



SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

# **BOARD OF DIRECTORS MEETING**

Monday, March 7, 2022

8:00 AM – 10:00 AM



# AGENDA

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Board of Directors

Monday, March 7, 2022

8:00 AM

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**\*\*\*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](mailto: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. February 7, 2022 Minutes

**H. MEDICAL STAFF REPORT**

Chief of Staff Update

Dr. Steve Hassid

**I. ADMINISTRATION REPORTS**

1. Medicine Department

Dr. Alpa Sanghavi..... Verbal  
Dr. Suja Georgie  
Robbi Larcina

2. Part 2 Youth System of Care, BHRS

Louise Rogers..... Verbal  
Ziomara Ochoa

3. Financial Report

David McGrew..... TAB 2

4. CEO Report  
- Board Survey results

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. ADJOURNMENT**

**PROCEDURAL**



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San Mateo Medical Center  
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San Mateo, CA 94403  
650-573-2222 τ  
[smchealth.org/smmc](http://smchealth.org/smmc)

To: San Mateo Medical Center Board  
From: Dr. CJ Kunnappilly, CEO  
Date: March 7, 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

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**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, February 7, 2022  
Videoconference Meeting

**Board Members Present**

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

**Staff Present**

Michelle Lee	Rebecca Archer	Ilhwan Park
David McGrew	John Jurow	Ron Keating
Dr. Alpa Sanghavi	Karen Pugh	Priscilla Romero
Joan Spicer	Gabriela Behn	
Carlton Mills	Rachel Daly	
Peggy Jensen	Cyndee Grivas	
Enitan Adesanya	Lalitha Sankaran	
Dr. Serena Lee	Ziomara Ochoa	

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 8:20 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for February 7, 2022. Medical Executive Committee Minutes from January 11, 2022. There were no QIC Minutes to consider.	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	The Meal Train has started up again last week and donations are welcome. Over 1000 backpacks were received and we will hold them for the next back to school drive.  Through the Foundation, Dr. Steve Hassid will be providing blood pressure machines to patient to use at home. This will allow providers to have more informed telehealth with their patients and it saves the patients a trip to get their blood pressure taken.	FYI

	The next Foundation golf tournament will be on August 1 at the Green Hills Country Club in Millbrae. And the second annual Taste of the County Event will be in October at the San Mateo County Event Center.	
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from January 3, 2022.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Steve Hassid	Dr. Hassid reported that the Omicron variant of COVID-19 has become the dominant strain although Delta is still present. It appears that Omicron cases peaked in January and the patients who are being admitted to the hospital for Covid-19 symptoms are usually unvaccinated. The rate of survival for the Omicron and Delta strains are vastly better for the vaccinated.	FYI
Emergency Department Dr. Serena Lee Cyndee Grivas	<p>The Emergency Department partners with Mental Health, Substance Abuse Disorders (IMAT), Sexual Assault/Domestic Violence, and Social Work. The staff are Physicians, Physician Assistants, Nurse Practitioners, RN's, Medical Services Assistants, and Hospital Unit Coordinators.</p> <p>The ED is focused on utilizing resources and technology to improve care and outcomes. We learned that our tools and technology use were lagging. These are some of the steps we put in place:</p> <ul style="list-style-type: none"> <li>• Clinical Data Category Alert (CDC) interface with the Pyxis (Medication storage cabinet)</li> <li>• Sepsis Bundle: (preset treatment plan) resulted in 80% improvement</li> <li>• CDC allowed us to mitigate fall outs (missed steps in the preset bundle)</li> <li>• Improved the quality of care</li> <li>• Interfaced the Electronic Health Record (EHR) to Pyxis. It profiles orders and mitigates medication errors.</li> <li>• The ED is utilizing the county's Learning Management System (LMS) for monthly staff meetings, information sharing which is more accessible by staff.</li> <li>• Improving care for SI patients by expanding the function of EHR to incorporate clinical decision tools and documentation and results in recommended course of action.</li> </ul> <p>Key challenges include disparate IT systems. In addition, the ED space design poses challenges because of small rooms, lack of storage space, and patient privacy could be improved.</p>	FYI
Diversity, Equity, and Inclusion Lalitha Sankaran	<p>The SMMC DEI framework is composed of four areas: Patient Care, Inclusive Workplace, Outreach and Public Voice, and DEI Compliance.</p> <p>In creating the framework, the question we asked is "Who do we have the privilege of serving at SMMC?" We considered: race, ethnicity, language, sexual orientation, gender identity and sex.</p>	FYI

	<p>Here in SM County, we have a very diverse population and our patients. 51% identify as White, 9% Asian, Black or African American 3%, and 24% Other. The most frequently spoken language is Spanish at 51% followed by English 41%.</p>	
<p>Youth System of Care, Behavioral Health and Recovery Services Ziomara Ochoa</p>	<p>County total population is 764,442. There are 154,417 under the age of 18. BHRS clients 0-20 years old is 1,758.</p> <p>Health Plan of San Mateo (HPSM): Mild to Moderate</p> <ul style="list-style-type: none"> <li>• Individual and group mental health evaluation and treatment (psychotherapy)</li> <li>• Medication support</li> <li>• Psychological testing</li> <li>• Outpatient lab, drugs, supplies, and supplements</li> <li>• Psychiatric consultation</li> </ul> <p>Behavioral Health and Recovery Services Mental Health Plan (MHP): Specialty Mental Health Services for youth with serious emotional disturbances that meet medical necessity</p> <ul style="list-style-type: none"> <li>• Individual, group, and family therapy</li> <li>• Medication support services</li> <li>• Crisis intervention/stabilization</li> <li>• Crisis residential treatment services</li> <li>• Psychiatric health facility services</li> <li>• Intensive Care Coordination Intensive Home-Based Services</li> <li>• Therapeutic Behavioral Services Therapeutic Foster Care</li> <li>• Psychiatric Inpatient Hospital Services; and,</li> <li>• Targeted Case Management</li> </ul> <p>Specialty Teams</p> <ul style="list-style-type: none"> <li>• Youth Case Management</li> <li>• Pre-natal-5 Team</li> <li>• Child Welfare Team</li> <li>• Transition Aged Youth 16-25</li> <li>• Youth Services Center</li> <li>• School Based Mental Health Team</li> <li>• Interface Team</li> </ul> <p>Canyon Oaks Youth Center is a Short Term Residential Therapeutic Program (STRTP) 12 bed youth facility serving ages 12 up to 19 (if a minor nondependent) Licensed under California Department of Social Services (CDSS) Commission on Accreditation of Rehabilitation Facilities (CARF) 3-year gold star rating</p>	<p>FYI</p>

Financial Report David McGrew, CFO	The December 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. Due to time, the True North discussion was rescheduled.	FYI
County Health Chief Report Louise Rogers	Ms. Rogers gave a short report about the ongoing vaccination clinics at the SM County Event Center.	FYI
County Manager Mike Callagy	Mr. Callagy recognized the Event Center for all they have done during this pandemic. It is a great resource for everyone, and we hope to start transitioning from pandemic activity in March so that regular events can come back.	FYI
Board of Supervisors Supervisor Groom	Supervisor Groom added that the Event Center also became the location for jury duty activities. We are lucky to have the Event Center in our county.	FYI

Supervisor Groom adjourned the meeting at 9:51 AM. The next Board meeting will be held on March 7, 2022.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer

# ADMINISTRATION REPORTS

# BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

**Financial Report: January FY21-22**

March 7, 2022

**Presenter: David McGrew, CFO**



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# Cumulative YTD Financial Results



## Net Income(loss)–Jan (\$314K), YTD (\$39K)

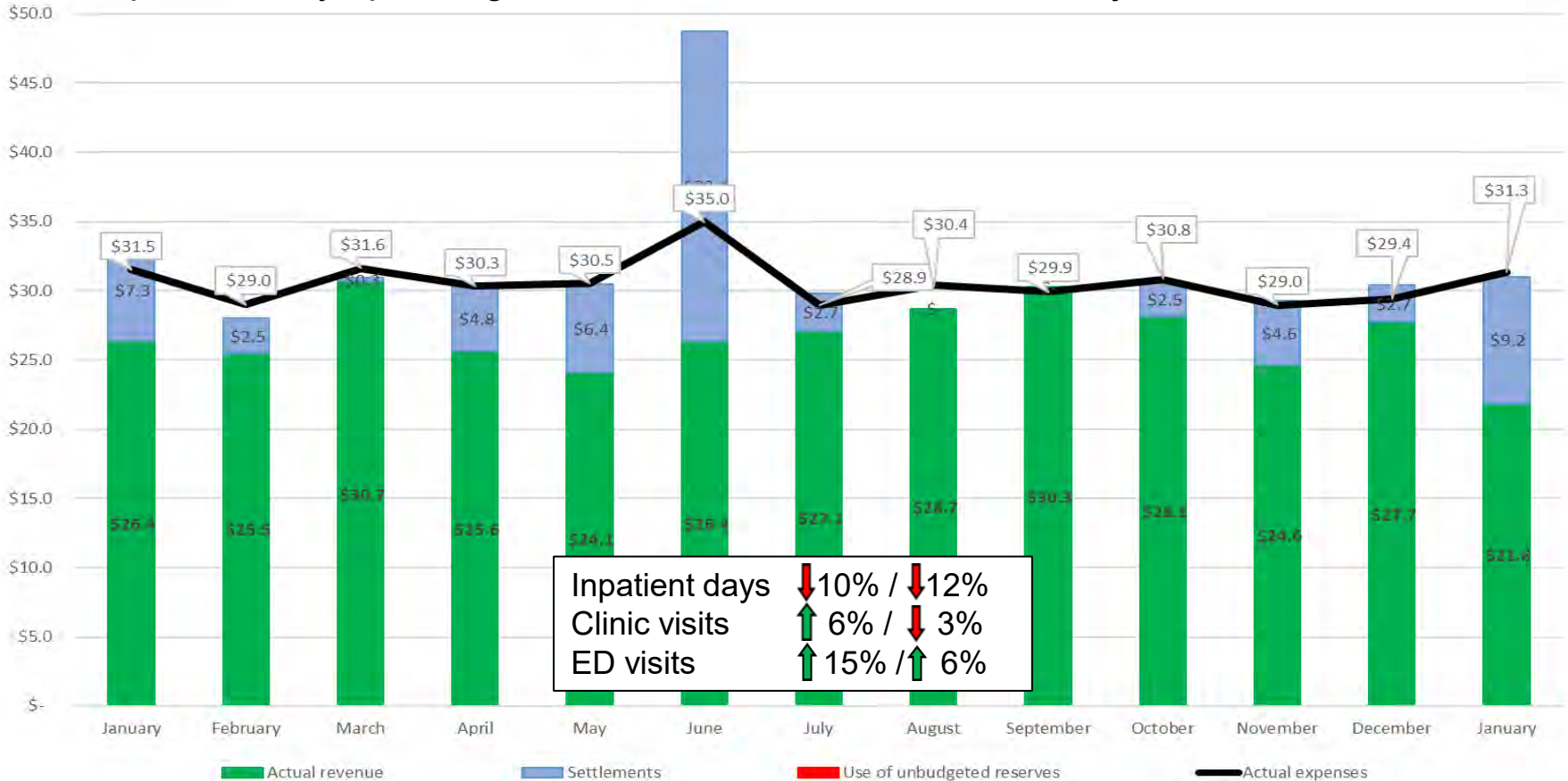
- Medi-Cal Fee for Service (FFS) rates
- FY21 GPP settlement - \$2.1m
- Release of audit reserves - \$6.5m
- Drugs and Medical Supplies

- FY18 Construction Reimbursement Program
- ACE outside medical costs
- Dental claims – compliance audit - \$2.0m

**January FY22 Snapshot:** January is unfavorable to budget by \$314K. This is an improvement over the FY21 average monthly loss of \$2.7 million. The YTD is settling around breakeven and is expected to stay favorable/breakeven in the latter half the year. Inpatient volume continues to be down, ED visits are on the rise and clinic visits are leveling off with seasonal fluctuation. Managed care membership is within 1% of budget.

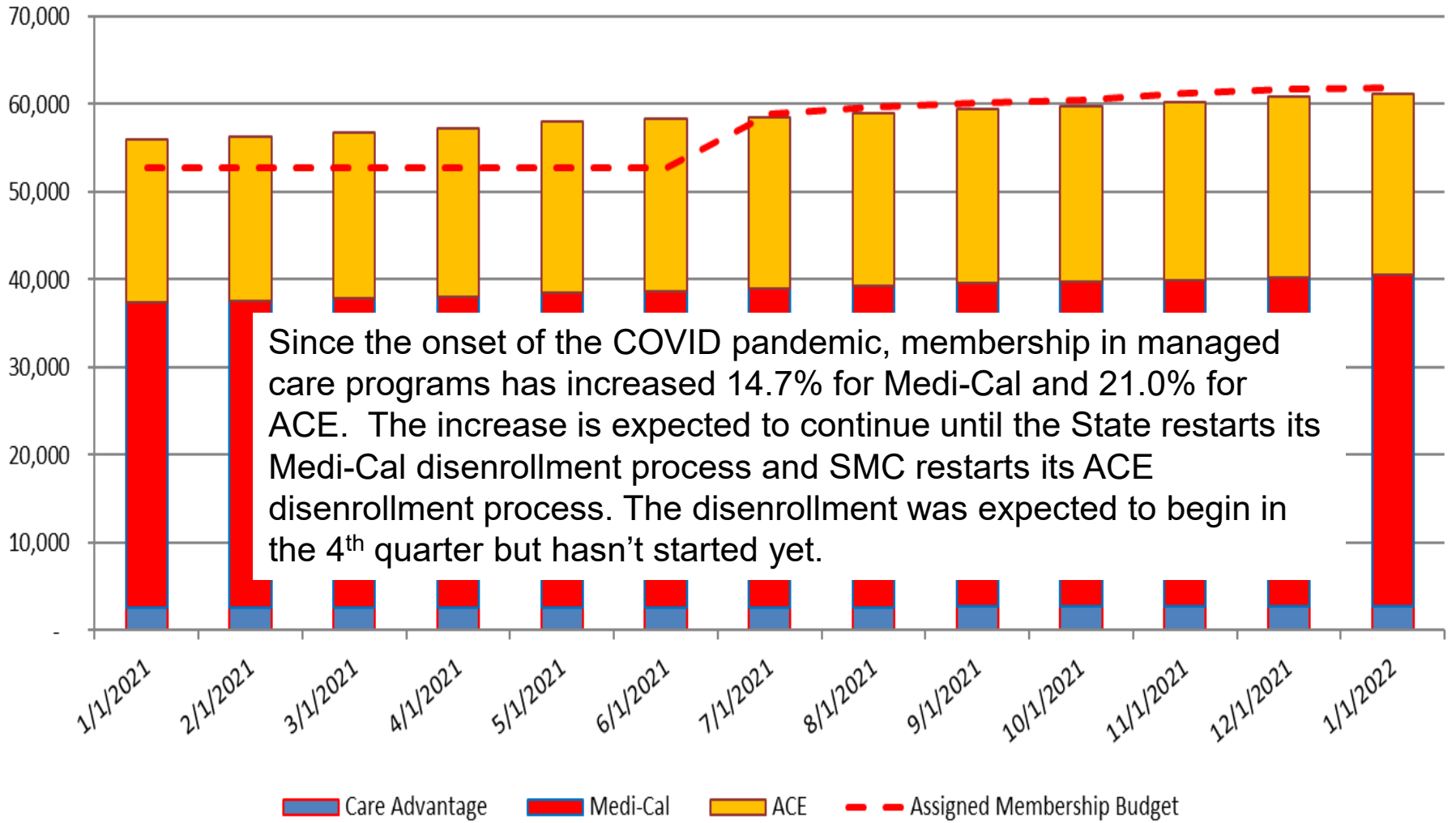
# FY 21-22 Revenue & Expense Trend

SMMC's operating revenue fluctuates around an average of \$28 million (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. The dip in January operating revenue is due to one-time audit adjustments



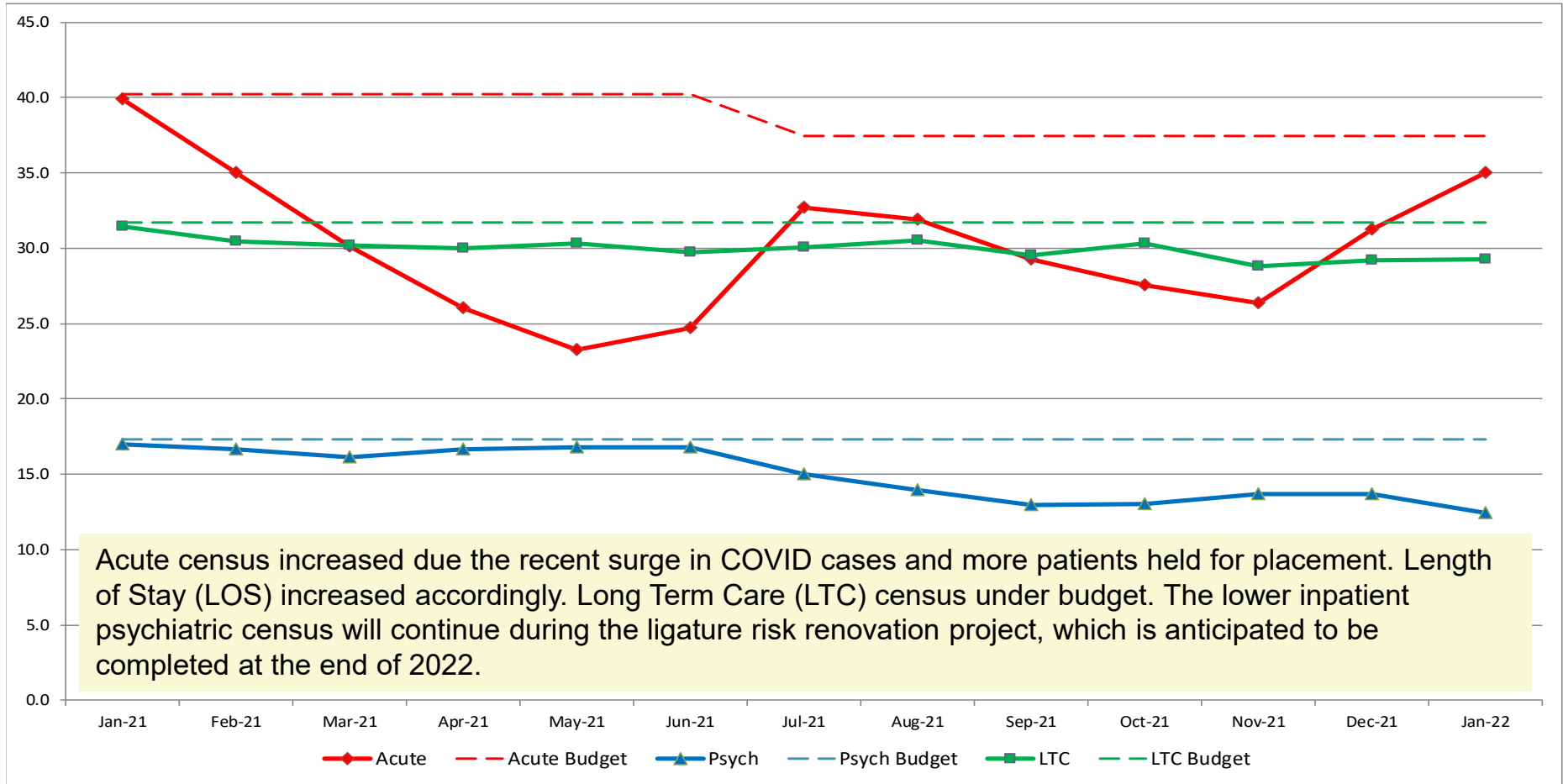
Note: Volume %s are Current Month/YTD actuals vs budget

# Managed Care Membership Trend



# San Mateo Medical Center Inpatient Days January 31, 2022

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
<b>Patient Days</b>	2,743	2,652	91	3%	16,238	18,391	(2,153)	-12%

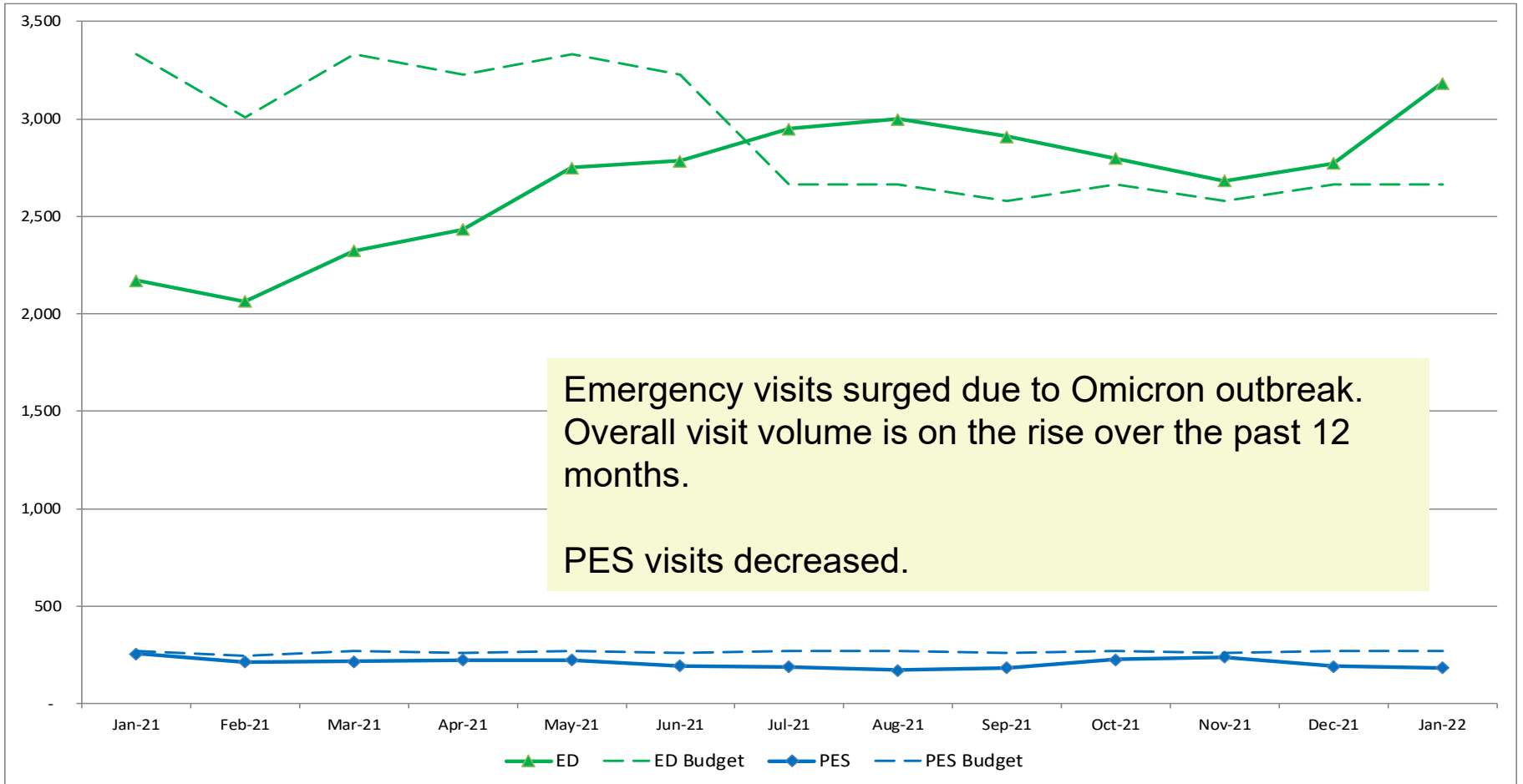


# San Mateo Medical Center Emergency Visits January 31, 2022

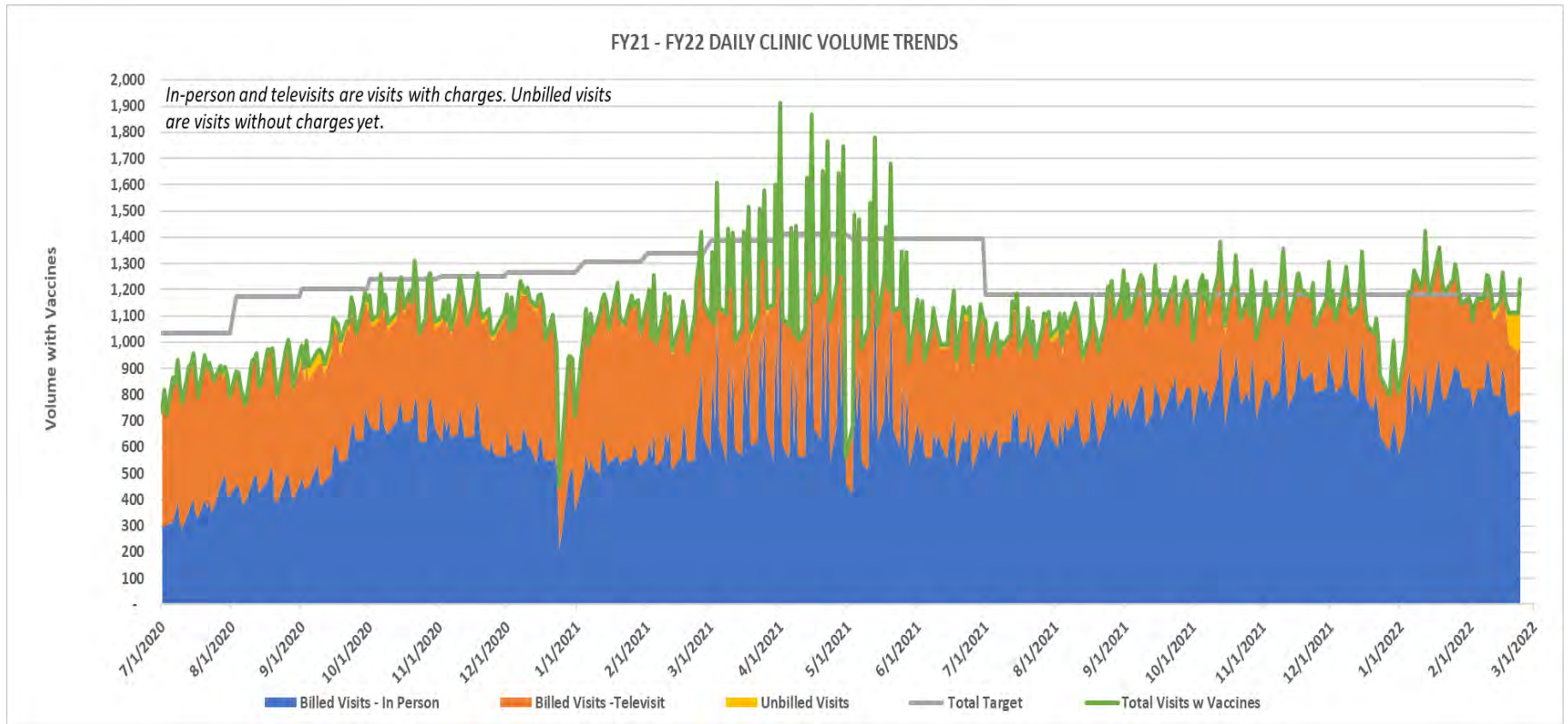
MONTH			
Actual	Budget	Variance	Stoplight
3,367	2,937	430	15%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
21,675	20,372	1,303	6%

ED Visits

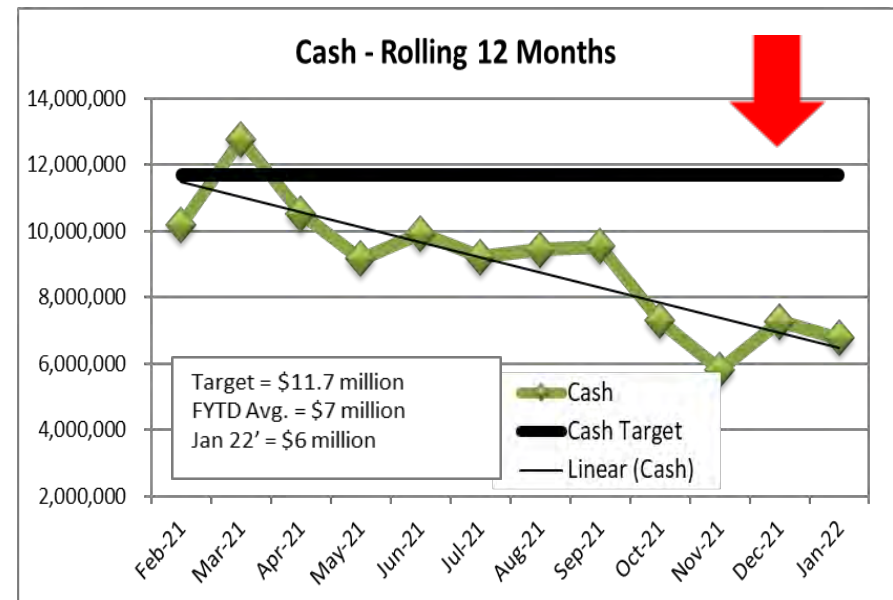
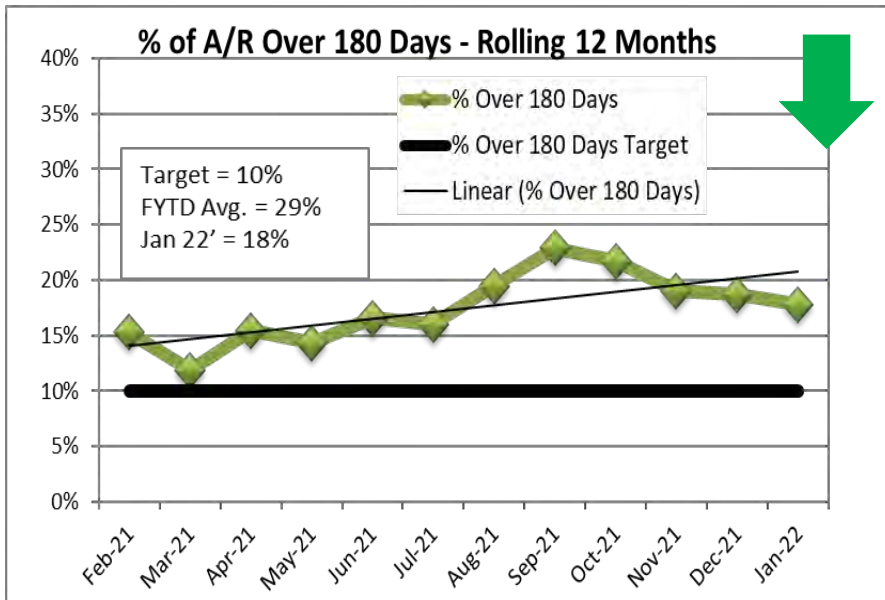
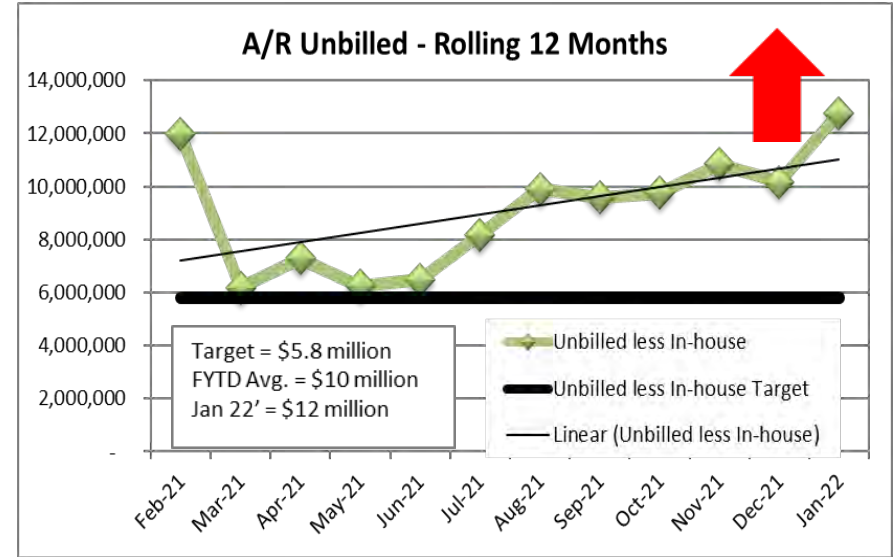
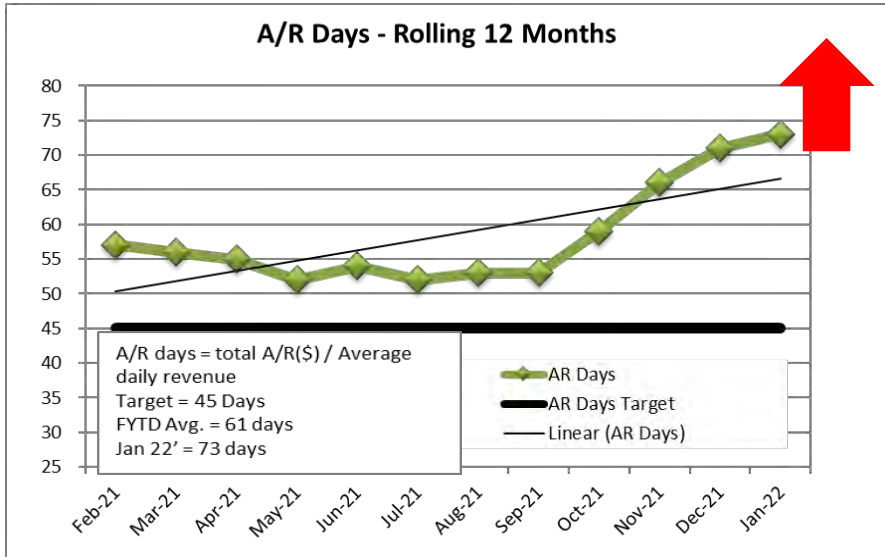


# San Mateo Medical Center Clinic Visits January 31, 2022



Clinic televisits were 42% of total visits in FY21, hitting a high of 78% early in the pandemic. Televisits are running at 31% of total visits in FY22 as more patients are opting for in-person visits. March & April spikes are due to targeted vaccination events.

# Fee-For-Service Revenue - Key Performance Indicators





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QUESTIONS?



# APPENDIX



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**San Mateo Medical Center**  
**Income Statement**  
**January 31, 2022**

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 <b>Income/Loss (GAAP)</b>	(314,948)	0	(314,948)		(38,558)	0	(38,558)		
2 <b>HPSM Medi-Cal Members Assigned to SMMC</b>	37,769	37,900	(131)	0%	259,664	260,547	(883)	0%	
3 <b>Unduplicated Patient Count</b>	67,304	65,556	1,748	3%	67,304	65,556	1,748	3%	
4 <b>Patient Days</b>	2,378	2,652	(274)	-10%	16,238	18,391	(2,153)	-12%	
5 <b>ED Visits</b>	3,367	2,937	430	15%	21,675	20,372	1,303	6%	
7 <b>Surgery Cases</b>	218	266	(48)	-18%	1,500	1,943	(443)	-23%	
8 <b>Clinic Visits</b>	24,913	23,596	1,317	6%	167,688	172,248	(4,560)	-3%	
9 <b>Ancillary Procedures</b>	61,058	68,326	(7,268)	-11%	452,644	497,901	(45,257)	-9%	
10 <b>Acute Administrative Days as % of Patient Days</b>	0.0%	N/A	N/A	0%	0.0%	N/A	N/A	0%	
11 <b>Psych Administrative Days as % of Patient Days</b>	66.5%	80.0%	13.5%	17%	71.8%	80.0%	8.2%	10%	
(Days that do not qualify for inpatient status)									
<b>Pillar Goals</b>									
12 <b>Revenue PMPM</b>	60	159	(99)	-63%	105	160	(55)	-34%	
13 <b>Operating Expenses PMPM</b>	293	307	14	5%	287	311	24	8%	
14 <b>Full Time Equivalents (FTE) including Registry</b>	1,157	1,205	48	4%	1,138	1,205	67	6%	

**San Mateo Medical Center**  
**Income Statement**  
**January 31, 2022**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 <b>Inpatient Gross Revenue</b>	13,179,847	13,751,776	(571,929)	-4%	83,667,772	96,262,433	(12,594,661)	-13%
22 <b>Outpatient Gross Revenue</b>	25,322,805	23,742,593	1,580,212	7%	179,100,784	166,198,152	12,902,632	8%
23 <b>Total Gross Revenue</b>	38,502,652	37,494,369	1,008,282	3%	262,768,556	262,460,585	307,971	0%
24 <b>Patient Net Revenue</b>	4,026,254	13,677,761	(9,651,507)	-71%	69,228,528	95,744,330	(26,515,802)	-28%
25 <b>Net Patient Revenue as % of Gross Revenue</b>	10.5%	36.5%	-26.0%	-71%	26.3%	36.5%	-10.1%	-28%
26 <b>Capitation Revenue</b>	371,196	386,246	(15,050)	-4%	2,572,983	2,703,725	(130,742)	-5%
27 <b>Supplemental Patient Program Revenue</b> (Additional payments for patients)	20,620,463	12,722,491	7,897,971	62%	92,001,256	89,057,439	2,943,817	3%
28 <b>Total Patient Net and Program Revenue</b>	25,017,913	26,786,499	(1,768,586)	-7%	163,802,767	187,505,494	(23,702,727)	-13%
29 <b>Other Operating Revenue</b> (Additional payment not related to patients)	804,025	1,175,198	(371,173)	-32%	8,579,277	8,226,384	352,893	4%
30 <b>Total Operating Revenue</b>	25,821,938	27,961,697	(2,139,759)	-8%	172,382,044	195,731,878	(23,349,834)	-12%

**San Mateo Medical Center  
Income Statement  
January 31, 2022**

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	18,748,056	18,553,233	(194,824)	-1%
32	Drugs	1,059,897	1,279,462	219,565	17%
33	Supplies	774,659	902,477	127,818	14%
34	Contract Provider Services	3,326,054	3,405,431	79,378	2%
35	Other fees and purchased services	5,487,939	5,134,188	(353,751)	-7%
36	Other general expenses	515,700	1,527,114	1,011,414	66%
37	Rental Expense	217,702	241,444	23,742	10%
38	Lease Expense	890,404	742,610	(147,794)	-20%
39	Depreciation	265,937	227,894	(38,043)	-17%
40	<b>Total Operating Expenses</b>	<b>31,286,349</b>	<b>32,013,854</b>	<b>727,505</b>	<b>2%</b>

		117,022,928	129,872,629	12,849,700	10%
		7,367,718	8,956,232	1,588,514	18%
		7,634,421	6,317,341	(1,317,081)	-21%
		28,380,979	23,838,020	(4,542,959)	-19%
		37,053,613	35,939,315	(1,114,299)	-3%
		3,175,762	10,689,798	7,514,036	70%
		1,399,373	1,690,111	290,739	17%
		6,232,829	5,198,268	(1,034,561)	-20%
		1,816,534	1,595,261	(221,272)	-14%
		210,084,157	224,096,975	14,012,818	6%

41	<b>Operating Income/Loss</b>	<b>(5,464,411)</b>	<b>(4,052,157)</b>	<b>(1,412,254)</b>	<b>-35%</b>
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		<b>(37,702,114)</b>	<b>(28,365,097)</b>	<b>(9,337,016)</b>	<b>-33%</b>
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42	<b>Non-Operating Revenue/Expense</b>	<b>308,077</b>	<b>(1,249,645)</b>	<b>1,557,722</b>	<b>125%</b>
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		<b>3,773,860</b>	<b>(8,747,515)</b>	<b>12,521,375</b>	<b>143%</b>
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43	<b>Contribution from County General Fund</b>	<b>4,841,385</b>	<b>5,301,802</b>	<b>(460,417)</b>	<b>-9%</b>
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		<b>33,889,696</b>	<b>37,112,612</b>	<b>(3,222,917)</b>	<b>-9%</b>
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44	<b>Total Income/Loss (GAAP)</b>	<b>(314,948)</b>	<b>0</b>	<b>(314,948)</b>	
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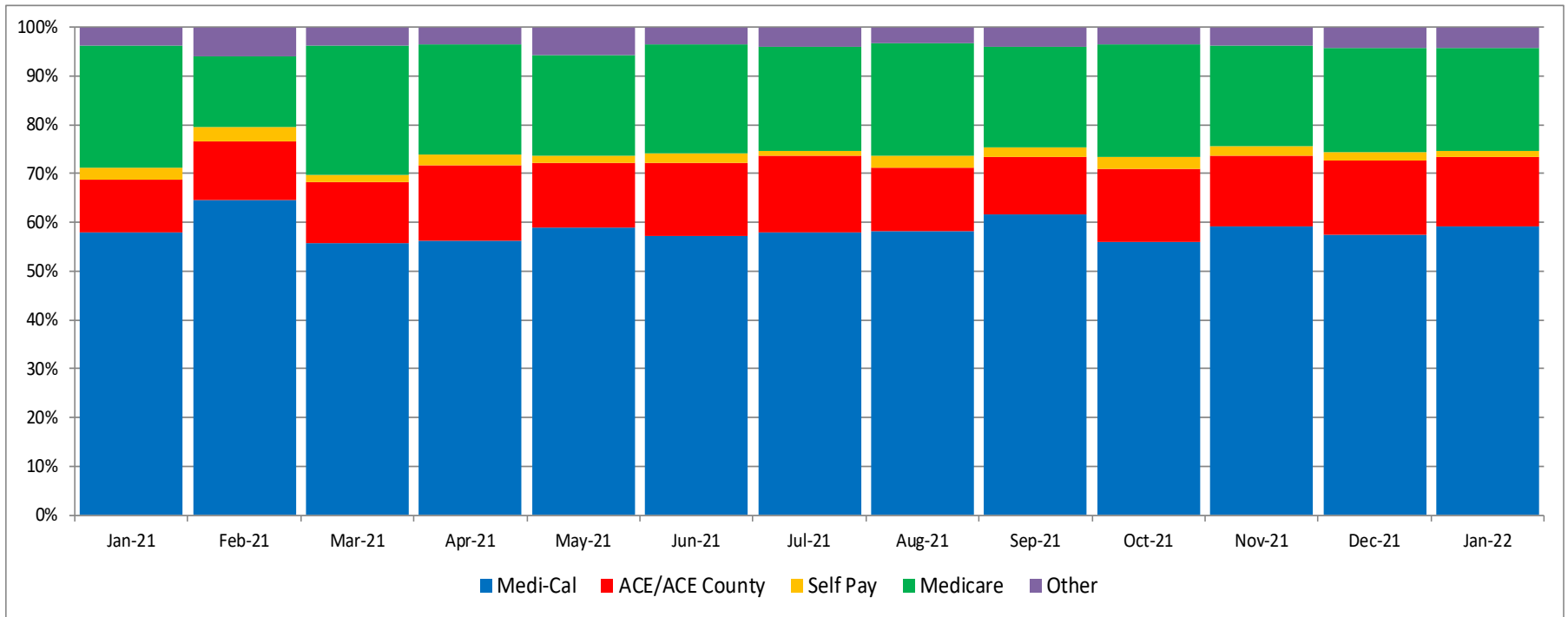
		<b>(38,558)</b>	<b>0</b>	<b>(38,558)</b>	
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(Change in Net Assets)

**San Mateo Medical Center**  
**Payer Mix**  
**January 31, 2022**

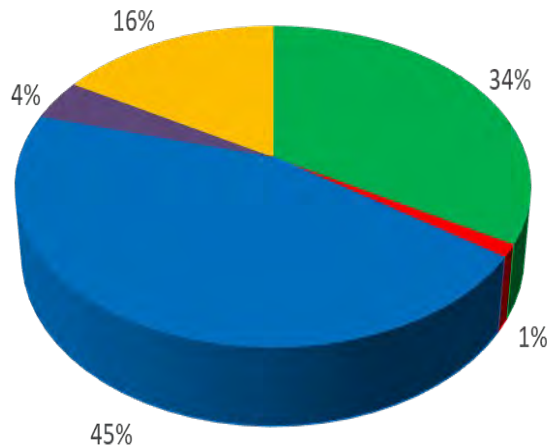
Payer Type by Gross Revenue	MONTH			
	Actual	Budget	Variance	Stoplight
	A	B	C	D
Medicare	21.1%	22.7%	-1.6%	
Medi-Cal	59.2%	58.9%	0.4%	
Self Pay	1.4%	1.6%	-0.2%	
Other	4.2%	4.3%	-0.1%	
ACE/ACE County	14.1%	12.5%	1.6%	
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>		

Payer Type by Gross Revenue	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
	E	F	G	H
Medicare	21.6%	22.7%	-1.1%	
Medi-Cal	58.5%	58.9%	-0.4%	
Self Pay	1.8%	1.6%	0.2%	
Other	3.9%	4.3%	-0.4%	
ACE/ACE County	14.2%	12.5%	1.7%	
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>		



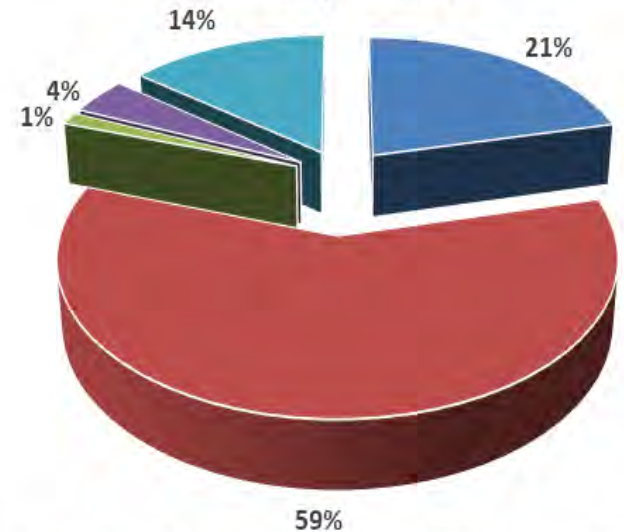
# Revenue Mix

## Sources of Revenue



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

## Payor Mix



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

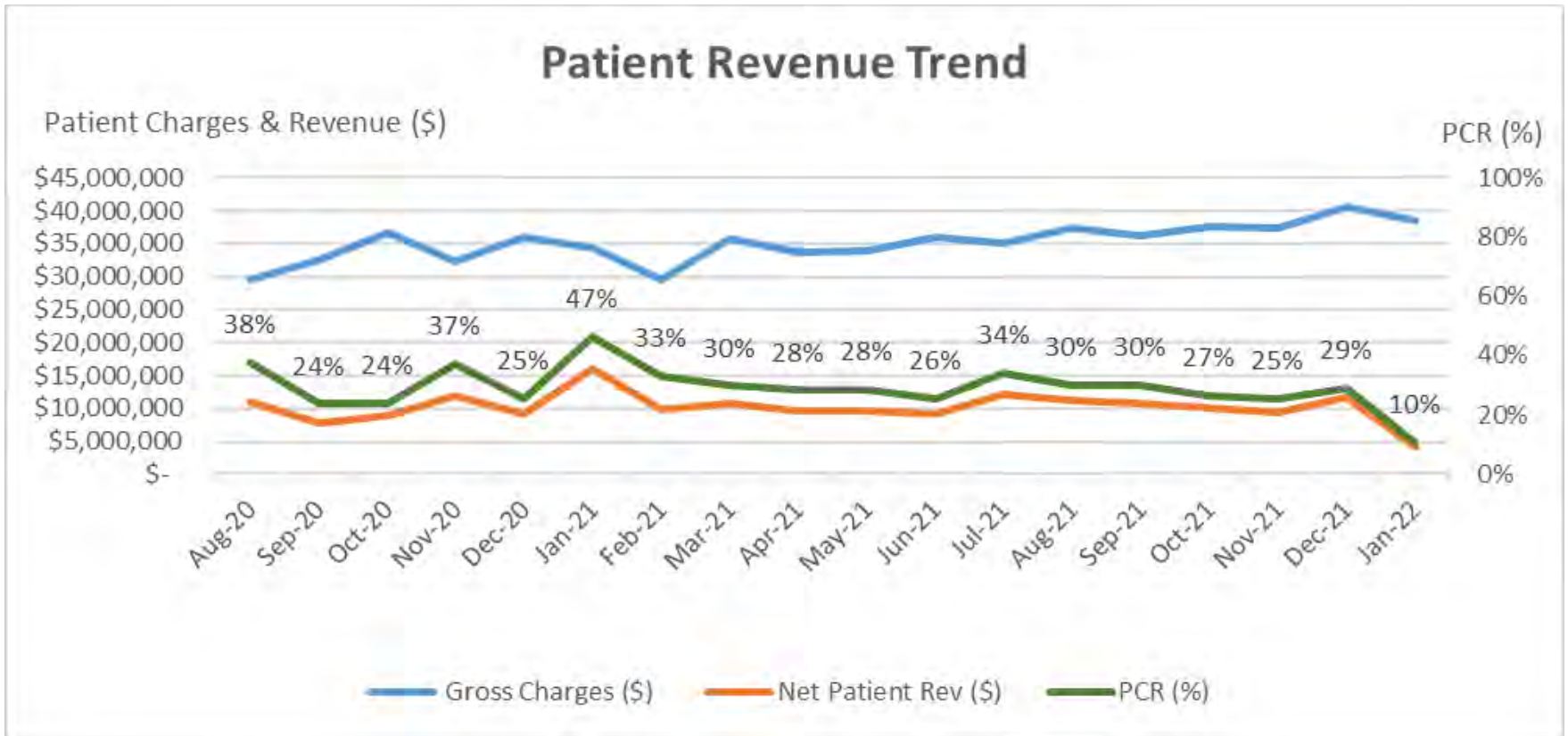
**Health Plan of San Mateo (HPSM)** represents 32% of our Operating Revenue

- 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

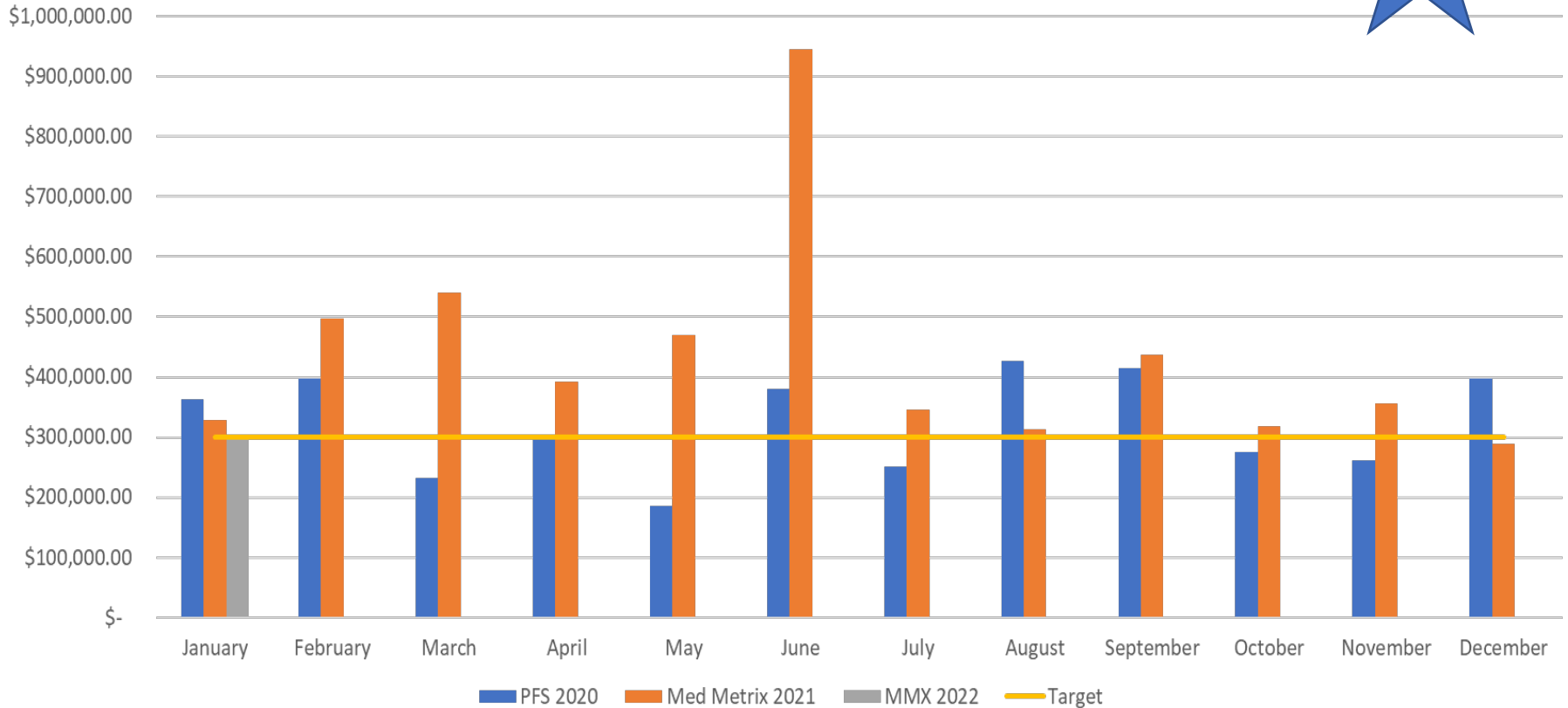
# Fee-For-Service Patient Revenue Trend



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

Gross patient revenue is trending up due to the increase in patient volume since late last year and addition of new charge codes for billing compliance. The collection rate (PCR) is slightly trending down with an average of 29%. January PCR was low due to a few one-time adjustments. Without the adjustments, PCR would be 27%

# Fee-For-Service Commercial Collections



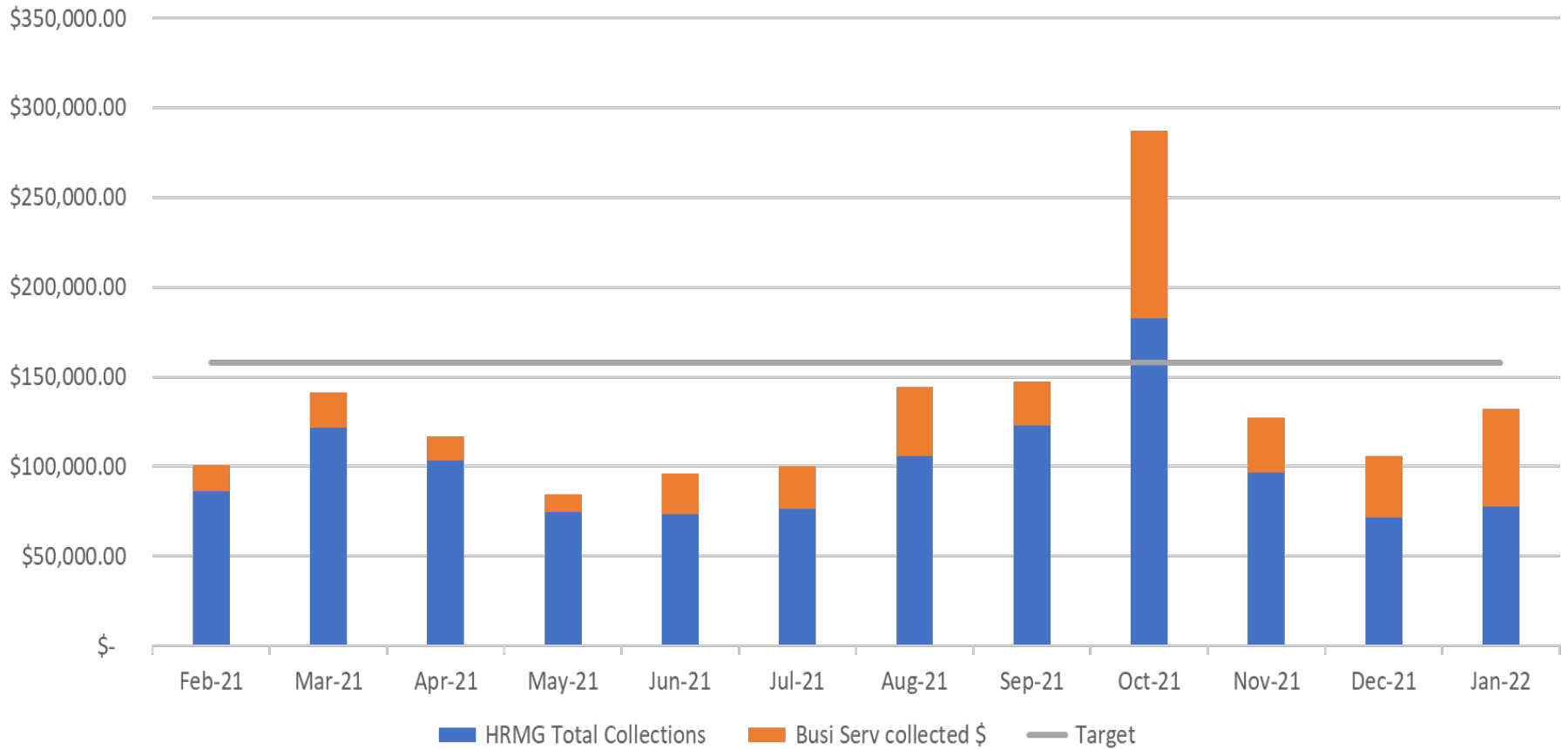
*July 2020 MMX began supporting PFS with Commercial Collections*

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



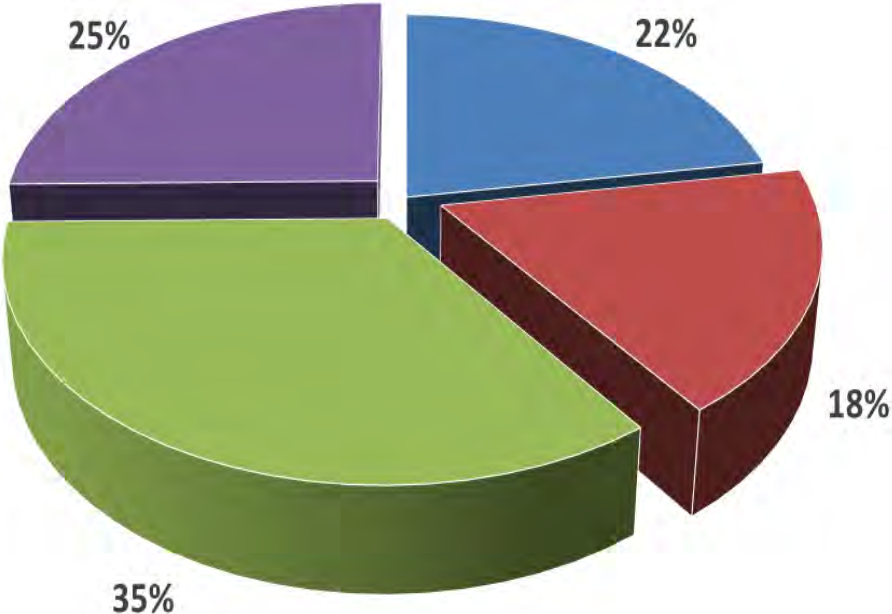


# Fee-For-Service Self Pay Collections



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

# Revenue Mix by Service Line



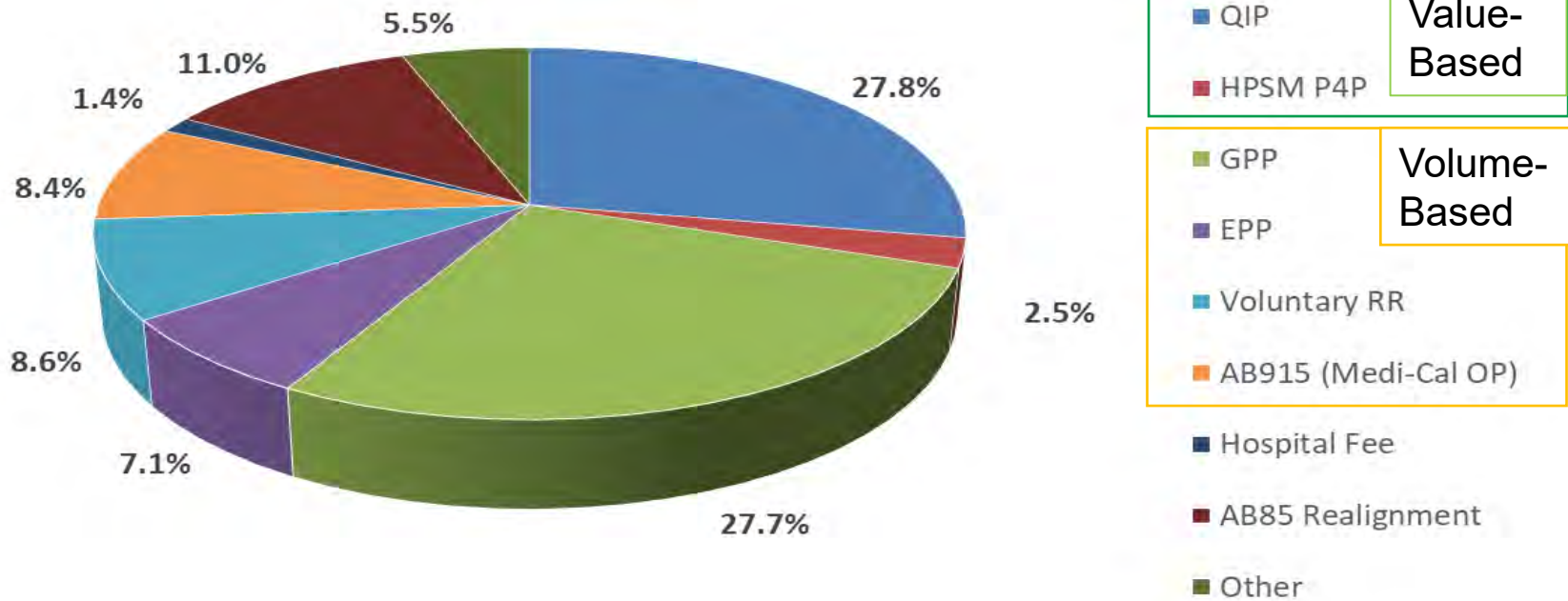
■ Inpatient

■ Hospital ED & Outpatient

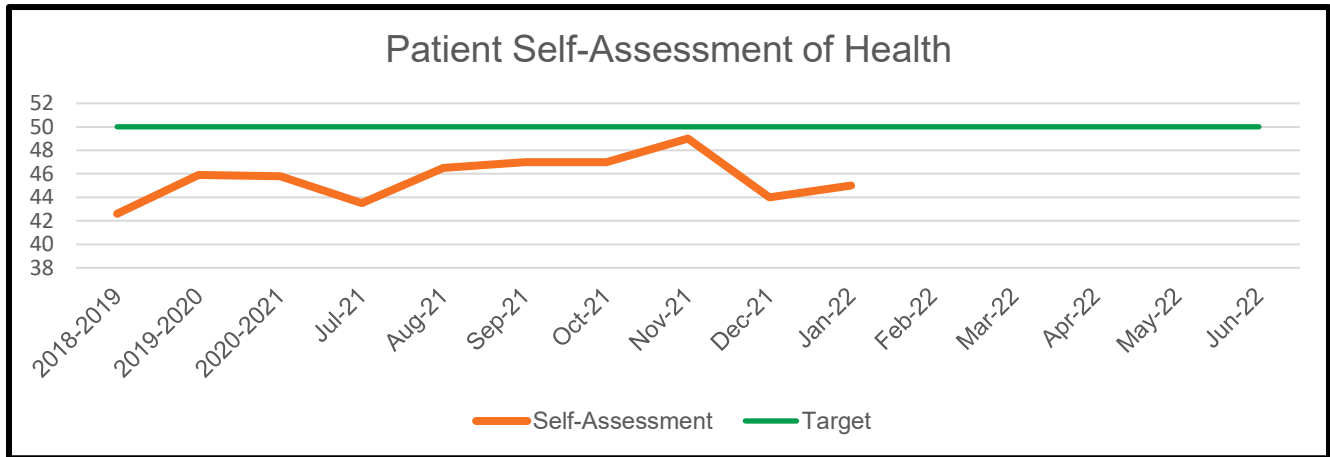
■ Ambulatory Clinics

■ Ancillary Services

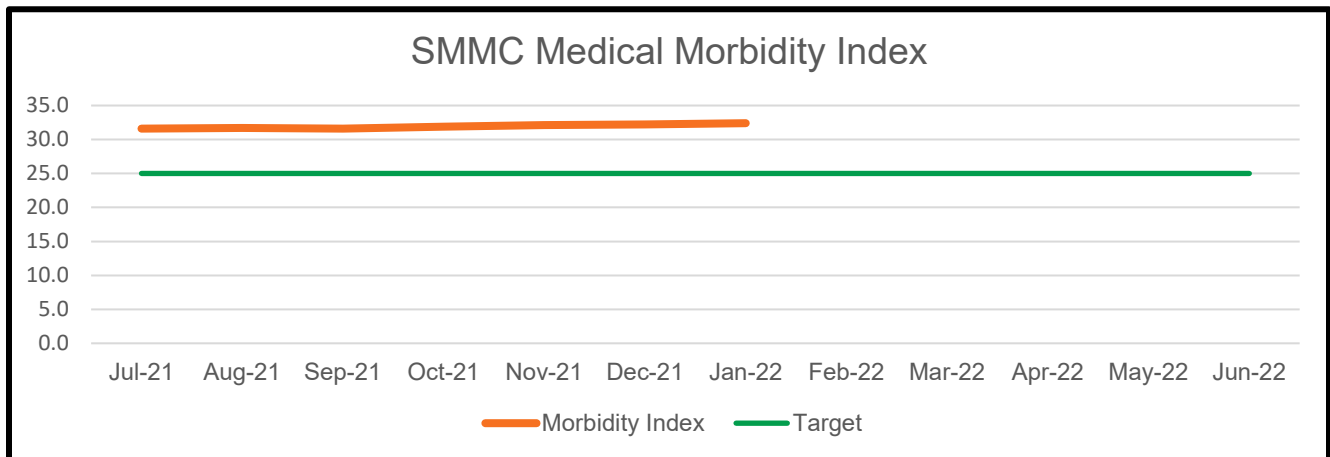
# Supplemental Revenue Mix



- **Value-Based** programs represent 30.3% of our Supplemental Revenue
- **Volume-Based** programs represent 69.7% of our Supplemental Revenue



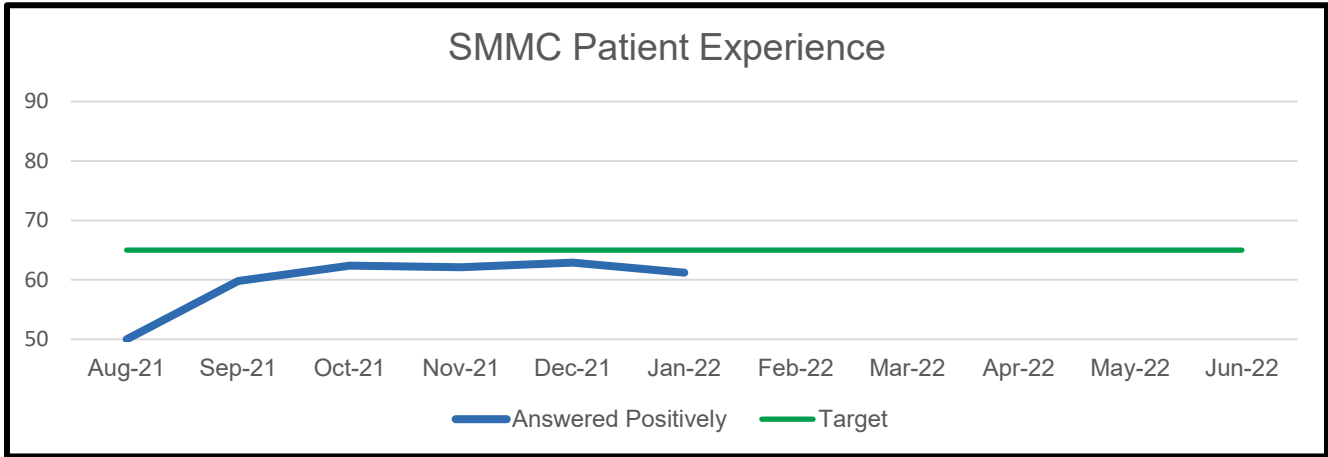
**Patient Self-Assessment of Health:** All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



**Medical Morbidity Index:** This represents the percentage of SMMC patients who meet one or more of the following criteria: Inadequately Controlled Diabetes, Inadequately Controlled Hypertension, Obesity, or a Positive Depression Screen. **Lower is better.**



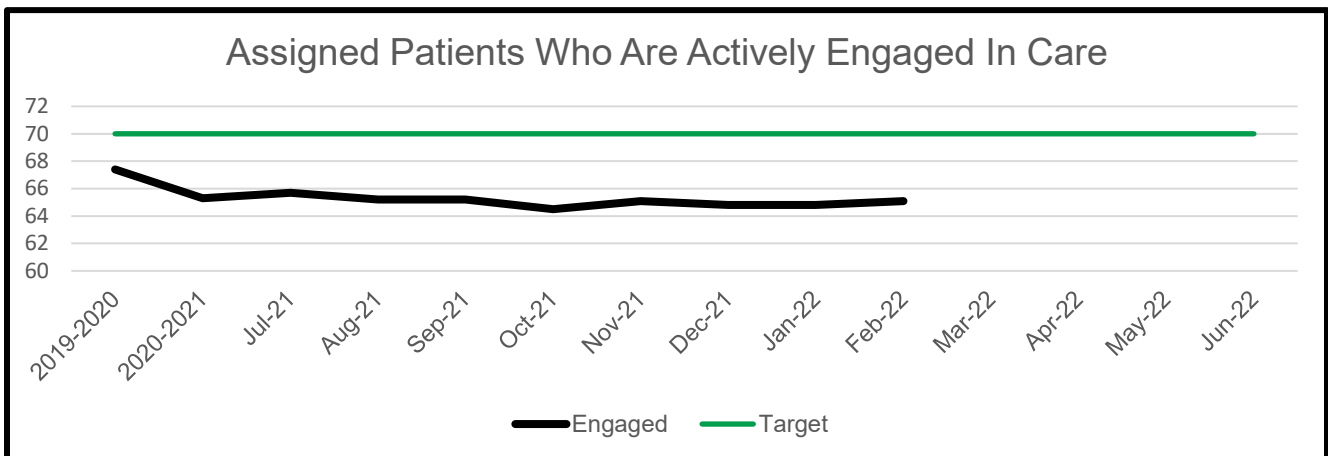
## Patient Experience



**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.**



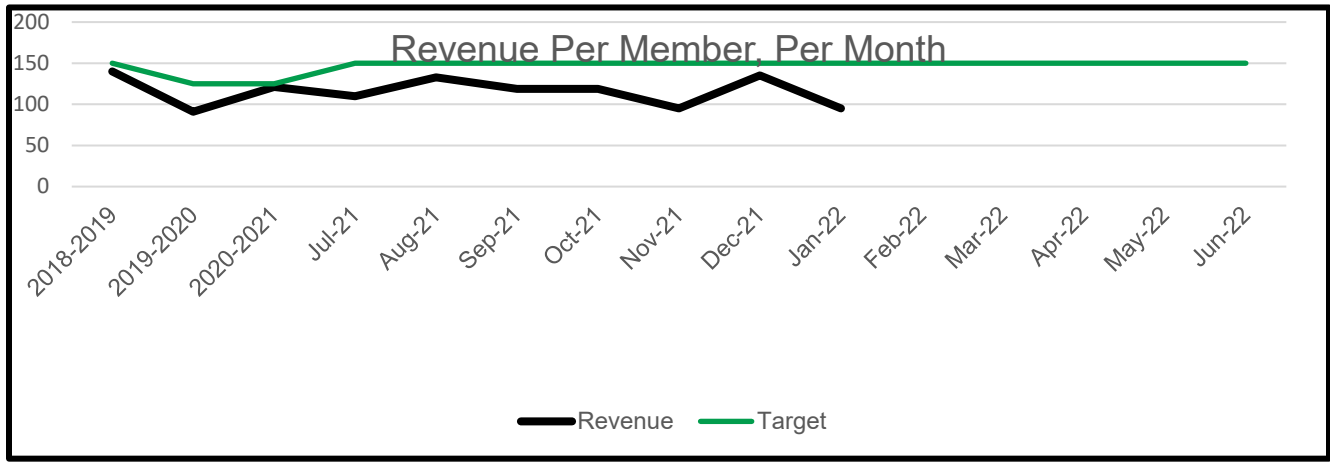
## Access to Care



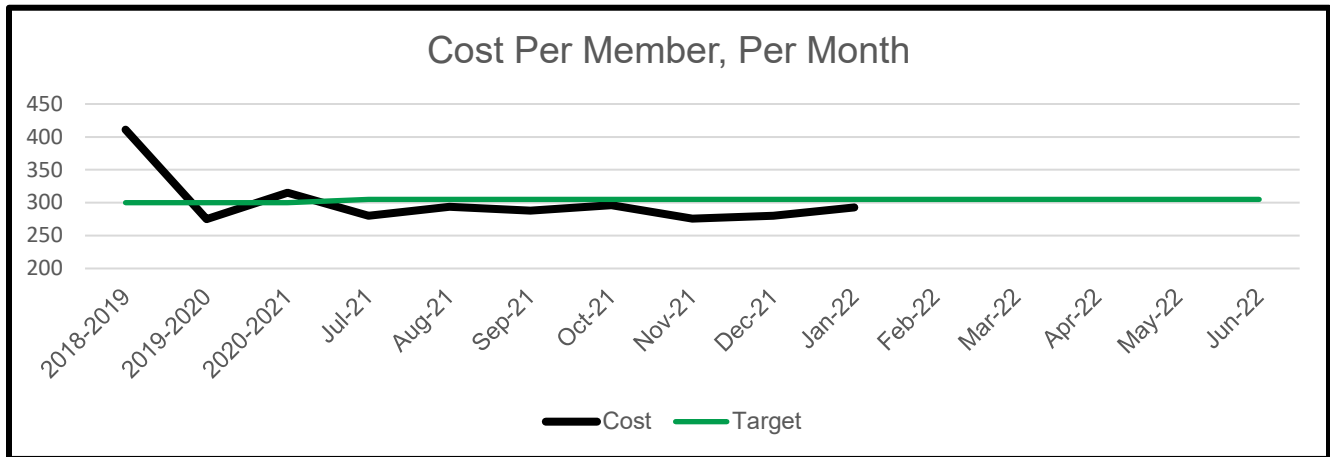
**Assigned and Engaged:** Percentage of patients assigned to SMMC by the Health Plan of San Mateo who are actively engaged in Care. **Higher is better.**



# Financial Stewardship



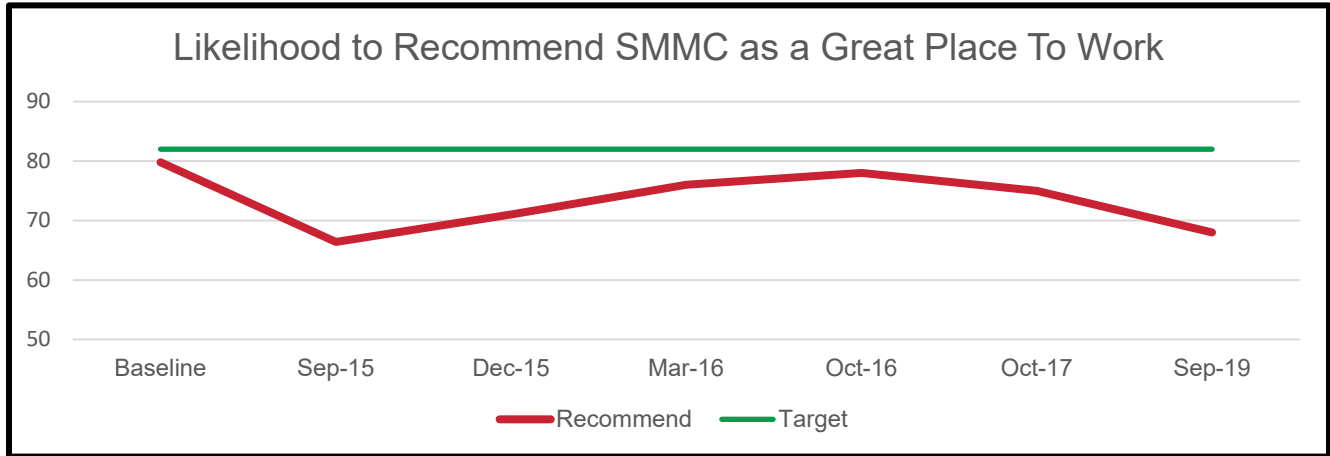
**Revenue Per Member, Per Month:** Total patient revenue divided by total number of assigned members. **Higher is better.**



**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



*Left: Painting by a patient hangs in Speech Therapy office. Right: Congresswoman Jackie Speier speaks with SMMC staff during healthcare worker thank you event on February 28, 2022.*

### **Patient uses art as therapy**

Juan Juárez was diagnosed with Multiple Sclerosis in 2017 at the age of 33. The first few years after his diagnosis were very difficult and stressful. But in 2022 he connected with our Creative Arts and Recreation Therapies (CART) department and began to paint.

“I choose to paint subjects that catch my attention and that I enjoy seeing in my paintings,” Juan said. “Painting means a lot to me because I enjoy the process and because it helps me forget the part of my illness that causes pain and depressed thoughts. Becoming an artist helped me develop myself as a person and as a human being and it has strengthened me, even though I have M.S.”

Kristin Idarius, Lead Therapist in our CART department, recently organized a rotating “pop-up gallery” to display patient art. The initial location of gallery is the new Rehabilitation gym on the ground floor at the hospital and Juan’s paintings currently brighten the space. Juan also is working on three paintings for our Speech Therapy office.

We are grateful to have a team like CART that help patients like Juan find their passion and use it bring joy and healing to their lives.

### **Congresswoman Jackie Speier thanks SMMC staff on 2<sup>nd</sup> anniversary of COVID-19 pandemic**

Early on the morning of February 28, 2022, San Mateo Medical Center was greeted by a caravan of well-wishers holding signs outside the main entrance to the hospital. For the second time since the start of the COVID-19 pandemic, Congresswoman Jackie Speier and



officers from the San Mateo Police Department stopped by to thank our staff for their hard work and sacrifice as frontline workers. This heartfelt thank you event recognized the second anniversary of SMMC's first reported COVID-19 case.

"Our doctors, nurses, and health care workers have been on the frontlines of the COVID-19 pandemic for two years now. They are exhausted and overwhelmed. They deserve our deepest gratitude for saving lives, leading patients to recovery and showing up for work every day," Congresswoman Speier said in a statement.

Also in attendance were local leaders, including San Mateo County Supervisors Carole Groom and David Canepa. Staff were encouraged to wear pink and red for this "Healthcare Workers Have Heart" event and were treated to roses and goodie bags as they made their way to and from the hospital.

We are so appreciative of the support SMMC was shown by our local, state and national leaders and partners. Our staff truly are heroes!

### **SMMC Undergoes Triennial Joint Commission Survey**

On Tuesday February 22nd, surveyors from The Joint Commission arrived for our triennial unannounced accreditation survey. They were with us for a full four-day survey, and I want to thank all our staff for their preparation for, and participation in, what was ultimately a successful survey. From the moment the surveyors arrived they commented on how impressed they were with the staff and their commitment to the patients we serve. They were also impressed with our safety culture and staff's focus on the most important things despite the challenges of the Pandemic. Comments from the surveyors included their observations that our integration with County Health and outreach to the homeless and other vulnerable populations is "incredible." They called out a number of staff members (too numerous to list here) for their knowledge, skill and compassion. One surveyor commented that the Infusion Center felt like the patients were being "taken care of by family." They appreciated that everyone they interacted with was transparent and eager to share. Overall, they were "proud" to say they saw some "really great practices" at SMMC.

They made a point of letting us know they had evaluated us against 261 standards, 1407 Elements of Performance and 11 National Patient Safety Goals so the survey was extremely thorough. They felt that the number of findings or "Requirements for Improvement" were typical for an organization our size. Some findings will require a resurvey by the Joint Commission within 45 days to document that our fixes are in place and effective. We look forward to demonstrating our openness to feedback and commitment to improvement upon that return. My thanks to all staff and leaders who interacted with the surveyors as our pursuit of excellence was clear to them at every turn.

### **SMMC Vaccination Efforts Continue**

As we prepare to move to the potential Endemic phase of COVID-19, SMMC recognizes the importance of up-to-date vaccinations to keep the virus at bay and therefore our focus on timely and accessible vaccination continues.

As of 2/28/2022, 50,323 (78.5%) of our patients over the age of 5 have received at least one vaccine dose while 71.3% have completed their initial vaccine series and 33.5% have received their booster. Of those over age 12, 81.4% have received at least one dose and 74.5% have completed the initial series while 37.0% have received their booster. In those over age 50, 85.1% have at least one dose, 79.5% have completed the initial series and 52.2% have received their booster. Looking at those over the age of 65, 86.5% have received one dose, 81.5% have completed the initial series and 58.6% are boosted. In the most vulnerable neighborhoods, 77.5% of those over age 5 have received at least one dose with 70.4% having completed the initial series and 31.5% having received a booster.

We appreciate the efforts of all our staff to meet this important need of our community and look forward to continuing to update the board on our efforts in the future.

### **SMMC Chief Nursing Officer Transition**

Joan Gygax Spicer, RN PhD has announced she will be leaving SMMC 3/31/2022 after 11 years of dedicated service.

Joan is a world-renowned nursing leader and teacher and we have been blessed to have her at SMMC for the last 11 years. Joan joined San Mateo Medical Center as the Director of Resource Management in April of 2011. In June of 2012 she was promoted to Chief Nursing Officer. Joan joined SMMC with over 40 years of nursing experience including senior leadership roles at O'Conner Hospital in San Jose, UC Irvine and UCSF Medical Centers. She is also a prolific writer and teacher who was well known to many of our nursing staff prior to her arrival at SMMC.

During her time at San Mateo Medical Center, Joan has truly transformed us with her focus on nursing practice. She has built on our strengths, first of which is our talented and committed nursing staff and leaders, and constantly expressed her confidence in them. She established and strengthened Nursing Councils and transformed the Clinical Nurse program. She encouraged many of our staff to return to school for advanced degrees. During her tenure, SMMC nursing staff and leaders have been recognized both locally and nationally, presenting at conferences and being published in national journals. Joan's leadership was also critical to our successes throughout the Pandemic especially in the early days.

SMMC is grateful to Joan for her leadership and guidance and wish her all the best with her future endeavors. Carlton Mills, RN, MSN, Deputy Director of Nursing Services for Acute Psychiatric Services, has been named Interim Chief Nursing Officer effective 4/1/2022. The recruitment for the permanent CNO will be launching shortly.

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**February 2022**

# 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	27,176 (January)	0.8%%	10.8%
SMMC Emergency Department Visits	3,366 (January)	13.8%	38.8%
New Clients Awaiting Primary Care Appt.	0 (February)	N/A	N/A

## **Aging and Adult Services achieves 83% client vaccination rate for two doses**

Aging and Adult Services has achieved the following vaccination rates for its client base:

- Older adults 65 + vaccination rates = 86%, with 60% also receiving the booster/3rd dose
- Persons living with disabilities and older adults 16 – 64 vaccination rates = 82%, with 52% also receiving the booster/3rd dose
- Twelve to 15 years old youth living with disabilities vaccination rates = 76%
- 5-11 year old vaccination rate = 55%

Aging and Adult Services continues outreach efforts for all unvaccinated clients with special efforts to encourage clients to receive the booster. Overall, 4% of clients have declined the vaccine, with the refusal rate higher for children 5-11. Staff continue to rely on established relationships with community workers, social workers and nurses to educate and support clients in completing their vaccine courses and thus ensure the protection of our community.

Key learnings include:

- Staff have been instrumental in supporting outreach and positive vaccination messaging to address hesitancy and misinformation
- AAS has used data-driven targeted outreach efforts to reach clients who are unvaccinated or have not reached full vaccination status
- AAS continues to pay close attention to ensuring racial equity in vaccine education, information, and access.

## **County Health participates in regional preparedness exercise**

In late February, County Health and partner agencies participated in the BayEx Regional Exercise for public health, medical personnel, law enforcement, fire, and hazardous materials responders to train for a large-scale emergency involving mass casualties and a connection to bioterrorism. The scenario began with several bus passengers falling ill – in the form of inflatable dummies with cards listing their symptoms.

Ambulances responded and discovered exposure to a hazardous substance placed on the bus. HazMat teams and law enforcement worked to identify the substance and secure the area. The preparedness exercise provided an important opportunity for partner agencies to collaborate, build essential relationships, and advance technical training.



## Large Animal Evacuation Group incorporates, emphasizes community preparedness

When the Large Animal Evacuation Group (LAEG) was organized on the Coastside in 2008, it was funded by small donations from its volunteers, a few hundred dollars for helping organize Half Moon Bay's Fourth of July parade, and the occasional check from a local business. Responsible for managing the transportation, safety, and care of cattle, horses, llamas, camels, and other livestock during an emergency, the LAEG's mission became urgent during the CZU Lightning Complex Fire in 2020. The fire burned 35 square miles of the southern Coastside and forced evacuations in Pescadero, San Gregorio and La Honda. The LAEG evacuated 1,500 animals to the Cow Palace in Daly City and relocated another 200 to safety elsewhere without incident.

With the visibility of a successful mission – and the gratitude of many Coastside ranchers and residents – the group found it needed a more formal structure for governance, the ability to receive funding, and to function more effectively in emergency management. The LAEG became a 501(c)3 not-for-profit organization, invested in incident command training for its volunteers, and made community education central to its mission.

Public Health, Policy and Planning is responsible for animal control and during an emergency relies on community organizations that have the expertise and resources to manage the response. **The LAEG's status** as a Volunteer Organization Active in a Disaster (VOAD) means that it can be formally incorporated into the **County's** planning and operations during a declared emergency.

With the continual threat of wildfire, LAEG volunteers are working with ranchers, stables, and boarding facilities to create safety plans, stressing the need for transportation equipment and being familiar with evacuation routes. To build more local capacity, **LAEG volunteers have served in other counties' wildfire** response through the Mutual Aid system. What began as an ad hoc group of volunteers has become a professional organization, preparing communities for the next disaster.

