



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, March 3, 2025
8:00 AM – 10:00 AM

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



AGENDA

Board of Directors	Monday, March 3, 2025	8:00 AM
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Atrium Conference Room, 2000 Alameda del las Pulgas, San Mateo, CA 94403

This meeting of the San Mateo Medical Center Board of Directors will be held in-person in the Atrium Conference Room, 2000 Alameda de las Pulgas, San Mateo, CA. Remote participation of this meeting will not be available. To observe or participate in the meeting, please attend in-person.

*Written public comments may be emailed to mlee@smcgov.org by 9:00 AM on the business day before the meeting and such written comments should indicate the specific agenda item on which you are commenting.

A. CALL TO ORDER

B. CLOSED SESSION

Items Requiring Action

- | | |
|---------------------------------------|-----------------|
| 1. Medical Staff Credentialing Report | Dr. Frank Trinh |
| 2. Quality Report | Dr. Frank Trinh |

Informational Items

- | | |
|--------------------------------|-----------------|
| 3. Medical Executive Committee | Dr. Frank Trinh |
|--------------------------------|-----------------|

C. REPORT OUT OF CLOSED SESSION

D. PUBLIC COMMENT

Persons wishing to address items on the agenda and not on the agenda.

E. FOUNDATION REPORT

John Jurow

F. CONSENT AGENDA

Approval of:

1. February 3, 2025 SMMC Board Minutes
2. Diversity, Equity, and Inclusion Report

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Frank Trinh

CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Monday, February 3, 2025
Atrium Conference Room, 2000 Alameda de las Pulgas, San Mateo, CA

Board Members Present

Supervisor David Canepa
Mike Callagy
Louise Rogers
Dr. CJ Kunnappilly
Dr. Frank Trinh

Staff Present

Carlton Mills	Michelle Lee	Vicky Magana	Lizelle Lirio de Luna
Enitan Adesanya	Priscilla Romero	Cathena Campbell	
Dr. Alpa Sanghavi	Rebecca Archer	Luis Sifuentes	
Gabriela Behn	Maria Bermudez	Amber Murphy	
John Jurow	Dr. Anand Chabra	Robert Blake	

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 8:00 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for February 3, 2025. Medical Executive Committee Minutes from January 14, 2025.	Rebecca Archer reported that the Board unanimously approved the Credentialing Report and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report John Jurow	Over \$200K was raised during last year's end of year appeal. The Foundation's rebranding project is underway and one of the areas that will likely be revised is the mission statement.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from January 6, 2025.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Frank Trinh	No report.	FYI
Surgery Department	Sterile Processing Department (SPD), which falls under the guidance of Surgery, ensures all instruments used in surgeries and medical procedures are thoroughly cleaned, sterilized, and safe to use. <ul style="list-style-type: none"> • During the last half of 2024, the SPD processed nearly 33K peel packs for all clinics 	FYI

<p>Vicky Magana, Luis Sifuentes, Amber Murphy</p>	<ul style="list-style-type: none"> • During the same period, they processed one or more instrument trays for the 268 procedures performed in the operating room <p>Two of the issues that arose during the Joint Commission visit were a.) instruments that were engraved and/or etched were identified in an instrument set, and b.) soiled instruments that had been sent to decontamination had not been sprayed with pre-treatment product to keep them moist.</p> <p>Follow-up action plans:</p> <ul style="list-style-type: none"> • An instrument sweep of all the instruments for the OR as well as all the Clinics was done over the first 2 ½ weeks of December by the SPD staff, OR staff, IC (Infection Control Team),QM(Quality Management) as well as Clinic staff. • Education was done by the IC team on what to look for when examining instruments and peel packs. Additional education and competencies were created to ensure all instruments were treated properly after surgery. • We are in the process of reviewing different vendors for a Tracking System for the OR • We want to be able to track not only the implants but also all instrumentation used for every patient to be able to provide traceability to see how each instrument was cleaned and processed. 	
<p>Resource Management Cathena Campbell</p>	<p>Case Managers collaborate with family and patients to develop and monitor patient discharge plans.</p> <ul style="list-style-type: none"> • Arranges transfers for diagnostic procedures and specialized services • Orders needed equipment (oxygen, walkers, hospital beds, wheelchairs) • Completes utilization review to determine medical necessity and ensure appropriate level of care <p>Social Workers</p> <ul style="list-style-type: none"> • Advocate for patients and partners with community • Collaborate with Psychiatry • Have integral role in palliative care <p>Treatment Authorization Reviews (TARs)</p> <ul style="list-style-type: none"> • Department of California Health Care Services conducts post-payment clinical monitoring and oversight each quarter to ensure documented clinical criteria meets medical necessity • Audits Medi-Cal billing records for accuracy • <p>Medical Necessity Reviews use nationally recognized, evidence-based medical criteria (InterQual) to determine if patient meets inpatient level of care criteria</p> <ul style="list-style-type: none"> • Ensures clinical care is comprehensively documented for hand-off to medical records and billing departments • Required by Centers for Medicare and Medi-Cal Services 	<p>FYI</p>

<p>Family Health Evidence-Based Home Visiting Interventions</p> <p>Lizelle Lirio de Luna, Dr. Anand Chabra</p>	<p>2012 Nurse-Family Partnership started 2019 Healthy Families San Mateo County started 2021 Triple P Level 3 started 2023 Promoting First Relationship started</p> <p>Nationally recognized evidence-based home visiting models: Nurse-Family Partnerships. Current caseload is 269 families:</p> <ul style="list-style-type: none"> • First-time parents – starting in 1st or 2nd trimester through child’s 2nd birthday • Support healthy pregnancy and infant health, prepare for birth • Giving babies the best possible start in life <p>Healthy Families America (San Mateo County). Current caseload is 165 families.</p> <ul style="list-style-type: none"> • Supports pregnant people and families with infants • Supports families parenting multiple children from pregnancy through child’s 3rd birthday <p>Promoting First Relationships. Current caseload is 31 families.</p> <ul style="list-style-type: none"> • Supports parents and children ages 0-5 • 10-12 week, intensive home visiting curriculum <p>All models</p> <ul style="list-style-type: none"> • Prevent child abuse and neglect • Promote child health, socio-emotional development • Support parental mental health and socio-economic outcomes • Strengthen parent-child relationship, bonding and attachment • In-person and virtual visits <p>Promoting First Relationships Outcomes since inception in 2024:</p> <ul style="list-style-type: none"> • Postpartum Depression Screening (Edinburgh): 228 clients screened • Child Development Screening (ASQ-3): 46 clients screened • Intimate Partner Violence Screening: 207 clients screened and 70 clients screening "Not applicable" or "Declined" 	<p>FYI</p>
<p>Financial Report Enitan Adesanya, CFO</p>	<p>The December 2024 financial report was included in the Board packet and Enitan Adesanya 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.</p>	<p>FYI</p>
<p>County Health Chief Report Louise Rogers</p>	<p>Three County Health staff will attend Harvard Kennedy School’s executive education program for senior executives in state and local government – Tamarra Jones, Lizelle Lirio de Luna, and Travis Kusman.</p>	<p>FYI</p>

	The Cordilleras Health and Healing Campus has achieved a significant milestone. All four Mental Health Rehab Centers are licensed and in operation. With clients in the new spaces, demolition will begin of the 65-year-old facility originally designed as a hospital for tuberculosis patients. The original footprint will become open space with landscaping, to be completed later this year.	
County Executive Officer Mike Callagy	The start date for the new County Health Chief, Colleen Chawla, is February 18. The County Executive Office is starting to prepare information to send out to the public regarding concerns about ICE activities.	FYI
Board of Supervisors Supervisor David Canepa	No report.	FYI

Supervisor Canepa adjourned the meeting at 9:20 AM. The next Board meeting will be held on March 3, 2025.

Minutes recorded by:
Michelle Lee

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



Diversity, Equity, and Inclusion (DEI) Report

Presented to the San Mateo Medical Center Board of Directors

March 2025

Introduction

The Office of Diversity, Equity, and Inclusion (DEI) continues its commitment to fostering an inclusive, equitable, and culturally responsive environment at San Mateo Medical Center (SMMC). This report provides an update on recent developments, including key leadership changes, enhancements to language services, and priority areas for the coming year.

New DEI Leadership

We are pleased to announce the hiring of our new DEI Manager, Abraham Rodriguez-Hernandez. Abraham brings extensive leadership experience in Diversity, Equity, and Inclusion across multiple industries, including large public school districts and public transportation systems. Most recently, he served as the Director of DEI at Save The Bay.

As a racial equity strategist, Abraham specializes in organizational development and restorative human resource practices that drive cultural transformation in diverse and complex organizations. He holds a BA in System Administration, a BS in Electrical Engineering, and an MBA from the University of Washington. Additionally, he has earned a Certification in Equity and Inclusion from the Yale University School of Management.

Priority Areas for the New DEI Manager

As part of our continued commitment to equity and inclusion, the following four areas will be the primary focus of our new DEI Manager in the coming months:

1. **Internal Audit & Health Equity Certification** – Conduct an internal audit to assess areas for improvement and track progress toward meeting the Joint Commission's 2025 Health Equity Certification requirements.
2. **Leadership & Relationship Building** – Strengthen relationships with leaders across SMMC and within Health Department divisions to promote collaboration and drive DEI initiatives.
3. **Provision of Care** - Focus on monitoring and closing the health outcome disparity gap for African American patients centered on the areas of Blood pressure control, depression screening and Cancer screening.
4. **Integration into Continuous Improvement** – Work within SMMC's continuous improvement framework to ensure that DEI principles are embedded in the provision of care and service delivery.





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Language Services Department Update

SMMC is currently upgrading language services equipment across all sites to enhance accessibility and service quality for patients and staff. This initiative is part of our transition from Voyce to MERFi as our new preferred vendor for interpretation services. The shift to MERFi is intended to improve interpretation quality, modernize our technological infrastructure, and provide better support for staff and patient communication.

An amended contract for Voyce and a new RFP going out to find a new vendor will be presented to the board within the next 1-2 months to ensure continued investment in these critical services.

Conclusion

SMMC remains dedicated to creating a healthcare environment where equity, inclusion, and culturally responsive care are at the forefront of our mission. With new leadership, enhanced language services, and a clear focus on DEI priorities, we are committed to making meaningful progress in the year ahead.

We look forward to continuing this important work and will provide further updates as these initiatives develop.

ADMINISTRATION REPORTS

January Financial Performance Update to SMMC Board March 3, 2025



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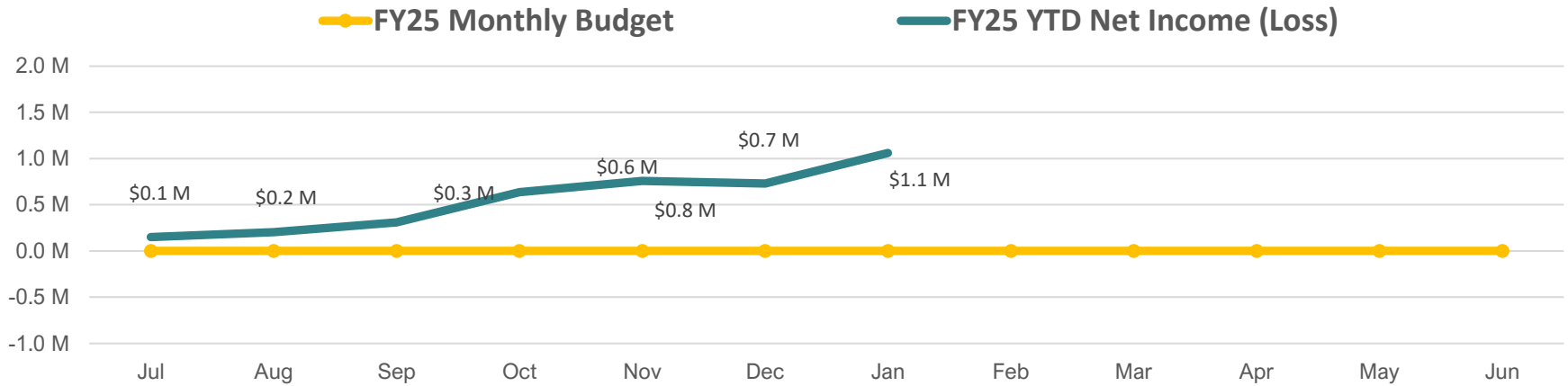
Agenda

1. Operating Results Summary
2. Cash Position & Projection
3. Patient Accounts Receivable Key Performance
4. Appendix

Operating Results Summary

Statement of Operations

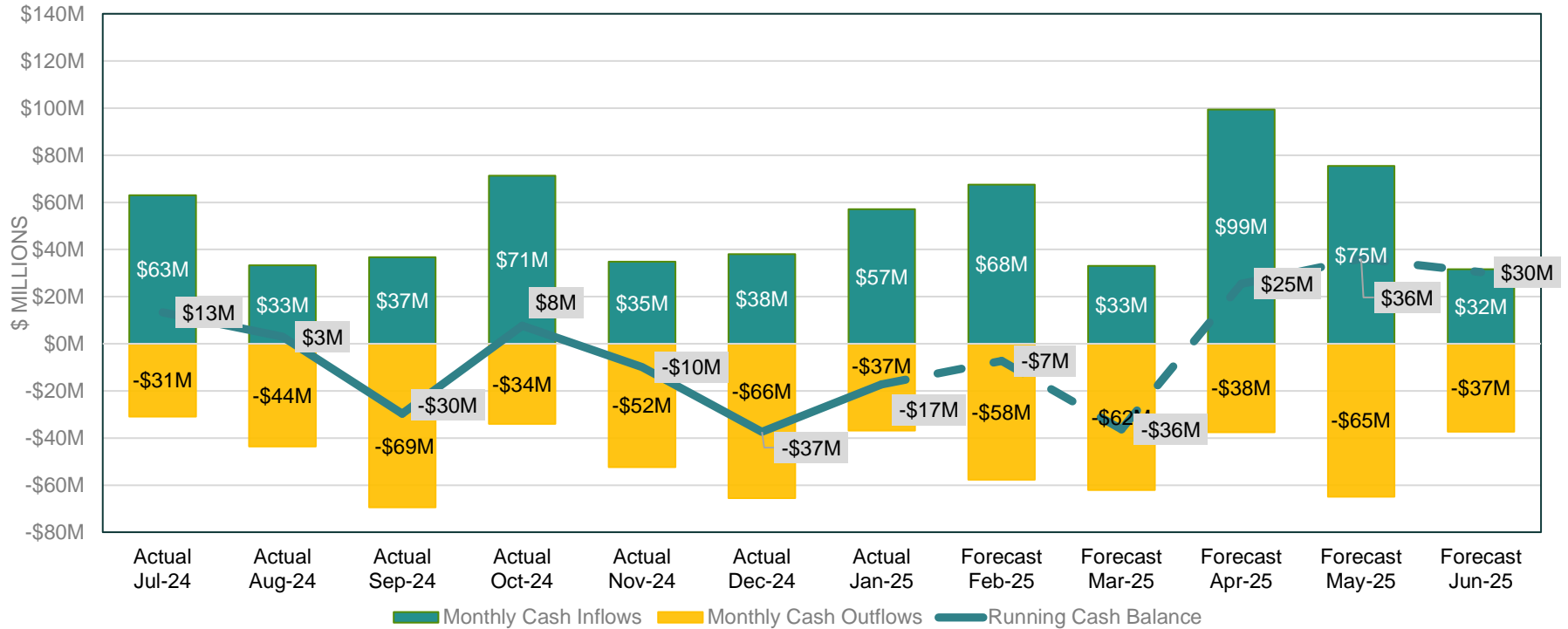
January	Year-to-Date
\$330K	\$1.1M



Key budget performance areas

- We are ahead of budget
 - Labor cost was below budget by \$293K and by \$10.4M year to date.

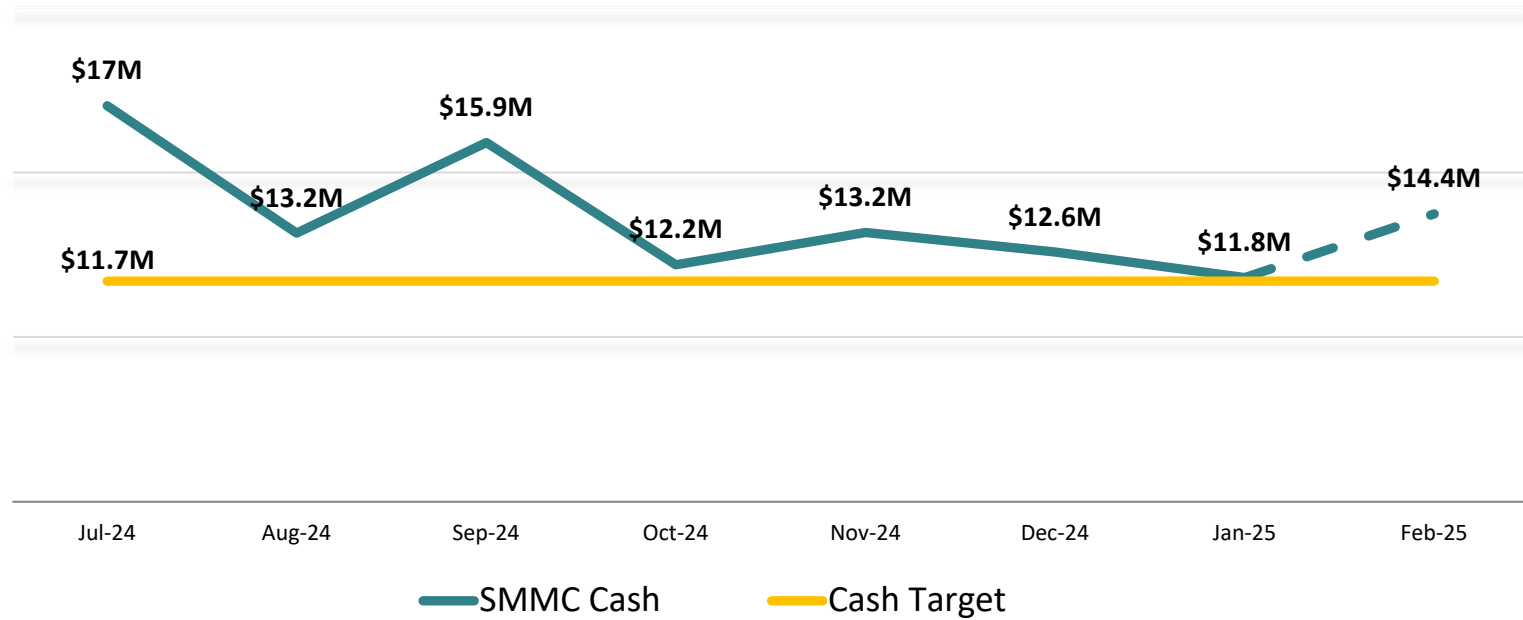
Cash Position and Forecast



Cash flow challenges & opportunities

- We used \$17M of the County Line of Credit in January, \$52M less than forecasted in November, primarily due to supplemental revenue payments
 - We received Voluntary Rate Range (VRR) supplemental reimbursement of \$32M earlier than planned
 - \$19M Intergovernmental Transfer (IGT) pay out scheduled for January was paid in February.

Claims Payment Collection Trend



Claims Payment Collection Performance

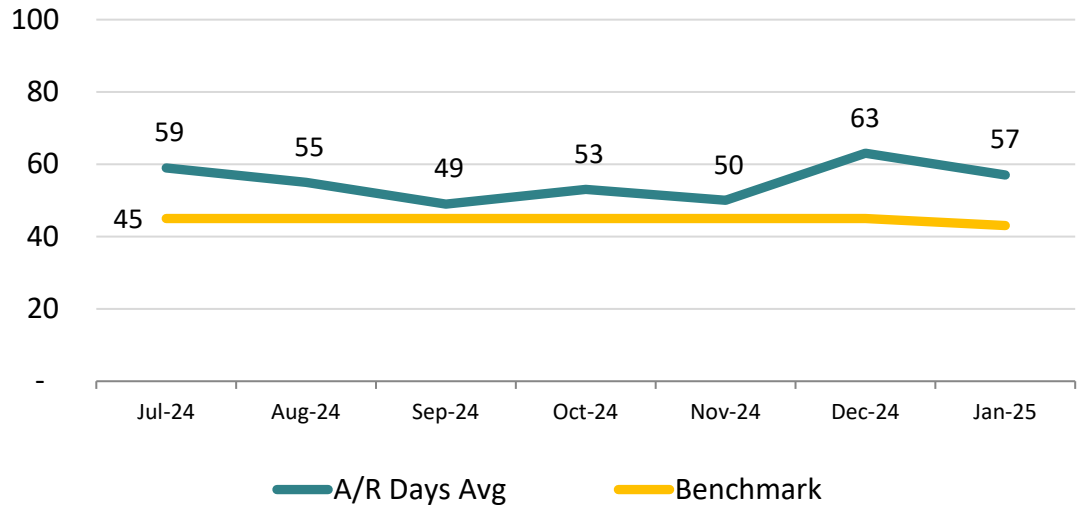
- Cash inflow from paid claims for patient services continues to be above target
 - As of February 27th, cash inflow increased to \$14.4M. This is the highest monthly collection since September 2024.

Patient Accounts Receivable Key Performance

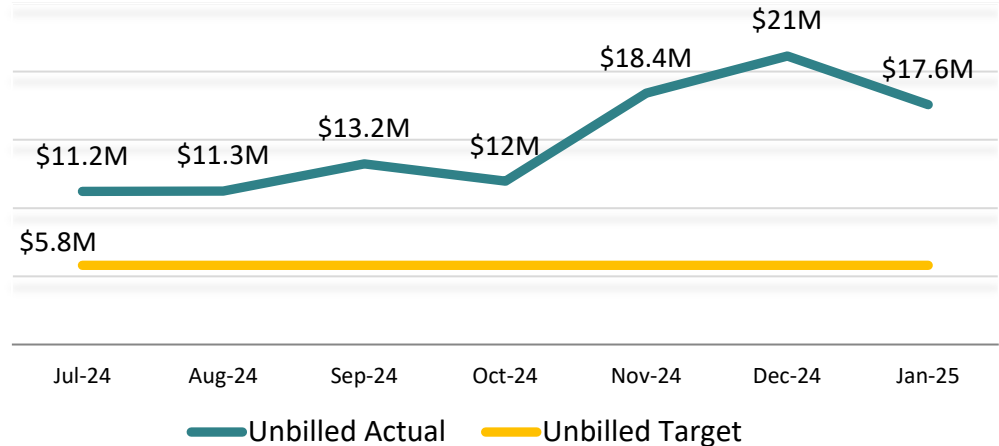
Patient Receivable Performance

- The performance of patient accounts receivable are now showing positive trends
 - Days outstanding are now trending towards the 45-day benchmark
 - The primary contributor to the high days outstanding are the legacy accounts, which are over 90 days old
 - As of February 25, the unbilled patient accounts balance was \$11.8M.

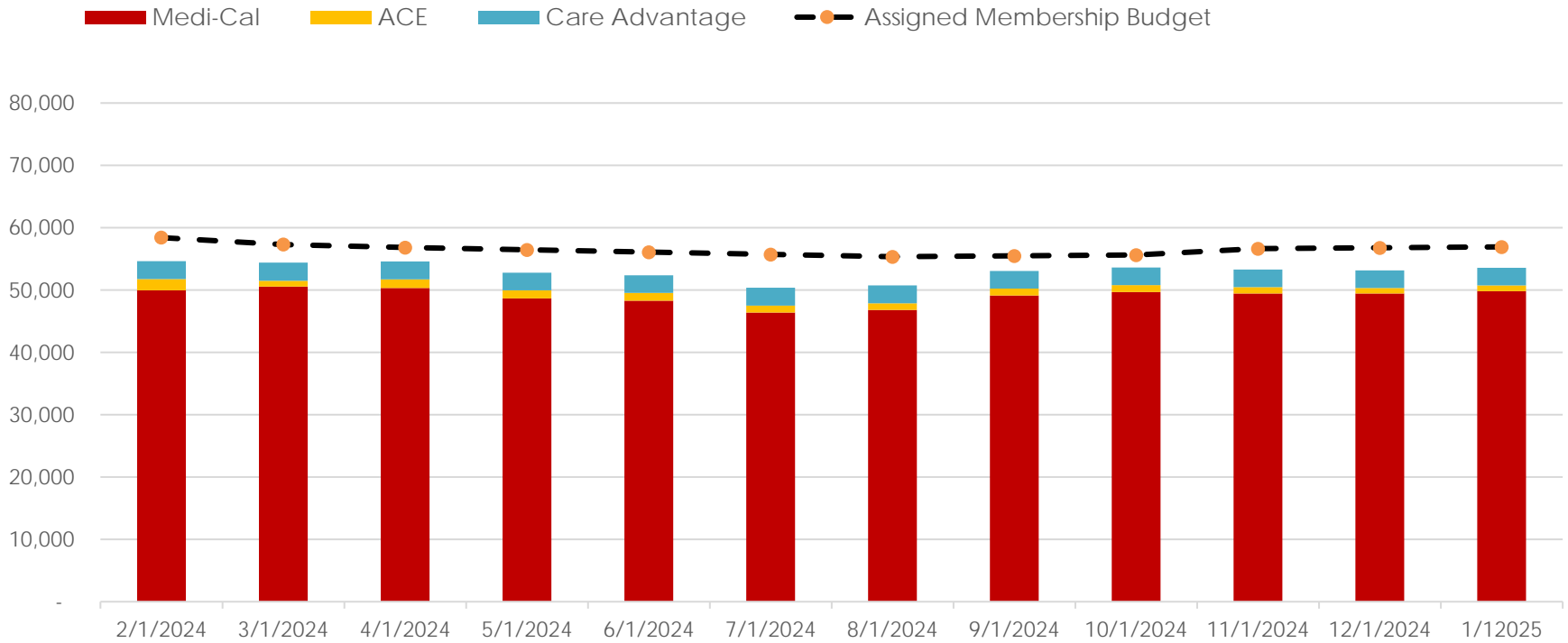
Patient Account Receivable (Days Outstanding)



Unbilled Patient Accounts



HPSM Assignments

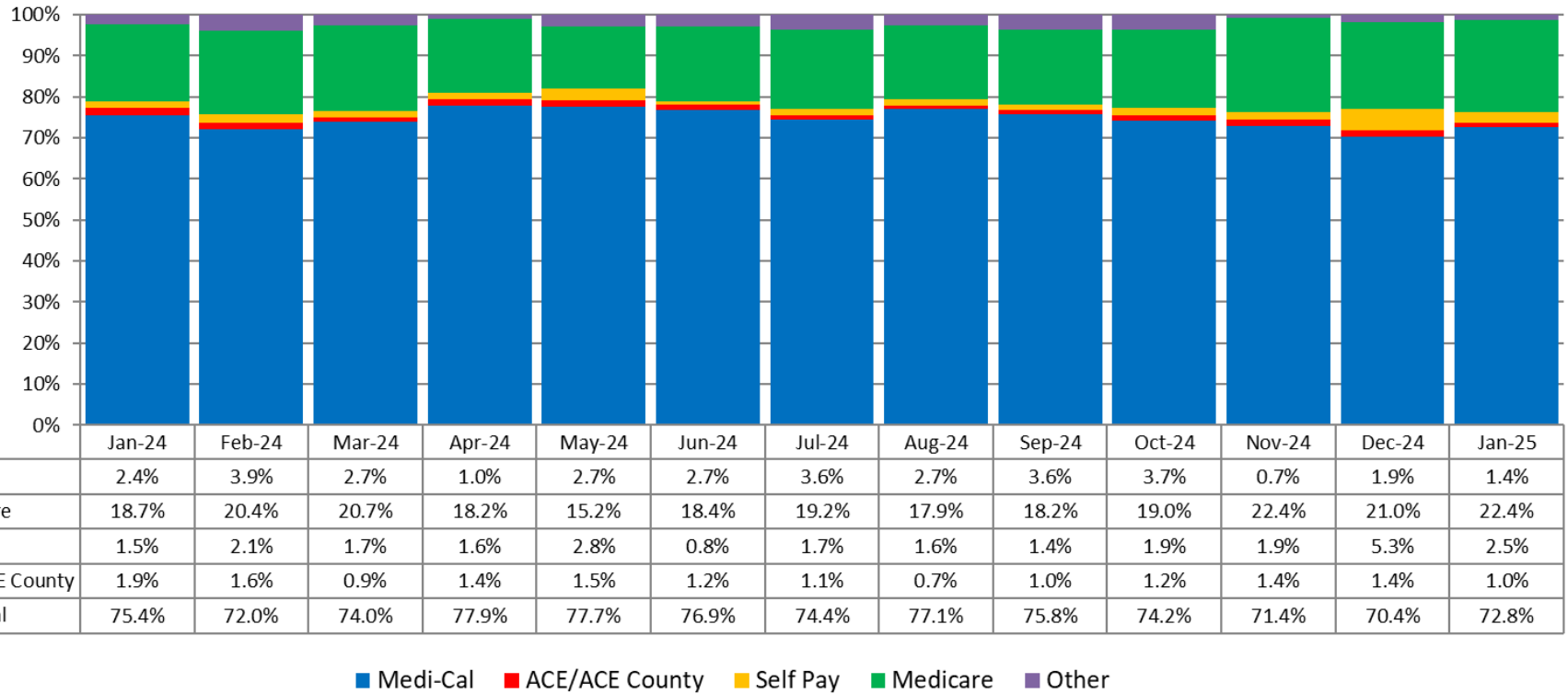


2025 Highlight

- The assigned membership mix remains stable, with total assignments averaging around 54,000 since July.
- Patient count* also remains stable and reflects all patients served by SMMC. We will continue to monitor for any impact related to federal policy changes.

* Patient count is an unduplicated count of patients served in the previous 12 months.

Payer Mix



NOTE:

Medi-Cal includes Medi-Cal FFS and HPSM Medi-Cal

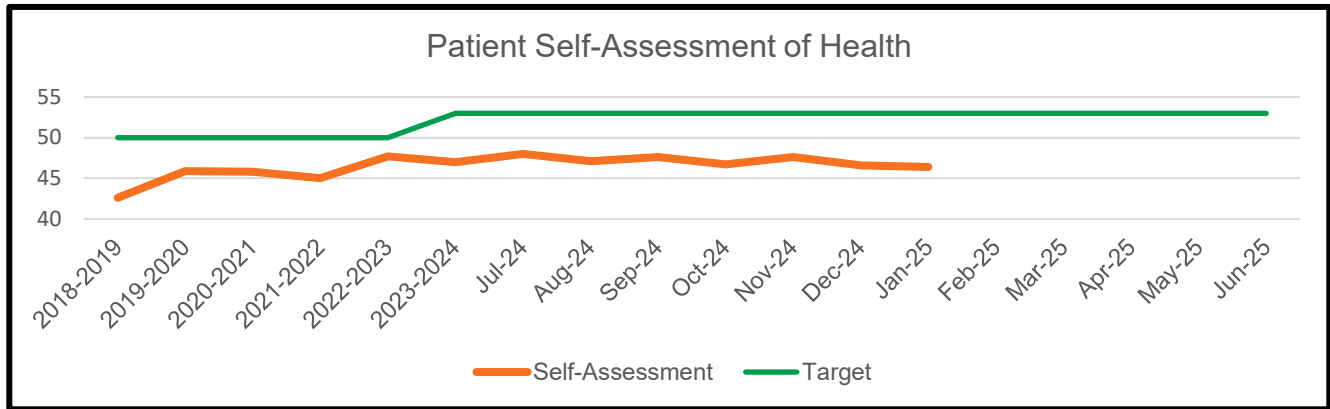
Medicare includes Medicare FFS and HPSM Care Advantage

2025 Highlights

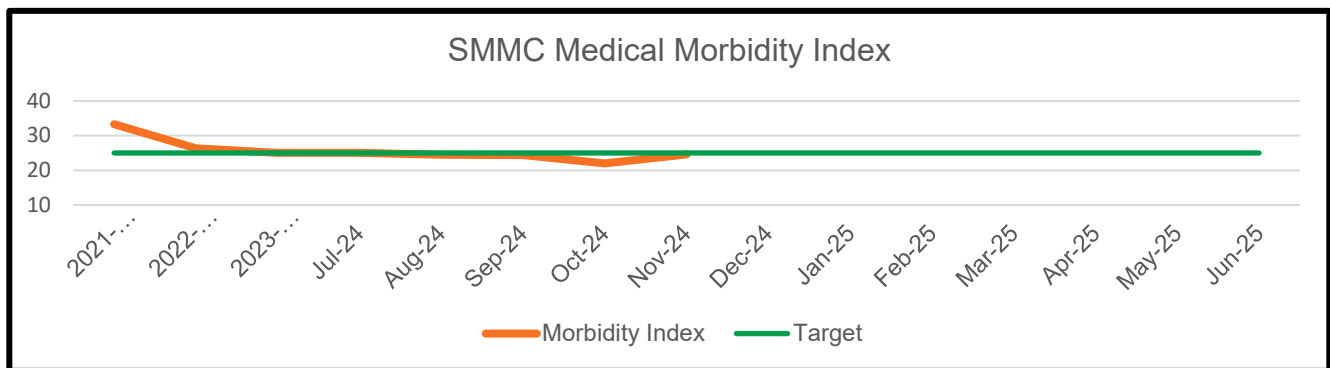
- Slight shifts in payer mix reflect changes in registration workflows. Efforts underway to streamline processes.
- Federal uncertainty may impact future payer mix.



Excellent Care



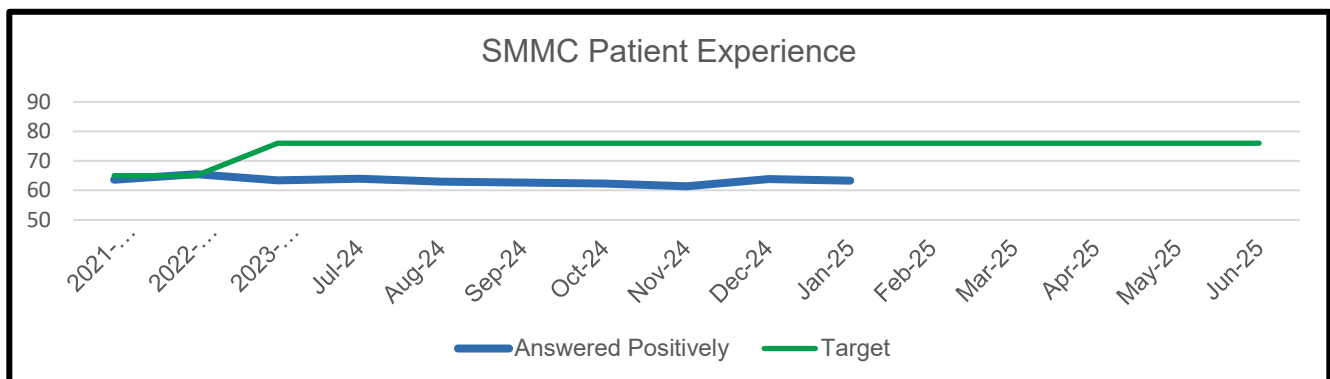
Patient Self-Assessment of Health: Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



Medical Morbidity Index: The percentage of 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.**

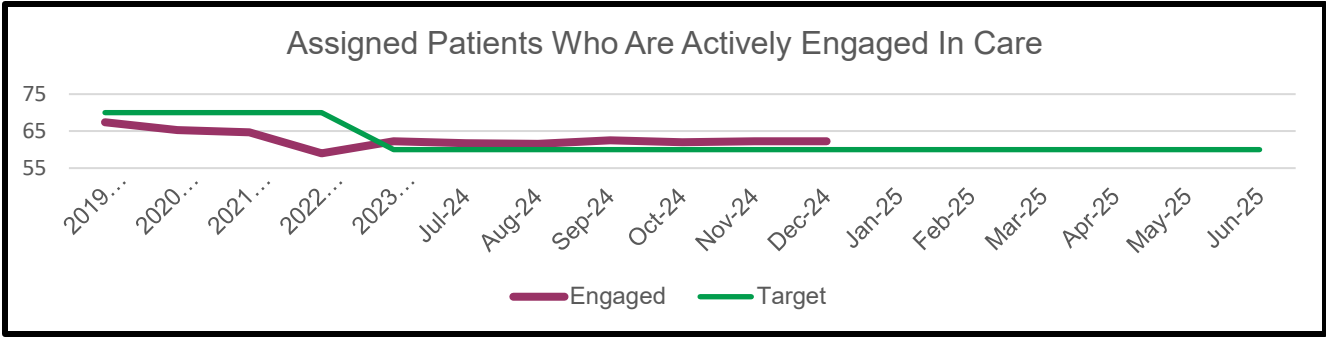


Patient Experience



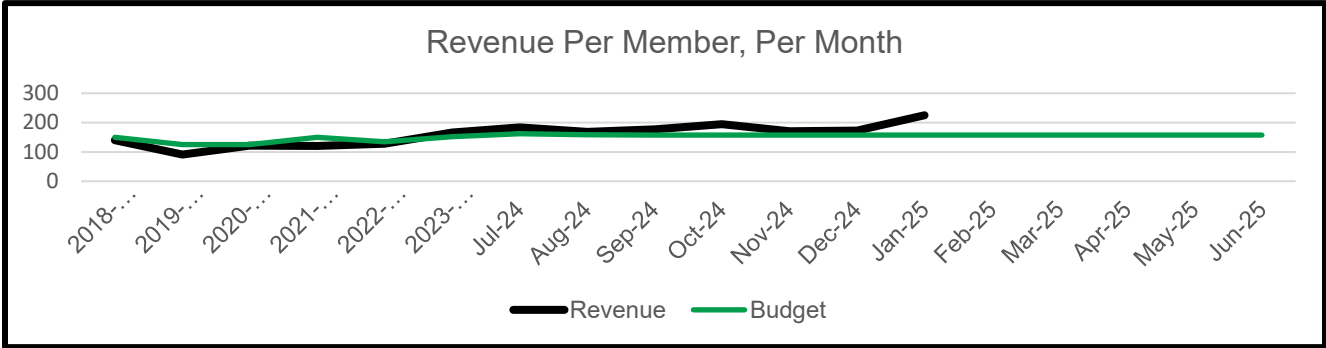
Patient Experience: Percentage of patients who answered affirmatively to the patient experience survey question: "Did the staff work together to meet your needs?" **Higher is better.**

 Access to Care

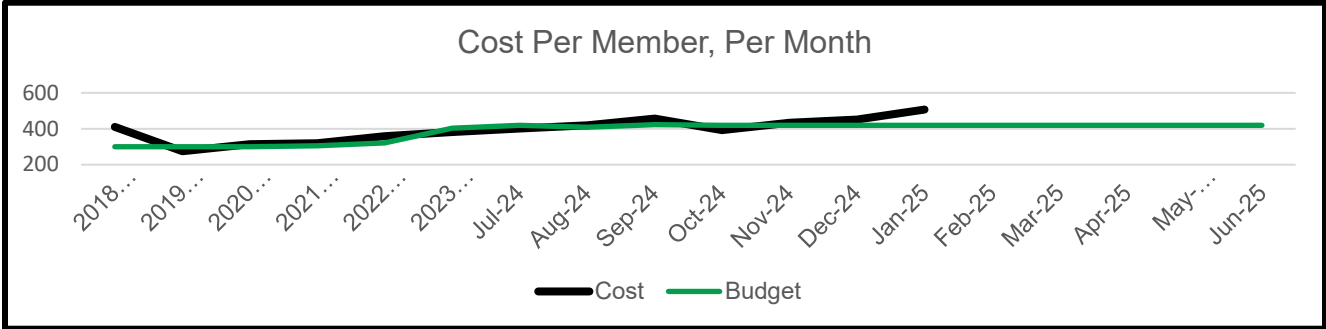


Assigned and Engaged: Percentage of patients assigned to SMMC by the Health Plan of San Mateo who are actively engaged in Care. **Higher is better.**

 Financial Stewardship

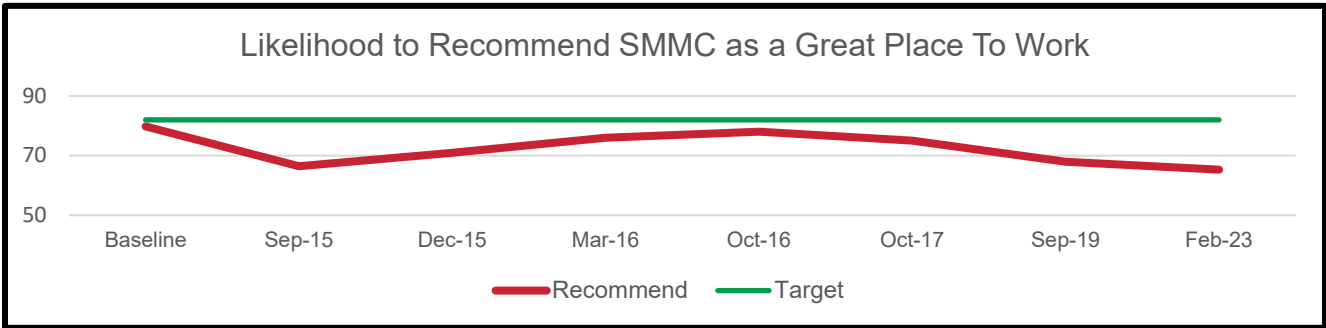


Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. **Higher is better.**




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. -Awaiting next County survey. **Higher is better.**

Strategic Updates, Recognitions & Awards




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WORKSHOP REPORT

Date 1/29/2025

WORKSHOP NAME	Schedule Building
DATE OF WORKSHOP	1/22 - 1/24
IMPROVEMENT COUNCIL	Chronic Disease Management



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WORKSHOP REPORT

Date 12/12/2024

WORKSHOP NAME	Sterilized Instruments Improvement Event
IMPROVEMENT COUNCIL	Time Limited Conditions Council
WORKSHOP OUTCOME	<ul style="list-style-type: none"> 12/11 – two trainings for end users on new OSW for Point Of Use Treatment and reinforcement on what to do with questionable instruments. 12/12 – 12/13 – four available sessions for Managers/Supervisors on what to do when staff bring you questionable Instruments. Guidance on re-ordering instruments that need to be replaced. OSW SPD Tech Assembly - created and staff have been trained. OSW Point of Use Treatment – created and staff who attended trainings on 12/11 have been trained. Infection Control revised the Reusable Instrument Guide.

SMMC Continues to Improve its Way Forward

As we move our way through the stabilization phase of our Epic implementation and toward the optimization phase, SMMC’s improvement system is in full swing. Since November 2nd, we have completed work focused on: Registration Processes, Management of Sterile Instruments, and the Rooming Process in OB services amongst others. We have current work focused on the Ambulatory Check Out Process, Schedule Building, Specimen Collection, and the Rooming Process in Primary Care Services. Teams continue to prioritize and launch improvement work focused on both Epic and non-Epic needs and opportunities. We look forward to continuing to update the board as the work continues.

SMMC Continues to Progress through Epic Implementation

SMMC continues to stabilize its operations as it moves toward optimization within our Epic implementation. Our Epic partners recently conducted a survey with the wave 1 users. Nearly 400 staff members responded. The survey provided some helpful insights on how people perceived the implementation and where there might be opportunities for focus and improvement. Overall, when the results are benchmarked, they indicate the implementation went quite well. All questions scored at the 65th percentile or better, meaning that SMMC’s scores were better than 65% of similar institutions at similar stages of their implementation. Highlights include survey results at the 75th percentile for overall satisfaction with Epic, 79th percentile with respect to staff feeling that the implementation had improved the quality of care, and the 75th percentile for staff feeling that readiness activities prepared them for go-live. Opportunities include staff comfort with using reports within Epic which scored at the 65th percentile. We appreciate staff taking the time to provide this feedback and look forward to using it to guide our next steps.

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February 2025

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	920 (January)	2.3%	-64.2%
SMMC Emergency Department Visits	3,626 (January)	5.5%	-0.2%

Colleen Chawla Comes Aboard as Chief of County Health



[Appointed in December](#), Colleen Chawla started work on February 18 in her new role as chief of San Mateo County Health. Retiring Chief Louise Rogers is stepping back into a supporting role through a series of transition meetings and orientations for her and others to the important work each division carries out. Chawla previously served as the agency director of Alameda County Health since 2017 and held several roles during her 13 years at the San Francisco Department of Public Health, including deputy director of health. “When I retire,” **Rogers said**, “I will leave with a feeling of optimism and confidence in **County Health’s** collective potential to make a profound difference in supporting our residents to live longer and better lives.”

County Health’s Response to the First U.S. Case of a Type of Mpox Featured in CDC Publication

The work of San Mateo County Health’s disease investigation and public health laboratory teams was featured in the [February 13, 2025, issue](#) of the Centers for Disease Control and Prevention’s *Morbidity and Mortality Weekly Report* (MMWR). The scientific journal is the main communications platform for federal disease investigators and local epidemiologists and other professionals, in the public and private sectors, to share timely and noteworthy public health information.



County Health’s communicable disease investigators first identified the case of clade I mpox through its surveillance of reports and information from local health care providers. Given the national importance of this case and the need for an outbreak response that involved multiple states and countries, County Health coordinated with the Centers for Disease Control (CDC) and the California Department of Public

Health. County Health investigators monitored the patient, traced contacts for potential exposure and swabbed and tested specimens to prevent transmission and contain the infection.

After its lead role in the response, San Mateo County Health was asked by the CDC to serve as first authors of the scholarly paper to appear in the MMWR about the outbreak. Lead authors were Staff Physician Vivian Levy, MD, Communicable Disease Investigator Anna Branzuela and Public Health Laboratory Director Kristina Hsieh, DrPH. Also acknowledged for their work were Health Officer Kismet Baldwin-Santana, MD, and Communicable Disease Investigators Munya Mahiya and Wesley Yuen.

Even before the publication of the MMWR, through the CDC local health authorities and clinicians received health messaging related to this investigation. **“I was proudest when a respected CDC colleague who had managed multiple national and international outbreaks said in a call, “This is how it is supposed to work,” said Levy.**

Stacy Goldsby Serves as Delegate to National Alzheimer’s Association Leadership Summit

Stacy Goldsby, a community program training specialist at the Public Authority for In Home Supportive Services, was invited to serve as a delegate to the [Alzheimer’s Association Community Leaders Summit](#) in Atlanta in late January. The national conference brought together some 1,600 staff and volunteers, representing caregivers, advocacy organizations, government agencies and persons living **with Alzheimer’s and dementia**. Within Aging and Adult Services, Goldsby’s role is to lead the training of caregivers in the In Home Supportive Services program, many of whom provide care for residents living with diseases and conditions affecting cognition.

As a conference delegate sponsored by the **Alzheimer’s Association’s** Northern California and Northern Nevada chapter, Goldsby represented the range of **Aging and Adult Service’s** work and mission, including **client care, community engagement, advocacy through the Area on Aging program and the County’s** commissions on aging and disabilities and through partnerships with local non-profits and service providers. The conference highlighted for her **“how important it is for people in San Mateo County – caregivers and persons living with Alzheimer’s and other dementias – to know about the range of services available for support, including engaging with health care systems for care including early diagnosis and intervention,” she said.**

Returning home, **she feels Aging and Adult Services is well positioned to “deepen our commitment and sharpen our outreach to the diverse communities we serve.”**

Correctional Health Services Sees Big Jump in Response to Employee Engagement Survey

Correctional Health Services’ (CHS) **staff responses to the County’s Employee Engagement Survey** increased by 27 percentage points, representing by far the largest improvement among the divisions in County Health. In 2023, the last time the survey was offered, 43 percent of CHS staff responded. This year, 70.1 percent did.

Mindful of previous years of weak response rates, CHS Director Michael del Rosario and the leadership team took many steps to increase awareness of the survey and its importance in helping the County improve its workplace culture. They made multiple announcements, sent email reminders and posted flyers, promising a pizza party if the results improved. Management staff also made breakfast at

work to show their appreciation for the work CHS employees do every day. They posted updated response rates so CHS staff could see the improved results in real time.

"We are very proud and happy to see that our CHS staff are more engaged than ever," **said Del Rosario.** "We are all committed to positive changes and making our work environment in the jails a more pleasant experience for our staff."

With **some divisions having response rates above 90 percent, Del Rosario sees a "very good showing from our team" as CHS closes the gap.**

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