



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, April 1, 2024
8:00 AM – 10:00 AM

Atrium Conference Room
2000 Alameda de las Pulgas, San Mateo, CA 94403



AGENDA

Board of Directors	Monday, April 1, 2024	8:00 AM
--------------------	-----------------------	---------

Atrium Conference Room, 2000 Alameda del las Pulgas, San Mateo, CA 94403

This meeting of the San Mateo Medical Center Board of Directors will be held in-person in the Atrium Conference Room, 2000 Alameda de las Pulgas, 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 jgomez1@smcgov.org by Friday, March 29, at 4:00pm, and such written comments should indicate the specific agenda item on which you are commenting.

A. CALL TO ORDER

B. CLOSED SESSION

Items Requiring Action

1. Medical Staff Credentialing Report
2. Quality Report

Dr. Frank Trinh
Dr. Scott Oesterling

Informational Items

3. Medical Executive Committee

Dr. Frank Trinh

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 4, 2024 Meeting Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Frank Trinh

H. ADMINISTRATION REPORTS

1. Inpatient Nursing Update

Carlton Mills Verbal
Roberta Larcina, Deputy Director of Nursing
Rachael Rivers, Nurse Manager

2. Diagnostic Imaging Department

Robert Blake Verbal
Jacqueline Pelka, Diagnostic Imaging
Manager

3. Childhood Lead Poisoning Prevention &
Lead Paint Abatement Program

Louise Rogers Verbal
Amy Lam-Bonilla, Nurse Manager
Donna Spillane, Deputy Director of
Administration & Finance

4. Financial Report

David McGrew..... TAB 2

5. CEO Report and Board Survey

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 Janette Gomez at jgomez1@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.

CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Monday, March 4, 2024

Board of Supervisors Chamber at Hall of Justice, 400 County Center, 1st Floor, Redwood City, CA 94063

Board Members Present

Supervisor David Canepa
Supervisor Noelia Corzo
Mike Callagy
Louise Rogers
Dr. CJ Kunnappilly
Dr. Frank Trinh
Dr. Scott Oesterling
Dr. Gordon Mak
Judith Guerrero

Staff Present

Cynthia Grivas	John Nibbelin
David McGrew	Kacie Patton
Dr. Amar Dixit	Michelle Lee
Dr. Alpa Sanghavi	Michele Medrano
Dr. Yousef Turshani	Priscilla Romero
Emily Weaver	Rebecca Archer
Gabriela Behn	Robert Blake
Janette Gomez	Roberta Larcina
John Jurrow	Sherry Golestan

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Canepa called the meeting to order at 8:00 AM	
Public Comment relating to non-agenda items	None	
Resolution No. 2 Adopt a Resolution in Solidarity with Healthcare Workers and Civilians in Gaza.	Supervisor Corzo introduced Resolution No. 2, Adopting a Resolution in Solidarity with Healthcare Workers and Civilians in Gaza. The members of the Hospital Board received over 1,000 written comments by 12:00pm on March 3, 2024. All written comments will be included in the record of proceedings for the respective item. Additionally, twenty-six public comment cards were received, and each speaker was given one minute to speak.	Seven of the nine San Mateo Medical Center Board members abstained. Therefore, there were insufficient votes to second or pass the motion.
	The Board moved to Closed Session at 9:09 am.	

	The Board resumed to Open Session at 9:33 am.	
Report out of Closed Session	Medical Staff Credentialing Report for March 4, 2024 QIC Minutes from January 23, 2024 Medical Executive Committee Minutes from February 13, 2024	Rebecca Archer reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from February 5, 2024	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Motion to move the remaining items on the agenda to the following Hospital Board meeting.	Louise Rogers made a motion to adjust the agenda by moving the remaining agenda items to the following Hospital Board meeting and considering adjourning the meeting. Supervisor Canepa requested a moment of silence to honor the late Dr. John McNamara.	Motion passed.

Supervisor Canepa adjourned the meeting at 9:36 AM. The next Hospital Board meeting will be held on April 1, 2024.

Minutes recorded by:
Janette Gomez, Executive Secretary (WOC)

Minutes approved by:
Dr. Chester Kunnappilly, Chief Executive Officer

ADMINISTRATION REPORTS

BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: February FY23-24

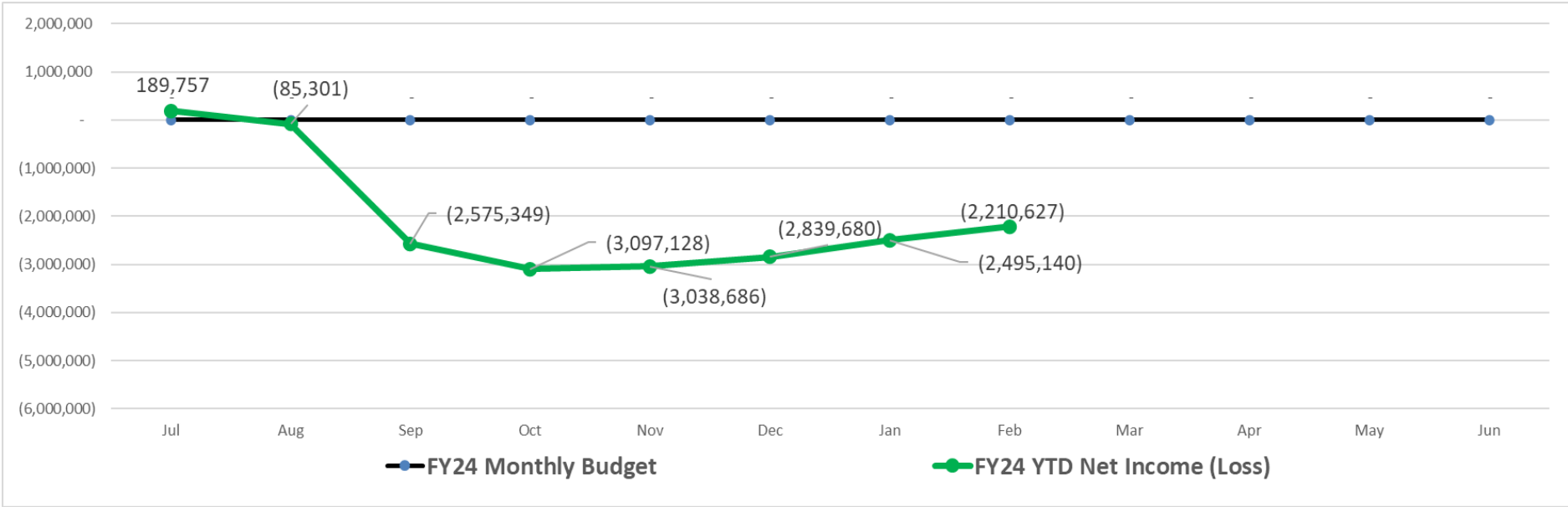
April 1, 2024

Presenter: David McGrew, CFO



SAN MATEO COUNTY HEALTH
SAN MATEO
MEDICAL CENTER

FY23-24 Cumulative YTD Financial Results



Net Income(loss) – Feb \$285K, YTD (\$2.2M)

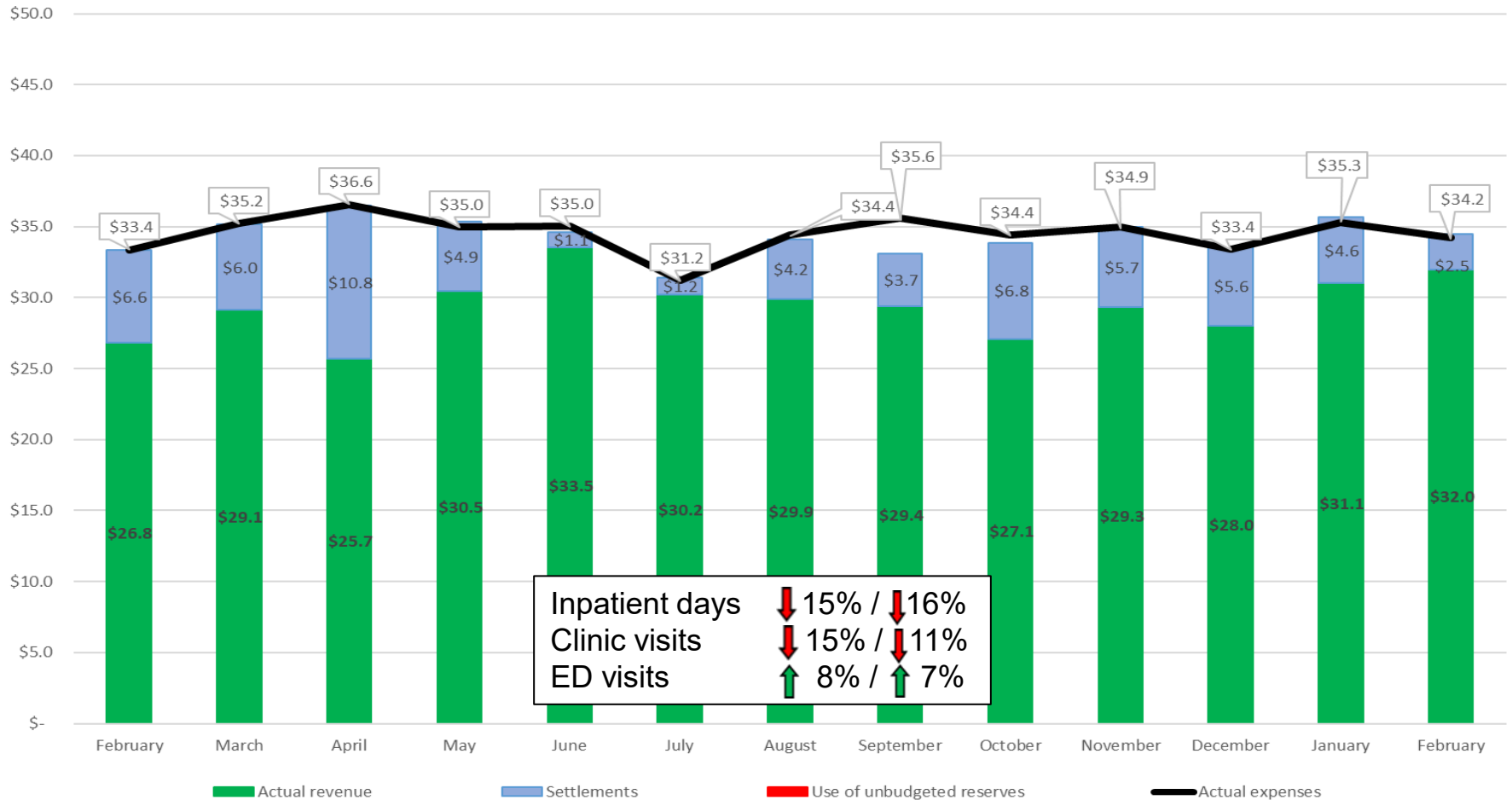
- FTEs 8% favorable
- Labor costs favorable by \$13.2M
- SB1732, AB915 prior year adjustment

- Drugs
- Supplies
- Debt Svc 2018 Bond

Feb FY24 Snapshot – February is favorable to budget by \$285K. SMMC still projects to be near breakeven for the full year. Nursing registry costs remain unfavorable due to the difficulties with hiring permanent nurses. Inpatient acute volume decreased as placements improved and Medical ED visits continue to be higher than budget. Managed care membership remains high since January 2024 when ACE patients in the 26-49 age range became eligible for Medi-Cal. Corresponding decrease was seen in ACE membership.

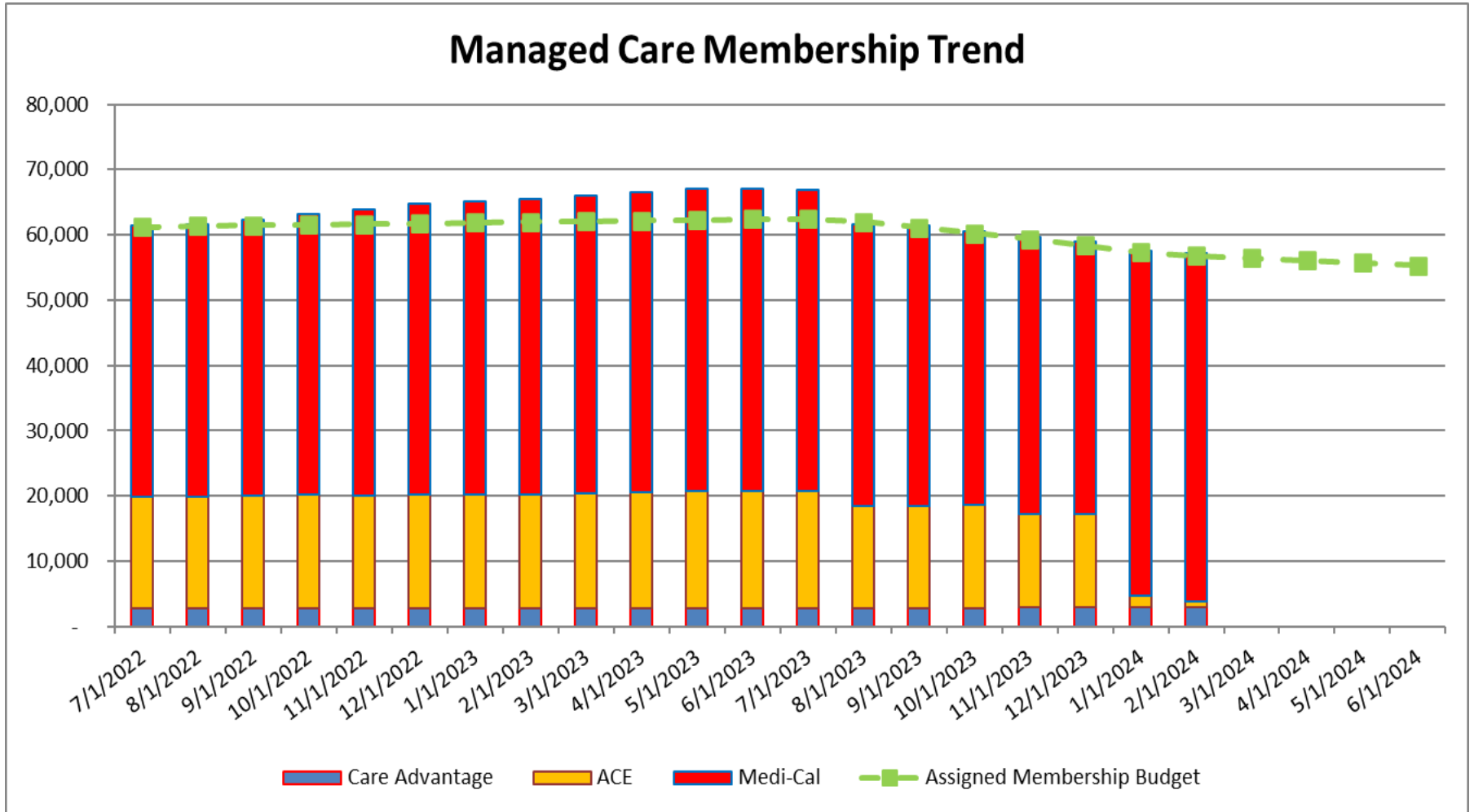
FY 23-24 Revenue & Expense Trend

SMMC's current operating revenue fluctuates around an average of \$29 million (green bar). Operating expenses (black line) in FY24 are averaging \$34 million per month and trending right at budget.



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

Managed Care Membership Trend

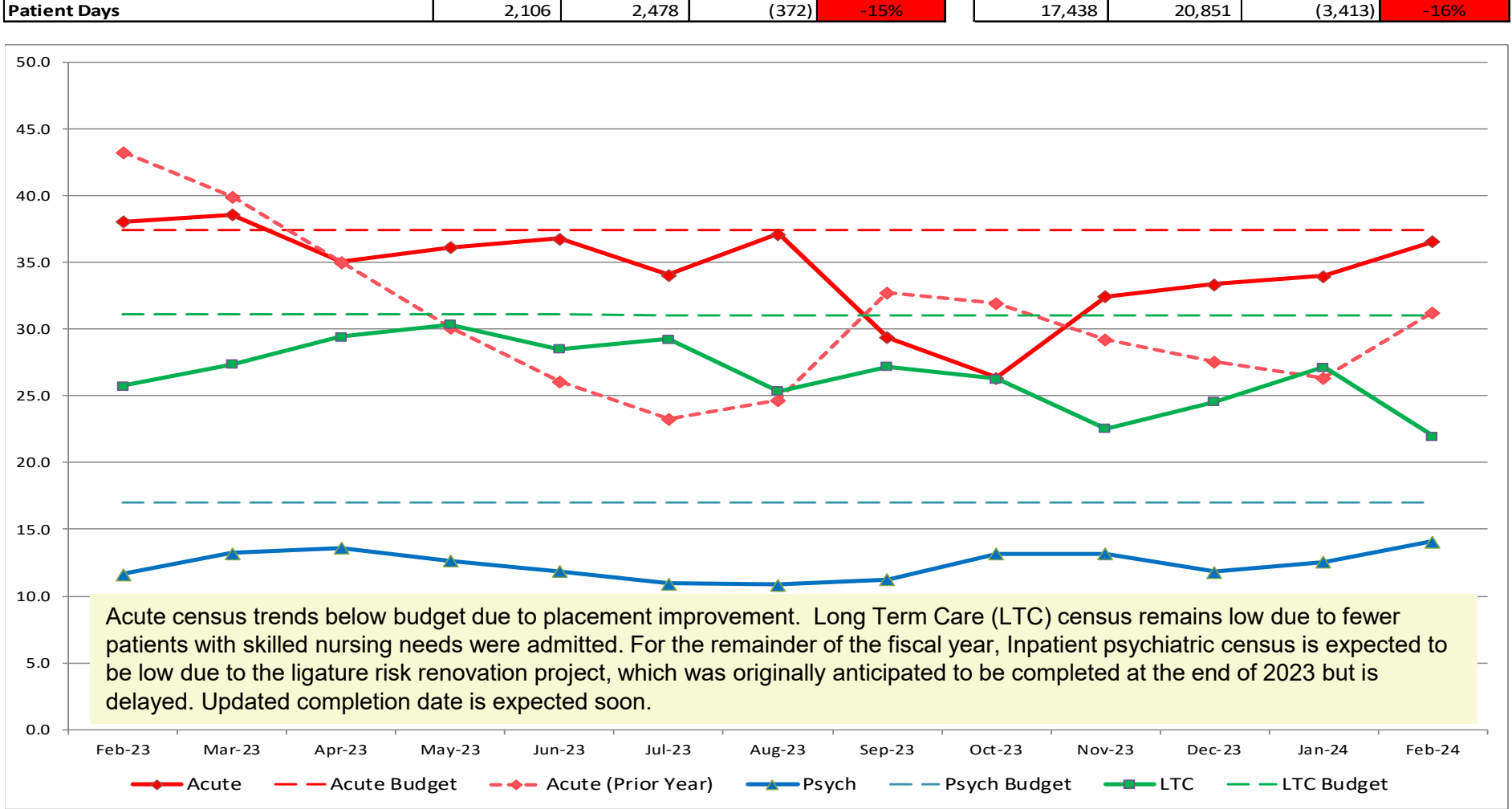


The membership in managed care programs peaked in July 2023 (31% increase for Medi-Cal since the onset of the COVID pandemic) and started trending down since. This is a result of the State restarting annual eligibility redeterminations at the end of the public health emergency. In January 2024, approximately 10,000 ACE 26-49 population shifted from ACE to Medi-Cal, partially off-setting Medi-Cal assignment losses. By June 2024, total assignments losses of 7,000 are projected across all lines of business.

San Mateo Medical Center Inpatient Days February 29, 2024

MONTH			
Actual	Budget	Variance	Stoplight
2,106	2,478	(372)	-15%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
17,438	20,851	(3,413)	-16%

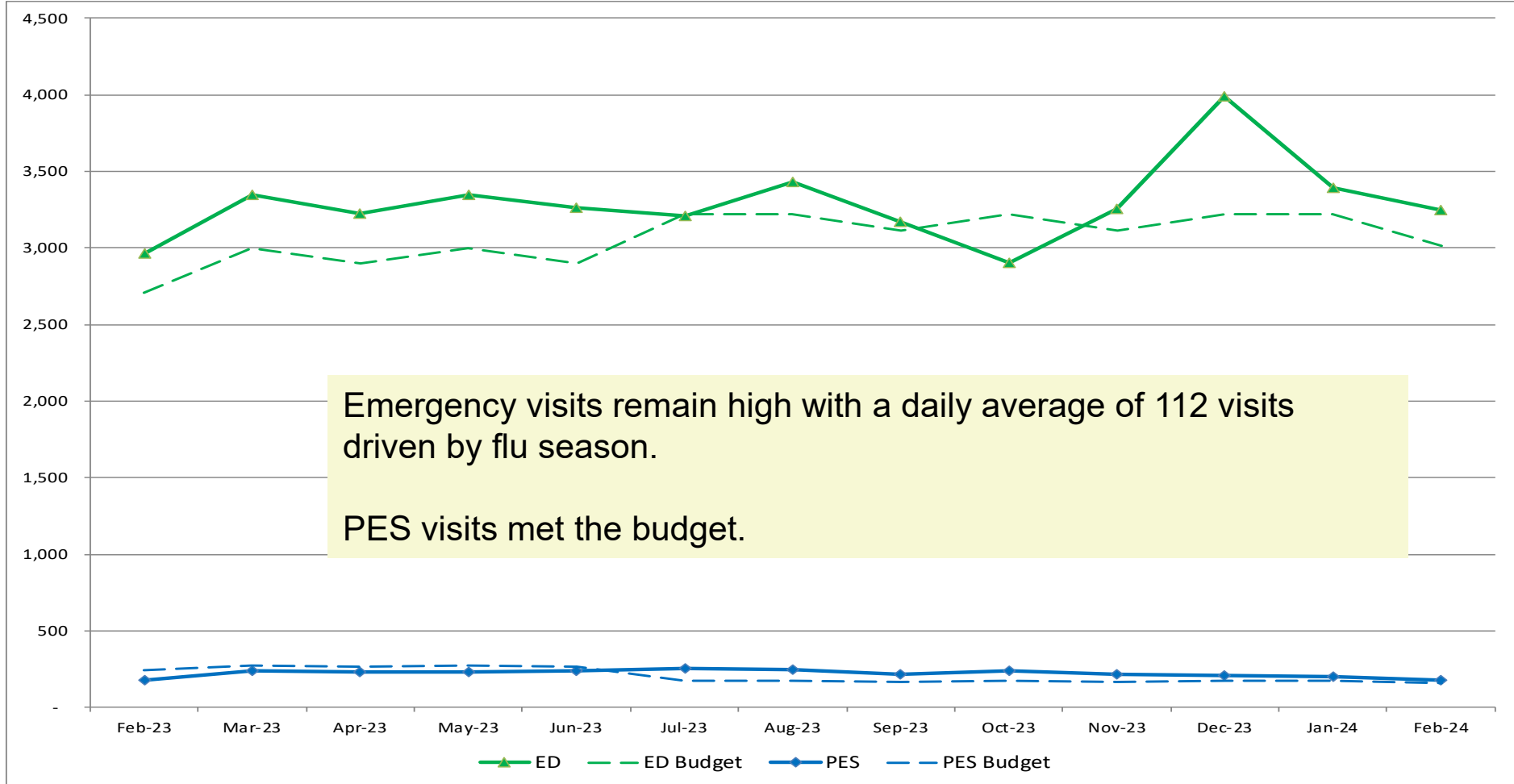


San Mateo Medical Center Emergency Visits February 29, 2024

MONTH			
Actual	Budget	Variance	Stoplight
3,421	3,171	250	8%

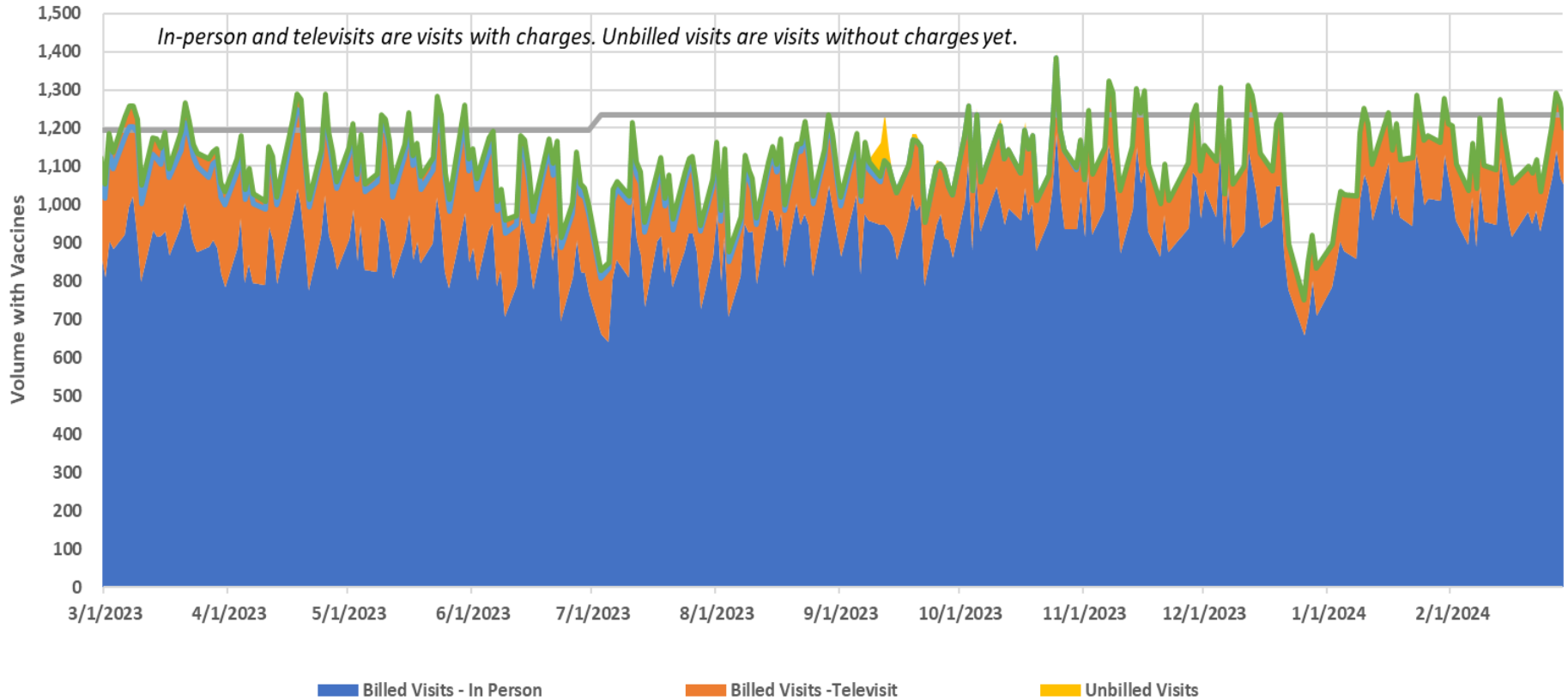
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
28,599	26,676	1,923	7%

ED Visits



San Mateo Medical Center Clinic Visits February 29, 2024

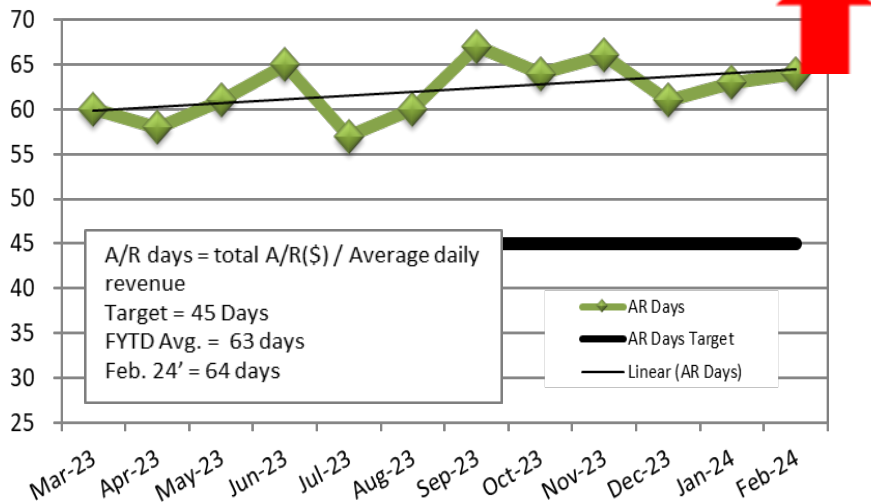
DAILY CLINIC VOLUME TRENDS - ROLLING 12-MONTHS THROUGH FEBRUARY 2024



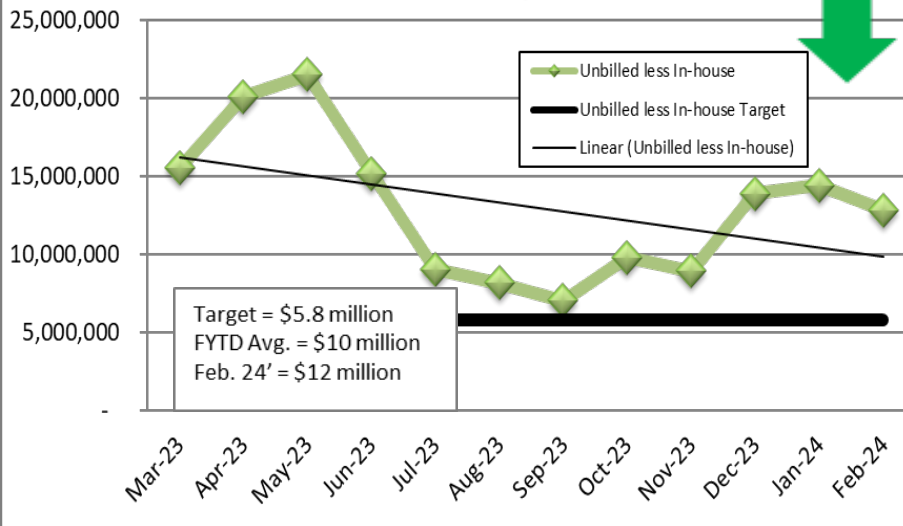
The sudden drop in volume in the latter half of December is due to low utilization and staff time-offs typical in holiday season. Televisits are running at 15% of total visits in FY24. Clinic televisits were 22% of total visits in FY23. Early in the pandemic the ratio was as high as 78%.

Fee-For-Service Revenue - KPIs

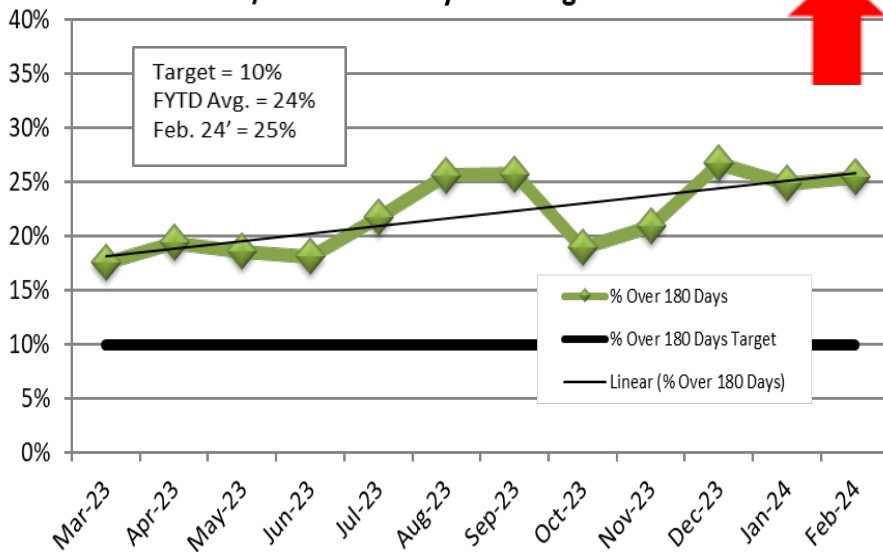
A/R Days - Rolling 12 Months



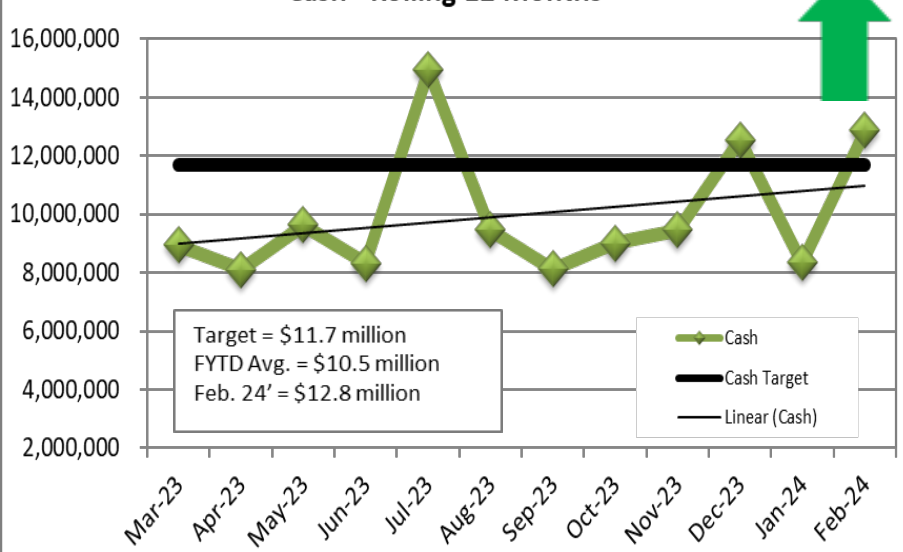
A/R Unbilled - Rolling 12 Months



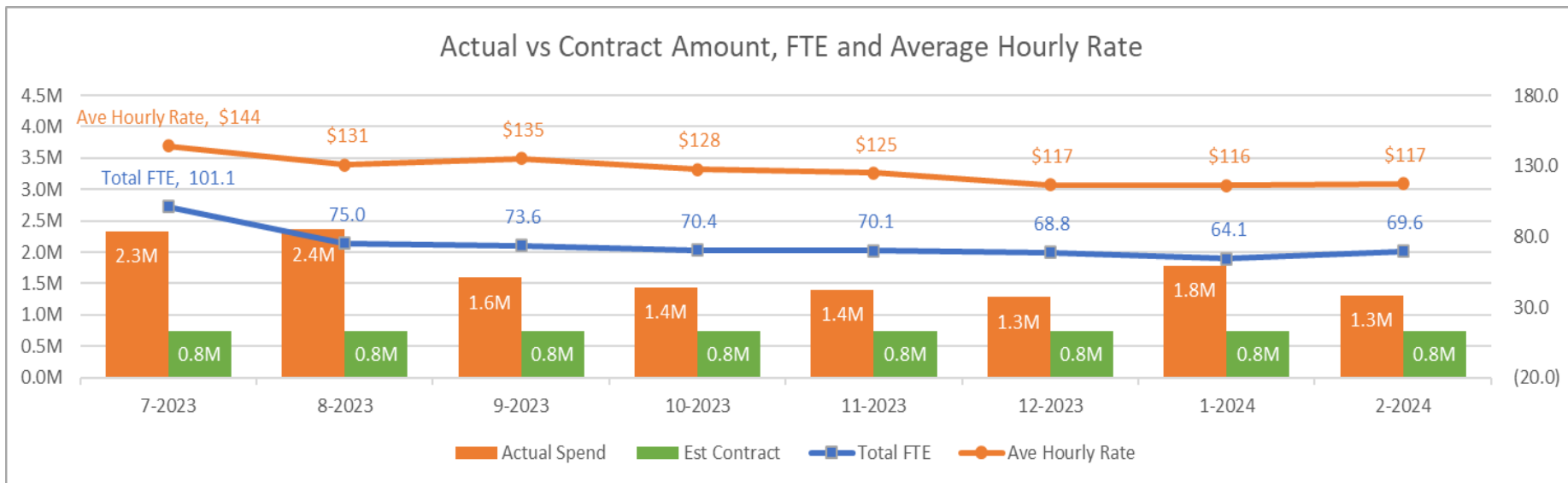
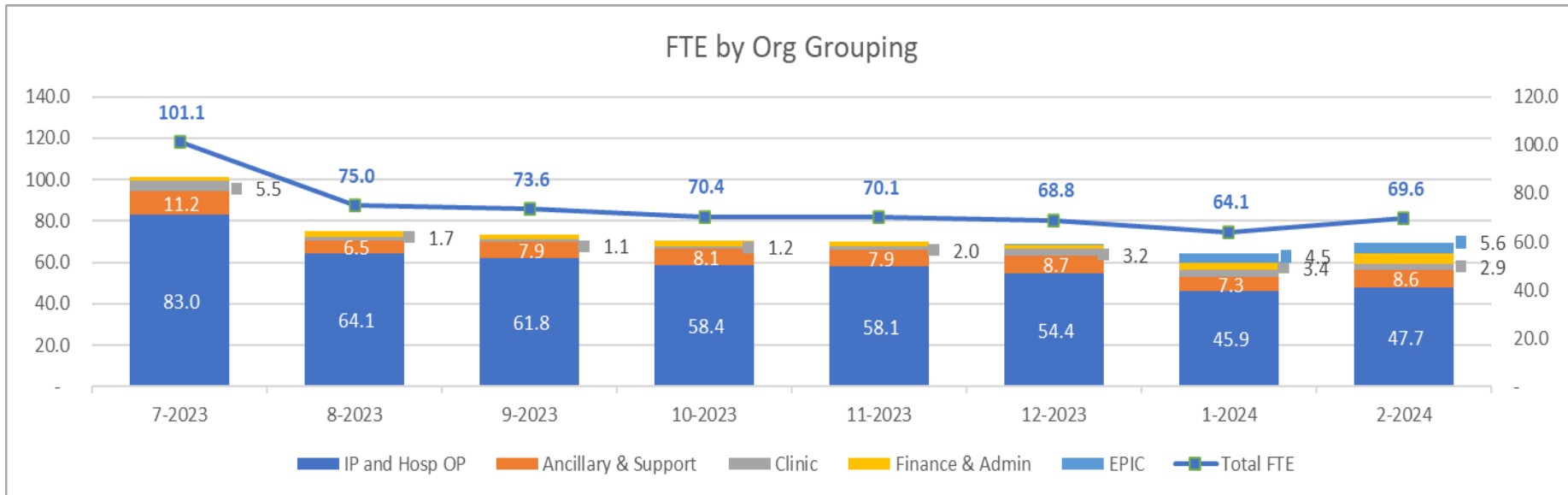
% of A/R Over 180 Days - Rolling 12 Months



Cash - Rolling 12 Months



Registry Analysis



APPENDIX



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

San Mateo Medical Center
Income Statement
February 29, 2024

	MONTH			
	Actual	Budget	Variance	Stoplight
	A	B	C	D
1 Income/Loss (GAAP)	284,513	0	284,513	

	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
	E	F	G	H
	(2,210,627)	0	(2,210,627)	

2 HPSM Medi-Cal Members Assigned to SMMC	53,448	51,870	1,578	3%
3 Unduplicated Patient Count	69,526	67,727	1,799	3%
4 Patient Days	2,106	2,478	(372)	-15%
5 ED Visits	3,421	3,171	250	8%
7 Surgery Cases	212	269	(57)	-21%
8 Clinic Visits	20,948	24,704	(3,756)	-15%
9 Ancillary Procedures	71,123	63,780	7,343	12%

	361,708	306,264	55,444	18%
	69,526	67,727	1,799	3%
	17,438	20,851	(3,413)	-16%
	28,599	26,676	1,923	7%
	1,774	2,223	(449)	-20%
	182,362	203,806	(21,444)	-11%
	539,794	526,509	13,285	3%

10 Acute Administrative Days as % of Patient Days	8.0%	20.0%	12.0%	60%
11 Psych Administrative Days as % of Patient Days	84.0%	80.0%	-4.0%	-5%

	18.0%	20.0%	2.0%	10%
	88.0%	80.0%	-8.0%	-10%

(Days that do not qualify for inpatient status)

Pillar Goals

12 Revenue PMPM	143	150	(7)	-5%
13 Operating Expenses PMPM	387	397	10	3%

	137	180	(43)	-24%
	393	419	26	6%

14 Full Time Equivalents (FTE) including Registry	1,113	1,213	100	8%
--	-------	-------	-----	----

	1,134	1,213	79	7%
--	-------	-------	----	----

San Mateo Medical Center
Income Statement
February 29, 2024

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	15,587,500	14,335,992	1,251,508	9%	103,085,036	114,687,938	(11,602,902)	-10%
22 Outpatient Gross Revenue	32,655,392	30,680,132	1,975,260	6%	248,470,779	245,441,055	3,029,723	1%
23 Total Gross Revenue	48,242,892	45,016,124	3,226,768	7%	351,555,814	360,128,993	(8,573,179)	-2%
24 Patient Net Revenue	12,682,715	14,288,817	(1,606,102)	-11%	89,049,693	114,310,533	(25,260,840)	-22%
25 Net Patient Revenue as % of Gross Revenue	26.3%	31.7%	-5.5%	-17%	25.3%	31.7%	-6.4%	-20%
26 Capitation Revenue	596,121	510,911	85,210	17%	3,956,574	4,087,291	(130,717)	-3%
27 Supplemental Patient Program Revenue	12,809,898	13,312,505	(502,607)	-4%	115,629,342	106,500,038	9,129,304	9%
<i>Volume Based (GPP, EPP, VRR, AB915)</i>	7,760,686	6,889,343	871,344	13%	66,116,111	55,114,741	11,001,369	20%
<i>Value Based (QIP, HPSM P4P)</i>	3,474,792	3,100,472	374,319	12%	28,927,186	24,803,778	4,123,408	17%
<i>Other</i>	1,574,420	3,322,690	(1,748,270)	-53%	20,586,045	26,581,519	(5,995,474)	-23%
28 Total Patient Net and Program Revenue	26,088,734	28,112,233	(2,023,499)	-7%	208,635,609	224,897,862	(16,262,253)	-7%
29 Other Operating Revenue	1,134,144	1,182,353	(48,209)	-4%	10,694,870	9,458,825	1,236,044	13%
30 Total Operating Revenue	27,222,878	29,294,586	(2,071,708)	-7%	219,330,478	234,356,687	(15,026,209)	-6%

San Mateo Medical Center
Income Statement
February 29, 2024

	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	17,917,784	19,747,380	1,829,596	9%	140,762,865	157,979,037	17,216,172	11%
32 Drugs	1,442,742	1,246,836	(195,906)	-16%	11,652,648	9,974,691	(1,677,957)	-17%
33 Supplies	1,302,860	1,142,708	(160,152)	-14%	9,549,506	9,141,668	(407,838)	-4%
34 Contract Provider Services	4,369,964	4,127,930	(242,034)	-6%	37,001,645	33,023,439	(3,978,205)	-12%
<i>Registry</i>	1,475,416	699,888	(775,527)	-111%	12,486,912	5,599,107	(6,887,805)	-123%
<i>Contract Provider</i>	2,686,311	3,021,524	335,213	11%	21,097,975	24,172,192	3,074,217	13%
<i>ACE Out of Network</i>	158,648	351,675	193,027	55%	3,046,499	2,813,400	(233,099)	-8%
<i>Other</i>	63,036	54,843	(8,194)	-15%	396,245	438,741	42,496	10%
35 Other fees and purchased services	6,450,234	6,549,964	99,730	2%	53,792,555	52,399,716	(1,392,839)	-3%
36 Other general expenses	907,381	784,425	(122,956)	-16%	6,005,824	6,275,399	269,575	4%
37 Rental Expense	173,398	173,397	(1)	0%	1,463,348	1,387,178	(76,170)	-5%
38 Lease Expense	1,374,465	729,484	(644,980)	-88%	10,995,717	5,835,875	(5,159,841)	-88%
39 Depreciation	302,880	330,567	27,688	8%	2,410,491	2,644,538	234,047	9%
40 Total Operating Expenses	34,241,708	34,832,693	590,985	2%	273,634,599	278,661,542	5,026,943	2%
41 Operating Income/Loss	(7,018,830)	(5,538,107)	(1,480,723)	-27%	(54,304,120)	(44,304,855)	(9,999,266)	-23%
42 Non-Operating Revenue/Expense	2,151,541	236,305	1,915,236	810%	10,129,079	1,890,441	8,238,638	436%
43 Contribution from County General Fund	5,151,802	5,301,802	(150,000)	-3%	41,964,414	42,414,414	(450,000)	-1%
44 Total Income/Loss (GAAP)	284,513	0	284,513	-	(2,210,627)	0	(2,210,627)	-
(Change in Net Assets)								

**San Mateo Medical Center
Payer Mix
February 29, 2024**

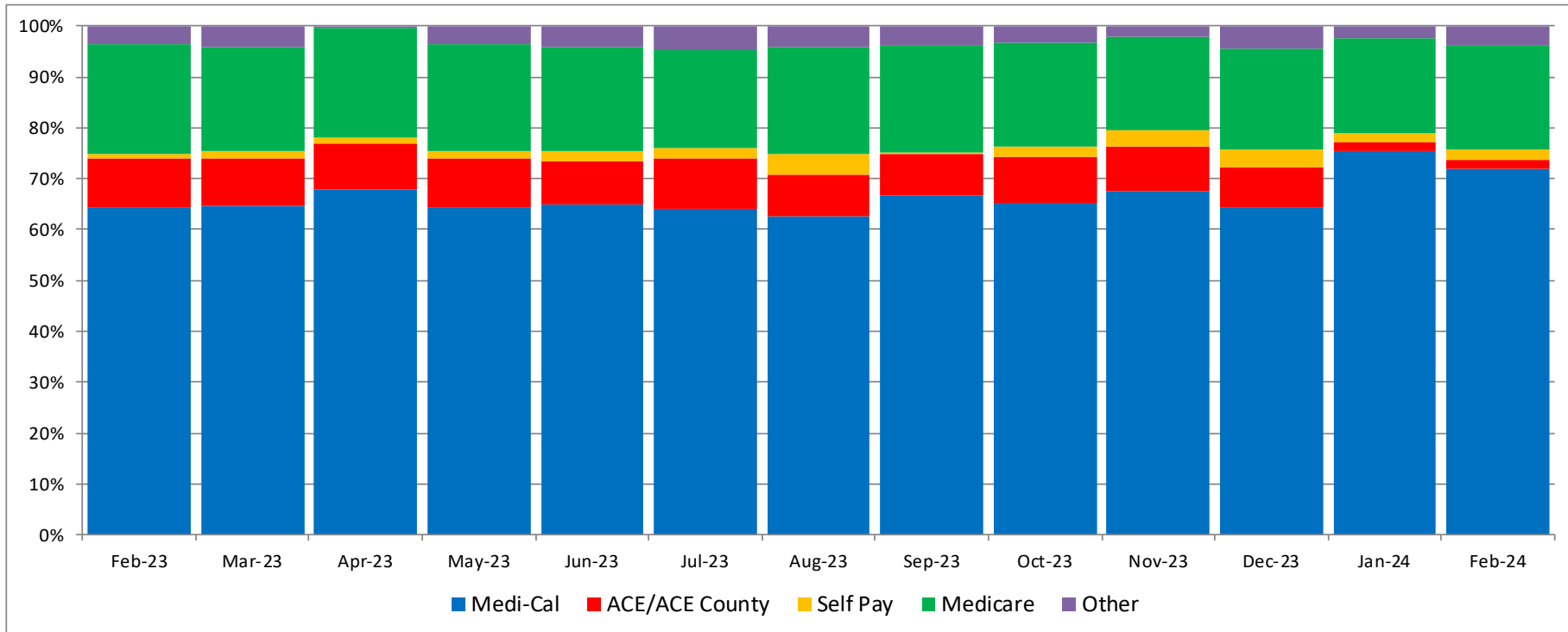
MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

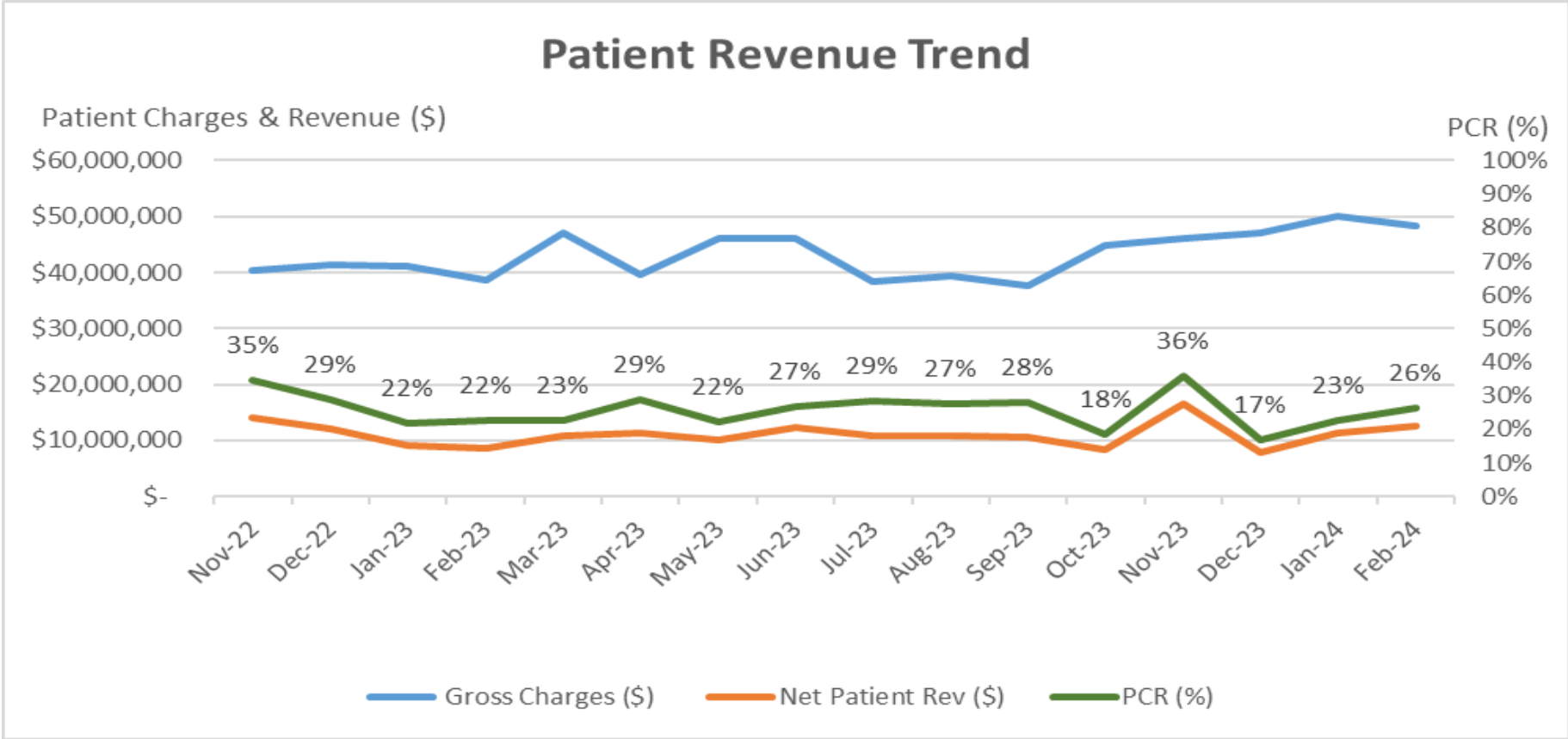
Payer Type by Gross Revenue

	A	B	C	D
Medicare	20.4%	21.1%	-0.8%	
Medi-Cal	72.0%	64.7%	7.4%	
Self Pay	2.1%	1.4%	0.7%	
Other	3.9%	3.7%	0.2%	
ACE/ACE County	1.6%	9.1%	-7.5%	
Total	100.0%	100.0%		

E	F	G	H
19.8%	21.1%	-1.4%	
67.5%	64.7%	2.9%	
2.4%	1.4%	1.0%	
3.6%	3.7%	-0.1%	
6.8%	9.1%	-2.3%	
100.0%	100.0%		



Fee-For-Service Patient Revenue Trend

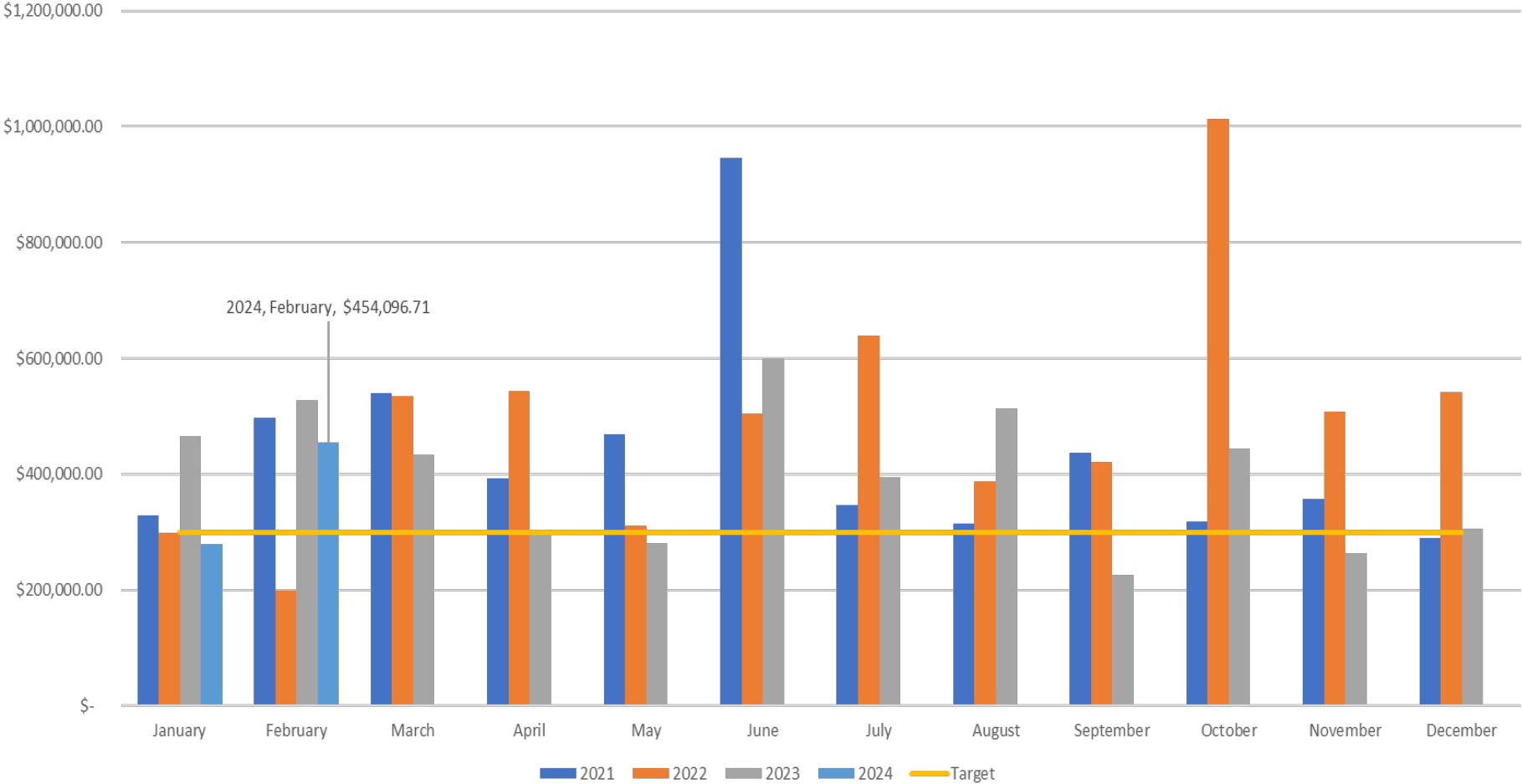


Budgeted PCR 33.9% (FY22), 31.2% (FY23), 31.7% (FY24)

Gross patient revenue increased in recent months due to CDM price increase effective Nov 2023. The collection rate (PCR) in FY24 YTD is trending at average 25%. Low PCR in Oct 23 is due to delay in patient revenue recognition in part due to CorroHealth. PCR surge in Nov 23 and drop in Dec 23 was due to one-time adjustments. PCR is expected to remain in mid/high 20s for the rest of this fiscal year.



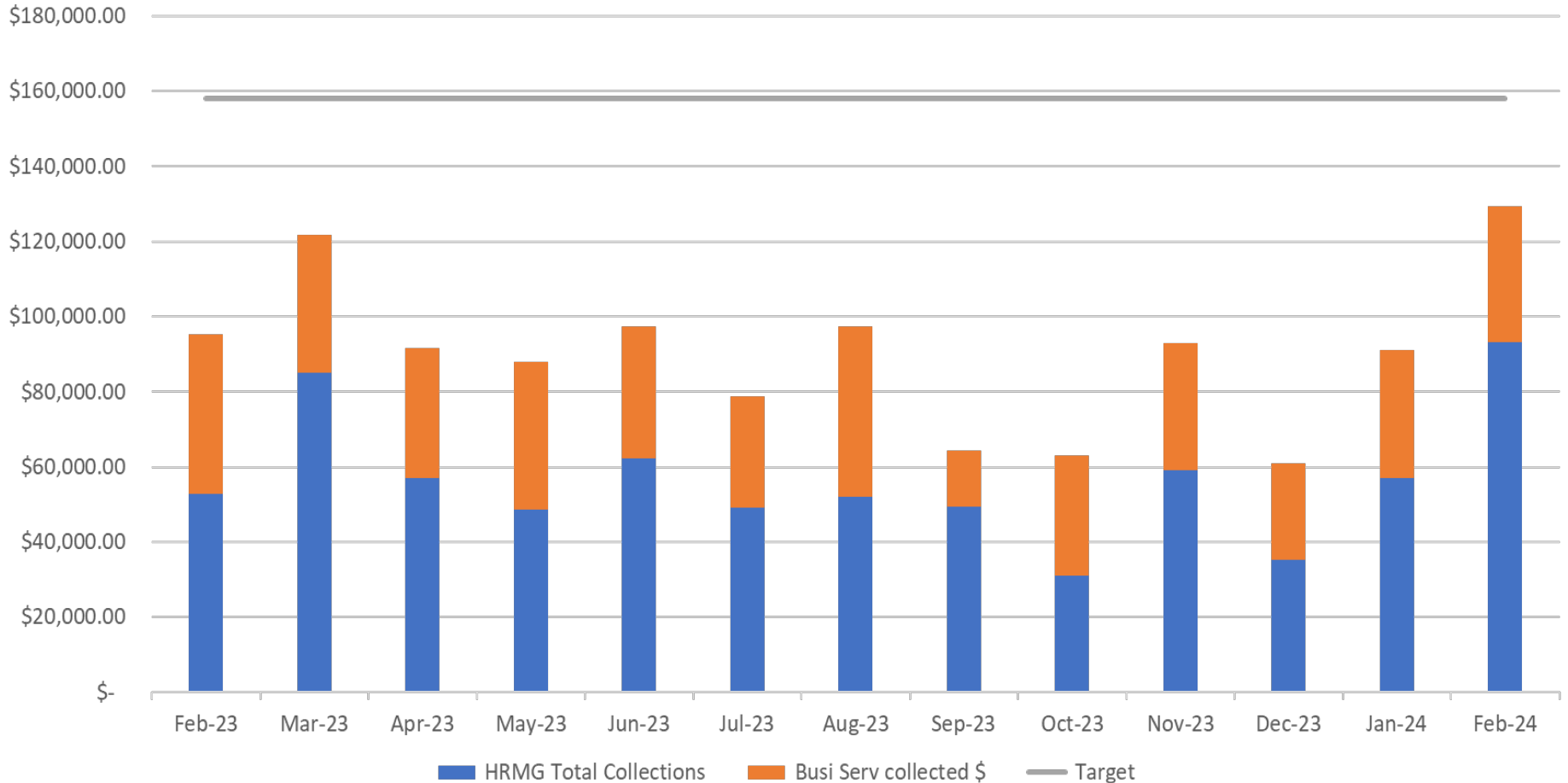
Fee-For-Service Commercial Collections



July 2020 MMX began supporting PFS with Commercial Collections



Fee-For-Service Self Pay Collections

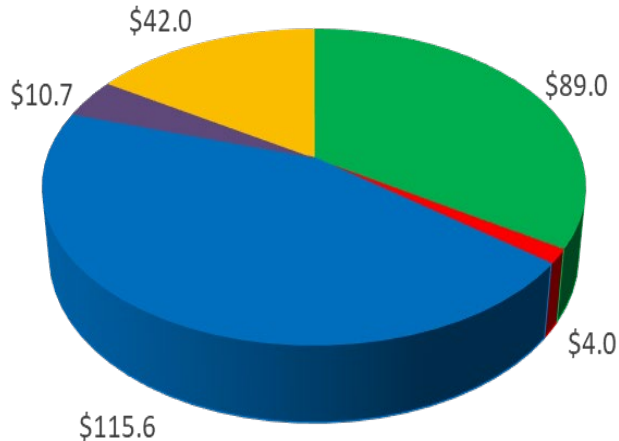


SMMC contracted with Healthcare Revenue Management Group to support SMMC's Business Services unit with collections of self-pay balances

Revenue Mix

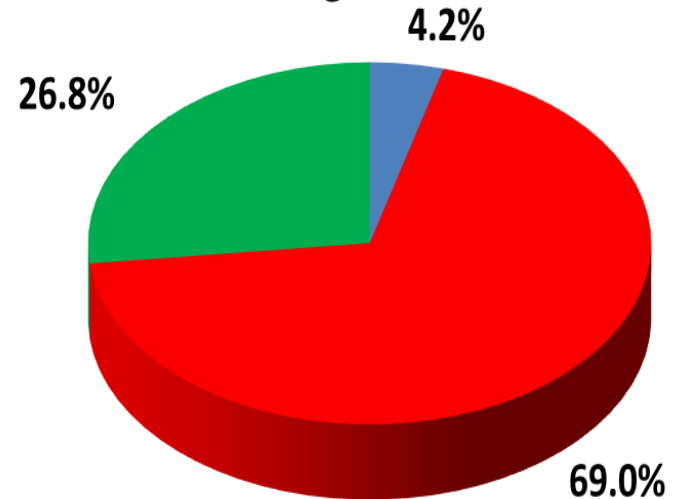
Sources of Revenue

(Dollars in millions)



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

Managed Care Mix



■ Medicare ■ Medi-Cal ■ Access to Care for Everyone

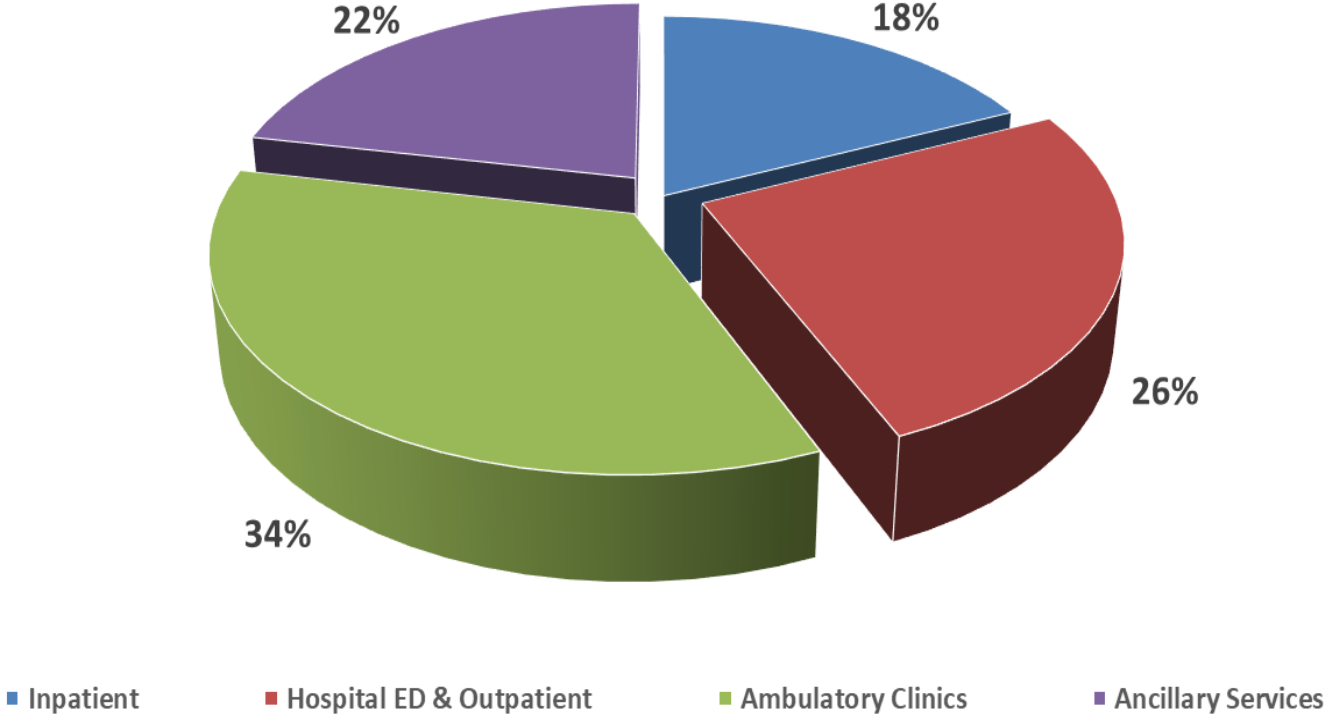
Total YTD Revenue of \$261 million consists of 44% in Supplemental Programs and 34% in Fee For Service

Health Plan of San Mateo (HPSM) represents 43% of our Operating Revenue

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

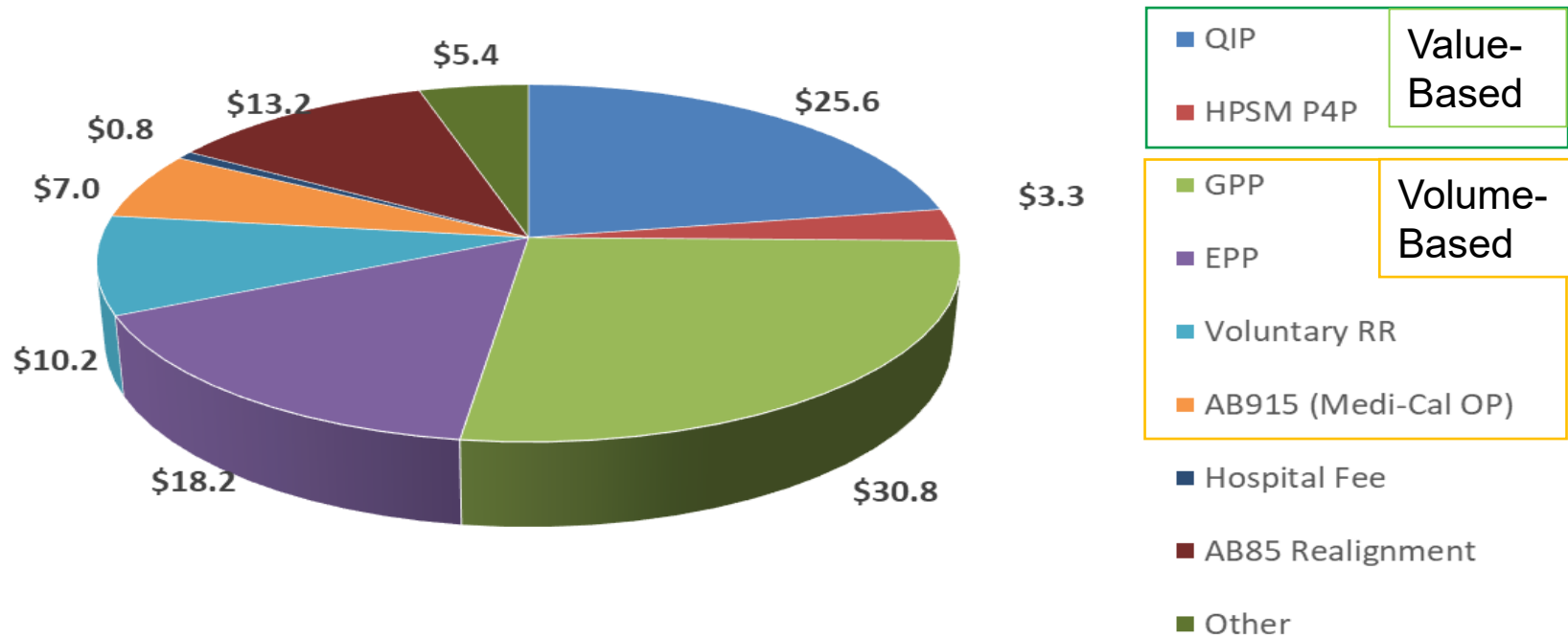
Capitation is a pre-payment reimbursement model that pays providers a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.

Revenue Mix by Service Line



Supplemental Revenue Mix

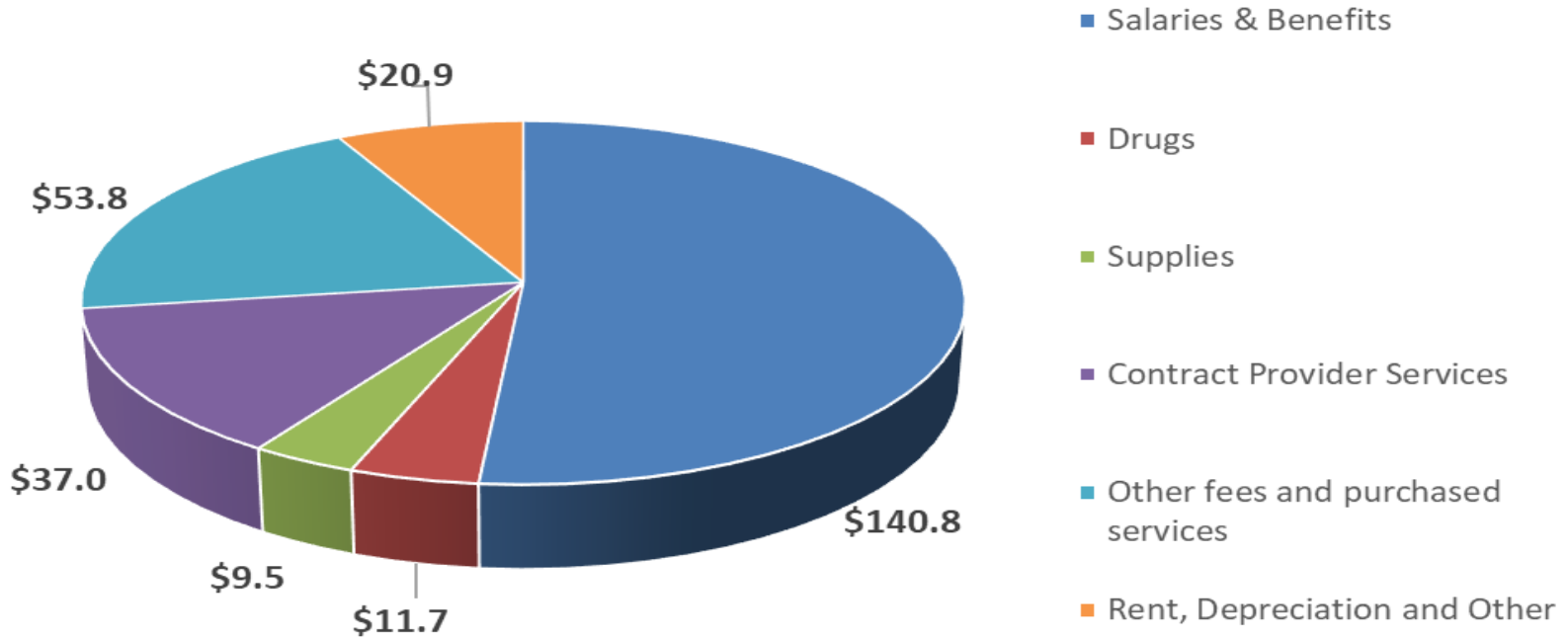
(Dollars in millions)



- **Value-Based** programs, including Capitation revenue, represents 25% of total revenue
- **Volume-Based** supplemental programs, plus FFS revenue, represent 58% of total revenue

Total Operating Expenses

(Dollars in millions)



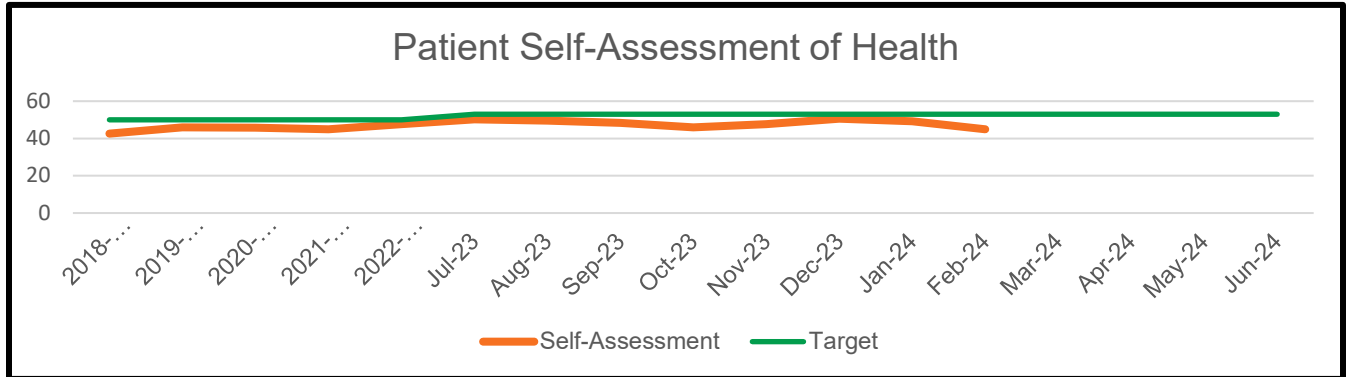
Salaries & Benefits represent 51% of total expenses

Personnel costs* represent 65% of total expenses

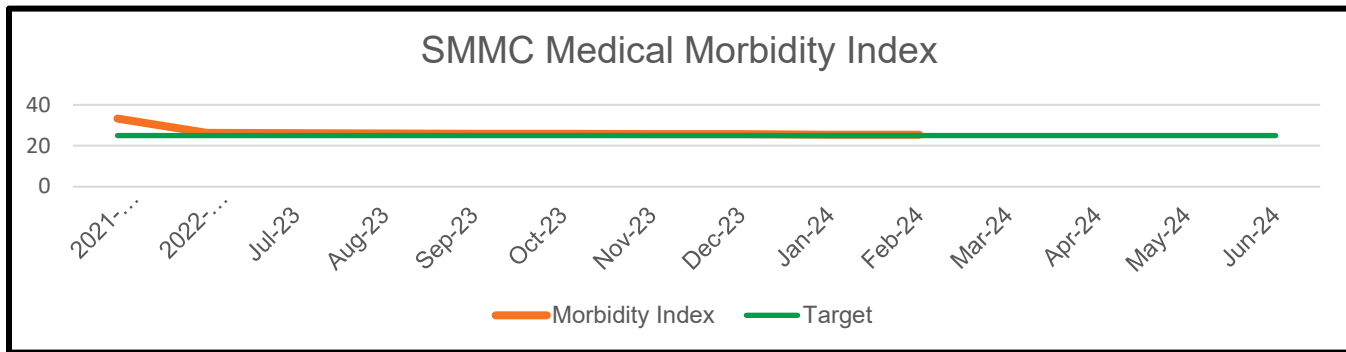
* Personnel costs includes S&B plus Registry/Contract Providers



Excellent Care



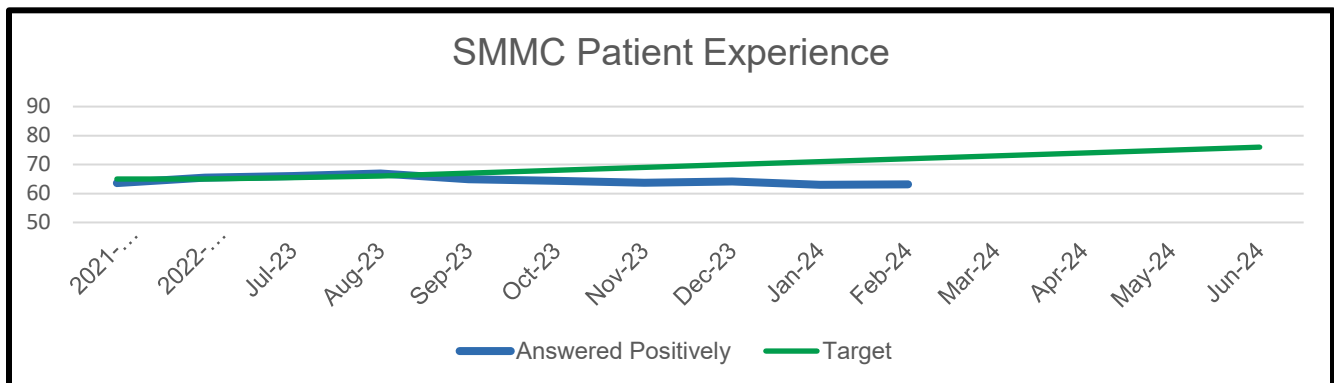
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



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.**

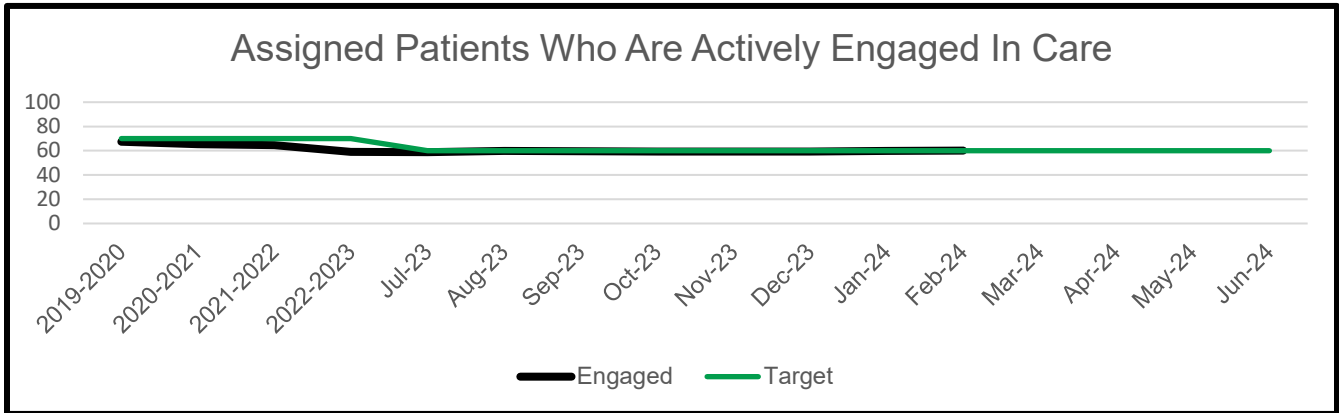


Patient Experience



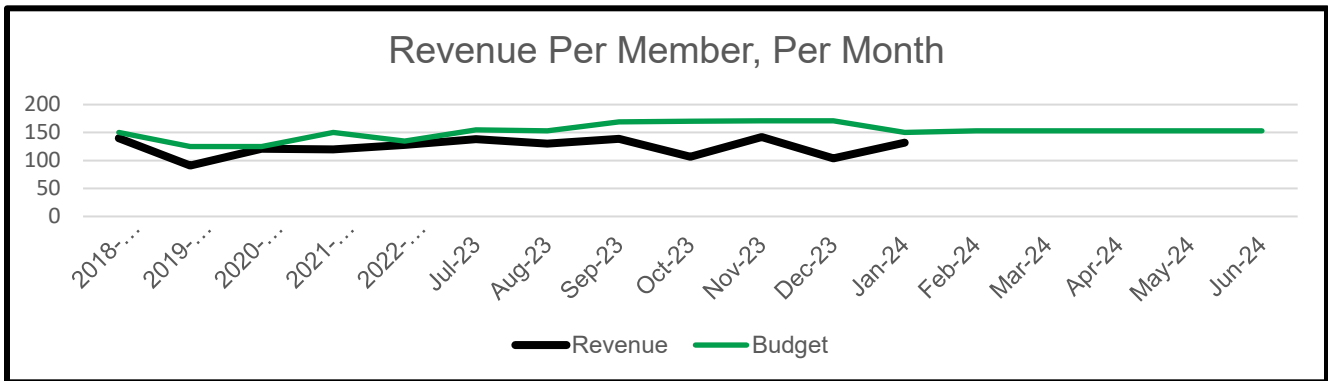
Patient Experience: Percentage of patients who answered affirmatively to the patient experience survey question: “Did the staff work together to meet your needs?” **Higher is better.**

 Access to Care

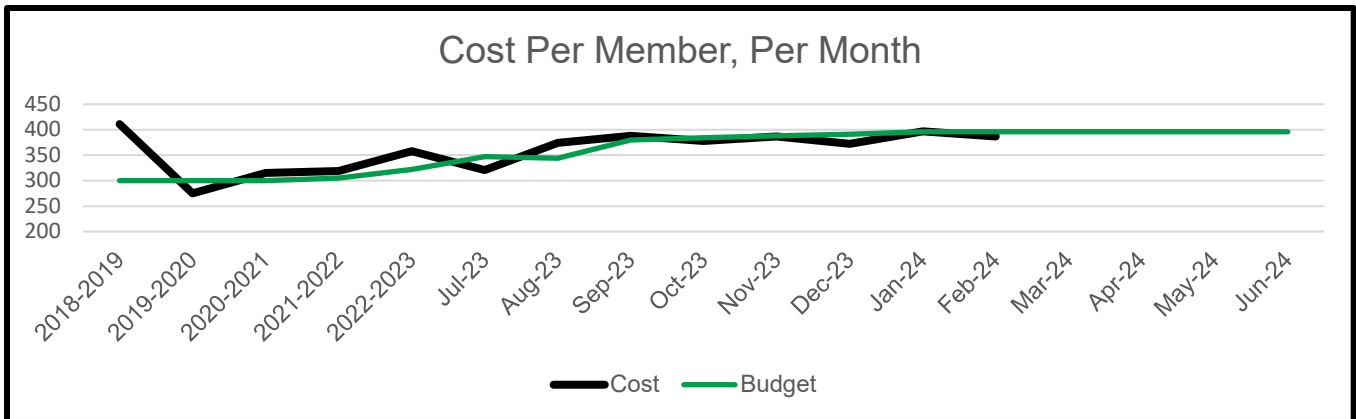


Assigned and Engaged: Percentage of patients assigned to SMMC by the Health Plan of San Mateo who are actively engaged in Care. **Higher is better.**

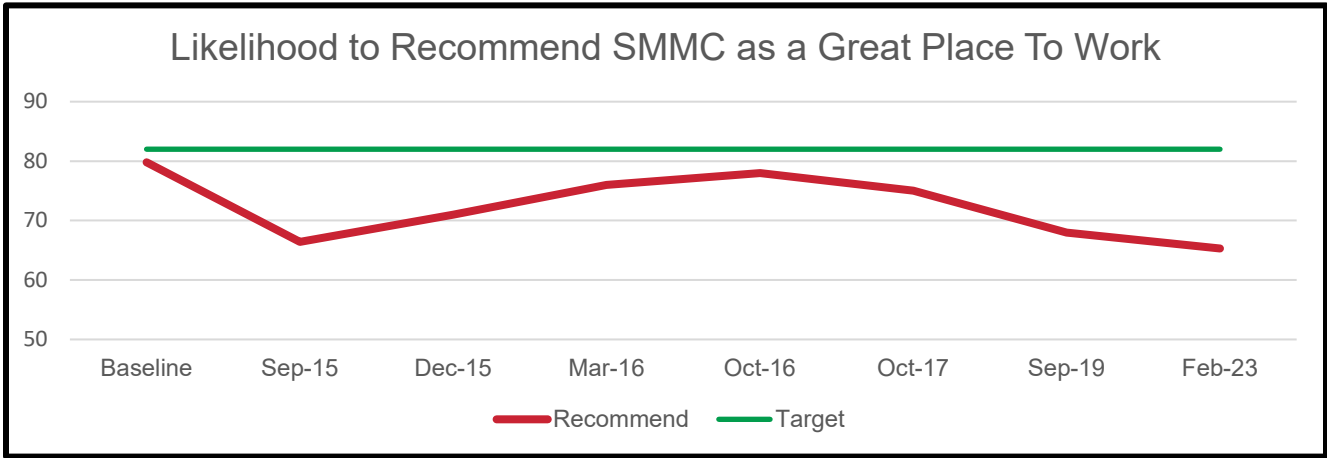
 Financial Stewardship



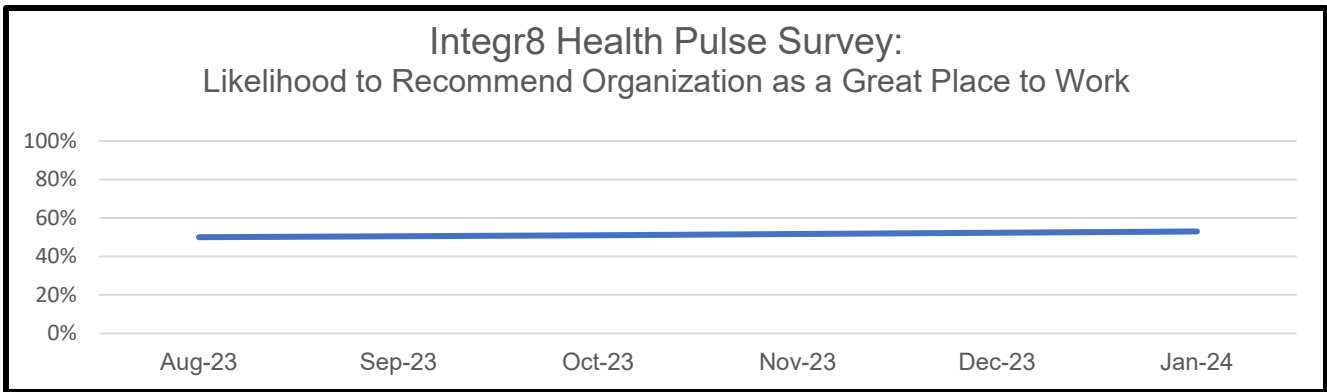
Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. **Higher is better.**



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



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 Integr8 Health Pulse Survey: As part of Integr8 Health (SMC Health’s Epic implementation), we are performing quarterly pulse surveys to evaluate staff engagement during the effort. This graph represents the percentage of staff who agree or strongly agree that they would recommend the organization as a great place to work. **Higher is better.**

Strategic Updates, Recognitions & Awards

Breakthrough Initiative Continues Focus on Improvement System

The 2023-2024 Breakthrough Strategic Initiative focuses on continuing our work to evolve our Improvement System and ensure everyone knows how to use it. The work is being advanced through five strategic initiatives.

The **Leader Development** strategic initiative remains focused on strengthening improvement council and executive support for design teams through liaisons and standard work. They are also continuing to develop our approach to high impact changes, a subset of our overall change management work that is focused on changes that might require the most institutional adjustment.

The **Voice of Staff** strategic initiative is preparing for the launch of revised executive rounds focused on how we best support staff especially in their improvement work.

The strategic initiative focused on **What Patients Want Us to Improve** continues its work to advance a multipronged approach to engage patient feedback in our improvement work.

Our strategic work that aims to **Standardize and Stabilize Local Improvement Systems** and the team focused on **Continuous Improvement of the Improvement System** have combined forces to focus on how executives support the launch and maintenance of local improvement huddles.

Over the coming weeks, much of our strategic focus will be on the parts of the improvement system responsible for effectively spreading new workflows to all relevant staff. This will be a critical element of upcoming Integr8 Health work, so the teams want to get as much practice as possible using the system and tools.

We will continue to update the board as the efforts advance.

Integr8 Health Efforts Continue to Progress

Integr8 Health, our Epic implementation, continues to move forward toward our November 2nd Go Live date. We are completing the Build phase and preparing to move into the User and System Readiness phase. Our project team has made several adjustments and brought in extra support to help accelerate the technical (IT) aspects of the build. They are now 55% of the way through that build. Our Improvement Councils and Design teams are **nearly 72%** of the way through their build activities having completed **almost 7000** “building blocks” which are key design decisions necessary to inform the system build. These teams also continue to adjust, including, in some cases, increasing their meeting frequency to ensure we stay on our timeline. The teams continue to identify where workflow changes might be required to support the best use of the system. We are preparing to use our improvement system and tools to address these needs. We will continue to update the board as this work progresses.



March 2024

SNAPSHOT: San Mateo County Health

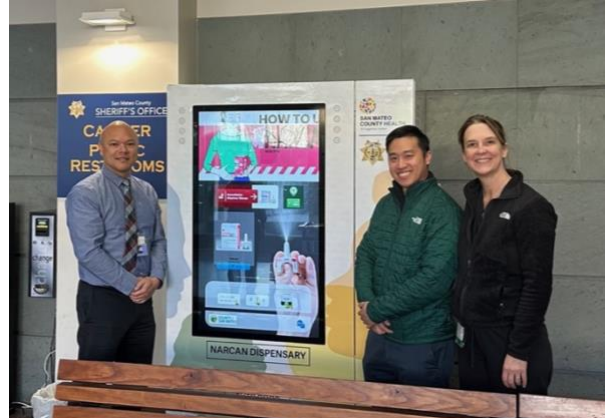
TO: SMMC Board Members | FROM: Louise F. Rogers, Chief

INDICATOR	NUMBER	CHANGE FROM PREVIOUS MONTH	CHANGE FROM PREVIOUS YEAR
ACE Enrollees	1,816 (February)	-29.4%	-89.6%
SMMC Emergency Department Visits	3,421 (February)	-5.8%	15.5%

Narcan Vending Machine Installed in Maguire Correctional Facility Lobby

Correctional Health Services and the Sheriff's Office have installed a machine to dispense free doses of Narcan – the drug that reverses the effects of an opioid overdose – in the lobby of the Maguire Correctional Facility in Redwood City. Inmates who are being released, their families and friends and members of the public can access two boxes of Narcan, with two doses in each box, to reduce harm in the community and potentially save lives.

A nasal spray, Narcan (the brand name for the drug naloxone) is safe to use and easy to deploy, making it possible for anyone – friends, bystanders – to provide lifesaving aid. While first responders carry naloxone, the medication can be administered even before calling 911, as seconds count if someone is experiencing an overdose.



The California Department of Public Health [recommends](#) that friends and family members who know someone at increased risk for opioid overdose, especially those with opioid use disorder, carry naloxone and keep it at home. Also, people who are taking high-dose opioid medications prescribed by a doctor, people who use opioids and benzodiazepines together and people who use drugs should all carry naloxone and let others know they have it in case they experience an opioid overdose.

California's [Good Samaritan law](#) protects those giving emergency medical care at the scene of a medical emergency, including giving naloxone.

The vending machine also provides information about other available services, such as those for food, housing, substance use treatment, mental health, probation and parole.

“This effort took over a year and is the result of a great partnership with the Sheriff’s Office,” said Correctional Health Services Director Michael del Rosario (*pictured above, at left with CHS staff Darryl Liu and Julie Hersk*). “As we strive to make improvements in the services we provide to our incarcerated persons and to the community, we hope that we can help save a few lives with this project.”

County Health Awarded Grant to Help Two Public Health Agencies Launch Wastewater Surveillance Programs

County Health’s Office of Epidemiology and Evaluation has been awarded a grant from the National Association of County and City Health Officials (NACCHO) to participate in the Wastewater Surveillance Mentorship Program. The program matches local health departments experienced in utilizing wastewater surveillance with local health departments seeking guidance, tools and resources while in the early stages of developing a wastewater surveillance program.

County Health will serve as a mentor to two jurisdictions – the Southern Nevada Health District and the Jackson County Public Health Department in Missouri.

In 2023 County Health was a mentee, guided by the Tacoma-Pierce County Health Department in Washington. At the time, County Health epidemiologists used wastewater data from four of the eight treatment facilities in the county through a partnership with Stanford University and Verily Life Sciences called the Sewer Coronavirus Alert Network. Through the program, County Health was able to establish its own wastewater testing program at its Public Health Lab, develop a wastewater surveillance plan and expand wastewater surveillance capacity by testing at three additional facilities. County Health now provides testing coverage for 85% of the county’s population, including communities that have been socioeconomically marginalized.

Through the mentorship, County Health epidemiologists and lab staff will help their counterparts in Nevada and Missouri build their own local wastewater surveillance programs.

New 4x4 Ambulance Joins AMR’s Coastside Fleet



Calling 911 for a medical emergency may soon dispatch a four-wheel-drive ambulance, with capabilities for improved access and increased safety. San Mateo County’s emergency ambulance services provider, American Medical Response (AMR), is adding three new 4x4 vehicles to its fleet, with the first to be based in Half Moon Bay to serve the Coastside region.

Off-road capabilities can help ambulance crews get closer to patients to deliver care in some situations and make travel in challenging conditions safer and more comfortable. Having the ambulance closer to the patient at

the scene also provides first responders with quicker access to supplemental supplies and equipment aboard the vehicle.

Throughout the county, patients are transported to the nearest hospital with the capabilities to address their medical needs. The new 4x4 ambulances will supplement existing lifesaving resources. In addition to ground-based ambulance transportation, patients in remote locations who require time-dependent care may be airlifted to hospitals by specialty medical helicopters.

Travis Kusman, director of Emergency Medical Services agency, which oversees 911 medical response countywide, says, “We’re looking forward to the introduction of new 4x4 ambulances within the local EMS system. With the winter storms and sometimes challenging road conditions, having a high-clearance four-wheel-drive ambulance can improve access to care as well as enhance safety and comfort for patients and crew.”

Ambulance crews will be trained and ready to deploy the first 4x4 on the Coastside by April of this year.

###