



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

Thursday, July 6, 2017

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

July 6, 2017 8:00 – 10:00 AM

Executive Board Room – Second Floor, Administration Wing

AGENDA

A. CALL TO ORDER

B. CLOSED SESSION

Items Requiring Action

1. Medical Staff Credentialing Report
2. Quality Report

Dr. Bryan Gescuk

Dr. Julie Hersk

Informational Items

3. Medical Executive Committee

Dr. Bryan Gescuk

C. REPORT OUT OF CLOSED SESSION

D. PUBLIC COMMENT

Persons wishing to address items not on the agenda

E. FOUNDATION REPORT

Leslie Williams-Hurt

F. CONSENT AGENDA

TAB 1

Approval of:

1. June 1, 2017 Meeting Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Bryan Gescuk

H. ADMINISTRATION REPORTS

- 1. Strategic Initiatives Update
- 2. California Children’s Services Project
- 3. Financial Report
- 4. CEO Report

Dr. CJ Kunnappilly..... Verbal
Louise Rogers..... Verbal
David McGrew..... TAB 2
Dr. CJ Kunnappilly..... TAB 2

I. HEALTH SYSTEM CHIEF REPORT

Health System Snapshot

Louise Rogers..... TAB 2

J. COUNTY MANAGER’S REPORT

John Maltbie

K. BOARD OF SUPERVISOR’S REPORT

Supervisor Carole Groom

L. ADJOURNMENT

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact Michelle Lee, Executive Secretary, at least 48 hours before the meeting at (650) 573-2222 and/or mlee@smcgov.org. Notification in advance of the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. Attendees to this meeting are reminded that other attendees may be sensitive to various chemical based products.



San Mateo Medical Center
A County System of Healthcare

TAB 1

CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Thursday, June 1, 2017
Executive Board Room

Board Members Present

Supervisor David Canepa
John Maltbie
Louise Rogers
Dr. CJ Kunnappilly
Dr. Janet Chaikind
Dr. Julie Hersk
Deborah Torres

Staff Present

Michelle Lee
David McGrew
Joan Spicer
Dr. Susan Fernyak
Zenda Berrada
Liz Evans
Priscilla Romero
Karen Pugh
Angela Gonzalez
Brighton Ncube
Dr. Alpa Sanghavi
Sara Ou

Members of the Public

Ava Carter
Peggy Jensen
Cassius Lockett
Leslie Williams-Hurt

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Canepa 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 8:16 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for June 1, 2017. QIC Minutes from April 25, 2017. Medical Executive Committee Minutes from May 9, 2017.	Glenn Levy reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report Leslie Williams-Hurt	Members of Priorities Committee met on March 28, 2017 to review and discuss SMMC's most critical needs. And on May 15, the Foundation Board unanimously agreed to support the Fluoroscopy machine project for \$500,000. The new redesigned website will go live on June 19.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from May 4, 2017.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Janet Chaikind	The Medical Executive Committee meetings will be attended by a Physician's Assistant and a Nurse Practitioner as affiliate members.	FYI

<p>Staff Engagement Liz Evans Ava Carter Angela Gonzalez Karen Pugh Sara Ou</p>	<p>“We are a great place to work and we are passionate about serving our community.”</p> <p>2016/2017 Engagement Objectives</p> <ul style="list-style-type: none"> • Successful transition to Blessing White • Embed staff engagement in our Strategic Initiatives • Support engagement efforts of SMMC leaders • Improve day-to-day engagement work <p>What’s next?</p> <ul style="list-style-type: none"> • Track impact of improvement work; plan for next survey cycle • Study and adjust engagement efforts in strategic initiatives • Roll-out Management Navigator program • Raise awareness of development opportunities 	<p>FYI</p>
<p>Provider Engagement Dr. Susan Fernyak Dr. Janet Chaikind</p>	<p>Pulse surveys were administered in 2015 (124 respondents) and 2016 (133 respondents)</p> <ul style="list-style-type: none"> • Question 1: How likely are you to recommend SMMC as a place to work to a friend or relative? <ul style="list-style-type: none"> ○ 16 point improvement • Question 2: How likely are you to recommend SMMC as a place to come for care to a friend or relative? <ul style="list-style-type: none"> ○ 11 point improvement <p>There were three distinct themes to the responses</p> <ul style="list-style-type: none"> • Info Technology • Quality of Care • Relationship Building and Communication 	<p>FYI</p>
<p>Public Health Lab Zenda Berrada, Ph.D.</p>	<p>The Public Health Laboratory has eleven core functions including: Disease Prevention and Control; Integrated Data Management; Reference and Specialized Testing; Environmental Health and Protection; Food Safety; Policy Development.</p> <p>There are 11 staff members including 5 PH microbiologists, 3 lab assistants, 1 lab technician, 1 supervisor, and 1 PHLD.</p> <p>The PH lab is different from clinical laboratories because they provide the following services: Surveillance and monitoring, Emergency response and outbreak support, Environmental testing and rabies testing, Reference testing, and Applied research.</p> <p>What is the role of the SMC Public Health Lab?</p> <ul style="list-style-type: none"> • Testing support for public health programs <ul style="list-style-type: none"> – Monitoring (drinking water, recreational water) 	<p>FYI</p>

	<ul style="list-style-type: none"> – Surveillance (influenza, foodborne pathogens) – Outbreak investigations (respiratory, gastrointestinal) – Specialized testing (rabies, novel influenza) – Provide linkage to public health tests for new / emerging pathogens <ul style="list-style-type: none"> • Prepare and respond to emergencies (biothreat, natural) • Surge support for the CA State Laboratory and Other Local Public Health Laboratories • Inform and Educate clients (clinical and community) 	
Financial Report David McGrew, CFO	The April FY16/17 financial report was included in the Board packet. David McGrew gave an update on the Financial Mitigation plan and answered questions from the Board.	FYI
CEO Report Dr. CJ Kunnappilly, CEO	Dr. Kunnappilly presented the CEO report which is included in the Board packet and answered questions from the Board. He thanked Drs. Chaikind, Hersk, Ding, and Lin for serving on the Board.	FYI
Health System Report Louise Rogers	Over 40 residents participated in Hand-Only CPR training on May 6. Emergency Medical Services, in partnership with American Medical Response of SMC, held a public hands-only CPR training targeted to central County residents. The event, which took place at the Health System Campus in San Mateo, taught residents critical life-saving skills in the event that someone goes into cardiac arrest. The HS will be exploring other ways to engage the local neighborhood. The crisis residential facility, Serenity House, will open in the Fall and the census will be 10.	FYI
County Manager John Maltbie	No report.	FYI
Board of Supervisors Supervisor David Canepa	The new Pride Center will open today. There was unanimous agreement among the BOS to increase the housing budget with Measure K funds.	FYI

Supervisor Canepa adjourned the meeting at 9:45 AM. The next Board meeting will be held on July 6, 2017.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer



San Mateo Medical Center
A County System of Healthcare

TAB 2

ADMINISTRATION REPORTS

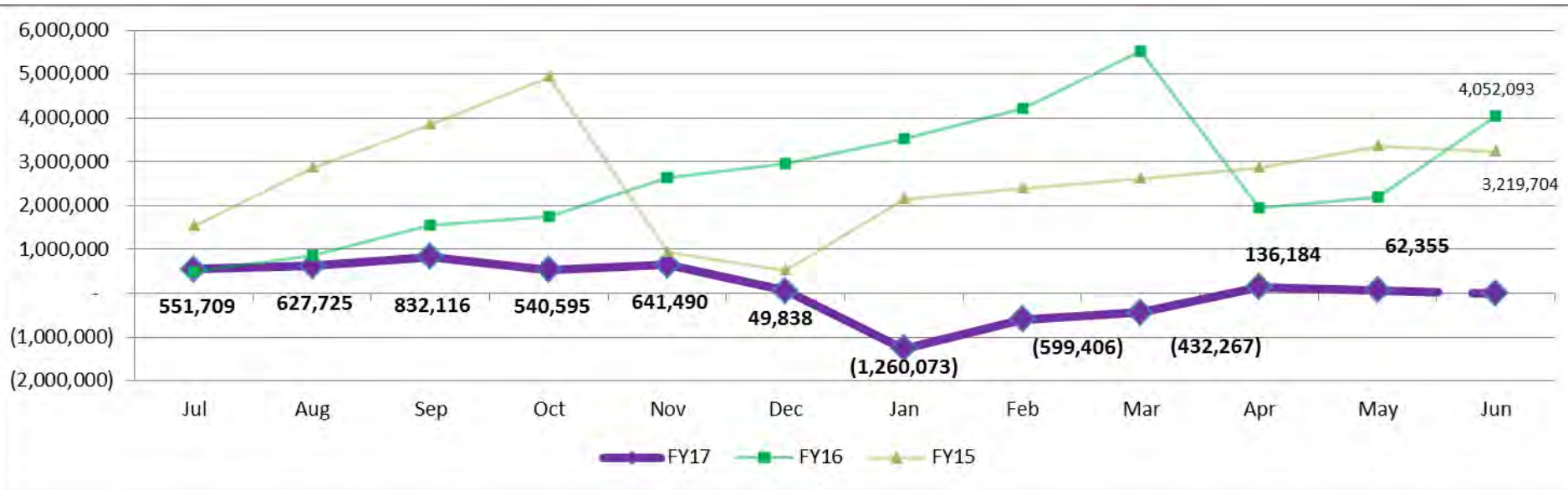


San Mateo Medical Center
A County System of Healthcare

**May FY 2016-17
Financial Report**

**Board of Directors Meeting
July 6, 2017**

Financial Highlights – Net Income Trend



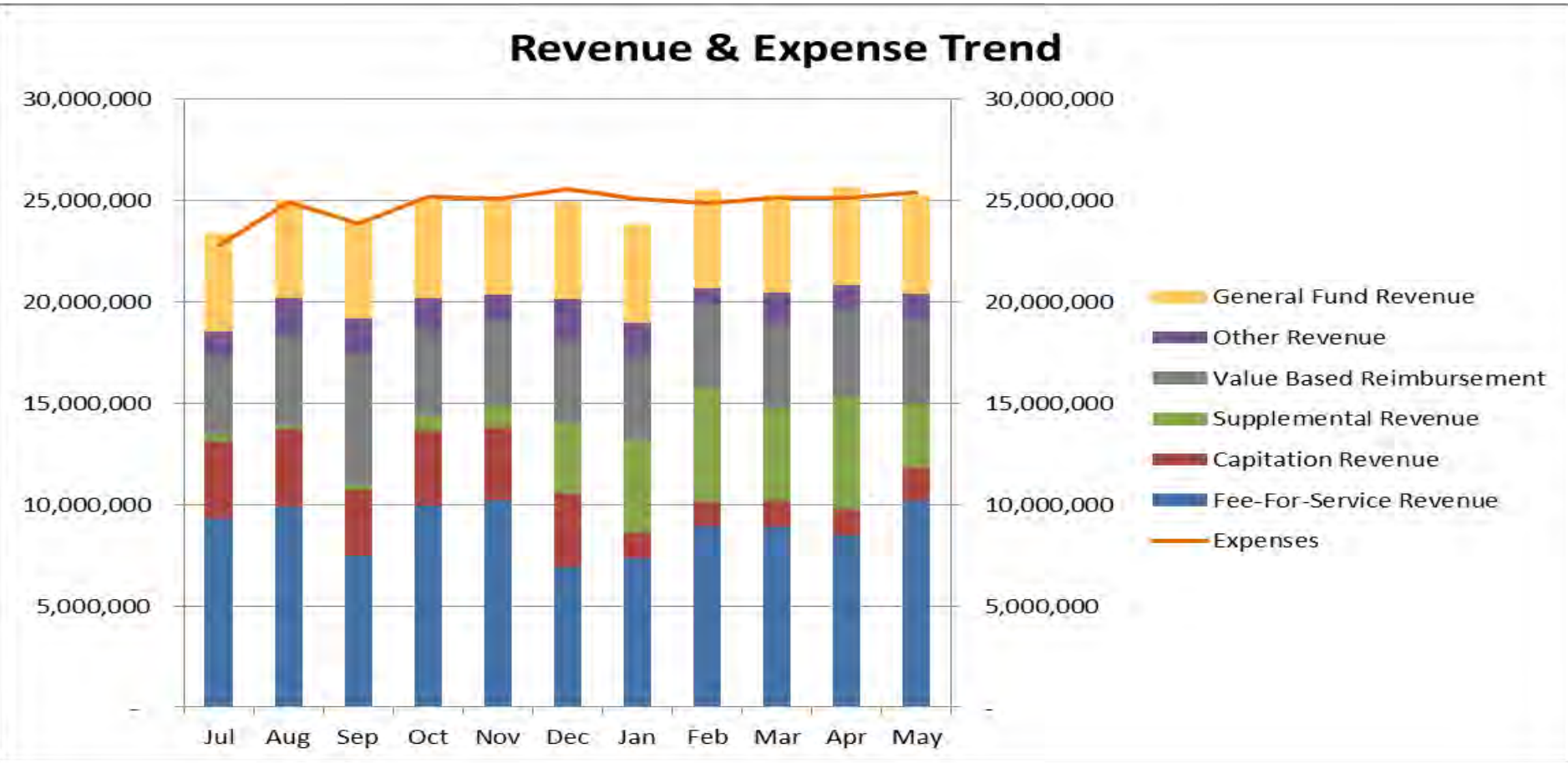
Financial Drivers:

- PRIME, GPP & Realignment
- Prior year payment true-ups

- Medical necessity
- No MCE Capitation
- Medi-Cal Acute & SNF rates

Full Year Forecast: Declines in Medi-Cal reimbursement rates, combined with high unreimbursable inpatient administrative days, required tapping into the financial reserves previously established for such risks. Expected to achieve a break-even bottom line at year-end.

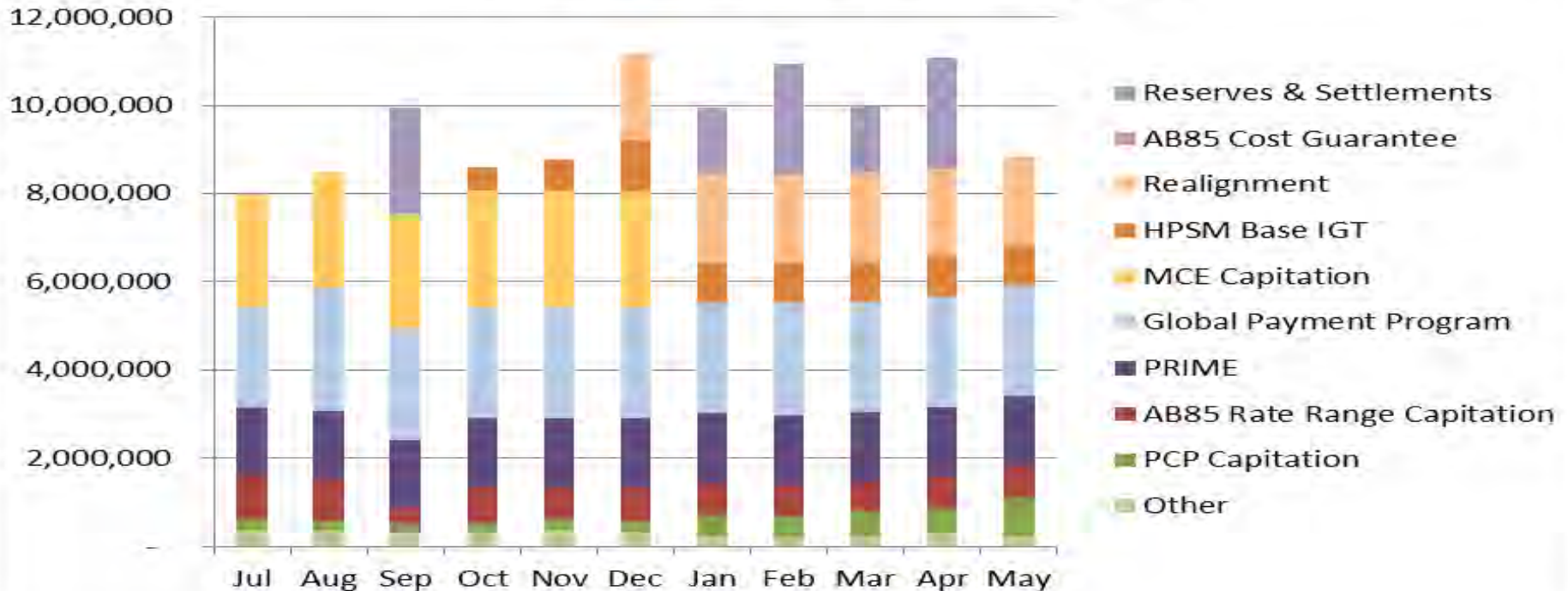
Revenue & Expense Trend



Expenses are remaining flat and are 4% favorable to budget. Fee-for-service revenue is trending back up. Realignment and HPSM Base IGT supplemental revenue have offset the loss in Capitation.

Supplemental Revenue Trend

Supplemental Revenue Trend



The loss of MCE Capitation is being offset by projected increases in Realignment and HPSM Base IGT payments, which are designed to kick-in to partially cover uncompensated costs. The Cost Guarantee is pending State approval and is not yet included.

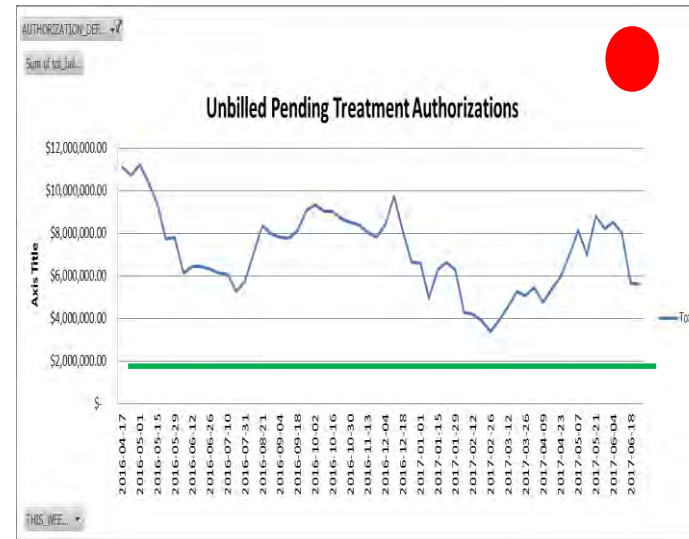
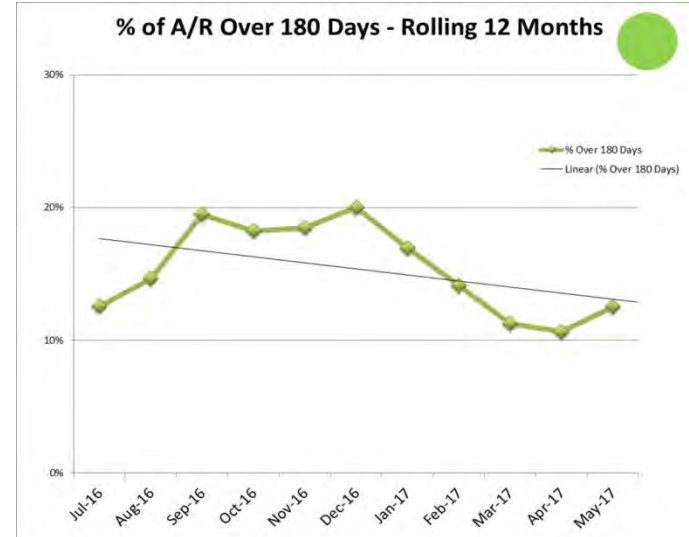
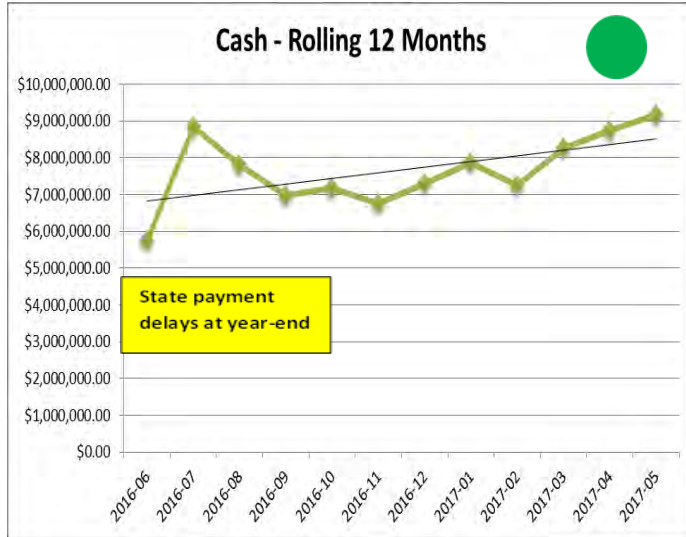
Key Performance Indicators

FFS Revenue Collection Trend



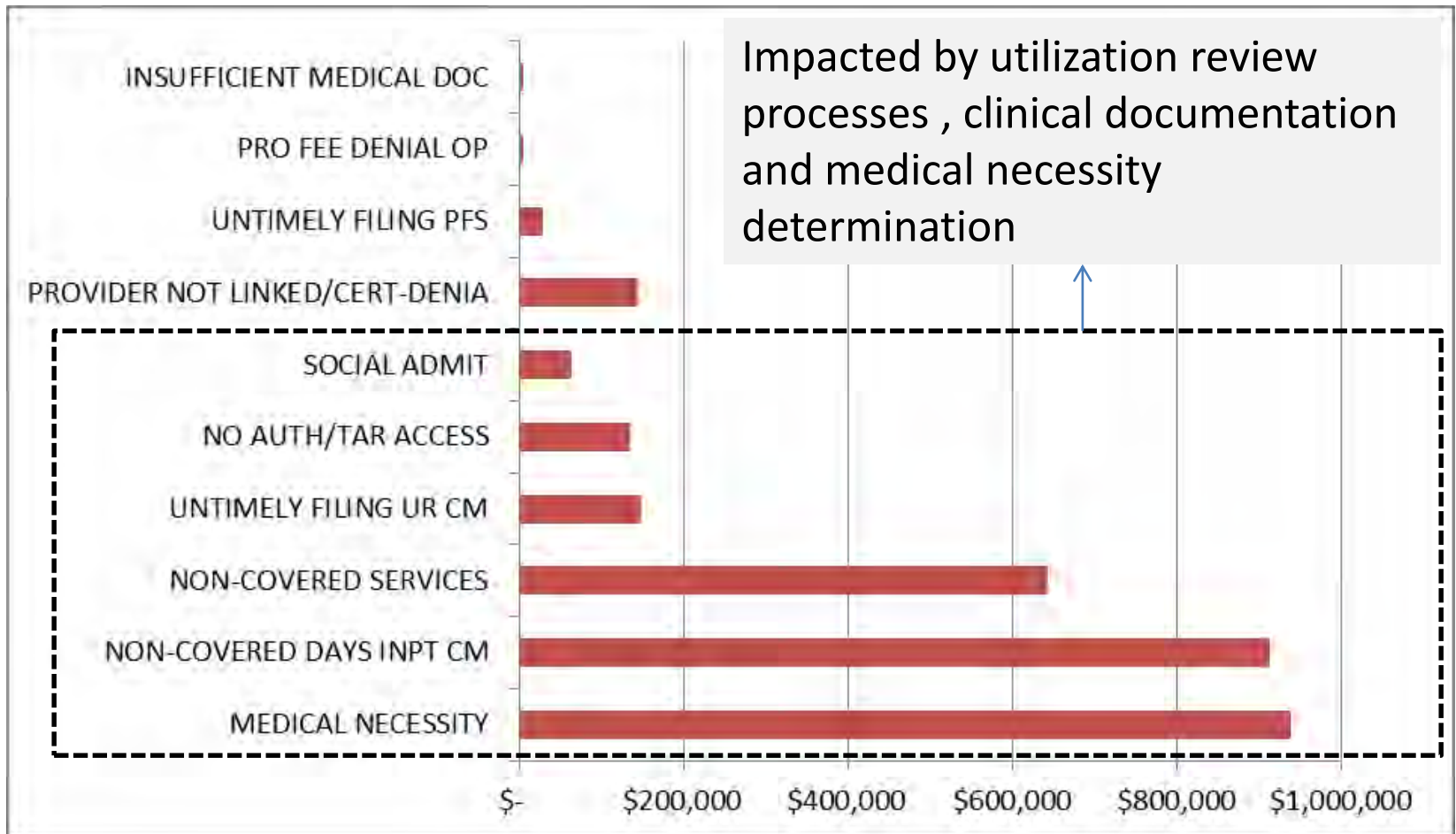
The revenue collection rate declined steadily through December due to high administrative days and lower Medi-Cal rates for acute medical-surgical patients and skilled nursing facility patients at SMMC and BLTC. Beginning January, the collection rate bounces back due to FFS revenue from MCE patients.

Key Performance Indicators



Key Performance Indicators

Inpatient Denials – Past 12 Months



Financial Improvement Plan

Initiatives with Largest Opportunities

Initiative	Actions	Status
<p><i>Denial management</i></p> <ol style="list-style-type: none"> 1. Medical necessity 2. Clinical denials 3. Provider enrollment 	<ol style="list-style-type: none"> 1) Engaged outside firm to provide retroactive reviews and coaching feedback. <u>24% of reviewed cases were corrected.</u> 2) Engaged utilization review trainer to start 7/10 3) Implement CDI program (see below) 4) Implement Denials reporting tool in July 	<p>Started March 1st and continuing until sustained improvement</p>
<p><i>Clinical Documentation Improvement (CDI)</i></p> <p>Focus on education and monitoring activities for compliance, medical necessity, quality & appropriate revenue</p>	<ol style="list-style-type: none"> 1) Identify external resource to conduct a gap assessment, develop a model program and implement a pilot program focused initially on inpatient medical-surgical unit. 2) Recruit and hire 1 FTE as outpatient CDI specialist to support Ambulatory Clinic providers 	<p>Proposals due July 19th. Initiate project work by September</p>
<p><i>Psych services billing project</i></p> <p>Focus on workflows and monitoring activities for compliance, medical necessity, quality & appropriate revenue</p>	<p>In-depth assessment and documentation of end-to-end billing workflows for inpatient psych, psych emergency, med-psych clinic services. Implement improved workflows based on findings from assessment</p>	<p>Draft report delivered to CEO, CFO and Compliance Officer on May 25th</p>
<p><i>Increase Medi-Cal SNF rates</i></p>	<p>Working with Brius to identify shared administrative functions to appropriately allocate administrative overhead to SNF services to enhance per diem rate</p>	<p>Cost report appeal in progress.</p>

Financial Mitigation Plan

Initiative Oversight

- LEAP Improvement Center - Revenue Cycle Transformation
- Revenue Cycle Governance Council
- Compliance Committee
- Weekly Revenue Cycle Huddles
- Daily Admission Huddles
- Executive Oversight of Medical Necessity Concurrent and Retro Reviews
- Psych Billing Project Workgroup

APPENDIX

San Mateo Medical Center
Income Statement
May 31, 2017

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	(73,830)	(0)	(73,830)		62,355	0	62,355		
2 HPSM Medi-Cal Members Assigned to SMMC	37,931	38,773	(842)	-2%	425,594	426,503	(909)	0%	
3 HPSM Newly Eligible Medi-Cal Members Assigned to SMMC	18,271	19,018	(747)	-4%	205,897	209,198	(3,301)	-2%	
4 Patient Days	2,802	2,701	101	4%	31,578	29,187	2,391	8%	
5 ED Visits	3,869	3,773	96	3%	39,901	40,769	(868)	-2%	
7 Surgery Cases	243	262	(19)	-7%	2,731	2,712	19	1%	
8 Clinic Visits	22,178	21,867	311	1%	226,023	226,621	(598)	0%	
9 Ancillary Procedures	70,916	64,285	6,631	10%	748,105	666,655	81,450	12%	
10 Acute Administrative Days as % of Patient Days	0.0%	9.0%	9.0%	100%	5.0%	9.0%	4.0%	44%	
11 Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status)	74.4%	60.0%	-14.4%	-24%	79.6%	60.0%	-19.6%	-33%	
Pillar Goals									
12 Patient & Capitation Revenue PMPM	204	195	9	5%	198	195	3	1%	
13 Operating Expenses PMPM	361	361	1	0%	354	361	8	2%	
14 Full Time Equivalents (FTE) including Registry	1,185	1,206	21	2%	1,185	1,206	21	2%	

**San Mateo Medical Center
Income Statement
May 31, 2017**

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

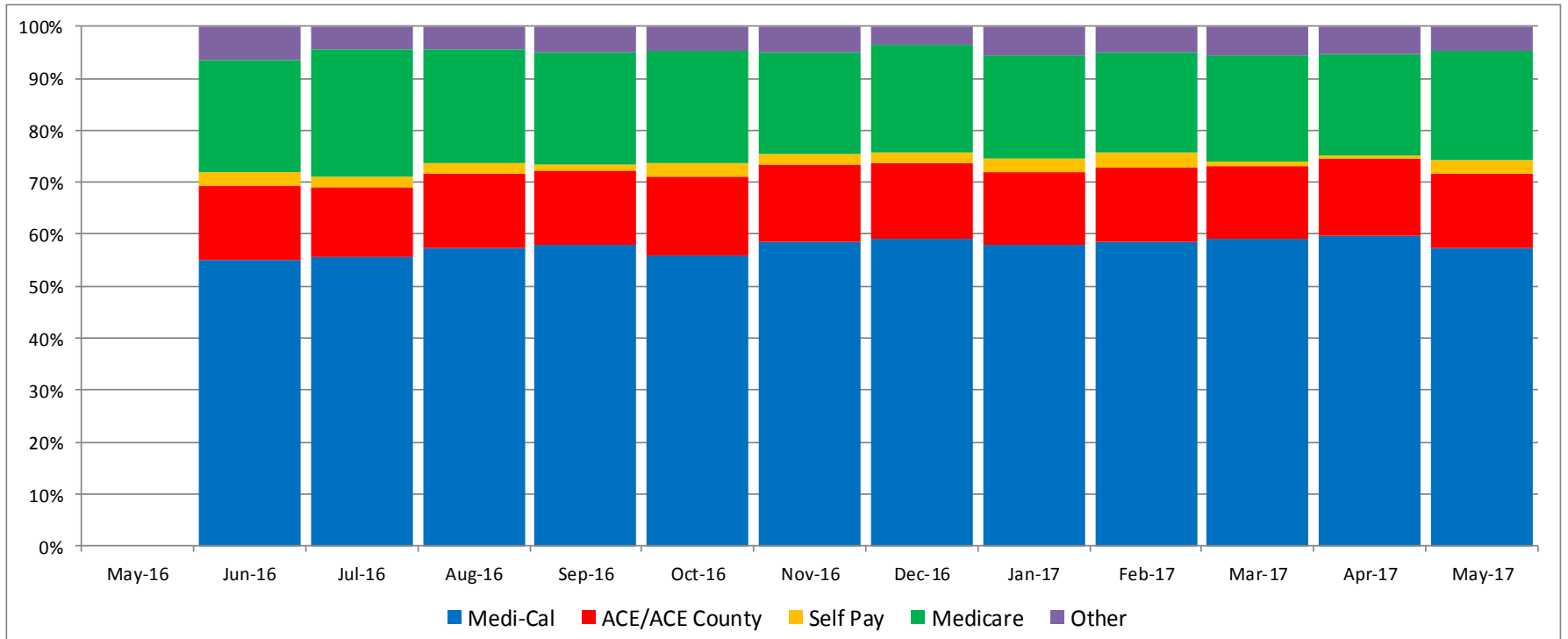
21	Inpatient Gross Revenue	8,999,436	7,933,661	1,065,775	13%	103,031,801	87,270,270	15,761,531	18%
22	Outpatient Gross Revenue	26,737,964	24,786,360	1,951,604	8%	271,723,484	272,649,962	(926,478)	0%
23	Total Gross Revenue	35,737,400	32,720,021	3,017,379	9%	374,755,285	359,920,232	14,835,053	4%
24	Patient Net Revenue	10,191,571	8,292,539	1,899,032	23%	97,600,631	91,217,934	6,382,698	7%
25	Net Patient Revenue as % of Gross Revenue	28.5%	25.3%	3.2%	13%	26.0%	25.3%	0.7%	3%
26	Capitation Revenue	1,614,393	5,985,516	(4,371,123)	-73%	28,227,377	65,840,679	(37,613,301)	-57%
27	Supplemental Patient Program Revenue	7,265,666	6,305,633	960,033	15%	77,534,924	69,361,959	8,172,964	12%
	(Additional payments for patients)								
28	Total Patient Net and Program Revenue	19,071,630	20,583,688	(1,512,059)	-7%	203,362,932	226,420,572	(23,057,639)	-10%
29	Other Operating Revenue	972,376	1,182,749	(210,373)	-18%	11,393,183	13,010,238	(1,617,055)	-12%
	(Additional payment not related to patients)								
30	Total Operating Revenue	20,044,006	21,766,437	(1,722,432)	-8%	214,756,115	239,430,810	(24,674,695)	-10%

San Mateo Medical Center
Income Statement
May 31, 2017

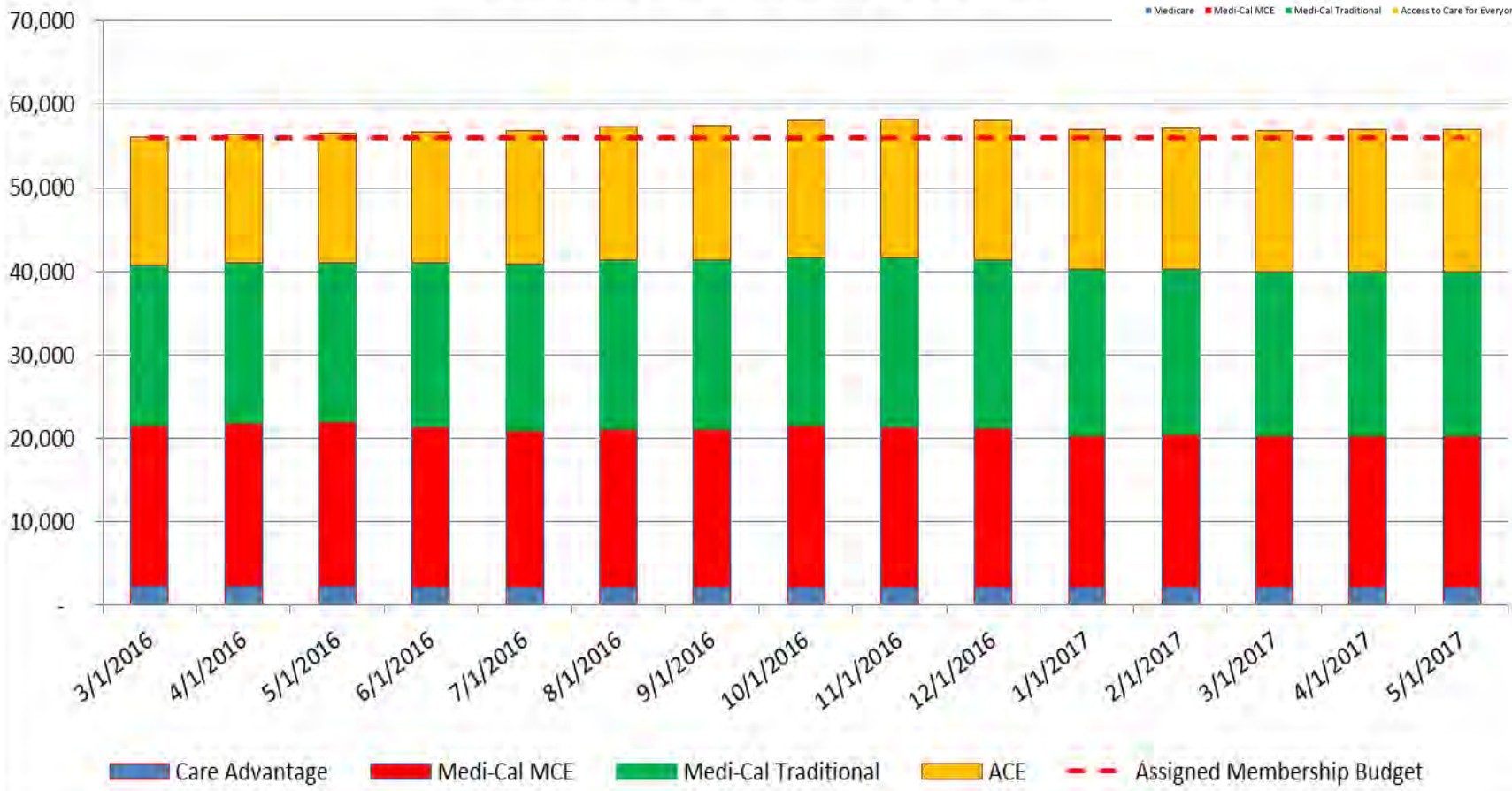
	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
Operating Expenses								
31 Salaries & Benefits	15,085,785	14,824,609	(261,176)	-2%	161,753,409	163,070,701	1,317,291	1%
32 Drugs	594,629	826,105	231,476	28%	8,256,570	9,087,156	830,586	9%
33 Supplies	1,036,056	908,129	(127,927)	-14%	9,793,806	9,989,424	195,618	2%
34 Contract Provider Services	3,084,042	3,015,068	(68,973)	-2%	33,203,725	33,165,753	(37,972)	0%
35 Other fees and purchased services	3,851,075	4,579,404	728,329	16%	41,572,109	50,373,448	8,801,339	17%
36 Other general expenses	483,598	487,116	3,518	1%	5,024,960	5,358,274	333,315	6%
37 Rental Expense	177,658	206,306	28,648	14%	2,403,969	2,269,367	(134,602)	-6%
38 Lease Expense	745,153	745,153	-	0%	8,196,680	8,196,680	-	0%
39 Depreciation	244,664	241,114	(3,551)	-1%	2,710,425	2,652,252	(58,173)	-2%
40 Total Operating Expenses	25,302,661	25,833,005	530,344	2%	272,915,654	284,163,055	11,247,401	4%
41 Operating Income/Loss	(5,258,655)	(4,066,568)	(1,192,088)	-29%	(58,159,538)	(44,732,245)	(13,427,293)	-30%
42 Non-Operating Revenue/Expense	341,357	(776,901)	1,118,258	-144%	4,943,740	(8,545,907)	13,489,647	-158%
43 Contribution from County General Fund	4,843,468	4,843,468	0	0%	53,278,153	53,278,153	1	0%
44 Total Income/Loss (GAAP)	(73,830)	0	(73,830)		62,355	0	62,355	
(Change in Net Assets)								

**San Mateo Medical Center
Payer Mix
May 31, 2017**

	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	20.9%	16.6%	4.3%		20.9%	16.6%	4.4%	
16 Medi-Cal	57.4%	59.9%	-2.5%		58.0%	59.9%	-2.0%	
17 Self Pay	2.6%	3.5%	-0.8%		1.9%	3.5%	-1.5%	
18 Other	4.7%	5.9%	-1.2%		4.8%	5.9%	-1.1%	
19 ACE/ACE County	14.3%	14.1%	0.2%		14.4%	14.1%	0.2%	
20 Total	100.0%	100.0%			100.0%	100.0%		



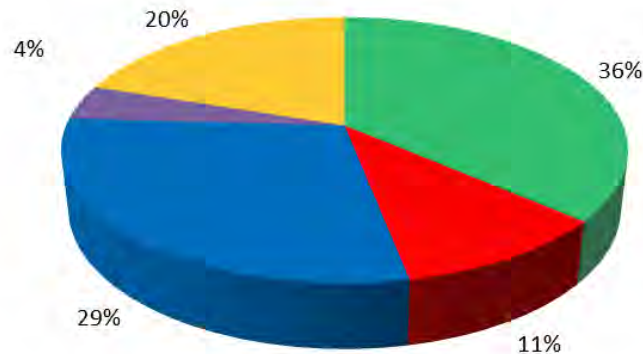
Managed Care Membership Trend



Revenue Mix

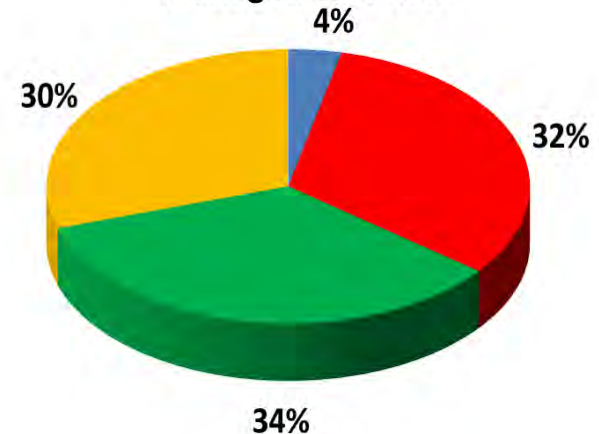
57,000
Managed
Care
Lives

Sources of Revenue



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

Managed Care Mix



■ Medicare ■ Medi-Cal MCE ■ Medi-Cal Traditional ■ Access to Care for Everyone

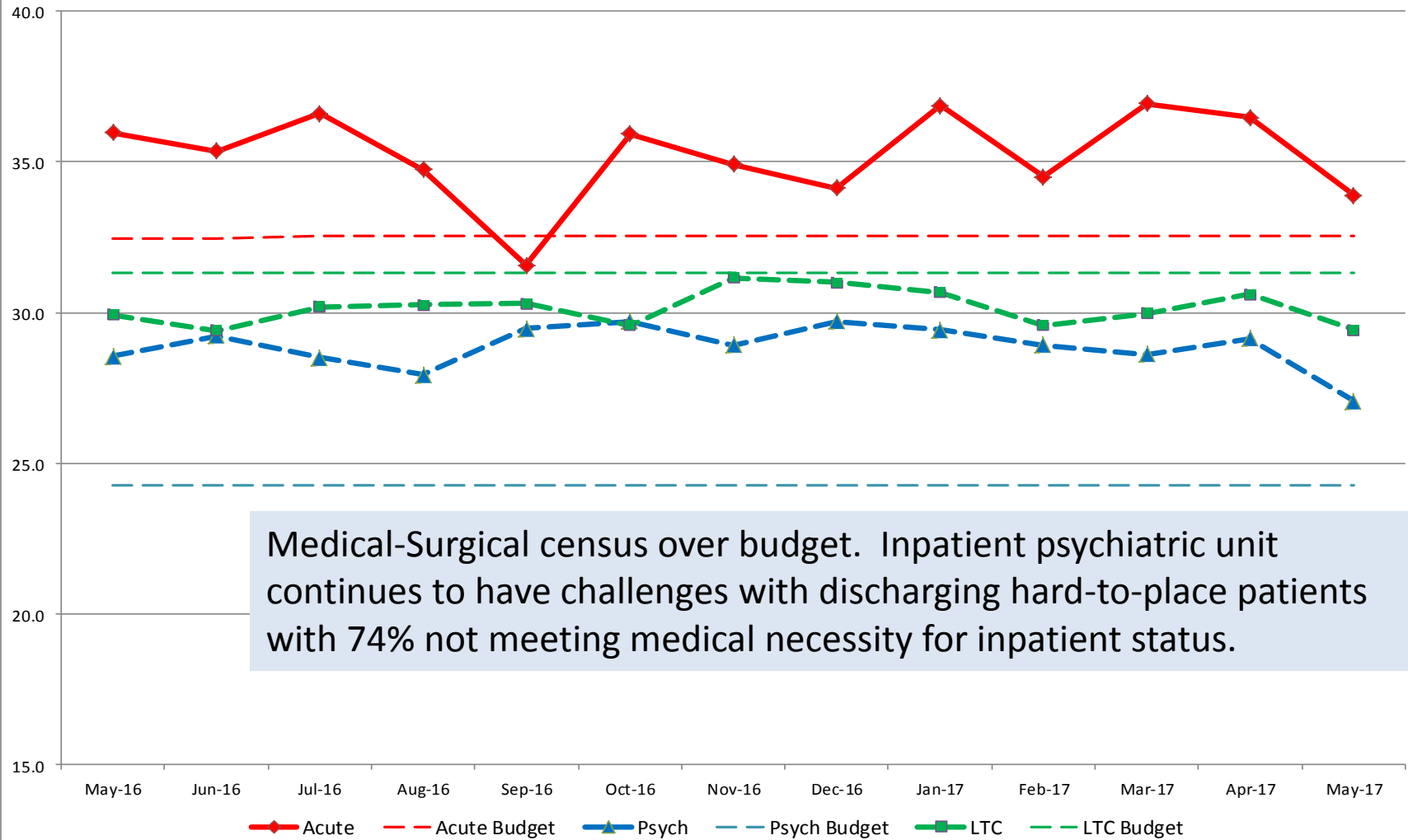
- **Managed Care** programs represent 43% of our Operating Revenue
- **Capitation** is a pre-payment reimbursement model that pays providers a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.

**San Mateo Medical Center
Inpatient Census
May 31, 2017**

MONTH			
Actual	Budget	Variance	Stoplight
2,802	2,701	101	4%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
31,578	29,187	2,391	8%

Patient Days	2,802	2,701	101	4%	31,578	29,187	2,391	8%
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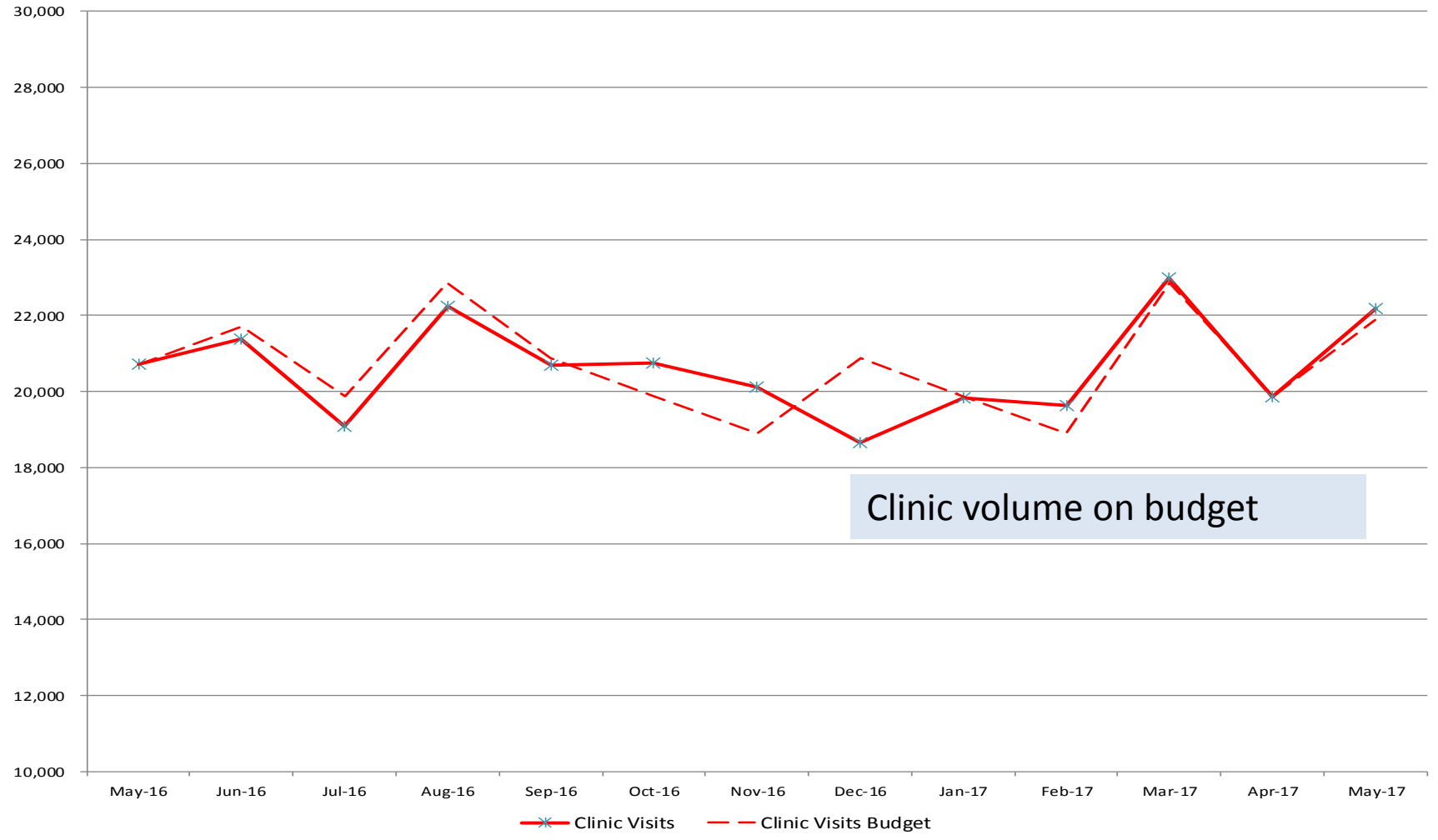


**San Mateo Medical Center
Clinic Visits
May 31, 2017**

MONTH			
Actual	Budget	Variance	Stoplight
22,178	21,867	311	1%

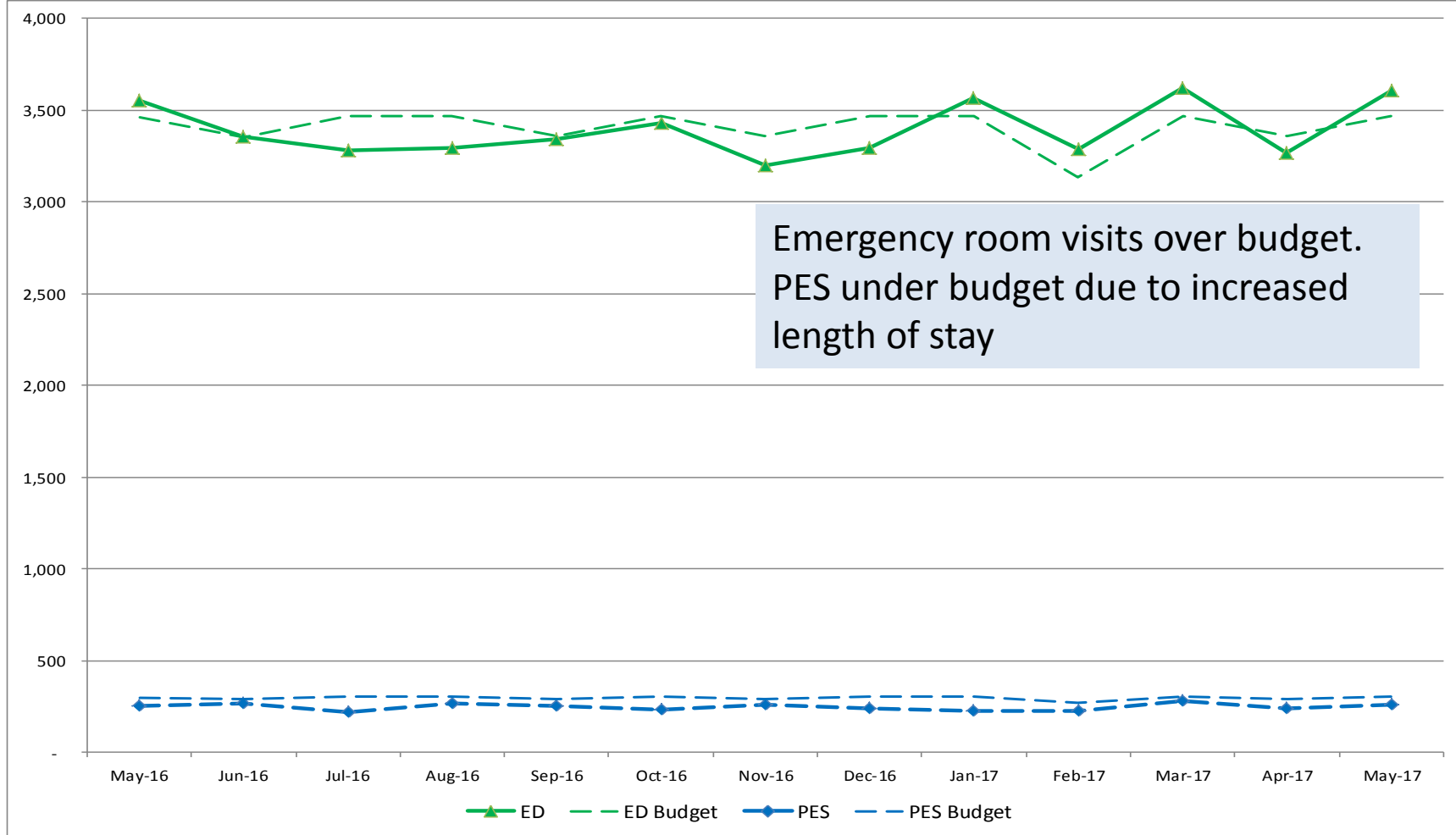
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
226,023	226,621	(598)	0%

Clinic Visits



**San Mateo Medical Center
Emergency Visits
May 31, 2017**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
ED Visits	3,869	3,773	96	3%	39,901	40,769	(868)	-2%

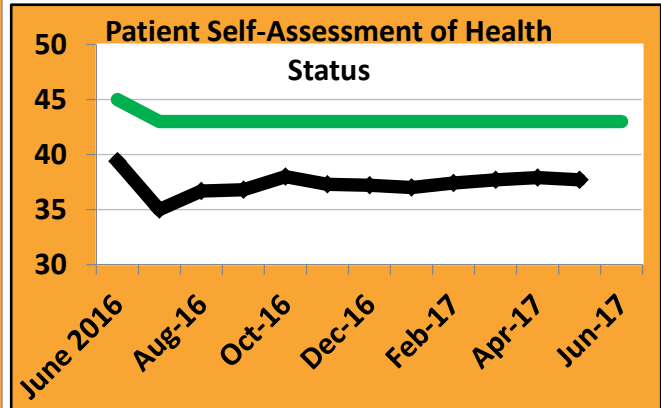
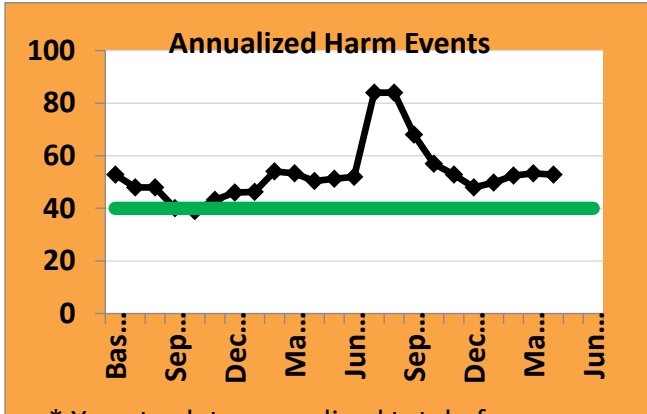


San Mateo Medical Center CEO REPORT



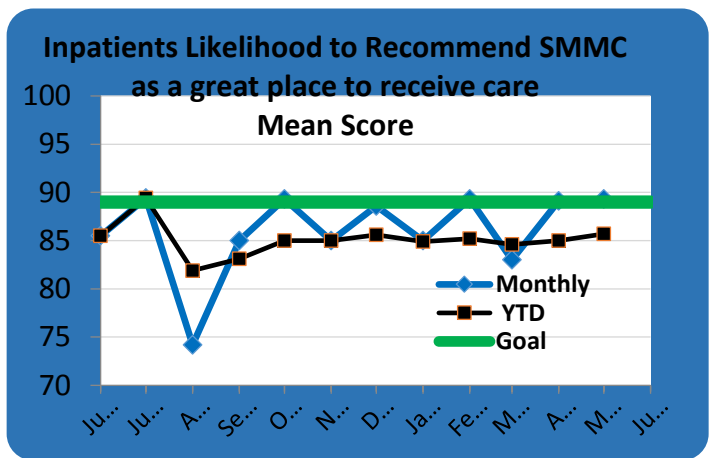
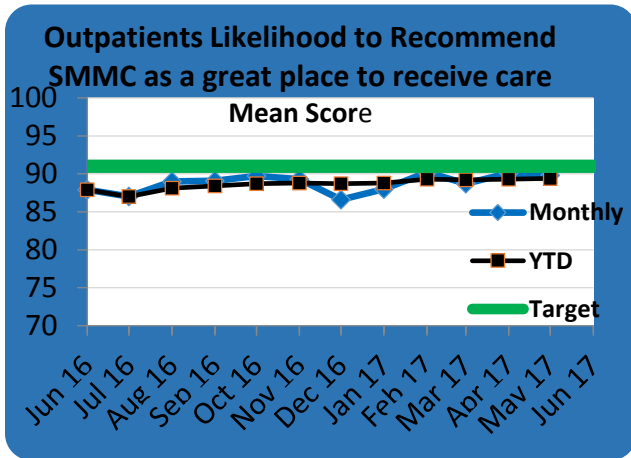
July, 2017

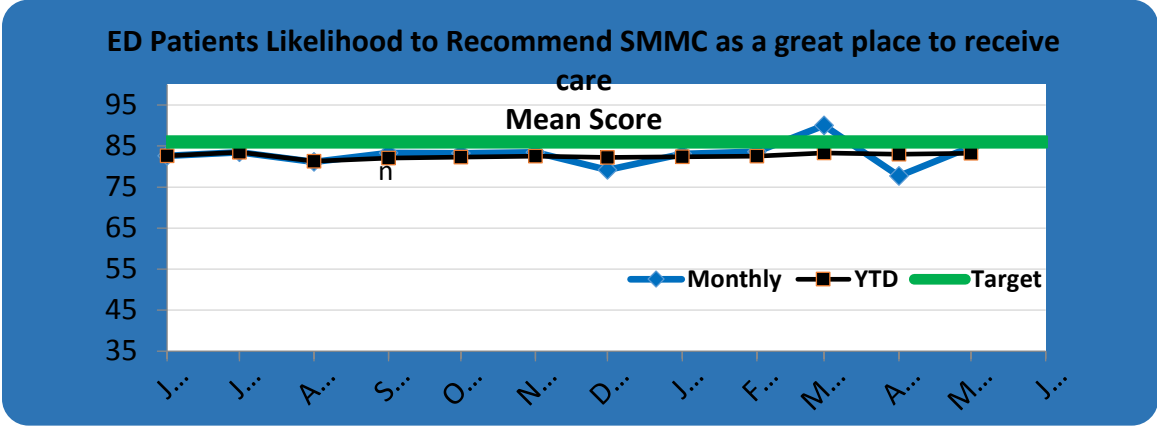
EXCELLENT CARE



- Paul Carlisle Article Regarding LEAP Learnings Published-** An article by Paul Carlisle, Manager of Rehabilitation Services and former fellow in the LEAP Institute was recently published by the Health Policy and Administration section of the American Physical Therapy Association. The article entitled *Implementing a Lean Management System in a Rehabilitation Setting* discusses Paul's experience as a leader in the rollout of the Leadership System at SMMC. Congratulations Paul!

PATIENT CENTERED CARE





- **SMMC Hosts Pediatric Art Social:** On June 21st, SMMC hosted an art and painting event for some of its pediatric patients. Thirty-five children attended with their families. Art instruction was donated by Young Art Lessons. Thank You to Phuong Hathaway who organized the event. A large number of staff from Pediatrics to Rehabilitation Services to Communications and Volunteer Services worked together to make this a fun and successful event.
- **SMMC Infusion Center Receives Donation of Blankets:** Thanks to the generosity of Putnam Subaru in Burlingame and the Leukemia and Lymphoma Society of Silicon Valley, patients in our infusion center will now have comfy blankets to keep them warm while receiving treatment. Because more than 100 blankets were donated, we also will give some to long term care patients. Putnam Subaru also donated art kits for our pediatric patients in the Keller Center. We are so grateful for community partners like Putnam Subaru and the Leukemia and Lymphoma Society of Silicon Valley
- **Selected patient/family stories of gratitude:**
 - **From the Emergency Department:**
 - I am very happy with the attention they gave me; each person was watchful of me.
 - I was attended very well & I could witness that other patients also were attended well - So I can recommend family & friends to the hospital of San Mateo
 - **From 1A:**
 - I appreciate the care. I stayed in the nursing care unit after my initial hip replacement and the care was really good.
 - I like that they run everything very nice and organized.
 - **From 2A/B:**
 - Well the hospital works with highly professional and capable personnel to attend the patient's demands thanks.
 - I found out about the effort they did to maintain us informed thanks.
 - **From 3AB:**
 - Everyone was very helpful and calm and the process of admission was smooth & seamless.

- **From Coastside Clinic:**
 - I always feel good when I go to my appointments.
 - I saw the doctor 4 x in 3 months for comprehensive and routine "new" problems - very good service

- **From Daly City Clinic:**
 - Even the security guard was very helpful, as he made sure I was attended to by a nurse when he saw me bleeding on my dialysis access arm.
 - Love my nurse. She is caring, friendly & knowledgeable. Always had an upbeat attitude.

- **From Fair Oaks Health Center:**
 - My daughter and I were very happy with the service, the provider and receptionist.
 - Very happy I feel well cared for.

- **From the Innovative Care Clinic:**
 - Really good experience; needed to be admitted as soon as doctor saw me she contacted people and I was admitted that afternoon
 - Attended well & explained very to me what my problem was & how to take better care of myself.

- **From Pediatrics Clinic:**
 - Great services. The staff was very friendly and helpful. Easy to schedule this last minute visit.

- **From the Ron Robinson Senior Care Center:**
 - I appreciate all personnel.

- **From South San Francisco Clinic:**
 - My nurses listened to me very well with attention.
 - It is a good place and the personnel in general is very nice and respectful that is what a patient needs.

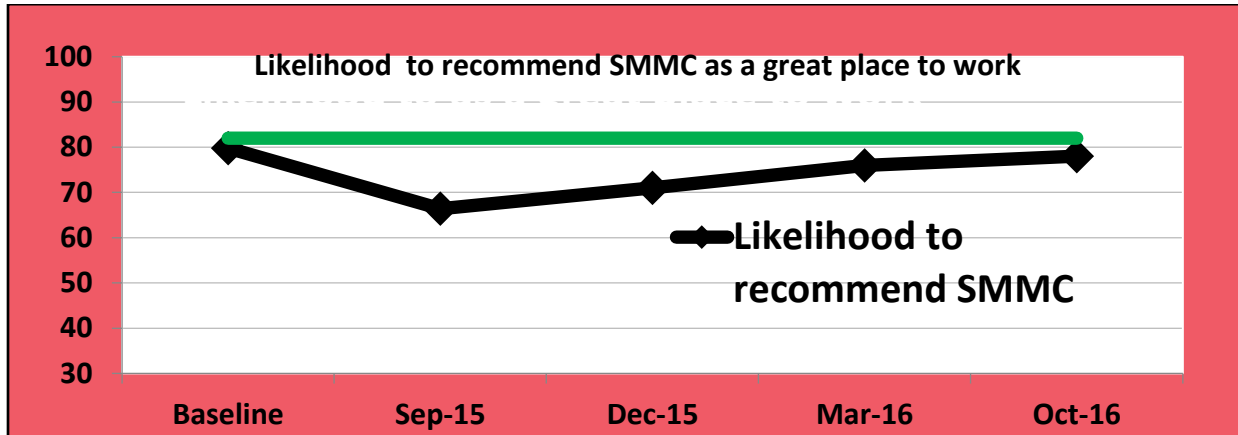
- **From Dental Clinic:**
 - Friendly and helpful and kind.

- **From the Medical Specialty Clinic:**
 - I feel satisfied with the attention they have given me during all my treatment of cancer.
 - Was very good and overall the help upon placing someone to translate the English "thanks."

- **From OB/GYN Clinic:**
 - They are a team of professionals so much in front as inside the consultation. I feel very comfortable.
 - Their service is very excellent and I recommended to keep up their hard work.

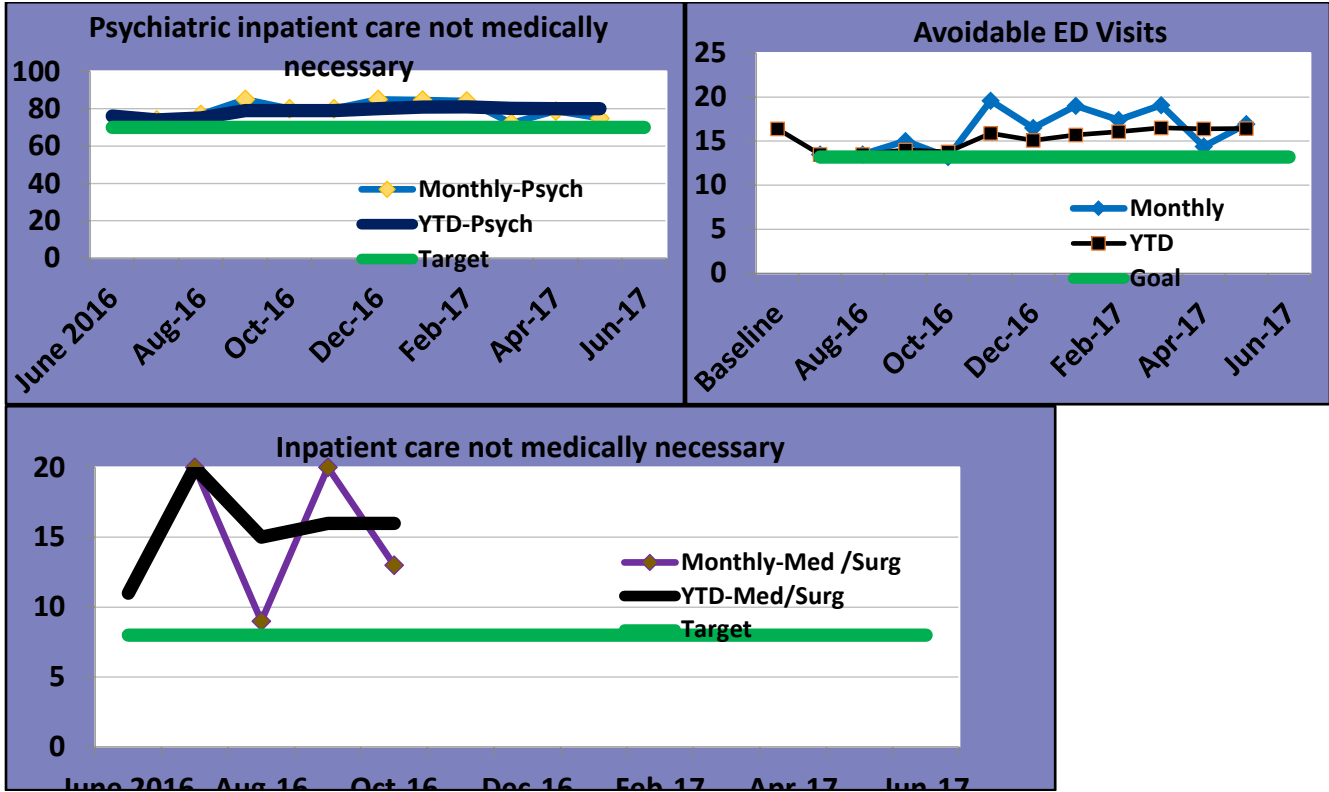
- **From Surgical Specialty Clinic:**
 - Female receptionist in orthopedic department kind enough to accommodate my child appointment to see the doctor.
 - Nurses very considerate of my child's needs ability to keep him calm during the time they had to spend doing the cast for his arm.

STAFF ENGAGEMENT

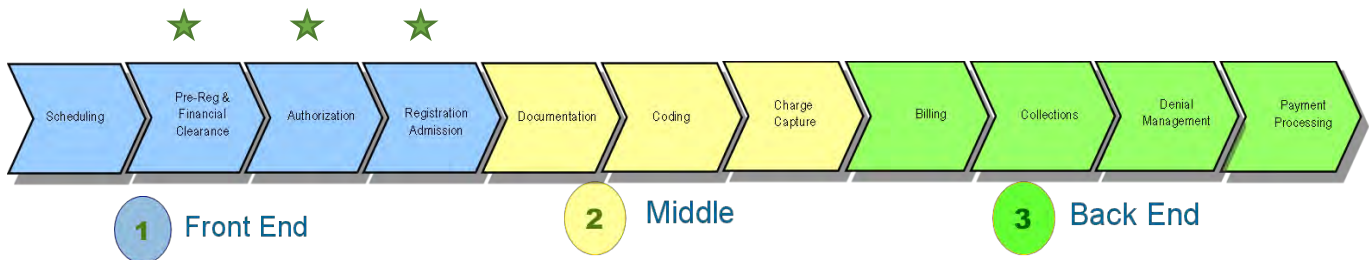
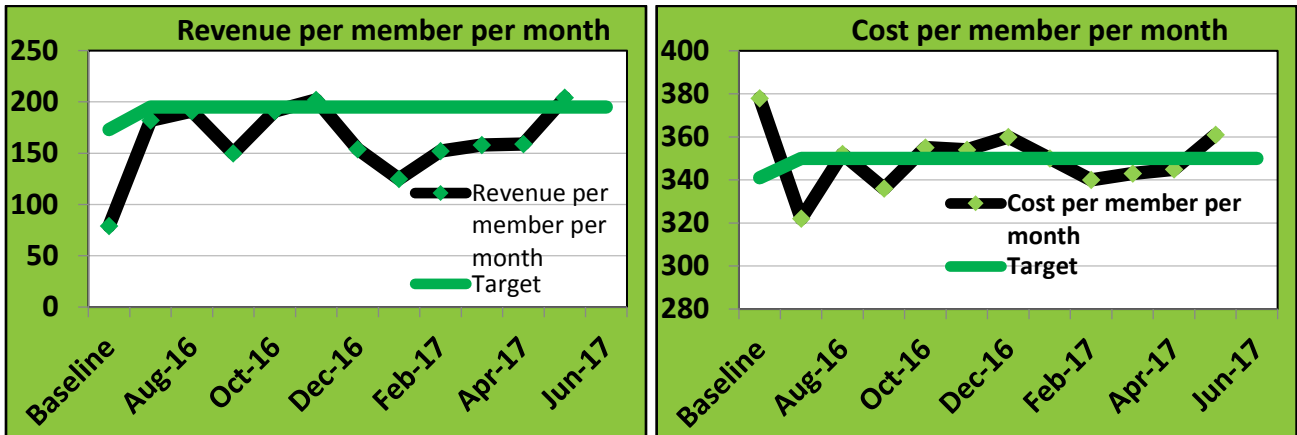


- **SMMC Continues Disparities Work with Focus on SOGI Training-** Our Patient Access team has been working hard to prepare 135 registration staff to begin collecting sexual orientation and gender identity (SOGI) information in July. The training program had two components: technical and cultural. For the cultural training we partnered with Outlet, an organization in Redwood City focused on supporting, educating and advocating on behalf of the LGBTQ community. The three-hour training included an in-depth description of SOGI terms and opportunities to role-play to ensure we treat every patient with dignity and respect. The SOGI data we collect will augment our REAL data and help us identify potential healthcare disparities.
- **SMMC Recognizes its Outstanding Volunteers-** Our annual Volunteer Recognition Lunch was held on Friday, June 23rd in our Long-Term Care garden at the hospital. After a delicious fiesta lunch, volunteers who donated 100 or more hours of service in the past year were recognized individually with a certificate of appreciation and a special gift. I would like to thank Donna Lautenbach and Glynis Carreira our Volunteer Coordinators for all their hard work in planning the annual event and for recruiting and managing the more than 80 volunteers who work at SMMC.

RIGHT CARE, TIME AND PLACE



FINANCIAL STEWARDSHIP



Our FY16-17 Financial Stewardship strategic initiative is focused on the front-end of the revenue cycle, with an initial emphasis on insurance verification accuracy and inpatient authorization approvals.

We continue to work with our front-line registration staff to identify ways to improve our use of the HDX system to verify insurance coverage for our patients. In July we are launching an improvement effort to reduce the number of insurance plan codes to make the HDX usage more efficient and the code selection easier for our staff. Decreasing the number of insurance plan codes will streamline the registration process and decrease the number of claim denials due to billing the wrong insurance plan. On June 21st we convened a group of revenue cycle staff to reflect on our accomplishments in FY17 and to set forth the proposed revenue cycle transformation initiatives for FY18. Through data-driven decision making, the group elected to continue to focus on the front-end work of registration accuracy and timely authorizations as critical elements to preparing for the replacement of our Invision patient accounting system.

- **Revenue Cycle Transformation – Change Management**

Our revenue cycle teams have a lot going on with the front-end initiatives and the planning for the replacement of our Invision patient accounting system. To help our staff prepare for these changes and to increase our chances at a successful system implementation, we engaged a change management consultant to interview key stakeholders and develop communication plan recommendations. Initial results from interviews of 43 employees (including managers, physicians, and front-line staff) provided important feedback. They were grateful for the opportunity to participate in this process and the following are the themes from the interviews: 1) Awareness of revenue cycle changes at a high level, but unsure of what it really means-lots of questions; 2) current workflow processes cause inaccuracies; 3) standardization is valued; 4) stakeholders prefer one EHR system; 5) hopes for Soarian Financials are high but muted; 6) inadequate training on prior systems; 7) don't over-customize; 8) system redesign needs to keep patients in mind; 9) involve, engage and get buy-in from front-line staff; 10) ensure accountability for validation and audits post go-live; 11) consider competing priorities; 12) need to celebrate successes. This process provided a wealth of information that will be used by a Change Management Workgroup in developing communication and project implementation plans.

- **Revenue Cycle Transformation - Clinical Documentation Improvement (CDI)**

The middle section of the revenue cycle includes processes for clinical documentation, coding of the medical record, and charge capture. To support these processes, an identified best practice for hospitals is a having a program for improving clinical documentation. Successful CDI programs facilitate the accurate representation of a patient's clinical status that translates into coded data. Coded data is then translated into quality reporting, medical necessity determination, accurate reimbursement, public health data, and disease tracking and trending. CDI programs involve significant collaboration between Providers and Health Information Management teams. We have begun the planning process to develop the model for our CDI program and will be requesting support from the Board for full implementation during FY18.

To: SMMC Board Members
 From: Louise Rogers, Chief
 Subject: Health System Monthly Snapshot — June 2017



Indicator	Number	Change from previous month	Change from previous year
ACE Enrollees	21,699 (May, 2017)	-0.9%	9.8%
SMMC Emergency Department Visits	3,869 (May, 2017)	10.4%	2.2%
New Clients Awaiting Primary Care Appointment	962 (June, 2017)	9%	617%

Health System Celebrated LGBTQ+ Pride Center Grand Opening

June 1 marked the grand opening of the San Mateo County Pride Center, the county's first LGBTQ+ community center. Health System Chief Louise Rogers was the keynote speaker for the event and joined by San Mateo County Supervisor Dave Pine and former California State Assembly member Rich Gordon. "I never thought I'd see the day when I would see a rainbow flag flying over El Camino Real," said Gordon. The Pride Center is operated primarily by StarVista in partnership with several local organizations such as Peninsula Family Services, Pyramid Alternatives, Adolescent Counseling Services and Daly City Partnership. The center is the first facility of its kind in California to offer community support, online resources and a clinical program staffed with behavioral health service providers. Funded by the Behavioral Health & Recovery Services Division of the Health System, the center is able to more seamlessly connect at risk LGBTQ+ residents with clinical and community services. The grand opening was attended by over 500 people and covered by both print and broadcast news media.



Photo: Preston Merchant, Health System Communications

Aging and Adult Services Expands Local Partnerships to Raise Awareness About Elder Abuse

In honor of Elder Abuse Awareness month in June, Aging and Adult Services (AAS) has partnered with the San Mateo Daily Journal, Redwood City, and the Office of the Ombudsman to put on the annual "Seniors on the Square" information and resource event at Courthouse Square in Downtown Redwood City. The event featured 22 resource tables and was attended by approximately 100 people. Among those in attendance were the Director of Aging and Adult Services, Lisa Mancini, and Elder Abuse Outreach Specialist, Nicole Fernandez (see photo insert). AAS launched a social media campaign to inform the public about elder abuse in San Mateo County and put a spotlight on the people who work to prevent abuse for aging and dependent adults, including the Commission on Aging and various AAS staff. AAS's social media campaign is expected to reach over 30,000 people.



Photo: Alex Eisenhart, Health System Communications

Emergency Medical Services Co-hosts Disaster Preparedness Event for Seniors and Physically Disabled

The Emergency Medical Services Division of the Health System (EMS) co-hosted an emergency preparedness training for seniors and dependent adults in partnership with Menlo Park Fire and the Center for Independence of Individuals with Disabilities. The informational session took place at the Menlo Park Senior Center and was co-facilitated by EMS's Health Emergency Communications & Trainer, Theresa Smith. In addition to the training, attendees received free emergency preparedness kits. This presentation is part of a larger effort by the Health System to ensure equal access to emergency preparedness services and resources to vulnerable communities, including aging and dependent adults.



Photo: Alex Eisenhart, Health System Communications

Health System Receives 2017 California Health Equity Award

The Health System was awarded the 2017 Advancing Health Equity Award, sponsored by the California Endowment. The award was given in recognition of the Health System's *Get Healthy* collaborative, which advances policy change to prevent diseases and ensure the health and well-being of San Mateo County residents. The award recognizes and supports innovative local public health department work that strives to achieve health equity. Health Policy and Planning Director, Shireen Malekafzali, accepted the award on behalf of the Health System.