



TOPIC: HCH/FH Program QI/QA Subcommittee
DATE: December 11th, 2025
TIME: 12:30pm-2:00pm
PLACE: 455 County Center, COB 402, Redwood City, CA

Item	Time
1. Welcome	12:30 pm
2. Approve Meeting Minutes	12:35 pm
3. Program Updates	12:40 pm
4. Q3 2025- Performance Measures	1:10 pm
5. QI Annual Plan	1:30 pm
6. Looking ahead: 2026	1:55 pm
7. Adjourn	2:00 pm

FUTURE MEETING DATES: TBD

HCH/FH Program QI/QA Subcommittee

Thursday September 11th, 2025; 12:30-2:00 PM at 620 Correas Street (Half Moon Bay Library), Half Moon Bay, CA, 94019
Present: Suzanne Moore, Gabe Garcia, Brian Greenberg, Janet Schmidt, Jim Beaumont, Frank Trinh, Raven Nash

ITEM	DISCUSSION/RECOMMENDATION	ACTION
	Meeting began at 12:30PM	
Approve Meeting Minutes		Brian approved, Janet second All committee members approved.
Program Updates	<p>Smart Watches Project</p> <ul style="list-style-type: none"> HCH/FH is providing smart watch devices to homeless and farmworker patients Farmworker patients- recently began working with ALAS to distribute watches to farmworkers <ul style="list-style-type: none"> Positive reception by ALAS staff and community Distributed consent forms, surveys, and follow-up <p>AMI Phones Project</p> <ul style="list-style-type: none"> Project will be concluded after April 2026 Suzanne asked if the project will be extended. Jim stated that the project will not be extended due to fiscal impact. However, phones were distributed to those most in need. 	
Q2 2025 Performance Measures	<p>Early Entry into Prenatal Care</p> <ul style="list-style-type: none"> Sustained performance for this metric <p>Cancer Screenings</p> <ul style="list-style-type: none"> Board members and HCH/FH staff reviewed the graphs. Frank explained what the bar graphs represent and stated that the denominator used for the calculations is the number of eligible patients. Frank stated that generally, the number of screenings should increase throughout the year. <p>Performance Measures</p> <ul style="list-style-type: none"> 330 program performance data for HCH/FH indicate sustained performance in the following metrics: Early Entry into Prenatal Care, Cervical Cancer Screening, and Adult BMI and Follow Up. Members reviewed each graph and asked follow-up questions about their implications for the program. Suzanne inquired about the cause of the significant increase in breast cancer screenings. Frank noted that improved shelter status is associated with greater engagement in the health system and explained that 	

	metrics such as diabetes and hypertension refer to controlled disease management.	
EPIC Implementation	<p>Transition</p> <ul style="list-style-type: none"> Implementation of hard stops in EPIC for identifying Homeless and Farmworker patients Jim and Raven continue to attend EPIC meetings in Alejandra's absence. <p>Improvement Work</p> <ul style="list-style-type: none"> Utilizing EPIC data to inform the 2025 Needs Assessment Projects will resume upon Alejandra's return 	
QI/QA Plan Amendment	<ul style="list-style-type: none"> The program moved down one quartile for the Diabetes A1c>9% or Missing metric, indicating a need for improvement in the monitoring and controlling diabetes in the special populations. The committee expressed interest in identifying factors that have resulted in decreased cervical cancer screening rates. The committee discussed updates to the clinical quality measures and Frank noted that the exclusion criteria were updated to include advanced illness. Frank shared updates to the Self-Administered Paps Project and noted that he and Alejandra are currently working to identify labs that can conduct DNA testing on the samples. Suzanne inquired about turnaround time for test results and Frank responded that it takes approximately two hours to process vaginal swabs used for cervical cancer DNA testing. Frank noted the challenges associated with follow ups to depression screenings and clarified that this metric is a priority for the hospital. Board members expressed concerns with data quality. Frank explained that the data is preliminary and not yet verified and requested staff to revise the graphs to include a disclaimer indicating this for members of the public. 	
Looking Ahead: 2025	<ul style="list-style-type: none"> Continue working with EPIC to improve data collection and resources for PEH/FW patients. Suzanne inquired about the status of the homeless mortality reports which is to be determined. Gabe and Brian discussed the upcoming release of Apple AI earbuds, which will feature simultaneous interpreting. Committee members expressed 	

	<p>excitement about the potential for increased accessibility for patients and individuals with hearing difficulties.</p> <ul style="list-style-type: none"> • The next HCH/FH QI/QA Subcommittee meeting will be in December, subcommittee members will be notified closer to meeting date. 	
Adjourn	Meeting adjourned at 1:18 PM	
Future meeting dates	TBD	



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Q4 2025 QI/QA SUBCOMMITTEE MEETING

THURSDAY, DECEMBER 11TH, 2025

AGENDA

Approve Meeting Minutes

Program Updates

Performance Measures

Looking Ahead: 2026

2



APPROVE Q3 2025 MEETING MINUTES

PROGRAM UPDATES

Homeless Mortality Report

- Data analysis in collaboration with Public Health Epidemiology on hold pending Alejandra's return

Self-Administered Paps Project

- On hold pending Alejandra's return

AMI Phones Project

- Inactive users beyond 180 days were deactivated in September
- All phone lines will be terminated in April 2026

Smart Watches Project

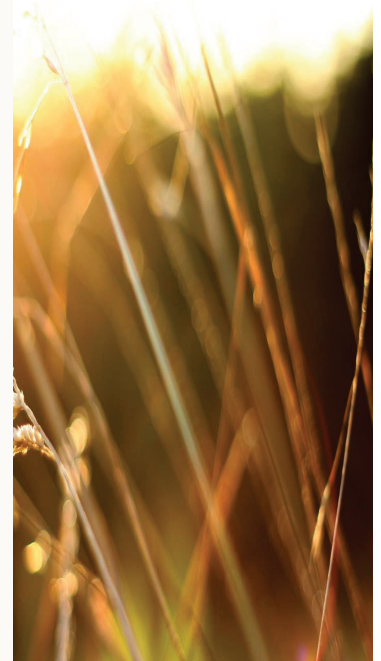
- LifeMoves: Status update requested and awaiting contractor response
- ALAS: Reported successful implementation and noted positive outcomes especially for senior farmworkers who were able to monitor exercise, sleep health, and blood pressure.

Colon Cancer Screening

- SMMC will adopt Cologuard as the new primary colorectal cancer screening method.
- Integration with Epic has been completed – enabling orders

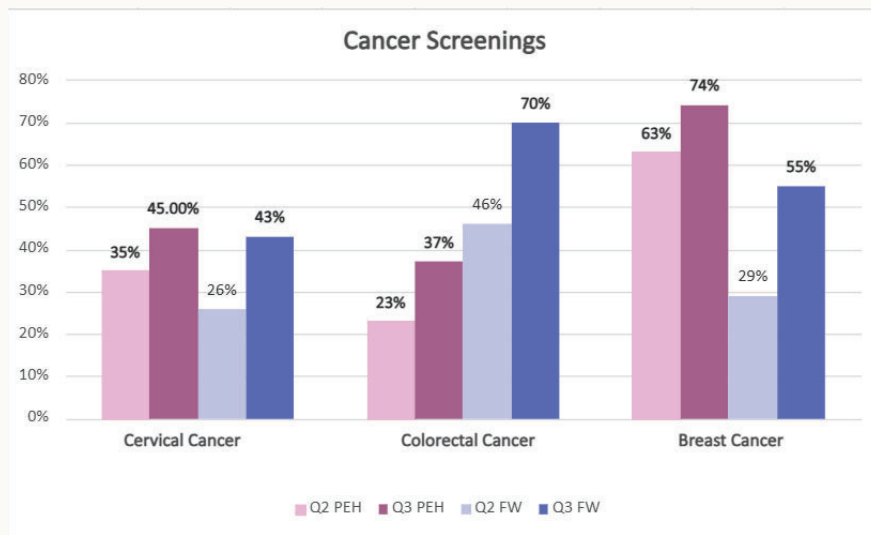
QI/QA Clinical Quality Metrics and SMMC Improvement System

- The HCH/FH Program has requested for San Mateo Medical Center to formally incorporate QI/QA clinical quality metrics into their new improvement system
- 



CANCER SCREENINGS

5



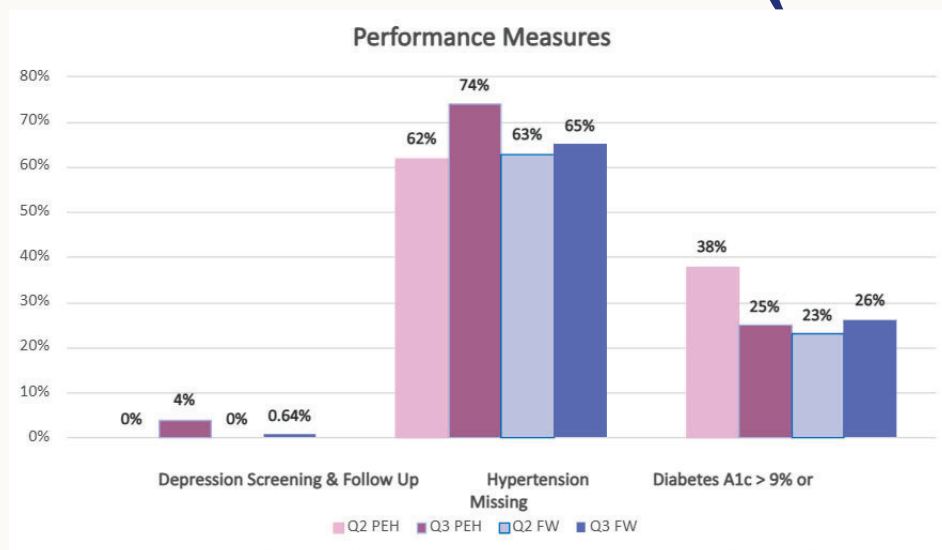
n= 249 n= 20
Cervical Cancer

n= 330 n=46
Colorectal Cancer

n= 226 n=6
Breast Cancer

PERFORMANCE MEASURES (*CONT.*)

6



n= 84 n= 1
Depression

n= 440 n= 24
Hypertension

n= 440 n=24
Diabetes A1c > 9% or Missing

LOOKING AHEAD: 2026

- Review EPIC progress with quarterly reports
 - Q1 data for quality metrics
- Needs Assessment 2025-2026
 - Obtaining data reports for consultant
- Next Meeting: March 2026
 - Are there opportunities for collaboration that HCH/FH should focus on?
 - Are there additional projects or focus areas of interest to the subcommittee



THANK YOU!

From the HCH/FH Team



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