



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

Thursday, March 5, 2015

8:00 AM – 10:00 AM

SAN MATEO MEDICAL CENTER

EXECUTIVE BOARD ROOM

Second Floor, Administration Wing



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

March 5, 2015 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. Janet Chaikind

Dr. Julia Hersk

Informational Items

3. Medical Executive Committee

Dr. Janet Chaikind

C. REPORT OUT OF CLOSED SESSION

D. PUBLIC COMMENT

Persons wishing to address items not on the agenda

E. FOUNDATION REPORT

Bernadette Mellott

F. CONSENT AGENDA

TAB 1

Approval of:

1. February 5, 2015 Meeting Minutes
2. Proposed language change to the Medical Staff Rules and Regulations
3. Hospital Board Bylaws

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Janet Chaikind

H. ADMINISTRATION REPORTS

- 1. Quality – Pharmacy *Dr. CJ Kunnappilly*..... Verbal
- 2. SMMC Pillar Goals *Dr. CJ Kunnappilly*..... Verbal
- 3. Creating a Culture of Coverage at SMMC *Jean Fraser*..... Verbal
- 4. Financial Report *David McGrew*..... **TAB 2**
- 5. CEO Report *Dr. Susan Ehrlich*..... **TAB 2**

I. HEALTH SYSTEM CHIEF REPORT

Health System Snapshot *Jean Fraser*..... **TAB 2**

J. COUNTY MANAGER’S REPORT

John Maltbie

K. BOARD OF SUPERVISOR’S REPORT

Supervisor Adrienne Tissier

L. ADJOURNMENT

Enclosed:

MEDIA ARTICLES

TAB 3

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 the executive secretary at least two working days before the meeting at (650) 573-3533 (phone) or mlee@smcgov.org (e-mail). Notification in advance of the meeting will enable San Mateo Medical Center to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it.



San Mateo Medical Center
A County System of Healthcare

TAB 1

CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Thursday, February 5, 2015
SMMC Executive Board Room

Board Members Present

Supervisor Adrienne Tissier
Supervisor Carole Groom
John Maltbie
Jean Fraser
Dr. Janet Chaikind
Dr. Susan Ehrlich
Dr. Julie Hersk
Dr. David Lin
Sharon Petersen

Staff Present

Glenn Levy
Chester Kunnappilly
John Thomas
Viral Mehta
Liz Evans
Dr. Alpa Sanghavi
Cecilia Diaz

Michelle Lee
Gary Horne
Joan Spicer
David McGrew
Dr. Neel Patel
Naomi Yunker
Karen Pugh

Members of the Public

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Tissier 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 8:22 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for February 5, 2015. Medical Executive Committee Minutes for January 13, 2015. QIC Report from February 5, 2015.	Glenn Levy reported that the Board unanimously approved the Credentialing Report. It also accepted the Medical Executive Committee minutes.
Public Comment	None	
Foundation Report	March 21, 2015 will be the official grand opening celebration of the Fair Oaks Health Center in Redwood City. The new 3-story, 36,000 sq. ft. facility will provide greater access to patients living in the Redwood City, Menlo Park, and East Palo Alto areas. The Bundle of Joy fundraiser will be held at the Poplar Creek Grill at Coyote Point on April 25, 2015. The 2015 annual Golf Tournament will be held at the Sharon Heights Golf Club on August 24, 2015.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes for January 8, 2015.	It was MOVED, SECONDED and CARRIED unanimously to

		approve all items on the Consent Agenda.
Medical Staff Report Dr. Janet Chaikind Chief of Medical Staff	Dr. Chaikind reported that the rate of influenza is reaching a peak. Staff are also affected and subsequently the number of sick calls has increased. The upward trend is normal for this time of the year.	FYI
Quality Report Dr. CJ Kunnappilly Chief Medical Officer	<p>Presentation: Primary Care Clinics Quality Program Update by Dr. Neel Patel.</p> <p>Clinic System: 100+ Providers. 41,899 Empanelled Lives. 239,021 visits in year 2014.</p> <p>Strategic initiative: Patient Centered Medical Home</p> <ul style="list-style-type: none"> • The patient-centered medical home is a way of organizing primary care that emphasizes care coordination and communication to transform primary care into <i>"what patients want it to be."</i> • Certification from NCOA (National Committee for Quality Assurance) • Each clinic certifies individually <p>PCMH Proposed Quality Metrics</p> <ul style="list-style-type: none"> • Ambulatory Sensitive ED Visits • Mammogram Screening • Perfect DM Care • Hypertension Control • Pediatric Obesity • Pediatric Immunization Rate <p>Diabetes Perfect Care Definition</p> <ul style="list-style-type: none"> • Lipids: LDL<100 • Glucose Control: HbA1C<8 • Blood Pressure: BP<140/90 • Aspirin (if appropriate) Aspirin • Smoking Cessation: Non-smoker 	FYI
Financial Report David McGrew, CFO	The December FY14/15 financial report was included in the Board packet and David McGrew answered questions from the Board.	FYI
CEO Report Dr. Susan Ehrlich, CEO	<p>The CEO Report was included in the Board packet and Dr. Ehrlich answered questions from the Board.</p> <p>Dr. Ehrlich also reviewed the results from the Board Self-Evaluation survey.</p>	FYI

<p>Health System Report Jean Fraser, HS Chief</p>	<p>The Health System Monthly Snapshot for January 2015 was included in the Board packet.</p> <p>Ms. Fraser also reported to the board. "Driving to Excellence: Results from Health System employee engagement surveys and manager/supervisor feedback."</p> <p>Our Path to Excellence</p> <ul style="list-style-type: none"> • Provide the right service at the right time and place. • Provide a great experience to all who interact with us. • Build healthy communities through policy change. • Use the funds entrusted to us carefully and wisely. • Be a great place to work. <p>We took action</p> <ul style="list-style-type: none"> • Took over supporting Health-specific software and project management for Health IT projects from ISD • Expanded availability of telework and flexible schedules • Provided all managers and supervisors with HR's Essential Supervisory Skills training • Created Health System Leadership Academy • Established Way to Go program to reduce commute stress and parking pressure <p>We also asked managers & supervisors what they need.</p> <ul style="list-style-type: none"> • Did professional focus groups with 56 supervisors/managers in spring 2014 • Created Manager/Supervisor Advisory Group to prioritize the focus group recommendations • "The greatest challenge identified by supervisors is finding enough time to supervise their staff given their host of responsibilities that extend beyond direct service work or supervisory tasks, such as tending to infrastructure [IT issues], administrative work, navigating HR processes, and training staff." <p>We are taking action</p> <ul style="list-style-type: none"> • Hired 2 recruiters to work backlog & partnered with HR on Recruiting Improvement project • Asked HR to consider increasing employee relations and recruiting staff • Help with supervisory skills + LEAP as "add on" • Starting "support group" meetings for supervisors & managers • Believe "daily management" system used in LEAN organizations will help supervisors a lot; piloting in SMMC, want to spread further • New employee orientation for all HS staff • Working on aligning goals and messaging to our Path to Excellence • Developing ratios for administrative support for managers, supervisors, clinicians <p>Areas where we need some good ideas</p> <ul style="list-style-type: none"> • Help with supervisory skills: How to intensively support staff in their first supervisory role • Desktop computer support: No good ideas yet • Consistently updated P&Ps: No good ideas yet 	<p>FYI</p>
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<p>County Manager John Maltbie</p>	<p>Mr. Maltbie reported that they are preparing for the next two-year budget cycle. The foundation for accomplishing three major milestones by the year 2020 will be based around:</p> <ol style="list-style-type: none"> 1. Ending homelessness in San Mateo County. 2. Realizing 80% of San Mateo County children reading at grade level by the fourth. 3. Insuring that every child entering foster care graduates from high school and completes the equivalent of two years of community college. 	<p>FYI</p>
<p>Board of Supervisors Supervisor Tissier</p>	<p>The Board of Supervisors is looking closely at priorities and where focus should be placed.</p>	<p>FYI</p>

Supervisor Tissier adjourned the meeting at 9:35 AM. The next Board meeting will be held on March 5, 2015.

Minutes recorded by:



Michelle Lee

Minutes approved by:



Dr. Susan Ehrlich, Chief Executive Officer



SAN MATEO COUNTY HEALTH SYSTEM

DATE: February 26, 2015
 TO: Honorable Adrienne Tissier, President, SMMC Board of Directors
 FROM: Janet Chaikind, M.D., Chief of the Medical Staff
 RE: **March 5, 2015 Medical Center Board Meeting [Open Session – Consent Agenda]**

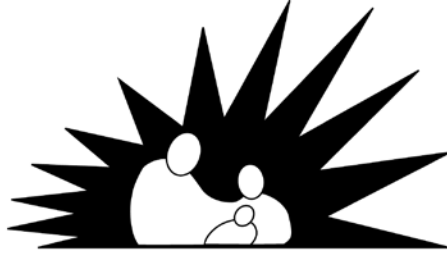
The Medical Staff Executive Committee recommends the following proposed language change to the Medical Staff Rules and Regulations.

<u>Current Wording</u>	<u>Proposed Wording</u>
Section II Medical Records H. Completeness of the Record 1. Permanent Filing A medical record shall not be permanently filed until it is completed by the responsible practitioner or is ordered filed by the Medical Records Committee.	Section II Medical Records H. Completeness of the Record 1. Permanent Filing A medical record shall not be permanently filed until it is completed by the responsible practitioner or is ordered filed by the Medical Records Committee Department Chair or by the Chief of Staff.

This revised wording was required because the Medical Record Committee has been disbanded. The wording reflects community standard and applies to inpatient and surgery records, excluding outpatient records (which will be addressed in future proposed wording).

Recommended for approval at the February 10, 2015 Medical Executive Committee (MEC) meeting, the proposed change was also distributed to the general membership for their review (in accordance with the Medical Staff Bylaws). Review by both MEC and the general membership has been completed, and the proposed wording is being forwarded to the Hospital Board for approval. The change will be effective immediately following the Board's action.





San Mateo Medical Center
A County System of Healthcare

**BYLAWS
OF THE
SAN MATEO MEDICAL CENTER**

Reviewed and Approved: SMMC Board of Directors on March 5, 2015

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ARTICLE I

GENERAL

Section 1. Name. The name of the Hospital is San Mateo Medical Center (SMMC), which includes the main acute and ambulatory care facility, satellite clinics, and Burlingame Long Term Care (which is operated by a third-party pursuant to a management agreement).

Section 2. Principal Business Office. The principal business office shall be in the City of San Mateo, County of San Mateo, State of California.

ARTICLE II

PURPOSE

The purpose of SMMC is to open doors to excellence in healthcare to the community, including all incompetent, poor, indigent persons and those incapacitated by age, disease, or accident, when such persons are not supported or relieved by their relatives or friends, by their own means, or by other state or private institutions. Care shall be consistent with acceptable professional standards. Each client admitted to SMMC shall be under the care of a member of the medical staff. SMMC shall participate in activities that promote the general health of the community.

To achieve this important mandate, SMMC shall strive to provide quality care and treatment through acute inpatient, ambulatory, long term, rehabilitative and primary care services.

ARTICLE III

DEFINITIONS

1. Administrator – The Chief Executive Officer of San Mateo Medical Center.
2. Governing Board – The Governing Board of SMMC, which is comprised of members of the Board of Supervisors, county administration, the Medical Staff, and other qualified individuals as set out in Article V, Section 2.a. of these Bylaws.
3. Medical Staff – The formal organization of physicians, dentists, clinical psychologists and podiatrists who have been granted recognition as members of the medical staff through the credentialing process and have been granted privileges to practice at SMMC.
4. SMMC – San Mateo Medical Center, which provides: (1) medical and psychiatric emergency services; (2) acute inpatient and psychiatric services; (3) skilled nursing directly and through a management agreement; (4) clinical ancillary services, including laboratory, radiology, pharmacy and rehabilitative services; and (5) primary and specialty ambulatory services at multiple sites throughout San Mateo County.

ARTICLE IV

GOVERNING AUTHORITY

Section 1. General. The Board of Supervisors of San Mateo County (“Board of Supervisors”) is the governing authority of SMMC.

- a. Responsibility. The Governing Board, the Chief Executive Officer, the Medical Staff, all SMMC personnel, and the volunteers are responsible to the Board of Supervisors with regard to all SMMC matters.

No assignment, referral or delegation of authority by the Governing Board to any person or Board shall impair the Board of Supervisors right to rescind any such action at any time.

- b. Board of Supervisors Organization and Operation. The Board of Supervisors consists of five (5) elected members. They fulfill their responsibilities according to the State Constitution, statutes, County Charter, and ordinances.

Section 2. Delegation. In order to more efficiently perform some of the duties and responsibilities of the governing authority, the Board of Supervisors delegates to the Governing Board the authority and responsibility to act as the governing authority with respect to only those matters specifically identified in Article V, Section 1.

In order to retain its authority and responsibilities, the Board of Supervisors reserves all rights and responsibilities, pertaining to the SMMC operations that are not expressly provided for herein.

ARTICLE V

GOVERNING BOARD

- Section 1. General Duties. The Governing Board shall act as the governing authority with respect to the following:
- a. Establishment of Policy. The Governing Board shall establish policies that are in the best interest of SMMC.
 - b. Institutional Management and Planning.
 - 1) Operations Management. The Governing Board shall exercise general oversight of the operation of SMMC. Such oversight shall include:
 - a) Encourage the development, adoption, and implementation of programs for improving the quality of care and service and to assure that the SMMC operations are conducted according to sound principles and practices and in accordance with all laws and regulatory standards;
 - b) Prepare an annual operating and capital budget;
 - c) Monitor and evaluate the financial performance of SMMC against approved budget, organizational goals and outcome-based management plans;
 - d) Monitor SMMC cost containment efforts;
 - e) Review and approve Administrative Policies and Regulations necessary to assure the quality of care provided at SMMC;
 - f) Ensure, through SMMC, County Administrators and Medical Staff, that all legal requirements pertaining to proper operation of SMMC, including licensure and accreditation standards, are met;
 - g) Consider and approve any plans for change in service for the SMMC;
 - h) Provide a forum for communication between the Governing Board, the Medical Staff, and the County Administration by keeping each informed of pertinent actions taken or contemplated;
 - i) Develop and maintain, annually review, and revise as necessary, a set of operational Bylaws;

- j) Ensure that the physical facilities are safe and in substantial compliance with current code and licensure requirements.
 - k) To ensure that the SMMC and its medical staff have in place, continuously follow, and regularly report upon well-defined quality monitoring, continuous quality and performance improvement programs, and other appropriate procedures designed to identify and remedy patient care problems and to improve medical practice and patient care in the SMMC; and
- 2) Planning. The Governing Board shall be responsible for the institutional planning of SMMC and for assuring that those plans are carried out in an effective and efficient manner. Such planning shall include:
- a) Monitoring of annual operating budget and development and monitoring of short- and long-term capital expenditure plans designed to provide equipment and facilities consistent with community needs and the financial resources of the County; and
 - b) Ensuring participation by SMMC Administration and operating departments (including Nursing), the County Administration and Support Services, and the Medical Staff, within the scope of the expertise of each, to SMMC financial planning.
- 3) Quality Management. The Governing Board shall review, approve and oversee the quality management program of SMMC. Oversight includes:
- a) annual review and approval of an on-going, integrated and SMMC-wide Quality Management Plan;
 - b) review and approval of regular, at least quarterly, reports on quality management activities of SMMC and Medical Staff to ensure that opportunities to improve care and problems with quality care are being identified; and actions are being recommended, implemented, evaluated and that ongoing monitoring is occurring; that modification of action plans is recommended as appropriate;
 - c) ensure that the quality of care provided meets professional practice standards;
 - d) oversee SMMC mechanisms used to assure all persons and independent contractors connected with the operation of SMMC

are retained and promoted on the basis of current, competent performance that includes evaluation of the quality, skill, and appropriateness of that performance;

- e) conduct ongoing evaluation and annual review of the Governing Board's own effectiveness in meeting the responsibilities delegated to it.
- 4) Medical Staff Recommendations. The Governing Board shall receive and act upon recommendations from the Medical Executive Committee within a reasonable period. These recommendations shall include but not be limited to:
 - a) Medical Staff structure, organization, and officers;
 - b) Medical Staff membership credentialing and privilege delineation, corrective action, and termination mechanisms; and
 - c) Medical Staff Bylaws, Rules and Regulations.

Section 2. Number, Tenure and Qualifications

- a. Number and Qualifications. The number of members of the Governing Board shall not exceed nine (9).
 - 1) Two (2) members shall be appointed from Board of Supervisor membership. The current President of the Board of Supervisors shall make these appointments.
 - 2) One (1) member shall be a public member, selected by the Governing Board. The term shall be for four years. The public member may serve for no more than three, four year terms.
 - 3) Three (3) members shall be appointed from the Medical Staff membership. These appointees shall be made by the Medical Staff; one (1) member of which shall be the current Chief of the Medical Staff and one (1) shall be the Chief of Staff Elect. The Medical staff terms shall coincide with medical staff terms of appointment
 - 4) One (1) member shall be the County Manager or the County Manager's designee, and either the County Manager or designee may attend any given meeting as a member of the Governing Board at the County Manager's discretion.
 - 5) One (1) member shall be the Chief of the Health System of San Mateo County.

- 6) One (1) member shall be the Chief Executive Officer of SMMC.
- 7) Of those members who are appointed, their selection shall be based on demonstrated potential ability to participate effectively in fulfilling the responsibilities of the Governing Board and SMMC, and in representing or responding to the various needs of the community serviced by SMMC. They shall be selected for the experience, relevant areas of interest and expertise, and ability and willingness to participate effectively in fulfilling the responsibilities of a member. Members in good standing of the active Medical Staff are eligible for membership on the Governing Board.
- 8) Each member shall participate in an orientation session upon initial appointment as a member and periodically thereafter in continuing education programs relevant to responsibilities as a Governing Board member, including responsibilities and concepts of quality management and SMMC operations. Documentation of member's orientation and continuing education shall be maintained by the Secretary of the Governing Board.

- b. Tenure. The Governing Board and Medical Staff shall appoint or reappoint members to replace those Governing Board members whose terms have expired and to fill vacancies. Newly appointed Governing Board members shall assume responsibility at the next meeting after election.

Section 3. Vacancies. Any vacancy occurring by the death, resignation, or loss of position required for membership shall be filled within thirty (30) days in the case of appointed members and at the first meeting after assignment or election to the position for all other members. Appointed members may resign at any time by giving written notice to the Governing Board President. Such resignation, which may or may not be made contingent on formal acceptance, takes effect on the date of receipt or at any later reasonable time specified in the notice.

Section 4. Meetings.

- a. Regular Monthly Meetings. Regular monthly meetings of the Governing Board shall normally be held the first Thursday of each calendar month in the Board Room at SMMC. The Governing Board shall make a reasonable effort to maintain at least ten (10) meetings each calendar year.
 - 1) Public Meetings. Regular meetings of the Governing Board shall be open to the public.

- 2) Closed Sessions. The Governing Board may enter into Closed Session as authorized by state law.

- b. Special Meetings. Special meetings of the Governing Board may be called by a majority of the members or by the President. The purpose of any special meeting shall be stated in the notice and agenda thereof which shall be provided to each member of the Governing Board and other persons who have requested notice of special meetings, at least twenty-four (24) hours prior to the meeting. Special meetings will, insofar as practical, be confined to the purpose for which called.

- c. Notice of Regular Meetings. Notice of regular meetings shall be posted at least 72 hours prior thereto, and shall include the time, date, and agenda for the meeting.

- d. Quorum. A majority of the members of the Governing Board, five (5) members, shall constitute a quorum for the transaction of business at any meeting. The majority vote of members present shall decide any question and be the act of the Governing Board unless a greater number is required by law. There shall be no voting by proxy.

- e. Order of Business. Absent special circumstances, the order of business at all meetings shall be as follows:
 - 1) The call to order.
 - 2) Closed Session
 - 3) Public Comment
 - 4) Report from the Foundation
 - 5) The approval of minutes of prior meetings.
 - 6) Report of SMMC Business Requiring Board Action
 - 7) Report of Medical Staff Business requiring Board Action.
 - 8) Report from the CEO
 - 9) Report from the Board of Supervisors
 - 10) Report from the County Manager
 - 11) Report from the Chief of the Health System
 - 12) Adjournment

Minutes shall be maintained of all regular and special meetings to include deliberations, recommendations and actions of the Governing Board. The Governing Board may by resolution designate a person to take minutes of deliberations in closed session as provided for in Government Code Section 54957.2.

- f. Conflict of Interest. Any Governing Board member, officer, employee or committee member having an interest in a contract or other transaction presented to the Governing Board or to a Governing Board Committee for

authorization, approval, or ratification shall give prompt, full, and frank disclosure of said interest to such Board prior to its acting on the contract or vote, whether the disclosure shows that a conflict of interest exists or can reasonably be construed to exist. If a conflict is determined to exist, such person shall not vote, nor use personal influence on, nor participate in the discussions or deliberations with respect to such contract or transaction. A person who discloses a conflict of interest must abstain from discussion, influence, participation and may not vote on the matter. A person determined to have a conflict of interest shall not be counted when establishing the existence of a quorum at any meeting when the contract or transaction is under discussion or being voted upon. Minutes of the meeting shall reflect the disclosure, the vote or abstention thereon and the presence or absence of a quorum.

- g. Disclosing Conflict of Interest. Governing Board members, officers, selected employees, and contractors of SMMC shall report to the Governing Board any existing or potential conflict of interest and shall file annual disclosure statements with the County Clerk.

ARTICLE VI

OFFICERS AND COMMITTEES

Section 1. Officers. There shall be two (2) appointed officers of the Governing Board.

- a. Governing Board President. The President of the Governing Board shall be a member of the Board of Supervisors serving on the Governing Board. The President shall be agreed upon between the two members of the Board of Supervisors serving on the Governing Board. The newly designated President shall assume responsibility upon adjournment of the January meeting of the Governing Board. The President shall preside over all meetings of the Governing Board, supervise the activities of the Governing Board and serve as an ex-officio voting member of all Governing Board Committees. In the President's absence, the other member of the Board of Supervisors serving on the Governing Board shall preside over the Governing Board meeting. In the absence of both members of the Board of Supervisors, the County Manager or Chief Executive Officer will preside over the Governing Board meeting.
- b. The Chief Executive Officer of SMMC shall serve as the official Secretary of the Governing Board. The Secretary shall keep or cause to be kept at the principal office or at such other place as the Governing Board may determine, a book of minutes of all meetings. The Secretary shall give or cause to be given notice of all meetings of the Governing Board as required by these Bylaws or by law. At the discretion of the Secretary, an employee of SMMC may be designated to perform the secretarial services of the Governing Board, which may include the following functions: take minutes of all meetings, maintain documentation of Governing Board members and report conflict of interest statements annually.

Section 2. Standing or Advisory Committees. The creation of Governing Board committees is discretionary. Each standing committee shall have and exercise the powers and authority granted in the resolution creating it. Minutes shall be kept of its proceedings and reports of its actions shall be reported to the Governing Board. Actions taken by any standing committee are subject to ratification by the Governing Board. Standing committees shall comply with vacancies, meeting notices, quorum, order of business, and duality of interest clauses of these Bylaws. The Governing Board may also appoint advisory committees.

ARTICLE VII

ADMINISTRATION

- Section 1. General. The SMMC is administered through the countywide organization structure of which it is a part. The Chief Executive Officer of SMMC reports to the Chief of the Health System, who reports to the County Manager who reports directly to the Board of Supervisors of San Mateo County.
- Section 2. Appointment and Authority. The Chief of the Health System shall monitor the performance of the Chief Executive Officer of SMMC. The Chief Executive Officer of SMMC shall be qualified for the position through appropriate education and experience. The Chief Executive Officer is hereby given authority and responsibility for the administration of SMMC and all its activities and departments subject to the County Charter, ordinances and resolutions of the Board of Supervisors. The Chief Executive Officer shall:
1. Ensure appropriate notice of all meetings of the Governing Board is sent; receive and attend to all correspondence relating to SMMC; act as custodian of all records and reports relating to SMMC, and keep records of all meetings of the Governing Board.
 2. Attend all meetings of the Governing Board as a fully vested voting member.
 3. Submit monthly to the Governing Board or its authorized committees reports showing the professional service and financial activities of SMMC and to prepare and submit any special reports that may be required by the Governing Board and/or Board of Supervisors.

ARTICLE VIII

MEDICAL STAFF

Section 1. Organization. The Governing Board shall appoint a Medical Staff to provide medical service at SMMC. The Medical Staff shall be responsible for the quality of care provided to patients at the SMMC. The Medical Staff shall be a responsible administrative unit, accountable to the Governing Board. Said staff shall be composed of physicians, dentists, clinical psychologists, and podiatrists who are graduates of recognized schools of medicine, osteopath, dentistry, psychology or podiatry, are licensed to practice in California, are in good standing, and who meet the qualifications as set forth in the Bylaws of the Medical Staff.

Appointment and membership to the Medical Staff is a prerequisite to the exercise of clinical privileges in SMMC, except as otherwise specifically provided in the Medical Staff Bylaws.

Each member of the Medical Staff shall have full authority and responsibility for the care of his or her patients, subject only to such limitations as are imposed by the Governing Board, and subject, further, to any limitations or conditions attached to the staff member's appointment. Approval by the Governing Board shall be required to effect the appointment, reappointment, designation of clinical privileges, and clinical department/service assignment at SMMC.

Section 2. Medical Staff Bylaws, Rules and Regulations. The Medical Staff shall propose and adopt by vote Bylaws, Rules and Regulations setting forth its organization, including selection of officers, its government, quality of care protocols, procedure for the granting of clinical privileges, and provisions for a review of the Medical Staff's recommendations with respect to appointment, reappointment, or termination of appointment to the Medical Staff, and granting or curtailment of clinical privileges. Bylaws, Rules and Regulations shall be consistent with applicable law, regulatory and accreditation standards and SMMC policy. Such Medical Staff Bylaws, Rules and Regulations shall become effective when, and in the form, approved by the Governing Board or at such later date as the Governing Board may specify. Medical Staff Bylaws shall be reviewed annually by the Medical Staff and recommended to the Governing Board for review and approval of any changes.

Section 3. Medical Staff Membership and Clinical Privileges. The Medical Staff shall be delegated the responsibility and authority to investigate and evaluate all matters relating to Medical Staff membership status, clinical privileges, and corrective action, and shall require that the staff make recommendations thereon. The Governing Board shall then take final action on all such matters after considering

the staff recommendations forwarded, provided that the Governing Board may act in any event if the staff fails to adopt and submit any such recommendation within the time period required by the Medical Staff Bylaws. Such Governing Board action without a staff recommendation shall be based on the same kind of documented investigation and evaluation of current ability, judgment, and character as is required for staff recommendations.

The Medical Staff Bylaws shall contain provisions for the staff to adopt and forward to the Governing Board specific written recommendations on all matters of Medical Staff membership status, clinical privileges and corrective action, and to support and document its recommendations in a manner that will allow the Governing Board to take informed action.

In acting on matters of Medical Staff membership status, the Governing Board shall consider the staff's recommendations, SMMC and the community's needs, and such other criteria as set forth in the Medical Staff Bylaws. In granting and defining the scope of clinical privileges to be exercised by each practitioner, the Governing Board shall consider the staff's recommendations and supporting information on which they are based and such criteria as are set forth in the Bylaws. No aspect of membership status nor specific clinical privileges shall be limited or denied to a practitioner on the basis of sex, race, creed, color, or national origin.

Any differences in recommendations concerning Medical Staff appointments, reappointments, termination of appointments, and granting or revising of clinical privileges will be resolved in a reasonable period of time by the Governing Board and the Medical Staff.

The procedure to be followed by the Medical Staff and Governing Board in acting on matters of membership status, clinical privileges, and corrective action shall be specified in the Medical Staff Bylaws.

Section 4. Corrective Action and Fair Hearing Plan. The Governing Board shall require that any action taken by the Executive Committee of the Medical Staff, or by the Governing Board, the effect of which is to deny, revoke, suspend, or reduce a practitioner's staff appointment, reappointment, department affiliation, staff category, admitting prerogatives, or clinical privileges shall, except under circumstances for which specific provision is made in the Medical Staff Bylaws, be accomplished in accordance with the Governing Board approved Corrective Action and Fair Hearing Plan then in effect. Such Plan shall provide for procedures to assure fair treatment and afford opportunity for the presentation of all pertinent information.

Should the Medical Staff via its designated structure, fail to investigate or take disciplinary action, contrary to the weight of the evidence, the Governing Board may direct the Medical Executive Committee to initiate investigation or disciplinary action, but only after consultation with the Medical Executive Committee. If the

Medical Executive Committee fails to take action in response to that direction, the Governing Board may initiate corrective action, but this corrective action must comply with Corrective Action and Hearing and Appellate Review Articles of the Medical Staff Bylaws.

Section 5. Affiliates to the Medical Staff and Physicians in Training. The Governing Board may authorize qualified persons to provide services allied with the medical services provided by members of the Medical Staff. Said authorization shall be granted in accordance with and subject to the Bylaws and Rules and Regulations of the Medical Staff.

ARTICLE IX

QUALITY MANAGEMENT

- Section 1. General. The Quality Improvement Program establishes guidelines for improving clinical and organizational performance with SMMC. The intent is to serve the mission of opening doors to excellence in healthcare through quality/performance improvement.
- Section 2. Governing Board Responsibility. The Governing Board ensures that adequate resources are provided to comply with laws and regulations and receives reports regarding status of programs. The Board participates in the development of long-range goals and the Mission of the Organization.
- Section 3. Delegation to Administration and to the Medical Staff. The Governing Board delegates to the leadership of SMMC, including the Medical Staff, the responsibility for conducting specific activities that contribute to the preservation and improvement of the quality of patient care. These responsibilities include the evaluation and peer review of the practitioner performance, including Affiliates to the Medical Staff and Physicians in Training; ongoing monitoring of critical aspects of care; review of utilization of SMMC's resources; provision of continuing professional education; recommendations on the clinical privileges which may be appropriately granted and delineation of clinical privileges for appointees of the Medical Staff commensurate with individual credentials and demonstrated ability and judgment and such other measures as the Governing Board may deem necessary for the preservation and improvement of the quality patient care.

The Quality Improvement Program provides consistent framework and structure for SMMC to follow in order to achieve the objective of continually improving the delivery of health care for all who seek help from SMMC. The Plan provides the framework for facilitating improvement efforts across the organization.

The facilities maintenance and safety programs include a mechanism of reporting the status of SMMC mechanical, electrical, and structural systems directly to the Board through the Chief Executive Officer. The Board delegates to the Chief Executive Officer the responsibility and authority to immediately resolve any facility safety issue where danger to patients, staff or visitors is identified.

- Section 4. Receipt of Reports on Quality. The Governing Board receives reports on organization and quality/performance activities, including environment of care, patient safety and human resource effectiveness through the Medical Executive Committee.

ARTICLE X

AUXILIARY

Section 1. Creation. A SMMC Auxiliary may be formed and approved under the terms and conditions of SMMC Policies and Procedures.

Section 2. Bylaws. Written Policies, Bylaws and Amendments thereto, and activities of the Auxiliary shall be subject to approval by the Governing Board. Bylaws shall set forth the Auxiliary's purpose, organization and functions.

ARTICLE XI

BYLAWS AND AMENDMENTS

- Section 1. Review. These Bylaws shall be reviewed in their entirety to assure reflection of current responsibilities of the Governing Board to SMMC and community, and representation of current philosophy and direction. Review shall occur annually, and when appropriate, amendments shall be proposed to these Bylaws to meet the needs of the SMMC.
- Section 2. Amendments. These bylaws may be amended or repealed and new Bylaws adopted by a majority vote of the number of Governing Board members fixed by the Bylaws at any regular or special meeting, provided written notice of this intent has been given by the Secretary to each member at least thirty (30) days in advance of the meeting.
- Section 3. Hospital Standard of Care. These Bylaws do not create any standard of care for purposes of litigation. The standard of care applicable to the SMMC for purposes of litigation shall be a community standard, i.e. that level of care required of health care providers in the same or a similar community. Notwithstanding the foregoing, the SMMC shall strive to continuously maintain and improve the quality of care available at the SMMC.

These Bylaws have been reviewed and approved effective March 2015.

Susan P. Ehrlich
Chief Executive Officer
SAN MATEO MEDICAL CENTER (SMMC)

Date

Honorable Adrienne Tissier
President, San Mateo Medical Center Board of Directors
COUNTY OF SAN MATEO

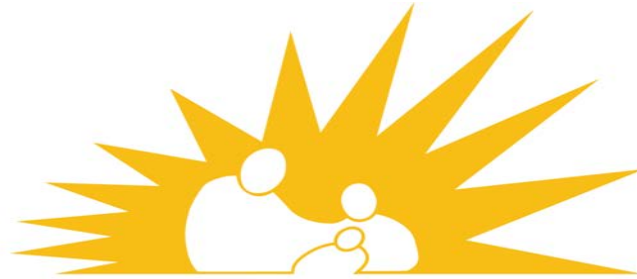
Date



San Mateo Medical Center
A County System of Healthcare

TAB 2

ADMINISTRATION REPORTS



San Mateo Medical Center
A County System of Healthcare

**January FY 2014-15
Financial Report**

**Board of Directors Meeting
March 5, 2015**

Financial Highlights

Bottom Line:

- January: \$1.6 million net income
 - Revenue favorable \$500k (3%)
 - Operating expenses favorable \$1.1 million (5%)
- YTD: \$2.1 million net income

Financial Drivers:

- Favorable HPSM capitation membership
- Inpatient days and ED visits slightly unfavorable
- Favorable clinic visits & ancillary procedures
- Contracted services favorable due to new CEP contract and reduced nursing registry

Financial Highlights

Forecast:

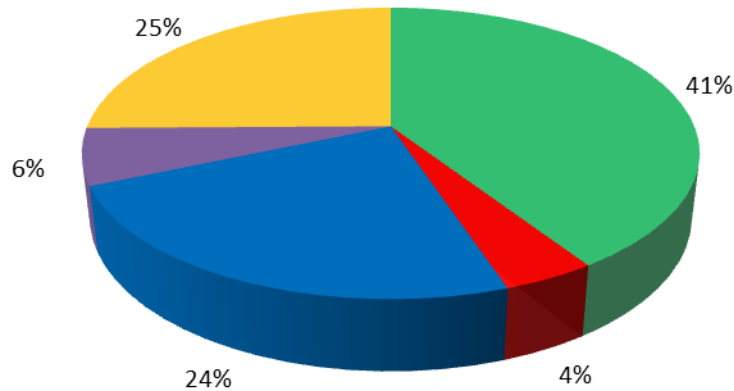
- Full year results are forecasted to be \$3 million positive due to implementation of the new HPSM capitation rates

Risks & Opportunities:

- HPSM Capitation Membership
- Supplemental revenue displacement (e.g. DSH)
- Capitation rate reductions (State to HPSM)
- Medi-Cal dis-enrollments
- FQHC Cost Report reconciliations
- RN Staffing for high winter inpatient census

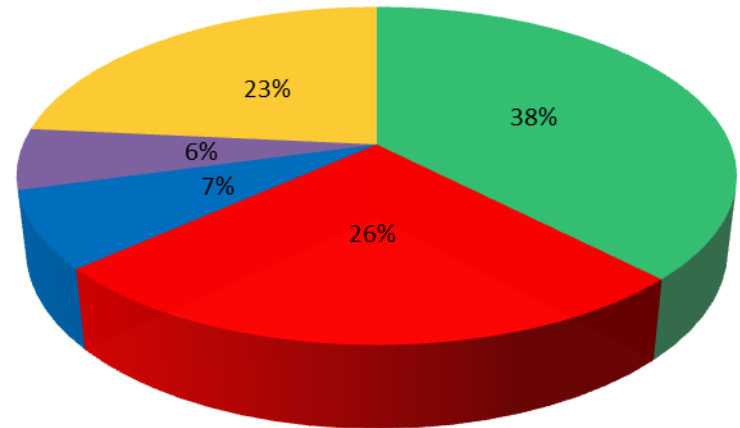
Revenue Mix

Before Capitation (Jan 2014 - Jun 2014)



■ Patient Net ■ Capitation ■ Supplemental ■ Other ■ County Contribution

After Capitation (Jul 2014 - Jan 2015)



■ Patient Net ■ Capitation ■ Supplemental ■ Other ■ County Contribution

Capitation is a payment arrangement for health care service providers such as hospitals and physicians. It pays a hospital and physician or group of physicians a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.

San Mateo Medical Center
Income Statement
January 31, 2015

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	1,610,075	0	1,610,075	Green	2,136,920	0	2,136,920	Green	
2 HPSM Medi-Cal Members Assigned to SMMC	35,843	32,282	3,561	11%	241,582	225,974	15,608	7%	
3 HPSM Newly Eligible Medi-Cal Members Assigned to SMMC	16,651	14,000	2,651	19%	105,463	98,000	7,463	8%	
4 Patient Days	2,795	2,814	(19)	-1%	18,957	19,516	(559)	-3%	
5 ED Visits	4,241	4,360	(119)	-3%	26,037	30,242	(4,205)	-14%	
6 ED Admissions %	6.1%	-	-	Green	6.4%	-	-	Green	
7 Surgery Cases	196	239	(43)	-18%	1,649	1,735	(86)	-5%	
8 Clinic Visits	19,847	19,760	87	0%	135,175	143,258	(8,083)	-6%	
9 Ancillary Procedures	64,041	59,569	4,472	8%	419,103	431,386	(12,283)	-3%	
10 Acute Administrative Days as % of Patient Days	6.2%	9.0%	2.8%	31%	8.5%	9.0%	0.5%	6%	
11 Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status)	61.8%	58.0%	-3.8%	-7%	69.3%	58.0%	-11.3%	-20%	
Pillar Goals									
12 Patient Revenue per Adjusted Patient Day	689	664	25	4%	728	670	58	9%	
13 Operating Expenses per Adjusted Patient Day	1,964	1,932	(32)	-2%	1,957	1,950	(7)	0%	
14 Full Time Equivalent (FTE)	1,030	1,085	55	5%	1,012	1,085	73	7%	

HPSM Medi-Cal Managed Care Capitation Performance

Membership & Utilization

Membership	Actual	Budget	Variance	% Variance	
January	16,651	14,000	2,651	19%	●
January YTD (member months)	105,463	98,000	7,463	8%	●
Dec 2014 YTD Utilization per 1,000 members	Actual	Budget	Variance	% Variance	
Acute inpatient days	114	116	2	2%	●
ED visits	392	467	75	16%	●
Clinic visits	2,533	3,163	631	20%	●

Below budget is good for capitation, but not good for FFS

Jan 2015 YTD Financial

	PMPM Actual	PMPM Budget	PMPM Variance	Dollar Variance	
Revenue	\$ 274	\$ 274	\$ -	\$ 2,046,013	●
Expenses	\$ 213	\$ 227	\$ 14	\$ 3,762,947	●
Net	\$ 61	\$ 47	\$ 14	\$ 1,427,552	

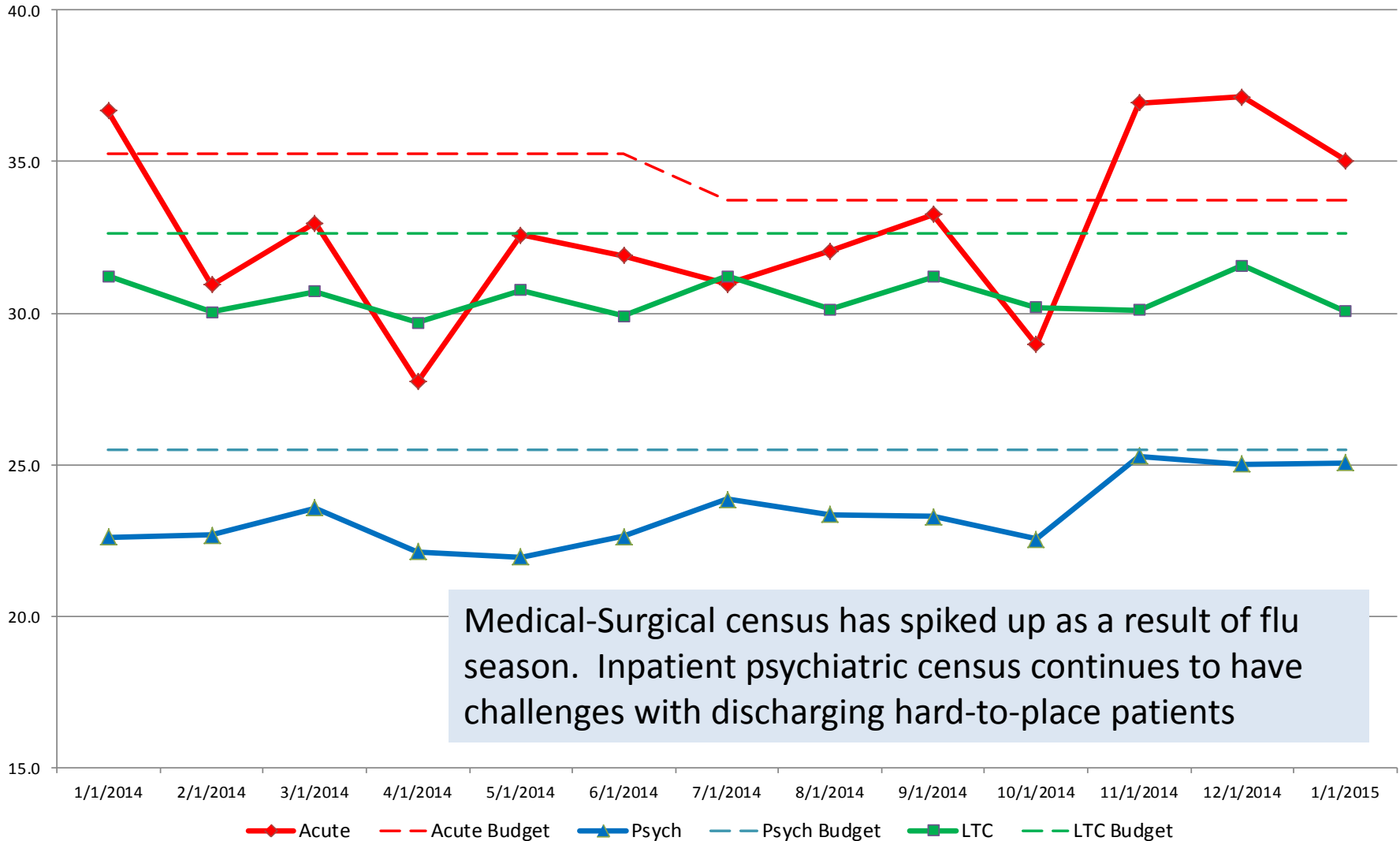
APPENDIX

**San Mateo Medical Center
Inpatient Census
January 31, 2015**

MONTH			
Actual	Budget	Variance	Stoplight
2,795	2,814	(19)	-1%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
18,957	19,516	(559)	-3%

Patient Days



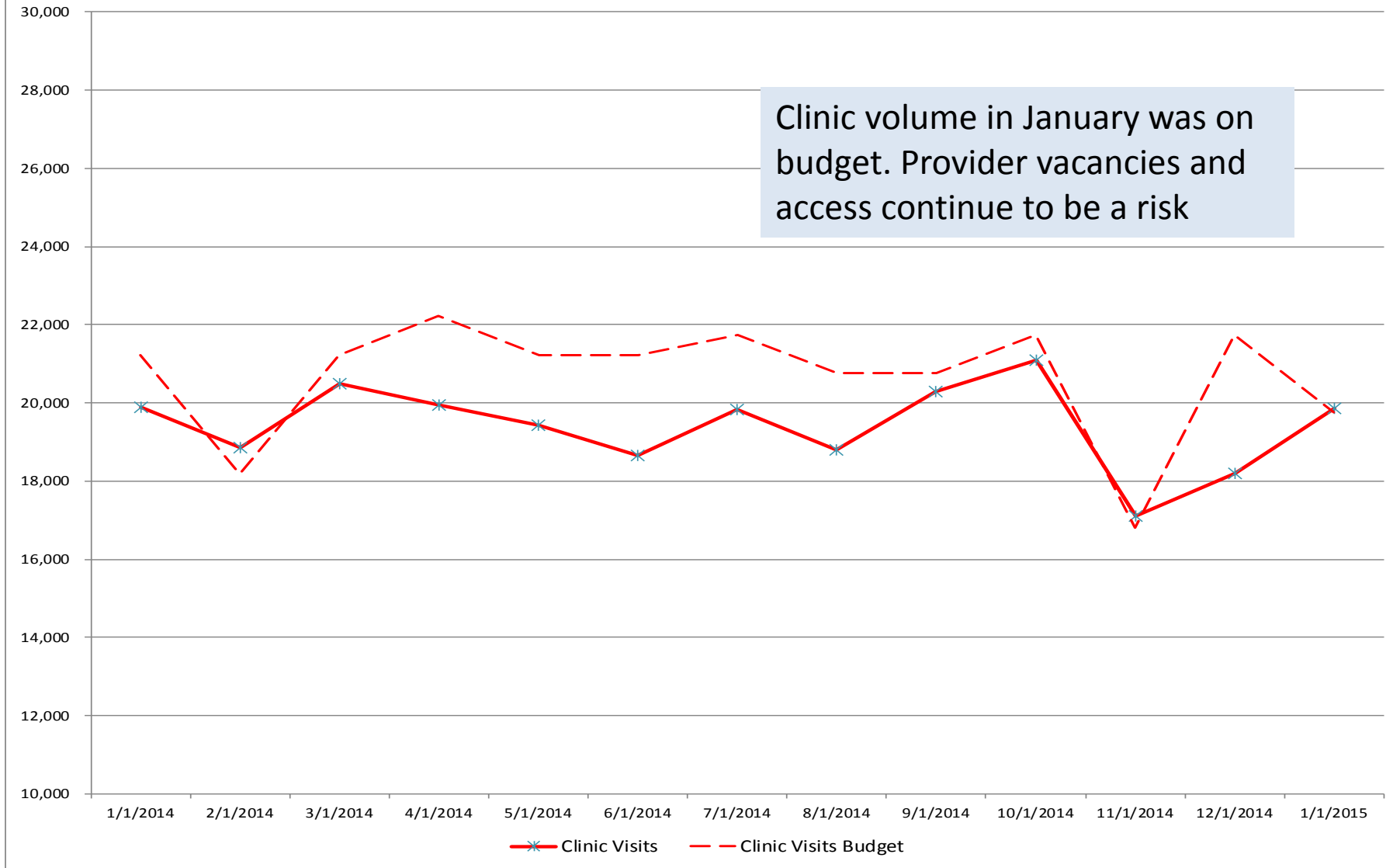
Medical-Surgical census has spiked up as a result of flu season. Inpatient psychiatric census continues to have challenges with discharging hard-to-place patients

**San Mateo Medical Center
Clinic Visits
January 31, 2015**

MONTH			
Actual	Budget	Variance	Stoplight
19,847	19,760	87	0%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
135,175	143,258	(8,083)	-6%

Clinic Visits

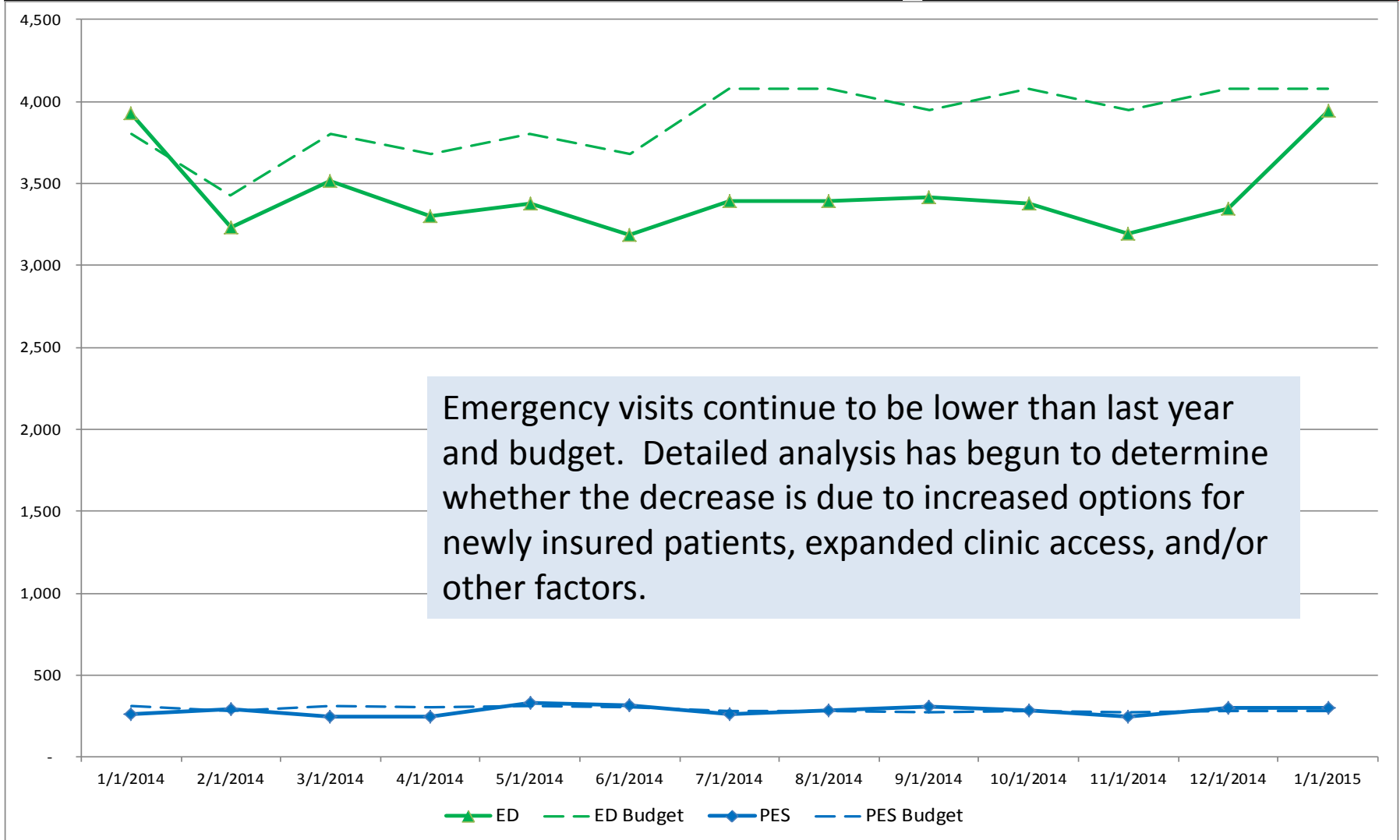


San Mateo Medical Center
 Emergency Visits
 January 31, 2015

MONTH			
Actual	Budget	Variance	Stoplight
4,241	4,360	(119)	-3%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
26,037	30,242	(4,205)	-14%

ED Visits							
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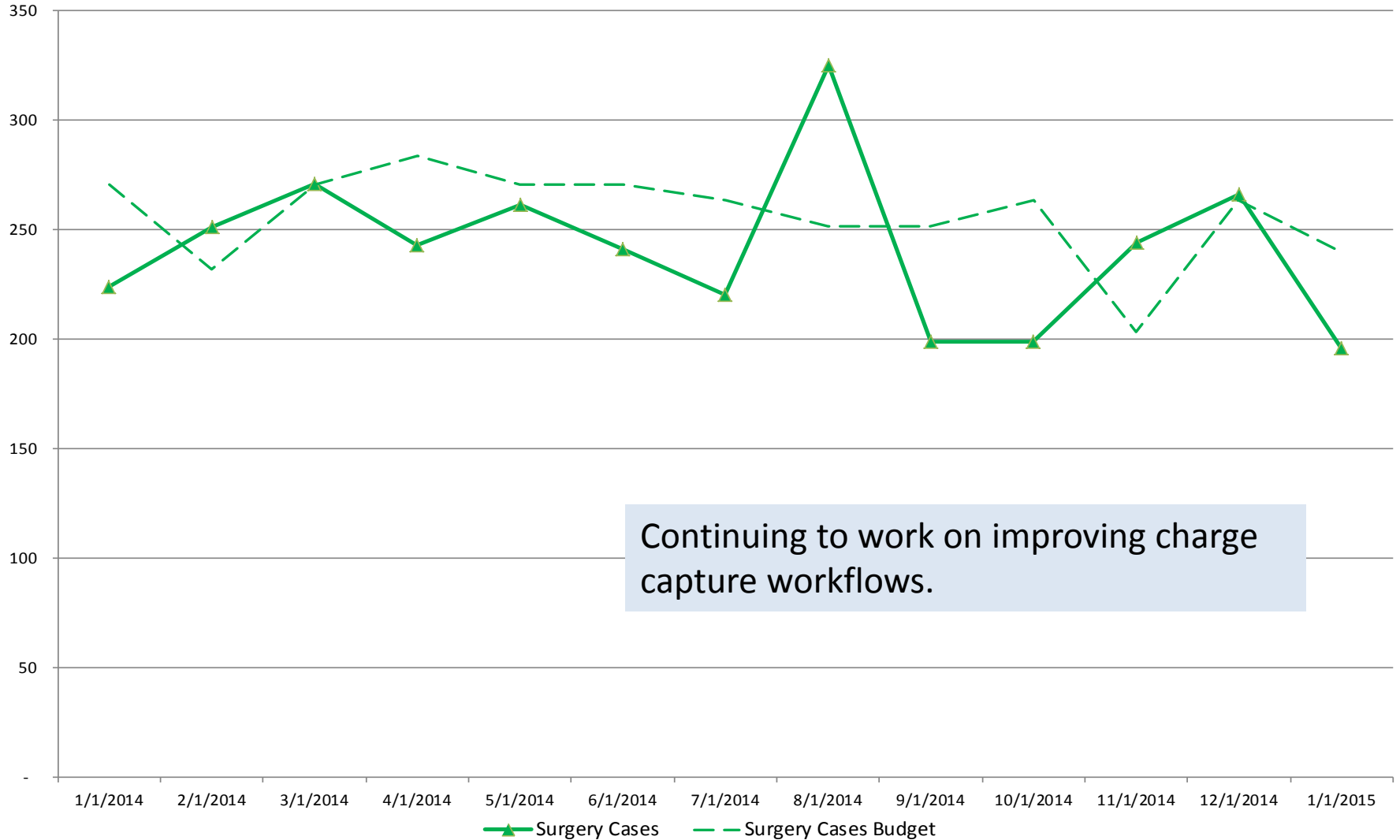


San Mateo Medical Center
Surgery Cases
January 31, 2015

MONTH			
Actual	Budget	Variance	Stoplight
196	239	(43)	-18%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
1,649	1,735	(86)	-5%

Surgery Cases

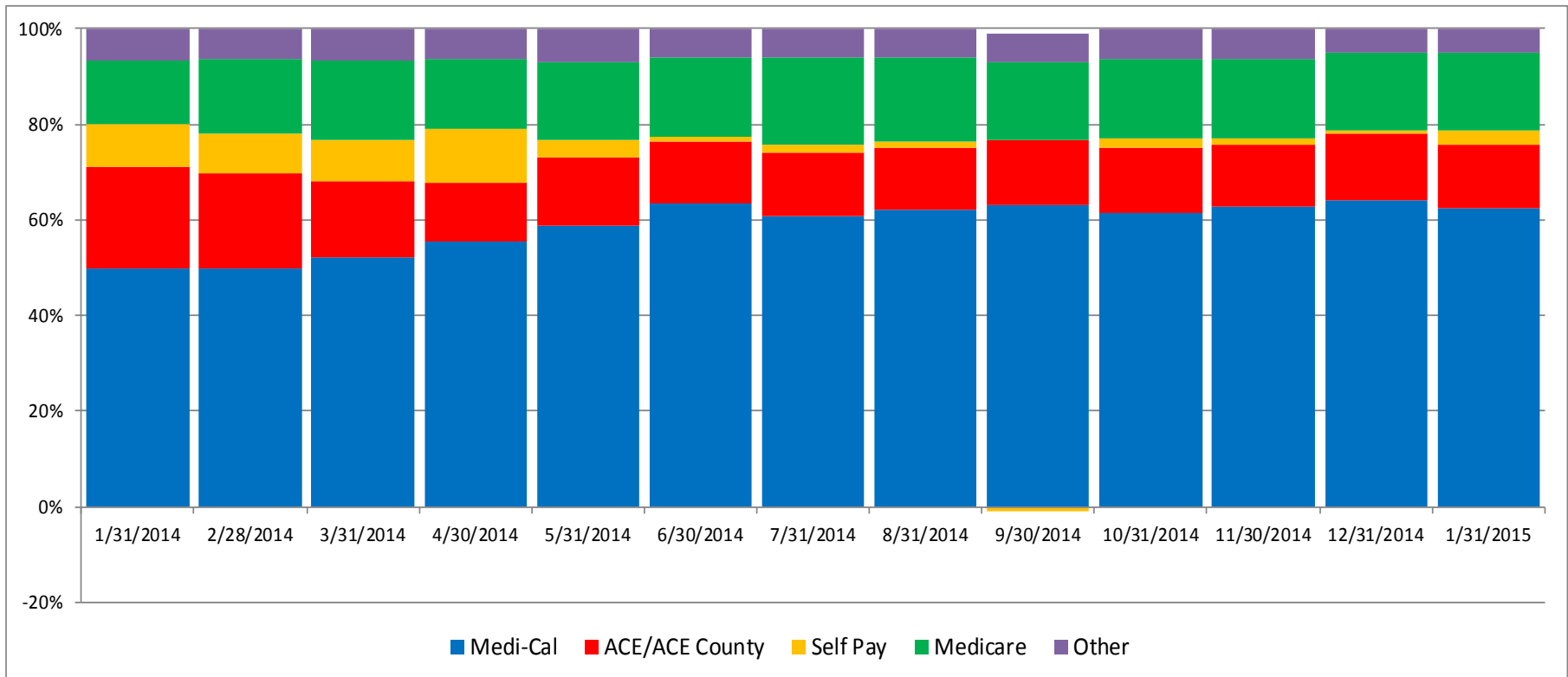


San Mateo Medical Center

Payer Mix

January 31, 2015

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Payer Type by Gross Revenue	A	B	C	D	E	F	G	H
15 Medicare	16.3%	15.3%	1.0%		16.3%	15.3%	1.0%	
16 Medi-Cal	62.5%	50.6%	11.9%		62.5%	50.6%	11.9%	
17 Self Pay	2.9%	8.7%	-5.7%		2.9%	8.7%	-5.7%	
18 Other	5.0%	6.5%	-1.5%		5.0%	6.5%	-1.5%	
19 ACE/ACE County	13.3%	18.9%	-5.6%		13.3%	18.9%	-5.6%	
20 Total	100.0%	100.0%			100.0%	100.0%		



**San Mateo Medical Center
Income Statement
January 31, 2015**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	8,213,732	8,302,734	(89,002)	-1%	54,788,460	58,119,137	(3,330,677)	-6%
22 Outpatient Gross Revenue	23,500,354	25,740,448	(2,240,094)	-9%	164,404,152	180,183,138	(15,778,987)	-9%
23 Total Gross Revenue	31,714,086	34,043,182	(2,329,096)	-7%	219,192,612	238,302,276	(19,109,664)	-8%
24 Patient Net Revenue	7,431,805	7,662,140	(230,335)	-3%	55,196,025	53,634,983	1,561,042	3%
25 Net Patient Revenue as % of Gross Revenue	23.4%	22.5%	0.9%	4%	25.2%	22.5%	2.7%	12%
26 Capitation Revenue	7,342,048	6,478,895	863,153	13%	37,510,377	45,352,264	(7,841,887)	-17%
27 Supplemental Patient Program Revenue	1,581,379	1,582,165	(786)	0%	10,801,186	11,075,158	(273,972)	-2%
(Additional payments for patients)								
28 Total Patient Net and Program Revenue	16,355,232	15,723,201	632,031	4%	103,507,588	110,062,406	(6,554,818)	-6%
29 Other Operating Revenue	1,035,185	1,200,055	(164,871)	-14%	8,524,668	8,400,386	124,283	1%
(Additional payment not related to patients)								
30 Total Operating Revenue	17,390,417	16,923,256	467,161	3%	112,032,256	118,462,791	(6,430,535)	-5%

San Mateo Medical Center
Income Statement
January 31, 2015

	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	12,967,055	12,379,814	(587,242)	-5%	85,218,102	86,658,696	1,440,593	2%	
32 Drugs	504,280	879,447	375,167	43%	4,028,151	6,156,128	2,127,977	35%	
33 Supplies	878,529	1,031,914	153,384	15%	5,841,845	7,223,395	1,381,550	19%	
34 Contract Provider Services	2,145,289	2,752,852	607,563	22%	18,350,487	19,269,962	919,474	5%	
35 Other fees and purchased services	2,951,093	3,412,372	461,279	14%	22,527,300	23,886,607	1,359,307	6%	
36 Other general expenses	535,701	599,716	64,015	11%	3,933,211	4,198,009	264,798	6%	
37 Rental Expense	164,023	183,335	19,312	11%	1,136,414	1,283,347	146,933	11%	
38 Lease Expense	812,031	812,030	(1)	0%	5,684,213	5,684,212	(0)	0%	
39 Depreciation	241,114	240,914	(200)	0%	1,687,800	1,686,397	(1,403)	0%	
40 Total Operating Expenses	21,199,116	22,292,393	1,093,278	5%	148,407,524	156,046,753	7,639,229	5%	
41 Operating Income/Loss	(3,808,699)	(5,369,137)	1,560,438	29%	(36,375,267)	(37,583,962)	1,208,694	3%	
42 Non-Operating Revenue/Expense	513,259	463,628	49,631	11%	4,173,618	3,245,398	928,220	29%	
43 Contribution from County General Fund	4,905,515	4,905,509	6	0%	34,338,570	34,338,564	6	0%	
44 Total Income/Loss (GAAP) (Change in Net Assets)	1,610,075	0	1,610,075		2,136,920	0	2,136,920		



SAN MATEO COUNTY HEALTH SYSTEM

DATE: March 5, 2014
TO: SMMC Board Members
FROM: Susan Ehrlich, M.D., Chief Executive Officer
RE: CEO Report to the Hospital Board and SMMC Leadership

QUALITY IMPROVEMENT AND SAFETY:

LEAN UPDATES:

Highlighted Accomplishments:

- The primary care team has increased the percentage of patients with perfect diabetes care to 29%, coming very close to meeting their goal of 30%.
- On 3AB, the percent of safety plans not updated has consistently decreased from 25% at the end of January, to 0% at the end of February.
- The Business Intelligence team has published the catalog of all 93 available reports on the intranet, completing one of its target goals.

Other LEAP Updates, from December 2014 and January 2015:

- **SMMC hosts Bay Area LEAP leadership system learning visit:** On Thursday, February 5th, SMMC and the LEAP Institute hosted 25 improvement leaders (clinicians, executives and managers,) from the California Association of Public Hospitals, San Francisco General Hospital, Contra Costa Regional Medical Center, and Sutter Health System. They came to see SMMC's new leadership system in action. They spent the morning at Fair Oaks Health Center and watched Fair Oaks' status sheet meetings, and huddles. The afternoon was spent in conversation with SMMC's executives/managers/medical staff leaders about our experiences with LEAP and the leadership system. A Sutter Health System Vice President reported, *"You organized an exceptional day of learning. I am truly humbled by the leadership team's commitment and depth of experience in teaching the organization. San Mateo County Health System is special and has a lot to offer other organizations trying to follow your lead. Thank you for sharing."*
- **5S Event on Inpatient Unit (2AB):** The first phase of this event took place 2/11 to 2/13, and the main goal was to improve workspace organization, improve workspace ergonomics, and reduce waste in the work area. The work focused on the 2A supply closet and included area floor upgrades. The second phase took place on 2/23 to 2/24 and consisted of finishing par levels, labels, and evaluating a new system for supply management.



- **1 Day New Patient Access Design Event:** The Primary Care team held a 1 day LEAP design workshop to develop a workflow for established patients calling clinics on the new phone system. The team designed processes so that the right person would get the call with a minimum number of hand offs.

LEAP in the Health System:

- **LEAP officially goes system-wide:** In order to best support having LEAP improvement strategies available to all divisions, LEAP Institute oversight will transition to our Health System Chief, Jean Fraser, effective July 1. The LEAP Institute will continue to be deeply involved in SMMC's improvement work while widening its focus to support other divisions. This is a great indication of LEAP's success, and in particular the LEAP Institute's success in supporting our improvement work.
- **Public Health Lab 3P (Production Preparation Process workshop):** This event planned improvements to the PH lab's workspace in order to reduce waste from the moment when a sample comes into the Lab to when the results go out of the Lab. The team worked to improve the Public Health Lab's current cramped workspace, maximize efficiency of work and storage spaces, and level staff workloads.

PATIENT AND STAFF EXPERIENCE:

- **Record response to SMMC Staff Engagement survey:** 597 individuals completed the SMMC staff engagement survey – the highest participation we've ever had on the survey. We expect the results from Press Ganey in early April and will then share the results with all staff and providers. In the meantime, the results from the County Manager's employee engagement survey are in, showing improvement on 86% of the statements. In particular, there was significant improvement on the following statements:
 - I have the tools to do my job.
 - My direct manager/supervisor is easy to talk to about things that go wrong on my job.
 - I have opportunities to influence policies and decisions that affect my work.
 - My management team helps me understand how the work I do contributes to the organization's goals.
 - My understanding of what my immediate work group is trying to accomplish is good or very good.
 - In the past three months, I have been recognized or acknowledged for my work.

Staff continue to list serving patients and the community as the number one reason they work at SMMC. Coworkers and the County benefits package are also highly valued. Staff identified technology (updated computers, an integrated electronic health record, better ISD support) and staffing (better hiring process, more training, more support) as areas needing improvement. More opportunities to get involved, better communication, and improved listening skills are also needed.

- **One patient's experience of care at SMMC from our Press Ganey survey:** "We were at first concerned about the hospital as compared to Mills because of it being so old. Mother's condition was so serious they could not transfer her to Mills. They had to take her to the nearest ER - I was blown away by the care given to Mom by the staff. The nurses are so kind and

compassionate. They made sure to give her the attention she needed and then some. The doctors were very good but Dr. S was one of the most kind, caring, thorough and competent doctors to have ever cared for my mother. She is a treasure. I would return just to have her as our doctor. Everyone who came into contact with us on the staff were truly wonderful. Thank you! Great team experience from both doctors and nurses."

FINANCIAL STEWARDSHIP:

- **Finance Leadership:** Over the past several months we have successfully filled three key leadership vacancies on our Finance team:
 - In November, Cassidy Hoehn joined our team as the Director of Materials Management. Our interim Director, Miguel Sandoval, is working with Cassidy on the transition and will continue to provide consulting services for our Non-Labor Expense Reduction Program and guiding our RFP process for the renewal of our Group Purchasing Organization services.
 - In December, Kathryn Calafato joined our team as Controller. Kathryn's responsibilities include General Accounting, Accounts Payable, Payroll and Cost Report Reimbursement functions. Her key focus is to continue development of our finance staff, strengthen our internal control processes and streamline our accounting processes.
 - In late March, Portia Dixon will join our team as the Manager of Patient Financial Services, overseeing our patient billing and collections operations. Our interim manager, Kris Rozzi, will return to her full time role as Revenue Integrity Manager, with a focus on auditing our Revenue Cycle compliance with federal, State and local rules and regulations.
 - I very much appreciate Kris Rozzi's and Miguel Sandoval's work as interim managers, and their devotion to assisting our permanent managers in their new roles.
- **340B Drug Program Compliance Committee kicks off:** The 340B Drug Pricing Program was established by federal legislation in 1992 and requires drug manufacturers to provide outpatient drugs to eligible health care organizations at significantly reduced prices. The 340B Program enables health care organizations, such as San Mateo Medical Center, to stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services. In February, SMMC established a 340B Compliance Committee, whose charter is to develop a 340B compliance plan, assess and correct compliance gaps, and oversee audit readiness activities. We plan to update the Hospital Board on our 340B compliance plan at regular intervals.

COMMUNITY PARTNERSHIP:

- **Spotlight on Project Search:** Project Search is an internationally recognized program dedicated to building a workforce that includes people with disabilities. Its goal is to offer training opportunities for recent high school graduates so they can get a competitive job. At SMMC, we have been collaborating with the San Mateo Union High School District and the California Department of Rehabilitation to implement this program. Our February 4th Project Search Open House highlighted the work of 11 young people who have worked at SMMC in food and nutrition, short stay, health information management, pediatrics, resource management, operating room,

pharmacy, rehabilitation, linen, and distribution. Some of these individuals will be going on to take permanent roles at SMMC, and in other businesses.

- **San Mateo Area Chamber of Commerce recognizes SMMC**: At its 2015 Business Recognition Awards on February 12, 2015, the San Mateo Area Chamber of Commerce and the City of San Mateo recognized SMMC for its outstanding community service. Along with this award, we received proclamations from the San Mateo City Council, the San Mateo County Board of Supervisors, the California State Assembly, and the California State Senate. This is the first award of its type for SMMC!

*Check out our most recent blog post: "Thanksgiving and Gratitude"
<http://smmcblog.wordpress.com/>*



To: SMMC Board Members
From: Jean S. Fraser, Chief
Subject: Health System Monthly Snapshot – February 2015

Table with 3 columns: Indicator, Short-Term Change over Previous Month, Long-Term Change over Last Year. Rows include ACE Enrollees, San Mateo Medical Center Emergency Department Visits, and New Clients Awaiting Primary Care Appointment.

Training Makes a Difference for Kids and Families Struggling with Mental Health Challenges

Two Behavioral Health and Recovery Services programs funded by Measure A are helping a growing group of parents, educators and kids facing mental health challenges. First, the Parent Project, which teaches parents how to improve relationships with their children and create a supportive community, has hosted 14 courses and graduated 237 parents of more than 700 kids.

New Program to Help Police Respond Safely to Mental Health Emergencies is Already Working

A new partnership between Behavioral Health and Recovery Services and County first responders, including police departments and emergency services, is helping to stop potential tragedies. The program trains officers and paramedics to respond to a mental health crisis and educates the public to call 9-1-1 if their loved one is experiencing a mental health emergency.

EMS Works to Protect Hearts on Valentine’s Day

The Emergency Medical Services division is partnering with local hospitals to help spread the word about the symptoms of a heart attack and educating people to call 9-1-1 at the first sign of symptoms. Driving on the highway, riding the bus, or in a local movie theater, you’re bound to see the new “Have the Signs, Press 9-1-1” campaign.

Graphic with text: 'have the signs', 'PRESS 911', 'With a heart attack, every second counts', and a list of symptoms: CHEST DISCOMFORT, UPPER BODY PAIN, SHORTNESS OF BREATH, NAUSEA, SWEATING, DIZZINESS.



San Mateo Medical Center
A County System of Healthcare

TAB 3

**MEDIA
ARTICLES**

Printed from THE DAILY JOURNAL, dtd. 02/09/2015

Time to take out your checkbook

February 09, 2015, 05:00 AM By Sue Lempert

This is the big season for awards for worthy organizations who rely in part on community support. So get out your checkbook or credit card. This Thursday, the San Mateo Area Chamber of Commerce will be presenting its 2015 annual business awards at the San Mateo Marriott from 6 p.m.- 9 p.m. Former Foster City mayor Pam Frisella will receive the coveted Francis Bohannon Legacy Award for her community service. The new Nueva High School at Bay Meadows will be honored with the Green Award. The school's design and construction is also picking up an award from Sustainable San Mateo County at its March 26 fundraising event at the Bayview dining room, College of San Mateo

Also being recognized by the chamber are Private Portfolios, Inc., a small business; Talbot's Toys, a medium business; and Target, a large business. Kern's Jewelers gets the good neighbor award; the San Mateo Medical Center is recognized for its community work; Jersey Mike's Subs will receive the newcomer's award; Madlen Saddik is named ambassador of the year; the San Mateo Fire Department gets the spirit award, and the Peninsula Conflict Resolution Center, the Mayor's award.



Former assemblyman Gene Mullin and his son, current Assemblyman Kevin Mullin, D-South San Francisco, will be very busy Thursday, Feb. 19 and Friday, Feb. 20. Thursday evening, the Peninsula Conflict Resolution Center will host its fourth annual Building Empathy and Respect Benefit (BER) dinner and they are honoring Gene Mullin with the Warren Dale Teddy "BER" award. The dinner is at the San Mateo Marriott from 6 p.m.-9 p.m.

The next day, Friday, Feb. 20, at lunch and also at the Marriott, the League of Women Voters of North and Central San Mateo County is hosting its annual fundraising event to honor state Sen. Jerry Hill, D-San Mateo, for his years of service. Gene Mullin will be the master of ceremonies and Kevin Mullin will be one of the speakers. According to League member Renee Kaseff, who is helping to organize the event, Hill was chosen as honoree because, "his legislative record is remarkable in the number of bills authored. He's able to be responsive to many constituencies with frequent sessions of public meetings around his district. He is a great example of how elected officials can serve the people who elected him."

Similar kudos are also expected from the other speakers which include former San Mateo City Council mayor Claire Mack, president of the Board of Supervisors Carole Groom (both Mack and Groom served with Hill on the City Council) and San Bruno Mayor Jim Ruane. The event will be held from 11:30 a.m.-2 p.m. You can purchase tickets for this event and the others on line at the organization's website.

On Jan. 31, the eighth annual birthday gala of the Saint Michael Trio filled the seats at the Fox Theatre in Redwood City. Downtown was humming that night what with the popular attraction at the Fox, the nearby movie theater and the many restaurants on Broadway. Signs advertising valet parking for \$5 were all over while parking was difficult to find.

The audience at the Fox was filled with friends, family and fans of the extraordinary trio which is made up of an exceptionally talented threesome of classically trained musicians who also have day jobs. Why they were only charging \$15 per ticket for such great music is beyond me. The selections ranged from the more classical Mendelssohn's second trio in C minor, the familiar lush "Meditation" from the opera Thais by Massenet to an assortment of modern jazz and popular music including "Sweet Georgia Brown" and "Hiccup de Tango." There was no written program so it's hard to report the entire repertoire. Russell Hancock, the pianist, is the voice of the trio and he introduced each piece with some background information. Daniel Cher plays violin and Michael Flexer,

the cello. The format the Trio uses, especially its interaction with the audience, makes it a new and rewarding musical experience for old and young listeners.

Here's their website for more information on their future performances: www.saintmichaeltrio.com.

Sue Lempert is the former mayor of San Mateo. Her column runs every Monday. She can be reached at sue@smdailyjournal.com.

Feb. 5 Readers' letters: Growing income disparity harms everyone

Full story of SMMC has not been told

I have much empathy for Susan Mattson, the woman whose story you told in your article, "Health coverage dilemma growing" (Page 4A, Jan. 30). It is a great relief that the contract negotiations between Blue Shield and Sutter have come to a positive resolution and that patients insured by Blue Shield can continue to see their provider teams at Sutter. I do not believe, however, that the picture painted of San Mateo Medical Center (SMMC) is fully told.

SMMC is an essential community provider to the most vulnerable and underserved in San Mateo County. We serve more than 70,000 children, adults and seniors every year. SMMC was recently recognized as a 2013 Top Performer on Key Quality Measures by the Joint Commission, the leading accreditor of health care organizations in the United States. Only about 1,000 hospitals in the United States achieved this measure. We routinely incorporate our patients' voices and recommendations in improving care.

I invite Mattson to contact me about her experience so that she can partner with us to ensure that SMMC is a provider of choice for the entire community.

Dr. Susan Ehrlich

CEO, San Mateo Medical Center

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San Mateo County nurses approve contract

February 24, 2015, 05:00 AM Daily Journal Staff report

Nurses who work for San Mateo County have reached a tentative contract agreement that will increase their pay 16.5 percent over three years, the nurse's union announced Monday.

The nurses will continue to vote Tuesday on whether to ratify the contract.

Nurse practitioners will also receive an 18.5 percent increase over the next three years and both will receive a 1 percent bonus in the third year of the contract, according to the California Nurses Association/National Nurses United.

The union represents 352 registered nurses who work at the San Mateo Medical Center, county clinics, public health and sheriff's departments.

"Nurses secured a contract that ensures we will be able to deliver the best possible care. The nurse negotiators would not give up on our patients," Nicole van Stijgeren, an Emergency Department registered nurse at San Mateo Medical Center, wrote in a statement.

The wage increase was necessary to help retain experienced nurses due to the fact that, on average, San Mateo County registered nurses' wages had lagged behind other counties by 7.5 percent, van Stijgeren wrote in the statement.

The union contended that a recent graduate could expect to make more at Kaiser Permanente hospitals and clinics than a registered nurse who had been with the county for 20 years. Low wages created a retention problem, according to the union.

Other highlights of the contract include expanding the Professional Performance Committee where nurses meet with manager to advocate on behalf of patients.

The tentative contract allows for the inclusion of registered nurses from units that had not previously been part of the committee, according to the union.

Nurses will now also be able to have a seat on the Hospital and County Violence Prevention committees, which formerly only contained management, according to the union.

The tentative agreement also allows registered nurses to take unpaid time off to volunteer, with no adverse effects on their positions upon their return.

Other contract highlights include increased bilingual pay and pay for registered nurses who train new hires. The severance package and continuing education opportunities are also improved under the new contract, according to the union.

Nurses had been working without a contract since December. It had expired in July but was extended through December as nurses continued to negotiate with the county, according to the union.