



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

Thursday, May 7, 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

May 7, 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. April 2, 2015 Meeting Minutes
2. Compliance Report

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Janet Chaikind

H. ADMINISTRATION REPORTS

- 1. Quality – Laboratory Department *Dr. CJ Kunnappilly*..... Verbal
- 2. Staff Engagement *John Thomas* Verbal
- 3. Financial Report *David McGrew*..... **TAB 2**
- 4. CEO Report *Dr. Susan Ehrlich*..... **TAB 2**
- 5. Mitigation Measures During Solar Installation *Jean Fraser*..... Verbal

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, April 2, 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
Sharon Petersen
Dr. David Lin

Staff Present

Glenn Levy
Dr. CJ Kunnappilly
John Thomas
Viral Mehta
Liz Evans
Dr. Alpa Sanghavi
Cecilia Diaz
Tosan Boyo

Michelle Lee
David McGrew
Naomi Yunker
Karen Pugh
Angela Gonzales
Joan Spicer
Lisa Mancini
Stephen Kaplan

Members of the Public

Kacy Carr
SaraT Mayer
Bernie Mellott
Dr. Mike Aratow

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 8:05 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for April 2, 2015. Medical Executive Committee Minutes for March 6, 2015. QIC Report from February 24, 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	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. The Foundation now has 13 Board members and the goal is to have 20.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes for March 5, 2015. 2. Burlingame Long Term Care Report	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.

<p>Medical Staff Report Dr. Janet Chaikind Chief of Medical Staff</p>	<p>Dr. Chaikind reported that urgent care clinics are being opened at the offsite clinics in order to provide better access to patients and to reduce the number of patients who seek treatment at the hospital's ED.</p>	<p>FYI</p>
<p>Quality Report Dr. CJ Kunnappilly Chief Medical Officer</p>	<p>"Emergency Department." Presented by Dr. Julie Hersk, ED Physician.</p> <p><u>Capacity</u> Formal Treatment Areas: 14 beds, Provider at Triage Additional Unassigned Treatment Areas: 5 Hallway Beds, Rooms 6 and 10 To care for 110 patients per day, each beds needs to be turned over 8 times = LOS 180 minutes To care for 125 patients per day, each bed needs to be turned over 9 times = LOS 150 minutes</p> <p><u>LEAP Improvement Events</u> Admit to 2AB (Feb 2014) Patient Flow/Door to Doc (Mar 2014) Lab & Radiology Turn Around (Jan 2015) 5S Cardiac & Trauma Rooms (Mar 2015)</p>	<p>FYI</p>
<p>Healthy Communities Jean Fraser</p>	<p>"Building Healthy Communities = Disease Prevention." Presented by ST Mayer, Director of Public Health, Policy and Planning.</p> <p>Rates of obesity in San Mateo County</p> <ul style="list-style-type: none"> • 1/3 of children are overweight or obese • 43% of pediatric patients at SMMC are overweight or obese <p><u>Chronic diseases associated with overweight and obesity</u> High blood pressure, High cholesterol, Type II diabetes, Stroke, Gallbladder disease, Osteoarthritis, Sleep apnea, Respiratory problems Endometrial cancer, Breast cancer, Prostate cancer, Colon cancer</p> <p><u>Some facts:</u> If we do nothing, our children will be the first generation who will not live as long as their parents. We have designed everyday physical activity out of our lives. Sweetened beverage intake has tripled in 30 years and make up 43% of new calories.</p> <p><u>What are we doing about this?</u> Safe routes to school are becoming the norm. Redwood City Parks and Recreation facilities only provide water. In San Mateo, streets are being designed for people. Eight cities have adopted wellness policies that prioritize active commutes and healthy beverages for employees. Our work to make the healthy choice the easy choice in San Mateo County will determine how long our children live.</p>	<p>FYI</p>

<p>Behavioral Health Dr. Susan Ehrlich, CEO</p>	<p>"Right Care in the Right Time and Place: HS Behavioral Health Clients." Presented by Dr. Susan Ehrlich, Stephen Kaplan, and Lisa Mancini.</p> <p>Administrative day = person in a hospital bed with no medical and/or psychiatric reason to be there. Bad for patients because there is less access for patients with acute problems; Increased risk of patient to patient or patient to staff harm with "mixed" populations; Increased risk of harm, including infections, due to long stays; Decreased ability of patients to manage on their own.</p> <p>Bad for SMMC and BHRS because insurance pays less or nothing for administrative days; Filled units result in diverting acute patients to non-Health System institutions that BHRS has to pay for; Utilizes most labor intense resources.</p> <p>Root Cause Analysis: Flow of clients through mental health institutions is "gummed up" due to rise in cost of placements and housing. Competition among Bay Area counties for placements. Few placements for patients with dementia, traumatic brain injuries, complex medical conditions. We are reluctant to discharge to shelters.</p> <p>Vast sums are being spent on placements = \$14, 200,000 which is a 16% increase from prior year. State hospitals: \$282,000 per patient annually. Board and Care: \$5,110 per patient annually. 375-400 Clients per year. 105 patients sent out of County.</p> <p>This situation cannot stay the same.</p> <ul style="list-style-type: none"> • We have a maximum capacity of 34 on 3AB, and at max capacity we don't have the flexibility we need to accommodate specific patient configurations • We now have patients sleeping on the floor on PES, when the census gets above 9 • We cannot continue to manage back-ups of behavioral health clients in the ED and on 2AB <p>We need your guidance and support.</p> <ul style="list-style-type: none"> • Must increase SMMC staff to handle higher census. • Should add resources to support quality board and care homes. • Should create Housing Flex Fund (LA County) • Build more affordable housing. • Staff and implement "right care team." • 	<p>FYI</p>
<p>Financial Report David McGrew, CFO</p>	<p>The February FY14/15 financial report was included in the Board packet and David McGrew answered questions from the Board.</p>	<p>FYI</p>
<p>CEO Report Dr. Susan Ehrlich, CEO</p>	<p>The CEO Report was included in the Board packet and Dr. Ehrlich answered questions from the Board.</p>	<p>FYI</p>
<p>Health System Report Jean Fraser, HS Chief</p>	<p>The Health System Monthly Snapshot for March 2015 was included in the Board packet.</p>	<p>FYI</p>

County Manager John Maltbie	No report.	FYI
Board of Supervisors Supervisor Groom	On April 30, the Daly City Youth Health Center will hold its 25 th Anniversary Gala. Dr. Janet Chaikind will be recognized for her work in Pediatric Health.	FYI


Supervisor Groom adjourned the meeting at 9:45 AM. The next Board meeting will be held on May 7, 2015.

Minutes recorded by:



Michelle Lee

Minutes approved by:



Dr. Susan Ehrlich, Chief Executive Officer

DATE: April 14, 2015

TO: San Mateo Medical Center Board of Directors

FROM: Teasha Fleming, CHC, Manager, Corporate Compliance and HIPAA

RE: Compliance/Privacy Report to the Hospital Board

San Mateo Medical Center (SMMC) thanks Conrad Fernandes for ensuring the organization fulfilled the requirements of the Corporate Integrity Agreement. This was a huge undertaking and Mr. Fernandes did an outstanding job ensuring all requirements were satisfied while highlighting the importance of compliance as an integral component of healthcare operations.

I joined the San Mateo Medical Center team in March 2014 as the Manager of Corporate Compliance and Privacy, allowing Mr. Fernandes to transition to the role of Safety Officer. My experience encompasses a variety of healthcare settings from patient care to administrative, compliance and interpretation of regulations. During my first 60 days, my focus has been on learning the current compliance and privacy structure and ensuring the organization continue to meets strict regulatory guidelines. My highest priorities at this time are: (1) streamlining the exclusion screening process; (2) reviewing and updating all compliance/privacy policies and procedures; (3) risk assessment and mitigation; and (4) enhancing the employee education/training process.

Corporate Integrity Agreement

We submitted the final Annual Report on May 2, 2014. To date, we have not yet received the OIG final closure notification.

HIPAA and Compliance

The compliance department has received 5 compliance inquiries, 7 privacy inquiries and 3 suspected breaches since March of 2015. In each case, I provided relevant information to the inquiring party. We submitted one confirmed breach to the State of California -- the incident report was submitted timely and corrective action has been initiated. Content of training and education will be guided by identified staff education deficits and inquiries, in addition to required educational content in the areas of suspected DME supplier fraud, appropriate communication methods for patient interaction and ways to minimize possible HIPAA violations.

Training & Education

I am collaborating with the Education Department in order to meet organizational training requirements and objectives. With the resolution of the CIA, we will develop and implement a



SECTION TITLE: COMPLIANCE/PRIVACY REPORT TO THE HOSPITAL BOARD

program that will embed compliance and HIPAA in day-to-day operations and present these topics and related activities in an informative and engaging manner. Annual training is tentatively scheduled for June/July of 2015. We have requested quotes from HIPAA training vendors and we will select a final vendor within the next few weeks.

Audits and Monitoring

SMMC selected a vendor for coding audits from RFP respondents. The vendor, HCS, is conducting monthly coding audits. These audits are even more critical now that we are coding in ICD-10, in anticipation of the federally mandated shift to ICD-10 coding in October, 2015. . Compliance and coding personnel review all audit results to ensure corrective action is taken when needed or code modifications are submitted timely. In addition, trainings are planned with individual providers and provider groups in order to improve ICD-10 coding accuracy.



San Mateo Medical Center
A County System of Healthcare

TAB 2

ADMINISTRATION REPORTS

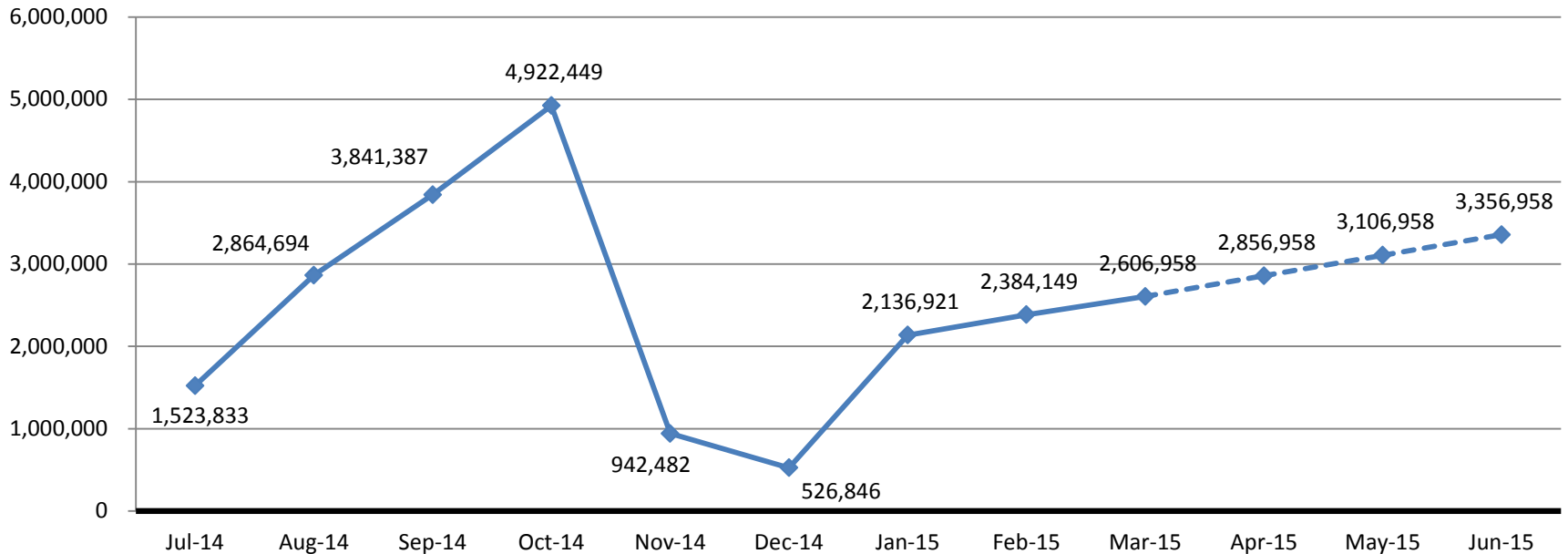


San Mateo Medical Center
A County System of Healthcare

March FY 2014-15 Financial Report

Board of Directors
May 7, 2015

Financial Highlights – Net Income Trend



Financial Drivers:

- March: \$223k net income
 - Operating revenue unfavorable \$280k (-2%)
 - Operating expenses favorable \$649k (3%)

- Favorable HPSM capitation
- Favorable patient volume
- Favorable contracted services
- FQHC cost report audit
- AB85 Cost Guarantee

Financial Highlights - Forecast

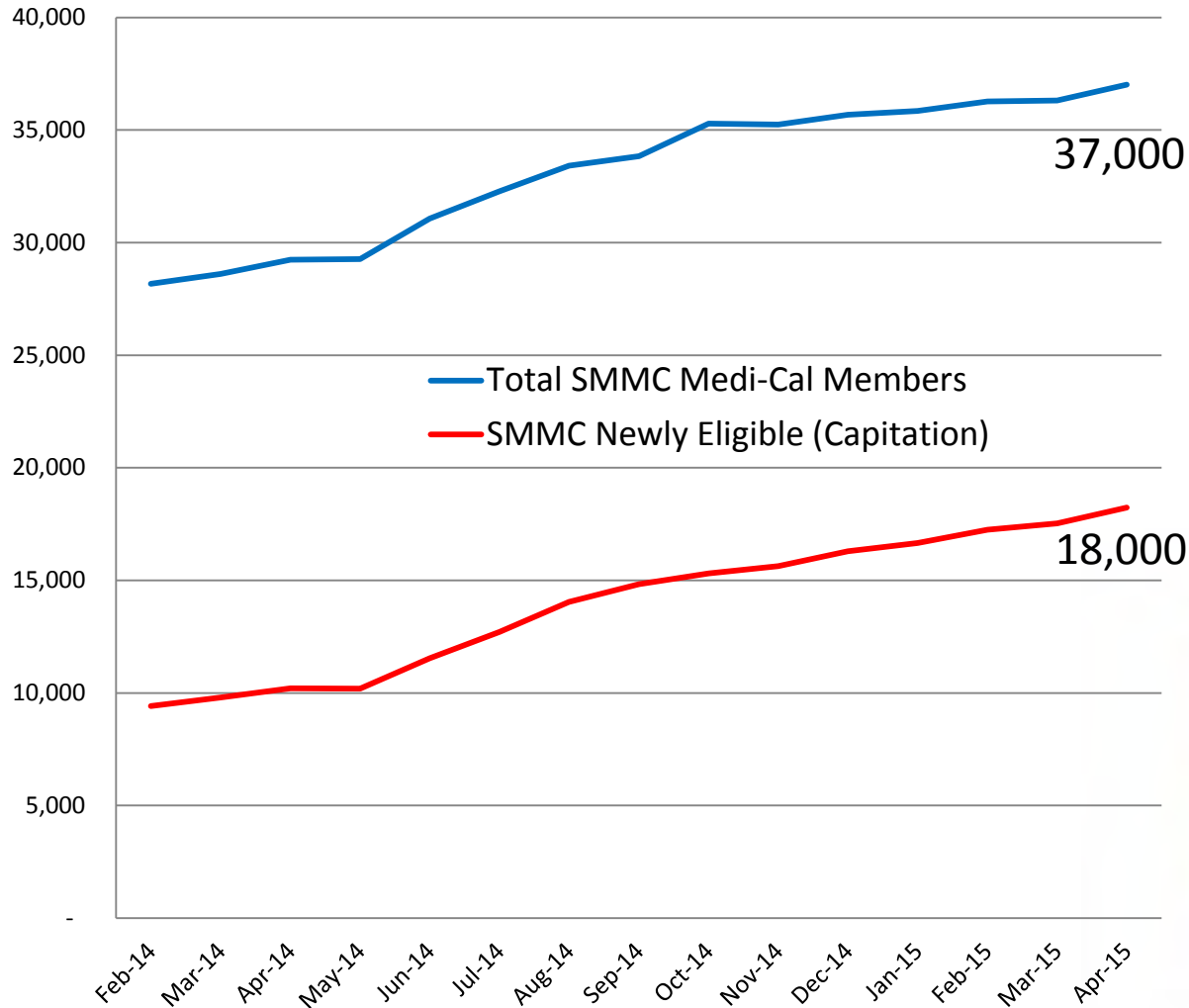
Forecast:

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

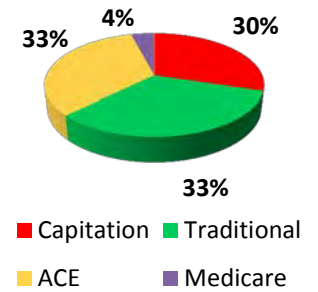
Risks & Opportunities:

- HPSM Capitation Membership
- Medi-Cal dis-enrollments
- Supplemental revenue displacement (e.g. DSH)
- FQHC Cost Report audits
- Nurse staffing
- Clinic demand

SMMC Medi-Cal Members



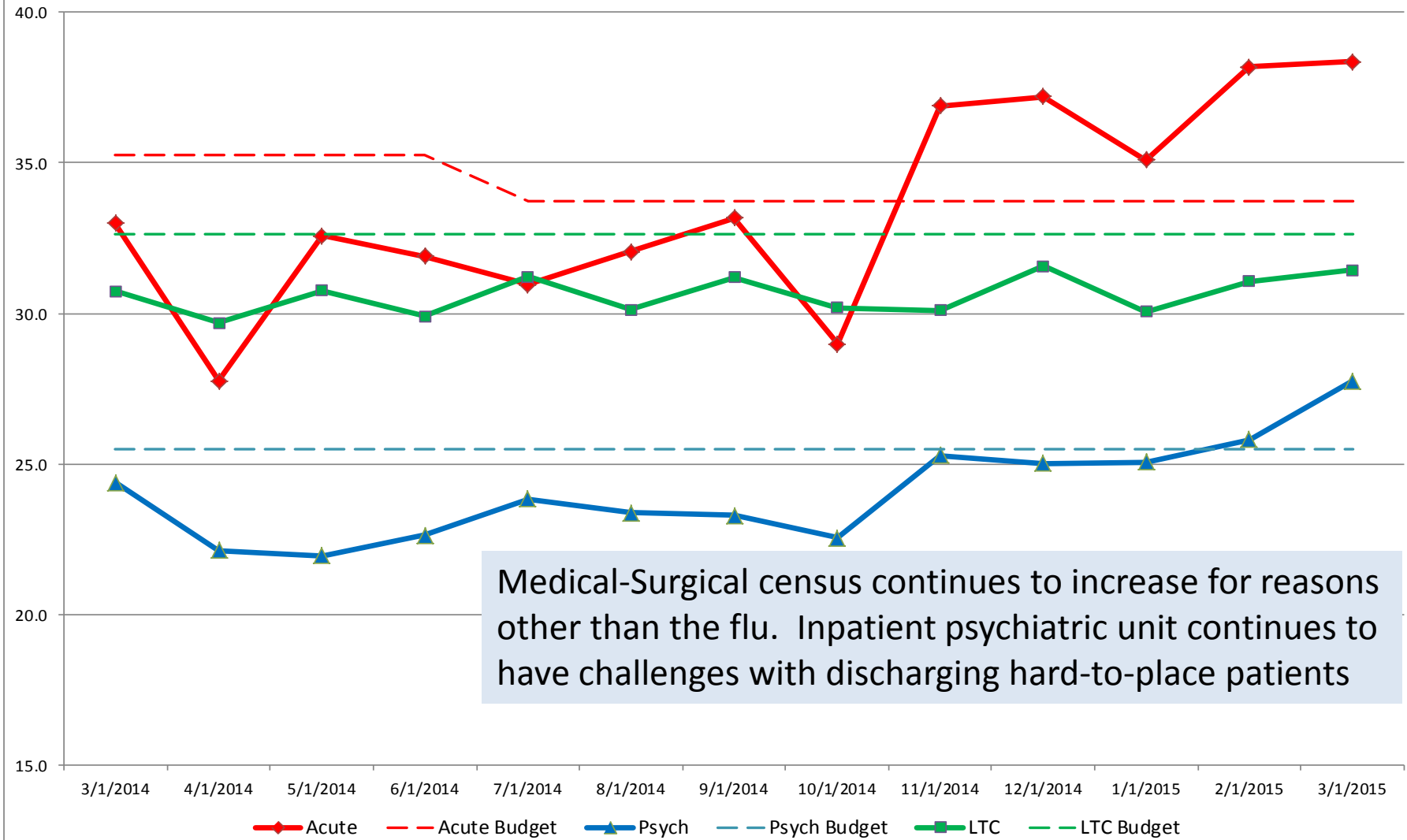
Managed Care Mix



Capitation members are 49% of total Medi-Cal. Access to primary care is critical

San Mateo Medical Center
 Inpatient Census
 March 31, 2015

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Patient Days	3,025	2,814	211	7%	24,645	24,872	(227)	-1%

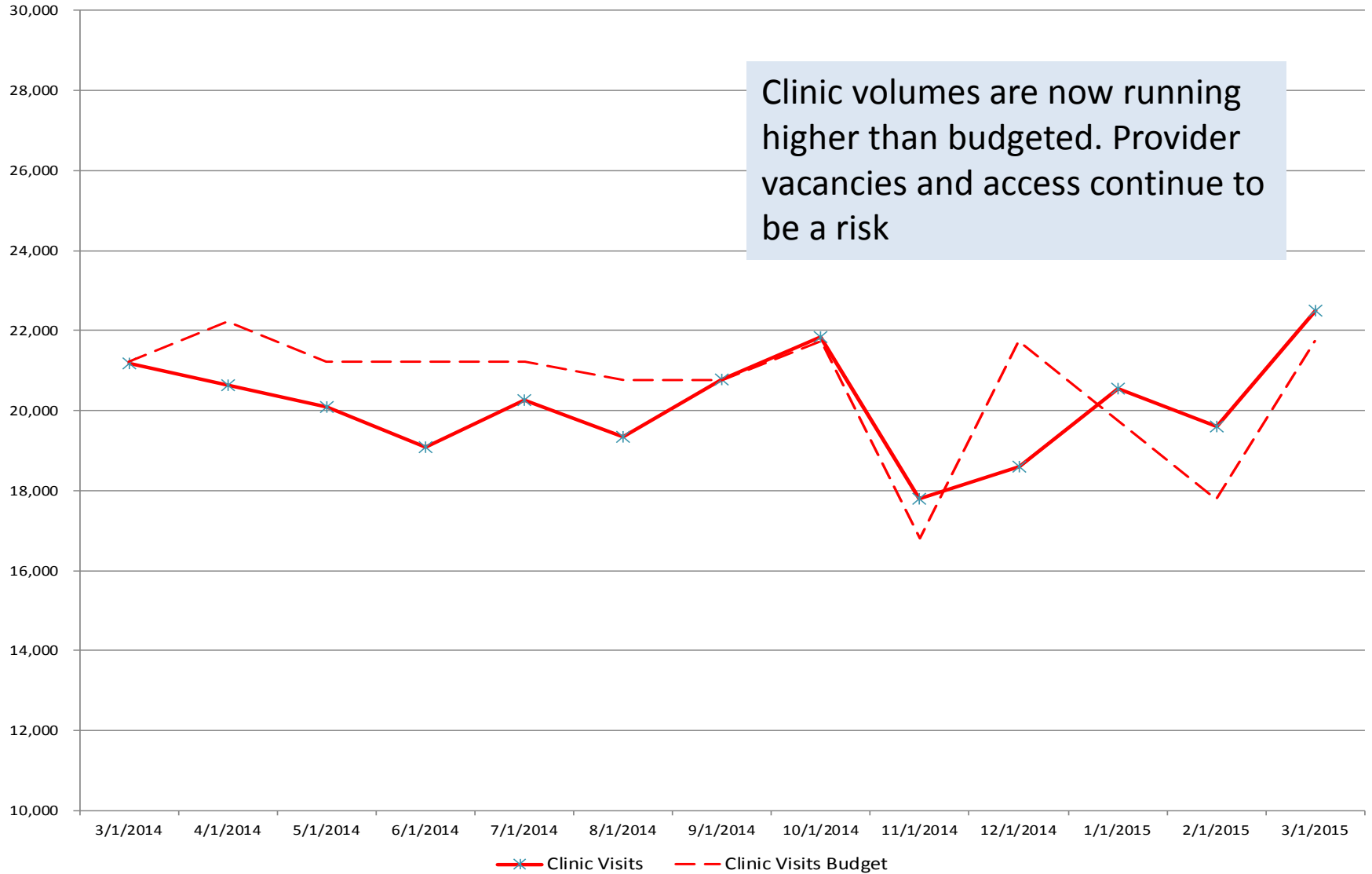


**San Mateo Medical Center
Clinic Visits
March 31, 2015**

MONTH			
Actual	Budget	Variance	Stoplight
22,503	21,736	767	4%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
181,290	161,041	20,249	13%

Clinic Visits

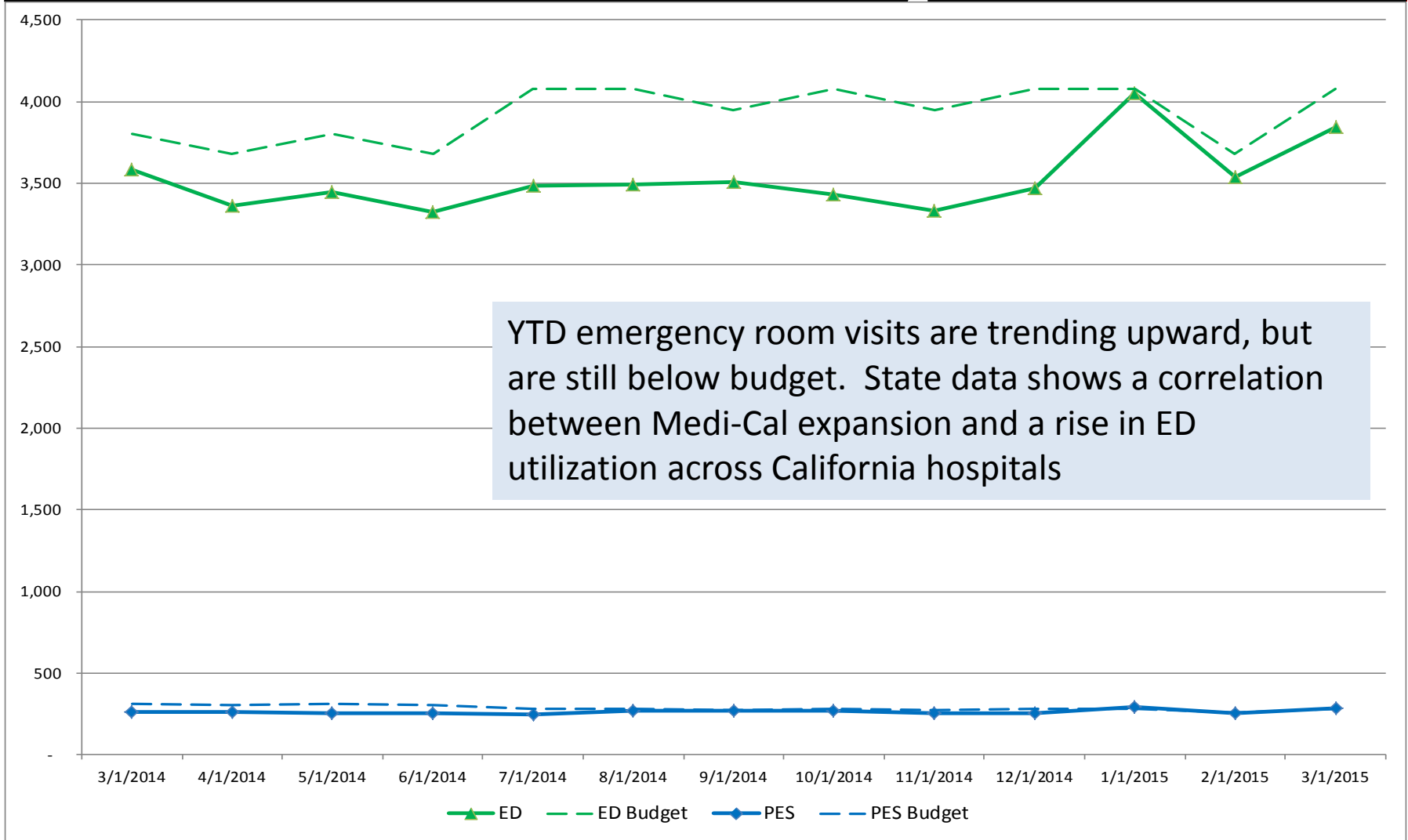


**San Mateo Medical Center
Emergency Visits
March 31, 2015**

MONTH			
Actual	Budget	Variance	Stoplight
4,126	4,360	(234)	-5%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
34,544	38,541	(3,997)	-10%

ED Visits									
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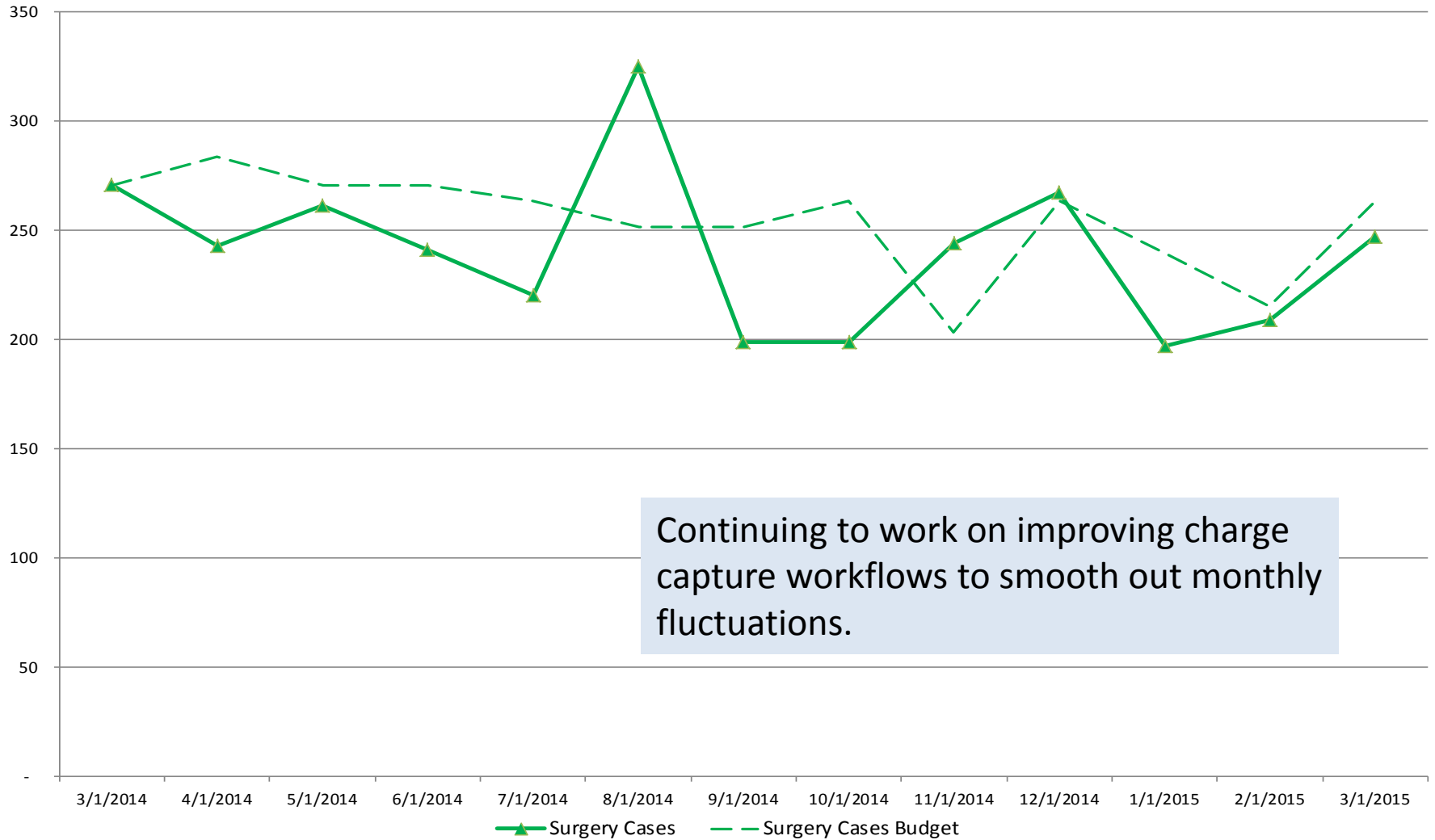
APPENDIX

San Mateo Medical Center
Surgery Cases
March 31, 2015

MONTH			
Actual	Budget	Variance	Stoplight
247	263	(16)	-6%

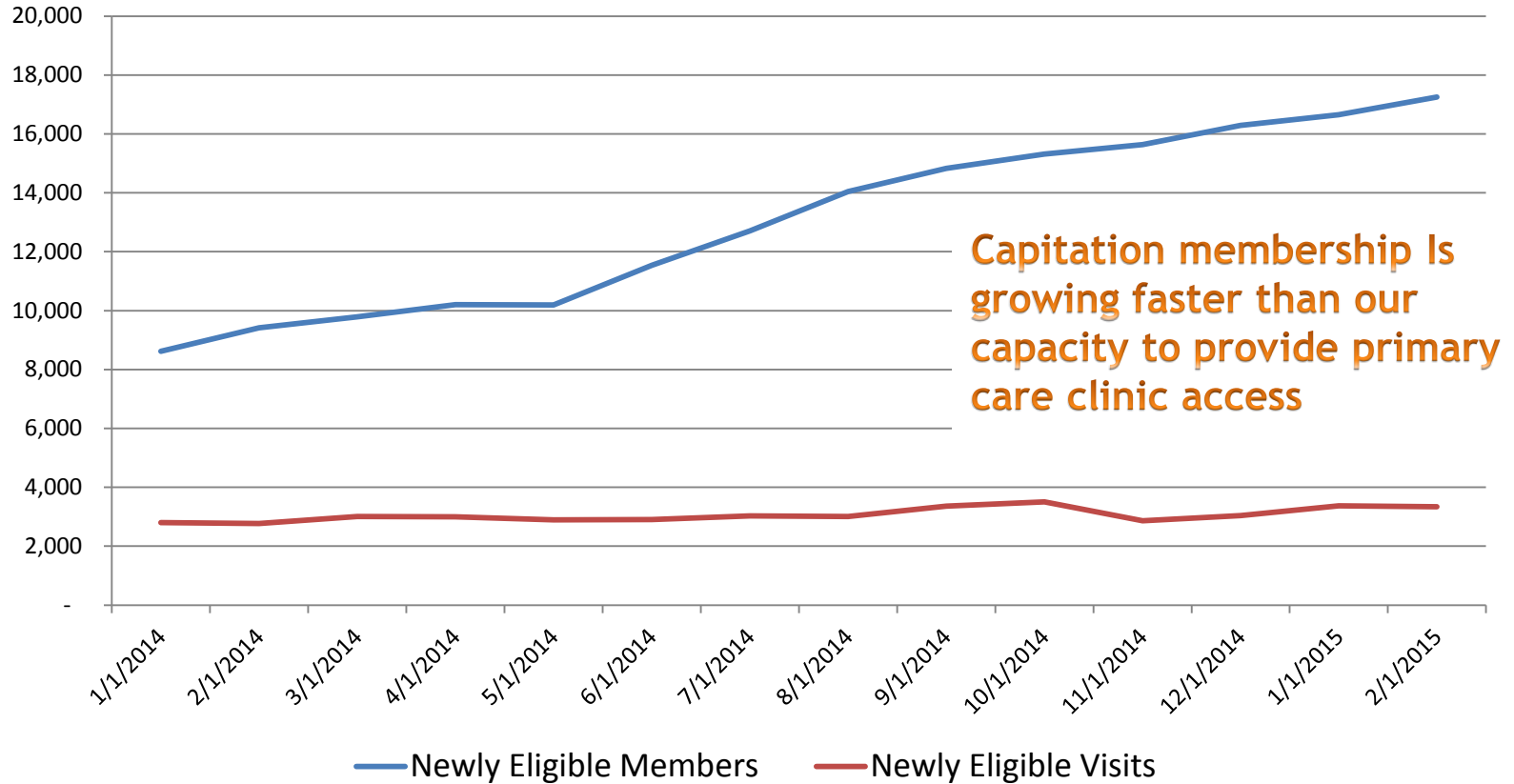
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
2,107	2,214	(107)	-5%

Surgery Cases



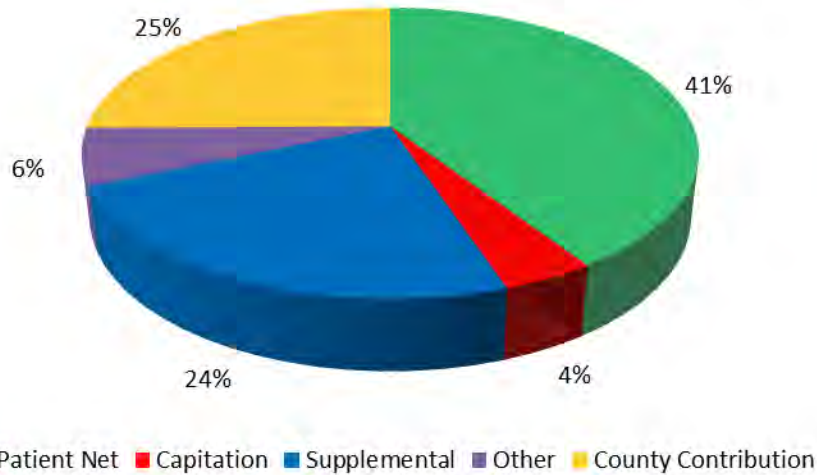
Capitation Utilization – Primary Care

HPSM Newly Eligible

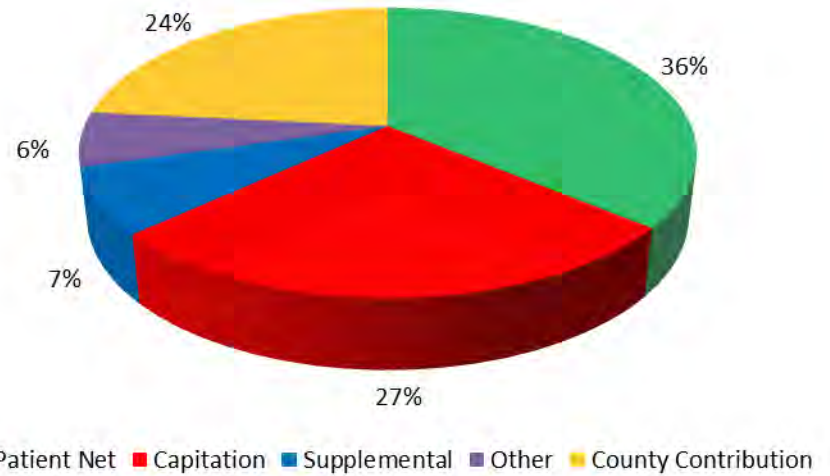


Revenue Mix

Before Capitation (Jan 2014 - Jun 2014)



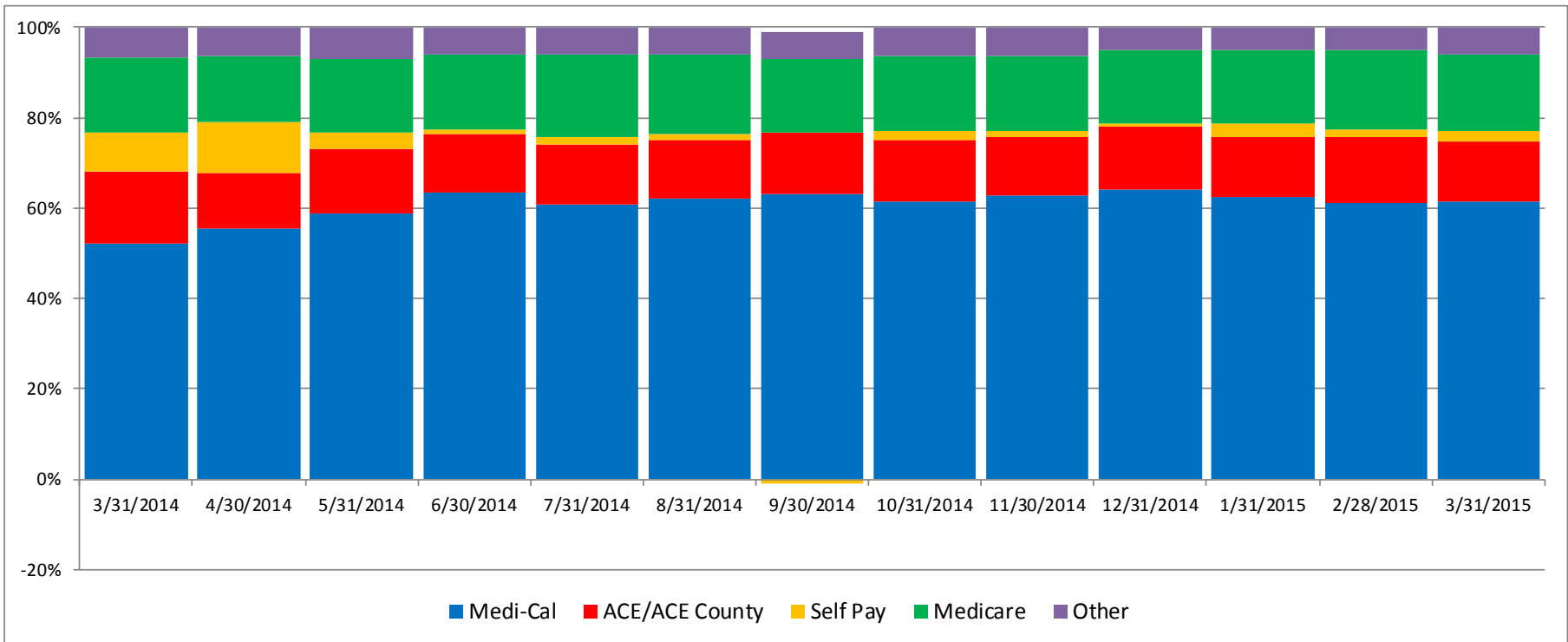
After Capitation (Jul 2014 - Mar 2015)



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
Payer Mix
March 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	17.0%	15.3%	1.7%		17.0%	15.3%	1.7%	
16 Medi-Cal	61.5%	50.6%	10.8%		62.3%	50.6%	11.6%	
17 Self Pay	2.4%	8.7%	-6.3%		1.4%	8.7%	-7.3%	
18 Other	6.1%	6.5%	-0.4%		5.8%	6.5%	-0.7%	
19 ACE/ACE County	13.1%	18.9%	-5.8%		13.5%	18.9%	-5.3%	
20 Total	100.0%	100.0%			100.0%	100.0%		



San Mateo Medical Center
Income Statement
March 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)	222,809	0	222,809	Green	2,606,957	0	2,606,957	Green	
2 HPSM Medi-Cal Members Assigned to SMMC	36,314	32,282	4,032	12% Green	314,162	290,538	23,624	8% Green	
3 HPSM Newly Eligible Medi-Cal Members Assigned to SMMC	17,470	14,000	3,470	25% Green	139,415	126,000	13,415	11% Green	
4 Patient Days	3,025	2,814	211	7% Green	24,645	24,872	(227)	-1% Yellow	
5 ED Visits	4,126	4,360	(234)	-5% Yellow	34,544	38,541	(3,997)	-10% Red	
6 ED Admissions %	7.0%	-	-	Green	6.4%	-	-	Green	
7 Surgery Cases	247	263	(16)	-6% Yellow	2,107	2,214	(107)	-5% Yellow	
8 Clinic Visits	22,503	21,736	767	4% Green	181,290	161,041	20,249	13% Green	
9 Ancillary Procedures	69,327	65,370	3,957	6% Green	550,320	550,374	(54)	0% Yellow	
10 Acute Administrative Days as % of Patient Days	8.2%	9.0%	0.8%	8% Green	8.4%	9.0%	0.6%	6% Green	
11 Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status)	65.5%	58.0%	-7.5%	-13% Red	67.5%	58.0%	-9.5%	-16% Red	
Pillar Goals									
12 Patient Revenue per Adjusted Patient Day	533	664	(131)	-20% Red	692	676	15	2% Green	
13 Operating Expenses per Adjusted Patient Day	1,823	1,965	143	7% Green	1,946	2,001	55	3% Green	
14 Full Time Equivalent (FTE)	1,044	1,085	41	4% Green	1,018	1,085	67	6% Green	

San Mateo Medical Center
Income Statement
March 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	8,758,826	8,302,734	456,092	5%	71,223,526	74,724,605	(3,501,079)	-5%
22 Outpatient Gross Revenue	26,233,204	25,740,448	492,756	2%	213,205,789	231,664,035	(18,458,246)	-8%
23 Total Gross Revenue	34,992,030	34,043,182	948,848	3%	284,429,314	306,388,640	(21,959,326)	-7%
24 Patient Net Revenue	6,441,124	7,662,140	(1,221,016)	-16%	68,065,913	68,959,264	(893,352)	-1%
25 Net Patient Revenue as % of Gross Revenue	18.4%	22.5%	-4.1%	-18%	23.9%	22.5%	1.4%	6%
26 Capitation Revenue	6,796,554	6,479,461	317,093	5%	50,979,406	58,315,153	(7,335,747)	-13%
27 Supplemental Patient Program Revenue (Additional payments for patients)	1,526,443	1,614,399	(87,956)	-5%	13,854,072	14,529,595	(675,523)	-5%
28 Total Patient Net and Program Revenue	14,764,122	15,756,001	(991,880)	-6%	132,899,391	141,804,013	(8,904,622)	-6%
29 Other Operating Revenue (Additional payment not related to patients)	1,909,867	1,200,055	709,812	59%	11,455,452	10,800,496	654,956	6%
30 Total Operating Revenue	16,673,988	16,956,056	(282,068)	-2%	144,354,843	152,604,508	(8,249,666)	-5%

San Mateo Medical Center
Income Statement
March 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	12,825,157	12,762,794	(62,363)	0%	110,396,538	114,865,145	4,468,607	4%	
32 Drugs	670,638	879,447	208,809	24%	5,290,811	7,915,021	2,624,211	33%	
33 Supplies	954,997	1,031,914	76,917	7%	7,572,235	9,287,222	1,714,987	18%	
34 Contract Provider Services	2,480,365	2,752,852	272,487	10%	23,256,652	24,775,665	1,519,013	6%	
35 Other fees and purchased services	3,410,840	3,412,372	1,532	0%	29,055,092	30,711,352	1,656,261	5%	
36 Other general expenses	455,417	599,716	144,299	24%	4,997,377	5,397,440	400,063	7%	
37 Rental Expense	175,772	183,335	7,563	4%	1,476,209	1,650,017	173,808	11%	
38 Lease Expense	812,030	812,030	0	0%	7,308,273	7,308,273	0	0%	
39 Depreciation	241,114	240,914	(200)	0%	2,170,029	2,168,225	(1,804)	0%	
40 Total Operating Expenses	22,026,330	22,675,374	649,044	3%	191,523,216	204,078,362	12,555,146	6%	
41 Operating Income/Loss	(5,352,341)	(5,719,317)	366,976	6%	(47,168,373)	(51,473,854)	4,305,481	8%	
42 Non-Operating Revenue/Expense	669,641	463,628	206,012	44%	5,625,742	4,172,655	1,453,087	35%	
43 Contribution from County General Fund	4,905,509	5,255,689	(350,180)	-7%	44,149,588	47,301,199	(3,151,611)	-7%	
44 Total Income/Loss (GAAP)	222,809	0	222,809		2,606,957	0	2,606,957		
(Change in Net Assets)									



SAN MATEO COUNTY HEALTH SYSTEM

DATE: May 7, 2015
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:

- **Hospital quality more transparent than ever:** On April 16th, the Centers for Medicare and Medicaid Services (CMS) unveiled its first-ever five-star quality ratings system on its Hospital Compare website, awarding five-star ratings to about 7% of the nation's hospitals. California hospitals received, on average, 2.7 stars. Locally, with respect to surveys of patient experience, overall SMMC received 2 stars, as did San Francisco General Hospital. In comparison, Mills-Peninsula received 4 stars, Sequoia and Seton received 3 stars, and Highland Hospital received 1 star. SMMC scored relatively well in patients reporting that: (1) they were given information about what to do during their recovery at home (82%); (2) their doctors "Always" communicated well (74%); (3) nurses "Always" communicated well (68%); and (4) room and bathroom were "Always" clean (68%).
- **Joint Commission Laboratory Survey:** On April 20th, the Joint Commission arrived for our biannual lab survey. Our surveyor was very experienced; having surveyed laboratories with TJC since 1978. She spent three days reviewing all aspects of the laboratory in detail, including "tracers" into the organization. Her draft report on the survey includes two direct and five indirect findings, each of which we are in the process of addressing now. My congratulations go to Susan Starnes and Linda Wallach, who led our great team through this very challenging survey that provided us with excellent learning and improvement opportunities.
- **Mammography Quality Standard Acts and Program Radiology Survey:** On April 1, the State MQSA inspectors arrived for our annual evaluation. We did very well, and passed with one violation that requires specific language be included in reports from radiologists. The team corrected this violation immediately to the approval of the inspector. Additional automatic prompts were added to all radiologists' voice commands to ensure this mistake will no longer occur. My congratulations to John Jurow, interim manager, and the radiology team who led us through this successful survey.
- **Patient Safety Survey reveals opportunities to improve safety:** In March, SMMC's annual Patient Safety Survey was sent to all staff and providers to answer the question: How safe are we at SMMC? We used a nationally benchmarked survey tool from the Agency for Healthcare Research and Quality (AHRQ). Of the 393 staff and providers who completed the survey, 77% work in direct care positions. This year, 52% of respondents agree that we are a safe organization. This year's score is one point lower than the score of 53% we received in 2013, and lower than the national average of 66%. Of the staff and providers who completed the survey, we learned that they feel safest about the teamwork and support within our work groups. They



highlighted safety concerns in a few areas including coordination of care, patient flow and provider turnover. Staff also expressed concern about reporting safety issues which was reflected in the decrease of the frequency of events reported. Managers will be sharing work group results with their teams in order to determine what is working well, and where work groups need to improve safe patient care. There also will be organization-wide improvement efforts based on the survey results, including an effort to increase SAFE reporting from staff.

LEAP UPDATES:

Highlighted Accomplishments:

- **Patient Centered Medical Home strategic initiative:**
 - Wait list of zero for the last 4 weeks at 3 adult clinics.
 - Two clinics reached their goal of 70% for perfect diabetes care.
- **Emergency Department value stream:** the 2015 1st quarter Press Ganey patient survey shows the *likelihood to recommend* score increased to the 47th percentile (2014 1st quarter = 6th percentile; baseline (July 2014) = 36th percentile).
- **Patient Safety value stream:**
 - Number of SAFE reports submitted in March was the highest ever (175);
 - Average resolution time of approximately 20 days (goal = <30 days).

Other Updates:

- **Catchball for the first time at Staff Forums:** In an effort to get as much input as possible on our Mission, Vision, Values and Pillar Goals, during the week of April 20th our staff and provider forums were devoted to “catchball.” Catchball is a Lean-based and structured way of receiving questions and getting feedback. At our seven forums throughout the week, staff provided their input orally, submitted comments in writing, and continue to submit comments on our website. I was very impressed by the thoughtful questions and insights from many of our staff and providers. We will incorporate this feedback into subsequent rounds of catchball in an effort to improve these expressions of what we do, our aspirations, and our specific plans to improve. Ultimately, our mission, vision and values and pillar goals will be best expressed and embraced with as much feedback from our patients, staff and providers as possible.
- **Emergency Department 5S Phase II:** This event completed and spread the improvements in workspace organization, workspace ergonomics, and waste reduction in the Cardiac and Trauma work areas. The event also put in place standardized tools to maintain the improvements.
- **Ron Robinson Senior Care Center 5S Phase II:** This two-day event spread the improvements made in Phase I, where a model exam room was created, to the rest of the exam rooms in RRSCC.
- **Medical/Surgical Unit 2B 5S Phase I:** The improvements to the 2A supply closet have been spread to the 2B supply closet and the chemo closet. A process has been established for returning items to distribution and all supplies have a clear designated place.
- **LEAP Leadership System Spread, Events 1 & 2:** Spread began April 16th and 17th when 36 leaders from five new areas -- Infusion Center, Intensive Care Unit, Night shift on 2A/B, Fair Oaks Health Center - Dental, Fair Oaks Health Center – OBGyn -- received training. Training continues for these units on May 7th and 8th.

PATIENT AND STAFF EXPERIENCE:

- **SMMC celebrates Patient Experience Week:** Patient Experience Week was April 27 - May 1 and SMMC is celebrated for the first time with a Staff Fair. The Patient Experience Staff Fair was Wednesday, April 29, from 12:00 pm - 4:00 pm in the Hospital 2nd Floor Rotunda. Many departments and programs shared information with staff on what they do to improve staff experience. Attendance was great and the effort was very well-received. Many thanks to Phuong Hathaway for spearheading and coordinating the event, as well as to the many who staffed informational tables.
- **Three patient/family stories of gratitude:**
 - *From a mother, via our website:* Last month our young daughter was brought in on a 5150 hold. We were terrified! Every member of your staff from the security gentlewoman to each nurse was professional, kind and considerate. We were treated with respect and such loving kindness. We knew our daughter was in good hands even when she had to spend half the night in the adult psych ward. Every nurse and security person- everyone - (wish I could find the paper I wrote their names on).... we just want to thank them for getting us through one of the hardest days of our lives. You all have a very HARD job at that hospital. You all do amazing work there! THANK YOU!!!!
 - *From a spouse, via a member of our finance team:* She wanted me to express to all of management how appreciative she and her family is for the excellent service SMMC provided her husband during his last hours . She said from the chaplain to the staff each and every one was so comforting during his difficult time. She said because of the support our hospital provided, she and her family was able to handle such a unexpected big loss. She lives in New Jersey and says I'm telling everyone about your excellent hospital and the services you all provided.
 - *From a patient seen in the ED:* MyStory: This was the most smooth run operation. I went and checked in and explained my situation. The lady took my information quickly. I sat back down; before I knew it I was called and almost immediately was in the office being checked. I was treated very quickly, accurately and all of the staff were very caring. I was impressed with the quick response. Great immediate care.
- **UC Davis recognizes SMMC leader:** Ava Carter, SMMC Director of Food and Nutrition Services, was recently accepted to the UC Davis School of Management and will be getting her MBA while she continues to provide exemplary leadership at SMMC. In addition, she has been awarded the UC-Davis MBA Public Leadership Fellow Award, an award that recognizes "leadership in the Bay Area's thriving nonprofit and governmental sectors." Please join me in congratulating Ava for this distinguished recognition!

FINANCIAL STEWARDSHIP:

- **Meaningful Use Audit a success:** On April 25, the State Department of Health Care Services audited our Meaningful Use program for outpatient services. The audit was announced with a two day notice. The audit team found no adjustments or penalties from the funds we received in 2012. My congratulations to the team who made this possible: CJ Kunnappilly, Mike Aratow, Syed Khan, Naomi Yunker, Srivatsa Hura, James Burrows and Brenda Macedo.
- **Medi-Cal TAR-Free Process success:** Medi-Cal established a program for hospitals to self-authorize certain types of patient treatments, subject to periodic compliance audits to determine continued participation in the program. We were recently notified that we meet the Public Hospital Project's (PHP) qualifications for a reduced compliance review sample size for six (6) months effective with January 2015 admissions.

One of the qualifications for reduced compliance review is achieving a high accuracy rate of documentation, which results in higher Medi-Cal reimbursement. This is a huge accomplishment, and my congratulations go to the case management team for leading this success.

- **FY15/16 and FY16/17 Two Year Budget preparation nearing completion:** We recently completed all key milestones on the two year budget cycle and are in the final stages of updating the various financial systems and preparing for budget presentations to the Board of Supervisors. This year's budget process was led by our Financial Planning and Analysis team, who spent countless hours working collaboratively with Health System leadership, our Executive Team, and departmental managers to identify major program changes, create projections of patient volume demands, develop revenue estimates based on shifts in payor mix & funding sources, and to allocate appropriate staffing and resources to meet the demands for patient care and hospital support services. Kudos to the FP&A team for guiding us to a budget that is reasonable and achievable and is the foundation for the execution of our strategic initiatives over the next two years.

COMMUNITY PARTNERSHIP:

- **Bundle of joy event supports our moms and babies:** On Saturday, April 25th, the San Mateo County Health Foundation collected donations of baby clothes, toys, and diapers at their second annual baby shower. The event raises money and awareness for the Bundle of Joy program which assists new moms who are patients at San Mateo Medical Center. More than 50 women (and one man!) attended the event.
- **Solar is coming to the Health System:** Starting June 1st, the Department of Public Works will be installing ground-mounted solar panels in the San Mateo Health Campus parking lot. When completed, we'll be able to save \$300,000 a year on electricity and produce enough energy to power 98 homes. From June through October, parking in the West lot at the San Mateo Health Campus will be reduced by 30% (172 spaces) for the solar installation. Because we need to make sure there are enough spaces in the parking lot for those we serve, most of the remaining spaces will be reserved for our patients and clients. DPW is renting an off-site lot to accommodate those who must drive to work. We will be working to ensure as many large meetings as possible are scheduled off-campus or through video. Health System Administration is also working on a number of ways to help staff commute green this summer and avoid parking in the West lot.

*Check out our most recent blog post: "Honoring our Providers"
<http://smmcblog.wordpress.com/>*



SAN MATEO COUNTY HEALTH SYSTEM

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

Indicator	Number	Change from last month	Change from last year
ACE Enrollees	19,023	-1.1%	-5%
SMMC Emergency Department Visits	3,788	-10.7%	-4.0%
New Clients Awaiting Primary Care Appointment	320	79.8%	-55.0%

Re-entering former inmates secure jobs due to quick pre-employment physical exams

Thanks to a partnership between the Health System’s Mobile Clinic and Service Connect programs, former inmates are now able to get and share with employers the results of a job-related physical examination within one day. Before the Mobile Clinic began performing physicals for re-entering inmates in January, former inmates had to wait three to four weeks for their exam results, often causing them to miss employment opportunities. This is a great example of cross-divisional collaboration within the Health System driven by our focus on getting our patients and clients the right service at the right place and time.

Dr. Jei Africa Honored

Dr. Jei Africa of Behavioral Health & Recovery Services will be presented with the California Psychological Association Distinguished Humanitarian Award at the organization’s conference in April. This award recognizes Dr. Africa’s work with a wide variety of individuals in our system of care, his use of research to direct his work, his mentoring of young professionals, and his innovative approach. This award highlights Dr. Africa’s outstanding contribution to social justice and the elimination of health disparities. We join the California Psychological Association in thanking Dr. Africa for his many contributions, with special thanks for his work in reducing stigma and creating opportunities for wellness for those who have mental health and/or substance abuse issues.



Healthier streets, healthier people

At the request of the Town of Atherton, the Get Healthy San Mateo coalition sponsored speakers on how to create safer, more walkable and livable streets and communities at a gathering in April. Over 75 residents came to learn about what can be done in Atherton, Menlo Park, and Redwood City to create healthier, vibrant communities through innovative street designs that prioritize human safety and promote the economic development of communities.

Health IT weekly project status reports available online to everyone

To ensure accountability and transparency, our Health IT division posts [weekly project status reports](#) and all information about how and which [projects are selected for implementation](#) on the Health System intranet. Now everyone can see how we are using technology to provide better service!



San Mateo Medical Center
A County System of Healthcare

TAB 3

**MEDIA
ARTICLES**

Printed from THE DAILY JOURNAL, dtd. 04/17/2015

Health System chief to retire

April 17, 2015, 05:00 AM Daily Journal staff report

Jean Fraser announced her retirement as chief of the San Mateo County Health System Thursday.

Fraser, who took over the job in 2009, will leave her post effective July 10.

Fraser, 52, served as chief executive officer of San Francisco Health Plan from 2000 to 2008 after a career path that included stints as a prosecutor for the federal government and the San Francisco City Attorney's Office.

Fraser was born and raised in Minnesota, the daughter of two attorneys.

Jean Fraser



"Having worked in or around county health care systems for 20 years, and seeing the progress made in the United States and in San Mateo County due to the Affordable Care Act, I now feel I can move on to pursue other passions," Fraser wrote in a statement to Health System's 2,200 employees.

Fraser's job includes oversight of the San Mateo Medical Center and 11 outpatient clinics with a budget of about \$540 million.

In addition to exploring opportunities in other areas of interest, Fraser will be spending time with her elderly parents who live in another state.

"This was not an easy decision," Fraser wrote in a statement. "But with most San Mateo residents insured, the Health System's finances stable and a strong Health System leadership team in place, now is a good time for me to leave."

Fraser was previously the CEO of San Francisco Health Plan, a county-created health plan providing affordable health coverage to low- and moderate-income families. From 1991-2000, Fraser worked with San Francisco City Attorney's Office as managing attorney for the team advising the San Francisco departments of Public Health and Human Services.

She holds a law degree from Yale Law School, and a bachelor's degree from Yale University.

County Manager John Maltbie will begin recruiting immediately for Fraser's successor. If a successor is not named prior to Fraser's departure, Health System Deputy Chief Louise Rogers will serve as interim chief.

"Jean has been an outstanding asset to the Health System and the county of San Mateo as a whole," Maltbie wrote in a statement. "She has provided invaluable leadership, successfully steering the Health System through many challenges like the implementation of the Affordable Care Act and assuming the county's public administrator program. She is a champion of fair and equal health care for all and she will be truly missed. I wish her all the best in her future endeavors."

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ACA affects drug rehab funds: Federal health law causing San Mateo County centers to struggle with demand, resources

April 15, 2015, 05:00 AM By Samantha Weigel Daily Journal

Although the Affordable Care Act implemented sweeping changes to the nation's health care system that support treatment for those with drug and alcohol addiction, two San Mateo County rehabilitation centers are struggling to provide services as the new law had unintended consequences.

Project 90 and Our Common Ground are struggling as demand is increasing but other funding sources are drying up since many assumed the federal health care system would now pick up the tab.

"We're getting more and more people applying, but we've got less funded space and we've been trying to wait for how [the ACA] is going to work itself out, but it's gotten to the point where we're going to have to make alterations," said Jim Stansberry, executive director of the San Mateo-based Project 90.

With the ACA now in its second year of implementation, health professionals are hopeful those who need substance abuse treatment will obtain Medicaid or Medi-Cal insurance that for the first time would cover substance abuse treatment costs.

Yet navigating the Medicaid system is a challenge for these specialty providers as it doesn't allot funding for the costly residential portion of inpatient treatment. So while doctor's or therapist's fees may be covered under the ACA, rehab centers don't receive support for housing expenses — which are a particular burden in a region with a high cost of living.

Another fact currently hindering local facilities is the ACA maintains a decades-old law prohibiting financial aid for centers that maintain more than 16 beds — a rule originally aimed to deter state mental institutions.

Providers are now awaiting a decision on California's application for a waiver to the ACA that would allow for provider reimbursements based on a region's cost of doing business and permit funding for treatment facilities with more than 16 beds.

Project 90 and Our Common Ground maintain several treatment sites throughout San Mateo County where they serve hundreds of individuals every year while relying on federal, state and county support to keep people off the streets and focused on recovery.

Stansberry and Our Common Ground Executive Director Orville Roache said residential treatment services are in great demand due in part to new laws like Proposition 47 that reduced certain drug-related crimes to misdemeanors — meaning those who formerly would have been behind bars are back on the street.

Having to await the state's waiver is proving burdensome because when it comes to substance abuse treatment, time is of the essence, Stansberry said.

"They've had this waiver in for a period of time, people are assuming it'll be approved shortly, but in the meantime, everyone's been on hold trying to determine exactly how to operate their facilities," Stansberry said. "My fear is that this is going to take two or three years to shake out and it's trying to determine how to maintain and provide services to those that are in need. ... What happens is addiction ends up with people going into institutions or becoming homeless or end up dying. So you hate to not be able to serve those in need."

Not an easy transition

Steven Kaplan, director of the county's Behavioral Health and Recovery Services, said San Mateo County has long worked to craft a partnership with local substance abuse treatment centers to ensure adequate funding is allotted and he's hopeful the state will receive a response to its waiver request in the coming weeks.

Furthermore, with health care at the forefront of policymakers' minds, the state has also negotiated alternate federal block grant funds that can now be used to pay for the residential portion of treatment, Kaplan said.

Prior to the ACA, block funds would contribute toward treatment costs. If the waiver is approved allowing Medicaid dollars to be spent on rehab services, the federal grants can be freed up to pay for housing costs, Kaplan said.

“With the waiver coinciding with health care reform, it’s really in my mind, the best opportunity we have for substance abuse treatment to grow to better meet the demand that’s out there, and to better meet the needs of our clients, than we’ve ever had,” Kaplan said. “Not that it’s going to be an easy or painless transition, but the future is as good as I’ve ever seen it in terms of the possibilities to improve our system.”

A growing need

Stansberry and Roache said they have more beds than they have funding for and a growing wait list for people seeking services.

There are about 225 beds at residential substance abuse treatment centers throughout the county with Project 90 and Our Common Ground making up about two-thirds of the area’s resources, Roache said.

As the facilities are dependent on the county’s Health System trickling down state and federal funding, Roache said his organization is urging county officials to commit to bridge funding until the ACA can be fully implemented.

“We really can’t afford to lose this capacity because once it’s gone, it’s gone forever. So we’re really asking them to support the services,” Roache said.

Our Common Ground maintains facilities in East Palo Alto, Redwood City and a transitional housing site in Belmont, Roache said. The organization has already cut back on its youth services as of last year and Roache said it may have to cut back services in Redwood City as well.

Stansberry said for every one client Project 90 takes, at least four more drop off the waiting list. On average, Project 90 interviews about 55 to 60 people a month, but can only serve an additional eight or nine clients, Stansberry said.

“People with substance abuse, there’s a time when they’re available or a time when there’s an interruption with where they’re at. And the idea of waiting several weeks to get in, many go back to whatever they’re doing or just drop off,” Stansberry said.

Project 90 is facing a storm of hardships as two of its main sites on Ninth Avenue in San Mateo are slated for redevelopment. Stansberry fears the organization will struggle to find a suitable alternative. Instead, they may just cut back.

And with others assuming the ACA would pick up the costs, Stansberry said he’s seen a reduction in alternate state and private funding sources as well.

Kaplan said the county has maintained the same level of funding for these vital services but agreed other state programs have dropped funding since the ACA kicked in.

Keeping people off the street

While Proposition 47 aims to reduce the prison population, it’s landing non-violent drug offenders on the street with some desperate for treatment. Ultimately, Stansberry and Roache contend those who struggle with substance abuse will likely return to old habits if they don’t have access to treatment.

“A large amount of the people we get are also homeless, so part of it is being on the street and also trying not to succumb to addiction,” Stansberry said. “Or they’re in an environment where it leads them to use. Some are coming from families or homes or places or areas where just being in that same area is triggering their continued usage. So [treatment] gives them a chance to interrupt and gives them a stable foundation.”

Roache agreed the housing component of rehabilitation centers is vital and remains frustrated that even with the ACA, residential costs won’t receive funding.

“So when you now have a building that houses people and treatment is provided in there, it becomes a question of how do you divvy up your electric bill? It becomes very complicated and this all really hasn’t been flushed out

yet," Roache said.

Navigating a changing system

Kaplan said there will be a learning curve and many providers will have to apply to become Medicaid providers before being allotted funds. If the state's waiver is approved, counties will have the ability to opt in under the new rules. San Mateo County has long sought waivers to support substance abuse treatment centers and has enacted a robust benefits package. Kaplan said the state's request draws from the county's example and is confident the system is changing for the better, it just may take some time to refine the process.

Our Common Ground also offers nonresidential treatment and portions are already Medicaid eligible. Roache agreed with Kaplan that the ACA could eventually be a advantageous, but fears those in need may not have time to wait.

"Medium to long term, once people get [Medicaid] certified and up and going, to me, in my opinion, it will be a very stable funding source to provide drug treatment," Roache said. "But you've got to get there first."

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County drug disposal plan stirs debate

April 13, 2015, 05:00 AM By Bill Silverfarb Daily Journal Staff

A county ordinance that would require pharmaceuticals to take greater responsibility for the disposal of their drugs is being called misguided by the California Healthcare Institute, which advocates on behalf of the biomedical community.

The San Mateo County Board of Supervisors will consider the ordinance that calls for “any producer of a prescription or non-prescription drug offered for sale in the county to participate in an approved drug stewardship program for its collection and disposal” at its Tuesday meeting.

It’s an effort to broaden the county’s effort to keep the drugs from being flushed down the toilet or taken by mistake by seniors or children.

“Unused medications pose a significant risk of accidental poisoning or suicide,” according to a report to the board by Jean Fraser, the county Health System’s chief executive officer and Heather Forshey, director of Environmental Health.

The county established a medicine collection program in 2006 that was introduced by Supervisor Adrienne Tissier.

Since the program started, about 143,000 pounds of medications have been “diverted from unintended consumers and the waste stream,” according to Fraser’s report.

“Currently, producers of these medications bear none of the burden of the disposal of unused medications. From a fairness perspective, those who profit from the sale of these items should bear the cost of disposal,” the report continues.

The county spends about \$35,000 annually disposing of the drugs.

But Sara Radcliffe, president of the health care institute, says the new proposal to require manufacturers to help dispose of the drugs “will not be workable in practice.”

“We do have serious concerns about the adverse effects that this proposed ordinance will have on innovation in our state and in the county that many proudly call the birthplace of biotechnology,” Radcliffe wrote in an email.

The language of the ordinance will not reach the goal of protecting the environment or the public, Radcliffe wrote.

“Furthermore, the implementation of various local ordinances will do little more than create a patchwork of inconsistent regulations that will only confuse consumers and forestall conversations at the state and federal level around truly effective and equitable solutions,” she wrote.

But Tissier contends manufacturers should take responsibility for the drugs all the way to disposal.

She and board President Carole Groom are the proponents behind the new ordinance.

Drugmakers will be responsible for the design and implementation of the expanded disposal program, Tissier said.

The program is based on the principle of extended producer responsibility, Tissier wrote in an email.

“Unused medicines that are not disposed of safely can hurt people and our environment. Nearly 17 percent of San Mateo County suicides are due to drug poisoning. We have a responsibility to help prevent more deaths and environmental damage,” Tissier wrote in the email.

San Mateo County Public Health data from 1990 to 2010 shows 53 percent of unintentional deaths were due to legal medications, according to Fraser and Forshey’s report.

People typically use the most convenient options for disposal, flushing down the toilet or tossing in the garbage. A

recent survey of over 1,800 residents in San Mateo County indicated 37 percent continue to flush or toss unwanted drugs, according to the report.

To learn more about the county's drug disposal program go to: smchealth.org/RxDisposal

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