



SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

# **BOARD OF DIRECTORS MEETING**

Monday, December 5, 2022

8:00 AM – 10:00 AM



# AGENDA

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Board of Directors

Monday, December 5, 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. November 7, 2022 Minutes

**H. MEDICAL STAFF REPORT**

Chief of Staff Update

Dr. Steve Hassid

**I. ADMINISTRATION REPORTS**

1. Advancing an Integrated Electronic Health Record
2. Financial Report
3. CEO Report

Louise Rogers.....Verbal

David McGrew..... TAB 2

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: December 5, 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, November 7, 2022  
Videoconference Meeting

**Board Members Present**

Mike Callagy  
Louise Rogers  
Dr. CJ Kunnappilly  
Dr. Steve Hassid  
Dr. Brita Almog  
Dr. Gordon Mak

**Staff Present**

Michelle Lee  
David McGrew  
Dr. Alpa Sanghavi  
Peggy Jensen  
Dr. Yousef Turshani  
Dr. Amar Dixit

Rebecca Archer  
Karen Pugh  
Rachel Daly  
Suzanne Schmitz

Priscilla Romero

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Dr. Kunnappilly 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 8:20 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for November 11, 2022. QIC Minutes from August 23 and September 27, 2022. Medical Executive Committee Minutes from October 11, 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	None	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from October 3, 2022.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.

<p>Medical Staff Report Dr. Steve Hassid</p>	<p>Dr. Hassid reported that the upcoming season could see a “tridemic” which is a combination of large case numbers of flu, RSV, and COVID-19. RSV in pediatric patients have hit high levels in hospitals around the county. The best protection is to stay current on vaccinations and to mask when indoors around crowds. As reported previously, we are still experiencing gaps in specialties services although neurology has improved. Administration has been supportive.</p>	<p>FYI</p>
<p>SMMC’s Strategic Focus Dr. CJ Kunnappilly</p>	<p>Our True North (vision) guides our strategic planning. “Every patient will live their healthiest life.” Our breakthrough initiative. “Foster a culture of continuous improvement by improving our improvement system.” San Mateo Medical Center patients and staff need the organization to develop, and continually improve, the systems necessary to support our committed and talented staff in helping patients live their healthiest lives.</p> <p>What’s in our way?</p> <ul style="list-style-type: none"> <li>• Complex staffing challenges that vary unit to unit</li> <li>• Staff struggle with current systems (workflows, tech, etc.)</li> <li>• Systems don’t always fully meet patient needs</li> <li>• Upcoming regulatory, technology, and financial changes will require rapid improvement</li> <li>• Dedicated to improvement, but our improvement approach can be slow and episodic</li> </ul> <p>Current Condition</p> <ul style="list-style-type: none"> <li>• Improvement driven by small number of leaders often leading to delays and missed opportunities</li> <li>• Improvement efforts are not always data driven</li> <li>• Improvement opportunities are not always correctly prioritized based on need</li> <li>• Improvement systems are inconsistently used and often not executed as desired/designed</li> <li>• Lack of commitment to standardization</li> </ul> <p>Three Strategic Initiatives</p> <ul style="list-style-type: none"> <li>• WHAT: Develop a system to do the right improvements at the right time</li> <li>• WHO: Establish an improvement council structure and process</li> <li>• HOW: Define, stabilize, and improve processes within the improvement system</li> </ul> <p>8 Elements of Improvement</p> <ol style="list-style-type: none"> <li>1. Active prioritization and de-prioritization of time and responsibilities</li> <li>2. Defined roles and agreement on commitments</li> <li>3. People part – change management &amp; communications</li> <li>4. People who do the work, design the work</li> <li>5. Support chain facilitates improvement</li> <li>6. Consistently gather feedback (voice of the customer)</li> <li>7. Study and adjust using improvement charters</li> <li>8. Nurture joy in work and remove energy-depleters</li> </ol>	<p>FYI</p>

	<p>The Opportunities</p> <ul style="list-style-type: none"> <li>• Address our challenges faster and more effectively than ever before</li> <li>• Ensure the focus, resources, and systems necessary to be successful are made available</li> <li>• Successful implementation of all change initiatives – big and small</li> <li>• Create a model for others to learn from</li> </ul> <p>What's Next?</p> <ul style="list-style-type: none"> <li>• Debrief on current experiment in a few weeks to capture learnings</li> <li>• Subsequent experiments will focus on: <ul style="list-style-type: none"> <li>• Adjustments to learnings from prior experiments</li> <li>• Testing new aspects of the proposed system</li> </ul> </li> <li>• Fail Forward Fast</li> </ul>	
<p>Financial Report David McGrew, CFO</p>	<p>The September FY 22/23 financial report was included in the Board packet and David McGrew answered questions from the Board.</p>	<p>FYI</p>
<p>CEO Report Dr. CJ Kunnappilly</p>	<p>Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board. Dr. Amer Dixit was introduced as the recently hired Chief Medical Information Officer.</p>	<p>FYI</p>
<p>County Health Chief Report Louise Rogers</p>	<p>Louise Rogers updated the Board about the relocation of some Health staff who are now at the San Mateo office on Alameda de las Pulgas Avenue. The 37<sup>th</sup> Health Administration building is slated to be taken down in Spring 2023.</p> <p>In 2023, the County's first Navigation Center will open and have 240 beds for formerly homeless individuals as they transition into permanent housing. It will also provide full-time medical care including behavioral health support.</p> <p>CARE (Community Assistance, Recovery and Empowerment) Court will start in San Mateo County in 2024. This is a state program to help homeless people who have substance abuse issues and to help establish housing. This can be an alternative to conservatorship for persons 18 years and older.</p> <p>The county continues to offer pop-up COVID-19 vaccination clinics.</p>	<p>FYI</p>
<p>County Executive Officer Mike Callagy</p>	<p>The County has reached a milestone by opening the El Camino House, a new transitional housing shelter. It offers over 40 unites of safe temporary housing and on-site support services to assist people experiencing homelessness. The building was formerly the Stone Villa Inn hotel in San Mateo.</p>	<p>FYI</p>
<p>Board of Supervisors Supervisor Groom</p>	<p>No report</p>	<p>FYI</p>

Mr. Callagy adjourned the meeting at 9:15 AM. The next Board meeting will be held on December 5, 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: October FY22-23**

December 5, 2022

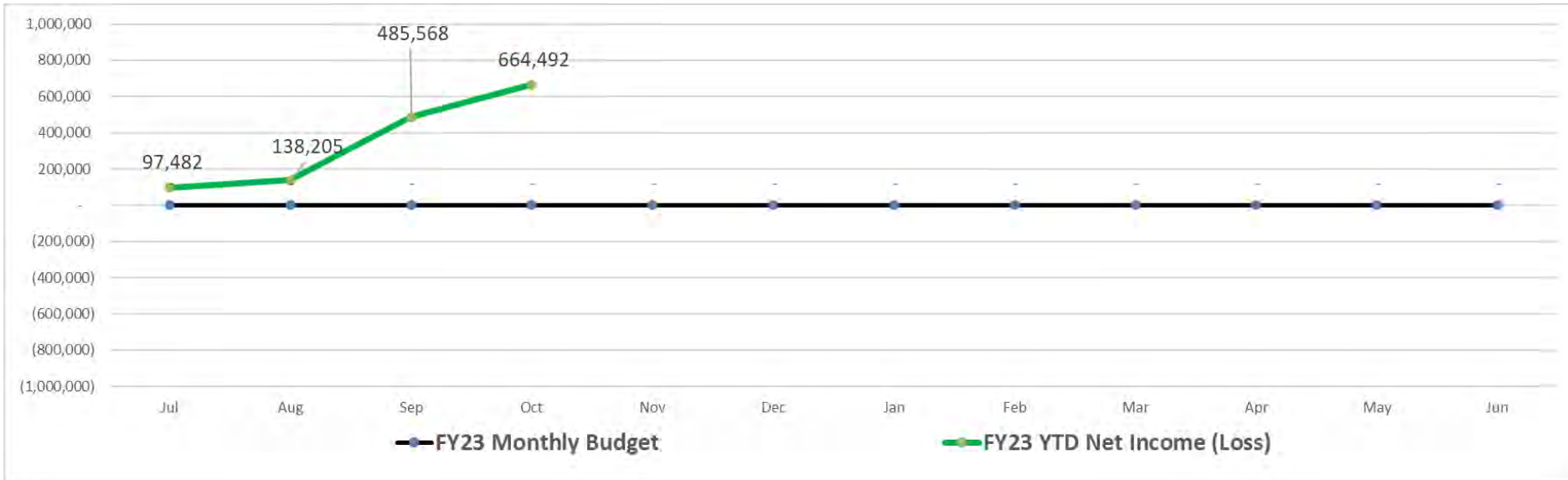
**Presenter: David McGrew, CFO**



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# FY22-23 Cumulative YTD Financial Results



## Net Income(loss)–Oct \$179K, YTD \$664K

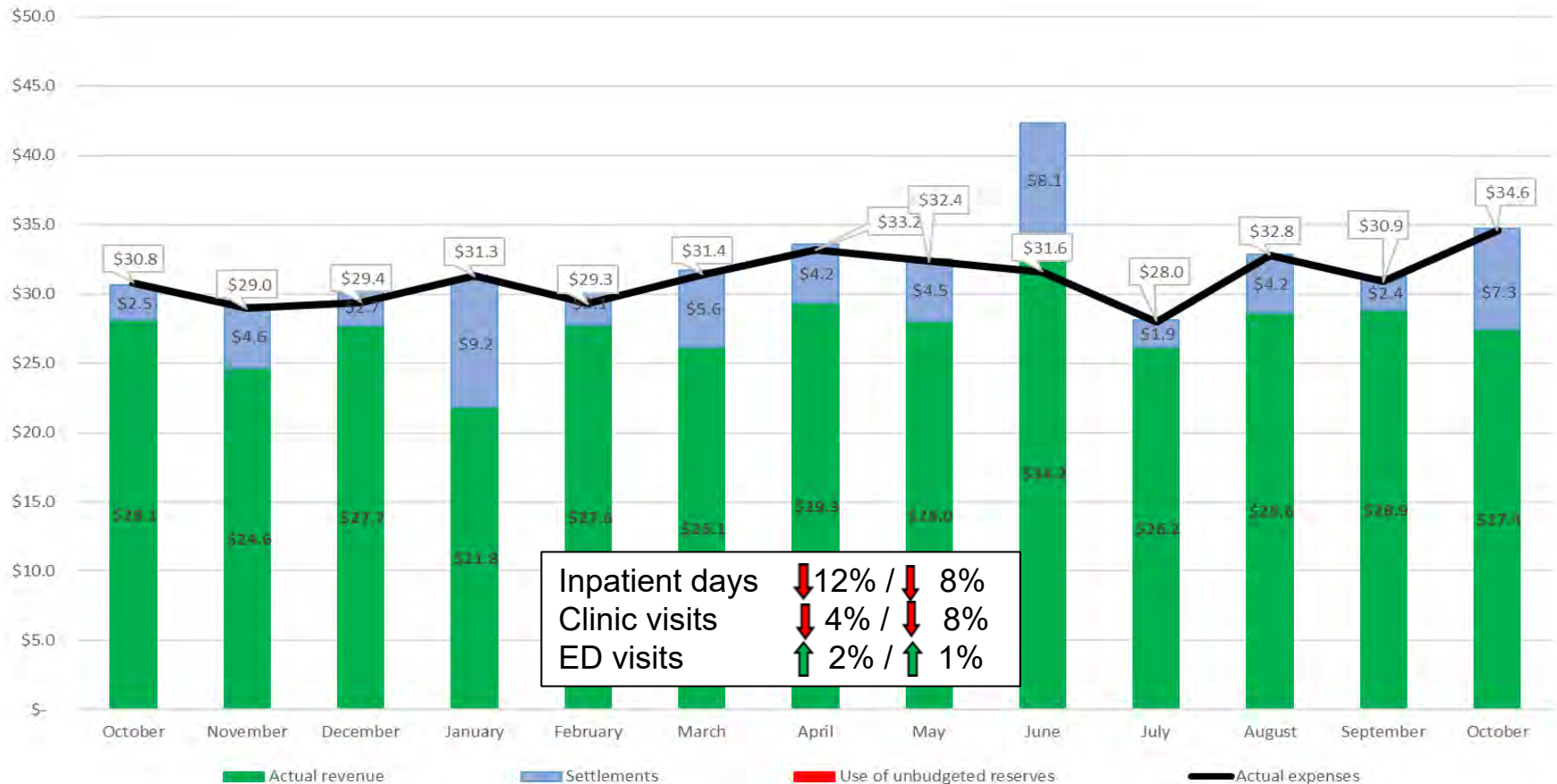
- FY19, FY20 PRIME reserves released
- FY20 EPP reserved released
- FTEs 5% favorable
- Salaries & Benefits 7% favorable

- ACE outside medical costs
- Supplies
- Nursing registry

**October FY23 Snapshot** – October is favorable to budget by \$179K and expected to stay favorable/breakeven for the remainder of the year. ACE outside costs are favorable due to the transition of 50+ population to Medi-Cal. Nursing registry costs continue to be a challenge. Salary costs are expected to increase as vacancies are filled and labor contracts are in full effect. Inpatient acute volume decreased due to 3-4 long-staying patients discharged and lower acuity and Medical ED visits continue to be higher than budget. Clinic visits are 4% below budget for the month. Managed care membership is slightly higher than budget mainly due to Medi-Cal expansion to ACE 50+ population.

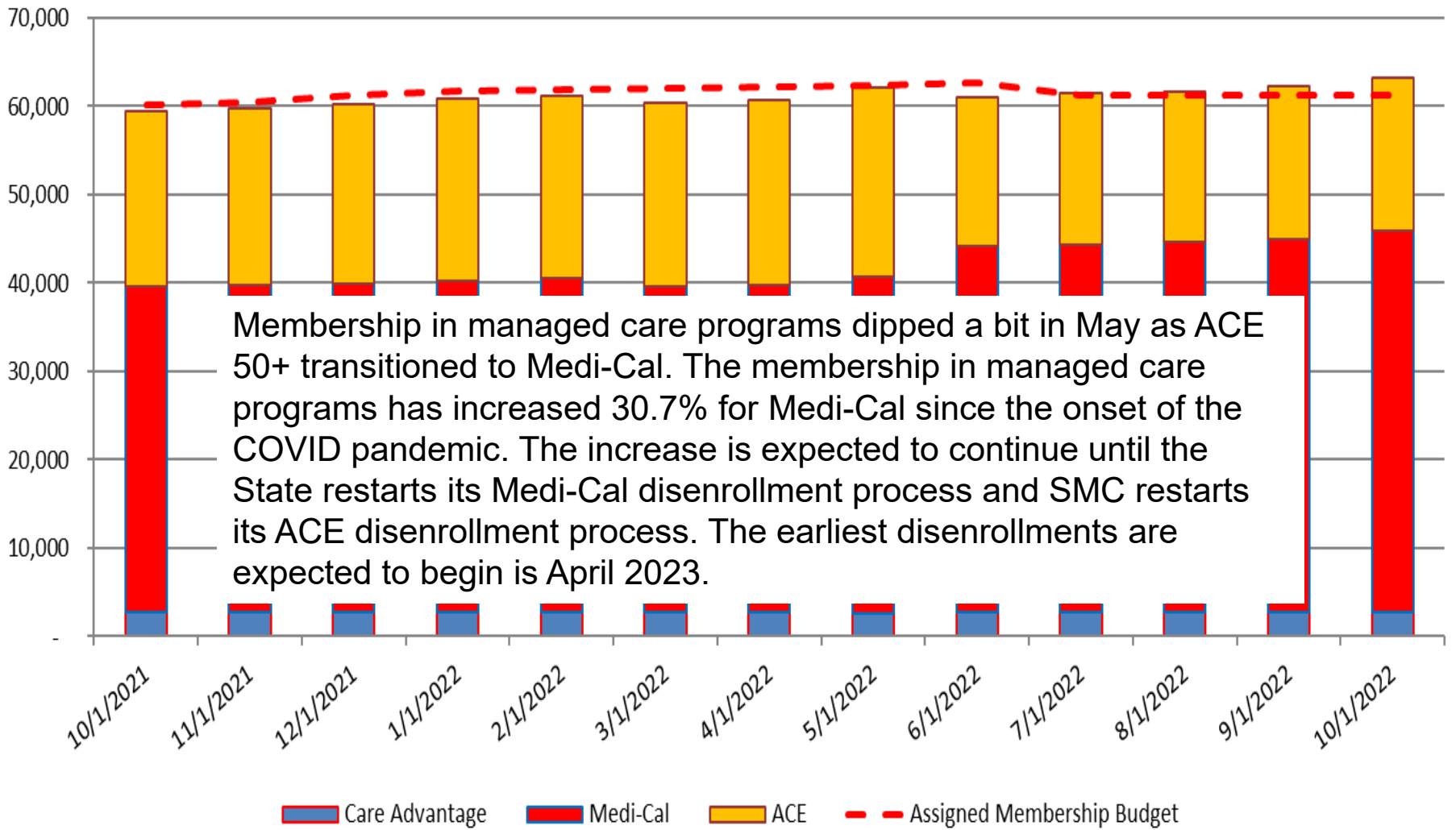
# FY 22-23 Revenue & Expense Trend

SMMC's operating revenue fluctuates around an average of \$28 million (green bar). Operating expenses (black line) are trending close to budget of \$32 million. The spike in June Settlements (blue bar) was due to an unusual number of cost report closures. The dip in January operating revenue is due to one-time audit adjustments



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

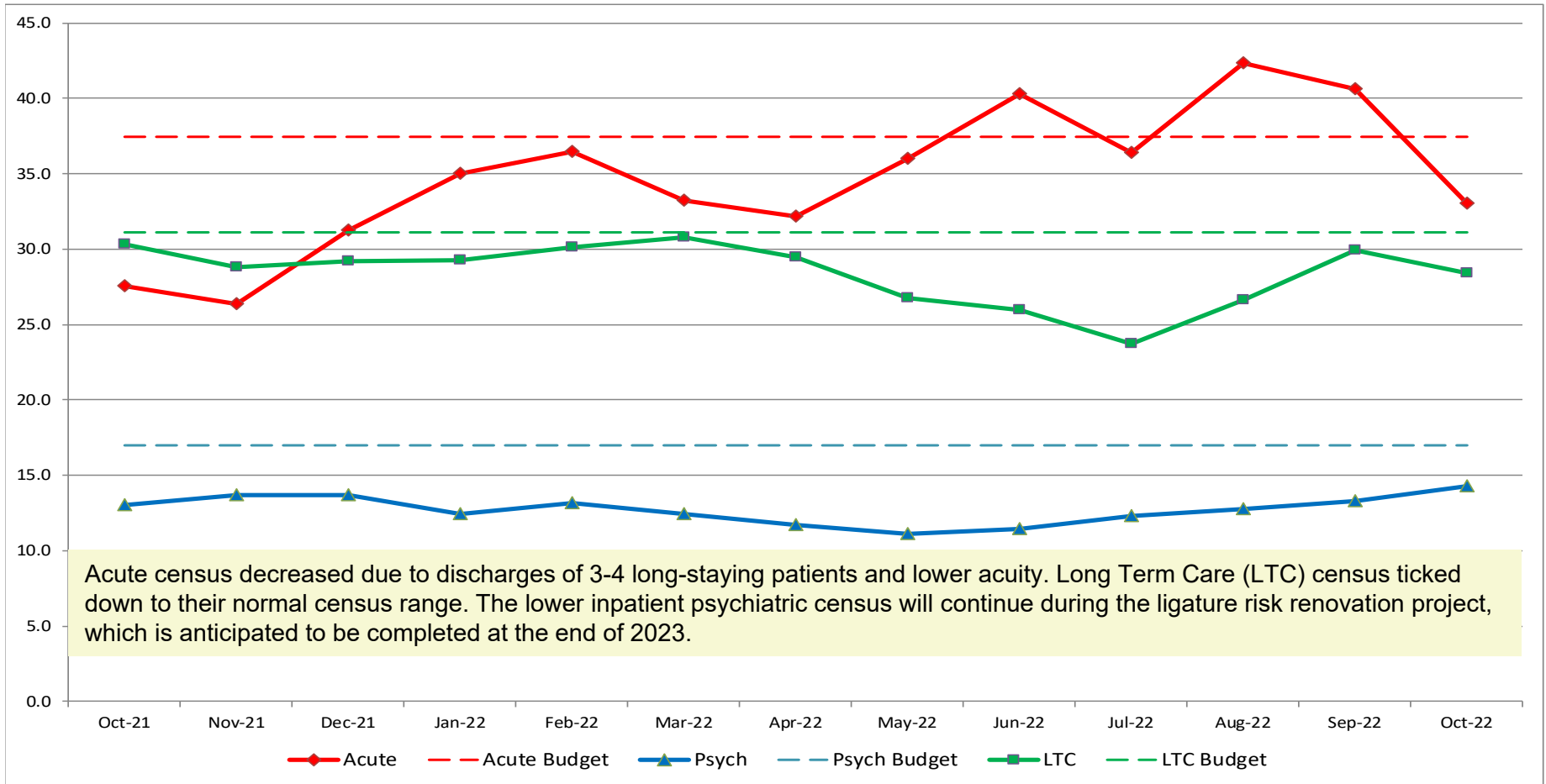
# Managed Care Membership Trend



# San Mateo Medical Center Inpatient Days October 31, 2022

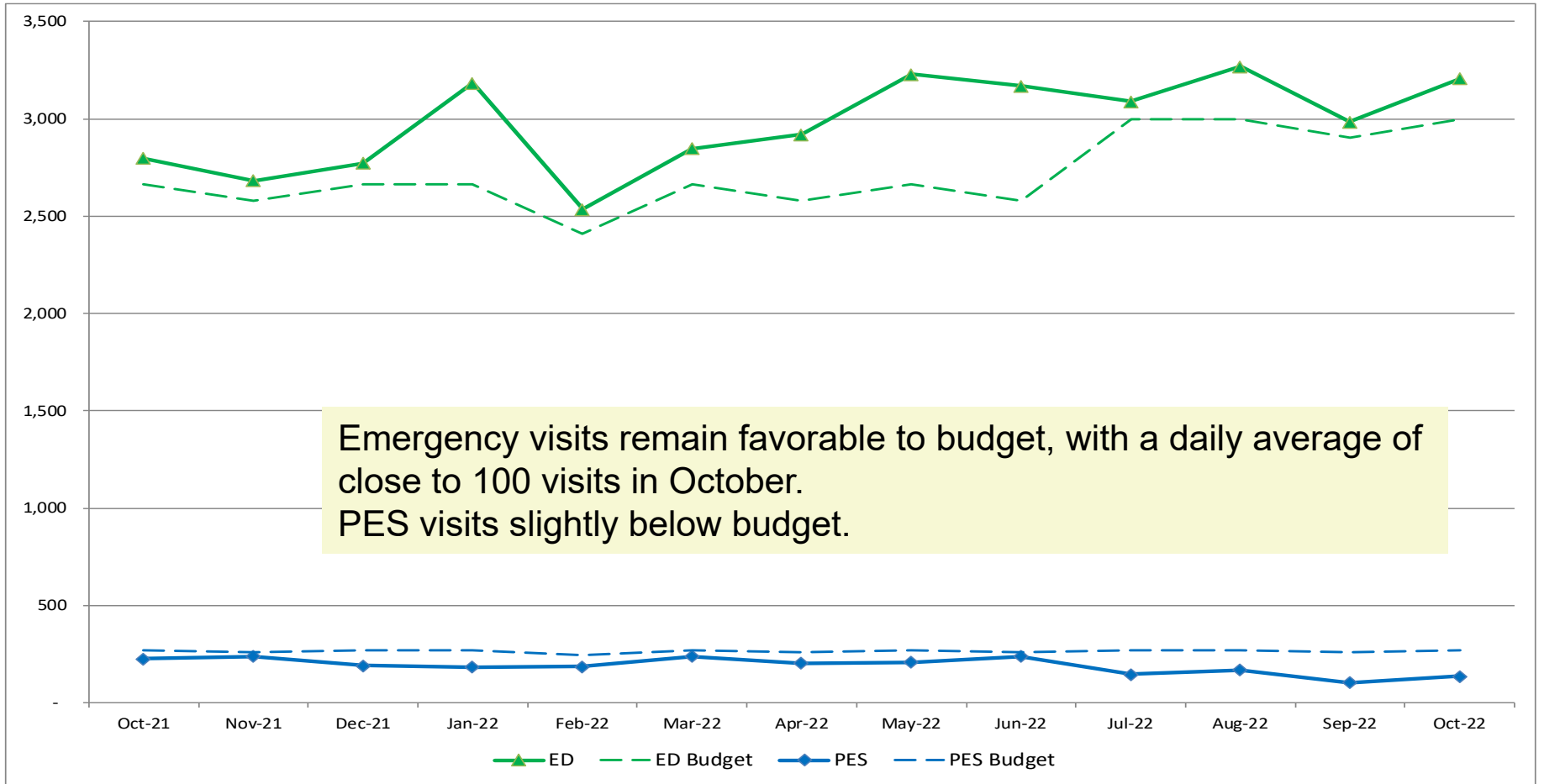
	MONTH			
	Actual	Budget	Variance	Stoplight
Patient Days	2,346	2,652	(306)	-12%

	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
Patient Days	9,639	10,521	(882)	-8%

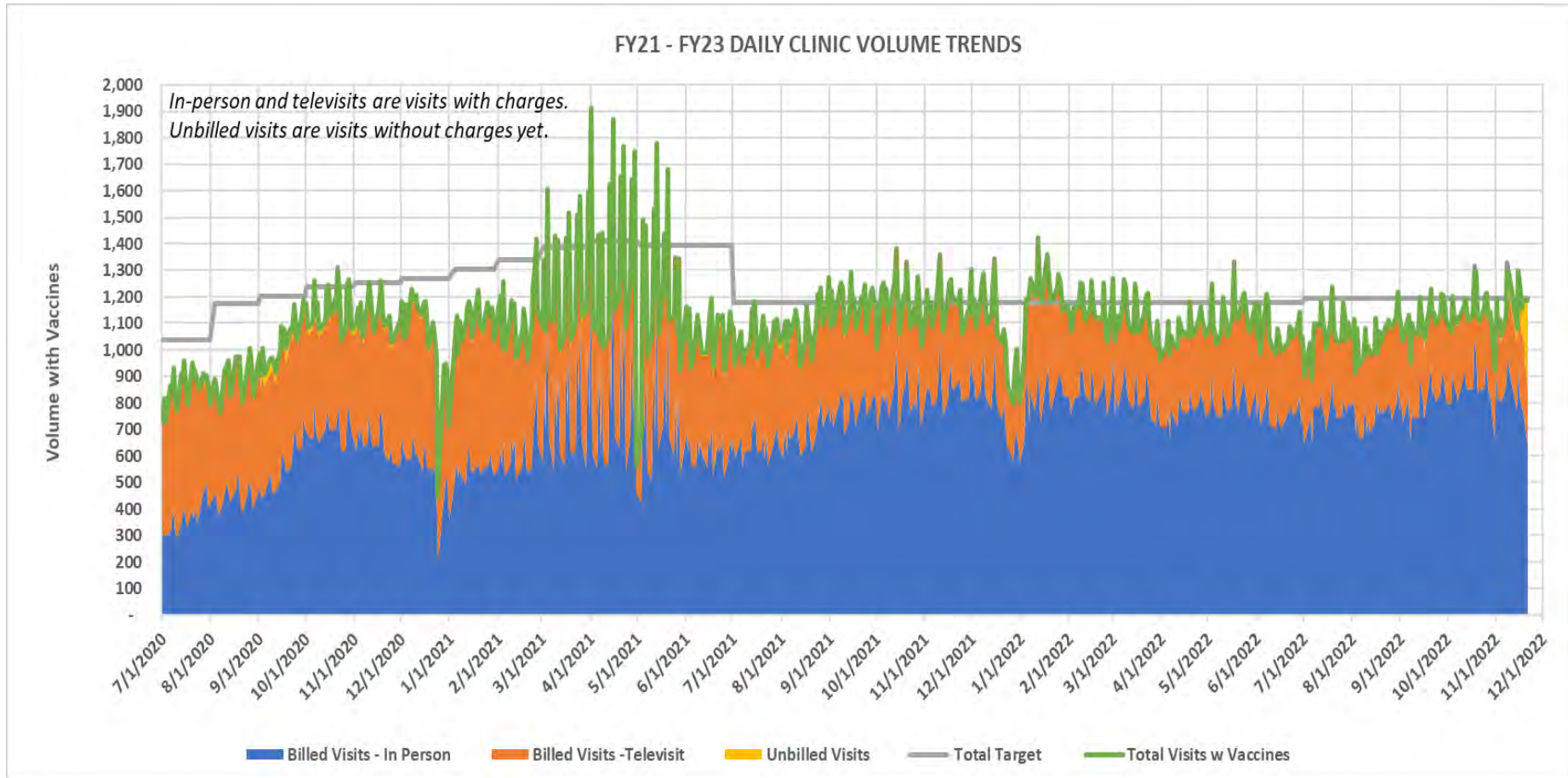


# San Mateo Medical Center Emergency Visits October 31, 2022

ED Visits	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	3,343	3,271	72	2%	13,102	12,977	125	1%



# San Mateo Medical Center Clinic Visits October 31, 2022

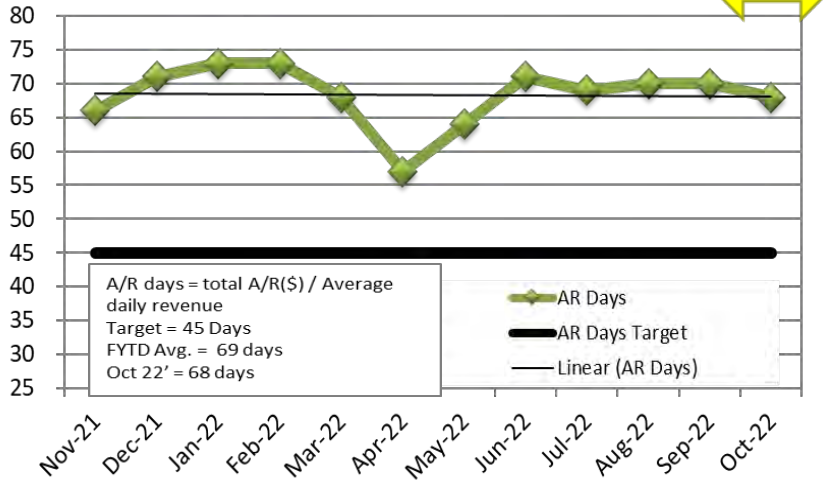


Clinic televisits were 42% of total visits in FY21, hitting a high of 78% early in the pandemic. Televisits are running at 25.5% of total visits in FY23 as more patients are opting for in-person visits. March & April 2021 spikes are due to targeted vaccination events.

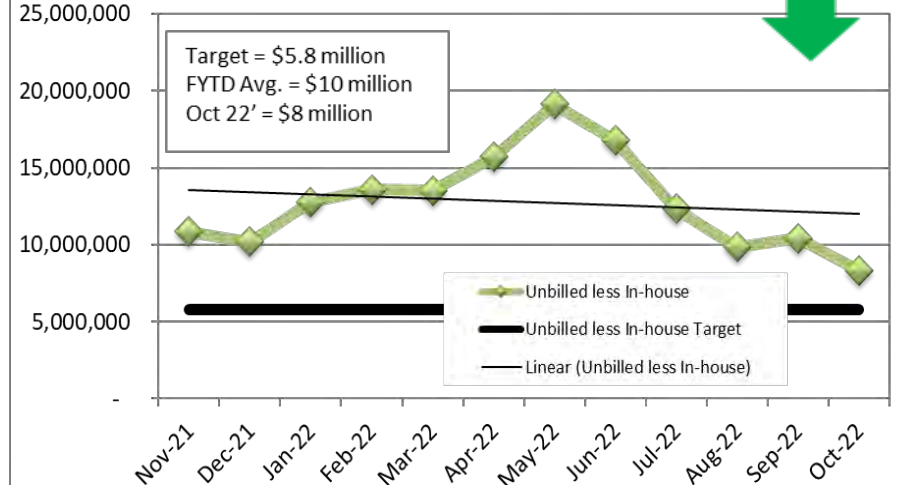


# Fee-For-Service Revenue - Key Performance Indicators

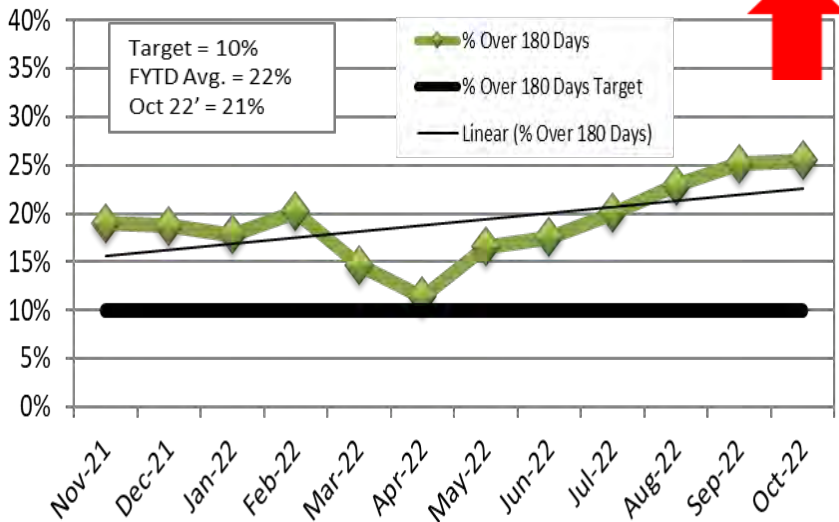
## A/R Days - Rolling 12 Months



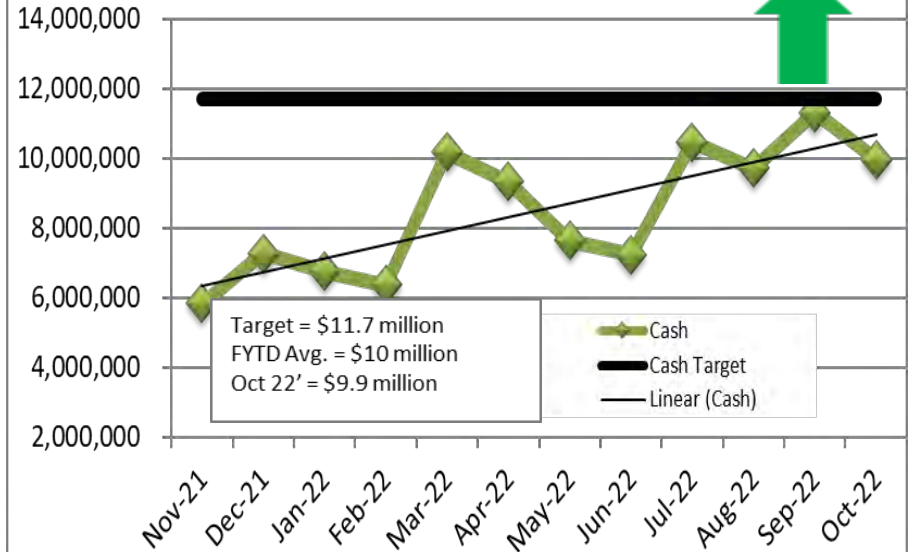
## A/R Unbilled - Rolling 12 Months



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



## Cash - Rolling 12 Months





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QUESTIONS?



# APPENDIX



SAN MATEO COUNTY HEALTH  
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**San Mateo Medical Center**  
**Income Statement**  
**October 31, 2022**

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 <b>Income/Loss (GAAP)</b>	178,923	0	178,923		664,492	0	664,492		
2 <b>HPSM Medi-Cal Members Assigned to SMMC</b>	43,038	41,356	1,682	4%	168,594	165,424	3,170	2%	
3 <b>Unduplicated Patient Count</b>	65,923	65,230	693	1%	65,923	65,230	693	1%	
4 <b>Patient Days</b>	2,346	2,652	(306)	-12%	9,639	10,521	(882)	-8%	
5 <b>ED Visits</b>	3,343	3,271	72	2%	13,102	12,977	125	1%	
7 <b>Surgery Cases</b>	246	269	(23)	-9%	881	1,131	(250)	-22%	
8 <b>Clinic Visits</b>	23,026	23,885	(859)	-4%	92,696	100,318	(7,622)	-8%	
9 <b>Ancillary Procedures</b>	62,433	69,120	(6,687)	-10%	267,719	289,745	(22,026)	-8%	
10 <b>Acute Administrative Days as % of Patient Days</b>	0.0%	N/A	N/A	0%	0.0%	N/A	N/A	0%	
11 <b>Psych Administrative Days as % of Patient Days</b>	73.0%	80.0%	7.0%	9%	82.0%	80.0%	-2.0%	-2%	
(Days that do not qualify for inpatient status)									
<b>Pillar Goals</b>									
12 <b>Revenue PMPM</b>	122	135	(14)	-10%	121	135	(14)	-11%	
13 <b>Operating Expenses PMPM</b>	347	327	(19)	-6%	318	327	9	3%	
14 <b>Full Time Equivalentents (FTE) including Registry</b>	1,139	1,199	60	5%	1,144	1,199	55	5%	

**San Mateo Medical Center  
Income Statement  
October 31, 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>	13,514,326	14,144,151	(629,825)	-4%	54,539,351	56,576,604	(2,037,253)	-4%
22 <b>Outpatient Gross Revenue</b>	28,754,974	28,232,137	522,837	2%	112,160,764	112,928,549	(767,784)	-1%
23 <b>Total Gross Revenue</b>	42,269,300	42,376,288	(106,988)	0%	166,700,115	169,505,153	(2,805,038)	-2%
24 <b>Patient Net Revenue</b>	10,080,082	13,211,764	(3,131,682)	-24%	39,696,792	52,847,056	(13,150,264)	-25%
25 Net Patient Revenue as % of Gross Revenue	23.8%	31.2%	-7.3%	-24%	23.8%	31.2%	-7.4%	-24%
26 <b>Capitation Revenue</b>	444,984	389,867	55,118	14%	1,739,329	1,559,466	179,863	12%
27 <b>Supplemental Patient Program Revenue</b>	17,228,218	12,040,224	5,187,994	43%	57,628,929	48,160,895	9,468,035	20%
<i>Volume Based (GPP, EPP, VRR, AB915)</i>	6,905,771	5,371,667	1,534,105	29%	26,595,012	21,486,667	5,108,345	24%
<i>Value Based (QIP, HPSM P4P)</i>	8,676,144	3,820,025	4,856,118	127%	23,677,405	15,280,101	8,397,304	55%
<i>Other</i>	1,646,302	2,848,532	(1,202,229)	-42%	7,356,513	11,394,127	(4,037,614)	-35%
28 <b>Total Patient Net and Program Revenue</b>	27,753,284	25,641,854	2,111,430	8%	99,065,050	102,567,417	(3,502,367)	-3%
29 <b>Other Operating Revenue</b>	946,089	1,171,640	(225,552)	-19%	4,286,722	4,686,561	(399,839)	-9%
30 <b>Total Operating Revenue</b>	28,699,373	26,813,494	1,885,878	7%	103,351,772	107,253,978	(3,902,206)	-4%

**San Mateo Medical Center**  
**Income Statement**  
**October 31, 2022**

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

Operating Expenses									
31	Salaries & Benefits	18,187,058	19,477,553	1,290,495	7%	70,168,626	77,910,214	7,741,588	10%
32	Drugs	1,302,050	1,286,937	(15,113)	-1%	4,755,173	5,147,749	392,576	8%
33	Supplies	1,400,265	952,050	(448,215)	-47%	3,378,215	3,808,200	429,985	11%
34	Contract Provider Services	6,412,855	3,562,085	(2,850,770)	-80%	19,437,511	14,248,341	(5,189,170)	-36%
	Registry	2,690,013	540,547	(2,149,466)	-398%	6,935,271	2,162,187	(4,773,084)	-221%
	Contract Provider	2,599,115	2,357,106	(242,009)	-10%	10,040,270	9,428,424	(611,846)	-6%
	ACE Out of Network	1,108,147	564,839	(543,308)	-96%	2,291,001	2,259,357	(31,645)	-1%
	Other	15,580	99,593	84,014	84%	170,970	398,374	227,404	57%
35	Other fees and purchased services	5,489,119	5,211,812	(277,307)	-5%	20,576,637	20,847,249	270,612	1%
36	Other general expenses	585,193	719,745	134,553	19%	3,307,639	2,878,981	(428,658)	-15%
37	Rental Expense	166,121	247,893	81,772	33%	673,874	991,573	317,699	32%
38	Lease Expense	735,826	735,826	0	0%	2,943,305	2,943,305	0	0%
39	Depreciation	290,333	227,938	(62,395)	-27%	1,112,541	911,754	(200,787)	-22%
40	<b>Total Operating Expenses</b>	<b>34,568,820</b>	<b>32,421,841</b>	<b>(2,146,979)</b>	<b>-7%</b>	<b>126,353,521</b>	<b>129,687,366</b>	<b>3,333,844</b>	<b>3%</b>
41	<b>Operating Income/Loss</b>	<b>(5,869,447)</b>	<b>(5,608,347)</b>	<b>(261,100)</b>	<b>-5%</b>	<b>(23,001,749)</b>	<b>(22,433,388)</b>	<b>(568,362)</b>	<b>-3%</b>
42	<b>Non-Operating Revenue/Expense</b>	<b>618,941</b>	<b>178,918</b>	<b>440,023</b>	<b>246%</b>	<b>1,948,524</b>	<b>715,670</b>	<b>1,232,854</b>	<b>172%</b>
43	<b>Contribution from County General Fund</b>	<b>5,429,429</b>	<b>5,429,429</b>	<b>(0)</b>	<b>0%</b>	<b>21,717,717</b>	<b>21,717,717</b>	<b>(0)</b>	<b>0%</b>
44	<b>Total Income/Loss (GAAP)</b>	<b>178,923</b>	<b>0</b>	<b>178,923</b>		<b>664,492</b>	<b>0</b>	<b>664,492</b>	

(Change in Net Assets)

**San Mateo Medical Center  
Payer Mix  
October 31, 2022**

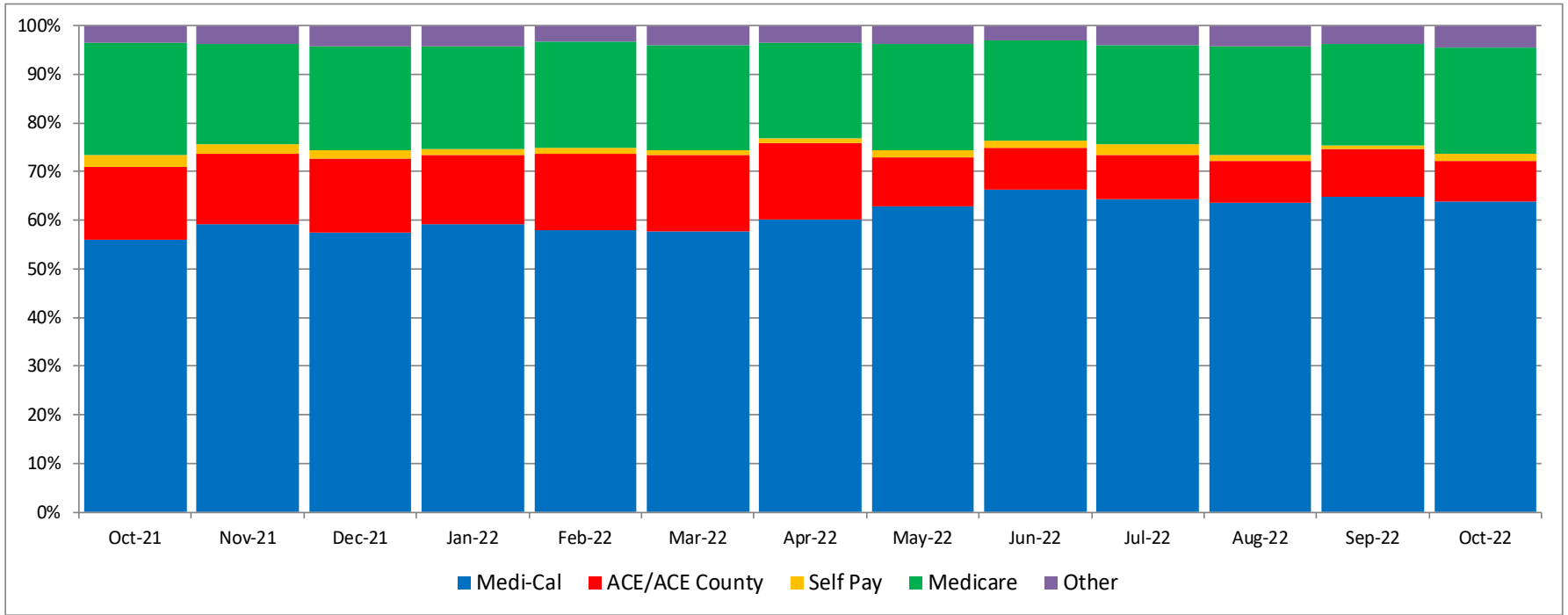
MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

**Payer Type by Gross Revenue**

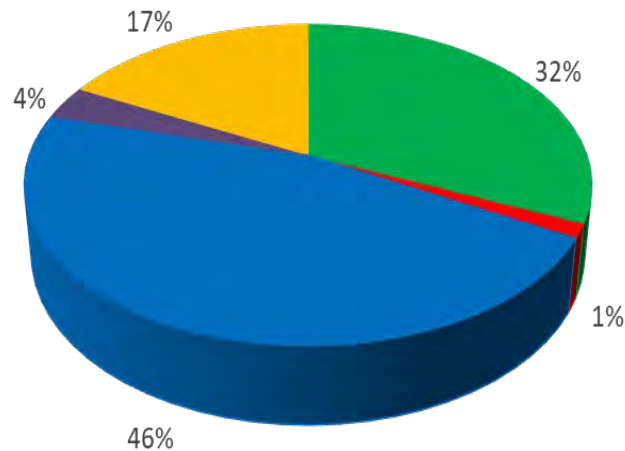
	A	B	C	D
Medicare	21.9%	22.7%	-0.8%	
Medi-Cal	63.9%	58.9%	5.1%	
Self Pay	1.3%	1.6%	-0.2%	
Other	4.5%	4.3%	0.2%	
ACE/ACE County	8.3%	12.5%	-4.2%	
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>		

	E	F	G	H
Medicare	21.4%	22.7%	-1.3%	
Medi-Cal	64.2%	58.9%	5.3%	
Self Pay	1.4%	1.6%	-0.1%	
Other	4.1%	4.3%	-0.2%	
ACE/ACE County	8.9%	12.5%	-3.7%	
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>		

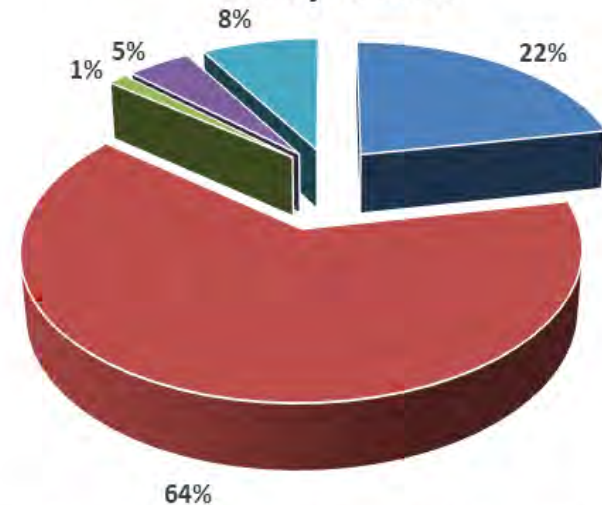


# Revenue Mix

## Sources of Revenue



## Payor Mix



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

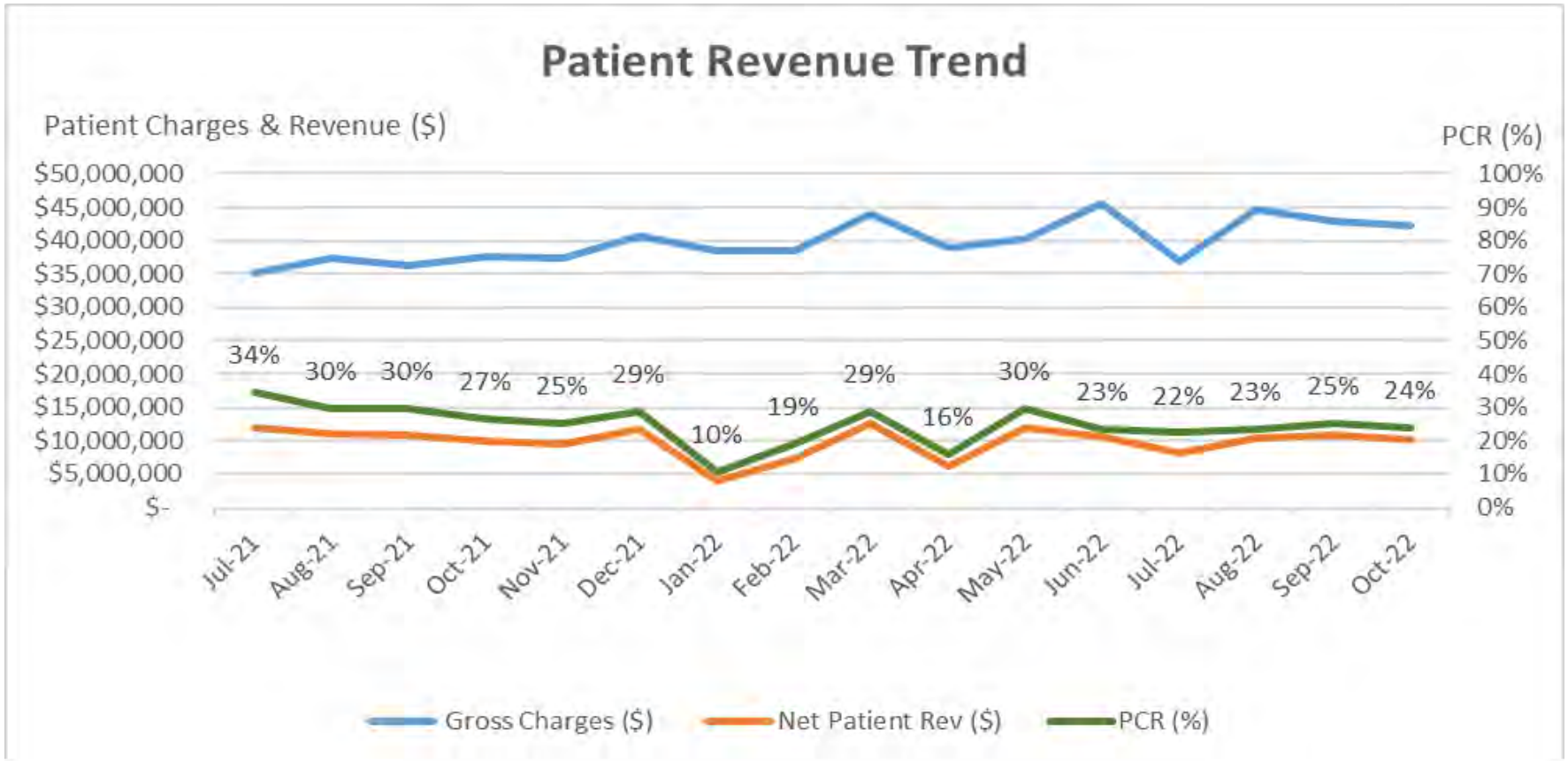
**Health Plan of San Mateo (HPSM)** represents 33% of our Operating Revenue

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

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

NO commercial contracts

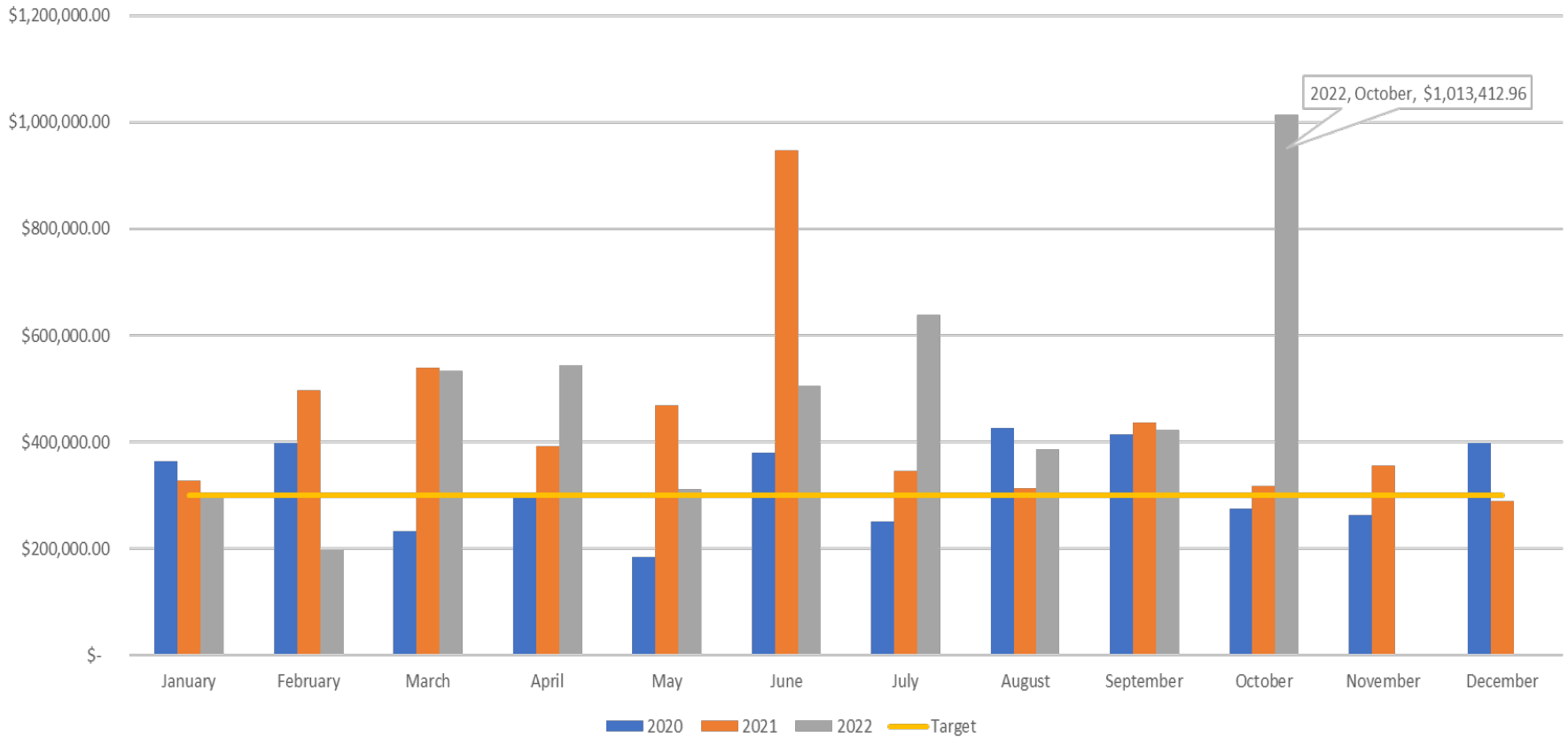
# Fee-For-Service Patient Revenue Trend



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

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

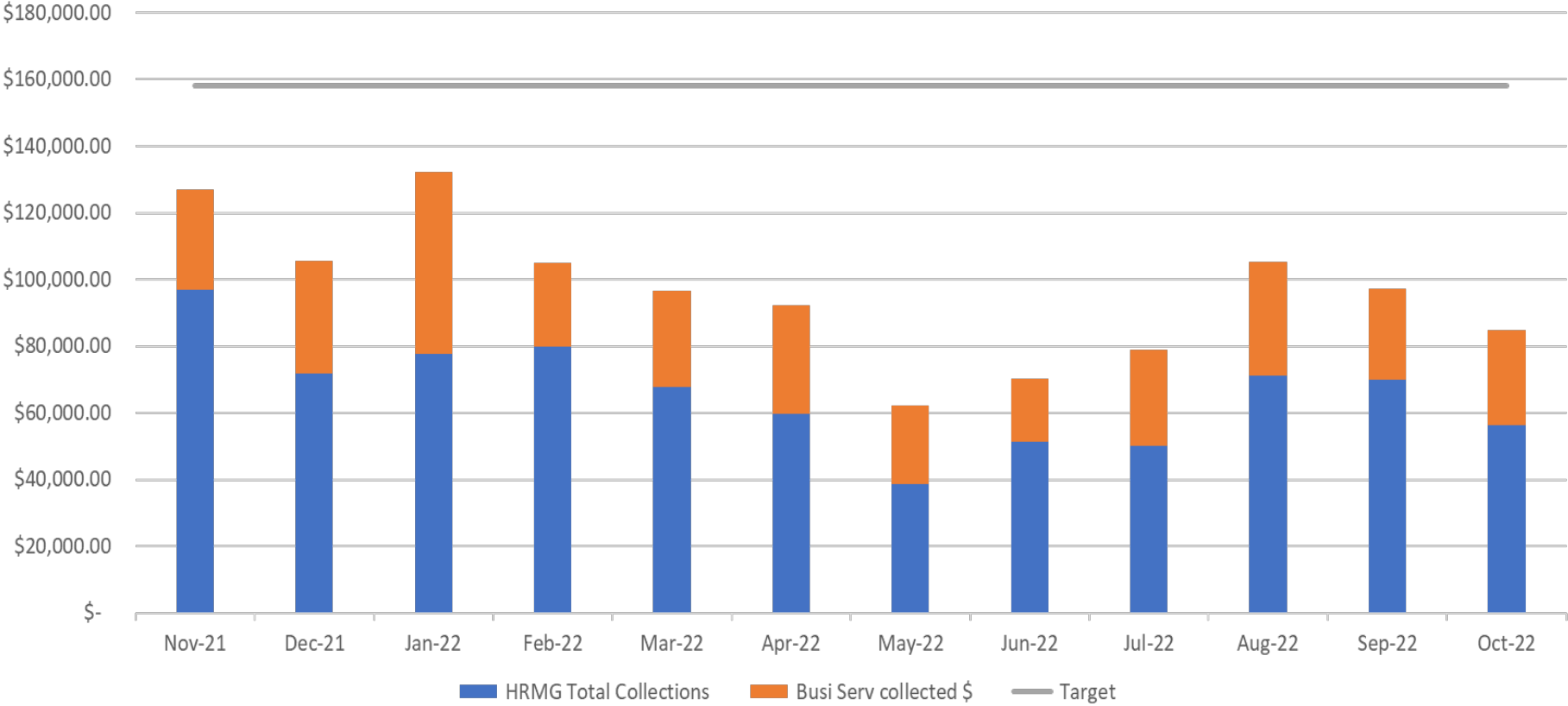
# Fee-For-Service Commercial Collections



*July 2020 MMX began supporting PFS with Commercial Collections*

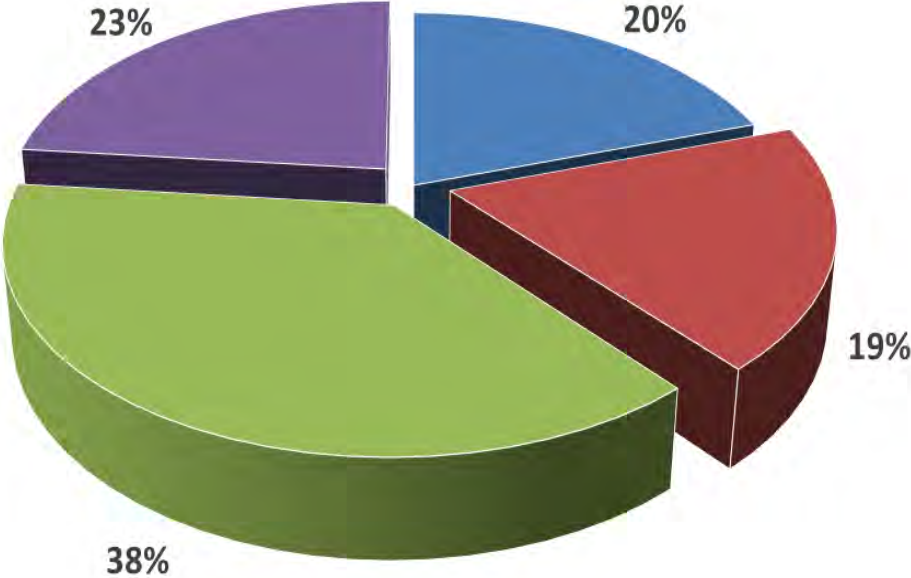


# Fee-For-Service Self Pay Collections



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

# Revenue Mix by Service Line



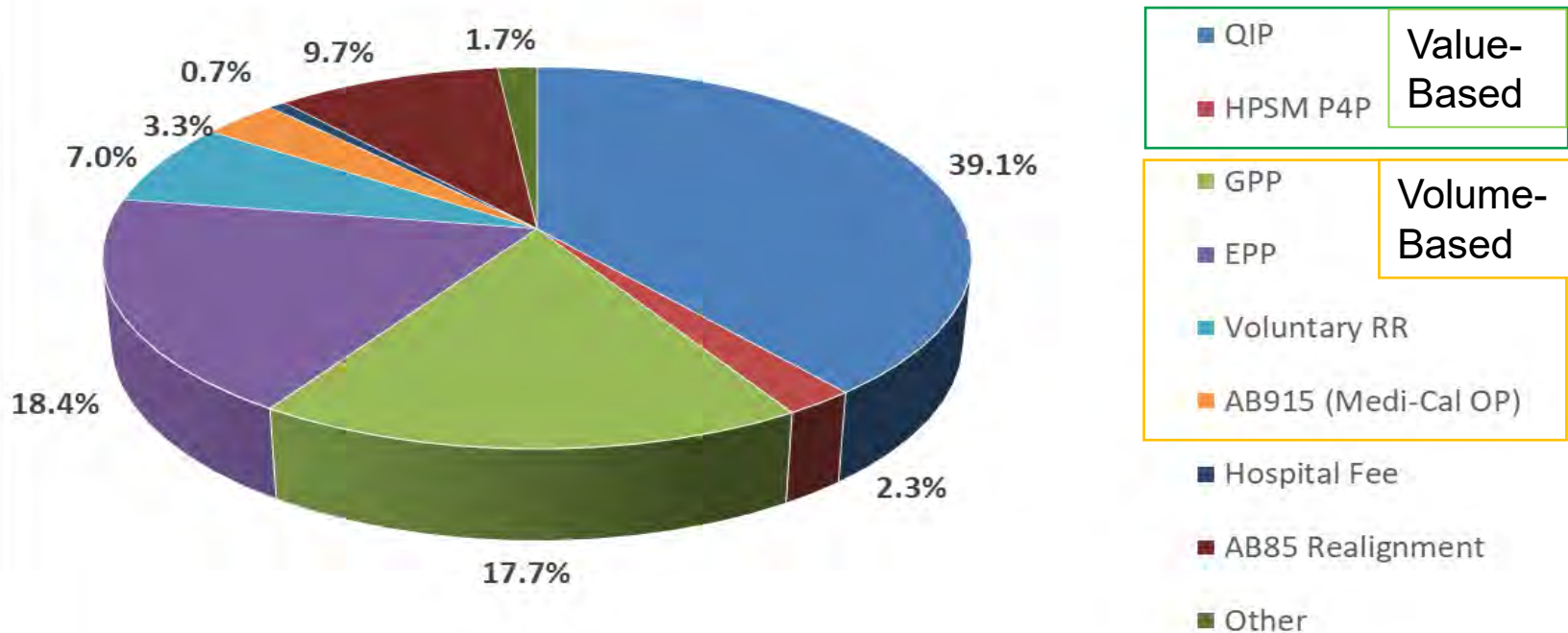
■ Inpatient

■ Hospital ED & Outpatient

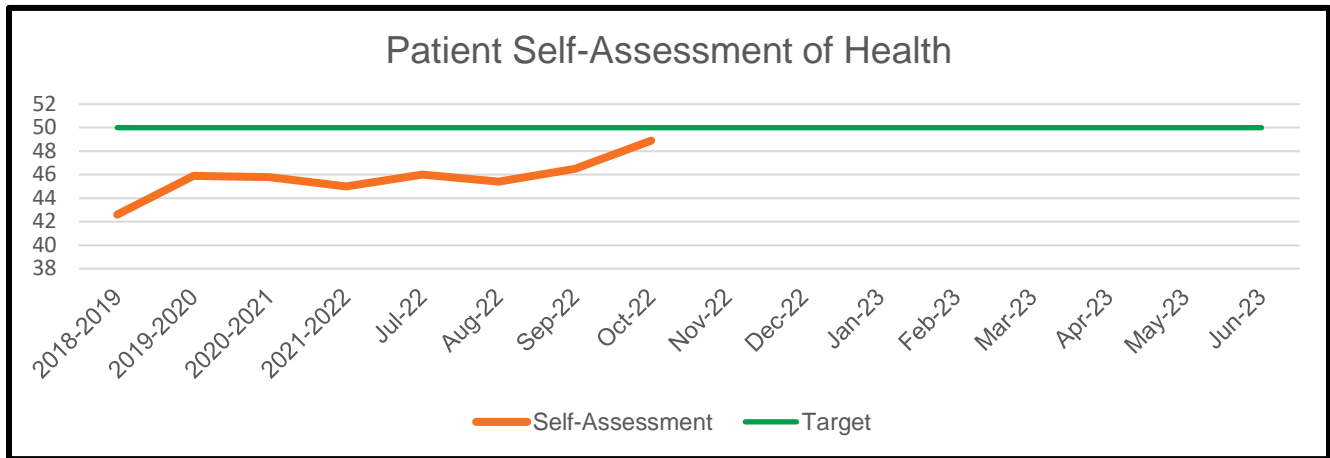
■ Ambulatory Clinics

■ Ancillary Services

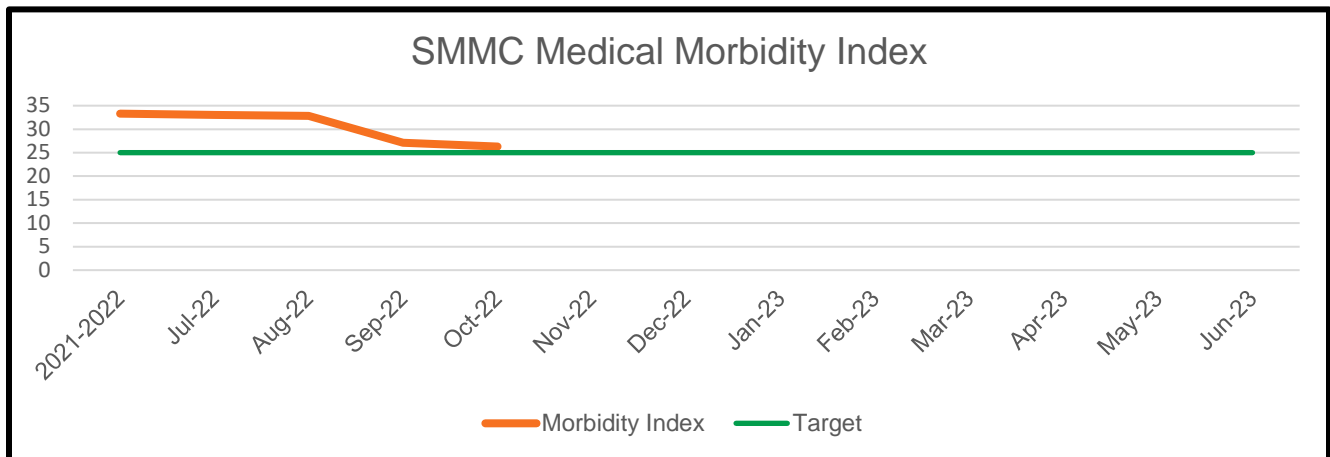
# Supplemental Revenue Mix



- **Value-Based** programs represent 41.4% of our Supplemental Revenue
- **Volume-Based** programs represent 46.5% of our Supplemental Revenue



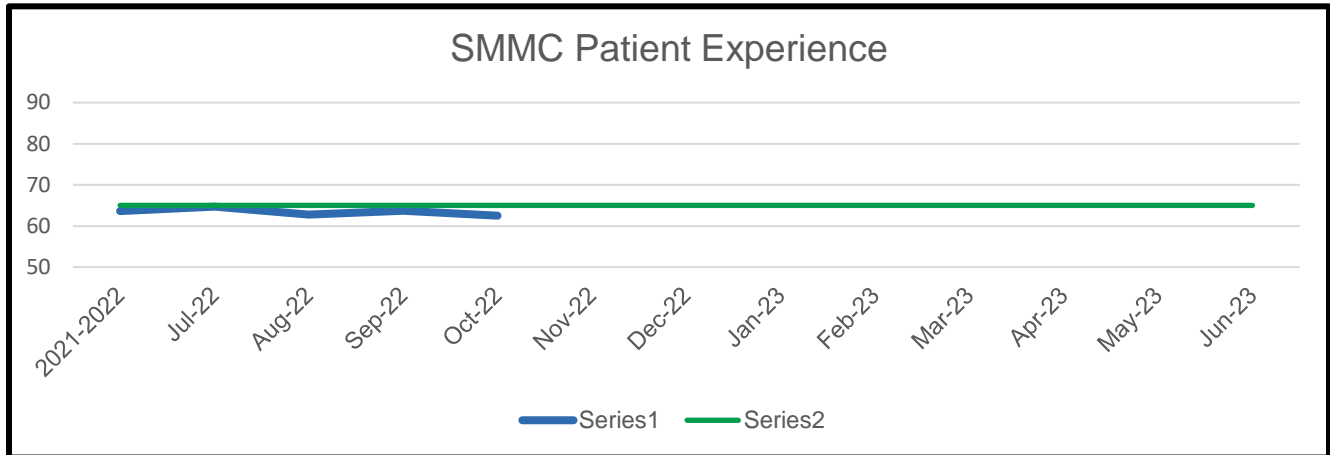
**Patient Self-Assessment of Health:** All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



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



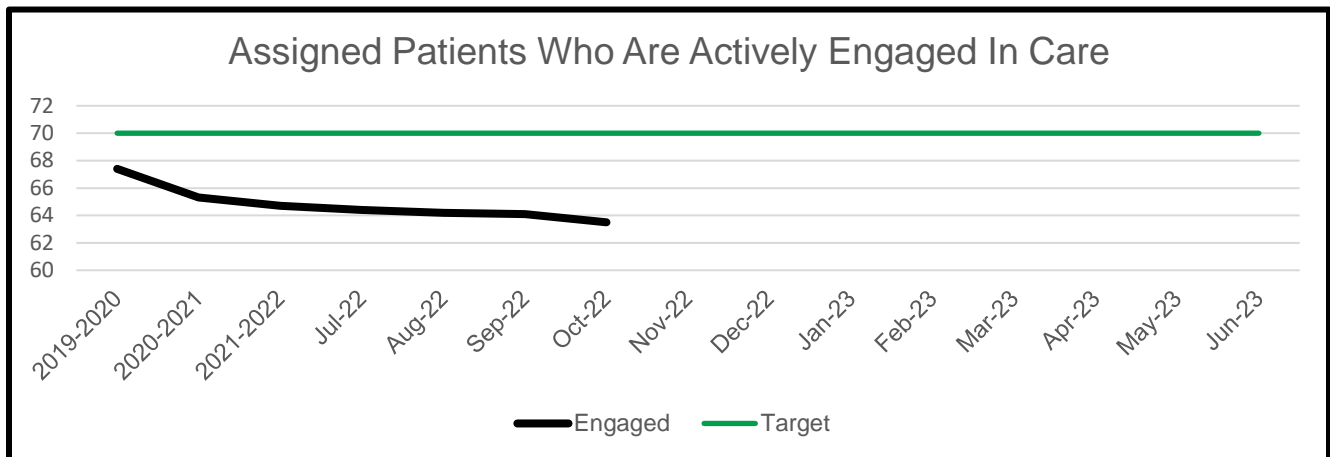
## Patient Experience



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



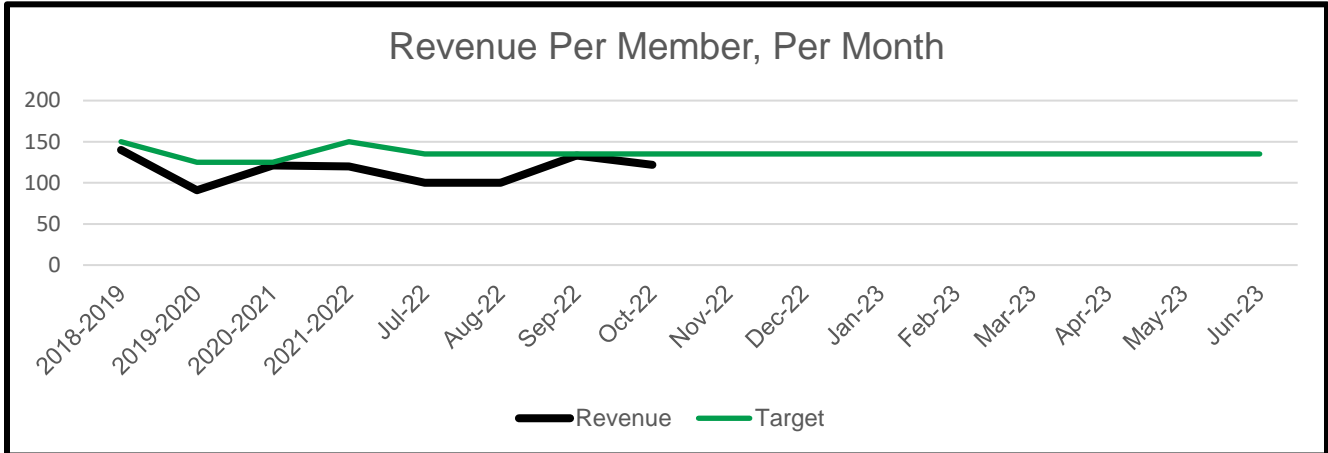
## Access to Care



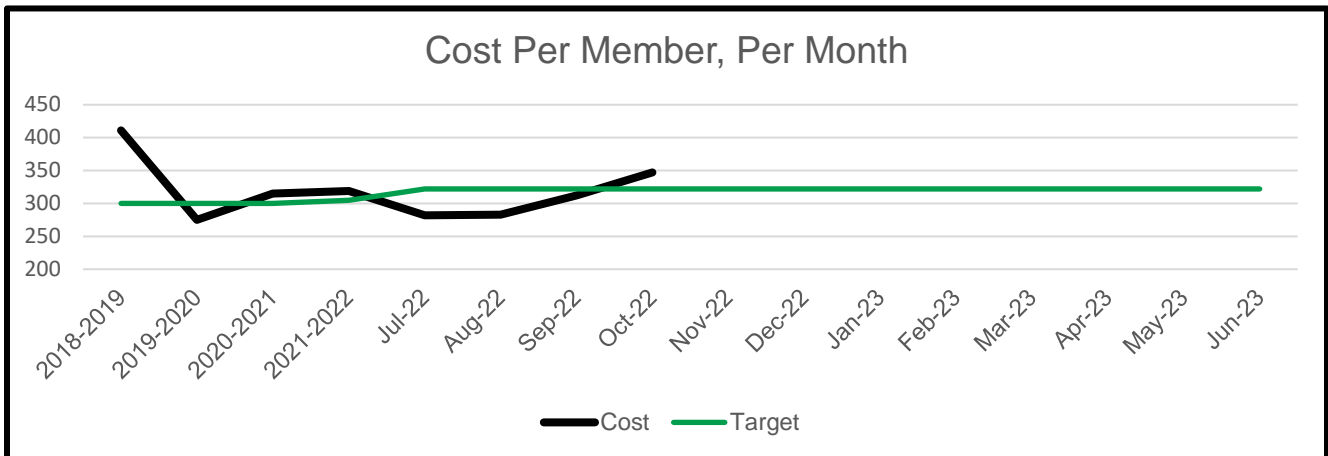
**Assigned and Engaged:** Percentage of patients assigned to SMMC by the Health Plan of San Mateo who are actively engaged in Care. **Higher is better.**



## Financial Stewardship

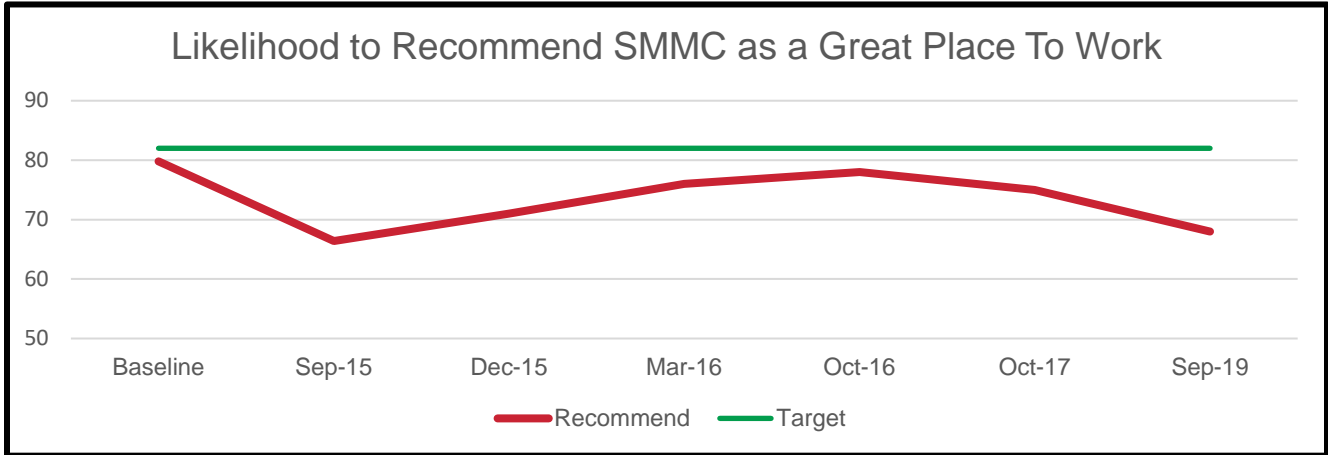


**Revenue Per Member, Per Month:** Total patient revenue divided by total number of assigned members. **Higher is better.**

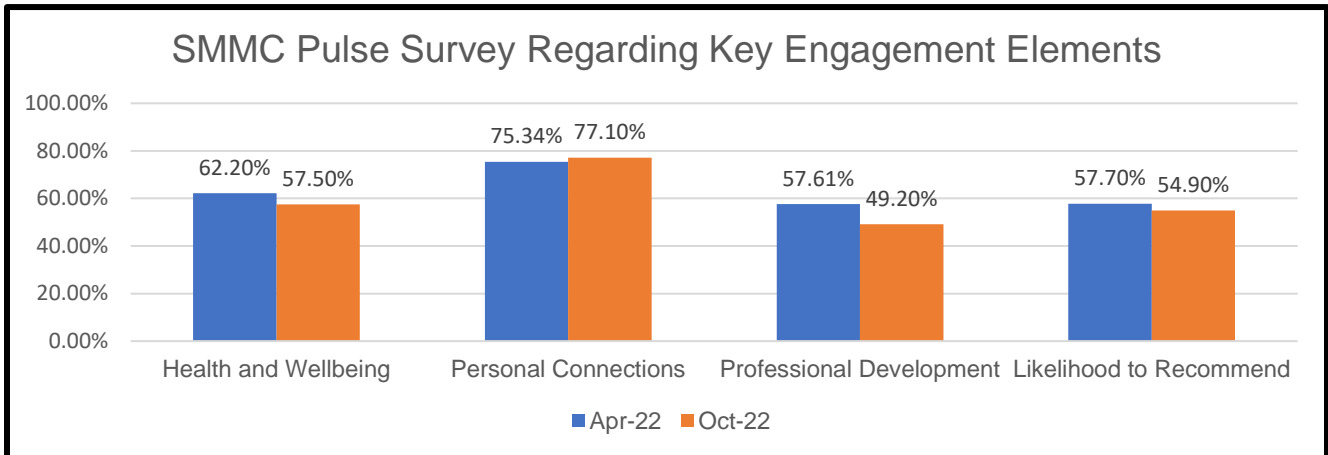


**Cost Per Member, Per Month:** Total cost divided by total number of assigned members. **Lower is better.**

# Staff Engagement



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



**SMMC Staff Engagement Pulse Survey:** Percentage of staff who agree or strongly agree that 1) organization actively supports health and wellness 2) staff member has personal connections at work 3) organization supports professional development 4) staff member would recommend SMMC as a great place to work. **Higher is better.**

# Strategic Updates, Recognitions & Awards



*Pictured Above Left: Expressions of Gratitude at Daily Readiness Huddle*



*Pictured Above Right: Staff in Rehabilitative Services show off gratitude gifts.*

## **SMMC Celebrates Gratitude Month Throughout November**

Throughout the month of November, SMMC staff celebrated Gratitude Month with a variety of activities. In many areas, including the Daily Organizational Readiness Huddle (attended by leaders from across the organization), this included celebrations of colleagues captured with “leaves of gratitude” placed on the wall. This year SMMC again partnered with the San Mateo County Health Foundation to provide all staff with gratitude bags filled with a variety of branded “goodies.” Thank you to the Foundation and the Gratitude Month Planning Committee for all their efforts to recognize our amazing staff.

## **SMMC Vaccination Efforts Continue**

SMMC remains focused on ensuring patients are receiving all indicated vaccinations including the new bivalent COVID booster and the seasonal influenza vaccination.

As of 11/23/2022, 52,713 (75.7%) of our patients over the age of 6 months have received at least one COVID vaccine dose while 69.4% have completed their initial vaccine series and 39.1% have received a monovalent booster. Of those over age 5, 79.9% have received at least one dose and 73.5% have completed the initial series while 41.6% have received a monovalent booster and 8.4% have received a bivalent vaccine. In those over age 50, 85.9% have at least one dose, 80.7% have completed the initial series and 60.9% have received at least one monovalent vaccine dose while 15.9% have received a bivalent vaccine dose. Looking at those over the age of 65, 87.3% have received one dose, 82.5% have completed the initial series and 67.9% have received at least one monovalent booster while 20.7% have received a bivalent dose. In the most vulnerable neighborhoods, 76.7% of our patients have received at least one dose with 71.4% having completed the initial series and 39.5% having received a monovalent booster. In those neighborhoods, 6.8% of those over the age of 5 have received a bivalent dose. 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.





**November 2022**

**SNAPSHOT: San Mateo County Health**

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

INDICATOR	NUMBER	CHANGE FROM PREVIOUS MONTH	CHANGE FROM PREVIOUS YEAR
ACE Enrollees	22,175 (October)	-1.4%	-14.2%
SMMC Emergency Department Visits	3,343 (October)	8.0%	10.5%
New Clients Awaiting Primary Care Appt.	Data Not Available (September)	NA	NA

**New Correctional Health Services Director Appointed**



Health Chief Louise Rogers announced the appointment of Michael del Rosario, RN, to succeed Carlos Morales, LCSW, after he retires in January 2023 as director of Correctional Health Services. Michael has devoted his entire career to correctional health, first in San Francisco and then joining County Health’s Correctional Health Services in 1994 as a staff nurse. Since then, he has served in a variety of capacities, including as Clinical Services Manager II-Nursing since 2019. He led the CHS pandemic response **in that role, working with staff, and colleagues in the Sheriff’s Office and Probation and partnering with Public Health and others in the face of an unprecedented crisis and contributing immeasurably to the protection of inmates and staff through his efforts.**

**BHRS Clients Eligible for Housing Vouchers**

Behavioral Health and Recovery Services (BHRS) and its providers have a longstanding collaboration with the Housing Department and Housing Authority to assure that people with mental illness and substance use disorders learn about the opportunities to apply for housing vouchers and follow up with the application process. Recent data suggest this collaboration continues to be effective. As of November 9, 2022, BHRS has learned that of 329 mainstream vouchers the Housing Authority issued since 2018, at least 190 or 57% of the total have been issued to BHRS clients directly as a result of this collaboration.

## Palm Avenue Detox Reopens



Remodeled for Americans with Disabilities Act (ADA) accessibility and with improvements to enhance safety and clinical care, Palm Avenue Detoxification reopened its doors to serve San Mateo County residents in late September. Located in the city of San Mateo, the facility provides residential, non-medical, social model withdrawal management (detox) services for adults. These services ensure clients safely manage the uncomfortable and sometimes risky process of withdrawal from alcohol and other drugs and are transitioned post-detox to ongoing treatment services. The County contracts for 15 detox beds at Palm.

Under the direction of an addiction specialist physician, clients receive round the clock, technology enhanced observation and regular monitoring of vital signs and withdrawal symptom severity by trained substance use treatment counselors and medical support staff. For clinical support, Palm provides group counseling, individualized care planning, and patient-centered case management. Palm staff coordinate with other community providers to ensure clients leaving detox are connected to their next phase of treatment.