BOARD OF DIRECTORS MEETING

Thursday, July 7, 2016
8:00 AM – 10:00 AM

SAN MATEO MEDICAL CENTER

EXECUTIVE BOARD ROOM
Second Floor, Administration Wing
BOARD OF DIRECTORS MEETING
July 7, 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      Dr. Janet Chaikind
   2. Quality Report                        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                      Sara Furrer

F. CONSENT AGENDA                         TAB 1
   Approval of:
   1. June 1, 2016 Meeting Minutes
G. MEDICAL STAFF REPORT

Chief of Staff Update  Dr. Janet Chaikind

H. ADMINISTRATION REPORTS

1. Dental Services  Dr. Susan Fernyak ...............Verbal
2. Burlingame Long-Term Care  John Thomas ....................Verbal
4. CEO Report  Dr. CJ Kunnappilly ....................TAB 2
5. Pillar Goals Update  Dr. CJ Kunnappilly ..............TAB 2

I. HEALTH SYSTEM CHIEF REPORT

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

J. COUNTY MANAGER’S REPORT  John Maltbie

K. BOARD OF SUPERVISOR’S REPORT  Supervisor Carole Groom

L. ADJOURNMENT

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact Michelle Lee, Executive Secretary, at least 48 hours before the meeting at (650) 573-2222 and/or mlee@smcgov.org. Notification in advance of the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. Attendees to this meeting are reminded that other attendees may be sensitive to various chemical based products.
TAB 1

CONSENT AGENDA
## Board Members Present

- Supervisor Carole Groom
- Supervisor Adrienne Tissier
- Louise Rogers
- Dr. CJ Kunnappilly
- Dr. Janet Chaikind
- Dr. David Lin
- Dr. Alex Ding
- Deborah Torres

<table>
<thead>
<tr>
<th>Board Members Present</th>
<th>Staff Present</th>
<th>Members of the Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Carole Groom</td>
<td>Glenn Levy</td>
<td>Cecilia Diaz</td>
</tr>
<tr>
<td>Supervisor Adrienne Tissier</td>
<td>Liz Evans</td>
<td>Priscilla Romero</td>
</tr>
<tr>
<td>Louise Rogers</td>
<td>David McGrew</td>
<td>Bob Stebbins</td>
</tr>
<tr>
<td>Dr. CJ Kunnappilly</td>
<td>Dr. Susan Fernyak</td>
<td>Jim Beaumont</td>
</tr>
<tr>
<td>Dr. Janet Chaikind</td>
<td>Dr. Grace Hassid</td>
<td></td>
</tr>
<tr>
<td>Dr. David Lin</td>
<td>Dr. Frank Duy Trinh</td>
<td></td>
</tr>
<tr>
<td>Dr. Alex Ding</td>
<td>Bernie Mellott</td>
<td></td>
</tr>
<tr>
<td>Deborah Torres</td>
<td>Michelle Lee</td>
<td></td>
</tr>
</tbody>
</table>

## Staff Present

- Michelle Lee
- Tosan Boyo
- Chris King
- Evelyn Anorico
- Anita Booker
- Karen Pugh
- Michelle Medrano

## Members of the Public

- Glenn Levy
- Liz Evans
- David McGrew
- Dr. Susan Fernyak
- Dr. Grace Hassid
- Dr. Frank Duy Trinh
- Bernie Mellott
- Michelle Lee
- Tosan Boyo
- Chris King
- Evelyn Anorico
- Anita Booker
- Karen Pugh
- Michelle Medrano
- Cecilia Diaz
- Priscilla Romero
- Bob Stebbins
- Jim Beaumont

## Discussion/Recommendation

### ITEM

| Call to Order | Reopen to Open Session | Report out of Closed Session | Foundation Report Bernadette Mellott | Consent Agenda |

**ITEM**

- Call to Order
- Reconvene to Open Session
- Report out of Closed Session
- Public Comment
- Foundation Report Bernadette Mellott
- Consent Agenda

**DISCUSSION/RECOMMENDATION**

- Supervisor Groom called the meeting to order at 8:00 AM, and the Board adjourned to Closed Session.

- The meeting was reconvened at 8:15 AM to Open Session. A quorum was present (see above).

- Medical Staff Credentialing Report for June 2, 2016.
- Medical Executive Committee Minutes from May 10, 2016.
- QIC Minutes from April 26, 2016.

- Donations to the Foundation through Silicon Valley Gives on May 3 will support the Bundle of Joy program. The program helps new mothers get off to a good start before and after the arrival of their newborns.

- The Annual Foundation Golf Tournament will be on August 29, 2016 at the Stanford Golf Course.

- Approval of:
  1. Hospital Board Meeting Minutes from May 5, 2016.
  2. Medical Staff Bylaws and Rules
  3. Medical Staff Rules and Regulations

**ACTION**

- Glenn Levy reported that the Board approved the Credentialing Report with the exception of Dr. Kunnappilly who abstained. It approved the QIC Minutes and accepted the MEC Minutes.

- FYI

- It was MOVED, SECONDED and CARRIED unanimously to approve all items on
## Medical Staff Report
### Dr. Janet Chaikind

The Annual Medical Staff meeting was held on May 24 and Naomi Yunker was recognized for her years of exemplary service and best wishes in retirement.

## Financial Report
### David McGrew, CFO

The April FY15/16 financial report was included in the Board packet and David McGrew answered questions from the Board.

## Quality Report
### Dr. Chester Kunnappilly, interim CEO

Infection Control and Employee Health presented by Dr. Grace Hassid.

SMMC’s Infection Control Department works with a broad number of regulatory agencies including the SMC Department of Public Health, CA Dept of Public Health, The Joint Commission, CMS, CDC, National Hospital Safety Network, and CAL OSHA.

It also works across many local departments including Seton Hospital, Stanford Hospital, Mills Peninsula, BLTC, Cordilleras, Correctional Services, and onsite Clinics.

**Employee Health:**
- Blood and body fluid exposures
- N95 fit testing
- Tuberculosis
- Influenza program
- Vaccinations and Titers

## Health System
### Louise Rogers, Health System Chief

Disease Surveillance and Investigation, presented by Cassius Lockett, PhD.

Communicable diseases occur regularly in our community such as Norovirus, Salmonella, Meningococcal disease. Some diseases are not present but we want to know immediately if they occur. Examples of these are Ebola, Middle Eastern Syndrome Coronavirus (MERS), and the Zika virus.

**How do we know what diseases are present in our community?**
- Public Health conducts disease surveillance through mandated reporting
  - HCP in Hospitals, Clinics report to Health Officer
  - Labs report to Public Health Laboratory
- How do we prevent disease from spreading?
  - Case investigation
  - Treatment and prophylaxis
  - Epidemiological investigation and follow-up

**Public Health Laboratory**
- Testing support for case confirmation for public health programs
  - Surveillance (influenza, foodborne pathogens)
- Outbreak investigations
- Specialized testing (rabies*, novel influenza (H1N1))
- Provide linkage to public health tests for new / emerging pathogens

- Prepare and respond to emergencies (Bioterrorism)
- Inform and educate clients (clinical/commercial labs)
- Surge capacity support for the CA State Laboratory and neighboring PHLs
- Received SMC Saves grant in 2014--$305,000 for improvements to the PHL lab systems
  - $40,000 spent to eliminate data entry
  - Funding level FYE 16
    - $265,633 for structural renovations
  - Progress:
    - Interfaces completed December 2015
    - Phase I Renovations completed in May 2016
    - Phase II Renovations to start Summer 2016

Dr. CJ Kunnappilly, interim CEO

Street and Field Medicine was presented by Dr. Frank Duy Trinh, Anita Booker, and Chris King.

What is Street and Field Medicine?
- Medical care delivered to homeless and farmworker individuals where they live and work
- Outreach teams identify individuals needing services
  - Homeless: LifeMoves Homeless Outreach Team (HOT)
  - Farmworkers: Puente de la Costa Sur
- Medical service expansion of Public Health Policy & Planning Mobile Health Clinic
  - Started in January 2016 with Human Resources & Services Administration (HRSA) Expanded Services Grant through the Healthcare for the Homeless/Farmworker Health (HCH/FH) Program
- Program expansion in early June 2016 with aid of Measure A funding
  - Target Populations are chronic street homeless throughout San Mateo County and working farmworkers and their family members in Pescadero/South Coast area
- Staffing:
  - Two 0.5 FTE Nurse Practitioners
  - 0.3 FTE Staff Psychiatrist/Senior Psychiatry Resident
  - 1.0 FTE Medical Service Assistant
  - Sr. Public Health Nurse, 20 hours per month
  - Medical Director

Weekly Schedule and Team Composition
- Mondays: Medical Director attends San Mateo Medical Center (SMMC) inpatient discharge rounds
- Tuesdays: RN goes to Pacifica Resource Center during drop-in food pantry
- Wednesdays: All day in Pescadero/South Coast area serving farmworkers and their family members
- Mondays, Tuesdays and Thursdays: All day serving street homeless throughout San Mateo County
Patient Encounters and Visits in the first four months:
- Farmworkers: 40 Unduplicated patients, 46 Patient visits. Street Homeless: 44 Unduplicated patients, 59 Patient visits

Linking Street Homeless Patients to Housing and Care in the first four months:
- **Linkage to Housing**
  - 6 Patients no longer street homeless. Shelter/Long Term Care = 5. Permanent housing = 1.
  - 3 Patients pending permanent housing
- **Linkage to Care**
  - 23 Patients referred to SMMC Primary Care and Specialty Clinics. Show rate to appointments: 70.6%

Street and Field Medicine works because of its values: Engagement, Building Trusting Relationships, Breaking Down System Silos, Dignity and Respect.

**CEO Report**
Dr. CJ Kunnappilly, interim CEO

Dr. Kunnappilly presented the CEO report which is included in the Board packet and answered questions from the Board. He also updated the Board on the Pillar Goals which were included.

**Health System Report**
Louise Rogers and Steve Kaplan were invited to Washington D.C. to meet with Vikki Wachino, Deputy Administrator and Director for the Center for Medicaid and CHIP Services (CMCS). They discussed the Cordilleras project and how its services should be Medicaid reimbursable.

**County Manager**
John Maltbie

No report.

**Board of Supervisors**
Supervisor Groom

No report.

Supervisor Groom adjourned the meeting at 9:45 AM. The next Board meeting will be held on July 7, 2016.

Minutes recorded by: Michelle Lee, Executive Secretary
Minutes approved by: Dr. Chester Kunnappilly, Chief Executive Officer (interim)
May FY 2015-16
Financial Report
Board Meeting
July 7, 2016
Financial Highlights – Net Income Trend

Full Year Forecast:
Uncertainty around FQHC claiming and Medi-Cal audits were factored into May results. Full year expected to be favorable at $3.1 million
SMMC Medi-Cal Members

HPSM Newly Eligible and Assigned Members

HPSM Newly Eligible Members Assigned increased by 130 from Apr
<table>
<thead>
<tr>
<th>Payer Type by Gross Revenue</th>
<th>MONTH</th>
<th>YEAR TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Medicare</td>
<td>19.6%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>57.4%</td>
<td>59.9%</td>
</tr>
<tr>
<td>Self Pay</td>
<td>0.7%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Other</td>
<td>7.1%</td>
<td>5.9%</td>
</tr>
<tr>
<td>ACE/ACE County</td>
<td>15.2%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

San Mateo Medical Center
Payer Mix
May 31, 2016
Medical-Surgical census above budget. Inpatient psychiatric unit continues to have challenges with discharging hard-to-place patients with 80% not meeting medical necessity for inpatient status.
Clinic volume slightly below budget. May impacted by staff time off.
San Mateo Medical Center
Emergency Visits
May 31, 2016

<table>
<thead>
<tr>
<th></th>
<th>MONTH</th>
<th></th>
<th>YEAR TO DATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
<td>Variance</td>
<td>Stoplight</td>
</tr>
<tr>
<td>ED Visits</td>
<td>3,785</td>
<td>3,762</td>
<td>23</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>40,477</td>
<td>40,779</td>
<td>(302)</td>
<td>-1%</td>
</tr>
</tbody>
</table>

Emergency room visits slightly under budget. PES stays fairly constant, although length of stay has increased.
Surgery cases increased as billing processes have stabilized.
 Managed Care programs represent 65% of our Operating Revenue

 Capitation is a pre-payment reimbursement model that pays providers a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.
# San Mateo Medical Center
## Income Statement
### May 31, 2016

<table>
<thead>
<tr>
<th></th>
<th>MONTH</th>
<th>YEAR TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual A</td>
<td>Budget B</td>
</tr>
<tr>
<td>Income/Loss (GAAP)</td>
<td>269,678</td>
<td>(0)</td>
</tr>
<tr>
<td>HPSM Medi-Cal Members Assigned to SMMC</td>
<td>38,901</td>
<td>38,773</td>
</tr>
<tr>
<td>HPSM Newly Eligible Medi-Cal Members Assigned to SMMC</td>
<td>19,791</td>
<td>19,018</td>
</tr>
<tr>
<td>Patient Days</td>
<td>2,928</td>
<td>2,694</td>
</tr>
<tr>
<td>ED Visits</td>
<td>3,785</td>
<td>3,762</td>
</tr>
<tr>
<td>ED Admissions %</td>
<td>5.5%</td>
<td>-</td>
</tr>
<tr>
<td>Surgery Cases</td>
<td>274</td>
<td>248</td>
</tr>
<tr>
<td>Clinic Visits</td>
<td>19,925</td>
<td>20,707</td>
</tr>
<tr>
<td>Ancillary Procedures</td>
<td>68,841</td>
<td>60,925</td>
</tr>
<tr>
<td>Acute Administrative Days as % of Patient Days</td>
<td>5.2%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Psych Administrative Days as % of Patient Days</td>
<td>80.1%</td>
<td>58.0%</td>
</tr>
</tbody>
</table>

(Days that do not qualify for inpatient status)

## Pillar Goals

<table>
<thead>
<tr>
<th></th>
<th>MONTH</th>
<th>YEAR TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
</tr>
<tr>
<td>Patient &amp; Capitation Revenue PMPM</td>
<td>112</td>
<td>174</td>
</tr>
<tr>
<td>Operating Expenses PMPM</td>
<td>352</td>
<td>342</td>
</tr>
<tr>
<td>Full Time Equivalents (FTE)</td>
<td>1,120</td>
<td>1,164</td>
</tr>
<tr>
<td>MONTH</td>
<td>YEAR TO DATE</td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
</tr>
<tr>
<td>21 Inpatient Gross Revenue</td>
<td>9,635,573</td>
<td>7,848,949</td>
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<tr>
<td>22 Outpatient Gross Revenue</td>
<td>24,666,796</td>
<td>24,719,016</td>
</tr>
<tr>
<td>23 Total Gross Revenue</td>
<td>34,302,369</td>
<td>32,567,966</td>
</tr>
<tr>
<td>24 Patient Net Revenue</td>
<td>3,554,430</td>
<td>8,270,730</td>
</tr>
<tr>
<td>25 Net Patient Revenue as % of Gross Revenue</td>
<td>10.4%</td>
<td>25.4%</td>
</tr>
<tr>
<td>26 Capitation Revenue</td>
<td>4,789,941</td>
<td>4,439,557</td>
</tr>
<tr>
<td>27 Supplemental Patient Program Revenue</td>
<td>10,678,292</td>
<td>5,264,148</td>
</tr>
<tr>
<td>(Additional payments for patients)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Total Patient Net and Program Revenue</td>
<td>19,022,664</td>
<td>17,974,435</td>
</tr>
<tr>
<td>29 Other Operating Revenue</td>
<td>931,069</td>
<td>1,097,157</td>
</tr>
<tr>
<td>(Additional payment not related to patients)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Total Operating Revenue</td>
<td>19,953,732</td>
<td>19,071,592</td>
</tr>
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</table>
San Mateo Medical Center  
Income Statement  
May 31, 2016

<table>
<thead>
<tr>
<th>MONTH</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Stoplight</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>31</td>
<td>Salaries &amp; Benefits</td>
<td>14,929,797</td>
<td>14,268,186</td>
<td>(661,611)</td>
<td>153,750,351</td>
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<tr>
<td>32</td>
<td>Drugs</td>
<td>667,035</td>
<td>648,254</td>
<td>(18,780)</td>
<td>7,801,536</td>
</tr>
<tr>
<td>33</td>
<td>Supplies</td>
<td>887,574</td>
<td>906,478</td>
<td>18,905</td>
<td>9,795,340</td>
</tr>
<tr>
<td>34</td>
<td>Contract Provider Services</td>
<td>3,388,183</td>
<td>2,800,013</td>
<td>(588,171)</td>
<td>31,556,519</td>
</tr>
<tr>
<td>35</td>
<td>Other fees and purchased services</td>
<td>4,025,935</td>
<td>4,147,418</td>
<td>121,484</td>
<td>42,018,653</td>
</tr>
<tr>
<td>36</td>
<td>Other general expenses</td>
<td>(17,474)</td>
<td>455,369</td>
<td>472,843</td>
<td>4,876,055</td>
</tr>
<tr>
<td>37</td>
<td>Rental Expense</td>
<td>167,064</td>
<td>173,805</td>
<td>6,741</td>
<td>1,916,583</td>
</tr>
<tr>
<td>38</td>
<td>Lease Expense</td>
<td>817,105</td>
<td>817,105</td>
<td>0</td>
<td>8,988,154</td>
</tr>
<tr>
<td>39</td>
<td>Depreciation</td>
<td>225,658</td>
<td>241,114</td>
<td>15,455</td>
<td>2,482,243</td>
</tr>
<tr>
<td>40</td>
<td>Total Operating Expenses</td>
<td>25,090,876</td>
<td>24,457,742</td>
<td>(633,133)</td>
<td>263,185,433</td>
</tr>
<tr>
<td>41</td>
<td>Operating Income/Loss</td>
<td>(5,137,143)</td>
<td>(5,386,150)</td>
<td>249,007</td>
<td>(59,221,704)</td>
</tr>
<tr>
<td>42</td>
<td>Non-Operating Revenue/Expense</td>
<td>501,148</td>
<td>480,477</td>
<td>20,671</td>
<td>7,446,830</td>
</tr>
<tr>
<td>43</td>
<td>Contribution from County General Fund</td>
<td>4,905,674</td>
<td>4,905,674</td>
<td>-</td>
<td>53,962,409</td>
</tr>
<tr>
<td>44</td>
<td>Total Income/Loss (GAAP)</td>
<td>269,678</td>
<td>0</td>
<td>269,678</td>
<td>2,187,535</td>
</tr>
</tbody>
</table>

(Change in Net Assets)
LEAP UPDATES & EXCELLENT CARE

Highlighted Accomplishments:

- **Staff recognition**: Since the launch of “Just Because” – a new program designed to allow patients to recognize staff members, the average number of recognition of staff by patients has reached 55 per month, more than twice the historical average of 21.

- **Monthly Cash Collections** exceeded the target of $8.2 million, with a total for May of $9,358,475.

- **5S Sustainability**: For the first time in organization history, the monthly audit of areas which have undergone a 5S event found that all areas surveyed were at target.

- **Increased utilization of SAFE Reporting**:
  - Exceeded target for the past three months of 120 SAFE reports submitted monthly, indicating strong employee engagement in identifying potential safety issues.
  - Fewer employees have chosen to file SAFE reports anonymously (baseline of 47% in October 2015, down to 36% in May).

- **Improved quality of SAFE Report Resolution**:
  - 84% of SAFE resolutions met quality standards in the last month, up from a baseline of 35% in October 2015.

**PCMH Health Coaching**

As part of the strategic initiative action plan, piloting of the Health Coach role and its responsibilities has begun in the Innovative Care adult clinic on Main Campus focusing on patient population out of care >18months with Diabetes, Hyper Tension, and/or High Cholesterol. Pediatrics at Main Campus is slated to roll out Health Coaching with the focus on high BMI percentages in the month of July.

**FOHC Dental 5S Event**

Fair Oaks Dental Clinic finished the second phase of their 5S event during May 25th-27th. Highlights include: improvement of the workflow by co-locating work stations and needed supplies; and creation of a standard ordering system using “signaling” cards (Kanban). Final results are still being determined but in the first few weeks after the event time spent ordering supplies was reduced from 45’ to 30’. The target is to further reduce it to 20’.

**2B Medication Room 5S Event**

Inpatient Unit 2B completed the first phase of a 5S event June 21st-23rd. Highlights include: sorting through unneeded items in medication room; and, creating standard locations for supplies based on categories and frequency of use, and creation of a standard ordering system using “signaling” cards (Kanban). Measures of success focused on decreasing the number of times staff had to search for needed supplies, as well as decreasing the amount of time nurses spent ordering supplies. Metrics will be measured after the second phase.
PATIENT CENTERED CARE & STAFF ENGAGEMENT

- **Successful Nursing Skills Day**: This year SMMC Nurse Educators and Nurses designed and held Nursing Annual Skills and Knowledge Review Days during the first week of June. There were 328 clinic and in-patient nurses who attended. It was the first ever effort to bring all nurses together. There were some 30 stations set-up and each nurse was assigned specific stations to either demonstrate a skill or to complete a knowledge inventory based on the nurse's clinical area. The nurse may have spent from a minimum of 2 hours up to 4 hours to complete the stations. Unfortunately space was a limiting factor and the Psychiatry Nurses will have their days scheduled for later this summer. This event is planned annually to meet regulatory and accreditation standards requiring evidence of competencies. Every year because of the pace of changes the number of stations increases. Overall participant evaluations were excellent.

- **SMMC Establishes Color and Joy Committee**: For the past two years, SMMC has been focusing on creating a more welcoming and healing environment for our patients, visitors and staff. This is evidenced by improved signage, new garden areas and calming music in the lobby and rotunda areas. We have recently formed the "Color and Joy" committee to introduce color into our environment. During the month of July, new color palates will be introduced to the West Entrance, rotunda and Medical/Specialty clinic hallway. Additional colors will be revealed during the rest of the year.

- **Selected patient/family stories of gratitude**:  
  - **From the Emergency Department:**
    - Best hospital experience I've EVER had - Kaiser should strive to be this good – EVERY hospital should!! Thank you for everything, I'm feeling much better. special thanks to my nurse, Erin
    - *Dr. Serena Lee is very comforting. Explained what I will do about my allergy, my medications and allergy reactions. I got better now after 3 days from the emergency dept. Thank you to Doctor Lee and the staff who help me.*
    - An **excellent** service I felt very comfortable in everything
  
  - **From 2A/B and Surgery:**
    - I was happy in & with the hospital.
    - Doctors explained well, allayed my fears and prepared me well for when I am out of hospital
    - Had memorable good experiences
    - Courtesy/friendliness in the surgery room - (nurse & assistants) explain their jobs to me
  
  - **From 3A/B:**
    - Wonderful nurses.: Junto, Richard, Leslie, Sara, Tyrone, Rachel, Sherman, Elsa
    - Silviera did great work and Adrianna & Tony. Great place - felt like home away from home
    - People were nice
  
  - **From Coastside Clinic:**
• Dr. Ashe is the best doctor that anybody can have. She saved my life and I'm very grateful for her efforts, compassion and care.
• These people work very hard and could not have been nicer!!! Great job!

○ From Daly City Clinic:
  • I like and respect my provider Charlene Truong, very thorough in everything and in a way.. explaining every details of my condition .. no hesitate to recommend her .. God Bless her .. She was blessed in her career Overall my experience with my provider, staff, and clinic are highly efficient, satisfying, and commendable! As a patient, I feel a sense of satisfaction that I was given very good care and service.
  • I am over 60, so I have seen a lot of doctors in my time. Dr. Denise Gonzalez is, without doubt, the best doctor I have ever seen. Kind, interested and extremely competent. This is saying a lot, given that she is managing a very busy County health office.
  • I have had excellent and courteous service with everyone at this location.

○ From Fair Oaks Health Center:
  • I always recommend this clinic in general they are the best.
  • They are the best, in 30 year only good experiences

○ From South San Francisco Clinic:
  • Good services for everyone - thank you.
  • They are very attentive.

○ From the Innovative Care Center:
  • Dr. Mandal is a very great person she cares about my health and is very good in keeping me up to date.
  • Accommodating and was very good! Dr. Kulthia was also very accommodating to my request I could not ask for more.
  • All the clinic staff from the front office to the health care providers in the back treating patients are excellent. I am a nurse at a private hospital and we sometimes make the worst patients

○ From Main Campus OB/Gyn:
  • Dr. Pao was wonderful. This was my first pregnancy & she kept me informed and was very friendly.
  • Dr. Anderson is an excellent doctor
  • The marvelous doctor, and I recommend to my friends and my family doctor, Lock, kind, attentive, very educated

○ From the Ron Robinson Senior Care Center:
  • I have good insurance I can go anywhere, I choose to go here because of my great Dr. Joisha, she is the best Dr I have ever had, and I am holistic patient. I pay extra to go here I can go to Kaiser and save 470.00 a month! Thank you Barbara
  • I always get the best care. Everyone was wonderful
FINANCIAL STEWARDSHIP

Revenue Cycle Transformation

Last month we shared several revenue cycle priorities: 1) workflow redesign; 2) decrease defects through standard work; 3) software as an enabler to workflow efficiencies; and 4) performance benchmarking. This month we’ll describe our planning for workflow redesign and standard work.

Our current patient accounting and billing system is outdated and needs to be replaced. However, a new IT system implemented on top of poorly designed and inefficient workflows will fail. Our first priority is to focus on the Front End processes to reduce the number of defects occurring early on in the patient encounter and minimize the costly re-work occurring on the Back End today. Our biggest opportunities identified through previous assessments are to improve the completeness and accuracy of patient registrations and to complete treatment authorizations earlier during a patient’s hospitalization.

For registration workflows, we are initiating plans to implement a “pre-registration” process, whereby most registration data gathering for scheduled patient encounters will occur at least 3 days before the patient arrives at the hospital or clinic. This will allow us to verify the patient’s insurance coverage, communicate patient co-pay obligations, seek coverage options for uninsured patients, and begin the treatment authorization process where applicable. Completing these steps earlier will enhance the
patient’s experience by making for a smoother/quicker check-in process on the day of their hospital visit.

For treatment authorizations our next steps are to initiate improvement events identified during a value stream mapping event. Recommended actions include improving our collaboration & communication with our Health Plan of San Mateo partners; create an authorizations coordinator role as a single point of coordination; and improve data reporting against targets and benchmarks. We will continue to provide updates to the Board at regular intervals.

Public Hospital Financing
The Affordable Care Act, along with California’s 1115 Waivers (in particular “Medi-Cal 2020”), has provided public hospitals and health systems unprecedented opportunities to transform healthcare delivery for the most vulnerable in our communities. Along with these opportunities have come increased complexities in the financing mechanisms for that care transformation. Healthcare organizations are shifting from the traditional fee-for-service model to multiple value-based models. It is no longer acceptable for finance teams to focus solely on historical reporting; rather, they need to constantly monitor and update financial projections as external and internal factors evolve. Our effectiveness with executing on strategic and operational priorities depends on our ability to quickly analyze future impacts, identify uncertainties, and then act promptly to address risks (and opportunities).

To position our teams to handle these new challenges, SMMC is building its financial literacy and strength through several channels – 1) expanded our Financial, Planning and Analysis team (FP&A) to support operations and forecasting; 2) Finance team members are becoming Certified Healthcare Financial Professionals; 3) engaging external advisors on complex matters; and 4) participation in an inaugural “Financial Services Training” conducted by California Association of Public Hospitals and Health Systems (CAPH).
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.

### Likelihood to recommend care in emergency dept

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<tbody>
<tr>
<td>Likelihood to recommend care in emergency dept</td>
<td>83.8</td>
<td>79.9</td>
<td>87.2</td>
<td>86.7</td>
<td>83.1</td>
<td>84.5</td>
<td>73.8</td>
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<td>88.1</td>
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<td>89.0</td>
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### Likelihood to recommend care in inpatient care

<table>
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<tr>
<th>Patient Centered Care Metric</th>
<th>Baseline</th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-16</th>
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<tr>
<td>Likelihood to recommend care in inpatient care</td>
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<td>83.9</td>
<td>89.0</td>
<td>86.6</td>
<td>86.2</td>
<td>92.2</td>
<td>84.3</td>
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<td>79.3</td>
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<td>82</td>
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<tr>
<td>Target</td>
<td>79.2</td>
<td>80.0</td>
<td>80.9</td>
<td>81.7</td>
<td>82.5</td>
<td>83.4</td>
<td>84.2</td>
<td>85.0</td>
<td>85.8</td>
<td>86.7</td>
<td>87.5</td>
<td>88.3</td>
<td>90</td>
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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.

![Graph showing likelihood to recommend and target values for outpatient care from Jul-15 to Jun-16.](image)

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<tbody>
<tr>
<td>Likelihood to recommend care in clinics</td>
<td>85.7</td>
<td>86.7</td>
<td>88.2</td>
<td>88.4</td>
<td>87.8</td>
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<td>89.8</td>
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<tr>
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<td>85.7</td>
<td>86.0</td>
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We partner with our patients to achieve their health goals by providing a safe environment and integrated, evidence-based care.

![Graph showing patient self-assessment and target values for excellent care from Jul-15 to Jun-16.](image)

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<td>43.8</td>
<td>39.9</td>
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<td>38.1</td>
<td>39</td>
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<td>Target</td>
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<td>39.646</td>
<td>40.09211</td>
<td>40.5385</td>
<td>40.9846</td>
<td>41.43077</td>
<td>41.8769</td>
<td>42.3231</td>
<td>42.7692</td>
<td>43.21538</td>
<td>43.6615</td>
<td>44.10769</td>
<td>44.5538</td>
<td>45</td>
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</table>
We partner with our patients to achieve their health goals by providing a safe environment and integrated, evidence-based care.

We are a great place to work and we are passionate about serving our community.
We ensure our patients get the right care at the right time and place.
We ensure our patients get the right care at the right time and place.

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

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<tbody>
<tr>
<td>Revenue per member per month</td>
<td>208</td>
<td>181</td>
<td>156</td>
<td>168</td>
<td>160</td>
<td>167</td>
<td>134</td>
<td>165</td>
<td>167</td>
<td>173</td>
<td>154</td>
<td>112</td>
<td>173</td>
</tr>
</tbody>
</table>
To: SMMC Board Members  
From: Louise Rogers, Chief  
Subject: Health System Monthly Snapshot – June 2016

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Number</th>
<th>Change from previous month</th>
<th>Change from last year</th>
</tr>
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<tbody>
<tr>
<td>ACE Enrollees</td>
<td>19,759</td>
<td>1.4%</td>
<td>7.1%</td>
</tr>
<tr>
<td>SMMC Emergency Department Visits</td>
<td>3,785</td>
<td>3.3%</td>
<td>1.0%</td>
</tr>
<tr>
<td>New Clients Awaiting Primary Care Appointment</td>
<td>134</td>
<td>3.1%</td>
<td>-67.6%</td>
</tr>
</tbody>
</table>

**Health System and Get Healthy launching redesigned websites**
San Mateo County Health System’s collaborative Get Healthy San Mateo County just launched a new website! This revamped site builds off the strategic planning process partners and Get Healthy SMC undertook last year. Our new site provides more data, resources, best practices, and opportunities to help advance healthy, equitable communities in San Mateo County. The Health System’s external website is also getting a new look and being combined with the San Mateo Medical Center website to help our clients, patients, and community get even better access to our services and programs and reinforce our integrated brand. The new sites are tentatively set to launch in mid-July.

**A Successful Mental Health Month Comes to a Close**
On May 24, the BHRS Lived Experience Academy hosted a speakers’ panel event, “Individuals with Mental Health and Substance Use Conditions Share their Lived Experience and How it Intersects with their Cultural Background,” in collaboration with the Belmont Library. 47 attendees listened and shared their stories in recognition of May as Mental Health Awareness Month.

**Emergency Preparedness Unit Continues to Innovate**
San Mateo County is the only county in the US that uses a door-to-door model to canvass neighborhoods and deliver medication during an emergency, and we’re also the only county in the US that meets and exceeds the Centers for Disease Control and Prevention targeted time for delivery. Given these impressive results, the state asked Emergency Preparedness Unit head Carl Hess to present this strategy at the Assistant Secretary for Preparedness and Response conference in August. Carl will also be presenting a suggestion he made about improving large-scale public event security after participating in Super Bowl 50 preparedness activities to the Department of Homeland Security.

**SMMC Wins Award for Regulatory Survey Prep Materials**
Kate Johnson won a Silver Aster Award for the materials she designed to raise awareness of the Medical Center’s regulatory survey and educate staff on critical patient safety behaviors and procedures. Kate worked with SMMC’s Regulatory Readiness Committee to develop the campaign materials, including newsletter articles, a handbook, a poster, flash cards, T-shirts and a selfie contest. The Aster Awards Program is an elite competition dedicated to recognizing the nation’s most talented healthcare marketing professionals for outstanding excellence in marketing. We competed with other hospitals of the same size across the country.

**4th Annual San Mateo County LGBTQ Pride Celebration a Big Success**
The celebration was held June 4 with over 800 people attending to celebrate diversity in San Mateo County! It was a huge success with over 70 resource tables, local art, and vendors tabling in San Mateo Central Park. This year’s theme was Pride without Borders: Embracing Culture and Diversity, which emphasizes the importance of recognizing how culture, race, sexual orientation, and gender identity overlap and affect our community. A few weeks later, the PRIDE Initiative and partners across the County also worked together to put together a vigil for victims of the Orlando shooting.

**Health System Earns Grant to Help Connect Residents to Insurance**
Earned Blue Shield of California grant to explore a streamlined path for residents ineligible for ACA coverage to be connected to their local indigent health coverage programs (like ACE), a collaboration between San Mateo, San Francisco, Alameda and Los Angeles counties.