



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, January 3, 2022

8:00 AM – 10:00 AM



AGENDA

Board of Directors

Monday, January 3, 2022

8:00 AM

*****BY VIDEOCONFERENCE ONLY*****
<https://smcgov.zoom.us/j/91075397545>

In accordance with AB 361, the Board will adopt findings that meeting in person would present imminent risks to the health or safety of attendees of in-person meetings. Consistent with those findings, this San Mateo Medical Center Board meeting will be conducted by videoconference

Public Participation

The meeting may be accessed through Zoom at <https://smcgov.zoom.us/j/91075397545>. 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, ROLL CALL, AND PUBLIC COMMENT

B. PROCEDURAL

Adopt findings pursuant to AB 361 to continue fully teleconferenced board meetings due to health risks posed by in-person meetings.

C. 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

D. REPORT OUT OF CLOSED SESSION

E. PUBLIC COMMENT

Persons wishing to address items not on the agenda

F. FOUNDATION REPORT

John Jurow

G. CONSENT AGENDA

Approval of:

1. December 6, 2021 Minutes
2. SMMC Board of Directors Bylaws

H. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Steve Hassid

I. ADMINISTRATION REPORTS

1. Compliance and HIPAA Report
2. Financial Report
3. CEO Report
- SMMC True North Update.....Verbal

Dr. CJ Kunnappilly..... Verbal
Gabriela Behn

David McGrew.....TAB 2

Dr. CJ Kunnappilly.....TAB 2

J. COUNTY HEALTH CHIEF REPORT

County Health Snapshot

Louise Rogers

K. COUNTY MANAGER'S REPORT

Mike Callagy

L. BOARD OF SUPERVISOR'S REPORT

Supervisor Carole Groom

M. TRAINING

Compliance Oversight and Governance Obligations

Gabriela Behn

N. ADJOURNMENT

PROCEDURAL



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San Mateo Medical Center
222 W 39th Avenue
San Mateo, CA 94403
650-573-2222 τ
smchealth.org/smmc

To: San Mateo Medical Center Board
From: Dr. CJ Kunnappilly, CEO
Date: January 3, 2022
Subject: Resolution to make findings allowing continued remote meetings under Brown Act

RECOMMENDATION:

Adopt a resolution finding that, as a result of the continuing COVID-19 pandemic state of emergency declared by Governor Newsom, meeting in person would present imminent risks to the health or safety of attendees.

BACKGROUND:

On June 11, 2021, Governor Newsom issued Executive Order N-08-21, which rescinded his prior Executive Order N-29-20 and set a date of October 1, 2021 for public agencies to transition back to public meetings held in full compliance with the Brown Act. The original Executive Order provided that all provisions of the Brown Act that required the physical presence of members or other personnel as a condition of participation or as a quorum for a public meeting were waived for public health reasons. If these waivers fully sunsetted on October 1, 2021, legislative bodies subject to the Brown Act would have to contend with a sudden return to full compliance with in-person meeting requirements as they existed prior to March 2020, including the requirement for full physical public access to all teleconference locations from which board members were participating.

On September 16, 2021, the Governor signed AB 361, a bill that formalizes and modifies the teleconference procedures implemented by California public agencies in response to the Governor's Executive Orders addressing Brown Act compliance during shelter-in-place periods. AB 361 allows a local agency to continue to use teleconferencing under the same basic rules as provided in the Executive Orders when certain circumstances occur or when certain findings have been made and adopted by the local agency.

AB 361 also requires that, if the state of emergency remains active for more than 30 days, the agency must make findings by majority vote every 30 days to continue using the bill's exemption to the Brown Act teleconferencing rules. The findings are to the effect that the need for teleconferencing persists due to the nature of the ongoing public health emergency and the social distancing recommendations of





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local public health officials. Effectively, this means that local agencies must agendaize a Brown Act meeting once every thirty days to make findings regarding the circumstances of the emergency and to vote to continue relying upon the law's provision for teleconference procedures in lieu of in-person meetings.

AB 361 provides that Brown Act legislative bodies must return to in-person meetings on October 1, 2021, unless they choose to continue with fully teleconferenced meetings because a specific declaration of a state or local health emergency is appropriately made. AB 361 allows local governments to continue to conduct virtual meetings as long as there is a gubernatorially-proclaimed public emergency in combination with (1) local health official recommendations for social distancing or (2) adopted findings that meeting in person would present risks to health. AB 361 is effective immediately as urgency legislation and will sunset on January 1, 2024.

DISCUSSION:

Because local rates of transmission of COVID-19 are still in the "substantial" tier as measured by the Centers for Disease Control, we recommend that your Board or Commission avail itself of the provisions of AB 361 allowing continuation of online meetings by adopting findings to the effect that conducting in-person meetings would present an imminent risk to the health and safety of attendees. A resolution to that effect, and directing staff to return each 30 days with the opportunity to renew such findings, is attached hereto.

FISCAL IMPACT:

None

RESOLUTION NO.

RESOLUTION FINDING THAT, AS A RESULT OF THE CONTINUING COVID-19 PANDEMIC STATE OF EMERGENCY DECLARED BY GOVERNOR NEWSOM, MEETING IN PERSON FOR MEETINGS OF THE SAN MATEO MEDICAL CENTER BOARD WOULD PRESENT IMMINENT RISKS TO THE HEALTH OR SAFETY OF ATTENDEES

WHEREAS, on March 4, 2020, the Governor proclaimed pursuant to his authority under the California Emergency Services Act, California Government Code section 8625, that a state of emergency exists with regard to a novel coronavirus (a disease now known as COVID-19); and

WHEREAS, on June 4, 2021, the Governor clarified that the “reopening” of California on June 15, 2021 did not include any change to the proclaimed state of emergency or the powers exercised thereunder, and as of the date of this Resolution, neither the Governor nor the Legislature have exercised their respective powers pursuant to California Government Code section 8629 to lift the state of emergency either by proclamation or by concurrent resolution in the state Legislature; and

WHEREAS, on March 17, 2020, Governor Newsom issued Executive Order N-29-20 that suspended the teleconferencing rules set forth in the California Open Meeting law, Government Code section 54950 et seq. (the “Brown Act”), provided certain requirements were met and followed; and

WHEREAS, on September 16, 2021, Governor Newsom signed AB 361 that provides that a legislative body subject to the Brown Act may continue to meet without fully complying with the teleconferencing rules in the Brown Act provided the legislative

body determines that meeting in person would present imminent risks to the health or safety of attendees, and further requires that certain findings be made by the legislative body every thirty (30) days; and,

WHEREAS, California Department of Public Health (“CDPH”) and the federal Centers for Disease Control and Prevention (“CDC”) caution that the Delta variant of COVID-19, currently the dominant strain of COVID-19 in the country, is more transmissible than prior variants of the virus, may cause more severe illness, and that even fully vaccinated individuals can spread the virus to others resulting in rapid and alarming rates of COVID-19 cases and hospitalizations (<https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html>); and,

WHEREAS, the CDC has established a “Community Transmission” metric with 4 tiers designed to reflect a community’s COVID-19 case rate and percent positivity; and,

WHEREAS, the County of San Mateo currently has a Community Transmission metric of “substantial” which is the second most serious of the tiers; and,

WHEREAS, the San Mateo Medical Center Board has an important governmental interest in protecting the health, safety and welfare of those who participate in its meetings; and,

WHEREAS, in the interest of public health and safety, as affected by the emergency caused by the spread of COVID-19, the San Mateo Medical Center Board deems it necessary to find that meeting in person would present imminent risks to the

health or safety of attendees, and thus intends to invoke the provisions of AB 361 related to teleconferencing;

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that

1. The recitals set forth above are true and correct.
2. The San Mateo Medical Center Board finds that meeting in person would present imminent risks to the health or safety of attendees.
3. Staff is directed to return no later than thirty (30) days after the adoption of this resolution with an item for the San Mateo Medical Center Board to consider making the findings required by AB 361 in order to continue meeting under its provisions.
4. Staff is directed to take such other necessary or appropriate actions to implement the intent and purposes of this resolution.

* * * * *

CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Monday, December 6, 2021
Videoconference Meeting

Board Members Present

Supervisor Carole Groom
Mike Callagy
Louise Rogers
Dr. CJ Kunnappilly
Dr. Steve Hassid
Dr. Brita Almog
Dr. Gordon Mak
Deborah Torres

Staff Present

Michelle Lee	John Jurow	Ziomara Ochoa
David McGrew	Karen Pugh	Priscilla Romero
Dr. Alpa Sanghavi	Gabriela Behn	
Robert Blake	Luci Latu	
Peggy Jensen	Rachel Daly	
Carlton Mills	Angela Gonzales	
Rebecca Archer	Dr. Katalin Szabo	

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Groom called the meeting to order at 8:00 AM. A quorum was present.	
Procedural	Approval of: 1. Adoption of findings to continue teleconferenced board meetings due to health risks posed by in-person meetings.	The Board unanimously approved the resolution.
Reconvene to Open Session	The meeting was reconvened at 8:21 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for December 6, 2021. QIC Minutes from October 26, 2021. Medical Executive Committee Minutes from November 9, 2021.	Rebecca Archer 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	Mr. Jurow reported that over \$400,000 was raised last month. Some of the supporters include the Chan Zuckerberg Initiative and Sunlight Giving. On December 9, the Foundation will host a grand opening celebration for the new Rehabilitation Center.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from November 1, 2021.	It was MOVED, SECONDED and CARRIED

		unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Steve Hassid	<p>Dr Hassid reported out to the Board on shortages affecting operations, such as OR equipment and lab supplies. Other shortages involve delays in radiology readings when providers are not available.</p> <p>Recently a second endoscopy suite was opened to reduce wait times for endoscopy procedures.</p>	FYI
<p>Psychiatric Emergency Services Redesign: Child and Adolescent Psychiatric Emergency Services Dr. Katalin Szabo. Carlton Mills, and Ziomara Ochoa</p>	<p>In San Mateo County, there are two hospitals that offer Psychiatric Emergency Services (PES) and SMMC is one of them.</p> <p>Over the past years, there has not been a large surge of minors in PES but their length of stay has been increasing steadily with a sharp increase in 2021. The cases are more complex and therefore more challenging. It takes much longer to find an appropriate level of care and a more suitable space for our youth are needed while they are in PES.</p> <p>Steps are being taken to separate minors and adults in PES but they are not adequate. Minors use the same hallways as adults, they may witness adult patients in crisis. Minors are required to stay inside their rooms unless supervised by staff which results in additional stress and concerns about social isolation.</p> <p>A grant for \$618,000 was received to enhance the safety of minor while in PES. It was a joint application between BHRS and SMMC.</p> <p>Construction will begin next year and will be completed along with the scheduled ligature risk mitigation construction. It will take about 6 months to complete. The result will be two dedicated youth rooms and a nursing station. Up to three minors can be accommodated in an area that is physically separated from the rest of the unit. It will increase the ability to honor gender specific needs, increase youth comfort and privacy, and allow better delivery of trauma-informed care.</p>	FYI
Financial Report David McGrew, CFO	The October FY 21/22 financial report was included in the Board packet and David McGrew answered questions from the Board.	FYI
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	Ms. Rogers reported that they are keeping a close eye on the Omicron variant of COVID-19. Good news is that hospitalization rates continue to be stable. Demand for COVID boosters is very high. We are one of the only places that offer walk-in Covid vaccination clinics.	FYI

	She expressed her gratitude to SMMC for working on broad issues such as food insecurity even in the midst of a pandemic.	
County Manager Mike Callagy	Mr. Callagy reported on the mass vaccination clinics held at the San Mateo County Event Center. There is great demand all the vaccines and they are admirably working to get as many people vaccinated as possible. It may be the only clinic in California to offer drive-through.	FYI
Board of Supervisors Supervisor Groom	Supervisor Groom commented that the county is fortunate to partner with Dana Stoehr, CEO of the Event Center. She also expressed her appreciation for the ongoing dedication to the community by all County staff.	FYI

Supervisor Groom adjourned the meeting at 9:40 AM. The next Board meeting will be held on January 3, 2022.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer



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**BYLAWS
OF THE
SAN MATEO MEDICAL CENTER**

Reviewed and Approved: SMMC Board of Directors on January 3, 2022.

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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 4, 2021.

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

ADMINISTRATION REPORTS

BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: November FY21-22

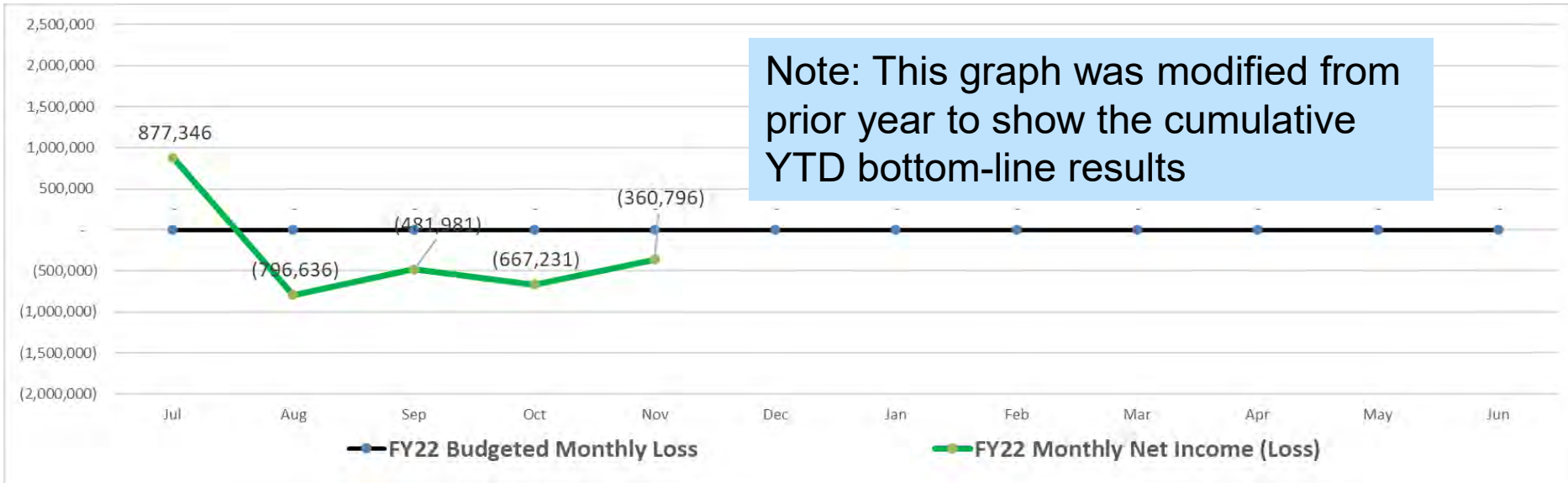
January 3, 2022

Presenter: David McGrew, CFO



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

Cumulative YTD Financial Results



Net Income(loss)–Nov \$306K, YTD (\$361K)

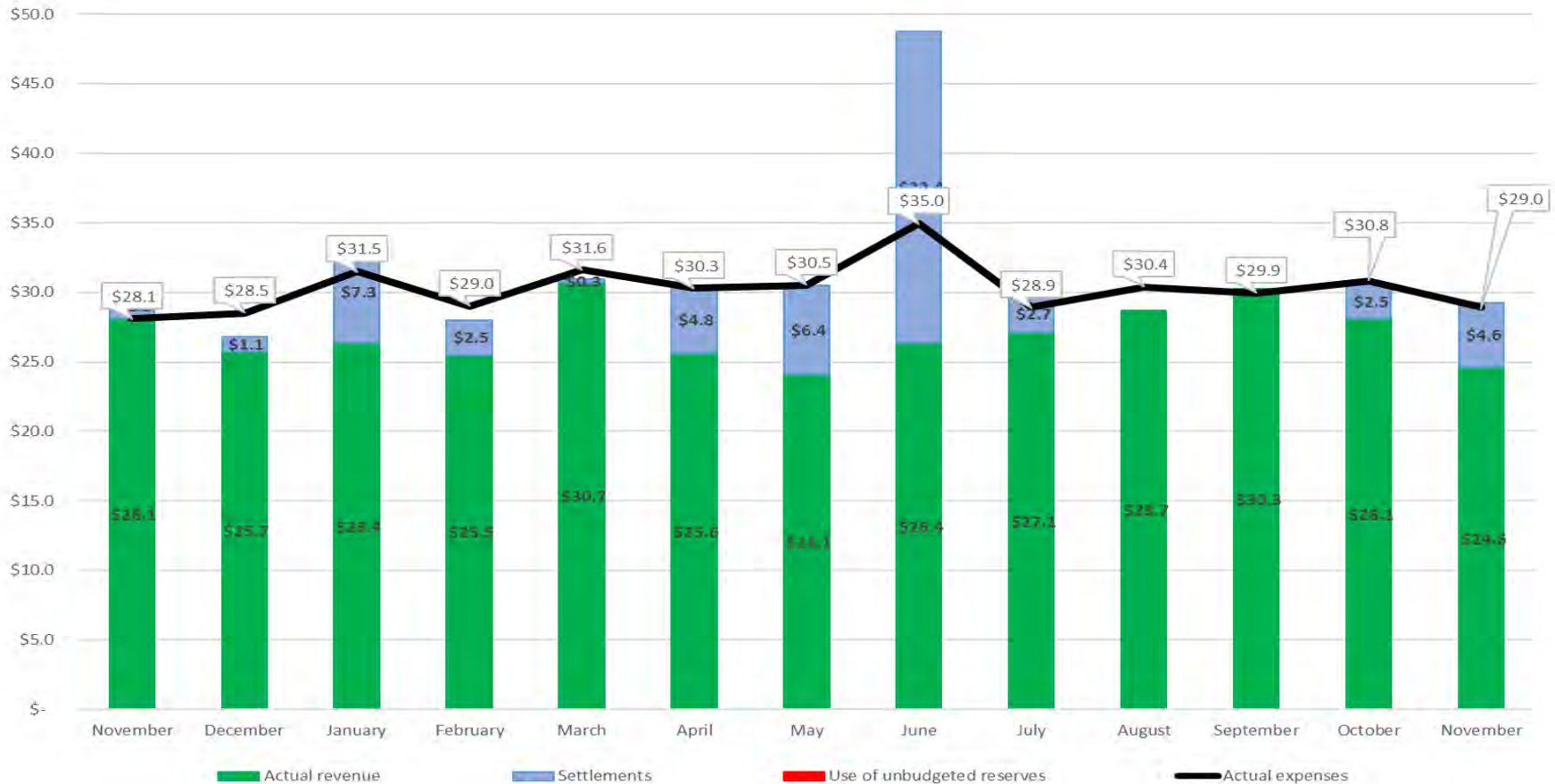
- Medi-Cal Fee for Service (FFS) rates
- Salary & Benefits (FTEs favorable)
- GPP model update / QIP perf bonus
- FY21 FQHC PPS reconciliation

- ARPA Rural payment
- Medical supplies expenses
- Nursing, Provider and staff registry expenses
- ACE outside medical costs
- FY14, FY21 cost reports / SB1732

November FY22 Snapshot: November is favorable to budget by \$306K. This is an improvement over the FY21 average monthly loss of \$2.7 million. Without \$5.4M of settlements and one- time revenues, November would be \$5M loss. The YTD loss of \$361K is expected to be corrected in future months. Inpatient volume continues to be down, clinic visits close to target and ED visits are trending down. Managed care membership is within 1% of budget.

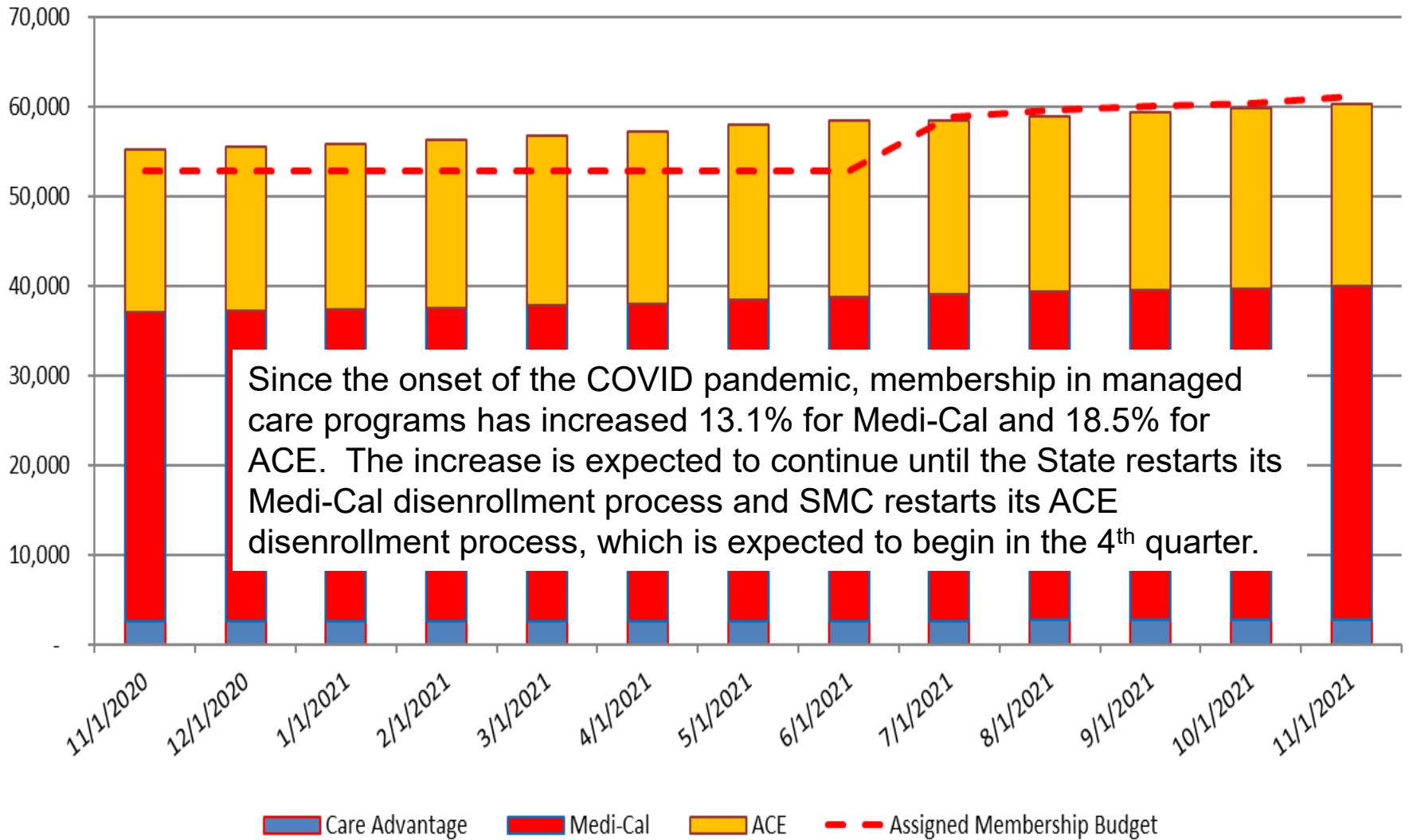
FY 21-22 Revenue & Expense Trend

SMMC's operating revenue is trending down (green bar). Operating expenses (black line) are trending flat with slight fluctuation at a FY22 monthly average of \$30 million, which is at par with the prior 12-month average of \$30.3 million. The spike in June Settlements (blue bar) was due to an unusual number of cost report closures



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

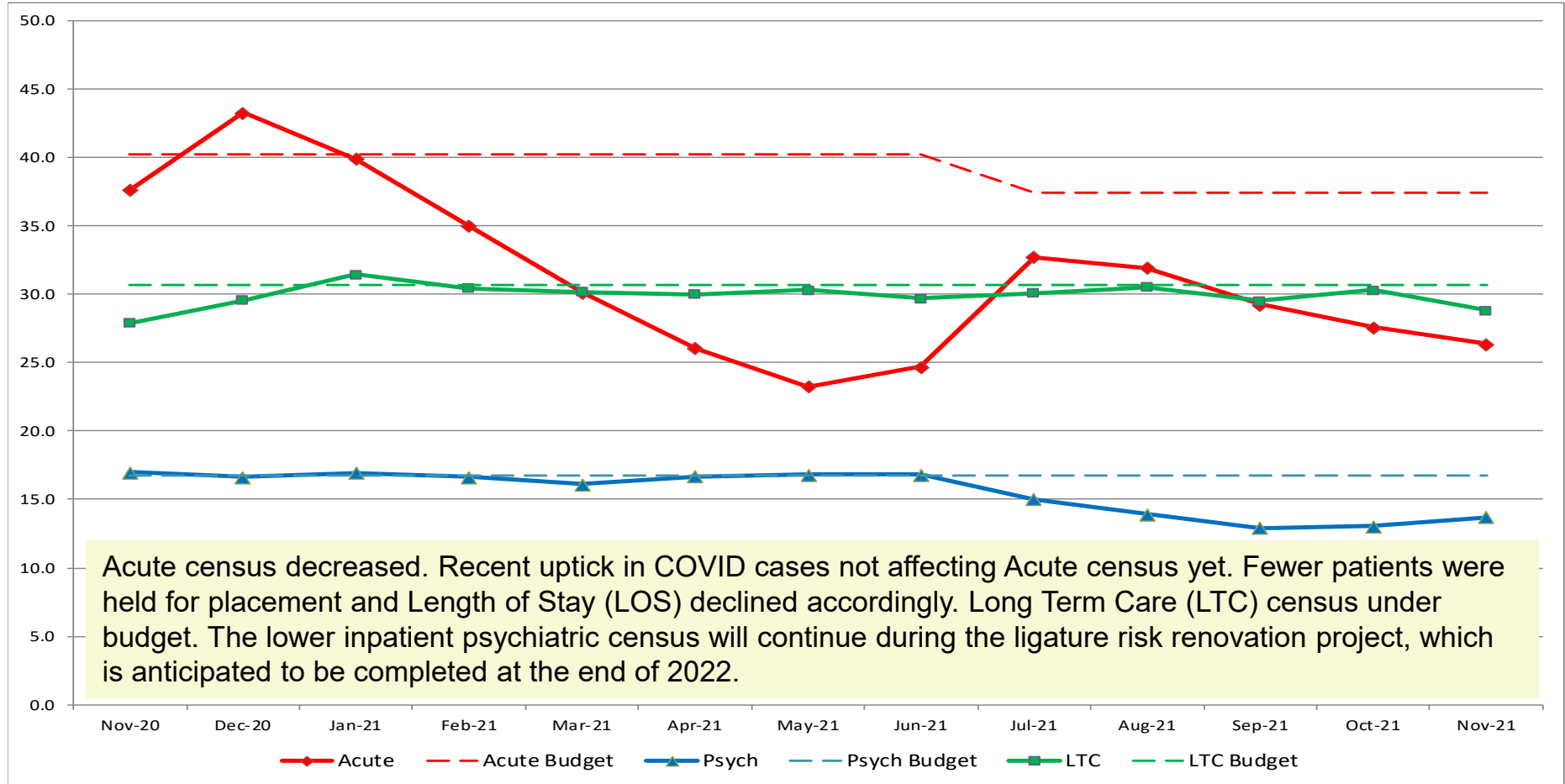
Managed Care Membership Trend



San Mateo Medical Center Inpatient Days November 30, 2021

Patient Days	MONTH			
	Actual	Budget	Variance	Stoplight
	2,067	2,566	(499)	-19%

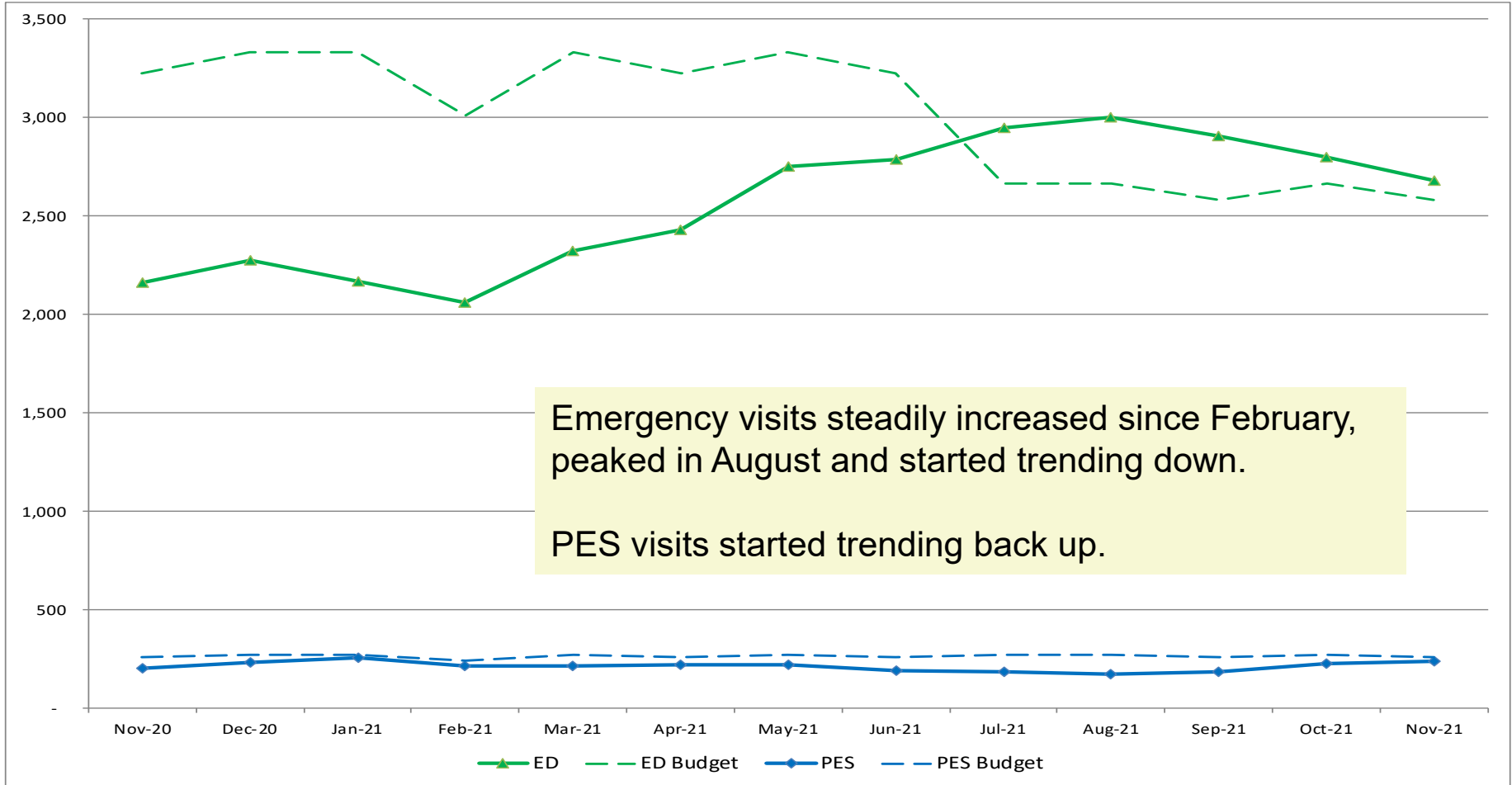
Patient Days	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
	11,196	13,087	(1,891)	-14%



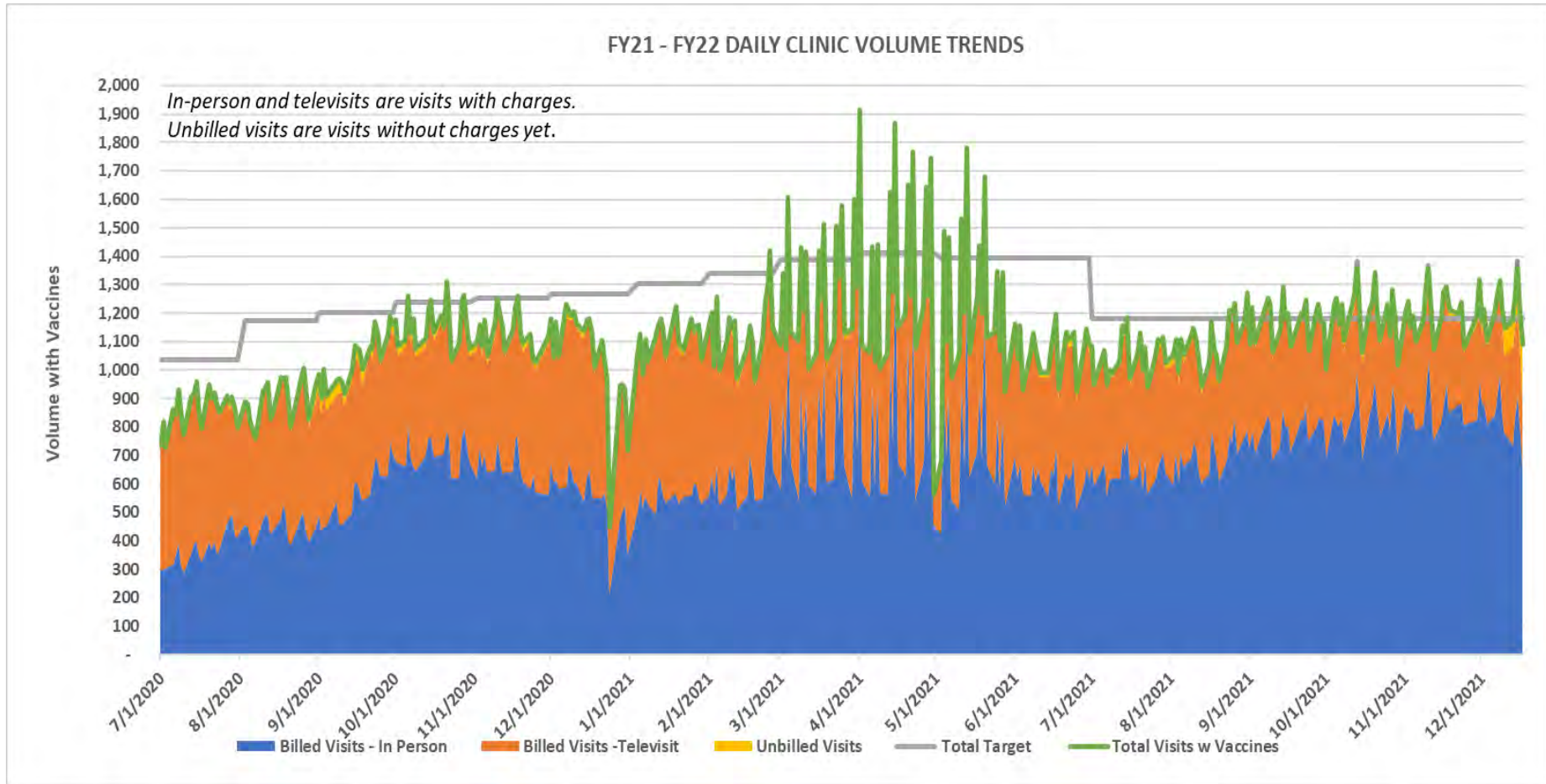
San Mateo Medical Center Emergency Visits November 30, 2021

	MONTH			
	Actual	Budget	Variance	Stoplight
ED Visits	2,919	2,843	76	3%

	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
ED Visits	15,344	14,497	847	6%

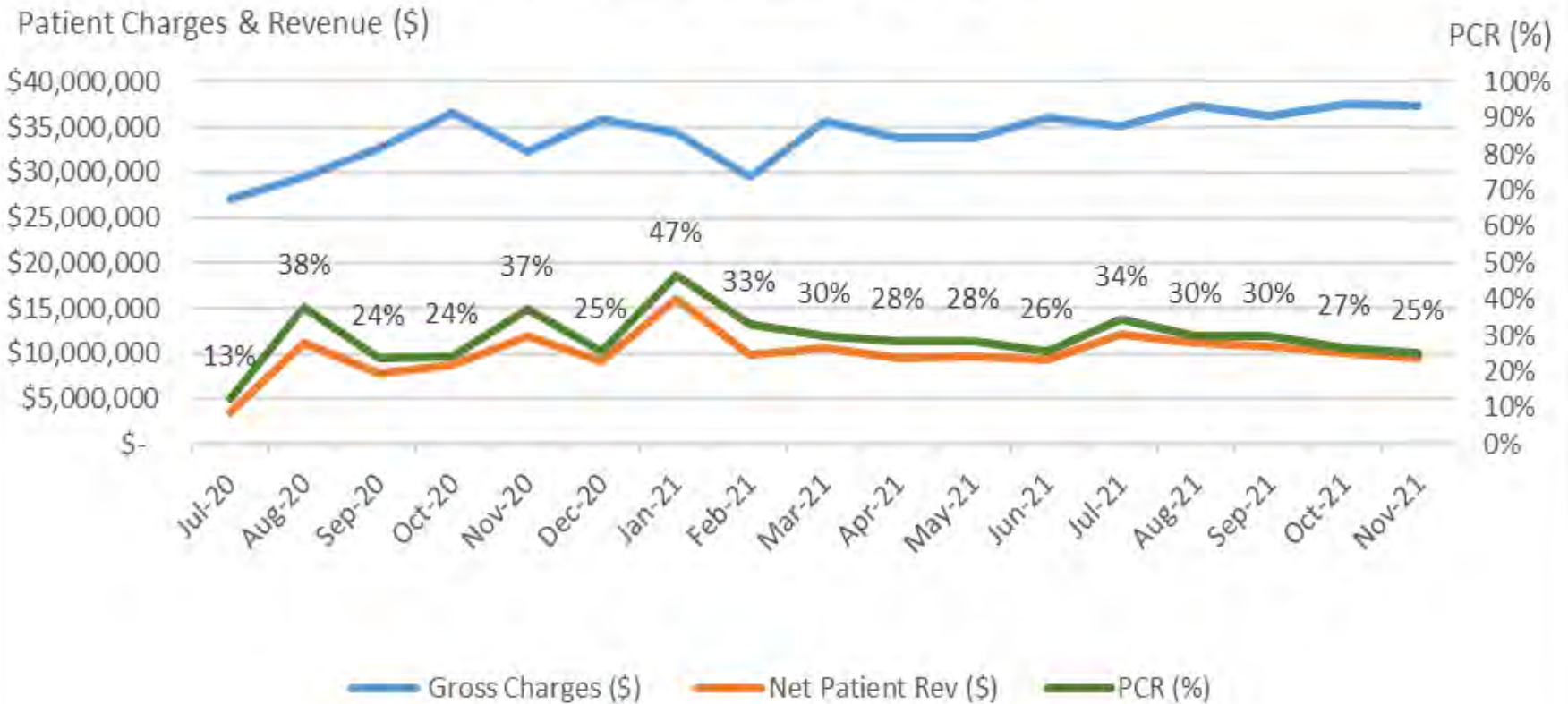


San Mateo Medical Center Clinic Visits November 30, 2021



Clinic televisits were 42% of total visits in FY21, hitting a high of 78% early in the pandemic. Televisits are running at 38.4% of total visits in FY22 as more patients are opting for in-person visits. March & April spikes are due to targeted vaccination events.

Patient Revenue Trend

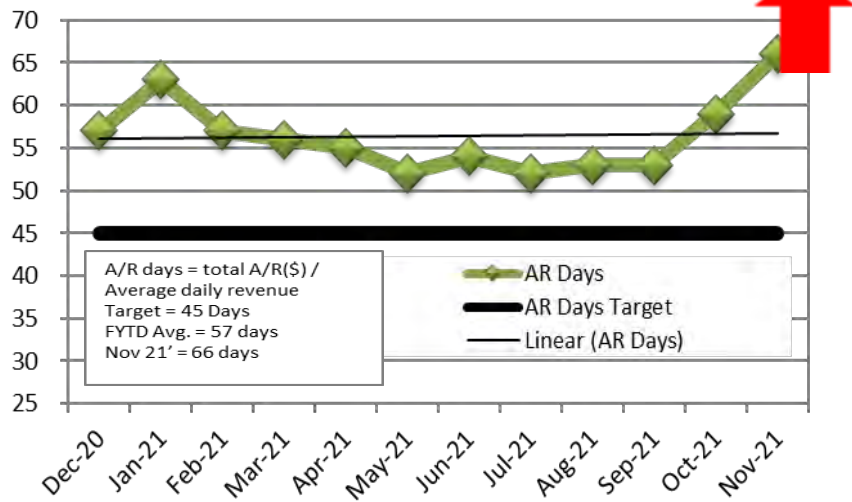


Budgeted PCR 27.5% (FY21), 33.9% (FY22)

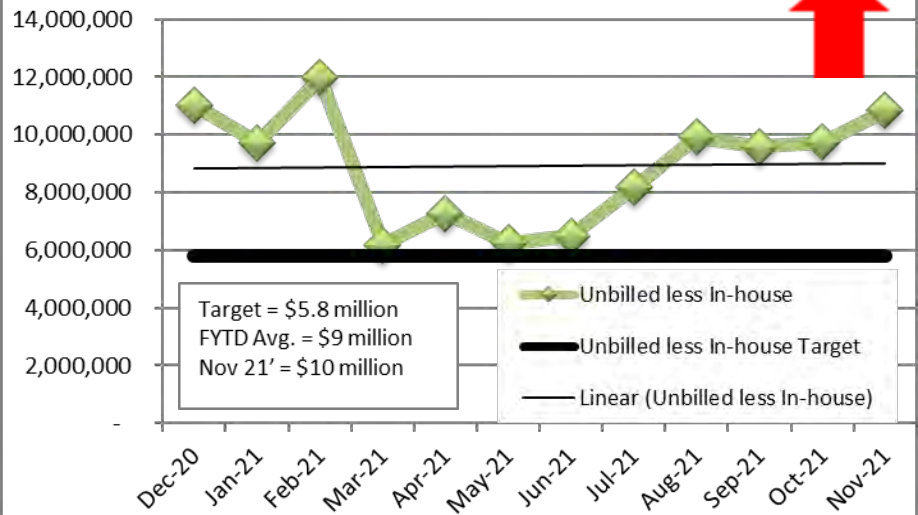
Gross patient revenue consistent at approx. \$35 million per month since the increase in patient volume late last year. The collection rate (PCR) trended down last two months due to the slight increase in gross patient revenue last two months driven by addition of new charge codes for billing compliance.

Key Performance Indicators

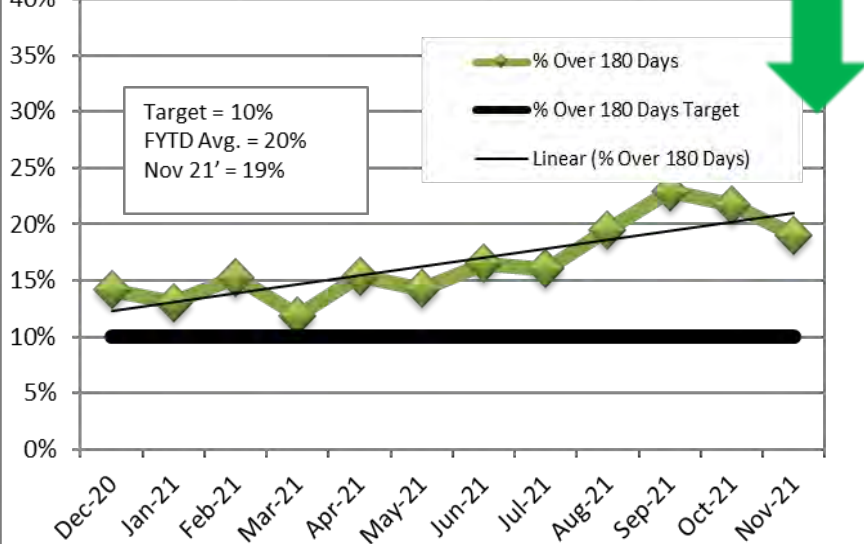
A/R Days - Rolling 12 Months



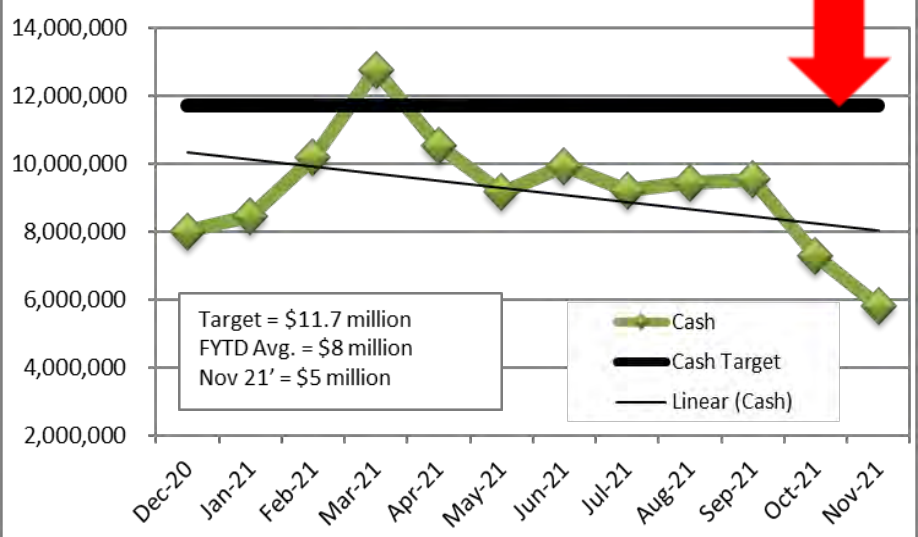
A/R Unbilled - Rolling 12 Months



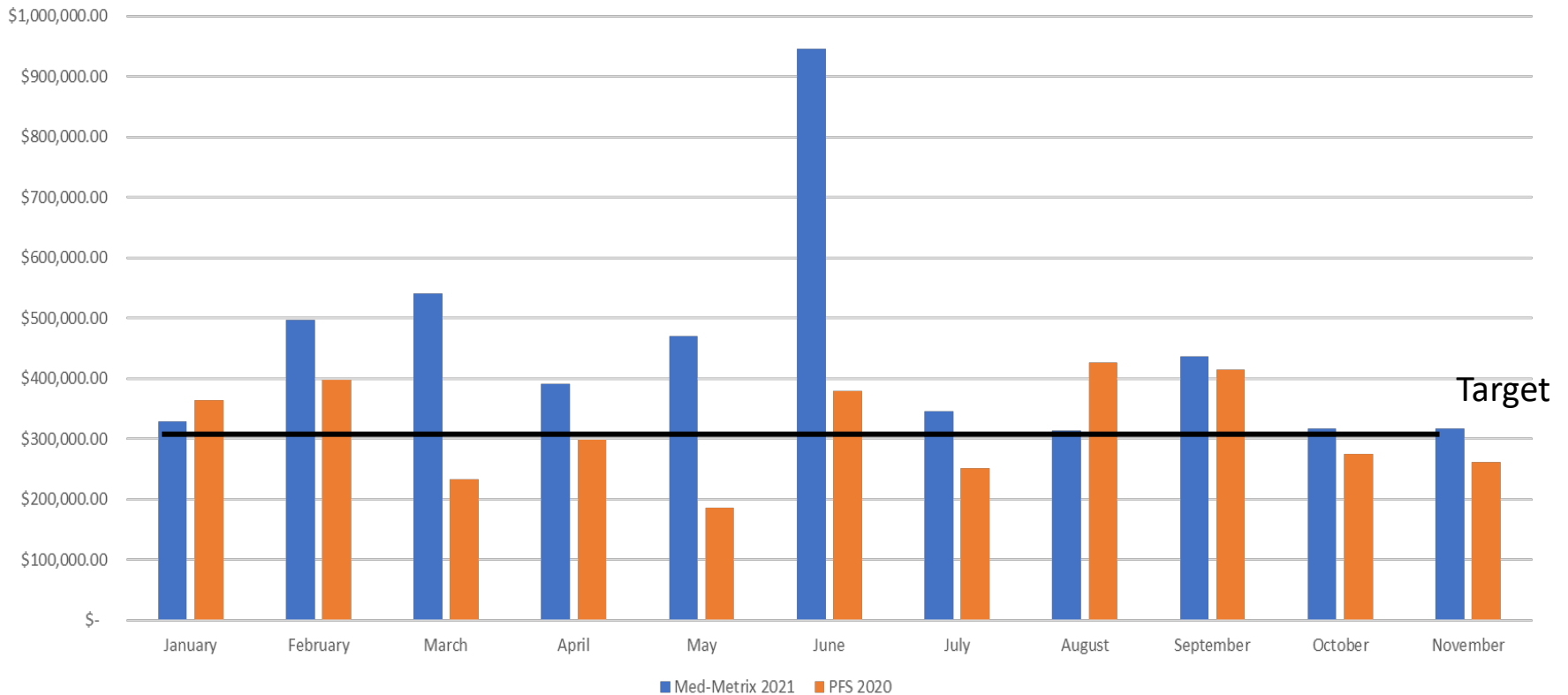
% of A/R Over 180 Days - Rolling 12 Months



Cash - Rolling 12 Months



Commercial Accounts Receivable Collections



July 2020 MMX began supporting PFS with Commercial Collections

Med-Metrix is a 3rd party vendor supporting the PFS team with collection work on commercial accounts. They have exceeded prior year PFS collections in all but 2 months.





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, 2021

MONTH			
Actual	Budget	Variance	Stoplight

A	B	C	D
---	---	---	---

YEAR TO DATE			
Actual	Budget	Variance	Stoplight

E	F	G	H
---	---	---	---

1 Income/Loss (GAAP)	306,435	0	306,435	
-----------------------------	---------	---	---------	--

(360,796)	0	(360,796)	
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2 HPSM Medi-Cal Members Assigned to SMMC	37,259	37,526	(267)	-1%
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184,279	184,843	(564)	0%
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3 Unduplicated Patient Count	66,616	65,556	1,060	2%
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66,616	65,556	1,060	2%
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4 Patient Days	2,067	2,566	(499)	-19%
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11,196	13,087	(1,891)	-14%
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5 ED Visits	2,919	2,843	76	3%
--------------------	-------	-------	----	----

15,344	14,497	847	6%
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7 Surgery Cases	247	253	(6)	-2%
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1,095	1,371	(276)	-20%
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8 Clinic Visits	22,825	22,416	409	2%
------------------------	--------	--------	-----	----

117,874	121,517	(3,643)	-3%
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9 Ancillary Procedures	59,512	64,953	(5,441)	-8%
-------------------------------	--------	--------	---------	-----

327,939	351,362	(23,423)	-7%
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10 Acute Administrative Days as % of Patient Days	0.0%	N/A	N/A	0%
--	------	-----	-----	----

0.0%	N/A	N/A	0%
------	-----	-----	----

11 Psych Administrative Days as % of Patient Days	73.0%	80.0%	7.0%	9%
--	-------	-------	------	----

73.3%	80.0%	6.7%	8%
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(Days that do not qualify for inpatient status)

Pillar Goals

12 Revenue PMPM	95	160	(65)	-41%
------------------------	----	-----	------	------

115	161	(46)	-28%
-----	-----	------	------

13 Operating Expenses PMPM	276	309	33	11%
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287	312	26	8%
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14 Full Time Equivalents (FTE) including Registry	1,131	1,205	74	6%
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1,134	1,205	71	6%
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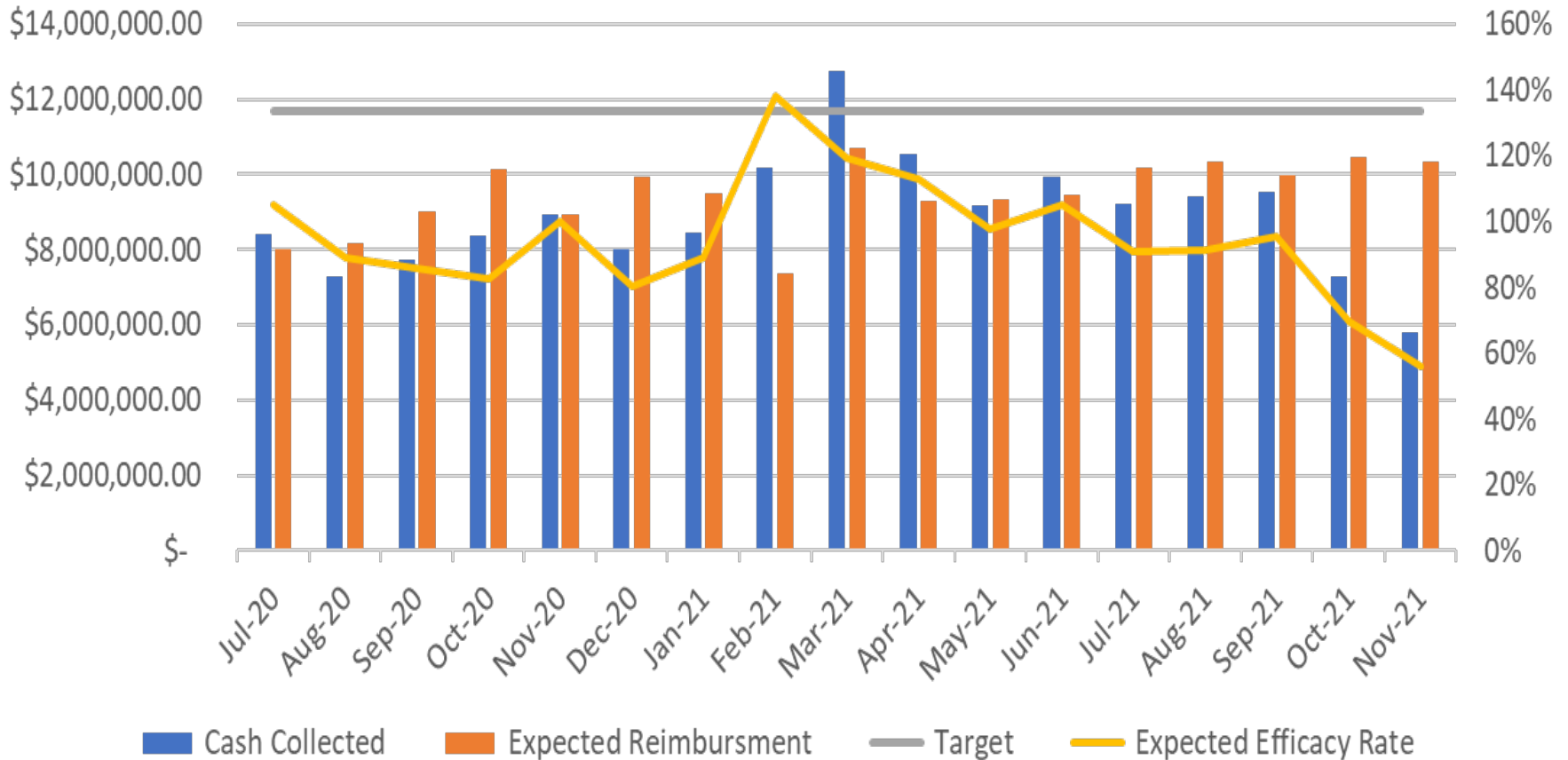
San Mateo Medical Center
Income Statement
November 30, 2021

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	10,783,364	13,751,776	(2,968,412)	-22%	58,671,305	72,925,547	(14,254,242)	-20%
22 Outpatient Gross Revenue	26,628,138	23,742,593	2,885,545	12%	124,970,447	118,712,966	6,257,482	5%
23 Total Gross Revenue	37,411,502	37,494,369	(82,867)	0%	183,641,752	191,638,513	(7,996,761)	-4%
24 Patient Net Revenue	9,443,989	13,677,761	(4,233,773)	-31%	53,424,467	68,388,807	(14,964,341)	-22%
25 Net Patient Revenue as % of Gross Revenue	25.2%	36.5%	-11.2%	-31%	29.1%	35.7%	-6.6%	-18%
26 Capitation Revenue	367,765	386,246	(18,482)	-5%	1,831,031	1,931,232	(100,201)	-5%
27 Supplemental Patient Program Revenue (Additional payments for patients)	14,292,215	12,722,491	1,569,724	12%	60,640,997	63,612,456	(2,971,459)	-5%
28 Total Patient Net and Program Revenue	24,103,969	26,786,499	(2,682,531)	-10%	115,896,495	133,932,496	(18,036,001)	-13%
29 Other Operating Revenue (Additional payment not related to patients)	1,724,528	1,175,198	549,330	47%	6,149,383	5,875,988	273,395	5%
30 Total Operating Revenue	25,828,497	27,961,697	(2,133,200)	-8%	122,045,878	139,808,484	(17,762,606)	-13%

San Mateo Medical Center
Income Statement
November 30, 2021

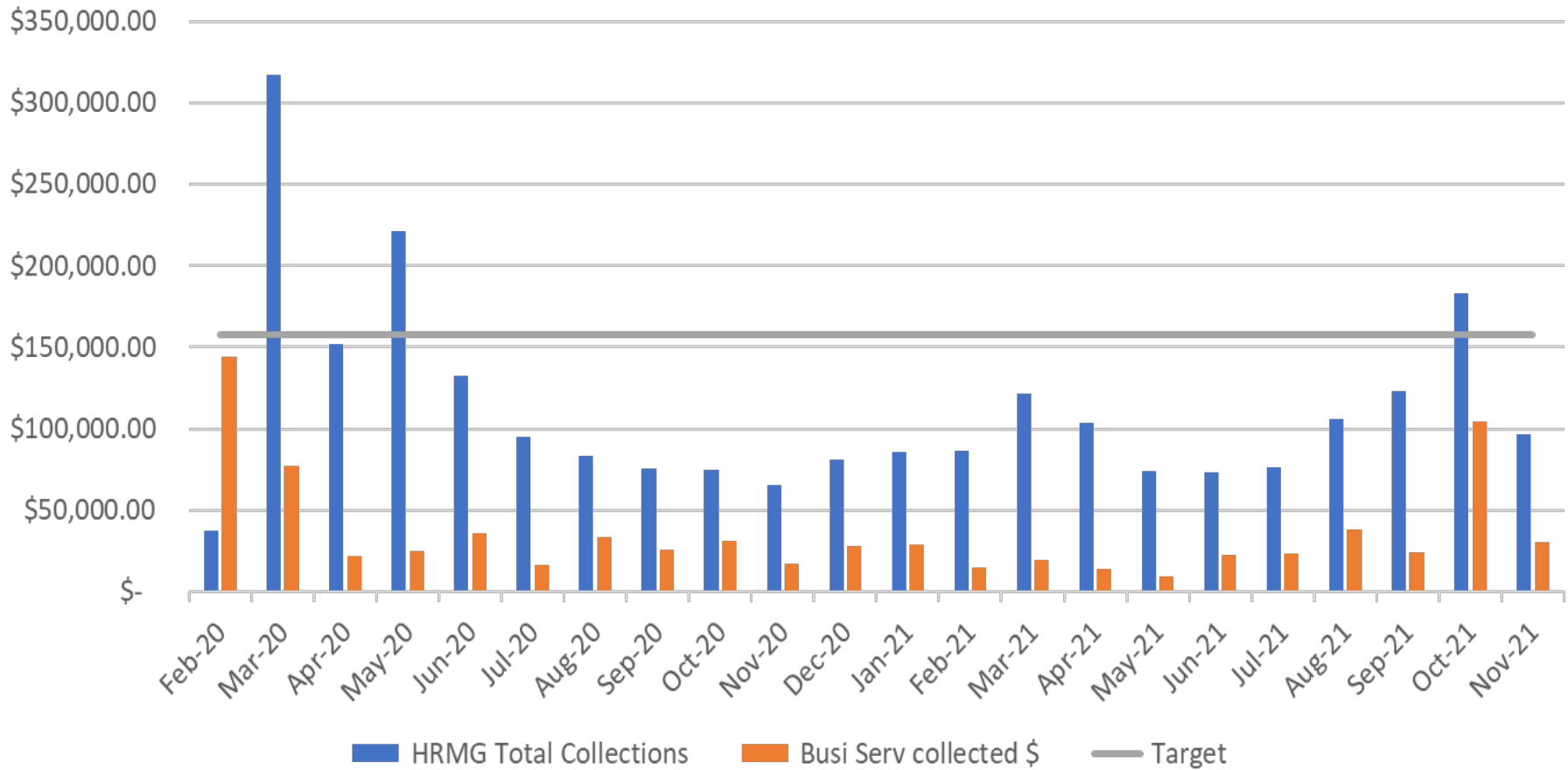
	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
Operating Expenses									
31 Salaries & Benefits	15,728,089	18,553,233	2,825,144	15%	82,725,212	92,766,163	10,040,951	11%	
32 Drugs	1,539,032	1,279,462	(259,571)	-20%	5,307,876	6,397,308	1,089,433	17%	
33 Supplies	1,002,820	902,477	(100,343)	-11%	5,256,486	4,512,386	(744,100)	-16%	
34 Contract Provider Services	3,606,119	3,405,431	(200,688)	-6%	20,763,101	17,027,157	(3,735,944)	-22%	
35 Other fees and purchased services	4,694,682	5,134,188	439,506	9%	26,006,930	25,670,939	(335,991)	-1%	
36 Other general expenses	408,248	1,527,114	1,118,866	73%	2,222,949	7,635,570	5,412,621	71%	
37 Rental Expense	229,492	241,444	11,952	5%	1,004,279	1,207,222	202,943	17%	
38 Lease Expense	1,481,582	742,610	(738,972)	-100%	4,452,021	3,713,049	(738,972)	-20%	
39 Depreciation	265,937	227,894	(38,043)	-17%	1,284,659	1,139,472	(145,186)	-13%	
40 Total Operating Expenses	28,956,002	32,013,854	3,057,851	10%	149,023,513	160,069,268	11,045,755	7%	
41 Operating Income/Loss	(3,127,506)	(4,052,157)	924,651	23%	(26,977,635)	(20,260,784)	(6,716,851)	-33%	
42 Non-Operating Revenue/Expense	434,222	(1,249,645)	1,683,867	135%	2,409,913	(6,248,225)	8,658,138	139%	
43 Contribution from County General Fund	2,999,718	5,301,802	(2,302,083)	-43%	24,206,925	26,509,009	(2,302,083)	-9%	
44 Total Income/Loss (GAAP)	306,435	0	306,435	-	(360,796)	0	(360,796)	-	
(Change in Net Assets)									

Expected Reimbursement vs Actual Cash Collected During COVID



Fee-For-Service (FFS) revenue is significantly below target due to patient volumes being lower during the pandemic. Cash collected is lower than expected for the actual revenue generated due to challenges with releasing claims in a timely manner.

Self Pay Cash Collections

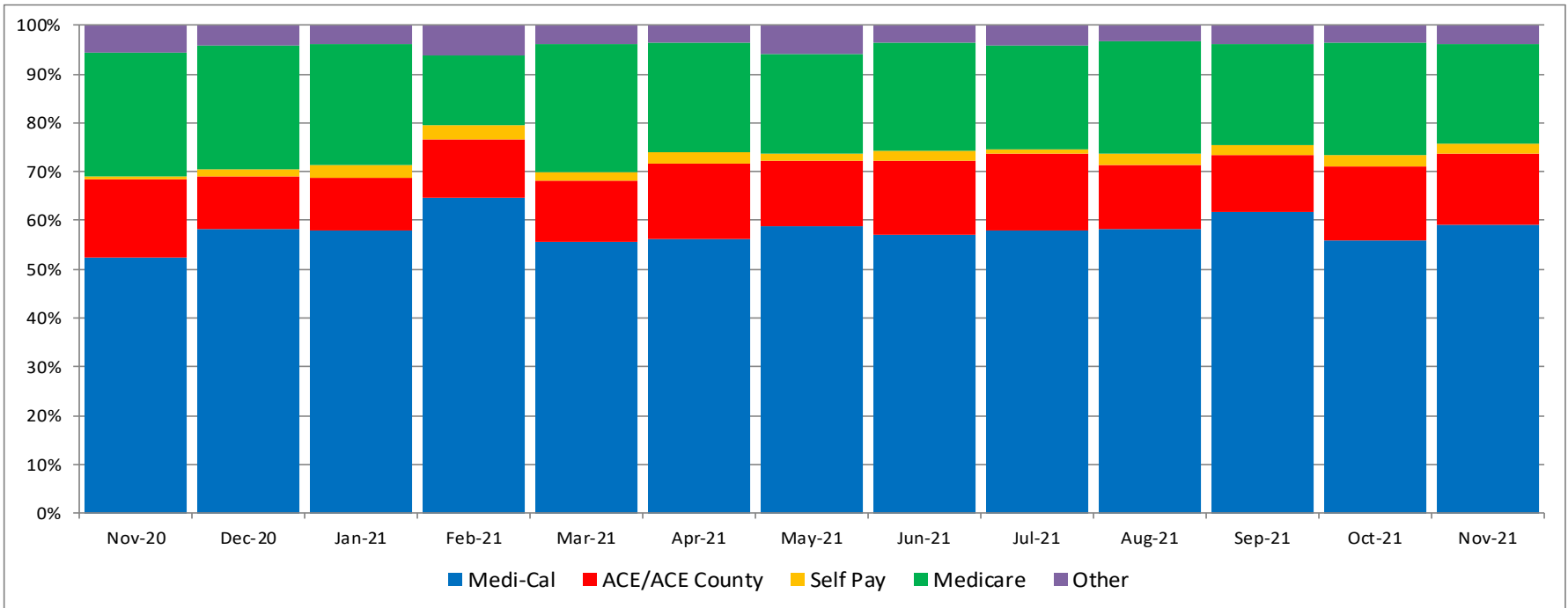


SMMC contracted with Healthcare Revenue Management Group to support SMMC's Business Services unit with collections of self-pay balances

**San Mateo Medical Center
Payer Mix
November 30, 2021**

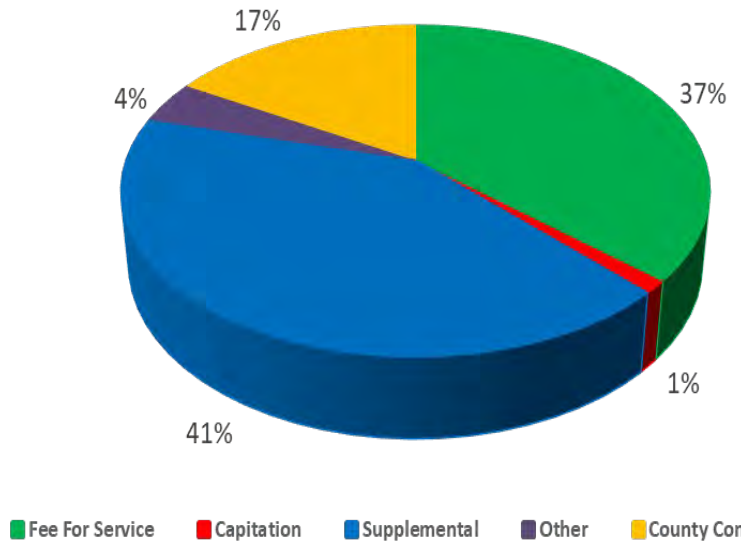
Payer Type by Gross Revenue	MONTH			
	Actual	Budget	Variance	Stoplight
	A	B	C	D
Medicare	20.5%	22.7%	-2.2%	
Medi-Cal	59.1%	58.9%	0.3%	
Self Pay	1.9%	1.6%	0.4%	
Other	3.8%	4.3%	-0.5%	
ACE/ACE County	14.6%	12.5%	2.1%	
Total	100.0%	100.0%		

Payer Type by Gross Revenue	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
	E	F	G	H
Medicare	21.7%	22.7%	-1.0%	
Medi-Cal	58.5%	58.9%	-0.3%	
Self Pay	1.9%	1.6%	0.3%	
Other	3.8%	4.3%	-0.6%	
ACE/ACE County	14.1%	12.5%	1.5%	
Total	100.0%	100.0%		

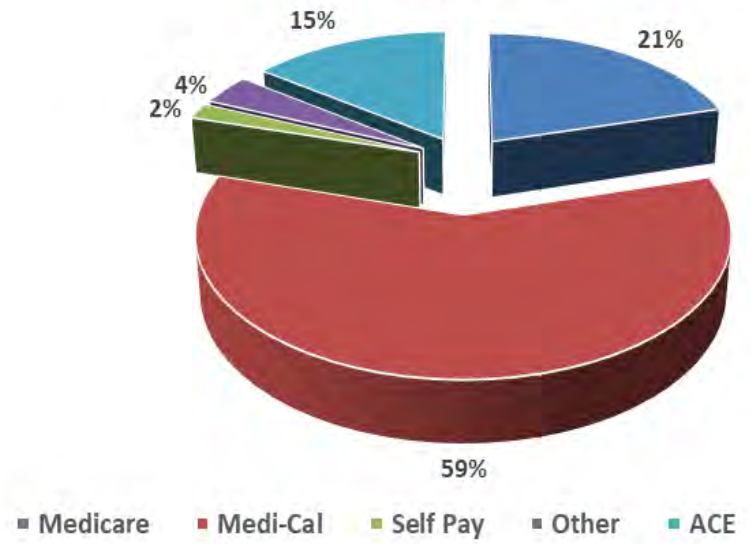


Revenue Mix

Sources of Revenue



Payor Mix



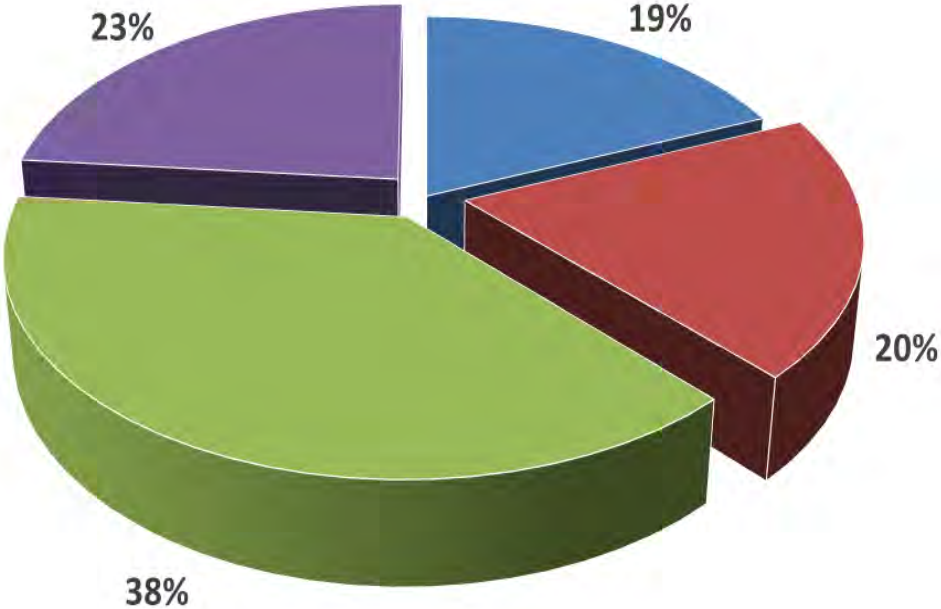
Health Plan of San Mateo (HPSM) represents 30% of our Operating Revenue

- 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



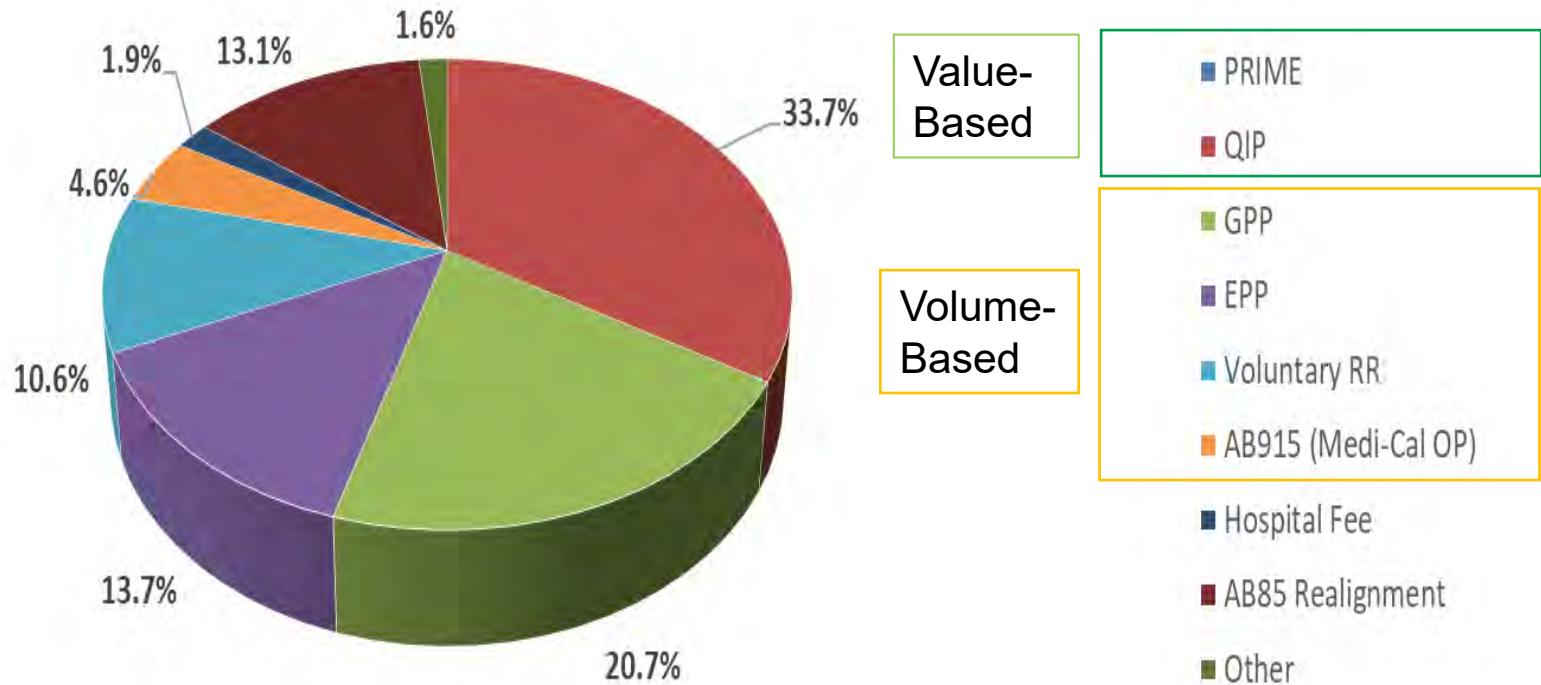
■ Inpatient

■ Hospital ED & Outpatient

■ Ambulatory Clinics

■ Ancillary Services

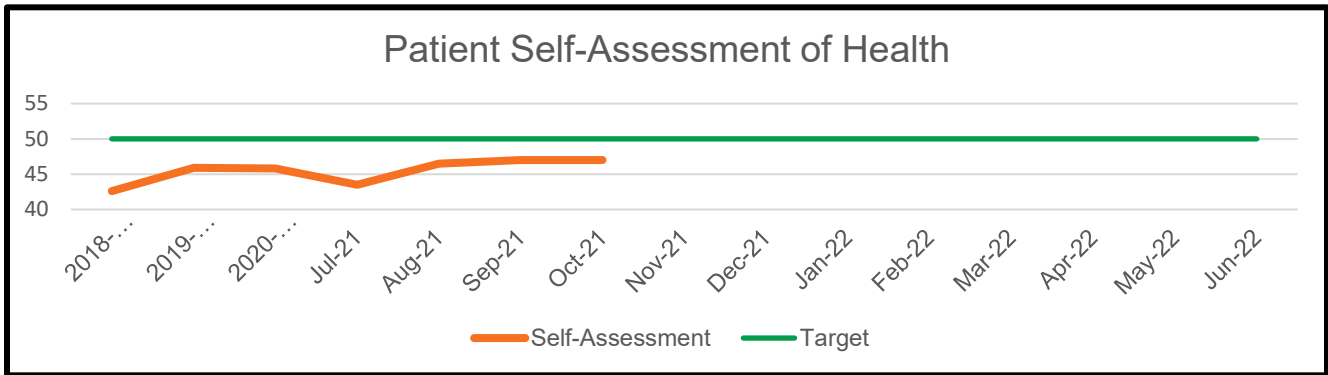
Supplemental Revenue Mix



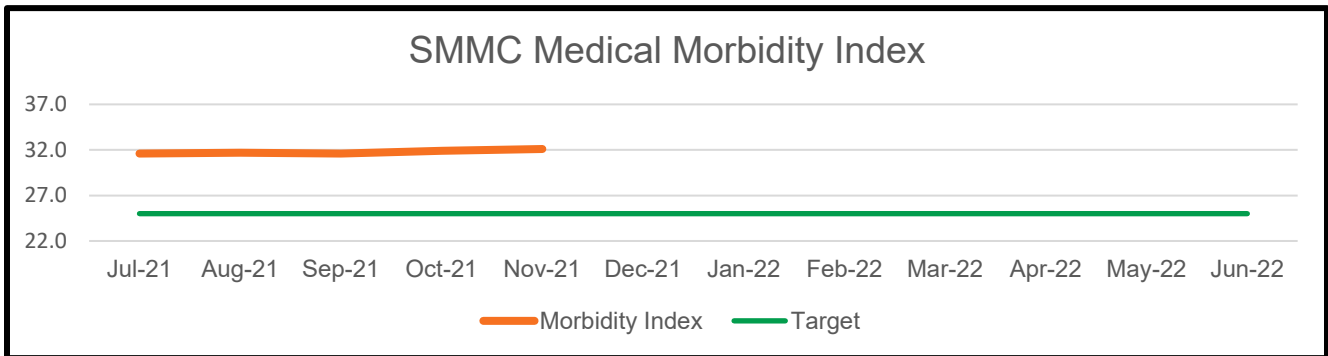
- **Value-Based** programs represent 33.7% of our Supplemental Revenue
- **Volume-Based** programs represent 66.3% of our Supplemental Revenue

CEO REPORT

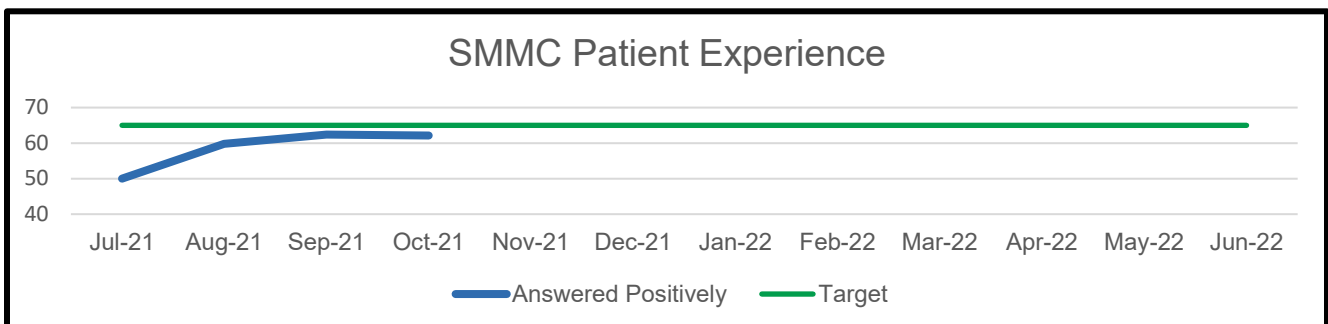
January 2022



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.**



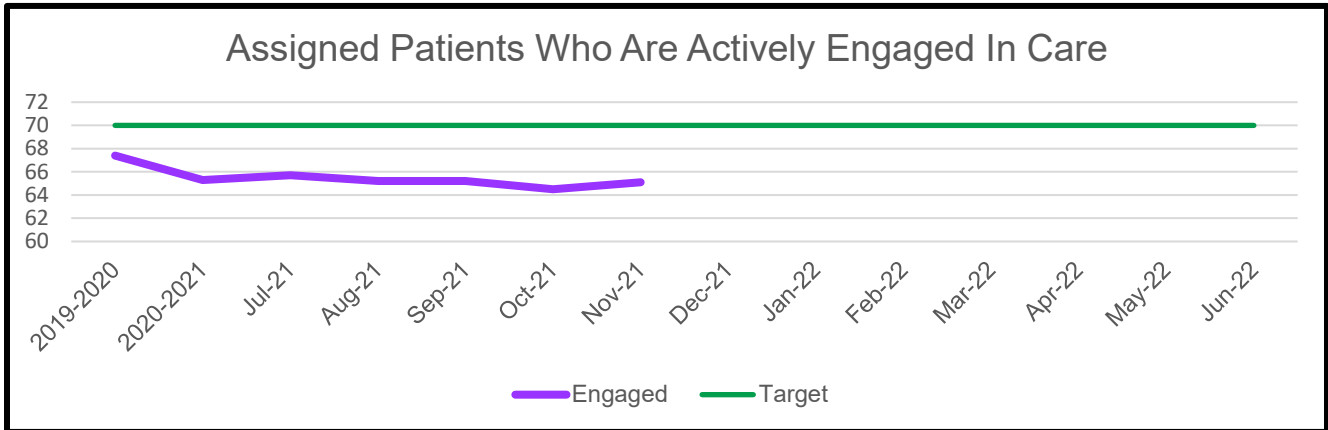
Quality Metrics at 90th Percentile: SMMC seeks excellence in all that it does. The organization currently participates in a number of pay for performance programs including PRIME, QIP and the Health Plan of San Mateo Pay for Performance Program. This metric measures the percentage of quality metrics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



Patient Experience: Percentage of patients who answered affirmatively to the patient experience survey question: "Did the staff work together to meet your needs?" -New Metric begun in August 2021. **Higher is better.**



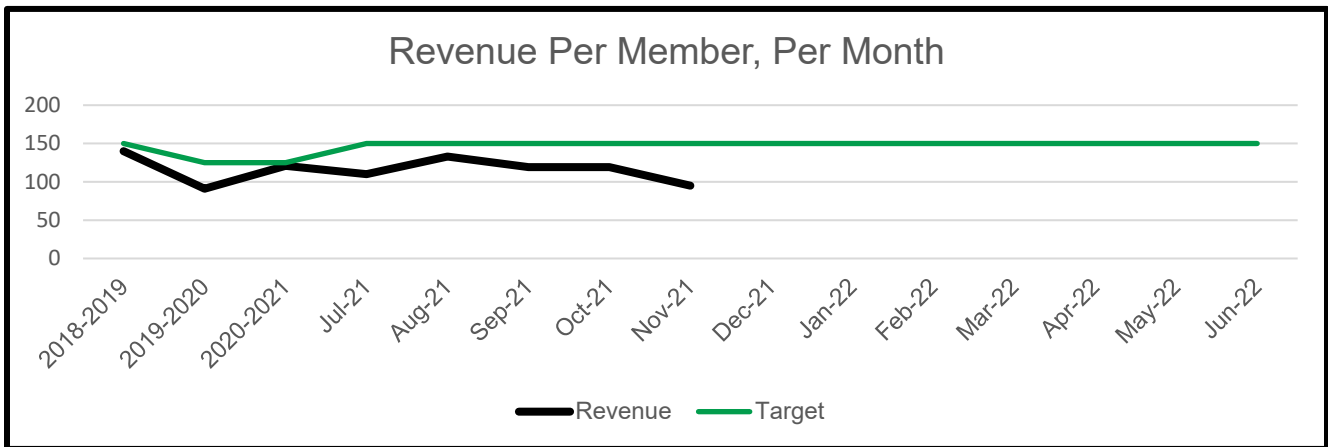
Access to Care



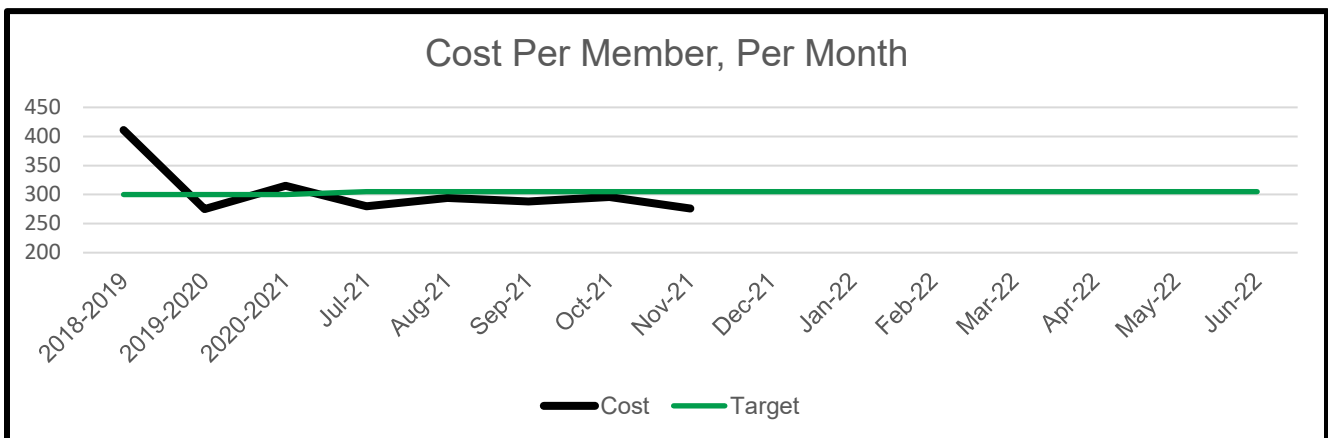
Assigned and Engaged: Percentage of patients assigned to SMMC by the Health Plan of San Mateo who are actively engaged in Care. **Higher is better.**



Financial Stewardship

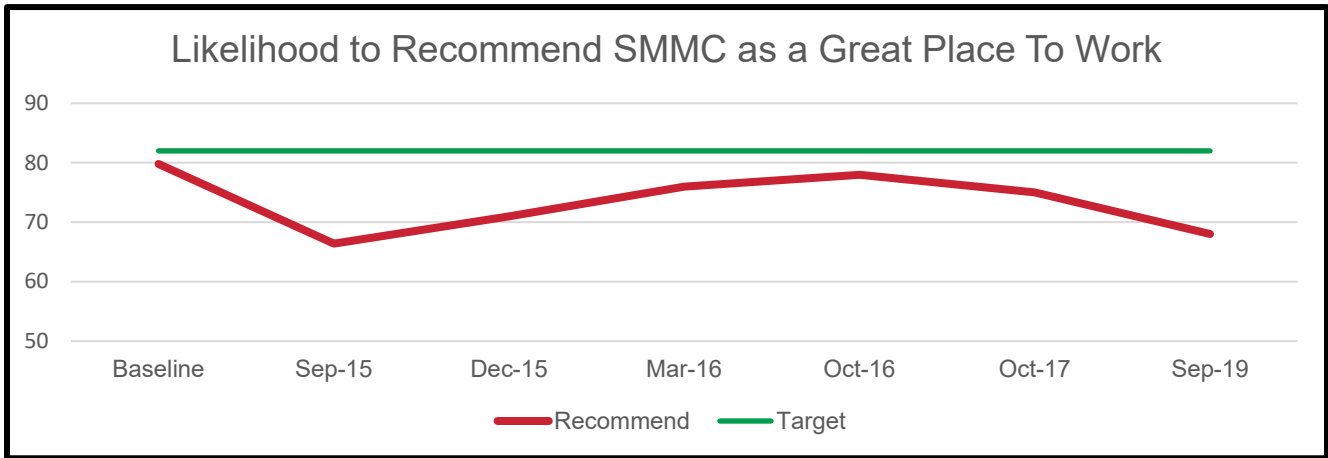


Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. **Higher is better.**



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

 **Staff Engagement**



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. *-New Metrics coming soon.* **Higher is better.**

STRATEGIC UPDATES, RECOGNITIONS & AWARDS



As part of our True North roll-out, the Senior Leadership Team gave staff a branded hoodie as a thank you for their hard work over the past year. Staff in our Skilled Nursing Unit (above, left) and our Specialty Clinics (above, right) model the hoodie.

San Mateo Medical Center Updates True North

One of the Principles of Organizational Behavior, developed by the Shingo Institute, is “Creating Constancy of Purpose.” Consistently reinforcing our purpose leads to unwavering clarity of why the organization exists, where it is going, and how it will get there. It also enables people to align their actions, as well as to innovate, adapt, and take risks with greater confidence.

Our purpose is our True North – our vision and aspiration for the future. On its own, our vision could be subject to interpretation by each leader and employee so it’s important to ensure clarity by also defining our mission (what we do every day) and our values, goals, and principles (how we do our work).

Typically, we review our True North every five years to ensure it continues to accurately reflect the needs of who we serve, incorporates our learning over the years, capitalizes on our current strengths, accounts for current and future challenges, and differentiates us from other healthcare providers.

We last updated our True North in 2015. Although we initiated a review in 2019, the pandemic put the process on hold until 2021. What we learned about ourselves and our patients over the past two years revealed the updates we needed to clarify who we serve and our essential role in the community.

Our approach to reviewing and updating our True North was purposefully inclusive and iterative. We started with a thorough assessment of our current strengths, weaknesses, opportunities, and threats based on qualitative and quantitative data, including direct input from staff, providers, patients, and County and community partners.

After developing a draft revision, several focus groups provided input and made recommendations. The final True North package was rolled out to all staff in November.



- Vision:** Every patient will live their healthiest life.
- Mission:** We partner with our community to provide excellent healthcare for patients, including those experiencing social, environmental, or economic challenges.
- Values:** We commit to equity, seek collaboration, embrace learning, inspire trust, and nurture ownership.

We are proud of, and inspired by, our updated True North and believe it will effectively guide our work for the next several years as we help every patient live their healthiest life. We continue to refine and finalize our metrics and goals within this updated True North, but the metrics contained in the preceding pages represent our current thinking with respect to organization-wide targets. We look forward to sharing updates with the board as the work evolves.

SMMC Opens 2nd Endoscopy Room

One of the negative impacts of the pandemic was that SMMC was forced to close its OR and Endoscopy unit for several weeks at the beginning of the pandemic. In addition, new pandemic-related air exchange requirements increased the amount of time that our endoscopy rooms needed to remain vacant between patients and thus limited the number of patients we could serve each day. Finally, many patients declined to pursue needed colonoscopies and upper endoscopies due to fear of coming to the hospital. All of these factors have come together to create a significant backlog of patients awaiting endoscopies at SMMC. On December 13th, after many weeks of preparation, we were able to open a second endoscopy room doubling our capacity. We are already seeing the positive impact of being able to pull patients forward on the schedule. Thank you to everyone who worked to make this possible.

Congratulations to Nominees for Women in County Government Recognition

SMMC was proud and excited to see several of our staff nominated for Women in County Government awards including:

Carmen Alvarado, Call Center - *nominated for Development Champion Award*

Rachel Borovina, 39th Avenue Pediatrics - *nominated for Rookie of the Year Award*

Priscilla Romero, Medical Staff Office - *nominated for Development Champion Award*

Irene Pasma, Healthcare for the Homeless - *nominated for Rookie of the Year Award*

Congratulations to all the nominees!

SMMC Vaccination Efforts Continue

In the face of the emergence of the Omicron variant, SMMC continues to advance all its vaccination efforts including first time vaccinations for adults and children and boosters for previously vaccinated individuals over the age of 16. As of 12/22/2021, 44,612 (72.5%) of our patients over age 5 have documentation of at least one dose of COVID-19 vaccine (64.7% have completed their initial series). Those with documentation of at least one dose of vaccine include 77.7% of our patients over age 12, 78.2% of those over age 16, 82.5% of those over 50 and 84.4% of those over 65. This also includes 71.7% of our patients over age 5 in our highest risk neighborhoods.

We appreciate the efforts of all our staff to meet this important need of our community and look forward to sharing booster data soon.

Santa and the HOGs Bring Toys for Patients



On Saturday, December 4, the SMMC Volunteers hosted the 32nd Annual HOGs Toy Drive. The Golden Gate Harley Owners' Group (HOGs) brought hundreds of toys to the hospital, which included six bikes! They also donated an additional \$565 to purchase additional toys. Kids enjoyed seeing Santa and picking out a toy. They also received a cookie and candy cane as a bonus treat. The Patient Experience team distributed leftover toys to all our pediatric clinics and mobile clinics to hand out to kids throughout the holiday season.

Thank you to the HOGs for their endless support and partnership, to the San Mateo County Health Foundation for their support, and to staff and volunteers who also donated toys. A special thank you to Berenyce Alonso, Volunteer Coordinator, and Jen Naranjo, Patient Experience Manager for their coordination and leadership, which led to a successful event.

2021 Accomplishments

As we close out 2021, we recognize that it was another challenging year with many unexpected twists and turns. Even in the face of those challenges much has been accomplished and it is important that we take the time to celebrate.

Excellent Care

- The SMMC Antibiotic Stewardship Program was recognized by the California Department of Public Health with Gold Status on its Honor Roll.
- SMMC launched and maintained highly successful campaigns to vaccinate both staff and patients (followed by successful booster programs), meeting the needs of some of the most vulnerable members of our communities. These efforts included mass vaccination efforts, partnership with outside agencies for events on our campuses and vaccination within routine clinic flow.
- In recognition of how the Social Determinants of Health negatively impacted our patients throughout the course of the pandemic, in 2021, SMMC launched strategic efforts to address them beginning with Food Insecurity and Literacy Challenges. Although we remain somewhat early in the work, highlights include:
 - Partnership with a community-based organization to bring a Mobile Farmer's Market to Fair Oaks Health Center weekly
 - The South San Francisco clinic has held two improvement events focused on creating a safe and welcoming environment for patients of all literacy levels. The outcomes of these events include the revamping of signage within the clinic and a new tool to screen for literacy challenges.
 - New MOUs have been executed with several community partners to facilitate the connection between our patients and food resources.
 - Work is underway to create a comprehensive database of resources available to our patients with food insecurity
 - A workgroup has been established to examine all materials going to patients to ensure they are at the appropriate literacy level
- As part of SMMC's Disparity Reduction efforts, the Healthcare for the Homeless/Farmworker Health program partnered with Fair Oaks Health Center to pilot a patient navigator program aimed at connecting African American/Black patients with hypertension to services.
- SMMC implemented Medication for Addiction Treatment (MAT) guidelines on the inpatient Medical-Surgical unit in October. We believe we were the first hospital in the county with such guidelines which will help care teams better support our patients suffering from addiction.
- The Healthcare for the Homeless/Farmworker Health Program underwent its routine Operational Site Visit by the Health Resources & Services Administration (HRSA) and had only 2 minor findings, the fewest grant conditions in the history of the program.
- SMMC Laboratory Services successfully underwent their routine Biennial Joint Commission Survey with the surveyor commending them on their habits of excellence.
- SMMC's Skilled Nursing Units underwent multiple surveys including several focused on Infection Control that had no adverse findings.

- Radiology had a successful regulatory survey for Mammography services with the surveyor again commending the staff on their outstanding work.
- The Medical Staff Office had a highly successful audit (with only two findings) by the National Committee for Quality Assurance (NCQA). This was actually part of an NCQA accreditation for the Health Plan of San Mateo, but SMMC was audited as a credentialing partner.
- Pharmacy Services rolled out new Pyxis (point of service) Medication units across the hospital. The new machines are faster, more reliable and allow better control over the medications they contain.
- The Emergency Department began to utilize Clinical Data Category (CDC) alerts in their pyxis machine to ensure that blood cultures are drawn prior to administering IV antibiotics, this has increased compliance with Sepsis protocols that are known to reduce mortality.
- Integrated Behavioral Health has developed and implemented biofeedback services which have been used to support patients in the Innovative Care Clinic and Fair Oaks Health Center with issues ranging from insomnia to headaches to hypertension.
- The Emergency Department acquired and trained on LUCAS devices. These devices improve resuscitation efforts by delivering consistent, high quality chest compressions during a resuscitation event.
- The Skilled Nursing Unit achieved an overall rating of 4 out of 5 stars and a quality measures rating of 5 out of 5 stars on Medicare.gov's Nursing Home Compare.
- The 1A Skilled Nursing Unit was recognized by the Health Plan of San Mateo for excellent performance on the Access and Quality metrics of the Value Based Reimbursement Model.
- Fair Oaks Health Center worked with their onsite pharmacy to provide blood pressure machines to patients so they could better monitor their blood pressure at home.
- OB/GYN services successfully partnered with the San Mateo County Health Foundation to secure a grant from the Vera Long Foundation to support breastfeeding and post-partum education.
- With leadership from Dr. Vivian Levy and support from the Medical Staff Office, SMMC partnered with Stanford to hire a research coordinator (funded by Stanford) to recruit and enroll COVID positive patients in Stanford clinical trials thus ensuring our patients have access to cutting edge treatments during the pandemic.



Patient Experience

- The Healthcare for the Homeless/Farmworker Health Program helped launch a new learning module for PSAs to support their efforts to identify the homeless at the time of registration.
- The Emergency Department acquired and implemented new hallway medical chairs to expand capacity for low acuity patients coming to the Emergency Department. In addition, to improving flow, these chairs have allowed the ED to more effectively segregate patients with respiratory symptoms from other low acuity patients.
- The 1A Skilled Nursing Unit had excellent results on its Patient Satisfaction Survey through Pinnacle Quality Insight. Highlights include Nursing care at 4.83 (National Avg=4.25 and

- “Best in Class” =4.59) and Recommend to others at 5 (National Average=4.20 and “Best in Class” =4.70)
- Rehabilitative Services (including Physical Therapy, Occupational Therapy, Speech Therapy) Pain Management and Respiratory Therapy successfully moved into their new space on the ground floor of the nursing wing. This beautiful new space is due, in part, to a significant contribution (\$1M) from the San Mateo County Health Foundation and will better support staff in meeting the needs of our patients. This was truly a team effort and our thanks go out to all the leaders, staff and partners involved.
- Dental Services expanded the scope of its Fluoride visits to include parent education including education on teeth brushing which has led to improved patient satisfaction.
- The Education Department partnered with the office of Diversity, Equity and Inclusion to create an 8-hour interpreter certification training within the Learning Management System (LMS) for appropriate bilingual staff.

Staff Engagement

- The SMMC Integrated Behavioral Health Team was recognized with a County STARS Award in the Area of Diversity & Inclusion for their work on “Bilingual Behavioral Health Groups in Primary Care.”
- In recognition of SMMC’s vital role in the pandemic effort, SMMC staff members were recognized by the media throughout the year. Examples (with links to the stories) are below:
 - Rachel Daly-<https://cbsloc.al/2KKEFfv>
 - Julie Hersk- <https://bit.ly/2YaANHI>
 - Daniele Levy and Rakhi Singh- <https://bit.ly/367jawK>
 - Marie Sheppy- <https://www.myamericannurse.com/nurse-heroes-of-the-pandemic/>
 - Suja Georgie- https://www.smdailyjournal.com/news/local/medical-treatment-of-virus-evolves-in-san-mateo-county/article_b5f3cef2-27e8-11ec-a25c-abf904e9c1ed.html
- Led by our Chief Nursing Officer, SMMC had a highly successful celebration of Nurse’s Day, May 6th. This included a powerful and poignant video of SMMC nurses reflecting on their pandemic experiences.
- SMMC enjoyed Hospital Week celebrations the week of May 10th through the 14th. Highlights included a thank you video from the Hospital Board, lunch sponsored by the San Mateo County Health Foundation and a flash mob across multiple sites.
- Noris Larkin, Assistant Chief Nursing Officer for Ambulatory Services, and Mithu Tharayil, Supervising Physician for Adolescent Services, were recognized with Wellness Leadership Awards by the County Wellness Committee.
- Suja Georgie, Supervising Physician for Inpatient Medical-Surgical Services, was selected to participate in the Kaiser Permanente Advanced Patient Safety Program.

- Mithu Tharayil, Supervising Physician for Adolescent Services, was selected to be part of the latest cohort in the California Health Care Foundation's Health Care Leadership Program.
- The Emergency Department has expanded its use of the Learning Management System (LMS) to deliver meaningful content to staff since large meetings have been difficult during the pandemic.
- The Education Department partnered with the Medical Staff Office to streamline and automate the student placement process which has significantly reduced the processing time for student placements.
- The Education Department created an online form to be used to submit requests for educational reimbursement; the form improves accuracy, reduces delays, and reduces the risk that a form could get lost in the internal mail system.
- Under the guidance and leadership of our Communications team, SMMC launched its new intranet on the SharePoint platform. Work is ongoing to make this site as intuitive and user friendly as possible.

Access to Care

- With support from the Healthcare for the Homeless/Farmworker Health Program, Dental Services were able to launch a Saturday clinic at the Coastside Clinic focused on Farmworkers.
- Integrated Behavioral Health Services expanded to include serving the primary care patients in the Ron Robinson Senior Care Clinic. The program also successfully hired a new full-time neuropsychologist.
- Fair Oaks Health Center expanded services by opening weekend Optometry and Dental Services.
- Dental Services established an Oral Surgery day once a month at Daly City Clinic to serve patients that might encounter challenges traveling to the 39th Ave Campus.
- The Department of Primary Care partnered with the Ron Robinson Senior Care Center, 39th Avenue Pediatrics and the Innovative Care Clinic to expand afterhours access during pandemic peaks allowing the ED to redirect low acuity patients to the clinics and focus on higher acuity patients.
- The Daly City Clinic began to offer Ophthalmology Services so patients would not need to travel to San Mateo for this service.
- Resource Management was able to reduce the number of long stay patients by 36% over the course of the year thus ensuring that patients get to their appropriate level of care and access to acute hospital beds was maintained.

Financial Stewardship

- SMMC earned a \$3.3M payment from the Health Plan of San Mateo through the 2020 Medi-Cal Benchmark P4P Program (payment calculated and paid in 2021). This recognized outstanding SMMC performance across 11 different metrics.

- SMMC received an additional \$1M in funding through the Medi-Cal Quality Incentive Pool Program for outstanding performance in pediatric and adolescent routine immunizations rates.
- SMMC successfully moved from a paper-based charge capture process to an automated one for inpatient units
- SMMC established a Dental provider agreement with the Health Plan of San Mateo to participate as a network dental provider when Medi-Cal dental benefit administration shifts to HPSM.
- The SMMC Healthcare for the Homeless/ Farmworker Health Program received over \$2.5M in supplemental federal funding to prevent, mitigate, and respond to COVID-19 and increase health center capacity. In addition to support of outside partners, the program was able to commit over \$1M to SMMC efforts including:
 - SMMC's call center expansion
 - Collaborated with the SMMC Wellness committee to develop a workshop series on moral injury and resiliency coaching for staff
 - 68 interpreter service carts
 - 12 Workstation on Wheels
 - (Over \$350K for) New clinical equipment and replacement of equipment approaching end of life for outpatient and specialty clinics

December 2021

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	26,714 (November 2021)	0.9%%	11.5%
SMMC Emergency Department Visits	2,919 (November 2021)	-3.5%	3%
New Clients Awaiting Primary Care Appt.	0 (December 2021)	N/A	N/A

State-funded housing units for at-risk residents to launch in January



A state-funded housing program that invests in the development of permanent supportive housing for people with a serious mental illness who are chronically homeless, homeless, or at risk of homelessness will open in January, with coordination from Behavioral Health & Recovery Services.

The No Place Like Home (NPLH) program will offer three housing units, with an additional six units when the project is completed in 2023, for a total of nine 1-bedroom NPLH units with onsite resident services.

The units are part of the Eden Housing Light Tree Apartments, a 94-unit apartment community on East Bayshore Road in East Palo Alto, originally constructed in 1966. In 2020, Eden Housing signed a joint-venture partnership with East Palo Alto Can Do and obtained the financing necessary to redevelop the property.

The first phase of the project consists of remodeling 94 existing apartments (January 2022), while the second phase entails constructing new apartments (2023). This will double the current number of affordable housing units on the site, to provide a total of 185 affordable homes to low-income families, people with disabilities, formerly homeless individuals, and former foster youth.

To be eligible for the NPLH units, clients must be assessed and referred by the Coordinated Entry System. To obtain an assessment, clients should go to one of the [core service agencies](#), contracted through the Human Services Agency. BHRs then reviews the clients for NPLH eligibility. Find more information on Light Tree Apartments at edenhousing.org.

EHS monitors Half Moon Bay landfill for leakage after storm

With the heavy mid-December rains causing erosion and creating hazards on the Coastside, staff from **Environmental Health Service's Solid Waste Inspection Program** visited the **Ox Mountain Landfill** in Half Moon Bay to assess the damage caused by the extraordinary amount of rain. Inspectors observed minor **areas of erosion created by the rain, but the assessment did not reveal that the landfill's contents are** contaminating the nearby creek. Staff observed erosion in and around the creek, dislodging trees and other debris and damaging culverts and drainage structures. But garbage, leachate, and landfill cells remain intact and did not impact the creek. The Solid Waste Inspection Program, which regulates landfill operations, is continuing to monitor the area and is in regular contact with the landfill operators.

Children's physical & occupational therapy mixes telehealth with in-person services

Family Health Services has adapted its **California Children's Services** (CCS) Medical Therapy Unit (MTU) to meet the physical and occupational therapy needs of over 400 children with physical and developmental challenges while maintaining essential COVID-19 protections. In March 2020, the MTU pivoted to telehealth and four months later combined telehealth with in-person services. Serving a vulnerable, high-risk population, the MTU has incrementally increased the number of in-person appointments and continues to be a frontrunner in the state for the number of in-person appointments it provides. **The therapy staff's flexibility** has been essential to reopening safely by adapting to changing protocols for screening, cleaning, and the use of personal protective equipment.

“Our family has had an amazing experience at CCS. The team of therapists was able to seamlessly transition our classes from in-person to online and vice-versa,” **said Dia, the mother of a client.** “Our daughter has improved leaps and bounds since she started working with the physical therapy and occupational therapy programs at CCS. The therapists really helped us understand how best to help our daughter gain strength and motor skills with fun exercises that we could do at home with her. The therapy unit, toys, and equipment are cleaned and sanitized before and after each visit, so we always feel completely safe there.”

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