not yet engaged in care. The teams have made exciting progress and we look forward to sharing the model with you. The initial model is being designed so that it can spread to all of our adult clinics where it will undergo further improvements through the input of all staff.

Mary Brinig Temporarily Assigned as Deputy Director for Ambulatory Systems Transformation-

As our transformative improvement efforts move forward, it has become clear that it represents a tremendous amount of change for staff, leadership and patients and will require a higher level of support than prior improvement efforts. SMMC is therefore deeply grateful to both San Mateo County Health and the LEAP Institute for assigning Mary Brinig to SMMC for the next 8 months. Mary will serve temporarily in the role of Deputy Director for Ambulatory Systems Transformation reporting to our Chief Operating, Robert Blake. Mary will provide additional focused support to clinics as they are implementing the elements of the new standard. Mary joins SMMC after more than five years in the LEAP Institute. She received her Bachelor of Science from Yale University and earned a Ph.D. in Microbiology and Immunology from Stanford University. We are excited to have Mary in this temporary role.

Sutter Health Leaders Visit SMMC– On November 19th, San Mateo County Health hosted leaders from Sutter Health. They were here to learn from our LEAP improvement and leadership activities. The visitors observed a variety of activities at SMMC and Fair Oaks Health Center. They also shared their learnings from their own ambulatory model cell activities. The visit was beneficial to both the visitors and the hosts. Comments from Sutter leadership included: “I applaud you on creating a culture of psychological safety and engagement that’s clearly evident throughout” and “Your system is absorbing a lot of complexity and producing a lot of simplification so value can occur at the site level”. Overall, they labelled the visit as “Fantastic!” Thank you to everyone who made this a successful event.

SMMC Advances Monthly Operational Review Process - In November, SMMC Finance, supported by Navigant, rolled out the first phase of the revised Monthly Operating Review (MOR) process to several departments: Inpatient Medical-Surgical unit (2AB), Emergency Department, Perioperative unit, Daly City/SSF Clinics, Medical-Specialty Clinics, Coastside Clinic and Innovative Care Clinic/Ron Robinson Senior Care Clinic. The new MORs are designed to be a more structured review process to monitor operational and financial performance, with the goal of identifying opportunities to mitigate financial gaps earlier in the business cycle. The MORs are led by the CFO, with additional EMT oversight from the COO, CNO and Deputy Director of Ambulatory Services.

The Phase 1 Department Managers were introduced to the key MOR reporting tool, called the “Management Action Plan”, or MAP, (shown below) and with help from Navigant they documented their key financial, quality and service metrics, along with action plans to improve performance. The MAPs were then presented and discussed at the November MOR meetings. Being a new process, there are opportunities for Managers to become more familiar on how to effectively utilize the MAP tool. The Financial Planning and Analysis team, with Navigant’s support, will work closely with managers to provide data and analytical support for the MAPs and ensure there is tight alignment between Operations and Finance in improving financial performance and closing our projected budget gap.

MAP - Tracking Log

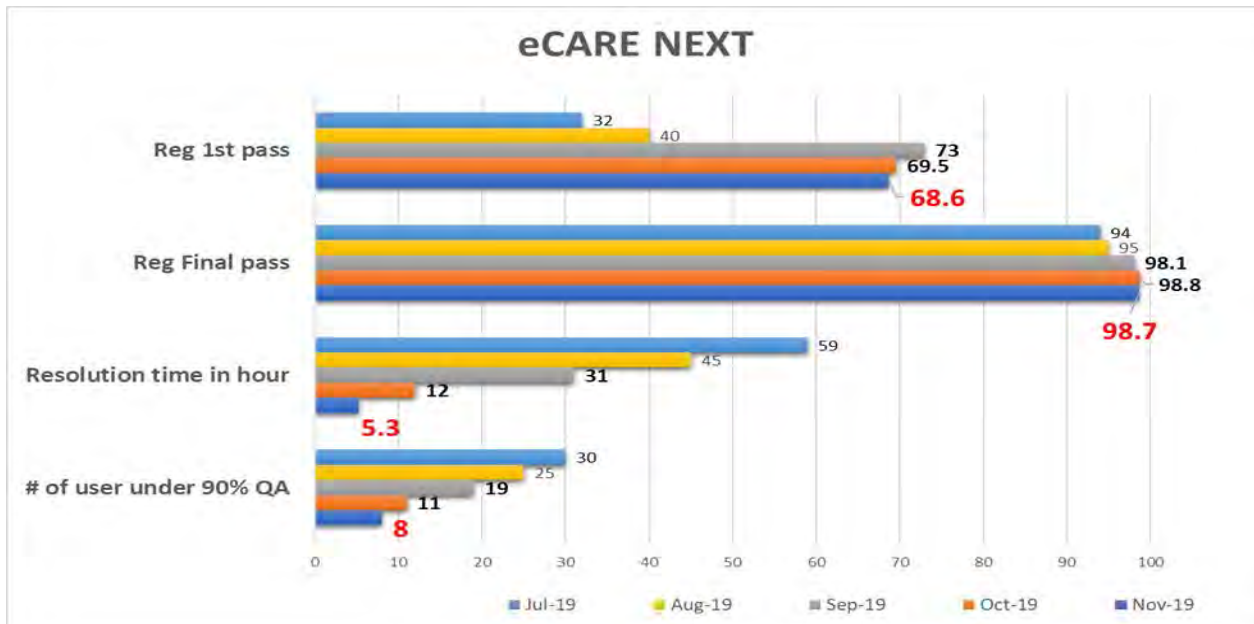
10/9/2019

Department Name: 39th Adult
Manager: Patrick Graham
Reports to: Brighton Ncube
Executive Lead: Dave McGrew

Legend	
○	Not Started
●	High Work in Progress
●	Work in Progress
●	Complete
■	Out of Scope

ID#	Category	Description	Actual	Target	Department	Primary Lead	Status (R/W/G)	Priority (H/M/L)	Open/Closed	Due Date	Action Steps	Comments	Dollar Impact
Finance													
	Labor	Total costs/PMPM	\$350	\$326	39th Adult	Patrick Graham	○	High					
	Capacity	Visit Volume			39th Adult	Patrick Graham	●	Low					
	Revenue Cycle	Claim Denials			39th Adult	Patrick Graham	○						
	Revenue Cycle	Registration Accuracy			39th Adult	Patrick Graham	●						
	Capacity	Assigned Unseen	13000	4000	39th Adult	Patrick Graham	●						
Quality													
	PRIME	Total Actual Results	78%	90%	N/A	Patrick Graham	●	High			Refer to PRIME workplan		
	QIP	Total Actual Results			N/A	Patrick Graham	●	Medium			Refer to QIP workplan		
	HPSM	Total Actual Results			N/A	Patrick Graham	■	High			Refer to HPSM workplan		
	Patient Safety	Patient Fall Rate			39th Adult	Patrick Graham	○	Low					
Services Provided													
	Patient Engagement	JTR SMMC			39th Adult	Patrick Graham	●						
	Patient Engagement	Communication with Nursing			39th Adult	Patrick Graham	●						
	Patient Engagement	Communication with Physicians			39th Adult	Patrick Graham	●						
	Staff Engagement	JTR SMMC as a great place to work			39th Adult	Patrick Graham	●						

eCareNEXT Continues Successful Trend - Experian's eCare NEXT software is designed to support workflows for improving the accuracy of patient registrations and decrease the number of claim denials. eCare NEXT has been live for 5 months and initial indications are very positive. The key performance metrics are shown in the graph below and are all trending in the right direction. The two most important metrics are the Final Pass accuracy and Resolution Time. The Final Pass represents the completion of outstanding error alerts (SMMC implemented 57 actionable error alerts) prior to the account being ready for claim submission. Industry benchmark for this metric is 98% and SMMC staff have met this benchmark for 3 straight months. Resolution Time is the average time in hours to complete outstanding error alerts and the SMMC target is same day completion (i.e. less than 8 hours). As the chart below shows, Resolution Time has dropped from an average of 59 hours in the month after go-live to 5.3 in November, indicating the staff are getting comfortable with the system and are resolving errors much more quickly. Another important measure of staff adoption is the number of users with a Quality Accuracy at less than 90%. This has steadily declined to only 8 in November as the Business Process Management Office team continues to support all registration staff with training, education and hands-on support. Great job to everyone involved!



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	22,045	-2.0%	-4.2%
SMMC Emergency Department Visits	3,499	3.2%	-3%
New Clients Awaiting Primary Care Appt.	117	-10.7%	-56.7%

SMC Health Mounts Response to Three Power Shutoffs

During PG&E’s three recent Public Safety Power Shutoffs (PSPS) in October, San Mateo County Health undertook outreach to vulnerable clients and residents, coordinated and distributed resources to SMC Health and partner facilities, and during the Kincade Fire worked to place evacuees from Sonoma County in local hospitals and skilled nursing facilities.

Working with data sets from PG&E’s Medical Baseline program and other sources, teams from Health Information Technology and epidemiologists from Public Health, Policy and Planning mapped locations for residents with significant vulnerabilities against PG&E’s projected impact areas. The most vulnerable residents, some of whom are also our clients and patients, relied on medical devices requiring 24-hour electricity, such as ventilators and ventricular-assist devices. The data modeling provided the basis for the outreach and mitigation activities.

San Mateo County Health contacted hundreds of vulnerable clients whose power would be shut off to assure they had a plan to be safe. Those clients needing fuller support were connected to appropriate resources, either from SMC Health or from a partner organization. When Priority 1 clients could not be reached by phone, SMC Health staff and, in a few cases, fire or ambulance partners drove to their homes.

By identifying and prioritizing vulnerable client needs, SMC Health was able to target its outreach and provide resources on a case-by-case basis. Some clients were connected to the Center for the Independence of the Disabled (CID), which had received funding support and battery-backup devices from PG&E to be loaned to qualifying residents. SMC Health connected the CID to Coastside CERT for help in distributing the battery devices. Other clients were directed to local fire departments and to PG&E’s community resource centers.

The shutoffs created many problems for health care and residential facilities. The Canyon Oaks Youth Center, a residential facility managed by Behavioral Health and Recovery Services, lost power and phone service, requiring the deployment of a generator and handheld radios for staff.

Before the shut-off began, a partner organization that serves clients with addiction needed to transport refrigerated medications and vaccines to a site not impacted by the shut-off. Some of these medications were controlled substances requiring a double-locked fridge and strict controls to prevent unauthorized access. The San Mateo Medical Center pharmacy received these substances and assured that service to clients would not be interrupted.

In response to a request received by the Regional Disaster Medical Health Coordination system, our Medical Health Operational Area Coordinator (MHOAC) working in collaboration with the San Mateo County Healthcare Coalition placed 25 evacuees with long-term medical needs from hospitals and skilled nursing facilities in Sonoma County. Through our MHOAC, Emergency Medical Services also deployed two paramedic-staffed ambulances to the Santa Rosa area to bolster its impacted 911 system upon receipt of request for mutual aid from Sonoma County.



SMC Health Communications created a personal preparedness video that was shared with other counties for their use. [Watch it here.](#)

