



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, December 1, 2025
8:00 AM – 10:00 AM

SMMC Board Room
225 37th Ave.
San Mateo, CA 94403



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

AGENDA

Board of Directors

Monday, December 1, 2025

8:00 AM

San Mateo Medical Center Board Room, 225 37th Ave., San Mateo, CA 94403

This meeting of the San Mateo Medical Center Board of Directors will be held in the SMMC Boardroom, 225 37th Ave., 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
2. Quality Report

Dr. Frank Trinh
Dr. Abhishek Gowda

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. November 3, 2025 SMMC Board Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Frank Trinh

H. ADMINISTRATION REPORTS

- | | |
|---|---|
| 1. Rehabilitation Department | Dr. Alpa Sanghavi..... Verbal
Heather Rudolph |
| 2. SMMC Skilled Nursing | Robert Blake..... Verbal
Thanette Herico
Melissa Katz |
| 3. BHRS Housing and Supportive Services | Jei Africa..... Verbal
Mariana Rocha |
| 4. Financial Report | Jennifer Papa.... TAB 2 |
| 5. CEO Report | Dr. CJ Kunnappilly..... TAB 2 |

I. COUNTY HEALTH CHIEF REPORT

- | | |
|------------------------|--------------------------|
| County Health Snapshot | Colleen Chawla.... TAB 2 |
|------------------------|--------------------------|

J. COUNTY EXECUTIVE OFFICER REPORT

Mike Callagy

K. BOARD OF SUPERVISOR REPORT

Supervisor Noelia Corzo

L. 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 Michelle Lee, at mlee@smcgov.org, as early as possible but not later than 9:00 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.

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CONSENT AGENDA

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

Board Members Present

Supervisor Noelia Corzo
Supervisor David Canepa
Colleen Chawla
Dr. CJ Kunnappilly
Dr. Gordon Mak
Dr. Abhishek Gowda
Judith Guerrero

Staff Present

Dr. Alpa Sanghavi	Rebecca Archer	Kenneth Madrigal
Dr. Yousef Turshani	Jacki Rigoni	Maria Bermudez
Robert Blake	Priscilla Romero	
Amar Dixit	Evelyn Haddad	
Jennifer Papa	Mary Taylor	
Gabriela Behn	Jen Gordon	
John Jurow	Jej Africa	

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Corzo 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 November 3, 2025. QIC Minutes from September 23, 2025. Medical Executive Committee Minutes from October 14, 2025.	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	John Jurow reported the Foundation has a new office located by the new hospital entrance. An open house is tentatively planned for February 2026.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from October 6, 2025.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Abhishek Gowda	No Report.	FYI
Primary Care Department Dr. Evelyn Haddad	Primary Care Journey with Epic Implementation: <ul style="list-style-type: none"> Population Health: Providers consider the needs of their entire patient panel—both in the clinic and at home—including managing acute issues like infections or sudden illnesses. 	FYI

	<ul style="list-style-type: none"> Preventive Care: Epic supports the team's preventive care efforts by improving vaccine tracking – providing more accurate information, integrating with California immunization registries and pharmacies, and helping capture vaccines administered elsewhere. Patient Education: The team continues to lead patient education efforts, and Epic helps streamline this work by making it easier to see when a patient is due for colon cancer screening, allowing medical assistants to provide timely and accurate guidance. System Integration: Team uses Epic to share information more easily by showing emergency visits, making it simpler to talk with specialists, and supporting follow-up. Chronic Care: Chronic care is becoming more individualized and includes managing blood pressure and blood sugar. Pediatric well-child rates vary: strong performance for ages 0-3, lower for ages 0-15, and challenges with adolescents – harder to bring in since no vaccines are required for school. Epic supports direct patient communication, helping manage conditions like diabetes. Community Aligned: The Stanford Internal Medicine Continuity Clinic has partnered with us for over 20 years. One of our current cardiologists trained at Fair Oaks Health Center, and the passion for patient care shown here continues to inspire residents to engage and follow that example. Coordinate Care: The team continues to provide high-quality care, and Epic supports these efforts. MyChart messaging lets patients report issues and receive guidance without needing an in-person visit. <p>Next steps?</p> <ul style="list-style-type: none"> Empower Team Based Care Strengthen System Integration Improve Chronic Care: Outreach Opportunities, Well child visit, My chart enrollment and Nursing protocols <p>The presentation was followed by a discussion in patient communication through MyChart, vaccination access, HIV Screening and Epic workflows.</p>	
Patient Experience Department Jen Gordon	<p>Patient Experience Overview</p> <ul style="list-style-type: none"> NRC surveys are used to measure patient satisfaction. The “Would Recommend” score is currently below the national average, and improvement efforts are in progress. Patient voices are collected via grievances, SAVES (which are immediate patient needs such as medication refills) and feedback. Patients are informed about changes made based on their feedback. Patient voices are integrated into the improvement system through event participation, and participants are later informed of the outcomes. Patient feedback is analyzed by location to identify immediate and long-term improvement opportunities. Volunteer program growth: seasonal 73→105, year-round 27→40, over 5,500 hours contributed. Community partnerships support events with supplies, books, and activities for families. <p>Where is Patient Experience Heading?</p> <ul style="list-style-type: none"> Grievance tracking is going digital. 	FYI

	<ul style="list-style-type: none"> • Opening a new gift shop in collaboration with the Foundation. • The new Patient Experience Office will handle in-person visits and resolve grievances more quickly. 	
Integrated Medication Assisted Treatment (IMAT) Mary Taylor	<p>BHRS – Integrated Medication Assisted Treatment (IMAT) Summary Overview</p> <ul style="list-style-type: none"> • IMAT is part of Behavioral Health and Recovery Services (BHRS), providing medication-assisted treatment for alcohol and opioid use. • Team: 7 case managers, 1 therapist, 1 supervisor. • Staff include therapists with lived experience, serving patients in hospitals, jails, shelters, and the community. <p>Goals</p> <ul style="list-style-type: none"> • Support recovery from alcohol and opioid addiction. • Meet patients where they are – hospital, jail, or community. • Link patients to medication treatment that supports their vision of recovery. <p>Patient Experience</p> <ul style="list-style-type: none"> • Outreach & engagement: immediate for ED patients; non-ED within 24–48 hrs; screen, educate, assess, and connect to MAT providers. • Intake: completed within 1–7 days. • Case management: ongoing, as needed. <p>Referrals & Trends</p> <ul style="list-style-type: none"> • Opioid referrals have declined; meth and polysubstance use are increasing. • Most referrals come from the ED; meth use remains challenging since no medication exists for it. <p>Impact & Learning</p> <ul style="list-style-type: none"> • ED benefits from IMAT’s coordination and quick response. • Post-mortem reviews and provider education support learning. • Working to develop stimulant use disorder protocols. <p>Next Steps</p> <ul style="list-style-type: none"> • Strengthen partnership between Palm Ave Detox and SMMC ED. • Expand overdose prevention classes and holiday support. • Increase jail collaboration for MAT post-release. • Broaden Naloxone access via vending machines <p>The presentation was followed by a discussion on overdoses cases lessons, jail MAT programs, naloxone distribution, stimulate treatment gaps and community partnership.</p>	FYI
Compliance Report Gabriela Behn	Gabriela reported on the annual audit, which found some errors in patient status and documentation, though the financial impact was low. The team is fixing technical problems, improving communication, and piloting a case manager in the emergency department to help catch status issues earlier. Training and operational updates are planned to reduce errors.	
Financial Report Jennifer Papa, CFO	The September 2025 financial report was included in the Board packet and Jennifer Papa answered questions from the Board.	FYI

CEO Report Dr. CJ Kunnappilly	Dr. Kunnappilly presented the CEO report included in the Board packet. He also highlighted the opening of the new hospital entrance and thanked Robert Blake, COO, and the Department of Public Works (DPW) for their partnership.	FYI
County Health Chief Report Colleen Chawla	Colleen congratulated the team on the new building, noting how beautiful it is. She added that although the building is already in use, there will be an official opening on December 12.	FYI
County Executive Officer Mike Callagy	No Report.	FYI
Board of Supervisors Supervisor Noelia Corzo	Supervisor Corzo announced the State of the District event on December 11 at 5:30 pm and briefly addressed recent ICE-related concerns, noting that patients continue to feel safe accessing care. She shared that the county is in the process of selecting a new sheriff, with applications now open. She also reminded everyone that Election Day is tomorrow.	FYI

Supervisor Corzo adjourned the meeting at 10:20 AM. The next Board meeting will be held on December 1, 2025.

Minutes recorded by:
Maria Bermudez

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

ADMINISTRATION REPORTS

Financial Performance Update

December 1, 2025



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

Agenda

1. EPIC Contribution Funding Update
2. FY 25-26 October Results
2. Volume Trends
3. Cash Forecast
4. Patient Accounts Key Performance Indicators



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EPIC Contribution Funding Update

SMMC set aside one-time reserves in FY 20-21 for future EPIC contributions.

- There are \$8M remaining in reserves.
- Now we need to use these reserves for SMMC's EPIC contribution.
- The County's preferred accounting treatment is to record SMMC's full EPIC contribution through the income statement.
- SMMC's financial statements will reflect an \$8M loss at the end of FY 25-26 to use the reserves set aside for EPIC.
- This projected loss is a non-operating entry.
- We've updated the financial summary for the month to reflect this plan while we finalize the accounting.

Financial Results Summary – October 2025

October	Year-to-Date
(\$1.1M) With use of EPIC reserve	\$1M With use of EPIC reserve



- **Drug sales:** \$180K favorable Oct
- **Labor Costs:** \$6.2M favorable YTD
- **FTEs:** (1,155 Actual | 1,231 Budget, Oct)

- **Registry:** -\$2.9M YTD (Total labor costs remain favorable)
- **Drug Cost:** -\$1.9M unfavorable Oct

Summary – October is unfavorable due to a change in accounting for planned EPIC contributions. FY26 is expected to end at an \$8M loss to offset prior year Fund Balance reserves established to fund EPIC. Total Labor and non-labor costs (drugs, supplies) are ahead of budget year to date. Registry FTE use has been decreasing. The payer mix remains stable with Medi-Cal averaging 73%. Inpatient and clinic volume are stable within seasonal fluctuation.

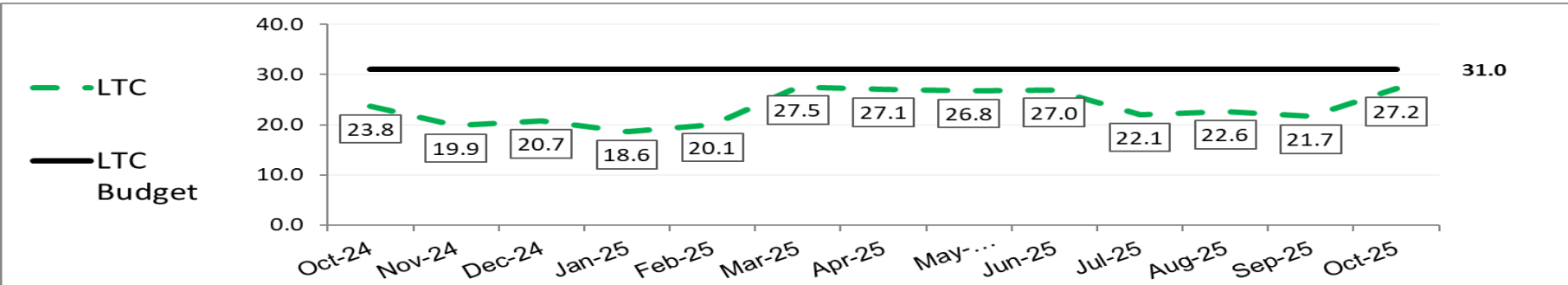
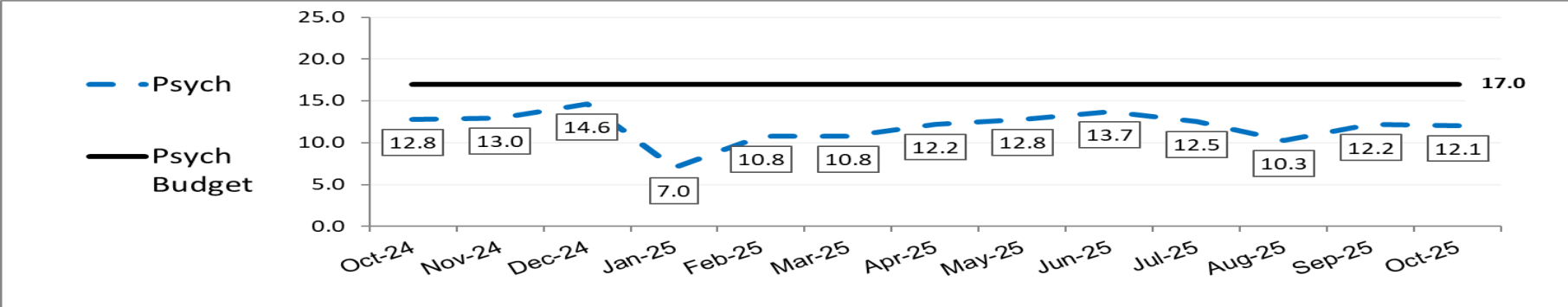
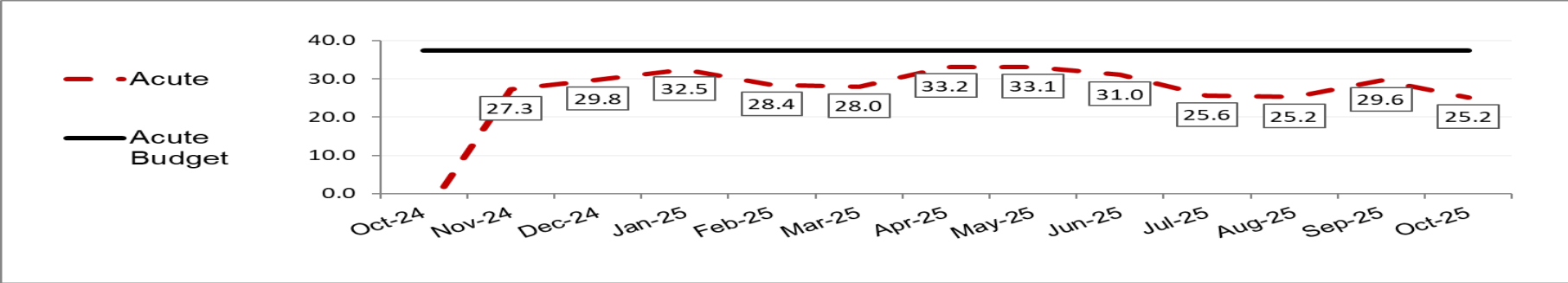
*Labor costs include S&B, Registry, Contract Providers

Inpatient Days

October 31, 2025

	MONTH			
	Actual	Budget	Variance	Stoplight
Patient Days	1,998	2,649	(651)	-25%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
7,571	10,511	(2,940)	-28%

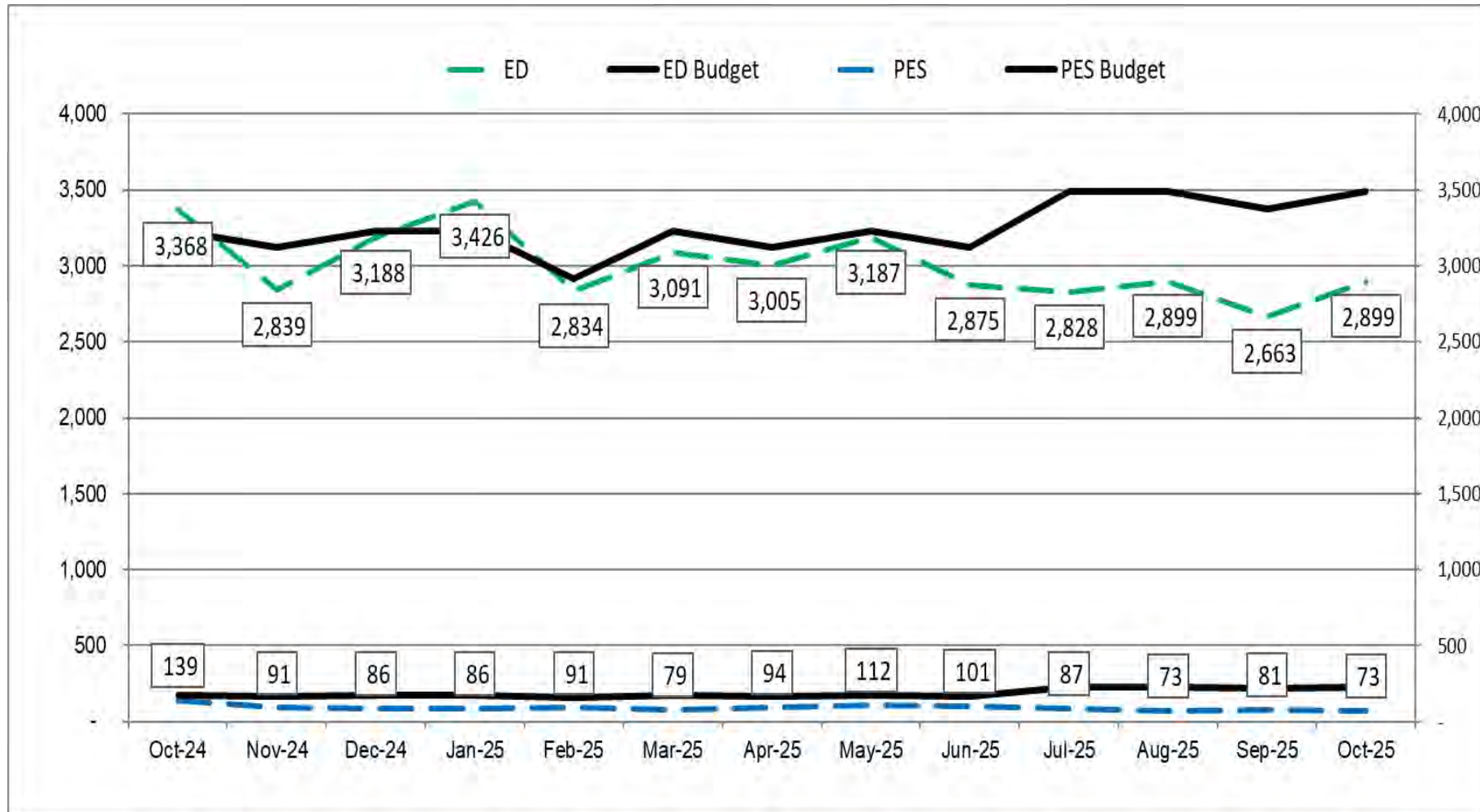


ED Visits

October 31, 2025

	MONTH			
	Actual	Budget	Variance	Stoplight
ED Visits	2,972	3,719	(747)	-20%

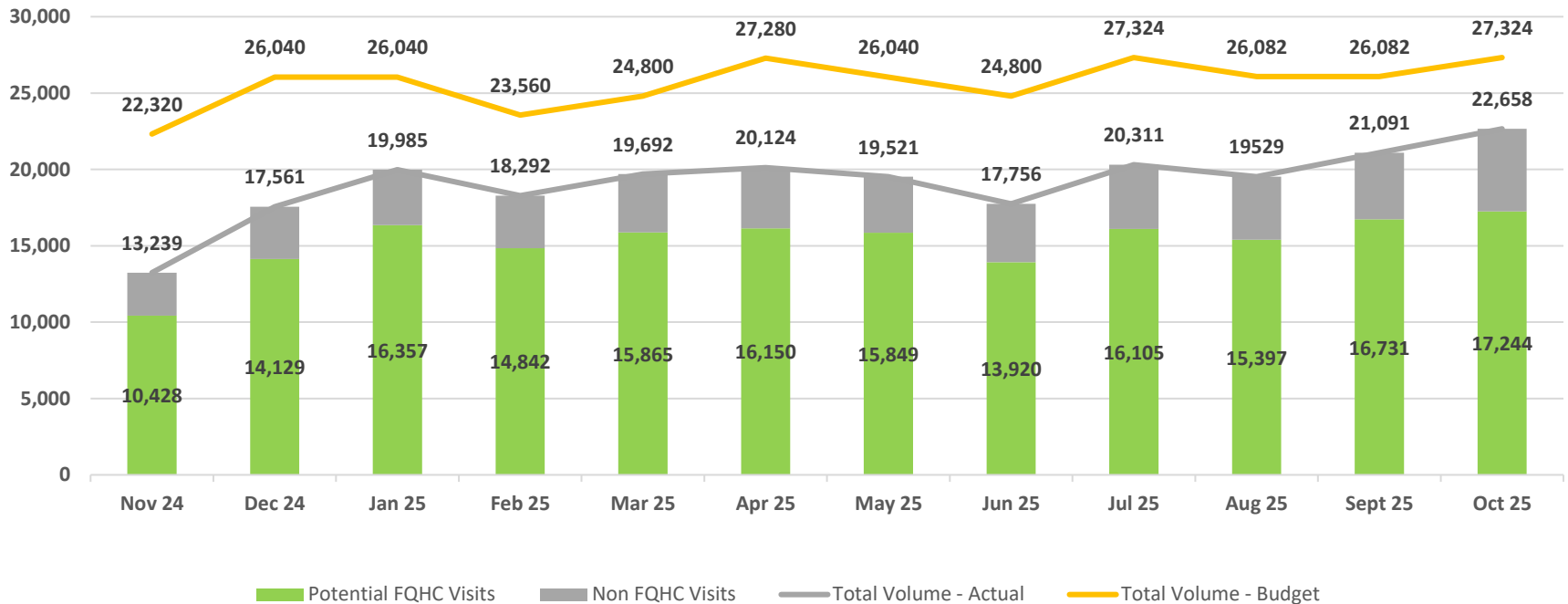
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
11,846	14,756	(2,910)	-20%



Clinic Visits

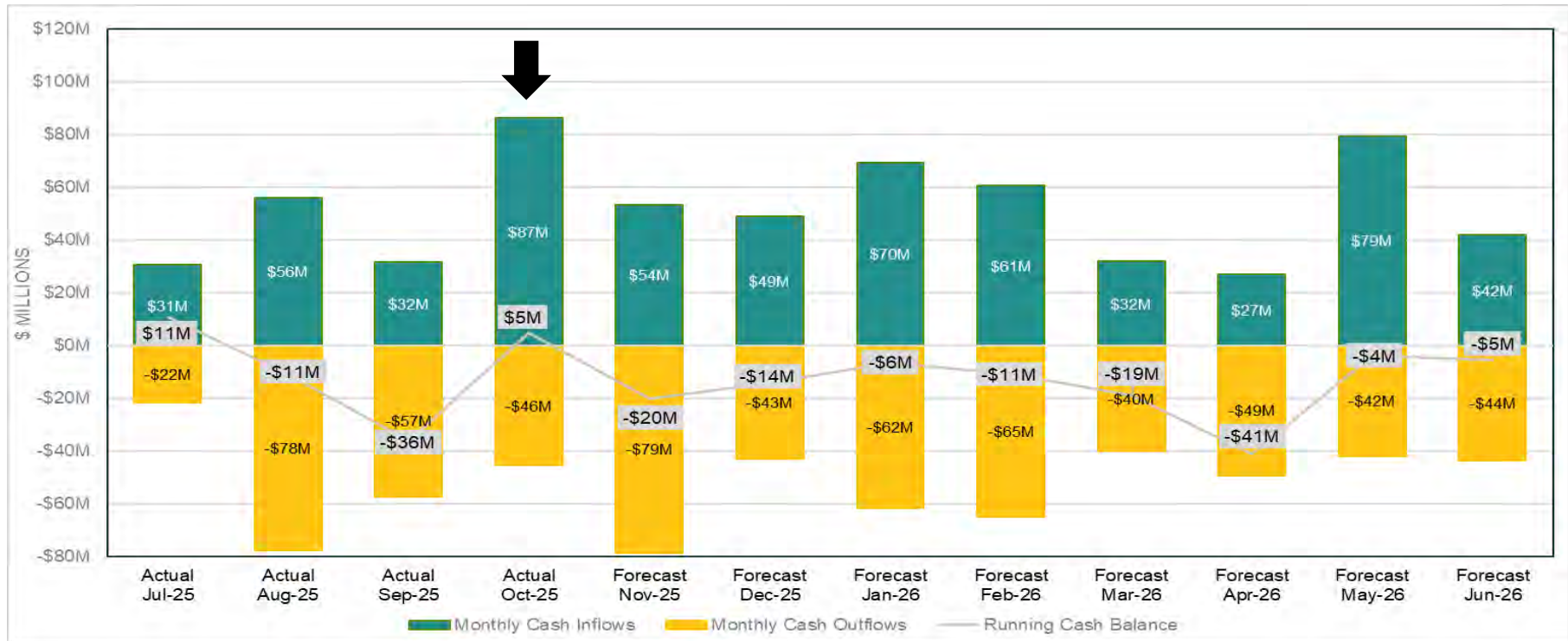
October 31, 2025

Clinic Volume Trends



- Clinic visits per day volume increased post-EPIC. October volume higher than trended average.

Cash Position and Forecast

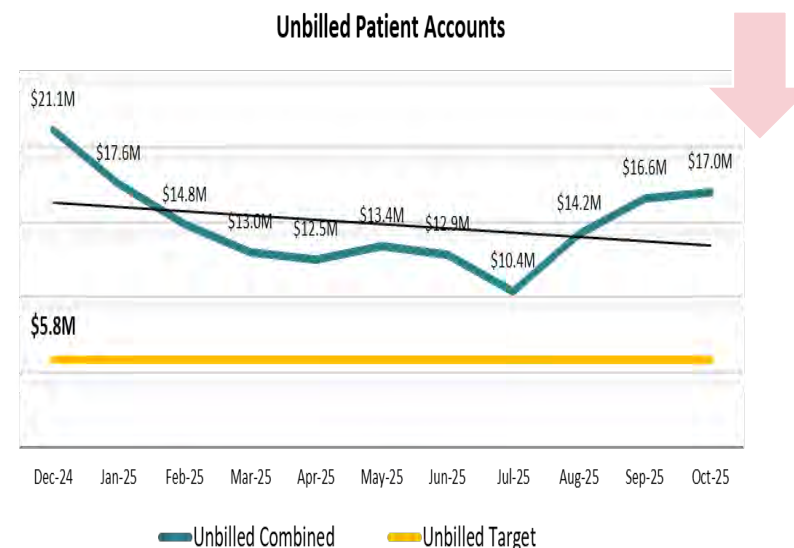
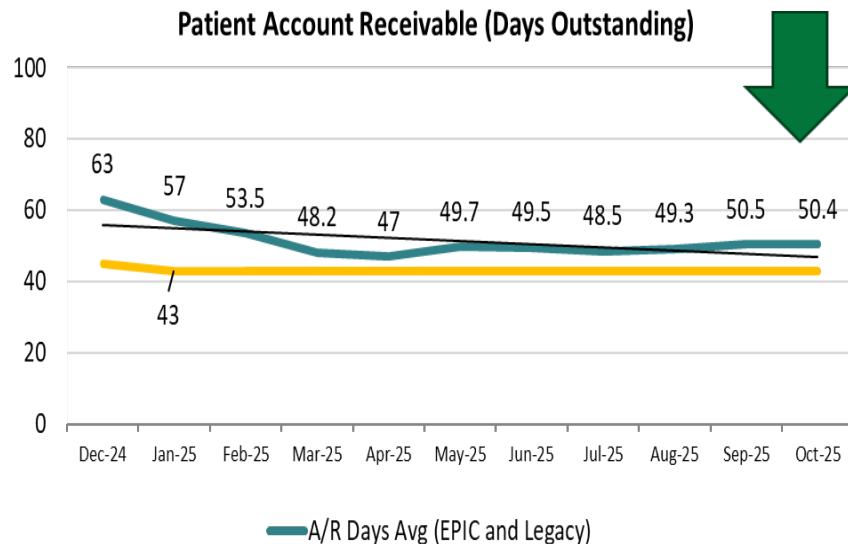
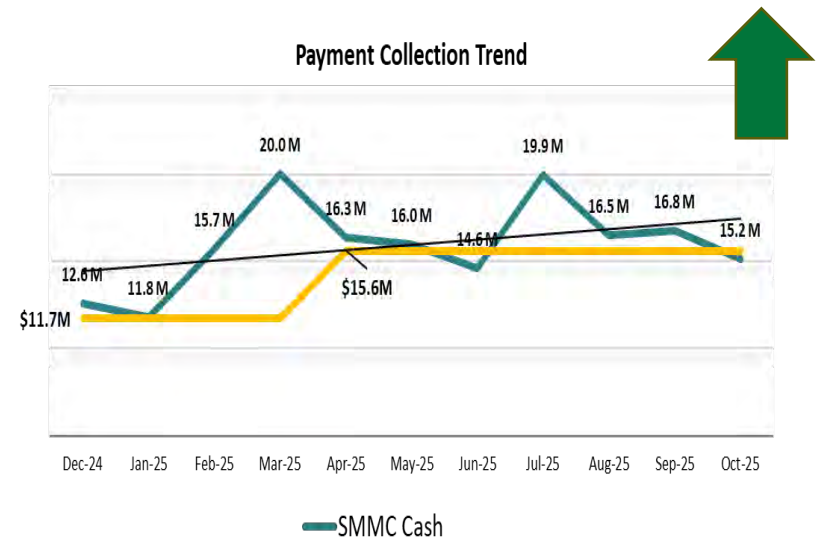


Cash flow challenges & opportunities

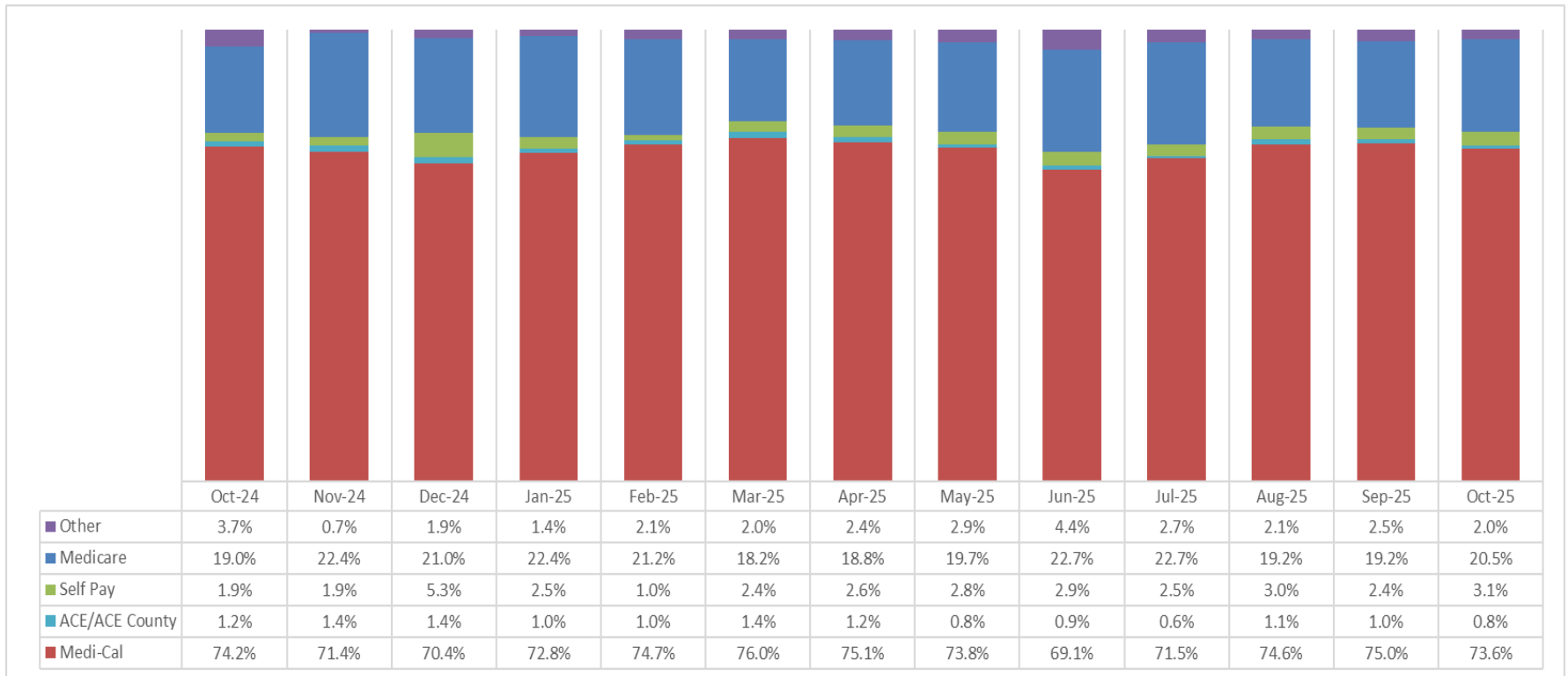
- October reflects expected supplemental payment program activity for Global Payment Program, Enhanced Payment Program and Quality Incentive Pool Program.
- Based on projected net cash flow for the fiscal year, the use of the County's line of credit is not expected to exceed \$45 million, an improvement compared to last fiscal year.

Patient Accounts - Key Performance Indicators

- **Payment Collection Trend** – Oct month-end cash slightly below improved target. November month-to-date on track to exceed target.
- **A/R (Accounts Receivable) Days Outstanding** - Continue trending just above target, reflecting improvements since EPIC.
- **Unbilled patient accounts** – Reflects work underway to release claims from pre-bill status.



Payer Mix



NOTE:

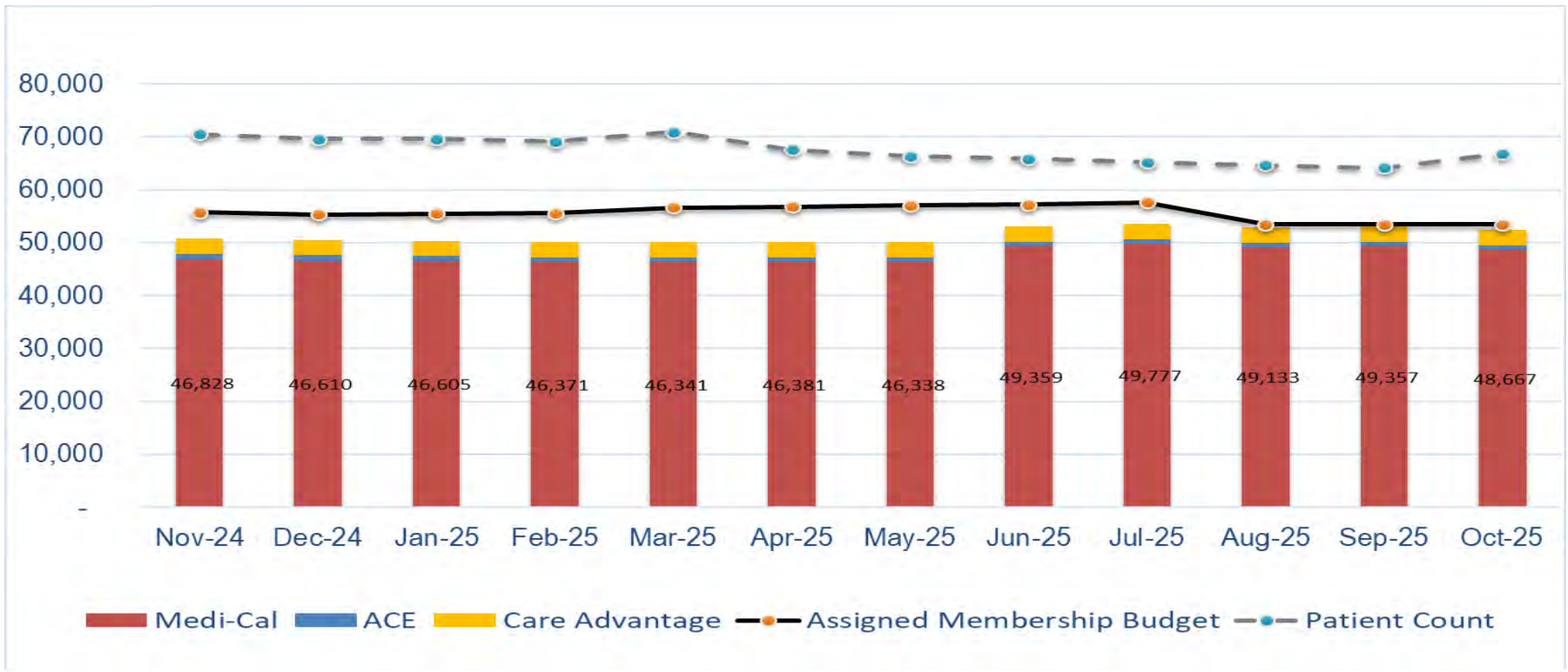
Medi-Cal includes Medi-Cal FFS and HPSM Medi-Cal

Medicare includes Medicare FFS and HPSM Care Advantage

Highlights

- Monitoring Medi-Cal, Medicare and Other payer mix changes for downstream impact of federal uncertainty.

HPSM Assignments



Highlights

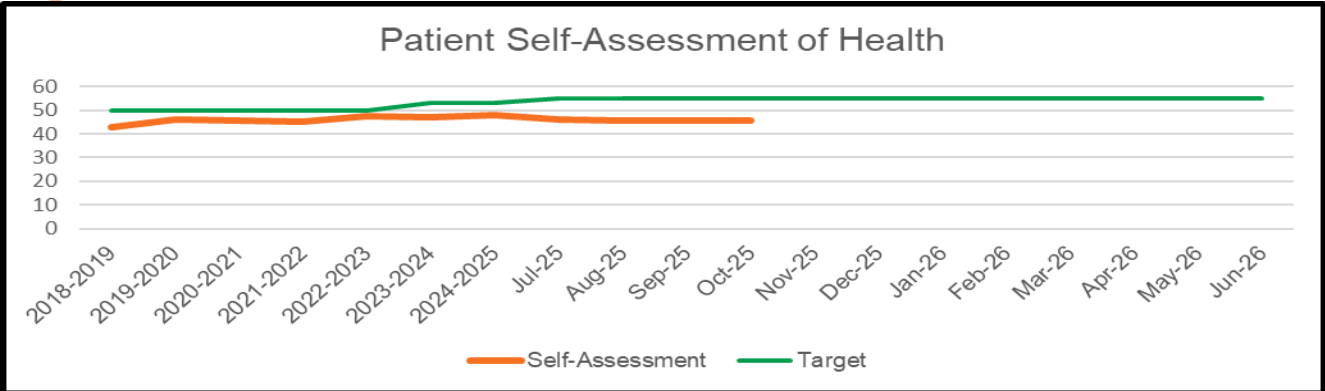
- Total assignments in October decreased slightly.
- We continue to monitor assignment levels for any impact related to federal policy changes.
- Slight increase unduplicated patient count corresponds with clinic volume trend.

CEO Report

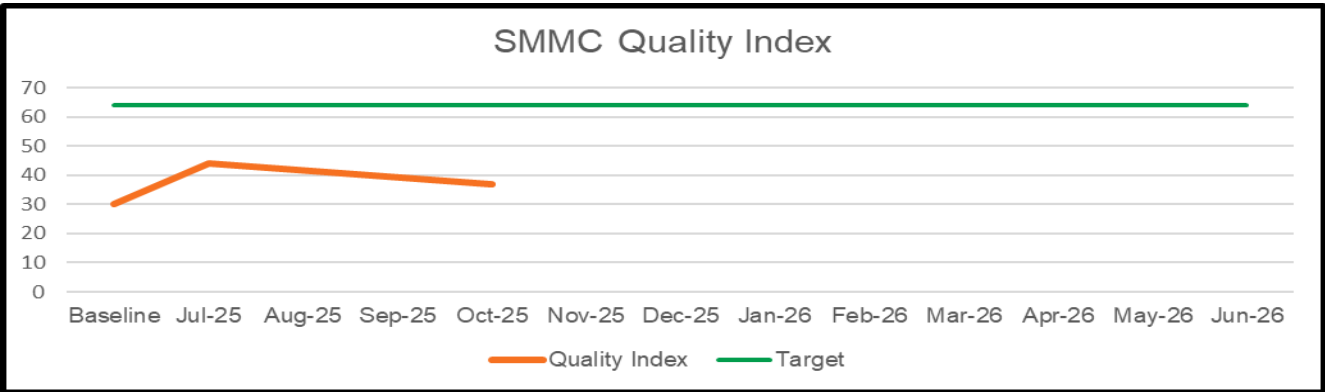
December 2025



Excellent Care

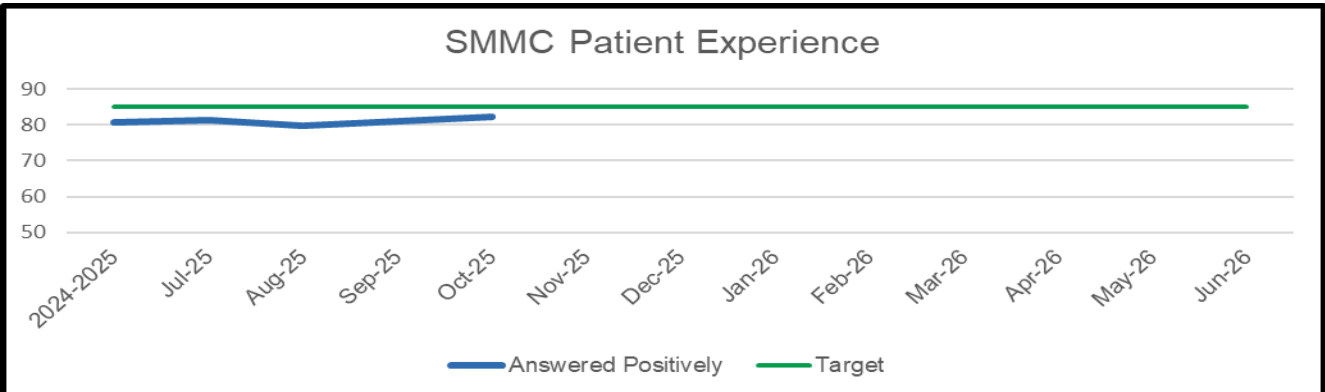


Patient Self-Assessment of Health: Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



Quality Index: This represents the percentage of SMMC Quality Incentive Program Metrics above the 90th percentile of national Medicaid performance and Health Plan of San Mateo Performance Metrics at goal. **Higher is better.**

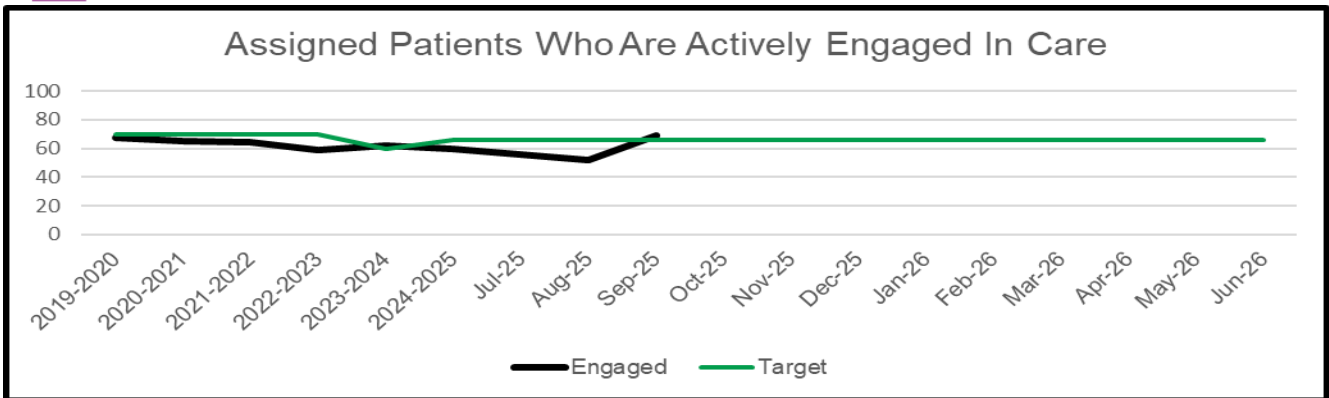
Patient Experience



Patient Experience: Percentage of patients who answered affirmatively to the patient experience survey question: "Would you recommend this facility to friends and family?" **Higher is better.**



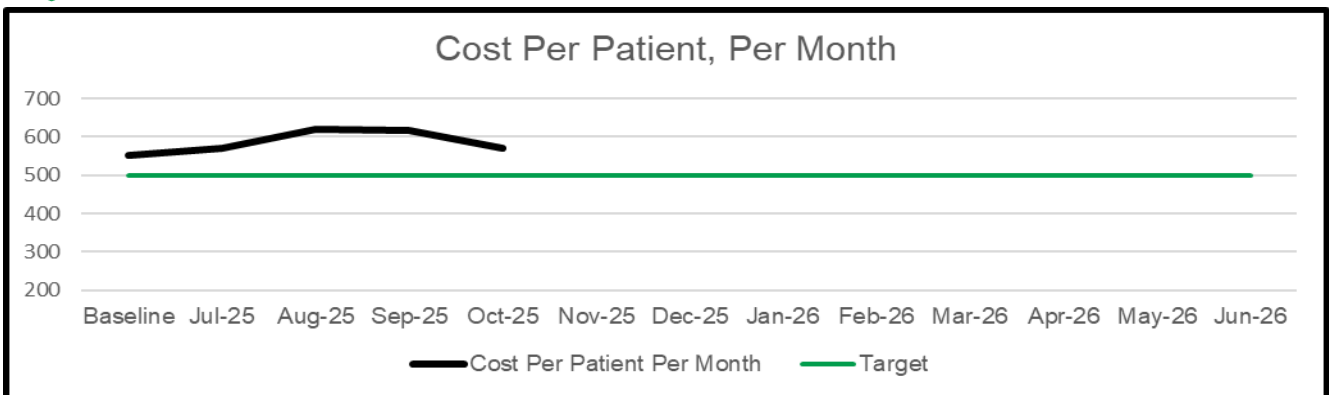
Access to Care



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.**



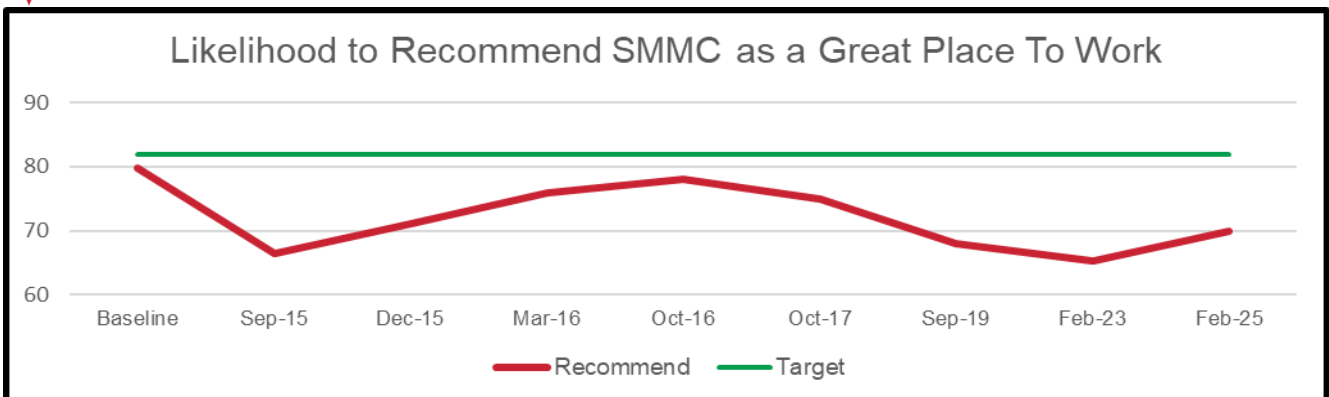
Financial Stewardship



Cost Per Member, Per Month. Total cost divided by total number of unique patients seen. **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 GP Strategies staff engagement survey. **Higher is better.**

Strategic Updates, Recognitions & Awards



Pictured above left: Daly City Health Center staff. **Pictured above right:** Transport staff at San Mateo Medical Center

Highlighting Gratitude

In November, staff celebrated Gratitude Month – a tradition since 2012 at San Mateo Medical Center. This year, the planning committee coordinated activities designed to shine a light on the everyday moments that keep staff connected, resilient, and inspired.

Activities included opportunities to lift up the diverse strengths and everyday contributions of colleagues, express creativity while designing gratitude cards, focus on random acts of kindness, and give back to the community through a sock drive.

The effort is part of our growing Well365 approach, which aims to make our workplace more supportive, connected, and rooted in well-being. I want to thank this year's planning committee led by Kathy Reyes, Wellbeing and Engagement Officer: Alpa Sanghavi, Robert Blake, Jack Naser, Jolie Gordon-Browar, Rob Larcina, Miriam Chan, Phuong Hathaway, Michelle Lee, and Karen Pugh.

SMMC Improvement System Updates

Due to the holidays, we did not see many improvement events in November, but that does not mean that improvement was not happening.

We continue to spread new operator standard work. This includes nurse-run hypertension management which is currently focused on ensuring our nurses have enough proctored experiences to work independently. Another group is facilitating pharmacist interventions on the acute medical-surgical unit. Our Social Determinants of Health Improvement Council is spreading work designed to empower staff who may first interact with patients (greeters, front desk staff etc) to connect them to resources such as food resources. After an improvement event in October, our Emergency Care Improvement Council is spreading standard work related to rapid responses. (A "Rapid Response" is called when a patient's condition deteriorates. This allows a team to rapidly intervene and prevent further deterioration). We are also spreading standard work related to prior authorizations. We recently saw a reduction in claim denials from 11% to 8% (on our way to our goal of less than 5%) thanks, in part, to that improvement work in prior authorizations.

In December, our Chronic Disease Management Council is planning an event to ensure more timely connections to eye care for patients living with Diabetes.

We look forward to keeping the board updated on all our improvement work.

November 2025

SNAPSHOT: **San Mateo County Health**

TO: SMMC Board Members | FROM: Colleen Chawla, Chief

INDICATOR	NUMBER	CHANGE FROM PREVIOUS MONTH	CHANGE FROM PREVIOUS YEAR
ACE Enrollees	781 (October)	-0.9%	-35.5%
SMMC Emergency Department Visits	2,972 (October)	61.1%	-15.3%

2025 10th Annual Wellness Leader Awards Luncheon



Each year, the Wellness Leaders Awards recognize employees who create a healthy, thriving workplace and promote a culture of health, safety, and well-being. This year 16 Health employees were celebrated at the Board of Supervisors meeting on October 20.

The awards highlight staff who go beyond their day-to-day duties to make County Health a supportive place to work. Honorees are nominated for creating opportunities for colleagues to see, feel and experience wellness during the work day, connecting staff with County programs and services, and modeling leadership practices that strengthen morale and job satisfaction. They also contribute to safe, healthy work environments and demonstrate personal commitment to fostering a workplace where everyone can do their best.

EMS Improves Process to Keep Wheelchairs with Patients

Emergency Medical Services (EMS) has introduced an enhanced process to ensure people who use specialized or motorized wheelchairs remain connected to their equipment after a 911 ambulance transport. Developed with guidance from the Emergency Medical Care Committee and disability advocates, the update addresses a long-standing challenge seen across EMS systems, where patients can become separated from their wheelchairs during an emergency response.

Under the new approach, patients or first responders can request wheelchair transport when someone is taken to the hospital by ambulance. A wheelchair-accessible van or utility vehicle is dispatched to pick up

the equipment and deliver it to the hospital where the patient is receiving care. The process has already been used successfully and is being recognized as a model for other counties.

EMS will continue to work with community partners and 911 provider agencies to strengthen services for residents and visitors.

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