



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, November 7, 2022

8:00 AM – 10:00 AM



AGENDA

Board of Directors

Monday, November 7, 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. October 3, 2022 Minutes

H. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Steve Hassid

I. ADMINISTRATION REPORTS

1. SMMC's Strategic Focus

Dr. CJ Kunnappilly..... Verbal

2. Financial Report

David McGrew.....TAB 2

3. CEO Report

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
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: November 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

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, October 3, 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	Lisa Mancini
David McGrew	John Jurow	Jennifer Papa
Robert Blake	Karen Pugh	Priscilla Romero
Peggy Jensen	Gabriela Behn	Twila Dependahl
Dr. Yousef Turshani	Rachel Daly	Cathena Campbell
Dr. Amar Dixit	Valissa Mathewson	Carlton Mills
Ava Carter	Sylvia Tang	
Lt. Ben Hand	Maria Lorente Foresti	

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Groom called the meeting to order at 8:00 AM. A quorum was present.	
Procedural	Approval of: 1. Adoption of findings to continue teleconferenced board meetings due to health risks posed by in-person meetings.	The Board unanimously approved the resolution.
Reconvene to Open Session	The meeting was reconvened at 8:21 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for October 3, 2022. QIC Minutes from July 26, 2022. Medical Executive Committee Minutes from September 13, 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	John Jurow updated the Board on the recent fundraising events including Taste of the County which was on October 1 at the San Mateo County Event Center.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from August 1, 2022.	It was MOVED, SECONDED and CARRIED unanimously to

		approve all items on the Consent Agenda.
Medical Staff Report Dr. Steve Hassid	<p>Dr. Hassid informed the Board that the updated COVID-19 vaccine is now available for people 12 years of age and older and the version for ages 5-11 will become available by mid-October. The updated bivalent boosters protect against both the original virus and the Omicron variant. Messaging about it should be increased so there is wider uptake across the county and to avoid a fall/winter surge of cases. Current vaccination rates for the booster remain low.</p> <p>The lack of available specialty providers is an issue and one of the repercussions is that that ED staff spend a considerable amount of time and energy to identify transfers. They are looking at putting protocols in place to manage the situation and working with other area hospitals to create a smoother process. Hospital administration has been supportive of these efforts.</p>	FYI
Health Information Management Valissa Mathewson	<p>HIM is an integrated department:</p> <ul style="list-style-type: none"> ○ Clinical Documentation Improvement: Works with providers to obtain more specific documentation on inpatient charts ○ Medical Records: Picks up & scans paperwork on discharged patients. Reviews & Analyzes charts; assigns deficiencies. Release of Information. Medical Record Number/Demographic Management ○ Medical Record Coding: Assigns diagnosis and procedure codes for facility based on documentation; required for quality reporting and billing <p>Process Improvement: Clinic Coding Solution</p> <ul style="list-style-type: none"> ○ Reviewing contracting options to have clinic coding be done by a combination of AI technology and coders. ○ Targeting to increase accuracy from current 72.0% to 95%+ ○ Reduction of rework on incorrectly coded accounts ○ Removal of coding work from providers <p>Enterprise Electronic Health Record: Benefits of New EHR</p> <ul style="list-style-type: none"> ○ One central location for all patient records ○ Streamline release of information ○ Reduce amount of multiple medical record creation ○ Eliminate updating patient information in multiple systems ○ Reduces the amount of manual scanning/processing of paper records 	FYI
Compliance Gabriela Behn	<p>Hospital Board Requirement: Annual Board Resolution</p> <ul style="list-style-type: none"> ○ Must submit description of all documents and materials reviewed ○ May engage independent advisor or other 3rd party resource in its oversight of the compliance program and in support of the resolution <p><i>“The Board has made a reasonable inquiry into the operations of SMMC’s Compliance Program, including the performance of the Compliance Officer and the Compliance Committee. Based on its inquiry and review, the</i></p>	FYI

	<p><i>Board has concluded that, to the best of its knowledge, SMMC has implemented an effective Compliance Program to meet Federal health care program requirements and the obligations of the CIA.”</i></p> <p>IRO Audit Results</p> <ul style="list-style-type: none"> ○ Ankura reviewed 100 paid claims (July 29, 2021 – July 28, 2022) ○ Outpatient Claims with Bypass Modifiers Findings <ul style="list-style-type: none"> ● The overall overpayment net financial error rate was 4.2%. ● Corrective Action: Modifications to billing system; additional alerts for billers; provider education <p>Risks identified for audit include:</p> <ul style="list-style-type: none"> ○ Short Stays, Inpatient Admissions - Audit Has Started ○ FQHC Billing – Medical and Dental – Still Trying to Find a Vendor ○ Revenue Integrity/Compliance Programs – Kickoff on October 5 	
<p>Violence in the Workplace Carlton Mills, Ava Carter, Lt. Benjamin Hand</p>	<p>WPV incidents at SMMC occurred in March and June 2022. WPV Task Force created and include representatives from Safety, Security, Nursing, Providers, and Patient Experience.</p> <p>Hospital Campus: Implemented a search process for all occupants at hospital entrances and surveyed staff and patients for feedback.</p> <ul style="list-style-type: none"> ○ Emergency Dept: Armed officer at the entrance; set expectations for local law enforcement; 3rd party risk assessment. Since May 2022 there have been 44 reported incidents from the ED. ○ Implementations: panic alarms for ED staff; violent intruder and lockdown training; exploring noninvasive search technology <p>Satellite Clinics</p> <ul style="list-style-type: none"> ○ Risk assessment of the physical environment completed ○ Since May 2022, there have been no reported incidents ○ Search process for all occupants 	<p>FYI</p>
<p>Mental Health and Suicide Prevention Sylvia Tang, Maria Lorente Foresti</p>	<p>BHRS Office of Diversity and Equity: In collaboration with and for community members the Office of Diversity and Equity (ODE) advances health equity in behavioral health outcomes of marginalized communities by influencing systems change and prioritizing lived experience. There are four pathways in our Theory of Change:</p> <ul style="list-style-type: none"> ○ Workforce Development and Transformation ○ Community Empowerment ○ Strategic Partnerships ○ Policy and System Change <p>Suicide Prevention (SP) Strategy Benefits and Uses: Data, Strategies, Education, Resources, Collaboration SP Training is geared towards general community members</p>	

	<p>Mayors Mental Health Initiative started in Jan. 2022 with 12 participating cities and led by elected officials. San Mateo County collectively with government, agencies and community members in Suicide Prevention Committee have offered unique contributions to suicide prevention field, including focus on equity and supporting marginalized communities.</p> <p>County's Unique Contributions to Suicide Prevention</p> <ul style="list-style-type: none"> ○ One of the first counties to introduce suicide prevention strategic plan. ○ First county to add equity focus to suicide prevention strategic plan goals. ○ First county to fund linguistic/cultural adaptation of Be Sensitive Be Brave training ○ Cultural considerations integrated into MH First Aid and Spanish interpretation provided for ASIST ○ Community trainings intentionally designed to increase access to marginalized communities ○ National Council on Mental Wellbeing, California Mental Health Oversight Commission and various counties have turned to San Mateo County as a model for suicide prevention and equity 	
Financial Report David McGrew, CFO	The August FY 22/23 financial report was included in the Board packet and David McGrew answered questions from the Board.	FYI
CEO Report Dr. CJ Kunnappilly	Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board.	FYI
Resolution	<p>Approval of:</p> <ol style="list-style-type: none"> 1. Adopt a Resolution regarding the Hospital Board's oversight of SMMC's Compliance Program as required by SMMC Corporate Integrity Agreement. 	The Board unanimously approved the Resolution.
County Health Chief Report Louise Rogers	Ms. Rogers reported that Behavioral Health and Recovery Services (BHRS) is committing \$10 million of Mental Health Services Act (MHSA) revenue to the SMC Department of Housing to establish a fund for the development of supportive housing units for BHRS clients.	FYI
County Executive Officer Mike Callagy	Mr. Callagy reported that Stone Villa Inn will reopen this week and will be one of the resources the County is using to address homelessness among our residents.	FYI
Board of Supervisors Supervisor Groom	Supervisor Groom expressed her pride in how the County is focusing on homeless issues.	FYI

Supervisor Groom adjourned the meeting at 10:00 AM. The next Board meeting will be held on November 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: September FY22-23

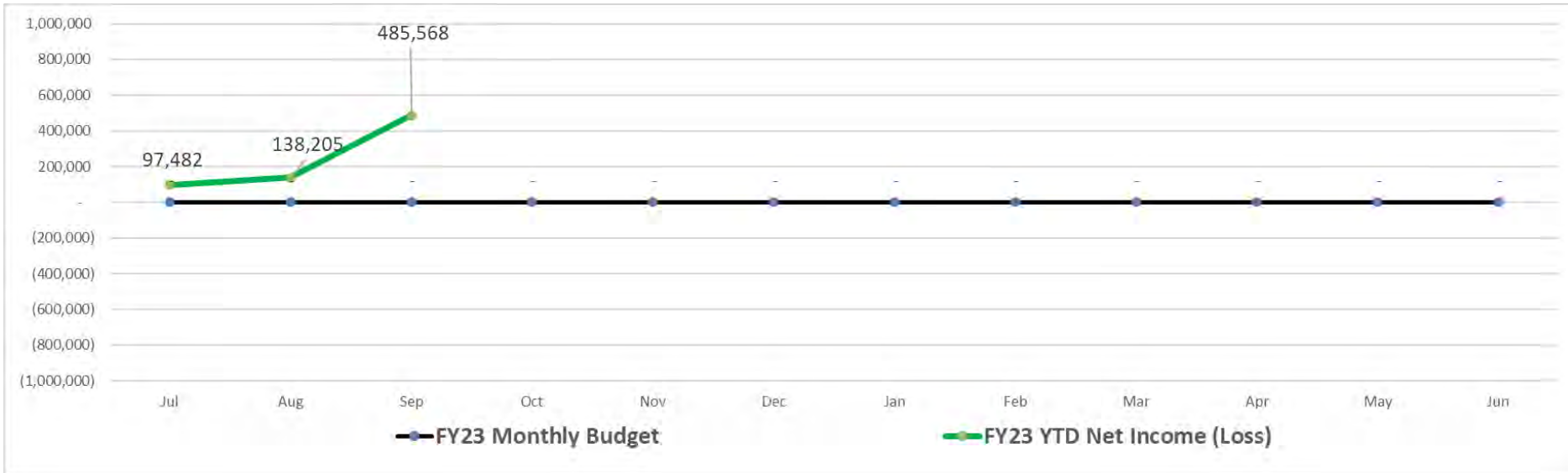
November 7, 2022

Presenter: David McGrew, CFO



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FY22-23 Cumulative YTD Financial Results



Net Income(loss)–Sept \$347K, YTD \$486K

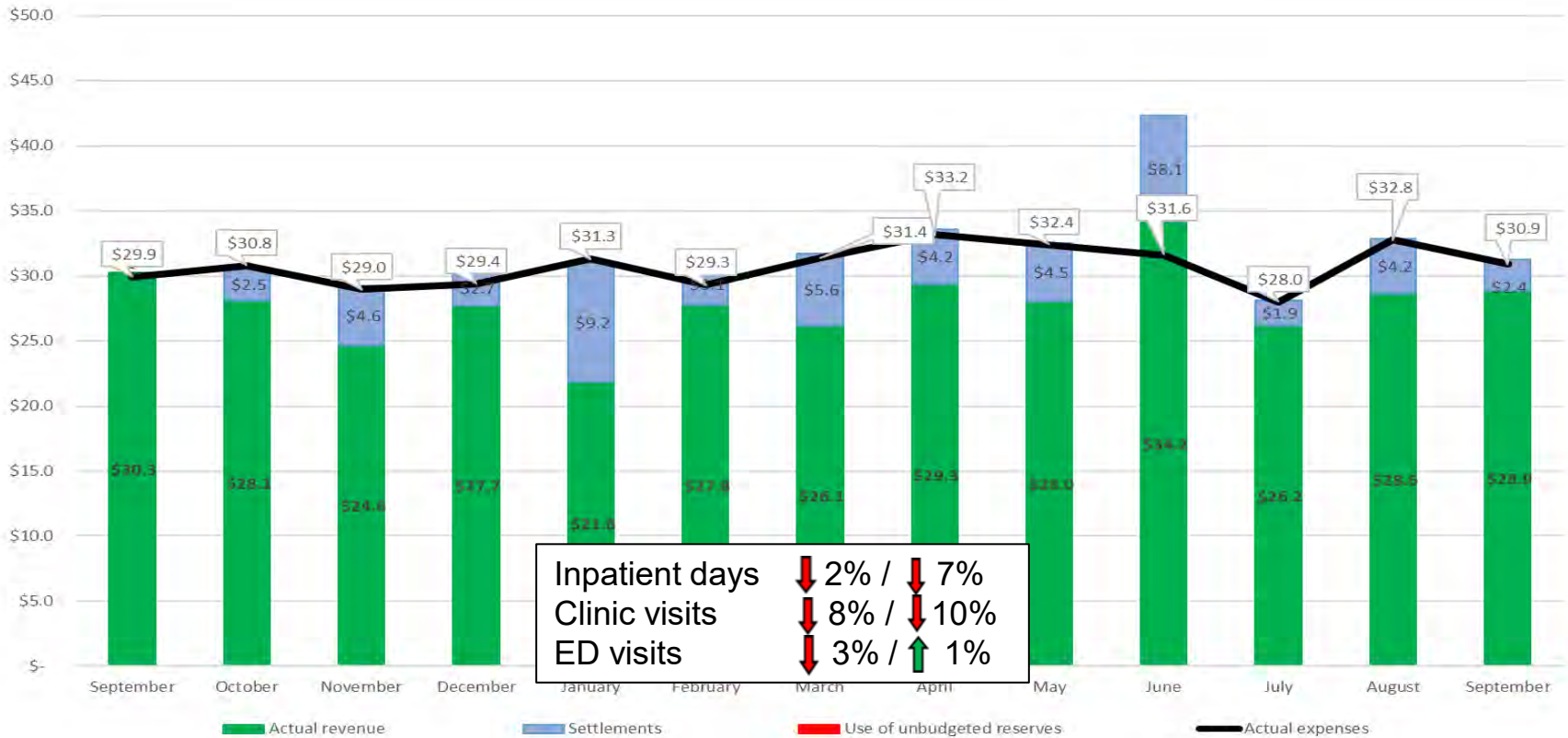
- Patient revenue collection rate improved 7%
- FY18 PRIME reserves released
- FTEs 4% favorable
- Salaries & Benefits 11% favorable

- ACE outside medical costs
- Drugs
- Nursing registry

September FY23 Snapshot – September is favorable to budget by \$347K 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. Nursing registry costs continue to be a challenge. Salary costs are expected to increase as vacancies are filled and labor contracts are in full effect. Inpatient acute volume and Medical ED visits continue to be higher than budget. Clinic visits are 8% below budget for the month. Managed care membership is close to budget.

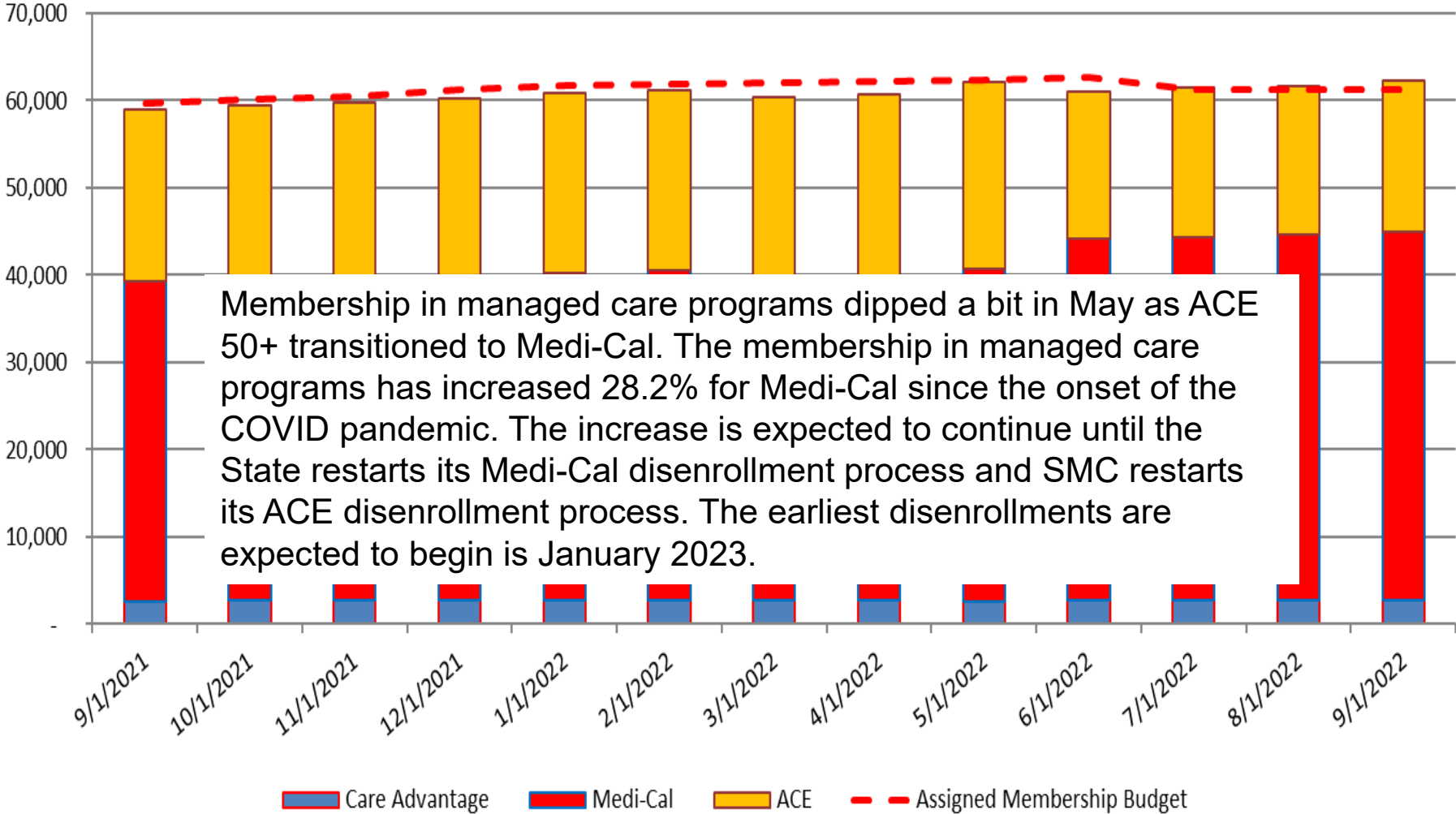
FY 22-23 Revenue & Expense Trend

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

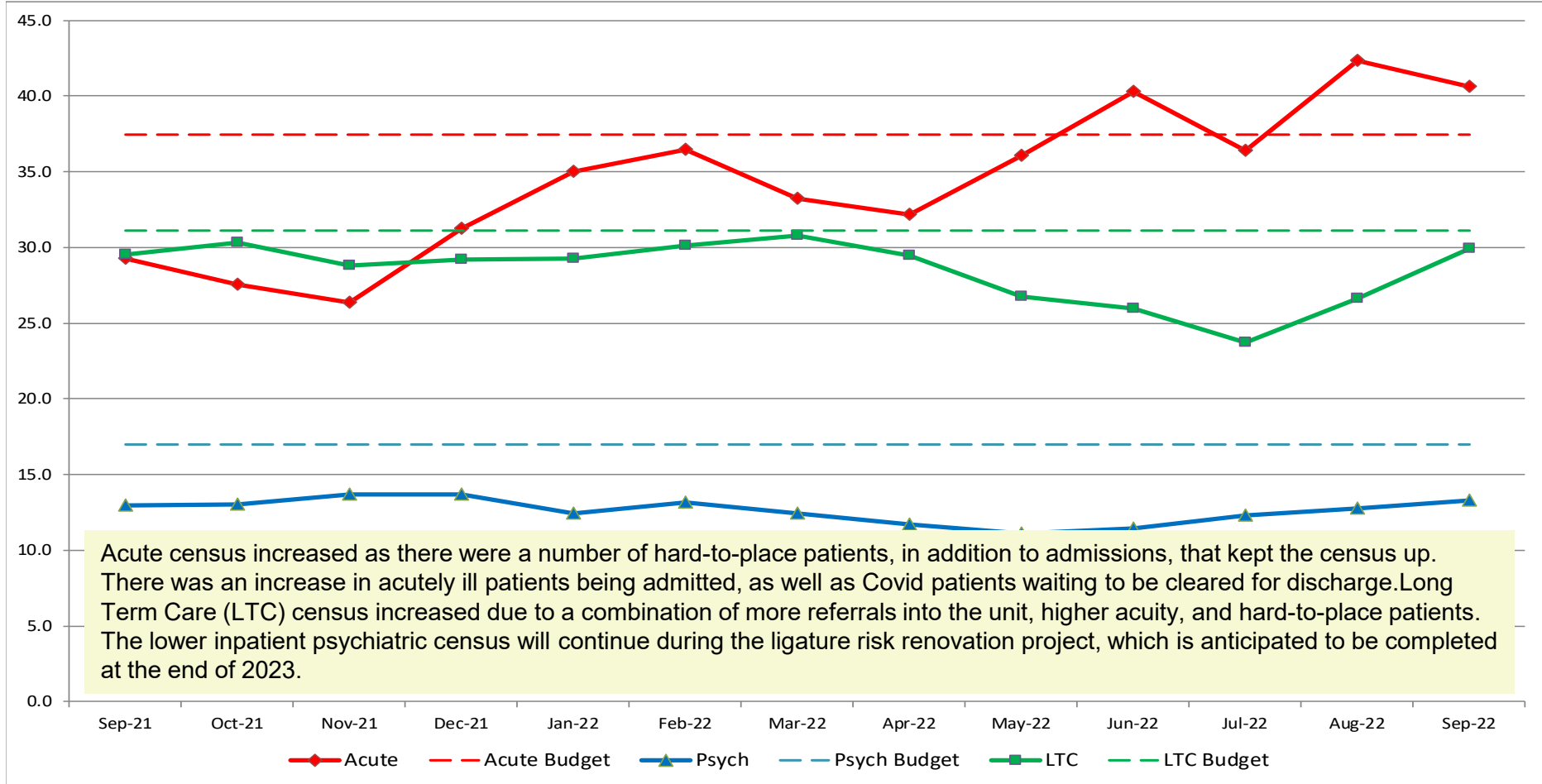


San Mateo Medical Center Inpatient Days September 30, 2022

MONTH			
Actual	Budget	Variance	Stoplight
2,515	2,566	(51)	-2%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
7,293	7,870	(577)	-7%

Patient Days

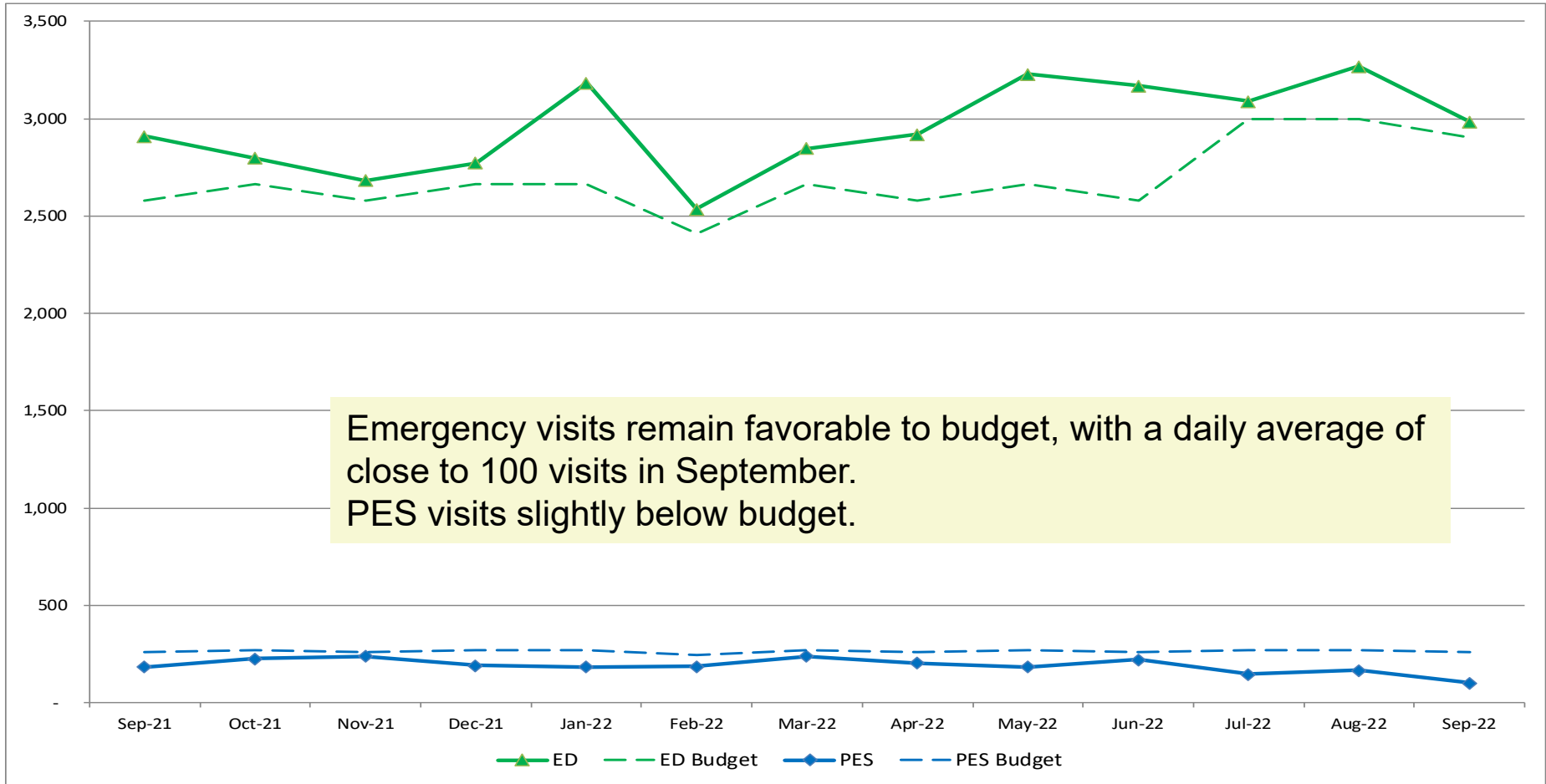


San Mateo Medical Center Emergency Visits September 30, 2022

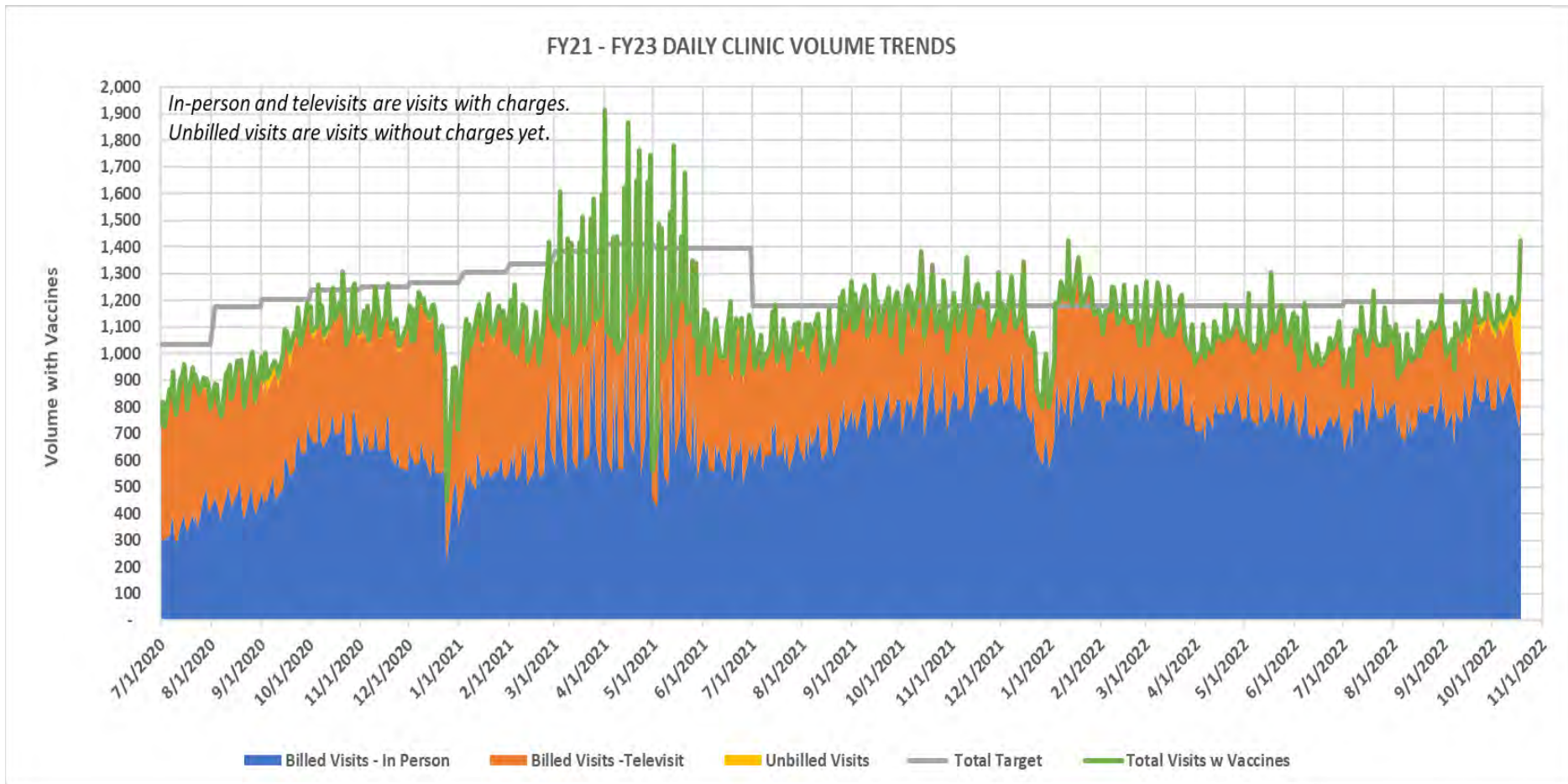
MONTH			
Actual	Budget	Variance	Stoplight
3,085	3,165	(80)	-3%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
9,755	9,706	49	1%

ED Visits

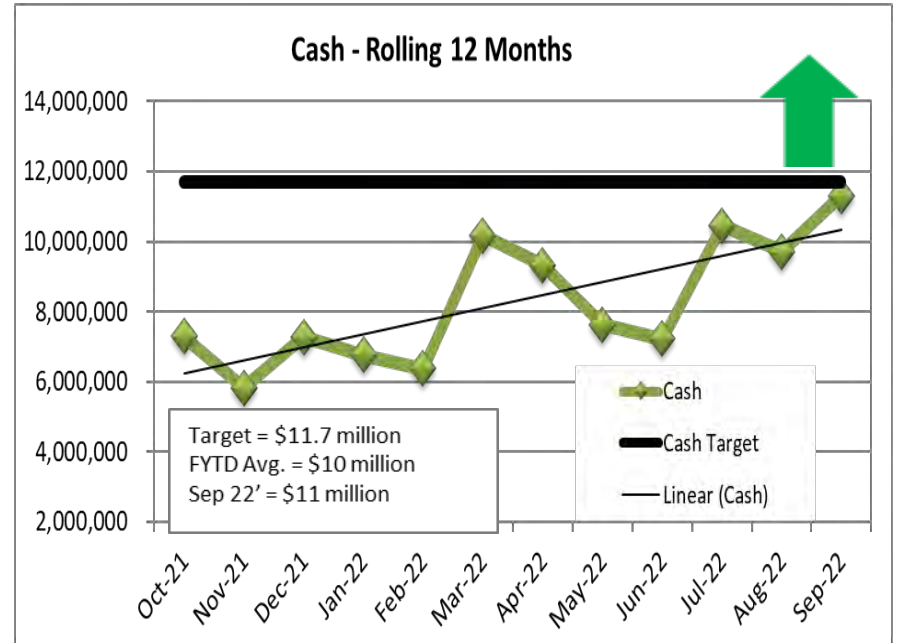
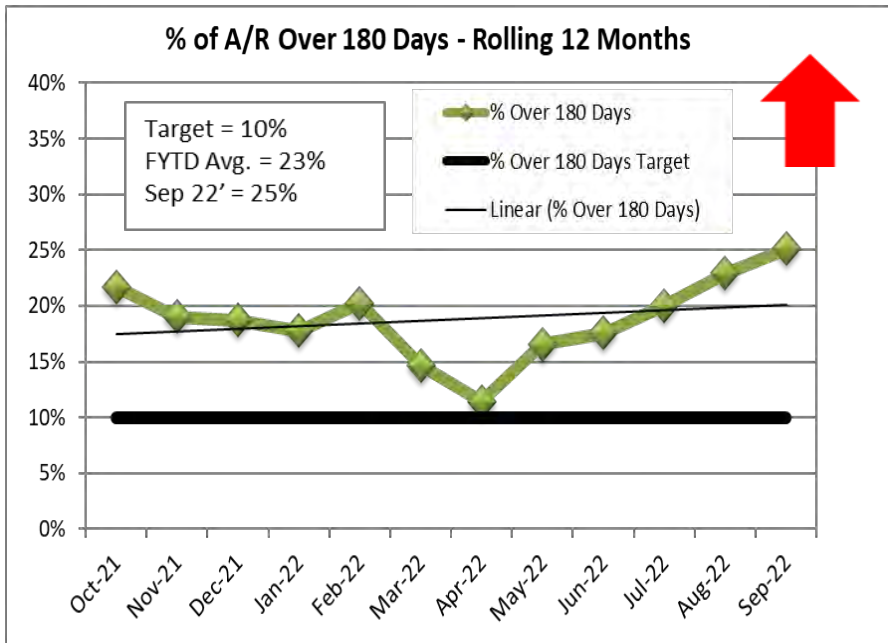
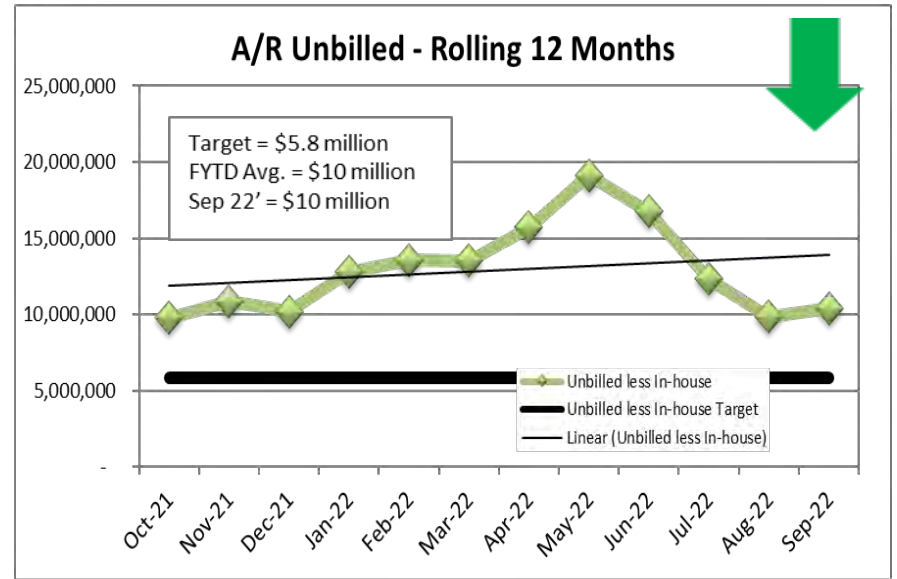
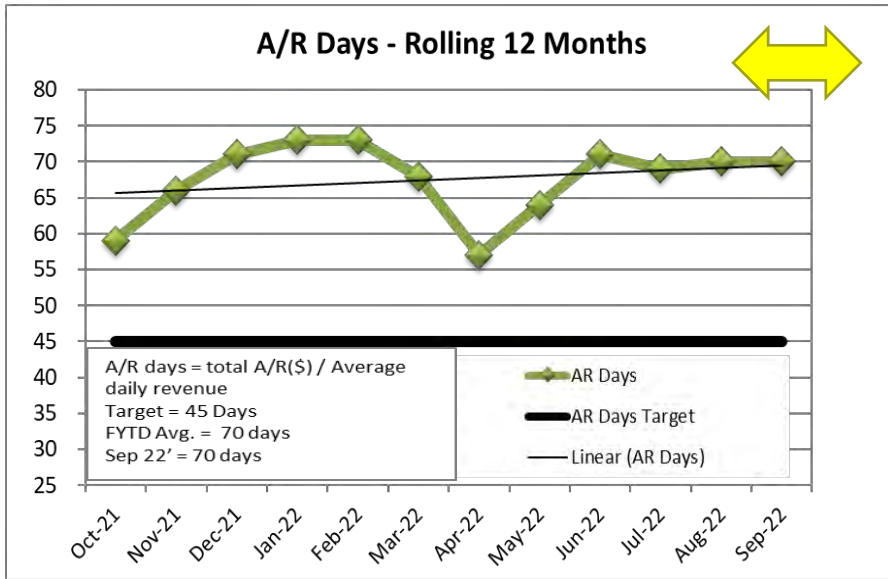


San Mateo Medical Center Clinic Visits September 30, 2022



Clinic televisits were 42% of total visits in FY21, hitting a high of 78% early in the pandemic. Televisits are running at 24.7% 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



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San Mateo Medical Center
Income Statement
September 30, 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)	347,362	0	347,362		485,568	0	485,568	
2 HPSM Medi-Cal Members Assigned to SMMC	42,219	41,356	863	2%	125,556	124,068	1,488	1%
3 Unduplicated Patient Count	65,708	65,230	478	1%	65,708	65,230	478	1%
4 Patient Days	2,515	2,566	(51)	-2%	7,293	7,870	(577)	-7%
5 ED Visits	3,085	3,165	(80)	-3%	9,755	9,706	49	1%
7 Surgery Cases	239	283	(44)	-16%	635	862	(227)	-26%
8 Clinic Visits	23,007	25,080	(2,073)	-8%	68,784	76,433	(7,649)	-10%
9 Ancillary Procedures	67,762	72,378	(4,616)	-6%	205,286	220,624	(15,338)	-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	0.0%	80.0%	80.0%	100%	55.0%	80.0%	25.0%	31%
(Days that do not qualify for inpatient status)								
Pillar Goals								
12 Revenue PMPM	133	135	(2)	-2%	120	135	(15)	-11%
13 Operating Expenses PMPM	312	327	16	5%	308	327	19	6%
14 Full Time Equivalents (FTE) including Registry	1,143	1,194	52	4%	1,143	1,194	51	4%

San Mateo Medical Center
Income Statement
September 30, 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	14,118,664	14,144,151	(25,487)	0%	41,025,024	42,432,453	(1,407,429)	-3%
22	Outpatient Gross Revenue	28,725,061	28,232,137	492,924	2%	83,405,790	84,696,411	(1,290,621)	-2%
23	Total Gross Revenue	42,843,725	42,376,288	467,437	1%	124,430,815	127,128,864	(2,698,050)	-2%
24	Patient Net Revenue	10,884,457	13,211,764	(2,327,307)	-18%	29,616,709	39,635,292	(10,018,583)	-25%
25	Net Patient Revenue as % of Gross Revenue	25.4%	31.2%	-5.8%	-19%	23.8%	31.2%	-7.4%	-24%
26	Capitation Revenue	432,918	389,867	43,052	11%	1,294,344	1,169,600	124,745	11%
27	Supplemental Patient Program Revenue	13,017,201	12,040,224	976,978	8%	40,400,712	36,120,671	4,280,041	12%
	<i>Volume Based (GPP, EPP, VRR, AB915)</i>	5,406,571	5,371,667	34,905	1%	19,689,240	16,115,000	3,574,240	22%
	<i>Value Based (QIP, HPSM P4P)</i>	5,193,024	3,820,025	1,372,999	36%	15,001,261	11,460,076	3,541,185	31%
	<i>Other</i>	2,417,606	2,848,532	(430,926)	-15%	5,710,210	8,545,595	(2,835,385)	-33%
28	Total Patient Net and Program Revenue	24,334,577	25,641,854	(1,307,277)	-5%	71,311,765	76,925,563	(5,613,798)	-7%
29	Other Operating Revenue	994,989	1,171,640	(176,651)	-15%	3,340,633	3,514,921	(174,288)	-5%
30	Total Operating Revenue	25,329,566	26,813,494	(1,483,929)	-6%	74,652,398	80,440,483	(5,788,085)	-7%

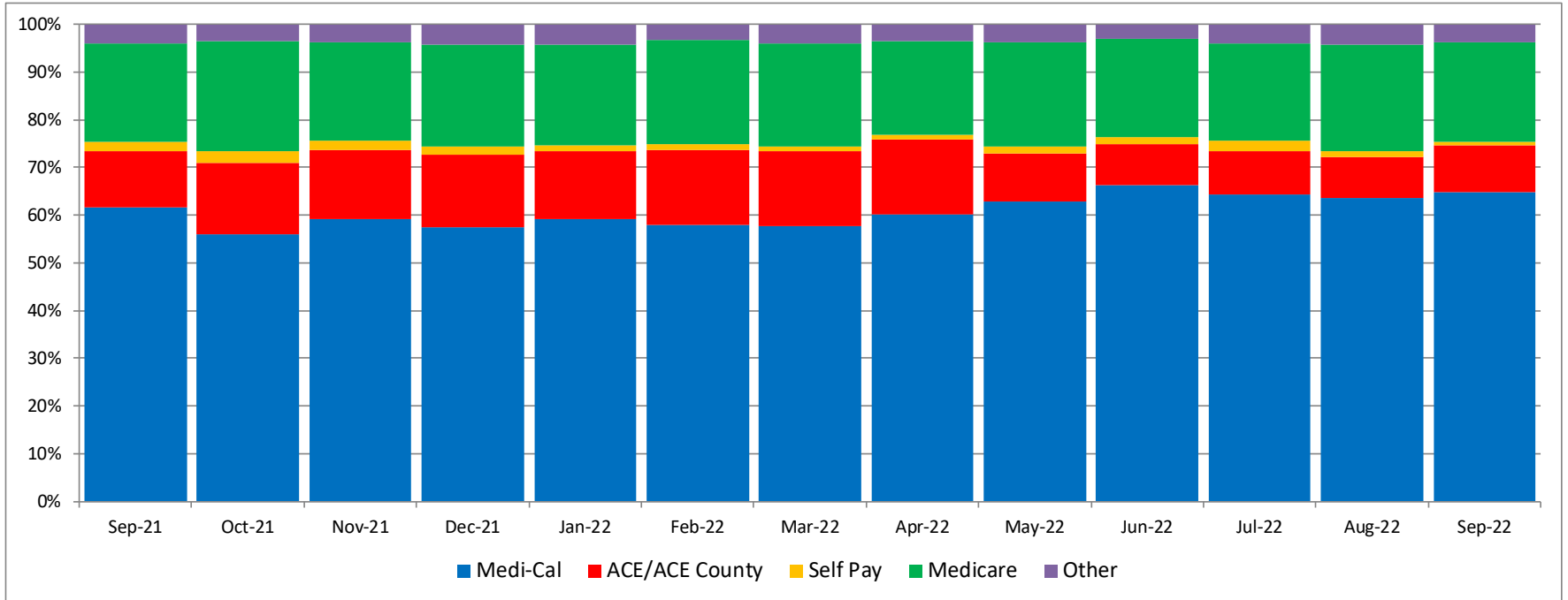
San Mateo Medical Center
Income Statement
September 30, 2022

	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	17,277,987	19,477,553	2,199,567	11%	51,981,568	58,432,660	6,451,092	11%
32 Drugs	1,539,855	1,286,937	(252,918)	-20%	3,453,123	3,860,812	407,689	11%
33 Supplies	1,077,626	952,050	(125,576)	-13%	1,977,950	2,856,150	878,200	31%
34 Contract Provider Services	4,282,919	3,562,085	(720,834)	-20%	13,024,657	10,686,256	(2,338,401)	-22%
<i>Registry</i>	1,349,512	540,547	(808,966)	-150%	4,245,257	1,621,640	(2,623,617)	-162%
<i>Contract Provider</i>	2,519,635	2,357,106	(162,529)	-7%	7,441,155	7,071,318	(369,837)	-5%
<i>ACE Out of Network</i>	396,026	564,839	168,813	30%	1,182,854	1,694,517	511,664	30%
<i>Other</i>	17,745	99,593	81,849	82%	155,390	298,780	143,390	48%
35 Other fees and purchased services	4,751,513	5,211,812	460,299	9%	15,087,518	15,635,437	547,919	4%
36 Other general expenses	807,731	719,745	(87,986)	-12%	2,722,446	2,159,236	(563,211)	-26%
37 Rental Expense	156,731	247,893	91,162	37%	507,753	743,680	235,926	32%
38 Lease Expense	735,826	735,826	0	0%	2,207,479	2,207,479	(0)	0%
39 Depreciation	290,333	227,938	(62,395)	-27%	822,208	683,815	(138,392)	-20%
40 Total Operating Expenses	30,920,521	32,421,841	1,501,321	5%	91,784,701	97,265,524	5,480,823	6%
41 Operating Income/Loss	(5,590,955)	(5,608,347)	17,392	0%	(17,132,303)	(16,825,041)	(307,262)	-2%
42 Non-Operating Revenue/Expense	508,888	178,918	329,970	184%	1,329,583	536,753	792,830	148%
43 Contribution from County General Fund	5,429,429	5,429,429	(0)	0%	16,288,288	16,288,288	(0)	0%
44 Total Income/Loss (GAAP)	347,362	0	347,362		485,568	0	485,568	
(Change in Net Assets)								

**San Mateo Medical Center
Payer Mix
September 30, 2022**

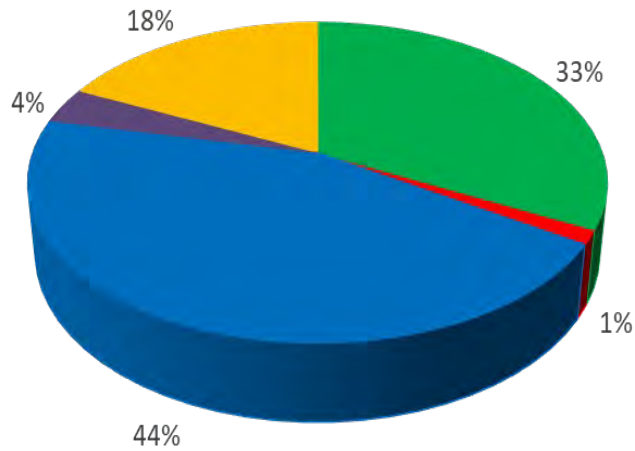
Payer Type by Gross Revenue	MONTH			
	Actual	Budget	Variance	Stoplight
	A	B	C	D
Medicare	20.8%	22.7%	-2.0%	
Medi-Cal	64.8%	58.9%	6.0%	
Self Pay	0.9%	1.6%	-0.7%	
Other	3.9%	4.3%	-0.5%	
ACE/ACE County	9.7%	12.5%	-2.9%	
Total	100.0%	100.0%		

Payer Type by Gross Revenue	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
	E	F	G	H
Medicare	21.2%	22.7%	-1.5%	
Medi-Cal	64.2%	58.9%	5.4%	
Self Pay	1.5%	1.6%	-0.1%	
Other	4.0%	4.3%	-0.3%	
ACE/ACE County	9.1%	12.5%	-3.5%	
Total	100.0%	100.0%		

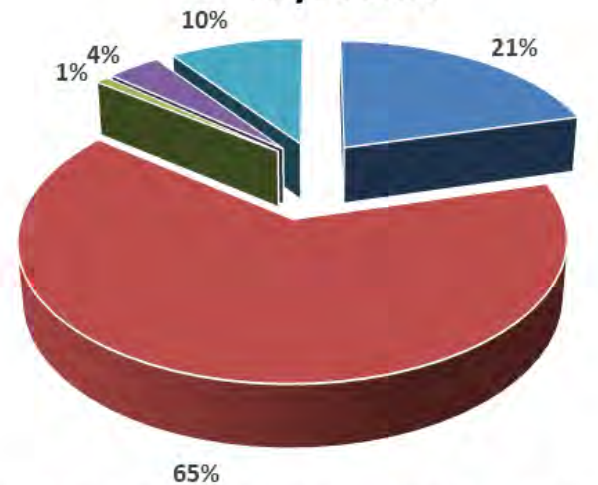


Revenue Mix

Sources of Revenue



Payor Mix



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

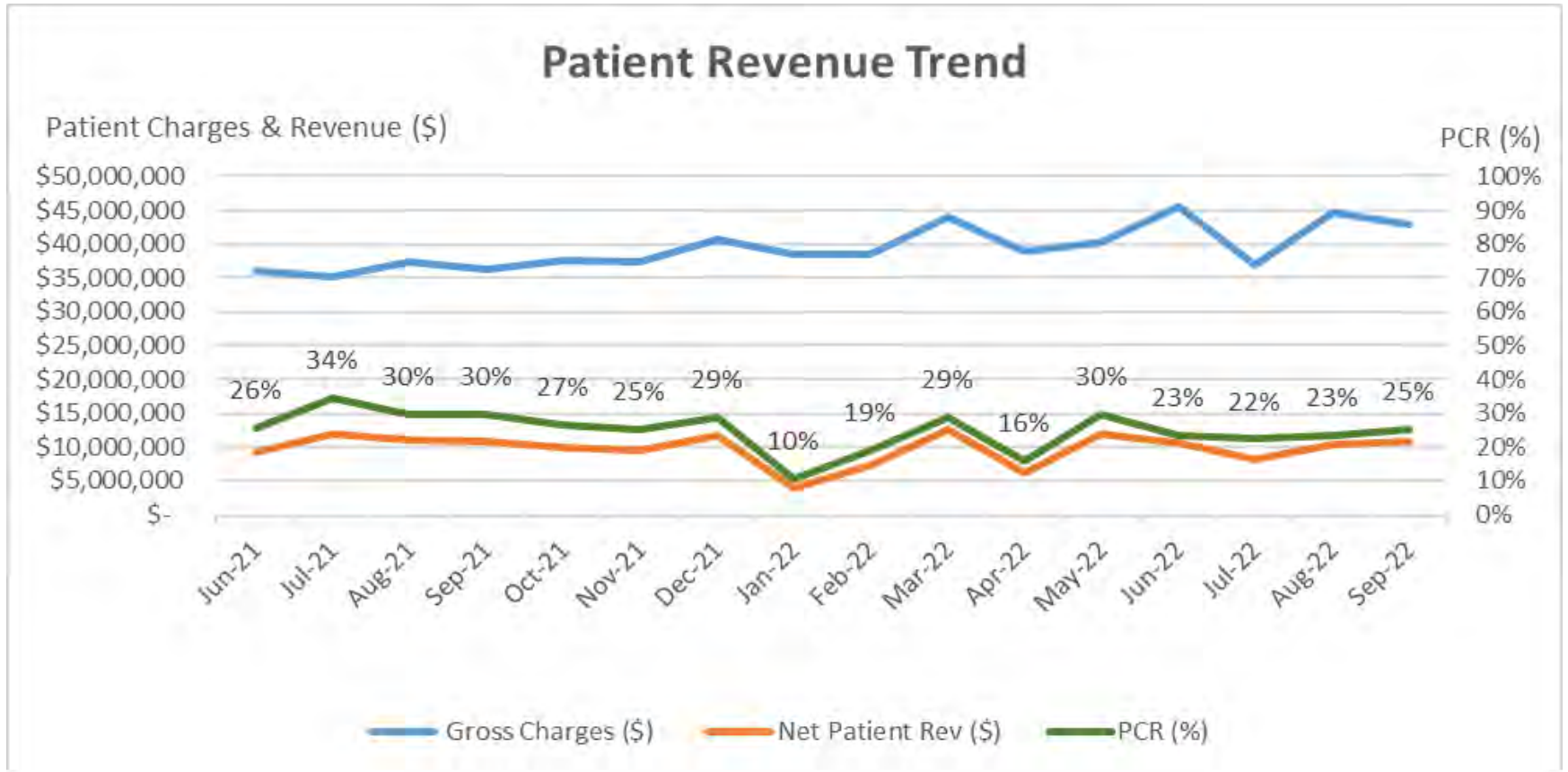
Health Plan of San Mateo (HPSM) represents 38% of our Operating Revenue

- 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

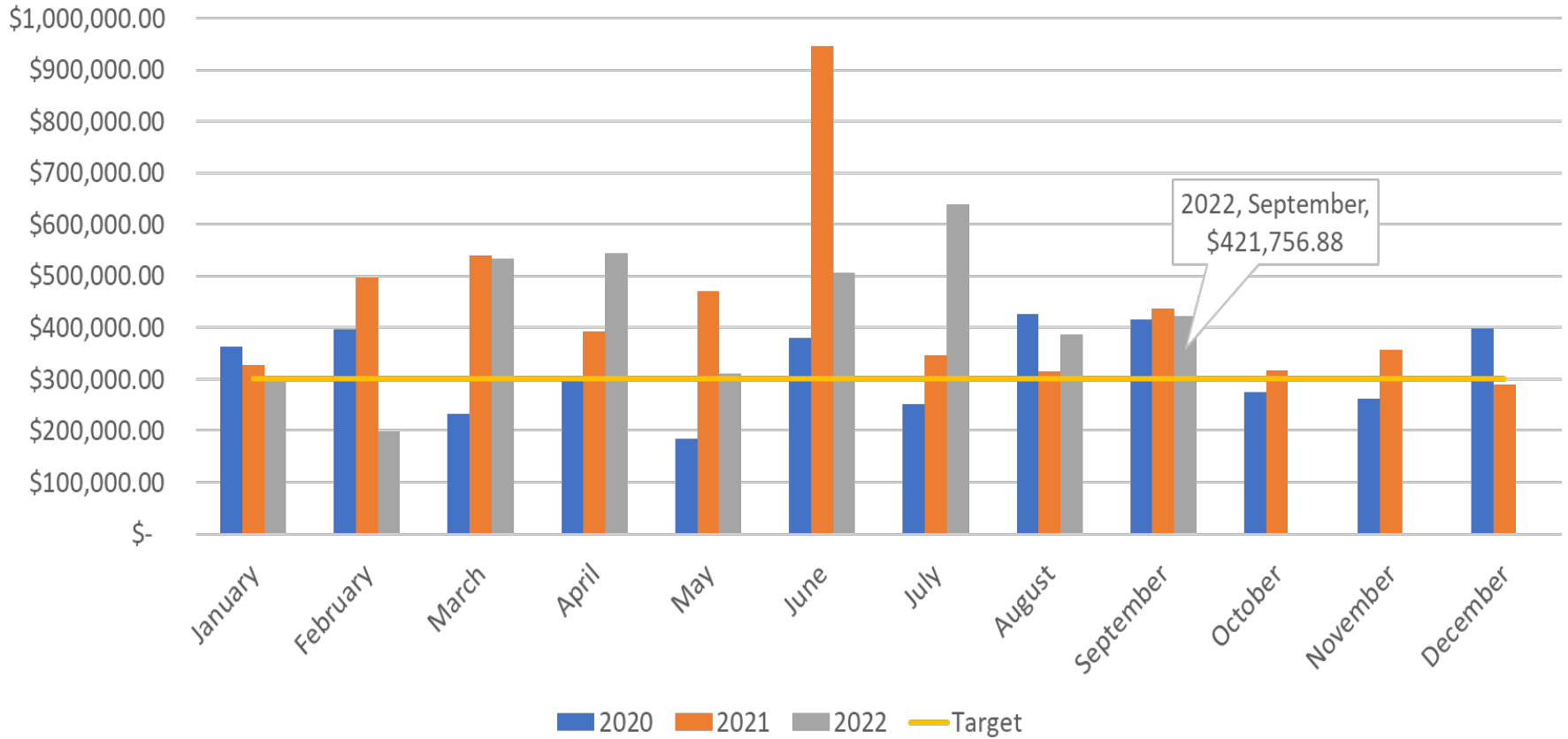
Fee-For-Service Patient Revenue Trend



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

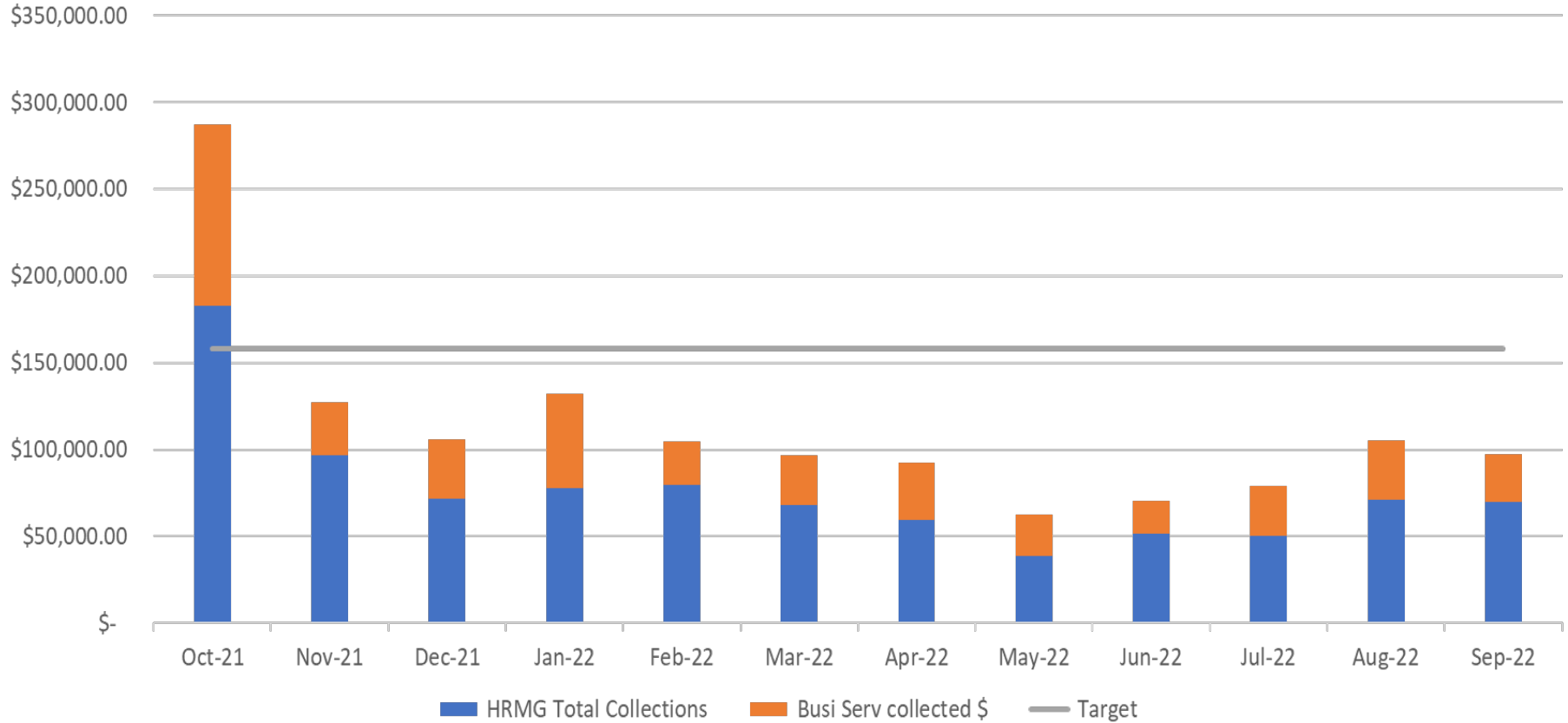
Gross patient revenue is trending up due to the increase in patient volume since late last year and addition of new charge codes for billing compliance. The collection rate (PCR) in FY23 is trending at average 24%. PCR earlier this year was low due to one-time adjustments. PCR is expected to remain in mid 20s for the rest of this fiscal year.

Fee-For-Service Commercial Collections



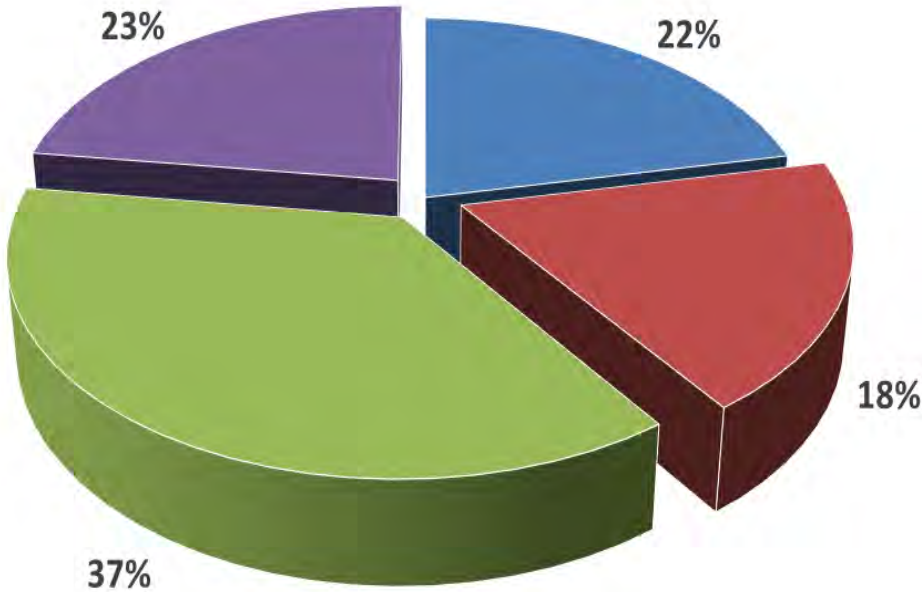
July 2020 MMX began supporting PFS with Commercial Collections

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



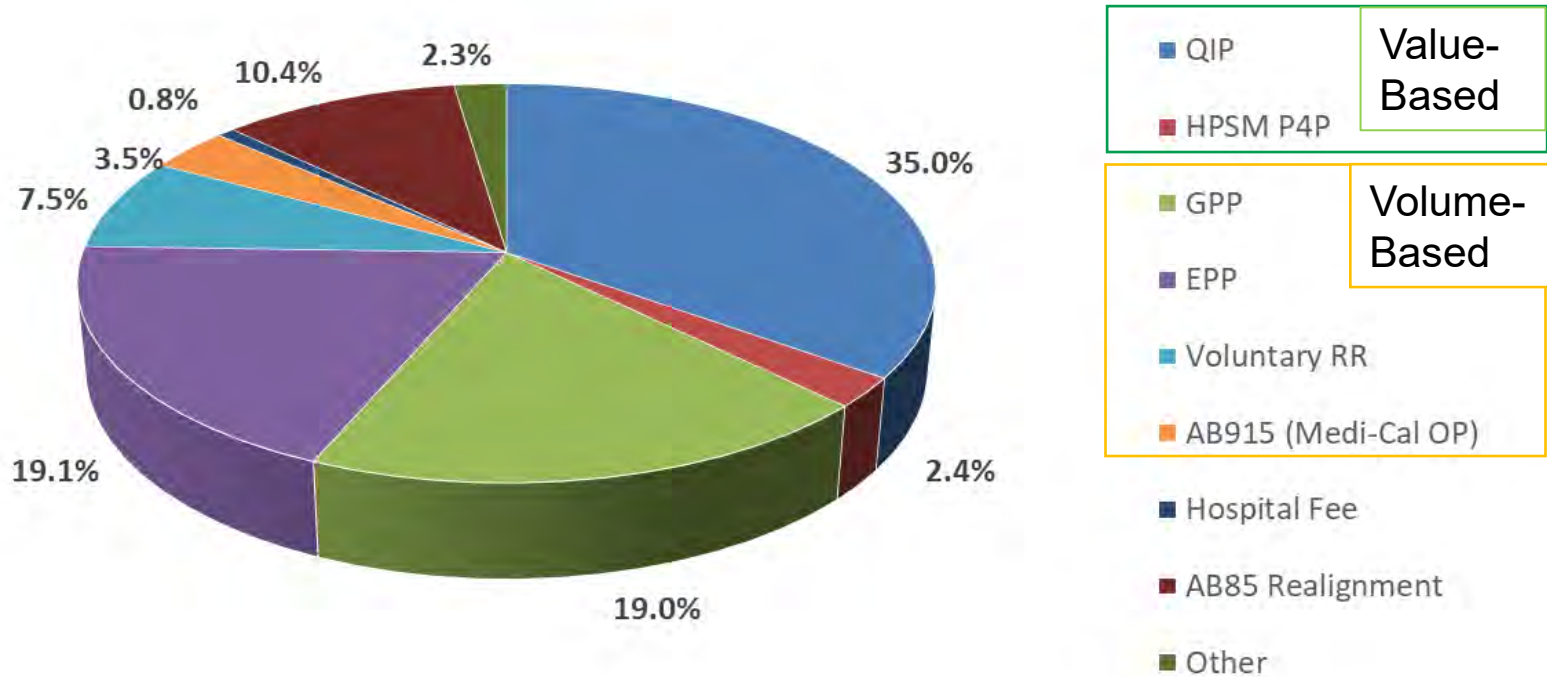
■ Inpatient

■ Hospital ED & Outpatient

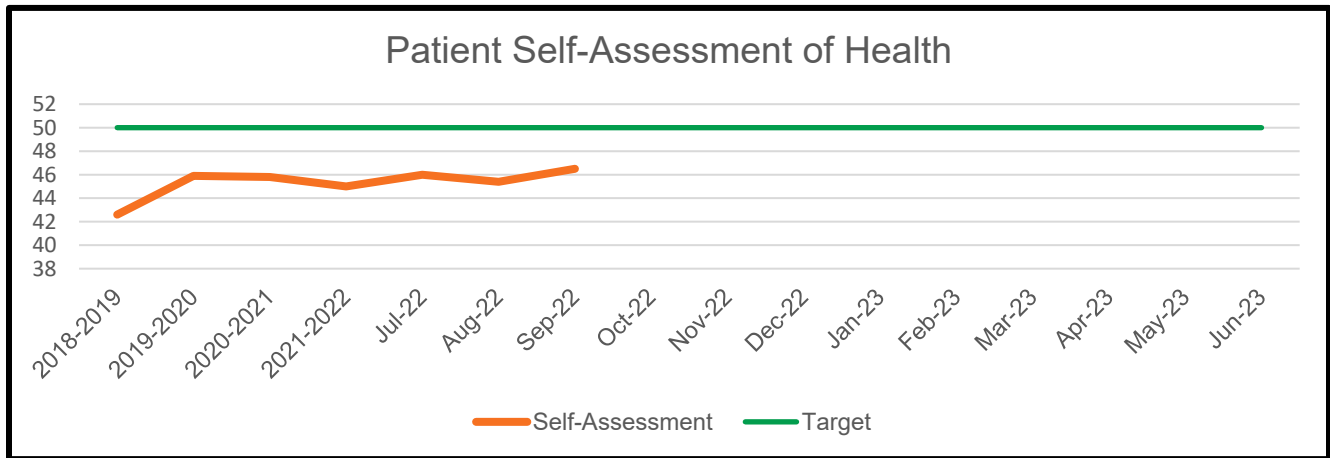
■ Ambulatory Clinics

■ Ancillary Services

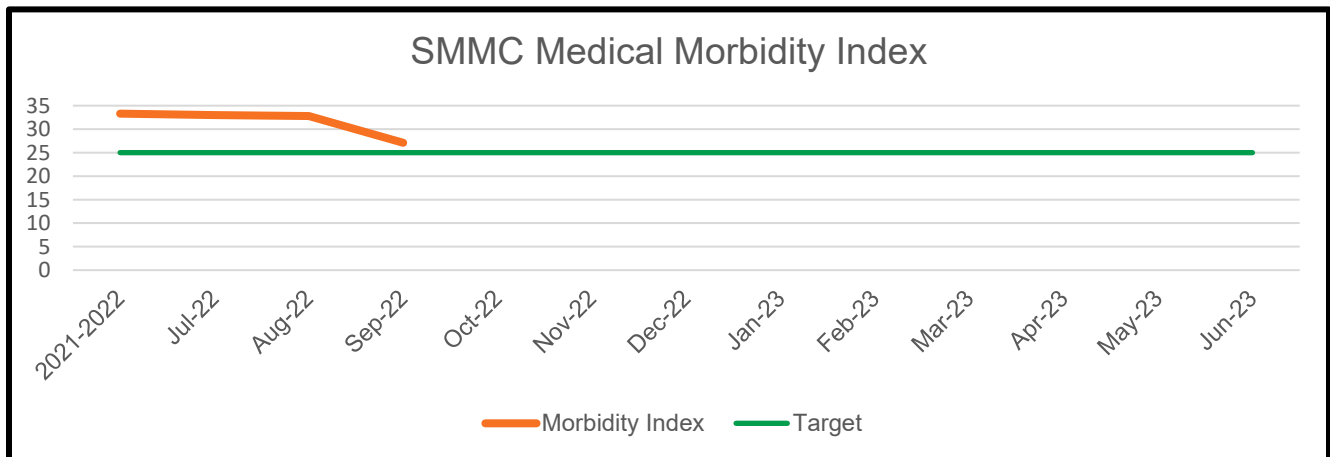
Supplemental Revenue Mix



- **Value-Based** programs represent 37.4% of our Supplemental Revenue
- **Volume-Based** programs represent 49.1% of our Supplemental Revenue



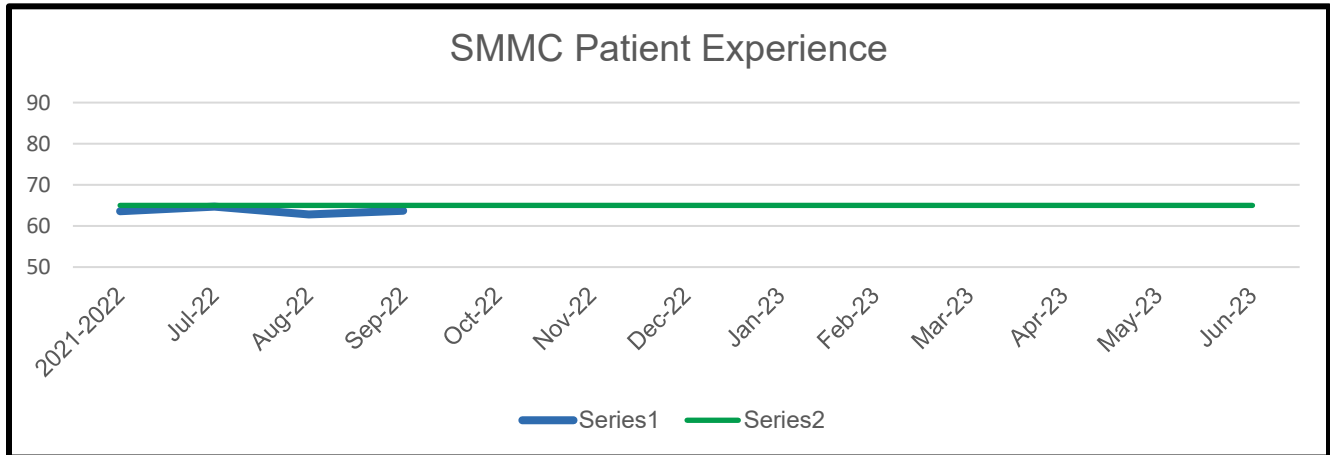
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



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.**



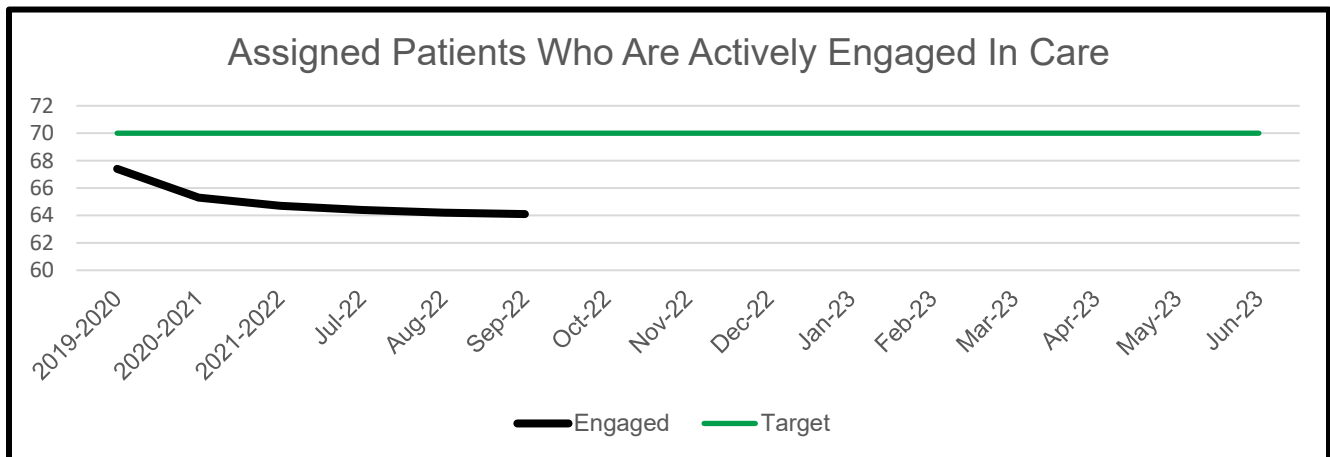
Patient Experience



Patient Experience: Percentage of patients who answered affirmatively to the patient experience survey question: “Did the staff work together to meet your needs?” **Higher is better.**



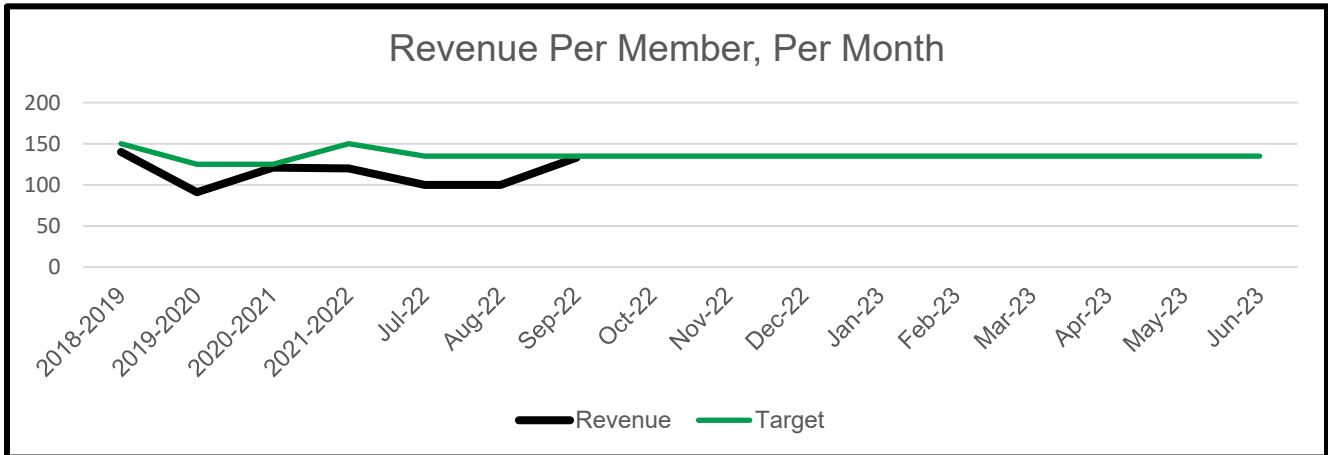
Access to Care



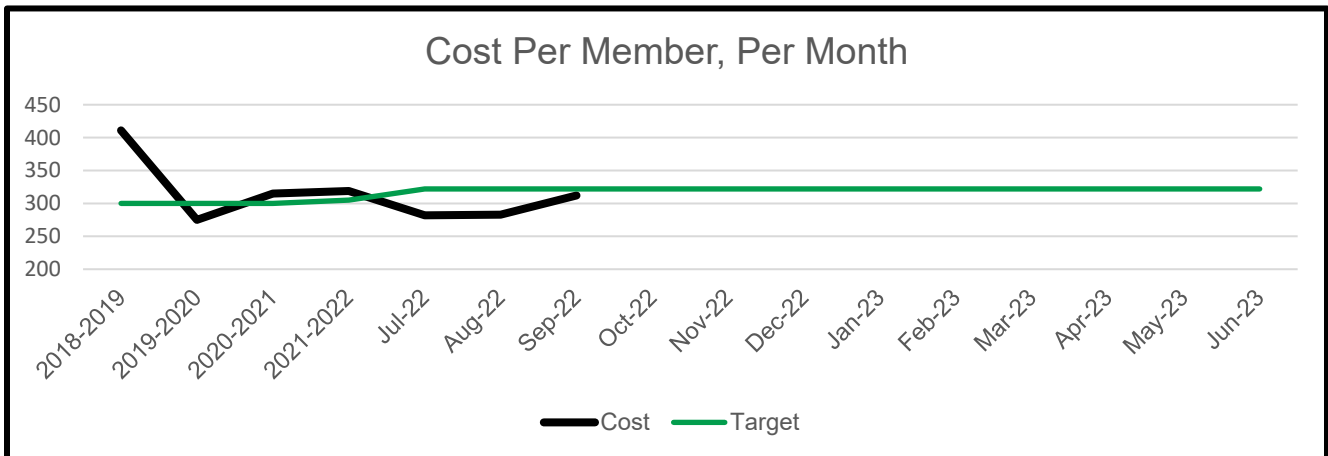
Assigned and Engaged: Percentage of patients assigned to SMMC by the Health Plan of San Mateo who are actively engaged in Care. **Higher is better.**



Financial Stewardship



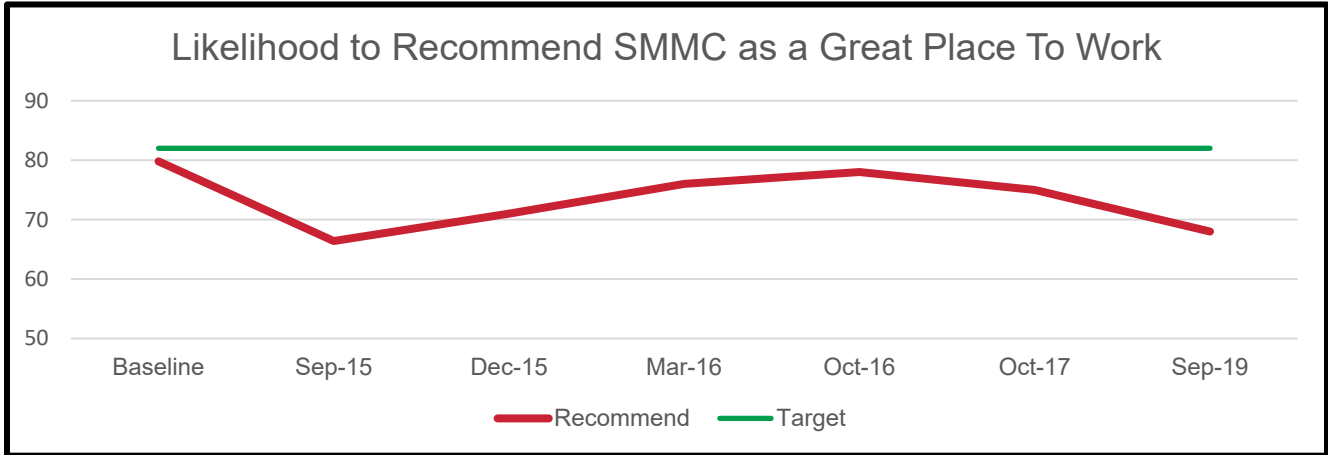
Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. **Higher is better.**



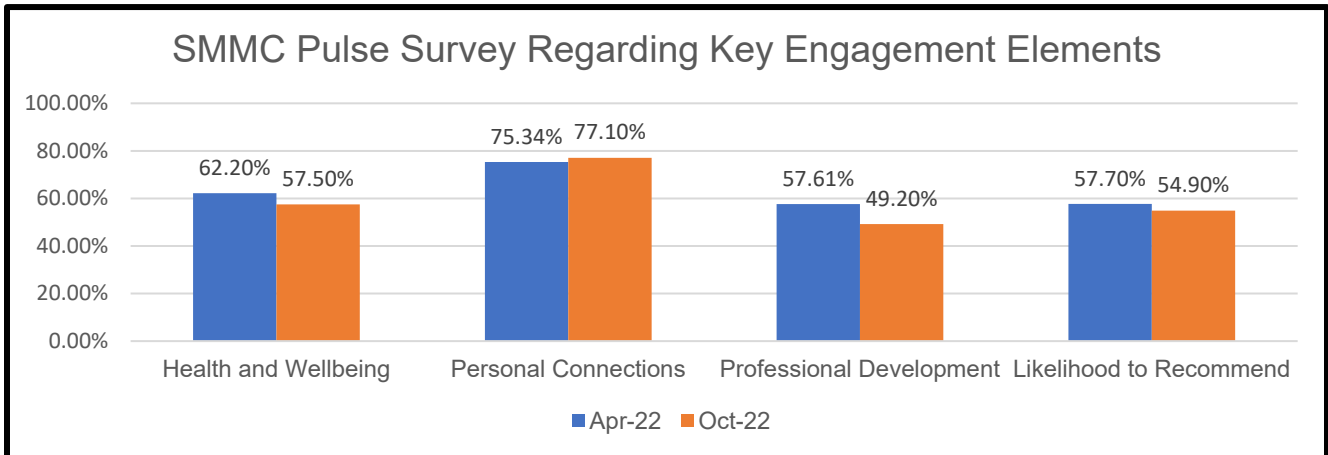
Cost Per Member, Per Month: Total cost divided by total number of assigned members. **Lower is better.**



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

SMMC Welcomes Diversity, Equity, and Inclusion Manager

Kacie Patton Joined San Mateo Medical Center as the Manager of the Office of Diversity Equity and Inclusion on October 2. She holds a Bachelor of Science in Criminal Justice from California State University, Sacramento, and a Master of Science in Social Work from the University of Louisville's Kent School of Social Work. Kacie comes to SMMC after a long career in the probation department in Solano County where she held several leadership positions. In her most recent position, she helped provide wrap around services to families across 20 cities as the Support Services Manager at The Hidden Genius Project in Oakland. Please join me in welcoming Kacie to San Mateo Medical Center

SMMC Welcomes New Chief Medical Informatics Officer

Dr. Amar Dixit joined San Mateo Medical Center as the Chief Medical Informatics Officer on October 2. Dr. Dixit, a board-certified Allergy and Immunology Specialist, earned his medical degree from the University of Cincinnati. He also holds an MBA from Northwestern University's Kellogg School of Management. As chair of the informatics committee at Beaver Medical Group in Redlands, CA, Amar led multidisciplinary teams in change management and new workflow development. He also helped implement their new electronic health record. Please join me in welcoming Amar to San Mateo Medical Center.

SMMC Staff Engagement Pulse Survey

SMMC recently conducted its second Staff Engagement Pulse Survey. The pulse survey continues to be focused on soliciting feedback on some key engagement areas in which the Medical Center has active work occurring or planned. I am grateful to the 240 staff members who took the time to respond to the survey. The survey highlighted that the challenge of ensuring predictable daily staffing was the most pressing issue in many units. These issues are often the result of various drivers that might vary from unit to unit but may include: an overreliance on temporary staffing, unpredicted staff absences due to COVID or other factors, and difficulty recruiting in certain classifications. Each of these drivers may require a somewhat different approach, but this remains the top operational priority for the entire SMMC leadership team as we look for, and experiment with, both daily and longer-term interventions to support staff. I will look forward to keeping the board updated on our efforts.

While opportunities were identified in many areas, other issues that were raised frequently in the over 500 comments included concerns about workload, a desire to reopen the fitness center on the 39th avenue campus (closed during the pandemic due to safety concerns), and a desire for more development and advancement opportunities for staff. We are actively working on all of these areas, and I look forward to updating the board as we move those plans forward.

SMMC Vaccination Efforts Continue

SMMC remains focused on ensuring patients are receiving all indicated vaccinations including the new bivalent COVID booster and the seasonal influenza vaccination. As of 10/27/2022, 53,007 (75.7%) of our patients over the age of 6 months have received at least one vaccine dose while 69.4% have completed their initial vaccine series and 37.8% have received a

monovalent booster. Of those over age 5, 80% have received at least one dose and 73.5% have completed the initial series while 40.2%% have received a monovalent booster. In those over age 50, 86% have at least one dose, 80.8% have completed the initial series and 59.0% have received at least one booster while 21.4% have received two. Looking at those over the age of 65, 87.3% have received one dose, 82.5% have completed the initial series and 65.8% 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 71.5% 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.



October 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	22,488 (September)	1.2%	-14.2%
SMMC Emergency Department Visits	3,096 (September)	-9.6%	0.1%
New Clients Awaiting Primary Care Appt.	493 (September)	NA	NA

Climate Change and Emergency Preparedness Survey Conducted in East Palo Alto

San Mateo County’s first Community Assessment for Public Health Emergency Response (CASPER) survey was conducted in East Palo Alto on October 17, 18, 19. Some sixty staff and volunteers were involved, from County Health and the Department of Emergency Management, the Mosquito and Vector Control District, local nonprofit Nuestra Casa, and the California Department of Public Health.



Responses to the CASPER survey allow epidemiologists and local governments to plan for emergency response and to gauge community resources, needs, and perceptions. The survey assessed climate-related challenges residents face in their community and helped to identify gaps in preparedness. With surveys offered in both English and Spanish, teams asked a series of questions focused on threats posed by mosquitoes, extreme heat, sea level rise, fires and air quality, and emergency preparedness.

The collaboration on the CASPER survey, along with significant community engagement, resulted in 176 randomly selected households that completed the survey. The results will be analyzed by **County Health’s** epidemiologists and will be used by local officials to develop preparedness plans for the community, allocate resources, and provide a better understand of what issues are most important to East Palo Alto residents.

EHS Wins Excellence in Environmental Health Award

By unanimous vote at the California Conference of Directors of Environmental Health, with over 70 environmental health directors and associate members **in attendance**, **Environmental Health Services'** (EHS) housing team won the Environmental Health Award for their Measure K Augmented Housing Inspection Pilot Program.

The housing program had seen repeated violations in a small number of buildings in the overall multifamily housing inventory. Most of the apartment buildings that were included in the Measure K Housing Inspection Program pilot were located in areas of the county with the lowest scores on the Healthy Places Index, which considers the economic and social conditions that affect health.

With limited staff and a lengthy interval between inspections, gaining compliance was challenging without the benefit of state mandated fines or permit revocation to encourage a return to compliance. EHS addressed these repeat violations with the Augmented Housing Inspection Pilot Program, which provided an additional inspector to shorten the inspection frequency for 10% of apartment complexes with repeated complaints and an outreach coordinator to work directly with tenants to improve their own living conditions.

Since the program's inception, EHS has seen a 62% decrease in violations identified during routine inspections, a 59% decrease in violations per inspection, and a decrease in overall filed complaints.

The Excellence in Environmental Health Award acknowledges outstanding programs that are innovative, creative, and effective in providing quality environmental health services.

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