



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

Thursday, August 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

August 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

Sara Furrer

F. CONSENT AGENDA

TAB 1

Approval of:

1. July 7, 2016 Meeting Minutes
2. Compliance and Privacy Report
3. Environment of Care Report

4.

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Janet Chaikind

H. ADMINISTRATION REPORTS

1. Environment of Care

John Thomas Verbal

2. Electronic Health Record 2.0 Assessment

Eric Raffin..... Verbal

3. Financial Report

*David McGrew..... **TAB 2***

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

*Srija Srinivasan..... **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.



San Mateo Medical Center
A County System of Healthcare

TAB 1

CONSENT AGENDA

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

Board Members Present

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

Staff Present

Glenn Levy
Liz Evans
David McGrew
Dr. Susan Fernyak
Joan Spicer
Marcus Weenig

Michelle Lee
Tosan Boyo
Sara Furrer

Cecilia Diaz
Priscilla Romero

Members of the Public

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 8:20 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for July 7, 2016 Medical Executive Committee Minutes from June 14, 2016 QIC Minutes from May 24, 2016	Glenn Levy reported that the Board approved the Credentialing Report with the exception. It approved the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report Sara Furrer, Chair	Bernadette Mellott resigned as the Foundation's Director last month. Sara Furrer, the Board Chair, reported that they will do a thorough recruitment search while the Foundation becomes more focused on broadening its visibility. The Annual Foundation Golf Tournament will be on August 29, 2016 at the Stanford Golf Course.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from June 2, 2016	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.

<p>Medical Staff Report Dr. Janet Chaikind</p>	<p>Dr. Chaikind reported that a new transgender clinic is planned for SMMC. It is an important step and hopefully will expand to the offsite clinics too.</p> <p>Web-based eCW will give providers a much higher degree of accessibility and allow them to provide better care for the patients. Security of the data is of high priority and the target launch is within nine months.</p>	<p>FYI</p>
<p>Quality Report Dr. Susan Fernyak, CMO</p>	<p>Presentation: Dental Services by Ann Marie Silvestri, DDS</p> <p>Adult Comprehensive Care</p> <ul style="list-style-type: none"> • FOHC, COA and soon DCC <p>Children Comprehensive Care and Emergency care</p> <ul style="list-style-type: none"> • All Clinics <p>Special Dental Clinics for</p> <ul style="list-style-type: none"> • HIV / AIDS Patients (FOHC) • Pre-prosthetic Joint patient clearance (39th Ave & MDC) • Pre/Post natal patients (30th Ave, MDC, COA, FOHC) • Pre-oncology treatment patients, Cardiac patients, Long Term Care patients (39th Ave) <p>Locations = 26 chairs 2 Chairs - 39th Ave 3 Chairs - Daly City Clinic (1 new) 4 Chairs - Coastside Clinic 3 Chairs - Mobile Dental Clinic (1 less) 8 Chairs - Fair Oaks Health Center 6 chairs - Correctional (2 new)</p> <p>Dental software is a priority of EHR 2.0 Some clinics have extended hours (evenings and Saturdays) but demand is still high Availability of comprehensive dental care for Children and Adults is increasing but demand is still high SMMC still has the only Oral Surgeons in San Mateo County that accept Medi-Cal Waitlists for comprehensive care keep growing Coming soon are the Dental Transformation Initiative (DTI) and CDA Cares</p>	<p>FYI</p>
<p>Operations Report John Thomas, COO</p>	<p>Presentation: Burlingame Long Term Care by Marcus Weenig, Director of Operations</p> <p>Quality Measures: Anti-Psychotic Medications</p> <ul style="list-style-type: none"> • There is an expected higher rate than State (CA) and Rockport averages in the use of anti-psychotic medications as many residents admitted already have existing psychiatric diagnoses and/or a diagnosis of dementia with psychotic features. 	<p>FYI</p>

	<ul style="list-style-type: none"> • Facility complies with required drug regimen reviews however most reductions that have been attempted, fail. <p>Quality Measures: Falls</p> <ul style="list-style-type: none"> • Goal - All falls result in no injury! • Analysis - Rates have increased due to multiple falls from the same resident. The facility will consistently implement the Falling Leaf Program to reduce falls for all patients • Action Plan - Continued implementation of the Falling Leaf program to reduce falls and/or prevent injury. <ul style="list-style-type: none"> ○ Continued utilization and assessment of resident’s risk for fall upon admission. ○ Continue to have IDT committee with oversight of the Falling Leaf program and discuss RCA (root-cause analysis) post-fall. ○ Continue to involve the Rehabilitation Services department in post-fall analysis and intervention recommendations. • Current System - Continue systems in place and follow action plan above. <p>Goals</p> <ul style="list-style-type: none"> • Quality measure rates to be below current threshold rates. • Continue consistent, timely investigating and reporting of all alleged incidents; continue monitoring of residents for safety and continued to provide post-incident care-planning to identify change of conditions to prevent recurrence. • Continue coordination with Health Plan of San Mateo, Aging and Adult Services, Institute on Aging for appropriate alternate placement of residents. • Continue programming of activities such as Music & Memory Program (“Alive Inside”), “Snooze Room”, Resident Choir, Community Outing Program, etc. 	
<p>Financial Report David McGrew, CFO</p>	<p>The May FY15/16 financial report was included in the Board packet and David McGrew answered questions from the Board.</p>	<p>FYI</p>
<p>CEO Report Dr. CJ Kunnappilly, interim CEO</p>	<p>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.</p> <p>Hospital Board member David Lin, PsyD, was recognized by America’s Essential Hospitals for his clinical leadership in Delivery Innovations Across the Behavioral Health Continuum. The award is shared with members of his team Renuka Ananthamoorthy, MD and Danielle Levy, PhD.</p>	<p>FYI</p>
<p>Health System Report Louise Rogers Health System Chief</p>	<p>Developed out of the County’s adoption of Laura’s Law (Assembly Bill 1421) in the summer of 2015, the Assisted Outpatient Treatment (AOT) is a program that reaches out to people with a severe mental illness who are not connected to services and are challenged with living safely and stably in our community.</p>	<p>FYI</p>

	<p>Eligibility: A person must meet all of these conditions to be eligible for AOT: 18 years old and over, seriously mentally ill, and a San Mateo County resident</p> <ul style="list-style-type: none"> • Have a history of not following through with treatment for their mental illness resulting in: <ul style="list-style-type: none"> ○ having been hospitalized and/or incarcerated two or more times within the last 3 years. Or, ○ having threatened or attempted a significantly dangerous behavior towards themselves or others at least one time in the past 2 years. • Were previously offered treatment on a voluntary basis and refused it, and whose health is quickly declining. 	
<p>County Manager John Maltbie</p>	<p>On the heels of the county's Closing the Jobs/Housing Gap Task Force wrapping up its initial work, the San Mateo County Board of Supervisors will hear a presentation on the progress made by the diverse group of stakeholders called together to brainstorm a menu of possibilities for preserving and increasing housing at all price points.</p> <p>During the same regular meeting Tuesday, the Board will also consider using up to \$10 million in Measure A funds to create the Affordable Rental Housing Preservation Program (ARHPP). Measure A is the voter-approved sales tax measure passed in 2012 to protect critical services and infrastructure. The ARHPP would provide loans through the County Department of Housing to experienced affordable housing developers and operators to acquire and preserve units and also restrict building rents.</p> <p>San Mateo County Sheriff Greg Munks announced his retirement from elected office. The Board of Supervisors will appoint an acting Sheriff to finish out the two years remaining in the term.</p>	FYI
<p>Board of Supervisors Supervisor Groom</p>	No report.	FYI

Supervisor Groom adjourned the meeting at 9:30 AM. The next Board meeting will be held on September 1, 2016.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer (interim)

DATE: August 4, 2016

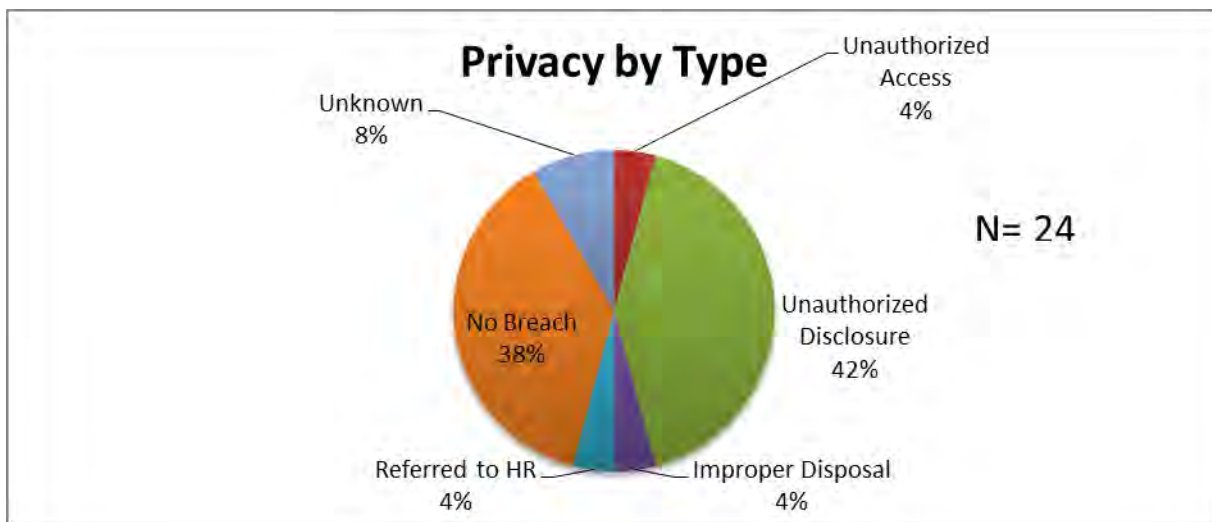
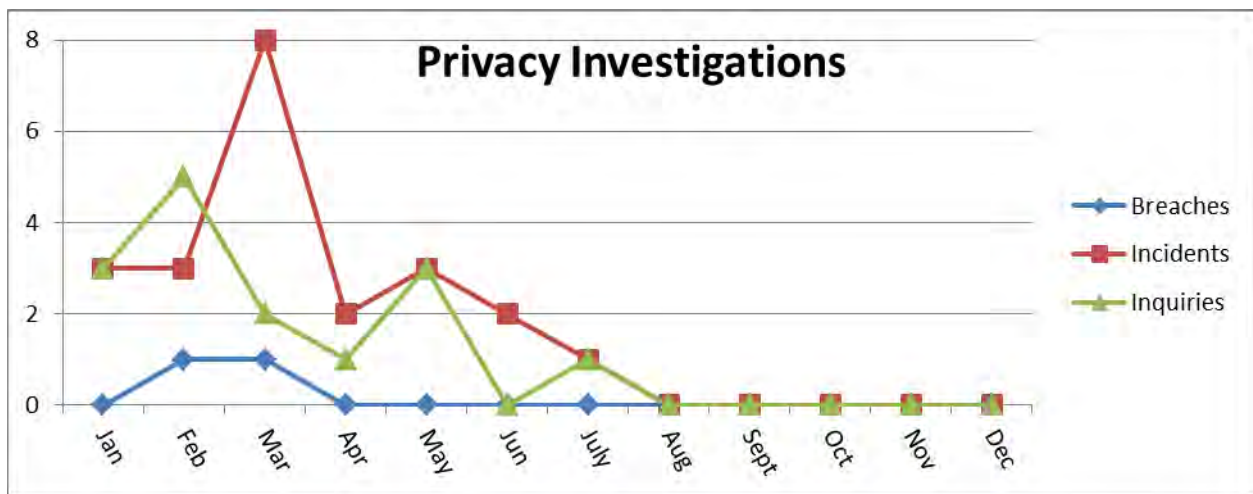
TO: San Mateo Medical Center Board of Directors

FROM: Teasha Fleming, CHC, Manager, Corporate Compliance and HIPAA

RE: Compliance/Privacy Report to the Hospital Board

HIPAA

In the 2nd Quarter of the calendar year, there were 0 breaches, 7 incidents and 4 inquiries. Two privacy reports are still under investigation.



SECTION TITLE: COMPLIANCE/PRIVACY REPORT TO THE HOSPITAL BOARD

HHS Office for Civil Rights (OCR) has begun its next phase of audits of covered entities and their business associates. The 2016 Phase 2 HIPAA audit will review the policies and procedures adopted by the covered entities and their business associates to meet the standards and specifications of the Privacy, Security and Breach Notification Rules.

SMMC received the Entity Screening Questionnaire on May 25th and responded on June 23rd. The screening questionnaire is used to gather data about the size, type and operations of the potential auditees for the HIPAA Privacy, Security and Breach Notification Audit Program. Receipt of the questionnaire does not indicate the medical center will be audited but rather will be placed in the pool from which entities will be selected for auditing this year. The first wave of audit selection notifications were sent to 167 health plans, health care providers and health care clearing houses on July 11th. The medical center did not receive an audit selection letter.

A high level assessment of the organization's level of compliance with HIPAA, Privacy and Security regulations is currently underway.

Compliance

Billing - Coding	COI/Vendor Relationships	HIPAA	Stark Law / Anti-kickback	Other Compliance
4	0	0	0	6

Totals are through 2nd Qtr.

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

Tandem Pain Management / Psychotherapy Billing:

Two providers (one medical, either MD or NP) and one psychologist will see the patient at the same time. The practice was to write their own encounter note and assign E&M or psychotherapy code separately. Recommendation has been made to ensure the psychotherapy notes clearly identify the time spent completing true psychotherapy.

Edison Clinic Nurse / FQHC Payments:

Due to an incorrect design of the claim scrubber logic, FQHC payments were billed for ineligible nurse services. Some amounts have already been refunded to the state through reconciliation. Finance is currently reviewing additional documentation to ensure all amounts have been refunded.



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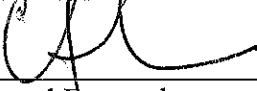
**ANNUAL EVALUATION OF
THE ENVIRONMENT OF CARE PROGRAM
2015**

San Mateo Medical Center 2015 Annual Evaluation

The annual evaluation of effectiveness for the Environment of Care (EOC) program is prepared for the organization in compliance with The Joint Commission Standards. In compliance with the intent of EC standards, a documented response from the Board is appreciated.

Thank you

Submitted by:



Conrad Hernandez
Safety Officer

4/26/2016

Date approved by Safety Committee:

_____ The Board reviewed the report and concur with the report.

_____ The Board reviewed the report and would like additional information on the following items:

_____ The Board reviewed the report and recommends the following:

TABLE OF CONTENTS

1. Executive Summary
2. Safety Management Plan Evaluation
3. Security Management Plan Evaluation
4. Hazardous Materials & Waste Management Plan Evaluation
5. Emergency Planning and Operations Plan Evaluation
6. Fire Prevention Management Plan Evaluation
7. Medical Equipment Management Plan Evaluation
8. Utility Management Plan Evaluation
9. Reports and Supporting Documentation (Binder only)

Executive Summary – Environment of Care

The Environment of Care is a vital part of effective hospital operations to ensure patient safety. The Standards set by The Joint Commission and CMS provide for a safe and functional environment for all patients, visitors and hospital employees. San Mateo Medical Center, through the Safety Management Program, has developed and implemented a program to identify, resolve and monitor Environment of Care issues throughout the hospital and affiliated satellite clinic facilities. This is accomplished through a multidisciplinary approach to the management of each one of the seven Environment of Care disciplines. The seven plans considered for annual evaluation are:

- Safety Management
- Security Management
- Hazardous Materials and Waste Management
- Medical Equipment Management
- Fire/Life Safety Management
- Utilities Management
- Emergency Management Planning and Operations Plan

The Safety Committee sets and prioritizes the environmental safety goals and performance standards of the hospital and all clinics and assesses whether those goals are being met. The Safety Committee meets nine times a year and the membership consists of program managers for each of the six EOC Management Programs and representatives from Administration, Nursing, Infection Control, Ancillary Services, Quality, Materials Management, Risk Management and Human Resources. Members of the Safety Committee are empowered with the responsibility to manage the six disciplines comprising the Environment of Care Program. Emergency Management is a separate program. The Safety Officer has been granted the authority and responsibility to act immediately on any issue that threatens the safety of our patients, visitors and staff.

The activities of the Safety Committee and information relevant to the Environment of Care are communicated to the Executive Committee and the Hospital Board. Department Managers use staff meetings to update employees on issues related to the Environment of Care and Safety Management. The Fire, Safety & Health Module, Environmental Rounds, and Fire and Disaster Drills are used to evaluate employee knowledge, skills, and level of staff participation in the Safety Program. The management plans are reviewed annually and the policies and procedures contained in the EOC manual are reviewed every three years and revised as often necessary to remain current. These reviews and subsequent revisions helped to assure that all standards and requirements of The Joint Commission are met and objectives, scope, performance, and effectiveness on key indicators of the plans are appropriate and lastly that priorities identified during the year are addressed

The following annual evaluations describe the objectives, scope, performance, and effectiveness of each Environment of Care discipline.

The organizational safety priority for 2015 was to increase response rate to EOC Rounds within 30 days to 75%. This has been successfully completed.

San Mateo Medical Center 2015 Annual Evaluation

The organizational safety priority for 2016 will be to increase response rate to EOC Rounds within 30 days to 85%.

I. SAFETY MANAGEMENT PLAN EVALUATION

A. Scope

The San Mateo Medical Center (SMMC) strives to provide a physical environment free of hazards and manage staff activities to reduce the risk of injury. The Safety Management Plan is based on the mission, vision, and values of and includes the SMMC main campus (Inpatient, outpatient clinics and ancillaries), off-site Clinics, and Long Term Care at SMMC. The scope included the following safe environment of care management components/processes:

- **Plan** – Identify risks from internal sources such as ongoing monitoring of the environment (EOC rounds), results of root cause analyses, results of risk assessments, product notices and recalls.
- **Teach** – Communicate Staff/Volunteers roles and responsibilities (Competency) through orientation, in-service training, continuing education, Fire Safety training and EOC rounds
- **Implement** – Minimize the impact of risk by implementing procedures and controls (Management Plans and other policies)
- **Respond** – Contacting Safety Officer, reporting to Safety Committee, completing Safe Report, completing Worker’s Compensation claim forms, Ergonomics Evaluation, Injury and Illness Prevention and implementing Emergency Operational Plan (EOP)
- **Monitor** – Performance indicators used may include staff knowledge and skills, level of staff participation (in drills, etc.), monitoring and inspection activities, emergency and incident reporting, or inspection, preventive maintenance, and testing of equipment
- **Improve** – Data analysis and annual evaluation of the plan. Report submission to the Hospital Board

B. Objective

The overall objective of the Safety Management plan was to provide a safe, accessible and effective environment of care, consistent with the mission and services of the organization as well as applicable governmental regulations.

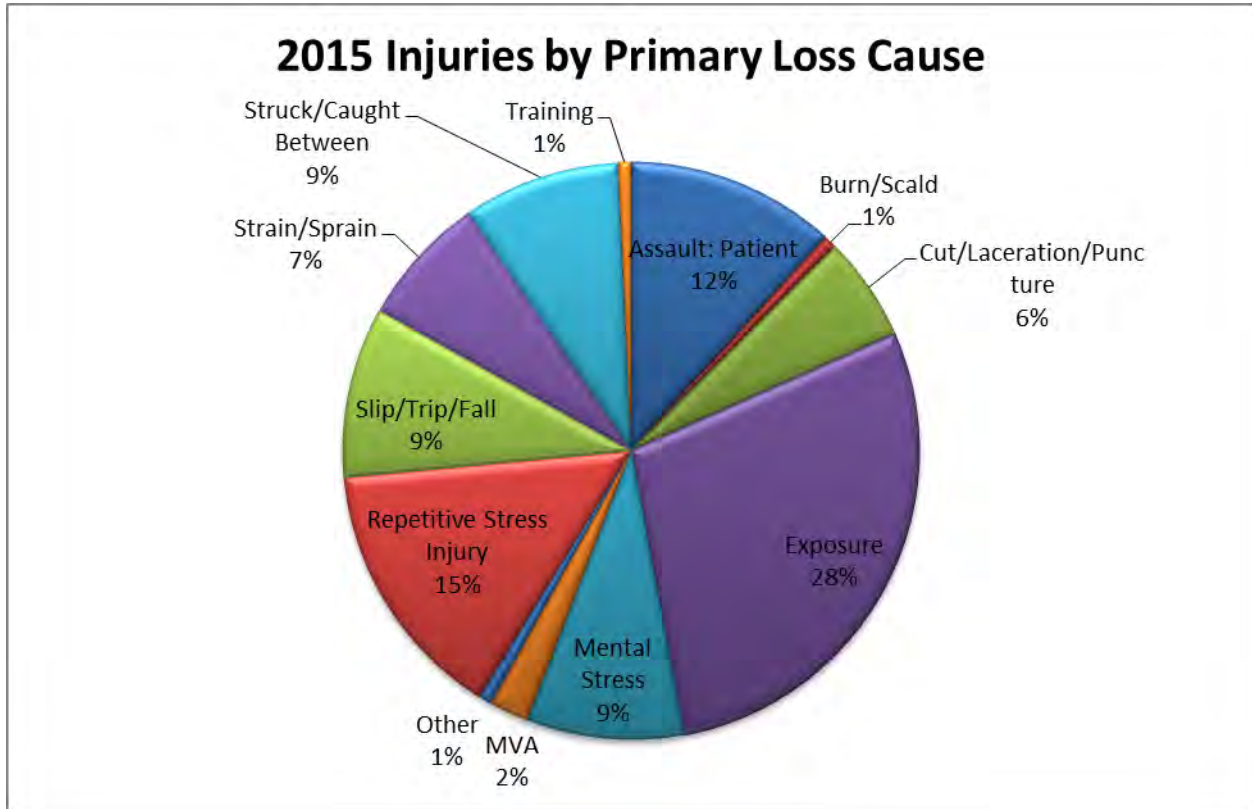
C. 2015 Specific Performance Improvement

2015 Performance Indicator	Target	Performance
The organizational safety priority for 2015 was to increase response rate to EOC Rounds within 30 days to 75%.	75%	Objective met

San Mateo Medical Center 2015 Annual Evaluation

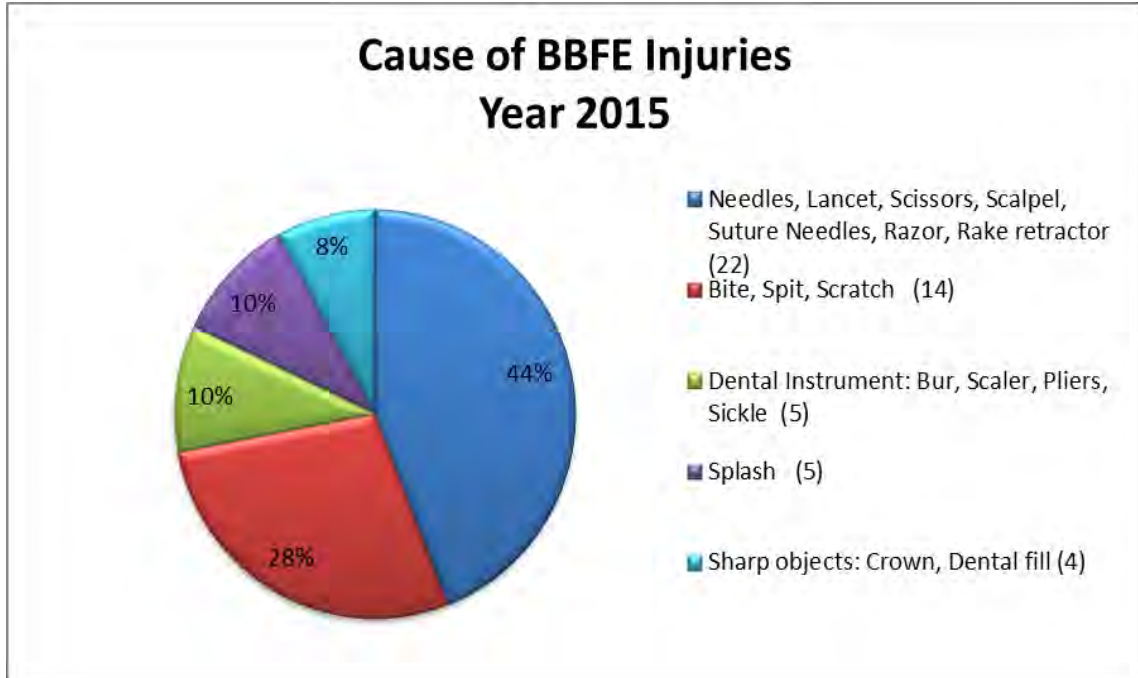
- In prior years, the response to EOC Round findings was low so the goal for 2015 was implemented to make sure action was taken on findings within 30 days.

D. Other Performance Measures



- There were 136 cases reported to Workers' Compensation in 2016. The top 2 areas were Exposure (39) and Repetitive Stress Injury (20). Furthermore, there were additional Blood Borne Fluid Exposures (BBFEs) that occurred and were reported internally but not to Workers' Compensation. The total number of BBFE injuries, in 2015, increased from 35 to 50, a 43% increase. To reduce the injury rate, the Blood Borne Pathogen Exposure Plan was updated and strategies were developed to change behavior including education through Learning Management System (LMS) and in-services. Each new group of employees was given BBFE orientation using a film.
- The Hospital and Clinics injury and illness incidence rate per 100 FTE's was **6.5**, which was lower than the industry incidence rate for other local government hospitals and clinics of 7.2, and mirrored the County's overall incidence rate.

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- Health and Safety Compliance

In 2015, there was an increase in N 95 Fit Testing and an increase in employee health screening and TB Surveillance.

SMMC Employee Health/Safety Compliance	N 95 Fit Testing	Health Screening and TB Surveillance
2012	785 out of 1060 employees	492 out of 1060 employees
2013	476 out of 1135 employees	303 out of 1135 employees
2014	547 out of 869 employees with direct patient contact	431 out of 869 employees with direct patient contact
2015	646 out of 1013 employees with direct patient contact	611 out of 1013 employees with direct patient contact

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Environmental Tours – 100% of scheduled environmental tours were conducted in the facility to identify deficiencies, hazards and unsafe practices. Of the 60 items that are assessed during the inspection process, 50 were maintained above the 90% compliance level with an overall average of 94%.

EOC ROUNDS RESULTS 2014 - 2015

Element	2014 % Compliance	2015 % Compliance
Floor surfaces free of cracks/holes/loose carpet	98	89
Aisles free and clear	75	78
Ceiling tiles clean and unbroken	79	58
Items over 5 ft. anchored	96	93
Refrigerators checked daily for temperatures and results recorded	92	100
Foods and pharmaceuticals stored separately	100	93
No Items under sink	--	76
Who is the Safety Officer?	94	84
Who is the Infection Control RN?	--	84
Are you familiar with the hospital smoking policy for staff/patients	100	100
All employees wearing I.D. badges	88	98
Medications secured/Med room locked	100	100
Patient Health Information (PHI) is not found in trash or recycling receptacles	98	89
Shred bins in department locked/secured	98	100
Where are employees supposed to park?	--	100
Where are you allowed to smoke?	100	100
Chemical storage according to hospital policy	90	98
All chemical containers have manufacturer labels	96	100
Pharmaceutical waste containers dated according to requirements	100	98
What material goes in red bags?	98	98
Tell me the process for locating SDS information	100	100
Are you familiar with the spill procedure on your unit?	90	100
Disaster Plan readily available	96	100
What is the hospital emergency code extension?	90	93
What is your role in a disaster?	96	100
Equipment cords and plugs in good condition	98	100
Medical equipment in use displays current sticker showing proper Biomed check	63	82
Clinical alarms in area are audible to health team	96	98
What is your procedure when you encounter patient care equipment that is defective?	98	100

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Three foot clearance surrounding fire extinguisher location	90	98
All exits clearly marked	100	100
All fire exit doors in area closed completely and open easily	94	93
Doors not wedged or blocked open	98	80
18 inch clearance below any sprinkler system	98	100
Exit Door Alarms are Functioning	--	100
Where is the nearest fire extinguisher?	98	100
Where is the nearest pull station?	96	100
What do you do if there is a fire in your area?	100	100
Vital equipment connected to red outlets	100	98
Medical gas valve labeled and unobstructed	94	100
Electric outlets undamaged	100	100
Electric outlets overloaded	88	93
Who is authorized to turn off the medical gas valves?	100	100
Employees observed washing hands with soap and water?	100	98
Employees observed using waterless Hand-Hygiene product?	100	98
Internal/External Disaster	88	93
Bomb Threat	88	93
Hazardous Materials	88	93
Combative Patient	88	93
Fire	88	93
Cardiac Arrest	88	93
Person with a weapon and or hostage	88	93
Do medication refrigerators have correct temperature and logged daily and are there a thermometer?	98	93
Are expired products removed from cabinets and medication refrigerators?	85	71
Are syringes properly stored in an enclosed area?	94	96
Are chemo spill kits available if applicable?	100	100
Can staff verbalize use?	100	100
Are medicine cabinets, carts and Med Rooms locked when not in use and nurse not present?	90	91
Are crash carts checked, logged and locked?	98	96
Fire extinguishers checked	100	100
Average	95	94

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D. Additional Safety Program Initiatives

- Responsibilities and Authority:
 - a) Attendance of the combined Safety Committee and Emergency Preparedness Committee was satisfactory with an average of 70% committee members in attendance. Composition of the committee is considered to be appropriate. The Safety Committee enjoys a 95% attendance from senior leadership.
- Risk Assessment:
 - a) The Safety Committee reviewed the Hazard Vulnerability Analysis (HVA) of the medical center and clinics identifying human, technological and natural vulnerability risks. The goal of the HVA is to prepare the facility for any possible risks, which could threaten the medical center and clinics.
 - b) Risk assessments to evaluate buildings, grounds, equipment, and staff knowledge were proactively conducted through the environmental tours and the Statement of Conditions.
- Product Safety Recalls – When a product was identified by the manufacturer or through other sources as defective or recalled, the appropriate procedures were followed. For the year 2015, 159 items were recalled and 100% of the items were either discontinued or removed from service.
- Safety Training: Safety training of San Mateo Medical Center employees was appropriate. Trainings provided included, HICS training, Medical Gas Cylinder, HazMat Operations/Decon-Refresher, Contec In-service, Fire Extinguisher Training and Fire Safety Training via LMS module.
- Smoking Policy: The smoking policy was enforced throughout the campus and enforcement actions taken as necessary.

E. Effectiveness

The 2015 Safety Management Program was reviewed to determine if the program was effective in meeting the needs of patients, employees and visitors within the parameters of the given scope, objectives and performance. Based on the performance actions stated above and the heightened staff awareness of safety, the Safety Management Plan was effective in 2015 in fulfilling its Scope, Objectives, and Performance goals. The EOC inspection sheet has been updated and the focus for 2016 will be to increase awareness and response time to the findings generated during rounds.

F. Identified Opportunities for Improvement in 2016

2016 Performance Indicator	Target
Response to EOC findings within 30 days	85%

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II. SECURITY MANAGEMENT PLAN EVALUATION

A. Scope

The San Mateo Medical Center (SMMC) Security Management Plan includes the medical center, off-site clinics, administrative offices, grounds, equipment and processes in SMMC. The program was designed to ensure the identification of security risks, minimize the risk of injury or property loss, provide effective response procedures and ensure rapid recovery. The scope included: identification processes; access and egress to the facility; infant and pediatric abduction prevention process; VIP and media security; and vehicular access to emergency care areas.

B. Objective

The overall objective of the Security Management Plan was to provide a safe, accessible and effective environment of care, consistent with the mission and services of the organization as well applicable government regulations.

C. 2015 Specific Performance Improvement

2015 Performance Indicator	Target	Performance
Create a workplace violence prevention plan committee per Senate Bill 1299	Implement by December 31 st , 2015	Objective met

D. Security Activities per Year

	2011	2012	2013	2014	2015
ASSAULTS	59	82	52	81	94
INJURIES ATTENDANT TO ASSAULTS	7	17	7	15	18
MISSING PERSONS / AWOL	12	11	13	14	14
FIRE ALARMS (CODES/DRILLS)	14	18	17	18	25
RESTRAINTS	245	328	290	295	429
REPORTS TAKEN	748	888	792	793	944
ARRESTS	9	14	16	14	5
POLICE CALLED	99	109	161	154	37
POLICE RESPONDED	37	60	55	69	31
SERVICE CALLS	43244	40943	33790	38167	45109
DISPATCHED (Dispatcher Initiated)	3191	3998	3419	2278	3114
ON- VIEW (Officer Initiated)	25267	36945	30371	35889	41995
CODE GRAY	36	55	68	60	97

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E. Effectiveness

The 2015 Security Management Program was reviewed to determine if the program was effective in meeting the needs of members, employees and visitors within the parameters of the given scope, objectives and performance. Based on the numerical data comparing 2015 to past years, as well as the performance actions, the Security Management Plan was effective in 2015 and met program objectives. The Workplace Violence Prevention Committee was put in place and training and learning opportunities were identified. These will be rolled out in 2016.

F. Identified Opportunities for Improvement in 2016

2016 Performance Indicator	Target
Roll out SMMC's workplace violence prevention plan per Senate Bill 1299	December 31st, 2016

III. HAZARDOUS MATERIALS AND WASTE MANAGEMENT PLAN EVALUATION

A. Scope

The scope of this plan applied to all operations, processes, activities and departments involved in the selection, procurement, handling, storage and disposal of hazardous materials and wastes at SMMC and all off-site clinics. The scope included: risk assessment; processes for selecting, storing, using and disposing of hazardous materials; space allocation; monitoring and disposal of hazardous gases and vapors; emergency procedures for a hazardous material release; appropriate documentation (e.g. permits, licenses and manifests) and in addition policies and procedures appropriate with regulatory compliance. The scope for this past year has been revised to include the discontinuation of the EtO sterilizer.

B. Objective

The overall objective of the Hazardous Materials and Waste Management plan was to provide a safe, accessible and effective environment of care, consistent with the mission and services of the organization as well as applicable governmental regulations.

C. 2015 Specific Performance Improvement

2015 Performance Indicator	Target	Performance
Improve the process for the removal of wastes and hazardous materials in a timely manner	Complete by December 2015	Objective was met

D. Additional Hazardous Materials/Waste Initiatives

- Risk assessment was conducted through the HVA, Environmental Tours as well as the audits conducted by the Fire Marshall and the County's Environmental Health Division.
- The facility chemical inventory was updated and meets TJC and State requirements.
- Emergency procedures for a hazardous material spill are current.
- Appropriate documentation (e.g. permits, licenses and manifests) are in place.
- Policies and procedures appropriate with regulatory compliance.
- Removal of Ethylene Oxide (EtO) sterilizer.

E. Effectiveness

The 2015 Hazardous Material and Waste Management Program was reviewed to determine if the program was effective in meeting the needs of members, employees and visitors within the parameters of the given scope, objectives and performance. Based on the performance actions of the objective improve the process for the removal of wastes and hazardous materials, the Hazardous Material and Waste Management plan was effective in 2015.

Among the highlights were removing old equipment, furniture and cleaning up the hazmat storage area. Also, the Sterile Processing Department at SMMC removed its EtO sterilizer in 2015 and was able to replace it with a V-pro hydrogen peroxide sterilizer. While EtO sterilization is mainly used to sterilize medical equipment, it is extremely

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reactive and flammable, increasing the risk of chemical accidents that could injure hospital employees and patients. In addition, SMMC was required to install a special alarm using gas detectors set up at different external locations to monitor any leak due to the dangers posed by EtO. The new V-pro system is less toxic while still sterilizing equipment per regulatory standards, and it does it within fifty minutes compared to a twelve hour cycle with EtO. This is a great improvement in performance. This was one of the initiatives that contributed to SMMC receiving a Board of Supervisors Stars Award.

F. Identified Opportunities for Improvement in 2016

2016 Performance Indicator	Target
Review and update Hazmat inventory for 100% of all pertinent departments	By July 1 st , 2016

IV. EMERGENCY MANAGEMENT PLANNING AND OPERATIONS PLAN EVALUATION

A. Scope

The Emergency Management Plan applies to the medical center departments, off-site clinics, processes, activities, including medical offices and is applicable to both internal and external disruptions, natural or man-made disasters, emergency events or catastrophes. It identifies the alert, notification and activation of key personnel, the internal management structure and reporting relationships, as well as coordination with external agencies and the community. It also includes managing activities related to care, evacuation, meeting essential building needs, staff education and managing a radioactive, biological and/or chemical incident.

B. Objectives

The overall objective of the Emergency Management Plan was to provide a safe, accessible and effective environment of care, consistent with the mission and services of the organization as well as applicable government regulations.

C. 2015 Specific Performance Improvement Objective

2015 Performance Indicator	Target	Performance
100% of SMMC's Executive Team are trained in NIMS 100, 200 and 700	100% senior leadership participation	Objective met

D. Additional Emergency Operations Plan Updates:

Staff knowledge in responding to an incident was tested during the drills and actual events:

Date	Scenario	Shift	Location
02/11/2015	BART Explosion/Operation Cohesive Capability Scenario	AM	Countywide Exercise
08/10/2015	Mini Table Top Exercise	PM	SMMC
11/19/2015	Pandemic Flu Drill	AM	Countywide Exercise
Date	Actual Incident	Shift	Location
10/16/15	Patient Surge as a result of a Power Outage at Burlingame Long Term	AM	SMMC

- **Risk Assessment:** Alert, notification and activation of key personnel was activated and tested during the disaster drills. The incident command structure was utilized to evaluate

San Mateo Medical Center 2015 Annual Evaluation

the internal management structure and reporting relationships, as well as the coordination with external agencies and the community.

- The hospital conducted an annual review of the inventory and updated the list.
- The performance metrics were shared with senior hospital leadership and the Hospital Board.
- After Action Report/Evaluation of the drills/actual events were completed based on all monitoring activities and observations from all levels of staff.
- The deficiencies and opportunities for improvements identified in the evaluation were communicated to ER Prep Committee, which comprises of senior hospital leadership.
- Senior leadership reviewed and directed implementation of deficiencies and opportunities for improvements. The reviews include both annual management planning reviews and evaluations of all emergency response exercises and all responses to actual emergencies.
- Community Involvement
 - The Safety Department actively participated in the San Mateo County Healthcare Working Group Emergency Preparedness committee to ensure there was ongoing community involvement.

E. Effectiveness

The 2015 Emergency Management Plan was reviewed retrospectively to determine if the program was effective in meeting the needs of members, employees and visitors within the parameters of the given scope, objectives and performance. Based on the numerical data comparisons, as well as the performance actions, the Emergency Management Plan was effective in 2015 and consistent with program goals.

F. Identified Opportunities for Improvement in 2016:

2016 Performance Indicator	Target
100% of SMMC’s Emergency Response Team are trained in NIMS	100%

V. FIRE PREVENTION MANAGEMENT PLAN EVALUATION

A. Scope

The scope of the San Mateo Medical Center (SMMC) Fire Safety Management Plan applied to San Mateo Medical Center, and all satellite facilities owned, leased or operated and was consistent with program goals. The plan addressed structural features of fire protection; systems of detection, early warning, communication and suppression; means of emergency egress; operations and staff behaviors relative to fire safety, emergency notifications, responses and other critical aspects of fire and fire safety. Specifically, the plan included information on achieving the goal of a safe environment including:

- Proactive processes for protecting patients, staff and visitors
- Processes for inspecting, testing and maintaining fire protection equipment
- The fire response plan
- Life Safety Code compliance for construction and renovated areas
- Fire drills
- Interim Life Safety Measures

B. Objectives

The overall objective of the Fire Management Plan was to provide a safe, accessible and effective environment of care, consistent with the mission and services of the organization as well as applicable government regulations.

C. 2015 Specific Performance Improvement

2015 Performance Indicator	Target	Performance
Staff knowledgeable in the location of the fire extinguisher and pull station during EOC Rounds.	By December 31, 2015, SMMC will have 100% of all staff knowledgeable about Fire Extinguisher and Pull Station locations.	Objective met

D. Additional Fire Program Initiatives

- Proactive processes for protecting patients, staff and visitors: Environmental rounds were conducted to identify fire safety deficiencies; the Electronic Statement of Conditions (eSOC) and (PFI) was completed to assess the buildings' fire protection features and evaluate compliance of the Life Safety Code (LSC). The Building Maintenance Program was utilized to ensure 100% of the life safety elements are operational at any given time.
- Information Collection & Evaluation System (ICES) – Monthly reviews of trending information; incident reports, audit findings, and risk analysis were conducted.

San Mateo Medical Center 2015 Annual Evaluation

- Processes for inspecting, testing and maintaining fire protection equipment: All Life Safety systems were tested in 2015 with a 100% compliance factor. The sprinkler systems were tested and approved. Fire extinguishers were checked on a monthly basis to ensure a full charge.
- The fire response plan was tested through the Fire Drill program. The results of the critique and evaluation of the drills and staff knowledge were reviewed.
- Proposed acquisitions: All bedding, cubicle curtains, draperies, upholstery, and wastebaskets are all flame retardant and fire marshal approved.
- Paging system: The paging system was upgraded and tested to ensure that staff and visitors could hear the pages overhead.
- Fire drills: Fire drill response was tested on a monthly basis for three shifts. Employees were monitored for response, containment, activating the alarm, evacuation and fighting the simulated fire. When deficiencies were noted, staff was educated and suggestions for improvement were addressed. Facilities staff is aware of 30 false alarms that were unintentionally triggered in 2015 and are looking at addressing these in 2016. Due to excessive false alarms, fire drill response was tested during the latter part of the year without setting off the alarm.

E. Effectiveness

The 2015 Fire Prevention Management Plan was reviewed to determine if the program was effective in meeting the needs of the organization, within the parameters of the given scope, objectives and performance. The scope, objectives and performance of the 2015 Fire Prevention Management Plan were effective and consistent with the hospital's mission of providing a safe environment for its patients, visitors and staff, in relation to fire/life safety and based on objectives and performance actions.

F. Identified Opportunities for Improvement in 2016

2016 Performance Indicator	Target
Less false alarm triggers than year 2015	By December 31, 2016, SMMC will have 50% less false alarm triggers than 2015. Current target is 15 or below.

VI. MEDICAL EQUIPMENT MANAGEMENT PLAN EVALUATION

A. Scope

The program was applied to the San Mateo Medical Center and all other leased, owned, or operated facilities and included selected medical equipment, devices and technology which include, but are not limited to:

- Equipment purchased, rented, leased, borrowed, and demonstrated
- Clinical and technical consultative services relative to equipment pre-purchase evaluation and user training.

This scope of the medical equipment management plan included:

- Risk Assessment
- Selecting and Researching Medical Equipment
- Risk Criteria for Identifying, Evaluating and Creating an Inventory
- Appropriate Inspection and Maintenance of the Equipment
- Intervals for Inspecting, Testing and Maintaining Equipment
- Process for Monitoring and Acting on Hazard Alerts and Recalls
- Process for Safe Medical Device Act
- Performance Testing of Sterilizers

B. Objective

The overall objective of the Equipment Management Plan was to support a safe patient care environment by managing risks associated with the operation and maintenance of medical equipment systems, consistent with the mission and services of the organizations as well applicable government regulations.

C. 2015 Specific Performance Improvement Objective

2015 Performance Indicator	Target	Performance
Set up an electronic work order ticketing system for Bio-Med issues	Complete by December 31 st , 2015	Objective not met due to staff turnover

D. Additional Medical Equipment Program Updates

- Performance Indicator: The performance measure was not met due to a staffing shortage and turnover.
- Risk Assessment reviews including environmental rounds, medical equipment management and quality control detectors and incident reports did not indicate any changes in the procedures, training, and/or equipment provided.
- Selecting and Acquiring Medical Equipment The selecting and acquiring of medical equipment is a combined effort of the Bio-Medical contract service, Materials Management, the Department Manager, and Administration.

San Mateo Medical Center 2015 Annual Evaluation

- Appropriate Inspection and Maintenance of the Equipment: The Bio-Medical Department completed 100% preventative maintenance inspections for life support systems (Priority 1) and 95% preventive maintenance inspections for non-life support systems (Priority 2,3 & 4) as per the policy.
- Process for Monitoring and Acting on Hazard Alerts and Recalls: This metric was within SMMC target. Communications were sent to department managers notifying them of alerts and recalls of equipment. A formalized process was created by Materials Management.
- Process for Safe Medical Device Act: There were no reports generated that fell under the Safe Medical Device Act for the year 2015. SMMC did not experience any death or injury from any medical equipment.
- Performance Testing of Sterilizers was conducted and documented.

E. Effectiveness

The 2015 Equipment Management plan was reviewed to determine if the program was effective in meeting the needs of the organization, within the parameters of the given scope, objectives and performance. Equipment Management Plan was effective and consistent with the hospital's mission of providing a safe environment for its patients, visitors and staff, in relation to medical equipment and based on objectives and performance actions.

F. Identified Opportunities for Improvement in 2016

2016 Performance Indicator	Target
Set up an electronic work order ticketing system for Bio-Med issues that is set up (July), piloted (September) rolled out to departments by year end	Complete by December 31 st , 2016

VII. UTILITIES MANAGEMENT PLAN EVALUATION

A. Scope

The program applies to the San Mateo Medical Center and all other leased, owned, or operated facilities, grounds, equipment and processes. The scope of the utility management plan includes:

- Risk Assessment
- Utility Systems Equipment Operation, Inspections, Testing and Maintenance
- Emergency Procedures for Utility System Disruptions or Failures
- Mapping of the Distribution of the Utility Systems and Labeling Controls
- Minimizing Pathogenic Biological Agents
- Utility systems, components and the operation, for the purposes of providing:
 - Life support systems
 - Ventilation
 - Electrical power
 - Communication systems
 - Domestic hot and cold water

B. Objective

The overall objective of the Utilities Management Plan was to provide a safe, accessible and effective environment of care, consistent with the mission and services of the organization as well applicable government regulations.

C. 2015 Specific Performance Improvement Objective

2015 Performance Indicator	Target	Performance
Engineering staff are familiar with the procedures to operate, test and maintain the new cogeneration system	100 %	Objective not met due to performance issues with contractor

D. Additional Utilities Management Program Updates

- Performance Indicator: The performance measure was not met due to operational delays experienced by the vendor and therefore was unable to train staff.
- Risk Assessments: Environmental Rounds, Utilities management and quality control detectors (e.g. identifies user errors and system failures), Incident Reports and Disaster drill critiques were reviewed to identify areas of vulnerability. Communication was identified as an area of opportunity and additional redundant communication equipment was procured.
- Emergency Procedures for Utility System Disruptions or Failures: This process is outlined in the Emergency Operations Plan.
- Mapping of the Distribution of the Utility Systems and Labeling Controls: In an effort to keep utility systems labels and controls current, historical documents are being converted

San Mateo Medical Center 2015 Annual Evaluation

to computerized drawings. New utility systems and major updates are provided to the medical center as computerized drawings.

- **Minimizing Pathogenic Biological Agents:** The monitoring program for managing the potential for hospital-acquired infections detects the presence of pathogenic biological agents in water systems. Monthly water treatment tests are performed to control pathogenic biological organisms in the chilled water, heating hot water and domestic hot water. In addition, domestic water quality test is performed monthly.
- Utility systems, components and the operation, for the purposes of providing Life support systems, ventilation, electrical power, communication systems and domestic hot and cold water are monitored and maintained:

PROGRAM ACTIVITY/ PERFORMANCE STANDARD	PERFORMANCE MEASURE	YTD TOTAL	YTD TOTAL	YTD TOTAL	YTD TOTAL	YTD TOTAL	YTD TOTAL
		2010	2011	2012	2013	2014	2015
All high-risk, infection control, non-high-risk utility systems and operating components on the inventory are inspected and preventive maintenance services performed in accordance with existing procedures and the schedule.	100% compliance with scheduled services.	2977/2977	4124/4124	4519/4519	4453/4453	3941/3941	3928/3928
		100%	100%	100%	100%	100%	100%
Utility outages will be promptly corrected and reported.	100 % utility outages reported and corrected.	0	2/2	5/5	1/1	4/4	5/5
Testing of emergency generators accomplished in accordance with current procedures.	100 % of required generator testing accomplished.	156/156	153/153	153/153	186/186	155/155	144/144
		100%	100%	100%	100%	100%	100%
Life safety support systems are tested, inspected and maintained as per the current schedule.	100 % of the inspections are performed on time. Deficiencies are immediately corrected.	2172/2172	2172/2172	2172/2172	2172/2172	2172/2172	2172/2172
		100%	100%	100%	100%	100%	100%
Building maintenance program elements are tested, inspected and maintained as per the current schedule.	95 % of the building maintenance program items are functional at any given time. Deficiencies are immediately corrected.	Included in the Utilities Program	Included in the Utilities Program	Included in the Utilities Program	Included in the Utilities Program	Included in the Utilities Program	Included in the Utilities Program
		100%	100%	100%	100%	100%	100%

San Mateo Medical Center 2015 Annual Evaluation

E. Effectiveness

The 2015 Utilities Management Plan was reviewed to determine if the program was effective in meeting the needs of the organization, within the parameters of the given scope, objectives and performance. The scope has been increased for 2016 to include the establishment of the cogeneration system. Other objectives and performance of the 2015 Utilities Management Plan are effective and consistent with the hospital's mission of providing a safe environment for its patients, visitors and staff, in relation to fire/life safety and based on objectives and performance actions.

F. Identified Opportunities for Improvement in 2016

2016 Performance Indicator	Target
Engineering staff are familiar with the procedures to operate, test and maintain the new cogeneration system	100%



San Mateo Medical Center
A County System of Healthcare

TAB 2

ADMINISTRATION REPORTS

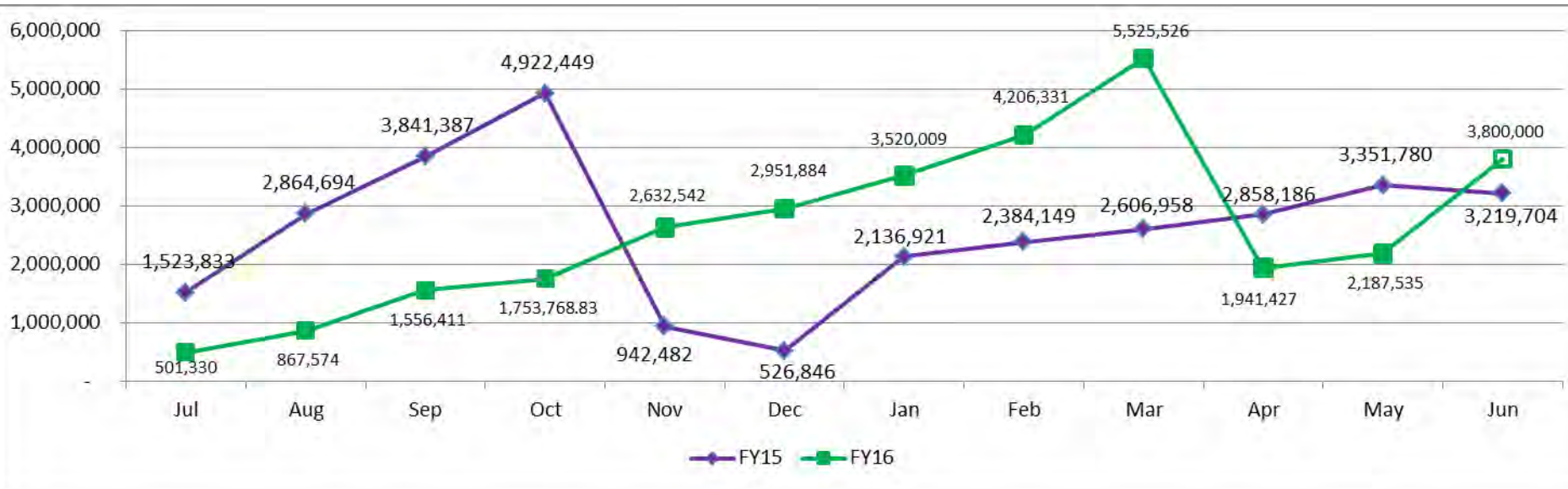


San Mateo Medical Center
A County System of Healthcare

**June FY 2015-16
Preliminary Financial Report**

**Board Meeting
August 4, 2016**

Financial Highlights – Net Income Trend



Financial Drivers:

- Inpatient Revenue – Volume
- Global Payment Program

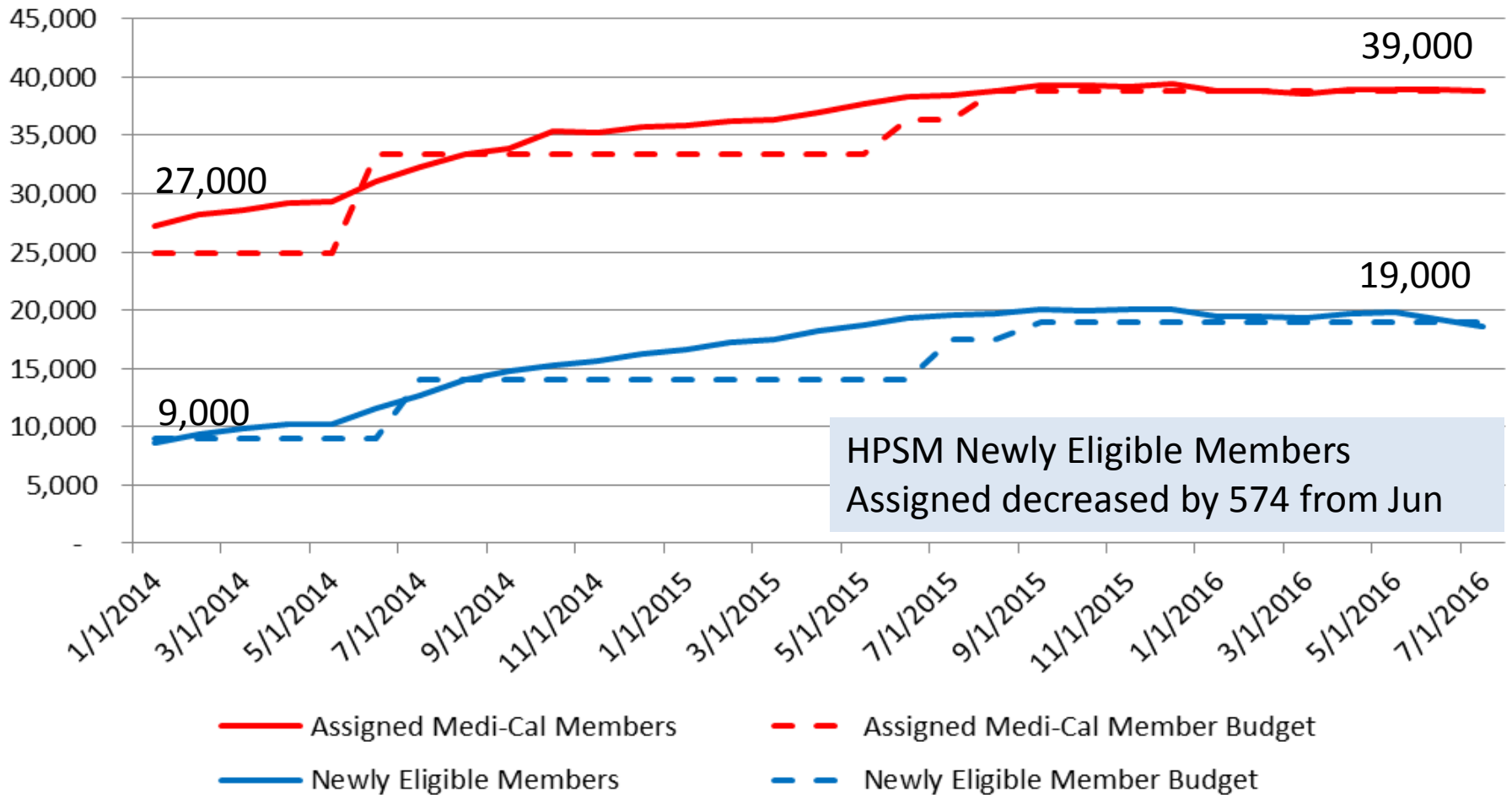
- FQHC DSH claiming reserve
- Office Furniture & Equipment
- Nursing Registry

Full Year Forecast:

Uncertainty around FQHC DSH claiming and Medi-Cal audits were factored into April results. Full year projected to be favorable at \$3.8 million, pending final closing adjustments and audit results.

SMMC Medi-Cal Members

HPSM Newly Eligible and Assigned Members



HPSM Newly Eligible Members
Assigned decreased by 574 from Jun

San Mateo Medical Center

Payer Mix

June 30, 2016

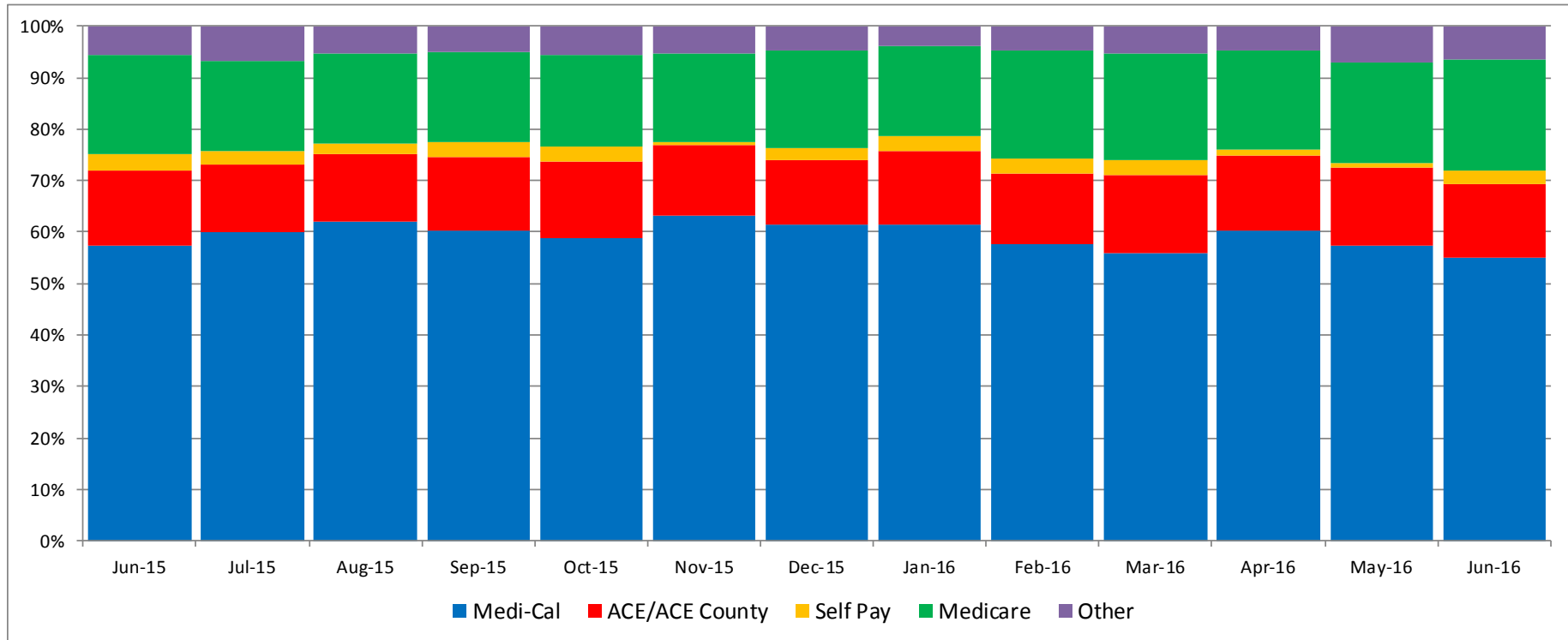
MONTH			
Actual	Budget	Variance	Stoplight

YEAR TO DATE			
Actual	Budget	Variance	Stoplight

Payer Type by Gross Revenue

	A	B	C	D
15 Medicare	21.5%	16.6%	5.0%	
16 Medi-Cal	54.9%	59.9%	-5.0%	
17 Self Pay	2.7%	3.5%	-0.8%	
18 Other	6.4%	5.9%	0.4%	
19 ACE/ACE County	14.5%	14.1%	0.3%	
20 Total	100.0%	100.0%		

E	F	G	H
18.8%	16.6%	2.3%	
59.4%	59.9%	-0.5%	
2.3%	3.5%	-1.2%	
5.4%	5.9%	-0.5%	
14.1%	14.1%	0.0%	
100.0%	100.0%		

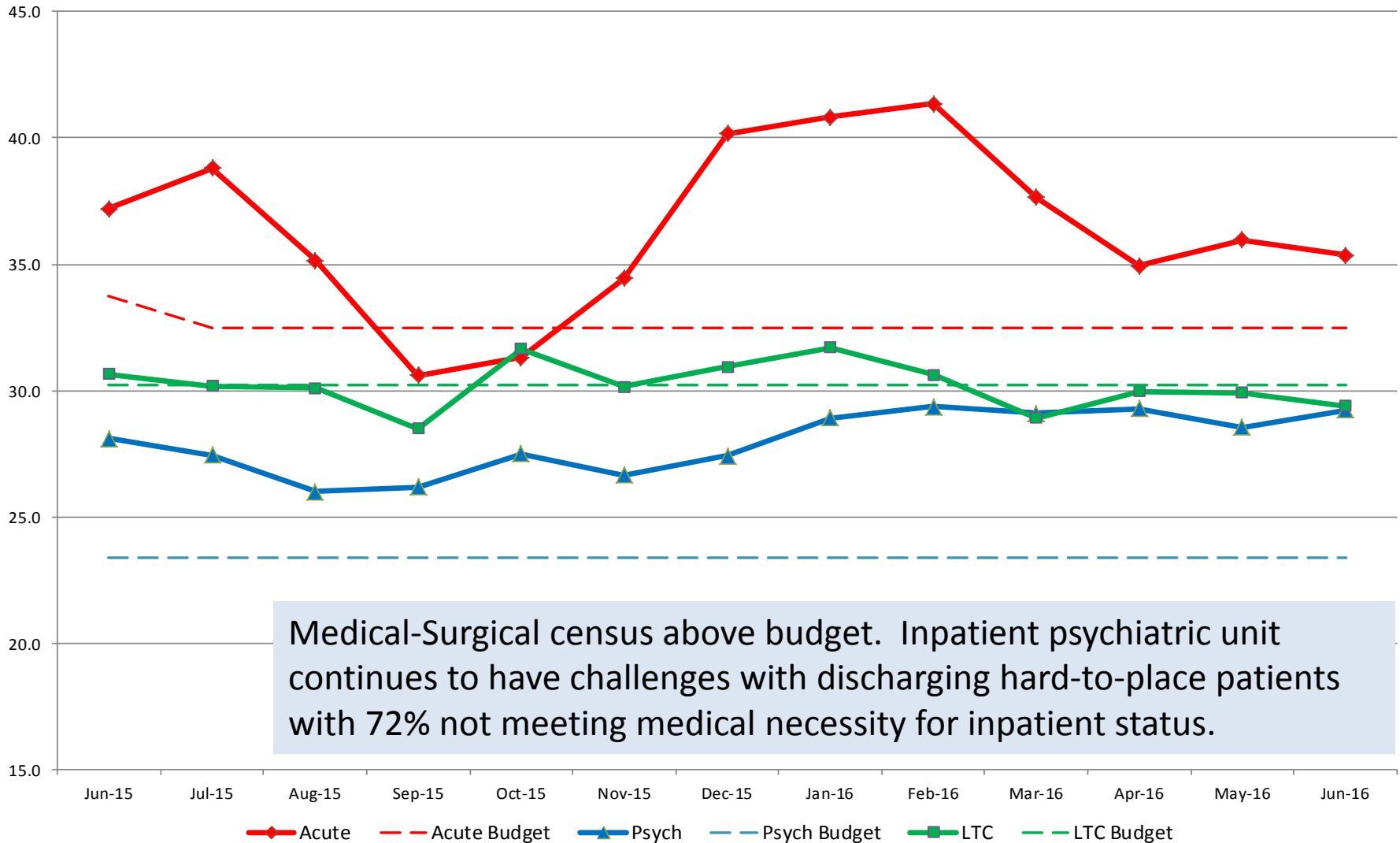


**San Mateo Medical Center
Inpatient Census
June 30, 2016**

MONTH			
Actual	Budget	Variance	Stoplight
2,820	2,607	213	8%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
34,600	31,801	2,799	9%

Patient Days

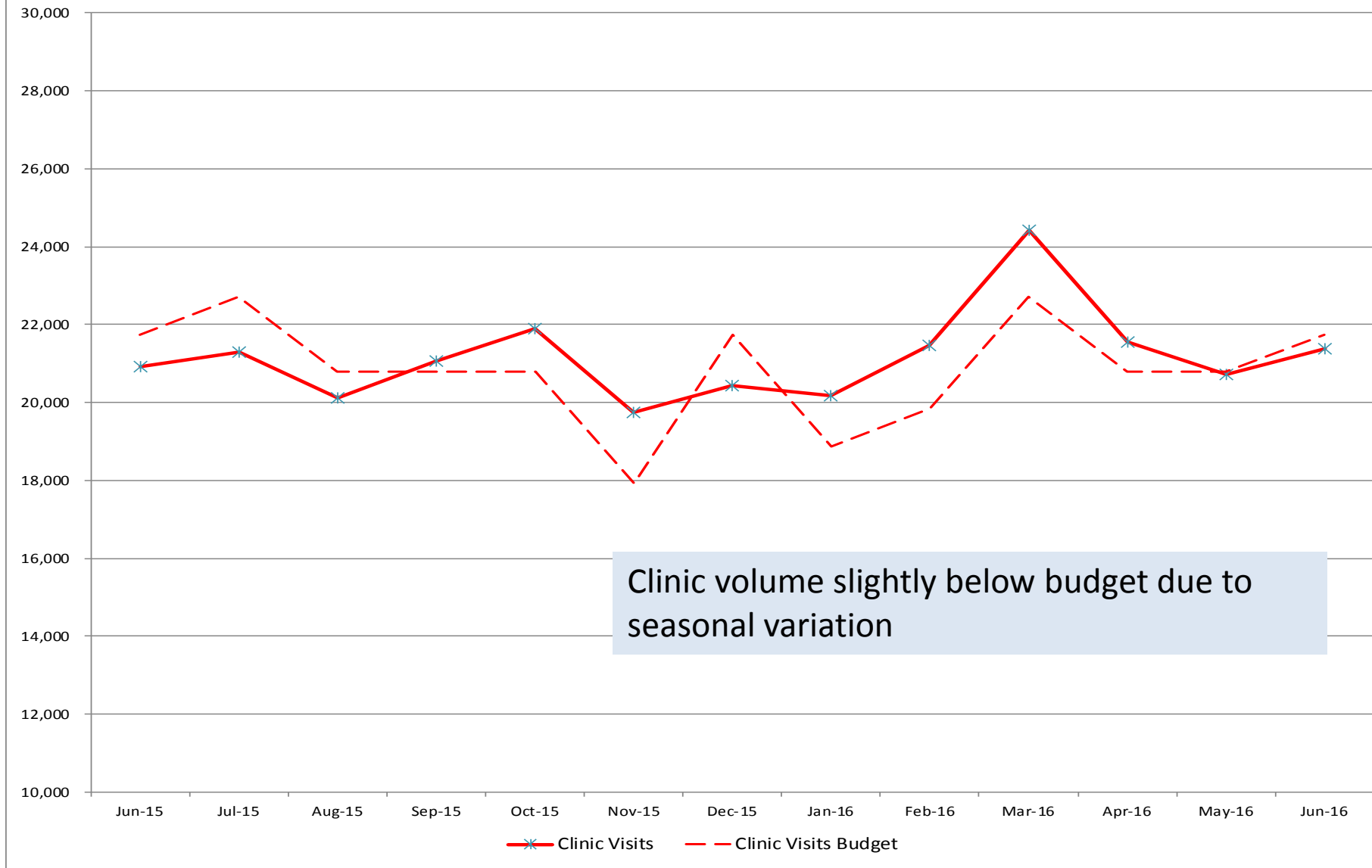


**San Mateo Medical Center
Clinic Visits
June 30, 2016**

MONTH			
Actual	Budget	Variance	Stoplight
21,368	21,693	(325)	-1%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
254,272	248,488	5,784	2%

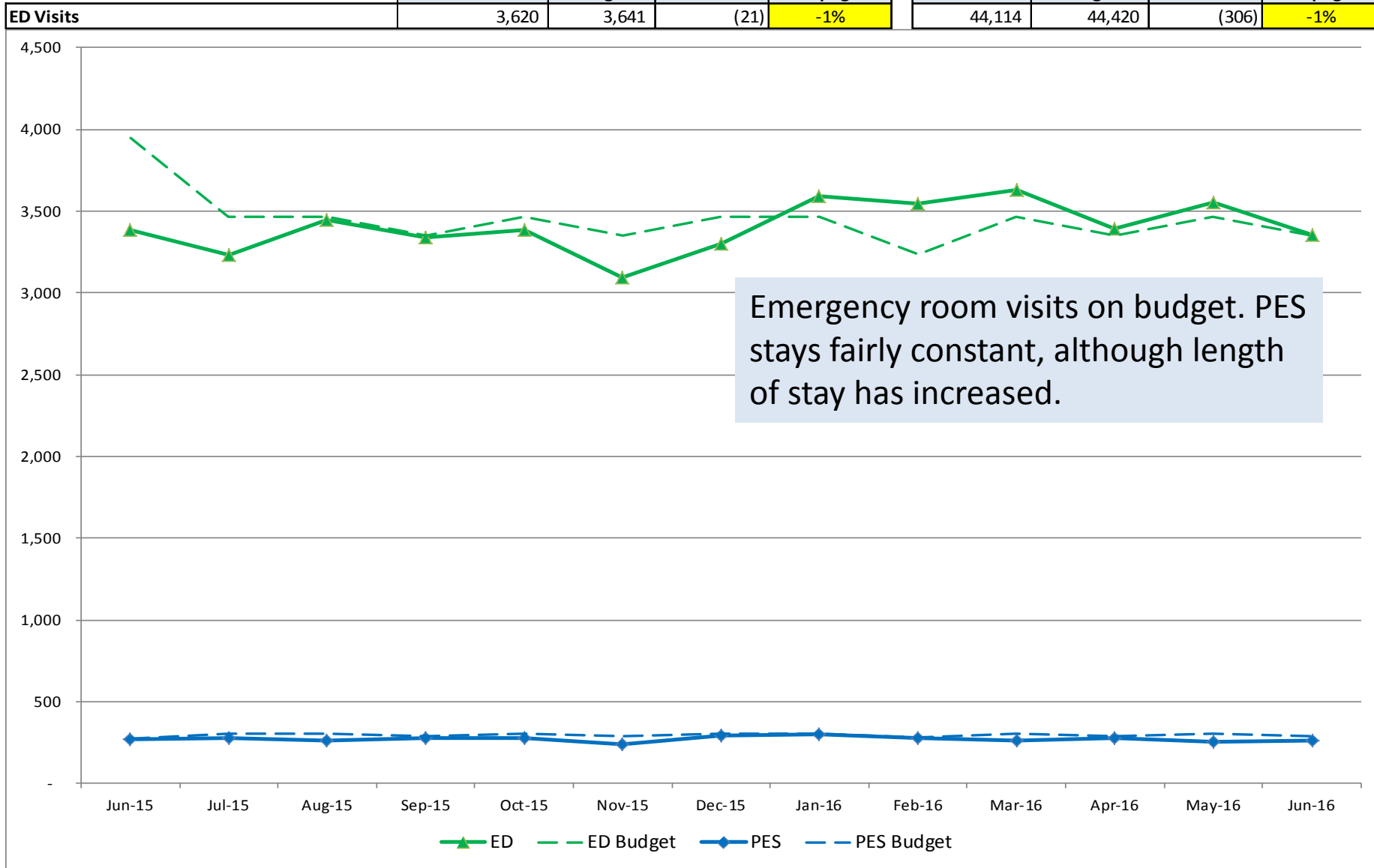
Clinic Visits



**San Mateo Medical Center
Emergency Visits
June 30, 2016**

MONTH			
Actual	Budget	Variance	Stoplight
3,620	3,641	(21)	-1%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
44,114	44,420	(306)	-1%

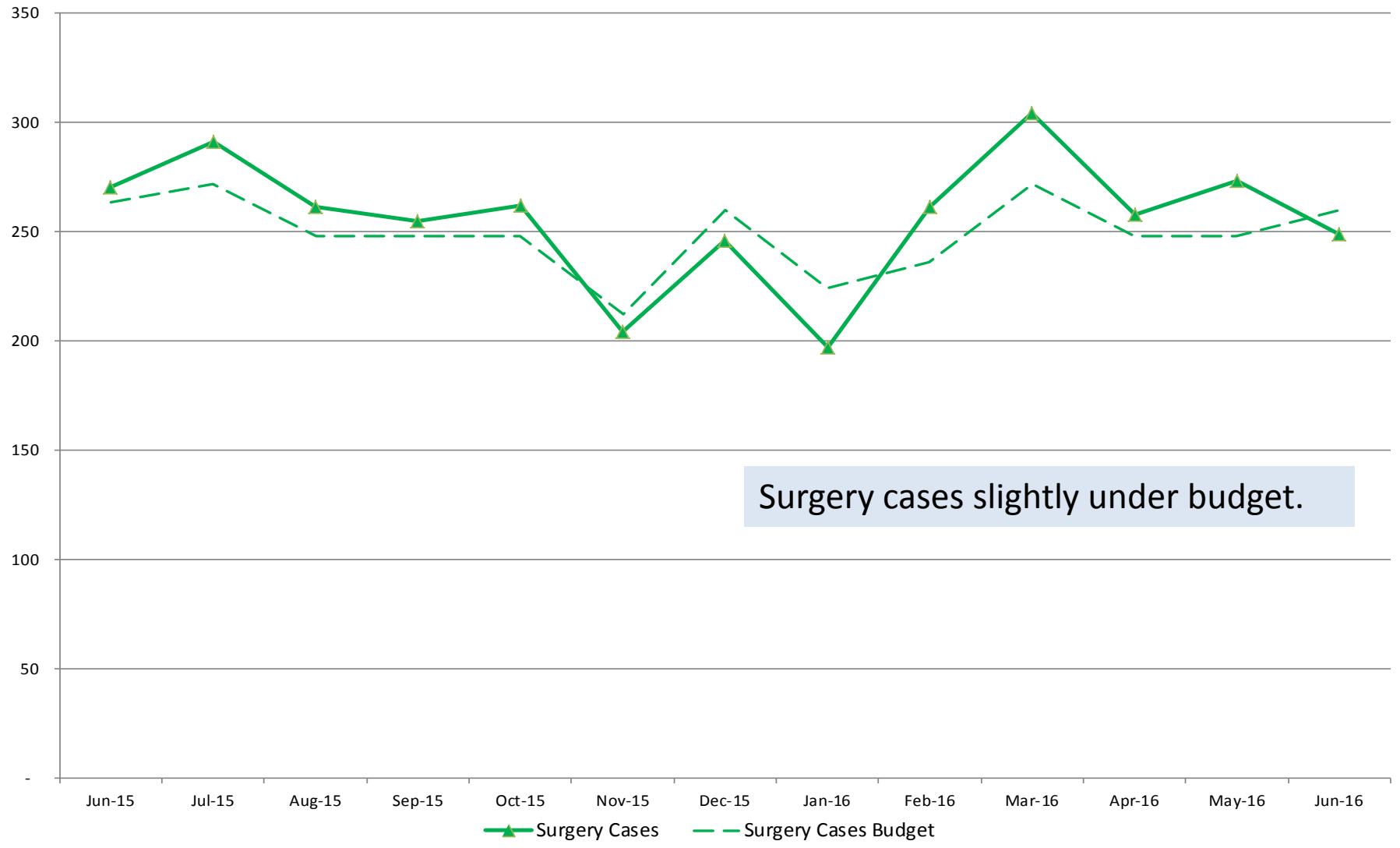


**San Mateo Medical Center
Surgery Cases
June 30, 2016**

MONTH			
Actual	Budget	Variance	Stoplight
249	260	(11)	-4%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
3,061	2,974	87	3%

Surgery Cases



Surgery cases slightly under budget.

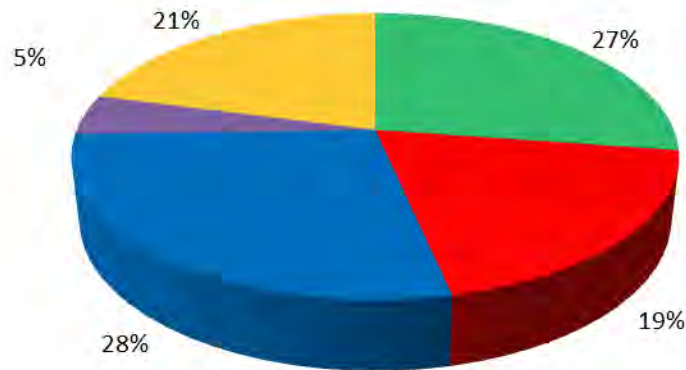
APPENDIX

Additional financial reports are pending final closing adjustments and audit results.

Revenue Mix

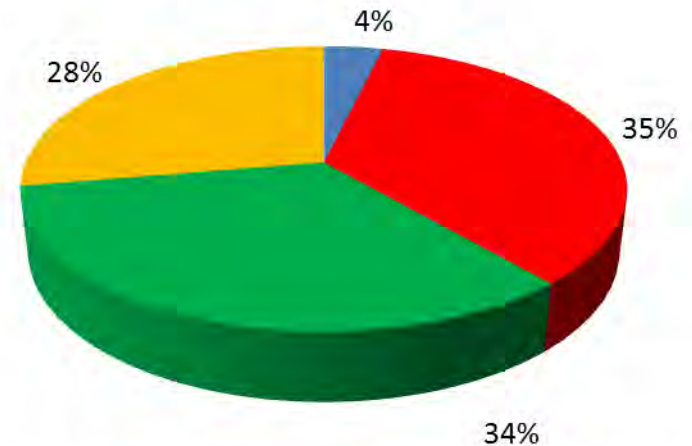
60,000
Managed
Care
Lives

Sources of Revenue



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

Managed Care Mix



■ Medicare ■ Capitation ■ Traditional ■ ACE County

- **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 CEO REPORT



August, 2016

LEAP UPDATES & EXCELLENT CARE

The end of the fiscal year brings with it the close of the strategic initiative cycle, which serves as an exciting opportunity for the organization to reflect on our collective progress. For fiscal year 2015/2016, there were 6 initiatives designed to advance San Mateo Medical Center's efforts toward our 2020 pillar goals:

- Patient Experience
- Quality Outcomes
- Patient Centered Medical Home
- Financial Stewardship
- Flow and Transitions
- Staff Engagement & Leadership System

Throughout June and July, each initiative reconvened their steering committees and key stakeholders to review the year's work- to highlight the achievements (*see below*) identify challenges (*coordination of improvement efforts, difficulty with data, etc.*) and determine next steps. The focus now is how to ensure that this important work continues, the organization learns from the efforts, and that we manage and respect the bandwidth of our staff moving forward

Some Examples of the Achievements from this year's improvement efforts:

- ✓ *WE CARE customer service training*
- ✓ *Redesigning New Employee Orientation*
- ✓ *Supporting the IMAT initiative with BHRS*
- ✓ *Advancing the Care Team Transformation*
- ✓ *Successful Joint Commission Survey*
- ✓ *Phone Based Care Program*
- ✓ *Supply Cost Savings Initiative*
- ✓ *Improved quality of SAFE resolutions*
- ✓ *Health Coach training and certification*
- ✓ *Provider Communication Training*
- ✓ *Employee Recognition Program Refresh*

In parallel, the Executive Management team has been engaged in a thorough and robust process to develop the strategic focus for the organization in the coming fiscal year. Ensuring alignment to our 11 pillar goals, the opportunities afforded through state and federal programs, and the needs of our patients and staff- the bodies of work are being identified and project plans are taking shape.

PATIENT CENTERED CARE & STAFF ENGAGEMENT

- **7th Annual "HOG" School Supply Run is a Huge Success:** On Saturday July 23rd, SMMC hosted the Golden Gate Harley Owners Group (HOG) 7th Annual School Supply Run. I had the privilege of participating and it was both humbling and invigorating. Over a hundred backpacks filled with school supplies were distributed to children who attended the event. In addition, the HOG group donated an additional \$2600 to purchase additional school supplies to be distributed through our pediatrics clinics. My thanks to Glynis Carreira, volunteer coordinator, who organized the event and to everyone who volunteered at the event or made a donation. Most importantly a huge thank you to the HOG group who went out of their way to make it a special event.

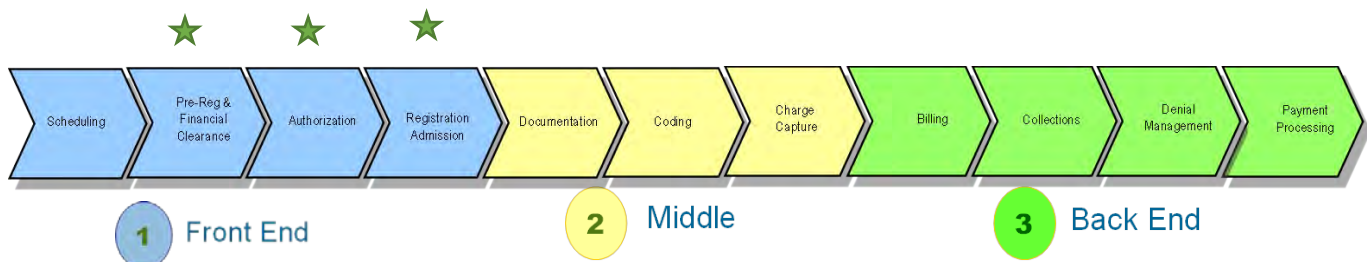
- **Quarterly Employee Forums:** I was again privileged to participate in the quarterly employee forums during the week of July of 18th. Much of the discussion focused on the recent employee engagement survey. It was a great opportunity to hear from staff about what was working and what was not. There were also robust discussions about development opportunities for staff. We will look forward to incorporating the learnings into our upcoming strategic work.
- **Selected patient/family stories of gratitude:**
 - **From the Emergency Department:**
 - Thank God they attended me very quickly, the doctors are very **efficient**, and nice, thank you very much
 - Overall visit was **excellent**. I'm treated better than at a regular hospital
 - **From 2A/B:**
 - Nurses were amazing. I cannot praise them highly enough.
 - The staff was exceptionally **kind & attentive**, especially the nurses!
 - Exceptional **friendly** service. Food - very good!
 - **From 39th and Mobile Dental:**
 - great staff, she looked into a medical condition I have to see how it relates to my dental care I was very impressed with her dedication to my overall health
 - **From Coastside:**
 - I have always received great care from my dr and office staff are very nice and professional
 - **From Daly City Clinic:**
 - The staff were very **helpful** and **courteous**. i was able to get an appointment right away. i am very **happy** with their service highly efficient, satisfying, and commendable! As a patient, I feel a sense of satisfaction that I was given very good care and service.
 - overall I am very pleased with the care I get in this clinic and very thankful that I have a wonderful doctor,
 - **From Fair Oaks Health Center:**
 - *Dr. Shandilya is the best! She even calls me to see how I'm doing she's **excellent**. Best dr. I've ever had.
 - **From South San Francisco Clinic:**
 - both the people in the registration area and in the clinic are all nice, **courteous** and **helpful**.they all deserve a big thumbs up
 - excellent care for my husband and myself, very knowledgeable and very professional in her approach. Most of all she gave me a feeling that she really cared about my health. I'm sorry she leave she has been truly an asset to the San Mateo Health Center. Her replacement has big shoes to fill.
 - **From the Innovative Care Center:**

- your staff save my life and I was treated **excellent**
 - The people in the clinic or provider office are very friendly, and very good!
- **From Main Campus OB/Gyn:**
 - *She have very good experience
 - Everything very good.
 - **From the Ron Robinson Senior Care Center:**
 - Ron Robinson is a very special place with great clinicians, providers, nurses and support staff.
 - Both *Dr. Joseph and *Dr. Sheffrin are wonderfully **caring** women. I feel like they are 100% about my health I always get the best care
 - Dr. Joisha, A, my care provider, is still quite young. But, this does not stand as an obstacle to her sincere desire to serve and provide care to people like me. She is very **dedicated** and completely devoted to her profession. She is exceptionally knowledgeable, and highly skilled in dealing with me and handling my care needs. She is very **professional, compassionate**, accommodating and unusually unselfish in dishing out practically all her medical knowledge and experiences to me. She is a superb medical practitioner
 - **From the Surgical Specialty Clinic:**
 - Excellent and very **professional**, friendly service with **excellent** result and perfect follow up. I am very **grateful** and **happy** that I was treated by Dr Ellison and all his staff. Thanks to their care and skills my recovery was a walk through the park
 - **From the Medical Specialty Clinic:**
 - The doctors do spend an adequate amount of time with each patient, which is greatly appreciated. This does extend the wait time, which I don't mind.

FINANCIAL STEWARDSHIP

Revenue Cycle Transformation

We continue on our journey to transform our revenue cycle processes by focusing on the following FY17 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're providing updates on our planning for workflow redesign and standard work for front-end processes.



We recently initiated a project, called “Registration Data Quality”, to analyze registration workflow defects, develop standard work and build a roadmap to creating a “pre-registration” process. Improvements in these areas will allow us to improve our accuracy of 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 many of these steps as part of a pre-registration process will enhance the patient’s experience by making for a smoother/quicker check-in process on the day of their hospital visit.

The second major front-end focus area is treatment authorizations, which currently accounts for 80% of defects that cause our claims to be held. We have initiated projects in the following areas: 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.

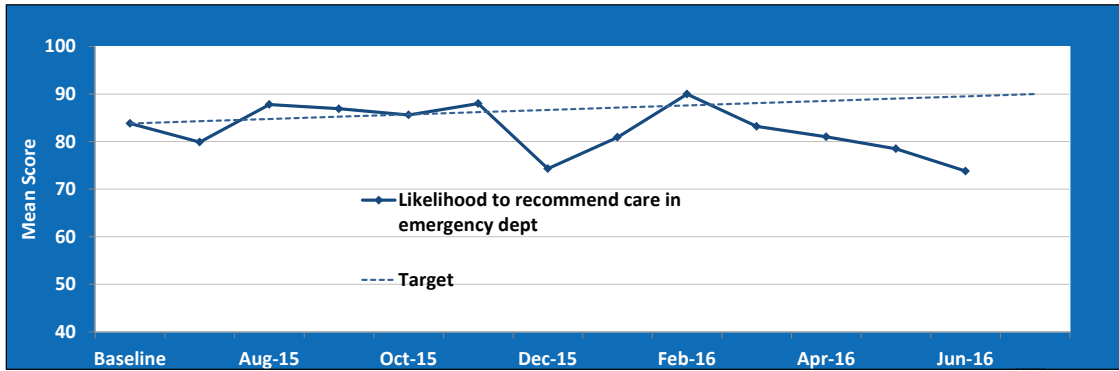
Concurrent with our front-end transformation efforts we are developing plans to replace our outdated patient accounting and billing system. While a new IT system will provide significant new capabilities for enabling front-end processes and enhanced reporting/data analytics, first and foremost our workflows need to be efficient and effective; otherwise a new system implementation will fail. We will continue to provide updates to the Board at regular intervals.

Finance Team Leadership

On July 18th Geraldine Lara joined San Mateo Medical Center as our new Manager of Patient Access. Geri has responsibility for the Medical Center's Patient Access functions for Admitting, ED Registration and Business Services Cashiers. She will also play an important partnership role with Ambulatory Services in developing a standardized registration quality program and integrating patient access functions across SMMC.

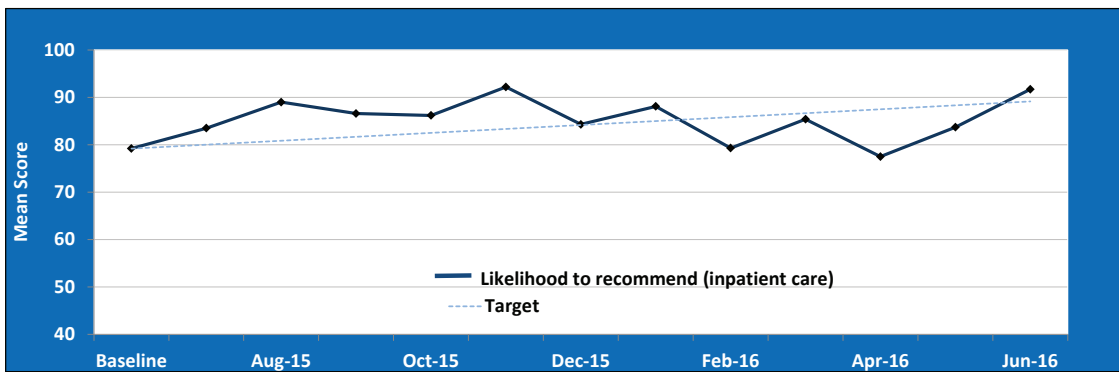
Geri has her MBA with a concentration in Health Care Management and over 20 years of healthcare revenue cycle experience. She comes to us from UCSF Benioff Children's Hospital-Oakland, where she was the Patient Access Manager for the past 4 years. Several previous Patient Access and Patient Financial Services positions included stints at Alameda County Medical Center, Alta Bates/Summit Medical Center and Alameda Hospital. Geri has also taught Health Information Technology courses. Her broad experience and collaborative approach will be a real asset in driving our Financial Stewardship initiatives forward.

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.



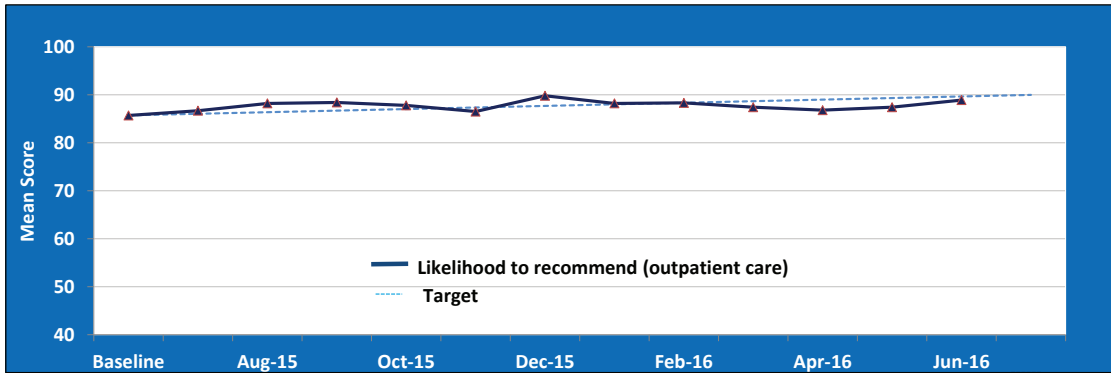
Patient Centered Care Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Target Jul 2016
Likelihood to recommend care in emergency dept	83.8	79.9	87.8	86.9	85.6	88.0	74.3	80.9	90.0	83.2	81.0	78.5	73.8	90
Target	83.8	84.3	84.8	85.2	85.7	86.2	86.7	87.1	87.6	88.1	88.6	89.0	89.5	90

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.



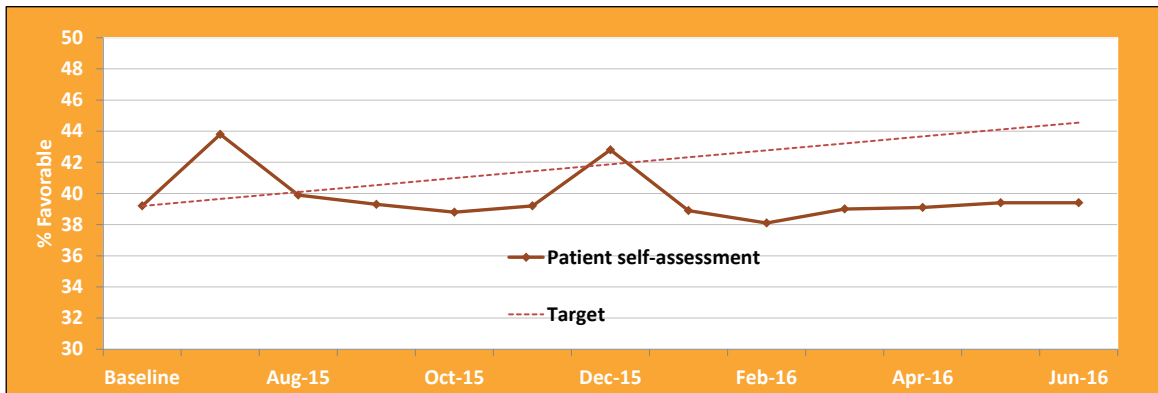
Patient Centered Care Metric	Baseline	Jul-16	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Target Jul 2016
Likelihood to recommend care in inpatient	79.2	83.5	89.0	86.6	86.2	92.2	84.3	88.1	79.3	85.4	77.5	83.7	91.7	90

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.



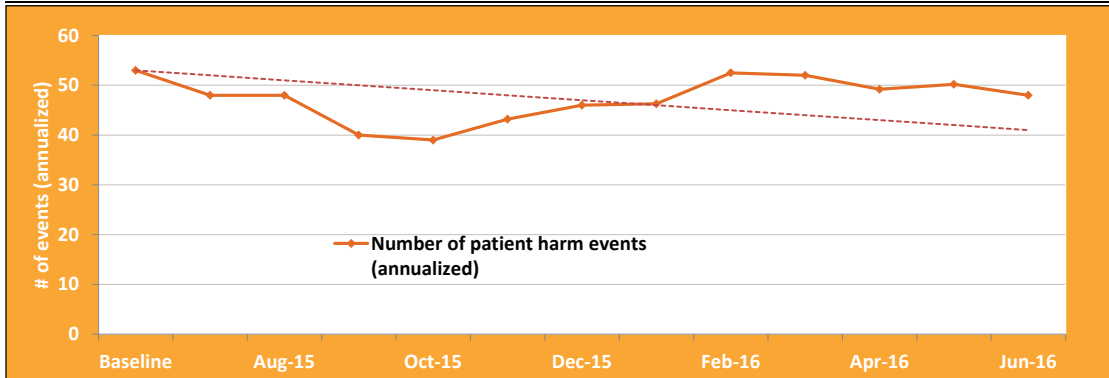
Patient Centered Care Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Target Jul 2016
Likelihood to recommend care in clinics	85.7	86.7	88.2	88.4	87.8	86.5	89.8	88.2	88.3	87.4	86.8	87.4	88.9	90

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



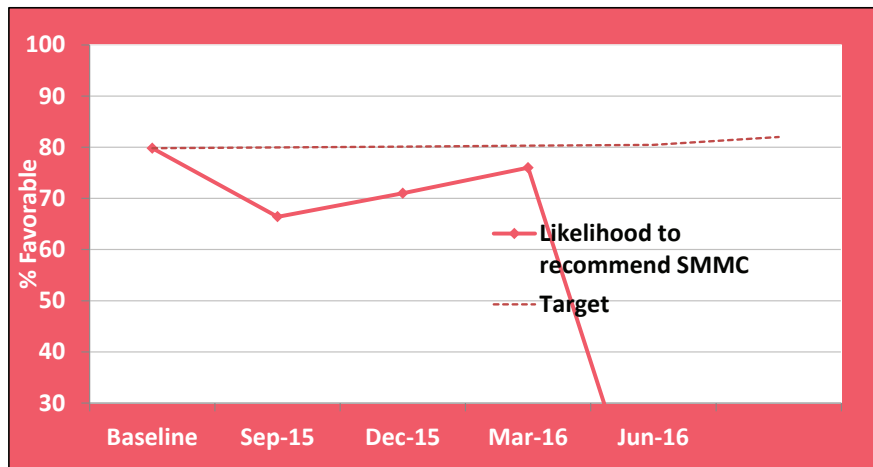
Excellent Care Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Target Jul 2016
Patient self-assessment	39.2	43.8	39.9	39.3	38.8	39.2	42.8	38.9	38.1	39	39.1	39.4	39.4	45

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



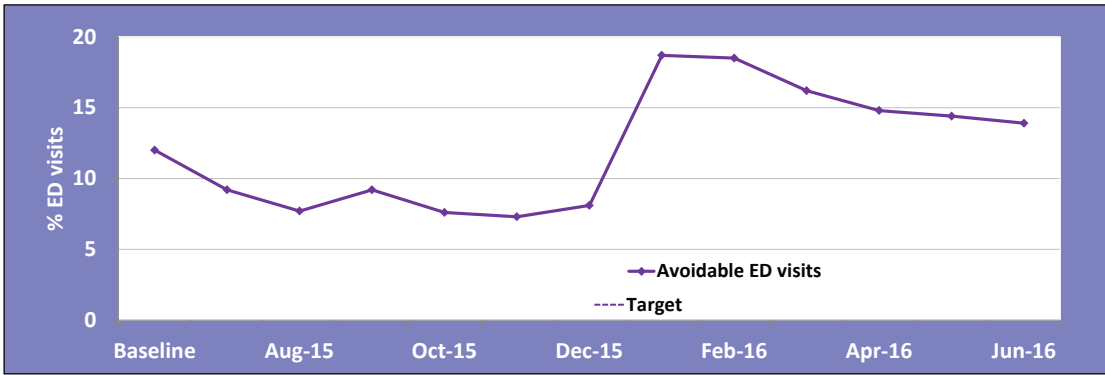
Excellent Care Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Target Jul 2016
Number of patient harm events (annualized)	53	48	48	40	39	43.2	46	46.3	52.5	52	49.2	50.2	48	40

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



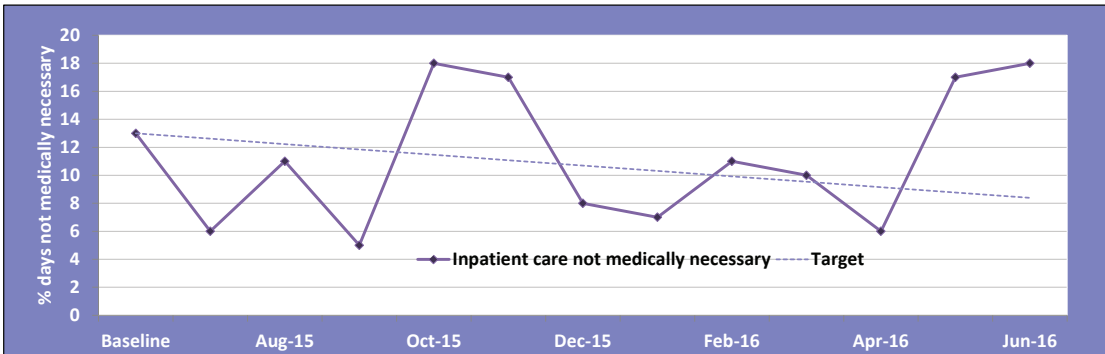
Staff Engagement Metric	Baseline	Sep-15	Dec-15	Mar-16	Jun-16	Target
Likelihood to recommend SMMC	79.8	66.4	71	76	N/A	82

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



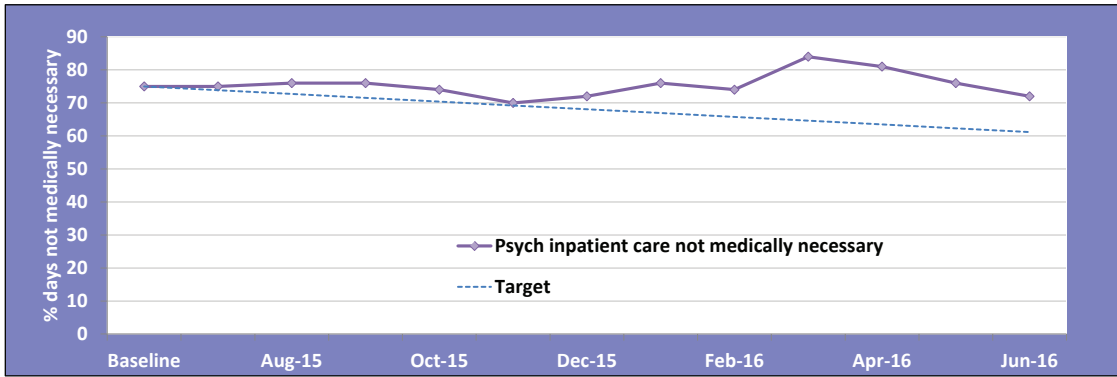
Right Care, Time, Place Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Target Jul 2016
Avoidable ED visits	12.0	9.2	7.7	9.2	7.6	7.3	8.1	18.7	18.5	16.2	14.8	14.4	13.9	?

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



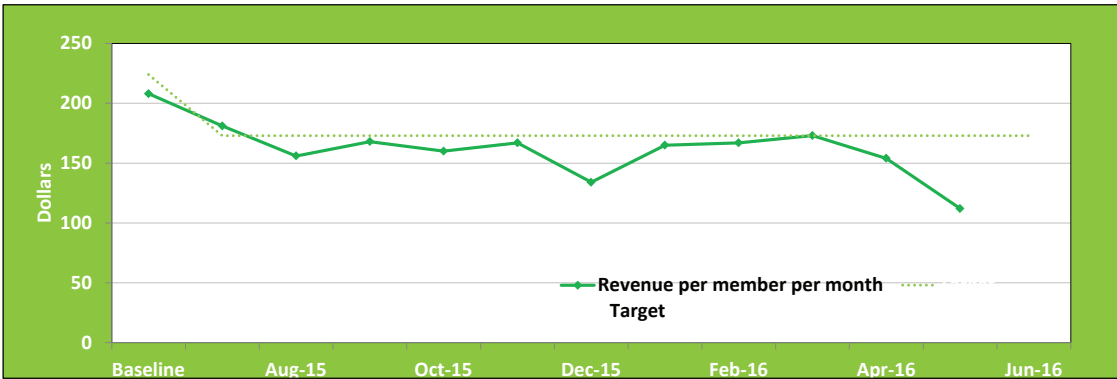
Right Care, Time, Place Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Target Jul 2016
Inpatient care not medically necessary	13.0	6	11	5	18	17	8	7	11	10	6	17	18	8

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	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Target Jul 2016
Psych inpatient care not medically necessary	75.0	75.0	76	76	74	70	72	76	74	84	81	76	72	60

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



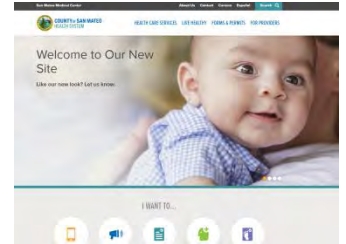
Financial Stewardship Metric	Baseline	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Target Jul 2016
Revenue per member per month	208	181	156	168	160	167	134	165	167	173	154	112	173	173

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

Indicator	Number	Change from previous month	Change from last year
ACE Enrollees	20,025 (June 2016)	1.3%	8.5%
SMMC Emergency Department Visits	3,620 (June 2016)	-4.4%	-0.9%
New Clients Awaiting Primary Care Appointment	233 (July 2016)	74%	-11%

Health System and Medical Center Websites Get New Look

The Health System’s [external website](#) is now 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. Both sites now have a more modern look, easier navigation, better search functionality, and better calendar and map features.



Assisted Outpatient Treatment Team Starts Helping Residents Recover

Developed out of the County’s adoption of Laura’s Law (Assembly Bill 1421) in the summer of 2015, the [Assisted Outpatient Treatment \(AOT\) program](#) reaches out to people with a severe mental illness who are not connected to services and are challenged to live safely and stably in our community. The AOT team helps decrease mental health crises, hospitalizations, incarceration and homelessness while helping people maintain good physical and mental health.



HPV Vaccine Campaign Aims to Increase Preteen Vaccination

Public Health, Policy and Planning and San Mateo Medical Center are partnering to launch a county-wide campaign aimed at getting parents of 11-12 year olds to [vaccinate their kids against HPV](#), protecting them from a cancer caused by a virus that 1 in 4 people have. **The campaign hopes to increase the county’s vaccination rate, which is currently below 50%, and reach parents via schools, pediatricians, social media and targeted online advertising.**

Local Homeless Health Advocate Gets National Honor

Paul Tunison, who currently serves a consumer advocate on the Health System’s Health Care for the Homeless Advisory Board, was recently elected to serve as a member at large on the National Consumer Advisory Board Steering Committee of the National Health Care for the Homeless Council. The National Health Care for the Homeless Council is a membership organization representing Health Care for the Homeless grantees, providers and consumers around the country.



We’re Number Three in Health

A recent [Commonwealth Fund report](#) showed San Mateo County is the third healthiest local area in the country out of a total of 306. The report takes a host of factors into account, including access to care, affordability, preventative care, and smoking and cancer rates. **Even more impressive, we’ve improved significantly since the 2012 report, when we were ranked tenth nationwide.**



Home Visiting Programs Hit Milestone

California’s home visiting programs, like Family Health Services’ [Nurse-Family Partnership program](#), which help pregnant women and new parents raise healthy kids, have made 100,000 home visits since starting in 2012.