



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, June 3, 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

June 3, 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. Julie Hersk

Dr. Julie Hersk

Informational Items

3. Medical Executive Committee

Dr. Julie Hersk

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. May 6, 2019 Minutes

TAB 1

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Julie Hersk

H. ADMINISTRATION REPORTS

1. Respiratory Care Services

Dr. Alpa Sanghavi

Rachel Daly

2. Health Care for the Homeless/Farmworker Health

Dr. CJ Kunnappilly

Jim Beaumont

3. Laura’s Law Services Update

Louise Rogers

Scott Gilman

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
Monday, May 6, 2019
Executive Board Room

Board Members Present

Supervisor Carole Groom
Supervisor David Canepa
Mike Callagy
Louise Rogers
Dr. CJ Kunnappilly
Dr. Bryan Gescuk
Dr. Julie Hersk
Dr. Gordon Mak
Deborah Torres

Staff Present

Michelle Lee
David McGrew
Joan Spicer
Brighton Ncube
Peggy Jensen
Aimee Armsby
Dr. Rakhi Singh
Dr. Michelle Hauser
Dr. Sumita Kalra

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 8:10 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for May 6, 2019. QIC Minutes from March 26, 2019. Medical Executive Committee Minutes from April 9, 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 Foundation reported that in June, it will release \$500,000 to the Medical Center per the MOU and the distributions include the following: health and dental clinic upgrades, breast cancer patient navigator position, the Keller Center, Hospital Week, meditation room upgrade, pediatric mental health training.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from April 1, 2019.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.

<p>Medical Staff Report Dr. Bryan Gescuk</p>	<p>On May 15, the Medical Staff will host the Annual Meeting and Dinner celebration. Dr. Gescuk informed the Board that he is resigning his position as the Chief of Staff and Dr. Julie Hersk will assume the role and his seat on the Hospital Board. He thanked the Board for the opportunity to contribute and will continue to do what he loves best, which is serving his patients.</p>	<p>FYI</p>
<p>Primary Care Dr. Sumita Kalra Dr. Allen Tong</p>	<p>A primary care team is made up of a Patient Services Assistant (PSA)-Registration/Front Staff/Call Center/New Patient Connection Center (NPCC), MA-Medical Assistant, LVN-Licensed Vocation Nurse, RN-Registered Nurse Provider-Physician/Nurse Practitioner/Physician Assistant.</p> <p>Population Health Management is the aggregation of patient data across multiple health information technology resources, the analysis of that data into a single, actionable patient record, and the actions through which care providers can improve both clinical and financial outcomes.</p>	<p>FYI</p>
<p>Food Insecurity Dr. Michelle Hauser Dr. Rakhi Singh</p>	<p>Food insecurity – limited or uncertain availability of nutritious and safe foods or not enough food to live a healthy and active life</p> <p>25% of Silicon Valley is at risk, 50% at FOHC, 80% adults with depression and obesity at FOHC</p> <p>Health consequences: more depression; increased risk heart attacks; diabetes, high blood pressure, less likely to take needed medications; more hospitalizations and longer hospital stays</p> <p>High healthcare costs: \$1,863 on average. \$4,413 if they have diabetes. \$5,144 if they have heart disease.</p> <p>At FOHC, they started a program providing free, healthy food and nutrition education to FOHC patients with qualifying conditions and their families. Wellness Pantry = Food Pharmacy. They wrote prescriptions to the Wellness Pantry which had a high rate of being filled.</p> <p>Key learnings: Many people do not self- report food insecurity– screening is essential. Health care team discussing food resources with patients as part of their healthcare makes a big impact. Location/proximity to clinic increases likelihood patients will get food. Accessibility to Wellness Pantry is essential.</p>	<p>FYI</p>
<p>Nurse-Family Partnership</p>	<p>An evidence-based, community health program with goal of improving prenatal care and pregnancy outcomes, quality of parenting and life prospects for mothers by partnering them with a registered nurse.</p> <p>A total of 511 women have been served in the program since the launch of NFP in 2012, most are between 18-24 years of age. 85% of clients identify as Hispanic or Latina; 13% Non-Hispanic or Latina; 2% declined to answer. 68% of total referrals came from healthcare providers/clinics. 91.8% of NFP toddlers are up-to-date with immunizations by 2 years of age. 98.3% of NFP mothers report breastfeeding at birth and nearly 51.4% continue to breastfeed at 6 months; 38.1% are breastfeeding at 12 months.</p>	<p>FYI</p>

	<p>Every dollar invested in NFP can yield more than \$5 in return.</p> <p>Almost tripled capacity to serve 1st time mothers since NFP's inception. By July 2019, Family Health will serve ALL pregnant women and new mothers using nationally recognized evidence-based home visiting models</p>	
<p>Financial Report David McGrew, CFO</p>	<p>The March 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. He welcomed Dr. Gordon Mak to the Hospital Board and thanked Dr. Gescuk for the passion he displays for patients and staff.</p>	FYI
<p>County Health Chief Report Louise Rogers</p>	<p>Louise Rogers discussed how Measure K funds are being used to advance the Community Collaboration for Children's Success.</p>	FYI
<p>County Manager Mike Callagy</p>	<p>No comments.</p>	FYI
<p>Board of Supervisors Supervisor Groom</p>	<p>The Board of Supervisors are preparing for discussions around the Budget and will be seeing County Health soon.</p>	FYI

Supervisor Groom adjourned the meeting at 9:20 AM. The next Board meeting will be held on June 3, 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: April FY18-19

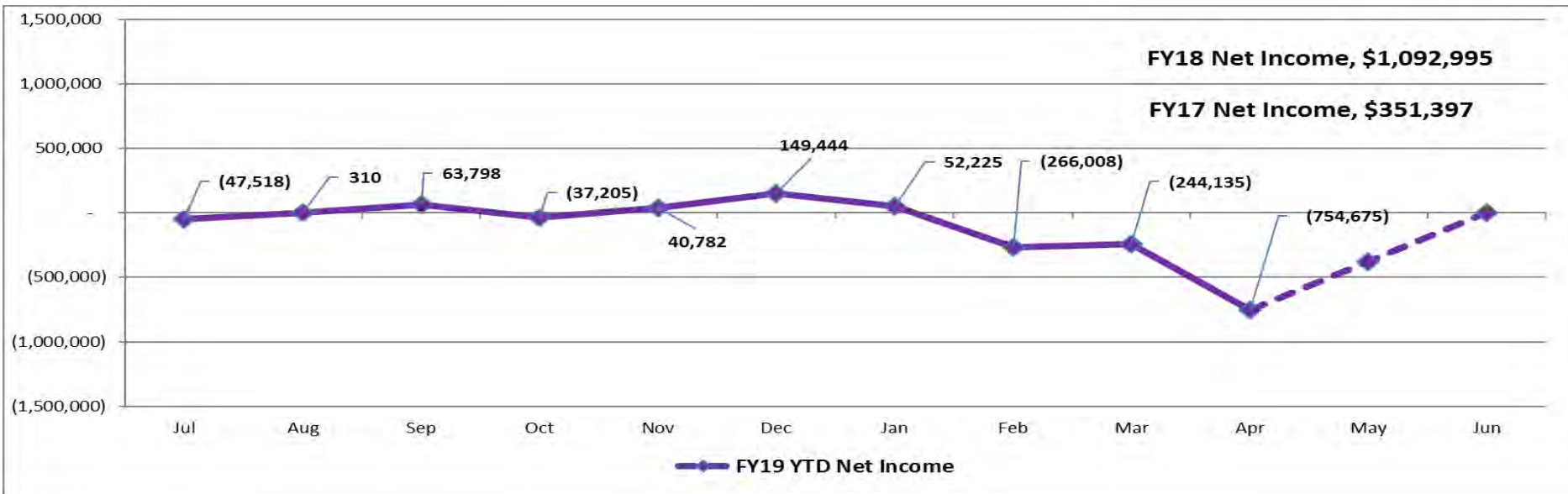
June 3, 2019

Presenter: David McGrew, CFO



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

Financial Highlights



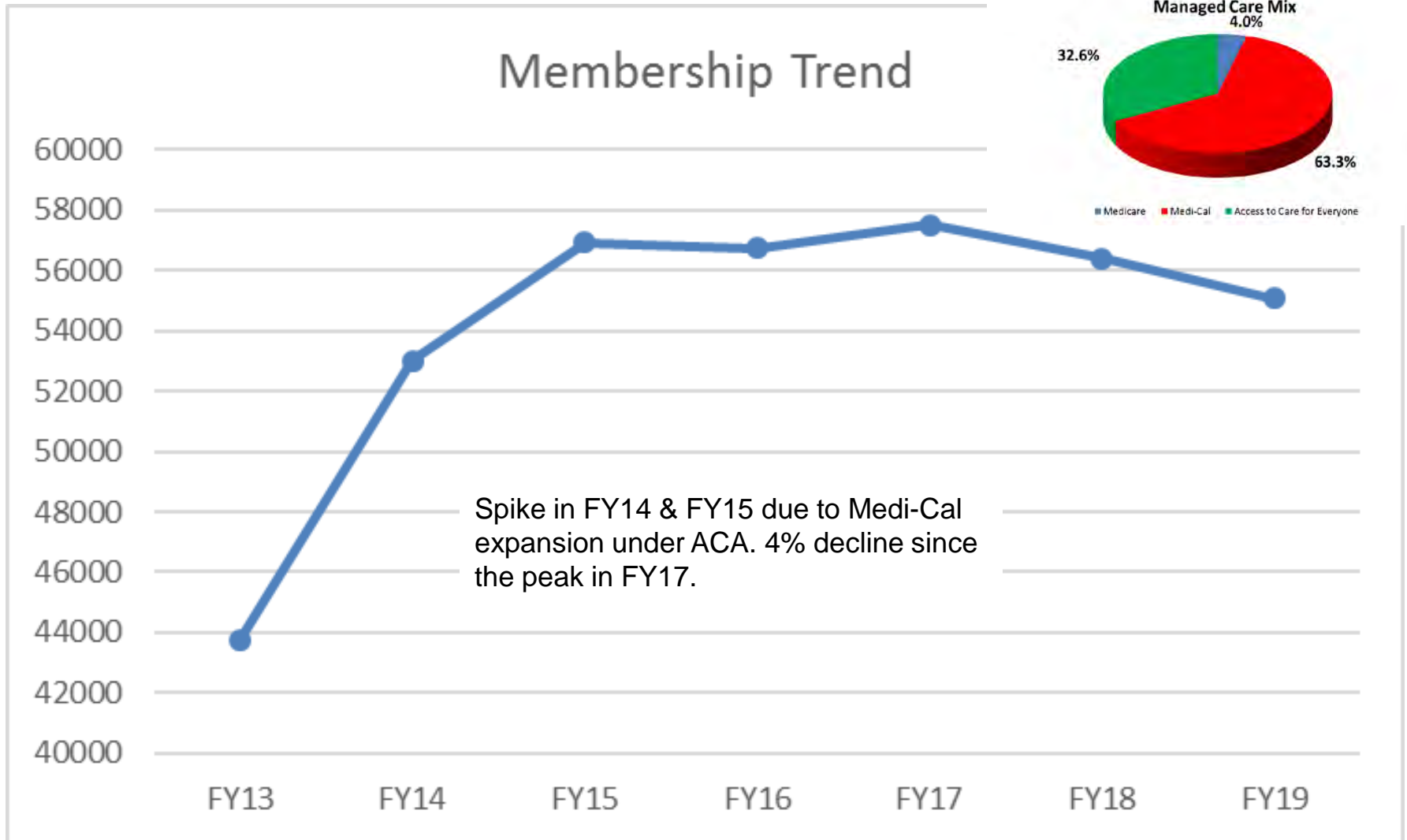
April Negative \$510k/YTD Negative \$754k:

- FTEs below budget
- AB85 Realignment revenue
- Expenses over budget
 - Drug, Registry, ACE, IGT Fees

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

Forecast FY19: We've used \$13.1m of the YTD budgeted \$16.8m reserves, and updated AB85 Realignment revenue estimate. 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, EPP revenue and P4P revenue.

Managed Care Membership Trend

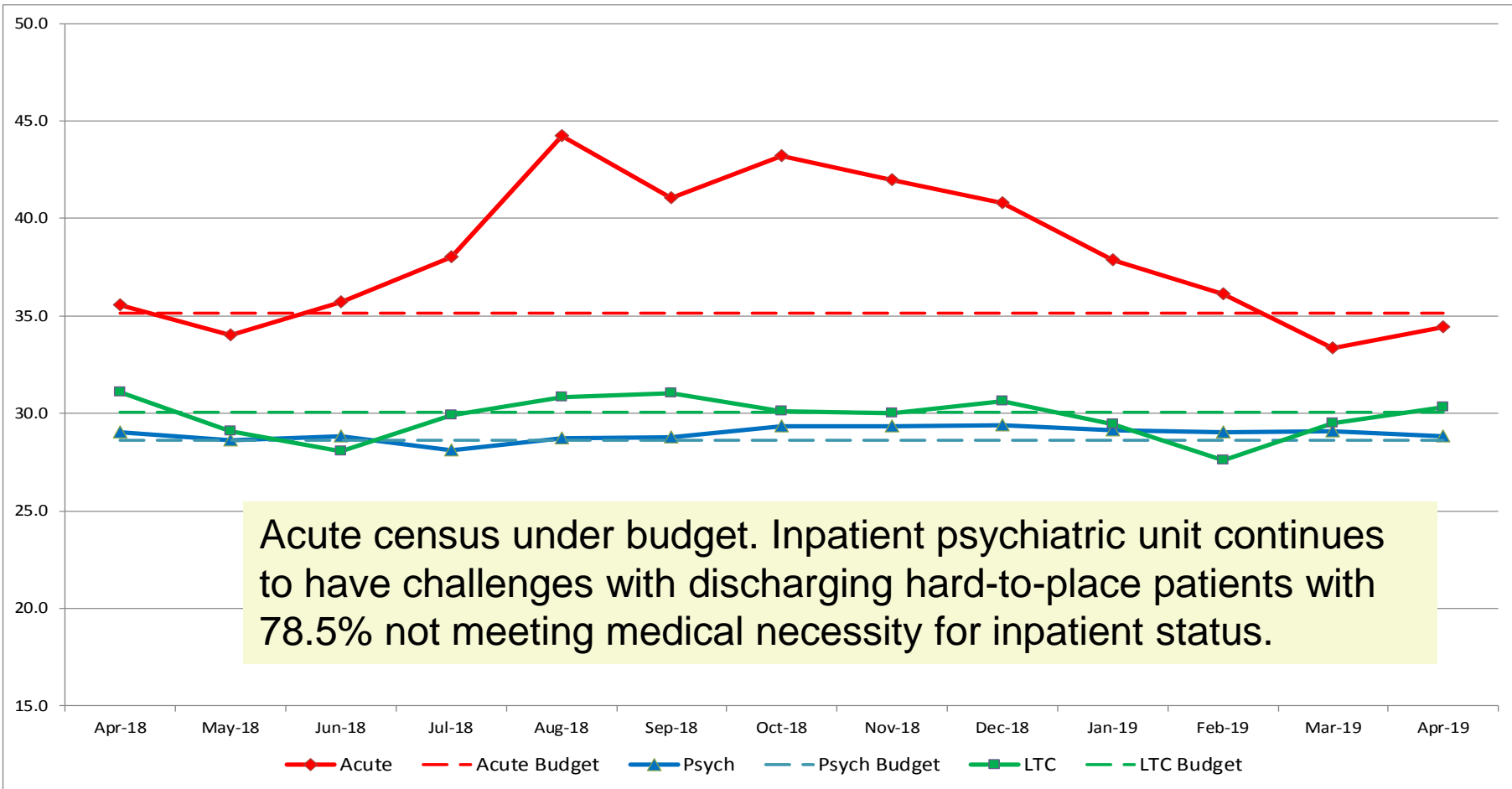


San Mateo Medical Center
Patient Days
April 30, 2019

MONTH			
Actual	Budget	Variance	Stoplight
2,806	2,839	(33)	-1%

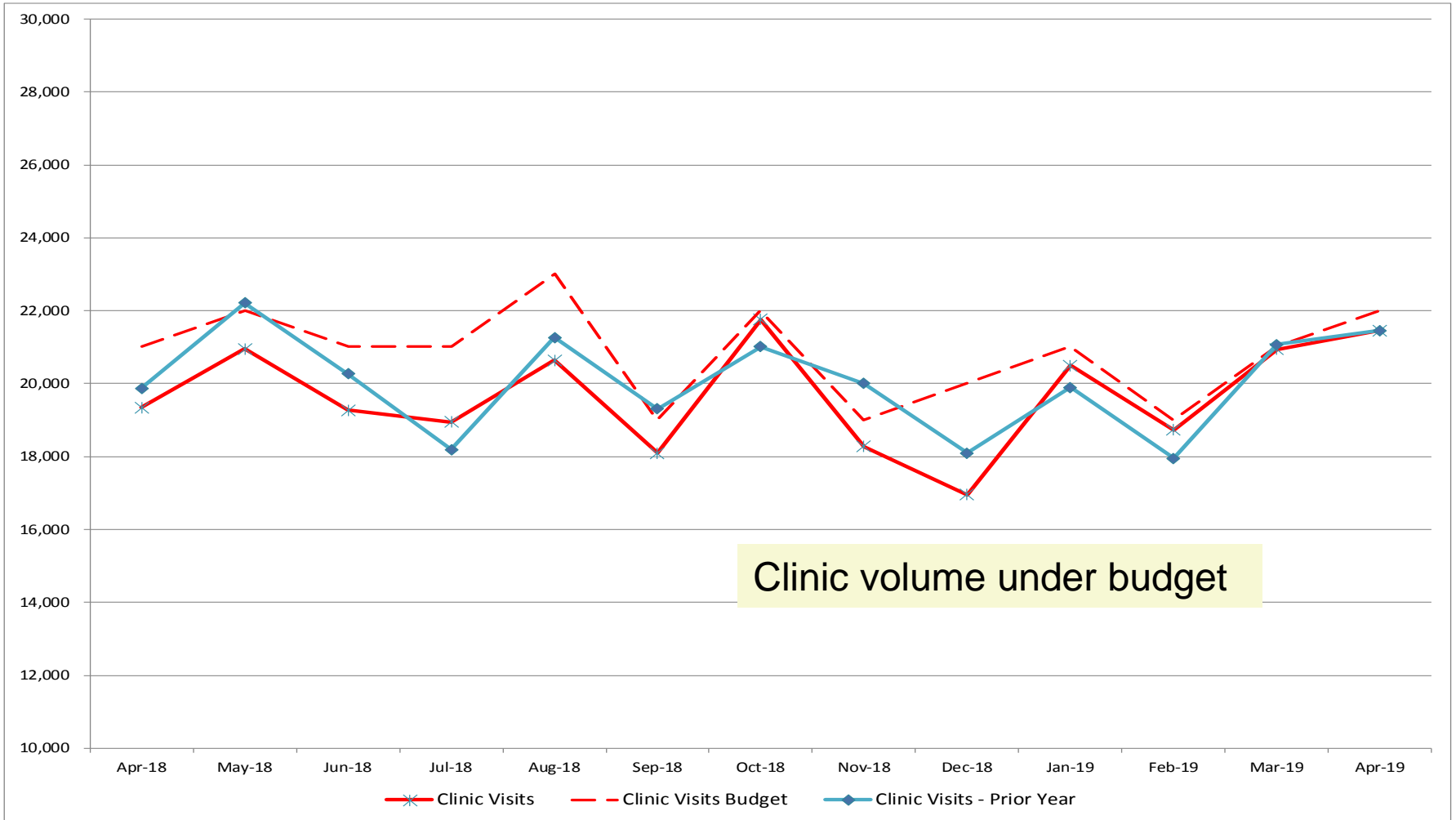
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
29,814	28,771	1,043	4%

Patient Days



**San Mateo Medical Center
Clinic Visits
April 30, 2019**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Clinic Visits	21,452	22,009	(557)	-3%	196,296	207,086	(10,790)	-5%

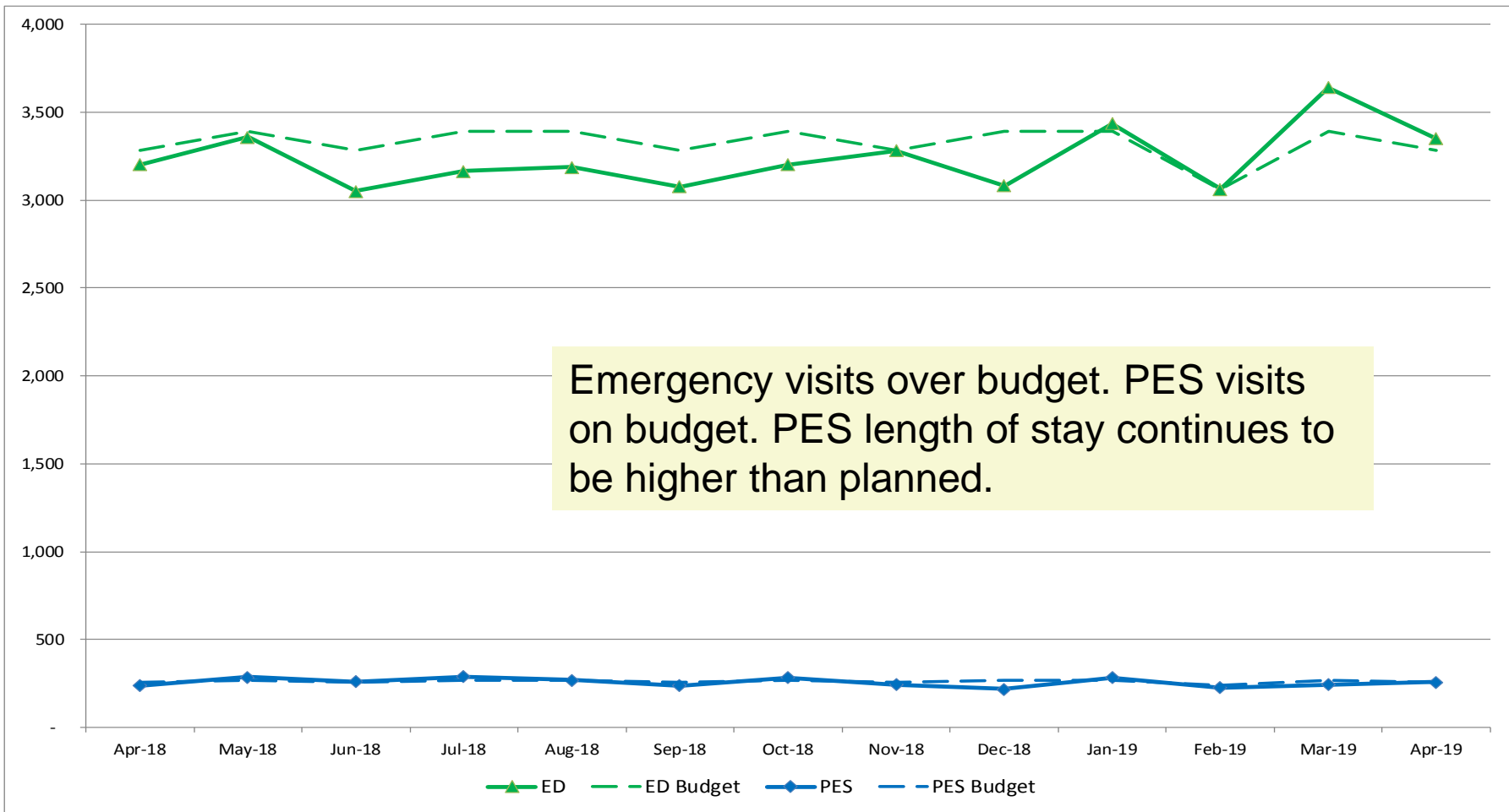


**San Mateo Medical Center
Emergency Visits
April 30, 2019**

MONTH			
Actual	Budget	Variance	Stoplight
3,611	3,541	70	2%

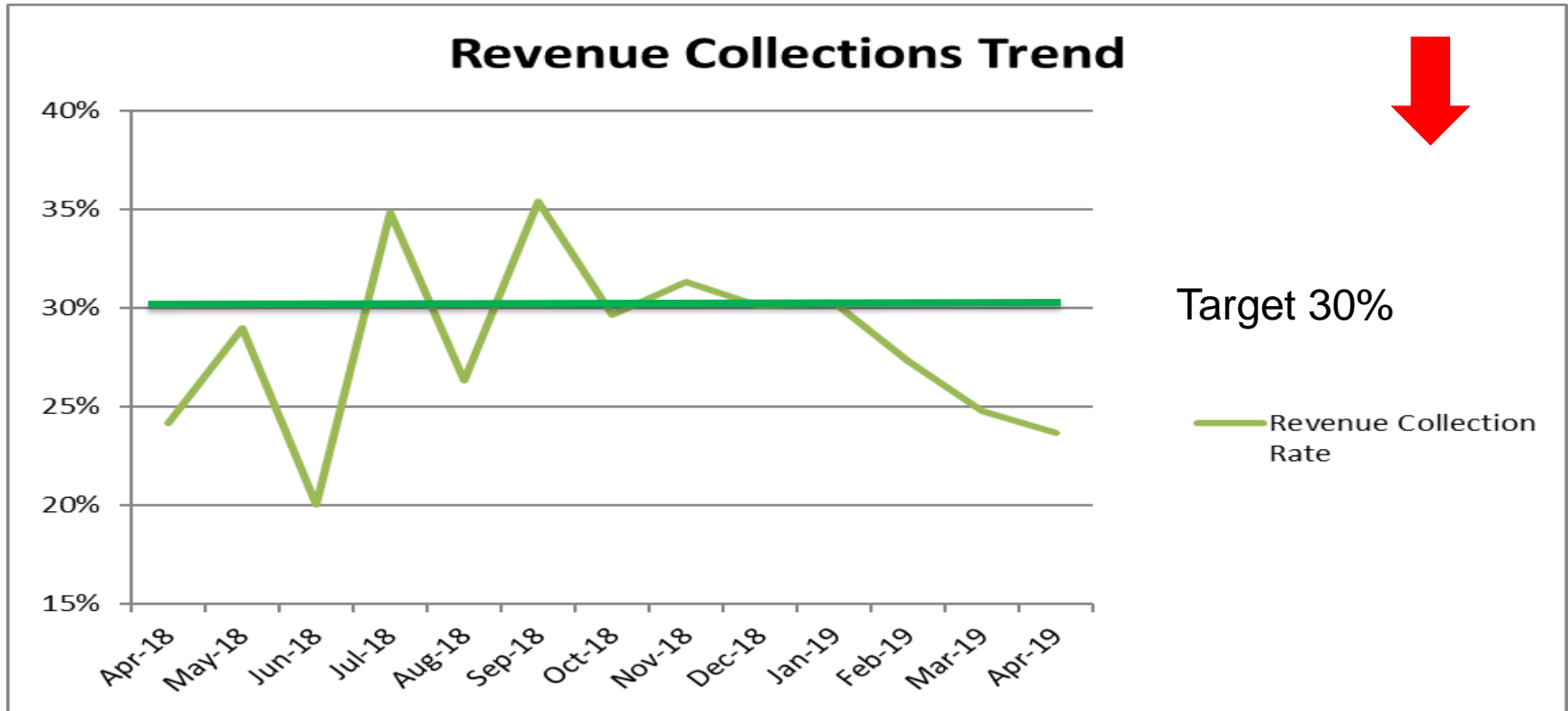
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
35,052	35,884	(832)	-2%

ED Visits							
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Key Performance Indicators

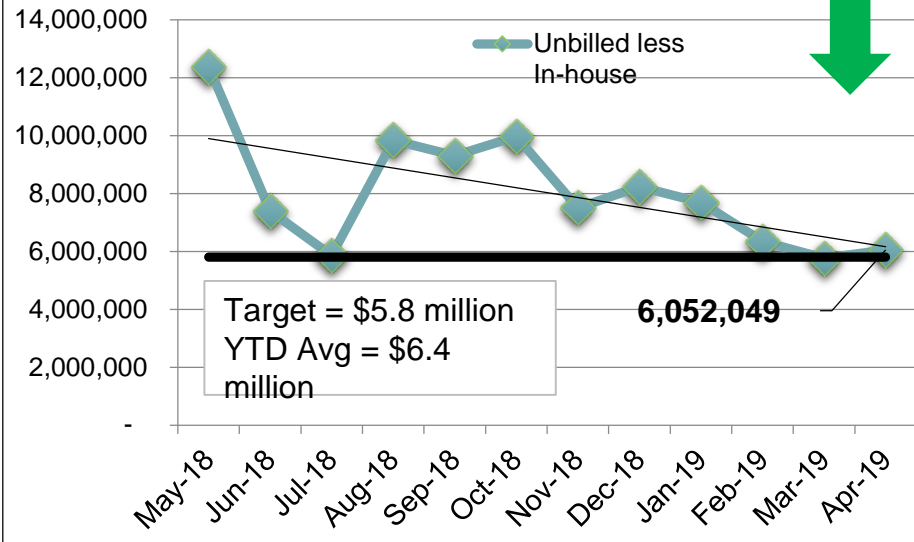
FFS Revenue Collection Trend



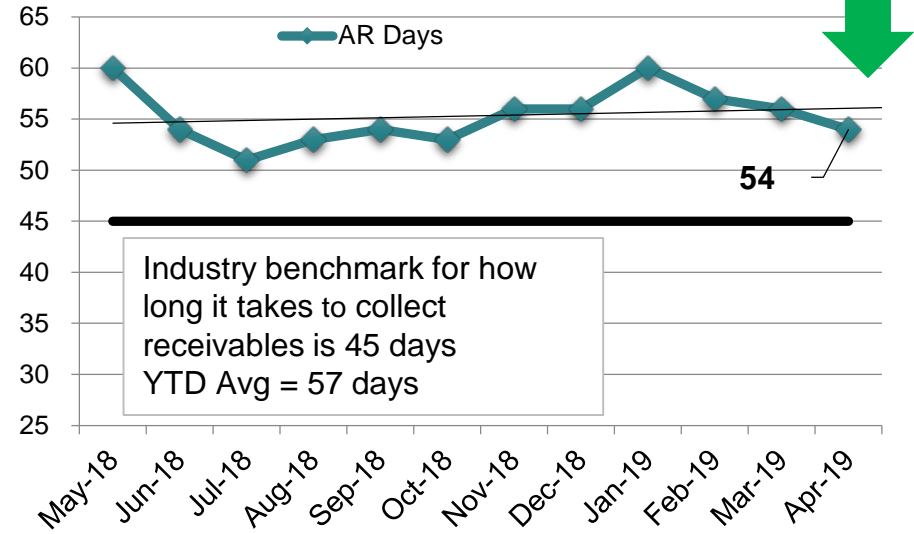
The previous upward trend was due to higher HPSM medical-surgical inpatient per diem rate. The collection rate dipped below 30% in March and April due to higher ACE utilization and claim denials.

Key Performance Indicators

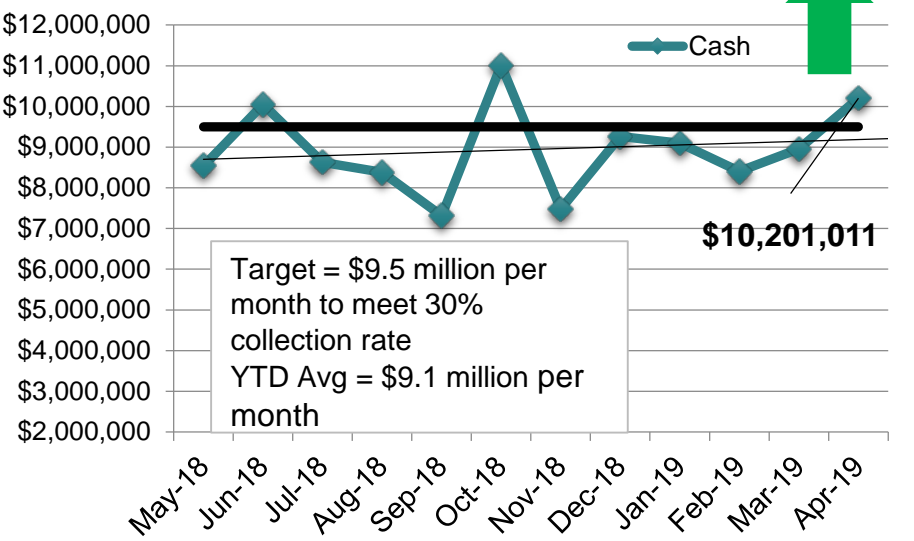
A/R Unbilled - Rolling 12 Months



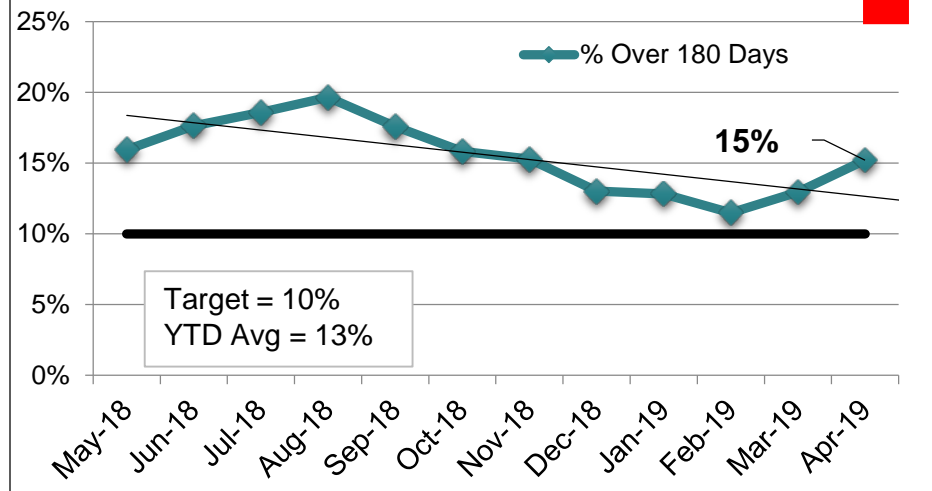
A/R Days - Rolling 12 Months



Cash - Rolling 12 Months



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



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 ❑ Phased Go Live targeted for 6/11-6/20
<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 – offer extended ❑ 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 6//19 ❑ Robots Go-Live 6/28/19 (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 on hold – 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
April 30, 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)	(510,540)	0	(510,540)		(754,675)	0	(754,675)	
2 HPSM Medi-Cal Members Assigned to SMMC	35,477	38,019	(2,542)	-7%	364,544	380,190	(15,646)	-4%
3 Unduplicated Patient Count	68,746	70,114	(1,368)	-2%	68,746	70,114	(1,368)	-2%
4 Patient Days	2,806	2,839	(33)	-1%	29,814	28,771	1,043	4%
5 ED Visits	3,611	3,541	70	2%	35,052	35,884	(832)	-2%
7 Surgery Cases	264	278	(14)	-5%	2,484	2,614	(130)	-5%
8 Clinic Visits	21,452	22,009	(557)	-3%	196,296	207,086	(10,790)	-5%
9 Ancillary Procedures	78,478	72,530	5,948	8%	721,386	683,990	37,396	5%
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	78.5%	80.0%	1.5%	2%	78.6%	80.0%	1.4%	2%
(Days that do not qualify for inpatient status)								
Pillar Goals								
12 Revenue PMPM	130	150	(20)	-13%	156	150	6	4%
13 Operating Expenses PMPM	423	399	(24)	-6%	408	399	(9)	-2%
14 Full Time Equivalents (FTE) including Registry	1,167	1,256	89	7%	1,221	1,256	35	3%

San Mateo Medical Center
Income Statement
April 30, 2019

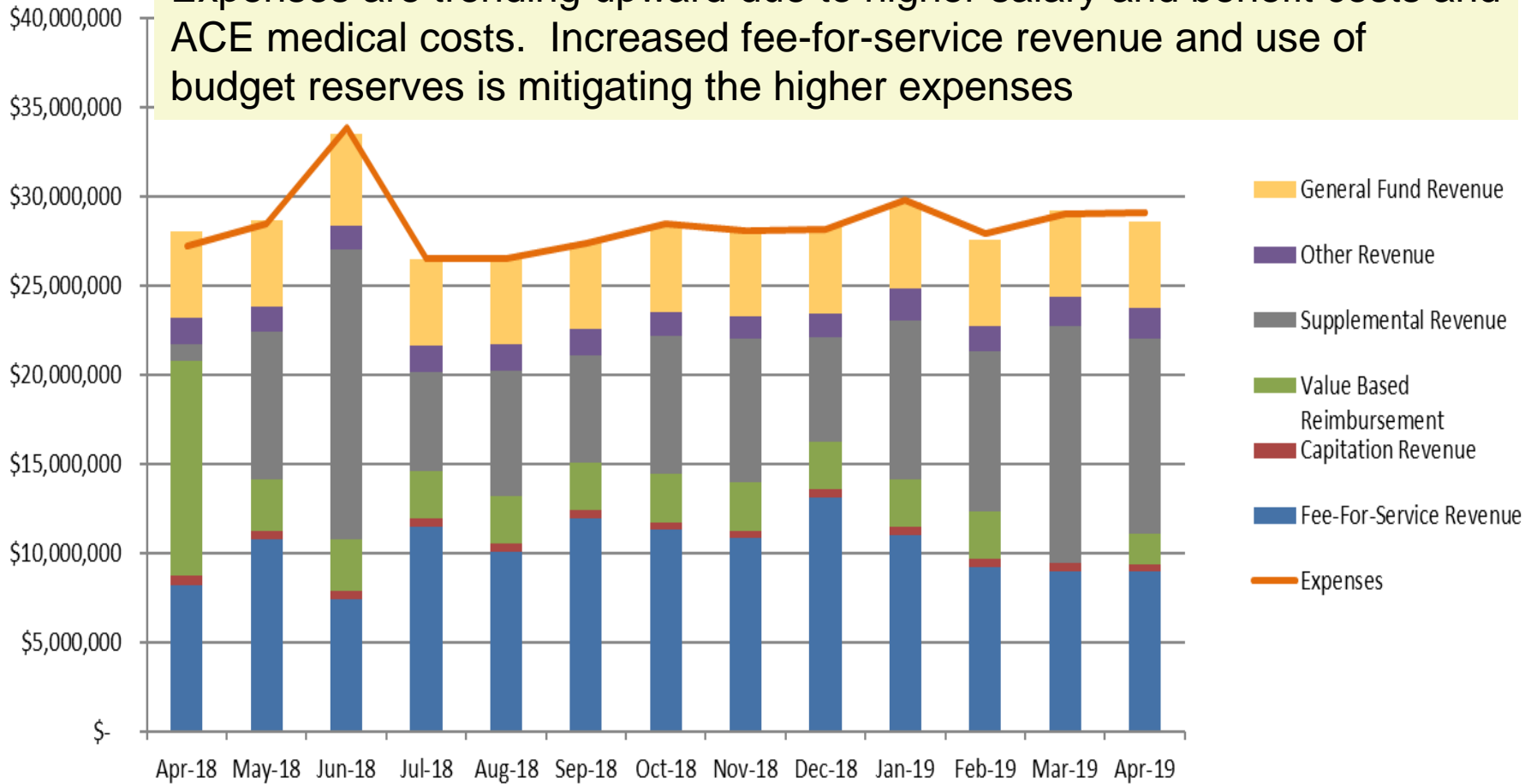
	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	10,067,804	9,577,810	489,994	5%	99,470,824	95,778,099	3,692,724	4%
22 Outpatient Gross Revenue	27,638,832	25,324,704	2,314,128	9%	255,347,196	253,247,039	2,100,157	1%
23 Total Gross Revenue	37,706,636	34,902,514	2,804,122	8%	354,818,020	349,025,138	5,792,881	2%
24 Patient Net Revenue	8,938,245	10,512,930	(1,574,685)	-15%	106,946,063	105,129,299	1,816,763	2%
25 Net Patient Revenue as % of Gross Revenue	23.7%	30.1%	-6.4%	-21%	30.1%	30.1%	0.0%	0%
26 Capitation Revenue	420,515	500,000	(79,485)	-16%	3,826,504	5,000,000	(1,173,496)	-23%
27 Supplemental Patient Program Revenue (Additional payments for patients)	12,690,629	12,436,356	254,273	2%	113,119,761	124,363,563	(11,243,803)	-9%
28 Total Patient Net and Program Revenue	22,049,389	23,449,286	(1,399,897)	-6%	223,892,327	234,492,862	(10,600,535)	-5%
29 Other Operating Revenue (Additional payment not related to patients)	1,122,359	1,233,153	(110,794)	-9%	11,148,493	12,331,532	(1,183,038)	-10%
30 Total Operating Revenue	23,171,748	24,682,439	(1,510,691)	-6%	235,040,821	246,824,394	(11,783,574)	-5%

San Mateo Medical Center
Income Statement
April 30, 2019

	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	17,016,014	16,448,653	(567,361)	-3%	162,724,334	164,486,526	1,762,192	1%
32	Drugs	812,827	806,645	(6,181)	-1%	7,620,799	8,066,454	445,656	6%
33	Supplies	1,178,162	954,099	(224,063)	-23%	9,169,142	9,540,988	371,846	4%
34	Contract Provider Services	3,831,949	3,346,496	(485,452)	-15%	37,093,088	33,464,962	(3,628,127)	-11%
35	Other fees and purchased services	4,468,365	4,575,407	107,042	2%	45,104,812	45,754,075	649,263	1%
36	Other general expenses	547,073	532,070	(15,003)	-3%	6,871,731	5,320,700	(1,551,031)	-29%
37	Rental Expense	190,471	196,247	5,776	3%	1,913,101	1,962,472	49,371	3%
38	Lease Expense	825,358	825,358	-	0%	8,253,575	8,253,575	-	0%
39	Depreciation	189,558	273,093	83,535	31%	1,893,794	2,730,931	837,137	31%
40	Total Operating Expenses	29,059,775	27,958,068	(1,101,707)	-4%	280,644,377	279,580,683	(1,063,693)	0%
41	Operating Income/Loss	(5,888,027)	(3,275,629)	(2,612,398)	-80%	(45,603,556)	(32,756,289)	(12,847,267)	-39%
42	Non-Operating Revenue/Expense	534,018	(1,567,840)	2,101,857	134%	(3,585,803)	(15,678,395)	12,092,592	77%
43	Contribution from County General Fund	4,843,468	4,843,468	0	0%	48,434,684	48,434,684	0	0%
44	Total Income/Loss (GAAP)	(510,540)	0	(510,540)		(754,675)	0	(754,675)	
	(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
April 30, 2019**

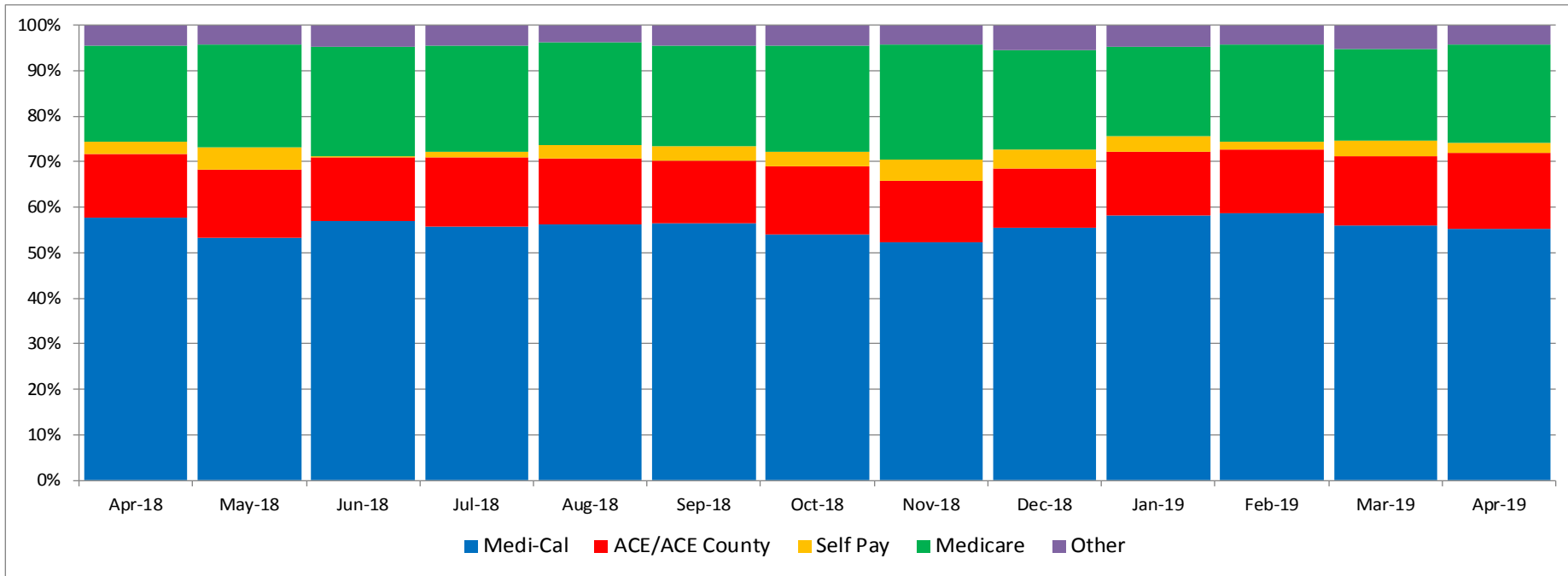
MONTH			
Actual	Budget	Variance	Stoplight

YEAR TO DATE			
Actual	Budget	Variance	Stoplight

Payer Type by Gross Revenue

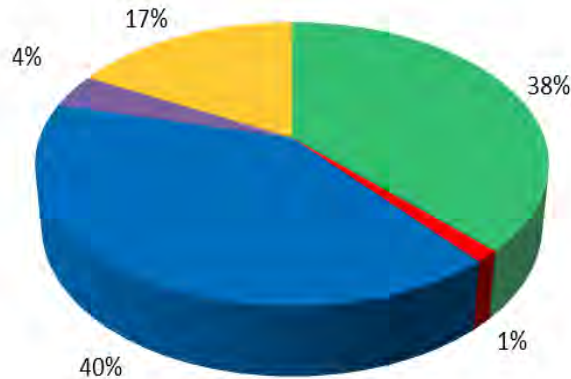
	A	B	C	D
Medicare	21.5%	21.0%	0.5%	
Medi-Cal	55.3%	58.0%	-2.7%	
Self Pay	2.3%	2.0%	0.3%	
Other	4.3%	5.0%	-0.7%	
ACE/ACE County	16.6%	14.0%	2.6%	
Total	100.0%	100.0%		

E	F	G	H
22.1%	21.0%	1.1%	
55.8%	58.0%	-2.2%	
3.0%	2.0%	1.0%	
4.6%	5.0%	-0.4%	
14.5%	14.0%	0.5%	
100.0%	100.0%		



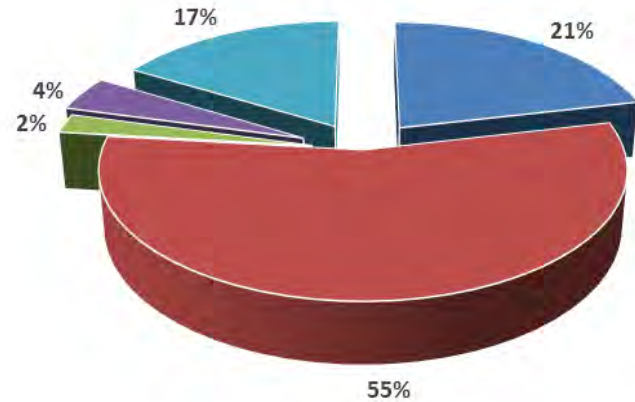
Revenue Mix

Sources of Revenue



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

Payor Mix



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

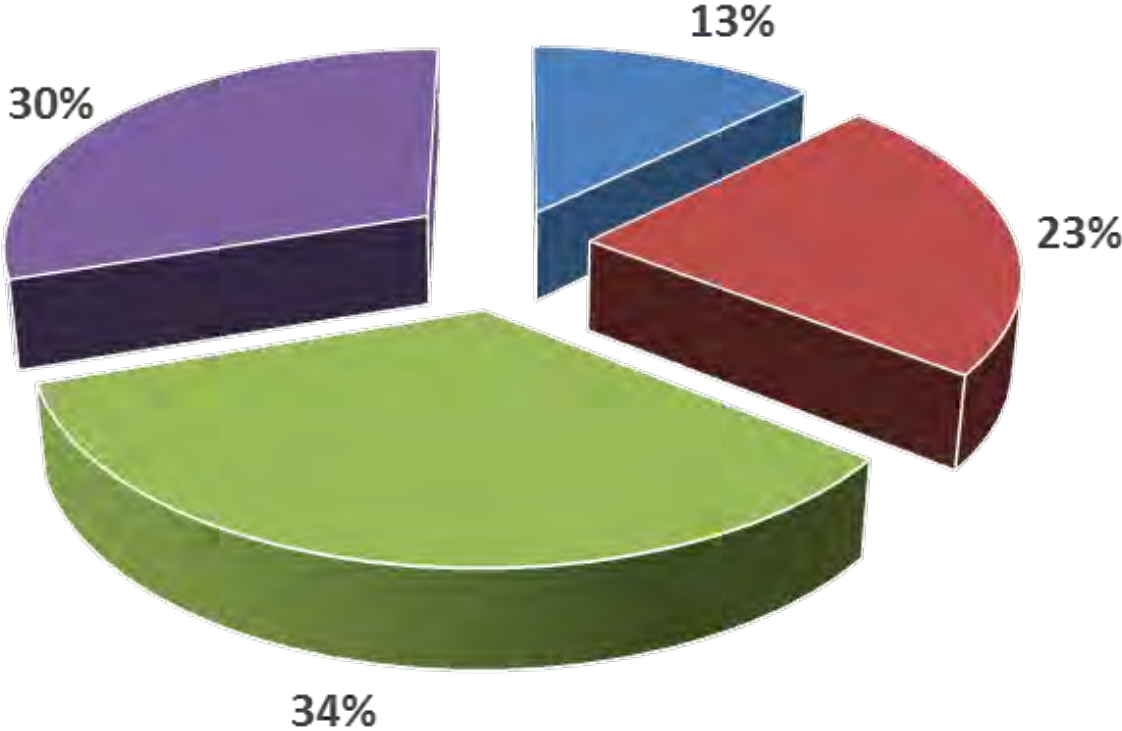
Health Plan of San Mateo (HPSM) represents 33% of our Operating Revenue

- 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.

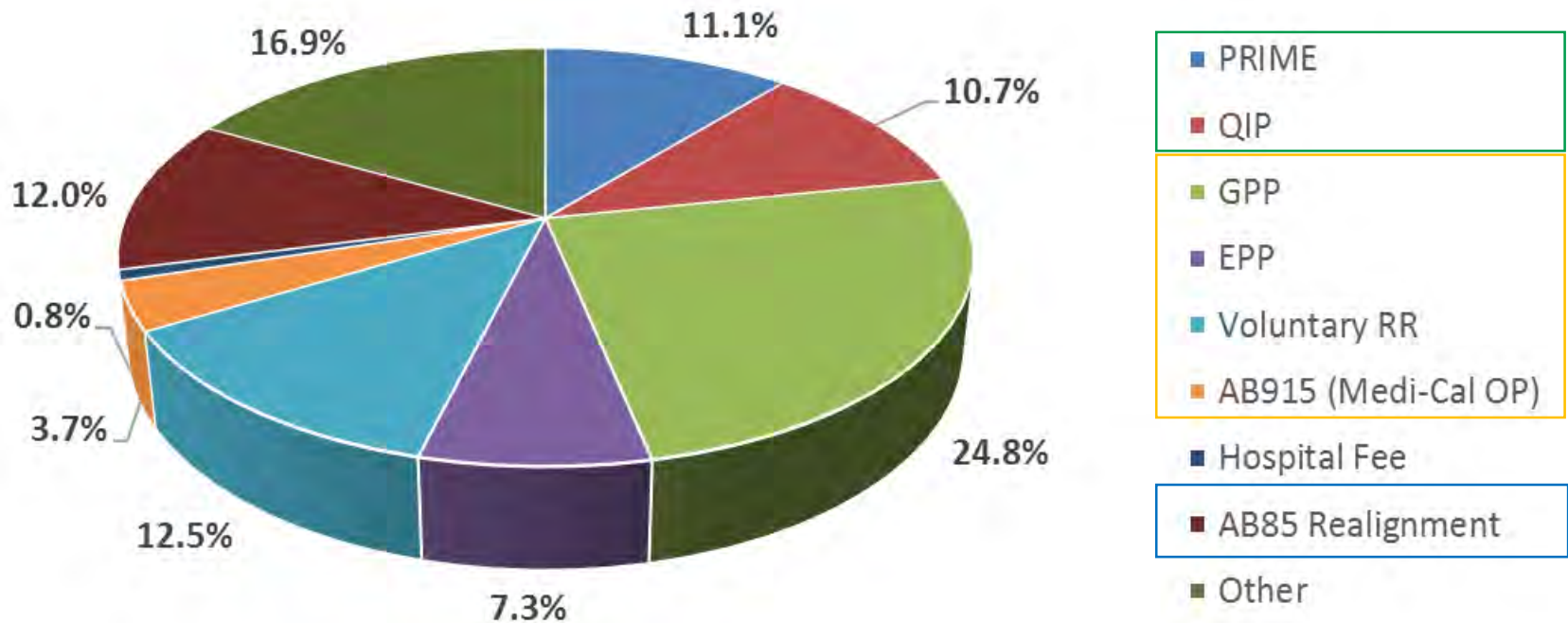
NO commercial contracts

Revenue Mix by Service Line



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

Supplemental Revenue Mix

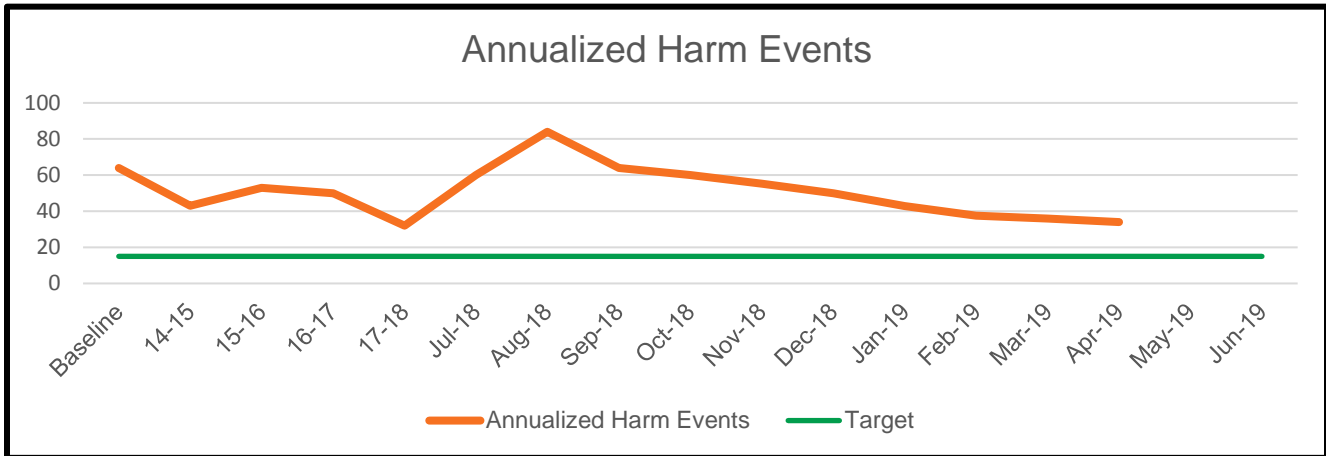


- **Value-Based** programs represent 21.8% of our Supplemental Revenue
- **Volume-Based** programs represent 78.2% of our Supplemental Revenue

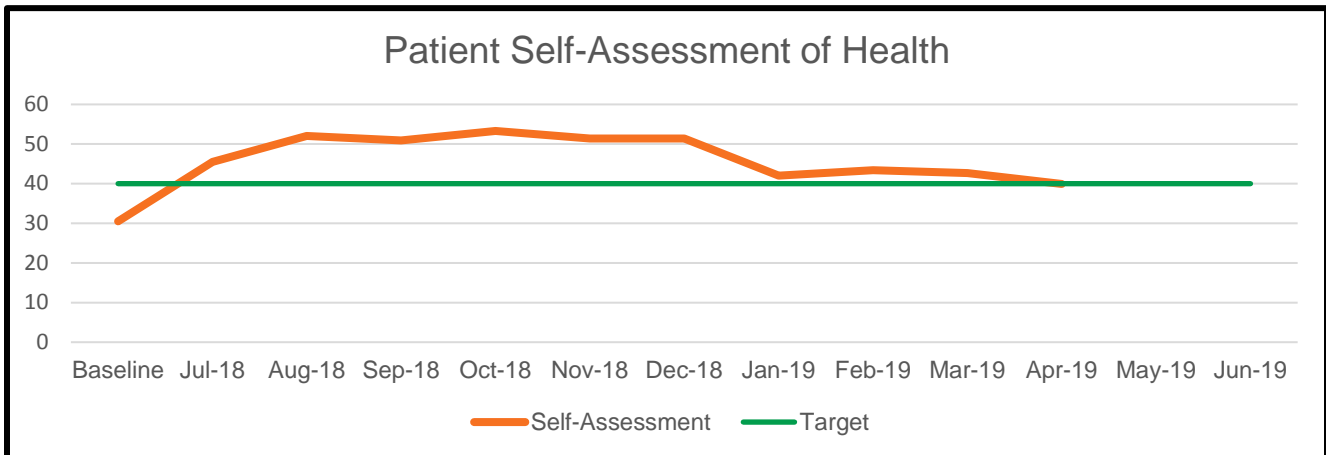
CEO REPORT

June 2019

EXCELLENT CARE METRICS

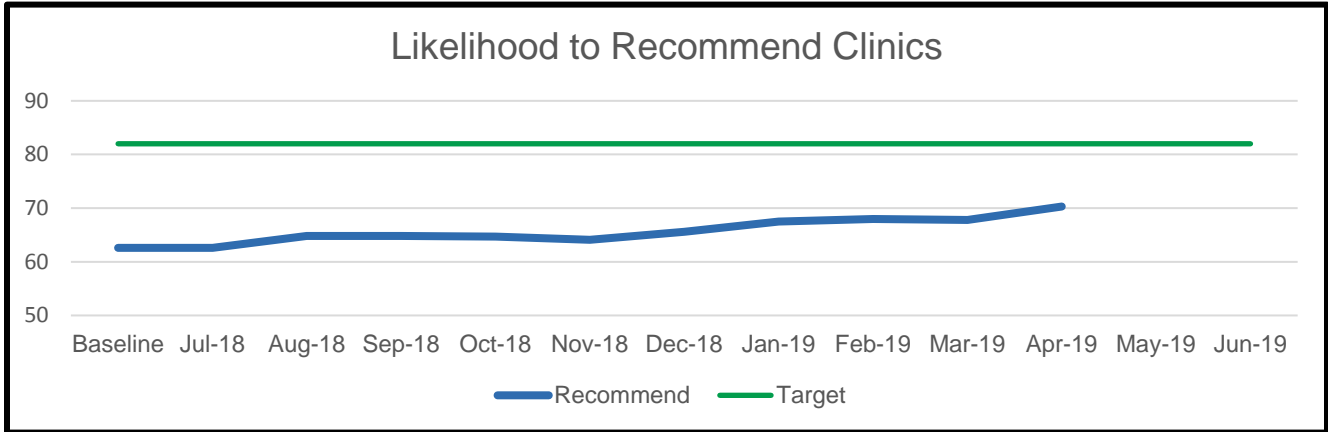


Annualized Harm Events: Measures avoidable patient harm events including central line infections, catheter associated urinary infections, hospital acquired pressure ulcers, surgical site infections, medication errors with harm, blood clots, falls with injury and others. The number is annualized (i.e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

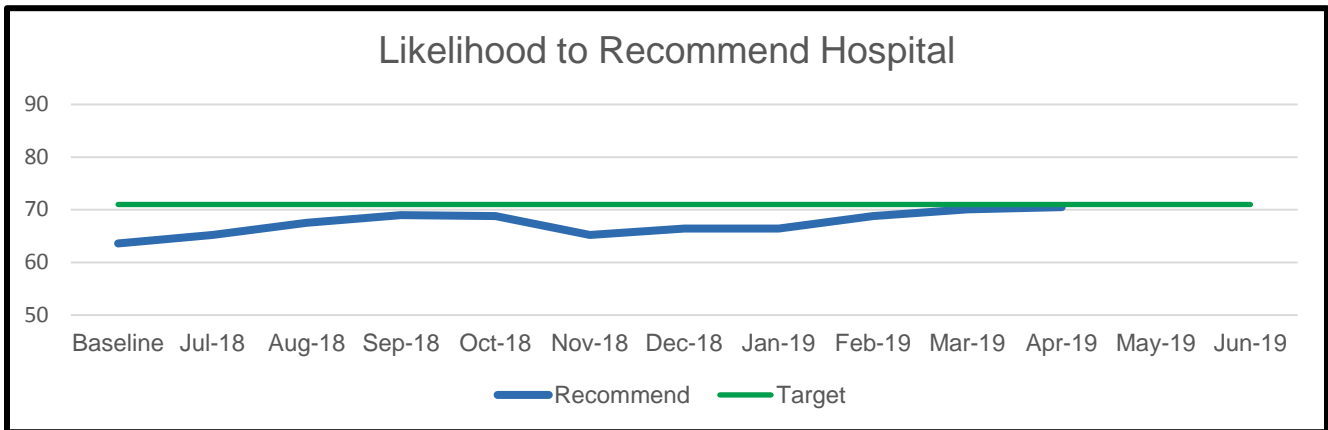


Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**

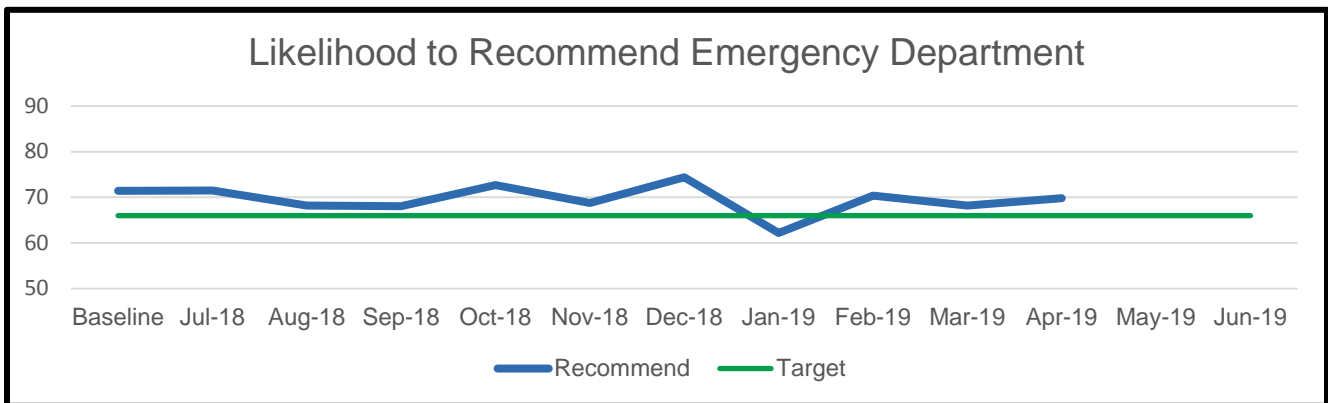
PATIENT CENTERED CARE METRICS



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.**

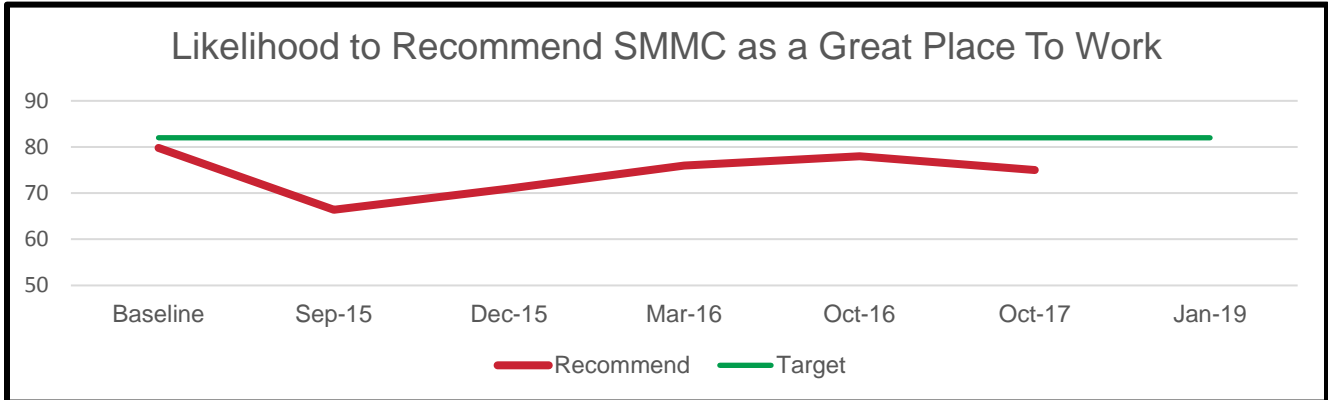


Likelihood to Recommend Hospital: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this hospital to friends and family?” **Higher is better.**



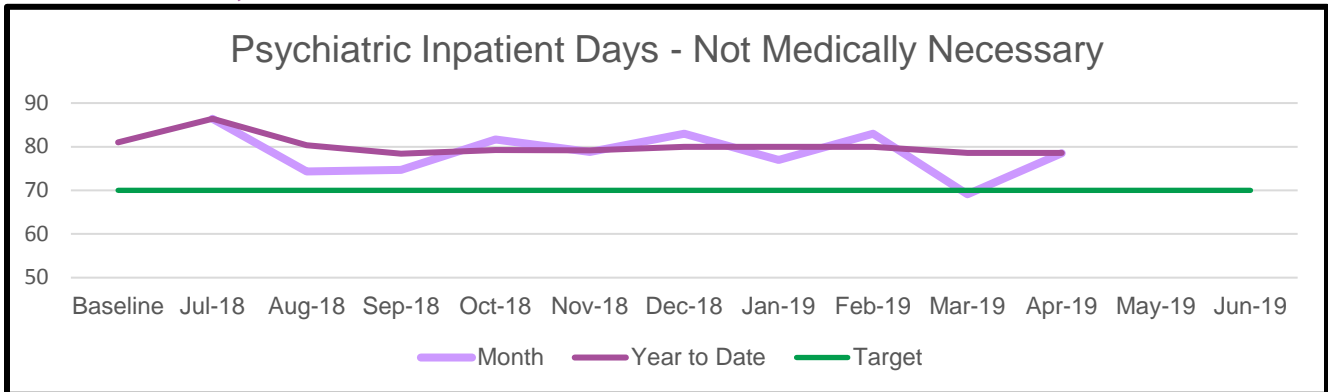
Likelihood to Recommend Emergency Department: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this emergency department to friends and family?” **Higher is better.**

STAFF ENGAGEMENT METRICS

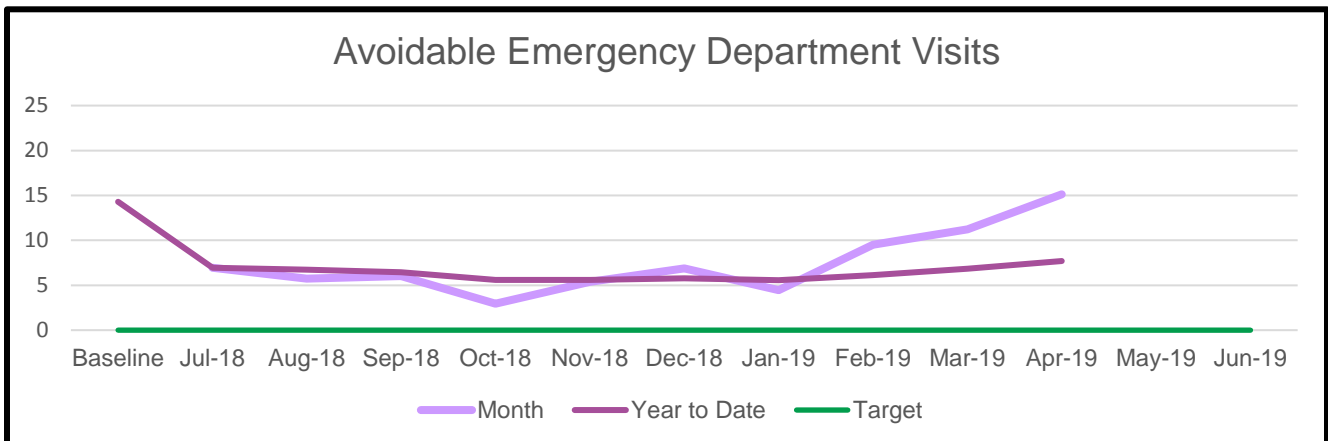


Likelihood to Recommend SMMC: Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual Blessing White staff engagement survey. **Higher is better.**

RIGHT CARE, TIME AND PLACE METRICS



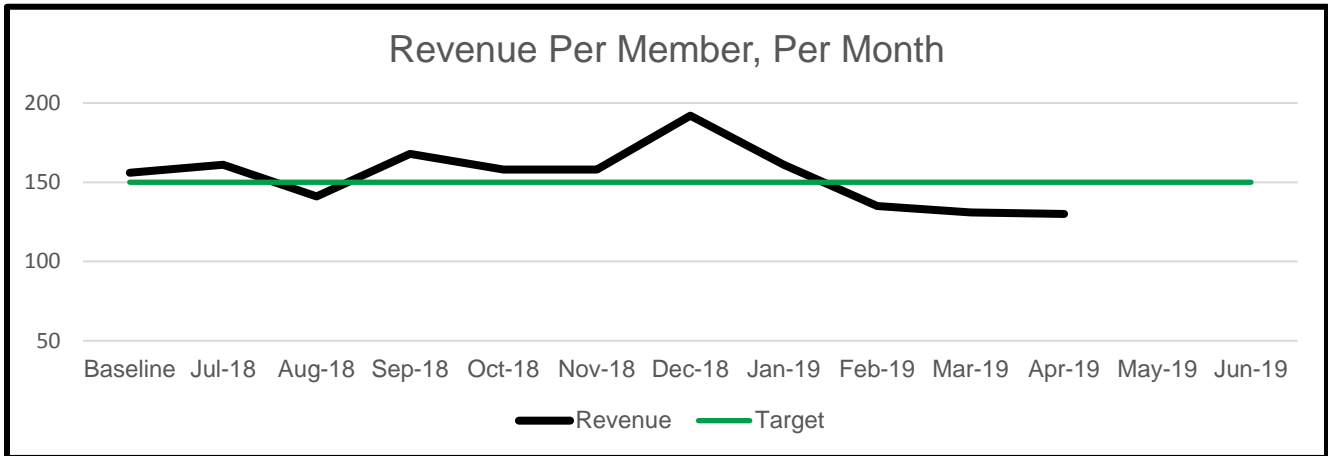
Psychiatric Inpatient Days – Not Medically Necessary: Percentage of acute inpatient psychiatry days where a patient may have been able to be discharged if there was a safe environment for them to go to. **Lower is better.**



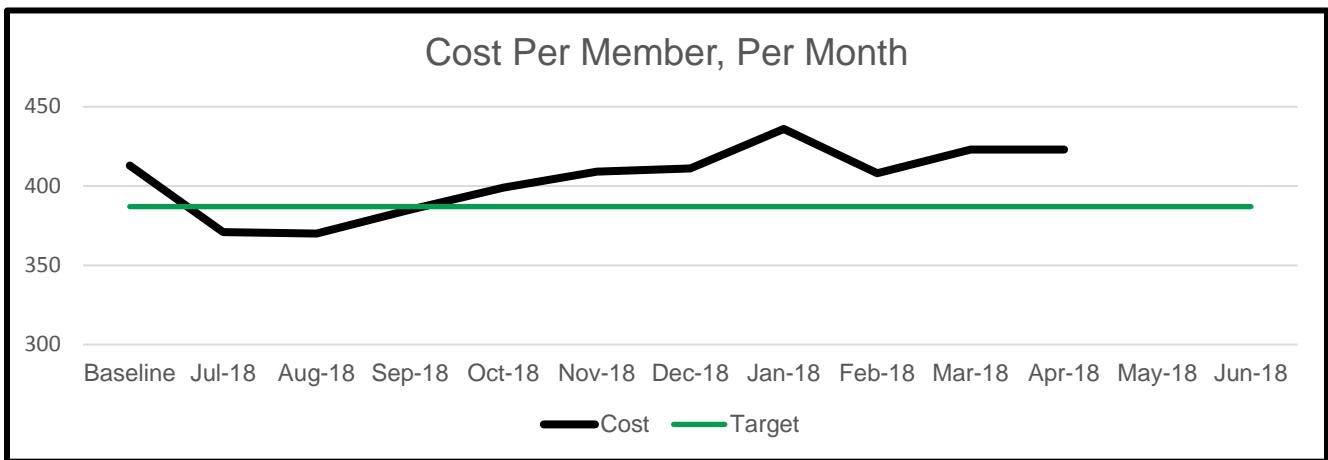
Potentially Avoidable ED Visits: Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**



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



Celebrating Our Nurses- In May, SMMC honored the skill and passion our nurses bring to San Mateo Medical Center. This year the theme on the national scene was “4 Million Reasons to Celebrate,” recognizing 4 million nurses, America’s largest healthcare workforce. At SMMC we celebrated the 385 registered nurses, nurse practitioners, and licensed vocational nurses who daily provide caring interventions to keep our patients and community healthy. Thank you to our nursing leadership who created a fun, memorable event. *(Pictured Above Left: Our outstanding nurse educators and nurse’s day planning team)*

SMMC Celebrates Hospital Week- The week of May 6th, SMMC celebrated National Hospital Week. Many staff actively participated in this year’s Disney theme. Executive team members enjoyed the opportunity to serve lunch at various SMMC sites throughout the week. We are deeply grateful to the San Mateo County Health Foundation for their support of hospital week this year. Thank you to Phuong Hathaway, our Staff Engagement Manager, the HR team, and the entire planning committee for designing a wonderful week. Special thanks to our Food and Nutrition staff for all their hard work prepping and cooking. *(Above Right: Executives and HR staff prepare to serve lunch to staff in the main cafeteria)*

SMMC Welcomes County Manager for Brown Bag Lunch- Thank you to Mike Callagy, County Manager, for stopping by Café 39 as part of his Brown Bag Lunch Meetings. The visit gave SMMC and County Health staff an opportunity to ask questions, offer suggestions, and learn more about the direction of the County. Staff really enjoyed the visit and appreciated hearing directly from the County Manager

Thank You to Chief of Staff, Dr. Bryan Gescuk – Dr. Bryan Gescuk has been the elected Chief of the Medical Staff for the last 2 years. After two incredibly productive years, Dr. Gescuk has chosen to step down in order to pursue other interests. We want to take this opportunity to express our deep appreciation for Dr. Gescuk’s contributions in this role over the last two years. He has been an incredible leader and partner. Dr. Julie Hersk, the current Vice Chief of Staff will step into the Chief of Staff role to complete the final year of Dr. Gescuk’s term. We look forward to working with Dr. Hersk in this new role. Medical staff elections for an interim Vice Chief of Staff are underway.

SMMC Celebrates Patient Experience Week- Patient Experience Week is an annual event to celebrate healthcare staff impacting patient experience every day. This year, the Patient Experience Department reached out to SMMC staff to recognize and honor the people who impact patient experience every day in their care settings and across the organization. In the month of April, there were over 59 submissions. The SMMC team members listed below have all been recognized as part of the 2019 Patient Experience Champion cohort. Each member of the cohort received a certificate of recognition and a copy of their nomination(s).

Aguirre, Olga
 Aquino, Alejandra
 Barthell, Leeann
 Berbano, Liz
 Blancaluz-Hansen, Janette
 Cervantes, Diana
 Chang, Stephanie
 Contreras, Angelica
 Courtland, Buffie
 Custodio, Pia-Rosario
 Matters, Jamie
 Miller, Melissa
 Mitchell-Barber, Marlene
 Montejano, Ulices
 Moret-Hoeske, Gina
 Osuna, Carmen

Daly, Rachel
 Dolorfino, Marga
 Doyle, Cindy
 Faivailo, Ana
 Gonsalves-Carpalino, Jericho
 Guardado, Angela
 Gutierrez, Joe
 Jayant, Ramila
 Joisha, Ahalya
 Kirik, Inna
 Padilla, Johanna
 Patane, Gloria
 Pena, Brenda
 Perez, Norma
 Quintana, Andrea
 Recinos-Lopez, Maricriz

Lainez, Ivan
 Lambright, Tiffany
 Larcina, Roberta
 Lim, Michael
 Magana, Maria
 Mandorf, Jessica
 Manzanares, Rodolfo
 Marquez, Joselito
 Martin, Maricela
 Masterson, Andy
 Reynoso, Leticia
 Rodda, Emily
 Ruiz, Connie
 Sullens, Laurie
 Villasenor, Brenda
 Wilcox, Andrea

The Patient Experience team looks forward to sharing more about the above individuals and how they contribute to the excellent service our SMMC community receives on a daily basis. Those who choose to, will be featured in the SMMC Heartbeat throughout the year and until the next group of Patient Experience Champions are identified in 2020. Congratulations to the above individuals – thank you for all you do. You are Patient Experience!

SMMC Staff Recognized by San Mateo County Health Coverage Coalition- Julian Kent and Christopher Rangel, members of the Finance Business Process Management Office were recognized as the San Mateo County Health Coverage Coalition Partners of the Month for May. Julian and Chris were recognized for playing “integral roles in implementing various initiatives with HCU (Health Coverage Unit) and SMMC that streamlined our processes so we can better serve our clients.” The award notice went on to state: “We commend your leadership in the ACE Fee Waiver Restricted Medical transition and how you ensured that SMMC staff not only continues to be informed of the changes but that you also provide clarifications to their issues and concerns. You are both highly dependable and always engaged in the many assignments and projects that we work on together whether that be documenting the standard work and training on the SAWS 1 process at the clinics, providing trainings to HCU staff on the payer codes and recoding, facilitating discussions of policy items at the ARC meetings, or responding immediately to all inquiries especially those affecting patient access.” Congratulations and thank you, Julian and Chris!

Transformation 2021 - Operational and Financial Transformation Engagement- Navigant is two months into their engagement with us and have met with many key stakeholders to get a deeper understanding of our organization and its priorities, challenges and opportunities through interviews,

conducting workflow observations and analyzing operational and financial data. They have also met with the LEAP Institute to understand our tools and methodologies for improvement work to ensure integration into the project. A report-out of findings, observations and recommendations from this “Discovery” phase is scheduled for June 12th.

This is an 18-month engagement to ensure adequate time to drive execution of improvement plans and transition to a sustainable state. The work is governed by an Executive Steering Committee (ESC) consisting of

Health and Medical Center leadership. The Navigant Engagement Leader provides weekly progress reporting to SMMC’s CFO and the T2021 ESC met in early May to review its charter and project status reports. Regular project updates will be provided to the Hospital Board and County Board of Supervisors.

Revenue Cycle Transformation team executing on FY19 Initiatives-

Our Revenue Cycle teams are making significant progress on several operational improvement initiatives:

Registration Accuracy: The implementation of Experian Health’s eCareNEXT software solution to improve registration accuracy is nearing the go-live phase. In preparation, Project Team Members were trained as “Super Users” on May 29th and 30th. Super Users learned from Experian trainers, and are now equipped to assist staff during go-live and beyond. All Patient Services Assistant staff (patient registration staff) are scheduled for training during May 31st through June 10th.

The eCareNEXT go-Live will be done in four phases. The following clinics will start using eCareNEXT for the first time on the following dates:

Phase 1: June 11th-June 12th

SMMC: Pediatric Clinic, Innovative Care Clinic, OB/GYN, Ron Robinson Senior Care Center, Emergency Department, and Lab.

Phase 2: June 13th-June 14th

SMMC: Specialty Clinic, Medical Clinic, Rehab, Radiology, Edison Clinic, Admitting Department, and Psychiatric Emergency Services.

Phase 3: June 17th-June 18th

Fair Oaks Health Center, Sequoia Teen Wellness Center, and Coastside Clinic.

Phase 4: June 19th-June 20th

SMMC Call Center, New Patient Connection Center, Daly City Clinic, Daly City Youth, South San Francisco Clinic, Mobile Dental Clinic, and Mobile VAN (PHPP).

During the phased go-live, Super Users from other areas will be in the clinics to allow for more support to the front-line PSA staff to assist with adoption and questions related to the new system.

Improving Self-Pay Collections: SMMC is proposing to streamline collections on self-pay patient accounts in an effort to increase the dollars received by using vendors knowledgeable to healthcare related collections that can provide more focused resources that have a greater subject matter expertise. SMMC selected two vendors through an RFP process, with one vendor handling the early stages of self-pay

accounts and a second vendor handling accounts that have moved in bad debt status. We're currently negotiating contractual terms and expect contracts will be presented to the Board of Supervisors in July. Overall, our goal is for these efforts to ultimately result in fewer patients being sent to bad debt collections, will increase our cash collections and will 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.

Materials Management Information System- We recently completed a Request for Information (RFI) to inform development of an Request For Proposal (RFP) to replace our current Materials Management Information System (MMIS), Caduceus, which will eventually sunset due to lack of support, maintenance, and functionality of the system. We anticipate a new MMIS shall encompass a full array of standard functions/features and internal controls required for daily processing in our Materials Management department thereby, eliminating all the "work-arounds" in place now using current system. SMMC has engaged the County Controller's Division for their support and expertise in the development of the RFI and RFP. We anticipate releasing the RFI on June 3rd and the RFP in late August.

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	23,731	.8%	13.2%
SMMC Emergency Department Visits	3,611	-6.9%	5%
New Clients Awaiting Primary Care Appt.	214	154.8%	-65%

Total Wellness improves client outcomes and expands reach

On average, people with behavioral health issues die 25 years earlier than their peers and have an increased prevalence of certain medical conditions. They often face barriers to care, including the challenges of navigating multiple systems of care. Behavioral Health and Recovery Services and the San Mateo Medical Center teamed up to provide care coordination and health and wellness services at the County's mental health clinics. The program, called Total Wellness, was initially supported by a five-year joint Substance Abuse and Mental Health Services Administration and Mental Health Services Act fund. Total Wellness has served over 700 clients since its inception in 2011. Clients with complex needs are accessing care sooner, and a majority of clients reported an improvement in their psychological distress level. To date, Total Wellness has seen a 51 to 71 percent improvement in its clients' management of diabetes, cholesterol, and blood pressure. The team recently expanded its reach to the Cordilleras Mental Health Rehabilitation Center and various board and care facilities. Using health indicator data and client feedback, the Total Wellness team is continually refining the program to meet the needs of its clients.



EMS staff recognized for exemplary field emergency management

Emergency Medical Services (EMS) management fellow Emma Hunter recently received the Bill Singer Award from California Emergency Services Association Coastal chapter for her exemplary work in field emergency management for San Mateo County Health. Hunter's contributions to emergency management in the County include collaborating with local partners to create a guide for addressing the medical and behavioral health needs of individuals in emergency shelters and developing the SMC Health Network, which allows County Health to communicate with healthcare providers, hospitals, clinics, and other key partners during emergencies.



BHRS Partners with SMC Libraries to spread mental health awareness

Behavioral Health and Recovery Services (BHRS) partnered with San Mateo County Libraries, the Peninsula Library System, and 20 local community agencies to promote mental health awareness this month. BHRS and partners hosted over 40 free events at libraries and other public spaces throughout the county, including workshops, open mics, and speaker panels. "We thought libraries would be a great place to start, in terms of meeting people where they are," said BHRS community health planner Sylvia Tang. The effort is part of a statewide and national efforts to reduce stigma and discrimination against people with mental health and substance use conditions. "Every one of us has the ability to help reduce stigma and encourage compassion and tolerance," said BHRS Director Scott Gilman. "The more hidden mental illness remains, the more people continue to suffer needlessly in silence."

