



San Mateo Medical Center

A County System of Healthcare

BOARD OF DIRECTORS MEETING

Thursday, September 7, 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

September 7, 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. Bryan Gescuk

Dr. Julie Hersk

Informational Items

3. Medical Executive Committee

Dr. Bryan Gescuk

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. August 3, 2017 Meeting Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Bryan Gescuk

H. ADMINISTRATION REPORTS

1. Dental Department

Dr. Alpa Sanghavi Verbal

2. Compliance Report

John Thomas Verbal

3. Update on SMMC Campus Upgrade Project

Louise Rogers Verbal

4. Financial Report

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@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, August 3, 2017
Executive Board Room

Board Members Present

Supervisor David Canepa
John Maltbie
Dr. CJ Kunnappilly
Dr. Bryan Gescuk
Dr. Janet Chaikind
Dr. Julie Hersk
Deborah Torres

Staff Present

Michelle Lee
David McGrew
Dr. Susan Fernyak
Peggy Jensen
John Thomas
Joan Spicer
Brighton Ncube
Priscilla Romero
Gabriela Behn
Srija Srinivasan
Gary Horne
Karen Pugh
Aimee Armsby
Dr. Alpa Sanghavi

Members of the Public

Leslie Williams-Hurt
Paul Carlisle
Linda Wallach
Cecilia Diaz
Dianaliza Ponco
Marcus Weenig

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Canepa 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 8:16 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for August 3, 2017. QIC Minutes from June 27, 2017. Medical Executive Committee Minutes from July 7, 2017.	Aimee Armsby reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report Leslie Williams-Hurt	The Foundation Golf Tournament will be held on August 28, 2017 at Sharon Heights Golf and Country Club. Proceeds will support Dental Clinics. The Foundation will be migrating to a new donor management system on August 14, 2017. The new system is cloud based which will allow board members and staff to access information from their mobile devices.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from July 6, 2017. 2. Burlingame Long Term Care Report.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.

<p>Medical Staff Report Dr. Bryan Gescuk</p>	<p>The response rate for the Provider Engagement survey is higher than last year's. When the results become available, they will be shared with the various departments.</p>	<p>FYI</p>
<p>Rehabilitation Services Paul Carlisle</p>	<p>Rehab team comprises about 65 including CART, Respiratory, Physical, and Occupational, etc.</p> <p>Benefits: Therapy can reduce hospital stays and complications from immobility (prehabilitation program) Therapy interventions can be better and more cost effective than surgery for low back pain (also reducing radiology expenses) Therapists with direct access can offload primary care visits for uncomplicated musculoskeletal problems (Coastside Clinic plans) Therapy, in combination with psychotherapy is the most effective approach for opioid addiction (Pain Clinic partnerships) Preventative therapies can save thousands in costs for: obesity, falls, sports injuries, etc. (Stepping On, Pediatric Healthy Weight initiative)</p> <p>Staff Engagement score is typically 95% or higher...the highest in the Health System.</p>	<p>FYI</p>
<p>Patient Safety Linda Wallach Dianaliza Ponco</p>	<p>What is culture of safety?</p> <ul style="list-style-type: none"> • Patient Safety Survey tool developed by the Agency of Healthcare Research and Quality (AHRQ) • 42 Questions, 12 Domains • Comparison benchmark based on other participating 100-199 bed hospitals • Most recent survey administered May 2017 <p>Challenges identified in the 2015 Patient Safety Culture Survey</p> <ul style="list-style-type: none"> • Lower performance from 2013 survey • Lower performance in comparison to 2013 AHRQ Benchmark • Decrease in patient safety reporting ; less opportunity to make improvements • Continuing issues; Hospital units do not coordinate well • Concerns regarding punitive environment and consequences related to reporting <p>What have we done since 2015</p> <ul style="list-style-type: none"> • Improved Reporting System (SAFE – Safety Alerts from Employees) • Emphasis on Problem Solving and Quality Resolution with Managers • Data provided to departments to promote team discussion on Patient Safety issues • Promoted Event Reporting • Routine Monitoring • Communication Training 	<p>FYI</p>

Financial Report David McGrew, CFO	The June 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 was included in the Board packet and answered questions from the Board.	FYI
Health System Report Srija Srinivasan	No report.	FYI
County Manager John Maltbie	No report.	FYI
Board of Supervisors	No report.	FYI

Supervisor Canepa adjourned the meeting at 8:56 AM. The next Board meeting will be held on September 7, 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

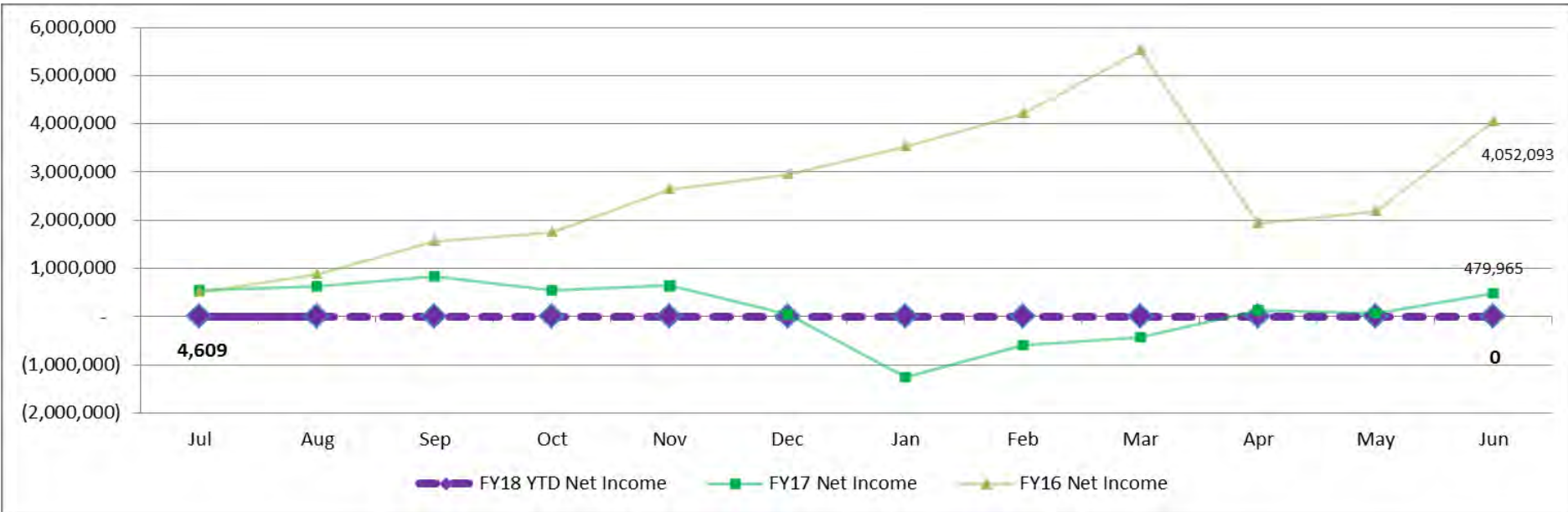


San Mateo Medical Center
A County System of Healthcare

**July FY 2017-2018
Financial Report**

**Board of Directors Meeting
September 7, 2017**

Financial Highlights



Financial Drivers:

- Whole Person Care labor
- Supplies & Registry

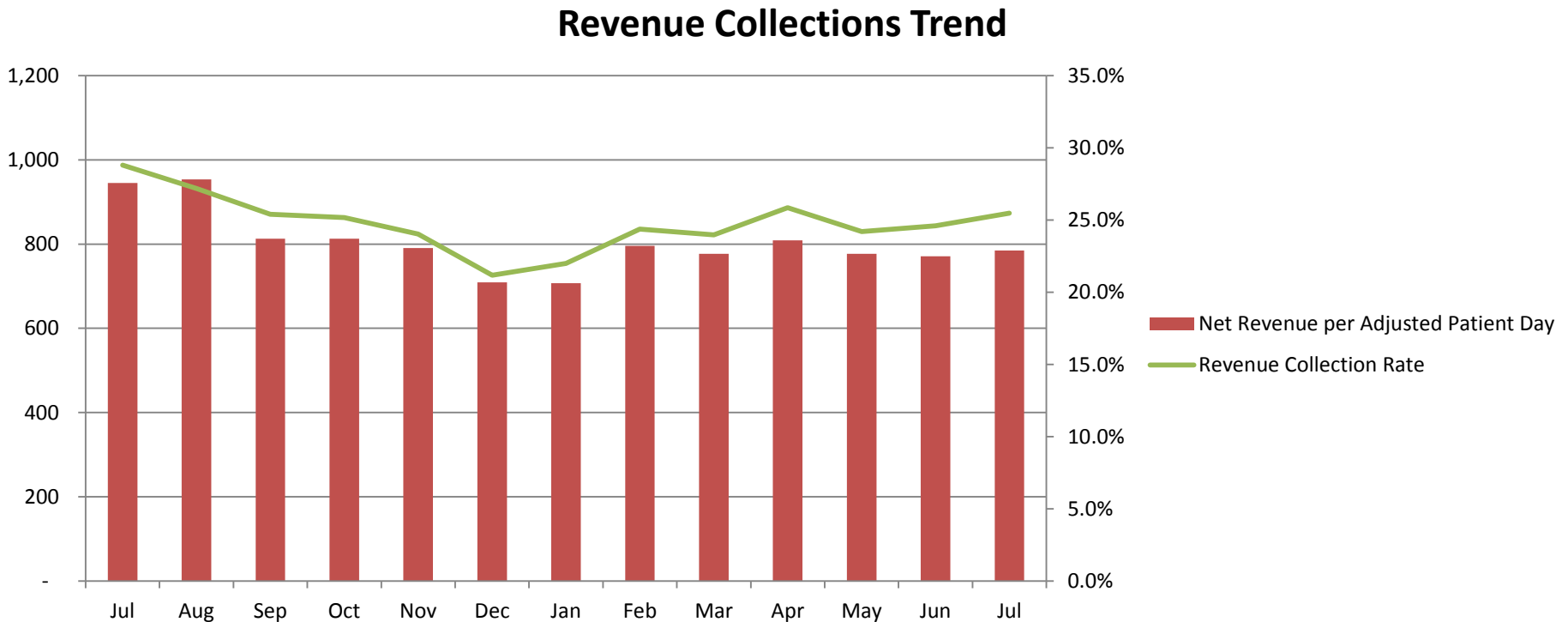
- Outpatient revenue - volume
- Medical necessity
- Whole Person Care revenue

Preliminary FY17: Results are pending the annual audit, which is expected to be completed next week. No audit adjustments identified.

Forecast FY18: FY18 forecast is based on budget targets and will be updated throughout the year as more information is available.

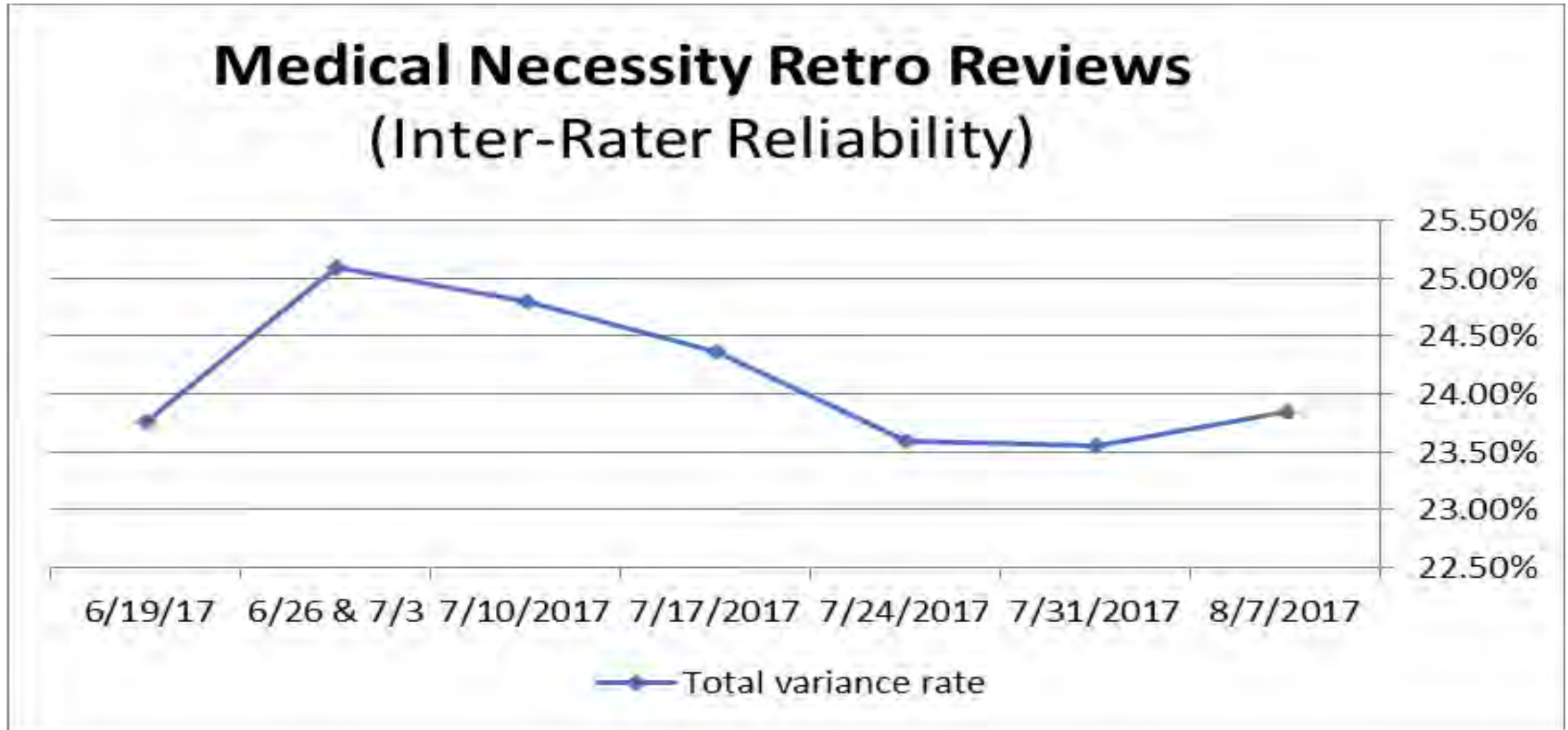
Key Performance Indicators

FFS Revenue Collection Trend



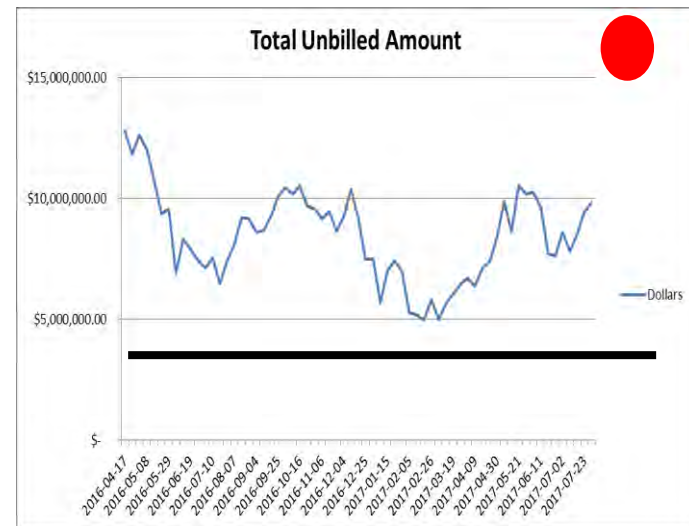
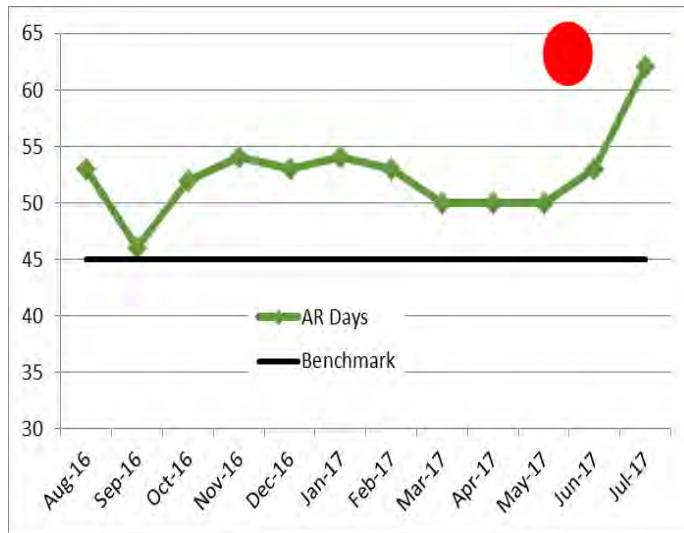
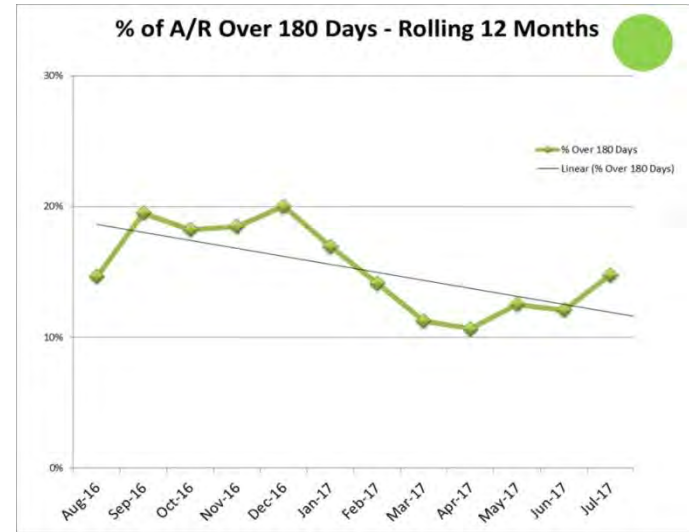
The revenue collection rate declined steadily through December due to high administrative days and lower Medi-Cal rates for acute medical-surgical patients and skilled nursing facility patients at SMMC and BLTC. Beginning January, the collection rate bounces back due to FFS revenue from MCE patients. July revenue includes the updated Medi-Cal rates for acute medical-surgical patients

Key Performance Indicators



Engaged an external organization to validate the determination of medical necessity for compliance with acute inpatient billing rules. On average, 24% of reviewed inpatient days were found to actually meet medical necessity. Development of a customized training, education and monitoring program is in progress. Implementation of a CDI program will further enhance these efforts.

Key Performance Indicators



Financial Improvement Plan

Executive Summary

Initiative

Status

<i>Denial management</i>	<ul style="list-style-type: none">• External retro reviews in progress. <u>24% of reviewed cases were corrected</u>• Medical necessity trainer started 7/25. InterQual + custom program• Denials reporting tool in early implementation
<i>Clinical Documentation Improvement (CDI)</i>	<ul style="list-style-type: none">• 2 of 4 vendors have conducted demos• Vendor selection by September 30th• Initiate project work in late October/early November
<i>Psych services billing project</i>	<ul style="list-style-type: none">• Draft report delivered. Feedback being incorporated into final report, which is expected mid-September.
<i>Increase Medi-Cal rates</i>	<ul style="list-style-type: none">• SNF cost report appeal in progress• Medical-Surgical inpatient rates increased to \$2,280/day. Projected to yield \$6m annually.

APPENIDIX

San Mateo Medical Center
Income Statement
July 31, 2017

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

1	Income/Loss (GAAP)	4,609	31,850	(27,241)	
2	HPSM Medi-Cal Members Assigned to SMMC	37,919	38,019	(100)	0%
3	Unique Patients	69,960	70,114	(154)	0%
4	Patient Days	2,926	2,934	(8)	0%
5	ED Visits	3,453	3,659	(206)	-6%
7	Surgery Cases	239	253	(14)	-5%
8	Clinic Visits	18,188	20,008	(1,820)	-9%
9	Ancillary Procedures	64,850	66,202	(1,352)	-2%

		4,608	31850	(27,242)	
		37,919	38,019	(100)	0%
		69,960	70,114	(154)	0%
		2,926	2,934	(8)	0%
		3,453	3,659	(206)	-6%
		239	253	(14)	-5%
		18,188	20,008	(1,820)	-9%
		64,850	66,202	(1,352)	-2%

10	Acute Administrative Days as % of Patient Days	0.0%	16.0%	16.0%	100%
11	Psych Administrative Days as % of Patient Days	73.9%	80.0%	6.1%	8%

		0.0%	16.0%	16.0%	100%
		73.9%	80.0%	6.1%	8%

(Days that do not qualify for inpatient status)

Pillar Goals

12	Revenue PMPM	133	150	(17)	-12%
13	Operating Expenses PMPM	356	387	30	8%

		133	150	(17)	-12%
		356	387	30	8%

14	Full Time Equivalentents (FTE) including Registry	1,191	1,204	13	1%
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		1,191	1,204	13	1%
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San Mateo Medical Center
Income Statement
July 31, 2017

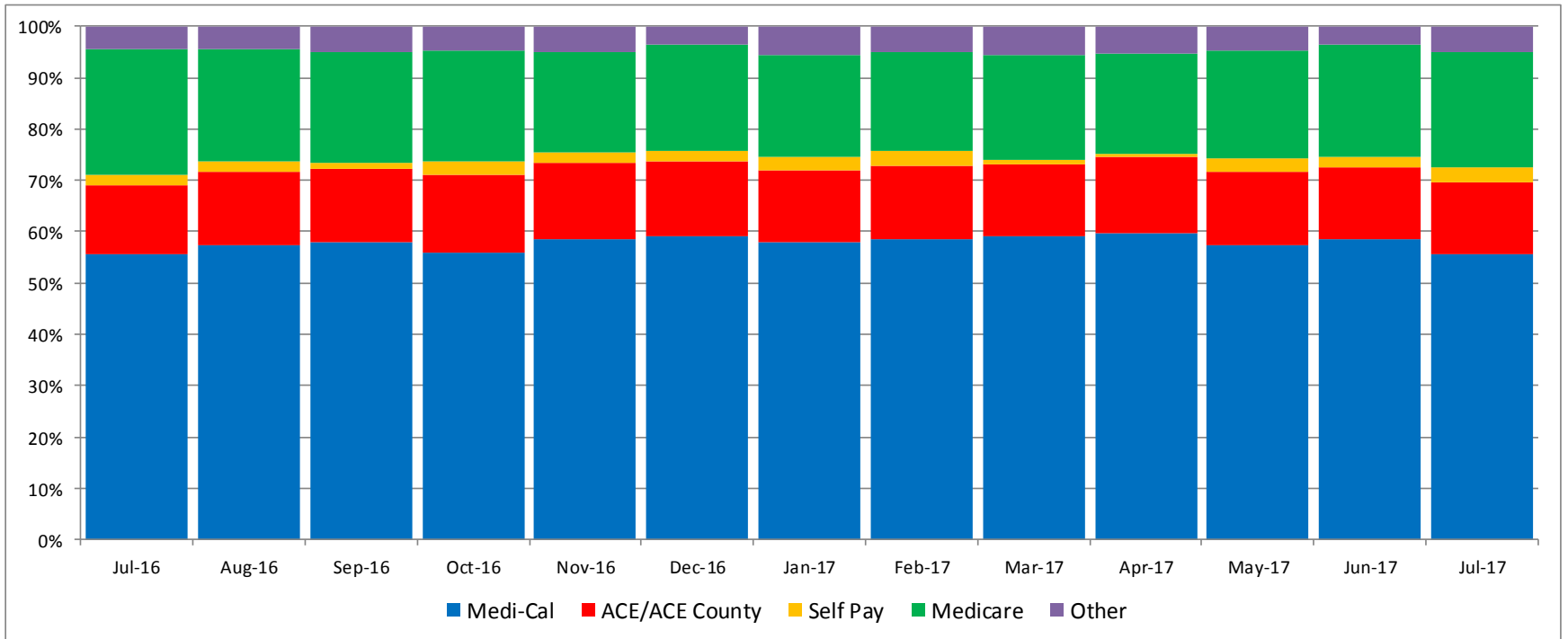
	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	9,012,616	9,577,810	(565,194)	-6%	9,012,616	9,577,810	(565,194)	-6%
22 Outpatient Gross Revenue	21,344,604	25,324,704	(3,980,100)	-16%	21,344,604	25,324,704	(3,980,100)	-16%
23 Total Gross Revenue	30,357,219	34,902,514	(4,545,295)	-13%	30,357,219	34,902,514	(4,545,295)	-13%
24 Patient Net Revenue	9,278,477	10,512,930	(1,234,453)	-12%	9,278,477	10,512,930	(1,234,453)	-12%
25 Net Patient Revenue as % of Gross Revenue	30.6%	30.1%	0.4%	1%	30.6%	30.1%	0.4%	1%
26 Capitation Revenue	1,143,273	1,291,667	(148,394)	-11%	1,143,273	1,291,667	(148,394)	-11%
27 Supplemental Patient Program Revenue	7,636,107	10,026,459	(2,390,352)	-24%	7,636,106	10,026,459	(2,390,353)	-24%
(Additional payments for patients)								
28 Total Patient Net and Program Revenue	18,057,857	21,831,056	(3,773,199)	-17%	18,057,856	21,831,056	(3,773,200)	-17%
29 Other Operating Revenue	1,629,664	1,236,192	393,473	32%	1,629,664	1,236,192	393,472	32%
(Additional payment not related to patients)								
30 Total Operating Revenue	19,687,521	23,067,248	(3,379,727)	-15%	19,687,520	23,067,248	(3,379,727)	-15%

San Mateo Medical Center
Income Statement
July 31, 2017

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
Operating Expenses								
31 Salaries & Benefits	15,434,926	15,819,555	384,629	2%	15,434,926	15,819,555	384,629	2%
32 Drugs	724,119	806,645	82,527	10%	724,119	806,645	82,527	10%
33 Supplies	676,180	914,846	238,665	26%	676,180	914,846	238,665	26%
34 Contract Provider Services	3,069,457	3,290,227	220,770	7%	3,069,457	3,290,227	220,770	7%
35 Other fees and purchased services	3,315,069	4,516,184	1,201,115	27%	3,315,069	4,516,184	1,201,115	27%
36 Other general expenses	449,562	502,737	53,174	11%	449,562	502,737	53,174	11%
37 Rental Expense	173,012	189,615	16,604	9%	173,012	189,615	16,604	9%
38 Lease Expense	822,975	822,975	(0)	0%	822,975	822,975	(0)	0%
39 Depreciation	269,865	260,089	(9,776)	-4%	269,865	260,089	(9,776)	-4%
40 Total Operating Expenses	24,935,164	27,122,873	2,187,708	8%	24,935,164	27,122,873	2,187,708	8%
41 Operating Income/Loss	(5,247,643)	(4,055,625)	(1,192,018)	-29%	(5,247,644)	(4,055,625)	(1,192,019)	-29%
42 Non-Operating Revenue/Expense	408,784	(755,994)	1,164,778	-154%	408,784	(755,994)	1,164,778	-154%
43 Contribution from County General Fund	4,843,468	4,843,468	0	0%	4,843,468	4,843,468	0	0%
44 Total Income/Loss (GAAP)	4,609	31,850	(27,241)		4,608	31,850	(27,242)	
(Change in Net Assets)								

**San Mateo Medical Center
Payer Mix
July 31, 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
Medicare	22.6%	21.0%	1.6%		22.6%	21.0%	1.6%	
Medi-Cal	55.5%	58.0%	-2.5%		55.5%	58.0%	-2.5%	
Self Pay	3.1%	2.0%	1.1%		3.1%	2.0%	1.1%	
Other	4.9%	5.0%	-0.1%		4.9%	5.0%	-0.1%	
ACE/ACE County	14.0%	14.0%	0.0%		14.0%	14.0%	0.0%	
Total	100.0%	100.0%			100.0%	100.0%		



Managed Care Membership Trend



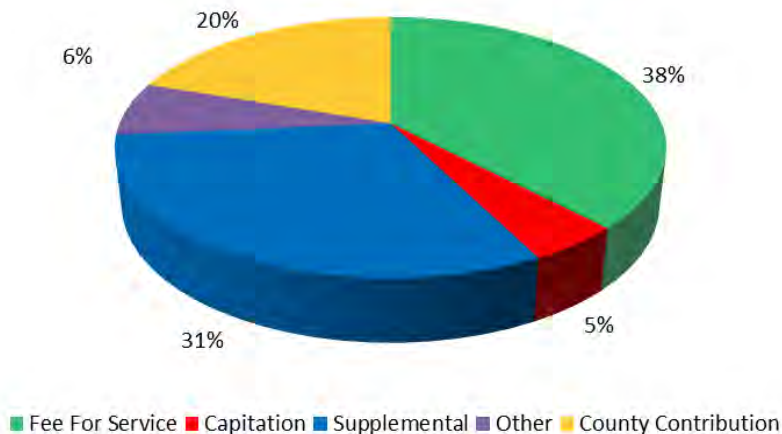
■ Medicare ■ Medi-Cal Traditional ■ Access to Care for Everyone



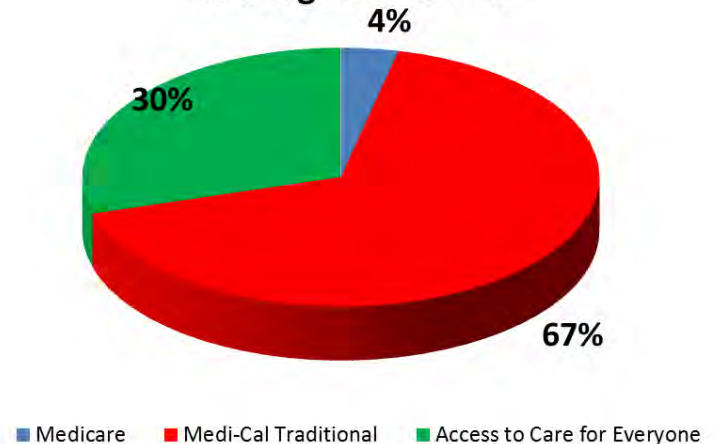
Revenue Mix

57,000
Managed
Care
Lives

Sources of Revenue



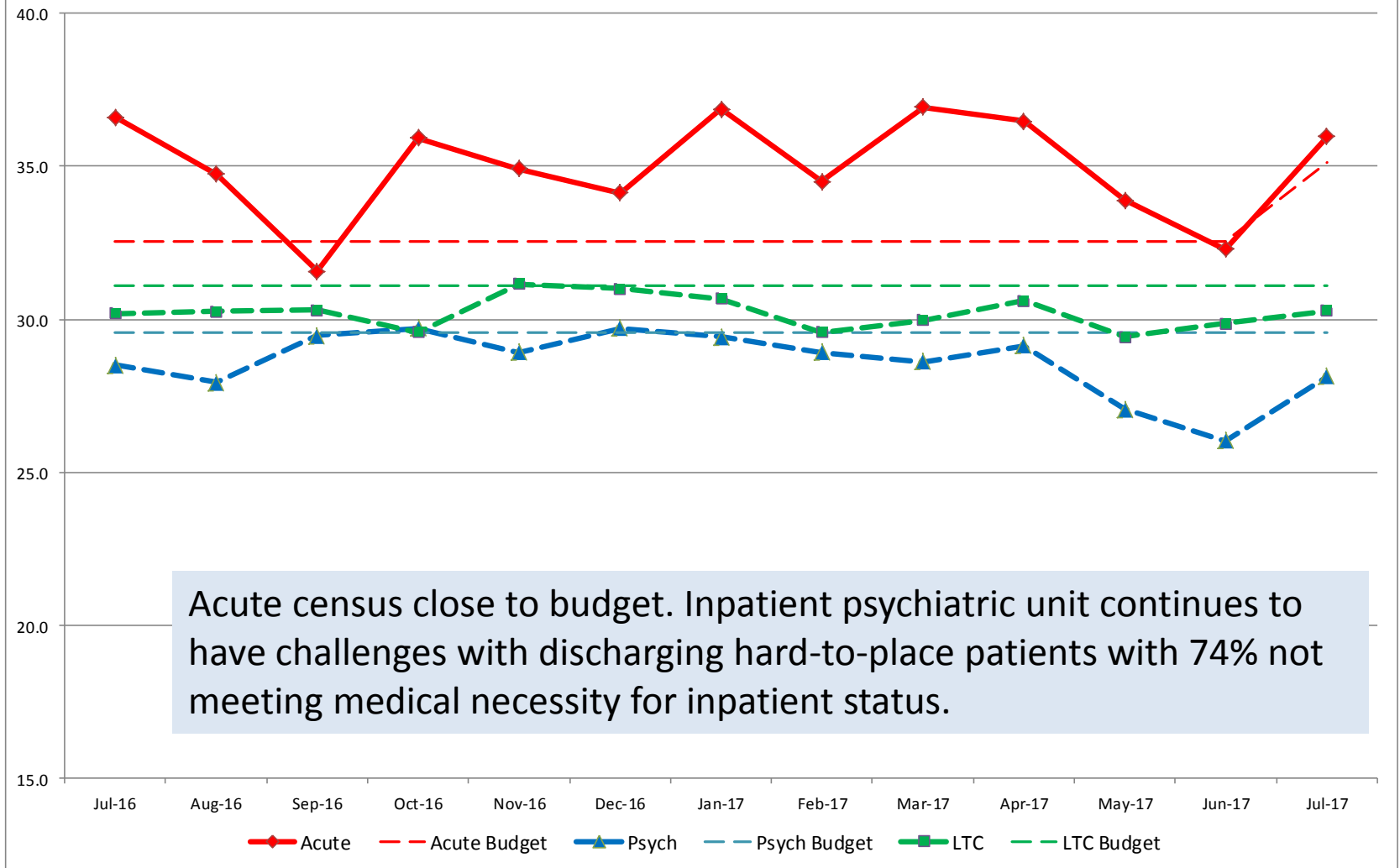
Managed Care Mix



- **Managed Care** programs represent 38% 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
Inpatient Census
July 31, 2017**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Patient Days	2,926	2,934	(8)	0%	2,926	2,934	(8)	0%

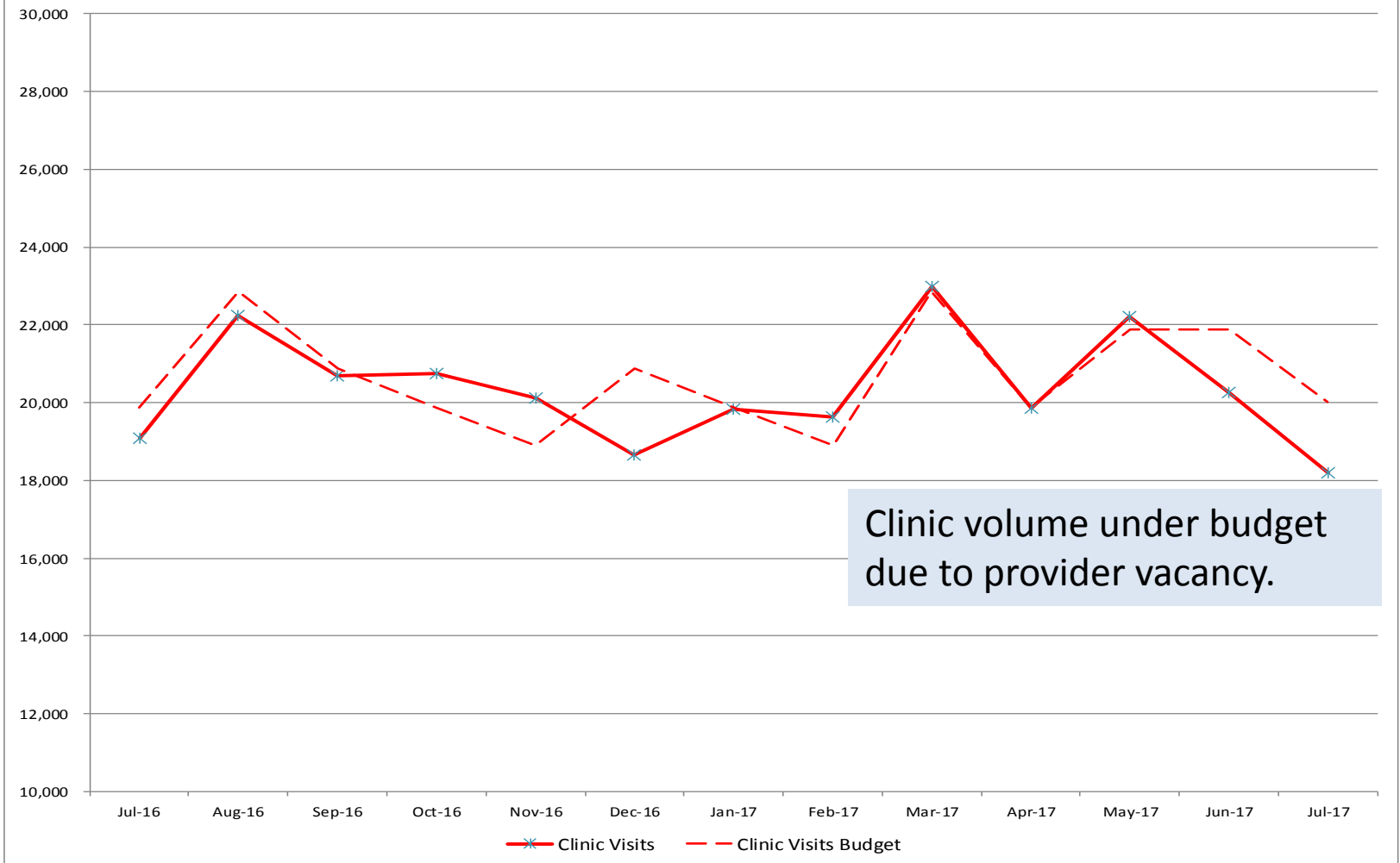


**San Mateo Medical Center
Clinic Visits
July 31, 2017**

MONTH			
Actual	Budget	Variance	Stoplight
18,188	20,008	(1,820)	-9%

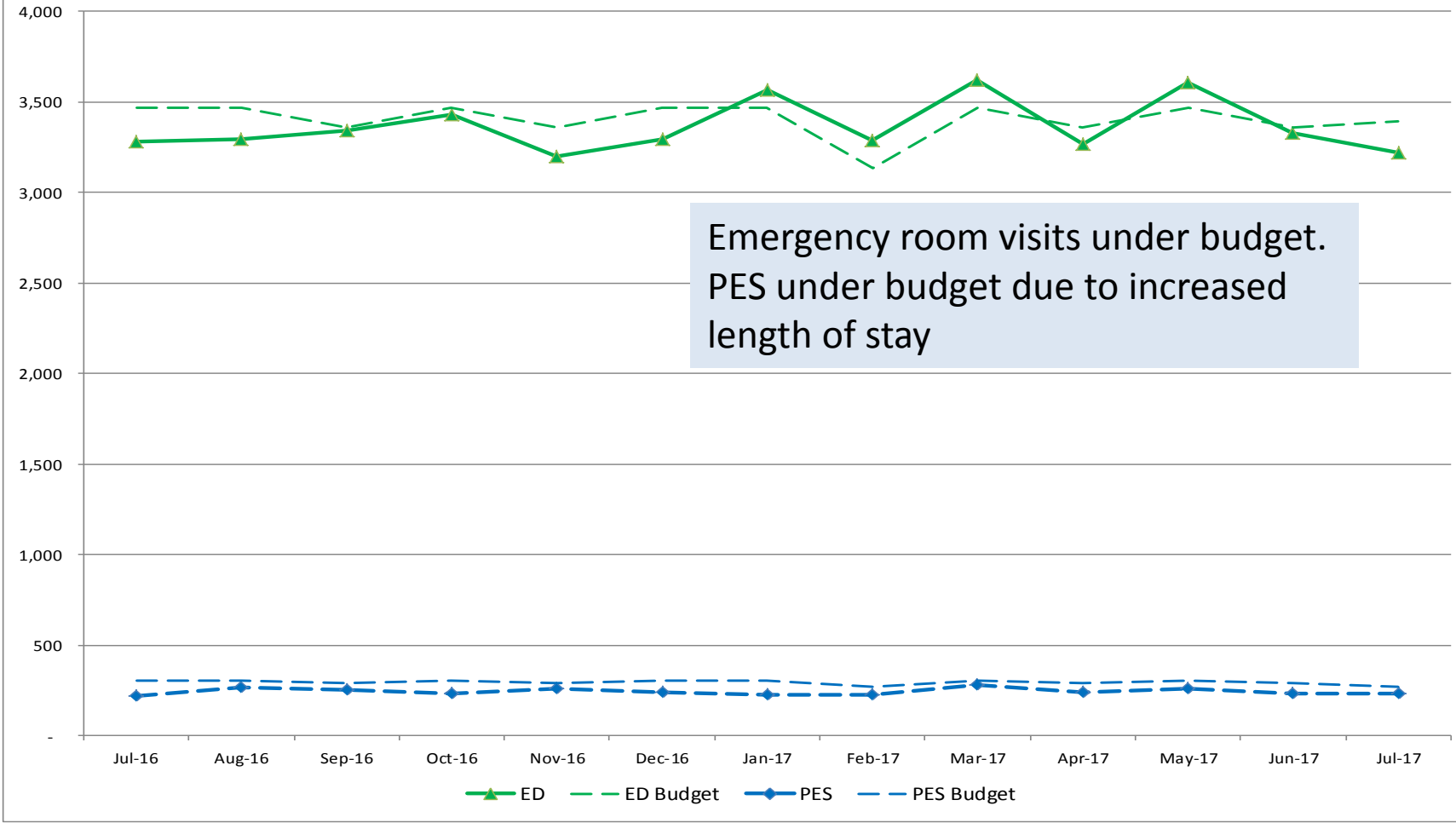
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
18,188	20,008	(1,820)	-9%

Clinic Visits	18,188	20,008	(1,820)	-9%	18,188	20,008	(1,820)	-9%
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**San Mateo Medical Center
Emergency Visits
July 31, 2017**

ED Visits	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	3,453	3,659	(206)	-6%	3,453	3,659	(206)	-6%



San Mateo Medical Center CEO REPORT

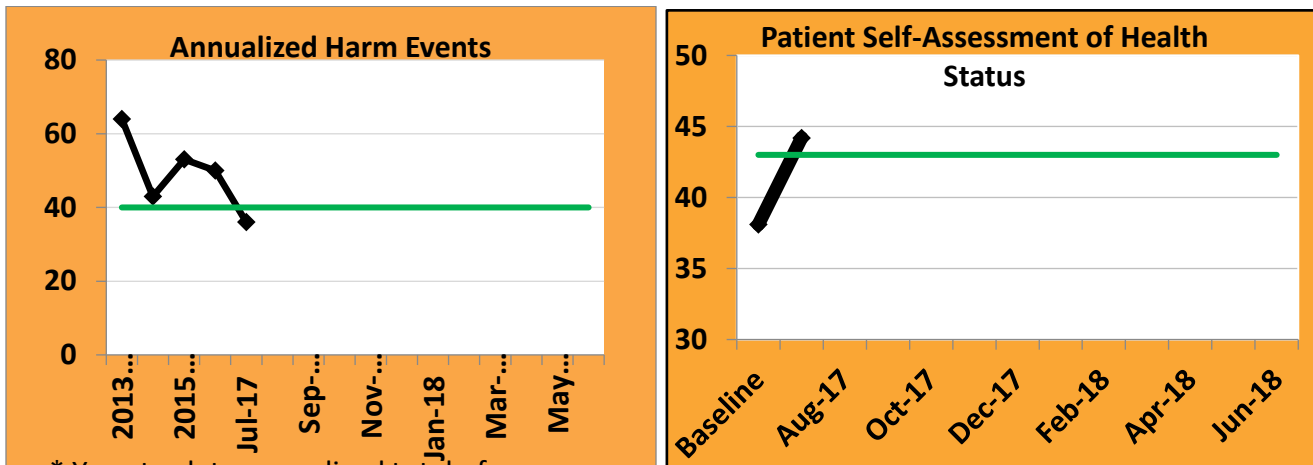


September, 2017

Please note that as we shift into a new fiscal year, baselines and charts for most pillar metrics have been reset.

EXCELLENT CARE

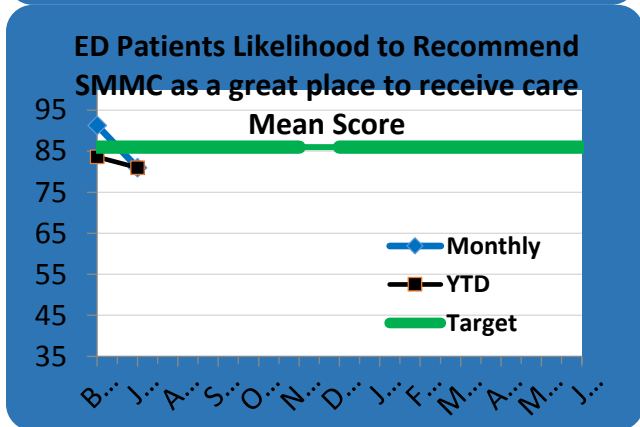
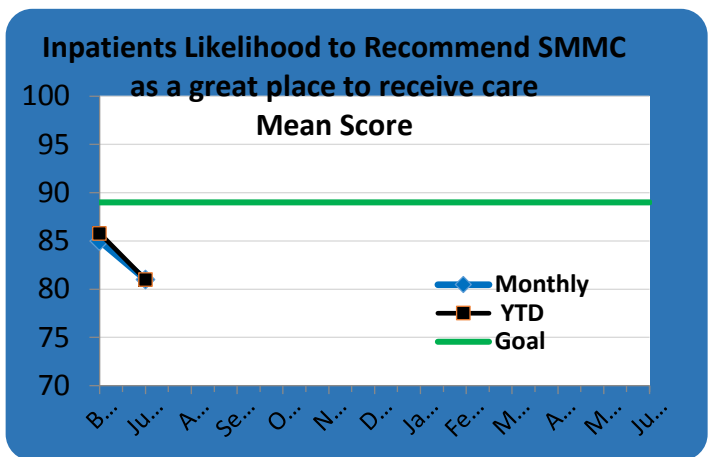
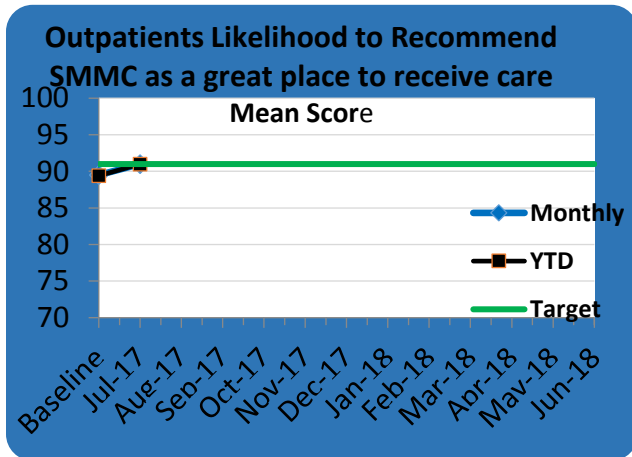
• PILLAR METRICS



- **Falls Program Recognized Again-** The Academy of Medical Surgical Nursing is highlighting the continuous quality improvement work of 2AB nurses in reducing patient falls with injury. The patient falls with injury rate at year 1 was 1.21/1,000 patient days and over three years the fall rate with injury has been reduced to 0.15/1,000 patient days. The citation for SMMC's work is: Spicer, J.G., Javines, C. & Agdipa, C. (2017). The *Got-A-Minute* Campaign to Reduce Patient Falls with Injury in an Acute Care Setting. *MEDSURG Nursing*, (26)5: 1-3.
- **SMMC Diabetes Self-Management Training Program Accreditation Renewed-** In June, the SMMC Diabetes program, which has been in existence since 1996, was randomly selected to undergo an audit by the American Diabetes Association. It was rigorous work requiring much preparation, data analysis, QI project reports, and process review. The Auditors had experience in Diabetic Education and provided valuable feedback which we have implemented into the program practice. The ADA ERP (Education Recognition Program) provides a strong framework of best-practices to provide the most holistic and patient centered care as well as carrying a financial incentive. In order to continue to be accredited as a participant program, the organizations that are randomly selected to receive an onsite audit must meet the requirements, which include a medical records review of documentation, patient follow up, program protocols, data collection and usage of data. We were recently notified that the audit was successful. Congratulations to the entire team for this great result

PATIENT CENTERED CARE

• **PILLAR METRICS**



• **Selected patient/family stories of gratitude:**

○ **From the Emergency Department:**

- Nurses in ER are all alert and courteous to every need of the patients.
- Doctors are very nice, they are concerned for my health.

○ **From IA**

- I like that they go above and beyond to make her feel comfortable
- I appreciated that all the medical staff was very professional.

○ **From 2A/B:**

- The nurse who admitted me was fantastic & so was the Emergency Room nurse.
- I am very grateful that they have provided my son a chair so he was able to stay the night with me

○ **From 3AB:**

- They were very helpful and very good listeners and very good follow up, very helpful in emotional ways.

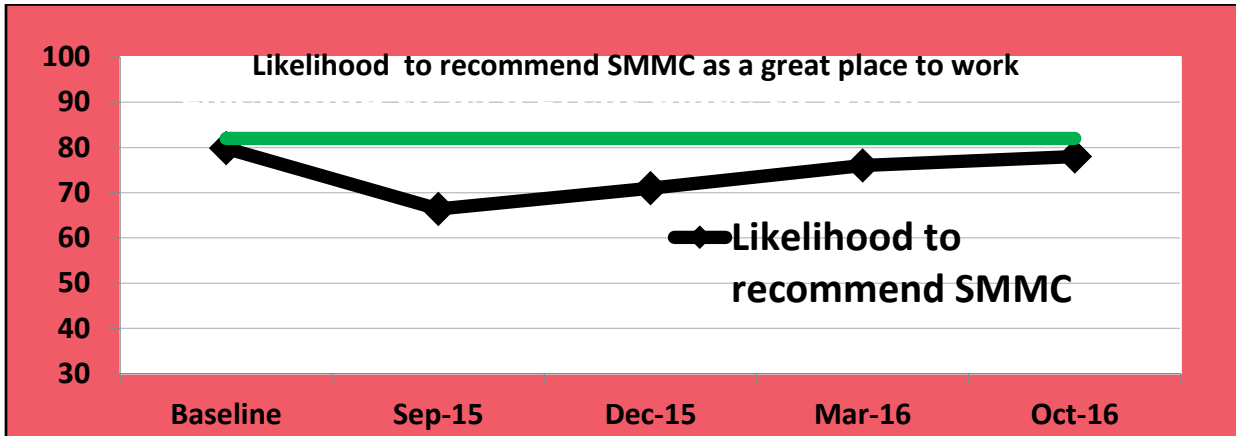
○ **From Coastside Clinic:**

- They attend us well, thanks.
- Excellent provider and staff in a very busy clinic. They amaze me!

- **From Daly City Clinic:**
 - Everybody in the clinic were very professional and nice.
 - The doctor and staff are very helpful and they always leave me with a smile.
- **From Fair Oaks Health Center:**
 - Very good. I was happy, thank you all.
 - They are the best. They are always concerned about their patients.
- **From the Innovative Care Clinic:**
 - Always excellent service, very courteous staff at all levels from reception to providers.
 - Fantastic provider. Very friendly and knowledgeable, and quite professional. Seemed to have a genuine concern for my health and well-being.
- **From Pediatrics Clinic:**
 - Good job!
- **From the Ron Robinson Senior Care Center:**
 - I have been coming to the Ron Robison clinic for many years. All doctors I have ever seen have been excellent. The CSR staff is amazing. I have nothing negative to say about my experience in the clinic.
 - It was excellent as usual. Everybody works like a team.
- **From South San Francisco Clinic:**
 - Good and very helpful.
 - Nurse showed genuine concern for my health issues and was very pleasant.
- **From Dental Clinic:**
 - Excellent!
- **From the Medical Specialty Clinic:**
 - All staff at registration are very friendly and take the time to make me smile, respond to my questions and being mindful of my schedule to fit my needs when setting up my next visit.
 - Excellent Care and Experience.
- **From OB/GYN Clinic:**
 - Receptionists are always quick and nice.
 - Caring and Efficient
- **From Surgical Specialty Clinic:**
 - Excellent Service
 - Thank you for having great doctors very professional.

STAFF ENGAGEMENT

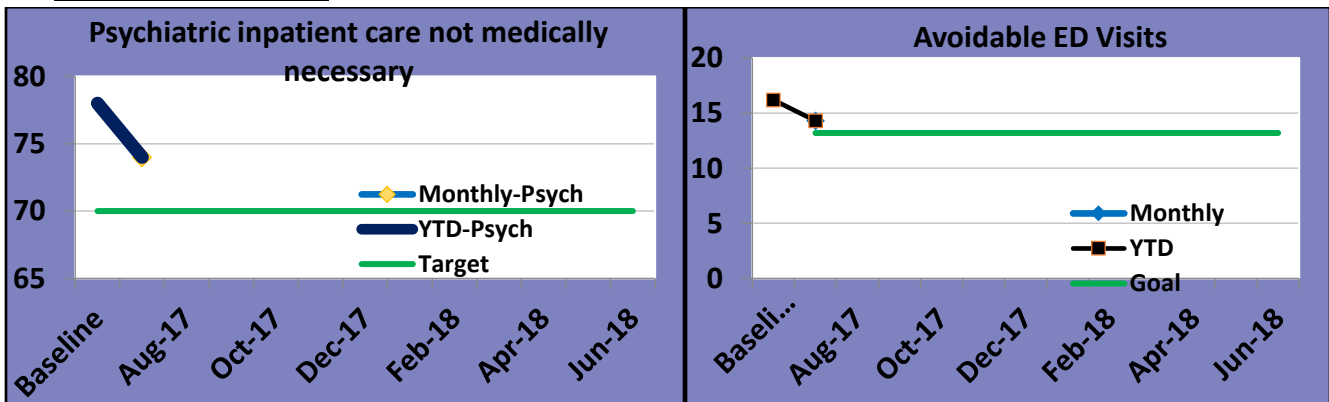
• PILLAR METRICS



- Radiology and Rehabilitation Services Host Staff Picnic-** Leaders in our Radiology and Rehabilitation Services departments hosted an all-staff picnic at San Mateo’s Central Park on Sunday, August 27th. The goal of the event was to give staff who work in different departments a chance to build and strengthen relationships in a social setting. The event included music, games, a photo booth, and face painting for the kids. More than 100 staff and family members attended the picnic, and everyone had a great time. Special thanks to Mike Pulido, Radiology, for his amazing photography and to Phuong Hathaway, Rehabilitation Services, John Jurow, Radiology, and Jackie Pelka, Radiology, for planning and hosting this staff engagement event.
- Sixth Cohort receives Health Coach Training-** On August 17 & 18, SMMC held its sixth Health Coach Training session, this one was hosted at Fair Oaks Health Center. The cohort included nineteen staff from various locations and various roles such as Patient Services Assistants, Registered Nurses, Licensed Vocational Nurses, Medical Services Assistants, and Physical Therapists. The curriculum focuses on communication techniques which are emphasized through real scenarios and role-plays to build skills. Health coaching improves interactions between the patient and healthcare professional increasing trust and compliance to treatment plans. Additionally, Health coaching enables our patients to achieve greater, positive outcomes in their self-management. The opportunity to bring the Health Coaching Curricula to SMMC is as a result of our collaboration with the UCSF Center for Excellence in Primary Care.

RIGHT CARE, TIME AND PLACE

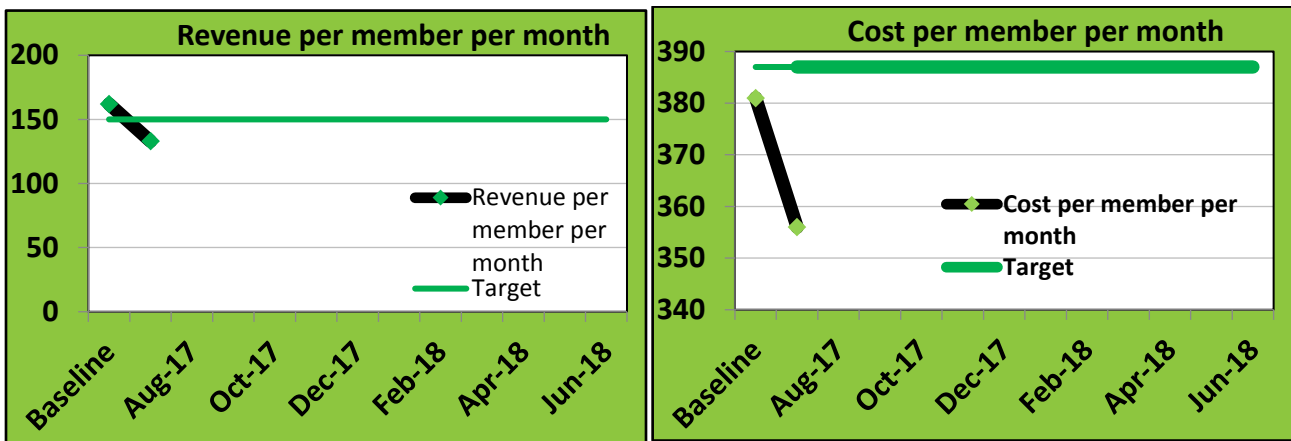
• PILLAR METRICS



- Coastside Clinic Completing Renovations to Improve Service Delivery-** The Coastside Clinic is completing renovation of its second floor space. Through redesign, painting and upgrading of furnishings and equipment, the clinic now has four additional examination rooms, a triage nurse room, a two-provider office, as well as new nurse's station, point of care lab testing and patient registration areas. The purpose of the renovation was to expand clinic space in order to move Ob/Gyn and specialty clinics out of the first floor primary care area, thus creating room for adult and pediatric primary care teams. The expectation is that the expanded space will also enable the clinic to provide more specialty care on-site, so that patients will not have to travel to SMMC main campus for all their treatment referrals. The clinic expects to begin delivering services in the new space in September.

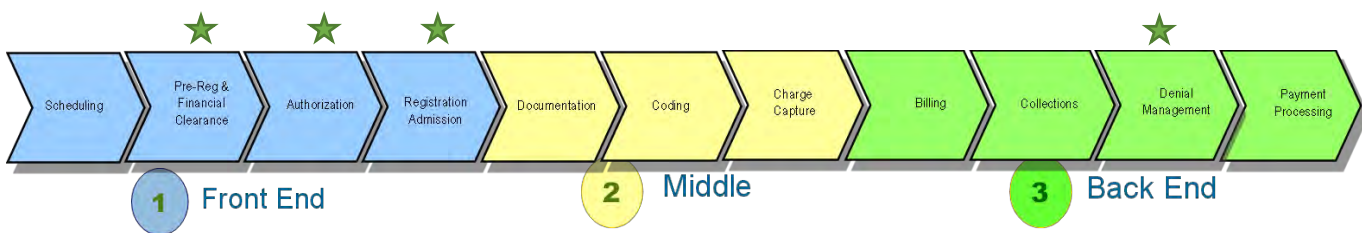
FINANCIAL STEWARDSHIP

PILLAR METRICS



Revenue Cycle Transformation-FY18 Initiatives

Our FY17-18 Financial Stewardship strategic initiative continues to focus on the revenue cycle, in that sweet spot of things that matter and things we can control. We are building on last year's front-end work with insurance verification accuracy and inpatient authorization approvals. In addition we added a focus on ensuring our providers are enrolled with Medicare and Medi-Cal to eliminate payment denials.



The work in August was updating the overall strategic initiative charter and developing the related nested charters for registration accuracy, authorizations for same day surgeries, and provider enrollment. As a starting point, each nested charter process owner convened cross-functional teams to update the background, needs statement and current condition as the foundation for the initiative. A key component in this effort was identifying the measures we track to let us know whether our actions are yielding improvements. For our overall charter, the team identified the following measures for FY18:

Measures:	Baseline value (6/30/17)	Current Value (7/31/17)	Ideal Value (Date)
Revenue per member per month (pmpm)	\$134	\$132	\$398
Claim denials (baseline = 4/30/17)	\$4.4 million	TBD	No Denials
Unbilled accounts	\$8.6 million	\$9.8 million	No Unbilled

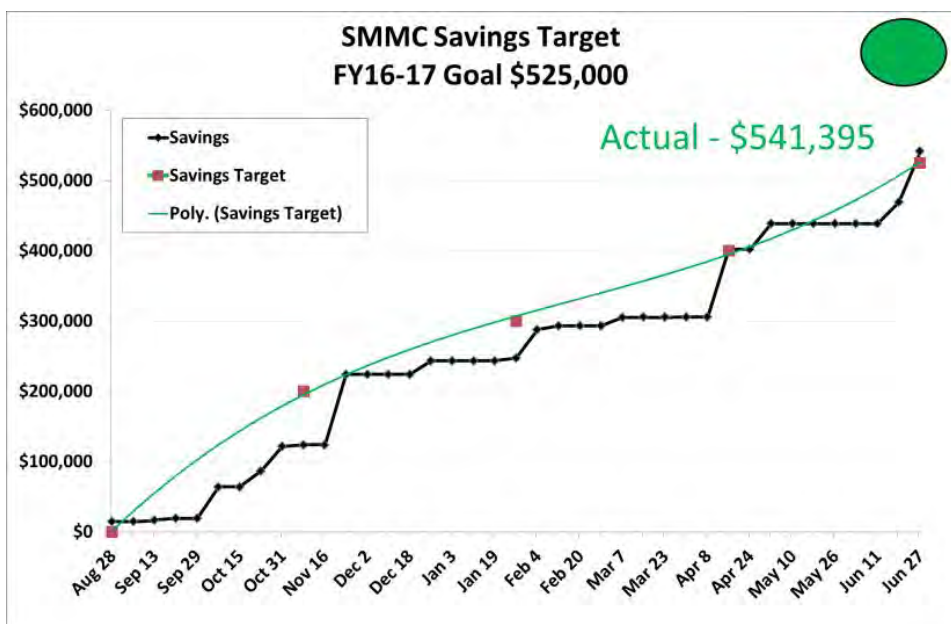
Our next step is to identify the target condition for each nested charter that will highlight where we're trying to get to in FY18 and then develop the hypothesis of how achieving the target condition translates into measurable performance. Once these steps are completed, the teams will lay out the action plan to move us toward the target condition and develop PDSA experiments to execute on the action plans.

The transformation of revenue cycle workflows is a critical foundational element of preparing for the replacement of our Invision patient accounting system.

- Materials Management Exceeds Annual Savings Target**

Our Materials Management team has been working hard to squeeze out supply savings in every possible way. Through the leadership of our Materials Management Director, Cassidy Hoehn, the Clinical Quality Value Analysis (CQVA) committee provides a systematic approval process for the evaluation, assessment, and acquisition of products, equipment and clinical technology that is reviewed by a cross-disciplinary group of providers, other clinical staff, operations and finance. CQVA's objective is not to find the lowest price products, but to seek opportunities to standardize product lines that are cost effective, clinically efficacious, and provide the highest quality care and safety to our patients and caregivers.

For FY16-17, the team set an ambitious goal of achieving \$525,000 in supply savings for the full year, which represented a 50% improvement over the prior year. Through monthly monitoring of expense data and supply utilization, collaborative analysis, GPO partnership, and effective use of price comparison reporting tools, the team identified over 30 savings opportunities and exceeded their target by saving \$541,000 for the year, which was a 60% improvement over the prior year! Kudos to the Materials Management and CQVA teams for demonstrating the power of an engaged workforce and for utilizing our LEAP principles in their daily work.



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



Indicator	Number	Change from previous month	Change from previous year
ACE Enrollees	21,569 (July, 2017)	0.3%	6.6%
SMMC Emergency Department Visits	3,503 (July, 2017)	-1.7%	9%
New Clients Awaiting Primary Care Appointment	991 (August, 2017)	6.2%	239%

Family Health Services Facilitates Friendship Park Upgrades

On Saturday, August 5 the Nutrition Education and Prevention Unit, in collaboration with San Mateo County Parks, worked with the community gardeners of Friendship Park to upgrade the facility’s garden boxes. The park produces hundreds of pounds of seasonal, organic produce every year. Upgrading the boxes will help plants upright and more contained, fostering healthier plant growth and making regular maintenance easier on local garden bed owners.



Photo courtesy of: Family Health Services division, Health System

Mobile HIV Prevention Unit Conducts First HIV Testing Event at San Mateo Pride Center

On Saturday, July 22 the Public Health, Policy and Planning division’s Mobile HIV Prevention Unit sponsored a free HIV testing event hosted by the newly opened San Mateo Pride Center. The Mobile HIV Prevention Unit partners with a number of community organizations to provide testing, prevention and social networking. Offering such testing opportunities in an environment where LGBTQ+ community members feel most safe is critical to ensuring higher turnouts and greater awareness for prevention information. The HIV Prevention Unit will host more free testing events at the Pride Center moving forward.



Photo courtesy of: San Mateo Pride Center

Prenatal to Three Initiative Celebrates 20th Anniversary

On Saturday, August 19th the Prenatal to Three Initiative (PTT) celebrated its 20th Anniversary at the Martin Luther King Community Center in San Mateo honoring families served by the program. Supervisor Carole Groom presented a board proclamation at the event. The original vision of this program was to join with families as early as possible to give every child in San Mateo County a chance at the best possible start in life through serving pregnant and postpartum women and children under the age of five. PTT is a collaboration between the Family Health Services and Behavioral Health and Recovery Services divisions.



Photo courtesy of: Family Health Services division, Health System

Community Health Promotion Unit Conducts New Workshop Series on Drug and Alcohol Prevention

The Community Health Promotion Unit, part of the Behavioral Health and Recovery Services (BHRS) division, launched a new workshop series geared toward a wide-ranging audience, including partner organizations, community leaders and staff from multiple Bay Area counties, including San Mateo. The workshop series is designed to provide knowledge and skills around the health impacts of alcohol and other drugs, while also providing community organizations with the tools to better compete for and successfully implement grants through state, local and foundation funding sources. The trainings are offered four times monthly throughout San Mateo County and have seen upwards of 90 people in attendance. BHRS is currently tracking workshop outcomes through 2018 and community partners are set to conduct more targeted, topic-specific trainings of their own next year.