



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

Thursday, February 4, 2016

8:00 AM – 10:00 AM

SAN MATEO MEDICAL CENTER

EXECUTIVE BOARD ROOM

Second Floor, Administration Wing



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

February 4, 2016 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. Janet Chaikind

Dr. Alex Ding

Informational Items

3. Medical Executive Committee

Dr. Janet Chaikind

C. REPORT OUT OF CLOSED SESSION

D. PUBLIC COMMENT

Persons wishing to address items not on the agenda

E. FOUNDATION REPORT

Bernadette Mellott

F. CONSENT AGENDA

TAB 1

Approval of:

1. January 7, 2016 meeting minutes.
2. Compliance and Privacy report.
3. SMMC Bylaws – no changes.
4. Proposed changes to the Medical Staff Bylaws and Medical Staff Rules and Regulations specific to medical history and physical examination.
5. Ratification of the Dept. of Surgery election for the Vice Chair of Surgery: Dr. David Jegge.

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Janet Chaikind

H. ADMINISTRATION REPORTS

- 1. Primary Care Department
- 2. Health Information Exchange Planning
- 3. Financial Report
- 4. CEO Report
- 5. Results of Board Evaluations

Dr. CJ Kunnappilly..... Verbal
Louise Rogers Verbal
David McGrew..... **TAB 2**
Dr. Susan Ehrlich..... **TAB 2**
Dr. Susan Ehrlich..... Verbal

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 Adrienne Tissier

L. ADJOURNMENT

MEDIA ARTICLES

TAB 3

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 the executive secretary at least two working days before the meeting at (650) 573-3533 (phone) or mlee@smcgov.org (e-mail). Notification in advance of the meeting will enable San Mateo Medical Center to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it.



San Mateo Medical Center
A County System of Healthcare

TAB 1

CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Thursday, January 7, 2016
Executive Board Room

Board Members Present

Supervisor Carole Groom
John Maltbie
Louise Rogers
Dr. Susan Ehrlich
Dr. David Lin
Dr. Janet Chaikind
Dr. Alex Ding
Deborah Torres

Staff Present

Dr. CJ Kunnappilly
John Thomas
Joan Spicer
Glenn Levy
Bernie Mellott
Marcus Weenig
Dr. Daniele Levy

Michelle Lee
David McGrew
Dr. Steve Cummings
Tosan Boyo
Liz Evans
Bob Stebbins
Steve Kaplan

Members of the Public

Naomi Yunker
Sandra Santana-Mora
Jim Beaumont
Dr. Alpa Sanghavi
Dr. Katalin Szabo

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 8:10 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for January 7, 2016. Medical Executive Committee Minutes for November 10, 2015 and December 8, 2015. QIC Report from October 27, 2015.	Glenn Levy reported that the Board, with the exception of Dr. Chaikind who did not participate, approved the Credentialing Report. It also approved the QIC report and accepted the MEC minutes.
Public Comment	No comments.	
Foundation Report Bernadette Mellott	The Foundation's next outreach event will be on February 25: Chinese New Year Celebration with Martin Yan. Chef Yan will do a cooking demonstration and a six-course meal will be served. The 2016 Golf Tournament will be on August 29 at the Stanford Golf Course. The Masque Ball will be on October 28 at Green Hills Country Club.	FYI

Consent Agenda	<p>Approval of:</p> <ol style="list-style-type: none"> 1. Hospital Board Meeting Minutes for November 5, 2015. 2. Report Health Care for the Homeless/Farmworker Health Program. 	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Janet Chaikind	Dr. Chaikind reported that Dr. David Jegge is the new Vice Chief of Staff.	FYI
Quality Report Dr. CJ Kunnappilly, Chief Medical Officer	<p>Dr. David Lin and Dr. Daniele Levy presented from the Psychiatry Department.</p> <p>1/3 of adults with medical conditions have co-occurring mental health issues. And 68% of adults with mental health conditions also have medical conditions. Psychiatric comorbidity worsens health outcomes for chronic disease patients. Integrated Medical Behavioral Health leads to better health outcomes.</p> <p>Medical Psychiatry Services has built a system of close medical-behavioral care integration. The MPS process of care promotes systematic screening and warm handoffs. MPS staff currently offers IMBH across two SMMC locations. In outpatient services, MPS is touching the lives of over 1,700 individuals a year.</p> <p>Going forward, IMBH will be a key element to achieve California's Medi-Cal waiver goals. IMBH can help further advance population health with chronically ill patients.</p>	FYI
Operations Report John Thomas Chief Operating Officer	<p>The Burlingame Long Term Care presentation was given by Marcus Weenig.</p> <p>Achievements</p> <ul style="list-style-type: none"> • Coordination and Collaboration with Health Plan of San Mateo (HPSM) and Institute on Aging (IOA), Aging and Adult Services, County EMS, Fire and OSHPD • Reduced rates in Quality Measures and Continued Quality Improvement • Implementation of new activities to improve Quality of Life for residents 	FYI
Health System Louise Rogers Health System Chief	<p>Mental Health First Aid presented by Jei Africa of BHRS.</p> <p>One in four has a mental health conditions and yet less than half get the help they need. Mental Health First Aid is offered in the form of an interactive 8-hour course that presents an overview of mental illness and substance use disorders in the U.S. and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and reviews common treatments. Over 2,000 SMC community members have gone through the training since 2011.</p> <p>In October 2013, as part of a county-wide effort to improve mental health services and supports for youth,</p>	FYI

	<p>Behavioral Health and Recovery Services (BHRS) Office of Diversity and Equity (ODE) partnered with the San Mateo County Office of Education (SMCOE) to begin offering Youth Mental Health First Aid (YMHFA) in schools. This program is supported through Measure A.</p> <p>Similar to MHFA, it is a free 8-hour public education training program designed for any adult working with or assisting young people, ages 12-24. School staff in all capacities typically form bonds and establish rapport with students and can play an instrumental role in a student getting the help they need. YMHFA has certified 1,104 individuals to date and four out of five report applying YMMHFA skills with students in six months.</p>	
Financial Report David McGrew, CFO	The November FY15/16 financial report was included in the Board packet and David McGrew answered questions from the Board.	FYI
CEO Report Dr. Susan Ehrlich, CEO	Dr. Susan Ehrlich presented the Board with her 2015 Year-end Reflection and answered questions from the Board.	FYI
Health System Report Louise Rogers Health System Chief	The new Director of Public Health Cassius Lockett will start in February. The Health System is exploring a new site for the South San Francisco clinic.	FYI
County Manager John Maltbie	Plans for the Respite Center on 37 th Avenue are moving forward and on time.	FYI
Board of Supervisors Supervisor Carole Groom	Supervisor informed the Board that Supervisor Warren Slocum is the new Chair for the San Mateo County Board of Supervisors.	FYI

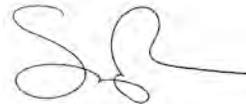
Supervisor Groom adjourned the meeting at 9:20 AM. The next Board meeting will be held on February 4, 2016.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:

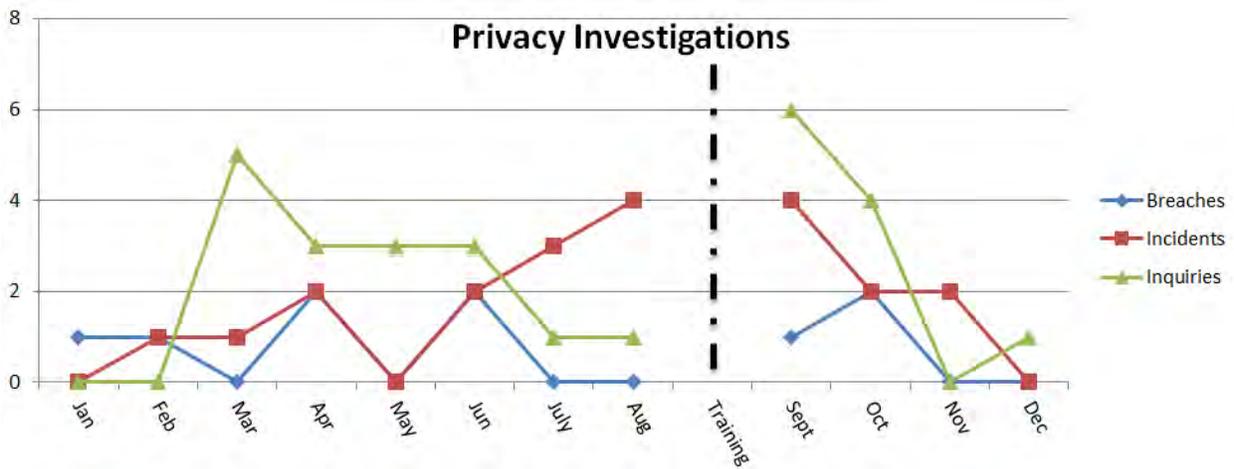


Dr. Susan Ehrlich, Chief Executive Officer

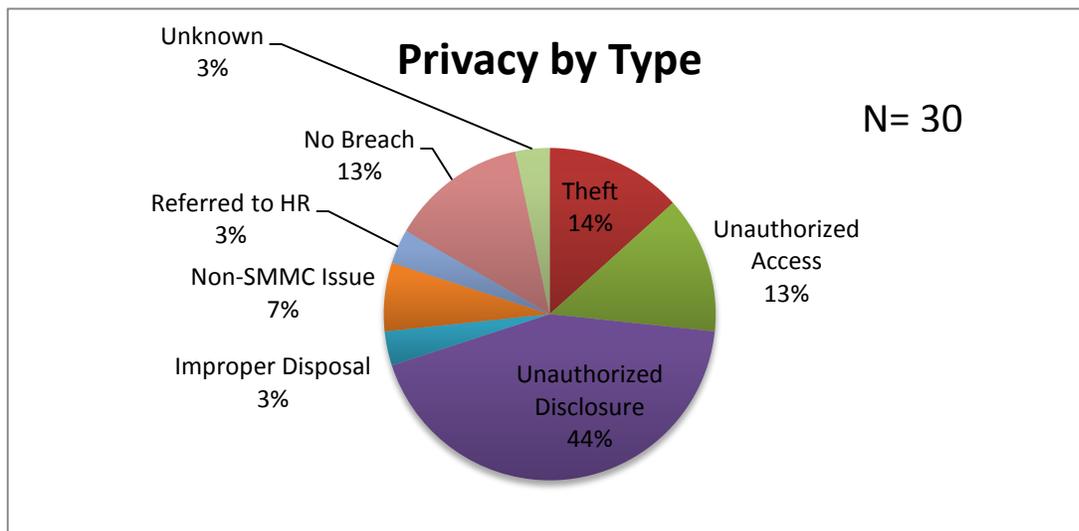
DATE: February 4, 2016
TO: San Mateo Medical Center Board of Directors
FROM: Teasha Fleming, CHC, Manager, Corporate Compliance and HIPAA
RE: Compliance/Privacy Report to the Hospital Board

HIPAA

In the 4th Quarter of the calendar year, there were 2 breaches, 4 incidents and 5 inquiries.



From January through December, there have been a total of 30 breaches or incidents. Of the 30, 18 were directly related to the medical center.



The annual Breach report to Health & Human Service is due to the Secretary within 60 days of the end of the calendar year. SMMC will report 8 violations. Reports have been received from other county departments and the number of reportable violations is still being determined.

The County Privacy Committee created a standardized risk assessment template to assist each county agency in determining its level of risk associated with a potential breach. This standardized template encompasses the four factors used when determining if a breach is reportable to the state and federal government. Privacy liaisons for affected county departments are currently testing the template to provide feedback.

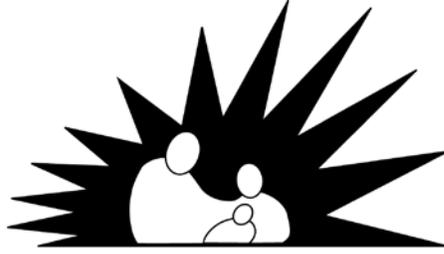
Compliance

No additional compliance issues were reported for the quarter.

For January through December of 2015, 22 compliance issues have been noted and are being reviewed for resolution.

Billing - Coding	COI/Vendor Relationships	Stark Law / Anti-kickback	Other Compliance*	Total
18	0	1	3	22

* Other compliance includes general inquiries but no true regulatory issue.



San Mateo Medical Center
A County System of Healthcare

**BYLAWS
OF THE
SAN MATEO MEDICAL CENTER**

Reviewed and Approved: SMMC Board of Directors on March 5, 2015

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ARTICLE I

GENERAL

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

ARTICLE II

PURPOSE

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

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

ARTICLE III

DEFINITIONS

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

ARTICLE IV

GOVERNING AUTHORITY

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

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

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

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

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

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

ARTICLE V

GOVERNING BOARD

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

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

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

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

Section 2. Number, Tenure and Qualifications

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

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

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

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

Section 4. Meetings.

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

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

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

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

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

- e. Order of Business. Absent special circumstances, the order of business at all meetings shall be as follows:
 - 1) The call to order.
 - 2) Closed Session
 - 3) Public Comment
 - 4) Report from the Foundation
 - 5) The approval of minutes of prior meetings.
 - 6) Report of SMMC Business Requiring Board Action
 - 7) Report of Medical Staff Business requiring Board Action.
 - 8) Report from the CEO
 - 9) Report from the Board of Supervisors
 - 10) Report from the County Manager
 - 11) Report from the Chief of the Health System
 - 12) Adjournment

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

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

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

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

ARTICLE VI

OFFICERS AND COMMITTEES

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

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

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

ARTICLE VII

ADMINISTRATION

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

ARTICLE VIII

MEDICAL STAFF

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ARTICLE IX

QUALITY MANAGEMENT

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

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

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

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

ARTICLE X

AUXILIARY

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

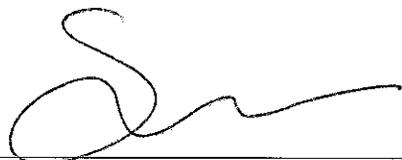
Section 2. Bylaws. Written Policies, Bylaws and Amendments thereto, and activities of the Auxiliary shall be subject to approval by the Governing Board. Bylaws shall set forth the Auxiliary's purpose, organization and functions.

ARTICLE XI

BYLAWS AND AMENDMENTS

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

These Bylaws have been reviewed and approved effective March 2015.



Susan P. Ehrlich
Chief Executive Officer
SAN MATEO MEDICAL CENTER (SMMC)

3/9/15

Date



Honorable Adrienne Tissier
President, San Mateo Medical Center Board of Directors
COUNTY OF SAN MATEO

3/5/15

Date

January 28, 2016

TO: Honorable Adrienne Tissier, President, SMMC Board of Directors

FROM: Janet Chaikind, M.D., Chief of the Medical Staff

RE: **February 4, 2016 Medical Center Board Meeting [Open Session]**

The Medical Staff Executive Committee recommends the following business for approval:

To comply with accreditation standards and CMS regulations:

Bylaws [Attachment]

Bylaws Article 3 – Membership

3.5 Basic Responsibilities of Medical Staff Membership

p) assuring a medical history and physical examination is completed and documented for each patient . . .

Rules and Regulations [Attachment]

Rules and Regulations Section II – Medical Records

B. History and Physical

A medical history and physical examination must be completed and documented for each patient . . .

Reporting Medical Staff Departmental elections results:

Departmental Election Results

Surgery Department: David Jegge, M.D., Vice Chair

MEDICAL STAFF of San Mateo Medical Center
PROPOSED BYLAWS and RULES/REGULATIONS CHANGES

December 2015

CURRENT LANGUAGE	PROPOSED LANGUAGE
<p>Bylaws Article 3 – Membership 3.5 Basic Responsibilities of Medical Staff Membership</p> <p>p) assuring the completion of a physical examination and medical history on all patients within 24 hours after admission or immediately before. A physician or surgeon or other individual defined by the Medical Staff to possess the necessary scope of practice (e.g., nurse, practitioner or physician assistant) can perform the H&P. Dentists, clinical psychologist, and podiatrists shall be responsible for those portions of the history and physician examination and progress notes relative to the specialty. This requirement may be satisfied by a complete history and physical that has been performed within the 30 days prior to admission (the results of which are recorded in the hospital’s medical record) so long as an examination for any changes in the patient’s condition is completed and documented in the patient’s medical record within 24 hours after admission.</p>	<p>Bylaws Article 3 – Membership 3.5 Basic Responsibilities of Medical Staff Membership</p> <p>p) assuring a medical history and physical examination is completed and documented for each patient no more than 30 days before or 24 hours after admission or registration but prior to surgery or a procedure requiring anesthesia services. There must be a complete H&P and an update, if applicable, in the medical record of each patient prior to surgery or procedure requiring anesthesia services, except in emergencies. In the case of emergencies, the H&P must be recorded immediately following the procedure and the practitioner must sign, date, and time a statement of the emergency circumstances in the patient’s medical record.</p> <p>The medical history and physical examination must be completed and documented by a physician, nurse practitioner or physician assistant who is credentialed and privileged to perform an H&P. Dentists, clinical psychologist, and podiatrists shall be responsible for those portions of the history and physical examination and progress notes relative to the specialty.</p> <p>At a minimum, the H&P must contain the following elements for both inpatients and outpatient procedures requiring an H&P: (1) chief complaint, (2) history of present problem, (3) past medical history, (4) relevant social and family history, (5) current medications and allergies, (6) review of systems, (7) physical examination, and (8) plan.</p> <p>When a medical history and physical examination has been completed within 30 days of admission (or registration), a patient examination and updated medical record entry must be completed and documented in the patient’s medical record within 24 hours after admission or registration. The examination must be conducted by a licensed practitioner who is credentialed and privileges to perform an H&P. In all cases, the update must take place prior to surgery or a procedure requiring anesthesia services. The update note must document an examination for any changes in the patient’s condition that might be significant for the planned course of treatment.</p> <p>If, upon examination, the licensed practitioner finds no significant changes in the patient’s condition since the H&P was completed, he/she may indicate in the patient’s medical record that the H&P was reviewed, the patient was examined, and that “no change” has occurred in the patient’s condition since the H&P was completed.</p>

Rules and Regulations – Section II – Medical Records

B. History and Physical

An H&P must be completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services (including moderate sedation). A physician or surgeon or other individual defined by medical staff to possess the necessary scope of practice (e.g., nurse practitioner or physician assistant) can perform the H&P including the H&P for the update note.

For H&P exams performed within 30 days prior to registration or inpatient admission, the patient will be examined and an update note describing any significant changes in the patient's condition will be completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services.

The required update note must have the words "re-examined patient" (required by CMS) and can be in the progress notes sections, written on, or attached to the H&P.

The H&P and any updates/assessments must be included in the medical records within 24 hours of admission, but prior to surgery or other procedures – whichever comes first.

Inpatient Admission:

For all inpatients, a complete history and physical (H&P) examination shall be completed within 24 hours of admission. A physician or surgeon or other individual defined by the Medical Staff to possess the necessary scope of practice (e.g. nurse practitioner or physician assistant) can perform the H&P.

An H&P shall include chief complaint, history of present illness including elements of assessment of the patient's relevant body systems, review of systems, existing co-morbid conditions, current medications and dosages, history of allergies, history of previous anesthesia/sedation reactions, relevant family history, social history, physician examination, diagnosis or impression, and treatment plan.

An adequate physician exam should document the pertinent positive and negative findings that relate to the reason for admission. As a minimum the following systems must be included: heart and lungs, abdomen, general appearance and orientation, vital signs (including blood pressure, heart rate, respiratory rate, and temperature – afebrile is acceptable) or reference to vital signs obtained elsewhere in the admission process, major integumentary, musculoskeletal or sensory systems when problems such as blindness, deafness, missing limbs, or open sores and wounds exist. Rectal and pelvic

Rules and Regulations – Section II – Medical Records

B. History and Physical

A medical history and physical examination must be completed and documented for each patient no more than 30 days before or 24 hours after admission or registration but prior to surgery or a procedure requiring anesthesia services. There must be a complete H&P and an update, if applicable, in the medical record of each patient prior to surgery or procedure requiring anesthesia services, except in emergencies. In the case of emergencies, the H&P must be recorded immediately following the procedure and the practitioner must sign, date, and time a statement of the emergency circumstances in the patient's medical record.

The medical history and physical examination must be completed and documented by a physician, nurse practitioner or physician assistant who is credentialed and privileged to perform an H&P. Dentists, clinical psychologist, and podiatrists shall be responsible for those portions of the history and physical examination and progress notes relative to the specialty.

At a minimum, the H&P must contain the following elements for both inpatients and outpatient procedures requiring an H&P: (1) chief complaint, (2) history of present problem, (3) past medical history, (4) relevant social and family history, (5) current medications and allergies, (6) review of systems, (7) physical examination, and (8) plan.

When a medical history and physical examination has been completed within 30 days of admission (or registration), a patient examination and updated medical record entry must be completed and documented in the patient's medical record within 24 hours after admission or registration. The examination must be conducted by a licensed practitioner who is credentialed and privileges to perform an H&P. In all cases, the update must take place prior to surgery or a procedure requiring anesthesia services. The update note must document an examination for any changes in the patient's condition that might be significant for the planned course of treatment.

If, upon examination, the licensed practitioner finds no change in the patient's condition since the H&P was completed, he/she may indicate in the patient's medical record that the H&P was reviewed, the patient was examined, and that "no change" has occurred in the patient's condition since the H&P was completed.

2015 December Proposed Bylaws/RulesRegs

examinations are recommended when pertinent to the admission diagnosis.

Operative or Invasive Procedures:

A note is required when the H&P is conducted the day before the procedure, even if it is within 24 hours of the procedure.

Records which contain the H&P examination must be available prior to any operative or invasive procedure. In the absence of such documentation, the procedure shall be delayed until the documentation is available unless a physician or surgeon documents in the chart that such a delay places the patient at risk for injury.



San Mateo Medical Center
A County System of Healthcare

TAB 2

ADMINISTRATION REPORTS

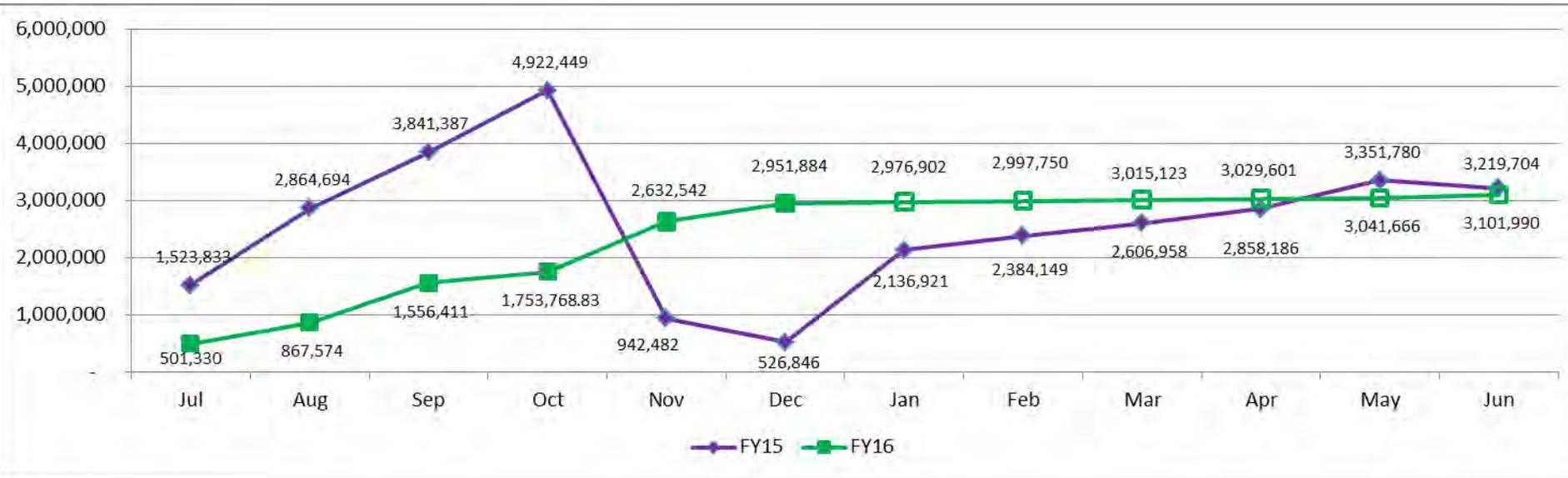


San Mateo Medical Center
A County System of Healthcare

December FY 2015-16 Financial Report

Board Meeting
February 4, 2016

Financial Highlights – Net Income Trend



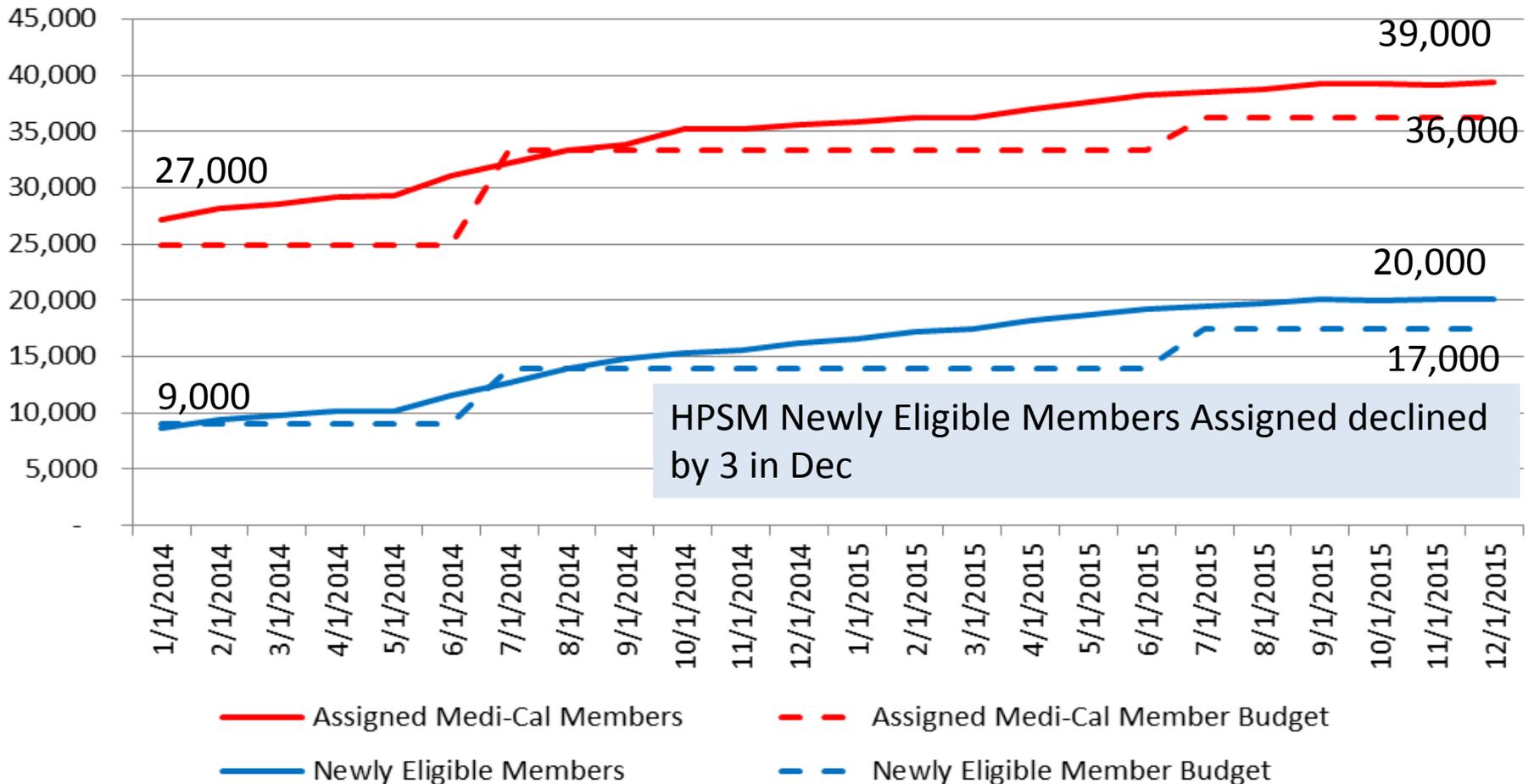
Financial Drivers:

- Patient revenue unfavorable \$2.5 million (-31%)
- Operating expenses unfavorable \$780k (-3%)

- Inpatient volumes above budget
- Other Patient Program Revenue
- Drugs
- Supplies

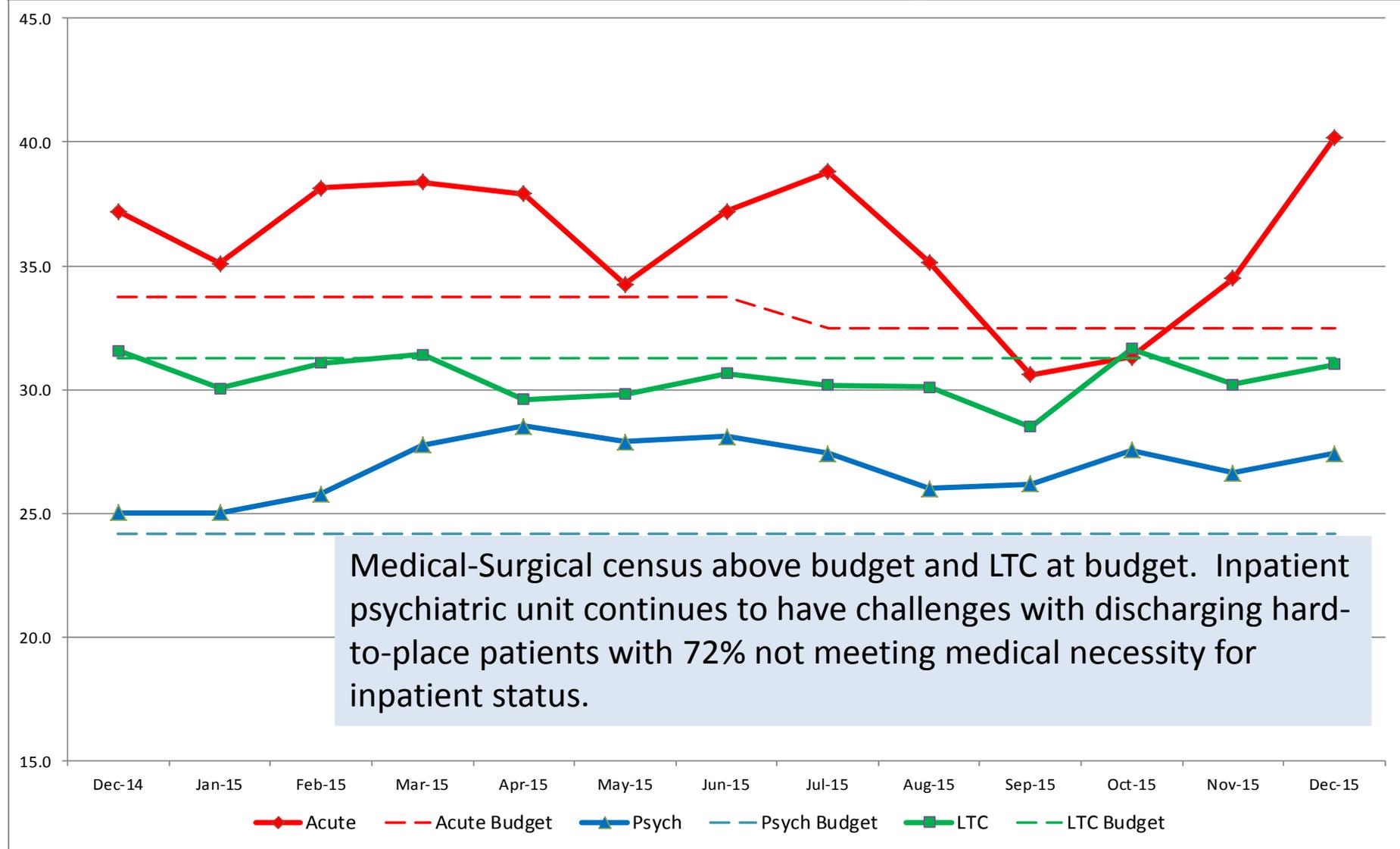
SMMC Medi-Cal Members

HPSM Newly Eligible and Assigned Members



**San Mateo Medical Center
Inpatient Census
December 31, 2015**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Patient Days	3,058	2,694	364	14%	16,981	15,987	994	6%

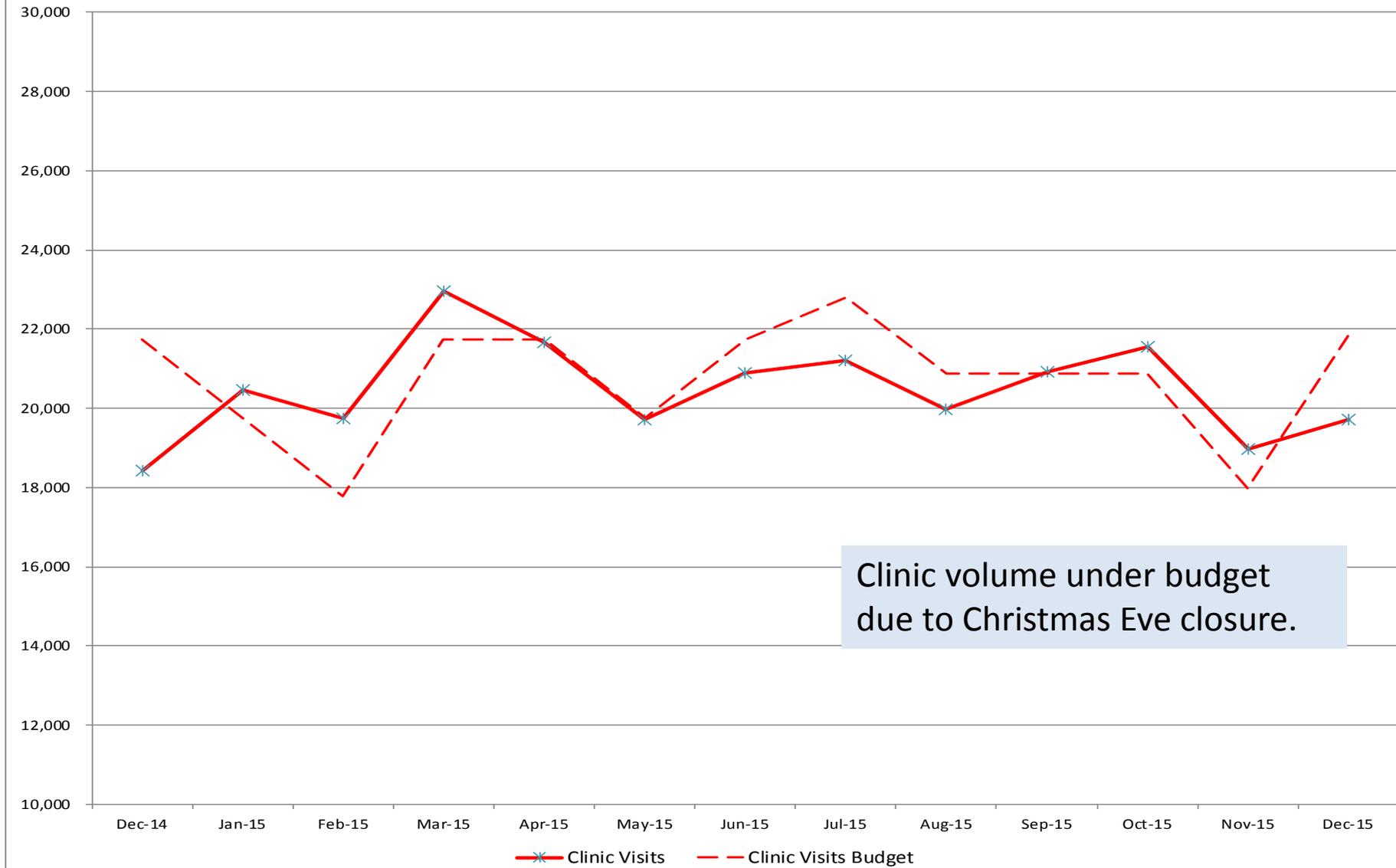


**San Mateo Medical Center
Clinic Visits
December 31, 2015**

MONTH			
Actual	Budget	Variance	Stoplight
19,724	21,780	(2,056)	-9%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
122,315	124,739	(2,424)	-2%

Clinic Visits

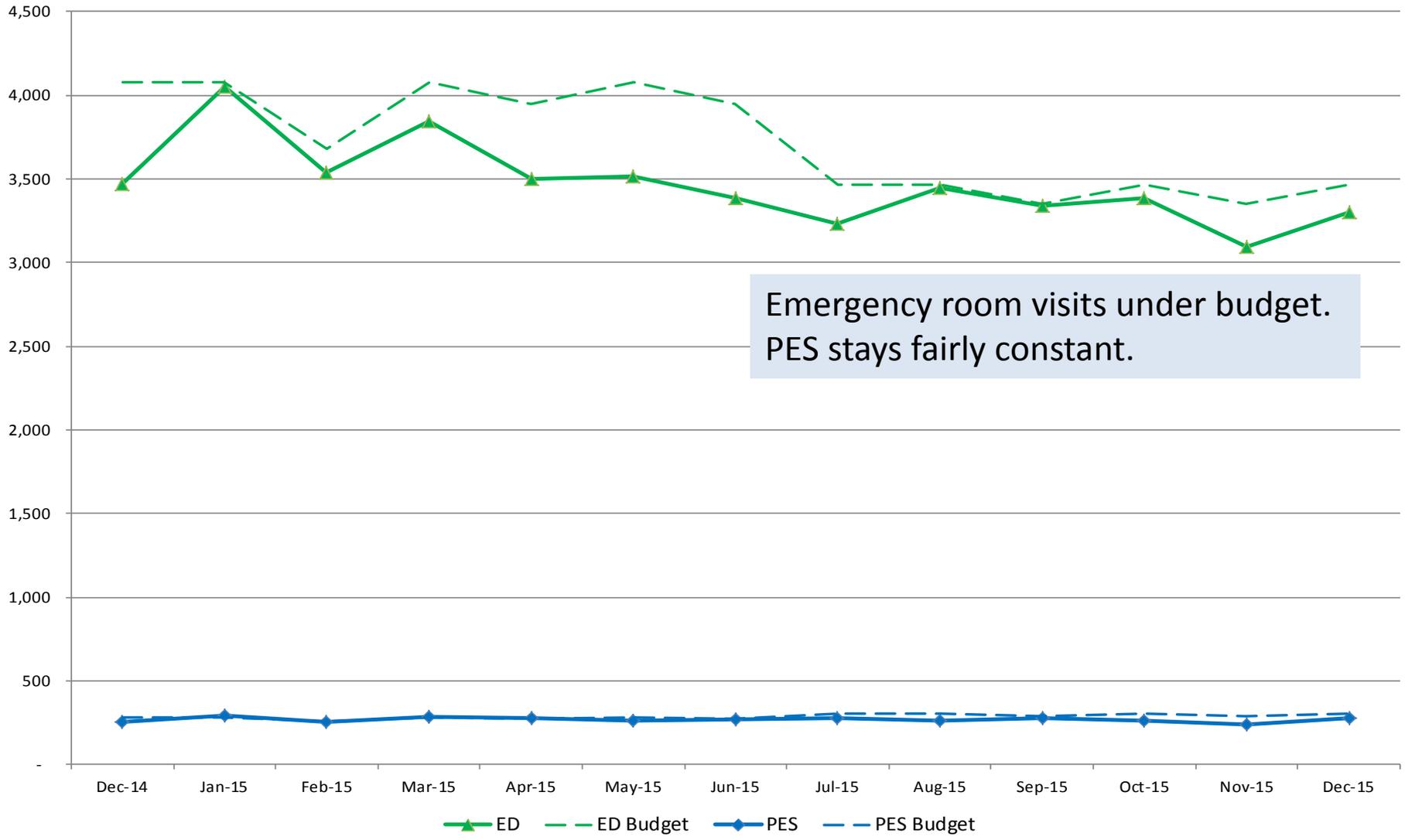


**San Mateo Medical Center
Emergency Visits
December 31, 2015**

MONTH			
Actual	Budget	Variance	Stoplight
3,583	3,762	(179)	-5%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
21,399	22,331	(932)	-4%

ED Visits



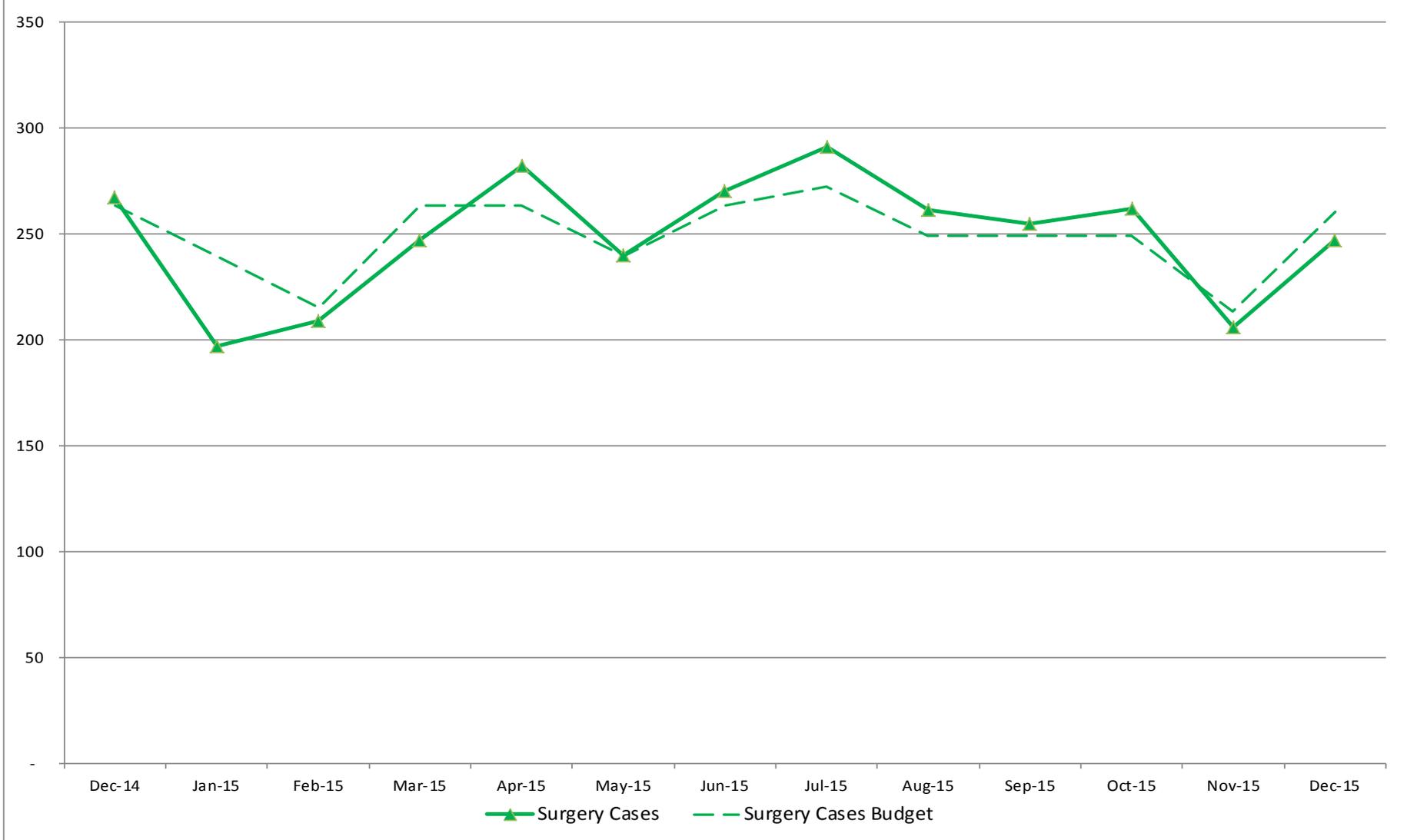
Emergency room visits under budget.
PES stays fairly constant.

**San Mateo Medical Center
Surgery Cases
December 31, 2015**

MONTH			
Actual	Budget	Variance	Stoplight
247	261	(14)	-5%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
1,522	1,493	29	2%

Surgery Cases



APPENDIX

San Mateo Medical Center

Payer Mix

December 31, 2015

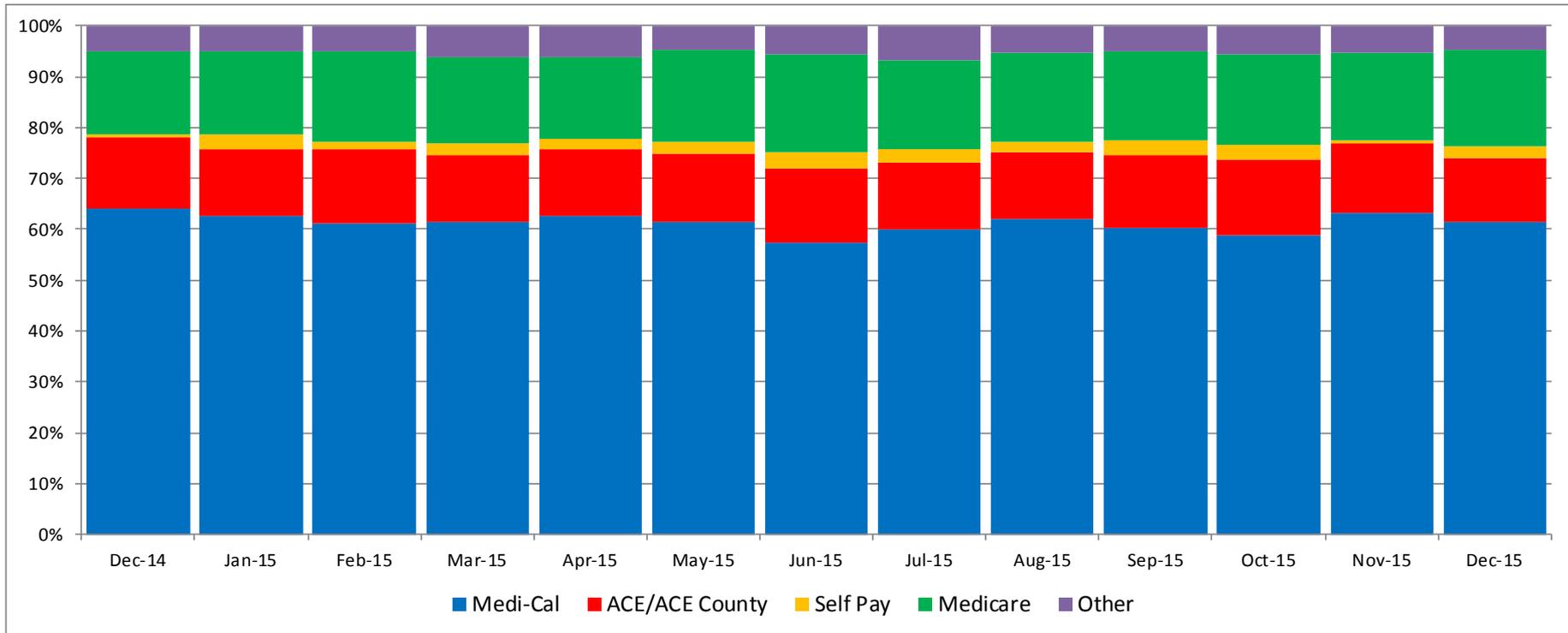
MONTH			
Actual	Budget	Variance	Stoplight

YEAR TO DATE			
Actual	Budget	Variance	Stoplight

Payer Type by Gross Revenue

	A	B	C	D
15 Medicare	18.9%	16.6%	2.3%	
16 Medi-Cal	61.3%	59.9%	1.4%	
17 Self Pay	2.4%	3.5%	-1.1%	
18 Other	4.8%	5.9%	-1.1%	
19 ACE/ACE County	12.6%	14.1%	-1.5%	
20 Total	100.0%	100.0%		

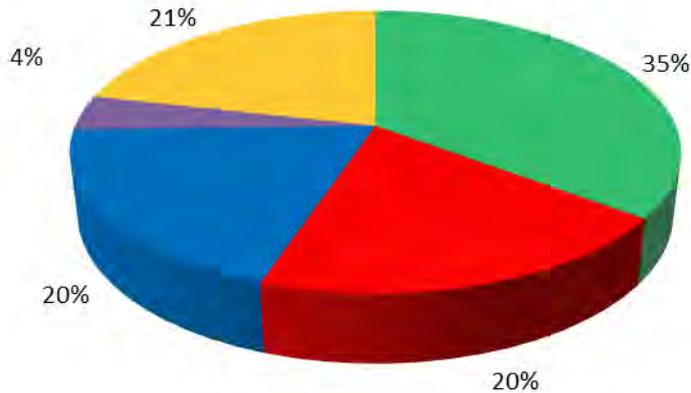
E	F	G	H
17.7%	16.6%	1.1%	
60.9%	59.9%	1.0%	
2.3%	3.5%	-1.1%	
5.5%	5.9%	-0.4%	
13.6%	14.1%	-0.5%	
100.0%	100.0%		



Revenue Mix

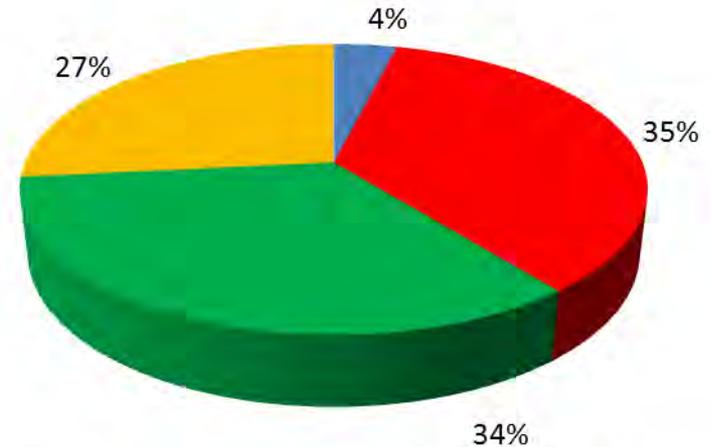
59,000
Managed
Care
Lives

Sources of Revenue



■ Patient Net ■ Capitation ■ Supplemental ■ Other ■ County Contribution

Managed Care Mix

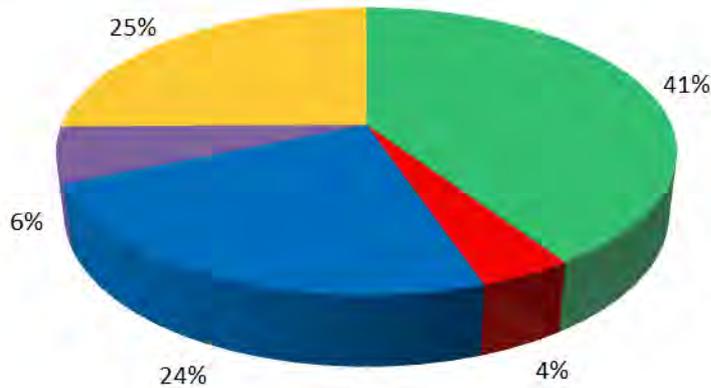


■ Medicare ■ Capitation ■ Traditional ■ ACE County

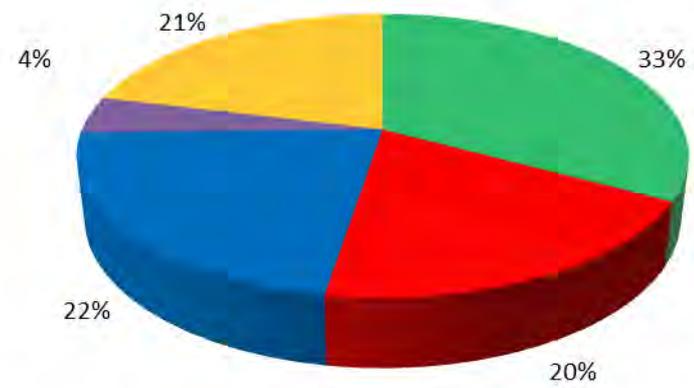
- 65% of our Operating Revenue is for services provided to patients covered by a managed care program
- \$40 million of our Supplemental Revenue is impacted by the renegotiation of the new Section 1115 Waiver.

Revenue Mix

Before Capitation (Jan 2014 - Jun 2014)



After Capitation (Jul 2015 - Dec 2015)



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

■ Patient Net ■ Capitation ■ Supplemental ■ Other ■ County Contribution

Capitation is a payment arrangement for health care service providers such as hospitals and physicians. It pays a hospital and physician or group of physicians a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.

San Mateo Medical Center
Income Statement
December 31, 2015

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	319,058	(0)	319,058		2,951,884	-2	2,951,886		
2 HPSM Medi-Cal Members Assigned to SMMC	39,422	36,314	3,108	9%	234,352	217,884	16,468	8%	
3 HPSM Newly Eligible Medi-Cal Members Assigned to SMMC	20,118	17,520	2,598	15%	119,552	105,120	14,432	14%	
4 Patient Days	3,058	2,694	364	14%	16,981	15,987	994	6%	
5 ED Visits	3,583	3,762	(179)	-5%	21,399	22,331	(932)	-4%	
6 ED Admissions %	6.5%	-	-		20.2%	-	-		
7 Surgery Cases	247	261	(14)	-5%	1,522	1,493	29	2%	
8 Clinic Visits	19,724	21,780	(2,056)	-9%	122,315	124,739	(2,424)	-2%	
9 Ancillary Procedures	67,804	64,030	3,774	6%	392,849	366,919	25,930	7%	
10 Acute Administrative Days as % of Patient Days	7.0%	9.0%	2.0%	22%	9.5%	9.0%	-0.5%	-5%	
11 Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status)	72.1%	58.0%	-14.1%	-24%	74.5%	58.0%	-16.5%	-29%	
Pillar Goals									
12 Patient & Capitation Revenue PMPM	139	174	(35)	-20%	164	174	(10)	-6%	
13 Operating Expenses PMPM	352	342	(10)	-3%	329	342	14	4%	
14 Full Time Equivalentents (FTE)	1,111	1,158	47	4%	1,044	1,158	114	10%	

San Mateo Medical Center
Income Statement
December 31, 2015

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
21	Inpatient Gross Revenue	10,722,572	7,848,949	2,873,623	37%	53,529,004	47,093,696	6,435,308	14%
22	Outpatient Gross Revenue	22,931,663	24,719,016	(1,787,353)	-7%	145,819,504	148,314,099	(2,494,595)	-2%
23	Total Gross Revenue	33,654,235	32,567,966	1,086,269	3%	199,348,509	195,407,795	3,940,713	2%
24	Patient Net Revenue	5,737,195	8,270,730	(2,533,535)	-31%	45,905,975	49,624,380	(3,718,405)	-7%
25	Net Patient Revenue as % of Gross Revenue	17.0%	25.4%	-8.3%	-33%	23.0%	25.4%	-2.4%	-9%
26	Capitation Revenue	4,581,652	4,439,557	142,095	3%	27,201,670	26,637,341	564,329	2%
27	Supplemental Patient Program Revenue	8,492,101	5,264,148	3,227,953	61%	30,797,446	31,584,890	(787,444)	-2%
	(Additional payments for patients)								
28	Total Patient Net and Program Revenue	18,810,948	17,974,435	836,513	5%	103,905,091	107,846,610	(3,941,519)	-4%
29	Other Operating Revenue	1,247,449	1,096,740	150,709	14%	5,853,154	6,580,441	(727,287)	-11%
	(Additional payment not related to patients)								
30	Total Operating Revenue	20,058,397	19,071,175	987,222	5%	109,758,245	114,427,052	(4,668,807)	-4%

**San Mateo Medical Center
Income Statement
December 31, 2015**

	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	14,197,447	14,268,186	70,740	0%	81,443,530	85,609,116	4,165,586	5%
32 Drugs	888,008	648,254	(239,753)	-37%	4,165,789	3,889,527	(276,262)	-7%
33 Supplies	1,103,245	906,478	(196,767)	-22%	5,306,057	5,438,870	132,814	2%
34 Contract Provider Services	2,920,412	2,800,013	(120,399)	-4%	16,441,818	16,800,077	358,259	2%
35 Other fees and purchased services	4,383,377	4,147,418	(235,958)	-6%	23,882,687	24,884,509	1,001,822	4%
36 Other general expenses	528,405	455,369	(73,036)	-16%	2,793,571	2,732,213	(61,358)	-2%
37 Rental Expense	173,804	173,805	0	0%	1,042,828	1,042,828	0	0%
38 Lease Expense	817,105	817,105	(0)	0%	4,902,630	4,902,629	(0)	0%
39 Depreciation	225,658	241,114	15,455	6%	1,353,951	1,446,683	92,732	6%
40 Total Operating Expenses	25,237,461	24,457,742	(779,718)	-3%	141,332,860	146,746,454	5,413,594	4%
41 Operating Income/Loss	(5,179,064)	(5,386,567)	207,503	4%	(31,574,615)	(32,319,402)	744,788	2%
42 Non-Operating Revenue/Expense	592,448	480,893	111,555	23%	5,092,458	2,885,360	2,207,099	76%
43 Contribution from County General Fund	4,905,674	4,905,674	-	0%	29,434,041	29,434,041	-	0%
44 Total Income/Loss (GAAP)	319,058	0	319,058		2,951,884	-2	2,951,886	
(Change in Net Assets)								



Report to the Hospital Board and SMMC Leadership
February 4, 2016

LEAP UPDATES & EXCELLENT CARE

LEAP Updates:

- **Highlighted accomplishments from our Strategic Initiatives:**
 - **Patient Experience Strategic Initiative:** The metric for outpatients' perception of provider care during most recent visit rose from 87.4% in November to 88.8% in December.
 - **Patient Centered Medical Home Strategic Initiative:** The rate of abandoned calls throughout the organization dropped from an average of 17% to 9% in the 2nd week of December, and held that improvement throughout the month.
- **Telehealth Pilots:** The telehealth pilots in the Coastside and Daly City Clinics aimed at providing telephone-based care continue to surpass initial expectations for total number of visits completed to date. In December alone there were 248 telehealth visits (expectation was to achieve 500 calls by the end of the current fiscal year). Given this great performance, the work will be expanding with a pilot in the Main Campus Endocrinology Department in February 2016.
- **Financial Stewardship:** A week-long Value Stream Mapping event on Authorizations in November resulted in the identification of a set of projects for focused improvement, which have now been incorporated into a larger master plan for this work. The Revenue Integrity team is actively working with process owners to highlight defects, identify barriers, and develop countermeasures.
- **Specialty Referrals:** In the second week of December, we conducted a Specialty Referral Value Stream Mapping workshop with the goal of understanding the current state of various referral processes so that we may develop one standard process for all SMMC internal referrals to the Specialty Clinic. Among the outcomes of this week-long event were establishing areas of focus for upcoming improvement events, such as Eligibility, which will involve the Finance team, Internal Referral Management, and Integration with the SMART technology platform for referrals. In addition, among the quick wins identified and already underway is training internists as well as specialty and emergency department providers.
- **LEAP Leadership System Spread:** The next wave of Leadership System roll-out will share daily improvement tools, focusing on status sheets and improvement huddles, and will include 9 new areas: Medical and Specialty Clinics, Daly City Clinic, Psychiatric Emergency Services, Acute Psychiatric Services, Medical Psychiatry Services, Main Campus Obstetrics, Ron Robison Senior Care Center, and the Keller Center.

PATIENT CENTERED CARE and STAFF ENGAGEMENT

- **Congratulations to our 2015 SMMC Excellence Awards Recipients!:** Just before the holidays, we received almost 100 nominations for the annual SMMC Excellence Awards. The winners are listed below; all nominees were recognized at January forums and in the February newsletter. I also had the special privilege of sharing a luncheon with nine of the winners who were able to attend, prepared beautifully by the team in Food and Nutrition Services. Thanks to everyone who was nominated for making SMMC a better place to work, and for being dedicated to excellence at SMMC!
 - **Change Champion**
 - Dr. David Lin, Med/Psych
 - Steve Needels, Respiratory
 - **Leadership Excellence**
 - Roberto Tercero, Health IT
 - **Nursing Excellence**
 - Satya Chaudhary, FOHC Adult Clinic
 - Benedict Calangian, 2AB
 - **Patient Experience Champion**
 - Mary Jo Tierney, NP, Mental Health Primary Care Clinic
 - Dr. Rami Saah, FOHC Dental Clinic
 - **Provider Excellence - The Doc Who Rocks!**
 - Dr. Sheila Laksana, FOHC Pediatrics Clinic
 - Dr. Chris Threatt, Specialty Clinics
 - **Service Excellence**
 - Silveria Ballaron, Creative Arts and Recreation Therapies
 - Jacqueline Sampaga, Pharmacy
 - **Team Player**
 - Meiling Ouyang, Food & Nutrition
 - Lynda Sutherland, 2AB
- **Fair Oaks Health Center Coat and Blanket Drive warms the community:** Many thanks to FOHC team members Lupe Gutierrez, Ana Recinos, Milagros Cousenes, Blanca Lemus, Monika Gutierrez, Lily and Edgar Recinos, and Mirella and Julia Osuna for making a difference for their community by collecting coats and blankets to give to homeless individuals in Redwood City. Through their efforts, they collected and donated coats, blankets, gloves and some clothing to more than 40 people.
- **SMMC leaders complete County's Management Development Program:** After completing a 12 month leadership development program, xx SMMC leaders were part of 30 Management Development Program (MDP) participants, who celebrated their graduation on December 3, 2015 in the County Board Chambers. MDP is a succession planning program designed to further develop management employees in their current leadership positions and to help prepare employees to assume high-level position as baby boomers continue to retire. We have eight more leaders at SMMC participating in the 2016 program!

- **Dr. Susan Joseph recognized as one of the “Best Doctors in the Bay Area”:** Congratulations to Dr. Susan Joseph, who was again recognized by San Francisco Magazine as one of the Bay Area’s finest physicians. Dr. Joseph joined SMMC in February, 2005 to work in the Ron Robinson Senior Care Center, and was then promoted to its Medical Director. When asked what she likes best about SMMC, Dr. Joseph says, “I equally enjoy the patients and all of the people who work here. We see many wonderful people who are generally so appreciative of the care we provide and often had limited or no access to care. I also appreciate all of the staff who work here, and particularly my coworkers here at RRSCC who are so dedicated to working with a group of patients who often have complex challenges, but are always willing to “go the extra mile” to help. Patients are coming to us with expectations and often fears and challenges of navigating a sometimes complex system. It is my role to be their partner and their advocate.”

- **Dr. David Lin selected for California Healthcare Foundation leadership fellowship:** In November, 2015, Dr. David Lin was one of thirty-two clinical leaders across California chosen to participate in the highly competitive CHCF Health Care Leadership Program, a part-time fellowship that offers clinically trained health care professionals hands-on opportunities to learn the decision-making, strategic planning, and executive skills they need to excel as leaders.

- **Patient/family stories of gratitude:**
 - **About the ED:**
 - “... I wanted to pass on some feedback to whoever is in charge of the ER dept. at SMMC, my boyfriend had been trying to help one of his friends get sober and get off the street and he ended up taking him to the medical center on two different occasions, (Wed & Sun) and he said he was so impressed with how friendly and helpful the nurses and social workers were. He was deeply appreciative to everyone they came into contact with on both days. I wanted to pass that on because I'm sure they do not get enough recognition.”

 - **From Coastside Clinic patients:**
 - “I am 65 years old and have seen Doctors all my life as I too am a believer in preventative care: I have NEVER been treated with the degree of thoroughness and kindness that I was with Dr. Ashe. I have FINALLY found a Dr. I feel I will be with the rest of my life.”

 - “I am 63 yrs old and this doctor is the absolute best I have ever seen I was addicted to drugs and she is very careful and thoughtful about what drugs she gives me.”

 - **From Daly City Clinic patients:**
 - “I consider myself so blessed to have Sara Okabayashi-Williams as my provider. She has very good bedside manners and very knowledgeable. She is very patient and thorough, she is a good listener and she gives you a feeling that your health is important to her. I couldn't ask for more. Roxanna is very gracious and **helpful**. I can say the same thing with the assistant of my provider.”

- “... very good experience, was seen same day as call. staff gets right back to you. Somebody answers phone. definite improvement from just 6 months ago.”
 - “The staff and doctor are the best I have ever experienced. I always leave wanting to thank them.”
 - “Dr. Ortiz was wonderful, kind, and knowledgeable. She made me feel safe and listened to, and I have been healing after seeing her.”
 - “Excellent!!!”
 - “Dr. Chester Kunnappilly explains your condition in a way you can understand it very well. He shows genuine concern for your well-being and health.”
- **From Innovative Care Center patients:**
 - “This is the best medical care I have ever received!!! I am so impressed with the **compassion** and the care I have received. It is unbelievable how **happy** I am with the care I have received. When you have an appointment at 2:00pm you are seen at exactly that time! You should be so proud to be the best medical experience I have ever received and I'm 58 years old! Thank you so much.”
 - “I tell everyone I know how Awesome you people are! More importantly how **happy** I am to be fortunate to find such a great Medical Experience.”
 - “When I have gone to my appointments, I was treated with such respect and **compassion** everybody was so nice and so thorough. They really care! So So Amazing!”
 - “This doctor is worth her weight in gold. Extremely thorough. Patient and addressing all health **questions**. I was impressed with her care and attention.”
 - **From Fair Oaks Health Clinic patients:**
 - “Dr. Breen is one of the best providers I've ever seen. She is so **warm** and I can tell she really cares about her patients. I am very **happy** she's my doctor!”
 - “Very good doctor and nurse I would recommend many times congratulations and thank you.”
- **Santa rolls up to SMMC bearing gifts, and riding with friends:** On December 12th, for the 26th year in a row, the Golden Gate Harley Owners’ Group (HOGs) brought Santa, 2,600 holiday gifts, and a check for \$1000 to San Mateo Medical Center. The funds allow us to provide additional gifts to our youngest patients! During the event, the Peninsula Community Chorus sang holiday songs for our patients, families and HOG friends. This chorus also entertains our 1A Long Term Care residents throughout the year. I would like to especially thank Glynis Carreira and all the volunteers who make this event possible each year!

- **Blog Post:** “Seeing Excellence in Each Other,” by Susan Ehrlich, talks about the annual SMMC annual Excellence Awards. <https://smmcblog.wordpress.com/>

FINANCIAL STEWARDSHIP

- **Medi-Cal 2020 – The New Waiver:** On December 30, 2015, the federal Centers for Medicaid and Medicare Services (CMS) approved Medi-Cal 2020, a five year renewal of California's Section 1115 Medicaid Waiver, which could provide California with more than \$6.2 billion in new federal funding through programs that will shift the focus away from hospital-based and inpatient care, towards outpatient, primary and preventative care - in other words, from volume to value. Two key components of the new waiver are PRIME and Global Payment Program, or GPP. PRIME is the successor program to DSRIP and SMMC is well positioned to further the accomplishments achieved in DSRIP. GPP is designed to bring performance-based payment models to the uninsured population, which will allow us to expand services to our ACE program participants. During the month of January, we worked with the other 20 public hospitals and health systems to begin to work through the financial details for these programs in order to maximize the potential financial benefits possible for each system. This is particularly important given the phasing out of the Disproportionate Share Hospital program in federal law over time, and the series of studies CMS and DHCS will be doing over the next few years, on which some of the funding will depend. While there is risk and uncertainty with the new funding programs, it is a great opportunity for SMMC to create intersections across its current strategic initiatives, specifically Financial Stewardship, Patient Centered Medical Home and Flow & Transitions.
- **Financial Stewardship Initiative in more detail:** On January 29th, process owners of the Financial Stewardship Initiative gathered for their 2nd quarterly review. The purpose of these quarterly reviews is to ensure that the work we are doing is aligned with the organization's 5 year goals, to refine our metrics and to develop and prioritize the action plans for the work we will be focused on for the next 3 months. This initiative has two first-level metrics: Revenue per member per month (PMPM) and Expenses PMPM. While we have clear alignment on the process drivers for expenses, there has been less clarity around revenue. During the review, the Financial Stewardship team decided to move from a Revenue PMPM metric into a cash metric. This allows the team to monitor second-level leading indicators such as unbilled claims and claim denials that have a direct impact on SMMC's cash collections. By improving performance on these metrics and increasing cash collections, it is expected that SMMC revenue will also increase. The Financial Stewardship team will continue to use the Plan-Do-Study-Act model to evaluate its effectiveness towards SMMC's strategic initiatives.



COUNTY OF SAN MATEO HEALTH SYSTEM

To: SMMC Board Members
 From: Louise Rogers, Chief
 Subject: Health System Monthly Snapshot – January 2016

Indicator	Number	Change from previous month	Change from last year
ACE Enrollees	19,138 <i>(December 2015)</i>	1.0%	-4.0%
SMMC Emergency Department Visits	3,331 <i>(November 2015)</i>	-8.7%	-3.1%
New Clients Awaiting Primary Care Appointment	168 <i>(January 2016)</i>	-34.1%	-24%

Helping Parents Build Stronger Relationships with their Kids

Funded by Measure A, Behavioral Health and Recovery Services' Parent Project is a three month class that gives parents, grandparents, and caregivers the tools to build strong and healthy families. The Office of Diversity and Equity organizes about 10 classes each year throughout the county in English and Spanish that are culturally responsive to all communities. All classes are free to the public, and include course materials, food, and child care. In just five years, over 600 parents have been trained to better support their child's behavior and performance in school, as well as better handle family conflict. Over 1,600 children live with Parent Project graduates, demonstrating the positive ripple effect of parents who participate in this course. In follow up surveys, parents report a 93% increase in satisfaction with their parent/child relationship, a 96% increase in their satisfaction with their own parenting skills, and 77% of parents report that their child attends school more frequently.



Creating responsive programs to serve older adults and adults with disabilities

Late last year, Aging and Adult Services and the New Beginning Coalition (a broad-based group of providers who serve older adults and adults with disabilities), launched a county-wide survey to hear directly from older adult residents, adults with disabilities, and their caregivers on what would help them live longer and healthier lives in San Mateo County. The survey was translated into Spanish, Chinese, Tagalog, and Russian and distributed through contracted community-based partners, providers, and the County's Next Door account. Over 1,300 people responded to inform what Aging and Adult services are needed to meet their needs. Staff have analyzed the results and shared them back with the community at a public meeting in late January to gather further input. All community feedback is contributing to the Area Agency on Aging's strategic plan for services between 2016 and 2020, which will be submitted to the California Department of Aging on May 1st.

Reducing the county's uninsured rate to less than 7%

Since the Affordable Care Act was implemented on January 1, 2014, more than 61,000 San Mateo County residents have signed up for health insurance coverage through Covered California and Medi-Cal. San Mateo County's uninsured population has decreased from about 11% in 2013 to below 7% today. January 31 marked the end of third open enrollment for the Affordable Care Act, with San Mateo County Health System's outreach efforts targeting geographical "hotspots" where more uninsured residents live by partnering with trusted, community-based organizations. Efforts to raise awareness included posting billboards, distributing flyers, meeting with local businesses and schools, and hosting enrollment events to make it easy for people to drop in and sign up. Thanks to the work of our enrollment counselors and partners, more county residents continue to gain peace of mind they are covered when they need it most.





San Mateo Medical Center
A County System of Healthcare

TAB 3

**MEDIA
ARTICLES**

Dr. Susan Ehrlich Steps Down as CEO of San Mateo Medical Center

San Mateo County Health System today announced that Dr. Susan Ehrlich will be stepping down as CEO of San Mateo Medical Center to accept a new position as CEO of Zuckerberg San Francisco General Hospital. Her last day at the Medical Center is March 31, 2016.

“Dr. Ehrlich’s dedication and leadership of our hospital and clinics over the past seven years has been outstanding, shepherding significant improvements in patient and staff experience, quality, and financial stewardship,” said Louise Rogers, Chief of San Mateo County Health System. “We wholeheartedly thank her, congratulate her and cheer her on as she takes on this new challenge leading one of our region’s most important trauma centers and public teaching hospitals.”

The Health System will begin recruitment for Ehrlich’s successor. San Mateo Medical Center’s Chief Medical Officer, Dr. Chester Kunnappilly, will serve as interim CEO. Dr. Kunnappilly has led many of the Medical Center’s transformation initiatives over the past 14 years, first as Medical Director for North County Clinics, then as Chief Quality Officer and since 2009 as Chief Medical Officer.

“I am very grateful to have had the opportunity to serve our patients, staff and residents as CEO for San Mateo Medical Center for the past seven years,” stated Dr. Ehrlich to her 1,200 plus staff and Hospital Board members. “I could not be more proud of what we have accomplished together and feel fully confident that San Mateo Medical Center will continue on this path of being excellent in every way.”

Dr. Ehrlich started at San Mateo Medical Center in 2002 as a staff physician.

****Press Release** Zuckerberg SF General Hospital Names New CEO**

January 28, 2016

For Immediate Release

Following an extensive nationwide search, San Francisco Health Director Barbara Garcia announced today the appointment of Susan P. Ehrlich, MD as the new chief executive officer of Priscilla Chan and Mark Zuckerberg San Francisco General Hospital and Trauma Center, leading a staff of 5,400 and managing a budget of \$1.1 billion.

Susan Ehrlich comes to Zuckerberg San Francisco General from the San Mateo Medical Center, where she most recently served as its Chief Executive Officer, from 2009 to present, overseeing a staff of close to 1,500 and budget of \$270 million. Previously, over her 14 years of service at the center, she was chief medical officer, vice president and medical director.

Dr. Ehrlich has a deep background in both medicine and public health, with numerous posts in health policy and finance, including serving as Budget and Planning Director for the San Francisco Department of Public Health. She also continues to be a practicing physician. Her education includes an undergraduate degree in public policy from the Sanford School of Public Policy at Duke University, a graduate degree in public policy from the Richard and Rhoda Goldman School of Public Policy at the University of California, Berkeley, and an MD degree from the Medical School at the University of California, San Francisco.

“We are very proud to welcome Susan to Zuckerberg San Francisco General, a critical component of the San Francisco Health Network,” Garcia said. “Dr. Ehrlich joins us at a moment of unprecedented activity and excitement, as the entire environment of health care is changing, as the needs of our community continue to grow, and as we prepare to move into our new state-of-the-art acute care and trauma center in spring of this year. We know our hospital will be in great hands.”

Ehrlich will assume her role at Zuckerberg San Francisco General in late April of this year.

CONTACT: Brent Andrew, Chief Communications Officer, Zuckerberg San Francisco General

415.206.6995 (office), brent.andrew@sfdph.org

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Priscilla Chan and Mark Zuckerberg San Francisco General Hospital and Trauma Center, part of the San Francisco Health Network, is an essential component of San Francisco’s health care system serving over 100,000 patients each year and providing 20 percent of the city’s inpatient care. Recognized as one of the nation’s top hospitals, it serves the community with a full complement of inpatient, outpatient, emergency, diagnostic and psychiatric services for adults and children 24-hours a day. Zuckerberg San Francisco General is San Francisco’s safety net hospital, the city’s only trauma center and a top academic medical center, with medical staff from the faculty of internationally-renowned UCSF. More information is available at: <http://www.zuckerbergsanfranciscogeneral.org/>.

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Health care providers sought for homeless, farmworkers

January 25, 2016, 05:00 AM By Bill Silverfarb Daily Journal Staff

San Mateo County's Health Care for the Homeless/Farmworker Health Program has extended its deadline in a quest to find a health care provider for county residents who do not often seek care or have access to it.

The agency is seeking the health care provider to offer primary health care services; dental care; substance abuse/mental health/behavioral health services; health enabling services; and coordinating and program support services.

The agency received a \$2.4 million grant for 2016 from the federal Health Services and Resources Administration, a 58 percent increase from the 2010 award, according to program Director Jim Beaumont.

In 2014, the program reported over 41,000 service visits for over 7,700 unduplicated homeless and farmworkers, including 24,288 visits for 6,704 patients in the San Mateo Medical Center clinic system, Beaumont wrote in a recent report to the medical center.

The program also contracts with local nonprofits and the county's Behavioral Health and Recovery Services that provided care for 1,656 individuals in over 7,000 visits, according to Beaumont's report.

The agency issued a request for proposals that had an initial deadline at the end of November. The deadline, however, was extended to April 30 as more providers expressed an interest in bidding on the contract.

Seventeen different agencies have bid on the contract so far and the services they are expected to provide can either be at a fixed site, mobile or portable delivery.

The county added farmworkers to the program in 2010 and treats many of them at the expanded Coastside Clinic, operated by the San Mateo Medical Center.

The agency currently contracts with such providers as Puente de la Costa Sur, which provides services for the farmworker population and other transient residents living in or near Pescadero, Beaumont said.

It provides health care services for homeless individuals either in shelters, on the streets and even "couch surfers," he said.

When it comes to the farmworker population, there are cultural, language and other issues that may prevent them from accessing health care.

Many simply do not want to miss a day of work, Beaumont said.

The program has even brought a mobile van right into the fields to provide service, he said.

It's a safety net program for those on the "fringe," he said.

The program in the summer went through a "Needs Assessment Survey" to develop a strategic plan to focus its efforts for the next three to five years. The plan is scheduled to be completed by April.

The program provides a range of services to improve the health for the homeless and farmworkers, Beaumont said.

It's about getting people prescriptions who need them or the dental care they require, he added.

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WATCH: Mavericks Wipeout Ugliest in Surf History

by Daniel Nussbaum 10 Jan 2016

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A video of a nasty wipeout on a massive wave at California's Mavericks off Half Moon Bay has been dubbed one of the worst surfing wipeouts ever caught on film.

Seasoned big-wave surfer Garrett McNamara was attempting to take on a towering wave when he faltered on his descent, falling off of his board and skipping through the water like a stone before being crushed by the lip of the crashing wave.

According to [Outside](#) magazine, the force of the crashing wave caused McNamara to break and dislocate his upper arm. A jet-ski driver was able to rescue the surfer from the tumultuous water and McNamara was taken to San Mateo Medical Center for surgery.

"A million thank yous for everyone who has been sending positive vibes," McNamara [wrote on Facebook](#), alongside a photo of him in a wheelchair with his arm in a sling. "Everything went well and is put back together and doctors expect a 110% recovery. I want to send a special thank you to everyone out at Mavs who helped me get to safety."

The current [El Niño](#) in the Pacific is bringing high waves to Half Moon Bay, but recent storms have made the water choppier than normal, and, consequently, more dangerous for surfers.

Pillar Point deputy harbormaster Cary Smith [told the San Jose Mercury News](#) that of all the wipeouts he's seen in his time patrolling the surf break, "it was probably one of the worst wipeouts I've seen on video."

"My gut reaction was, 'Oh my. Oh my god. How's he going to react to this?'" Smith told the paper. "Seeing him take those three bounces and getting crushed by the lip of the wave was very uncomfortable to watch."

McNamara was not scheduled to participate in the Titans of Mavericks competition at the fabled surf spot, which has been postponed to give the water time to calm. The last day that the one-day contest can be held is March 31.

According to the [Mercury News](#), McNamara holds the world record for the largest towed-in wave ever surfed, at 78 feet.

County of San Mateo Mentoring Programs Provide Underserved Youth Workplace Experience, Leadership Skills

Mentoring is a promising strategy for youth development and an opportunity to counter unmet needs for underserved children in San Mateo County. It's for this very reason that the County of San Mateo has long supported mentoring programs.

Take, for example, Project Search — a one-year unpaid internship program for special needs youth.

Now in its fourth year, Project Search is a collaborative program between San Mateo Union High School District, San Mateo Medical Center (SMMC) and California Department of Rehabilitation. The program provides vocational training, mentorship to students and education that can lead to employment for individuals with special needs.

Project Search had a 90 percent employment rate after completion of this program last year.

One student intern was recently hired at SMMC as a medical assistant-transportation (orderly).

"Project Search is a wonderful program that is needed in San Mateo County in order to give our students with disabilities the opportunity to develop real work skills and become employable in their community," Judy Camarota, Project Search coordinator/instructor, said.

Interns work closely with the Project Search staff to define personal career goals and develop a plan to achieve those goals. SMMC managers, supervisors and Project Search staff support the interns during the day with ongoing feedback regarding their work performance, appearance and social skills and end their day with a debriefing session, giving them an opportunity to reflect, problem-solve and plan.

"I am very thankful to my mentors at the hospital," student intern David Ramirez said. "Project Search helps me see what kind of work I'm good at and what I would like to do."

Here's a look at a few other mentoring programs in the County, including STEP, which just earned a 2015 California State Association of Counties award.

STEP: Supported Training and Employment Program

The Supported Training & Employment Program (STEP) for Emancipated Foster Youth is an internship program sponsored by the County of San Mateo's Human Services Agency (HSA) and the Human Resources Department. The program introduces former foster youth from ages 18-24 and at risk of underemployment to "the world of work." The program focuses on job readiness and skills building, job shadowing and employment coaching, and hands-on, paid work experience in one of several possible County departments.

Compared to national foster youth statistics, STEP participants are significantly more likely to attend college and find employment. Results show that 76 percent of STEP participants enrolled or re-enrolled in college or vocational training and 69 percent entered employment after completing the program.

This program recently received a Challenge Award from the California State Association of Counties, which recognizes the innovative and creative spirit of California county governments as they find innovative, effective and cost-saving ways to provide programs and services to their citizens.

"The statistics on former foster youth are staggering. Most struggle with jobs, school and maintaining a place to live. The STEP program offers participants a paid internship in a county office, plus mentoring for job and life skills," said California State Association of Counties executive director Matt Cate, who recently presented the program a Challenge Award at a Board of Supervisors meeting. "Considering the costs of dealing with foster youth who are failing, the investment put into this program that helps them succeed is a bargain. Not to mention, it is helping real people get a much better start in adult life."

Jobs for Youth

Jobs for Youth, which dates from 1982, is a year-round program designed to help young people develop their job search skills. The program provides employment services to all youth between the ages of 14-21 years old at no cost to them or to employers. There are no eligibility requirements to join this program.

Employment services include job and internship placement assistance (job referrals), one-on-one job counseling and job preparation workshops.

Two-time intern Eric Hernandez, who went on to become an extra-help employee in HSA's Children and Family Services, will be moving to an IT position this February. Jenell Thompson from the Children and Family Services branch was his mentor for those two years.

"Having Jenell as my mentor through Jobs for Youth provided me with an avenue to develop professionally. She shaped my outlook for the future," Hernandez said.

Read more success stories from youth who have participated in the Jobs for Youth program here: <http://hsa.smcgov.org/youth-success-stories>

STEM Innovation Program

The Science Technology, Engineering and Math (STEM) program, run through HSA, encourages collaborations between the County, cities, schools and businesses to build a strong workforce responsive to changes and demands in STEM innovation.

Through mentoring and in-school and out-of-school programs, the mission of the STEM program is to prepare San Mateo County youth and young adults for STEM careers; support STEM career pathways from elementary to post-secondary education; develop skills associated with STEM through hand-on learning opportunities for K-12 youth; and address the growing demand for a strong STEM workforce in the Bay Area.

"Mentoring youth is integral throughout our STEM programs, and key to framing the possibilities for our youth," said HSA director Iliana Rodriguez.