



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

Thursday, May 3, 2018

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

May 3, 2018 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. Janet Chaikind

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. April 5, 2018 Meeting Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Bryan Gescuk

H. ADMINISTRATION REPORTS

1. Primary Care

Dr. Alpa Sanghavi Verbal

2. Compliance and HIPAA

Dr. CJ Kunnappilly..... Verbal

3. Emergency Services

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, April 5, 2018
Executive Board Room

Board Members Present

Supervisor David Canepa
John Maltbie
Louise Rogers
Dr. CJ Kunnappilly
Dr. Bryan Gescuk
Dr. Janet Chaikind
Dr. Alex Ding
Deborah Torres

Staff Present

Michelle Lee
David McGrew
Dr. Susan Fernyak
DeAndre James
Gary Horne
Joan Spicer
Brighton Ncube
Steve Needels

Members of the Public

Priscilla Romero
Gabriela Behn
Aimee Armsby
Julie Griffith
Dr. Serene Lee
Paul Hundal
Peggy Jensen
Cecilia Diaz
Angela Gonzalez
Dr. Alpa Sanghavi
Linda Franco
Sam Lin
Kevin Hendrichs
Karen Pugh

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 8:17 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for April 5, 2018. QIC Minutes from February 27, 2018. Medical Executive Committee Minutes from March 13, 2018.	Aimee Armsby reported that the Board unanimously approved the Credentialing Report as amended and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report	No report.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from March 1, 2018.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Bryan Gescuk	The Emergency Department has started to use VR technology to manage pain and decrease the dosage levels for pain medications.	FYI

<p>Emergency Department Dr. Serena Lee Julie Griffiths, RN</p>	<p>Nursing Team: RN's, HUC's, and MSA's Provider Team: Physicians, Physician Assistants and Nurse Practitioners, Scribes</p> <p>Patient Experience Projects</p> <ul style="list-style-type: none"> • Patient in the Middle • Charge Nurse Rounding • Provider Communication Training • Fast Task • VR Goggles <p>Successes:</p> <ul style="list-style-type: none"> • Triage Process • Charge Nurse Leadership • Team Huddles • Stable provider and site management team • Integrated Medical Assisted Treatment (IMAT) <p>Challenges:</p> <ul style="list-style-type: none"> • ED Boarding (2AB, ICU, PES) <p>Current Performance Improvement Efforts</p> <ul style="list-style-type: none"> • Pediatric Simulations • Callback Program • Journal Club • Health Information Exchange Pilot 	<p>FYI</p>
<p>Teen Clinics</p>	<p>Sequoia Teen Wellness Clinic</p> <ul style="list-style-type: none"> • Services: Birth control, pregnancy test and counseling, STD tests and treatment. Physicals, Sports Physicals, Urgent Care, Immunizations. Behavioral Health Counseling. Alcohol and Other Drug Counseling. Eligibility Screening and Enrollment. • Youth Advisory Board • 2017 Unduplicated Number of Patients Seen: 809 • Number of Visits Fiscal YTD: 2070 • Latino: 74%. Spanish Language Preferred: 5% <p>Challenges</p> <ul style="list-style-type: none"> • <u>Confidentiality</u>: There are some treatments and services provided at clinic that require parental consent and some that do not. This must be explained to parents. Difficult to reach students. Follow up often requires coordination with schools to maintain confidentiality. • <u>No Shows</u>: Difficult age group to manage own care 	<p>FYI</p>

	<ul style="list-style-type: none"> • <u>Behavioral Health Issues</u>: Eating disorders, suicidal thoughts, anxiety, depression, substance use/abuse issues • <u>Perception</u>: Clinic perceived as place for birth control and STDs although primary care also provided <p>Daly City Youth Health Center provides safe, respectful, comprehensive health services to underserved teens and young adults, preparing them for a healthy adulthood.</p> <p>Services: Physicals, Immunizations, Family Planning, STD, Urgent Care, Chronic Illness, Mental Health, Alcohol/Substance abuse, Health Sex education.</p> <ul style="list-style-type: none"> • 2017 Unduplicated Number of Patients Seen: 1714 • Number of Visits: 3823 • 37% Latino, 37% Asian • <p>Based on Staff Interviews, elected officials, community leaders, and retreats with Board, Staff, and Youth.</p> <p>Community Youth Findings:</p> <ul style="list-style-type: none"> • Many young people struggle with stress, bullying, substance abuse. • 1/3 of San Mateo County Youth live in poverty. • Many are immigrants with language and cultural barriers • Many suffer from mental issues, e.g. 5150's • Increasing STI's <p>Key Strategic Findings:</p> <ul style="list-style-type: none"> • Need for larger improved facility • Need for expansion of organizational capacity 	
<p>Health System Campus Upgrade Project Paul Hundal Kevin Hendricks</p>	<p>Phase 1 = 50,000 SF Administration Building, begin construction early Q1 2019 Phase 2 = 20,000 SF Link Building, connects new Administration building back to the hospital. Begin construction after 1954 building is demolished</p> <p>Currently in progress:</p> <ul style="list-style-type: none"> • Building shape and form finalized • Design to be completed in November 2018 • Conducted field trips with various dept managers to experience open office layouts <p>Completed:</p> <ul style="list-style-type: none"> • Plans for Nursing Wing, Ground Floor Renovation. Submitted to OSHPD in January 2018. Construction expected to begin Fall 2018. • Central Plant, First Floor Renovation. Submitted to OSHPD in March 2018. Construction expected to begin Fall 2018. <p>Next Steps:</p>	<p>FYI</p>

	<ul style="list-style-type: none"> • Community Outreach meeting set for April 16 • Focus on exterior building shape and site design • PDU to interview/hire contractor. Selection in mid-April 2018. Board or Supervisors approval by end of April. 	
Financial Report David McGrew, CFO	The February FY17/18 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 Louise Rogers	The Health System is exploring different ways to alert and inform offsite staff of emergent events like the recent shooting at the YouTube headquarters in San Bruno.	FYI
County Manager John Maltbie	No report.	FYI
Board of Supervisors Supervisor Canepa	The COB #3 building project has selected the architectural firm to head the project – Studio Gang Architects which is headed by Jeanne Gang.	FYI

Supervisor Canepa adjourned the meeting at 9:30 AM. The next Board meeting will be held on May 3, 2018.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



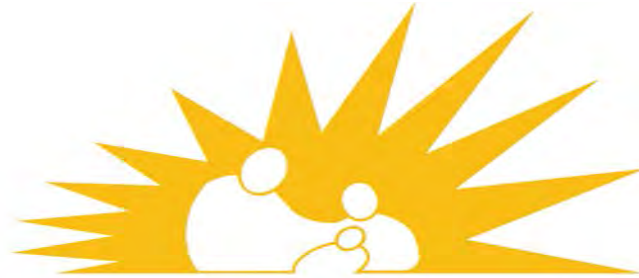
Dr. Chester Kunnappilly, Chief Executive Officer



San Mateo Medical Center
A County System of Healthcare

TAB 2

ADMINISTRATION REPORTS

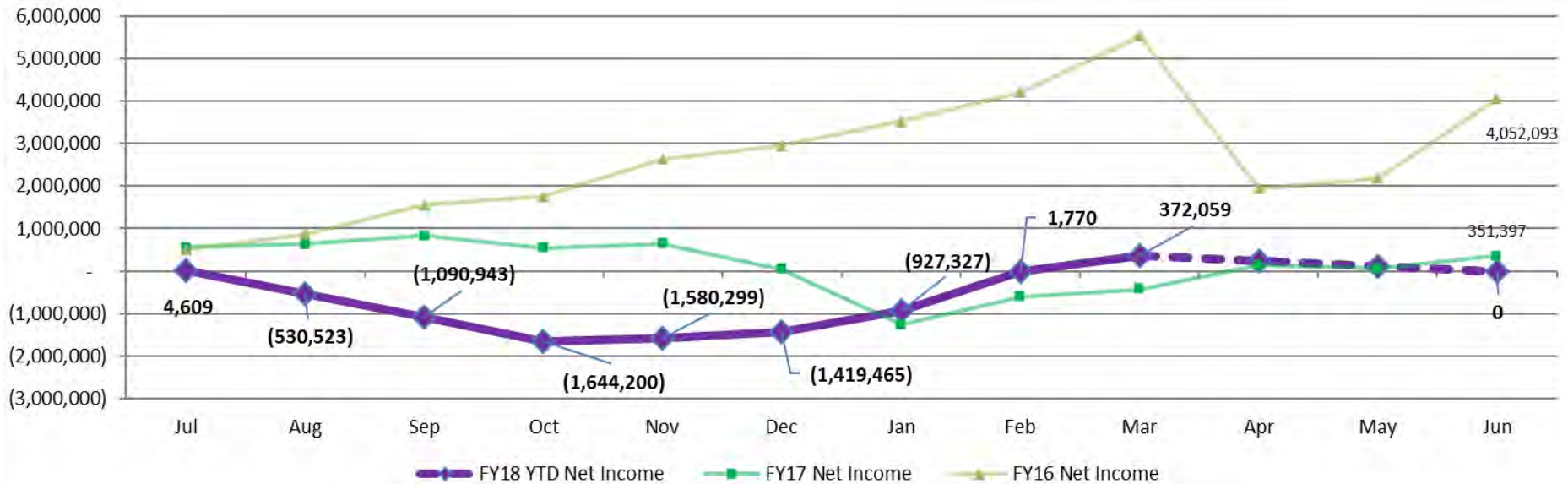


San Mateo Medical Center
A County System of Healthcare

**March FY 2017-2018
Financial Report**

**Board of Directors Meeting
May 3, 2018**

Financial Highlights



March - Positive \$370k:

- FTEs below budget
- GPP DSH cut delay
- QIP/EPP

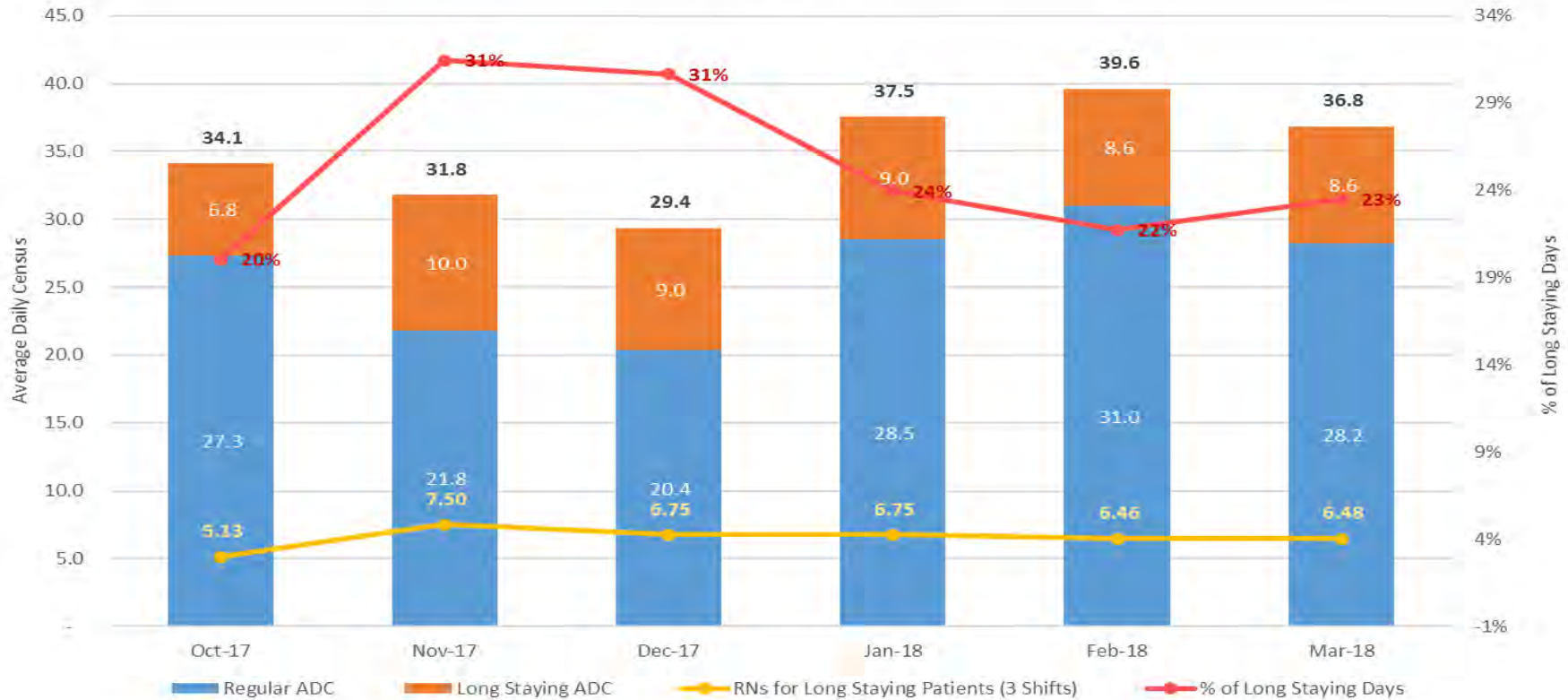
● Patient service revenue

- Claim denials
- Non-acute days

● Timing of drug purchases

Forecast FY18: In addition to the new Voluntary Rate Range program, the recently approved Quality Improvement Program (QIP) and Enhanced Payment Program (EPP) provides sufficient funding to offset the loss of other supplemental revenue due to the Managed Care Rule.

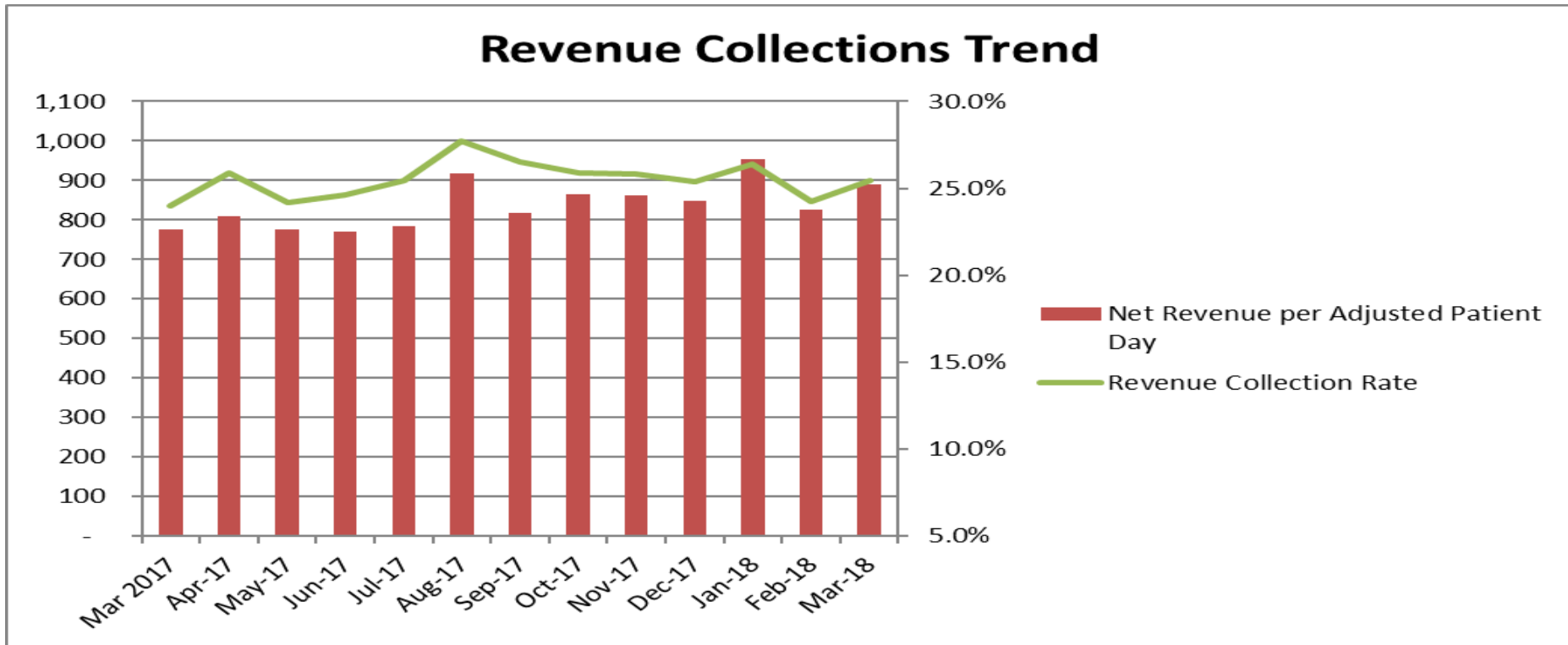
Med Surg Adjusted Census for Long-Staying Patient Days Stays > 20 Days



On average, approximately 25% of patients on the 2AB medical-surgical unit are waiting for placement for lower levels of care, typically Board & Care facilities. This requires an additional 6-7 RNs per day, plus sitters for high-risk patients, at a cost exceeding \$2.5 million per year.

Key Performance Indicators

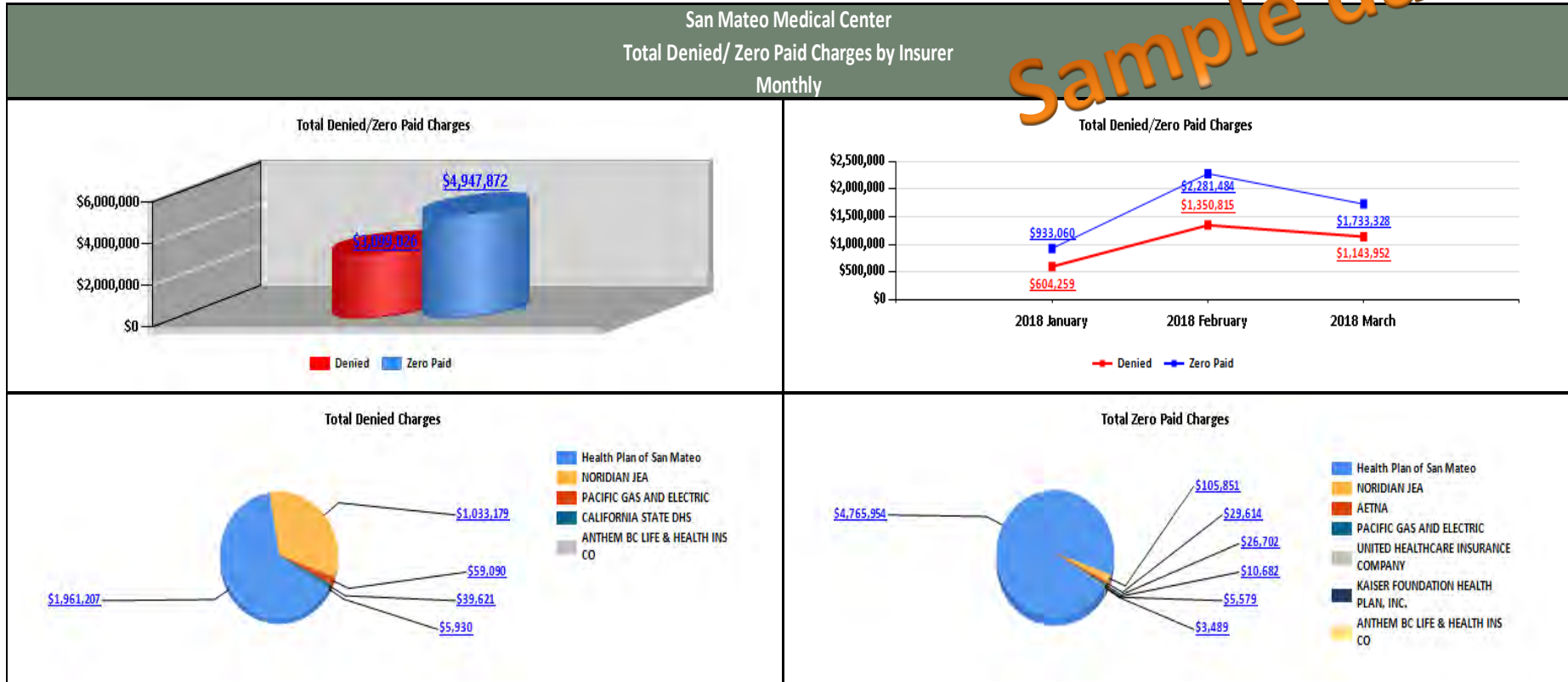
FFS Revenue Collection Trend



The revenue collection rate continues to hover around 25%, as we continue to delay the release of claims pending compliance reviews for accuracy and completeness. Claim denials continue to be high due to inpatients not meeting medical necessity on the medical-surgical unit and the psychiatric unit.

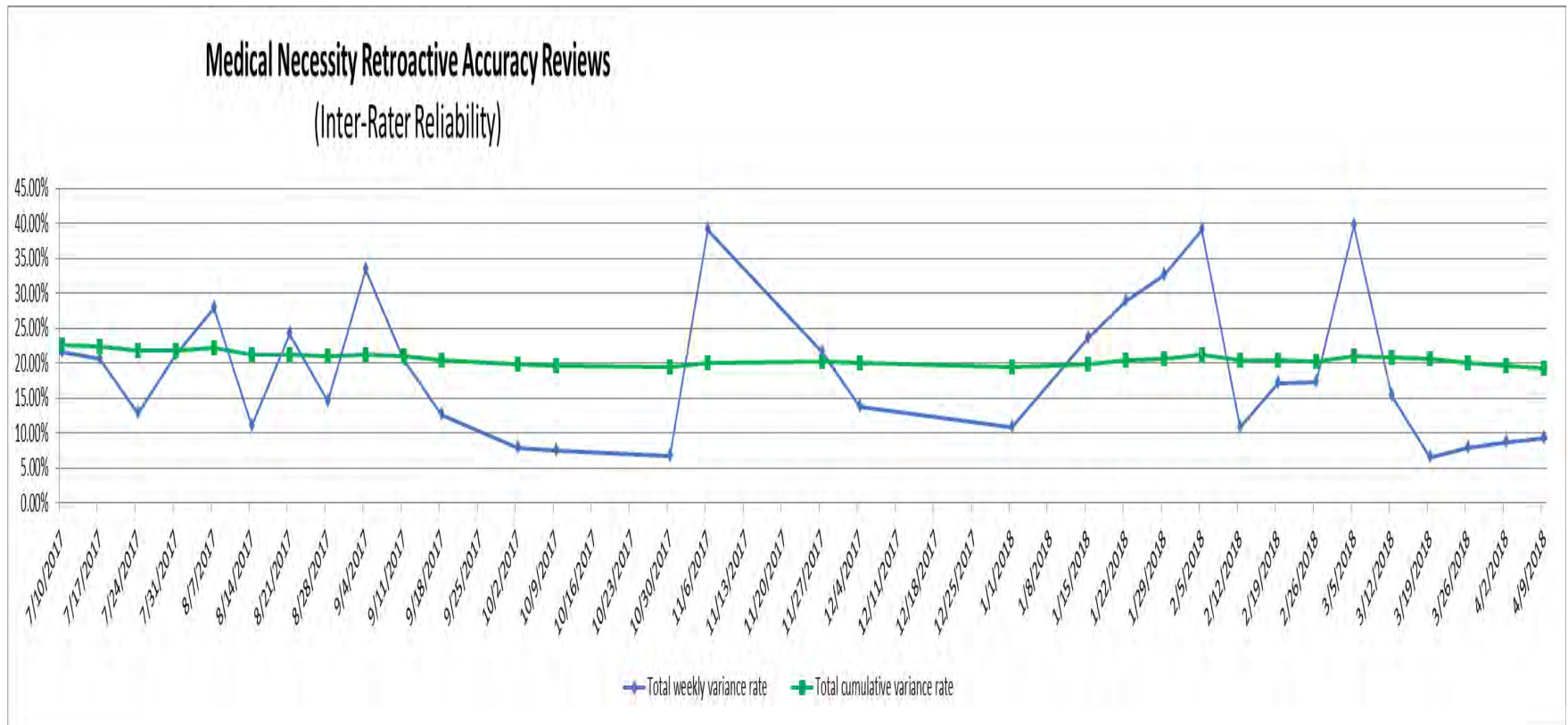
Key Performance Indicators

Sample data



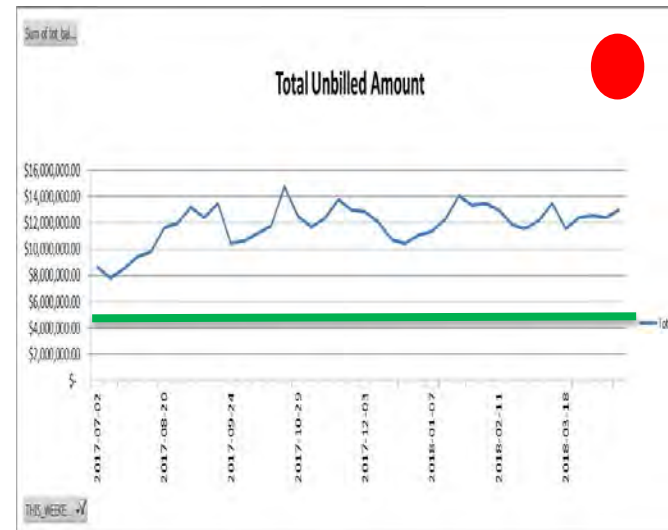
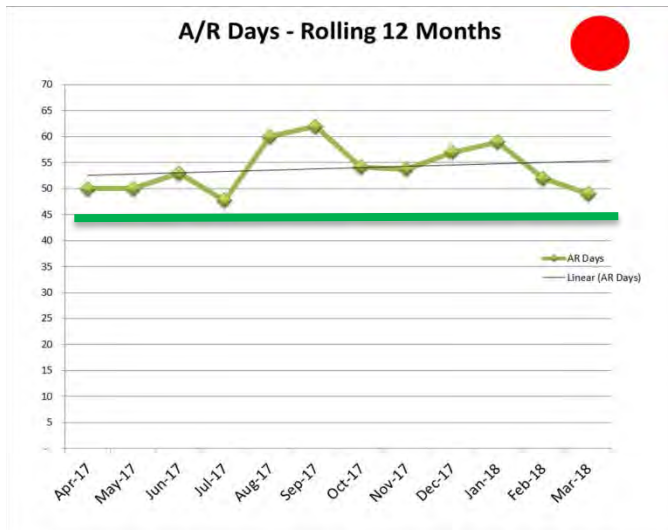
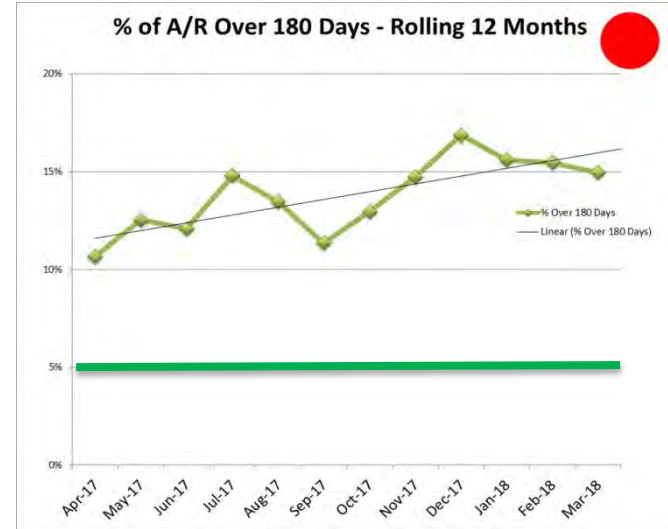
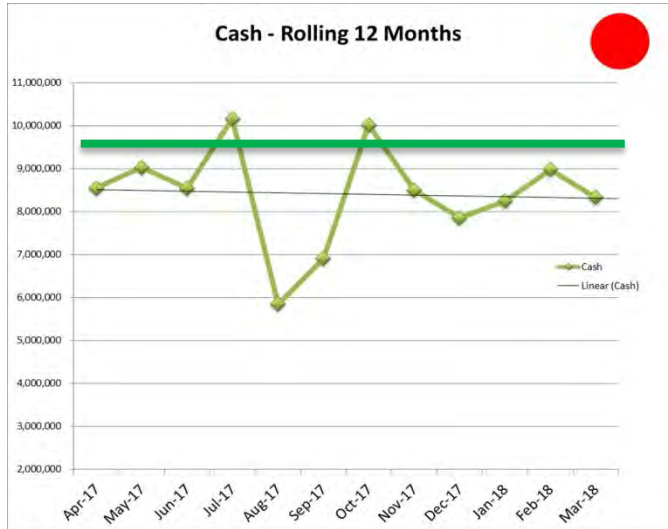
In April, the Patient Financial Services team launched a new denials management software, which will provide better reporting of claim denials to help isolate root causes. In addition, the software has workflow management tools that allow staff to follow up on claim denials in a more focused and efficient manner.

Key Performance Indicators



Claims are held pending review of medical necessity for compliance with inpatient billing rules. As a result of weekly variance reviews, focused training/monitoring and LEAP improvement work, the cumulative error rate continues to trend downward and the weekly error rate is staying below 10%. Implementation of a CDI program will further support these efforts.

Key Performance Indicators



Revenue Improvement Plan

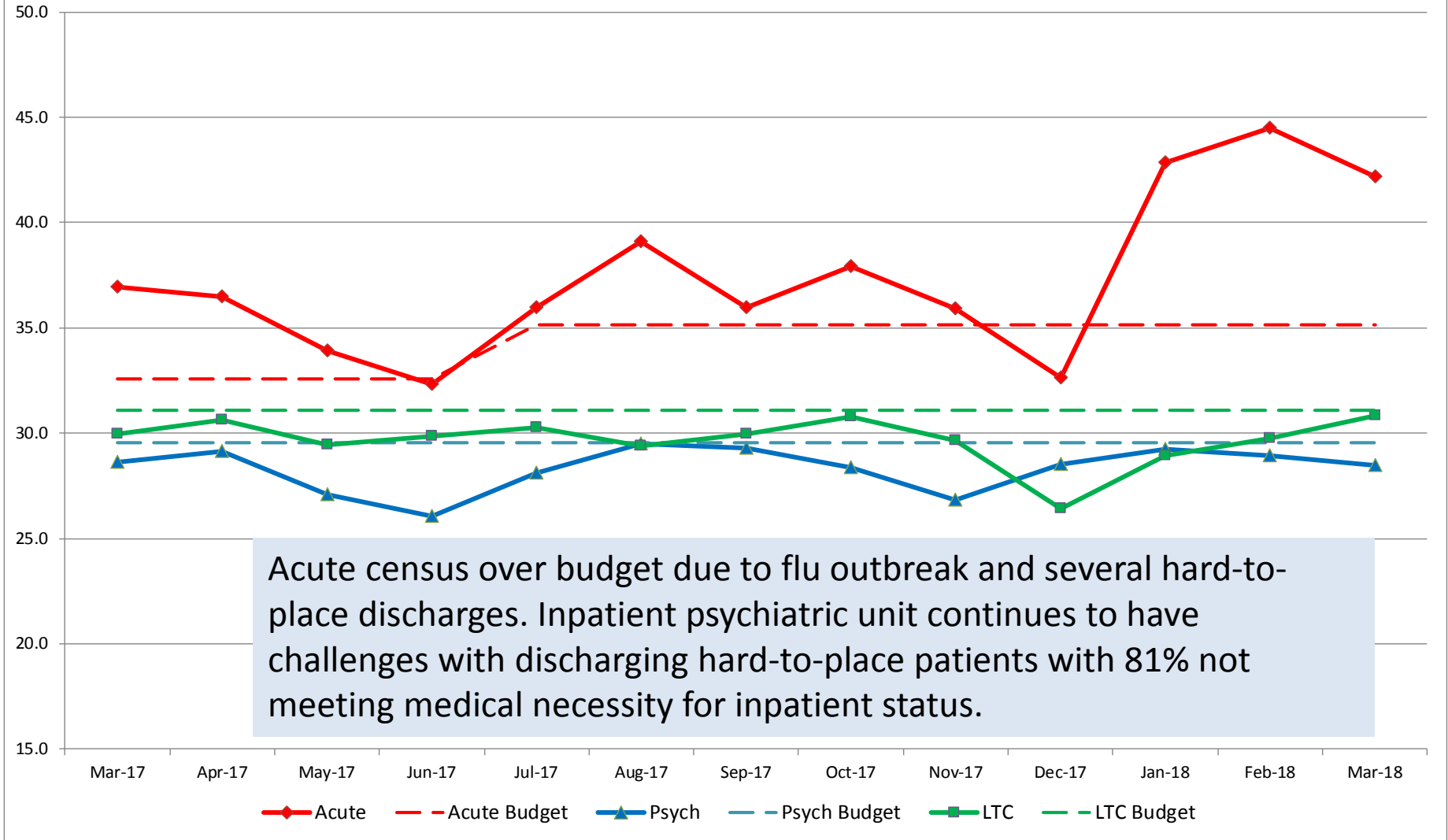
Executive Summary

Initiative	Status
<i>Denial management</i>	<ul style="list-style-type: none"> External retro reviews in progress. <u>20% of reviewed cases were corrected</u> Medical necessity training & monitoring in progress. Denials reporting tool go-live in April
<i>Clinical Documentation Improvement (CDI)</i>	<ul style="list-style-type: none"> RFP closed January 2nd Vendor selected BOS contract in May Initiate project work in June
<i>Registration Accuracy</i>	<ul style="list-style-type: none"> Developed A3 Improvement Charter to focus on registration workflows Submitted a BRD for a registration quality workflow and dashboard reporting tool. Demo in January
<i>Increase Medi-Cal rates</i>	<ul style="list-style-type: none"> SNF cost report appeals in progress Medical-Surgical inpatient rates increased to \$2,280/day. Projected to yield \$6m annually.
<i>Psych services billing project</i>	<ul style="list-style-type: none"> Draft report delivered. Feedback being incorporated into final report, which is expected in April.

APPENDIX

San Mateo Medical Center
 Inpatient Census
 March 31, 2018

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Patient Days	3,146	2,934	212	7%	26,481	25,931	550	2%



San Mateo Medical Center

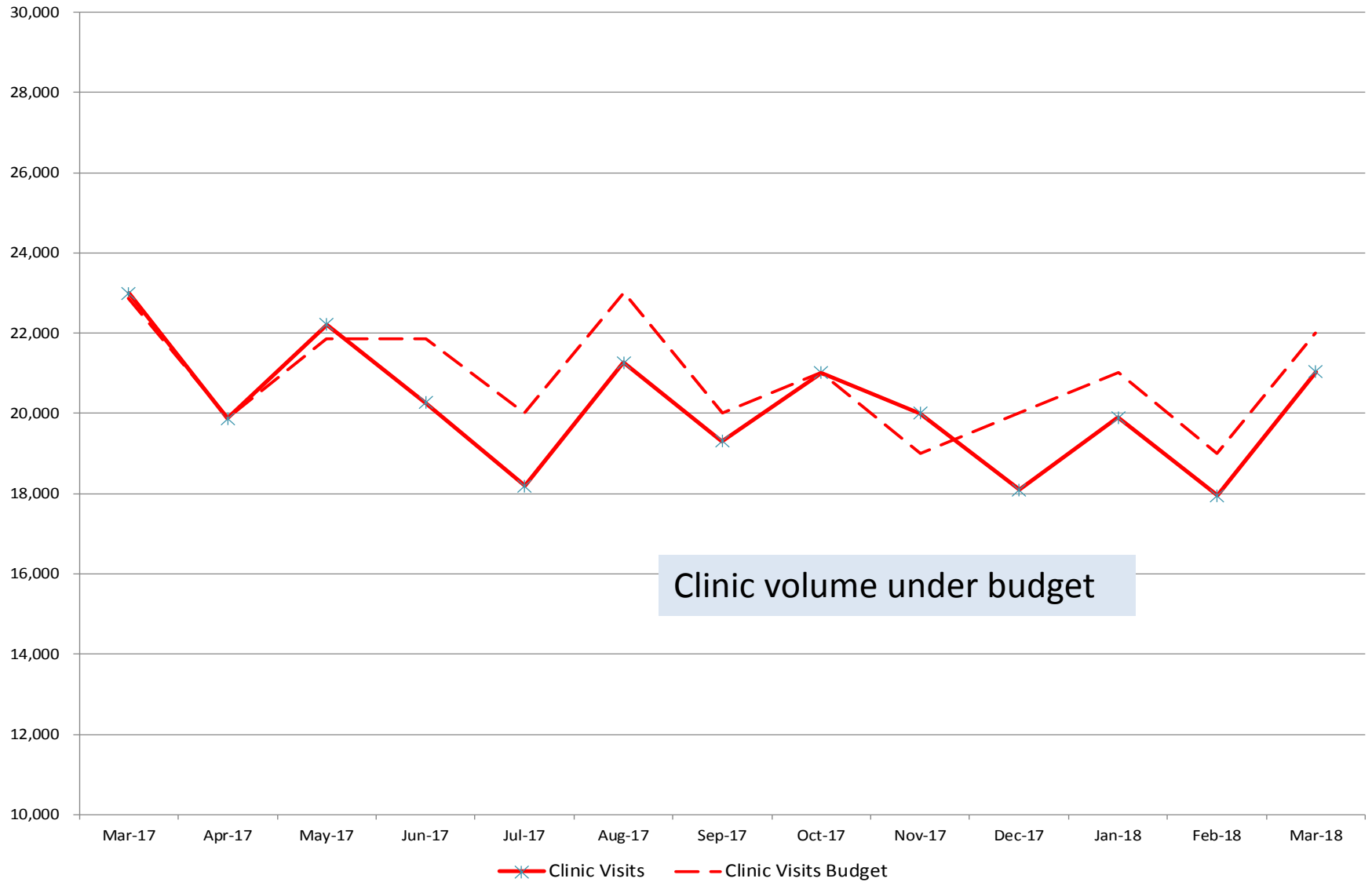
Clinic Visits

March 31, 2018

MONTH			
Actual	Budget	Variance	Stoplight
21,032	22,009	(977)	-4%

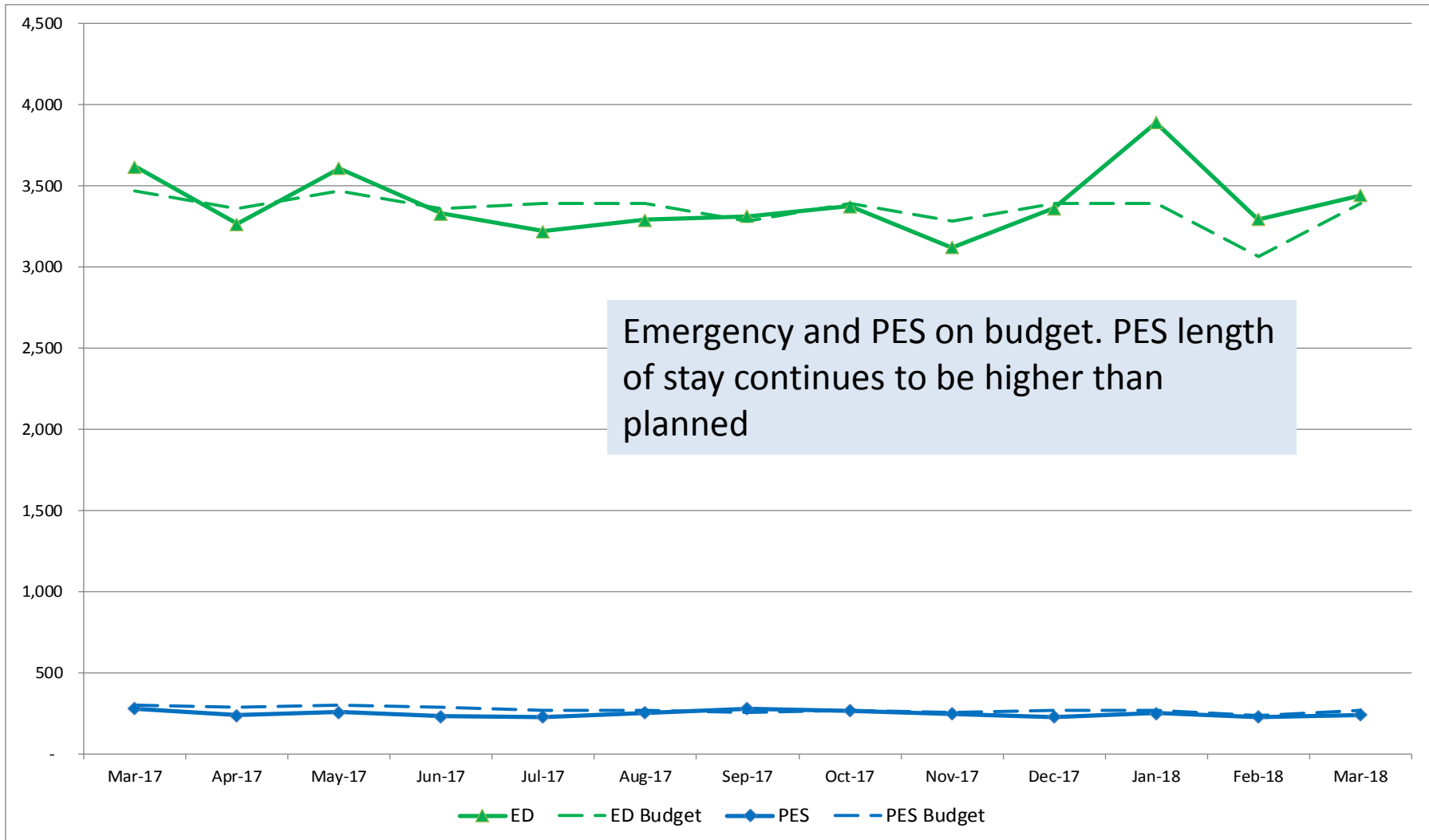
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
176,752	185,077	(8,325)	-4%

Clinic Visits



**San Mateo Medical Center
Emergency Visits
March 31, 2018**

ED Visits	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	3,687	3,659	28	1%	32,559	32,343	216	1%



**San Mateo Medical Center
Income Statement
March 31, 2018**

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	370,289	31,850	338,439		372,059	286,649	85,410		
2 HPSM Medi-Cal Members Assigned to SMMC	37,892	38,019	(127)	0%	342,510	342,171	339	0%	
3 Unduplicated Patient Count	69,149	70,114	(965)	-1%	69,149	70,114	(965)	-1%	
4 Patient Days	3,146	2,934	212	7%	26,481	25,931	550	2%	
5 ED Visits	3,687	3,659	28	1%	32,559	32,343	216	1%	
7 Surgery Cases	235	278	(43)	-15%	2,110	2,336	(226)	-10%	
8 Clinic Visits	21,032	22,009	(977)	-4%	176,752	185,077	(8,325)	-4%	
9 Ancillary Procedures	74,745	72,601	2,144	3%	617,875	611,460	6,415	1%	
10 Acute Administrative Days as % of Patient Days	0.0%	16.0%	16.0%	100%	0.0%	16.0%	16.0%	100%	
11 Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status)	81.1%	80.0%	-1.1%	-1%	80.7%	80.0%	-0.7%	-1%	
Pillar Goals									
12 Revenue PMPM	136	150	(14)	-9%	131	150	(19)	-13%	
13 Operating Expenses PMPM	374	387	13	3%	372	387	15	4%	
14 Full Time Equivalents (FTE) including Registry	1,198	1,252	54	4%	1,202	1,252	50	4%	

**San Mateo Medical Center
Income Statement
March 31, 2018**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	10,997,533	9,577,810	1,419,723	15%	88,350,089	86,200,289	2,149,799	2%
22 Outpatient Gross Revenue	26,030,304	25,324,704	705,600	3%	220,374,688	227,922,335	(7,547,647)	-3%
23 Total Gross Revenue	37,027,837	34,902,514	2,125,323	6%	308,724,777	314,122,624	(5,397,848)	-2%
24 Patient Net Revenue	9,426,023	10,512,930	(1,086,907)	-10%	81,478,641	94,616,369	(13,137,728)	-14%
25 Net Patient Revenue as % of Gross Revenue	25.5%	30.1%	-4.7%	-15%	26.4%	30.1%	-3.7%	-12%
26 Capitation Revenue	500,796	1,291,667	(790,871)	-61%	5,622,379	11,625,000	(6,002,621)	-52%
27 Supplemental Patient Program Revenue (Additional payments for patients)	9,735,855	10,030,626	(294,771)	-3%	90,189,915	90,275,635	(85,720)	0%
28 Total Patient Net and Program Revenue	19,662,673	21,835,223	(2,172,550)	-10%	177,290,934	196,517,004	(19,226,070)	-10%
29 Other Operating Revenue (Additional payment not related to patients)	1,356,887	1,238,275	118,612	10%	10,676,616	11,144,476	(467,860)	-4%
30 Total Operating Revenue	21,019,560	23,073,498	(2,053,938)	-9%	187,967,550	207,661,480	(19,693,930)	-9%

San Mateo Medical Center
Income Statement
March 31, 2018

	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	14,611,583	15,814,559	1,202,976	8%	138,046,612	142,331,029	4,284,417	3%
32 Drugs	938,048	806,645	(131,402)	-16%	7,388,470	7,259,809	(128,662)	-2%
33 Supplies	867,671	916,646	48,975	5%	7,406,733	8,249,810	843,077	10%
34 Contract Provider Services	3,383,774	3,290,227	(93,547)	-3%	29,390,177	29,612,041	221,864	1%
35 Other fees and purchased services	4,196,851	4,519,167	322,316	7%	34,199,178	40,672,506	6,473,328	16%
36 Other general expenses	605,871	504,203	(101,668)	-20%	4,068,049	4,537,830	469,781	10%
37 Rental Expense	160,972	189,615	28,643	15%	1,546,379	1,706,536	160,158	9%
38 Lease Expense	822,975	822,975	(0)	0%	7,406,779	7,406,779	(0)	0%
39 Depreciation	250,574	260,089	9,515	4%	2,261,903	2,340,799	78,897	3%
40 Total Operating Expenses	25,838,319	27,124,127	1,285,807	5%	231,714,280	244,117,141	12,402,861	5%
41 Operating Income/Loss	(4,818,759)	(4,050,629)	(768,130)	-19%	(43,746,730)	(36,455,660)	(7,291,069)	-20%
42 Non-Operating Revenue/Expense	345,580	(760,990)	1,106,569	145%	527,573	(6,848,906)	7,376,480	108%
43 Contribution from County General Fund	4,843,468	4,843,468	0	0%	43,591,216	43,591,216	0	0%
44 Total Income/Loss (GAAP)	370,289	31,850	338,439		372,059	286,649	85,410	
(Change in Net Assets)								

**San Mateo Medical Center
Payer Mix
March 31, 2018**

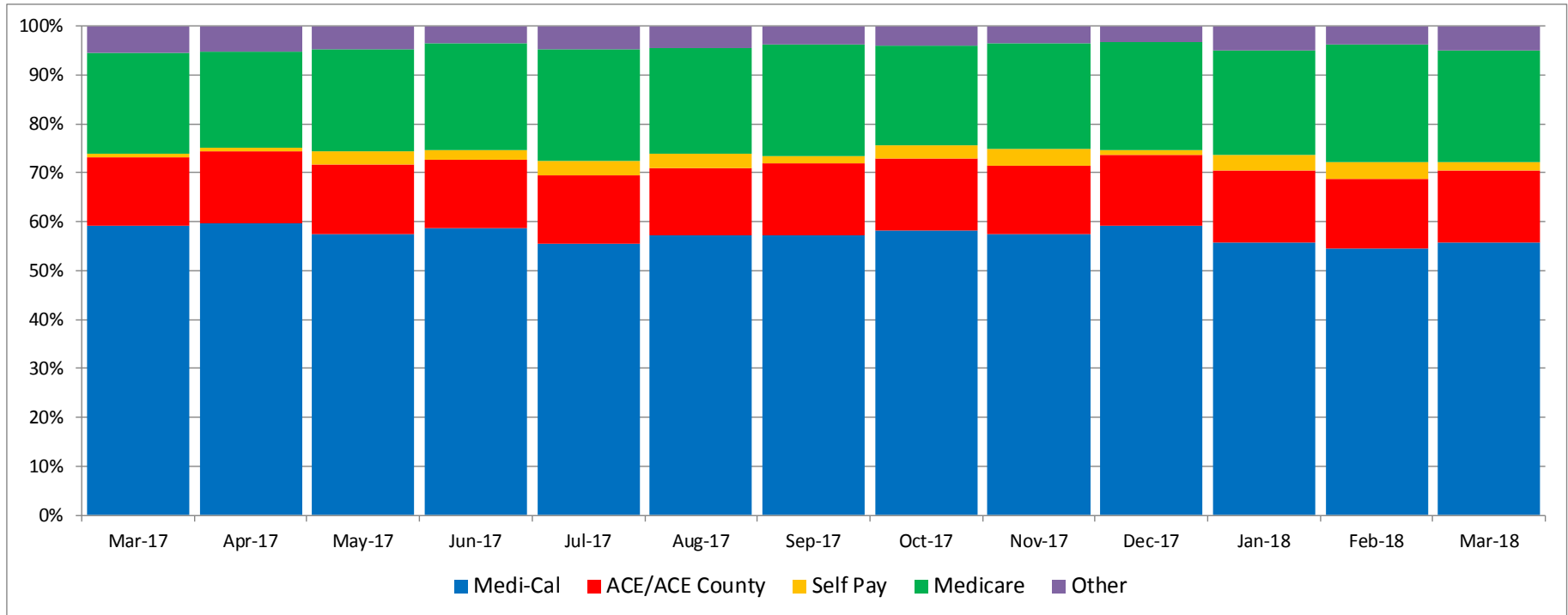
MONTH			
Actual	Budget	Variance	Stoplight

YEAR TO DATE			
Actual	Budget	Variance	Stoplight

Payer Type by Gross Revenue

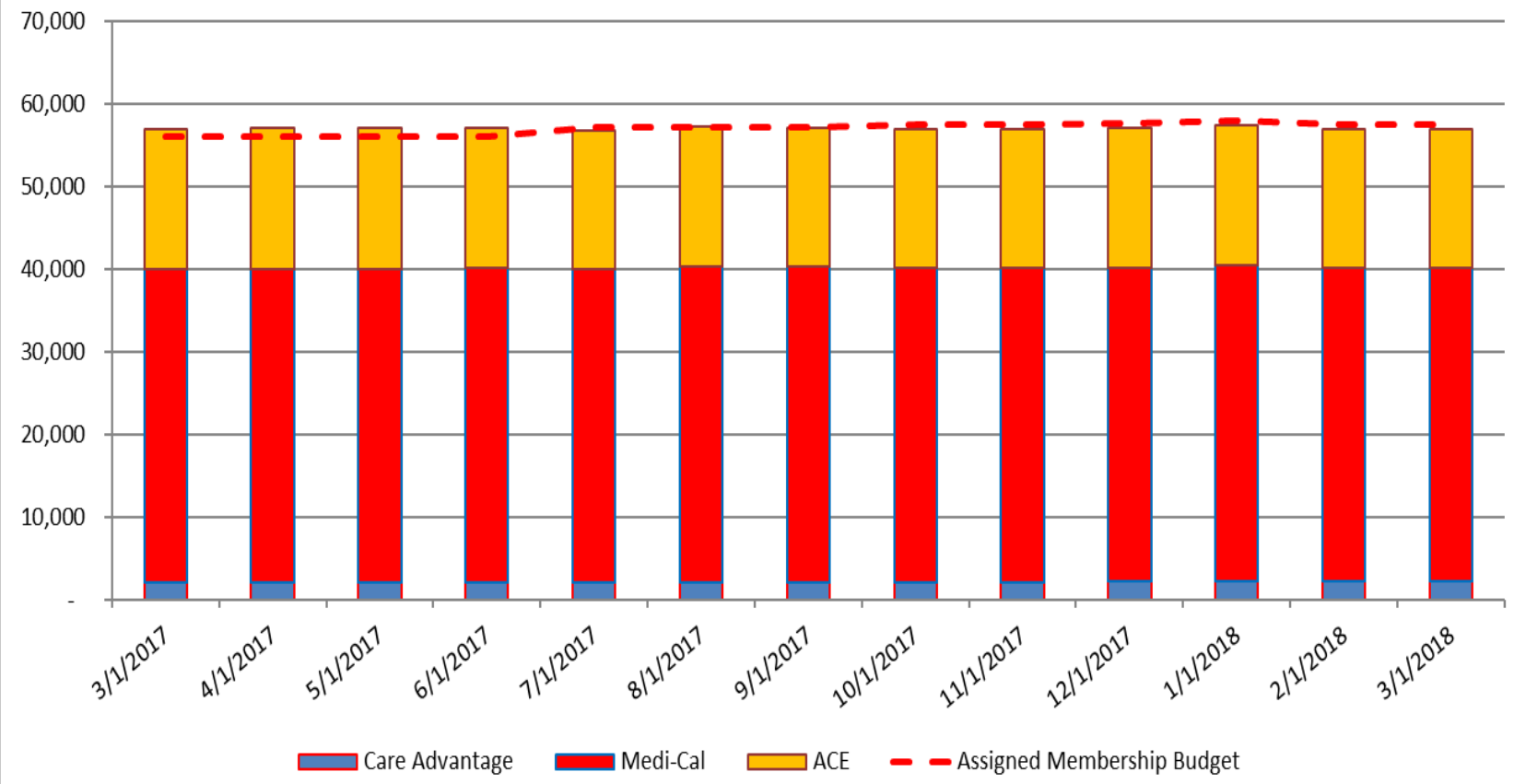
	A	B	C	D
Medicare	22.8%	21.0%	1.8%	
Medi-Cal	55.8%	58.0%	-2.2%	
Self Pay	1.7%	2.0%	-0.3%	
Other	5.0%	5.0%	0.0%	
ACE/ACE County	14.7%	14.0%	0.7%	
Total	100.0%	100.0%		

	E	F	G	H
Medicare	22.1%	21.0%	1.1%	
Medi-Cal	56.7%	58.0%	-1.3%	
Self Pay	2.5%	2.0%	0.5%	
Other	4.2%	5.0%	-0.8%	
ACE/ACE County	14.4%	14.0%	0.4%	
Total	100.0%	100.0%		





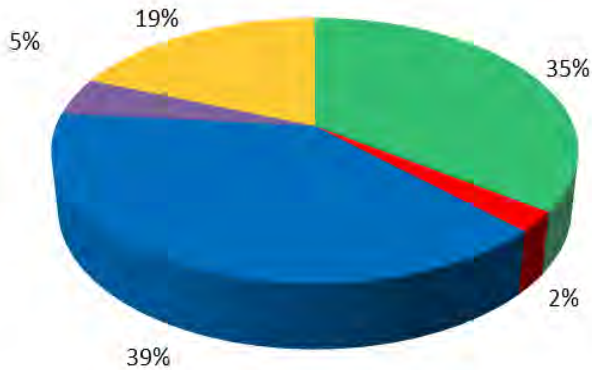
Managed Care Membership Trend



Revenue Mix

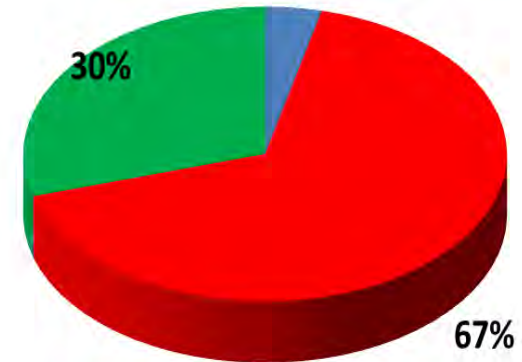
57,000
Managed
Care
Lives

Sources of Revenue



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

Managed Care Mix



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

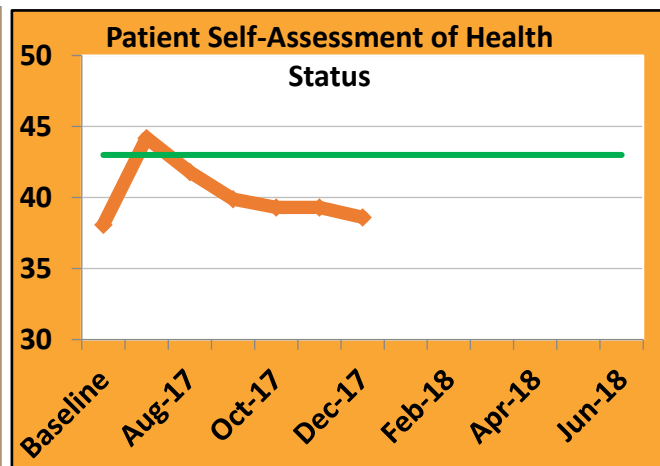
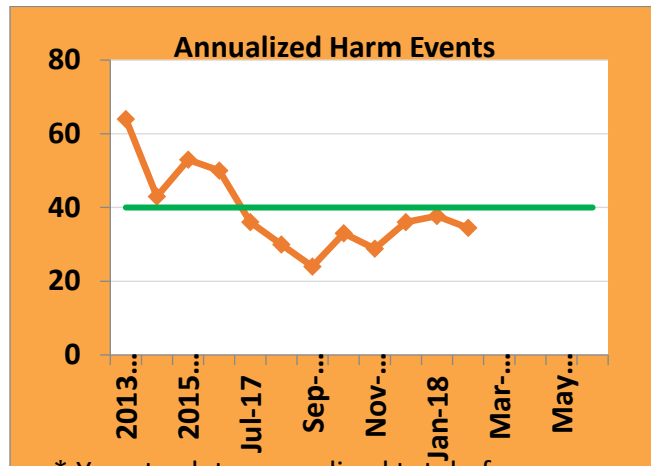
- **Managed Care** programs represent 37% of our Operating Revenue
- **Capitation** is a pre-payment reimbursement model that pays providers a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.



May, 2018

EXCELLENT CARE

• **PILLAR METRICS**



Harm Events= Avoidable Patient Harm= Central Line Infections, Catheter Associated Urinary Infections, Hospital Acquired Pressure Ulcers, Surgical Site Infections, Medication errors with harm, Blood clots, Falls with Injury and other avoidable patient harm events. The number is annualized (i.e the number after 2 months is multiplied by 6, the number after 4 months is multiplied by 3 etc)—**Lower is better**

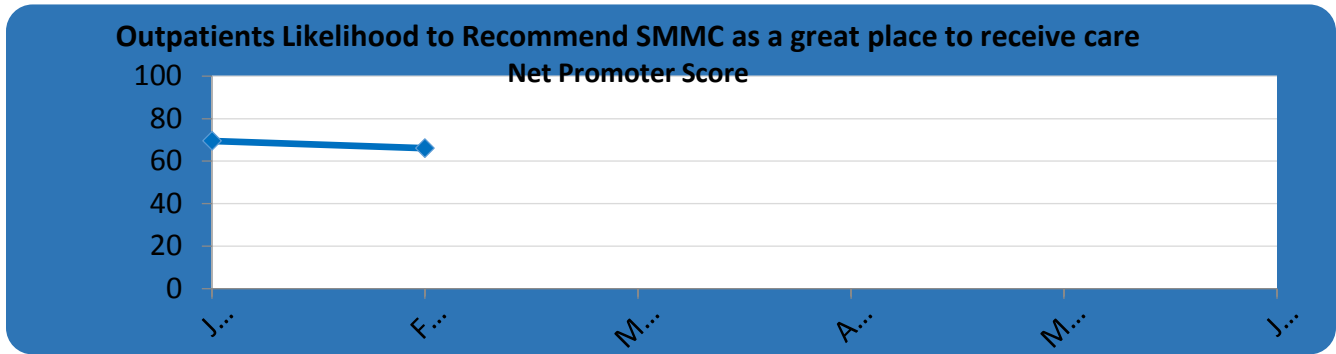
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One of the questions asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent—**Higher is better**

Awaiting updated data from new experience vendor

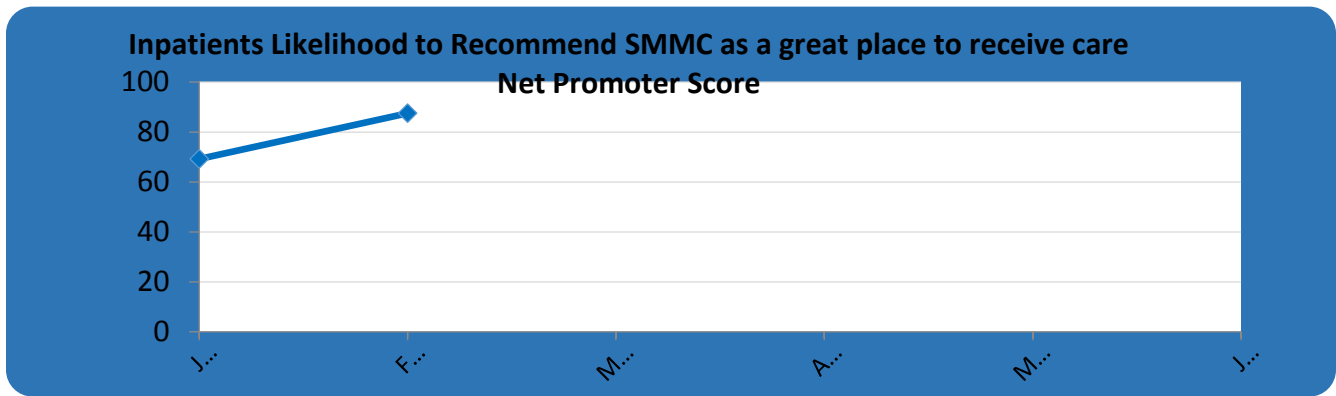
- **Radiology Excels in State Mammography Survey-** The state recently implemented a new quality survey process entitled EQUIP (Enhance Quality Using the Inspection Program). In April, SMMC underwent its first survey within this program. Forty-three percent of sites fail their survey in their first year; not only did SMMC pass, but there were **zero** findings. Congratulations to John Jurow, Jackie Pelka and the entire radiology team for this outstanding result.

PATIENT CENTERED CARE

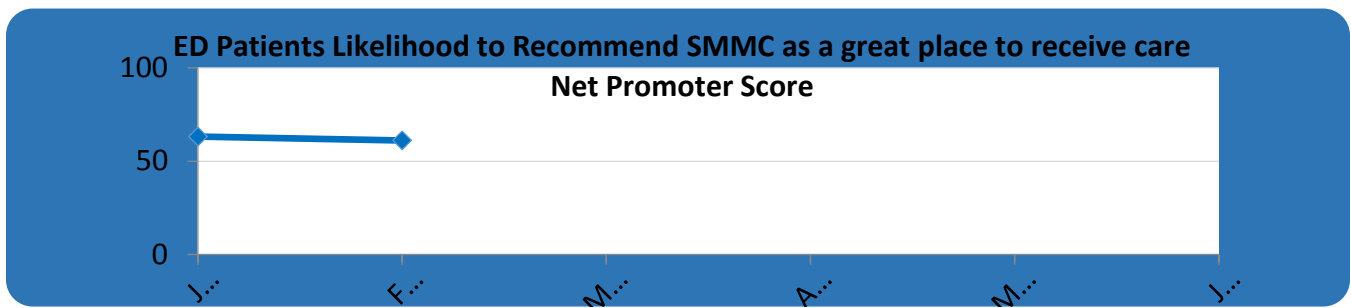
- PILLAR METRICS**



NRC Net Promoter: Score on the question of “How likely are you to recommend this clinic to friends and family?”- Percentage of patients who gave SMMC the highest score (9 or 10) **Higher is better**



NRC Net Promoter Score: Score on the question of “How likely are you to recommend this Hospital to friends and family?”-Percentage of patients who gave SMMC the highest score (9 or 10) **Higher is better**

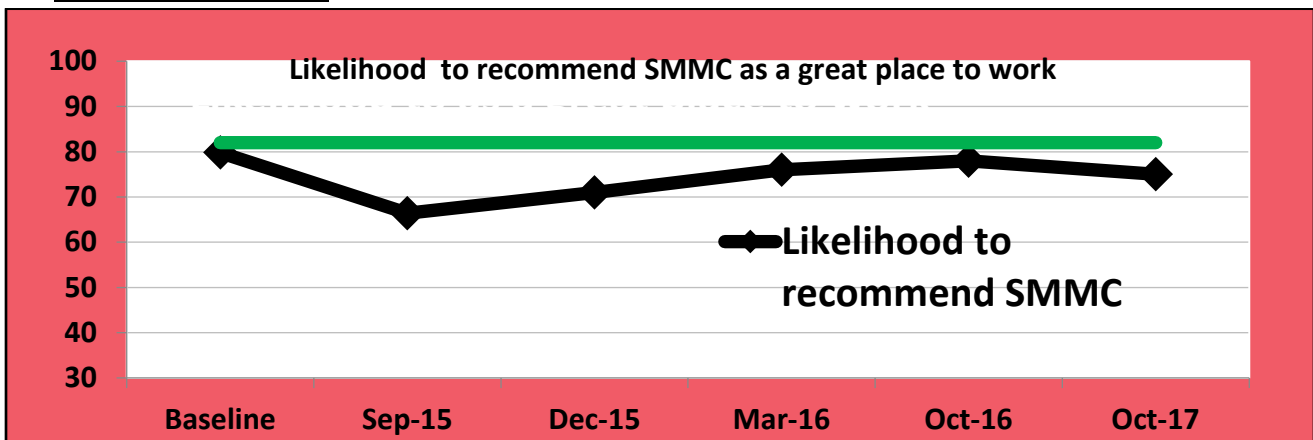


NRC Net Promoter Score: Score on the question of “How likely are you to recommend this Emergency Department to friends and family?” Percentage of patients who gave SMMC the highest score (9 or 10) **Higher is better**

- **Change in Patient Experience Survey Vendor** –In January, SMMC began to use NRC Health as its patient experience vendor. NRC uses a different measurement methodology than our prior vendor and specifically reports its metrics as “top box” or “net promoter score.” This is effectively the percentage of respondents who give SMMC the top score (9 or 10) on a specific question. Due to this change in measurement methodology, SMMC will spend the next few months collecting baseline data so that future targets can be set. We are excited that this new partnership will allow SMMC to reach more of our patients and get more timely feedback using NRC tools and methods.
- **SMMC hosts Annual Patient Experience Fair:** On April 27th, SMMC hosted its fourth annual patient experience fair. Patients were able to visit a variety of booths that highlighted services across the health system. Thank you to everyone who made this another successful event.

STAFF ENGAGEMENT

- **PILLAR METRICS**



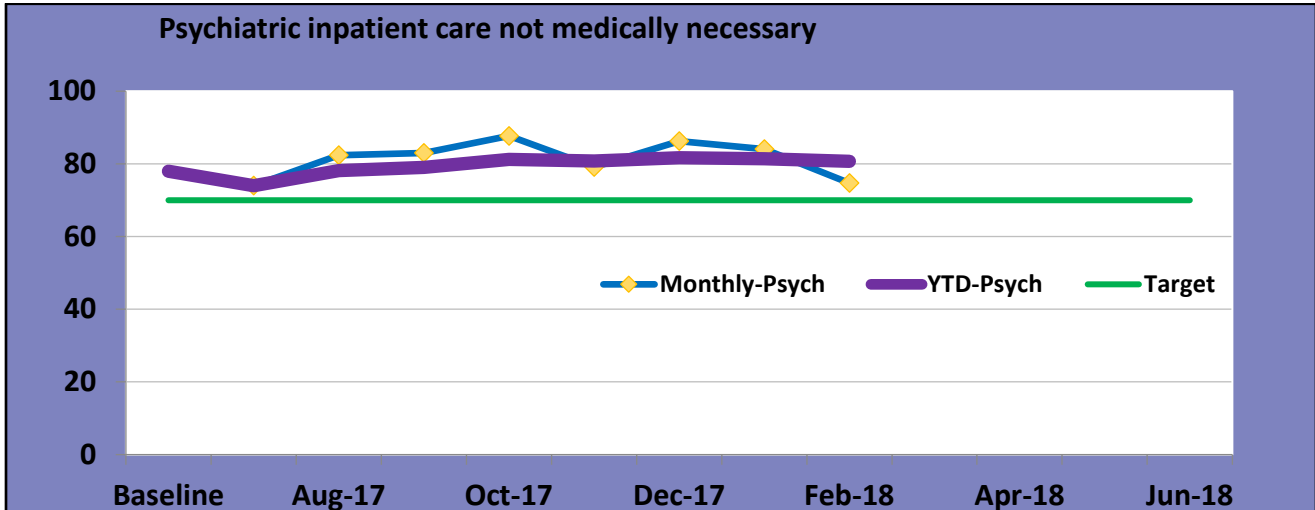
County Staff Engagement Survey: Percentage of staff members who Agree or Strongly Agree that they would recommend SMMC as a great place to work-Higher is better

- **Staff Recognized by Patients and Colleagues:** During our recent forums I once again had the privilege of celebrating SMMC staff who received five or more acknowledgements in one of our staff recognition programs. Our *Just Because* Program allows patients to recognize the efforts of staff members. Congratulations to Dr. Michael Medina in the Innovative Care Clinic and Dr. Carol Boyd in Dental Services who both received five or more recognitions this quarter. The *Above and Beyond* Program allows staff to recognize their colleagues. The staff who received five or more recognitions this quarter were: Heisel Lech (Dental Services), Lola Maciel (Fair Oaks Health Center), Emanuela Villagomez and Dr. Gordon Mak (Specialty Clinics), Monica Chan (Daly City Clinic), Cynthia Grivas and Joel Brown (Emergency Department), Ronald Santiago (Psychiatric Emergency Services), Dianaliza Ponco (Patient Experience), Ana Rivera (Patient Access), James Burrows (Medical Information Technology Services), Sandra Garcia (Housekeeping), Rosa Ramirez (Food & Nutrition), Brenda Batt and Rene Escobar (Accounting), and Evelyn Haddad and Josefina Rubio (Administration). Congratulations to everyone for these well-deserved recognitions.
- **Nursing Leadership Changes:** Congratulations to Noris Larkin who has accepted the position of Assistant Chief Nursing Officer for Ambulatory Nursing. This newly repurposed position will focus on nursing practice and nursing roles in the ambulatory care teams. In addition, the recent retirement of Liz Evans, our former Deputy Director for Acute Psychiatry, and the subsequent departure of Julia McLaughlin, our interim Deputy Director for Acute Psychiatry, have led to several interim appointments. Joan Spicer,

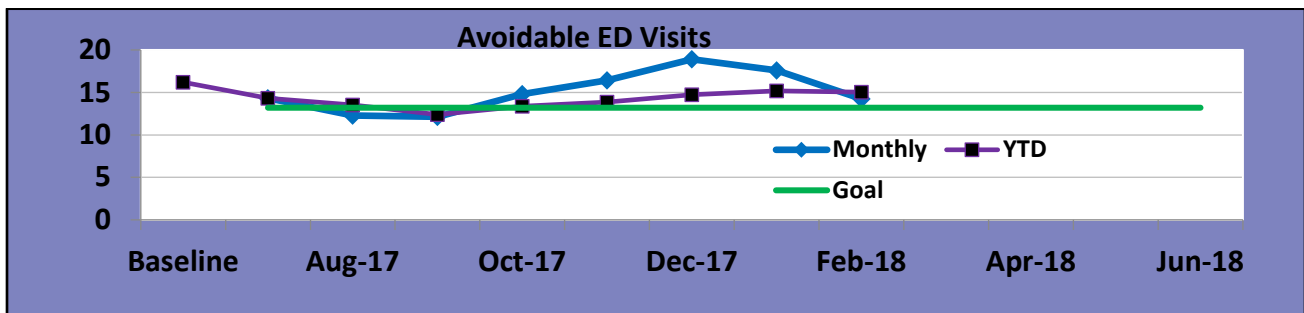
our Chief Nursing Officer and Deputy Director for Inpatient Services, will serve as Interim Deputy Director for Acute Psychiatry while a recruitment for a permanent Deputy Director is launched. Julie Griffiths, Nurse Manager in the ED, will cover the day to day responsibilities of Deputy Director for Inpatient Services during this time. Cynthia Grivas has accepted a Work Out of Class opportunity as the Nurse Manager in the ED. Additionally, Violeta Evangelista, will assume the role of Lead Nursing Supervisor to support the after business hours functions at the hospital. Thank you to all our nurse leaders for their extraordinary commitment to SMMC's staff and patients.

RIGHT CARE, TIME AND PLACE

- PILLAR METRICS**



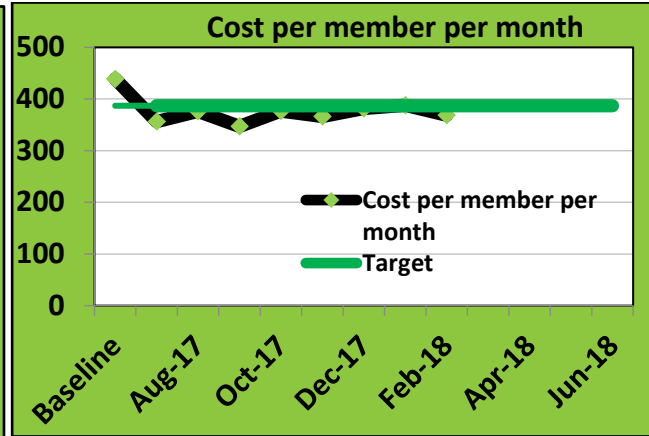
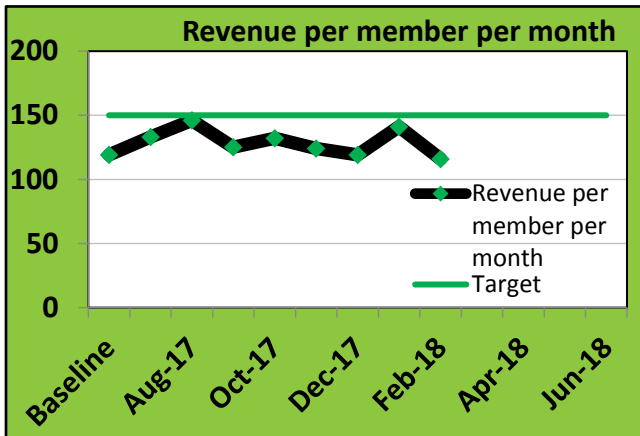
Psychiatric Non-medically necessary Inpatient Days: Percentage of Acute Inpatient psychiatry days where a patient may have been able to be discharged if there was a safe environment for them to go to-**Lower is better**



Potentially Avoidable ED Visits: Percentage of ED visits by Established Primary Care Patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than ED-**Lower is better**

FINANCIAL STEWARDSHIP

• PILLAR METRICS

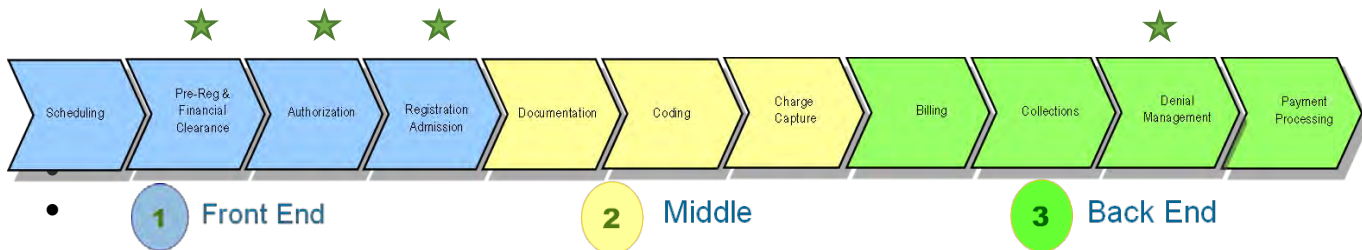


Revenue Per Member Per Month: Total Patient Revenue divided by total assigned members- **Higher is better**

Cost Per Member Per Month: Total Cost divided by total assigned members- **Lower is better**

• Revenue Cycle Transformation – FY18 Initiatives

Our FY17-18 Financial Stewardship strategic initiative continues to focus on the revenue cycle, building on last year's front-end work with insurance verification accuracy and treatment authorization approvals. In addition we added a focus on ensuring patient's medical necessity for inpatient care is documented accurately and timely to facilitate compliant billing and eliminate payment denials.



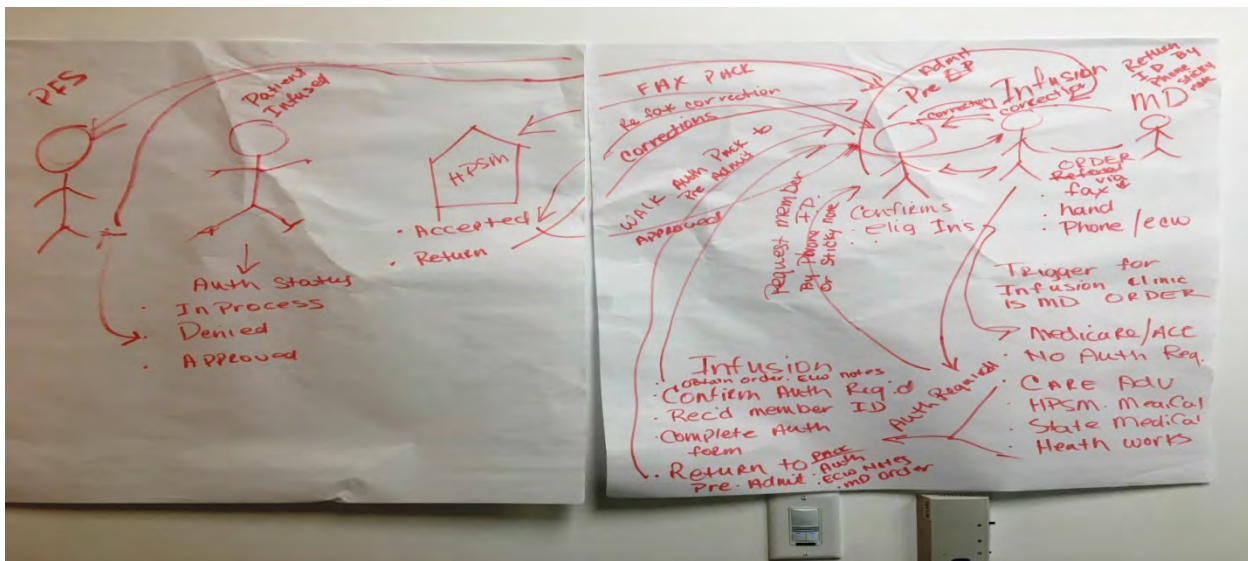
The following measures are tracked in conjunction with our Improvement Charter work:

Measures:	Baseline value (6/30/17)	Current Value (3/31/17)	Budget Value (FY17-18)	Ideal Value
Revenue per member per month (pmpm)	\$119	\$131	\$150	\$398
Claim denials (< 5% NPR)	\$4.4 million	\$5.1 million	\$4.1 million	No Denials
Unbilled accounts (5 day bill hold)	\$8.6 million	\$12.4 million	\$5.5 million	No Unbilled

The Registration Accuracy nested charter encompasses the activities to ensure all the required registration data elements for accurate billing will be collected as early in the patient contact cycle as possible, typically before the patient arrives for services. The most significant gaps identified in the current state assessment are the lack of adequate reporting tools for quality assurance, lack of work queue tools to manage workflow prioritization, and inefficient structure of insurance plan codes. Two of these gaps can be addressed through technology to automate work that is done manually today and

this will be a focus area for the next several months as we move to implement Experian Health’s front-end automated tool “eCareNEXT” in advance of the Invision system replacement.

Following the success of the SSU Authorization Improvement Charter, the Authorizations workgroup moved on to the next opportunity for authorization improvements – Infusion Services. The workgroup has met several times to outline the current condition of infusion authorization workflows, which they have found to be inefficient, with multiple handoffs and conflicts with clinical priorities (see current pathway illustration below). This results in authorization requests being made after the treatment visit, which usually results in a denial. The next step for the workgroup is to identify experiments to test their hypothesis that reassigning authorization responsibility from the clinical team to an administrative team will result in more timely authorizations, a decrease in denials, and an increase in revenue.



• **Patient Financial Services Launches Denial Management Software**

In alignment with our denials management improvement work, we identified a need for better reporting of denials to help isolate root causes, combined with workflow management tools for denial follow-up. After months of planning and preparation, PFS went live with their new denials management software at the end of April. All PFS staff completed a minimum of 16 hours of training prior to going live and are being supported with follow-up monitoring and training as they learn the new system. This system provides staff with better tools and technology to allow them to get their work done, which is identified as a top driver of employee engagement for the Finance group. We will provide the Board with updates as this work progresses.

To: SMMC Board Members
 From: Louise Rogers, Chief
 Subject: Health System Monthly Snapshot – April 2018



Indicator	Number	Change from previous month	Change from previous year
ACE Enrollees	21,682 (March, 2018)	-0.1%	-0.5%
SMMC Emergency Department Visits	3,687 (March, 2018)	4.6%	-5.4%
New Clients Awaiting Primary Care Appointment	657 (April, 2018)	-8.5%	-12%

Health System Launched Cannabis Education Campaign

Following the implementation of California’s new law legalizing the recreational use of cannabis and with the support of funding authorized by the Board of Supervisors, Alcohol & Other Drugs (AOD) within Behavioral Health & Recovery Services has launched a public education campaign aimed at educating youth in San Mateo County. The goal is to spread awareness of the lasting health impacts of cannabis use at an early age. In partnership with the County’s Office of Education, the Hospital Consortium, First 5, local law enforcement, and the County Manager’s Office, AOD is giving educational presentations and conducting parent engagement panels at schools and community events. The San Mateo County Youth Commission has also advised on the outreach content for the campaign, developed by the branding firm Social Changery. The firm is conducting a soft launch of the campaign website, CannabisEducationSMC.com, and social media implementation is currently in development. In addition to the research conducted by the Youth Commission and Social Changery, the campaign also draws on recent data provided by surveys from the Public Health, Policy & Planning division’s Office of Epidemiology in order to better inform the content and strategies behind this effort. The social media campaign is set to begin in May/June with a full media campaign expected in late summer/early fall.



Continuing Medical Education Program Earned Commendation

The Institute for Medical Quality (IMQ), which is responsible for accrediting all Continuing Medical Education programs in the state of California, has re-accredited the Health System’s Continuing Medical Education (CME) Program with commendation. This is the highest level of accreditation for any such program. Over the past few years, the CME program has been reconfigured to meet the new, higher standards that the IMQ requires from CME providers and to offer curriculum that is relevant to Health System clinicians’ needs. This new recognition is unique in California, as it accredits the entire Health System rather than a single division. This effort reflects the Health System’s goal of instituting collaborative approaches to patient care as well as promoting a broad conception of health. In their letter of accreditation, the IMQ called this “an exceptional achievement of which your entire organization should be quite proud.” This success was made possible by the guidance of Dina Gibbs and Josh Schechtel (pictured above) as well as former CME manager, Megan Becker, and by the efforts of CME and Medical Library committee members. In the past year, the program has provided over 70 CME activities, adding up to over 2,000 person-hours of training, to help providers improve patient and client care.



Photo: Alex Eisenhart, Health System Communications

Public Authority Called for More Registry Care Provider Applicants

Earlier this month, representatives from San Mateo County’s Public Authority sat down with Peninsula Television’s Dani Gasparini for an interview on *Pen Voice* to talk about the County’s In-Home Supportive Services (IHSS) program and the need for caregivers who are interested in joining the Public Authority Registry. A Medi-Cal program, IHSS serves over 5,000 elderly adults and persons with disabilities in the county by connecting them with trained in-home service providers, allowing clients to remain safely in their homes. While most clients hire their family and friends to take care of them, about 10% of clients do not know anyone who can provide IHSS services. As Public Authority Supervisor Betty Fung explains, these clients “come to the Public Authority Registry asking for help to be connected to a caregiver.” The Registry provides a list of caregivers who are looking for work and assists clients in hiring a caregiver. Betty was joined on *Pen Voice* by IHSS Training Specialist, Stacy Goldsby, who explained the benefits of being an IHSS provider, including their participation in a variety of free workshops. As Stacy explains, “Trainings range from services, such as personal care, helping someone dress for the day, meal preparation and clean-up” to how to work with someone who has diabetes or dementia. The Public Authority has organized over 50 free workshops for providers in the last year. The program’s goal is to better equip homecare workers to care for seniors and individuals with disabilities in our community.



Photo courtesy: Peninsula Television