



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

Thursday, November 2, 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

November 2, 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. October , 2017 Meeting Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Bryan Gescuk

H. ADMINISTRATION REPORTS

- 1. Surgery Department
- 2. Responding During Difficult Times: Crisis and Prevention of Suicide
- 3. Financial Audit Report
- 4. Financial Report
- 5. CEO Report

Dr. Susan Fernyak Verbal

Louise Rogers Verbal

David McGrew 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, October 5, 2017
Executive Board Room

Board Members Present

Supervisor David Canepa
Louise Rogers
Dr. CJ Kunnappilly
Dr. Bryan Gescuk
Dr. Janet Chaikind
Deborah Torres

Staff Present

Michelle Lee	Priscilla Romero	Leslie Williams-Hurt
David McGrew	Aimee Armsby	Cecilia Diaz
Dr. Susan Fernyak	Dr. Alpa Sanghavi	Dr. Bob Cabaj
Peggy Jensen	Julia McLaughlin	Dr. Evelyn Haddad
John Thomas	Dr. Abhishek Gowda	Paul Rogerville
Joan Spicer	Dr. Scott Morrow	Josefina Rubio
Brighton Ncube	Angela Gonzalez	Dr. Melissa Fledderjohann

Members of the Public

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 8:10 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for October 5, 2017. QIC Minutes from August 22, 2017. Medical Executive Committee Minutes from September 12, 2017.	Aimee Armsby reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report Leslie Williams-Hurt	Leslie updated the Board on her meeting with Dr. Chester Kunnappilly, Brighton Ncube, and Amy Freeman regarding the Sunlight Giving Foundation and how the money was used. Leslie also updated the Board on upcoming events that they Foundation will sponsor <ul style="list-style-type: none"> • Annual Breast Cancer Awareness and Health Fair on Thursday, October 19, 2017 • SMMC Integrated Medical-Behavioral Health Workshop 	FYI
Consent Agenda	Approval of: <ol style="list-style-type: none"> 1. Hospital Board Meeting Minutes from September 7, 2017. 	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.

<p>Medical Staff Report Dr. Bryan Gescuk</p>	<p>Dr. Gescuk updated the Board on the Medical Provider Engagement results. Dr. Gescuk will visit each department to discuss the survey's results, findings, and opportunities. Dr. Gescuk also updated the Board on the remodel of the medical provider's common workspace.</p> <p>October 2 was the start date for CEP.</p>	<p>FYI</p>
<p>Opioid Dependency And Deaths in San Mateo County Dr. Scott Morrow, Dr. Bob Cabaj</p>	<p>Compared to other nearby counties, San Mateo county has a lower number of heroin related deaths per resident. Palm Avenue Detox Center received 676 calls of which 111 were related to opioid issues last year.</p> <p>Treatment Options</p> <ul style="list-style-type: none"> • Methadone traditional treatment • Suboxone (buprenorphine) • Vivitrol (nalrexon) <p>Treatment Settings in San Mateo</p> <ul style="list-style-type: none"> • SMMC Pain Clinic • BHRS iMAT (Integrated Medication Assisted Treatment) • Primary Care Clinics • Correctional Facilities • BAART (Bay Area Addiction Research and Treatment) • HealthRite 360 <p>Issues to Address</p> <ul style="list-style-type: none"> • Non-medical alternatives to pain management. • Increase number of medical providers who are DEA (Drug Enforcement Administration) approved to prescribe suboxone. • Implement CURES (Controlled Substance Utilization Review and Evaluation System) to monitor patient's medications/use. 	<p>FYI</p>
<p>Pain Management Committee Dr. Evelyn Haddad</p>	<p>The Pain Management Committee developed a Policy on Controlled Medication in the Primary Care to address CDC (Centers for Disease Control) suggestions.</p> <p>The policy indicates that if a medical provider concludes that a patient is prescribed a controlled substance for the first time or for continuation, the following will be completed before prescribing:</p> <ul style="list-style-type: none"> • For opioid prescribing, SOAPP-5 (The Screener and Opioid Assessment for Patients with Pain) will be used and placed in the patient's chart to predict opioid abuse in chronic pain patients. • Drug urine test will be performed on the patient to determine use of other substances. • CURES (Controlled Substance Utilization Review and Evaluation System) will be generated and placed in the patient's medical chart for any past controlled medication use. • A copy of the Controlled Medication Agreement is given to the patient and needs to be signed within thirty days. 	<p>FYI</p>

	<p>Pain Committee will continue to work on the three guidelines provided by the CDC for prescribing opioids for chronic non-cancer pain:</p> <ul style="list-style-type: none"> • Standardizing treatment plans • Educating patients • Educating providers 	
<p>Pain Management Clinic Dr. Melissa Fledderjohann, Dr. Abhishek Gowda</p>	<p>San Mateo Medical Center’s Pain Management Clinic started in 2006 as an addiction treatment clinic and has evolved into the Pain Management Clinic. The Clinic treats forty to sixty patients per week</p> <p>The Pain Management Clinic is staffed by</p> <ul style="list-style-type: none"> • Two part-time Medical Provides with PM&R (Physical Medicine and Rehabilitation) and pain backgrounds • One part-time nurse practitioner with primary care background with addiction treatment experience • One part-time psychiatrist with a pain background • Two full time pain psychologists along with two post-doctoral pain psychology fellows • A Yoga instructor, Physical Therapist, and Tai Chi instructor, and support staff <p>Pain Management Clinic Interdisciplinary Model Complete Program includes four components:</p> <ul style="list-style-type: none"> • Mind-body treatments for patients • Team meetings • Psychological contributions • Physical, medicine, and rehabilitation contributions <p>Pain Management Clinic’s future plans include:</p> <ul style="list-style-type: none"> • Enhanced trauma care • Establish the role of buprenorphine as a medication assisted treatment option • Social worker access for case management within the county • Virtual reality as a treatment option 	<p>FYI</p>
<p>Financial Report David McGrew, CFO</p>	<p>The August FY17/18 financial report was included in the Board packet and David McGrew answered questions from the Board.</p> <p>Financial auditors will present their findings to the Board next month.</p>	<p>FYI</p>
<p>CEO Report Dr. CJ Kunnappilly, CEO</p>	<p>Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board.</p> <p>Dr. Kunnappilly welcomed Julia McLaughlin in her role as Interim Deputy Director of Psychiatric Services.</p>	<p>FYI</p>

Health System Report Louise Rogers	Louise Rogers highlighted items on the September Snapshot. One of the items included the second highest number of participation on the Coastal Cleanup Day on Saturday September 16, 2017. <ul style="list-style-type: none"> • 4,425 volunteers in San Mateo County participated in the Coastal Cleanup Day. • It was a statewide volunteer effort organized by the California Coastal Commission. 	FYI
County Manager Peggy Jensen	No report.	FYI
Board of Supervisors Supervisor Canepa	No report.	FYI

Supervisor Canepa adjourned the meeting at 9:28 AM. The next Board meeting will be held on November 02, 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

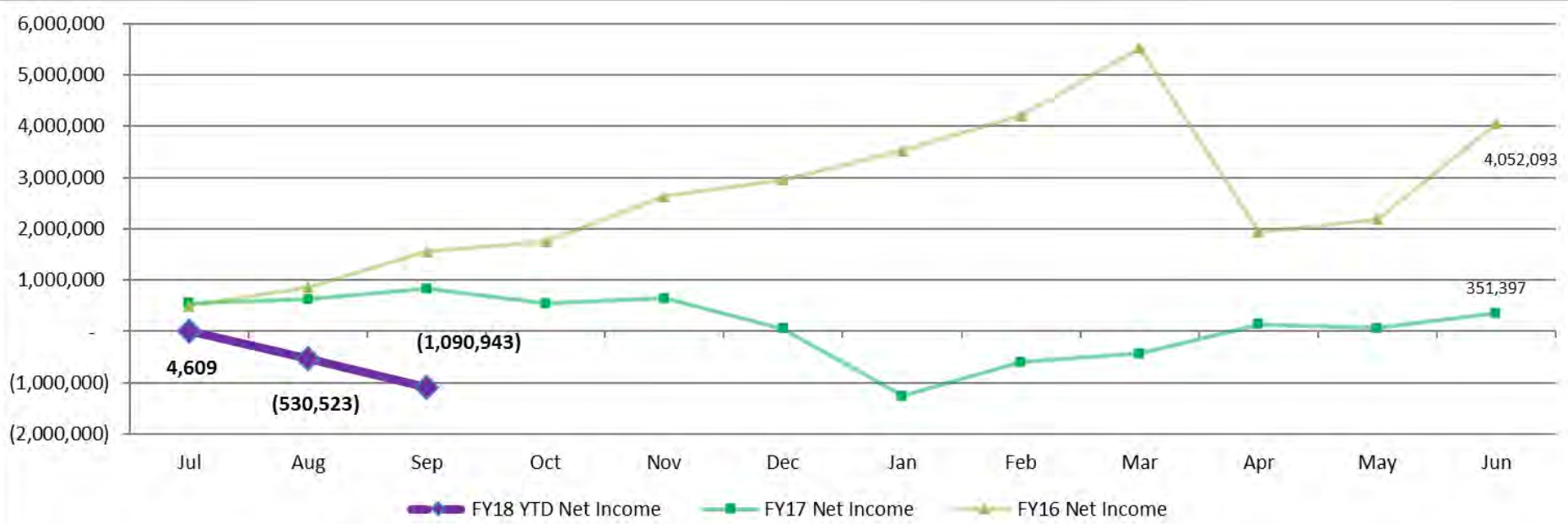


San Mateo Medical Center
A County System of Healthcare

**September FY 2017-2018
Financial Report**

**Board of Directors Meeting
November 2, 2017**

Financial Highlights



Financial Drivers:

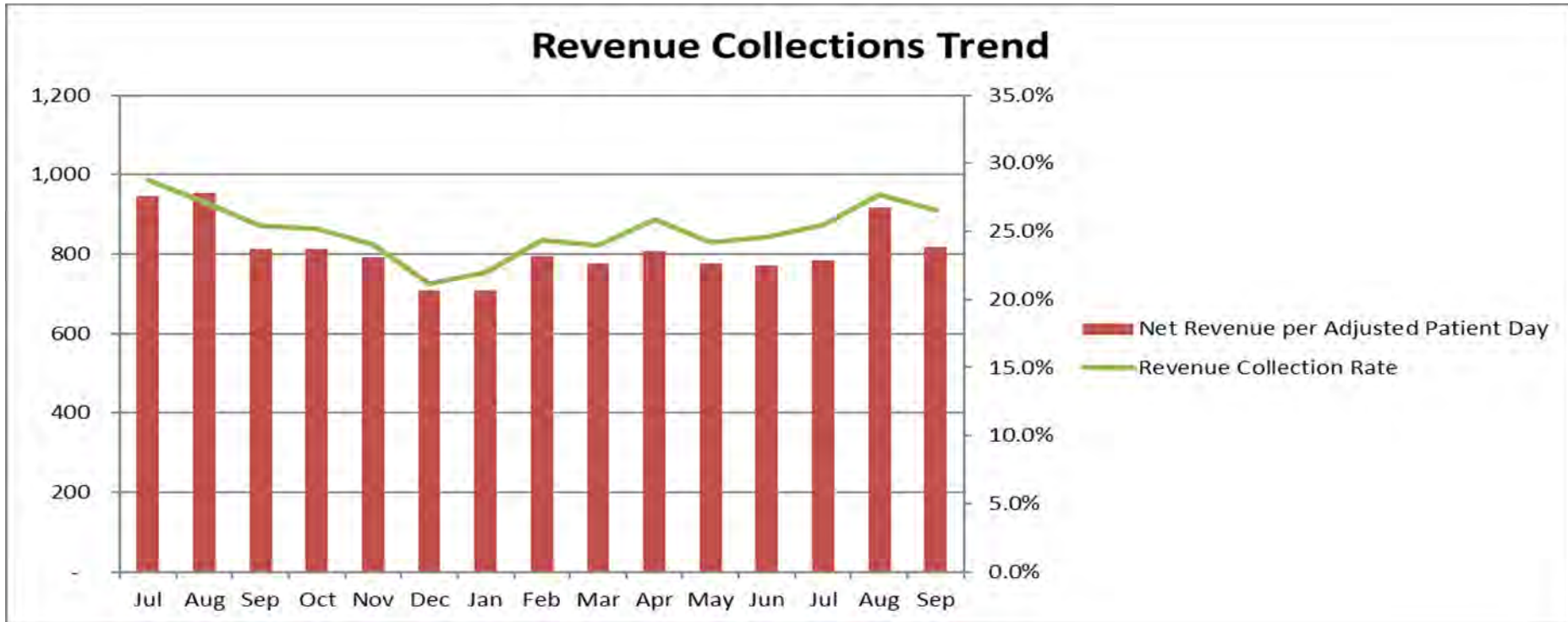
- FTEs below budget
- Timing of WPC, capital and IGT expenditures

- Patient service revenue
- Timing of unbilled claims
- AB85 Rate Range payments
- Timing of drug purchases

Forecast FY18: The recently enacted Managed Care Rule places several supplemental revenue streams at risk - MCE-to-Cost, HPSM Base IGT, Hospital Fee & AB85 Rate Range. CAPH is developing alternative funding proposals. Full year forecast is pending the outcome of these proposals.

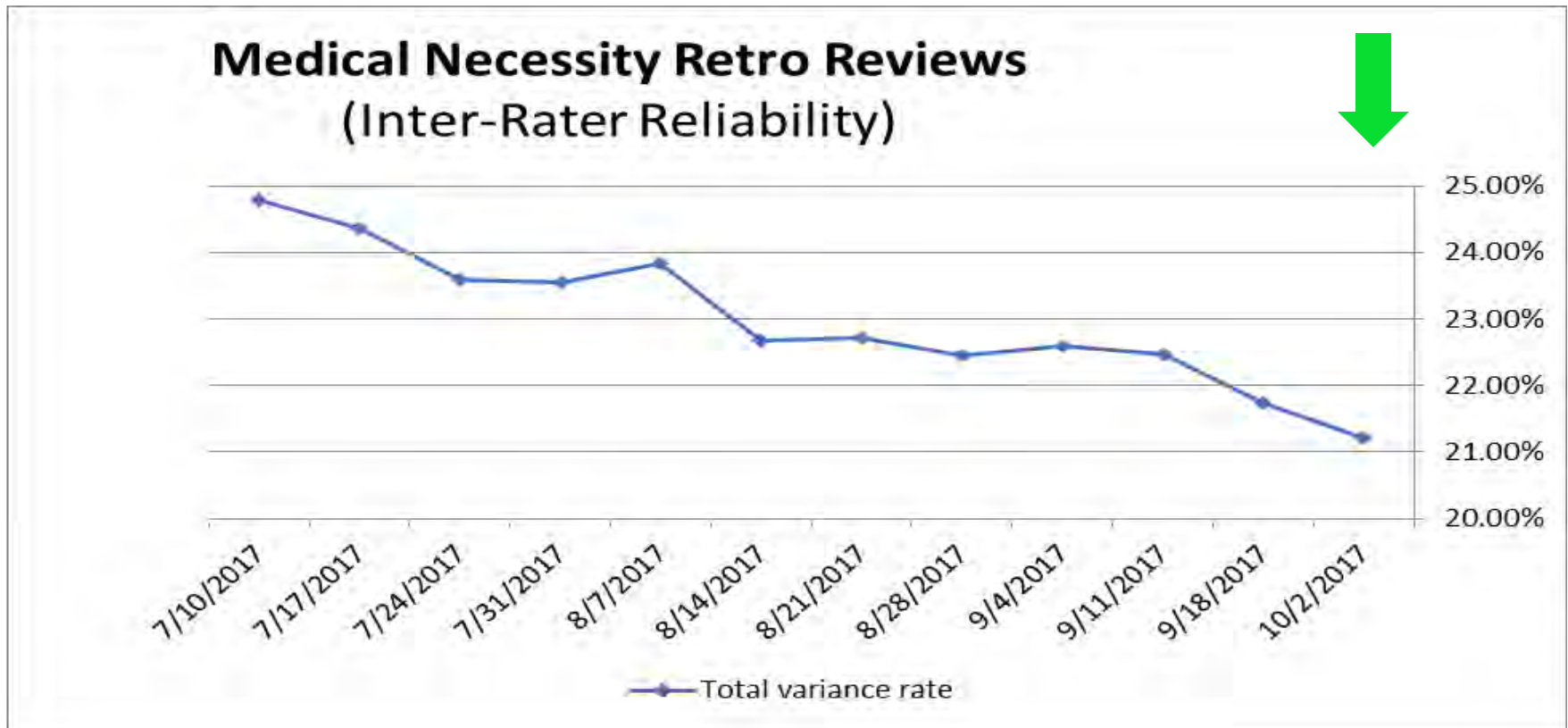
Key Performance Indicators

FFS Revenue Collection Trend



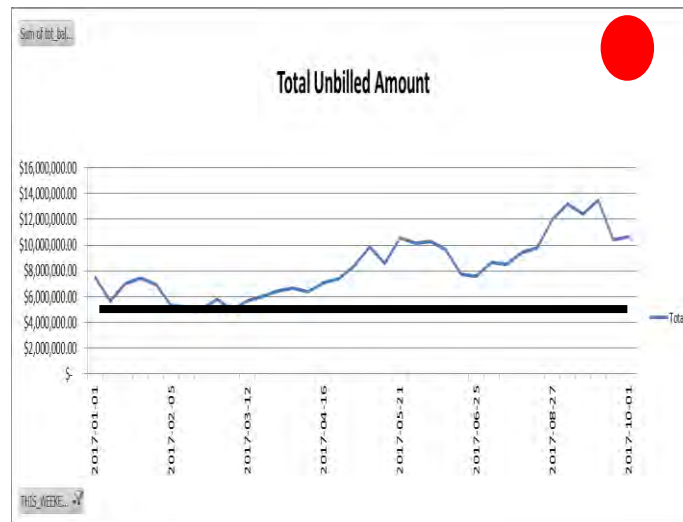
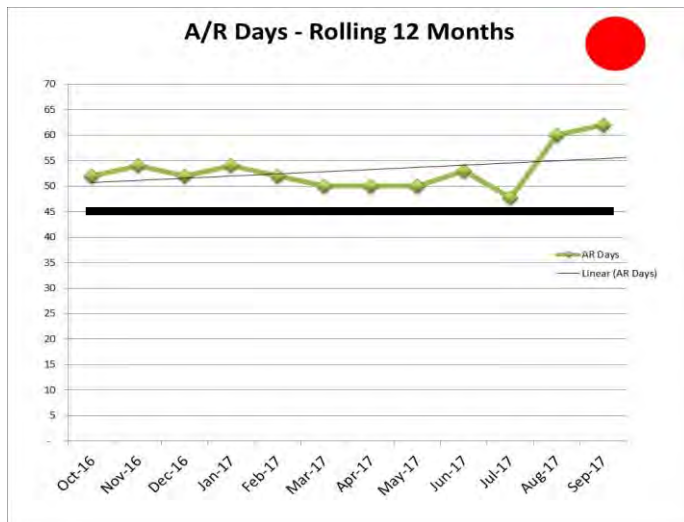
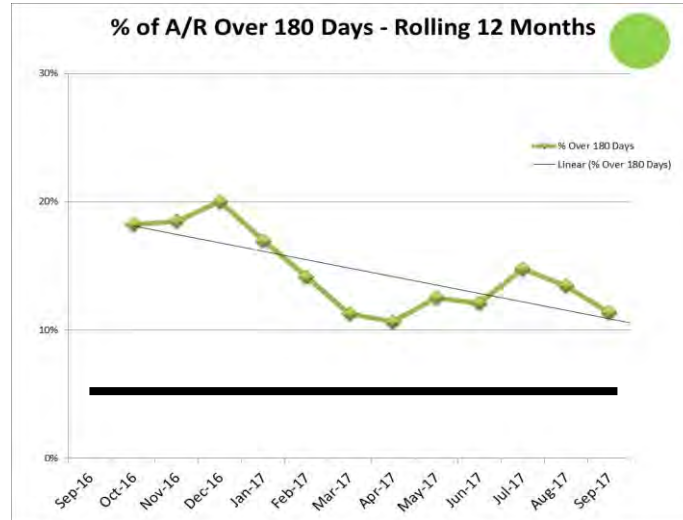
The revenue collection rate declined steadily through December due to high administrative days and lower Medi-Cal rates for acute medical-surgical patients and skilled nursing facility patients at SMMC and BLTC. Beginning January, the collection rate bounces back due to FFS revenue from MCE patients.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

Key Performance Indicators



Engaged an external organization to validate the determination of medical necessity for compliance with acute inpatient billing rules. Since inception of the project, 21% of reviewed inpatient days were corrected. Development of a customized training, education and monitoring program is in progress. Implementation of a CDI program will further enhance these efforts.

Key Performance Indicators



Financial Improvement Plan

Executive Summary

Initiative

Status

Denials management & medical necessity

- External retro reviews in progress. 21% of reviewed cases were corrected. Variance rate for the last period was 10%.
- Medical necessity monitoring for compliance in progress
- Denials reporting tool in early implementation

Clinical Documentation Improvement (CDI)

- Vendor selected
- Board contract in development
- Initiate project work in early November

Psych services billing project

- Draft report delivered. Feedback being incorporated into final report, which is expected mid-September.

Increase Medi-Cal rates

- SNF cost report appeal in progress
- Medical-Surgical inpatient rates increased to \$2,280/day.
- Projected to yield \$6m annually.

APPENIDIX

San Mateo Medical Center
Income Statement
September 30, 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)	(560,419)	31,850	(592,269)		(1,090,943)	95,550	(1,186,493)		
2 HPSM Medi-Cal Members Assigned to SMMC	38,251	38,019	232	1%	114,460	114,057	403	0%	
3 Unique Patients	69,533	70,114	(581)	-1%	69,533	70,114	(581)	-1%	
4 Patient Days	2,856	2,839	17	1%	8,819	8,707	112	1%	
5 ED Visits	3,595	3,541	54	2%	10,597	10,860	(263)	-2%	
7 Surgery Cases	233	253	(20)	-8%	720	795	(75)	-9%	
8 Clinic Visits	19,277	20,008	(731)	-4%	58,733	63,026	(4,293)	-7%	
9 Ancillary Procedures	63,585	66,131	(2,546)	-4%	202,423	208,134	(5,711)	-3%	
10 Acute Administrative Days as % of Patient Days	0.0%	16.0%	16.0%	100%	0.0%	16.0%	16.0%	100%	
11 Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status)	83.0%	80.0%	-3.0%	-4%	79.0%	80.0%	1.0%	1%	
Pillar Goals									
12 Revenue PMPM	125	150	(25)	-17%	135	150	(15)	-10%	
13 Operating Expenses PMPM	347	387	40	10%	361	387	26	7%	
14 Full Time Equivalents (FTE) including Registry	1,164	1,253	90	7%	1,155	1,253	99	8%	

**San Mateo Medical Center
Income Statement
September 30, 2017**

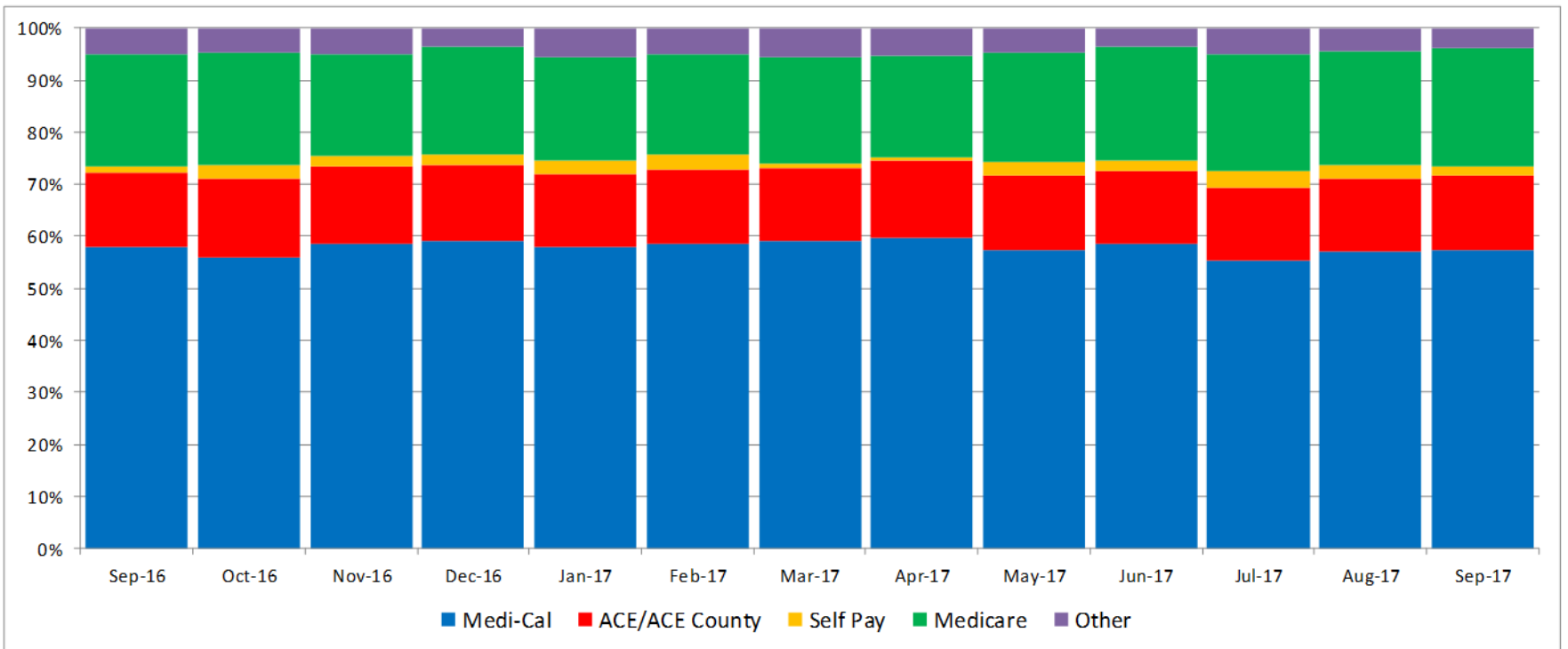
	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	8,796,272	9,577,810	(781,538)	-8%	27,766,473	28,733,430	(966,956)	-3%
22 Outpatient Gross Revenue	23,972,028	25,324,704	(1,352,676)	-5%	72,156,725	75,974,112	(3,817,387)	-5%
23 Total Gross Revenue	32,768,300	34,902,514	(2,134,214)	-6%	99,923,198	104,707,541	(4,784,343)	-5%
24 Patient Net Revenue	8,692,305	10,512,930	(1,820,625)	-17%	28,166,785	31,538,790	(3,372,005)	-11%
25 Net Patient Revenue as % of Gross Revenue	26.5%	30.1%	-3.6%	-12%	28.2%	30.1%	-1.9%	-6%
26 Capitation Revenue	584,490	1,291,667	(707,177)	-55%	2,982,862	3,875,000	(892,138)	-23%
27 Supplemental Patient Program Revenue	7,449,890	10,026,459	(2,576,570)	-26%	24,008,338	30,079,378	(6,071,040)	-20%
(Additional payments for patients)								
28 Total Patient Net and Program Revenue	16,726,685	21,831,056	(5,104,371)	-23%	55,157,985	65,493,168	(10,335,183)	-16%
29 Other Operating Revenue	1,087,821	1,236,192	(148,371)	-12%	3,343,902	3,708,575	(364,673)	-10%
(Additional payment not related to patients)								
30 Total Operating Revenue	17,814,506	23,067,248	(5,252,742)	-23%	58,501,887	69,201,743	(10,699,856)	-15%

**San Mateo Medical Center
Income Statement
September 30, 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	14,145,222	15,819,555	1,674,333	11%	44,836,216	47,458,664	2,622,449	6%
32 Drugs	983,607	806,645	(176,962)	-22%	2,426,871	2,419,936	(6,935)	0%
33 Supplies	677,367	914,846	237,478	26%	2,474,184	2,744,537	270,353	10%
34 Contract Provider Services	2,758,782	3,290,227	531,445	16%	9,307,477	9,870,680	563,204	6%
35 Other fees and purchased services	3,971,556	4,516,184	544,628	12%	11,128,338	13,548,552	2,420,214	18%
36 Other general expenses	310,762	502,737	191,975	38%	1,418,126	1,508,210	90,084	6%
37 Rental Expense	174,904	189,615	14,711	8%	523,727	568,845	45,119	8%
38 Lease Expense	822,975	822,975	0	0%	2,468,926	2,468,926	0	0%
39 Depreciation	250,213	260,089	9,876	4%	758,460	780,266	21,806	3%
40 Total Operating Expenses	24,095,388	27,122,873	3,027,485	11%	75,342,325	81,368,618	6,026,293	7%
41 Operating Income/Loss	(6,280,882)	(4,055,625)	(2,225,257)	-55%	(16,840,438)	(12,166,874)	(4,673,563)	-38%
42 Non-Operating Revenue/Expense	405,642	(755,994)	1,161,635	154%	1,219,089	(2,267,981)	3,487,070	154%
43 Contribution from County General Fund	5,314,821	4,843,468	471,352	10%	14,530,405	14,530,405	0	0%
44 Total Income/Loss (GAAP)	(560,419)	31,850	(592,269)		(1,090,943)	95,550	(1,186,493)	
(Change in Net Assets)								

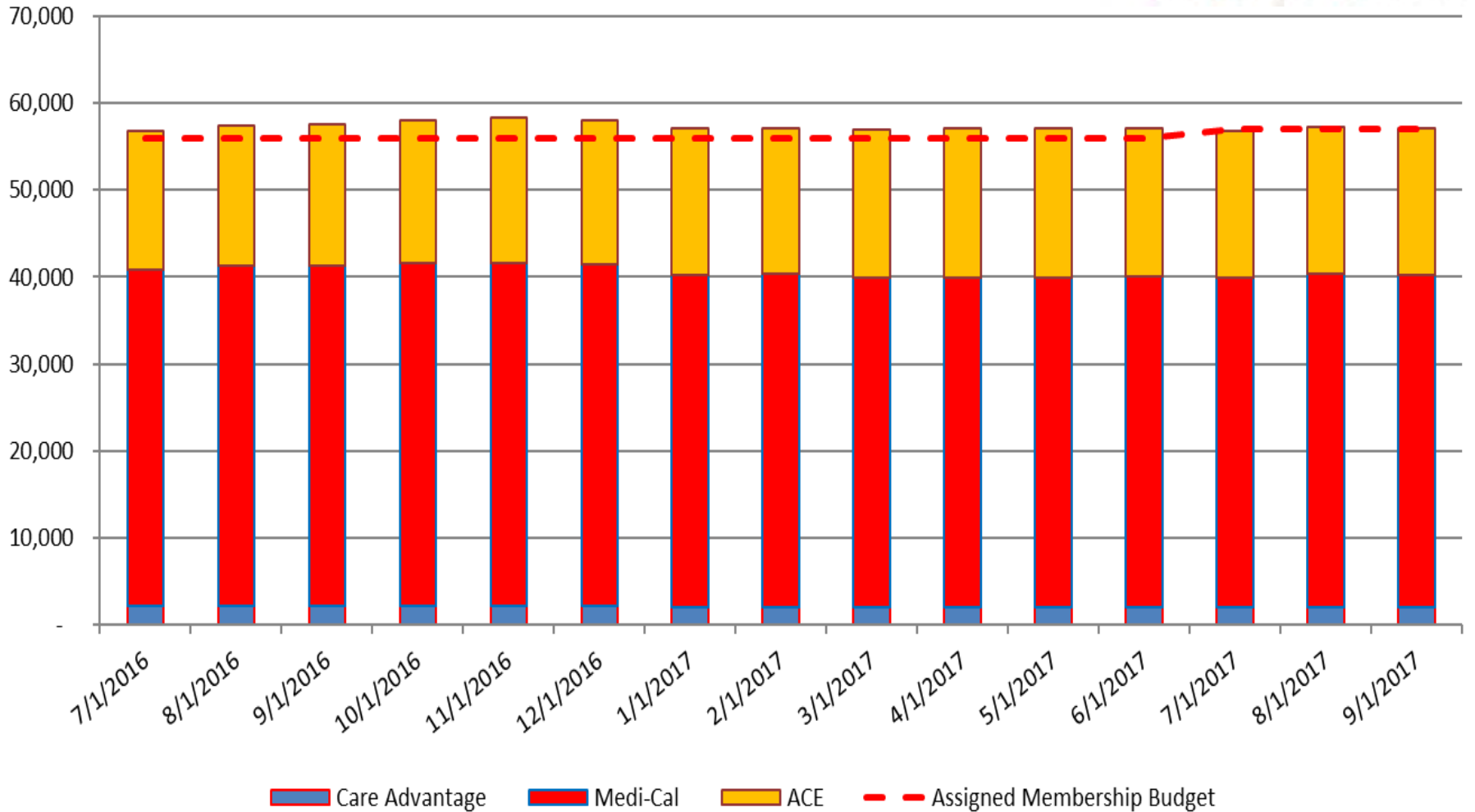
**San Mateo Medical Center
Payer Mix
September 30, 2017**

Payer Type by Gross Revenue	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
Medicare	23.0%	21.0%	2.0%		22.4%	21.0%	1.4%	
Medi-Cal	57.3%	58.0%	-0.7%		56.6%	58.0%	-1.4%	
Self Pay	1.5%	2.0%	-0.5%		2.4%	2.0%	0.4%	
Other	3.7%	5.0%	-1.3%		4.4%	5.0%	-0.6%	
ACE/ACE County	14.5%	14.0%	0.5%		14.1%	14.0%	0.1%	
Total	100.0%	100.0%			100.0%	100.0%		





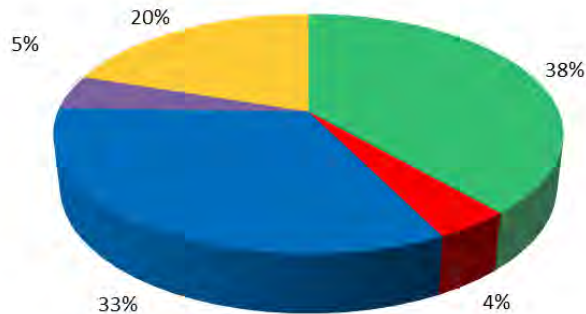
Managed Care Membership Trend



Revenue Mix

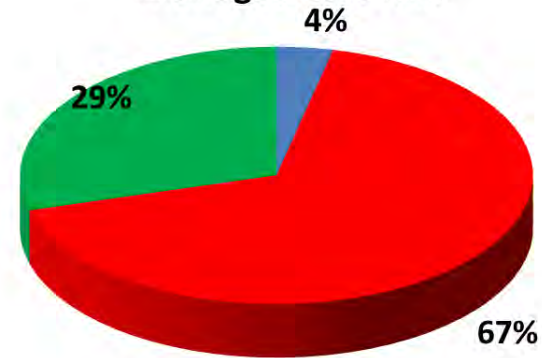
57,000
Managed
Care
Lives

Sources of Revenue



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

Managed Care Mix

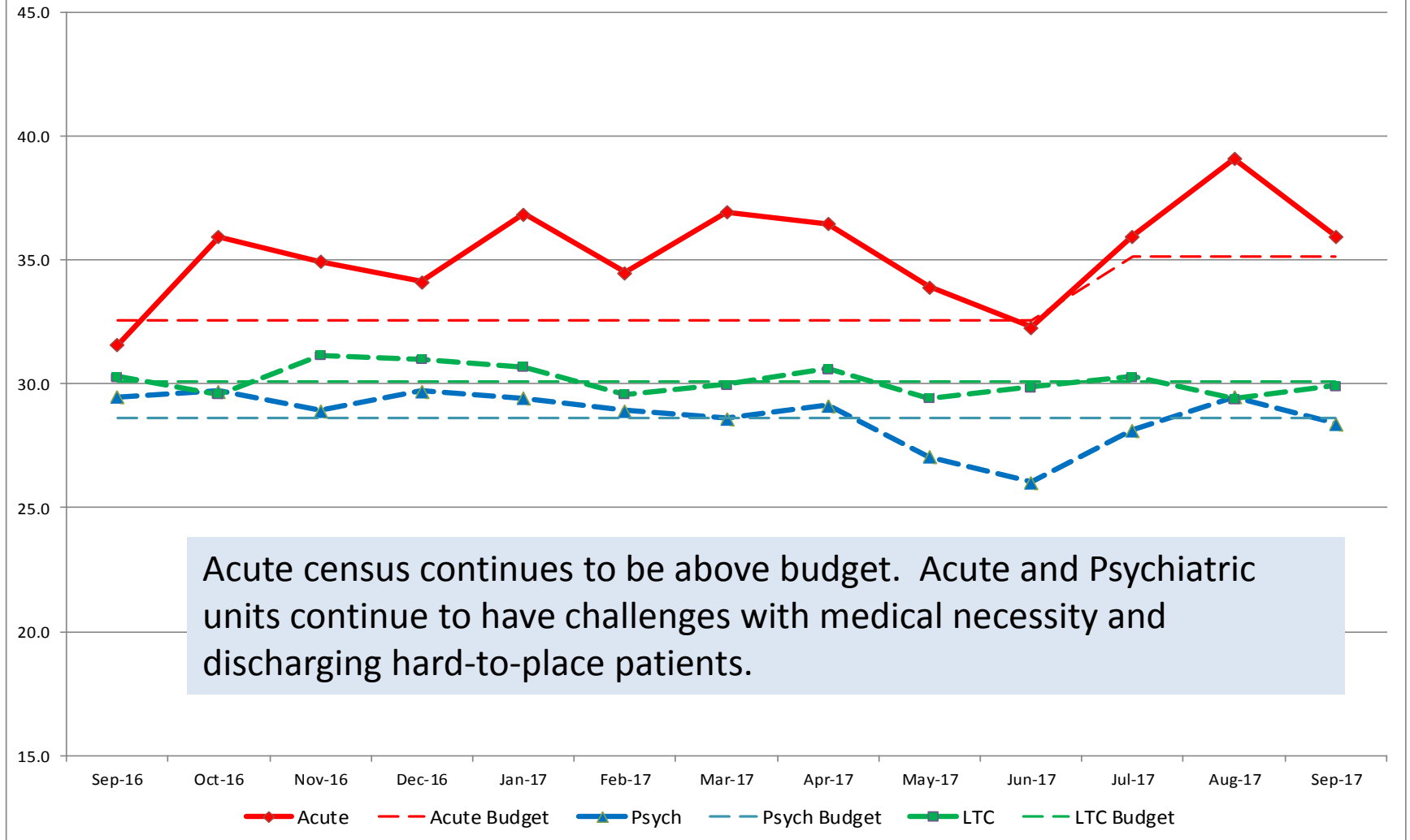


■ Medicare ■ Medi-Cal Traditional ■ Access to Care for Everyone

- **Managed Care** programs represent 40% 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
September 30, 2017**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Patient Days	2,856	2,839	17	1%	8,819	8,707	112	1%

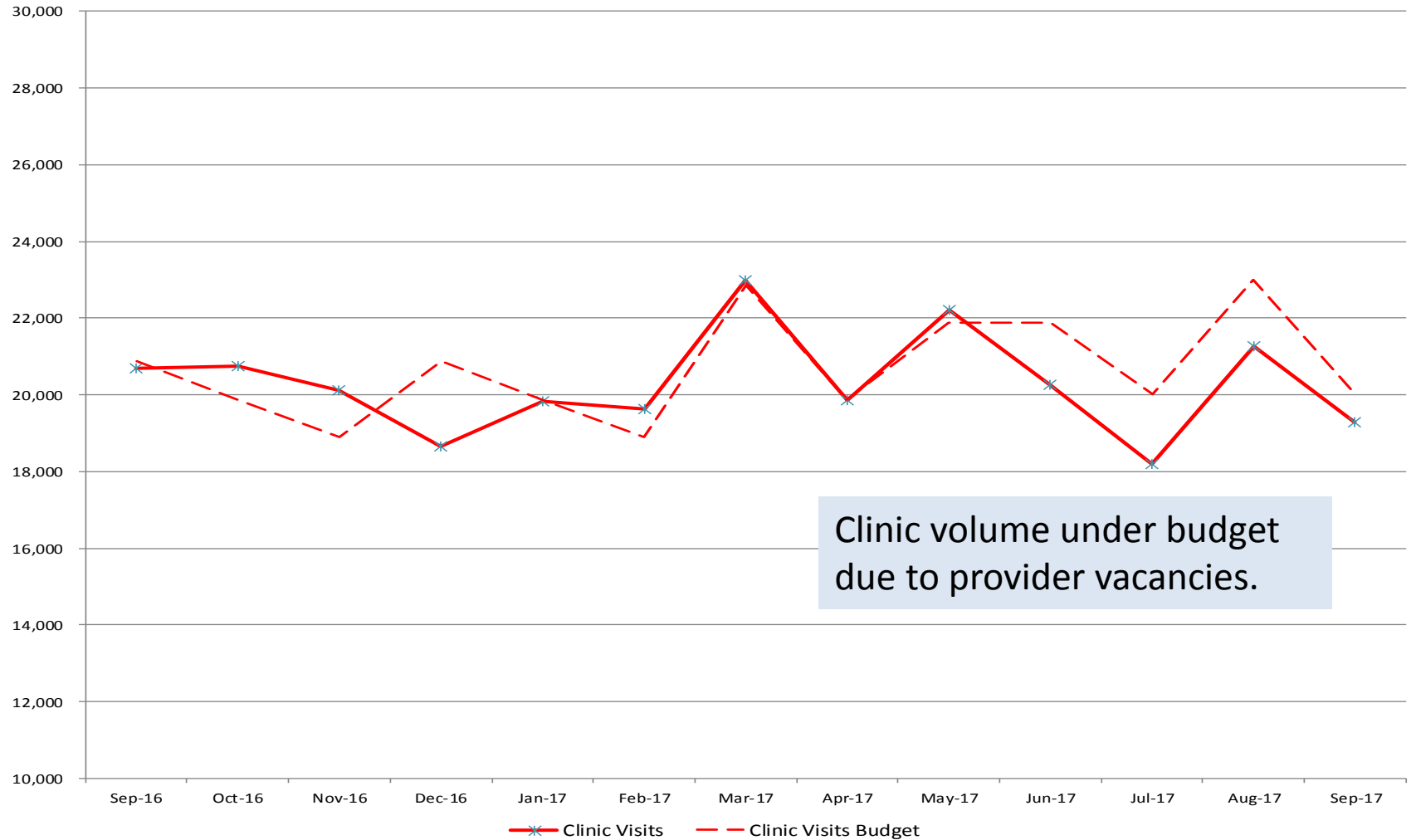


**San Mateo Medical Center
Clinic Visits
September 30, 2017**

MONTH			
Actual	Budget	Variance	Stoplight
19,277	20,008	(731)	-4%

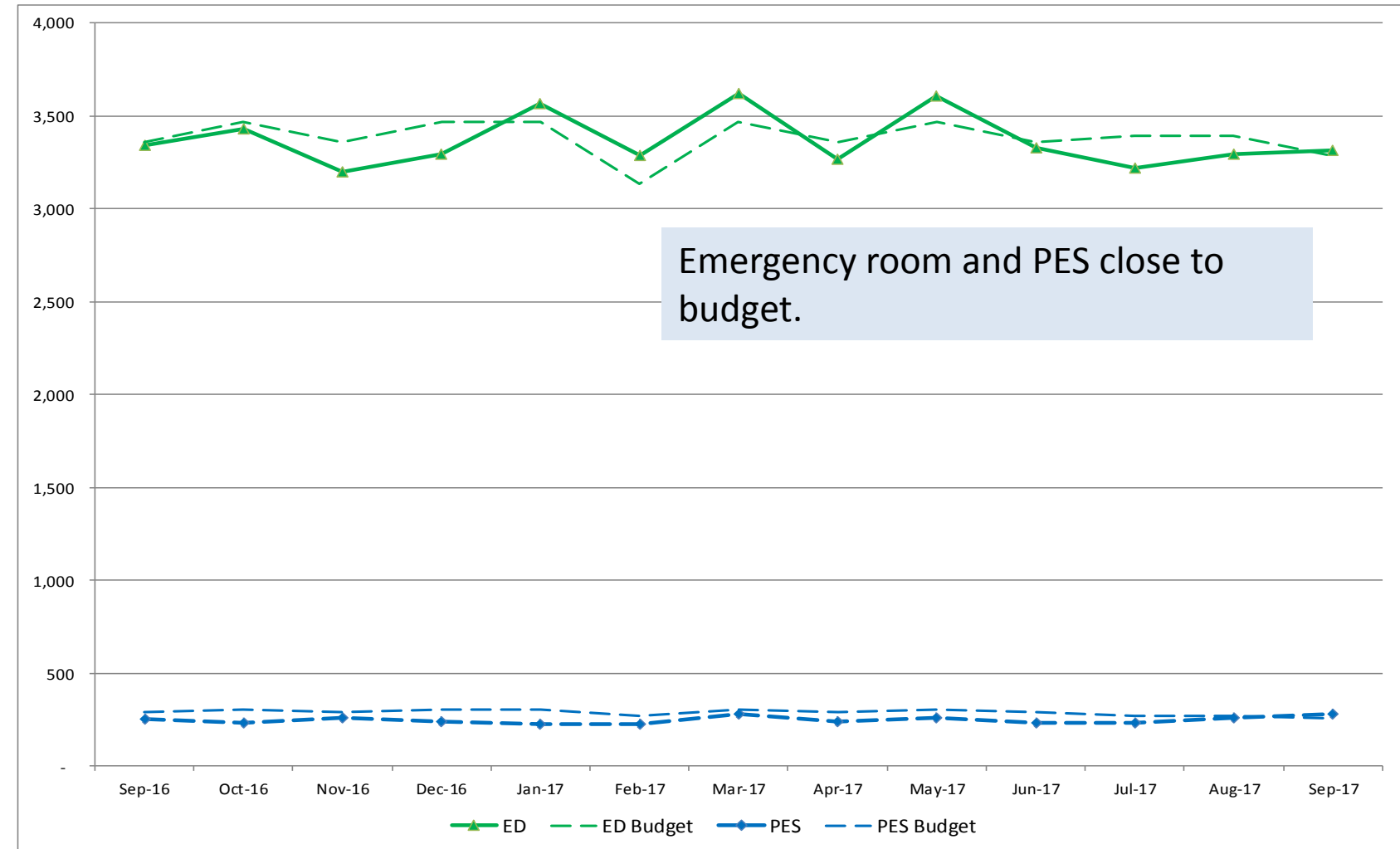
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
58,733	63,026	(4,293)	-7%

Clinic Visits



**San Mateo Medical Center
Emergency Visits
September 30, 2017**

ED Visits	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	3,595	3,541	54	2%	10,597	10,860	(263)	-2%

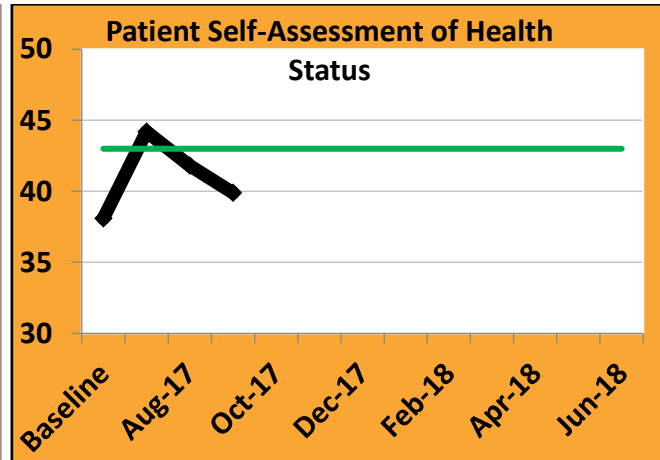
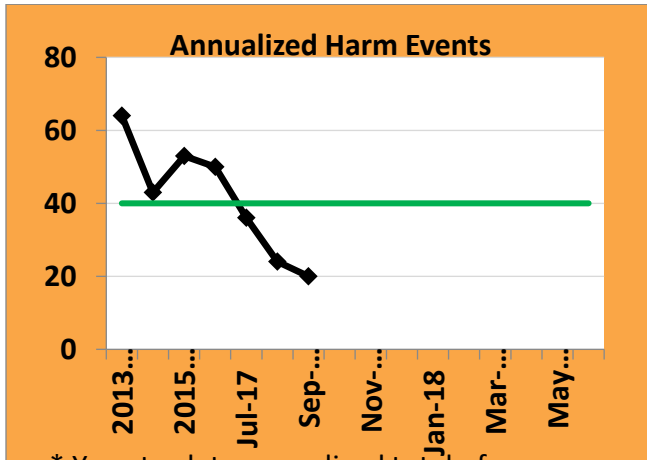




November, 2017

EXCELLENT CARE

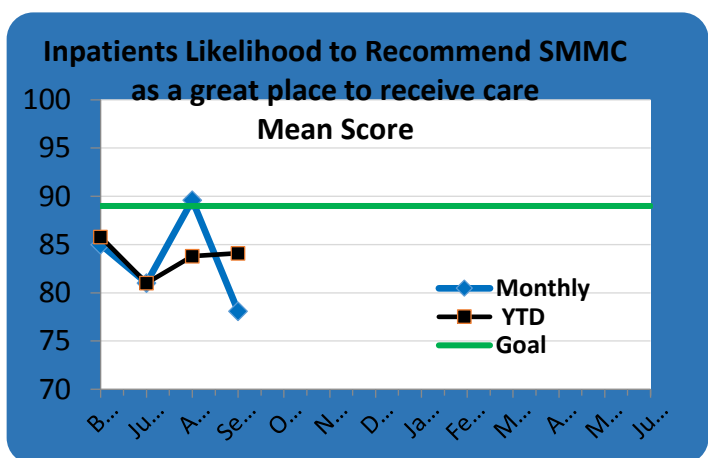
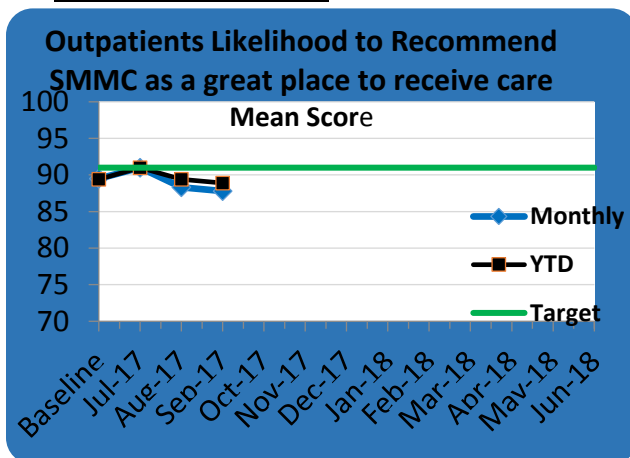
PILLAR METRICS

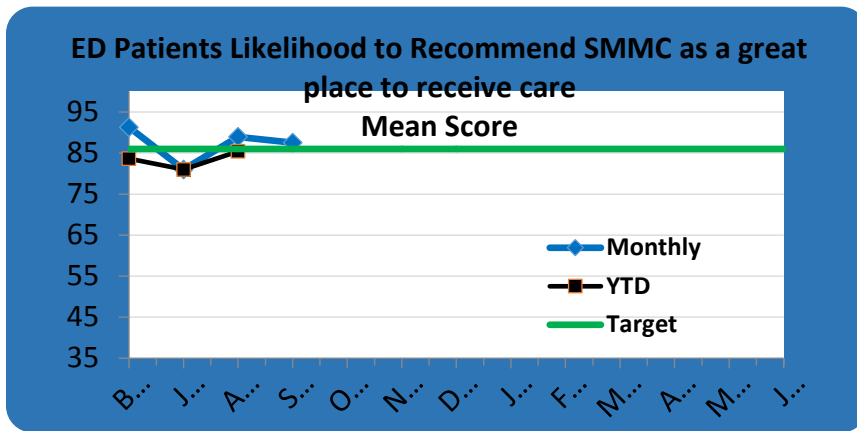


- SMMC Recognized for Work to Reduce Surgical Site Infections-** Over the last several years, SMMC has been very successful in reducing its rate of Surgical Site Infections. The program has now been recognized as one of the best practices and Dr. Grace Hassid, our clinical lead for this work, has been invited to present a poster highlighting our program and results at the Institute for Healthcare Improvement's upcoming Scientific Session. IHI is the premier national institution focused on patient safety and quality. The Scientific Session is held as part of the annual conference attended by thousands of healthcare professionals from around the world. Congratulations to Dr. Hassid, Wan Chen of Quality, Michele Medrano of Infection Control, Peggy Rothaus of Surgical Services, and all staff members from surgical services to central supply who make this work successful.

PATIENT CENTERED CARE

PILLAR METRICS



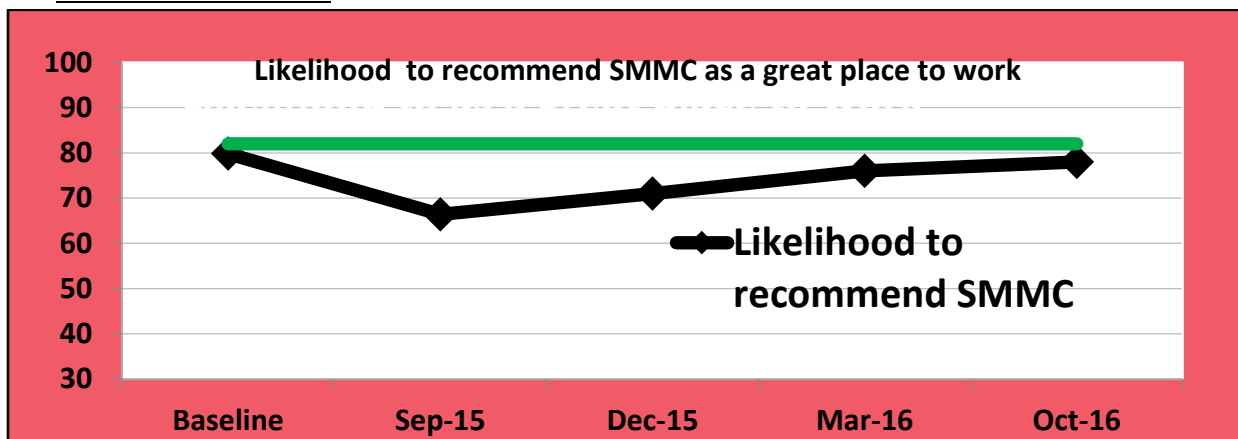


- **Provider Communication Program Recognized by Press Ganey-** Dr. Janet Chaikind and Dr. Alpa Sanghavi were selected to present SMMC’s work on “Improving Patient and Provider Experience Through Relationship Centered Communication” at the Press Ganey National Client Conference. This is the annual conference attended by over 4000 healthcare leaders from all over the country. Presenters are selected through a very rigorous process. Congratulations to Drs. Chaikind and Sanghavi and the entire team that makes this program possible.
- **November is Gratitude Month at the Medical Center and therefore it is my pleasure to share these selected patient/family stories of gratitude:**
 - **From the Emergency Department (from a call to the patient advocate):**
 - I have been trying to call the emergency to provide them with feedback on my visit. I want them to know how amazing and professional these people are. Leslie, the woman in admitting, was wonderful, professional. All the staff who cared for and helped me were wonderful, better than the care I get at home. I felt love from these people more than from my own family. Dr. Stacy Solt and Dr. Serena Lee went deep into my case to try and provide care. They did not just brush me off. Nurses Geraldine, Jara, Desirae and others (I could not get all their names); all the nursing staff treated me so well and cared about me. I feel so comfortable coming here. Just being here helps to make me feel better. The people are wonderful. I have been here three to four times and am always treated with respect and kindness. They treat you like a human. Lucky and satisfied with how they treat me.
 - **From 2A/B:**
 - Nurses were the best.
 - The hospital was clean and the doctors were concerned about patient’s health.
 - **From 3AB:**
 - The psych staff and doctors seem to be very compassionate and truly caring especially for the number of patients they care for.
 - **From Coastside Clinic:**
 - I am very pleased with the doctor and the staff, excellent customer service and care I received. Thank you for being an awesome medical team!
 - **From Daly City Clinic:**
 - I am very satisfied with Daly City Clinic Doctors and staff. They’re very accommodating and efficient.
 - **From Fair Oaks Health Center:**
 - The experience was great.

- **From the Innovative Care Clinic:**
 - Front desk staff are helpful. When you call for access to my primary care doctor, the phone reps are good and understand my concerns and I get a response in a timely manner. This is very important especially when your concern is medical related.
- **From South San Francisco Clinic:**
 - Everyone is very helpful and courteous.
- **From Dental Clinic:**
 - Every appointment is always fantastic.
- **From the Medical Specialty Clinic:**
 - Very helpful, compassionate, and did not worry about the time I needed to express myself. Great ideas for pain and stress management
- **From OB/GYN Clinic:**
 - They are hospitable and they accommodate and do their task in a good way.
- **From Surgical Specialty Clinic:**
 - They are wonderful and caring.

STAFF ENGAGEMENT

• PILLAR METRICS



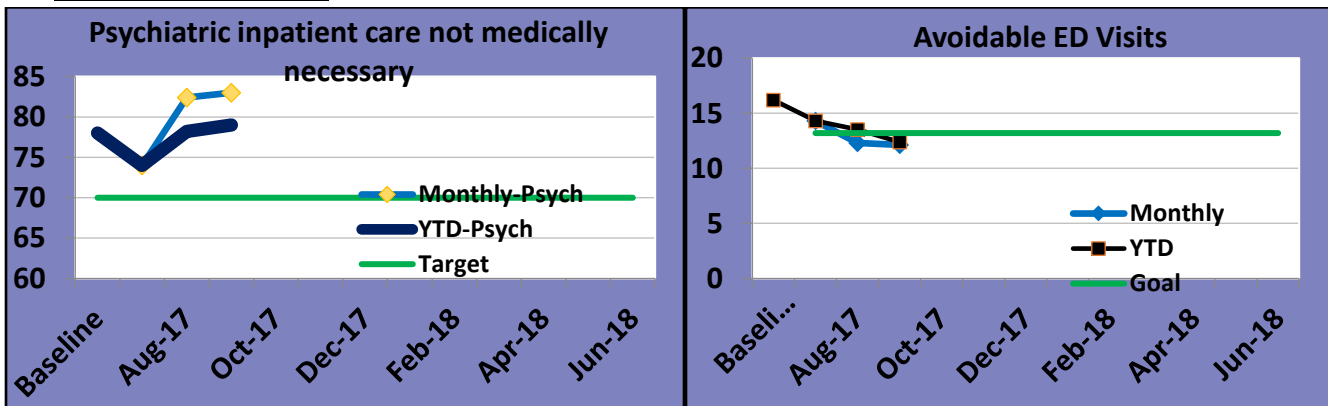
- **SMMC Supports Annual Heart Walk-** SMMC staff and providers raised \$7,844 on behalf of the American Heart Association. SMMC raised the most of any department in the Health System and we were placed second countywide. Over 120 walkers attended the walk on September 20th to show their support for those impacted by heart disease and stroke. Thank you to SMMC's amazing Heart Walk Champions who met as a group, on their own time, to plan fun events and were the point people in their workgroups to encourage staff and collect donations: Diana Oakes, Dianaliza Ponco, Michelle Lee, Gina Ravella, Vijay Prasad, Robine Runneals, Ana Rivera, Jose Carpio, Nisa Tu, Susan Kang, Vicky Camilleri, and Jessica Padua. Thank you also to Sara Ou, planning committee Chair, for recruiting and leading a wonderful committee and surpassing our fundraising goals.
- **Staff with Multiple Recognitions by Colleagues and Patients Celebrated at Employee Forums-** SMMC's staff recognition programs continue to expand. The quarterly staff forums occurred the week of October 16th and I had the privilege of recognizing those staff members who had received five or more

submissions in either of our recognition programs. The **Just Because** program allows patients to identify staff members who they feel have provided exceptional service. This quarter we recognized Yuwen Liao (Surgery Clinic), Renata Jarosz (Medical Specialty Clinic), Mandeep Singh (Laboratory) and Caitlin Brown (Innovative Care Clinic) who all received five or more patient recognitions. The **Above and Beyond** program allows staff members to recognize their colleagues' efforts. This quarter, Cynthia Hernandez (Administration) and Safiq Ali (Radiology/Orderlies) received five or more submissions. Congratulations again to all of these individuals and to everyone who has been recognized in either program.

- **Dr. Ann Marie Silvestri receives multiple recognitions.** I previously shared that Dr. Ann Marie Silvestri was selected for the 2016 Distinguished Service Award from the San Mateo Dental Society. She officially received this award in October. Also in October, Dr. Silvestri was selected to receive a fellowship into the American College of Dentists at the American Dental Association Meeting in Atlanta. This fellowship is by invitation only and “Fellows of the College have records of leadership, excellence, and meritorious achievement in dentistry or public service.” Congratulations to Dr. Silvestri for these well-deserved honors.
- **Tina Ling, MPH, PharmD recognized for community contributions.** Congratulations to Dr. Tina Ling, a clinical pharmacist at Fair Oaks Health Center, who was recently recognized by Congresswoman Jackie Speier at an event held to honor local first-generation immigrants for their contributions to the community. Inspired by her experience as an immigrant, Dr. Ling’s desire to help the community and recognition of language barriers as a hardship prompted her to become a clinical pharmacist. Dr. Ling was recognized earlier in the year as the County’s Employee of the Month for her amazing work at Fair Oaks Health Center.

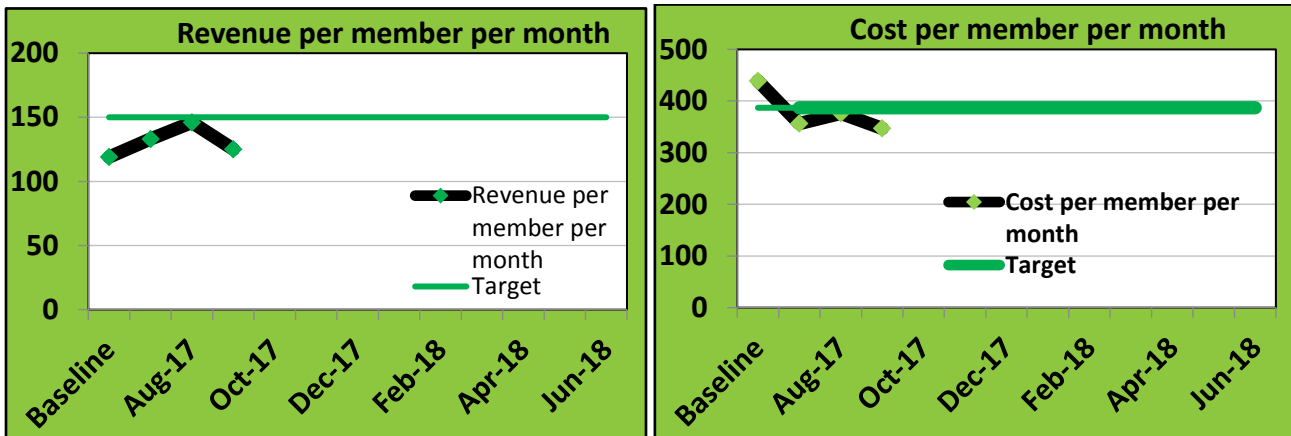
RIGHT CARE, TIME AND PLACE

PILLAR METRICS

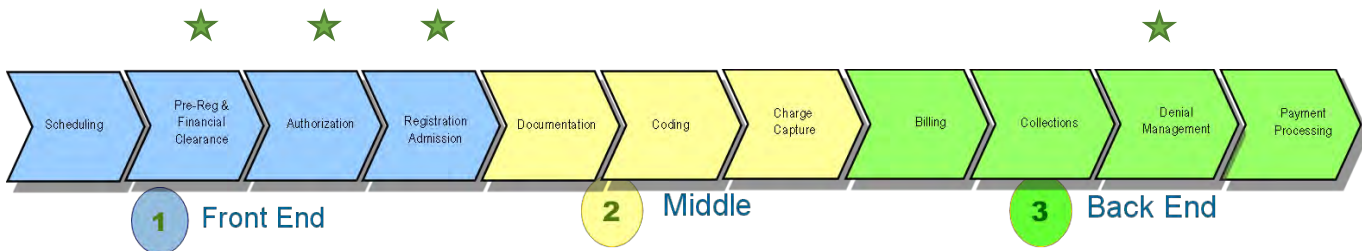


FINANCIAL STEWARDSHIP

• PILLAR METRICS



Revenue Cycle Transformation – FY18 Initiatives. Our FY17-18 Financial Stewardship strategic initiative continues to focus on the revenue cycle, in that sweet spot of things that matter and things we can control. We are building on last year’s front-end work with insurance verification accuracy and inpatient authorization approvals. In addition we added a focus on ensuring our providers are enrolled with Medicare and Medi-Cal in a timely manner to eliminate payment denials.



The work in October continued with developing nested charters for registration accuracy, authorizations for same day surgeries, and provider enrollment. Each nested charter process owner convened cross-functional teams to update the background, needs statement and current condition as the foundation for the work. A key component in this effort was identifying the measures we track to let us know whether our actions are yielding improvements. For our overall charter, the team identified the following measures for FY18:

Measures:	Baseline value (6/30/17)	Current Value (9/30/17)	Budget Value (FY17-18)	Ideal Value
Revenue per member per month (pmpm)	\$119	\$135	\$150	\$398
Claim denials (< 4% NPR)	\$4.4 million	TBD	\$4.0 million	No Denials
Unbilled accounts (5 day bill hold)	\$8.6 million	\$10.1 million	\$5.5 million	No Unbilled

The Registration Accuracy nested charter encompasses the activities to ensure all the required registration data elements for accurate billing will be collected as early in the patient contact cycle as possible, typically before the patient arrives for services. The most significant gaps identified in the current state assessment are the lack of adequate reporting tools for quality assurance, lack of work queue tools to manage workflow prioritization, and inefficient structure of insurance plan codes. Two of these gaps can be addressed through technology to automate work that is done manually today and this will be a focus area for the next several months.

The transformation of revenue cycle workflows is a critical foundational element of preparing for the replacement of our Invision patient accounting system.

Quality, Compliance & 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 have selected vendors provide workflow design consulting and technology support and are currently in contract negotiations with Board review expected before the end of 2017.

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



Indicator	Number	Change from previous month	Change from previous year
ACE Enrollees	21,635 (September, 2017)	0.6%	4.6%
SMMC Emergency Department Visits	3,595 (September, 2017)	1.3%	0%
New Clients Awaiting Primary Care Appointment	944 (October, 2017)	1.4%	100%

Health System Took Preventative Measures Against Hepatitis A

In light of California’s declared State of Emergency regarding recent outbreaks of Hepatitis A in counties throughout the state, Environmental Health Services (EHS) and Public Health Policy & Planning (PHPP), divisions of the Health System, are taking preventative measures to avoid a similar outbreak in San Mateo County. PHPP’s street medicine team is offering free Hepatitis A vaccines to local homeless populations, where the virus has a higher chance of taking hold due to the nature of how the pathogen is spread. EHS has done outreach to food facilities throughout San Mateo County, providing informational resources to combat the spread of Hepatitis A. The Health System is also collaborating with the Parks Department to prevent outbreaks among homeless populations residing in San Mateo County public parks. This effort includes heightened sanitation protocol in restroom facilities and special staff training.

Black Infant Health Program Celebrated 25th Anniversary

The Family Health Services division’s Black Infant Health Program celebrated its 25th anniversary at the beginning of October. The program supports mothers and children in an effort to reduce infant mortality, low birth weight, and Sudden Infant Death Syndrome (SIDS) in the African-American community. Program leaders and participants, elected officials (including Supervisor Horsley), and community members gathered in East Palo Alto for the celebration. The ceremony included the presenting of a certificate of appreciation from the California Department of Public Health.



Photo: Preston Merchant, Health System Communications

Emergency Medical Services Coordinated Mutual Aid to Counties Impacted North Bay Fires

Starting at 3:00 am on October 9, during the immediate evacuations of residents in parts of Sonoma and Napa Counties, the Emergency Medical Services division (EMS) started receiving mutual aid requests to assist in the region’s disaster relief efforts. As of October 18, EMS had coordinated the deployment of 7 ambulances, 13 licensed behavioral health specialists assigned to various shelters, 1 EMS staffer, 1 communications specialist, and a manager from Public Health Policy & Planning to support animal services operations. Behavioral Health & Recovery Services will continue to make licensed staff available to impacted counties to assist psychological first aid needs for victims of the fires. Fire strike teams and other first responders have made camp in the Sonoma County Fairgrounds (on right).



Photo: Preston Merchant, Health System Communications

Behavioral Health’s Dual Suicide Prevention & Recovery Month Awareness Campaigns a Success

In honor of both Recovery Month and Suicide Prevention Month, Behavioral Health & Recovery Services (BHRS) conducted very successful social media awareness campaigns in an effort to better inform the public about the challenges and stigma of mental illness and substance use disorders and resources available to those in need of help. A unique addition to this year’s campaign was a series of first-person narratives posted to the Health System’s Facebook page, which told the stories of various staff and clients who themselves have struggled with mental health or addiction challenges. Other highlights from the campaign include event coverage of the Philomena Walk of Hope (on right) on September 12 and general information about suicide prevention and recovery. Compared to 2016, this year’s Suicide Prevention campaign reached 600% more people on social media and the Recovery Month campaign increased its social media reach by over 6,000.



Photo: Alex Eisenhart, Health System Communications