



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Thursday, April 1, 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

April 1, 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. March 7, 2019 Minutes

TAB 1

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Bryan Gescuk

H. ADMINISTRATION REPORTS

1. Department of Medicine

Dr. Alpa Sanghavi

Dr. Frank Trinh, Medicine Chair

2. Environment of Care

Dr. CJ Kunnappilly,

Ava Carter, Safety Officer

3. Update on Laura’s Law

Louise Rogers,

Scott Gilman, BHRS Director

4. Financial Report

David McGrew.....TAB 2

5. CEO Report

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, March 7, 2019
Executive Board Room

Board Members Present

Supervisor Carole Groom
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. Susan Fernyak
Dr. Katalin Szabo
Brighton Ncube
Aimee Armsby
Karen Pugh
Diana Wertz

Gabriela Behn
Cecilia Diaz
Gary Horne
Lillian Lilles
Leslie Williams-Hurt
Zachary Plaut
Karin Buscher
Farah Zaidi

Members of the Public

Neighbor

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Groom called the meeting to order at 8:00 AM, and the Board adjourned to Closed Session.	
Reconvene to Open Session	The meeting was reconvened at 8:20 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for March 7, 2019. QIC Minutes from January 23, 2019. Medical Executive Committee Minutes from February 12, 2019.	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	The 2019 Healthcare Heroes Request for Funding cycle will be open until April 16, 2019. Online application and grant criteria can be found on the Foundation website: http://smcf.org/healthcare-heroes/ The Foundation will provide financial support for Hospital Week celebrations at the hospital and clinics in May 2019. Th annual golf tournament will be on Monday, July 29, at the Sharon Heights Golf and Country Club.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from February 7, 2019. 2. Revisions to the Bylaws of the SMMC Board of Directors	It was MOVED, SECONDED and CARRIED unanimously to

		approve all items on the Consent Agenda.
Medical Staff Report Dr. Bryan Gescuk	<p>The Medical Staff's annual meeting and dinner will be held on May 15, 2019 and all board members are invited.</p> <p>Dr. Aparna Bhagavat is the newest Member-at-Large.</p> <p>The Department of Psychiatry did very well with the Medi-Cal audit in January. The department had a 90% compliance rate which is a significant improvement from the last audit in 2016.</p>	FYI
Supporting Healthy Lifestyles in Inpatient Psychiatry Dr. Diana Wertz	<p>The inpatient psychiatric unit at SMMC is a locked unit that occupies the A and B wings of the third floor. Most of the patients we serve have a serious mental illness and so we work as a multidisciplinary team to support patients in their recovery. We have Nurses, MDs, Social Workers, Creative Arts and Recreation, Security, and Physical Therapy.</p> <p>Health risks of serious mental illness: Lifespans reduced by 15-25 years due to Obesity, Diabetes, Hyperlipidemia, Hypertension, 3 x Higher Rates of Smoking</p> <p>While patients are on the unit, we have worked with Food and Nutrition to eliminate unhealthy snacks and replaced them with healthy choices such as fresh fruits and vegetables, yogurt, hard boiled eggs.</p> <p>Daily physical activity is offered through yoga, movement and event karaoke.</p> <p>And medications/antipsychotics with lower risk of causing weight gain are considered when appropriate.</p>	FYI
Compliance Report Gabriela Behn Compliance Officer	<p>Updates:</p> <ul style="list-style-type: none"> • Finalized Staff Background Investigations Policy • Policy Coordinator / Policy Management is now under Compliance • RAC Audits: One account was audited, and we did not appeal the findings. A corrective action plan was developed and implemented to update our Invision system and educate our staff. • DHCS TAR-Free Audits: Previously DHCS authorized every admission, now in pilot where public hospitals self-authorize and DHCS audits retrospectively. <p>Focused Compliance Topics</p> <ul style="list-style-type: none"> • Resource Management • Outpatient Level 5 Evaluation and Management Codes • Patient Pharmaceutical Assistance Program (PAP) • FQHC Scope of Services Review <p>Upcoming Audits</p>	FYI

	<ul style="list-style-type: none"> • CDM/Craneware Audit • Opioid Audit • Home Health Visits • Medicare Part B Outpatient Cardiac and Pulmonary Services 	
<p>Home for All San Mateo County and the Affordable Housing Fund Ken Cole, Director of Housing</p>	<p>The Home for All San Mateo County initiative was created by the Task Force of 50 leaders around the County to address the need for three factors - available land, funding for affordable housing and community support – needed to close the jobs housing gap.</p> <p>Home for All Approach</p> <ul style="list-style-type: none"> • Sharing information • Promoting innovation • Convening the community <p>There were almost 4 times as many second unit permits issued last year than in 2014. And the top three cities with the most permit applications are: RWC, Hillsborough and Daly City And one more reason to focus on second units as an affordable housing solution – if these 415 second units were built by an affordable developer, the county would have contributed about \$15 million toward the construction..... So at least for the cities and county, second units are a very low-cost way to add housing.</p> <p>Affordable Housing Fund: Created by the Board of Supervisors in 2013.</p> <ul style="list-style-type: none"> • Funded first by RDA Boomerang and HACSM Moving to Work Reserve funds. • Largely funded by Measure K today. • DOH administers an annual competitive RFP. • County provides low interest loans with favorable repayment terms. • Borrowers are experienced developers of affordable housing (typically nonprofits). <p>Housing our County Clients</p> <ul style="list-style-type: none"> • 5% minimum requirement for homeless County clients in AHF-funded projects. • Referred by Coordinated Entry System and HACSM with rental assistance. • Additional 10% requirement for Extremely Low-Income households (earning up to 30% of Area Median) • Many projects commit to greater percentages for competitive points in the RFP. • Nearly 100 units for homeless clients are complete. • 400+ in the pipeline. 	FYI
<p>Financial Report David McGrew, CFO</p>	<p>The January FY18/19 financial report was included in the Board packet and David McGrew answered questions from the Board.</p>	FYI

<p>CEO Report Dr. CJ Kunnappilly</p>	<p>Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board.</p> <p>The Joint Commission accepted SMMC's Ligature Plan.</p> <p>Going forward, the Hospital Board meetings will be held on the first Monday of each month.</p>	<p>FYI</p>
<p>County Health Chief Report Louise Rogers</p>	<p>The County's LGBTQ Commission, in conjunction with Public Health, Policy, and Planning's Office of Epidemiology, recently presented the first wellness assessment of the local LGBTQ community in 15 years.</p> <p>Ms. Rogers thanked everyone for their collaboration during the recent strike and reported that services remained open and operational.</p>	<p>FYI</p>
<p>County Manager Michael Callagy</p>	<p>Mr. Callagy expressed his appreciation for continued exceptional service to the county's residents.</p>	<p>FYI</p>
<p>Board of Supervisors Supervisor Groom</p>	<p>Thank you for everything that you do.</p>	<p>FYI</p>

Supervisor Groom adjourned the meeting at 9:29 AM. The next Board meeting will be held on April 1, 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: February FY18-19

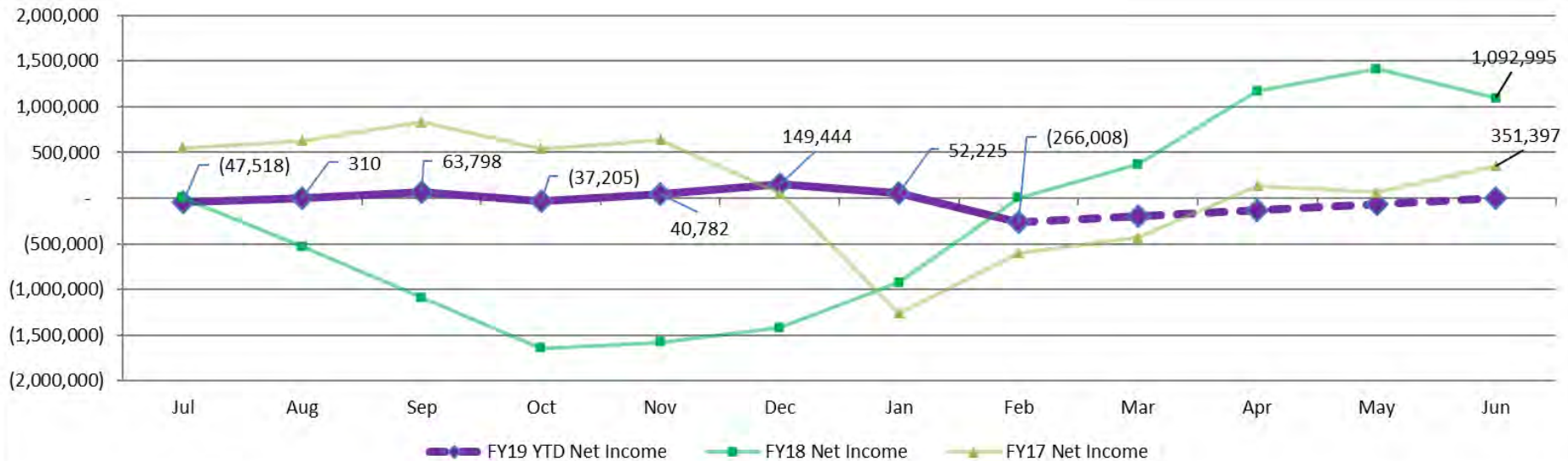
April 1, 2019

Presenter: David McGrew, CFO



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

Financial Highlights



Feb Negative \$318k/YTD Negative \$266k:

- FTEs below budget
- Expenses on target
- FY12 – FY16 reserves used

- Membership decline & lower PCP cap
- Patient Service Revenue
 - High claim denials, lower volume
- Reserves for PRIME/QIP, GPP
- Engineering relocation cost

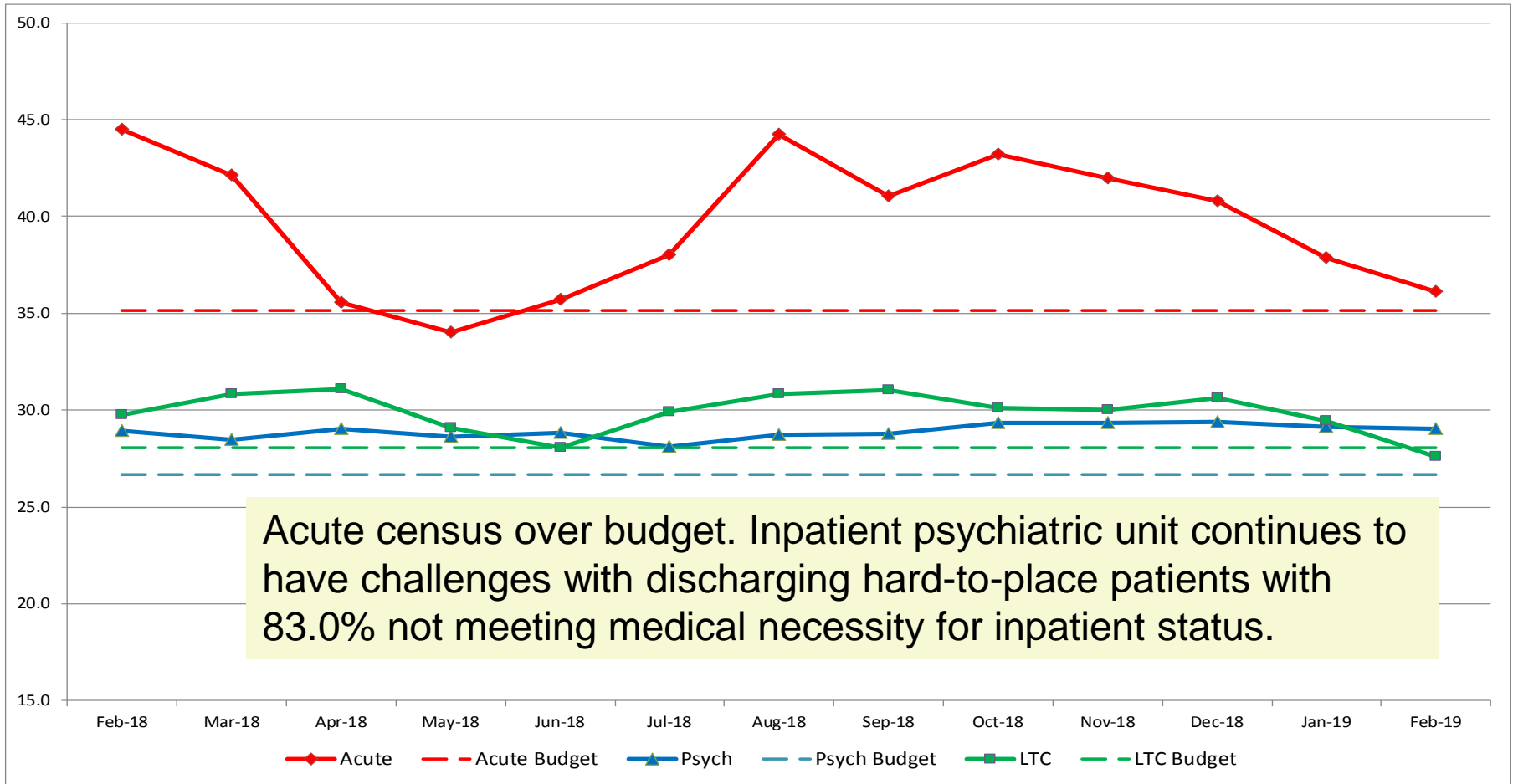
Forecast FY19: We've used \$11.1m of the YTD budgeted \$13.5m reserves. Identified risks to the full year budget at this time are full achievement of the PRIME/QIP performance measures, increasing payroll costs, and unpaid non-acute days. Potential opportunity for increased AB85 Realignment revenue.

**San Mateo Medical Center
Patient Days
February 28, 2019**

MONTH			
Actual	Budget	Variance	Stoplight
2,598	2,650	(52)	-2%

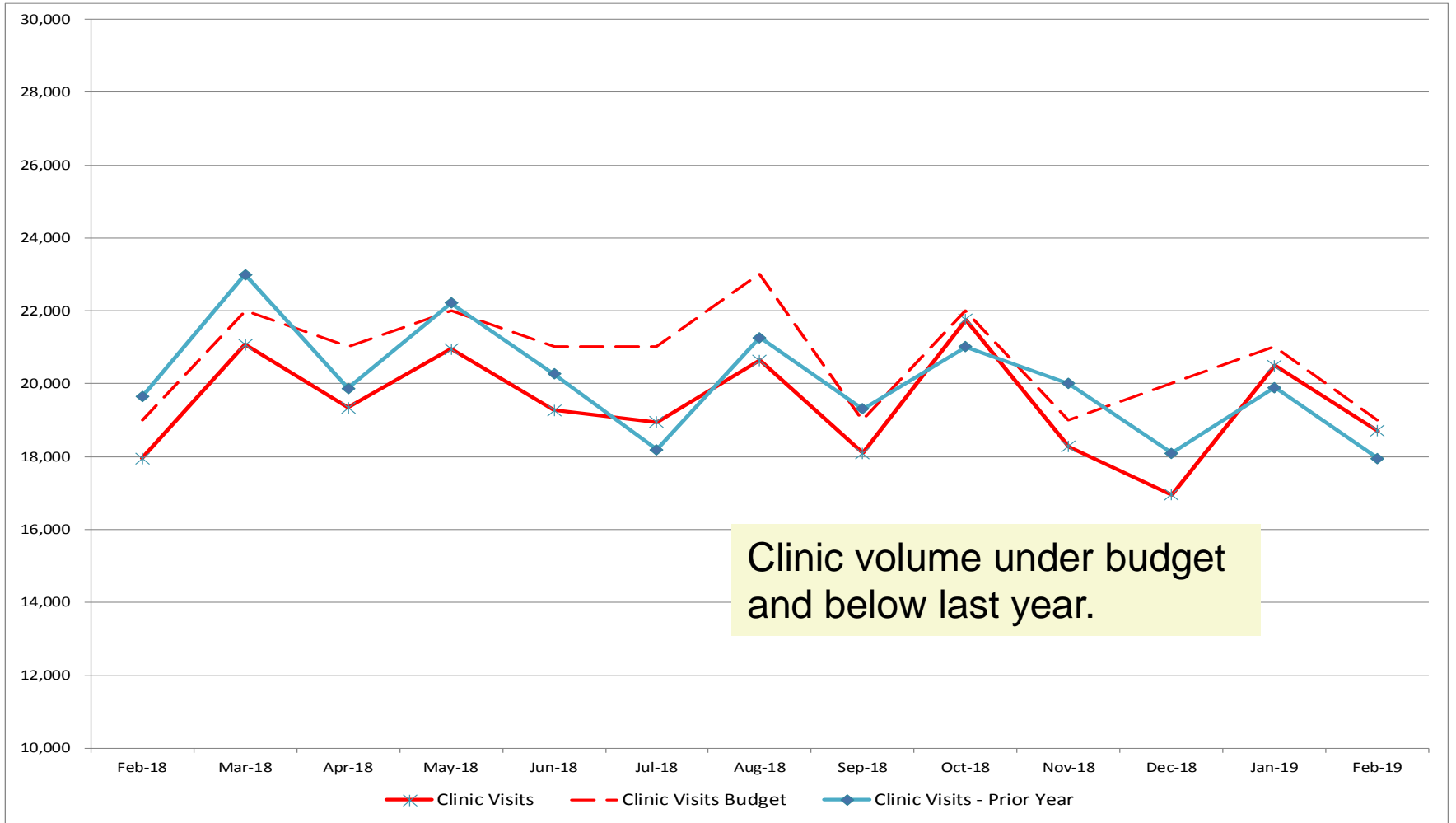
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
24,160	22,998	1,162	5%

Patient Days



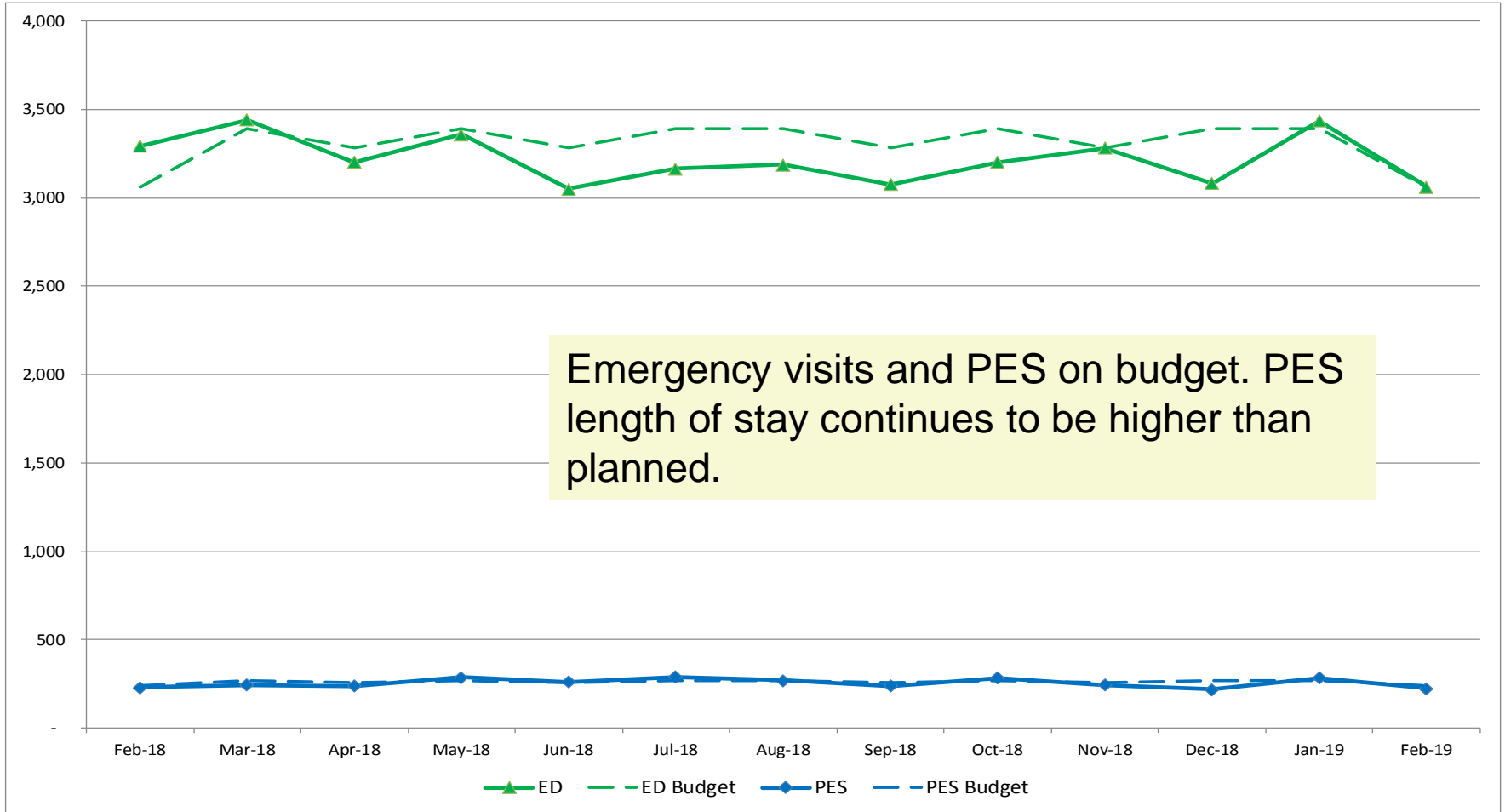
**San Mateo Medical Center
Clinic Visits
February 28, 2019**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Clinic Visits	18,707	19,008	(301)	-2%	153,882	164,068	(10,186)	-6%



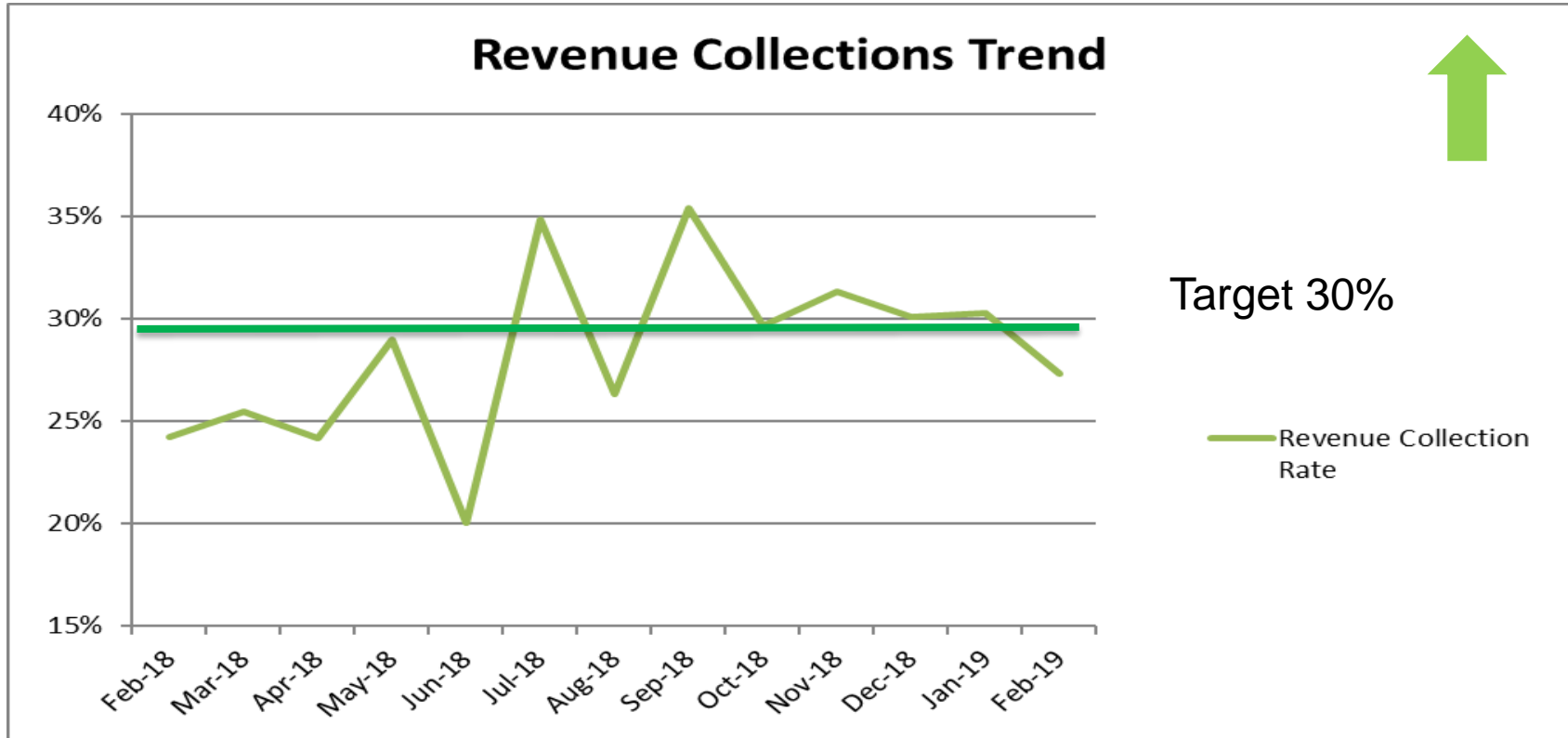
San Mateo Medical Center
Emergency Visits
February 28, 2019

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
ED Visits	3,289	3,305	(16)	0%	27,552	28,684	(1,132)	-4%



Key Performance Indicators

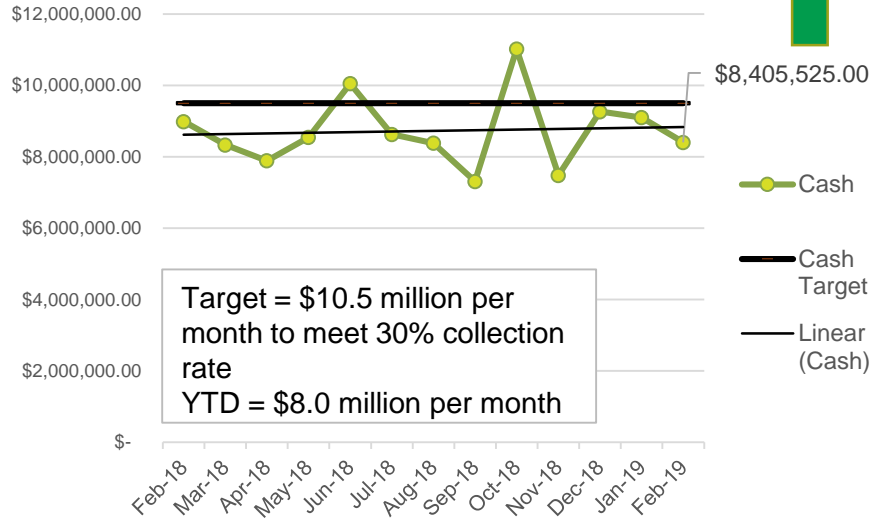
FFS Revenue Collection Trend



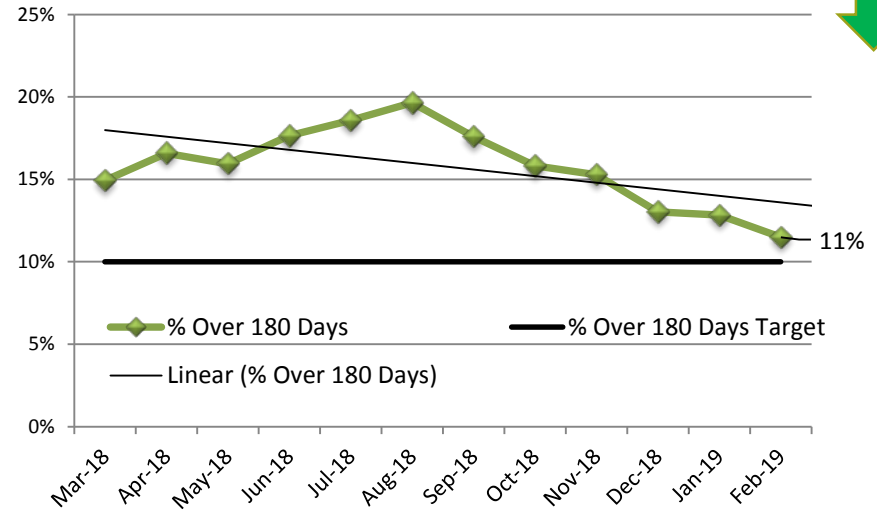
The previous upward trend was due to higher HPSM medical-surgical inpatient per diem rate. The collection rate dipped below 30% in February due to higher claim denials resulting from incorrect diagnosis and procedure codes as well as eligibility and claim documentation errors.

Key Performance Indicators

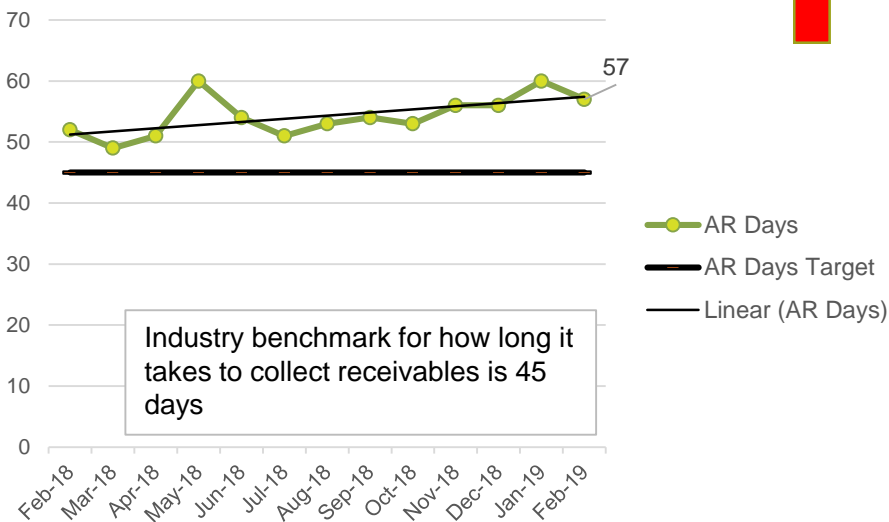
Cash - Rolling 12 Months



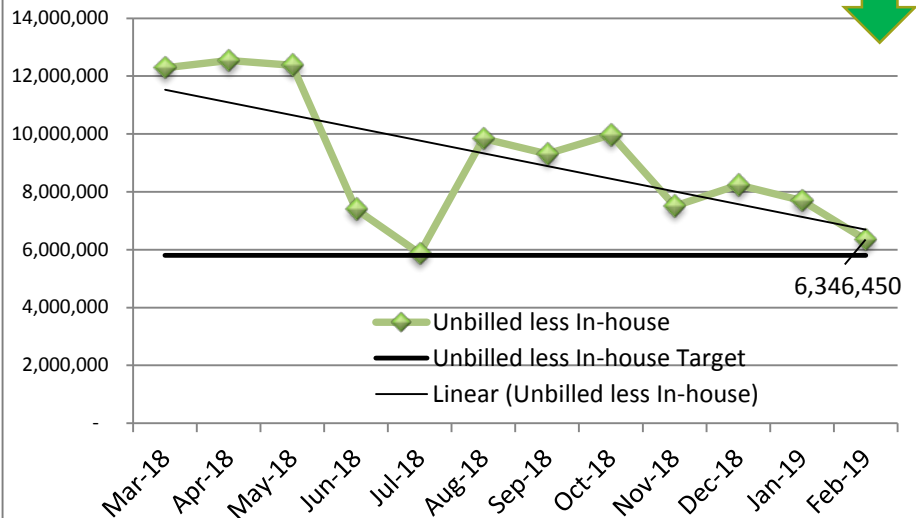
% of A/R Over 180 Days - Rolling 12 Months



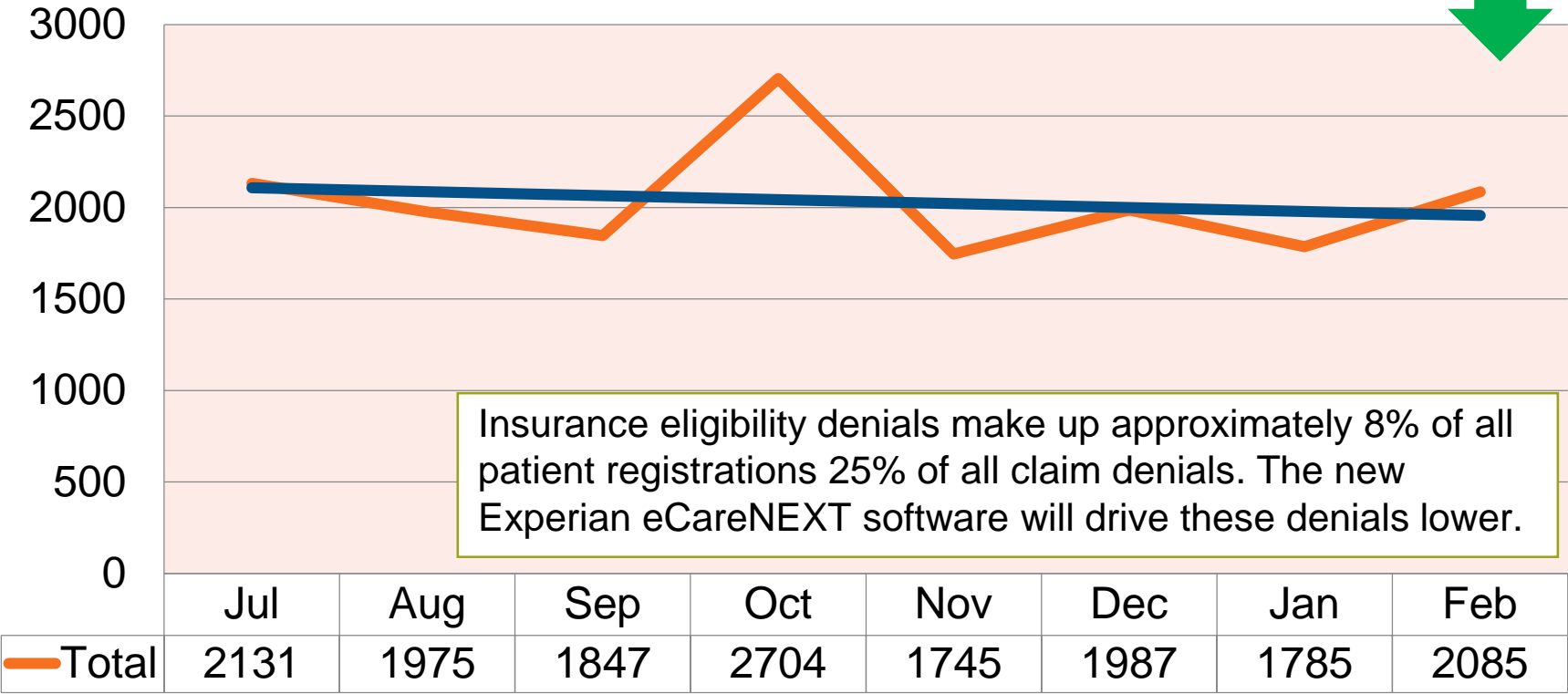
A/R Days - Rolling 12 Months



A/R Unbilled - Rolling 12 Months



Eligibility Denial Volume



Revenue Improvement Plan

Executive Summary

Initiative

Status

<p><i>Registration Accuracy</i></p>	<ul style="list-style-type: none"> • Implementing eCareNEXT - registration quality software <ul style="list-style-type: none"> ✓ Kickoff 1/16/19 ❑ Go Live targeted for 5/10/19
<p><i>Clinical Documentation Improvement (CDI)</i></p>	<ul style="list-style-type: none"> ✓ Chartwise software – live 1/8/18 ✓ CDI Specialist (CDS) contractor started 1/14/19 ✓ Reviewing Medicare and Medi-Cal IP charts ✓ CDI Steering Committee launched 3/5/19 ❑ Recruiting CDS staff ❑ Roll-out Outpatient CDI
<p><i>Accounts Receivable management</i></p>	<ul style="list-style-type: none"> • Implementing Colburn Hill automated patient account follow-up software <ul style="list-style-type: none"> ✓ Priority Go-Live 2/26/19 ❑ Hints Go-Live 4/1/19 ❑ Bots Go-Live 5/1/19 (Robotic Process Automation)
<p><i>Denial management & Unbilled Accounts</i></p>	<ul style="list-style-type: none"> ❑ Medical necessity compliance reviews in progress. ❑ Denials workflow & reporting software in production ❑ Authorization improvement work – IP, SSU, Infusion



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

QUESTIONS?

APPENDIX



SAN MATEO COUNTY HEALTH
SAN MATEO
MEDICAL CENTER

San Mateo Medical Center
Income Statement
February 28, 2019

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
1 Income/Loss (GAAP)	(318,233)	0	(318,233)		(266,008)	0	(266,008)	
2 HPSM Medi-Cal Members Assigned to SMMC	35,307	38,019	(2,712)	-7%	293,680	304,152	(10,472)	-3%
3 Unduplicated Patient Count	68,384	70,114	(1,730)	-2%	68,384	70,114	(1,730)	-2%
4 Patient Days	2,598	2,650	(52)	-2%	24,160	22,998	1,162	5%
5 ED Visits	3,289	3,305	(16)	0%	27,552	28,684	(1,132)	-4%
7 Surgery Cases	226	240	(14)	-6%	1,962	2,071	(109)	-5%
8 Clinic Visits	18,707	19,008	(301)	-2%	153,882	164,068	(10,186)	-6%
9 Ancillary Procedures	68,357	62,789	5,568	9%	566,056	542,058	23,998	4%
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	83.0%	80.0%	-3.0%	-4%	70.0%	80.0%	10.0%	13%
(Days that do not qualify for inpatient status)								
Pillar Goals								
12 Revenue PMPM	135	150	(15)	-10%	163	150	13	9%
13 Operating Expenses PMPM	408	399	(9)	-2%	407	399	(8)	-2%
14 Full Time Equivalents (FTE) including Registry	1,241	1,256	16	1%	1,220	1,256	37	3%

San Mateo Medical Center
Income Statement
February 28, 2019

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

21	Inpatient Gross Revenue	9,184,232	9,577,810	(393,578)	-4%	79,522,101	76,622,479	2,899,621	4%
22	Outpatient Gross Revenue	24,514,317	25,324,704	(810,386)	-3%	201,255,692	202,597,631	(1,341,939)	-1%
23	Total Gross Revenue	33,698,549	34,902,514	(1,203,965)	-3%	280,777,793	279,220,111	1,557,683	1%
24	Patient Net Revenue	9,210,433	10,512,930	(1,302,497)	-12%	89,006,913	84,103,439	4,903,473	6%
25	Net Patient Revenue as % of Gross Revenue	17.6%	30.1%	-2.8%	-9%	31.7%	30.1%	1.6%	5%
26	Capitation Revenue	419,812	500,000	(80,188)	-16%	2,985,282	4,000,000	(1,014,718)	-25%
27	Supplemental Patient Program Revenue (Additional payments for patients)	11,653,409	12,436,356	(782,947)	-6%	87,355,532	99,490,851	(12,135,319)	-12%
28	Total Patient Net and Program Revenue	21,283,654	23,449,286	(2,165,632)	-9%	179,347,726	187,594,290	(8,246,564)	-4%
29	Other Operating Revenue (Additional payment not related to patients)	1,145,266	1,233,153	(87,887)	-7%	8,636,726	9,865,225	(1,228,499)	-12%
30	Total Operating Revenue	22,428,920	24,682,439	(2,253,520)	-9%	187,984,452	197,459,515	(9,475,063)	-5%

**San Mateo Medical Center
Income Statement
February 28, 2019**

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

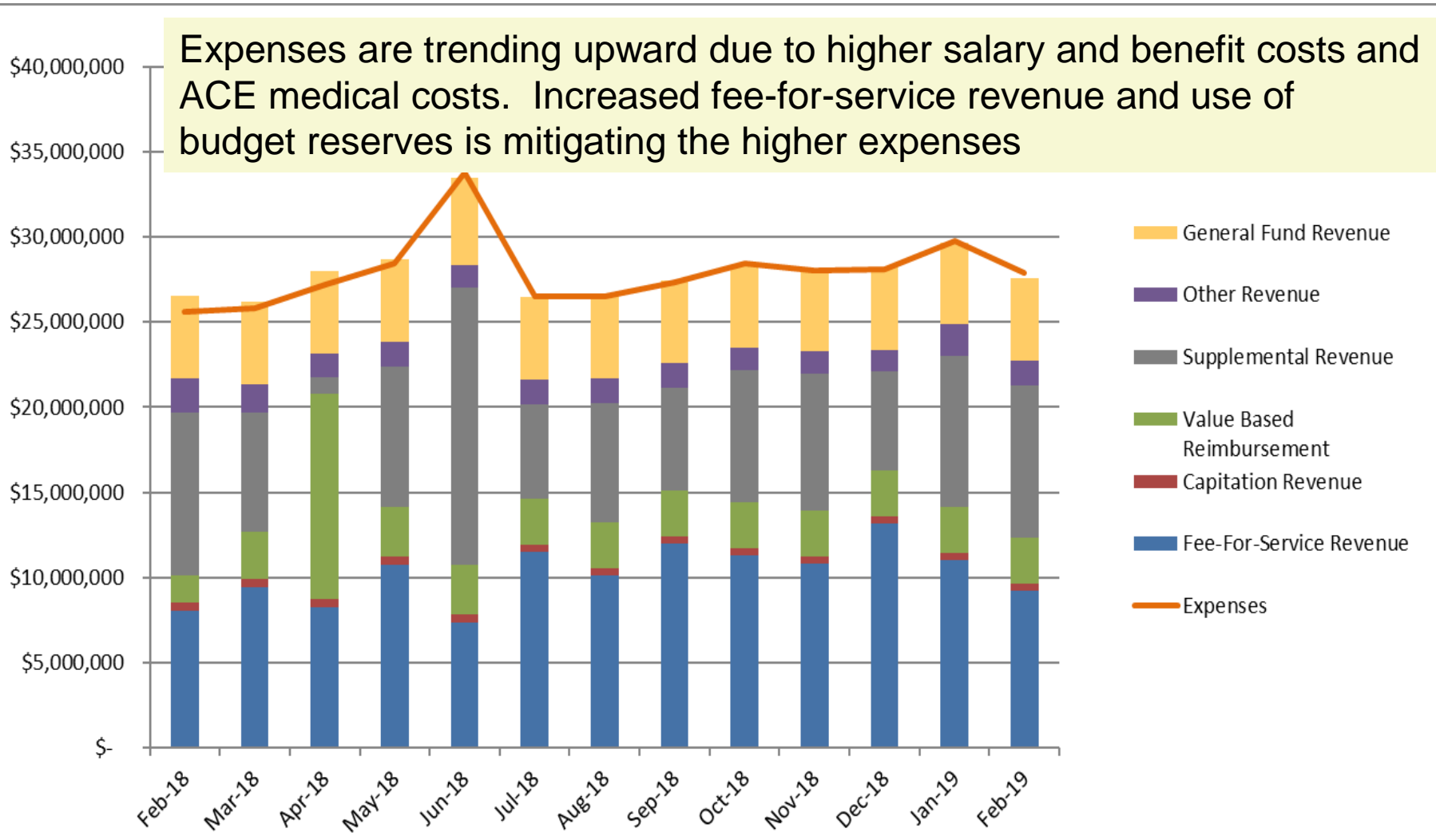
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

Operating Expenses									
31	Salaries & Benefits	16,255,856	16,448,653	192,797	1%	129,277,059	131,589,221	2,312,161	2%
32	Drugs	586,401	806,645	220,245	27%	5,863,169	6,453,163	589,994	9%
33	Supplies	824,098	954,099	130,001	14%	6,986,610	7,632,791	646,181	8%
34	Contract Provider Services	3,603,923	3,346,496	(257,427)	-8%	29,442,659	26,771,969	(2,670,690)	-10%
35	Other fees and purchased services	4,591,703	4,575,407	(16,295)	0%	36,025,330	36,603,260	577,930	2%
36	Other general expenses	809,607	532,070	(277,537)	-52%	5,364,686	4,256,560	(1,108,126)	-26%
37	Rental Expense	189,036	196,247	7,211	4%	1,516,393	1,569,978	53,585	3%
38	Lease Expense	825,358	825,358	-	0%	6,602,860	6,602,860	-	0%
39	Depreciation	189,558	273,093	83,535	31%	1,514,678	2,184,745	670,066	31%
40	Total Operating Expenses	27,875,539	27,958,068	82,530	0%	222,593,445	223,664,547	1,071,102	0%
41	Operating Income/Loss	(5,446,619)	(3,275,629)	(2,170,990)	-66%	(34,608,993)	(26,205,031)	(8,403,961)	-32%
42	Non-Operating Revenue/Expense	284,917	(1,567,840)	1,852,757	118%	(4,404,763)	(12,542,716)	8,137,953	65%
43	Contribution from County General Fund	4,843,468	4,843,468	0	0%	38,747,747	38,747,747	0	0%
44	Total Income/Loss (GAAP)	(318,233)	0	(318,233)		(266,008)	0	(266,008)	

(Change in Net Assets)

Revenue & Expense Trend

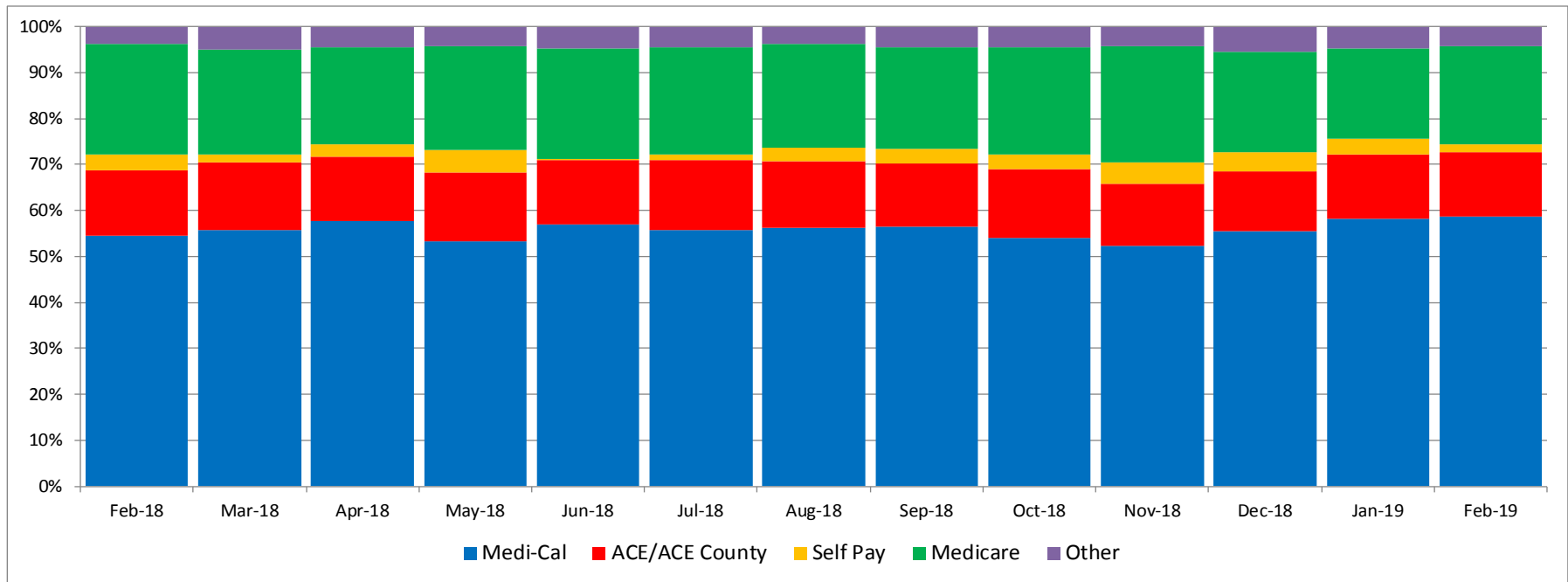
Expenses are trending upward due to higher salary and benefit costs and ACE medical costs. Increased fee-for-service revenue and use of budget reserves is mitigating the higher expenses



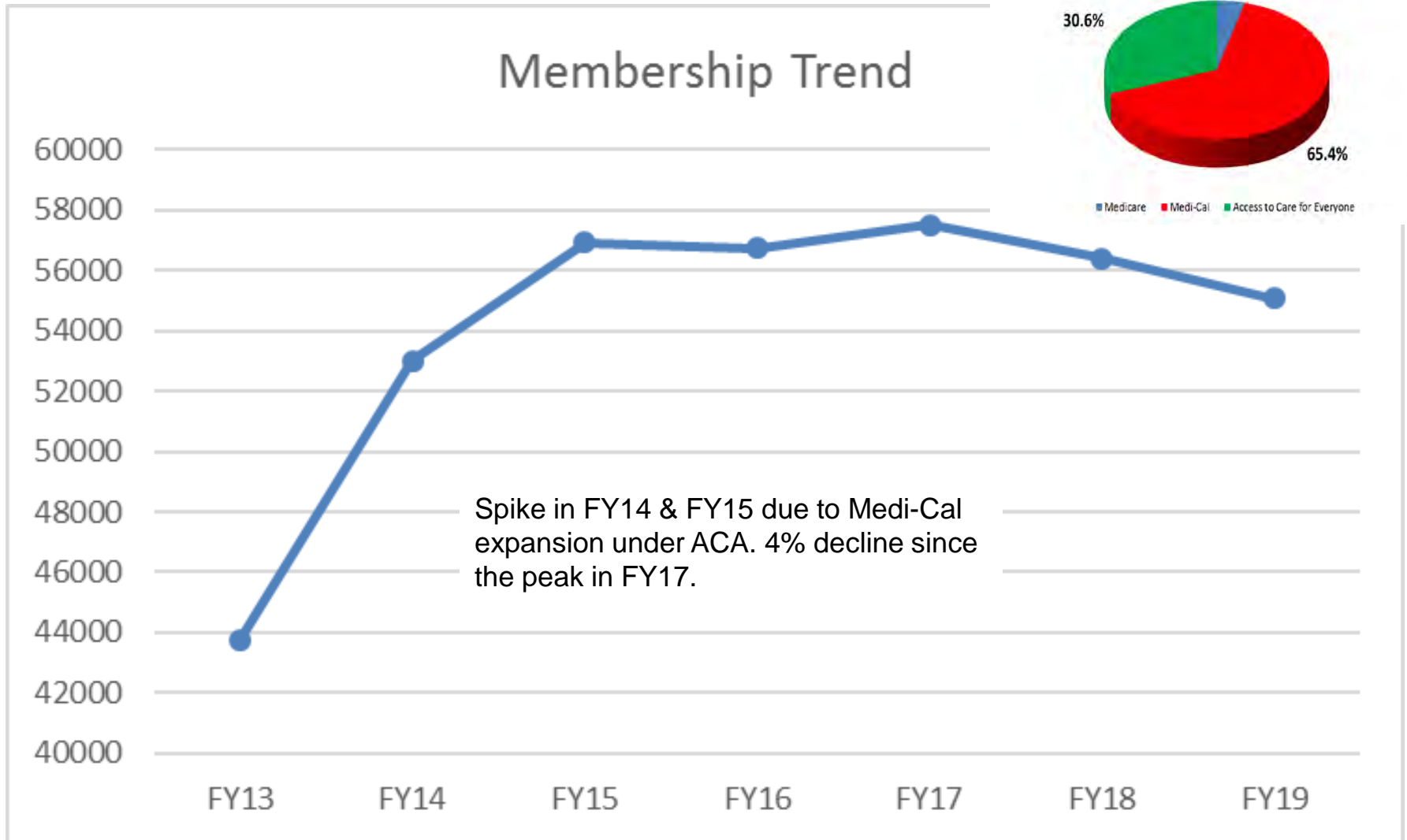
Note: the spike in June was due to end of year payments for the Whole Person Care program

**San Mateo Medical Center
Payer Mix
February 28, 2019**

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	21.2%	21.0%	0.2%		22.4%	21.0%	1.4%	
Medi-Cal	58.7%	58.0%	0.7%		55.8%	58.0%	-2.2%	
Self Pay	1.8%	2.0%	-0.2%		3.1%	2.0%	1.1%	
Other	4.3%	5.0%	-0.7%		4.5%	5.0%	-0.5%	
ACE/ACE County	14.0%	14.0%	0.0%		14.2%	14.0%	0.2%	
Total	100.0%	100.0%			100.0%	100.0%		

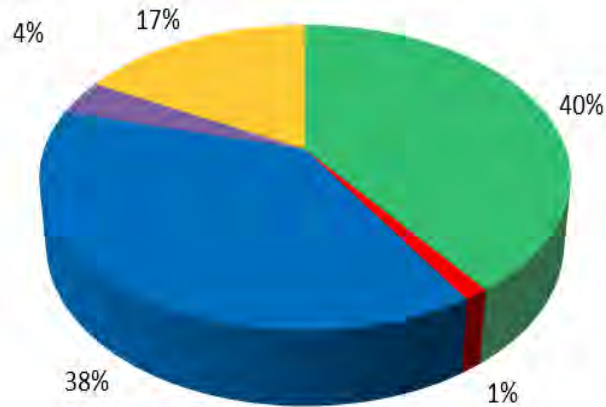


Managed Care Membership Trend

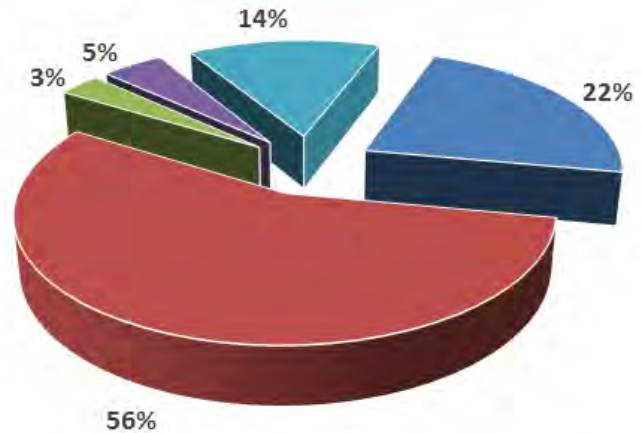


Revenue Mix

Sources of Revenue



Payor Mix



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

■ Medicare ■ Medi-Cal ■ Self Pay ■ Commercial ■ ACE

Health Plan of San Mateo (HPSM) represents 26% of our Operating Revenue

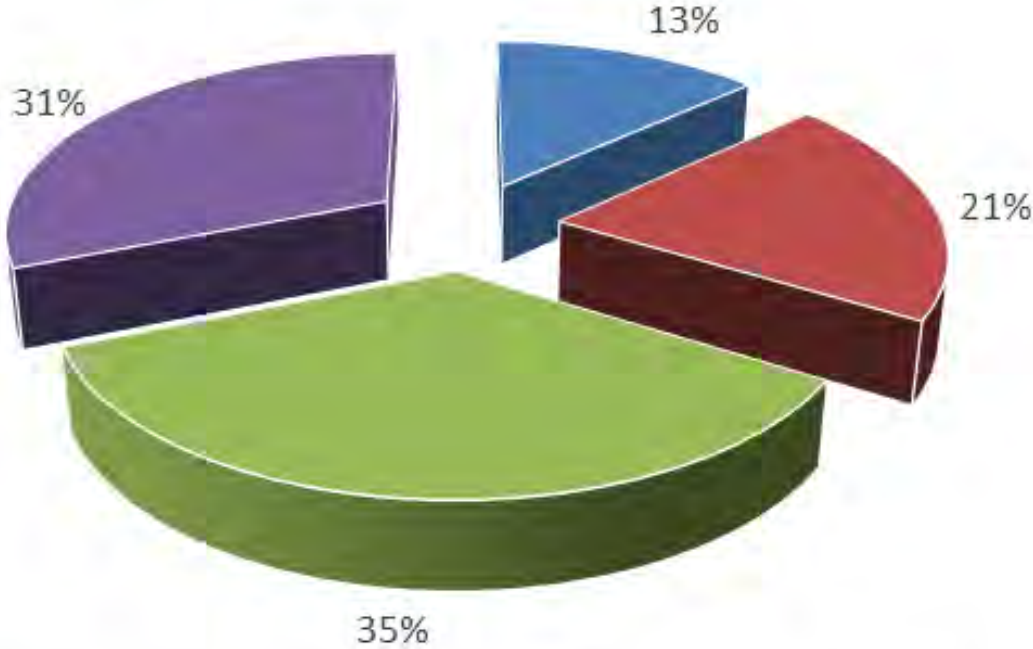
- Medi-Cal Managed Care and Medicare Managed Care FFS
- Medi-Cal PCP Capitation

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.

NO commercial contracts

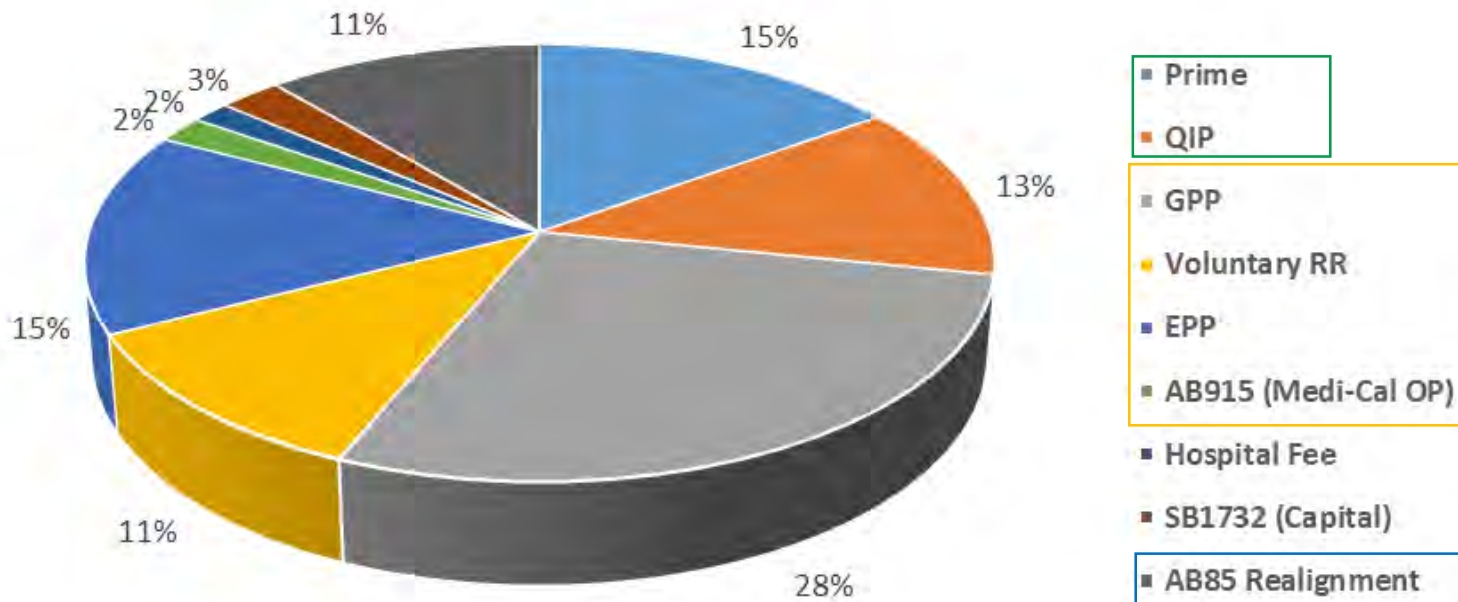
Revenue Mix by Service Line

Revenue Mix by Service Line



■ Inpatient ■ Hospital ED & Outpatient ■ Ambulatory Clinics ■ Ancillary Services

Supplemental Revenue Mix

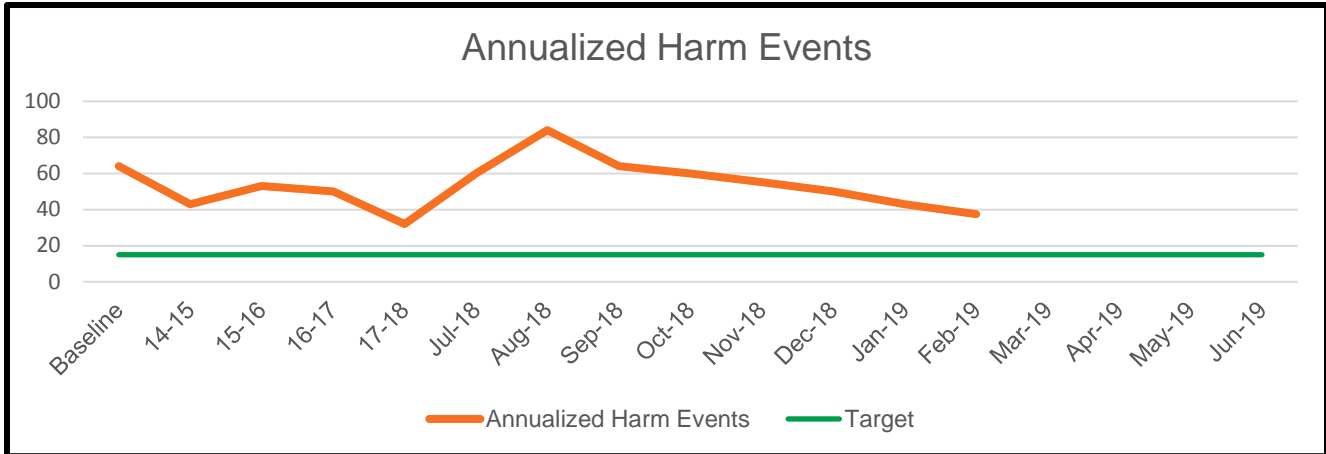


- **Value-Based** programs represent 28% of our Supplemental Revenue
- **Volume-Based** programs represent 56% of our Supplemental Revenue

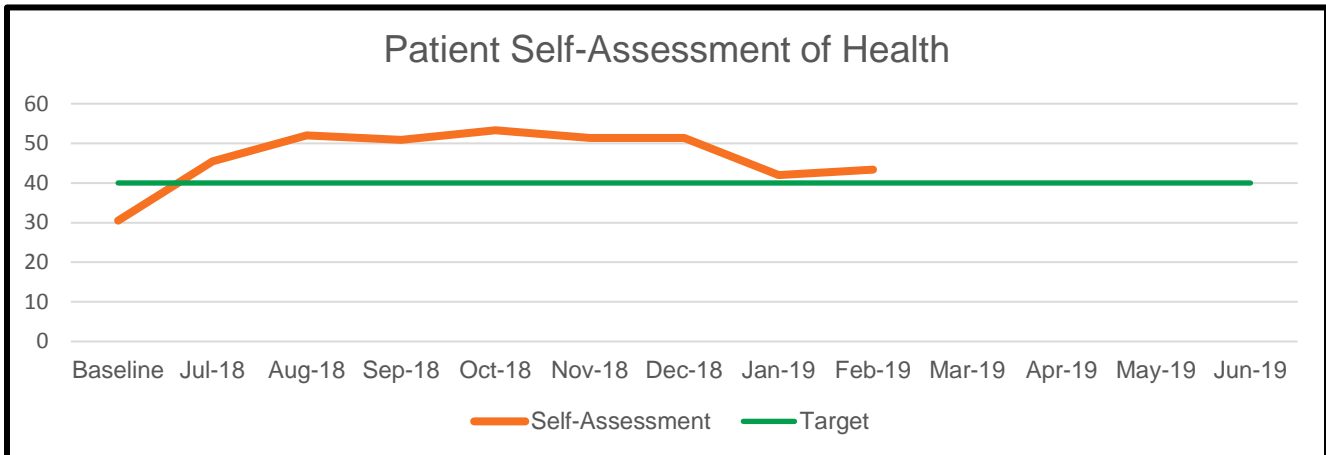
CEO REPORT

April 2019

EXCELLENT CARE METRICS

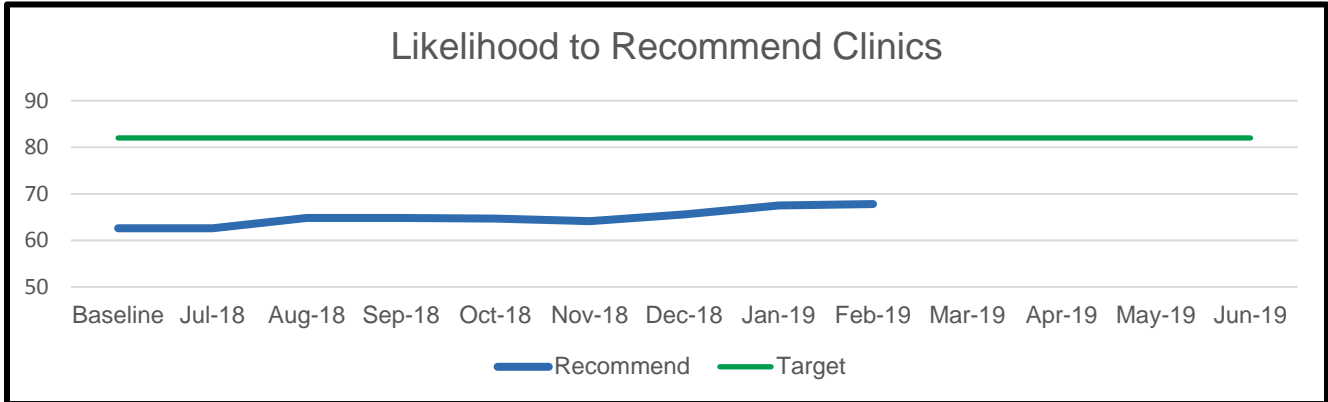


Annualized Harm Events: Measures avoidable patient harm events including central line infections, catheter associated urinary infections, hospital acquired pressure ulcers, surgical site infections, medication errors with harm, blood clots, falls with injury and others. The number is annualized (i.e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

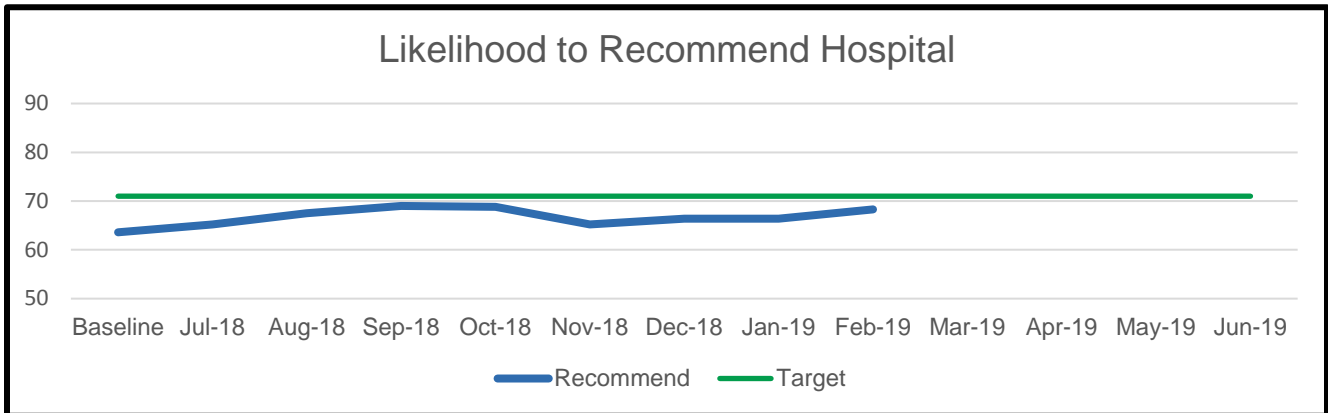


Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**

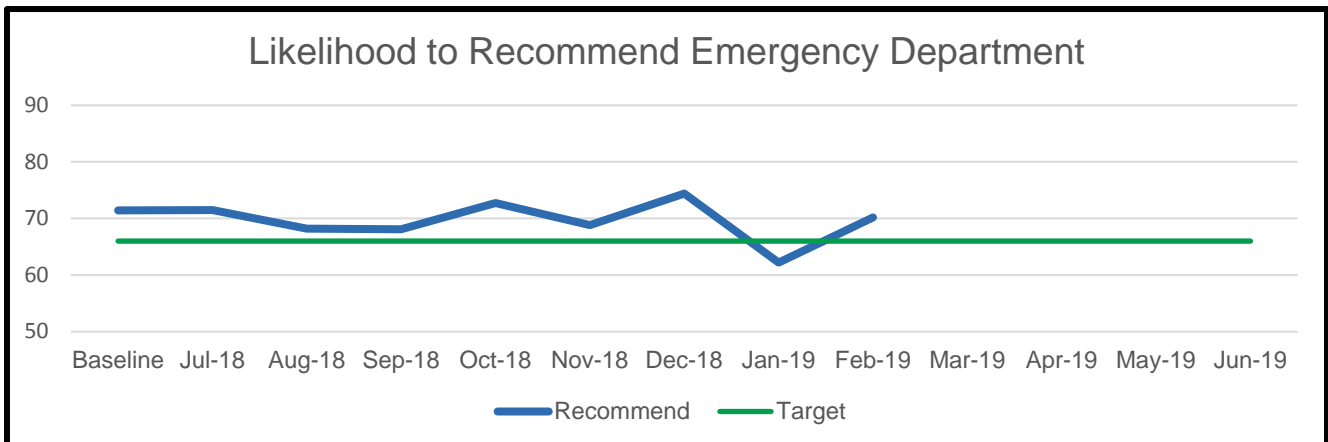
PATIENT CENTERED CARE METRICS



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.**

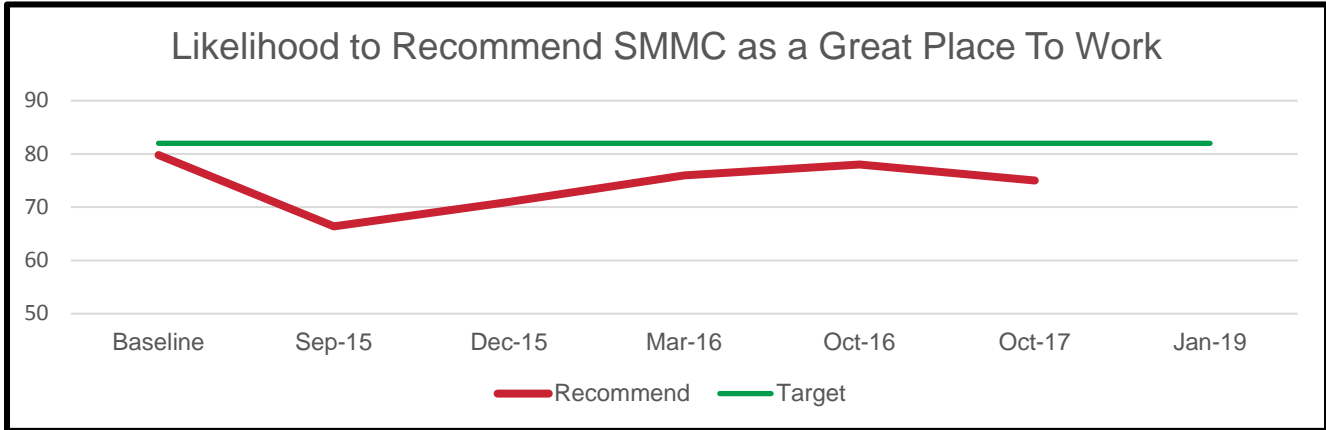


Likelihood to Recommend Hospital: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this hospital to friends and family?” **Higher is better.**



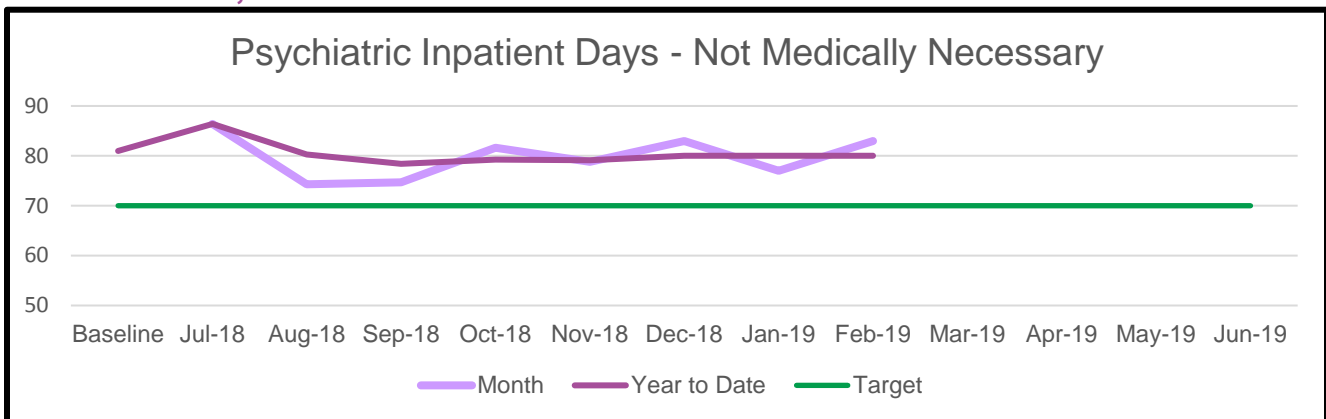
Likelihood to Recommend Emergency Department: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this emergency department to friends and family?” **Higher is better.**

STAFF ENGAGEMENT METRICS

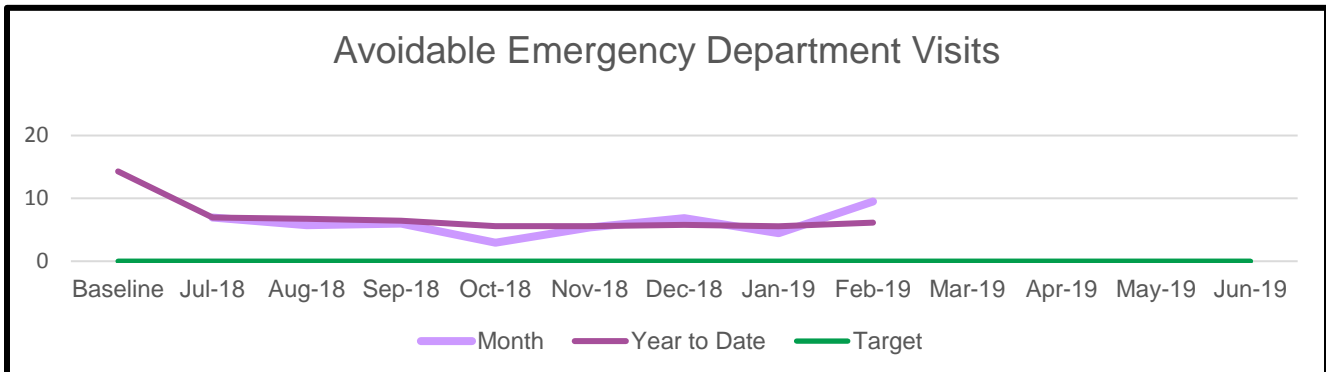


Likelihood to Recommend SMMC: Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual BlessingWhite staff engagement survey. **Higher is better.**

RIGHT CARE, TIME AND PLACE METRICS



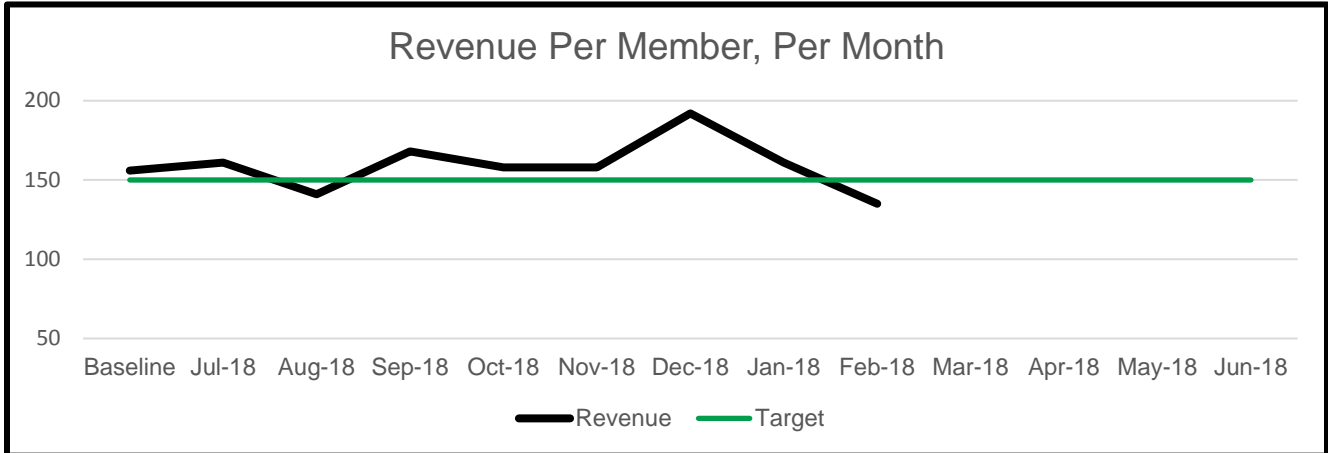
Psychiatric Inpatient Days – Not Medically Necessary: Percentage of acute inpatient psychiatry days where a patient may have been able to be discharged if there was a safe environment for them to go to. **Lower is better.**



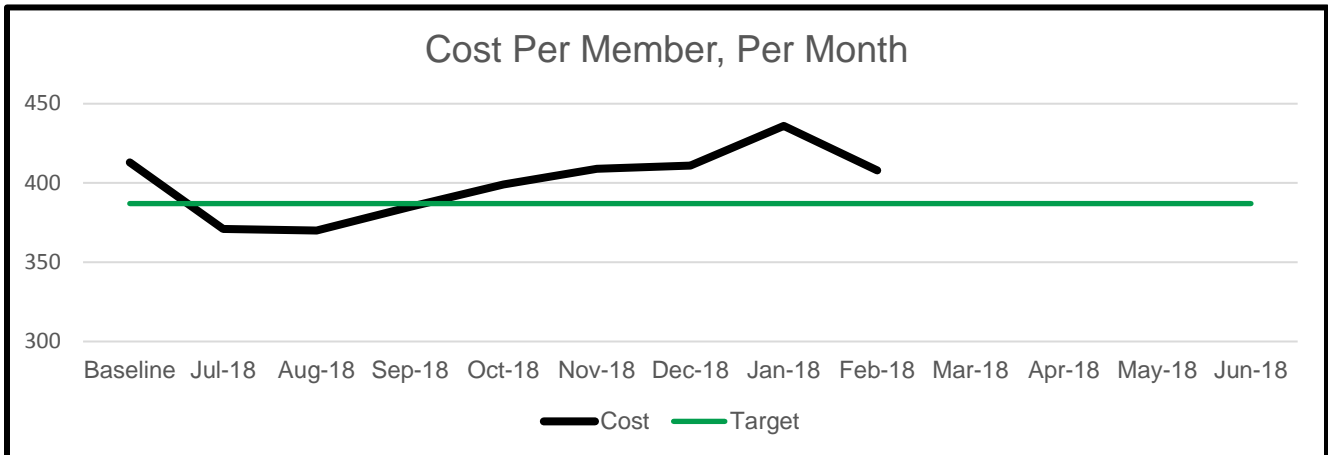
Potentially Avoidable ED Visits: Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**



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



March – A Month for Staff Celebrations: March presented multiple opportunities to celebrate many of our outstanding staff members. SMMC celebrated Dental Assistant Appreciation week (March 3-9) by surprising the staff at their monthly staff meeting. Each dental assistant received a unique, personal poem, which was read aloud, along with a rose and a bag of treats. Thank you to Dr. Ann Marie Silvestri, Dr. Mariam Hashoush, and Raul Ramirez for coordinating the event in recognition of the amazing, patient-centered care each of our dental assistants provide every day. The week of March 10th was Health Care HR Week and on the 12th, our tremendous HR team was in the Cafeteria sharing information regarding all of the great work that they do. In addition, the week of March 24th is Health Information Professionals week and March 30th is Doctor’s Day and as of this writing, SMMC has multiple celebrations planned at various sites. Thank you to all our outstanding professionals for everything you do to support our patients. *(Pictured Above Left: Our smiling team of dental assistants. Above Right: Our mighty HR team)*

SMMC Leaders Selected to Join County Coaching Cohort: Two SMMC leaders, Emily Weaver, Manager of Rehabilitation Services, and Valissa Mathewson, Manager of Health Information Management, were selected to participate in the County’s new Internal Coaching Program. After completing a 60-hour coach training program, they will each connect with a new manager and support them for six months as part of their on-boarding/transition experience. Congratulations to Emily and Valissa for being selected to coach and support future leaders of the County.

SMMC Launches Management Navigator Program: In January, SMMC launched a new Management Navigator Program designed to connect experienced managers with new managers to help them learn the ropes at SMMC. So far, six new managers have been partnered with a navigator through the new program.

Dr. Daniele Levy Invited to Speak about Behavioral Health: Dr. Daniele Levy represented SMMC’s Integrated Behavioral Health practice in two professional conferences this month. At the 59th Annual Meeting & Scientific Program of the Northern California Psychiatric Society, she spoke about the short-term, evidence-based cognitive and behavioral psychotherapeutic approaches used in our clinics. At the

2019 Stanford Latino Summit, she discussed the challenges of expanding and embracing mental health resources for Latino populations, building on the integrated model of physical and behavioral care that is offered at SMMC. In both opportunities, the science-driven behavioral health services that we provide to San Mateo County's most vulnerable populations shone through.

SMMC Nurses Present at Conference: Clinical Nurse Educators, Brit Gomez (ICU) and Gemma Carpiz (Skilled Nursing Facility) are representing SMMC at the **Association for Nursing Professional Development** conference. They were invited to present a poster highlighting the Clinical Nurse Program successes. The program is unique in that Clinical Nurses are appointed based on peer recommendations and acknowledgement of a nurse's success in leading quality improvement efforts in their practice areas that demonstrate and sustain improved patient outcomes. The Clinical Nurse program is a joint effort between SMMC's Nurse Leaders and the California Nurses Association as outlined in the Memorandum of Understanding

SMMC Excels in Joint Commission Lab Survey: On March 13th, a Joint Commission surveyor arrived at SMMC for our unannounced triennial lab survey. The survey lasted three days and went very well with the surveyor making note of our "outstanding work" and "great people." There were approximately twelve findings in the survey and the surveyor mentioned that he'd seen the number of findings be that low only three times this year. Congratulations to Valerie Trudeau, Linda Wallach, and everyone who made this outstanding result possible.

Transformation 2021 - Operational and Financial Transformation Engagement: We officially launched the Transformation 2021 project on March 19th with an opening kick-off meeting with members of the SMMC and SMC Health teams and Navigant Consulting. The first phase of this engagement is for Navigant to get a deeper understanding of our organization and its priorities, challenges, and opportunities by interviewing key stakeholders, conducting workflow observations, and analyzing operational and financial data. This is an 18-month engagement to ensure adequate time to drive execution of improvement plans and to transition to a sustainable state. The work will be governed by an executive steering committee consisting of Health and Medical Center leadership with regular progress reporting to the Hospital Board and the County Board of Supervisors.

Revenue Cycle Transformation team executing on FY19 Initiatives: In addition to our on-going implementation work for registration accuracy (eCareNEXT), Clinical Documentation Improvement (CDI) and Patient Accounts Receivable follow-up (Colburn Hill Ops Center), the Finance team issued two Request for Proposals (RFPs) on March 1st to support efforts at improving collections for "self-pay" accounts. These are accounts that consist of amounts for insured patients' co-pays and deductibles as well as outstanding balances for uninsured patients. Currently, our SMMC team is responsible for the initial follow-up for approximately 120 days, at which time any remaining balance is classified as "bad debt" and transferred to Revenue Services for follow-up. SMMC is proposing to streamline collections in an effort to increase the dollars received by using vendors knowledgeable in healthcare-related collections that can provide more focused resources that have a greater subject matter expertise. We anticipate these efforts will ultimately result in fewer patients being sent to bad debt collections. We anticipate that this model will increase our cash collections and improve patient experience while decreasing costs. SMMC will continue to support our patients through our financial assistance programs when the cost of their care becomes a financial hardship.

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	21,816	.5%	0.6%
SMMC Emergency Department Visits	3289	-11.3%	-6.67%
New Clients Awaiting Primary Care Appt.	117	-15.83	-83.7%

Malekafzali to advise Ambassadors for Health Equity

Shireen Malekafzali (right), who oversees the Get Healthy initiative under Public Health, Policy, and Planning, is serving as an expert adviser to the Ambassadors for Health Equity fellowship program, a joint venture of the research and action institute PolicyLink and consulting firm FSG. Funded by the Robert Wood Johnson Foundation, the Ambassadors for Health Equity program brings together twenty-two leaders from nonprofit organizations, government, the private sector, the arts, and philanthropy to take part in a year-long program to share ideas and experiences, forge new alliances, and generate new solutions. With the help of experts like Malekafzali, the program aims to advise ambassadors on the ways they can ensure everyone, regardless of income, ethnicity, age, ability, immigration status, sexual orientation, or gender, has the tools and opportunities to live a healthy life. Malekafzali will share some of the ways San Mateo County Health is working to address the social determinants of health in education, housing, transportation, the economy, and the job market as part of the Get Healthy collaborative.



EMS, LEAP Institute improve heart attack response times for first responders

With support from the LEAP Institute, Emergency Medical Services (EMS) has developed a new workflow to improve response to those suffering from certain types of heart attacks. A patient with ST-Segment Elevation Myocardial Infarction (STEMI) is having a heart attack due to the blockage of an artery. First responders on a 9-1-1 call have limited time to identify STEMI—not all cardiac events are immediately obvious—alert the receiving hospital, and transport the patient for specialized treatment. Working with the LEAP Institute to identify shortfalls and improve efficiency, EMS staff devised a new treatment protocol that places greater emphasis on identifying the signs of STEMI early and obtaining the results from a 12-lead electrocardiogram (EKG) device that transmits information directly to the hospital. Since STEMI patients require immediate and specialized medical intervention, hospitals can prepare the appropriate resources while the patient is in transit. EMS reports that the time between when first responders are at patient side and when the EKG information is obtained has been reduced from an average of 14 minutes to 10, which can increase a patient’s chance for survival.

2019 rankings show San Mateo County #2 healthiest county in California

For the second year in a row, San Mateo County was [ranked #2 healthiest county in California](#), behind Marin, based on research from the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The [annual rankings](#) compare California’s 58 counties based on lifespan, smoking and alcohol use, access to clinical care, unemployment, education, the physical environment, and other factors. One key finding from the 2019 data is the clear link between the high cost of housing and the negative impact to health. In families struggling to afford housing, there is often little money left over to pay for other essentials that contribute to good health, such as healthy food or medical care. Families experiencing housing instability also experience increased stress and disrupted connections to family, social support, and school and job ties. In San Mateo County, these inequities have been shouldered, especially, by low income communities and populations of color.



A Robert Wood Johnson Foundation program

