



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, October 3, 2022

8:00 AM – 10:00 AM



AGENDA

Board of Directors

Monday, October 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. August 1, 2022 Minutes

H. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Steve Hassid

I. ADMINISTRATION REPORTS

1. Health Information Management

David McGrew..... Verbal
Valissa Mathewson

2. Compliance Report

Dr. CJ Kunnappilly Verbal
Gabriela Behn

3. Workplace Violence

Robert Blake..... Verbal
Ava Carter

4. Mental Health & Suicide Prevention - Collaboration with Mayors Mental Health Initiative

Louise Rogers..... Verbal
Sylvia Tang

5. Financial Report

David McGrew..... TAB 2

6. CEO Report

Dr. CJ Kunnappilly..... TAB 2

J. RESOLUTION

1. Adopt a Resolution regarding the Hospital Board's oversight of SMMC's Compliance Program as required by SMMC Corporate Integrity Agreement (CIA)

K. COUNTY HEALTH CHIEF REPORT

County Health Snapshot

Louise Rogers

L. COUNTY MANAGER'S REPORT

Mike Callagy

M. BOARD OF SUPERVISOR'S REPORT

Supervisor Carole Groom

N. ADJOURNMENT

PROCEDURAL



SAN MATEO COUNTY HEALTH

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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: October 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, August 1, 2022
Videoconference Meeting

Board Members Present

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

Staff Present

Michelle Lee
David McGrew
Dr. Alpa Sanghavi
Robert Blake
Peggy Jensen
Dr. Yousef Turshani
Rebecca Archer
Karen Pugh
Gabriela Behn
Sujatha Ganesh
Priscilla Romero

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 8:15 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for August 1, 2022. QIC Minutes from May 24, 2022 and June 28, 2022. Medical Executive Committee Minutes from June 14, 2022 and July 12, 2022.	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	No report.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from June 6, 2022.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.

<p>Medical Staff Report Dr. Steve Hassid</p>	<p>Dr. Hassid discussed concerns about Security and recent events and the Hospital has implemented measures to address these issues.</p> <p>Currently the rate of COVID infections is quite high. Because COVID testing is often done at home, then the infection rates can be higher than that which is being reported.</p>	<p>FYI</p>
<p>Financial Report David McGrew, CFO</p>	<p>The May FY 21/22 financial report was included in the Board packet and David McGrew answered questions from the Board.</p>	<p>FYI</p>
<p>Diagnostic Imagine Jacqueline Pelka</p>	<p>Services offered: Echocardiography; 24-hr Holter Monitors; Cardiac Stress Tests; Electroencephalogram (EEG); Electromyography (EMG); Computerized Tomography (CT); Diagnostic X-ray; Fluoroscopy; Interventional Radiology (IR); Mammography; Magnetic Resonance Imaging (MRI); Ultrasound.</p> <p>The department is staffed by 23 Providers, 24 Technologists (plus 4 US Call Technologists), and 6 support staff. Approximately 65,000 procedures were performed in FY21-22. The largest numbers were for Diagnostic Xray, Ultrasound, and EKG.</p> <p>Department Accomplishments:</p> <ul style="list-style-type: none"> • American College of Radiology Accreditation: Mammography • American College of Radiology Accreditation: CT • Passed FDA/CDPH Annual Mammography Inspection <p>Department Projects:</p> <ul style="list-style-type: none"> • Expansion of Services (extending hours to evenings and Saturdays for x-ray) • Self-Referral Mammography • Upgrading Existing Technology • Participation with local Police Department for Breast Cancer Awareness Month 	<p>FYI</p>
<p>Compliance Gabriela Behn</p>	<p>Ms. Behn updated the Board on the Corporate Integrity Agreement (CIA) obligations. They include:</p> <ul style="list-style-type: none"> • Basic compliance program obligations • Annual Compliance Training for Board and Covered Persons • Auditing • Reporting <p>Hospital Board Requirements</p> <ul style="list-style-type: none"> • Quarterly Report Out by Compliance • Board Training – Completed by January 25, 2022 • Effective March 3, 2022, Board members must complete Annual Compliance Training • Report all Board Composition Changes • Board Resolution – Annual <p>Focused Compliance Topics</p> <ul style="list-style-type: none"> • Coding Accuracy Audit – January – June 2022 <ul style="list-style-type: none"> ○ Inpatient – 98.8% Accuracy ○ Outpatient – 97.7% Accuracy 	<p>FYI</p>

	<ul style="list-style-type: none"> ○ Clinic – 70.6%% Accuracy (Goal is 80%) ● Weekly Finance-Compliance Meetings 	
Office of Diversity, Equity, and Inclusion Sujatha Ganesh	<p>Services: Language access; equity lens in policies and procedures; and training and education for SMMC staff SMMC activities aligned with Health REAP. Increase understanding of the impact of racism on health and what we can do to reverse that.</p> <ul style="list-style-type: none"> ● Reflecting on equity at daily leadership huddles ● Race Equity and Health Foundational Training ● Community of Practice ● Leadership Alliance for Equity <p>Cultivate safe and enriching relationships.</p> <ul style="list-style-type: none"> ● Recognizing significant equity related events ● 21 Day Racial Equity Challenge ● Training for diverse workplaces, sexual harassment workplace violence/bullying 	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	We currently have approximately 400 does of monkeypox vaccine and are expecting an additional 200. We are sharing our supply with San Francisco because they have a much higher need than our county.	FYI
County Executive Officer Mike Callagy	No report.	FYI
Board of Supervisors Supervisor Groom	Supervisor Groom remarked on the construction projects happening around the county. Most recently the COB3 building will be certified by LEED as Platinum which is the highest level for healthy, efficient, carbon and cost-saving green buildings.	FYI

Supervisor Groom adjourned the meeting at 9:40 AM. The next Board meeting will be held on October 3, 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: August FY22-23

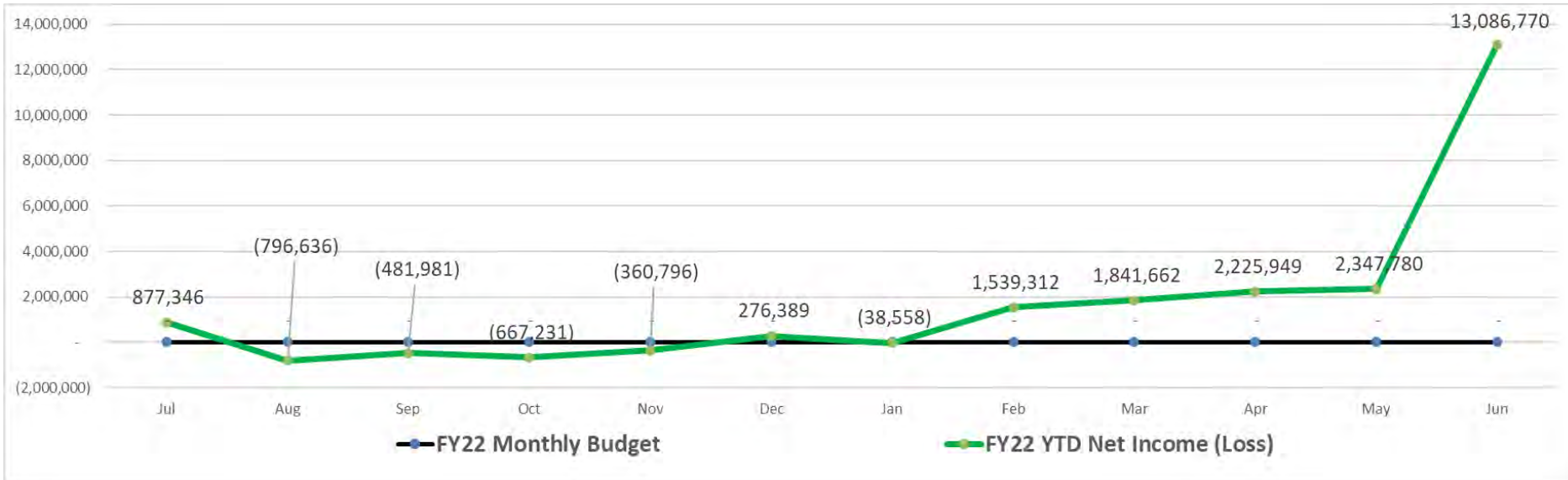
October 3, 2022

Presenter: David McGrew, CFO



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FY21-22 Preliminary Results



Net Income(loss)–June \$11M, YTD \$13M

- Medi-Cal Fee for Service (FFS) rates
- Various prior year settlements/adjustments
- Final SNF cost report appeal settlement
- FTEs 5% favorable

- Contract Providers & Nursing Registry
- ACE outside medical costs
- Drugs

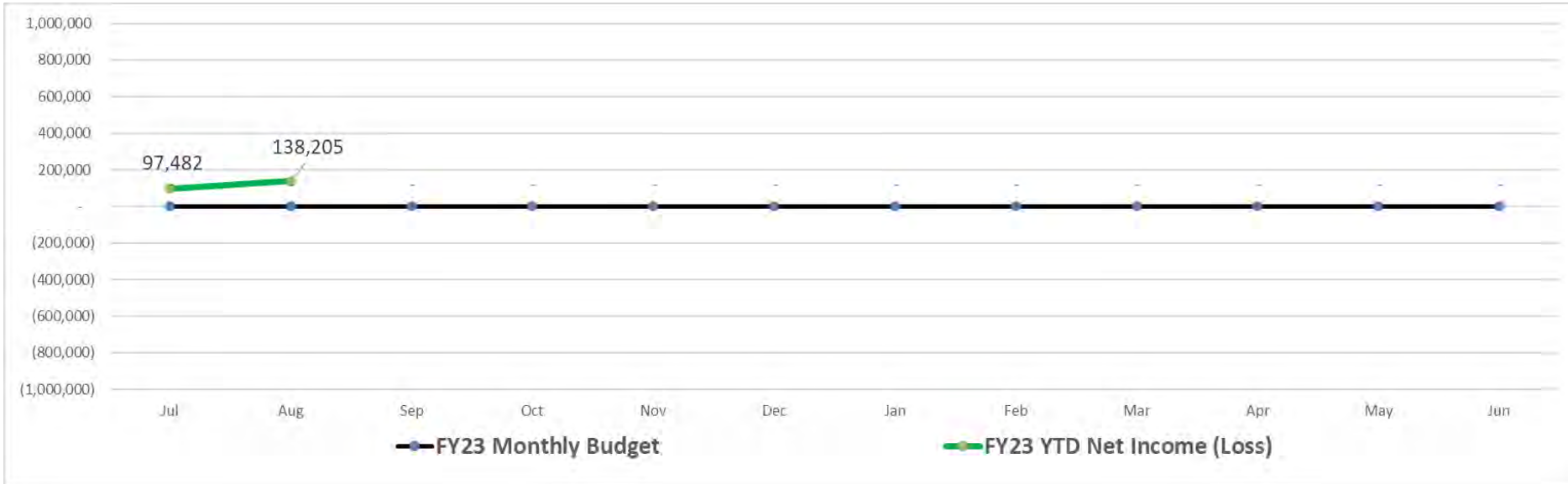
June FY22 Snapshot: June is favorable to budget by \$11M mainly due to the final settlement of the SNF cost report appeal and prior year supplemental revenue settlements/adjustment, partially offset by lower patient net revenue. The preliminary FY22 results are favorable by \$13M, pending completion of the annual audit. The FY22 budget projected a break-even with no fund balance used in the budget. FY22 surplus of \$13M will be set aside for the EHR project.

Significant June Transactions

May YTD	\$2.3 million
June Operations	(\$2.1) million
One-Time Items:	
Quality Incentive Pool	\$4.0 million
Designated Public Hospital Grant	\$2.6 million
SNF Cost Report Appeals	\$3.4 million
Settlements & Reserves	\$2.9 million
June YTD	\$13.1 million

FY22 surplus of \$13M will be set aside for the EHR project.

FY22-23 Cumulative YTD Financial Results



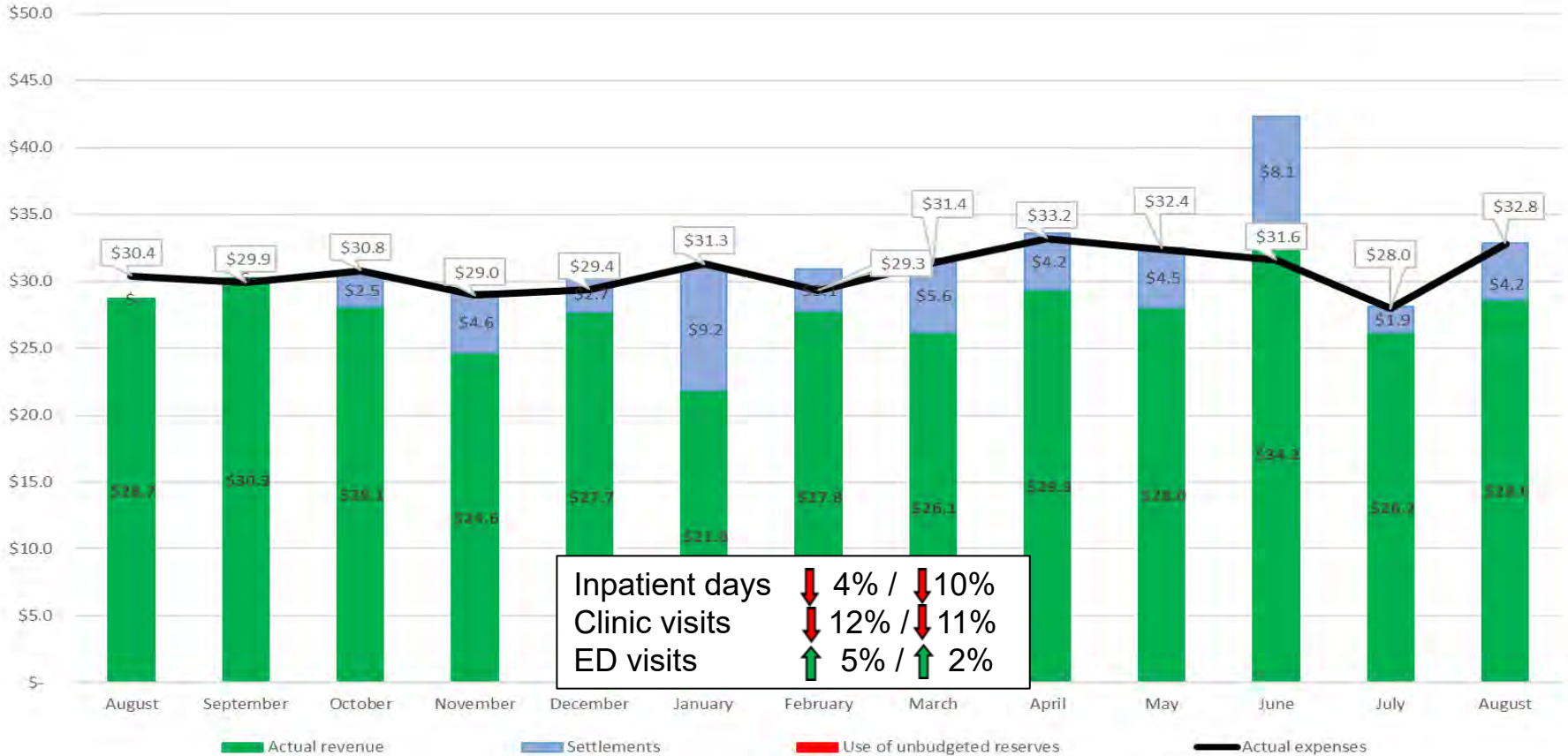
- Net Income(loss)–Aug \$41K, YTD \$138K**
- Medi-Cal Fee for Service (FFS) rates
 - FY19 QIP and FY19 EPP reserves
 - ACE outside medical costs
 - FTEs 5% favorable

- OIG legal fee reserve
- Nursing registry

August FY23 Snapshot – August is favorable to budget by \$41K and expected to stay favorable/breakeven for the remainder of the year. ACE outside costs are favorable due to the transition of 50+ population to Medi-Cal. Inpatient volume continues to be down and ED visits are trending up. Clinic visits are 12% below budget for the month. Managed care membership is at budget.

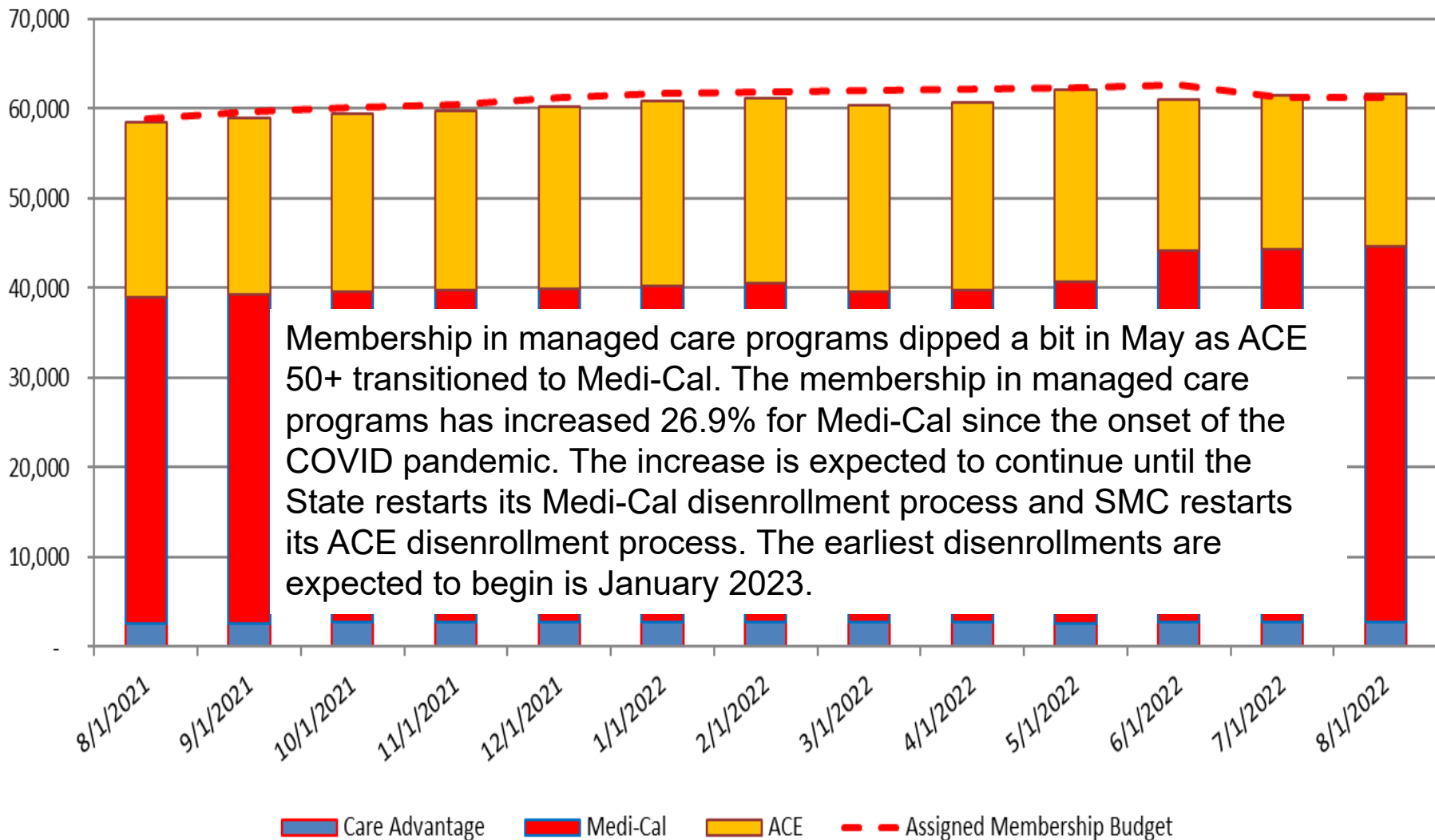
FY 22-23 Revenue & Expense Trend

SMMC's operating revenue fluctuates around an average of \$28 million (green bar). Operating expenses (black line) are trending close to budget of \$32 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

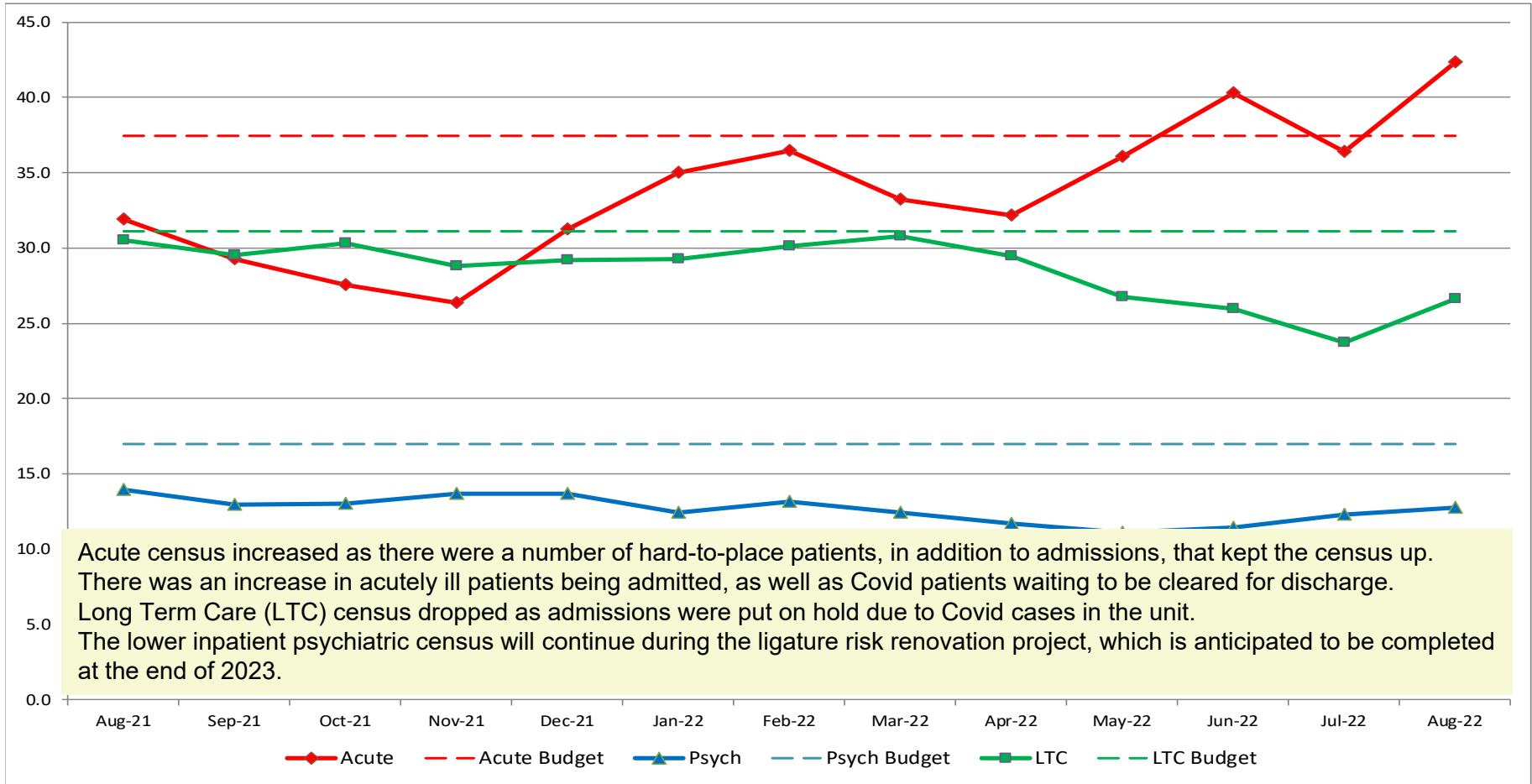


San Mateo Medical Center Inpatient Days August 31, 2022

MONTH			
Actual	Budget	Variance	Stoplight
2,533	2,652	(119)	-4%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
4,778	5,303	(525)	-10%

Patient Days			
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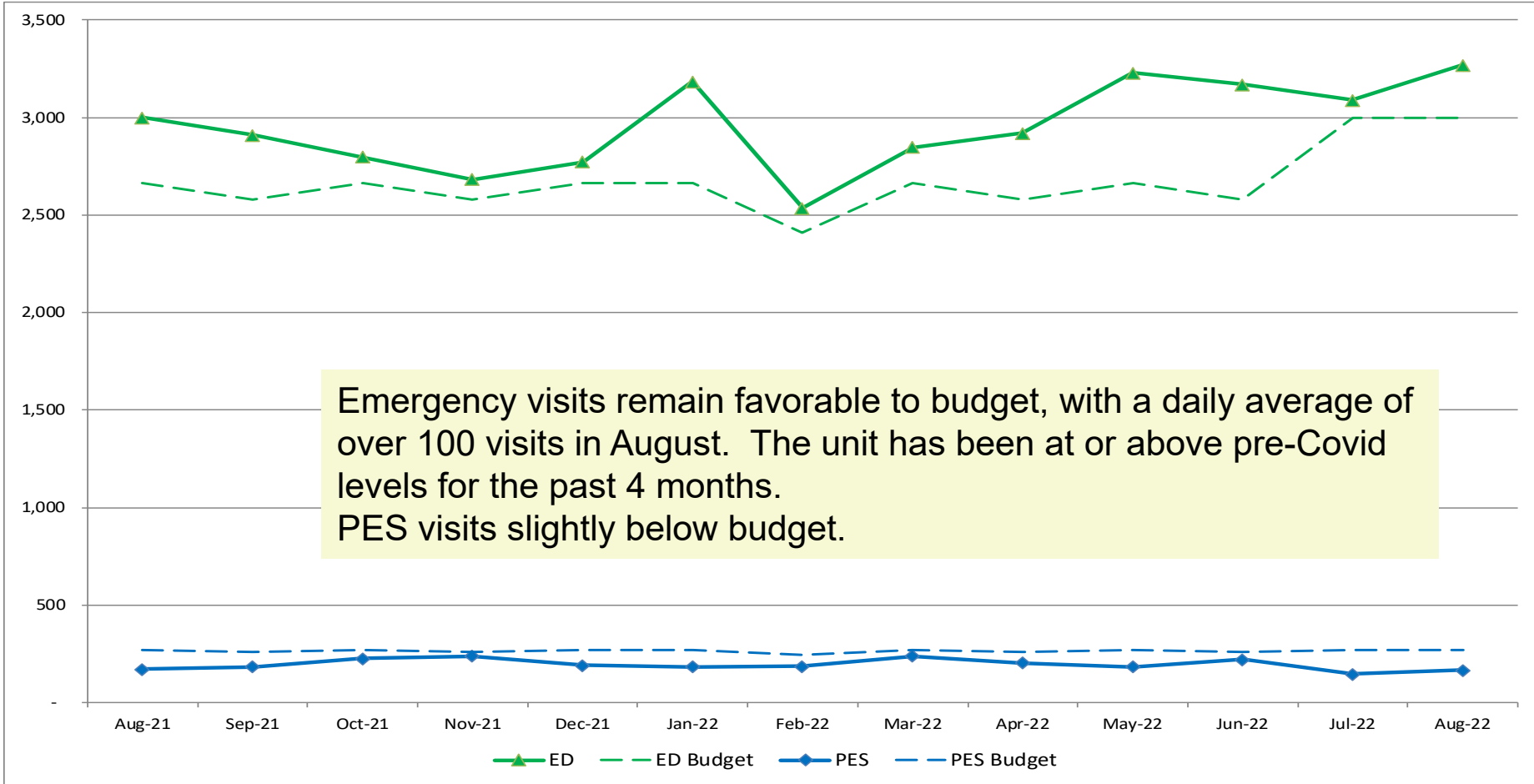


San Mateo Medical Center Emergency Visits August 31, 2022

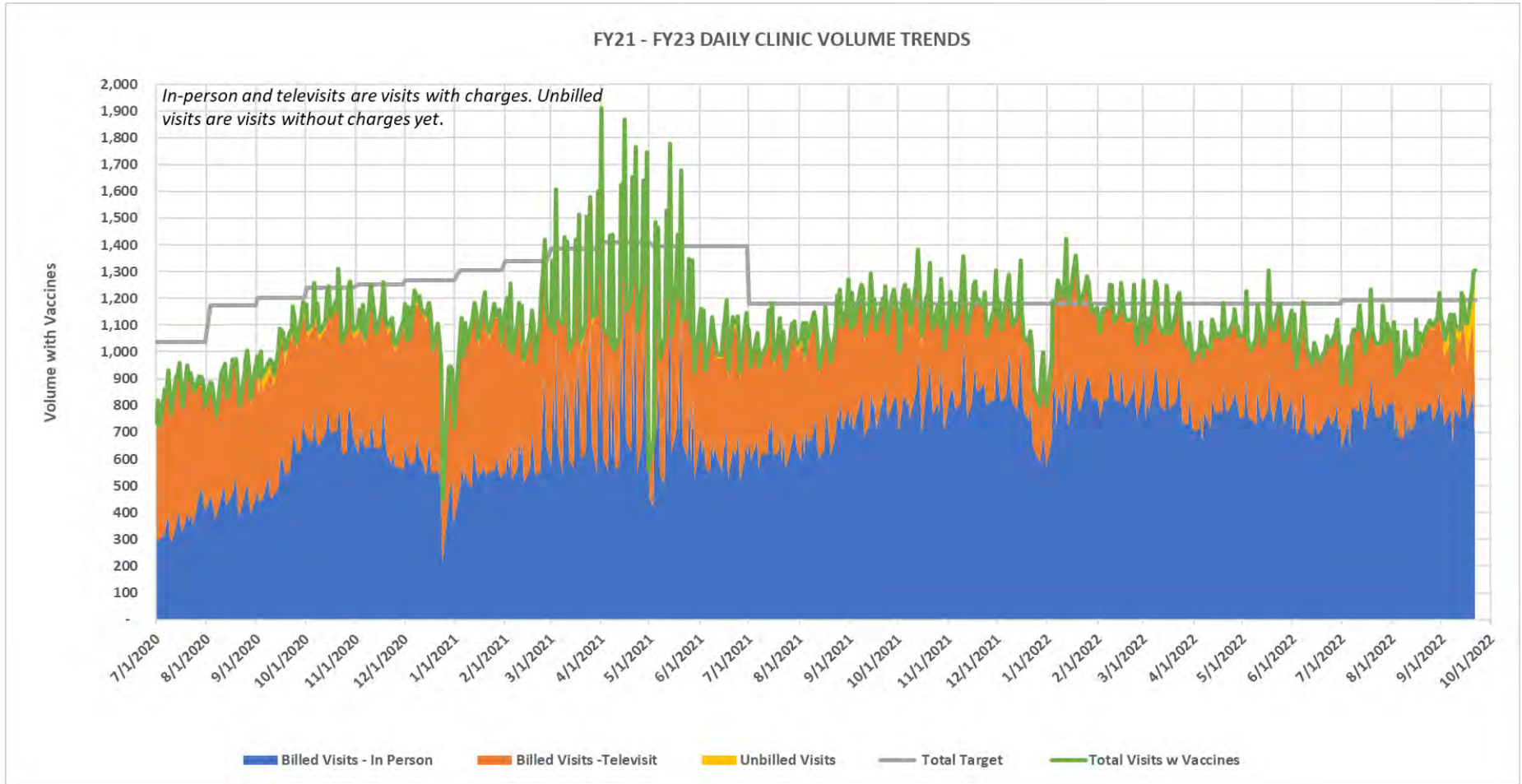
MONTH			
Actual	Budget	Variance	Stoplight
3,435	3,271	164	5%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
6,670	6,541	129	2%

ED Visits				
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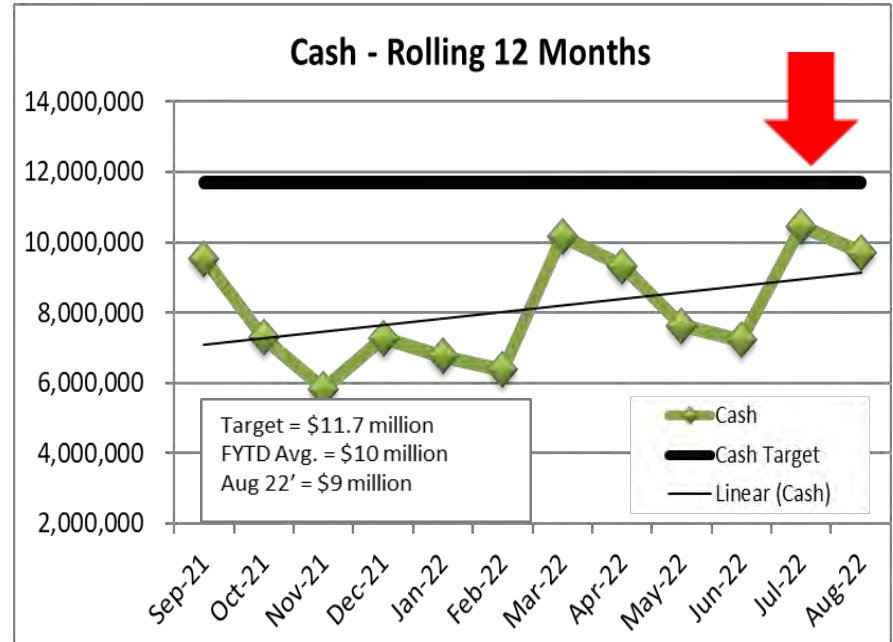
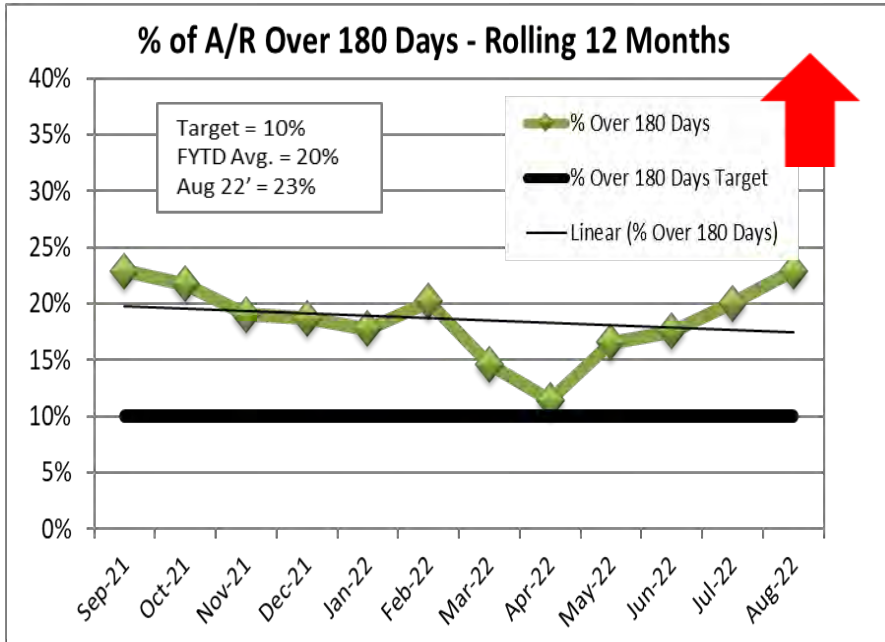
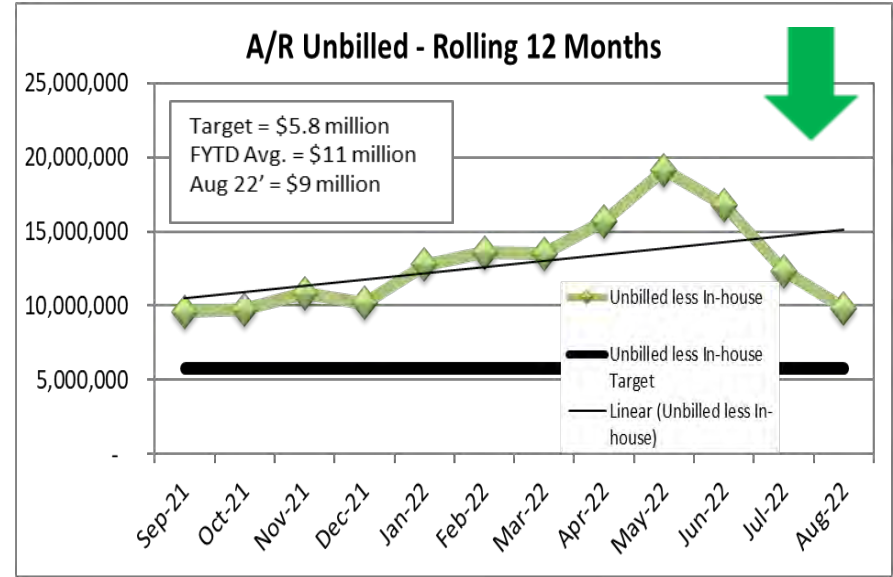
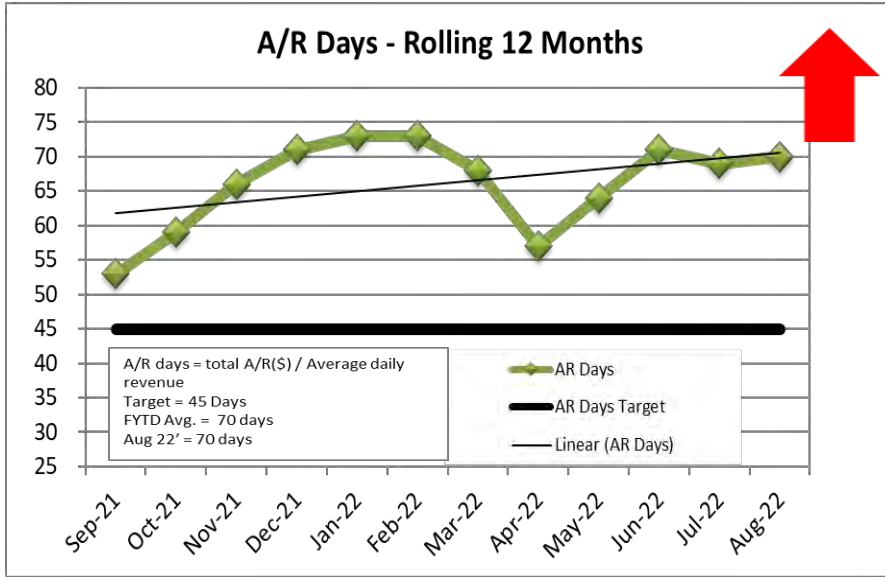


San Mateo Medical Center Clinic Visits August 31, 2022



Clinic televisits were 42% of total visits in FY21, hitting a high of 78% early in the pandemic. Televisits are running at 25.0% of total visits in FY23 as more patients are opting for in-person visits. March & April 2021 spikes are due to targeted vaccination events.

Fee-For-Service Revenue - Key Performance Indicators





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QUESTIONS?

APPENDIX



SAN MATEO COUNTY HEALTH
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San Mateo Medical Center
Income Statement
August 31, 2022

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	40,724	0	40,724		138,205	0	138,205		
2 HPSM Medi-Cal Members Assigned to SMMC	41,785	41,356	429	1%	83,337	82,712	625	1%	
3 Unduplicated Patient Count	65,632	65,230	402	1%	65,632	65,230	402	1%	
4 Patient Days	2,533	2,652	(119)	-4%	4,778	5,303	(525)	-10%	
5 ED Visits	3,435	3,271	164	5%	6,670	6,541	129	2%	
7 Surgery Cases	232	310	(78)	-25%	396	579	(183)	-32%	
8 Clinic Visits	24,211	27,468	(3,257)	-12%	45,720	51,353	(5,633)	-11%	
9 Ancillary Procedures	71,874	79,126	(7,252)	-9%	137,524	148,247	(10,723)	-7%	
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	84.0%	80.0%	-4.0%	-5%	84.0%	80.0%	-4.0%	-5%	
(Days that do not qualify for inpatient status)									
Pillar Goals									
12 Revenue PMPM	128	135	(7)	-5%	114	135	(21)	-16%	
13 Operating Expenses PMPM	331	322	(9)	-3%	307	322	15	5%	
14 Full Time Equivalentents (FTE) including Registry	1,134	1,194	60	5%	1,138	1,194	56	5%	

San Mateo Medical Center
Income Statement
August 31, 2022

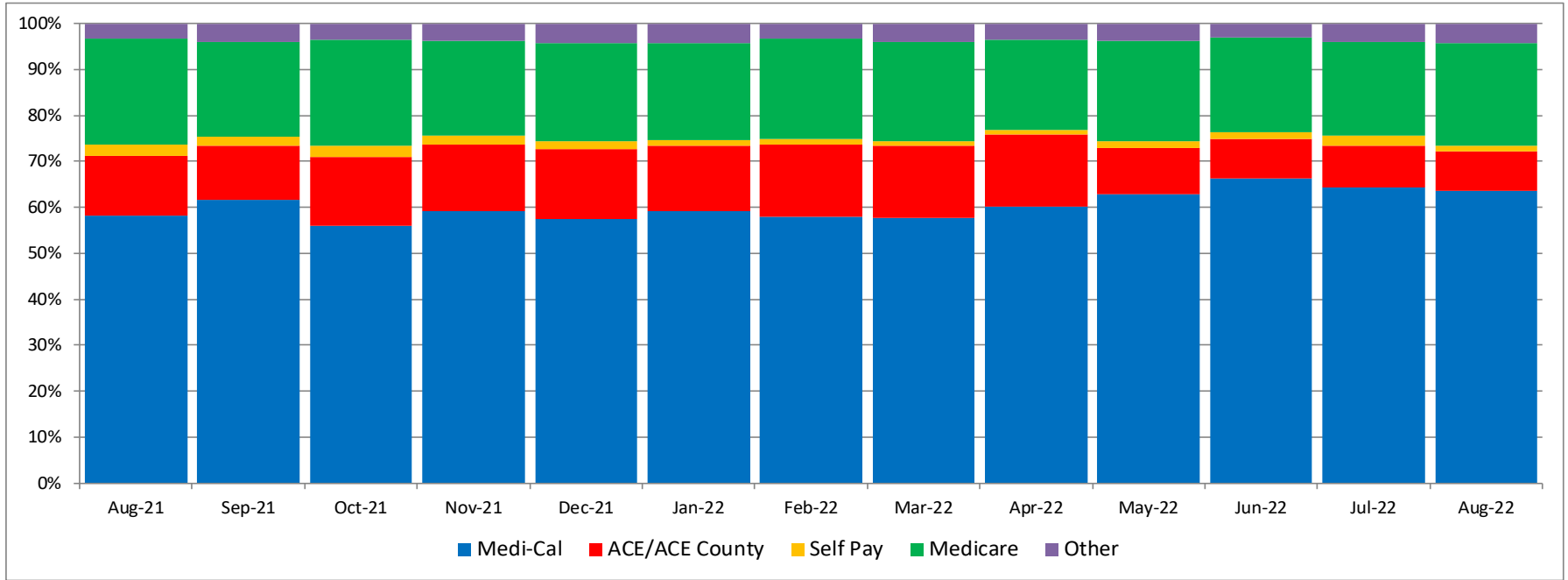
	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	14,440,409	14,144,151	296,258	2%	26,906,360	28,288,302	(1,381,942)	-5%
22 Outpatient Gross Revenue	30,251,892	28,232,137	2,019,755	7%	54,680,729	56,464,274	(1,783,545)	-3%
23 Total Gross Revenue	44,692,300	42,376,288	2,316,012	5%	81,587,089	84,752,576	(3,165,487)	-4%
24 Patient Net Revenue	10,484,391	13,211,764	(2,727,373)	-21%	18,732,252	26,423,528	(7,691,276)	-29%
25 Net Patient Revenue as % of Gross Revenue	23.5%	31.2%	-7.7%	-25%	23.0%	31.2%	-8.2%	-26%
26 Capitation Revenue	430,428	389,867	40,561	10%	861,426	779,733	81,693	10%
27 Supplemental Patient Program Revenue	14,816,560	11,362,184	3,454,376	30%	27,383,511	22,724,369	4,659,142	21%
<i>Volume Based (GPP, EPP, VRR, AB915)</i>	6,912,450	5,371,667	1,540,784	29%	14,282,669	10,743,333	3,539,336	33%
<i>Value Based (QIP, HPSM P4P)</i>	6,257,808	3,820,025	2,437,782	64%	9,808,237	7,640,051	2,168,186	28%
<i>Other</i>	1,646,302	2,170,492	(524,190)	-24%	3,292,605	4,340,985	(1,048,380)	-24%
28 Total Patient Net and Program Revenue	25,731,380	24,963,815	767,565	3%	46,977,188	49,927,630	(2,950,442)	-6%
29 Other Operating Revenue	1,297,480	1,333,884	(36,404)	-3%	2,345,644	2,667,767	(322,123)	-12%
30 Total Operating Revenue	27,028,860	26,297,698	731,161	3%	49,322,832	52,595,397	(3,272,565)	-6%

San Mateo Medical Center
Income Statement
August 31, 2022

	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	17,824,984	18,775,315	950,331	5%	34,703,581	37,550,631	2,847,050	8%
32 Drugs	1,027,615	1,286,895	259,280	20%	1,913,268	2,573,790	660,523	26%
33 Supplies	945,824	951,715	5,890	1%	900,324	1,903,430	1,003,106	53%
34 Contract Provider Services	4,866,225	3,561,651	(1,304,574)	-37%	8,741,737	7,123,302	(1,618,435)	-23%
<i>Registry</i>	1,947,662	540,112	(1,407,550)	-261%	2,895,745	1,080,225	(1,815,520)	-168%
<i>Contract Provider</i>	2,443,583	2,357,106	(86,477)	-4%	4,921,520	4,714,212	(207,308)	-4%
<i>ACE Out of Network</i>	405,261	564,839	159,578	28%	786,827	1,129,678	342,851	30%
<i>Other</i>	69,719	99,593	29,874	30%	137,645	199,187	61,542	31%
35 Other fees and purchased services	5,523,833	5,409,240	(114,593)	-2%	10,336,005	10,818,481	482,476	4%
36 Other general expenses	1,452,351	712,982	(739,368)	-104%	1,914,716	1,425,964	(488,751)	-34%
37 Rental Expense	175,512	244,525	69,014	28%	351,024	489,050	138,027	28%
38 Lease Expense	735,826	735,826	(0)	0%	1,471,653	1,471,653	(0)	0%
39 Depreciation	265,937	227,894	(38,043)	-17%	531,875	455,789	(76,086)	-17%
40 Total Operating Expenses	32,818,108	31,906,045	(912,063)	-3%	60,864,181	63,812,091	2,947,910	5%
41 Operating Income/Loss	(5,789,249)	(5,608,347)	(180,902)	-3%	(11,541,349)	(11,216,694)	(324,655)	-3%
42 Non-Operating Revenue/Expense	400,543	178,918	221,625	124%	820,695	357,835	462,860	129%
43 Contribution from County General Fund	5,429,429	5,429,429	(0)	0%	10,858,859	10,858,859	(0)	0%
44 Total Income/Loss (GAAP)	40,724	0	40,724		138,205	0	138,205	

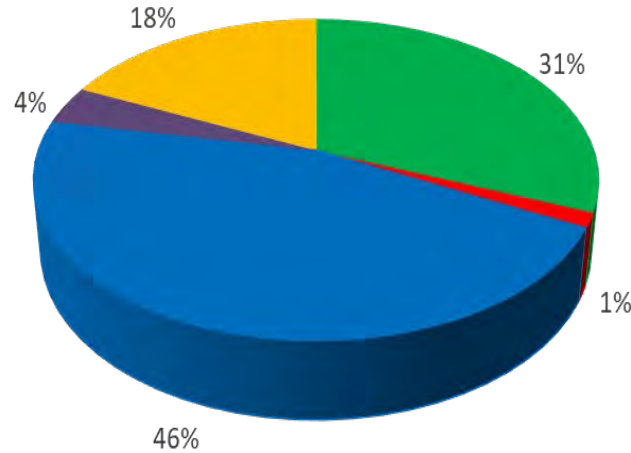
**San Mateo Medical Center
Payer Mix
August 31, 2022**

Payer Type by Gross Revenue	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
Medicare	22.3%	22.7%	-0.4%		21.5%	22.7%	-1.3%	
Medi-Cal	63.7%	58.9%	4.8%		63.9%	58.9%	5.1%	
Self Pay	1.4%	1.6%	-0.2%		1.8%	1.6%	0.2%	
Other	4.2%	4.3%	-0.1%		4.1%	4.3%	-0.2%	
ACE/ACE County	8.4%	12.5%	-4.1%		8.7%	12.5%	-3.8%	
Total	100.0%	100.0%			100.0%	100.0%		



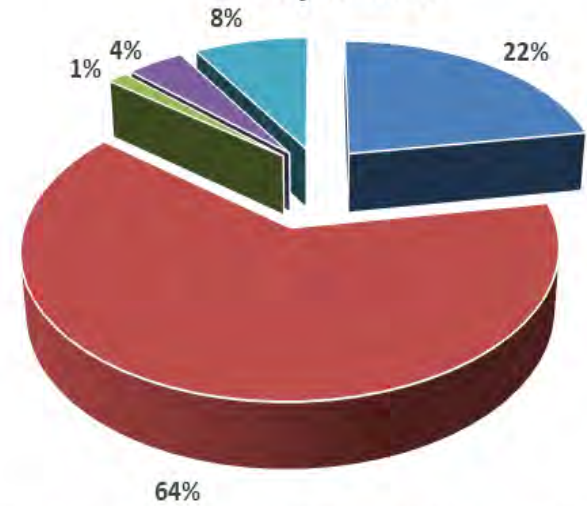
Revenue Mix

Sources of Revenue



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

Payor Mix



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

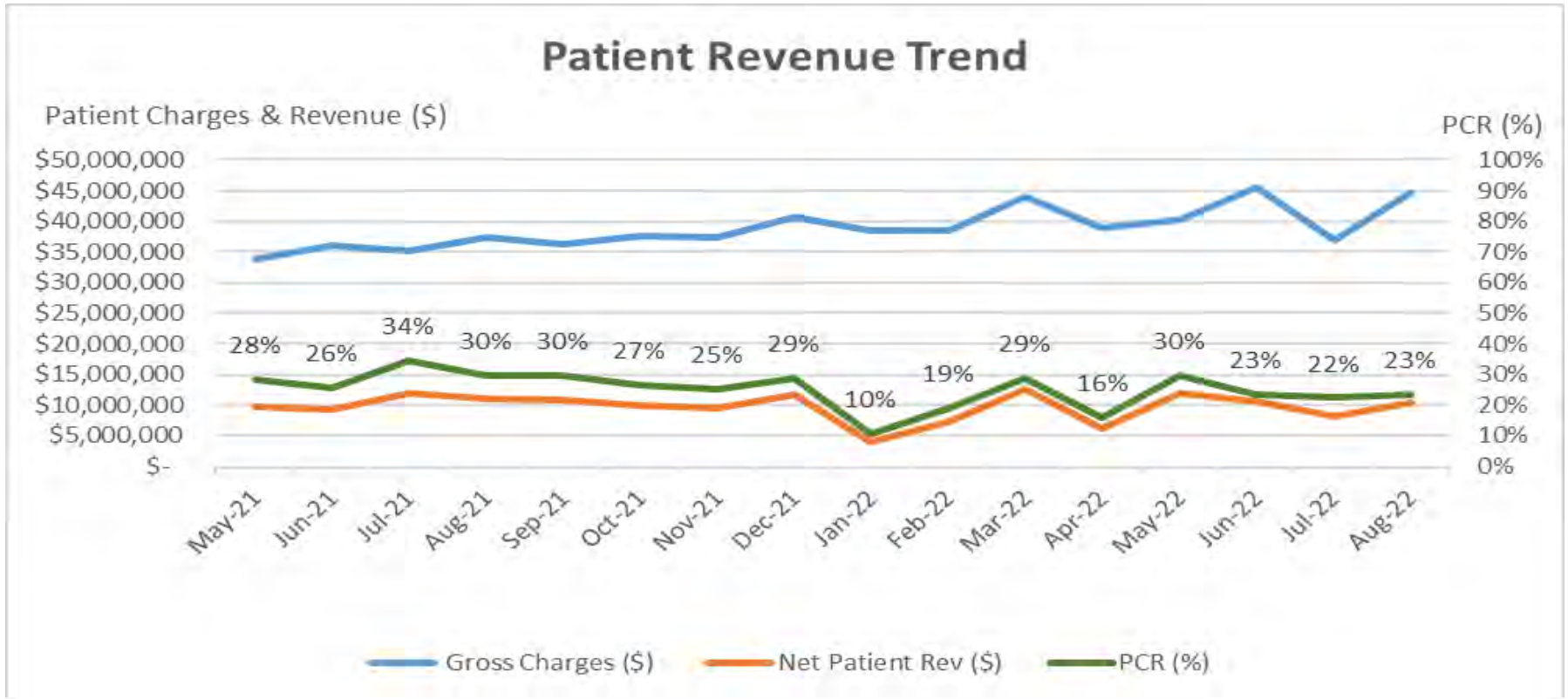
Health Plan of San Mateo (HPSM) represents 37% of our Operating Revenue

- 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

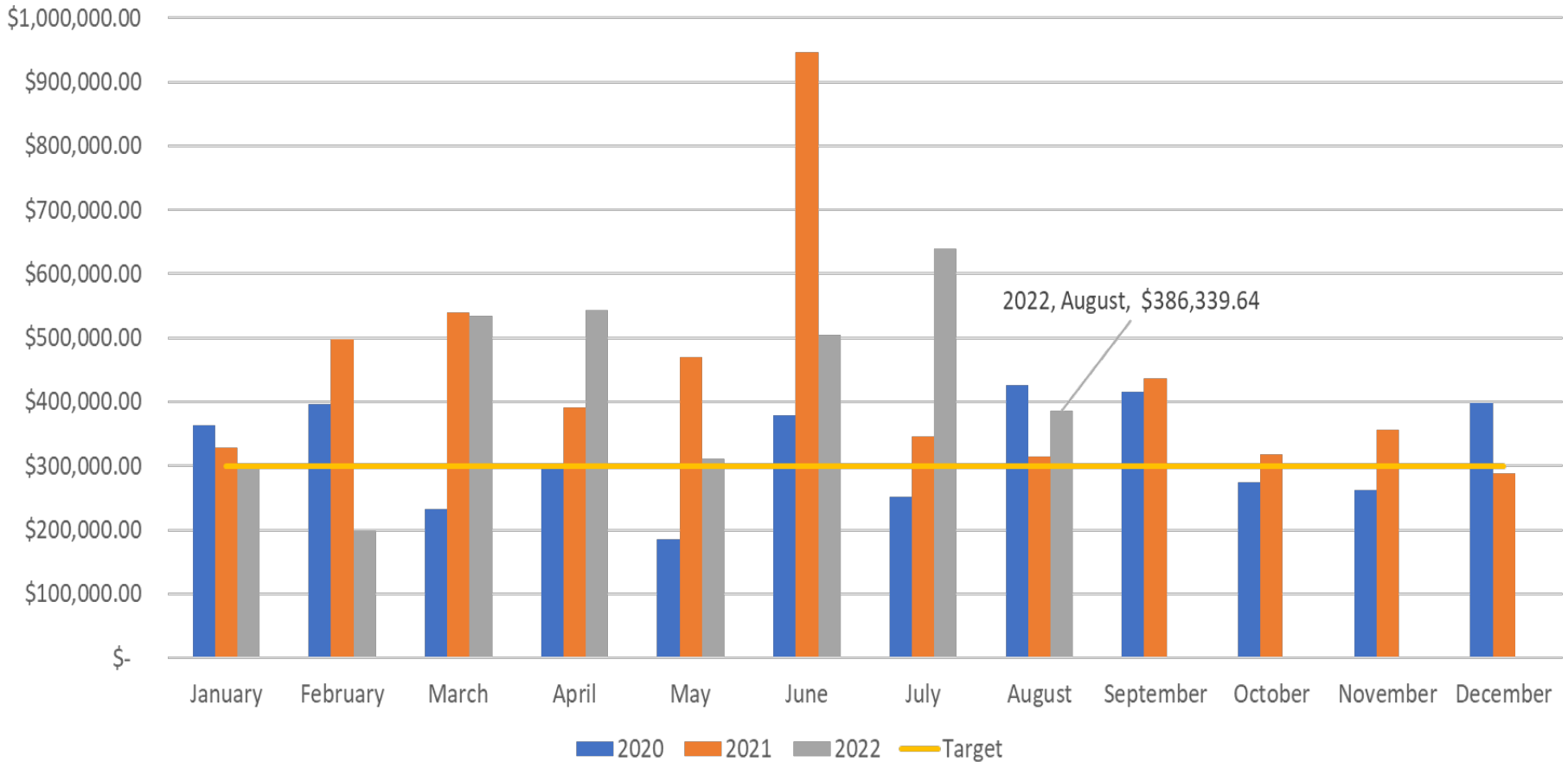
Fee-For-Service Patient Revenue Trend



Budgeted PCR 27.5% (FY21), 33.9% (FY22), 31.2% (FY23)

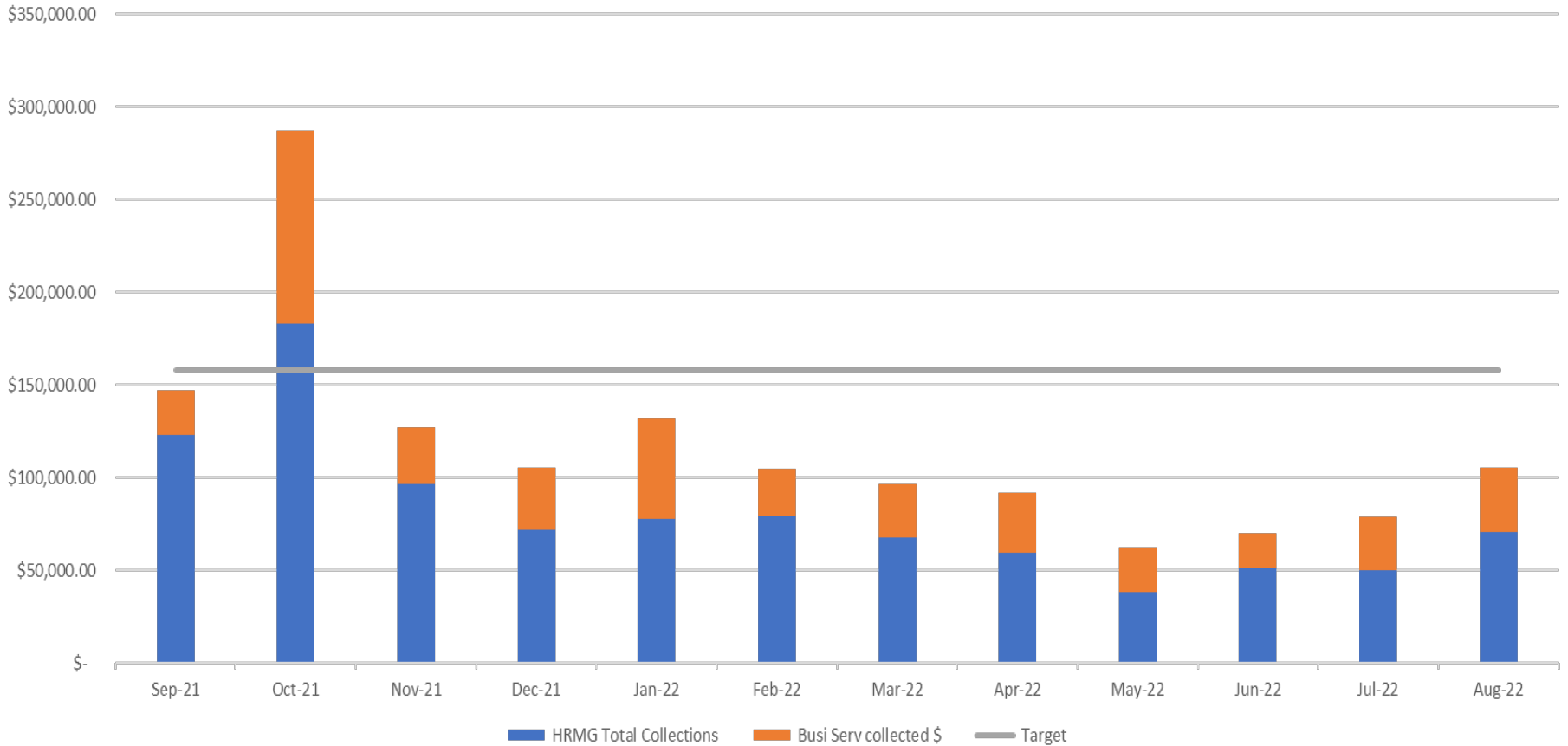
Gross patient revenue is trending up due to the increase in patient volume since late last year and addition of new charge codes for billing compliance. The collection rate (PCR) in FY23 is trending at average 23%. PCR earlier this year was low due to one-time adjustments. PCR is expected to remain in mid 20s for the rest of this fiscal year.

Fee-For-Service Commercial Collections



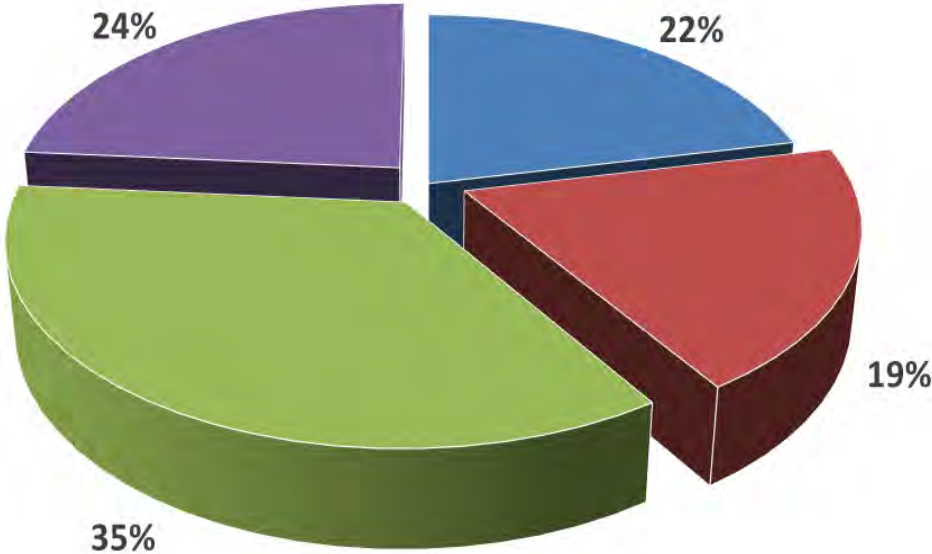
July 2020 MMX began supporting PFS with Commercial Collections

Fee-For-Service Self Pay Collections



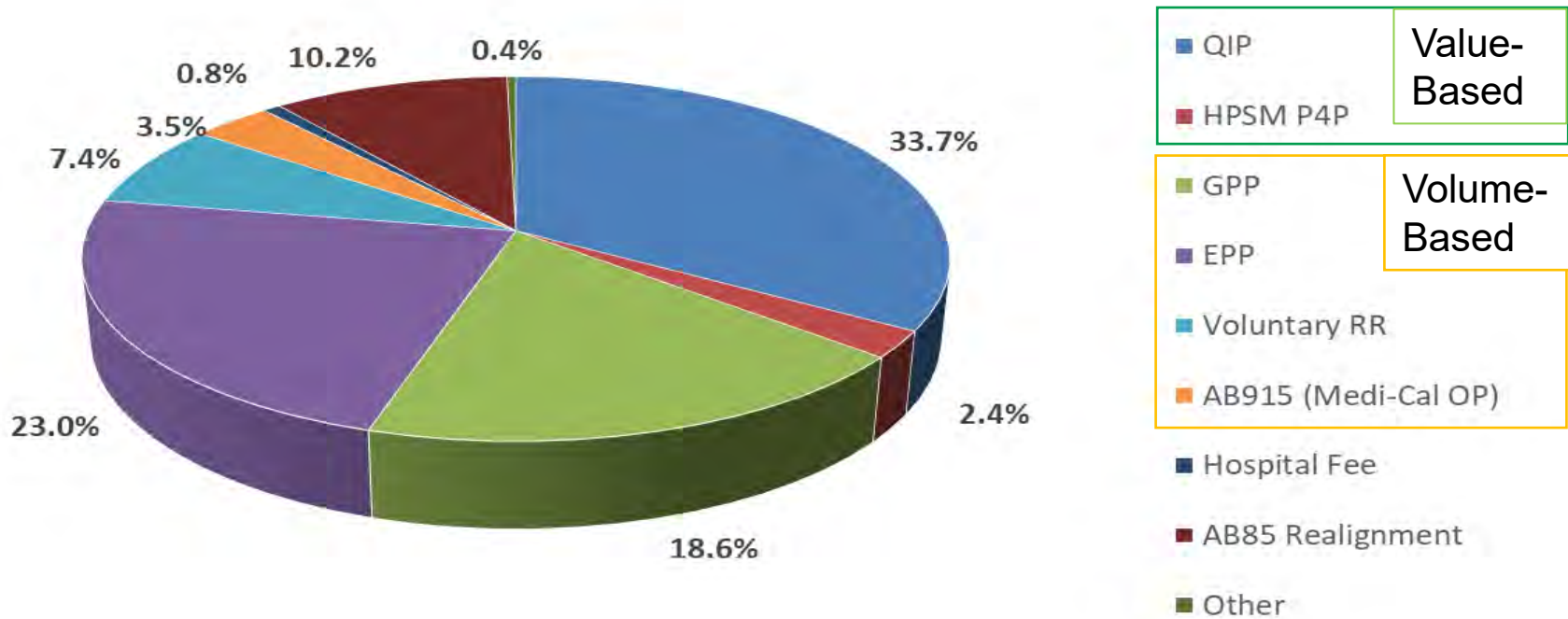
SMMC contracted with Healthcare Revenue Management Group to support SMMC's Business Services unit with collections of self-pay balances

Revenue Mix by Service Line

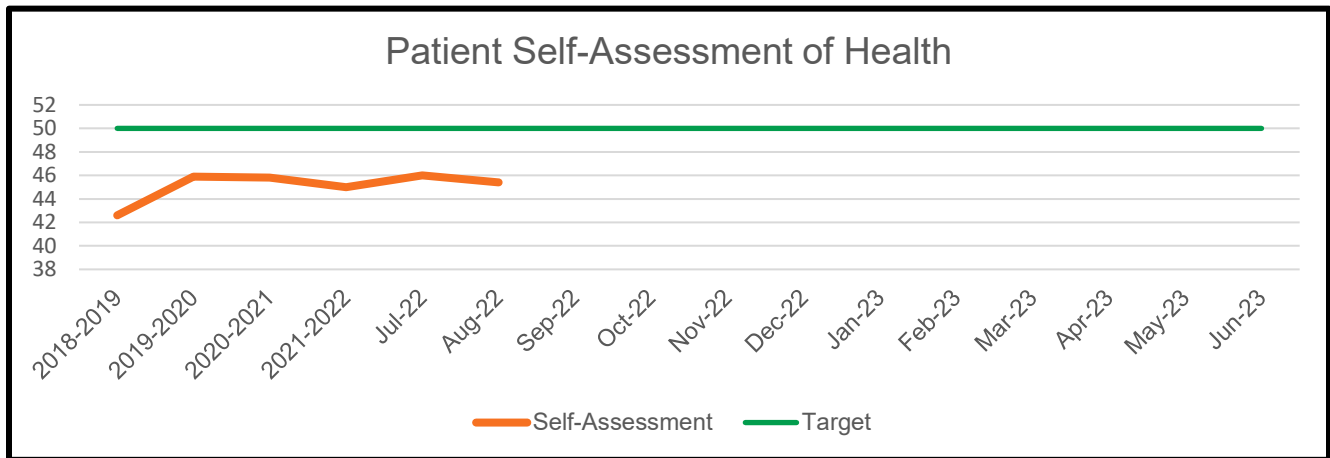


- Inpatient
- Hospital ED & Outpatient
- Ambulatory Clinics
- Ancillary Services

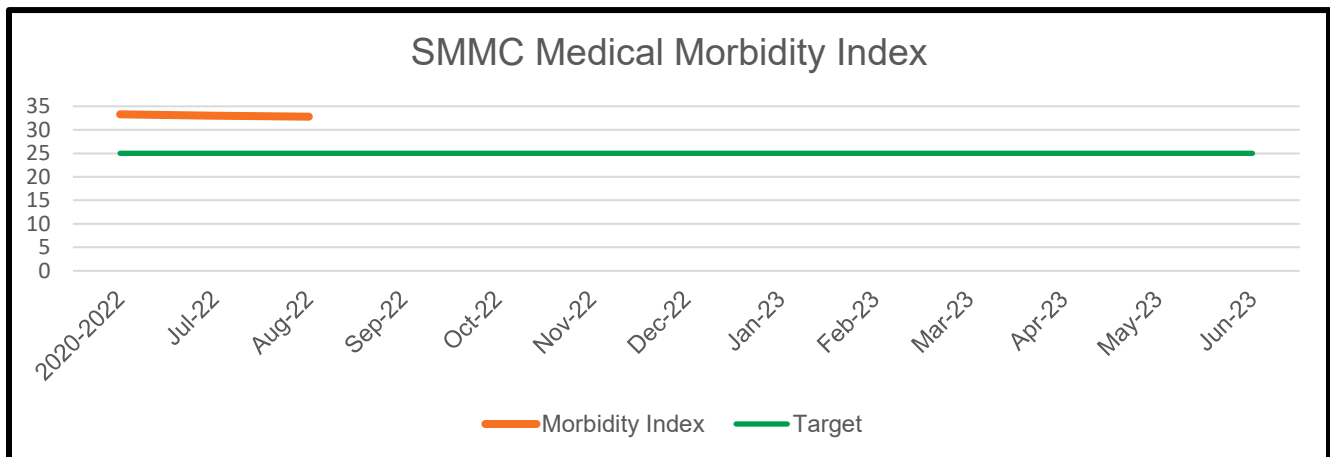
Supplemental Revenue Mix



- **Value-Based** programs represent 36.1% of our Supplemental Revenue
- **Volume-Based** programs represent 52.5% of our Supplemental Revenue



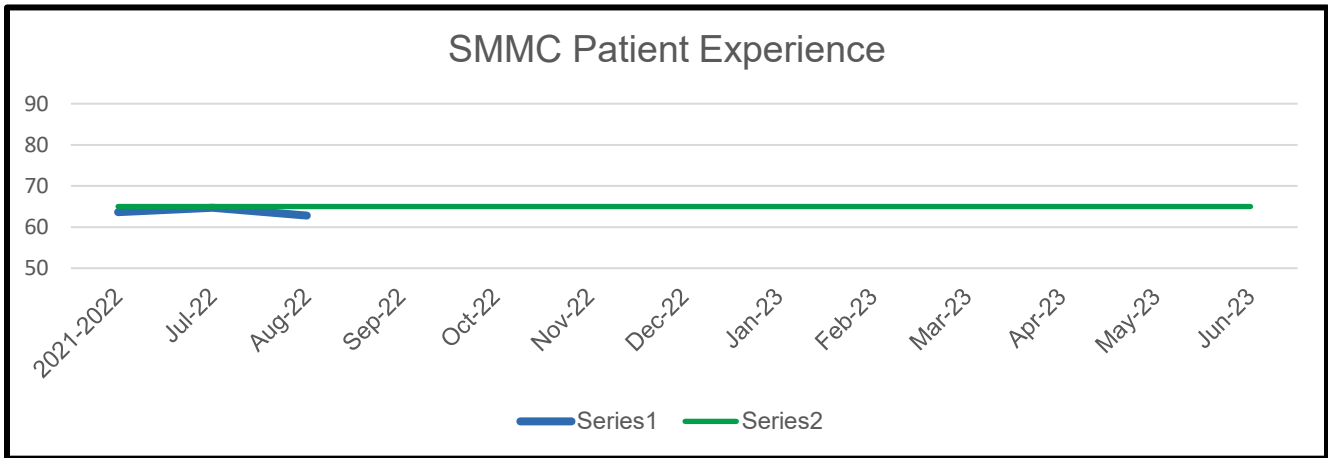
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



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.**



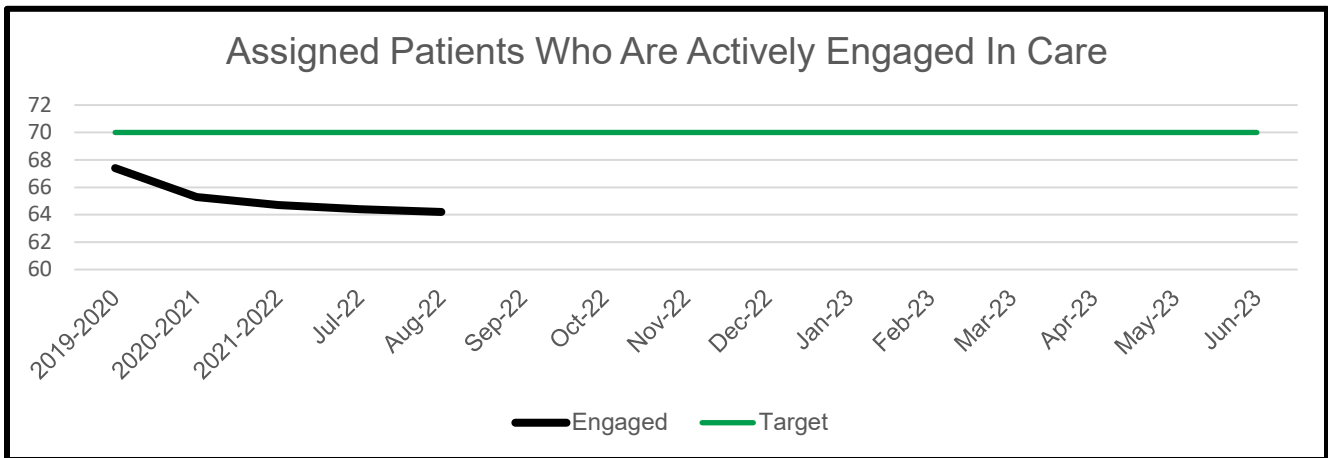
Patient Experience



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.**



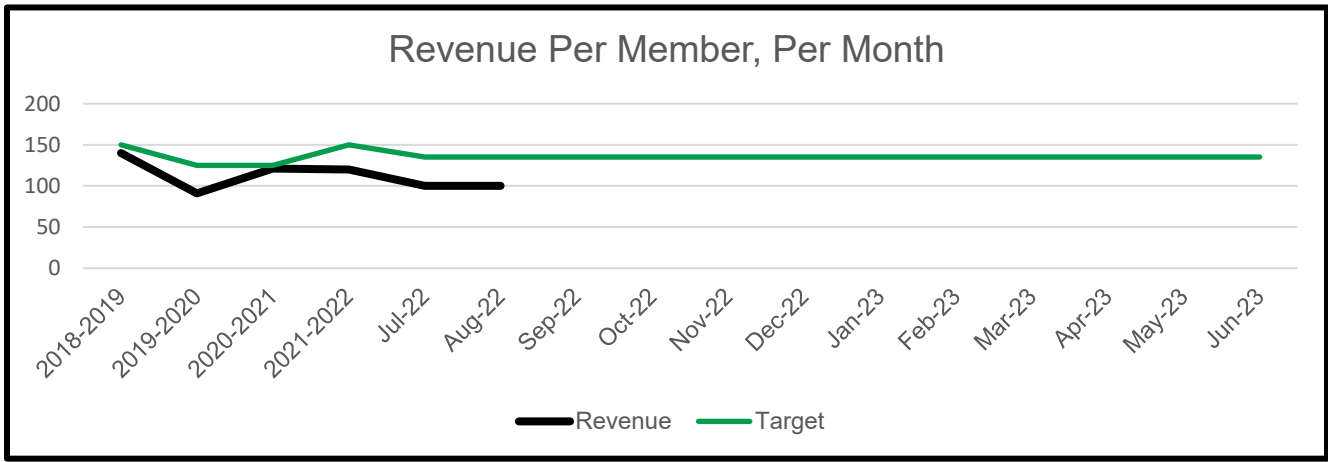
Access to Care



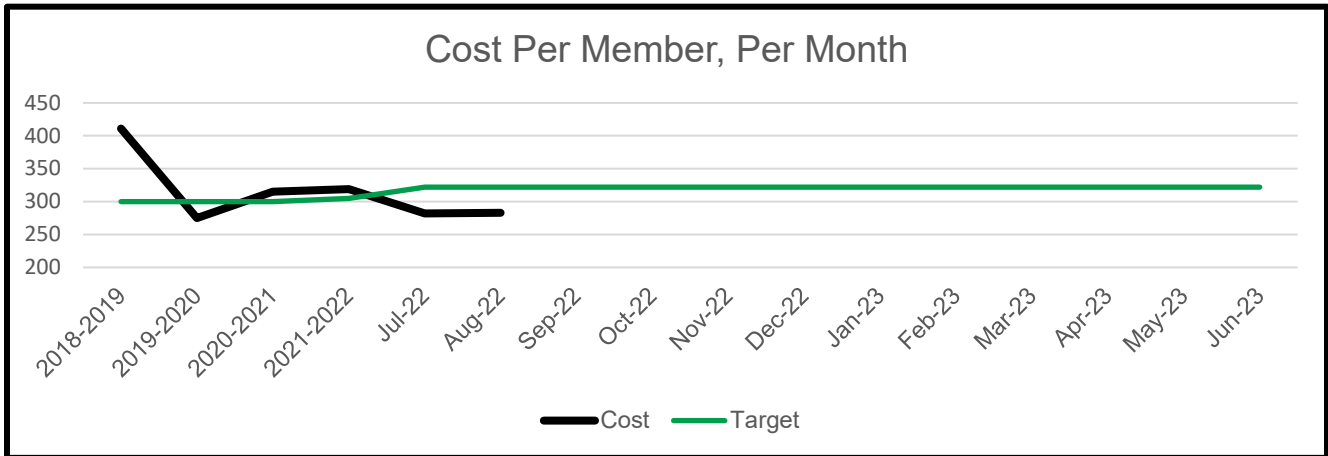
Assigned and Engaged: Percentage of patients assigned to SMMC by the Health Plan of San Mateo who are actively engaged in Care. **Higher is better.**



Financial Stewardship



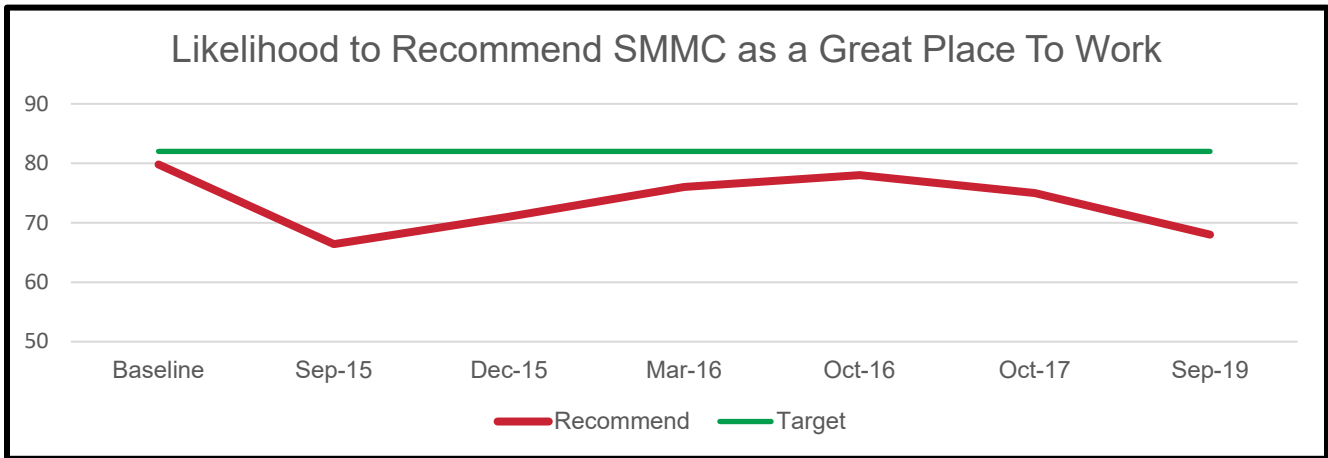
Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. **Higher is better.**



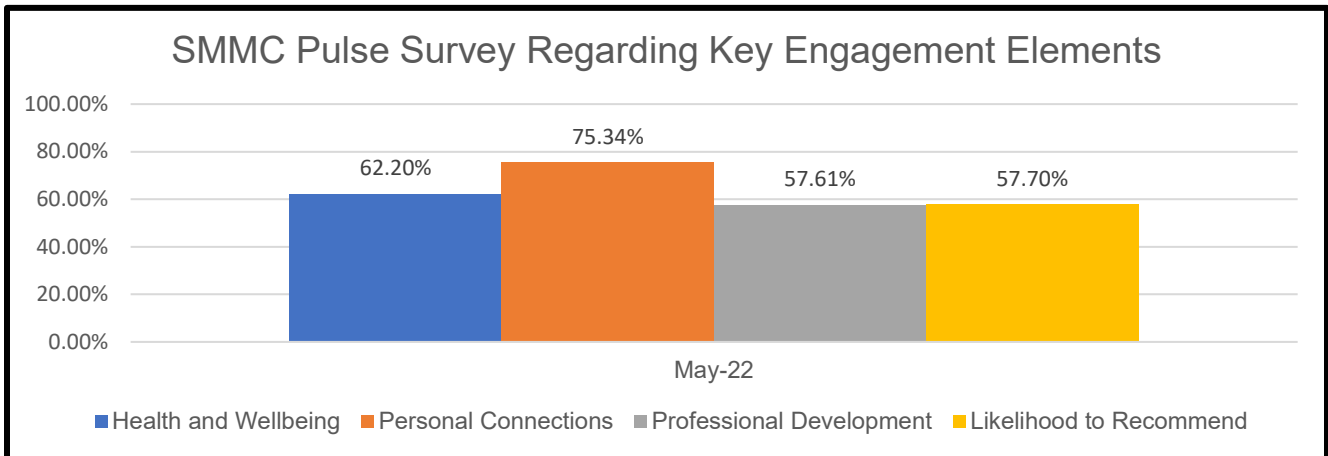
Cost Per Member, Per Month: Total cost divided by total number of assigned members. **Lower is better.**



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. -Awaiting next County survey. **Higher is better.**



SMMC Staff Engagement Pulse Survey: Percentage of staff who agree or strongly agree that 1) organization actively supports health and wellness 2) staff member has personal connections at work 3) organization supports professional development 4) staff member would recommend SMMC as a great place to work. **Higher is better.**

Strategic Updates, Recognitions & Awards



*Pictured Above Left: Sujatha Ganesh Tadimeti, Priscilla Romero, Gladys Balmes (AAS,) and Don Orr.
Pictured Above Right: Karen Pugh, Wanda Showaker (PHPP), and Kate Johnson.*

SMMC Staff Recognized at the County’s Innovation Challenge

The County’s 2022 Innovation Challenge started on August 8th and 9th with 74 participants forming 20 teams to collaborate, identify and present a solution to improve County services. The teams worked on their ideas through the allocated four hours and submitted a video of their ideas. The videos were reviewed by several department heads and the top six finalists were selected to present to a panel of judges at an in-person event on August 25th.

Congratulations to SMMC leaders Sujatha Ganesh Tadimeti, Priscilla Romero, and Don Orr who partnered with Gladys Balmes (AAS) and Darryl Lampkin (PHPP) to win third place in the Public Service category for their idea of how to support Boards and Commissions in understanding the needs of the community directly from residents.

Congratulations, also, to our SMMC Communications team Kate Johnson and Karen Pugh who partnered with Wanda Showaker (PHPP) to win third place in the Employee Experience category for their idea to use staff stories to recruit new employees and engage our workforce.

SMMC Communications Team Recognized by Statewide Organization

The California Association of Public Information Officials (CAPIO) is the leading statewide organization dedicated to advancing public sector communicators across all levels of government. Every year, CAPIO recognizes the most creative and effective efforts in marketing and communications. The awards honor work that transcends innovation and craft - work that made a lasting impact - providing an equal chance of winning to all entrants regardless of company or agency size and project budget.

This year, there were more than 200 entries and SMMC’s communications team was given the CAPIO Award of Distinction in two categories:

- Graphic Design: Joint Commission printed materials
- Internal Communications: True North rollout

Congratulations to Kate Johnson and Karen Pugh for this amazing achievement.

Healthcare for the Homeless & Farmworker Health Program Recognized with Quality Awards

SMMC's Healthcare for the Homeless & Farmworker Health Program was recently recognized with three 2022 Community Health Center Quality Recognition (CHQR) Badges from the Health Resources and Services Administration (HRSA). These awards recognize 2021 performance and celebrate organizations that have made notable achievements in the areas of access, quality, health equity, health information technology, social risk factors screening, and COVID-19 public health emergency response. The SMMC HCH/Farmworker Health Program was recognized with badges for being an Access Enhancer, Health Disparities Reducer, and Advancing HIT (Health Information Technology) for Quality. *Congratulations to the HCH/Farmworker Health Team and everyone who contributed to this recognition.*

Carlton Mills Named Permanent Chief Nursing Officer

SMMC has named Carlton Mills, RN, MSN its next permanent Chief Nursing Officer. There were a number of highly qualified internal and external candidates, and the organization utilized a rigorous screening and selection process. Carlton was selected due to his skill, expertise, and commitment to San Mateo Medical Center.

Carlton has extensive experience in executive leadership having joined San Mateo Medical Center in September of 2019 as the Deputy Director of Nursing Services for Acute Psychiatric Services after nine years as the Director of the Behavioral Health Service at Broward Health Center in Florida. Carlton has served as the interim Chief Nursing Officer since the departure of Joan Spicer in March 2022. He has done an outstanding job in the interim role, and we are excited to have him join the Senior Leadership Team permanently.

Carlton will assume the permanent role on September 18th. In that role, Carlton will continue to work on stabilizing nursing staffing and leadership as his initial focus.

SMMC Wellness Leaders Recognized

Cynthia Grivas, Nurse Manager of SMMC Emergency Services and Mary Daria, Work-out-of-Class Charge Nurse in Psychiatric Emergency Services were recently selected by the County Wellness Committee as Wellness Leadership recipients. This recognition celebrates their efforts to create a culture that promotes employee health and safety as well as emotional well-being, psychological safety, and resiliency among their teams. They will both be recognized at a reception for all recipients on September 28th and the Board of Supervisors meeting on October 4th. Congratulations to both Cynthia and Mary and thank you to both of them for supporting our staff wellness efforts.

SMMC Doing Well in Mid-Year Pay for Performance Report

SMMC recently received data from the Mid-year report for the Medi-Cal Quality Incentive Program. This program is a "pay for performance program for California's public health care systems that converted funding from previously-existing supplemental payments into a value-based structure." We are now in Performance Year 4 of the program. All public health systems have struggled to meet program targets due to challenges from the Pandemic. Despite these

challenges, in the 45 metrics for which SMMC participation was reported, we were in the top third of performance for 22 of them. This included being the top performing public health system for 10 of them and number two for an additional 5. Thank you and congratulations to the teams across the organization who have contributed to this terrific performance.

SMMC Vaccination Efforts Continue

SMMC is preparing for efforts to provide bivalent COVID-19 vaccinations to its eligible patients. In the meantime, we remain focused on facilitating up to date COVID-19 vaccination for all our patients.

As of 9/26/2022, 53,345 (75.6%) of our patients over the age of 6 months have received at least one vaccine dose while 69.3% have completed their initial vaccine series and 37.9% have received a monovalent booster. Of those over age 5, 80% have received at least one dose and 73.7% have completed the initial series while 40.4%% have received a monovalent booster. In those over age 50, 86% have at least one dose, 80.8% have completed the initial series and 59.2% have received at least one booster while 21.5% have received two. Looking at those over the age of 65, 87.2% have received one dose, 82.7% have completed the initial series and 65.9% have received at least one booster while 30.3% have received two. In the most vulnerable neighborhoods, 76.8% of our patients have received at least one dose with 71.3% having completed the initial series and 38.3% having received a monovalent 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.



September 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	22,232 (August)	0.3%	-14.5%
SMMC Emergency Department Visits	3,425 (August)	5.9%	5%
New Clients Awaiting Primary Care Appt.	0 (September)	NA	NA

BHRS Commits \$10M to Supportive Housing

Behavioral Health and Recovery Services (BHRS) is committing \$10,000,000 of Mental Health Services Act (MHSA) revenue to the San Mateo County Department of Housing to establish a fund for the development of supportive housing units for BHRS clients. At the conclusion of a first round Notice of Funding Availability (NOFA), the following projects were awarded:

- \$2.2M will fund Affirmed Housing (North Fair Oaks Apartments) in North Fair Oaks (11 MHSA units)
- \$1.6M will fund MidPen Housing and EPA Can Do (Week Street Apartments) in East Palo Alto (8 MHSA units)
- \$1.2M will fund Eden Housing (Fire House Square Apartments) in downtown South San Francisco (6 MHSA units)

The balance of \$5M or 30 MHSA units will be spent on other housing opportunities/priorities as determined by a second round NOFA that just closed to applications and will be reviewed by the Department of Housing through its planning process.

Epidemiologist Contribute Wildfire Smoke Research to US Department of Health & Human Services

Epidemiologists from Public Health, Policy and Planning were contacted by the US Department of Health and Human Services (HHS) for data about wildfire smoke experienced in the Bay Area from the Camp Fire in Butte County in 2018. [Climate and Health Outlook](#), the HHS newsletter, included the local research in an item called “Real-Time Tracking of Respiratory Outcomes Linked to Wildfire Smoke.” County Health’s

epidemiologists showed an increase in the weekly percentage of emergency department (ED) visits for asthma and smoke exposure or smoke inhalation. Among participating EDs, San Mateo Medical Center had the highest average daily percentage of ED visits for all respiratory syndromes (excluding influenza-like illness and pneumonia).

Coastal Cleanup Day Volunteers Collect 12 Tons of Debris

Over 2,200 local community members at over 30 locations throughout the county participated in Coastal Cleanup Day on September 17th. The statewide event is managed locally by Environmental Health Services to bring the San Mateo County community together to help gather litter before it enters the ocean. Individual volunteers and organizations removed more than 25,000 pounds (12.5 tons) of debris from parks, along creeks, beaches, and roadsides, in neighborhoods, and even by boat and kayak at the Foster City Lagoon and the Bair Island Aquatic Center in Redwood City. Roughly 32 miles were scanned and spruced up by many helping hands. The top littered items included a lot of single-use plastics – cigarette butts, food wrappers, plastic bags, bottles and caps, as well as foam packaging. Thousands of gloves and masks were also collected due to the pandemic. While the main event is over, residents can continue to pick up trash on their own time in their neighborhood or with an established group. Learn more and get involved at smchealth.org/cleanup.



Large Animal Evacuation Group Trains on the Coastside



San Mateo County's Large Animal Evacuation Group (LAEG), a volunteer organization on the Coastside, recently completed a two-day training on the processes for managing and transporting livestock to safety during a disaster. Overseen by County Health staff from Animal Control and Licensing, the LAEG is a **Volunteer Organization Active in a Disaster (VOAD)** and part of the County's broader emergency response. The group was active during the CZU Lightning Complex fires in 2020, transporting over 1,500 farm animals, including horses, cows, a camel, pigs, and sheep to shelter at the Event Center and the Cow Palace. Volunteers are trained in the Incident Command System used by all responding agencies and on how to manage, trailer, and transport different types of animals. Twenty volunteers participated in the recent exercise.

RESOLUTION

RESOLUTION NO. 1

BOARD OF DIRECTORS, SAN MATEO MEDICAL CENTER, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

* * * * *

RESOLUTION

RESOLVED, by the Board of Directors of the San Mateo Medical Center, County of San Mateo, State of California, that

WHEREAS, pursuant to its Corporate Integrity Agreement (CIA) with the federal Office of the Inspector General (OIG) San Mateo Medical Center is required to oversee compliance with the requirements of the CIA and pass an annual resolution attesting to that oversight; and

WHEREAS, this Hospital Board has been presented with and reviewed all relevant documents and other materials in its oversight of the compliance program and in support of making this resolution during the relevant Reporting Period (July 29, 2021 through July 28, 2022).

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that the Hospital Board has made a reasonable inquiry into the operations of San Mateo Medical Center's Compliance Program, including the performance of the Compliance Officer and the Compliance Committee. Based on its inquiry and review, the Hospital Board has concluded that, to the best of its knowledge, San Mateo Medical Center has implemented an effective Compliance Program to meet Federal health care program requirements and the obligations of the CIA.

* * * * *

Carole Groom
Hospital Board Chair, Board of Supervisors

Date

David J. Canepa, Board of Supervisors

Date

Mike Callagy, County Manager

Date

Louise Rogers, Chief, San Mateo County Health

Date

Dr. Chester Kunnappilly, CEO, San Mateo Medical Center

Date

Dr. Steve Hassid, Chief of Staff, San Mateo Medical Center

Date

Dr. Brita Almog, Vice Chief of Staff, San Mateo Medical Center

Date

Dr. Gordon Mak,
Medical Staff Member-at-Large, San Mateo Medical Center

Date

Deborah Torres, Community Member

Date