



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, July 6, 2020

8:00 AM – 10:00 AM



AGENDA

Board of Directors

Wednesday, July 6, 2020

8:00 AM

*****BY VIDEOCONFERENCE ONLY*****

On March 17, 2020, the Governor issued Executive Order N-29-20 suspending certain provisions of the Ralph M. Brown Act in order to allow for local legislative bodies to conduct their meetings telephonically or by other electronic means. Thus, pursuant to Executive Order N-29-20, local and statewide health orders, and the CDC's social distancing guidelines which discourage large public gatherings, the San Mateo Medical Center Board meeting will be conducted by videoconference.

Public Participation

The July 2020 meeting may be accessed through Zoom online at

<https://smcgov.zoom.us/j/98740103972?pwd=Tm5YQ2N0dUxrM2pobUNaamdTc2V0UT09>.

Written public comments may be emailed to mlee@smcgov.org and should include the specific agenda item on which you are commenting. Spoken public comments will also be accepted during the meeting through Zoom.

A. CALL TO ORDER AND PUBLIC COMMENT

B. CLOSED SESSION

Items Requiring Action

1. Medical Staff Credentialing Report
2. Quality Report

*Dr. Steve Hassid
Dr. Brita Almog*

Informational Items

3. Medical Executive Committee

Dr. Steve Hassid

C. REPORT OUT OF CLOSED SESSION

D. PUBLIC COMMENT

Persons wishing to address items not on the agenda

E. FOUNDATION REPORT

John Jurow

F. CONSENT AGENDA

TAB 1

Approval of:

1. June 1, 2020 Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Steve Hassid

H. ADMINISTRATION REPORTS

1. Department of Primary Care
2. Compliance and Privacy Report
3. Financial Report
4. CEO Report

Dr. Alpa Sanghavi
Dr. Sumita Kalra
Dr. CJ Kunnappilly
Gabriela Behn
David McGrew. TAB 2
Dr. CJ Kunnappilly..... TAB 2

I. COUNTY HEALTH CHIEF REPORT

County Health Snapshot

Louise Rogers

J. COUNTY MANAGER’S REPORT

Mike Callagy

K. BOARD OF SUPERVISOR’S REPORT

Supervisor Carole Groom

L. ADJOURNMENT

TAB 1

**CONSENT
AGENDA**

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Monday, June 1, 2020
Microsoft Teams Meeting

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
Robert Blake
Brighton Ncube
Peggy Jensen
Aimee Armsby

Members of the Public

Carlton Mills
John Jurow
Angela Gonzales
Paul Rogerville
Dr. Steve Hassid
Lisa Mancini
Chris Rodriguez
Priscilla Romero
Marcus Weenig
Malu Cruz
Tony Bayuden
Luci Latu

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 8:25 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for June 1, 2020. QIC Minutes from April 28, 2020 Medical Executive Committee Minutes from May 12, 2020.	Aimee Armsby reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report	John Jurow reported on the successful Meal Train program which consisted of local restaurants providing complimentary meals to essential services staff at the hospital and clinics. During Hospital Week last month, the Foundation provided appreciation bags to all staff and they were filled with goodies like popcorn, Crocs, See's Candies.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from May 4, 2020.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.

<p>Medical Staff Report Dr. Julie Hersk</p>	<p>Dr. Hersk reported on the results of the recent Medical Staff elections. Chief of Staff: Dr. Steve Hassid Vice Chief of Staff: Dr. Brita Almog Treasurer: Dr. Gordon Mak</p>	<p>FYI</p>
<p>Skilled Nursing Update Malu Cruz, Marcus Weenig</p>	<p>Burlingame Skilled Nursing: 315 employees, 281 beds San Mateo Medical Center: 47 employees, 32 beds</p> <p>Active Programs:</p> <ul style="list-style-type: none"> • Coordination and Collaboration with the following for appropriate and/or alternate placement of residents: <ul style="list-style-type: none"> ○ Health Plan of San Mateo (HPSM) ○ Aging and Adult Services ○ Institute on Aging (IOA) ○ Care Transitions • Quality Assurance and Performance Improvement (QAPI) Program • Antibiotic Stewardship Program <ul style="list-style-type: none"> ○ Implement resources such as INTERACT, SBAR, and STOP & WATCH tools. ○ Continue to promote the appropriate use of antimicrobials to improve patient outcomes and decrease the spread of infections caused by multidrug-resistant organisms. ○ Continue collaboration efforts with the San Mateo Medical Center’s own antibiotic stewardship program to improve facility-specific goals. • Dementia Care Program (Fall Prevention) • Ambassador Program • Landmark Health’s Post-Acute Care Pilot Program <ul style="list-style-type: none"> ○ increased coordination of care, ○ reduce readmissions to acute, and • Other activities include: “Alive Inside” and “A Heart to Serve”, Music & Memory <p>COVID-19 Response</p> <ul style="list-style-type: none"> • BSN & 1A have COVID-19 Response designated areas: COVID wing, “CORE”, 4 isolation rooms • COVID-19 Screening Tool developed & implemented • Patients are assessed every shift for symptoms, vital signs including O₂ saturation are taken each shift • Healthcare personnel screening upon each entry to the facility and unit they are working in. • Care Site Outreach Support Team (Public Health) conducted a facility-wide COVID-19 testing of patients and staff on May 28 and 29 in Burlingame. San Mateo 1A is on June 3rd. • Mitigation plan developed & submitted to CDPH 	<p>FYI</p>

<p>Moving from Incident Command to Remobilization Robert Blake</p>	<p>Four phases of Emergency Management: Mitigation, Preparedness, Response, and Recovery Five focus areas: In-patient, Surgical, Ambulatory, Ancillary, and COVID Testing Remobilization kicked off during the week of May 25 Guiding Principles:</p> <ul style="list-style-type: none"> • Ensure that each charter considers interconnectedness of all remobilization areas • Focus action steps on reaching our ‘next normal’ • Collaborate, cooperate, break down silos • Reimagine our work in light of what COVID-19 has taught us <ul style="list-style-type: none"> ○ Screening ○ Social distancing ○ Managing schedule to reduce patient congregation in department waiting rooms ○ Identify physical space barriers to avoid transmission of infectious process • Increase value for our patients • Pull on Communications, Materials Management, Infection Control, Revenue Cycle, Safety for all processes • Manage all patients as potentially infectious • Consider supply and demand in process development • Build quality at the source • Ensure cost effectiveness of processes/ROI • Consider business development potential for additional revenue • Seek clarity about leadership and Leader Standard Work (LSW) for all processes 	<p>FYI</p>
<p>Older Adult Outreach During Covid-19 Lisa Mancini, Chris Rodriguez</p>	<p>Majority of AAS staff are working remotely, but the Lobby is open for essential services. Protective and supportive programs are running as normal. Phone calls, outreach, and investigation over the phone. Home visits only if client at immediate risk. Isolation and Loneliness:</p> <ul style="list-style-type: none"> • AAS friendly check-in calls: 584 clients have been contacted • CBOs: 778 outbound calls/weekly <p>Food insecurity Grab and Go: 242 clients, 991 meals provided Home delivered meals: 1412 clients, 7633 meals provided</p> <p>Great Plates Delivered: Home meals for seniors</p> <ul style="list-style-type: none"> • 1160 seniors have been served a total of 32,338 meals 	<p>FYI</p>
<p>Financial Report David McGrew, CFO</p>	<p>The April FY19/20 financial report was included in the Board packet and David McGrew answered questions from the Board.</p>	<p>FYI</p>

CEO Report Dr. CJ Kunnappilly	Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board.	FYI
County Health Chief Report Louise Rogers	Regular COVID-19 testing is required at all congregate care setting. There have been 84 deaths so far, and 55 come persons in congregate care facilities. Health is very focused on contact tracing and there is a small team in public health that does the work all year round. We have expanded 30 staff so far and expect to increase the number to 150. We are fortunate to have Verily doing testing who rotates the testing sites around the county. The daily test count is over 1000 per day. With the higher number of tests, we've seen more positive results. Goal is to have at least 1500 tests per day.	FYI
County Manager Mike Callagy	No report.	FYI
Board of Supervisors Supervisor Groom	Supervisor Groom expressed her appreciation for Drs. Hersk and Trinh for their roles on the hospital Board and she looks forward to working with the new Board members.	FYI

Supervisor Groom adjourned the meeting at 9:35 AM. The next Board meeting will be held on July 6, 2020.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer

TAB 2

**ADMINISTRATION
REPORTS**

BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: May FY19-20

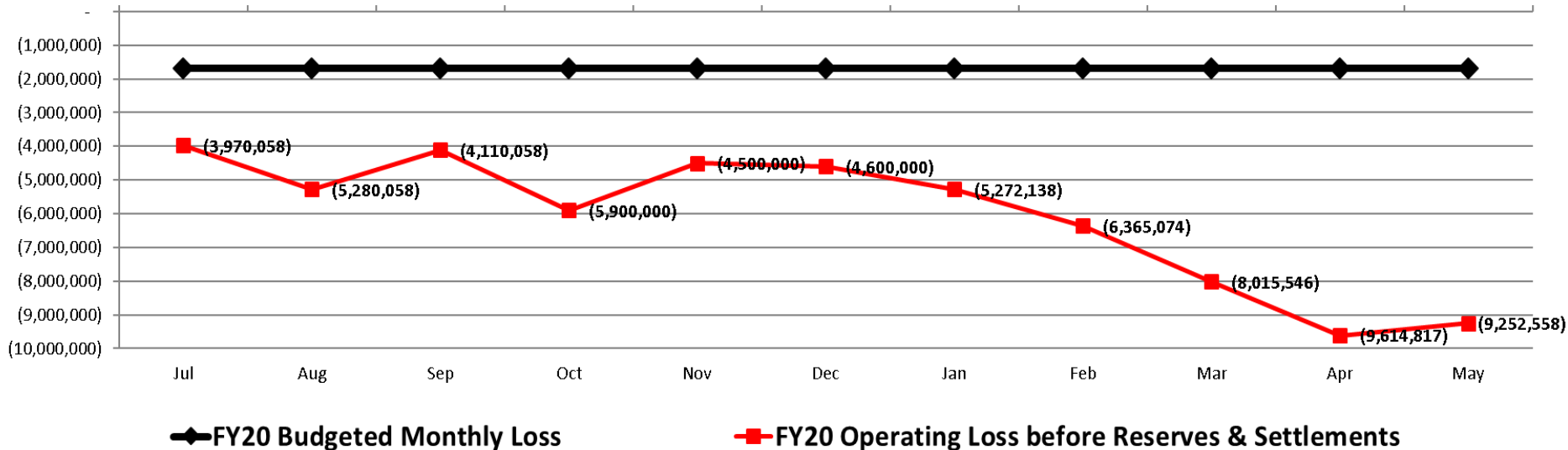
July 6, 2020

Presenter: David McGrew, CFO



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

Financial Highlights



May Operating Loss of \$4.6M:

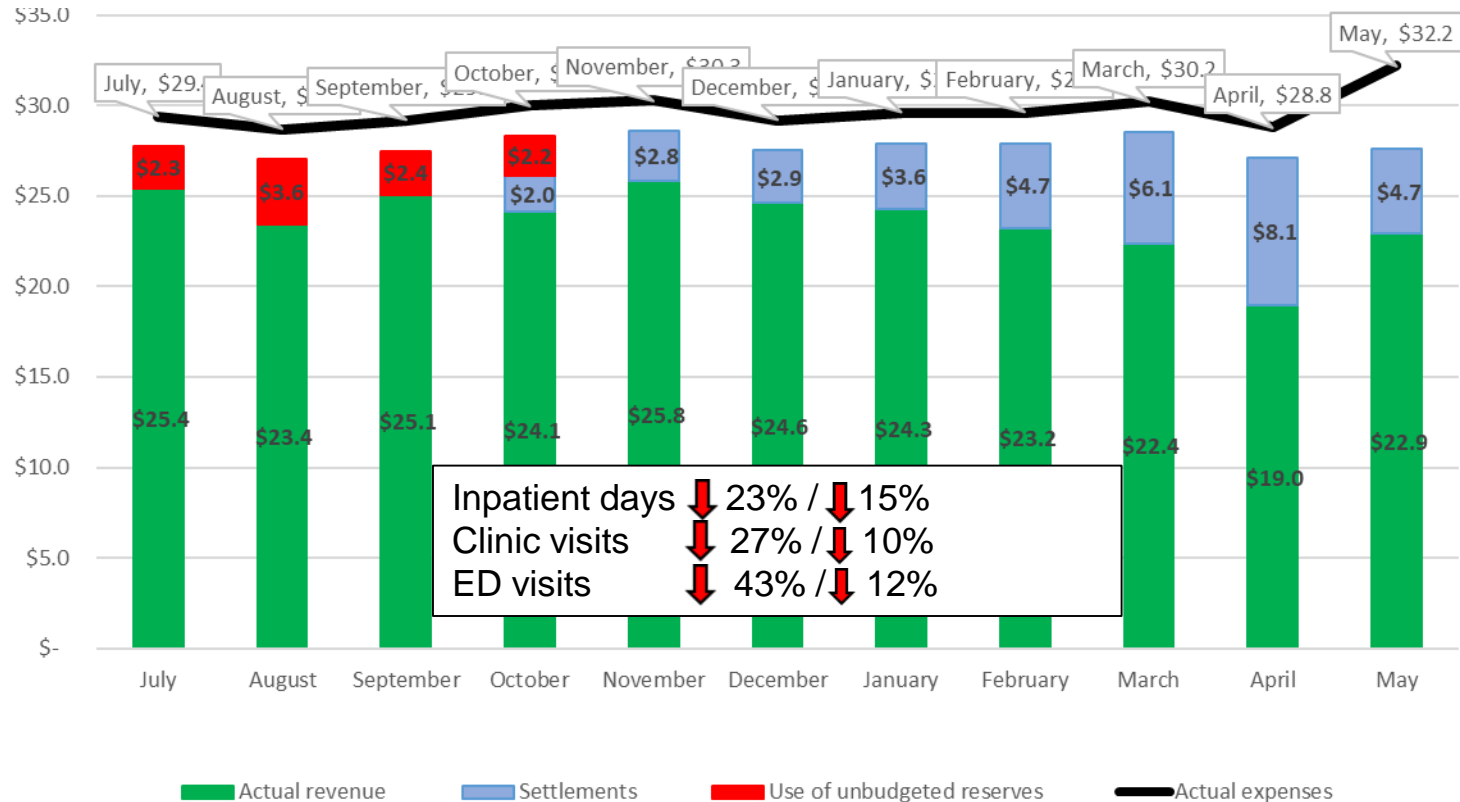
- FTEs below budget
- \$2.1 million 2019 HPSM P4P Bonus
- CARES Act Stimulus Funding

- ACE outside medical costs
- Paid Leave for Essential Worker Onsite
- FY2020 Enhanced Payment Program (EPP) pending CMS approval
- Lower revenue/higher expenses due to COVID pandemic

Forecast FY20: May operating losses are due to the continued declines in patient volumes and increasing costs resulting from the COVID-19 crisis. Federal stimulus funding programs mitigated some of the losses, and prior year settlements allowed for a replenishment of reserves. This is expected to continue for at least the remainder of this fiscal year. June will likely require additional unbudgeted reserves to hit the budgeted average \$1.7 million monthly loss.

FY 19-20 Structural Deficit

SMMC's structural deficit continues as revenue sources from on-going operations and supplemental programs cannot keep pace with the cost structure. Cost report and supplemental program settlements have partially mitigated these factors for the past 8 months. The COVID-19 crisis is adding to the structural deficit.



Note: Volume %s are Current Month/YTD actuals vs budget

COVID Financial Impact Summary

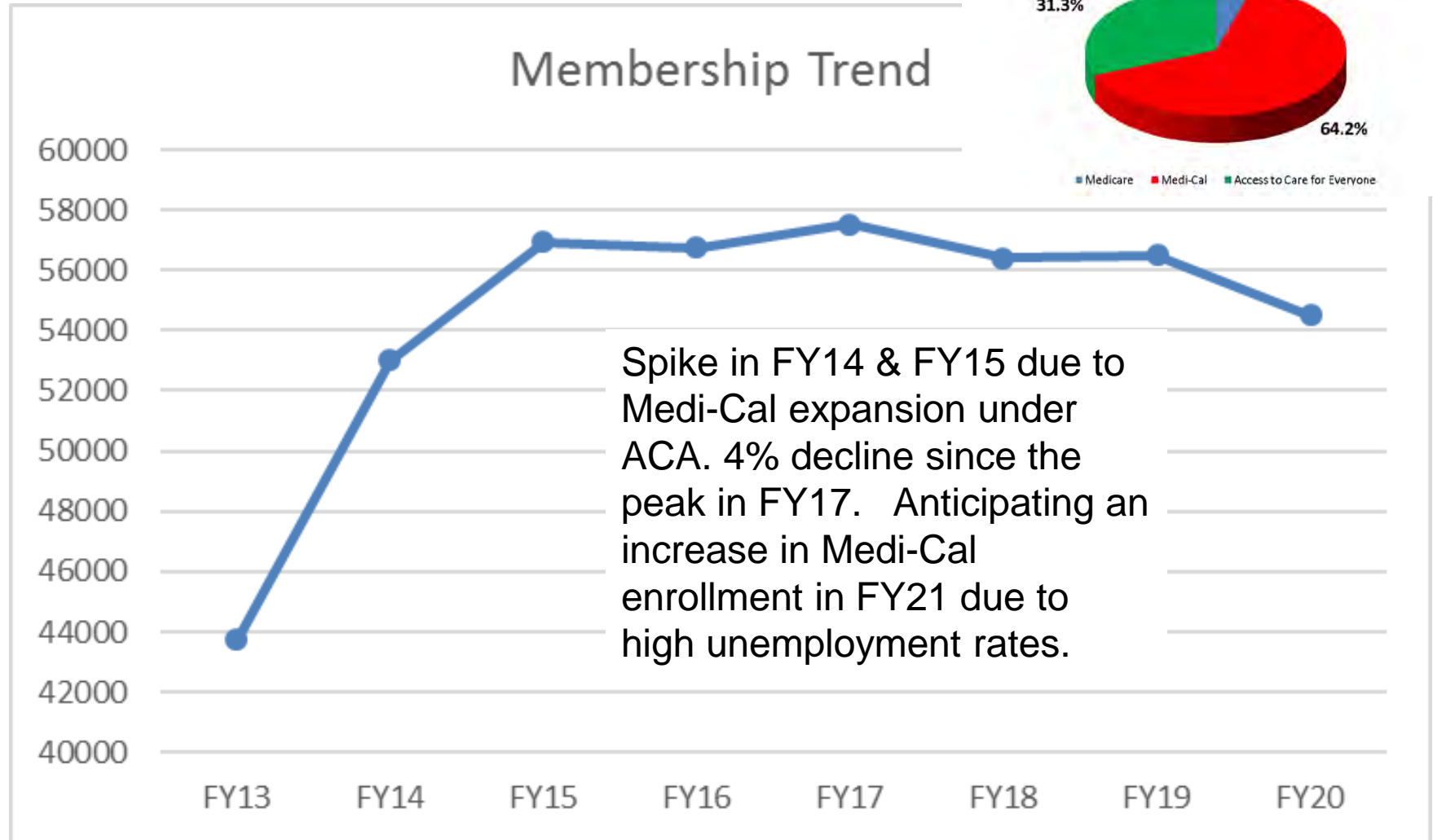
	March	April	May
Revenue loss	\$ 2,376,000	\$ 4,347,000	\$ 4,766,310
Expenses:			
Staffing	1,622,000	3,772,000	4,578,000
Supplies	114,000	79,000	79,000
IT	404,000	-	-
Total expenses	2,140,000	3,851,000	4,657,000
Total Losses due to COVID	4,516,000	8,198,000	9,423,310

Note: DPW costs for COVID related construction costs are not yet included

COVID-19 Federal Funds - \$8.7M to SMMC

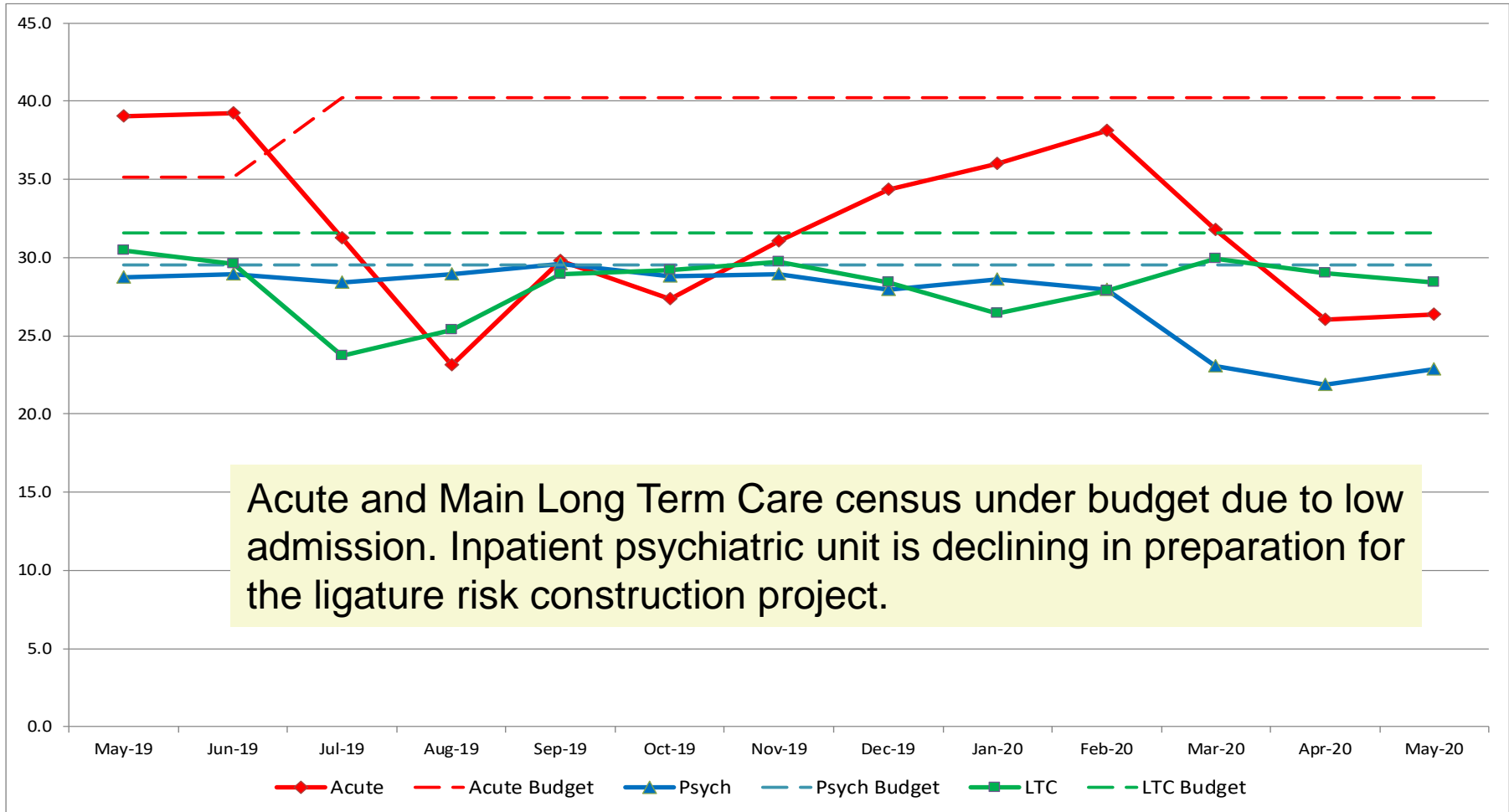
Description	Total Amount Allocated	SMMC \$
Provider Relief Fund CARES Act - \$100 billion	\$30B General Allocation	\$1.3M Received
	\$20B General Allocation	\$2.2M Received
	\$10B Targeted Allocation	\$1.1M Received
	Targeted Allocation – Treating Uninsured Patients	TBD
Health Care Enhancement Act - \$75 billion	TBD	TBD
Accelerated Medicare Payments Advance payment for Medicare claims authorized by the CARES Act	N/A - Advance Payment	\$3.1M Received Repayment Required
FY2020 CARES Supplemental Fund Funding for supplemental awards to Health Centers with HRSA grants	\$1.32B	\$881K Awarded to Health Care for the Homeless/Farmworkers
FY2020 Coronavirus Supplemental Fund Funding for supplemental awards to Health Centers with HRSA grants	\$100M	\$58K Awarded to Health Care for the Homeless/Farmworkers
State Hospital Association Grants \$50 million	\$4.2M to California Hospitals	\$7.3K Received

Managed Care Membership Trend



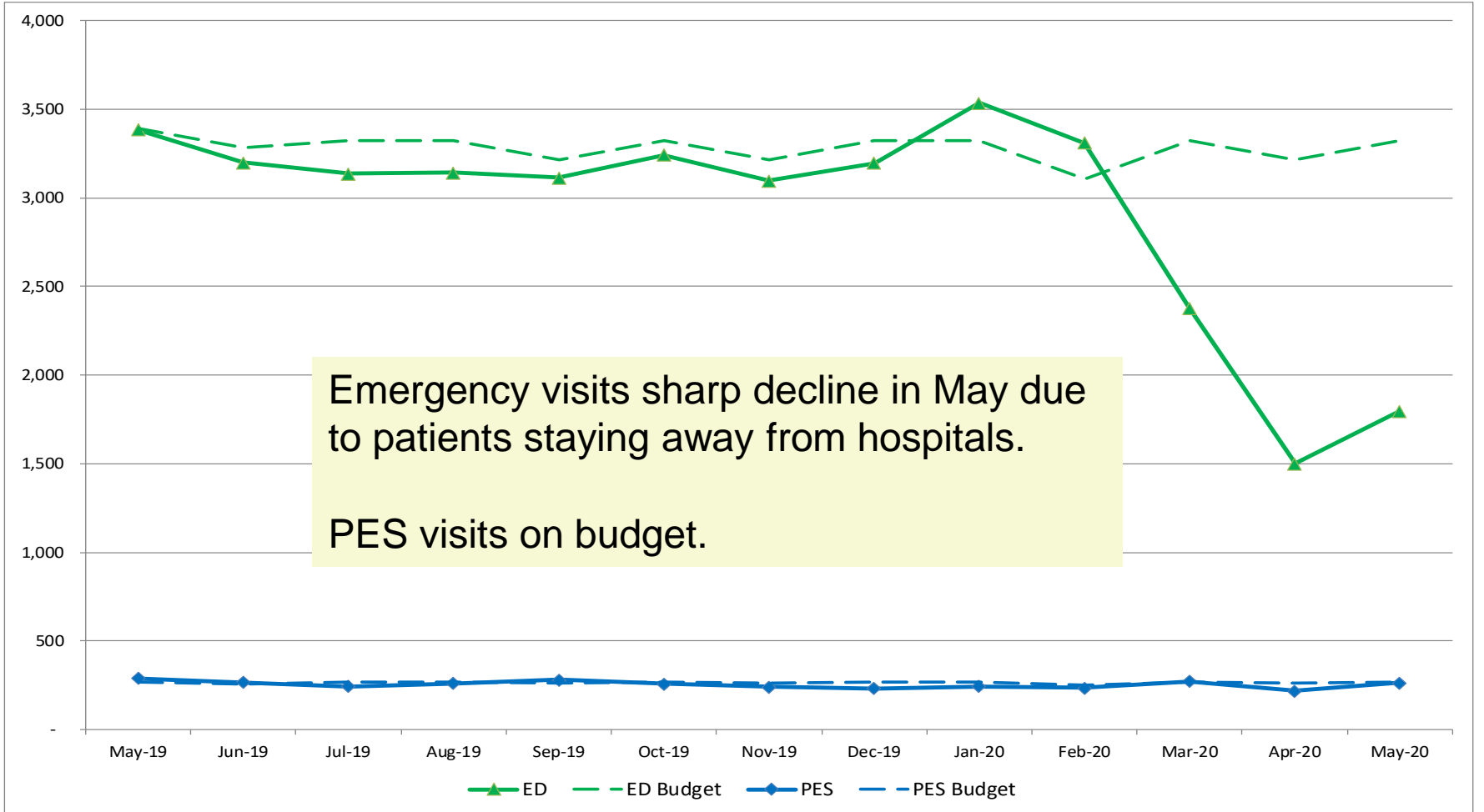
San Mateo Medical Center Inpatient Days May 31, 2020

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Patient Days	2,408	3,108	(700)	-23%	28,674	33,685	(5,011)	-15%



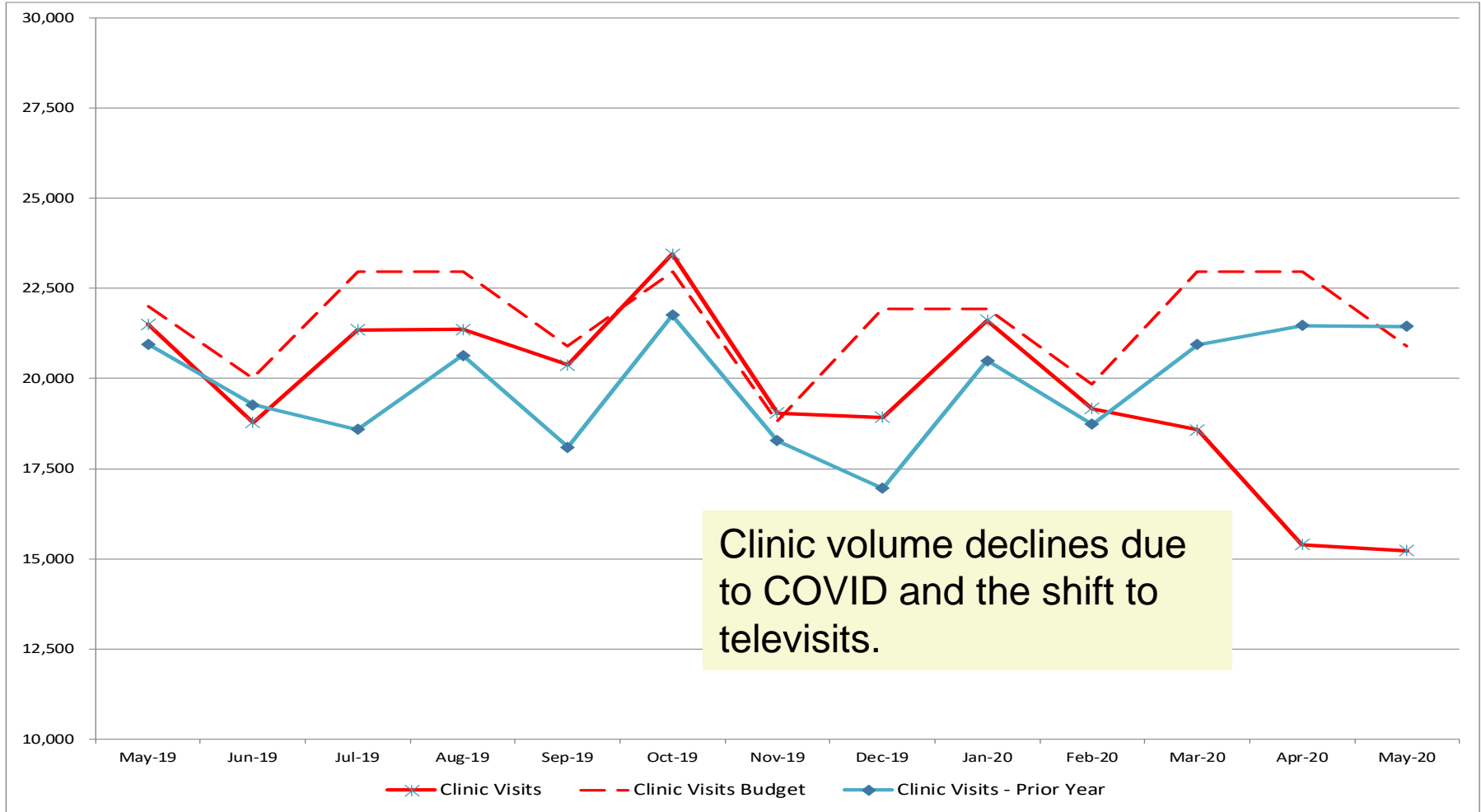
San Mateo Medical Center Emergency Visits May 31, 2020

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
ED Visits	2,062	3,594	(1,532)	-43%	34,216	38,954	(4,738)	-12%

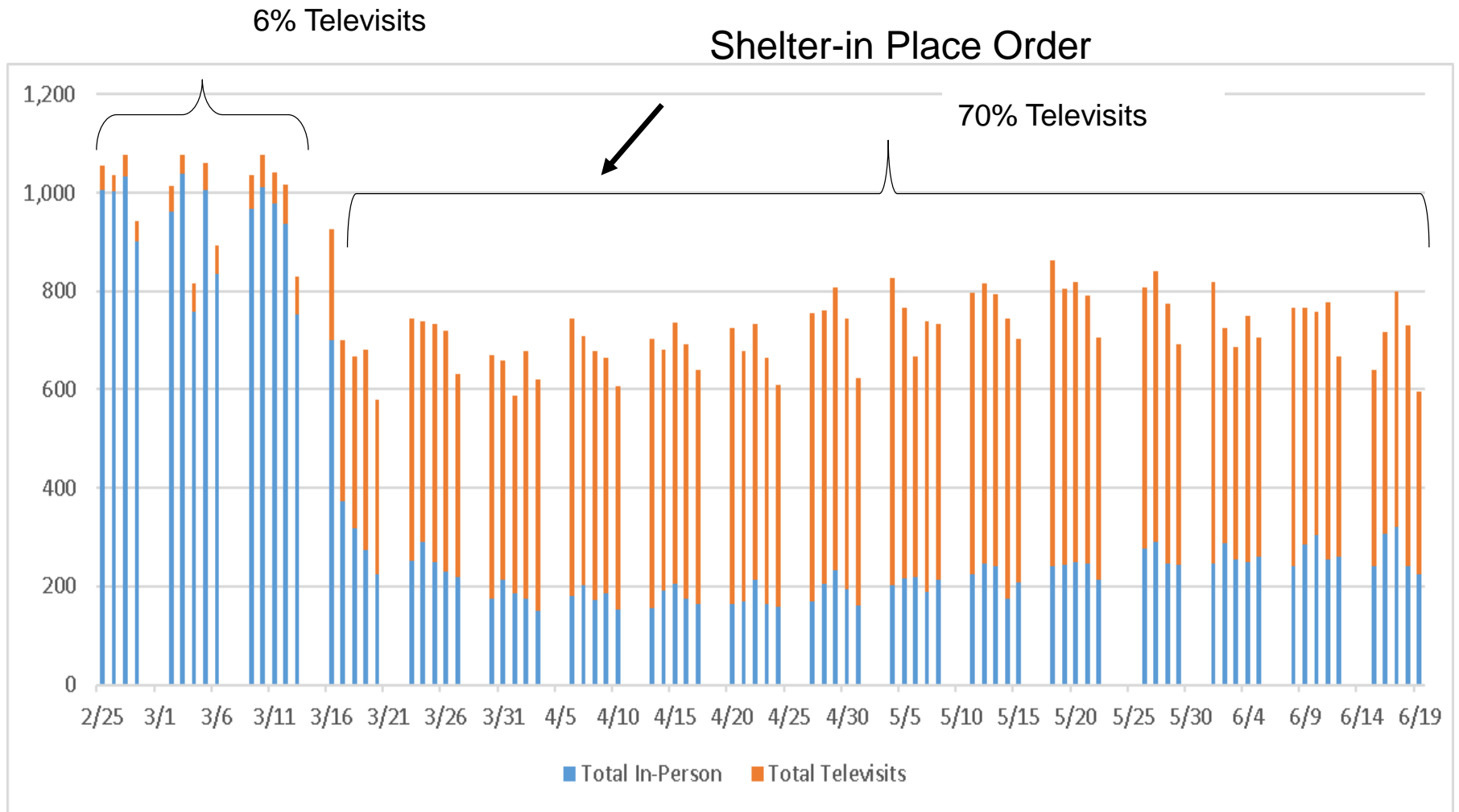


San Mateo Medical Center Clinic Visits May 31, 2020

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Clinic Visits	15,229	20,887	(5,658)	-27%	214,486	239,154	(24,668)	-10%

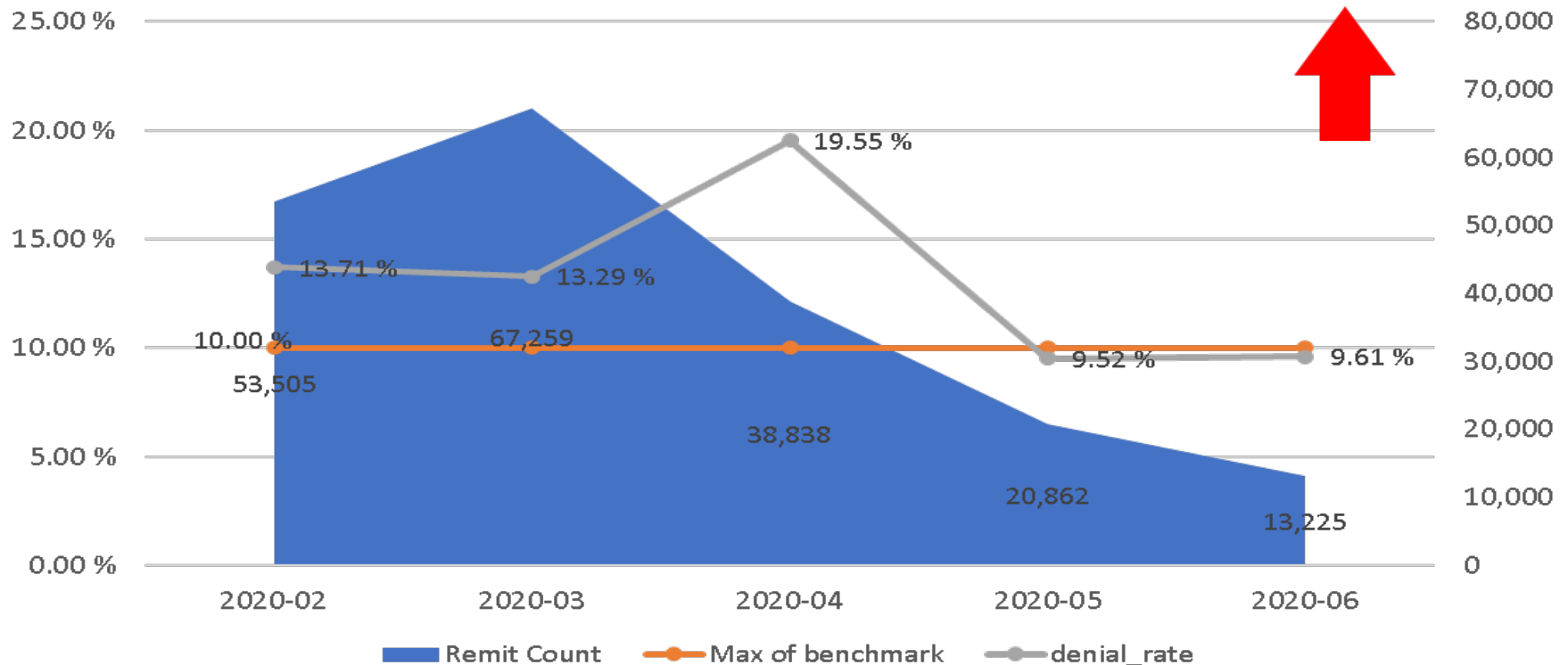


San Mateo Medical Center Clinic Telehealth Visits May 31, 2020



Clinic telehealth visits have increased from an average of 6% of total visits pre-COVID to an average of 70% since March 16th, with a high of 78%

Initial Denial Rate – 4 Month Trend

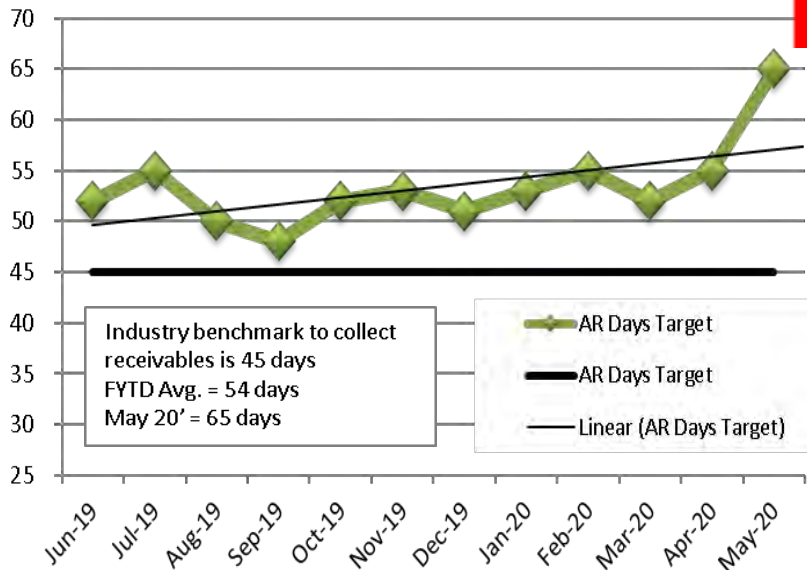


Denial Highlights:

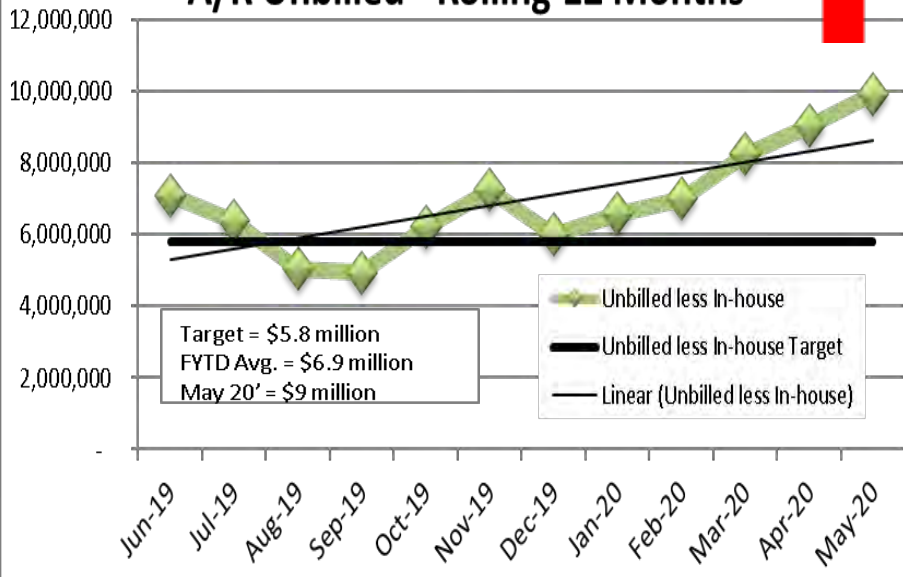
- **April Denial Rate Spike:** *Attributed to increase in Telehealth related visits as providers adjusted to regulations for patients to "Shelter-in-Place". Denials discovered through the Denials Management Committee mitigation efforts. To address, the SMMC has implemented bill holds to allow for adequate training and necessary bill correction before submission to the Payer.*
- **Remit Count Drop:** *Multifaceted attributed to COVID-19 Shelter-in-Place orders resulting in low hospital census and Bill Holds to dampen the effect of Tele/Virtual Health transition*
- **Denial Rate Drop:** *Following the Remit drop, Denials are inherently linked to the census and bill holds*

Key Performance Indicators

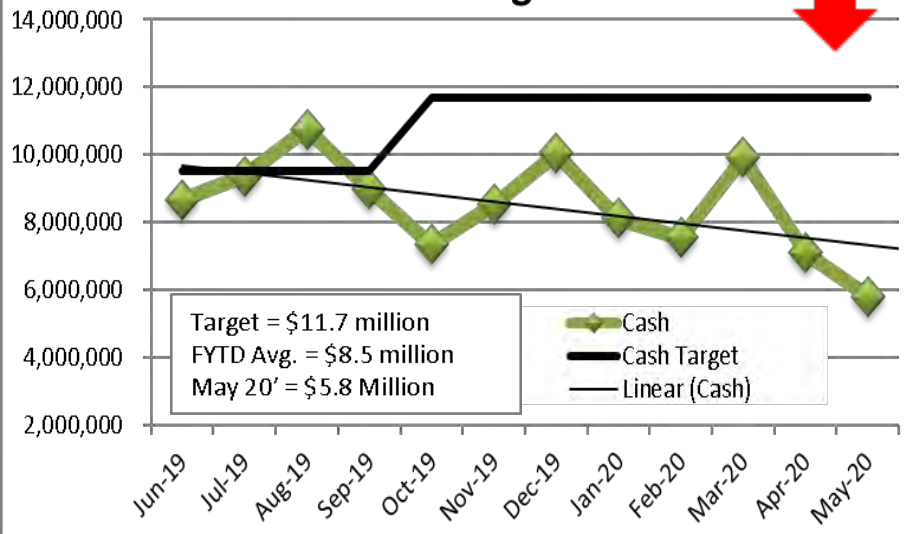
A/R Days - Rolling 12 Months



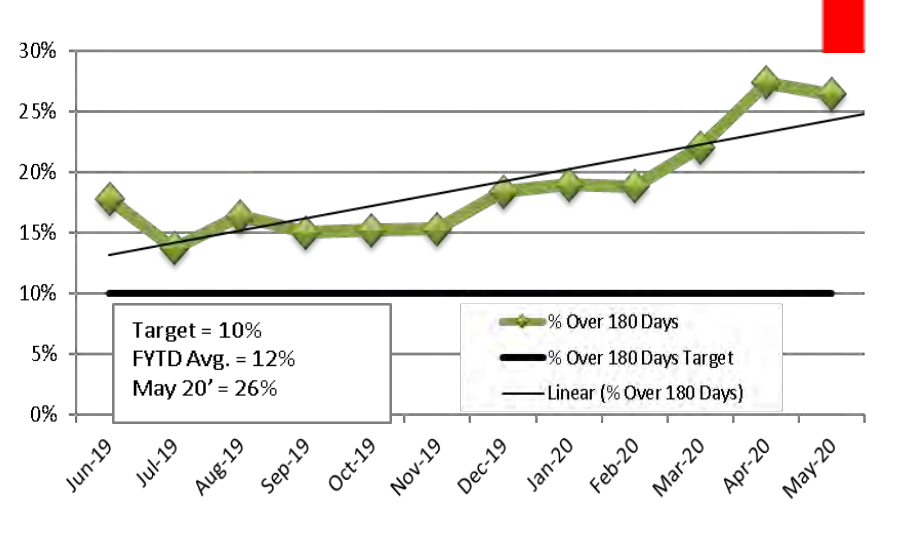
A/R Unbilled - Rolling 12 Months



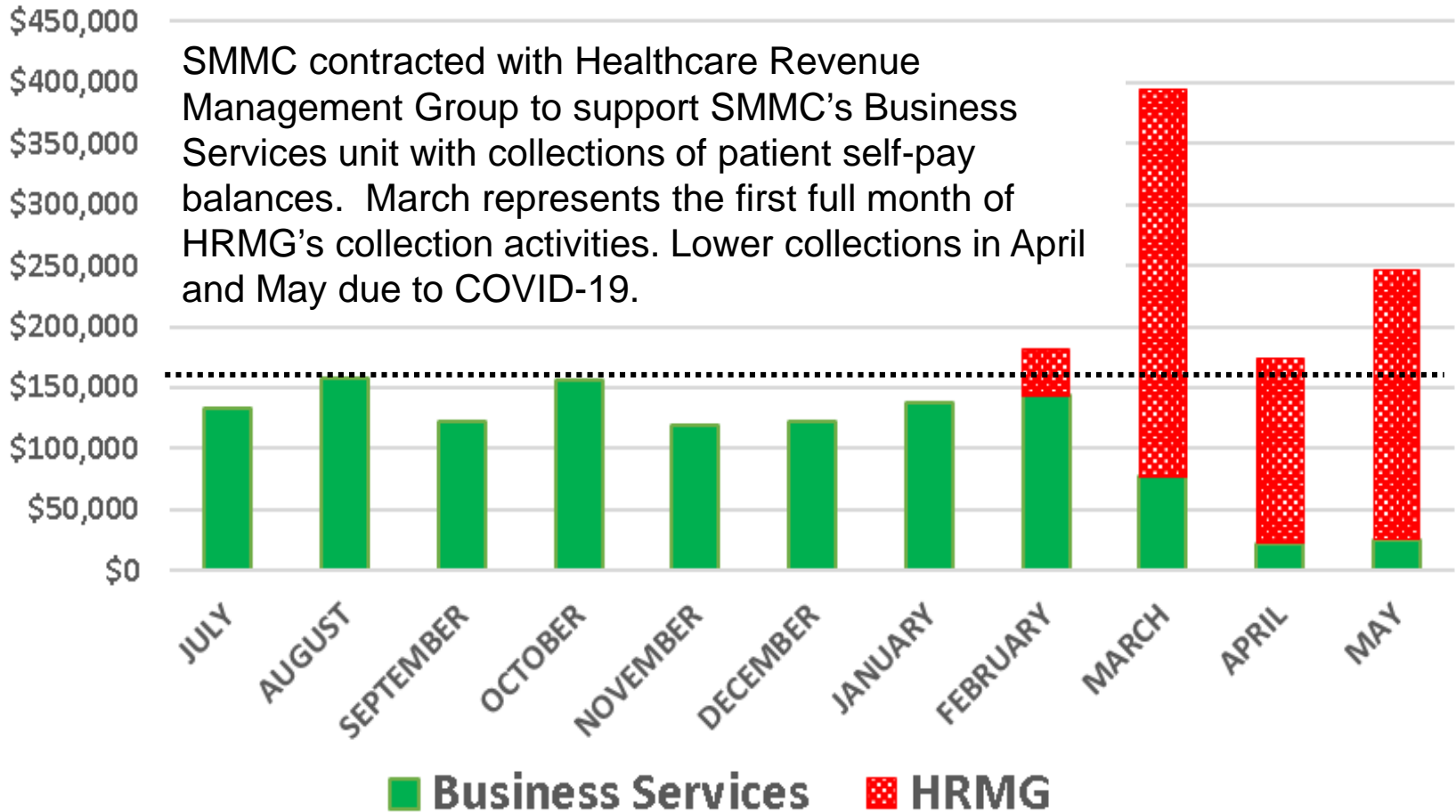
Cash - Rolling 12 Months



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



Cash Collection Performance



..... Target = \$158k/mo



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

QUESTIONS?

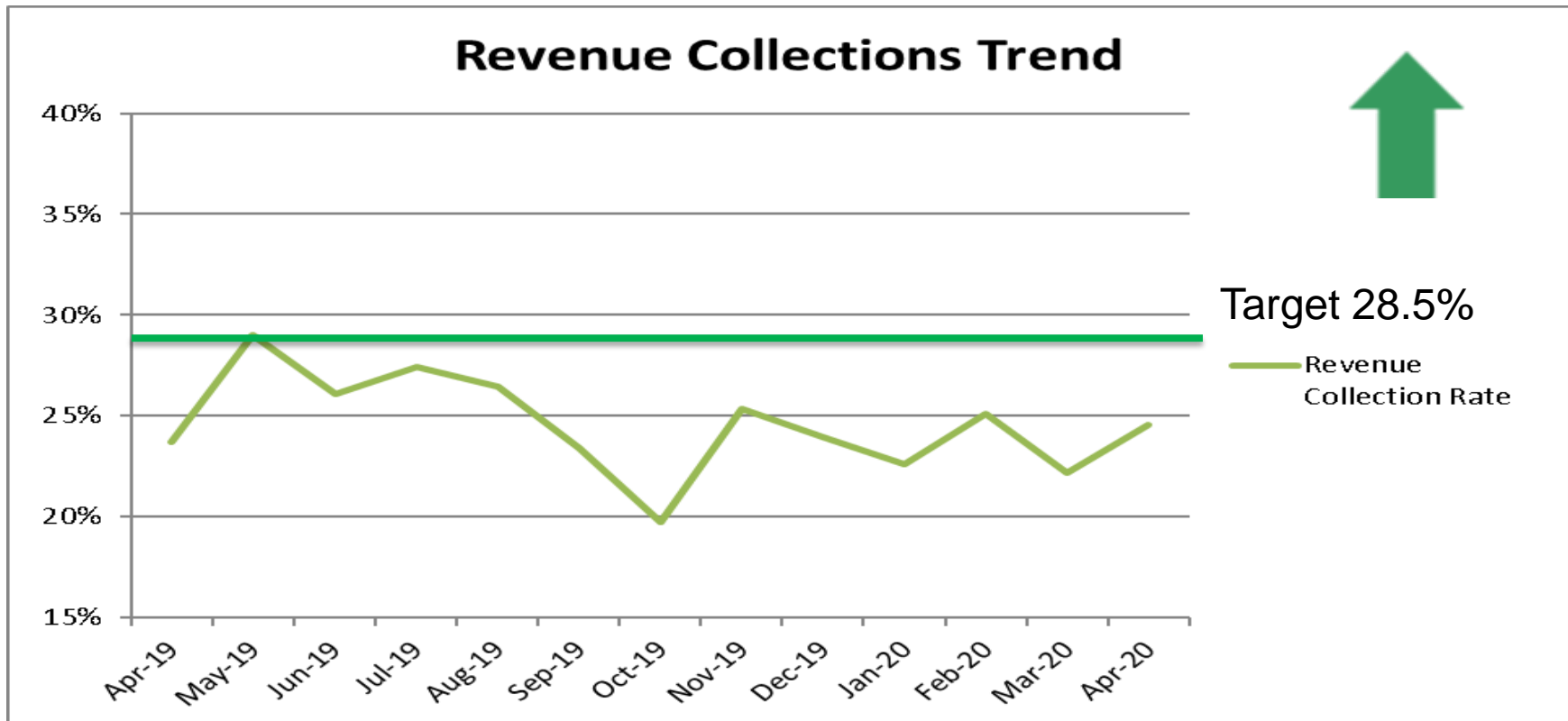
APPENDIX



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

Key Performance Indicators

FFS Revenue Collection Trend



The collection rate remains below target 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.

Revenue Improvement Plan

Executive Summary

Initiative

Status

<p><i>Registration Accuracy</i></p>	<ul style="list-style-type: none"> • Implemented eCareNEXT - registration quality software <ul style="list-style-type: none"> ✓ All areas live ✓ Performance reporting rolled out to Clinics November 11th. Incorporated in Monthly Operating Reviews
<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 7/1/19 ❑ Roll-out Outpatient CDI
<p><i>Accounts Receivable Follow-Up and Denials Management</i></p>	<ul style="list-style-type: none"> • Implemented Colburn Hill automated patient account follow-up software <ul style="list-style-type: none"> ✓ Priority, Hints and Robots are live ✓ Optimization period & post-live support underway • Implemented denials prevention program. ❑ Engaging CHG & Med-Metrix external staffing to augment PFS team as a result of retirements.
<p><i>Self-Pay Collections</i></p>	<ul style="list-style-type: none"> ✓ Implemented in February. Collections trending above target.

San Mateo Medical Center
Income Statement
May 31, 2020

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	(4,617,558)	(0)	(4,617,558)		(21,455,005)	(1)	(21,455,004)		
2 HPSM Medi-Cal Members Assigned to SMMC	33,337	36,205	(2,868)	-8%	363,185	398,255	(35,070)	-9%	
3 Unduplicated Patient Count	65,443	68,606	(3,163)	-5%	65,443	68,606	(3,163)	-5%	
4 Patient Days	2,408	3,108	(700)	-23%	28,674	33,685	(5,011)	-15%	
5 ED Visits	2,062	3,594	(1,532)	-43%	34,216	38,954	(4,738)	-12%	
7 Surgery Cases	75	239	(164)	-69%	2,259	2,737	(478)	-17%	
8 Clinic Visits	15,229	20,887	(5,658)	-27%	214,486	239,154	(24,668)	-10%	
9 Ancillary Procedures	37,530	68,747	(31,217)	-45%	687,563	785,583	(98,020)	-12%	
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	66.1%	80.0%	13.9%	17%	79.6%	80.0%	0.4%	0%	
(Days that do not qualify for inpatient status)									
Pillar Goals									
12 Revenue PMPM	76	125	(49)	-40%	114	125	(11)	-9%	
13 Operating Expenses PMPM	347	300	(48)	-16%	311	300	(11)	-4%	
14 Full Time Equivalent (FTE) including Registry	1,203	1,233	30	2%	1,203	1,233	30	2%	

San Mateo Medical Center
Income Statement
May 31, 2020

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	11,889,999	14,356,060	(2,466,061)	-17%	148,509,562	157,916,661	(9,407,099)	-6%
22 Outpatient Gross Revenue	10,401,124	27,960,843	(17,559,719)	-63%	260,236,102	307,569,278	(47,333,176)	-15%
23 Total Gross Revenue	22,291,123	42,316,903	(20,025,780)	-47%	408,745,664	465,485,938	(56,740,275)	-12%
24 Patient Net Revenue	10,422,651	11,766,250	(1,343,599)	-11%	113,007,689	129,428,755	(16,421,067)	-13%
25 Net Patient Revenue as % of Gross Revenue	46.8%	27.8%	19.0%	68%	27.6%	27.8%	-0.2%	-1%
26 Capitation Revenue	336,875	500,000	(163,125)	-33%	3,651,846	5,500,000	(1,848,154)	-34%
27 Supplemental Patient Program Revenue (Additional payments for patients)	10,481,482	9,870,374	611,107	6%	115,640,199	108,574,119	7,066,081	7%
28 Total Patient Net and Program Revenue	21,241,008	22,136,625	(895,617)	-4%	232,299,734	243,502,874	(11,203,140)	-5%
29 Other Operating Revenue (Additional payment not related to patients)	762,366	941,085	(178,719)	-19%	11,985,086	10,351,932	1,633,154	16%
30 Total Operating Revenue	22,003,374	23,077,710	(1,074,335)	-5%	244,284,820	253,854,806	(9,569,986)	-4%

San Mateo Medical Center
Income Statement
May 31, 2020

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

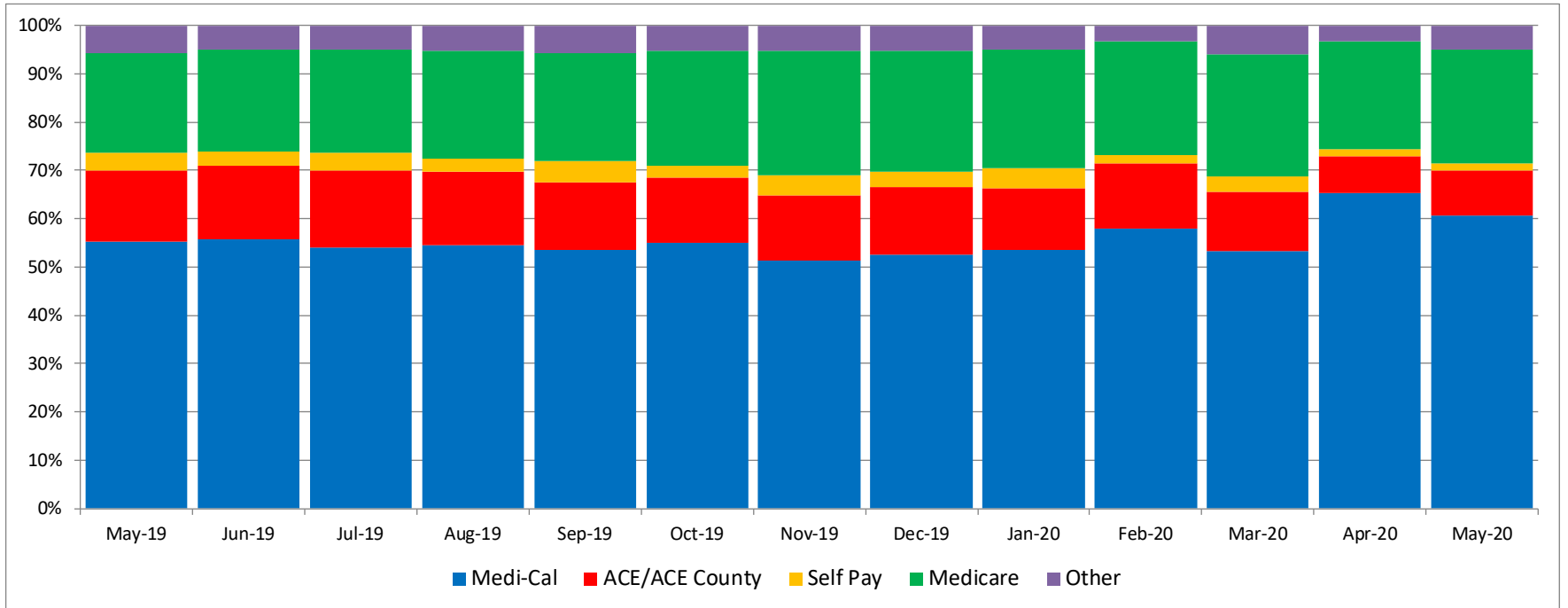
Operating Expenses

31 Salaries & Benefits	20,831,654	17,543,817	(3,287,837)	-19%	190,639,511	192,981,988	2,342,477	1%
32 Drugs	618,817	810,077	191,259	24%	9,756,915	8,910,842	(846,072)	-9%
33 Supplies	701,508	944,072	242,565	26%	9,427,516	10,384,797	957,281	9%
34 Contract Provider Services	3,355,865	3,516,249	160,384	5%	41,603,531	38,678,742	(2,924,790)	-8%
35 Other fees and purchased services	4,861,304	4,835,225	(26,079)	-1%	52,857,912	53,187,478	329,566	1%
36 Other general expenses	642,074	661,463	19,389	3%	8,146,244	7,276,098	(870,146)	-12%
37 Rental Expense	167,311	206,839	39,529	19%	2,101,629	2,275,232	173,603	8%
38 Lease Expense	829,392	829,392	(0)	0%	9,123,308	9,123,308	0	0%
39 Depreciation	206,045	237,593	31,547	13%	2,266,500	2,613,519	347,019	13%
40 Total Operating Expenses	32,213,971	29,584,728	(2,629,243)	-9%	325,923,067	325,432,004	(491,063)	0%
41 Operating Income/Loss	(10,210,596)	(6,507,018)	(3,703,578)	-57%	(81,638,247)	(71,577,198)	(10,061,049)	-14%
42 Non-Operating Revenue/Expense	749,570	1,663,550	(913,979)	-55%	6,905,089	18,299,045	(11,393,955)	-62%
43 Contribution from County General Fund	4,843,468	4,843,468	0	0%	53,278,153	53,278,153	0	0%
44 Total Income/Loss (GAAP)	(4,617,558)	(0)	(4,617,558)		(21,455,005)	(1)	(21,455,004)	

(Change in Net Assets)

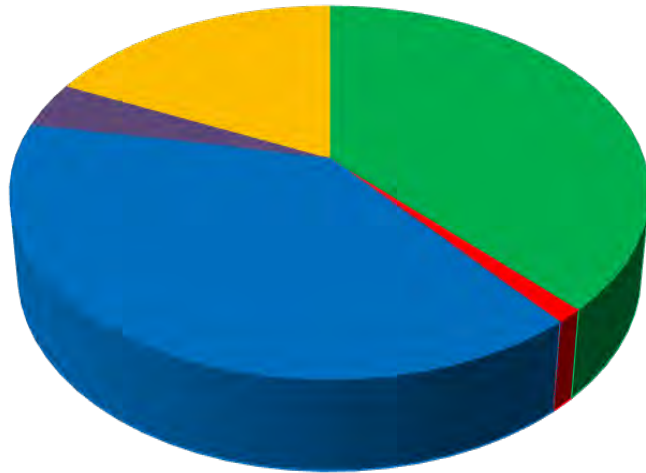
**San Mateo Medical Center
Payer Mix
May 31, 2020**

Payer Type by Gross Revenue	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
Medicare	23.4%	21.0%	2.4%		23.7%	21.0%	2.7%	
Medi-Cal	60.6%	58.0%	2.6%		54.9%	58.0%	-3.1%	
Self Pay	1.7%	2.0%	-0.3%		3.2%	2.0%	1.2%	
Other	5.1%	5.0%	0.1%		5.0%	5.0%	0.0%	
ACE/ACE County	9.3%	14.0%	-4.7%		13.3%	14.0%	-0.7%	
Total	100.0%	100.0%			100.0%	100.0%		

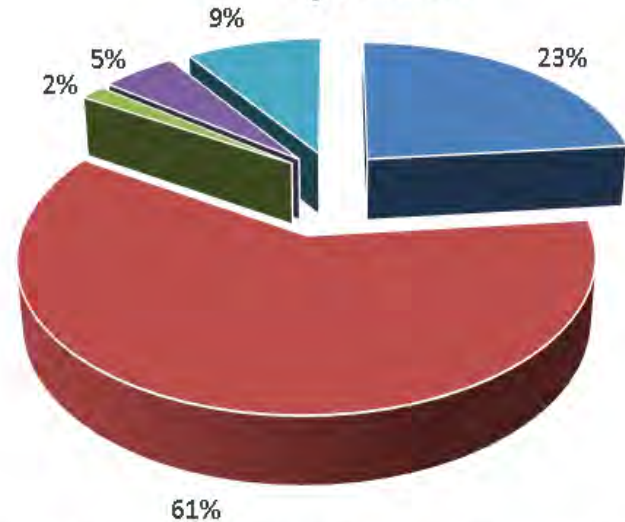


Revenue Mix

Sources of Revenue



Payor Mix



■ Fee For Service
 ■ Capitation
 ■ Supplemental
 ■ Other
 ■ County Contribution
 ■ Medicare
 ■ Medi-Cal
 ■ Self Pay
 ■ Other
 ■ ACE

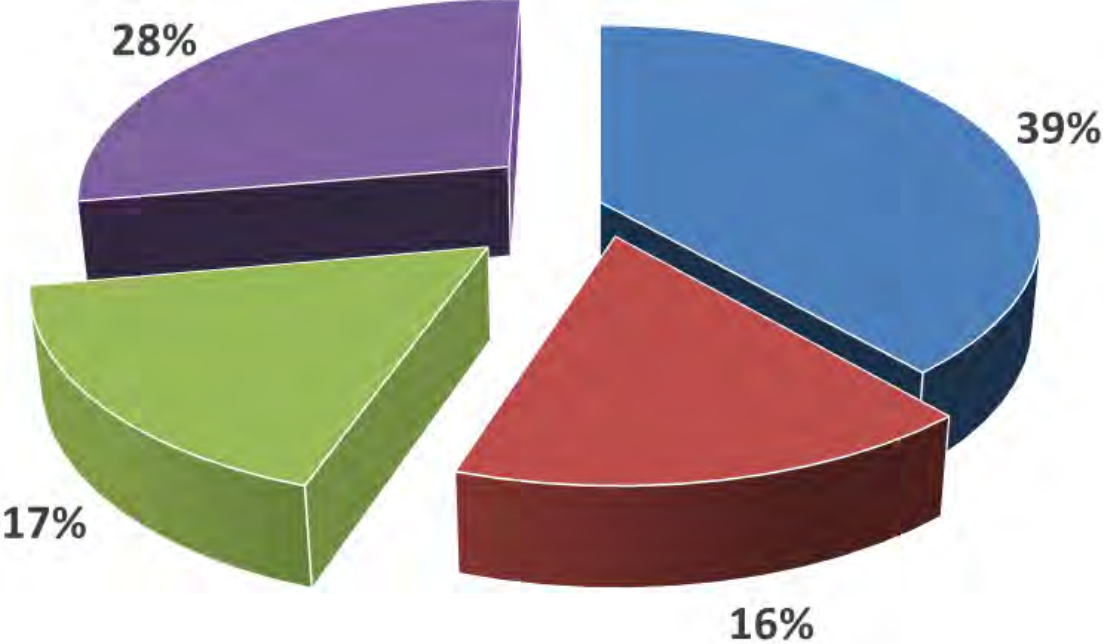
Health Plan of San Mateo (HPSM) represents 23% of our Operating Revenue

- 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.

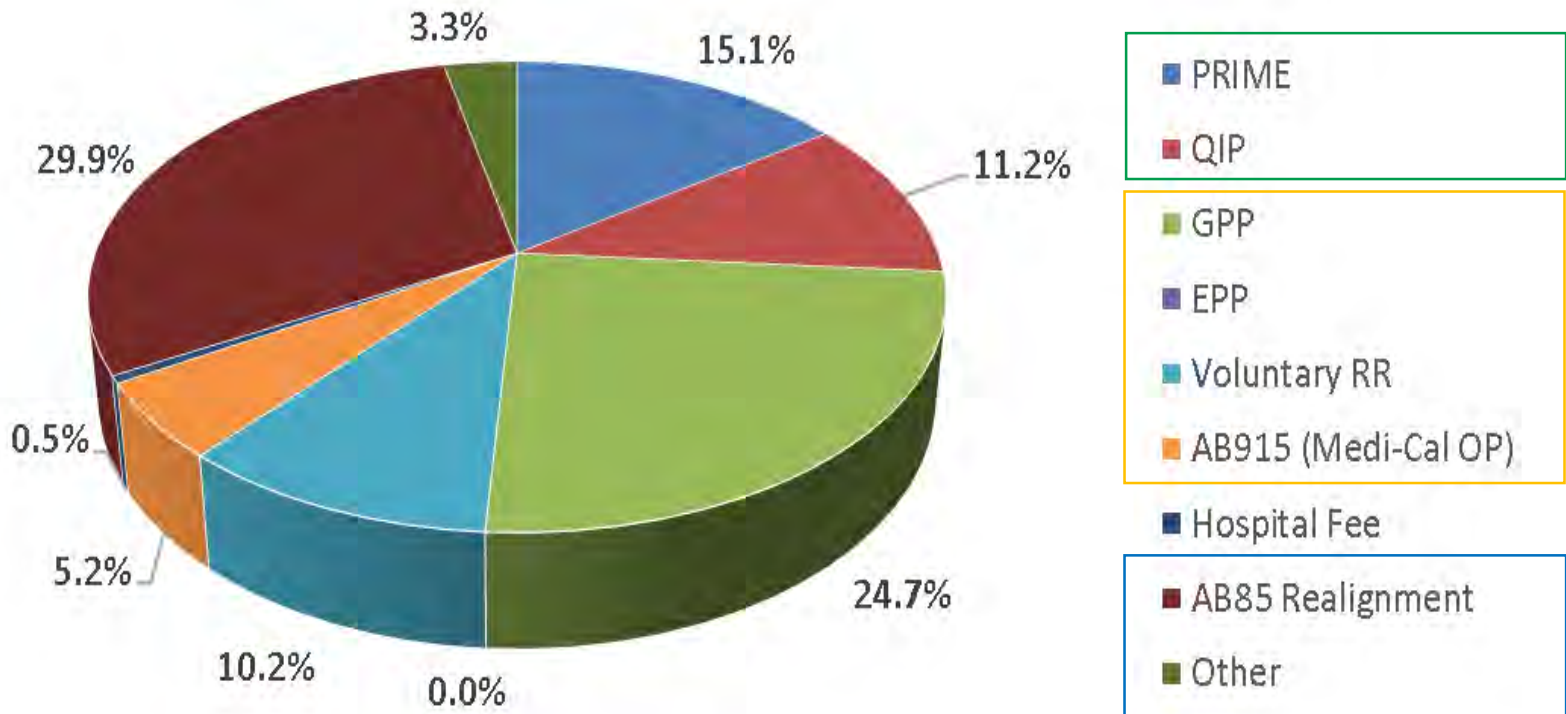
NO commercial contracts

Revenue Mix by Service Line



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

Supplemental Revenue Mix

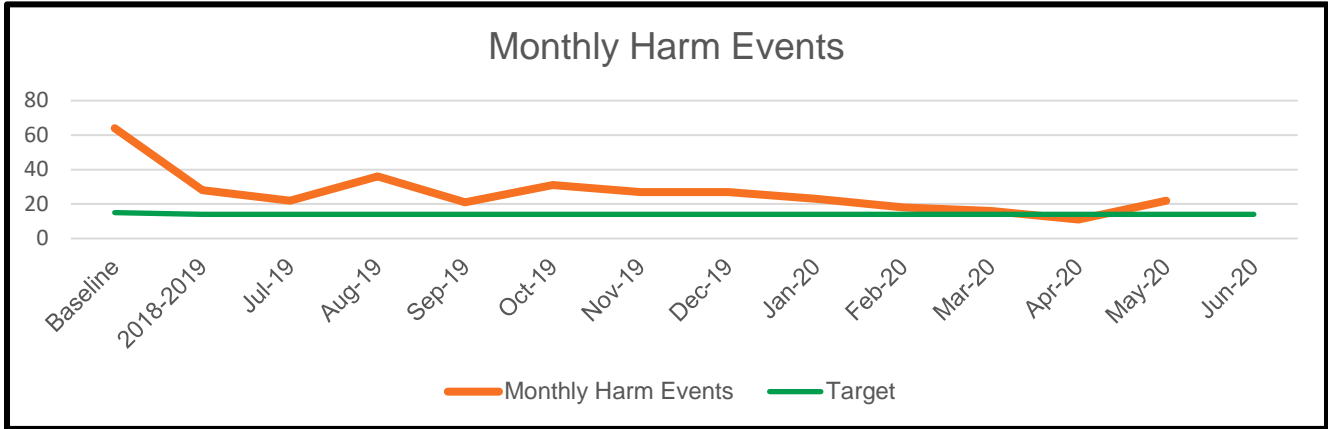


- **Value-Based** programs represent 26.3% of our Supplemental Revenue
- **Volume-Based** programs represent 73.7% of our Supplemental Revenue

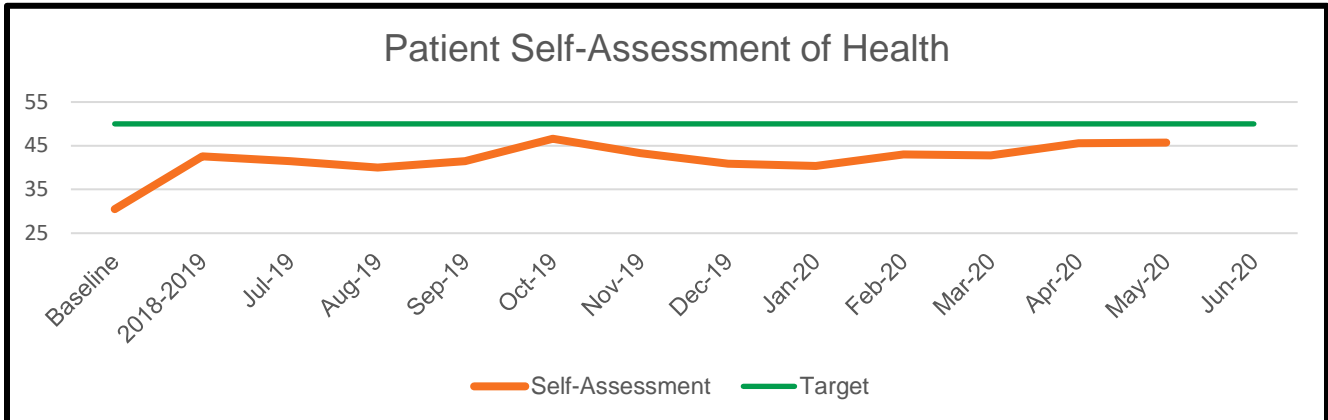
CEO REPORT

JULY 2020

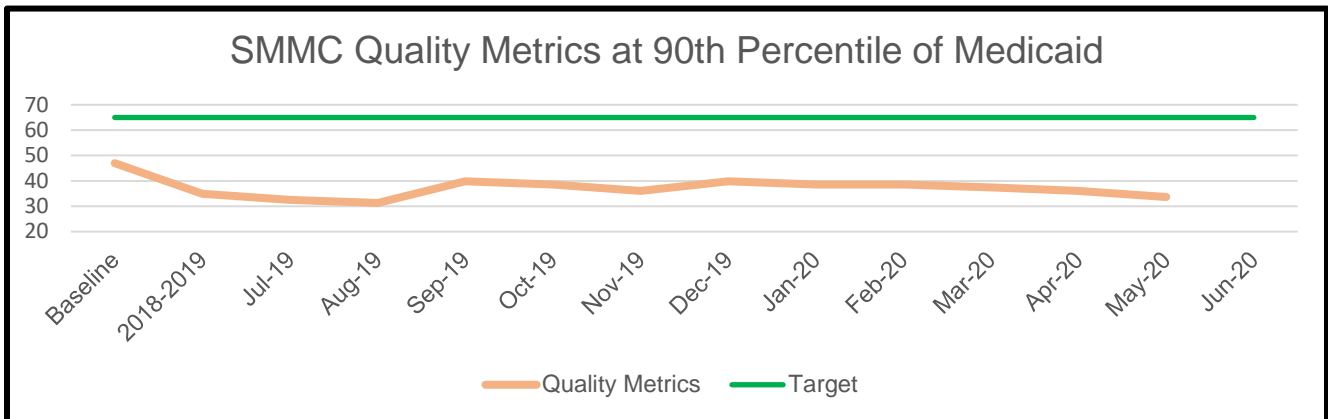
EXCELLENT CARE METRICS



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.**

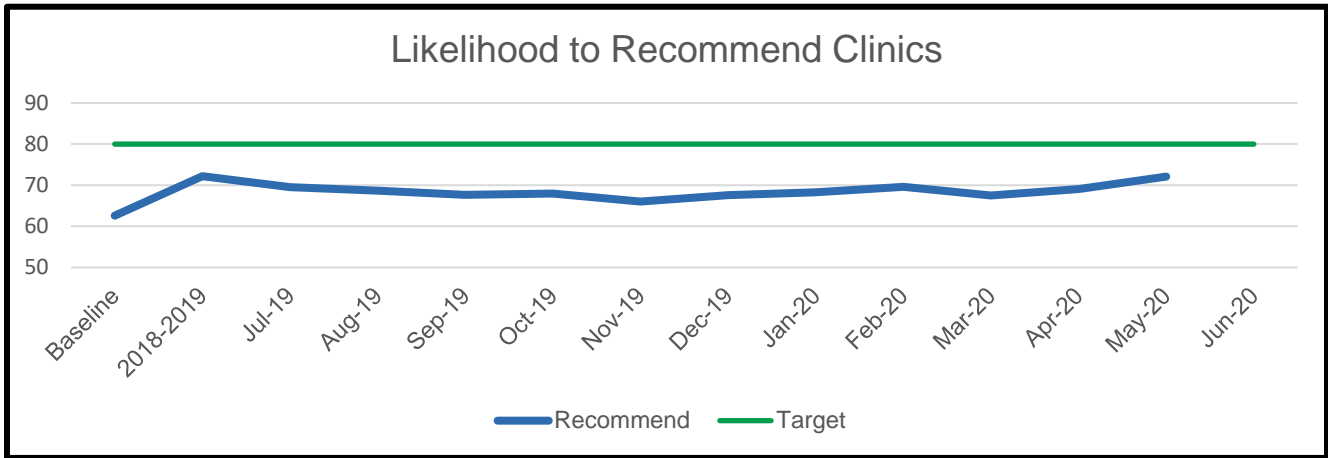


Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**

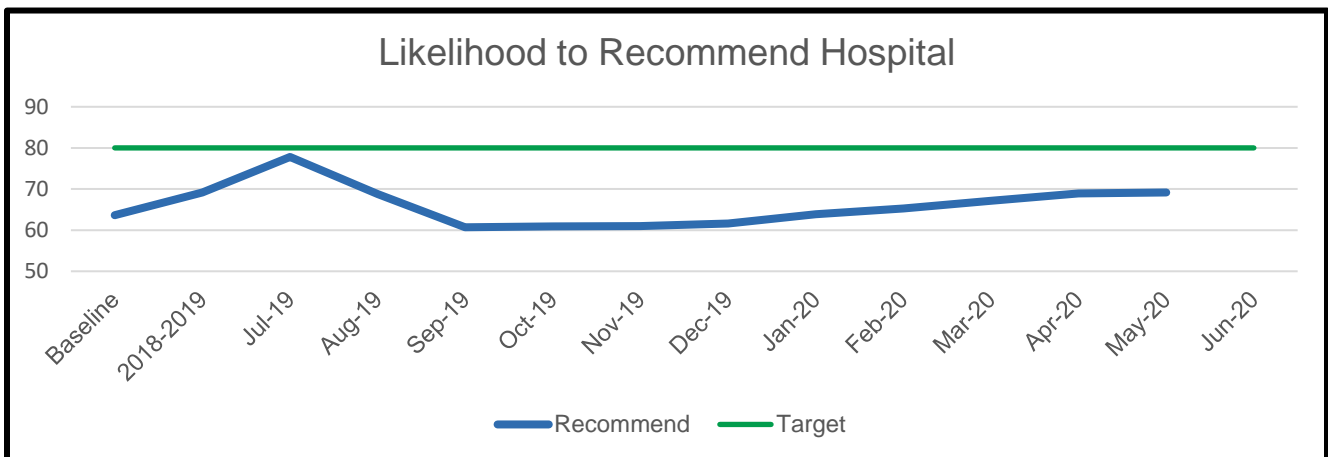


Quality Metrics at 90th Percentile: SMMC seeks excellence in all that it does. The organization currently participates in a number of pay for performance programs including PRIME, QIP and the Health Plan of San Mateo Pay for Performance Program. This metric measures the percentage of quality metrics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

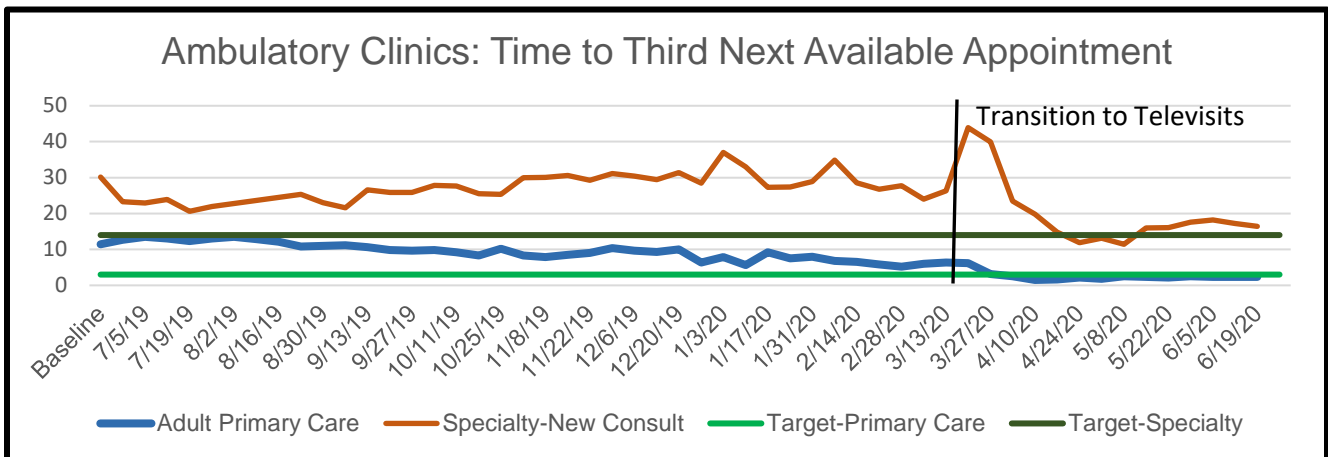
PATIENT CENTERED CARE METRICS



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.**

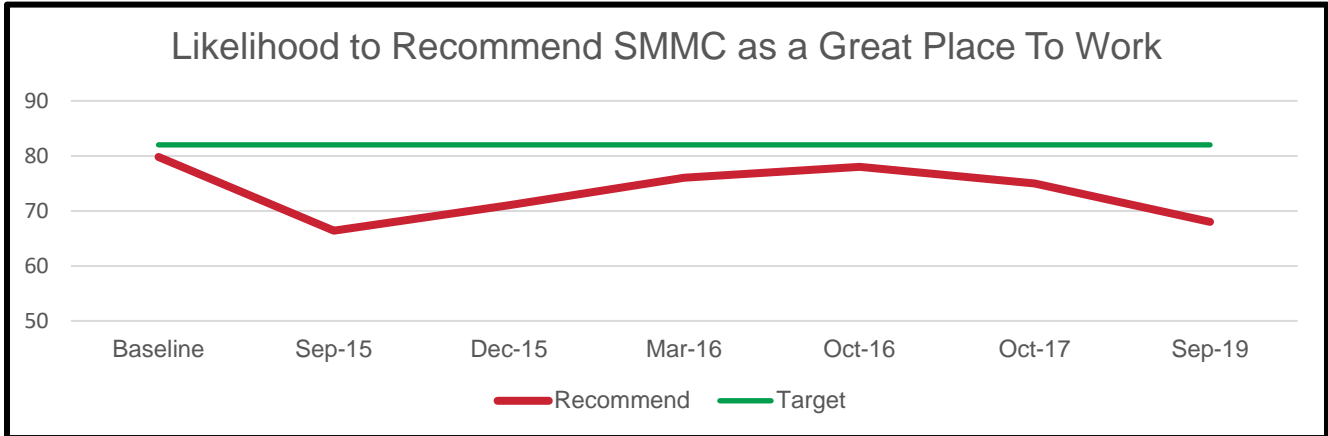


Likelihood to Recommend Hospital: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this hospital to friends and family?” **Higher is better.**



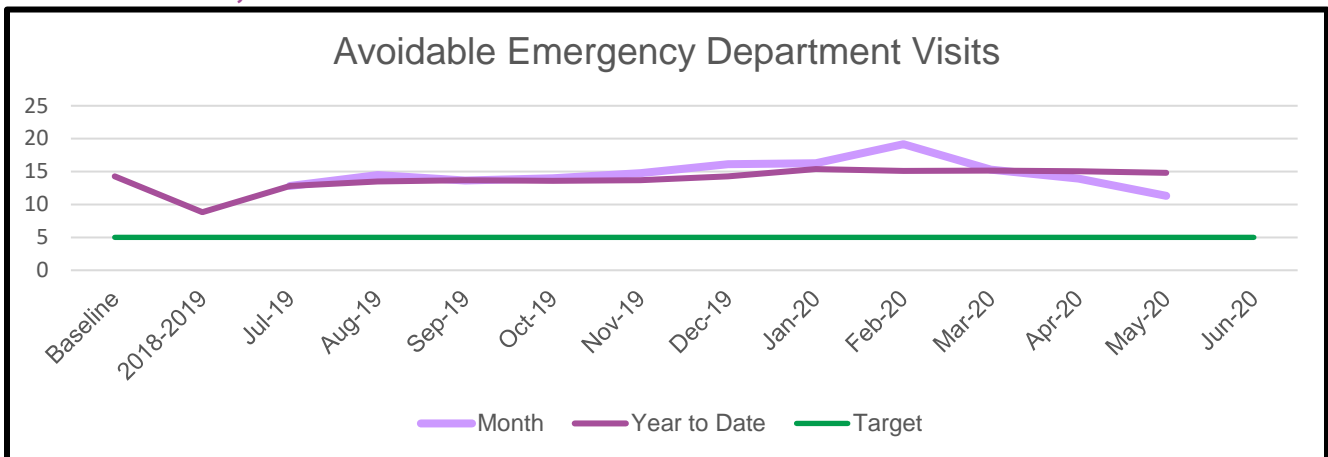
Ambulatory Access: Number of days until the third available appointment for established patients in Primary Care and for new consults in Specialty Services. The third next available appointment is a validated measure of patient access. **Lower is better.**

STAFF ENGAGEMENT METRICS



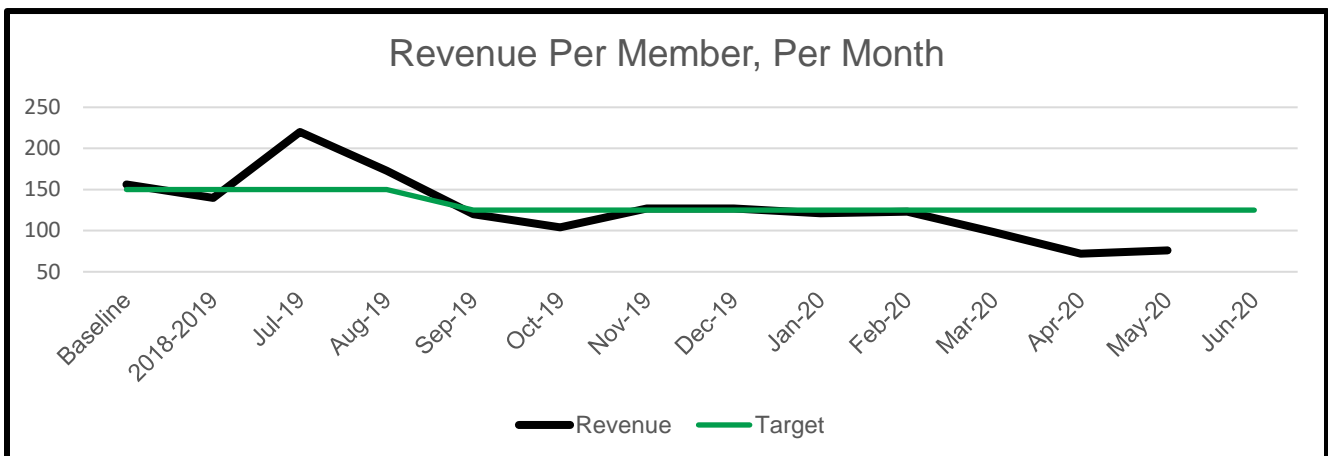
Likelihood to Recommend SMMC: Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual Blessing White staff engagement survey. **Higher is better.**

RIGHT CARE, TIME AND PLACE METRICS

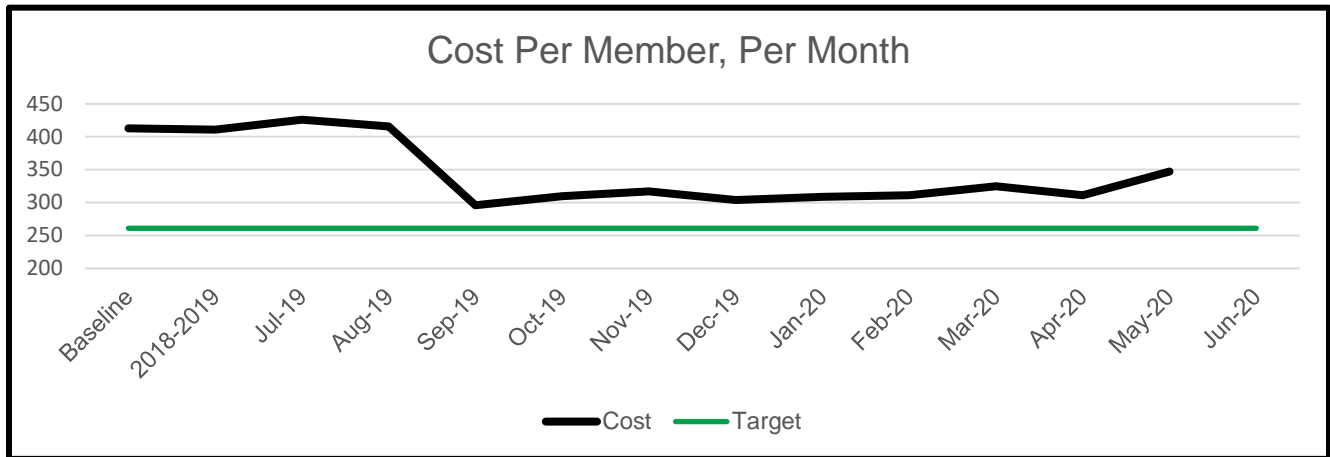


Potentially Avoidable ED Visits: Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**

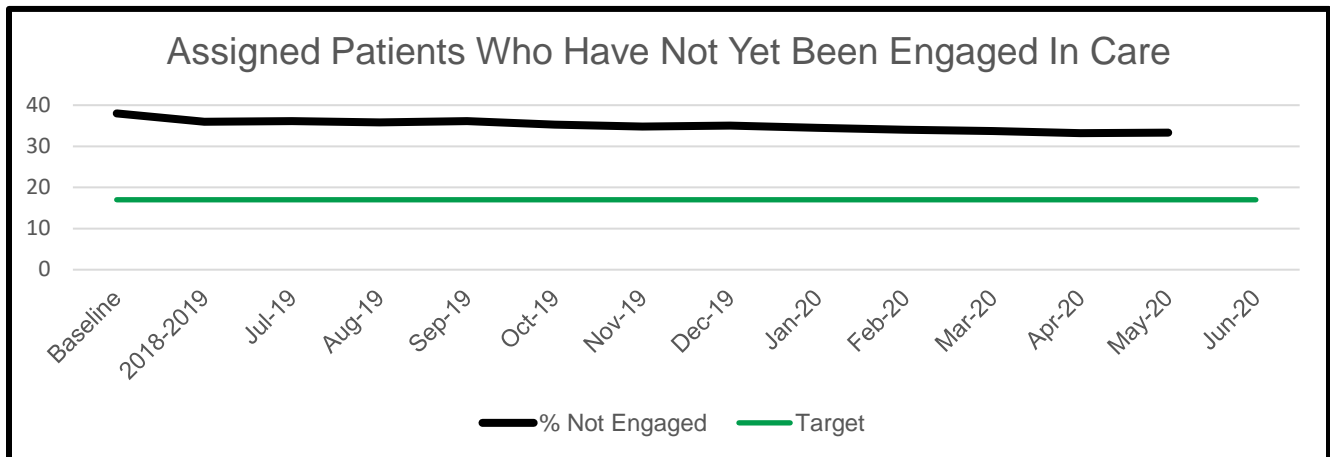
FINANCIAL STEWARDSHIP METRICS



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 49,000 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 and Daly City Youth Clinics



Fair Oaks Health Center



Coastside Clinic



South San Francisco Clinic



39th Avenue Campus



39th Avenue Campus

SMMC Holds Black Lives Matter Solidarity Event at the hospital and clinics— *(Pictured above: SMMC staff participate in events at various SMMC facilities)*

On Friday, June 19th (Juneteenth), San Mateo Medical Center providers and staff came together in solidarity with our Black communities to stand for racial justice and the elimination of health disparities.



Staff from other SMC Health divisions joined the event, which included 8 minutes and 46 seconds of silence, the amount of time George Floyd was pinned to the ground killing him. The event was held at SMMC facilities across San Mateo County. At each location, staff read the following statement:

“As San Mateo Medical Center health care providers and staff, we are called to provide comfort to those in need, and today we stand in support of Black communities and the Black Lives Matter movement. We come together to recognize racism as a public health problem and cause of disproportionate pain, suffering, and death in communities of color. We acknowledge our institutional and personal biases, and we commit to working towards a more just and equitable health system. All together, we can be better.”

I want to express my appreciation to those who planned, organized and attended the Solidarity events. Special thanks to Lalitha Sankaran, Manager of SMMC’s Office of Diversity, Equity, and Inclusion, who helped support the organizers of the effort.

SMMC Patients Provide Feedback on COVID-19 Response- SMMC continues to respond to the COVID-19 Pandemic with approximately 10% of Emergency Department visits being potentially COVID-19 related. The organization is also maintaining continuous readiness for a potential surge of patients especially as we head into flu season in the fall. Even as those preparations continue, we have received a great deal of feedback from our patients regarding the response to date. Some of those comments (provided through our Patient Experience vendor, NRC Health) are listed below:

- *It was very organized during the pandemic. I felt precaution were followed and put in place at this emergency room. It was above my expectations!! Thank you for a safe visit during these hard times!!!*
- *Thank you for your attention and service even in times of the pandemic. Thanks for your work.*
- *So glad that I was being attended to during this Covid19 pandemic! Thank you so much!*
- *I was worried about phone vs in person appt and worked out just fine. We set up a plan for when tests would be done etc. after Covid shelter in place was lifted. I felt I received great care.*
- *Thanks for the measures they took when listening to my case and also preventive measures when I arrived at the hospital. With the corona virus, the hospital was checking patient by patient before entering the hospital. Very good for that!*
- *Very satisfied, despite the crisis we faced with COVID19, the staff treated me with kindness and promptness. Thank you so much.*

SMMC Continues Remobilization Efforts -SMMC continues to move forward with its remobilization efforts. Volumes in the ED continue to rise with approximately 10% of the visits COVID-19 related. An increasing number of the remainder of the visits appear related to delayed or deferred care. We have seen higher than normal summer volumes in the inpatient and ICU units with several days of ICU overload. Clinic volumes are rising, now reaching approximately 80% of budgeted volumes with the majority of visits provided through telehealth modalities. The operating room is slowly increasing volumes through a process that includes



preoperative COVID testing. Teams are also focused on the safe remobilization of Inpatient and Ancillary services. We will look forward to continuing to update the board as those efforts move forward.

SMMC Working to Better Understand the Health Needs of our LGBTQ Patients- In honor of PRIDE month, SMMC's Office of Diversity, Equity, and Inclusion (DEI) partnered with the Gender Care Clinic to host a two-part series focused on improving care to our LGBTQ communities. In the first session, two patients from our Gender Care Clinic shared their experiences navigating life, health, and healthcare. One of our providers also shared her perspectives as a partner of a transgender woman and their experiences as a family. The session was recorded and is available on the [SMMC DEI SharePoint site](#). The second session was a collaborative discussion on improving care and services for LGBTQ patients based on patient and staff feedback.

I want to thank the planning team: Chris Thibodeaux, Dr. Sonia Ter Kuile, Dr. Charlene Kallusch, Rona Maglian, Dr. Susan Joseph, Chris Montenegro, Karen Pugh and Lalitha Sankaran. I also want to thank our patients and staff for their courage in sharing their personal experiences and providing insights on how we can continuously improve our care and services.

SNAPSHOT: San Mateo County Health

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

INDICATOR	NUMBER	CHANGE FROM PREVIOUS MONTH	CHANGE FROM PREVIOUS YEAR
ACE Enrollees	21,895 (May 2020)	2.98%	-0.37%
SMMC Emergency Department Visits	2,062 (May 2020)	20.2%	-43%
New Clients Awaiting Primary Care Appt.	34 (May 2020)	750%	-96%

Successful San Mateo County Pride Celebration Week

The Pride Initiative in collaboration with the LGBTQ Commission, San Mateo County Pride Center, and other CBO's held a successful 8th Annual SMC LGBTQ+ Pride Celebration Week on June 8-13, 2020. Around 1,300 people attended the live streaming plus all those watching the live stream via Pen TV. There were 14 events and dozens of speakers. Workshops included Census LGBTQ+ training, a Healthy Relationship workshop, a series of book readings and Q&A from LGBTQ+ authors, a documentary screening, and a forum on how Behavioral Health and Recovery Services (BHRS)'s Health Equity Initiative's co-chairs plan to address racial injustice and gender inequalities. There were about 20-30 participants at each workshop. On the Pride Initiative (PI) Facebook page and YouTube channel, there were approximately 6,500 views for the Saturday June 13th event. For the week, they had approximately 9,500 views on the PI Facebook page.



Photo Credits: BHRS-Pride Initiative



Other Highlights:

- A [community priorities list](#) during COVID-19 that covers 13 themes was developed with grassroots partners, residents and leaders in our most impacted communities to ensure that COVID-19 response and recovery efforts prioritize impacted communities. The list represents feedback Public Health Policy and Planning team members **received from partners across our Community Collaboration for Children's Success Initiative**, which involves community-based organization, school and other partners in direct relationship with hundreds of impacted residents, as well as feedback from a broad number of participants representing communities of color, immigrant populations, LGBTQI+, low-income residents at a virtual COVID-19 Town Hall on May 1st hosted by the BHRS. The list has been shared with over 1,000 residents, including community partners, local elected officials, and city and county staff.

- In May, BHRS, in partnership with the Superior Court of California, County of San Mateo and San Mateo County Probation Department was awarded a Pre-Trial Felony Mental Health/AB1810 grant of \$835,757 to fund the expansion of our diversion services to highly vulnerable and at-risk clients. The program will **be the County's first jail diversion program to specifically target individuals with** felony charges. The program aims to serve a minimum of 12 clients over a three-year period.
- The SMMC staff-led solidarity event in support of the Black community and patients that was held on June 19th drew hundreds of staff members and partners at five San Mateo County Health locations. The in-person supporters were joined by thousands online via Facebook Live streaming of the solidarity event. There were 1,513 that engaged virtually with the event by sharing, commenting or reacting to it and there were more than 3,700 who tuned it. Overall, 8,900 people were reached. The next highest reach for a June post was 6,900 for advice on how to protest safely.



Photo Credit: Health DOC Public Information Office Team

- Recipients of the Great Plates Delivered (GPD) program report high satisfaction. The Health Plan of San Mateo is conducting ongoing quality monitoring surveys with program participants. To date, the overall satisfaction with the program is 4.7 out of 5.

"Thanks to this program we've been able to survive the past couple of months. Without it, our business would have closed. This program has been a huge relief. It did not only help my family, but it has helped five other families because I've been able to add employees which is a huge benefit in addition to the seniors we are serving. We are very happy to be part of GPD." **stated Legnamarie Ortiz, owner of FG Bakery Cafe in North Fair Oaks.**

The GPD program has received an extension through July 10th. There are 60 restaurants preparing and delivering three meals a day to 1,448 older adults throughout the County. GPD is able to meet the food needs of older adults especially those residing in San Gregorio, Pescadero and La Honda.

"GPD was created to provide meals, support older adults, and the restaurant economy in San Mateo County. We are pleased and grateful to hear how this is supporting our older adults who are sheltering in place and experiencing food insecurity," **said Aging and Adult Services Director Lisa Mancini.**

- Clients of BHRS, AAS, San Mateo Medical Center, Bridges to Wellness/Whole Person Care, and Correctional Health Services have been awarded 38 Mainstream Housing vouchers. These are tenant-based vouchers administered by the Housing Authority that serve households that include a non-elderly person with a disability. This assistance, provided in collaboration with the HPSM and Brilliant Corners, has made it possible to thus far house 5 residents. The goal is to house 100% of those who receive vouchers.