



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

Thursday, June 3, 2010

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

TAB 1

CONSENT AGENDA



San Mateo Medical Center
A County System of Healthcare

BOARD OF DIRECTORS MEETING

June 3, 2010 8:00 – 10:00 AM

Executive Board Room - Second Floor, Administrative Wing

AGENDA

A. CALL TO ORDER

B. CLOSED SESSION

Item(s) Requiring Action

1. Subject matter: Medical Staff Credentialing Report

Dr. Scott Oesterling

2. Subject matter: Quality Report

Dr. Alpa Sanghavi

Informational Items

3. Subject matter: Medical Executive Committee

Dr. Scott Oesterling

C. REPORT OUT OF CLOSED SESSION

D. PUBLIC COMMENT

Persons wishing to address items not on the agenda

E. FOUNDATION REPORT

Patricia O'Brien..... Verbal

F. CONSENT AGENDA

TAB 1

Approval of:

1. May 6, 2010 Meeting Minutes

2. Policy

Rights/Responsibilities of Individual: 1.18 Consent: Informed

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Scott Oesterling Verbal

H. ADMINISTRATION REPORTS

TAB 2

- 1. Medicine Quality Report – Emergency Medicine
- 2. Operations Report – Food and Nutrition
- 3. Financial Report – April 2010
- 4. CEO Report

Dr. CJ Kunnappilly..... Verbal
John Thomas..... Verbal
James Hughey..... Handout
Dr. Susan Ehrlich..... Verbal

I. ACTION ITEMS

J. HEALTH SYSTEMS CHIEF REPORT

Jean Fraser

K. COUNTY MANAGER’S REPORT

David Boesch

L. BOARD OF SUPERVISOR’S REPORT

Supervisor Adrienne Tissier

M. ADJOURNMENT

Enclosed:

MEDIA ARTICLES

TAB 3

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact the executive secretary at least two working days before the meeting at (650) 573-3533 (phone) or mlee@co.sanmateo.ca.us (e-mail). Notification in advance of the meeting will enable San Mateo Medical Center to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it.

HOSPITAL BOARD OF DIRECTORS

MINUTES
 Thursday, May 6, 2010
 Executive Board Room

Board Members Present

David Boesch
 Dr. Alpa Sanghavi
 Dr. Susan Ehrlich
 Jean Fraser
 Mark Church
 Sharon Peterson
 Dr Scott Oesterling
 Dr. David Marcus

Staff Present

John Thomas
 Dr. CJ Kunnappilly
 James Hughey
 John Nibbelin
 Katie Troxler

Naomi Yunker
 Karen Pugh
 Felicia Ruiz
 Dr Neel Patel

Members of Public-Guests

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Church 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 8:45 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for 05/06/2010 Quality Report 03/23/2010 Medical Executive Committee 04/13/2010	John Nibbelin reported that the Board unanimously approved the Credentialing and Quality Reports and accepted the minutes of the Medical Executive Committee.
Public Comment	For persons wishing to address items not on the agenda.	No comments or questions
Foundation Report Patricia O'Brien, Executive Director	Patricia O'Brien thanked the Board and the hospital staff for their support of the "Moonlighting with the Stars" event on April 30, 2010. A new slate of Board officers are up for election at the next Foundation Board meeting. The Foundation will be hosting the following events: Ron Robinson Senior Care Center grand opening of the newly remodeled facility. The event will take place on: Wednesday, May 26, 2010 4:00 PM – 6:30 PM at the San Mateo Medical Center Open House, Ribbon Cutting Ceremony, Reception 7th Annual Foundation Golf Tournament Monday, October 25, 2010 The Peninsula Golf & Country Club	FYI

<p>Consent Agenda</p>	<p>Approval of:</p> <ol style="list-style-type: none"> 1. April 1, 2010 Meeting Minutes 2. Health Care for the Homeless Quarterly Report 3. Policies <ul style="list-style-type: none"> ➤ LEADERSHIP: LD.04.01.07 Policy and Procedure Development and Approval ➤ RIGHTS/RESPONSIBILITIES OF INDIVIDUAL: 1.19 Consent: Emergency Medical Treatment ➤ AMBULATORY SERVICES, ALL SMMC CLINIC: Pediatric, Adolescent, and Adult Immunization 	<p>It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.</p>
<p>Medical Staff Report Chief of Staff Update Dr. Scott Oesterling</p>	<p>Dr. Oesterling thanked the Foundation for their great work on the “Moonlighting with the Stars” event. Many colleagues came to celebrate and honor their peers and a good time was had by all.</p> <p>The Joint Commission Survey is ongoing and proceeding well.</p> <p>The Annual Medical Staff meeting will be held on May 25, 2010.</p>	<p>FYI</p>

Administration Reports	DISCUSSION/RECOMMENDATION	ACTION
<p>Medicine Quality Report Dr. CJ Kunnappilly</p>	<p>Presentation: Outpatient Ambulatory Clinics By Dr. Neel Patel, Quality Assurance Committee Chair and Medical Director of Fair Oaks Children’s Clinic</p> <p>Institute of Medicine’s definition of Quality: <i>The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.</i></p> <p>Quality Departments</p> <ul style="list-style-type: none"> • Quality Assurance Committee: meets monthly with representatives from each clinic • Medication Safety Sub-committee: meets once quarterly • Ambulatory Quality Report is submitted to the hospital Quality Improvement Committee once quarterly • Ambulatory Quality Plan is updated yearly <p>Quality Measures</p> <ul style="list-style-type: none"> • Patient Satisfaction • Chart Documentation Review • Provider Peer Review • Medication Safety Review • Cycle Times <p>Peer Review</p> <ul style="list-style-type: none"> • Once quarterly providers review 2 charts of a peer provider • Review of peer judgment • Paper Review converted to Electronic Review • Reviewed by medical director of each clinic • Filed with Quality Improvement Office <p>Medication Safety</p> <ul style="list-style-type: none"> • Medication Safety Chart review analyzed • Medication Bag Effect • Medication Discrepancy <p>Other Quality Tools</p> <ul style="list-style-type: none"> • Diabetic Registry • Bay Area Immunization Registry • ECW based Registries • Pay for Performance through HPSM <p>Seamless Care Center Initiative</p> <ul style="list-style-type: none"> • One of 5 institutions awarded by SNI to participate in a two-year Seamless Care Center Initiative to advance the clinical practice and operational efficiency in our primary care clinics • Year 1: Operational Efficiency and Access to Care. Current project is centered on patient centered scheduling. Improve issues with access to Primary Care and will improve the quality of clinics as medical homes • Year 2: Clinical Quality and Effective Chronic Disease Management 	<p>FYI</p>

Culture of Safety
Dr CJ Kunnappilly

Culture of Safety Survey

- Based on AHRQ survey
- Survey completed in March
- 146 staff members completed survey
- Demographics
 - 78% Direct care
 - 17% Admin
 - 17% Physicians
 - 24% Nursing
 - 18% Clerical

42 Questions across 12 Domains

- Teamwork within units
- Supervisor/Manager Expectations & Actions Promoting Patient Safety
- Management Support for Patient Safety
- Organizational Learning-Continuous Improvement
- Overall Perceptions of Patient Safety
- Communication Openness
- Frequency of Events Reported
- Teamwork Across Units
- Staffing
- Handoffs & Transitions
- Nonpunitive Response to Error

Interventions and Strategies

- Integrate Culture of Safety into 2010-2011 Institutional Goals
- Expand Fair & Just Culture Training
- Continue National Patient Safety Goals Campaign
- Join the NAPH “Patient Safety Initiative at America’s Public Hospitals”

<p>Operations Report John Thomas, COO</p>	<p>Presentation: Environment of Care</p> <p><u>Industrial Clinic</u> When an injury is reported employees are referred to our Industrial Clinic, US HealthWorks located in Redwood City. US HealthWorks provides occupational medicine and urgent care services for the County. They work closely with Risk management in return to work and early intervention. If condition merits referral to a specialist, then employee is transferred to a physician on the County’s Medical Provider Network.</p> <p><u>Medical Provider Network</u> A medical provider network (MPN) is an entity or group of health care providers set up by the County of San Mateo and approved by Department of Workers’ Compensation's administrative director to treat workers injured on the job. Under state regulations, each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine. MPNs are required to meet access to care standards for common occupational injuries and work-related illnesses. The regulations also require MPNs to follow all medical treatment guidelines established by the DWC and allow employees a choice of provider(s) in the network after their first visit. Additionally, MPNs must offer an opportunity for second and third opinions if the injured worker disagrees with the diagnosis or treatment offered by the treating physician.</p>	
<p>Financial Report James Hughey, CFO</p>	<p>CFO James Hughey discussed financial results for the month of March 2010. The financial report is included in the Board packet for reference.</p>	
<p>CEO Report Dr. Susan Ehrlich</p>	<p><u>Regulatory Issues</u></p> <ul style="list-style-type: none"> • We are at the beginning of our fourth of four days with the Joint Commission. Darryl Rich, a pharmacist, is our lead surveyor, Mary McNeily, our nursing surveyor, and Dr. William Gottfried is our IMQ surveyor with the JC. Mr. Schipper, the life safety surveyor, arrives today. Dr. Gottfried exited Tuesday afternoon and the remaining three will exit this afternoon with a CEO conference and then a general overview of the survey with our management staff. I’ve been extremely proud of our team as they have been working with the surveyors and the surveyors have had many good things to say about our staff and the quality of care we provide throughout the institution. As you all know our leadership session with our two surveyors is today at 10am, I welcome all of you to stay and have a conversation with the JC surveyors. • I would like to welcome our newest Board member, Sharon Peterson. She is the Director of Operations for Samaritan House, one of our close community partners. We very much appreciate her experience and dedication to serving uninsured in the community. • CMS Survey—we had an unannounced survey by State staff on behalf of CMS in response to the recent 3AB sentinel event. They were here between 4/19-22, and issued an “immediate jeopardy” finding on the afternoon of 4/21. It was lifted the next day in response to our Plan of Correction, with which they were very pleased. We await a report from CMS. <p><u>Quality Improvement</u></p> <ul style="list-style-type: none"> • I’m pleased to announce that SMMC recently had six staff accepted to the UCSF Center for the Health Professions’ Change Agent Program: Shea Anderson, Jenna Bilinski, Dr. Jonathan Lee, Rita Mughannam, Dr. Alpa Sanghavi, and Tony Washington. This is a three year leadership development program focused on leading change. Their participation is funded through the Gordon and Betty Moore Foundation. • SMMC staff Katie Troxler and Dr. Ann Marie Silvestri were selected to present a poster presentation at the National Health Care for the Homeless Conference and Policy Symposium, Expanding Dental Services to Homeless Children and Adults in a County Clinic System. The conference is in San Francisco June 3rd and 4th. • SMMC was one of five safety net hospitals to win the 2010 Kaiser Permanente James A. Vohs Award for Quality for our 	<p>FYI</p>

ALL/PHASE program. With the overarching goal of reducing cardiac risk by managing severe chronic diseases, we reported significant decreases in blood sugar, LDL cholesterol, and blood pressure, with patients adhering to their prescribed medication regimens.

- We are participating in an INLP Sepsis project, funded by the GBM Foundation. Sepsis is a dangerous blood infection that has a high rate of mortality. The project is focused on identifying these patients early and treating them early to reduce the death rate. When we started, we had a death rate of about 10%. I'm pleased to say that for the last 2 months we've had a 0% death rate!

Access

- Wait times in primary care—5234 patients waiting as of 5/210 (smallest number 544 at Fair Oaks, largest number 2306 at ICC). The vast majority (92%) are waiting no longer than 8-10 months and many are accommodated much sooner (411 or 8% 1 mo, 1738 or 33% 2-4 months, 1339 or 26% 5-7 months, 1322 or 25% 8-10 months). This shows that the clinics are working through the lists, stratifying based on acuity.
- PAMF and Samaritan House are in the process of taking 350 patients off this waiting list, recently SH has agreed to take 10 additional patients, for a total of 50 from our waiting list.
- Work continues on access:
 - HS leadership has been briefing internal and external stakeholders on our access issues. This includes CHNU, including Health Districts, and Legal Aid.
 - We are continuing to work on prioritizing access into the clinics. In one part of this work, Marmi Bermudez and our CHA group has gone through 2270 patients waiting for appointments at ICC and determined that 55% of them are ACE, 12% Medi-Cal, and 31% are undetermined.
 - I will be working with Srija Srinivasan, Director of Strategic Ops for the HS, to begin developing policies in writing related to access.

Good News

Every year San Mateo High School's Medical Club puts on an event called Pennies 4 Patients to raise money for patients in our community. This year they want to donate our fundraising total of \$525 to San Mateo Medical Center.

Action Item	Environment of Care report was approved by the Board.	
Health System Chief Jean Fraser	No report.	FYI
County Manager David Boesch	No report	FYI
Board of Supervisors Mark Church	Supervisor Church welcomed Sharon Peterson as the newest Board member.	FYI

David Boesch adjourned the meeting at 10:00 AM. The next Board meeting will be held on June 3, 2010.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Susan Ehrlich, Chief Executive Officer

HOSPITAL BOARD MEETING

POLICY REVIEW AGENDA

June 3, 2009

CHAPTER POLICIES

Rights/Responsibilities of Individual: 1.18 Consent: Informed

SUBJECT: CONSENT – INFORMED
CHAPTER: RIGHTS AND RESPONSIBILITIES OF THE INDIVIDUAL
AUTHOR: ETHICS COMMITTEE

PURPOSE:

To provide information to the patients or their representatives to make decisions about his/her care.

POLICY:

1. Treating providers have the primary responsibility to obtain and document in the medical record elements of informed consent. The treating provider must determine whether the patient, or the patient's legal representative, is competent to give consent.
2. Patients will be provided with information about proposed treatment, procedure or administration of anesthesia and its risks, benefits and alternatives.
3. Patients will be informed about possible effects of refusal of suggested treatments.
4. Hospital personnel will inquire of the patient that informed consent discussions have occurred between the provider and the patient. Evidence of this will be the completion of required forms for the medical record.
5. Hospital personnel will delay any treatment, procedure or administration of anesthesia of non-emergent conditions if the medical record does not indicate that this discussion has taken place between the patient, or his representative, and the provider.
6. Witness to the signature of the patient on a consent form must be by completed by hospital personnel above the age of 18 years. The provider must not sign a consent form as a witness to a planned treatment/procedure he/she has discussed with the patient.
7. When the patient lacks decision-making capacity, the patient's family and/or surrogate decision-maker will be used to facilitate proper care (reference the Rights and Responsibilities of the Individual chapter policy titled RI.01.02.01-D Decision-Making by Family and/or Surrogate).
8. In a case of a medical emergency, treatment may proceed without the patient's consent if:
 - a. No evidence exists to indicate that the patient or their representative would refuse treatment
 - b. Immediate services are required for the alleviation of severe pain
 - c. Immediate diagnosis and treatment of medical conditions are required if such conditions would lead to serious disability or death if not immediately diagnosed and/or treated
 - d. Only the immediate condition or diagnostic procedure will be completed without informed consent
 - e. The treating provider must document necessity of treatment without consent in the progress notes of the medical record.

PROCEDURE:

- A. Treating providers clearly explain and document in the medical record any proposed treatments or procedures to the patient and, when appropriate, the patient's representative. The explanation includes:
- The nature, risks, possible complications, expected benefits and alternatives to the proposed treatment plan
 - Potential problems related to refusal of proposed treatment options
 - The name of the provider or other practitioners who have primary responsibility for the patient's care
 - Any professional relationship to another health care provider or institution that might suggest a conflict of research or financial interest
- B. The need for, risk of, and alternatives to blood transfusion when blood or blood components may be needed, are discussed with the patient and family.
- C. Reference: Consent Manual

Implementation: 6/75

Reviewed and approved by:

Date:

Administrative Council	3/98
Patient Care Council	11/00
Department of Surgery	9/04
Ethics Committee	7/08
County Counsel	8/04, 7/08
Chapter Chair	5/04, 5/09
Executive Management Team	7/09
Operating Room Committee	9/04, 3/10
Medical Executive Committee	10/04, 5/10
Hospital Board	11/04

7/23/08



San Mateo Medical Center
A County System of Healthcare

TAB 2

ADMINISTRATION REPORTS



San Mateo Medical Center
A County System of Healthcare

TAB 3

**MEDIA
ARTICLES**

Printed from THE DAILY JOURNAL, dtd. 05/06/2010

Five hopeful for supervisor seat

May 06, 2010, 03:54 AM By Michelle Durand Daily Journal Staff

A former sheriff, a councilman, a self-professed victim advocate, a coastal advocate and an anti-government research scientist.

But instead of a punchline, this eclectic group of people are searching for something a little more serious — a spot representing District Three on the San Mateo County Board of Supervisors.



With the race to fill the vacancy left by termed-out board president Rich Gordon, the stakes are high. The Board of Supervisors has not had a contested race for an open seat in 13 years and once seated, winning candidates tend to remain in office for the full 12 years allowed under term limits.

Supervisor Carole Groom, appointed to fill a mid-term vacancy, is also up for election against a Belmont opponent but is considered a shoo-in. Supervisor Mark Church is running for assessor-elections chief-clerk, which could also send a new face to the board later this year. But for now, the District Three race is the one to watch.

Vying for the spot are former sheriff Don Horsley, 66, who has since been elected to the Sequoia Healthcare District board and currently serves as president. Coastside activist April Vargas, 60, made her name campaigning for President Barack Obama and impassioned fighting but has never held an elected office. San Carlos Councilman Matt Grocott, 51, moved from outsider to mayor on that body, known for often being a minority voice against taxes and retirement benefits, rebuilding the fire joint powers authority with the city of Belmont and questioning a current proposal to outsource public safety. Libertarian Jack Hickey, 75, is commonly considered a perennial candidate, having run several times unsuccessfully for office before landing on the Sequoia Healthcare Board — a body he believes should be disbanded in the name of less government. The least known may be Michael Stogner, a former car salesman from San Carlos known around the county courthouse for his interest in cases and a finished attempt to launch a recall effort against Sheriff Greg Munks after his detainment in a Las Vegas brothel.

District Three includes the coastside, Redwood Shores, San Carlos, Woodside, Portola Valley, Atherton and the unincorporated areas around Menlo Park. While candidates must hail from the specific district, they are elected by voters countywide.

A current push is underway to change to district-specific elections — a shift that Horsley for one said he does not favor while the others do. Vargas, of Montara, in particular, believes the board will benefit from a coastside candidate because they live with those issues rather than simply learning about them during visits.

Coastal advocate

Until then, candidates must balance the needs and wants of the entire county — a jurisdiction whose future includes important decisions on a new jail, high-speed rail, the Cargill development proposal and, of course, a growing \$150 million structural budget deficit.

The candidates each pointed to salaries, benefits and pensions as needing to be reined in to contain costs. Vargas wants to see if current contracts are flexible for renegotiation and to possibly restructure pensions.

“The issues need to be seen with a much longer view versus a short-term fix,” Vargas said.

She is mulling the idea of raising salaries while lowering benefits to equalize packages to those in the

private sector. She also prefers more jobs over more taxes, consolidating services and looks forward to when federal health care reform helps 64,000 uninsured residents in 2014.

Vargas concedes she is an optimist by nature — she also says her candidacy provides voters “the unique opportunity to elect somebody who’s not just one of the boys.”

Scientist

Hickey, too, is a bit of an outsider although he is no stranger to running for office. He believes voters should have more input — or any say at all — on large-scale board efforts like the Children’s Health Initiative and thinks the answer to a new jail is not to build one at all. If the county stopped prosecuting non-violent drug crimes and low-level probation violations, jail overcrowding would drop and there would be no need to build a new facility with taxpayer dollars, he said.

“We need to keep people out of the jails so they can be productive,” he said.

Hickey also suggests selling off some of the county’s ample property, possibly including the crime lab and juvenile hall at Tower Road, and leasing the facilities back. Outsourcing services like forensics, too, is another cost-savings suggestion. He trusts his hospital to send out his bloodwork for tests, he points out as an example. Why not do the same with the county facility and let both county and private attorneys use the services for a fee?

He isn’t certain if the San Mateo Medical Center can be sold but he’s willing to consider it as a way to cut down on the number of county workers and ease its burden of indigent care.

While Hickey believes pensions must be addressed, he doesn’t think a two-tiered system is fair to new hires. He’d prefer to establish new agreements and revise the retirement for elected officials.

Hickey admittedly speaks in abstracts, not quite committed to any one suggestion but wanting to investigate possibilities and gather information.

Hickey points to his background as a research scientist, and receiver of 28 patents, as proof he is the answer for San Mateo County’s issues.

“Put me in the middle of the problem and I’ll find a solution,” he said.

Former sheriff

Horsley may have the greatest name recognition and war chest in the race. Talk of his running for supervisor began before he even left the Sheriff’s Office and he has amassed more than \$200,000 in donations. In the time since, Horsley joined the Sequoia Healthcare District which he said offers examples of how his networking and organizing skills gets things done.

“I have the ability to work with other people and get them to do more,” he said.

He wants to continue work with health care on the county level, bringing in the Sequoia Healthcare District to help ease the medical center’s load. He also wants San Mateo County to become the green technology center of Silicon Valley, reaping financial benefits of businesses and their associated spending, by working with all its cities on a development master plan. Rather than having hubs like the biotech cluster in South San Francisco, Horsley wants to see the county join forces.

Budget challenges can be partially met by extending last year’s state emergency sales tax increase of 1 percent. Although the hike last year was meant to be a temporary stop gap, Horsley thinks voters will be willing to extend a tax they already pay for five years or so to fund needs like parks and schools. Like his

opponents, Horsley also wants to visit contracts and said not even public safety is spared. Deputy retirement at 50 is “way too young” and retirement “spiking” — the practice of increasing one’s retirement base pay by cashing out overtime and vacation — needs to end now, he said.

If Horsley is elected to the board, chances are good he’ll vote on a new jail facility whose push began under his tenure as sheriff. But while Munks and the jail planning unit is poised to pick the motor pool lot near the county government center, Horsley said he still prefers rebuilding on the current women’s jail site on Maple Street in Redwood City.

The jail isn’t the only public difference between the former and current sheriff. Horsley bluntly says he was disappointed in Munks’ 2007 detainment in Las Vegas, calling it “disgraceful.” If he had been on the board at the time, Horsley said he would have called for a censure. Horsley agrees the incident has touched his campaign by those who wonder if his selection of Munks as undersheriff was a bad judgment call.

Munk’s Las Vegas scandal also led Stogner into the race. Stogner launched a recall effort after the Board of Supervisors said their hands were tied because Munks broke no laws.

“I kept looking to my leadership to at least cause the investigation of Munks,” Stogner said.

He let the effort go after realizing the board and district attorney supported Munks, he said.

But if elected, he said, the community deserves the long-awaited investigation.

Victim advocate

Stogner said he is also running because the board never responded to 10 years of requests for aid with what he said is corruption in law enforcement. If elected, though, he said “I can solve it. I do think I can make a difference to San Mateo County and have demonstrated my ability to ask the questions.”

Stogner’s answers to the county’s pressing questions, like the budget, are short and direct — exactly how he plans to approach all matters, he said.

Pensions need restructuring, the supervisors are being asked to do the financial jobs of people like County Manager David Boesch who actually knows what he is doing and public safety is stretched so thin by the budget some people wait up to 30 minutes for an ambulance, he said.

The Cargill development proposal — technically a Redwood City question but one on which numerous regional cities and bodies are opining — is a bad idea. So is high-speed rail because the numbers “are ridiculous.” And scaring people into making emergency decisions have become a standard, he said.

“What I bring is a more honest standard,” he said. “What we have now is these supervisors who are all connected to each other and they don’t care about the voters.”

Stogner encourages voters to search his name online to learn about his efforts to remove a judge from the bench and advocate on behalf of families and those in the criminal justice system, he said.

Councilman

Grocott may be most in line with Hickey when it comes to tax questions but he doesn’t rule them out, even as he garnered attention for campaigning against a half-cent sales tax in San Carlos. First, though, he said, the county needs to clean up its own house by negotiating with the unions for concessions. San Carlos has a two-tier benefits system which Grocott said is a good plan although the complexity of the county retirement system makes it more challenging to implement.

Grocott has nine years on the San Carlos City Council under his belt and the time has been marked in part by his work to rebuild the fire service joint powers authority. He is currently against his city's plans to dissolve the JPA and look elsewhere for fire service outsourcing.

However, Grocott clarifies he is a fan of merging or sharing services and thinks the county could benefit by regionalizing areas like fire service. He prefers a model in which each city or jurisdiction has its own department but all fall under a command structure umbrella.

Sharing isn't the only answer though. Grocott also expects tough cuts — maybe in operations or management, but he still needs to look more closely at the numbers. Grocott also opposed high-speed rail through the Peninsula and prefers the new jail on Maple Street rather than abutting downtown Redwood City.

While his competitors tout their endorsements, Grocott opted as a matter of philosophy not to seek formal support by officials and groups. While he doesn't mind the process or learning what these organizations and people want from a supervisor, Grocott said his focus is on acting rather than accumulating backing from potential special interests.

"Maybe it's because I was a wrestler, but you either do it on the mat and get the job done or you don't," he said.

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New security for hospital

May 18, 2010, 02:25 AM By Michelle Durand Daily Journal Staff

San Mateo Medical Center posted a new security officer at the psychiatric unit where a patient allegedly raped a woman in March but the cost for that position and another night-time nurse will be in the hundreds of thousands of dollars.

"We need to figure out how to cover it within our resources," said hospital CEO Dr. Susan Ehrlich "With the state budget recommendations, that will be so much harder to do so."

The increased staffing is one recommendation from an assessment of the events leading up to the alleged sexual assault. Known as a root cause analysis, the evaluation looks at specific items such as environmental and human factors and requires the hospital to create an action plan with recommendations.

Much of the analysis is confidential under California law but Ehrlich said the hospital is releasing the summary of its recommendations to be as transparent as possible.

The report was triggered by an incident involving Ronald Sunwo O'Brien, 27, who allegedly raped a fellow patient in the psychiatric unit sometime between 11:30 p.m. March 29 and 7 a.m. March 30. O'Brien entered her room, held her down on the bed with a hand over her mouth and sexually assaulted her multiple times, according to prosecutors.

Minutes later, O'Brien allegedly returned with a piece of paper on which he'd drawn a pair of lips with a finger over them, instructing her not to tell. O'Brien is charged with several felonies but his competency is currently being evaluated to see if he can even stand trial. Those doctor reports are due May 20.

Citing the confidentiality requirement, Ehrlich was unable to detail what may or may not have led up to the incident or if staff members were culpable. She did say there is never one single cause.

"It's always a myriad of factors that lead to a poor outcome. That's reflected by the recommendations," Ehrlich said.

Aside from staffing, the recommendations include creating a safety plan to reduce the risk of violence before a patient is admitted, increasing observation of patients during shifts, shift changes, breaks and special circumstances like fire drills. Staff was immediately trained on patient safety after the assault and more in-depth training is planned. Managers will now do in-person rounds during shifts and new methods are being created to identify high-risk situations and for communication between shifts.

Ehrlich said she can't be more specific about the improvements because they are also confidential. The same holds true for the recommendation to investigate whether some of the employees on the unit at the time of the incident require disciplinary action.

Lastly, the report recommends creating a Health System-wide task force of key players like Ehrlich, Chief Jean Fraser and Behavioral Health Director Louise Rogers to discuss all issues surrounding placements of acutely mentally ill patients.

"Our goal over time is to make this a community-wide approach," Ehrlich said.

The goal, too, is preventing any repeat incidents, she said.

"The safety and well-being of our patients and our staff is our highest priority. We want to make sure it never happens again," she said.

Ehrlich also points to a preliminary survey by the Joint Commission, the hospital accreditation organization, that showed the hospital has best practices as further indication the hospital is committed to provide strong patient care.

There have been five sexual assaults reported at the San Mateo Medical Center's psychiatric ward since 2007, according to the San Mateo Police Department.

Michelle Durand can be reached by e-mail: michelle@smdailyjournal.com or by phone: (650) 344-5200 ext. 102.

Printed from THE DAILY JOURNAL, dtd. 05/19/2010

Alleged assaulter pleads not guilty

May 19, 2010, 01:08 AM By Michelle Durand Daily Journal Staff

The psychiatric patient accused of sexually battering a female patient and groping nurses a month before a different patient reportedly committed rape in the same San Mateo Medical Center unit pleaded not guilty yesterday to several felonies.

Daniel Mark Brickman, 47, is charged with three felony counts of sexual battery, false imprisonment, assault with intent to commit rape, six counts of indecent exposure and assault on a disabled person. Brickman is being housed in a psychiatric inmate unit in Santa Clara County and has had to postpone a plea multiple times when authorities failed to transport him back to San Mateo County. On Tuesday, however, he pleaded not guilty to all counts and was ordered back to court June 2 for a preliminary hearing, said Assistant District Attorney Karen Guidotti.

During several weeks in February, Daniel Mark Brickman, 47, allegedly fondled and grabbed at three nurses, used "sexually coarse" language toward the staff and on five occasions masturbated in public areas of the San Mateo Medical Center psychiatric unit. On Feb. 25, Brickman grabbed a 20-year-old female psychiatric patient, touched her genitals and attempted to sexually assault her until staff forcibly pulled him off the woman, according to prosecutors.

Brickman reportedly has lifelong psychiatric problems and currently under a conservatorship, meaning he cannot check himself out of care because he is considered a possible danger to himself and possibly others. He was sent to the San Mateo Medical Center after his mental state deteriorated at his board and care home.

If convicted, he faces roughly 13 to 14 years in prison, Guidotti said.

While notable on its own, Brickman's case drew renewed interest after another patient, Ronald Sunwo O'Brien was charged with raping a 23-year-old female psychiatric patient in the same unit. That incident spurred an internal investigation at the hospital and on Tuesday a slate of improvement recommendations, including more security and staffing, was released. Brickman's alleged crime was not included in that analysis.

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Hospital rape suspect may be incompetent for trial

May 21, 2010, 03:20 AM By Michelle Durand Daily Journal Staff

The psychiatric patient accused of raping a fellow ward at San Mateo Medical Center in March is unable to aid in his own defense but a court-appointed doctor wants to interview him further before making a formal recommendation, according to his defense attorney.

Two doctors have stated Ronald Sunwo O'Brien is incompetent but the prosecution wanted to have an opportunity to interview him in person before returning her evaluation, said defense attorney Paul DeMeester.

Her assessment is currently based on case notes, DeMeester said, and she has not yet interviewed him because he was transferred from Maguire Correctional Facility to a psychiatric bed in Santa Clara County. The reports are now due June 10.

But while the recommendation of his 27-year-old client is still preliminary, DeMeester has little doubt it will be upheld particularly as his competency was immediately questioned at his first court appearance after he began cursing and yelling about video games and the devil.

"If anyone finds him competent the moon is made out of blue cheese," DeMeester said.

O'Brien is no stranger to psychiatric treatment, having been sent to Napa State Hospital for treatment after past arrests and being in an conservatorship at the time of the alleged sexual assault in the psychiatric unit of the county's public hospital.

If O'Brien is found competent, DeMeester plans to question his sanity at the time of the alleged March 30 incident.

Sanity is a person's mental state at the time of an alleged crime while competency is his or her ability to aid in their trial. If O'Brien is ever found restored to competency he will return to San Mateo County for prosecution on several felonies, including sexual assault, burglary and causing great bodily injury.

Prosecutors say sometime between 11:30 p.m. March 29 and 7 a.m. March 30, O'Brien entered the hospital room of a 23-year-old female patient, held her down on the bed with a hand over her mouth and sexually assaulted her multiple times. Minutes later, O'Brien allegedly returned with a piece of paper on which he'd drawn a pair of lips with a finger over them to essentially tell her to stay quiet. The following morning, the woman reported the alleged assault and police were contacted.

O'Brien wanted the woman to be his girlfriend and said he forcibly attacked her because she resisted him, according to authorities.

The incident not only led to O'Brien's arrest but also an in-house investigation into how it happened and a slate of recommended changes released by the hospital on Monday.

The improvements include adding a security officer and nurse to the ward, further looking at whether staff members in the unit are culpable and improving communication and risk evaluations of patients. Further details about what the assessment, known as a root cause analysis, found or recommends is confidential under California law, according to CEO Dr. Susan Ehrlich.

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County to begin cutting workers

May 24, 2010, 03:30 AM By Michelle Durand Daily Journal Staff

Dozens of county workers are either shifting jobs or walking away entirely to chip away \$36 million from next year's budget deficit.

In February, the Board of Supervisors received preliminary plans to cut 146 positions, of which 65 are filled, on top of 64 eliminated in early February. On Tuesday, the board is scheduled to formally amend their workforce roster by deleting the 65 jobs and adding another eight.

The layoffs and elimination of vacant positions are among the cost-cutting strategies the board has taken in the last year to balance its budget and fight back a growing structural deficit. The county's entire budget is roughly \$1.7 billion. In February, the county revamped its assumptions about its subsidy to the San Mateo Medical Center and its revenue drop to adjust the deficit from \$100 million to \$150 million by fiscal year 2015 without any action. The county also trimmed retirement benefits for management and attorneys.

The February reductions save \$6 million annually. The figure jumps to \$36 million with the slashing of the other 146 slots.

The cuts were made in different areas to minimize the impacts, said Deputy County Manager Reyna Farrales.

"The departments have done a great job listening to the board's direction to preserve what is important and make minimal cuts where they could," she said.

Some of the affected workers will remain in the county's employ. For instance, one of two cooks eliminated by the closure of the Camp Glenwood kitchen will move elsewhere in the Health System. The other incumbent will continue covering for other staff out on extended leave. The two jobs are part of the Probation Department's \$365,000 reduction.

Others opted to leave altogether. A case management/assessment specialist whose job was cut by the elimination of Proposition 36 drug crimes rehabilitation funding was offered an eligibility worker position but chose instead to be laid off.

All changes take effect July 11.

A few filled positions are being eliminated with early retirement. Fourteen employees expressed interest in the voluntary separation program in which workers of non-retirement eligibility leave but only one has taken the offer, Farrales said.

The Board of Supervisors meets 9 a.m. Tuesday, May 25 in Board Chambers, 400 County Government Center, Redwood City.

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The Mercury News

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San Mateo senior medical care center expands

By Sean Maher
San Mateo County Times

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The Ron Robinson Senior Care Center, a clinic in the San Mateo Medical Center, is holding a grand reopening today after an expansion project that will enable the clinic to serve 2,000 additional patients each year.

The improvements, which included adding six more examination rooms, cost \$1.5 million, according to clinic Executive Director Patricia O'Brien.

She said existing facilities were also improved. For example, doors were widened to accommodate large wheelchairs.

Emely Gravas, the clinic's charge nurse, said the extra examination rooms have helped create a flow that lets doctors and nurses treat their patients more efficiently. She also touted a new method of scheduling by which new clients can sometimes be treated the same day they contact the clinic.

"What's important is what we call seamless care," Gravas said. "Our patients can be seen by the same doctor every time because the schedules are more flexible."

The senior clinic's waiting list — not long ago 5,000 names long and carrying a six-month wait —

has increased dramatically over the past year as local residents lost their jobs and the private medical insurance that went with them, Gravas said. The waiting list has shrunk by 1,000 names in the past couple of months, she said, largely because of the clinic expansion.

Carolyn Lagerlof, 67, said she has been a patient at the senior care center for five years and, since the improvements began 18

months ago, said she's seen an already-excellent service noticeably improve.

"The aging population is getting huge in this country," Lagerlof said. "What I like about the clinic, first of all, is everybody there is geared to that population. Many patients there are fragile and unable to move quickly, and some of them have no one to talk to because of their circumstances until they get there. So they want someone to chat with them, put their arm around their shoulder as they get to the patient room. That's the quality and compassion of the care there."

She added, "They don't just say, 'I've got 10 minutes with you, and I've got to go. Now the reality is they really do only have 10 minutes, and they need to scoot, but the thing is that people don't feel they're being treated that way.'"

The grand reopening begins with an open house at 4 p.m. today that will feature a ribbon-cutting ceremony and a variety of ethnic foods in recognition of the clinic's diverse group of clients, O'Brien said.

The clinic is at 222 W. 39th Ave. in San Mateo and can be reached at <http://www.sanmateomedicalcenter.org> or 650-573-2426.

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