



SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

# **BOARD OF DIRECTORS MEETING**

Monday, April 4, 2022

8:00 AM – 10:00 AM



# AGENDA

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Board of Directors

Monday, April 4, 2022

8:00 AM

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**\*\*\*BY VIDEOCONFERENCE ONLY\*\*\***  
**<https://smcgov.zoom.us/j/91075397545>**

In accordance with AB 361, the Board will adopt findings that meeting in person would present imminent risks to the health or safety of attendees of in-person meetings. Consistent with those findings, this San Mateo Medical Center Board meeting will be conducted by videoconference

## Public Participation

The meeting may be accessed through Zoom at <https://smcgov.zoom.us/j/91075397545>. Written public comments may be emailed to [mlee@smcgov.org](mailto:mlee@smcgov.org) and should include the specific agenda item on which you are commenting. Spoken public comments will also be accepted during the meeting through Zoom.

## **A. CALL TO ORDER, ROLL CALL, AND PUBLIC COMMENT**

### **B. PROCEDURAL**

Adopt findings pursuant to AB 361 to continue fully teleconferenced board meetings due to health risks posed by in-person meetings.

### **C. CLOSED SESSION**

Items Requiring Action

1. Medical Staff Credentialing Report
2. Quality Report

Dr. Steve Hassid  
Dr. Brita Almog

Informational Items

3. Medical Executive Committee

Dr. Steve Hassid

### **D. REPORT OUT OF CLOSED SESSION**

### **E. PUBLIC COMMENT**

Persons wishing to address items not on the agenda

**F. FOUNDATION REPORT**

John Jurow

**G. CONSENT AGENDA**

Approval of:

1. March 7, 2022 Minutes

**H. MEDICAL STAFF REPORT**

Chief of Staff Update

Dr. Steve Hassid

**I. ADMINISTRATION REPORTS**

1. Department of Pharmacy

Dr. Alpa Sanghavi..... Verbal  
Victor Armendariz

2. Compliance Report

Dr. CJ Kunnappilly..... Verbal  
Margaret Hambleton

3. Financial Report

David McGrew..... TAB 2

4. CEO Report

Dr. CJ Kunnappilly..... TAB 2

**J. COUNTY HEALTH CHIEF REPORT**

County Health Snapshot

Louise Rogers

**K. COUNTY MANAGER'S REPORT**

Mike Callagy

**L. BOARD OF SUPERVISOR'S REPORT**

Supervisor Carole Groom

**M. ADJOURNMENT**

**PROCEDURAL**



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San Mateo Medical Center  
222 W 39th Avenue  
San Mateo, CA 94403  
650-573-2222 τ  
[smchealth.org/smmc](http://smchealth.org/smmc)

To: San Mateo Medical Center Board  
From: Dr. CJ Kunnappilly, CEO  
Date: April 4, 2022  
Subject: Resolution to make findings allowing continued remote meetings under Brown Act

**RECOMMENDATION:**

Adopt a resolution finding that, as a result of the continuing COVID-19 pandemic state of emergency declared by Governor Newsom, meeting in person would present imminent risks to the health or safety of attendees.

**BACKGROUND:**

On June 11, 2021, Governor Newsom issued Executive Order N-08-21, which rescinded his prior Executive Order N-29-20 and set a date of October 1, 2021 for public agencies to transition back to public meetings held in full compliance with the Brown Act. The original Executive Order provided that all provisions of the Brown Act that required the physical presence of members or other personnel as a condition of participation or as a quorum for a public meeting were waived for public health reasons. If these waivers fully sunsetted on October 1, 2021, legislative bodies subject to the Brown Act would have to contend with a sudden return to full compliance with in-person meeting requirements as they existed prior to March 2020, including the requirement for full physical public access to all teleconference locations from which board members were participating.

On September 16, 2021, the Governor signed AB 361, a bill that formalizes and modifies the teleconference procedures implemented by California public agencies in response to the Governor's Executive Orders addressing Brown Act compliance during shelter-in-place periods. AB 361 allows a local agency to continue to use teleconferencing under the same basic rules as provided in the Executive Orders when certain circumstances occur or when certain findings have been made and adopted by the local agency.

AB 361 also requires that, if the state of emergency remains active for more than 30 days, the agency must make findings by majority vote every 30 days to continue using the bill's exemption to the Brown Act teleconferencing rules. The findings are to the effect that the need for teleconferencing persists due to the nature of the ongoing public health emergency and the social distancing recommendations of





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local public health officials. Effectively, this means that local agencies must agendaize a Brown Act meeting once every thirty days to make findings regarding the circumstances of the emergency and to vote to continue relying upon the law's provision for teleconference procedures in lieu of in-person meetings.

AB 361 provides that Brown Act legislative bodies must return to in-person meetings on October 1, 2021, unless they choose to continue with fully teleconferenced meetings because a specific declaration of a state or local health emergency is appropriately made. AB 361 allows local governments to continue to conduct virtual meetings as long as there is a gubernatorially-proclaimed public emergency in combination with (1) local health official recommendations for social distancing or (2) adopted findings that meeting in person would present risks to health. AB 361 is effective immediately as urgency legislation and will sunset on January 1, 2024.

**DISCUSSION:**

Because local rates of transmission of COVID-19 are still in the "substantial" tier as measured by the Centers for Disease Control, we recommend that your Board or Commission avail itself of the provisions of AB 361 allowing continuation of online meetings by adopting findings to the effect that conducting in-person meetings would present an imminent risk to the health and safety of attendees. A resolution to that effect, and directing staff to return each 30 days with the opportunity to renew such findings, is attached hereto.

**FISCAL IMPACT:**

None

## RESOLUTION NO.

### RESOLUTION FINDING THAT, AS A RESULT OF THE CONTINUING COVID-19 PANDEMIC STATE OF EMERGENCY DECLARED BY GOVERNOR NEWSOM, MEETING IN PERSON FOR MEETINGS OF THE SAN MATEO MEDICAL CENTER BOARD WOULD PRESENT IMMINENT RISKS TO THE HEALTH OR SAFETY OF ATTENDEES

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**WHEREAS**, on March 4, 2020, the Governor proclaimed pursuant to his authority under the California Emergency Services Act, California Government Code section 8625, that a state of emergency exists with regard to a novel coronavirus (a disease now known as COVID-19); and

**WHEREAS**, on June 4, 2021, the Governor clarified that the “reopening” of California on June 15, 2021 did not include any change to the proclaimed state of emergency or the powers exercised thereunder, and as of the date of this Resolution, neither the Governor nor the Legislature have exercised their respective powers pursuant to California Government Code section 8629 to lift the state of emergency either by proclamation or by concurrent resolution in the state Legislature; and

**WHEREAS**, on March 17, 2020, Governor Newsom issued Executive Order N-29-20 that suspended the teleconferencing rules set forth in the California Open Meeting law, Government Code section 54950 et seq. (the “Brown Act”), provided certain requirements were met and followed; and

**WHEREAS**, on September 16, 2021, Governor Newsom signed AB 361 that provides that a legislative body subject to the Brown Act may continue to meet without fully complying with the teleconferencing rules in the Brown Act provided the legislative

body determines that meeting in person would present imminent risks to the health or safety of attendees, and further requires that certain findings be made by the legislative body every thirty (30) days; and,

**WHEREAS**, California Department of Public Health (“CDPH”) and the federal Centers for Disease Control and Prevention (“CDC”) caution that the Delta variant of COVID-19, currently the dominant strain of COVID-19 in the country, is more transmissible than prior variants of the virus, may cause more severe illness, and that even fully vaccinated individuals can spread the virus to others resulting in rapid and alarming rates of COVID-19 cases and hospitalizations (<https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html>); and,

**WHEREAS**, the CDC has established a “Community Transmission” metric with 4 tiers designed to reflect a community’s COVID-19 case rate and percent positivity; and,

**WHEREAS**, the County of San Mateo currently has a Community Transmission metric of “substantial” which is the second most serious of the tiers; and,

**WHEREAS**, the San Mateo Medical Center Board has an important governmental interest in protecting the health, safety and welfare of those who participate in its meetings; and,

**WHEREAS**, in the interest of public health and safety, as affected by the emergency caused by the spread of COVID-19, the San Mateo Medical Center Board deems it necessary to find that meeting in person would present imminent risks to the

health or safety of attendees, and thus intends to invoke the provisions of AB 361 related to teleconferencing;

**NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED** that

1. The recitals set forth above are true and correct.
2. The San Mateo Medical Center Board finds that meeting in person would present imminent risks to the health or safety of attendees.
3. Staff is directed to return no later than thirty (30) days after the adoption of this resolution with an item for the San Mateo Medical Center Board to consider making the findings required by AB 361 in order to continue meeting under its provisions.
4. Staff is directed to take such other necessary or appropriate actions to implement the intent and purposes of this resolution.

\* \* \* \* \*

# CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS  
MEETING MINUTES  
Monday, March 7, 2022  
Videoconference Meeting

**Board Members Present**

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

**Staff Present**

Michelle Lee	Rebecca Archer	Dr. Suja Georgie
David McGrew	John Jurow	Dr. Scott Morrow
Dr. Alpa Sanghavi	Karen Pugh	Martin Rogers
Peggy Jensen	Rachel Daly	Priscilla Romero
Enitan Adesanya	Angela Gonzales	
Jack Nasser	Ziomara Ochoa	
Clara Boyden	Doris Estremera	
Mary McGrath	Rob Larcina	

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Groom called the meeting to order at 8:00 AM. A quorum was present.	
Procedural	Approval of: 1. Adoption of findings to continue teleconferenced board meetings due to health risks posed by in-person meetings.	The Board unanimously approved the resolution.
Reconvene to Open Session	The meeting was reconvened at 8:15 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for March 7, 2022. QIC Minutes from January 25, 2022. Medical Executive Committee Minutes from February 8, 2022.	Rebecca Archer reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report John Jurow	The Foundation provides food boxes for 150 households and is in need of funding to continue the work.  On August 1, Green Hills Golf Course will be the site for the 18 <sup>th</sup> Annual Golf Tournament. And on October 1, the Taste of the County Festival will be held at the San Mateo County Event Center. Both events will benefit the County's health care programs.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from February 7, 2022.	It was MOVED, SECONDED and

		CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Steve Hassid	The Joint Commission is expected to revisit the Medical Center within 45 days of their visit in February. There were some findings, and this is not unusual. There will be a return survey by mid-April. Overall the surveyors spoke positively about the inpatient and outpatients services and especially our community outreach.	FYI
Medicine Department Dr. Suja Georgie Rob Larcina	<p>Opiate Use Disorder (OUD) and Treatment:</p> <ul style="list-style-type: none"> <li>• 4-11% of hospitalized patients have OUD and many clinicians lack the knowledge to address it</li> <li>• Withdrawal symptoms leads to: <ul style="list-style-type: none"> <li>○ Patients leaving hospital before their primary medical issue is addressed</li> <li>○ Adversely affect the patient/clinician relationship</li> <li>○ Loss of faith in the system</li> <li>○ Discourage patients from trying to quit in the future</li> </ul> </li> <li>• SMMC lacked a protocol for treatment and thus Medication for Addiction Treatment (MAT) was born</li> </ul> <p>MAT:</p> <ul style="list-style-type: none"> <li>• Resources: Contact info for IMAT team CA Bridge Project direct line and, UCSF substance abuse warm line for providers</li> <li>• Buprenorphine: Partial agonist which can reduce cravings and withdrawal symptoms without producing euphoria</li> <li>• LABS: Screening for hepatitis, HIV, liver function, etc.</li> <li>• Consults: IMAT, Pain Management, Psychiatry, Social Work</li> <li>• Medications: For supportive care of symptoms</li> </ul>	FYI
Part 2 Youth System of Care Ziomara Ochoa Doris Estremera Mary McGrath	<p>Youth System of Care Supports:</p> <ul style="list-style-type: none"> <li>• Full Service Partnerships</li> <li>• System Development <ul style="list-style-type: none"> <li>○ GIRLS Program</li> <li>○ Positions to support Evidence-Based Practices, Child Welfare &amp; Pre-to-Three, School-Based programs, Crisis Coordination, Family Partners</li> </ul> </li> <li>• Prevention &amp; Early Intervention <ul style="list-style-type: none"> <li>○ Early Childhood Community Team</li> <li>○ Evidence-based interventions for school-age youth</li> <li>○ Crisis Hotline, Youth S.O.S. Team and SMART</li> <li>○ Early Psychosis program</li> <li>○ Primary Care Interface</li> <li>○ Community outreach and engagement - BHRS Office of Diversity and Equity, Outreach Collaboratives, culturally responsive wellness programs</li> </ul> </li> </ul>	FYI

	<p>Mental Health Student Services Act (MHSSA)</p> <ul style="list-style-type: none"> <li>• Six million dollars for 4 years (extended to 5 years if needed due to COVID)</li> <li>• Partnership with BHRS and SMCOE and covers 12 school districts</li> </ul> <p>Phase 1 – <i>All Districts</i></p> <ul style="list-style-type: none"> <li>• Social Emotional Learning Curriculum (SEL)</li> <li>• Community Resiliency Model Training (CRM) for all Staff</li> <li>• Universal Screeners</li> <li>• Data Collection and Analysis</li> <li>• Care Solace (Funding matched by TUPE, SHCD &amp; PHCD)</li> </ul> <p>Phase 2 – <i>High Need Districts</i></p> <ul style="list-style-type: none"> <li>• Targeted SEL</li> <li>• Wellness Counselors</li> </ul>	
Financial Report David McGrew, CFO	The January FY 21/22 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.  The results of the Board survey were shared with the Board.	FYI
County Health Chief Report Louise Rogers	Ms. Rogers reported that the level of COVID-19 transmission is in a downward trend and we are beginning to see policies lifting the mask mandate. Masks will still be required in certain settings such as hospitals. The vaccination clinics are now focusing on the 5-11 age range. County Health will now step back from universal contact tracing and focus on education. Public Health will return to providing guidance instead of public health orders.	FYI
County Manager Mike Callagy	Mr. Callagy reported that as of March 15, the County will stop using the Event Center for pandemic related activities. It has been a very important resource during the past two years.	FYI
Board of Supervisors Supervisor Groom	No report.	FYI

Supervisor Groom adjourned the meeting at 9:45 AM. The next Board meeting will be held on April 4, 2022.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer

# ADMINISTRATION REPORTS

# BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

**Financial Report: February FY21-22**

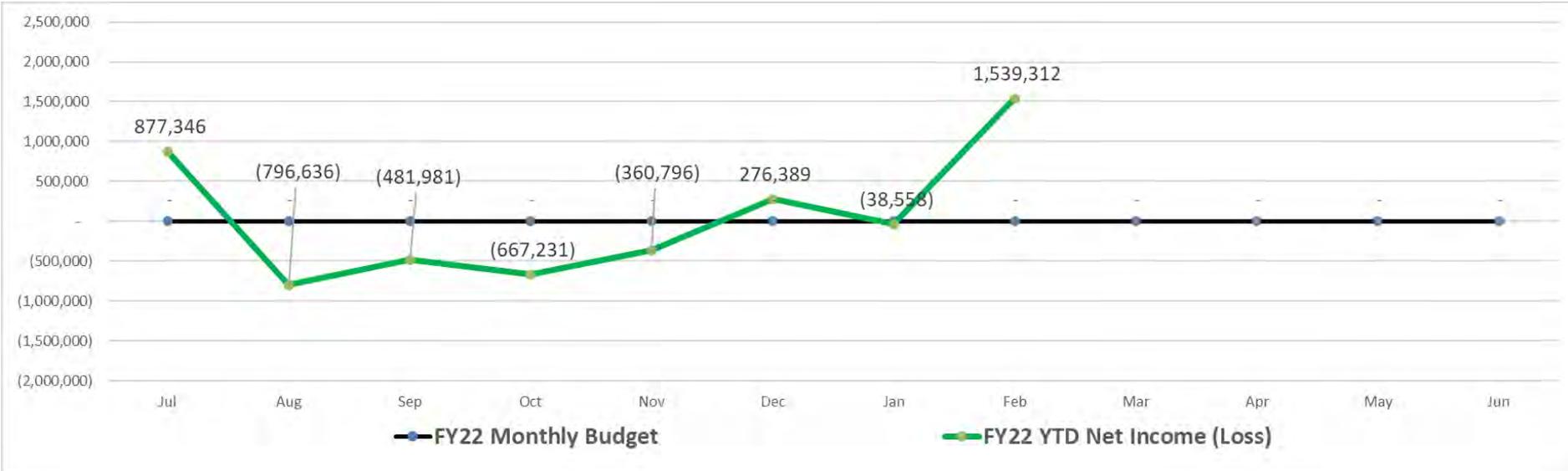
April 4, 2022

**Presenter: David McGrew, CFO**



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# Cumulative YTD Financial Results



## Net Income(loss)–Jan \$1.6M, YTD \$1.5M

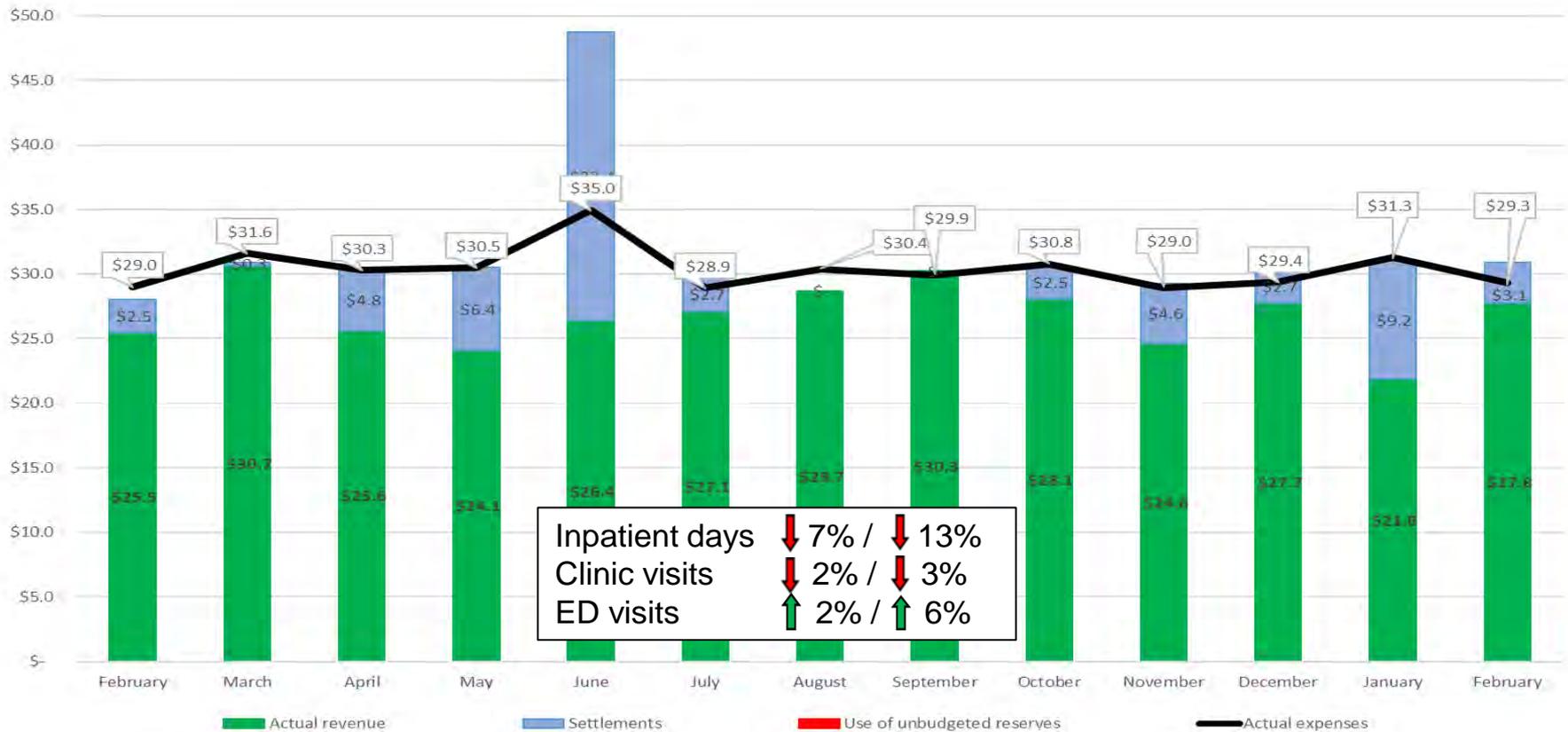
- Medi-Cal Fee for Service (FFS) rates
- Realignment revenue FY19, FY21
- Provider Relief Fund
- Salary and Benefits

- Low patient revenue due to low PCR
- ACE outside medical costs
- Nursing registry

**February FY22 Snapshot:** February is favorable to budget by \$1.6M mainly due to Provider Relief Fund revenue offset by lower patient net revenue. This is an improvement over the FY21 average monthly loss of \$2.7 million. The YTD has turned favorable and is expected to stay favorable/breakeven for the remainder of the year. Inpatient volume continues to be down, ED visits are on the rise and clinic visits are leveling off with seasonal fluctuation. Managed care membership is 2% below budget.

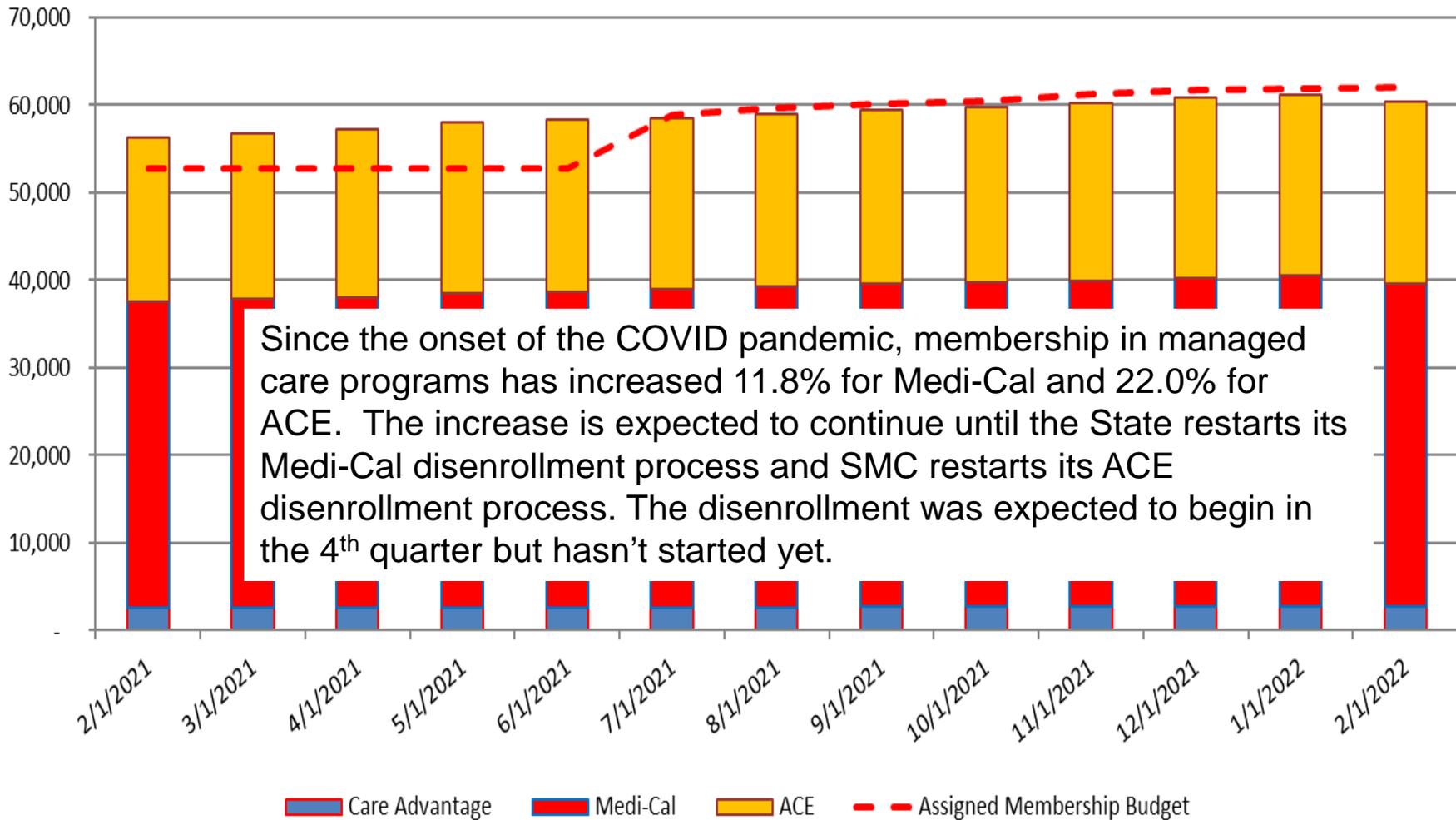
# FY 21-22 Revenue & Expense Trend

SMMC's operating revenue fluctuates around an average of \$28 million (green bar). Operating expenses (black line) are trending flat with slight fluctuation at a FY22 monthly average of \$30 million, which is at par with the prior 12-month average of \$30.3 million. The spike in June Settlements (blue bar) was due to an unusual number of cost report closures. The dip in January operating revenue is due to one-time audit adjustments



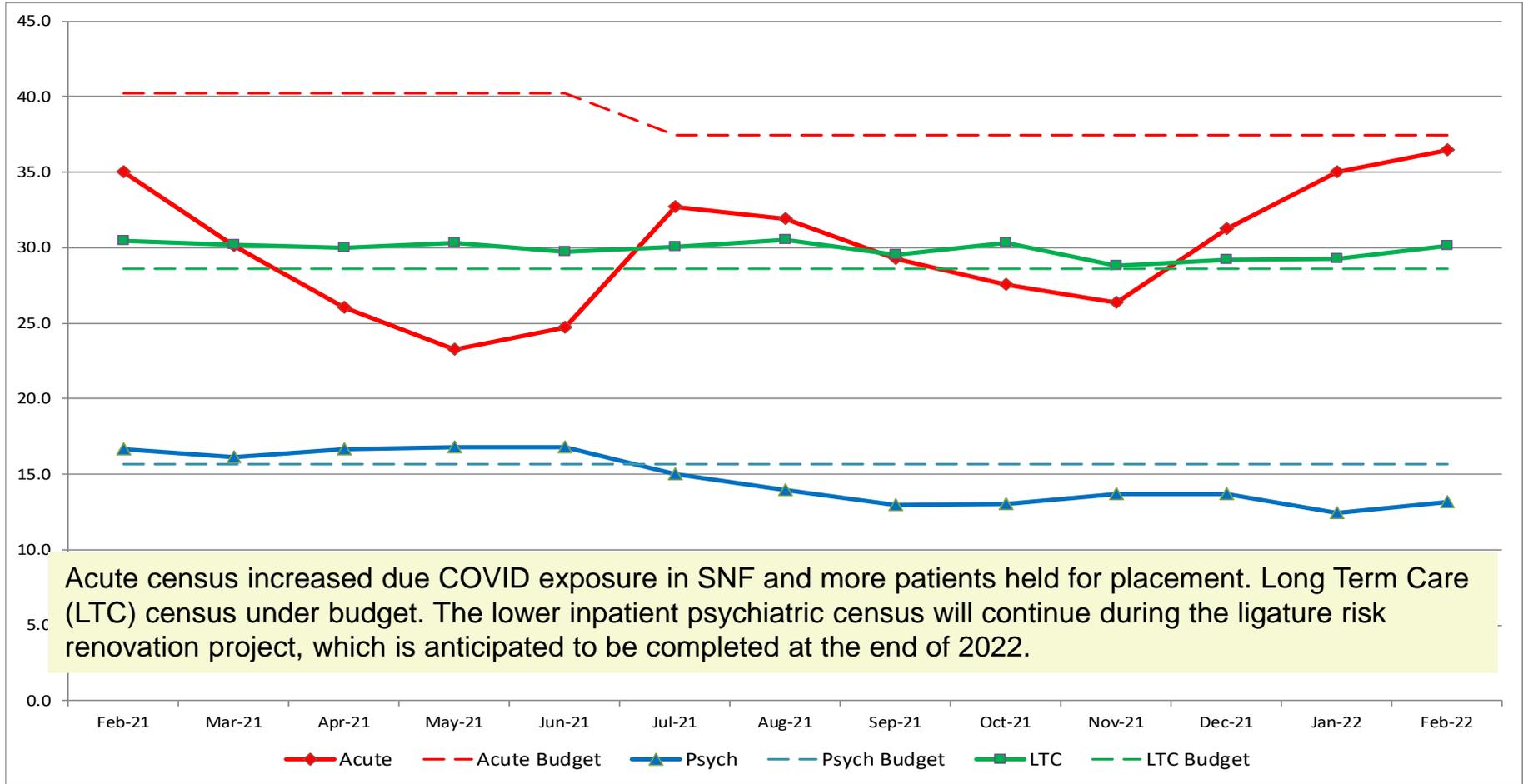
Note: Volume %s are Current Month/YTD actuals vs budget

# Managed Care Membership Trend



# San Mateo Medical Center Inpatient Days February 28, 2022

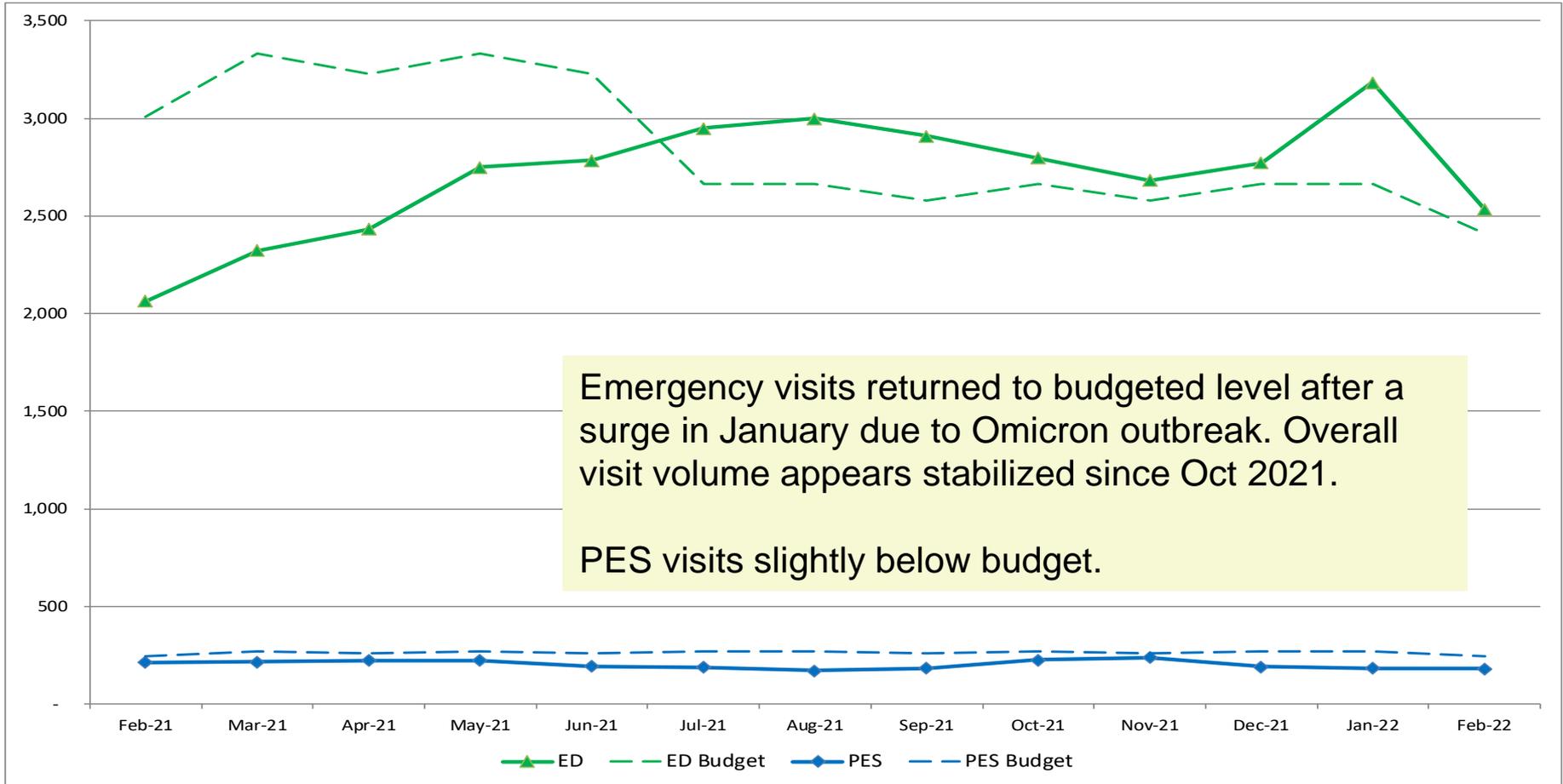
	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Patient Days	2,234	2,395	(161)	-7%	18,107	20,786	(2,679)	-13%



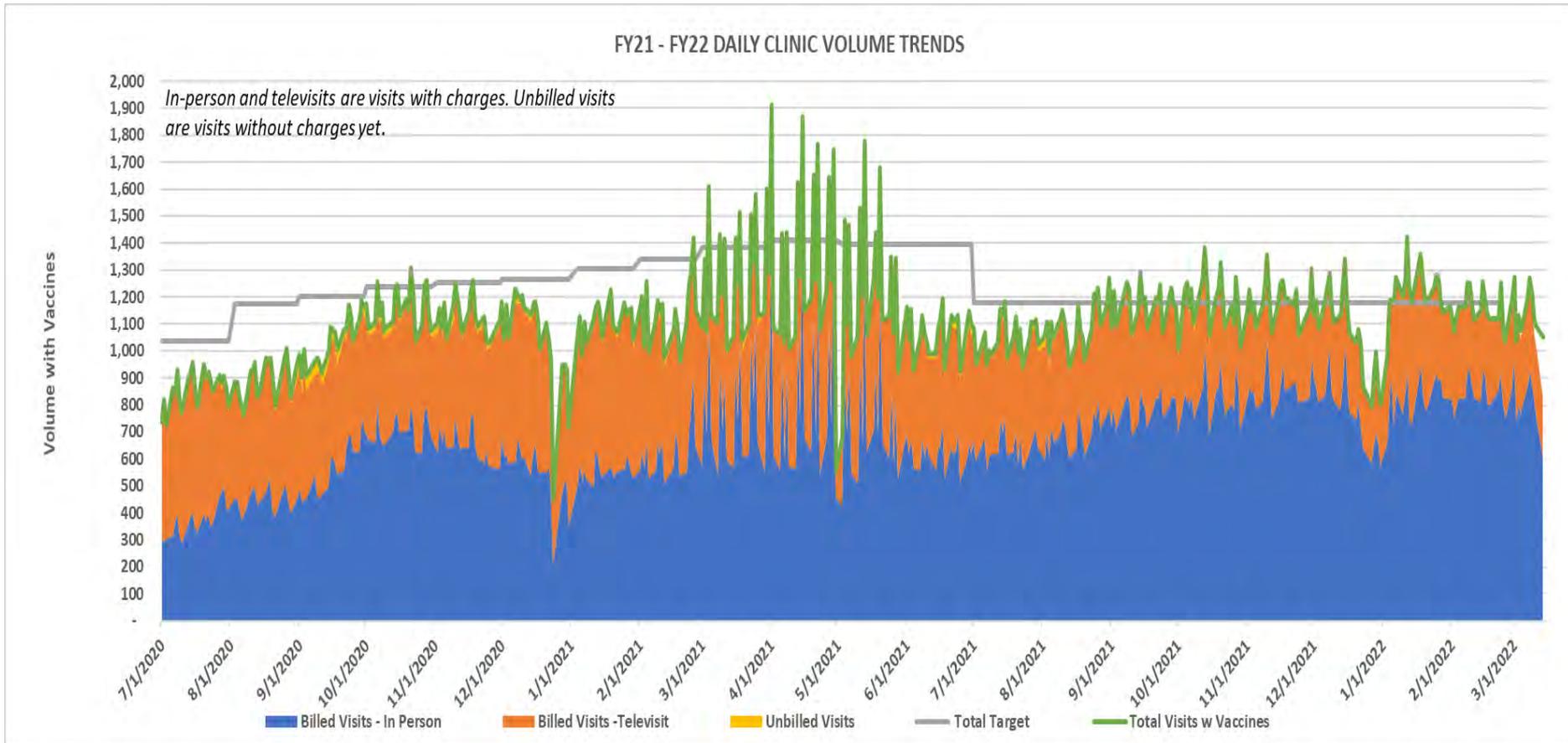
# San Mateo Medical Center Emergency Visits February 28, 2022

	MONTH			
	Actual	Budget	Variance	Stoplight
ED Visits	2,716	2,653	63	2%

	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
ED Visits	24,391	23,025	1,366	6%

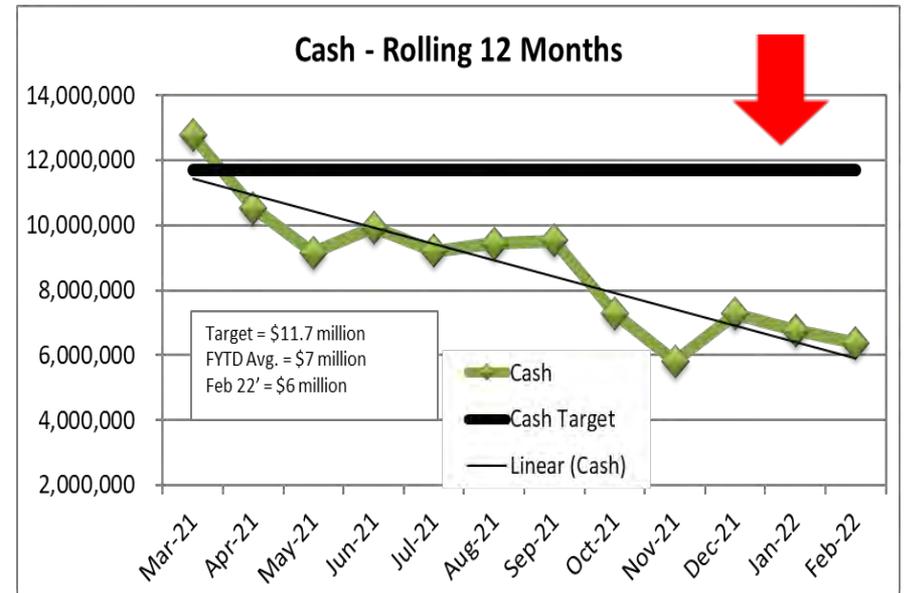
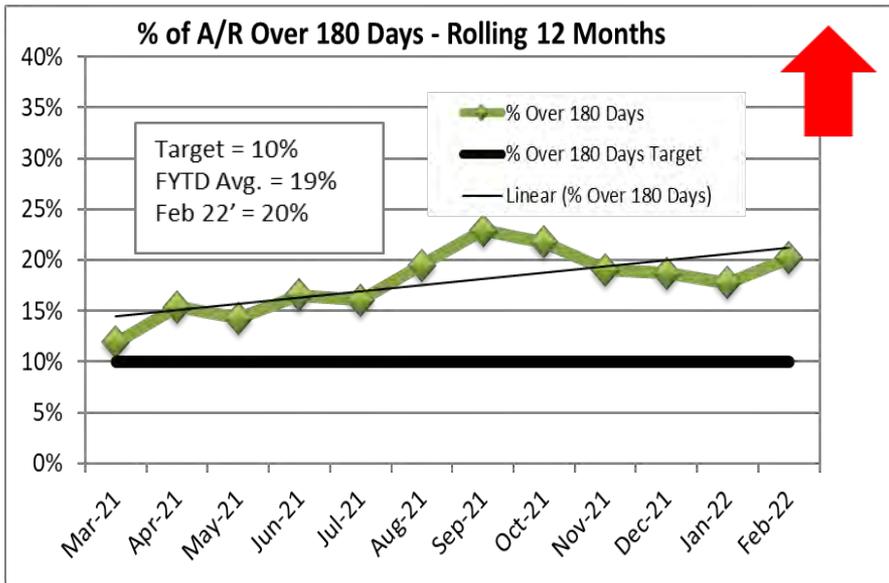
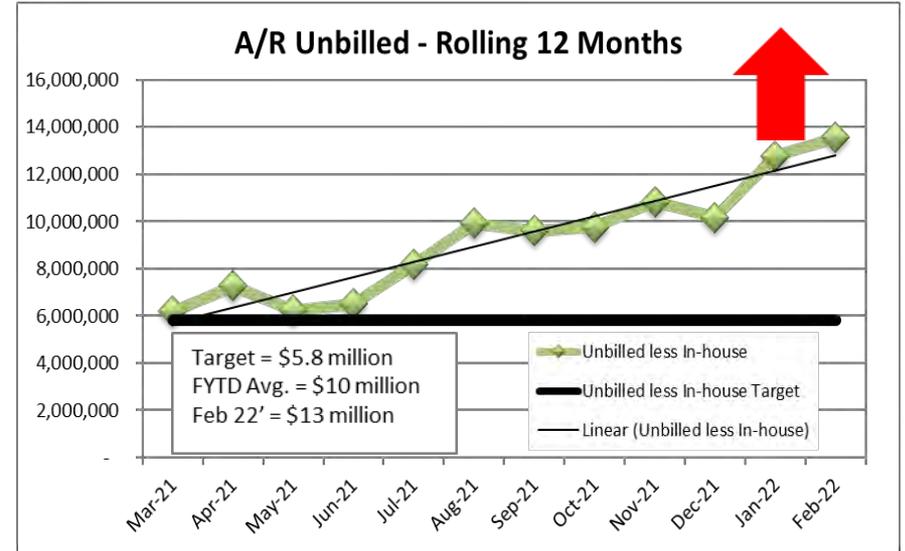
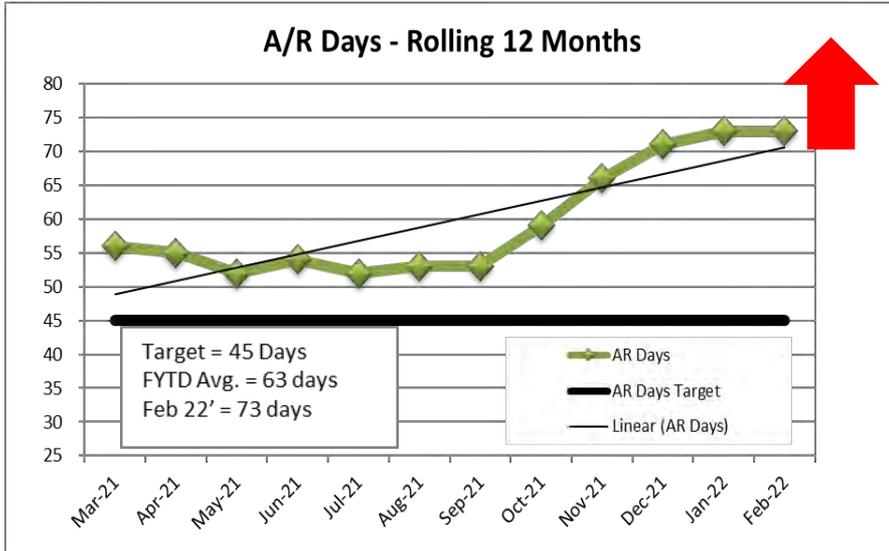


# San Mateo Medical Center Clinic Visits February 28, 2022



Clinic televisits were 42% of total visits in FY21, hitting a high of 78% early in the pandemic. Televisits are running at 30% of total visits in FY22 as more patients are opting for in-person visits. March & April 2021 spikes are due to targeted vaccination events.

# Fee-For-Service Revenue - Key Performance Indicators





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QUESTIONS?

# APPENDIX



SAN MATEO COUNTY HEALTH  
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**San Mateo Medical Center**  
**Income Statement**  
**February 28, 2022**

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

1 <b>Income/Loss (GAAP)</b>	1,577,870	0	1,577,870	🟢
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1,539,312	0	1,539,312	🟢
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2 <b>HPSM Medi-Cal Members Assigned to SMMC</b>	36,818	37,996	(1,178)	-3%	🟡
3 <b>Unduplicated Patient Count</b>	67,690	65,556	2,134	3%	🟢
4 <b>Patient Days</b>	2,234	2,395	(161)	-7%	🟡
5 <b>ED Visits</b>	2,716	2,653	63	2%	🟢
7 <b>Surgery Cases</b>	226	253	(27)	-11%	🔴
8 <b>Clinic Visits</b>	22,027	22,416	(389)	-2%	🟡
9 <b>Ancillary Procedures</b>	61,974	64,797	(2,823)	-4%	🟡

296,482	298,543	(2,061)	-1%	🟡
67,690	65,556	2,134	3%	🟢
18,107	20,786	(2,679)	-13%	🔴
24,391	23,025	1,366	6%	🟢
1,726	2,196	(470)	-21%	🔴
189,720	194,664	(4,944)	-3%	🟡
514,618	562,698	(48,080)	-9%	🟡

10 <b>Acute Administrative Days as % of Patient Days</b>	0.0%	N/A	N/A	0%	🟢
11 <b>Psych Administrative Days as % of Patient Days</b>	71.8%	80.0%	8.2%	10%	🟢

0.0%	N/A	N/A	0%	🟢
71.8%	80.0%	8.2%	10%	🟢

(Days that do not qualify for inpatient status)

**Pillar Goals**

12 <b>Revenue PMPM</b>	85	159	(73)	-46%	🔴
13 <b>Operating Expenses PMPM</b>	277	307	30	10%	🟢

103	160	(57)	-36%	🔴
286	310	25	8%	🟢

14 <b>Full Time Equivalent (FTE) including Registry</b>	1,129	1,205	76	6%	🟢
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1,138	1,205	67	6%	🟢
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**San Mateo Medical Center**  
**Income Statement**  
**February 28, 2022**

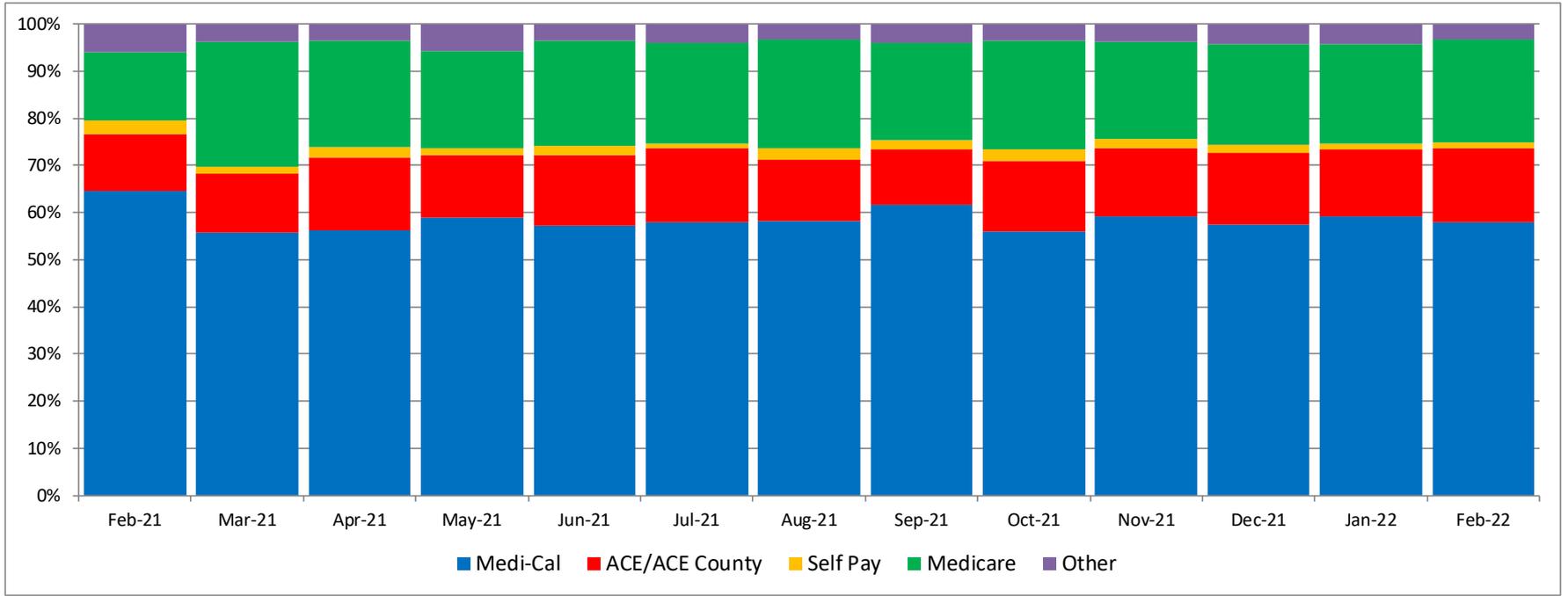
	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 <b>Inpatient Gross Revenue</b>	12,579,125	13,751,776	(1,172,652)	-9%	96,246,896	110,014,209	(13,767,313)	-13%
22 <b>Outpatient Gross Revenue</b>	25,891,078	23,742,593	2,148,484	9%	204,991,861	189,940,745	15,051,116	8%
23 <b>Total Gross Revenue</b>	38,470,202	37,494,369	975,833	3%	301,238,757	299,954,954	1,283,803	0%
24 <b>Patient Net Revenue</b>	7,288,577	13,677,761	(6,389,184)	-47%	76,517,105	109,422,092	(32,904,987)	-30%
25 <b>Net Patient Revenue as % of Gross Revenue</b>	18.9%	36.5%	-17.5%	-48%	25.4%	36.5%	-11.1%	-30%
26 <b>Capitation Revenue</b>	373,034	386,246	(13,212)	-3%	2,946,017	3,089,971	(143,955)	-5%
27 <b>Supplemental Patient Program Revenue</b> (Additional payments for patients)	13,236,538	11,285,634	1,950,904	17%	105,237,793	90,285,069	14,952,725	17%
28 <b>Total Patient Net and Program Revenue</b>	20,898,149	25,349,641	(4,451,493)	-18%	184,700,915	202,797,132	(18,096,217)	-9%
29 <b>Other Operating Revenue</b> (Additional payment not related to patients)	4,573,020	1,175,198	3,397,822	289%	13,152,297	9,401,581	3,750,716	40%
30 <b>Total Operating Revenue</b>	25,471,169	26,524,839	(1,053,671)	-4%	197,853,212	212,198,713	(14,345,501)	-7%

**San Mateo Medical Center  
Income Statement  
February 28, 2022**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
<b>Operating Expenses</b>								
31 Salaries & Benefits	16,510,823	18,553,233	2,042,410	11%	133,533,751	148,425,861	14,892,110	10%
32 Drugs	1,216,855	1,279,462	62,607	5%	8,584,573	10,235,693	1,651,121	16%
33 Supplies	869,806	902,477	32,672	4%	8,504,227	7,219,818	(1,284,409)	-18%
34 Contract Provider Services	3,885,877	3,405,431	(480,446)	-14%	32,266,856	27,243,451	(5,023,405)	-18%
35 Other fees and purchased services	4,938,034	5,134,188	196,154	4%	41,991,647	41,073,503	(918,144)	-2%
36 Other general expenses	504,017	1,527,114	1,023,097	67%	3,679,779	12,216,912	8,537,133	70%
37 Rental Expense	203,898	241,444	37,546	16%	1,603,271	1,931,556	328,285	17%
38 Lease Expense	890,404	742,610	(147,794)	-20%	7,123,233	5,940,878	(1,182,355)	-20%
39 Depreciation	265,937	227,894	(38,043)	-17%	2,082,471	1,823,156	(259,315)	-14%
40 <b>Total Operating Expenses</b>	29,285,650	32,013,854	2,728,203	9%	239,369,807	256,110,829	16,741,021	7%
41 <b>Operating Income/Loss</b>	(3,814,482)	(5,489,014)	1,674,533	31%	(41,516,595)	(43,912,115)	2,395,520	5%
42 <b>Non-Operating Revenue/Expense</b>	550,966	187,213	363,754	194%	4,324,826	1,497,701	2,827,125	189%
43 <b>Contribution from County General Fund</b>	4,841,385	5,301,802	(460,417)	-9%	38,731,081	42,414,414	(3,683,333)	-9%
44 <b>Total Income/Loss (GAAP)</b>	1,577,870	0	1,577,870		1,539,312	0	1,539,312	
(Change in Net Assets)								

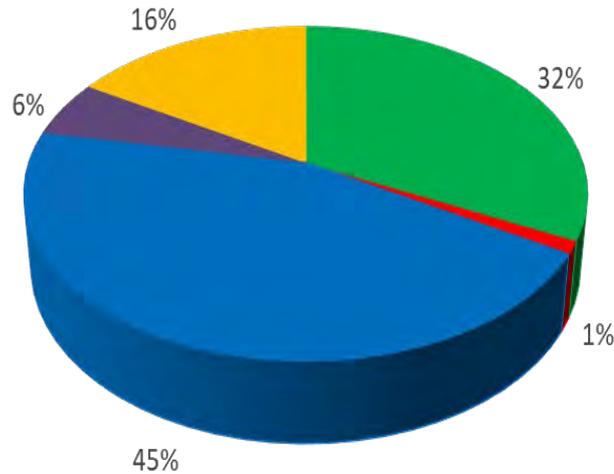
**San Mateo Medical Center  
Payer Mix  
February 28, 2022**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
<b>Payer Type by Gross Revenue</b>	A	B	C	D	E	F	G	H
Medicare	21.8%	22.7%	-0.9%		21.6%	22.7%	-1.1%	
Medi-Cal	58.0%	58.9%	-0.9%		58.4%	58.9%	-0.4%	
Self Pay	1.2%	1.6%	-0.3%		1.7%	1.6%	0.2%	
Other	3.4%	4.3%	-0.9%		3.8%	4.3%	-0.5%	
ACE/ACE County	15.6%	12.5%	3.0%		14.4%	12.5%	1.9%	
<b>Total</b>	100.0%	100.0%			100.0%	100.0%		

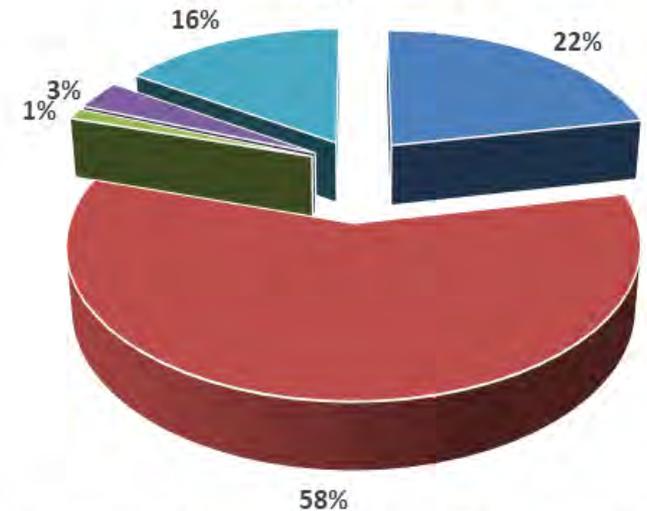


# Revenue Mix

## Sources of Revenue



## Payor Mix



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

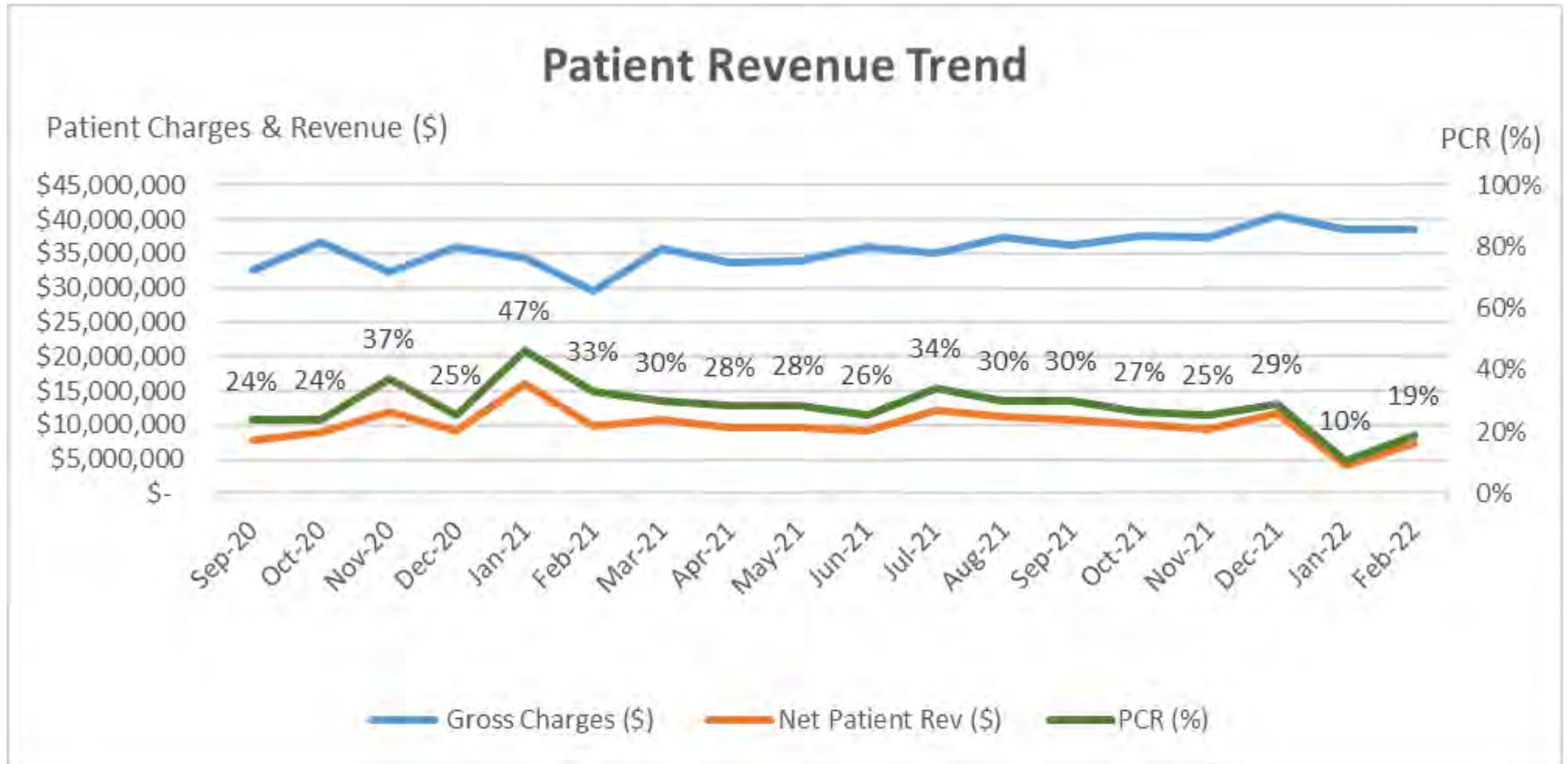
**Health Plan of San Mateo (HPSM)** represents 32% of our Operating Revenue

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

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

NO commercial contracts

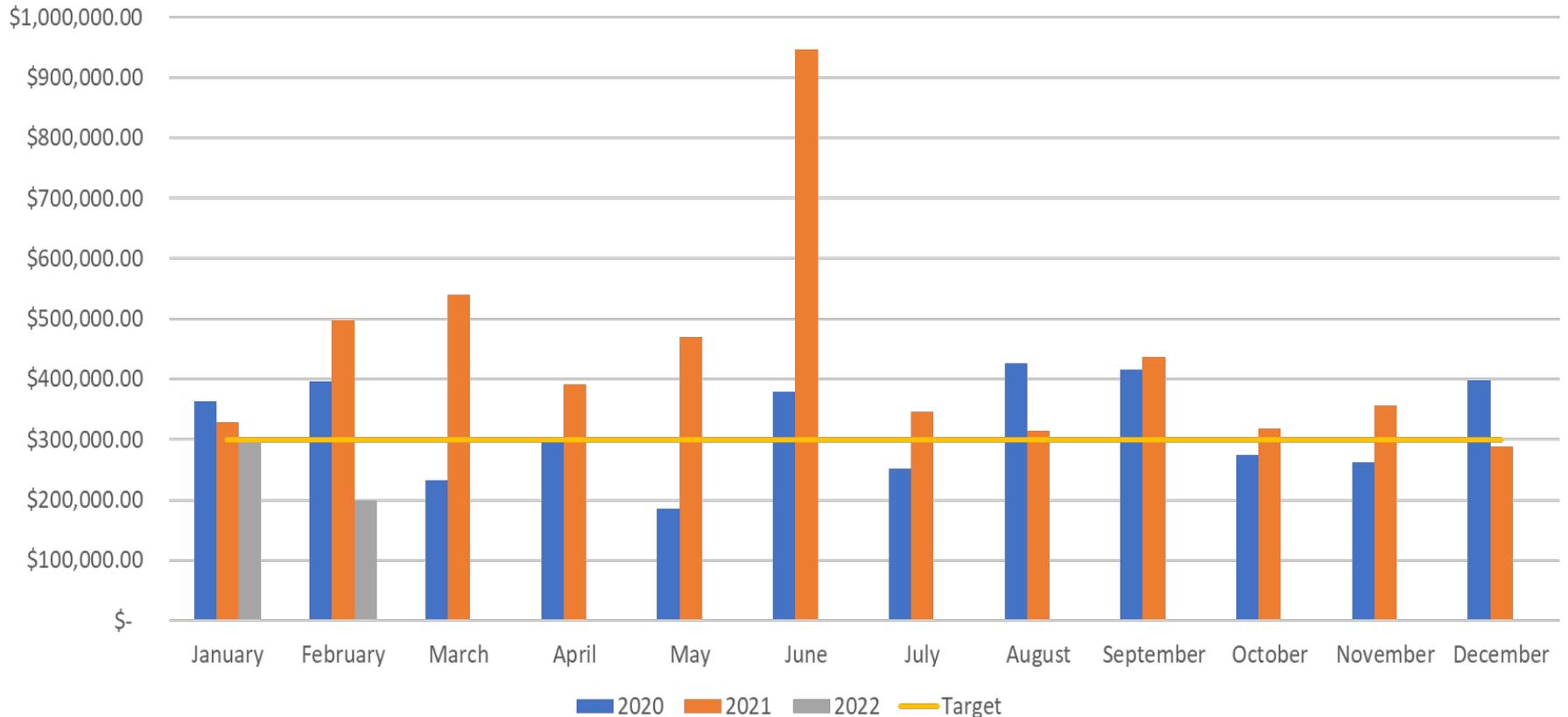
# Fee-For-Service Patient Revenue Trend



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

Gross patient revenue is trending up due to the increase in patient volume since late last year and addition of new charge codes for billing compliance. The collection rate (PCR) is slightly trending down with an average of 29%. January PCR was low due to a few one-time adjustments. PCR is expected to return to its trended average in the next month or so.

# Fee-For-Service Commercial Collections

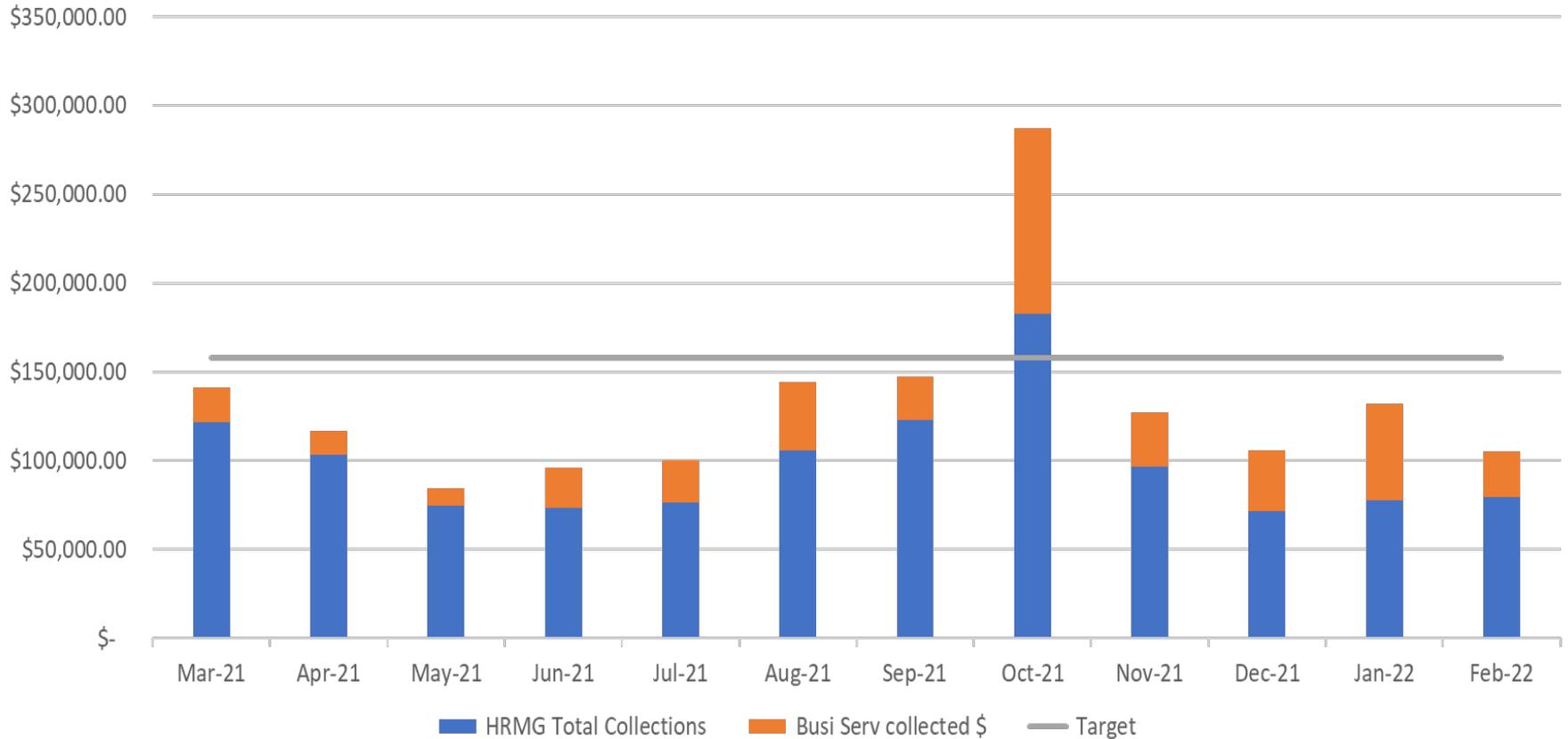


*July 2020 MMX began supporting PFS with Commercial Collections*

Med-Metrix is a 3<sup>rd</sup> party vendor supporting the PFS team with collection work on commercial accounts. They have exceeded prior year PFS collections in all but 3 months.

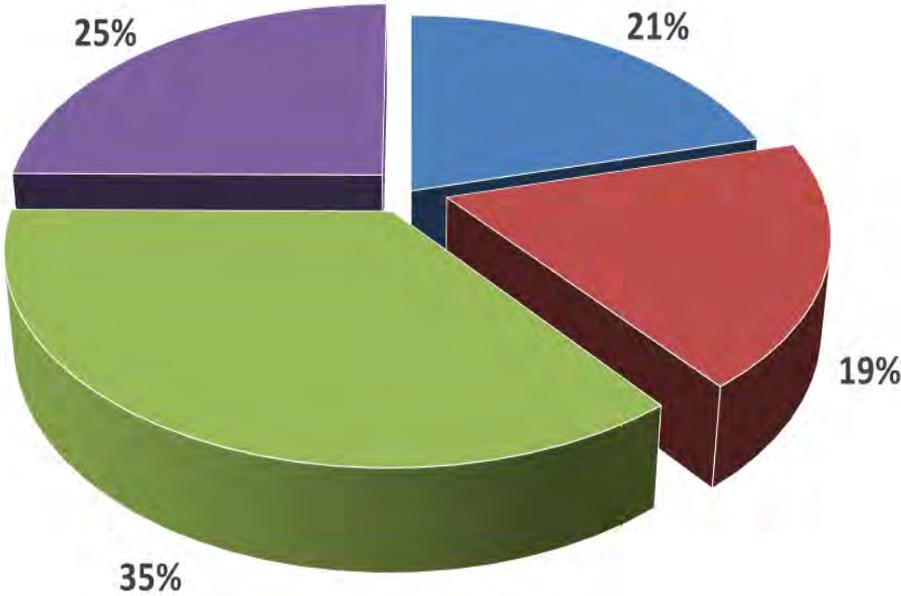


# Fee-For-Service Self Pay Collections



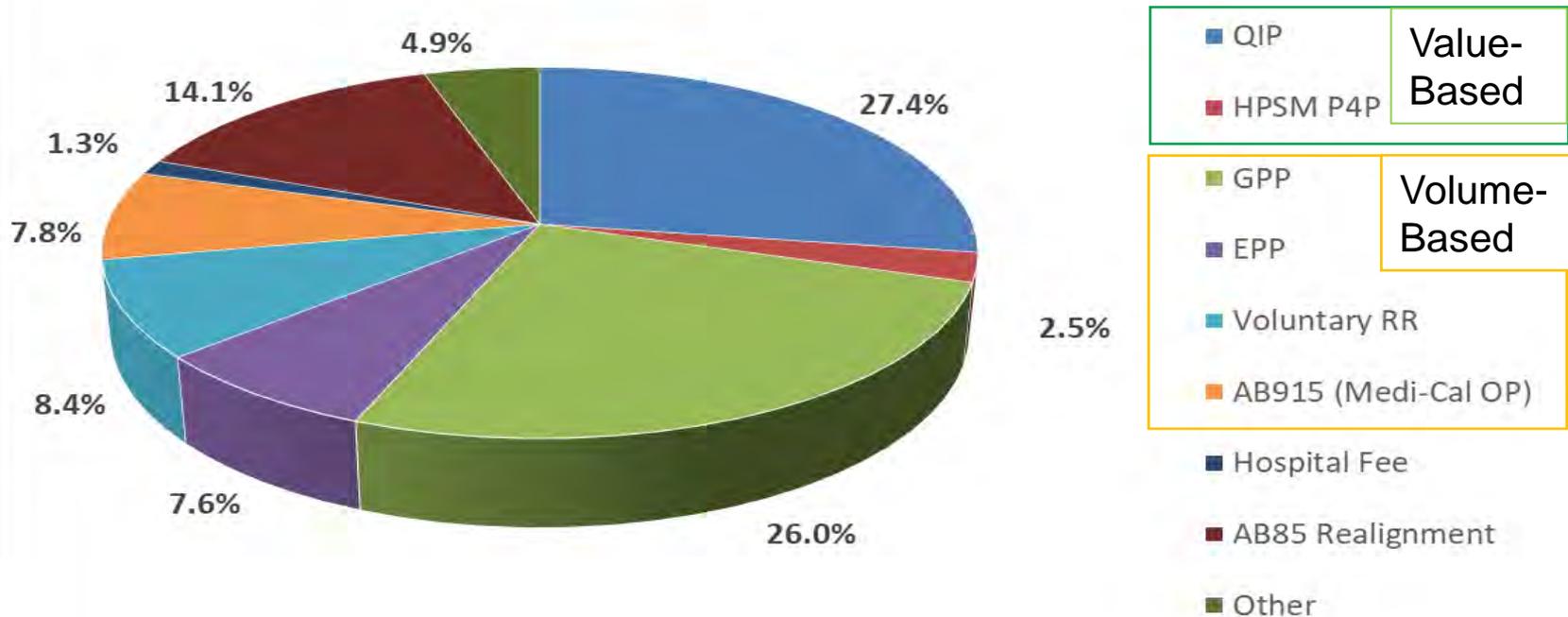
SMMC contracted with Healthcare Revenue Management Group to support SMMC's Business Services unit with collections of self-pay balances

# Revenue Mix by Service Line

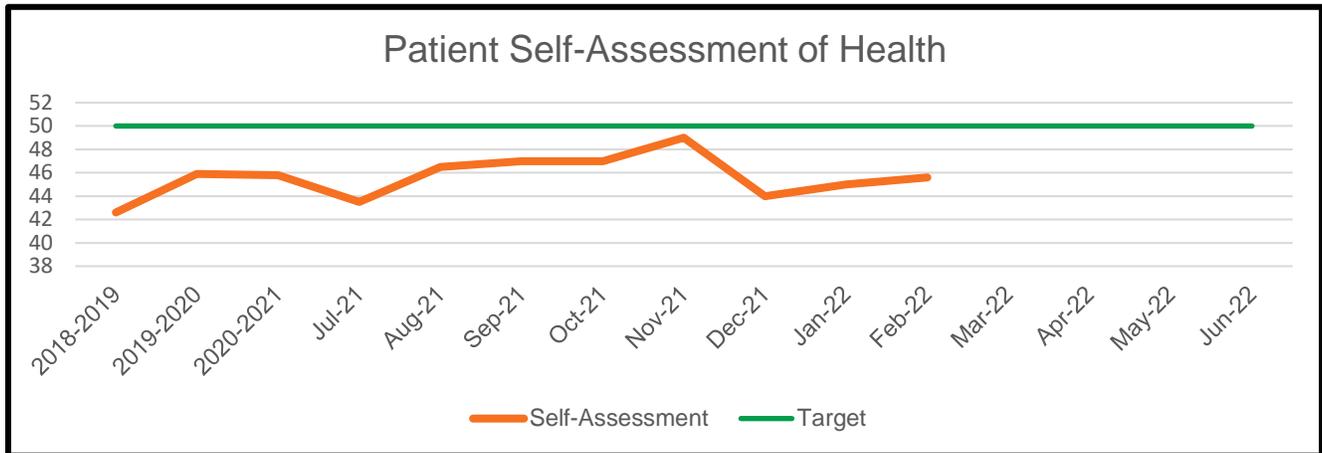


■ Inpatient      ■ Hospital ED & Outpatient      ■ Ambulatory Clinics      ■ Ancillary Services

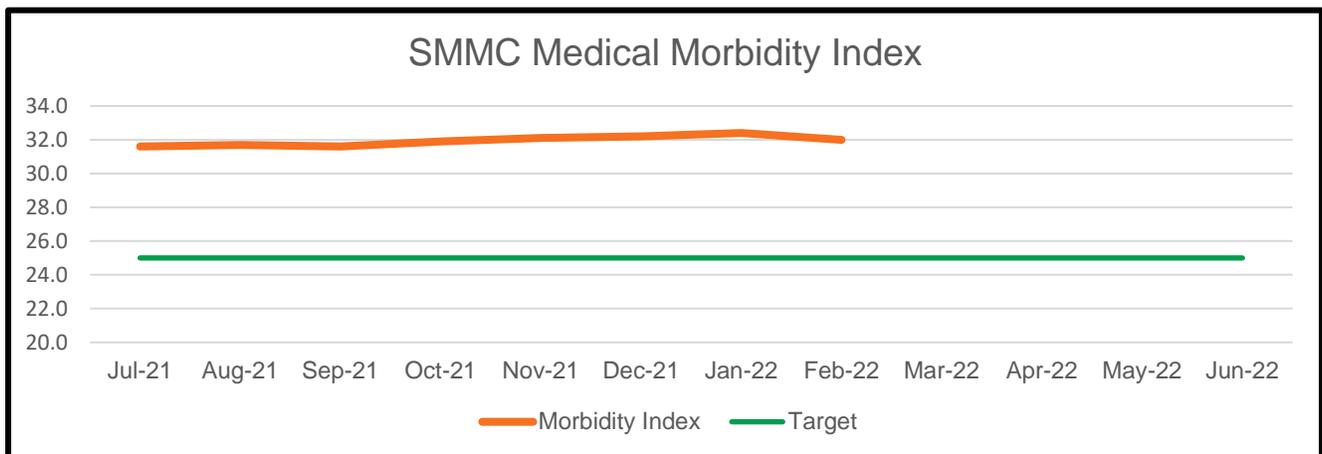
# Supplemental Revenue Mix



- **Value-Based** programs represent 29.9% of our Supplemental Revenue
- **Volume-Based** programs represent 70.1% of our Supplemental Revenue



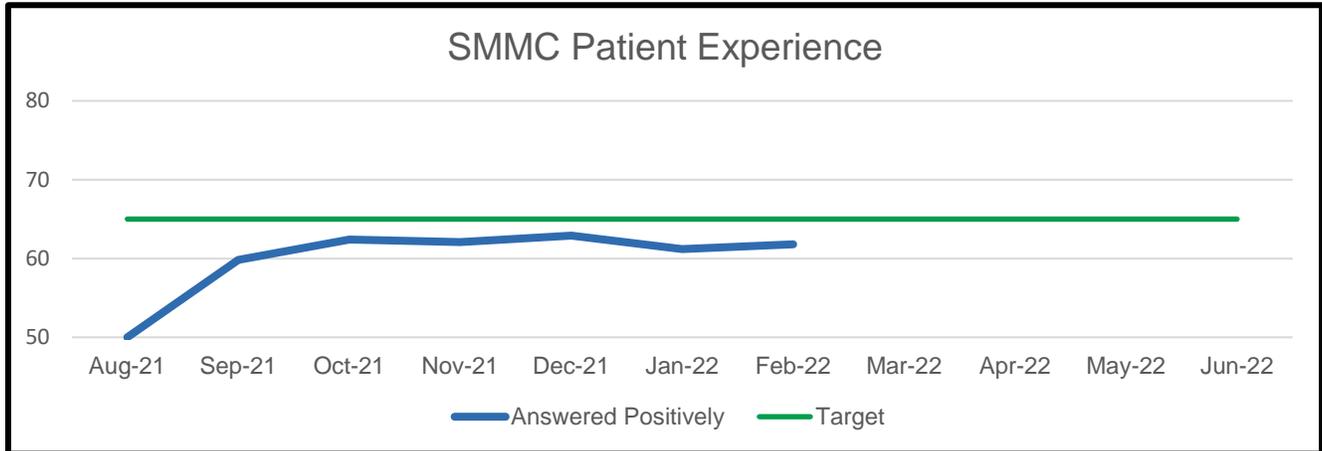
**Patient Self-Assessment of Health:** All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



**Medical Morbidity Index:** This represents the percentage of SMMC patients who meet one or more of the following criteria: Inadequately Controlled Diabetes, Inadequately Controlled Hypertension, Obesity, or a Positive Depression Screen. **Lower is better.**



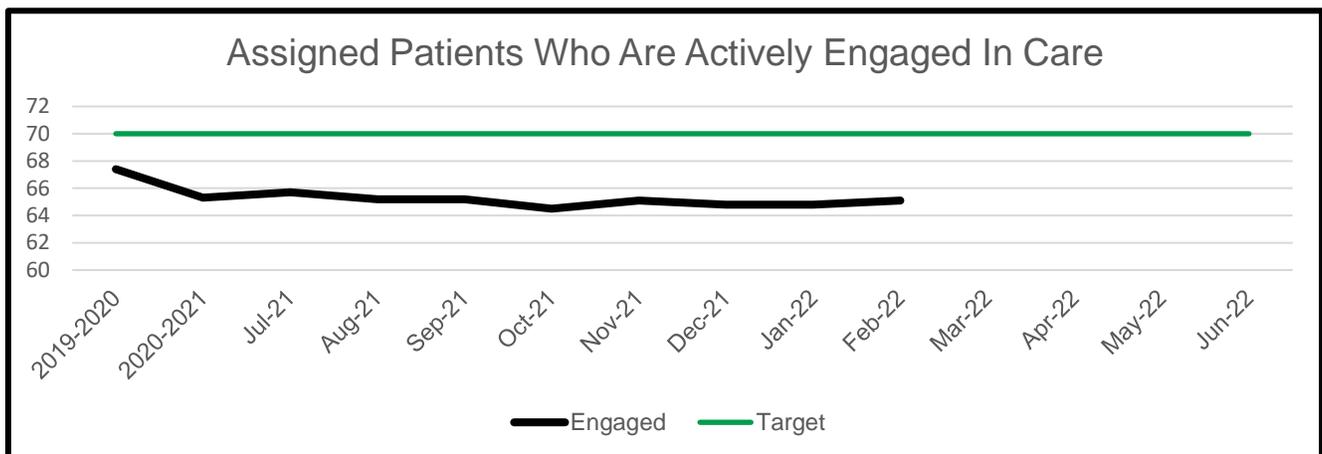
## Patient Experience



**Patient Experience:** Percentage of patients who answered affirmatively to the patient experience survey question: “Did the staff work together to meet your needs?” -New Metric begun in August 2021. **Higher is better.**



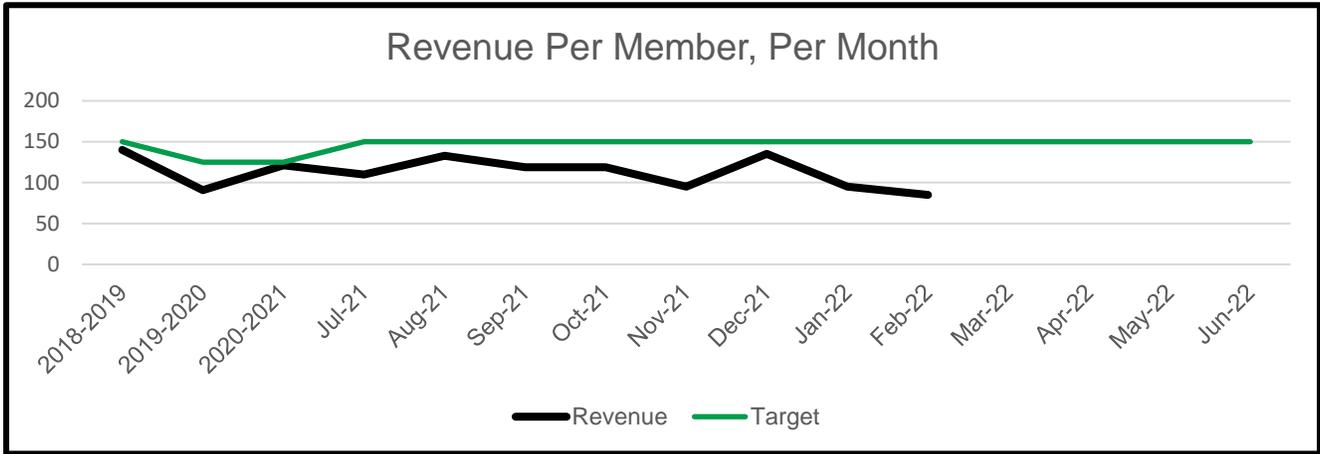
## Access to Care



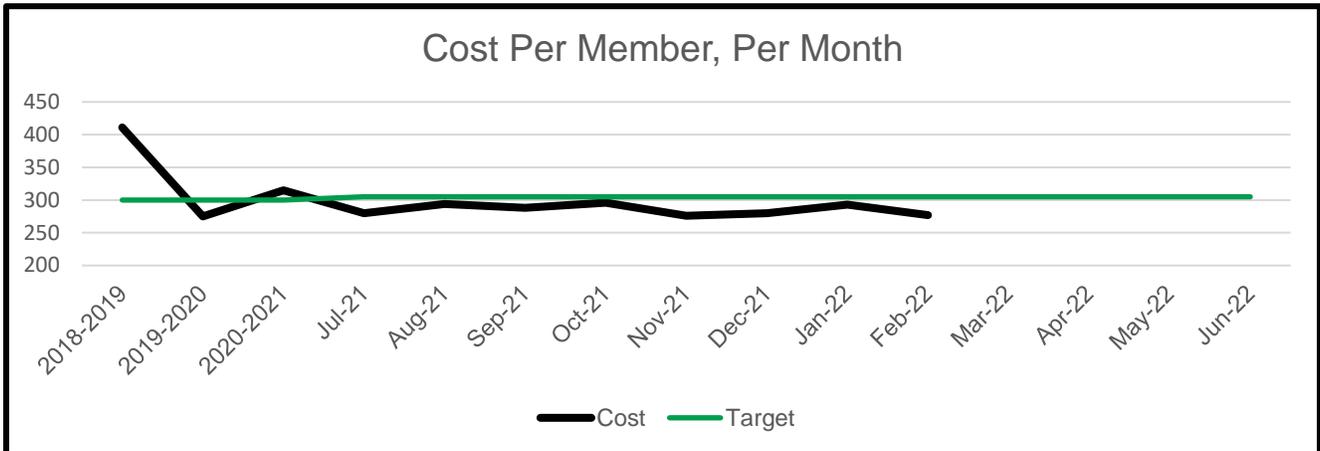
**Assigned and Engaged:** Percentage of patients assigned to SMMC by the Health Plan of San Mateo who are actively engaged in Care. **Higher is better.**



# Financial Stewardship



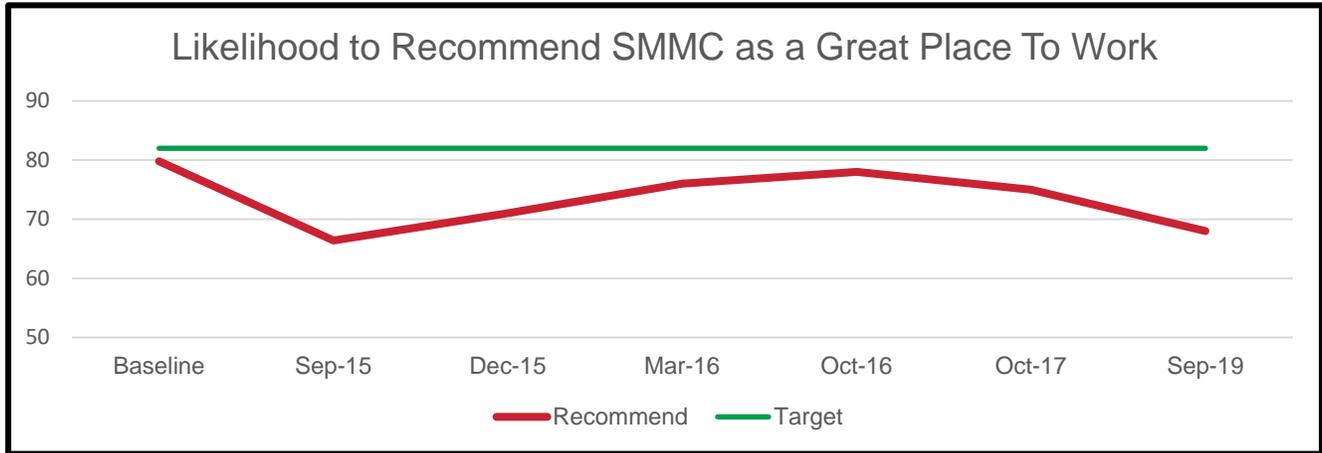
**Revenue Per Member, Per Month:** Total patient revenue divided by total number of assigned members. **Higher is better.**



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



## Staff Engagement



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

# Strategic Updates, Recognitions & Awards

## Transitions

March is always a heavy month for retirements at San Mateo Medical Center. This year is no different and this month we will bid farewell to a number of colleagues across the organization. We thank them for their years of service especially during the pandemic and wish them well in all their future endeavors.

### **Malu Cruz Retires as Clinical Services Manager of SMMC Skilled Nursing Unit**

Malu Cruz, RN, NP, MSN retired 3/31/2022 after 27 years serving San Mateo County residents. She began her career in San Mateo County in 1995 as the Charge Nurse in the Geropsychiatric Unit at Crystal Springs Rehabilitation Center. Upon closure of that center, she transitioned to the 1A Skilled Nursing Unit at SMMC becoming the Clinical Services Manager. During her time with SMMC, Malu earned her graduate degree as a clinical nurse specialist in Gerontology and eventually her nurse practitioner license in family health. She has served the 1A unit not only as a leader but also a clinical practitioner. Under Malu's leadership, the 1A unit has thrived, earning multiple national, state, and local recognitions. We are grateful for all Malu's contributions and wish her the best in her future endeavors.

### **Roberta Larcina Named Interim Deputy Director of Nursing for Medical-Surgical Inpatient Services**

With the April 1 departure of Chief Nursing Officer Joan Spicer, Carlton Mills, RN, MSN has accepted the role of Interim Chief Nursing Officer. Carlton will maintain the majority of his responsibilities as Deputy Director of Nursing Services for Acute Psychiatric Services. The Chief Nursing Officer also historically functions as the Deputy Director of Medical-Surgical Inpatient Services. As Carlton takes on his interim role, Roberta (Rob) Larcina, RN, MSN, Clinical Services Manager of Acute Care Nursing has accepted the Work out of Class role as Interim Deputy Director of Medical-Surgical Inpatient Services. Rob started her career with San Mateo County in 1991 in Public Health and moved to SMMC in 2003. She has worked as a Hospital Unit Coordinator, ICU Nurse, and Clinical Nurse Educator before becoming the Clinical Services Manager of Acute Care Nursing which includes the ICU, Medical-Surgical unit and the Infusion Center. She assumed her new role as Interim Deputy Director 4/1/2022 and will have oversight of Peri-Operative Services, the Endoscopy unit, ICU, Medical-Surgical units, Infusion Center and the Nursing Supervisors. We are excited to have Rob in this new role.

### **SMMC Vaccination Efforts Continue**

As we prepare for the future in the Endemic phase of COVID-19, SMMC recognizes that timely and up to date vaccination will be critical to keeping our community safe and therefore our vaccination efforts remain a priority.

As of 3/28/2022, 51,689 (79%) of our patients over the age of 5 have received at least one vaccine dose while 72% have completed their initial vaccine series and 35.1% have received

their booster. Of those over age 12, 81.6% have received at least one dose and 74.7% have completed the initial series while 38.8% have received their booster. In those over age 50, 85.2% have at least one dose, 79.6% have completed the initial series and 53.9% have received their booster. Looking at those over the age of 65, 86.6% have received one dose, 81.6% have completed the initial series and 60.2% are boosted. In the most vulnerable neighborhoods, 78.2% of our patients over age 5 have received at least one dose with 71.4% having completed the initial series and 33.6% having received a booster.

We appreciate the efforts of all our staff to meet this important need of our community and look forward to continuing to update the board on our efforts in the future.

**March 2022**

# SNAPSHOT: San Mateo County Health

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

INDICATOR	NUMBER	CHANGE FROM PREVIOUS MONTH	CHANGE FROM PREVIOUS YEAR
ACE Enrollees	27,416 (February)	0.9%	10.4%
SMMC Emergency Department Visits	2,716 (February)	-19.3%	22.7%
New Clients Awaiting Primary Care Appt.	0 (March)	N/A	N/A

## Tamarra Jones appointed chief equity officer for public health



With over twenty years' experience serving in local health departments in Nevada and Southern California, Tamarra Jones, MPH, DPH, has been named chief equity officer for County Health. Dr. Jones has led or been a member of numerous planning bodies, including serving as president for the California Conference of Local AIDS Directors and executive member of the California STD/HIV Controllers Association. She has worked in programs supporting underserved populations, prevention programming, and community engagement and collaboration activities. She most recently served as division manager for the Health Promotion and Community Planning Division of the Orange County Health Care Agency.

As chief equity officer, she will guide County Health's efforts to reduce barriers to accessing health care services and supports and ensure that health outcomes in the community are not constrained by social determinants, such as income, race, and education. She will also serve as health policy and planning manager, focusing on engagement with community-based organizations, County agencies, cities, schools, and other stakeholders to set priorities and determine strategies for building healthy, equitable communities.

## In partnership with Behavioral Health and Recovery Services, StarVista launches specialized mobile crisis response service for youth

StarVista, the nonprofit that delivers services through counseling, skill development, and crisis prevention to children, youth, adults, and families, has launched its Youth Stabilization, Opportunity, and Support (SOS) Team, a specialized mobile crisis response service for youth aged 0-25 years old. The program is funded by the local Mental Health Services Act and general state funds.

The program is a partnership between Behavioral Health and Recovery Services (BHRS), which manages the StarVista contract and has worked with the nonprofit to design and implement the program. The SOS team is comprised of mental health clinicians, a youth peer partner, and family partners to comprehensively address any assessment, psychoeducation, therapeutic, or case management needs.

The Youth SOS team is designed to respond to children and youth who are experiencing an escalation of mental and behavioral health symptoms (such as suicidal ideation/intent, self-injurious behaviors, undiagnosed mental health disorders). The team will prioritize current or former foster youth as well as community sites (like schools) that have limited mental health resources. To access this service, a community member will call StarVista's Crisis Hotline (650) 579-0350 or the California Family Urgent Response System line (833) 939-3877.

"This is a wonderful addition to our menu of crisis response services available to our community. This new service will not only increase our capacity to provide on the spot support for youth and transitional aged youth who are in crisis but also facilitate access to treatment and support, reducing the barriers and disparities in the communities we serve," said BHRS Director, Scott Gilman.

## **EMS Director Travis Kusman appointed by governor to Commission on Emergency Medical Services**

Travis Kusman, MPH, who serves as County Health's director of Emergency Medical Services (EMS), has been appointed by Governor Newsom to the State's Commission on Emergency Medical Services. The Commission advises the State's Emergency Medical Services Authority, which provides leadership in developing and implementing EMS systems throughout California and sets standards for the training and scope of practice of various levels of EMS personnel. The EMS Authority is also responsible for promoting preparedness and supporting disaster medical response throughout the state. The Commission, among other responsibilities, reviews and approves regulations, standards, and guidelines developed by the Authority. In addition to leading County Health's EMS division, Kusman also heads the County's Medical Health Operational Area Coordinator (MHOAC) program and serves as regional disaster medical health coordinator for California's Coastal Mutual Aid Region. The MHOAC program drives the County's preparedness for and response to medical and health emergencies and is the County's agent for coordinating the provision and receipt of mutual aid via the statewide and regional disaster medical health response structure.



## **Nurse-Family Partnership graduates 30 moms and toddlers**

On March 9th, Family Health Services celebrated 30 moms and their toddlers as they graduated from the Nurse-Family Partnership (NFP) program. NFP serves first-time pregnant and parenting mothers from early pregnancy through their child's second birthday, with the goal of empowering them to transform their lives and create better futures for themselves and their children.

Each mom participated in virtual and in person-visits that occurred at least weekly or monthly with their public health nurse. One recent graduate completed a total of 52 visits over the two-and-a-half year program despite the many challenges she faced, which included being wheelchair-bound, delivering a premature baby at 23 weeks gestation, and having her primary NFP nurse deployed to support County Health's COVID-19 response for several months. It was a huge accomplishment to stay committed to this program, even during the pandemic.

Family Health Services is grateful to partners at San Mateo Medical Center for referring pregnant mothers as early as possible so that these families can derive the long-term benefits of participation in NFP, which include promoting healthier pregnancies and birth outcomes, improving child health and development, and improving the life-course development of the family by supporting clients to develop a vision they want for themselves.