



SAN MATEO COUNTY HEALTH
SAN MATEO
MEDICAL CENTER

BOARD OF DIRECTORS MEETING

Monday, January 5, 2026
8:00 AM – 10:00 AM

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



AGENDA

Board of Directors	Monday, January 5, 2026	8:00 AM
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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	Dr. Frank Trinh
2. Quality Report	Dr. Abhishek Gowda

Informational Items

3. Medical Executive Committee	Dr. Frank Trinh
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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. December 1, 2025 SMMC Board Minutes
2. Bylaws of the San Mateo Medical Center Board of Directors

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Frank Trinh

H. ADMINISTRATION REPORTS

1. Financial Audit FY 2024/2025	Macias Gini & O'Connell	Verbal
2. Epic Update	Dr. CJ Kunnappilly.....	Verbal
3. True North Update	Dr. CJ Kunnappilly.....	Verbal
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
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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, December 1, 2025
SMMC Board Room, 225 37th Ave., San Mateo, CA

<u>Board Members Present</u>	<u>Staff Present</u>
Supervisor David Canepa	Jennifer Papa
Mike Callagy	Michelle Lee
Colleen Chawla	Priscilla Romero
Dr. CJ Kunnappilly	Gabriela Behn
Dr. Frank Trinh	Rebecca Archer
Dr. Gordon Mak	John Jurow
Dr. Abhishek Gowda	Jacki Rigoni
Judith Guerrero	Robert Blake
	Jei Africa
	Rob Larcina
	Mariana Rocha
	Jolie Gordon-Browar
	Kelsey Dattilo

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Colleen Chawla 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 8:12 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for December 1, 2025. QIC Minutes from October 28, 2025.	Rebecca Archer reported that the Board unanimously approved the Credentialing Report and the QIC Minutes.
Public Comment	None.	
Foundation Report John Jurow	The Foundation will partner with the San Mateo Medical Center gift shop to open a location in the new part of the main hospital. It will open in 2026. The Foundation's "Caring Hands in Health" program is a critical financial assistance program supporting patients in times of immediate need. Most recently, the program receives 10-15 requests for assistance per day. Food boxes which are offered every Monday morning from our offices are gone in minutes when it used to take about three hours to distribute. Food insecurity is a real need and has amplified in recent months.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from November 3, 2025.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.

Medical Staff Report Dr. Frank Trinh	<p>There was no MEC meeting in November due to the Veterans Day holiday.</p> <p>New surgeons are in the process of credentialing.</p>	FYI
Rehabilitation Department, Heather Rudolph	<p>The Rehab department consists of: Inpatient CART Services; Pain Clinic; Inpatient Rehabilitation; and Outpatient Rehabilitation.</p> <p>Rehab services are spread through four locations: SM campus, Daly City Clinic, Coastside Clinic, and FOHC Clinic.</p> <p>Service enhancements 2024-2026: Transportation Reinstatement; Cross Training; Swallow Evaluation; Gender-Affirming Speech Therapy; Audiologic Services; and Hearing Aid Fitting.</p> <p>Fiscal impacts: continuous improvement potential annual savings and revenue increase. Centralized authorization requests are no being processed by eligibility workers, not revenue generating therapists.</p>	FYI
Skilled Nursing Care, Thanette Herico (SMMC 1A) Melissa Katz (Burlingame Skilled Nursing)	<p>Unique to 1A:</p> <ul style="list-style-type: none"> • Total Parenteral Nutrition • Respiratory Therapy Services (Post-tracheostomy management/Portable chest tube, BIPAP, etc. • Accepts patients from the correctional facilities • Awarded the 2025 Pinnacle Customer Experience Award for service quality and resident satisfaction • Maintained 0% turnover rate on regular nursing staff • Coordinated successful discharges for several unhoused residents through collaboration with agencies like IOA, DME providers, Home Health agencies, BHRS, IHSS, Mom's Meals, and with Health Foundation <p>Unique to Burlingame Skilled Nursing:</p> <ul style="list-style-type: none"> • Hospice Care • Hired and retained multiple CNAs. Anticipate not using agency CNAs after mid-January 2026 • Increased therapy staffing and now have 44 long term care residents receiving therapy • Increased social work staff and enhanced the discharge process. Multiple residents have been discharged back to the community. • Successfully implemented behavior management program 	FYI
BHRS Housing and Supportive Services Mariana Rocha	<p>Canyon Vista (Shared Housing)- 2024</p> <ul style="list-style-type: none"> • 28 Permanent Housing Units. 29 Transitional Units- Up to 24 months • On Site Housing Supportive Services from Telecare 24/7 • Property Management is provided by Abode Property Management • First clients moved in November 2024 <p>The Mental Health Services Act (MHSA), Prop. 63, passed in 2004 and has provided a dedicated source of funding for transforming the delivery of county behavioral health services. In partnership with the San Mateo County Department of Housing and various housing developers, MHSA and NPLH has funded a total of</p>	FYI

	<p>136 housing units across fourteen housing developments in Daly City, East Palo Alto, North Fair Oaks, Redwood City, San Mateo, and South San Francisco.</p> <p>Eligibility Criteria for MHSA Units</p> <ul style="list-style-type: none"> • Serious Mental Illness (SMI) • Experiencing homelessness or at risk of homelessness within 30 days • Receiving services from a BHRS or BHRS contracted provider • Priority is given to homeless clients at Canyon Vista Transitional Units, Full Service Partnership (FSP), clients open to Intensive Case Management and Regional Clinic level of care. <p>Proposition 1 – Housing Opportunities</p> <p>AB 531. Obligation Bond – \$6.38 billion</p> <ul style="list-style-type: none"> • CA Dept of Health Care Services: Bond BHCP for treatment residential facilities • CA Dept of Housing and Community Development: Homekey+ for permanent supportive housing <p>SB 326. Behavioral Health Services Act (BHSA)</p> <ul style="list-style-type: none"> • Mental Health Services Act (MHSA) Reform • Community Program Planning + Three-Year Integrated Plan • Statewide Accountability & Transparency <p>Two Key Priorities of Prop. 1 include:</p> <ul style="list-style-type: none"> • Focusing efforts on the most vulnerable individuals living with SMI/SUD and are at risk of homelessness, unhoused, and/or justice involved. • Increasing access to permanent supportive housing and residential treatment settings. 	
<p>Financial Report Jennifer Papa, CFO</p>	<p>The October 2025 financial report was included in the Board packet and Jennifer Papa answered questions from the Board. The Finance Department is finalizing FY24/25 financial year accounting.</p>	FYI
<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. Recently celebrated the one-year anniversary of Epic. The second Epic upgrade happened and as anticipated, there were few to no problems.</p> <p>The public grand opening of the new entrance for the SMMC campus will be next week and you are all invited to participate and tour the new space.</p>	FYI
<p>County Health Chief Report Colleen Chawla</p>	<p>Chief Colleen Chawla reported later this week she will attend the California Association of Public Hospitals and is looking forward to representing SM County as the Health Chief.</p>	FYI
<p>County Executive Officer Mike Callagy</p>	<p>No report.</p>	FYI
<p>Board of Supervisors</p>	<p>Supervisor Canepa congratulated the team on the opening of the new SMMC space. It looks amazing and is a respectful addition to the surrounding neighborhood.</p>	FYI

Supervisor David Canepa	<p>From a county budget standpoint, we are in a good place. Over 85% of SamCera is funded and our county reserves are at a comfortable level.</p> <p>The January 6, 2026 Board of Supervisors meeting agenda includes the reorganization of BOS which will rotate by districts.</p>	
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Colleen Chawla adjourned the meeting at 9:28 AM. The next Board meeting will be held on January 5, 2026.

Minutes recorded by:

Michelle Lee

Minutes approved by:

Dr. Chester Kunnappilly, Chief Executive Officer



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

**BYLAWS
OF THE
SAN MATEO MEDICAL CENTER**

Reviewed and Approved: January 5, 2026

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ARTICLE I

GENERAL

Section 1. Name. The name of the Hospital is San Mateo Medical Center (SMMC), which includes the main acute and ambulatory care facility, satellite clinics, and Burlingame Long Term Care (which is operated by a third-party pursuant to a management agreement).

Section 2. Principal Business Office. The principal business office shall be in the City of San Mateo, County of San Mateo, State of California.

ARTICLE II

PURPOSE

The purpose of SMMC is to open doors to excellence in healthcare to the community, including all incompetent, poor, indigent persons and those incapacitated by age, disease, or accident, when such persons are not supported or relieved by their relatives or friends, by their own means, or by other state or private institutions. Care shall be consistent with acceptable professional standards. Each client admitted to SMMC shall be under the care of a member of the medical staff. SMMC shall participate in activities that promote the general health of the community.

To achieve this important mandate, SMMC shall strive to provide quality care and treatment through acute inpatient, ambulatory, long term, rehabilitative and primary care services.

ARTICLE III

DEFINITIONS

1. Administrator – The Chief Executive Officer of San Mateo Medical Center.
2. Governing Board – The Governing Board of SMMC, which is comprised of members of the Board of Supervisors, county administration, the Medical Staff, and other qualified individuals as set out in Article V, Section 2.a. of these Bylaws.
3. Medical Staff – The formal organization of physicians, dentists, clinical psychologists and podiatrists who have been granted recognition as members of the medical staff through the credentialing process and have been granted privileges to practice at SMMC.
4. SMMC – San Mateo Medical Center, which provides: (1) medical and psychiatric emergency services; (2) acute inpatient and psychiatric services; (3) skilled nursing directly and through a management agreement; (4) clinical ancillary services, including laboratory, radiology, pharmacy and rehabilitative services; and (5) primary and specialty ambulatory services at multiple sites throughout San Mateo County.

ARTICLE IV

GOVERNING AUTHORITY

Section 1. **General.** The Board of Supervisors of San Mateo County (“Board of Supervisors”) is the governing authority of SMMC.

a. **Responsibility.** The Governing Board, the Chief Executive Officer, the Medical Staff, all SMMC personnel, and the volunteers are responsible to the Board of Supervisors with regard to all SMMC matters.

No assignment, referral or delegation of authority by the Governing Board to any person or Board shall impair the Board of Supervisors right to rescind any such action at any time.

b. **Board of Supervisors Organization and Operation.** The Board of Supervisors consists of five (5) elected members. They fulfill their responsibilities according to the State Constitution, statutes, County Charter, and ordinances.

Section 2. **Delegation.** In order to more efficiently perform some of the duties and responsibilities of the governing authority, the Board of Supervisors delegates to the Governing Board the authority and responsibility to act as the governing authority with respect to only those matters specifically identified in Article V, Section 1.

In order to retain its authority and responsibilities, the Board of Supervisors reserves all rights and responsibilities, pertaining to the SMMC operations that are not expressly provided for herein.

ARTICLE V

GOVERNING BOARD

Section 1. **General Duties.** The Governing Board shall act as the governing authority with respect to the following:

- a. **Establishment of Policy.** The Governing Board shall establish policies that are in the best interest of SMMC.
- b. **Institutional Management and Planning.**
 - 1) **Operations Management.** The Governing Board shall exercise general oversight of the operation of SMMC. Such oversight shall include:
 - a) Encourage the development, adoption, and implementation of programs for improving the quality of care and service and to assure that the SMMC operations are conducted according to sound principles and practices and in accordance with all laws and regulatory standards;
 - b) Prepare an annual operating and capital budget;
 - c) Monitor and evaluate the financial performance of SMMC against approved budget, organizational goals and outcome-based management plans;
 - d) Monitor SMMC cost containment efforts;
 - e) Review and approve Administrative Policies and Regulations necessary to assure the quality of care provided at SMMC;
 - f) Ensure, through SMMC, County Administrators and Medical Staff, that all legal requirements pertaining to proper operation of SMMC, including licensure and accreditation standards, are met;
 - g) Consider and approve any plans for change in service for the SMMC;
 - h) Provide a forum for communication between the Governing Board, the Medical Staff, and the County Administration by keeping each informed of pertinent actions taken or contemplated;

- i) Develop and maintain, annually review, and revise as necessary, a set of operational Bylaws;
- j) Ensure that the physical facilities are safe and in substantial compliance with current code and licensure requirements.
- k) To ensure that the SMMC and its medical staff have in place, continuously follow, and regularly report upon well-defined quality monitoring, continuous quality and performance improvement programs, and other appropriate procedures designed to identify and remedy patient care problems and to improve medical practice and patient care in the SMMC; and

2) Planning. The Governing Board shall be responsible for the institutional planning of SMMC and for assuring that those plans are carried out in an effective and efficient manner. Such planning shall include:

- a) Monitoring of annual operating budget and development and monitoring of short- and long-term capital expenditure plans designed to provide equipment and facilities consistent with community needs and the financial resources of the County; and
- b) Ensuring participation by SMMC Administration and operating departments (including Nursing), the County Administration and Support Services, and the Medical Staff, within the scope of the expertise of each, to SMMC financial planning.

3) Quality Management. The Governing Board shall review, approve and oversee the quality management program of SMMC. Oversight includes:

- a) annual review and approval of an on-going, integrated and SMMC-wide Quality Management Plan;
- b) review and approval of regular, at least quarterly, reports on quality management activities of SMMC and Medical Staff to ensure that opportunities to improve care and problems with quality care are being identified; and actions are being recommended, implemented, evaluated and that ongoing monitoring is occurring; that modification of action plans is recommended as appropriate;
- c) ensure that the quality of care provided meets professional practice standards;

- d) oversee SMMC mechanisms used to assure all persons and independent contractors connected with the operation of SMMC are retained and promoted on the basis of current, competent performance that includes evaluation of the quality, skill, and appropriateness of that performance;
- e) conduct ongoing evaluation and annual review of the Governing Board's own effectiveness in meeting the responsibilities delegated to it.

4) Medical Staff Recommendations. The Governing Board shall receive and act upon recommendations from the Medical Executive Committee within a reasonable period. These recommendations shall include but not be limited to:

- a) Medical Staff structure, organization, and officers;
- b) Medical Staff membership credentialing and privilege delineation, corrective action, and termination mechanisms; and
- c) Medical Staff Bylaws, Rules and Regulations.

Section 2. Number, Tenure and Qualifications

- a. Number and Qualifications. The number of members of the Governing Board shall not exceed nine (9).
 - 1) Two (2) members shall be appointed from Board of Supervisor membership. The current President of the Board of Supervisors shall make these appointments.
 - 2) One (1) member shall be a public member, selected by the Governing Board. The term shall be for four years. The public member may serve for no more than three, four year terms.
 - 3) Three (3) members shall be appointed from the Medical Staff membership. These appointees shall be made by the Medical Staff; one (1) member of which shall be the current Chief of the Medical Staff and one (1) shall be the Chief of Staff Elect. The Medical staff terms shall coincide with medical staff terms of appointment
 - 4) One (1) member shall be the County Manager or the County Manager's designee, and either the County Manager or designee may attend any given meeting as a member of the Governing Board at the County Manager's discretion.

- 5) One (1) member shall be the Chief of the Health System of San Mateo County.
- 6) One (1) member shall be the Chief Executive Officer of SMMC.
- 7) Of those members who are appointed, their selection shall be based on demonstrated potential ability to participate effectively in fulfilling the responsibilities of the Governing Board and SMMC, and in representing or responding to the various needs of the community serviced by SMMC. They shall be selected for the experience, relevant areas of interest and expertise, and ability and willingness to participate effectively in fulfilling the responsibilities of a member. Members in good standing of the active Medical Staff are eligible for membership on the Governing Board.
- 8) Each member shall participate in an orientation session upon initial appointment as a member and periodically thereafter in continuing education programs relevant to responsibilities as a Governing Board member, including responsibilities and concepts of quality management and SMMC operations. Documentation of member's orientation and continuing education shall be maintained by the Secretary of the Governing Board.

b. Tenure. The Governing Board and Medical Staff shall appoint or reappoint members to replace those Governing Board members whose terms have expired and to fill vacancies. Newly appointed Governing Board members shall assume responsibility at the next meeting after election.

Section 3. Vacancies. Any vacancy occurring by the death, resignation, or loss of position required for membership shall be filled within thirty (30) days in the case of appointed members and at the first meeting after assignment or election to the position for all other members. Appointed members may resign at any time by giving written notice to the Governing Board President. Such resignation, which may or may not be made contingent on formal acceptance, takes effect on the date of receipt or at any later reasonable time specified in the notice.

Section 4. Meetings.

- a. Regular Monthly Meetings. Regular monthly meetings of the Governing Board shall normally be held the first Monday of each calendar month in the Board Room at SMMC. The Governing Board shall make a reasonable effort to maintain at least ten (10) meetings each calendar year.
 - 1) Public Meetings. Regular meetings of the Governing Board shall be open to the public.

- 2) Closed Sessions. The Governing Board may enter into Closed Session as authorized by state law.
- b. Special Meetings. Special meetings of the Governing Board may be called by a majority of the members or by the President. The purpose of any special meeting shall be stated in the notice and agenda thereof which shall be provided to each member of the Governing Board and other persons who have requested notice of special meetings, at least twenty-four (24) hours prior to the meeting. Special meetings will, insofar as practical, be confined to the purpose for which called.
- c. Notice of Regular Meetings. Notice of regular meetings shall be posted at least 72 hours prior thereto, and shall include the time, date, and agenda for the meeting.
- d. Quorum. A majority of the members of the Governing Board, five (5) members, shall constitute a quorum for the transaction of business at any meeting. The majority vote of members present shall decide any question and be the act of the Governing Board unless a greater number is required by law. There shall be no voting by proxy.
- e. Order of Business. Absent special circumstances, the order of business at all meetings shall be as follows:
 - 1) The call to order.
 - 2) Closed Session
 - 3) Public Comment
 - 4) Report from the Foundation
 - 5) The approval of minutes of prior meetings.
 - 6) Report of SMMC Business Requiring Board Action
 - 7) Report of Medical Staff Business requiring Board Action.
 - 8) Report from the CEO
 - 9) Report from the Board of Supervisors
 - 10) Report from the County Manager
 - 11) Report from the Chief of the Health System
 - 12) Adjournment
- f. Conflict of Interest. Any Governing Board member, officer, employee or committee member having an interest in a contract or other transaction presented to the Governing Board or to a Governing Board Committee for

authorization, approval, or ratification shall give prompt, full, and frank disclosure of said interest to such Board prior to its acting on the contract or vote, whether the disclosure shows that a conflict of interest exists or can reasonably be construed to exist. If a conflict is determined to exist, such person shall not vote, nor use personal influence on, nor participate in the discussions or deliberations with respect to such contract or transaction. A person who discloses a conflict of interest must abstain from discussion, influence, participation and may not vote on the matter. A person determined to have a conflict of interest shall not be counted when establishing the existence of a quorum at any meeting when the contract or transaction is under discussion or being voted upon. Minutes of the meeting shall reflect the disclosure, the vote or abstention thereon and the presence or absence of a quorum.

- g. Disclosing Conflict of Interest. Governing Board members, officers, selected employees, and contractors of SMMC shall report to the Governing Board any existing or potential conflict of interest and shall file annual disclosure statements with the County Clerk.

ARTICLE VI

OFFICERS AND COMMITTEES

Section 1. **Officers.** There shall be two (2) appointed officers of the Governing Board.

- a. **Governing Board President.** The President of the Governing Board shall be a member of the Board of Supervisors serving on the Governing Board. The President shall be agreed upon between the two members of the Board of Supervisors serving on the Governing Board. The newly designated President shall assume responsibility upon adjournment of the January meeting of the Governing Board. The President shall preside over all meetings of the Governing Board, supervise the activities of the Governing Board and serve as an ex-officio voting member of all Governing Board Committees. In the President's absence, the other member of the Board of Supervisors serving on the Governing Board shall preside over the Governing Board meeting. In the absence of both members of the Board of Supervisors, the County Manager or Chief Executive Officer will preside over the Governing Board meeting.
- b. The Chief Executive Officer of SMMC shall serve as the official Secretary of the Governing Board. The Secretary shall keep or cause to be kept at the principal office or at such other place as the Governing Board may determine, a book of minutes of all meetings. The Secretary shall give or cause to be given notice of all meetings of the Governing Board as required by these Bylaws or by law. At the discretion of the Secretary, an employee of SMMC may be designated to perform the secretarial services of the Governing Board, which may include the following functions: take minutes of all meetings, maintain documentation of Governing Board members and report conflict of interest statements annually.

Section 2. **Standing or Advisory Committees.** The creation of Governing Board committees is discretionary. Each standing committee shall have and exercise the powers and authority granted in the resolution creating it. Minutes shall be kept of its proceedings and reports of its actions shall be reported to the Governing Board. Actions taken by any standing committee are subject to ratification by the Governing Board. Standing committees shall comply with vacancies, meeting notices, quorum, order of business, and duality of interest clauses of these Bylaws. The Governing Board may also appoint advisory committees.

ARTICLE VII

ADMINISTRATION

Section 1. General. The SMMC is administered through the countywide organization structure of which it is a part. The Chief Executive Officer of SMMC reports to the Chief of the Health System, who reports to the County Manager who reports directly to the Board of Supervisors of San Mateo County.

Section 2. Appointment and Authority. The Chief of the Health System shall monitor the performance of the Chief Executive Officer of SMMC. The Chief Executive Officer of SMMC shall be qualified for the position through appropriate education and experience. The Chief Executive Officer is hereby given authority and responsibility for the administration of SMMC and all its activities and departments subject to the County Charter, ordinances and resolutions of the Board of Supervisors. The Chief Executive Officer shall:

1. Ensure appropriate notice of all meetings of the Governing Board is sent; receive and attend to all correspondence relating to SMMC; act as custodian of all records and reports relating to SMMC, and keep records of all meetings of the Governing Board.
2. Attend all meetings of the Governing Board as a fully vested voting member.
3. Submit monthly to the Governing Board or its authorized committees reports showing the professional service and financial activities of SMMC and to prepare and submit any special reports that may be required by the Governing Board and/or Board of Supervisors.

ARTICLE VIII

MEDICAL STAFF

Section 1. **Organization.** The Governing Board shall appoint a Medical Staff to provide medical service at SMMC. The Medical Staff shall be responsible for the quality of care provided to patients at the SMMC. The Medical Staff shall be a responsible administrative unit, accountable to the Governing Board. Said staff shall be composed of physicians, dentists, clinical psychologists, and podiatrists who are graduates of recognized schools of medicine, osteopath, dentistry, psychology or podiatry, are licensed to practice in California, are in good standing, and who meet the qualifications as set forth in the Bylaws of the Medical Staff.

Appointment and membership to the Medical Staff is a prerequisite to the exercise of clinical privileges in SMMC, except as otherwise specifically provided in the Medical Staff Bylaws.

Each member of the Medical Staff shall have full authority and responsibility for the care of his or her patients, subject only to such limitations as are imposed by the Governing Board, and subject, further, to any limitations or conditions attached to the staff member's appointment. Approval by the Governing Board shall be required to effect the appointment, reappointment, designation of clinical privileges, and clinical department/service assignment at SMMC.

Section 2. **Medical Staff Bylaws, Rules and Regulations.** The Medical Staff shall propose and adopt by vote Bylaws, Rules and Regulations setting forth its organization, including selection of officers, its government, quality of care protocols, procedure for the granting of clinical privileges, and provisions for a review of the Medical Staff's recommendations with respect to appointment, reappointment, or termination of appointment to the Medical Staff, and granting or curtailment of clinical privileges. Bylaws, Rules and Regulations shall be consistent with applicable law, regulatory and accreditation standards and SMMC policy. Such Medical Staff Bylaws, Rules and Regulations shall become effective when, and in the form, approved by the Governing Board or at such later date as the Governing Board may specify. Medical Staff Bylaws shall be reviewed annually by the Medical Staff and recommended to the Governing Board for review and approval of any changes.

Section 3. **Medical Staff Membership and Clinical Privileges.** The Medical Staff shall be delegated the responsibility and authority to investigate and evaluate all matters relating to Medical Staff membership status, clinical privileges, and corrective action, and shall require that the staff make recommendations thereon. The Governing Board shall then take final action on all such matters after considering

the staff recommendations forwarded, provided that the Governing Board may act in any event if the staff fails to adopt and submit any such recommendation within the time period required by the Medical Staff Bylaws. Such Governing Board action without a staff recommendation shall be based on the same kind of documented investigation and evaluation of current ability, judgment, and character as is required for staff recommendations.

The Medical Staff Bylaws shall contain provisions for the staff to adopt and forward to the Governing Board specific written recommendations on all matters of Medical Staff membership status, clinical privileges and corrective action, and to support and document its recommendations in a manner that will allow the Governing Board to take informed action.

In acting on matters of Medical Staff membership status, the Governing Board shall consider the staff's recommendations, SMMC and the community's needs, and such other criteria as set forth in the Medical Staff Bylaws. In granting and defining the scope of clinical privileges to be exercised by each practitioner, the Governing Board shall consider the staff's recommendations and supporting information on which they are based and such criteria as are set forth in the Bylaws. No aspect of membership status nor specific clinical privileges shall be limited or denied to a practitioner on the basis of sex, race, creed, color, or national origin.

Any differences in recommendations concerning Medical Staff appointments, reappointments, termination of appointments, and granting or revising of clinical privileges will be resolved in a reasonable period of time by the Governing Board and the Medical Staff.

The procedure to be followed by the Medical Staff and Governing Board in acting on matters of membership status, clinical privileges, and corrective action shall be specified in the Medical Staff Bylaws.

Section 4. Corrective Action and Fair Hearing Plan. The Governing Board shall require that any action taken by the Executive Committee of the Medical Staff, or by the Governing Board, the effect of which is to deny, revoke, suspend, or reduce a practitioner's staff appointment, reappointment, department affiliation, staff category, admitting prerogatives, or clinical privileges shall, except under circumstances for which specific provision is made in the Medical Staff Bylaws, be accomplished in accordance with the Governing Board approved Corrective Action and Fair Hearing Plan then in effect. Such Plan shall provide for procedures to assure fair treatment and afford opportunity for the presentation of all pertinent information.

Should the Medical Staff via its designated structure, fail to investigate or take disciplinary action, contrary to the weight of the evidence, the Governing Board may direct the Medical Executive Committee to initiate investigation or disciplinary action, but only after consultation with the Medical Executive Committee. If the

Medical Executive Committee fails to take action in response to that direction, the Governing Board may initiate corrective action, but this corrective action must comply with Corrective Action and Hearing and Appellate Review Articles of the Medical Staff Bylaws.

Section 5. Affiliates to the Medical Staff and Physicians in Training. The Governing Board may authorize qualified persons to provide services allied with the medical services provided by members of the Medical Staff. Said authorization shall be granted in accordance with and subject to the Bylaws and Rules and Regulations of the Medical Staff.

ARTICLE IX

QUALITY MANAGEMENT

Section 1. **General**. The Quality Improvement Program establishes guidelines for improving clinical and organizational performance with SMMC. The intent is to serve the mission of opening doors to excellence in healthcare through quality/performance improvement.

Section 2. **Governing Board Responsibility**. The Governing Board ensures that adequate resources are provided to comply with laws and regulations and receives reports regarding status of programs. The Board participates in the development of long-range goals and the Mission of the Organization.

Section 3. **Delegation to Administration and to the Medical Staff**. The Governing Board delegates to the leadership of SMMC, including the Medical Staff, the responsibility for conducting specific activities that contribute to the preservation and improvement of the quality of patient care. These responsibilities include the evaluation and peer review of the practitioner performance, including Affiliates to the Medical Staff and Physicians in Training; ongoing monitoring of critical aspects of care; review of utilization of SMMC's resources; provision of continuing professional education; recommendations on the clinical privileges which may be appropriately granted and delineation of clinical privileges for appointees of the Medical Staff commensurate with individual credentials and demonstrated ability and judgment and such other measures as the Governing Board may deem necessary for the preservation and improvement of the quality patient care.

The Quality Improvement Program provides consistent framework and structure for SMMC to follow in order to achieve the objective of continually improving the delivery of health care for all who seek help from SMMC. The Plan provides the framework for facilitating improvement efforts across the organization.

The facilities maintenance and safety programs include a mechanism of reporting the status of SMMC mechanical, electrical, and structural systems directly to the Board through the Chief Executive Officer. The Board delegates to the Chief Executive Officer the responsibility and authority to immediately resolve any facility safety issue where danger to patients, staff or visitors is identified.

Section 4. **Receipt of Reports on Quality**. The Governing Board receives reports on organization and quality/performance activities, including environment of care, patient safety and human resource effectiveness through the Medical Executive Committee.

ARTICLE X

AUXILIARY

Section 1. Creation. A SMMC Auxiliary may be formed and approved under the terms and conditions of SMMC Policies and Procedures.

Section 2. Bylaws. Written Policies, Bylaws and Amendments thereto, and activities of the Auxiliary shall be subject to approval by the Governing Board. Bylaws shall set forth the Auxiliary's purpose, organization and functions.

ARTICLE XI

BYLAWS AND AMENDMENTS

Section 1. **Review.** These Bylaws shall be reviewed in their entirety to assure reflection of current responsibilities of the Governing Board to SMMC and community, and representation of current philosophy and direction. Review shall occur annually, and when appropriate, amendments shall be proposed to these Bylaws to meet the needs of the SMMC.

Section 2. **Amendments.** These bylaws may be amended or repealed and new Bylaws adopted by a majority vote of the number of Governing Board members fixed by the Bylaws at any regular or special meeting, provided written notice of this intent has been given by the Secretary to each member at least thirty (30) days in advance of the meeting.

Section 3. **Hospital Standard of Care.** These Bylaws do not create any standard of care for purposes of litigation. The standard of care applicable to the SMMC for purposes of litigation shall be a community standard, i.e. that level of care required of health care providers in the same or a similar community. Notwithstanding the foregoing, the SMMC shall strive to continuously maintain and improve the quality of care available at the SMMC.

These Bylaws have been reviewed and approved effective January 5, 2026.

Chester Kunnappilly, MD
Chief Executive Officer
San Mateo Medical Center (SMMC)

Date

Supervisor Noelia Corzo
President, San Mateo Medical Center Board of Directors
County of San Mateo

Date

ADMINISTRATION REPORTS

Financial Performance Update

January 5, 2026



SAN MATEO COUNTY HEALTH
SAN MATEO
MEDICAL CENTER

Agenda

1. FY 25-26 November Results
2. Volume Trends
3. Cash Forecast
4. Patient Accounts Key Performance Indicators

Financial Results Summary – November 2025

November

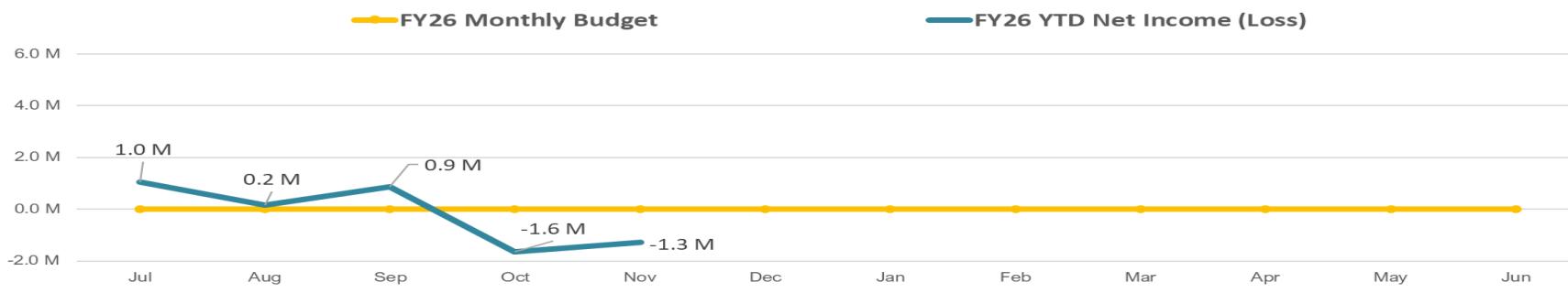
\$364K

With Epic Contribution

Year-to-Date

(\$1.3M)

With Epic Contribution



- **Supplies:** \$879K favorable Nov
- **Labor Costs:** \$8.8M favorable YTD
- **FTEs:** (1,143 Actual | 1,231 Budget, Oct)

- **IGT Admin Fee:** -\$2.4M unfavorable Nov

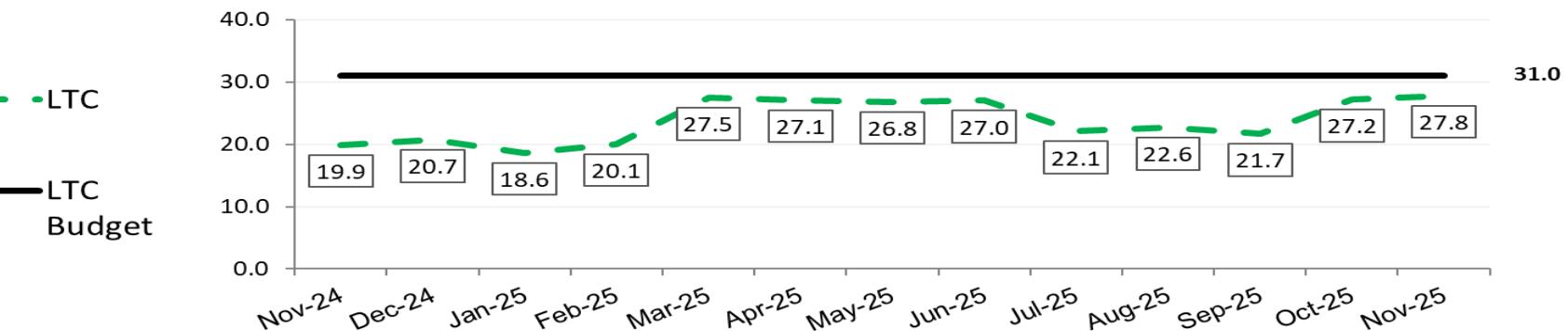
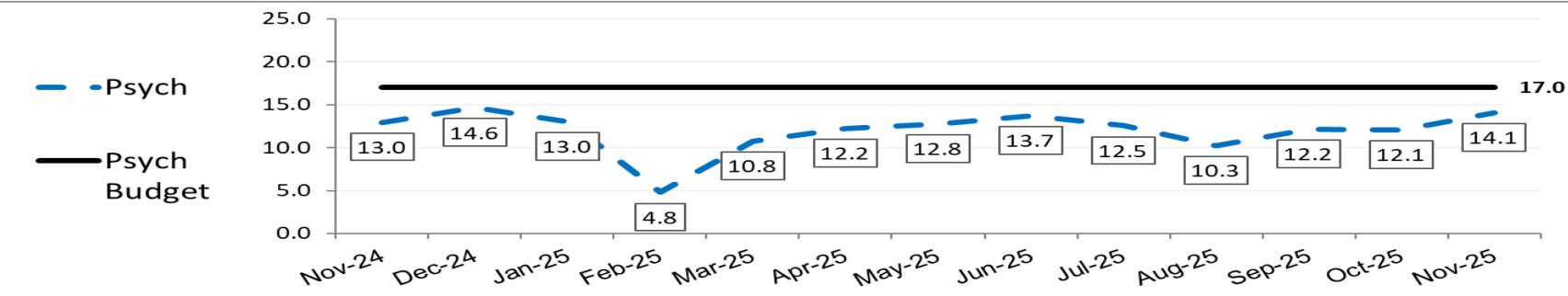
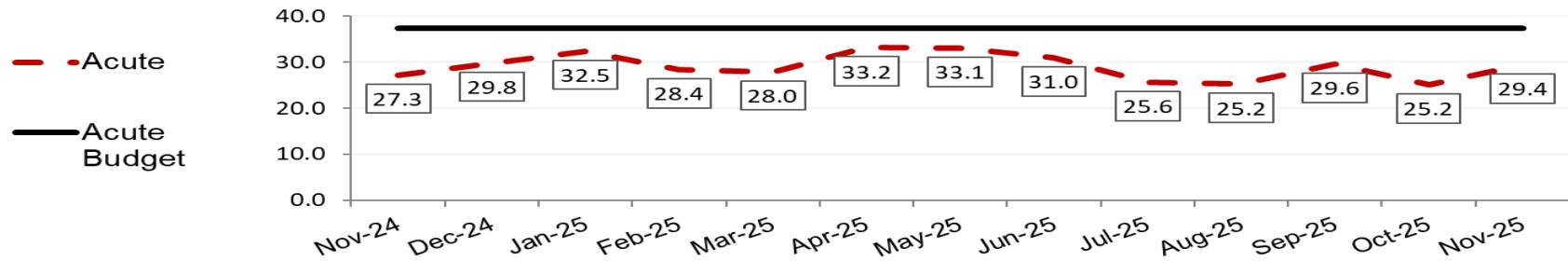
Summary – November is close to budget, but YTD is expected to remain unfavorable due to a change in accounting for planned EPIC contributions that will be offset by prior year reserves established to fund EPIC. Total Labor and Non-Labor costs (drugs, supplies) are ahead of budget year to date. Registry FTE use has leveled off. 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

November 30, 2025

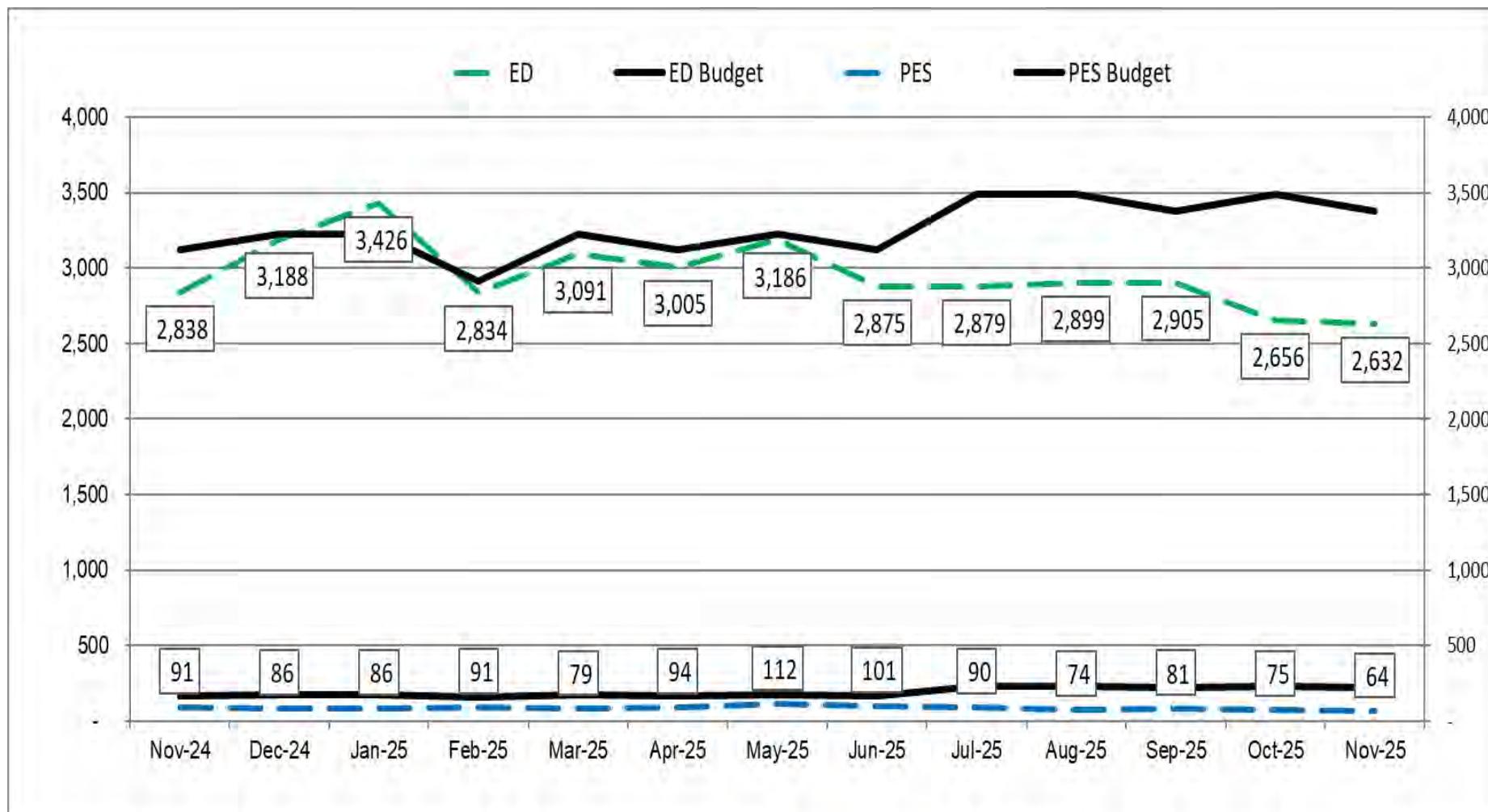
	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Patient Days	2,138	2,564	(426)	-17%	9,709	13,074	(3,365)	-26%



ED Visits

November 30, 2025

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
ED Visits	2,696	3,599	(903)	-25%	14,598	18,355	(3,757)	-20%



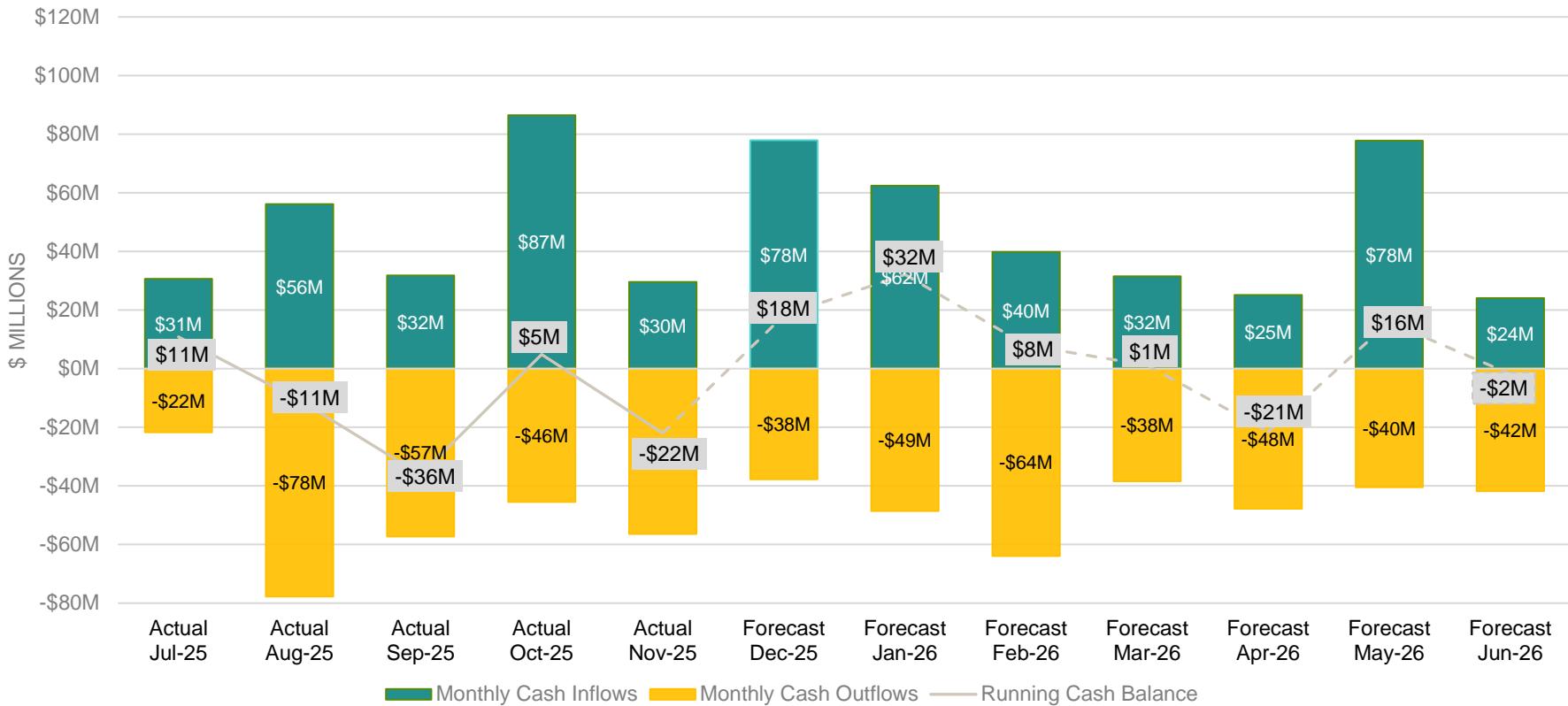
Clinic Visits November 30, 2025

Clinic Volume Trends



- Total clinic visits decreased in November due to holidays, but trends are within seasonal fluctuation. Clinic visits per day have increased since November 2024.

Cash Position and Forecast

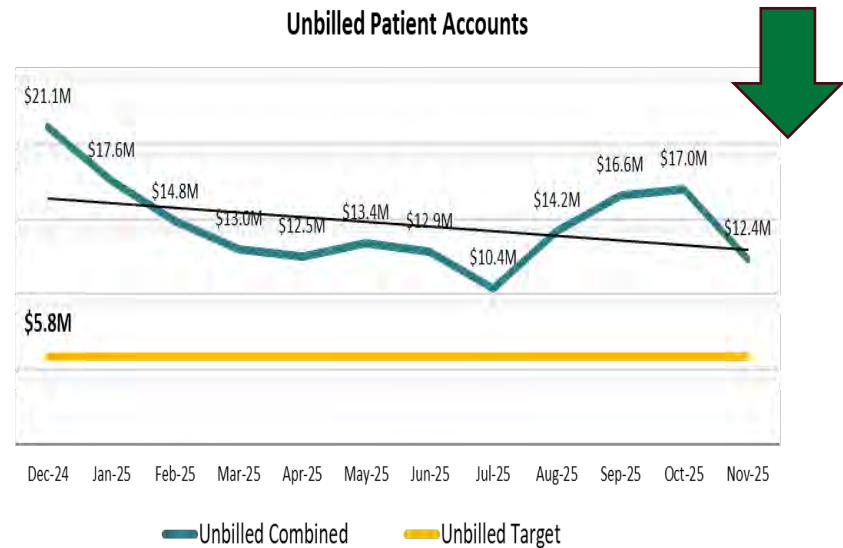
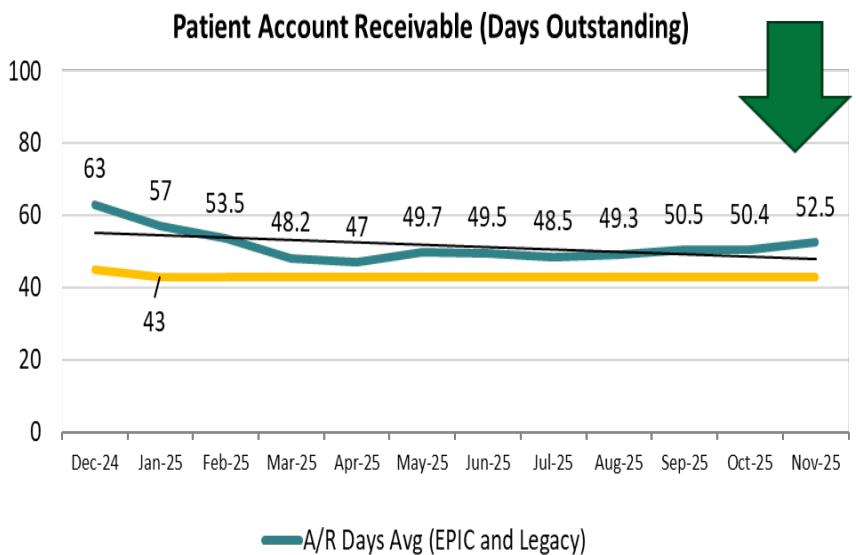
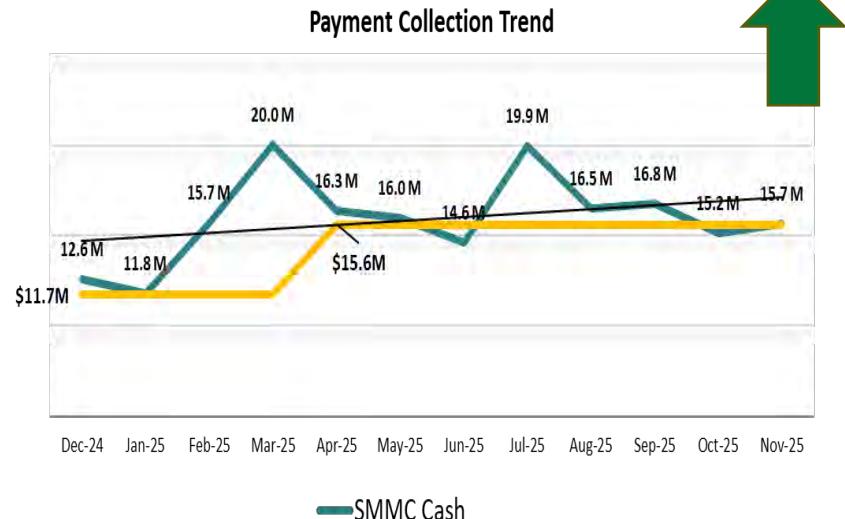


Cash flow challenges & opportunities

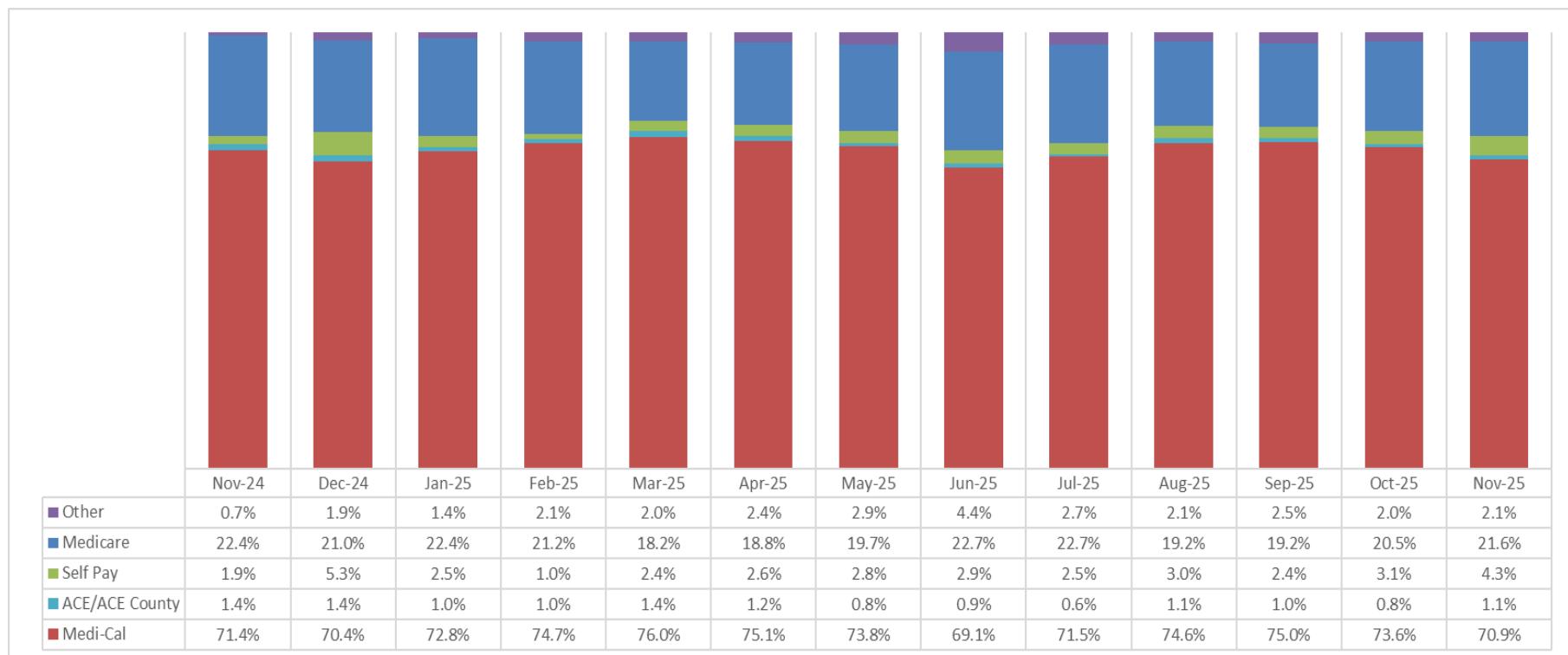
- Maximum use of the \$80M County line of credit through the rest of FY25 is forecast to reach approximately \$21M in April
- Expected to remain below \$45M use of line of credit to avoid paying monthly interest

Patient Accounts - Key Performance Indicators

- Payment Collection Trend** – Nov month-end cash slightly above improved target.
- A/R (Accounts Receivable) Days Outstanding** - Continue trending just above target, reflecting improvements since EPIC.
- Unbilled patient accounts** – Unbilled patient account trend reversed and decreasing



Payer Mix



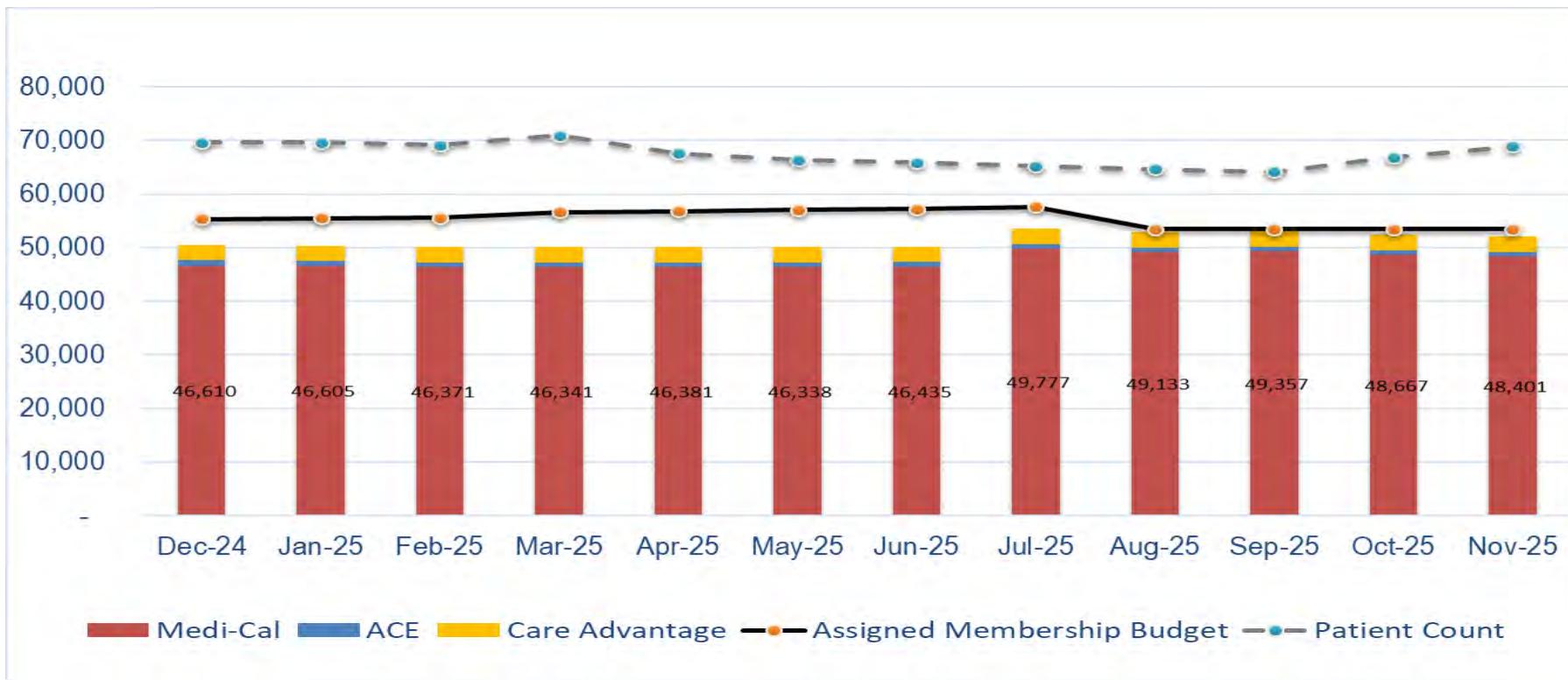
NOTE:

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 November decreased slightly.
- We continue to monitor assignment levels for any impact related to federal policy changes.

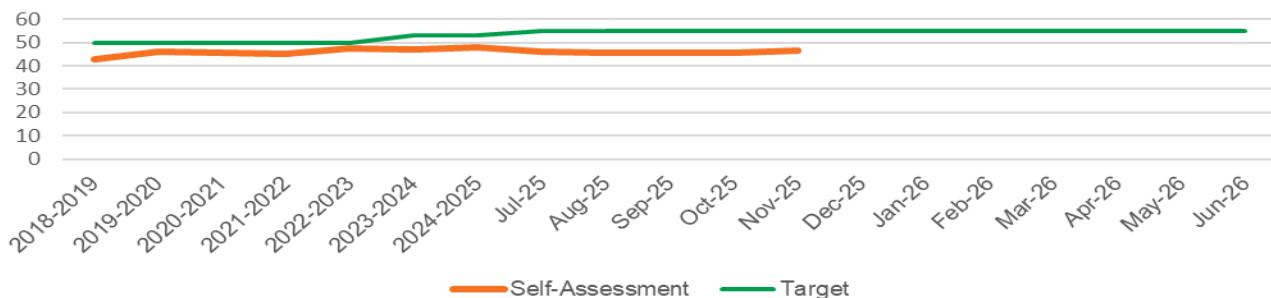
CEO Report

January 2026



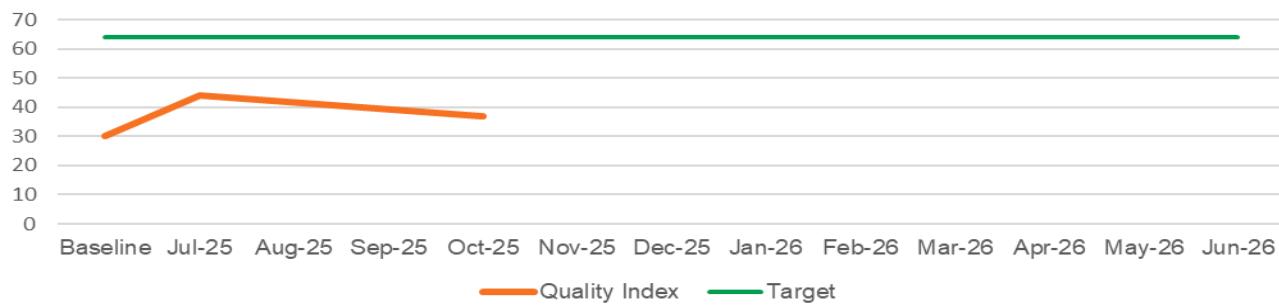
Excellent Care

Patient Self-Assessment of Health



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.**

SMMC Quality Index

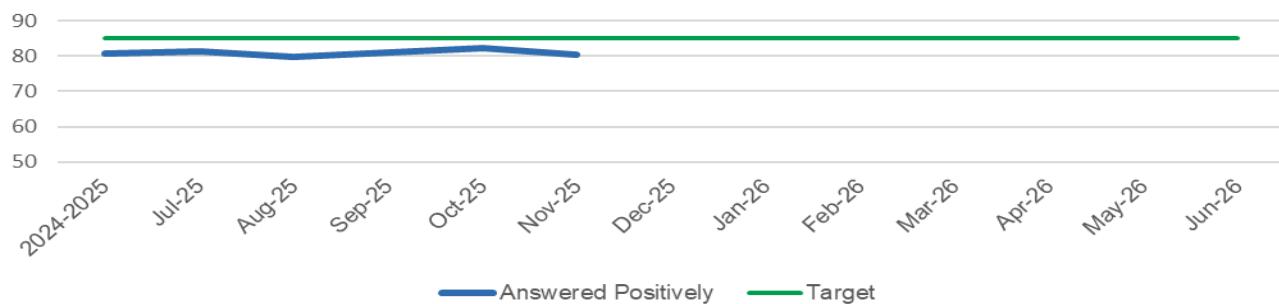


Quality Index: This represents the percentage of SMMC Quality Incentive Program Metrics above the 90th percentile of national Medicaid performance and Health Plan of San Mateo Performance Metrics at goal. **Higher is better.**



Patient Experience

SMMC Patient Experience

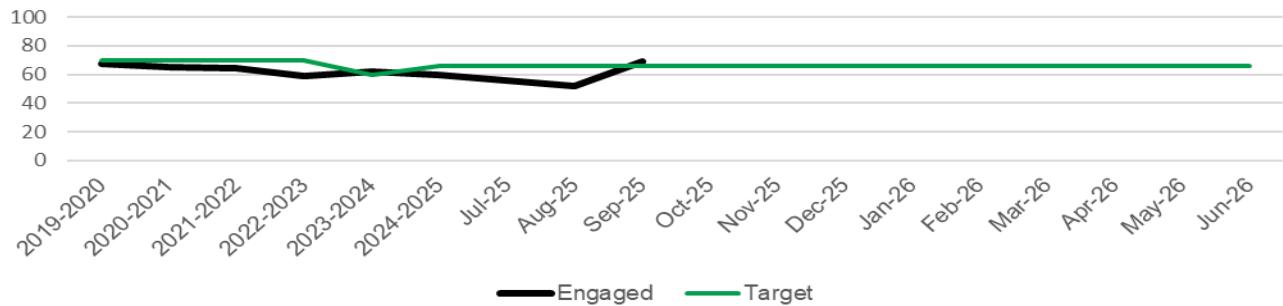


Patient Experience: Percentage of patients who answered affirmatively to the patient experience survey question: "Would you recommend this facility to friends and family?" **Higher is better.**



Access to Care

Assigned Patients Who Are Actively Engaged In Care

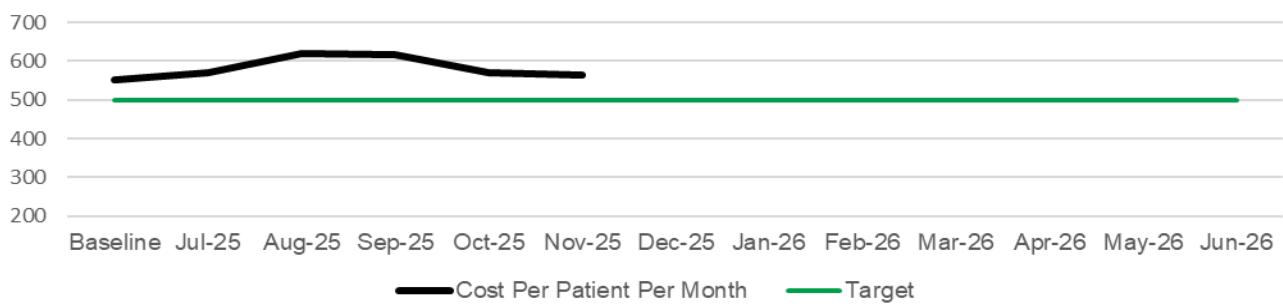


Assigned and Engaged: Percentage of patients assigned to SMMC by the Health Plan of San Mateo who are actively engaged in Care. **Higher is better.**



Financial Stewardship

Cost Per Patient, Per Month

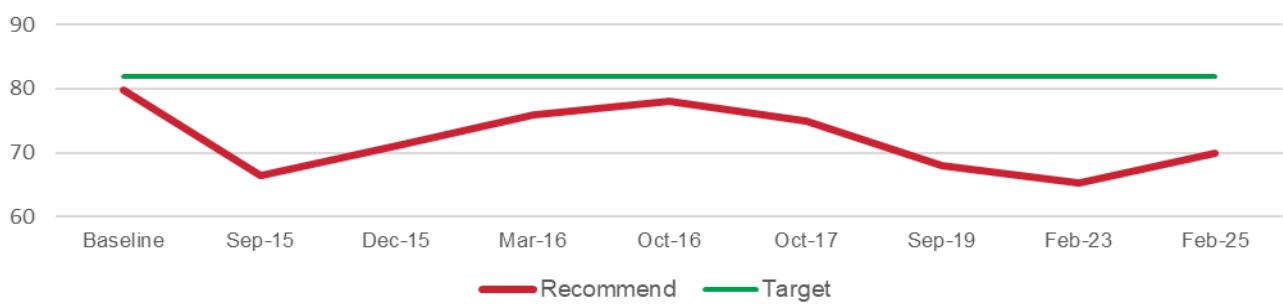


Cost Per Member, Per Month. Total cost divided by total number of unique patients seen. **Lower is better.**



Staff Engagement

Likelihood to Recommend SMMC as a Great Place To Work



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: Members of the Golden Gate Harley Owners Group bring toys to San Mateo Medical Center patients. **Pictured above, right:** Priscilla Romero (left) with Dr. Grace Di Gioia Hassid (right) who received this year's Women in County Government Public Service Award.

A Joyful Toy Drive Reflects the Heart of Our Community

This year's 36th Annual Golden Gate Harley Owners Group (HOG) Holiday Toy Drive was our biggest yet. More than 890 children and their families joined us for a festive day filled with excitement, smiles, and holiday spirit.

Our Patient Experience team, in partnership with the SMMC Volunteer Auxiliary, San Mateo County Health Foundation, San Mateo County Libraries, and more than 20 incredible volunteers including staff, community members, and Junipero Serra High School's Freshman Gold basketball team members all helped make the day welcoming for every family who attended.

The overwhelming turnout is a powerful reminder of the vital role community events play in bringing people together, especially in times of need. It reflects the trust our community places in SMMC and the dedication of staff and volunteers who show up with generosity and heart. Moments like this also highlight how shared experiences can strengthen connection and purpose across our workforce, reminding us of the deeper "why" behind our day-to-day work.

I want to thank Berenyce Alonso, Volunteer Program Coordinator, and Jen Gordon, Patient Experience Manager, for their leadership in planning this year's event. I also want to thank everyone who contributed their time to make this event such a warm celebration.

Dr. Grace Di Gioia Hassid Receives WICG Public Service Award

I want to extend my congratulations to Dr. Grace Di Gioia Hassid, Infection Control Officer, who recently received the Women in County Government Public Service: Going the Extra Mile Award.

For nearly thirty years, Dr. Hassid has been a steadfast and trusted leader at San Mateo Medical Center (SMMC) and throughout County Health. She represents the highest standard of public service, always meeting challenges with compassion and clarity, finding innovative ways to protect the most vulnerable, and inspiring colleagues at every level to rise higher and give their best.

In her nomination letter, Priscilla Romero, Manager of Medical Staff Services, highlighted several key contributions Dr. Hassid has made to the health of our community over the years, including her leadership through the COVID-19 pandemic, her passion for learning and teaching, and her dedication to patients struggling with severe mental illness, trauma, or stigma.

Her generosity extends well beyond the workplace. She has prepared and delivered meals to isolated elderly residents, served on the board of the San Mateo County Health Foundation, and regularly volunteers for community initiatives. She finds joy in helping others, especially in times of need, and embodies what it means to serve from the heart.

Dr. Hassid leads by example, modeling humility, fairness, and kindness in every interaction. Those who work with her describe her as a teacher, mentor, and friend who inspires excellence and integrity. We are lucky to have her as part of our SMMC team.

I also want to congratulate Cassandra Manuel, Supervising Nurse Practitioner, who was nominated for the Rookie of the Year award and Sonia Procopio-Garcia, Medical Services Assistant II, who was nominated for the Public Service/Extra Mile award.



Pictured above, left: Jackie Pelka (left) and Rebecca Alvarez (right), recipients of this year's SAFE Award. **Pictured above, right:** (from left to right) Elena Ricevuto, Cynthia Grivas, Heather Rudolph, Gabriela Behn, Rachael Rivers and Jack Nasser, graduates of this year's Management Development Program.

Jackie Pelka and Rebecca Alvarez Receive SAFE Award

San Mateo Medical Center established the SAFE Award in 2014 to recognize employees who take action above and beyond their normal duties to prevent critical medical errors or harm to a patient. Nominees for the SAFE Award are rigorously vetted by our Quality Assurance team and only ten staff members have received the award in the past eleven years.

This year, two employees in our Imaging Department were recognized with the SAFE Award for their initiative to take a deeper dive into a routine clerical task, which uncovered a patient who still needed follow-up care after an excision biopsy.

Jackie Pelka, Clinical Services Manager, and Rebecca Alvarez, Lead Radiologic Technologist, led a team in responding quickly to help the patient overcome several social and financial barriers and receive their post-biopsy workup. Thankfully the patient was found to be cancer free.

This case highlights the lengths that managers, physicians and staff at SMMC are willing to go to in pursuit of the best possible care. Our patients are not just a number on an insurance claim, they are valued members of our community, which we have served for more than a hundred years. The SAFE Award celebrates the incredible dedication and expertise inherent in our SMMC team.

I want to congratulate Jackie and Rebecca for their exceptional service to our patients and our community.

Six SMMC Leaders Graduate from the County's Management Development Program

Congratulations to Elena Ricevuto, Cynthia Grivas, Heather Rudolph, Gabriela Behn, Rachael Rivers and Jack Nasser for completing the County's Management Development Program.

The program features a series of workshops and experiences – including a visit to the state capital – that cover a range of essential leadership topics. Participants learn about leadership, communication, team building, conflict resolution, time management, and other key aspects of management. Throughout the program, participants also have the opportunity to network with peers from other County departments, fostering collaboration and the exchange of best practices.

I am grateful to this year's cohort for their dedication to self-improvement, which will benefit their teams, the organization, and our patients

Jack Nasser Recognized by Baldridge Performance Excellence Program

Jack Nasser, Deputy Director for Ambulatory Services, was recently recognized by the Baldridge Performance Excellence Program for his work as a volunteer Baldridge examiner in 2025. The Baldridge Program is “the nation's only public-private partnership dedicated to improving the performance, resilience, and long-term success of U.S. businesses and other organizations.” Per the director of the program: “the hard work and enthusiasm of people like Jack” have been invaluable to the success and sustainability of the program. Congratulations Jack and thank you for your contributions to this nationwide effort.

2025 Accomplishments

As we close out 2025, we recognize that we have accomplished a tremendous amount in the last 12 months. This is an opportunity to take stock and celebrate our accomplishments.



Excellent Care

- SMMC Laboratory Services underwent its routine biennial Joint Commission Survey June 3 to 5. It was a highly successful survey with surveyors commending the “fantastic and wonderful team.” They also expressed their gratitude for what they learned from our organization.
- SMMC was named a high performer by the Collaborative Healthcare Patient Safety Organization (CHPSO). SMMC was one of a “select few” to be identified as a high performer for consistently reporting high-quality patient safety data.
- SMMC was recognized with an Outstanding Community Partner Award by Stanford Medicine at their 23rd annual Community Health Symposium.
- The SMMC Communications team redesigned the SMMC Improvement System SharePoint site to better facilitate understanding of the system structure and use of the tools.
- The Medical Staff Services/MSO department maintained full compliance with all regulatory standards throughout 2025 and passed an audit survey by the Health Plan of San Mateo with no issues.
- Our 1A Skilled Nursing unit excelled in their annual CDPH survey with no care related citations.
- Infection Prevention/Employee Health engaged multidisciplinary teams across the organization in a variety of activities aimed at improving overall hand hygiene. As a result, annual hand hygiene observations increased by 179% in 2025 and SMMC’s hand hygiene compliance rate was 6% higher than worldwide averages.
- SMMC achieved 100% compliance in the 6-hour severe sepsis bundle, demonstrating strong cross-disciplinary coordination among ED, nursing, and providers with oversight from the Sepsis Committee.
- SMMC had **zero instances** of the following publicly reported healthcare acquired conditions: Central Line Associated Bloodstream Infections (CLABSI), Catheter Associated Urinary Tract Infections (CAUTI), Surgical Site Infections after Hysterectomy, and Methicillin Resistant Staph Aureus Blood Stream Infections.
- SMMC Resource Management partnered with the Health Plan of San Mateo to present at the Public Health Care System and Local Health Plan Collaboration: Partnering to Improve Hospital Discharge and Follow-Up. The collaboration between HPSM and SMMC that was presented has helped with reducing the number of patients who are in-house awaiting placement into a lower, more appropriate level of care.
- Acute Inpatient Leadership and Pharmacy Services partnered to reinstitute a consistent pharmacist presence on Med Surg and ICU, strengthening medication safety, improving real-time support for bedside nurses, and reinforcing interdisciplinary teamwork.
- Inpatient Services has utilized tools in Epic to improve care in the inpatient units, this includes clinical tools such as the Deterioration Index to identify patients at risk of decline earlier. Enhanced Epic dashboards for length of stay (LOS) visibility and throughput management supported improved patient flow and timely access to care.
- The Infusion Center implemented new infusion recliners to replace aging equipment that posed a fall risk. This was a direct countermeasure that demonstrates how our SAFE reporting system successfully identifies hazards and drives timely corrective action, improving both safety and the overall patient experience.

- Health Information Management continued their excellent work to avoid duplication of medical records and reduced the number of duplicate medical record numbers from 8985 to 528.
- The Healthcare for the Homeless/Farmworker Health Program had their triennial Operational Site Visit from the US Health Resources and Services Administration/ Bureau of Primary Health Care to determine compliance with all grant requirements. It was a highly successful survey with a few small follow-up actions and the program passed without any negative actions.
- The SMMC Health Futures Lab engaged with the Stanford Evaluation Sciences Unit, a research evaluation group within the Stanford School of Medicine, to develop a research evaluation plan for the primary care pilot that is being co-designed with the assigned but unengaged community, SMMC clinicians, and the health plan.



Patient Experience

- In July, SMMC partnered with the Golden Gate Harley Owners Group for our 16th Annual School Supply Run providing backpacks and school supplies to SMMC pediatric patients. Over 700 backpacks were donated to the event.
- In December, SMMC again partnered with the Golden Gate Harley Owners Group for the 36th annual Holiday Toy Drive. The event was one of the biggest ever with 890 children and their families attending.
- The SMMC Health Futures Lab conducted a total of 5 community events across 5 months to understand and co-design a new primary care approach with the Spanish-speaking patients who are assigned to us but unengaged in primary care. 60+ participants were involved in the sessions.
- Our 1A Skilled Nursing Unit was recognized with a Pinnacle Award for excellence in Care & Services (among the top 15% of well-performing Nursing facilities across the nation)
- The SMMC Health Futures Lab contracted with Quotient Design Research, an ethnographic design research firm, to uncover the needs and aspirations of the Spanish-speaking patients who are assigned to us but unengaged in primary care. The firm conducted diary studies with 30 participants, and in-depth interviews with 12 community members. The research shed light on the community's core values, care experiences, and health practices.
- The SMMC Health Futures Lab contracted with ILN, a firm focusing on community facilitation and systems innovation, to facilitate 2 co-design workshops with a few of the assigned but unengaged community members, community partners, the health plan, and clinicians. The first workshop surfaced 5 metaphors for primary care that captured the meaning of care aspired to by the community. The second workshop developed four of those metaphors into care experience storyboards that detail the care experiences sought by the community. The community-generated metaphors and storyboards will inform the development of a primary care pilot with the community in 2026.
- In April, the SMMC Outpatient Pharmacy went live with Willow Ambulatory, an Epic module. This has helped them reduce wait times at the pharmacy from an average of 90 to 120 minutes to less than 20. This has also allowed the Pharmacy to avoid backlogs of prescriptions awaiting processing.
- In November, Fair Oaks Health Center partnered with American Medical Response (AMR) to host a free hands-only CPR course in Spanish for community members.
- Inpatient Services standardized CHF handouts with daily weight logs and secured volunteer auxiliary grant funding to provide at-discharge scales and BP cuffs, supporting early self-management and reducing preventable readmissions. The CHF scale and cuff program also strengthened continuity beyond discharge and supported smoother transitions of care. Additional grant-funded resources, including fidget aprons for confused or memory-impaired

patients and replacement wheelchairs for inpatient use, further enhanced the care environment and patient comfort.

Staff Engagement

- Leaders at all levels of SMMC have engaged in using the County Staff Engagement survey to drive change and improvement. This includes a focus by the Executive Management Team on building trust between staff and executive leaders.
- In May, SMMC had another successful celebration of Nurse's week culminating in "Florence Friday"-an awards ceremony and pasta lunch in honor of Florence Nightingale.
- Also in May, SMMC celebrated Healthcare Week. The week-long event gave us an opportunity to recognize and celebrate the contributions of our workforce and provide opportunities for creativity and connection. The week included meals at all our locations for all our shifts, a collaborative art activity, and a 5-day wellness challenge. Our executive team also traveled to different locations to visit with staff and hand out wellness gifts from our Care Cart.
- Rob Larcina, MSN, RN was named SMMC's new permanent Chief Nursing Officer.
- Jennifer Papa was named SMMC's new permanent Chief Financial Officer.
- Divy Ravindranath, MD, Clinical faculty and Emergency and Consultation Liaison in Psychiatry at SMMC was recognized by Stanford with the Henry J. Kaiser Family Foundation Award for Excellence in Clerkship Teaching.
- Lorena Alvarado, Medical Services Assistant in Specialty Services, Trish Erwin, Clinic Manager for Fair Oaks Health Center, Cassandra Manuel, Supervising Nurse Practitioner in the Keller Center and Kathy Reyes, SMMC Staff Wellbeing and Engagement Officer, were all recognized as Wellness Leaders by the County Wellness Committee
- Under the leadership of our Staff Wellbeing and Engagement Officer, Kathy Reyes, SMMC established Well365 as a unifying strategy to embed staff well-being and engagement into the fabric of daily operations. Well365 is more than a single program - it is a cultural shift toward creating the conditions where staff can thrive, patients receive excellent care, and the organization flourishes.
- In November, SMMC again celebrated Gratitude Month featuring several activities to foster gratitude and resilience in the everyday experience for SMMC staff, this included a team-based recognitions activity which generated over 600 unique nominations
- The SMMC Communications team designed an infographic highlighting key data from the first six months following our Epic implementation to celebrate staff and memorialize a major milestone in patient care.
- The SMMC Communications team launched "Behind the Badge," a new monthly feature in Heartbeat (our staff newsletter), highlighting staff in a variety of roles to facilitate connection, emphasize organizational values, strengthen pride in work, and give a peek into other career options at SMMC.
- The Medical Staff Office successfully coordinated multiple major events this year: the Medical Staff Engagement event in March at Top Golf, the annual Medical Staff Dinner in May at Domenico's Winery, the Gratitude Event in November at Pinstripes and ending the year in December with the in-person Primary Care Departmental Meeting.
- Rehabilitation and Creative Arts and Recreation Therapy teams are cross training within and across the inpatient units and pain management clinic in order to maintain and enhance access across all services.
- Rehabilitation Services has established an Inpatient Rehabilitation Supervisor role for inpatient therapy and creative arts / recreational therapy teams to better support both teams.
- Rehabilitation Services initiated a human-centered improvement pilot for all team members and leadership to learn and utilize trauma-informed principles.

- Infection Prevention/Employee Health engaged over 800 staff members across all SMMC units in a T-shirt design contest aimed at reinforcing Infection Prevention and Control principles.
- Infection Prevention/Employee Health expanded their services such as Fit (respirator fit testing to ensure appropriately fitting facemasks as PPE) and TB testing to include volunteers and parts of Family Health Services.
- Infection Prevention/Employee Health expanded Fit and TB testing opportunities by 25% to ensure all staff had access to this needed testing both for their safety and for regulatory compliance.
- Charmaine Non and Jinming Zhang in Reimbursement Services both received their HFMA Certified Specialist Payment and Reimbursement credential.
- SMMC launched the Wellbeing and Engagement Committee, a core team of staff champions empowered and supported by SMMC to help implement the wellbeing and engagement strategy. Champions are the bridge between staff voice and system leadership. This structure ensures that staff voice is represented, connected, and active in shaping how Well365 lives across the organization.
- SMMC delivered two Well365 Academy trainings to 30 leaders and staff focused on building a culture of wellbeing and engagement through human-centered, trauma-informed systems change. Participants learned practices to embed in operational spaces that promote neuro-regulation, presence, and executive brain functioning (“best thinking, not stressed thinking”), all of which help to support resilience in the workplace.
- The Provider Wellbeing Taskforce translated survey data into action by conducting analysis, meeting with department chairs to identify priorities, and piloting a deeper engagement in Primary Care.
- SMMC’s Staff Wellbeing Program launched expanded EAP services to support the mental and emotional wellbeing and resilience of staff working in high-trauma environments within SMMC. Since March, 90 SMMC staff who work in environments with increased risk of exposure to trauma have received EAP services.
- Under the leadership of our Staff Wellbeing and Engagement Officer, Kathy Reyes, SMMC completed a wellbeing pilot project: Leveraging Human-Centered Leadership: Develop to Support Staff Through Complex Change. 10 local leader participants received skills-based education, leadership coaching, and practice to embed human-centered, trauma-informed leadership into their team settings during organizational change. Participants were surveyed pre and post intervention which measured positive changes as follows: context support (+8%), psychological safety (+16%), learning behavior score (+18%), and team performance (+14%). (Context support refers to supporting parameters for a team such as clear goals, adequate resources, information, incentives, and team structures.



Access to Care

- The SMMC Health Futures Lab launched two innovation initiatives – 1) Camino a la Salud, aimed at reimagining primary care that works for the patient population that is assigned to us, but unengaged in primary care. This initiative is funded by the Health Plan of San Mateo. And 2) Youth Integrated Behavioral Health using Cultural Vectors, aimed at co-designing with youth a world in which access to mental health is effortless and integrated within their daily activities and with primary care. This initiative is funded by the San Mateo County Health Foundation
- The SMMC Health Futures Lab established partnerships with three community organizations – El Concilio of San Mateo, Peninsula Family Service, and Casa Circulo Cultural to engage the Spanish-speaking patients who are assigned to us but unengaged in primary care.
- In partnership with the Healthcare for the Homeless/Farmworker Health Program, the Coastsides Clinic established a Sunday clinic.

- The Medical Staff Office strengthened its relationships with new applicants by providing clear communication and consistent guidance through every step of the credentialing process. The team also expanded its capacity to troubleshoot technology barriers, including issues with Imprivata and EPCS (Electronic Prescribing for Controlled Substances) access, ensuring smoother onboarding and minimizing provider delays during their first days on site.
- The Medical Staff Office ensured access to care by appointing 91 providers and reappointing 272 providers to the Medical Staff this year.
- SMMC Endoscopy Services expanded their ability to manage anesthesia needs in the Endoscopy suite. This has reduced their need to use the Operating Room for certain procedures, thus expanding access in both settings.
- Rehabilitation Services has partnered with Audiology and initiated procurement and fitting of hearing aids; resulting in dispensing more than 104 hearing aid pairs.
- The Healthcare for the Homeless/Farmworker Health Program and SMMC Dental Services partnered to purchase a new Mobile Dental Clinic to increase access to dental services through broader and more flexible pathways.
- Rehabilitation Services has identified a permanent physical therapist for the multi-disciplinary pain management clinic.
- Rehabilitation Services has identified a permanent weekend physical therapist assignment for inpatient units, directly impacting inpatient length of stays.
- Ancillary Services have cross trained and provided successful cross coverage of rehabilitation PSAs within Pharmacy, Pain Management Clinic, Specialty, and Radiology departments so that they can provide support wherever it is needed.
- Rehabilitation Services has secured and enhanced swallowing assessments with certified practitioners utilizing a fiber-optic endoscope.
- Rehabilitation Services collaborated with the managers of clinics where physical therapy is provided to better serve our community members by tracking lost visits, following satisfaction scores, monitoring outcomes, better integrating schedule utilization, and removing barriers for maximal access.
- Patient Financial Services partnered with the Health Coverage Unit to develop standard work aimed at ensuring uninsured and/or underinsured patients are screened for financial assistance.
- The Healthcare for the Homeless/Farmworker Health Program implemented contracts and MOUs for Case Management/Care Coordination, Dental Services, Mobile and Street Medicine Services, and, through our Behavioral Health Services Expansion grant award, Behavioral Health Services for the Homeless and Farmworkers.
- Dental Services increased dental health access through the hiring of a new oral surgeon
- Dental Services continued to expand access both short term and long term (through the training of new dentists and dental hygienists) through their partnerships with the University of Pacific, UCSF and Foothill College.



Financial Stewardship

- Inpatient services optimized their ICU orientation and decreased the onboarding of registry staff by four hours thus reducing costs of onboarding and speeding up staff's ability to get to the bedside.
- Patient Financial Services utilized Epic functionality to reduce A/R (Accounts Receivable) days from over 60 days to 50.
- Health Information Management reduced the average number of days to code accounts. For Hospital Billing, the team reduced the average from 3.3 to 2.0 days and for Professional Billing, the average went from 9.2 to 7.5 days.

- Health Information Management brought all release of information work in house thus eliminating the need for an external vendor.
- Patient Access was able to reduce authorization/registration related payment denials from 11.6% to 5.9%
- The SMMC Controller's office launched a new cash forecasting system to provide more accurate projections for future cash status.
- Materials Management implemented several equipment and supply rollouts that resulted in significant organizational savings, these included upgraded OMNI feeding pumps, SCD sleeves and equipment, endo-mechanicals, and saline flushes. Overall, there was a 12-percentage point improvement in ECRI score, which measures what we are paying vs other hospitals.
- Materials management also achieved a 39-percentage point improvement in inventory accuracy as compared with FY 23-24.
- Materials Management/Contract Services successfully migrated our Contract Repository (MediTract) to OKTA to ensure more secure and timely access.
- Materials Management/Contract Services supported SMMC leadership in executing over 350 contracts
- Patient Financial Services partnered with Family Health's California Children's Services Medical Therapy Unit to establish billing protocols for therapy services.
- The Healthcare for the Homeless/Farmworker Health Program successfully submitted their annual Universal Data System (UDS) report in March ensuring compliance with program requirements.
- The Healthcare for the Homeless/Farmworker Health Program increased their base grant when two previously supplemental \$500,000 grants were moved into the base.

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December 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	759 (November)	-2.8%	-35.9%
SMMC Emergency Department Visits	2,696 (November)	-9.3%	-14.9%

San Mateo Medical Center Campus Grand Opening



San Mateo Medical Center's newly renovated health campus officially opened in December, celebrating the completion of a multiyear effort to modernize facilities and better serve San Mateo County residents. Community leaders, staff and partners gathered for the event, marking a major investment in public health and safety.

County Executive Officer Mike Callagy emphasized the county's commitment to accessible, high-quality care, saying the expanded campus reflects a pledge to deliver "world-class health care and supportive services ... that are not only state-of-the-art but also beautiful, accessible and welcoming."

The updated campus consolidates medical care, social services and administrative functions at a more accessible site. It houses the public hospital, county coroner's office and public health laboratory, strengthening coordination of services for tens of thousands of residents who rely on San Mateo Medical Center as the county's primary safety-net hospital. "Every improvement made here expands access for the people who rely on us most," said Colleen Chawla, chief of County Health.

San Mateo Medical Center Celebrates Gratitude Month

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 the organization growing Well365 approach, which aims to make the workplace more supportive, connected, and rooted in well-being.



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

Jei Africa Awarded Health Equity Champion Silver Star



Behavioral Health and Recovery Services Director Jei Africa was awarded the Health Equity Champion Silver Star at the California Behavioral Health Association awards ceremony as part of the organization's 40th anniversary celebration. Leaders were recognized for their contributions in lifting up behavioral health at the local and state level. Other honorees included Al Rowlett (CEO of Turning Point) and Albert M. Senella (CEO of Tarzana Treatment Center) for their health equity work. Dr. Nadine Burke Harris, former surgeon general of California, was honored with the Gold Star.

Pictured: Jei Africa (left) with Le Ondra Clark Harvey (center) and Al Rowlett (right).