



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, June 1, 2020

8:00 AM – 10:00 AM

Live Audio of the meeting:
650-761-6481, conference ID: 993 548 503#



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

On March 17, 2020, the Governor issued Executive Order N-29-20 suspending certain provisions of the Ralph M. Brown Act in order to allow for local legislative bodies to conduct their meetings telephonically or by other electronic means. Pursuant to the Shelter-in-Place Order issued by the San Mateo County Health Officer on March 16, 2020, the statewide Shelter-in-Place Order issued by the Governor in Executive Order N-33-20 on March 19, 2020, and the CDC's social distancing guidelines which discourage large public gatherings, Hospital Board meeting will be conducted through Microsoft Teams. Members of the public may listen to a live audio broadcast of the meeting at 650-761-6481, conference ID: 993 548 503#, and may provide written comments by email to mlee@smcgov.org.

Emailed comments should include the specific agenda item on which you are commenting or note that your comment concerns an item that is not on the agenda or is on the consent agenda. Members of the public are limited to one comment. The length of the emailed comment should be commensurate with the two minutes customarily allowed for verbal comments, which is approximately 250-300 words. To ensure your comment is received and read to the Board, please submit your email no later than 7:30 AM on June 1, 2020, to mlee@smcgov.org. The County will make every effort to read emails received after that time but cannot guarantee such emails will be read during the meeting.

BOARD OF DIRECTORS MEETING

June 1, 2020 8:00 – 10:00 AM

Microsoft Teams: [Join Microsoft Teams Meeting](#)

AGENDA

A. CALL TO ORDER AND PUBLIC COMMENT

B. CLOSED SESSION

Items Requiring Action

1. Medical Staff Credentialing Report
2. Quality Report

Dr. Julie Hersk

Dr. Frank Trinh

Informational Items

3. Medical Executive Committee

Dr. Julie Hersk

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

TAB 1

Approval of:

1. May 4, 2020 Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Julie Hersk

H. ADMINISTRATION REPORTS

1. Skilled Nursing Update
2. Moving from Incident Command to Remobilization
3. Older Adult Outreach During Covid-19
4. Financial Report
5. CEO Report

Dr. Alpa Sanghavi

Malu Cruz, Marcus Weenig

Robert Blake

Louise Rogers

Lisa Mancini, Chris Rodriguez

David McGrew. TAB 2

Dr. CJ Kunnappilly..... TAB 2

I. COUNTY HEALTH CHIEF REPORT

County Health Snapshot

Louise Rogers

J. COUNTY MANAGER'S REPORT

Mike Callagy

K. BOARD OF SUPERVISOR'S REPORT

Supervisor Carole Groom

L. ADJOURNMENT

TAB 1

**CONSENT
AGENDA**

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Monday, May 4, 2020
Conducted via Microsoft Teams

Board Members Present

Supervisor Carole Groom
Supervisor David Canepa
Mike Callagy
Louise Rogers
Dr. CJ Kunnappilly
Dr. Frank Trinh
Dr. Gordon Mak
Deborah Torres

Staff Present

Michelle Lee	Carlton Mills	Carlton Mills
David McGrew	Karen Pugh	Karen Pugh
Dr. Susan Fernyak	Paul Rogerville	Sofia Recalde
Dr. Alpa Sanghavi	Lawrence Cualoping	Luci Latu
Joan Spicer	Maria Lorente-Foresti	Priscilla Romero
Brighton Ncube	Mary Brinig	
Peggy Jensen	Rachel Daly	
Aimee Armsby	Jim Beaumont	

Members of the Public

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Groom 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 8:13 AM to Open Session and roll call. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for May 4, 2020. Medical Executive Committee Minutes from April 14, 2020. There were no abstentions.	Aimee Armsby reported that the Board unanimously approved the Credentialing Report and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report	John Jurow reported they have started a new campaign to encourage county employees to sign up for Health Care Heroes. Hospital Week begins on May 11 and the Foundation will be providing staff with appreciation bags.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from April 6, 2020.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Julie Hersk	Dr. Frank Trinh reported that after careful consideration by MEC, they have decided that the drug Remdesiver can be administered to Covid-19 positive patients who are hospitalized and in serious condition. receive Some Covid-19 studies have come to MEC and now we have expanded access to Remdesiver for serious cases. The	FYI

	Pulse survey is ongoing. We are very proud of our Covid-19 response and appreciate all the work the Foundation has done to make sure that frontline staff are getting meals delivered to them.	
Covid-19 Data Lawrence Cualoping	Lawrence Cualoping shared data related to Covid-19 with the Board including: <ul style="list-style-type: none"> • The trend of all ED visits from March 29-May 3 • SMMC Covid-19 positive cases • Number of cumulative cases by day • Number of tests by day 	FYI
Hospital Surge Plan Rachel Daly	GOAL: Address a surge of patients in our Emergency Department resulting from a pandemic, prolonged severe weather event, natural disaster, or public crisis. <ul style="list-style-type: none"> • Builds on existing surge policy • Addresses unique needs of pandemic • Includes: staffing, standard work, logistics, equipment, supplies, training, communications <p>There are four levels: Current state: ED census approaches 80% of capacity AND Medical/Surgical beds are full Level 1: ED adds 18 patient care spots to existing 15 dedicated beds for a total of 33 (depending on acuity and staffing) Level 2: The Respiratory Assessment Clinic and the Surge Urgent Care Clinic are opened Level 3: Expand care areas for patients who need to be admitted (Post Anesthesia Care Unit, Infusion Center, Nursing Wing first floor, B side)</p> <p>Next steps:</p> <ul style="list-style-type: none"> • Continued Collaboration with San Mateo Police Department • Continuing to refine plan • Finalize tent prep (power, wifi, equipment, etc.) • Test workflows • Develop Labor Pool (train staff and providers in advance) • Mock Surge Drill 	FYI
Covid-19 and Health Equity Initiatives Maria Lorente-Foresti	Covid-19 and Communities of Color A collaborative effort that included a Town Hall on May 1 to discuss Covid-19 and Race. Created public service announcements and worked with BHRS Health Ambassadors to support the community suicide prevention webinar in Spanish. The Health Equity Initiatives: <ul style="list-style-type: none"> • Chinese health Initiative: xenophobia postcard and virtual 6-week workshop 	FYI

	<ul style="list-style-type: none"> • Native and Indigenous Peoples Initiative: planning virtual Drumming/healing event • PRIDE Initiative: Planning outreach and engagement activity via social media • Pacific Islander Initiative: Community outreach to learn about community needs and provide info • Spirituality Initiative: Community outreach effort to assess needs and provide resources • Latino Collaborative: Planning Mental Health and Covid-19 information session in Spanish 	
Financial Report David McGrew, CFO	The March FY19/20 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 also expressed his appreciation to all staff for the work they are doing.	FYI
County Health Chief Report Louise Rogers	<p>Louise Rogers applauded the actions of the Health Officers in the Bay Area who are working together to protect the community.</p> <p>Focused on the monitoring measures and tracking spread whether we open up or step backwards. They are:</p> <ol style="list-style-type: none"> 1. Number of actual cases flatten or decrease 2. Number of hospitalizations flatten or decrease 3. Hospital capacity at least 50% available for non-Covid-19. Assessed on daily basis 4. Every hospital has a surge plan and county used epidemiology models to collect info. Result that resources are adequate 5. Testing can be a major indicator. 6. Contact tracing and follow-up, reach at least 90% of positives and traced. About 10 contacts per. 7. Adequate supply of ppe. Hospitals are polled daily on their supply. <p>Enormous gratitude to hospital and DOC and county leadership.</p>	FYI
County Manager Mike Callagy	No report	FYI
Board of Supervisors Supervisor Groom	Supervisors Carole Groom and David Canepa expressed their gratitude for all the work during the pandemic and beyond.	FYI

Supervisor Groom adjourned the meeting at 9:45 AM. The next Board meeting will be held on June 1, 2020.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer

TAB 2

**ADMINISTRATION
REPORTS**

BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: April FY19-20

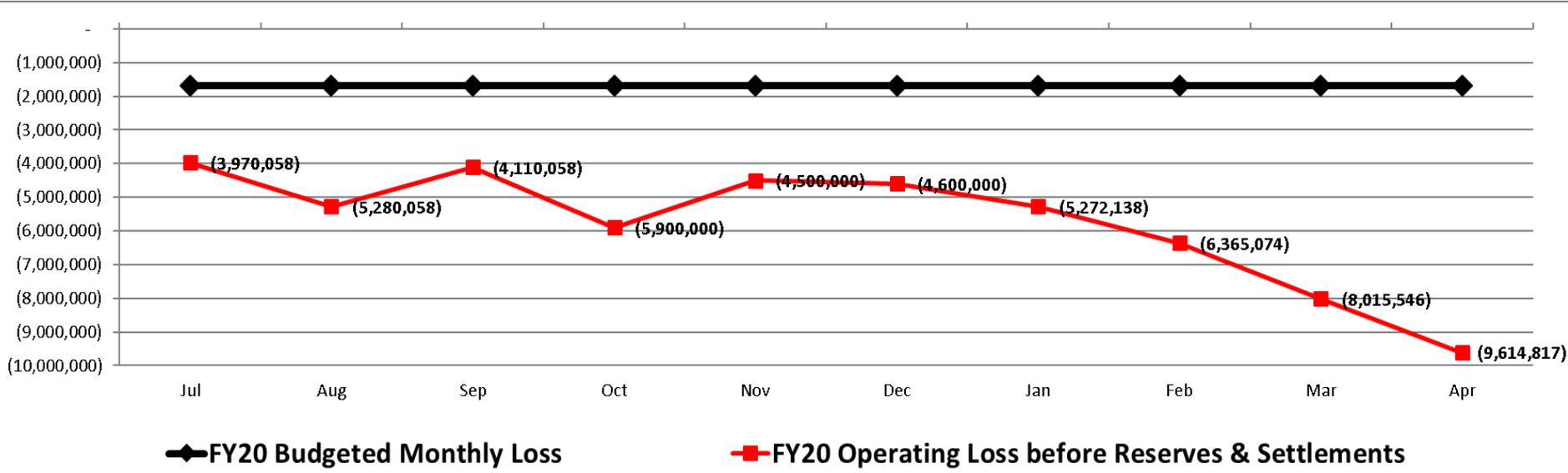
June 1, 2020

Presenter: David McGrew, CFO



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

Financial Highlights



April Operating Loss of \$1.5M:

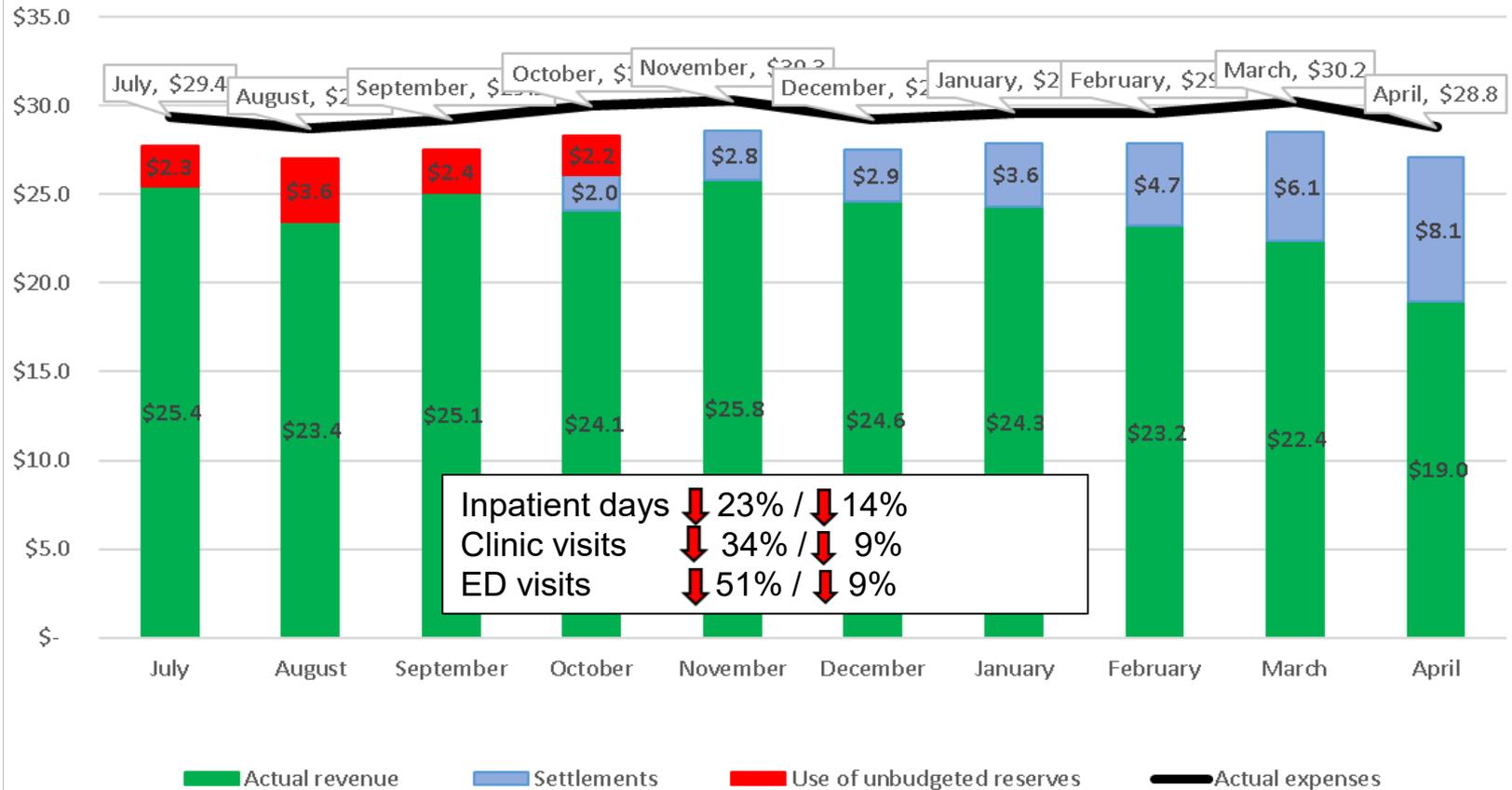
- FTEs below budget
- FY07-08, 08-09, 09-10 DSH/SNCP
- CARES Act Stimulus Funding

- ACE outside medical costs
- Membership decline
- FY2020 Enhanced Payment Program (EPP) pending CMS approval
- Lower revenue/higher expenses due to COVID pandemic

Forecast FY20: April operating losses are due to the continued declines in patient volumes and increasing costs resulting from the COVID-19 crisis. Federal stimulus funding programs mitigated some of the losses, and prior year settlements allowed for a replenishment of reserves. This is expected to continue for at least the remainder of this fiscal year. The YTD results are on track to achieve the projected \$1.7 million monthly loss, to be covered by prior year Fund Balance reserves.

FY 19-20 Structural Deficit

SMMC's structural deficit continues as revenue sources from on-going operations and supplemental programs cannot keep pace with the cost structure. Cost report and supplemental program settlements have partially mitigated these factors for the past 7 months. The COVID-19 crisis is adding to the structural deficit.



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

COVID Financial Impact Summary

		March	April
Revenue loss		\$ 2,376,000	\$ 4,347,000
Expenses:			
Staffing		\$ 1,622,000	\$ 3,772,000
Supplies		\$ 114,000	\$ 79,000
IT		\$ 404,000	\$ -
Total expenses		\$ 2,140,000	\$ 3,851,000
Total losses due to COVID		\$ 4,516,000	\$ 8,198,000

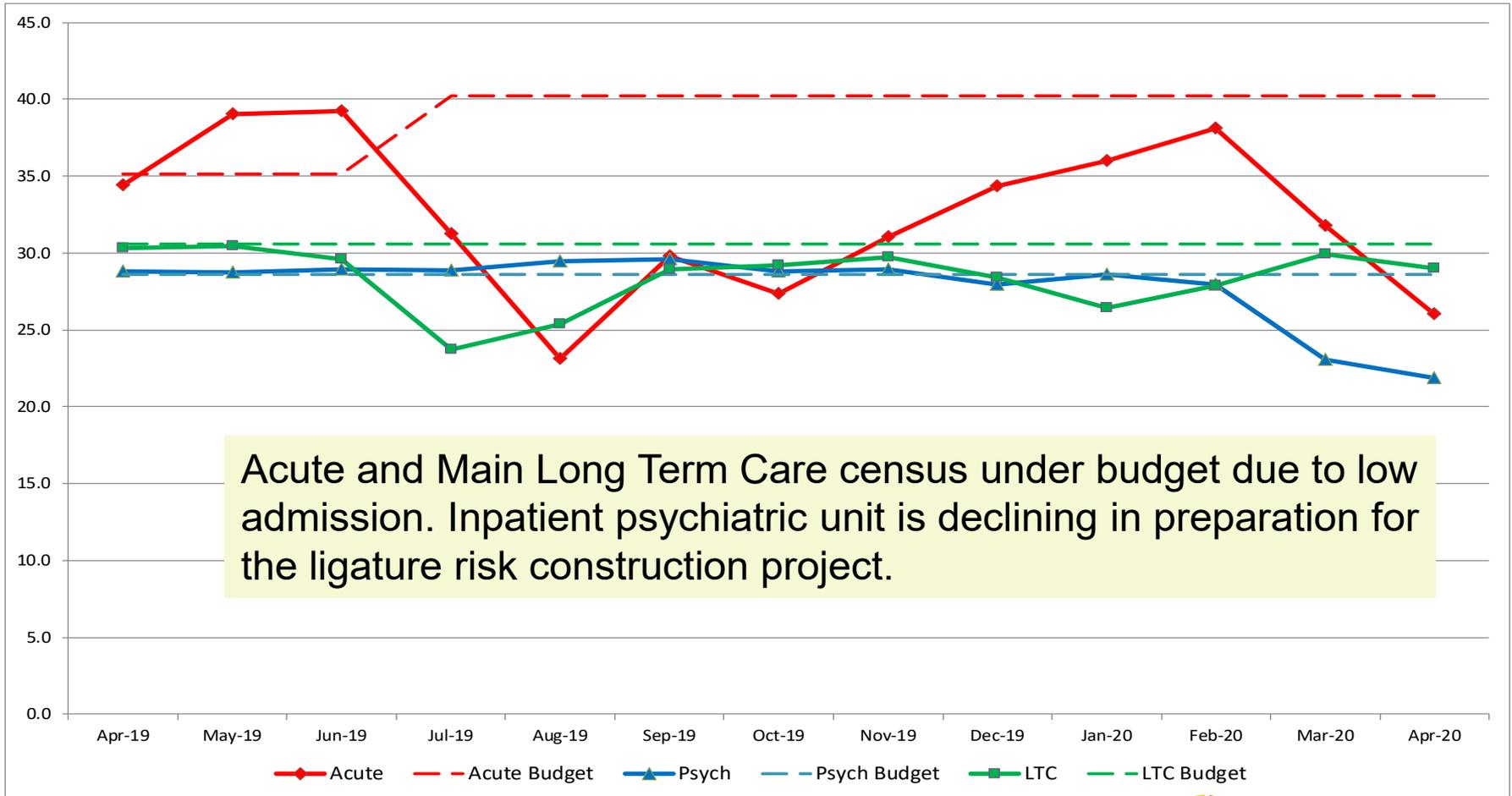
Note: DPW costs for COVID related construction costs are not yet included

COVID-19 Federal Funds - Total of \$7.7 Million

Funding Source	Total Allocation	Allocation Methodology	SMMC \$
Provider Relief Fund \$100 billion from CARES Act to reimburse health care providers for expenses or lost revenue not otherwise reimbursed and directly attributable to COVID.	\$30B General Allocation	Provider Share of 2019 Medicare fee-for-service payments	\$1.3M Received 4/10.
	\$20B General Allocation	Provider Share of 2019 Net Patient Revenue	\$2.2M Received 4/24.
	\$10B Targeted Allocation - COVID19 High Impact	Based on number of COVID-19 patients and ICU beds	0
	\$10B Targeted Allocation - Rural Providers		\$207K
	Targeted Allocation - Treating Uninsured Patients	Claims for services will be reimbursed based on Medicare payment rates	TBD
	TBD	TBD	TBD
Accelerated Medicare Payments Advance payment for Medicare claims authorized by the CARES Act	N/A - Advance Payment	Hospitals can request up to 6 mths of payments/ LTC can request up to 2 mths of payments	\$2.6M Received - Inpatient \$526K Received - LTC <b style="color: red;">Repayment Required
FY2020 CARES Supplemental Fund Funding for supplemental awards to Health Centers with HRSA grants for testing, prevention, diagnosis, and treatment of COVID-19	\$100M Prepare, Prevent & Respond to Coronavirus	Base value of \$50,464	\$57,584 Awarded
	\$1.32B Prevention, Diagnosis & Treatment	Base value of \$503,000 + \$15.00 per patient + \$30 per uninsured patient	\$639,995 Awarded
	\$583 Expand Testing Capacity	Base value of \$98,329 + \$15 per patient	\$184,144 Awarded
State Hospital Association Grants \$50 million in grants to state hospital associations through the Assistant Secretary for Preparedness Response	\$4.2M	\$2.50 per uninsured patient reported in the 2018 UDS.	\$5,220 Received

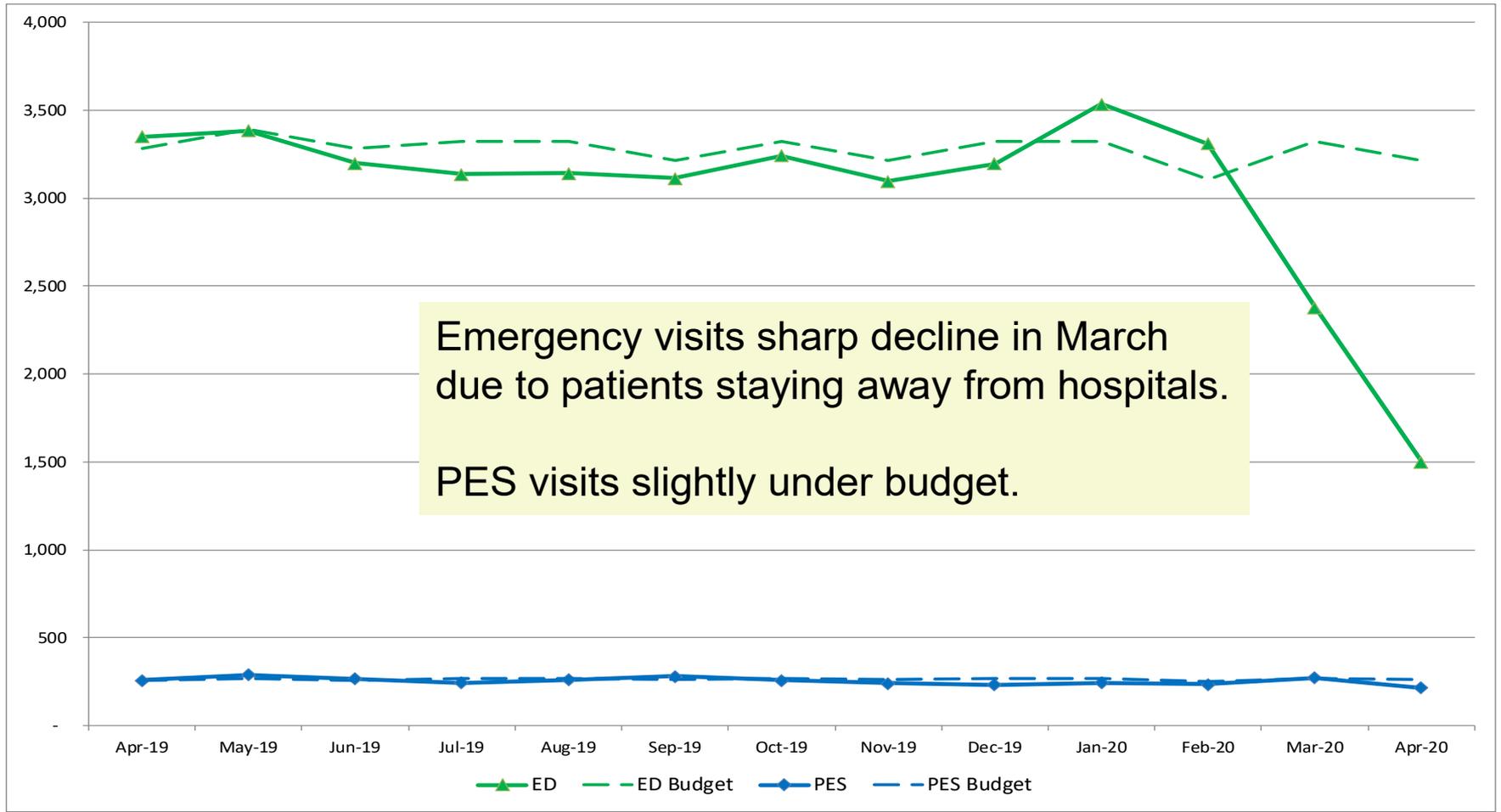
San Mateo Medical Center Inpatient Days April 30, 2020

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Patient Days	2,308	3,008	(700)	-23%	26,296	30,577	(4,281)	-14%



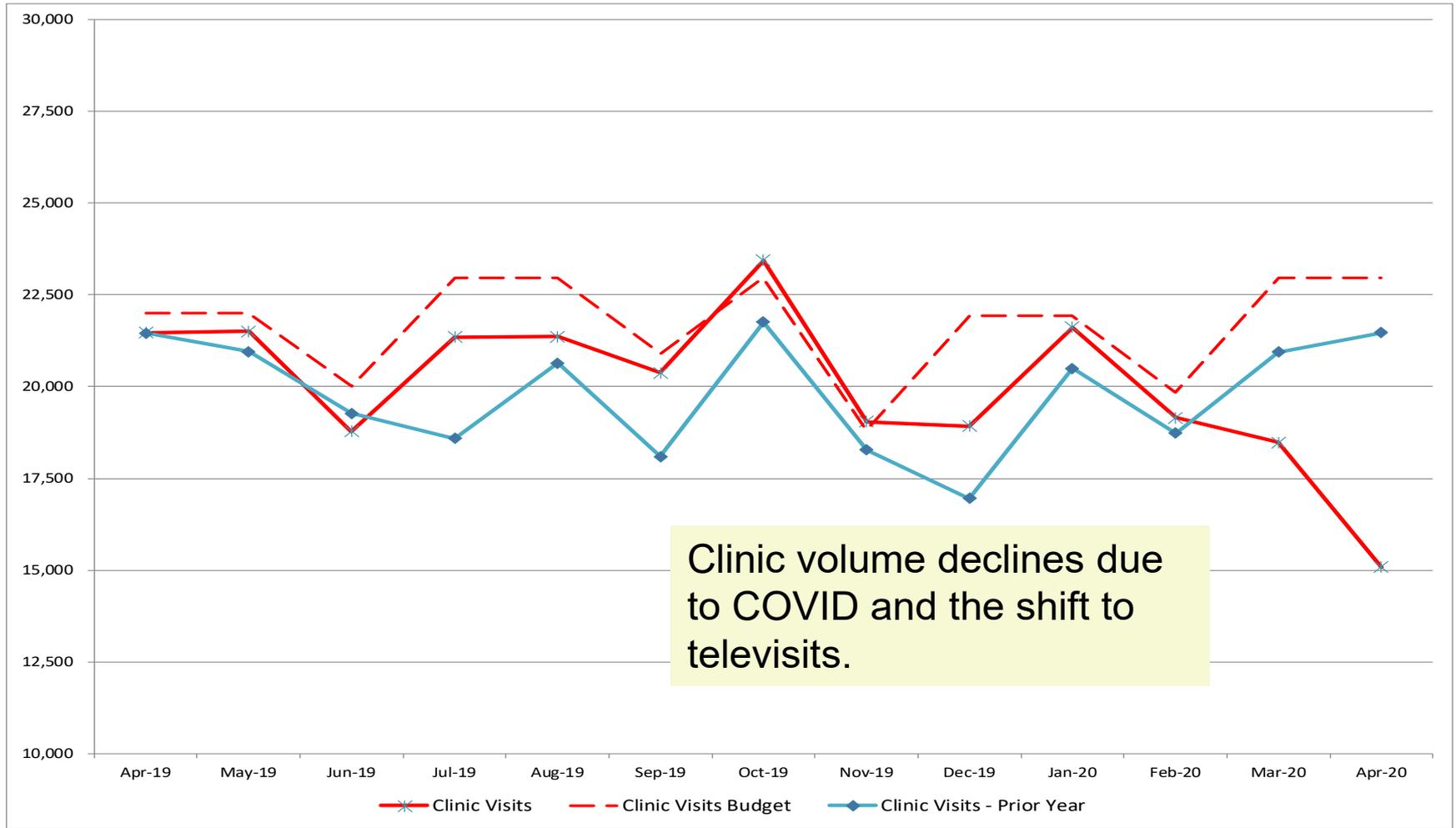
San Mateo Medical Center Emergency Visits April 30, 2020

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
ED Visits	1,716	3,478	(1,762)	-51%	32,149	35,360	(3,211)	-9%

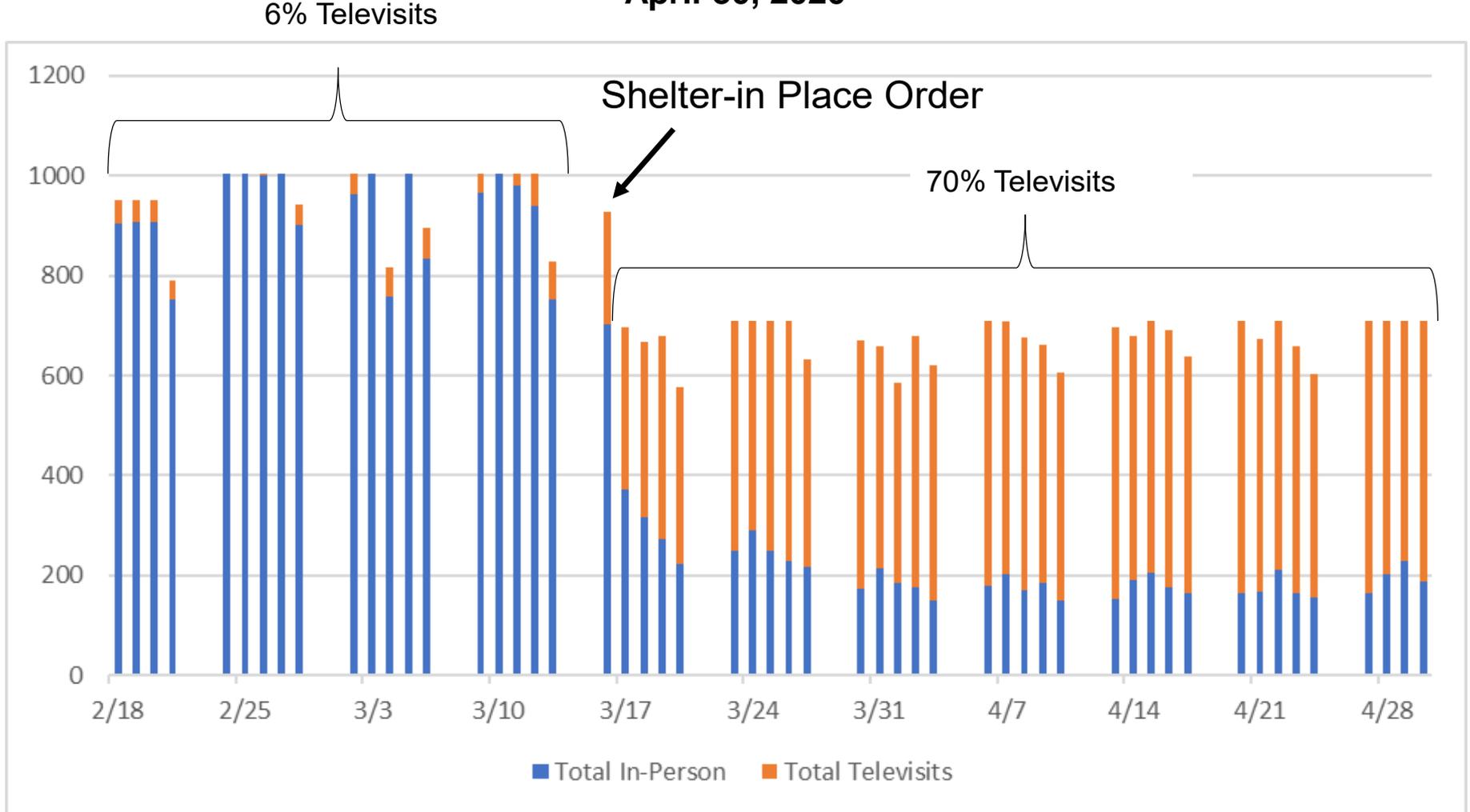


San Mateo Medical Center Clinic Visits April 30, 2020

Clinic Visits	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	15,079	22,976	(7,897)	-34%	198,830	218,268	(19,438)	-9%



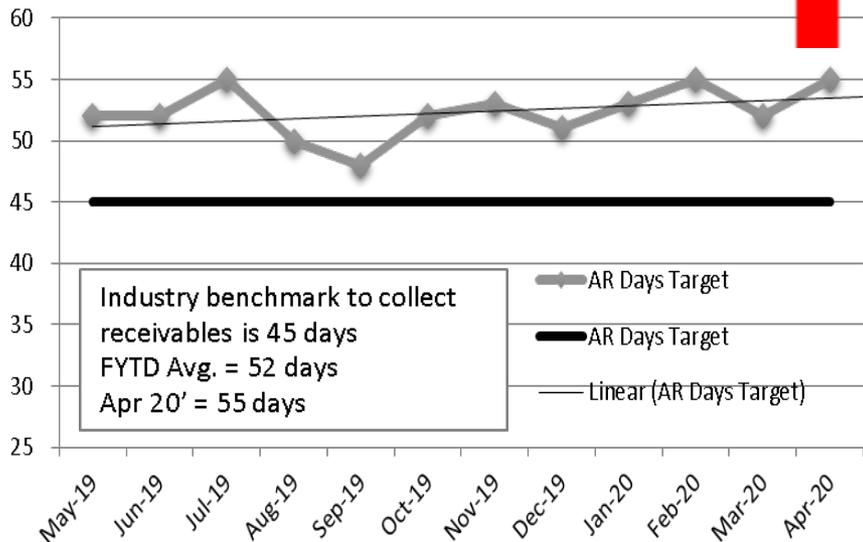
San Mateo Medical Center Clinic Telehealth Visits April 30, 2020



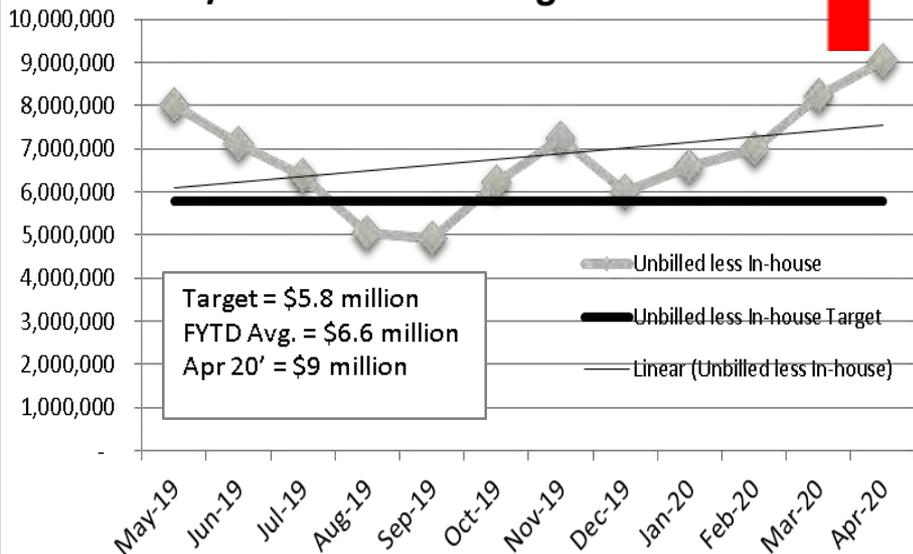
Clinic telehealth visits have increased from an average of 6% of total visits pre-COVID to an average of 70% since March 16th, with a high of 78%

Key Performance Indicators

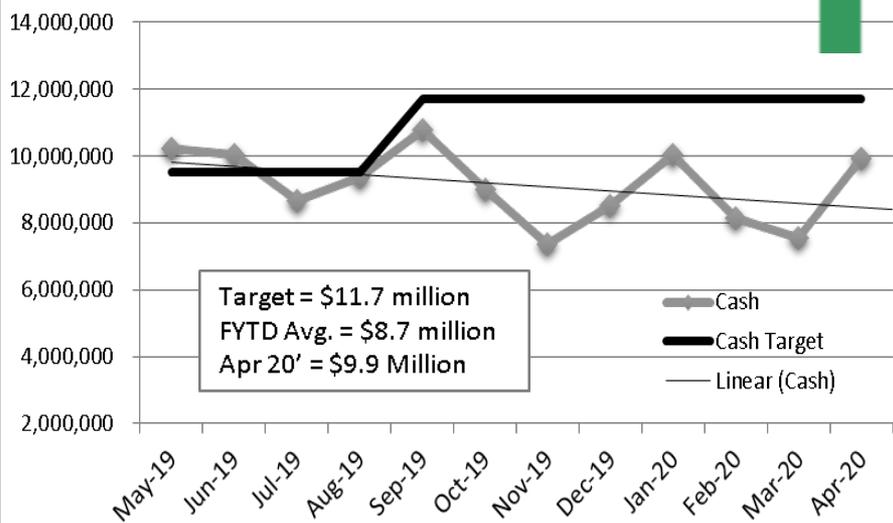
A/R Days - Rolling 12 Months



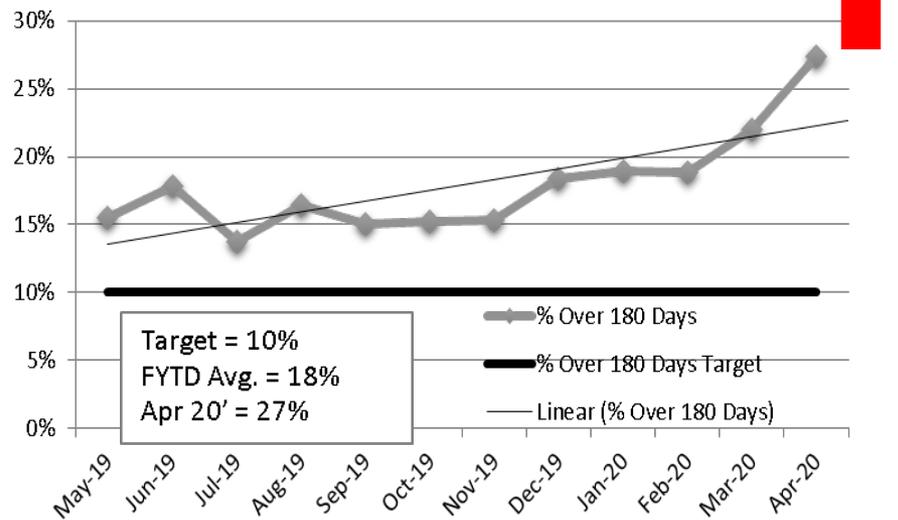
A/R Unbilled - Rolling 12 Months



Cash - Rolling 12 Months



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



Revenue Improvement Plan

Executive Summary

Initiative

Status

<p><i>Registration Accuracy</i></p>	<ul style="list-style-type: none"> • Implemented eCareNEXT - registration quality software <ul style="list-style-type: none"> ✓ All areas live ✓ Performance reporting rolled out to Clinics November 11th. Incorporated in Monthly Operating Reviews
<p><i>Clinical Documentation Improvement (CDI)</i></p>	<ul style="list-style-type: none"> ✓ Chartwise software live ✓ Reviewing Medicare and Medi-Cal IP charts ✓ CDI Steering Committee launched ✓ CDS staff started 7/1/19 ☐ Roll-out Outpatient CDI
<p><i>Accounts Receivable Follow-Up and Denials Management</i></p>	<ul style="list-style-type: none"> • Implemented Colburn Hill automated patient account follow-up software <ul style="list-style-type: none"> ✓ Priority, Hints and Robots are live ✓ Optimization period & post-live support underway • Implementing new centralized treatment authorization process – SSU, Infusion, Rehab Therapy • Engaging external staffing to augment PFS team as a result of retirements
<p><i>Self-Pay Collections</i></p>	<ul style="list-style-type: none"> ✓ Implemented in February



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

QUESTIONS?

APPENDIX



SAN MATEO COUNTY HEALTH
SAN MATEO
MEDICAL CENTER

San Mateo Medical Center
Income Statement
April 30, 2020

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	(1,510,660)	(0)	(1,510,660)		(16,837,447)	(1)	(16,837,446)		
2 HPSM Medi-Cal Members Assigned to SMMC	32,556	36,205	(3,649)	-10%	329,848	362,050	(32,202)	-9%	
3 Unduplicated Patient Count	66,547	68,606	(2,059)	-3%	66,547	68,606	(2,059)	-3%	
4 Patient Days	2,308	3,008	(700)	-23%	26,296	30,577	(4,281)	-14%	
5 ED Visits	1,716	3,478	(1,762)	-51%	32,149	35,360	(3,211)	-9%	
7 Surgery Cases	57	263	(206)	-78%	2,184	2,498	(314)	-13%	
8 Clinic Visits	15,079	22,976	(7,897)	-34%	198,830	218,268	(19,438)	-9%	
9 Ancillary Procedures	32,030	75,282	(43,252)	-57%	650,163	716,836	(66,673)	-9%	
10 Acute Administrative Days as % of Patient Days	0.0%	16.0%	16.0%	100%	0.0%	16.0%	16.0%	100%	
11 Psych Administrative Days as % of Patient Days	70.8%	80.0%	9.2%	12%	80.5%	80.0%	-0.5%	-1%	
(Days that do not qualify for inpatient status)									
Pillar Goals									
12 Revenue PMPM	72	125	(53)	-42%	118	125	(7)	-6%	
13 Operating Expenses PMPM	311	300	(12)	-4%	307	300	(8)	-3%	
14 Full Time Equivalents (FTE) including Registry	1,203	1,233	30	2%	1,203	1,233	30	2%	

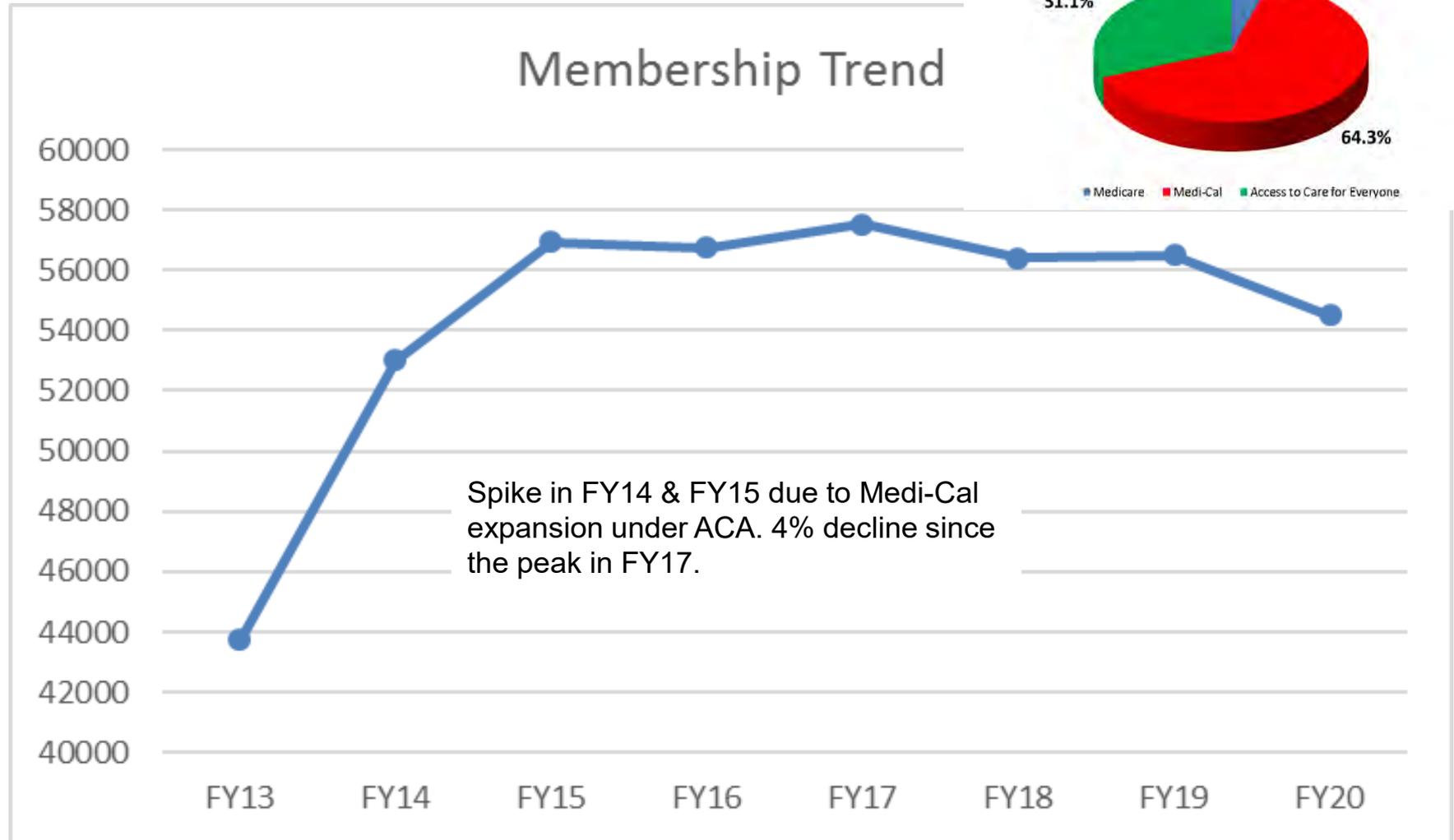
San Mateo Medical Center
Income Statement
April 30, 2020

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	11,721,143	10,064,335	1,656,808	16%	136,619,564	100,643,351	35,976,213	36%
22 Outpatient Gross Revenue	9,399,895	27,374,864	(17,974,970)	-66%	249,834,977	273,748,644	(23,913,667)	-9%
23 Total Gross Revenue	21,121,038	37,439,199	(16,318,162)	-44%	386,454,541	374,391,995	12,062,546	3%
24 Patient Net Revenue	2,186,806	11,766,250	(9,579,444)	-81%	98,585,038	117,662,505	(19,077,467)	-16%
25 Net Patient Revenue as % of Gross Revenue	10.4%	31.4%	-21.1%	-67%	25.5%	31.4%	-5.9%	-19%
26 Capitation Revenue	330,684	500,000	(169,316)	-34%	3,314,971	5,000,000	(1,685,029)	-34%
27 Supplemental Patient Program Revenue (Additional payments for patients)	18,589,902	9,870,374	8,719,528	88%	109,158,717	98,703,744	10,454,973	11%
28 Total Patient Net and Program Revenue	21,107,392	22,136,625	(1,029,233)	-5%	211,058,726	221,366,249	(10,307,523)	-5%
29 Other Operating Revenue (Additional payment not related to patients)	956,117	941,085	15,032	2%	11,222,720	9,410,847	1,811,872	19%
30 Total Operating Revenue	22,063,509	23,077,710	(1,014,201)	-4%	222,281,445	230,777,097	(8,495,651)	-4%

San Mateo Medical Center
Income Statement
April 30, 2020

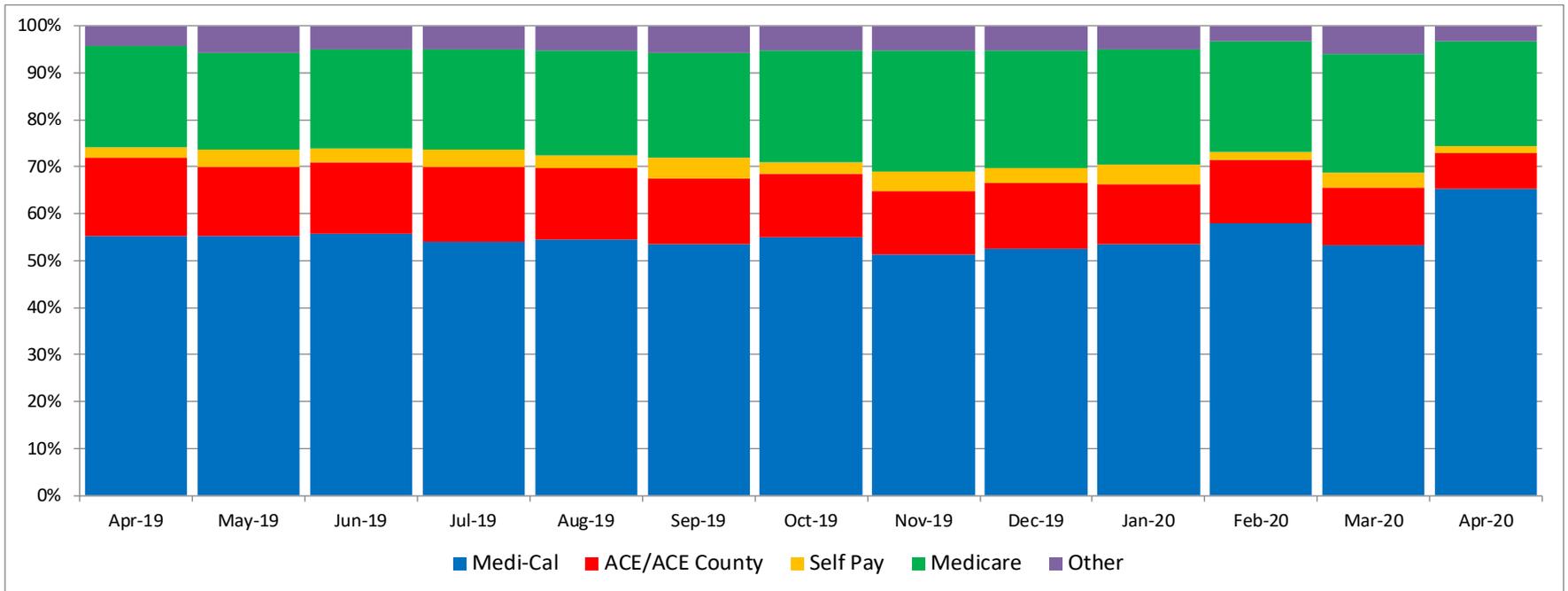
	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
Operating Expenses								
31 Salaries & Benefits	16,931,297	17,543,817	612,520	3%	169,807,857	175,438,171	5,630,314	3%
32 Drugs	1,337,059	810,077	(526,982)	-65%	9,138,098	8,100,766	(1,037,332)	-13%
33 Supplies	735,671	944,072	208,402	22%	8,726,008	9,440,725	714,717	8%
34 Contract Provider Services	3,596,047	3,516,249	(79,797)	-2%	38,247,666	35,162,492	(3,085,173)	-9%
35 Other fees and purchased services	4,641,650	4,835,225	193,575	4%	47,996,607	48,352,252	355,645	1%
36 Other general expenses	309,217	661,463	352,246	53%	7,504,170	6,614,634	(889,536)	-13%
37 Rental Expense	197,495	206,839	9,345	5%	1,934,319	2,068,392	134,074	6%
38 Lease Expense	829,392	829,392	0	0%	8,293,917	8,293,917	0	0%
39 Depreciation	206,045	237,593	31,547	13%	2,060,455	2,375,927	315,472	13%
40 Total Operating Expenses	28,783,872	29,584,728	800,855	3%	293,709,096	295,847,277	2,138,181	1%
41 Operating Income/Loss	(6,720,363)	(6,507,018)	(213,345)	-3%	(71,427,650)	(65,070,180)	(6,357,470)	-10%
42 Non-Operating Revenue/Expense	366,235	1,663,550	(1,297,315)	-78%	6,155,519	16,635,495	(10,479,976)	-63%
43 Contribution from County General Fund	4,843,468	4,843,468	0	0%	48,434,684	48,434,684	0	0%
44 Total Income/Loss (GAAP)	(1,510,660)	(0)	(1,510,660)	-	(16,837,447)	(1)	(16,837,446)	-
(Change in Net Assets)								

Managed Care Membership Trend



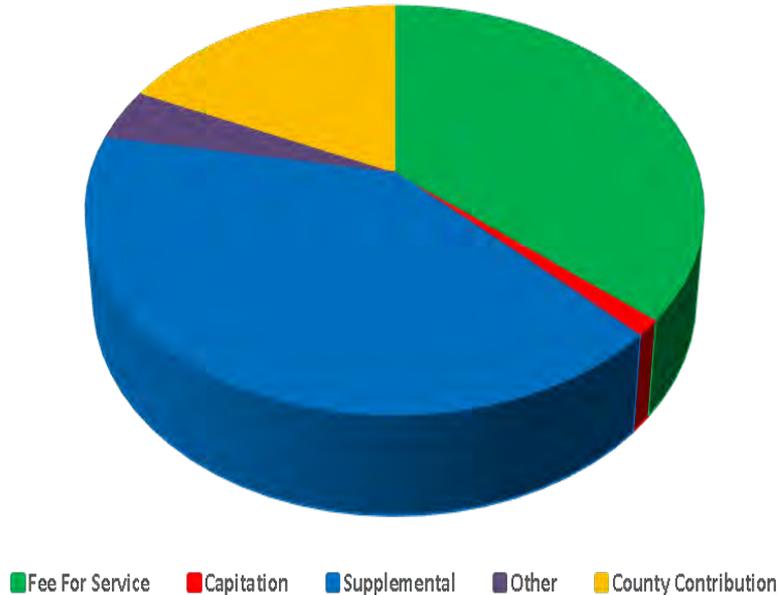
**San Mateo Medical Center
Payer Mix
April 30, 2020**

Payer Type by Gross Revenue	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
Medicare	22.3%	21.0%	1.3%		23.7%	21.0%	2.7%	
Medi-Cal	65.3%	58.0%	7.3%		54.6%	58.0%	-3.4%	
Self Pay	1.6%	2.0%	-0.4%		3.2%	2.0%	1.2%	
Other	3.3%	5.0%	-1.7%		5.0%	5.0%	0.0%	
ACE/ACE County	7.6%	14.0%	-6.4%		13.5%	14.0%	-0.5%	
Total	100.0%	100.0%			100.0%	100.0%		

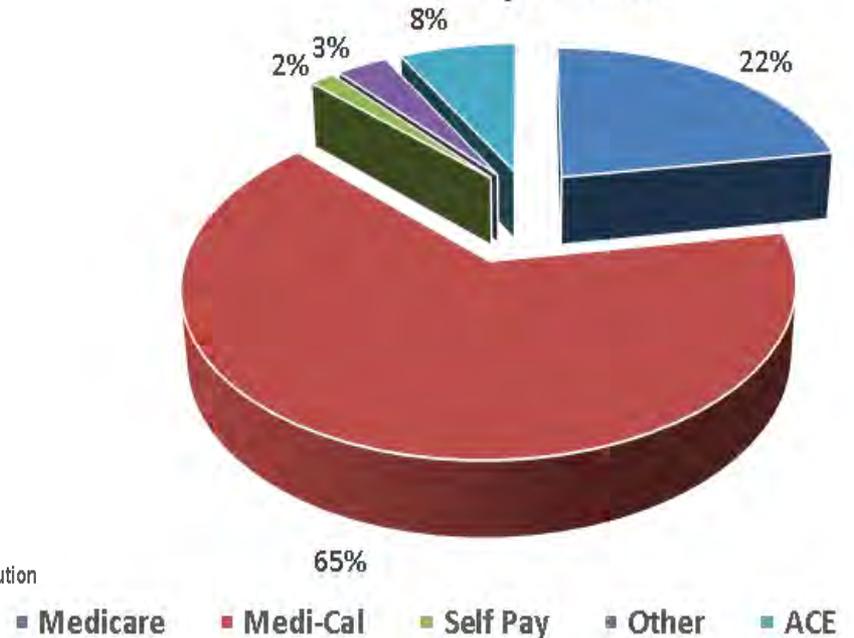


Revenue Mix

Sources of Revenue



Payor Mix



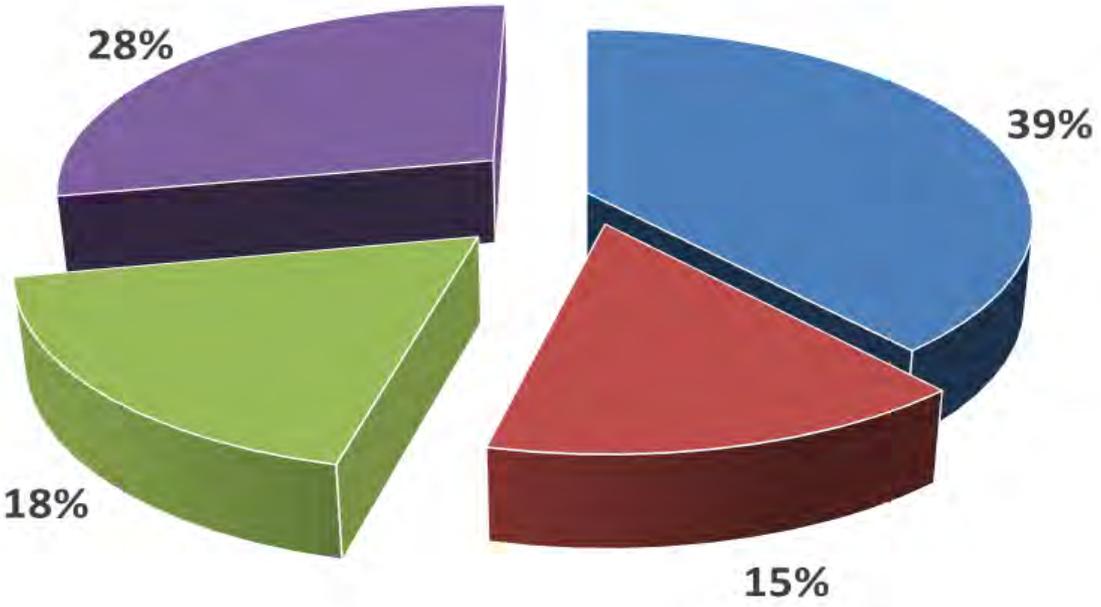
Health Plan of San Mateo (HPSM) represents 23% of our Operating Revenue

- 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.

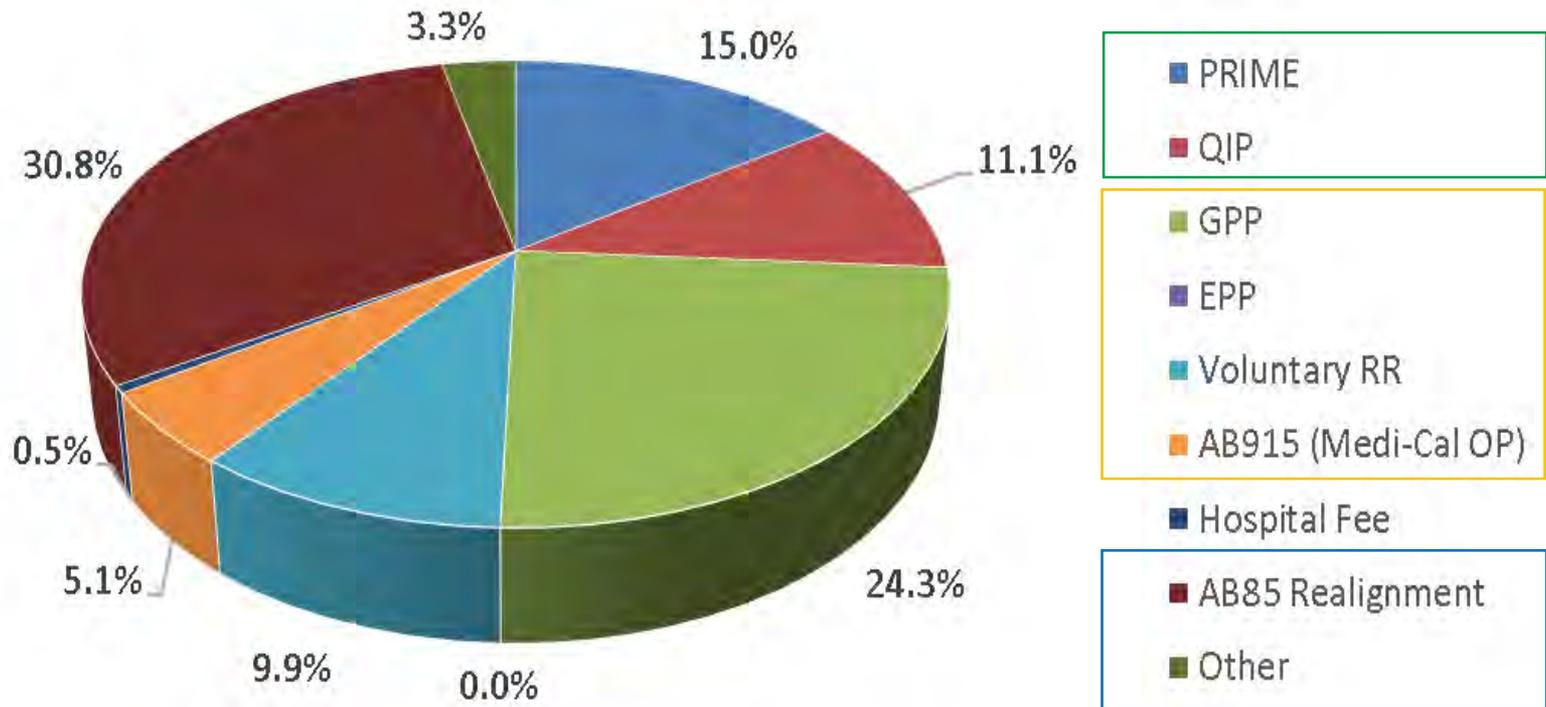
NO commercial contracts

Revenue Mix by Service Line



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

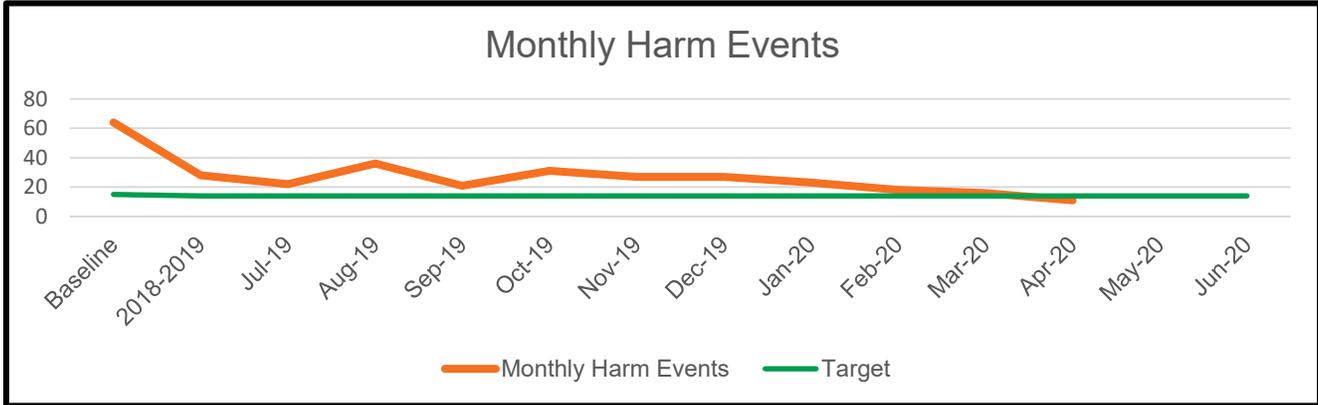
Supplemental Revenue Mix



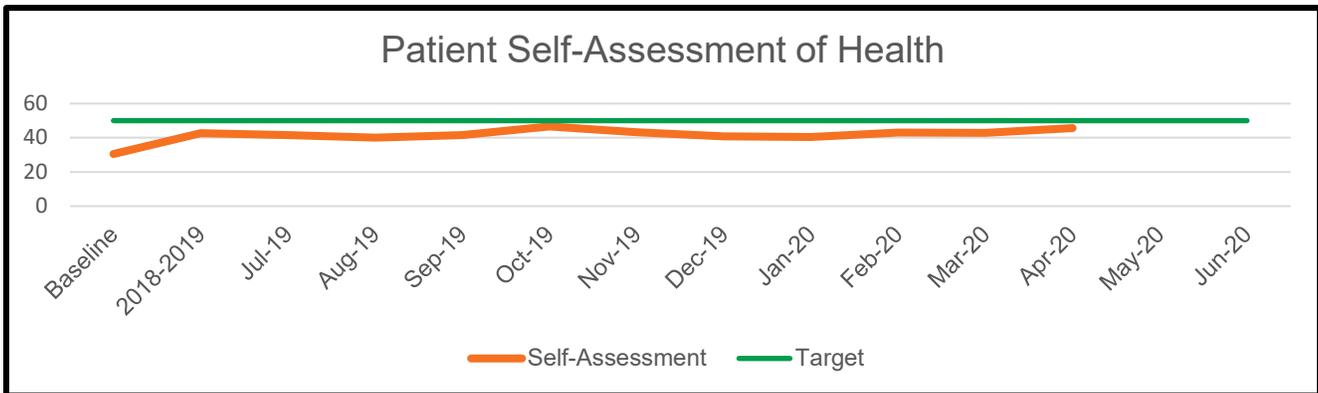
- **Value-Based** programs represent 26.1% of our Supplemental Revenue
- **Volume-Based** programs represent 73.9% of our Supplemental Revenue

CEO REPORT – JUNE 2020

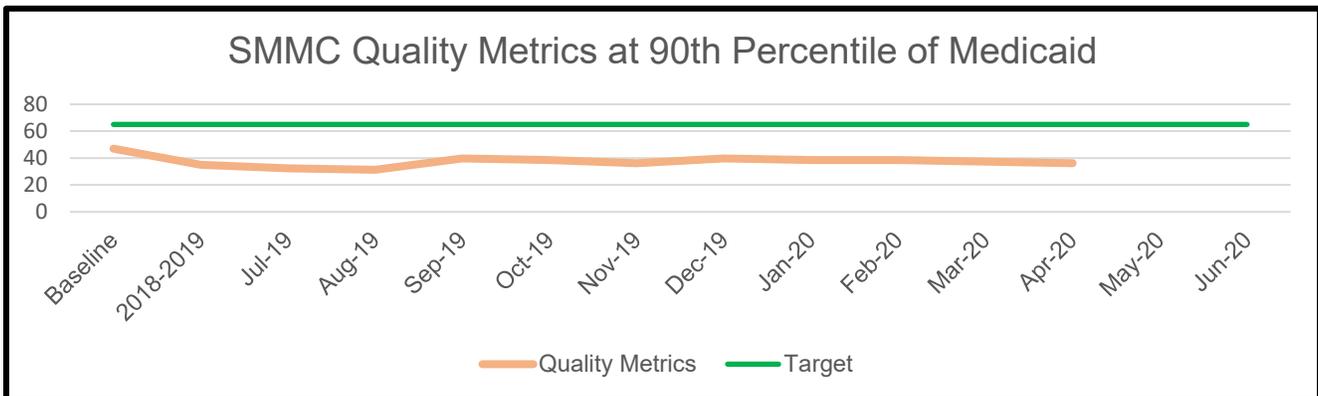
EXCELLENT CARE METRICS



Monthly Harm Events: Measures all instances of patient harm or staff harm including delays in care, falls, medication errors, surgical infections, catheter associated urinary infections, central line associated blood stream infections, other preventable staff and patient injuries. **Lower is better.**

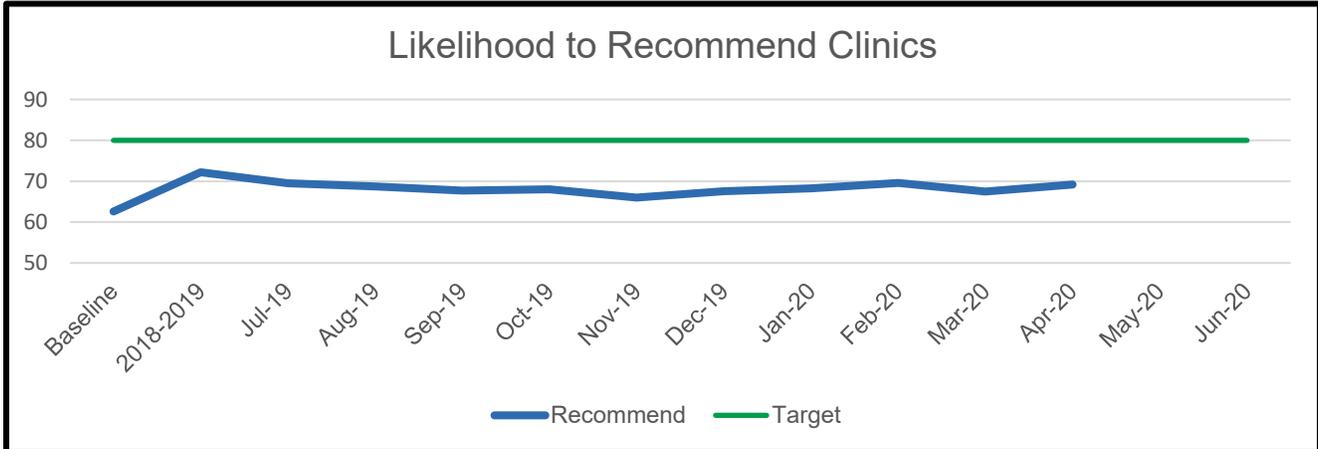


Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**

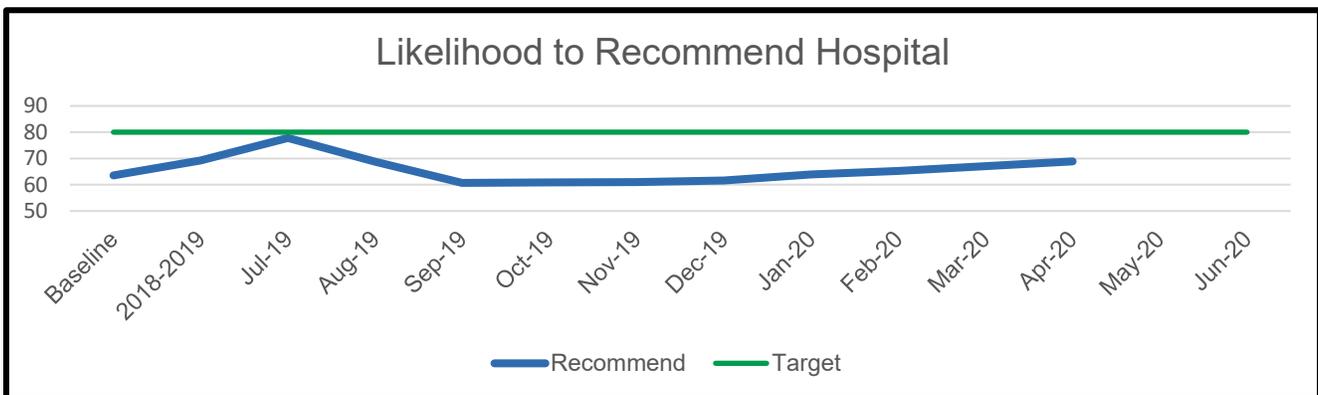


Quality Metrics at 90th Percentile: SMMC seeks excellence in all that it does. The organization currently participates in a number of pay for performance programs including PRIME, QIP and the HPSM Pay for Performance Program. This metric measures the percentage of quality metrics in which the SMMC performance is equal to or better than the 90th percentile of Medicaid nationally. **Higher is better.**

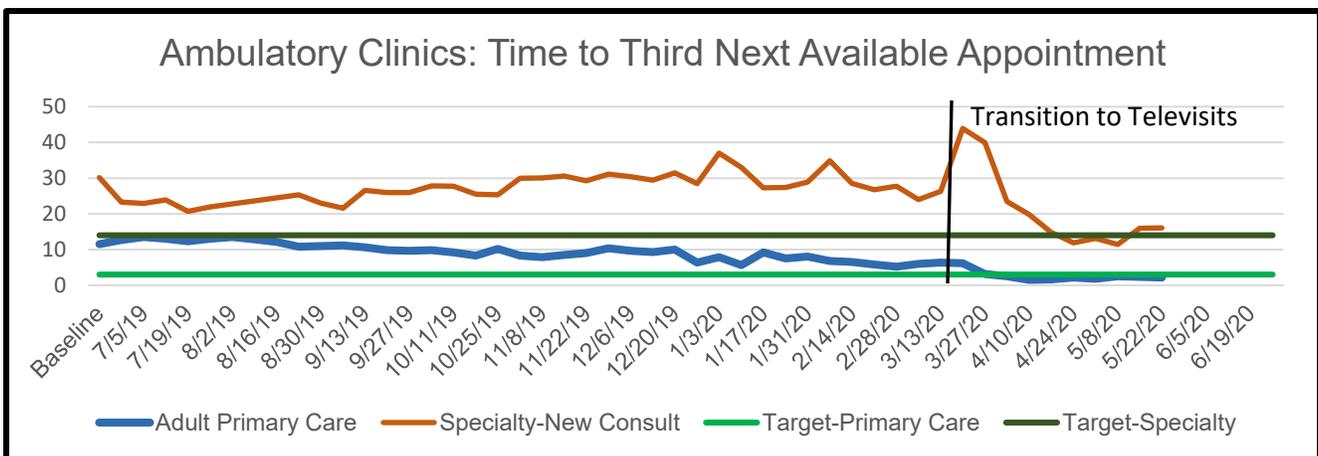
PATIENT CENTERED CARE METRICS



Likelihood to Recommend Clinics: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this clinic to friends and family?” **Higher is better.**

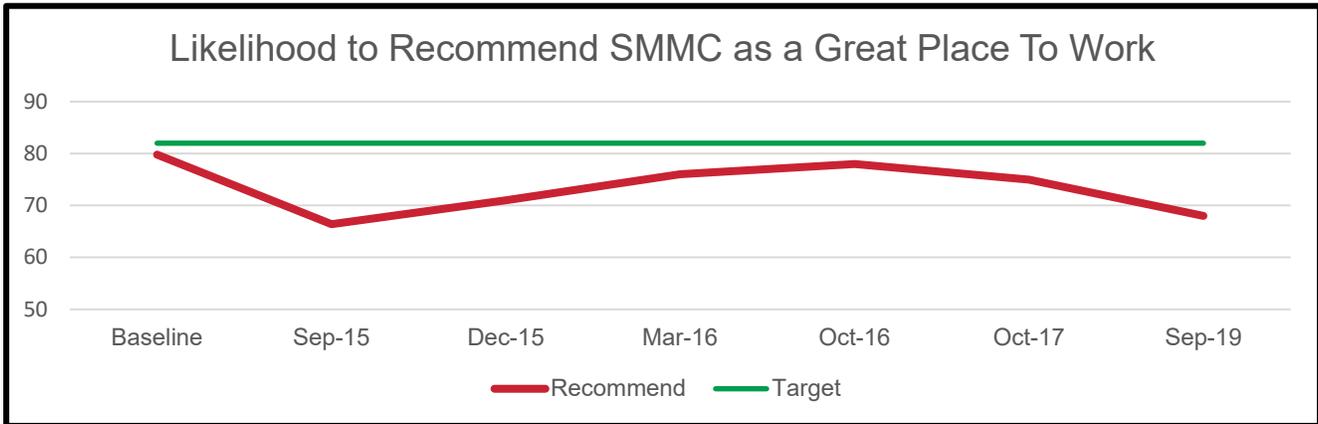


Likelihood to Recommend Hospital: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this hospital to friends and family?” **Higher is better.**



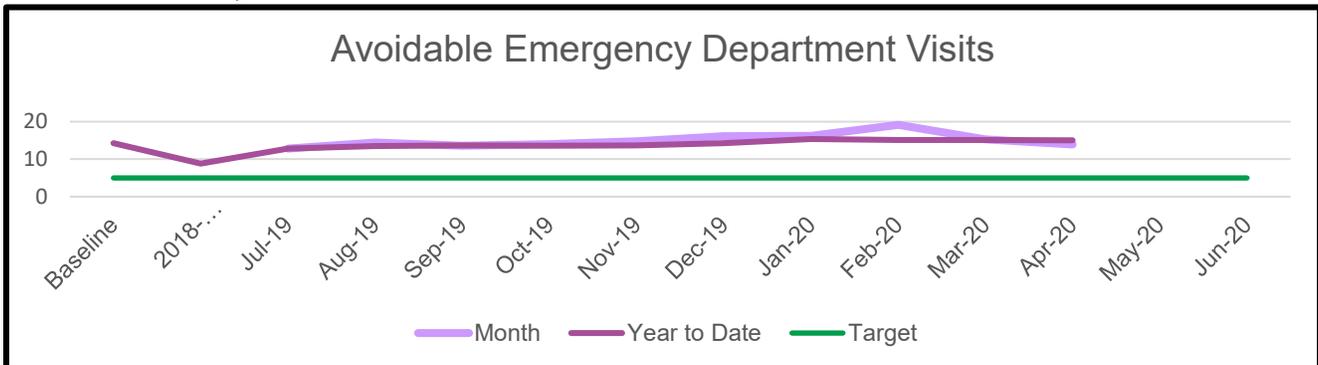
Ambulatory Access: Number of days until the third available appointment for established patients in Primary Care and for new consults in Specialty Services. The third next available appointment is a validated measure of patient access. **Lower is better.**

STAFF ENGAGEMENT METRICS



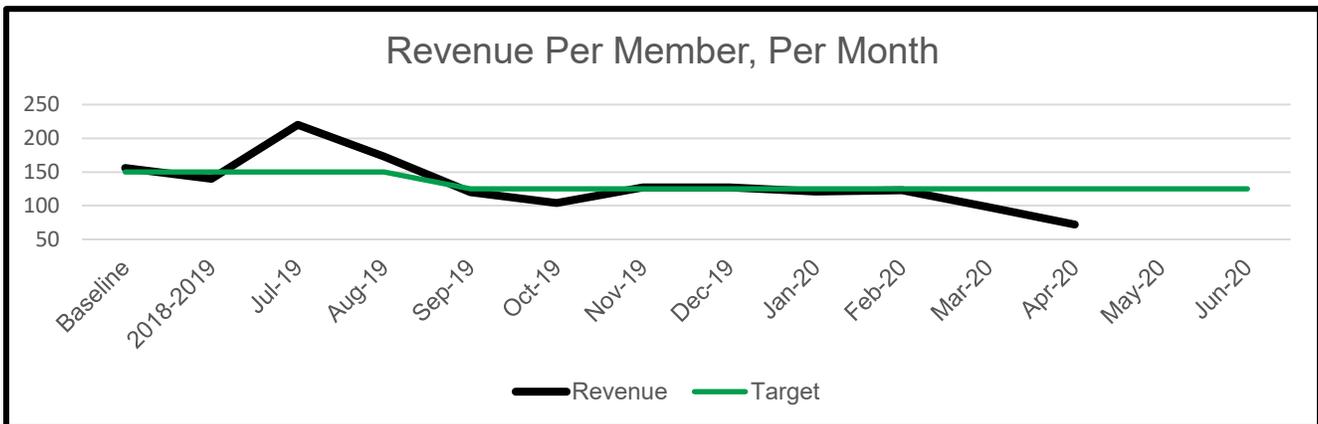
Likelihood to Recommend SMMC: Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual Blessing White staff engagement survey. **Higher is better.**

RIGHT CARE, TIME AND PLACE METRICS

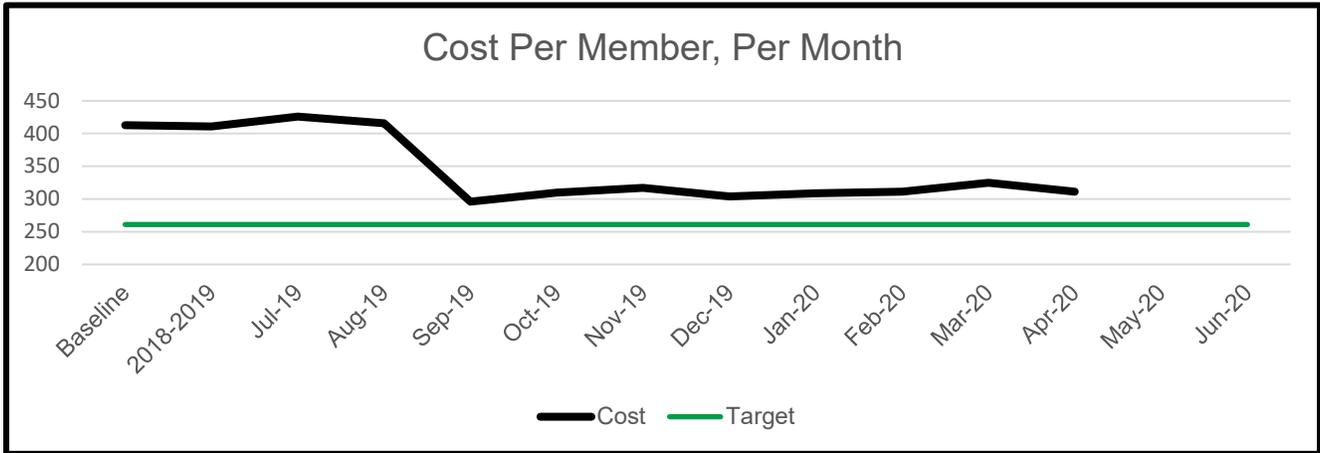


Potentially Avoidable ED Visits: Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**

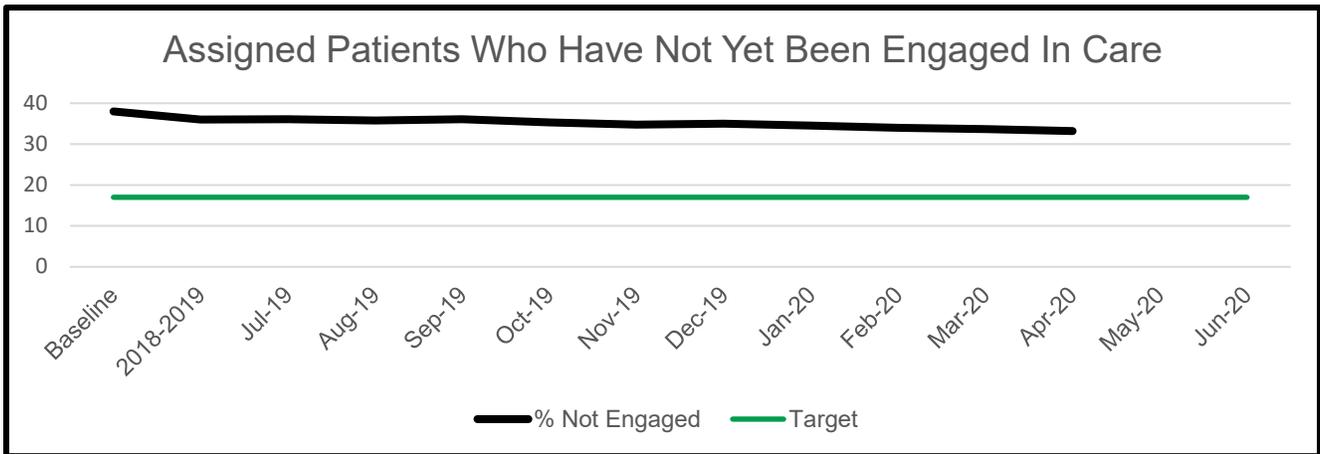
FINANCIAL STEWARDSHIP METRICS



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.**



Assigned But Not Engaged: SMMC has approximately 49,000 patients assigned to it through the Health Plan of San Mateo. This metric measures the percentage of those assigned patients who have not yet engaged in care. **Lower is better.**

STRATEGIC UPDATES, RECOGNITIONS & AWARDS



SMMC Celebrates Nurse’s Day and Hospital Week– (Pictured above left: San Mateo County Health Foundation members and SMMC staff help prepare and distribute gift packages throughout the organization; Above right: SMMC nurses display their teal blue SMMC t-shirts)

May 6th was Nurse’s Day and the week of May 10th was National Hospital Week. Like so many things that have changed in the midst of the pandemic, our traditional celebrations could not move forward, but the ingenuity and commitment of our community once again shone through. On May 6, 2020 SMMC Nurses, 365 strong, joined Nurses around the world in celebrating Nurses Day. You may have “spotted” a SMMC Nurse. Nurses wore with pride teal blue SMMC t-shirts with NURSE embroidered on the sleeve. Teal blue is the SMMC Nursing color. The color is symbolic of promoting peace, balance, and harmony while encouraging restoration and giving reassurance. The year 2020 was declared the year of the Nurse and Nurse Midwife by the World Health Organization. This year is also the celebration of 200 years of Florence Nightingale’s Legacy. How appropriate to celebrate the first Nurse Researcher and Epidemiologist who identified the importance of hand washing!

At SMMC, Hospital Week is a time to celebrate our entire system of care. This year social distancing prevented us from doing our traditional celebratory lunch at all sites. The San Mateo County Health Foundation stepped in to ensure we were able to celebrate and recognize all our amazing staff. They were able to distribute over 1300 gift bags to staff onsite and are working to distribute the remainder to our colleagues who are continuing to telework. The bags included a logoed water bottle from SMMC along with a variety of amazing treats and gifts from community donations. Thank you to Phuong Hathaway, John Jurow, the San Mateo County Health Foundation and everyone who made this a great Hospital Week.

SMMC Continues its COVID-19 Response -SMMC continues its efforts to effectively respond to the COVID-19 pandemic. We continue to see a steady stream of patients infected with COVID-19 through our Emergency Department, Inpatient Units and ICU. As we continue to move toward our next normal, the organization’s Incident Command has moved toward its

recovery phase. During the recovery phase, we will move from the response to the initial challenges of the COVID-19 pandemic toward the longer-term issues within the context of COVID-19. This includes applying the lessons learned during the initial phase. We will continue to closely monitor key data points to ensure we are able to identify early signals of potential patient surges and other urgent changes that would cause us to return the

Incident Command to its active response phase. This will allow the organization to maintain its COVID-19 readiness while moving forward with its remobilization efforts. Some key accomplishments of the active response include:

- 1) Avoided critical PPE shortages
- 2) Significantly increased daily discharges to maintain flow through the hospital. This included early and effective utilization of Alternative Care sites
- 3) Created a comprehensive reference in the form of the “Book of COVID”
- 4) Reduced Entry points to all SMMC facilities and established screening protocols
- 5) Respectfully restricted visitors to all inpatient units
- 6) Restricted unnecessary access to all facilities
- 7) Converted most ambulatory visits to telemedicine
- 8) Established new communications channels including SharePoint site and daily updates
- 9) Erected two outdoor tents for auxiliary uses
- 10) Established Inpatient, Ambulatory and ED surge plans
- 11) Established new patient flow through the ED to ensure screening and separation of at-risk patients
- 12) Developed and enhanced strategic partnerships including with Stanford and Seton to facilitate patient testing and flow.

SMMC Continues Progress Toward Remobilization- SMMC is moving forward with its plans to remobilize paused services so we can meet our patients’ needs and avoid further delays in care. Our number one priority in this work is to ensure the safety of both patients and staff as we bring services back online. The initial remobilization efforts are focused on five primary areas:

- 1) Inpatient Services
- 2) OR and Endoscopy Services
- 3) Ambulatory Services
- 4) Ancillary Services
- 5) COVID-19 Testing

Multidisciplinary groups from across the organization have been coming together to plan and begin initial small experiments so that we can prepare for the full effort. We will look forward to keeping the Board updated as these efforts move forward.

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	21,243 (April 2020)	2.83%	- 3.11%
SMMC Emergency Department Visits	1,716 (April 2020)	-35.3%	- 52.5%
New Clients Awaiting Primary Care Appt.	4 (April 2020)	N/A	N/A

County Health continues to respond to COVID-19

County Health continues to respond to the pandemic through its Department Operations Center (DOC), harnessing the work of each of the Health divisions, in coordination with the County Emergency Operations Center (EOC). The number of confirmed COVID-19 cases has grown to 1,904 and the number of deaths to 82, reported as of May 25th. Hospitalizations have remained well within local hospitals' capacity as the Shelter in Place order has been observed. Every positive case has been followed, assessed, engaged by Public Health-Communicable Disease Unit (PH-CD) to assure safe isolation, symptom monitoring and eventual clearance to return to normal activities unless needing treatment in healthcare settings. As of May 26th, 372 patients have been discharged from hospitals. From those, 229 discharges (62%) were approved to safely isolate home and 143 (38%) discharges were approved to go to an alternative housing or care location.

The Health website and data shared with the public continues to be augmented. The website now includes 5 dashboards with information of cases by cities and cases in long-term care facilities. In addition to information on deaths by age, sex and race/ethnicity, we also added the number of total confirmed COVID-19 cases by age, sex and race/ethnicity.

Since the Health DOC was activated on March 2nd, 71 County employees have staffed it on a rotating basis.

Other Highlights:

- Great Plates Delivered SMC was launched on May 1st to provide older residents with three meals a day from local food providers. The program has matched 994 older residents to 38 local food providers as of May 22nd through a collaborative involving Aging and Adult and many other staff from other County departments and volunteers.
- Two additional State-sponsored Verily Project Baseline testing sites opened in Daly City and East Palo Alto on May 18th. The total daily testing capacity of these sites, including the testing site located in the San Mateo County event center, is now 1,000. We have requested the State to expand to additional sites in Pescadero and North Fair Oaks.
- Emergency Medical Services (EMS) through a contract with Aspen Medical International has swabbed 2,675 residents and staff at congregate care facilities and augmented staff at these facilities when requested to preserve capacity.
- The Medical Health Operational Area Coordinator (MHOAC) program under EMS stood up two

additional warehouses to receive and process over 1 million medical supplies and ensure critical distribution of personal protective equipment (PPE) to our healthcare workforce.

- Correctional Health Services and the Sheriff's Office, in partnership with Stanford researchers, will be conducting an observational study among inmates and staff at the Maguire Correctional Facility and Maple Street Correctional Center. The study will use molecular diagnostic and serological testing that will be provided to all inmates and staff who volunteer and sign a consent. The purpose of the study is to understand the incidence and prevalence of COVID-19 in the jail population for treatment considerations, and to determine housing of inmates in cohorts. The study will begin as soon as we receive approval from the Stanford Institutional Review Board.
- The Health Coverage Unit (HCU) assisted with 1,509 cases, made 2,727 outreach attempts, completed 334 phone enrollment applications, and resolved 772 inquiries from clients. HCU recently started convening a weekly working group to coordinate efforts to assist uninsured hard-to-reach homeless clients in applying for Medi-Cal benefits. So far, two homeless clients with over \$300K worth of San Mateo Medical Center (SMMC) charges are now enrolled in Medi-Cal. On May 14, the San Mateo County Health Coverage Coalition recognized Gary Horne, Pharmacy Director at SMMC for his leadership and for taking extra steps to ensure clients continue to have access to prescriptions without having to go to the medical center.



As of May 4th, the Alcohol and Other Drug team from Behavioral Health and Recovery Services distributed 1,000 surgical masks, 43 face shields, and 40 cloth face coverings to their providers and contractors who continue to provide essential face-to-face services. The personal protective equipment was generously donated by the San Mateo County Health Foundation. BHRs AOD team distributing PPE to providers.

- Family Health Services (FHS) continues to successfully serve the increasing needs of our clients through virtually-delivered services. The Women and Infant Care (WIC) program has seen a 39.5% increase in the last six months (from 5,646 in October 2019 to 7,878 by the end of April 2020). FHS also partnered with Behavioral Health and Recovery Services (BHRs) to host the Emotional Well-Being for Public Health Responders webinar on May 21st with 30 participants.
- In-Home Supportive Services' new referrals continue to be prioritized and social workers continue to reach out to and assess their ongoing clients virtually, while providing COVID-19 related education and support. Aging and Adult Services is also providing virtual outreach and education calls for clients who are isolated or at higher risk.
- The EOC 211 Call Center that responds to non-health related questions from the community has responded to 8,140 calls and has subscribed 3,230 residents to the 211211-text messaging service as of May 21st.

As County Health continues to strive to help our residents live longer and better lives in the face of the additional challenges brought by the pandemic, it is clear that we are truly All Together Better. A heartfelt thank you to our staff and partners!