



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

Thursday, March 3, 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

March 3, 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. February 4, 2016 Meeting Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Janet Chaikind

H. ADMINISTRATION REPORTS

- 1. Public Hospital Redesign and Incentives in Medi-Cal *Dr. CJ Kunnappilly*..... Verbal
- 2. MHSA Full Service Partnership *Louise Rogers* Verbal
- 3. Financial Report *David McGrew*..... **TAB 2**
- 4. CEO Report *Dr. Susan Ehrlich*..... **TAB 2**
- 5. Pillar Goals Update *Dr. Susan Ehrlich*..... **TAB 2**

I. HEALTH SYSTEM CHIEF REPORT

- Health System Snapshot *Louise Rogers*..... **TAB 2**

J. COUNTY MANAGER’S REPORT

John Maltbie

K. BOARD OF SUPERVISOR’S REPORT

Supervisor 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, February 4, 2016
Executive Board Room

Board Members Present

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

Staff Present

Dr. CJ Kunnappilly
Joan Spicer
Glenn Levy
Bernie Mellott
Cecilia Diaz
Peggy Jensen

Michelle Lee
David McGrew
Tosan Boyo
Eric Raffin
Lorrie Sheets
Gary Horne

Members of the Public

Naomi Yunker
Sandra Santana-Mora
Dr. Rebecca Ashe
Dr. Hemal Mehta
Teasha Fleming

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 8:35 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for February 4, 2016. Medical Executive Committee Minutes for January 12, 2016. QIC Report from January 26, 2016 will be reported on at the March 2016 Board meeting.	Glenn Levy reported that the Board approved the Credentialing Report and it accepted the MEC minutes.
Public Comment	No comments.	
Foundation Report Bernadette Mellott	For the next three months, Whole Foods Market will give its customers who bring their own shopping bags the option to support the FOHC Garden. If customers choose this option, the amount is 0.05. The Foundation will host a fundraiser on February 25: Chinese New Year Celebration with Martin Yan. Chef Yan will do a cooking demonstration and a dinner of Chinese delicacies will follow. The Masque Ball will be on October 28 at Green Hills Country Club.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes for January 7, 2016 2. Compliance and Privacy Report	It was MOVED, SECONDED and CARRIED

	<ul style="list-style-type: none"> 3. The SMMC Hospital Board Bylaws 4. Changes to the Medical Staff Bylaws and Medical Staff Rules and Regulations 5. Dr. David Jegge as the Vice Chair of Surgery 	unanimously to approve all items on the Consent Agenda.
<p>Medical Staff Report Dr. Janet Chaikind</p>	<p>Dr. Chaikind reported that Dr. David Jegge is the new Vice Chair of Surgery.</p>	FYI
<p>Quality Report Dr. CJ Kunnappilly, Chief Medical Officer</p>	<p>Drs. Rebecca Ashe and Hemal Mehta presented on the SMMC Primary Care Clinics.</p> <p>Primary Care Clinics Statistics:</p> <ul style="list-style-type: none"> • 90+ Providers • 47, 976 unique patients in 2015 • 151, 342 PCP visits in 2015 <p>Telehealth</p> <ul style="list-style-type: none"> • By January 15, over 300 visits have been completed which began in mid-September. • Patient feedback on Telehealth: <ul style="list-style-type: none"> ○ Saves time ○ Feeling that provider is paying more attention to their needs ○ Thankful that providers are available in this way. ○ Appreciate not having to come into the clinic ○ So far, clinics have not received any negative feedback. <p>Quality Metrics</p> <ul style="list-style-type: none"> • Mammography rate is nearly 80%. National average is 75% • Diabetes rate is 62%. National average is 55%. • Patients with Hypertension whose control meets JNC 8 guidelines is 68%. National average is less than 50%. • Children age 2 who are up to date on immunizations is 91%. National average is 77%. 	FYI
<p>Health System Louise Rogers Health System Chief</p>	<p>Presentation: Health Information Exchange Planning by Eric Raffin and Lorrie Sheets</p> <p><u>What's the Big Deal with Big Data?</u> Today, our data is arranged like spaghetti.</p> <ul style="list-style-type: none"> ○ Four Electronic Health Record (EHR) Systems ○ Two case management systems ○ No single view of a patient's record ○ Duplicate patient registrations 	FYI

	<ul style="list-style-type: none"> ○ Changes to one system create cascades of changes to sister systems <p>What do we do about this spaghetti conundrum?</p> <ul style="list-style-type: none"> ○ Make lasagna instead! ○ We are employing a layered approach to managing our information <ul style="list-style-type: none"> ○ Governance and data literacy ○ Identity management ○ Exchange of information ○ Data-driven decision making 	
Financial Report David McGrew, CFO	The December 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	<p>Dr. Susan Ehrlich has accepted the CEO position at Zuckerberg San Francisco General Hospital and Trauma Center. Her last day with the San Mateo County Health System will be April 1, 2016. Dr. CJ Kunnappilly, Chief Medical Officer, will become the interim CEO for SMMC.</p> <p>Dr. Ehrlich gave the CEO report which is included in the board packet and answered questions from the Board.</p>	FYI
Board Self Evaluations Dr. Susan Ehrlich, CEO	<p>Dr. Ehrlich discussed the results from the 2015 survey of Board members.</p> <ul style="list-style-type: none"> ● Members' role is clearly understood <p>Improvement opportunities:</p> <ul style="list-style-type: none"> ● Board meetings provide for full and free exchange of ideas ● Board focuses on short-term administrative vs. long-term strategic policy issues ● Board effectively monitors quality of work life of employees ● <i>Board members' diversity</i> <p>This year we will be:</p> <ul style="list-style-type: none"> ● Demonstrating how we're doing to meet pillar goals; ● Focusing on staff engagement and HR topics; and ● Delving more into cultural competence 	FYI
Health System Report Louise Rogers Health System Chief	Louise Rogers congratulated Dr. Ehrlich on her new position. She is confident that the excellent executive management team, which Dr. Ehrlich has put in place, will ensure a smooth transition. She is looking forward to working more closely with Dr. CJ Kunnappilly.	FYI

	The MATP program is expanding and is showing promise. The County's uninsured rate has dropped to less than 7%.	
County Manager John Maltbie	Mid-year financial report is good. Measure A, the improving economy, and the Affordable Care Act have contributed to the County's financial situation. Proposition 47 has also had a positive impact.	FYI
Board of Supervisors Supervisor Groom	Supervisor Groom extended her appreciation to Dr. Ehrlich for her years of exemplary service to San Mateo County.	FYI

Supervisor Groom adjourned the meeting at 9:48 AM. The next Board meeting will be held on March 3, 2016.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Susan Ehrlich, Chief Executive Officer



San Mateo Medical Center
A County System of Healthcare

TAB 2

ADMINISTRATION REPORTS

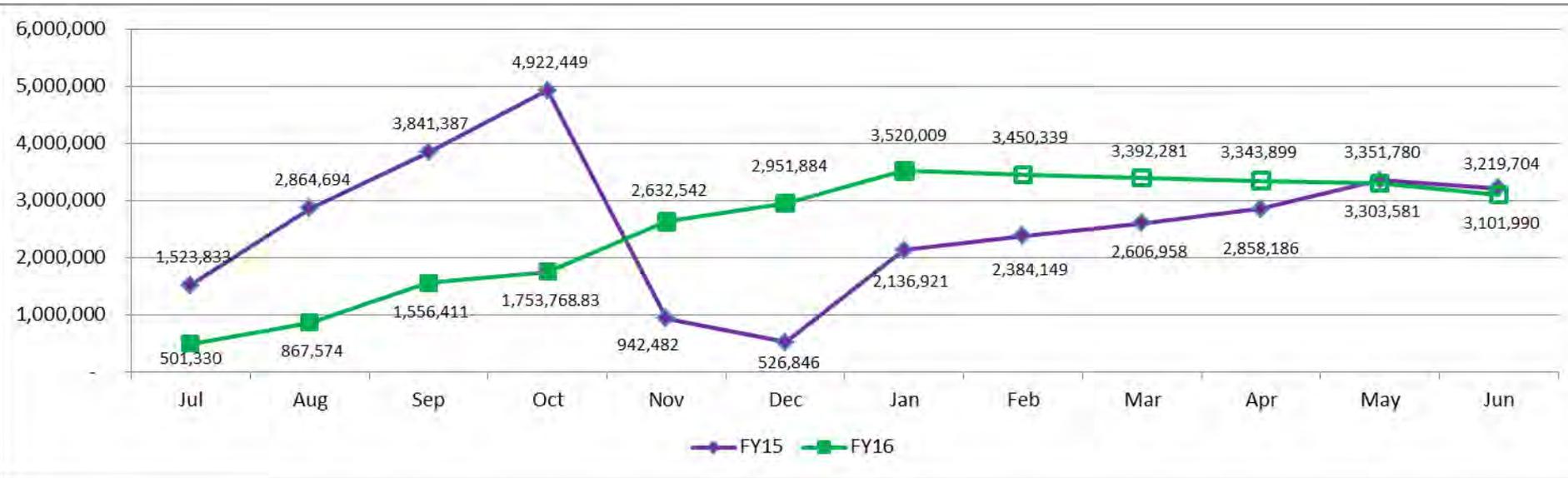


San Mateo Medical Center
A County System of Healthcare

**January FY 2015-16
Financial Report**

**Board of Directors Meeting
March 3, 2016**

Financial Highlights – Net Income Trend



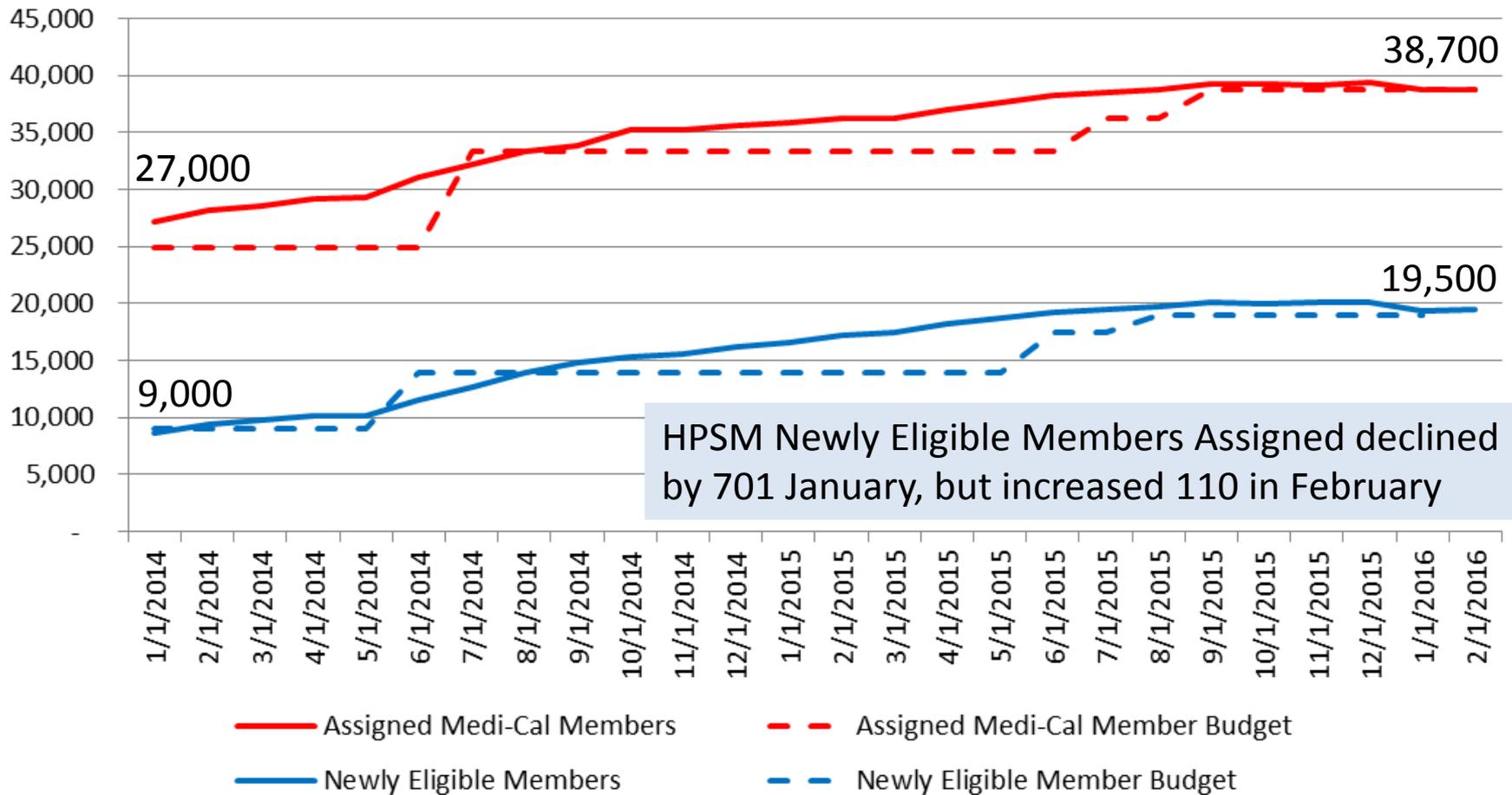
Financial Drivers:

- Patient revenue unfavorable \$160K (-2%)
- Operating expenses unfavorable \$400K (-2%)

- Inpatient volumes above budget
- Supplemental Patient Program Revenue – SNF cost report
- Drugs
- Clinic Rent – FOHC & Coastside

SMMC Medi-Cal Members

HPSM Newly Eligible and Assigned Members

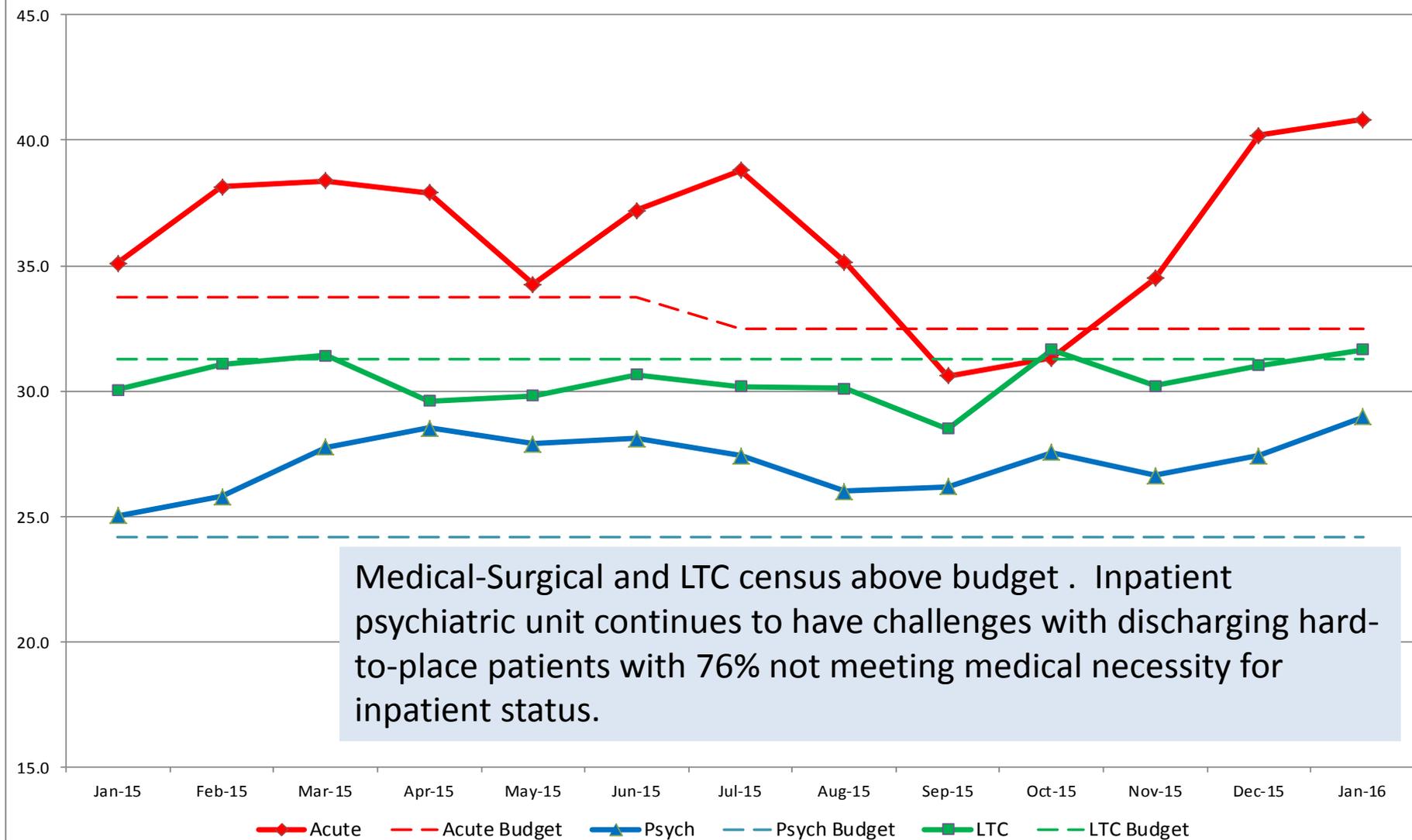


San Mateo Medical Center
 Inpatient Census
 January 31, 2016

MONTH			
Actual	Budget	Variance	Stoplight
3,145	2,694	451	17%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
20,126	18,681	1,445	8%

Patient Days

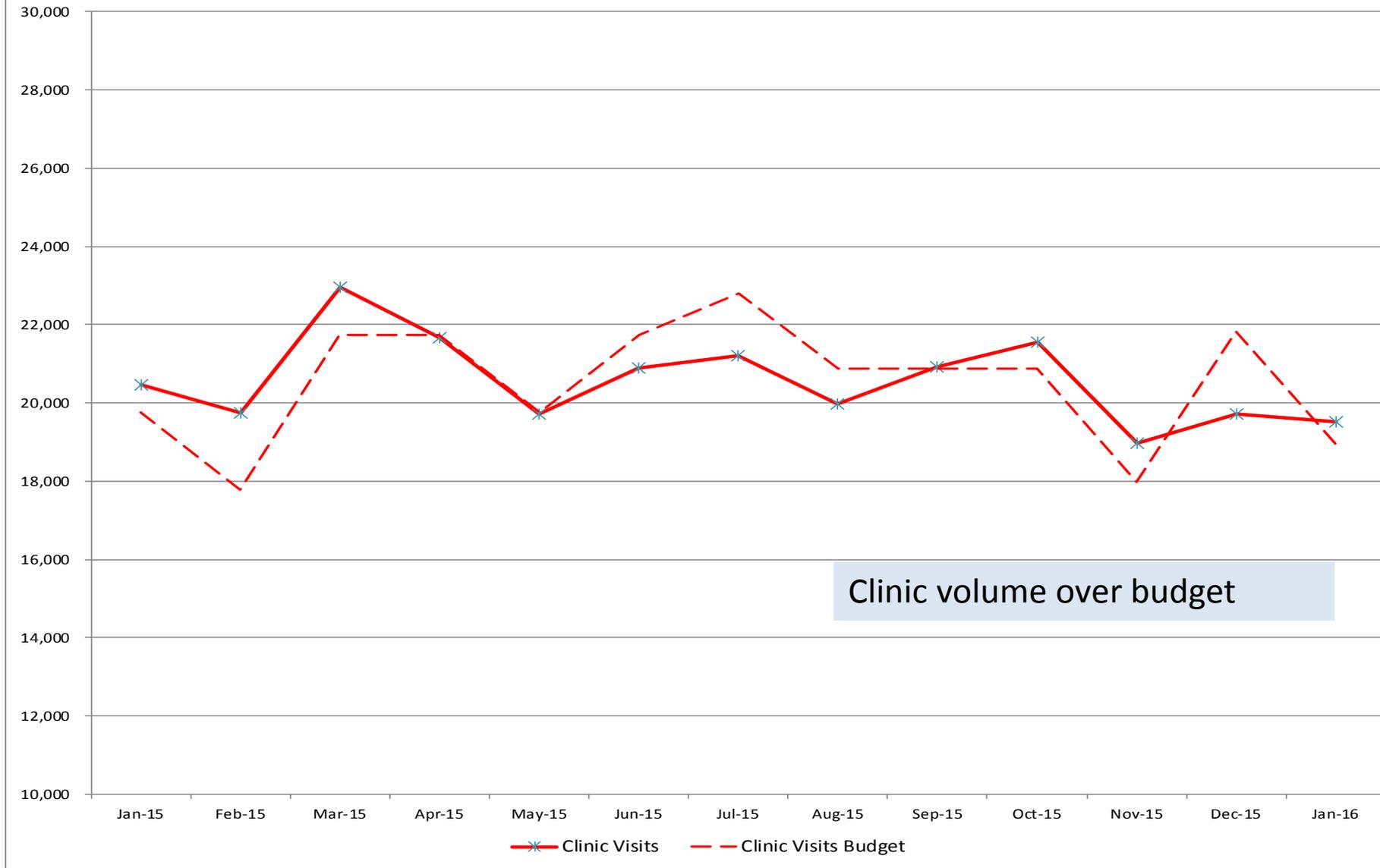


**San Mateo Medical Center
Clinic Visits
January 31, 2016**

MONTH			
Actual	Budget	Variance	Stoplight
19,507	18,810	697	4%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
141,826	143,549	(1,723)	-1%

Clinic Visits

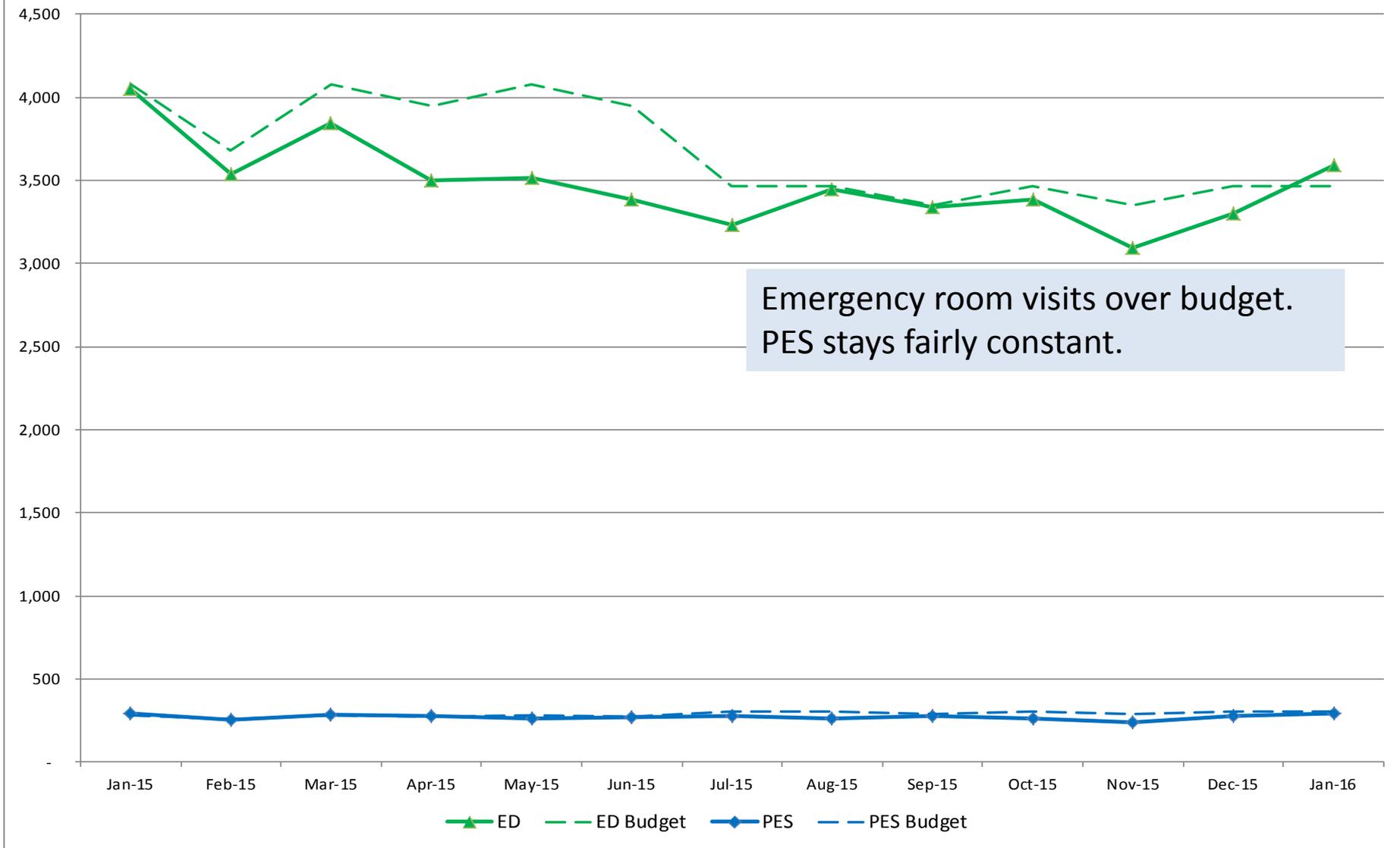


**San Mateo Medical Center
Emergency Visits
January 31, 2016**

MONTH			
Actual	Budget	Variance	Stoplight
3,886	3,762	124	3%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
25,285	26,094	(809)	-3%

ED Visits	3,886	3,762	124	3%	25,285	26,094	(809)	-3%
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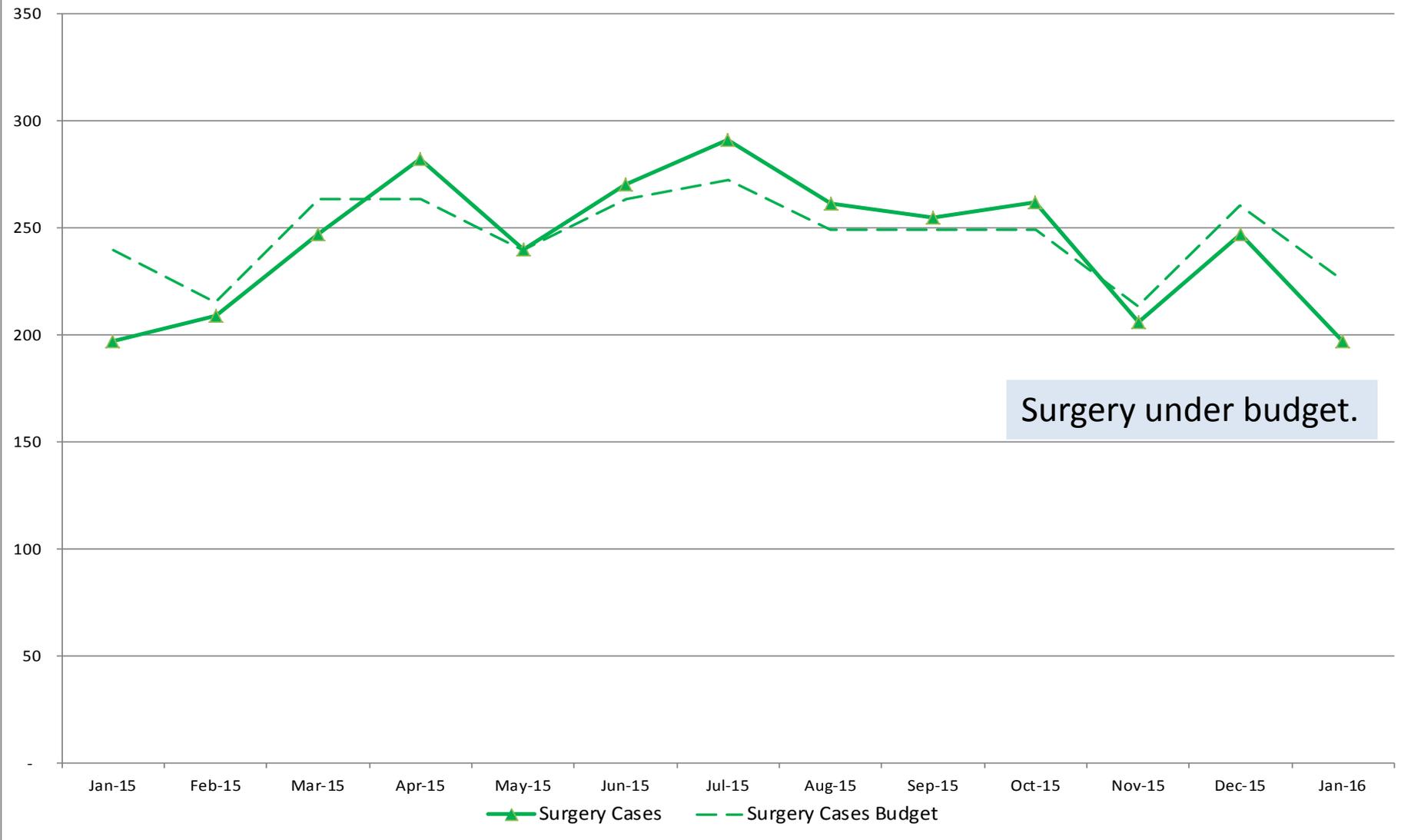


**San Mateo Medical Center
Surgery Cases
January 31, 2016**

MONTH			
Actual	Budget	Variance	Stoplight
197	225	(28)	-12%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
1,719	1,718	1	0%

Surgery Cases



APPENDIX

San Mateo Medical Center

Payer Mix

January 31, 2016

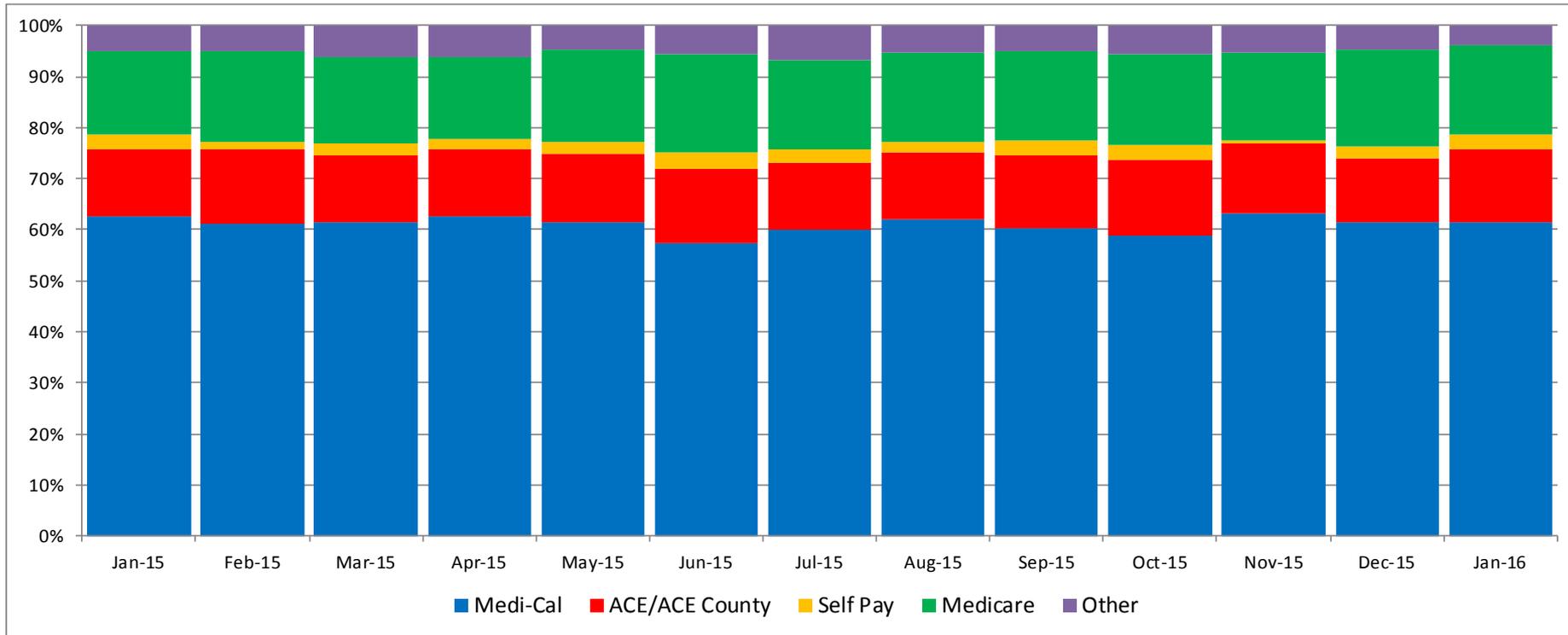
MONTH			
Actual	Budget	Variance	Stoplight

YEAR TO DATE			
Actual	Budget	Variance	Stoplight

Payer Type by Gross Revenue

	A	B	C	D
15 Medicare	17.5%	16.6%	1.0%	
16 Medi-Cal	61.6%	59.9%	1.6%	
17 Self Pay	2.7%	3.5%	-0.7%	
18 Other	3.9%	5.9%	-2.0%	
19 ACE/ACE County	14.2%	14.1%	0.1%	
20 Total	100.0%	100.0%		

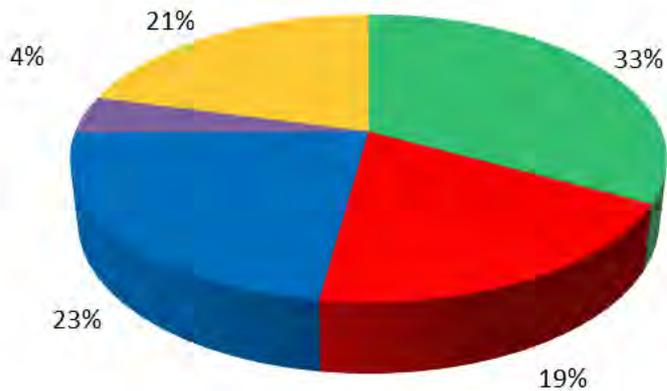
E	F	G	H
17.6%	16.6%	1.1%	
61.0%	59.9%	1.1%	
2.4%	3.5%	-1.1%	
5.3%	5.9%	-0.6%	
13.7%	14.1%	-0.4%	
100.0%	100.0%		



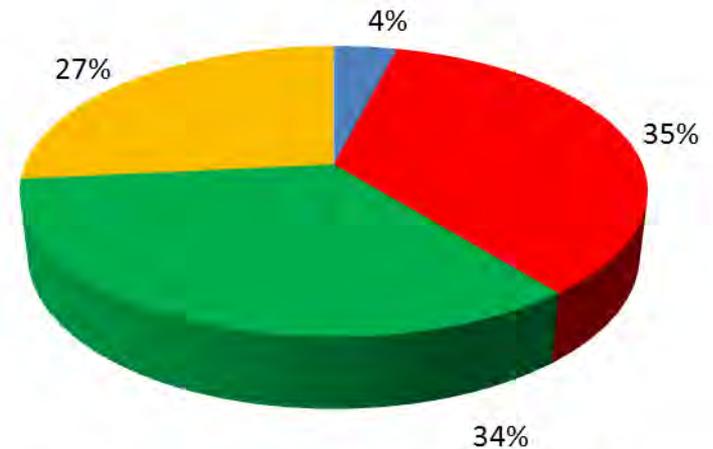
Revenue Mix

56,000
Managed
Care
Lives

Sources of Revenue



Managed Care Mix

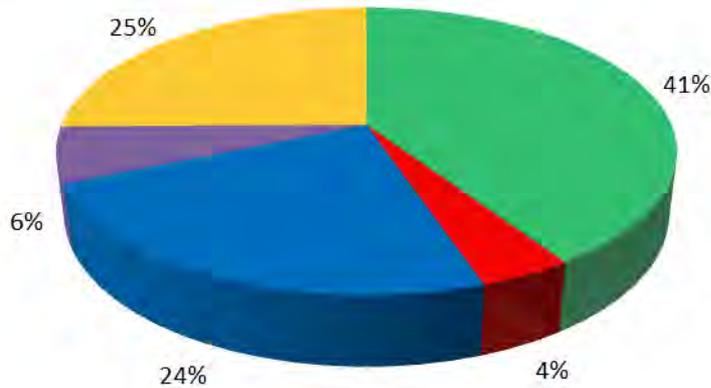


■ Fee For Service
 ■ Capitation
 ■ Supplemental
 ■ Other
 ■ County Contribution
 ■ Medicare
 ■ Capitation
 ■ Traditional
 ■ ACE County

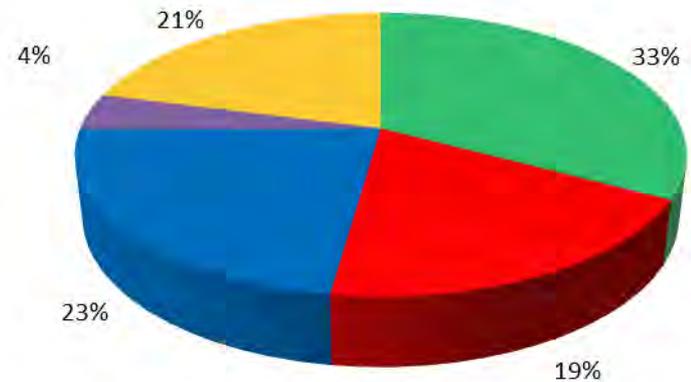
- 65% of our Operating Revenue is for services provided to patients covered by a managed care program
- \$40 million of our Supplemental Revenue is impacted by the renegotiation of the new Section 1115 Waiver.

Revenue Mix

Before Capitation (Jan 2014 - Jun 2014)



After Capitation (Jul 2015 - Jan 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
January 31, 2016

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	568,124	(0)	568,124		3,520,009	-2	3,520,011		
2 HPSM Medi-Cal Members Assigned to SMMC	38,739	38,773	(34)	0%	273,091	271,411	1,680	1%	
3 HPSM Newly Eligible Medi-Cal Members Assigned to SMMC	19,417	19,018	399	2%	138,969	133,126	5,843	4%	
4 Patient Days	3,145	2,694	451	17%	20,126	18,681	1,445	8%	
5 ED Visits	3,886	3,762	124	3%	25,285	26,094	(809)	-3%	
6 ED Admissions %	6.1%	-	-		6.5%	-	-		
7 Surgery Cases	197	225	(28)	-12%	1,719	1,718	1	0%	
8 Clinic Visits	19,507	18,810	697	4%	141,826	143,549	(1,723)	-1%	
9 Ancillary Procedures	68,675	55,430	13,245	24%	461,524	422,349	39,175	9%	
10 Acute Administrative Days as % of Patient Days	7.3%	9.0%	1.7%	18%	9.1%	9.0%	-0.1%	-1%	
11 Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status)	76.2%	58.0%	-18.2%	-31%	74.8%	58.0%	-16.8%	-29%	
Pillar Goals									
12 Patient & Capitation Revenue PMPM	169	174	(5)	-3%	165	174	(9)	-5%	
13 Operating Expenses PMPM	347	342	(5)	-1%	332	342	10	3%	
14 Full Time Equivalentents (FTE)	1,116	1,164	48	4%	1,084	1,164	80	7%	

San Mateo Medical Center
Income Statement
January 31, 2016

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
21 Inpatient Gross Revenue	10,230,117	7,848,949	2,381,168	30%	63,759,121	54,942,646	8,816,475	16%	
22 Outpatient Gross Revenue	23,581,556	24,719,016	(1,137,461)	-5%	169,401,060	173,033,115	(3,632,055)	-2%	
23 Total Gross Revenue	33,811,673	32,567,966	1,243,707	4%	233,160,182	227,975,761	5,184,420	2%	
24 Patient Net Revenue	8,108,744	8,270,730	(161,986)	-2%	54,014,720	57,895,110	(3,880,390)	-7%	
25 Net Patient Revenue as % of Gross Revenue	24.0%	25.4%	-1.4%	-6%	23.2%	25.4%	-2.2%	-9%	
26 Capitation Revenue	4,469,562	4,439,557	30,005	1%	31,671,232	31,076,897	594,334	2%	
27 Supplemental Patient Program Revenue	6,359,602	5,264,148	1,095,454	21%	37,157,048	36,849,038	308,010	1%	
(Additional payments for patients)									
28 Total Patient Net and Program Revenue	18,937,908	17,974,435	963,473	5%	122,842,999	125,821,046	(2,978,046)	-2%	
29 Other Operating Revenue	1,115,888	1,096,740	19,148	2%	6,969,042	7,677,182	(708,139)	-9%	
(Additional payment not related to patients)									
30 Total Operating Revenue	20,053,796	19,071,175	982,621	5%	129,812,042	133,498,227	(3,686,186)	-3%	

San Mateo Medical Center
Income Statement
January 31, 2016

	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	14,424,450	14,268,186	(156,263)	-1%	95,867,980	99,877,303	4,009,323	4%
32	Drugs	774,463	648,254	(126,208)	-19%	4,940,252	4,537,781	(402,470)	-9%
33	Supplies	835,808	906,478	70,671	8%	6,141,864	6,345,349	203,485	3%
34	Contract Provider Services	3,043,098	2,800,013	(243,086)	-9%	19,484,916	19,600,090	115,174	1%
35	Other fees and purchased services	4,149,475	4,147,418	(2,056)	0%	28,032,162	29,031,928	999,766	3%
36	Other general expenses	357,358	455,369	98,010	22%	3,150,929	3,187,582	36,653	1%
37	Rental Expense	231,744	173,805	(57,939)	-33%	1,274,572	1,216,633	(57,939)	-5%
38	Lease Expense	817,105	817,105	(0)	0%	5,719,735	5,719,734	(0)	0%
39	Depreciation	225,658	241,114	15,455	6%	1,579,609	1,687,797	108,187	6%
40	Total Operating Expenses	24,859,159	24,457,742	(401,417)	-2%	166,192,020	171,204,197	5,012,177	3%
41	Operating Income/Loss	(4,805,363)	(5,386,567)	581,204	11%	(36,379,978)	(37,705,970)	1,325,992	4%
42	Non-Operating Revenue/Expense	467,814	480,893	(13,080)	-3%	5,560,272	3,366,253	2,194,019	65%
43	Contribution from County General Fund	4,905,674	4,905,674	-	0%	34,339,715	34,339,715	-	0%
44	Total Income/Loss (GAAP) (Change in Net Assets)	568,124	0	568,124		3,520,009	-2	3,520,011	

San Mateo Medical Center CEO REPORT



Dear Hospital Board members and SMMC staff, providers and stakeholders:

This is my final Hospital Board report before my last day at SMMC, April 1st. As I prepare to depart SMMC and the Health System after 13 ½ years, five different positions ranging from Staff Physician and Assistant Health Officer to CEO, and caring for hundreds of patients here, I wanted to share a very brief reflection on my time with this wonderful team.

Imagine a time at San Mateo Medical Center when:

- The hospital and clinics were run independently of the Health Department;
- Staff and patients were not engaged in strategic planning and goal setting;
- There were no electronic health records (all patient records existed on paper) and no electronic prescribing;
- There was no clinic dedicated to serving seniors;
- SMMC had no organized interpreter service and relied on staff who had other full-time jobs to do interpretation when they had time;
- There wasn't a team dedicated to helping patients and families with end of life decisions and care;
- Families in South County received care in separate locations, and staff had to do the best they could in old, run-down facilities;
- There were no staff psychologists, and almost no resources in our clinics for patients with behavioral health needs;
- We had no organized way of improving our services for patients and staff;
- Our financial health was questionable and budget deficits were common.

That was the reality when I joined the SMMC team in 2002.

Since then, I've seen the Ron Robinson Senior Care Center and the new Fair Oaks Health Center come to fruition. We merged with the Health Department to become the Health System, an integrated system of care. We've improved our technology and adopted an organized way to make improvements: LEAP. We've also become even more patient-focused through programs like Palliative Care and on-demand interpretation services.

There are many more examples of positive change, including the impact the Affordable Care Act had on 62,000 people in San Mateo County who now have health insurance, some for the first time.

Change can be hard. For example, changes in health care are coming faster and more furiously than ever, our new IT systems and electronic health records don't always work the way we'd like them to, and we don't always have the excellent quality or patient experience to which we aspire, both at SMMC and throughout the United States.

Yet, as I reflect on my time here at SMMC, I feel proud to have been part of a very talented and compassionate team that has moved the needle towards excellence in every way. I wasn't looking for a new job and leaving is extremely bittersweet. I am excited for a new career opportunity that is very close to home and allows me to serve the community in which I live, yet I am truly sad to leave my SMMC "family" of colleagues and patients. I am thrilled that our Chief Medical Officer, Dr. CJ Kunnappilly, will be SMMC's interim CEO; he is a talented, compassionate leader and will ensure the best transition possible. I look forward to celebrating your accomplishments and continued journey to improvement.

Susan

Report to the Hospital Board and SMMC Leadership March 3, 2016

LEAP UPDATES & EXCELLENT CARE

- **SMMC Fire Inspection complete:** In February we successfully completed our annual fire inspection, and received a very nice letter from the City of San Mateo Fire Marshall. He was pleased to find all of the corrections outlined in the correction letter addressed and implemented, and wanted to especially recognize Gary Webb, Facilities Director and Conrad Fernandes, Safety Officer for their efforts to correct the items identified.

LEAP Updates:

- **Highlighted Accomplishments:**
 - Patient Experience Strategic Initiative: The metric for Inpatients Likelihood to Recommend SMMC as a great place to receive care rose from 83% in December to 87.5% in January.
 - Patient Centered Medical Home Strategic Initiative: The patient rating of phone access at the South San Francisco Clinic rose from 80% in December to 100% in January.
- **Medication Safety Event:** This five day Improvement Event focused on improving the process of restocking the Pyxis machine, which is used to store medications in patient-serving areas. Participants included pharmacists, pharmacy technicians, nurses from our inpatient unit, and other members of the Health System. The team created several pieces of standard work for pharmacy staff and will be tracking defects in the process.
- **Care Team Transformation:** Emerging from the Patient-Centered Medical Home strategic initiative, this five day Improvement Event focused on elaborating on the Care Team model developed during the October 2015 3P event. The week produced 12 Operator Standard Work processes for tasks already being performed by clinic staff. The PCMH team is in the process of rolling out these new standard works to the clinic teams.
- **LEAP Leadership System Spread:** Leaders from areas participating in the next wave of Leadership System roll-out are preparing to bring the daily improvement tools of stat sheets and daily improvement huddles to their areas. They will be gathering together for a Leader Training Day on March 24th.
- **ED High Utilizers Collaboration:** As part of the Flow and Transitions strategic initiative, the San Mateo County Health System has been collaborating with the Health Plan of San Mateo and with Stanford Hospital and Clinics to better support a population of ED high utilizers, defined as HPSM patients assigned to SMMC who have used the Stanford ED more than six times over the past 6 months. The second meeting of this steering committee on January 27th expanded its scope to involve additional stakeholders, including representatives from the housing department, as well as from SMMC pain clinic, ED psych clinic, the Edison clinic, and the mobile

crisis response team. Subcommittees will focus efforts on: 1) developing and defining support interventions; and 2) finalized metrics to be used to track progress.

PATIENT CENTERED CARE and STAFF ENGAGEMENT

- **New Recognition Programs Launched!:** In recent staff engagement surveys, staff have expressed they don't always feel recognized for their hard work. There are a lot of things that can contribute to feeling recognized: getting the tools you need to do your job; having opportunities to work on special projects; and formal recognition are just a few. A task force was recently formed to look at our recognition program and make needed changes to ensure it is effective and meaningful. Based on staff feedback and ideas, the task force decided to eliminate our long-time BRAVO program and introduce two new recognition programs:
 - **Just Because:** The Just Because program gives patients an easy way to recognize staff, nurses and providers for any reason. Just Because drop boxes and forms will be available to patients and families at registration areas, in discharge packets, and on dietary trays. An online version will be available on the SMMC website by summer.
 - **Above and Beyond:** Above & Beyond is an internal recognition program which gives anyone who works at SMMC's hospital and clinics a way to recognize any co-worker for doing something stellar to improve our work environment and the care we provide. The intent for this program is to acknowledge extra effort and outstanding work.
- **Healthcare Financial Management Association to provide scholarships to SMMC team:** HFMA's Northern California Chapter is again providing scholarships to the SMMC team for the Certified Healthcare Financial Professional Program. SMMC graduated 10 individuals from the program in 2014 and now we have an opportunity to expand this elite group. Dave McGrew, our CFO, is responsible for this program and will also be sponsoring a weekly study group so that staff who want to take advantage of this opportunity can pass the test by June 30, 2016. This is a great opportunity for our finance team!
- **SMMC presenting at HIMSS 16 conference in Las Vegas:** Dr. Mike Aratow, our Chief Medical Information Officer, and Guarav Nagrath, a senior strategist of population health and analytics at Cerner, and a long-time consultant to SMMC, will talk about the broad spectrum approach we are taking to value-based care at HIMSS16, which kicks off on February 29, 2016 in Las Vegas. They will also address the need for providers to have an integrated data warehouse to reduce the lag time to actionable knowledge; having targeted metrics which educate and inform meaningful action; and creating risk models which give population disease patterns and preemptive risk assignments.
- **Surgery Specialty Clinic Press-Ganey Patient Experience scores on the rise:** Over the past year, between February, 2015 and February, 2016, the surgery specialty clinic mean scores for "likelihood to recommend the clinic to family and friends" have risen from 81 mean points to 90 mean points. In February, the 2 responses we have so far were a perfect 100! According to the new clinic medical director, Dr. Carolyn Senger, the improvement is all about the team. For example, clinic manager Yvonne Sylten and the medical director of specialty services, Dr. Susan Fernityak, supported getting all staff to the patient experience We Care training, and ensure that

staff use the tools to help our patients feel heard, supported, and cared for when they come to our clinics. Clinic charge nurse, Michelle Merola, challenges the staff every day in daily huddle how they are applying We Care to every patient encounter. The lead patient services supervisor, Manuela Garcia, has focused hiring based on dedication to our patient population: as some of the first voices and faces that patients encounter for their visits, these individuals have significant impact on patient perceptions of the clinics and their care. Congratulations to the Surgery Specialty Clinic team!

- **Patient/family stories of gratitude:**

- **From the Emergency Department:**

- All perfect. Very good attention from the nurse and the doctor. Even the housekeepers were all very **attentive**.
- Thank you Dr. Jammal, Dr. Snyder, Dr. Guzman, for the extremely **outstanding** and **excellent** service. Hope & wish there will be more physicians like you. Highly recommended! Hats off to everyone.

- **From 2A/B and the Intensive Care Unit:**

- My nurses Wilma, Mae, Lucy & Nida extremely demonstrated their **outstanding** service. Safety as always was their priority.
- Some of my nurses were incredible and went above and beyond.
- Physician is **excellent** with making the patient feel human and important.

- **From Coastside Clinic:**

- Dr. Ashe is amazing and her office is run like a high level private doctor's office. I have absolutely NO complaints.
- Dr. Ashe is the best doctor I have ever had in my 52 years on this earth.
- Overall Coast side Clinic is great - **friendly, helpful, caring**.

- **From Daly City Clinic:**

- Roger has been very **helpful & courteous** all the time, he ensure that he does **courtesy calls before** my appointment. **Excellent courteous** service.
- Dr. Ortiz-Soto is the first doctor I've ever had that expresses honest **concern** for my well-being and listened to what I had to say. She's **wonderful**.
- I could not ask for a better primary health care provider. O'Kabayashi keeps up to date on all matters that **concern** me, so that when I ask concerning new treatments or medication, she gives me the most relevant answers that **concern** MY particular case. She is **friendly** and seems to genuinely care about my well-being. I have had several difficult health problems... and she provides a COORDINATED approach to these problems....concentrating on the most serious at any given time. I feel most fortunate to have Sara O'Kabayashi-Williams as my health care provider, and thank her for her consistent, immediate and **professional** approach to my difficult health care profile. THANK YOU !!!
- I have absolutely no bad comment/experiences about Dr. Kunnappilly or the clinic. Dr. Kunnappilly is the best doctor I have ever had in my life!

- Eladia is not only **friendly**, but also knowledgeable, quick in follow-up to O'Kabayshi's orders. She provides easy instructions and paperwork at the end of the visit. THANK YOU !!!
 - Reggie had been very **courteous** & ensure she established rapport for me to stay calm increase relax before getting or checking essential vitals e.g., BP, etc.
- **From Fair Oaks Health Center:**
- I cannot find enough words to tell everyone how **pleased** I am with Dr. Rami Saah. Absolutely THE BEST Dentist who has treated me, thus far. He and his staff are most **kind, professional**, and accommodating. I could not be any happier with my treatment. I very highly recommend him. Besides the **excellent** care, I definitely observed that Dr. Saah has been very genuine and concerned with his patients. It is simply his nature. We are so very lucky to have him take care of our needs. Thank you! He and his staff have been God's blessing to all of us.
 - I want to say that in the last few years my life has basically fallen apart although trust me I will get back on my feet. I felt sad and ashamed of my situation. I cannot tell you enough how **kind** how **professional** how **caring** my experience has been here. I love San Mateo County Medical Center. All the people who work there have been so amazing and **kind**. Keep up the **excellent** work. Thank you so very much.
- **From the Innovative Care Center:**
- Dr. Medina, he is magnificent
 - Margaret Monge & the staff were the most thorough & least rushing of any medical professional I've seen my whole life. I'd highly recommend her & look forward to future visits!
 - Dr. Medina is the best doctor I have ever had. He listens to my health concerns and does everything to help me get better. He cares!
- **From Main Campus Pediatrics:**
- For my family Dr. Silvia has been a blessing, she has shown us worthiness and love toward the patients, she's an indispensable piece for life of her patients in this hospital. Thank you.
- **From the Ron Robinson Senior Care Center:**
- Never had a bad experience! Dr Joisha has always been a very good provider to me. She is very detailed in explaining my condition. Very **compassionate**! Her nurse is the same as well! I feel free to discuss my health issues without worrying if she really will give me the correct answers! I'm lucky to have an **excellent** Doctor like Dr. Joisha. Definitely will recommend Dr Joisha to family and friends! We need more doctors like her!
 - I have been going to the Ron Robinson Clinic for a number of years and have always been treated with respect and total professionalism every time I had an appointment. I feel confident of everyone in the clinic

- Dr. Diana Jao... is a very good **professional! Excellent** doctor and clinic and her personnel **excellent** as well!!
- **From the Surgical Specialty Clinic:**
 - Dr. Holland is **excellent** eye surgeon, and very good in all phases of prep & follow-up.
 - Dr. Graw spent enough time to explain my problem, answer my **questions** clearly and easy understanding. He is an **excellent** provider, and I definitely recommend him to others.
- **Blog Post:** “Then and Now,” by Susan Ehrlich, reflects on changes at San Mateo Medical Center and the Health System. <https://smmcblog.wordpress.com/>

RIGHT CARE, TIME, PLACE

- **SMMC honored by SF Business Times in 2015 “Book of Lists”:** San Mateo Medical Center was honored by the SF Business Times as the fourth busiest hospital in the SF Bay Area. SMMC’s patient beds are comprised of those at the 39th Avenue campus as well as those at Burlingame Long Term Care. Members of the Executive Team and the San Mateo County Health Foundation were honored at a reception in February.

FINANCIAL STEWARDSHIP

- **Great planning and preparation leads to successful ICD-10 completion:** After a long and arduous journey, SMMC completed a very successful transition to the ICD-10 code set for medical diagnosis and procedures. Prior to the official project completion at the end of February, our project manager, Vernon Groeber of KPMG, issued his final Engagement Report, which highlighted several accomplishments and recommended several opportunities for on-going improvements. Highlights:
 - Robust and effective steering committee and workgroup structure;
 - Early ICD-10 adoption in February 2015 was an industry-leading practice (7 months in advance of mandate);
 - Significant support from medical directors and providers; and
 - Expanded auditing, education and training programs
 - KPMG had a number of very helpful recommendations for us as we move forward, in the areas of clinical system tools, enhancing our billing system and reporting capabilities, and to formalize coding accountability across the organization.

I would like to thank our medical center project teams and providers for their leadership in transforming a regulatory mandate into an organizational improvement opportunity that will ultimately benefit our patients and support our financial processes at SMMC.

- **Brian Faust appointed California Health Information Association CHIA President:** SMMC’s Director of Health Information Management (HIM), Brian Faust, was recently elected as Board President for the California Health Information Association (CHIA) which is the premier association of health information management professionals in California and is the state

affiliate of the American Health Information Management Association. CHIA ensures the personal and professional growth of its members and advances the health information management community through networking, education, shared knowledge, and advocacy. Brian has served on the CHIA Board and various committees since 2014 and has been the Director of HIM at SMMC since 2008. Congratulations to Brian for this outstanding professional recognition!

We focus on what matters most to our patients and their families, and partner with them to provide compassionate care in a culturally competent way.



Patient Centered Care Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Target Jul 2016
Likelihood to recommend care in emergency dept	83.8	80.4	87.8	86.9	85.6	88.0	76.5	77.2	90
Sample Size		51	43	54					

We focus on what matters most to our patients and their families, and partner with them to provide compassionate care in a culturally competent way.



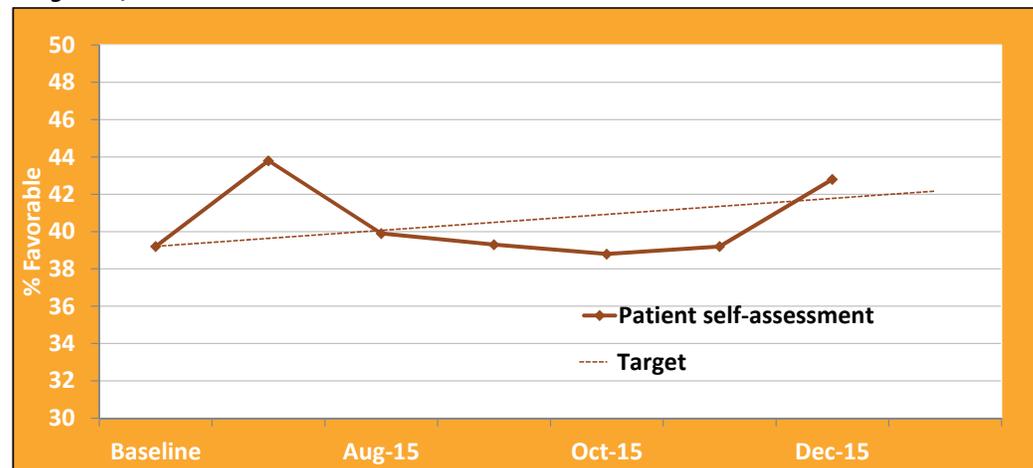
Patient Centered Care Metric	Baseline	Jul-16	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Target Jul 2016
Likelihood to recommend care in inpatient	79.2	83.5	88.6	86.6	86.2	91.7	91.1	88.8	90
Sample Size		39	30	28					

We focus on what matters most to our patients and their families, and partner with them to provide compassionate care in a culturally competent way.



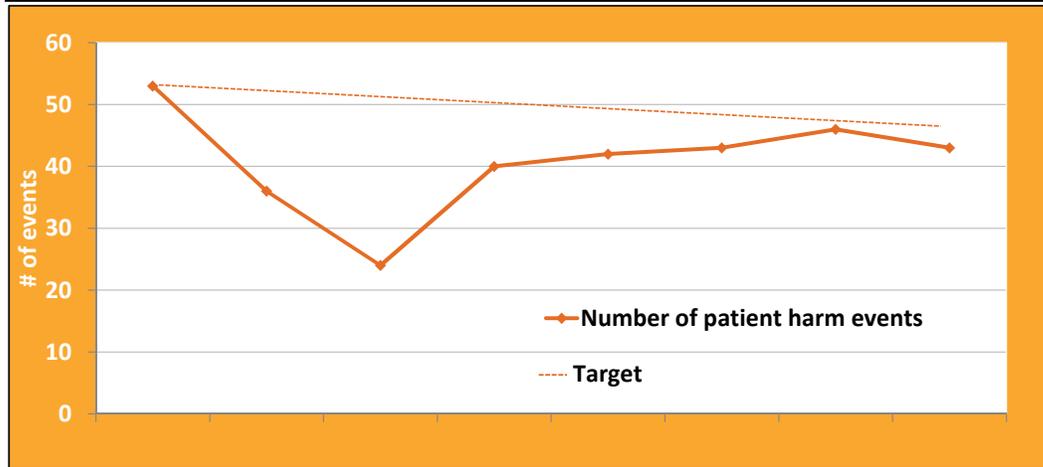
Patient Centered Care Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Target Jul 2016
Likelihood to recommend care in clinics	85.7	86.8	88.1	88.3	87.8	86.5	89.4	88.5	90
Sample size		200	206	175					

We partner with our patients to achieve their health goals by providing a safe environment and integrated, evidence-based care.



Excellent Care Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Target Jul 2016
Patient self-assessment	39.2	43.8	39.9	39.3	38.8	39.2	42.8		45

We partner with our patients to achieve their health goals by providing a safe environment and integrated, evidence-based care.



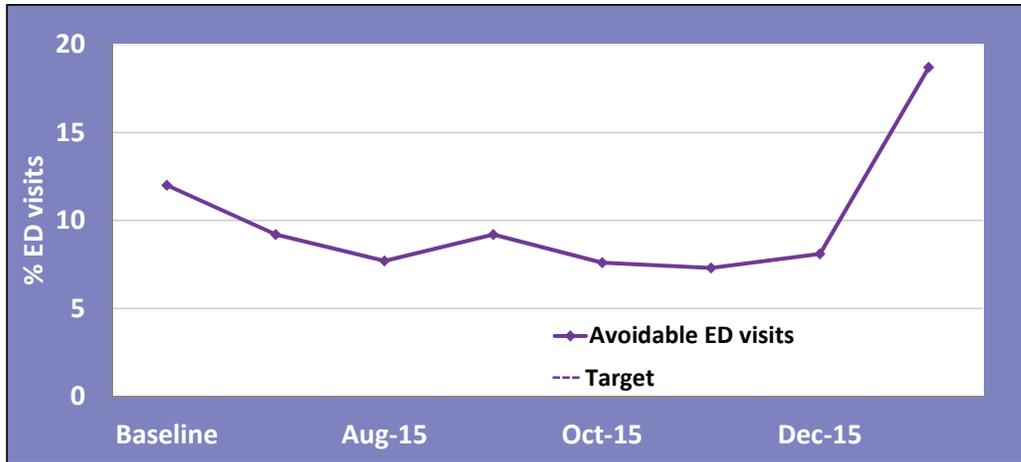
Excellent Care Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Target Jul 2016
Number of patient harm events	53	36	24	40	42	43	46	43	40

We are a great place to work and we are passionate about serving our community.



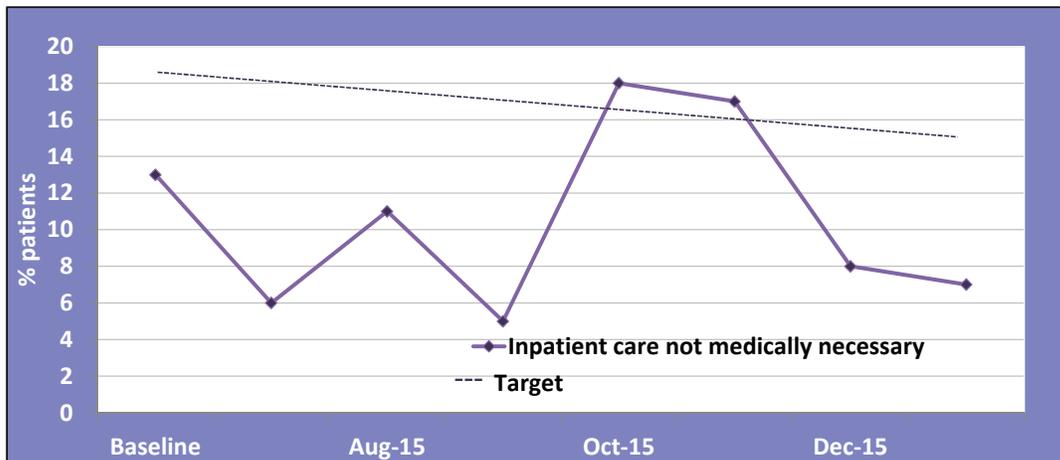
Staff Engagement Metric	Baseline	Sep-15	Dec-15	Mar-16	Jun-16	Target
Likelihood to recommend SMMC	79.8	66.4	71	-	-	82

We ensure our patients get the right care at the right time and place.



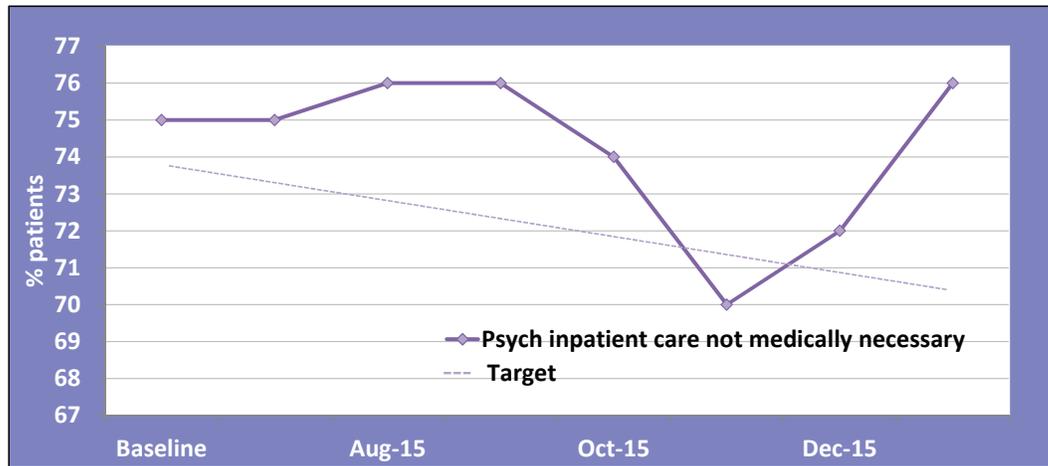
Right Care, Time, Place Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Target Jul 2016
Avoidable ED visits	12.0	9.2	7.7	9.2	7.6	7.3	8.1	18.7	?

We ensure our patients get the right care at the right time and place.



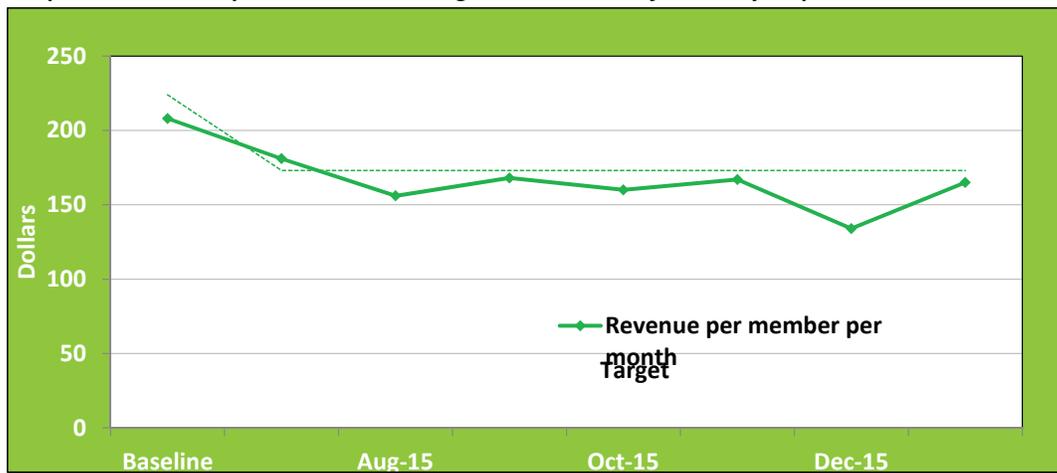
Right Care, Time, Place Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Target Jul 2016
Inpatient care not medically necessary	13.0	6	11	5	18	17	8	7	8

We ensure our patients get the right care at the right time and place.



Right Care, Time, Place Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Target Jul 2016
Psych inpatient care not medically necessary	75.0	75.0	76	76	74	70	72	76	60

We partner with our patients to deliver high value care in a financially responsible manner.



Financial Stewardship Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Target Jul 2016
Revenue per member per month	208	181	156	168	160	167	134	165	173

Target 224 173 173 173 173 173 173 173 173 173

We partner with our patients to deliver high value care in a financially responsible manner.



Financial Stewardship Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Target Jul 2016
Cost per member per month	310	329	319	325	318	327	352	347	341

Target 317 341 341 341 341 341 341 341 341 341



COUNTY OF SAN MATEO HEALTH SYSTEM

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

Indicator	Number	Change from previous month	Change from last year
ACE Enrollees	19,164 <i>(January 2016)</i>	0.1%	-1.4%
SMMC Emergency Department Visits	3,886 <i>(January 2016)</i>	8.5%	-8.4%
New Clients Awaiting Primary Care Appointment	81 <i>(February 2016)</i>	-51.8%	-61.4%

Leadership Changes at the Health System

Srija Srinivasan, the Health System’s Director of Family Health, has agreed to an expanded assignment to serve in a work-out-of-class capacity as an Interim Deputy Chief of the Health System. Srija will oversee Family Health Services, the Health Coverage Unit, Public Health, Policy and Planning, and Communications and assist Chief Louise Rogers with a range of department-wide efforts and work with external partners. The Health System also welcomed two new leaders: Cassius Lockett, PhD, (pictured at right) as the Director of Public Health, Policy and Planning, and Carlos Morales, LCSW, as the interim Director of Correctional Health Services. Cassius most recently served as



Director of Community Health for Southern Nevada Health District, where he oversaw public health functions for over 2 million residents. Carlos is a long-time clinical manager in Behavioral Health and Recovery Services who led our work supporting people re-entering the community to lead successful lives. Last but not least, Dr. Susan Ehrlich accepted a new role as the CEO of Zuckerberg San Francisco General Hospital and will be leaving at the end of March. Fortunately, she leaves behind a terrific SMMC leadership team, and Dr. CJ Kunnappilly has agreed to become the interim CEO. Dr. Kunnappilly led many of SMMC’s transformation initiatives over the past 14 years, first as Medical Director for our North County Clinics, then as Chief Quality Officer and most recently as Chief Medical Officer.

County Works to Make the Grade on Tobacco Control Policies

Unincorporated San Mateo County and many local cities improved their tobacco control policies this year, according to the American Lung Association. Unincorporated SMC went from a C grade in 2014 to a B in 2015, thanks to the Tobacco Education Coalition’s efforts to ban smoking in apartments, condos and townhomes and expand the definition of tobacco to include e-cigarettes. The coalition, which is supported by the Health System, also helped Daly City earn its A grade by removing tobacco products from pharmacies and banning smoking on sidewalks near public spaces. Both of these policies also apply to e-cigarettes. The coalition also had important victories in Burlingame and Brisbane this year, and is continuing to work with cities across the county to implement tobacco policies that make the grade.

New Restaurant Placarding Program Rolls Out County-Wide

San Mateo County started to roll out its new restaurant placarding program on January 1, 2016. The new placarding program uses the same familiar traffic light colors that are already on display at food facilities across other Bay Area counties. Expect to see placards go up throughout the first half of the year as County inspectors make the rounds at more than 3,000 restaurants, mobile food trucks, bakeries, schools, health care facilities, and some convenience stores. Over the last six months, Environmental Health Services inspectors worked closely with restaurants to help them understand and prepare for the new placarding program.





San Mateo Medical Center
A County System of Healthcare

TAB 3

**MEDIA
ARTICLES**

Why population health and value-based care are driving risk stratification

GOVERNMENT HEALTH IT

While it may not sound all that exciting at first blush, a working knowledge of the low-, mid- and high-risk stratification of populations is key to successfully moving toward value-based care.

"The way stratification works is based on medical history and health history," said Gaurav Nagrath, a senior strategist of population health and analytics at Cerner. "It stratifies you for claims data, demographic information, into medium, high and low risk. Your highest risk patients are hard to manage without concerted effort."

Getting the needed stratification for population health models requires analytics, some of which are already available, Nagrath said. Registration and claims data are among the resources that can show the risk attributes of a population.

[See all of our HIMSS16 previews](#)

Identifying high-risk consumers, for instance, lets providers know who may become a user of inappropriate services, such as the emergency room, Nagrath said.

"It makes sure they're being taken care of at right time and helps contain costs," he said. "Something as simple as drug adherence."

Most of the time, healthcare providers don't know if a patient is taking the prescribed medication.

"But if you have a care plan, and a care manager who's calling, making sure that they're complying, or making sure they're coming in for monthly visits, then you can manage it really, really well," Nagrath said. "When non-compliance starts happening, they're not taking their meds, you start getting into episodes of high cost care."

The next step is to address what providers do with the information once they know the high risk patients, he said.

"Right now we're in the middle of understanding the population," Nagrath said. "We're trying to understand the highest risk category and why they are at the highest risk."

Nagrath and Michael Aratow, MD, chief medical information officer at San Mateo Medical Center, will talk about the broad spectrum approach being taken at the health system in the move to value-based care at HIMSS16, which kicks off on February 29, 2016 in Las Vegas.

Nagrath and Aratow will also address the need for providers to have an integrated data warehouse to reduce the lag time to actionable knowledge; having targeted metrics which educate and inform meaningful action; and creating risk models which give population disease patterns and preemptive risk assignments.

In performance programs, Nagrath said, providers are dependent on data and metrics, trying to nudge the shift from volume to value by focusing on understanding the issues involved; understanding the role of restratification in the process; and understanding the part innovation plays.

"Changing data into knowledge that can be used in the clinical workflow," Nagrath said, "will get providers to the Triple Aim."

Aratow and Nagrath's session, "**The Drive Toward Value Based Care**," is scheduled for Thursday, March 3, 2016 from 8:30-9:30 AM in the Sands Expo Convention Center Palazzo E.

County embraces new app in rush to save lives

San Mateo County has launched PulsePoint — a free mobile app that alerts registered, CPR-trained users of a heart attack victim in a public place in their immediate vicinity. Users can then start CPR in the critical minutes before emergency teams arrive.

Sudden heart attacks can happen at any time. Every minute's delay in CPR drops survival chances by up to 10 percent. According to the American Heart Association, 920,000 people have heart attacks every year, and about 25 percent of them have no symptoms before the attack.

PulsePoint is used in more than 1,700 cities and counties across the country, and was founded by Richard Price, who spent 18 years as fire chief for the city of San Mateo.

The project is being funded by San Mateo County Emergency Medical Services Agency, American Medical Response, San Mateo County Pre-Hospital Emergency Group, San Mateo County Public Safety Communications, Peninsula Healthcare District and Sequoia Healthcare District.

The PulsePoint launch, announced on Tuesday, was timed to coincide with the San Mateo County Board of Supervisors proclaiming February as American Heart Month. Board meeting attendees included local emergency and fire officials and local Girl Scout Serafina Casey, who helped bring PulsePoint to San Mateo County and will accept the proclamation.

Casey, a sophomore at Menlo-Atherton High School, attended CPR training last year on a quest for a Girl Scout badge. She became so interested in the county's emergency medical system that she worked tirelessly to bring PulsePoint to San Mateo County, even setting up a booth at the San Mateo County Fair to help spread the word.

"During a heart attack, every second counts," said Nancy Lapolla, director of San Mateo County Emergency Medical Services Agency, in a written statement. "PulsePoint empowers CPR-trained residents to save lives and will hopefully encourage more people in every community to get trained in hands-only CPR, which takes minutes to learn."

CPR-trained residents who download the PulsePoint app can choose to be notified of nearby cardiac emergencies so they can start CPR right away. The PulsePoint app also includes information on the closest automated external defibrillator, an easy-to-use machine that shocks a victim's heart if needed.

PulsePoint is connected to local emergency response systems, so by the time the app notifies nearby bystanders, an ambulance is already on the way. For more information, visit pulsepoint.org.