



**San Mateo Medical Center**  
*A County System of Healthcare*

*Updated Sept. 1, 2015 to include memo re Agenda Item G*

# **BOARD OF DIRECTORS MEETING**

Thursday, September 3, 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

September 3, 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. Alexander Ding*

*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. August 6, 2015 Meeting Minutes
2. Medical Staff Committee Rules and Regulations; Surgery Chair; and Medical Staff Committee Chair updates

#### G. GOVERNING BOARD VACANCY (Public Member)

*Action Item:*

Consideration of a recommended candidate to serve as the public member of the SMMC Board of Directors and vote on said recommendations.

**H. MEDICAL STAFF REPORT**

Chief of Staff Update

*Dr. Janet Chaikind*

**I. ADMINISTRATION REPORTS**

- 1. Quality – Department of Medicine
- 2. Operations – Resource Management
- 3. Disaster Preparedness for Vulnerable Populations
- 4. Financial Report
- 5. Goals Update
- 6. CEO Report

*Dr. CJ Kunnappilly*..... Verbal  
*John Thomas* ..... Verbal  
*Louise Rogers* ..... Verbal  
*David McGrew*..... **TAB 2**  
*Dr. Susan Ehrlich*..... Verbal  
*Dr. Susan Ehrlich*..... **TAB 2**

**J. HEALTH SYSTEM CHIEF REPORT**

Health System Snapshot

*Louise Rogers*..... **TAB 2**

**K. COUNTY MANAGER’S REPORT**

*John Maltbie*

**L. BOARD OF SUPERVISOR’S REPORT**

*Supervisor Adrienne Tissier*

**M. ADJOURNMENT**

**MEDIA ARTICLES**

**TAB 3**

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*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, August 6, 2015  
Executive Board Room

Board Members Present

Supervisor Adrienne Tissier  
John Maltbie  
Louise Rogers  
Dr. Susan Ehrlich  
Dr. Alex Ding

Staff Present

Dr. CJ Kunnappilly	Michelle Lee	Karen Pugh
John Thomas	David McGrew	Naomi Yunker
Liz Evans	Angela Gonzales	Joan Spicer
Emily van der Water	Glenn Levy	Asheley Gardner
Conrad Fernandes	Peggy Jensen	Louis Molina
Srija Srinivasan	Tosan Boyo	Sandra Santana-Mora

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 8:05 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for August 6, 2015. Medical Executive Committee Minutes for July 14, 2015. QIC Report from June 23, 2015.	Glenn Levy reported that the Board unanimously approved the Credentialing Report. It also accepted the Medical Executive Committee minutes.
Public Comment	County resident Ms. Marnie Walsh (via telephone) expressed her disappointment about care that was received at the medical center's medical/surgical departments. It was unclear to whom the care was provided. Supervisor Tissier urged Ms. Walsh to meet with Hospital Administration and provide patient info so they can research the matter. Ms. Walsh thanked the Board for the opportunity to comment.	
Foundation Report	The Foundation Board voted and accepted the draft budget for 2015-2016.  The 2015 annual Golf Tournament will be held at the Sharon Heights Golf Club on August 24, 2015. Brius is the main sponsor for the tournament.  October 30, 2015 will be the Foundation's Masque Ball at the Peninsula Golf and Country Club. Proceeds will go toward the expanded Infusion Center at SMMC.  With the gracious assistance of Dr. Grace Hassid, the Foundation is in the process of scheduling an event with chef Martin Yan of <i>Yan Can Cook</i> . The event is slated for Spring 2016.	FYI

Consent Agenda	<p>Approval of:</p> <ol style="list-style-type: none"> <li>1. Hospital Board Meeting Minutes for July 2, 2015.</li> <li>2. Evaluation of the Environment of Care Program</li> <li>3. Compliance and Privacy Report</li> </ol>	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Alex Ding	After the policy for incomplete medical records was approved, no physicians have been suspended. This is a notable success.	FYI
Quality Report Dr. CJ Kunnappilly Chief Medical Officer	<p>SMMC Rehabilitation Services presented by Emily Van Der Water.</p> <p>Rehab department consists of 27 staff members and two MD's. All CART therapists have MA/MS degrees. There is one hand occupational therapist and one part-time certified geriatric clinical specialist.</p> <p>Services offered include: PT, OT, ST, Audiology, CART, Project Search. There is also a Chronic Pain Group and a Pediatric "Healthy Lifestyle" module.</p> <p>Service Volumes 2014-2015:</p> <ul style="list-style-type: none"> <li>• Inpatient changes: PT 58%, OT 212%, ST 25%</li> <li>• Outpatient changes: PT minus 3% due to space limitations, OT 42%, ST 47%</li> <li>• ED volumes: discharge PT/OT evaluations</li> </ul> <p>Program highlights:</p> <ul style="list-style-type: none"> <li>• LTC residents displayed their artwork at the County Fair and one 3AB patient will have his artwork displayed in the "People Who Care" award.</li> <li>• An ongoing collaboration with Project Search provides on-the-job training for young adults with disabilities so that they can find gainful employment, sometimes at the medical center.</li> <li>• There are seven interns in 2015.</li> </ul>	FYI
Operations Report John Thomas Chief Operating Officer	<p>2014 Annual Environment of Care Report presented by Conrad Fernandes, Safety Officer.</p> <p>EOC areas include Safety, Security, Hazardous Materials and Waste, Emergency Planning and Operations, Fire Safety, Medical Equipment, and Utilities.</p> <p>Highlights:</p> <ul style="list-style-type: none"> <li>• Safety and EOC Department Rounds have found an average of 95% compliance.</li> <li>• Security – updated policies (code pink for infant abduction and code silver for weapons). Training on an active shooter scenario is provided at hospital new staff orientation.</li> <li>• Hazmat has passed all inspections.</li> <li>• Three drills were conducted recently with active participation from management and staff. The three areas were code pink, code silver, and possible anthrax exposure.</li> <li>• All Fire Life Safety systems were tested in 2014 with a 100% compliance factor.</li> <li>• Bio-Med completed preventative maintenance inspection for 100% of life support systems and 95% for non-life support systems.</li> </ul>	FYI

	<ul style="list-style-type: none"> <li>• 100% of required emergency generator testing was accomplished.</li> </ul>	
<p>Health System Louise Rogers Health System Chief</p>	<p>“Right Service at the Right Time and Place: Nurse Family Partnership” by Srija Srinivasan and Asheley Gardner.</p> <p>The nurse-family partnership was developed 37 years ago by David Olds who believed that partnering with disadvantaged women during their pregnancy would lead to life-long benefits for their children.</p> <p>Nurse-Family Partnership is:</p> <ul style="list-style-type: none"> <li>• An evidence-based, community health program</li> <li>• Transforming lives of vulnerable first-time mothers living in poverty</li> <li>• Improving prenatal care and pregnancy outcomes, quality of parenting and life prospects for mothers by partnering them with a registered nurse</li> <li>• Every dollar invested in Nurse-Family Partnership can yield more than five dollars in return.</li> </ul> <p>NFP is a disciplined program. Every nurse receives extensive training to ensure that they focus on three goals:</p> <ol style="list-style-type: none"> <li>1. Improve pregnancy outcomes.</li> <li>2. Improve the child’s health and development.</li> <li>3. Improve families’ economic self-sufficiency.</li> </ol> <p>San Mateo County NFP Client Demographics</p> <ul style="list-style-type: none"> <li>• A total of 174 women have been enrolled in the program since the launch of NFP in 2012</li> <li>• 94 infants have been born to NFP mothers</li> <li>• Clients range in age from 13-30 years of age, 91% of San Mateo County NFP Clients are teens</li> <li>• 89.4% identify as Hispanic or Latina; 8.2% Non-Hispanic or Latina; 2.4% declined to self-identify</li> <li>• Out of 314 total referrals, 46% came from healthcare providers/clinics.</li> </ul> <p>NFP Outcomes in San Mateo County:</p> <ul style="list-style-type: none"> <li>• 100% of NFP toddlers are up-to-date with immunizations by 2 years of age</li> <li>• 100% of NFP mothers report breastfeeding at birth and nearly 35.8% continue to breastfeed at 6 months; 27.8% are breastfeeding at 12 months</li> <li>• 100% of NFP infants and toddlers were assessed with the ASQ-3 [Ages and Stages developmental tool] at 4 months, 10 months, 14 months, and 20 months of age</li> <li>• 6.8% preterm birth rate (&lt; 37 weeks) for NFP participants in San Mateo County <ul style="list-style-type: none"> <li>– The California preterm birth rate was 8.8% in 2013</li> <li>– The San Mateo County preterm birth rate was 8.3% in 2013</li> </ul> </li> </ul> <p>Challenges:</p> <ul style="list-style-type: none"> <li>• Housing affordability, stability</li> <li>• Child care availability and affordability</li> </ul> <p>Opportunities:</p> <ul style="list-style-type: none"> <li>• Redirecting resources to reach non-teen first-time, low-income pregnant women</li> <li>• Strengthening partnerships to advance the Big Lift</li> <li>• Promoting even wider local adoption of Evidence Based Practices</li> </ul>	<p>FYI</p>

Financial Report David McGrew, CFO	The June 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	The CEO Report was included in the Board packet and Dr. Ehrlich answered questions from the Board. Dr. Ehrlich reported that she has had interviews with potential Hospital Board members and will report on them in the near future.	FYI
Health System Report Louise Rogers Health System Chief	The Health System Monthly Snapshot for July 2015 was included in the Board packet. Chief Louise Rogers has focused on visiting with key partners and is working on the introduction of the Respite Center's purpose and operations.	FYI
County Manager John Maltbie	Mr. Maltbie reported that the September revisions are going well and as expected.	FYI
Board of Supervisors	No report.	FYI

Supervisor Tissier adjourned the meeting at 9:25 AM. The next Board meeting will be held on September 3, 2015.

Minutes recorded by:



Eliana Alvarez, Executive Secretary

Minutes approved by:



Dr. Susan Ehrlich, Chief Executive Officer



August 28, 2015

TO: Honorable Adrienne Tissier, President, SMMC Board of Directors

FROM: Janet Chaikind, M.D., Chief of the Medical Staff

RE: **September 3, 2015 Medical Center Board Meeting [Open Session]**

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The Medical Staff Executive Committee recommends the following business for approval:

**Rules and Regulations** [Attachment]

Section IV COMMITTEES

H. **Pharmacy/Therapeutics Committee** – updated description of duties  
[in response to the recent CDPH MERP survey]

- **MERP Sub-Committee** [in response to the recent CDPH MERP survey]

**Departmental Election Results**

**Surgery: Scott Oesterling, MD, Chair**  
[Pending election results for Vice Chair]

**Appointments**

Infectious Diseases: Vivian Levy, MD, Service Chief (replacing Dr. Karen Relucio)

IDP\* Committee: Serena Lee, MD, Co-Chair  
Susan Ehrlich, MD and CEO, Co-Chair

\*IDP=Interdisciplinary Practice Committee mandated by Title 22

San Mateo Medical Center  
MEDICAL STAFF

**Rules and Regulations**

<b>CURRENT LANGUAGE</b>	<b>PROPOSED LANGUAGE</b>
<p>H. PHARMACY/THERAPEUTICS COMMITTEE</p>	<p>H. PHARMACY/THERAPEUTICS COMMITTEE</p>
<p>1. <u>Composition</u> This committee shall consist of at least five (5) members, including representatives from the Departments, Nursing Service, Pharmacy, and Administration. It may include non-voting representatives from relevant Medical Center services. The Committee Chair shall be a practitioner appointed by the Chief of Staff.</p>	<p>1. <u>Composition</u> This committee shall consist of at least five (5) members, including representatives from the <b>medical staff</b> Departments, Nursing Service, Pharmacy, and Administration. It may include non-voting representatives from relevant Medical Center services. The Committee Chair shall be a practitioner appointed by the Chief of Staff.</p>
<p>2. <u>Duties</u> The duties of this Committee shall include:</p> <ul style="list-style-type: none"> <li>• Assisting in the formulation of professional practices and policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures, and all other matters relations to drugs in the Medical Center, Clinics, Crystal Springs Rehabilitation Center, including antibiotic usage and diagnostic testing materials;</li> <li>• Advising the Medical Staff and the pharmaceutical service on matters pertaining to the choice of available drugs;</li> <li>• Making recommendations concerning drugs to be stocked on the nursing unit floors and by other services;</li> <li>• Periodically developing and reviewing a formulary or drug list for use in the Medical Center;;</li> <li>• Evaluating clinical data covering new drugs or preparations requested for use in the Medical Center;</li> <li>• Shall be informed/notified about the use and control of investigational drugs and research in the use of recognized drugs;</li> <li>• Maintain a record of all activities relating to drug utilization evaluation functions, including the appropriateness of the use of antibiotics and other drugs and diagnostics through the analysis of patterns of drug practice; and submitting periodic reports and recommendations to the Medical Executive Committee, Quality</li> </ul>	<p>2. <u>Duties</u> The duties of this Committee shall include:</p> <ul style="list-style-type: none"> <li>• Assisting in the formulation of professional practices and policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures, and <b>all</b> other matters relations to drugs in the Medical Center, Clinics, <b>Long Term Care 1A and the Burlingame Long Term Care facility Crystal Springs Rehabilitation Center</b>, including antibiotic usage and diagnostic testing materials;</li> <li>• Advising the Medical Staff and the pharmaceutical service on matters pertaining to the choice of available drugs;</li> <li>• Making recommendations concerning drugs to be stocked on the nursing unit floors, <b>emergency containers</b>, and by other services</li> <li>• Periodically developing and reviewing a formulary or drug list for use in the Medical Center; <b>Manage the formulary system</b></li> <li>• Evaluating clinical data covering new drugs or preparations requested for use in the Medical Center; <b>[part of management of the formulary – see above]</b></li> <li>• Shall be informed/notified about the use and control of investigational drugs and research in the use of recognized drugs;</li> <li>• <b>Conduct and</b> maintain a record of all activities relating to drug utilization evaluation functions, including the appropriateness of the use of antibiotics and other drugs and diagnostics through the analysis of patterns of drug practice; and submitting periodic reports and recommendations to the Medical Executive</li> </ul>

<p>Assurance Committee, and/or appropriate Medical Staff Department concerning those activities including findings, recommendations, actions, and results, Medical Center-wide, department, and practitioner-specific;</p>	<p>Committee, Quality Assurance Committee, and/or appropriate Medical Staff Department concerning those activities including findings, recommendations, actions, and results, Medical Center-wide, department, and practitioner-specific;</p>
<ul style="list-style-type: none"> <li>• Reviewing adverse drug reactions;</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewing adverse drug reactions; <b>Adverse-drug-event and medication error monitoring and reporting</b></li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ADD: Review and approval of all standing orders and order sets</b></li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ADD: Review and approval of all policies, procedures, and clinical practice guidelines (e.g. protocols) related to the medication-use process</b></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>ADD: Medication-error prevention: Oversight of San Mateo Medical Center's MERP including any subcommittees formed to support review and updating of MERP in compliance with CHDP regulations. Regular reporting from subcommittees/ad hoc committees will be reviewed.</b></li> </ul>
<p>3. <u>Meetings</u> This Committee shall meet as often as necessary at the call of its Chair, but at least quarterly. It shall maintain a record of its proceedings including conclusions, recommendations, action and results, and shall report its activities and recommendations to the Medical Executive Committee</p>	<p>3. <u>Meetings</u> This Committee shall meet as often as necessary at the call of its Chair, but at least quarterly. It shall maintain a record of its proceedings including conclusions, recommendations, action and results, and shall report its activities and recommendations to the Medical Executive Committee.</p>

San Mateo Medical Center

**MERP COMMITTEE**

[a subcommittee of the Medical Staff Pharmacy & Therapeutic Committee]

**Purpose:** Establishment of a multidisciplinary process (that includes pharmacists, nurse, physicians, and administrative leaders) to regularly analyze all identified actual or potential medication-related errors – not just aggregate reports about these conditions or events – and to use these finding to change current procedures and systems to reduce medication-related errors.

The MERP must include plans for implementation of technology and explain how it is expected to reduce medication error and to conduct annual review to assess the effectiveness of each of the 11 components of medication use and to make changes to interventions when weaknesses or deficiencies have been identified for the purpose of reducing medication errors.

**Composition:** Including, but not limited to representatives from Pharmacy, Nursing, Administration, and Medical Staff (as required by Title 22), and other representatives from disciplines as deemed relevant to the responsibilities of the subcommittee.

**Responsibilities:** Responsibility for ensuring compliance of San Mateo Medical Center’s MERP with CHDP’s regulatory requirements. Including, but not limited to:

- A. Annual evaluation, review, and updating of MERP
- B. Review of the 11 required elements of MERP
  - 1. Prescribing
  - 2. Prescription order communication
  - 3. Product labeling,
  - 4. Product packaging and nomenclature
  - 5. Compounding,
  - 6. Dispensing,
  - 7. Distribution
  - 8. Administration
  - 9. Education
  - 10. Monitoring
  - 11. Use
- C. Review every individual medication error from the incident reporting system and make recommendations as needed
- D. Report subcommittee findings and recommendations monthly to the P&T Committee

**Meeting Frequency:** The subcommittee shall meet as often as necessary, but no less than monthly.



# SAN MATEO COUNTY HEALTH SYSTEM

DATE: August 31, 2015

TO: SMMC Board Members

FROM: Susan Ehrlich, M.D., Chief Executive Officer

RE: Recommendation to select Deborah Lee Torres to fill the public member seat on the Governing Board

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The San Mateo Medical Center Governing Board currently has a vacancy in its “public member” seat. Pursuant to Section 2.a.2 of Article V of the San Mateo Medical Center Bylaws, the Governing Board is responsible for selecting the new public member by majority vote. The individual’s 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.” SMMC Bylaws, Art. V, §2.a.7. Further, the individual “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.” *Id.*

In the past two months I have received inquiries from individuals having an interest in serving on the Governing Board, and I interviewed the top three candidates. As I considered making a recommendation to the Governing Board, I kept in mind the following criteria for the ideal candidate:

- The ability to add to the diversity of the Board in a variety of ways;
- Possession of a nuanced understanding of the community we serve coupled with a history of working on behalf of the community over time;
- The ability to represent the community broadly rather than from a narrow view; and
- A commitment to active participation on the Board and a background that would add to the synergy we currently have on the Board.

Based on the interviews, the qualifications of the candidates, and the strengths of current Board members, as well as the criteria mentioned above, it is my pleasure to recommend that the Governing Board select Deborah Lee Torres to fill the vacancy.

Ms. Torres is a recent retiree from San Mateo County. She is a Licensed Clinical Social Worker and worked for the County of San Mateo for 27 years. She worked for 21 years in the Mental Health Division of the Health Department in a variety of supervisory and managerial roles, including Deputy Director of Child and Youth Mental Health Services. She also worked in the Human Services Agency as Director of Prevention and Early Intervention Services, the Director of Child Welfare Services, and most recently as the Director of Collaborative Community Outcomes.

In her most recent position Ms. Torres was responsible for overseeing a variety of programs, including the Center on Homelessness (managing contracts with the county’s shelters and Core Service Agencies), Veterans Services,



Child Care Services, the Service Connect Team (which offers realignment services for formerly incarcerated persons), the Fatherhood Collaborative, and the Day Laborer Program. She has served on countywide committees specifically addressing housing issues for the homeless populations, including the Interagency Council that oversees the County's HOPE Plan (Housing Our People Effectively, the County's 10-year plan to end homelessness), the Veterans' Task Force, and the Motel Voucher Program for families who are homeless, and she has worked with the community of East Palo Alto to address the needs of the homeless population in that city.

Just prior to her retirement Ms. Torres was the lead Human Services Agency staff overseeing the response efforts to the Hallmark Fire Apartment in Redwood City. She has extensive experience working collaboratively with County Departments, community-based organizations, and the diverse communities within San Mateo County. She is currently a volunteer with the American Red Cross and continues to volunteer at community events.

I am grateful for all those who showed interest in filling the vacancy, and I believe Ms. Torres will bring many strengths to the Governing Board, especially in light of the ever-increasing connection between the Medical Center's traditional services and complementary services offered by other departments.

I will be ready to discuss this recommendation at the next meeting of the Board should you have any questions.

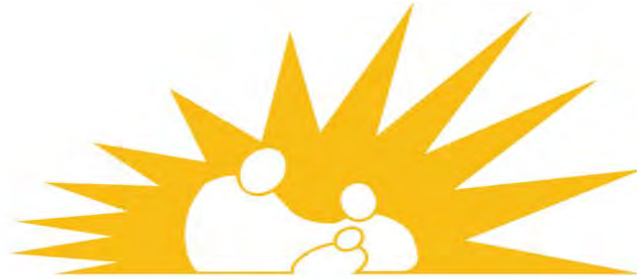
Action Item: Consideration of a recommended candidate to serve as the public member of the SMMC Governing Board and vote on said recommendation.



San Mateo Medical Center  
*A County System of Healthcare*

# TAB 2

# ADMINISTRATION REPORTS



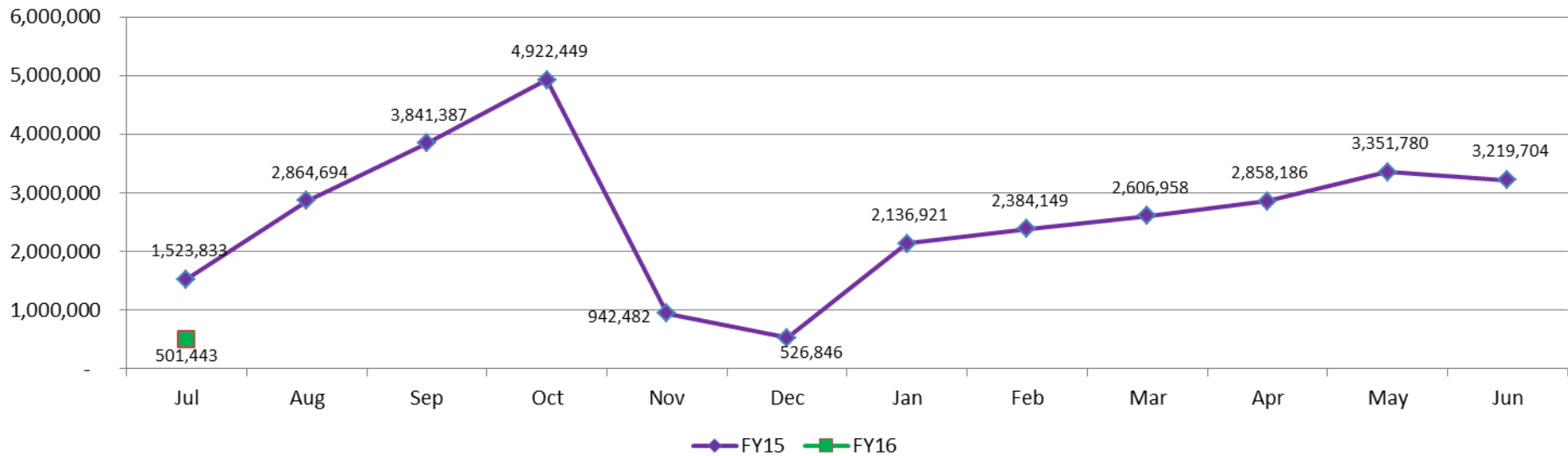
**San Mateo Medical Center**  
*A County System of Healthcare*

**July FY 2015-16  
Financial Report**

**Board Meeting  
September 3, 2015**



# Financial Highlights – Net Income Trend

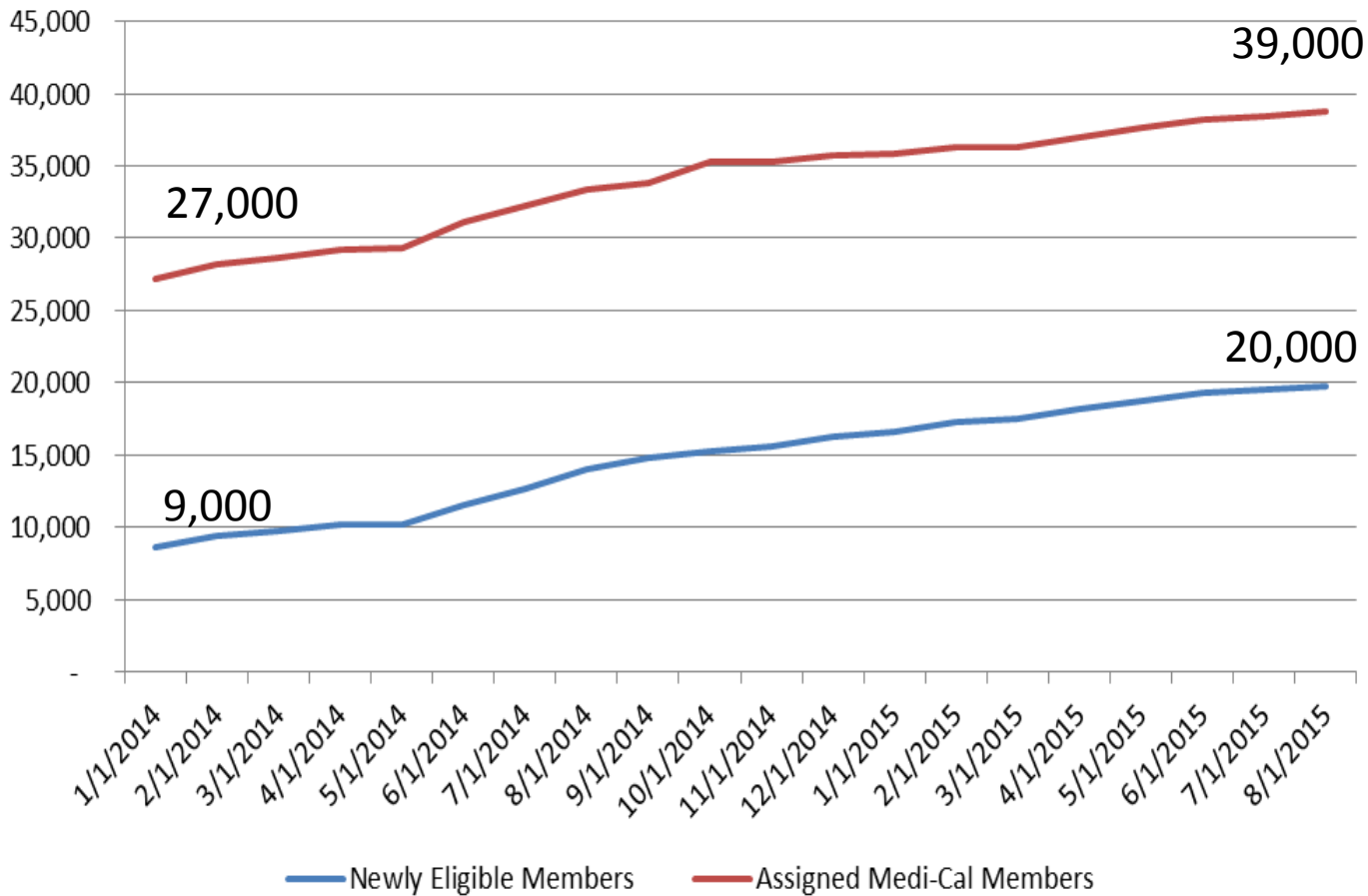


## Financial Drivers:

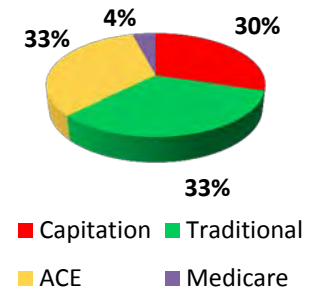
- Patient revenue favorable \$1.1 million (+14%)
- Operating expenses favorable \$0.7 million (+3%)
- Patient volumes above or near budget, except ED, Clinics
- Salaries, drugs, supplies and software maintenance
- HPSM capitation rate decrease

# SMMC Medi-Cal Members

## HPSM Newly Eligible and Assigned Members



## Managed Care Mix

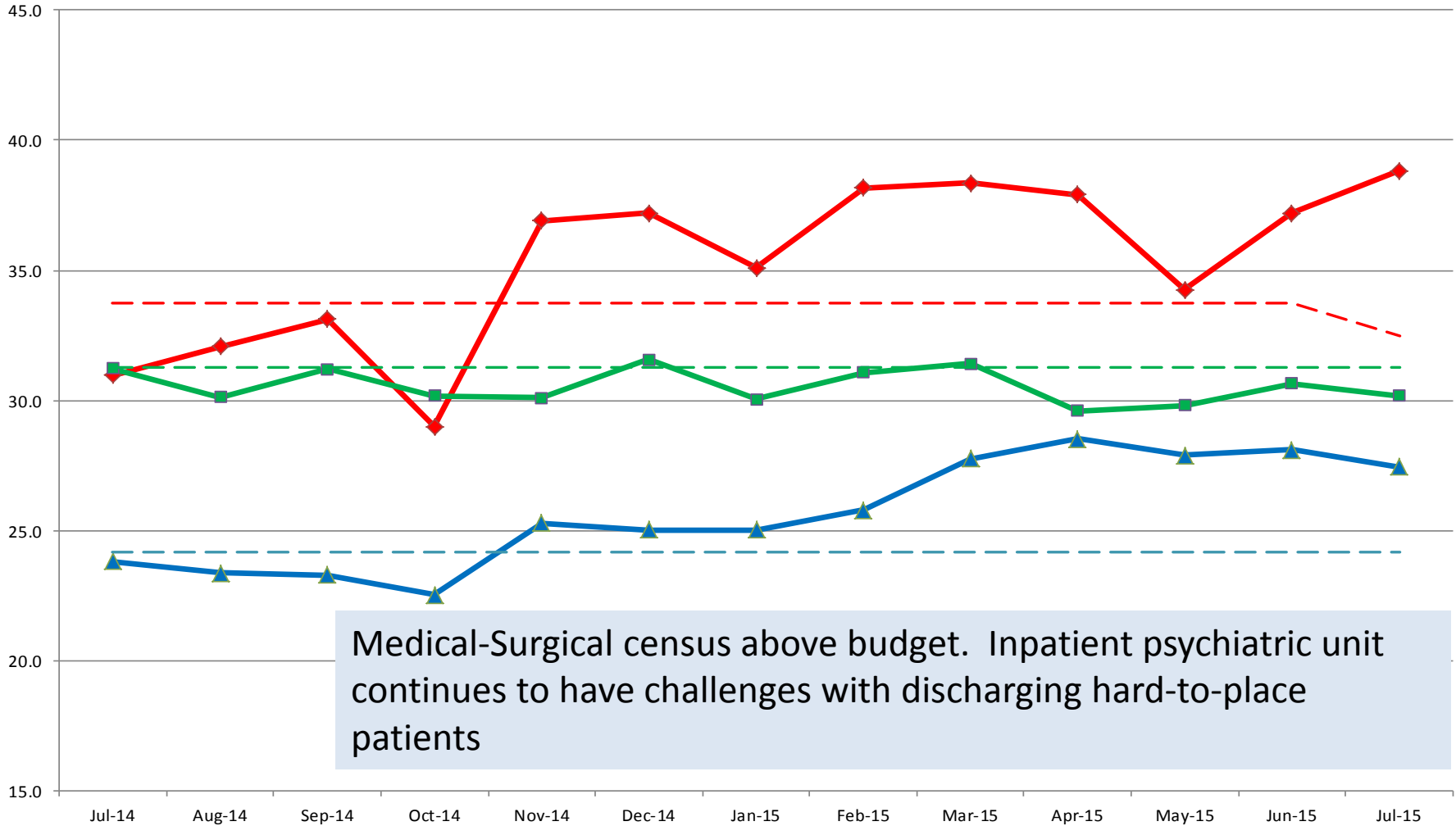


**San Mateo Medical Center  
Inpatient Census  
July 31, 2015**

MONTH			
Actual	Budget	Variance	Stoplight
2,991	2,694	297	11%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
2,991	2,694	297	11%

**Patient Days**



Medical-Surgical census above budget. Inpatient psychiatric unit continues to have challenges with discharging hard-to-place patients

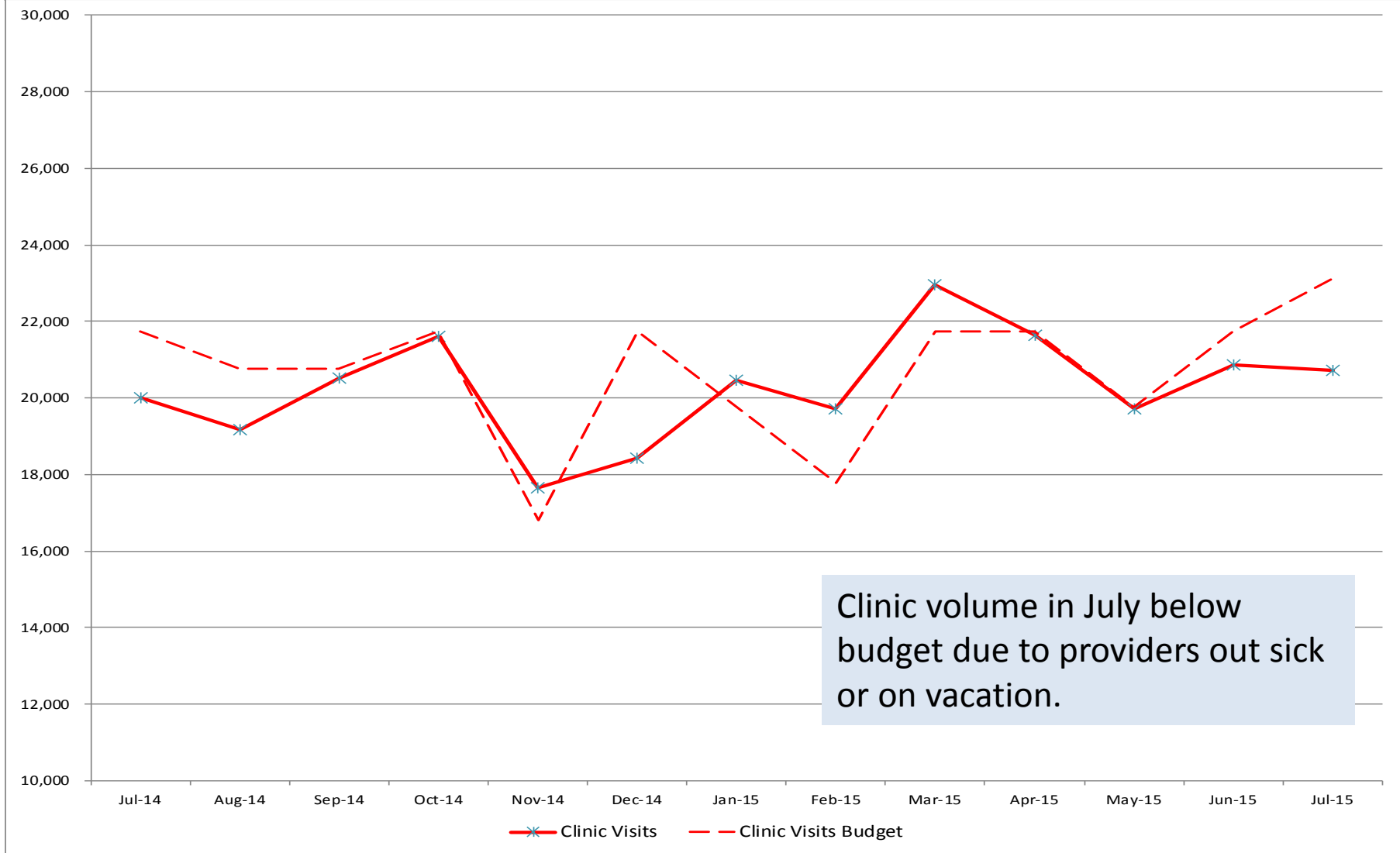
◆ Acute   
 --- Acute Budget   
 ▲ Psych   
 --- Psych Budget   
 ■ LTC   
 --- LTC Budget

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

MONTH			
Actual	Budget	Variance	Stoplight
20,707	23,109	(2,402)	-10%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
20,707	23,109	(2,402)	-10%

**Clinic Visits**

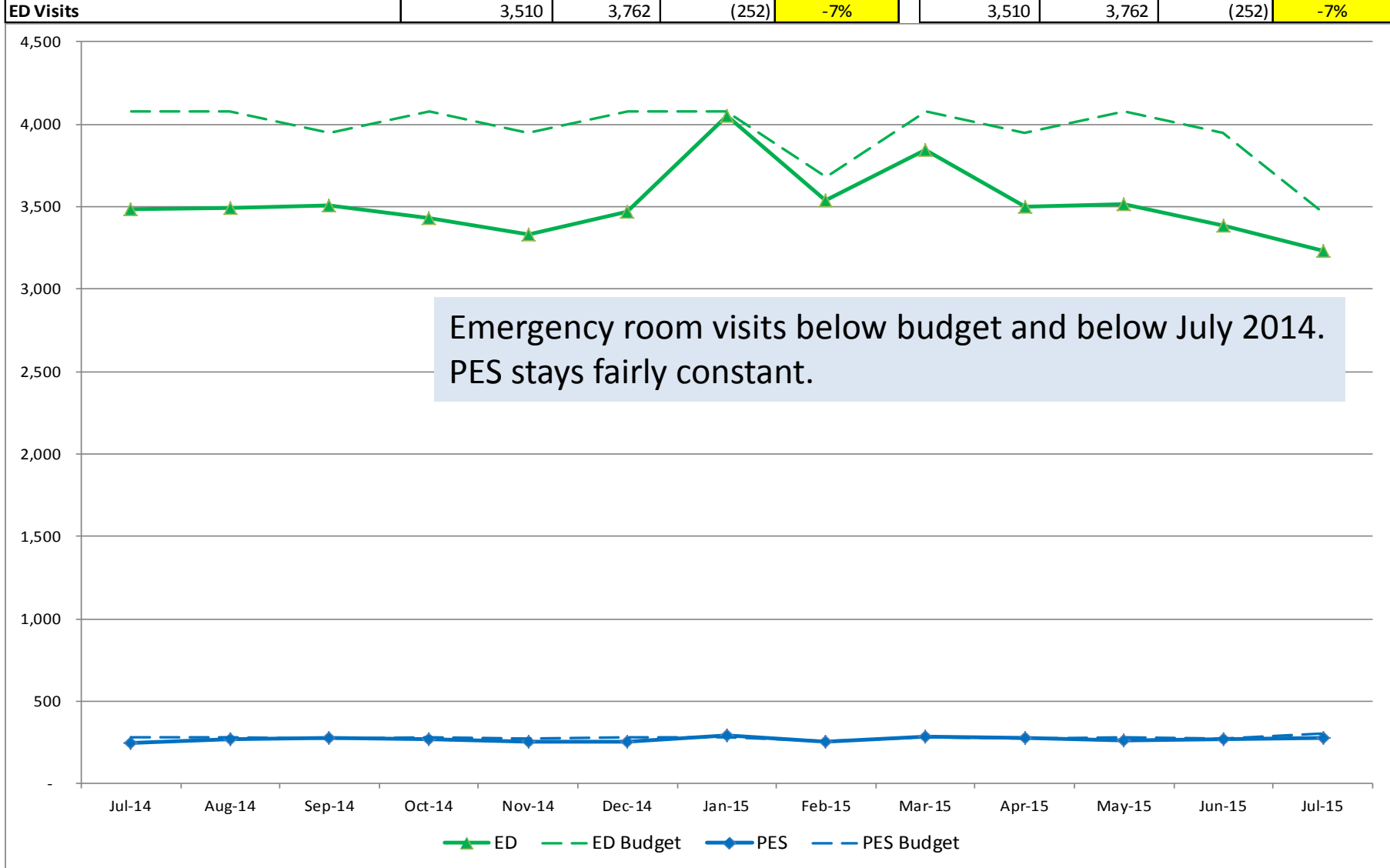


Clinic volume in July below budget due to providers out sick or on vacation.

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

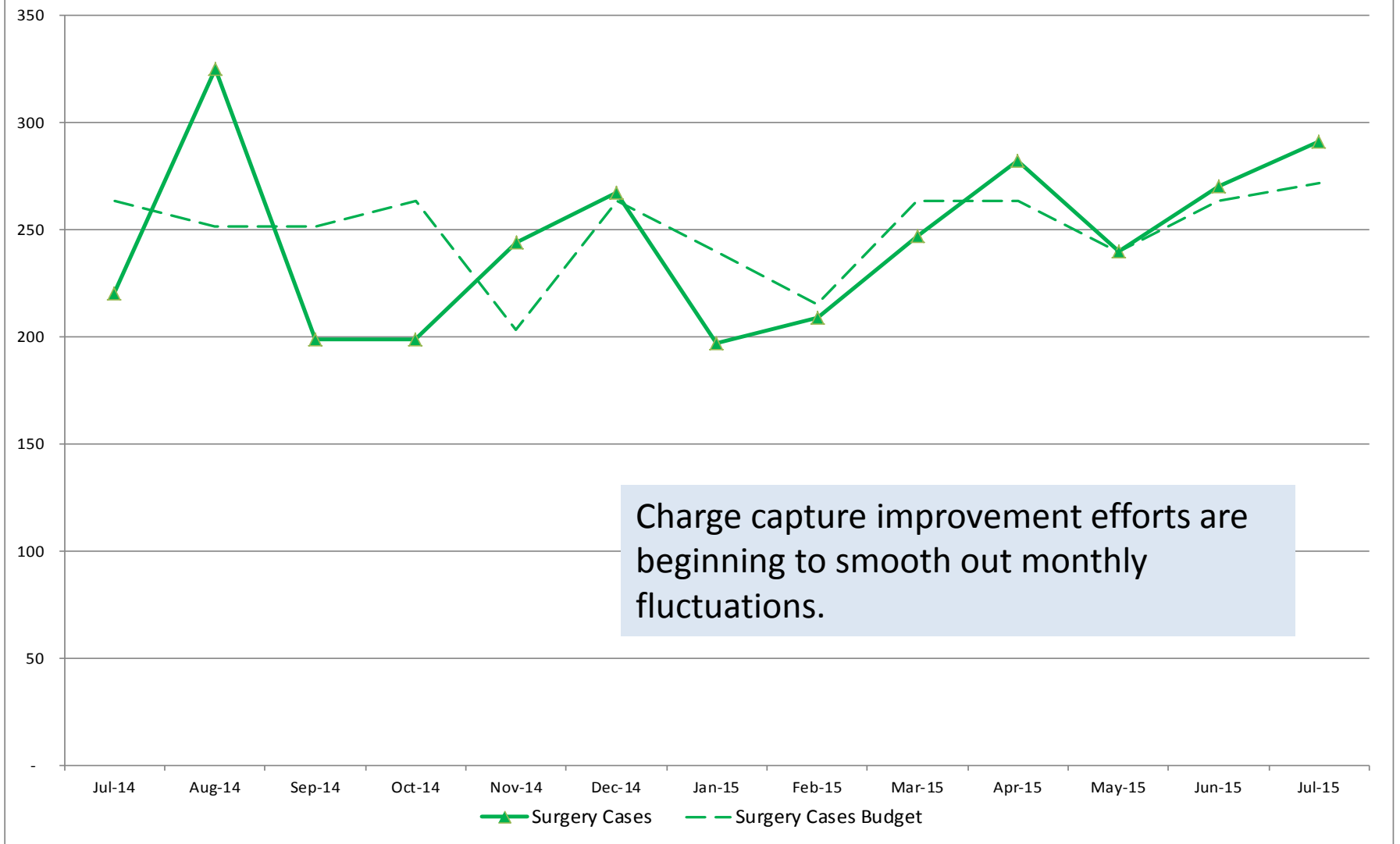
MONTH			
Actual	Budget	Variance	Stoplight
3,510	3,762	(252)	-7%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
3,510	3,762	(252)	-7%



**San Mateo Medical Center  
Surgery Cases  
July 31, 2015**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
<b>Surgery Cases</b>	291	271	20	7%	291	271	20	7%



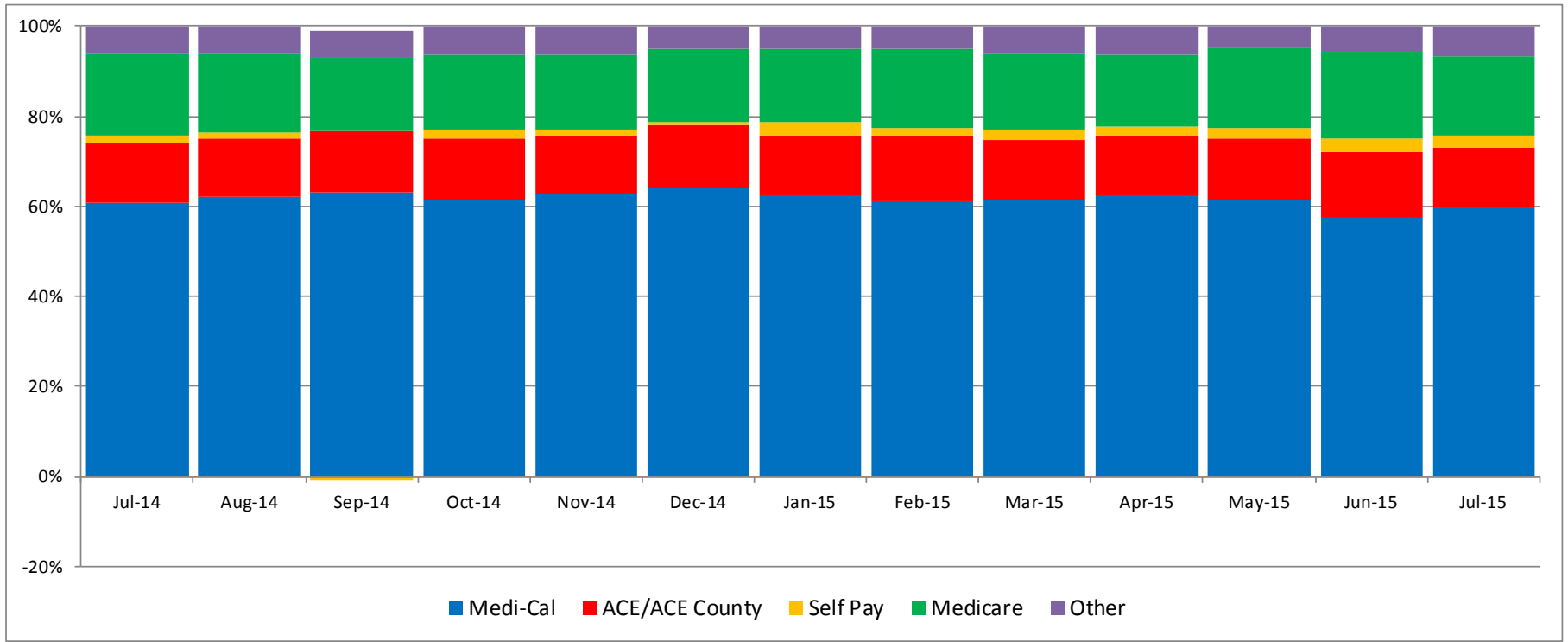
# **APPENDIX**

San Mateo Medical Center

Payer Mix

July 31, 2015

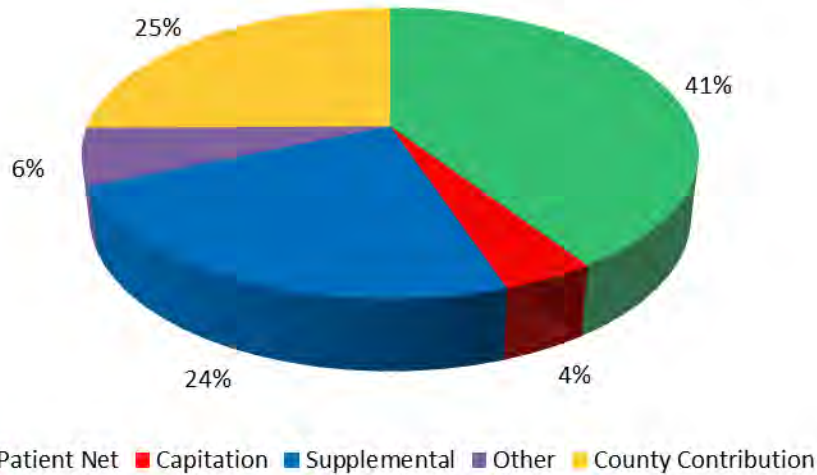
		MONTH				YEAR TO DATE			
		Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Payer Type by Gross Revenue		A	B	C	D	E	F	G	H
15	Medicare	17.7%	16.6%	1.1%		17.7%	16.6%	1.1%	
16	Medi-Cal	59.9%	59.9%	0.0%		59.9%	59.9%	0.0%	
17	Self Pay	2.5%	3.5%	-1.0%		2.5%	3.5%	-1.0%	
18	Other	6.7%	5.9%	0.7%		6.7%	5.9%	0.7%	
19	ACE/ACE County	13.3%	14.1%	-0.9%		13.3%	14.1%	-0.9%	
20	<b>Total</b>	100.0%	100.0%			100.0%	100.0%		



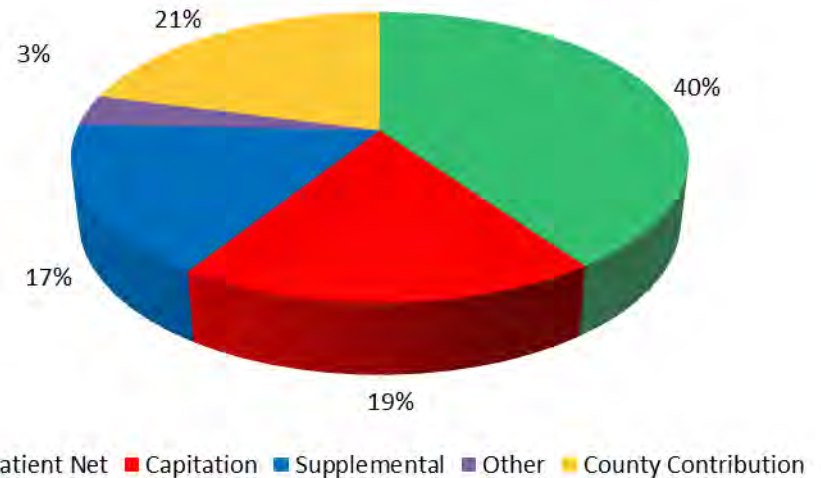


# Revenue Mix

Before Capitation (Jan 2014 - Jun 2014)



After Capitation (Jul 2014 - Jul 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  
Income Statement  
July 31, 2015**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
1 <b>Income/Loss (GAAP)</b>	501,443	(0)	501,443		501,443	0	501,443	
2 <b>HPSM Medi-Cal Members Assigned to SMMC</b>	38,749	36,314	2,435	7%	38,749	36,314	2,435	7%
3 <b>HPSM Newly Eligible Medi-Cal Members Assigned to SMMC</b>	19,519	17,520	1,999	11%	19,519	17,520	1,999	11%
4 <b>Patient Days</b>	2,991	2,694	297	11%	2,991	2,694	297	11%
5 <b>ED Visits</b>	3,510	3,762	(252)	-7%	3,510	3,762	(252)	-7%
6 <b>ED Admissions %</b>	7.8%	-	-		7.8%	-	-	
7 <b>Surgery Cases</b>	291	271	20	7%	291	271	20	7%
8 <b>Clinic Visits</b>	20,707	23,109	(2,402)	-10%	20,707	23,109	(2,402)	-10%
9 <b>Ancillary Procedures</b>	69,872	66,635	3,237	5%	69,872	66,635	3,237	5%
10 <b>Acute Administrative Days as % of Patient Days</b>	5.3%	9.0%	3.7%	41%	5.3%	9.0%	3.7%	41%
11 <b>Psych Administrative Days as % of Patient Days</b>	77.4%	58.0%	-19.4%	-34%	77.4%	58.0%	-19.4%	-34%
(Days that do not qualify for inpatient status)								
<b>Pillar Goals</b>								
12 <b>Patient &amp; Capitation Revenue PMPM</b>	181	200	(19)	-9%	181	200	(19)	-9%
13 <b>Operating Expenses PMPM</b>	329	340	11	3%	329	340	11	3%
14 <b>Full Time Equivalentents (FTE)</b>	1,081	1,158	77	7%	1,081	1,158	77	7%

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

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
21	<b>Inpatient Gross Revenue</b>	9,989,860	7,848,949	2,140,910	27%	9,989,860	7,848,949	2,140,910	27%
22	<b>Outpatient Gross Revenue</b>	26,430,288	24,642,627	1,787,661	7%	26,430,288	24,642,627	1,787,661	7%
23	<b>Total Gross Revenue</b>	36,420,148	32,491,577	3,928,571	12%	36,420,148	32,491,577	3,928,571	12%
24	<b>Patient Net Revenue</b>	9,451,696	8,272,683	1,179,012	14%	9,451,696	8,272,683	1,179,012	14%
25	Net Patient Revenue as % of Gross Revenue	26.0%	25.5%	0.5%	2%	26.0%	25.5%	0.5%	2%
26	<b>Capitation Revenue</b>	4,380,118	6,328,357	(1,948,240)	-31%	4,380,118	6,328,357	(1,948,240)	-31%
27	<b>Supplemental Patient Program Revenue</b> (Additional payments for patients)	3,925,117	3,223,155	701,962	22%	3,925,117	3,223,155	701,962	22%
28	<b>Total Patient Net and Program Revenue</b>	17,756,931	17,824,196	(67,266)	0%	17,756,931	17,824,196	(67,266)	0%
29	<b>Other Operating Revenue</b> (Additional payment not related to patients)	804,371	1,057,657	(253,286)	-24%	804,371	1,057,657	(253,286)	-24%
30	<b>Total Operating Revenue</b>	18,561,301	18,881,853	(320,552)	-2%	18,561,301	18,881,853	(320,552)	-2%





**SEPTEMBER 2015**

## LEAP UPDATES & EXCELLENT CARE

- **Ron Robinson Senior Care Clinic “Aces” HPSM site review:** On August 24th, we received a letter from the Health Plan of San Mateo letting us know that the clinic received 100% on its Facility Site Review. According to the HPSM, the California Department of Health Care Services requires a review of physician sites to ensure sites are compliant with all applicable local, state and federal standards for primary care providers prior to contracting and triennially thereafter. Not only did RRSCC receive 100% on the site review, but the HPSM identified its 5S practice as a “Best Practice” activity; “evidenced by the improvement of organization, cleanliness, and compliance for safety in the exam rooms, storage rooms, treatment & desk areas.” Congratulations to the RRSCC team for this outstanding achievement and recognition!
- **SMMC Medical-Surgical Services Nurses featured in a State-wide Webinar on Safety:** SMMC Medical-Surgical Services Nurses, also known as the “Stumble Stoppers,” will be featured in a State-wide webinar September 19, 2015 sponsored by the Association of California Nurse Leaders. Cynthia Javines, RN, MSN, James Mercado, RN and Benedict Calangian, RN will be discussing our best practices in preventing falls without injury. They will be highlighting their “Got -A-Minute” campaign that has several best practice attributes: putting the patient back into the statistics, structuring a time for reflection, centering patient rounds on falls, and conducting post fall safety huddles with patients and families.
- **LEAP Updates:**
  - **Highlighted Accomplishments:**
    - **Quality Outcomes Initiative:** Accomplished 0% defect rate in psychiatry safety plan updates for 5 consecutive weeks.
    - **Leadership Spread:** Scheduled training sessions for September, October and November for full (Coastside Clinic, Emergency Department, Pediatrics Clinic at 39<sup>th</sup> Avenue and Innovative Care Clinic), and partial (Sequoia Teen Clinic, Short Stay Unit and Post Anesthesia Care Unit) spread.

**Leader Rounding Event:** We held the final day of the Leader Rounding Event on 8/13. Leader rounding is considered a best practice in hospital settings and consists of leaders visiting patients daily and seeking input on their experience under our care, and for ideas for improvement. The team developed the initial leader rounding process on 7/29 and 7/30 and the SMMC Chiefs (CEO, COO, CMO, CNO, CFO, and CXO) tested it between 8/3 and 8/12. Following the testing period, the team revised the process on 8/13 to include patient feedback and further improve patient experience.

**LEAP Education Wave 6:** We continued the 6<sup>th</sup> wave of LEAP education on 8/26, and 8/31. This effort has the double purpose of “LEAP certifying” more staff and providers, as well as

to evaluate our current education modules before the next improvement cycle. The next cycle is aimed at further aligning our LEAP education to best meet the needs of the Health System. The 8/26 module focused on “mistake-proofing,” and the 8/31 focused on “standard work.”

**Pediatrics 5S Phase I:** This event improved workspace organization, workspace ergonomics, safety, and reduced waste. The team minimized and standardized inventory stock, raised sanitation standards, and reduced work effort by better utilizing space.

**3P (Production, Preparation, Process) Team Based Phone Care:** This event devised the infrastructure to facilitate over-the-phone visits, including calls with nurses, care coordinators, patient educators, and other care team members. The desired outcome of this work is to lessen providers’ time demand and to increase frequency and ease of contact with our patients.

**5S 1-day-event, Specialty Clinic:** This event improved workspace organization, ergonomics, safety, and reduced waste in the Specialty Clinic Supply Closet. In particular, the team standardized bins, color-coded labels, and set more precise par levels.

## PATIENT CENTERED CARE & STAFF ENGAGEMENT



- **SMMC Mission Fair a success** - On August 12<sup>th</sup>, about 200 employees attended the first-ever SMMC Mission Fair to learn more about our new mission, vision, values and goals. Tables were set up for each goal area and staff were on hand to explain the strategic work being done to meet this year’s objectives. Between the Mission Fair and the recent employee forums, we were able to communicate about our new mission and strategic work directly with more than 500 of our staff. Many thanks to Karen Pugh who organized the event, and more than 20 managers who assisted in planning for and staffing the event.

- **Promoting cultural competency with interpreter training:** On August 27<sup>th</sup> and 28<sup>th</sup>, more than 20 bilingual members of our nursing team underwent 8 hours of interpreter training in order to enhance their skills in serving our patients. These individuals, who start with an excellent understanding of medical terminology, learned the fundamentals of interpreting procedures, ethics, and role definition. This training helps us expand access to high quality interpretation services for our patients with limited English speaking skills. Many thanks to Jonathan Mesinger, our long-time Cultural Competence Leader, for organizing this training.
- **Patient/family stories of gratitude:**
  - **From the Neurology Clinic:**
    - “NP Bush and Dr. Siegel are wonderful. NP Bush listened to what we had to say and made the arrangements for my son to see Dr. Siegel. Dr. Siegel asked all the right questions and is ready to help my son. They need to be recognized for the wonderful work they do. All the care that has been received at your hospital by everyone is wonderful. I can’t tell people enough about the good care. People before we came here said it won’t be good because it is a County hospital. They were all wrong. I want everyone to know the great work you do there.”
  - **From the Emergency Department, through our patient advocate:**
    - Patient called to let Administration know how wonderful everyone in the Emergency department was. She brought her son to the Emergency around 4:00 AM Saturday morning as he was having difficulty breathing. She said all the staff was nice to her and her son. They were understanding, explained everything to him and made him feel good about the experience. They brought him crackers and juice. Even the person taking care of the trash said hello and made him and me feel good. They got us in quickly and did an excellent job. “I have come here for myself in the past and have always had a positive experience, but I am an adult and understand better what is going on. They did an excellent job with helping my son so that he was not afraid at all.”
- **I Make a Difference:** In an effort to help staff understand the connection between the work they do and SMMC’s ability to achieve its goals, a new column has been added to the staff newsletter. Each month one or more staff members will explain how their work “makes a difference” in one of our five goal areas. You can read a few examples in our most recent **Blog Post:** “How Do You Make a Difference?” (<http://smmcblog.wordpress.com>)

## RIGHT CARE, TIME, PLACE

- **SMMC selected to participate in Care Innovations project:** On August 15<sup>th</sup>, SMMC was notified that we were selected to participate in the Spreading Innovations program, a partnership between the Center for Care Innovations and the Blue Shield of California Foundation. The purpose of this project is to advance our work to improve our Patient Centered Medical Home. Through this program we have access to an implementation coach, peer support through the innovation host site, evaluation and other relevant technical assistance to support our work.

This will be an important resource to support and advance our work to develop a best practice patient-centered medical home.

## FINANCIAL STEWARDSHIP

- **State Special Session on Health Care Spending:** In July we reported on State budget updates to the Board, which included an announcement that the Governor called a special session to address alternative financing of Medi-Cal in order to prevent over \$1 billion in program cuts in fiscal year 16-17 due to the expiration of the Managed Care Organization (MCO) tax. There is developing legislation that would create a flat MCO tax and provide enough funding to cover the anticipated \$1 billion shortfall as well as cover increases to In-Home Support Services and restoration of the 2011 10% provider rate cuts. We will monitor this legislation and related developments to assess the potential impact on our FY16-17 budget.
- **HRSA’s “Mega-Guidance” on 340B Programs:** On August 27<sup>th</sup>, the federal Health Resources and Services Administration (HRSA) released long-awaited proposed guidance on the 340B Drug Pricing Program. The 340B Drug Pricing Program allows safety-net healthcare organizations such as SMMC to purchase outpatient drugs at discounted prices, thereby enabling us to stretch scarce resources as far as possible, reaching more eligible patients and providing more comprehensive services. HRSA’s proposed guidance addresses a broad range of topics within the 340B Program, including the definition of patient, contract pharmacy compliance requirements, hospital eligibility criteria and eligibility of off-site outpatient locations. While the proposed guidance appears to support SMMC’s current practices, our 340B Compliance Committee will conduct a full risk assessment and monitor developments from industry feedback.
- **ICD-10 Official Cut-Over Is Almost Here:** On October 1<sup>st</sup> our patient billing systems will transition from the ICD-9 to ICD-10 code sets for diagnosis and procedures. We have been preparing for more than a year to this point and we are feeling confident in our readiness. As we reported previously, our providers started using ICD-10 codes early this year in order to prepare for the official CMS launch. We have provided continuous training, feedback and education to our staff throughout this period. In addition, we have participated with Medicare, Medi-Cal, HPSM and other health plans in the testing of transactions to ensure that electronic claims submissions will occur as planned. We are now finalizing our cut-over plans to ensure every member of the team is ready for the specific tasks required for the transition on October 1<sup>st</sup>. These plans include daily check-in calls throughout the month of October to monitor the transition and to promptly identify issues needing corrective action. We expect the transition on October 1<sup>st</sup> to go smoothly with little impact to patient care and financial results.





# COUNTY OF SAN MATEO HEALTH SYSTEM

To: SMMC Board Members  
 From: Louise Rogers, Chief  
 Subject: Health System Monthly Snapshot – August 2015

Indicator	Number	Change from previous month	Change from last year
ACE Enrollees	<b>18,511</b> <i>(July 2015)</i>	0.3%	-10.4%
SMMC Emergency Department Visits	<b>3,652</b> <i>(June 2015)</i>	-3.2%	-13%
New Clients Awaiting Primary Care Appointment	<b>169</b> <i>(August 2015)</i>	4.3%	-80.9%

### County wins grant to develop regional resources for kids affected by trauma

Many kids and teens experience stress and trauma in their lives, yet often struggle to get the help they need to recover. In fact, in one study of kids ages 2-5, 53% had experienced severe stress in their lifetime, including accidents, physical trauma, abuse, neglect, and exposure to domestic and community violence. Although children may be “too young to understand” what’s happening, the effects of childhood trauma can last a lifetime, especially when kids don’t get the care they need. San Mateo County is working to address this issue thanks to Measure A investments, and most recently, a \$4 million Substance Abuse and Mental Health Services Administration grant. The grant was awarded to our County and six regional neighbors to help create regional infrastructure to implement, sustain and improve services for children and youth affected by trauma.

### Health System pilots new system of care on the South Coast

The Health System and Puente de la Costa Sur are partnering on an innovative approach to bring care to under-served South Coast residents. The new program will train and hire community members, called Promotoras, to talk to people about their health and discuss the importance of preventive services and seeing a doctor regularly. They will help funnel more patients into the new clinic in Puente’s offices, a satellite of San Mateo Medical Center’s Coastside Clinic. Since the opening of Puente clinic in March, it has served 99 patients, 80% of whom are low-income farm workers and their families. As many as 500 people on the South Coast don’t have regular access to a health care provider and have to travel up to an hour to receive care, which is made even more challenging by long work hours and a lack of public transportation.



### Behavioral Health and Recovery Services celebrates 26<sup>th</sup> Annual Recovery Month

The Health System’s Behavioral Health and Recovery Services division is celebrating Recovery Month with events throughout September. The events are designed to celebrate local residents who have reclaimed their lives through recovery from mental health and substance use issues and honor the healthcare providers who make recovery possible. Recovery Month raises awareness that recovery is possible and that the community plays an important role in helping people with mental health and/or substance use issues to live healthy and rewarding lives. Highlights of this year’s program include the Recovery Art Show (Sept. 1-27, Caldwell Memorial Art Gallery, 400 County Center) and the Recovery Happens Picnic (Sept. 15, 11 am – 2 pm, Flood Park in Menlo Park).



San Mateo Medical Center  
*A County System of Healthcare*

**TAB 3**

**MEDIA  
ARTICLES**

# Can Auto Makers' Methods Make Health Care Better? : Shots

Anna  
Gorman

August 07, 2015 8:29 AM ET

Nursing attendant Tracie Bell helps manage patients at the ophthalmology clinic at Los Angeles County Harbor-UCLA Medical Center. The clinic created a color-coded system to reduce wait times for patients.

Anna Gorman/Kaiser Health News

Until recently, nurses at Los Angeles County Harbor-UCLA Hospital had to maneuver through a maze of wheelchairs, beds, boxes and lights to find surgical supplies in the equipment closet for the operating rooms.

But as public hospitals like Harbor-UCLA try to cut costs and make patients happier, administrators have turned to an unlikely ally: Toyota.

They are adapting the carmaker's production system to health care — changing longstanding practices such as how to store equipment, schedule surgeries and discharge patients. The philosophy, known as lean, depends on a continuous team effort to pare inefficiency and improve quality.

By using Toyota's methods as inspiration, the operating room staff at Harbor-UCLA was able to reorganize the closet — giving everything an assigned location and affixing easy-to-read labels — meaning nurses and doctors can now find what they need when they need it. This allows the team to mobilize more quickly.

"It saves time because they don't go looking for things — they know where they are," says Dawna Willsey, a clinical director at the hospital.

Private hospitals in places like Seattle and Wisconsin started using Toyota's system a decade or more ago. But the idea is newer to safety net hospitals — medical centers that historically have served large numbers of poor people. With the Affordable Care Act, these patients are gaining insurance coverage, and safety net hospitals are facing pressure to keep them from going elsewhere for care.

In California and elsewhere, some medical professionals have expressed skepticism that a process used to build cars can be translated into treating patients. Others are put off by the use of Japanese vocabulary in the hospitals' hallways, such as *muda* (waste) and *jidoka* (automation with a human touch). Still others doubt whether the changes are sustainable.

DeAnn McEwen, a health and safety specialist with [National Nurses United](#), says lean management reduces nursing to a series of standardized tasks, as if nurses were robots applying nuts and bolts to identical patients.

"The problem with that is patients, of course, are not widgets and nurses are not robots," she says. "And nursing care is not a commodity but a service. It's a process that requires critical thinking and the application of judgment."

Research and experience from around the country, however, has shown that using Toyota's techniques in hospitals has can improve quality and safety for patients, says [Kelly Pfeifer](#), director of high-value care at the California HealthCare Foundation. The foundation helped fund the project at Harbor-UCLA and four San Francisco Bay Area hospitals — San Francisco General Hospital, Contra Costa Regional Medical Center, San Mateo Medical Center and the Alameda Health System.

Changes inspired by the Toyota process have had direct, positive results, such as reducing the time patients spend at

the hospital and decreasing medication errors, according to the foundation. They also have saved money. For example, reducing surgery cancellations at the San Mateo hospital saved nearly half million dollars, the foundation says.

Harbor-UCLA happens to be just a few miles from Toyota's U.S. sales headquarters in Torrance. After approaching the car maker for help, Harbor opened an office in 2013 dedicated to *kaizen*, the Japanese word for continuous improvement and a main tenet of the auto company's philosophy. Now, the hospital has a chief kaizen promotion officer, Susan Black, whose team is working closely with administrators, doctors, nurses, clerks and janitors to streamline and standardize everything it can.

Susan Black, chief *kaizen* promotion officer at Los Angeles County Harbor-UCLA Medical Center, reviews the quality and safety board in the ophthalmology clinic.

Anna Gorman/Kaiser Health News

"This is not a flavor of the month," Black says. "We have a real need to do better, to do more, improve our access and do it for less. That is part of our survival."

Toyota's strategy is based on making small changes that have a big impact, says [Jamie Bonini](#), vice president of the Toyota Production System Support Center. Hospitals typically want to improve certain elements, such as medication error rates or appointment wait times.

Toshi Kitamura, a Toyota advisor, says he sees natural parallels between auto production and patient care. Organizing the equipment rooms and supply cabinets is the perfect example, he says.

"There was a clear translation," he says. "Just as in the hospital environment, in our environment ... we need to make sure we have all the tools and materials we need and we need to be able to find them quickly."

Unlike in a car plant, however, Kitamura says saving time can spare people pain and even save their lives.

Toyota officials say their philosophy has been honed over decades of quickly producing high-quality cars. The company's nonprofit arm, Toyota Production System Support Center, now provides consulting services to dozens of manufacturers, which pay a fee, and nonprofits, which don't.

At Harbor-UCLA, the effort started with an overhaul of the outpatient eye clinic. Administrators there say some patients were going blind while waiting for surgeries to be scheduled. And during clinic visits, some had to have their eyes dilated twice because they waited so long to see a doctor.

Working with Toyota, staff members picked up the pace: They created a system of color-coded folders so it became clear what patients were there for and who they needed to see. They stopped sending patients back and forth to the waiting room during their visits. They put a locked box in each exam room with prescription pads and other medications so doctors could spend more time with patients and less fetching what they needed to treat them.

"Before, it was total chaos," says Tracie Bell, a nursing attendant. "We had piles and piles of paper. With this new color-coded system ... it makes it a whole lot easier for us to do our jobs."

Within several months, staffers doubled the average number of new patients seen each day. In addition, the time patients spent at the clinic dropped from 4 1/2 hours to just over two. Surgeries also got scheduled more quickly.

Now, doctors and nurses at the primary care clinic downstairs are in the early stages of adopting Toyota's strategies.

# Hospitals Turn To Unlikely Source To Improve Patient Care

By Christine  
Kern

, contributing writer

***The Toyota Lean Model proves effective in improving efficiency in healthcare.***

According to the [Lean Enterprise Institute](#), the premise of lean manufacturing is to produce an item based on customer specifications in the fastest, most efficient way, and for the best possible price while maximizing customer value while minimizing waste. Earlier this year, researchers at Penn State Hershey Children's Hospital conducted a study applying lean technology to streamline healthcare and reduce the numbers of patients that must be turned away, as [Health IT Outcomes](#) reported.

A number of private hospitals in Wisconsin, Denver, and Seattle have been applying Toyota's lean principles for years in order to streamline operations, reduce costs, and improve patient care and safety. Denver Health is one such health system with a "no-layoffs philosophy," having saved over \$150 million through their Lean program. Without those savings, Denver Health would "absolutely have had to cut jobs," said CEO Patricia Gabow, MD, in a [Denver Post](#) report.

Now, with greater pressure to improve outcomes and reduce costs as a result of the ACA, the California HealthCare Foundation has funded a project at Harbor-UCLA and four San Francisco Bay Area Hospitals using Toyota's system, according to [Kaiser Health News](#).

Not all healthcare employees are sold on the lean approach. As DeAnn McEwen, a health and safety specialist with National Nurses United told [Kaiser Health News](#), the Toyota system reduces nursing to a series of standardized tasks, treating nurses like robots. "The problem with that is patients, of course, are not widgets and nurses are not robots. And nursing care is not a commodity but a service. It's a process that requires critical thinking and the application of judgement."

While some are skeptical about applying approaches from manufacturing to healthcare, it does seem to be making a difference. Kelly Pfiefer, director of high-value care at the California HealthCare Foundation, asserts that Toyota's techniques have proven effective. The Foundation helped provide funding for the lean project at Harbor-UCLA, San Francisco General Hospital, Contra Costa Regional Medical Center, San Mateo Medical Center, and the Alameda Health Center.

One key to applying the lean approach is in organization of equipment rooms and supply cabinets, one area where Toshi Kitamura, a Toyota advisor, explained that there are natural parallels between patient care and automotive production. "There was a clear translation," he told [Kaiser Health News](#). "Just as in the hospital environment, in our environment we need to make sure we have all the tools and materials we need and we need to be able to find them quickly."

As a result of implementing the lean principles, the project has seen reduction in hospital stays and decreasing medication errors, and large cost savings, with San Mateo Medical Center experiencing almost half a million dollars in savings as a result of reducing surgery cancellations.

And at Harbor-UCLA's outpatient eye clinic, the average number of new patients seen daily has doubled, while the time patients spend in-clinic has be halved. Surgeries are also being scheduled more quickly.

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## Grants support county health programs

*August 07, 2015, 05:00 AM Daily Journal Staff report*

The Sequoia Healthcare District's Board of Directors has awarded two grants to the county totaling about \$1.3 million to provide care to the uninsured and medically indigent who live in the southern part of San Mateo County.

The Board of Supervisors approved a memorandum of understanding with Sequoia, a special tax district, to implement the Community Care Transitions program at the San Mateo Medical Center and for the expansion of the Ron Robinson Senior Care Center at the Fair Oaks Health Center in Redwood City.

The grants will support the programs through 2018.

The first grant totaling \$429,000 helps cover the cost of expanding the senior center at Fair Oaks, which Sequoia helped fund the building of with a \$4.3 million grant. It opened near the end of 2013.

The Ron Robinson Senior Care Center is a primary care clinic and geriatric assessment unit where seniors of all income levels and all levels of independence and health can receive one-stop medical care tailored exclusively to meet their needs, according to the county Health System.

The second grant totaling \$917,750 supports the implementation of the San Mateo Medical Center's Community Care Transitions program.

The Community Care Transitions program works to improve the quality of patient care by improving the transition from an inpatient hospital setting to other care settings, resulting in improved quality of care, reduced cost and improved patient experience, according to the Health System.

The grant will help the Health System improve the quality of care for older Sequoia Healthcare District residents it is serving, such as ensuring an office visit occurs within seven days of hospital discharge, helping to meet its quality and patient experience goals, and adding additional staff to serve patients being discharged to go home.

It is estimated 18 percent of the San Mateo Medical Center's patients living within the boundaries of the health care district will be funded by Sequoia, according to a staff report by the Health System's Chief Louise Rogers and Susan Ehrlich, the chief executive officer at the medical center.

Expenses at the medical center are covered by fees for services or third-party payors whenever possible. The portions of expenses for services provided to the medically indigent or to those covered by programs that do not meet the full costs of care are covered by contributions such as grants from the Sequoia Healthcare District and the county's general fund contribution to medical center, according to the report.

## Puente community health workers connect locals to doctors and other preventive services

When you struggle with health issues, sometimes it's easier to talk to a friend you trust than to a doctor you don't know. Someone who is approachable and speaks your language.

That's the principle behind Puente's new Community Health Workers / Promotoras de Salud Project, which recently secured funding to train and hire community members to visit farms, ranches, and all people in need on the South Coast. The Promotoras (three bilingual, two Spanish-only speakers) will talk to people about their health – and discuss the importance of preventive services and seeing a doctor regularly. They will play a key role in helping funnel more local patients into the [recently opened health clinic housed in Puente's offices](#).

“The Promotoras don't have as much medical knowledge, but they do have community knowledge. They will act as the bridge between the community and the medical clinic,” says Molly Wolfes, Community Health Coordinator for Puente.

Puente's pop-up medical clinic, a satellite of [San Mateo Medical Center's Coastside Clinic in Half Moon Bay](#), opened in March. Since then, the county doctors who staff the clinic have seen 99 patients. Nearly 80 percent are low-income farm workers and their families.

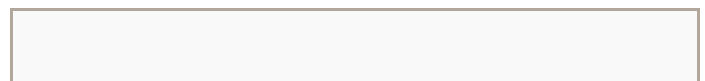
The clinic represents the latest attempt to address the serious lack of health services available to several underserved and under-insured communities on the South Coast. As many as 500 individuals do not have regular access to a physician, a dentist or an eye doctor. For everything from check-ups to pediatrics and OBGYN, help is as much as an hour away. Not only do some farm workers lack cars in a place where public transportation is almost non-existent, they have trouble making it to appointments. Doctors' office hours don't exactly correspond to their intensely long work shifts, and many farmers live day-to-day on the money they make. Taking the day off to see the doctor could mean no money for food.

The result is that [40 percent of adults have not seen a doctor in the past year](#), according to a recent community health care survey Puente conducted.

“Especially within the Latino community and couch surfing/mobile communities in La Honda that have struggled to access care, there is a perception that barriers exist preventing them from getting care. Some of the perceived barriers may include fear, a language barrier, or transportation and child care issues,” says Wolfes.

That will change now, thanks to a plan conceived by Puente health advocates with support from San Mateo County Health System. In early August, Supervisor Don Horsley and the other members of the Board of Supervisors voted to approve Measure A funding for the Community Health Worker/Promotora program totaling \$351,235 over two years.

The funding will train several community members, including some Puente staff, as Community Health Workers/Promotoras. Bringing new people into the clinic requires active outreach, face-to-face conversations, and an understanding of what's needed to connect patients to doctors.



If someone lacks health insurance, Promotoras can help make an appointment with a Puente Resource Navigator. If a Health Promotora notices signs of depression, they can make a referral to Puente's mental health services. If a nurse's attention is called for, the client can be referred to Karen Hackett, a San Mateo County Public Health nurse headquartered with Puente.

Puente also arranges free transportation to and from any medical or dental appointment for local participants who need it.

The county has already committed funds to help Puente and the Medical Center split the existing exam room—making two exam rooms in one of its portables. The program could grow from there. In the first year of the Promotoras grant, Puente will need to touch at least 100 new participants every month.

“If this actually works – and I think it will – the numbers will look really good, and that will justify getting a second portable to perhaps expand the clinic,” says Supervisor Horsley. “I’m excited to see this partnership between the County, Puente, and the Medical Center – we’re truly building something from the ground up in Pescadero.”

The starting point is setting up a once-yearly physical for local residents, with a focus on preventing serious medical conditions before they start.

“Quite a few of our patients have never been to a doctor. I realize that’s odd because they’re middle aged, but they’re from rural areas and they’ve never sought medical care,” says Jonathan Mesinger, Clinics Manager for both Half Moon Bay and Pescadero.

Puente Executive Director Kerry Lobel describes the habit of self-care as a kind of “muscle memory” that Puente hopes to induce. To that end, Promotoras will also lead formal weekly health support classes for those who suffer from chronic diseases, such as diabetes, to teach patients and their family members the best prevention techniques as well as strategies for care. Later on, the classes will expand to smaller groups at the ranches themselves.

Health Promotoras are not only from the community they serve, they will be taking control of its future. This kind of self-advocacy approach to change – from the inside – is part of Puente’s continuing initiative in building community leadership.

Take La Sala, Puente’s twice weekly social space for farm workers: a former participant is now part of the staff that helps run the program. Women from Pescadero and La Honda [lead Puente’s Zumba classes](#). And local parents, who are trained as facilitators, teach Puente’s [Abriendo Puertas sessions on early childhood education and development](#).

“It’s a well-established principle here that peer leaders are the way to go. We knew that was the best way to approach health prevention activities,” says Lobel.

Puente’s Health Fair is another ongoing strategy that targets health prevention in particular. The second annual Health Fair on October 4 will have a family focus, with free flu vaccines and multiple health screenings available for all ages, and a bike rodeo, a drawing, and fun kids’ activities. The message: seeing a doctor doesn’t have to be a scary ordeal, so let’s get it all done in one day.

Health care has always been a front-burner issue in Pescadero. The Pescadero clinic is the latest iteration in the search for a medical home on the South Coast that goes back more than 30 years. As early as the 1970s, community leaders established a clinic inside a local school, and later, in Pescadero Community Church. The South Coast Collaborative and North Street Community Resource Center worked hard to get doctors to the area before Puente came along. The county thrice funded a mobile health van staffed with doctors and nurses, but it was discontinued when money ran out.

In 2014, the county set aside \$1 million to outfit a new medical van but then withdrew the plan. Without a van, the bricks and mortar clinic requires Health Promotoras to conduct outreach. It may not be perfect solution, but it’s the closest the community has come in a while.

“It’s been filled with pain and gain for so many years now,” says Lobel. Three years ago, Puente renewed its health



strategy with major assistance from the Lucille Packard Children's Hospital Stanford in the form of a multi-year grant as well as grants from Kaiser Permanente, Mills Peninsula Health Services/Palo Alto Medical Foundation, and the Gordon and Betty Moore Foundation.

"Today's approach to healthcare is a result of a deep partnership between Puente and Supervisor Don Horsley," says Lobel.

In October 2012, Supervisor Horsley promised that if Measure A passed, funding would be used to bring medical care to Pescadero. Horsley was true to his word, first exploring the concept of a mobile van, and then leveraging a partnership with the San Mateo Medical Center to bring a medical team to Pescadero on a weekly basis. He secured Measure A funding to remodel office space at Puente for two exam rooms, and for the Community Health Worker/Promotoras Project.

According to Lobel, "100 local residents have received healthcare, to date, because of Horsley's efforts – that's a huge accomplishment."

Puente is now pushing for pediatric care where possible. And according to Mesinger, the county might add a pediatrician to their Pescadero clinic if the numbers warrant it. This year, for the first time ever, Puente arranged for a Coastside Clinic pediatrician to come during [backpack distribution day](#). Nine children were able to get their physicals and be ready to go back to school.

The Promotora model [originates in Mexico](#), and it has been used in other contexts with success in the U.S. Here in San Mateo County, the Sheriff's Office used home visits and community workshops in North Fair Oaks as a way to educate parents about the warning signs of drug use and gang affiliation among young people.

Mesinger himself was manager of the Fair Oaks Health Clinic in Redwood City for many years, and clinic patients were 85 percent Latino, demographically similar to clinic patients on the South Coast. Most spoke Spanish only. Mesinger says the experience taught him that patients need to become comfortable with their doctors over time, and that those long-term relationships take time to build. Mesinger says county staff is looking forward to building those relationships in Pescadero.

"The key is, how much are you a part of the community that you're serving?" says Mesinger. "The community knows Puente, and that's a big advantage. It really helps to be associated with Puente."

**Join Puente for its second annual community Health Fair on Sunday, October 4 from 11 a.m. to 3 p.m. at 620 North Street in Pescadero. Come for a health screening and Medicare counseling, stay for the raffle and kids' activities. For details, visit [www.mypuente.org](http://www.mypuente.org).**