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
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  
      Dr. Janet Chaikind  
   2. Quality Report  
      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  
   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
   Dr. Alpa Sanghavi ................. Verbal

2. Keller Center
   Dr. Alpa Sanghavi ................. Verbal

3. Elder and Dependent Adult Protection Team
   Louise Rogers .................... Verbal

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

5. CEO Report
   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@smc.gov. Notification in advance of the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. Attendees to this meeting are reminded that other attendees may be sensitive to various chemical based products.
TAB 1

CONSENT

AGENDA
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
Joan Spicer
Dr. Susan Fernyak
Glenn Levy
John Thomas
Liz Evans
Angela Gonzalez
Larry Funk

Members of the Public
Michelle Lee
Priscilla Romero
Leslie Williams-Hurt
Steve Kaplan
Karen Pugh
Dr. Katalin Szabo
Peggy Jensen

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DISCUSSION/RECOMMENDATION</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call to Order</td>
<td>Supervisor Groom called the meeting to order at 8:00 AM, and the Board adjourned to Closed Session.</td>
<td></td>
</tr>
<tr>
<td>Reconvene to Open Session</td>
<td>The meeting was reconvened at 8:15 AM to Open Session. A quorum was present (see above).</td>
<td></td>
</tr>
<tr>
<td>Report out of Closed Session</td>
<td>Medical Staff Credentialing Report for March 2, 2017. Medical Executive Committee Minutes from February 14, 2017. QIC Minutes from January 24, 2017.</td>
<td>Glenn Levy reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.</td>
</tr>
<tr>
<td>Public Comment</td>
<td>None.</td>
<td></td>
</tr>
</tbody>
</table>
| Cordilleras Redesign | Cordilleras will undergo a transformation by 2020. Present day Cordilleras:  
- 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:  
- 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 |
| Foundation Report | 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. |
| Medical Staff Report | Dr. Janet Chaikind reported the next Annual Medical Staff meeting will be held on June 1, 2017. |
| Psychiatry Department | 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  The increase of non-acute days began to steadily increase around July 2013 to its present day level.  • 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  These and other factors have led to a 48% decrease in discharges. 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. |
In any given month, we send 60-70% of our patients to outside hospitals.

In Psychiatric Emergency Services, the average length of stay in 2013 was 11.8 hours and in 2016 it increased 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.

**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.  

**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.  

**Health System Report**  
Louise Rogers  
The Board of Supervisors has approved an agreement with Taylor Designs to design the master Health System campus.  

**County Manager**  
John Maltbie  
No report.  

**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.  

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
TAB 2

ADMINISTRATION REPORTS
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.
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.
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.
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

HPSM Newly Eligible Members Assigned increased by 150 from February

- Assigned Medi-Cal Members
- Assigned Medi-Cal Member Budget
- Newly Eligible Members
- Newly Eligible Member Budget
# San Mateo Medical Center
## Payer Mix
### February 28, 2017

<table>
<thead>
<tr>
<th>Payer Type by Gross Revenue</th>
<th>MONTH</th>
<th>YEAR TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Medicare</td>
<td>19.5%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>58.6%</td>
<td>59.9%</td>
</tr>
<tr>
<td>Self Pay</td>
<td>2.6%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Other</td>
<td>4.9%</td>
<td>5.9%</td>
</tr>
<tr>
<td>ACE/ACE County</td>
<td>14.4%</td>
<td>14.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

![Payer Mix Chart](chart.png)

**Legend:**
- Medi-Cal
- ACE/ACE County
- Self Pay
- Medicare
- Other
Medical-Surgical census over budget. Inpatient psychiatric unit continues to have challenges with discharging hard-to-place patients with 84% not meeting medical necessity for inpatient status.
San Mateo Medical Center
Clinic Visits
February 28, 2017

<table>
<thead>
<tr>
<th>MONTH</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Stoplight</th>
<th>YEAR TO DATE</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Stoplight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Visits</td>
<td>19,610</td>
<td>18,885</td>
<td>725</td>
<td>4%</td>
<td>Clinic Visits</td>
<td>160,956</td>
<td>162,014</td>
<td>(1,058)</td>
<td>-1%</td>
</tr>
</tbody>
</table>

Clinic volume over budget
San Mateo Medical Center
Emergency Visits
February 28, 2017

<table>
<thead>
<tr>
<th>MONTH</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Stoplight</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Visits</td>
<td>3,519</td>
<td>3,408</td>
<td>111</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YEAR TO DATE</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Stoplight</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Visits</td>
<td>28,625</td>
<td>29,573</td>
<td>-948</td>
<td>-3%</td>
</tr>
</tbody>
</table>

Emergency room visits over budget. PES under budget due to increased length of stay.
### San Mateo Medical Center
#### Surgery Cases
**February 28, 2017**

<table>
<thead>
<tr>
<th>Surgery Cases</th>
<th>MONTH</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Stoplight</th>
<th>YEAR TO DATE</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Stoplight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>216</td>
<td>226</td>
<td>(10)</td>
<td>-4%</td>
<td></td>
<td>2,000</td>
<td>1,939</td>
<td>61</td>
<td>3%</td>
</tr>
</tbody>
</table>

- Surgery Cases under budget

![Line chart showing surgery cases and budget over time](chart.png)
• **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.
<table>
<thead>
<tr>
<th></th>
<th>MONTH</th>
<th></th>
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<tr>
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<td>Actual</td>
<td>Budget</td>
<td>Variance</td>
<td>Stoplight</td>
</tr>
<tr>
<td>Income/Loss (GAAP)</td>
<td>660,667</td>
<td>(5,417)</td>
<td>666,084</td>
<td>Green</td>
<td>(599,406)</td>
<td>-43333</td>
<td>(556,072)</td>
<td>Red</td>
</tr>
<tr>
<td>HPSM Medi-Cal Members Assigned to SMMC</td>
<td>38,297</td>
<td>38,773</td>
<td>(476)</td>
<td>Green</td>
<td>311,805</td>
<td>310,184</td>
<td>1,621</td>
<td>Green</td>
</tr>
<tr>
<td>HPSM Newly Eligible Medi-Cal Members Assigned to SMMC</td>
<td>18,416</td>
<td>19,018</td>
<td>(602)</td>
<td>Green</td>
<td>151,112</td>
<td>152,144</td>
<td>(1,032)</td>
<td>Green</td>
</tr>
<tr>
<td>Patient Days</td>
<td>2,604</td>
<td>2,440</td>
<td>164</td>
<td>Green</td>
<td>22,929</td>
<td>21,172</td>
<td>1,757</td>
<td>Green</td>
</tr>
<tr>
<td>ED Visits</td>
<td>3,519</td>
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<td>725</td>
<td>Green</td>
<td>160,956</td>
<td>162,014</td>
<td>(1,058)</td>
<td>Green</td>
</tr>
<tr>
<td>Ancillary Procedures</td>
<td>65,092</td>
<td>55,557</td>
<td>9,535</td>
<td>Green</td>
<td>535,724</td>
<td>476,709</td>
<td>59,015</td>
<td>Green</td>
</tr>
<tr>
<td>Acute Administrative Days as % of Patient Days</td>
<td>0.0%</td>
<td>9.0%</td>
<td>9.0%</td>
<td>Green</td>
<td>6.9%</td>
<td>9.0%</td>
<td>2.1%</td>
<td>Green</td>
</tr>
<tr>
<td>Psych Administrative Days as % of Patient Days</td>
<td>83.7%</td>
<td>58.0%</td>
<td>-25.7%</td>
<td>Green</td>
<td>81.2%</td>
<td>58.0%</td>
<td>-23.2%</td>
<td>Green</td>
</tr>
</tbody>
</table>

(Please note: Days that do not qualify for inpatient status)

**Pillar Goals**

<table>
<thead>
<tr>
<th></th>
<th>MONTH</th>
<th></th>
<th></th>
<th>YEAR TO DATE</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient &amp; Capitation Revenue PMPM</td>
<td>152</td>
<td>195</td>
<td>(43)</td>
<td>-22%</td>
<td>177</td>
<td>195</td>
</tr>
<tr>
<td>Operating Expenses PMPM</td>
<td>340</td>
<td>356</td>
<td>16</td>
<td>Green</td>
<td>338</td>
<td>356</td>
</tr>
<tr>
<td>Full Time Equivalents (FTE) including Registry</td>
<td>1,180</td>
<td>1,206</td>
<td>26</td>
<td>Green</td>
<td>1,184</td>
<td>1,206</td>
</tr>
<tr>
<td></td>
<td>MONTH</td>
<td></td>
<td></td>
<td>YEAR TO DATE</td>
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<td></td>
</tr>
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<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>Inpatient Gross Revenue</td>
<td>8,501,815</td>
<td>7,933,661</td>
<td>568,154</td>
<td>7%</td>
<td>75,497,840</td>
<td>63,469,287</td>
</tr>
<tr>
<td>Outpatient Gross Revenue</td>
<td>24,068,314</td>
<td>24,786,360</td>
<td>(718,046)</td>
<td>-3%</td>
<td>193,788,082</td>
<td>198,290,881</td>
</tr>
<tr>
<td>Total Gross Revenue</td>
<td>32,570,129</td>
<td>32,720,021</td>
<td>(149,892)</td>
<td>0%</td>
<td>269,285,921</td>
<td>261,760,169</td>
</tr>
<tr>
<td>Patient Net Revenue</td>
<td>8,938,432</td>
<td>8,292,539</td>
<td>645,892</td>
<td>8%</td>
<td>70,071,441</td>
<td>66,340,315</td>
</tr>
<tr>
<td>Net Patient Revenue as % of Gross Revenue</td>
<td>27.4%</td>
<td>25.3%</td>
<td>2.1%</td>
<td>8%</td>
<td>26.0%</td>
<td>25.3%</td>
</tr>
<tr>
<td>Capitation Revenue</td>
<td>1,186,435</td>
<td>5,985,516</td>
<td>(4,799,081)</td>
<td>-80%</td>
<td>24,067,283</td>
<td>47,884,130</td>
</tr>
<tr>
<td>Supplemental Patient Program Revenue</td>
<td>9,741,017</td>
<td>6,305,633</td>
<td>3,435,384</td>
<td>54%</td>
<td>51,768,823</td>
<td>50,445,061</td>
</tr>
<tr>
<td>Other Operating Revenue</td>
<td>720,773</td>
<td>1,177,332</td>
<td>(456,560)</td>
<td>-39%</td>
<td>7,932,577</td>
<td>9,418,658</td>
</tr>
<tr>
<td>Total Operating Revenue</td>
<td>20,586,656</td>
<td>21,761,021</td>
<td>(1,174,364)</td>
<td>-5%</td>
<td>153,840,124</td>
<td>174,088,165</td>
</tr>
</tbody>
</table>
San Mateo Medical Center  
Income Statement  
February 28, 2017

<table>
<thead>
<tr>
<th>MONTH</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Stoplight</th>
<th>YEAR TO DATE</th>
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<th>Budget</th>
<th>Variance</th>
<th>Stoplight</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>$14,257,264</td>
<td>$14,824,609</td>
<td>$567,345</td>
<td>4%</td>
<td>$116,947,000</td>
<td>$118,596,873</td>
<td>$1,649,874</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>$805,795</td>
<td>$648,254</td>
<td>$(157,540)</td>
<td>-24%</td>
<td>$6,068,755</td>
<td>$5,186,036</td>
<td>$(882,719)</td>
<td>-17%</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>$910,727</td>
<td>$908,129</td>
<td>$(2,597)</td>
<td>0%</td>
<td>$6,988,077</td>
<td>$7,265,035</td>
<td>$(276,959)</td>
<td>4%</td>
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<tr>
<td>34</td>
<td>$3,047,173</td>
<td>$2,800,374</td>
<td>$(246,800)</td>
<td>-9%</td>
<td>$23,902,677</td>
<td>$22,402,989</td>
<td>$(1,499,689)</td>
<td>-7%</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>$4,243,797</td>
<td>$4,579,404</td>
<td>$335,607</td>
<td>7%</td>
<td>$30,116,052</td>
<td>$36,635,235</td>
<td>$6,519,183</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>$381,958</td>
<td>$487,116</td>
<td>$105,158</td>
<td>22%</td>
<td>$3,674,473</td>
<td>$3,896,927</td>
<td>$222,453</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>$226,147</td>
<td>$206,306</td>
<td>$(19,841)</td>
<td>-10%</td>
<td>$1,759,336</td>
<td>$1,650,449</td>
<td>$(108,887)</td>
<td>-7%</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>$745,153</td>
<td>$745,153</td>
<td>0</td>
<td>0%</td>
<td>$5,961,222</td>
<td>$5,961,222</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>$244,664</td>
<td>$241,114</td>
<td>$(3,551)</td>
<td>-1%</td>
<td>$1,976,432</td>
<td>$1,928,911</td>
<td>$(47,521)</td>
<td>-2%</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>$24,862,678</td>
<td>$25,440,459</td>
<td>$577,782</td>
<td>2%</td>
<td>$197,394,023</td>
<td>$203,523,676</td>
<td>$6,129,653</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>

| 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 | $38,747,748 | 1 | 0% |
| 44 Total Income/Loss (GAAP) | $660,667 | -5417 | $666,084 | | $(599,406) | -43333 | $(556,072) | |
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/inews/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**

![Likelihood to recommend SMMC as a great place to work graph](image)

- **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](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**

![Psychiatric inpatient care not medically necessary graph](image)

![Avoidable ED Visits graph](image)
FINANCIAL STEWARDSHIP

- **PILLAR METRICS**

  ![Graph](image)

  - **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.

  ![Graph](image)

  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

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

**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.

**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*

**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. Jel Africa (right)*