



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, April 3, 2023
8:00 AM – 10:00 AM

San Mateo Medical Center - Hospital Boardroom
222 W. 39th Ave., San Mateo, CA 94403



AGENDA

Board of Directors	Monday, April 3, 2023	8:00 AM
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San Mateo Medical Center Hospital Boardroom, 222 W. 39th Ave., San Mateo, CA 94403

This meeting of the San Mateo Medical Center Board of Directors will be held in-person at 222 W. 39th Ave., 2nd floor Hospital Boardroom, San Mateo, CA. Remote participation of this meeting will not be available. To observe or participate in the meeting, please attend in-person.

*Written public comments may be emailed to mlee@smcgov.org and such written comments should indicate the specific agenda item on which you are commenting. They will be read aloud at the meeting.

A. CALL TO ORDER

B. CLOSED SESSION

Items Requiring Action

1. Medical Staff Credentialing Report
2. Quality Report

Dr. Steve Hassid
Dr. Brita Almog

Informational Items

3. Medical Executive Committee

Dr. Steve Hassid

C. REPORT OUT OF CLOSED SESSION

D. PUBLIC COMMENT

Persons wishing to address items not on the agenda

E. FOUNDATION REPORT

John Jurow

F. CONSENT AGENDA

Approval of:

1. March 6, 2023 Meeting Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Steve Hassid

H. ADMINISTRATION REPORTS

- 1. Imaging Services Robert Blake..... Verbal
Jackie Pelka

- 2. Diversity, Equity, and Inclusion Dr. Alpa Sanghavi..... Verbal
Kacie Patten

- 3. Financial Report David McGrew.....TAB 2

- 4. Board Survey Results and CEO Report Dr. CJ Kunnappilly.....TAB 2

I. COUNTY HEALTH CHIEF REPORT

- County Health Snapshot Louise Rogers.....TAB 2

J. COUNTY EXECUTIVE OFFICER REPORT

Mike Callagy

K. BOARD OF SUPERVISOR REPORT

Supervisor David Canepa

L. ADJOURNMENT

ADA Requests

Individuals who require special assistance or a disability-related modification or accommodation to participate in this meeting, or who have a disability and wish to request an alternative format for the meeting, should contact Michelle Lee, at mlee@smcgov.org, as early as possible but not later than 10:00 AM on the business day before the meeting. Notification in advance of the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting, the materials related to it, and your ability to comment.

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CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Monday, March 6, 2023
Videoconference Meeting

Board Members Present

Supervisor David Canepa
Supervisor Noelia Corzo
Iliana Rodriguez (for Mike Callagy)
Louise Rogers
Dr. CJ Kunnappilly
Dr. Steve Hassid
Dr. Brita Almog
Deborah Torres

Staff Present

Dr. Alpa Sanghavi	Jennifer Papa	Priscilla Romero
Carlton Mills	Lisa Mancini	
Cathena Campbell	Michelle Lee	
David McGrew	Rachel Daly	
Douglas Fong	Rebecca Archer	
Enitan Adesanya	Robert Blake	
Gabriela Behn		

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Canepa called the meeting to order at 8:00 AM and the Board adjourned to Closed Session.	
Reconvene to Open Session	The meeting was reconvened at 8:30 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for March 6, 2023. QIC Minutes from January 24, 2023 Medical Executive Committee Minutes from February 14, 2023.	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 February 6, 2023. 2. Bylaws of the San Mateo Medical Center Board of Directors.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Steve Hassid	The Medical Staff will be moving to the new building in April. A new Imaging scanner RFP is being prepared and it is expected to take about two years before it is installed.	FYI

	<p>We are considering changing the term length that elected Medical Staff positions serve. We expect that reducing the term from three years to two years commitment will bring forth more candidates.</p>	
<p>Resource Management Cathena Campbell</p>	<p>The Resource Management Department is staffed with a Clinical Services Manager, Health Services Manager, Social Worker Supervisor, Case Managers, Social Workers, and a Medical Office Specialist.</p> <p>Case Managers collaborate with interdisciplinary team and family/patient to develop and monitor patients discharge plans such as arranging transfers for diagnostic procedures and specialized services, orders needed equipment, and completes utilization review to determine medical necessity and appropriate level of care.</p> <p>Social Workers advocate for patients and partners with community, collaborate with Psychiatry, and have an integral role in palliative care.</p> <p>Medical necessity reviews use nationally recognized, evidence-based medical criteria (InterQual) to determine if patient meets inpatient level of care criteria. Ensures clinical care is comprehensively documented for hand-off to medical records and billing department Required by Centers for Medicare and Medi-Cal Services</p> <p>Treatment authorization reviews: Department of California Health Care Services conducts post-payment clinical monitoring and oversight each quarter to ensure documented clinical criteria meets medical necessity</p> <p>Preadmission Screening and Resident Review: Federally mandated and California hospitals must comply by July 1, 2023 Do individuals with serious mental illness and/or intellectual or developmental disability or related conditions require:</p> <ul style="list-style-type: none"> • Nursing facility services (least restrictive setting) • Specialized services • Continue beyond hospital stay <p>All patients requiring skilled nursing on discharge must be reviewed Two screening levels; Response received in 1-5 days SMMC go-live date is April 3</p>	<p>FYI</p>
<p>Full Service Partnership Services (FSP) – Child, Youth and Transition Age Youth Douglas Fong</p>	<p>FSP Services:</p> <ul style="list-style-type: none"> • Intensive case management • Medication management • Individual and family therapy services • Behavior Coaching • Peer Partners and Family Partners • Vocational support • Transportation as needed ➤ 24 Hour Support/Crisis Management 	<p>FYI</p>

	<p>➤ Housing Support/Respite Care <i>Dedicated funds to supplement housing for some of the FSP clients (i.e. Mental Health Services Act (MHSA) funds).</i></p> <p>FSP Goals: The purpose of these programs is to assist each youth and their families to achieve independence, stability and wellness within the context of their cultures, communities and family units. Increase school attendance and grades.</p> <p>FSP Referral Criteria Consumers who are diagnosed as Severely Emotionally Disturbed (SED) are referred for FSP services based on acuity and need for intensive level services based on the following:</p> <ul style="list-style-type: none"> • Involved with a system of care (e.g. Child and Family Services (CFS), Probation or BHRS) • Between the ages of 6 and 25 years old • At risk of being considered for, or stepping down from a Short-Term Residential Treatment Program • Consent of a parent or caregiver if a minor is living with a family <p>* The Fred Finch (Out of County) FSP requires a referral from Child and Family Services. Also, the youth must live within a 90-minute drive from a worksite located in Oakland or San Mateo.</p> <p>FSP's next steps: Third Sector, a non-profit organization working on a multi-county FSP innovation project, has provided guidance to develop the Child, Youth and TAY FSP Request for Proposal (RFP) in close collaboration with BHRS and numerous Mental Health Services Act stakeholders. The result of this process was the release of the RFP last year and the completion of the selection process for contracted providers.</p>	
<p>Rollout of Financial Services Team (FST) Strategic Plan</p> <p>David McGrew, Jennifer Papa, Enitan Adesanya</p>	<p>Why a strategic plan for the team? Better prioritize, allocate, and align resources to achieve the team's collective goals that further the organization's mission. Strengthen partnerships between and among the Finance Team and our business partners. Support SMMC's culture of continuous improvement.</p> <p>Purpose of Financial Services: In order to support SMMC's mission, the Financial Services Team works in collaboration with patients, staff, and partners to deliver accurate, timely, and measurable financial services to support access to healthcare and ensure the financial health and sustainability of the organization.</p> <p>Financial Services Vision: To be a trusted, innovative business partner and optimize resources in support of patients living their healthiest lives.</p> <p>People Goals: Increase the FST members' knowledge of their roles & responsibilities and how their work helps advance the mission of San Mateo Medical Center. FST members are likely to recommend SMMC as a great place to work.</p> <p>Process Goals: Support business partner's needs through increased communication and collaboration. Develop key performance indicators to drive Finance's operational efficiencies and effectiveness.</p> <p>Technology Goals: Improve capabilities for innovation and analytics through better use of technology. Improve the effectiveness of our revenue cycle services by implementing Epic.</p>	<p>FYI</p>

Financial Report David McGrew, CFO	The January 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. He announced that the Board annual survey will be sent out after the meeting through Survey Monkey.	FYI
County Health Chief Report Louise Rogers	The Navigation Center will open soon, and it will house around 160 residents. Most of the rooms are single occupancy. There will be robust onsite services including medical, dental, and addiction services. This is really a big step forward for interim housing in our county.	FYI
County Executive Officer Iliana Rodriguez (for Mike Callagy)	No report.	FYI
Board of Supervisors Supervisor David Canepa	Supervisor Canepa thanked Louise Rogers for her outstanding leadership of the County's health. He also expressed gratitude to David McGrew for the presentation on FST's strategic plan.	FYI

Supervisor Canepa adjourned the meeting at 9:40 AM. The next Board meeting will be held on April 3, 2023.

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: February FY22-23

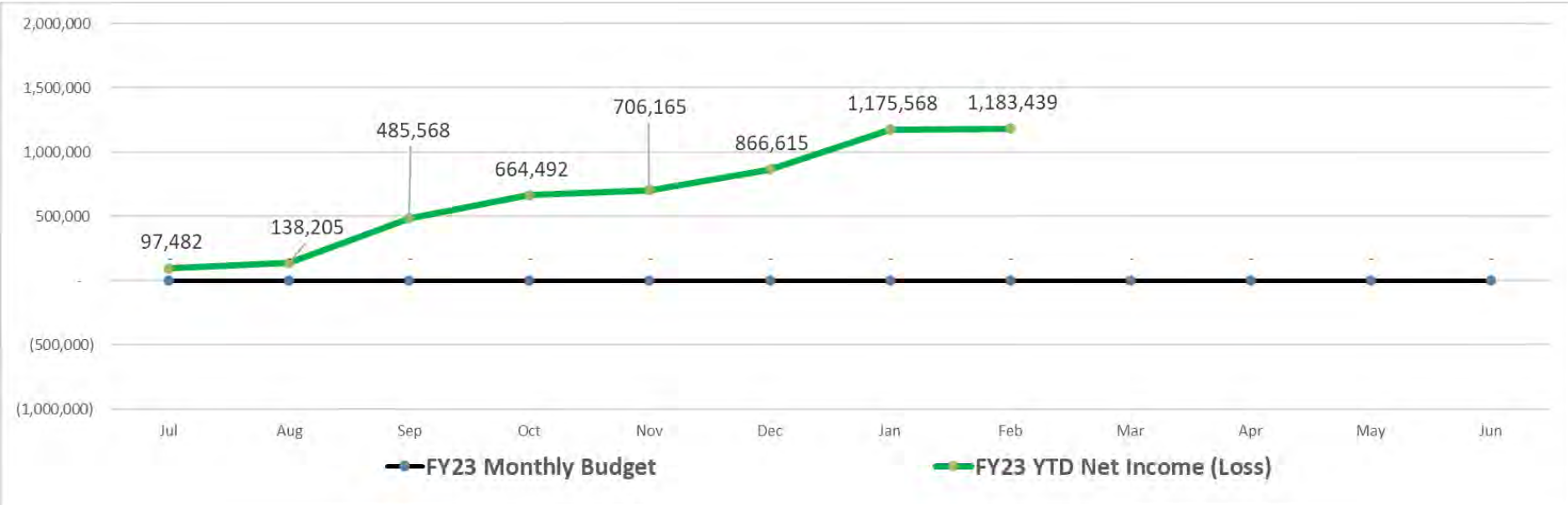
April 3, 2023

Presenter: David McGrew, CFO



SAN MATEO COUNTY HEALTH
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FY22-23 Cumulative YTD Financial Results



Net Income(loss) - Feb \$8K, YTD \$1.2M

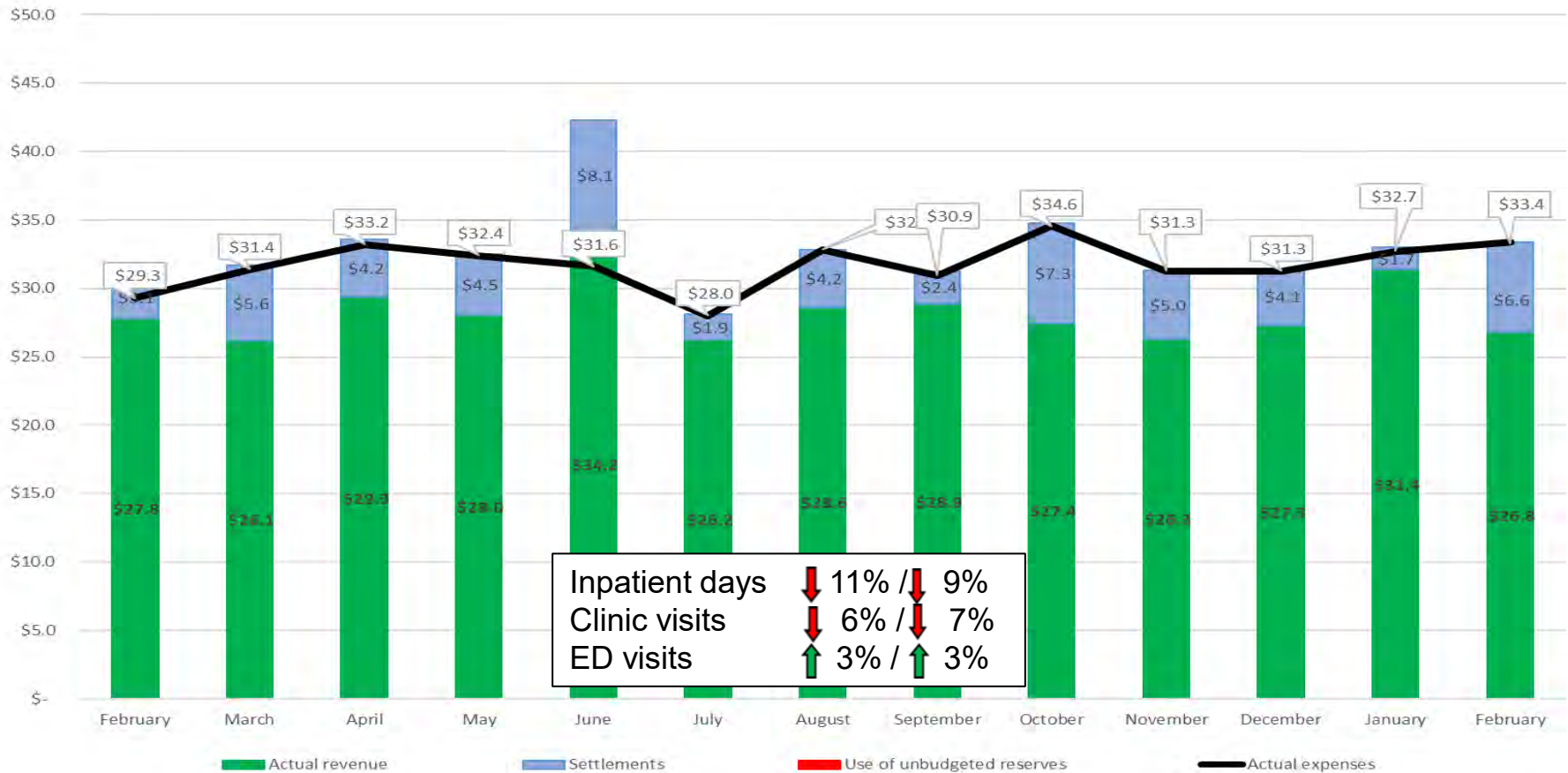
- FTEs 5% favorable
- Total labor cost favorable by \$4M
- ACE outside costs favorable by \$1.4M
- Prior year settlements by \$6.6M

- Supplies
- Nursing registry

February FY23 Snapshot – February is favorable to budget by \$8K 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 remain unfavorable due to the difficulties with hiring permanent nurses. Salary costs are expected to increase as vacancies are filled and labor contracts are in full effect. Inpatient acute volume decreased as placements improved and Medical ED visits continue to be higher than budget. Clinic visits are 6% below budget for the month. Managed care membership is higher than budget mainly due to 50+ Medi-Cal expansion and suspension of disenrollment during the PHE.

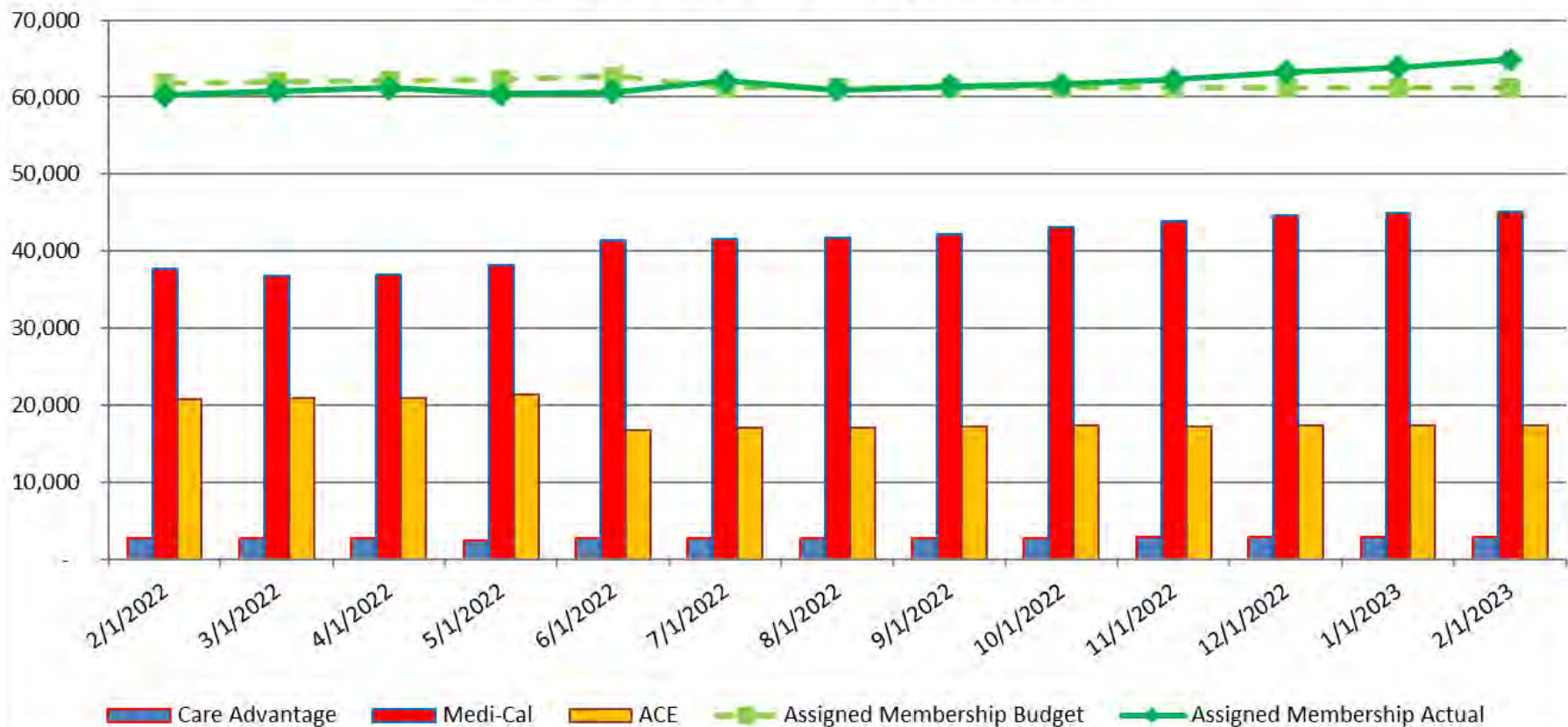
FY 22-23 Revenue & Expense Trend

SMMC's current operating revenue fluctuates around an average of \$28 million (green bar). Operating expenses (black line) in FY23 are averaging \$32 million per month and trending right at budget. The spike in June Settlements (blue bar) was due to an unusual number of cost report closures.



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

Managed Care Membership Trend

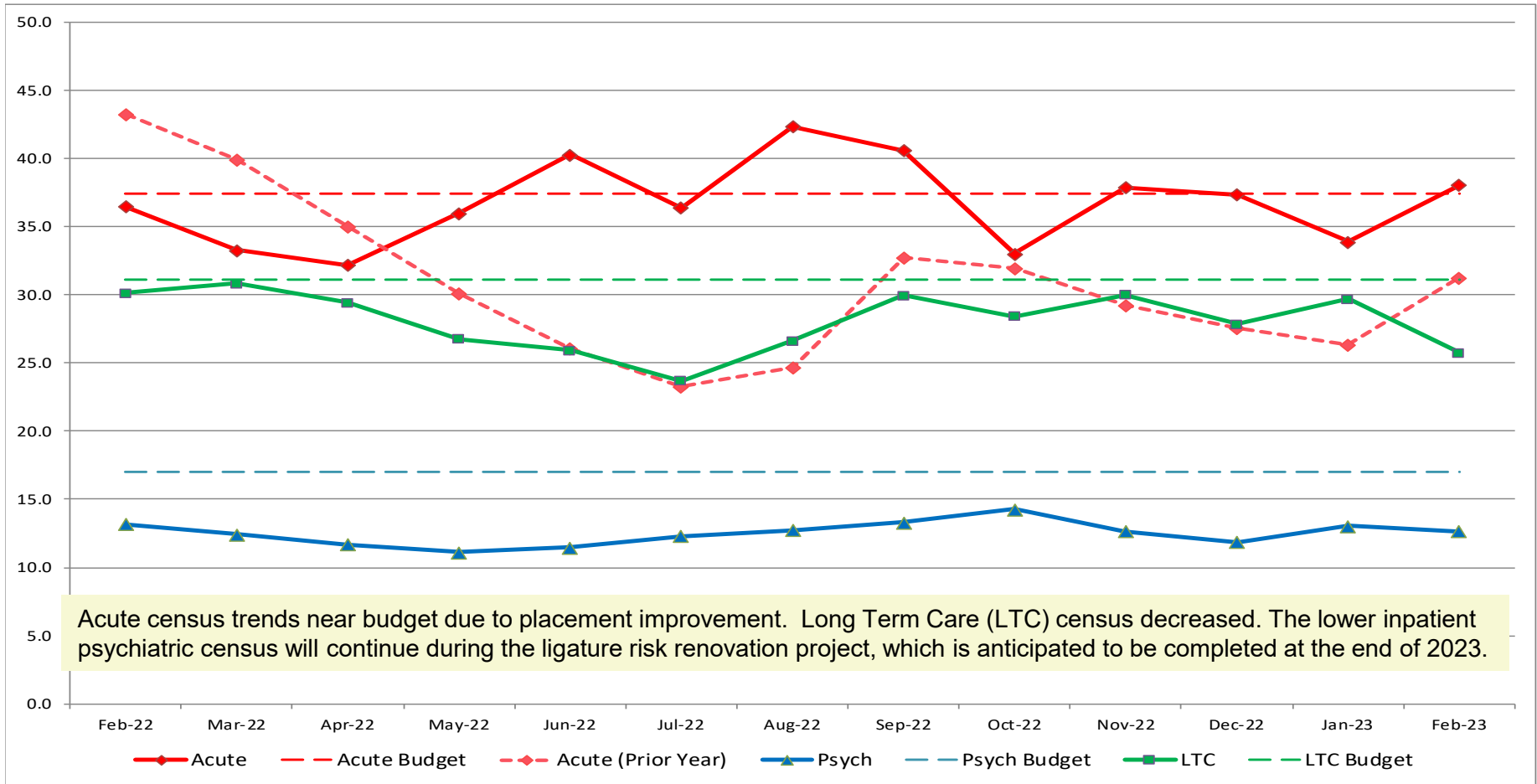


The membership in managed care programs has increased 37.2% for Medi-Cal since the onset of the COVID pandemic. During this period, the annual eligibility redetermination process was suspended. Further increases since May 2022 reflect the ACE 50+ population transitioning to Medi-Cal. As a result of the State restarting annual eligibility redeterminations at the end of the public health emergency, assignment decreases are expected beginning in July 2023. In total, the projected loss in assignments is approximately 6,000 Medi-Cal enrollees by June 2024. We anticipate the Medi-Cal expansion impacting the ACE 26-49 population will more than offset the loss due to disenrollments.

San Mateo Medical Center Inpatient Days February 28, 2023

	MONTH			
	Actual	Budget	Variance	Stoplight
Patient Days	2,141	2,395	(254)	-11%

	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
Patient Days	18,961	20,786	(1,825)	-9%

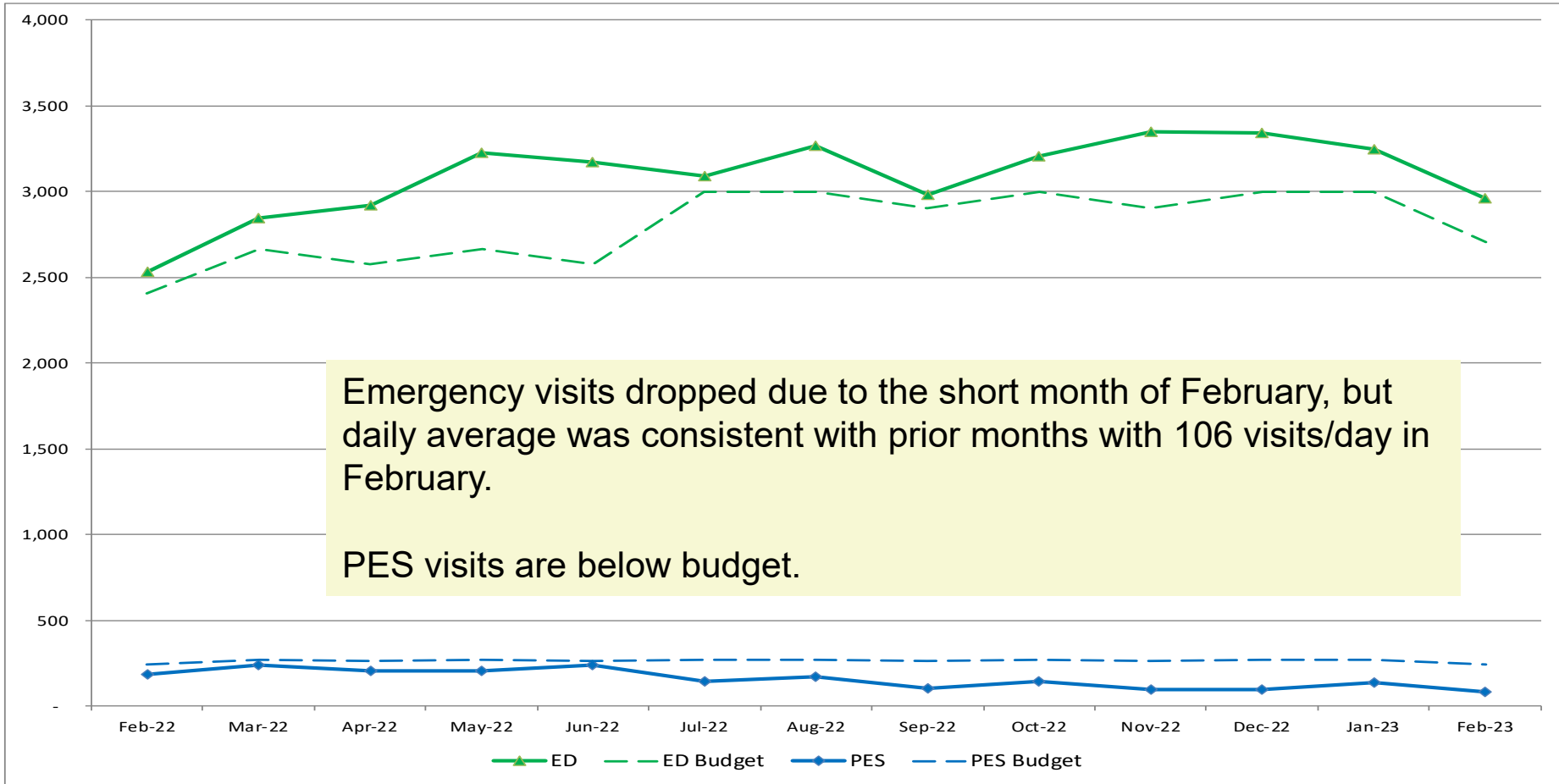


San Mateo Medical Center Emergency Visits February 28, 2023

MONTH			
Actual	Budget	Variance	Stoplight
3,046	2,954	92	3%

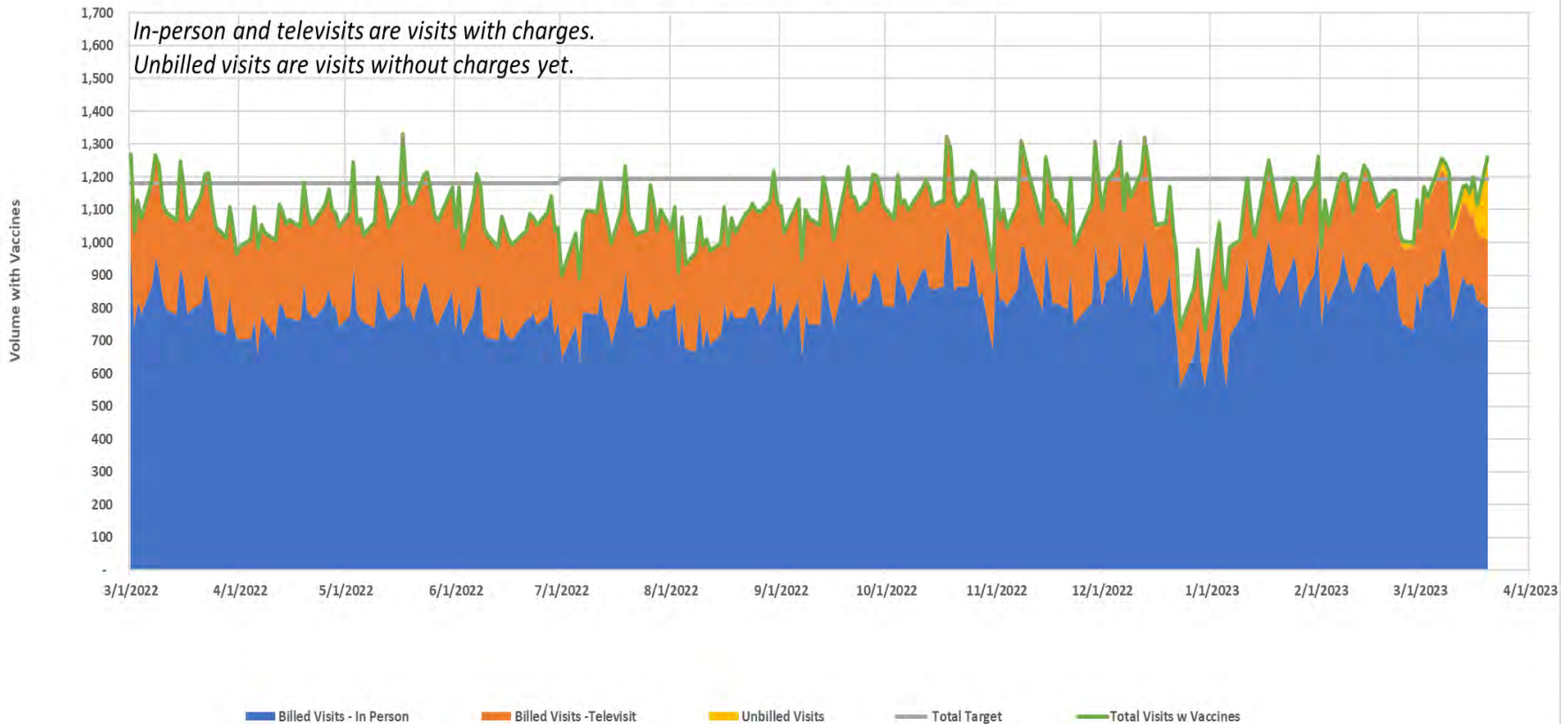
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
26,418	25,637	781	3%

ED Visits



San Mateo Medical Center Clinic Visits February 28, 2023

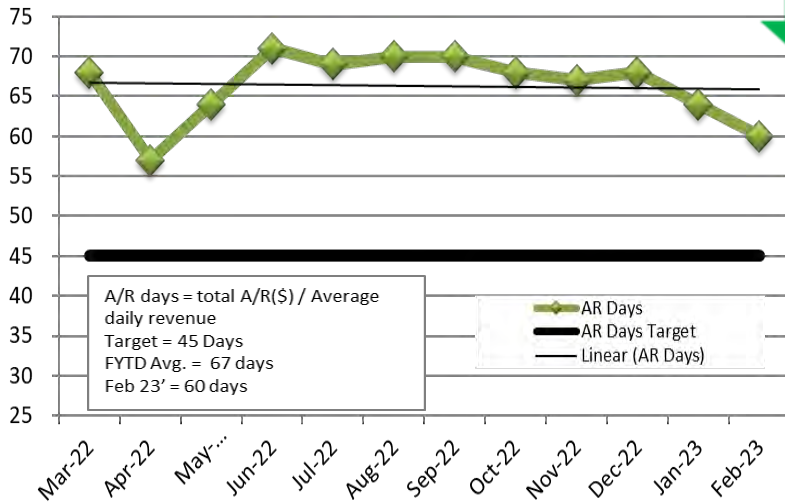
FY21 - FY23 DAILY CLINIC VOLUME TRENDS



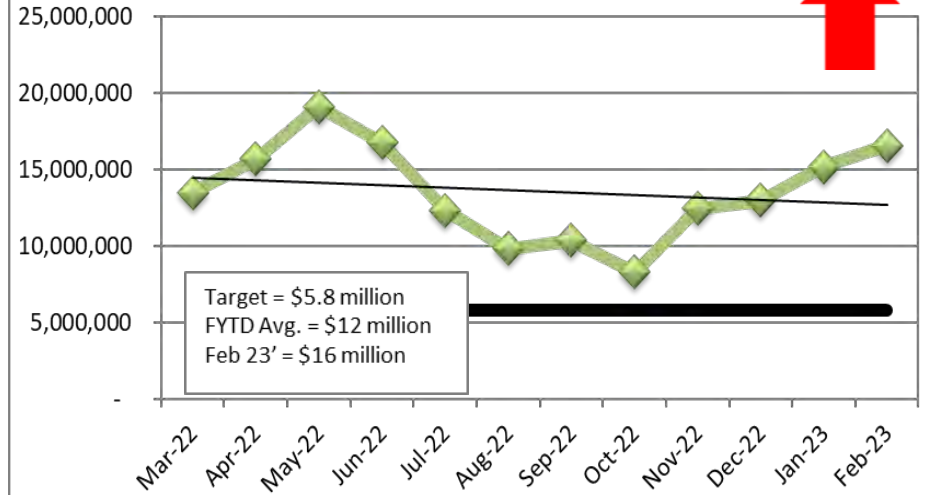
Televisits are running at 24.4% of total visits in FY23 as more patients are opting for in-person visits. Clinic televisits were 29% of total visits in FY22. Early in the pandemic the ratio was as high as 78%.

Fee-For-Service Revenue - Key Performance Indicators

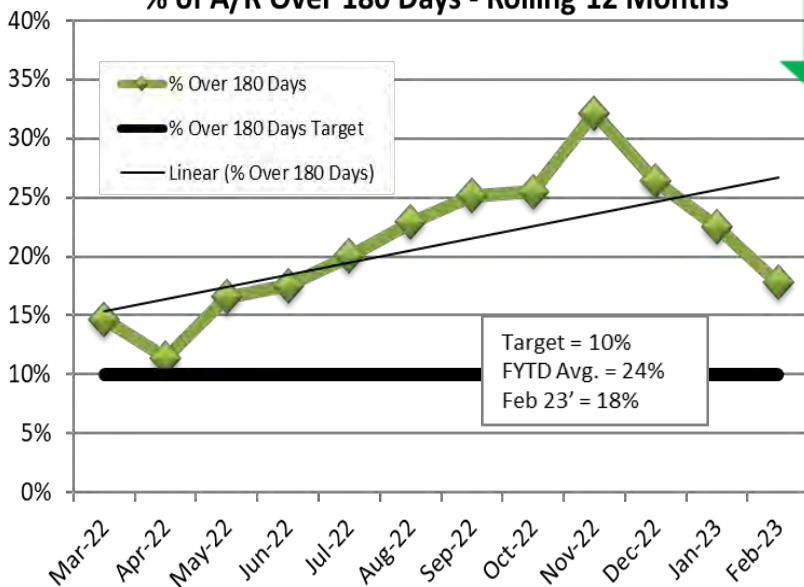
A/R Days - Rolling 12 Months



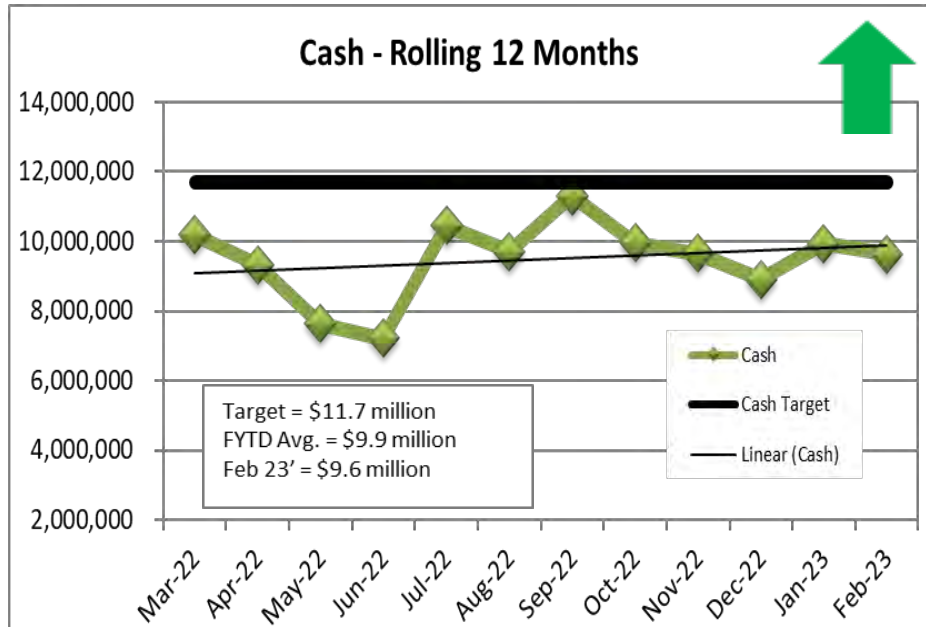
A/R Unbilled - Rolling 12 Months



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



Cash - Rolling 12 Months





SAN MATEO COUNTY HEALTH

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QUESTIONS?

APPENDIX



SAN MATEO COUNTY HEALTH
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San Mateo Medical Center
Income Statement
February 28, 2023

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	7,872	0	7,872		1,183,439	0	1,183,439		
2 HPSM Medi-Cal Members Assigned to SMMC	45,177	41,356	3,821	9%	347,217	330,848	16,369	5%	
3 Unduplicated Patient Count	66,654	65,230	1,424	2%	66,654	65,230	1,424	2%	
4 Patient Days	2,141	2,395	(254)	-11%	18,961	20,786	(1,825)	-9%	
5 ED Visits	3,046	2,954	92	3%	26,418	25,637	781	3%	
7 Surgery Cases	199	256	(57)	-22%	1,757	2,196	(439)	-20%	
8 Clinic Visits	21,375	22,691	(1,316)	-6%	181,967	194,666	(12,699)	-7%	
9 Ancillary Procedures	66,439	65,551	888	1%	530,369	562,579	(32,210)	-6%	
10 Acute Administrative Days as % of Patient Days	14.0%	20.0%	6.0%	30%	22.0%	20.0%	-2.0%	-10%	
11 Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status)	79.0%	80.0%	1.0%	1%	82.0%	80.0%	-2.0%	-2%	
Pillar Goals									
12 Revenue PMPM	111	135	(24)	-18%	114	135	(21)	-16%	
13 Operating Expenses PMPM	338	328	(11)	-3%	321	328	7	2%	
14 Full Time Equivalent (FTE) including Registry	1,140	1,199	59	5%	1,148	1,199	51	4%	

San Mateo Medical Center
Income Statement
February 28, 2023

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
21	Inpatient Gross Revenue	12,396,093	14,144,151	(1,748,058)	-12%	105,950,945	113,153,208	(7,202,263)	-6%
22	Outpatient Gross Revenue	26,361,676	28,232,137	(1,870,462)	-7%	221,766,843	225,857,097	(4,090,254)	-2%
23	Total Gross Revenue	38,757,768	42,376,288	(3,618,520)	-9%	327,717,788	339,010,305	(11,292,517)	-3%
24	Patient Net Revenue	8,716,035	13,211,764	(4,495,729)	-34%	82,772,699	105,694,113	(22,921,413)	-22%
25	Net Patient Revenue as % of Gross Revenue	22.5%	31.2%	-8.7%	-28%	25.3%	31.2%	-5.9%	-19%
26	Capitation Revenue	464,492	389,867	74,625	19%	3,580,908	3,118,932	461,976	15%
27	Supplemental Patient Program Revenue	15,452,126	12,040,224	3,411,902	28%	110,430,907	96,321,789	14,109,118	15%
	<i>Volume Based (GPP, EPP, VRR, AB915)</i>	8,793,335	5,371,667	3,421,669	64%	61,683,513	42,973,333	18,710,180	44%
	<i>Value Based (QIP, HPSM P4P)</i>	2,550,146	3,820,025	(1,269,880)	-33%	27,566,506	30,560,203	(2,993,696)	-10%
	<i>Other</i>	4,108,645	2,848,532	1,260,113	44%	21,180,888	22,788,253	(1,607,365)	-7%
28	Total Patient Net and Program Revenue	24,632,653	25,641,854	(1,009,201)	-4%	196,784,515	205,134,834	(8,350,319)	-4%
29	Other Operating Revenue	998,928	1,181,890	(182,962)	-15%	9,069,062	9,455,122	(386,060)	-4%
30	Total Operating Revenue	25,631,581	26,823,744	(1,192,163)	-4%	205,853,577	214,589,956	(8,736,379)	-4%

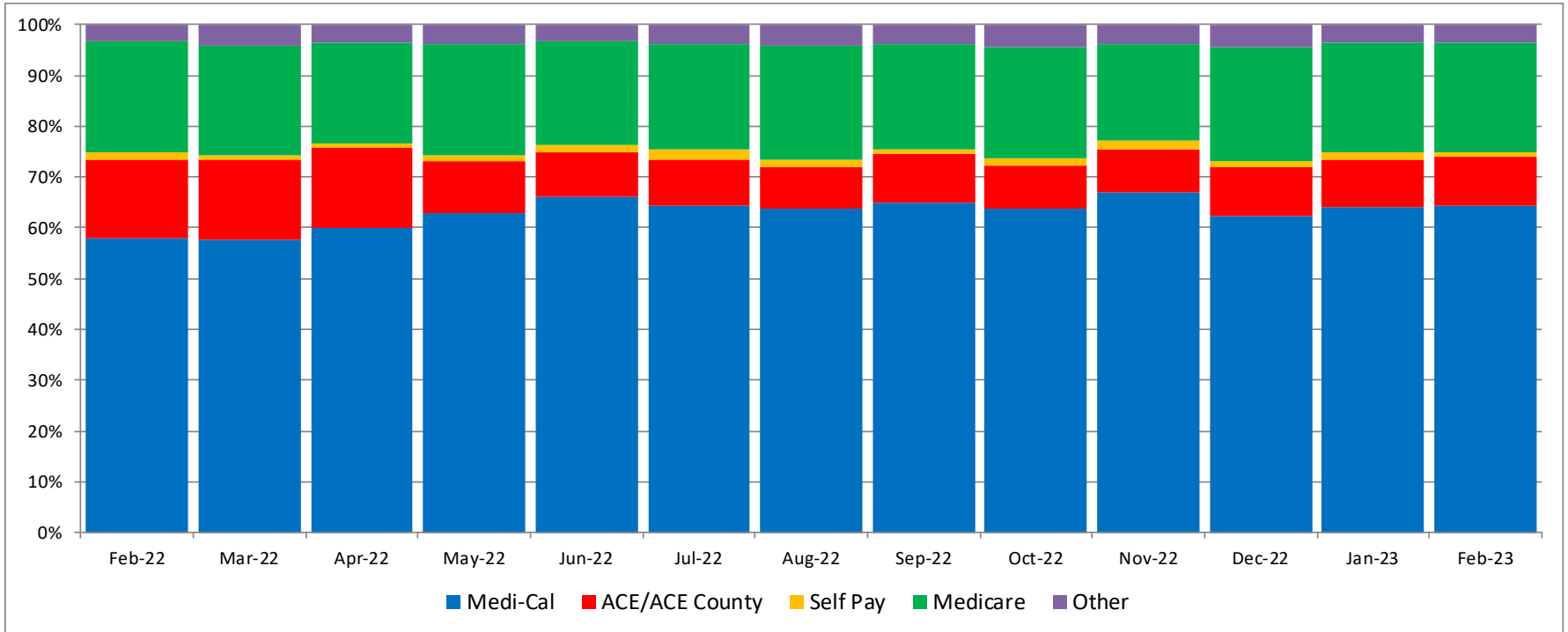
San Mateo Medical Center
Income Statement
February 28, 2023

	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	17,470,174	19,477,553	2,007,379	10%	140,483,040	155,820,427	15,337,387	10%
32 Drugs	1,121,688	1,286,937	165,249	13%	9,572,553	10,295,499	722,945	7%
33 Supplies	1,964,657	952,050	(1,012,607)	-106%	8,904,320	7,616,399	(1,287,921)	-17%
34 Contract Provider Services	6,257,488	3,562,085	(2,695,403)	-76%	38,416,202	28,496,682	(9,919,520)	-35%
<i>Registry</i>	2,866,641	540,547	(2,326,094)	-430%	14,195,525	4,324,373	(9,871,152)	-228%
<i>Contract Provider</i>	2,876,442	2,357,106	(519,336)	-22%	20,733,410	18,856,848	(1,876,562)	-10%
<i>ACE Out of Network</i>	455,630	564,839	109,209	19%	3,109,674	4,518,713	1,409,040	31%
<i>Other</i>	58,776	99,593	40,818	41%	377,593	796,747	419,154	53%
35 Other fees and purchased services	4,666,570	5,211,812	545,242	10%	41,404,790	41,694,498	289,708	1%
36 Other general expenses	687,759	729,995	42,236	6%	6,015,597	5,839,962	(175,635)	-3%
37 Rental Expense	166,121	247,893	81,772	33%	1,344,688	1,983,146	638,458	32%
38 Lease Expense	735,826	735,826	0	0%	5,886,610	5,886,611	0	0%
39 Depreciation	290,333	227,938	(62,395)	-27%	2,273,872	1,823,507	(450,365)	-25%
40 Total Operating Expenses	33,360,617	32,432,091	(928,526)	-3%	254,301,672	259,456,731	5,155,059	2%
41 Operating Income/Loss	(7,729,036)	(5,608,347)	(2,120,689)	-38%	(48,448,095)	(44,866,775)	(3,581,320)	-8%
42 Non-Operating Revenue/Expense	2,307,478	178,918	2,128,561	1190%	6,196,100	1,431,341	4,764,759	333%
43 Contribution from County General Fund	5,429,429	5,429,429	(0)	0%	43,435,435	43,435,435	(0)	0%
44 Total Income/Loss (GAAP)	7,872	0	7,872		1,183,439	0	1,183,439	
(Change in Net Assets)								

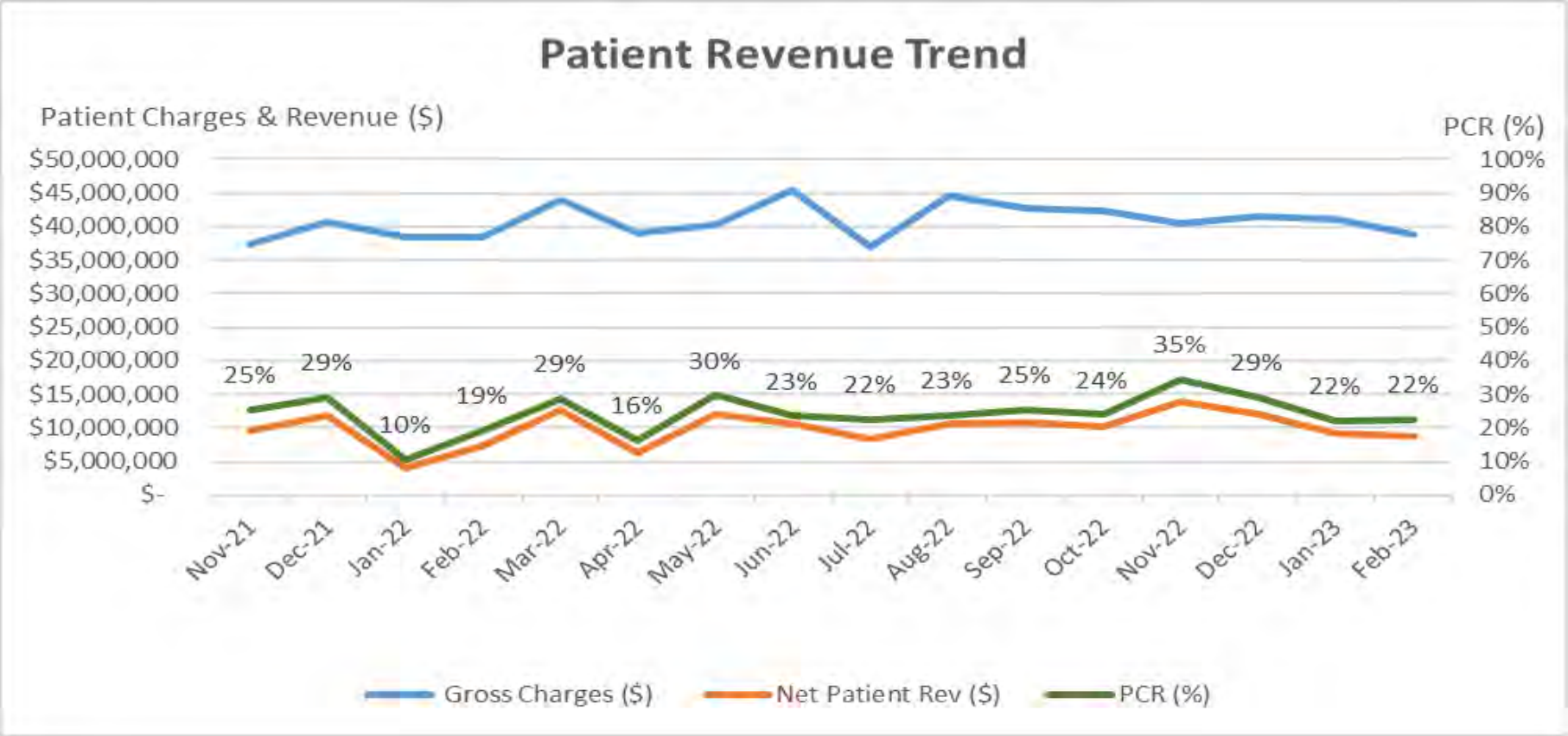
**San Mateo Medical Center
Payer Mix
February 28, 2023**

Payer Type by Gross Revenue	MONTH			
	Actual	Budget	Variance	Stoplight
	A	B	C	D
Medicare	21.5%	22.7%	-1.2%	
Medi-Cal	64.3%	58.9%	5.5%	
Self Pay	0.8%	1.6%	-0.8%	
Other	3.7%	4.3%	-0.6%	
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	21.3%	22.7%	-1.5%	
Medi-Cal	64.3%	58.9%	5.4%	
Self Pay	1.3%	1.6%	-0.2%	
Other	4.0%	4.3%	-0.3%	
ACE/ACE County	9.1%	12.5%	-3.5%	
Total	100.0%	100.0%		



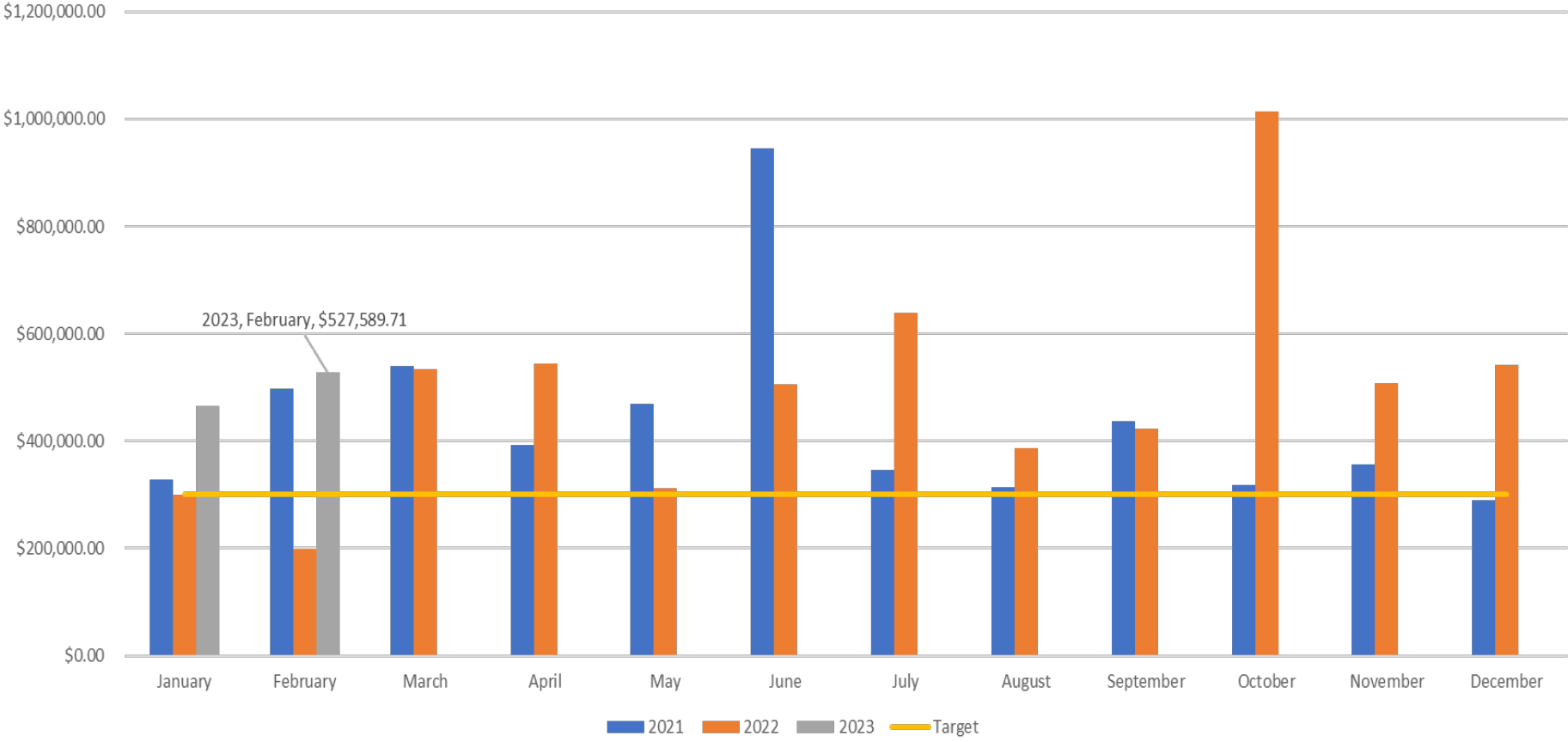
Fee-For-Service Patient Revenue Trend



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

Gross patient revenue is trending flat. The collection rate (PCR) in FY23 is trending at average 25%. PCR surge in Nov 22 and dips earlier this year was due to one-time adjustments. PCR is expected to remain in mid 20s for the rest of this fiscal year.

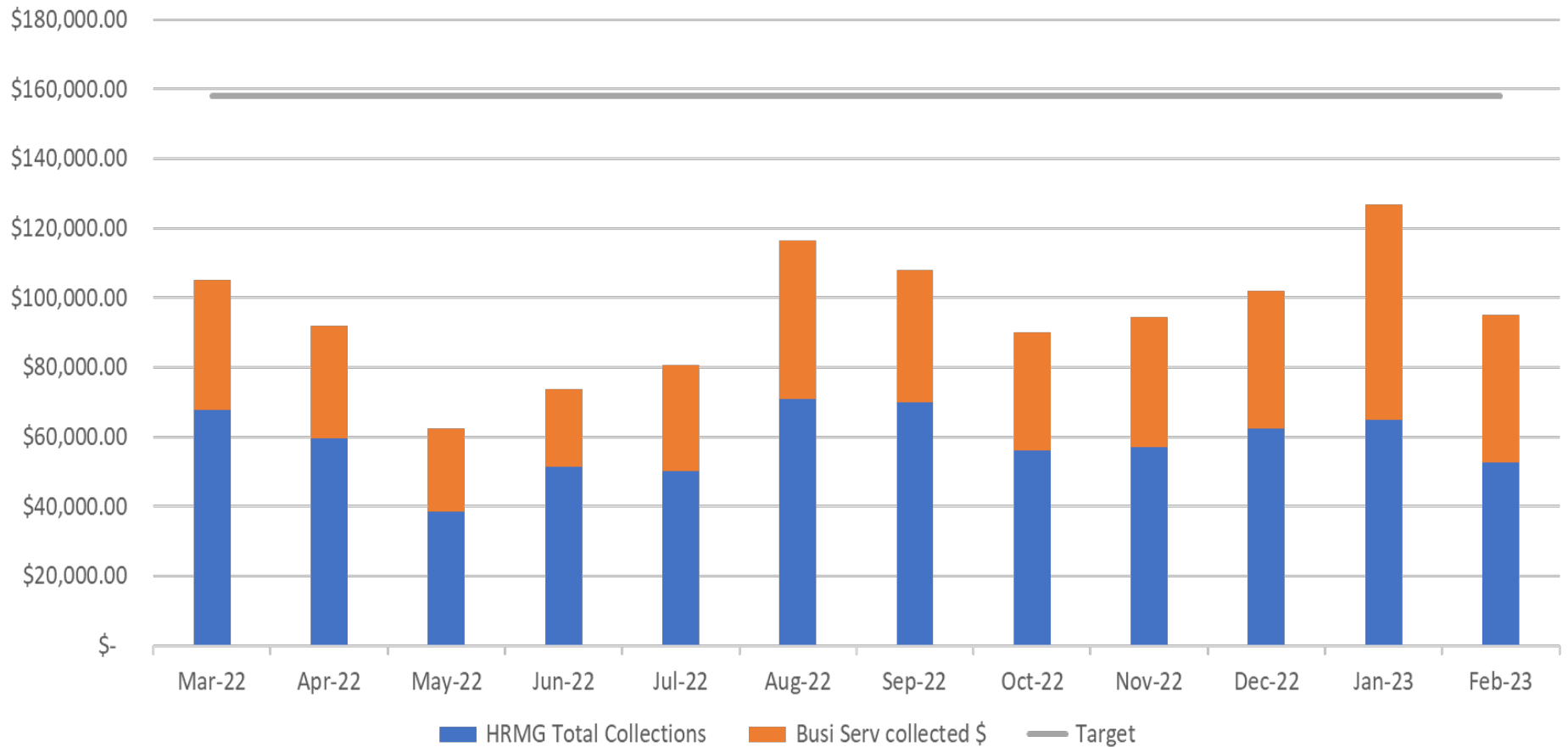
Fee-For-Service Commercial Collections



July 2020 MMX began supporting PFS with Commercial Collections



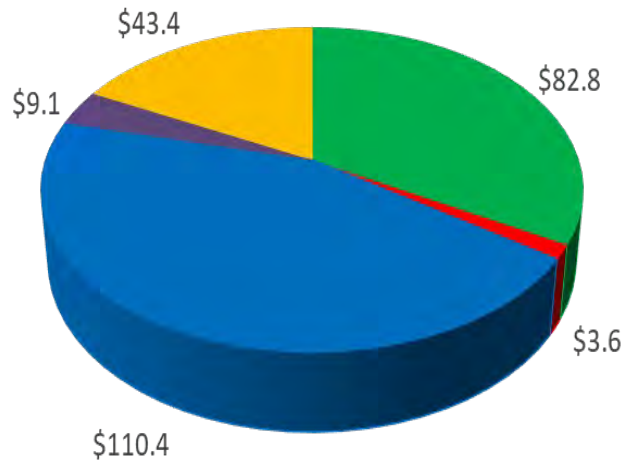
Fee-For-Service Self Pay Collections



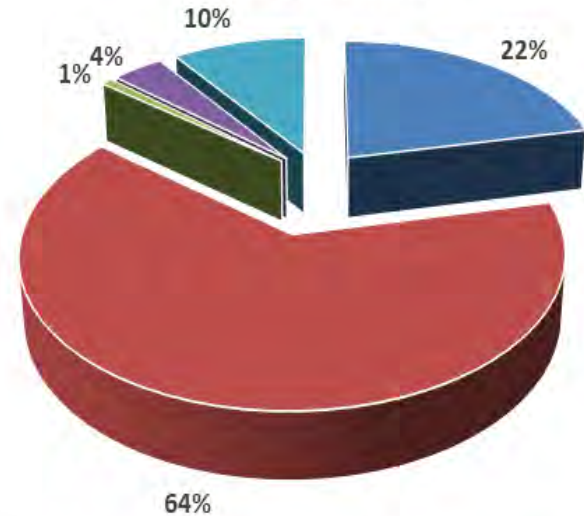
SMMC contracted with Healthcare Revenue Management Group to support SMMC's Business Services unit with collections of self-pay balances

Revenue Mix

Sources of Revenue
(Dollars in millions)



Payor Mix



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

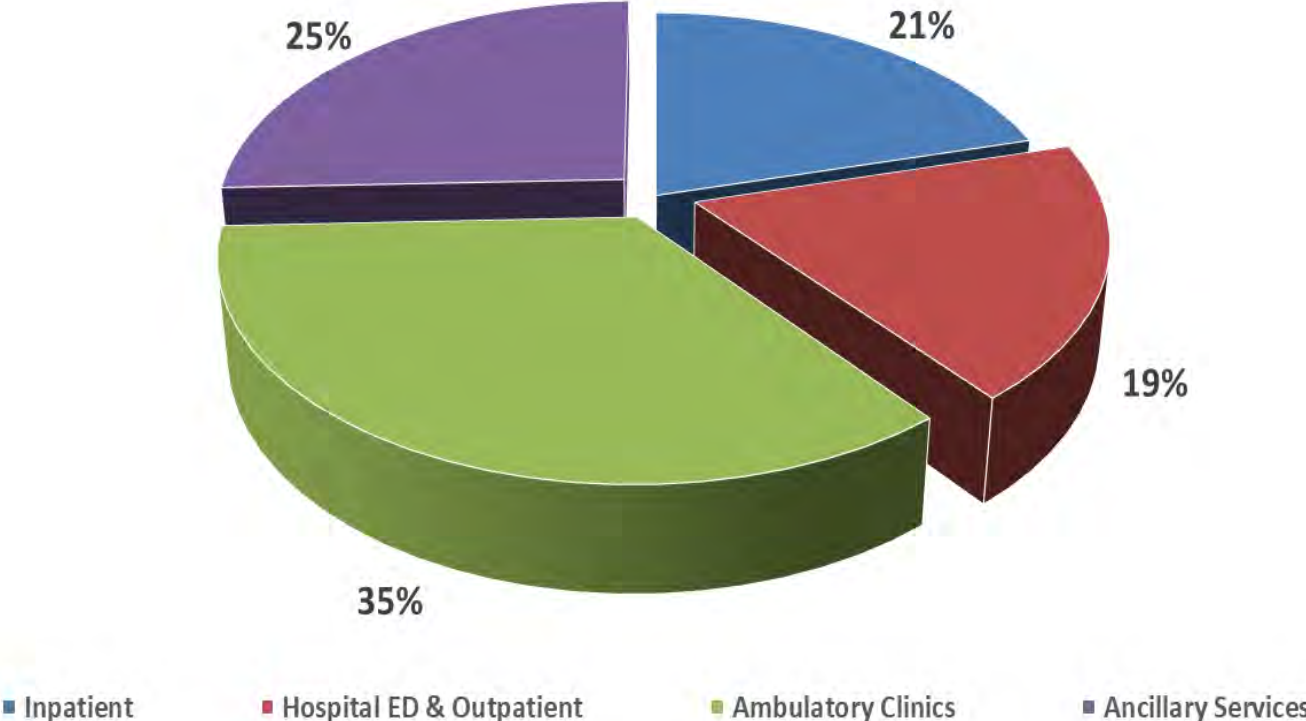
Total YTD Revenue of \$249 million consists of 44% in Supplemental Programs and 33% in Fee For Service

Health Plan of San Mateo (HPSM) represents 35% of our Operating Revenue

- Medi-Cal Managed Care and Medicare Managed Care FFS
- Medi-Cal PCP Capitation

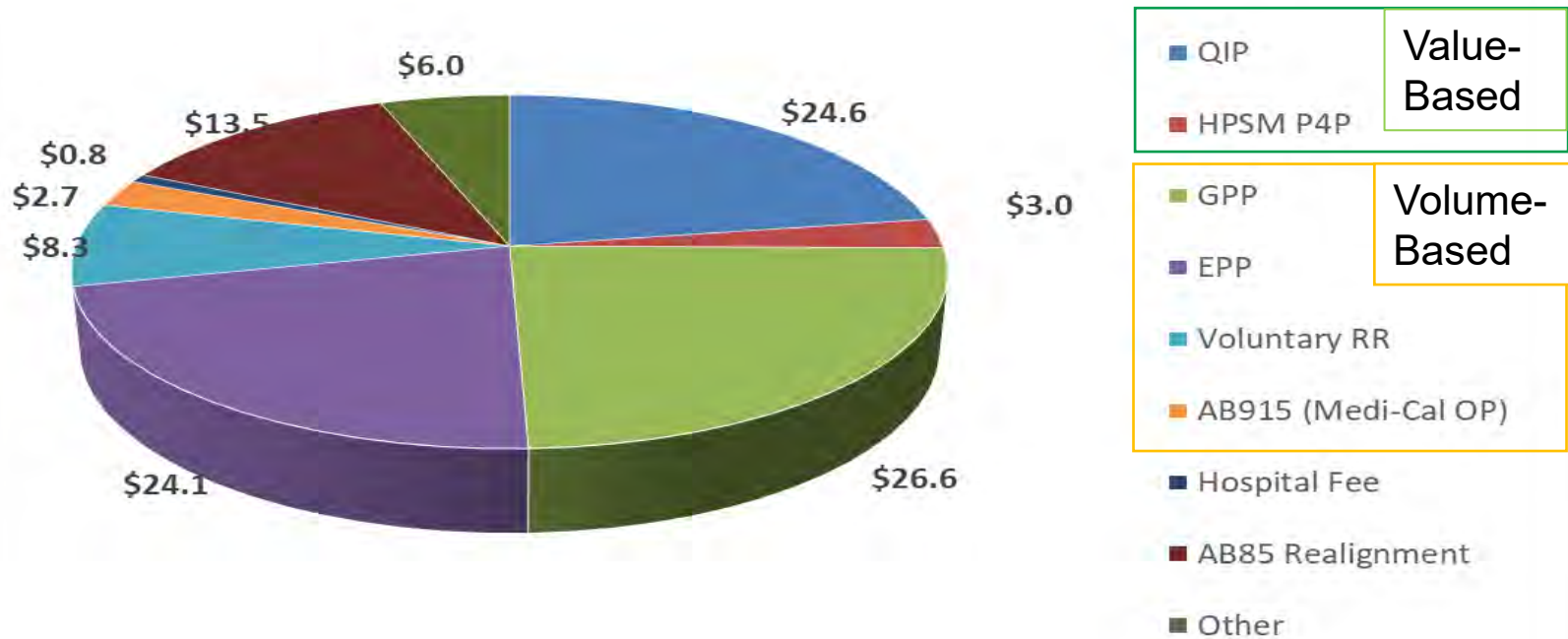
Capitation is a pre-payment reimbursement model that pays providers a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.

Revenue Mix by Service Line



Supplemental Revenue Mix

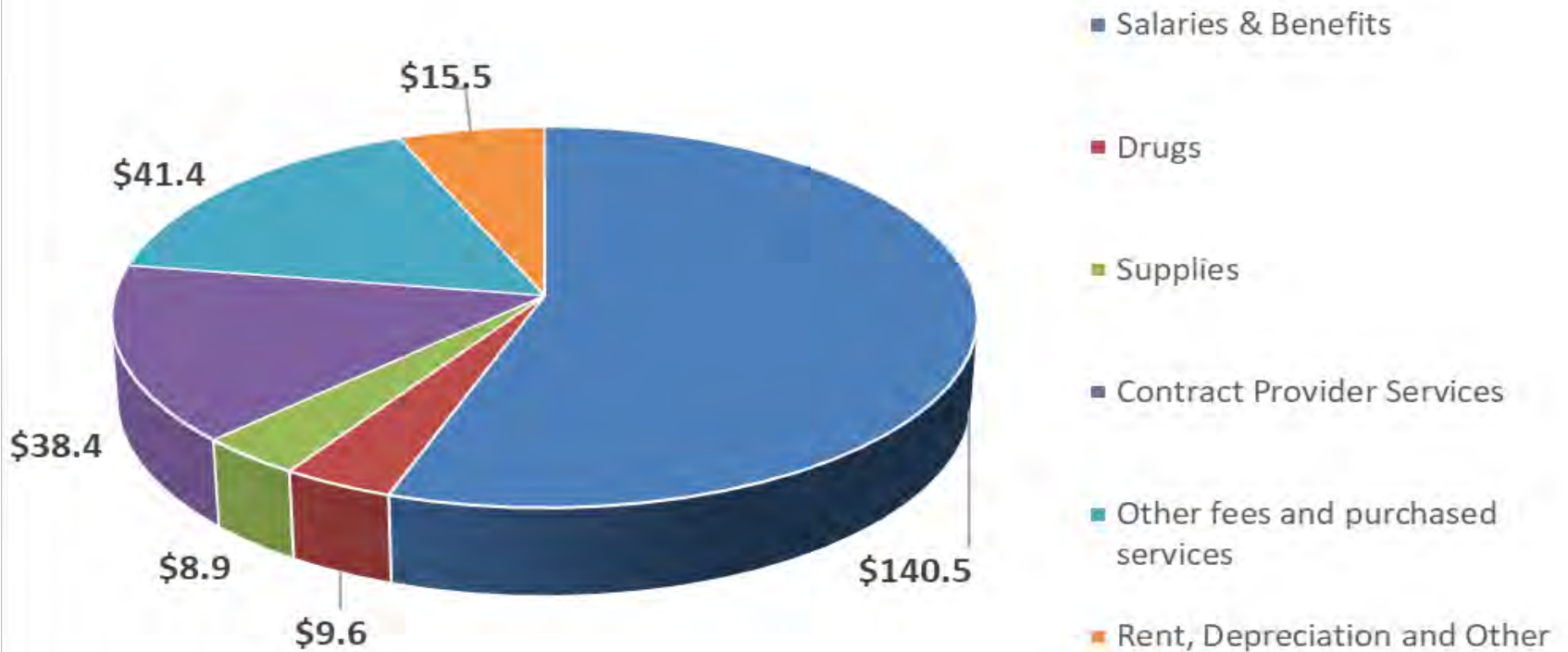
(Dollars in millions)



- **Value-Based** programs, including Capitation revenue, represents 25% of total revenue
- **Volume-Based** supplemental programs, plus FFS revenue, represent 56% of total revenue

Total Operating Expenses

(Dollars in millions)



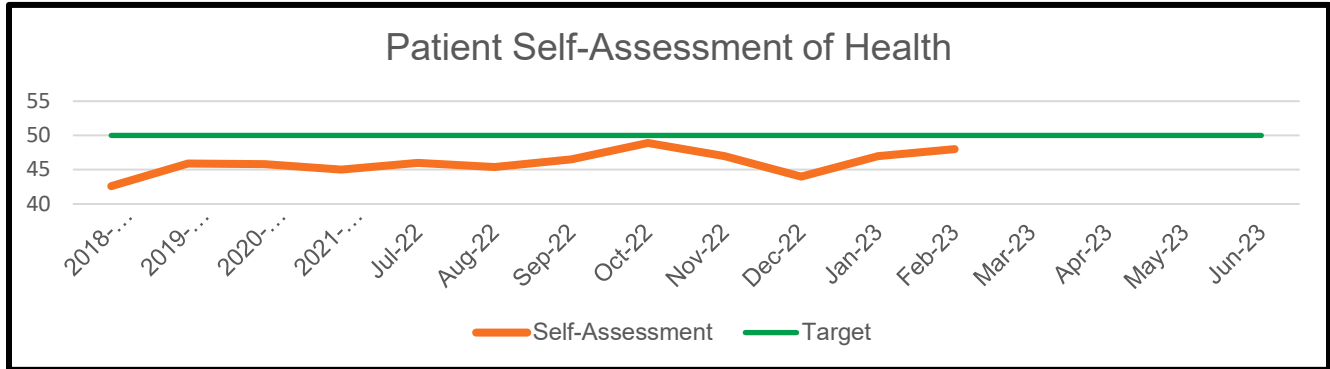
Salaries & Benefits represent 55% of total expenses

Personnel costs* represent 70% of total expenses

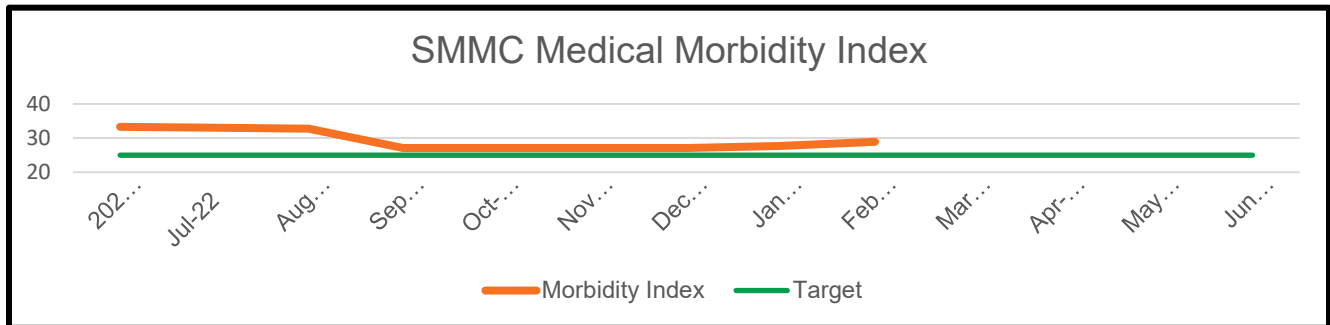
* Personnel costs includes S&B plus Registry/Contract Providers



Excellent Care



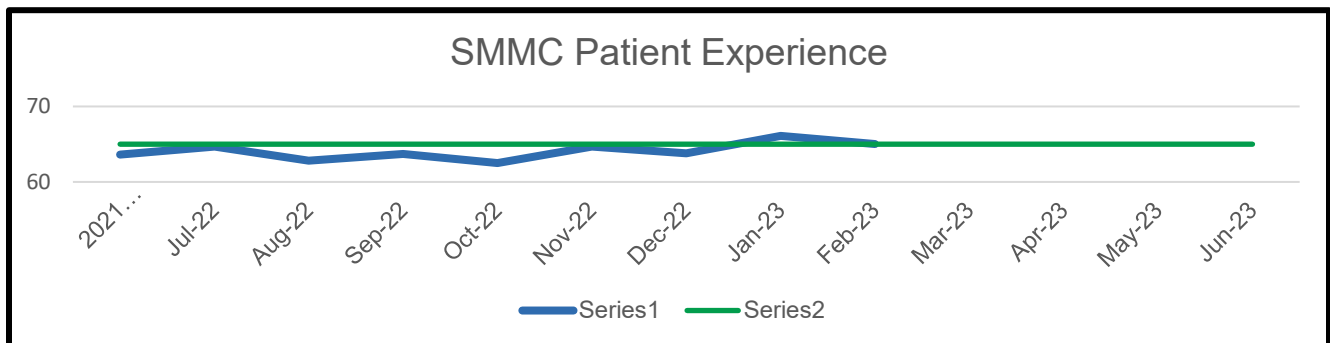
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



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.**

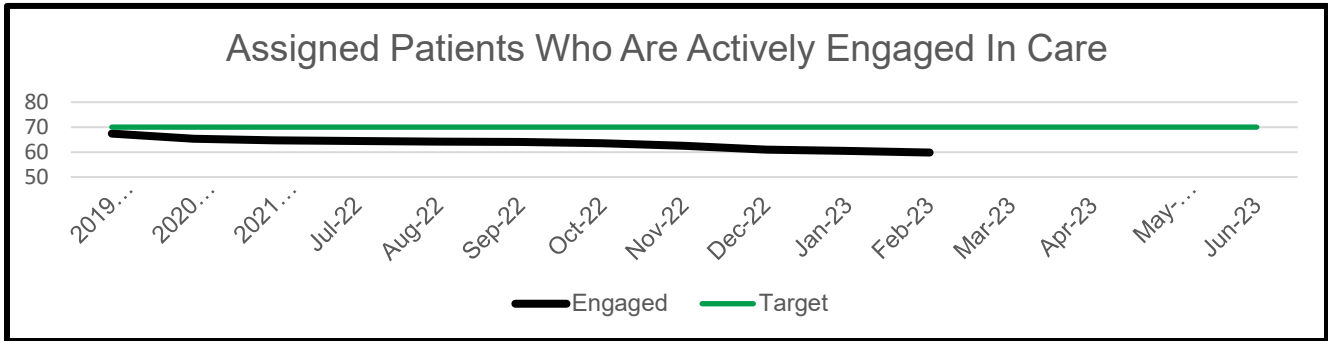


Patient Experience



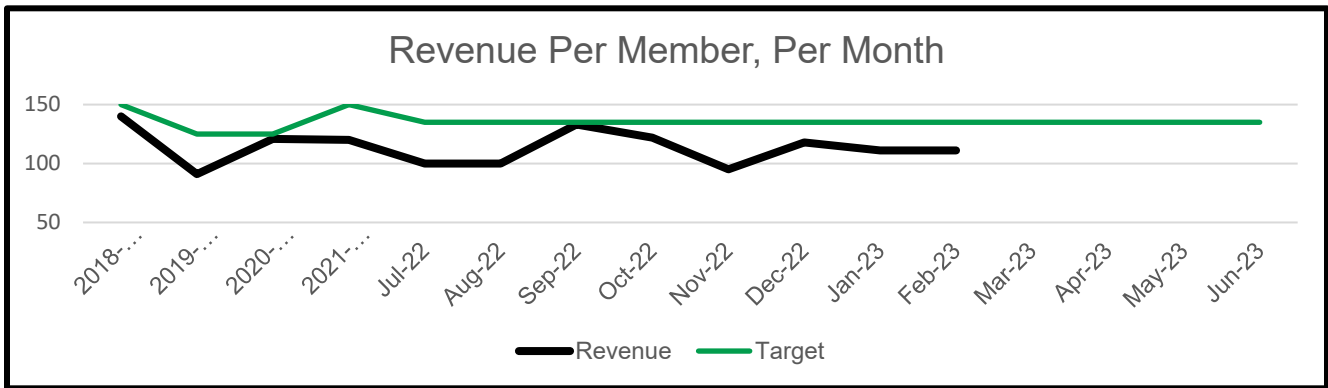
Patient Experience: Percentage of patients who answered affirmatively to the patient experience survey question: “Did the staff work together to meet your needs?” **Higher is better.**

 Access to Care

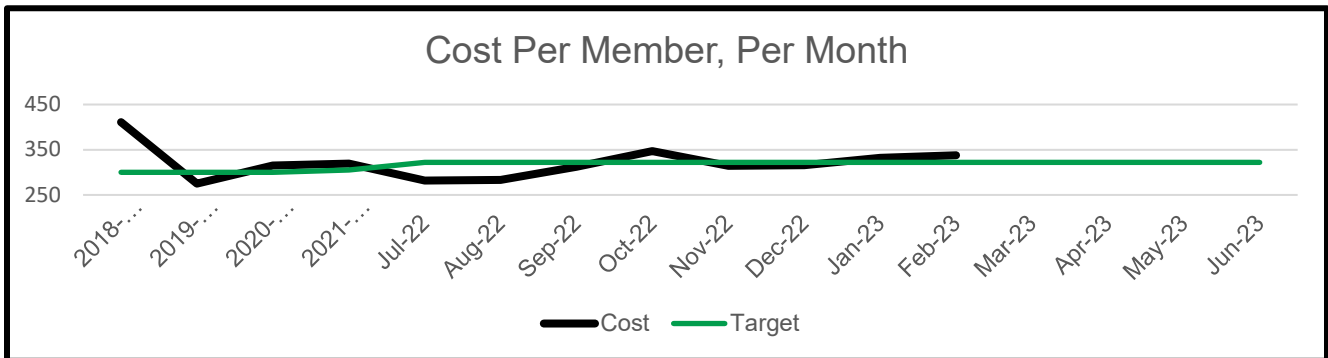


Assigned and Engaged: Percentage of patients assigned to SMMC by the Health Plan of San Mateo who are actively engaged in Care. **Higher is better.**

 Financial Stewardship

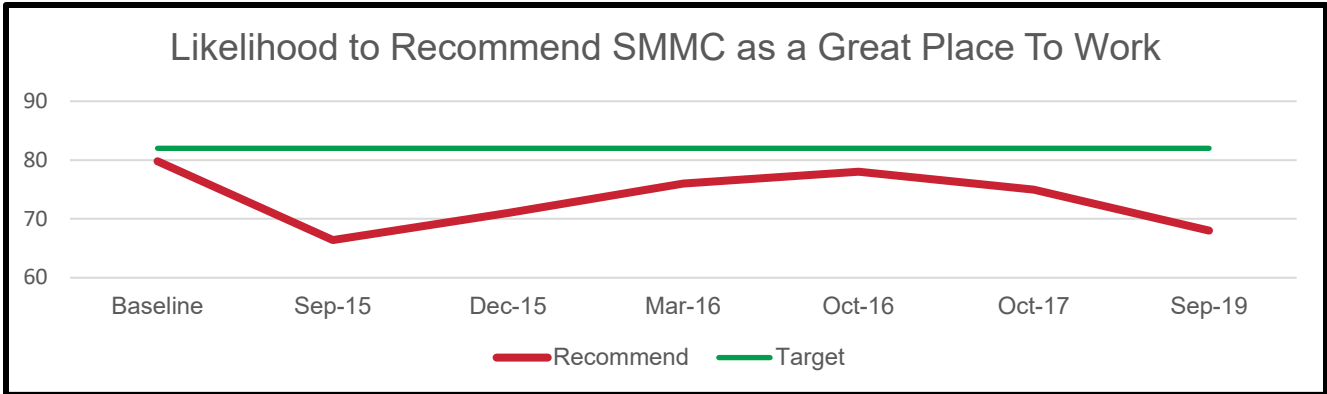


Cost Per Member, Per Month: Total cost divided by total number of assigned members. **Lower is better.**

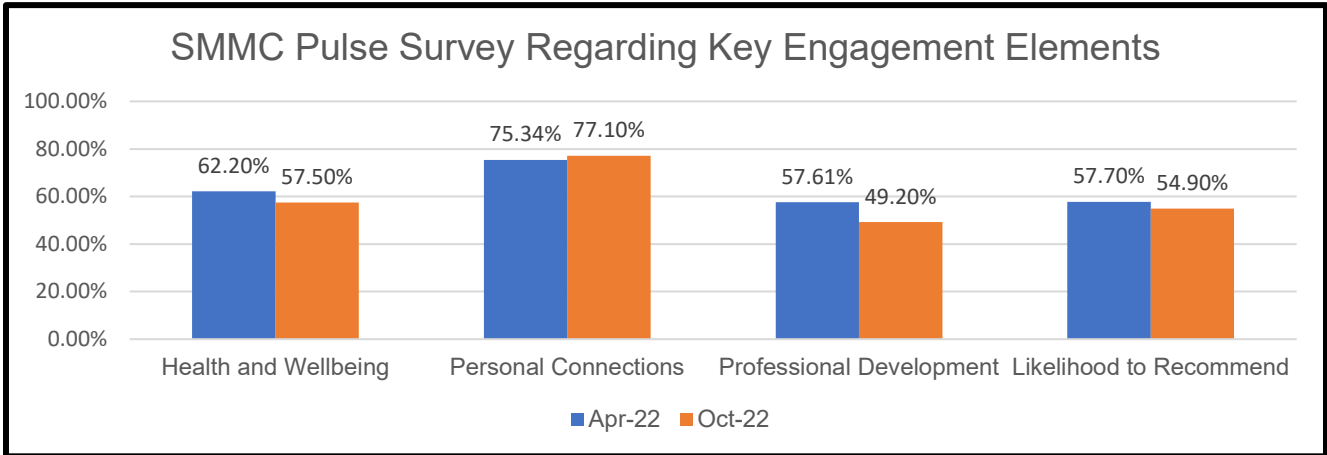


Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. **Higher is better.**

 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 to right: Pictured above, left: Martha Quintanilla receives a SAFE award. Pictured above, right: WIC program staff offer resources to a new mom at the Fair Oaks Health Center Community Day.

Martha Quintanilla – A Patient Safety Hero!

Martha Quintanilla, Patient Services Assistant II in SMMC’s pharmacy department, was awarded our SAFE award for making SMMC a safer place for patients. When a patient requested a medication refill much too early, Martha questioned the patient and noted she was not feeling well. The patient had been taking more medication than was prescribed.

Recognizing the patient was at risk for a serious medical event, Martha took her to the Emergency Department for evaluation and stabilization. Martha’s critical thinking skills and prudent actions likely saved the patient’s life.

An analysis and review of the event led to several countermeasures, which will help decrease the risk of a similar event in the future. The countermeasures include a change in how patients are educated on how to follow medication instructions.

Educators now use a “teach-back” method by demonstrating self-injection and dosing with an actual dosing device. The patient then tries it themselves to ensure they understand how to follow the medication instructions correctly. Written instructions in the patient’s language are also provided. Patients are also encouraged to bring their medication devices to their follow up visits.

Because of her astute assessment and quick action, Martha was awarded the prestigious SAFE Award on March 9, which happened to be her 19th anniversary with SMMC! Thank you, Martha, for making SMMC a safer organization.

SMMC Sets the Standard for Accurate Patient Registration

Four years ago, SMMC implemented eCareNext, a registration quality assurance and eligibility enhancement tool. Before eCareNext, we didn’t know about errors until claims were denied by insurance providers. Now, staff receive real-time feedback through alerts from eCareNext so they can make needed corrections before claims are sent out.

Accurate registration data lets staff know if a patient’s coverage is inactive or if they have a co-pays, prevents patients from receiving bills in error, and makes sure we’re paid on time.

SMMC’s implementation and use of eCareNext has been so successful, our vendor’s client services team said SMMC has established a new standard because we exceed all their client benchmarks except one! Some examples of our eCareNext data include “Average Hours to Resolve” tracks how long it takes staff to resolve any alerts they receive. Our goal is 24 hours and we are at 18.41.



“Quality Resolution Ratio” is the percentage of alerts resolved within 72 hours, a timeframe chosen because we drop claims to insurance companies five days from registration. Our goal is 90% and we are at 93.65%.



“Final Pass Accuracy” shows how accurate registrations are after staff resolve their alerts. Our goal is 99% and we are at 99.67%.



I want to thank Julian Kent, Program Coordinator II, who oversees the eCareNext program, trains registration staff, and tracks the data. Thank you also to his supervisor Geraldine Lara, Financial Services Manager II, and all our patient registration staff for an amazing accomplishment.

Building Community at Fair Oaks Health Center

On Friday, March 17, the Fair Oaks Health Center hosted a Community Day for patients. Karla Gonzalez, Lead Patient Services Assistant, and Maria Bermudez, Community Health Worker, organized the event with the goal of building stronger community relationships within Redwood City and San Mateo County, not just for our patients, but also with staff and community members.

Thirteen organizations participated by offering information and resources to attendees, including Casa Circulo Cultural, Redwood City Together, Office of Sustainability/Nuestra Casa, Police Activity League, WIC, Health Coverage Unit, Redwood City Library, Redwood City Fire Department, Health Plan of San Mateo, San Mateo County Parks and Recreation, and Second Harvest Food Bank. Diana Cervantes, Social Worker, Claudia Ramirez, Marriage and Family Therapist, and Devin Aceret, Case Management/Assessment Specialist also provided helpful resources.

“We look forward to hosting this kind of event for our patients and community again,” said Karla.

I want to thank Karla, Maria, Diana, Claudia, Devin, Yoshio Hernandez, Patient Services Supervisor, Blanca Osuna, Patient Services Supervisor, Raul Vizcarra-Salinas, Patient Services Assistant, Armando Casillas, Patient

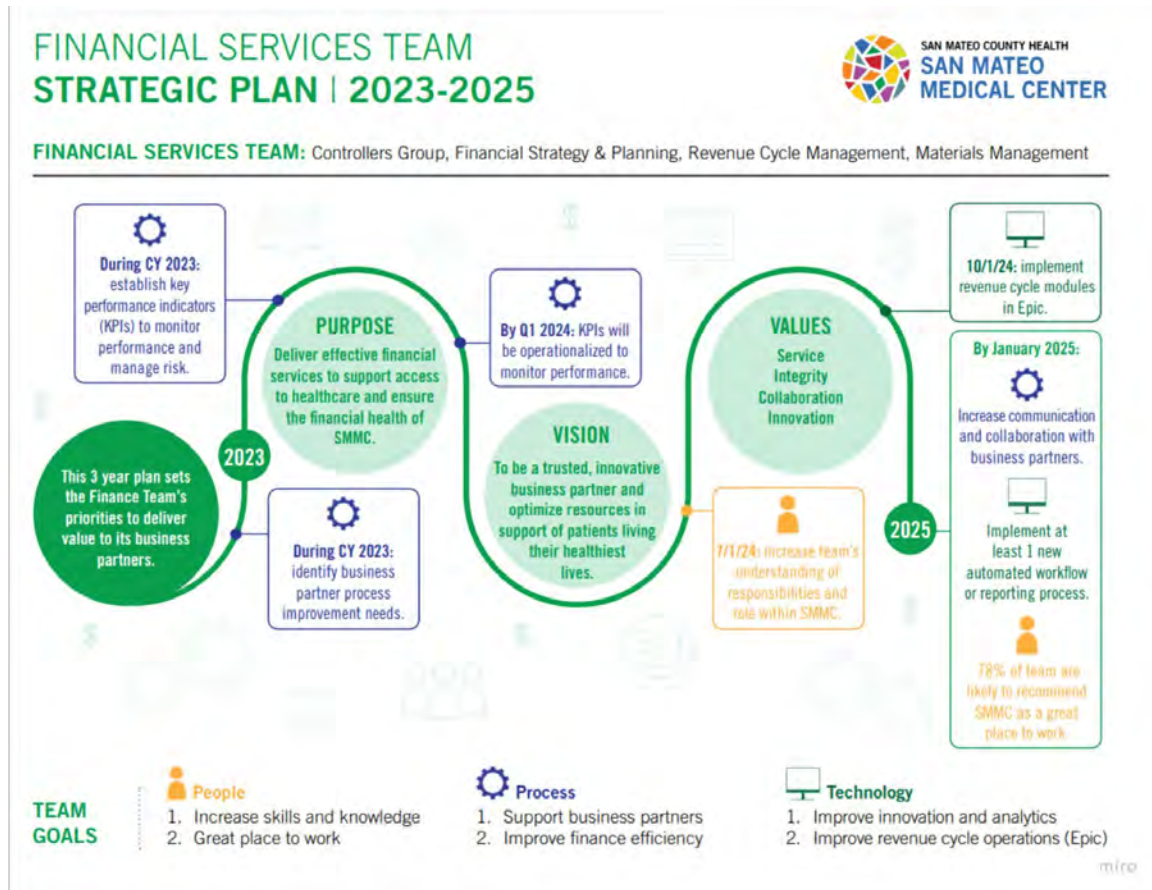
Services Assistant, Trish Erwin, Clinic Manager, and the housekeeping team for planning and hosting a successful event!

Celebrating Women at SMMC

In honor of Women’s History Month and International Women’s Day, we published a five-part series highlighting some of the female leaders at San Mateo Medical Center and the work they do to keep our community healthy. I want to thank Merrin Thompson, Clinical Nutrition Manager, Cathena Campbell, Clinical Services Resource Manager, Frances Becker, Supervising Creative Arts Therapist, Jennifer Obina, WOC Infection Control Manager, and Dr. Elisa Nasol, Staff Physician at Daly City Clinic for participating in the series. I also want to thank all the women at SMMC who work tirelessly every day to help patients improve their health. The series is posted on [LinkedIn](#) and [Facebook](#).

Finance Services Team Strategic Plan

The Finance team presented its Strategic Plan at last month’s Hospital Board meeting, as well as at several other key stakeholder meetings. An infographic overview of the plan is below. During the month of March, the Finance team was busy on executing its strategies to begin achieving the initial milestones, including staff surveys, identification of workflows to improve and automate, and planning for the implementing Epic’s revenue cycle. This is an exciting initiative that is designed to bring value to Finance customers and align Finance staff with SMMC’s mission to partner with our community to provide excellent healthcare for patients, including those experiencing social, environmental, or economic challenges.





March 2023

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	22,666 (February)	0.6%	-16.7%
SMMC Emergency Department Visits	3,046 (February)	-9.9%	12.0%
New Clients Awaiting Primary Care Appt.	Data Not Available	NA	NA

Vital Records Moves to New, Temporary Space

The Office of Vital Records has a new location. As of March 20, services are available at 1600 W. Hillside Boulevard, Suite 203, in San Mateo. The office has been temporarily relocated from the County Health campus on 39th Avenue, which is slated for demolition to accommodate improvements and expansion of the adjacent San Mateo Medical Center. Vital Statistics will have a permanent home in the new building at SMMC when the work is complete.

Vital Records registers all San Mateo County birth and death records, as well as issues certified birth and death certificates, burial permits, and medical marijuana identification cards and is responsible for filing, preserving, and protecting the integrity of the County’s official data and documentation.

The Vital Records team take heart in their work. “We play a small part in the circle of life. We are a part of a human life beginning and a part of a life ending, which is both joyous and sad but necessary,” said Tina Cava, medical office services supervisor.

Vital Records played an integral role in collecting real-time COVID-19 data. The office reported each COVID-19 death to the epidemiology team and the coroner, ensuring that the information was accurate and reported correctly per California Department of Public Health (CDPH) guidelines.

Access to Technology Program Connects the Community

To support the independence and well-being of older adults and persons with disabilities, Aging and Adult Services has partnered with Community Tech Network to provide clients with internet-connected tablets. The Access to Technology program offers training in how to use the devices and software, allowing users to better connect to family, friends, and online resources. Launched in February 2023, the program has coordinated with local community-based organizations to identify 450 learners who would benefit from the technology and training. Closing the digital divide among older adults and persons with disabilities is part of the State Master Plan on Aging’s Goal Three: Inclusion and Equity, Not Isolation.