



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Thursday, February 7, 2019

8:00 AM – 10:00 AM

SAN MATEO MEDICAL CENTER

EXECUTIVE BOARD ROOM

Second Floor, Administration Wing



SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

February 7, 2019 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

Approval of:

1. January 3, 2019 Meeting Minutes

TAB 1

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Bryan Gescuk

H. ADMINISTRATION REPORTS

- 1. Emergency Department
- 2. New Public Health Dashboard
- 3. Financial Report
- 4. CEO Report

Dr. Alpa Sanghavi.....Verbal

Louise Rogers..... Verbal

David McGrew.....TAB 2

Dr. CJ Kunnappilly.....TAB 2

I. COUNTY HEALTH CHIEF REPORT

County Health Snapshot

Louise Rogers..... TAB 2

J. COUNTY MANAGER’S REPORT

Mike Callagy

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.

TAB 1

**CONSENT
AGENDA**

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Thursday, January 3, 2019
Executive Board Room

Board Members Present

Supervisor David Canepa
Michael Callagy
Louise Rogers
Dr. CJ Kunnappilly
Dr. Bryan Gescuk
Dr. Julie Hersk
Deborah Torres

Staff Present

Michelle Lee
David McGrew
Dr. Alpa Sanghavi
Joan Spicer
Brighton Ncube
Peggy Jensen
Aimee Armsby
Julie Griffiths

Cecilia Diaz
Karen Pugh
Lillian Lilles
Leslie Williams-Hurt
Robbie Larcina
Cheska Valentino
Paul Rogerville

Members of the Public

Neighbor

| 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 8:11 AM to Open Session. A quorum was present (see above). | |
| Report out of Closed Session | Medical Staff Credentialing Report for January 3, 2019. QIC Minutes from October 23, 2019. Medical Executive Committee Minutes from November 13, 2018. | 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 | Most recently, the Foundation received generous support from the Sunlight Giving Fund, Peninsula Health Care District, and the George H. Sandy Foundation. The Year-End Appeal focused on the Watch Me Grow Program. The Capital Campaign Kick-Off will be on February 21 at the Hiller Aviation Museum. It will benefit the Rehabilitation Department. | FYI |
| Consent Agenda | Approval of: 1. Hospital Board Meeting Minutes from November 1, 2018. | It was MOVED, SECONDED and CARRIED unanimously to |

| | | |
|--|--|--|
| | | approve all items on the Consent Agenda. |
| Medical Staff Report Dr. Bryan Gescuk | Secure texting is being explored as another way for providers to communicate with each other. The name of the software is called SMC Health Link. | FYI |
| Reducing Patient Falls in an Acute Care Setting James Mercado, RN | <p>What do we know about patient falls?</p> <ul style="list-style-type: none"> • Fall rates with injuries range from 1.3 to 8.9/1000 pt days. JC reports that 30-50% falls result in injury. • CMS list falls as “never” events and do not compensate hospitals for the costs associated with them • In the community, 1 in 4 aged 65+ fall every year <p>Our journey so far...</p> <ul style="list-style-type: none"> • Stumble stoppers: an interdisciplinary falls prevention committee of nurses, therapists, and consulting pharmacists • Standardized fall risk assessment: All patients on admission • Universal falls precautions: Identified by yellow slippers and blankets • Debriefing patients and family: After a fall interviews with patient/family are followed by a case review with care team <p>How long is the journey to zero falls?</p> <ul style="list-style-type: none"> • Persistence: The journey started almost 6 years ago (2013) • Focus on the patients with multiple falls: Special care planning needs • Fresh eyes: Consultant from our vendor for falls prevention equipment • Recommit: Staff remain engaged even with the recent upward trend in falls | FYI |
| Budget Update Dr. CJ Kunnappilly David McGrew | CFO David McGrew updated the Board about the budget and answered questions. | FYI |
| Financial Report David McGrew, CFO | The November FY18/19 financial report was included in the Board packet and David McGrew answered questions from the Board. | FYI |
| CEO Report Dr. CJ Kunnappilly | The Joint Commission made their triennial regulatory visit at the end of December. Although the surveyors were generally very complimentary, there are two areas that require a revisit. They are ligature risk and infection control. Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board. | FYI |
| County Health Chief Report Louise Rogers | The budget gap will be partially covered by reserves and County Health will continue to study areas of opportunity. | FYI |

| | | |
|---|---|-----|
| County Manager Michael Callagy | Mr. Callagy congratulated the hospital on the significant list of 2018 accomplishments listed in the CEO report. And he supported the ongoing work with the budget. | FYI |
| Board of Supervisors Supervisor Canepa | Supervisor Canepa continues to be engaged in the discussions around Seton medical center. He gave a brief update on the \$750 million of capital projects taking place in the county over the next few years, including COB3. | FYI |

Supervisor Canepa adjourned the meeting at 9:30 AM. The next Board meeting will be held on February 7, 2019.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer

TAB 2

**ADMINISTRATION
REPORTS**

BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: December FY18-19

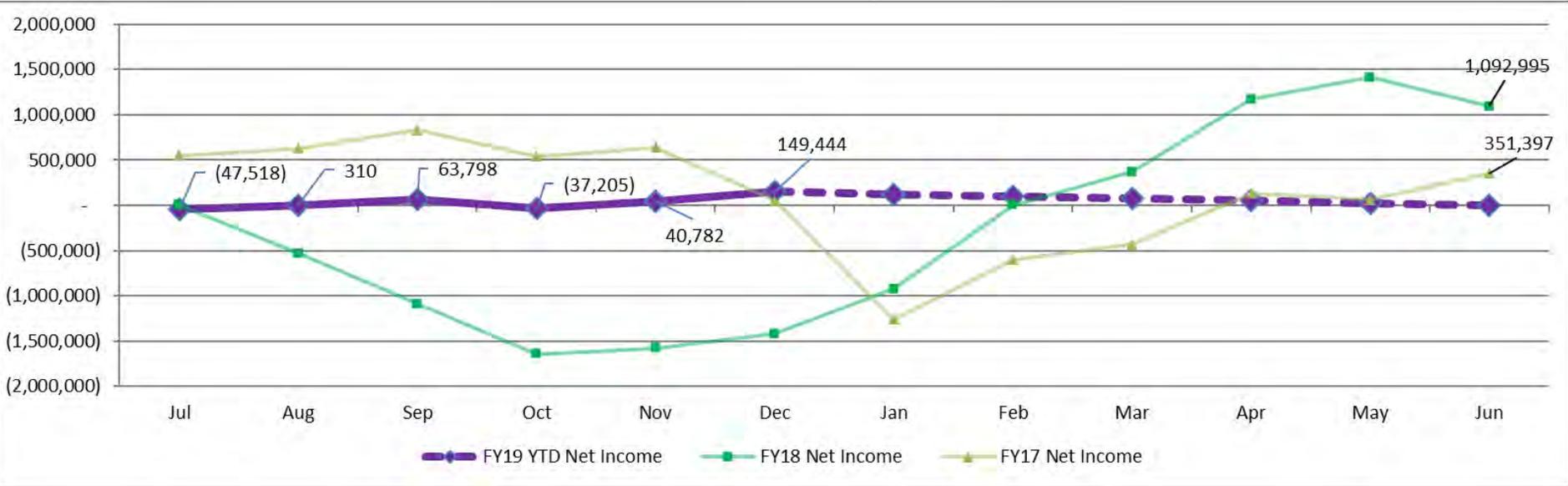
February 7, 2019

Presenter: David McGrew, CFO



SAN MATEO COUNTY HEALTH
SAN MATEO
MEDICAL CENTER

Financial Highlights



December - Positive \$108k:

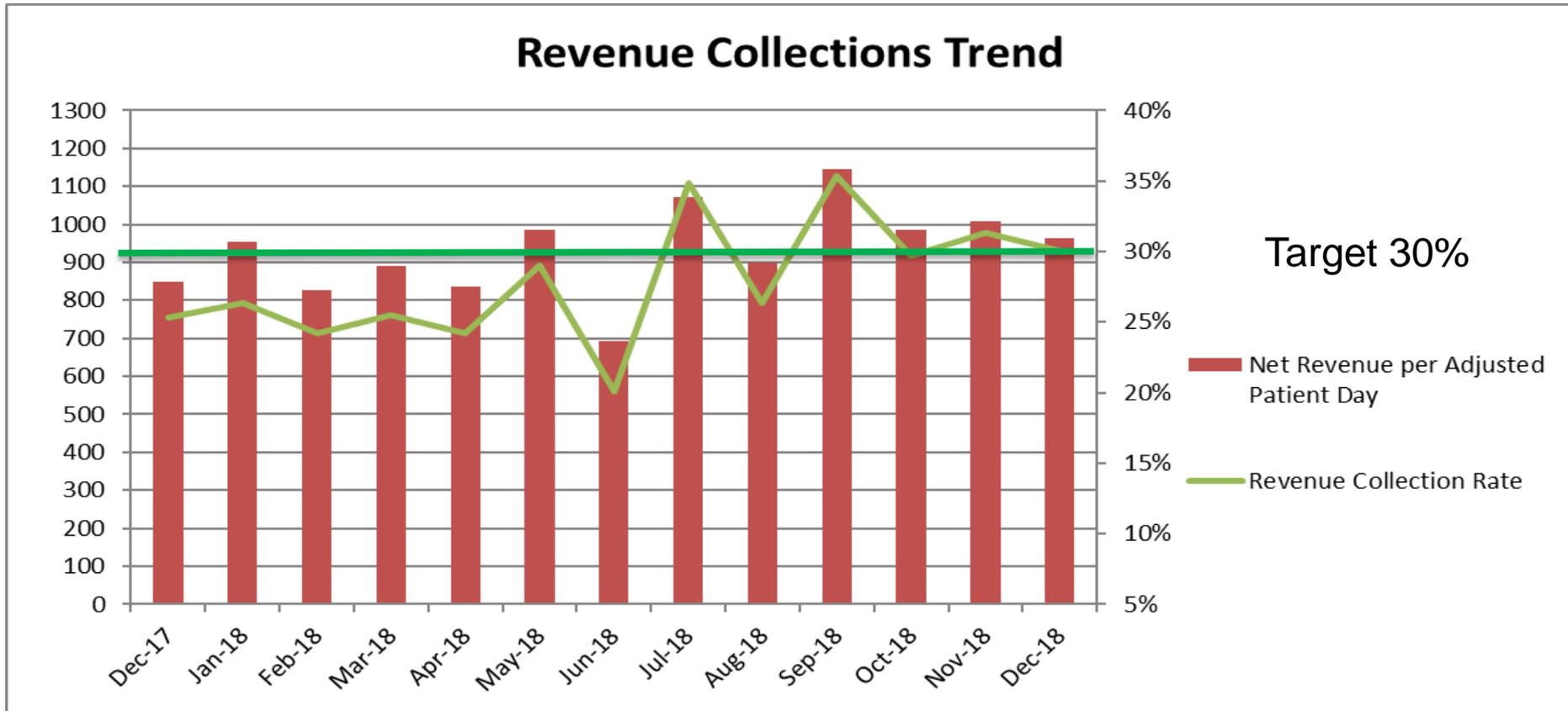
- FTEs below budget
- FY17 FQHC Settlement received
- Patient Service Revenue
Reduced claim denials, new HPSM per diem rate

- QIP/EPP pending CMS approval
- Reserves for PRIME/QIP, GPP
- Engineering relocation cost

Forecast FY19: We've used \$5.1m of the YTD budgeted \$10.1m reserves. Identified risks to the full year budget at this time are the pending CMS approval for QIP/EPP, full achievement of the PRIME/QIP performance measures, increasing payroll costs, non-acute days and fee-for-service revenue denials.

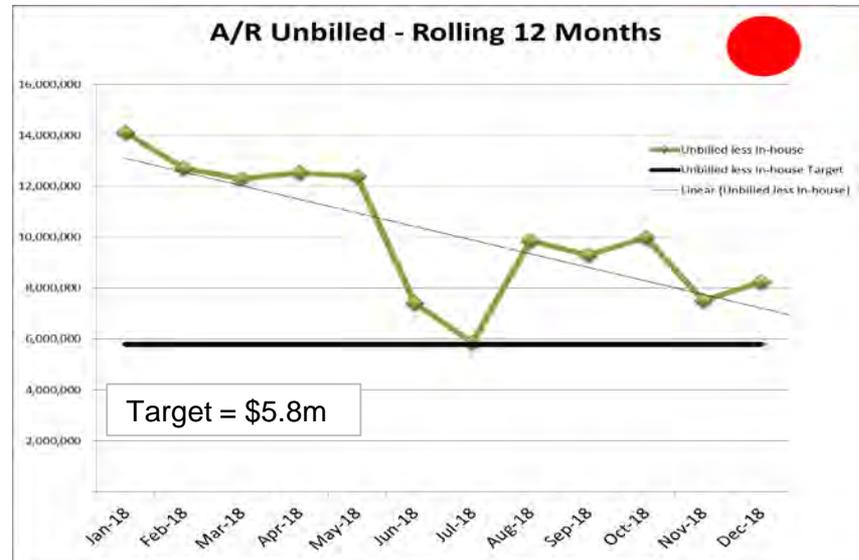
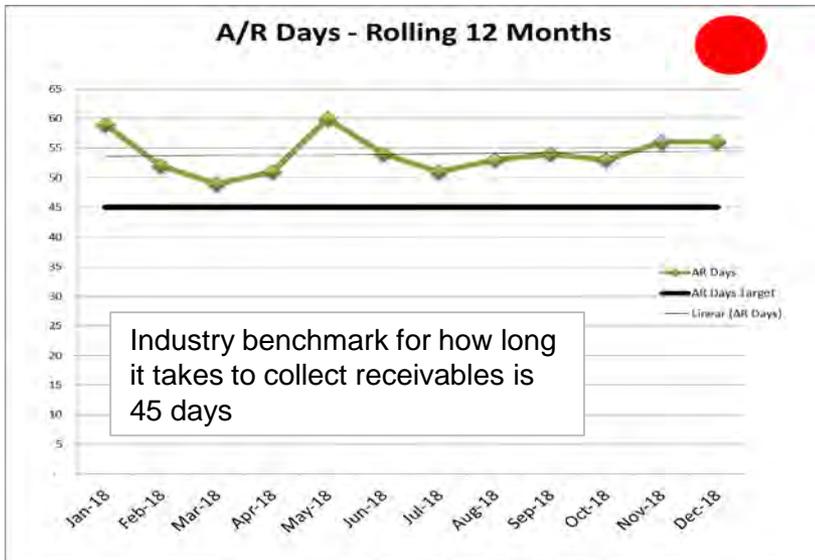
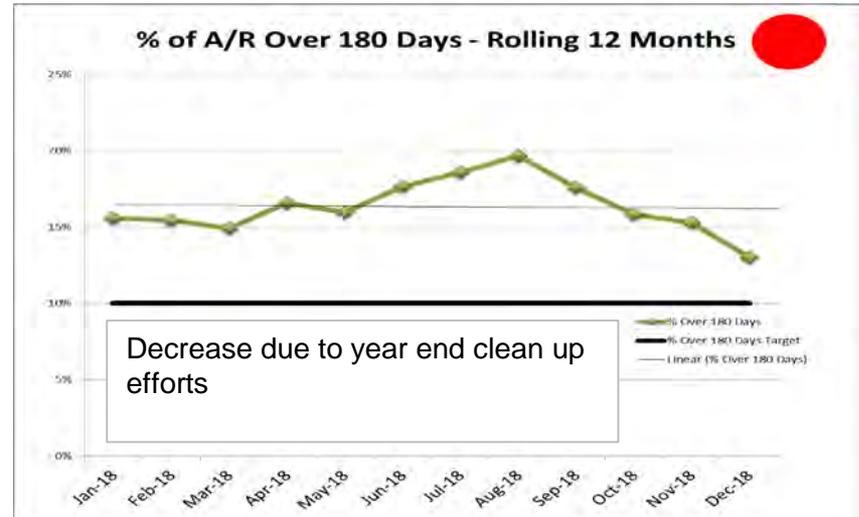
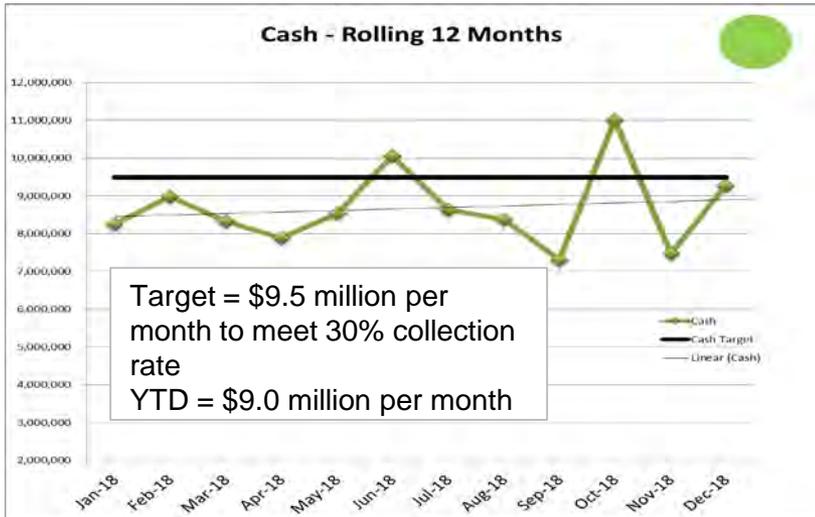
Key Performance Indicators

FFS Revenue Collection Trend



The December collection rate was 30%. The revenue collection rate has improved recently due to lower claim denials and new HPSM inpatient per diem rate.

Key Performance Indicators



Revenue Improvement Plan

Executive Summary

Initiative

Status

| | |
|--|---|
| <i>Registration Accuracy</i> | <ul style="list-style-type: none"> • Developed A3 Improvement Charter to focus on registration workflows • Implementing eCareNEXT - registration quality software - Kickoff 1/16/19 – Go Live targeted for 5/10/19 |
| <i>Clinical Documentation Improvement (CDI)</i> | <ul style="list-style-type: none"> • Project work started in June – 2 Phases <ul style="list-style-type: none"> • CDI program assessment – Exec briefing 1/3/19 • Chartwise software – live 1/8/18 • CDI staff started 1/14/19 |
| <i>Accounts Receivable management</i> | <ul style="list-style-type: none"> • Implement automated account follow-up software <ul style="list-style-type: none"> • Kick-off 1/18/19 • Targeted Phase 1 Go-Live 2/25/19 |
| <i>Denial management & Unbilled Accounts</i> | <ul style="list-style-type: none"> • Medical necessity compliance reviews in progress. • Denials workflow & reporting software in production • Authorization improvement work – IP, SSU, Infusion |
| <i>Increase Medi-Cal rates</i> | <ul style="list-style-type: none"> • Medi-Cal cost report appeals in progress. FY14 settlement pending; yield approx. \$2.3m annually • Medical-Surgical inpatient rates increased to \$2,360/day. Projected to yield \$3m annually. |



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

QUESTIONS?

APPENDIX



SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

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

| MONTH | | | |
|--------|--------|----------|-----------|
| Actual | Budget | Variance | Stoplight |
| A | B | C | D |

| YEAR TO DATE | | | |
|--------------|--------|----------|-----------|
| Actual | Budget | Variance | Stoplight |
| E | F | G | H |

| | | | | |
|-----------------------------|---------|---|---------|---|
| 1 Income/Loss (GAAP) | 108,662 | 0 | 108,662 | █ |
|-----------------------------|---------|---|---------|---|

| | | | | |
|-----------------------------|---------|---|---------|---|
| 1 Income/Loss (GAAP) | 149,444 | 0 | 149,444 | █ |
|-----------------------------|---------|---|---------|---|

| | | | | |
|---|--------|--------|---------|-----|
| 2 HPSM Medi-Cal Members Assigned to SMMC | 36,790 | 38,019 | (1,229) | -3% |
|---|--------|--------|---------|-----|

| | | | | |
|---|---------|---------|---------|-----|
| 2 HPSM Medi-Cal Members Assigned to SMMC | 221,752 | 228,114 | (6,362) | -3% |
|---|---------|---------|---------|-----|

| | | | | |
|-------------------------------------|--------|--------|---------|-----|
| 3 Unduplicated Patient Count | 68,403 | 70,114 | (1,711) | -2% |
|-------------------------------------|--------|--------|---------|-----|

| | | | | |
|-------------------------------------|--------|--------|---------|-----|
| 3 Unduplicated Patient Count | 68,403 | 70,114 | (1,711) | -2% |
|-------------------------------------|--------|--------|---------|-----|

| | | | | |
|-----------------------|-------|-------|-----|----|
| 4 Patient Days | 3,125 | 2,934 | 191 | 7% |
|-----------------------|-------|-------|-----|----|

| | | | | |
|-----------------------|--------|--------|-------|----|
| 4 Patient Days | 18,571 | 17,414 | 1,157 | 7% |
|-----------------------|--------|--------|-------|----|

| | | | | |
|--------------------|-------|-------|-------|------|
| 5 ED Visits | 3,303 | 3,659 | (356) | -10% |
|--------------------|-------|-------|-------|------|

| | | | | |
|--------------------|--------|--------|---------|-----|
| 5 ED Visits | 20,543 | 21,720 | (1,177) | -5% |
|--------------------|--------|--------|---------|-----|

| | | | | |
|------------------------|-----|-----|-----|-----|
| 7 Surgery Cases | 246 | 253 | (7) | -3% |
|------------------------|-----|-----|-----|-----|

| | | | | |
|------------------------|-------|-------|------|-----|
| 7 Surgery Cases | 1,521 | 1,566 | (45) | -3% |
|------------------------|-------|-------|------|-----|

| | | | | |
|------------------------|--------|--------|---------|------|
| 8 Clinic Visits | 16,948 | 20,008 | (3,060) | -15% |
|------------------------|--------|--------|---------|------|

| | | | | |
|------------------------|---------|---------|---------|-----|
| 8 Clinic Visits | 114,672 | 124,052 | (9,380) | -8% |
|------------------------|---------|---------|---------|-----|

| | | | | |
|-------------------------------|--------|--------|-------|-----|
| 9 Ancillary Procedures | 65,469 | 66,202 | (733) | -1% |
|-------------------------------|--------|--------|-------|-----|

| | | | | |
|-------------------------------|---------|---------|--------|----|
| 9 Ancillary Procedures | 420,795 | 409,868 | 10,927 | 3% |
|-------------------------------|---------|---------|--------|----|

| | | | | |
|--|------|-------|-------|------|
| 10 Acute Administrative Days as % of Patient Days | 0.0% | 16.0% | 16.0% | 100% |
|--|------|-------|-------|------|

| | | | | |
|--|------|-------|-------|------|
| 10 Acute Administrative Days as % of Patient Days | 0.0% | 16.0% | 16.0% | 100% |
|--|------|-------|-------|------|

| | | | | |
|--|-------|-------|-------|-----|
| 11 Psych Administrative Days as % of Patient Days | 83.4% | 80.0% | -3.4% | -4% |
|--|-------|-------|-------|-----|

| | | | | |
|--|-------|-------|------|----|
| 11 Psych Administrative Days as % of Patient Days | 79.9% | 80.0% | 0.1% | 0% |
|--|-------|-------|------|----|

(Days that do not qualify for inpatient status)

Pillar Goals

| | | | | |
|------------------------|-----|-----|----|-----|
| 12 Revenue PMPM | 192 | 150 | 42 | 28% |
|------------------------|-----|-----|----|-----|

| | | | | |
|------------------------|-----|-----|----|-----|
| 12 Revenue PMPM | 168 | 150 | 18 | 12% |
|------------------------|-----|-----|----|-----|

| | | | | |
|-----------------------------------|-----|-----|------|-----|
| 13 Operating Expenses PMPM | 411 | 399 | (12) | -3% |
|-----------------------------------|-----|-----|------|-----|

| | | | | |
|-----------------------------------|-----|-----|-----|-----|
| 13 Operating Expenses PMPM | 402 | 399 | (3) | -1% |
|-----------------------------------|-----|-----|-----|-----|

| | | | | |
|---|-------|-------|----|----|
| 14 Full Time Equivalent (FTE) including Registry | 1,212 | 1,256 | 45 | 4% |
|---|-------|-------|----|----|

| | | | | |
|---|-------|-------|----|----|
| 14 Full Time Equivalent (FTE) including Registry | 1,215 | 1,256 | 41 | 3% |
|---|-------|-------|----|----|

**Income Statement
December 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 | 10,010,548 | 9,577,810 | 432,738 | 5% | 60,301,736 | 57,466,859 | 2,834,876 | 5% |
| 22 Outpatient Gross Revenue | 23,063,731 | 25,324,704 | (2,260,973) | -9% | 150,389,321 | 151,948,223 | (1,558,903) | -1% |
| 23 Total Gross Revenue | 33,074,279 | 34,902,514 | (1,828,235) | -5% | 210,691,057 | 209,415,083 | 1,275,974 | 1% |
| 24 Patient Net Revenue | 13,136,699 | 10,512,930 | 2,623,769 | 25% | 65,581,734 | 63,077,579 | 2,504,155 | 4% |
| 25 Net Patient Revenue as % of Gross Revenue | 30.1% | 30.1% | 0.0% | 0% | 29.6% | 30.1% | -0.5% | -2% |
| 26 Capitation Revenue | 425,357 | 500,000 | (74,643) | -15% | 2,128,728 | 3,000,000 | (871,272) | -29% |
| 27 Supplemental Patient Program Revenue (Additional payments for patients) | 8,523,857 | 12,436,356 | (3,912,500) | -31% | 64,169,091 | 74,618,138 | (10,449,047) | -14% |
| 28 Total Patient Net and Program Revenue | 22,085,913 | 23,449,286 | (1,363,374) | -6% | 131,879,553 | 140,695,717 | (8,816,165) | -6% |
| 29 Other Operating Revenue (Additional payment not related to patients) | 916,983 | 1,229,820 | (312,836) | -25% | 6,017,581 | 7,378,919 | (1,361,338) | -18% |
| 30 Total Operating Revenue | 23,002,896 | 24,679,106 | (1,676,210) | -7% | 137,897,134 | 148,074,636 | (10,177,503) | -7% |

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

| MONTH | | | |
|--------|--------|----------|-----------|
| Actual | Budget | Variance | Stoplight |
| A | B | C | D |

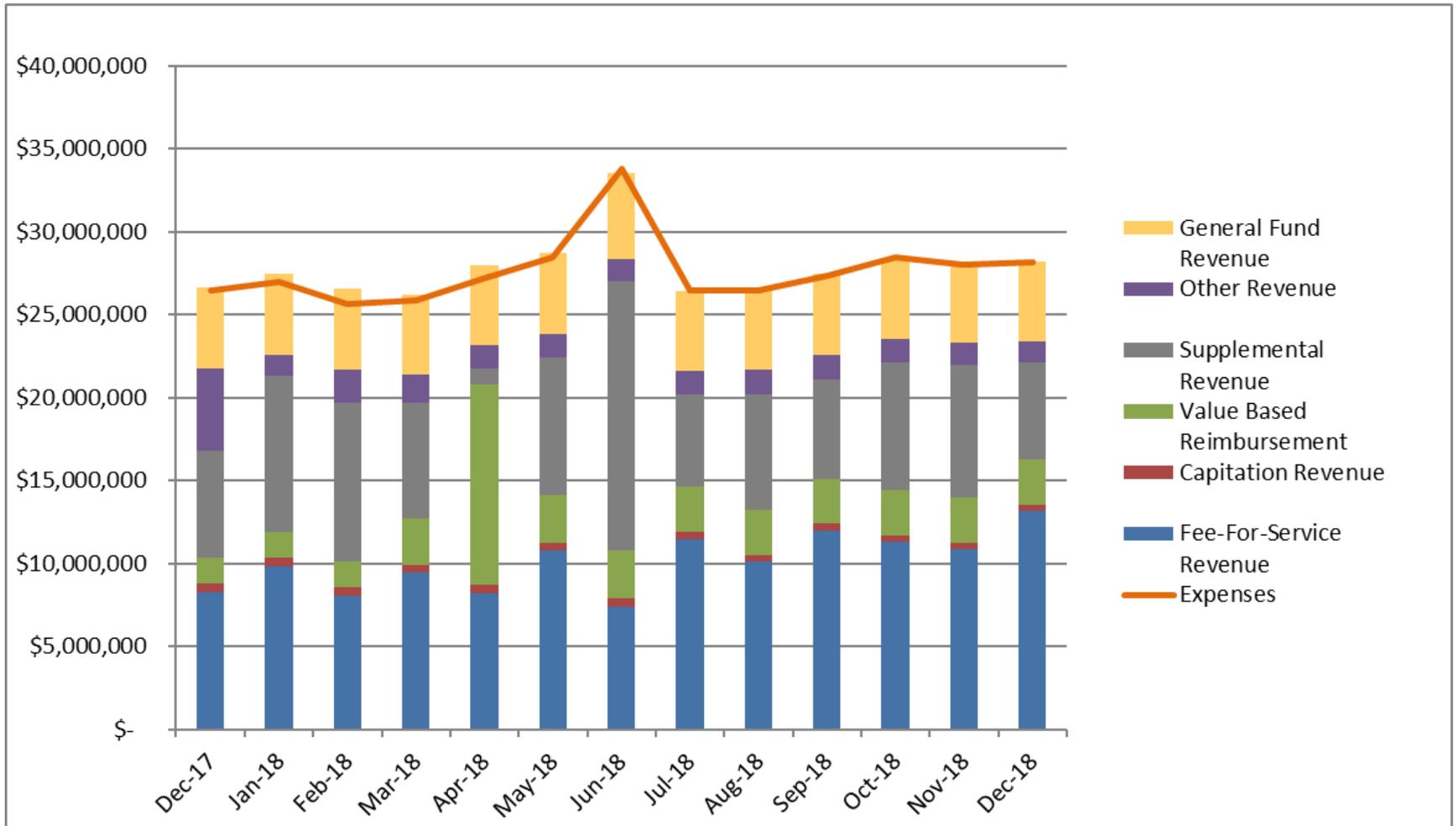
| YEAR TO DATE | | | |
|--------------|--------|----------|-----------|
| Actual | Budget | Variance | Stoplight |
| E | F | G | H |

Operating Expenses

| | | | | | | | | | |
|----|--|--------------------|--------------------|--------------------|-------------|---------------------|---------------------|--------------------|-------------|
| 31 | Salaries & Benefits | 15,848,757 | 16,448,653 | 599,896 | 4% | 95,702,499 | 98,691,915 | 2,989,417 | 3% |
| 32 | Drugs | 795,559 | 806,645 | 11,087 | 1% | 4,484,074 | 4,839,872 | 355,798 | 7% |
| 33 | Supplies | 964,267 | 954,099 | (10,168) | -1% | 5,090,794 | 5,724,593 | 633,799 | 11% |
| 34 | Contract Provider Services | 3,711,572 | 3,346,496 | (365,076) | -11% | 21,920,954 | 20,078,977 | (1,841,977) | -9% |
| 35 | Other fees and purchased services | 4,739,939 | 4,572,074 | (167,864) | -4% | 26,799,087 | 27,432,445 | 633,358 | 2% |
| 36 | Other general expenses | 856,479 | 532,070 | (324,409) | -61% | 3,701,804 | 3,192,420 | (509,384) | -16% |
| 37 | Rental Expense | 187,681 | 196,247 | 8,566 | 4% | 1,139,296 | 1,177,483 | 38,187 | 3% |
| 38 | Lease Expense | 825,358 | 825,358 | - | 0% | 4,952,145 | 4,952,145 | - | 0% |
| 39 | Depreciation | 189,558 | 273,093 | 83,535 | 31% | 1,135,563 | 1,638,558 | 502,996 | 31% |
| 40 | Total Operating Expenses | 28,119,169 | 27,954,735 | (164,434) | -1% | 164,926,215 | 167,728,410 | 2,802,195 | 2% |
| 41 | Operating Income/Loss | (5,116,273) | (3,275,629) | (1,840,644) | -56% | (23,838,513) | (19,653,773) | (4,184,740) | -21% |
| 42 | Non-Operating Revenue/Expense | 381,466 | (1,567,840) | 1,949,306 | 124% | (5,072,853) | (9,407,037) | 4,334,184 | 46% |
| 43 | Contribution from County General Fund | 4,843,468 | 4,843,468 | 0 | 0% | 29,060,811 | 29,060,810 | 0 | 0% |
| 44 | Total Income/Loss (GAAP) | 108,662 | 0 | 108,662 | | 149,444 | 0 | 149,444 | |

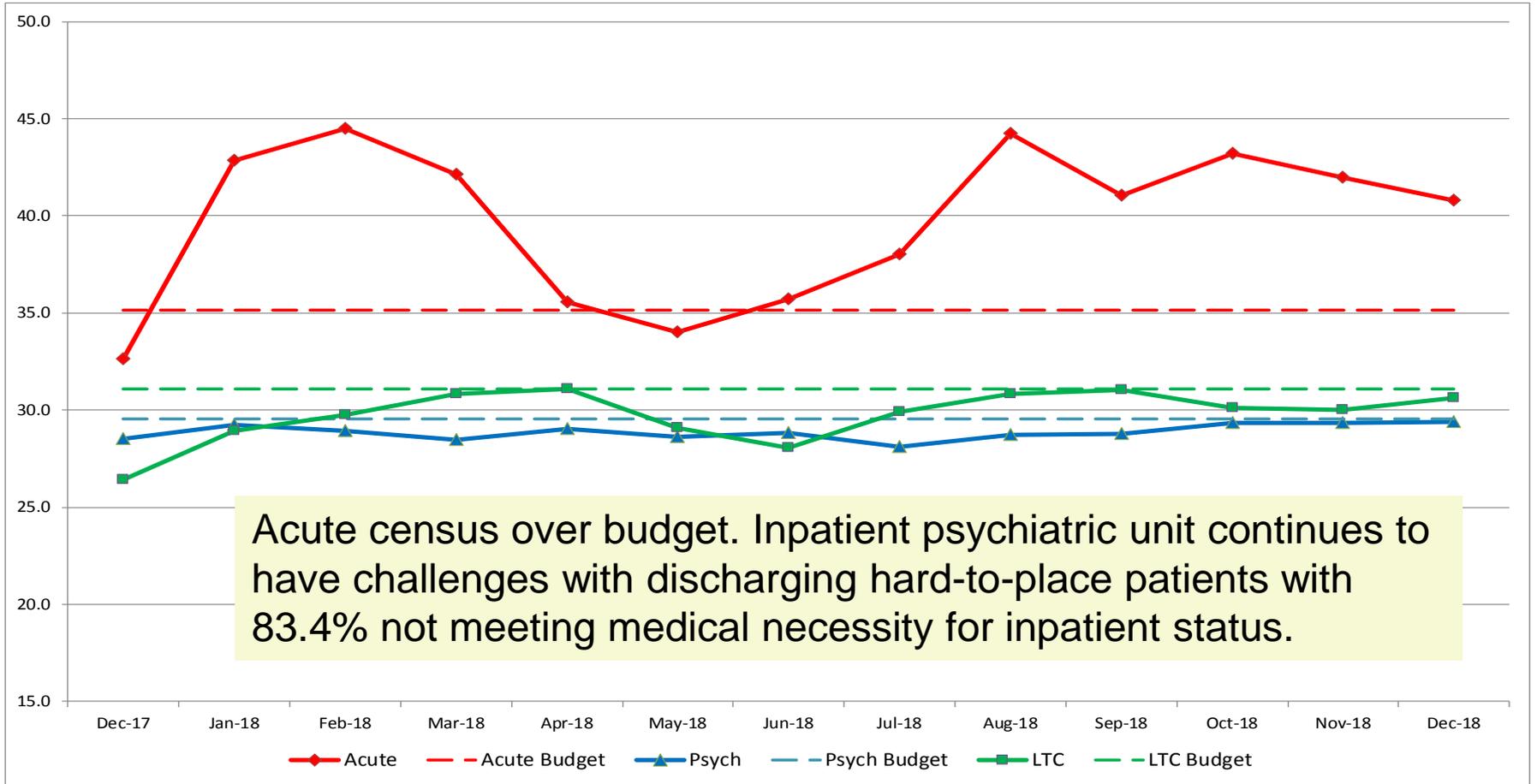
(Change in Net Assets)

Revenue & Expense Trend



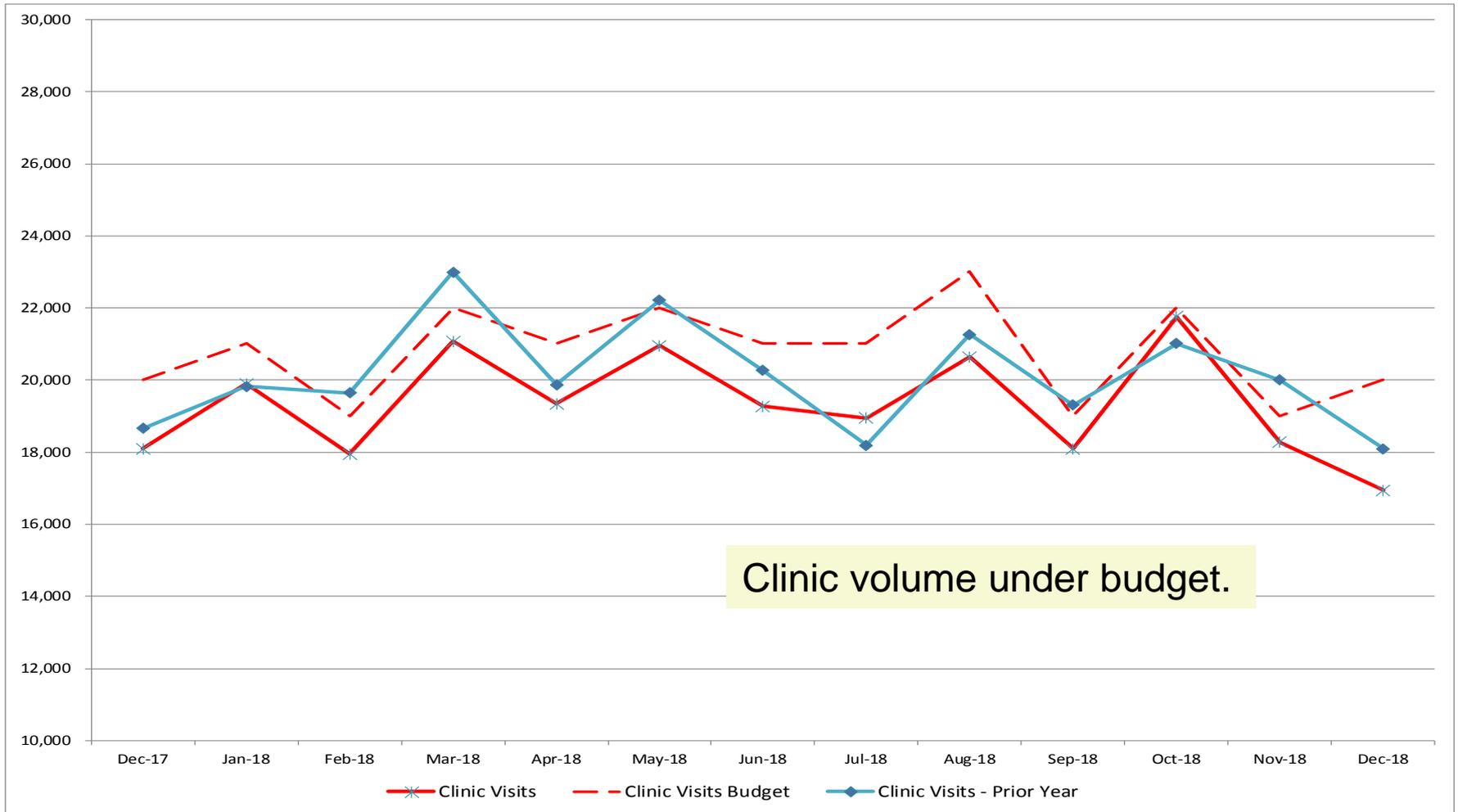
San Mateo Medical Center
Patient Days
December 31, 2018

| Patient Days | MONTH | | | | YEAR TO DATE | | | |
|--------------|--------|--------|----------|-----------|--------------|--------|----------|-----------|
| | Actual | Budget | Variance | Stoplight | Actual | Budget | Variance | Stoplight |
| | 3,125 | 2,934 | 191 | 7% | 18,571 | 17,414 | 1,157 | 7% |



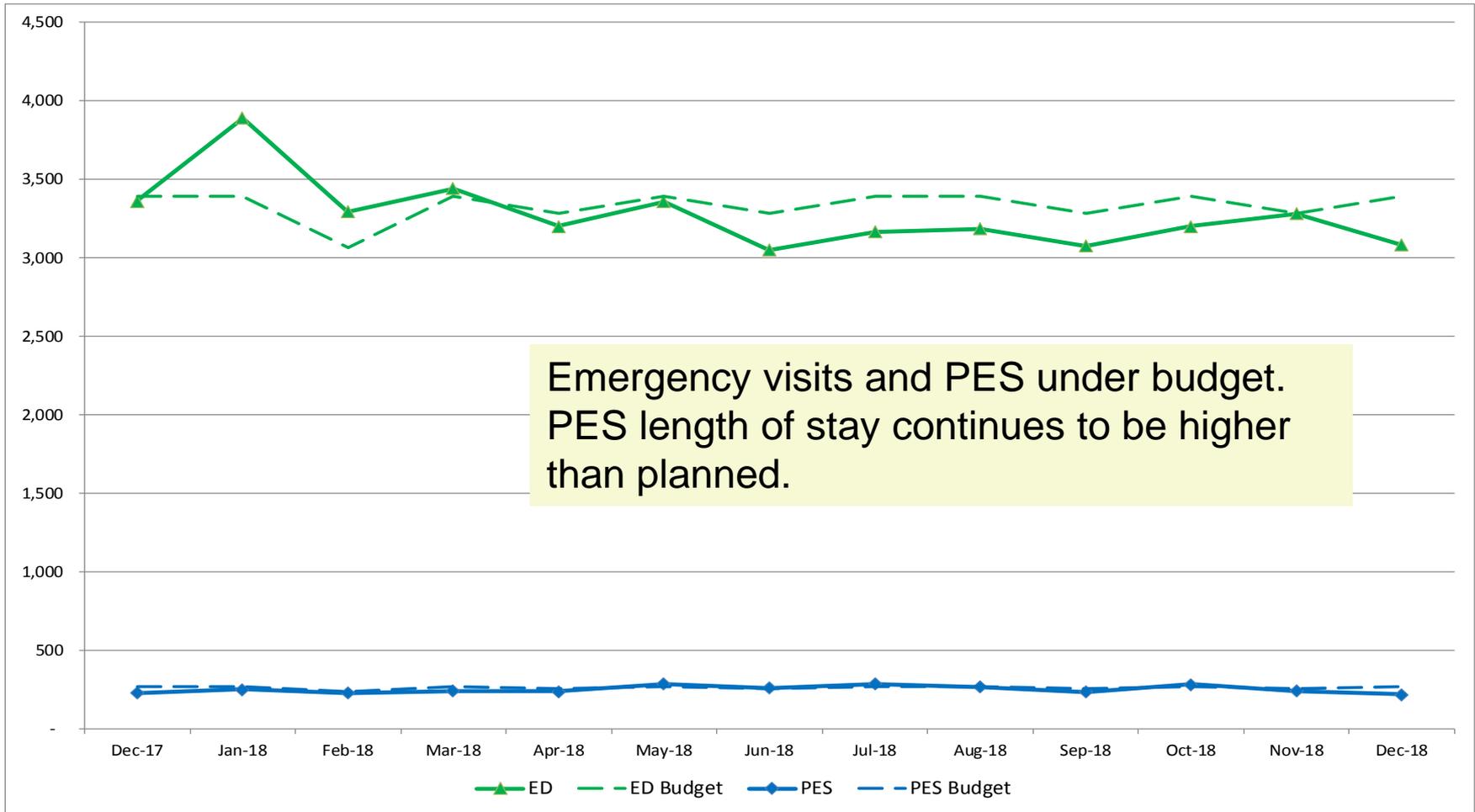
**San Mateo Medical Center
Clinic Visits
December 31, 2018**

| | MONTH | | | | YEAR TO DATE | | | |
|---------------|--------|--------|----------|-----------|--------------|---------|----------|-----------|
| | Actual | Budget | Variance | Stoplight | Actual | Budget | Variance | Stoplight |
| Clinic Visits | 16,948 | 20,008 | (3,060) | -15% | 114,672 | 124,052 | (9,380) | -8% |



San Mateo Medical Center
Emergency Visits
December 31, 2018

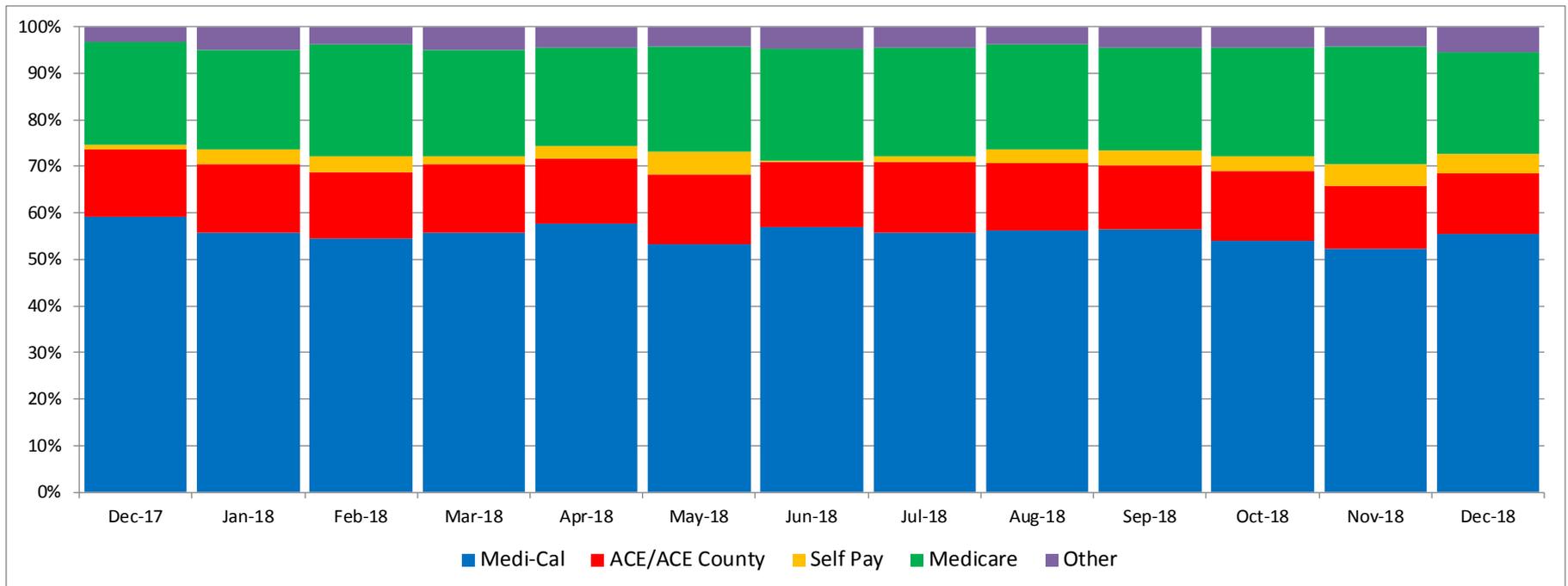
| | MONTH | | | | YEAR TO DATE | | | |
|-----------|--------|--------|----------|-----------|--------------|--------|----------|-----------|
| | Actual | Budget | Variance | Stoplight | Actual | Budget | Variance | Stoplight |
| ED Visits | 3,303 | 3,659 | (356) | -10% | 20,543 | 21,720 | (1,177) | -5% |

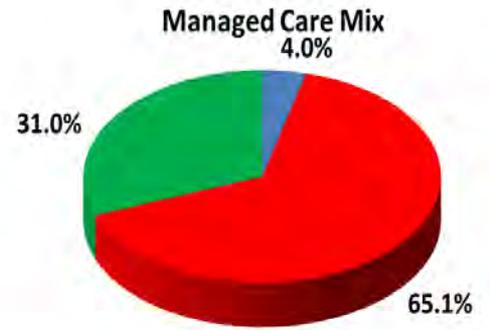


**San Mateo Medical Center
Payer Mix
December 31, 2018**

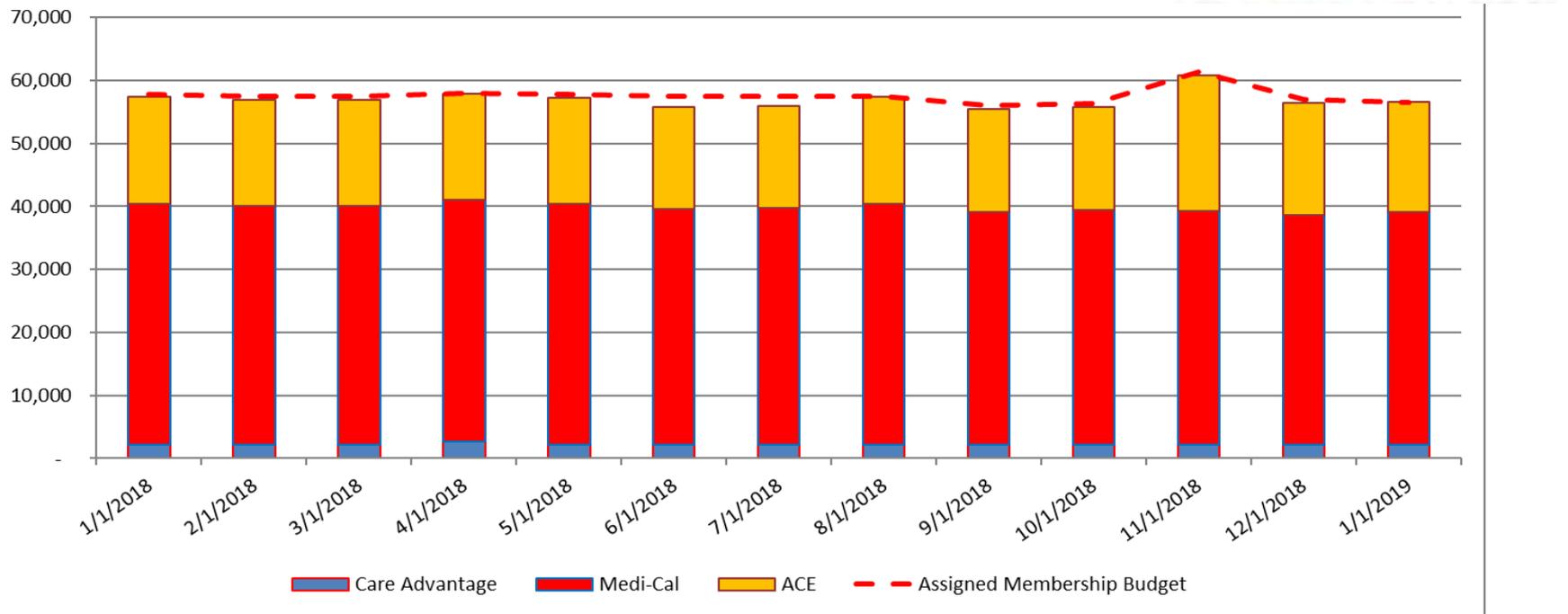
| Payer Type by Gross Revenue | MONTH | | | |
|-----------------------------|---------------|---------------|----------|-----------|
| | Actual | Budget | Variance | Stoplight |
| | A | B | C | D |
| Medicare | 21.6% | 21.0% | 0.6% | |
| Medi-Cal | 55.4% | 58.0% | -2.6% | |
| Self Pay | 4.2% | 2.0% | 2.2% | |
| Other | 5.6% | 5.0% | 0.6% | |
| ACE/ACE County | 13.2% | 14.0% | -0.8% | |
| Total | 100.0% | 100.0% | | |

| Payer Type by Gross Revenue | YEAR TO DATE | | | |
|-----------------------------|---------------|---------------|----------|-----------|
| | Actual | Budget | Variance | Stoplight |
| | E | F | G | H |
| Medicare | 23.1% | 21.0% | 2.1% | |
| Medi-Cal | 55.0% | 58.0% | -3.0% | |
| Self Pay | 3.2% | 2.0% | 1.2% | |
| Other | 4.5% | 5.0% | -0.5% | |
| ACE/ACE County | 14.2% | 14.0% | 0.2% | |
| Total | 100.0% | 100.0% | | |



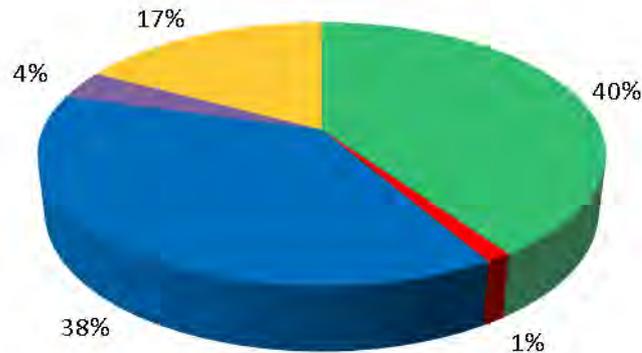


Managed Care Membership Trend



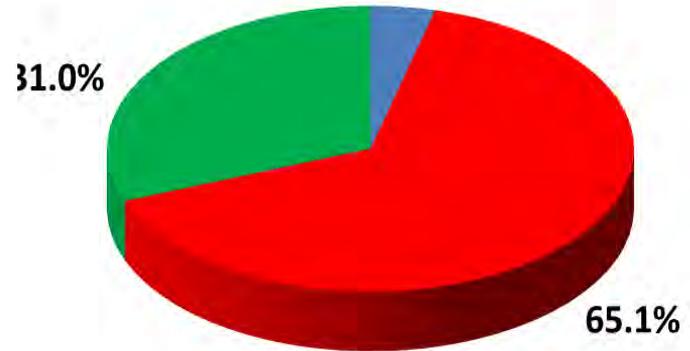
Revenue Mix

Sources of Revenue



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

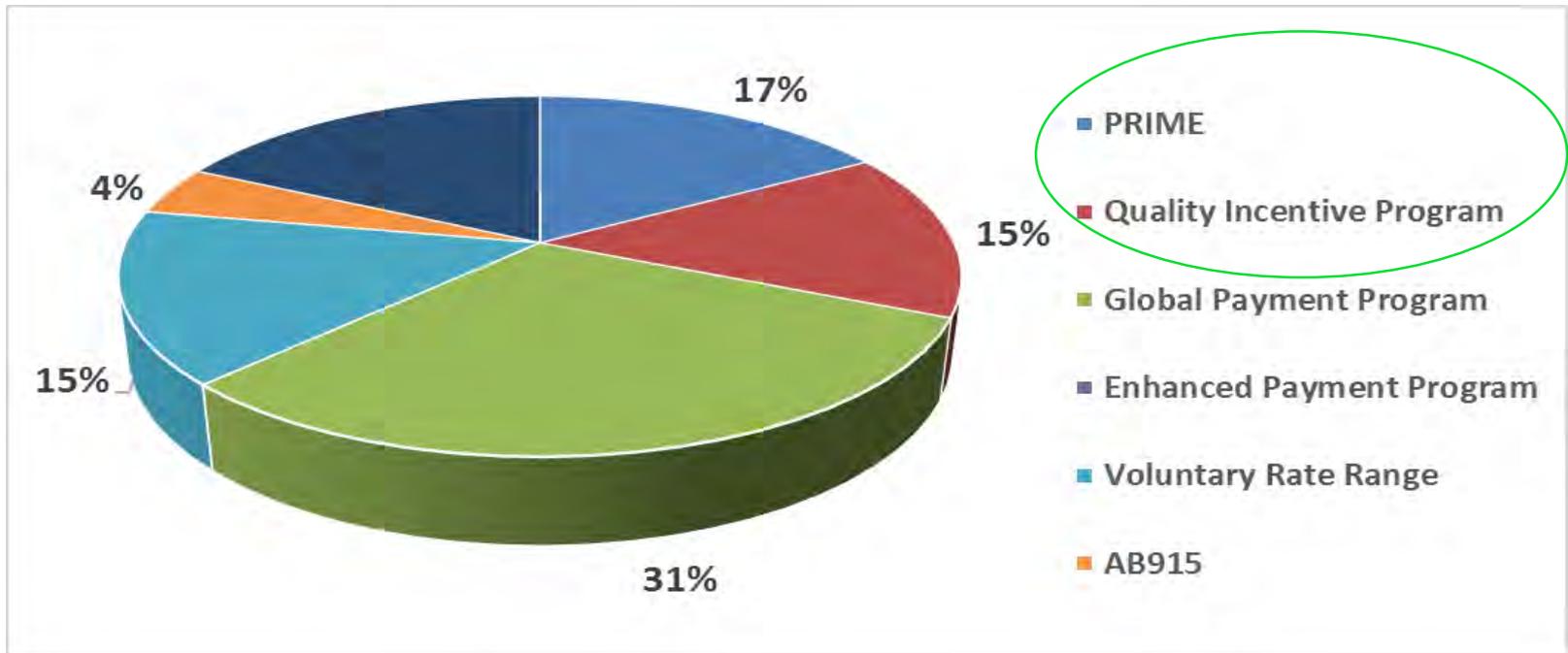
Managed Care Mix



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

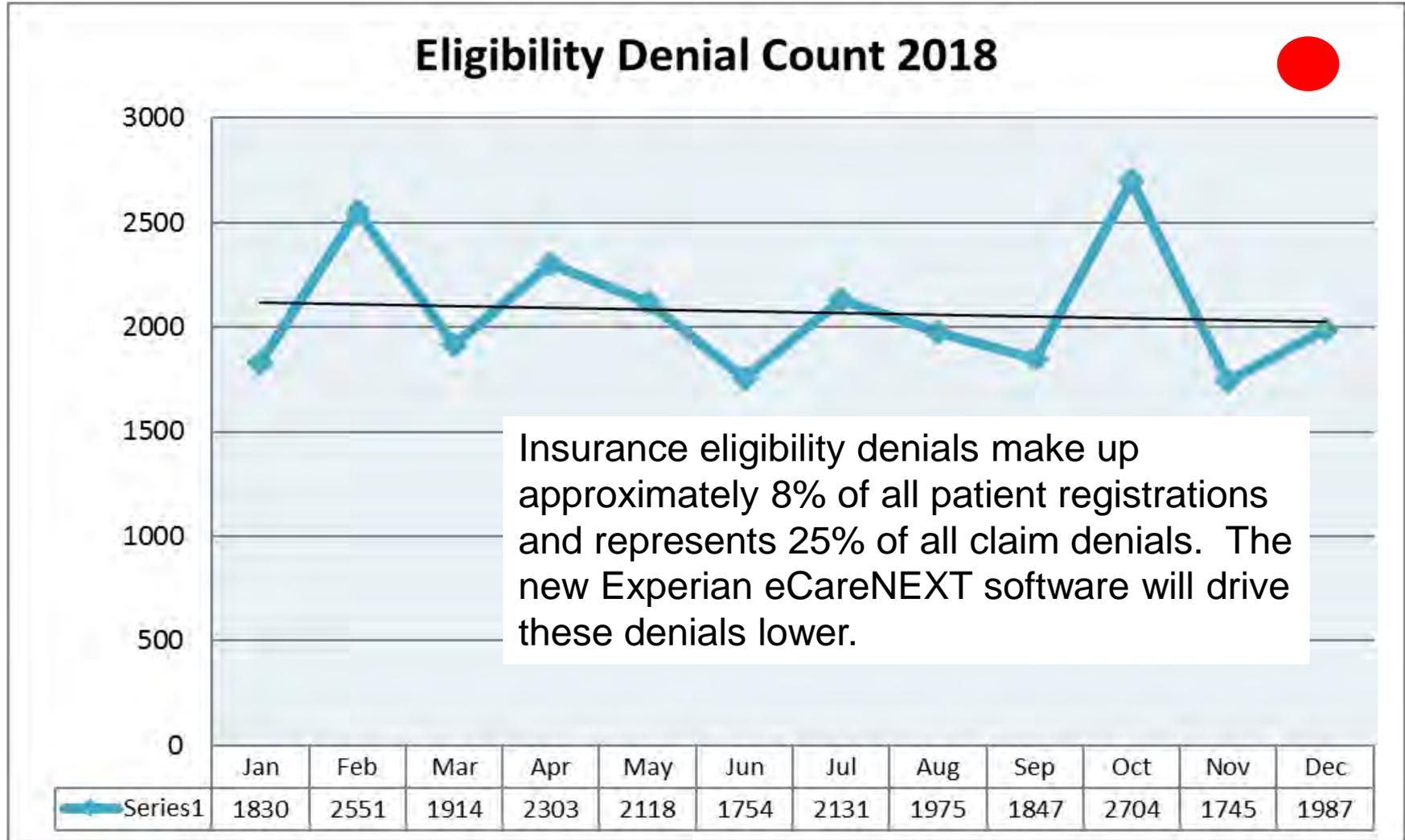
- **Managed Care** programs represent 30% of our Operating Revenue
- **Capitation** is a pre-payment reimbursement model that pays providers a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.

Supplemental Revenue Mix



- **Value-Based** programs represent 32% of our Supplemental Revenue
 - New HPSM P4P and Shared Savings programs could boost it to 35%
- **Volume-Based** programs represent 68% of our Supplemental Revenue

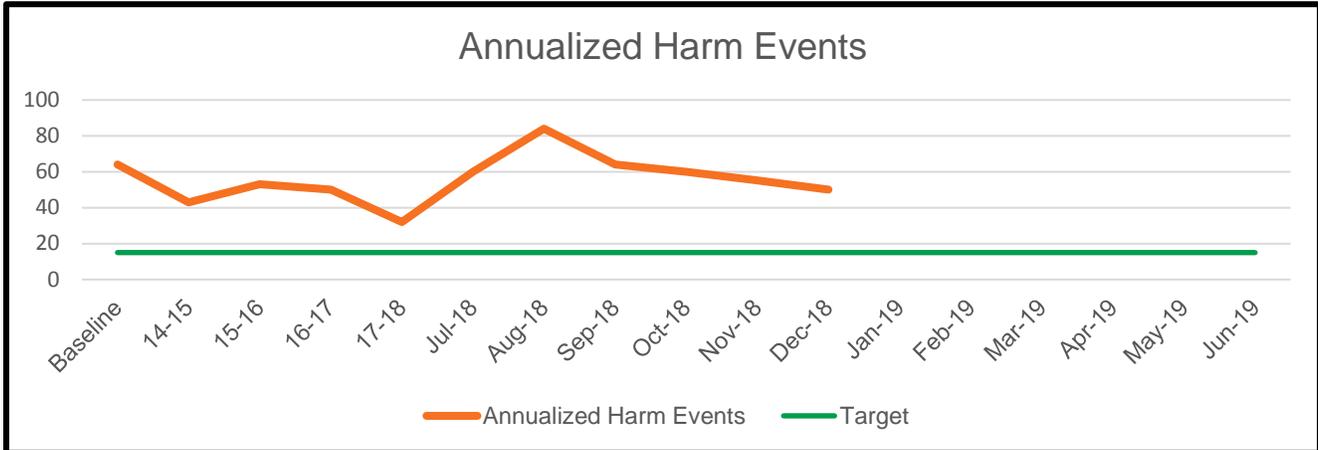
Key Performance Indicators



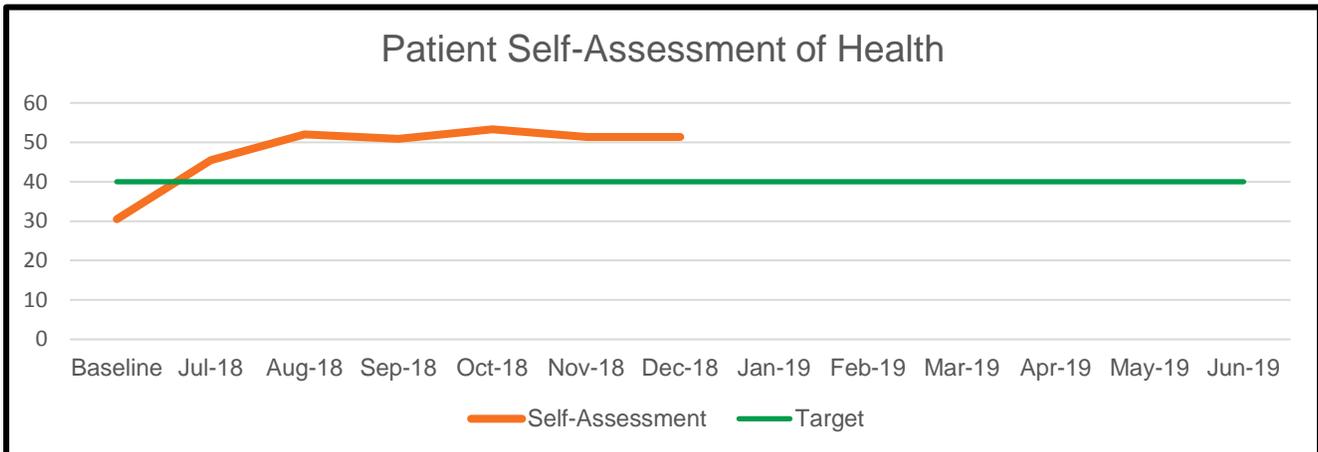
CEO REPORT

February 2019

EXCELLENT CARE METRICS



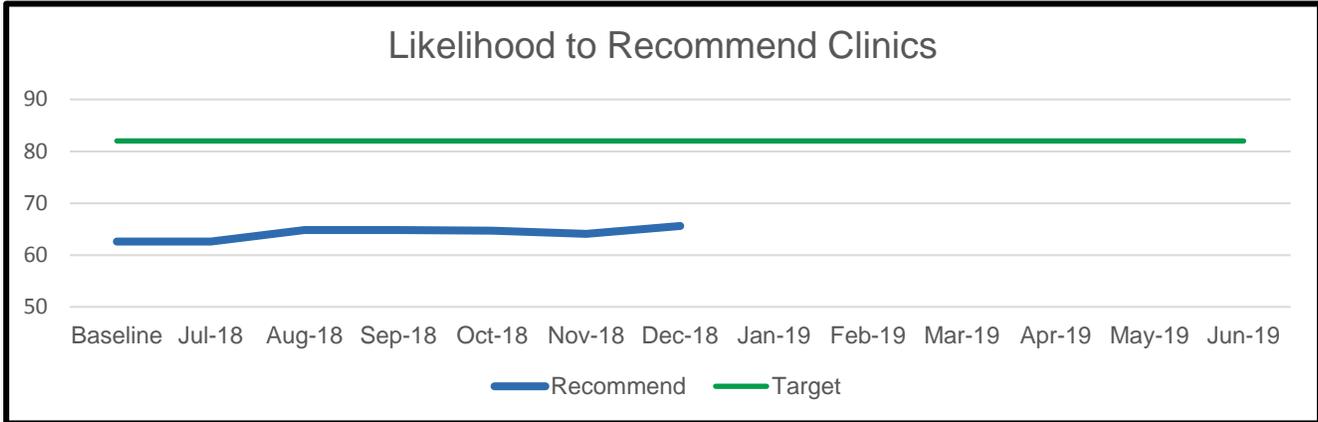
Annualized Harm Events: Measures avoidable patient harm events including central line infections, catheter associated urinary infections, hospital acquired pressure ulcers, surgical site infections, medication errors with harm, blood clots, falls with injury and others. The number is annualized (i.e the number after 2 months is multiplied by 6, the number after 4 months is multiplied by 3, etc.) **Lower is better.**



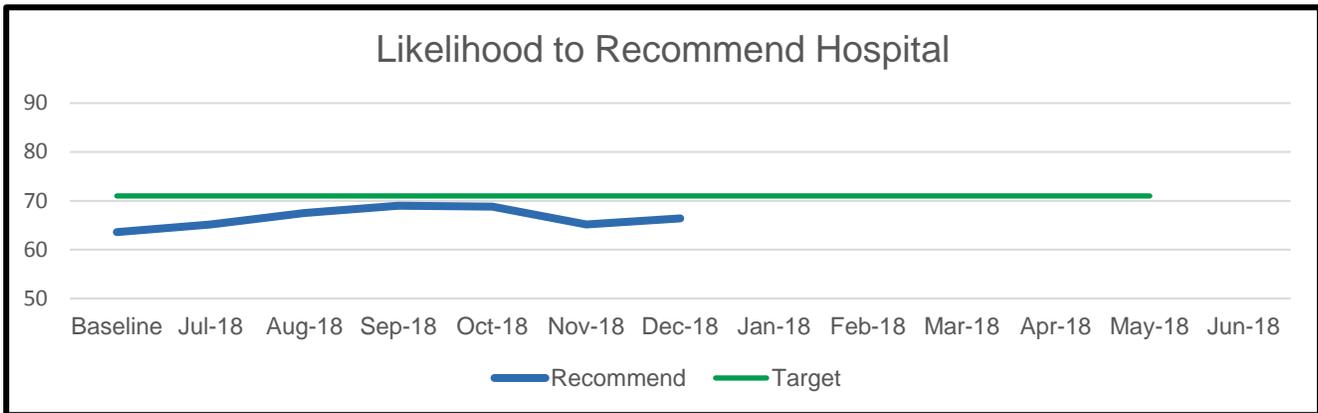
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



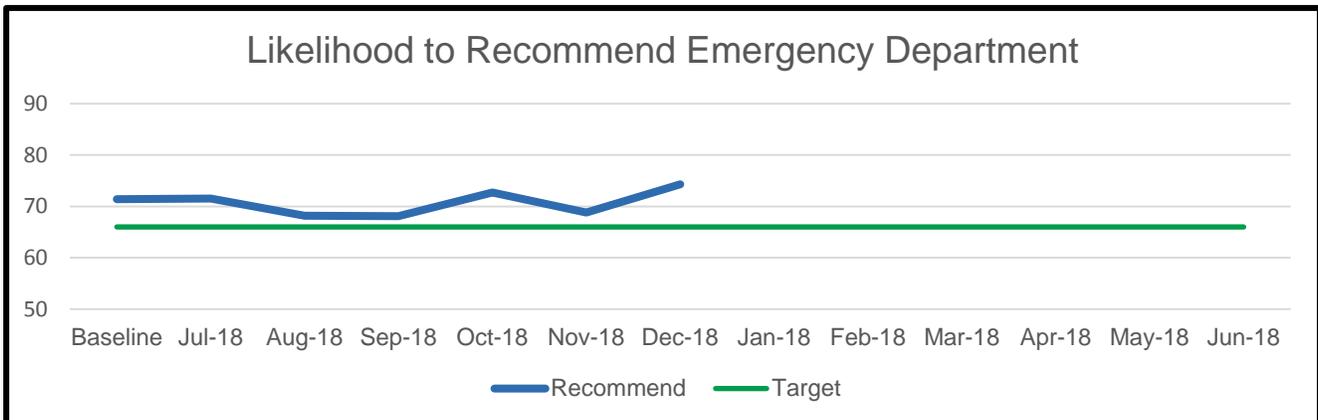
PATIENT CENTERED CARE METRICS



Likelihood to Recommend Clinics: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this clinic to friends and family?” **Higher is better.**

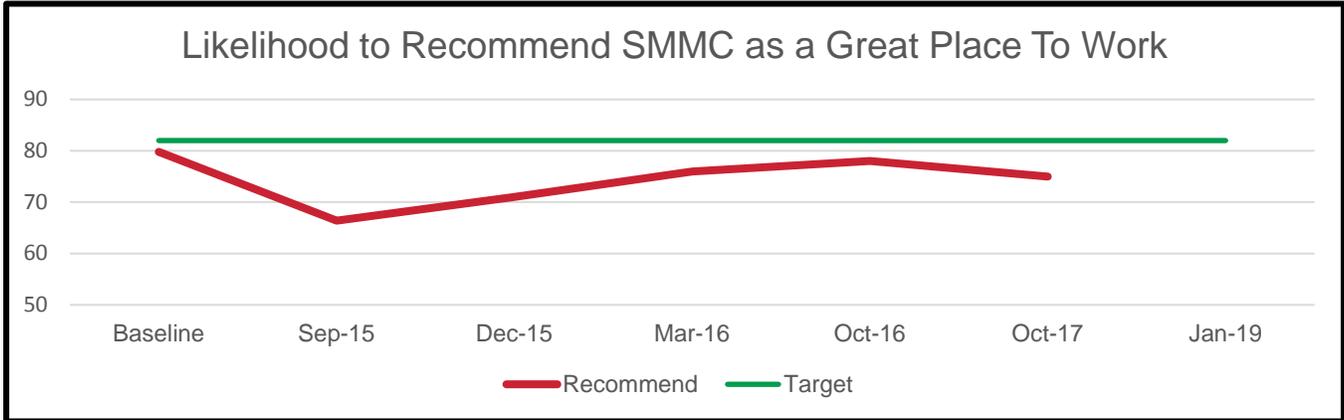


Likelihood to Recommend Hospital: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this hospital to friends and family?” **Higher is better.**



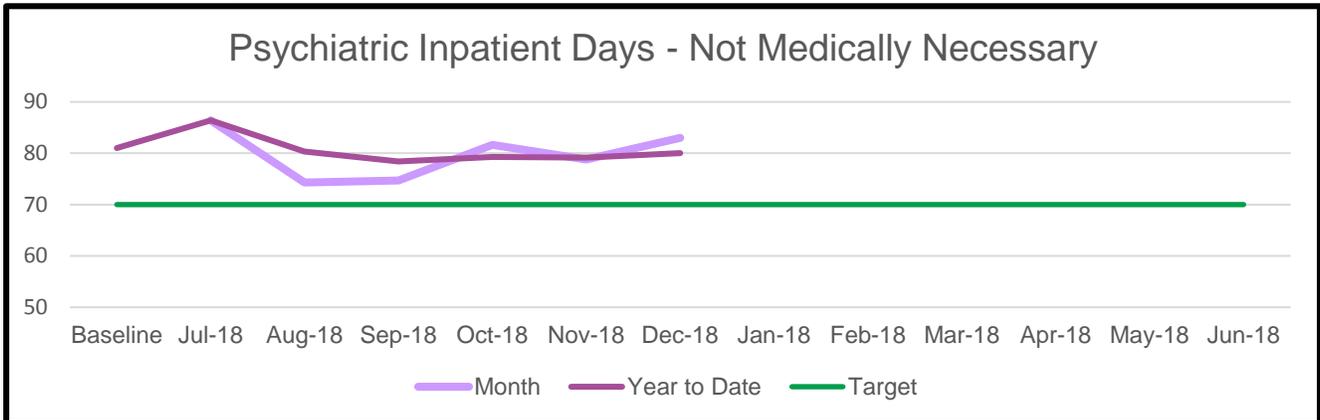
Likelihood to Recommend Emergency Department: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this emergency department to friends and family?” **Higher is better.**

STAFF ENGAGEMENT METRICS

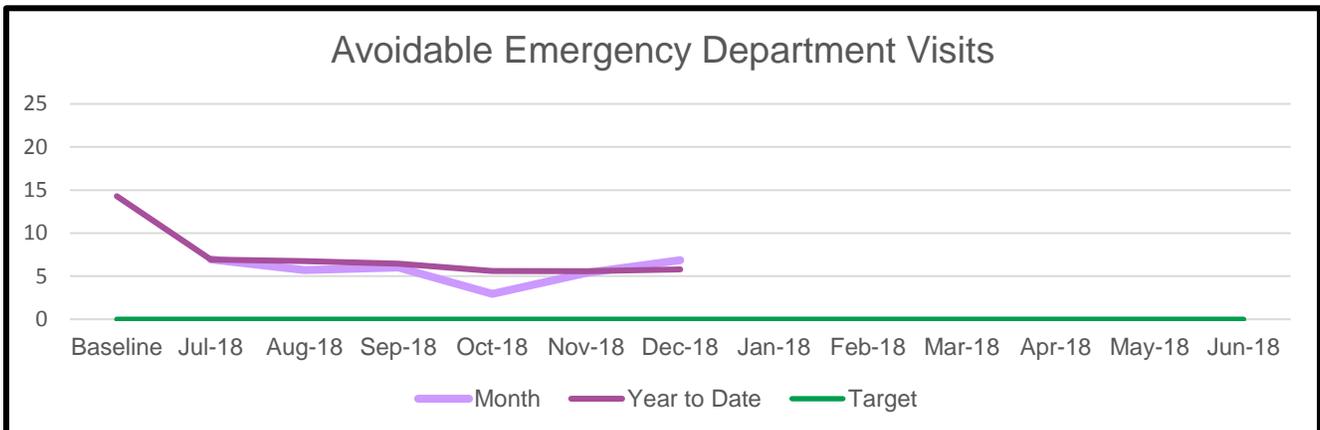


Likelihood to Recommend SMMC: Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual Blessing White staff engagement survey. **Higher is better.**

RIGHT CARE, TIME AND PLACE METRICS



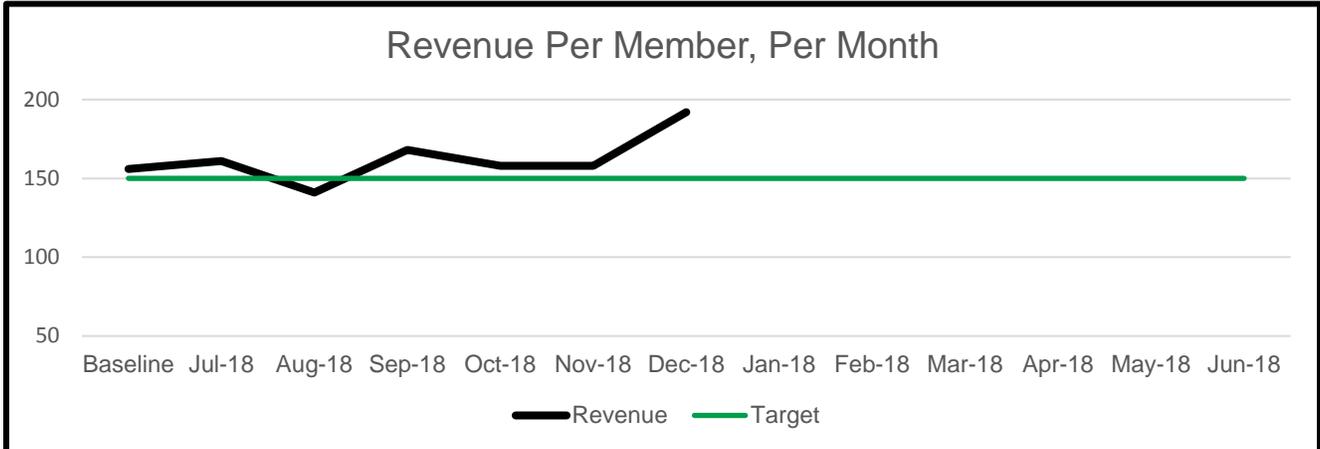
Psychiatric Inpatient Days – Not Medically Necessary: Percentage of acute inpatient psychiatry days where a patient may have been able to be discharged if there was a safe environment for them to go to. **Lower is better.**



Potentially Avoidable ED Visits: Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**



FINANCIAL STEWARDSHIP METRICS



Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. **Higher is better.**



Cost Per Member, Per Month: Total cost divided by total number of assigned members. **Lower is better.**

STRATEGIC UPDATES, RECOGNITIONS & AWARDS



SMMC Celebrates the 2018 Excellence Award Recipients – On January 15th, SMMC hosted a breakfast to honor the 2018 Excellence Award Recipients. These individuals were selected from 58 staff and providers who were nominated by their peers for demonstrating excellence in their professions. Congratulations to all the recipients and a special thank you to Phuong Hathaway who organized the process and the recognition event. *(Pictured Above, left to right: Daniele Levy-Leader Excellence, Chris Montenegro-Service Excellence, Esther Kim-Provider Excellence, Garrick Chew-Team Player, Marlene Mitchell-Nursing Excellence, Erika Grimble-Patient-Centered Excellence, Michele Medrano-Leader Excellence, Yesenia Garcia-Change Champion, CJ Kunnappilly-CEO, Sumita Kalra-Provider Excellence, Josefina (JoJo) Rubio-Service Excellence, Elena Ricevuto-Team Player)*

Dr. Ann Marie Silvestri Recognized by US National Guard– Dr. Ann Marie Silvestri was recently honored by the US National Guard as a patriotic employer for her commitment in supporting Dr. Osleydis Diaz, a member of the National Guard. In her nomination letter, Dr. Diaz commended Dr. Silvestri for her support during the Butte County Camp Fire activation. “I am very grateful and thankful to have a supervisor like Dr. Silvestri,” wrote Dr. Diaz. “She takes care of everything and cares for my patients in my absence.” Congratulations Dr. Silvestri!

Two SMMC Programs Recognized with County STARS Awards: San Mateo Medical Center is honored to receive two County STARS Awards in the category of program performance. The **Care Transitions Program** ensures patients received the support they need to coordinate follow-up care after being discharged from the hospital. The program improved patient experience and reduced hospital

readmissions from 9% to 4.5%. Our ***Integrated Behavioral Health*** team worked with clinics to significantly increase screenings for Major Depressive Disorder (MDD) so we can connect patients with the support they need in real time. The team surpassed their goal and screened more than 8,000 adults in one year and provided follow-up care to the 15% of patients who screened positive for MDD. Thanks to the staff and leaders who made both programs successful, and to the Board of Supervisors for recognizing their efforts.

SMMC Pediatrics Presents to the Centers for Medicare & Medicaid Services (CMS): As part of its PRIME program, SMMC has been participating in an optional program to improve the care of foster children. On January 17, 2019, SMMC joined three other public hospitals to share their work and progress with representatives from CMS, leaders of the California Department of HealthCare Services, and leaders from the California Health Care Safety Net Institute. CMS shared that they were very impressed with all the improvement that had been made and that the work was cutting edge for the entire country. Thank you to Dr. Janet Chaikind who took the lead on the SMMC presentation. Thank you also to Dr. Brita Almog, Chris Montenegro, Dr. Tricia Tayama and Kristin Lauria Gurley who have been integral to the project team. Congratulations to you all!

John Jurow named Deputy Director of Ancillary Support Services: I am pleased to announce that John Jurow has been selected for the work out of class opportunity as Deputy Director of Ancillary Support Services. In this role, John will help provide executive support to the managers of Food and Nutrition, Radiology, Pharmacy, Rehabilitative Services, Respiratory Therapy and Laboratory Services. John has been at SMMC since 2010 and has been Radiology Manager since 2015. Please join me in congratulating John and welcoming him to his new role.

SMMC Implementing New Staff Scheduling Software-In January we went live with Phase 1 of a new staff scheduling system, Kronos that replaces an older system. Phase 1 included our nursing units and several ancillary departments. Phase 2 will go live in May and will include our Dental clinics and several support departments. Staff scheduling in a healthcare setting is based on ever-changing patient clinical needs and demand for services and the Kronos system brings new technology, functionality and flexibility for our staffing teams to do their job more effectively and efficiently

Revenue Cycle Transformation team executing on FY19 Initiatives- January was a busy month for our Revenue Cycle teams on their journey to transform our revenue cycle processes. The following updates highlight the progress made to-date:

Clinical Documentation Improvement – We went live with our Clinical Documentation Improvement (CDI) software, “Chartwise” on January 14, 2019. Our Clinical Documentation Specialist has started and is based on the medical-surgical unit to facilitate real-time medical record documentation improvement discussions with providers. Baseline metrics, against which progress will be measured, are now being captured and we'll report our performance and progress in future updates.

Registration Accuracy – On January 16, 2019 we kicked off the project to implement Experian Health's eCareNEXT software tool to support our efforts to improve patient registration workflows. A project manager fully dedicated to this project will be leading projects teams consisting of frontline staff and other key stakeholders to configure the system to address unique SMMC requirements. Additionally, our project plan includes extensive training and broad communication to improve engagement, understanding and adoption to support our staff in transitioning to the new system.

Automated Accounts Receivable Follow-up Software – On January 8, 2019 the County Board of Supervisors approved SMMC's contract with Colburn Hill to acquire and implement a software tool that



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allows our Patient Financial Services (PFS) team to improve their efficiency and effectiveness of following up on outstanding accounts receivable and improve cash collections. On January 18th, ten PFS team members visited with their peers at Northbay Healthcare to hear their experiences in transitioning from their previous excel-based workflows (similar to our workflows) to the Colburn Hill software. This site visit provided our team with valuable insights into the Colburn Hill software and they were encouraged by the possibilities that new technology can enable. We're developing implementation plans and will share our progress in future updates.

SNAPSHOT: San Mateo County Health

TO: SMMC Board Members | FROM: Louise Rogers, Chief

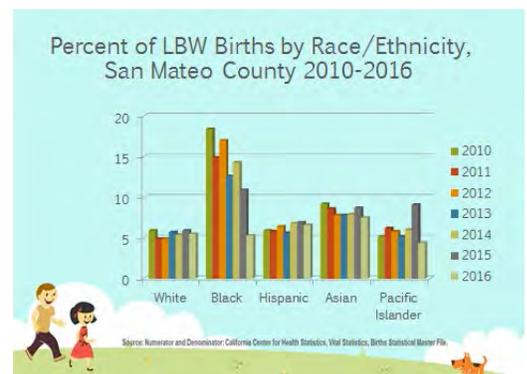
| INDICATOR | NUMBER | CHANGE FROM PREVIOUS MONTH | CHANGE FROM PREVIOUS YEAR |
|---|---------------------------|----------------------------|---------------------------|
| ACE Enrollees | 23,463 (December 2018) | 0% | 8.2% |
| SMMC Emergency Department Visits | 3,303 (December 2018) | -5.1% | -20.3% |
| New Clients Awaiting Primary Care Appt. | 130 (January 2019) | -39% | -81.4% |

Epidemiologist presents at national maternal & child health conference

San Mateo County Health epidemiologist Aracely Tamayo was selected to present her analysis of home visiting reach at the 2018 CityMatCH conference in Portland, Oregon. The annual conference draws an audience of nearly 800 professionals from city and county health departments' maternal and child health (MCH) programs. Tamayo shared the ways in which her epidemiology team's work is helping Family Health Services (FHS) better understand its reach and gaps, using birth certificate data and socio-demographic variables to improve the placement of public health nurses performing home visits. In reviewing disparities in program reach by race/ethnicity, geography, and for specific populations, Tamayo and FHS are currently working to apply the same approach in other program areas.

Signs of progress in addressing low birth weight in African American community

As the Black Infant Health (BIH) program celebrates twenty-five years in San Mateo County, data from Family Health Services suggest that efforts to reduce low birth weight (LBW) in the African American community are paying off. Chronic social and environmental stresses have been linked to negative health impacts on mothers and their babies, including low birth weight, which can affect child development. Data collected between 2010 and 2016 show LBW rates among African American newborns in San Mateo County have decreased in recent years. In 2010, eighteen percent of African American babies were born weighing less than 2,500 grams. In 2016, that rate was five percent. While not every year shows a dramatic decrease in the LBW rate, the trend is encouraging, which suggests the narrowing of the LBW gap by race and an improvement in the results for the African American community.



Family Health Services credits the relationships and trust built in the African American community by the professionals in the BIH program, which promotes education, social support, and improved access to medical care.

Correctional Health launches Acute Stabilization Unit

Correctional Health Services has opened an Acute Stabilization Unit (ASU) at the Maguire Correctional Facility to provide in-patient medical and behavioral health interventions for inmates experiencing a psychiatric crisis. Receiving its first patients in December, the 10-bed unit, operated by Liberty Healthcare, is equipped to treat both male and female inmates on voluntary and involuntary treatment statuses, who are acutely disabled by their mental illnesses and/or co-occurring substance abuse disorders, with the goal of returning them safely to regular inmate housing within fourteen days. Identifying and treating inmates with the most serious conditions and those at greatest risk of deterioration, the Acute Stabilization Unit is part of Correctional Health's continuum of care, which also includes evaluation, treatment, psychiatric medication, behavior management, and substance use programs.

