



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, January 6, 2020

8:00 AM – 10:00 AM

SAN MATEO MEDICAL CENTER

EXECUTIVE BOARD ROOM

Second Floor, Administration Wing



SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

January 6, 2020 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. Julie Hersk
Dr. Frank Trinh*

Informational Items

3. Medical Executive Committee

Dr. Julie Hersk

C. REPORT OUT OF CLOSED SESSION

D. PUBLIC COMMENT

Persons wishing to address items not on the agenda

E. FOUNDATION REPORT

Paul Rogerville

F. CONSENT AGENDA

Approval of:

1. December 2, 2019 Minutes
2. Bylaws of SMMC Board or Directors

TAB 1

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Julie Hersk

H. ADMINISTRATION REPORTS

- 1. Patient Experience
- 2. SMC Health Budget Planning Update FY 20-21
- 3. Financial Report
- 4. Board Self-Evaluation and the CEO Report

Dr. Alpa Sanghavi..... VERBAL
Louise Rogers. VERBAL
David McGrew.TAB 2
Dr. CJ Kunnappilly.....TAB 2

I. COUNTY HEALTH CHIEF REPORT

County Health Snapshot

Louise Rogers..... TAB 2

J. COUNTY MANAGER’S REPORT

Mike Callagy

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 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.

TAB 1

**CONSENT
AGENDA**

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Monday, December 2, 2019
Executive Board Room

Board Members Present

Supervisor Carole Groom
Supervisor David Canepa
Mike Callagy
Louise Rogers
Dr. CJ Kunnappilly
Dr. Julie Hersk
Dr. Frank Trinh
Dr. Gordon Mak
Deborah Torres

Staff Present

Michelle Lee
David McGrew
Dr. Susan Fernyak
Dr. Alpa Sanghavi
Joan Spicer
Brighton Ncube
Peggy Jensen
Aimee Armsby

Carlton Mills
Karen Pugh
John Jurow
Gary Horne
Angela Gonzales
Mary Brinig
Clara Boyden
Dr. Rakhi Singh

Members of the Public

Neighbor

| ITEM | DISCUSSION/RECOMMENDATION | ACTION |
|---|---|---|
| Call to Order | Supervisor Groom 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 8:12 AM to Open Session. A quorum was present (see above). | |
| Report out of Closed Session | Medical Staff Credentialing Report for December 2, 2019. QIC Minutes from October 22, 2019. Medical Executive Committee Minutes from November 12, 2019. | Aimee Armsby reported that the Board unanimously approved the Credentialing Report as amended and the QIC Minutes and accepted the MEC Minutes. |
| Public Comment | None. | |
| Foundation Report | No report. | FYI |
| Consent Agenda | Approval of: 1. Hospital Board Meeting Minutes from November 4, 2019. | It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda. |
| Medical Staff Report Dr. Julie Hersk | Medical staff leadership is discussing linking flu vaccination requirement for provider reappointments. | FYI |

| | | |
|--|--|-----|
| | Dr. Pamela Foster was appointed to Physician-Member-at-Large and will serve through June 30, 2020. | |
| <p>New Model of Care Rakhi Singh, Physician Sonia Ter Kuile, Provider Miriam Chan, RN Maria Garcia, MSA Linda Franco, Clinic Manager</p> | <p>New model of care – meeting the needs of all patients</p> <p>GOALS FOR THE WORK</p> <ul style="list-style-type: none"> • Create a sustainable model for adult ambulatory care • Provide high quality care • Address all preventative and chronic disease needs at each contact • Maximizing the talents and skills of all team members • Excellent experience for patients • Engage 10,000 new patients by June 30, 2020 <p>Four events to build one model: 1.) Meet all primary care needs in a single interaction. 2.) Meet ancillary needs in the same interaction. 3.) Meet specialty needs in the same interaction. 4.) Identify and meet needs of assigned, unengaged patients.</p> <p>Problems to address: Variation in how activities are done (quality/efficiency) Don't assess social determinants of health No comprehensive list of visit goals Variation in who does each activity Staff not working at the top of their capabilities</p> <p>Benefits of new model:</p> <ul style="list-style-type: none"> • 68 things patients may need • Each item assigned to one team member • Improved health for patient • Reduced follow-up visits (space for new patients) • Reduced follow-up work for team • Meet all pay-for-performance quality metrics <p>Challenges of new model:</p> <ul style="list-style-type: none"> • Fundamentally different approach to care – big change for care teams • Moving from provider focused scheduling to team scheduling is difficult with current software • Managing patient flow to each team member <p>Benefits of Integration</p> <ul style="list-style-type: none"> • Patients received services in real time: Physical therapy, Nutrition / dietary, Behavioral health | FYI |

| | | |
|---|---|------------|
| | <ul style="list-style-type: none"> • Patients understood why they needed service (reduce no-shows makes room for new patients) • Eliminated referrals - Significantly reduced telephone encounters (freeing up staff time) • Testing MSA handling normal lab results <p>Challenges of Integration</p> <ul style="list-style-type: none"> • Process is designed around siloed systems - Referrals, billing, two providers charting at same time • Logistical hurdles such as staffing, space planning, equipment • Patient flow - More services offered = who sees patient first? • Some patients couldn't stay for additional services <p>Management System</p> <ul style="list-style-type: none"> • Communicate alignment so team knows how to prioritize their day • Remove barriers and ensure team always has what they need to do their work • Support team in solving problems in real time • Create a clear connection between work and results <p>Challenges</p> <ul style="list-style-type: none"> • Constant change for us and for the team • Learning the new model • Supporting the whole team • Living in two worlds • Space management • Creating new care teams <p>Next Steps</p> <p>ALL FOHC Adult: December 2019 Innovative Care Clinic: January 2020 Daly City Adult: February 2020 South San Francisco Adult: March 2020 Coastside Adult: April 2020 RRSCC: May 2020</p> | |
| <p>Opioid Trends and Treatment in SMC Dr. Scott Morrow Clara Boyden</p> | <p>Methadone Maintenance Services – 5 year increase in average daily client census IMAT Referrals – Rapid increase in opioid treatment referrals IMAT Clinic Visits – increased steadily from January 2016 to present</p> <p>Opioid Treatment Programs -- OTP's offer FDA approved opioid replacement medications including methadone, naltrexone, & buprenorphine paired with counseling</p> | <p>FYI</p> |

| | | |
|---|--|------------|
| | <ul style="list-style-type: none"> • The goal of treatment is to prevent relapse, overdose, reduce cravings, and block the euphoric effects of opiate use. • OTP's decrease illicit drug use, prevent the transmission of infectious and communicable disease among drug users, reduce infant mortality, increase employment and decrease criminal activity. • Methadone is the most successful treatment in helping individuals stop using opioids for over 30 years; it is extremely effective to help the patient return to a life without addiction <p>Substance Use Treatment Services</p> <ul style="list-style-type: none"> • Placement based on assessed level of care • Individualized care • Evidence-based practices • Trauma informed services • Services matched to language and cultural needs. <p>Risks and Challenges</p> <ul style="list-style-type: none"> • Access to specialized opioid treatment across the county • High cost, high need patients w/ social determinants • Siloed care: substance use, mental health, physical health • Stigma toward those with addictions, use of meds for opioid tx • Coordination with Correctional Health Services • Recruitment and retention of qualified staff in high cost county • Siting of facilities, cost of doing business • Confidentiality and Information sharing <p>Future Priorities and Opportunities</p> <ul style="list-style-type: none"> • Explore funding opportunities (MediCal waiver, Prop 56, etc.) • Continued partnership with Health Plan, county agencies, and providers for improved access and quality while finding efficiencies and leveraging resources • Retain and invest in our workforce, including provider partners • Emphasis on client centered, whole person care approaches | |
| <p>Financial Report David McGrew, CFO</p> | <p>The October FY19/20 financial report was included in the Board packet and David McGrew answered questions from the Board.</p> | <p>FYI</p> |
| <p>CEO Report Dr. CJ Kunnappilly</p> | <p>Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board.</p> | <p>FYI</p> |

| | | |
|--|---|-----|
| County Health Chief Report Louise Rogers | On January 28, there will be a BOS study session and we will be discussing ways to close the budget gap. Reserves will be used and there will be some labor reductions unfortunately. We are keeping staff updated. | FYI |
| County Manager Mike Callagy | Congratulations to Ken Cole who will be the new Director of the Human Services Agency. Previously he was the Director of Housing for the County. | FYI |
| Board of Supervisors Supervisor Groom | SMC Supervisors voted unanimously to ban the sale and distribution of e-cigarettes on unincorporated county land to protect youth health and prevent youth from becoming addicted to vaping. | FYI |

Supervisor Groom adjourned the meeting at 9:51 AM. The next Board meeting will be held on January 6, 2020.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

**BYLAWS
OF THE
SAN MATEO MEDICAL CENTER**

Reviewed and Approved: SMMC Board of Directors on January 6, 2020.

TABLE OF CONTENTS

| | |
|---|----|
| ARTICLE I GENERAL | 1 |
| ARTICLE II PURPOSE | 2 |
| ARTICLE III DEFINITIONS | 3 |
| ARTICLE IV GOVERNING AUTHORITY | 4 |
| ARTICLE V GOVERNING BOARD | 5 |
| ARTICLE VI OFFICERS AND COMMITTEES | 11 |
| ARTICLE VII ADMINISTRATION | 12 |
| ARTICLE VIII MEDICAL STAFF | 13 |
| ARTICLE IX QUALITY MANAGEMENT | 16 |
| ARTICLE X AUXILIARY | 17 |
| ARTICLE XI BYLAWS AND AMENDMENTS | 18 |

ARTICLE I

GENERAL

- Section 1. Name. The name of the Hospital is San Mateo Medical Center (SMMC), which includes the main acute and ambulatory care facility, satellite clinics, and Burlingame Long Term Care (which is operated by a third-party pursuant to a management agreement).
- Section 2. Principal Business Office. The principal business office shall be in the City of San Mateo, County of San Mateo, State of California.

ARTICLE II

PURPOSE

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

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

ARTICLE III

DEFINITIONS

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

ARTICLE IV

GOVERNING AUTHORITY

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

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

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

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

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

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

ARTICLE V

GOVERNING BOARD

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

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

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

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

Section 2. Number, Tenure and Qualifications

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

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

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

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

Section 4. Meetings.

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

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

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

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

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

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

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

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

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

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

ARTICLE VI

OFFICERS AND COMMITTEES

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

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

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

ARTICLE VII

ADMINISTRATION

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

ARTICLE VIII

MEDICAL STAFF

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ARTICLE IX

QUALITY MANAGEMENT

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

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

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

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

ARTICLE X

AUXILIARY

- Section 1. Creation. A SMMC Auxiliary may be formed and approved under the terms and conditions of SMMC Policies and Procedures.
- Section 2. Bylaws. Written Policies, Bylaws and Amendments thereto, and activities of the Auxiliary shall be subject to approval by the Governing Board. Bylaws shall set forth the Auxiliary's purpose, organization and functions.

ARTICLE XI

BYLAWS AND AMENDMENTS

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

These Bylaws have been reviewed and approved effective January 6, 2020.

Chester Kunnappilly, MD
Chief Executive Officer
SAN MATEO MEDICAL CENTER (SMMC)

Date

Honorable Carole Groom
President, San Mateo Medical Center Board of Directors
COUNTY OF SAN MATEO

Date

TAB 2

**ADMINISTRATION
REPORTS**

BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: October FY19-20

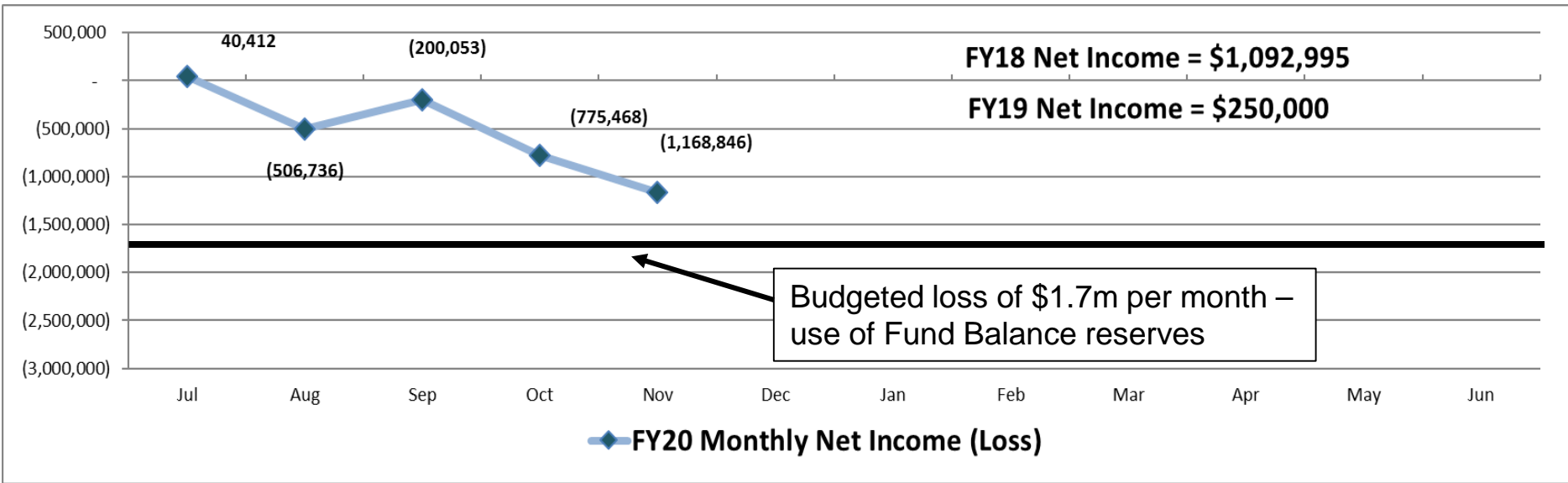
January 6, 2020

Presenter: David McGrew, CFO



SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

Financial Highlights



November Negative \$1.M:

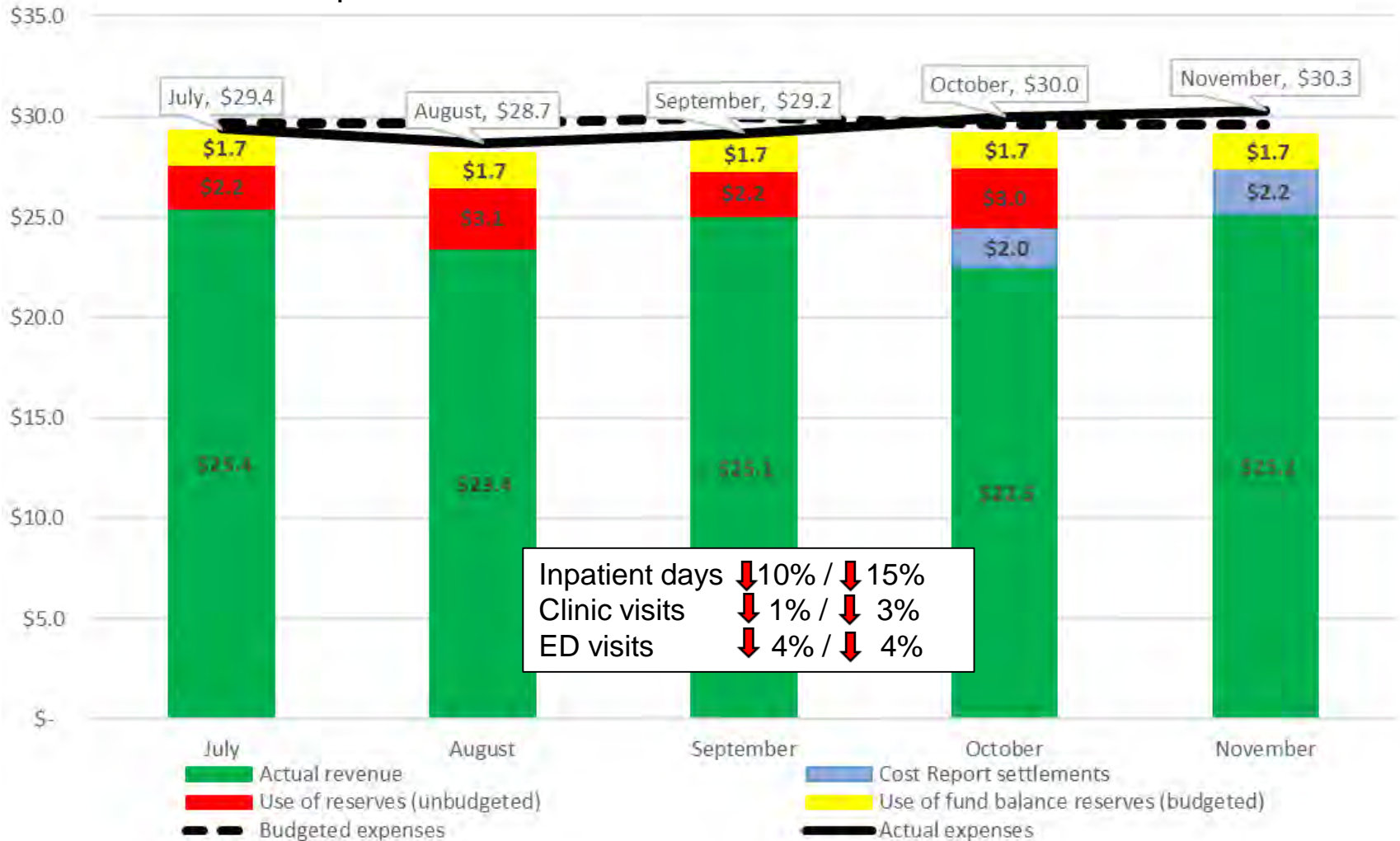
- FTEs below budget
- FY2019 Medicare cost report
- FY2020 Medi-Cal SNF rates
- FY2018 FQHC cost report

- ACE outside medical costs
- Membership decline
- FY2020 Enhanced Payment Program (EPP) pending approval
- Patient Service Revenue
 - Decline in patient volume

Forecast FY20: The FY20 budget projected a \$1.7 million loss each month to be covered by prior year Fund Balance reserves. Identified risks to the full year budget at this time are full achievement of the PRIME/QIP performance measures, declines in patient volumes, increasing payroll costs, and unpaid non-acute days. Potential opportunity for increased EPP revenue once approved by CMS.

FY 19-20 Structural Deficit

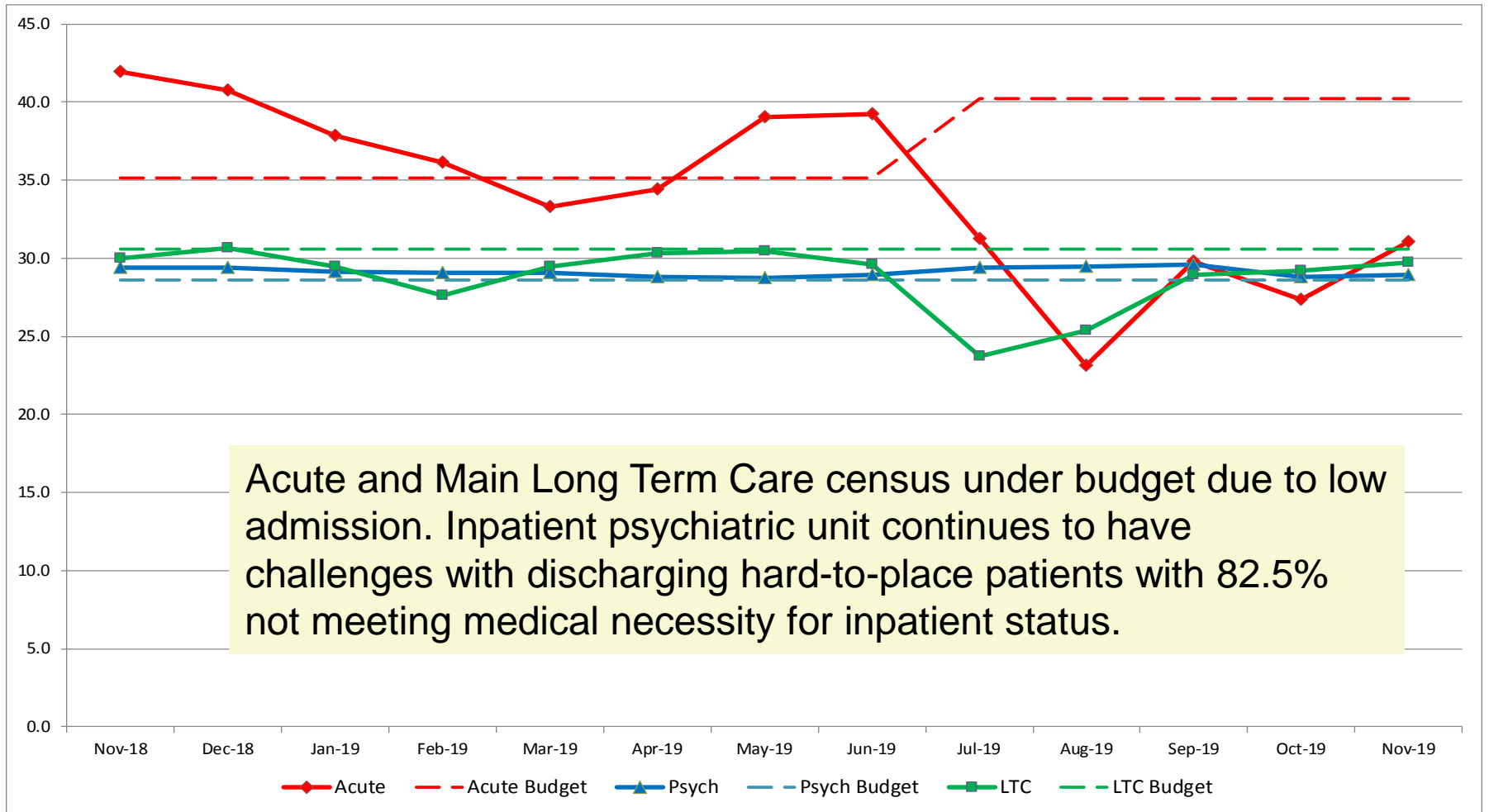
Lower patient volume is resulting in lower revenue, while our workforce costs aren't flexing down in response, requiring the use of \$10.5 million of more reserves than planned.



Note: Volume %s are Current Month/YTD

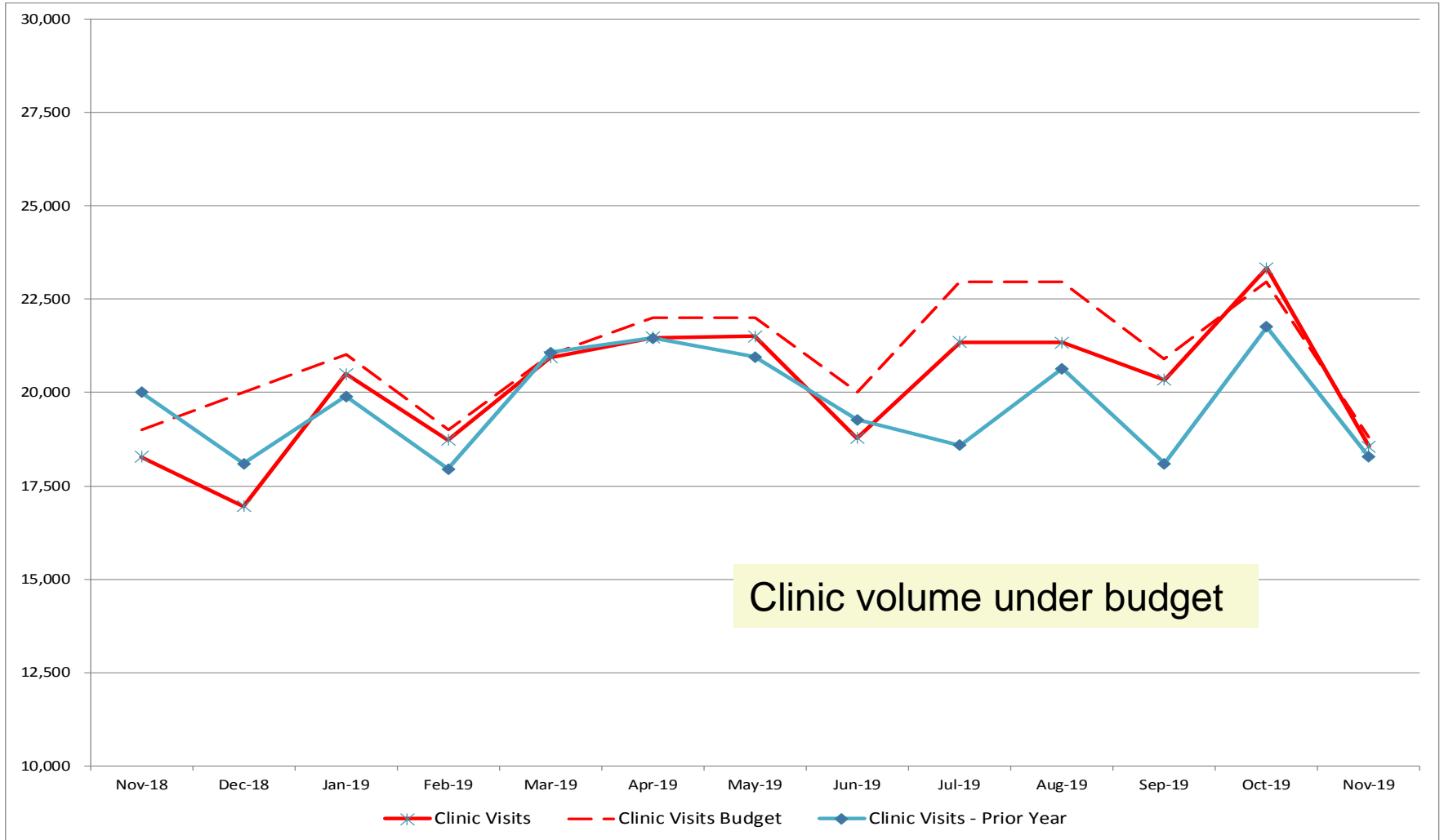
San Mateo Medical Center
Patient Days
November 30, 2019

| | MONTH | | | | YEAR TO DATE | | | |
|--------------|--------|--------|----------|-----------|--------------|--------|----------|-----------|
| | Actual | Budget | Variance | Stoplight | Actual | Budget | Variance | Stoplight |
| Patient Days | 2,693 | 3,008 | (315) | -10% | 13,023 | 15,339 | (2,316) | -15% |



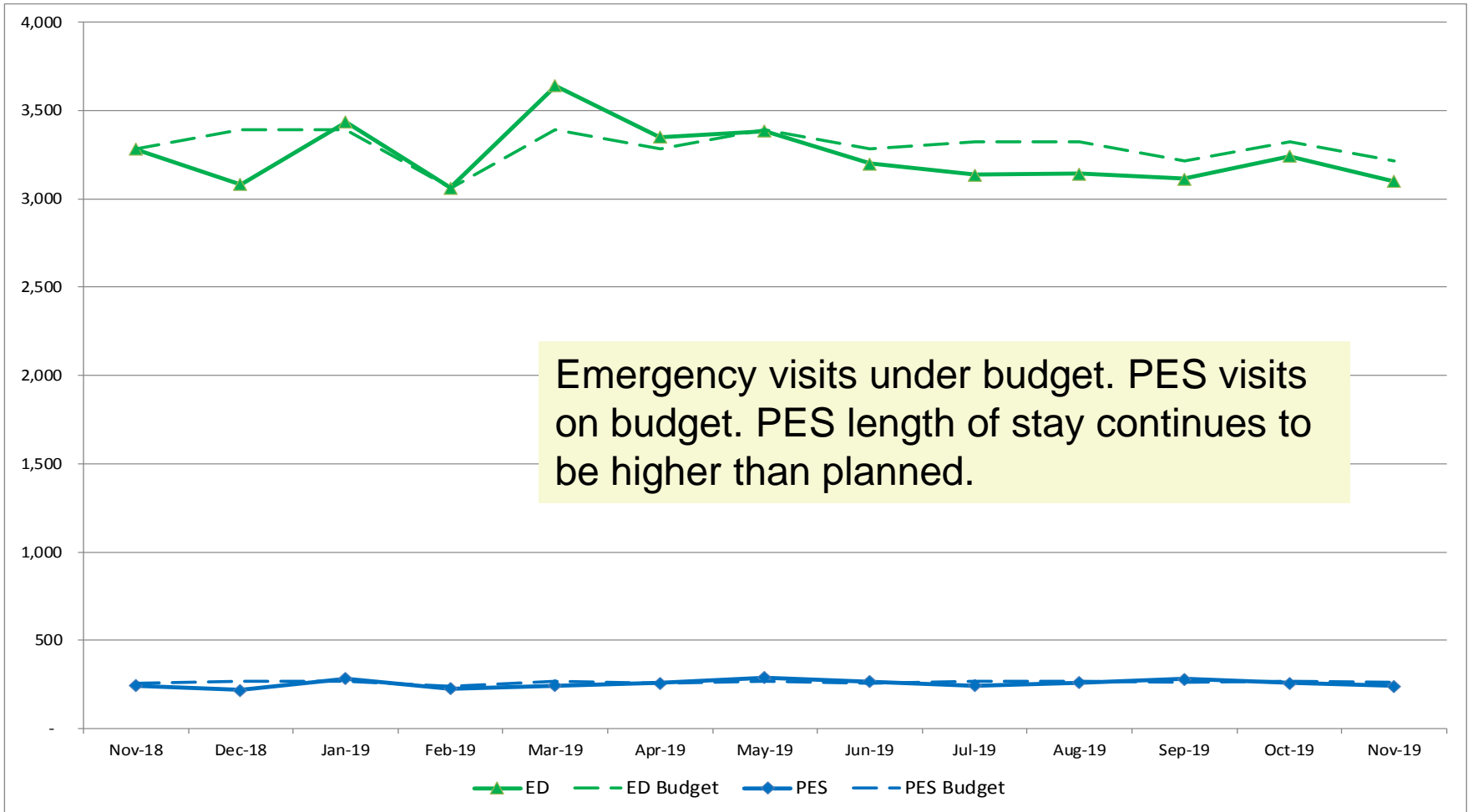
**San Mateo Medical Center
Clinic Visits
November 30, 2019**

| | MONTH | | | | YEAR TO DATE | | | |
|----------------------|--------|--------|----------|-----------|--------------|---------|----------|-----------|
| | Actual | Budget | Variance | Stoplight | Actual | Budget | Variance | Stoplight |
| Clinic Visits | 18,555 | 18,798 | (243) | -1% | 104,907 | 108,612 | (3,705) | -3% |



San Mateo Medical Center
Emergency Visits
November 30, 2019

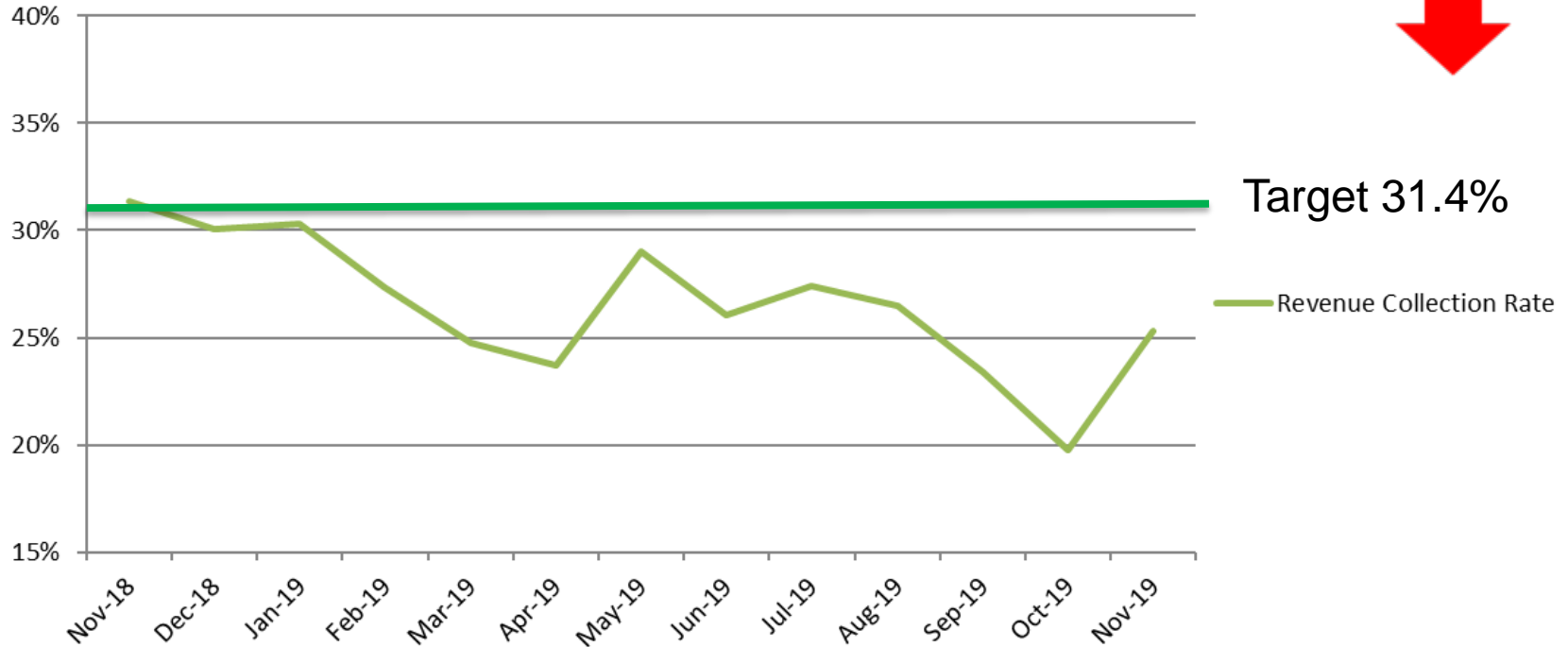
| | MONTH | | | | YEAR TO DATE | | | |
|-----------|--------|--------|----------|-----------|--------------|--------|----------|-----------|
| | Actual | Budget | Variance | Stoplight | Actual | Budget | Variance | Stoplight |
| ED Visits | 3,342 | 3,478 | (136) | -4% | 17,024 | 17,738 | (714) | -4% |



Key Performance Indicators

FFS Revenue Collection Trend

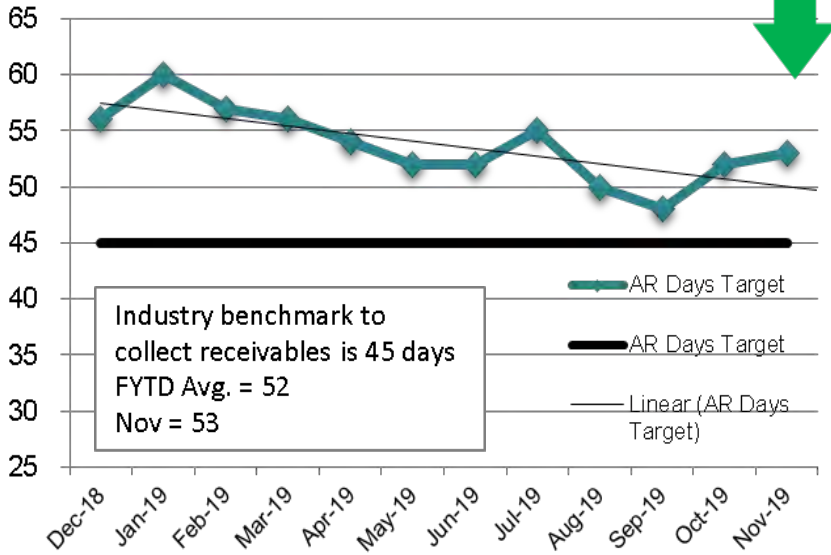
Revenue Collections Trend



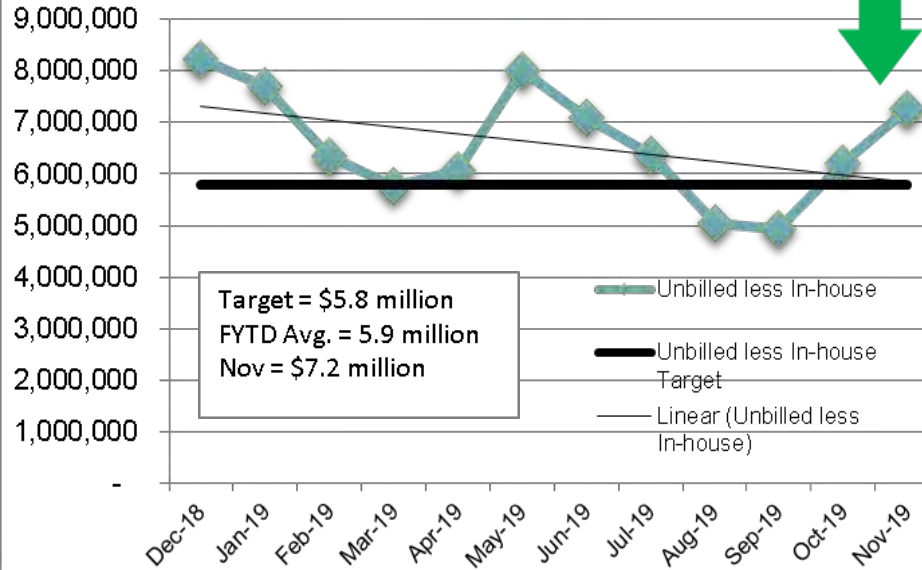
The collection rate dipped below 30% since February due to higher claim denials resulting from increased catch-up efforts on older accounts. Further drop since August was due to increase in charge rates in inpatient and outpatient services and low cash collection due to delays in HPSM and Medicare SNF payments.

Key Performance Indicators

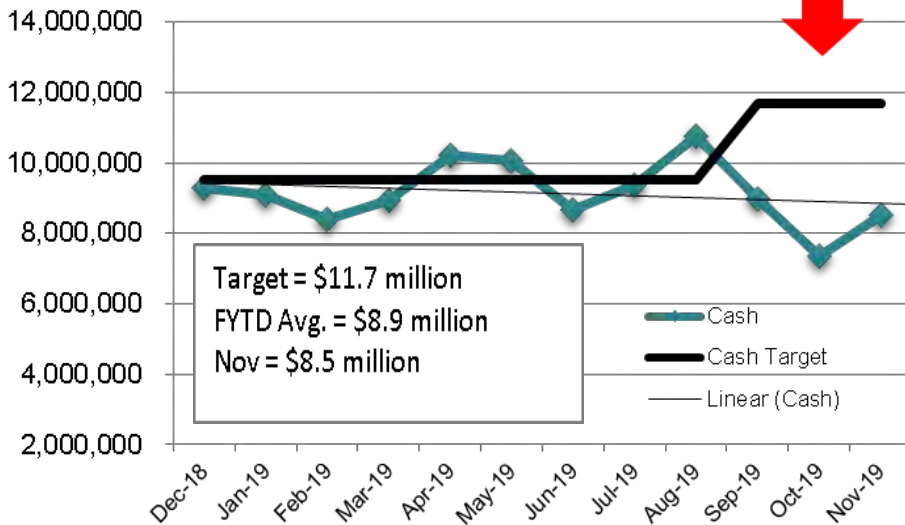
A/R Days - Rolling 12 Months



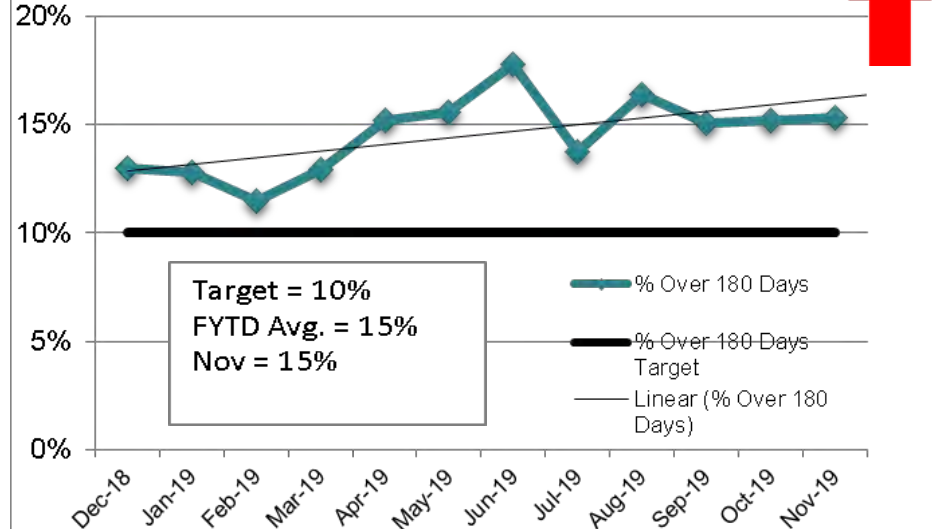
A/R Unbilled - Rolling 12 Months



Cash - Rolling 12 Months



% of A/R Over 180 Days - Rolling 12 Months



Revenue Improvement Plan

Executive Summary

Initiative

Status

| | |
|--|--|
| <p><i>Registration Accuracy</i></p> | <ul style="list-style-type: none"> • Implementing eCareNEXT - registration quality software <ul style="list-style-type: none"> ✓ All areas live ✓ Performance reporting rolled out to Clinics November 11th ✓ Optimization period & post-live support underway |
| <p><i>Clinical Documentation Improvement (CDI)</i></p> | <ul style="list-style-type: none"> ✓ Chartwise software live ✓ Reviewing Medicare and Medi-Cal IP charts ✓ CDI Steering Committee launched ✓ CDS staff started July 1st <input type="checkbox"/> Roll-out Outpatient CDI |
| <p><i>Accounts Receivable Follow-Up and Denials Management</i></p> | <ul style="list-style-type: none"> • Implementing Colburn Hill automated patient account follow-up software <ul style="list-style-type: none"> ✓ Priority Go-Live 2/26/19 ✓ Denials reporting now live ✓ Hints are live ✓ Robots are live (Robotic Process Automation) |
| <p><i>Self-Pay Collections</i></p> | <ul style="list-style-type: none"> ✓ RFP issued and vendors selected <input type="checkbox"/> Implementation in progress. Go live week of January 6th |



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

QUESTIONS?

APPENDIX



SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

San Mateo Medical Center
Income Statement
November 30, 2019

| | MONTH | | | | YEAR TO DATE | | | | |
|--|-------------|--------|-------------|-----------|--------------|---------|-------------|-----------|--|
| | Actual | Budget | Variance | Stoplight | Actual | Budget | Variance | Stoplight | |
| | A | B | C | D | E | F | G | H | |
| 1 Income/Loss (GAAP) | (1,168,846) | (0) | (1,168,846) | | (2,610,691) | (0) | (2,610,691) | | |
| 2 HPSM Medi-Cal Members Assigned to SMMC | 32,429 | 36,205 | (3,776) | -10% | 167,176 | 181,025 | (13,849) | -8% | |
| 3 Unduplicated Patient Count | 68,648 | 68,606 | 42 | 0% | 68,648 | 68,606 | 42 | 0% | |
| 4 Patient Days | 2,693 | 3,008 | (315) | -10% | 13,023 | 15,339 | (2,316) | -15% | |
| 5 ED Visits | 3,342 | 3,478 | (136) | -4% | 17,024 | 17,738 | (714) | -4% | |
| 7 Surgery Cases | 212 | 215 | (3) | -1% | 1,237 | 1,243 | (6) | 0% | |
| 8 Clinic Visits | 18,555 | 18,798 | (243) | -1% | 104,907 | 108,612 | (3,705) | -3% | |
| 9 Ancillary Procedures | 65,258 | 62,047 | 3,211 | 5% | 353,417 | 356,805 | (3,388) | -1% | |
| 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 | 82.5% | 80.0% | -2.5% | -3% | 81.8% | 80.0% | -1.8% | -2% | |
| (Days that do not qualify for inpatient status) | | | | | | | | | |
| Pillar Goals | | | | | | | | | |
| 12 Revenue PMPM | 127 | 125 | 2 | 2% | 127 | 125 | 2 | 2% | |
| 13 Operating Expenses PMPM | 317 | 300 | (18) | -6% | 302 | 300 | (3) | -1% | |
| 14 Full Time Equivalents (FTE) including Registry | 1,203 | 1,233 | 30 | 2% | 1,203 | 1,233 | 30 | 2% | |

**San Mateo Medical Center
Income Statement
November 30, 2019**

| | MONTH | | | | YEAR TO DATE | | | |
|--|------------|------------|-------------|-----------|--------------|-------------|-------------|-----------|
| | Actual | Budget | Variance | Stoplight | Actual | Budget | Variance | Stoplight |
| | A | B | C | D | E | F | G | H |
| 21 Inpatient Gross Revenue | 13,310,863 | 10,064,335 | 3,246,528 | 32% | 65,946,970 | 50,321,675 | 15,625,294 | 31% |
| 22 Outpatient Gross Revenue | 25,796,250 | 27,374,864 | (1,578,615) | -6% | 140,137,186 | 136,874,322 | 3,262,863 | 2% |
| 23 Total Gross Revenue | 39,107,113 | 37,439,199 | 1,667,913 | 4% | 206,084,155 | 187,195,997 | 18,888,158 | 10% |
| 24 Patient Net Revenue | 13,755,908 | 11,766,250 | 1,989,657 | 17% | 62,997,118 | 58,831,252 | 4,165,866 | 7% |
| 25 Net Patient Revenue as % of Gross Revenue | 35.2% | 31.4% | 3.7% | 12% | 30.6% | 31.4% | -0.9% | -3% |
| 26 Capitation Revenue | 385,656 | 500,000 | (114,344) | -23% | 1,728,091 | 2,500,000 | (771,909) | -31% |
| 27 Supplemental Patient Program Revenue (Additional payments for patients) | 7,247,653 | 9,870,374 | (2,622,722) | -27% | 45,975,797 | 49,351,872 | (3,376,075) | -7% |
| 28 Total Patient Net and Program Revenue | 21,389,216 | 22,136,625 | (747,409) | -3% | 110,701,006 | 110,683,125 | 17,881 | 0% |
| 29 Other Operating Revenue (Additional payment not related to patients) | 858,683 | 941,085 | (82,402) | -9% | 5,144,739 | 4,705,424 | 439,316 | 9% |
| 30 Total Operating Revenue | 22,247,899 | 23,077,710 | (829,811) | -4% | 115,845,745 | 115,388,548 | 457,197 | 0% |

San Mateo Medical Center
Income Statement
November 30, 2019

| MONTH | | | |
|--------|--------|----------|-----------|
| Actual | Budget | Variance | Stoplight |
| A | B | C | D |

| YEAR TO DATE | | | |
|--------------|--------|----------|-----------|
| Actual | Budget | Variance | Stoplight |
| E | F | G | H |

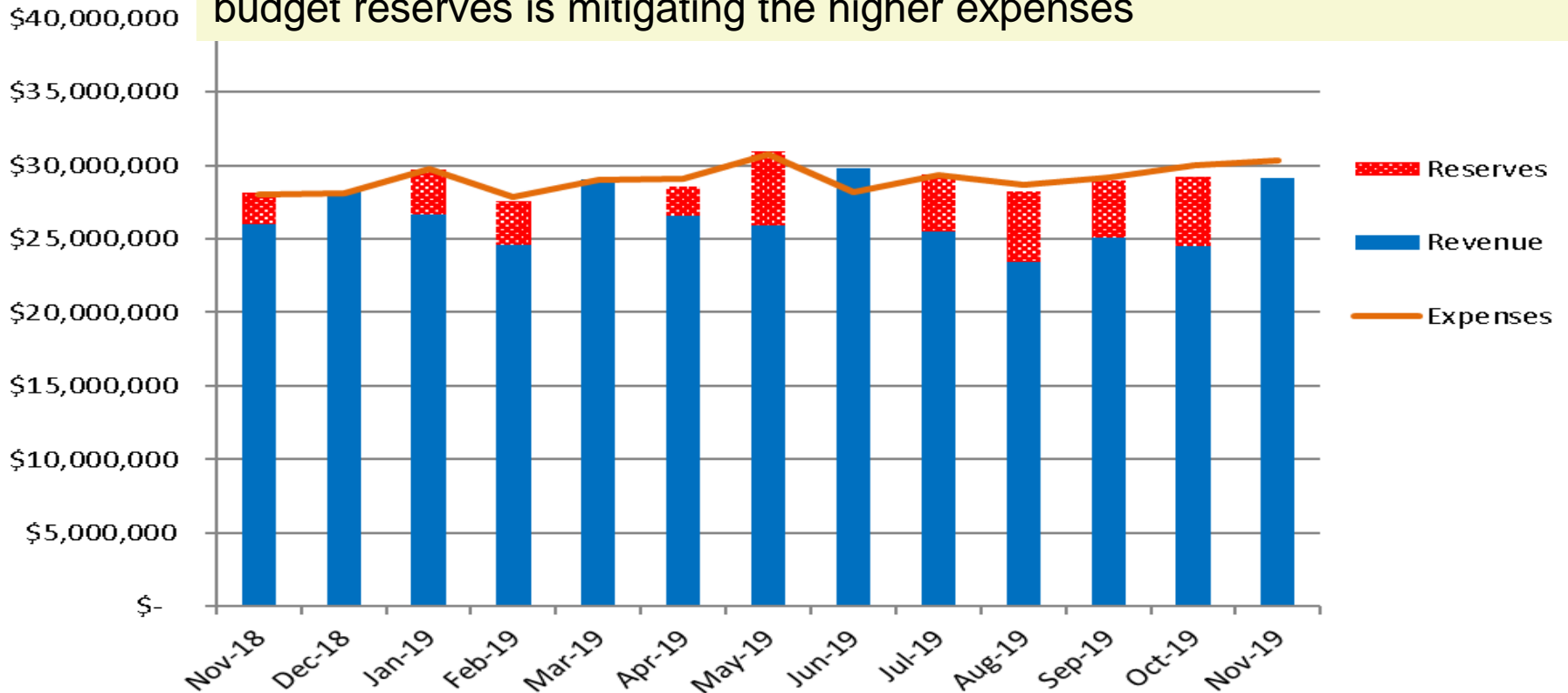
Operating Expenses

| | | | | | | | | | |
|---|-------------|-------------|-------------|------|--------------|--------------|-------------|------|--|
| 31 Salaries & Benefits | 16,349,388 | 17,543,817 | 1,194,429 | 7% | 83,366,866 | 87,719,085 | 4,352,219 | 5% | |
| 32 Drugs | 993,381 | 810,077 | (183,304) | -23% | 4,690,716 | 4,050,383 | (640,333) | -16% | |
| 33 Supplies | 792,926 | 944,072 | 151,146 | 16% | 4,338,944 | 4,720,362 | 381,419 | 8% | |
| 34 Contract Provider Services | 5,304,176 | 3,516,249 | (1,787,927) | -51% | 19,552,425 | 17,581,246 | (1,971,179) | -11% | |
| 35 Other fees and purchased services | 4,968,613 | 4,835,225 | (133,388) | -3% | 24,753,407 | 24,176,126 | (577,280) | -2% | |
| 36 Other general expenses | 694,601 | 661,463 | (33,138) | -5% | 3,379,026 | 3,307,317 | (71,709) | -2% | |
| 37 Rental Expense | 191,462 | 206,839 | 15,377 | 7% | 957,311 | 1,034,196 | 76,885 | 7% | |
| 38 Lease Expense | 829,392 | 829,392 | 0 | 0% | 4,146,958 | 4,146,958 | 0 | 0% | |
| 39 Depreciation | 206,045 | 237,593 | 31,547 | 13% | 1,030,227 | 1,187,963 | 157,736 | 13% | |
| 40 Total Operating Expenses | 30,329,985 | 29,584,728 | (745,257) | -3% | 146,215,881 | 147,923,638 | 1,707,757 | 1% | |
| | | | | | | | | | |
| 41 Operating Income/Loss | (8,082,085) | (6,507,018) | (1,575,067) | -24% | (30,370,136) | (32,535,090) | 2,164,954 | 7% | |
| | | | | | | | | | |
| 42 Non-Operating Revenue/Expense | 2,069,771 | 1,663,550 | 406,221 | 24% | 3,542,102 | 8,317,748 | (4,775,646) | -57% | |
| | | | | | | | | | |
| 43 Contribution from County General Fund | 4,843,468 | 4,843,468 | 0 | 0% | 24,217,342 | 24,217,342 | 0 | 0% | |
| | | | | | | | | | |
| 44 Total Income/Loss (GAAP) | (1,168,846) | (0) | (1,168,846) | | (2,610,691) | (0) | (2,610,691) | | |

(Change in Net Assets)

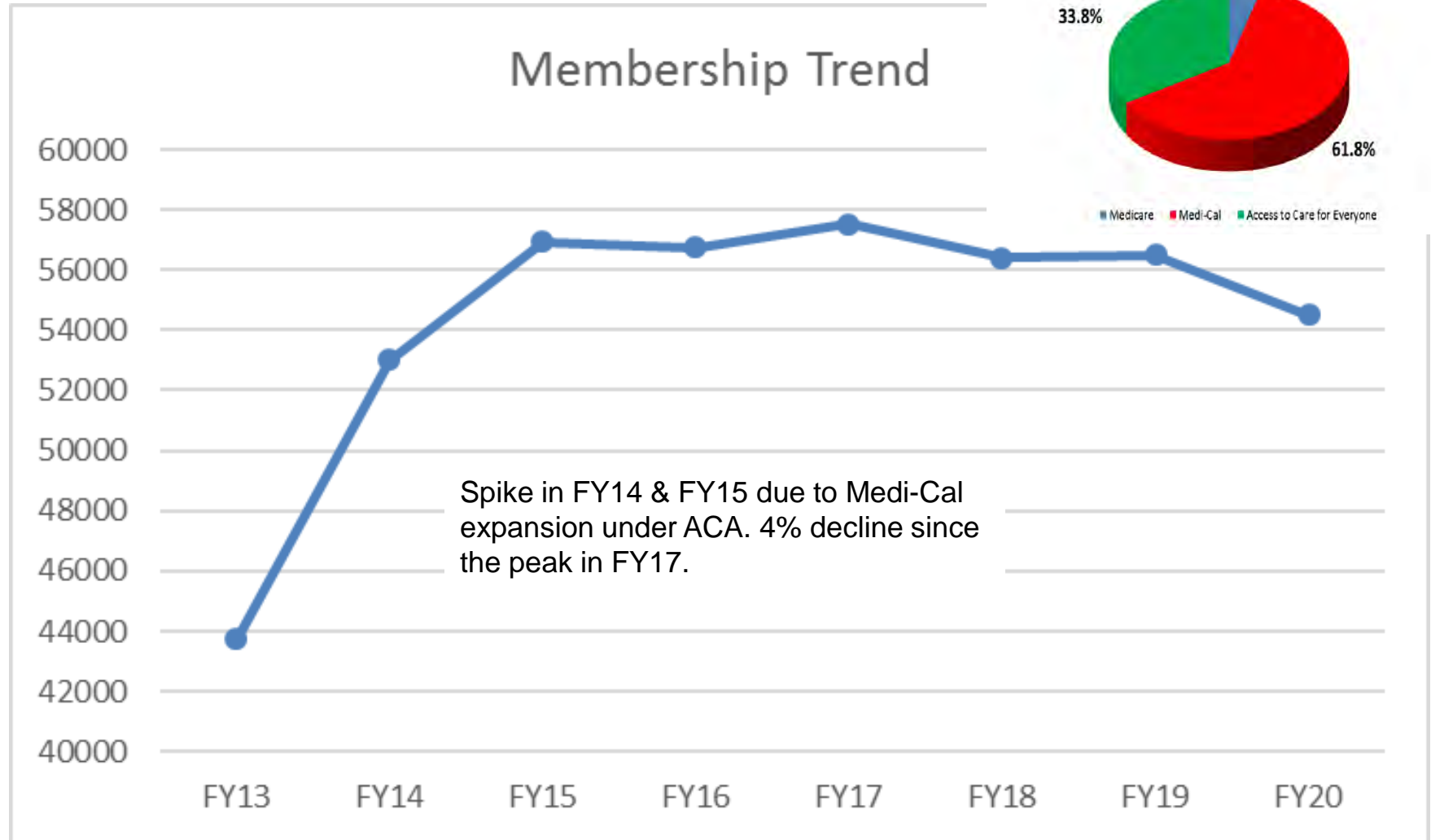
Revenue & Expense Trend

Expenses are trending upward due to higher salary and benefit costs and ACE medical costs. Increased fee-for-service revenue and use of budget reserves is mitigating the higher expenses



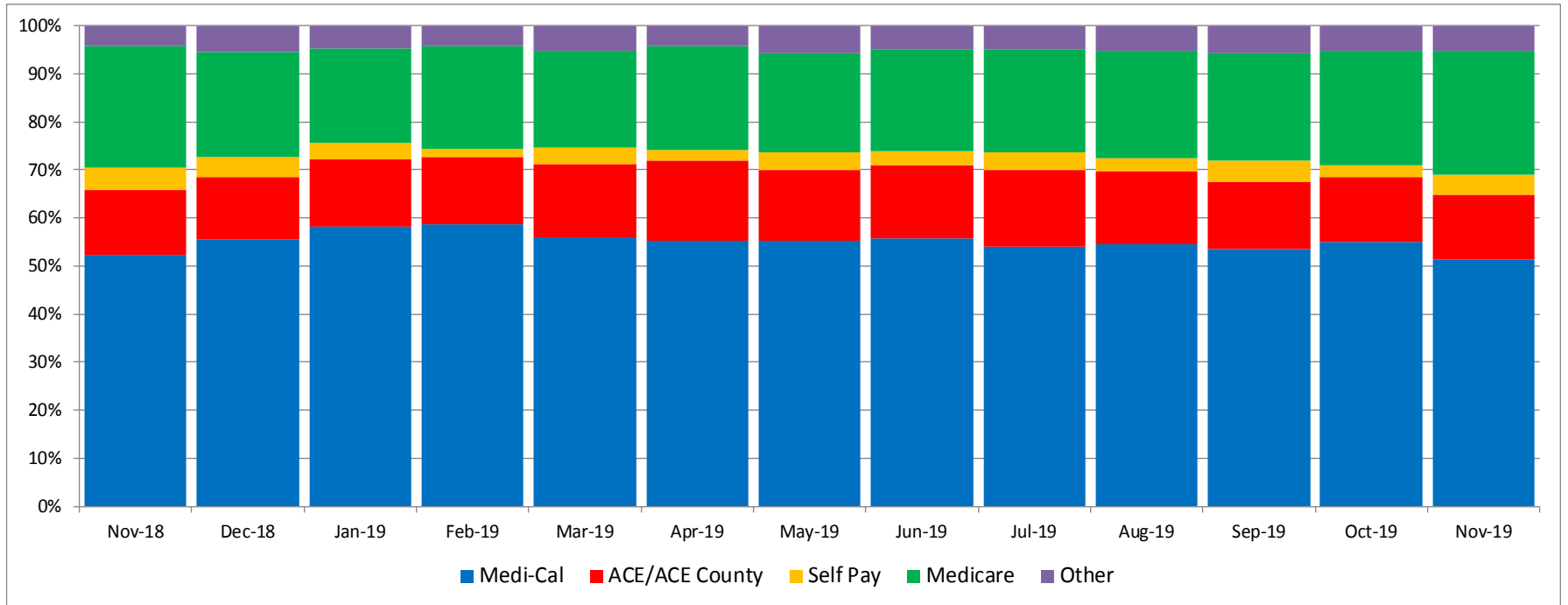
Note: the spike in June was due to end of year payments for the Whole Person Care program

Managed Care Membership Trend



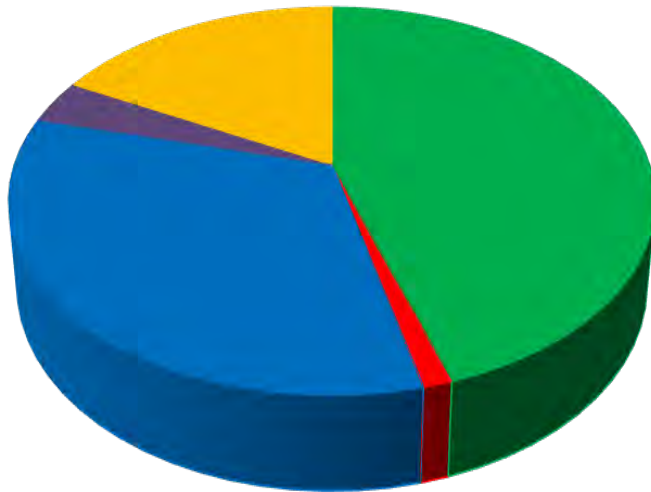
**San Mateo Medical Center
Payer Mix
November 30, 2019**

| 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 | 25.7% | 21.0% | 4.7% | | 23.1% | 21.0% | 2.1% | |
| Medi-Cal | 51.3% | 58.0% | -6.7% | | 53.7% | 58.0% | -4.3% | |
| Self Pay | 4.2% | 2.0% | 2.2% | | 3.5% | 2.0% | 1.5% | |
| Other | 5.3% | 5.0% | 0.3% | | 5.3% | 5.0% | 0.3% | |
| ACE/ACE County | 13.5% | 14.0% | -0.5% | | 14.4% | 14.0% | 0.4% | |
| Total | 100.0% | 100.0% | | | 100.0% | 100.0% | | |



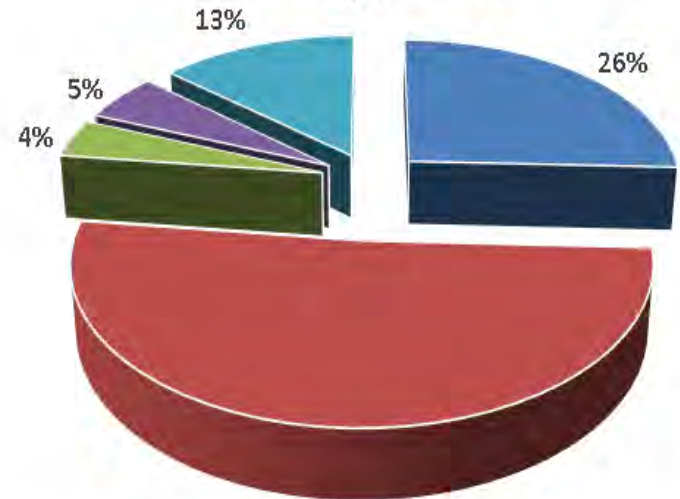
Revenue Mix

Sources of Revenue



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

Payor Mix



■ Medicare ■ Medi-Cal ■ Self Pay ■ Other ■ ACE

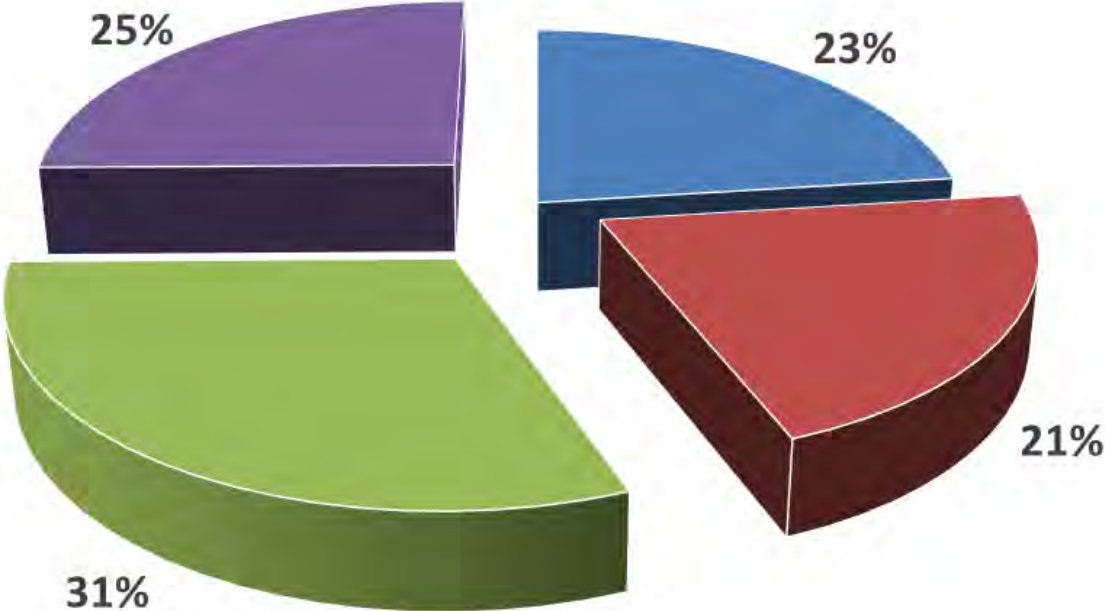
Health Plan of San Mateo (HPSM) represents 36% of our Operating Revenue

- Medi-Cal Managed Care and Medicare Managed Care FFS
- Medi-Cal PCP Capitation

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.

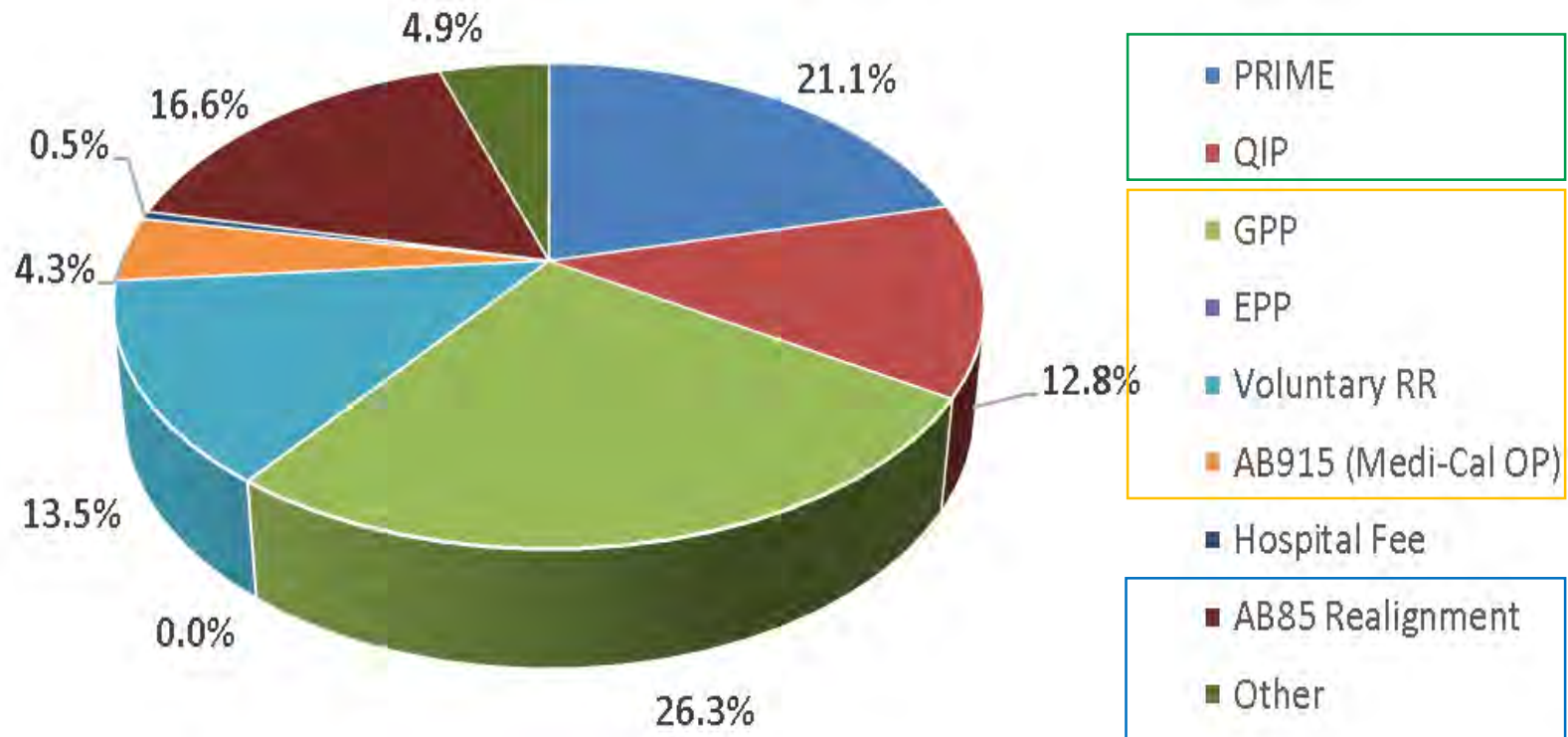
NO commercial contracts

Revenue Mix by Service Line



■ Inpatient ■ Hospital ED & Outpatient ■ Ambulatory Clinics ■ Ancillary Services

Supplemental Revenue Mix



- **Value-Based** programs represent 33.9% of our Supplemental Revenue
- **Volume-Based** programs represent 66.1% of our Supplemental Revenue

CEO REPORT

January 2020

2019 Accomplishments:

As we close out 2019, it is an opportunity to celebrate the many achievements seen in the organization over the course of the last year.

EXCELLENT CARE

- The SMMC Integrated Behavioral Health team was recognized with a County STARS Award for their work in supporting the primary care clinics in screening their patients for depression. This included 1,400 in-visit, warm handoffs from primary care providers to behavioral health specialists
- Dr. Daniele Levy represented SMMC's Integrated Behavioral Health practice at both the 59th Annual Meeting & Scientific Program of the Northern California Psychiatric Society and 2019 Stanford Latino Summit
- SMMC successfully completed the final stages of the 2018 Joint Commission Hospital Survey and also excelled in its 2019 Lab Survey.
- The California Department of Public Health recognized our 39th Avenue Pediatrics Clinic as a high performer amongst providers participating in the California Vaccines for Children (VFC) program
- Improvement efforts fostered through partnerships in primary care and the endoscopy unit resulted in the elimination of an 800 patient waitlist for endoscopy and reduced the wait time from 9 months to less than 4 weeks.
- This year SMMC initiated transformative improve work in its Ambulatory Clinics beginning at Fair Oaks Health Center. The work seeks to engage the entire care team in providing the highest quality care while extending our reach to an additional 10,000 assigned patients.
- Food and Nutrition Services successfully implemented CBORD Diet Software aimed at improving efficiency, reducing errors, improving patient satisfaction and reducing food waste.
- Fair Oaks Pediatrics expanded developmental support for infants by adding Talk, Read, Sing packages to the 'Reach Out and Read' books.
- Population Health Analytics partnered with Business Intelligence and the California Immunization Registry (CAIR) to incorporate data from the registry in SMMC reports. This not only allowed the medical center to achieve its Pay for Performance goals but also demonstrated that the organization performs above the 90th percentile amongst Medicaid providers.

PATIENT CENTERED CARE

- During the 2019 Patient Experience Week, the following individuals were recognized as Patient Experience Champions:

| | | |
|---------------------------|------------------------------|---------------------|
| Aguirre, Olga | Daly, Rachel | Lainez, Ivan |
| Aquino, Alejandra | Dolorfino, Marga | Lambright, Tiffany |
| Barthell, Leeann | Doyle, Cindy | Larcina, Roberta |
| Berbano, Liz | Faivailo, Ana | Lim, Michael |
| Blancaluz-Hansen, Janette | Gonsalves-Carpalino, Jericho | Magana, Maria |
| Cervantes, Diana | Guardado, Angela | Mandorf, Jessica |
| Chang, Stephanie | Gutierrez, Joe | Manzanares, Rodolfo |



Contreras, Angelica
Courtland, Buffie
Custodio, Pia-Rosario
Matters, Jamie
Miller, Melissa
Mitchell-Barber, Marlene
Montejano, Ulices
Moret-Hoeske, Gina
Osuna, Carmen

Jayant, Ramila
Joisha, Ahalya
Kirik, Inna
Padilla, Johanna
Patane, Gloria
Pena, Brenda
Perez, Norma
Quintana, Andrea
Recinos-Lopez, Maricriz

Marquez, Joselito
Martin, Maricela
Masterson, Andy
Reynoso, Leticia
Rodda, Emily
Ruiz, Connie
Sullens, Laurie
Villasenor, Brenda
Wilcox, Andrea

- On Saturday, July 27, SMMC's volunteers hosted the 10th annual Golden Gate Harley Owners Group (HOG) School Supply run at Fair Oaks Health Center resulting in the distribution of 200 backpacks filled with school supplies
- On Tuesday October 1st, SMMC held its 13th Annual Breast Cancer Awareness & Health Fair in the first floor Hospital Rotunda. Staff and patients were able to visit various tables to learn more about breast cancer and screening and also had the opportunity to participate in fund raising.
- 39th Avenue Pediatrics used panel stratification to improve wait times for CHDP visits
- Food and Nutrition Services implemented a resident food forum in the Skilled Nursing Unit on 1A to address food issues and give residents the opportunity to give feedback.
- Integrated Behavioral Health and Primary Care launched a pilot program for shared medical appointments for Spanish-speaking patients with uncontrolled diabetes in the Innovative Care Clinic.
- The Health Care for the Homeless and Farmworker Health (HCH/FH) Program sponsored training in Trauma Informed Care – Self Care Strategies for approximately 60 homeless service providers.
- The Keller Center welcomed a facility dog, Clover, from the District Attorney's Office, to support sexual assault victims during challenging interviews.
- The Keller Center implemented a standardized client feedback system for parents of children interviewed at the Keller Center.

STAFF ENGAGEMENT



- Dr. Ann Marie Silvestri was honored by the US National Guard as a patriotic employer for her commitment in supporting Dr. Osleydis Diaz, a member of the National Guard.
- Two SMMC leaders, Emily Weaver, Manager of Rehabilitation Services, and Valissa Mathewson, Manager of Health Information Management, were selected to participate in the County's new Internal Coaching Program.
- Clinical Nurse Educators from SMMC presented the successes of the Clinical Nurse Program at the Association for Nursing Professional Development conference.
- Julian Kent and Christopher Rangel, members of the Finance Business Process Management Office were recognized as the San Mateo County Health Coverage Coalition Partners of the Month for May
- Dr. Alexander Ding of Radiology was appointed to the Health Professions Education Foundation Board of Trustees by Governor Gavin Newsom.
- The County Wellness Committee recognized Emily Weaver (Manager of Rehabilitative Services) and Dr. Rakhi Singh (Supervising Physician for Adult Primary Care at Fair Oaks Health Center) for their "exemplary wellness leadership."
- SMMC achieved its goal of getting 90% of its employees and contracted providers immunized against the flu.
- This year nursing leadership and the California Nurses Association redesigned the Clinical Nurse Program to include an annual project that evolves into ongoing evidence-based practice



with data supported quality patient outcomes. This year three nurse candidates successfully completed the program and were promoted on recommendation of their peers.

- Several Fair Oaks Pediatric providers received advanced training in first line management of mental health (anxiety, depression, ADHD)
- SMMC Communications partnered with the SMMC Office of Diversity and Equity to feature a diversity series in the staff newsletter and host our first DEI (Diversity, Equity and Inclusion) panel discussion.
- SMMC staff raised \$15,100 for the heart walk, increased the number of walkers, and had 53 baskets donated by almost all departments to contribute towards a silent auction.
- Three ergonomics coordinators were identified amongst SMMC staff and have completed ergonomic evaluations for over 130 staff members.
- The SMMC Wellness Committee hosted a Wellness Fair attended by over 220 staff members.
- SMMC hosted its 2nd Annual Blood Drive with more than 40 staff members participating.
- SMMC recognition programs (Above and Beyond and Just Because) received 1465 submissions this year recognizing the outstanding efforts of SMMC staff members.
- The Health Care for the Homeless and Farmworker Health Program sponsored six (6) SMMC staff to attend the National Health Care for the Homeless National Conference in Washington, D.C. in May 2019.
- Jennifer Papa, Manager of Population Health Finance Strategy graduated from the County's Management Development Program



RIGHT CARE, TIME AND PLACE

- 39th Avenue Pediatrics instituted nurse telehealth triage to improve access and walk in nurse visits to ensure that all children were vaccinated in time for school
- The rehab department worked with orthopedics and inpatient staff to improve outcomes and reduce lengths of stay for patients undergoing total joint replacements. This included a combination of pain management strategies, pre-hab (rehab services before surgery) nursing mobilization and equipment management.
- Integrated Behavioral Health led close to 80 free wellness workshops for adult patients on managing depression, anxiety, stress, pain, and insomnia
- Integrated Behavioral Health secured funding and training for new biofeedback service (coming soon to a clinic near you in 2020!) while continuing to use Virtual Reality based treatment for anxiety disorders



FINANCIAL STEWARDSHIP

- Food and Nutrition services converted their high temperature dish machine to a low temperature machine resulting in savings of \$10,000.
- Food and Nutrition services switched from plastic disposable supplies to reusable and compostable materials for catering and the café.
- The Health Information Management team implemented the Clinical Documentation Improvement (CDI) program in January 2019, resulting in an average increase in the Case Mix Index (measure of patient acuity) from 1.03 to 1.64
- SMMC Accounting celebrated its sixth straight year with a clean audit
- The Patient Access team exceeded their Cash Collection goal of \$1.5 Million for the 3rd year in a row, increasing collections by 3% over 2018.
- The Business Process Management Office team in Patient Financial Services implemented the Colburn Hill Group "Ops Center" software tool for managing the follow up of outstanding accounts receivable, which includes the use of robotic processing automation to handle routine,



SAN MATEO COUNTY HEALTH

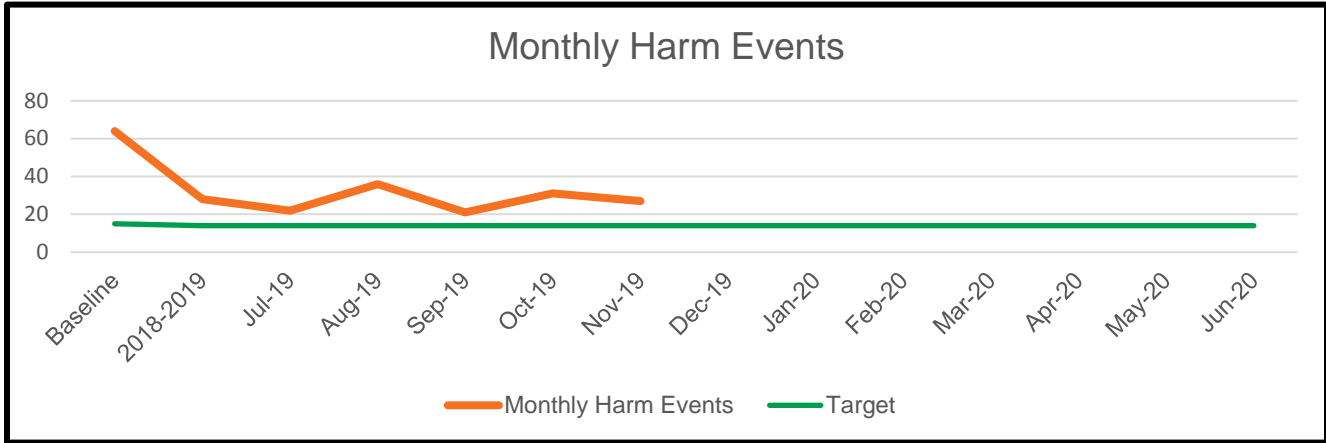
**SAN MATEO
MEDICAL CENTER**

recurring transactions, thereby freeing staff time to follow up on more complex cash transactions.

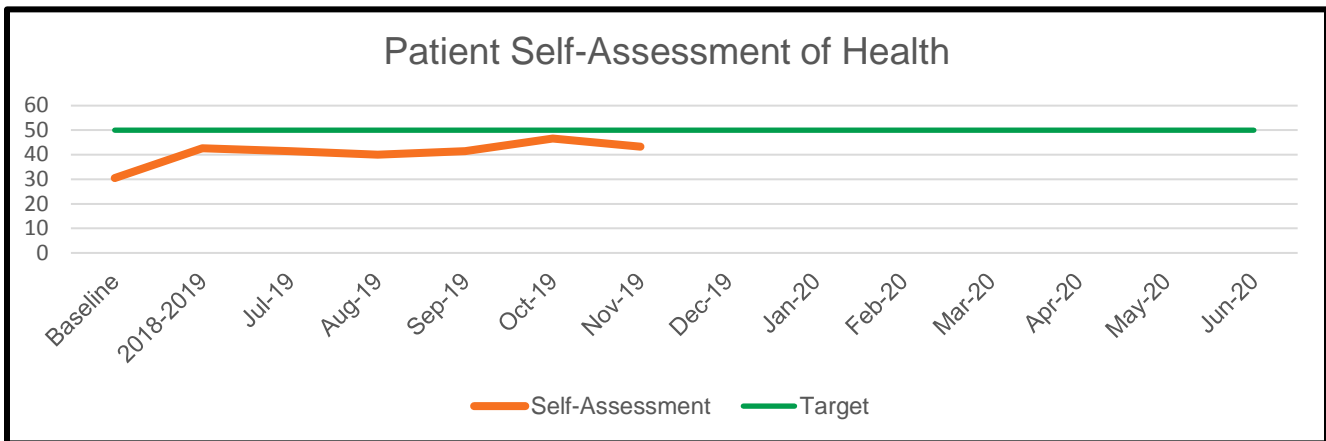
- The Business Process Management Office team in Patient Access completed the successful build and implementation of the front-end Registration Quality software tool, eCare Next, in June 2019, resulting in:
 - ✓ The completion of the 6-hour eCare Next Registration staff training for 98% of Registration staff.
 - ✓ Achieving the industry best practice registration accuracy of 98% after the 4th month of system inception
 - ✓ Improved the resolution time by 68%, down from 59 hours to 20 hours (same day resolution).



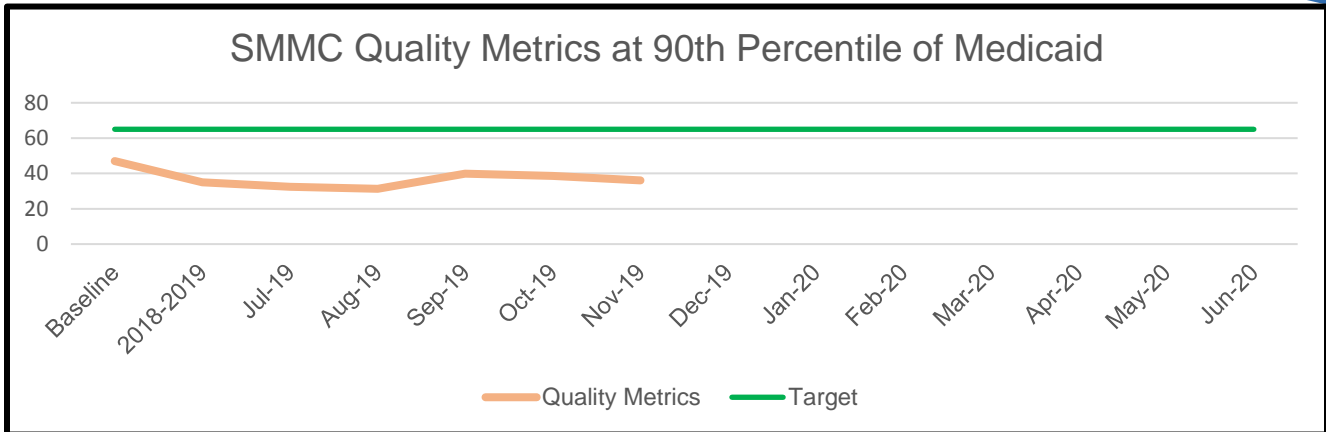
EXCELLENT CARE METRICS



Monthly Harm Events: Measures all instances of patient harm or staff harm including delays in care, falls, medication errors, surgical infections, catheter associated urinary infections, central line associated blood stream infections, other preventable staff and patient injuries. **Lower is better.**

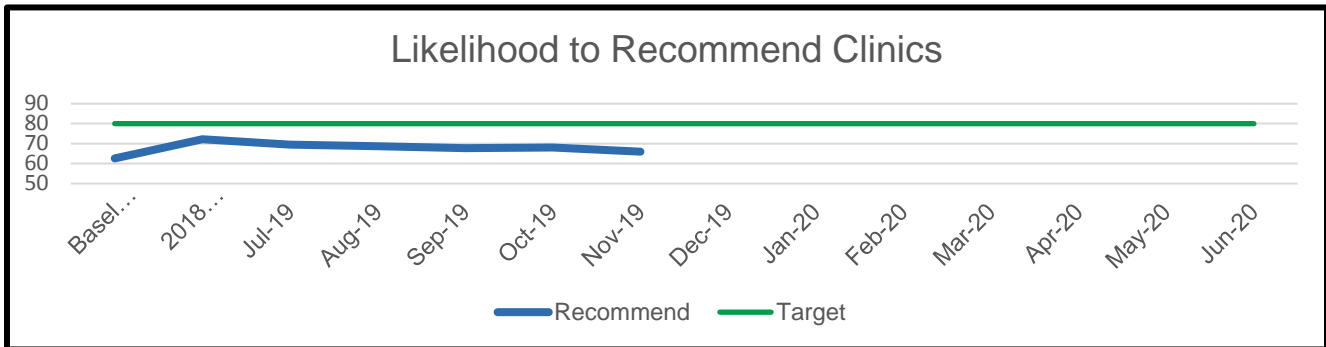


Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**

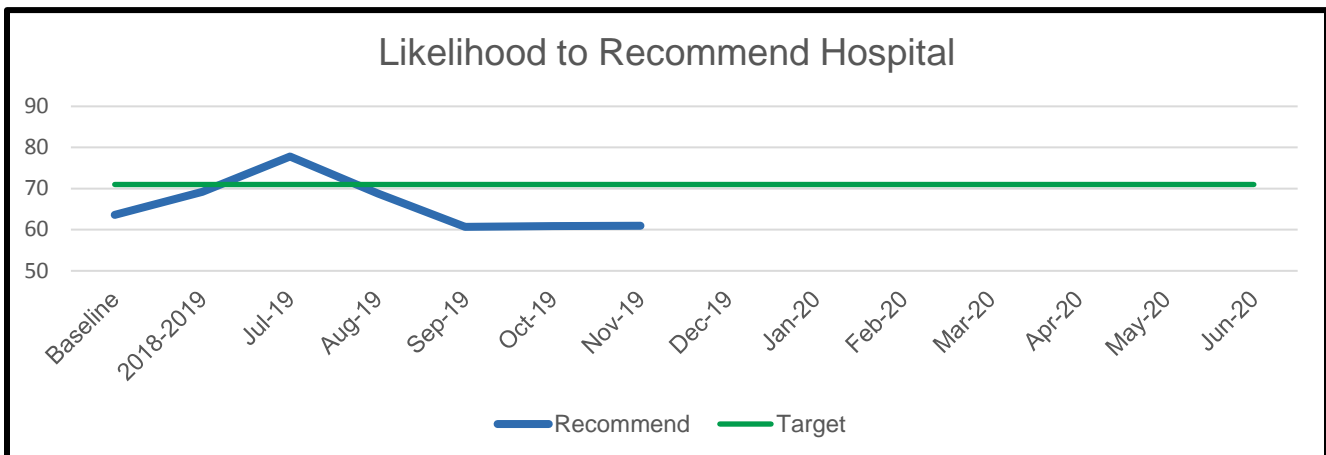


Quality Metrics at 90th Percentile: SMMC seeks excellence in all that it does. The organization currently participates in a number of pay for performance programs including PRIME, QIP and the Health Plan of San Mateo Pay for Performance Program. This metric measures the percentage of quality metrics in which the SMMC performance is equal to or better than the 90th percentile of Medicaid nationally. **Higher is better.**

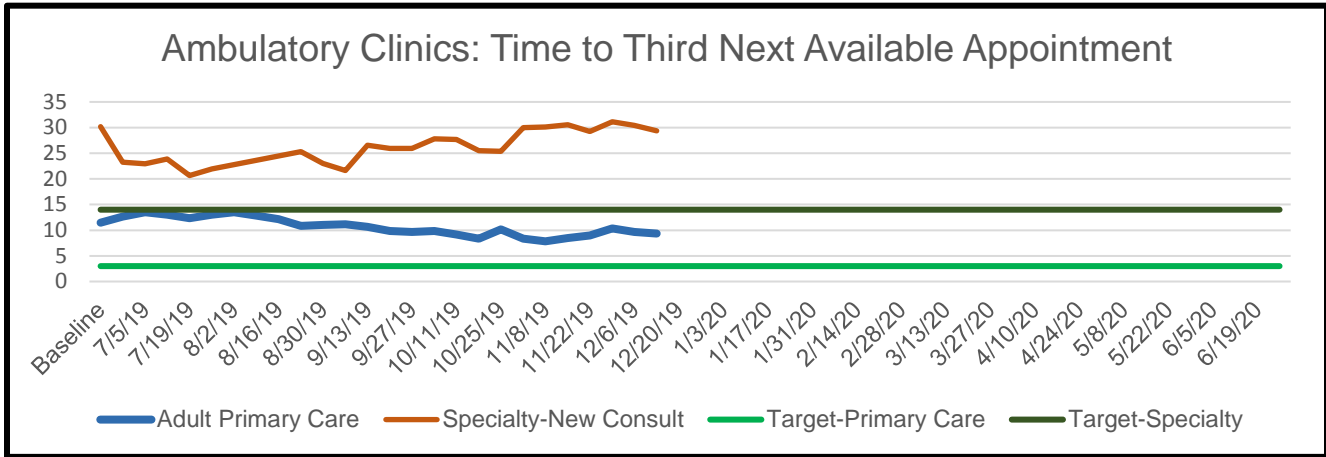
PATIENT CENTERED CARE METRICS



Likelihood to Recommend Clinics: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, "How likely are you to recommend this clinic to friends and family?" **Higher is better.**

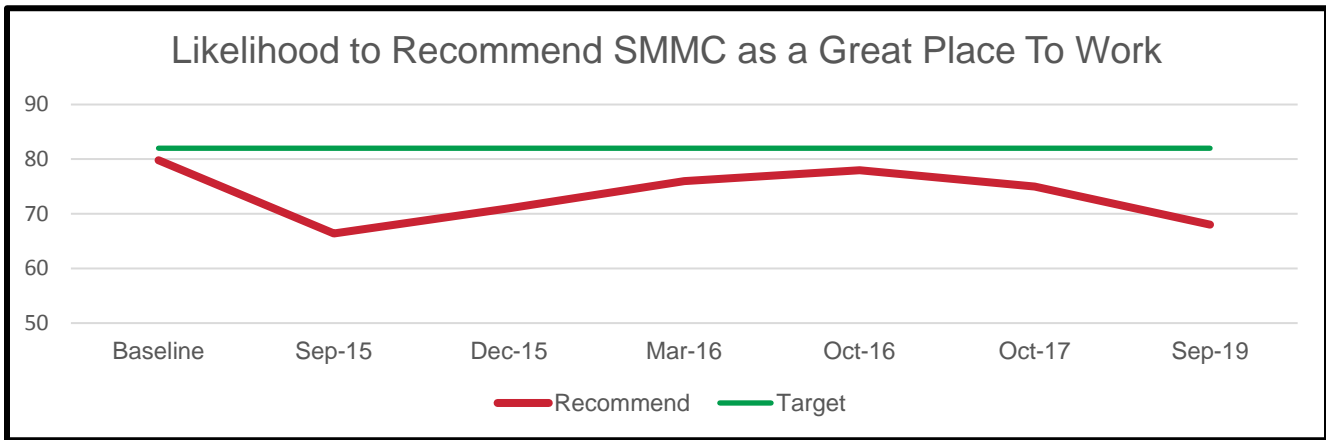


Likelihood to Recommend Hospital: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, "How likely are you to recommend this hospital to friends and family?" **Higher is better.**



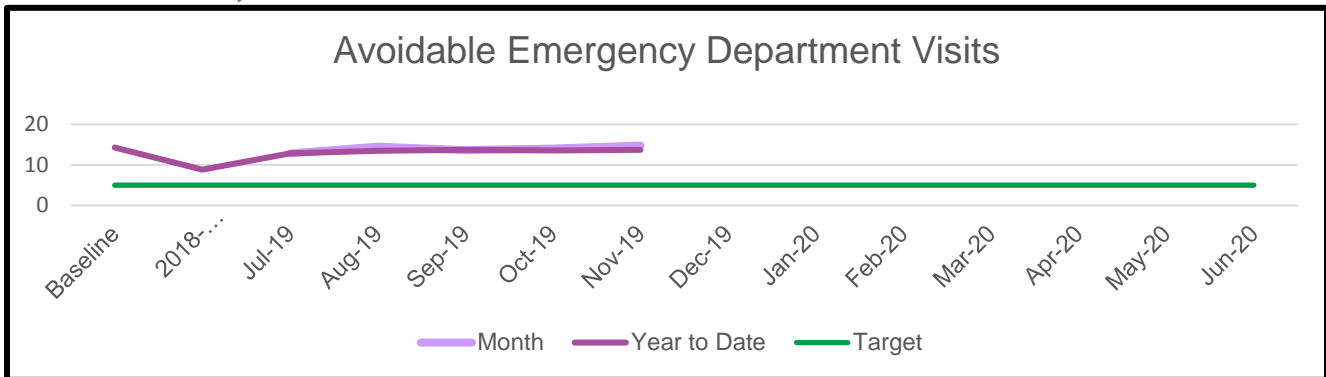
Ambulatory Access: Number of days until the third available appointment for established patients in Primary Care and for new consults in Specialty Services. The third next available appointment is a validated measure of patient access. **Lower is better.**

STAFF ENGAGEMENT METRICS



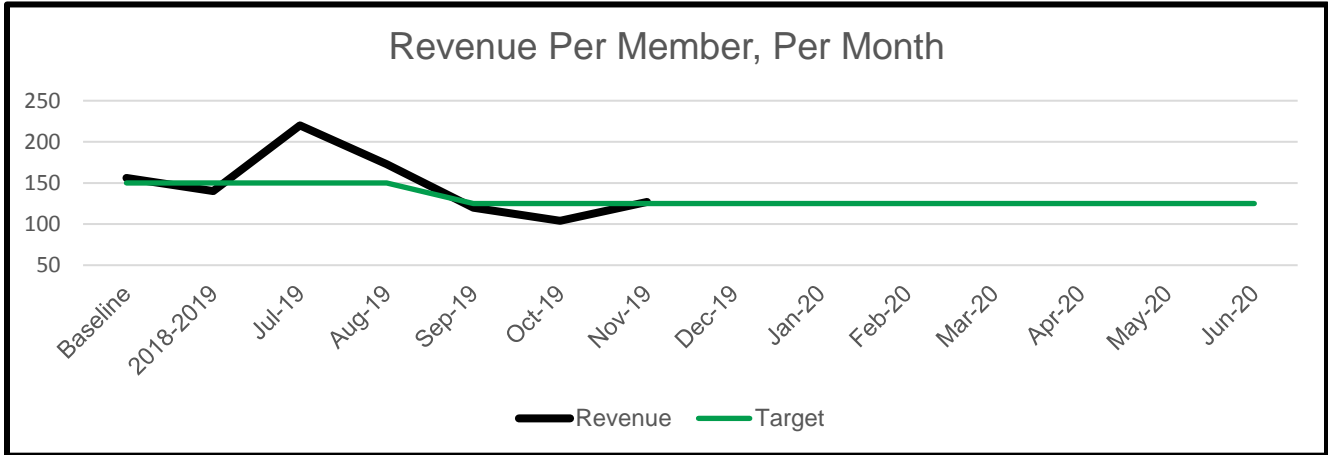
Likelihood to Recommend SMMC: Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual Blessing White staff engagement survey. **Higher is better.**

RIGHT CARE, TIME AND PLACE METRICS

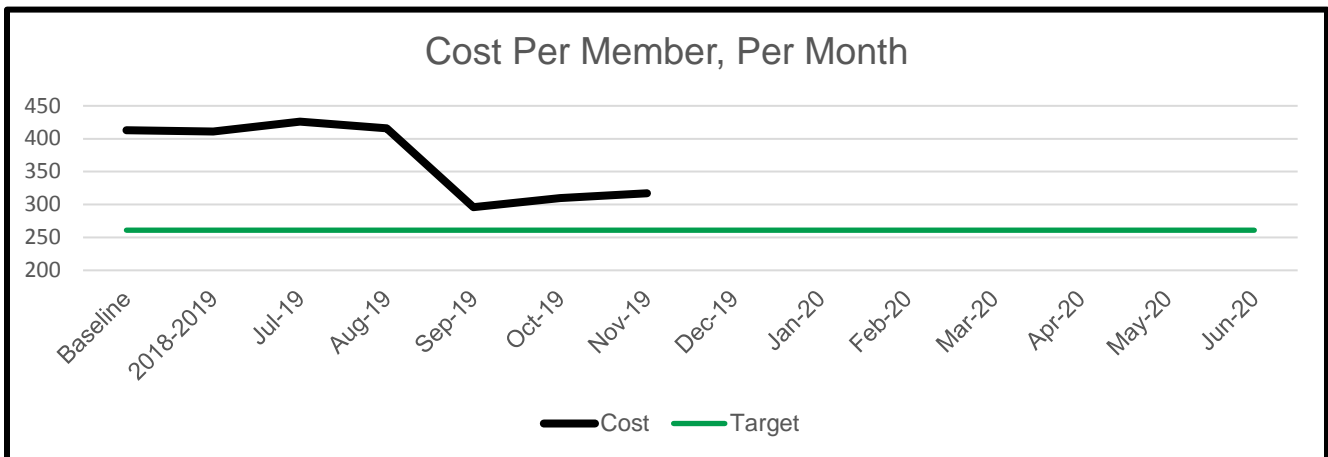


Potentially Avoidable ED Visits: Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**

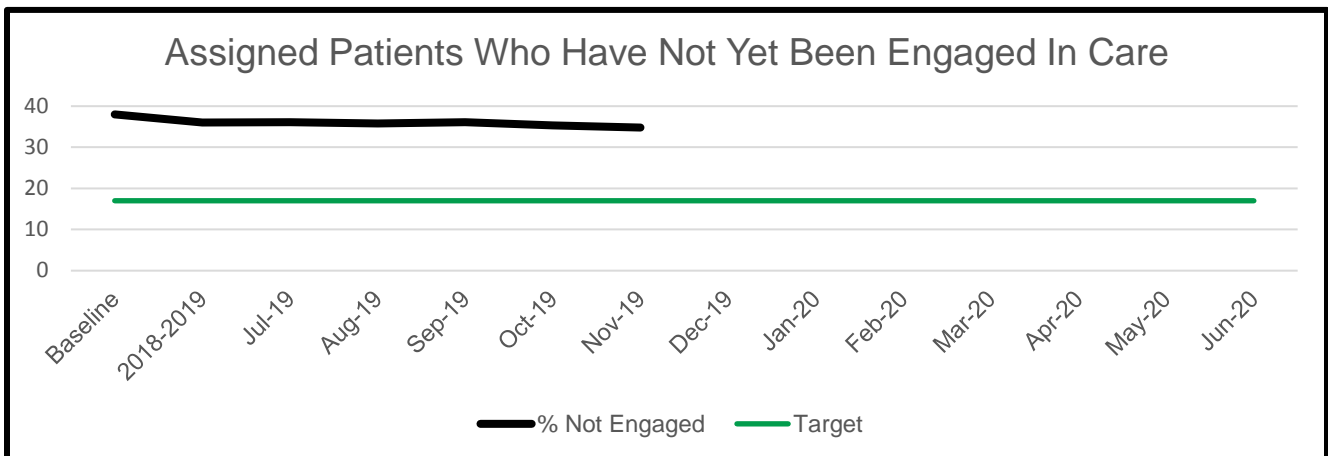
FINANCIAL STEWARDSHIP METRICS



Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. **Higher is better.**



Cost Per Member, Per Month: Total cost divided by total number of assigned members. **Lower is better.**



Assigned But Not Engaged: SMMC has approximately 52,000 patients assigned to it through the Health Plan of San Mateo. This metric measures the percentage of those assigned patients who have not yet engaged in care. **Lower is better.**

STRATEGIC UPDATES, RECOGNITIONS & AWARDS



Daly City Clinic Participates in Feed the Needy event– On November 23rd, staff members at the Daly City Clinic joined Supervisor David Canepa in participation in the 5th Annual Feed the Needy Event. The team prepared over 350 meals that were distributed to the Safe Harbor Shelter, Samaritan House in South San Francisco and the Missionaries of Charity Gift of Love Center in Pacifica. Thank you to everyone who participated. *(Above Left: SMMC staff prepare lunches at Daly City Clinic)*

Multiple Santa Sightings at SMMC- December was a busy month for Santa at SMMC. For the 9th year in a row, Santa joined our Mobile Dental team to distribute presents at First Step for Families. Then SMMC hosted the 30th Annual HOG Toy Run with the Golden Gate Harley Owners Group (HOGs). Over 200 gifts were brought by the HOGs. This was in addition to the 175 toys contributed by SMMC staff and volunteers. Over 100 toys were distributed during the event with the remainder distributed through our pediatric clinics. In addition to the toys, the HOGs donated over \$2000 in cash. Thank you to everyone who participated or donated to these great events. *(Above right: Santa and our Mobile Dental Team)*

Health Care for the Homeless receives 3 Year Extension of Core Grant– The San Mateo Medical Center Health Care for the Homeless program has received notification of a 3 year extension (2020 through 2022) of its 330 program grant. This is a longer than average program award and comes as the result of a successful application in the Service Area Competition. In addition to funding core services to homeless and farmworker populations, this grant is what qualifies SMMC clinics for enhanced payments as Federally Qualified Health Centers. Congratulations and Thank You to the entire HCH team for this successful application.

San Mateo County Health Celebrates its Talented Staff – On December 12th, San Mateo County Health staff joined to break bread and enjoy some outstanding performances at a Multi-Cultural Potluck and Talent Show. From outstanding vocal performances to inspiring instrumentals, joyous music reverberated throughout the building. Everyone left with warm hearts and full bellies. Thank you to everyone who organized and performed in this outstanding event.

SNAPSHOT: San Mateo County Health

TO: SMMC Board Members | FROM: Louise Rogers, Chief

| INDICATOR | NUMBER | CHANGE FROM PREVIOUS MONTH | CHANGE FROM PREVIOUS YEAR |
|---|--------|----------------------------|---------------------------|
| ACE Enrollees | 21,192 | -3.9% | -9.7% |
| SMMC Emergency Department Visits | 3,342 | -4.5% | -5.2% |
| New Clients Awaiting Primary Care Appt. | 63 | -46.2% | -72.5% |

Environmental Health Services collects marine flares

To address the lack of safe disposal options, Environmental Health Services' Household Hazardous Waste Program hosted marine flare collection events in November at Oyster Point Marina in South San Francisco and Pillar Point Harbor in Half Moon Bay.

The Coast Guard requires all boats over 16 feet to carry Visual Distress Signals (VDS) for day and night use. The most common nighttime VDS is a pyrotechnic marine flare. Marine flares enable boaters to signal for help in an emergency but are also a storage problem for boaters because they expire within 36-42 months from the manufacture date. Flares are not accepted through the County's Household Hazardous Waste Program because they are classified as explosives, and local facilities do not have the required storage or long-term permit to manage them. The difficulty of safely disposing of marine flares leads to boaters' illegally placing them in the trash, firing them in the air, and stockpiling them as backups on a boat or dock box.



At the one-day collection events for recreational boaters who berth a boat or live in the county, a total of 34 boaters attended, and 1,088 marine flares were collected and safely transported to a facility in Louisiana by a licensed contractor.

Resource for health providers offers guidance for encounters with ICE

With support from County Health's Latino Collaborative and numerous partner agencies, Behavioral Health and Recovery Services' Office of Diversity & Equity (ODE) developed a question-and-answer sheet to guide treatment providers who may come into contact with Immigration and Customs Enforcement (ICE) agents while supporting those under care. The sheet outlines staff responsibilities and provides links to resources to share with clients, including the toolkits in English, Spanish, and Chinese developed by the County's Office of Community Affairs. Staff are advised to follow the Critical Incident Reporting Policy if ICE agents present themselves and may call a client's listed emergency contact. Other guidelines note which areas of a clinic are public vs. private and how client information must be protected according to HIPAA. The sheet was developed with input from Catholic Charities, Legal Aid Society of San Mateo, Peninsula Family Services, StarVista, San Mateo County Counsel, and other agencies.

San Mateo Medical Center expands services for dental care

San Mateo Medical Center (SMMC) has partnered with Sonrisas Dental Health, a local nonprofit organization, to expand services for patients needing dental care. Patients at SMMC will now have more options for quality dental care through Sonrisas' clinics in San Mateo and Half Moon Bay. The partnership also provides improved access to dental services for Coastside clients in San Mateo County's Health Care for the Homeless & Farm Worker Health program through Sonrisas' clinic in Half Moon Bay.

