



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

Thursday, April 6, 2017

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

April 6, 2017 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. Julie Hersk

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

Leslie Williams-Hurt

F. CONSENT AGENDA

TAB 1

Approval of:

1. March 2, 2017 Meeting Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Janet Chaikind

H. ADMINISTRATION REPORTS

- 1. Emergency Department
- 2. Keller Center
- 3. Elder and Dependent Adult Protection Team
- 4. Financial Report
- 5. CEO Report

Dr. Alpa Sanghavi Verbal

Dr. Alpa Sanghavi Verbal

Louise Rogers Verbal

David McGrew..... TAB 2

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.



San Mateo Medical Center
A County System of Healthcare

TAB 1

CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Thursday, March 2, 2017
Executive Board Room

Board Members Present

Supervisor Carole Groom
Supervisor David Canepa
John Maltbie
Louise Rogers
Dr. CJ Kunnappilly
Dr. Janet Chaikind
Dr. David Lin
Dr. Julie Hersk
Deborah Torres

Staff Present

David McGrew	Michelle Lee
Joan Spicer	Priscilla Romero
Dr. Susan Fernyak	Leslie Williams-Hurt
Glenn Levy	Steve Kaplan
John Thomas	Karen Pugh
Liz Evans	Dr. Katalin Szabo
Angela Gonzalez	Peggy Jensen
Larry Funk	

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 8:15 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for March 2, 2017. Medical Executive Committee Minutes from February 14, 2017. QIC Minutes from January 24, 2017.	Glenn Levy reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Cordilleras Redesign Steve Kaplan Director of BHRS	Cordilleras will undergo a transformation by 2020. Present day Cordilleras: <ul style="list-style-type: none"> • Former TB hospital • 68 bed locked Mental Health Rehabilitation Center (One floor) • 49 bed non locked Adult Residential Facility (One floor) • No Federal Reimbursement Cordilleras in 2019-2010: <ul style="list-style-type: none"> • Five 16 bed single story Mental Health Rehab Centers (80 clients) • One 55 bed three story Supportive Housing with Campus Center on ground floor 	FYI

	<p>Mental Health Rehab Centers (80 clients):</p> <ul style="list-style-type: none"> • Returning consumers from out of county closer to their families and community support system • Tailored, population specific evidenced based care • Total Wellness-mental, physical and spiritual • Federal Financial Participation <p>Supportive Housing and Campus Center:</p> <ul style="list-style-type: none"> • Increased access to community resources • Facilitating independent living skills • Total Wellness-mental, physical and spiritual • Federal Financial Participation 	
<p>Foundation Report Leslie Williams-Hurt</p>	<p>Leslie Williams-Hurt reported that the Foundation is redesigning its website. The Foundation is currently recruiting for a grant writer. On August 28, the Foundation will host the 14th Annual Golf Tournament at Sharon Heights Golf and Country Club. Proceeds will support the Dental Clinics.</p>	<p>FYI</p>
<p>Consent Agenda</p>	<p>Approval of:</p> <ol style="list-style-type: none"> 1. Hospital Board Meeting Minutes from February 2, 2017. 	<p>It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.</p>
<p>Medical Staff Report Dr. Janet Chaikind</p>	<p>Dr. Janet Chaikind reported the next Annual Medical Staff meeting will be held on June 1, 2017.</p>	<p>FYI</p>
<p>Psychiatry Department Dr. Katalin Szabo Medical Director</p>	<p>Inpatient Psychiatry (3AB), between July 1, 2015 to December 31, 2016 699 admissions → 15,633 patient days which resulted in 3,573 acute days and 12, 060 avoidable days</p> <p>The increase of non-acute days began to steadily increase around July 2013 to its present day level.</p> <ul style="list-style-type: none"> • Wait time for placement has increased • Ratio of conserved clients increased from 50% to 80%, and many are complex cases • The number of patients accepted at Cordilleras has decreased dramatically • County-wide shortage of B&C facilities <p>These and other factors have led to a 48% decrease in discharges.</p> <p>Using December 2016 as an example, there were 71 requests for admission to 3AB. However only 20 discharges happened that month. At any given time, 80% of acute beds are occupied by patients who could be treated at a lower level of care, leaving only 5 beds available for our entire safety-net hospital to care for patients who are in acute mental health crisis.</p>	<p>FYI</p>

	<p>In any given month, we send 60-70% of our patients to outside hospitals.</p> <p>In Psychiatric Emergency Services, the average length of stay in 2013 was 11.8 hours and in 2016 it increase to 21.95 hours. And on the Medical-Surgical Unit (2AB), 11% of total avoidable days are due to increased length of stay while waiting for a bed to open on 3AB.</p>	
Financial Report David McGrew, CFO	The January FY16/17 financial report was included in the Board packet and David McGrew answered questions from the Board.	FYI
CEO Report Dr. CJ Kunnappilly, CEO	Dr. Kunnappilly presented the CEO report which is included in the Board packet and answered questions from the Board.	FYI
Health System Report Louise Rogers	The Board of Supervisors has approved an agreement with Taylor Designs to design the master Health System campus.	FYI
County Manager John Maltbie	No report.	FYI
Board of Supervisors Supervisor Carole Groom	Supervisors Groom and Horsley discussed some of the issues around ACA and housing issues with state government officials recently.	FYI

Supervisor Groom adjourned the meeting at 9:30 AM. The next Board meeting will be held on April 6, 2017.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer



San Mateo Medical Center
A County System of Healthcare

TAB 2

ADMINISTRATION REPORTS

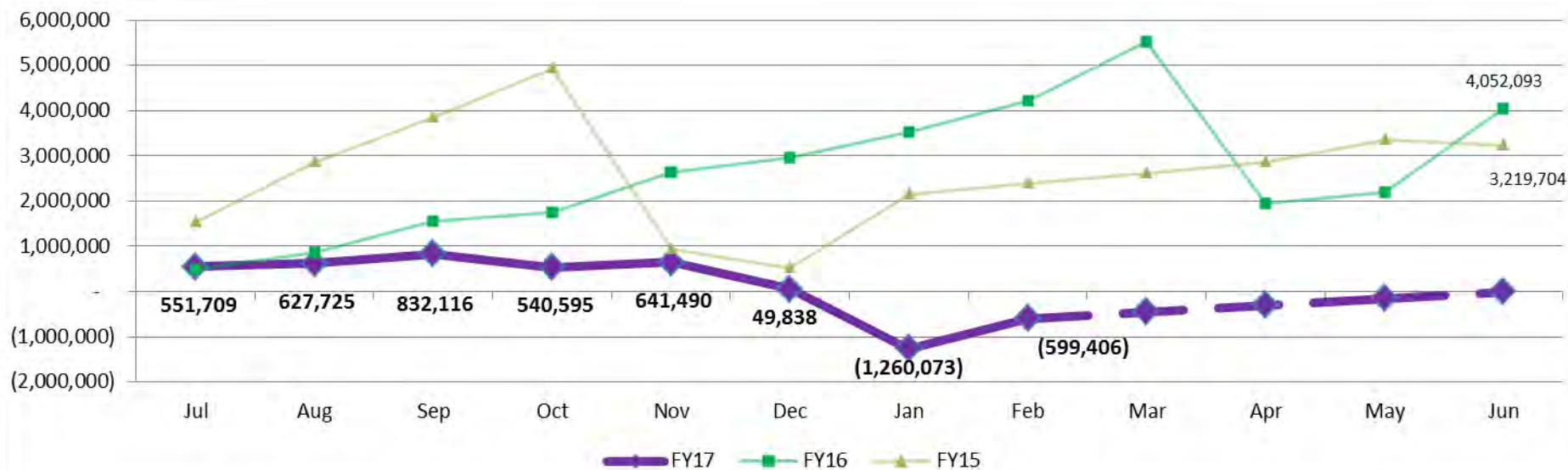


San Mateo Medical Center
A County System of Healthcare

February FY 2016-17 Financial Report

Hospital Board Meeting
April 6, 2017

Financial Highlights – Net Income Trend



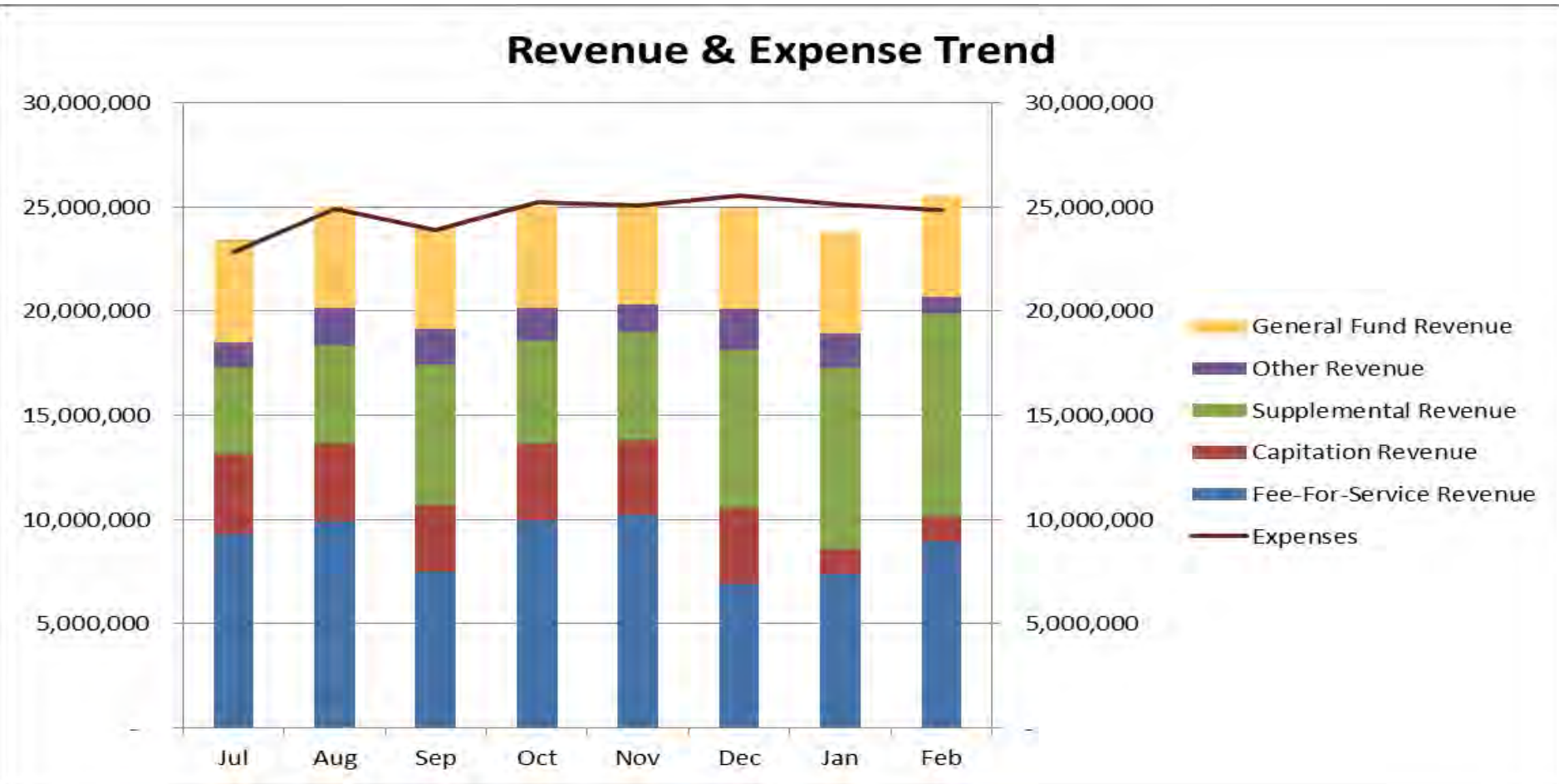
Financial Drivers:

- PRIME and GPP revenue
- Realignment

- No MCE Capitation
- Medi-Cal Acute & SNF rates
- High Census: Labor & Drugs

Full Year Forecast: Continued declines in Medi-Cal reimbursement, combined with high unreimbursable inpatient administrative days, require tapping into the financial reserves previously established for such risks. We anticipate the use of these reserves, combined with mitigation plans, will result in a break-even bottom line at year-end.

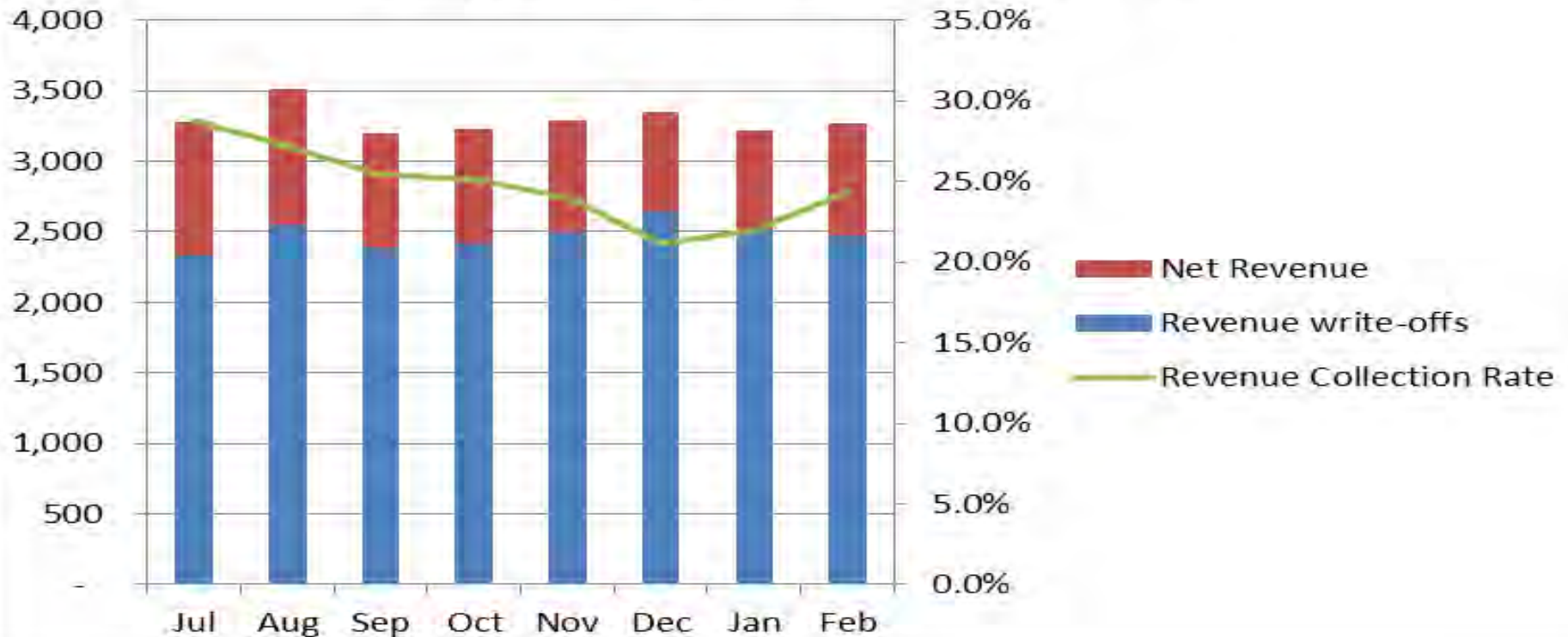
Revenue & Expense Trend



Financial performance is beginning to deteriorate due to decreasing fee-for-service revenue combined with increasing labor and medical costs. High census and high administrative days are the primary factor.

Revenue Collection Trend

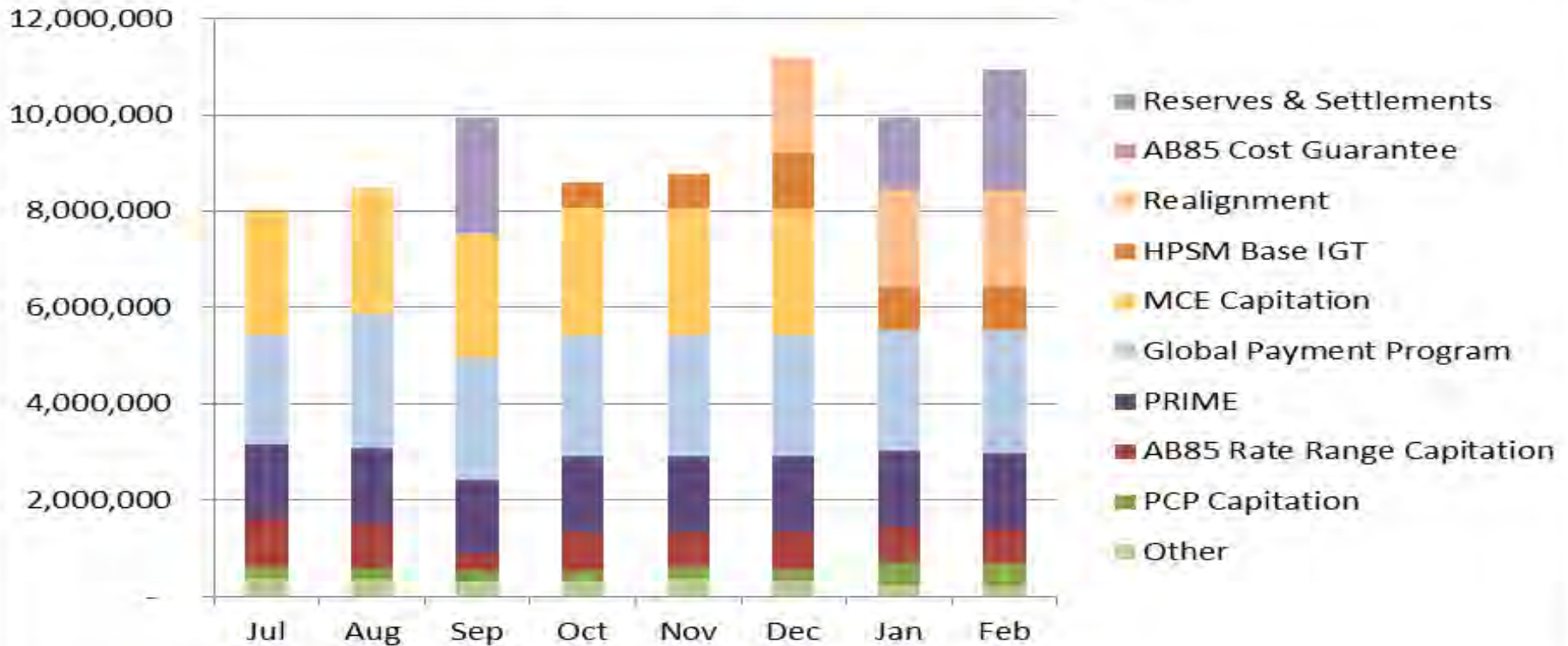
Revenue Collections Trend



Although gross revenue is up because of higher patient volume, the revenue collection rate has declined steadily due to high administrative days and lower Medi-Cal rates for acute medical-surgical patients and skilled nursing facility patients at SMMC and BLTC. February increased with HPSM FFS payments for MCE patients.

Supplemental Revenue Trend

Supplemental Revenue Trend



The loss of MCE Capitation is being offset by projected increases in Realignment and HPSM Base IGT payments, which are designed to kick-in to partially cover uncompensated costs. The Cost Guarantee is pending State approval and is not yet included.

Financial Mitigation Plan

Immediate

- Position control - **Implemented**
- CareAdvantage rates – **Contract drafted**
- Medical necessity review – **In progress**
- Treatment auths – **In progress**
- Insurance plan accuracy – **In progress**

Mid-term

- Contract reviews – **Budget reviews**
- MD enrollment denials – **In progress**
- Clinical denials – **Starting May 2017**
- Psych billing project - **In progress**
- Medi-Cal SNF rates – **Pending cost report**

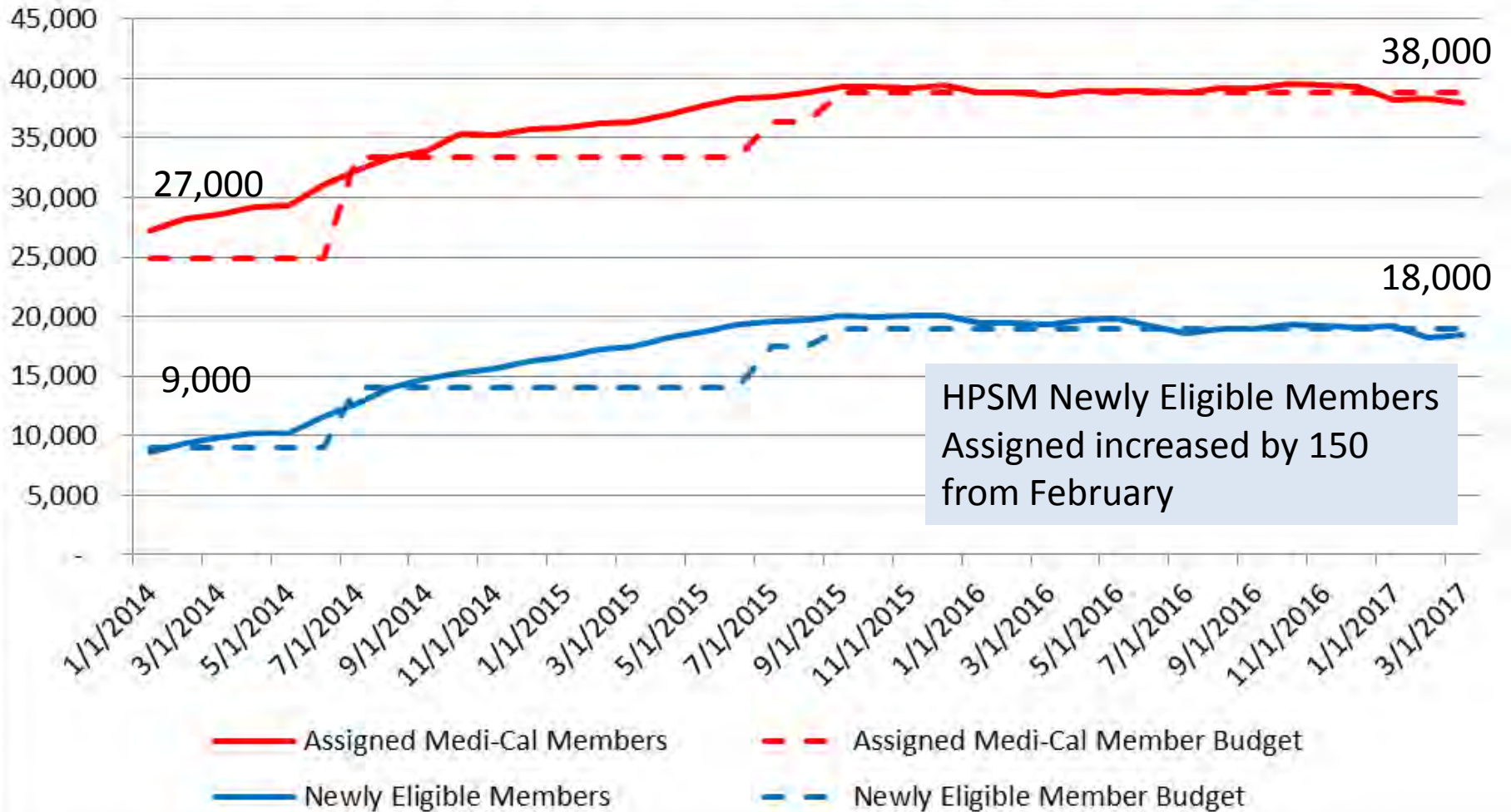
Long-term

- CDI – **Starting June 2017**
- Invision system replacement – **FY17-19 budget. Initial planning in progress**

APPENDIX

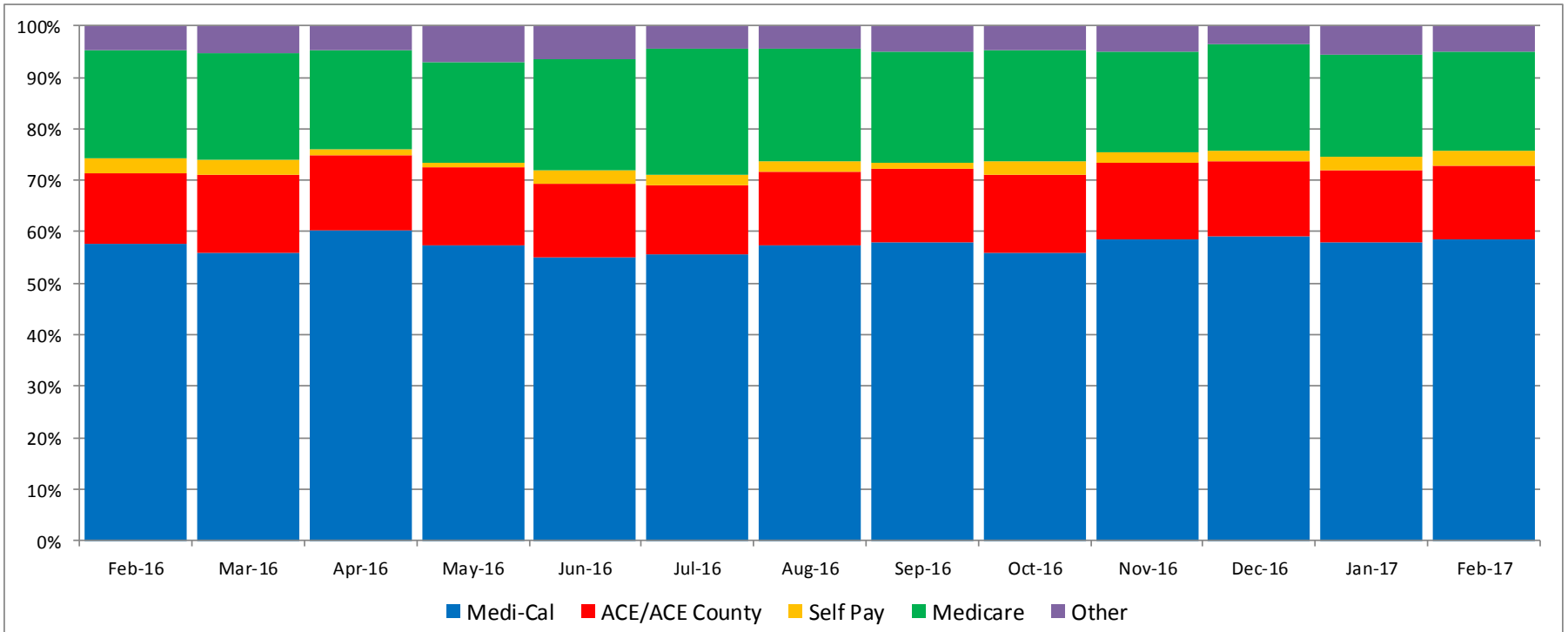
SMMC Medi-Cal Members

HPSM Newly Eligible and Assigned Members



**San Mateo Medical Center
Payer Mix
February 28, 2017**

Payer Type by Gross Revenue	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
15 Medicare	19.5%	16.6%	2.9%		21.2%	16.6%	4.6%	
16 Medi-Cal	58.6%	59.9%	-1.3%		57.6%	59.9%	-2.3%	
17 Self Pay	2.6%	3.5%	-0.8%		2.1%	3.5%	-1.3%	
18 Other	4.9%	5.9%	-1.0%		4.7%	5.9%	-1.2%	
19 ACE/ACE County	14.4%	14.1%	0.2%		14.4%	14.1%	0.3%	
20 Total	100.0%	100.0%			100.0%	100.0%		

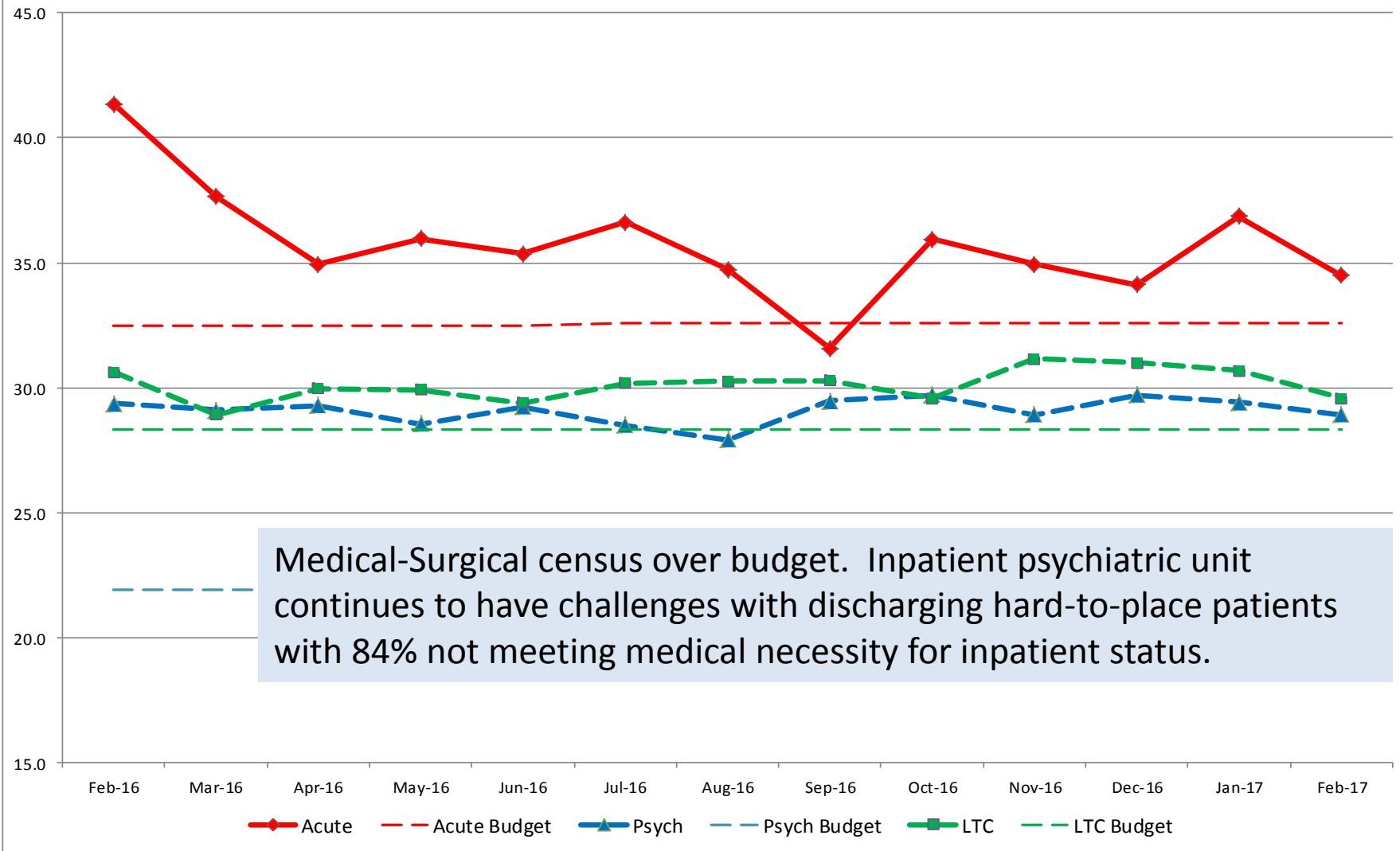


San Mateo Medical Center
 Inpatient Census
 February 28, 2017

MONTH			
Actual	Budget	Variance	Stoplight
2,604	2,440	164	7%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
22,929	21,172	1,757	8%

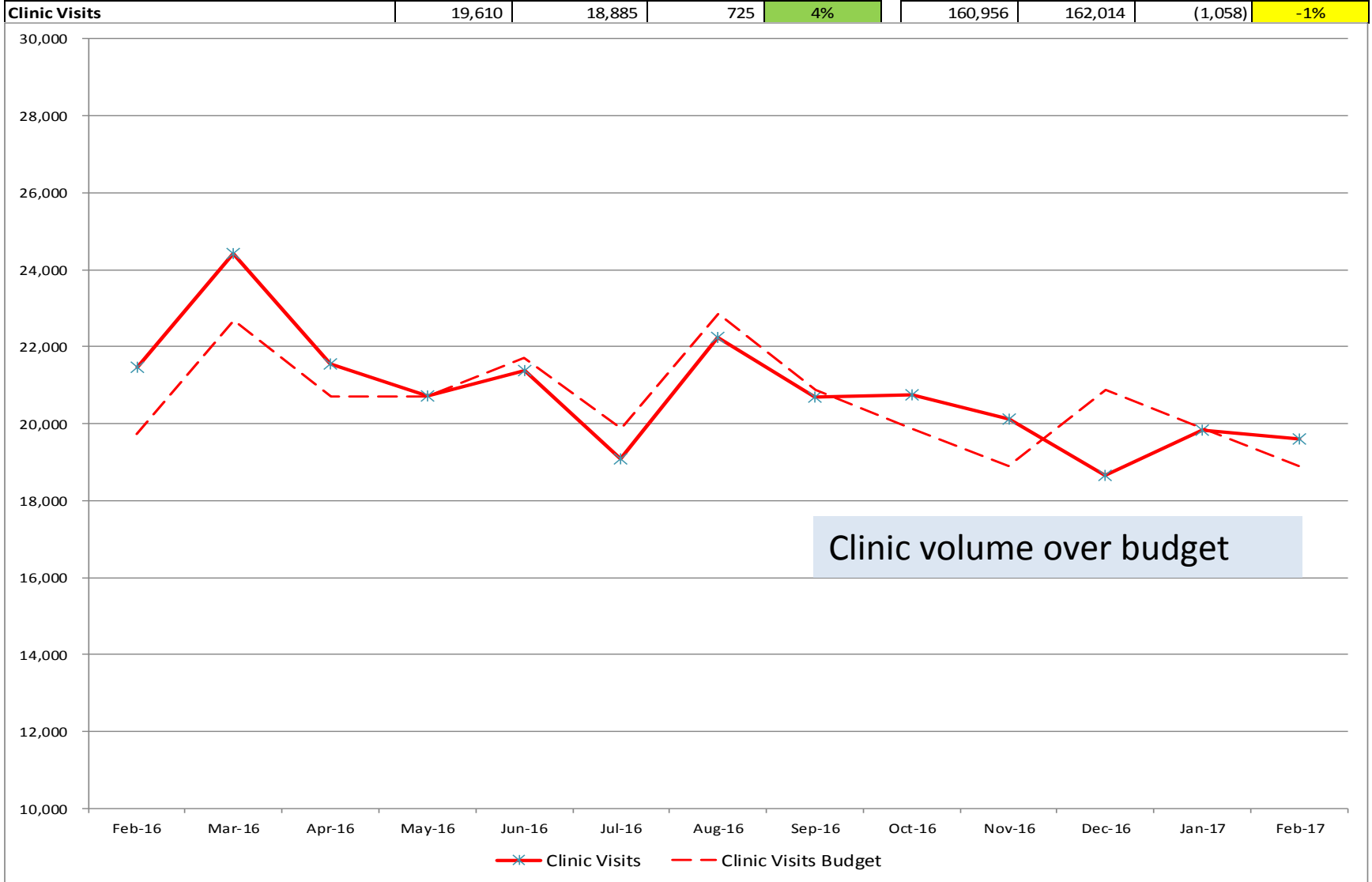
Patient Days



**San Mateo Medical Center
Clinic Visits
February 28, 2017**

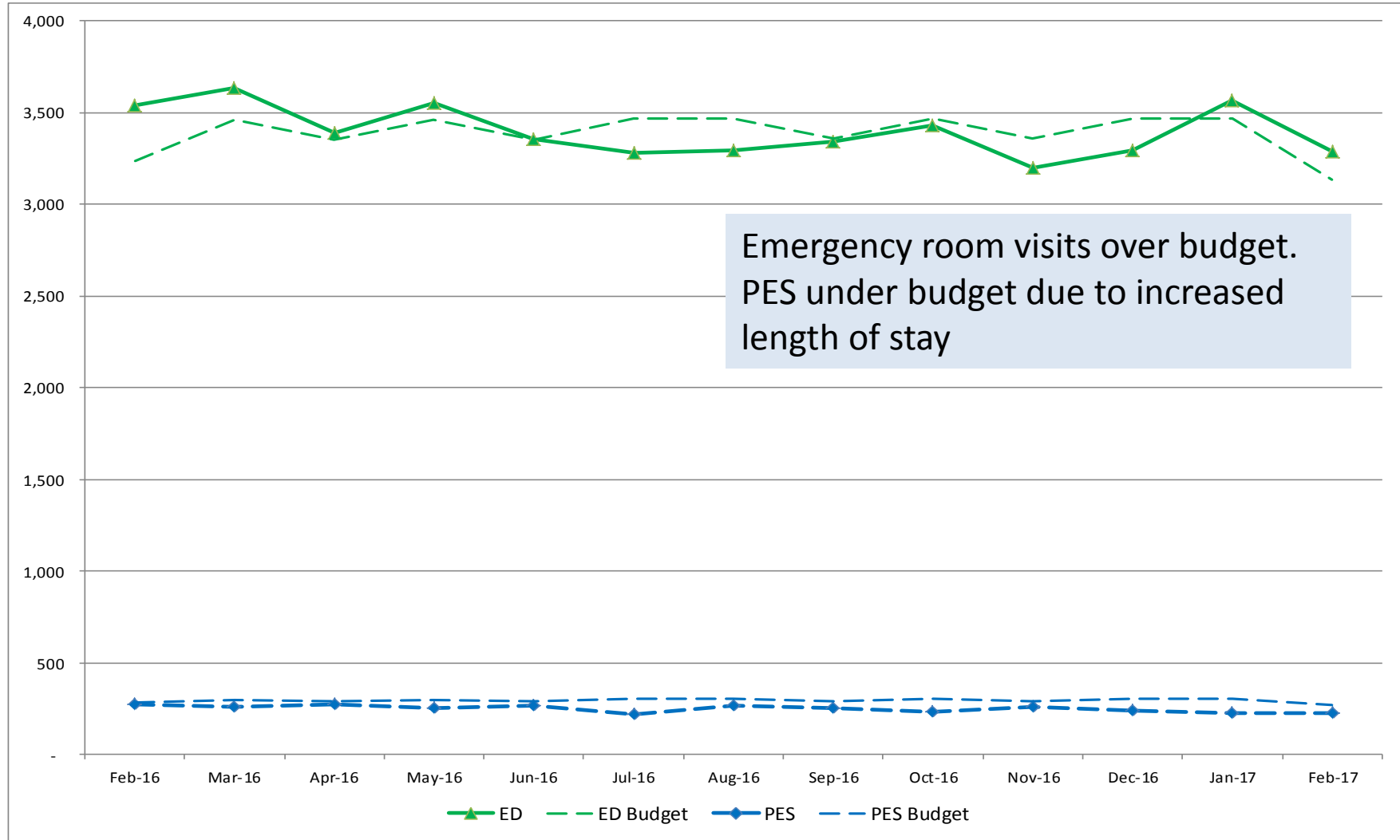
MONTH			
Actual	Budget	Variance	Stoplight
19,610	18,885	725	4%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
160,956	162,014	(1,058)	-1%



**San Mateo Medical Center
Emergency Visits
February 28, 2017**

ED Visits	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	3,519	3,408	111	3%	28,625	29,573	(948)	-3%

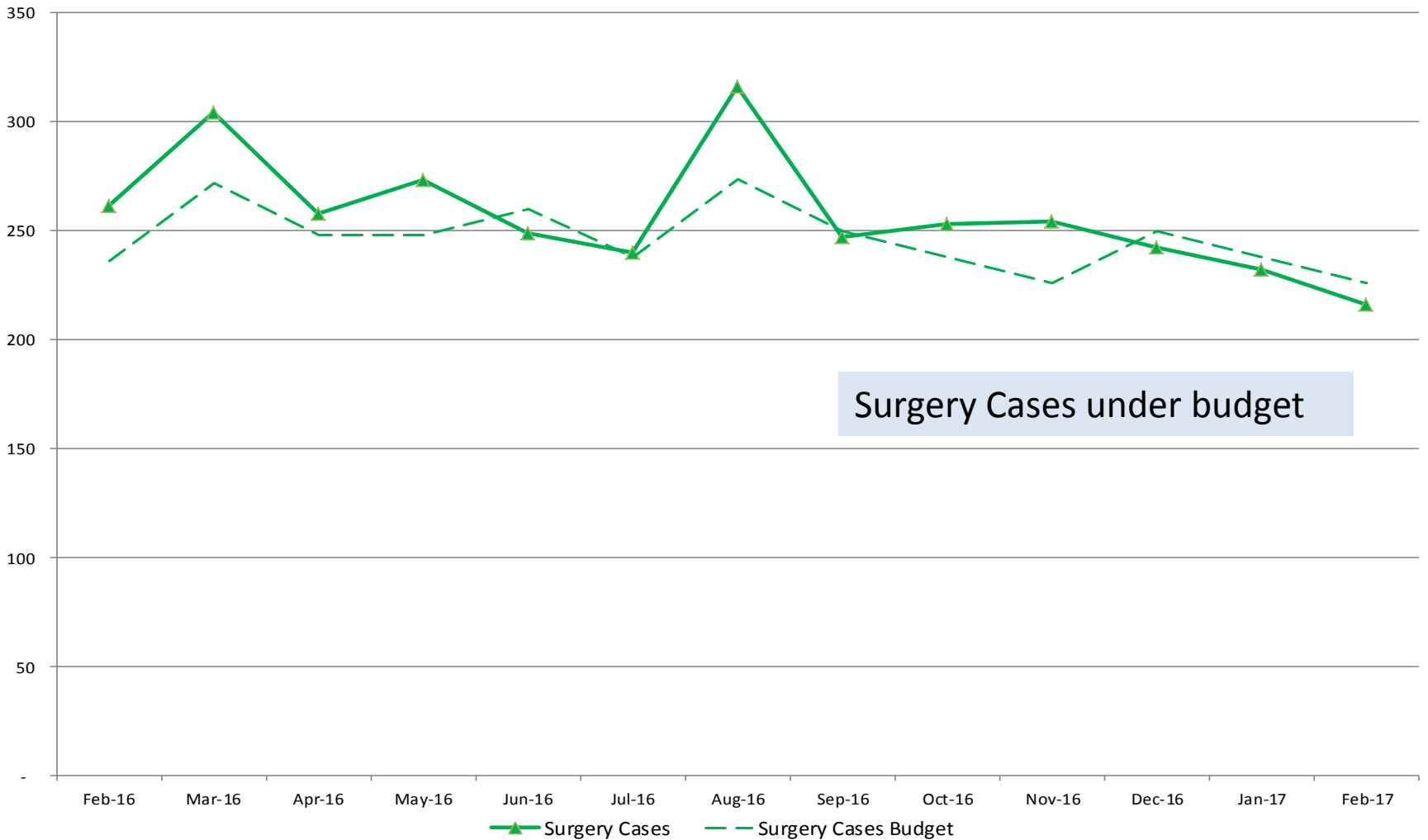


**San Mateo Medical Center
Surgery Cases
February 28, 2017**

MONTH			
Actual	Budget	Variance	Stoplight
216	226	(10)	-4%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
2,000	1,939	61	3%

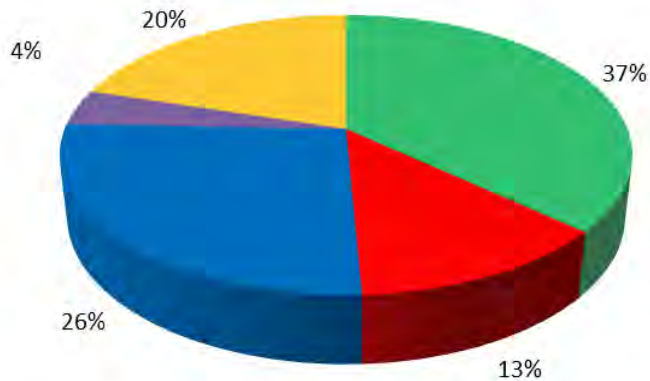
Surgery Cases



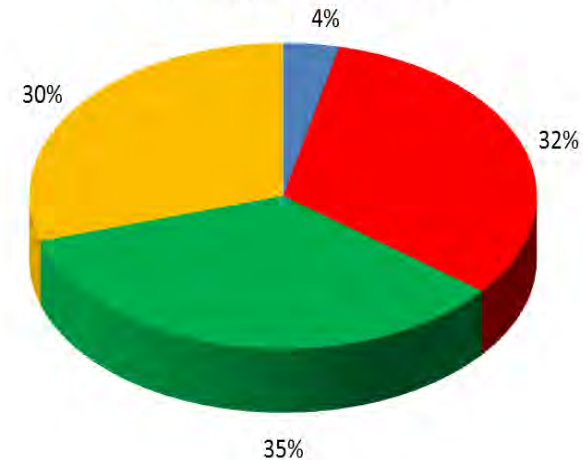
Revenue Mix

57,000
Managed
Care
Lives

Sources of Revenue



Managed Care Mix



■ Fee For Service ■ Capitation ■ Supplemental ■ Other ■ County Contribution ■ Medicare ■ Medi-Cal MCE ■ Medi-Cal Traditional ■ Access to Care for Everyone

- **Managed Care** programs represent 37% 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
February 28, 2017

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	660,667	(5,417)	666,084		(599,406)	-43333	(556,072)		
2 HPSM Medi-Cal Members Assigned to SMMC	38,297	38,773	(476)	-1%	311,805	310,184	1,621	1%	
3 HPSM Newly Eligible Medi-Cal Members Assigned to SMMC	18,416	19,018	(602)	-3%	151,112	152,144	(1,032)	-1%	
4 Patient Days	2,604	2,440	164	7%	22,929	21,172	1,757	8%	
5 ED Visits	3,519	3,408	111	3%	28,625	29,573	(948)	-3%	
7 Surgery Cases	216	226	(10)	-4%	2,000	1,939	61	3%	
8 Clinic Visits	19,610	18,885	725	4%	160,956	162,014	(1,058)	-1%	
9 Ancillary Procedures	65,092	55,557	9,535	17%	535,724	476,709	59,015	12%	
10 Acute Administrative Days as % of Patient Days	0.0%	9.0%	9.0%	100%	6.9%	9.0%	2.1%	23%	
11 Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status)	83.7%	58.0%	-25.7%	-44%	81.2%	58.0%	-23.2%	-40%	
Pillar Goals									
12 Patient & Capitation Revenue PMPM	152	195	(43)	-22%	177	195	(18)	-9%	
13 Operating Expenses PMPM	340	356	16	4%	338	356	18	5%	
14 Full Time Equivalentents (FTE) including Registry	1,180	1,206	26	2%	1,184	1,206	22	2%	

San Mateo Medical Center
Income Statement
February 28, 2017

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	8,501,815	7,933,661	568,154	7%	75,497,840	63,469,287	12,028,552	19%
22 Outpatient Gross Revenue	24,068,314	24,786,360	(718,046)	-3%	193,788,082	198,290,881	(4,502,799)	-2%
23 Total Gross Revenue	32,570,129	32,720,021	(149,892)	0%	269,285,921	261,760,169	7,525,753	3%
24 Patient Net Revenue	8,938,432	8,292,539	645,892	8%	70,071,441	66,340,315	3,731,126	6%
25 Net Patient Revenue as % of Gross Revenue	27.4%	25.3%	2.1%	8%	26.0%	25.3%	0.7%	3%
26 Capitation Revenue	1,186,435	5,985,516	(4,799,081)	-80%	24,067,283	47,884,130	(23,816,847)	-50%
27 Supplemental Patient Program Revenue	9,741,017	6,305,633	3,435,384	54%	51,768,823	50,445,061	1,323,762	3%
(Additional payments for patients)								
28 Total Patient Net and Program Revenue	19,865,884	20,583,688	(717,805)	-3%	145,907,547	164,669,507	(18,761,960)	-11%
29 Other Operating Revenue	720,773	1,177,332	(456,560)	-39%	7,932,577	9,418,658	(1,486,081)	-16%
(Additional payment not related to patients)								
30 Total Operating Revenue	20,586,656	21,761,021	(1,174,364)	-5%	153,840,124	174,088,165	(20,248,041)	-12%

San Mateo Medical Center
Income Statement
February 28, 2017

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

Operating Expenses									
31	Salaries & Benefits	14,257,264	14,824,609	567,345	4%	116,947,000	118,596,873	1,649,874	1%
32	Drugs	805,795	648,254	(157,540)	-24%	6,068,755	5,186,036	(882,719)	-17%
33	Supplies	910,727	908,129	(2,597)	0%	6,988,077	7,265,035	276,959	4%
34	Contract Provider Services	3,047,173	2,800,374	(246,800)	-9%	23,902,677	22,402,989	(1,499,689)	-7%
35	Other fees and purchased services	4,243,797	4,579,404	335,607	7%	30,116,052	36,635,235	6,519,183	18%
36	Other general expenses	381,958	487,116	105,158	22%	3,674,473	3,896,927	222,453	6%
37	Rental Expense	226,147	206,306	(19,841)	-10%	1,759,336	1,650,449	(108,887)	-7%
38	Lease Expense	745,153	745,153	-	0%	5,961,222	5,961,222	-	0%
39	Depreciation	244,664	241,114	(3,551)	-1%	1,976,432	1,928,911	(47,521)	-2%
40	Total Operating Expenses	24,862,678	25,440,459	577,782	2%	197,394,023	203,523,676	6,129,653	3%
41	Operating Income/Loss	(4,276,022)	(3,679,439)	(596,583)	-16%	(43,553,900)	(29,435,511)	(14,118,388)	-48%
42	Non-Operating Revenue/Expense	93,221	(1,169,446)	1,262,667	-108%	4,206,746	(9,355,569)	13,562,315	-145%
43	Contribution from County General Fund	4,843,468	4,843,468	0	0%	38,747,748	38,747,747	1	0%
44	Total Income/Loss (GAAP)	660,667	-5417	666,084		(599,406)	-43333	(556,072)	

(Change in Net Assets)

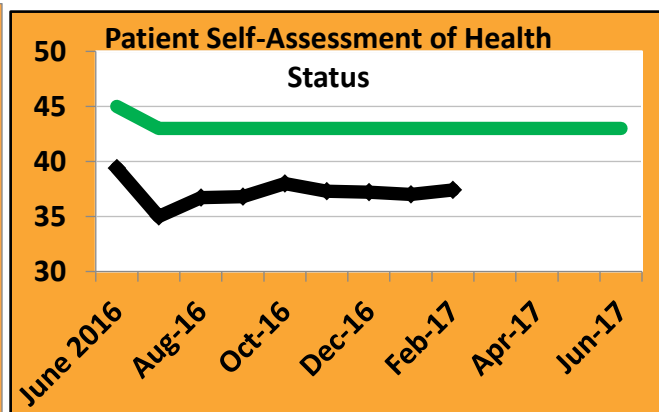
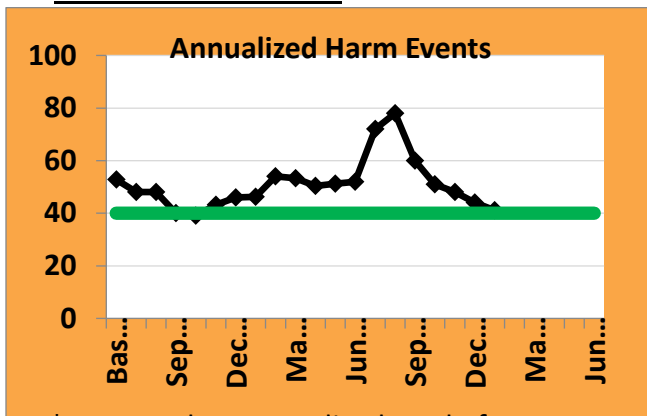
San Mateo Medical Center CEO REPORT



April, 2017

EXCELLENT CARE

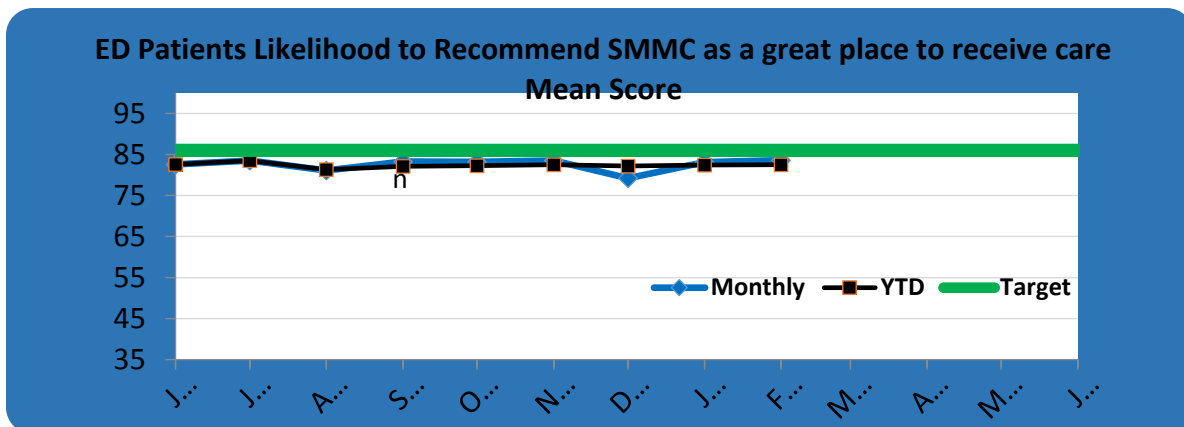
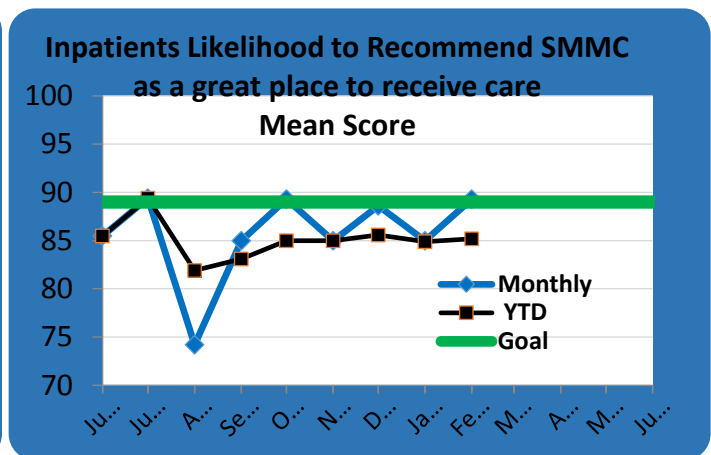
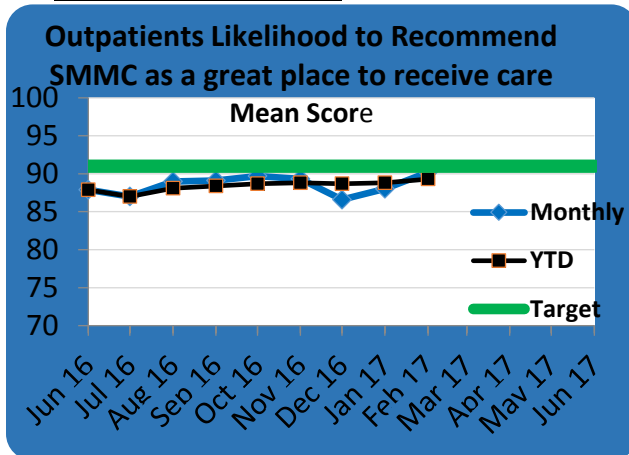
● PILLAR METRICS



- **SMMC Has Successful Lab Survey-** On March 14th, a surveyor from the Joint Commission arrived for a 3 day unannounced Lab Survey. The survey extended to all areas where lab testing is initiated or done including the OR, inpatient units, infection control, respiratory therapy and the clinics. The surveyor was extremely complementary toward the organization and all staff he encountered. He even stated that being at SMMC made him “proud” to be in health care and that he would be “absolutely comfortable” having a family member treated here. Congratulations to the lab and everyone throughout the organization who made this a successful survey.
- **Fair Oaks Health Center Featured in News Article:** The Fair Oaks Health Center was featured in a recent San Mateo Daily Journal Article. The article focused on the clinic’s team-based, coordinated approach to care. Congratulations to the clinic for this well-deserved recognition. Here is the link to the article: <http://www.smdailyjournal.com/articles/news/2017-02-27/increasing-access-to-health-services-fair-oaks-health-centers-coordinated-approach-takes-down-barriers-for-clients/1776425176474.html>

PATIENT CENTERED CARE

- PILLAR METRICS**



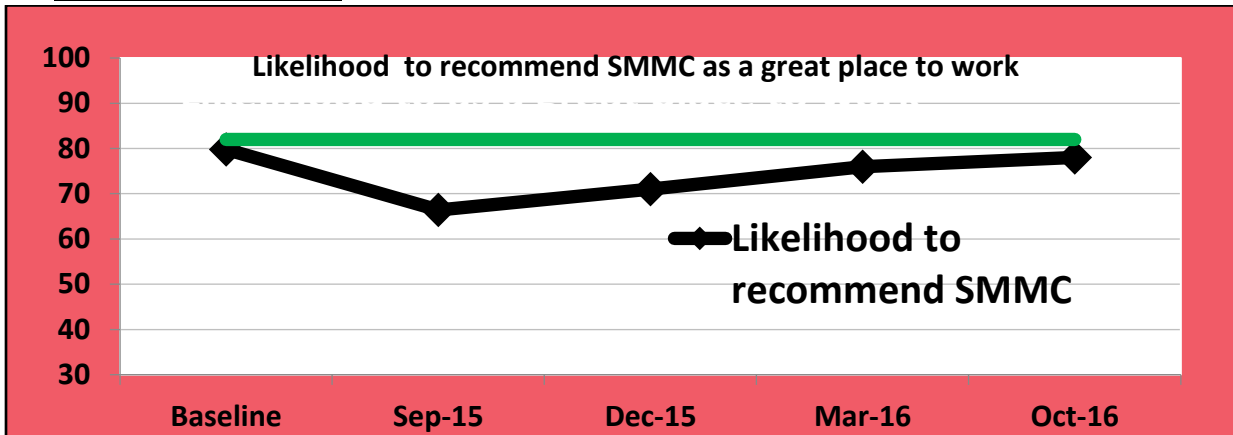
- SMMC Skilled Nursing Floor recognized with Customer Service Award:** 1A, SMMC’s main campus skilled nursing floor, was recognized by Pinnacle Quality Insight, the company that provides it customer service surveys. SMMC was recognized with Pinnacle Customer Experience Awards in Laundry Service and Professional Therapy Services. Per Pinnacle, “The Customer Service Award is awarded to care providers who have achieved best-in-class customer satisfaction standards within their peer group.” Congratulations to all the staff responsible for this award.
- SMMC Participates in Immigration Forum:** San Mateo Medical Center participated in an Immigration Forum hosted by the Sheriff’s office on Tuesday, March 21st, in Menlo Park to address community fears and to reassure residents. Priscilla Padilla-Romero, Manager of the Medical Staff Office and Dr. Jeanette Aviles, Medical Director of Primary Care Services, spoke to a crowd of more than 200 Fair Oaks residents about the importance of health, the fact that our policies and procedures have not changed, and that our services are available regardless of immigration status.
- Selected patient/family stories of gratitude:**
 - From the Emergency Department:**
 - By FAR the most friendly, courteous, efficient, timely staff and emergency room I have ever experienced. Thank You
 - I felt very good they showed much patience & love for me. Thanks

- Good treatment and trying to speak my language
- **From 2A/B:**
 - The personnel in charge in this area was very kind & responsible
 - The doctors who treated me were kind, attentive, very responsible
 - My experience in the hospital was very good
- **From 1A/Long Term Care:**
 - I would recognize everyone, Lucy, the charge nurse, was especially awesome
 - There was a nurse that was really extra helpful but I don't remember her name to recognize her
 - My father was able to communicate with them and he seemed happy. That is a reason I liked it.
- **From Coastside Clinic:**
 - I haven't waited long at all . . . it went right on time
 - The entire office has been fantastic. . . they are open on sat too . . . it's a big help
- **From Daly City Clinic:**
 - Nurse was quick and efficient and very helpful
 - Very nice experience!
- **From Fair Oaks Health Center:**
 - I like this provider, she is one of my favorites that helps me understand things that go on with me
- **From the Innovative Care Clinic:**
 - There are no bad experiences with you, really good attention. I am very grateful.
 - We are very grateful, my family and I, thanks for everything
- **From Main Campus Pediatrics Clinic:**
 - The nurse is really good person, has patience and nice, friendly
- **From the Ron Robinson Senior Care Center:**
 - The moment you see this provider you will feel so at ease. You can ask many questions about your medication & your health, and give you all the answers
 - One of the best hospitals in terms of service and knowledge of doctors and staff. I am glad to be a patient of this hospital. They saved my life from breast cancer. Hooray!!
- **From South San Francisco Clinic:**
 - Very welcoming environment. I almost prefer this site to other private insurance offices that I have been to.
 - Always greeted with a smile, the staff is very kind and helpful
- **From Dental Services:**
 - Very friendly & do their job professionally, very recommendable
- **From the Medical Specialty Clinic:**
 - Very friendly experiences on all my visits
 - All the staff in Medical Specialty Clinic are fantastic. The Receptions, Nurse, and Doctors are always kind, helpful and cheerful

- From Surgical Specialty Clinic:
 - The personnel speaks Spanish or there is a translator always with much respect toward me for being an elderly. Is a good professional that knows how to treat people

STAFF ENGAGEMENT

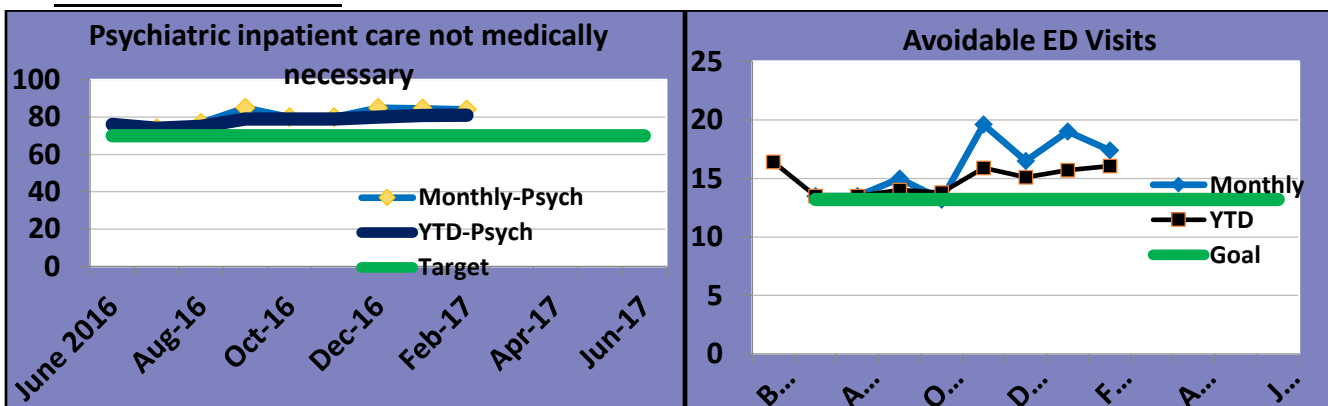
● PILLAR METRICS

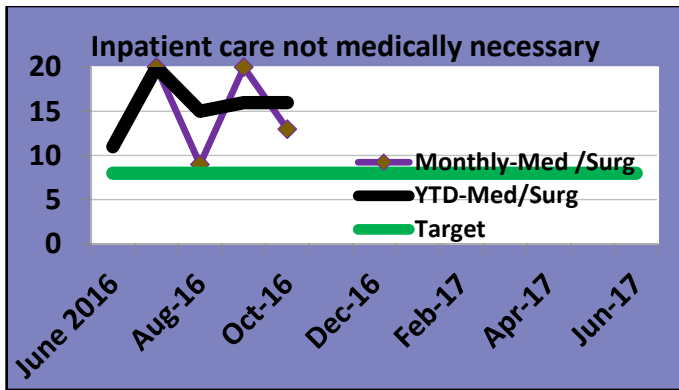


- **SMMC Clinical Pharmacist Recognized-** Tina Ling, an ambulatory care clinical pharmacist at Fair Oaks Health Center, was recently highlighted by the UCSF School of Pharmacy. Tina, a graduate of UCSF, combines her knowledge as a doctor of pharmacy with her passion for immigrant communities to help patients break down language barriers that may lead to patients taking their medications incorrectly. She also educates providers about new laws and resources to improve medication adherence. The full article is available online: https://pharmacy.ucsf.edu/news/2017/03/ling-takes-policy-know-how-clinic?utm_campaign=partd-peer&utm_medium=social&utm_source=twitter&utm_content=ling_tw_a

RIGHT CARE, TIME AND PLACE

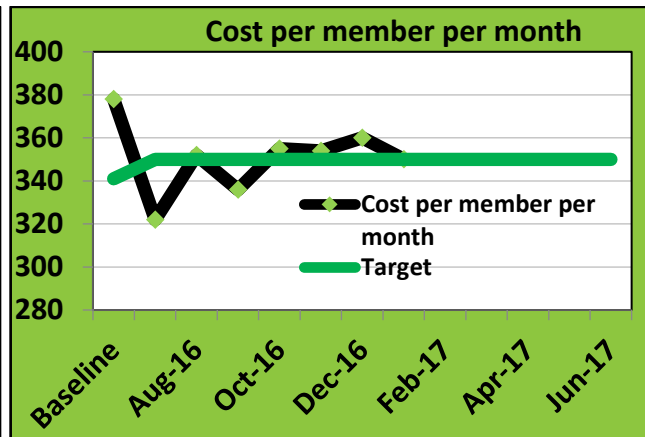
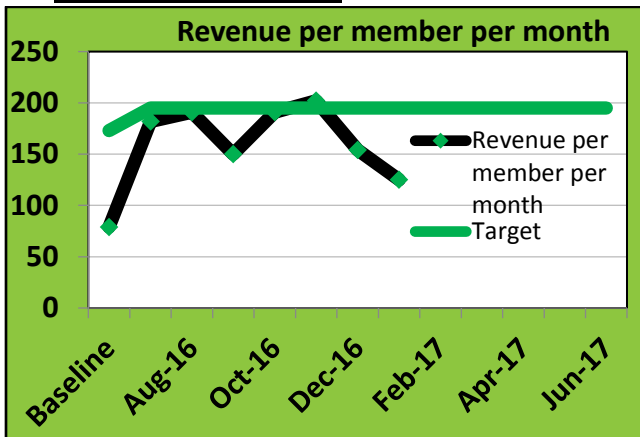
● PILLAR METRICS





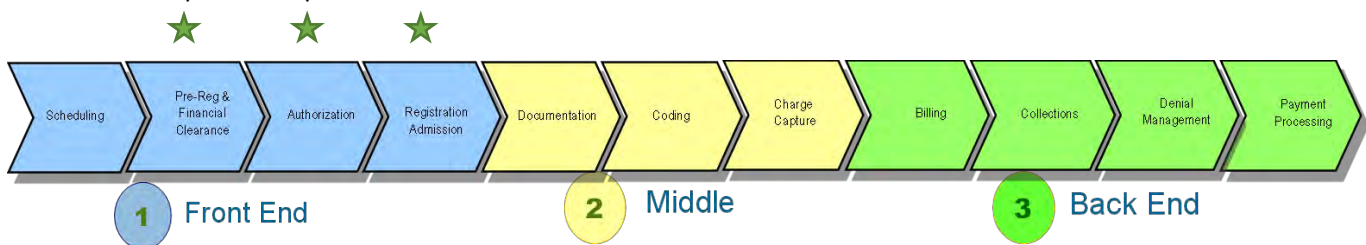
FINANCIAL STEWARDSHIP

• PILLAR METRICS



• Revenue Cycle Transformation

Our FY16-17 Financial Stewardship strategic initiative is focused on the front-end of the revenue cycle, with an initial emphasis on insurance coverage accuracy and inpatient authorization approvals. Through interdisciplinary workgroups led by Portia Dixon, Manager of Patient Financial Services, and Geri Lara, Manager of Patient Access, we are tackling the following: 1) workflow redesign; 2) decreasing defects through standard work; 3) software as an enabler to workflow efficiencies; and 4) performance reporting. This work is being refined as the Revenue Cycle Transformation workgroups are planning the specific tasks, milestones and deliverables for these priorities. An important new planning consideration in designing our improvement work is to address patient experience and staff satisfaction.



In March we continued to run “experiments” as a way to test new workflow concepts. These experiments are being run by front-line staff so we can learn from their insight into daily operations.

Our first experiment was to test the accuracy of our insurance verification system, HDX, in several patient registrations areas-Emergency Department, Ron Robinson Senior Care Clinic, Coastside Clinic, New Patient Connection Center and Daly City Clinic. Each of these locations has unique patient populations and operating environments that we hoped would provide differing scenarios for our experiment. The results yielded an 82% accuracy rate for HDX assignment of the insurance. Of the 18% incorrect assignments, the majority were for special Medi-Cal programs that require a different billing process dependent upon the type of service. This valuable data will allow us to improve our systems and embed HDX into standard work. Our next step will be to streamline the number of insurance plan codes to make it easier for our front-line teams.

The second experiment was to test the concept of daily interdisciplinary inpatient admission huddles. These huddles have created the opportunity for real-time problem solving of complex admission issues that has led to improved timeliness of inpatient treatment authorizations. In the first month we saw a 38% reduction in the value of accounts pending an authorization and in March we hit an all-time low. Our authorizations team also achieved a 100% completion rate for obtaining authorization reference numbers from HPSM, which is the first time this rate has been achieved!

We will continue running these types of experiments on different elements of registration and authorization tasks so that our design of standard work will have a greater chance at a successful roll-out. Additionally, we are developing a comprehensive change management and communication plan to help our teams to prepare for future changes in the way they do their work. All these efforts are critical to establishing a foundation of strong workflows in preparation for the replacement of the Invision patient accounting system with Soarian Financials.

We will provide updates to the Board at regular intervals.

To: SMMC Board Members
 From: Louise Rogers, Chief
 Subject: Health System Monthly Snapshot – March 2017

Indicator	Number	Change from previous month	Change from last year
ACE Enrollees	21,608 <i>(February, 2017)</i>	1%	12%
SMMC Emergency Department Visits	3,519 <i>(February, 2017)</i>	-7.1%	-7.7%
New Clients Awaiting Primary Care Appointment	651 <i>(March, 2017)</i>	-6.87%	5,325%

District 5 Together Cultural & Resource Fair

On Saturday, March 18 Supervisor David Canepa (*in photo*) kicked off a cultural and resource fair entitled *District 5 Together* to a crowd of approximately 1,000 attendees. Many Health System groups, including Public Health Nutrition, Office of Diversity & Equity, Daly City Youth Health Center clinic, Family Health, and the Office of Emergency Services, participated in the fair at Jefferson High School in Daly City. The event featured musicians, food vendors, resource tables and multi-cultural dance performances on stage from the Philippines, Peru, Ireland, and others. Local elected officials were there to show their support, including Senator Scott Weiner.



Photo: Preston Merchant, San Mateo County Health System

Sheriff's Forum on Immigration

As part of its community outreach program, the SMC Sheriff's Office held a forum at a church in Menlo Park to answer questions and allay fears about immigration, law enforcement, and health care. Clinical staff from San Mateo Medical Center and Behavioral Health and Recovery Services joined representatives from the Sheriff's office, DMV, Corrections, and the Mexican Consulate for presentations and Q&A in Spanish. *Pictured: Priscilla Padilla-Romero (center left) and Jeanette Aviles (center right) from San Mateo Medical Center*



Photo: Preston Merchant, San Mateo County Health System

PREP Outcomes Report

Prevention and Recovery in Early Psychosis is a comprehensive specialty care program serving people who are experiencing or at risk of psychosis. The program brings together an interdisciplinary team of therapists, employment and education specialists, family and peer support specialists, psychiatric nurse practitioners, and psychiatrists to offer psychotherapy (cognitive behavioral therapy for psychosis), structured diagnostic assessments, treatment planning, low-dose medication management, family support and engagement, individual and family psychoeducation, supported employment and education services, care management, and peer support. A new report shows San Mateo County Behavioral Health and Recovery Services clients who participated in the program saw a reduction in hospital visits by almost half (30 to 17) and with fewer hospital days (285 to 178) in just one year. Since joining the program, clients also saw improvements in employment, living skills, community connectedness, and symptoms and trauma related coping.

Black History Month Health Fair

On February 25, the San Mateo County African American Community Initiative (AACI), hosted a Health Fair: *Mind, Body & Spirit Matters* at a church in East Palo Alto. AACI operates within Behavioral Health and Recovery Services and is made possible through funding provided by the Mental Health Services Act of 2007. The event was designed to promote health and wellness and raise awareness about health disparities that impact the African American community. One example of such disparity is the fact that African Americans account for 3% of the population in San Mateo County, yet they make up 12% of the people in treatment for substance use disorders. The event also showcased the Black Lives Matter Photovoice project, a process where people identify, represent and enhance their community through photography and sharing their stories. Over 100 people attended this event. *Pictured: Dr. Erica Britton (center), Dr. Jei Africa (right)*

