



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, March 4, 2024
8:00 AM – 10:00 AM

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



AGENDA

Board of Directors	Monday, March 4, 2024	8:00 AM
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Board of Supervisors Chambers located at the Hall of Justice, 400 County Center, 1st Floor, Redwood City, 94063.

This meeting of the San Mateo Medical Center Board of Directors will be held in-person at the Board of Supervisors Chambers located at the Hall of Justice, 400 County Center, 1st Floor, Redwood City, 94063. Remote participation of this meeting will not be available. To observe or participate in the meeting, please attend in-person. *Written public comments may be emailed to jgomez1@smcgov.org and such written comments should indicate the specific agenda item on which you are commenting. They will be read aloud at the meeting.

A. CALL TO ORDER

B. PUBLIC COMMENT

Persons wishing to address items not on the agenda

C. RESOLUTION

Adopt a Resolution in Solidarity with Healthcare Workers and Civilians in Gaza Supervisor Noelia Corzo

D. CLOSED SESSION

Items Requiring Action

1. Medical Staff Credentialing Report	Dr. Frank Trinh
2. Quality Report	Dr. Scott Oesterling

Informational Items

3. Medical Executive Committee	Dr. Frank Trinh
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E. REPORT OUT OF CLOSED SESSION

F. FOUNDATION REPORT

John Jurow

G. CONSENT AGENDA

Approval of:

1. February 5, 2024 Meeting Minutes
2. Diversity, Equity, and Inclusion Report

H. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Frank Trinh

I. ADMINISTRATION REPORTS

1. Workplace Violence Prevention

Robert Blake Verbal
Ava Carter, Safety Officer
Lt. Chris Swinney, Sheriff's Office

2. Inpatient Nursing Update

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

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..... TAB 2

K. COUNTY EXECUTIVE OFFICER REPORT

Mike Callagy

L. BOARD OF SUPERVISOR REPORT

Supervisor David Canepa
Supervisor Noelia Corzo

M. ADJOURNMENT

ADA Requests

Individuals who require special assistance or a disability-related modification or accommodation to participate in this meeting, or who have a disability and wish to request an alternative format for the meeting, should contact Janette Gomez, at jgomez1@smcgov.org as early as possible but not later than 10:00 AM on the business day before the meeting. Notification in advance of the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting, the materials related to it, and your ability to comment.



To: San Mateo Medical Center Board of Directors

From: Supervisor Noelia Corzo

Date: March 4, 2024

Subject: Resolution declaring solidarity with healthcare workers and civilians in Gaza and calling for ceasefire

RECOMMENDATION:

Adopt a resolution declaring solidarity with the healthcare community in Gaza and calling for an immediate and permanent ceasefire to protect the health and lives of innocent civilians in Gaza.

BACKGROUND:

Médecins Sans Frontières stated to the United Nations Security Council on February 22, 2024, that there is no health system left in Gaza, as all major hospitals have collapsed due to Israeli military operations, and civilians who are injured, starving, or dying have little to no access to medical care.

Since October 7th, 2023, Israeli armed forces have consistently targeted and bombed critical medical facilities in Gaza, targeting and killing doctors, nurses, hospital staff, and patients. An estimated 337 healthcare workers have been killed while serving Palestinians in Gaza, while thousands more medical workers continue to provide lifesaving care under the most extreme and dangerous conditions.

Israel's blockade on Gaza continues to prevent food, electricity, fuel, clean water, medical supplies, and other humanitarian aid from reaching those who urgently need it.

Consequently, 80 percent of those suffering from famine or catastrophic hunger worldwide are Gazans. Gaza is home to 350,000 children under the age of five and 50,000 pregnant women, and thousands of newborns and children across Gaza are severely malnourished during a critical phase for their physical development.

DISCUSSION:

What happens in the international medical community impacts all of us in the local medical community and the people we serve. The conditions in Gaza can and do affect the availability of healthcare staff and resources throughout the world, including in San Mateo County.





SAN MATEO COUNTY HEALTH

SAN MATEO MEDICAL CENTER

Because San Mateo Medical Center’s institutional values include equity—prioritizing “the needs of those who are most impacted by social injustices”—it is incumbent on the San Mateo Medical Center Board to act in accordance with those values.

The American Public Health Association, the world’s largest and oldest membership group representing over 50,000 public health professionals, called upon President Biden and Congress to demand an immediate ceasefire and restoration of lifesaving resources to the people in the Gaza Strip. In addition, major labor unions representing healthcare workers have issued statements calling for an immediate ceasefire in Gaza, including the California Nurses Association, which represents approximately 400 nurses and nurse practitioners working at the County of San Mateo.

In declaring solidarity with the medical community and civilians in Gaza and calling for an immediate and permanent ceasefire, the San Mateo Medical Center Board of Directors joins healthcare workers and health faculty across the country, including workers at the San Mateo Medical Center, who have called for a permanent ceasefire.

Because patients bestow an inviolable trust on healthcare providers to protect and heal them in their most vulnerable times of need, it is a fundamental duty of the medical community to speak up for basic human rights and dignity. A resolution asserting San Mateo Medical Center Board’s solidarity with the medical community and civilians in Gaza and calling for an immediate and permanent ceasefire is attached hereto.

FISCAL IMPACT:

None

RESOLUTION NO. 2

SAN MATEO COUNTY MEDICAL CENTER BOARD OF DIRECTORS, STATE OF CALIFORNIA

* * * * *

RESOLUTION IN SOLIDARITY WITH HEALTHCARE WORKERS AND CIVILIANS IN GAZA

WHEREAS, patients bestow an inviolable trust on medical professionals to protect and heal them in their most vulnerable times of need, and it is a fundamental duty of the medical community to speak up for basic human rights and dignity; and

WHEREAS, as medical leaders, we stand united in our unwavering commitment to the health and safety of all people across the world; and, in upholding our institutional values of equity and trust,¹ we support the right of all people to live with dignity, free from Islamophobia, antisemitism, violence, and hatred in all its forms; and

WHEREAS, for decades, Palestinians in Gaza have lived in a state of humanitarian crisis and experienced health inequities from systematic segregation and discrimination under Israeli occupation;² and

WHEREAS, on October 7th, 2023, Hamas launched an attack in southern Israel and killed approximately 1,200 people, including hundreds of civilians, and took approximately 240 Israelis hostage;³ and

WHEREAS, in the months since, over 29,000 Palestinians – or well over 1 in 100 Gazans – have been killed by Israeli armed forces in Gaza, including over 12,000 children;⁴ and

WHEREAS, during this timeframe, Israeli armed forces have consistently targeted and bombed critical medical facilities in Gaza, including hospitals,⁵ targeting and killing doctors, nurses, hospital staff, and patients; and

WHEREAS, an estimated 337 healthcare workers⁶ have been killed while serving Palestinians in Gaza, and thousands more medical workers continue to provide lifesaving care under the most extreme and dangerous conditions; and

WHEREAS, *Médecins Sans Frontières* stated to the United Nations Security Council on February 22, 2024, that there is no health system left in Gaza, as all major hospitals have

¹ <https://www.smchealth.org/smmc-mission-vision-values>

² <https://www.tandfonline.com/doi/full/10.1080/17441692.2023.2201612>

³ <https://www.npr.org/2023/11/11/1212458974/israel-revises-death-toll-hamas-attacks-oct-7>

⁴ <https://www.aljazeera.com/news/longform/2023/10/9/israel-hamas-war-in-maps-and-charts-live-tracker> (Accessed 02/23/2024)

⁵ <https://www.justsecurity.org/90804/in-defense-of-gazas-hospitals-and-health-workers/>

⁶ <https://reliefweb.int/report/occupied-palestinian-territory/humanitarian-crisis-unveiled-healthcare-under-attack-gaza-joint-statement-syrian-american-medical-society-sams-and-palestinian-american-medical-society-pama>

collapsed due to Israeli military operations,⁷ and civilians who are injured, starving, or dying have little to no access to medical care; and

WHEREAS, Israel's blockade on Gaza continues to prevent food, electricity, fuel, clean water, medical supplies, and other humanitarian aid from reaching civilians and prevents refugees from escaping to safety; and

WHEREAS, 80 percent of those suffering from famine or catastrophic hunger worldwide are Gazans, as hundreds of thousands of Palestinians are currently experiencing a severe famine and face starvation as a result of Israel's blockade and military occupation of Gaza;⁸ and

WHEREAS, Gaza is home to 350,000 children under the age of five and 50,000 pregnant women,⁹ and thousands of newborns and children across Gaza are severely malnourished during a critical phase for their physical development; and

WHEREAS, the conditions in Gaza described in this resolution can and do affect the availability of healthcare staff and resources throughout the world, including the United States and San Mateo County; and

WHEREAS, healthcare workers¹⁰ and health faculty¹¹ across the country, including workers at the San Mateo Medical Center, have called for a permanent ceasefire to prevent further civilian casualties in Gaza; and

WHEREAS, the American Public Health Association, the world's largest and oldest membership group representing over 50,000 public health professionals, called upon President Biden and Congress to demand an immediate ceasefire and restoration of lifesaving resources to the people in the Gaza Strip,¹² and

WHEREAS, major labor unions representing healthcare workers have issued statements calling for an immediate ceasefire in Gaza, including the California Nurses Association,¹³ which represents approximately 400 nurses and nurse practitioners working at the County of San Mateo.¹⁴

NOW, THEREFORE BE IT RESOLVED that the San Mateo Medical Center Board of Directors declares its solidarity with the healthcare community in Gaza and calls for an immediate and permanent ceasefire to protect the health and lives of innocent civilians and medical providers; and

⁷ <https://www.doctorswithoutborders.org/latest/msf-un-security-council-people-gaza-need-immediate-and-sustained-ceasefire-now>

⁸ <https://www.ohchr.org/en/press-releases/2024/01/over-one-hundred-days-war-israel-destroying-gazas-food-system-and>

⁹ <https://www.cnn.com/2024/01/30/middleeast/famine-looms-in-gaza-israel-war-intl/index.html>

¹⁰ <https://www.labornotes.org/blogs/2023/11/health-care-workers-demand-ceasefire-gaza>

¹¹ <https://www.hhrjournal.org/2023/11/health-faculty-call-for-ceasefire-in-gaza-and-centering-palestine-in-the-classroom/>

¹² <https://www.medpagetoday.com/publichealthpolicy/publichealth/107429>

¹³ <https://labornotes.org/blogs/2023/11/health-care-workers-demand-ceasefire-gaza>

¹⁴ <https://www.nationalnursesunited.org/press/san-mateo-county-nurses-ratify-new-contract>

BE IT FURTHER RESOLVED that the San Mateo Medical Center Board of Directors urges President Biden and all members of Congress to use their positions of influence to end the genocide and ethnic cleansing of Palestinians and to protect precious human life in Gaza.

CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Monday, February 5, 2024
Atrium Conference Room, 2000 Alameda de las Pulgas, San Mateo, CA

Board Members Present

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

Staff Present

David McGrew	Janette Gomez	Lisa Mancini
Dr. Alpa Sanghavi	Priscilla Romero	Dyshun Beshears
Emily Weaver	Robert Blake	Gwyn Luong
Gabriela Behn	Roberta Larcina	Scott Diem
Kacie Patton	Jen Gordon	Dr. Jeanette Aviles
Dr. Amar Dixit	Kathy Reyes	Stephen Dean
Enitan Adesanya	Dr. Katalin Szabo	Jennifer Stalzer
Dr. Aileen Shieu		Jacki Rigoni

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Canepa called the meeting to order at 8:00 AM and the Board adjourned to Closed Session.	
Reconvene to Open Session	The meeting was reconvened at 8:15 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for December 4, 2023 QIC Minutes from October 24, 2023 Medical Executive Committee Minutes from November 14, 2023	Jennifer Stalzer reported that the Board unanimously approved the Credentialing Report as amended and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report John Jurow	No Report.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from December 4, 2023 2. Bylaws of the San Mateo Medical Center Board of Directors	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.

Governing Board Vacancy Action Item	Consideration of candidate to serve as public member of the SMMC Board of Directors and vote on said recommendation. Candidate's name is Judith Guerrero.	It was MOVED, SECONDED and CARRIED unanimously to appoint Judith Guerrero.
Medical Staff Report Dr. Frank Trinh	Dr. Trinh informed the Board about the change of leadership in the Primary Care department. Dr. Sonia Ter Kuile will be taking over from Dr. Mithu Tharayil as the new Primary Care Chair. Dr. Trinh is looking forward to future updates on current construction at San Mateo Medical Center and future focus on Integr8 Health that will impact providers.	FYI
Financial Audit FY 2022/2023 Scott Diem from Macias Gini and O'Connell LLP	Scott Diem, representing Macias Gini and O'Connell LLP, presented the Financial Audit for FY 2022-2023 to the Hospital Board. No recommendations were reported for FY 2022 and 2023. Scott answered questions from the Board.	FYI
Compliance Report Gabriela Behn	<p>Gabriela Behn provided the Board with an update of the Corporate Integrity Agreement and the quarterly report is presented to the Board. Here are some important updates:</p> <ul style="list-style-type: none"> • Three more years of audits and reports left. • The Annual Compliance Training is set to begin in March 2024 • Independent Review Organization (IRO) Audit Findings <ul style="list-style-type: none"> -Medicare & Medi-Cal FFS Outpatient Claims with Modifiers results in more coding education - Medicare & Medi-Cal FFS Observation Claims results in cheat sheet on surgery patient vs. observation status -Medicare & Medi-Cal FFS Inpatient Claims results in education on importance of provider documentation • 2023 compliance training was at 99.2% • January 2024 Policy Report Out– Combined policies results to 54% compliant compared to 52% in April 2023. • RAC Audit- Three accounts in 2023 to date had two errors, one from Burlingame Long Term Care • CorroHealth accuracy auditing will begin in February 2024. • No reportable breaches this last quarter. 	FYI

<p>Elder and Development Adult Protection Team (EDAPT) Dyshun Beshears, Gwyn Luong</p>	<p>The Elder and Development Adult Protection Team (EDAPT) was established in 2016 with the help of Measure K funds. EDAPT was created after the Adult and Aging Services team saw a substantial increase in financial abuse cases.</p> <p>In 2020, EDAPT received 750 referrals, which increased to 1,334 by 2023. Referrals come from various regions of the county, with the city of San Mateo having the highest number of referrals at 519 within the same calendar year and from diverse sources, such as financial institutions, social workers, family members, and community members.</p> <p>Over the past four fiscal years (FY'202-23), \$2.8 million in Measure K Funds were allocated to and invested into Adult and Aging Services for EDAPT. In those four years, the EDAPT program was able to assist 428 residents return, recover, or prevent from financial abuse loss approximately \$10,739,88.</p> <p>The program handles various cases such as contractor scams, romance scams, financial abuse by caregivers or family members, and real property cases (when a family member attempts to buy a home at a high cost).</p>	<p>FYI</p>
<p>Integr8 Health/ Strategy. Executive Management Team</p>	<p>The Executive Team of San Mateo Medical Center presented the updates on Integr8 Health & Strategy. For the 2023-2024 Strategic Cycle, the team aims to equip leaders to effectively use the system to achieve strategic, operational, and Integr8 Health goals. They also plan to incorporate the voice of patients and staff in all improvement work and continuously improve the processes and tools of the system.</p> <p>The Executive Management Team has developed ten improvement cycles with thirty design teams. These groups have completed most of the pre-work and have now moved on to the build phase. This year, they recognized gaps and opportunities to improve the system from staff and patient voices, which led to five strategic initiatives.</p> <p>The improvement model consists of five key elements:</p> <ul style="list-style-type: none"> • Continuous improvement of the improvement system • Leader development • Voice of staff • What patients want us to improve • Standardize and stabilize the improvement system. 	<p>FYI</p>
<p>Financial Report David McGrew, CFO</p>	<p>The FY 23/24 financial report was included in the Board packet and David McGrew answered questions from the Board.</p> <p>During a recent Board of Supervisors meeting, Chief Financial Officer McGrew confirmed that the Vaya Registry Contract had been approved by the Board. He also provided estimates for the contract's figures for FY 22-27</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.</p> <p>Dr. Kunnappilly presented Deborah Torres with a gift of appreciation for her years of service as the San Mateo Medical Center Governing Board Community Member. She was followed by an approved vote by the Board of</p>	<p>FYI</p>

	Judith Guerrero as the next San Mateo Medical Center Governing Board Community Member. Judith will begin her term in March 2024.	
County Health Chief Report Louise Rogers	Louise reported that there is a significant number of uninsured patients in San Mateo County. Therefore, it is crucial to assess the available care services for the uninsured. The County Health department is working on a comprehensive disaster preparedness plan to ensure that the most vulnerable members of the community are not affected adversely in case of a disaster.	FYI
County Executive Officer Mike Callagy	Proposals are being considered for allocating Measure K funds to specific programs.	FYI
Board of Supervisors Supervisor David Canepa	Supervisor Canepa reported that the Vaya Registry Contract has been approved by the Board of Supervisors. Additionally, a task force has been created for the Family Justice Center and Child Advocacy Center. Supervisor Canepa has announced plans to discuss many topics such as mental health, public safety, and homelessness during the upcoming Board of Supervisors Retreat. Furthermore, Supervisor Canepa has informed that the new County Office Building is an amazing space and is scheduled to open in March 2024.	FYI

Supervisor Canepa adjourned the meeting at 10:04 AM. The next Board meeting will be held on March 4, 2024.

Minutes recorded by:

Janette Gomez, Executive Secretary (WOC)

Minutes approved by:

Dr. Chester Kunnappilly, Chief Executive Officer

Office of Diversity, Equity, and Inclusion

March 2024 Board Presentation

The blueprint for San Mateo County Medical Center’s continued journey to operationalize equity has been driven by a variety of considerations, including expectations of regulatory bodies such as Centers for Medicare and Medicaid Services and The Joint Commission. Both governing bodies have similar equity related requirements which are similarly structured and require periodic updates to stakeholders, one being the hospital board for each respective system. The requirements for each body compared against our existing equity blueprint will be the focus of this report.

The Joint Commission

The Joint Commission requires healthcare delivery systems to have processes around provision of care, but in this past year has made an optional certification program for systems who are interested. The equity blueprint that has been previously presented to the Board has been created and modified to meet the requirements of the equity certification. The Joint Commission Equity Certification has domains healthcare delivery systems must meet and they are reflected below:

Certification Domains



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Centers for Medicare and Medicaid Services (CMS)

CMS also has a framework for health equity and their priorities outline systems focus on five priorities to be in alignment. The priorities are below:

- 1) Data Collection.
- 2) Assessment of the cause of disparities within CMS programs/address inequities in policies and operations to close gaps.
- 3) Build capacity of health care organizations and the workforce to reduce health and health care disparities.
- 4) Advancement of language access, health literacy, and the provision of culturally tailored services.
- 5) increase all forms of accessibility to health care services and coverage.

CMS also has a specific requirement for inpatient units that is being prioritized and the domains and requirements for inpatient units are below:

Domain	Required Elements
Domain 1: Equity is a Strategic Priority	<ul style="list-style-type: none"> • Strategic plan identifies priority populations who currently experience health disparities. • Strategic plan identifies healthcare equity goals and discrete action steps dedicated to achieving our equity goals. • Strategic plan outlines specific resources which have been dedicated to achieving our equity goals. • Strategic plan describes our approach for engaging key stakeholders, such as community based organizations.
Domain 2: Data Collection	<ul style="list-style-type: none"> • Health care delivery systems must collect demographic information and/or social determinants of health information on majority of patients. • Health care delivery systems must offer training for staff in culturally sensitive

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	<p>collection of demographic and/or social determinant of health information.</p> <ul style="list-style-type: none"> Health care delivery systems must input demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified EHR technology.
Domain 3: Data Analysis	<ul style="list-style-type: none"> Health care delivery systems must stratify key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on hospital performance dashboards.
Domain 4: Quality Improvement	<ul style="list-style-type: none"> Health care delivery systems must participate in local, regional, or national quality improvement activities focused on reducing health disparities.
Domain 5: Leadership Engagement	<ul style="list-style-type: none"> Senior leadership of healthcare delivery systems, including chief executives and the entire hospital board of trustees, annually review the strategic plan for achieving health equity. Senior leadership, including chief executives and the entire hospital board of trustees, annually reviews key performance indicators stratified by demographic and/or social factors.

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SMMC’s Equity Blueprint

To revisit, SMMC’s Equity Blueprint is listed below:

Stream	Priorities and Current Efforts
Health Care Disparity Elimination	<ul style="list-style-type: none"> • Hypertension Control with African American and/or Black patient populations. • Partnership with the Chronic Disease Management Improvement Council focused on Depression Screening and Follow – Up with African American and/or Black patient populations. • Focus groups for African American and/or Black patient population in 2024. • Identification of health care disparity elimination metric for inpatient units, assessment of current state and tentative plan in late 2023/early 2024.
Workforce Diversity	<ul style="list-style-type: none"> • Analysis of demographic information for patient population compared against that of the workforce. • Presentation of comparative analysis of workforce and patient population demographics to stakeholders in 2024. • Meeting with HR to learn more about recruitment efforts and strategies utilized in an attempt to strengthen diversity within the workforce. • Working in partnership with Medical Staff/Provider Relations Office to create a pathway for the collection of Race, Ethnicity, and Language information for providers in 2024.
Education	<ul style="list-style-type: none"> • Modularized Health’s Race, Equity, Health training for the workforce.

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	<ul style="list-style-type: none"> • Launch of 21-day Racial Equity Challenge via LMS. • Rollout of Petals of Power and Privilege Reflection.
Provision of Care	<ul style="list-style-type: none"> • Revisit of Red Label Interpreting Program and Clinician Cultural and Linguistic Assessment (CCLA). • Review of opportunities to strengthen language services support for patients to include Certified Deaf Interpreters. • Revisiting SOGI data collection efforts. • Embedding equity analysis into the Improvement Council structure.
Community Engagement	<ul style="list-style-type: none"> • Continuing to attend meetings for Community Based Organizations. • Scheduling annual presentation for at least two community-based organization regarding SMMC’s equity efforts. • Continuing to strengthen and build partnerships with community-based organizations. • Partnership with Patient Experience focused on recruitment of community members interested in participation in the Patient, Family, Advisory Council.
Additional Efforts	<ul style="list-style-type: none"> • Integr8 Health transition

This blueprint is another step in the direction of SMMC’s effort to operationalize equity and is in alignment with requirements from CMS and The Joint Commission. The blueprint is in its second iteration and is meant to be dynamic to allow for adjustments and modifications to be made that continue allowing the organization to be in alignment with both governing bodies.

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Updates

Health Care Disparity Elimination:

In partnership with the Chronic Disease Management Council, SMMC's ODEI is piloting targeted outreach for Depression Screening and Follow – Up with our Black/African American patient populations. There have been a magnitude of learnings; however, one worth highlighting is that this outreach has resulted in 86% of patients contacted were successfully screened. In addition, not only were patients screened for depression, surveys regarding patient's experiences receiving care from Fair Oaks Health Center (FOHC), have returned feedback and perspectives we have been able to center in processes going forward. One patient specifically highlighted an overwhelmingly positive experience from one of the care teams at FOHC, sharing their experiences have always been positive from the time they speak with staff at Registration to the time they wrap their appointment. This particular patient also noted, one of the care teams at FOHC successfully detected a health condition that they had no symptoms for and they are grateful for this care team and their experience. We will continue to center learnings in hopes we are able to spread this effort across the entire system.

Regarding our efforts surrounding Hypertension for our Black/African American patient populations, we continue to explore the Patient Navigator role in targeted outreach. From these efforts, patients have continued getting connected for their care. Learnings from this outreach includes consistent feedback that transportation continues to be a barrier for remaining consistent with their care. Additional learnings include our continued exploration around how to be culturally responsive to the needs of our Black/African American patient populations. To further support this effort, our hope is to facilitate Listening Sessions as a means to hear specifically from this patient population and to learn more about their experiences receiving care at SMMC. We are undergoing the process for Right for Quote from identified vendors and aim to have a vendor identified by the end of March who will ultimately take on the process of facilitating sessions.

Provision of Care:

The Red Label Certification Program is SMMC's effort to ensure staff who support in care appointments via interpretation have understanding of best practices in interpretation. Since August 2023, 43 staff have recertified and 25 staff are newly certified and able to support via interpretation in care appointments.

Regarding efforts to embed equity into the improvement council structure, SMMC's ODEI was able to successfully partner with the LEAP Institute and the Chronic Disease Management Council to pilot an

Office of Diversity, Equity, and Inclusion

equity impact assessment into their planning for an improvement event. In the next quarter a more abbreviated equity impact assessment will be made available to improvement councils as they continue to take on the work identified through their value streams.

Education:

Stemming from positive feedback from an exercise we have titled, *The Petals of Power and Privilege Reflection*, SMMC'S DEI Coalition will be supporting leaders in facilitating this exercise with their teams across the system. We have time set aside with seven teams and are looking forward to continuing to create opportunities for staff to reflect on their own power and privilege and how to yield this in their day-to-day roles.

An expansion of our efforts to learn about strategies to deploy in the system that will support in operationalizing equity is occurring with staff undergoing the second learning cohort of the Community of Practice, supported and guided by SNI. A commitment from that team has been to undergo a self-assessment focused on equity from the Institute of Healthcare Improvement. Members of SMMC'S DEI Coalition will continue strategizing around how to roll this assessment out across several disciplines in the organization and at this point are tentatively aiming for more of a rollout in 2025.

Conclusion

San Mateo Medical Center has continued to make progress towards meeting regulatory requirements outlined by The Joint Commission and The Centers for Medicare and Medicaid Services. There will continue to be a variety of updates provided to the Board in 2024 including highlighted progress and learnings.

Kacie Patton, MSSW

ADMINISTRATION REPORTS

BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: January FY23-24

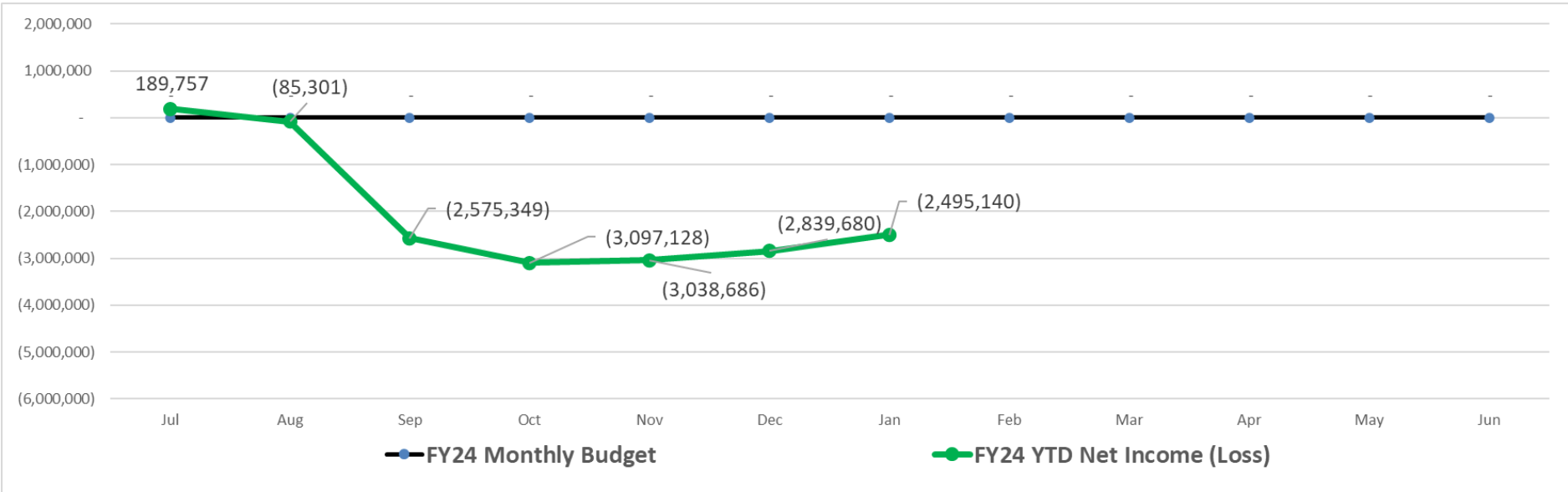
March 4, 2024

Presenter: David McGrew, CFO



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

FY23-24 Cumulative YTD Financial Results



Net Income(loss) – Jan \$345K, YTD (\$2.5M)

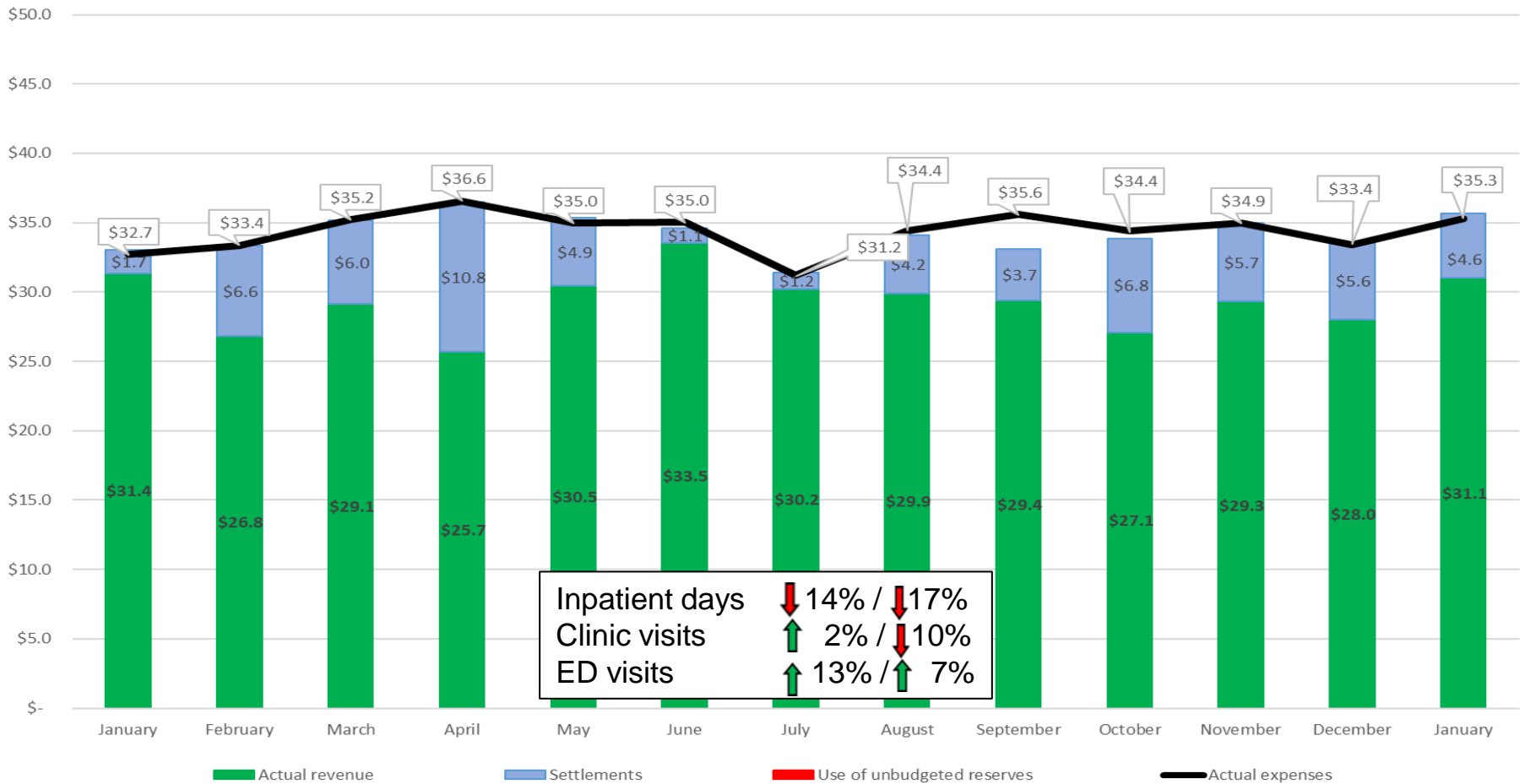
- FTEs 8% favorable
- Labor costs favorable by \$12.0M
- GPP CY2022

- Drugs
- Supplies
- Nursing registry

Jan FY24 Snapshot – January is favorable to budget by \$345K. SMMC still projects to be near breakeven for the full year. Nursing registry costs remain unfavorable due to the difficulties with hiring permanent nurses. Inpatient acute volume decreased as placements improved and Medical ED visits continue to be higher than budget. Managed care membership jumped as ACE patients in the 26-49 age range became eligible for Medi-Cal beginning in January 2024. Corresponding decrease was seen in ACE membership.

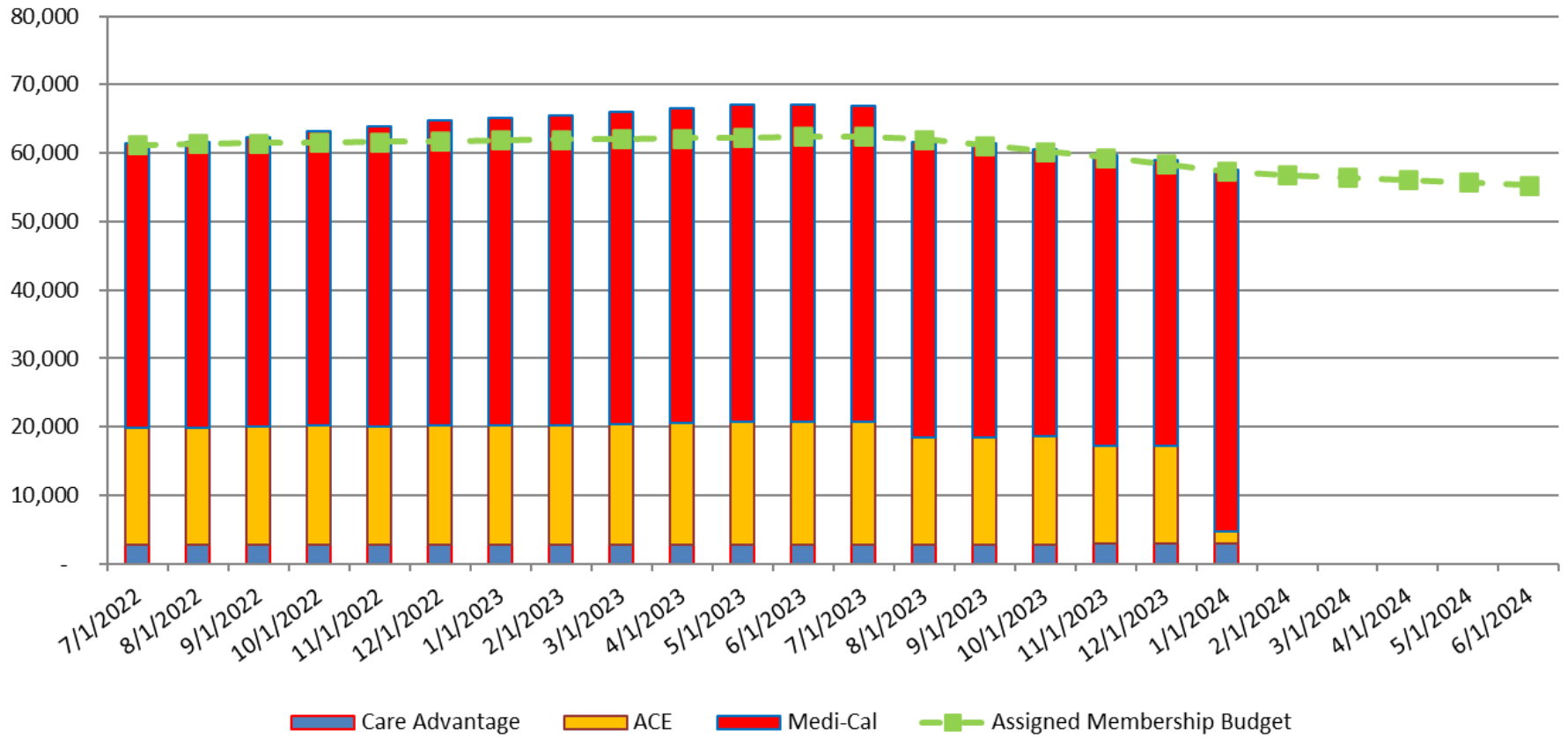
FY 23-24 Revenue & Expense Trend

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



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

Managed Care Membership Trend



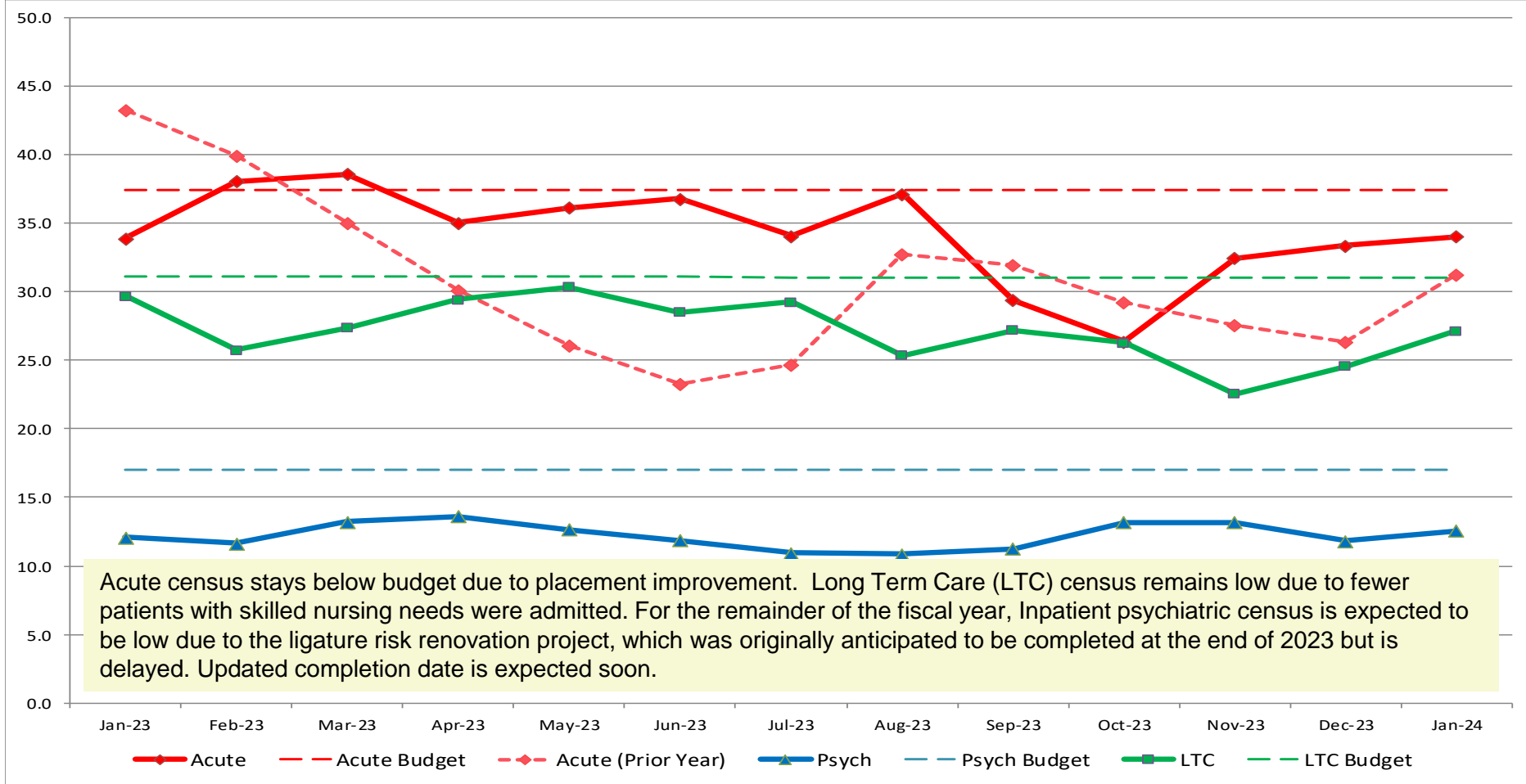
The membership in managed care programs peaked in July 2023 (31% increase for Medi-Cal since the onset of the COVID pandemic) and started trending down since. This is a result of the State restarting annual eligibility redeterminations at the end of the public health emergency. In January 2024, approximately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

San Mateo Medical Center Inpatient Days January 31, 2024

MONTH			
Actual	Budget	Variance	Stoplight
2,286	2,649	(363)	-14%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
15,333	18,373	(3,040)	-17%

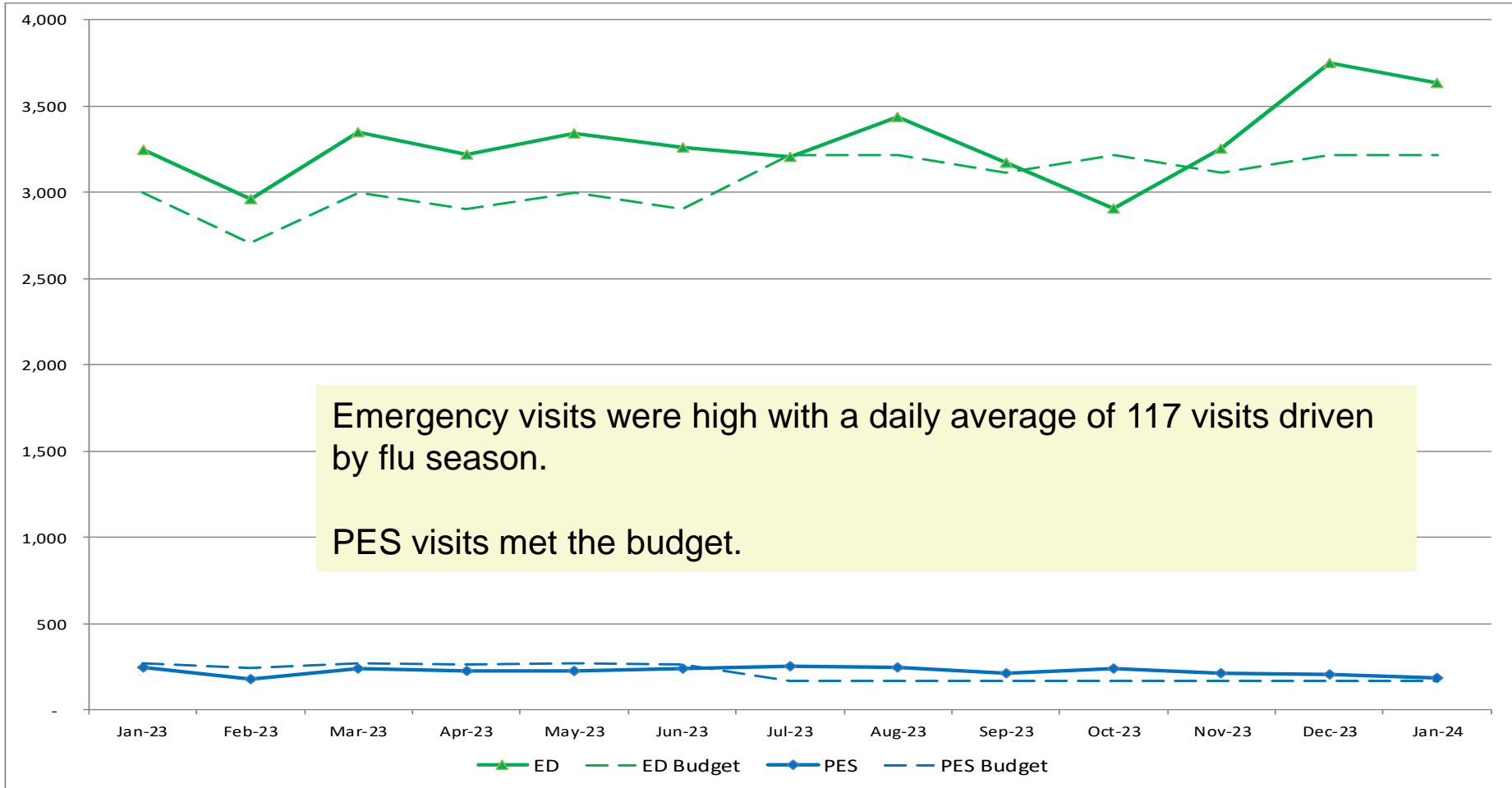
Patient Days



San Mateo Medical Center Emergency Visits January 31, 2024

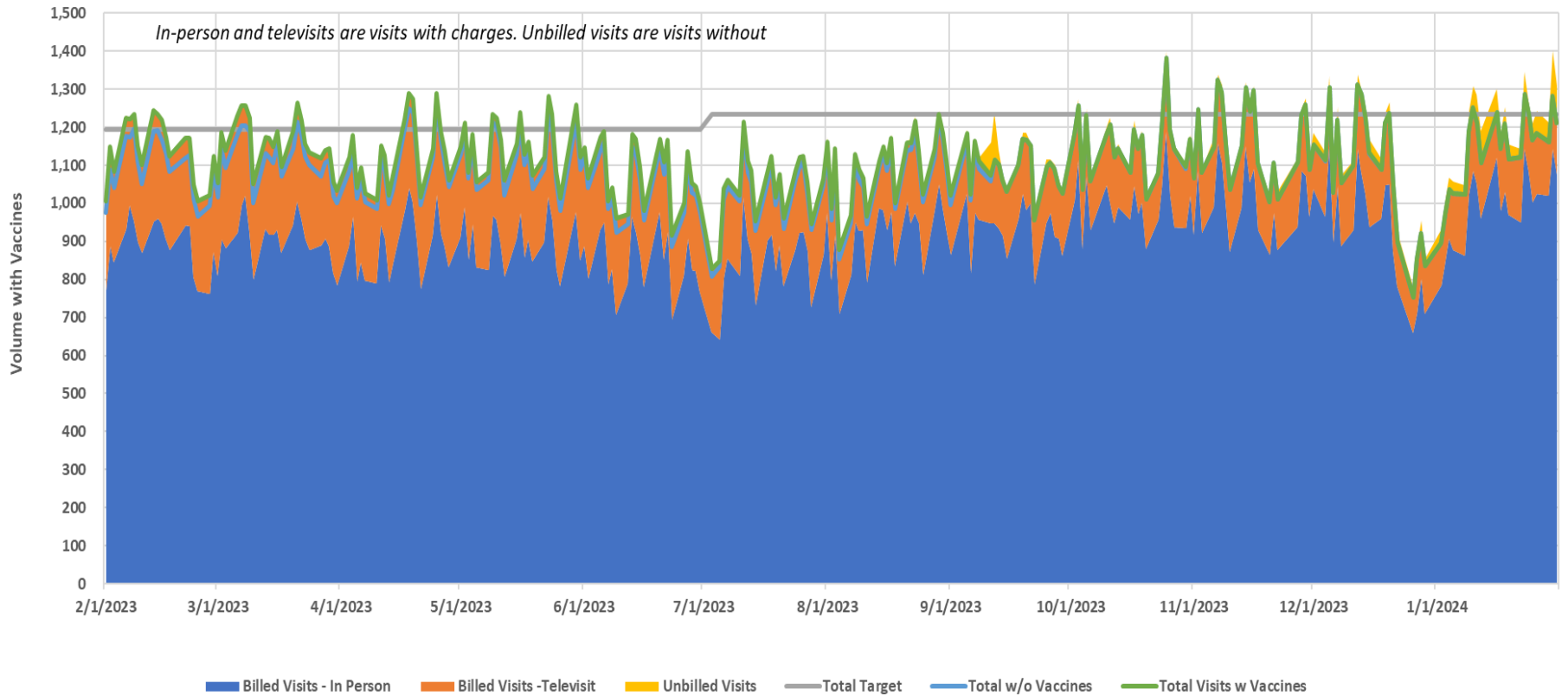
	MONTH			
	Actual	Budget	Variance	Stoplight
ED Visits	3,820	3,389	431	13%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
25,164	23,505	1,659	7%



San Mateo Medical Center Clinic Visits January 31, 2024

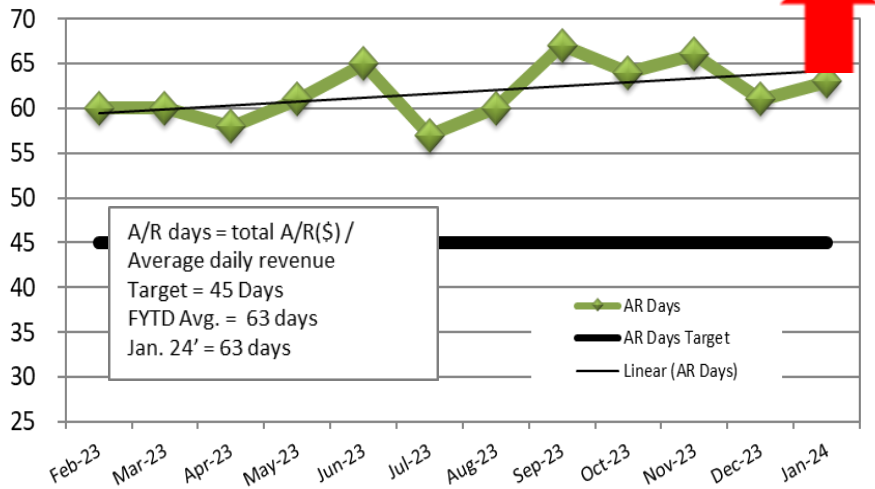
DAILY CLINIC VOLUME TRENDS - ROLLING 12-MONTHS THROUGH JANUARY 2024



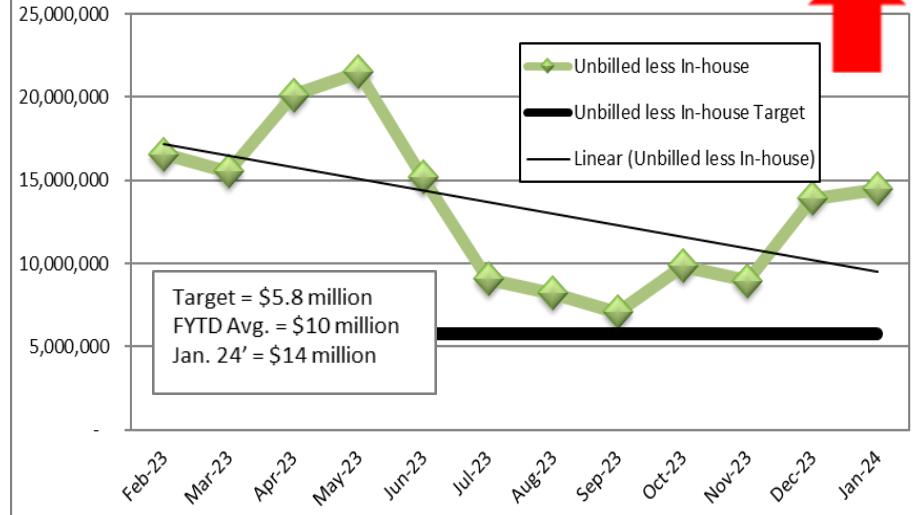
The sudden drop in volume in the latter half of December is due to low utilization and staff time-offs typical in holiday season. Televisits are running at 15% of total visits in FY24. Clinic televisits were 22% of total visits in FY23. Early in the pandemic the ratio was as high as 78%.

Fee-For-Service Revenue - KPIs

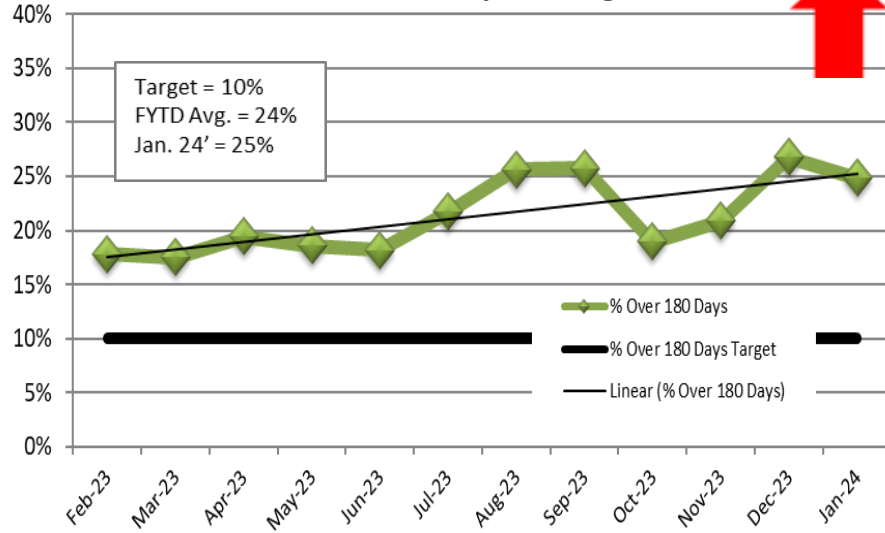
A/R Days - Rolling 12 Months



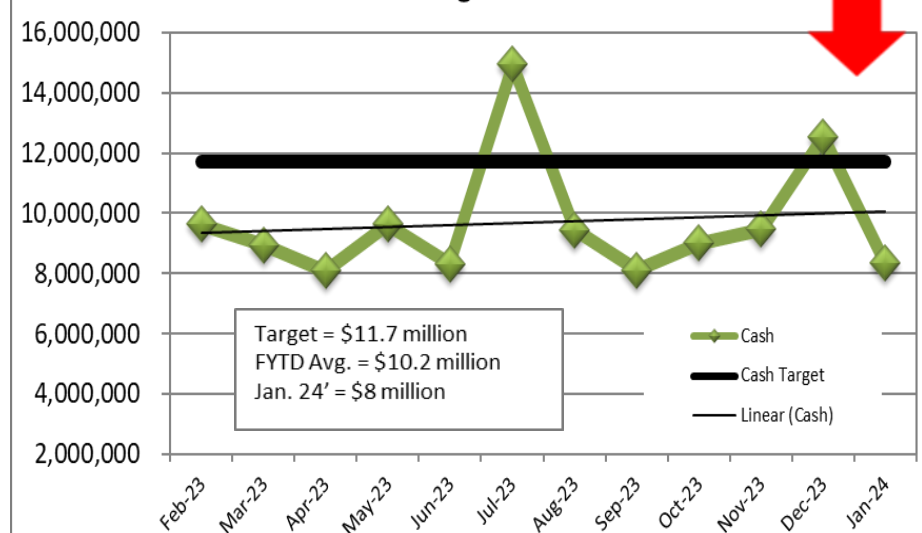
A/R Unbilled - Rolling 12 Months



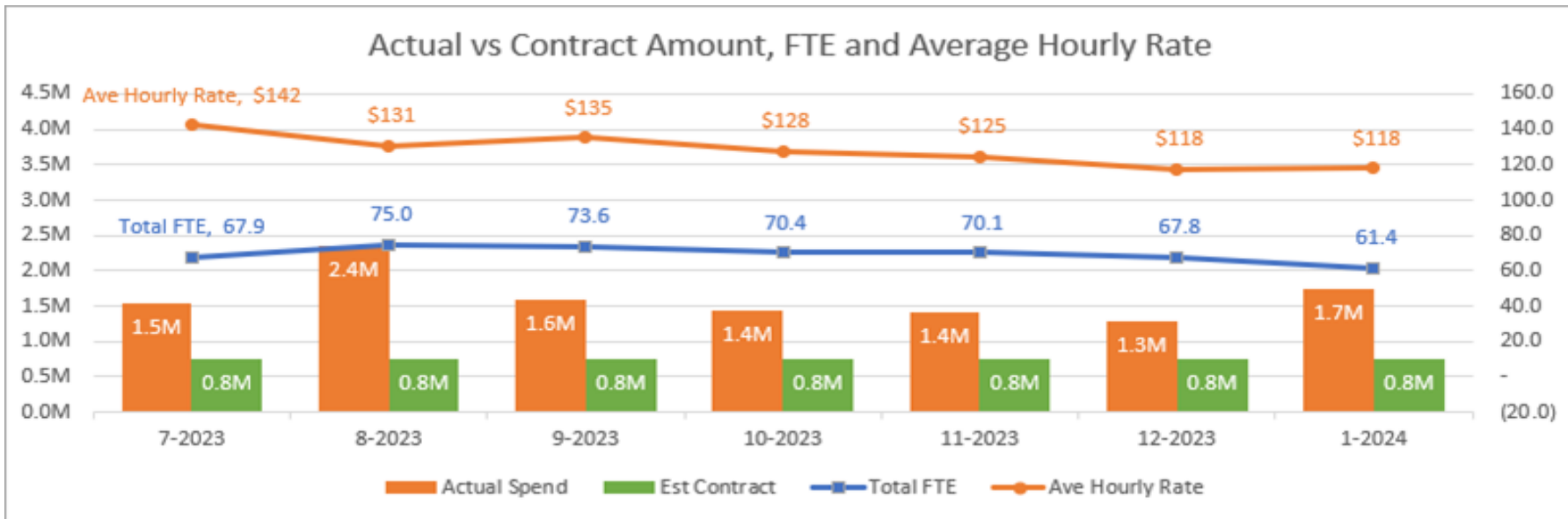
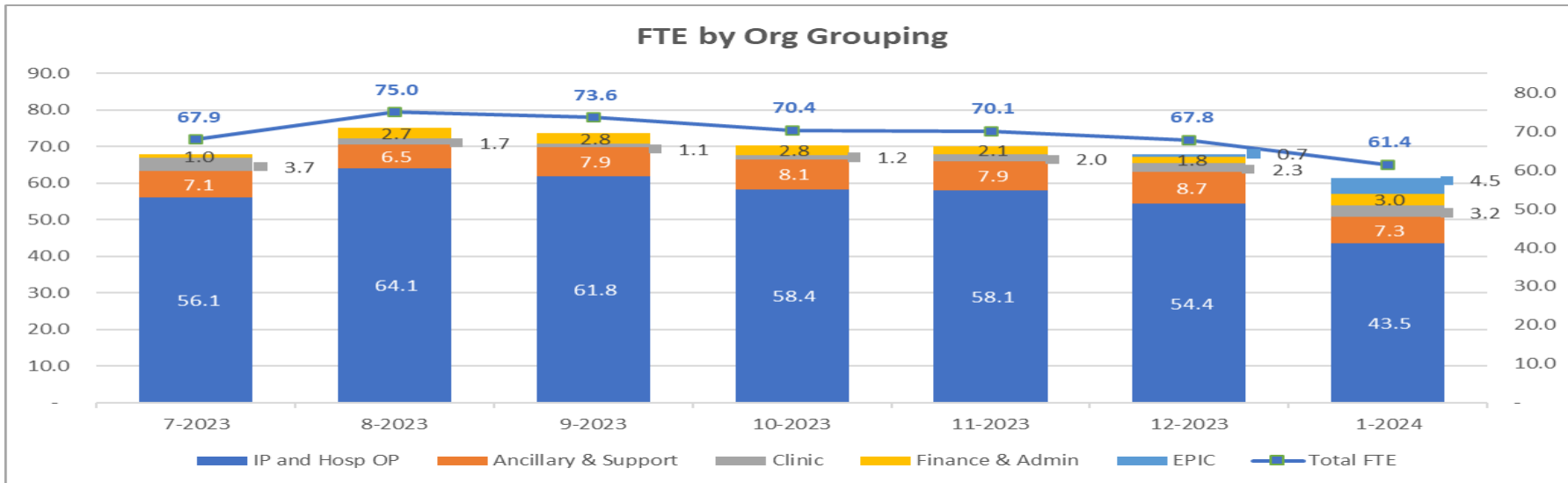
% of A/R Over 180 Days - Rolling 12 Months



Cash - Rolling 12 Months



Registry Analysis



APPENDIX



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

San Mateo Medical Center
Income Statement
January 31, 2024

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1	Income/Loss (GAAP)	344,540	0	344,540		(2,495,140)	0	(2,495,140)	
2	HPSM Medi-Cal Members Assigned to SMMC	52,857	51,870	987	2%	308,260	306,264	1,996	1%
3	Unduplicated Patient Count	69,376	67,727	1,649	2%	69,376	67,727	1,649	2%
4	Patient Days	2,286	2,649	(363)	-14%	15,333	18,373	(3,040)	-17%
5	ED Visits	3,820	3,389	431	13%	25,164	23,505	1,659	7%
7	Surgery Cases	231	283	(52)	-18%	1,563	1,953	(390)	-20%
8	Clinic Visits	23,322	25,939	(2,617)	-10%	160,975	179,102	(18,127)	-10%
9	Ancillary Procedures	73,774	67,006	6,768	10%	468,693	462,728	5,965	1%
10	Acute Administrative Days as % of Patient Days	8.0%	20.0%	12.0%	60%	18.0%	20.0%	2.0%	10%
11	Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status)	84.0%	80.0%	-4.0%	-5%	88.0%	80.0%	-8.0%	-10%
Pillar Goals									
12	Revenue PMPM	132	150	(19)	-12%	136	166	(30)	-18%
13	Operating Expenses PMPM	397	396	(1)	0%	393	384	(10)	-2%
14	Full Time Equivalents (FTE) including Registry	1,113	1,213	100	8%	1,134	1,213	79	7%

San Mateo Medical Center
Income Statement
January 31, 2024

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	14,164,530	14,335,992	(171,463)	-1%	87,497,536	100,351,946	(12,854,410)	-13%
22 Outpatient Gross Revenue	35,798,172	30,680,132	5,118,040	17%	215,815,387	214,760,923	1,054,463	0%
23 Total Gross Revenue	49,962,701	45,016,124	4,946,577	11%	303,312,922	315,112,869	(11,799,947)	-4%
24 Patient Net Revenue	11,365,937	14,288,817	(2,922,879)	-20%	76,366,978	100,021,716	(23,654,738)	-24%
25 Net Patient Revenue as % of Gross Revenue	22.7%	31.7%	-9.0%	-28%	25.2%	31.7%	-6.6%	-21%
26 Capitation Revenue	586,989	510,911	76,078	15%	3,360,453	3,576,380	(215,927)	-6%
27 Supplemental Patient Program Revenue	16,071,796	13,312,505	2,759,291	21%	102,819,444	93,187,533	9,631,911	10%
<i>Volume Based (GPP, EPP, VRR, AB915)</i>	10,623,037	6,889,343	3,733,694	54%	58,355,424	48,225,399	10,130,025	21%
<i>Value Based (QIP, HPSM P4P)</i>	3,472,233	3,100,472	371,761	12%	25,452,395	21,703,306	3,749,089	17%
<i>Other</i>	1,976,526	3,322,690	(1,346,164)	-41%	19,011,625	23,258,829	(4,247,204)	-18%
28 Total Patient Net and Program Revenue	28,024,722	28,112,233	(87,510)	0%	182,546,875	196,785,629	(14,238,754)	-7%
29 Other Operating Revenue	1,753,644	1,171,103	582,541	50%	9,560,725	8,197,722	1,363,003	17%
30 Total Operating Revenue	29,778,367	29,283,336	495,031	2%	192,107,600	204,983,351	(12,875,751)	-6%

San Mateo Medical Center
Income Statement
January 31, 2024

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
Operating Expenses								
31 Salaries & Benefits	19,169,666	19,747,380	577,714	3%	122,845,081	138,231,657	15,386,577	11%
32 Drugs	1,335,826	1,246,836	(88,990)	-7%	10,209,906	8,727,855	(1,482,051)	-17%
33 Supplies	1,411,601	1,142,708	(268,893)	-24%	8,246,646	7,998,959	(247,686)	-3%
34 Contract Provider Services	4,228,000	4,127,930	(100,070)	-2%	32,631,681	28,895,509	(3,736,171)	-13%
<i>Registry</i>	1,117,569	699,888	(417,680)	-60%	11,011,496	4,899,218	(6,112,278)	-125%
<i>Contract Provider</i>	2,766,282	3,021,524	255,242	8%	18,411,664	21,150,668	2,739,004	13%
<i>ACE Out of Network</i>	299,819	351,675	51,856	15%	2,887,851	2,461,725	(426,126)	-17%
<i>Other</i>	44,331	54,843	10,512	19%	333,209	383,898	50,690	13%
35 Other fees and purchased services	6,585,760	6,538,714	(47,046)	-1%	47,342,321	45,771,001	(1,571,320)	-3%
36 Other general expenses	722,671	784,425	61,754	8%	5,098,443	5,490,974	392,531	7%
37 Rental Expense	173,398	173,397	(1)	0%	1,289,950	1,213,781	(76,170)	-6%
38 Lease Expense	1,374,465	729,484	(644,980)	-88%	9,621,252	5,106,391	(4,514,861)	-88%
39 Depreciation	302,880	330,567	27,688	8%	2,107,611	2,313,971	206,360	9%
40 Total Operating Expenses	35,304,267	34,821,443	(482,824)	-1%	239,392,891	243,750,099	4,357,209	2%
41 Operating Income/Loss	(5,525,900)	(5,538,107)	12,207	0%	(47,285,290)	(38,766,748)	(8,518,542)	-22%
42 Non-Operating Revenue/Expense	568,638	236,305	332,333	141%	7,977,538	1,654,136	6,323,403	382%
43 Contribution from County General Fund	5,301,802	5,301,802	-	0%	36,812,612	37,112,612	(300,000)	-1%
44 Total Income/Loss (GAAP)	344,540	0	344,540		(2,495,140)	0	(2,495,140)	
(Change in Net Assets)								

**San Mateo Medical Center
Payer Mix
January 31, 2024**

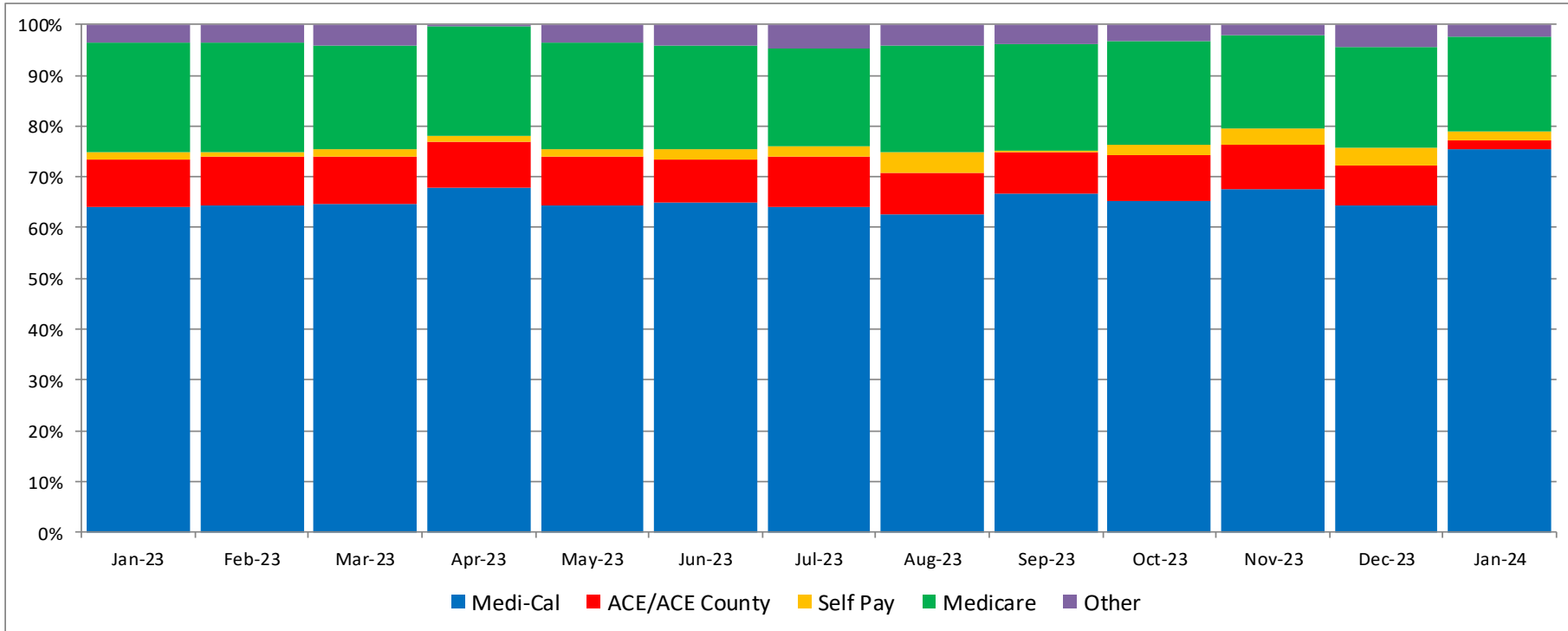
	MONTH			
	Actual	Budget	Variance	Stoplight
	A	B	C	D
Medicare	18.7%	21.1%	-2.4%	
Medi-Cal	75.4%	64.7%	10.7%	
Self Pay	1.5%	1.4%	0.1%	
Other	2.4%	3.7%	-1.3%	
ACE/ACE County	1.9%	9.1%	-7.1%	
Total	100.0%	100.0%		

	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
	E	F	G	H
Medicare	19.7%	21.1%	-1.4%	
Medi-Cal	66.8%	64.7%	2.1%	
Self Pay	2.4%	1.4%	1.0%	
Other	3.5%	3.7%	-0.2%	
ACE/ACE County	7.6%	9.1%	-1.5%	
Total	100.0%	100.0%		

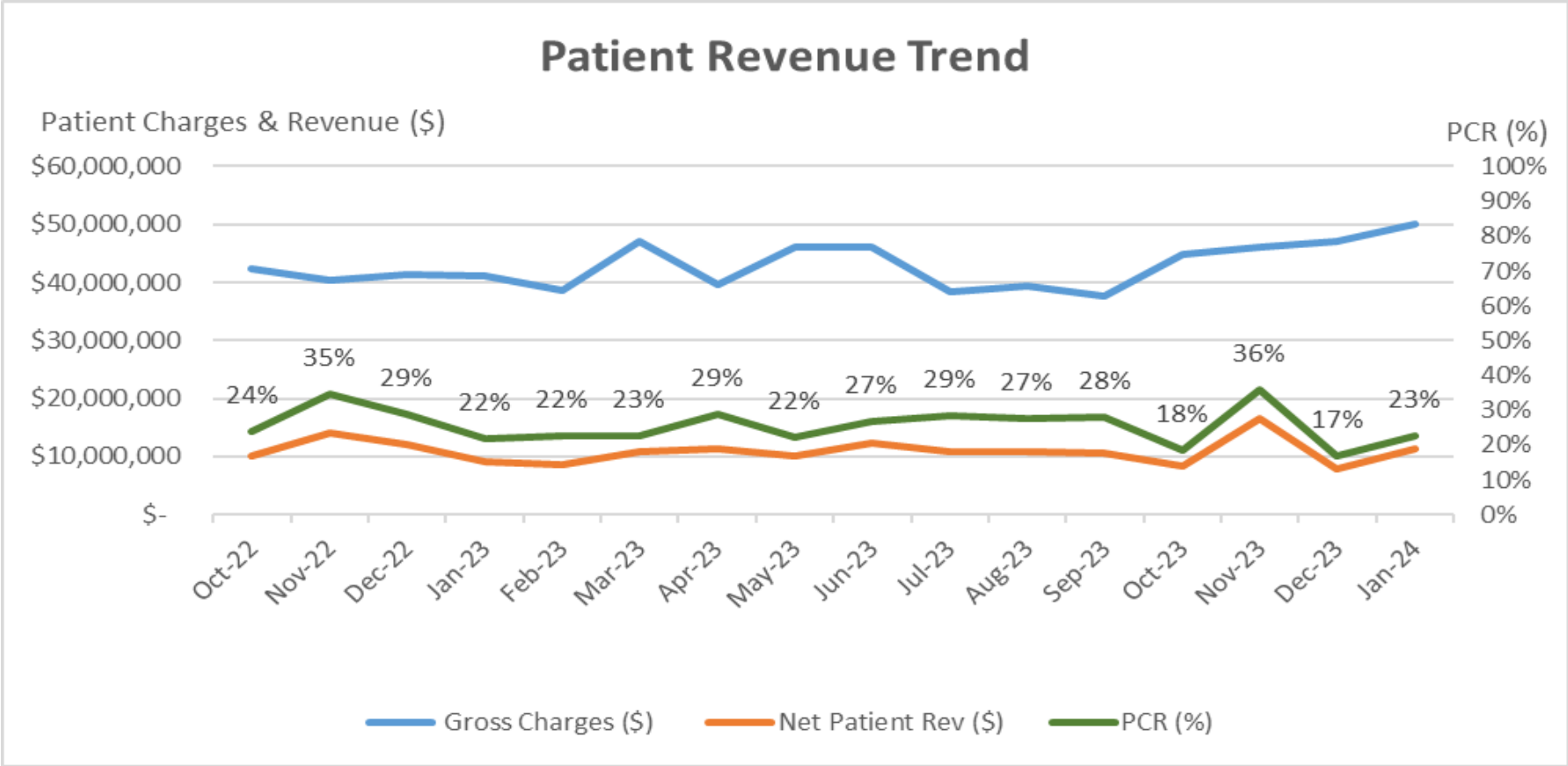
Payer Type by Gross Revenue

	A	B	C	D
Medicare	18.7%	21.1%	-2.4%	
Medi-Cal	75.4%	64.7%	10.7%	
Self Pay	1.5%	1.4%	0.1%	
Other	2.4%	3.7%	-1.3%	
ACE/ACE County	1.9%	9.1%	-7.1%	
Total	100.0%	100.0%		

	E	F	G	H
Medicare	19.7%	21.1%	-1.4%	
Medi-Cal	66.8%	64.7%	2.1%	
Self Pay	2.4%	1.4%	1.0%	
Other	3.5%	3.7%	-0.2%	
ACE/ACE County	7.6%	9.1%	-1.5%	
Total	100.0%	100.0%		



Fee-For-Service Patient Revenue Trend

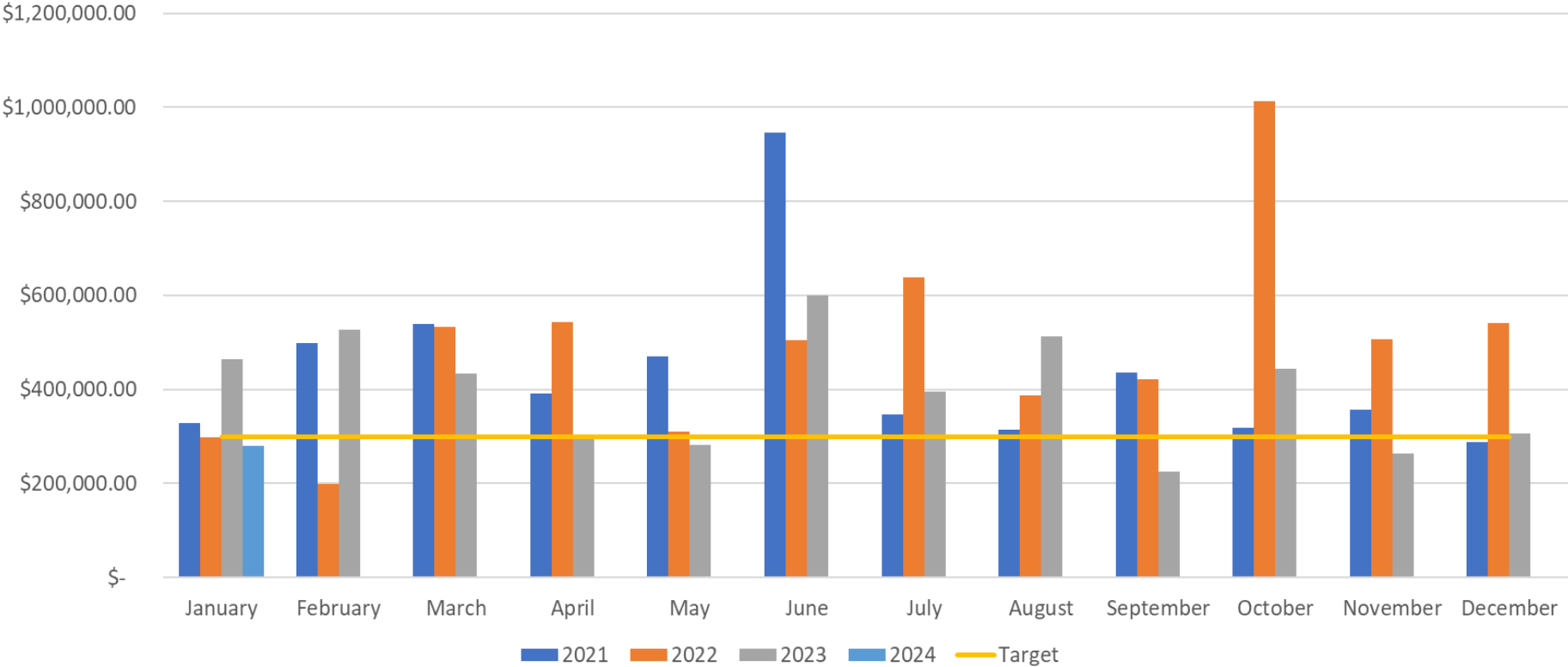


Budgeted PCR 33.9% (FY22), 31.2% (FY23), 31.7% (FY24)

Gross patient revenue is hovering around \$42M/month. The collection rate (PCR) in FY24 YTD is trending at average 25%. Low PCR in Oct 23 is due to delay in patient revenue recognition in part due to CorroHealth. PCR surge in Nov 23 and drop in Dec 23 was due to one-time adjustments. PCR is expected to remain in mid/high 20s for the rest of this fiscal year.



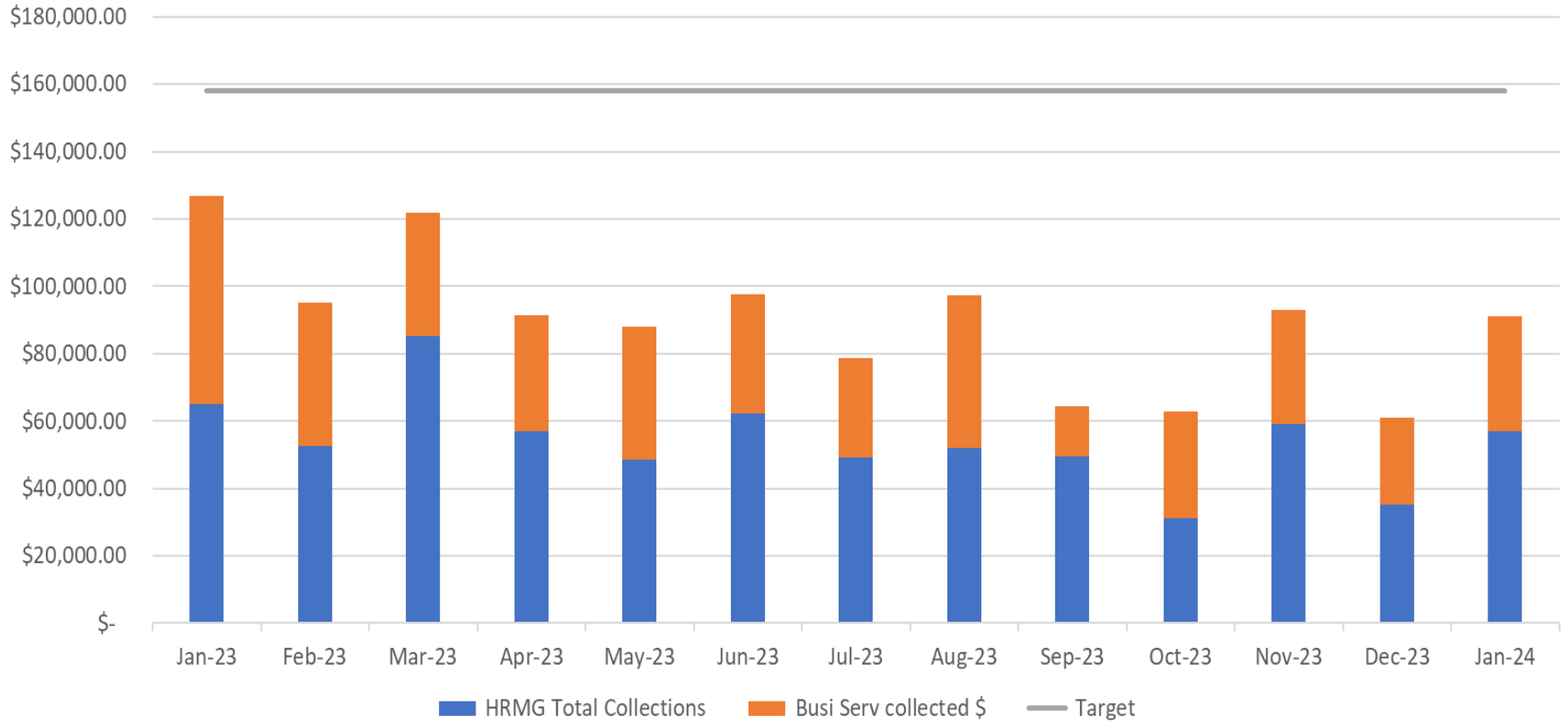
Fee-For-Service Commercial Collections



July 2020 MMX began supporting PFS with Commercial Collections



Fee-For-Service Self Pay Collections

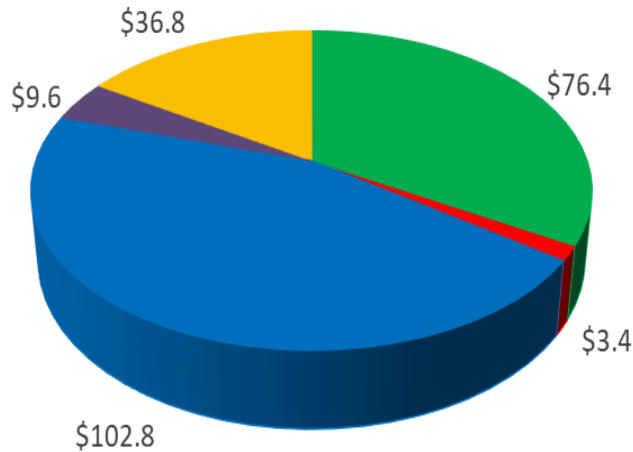


SMMC contracted with Healthcare Revenue Management Group to support SMMC's Business Services unit with collections of self-pay balances

Revenue Mix

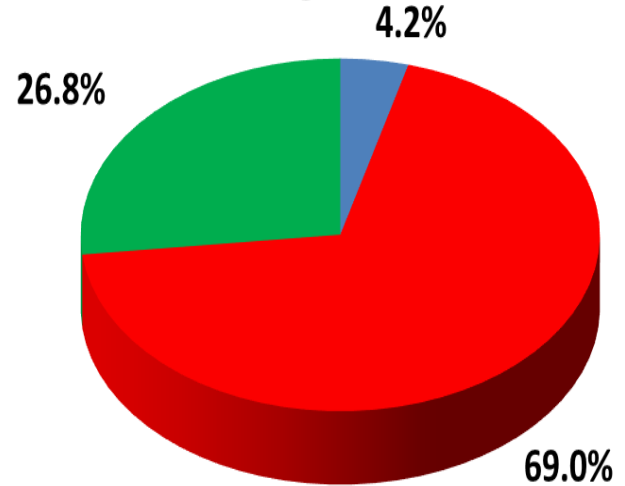
Sources of Revenue

(Dollars in millions)



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

Managed Care Mix



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

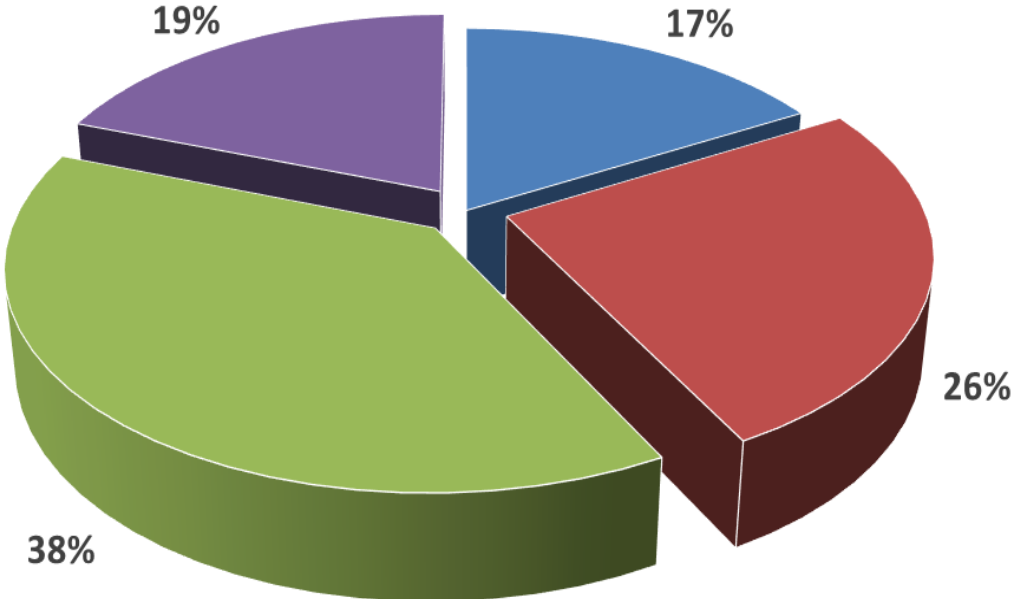
Total YTD Revenue of \$229 million consists of 45% in Supplemental Programs and 33% in Fee For Service

Health Plan of San Mateo (HPSM) represents 42% of our Operating Revenue

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

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

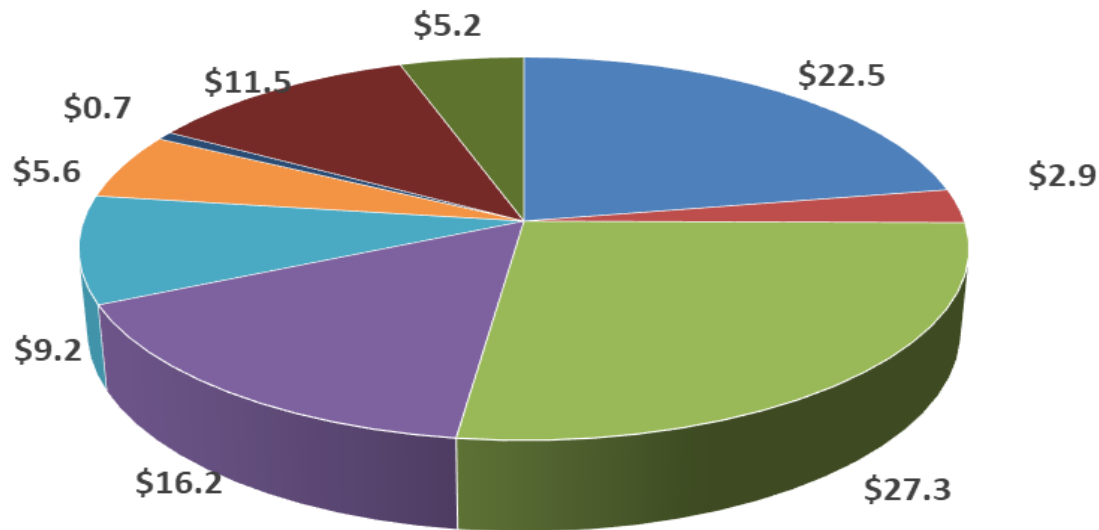
Revenue Mix by Service Line



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

Supplemental Revenue Mix

(Dollars in millions)



■ QIP	Value-Based
■ HPSM P4P	

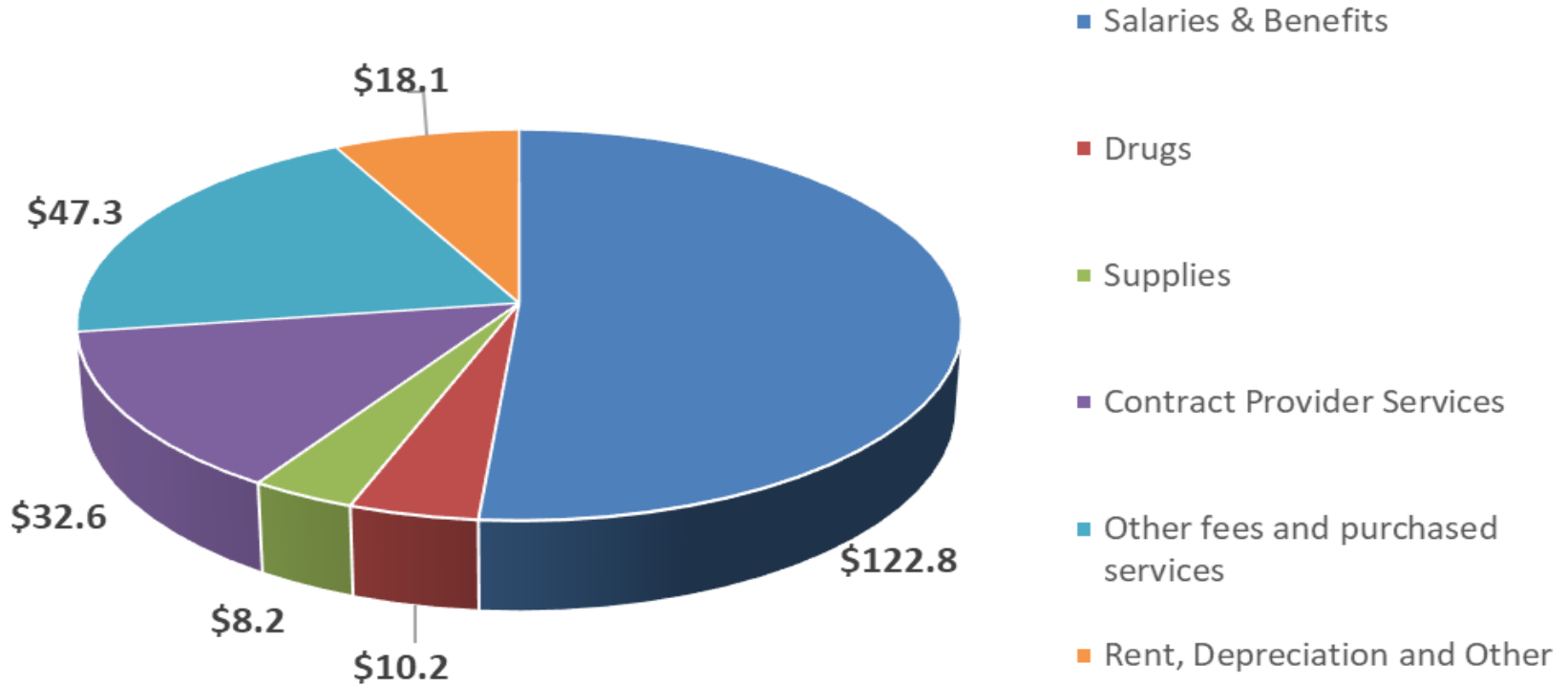
■ GPP	Volume-Based
■ EPP	
■ Voluntary RR	
■ AB915 (Medi-Cal OP)	

■ Hospital Fee
■ AB85 Realignment
■ Other

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

Total Operating Expenses

(Dollars in millions)



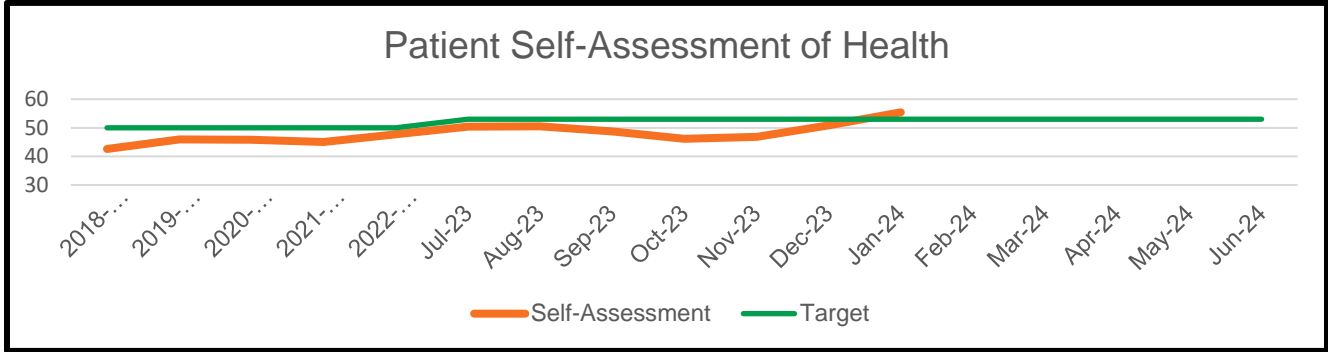
Salaries & Benefits represent 51% of total expenses

Personnel costs* represent 65% of total expenses

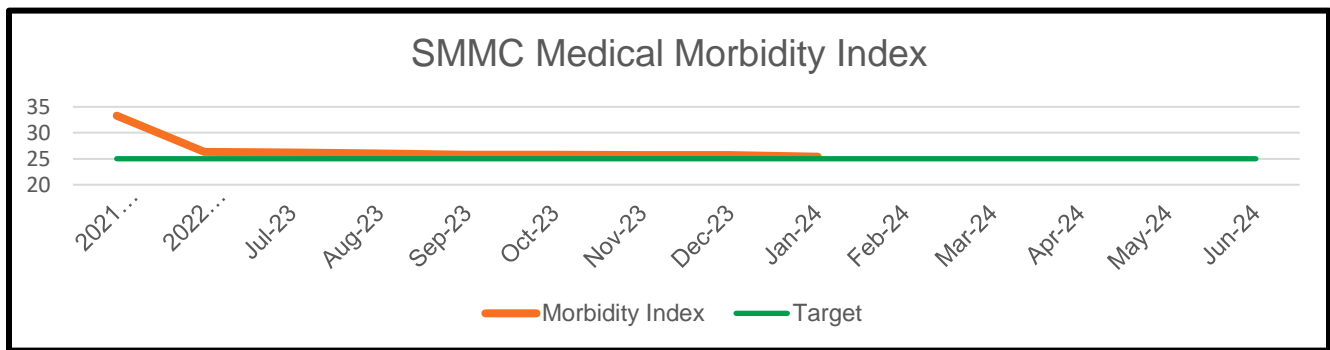
* Personnel costs includes S&B plus Registry/Contract Providers



Excellent Care



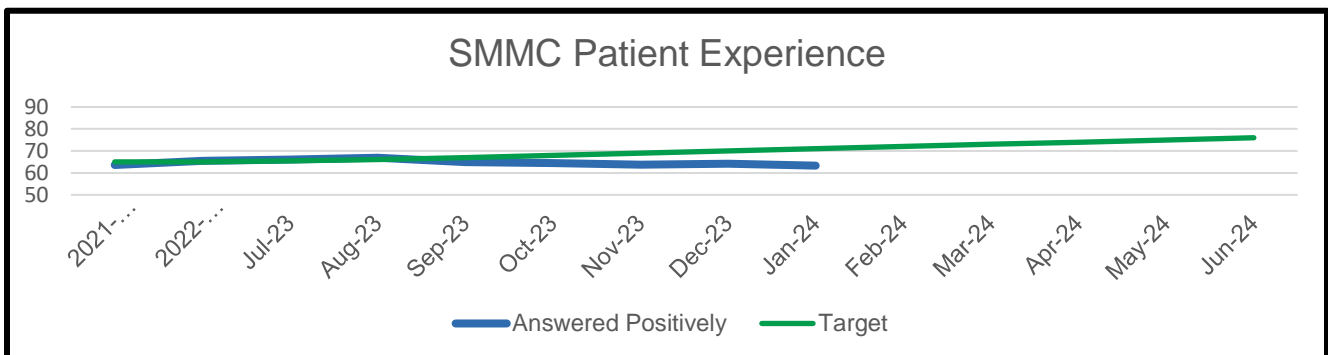
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



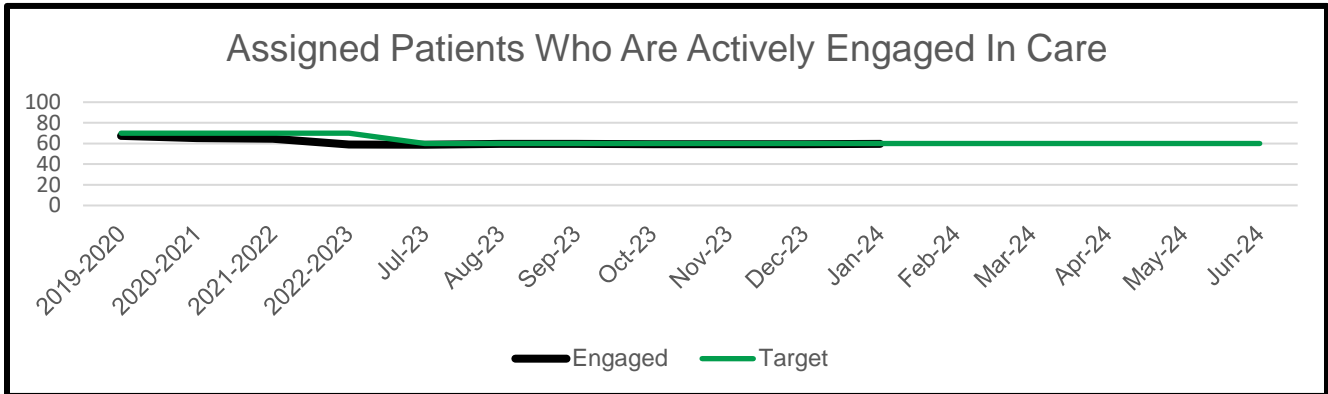
Medical Morbidity Index: This represents the percentage of SMMC patients who meet one or more of the following criteria: Inadequately Controlled Diabetes, Inadequately Controlled Hypertension, Obesity, or a Positive Depression Screen. **Lower is better.**



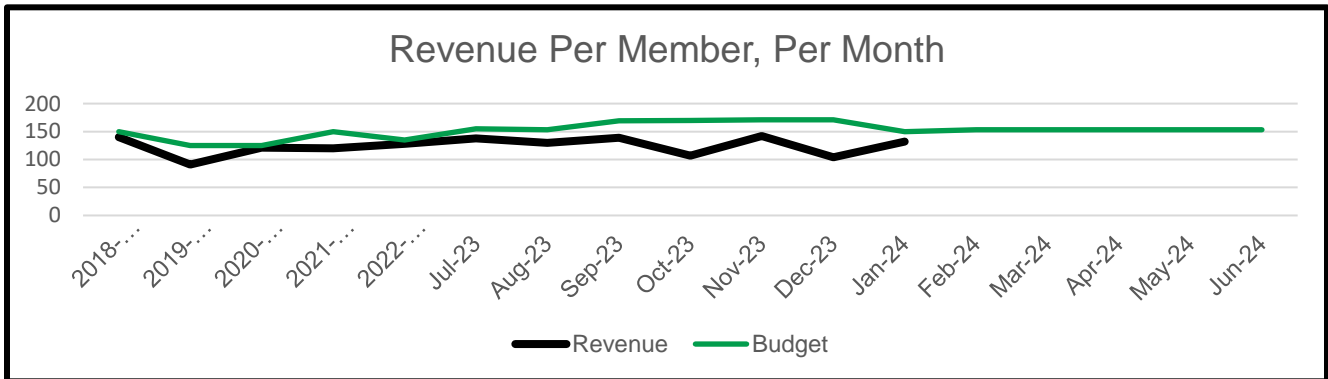
Patient Experience



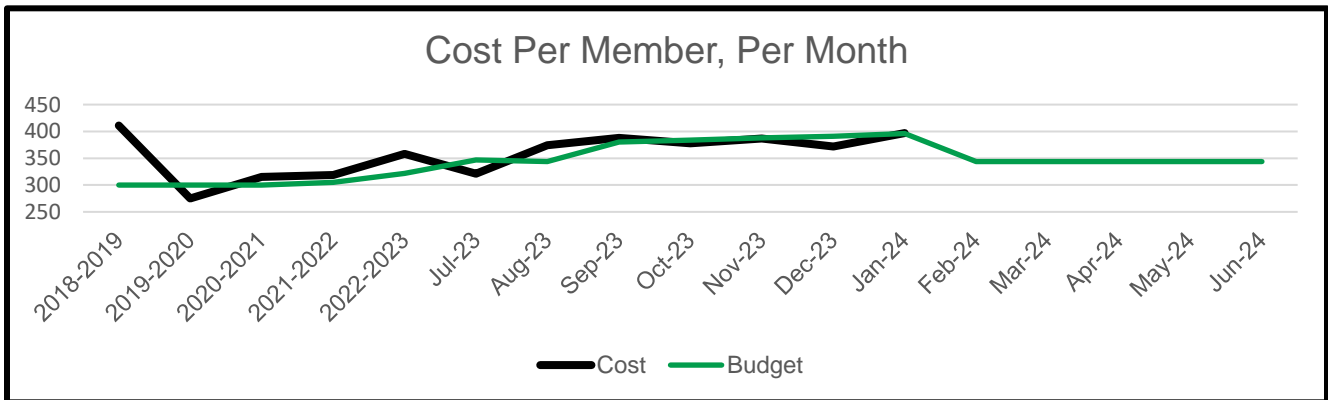
Patient Experience: Percentage of patients who answered affirmatively to the patient experience survey question: “Did the staff work together to meet your needs?” **Higher is better.**



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.**

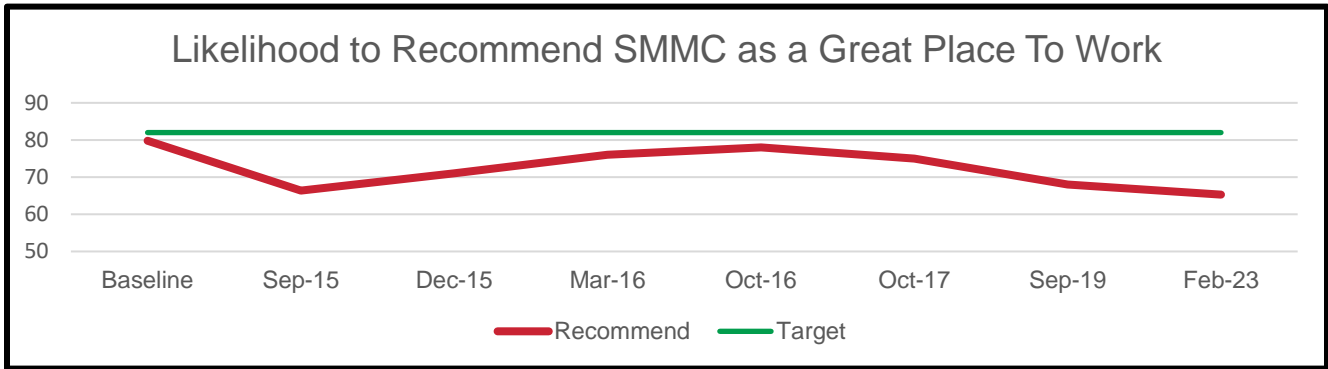


Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. **Higher is better.**

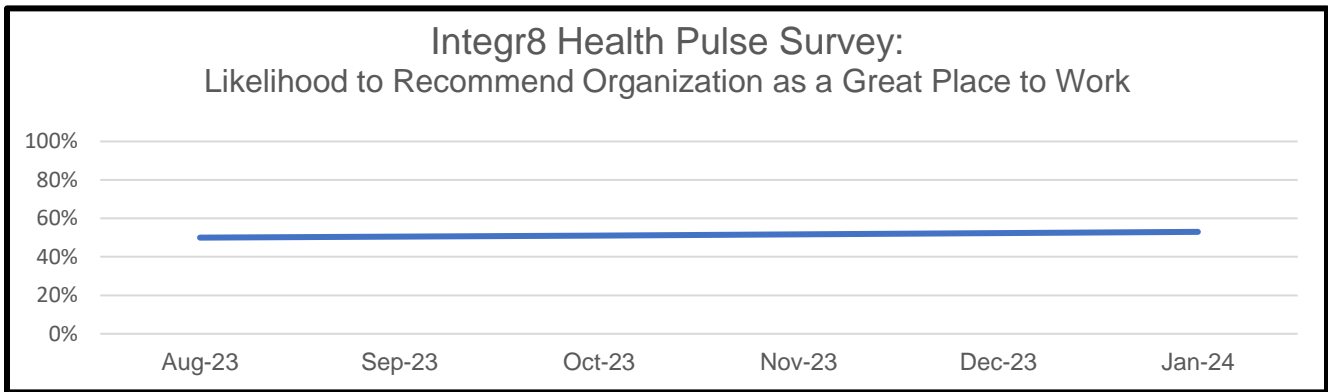


Cost Per Member, Per Month: Total cost divided by total number of assigned members. **Lower is better.**

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

Strategic Updates, Recognitions & Awards

SMMC Again Recognized with Gold Status for Antimicrobial Stewardship

San Mateo Medical Center was awarded a GOLD status on the California Department of Public Health (CDPH) Healthcare-Associated Infections (HAI) Antimicrobial Stewardship Honor Roll! The designation period is for three years and will expire September 30, 2026. CDPH thanked our team for developing a strong program that can serve as a model for others and for engaging the community.

The review process included three phases. The first phase entailed reviewing each application for the program's core elements. The second phase consisted of reviewing the outcomes portion of the application for those applying for silver or gold status, and the community engagement portion for those applying for gold. For the review of the outcomes portion, CDPH engaged external blinded reviewers along with internal reviewers. The external reviewers consisted of antimicrobial stewardship experts representing different facility types: community, academia, major teaching, and community with special populations. They reviewed each outcomes section similarly to how one would review a scientific abstract looking for effective interventions and clinically meaningful outcomes. For the third phase of the review process, each applicant's program was rereviewed in its entirety, evaluating each program's quality and impact.

Congratulations to SMMC's Antibiotic Stewardship Committee on our renewal of CDPH gold status for SMMC's Antibiotic Stewardship program. This recognition is a tribute to so many people and departments coordinating to provide excellent care.

Breakthrough Initiative Continues Focus on Improvement System

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

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

The **Voice of Staff** strategic initiative remains focused on how we can better incorporate staff needs and expertise in the improvement work. The current work is focused on the impending launch of new standard work for executive rounding that is focused on identifying needs and supporting improvement.

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

Our strategic work that aims to **Standardize and Stabilize Local Improvement Systems** is currently focused on enhancing executive support for local improvement huddles.

Finally, the strategic initiative team working on **Continuous Improvement of the Improvement System** is focused on systems to support the maintenance and evolution of all tools within the improvement system.

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

Integr8 Health Efforts Continue to Progress

Integr8 Health, our Epic implementation, continues to move forward toward our November 2nd Go Live date. Our project team has made a number of adjustments and brought in extra support to help accelerate the technical (IT) aspects of the build. Our Improvement Councils and Design teams are **nearly 65%** of the way through their build activities having completed **over 6,300** “building blocks” which are key design decisions necessary to inform the system build. These teams also continue to make adjustments, including, in some cases, increasing their meeting frequency to ensure we stay on our timeline. This work will continue into March. The teams are also identifying where workflow changes might be required to support the best use of the system. We look forward to using our improvement system and tools to address these needs. We will continue to update the board as this work progresses.



February 2024

SNAPSHOT: San Mateo County Health

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

INDICATOR	NUMBER	CHANGE FROM PREVIOUS MONTH	CHANGE FROM PREVIOUS YEAR
ACE Enrollees	2,571 (January)	-82%	-85.2%
SMMC Emergency Department Visits	3,632 (January)	-3.1%	11.9%

County Health Participates in Regional Preparedness Exercise

County Health staff participated in the Association of Bay Area Health Official’s (ABAHO) annual meeting and tabletop preparedness exercise, held at International House on the UC-Berkeley campus. Health Officer Kismet Baldwin-Santana (*right*), Communications Officer Preston Merchant, Emergency Medical Services Director Travis Kusman and staff from the County’s Department of Emergency Management joined their counterparts for an exercise focused on a multi-day heat event with a sustained regional power outage. The scenario promoted discussion of the ways local governments, emergency managers, health care systems and the private sector can collaborate to solve problems and share resources. ABAHO represents the health officers, public information officers and emergency preparedness coordinators of 12 Bay Area counties and the city of Berkeley. The coalition was vital during COVID-19, when most of its jurisdictions coordinated local stay at home orders, masking guidelines and other initiatives to promote a unified regional response to the pandemic.



Nupoor Kulkarni Selected to Advance Racial Equity Initiatives



Community Health Planner Nupoor Kulkarni (*left*) has been selected as one of 25 members of the [Government Alliance on Race and Equity’s](#) (GARE) Innovative Community Cohort. The cadre is comprised of equity practitioners in government from across the state to build community and co-create innovative equity content and practices to share with the field. Participants will engage in a curated imagination space to foster innovative ideas that drive forward racial equity in government. In addition to monthly virtual learning cooperatives, Nupoor will attend an in-person retreat in June and [Facing Race](#), a national conference in St. Louis this fall. In her role in Health Policy and Planning,

Nupoor works to build organizational equity infrastructure and capacity through training, action plans and intergovernmental partnerships.

BHRS Welcomes New Health Ambassador Program Graduates



Behavioral Health and Recovery Services (BHRS) recently celebrated the accomplishments of 13 new graduates of its [Health Ambassador Program](#). Participants completed five courses on parenting skills, mental health first aid, managing physical and mental health, suicide intervention and other topics. Graduates are committed to helping to improve the health and wellbeing of members of their community by increasing awareness of available services, reducing stigma and promoting prevention and early intervention. The graduation event (*left*) drew family, friends, community members and BHRS leaders and staff.

Now in its tenth year, the Health Ambassador Program has graduated a total of 69 individuals, including community members, individuals recovering from alcohol and drug addiction, clients of behavioral health services, parents of children with developmental and learning challenges, and caretakers of children and young adults with depression, bipolar, ADHD, suicide alienation and drug and alcohol use.

EHS Completes Annual Food Truck & Mobile Cart Inspections



To ensure that meals served by food trucks and mobile carts are safe and hygienic, Environmental Health Services (EHS) completed its annual inspection of the over 400 permitted operators in the county. During the month of February, taco trucks, pizza purveyors, ice cream vendors and others came to Grant Yard, the Department of Public Works facility in Redwood City, to renew their operating permits and pass a food safety inspection. EHS inspectors first examined the structure of the vehicles, looking at wastewater lines and pass through windows, and then focused on food preparation spaces,

including refrigerators, serving areas and other kitchen equipment. “Not only do we inspect the trucks, but we also provide a lot of information and help to the mobile food business community so that we can guide them in the right direction to be successful,” said Edmond Tong, EHS specialist (*at right, with EHS specialist Jeanette Gorecho*).

Demolition of Old Health Services Building is Complete



As part of the [required seismic upgrades and needed improvements](#) to the San Mateo Medical Center campus in San Mateo, the Health Services building on 37th Avenue has been razed. The demolition marks the end of service for a structure built in 1952, which housed generations of public health professionals, including the health officer and health department director, as well as the public health laboratory, client-facing operations for Aging and Adult Services and many administrative functions for the department. Staff transitioned out of the space in 2022-23, into existing County Health facilities and the newly constructed buildings at San Mateo Medical Center.