



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, December 7, 2020

8:00 AM – 10:00 AM



AGENDA

Board of Directors

Wednesday, Dec. 7, 2020

8:00 AM

*****BY VIDEOCONFERENCE ONLY*****
<https://smcgov.zoom.us/j/91075397545>

On March 17, 2020, the Governor issued Executive Order N-29-20 suspending certain provisions of the Ralph M. Brown Act in order to allow for local legislative bodies to conduct their meetings telephonically or by other electronic means. Thus, pursuant to Executive Order N-29-20, local and statewide health orders, and the CDC's social distancing guidelines which discourage large public gatherings, the San Mateo Medical Center Board meeting will be conducted by videoconference.

Public Participation

The meeting may be accessed through Zoom at <https://smcgov.zoom.us/j/91075397545>. Written public comments may be emailed to mlee@smcgov.org and should include the specific agenda item on which you are commenting. Spoken public comments will also be accepted during the meeting through Zoom.

A. CALL TO ORDER AND PUBLIC COMMENT

B. CLOSED SESSION

Items Requiring Action

1. Medical Staff Credentialing Report
2. Quality Report

*Dr. Steve Hassid
Dr. Brita Almog*

Informational Items

3. Medical Executive Committee

Dr. Steve Hassid

C. REPORT OUT OF CLOSED SESSION

D. PUBLIC COMMENT

Persons wishing to address items not on the agenda

E. FOUNDATION REPORT

John Jurow

F. CONSENT AGENDA

Approval of:

1. November 2, 2020 Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Steve Hassid

H. ADMINISTRATION REPORTS

1. Department of Psychiatric Medicine
2. Whole Person Care/Bridges Program
3. Financial Audit FY 2019/20
4. Financial Report
5. CEO Report

*Dr. Alpa Sanghavi
Carlton Mills, Dr. Katalin Szabo*

Louise Rogers

Macias Gini & O'Connell LLP

David McGrew

Dr. CJ Kunnappilly

I. COUNTY HEALTH CHIEF REPORT

County Health Snapshot

Louise Rogers

J. COUNTY MANAGER'S REPORT

Mike Callagy

K. BOARD OF SUPERVISOR'S REPORT

Supervisor Carole Groom

L. ADJOURNMENT

TAB 1

**CONSENT
AGENDA**

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Monday, November 2, 2020
Videoconference Meeting

Board Members Present

Supervisor Carole Groom
Supervisor David Canepa
Mike Callagy
Louise Rogers
Dr. CJ Kunnappilly
Dr. Steve Hassid
Dr. Brita Almog
Dr. Gordon Mak
Deborah Torres

Staff Present

Michelle Lee	Rebecca Archer	Sam Lin
David McGrew	John Jurow	Paul Hundal
Dr. Alpa Sanghavi	Karen Pugh	Adam Ely
Joan Spicer	Gabriela Behn	Luci Latu
Brighton Ncube	Naomi Yunker	Julie Griffiths
Robert Blake	Paul Rogerville	Naomi Yunker
Peggy Jensen	Carlton Mills	
Dr. Yousef Turshani	Cyndee Grivas	

Members of the Public

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Groom 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 2, 2020. QIC Minutes from September 22, 2020. Medical Executive Committee Minutes from October 13, 2020.	The Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report	John Jurow reported that PA Cama Locke has joined the Foundation Board and she brings with her more than 20 years of emergency medicine experience. Some recent funding includes a trial study in dermatology, temperature screening equipment for the hospital, biofeedback for BHRS, and the Bundle of Joy program. Health Care Heroes is expanding to offer assistance to staff and patients in the form of monetary support and will update the Board as we finalize the details.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from October 5, 2020.	It was MOVED, SECONDED and CARRIED

		unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Steve Hassid	<p>Dr. Hassid reported that he is excited to work with Dr. Aileen Shieu who is the new WOC Medical Director of Specialty Care Services.</p> <p>As we start to see Covid-19 surges happening elsewhere in the country, Medical Staff is preparing for increased Covid-10 infections in our area. There are table top drills planned and cross training of staff has already been ongoing.</p>	FYI
Emergency Medicine Dr. Serena Lee and Cyndee Grivas	<p>The first SMMC case of Covid-19 happened in the ninth week of the calendar year and the county's Shelter in Place orders were in the 11th week. SMC's phase 1 reopening started in week 23.</p> <p>During the past several weeks, the percentage of influenza-like illnesses showing up in the ED has ranged from 5-10%. The percentage of Covid-19 positive test results in the same period have ranged from 8-16%.</p> <p>Screenings are happening regularly with ED staff and all patients are screened before entering the department. The outdoor emergency tent which is adjacent to the ED is used to provide rapid triage of novel respiratory isolation patients, resuscitation, and airway securement to prevent further spread of aerosolized virus when negative pressure isolation rooms are not available.</p> <p>Covid-19 Airway and Intubation kits include specific supplies: supraglottic airway for rescue BVM, bougie introducer for assisted ET intubation, nasogastric tube insertion supplies, and emergency restraints to protect patient airway.</p>	FYI
Health Campus Upgrade Project Paul Hundal	<p>Timeline of activity:</p> <p>November 2018 – Q4 2020: Ground floor nursing wing</p> <p>January 2019 – Q3 2020: Central plant remodel</p> <p>January 2020 – Q1 2022: Construction of new Building A. The furniture layout has been adjusted to account for Covid-19 impact.</p> <p>Q1 2022 – Q3 2022: The 1954 and Health Services buildings removal</p> <p>Q4 2022 – Q1 2024: Construction of new Building B</p>	FYI
Financial Report David McGrew, CFO	The September FY20/21 financial report was included in the Board packet and David McGrew answered questions from the Board.	FYI
CEO Report Dr. CJ Kunnappilly	Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board. In October, SMMC Skilled Nursing Services (includes both 1A and Burlingame Skilled Nursing) was recognized by Newsweek as one of the best "nursing homes" in California.	FYI

<p>County Health Chief Report Louise Rogers</p>	<p>Louise Rogers reported that County Health is preparing for a potential surge of Covid-19 cases and has made great progress with contract tracing. In August, County Health partnered with Mental Health Association to support residents to quarantine or self-isolate. More than 700 referrals have been made, supporting an estimated 3000 individuals.</p> <p>When Covid-19 vaccines become available, the criteria for distribution and prioritization will be decided at the state and federal level.</p>	<p>FYI</p>
<p>County Manager Mike Callagy</p>	<p>The county has received approximately \$33 million from the state to address local homeless problems. The county is preparing to convert at least one hotel for low-income seniors and another to house the homeless.</p> <p>Mike Callagy expressed his pride and admiration for all the good work that is continuing during these unprecedented times. He feels grateful to work with such a talented group of people.</p>	<p>FYI</p>
<p>Board of Supervisors Supervisor Groom</p>	<p>Supervisor Groom added her compliments for SMMC and County Health and thanked everyone.</p>	<p>FYI</p>

Supervisor Groom adjourned the meeting at 9:45 AM. The next Board meeting will be held on December 7, 2020.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer

TAB 2

**ADMINISTRATION
REPORTS**

BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: October FY20-21

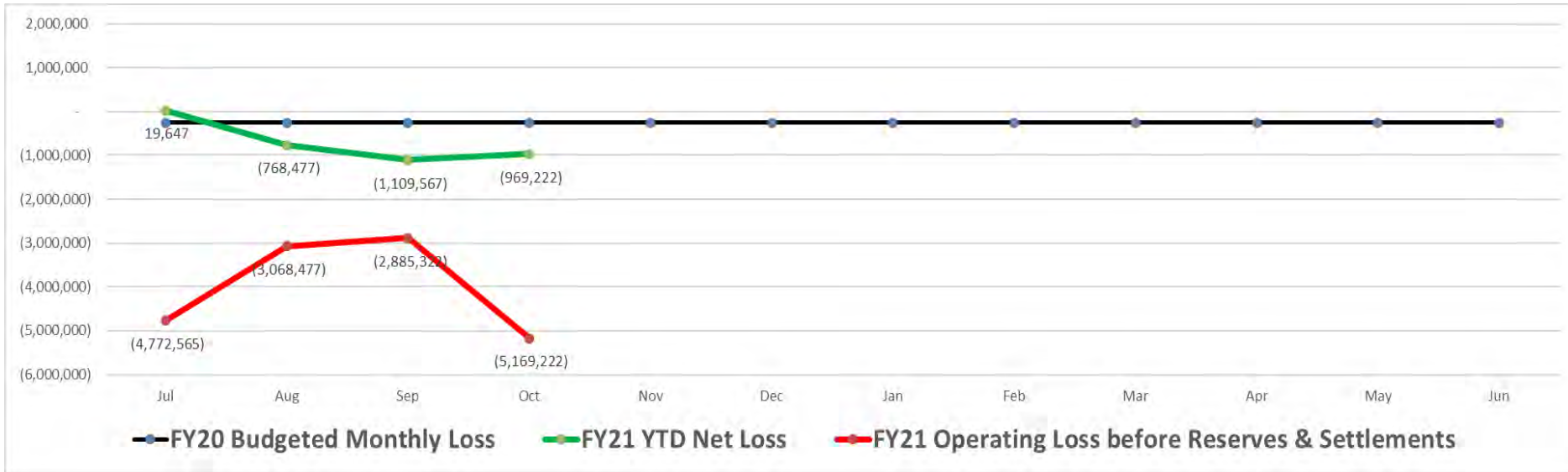
December 7, 2020

Presenter: David McGrew, CFO



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

Financial Highlights



Net Loss - October \$969K, YTD \$2.8M

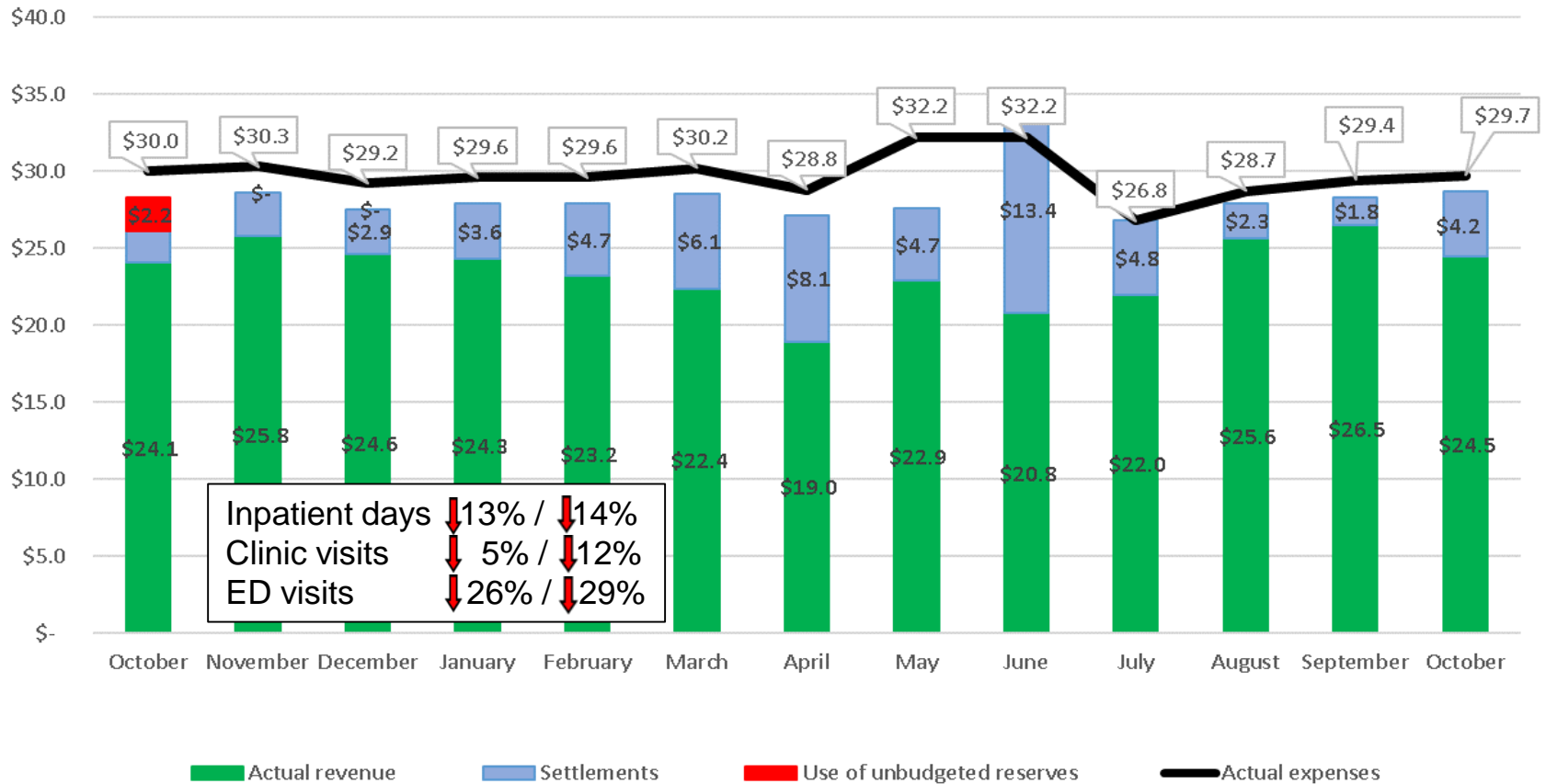
- FY2020 Enhanced Payment Program (EPP) approved - \$17.2M/annually
- FY2012 HPSM Rate Range reserve - \$4.2M
- Salaries & Benefits favorable 3%

- COVID pandemic impact on patient volumes – 18% reduction in patient revenue
- ACE outside medical costs

Full Year FY21 Projection: The FY21 budget projected a \$13.4 million gap, of which \$3.1 million would be covered by fund balance reserves, equaling a \$257k loss each month, and the remaining \$10.3 million would be covered by cost report settlement reserves. The additional \$6 million of PRIME backfill and higher than expected cost report settlements will help mitigate challenges with the execution of operating budget initiatives as a result of the COVID pandemic.

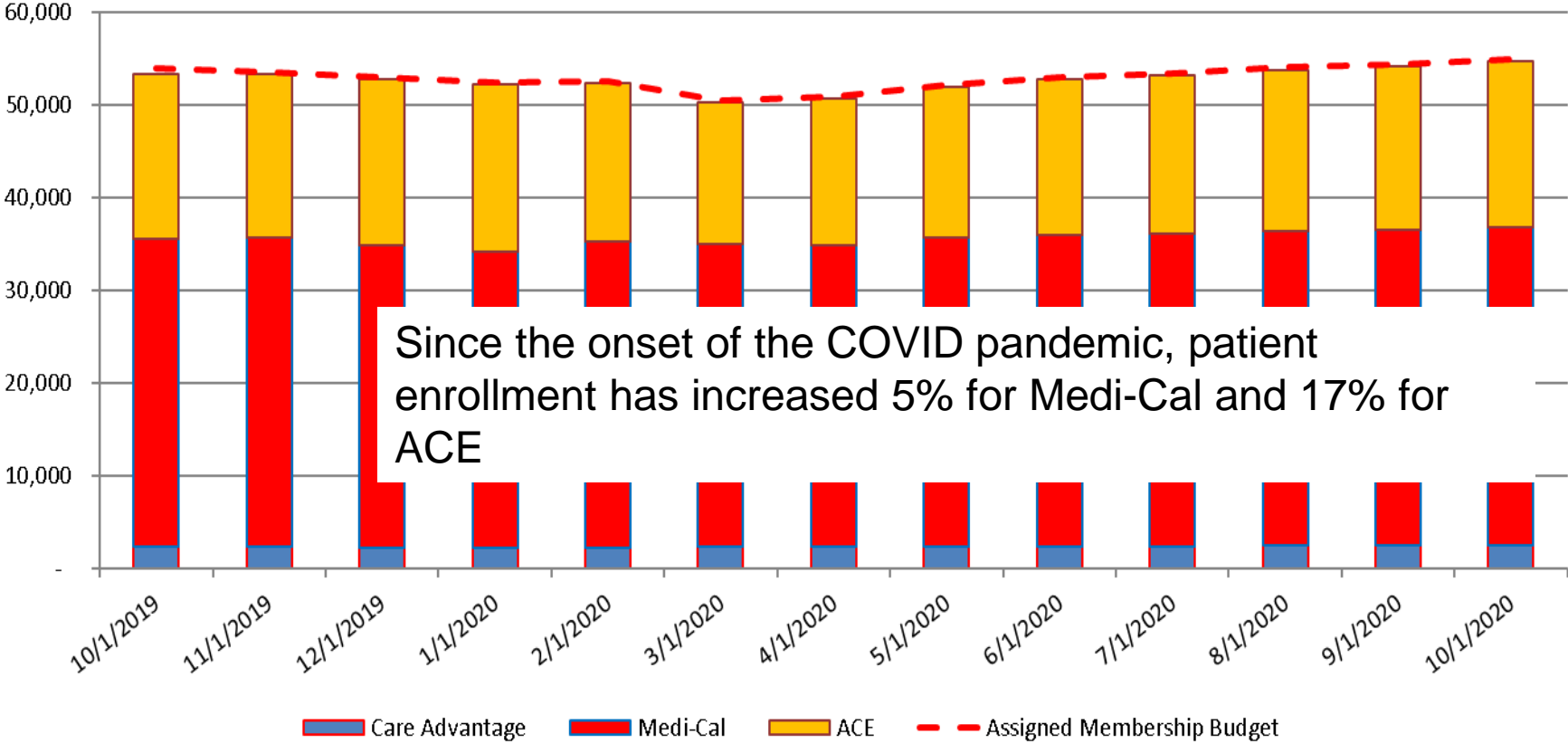
FY 20-21 Structural Deficit Trend

SMMC's structural deficit continues as revenue sources from on-going operations and supplemental programs cannot keep pace with the cost structure. Cost report and supplemental program settlements have partially mitigated these factors for the past 12 months.



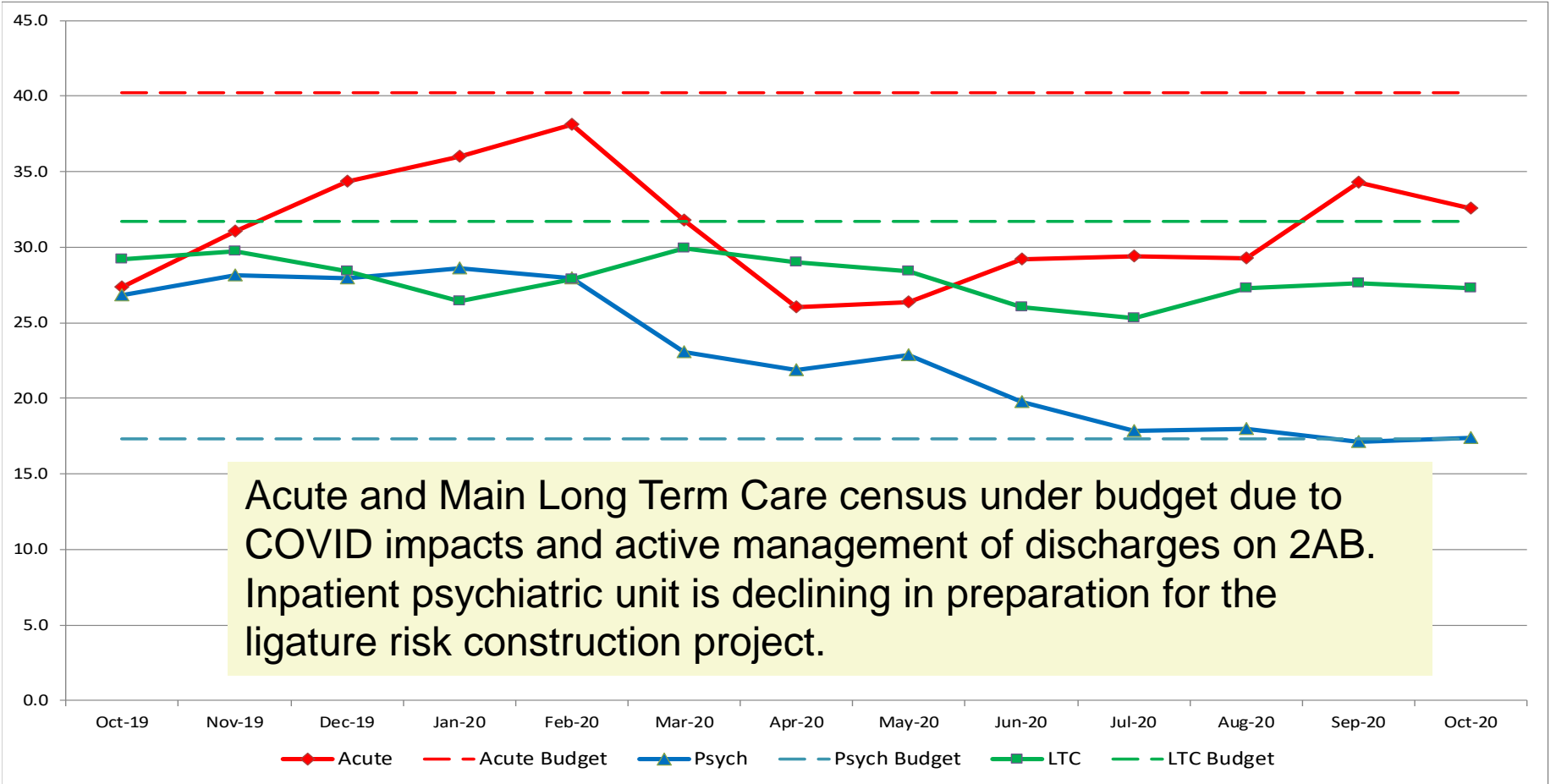
Note: Volume %s are Current Month/YTD actuals vs budget

Managed Care Membership Trend



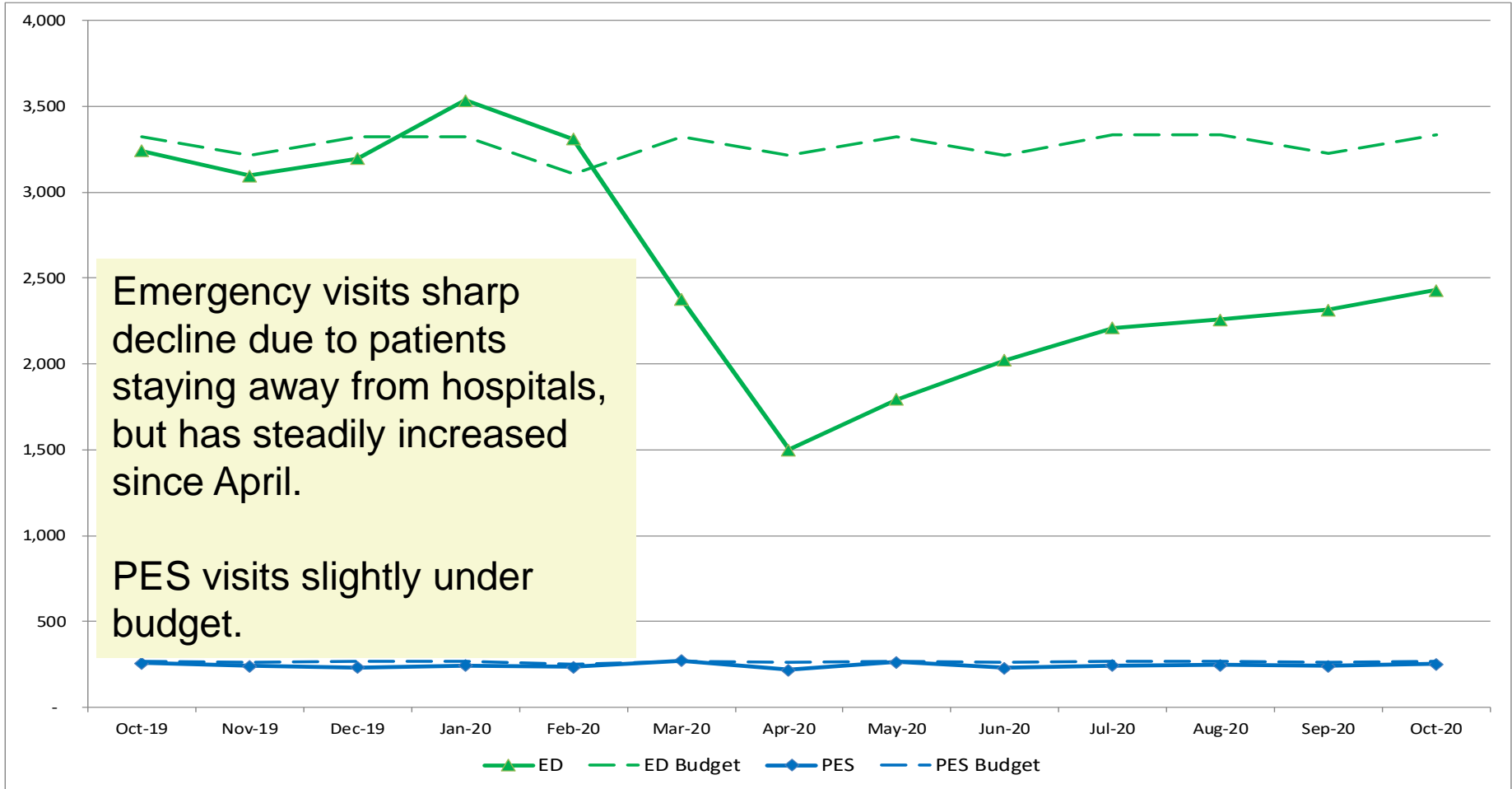
San Mateo Medical Center Inpatient Days October 31, 2020

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Patient Days	2,394	2,738	(344)	-13%	9,322	10,866	(1,544)	-14%



San Mateo Medical Center Emergency Visits October 31, 2020

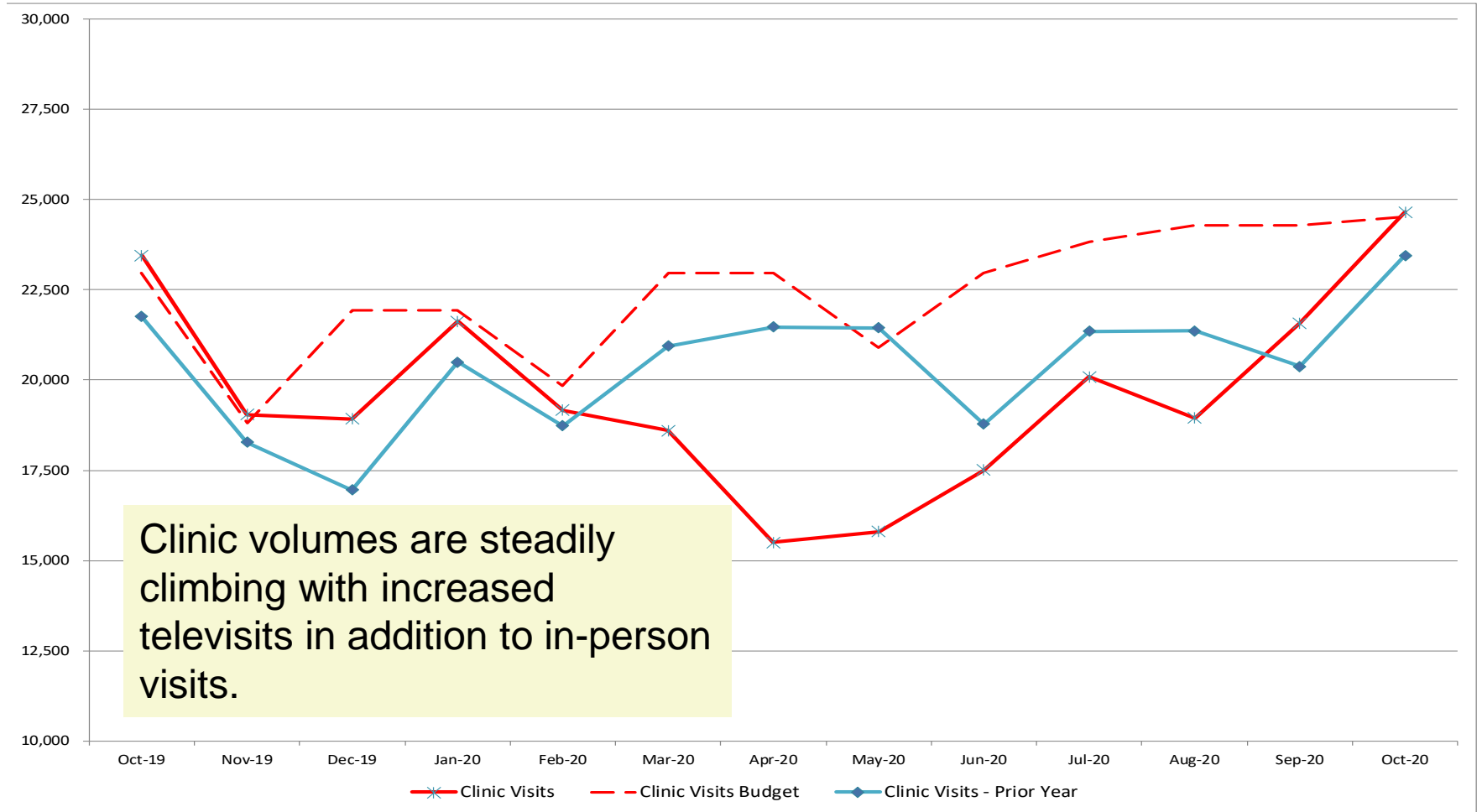
	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
ED Visits	2,682	3,604	(922)	-26%	10,204	14,299	(4,095)	-29%



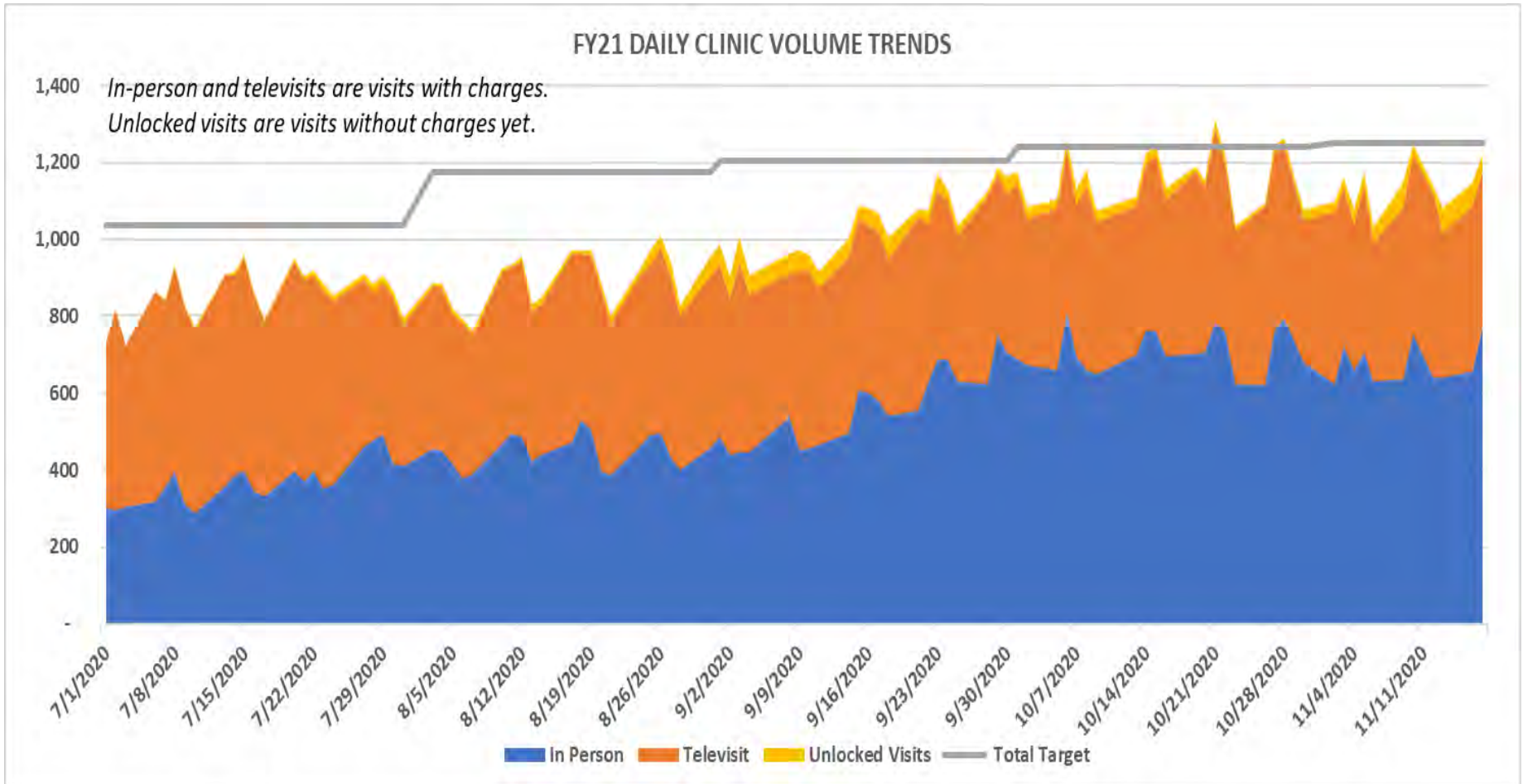
San Mateo Medical Center Clinic Visits October 31, 2020

	MONTH			
	Actual	Budget	Variance	Stoplight
Clinic Visits	24,654	24,526	128	1%

	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
Clinic Visits	85,267	96,914	(11,647)	-12%



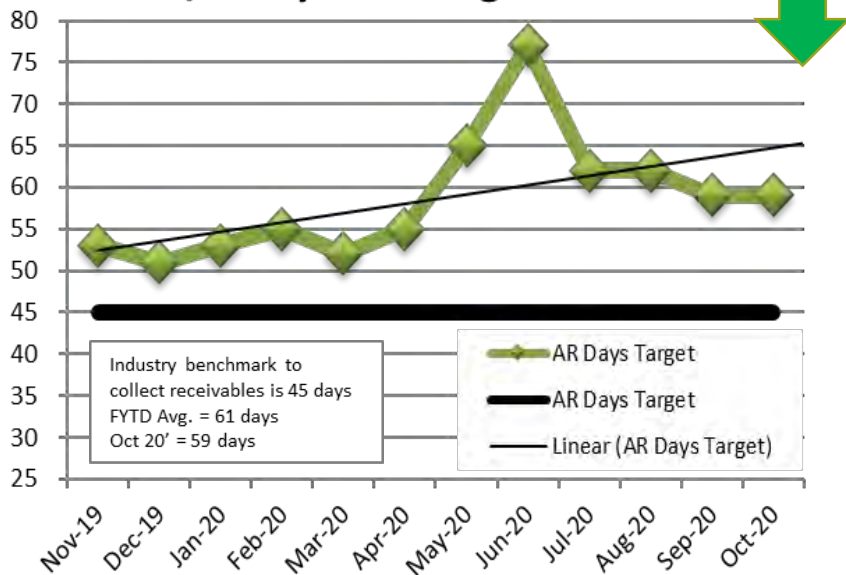
San Mateo Medical Center Clinic Telehealth Visits October 31, 2020



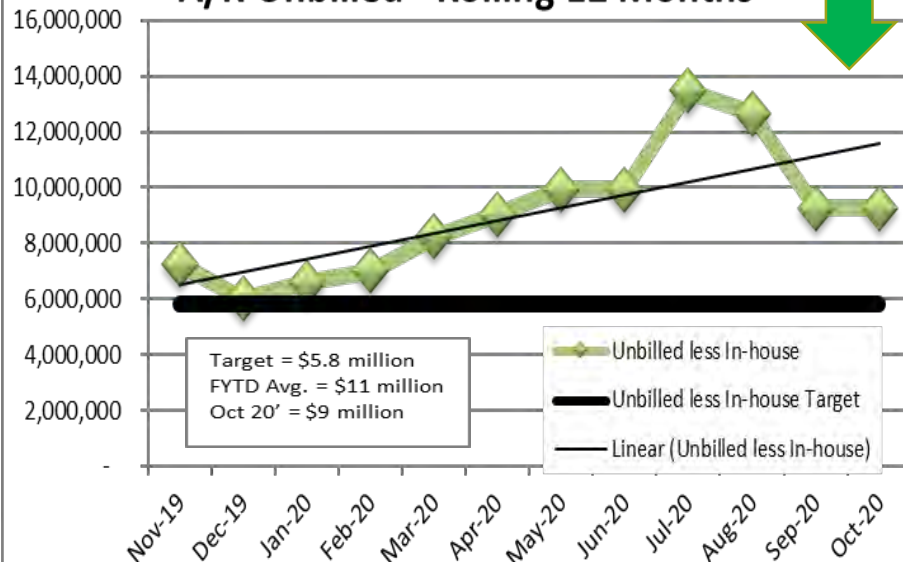
Clinic televisits have increased from an average of 6% of total visits pre-COVID to an average of 70% since March 16th, with a high of 78%. In-person visits are steadily climbing.

Key Performance Indicators

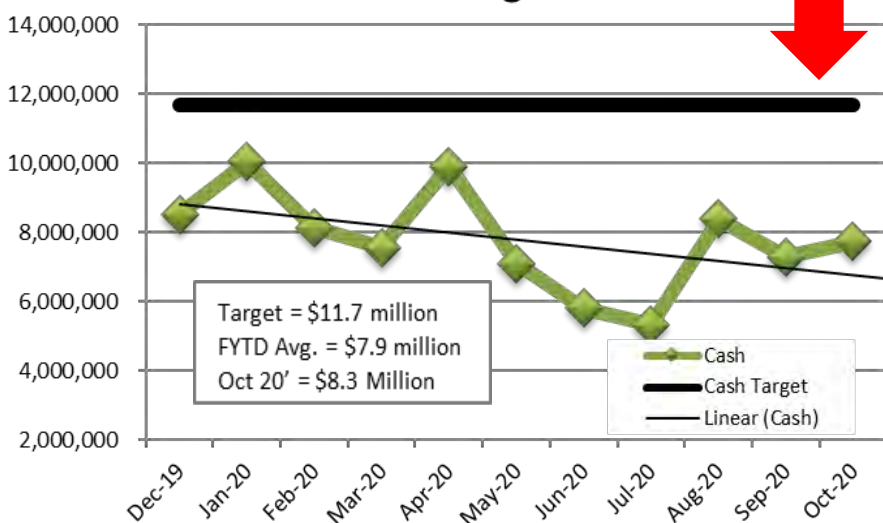
A/R Days - Rolling 12 Months



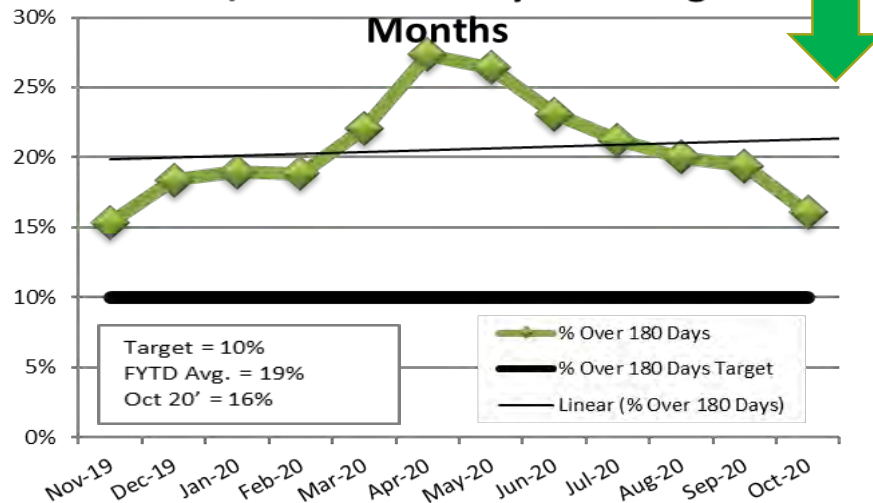
A/R Unbilled - Rolling 12 Months



Cash - Rolling 12 Months



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





SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

QUESTIONS?

APPENDIX



SAN MATEO COUNTY HEALTH
SAN MATEO
MEDICAL CENTER

San Mateo Medical Center
Income Statement
October 31, 2020

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

1 Income/Loss (GAAP)	(969,222)	(257,335)	(711,887)	
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	(2,821,974)	(1,029,342)	(1,792,632)	
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2 HPSM Medi-Cal Members Assigned to SMMC	34,328	33,069	1,259	4%
3 Unduplicated Patient Count	62,763	68,606	(5,843)	-9%
4 Patient Days	2,394	2,738	(344)	-13%
5 ED Visits	2,682	3,604	(922)	-26%
7 Surgery Cases	194	281	(87)	-31%
8 Clinic Visits	24,654	24,526	128	1%
9 Ancillary Procedures	63,545	72,063	(8,518)	-12%

	135,930	132,275	3,655	3%
	62,763	68,606	(5,843)	-9%
	9,322	10,866	(1,544)	-14%
	10,204	14,299	(4,095)	-29%
	717	1,149	(432)	-38%
	85,267	96,914	(11,647)	-12%
	238,250	294,786	(56,536)	-19%

10 Acute Administrative Days as % of Patient Days	0.0%	16.0%	16.0%	100%
11 Psych Administrative Days as % of Patient Days	75.7%	80.0%	4.3%	5%

	0.0%	16.0%	16.0%	100%
	75.9%	80.0%	4.1%	5%

(Days that do not qualify for inpatient status)

Pillar Goals

12 Revenue PMPM	120	131	(11)	-8%
13 Operating Expenses PMPM	326	296	(30)	-10%
14 Full Time Equivalent (FTE) including Registry	1,145	1,178	33	3%

	105	131	(26)	-20%
	312	296	(16)	-5%
	1,147	1,178	31	3%

San Mateo Medical Center
Income Statement
October 31, 2020

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	12,921,223	13,856,510	(935,287)	-7%	47,952,901	55,426,039	(7,473,138)	-13%
22 Outpatient Gross Revenue	23,692,540	30,643,909	(6,951,369)	-23%	77,798,247	122,575,635	(44,777,388)	-37%
23 Total Gross Revenue	36,613,763	44,500,419	(7,886,656)	-18%	125,751,148	178,001,674	(52,250,526)	-29%
24 Patient Net Revenue	8,814,979	12,241,179	(3,426,200)	-28%	31,028,966	48,964,717	(17,935,751)	-37%
25 Net Patient Revenue as % of Gross Revenue	24.1%	27.5%	-3.4%	-12%	24.7%	27.5%	-2.8%	-10%
26 Capitation Revenue	349,918	379,538	(29,620)	-8%	1,384,411	1,518,151	(133,740)	-9%
27 Supplemental Patient Program Revenue (Additional payments for patients)	12,460,733	9,855,225	2,605,508	26%	46,099,558	39,420,900	6,678,658	17%
28 Total Patient Net and Program Revenue	21,625,631	22,475,942	(850,311)	-4%	78,512,935	89,903,768	(11,390,833)	-13%
29 Other Operating Revenue (Additional payment not related to patients)	1,372,229	905,920	466,308	51%	10,264,293	3,623,682	6,640,611	183%
30 Total Operating Revenue	22,997,859	23,381,862	(384,003)	-2%	88,777,227	93,527,450	(4,750,222)	-5%

San Mateo Medical Center
Income Statement
October 31, 2020

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

Operating Expenses

31	Salaries & Benefits	16,982,571	17,390,063	407,492	2%	67,053,375	69,560,254	2,506,878	4%
32	Drugs	1,263,720	723,499	(540,221)	-75%	4,346,247	2,893,998	(1,452,249)	-50%
33	Supplies	1,087,169	944,631	(142,539)	-15%	3,289,509	3,778,522	489,013	13%
34	Contract Provider Services	3,805,979	3,490,050	(315,929)	-9%	13,801,598	13,960,199	158,601	1%
35	Other fees and purchased services	4,971,513	5,009,709	38,196	1%	19,261,795	20,038,837	777,042	4%
36	Other general expenses	432,379	433,916	1,537	0%	2,113,171	1,735,663	(377,508)	-22%
37	Rental Expense	198,280	209,620	11,340	5%	837,250	838,479	1,228	0%
38	Lease Expense	773,407	773,407	-	0%	3,093,626	3,093,626	-	0%
39	Depreciation	224,302	271,443	47,141	17%	878,952	1,085,772	206,820	19%
40	Total Operating Expenses	29,739,320	29,246,337	(492,983)	-2%	114,675,523	116,985,349	2,309,826	2%
41	Operating Income/Loss	(6,741,461)	(5,864,475)	(876,986)	-15%	(25,898,295)	(23,457,899)	(2,440,396)	-10%
42	Non-Operating Revenue/Expense	468,354	303,254	165,099	54%	1,860,781	1,213,017	647,764	53%
43	Contribution from County General Fund	5,303,885	5,303,885	(0)	0%	21,215,540	21,215,540	(0)	0%
44	Total Income/Loss (GAAP)	(969,222)	(257,335)	(711,887)		(2,821,974)	(1,029,342)	(1,792,632)	

(Change in Net Assets)

COVID Financial Impact Summary

	March	April	May	June	July	August	September	October
Revenue loss	\$ 2,376,000	\$ 4,347,000	\$ 4,766,310	\$ 3,545,000	\$ 2,578,000	\$ 1,427,000	\$ 1,189,000	\$ 304,000
Expenses:								
Staffing	1,622,000	3,758,000	3,840,000	3,061,000	1,805,000	1,935,000	1,940,000	3,422,000
Supplies	114,000	79,000	79,000	280,000	-	128,000	180,000	454,000
IT	404,000	-	-	-	-	-	-	-
Other Prof. Fees	-	-	-	-	-	113,000	101,000	122,000
Total expenses	2,140,000	3,837,000	3,919,000	3,341,000	1,805,000	2,176,000	2,221,000	3,998,000
Total Losses due to COVID	4,516,000	8,184,000	8,685,310	6,886,000	4,383,000	3,603,000	3,410,000	4,302,000

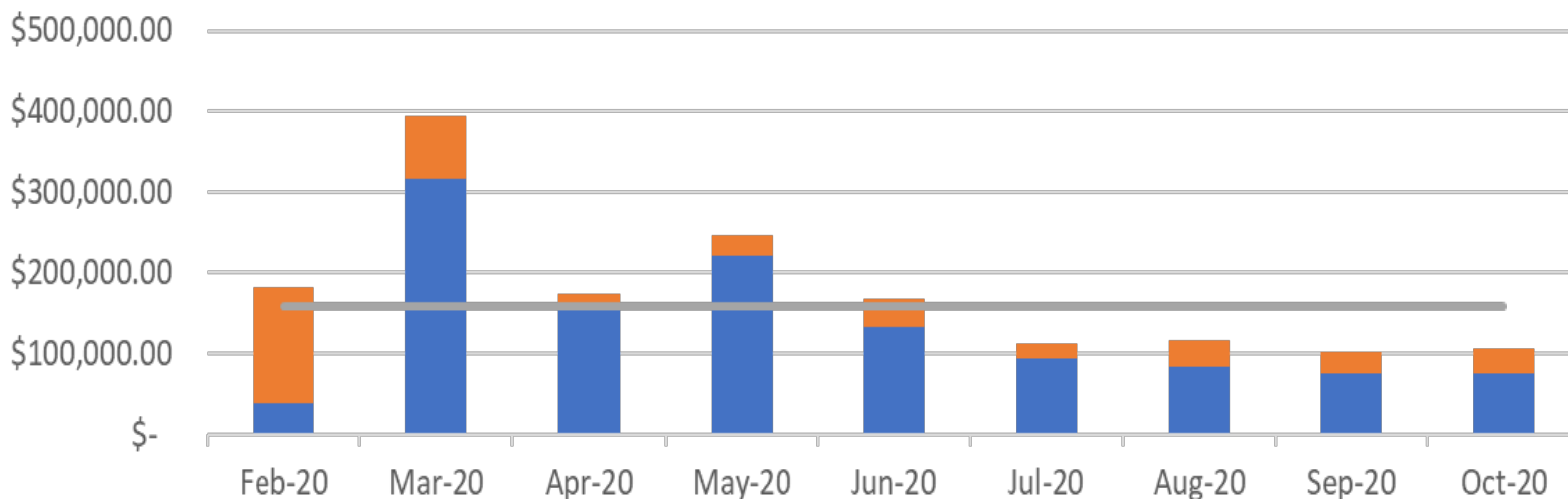
Note: DPW costs for COVID related construction costs are not yet included

Total losses to date
= \$44M

COVID-19 Federal Funds - \$13.7M to SMMC

Description	Total Amount Allocated	SMMC \$
<p style="text-align: center;">Provider Relief Fund</p> <p>CARES/HCE Act - \$175 billion</p>	\$50B General Allocations	\$3.5M Received
	\$22B High Impact Providers	\$4.95M Received (July)
	\$11.1B Rural Providers	\$207K Received
	\$4.9B SNFs	\$913K Received
<p>Accelerated Medicare Payments</p> <p>Advance payment for Medicare claims authorized by the CARES Act</p>	Advance Payments	\$3.1M Received Repayment Required
<p>FY2020 CARES Supplemental Fund</p> <p>Funding for supplemental awards to Health Centers with HRSA grants</p>	\$1.32B	\$881K Awarded to Health Care for the Homeless/Farmworkers
<p>FY2020 Coronavirus Supplemental Fund</p> <p>Funding for supplemental awards to Health Centers with HRSA grants</p>	\$100M	\$58K Awarded to Health Care for the Homeless/Farmworkers
<p>State Hospital Association Grants</p> <p>\$50 million</p>	\$4.2M to California Hospitals	\$7.3K Received

HRMG and Business Services Collections (No Bad Debt)



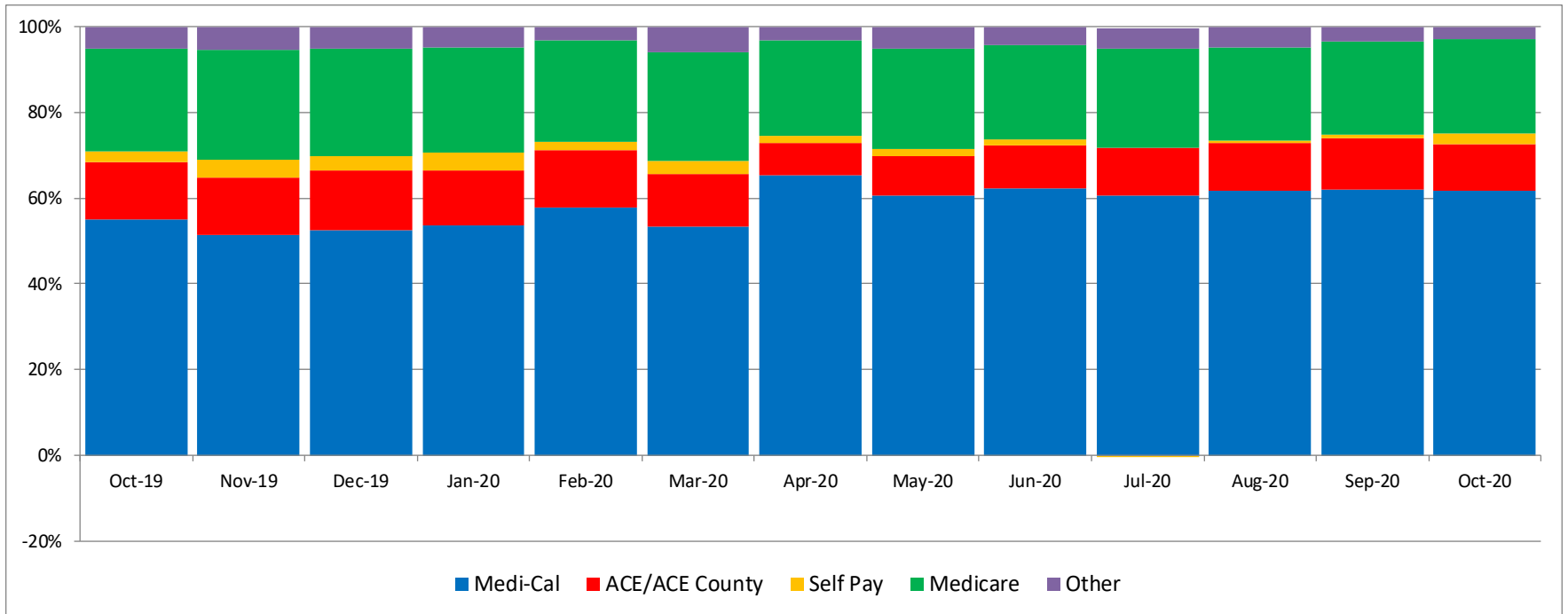
	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Busi Serv collected \$	\$143,736.3	\$77,396.89	\$22,046.87	\$25,015.83	\$35,594.45	\$16,610.80	\$33,642.98	\$25,999.83	\$31,021.51
HRMG Amount	\$37,749.85	\$317,123.5	\$152,182.3	\$221,367.5	\$132,689.1	\$94,754.54	\$83,429.13	\$75,359.29	\$75,014.25
Target	\$158,000.0	\$158,000.0	\$158,000.0	\$158,000.0	\$158,000.0	\$158,000.0	\$158,000.0	\$158,000.0	\$158,000.0

■ HRMG Amount
 ■ Busi Serv collected \$
 — Target

SMMC contracted with Healthcare Revenue Management Group to support SMMC’s Business Services unit with collections of patient self-pay balances. March represents the first full month of HRMG’s collection activities.

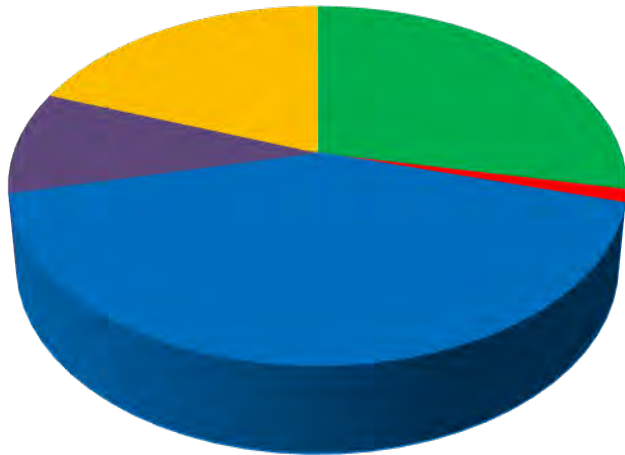
**San Mateo Medical Center
Payer Mix
October 31, 2020**

Payer Type by Gross Revenue	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
Medicare	22.0%	21.0%	1.0%		22.1%	21.0%	1.1%	
Medi-Cal	61.6%	58.0%	3.6%		61.6%	58.0%	3.6%	
Self Pay	2.6%	2.0%	0.6%		1.0%	2.0%	-1.0%	
Other	2.9%	5.0%	-2.1%		4.0%	5.0%	-1.0%	
ACE/ACE County	10.9%	14.0%	-3.1%		11.2%	14.0%	-2.8%	
Total	100.0%	100.0%			100.0%	100.0%		

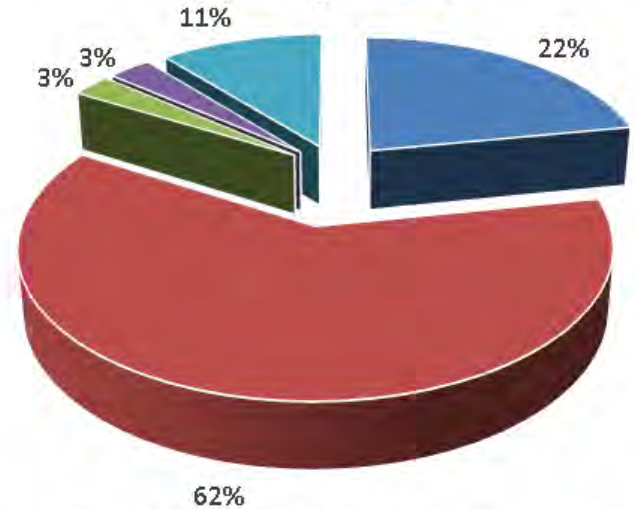


Revenue Mix

Sources of Revenue



Payor Mix



■ Fee For Service
 ■ Capitation
 ■ Supplemental
 ■ Other
 ■ County Contribution
 ■ Medicare
 ■ Medi-Cal
 ■ Self Pay
 ■ Other
 ■ ACE

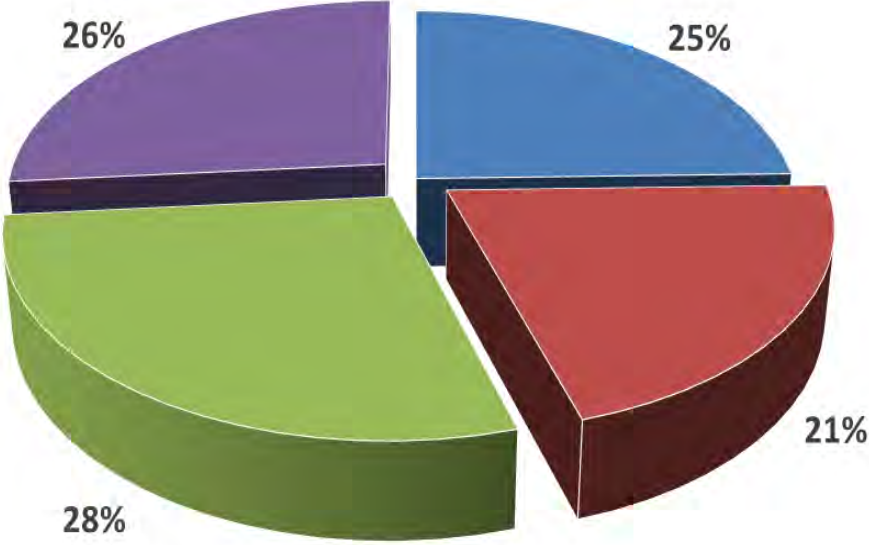
Health Plan of San Mateo (HPSM) represents 35% of our Operating Revenue

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

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

NO commercial contracts

Revenue Mix by Service Line



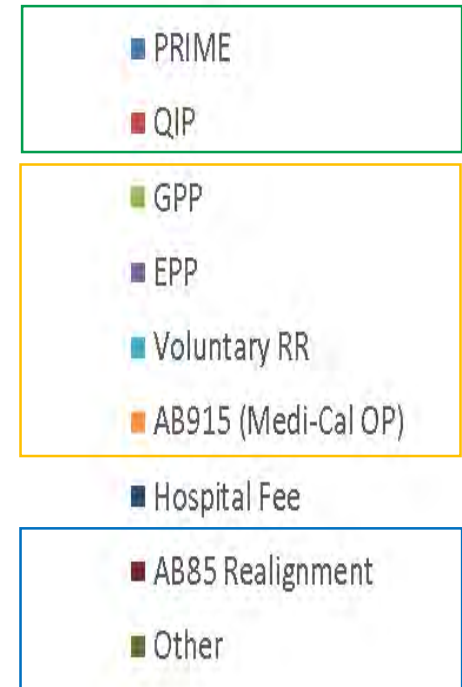
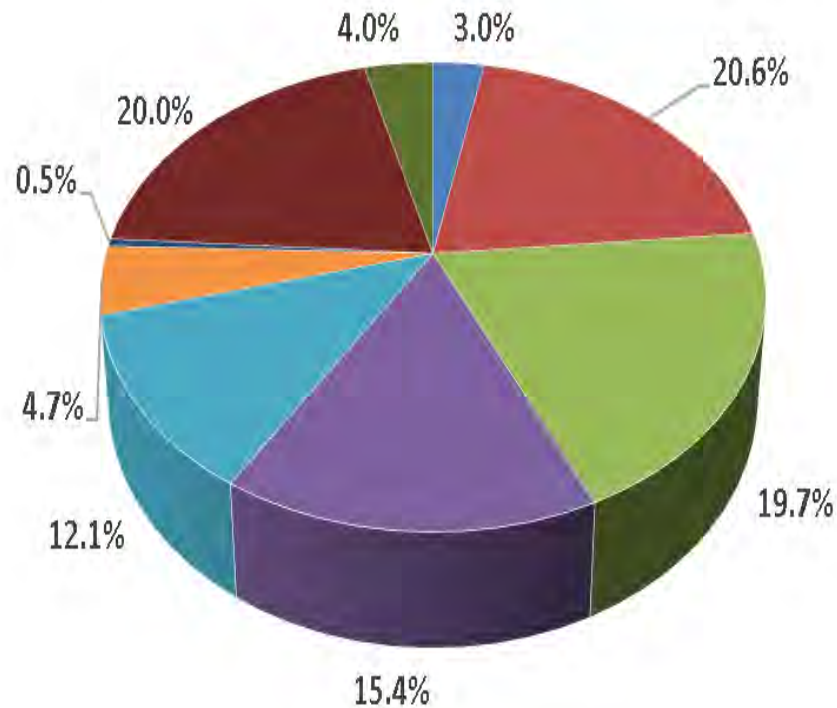
■ Inpatient

■ Hospital ED & Outpatient

■ Ambulatory Clinics

■ Ancillary Services

Supplemental Revenue Mix

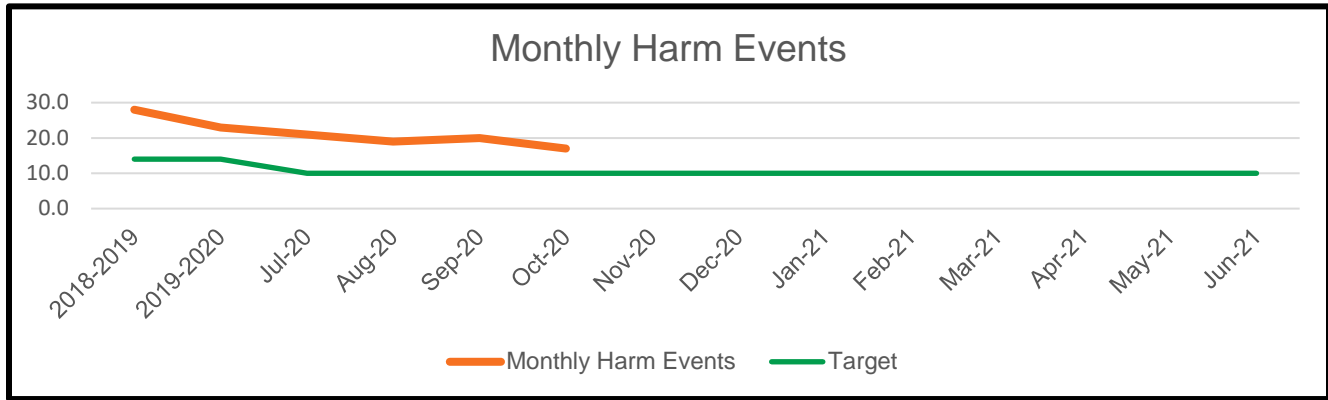


- **Value-Based** programs represent 23.6% of our Supplemental Revenue
- **Volume-Based** programs represent 76.4% of our Supplemental Revenue

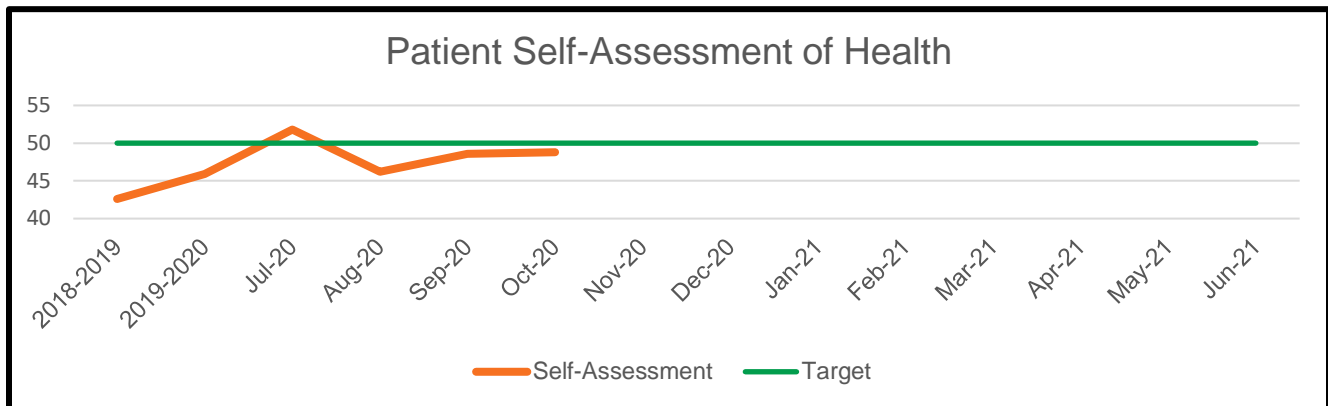
CEO REPORT

December 2020

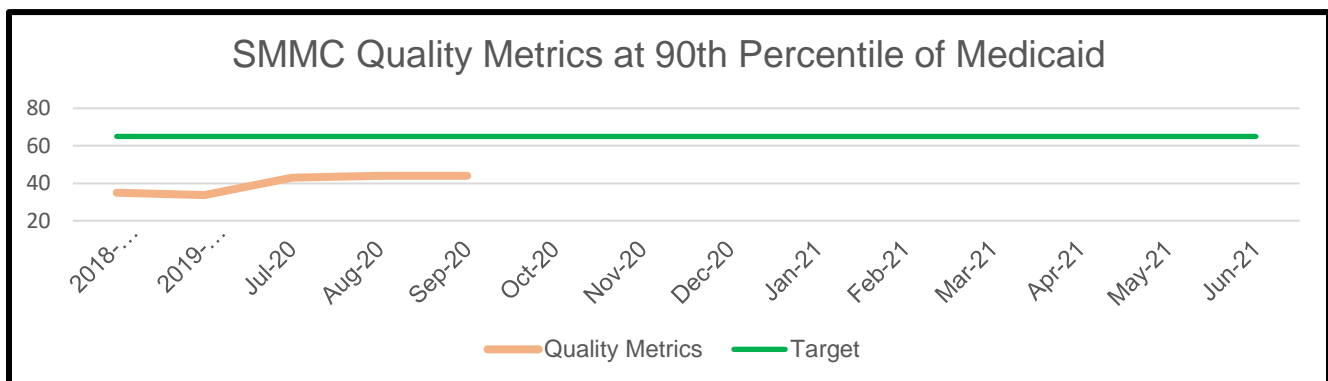
EXCELLENT CARE METRICS



Monthly Harm Events: Measures all instances of patient harm or staff harm including delays in care, falls, medication errors, surgical infections, catheter associated urinary infections, central line associated blood stream infections, other preventable staff and patient injuries. **Lower is better.**

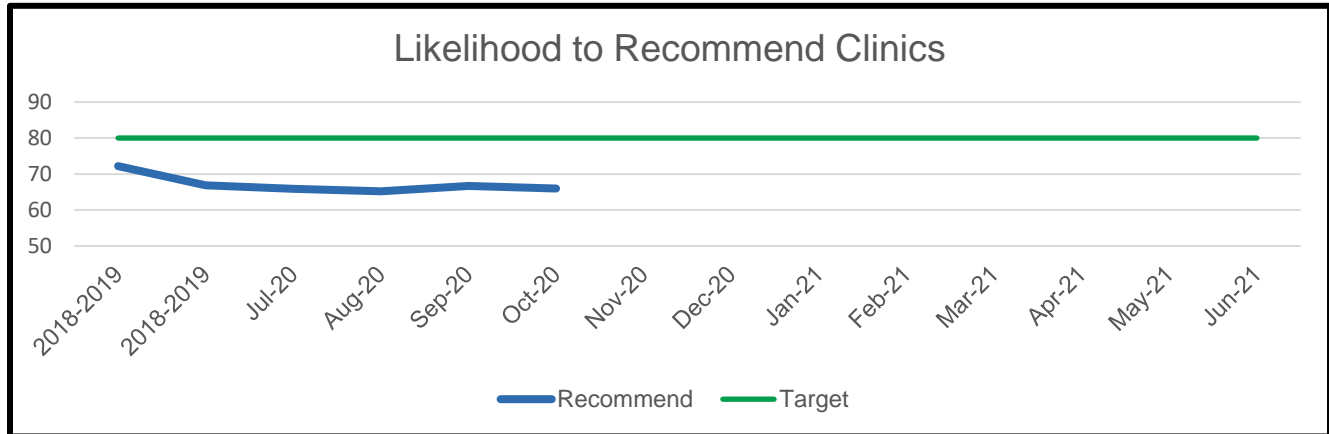


Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**

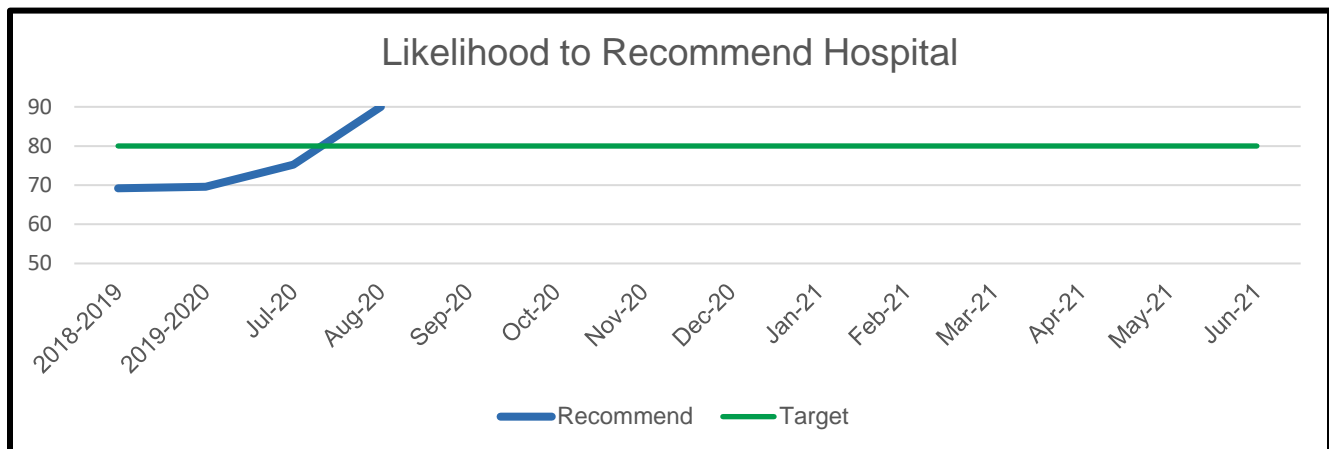


Quality Metrics at 90th Percentile: SMMC seeks excellence in all that it does. The organization currently participates in a number of pay for performance programs including PRIME, QIP and the Health Plan of San Mateo Pay for Performance Program. This metric measures the percentage of quality metrics in which the SMMC performance is equal to or better than the 90th percentile of Medicaid nationally. **Higher is better.**

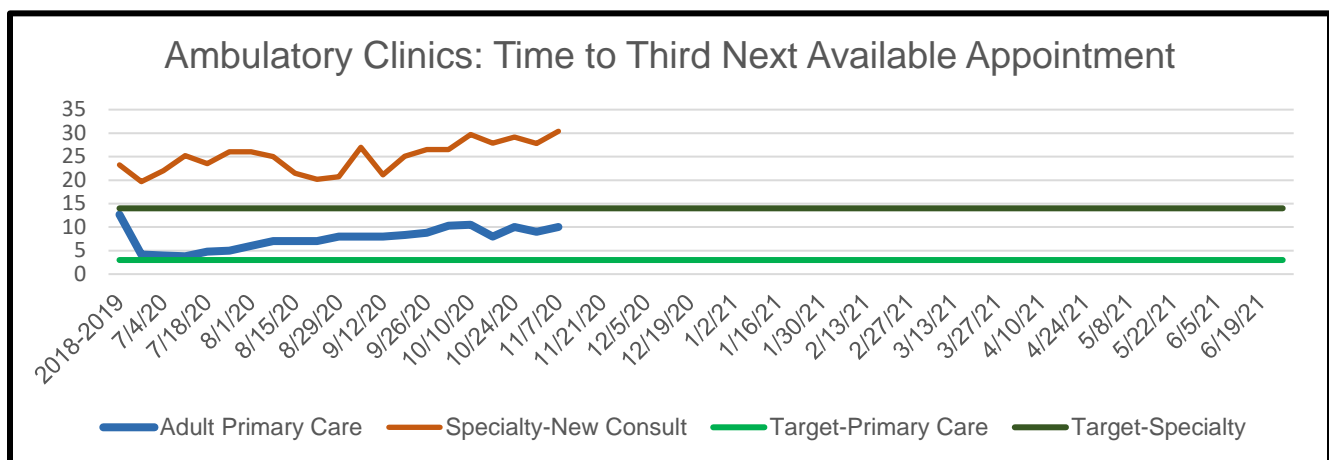
PATIENT CENTERED CARE METRICS



Likelihood to Recommend Clinics: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this clinic to friends and family?” **Higher is better.**

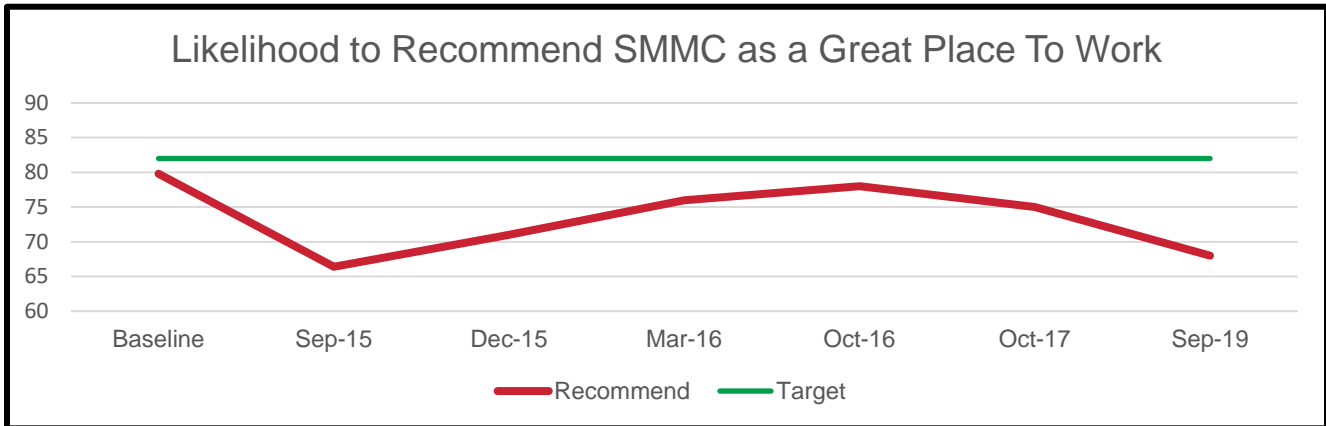


Likelihood to Recommend Hospital: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this hospital to friends and family?” **Higher is better.**



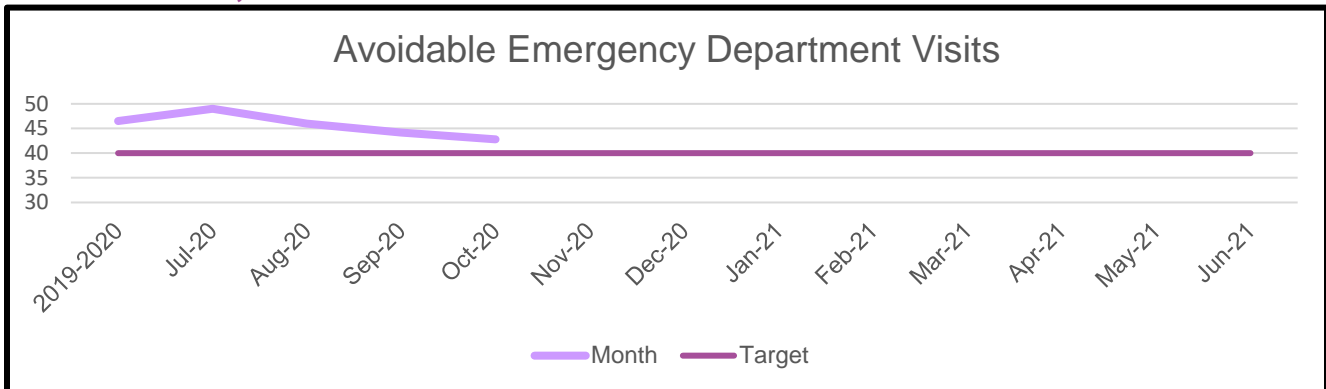
Ambulatory Access: Number of days until the third available appointment for established patients in Primary Care and for new consults in Specialty Services. The third next available appointment is a validated measure of patient access. **Lower is better.**

STAFF ENGAGEMENT METRICS



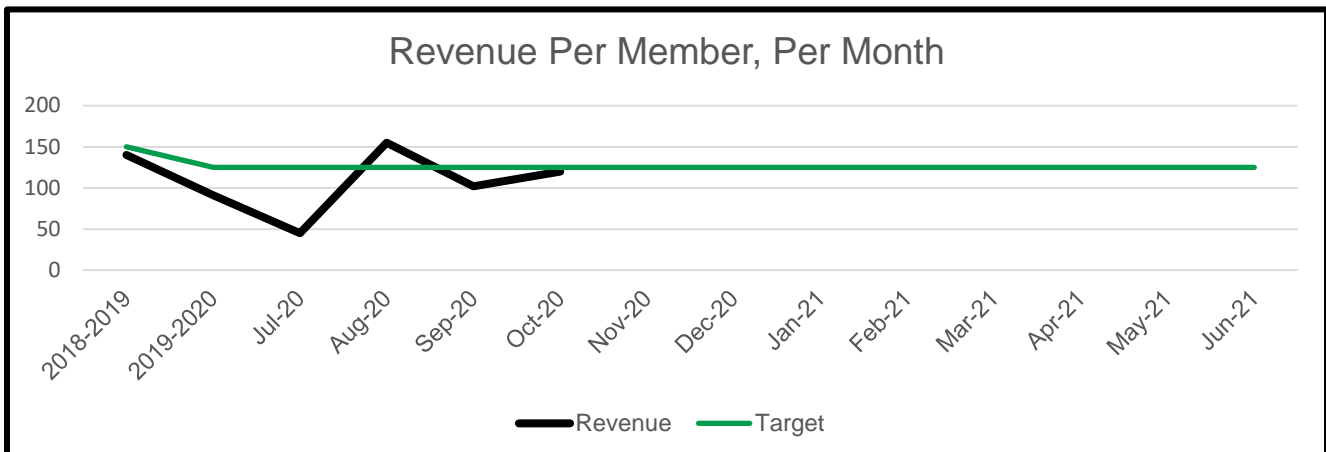
Likelihood to Recommend SMMC: Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual Blessing White staff engagement survey. **Higher is better.**

RIGHT CARE, TIME AND PLACE METRICS

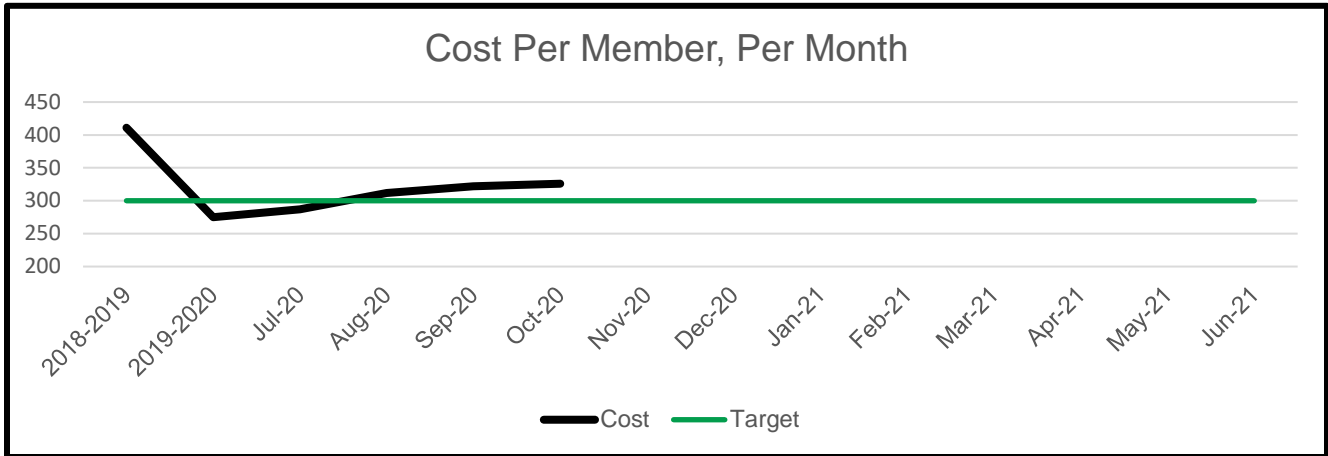


Potentially Avoidable ED Visits: Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**

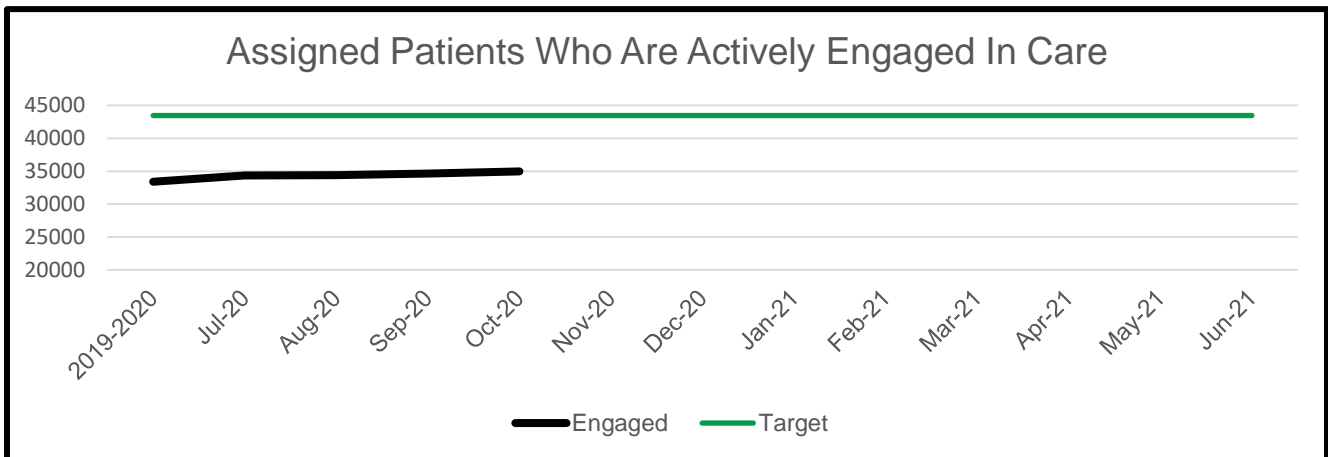
FINANCIAL STEWARDSHIP METRICS



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



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



Assigned and Engaged: SMMC has approximately 52,000 patients assigned to it through the Health Plan of San Mateo. This metric measures the number of those assigned patients are actively engaged in care. **Higher is better.**

STRATEGIC UPDATES, RECOGNITIONS & AWARDS



**Nursing Home Compare Five-Star Ratings of Nursing Homes
 Provider Rating Report for October 2020**

Ratings for San Mateo Medical Center D/P SNF (555034) San Mateo, California				
Overall Quality	Health Inspection	Quality Measures	Staffing	RN Staffing
★★★★	★★	★★★★★	★★★★	★★★★

(Pictured above: CMS Star Rating for SMMC Distinct Part Skilled Nursing Facility)

SMMC Skilled Nursing Services Recognized with Four Stars by the Centers for Medicare & Medicaid Services: On the heels of its recognition by Newsweek magazine as one of the top Nursing Homes in California, SMMC Skilled Nursing Services (includes both 1A and Burlingame Skilled Nursing) was awarded four stars through the CMS five-star rating system. In addition to its overall four-star rating, the units received a five-star rating for quality measures. Congratulations to all our Skilled Nursing colleagues for their outstanding work.

SMMC Ambulatory Services Recognized with Quality Leaders Award: Each year, the California Health Care Safety Net Institute presents the Quality Leaders Awards to “showcase the innovative approaches to improve care and advance population health in California’s public health care systems.” This year, SMMC Ambulatory Services received the award for Ambulatory Care Redesign. This recognition was due to SMMC’s team-based approach to implementing Telehealth services. Congratulations to all the clinics for their work in this area.

Annual Nursing Reports Highlights Outstanding Accomplishments in Midst of Pandemic: Each year our Chief Nursing Officer, Joan Spicer, RN, MBA, PhD, produces the SMMC Annual Nursing Report. This year’s report is even more notable as many of the accomplishments occurred in the context of the pandemic. Achievements include a reduction in the number of falls occurring on the inpatient units from 3.39 falls per 1000 patients to 2.02 on the medical/surgical unit and from 3.24 per 1000 patients to 0 in the ICU. Other highlights include the improvement in nursing sensitive patient experience scores on the inpatient units, the virtualization of part of Basic Life Support Training, and the implementation of curbside COVID-19 testing at the 39th avenue campus. Thank you to all of our amazing nurses!

November 2020

SNAPSHOT: San Mateo County Health

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

INDICATOR	NUMBER	CHANGE FROM PREVIOUS MONTH	CHANGE FROM PREVIOUS YEAR
ACE Enrollees	23,730 (October 2020)	1.5%	7.6%
SMMC Emergency Department Visits	2,682 (October 2020)	5.8%	-23.3%
New Clients Awaiting Primary Care Appt.	3 (November 2020)	-90.9%	-97.6%

Leticia Davalos honored by Women in County Government



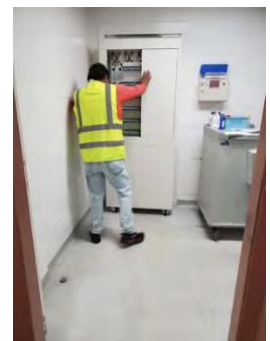
Leticia Davalos of the Health Coverage Unit will be honored by Women in County Government (WICG) at the 30th Annual Recognition and Charity Event on December 14th. Leticia will receive the Public Service/Going the Extra Mile award. She was nominated by eleven staff members, and the recognition event will coincide with her tenth year of service to San Mateo County. As lead health benefits analyst, she has assisted many of the most vulnerable uninsured residents, coordinating eligibility and enrollment assistance for San Mateo Medical Center clients who have been admitted for inpatient care. Since many County Health and community partner agency colleagues rely on Leticia to navigate the most complex uninsured client cases, she is often referred to as a “miracle worker.” A total of six staff from County Health were

nominated for WICG awards this year, a testament to their commitment to public service and dedication to the clients they serve.

Correctional Health Services launches Electronic Health Record

Correctional Health Services’ implementation of an Electronic Health Record (EHR) and pharmacy automation system (*photo, right*) went live on October 19th. Managed by Health Information Technology and two years in the making, the project involved planning and coordination by Correctional Health, San

Mateo Medical Center, Behavioral Health and Recovery Services, the Sheriff’s Office, ISD, and vendor consultants. The EHR collects electronic forms, assessments, reports, radiology and lab orders and results, and other patient information and makes it accessible by clinicians across the health care system. The need for an accurate and accessible base record of care is especially important in Correctional Health Services, since inmates housed in two jail facilities receive coordinated medical and behavioral health services from County Health and contracted providers. The EHR also facilitates the dispensing of medications from two newly implemented



pharmacy automated machines at the Maguire and Maple Street facilities. Bar codes ensure that prescriptions, validated via the EHR and filled by the SMMC pharmacy, can be dispensed accurately, increasing medication administration safety while saving hours of prep time eliminating much of the medication waste experienced in previous processes.

County Health receives \$500K grant to support asthma mitigation

County Health has received a grant of up to \$500,000 from the State of California Department of Health Care Services and the Sierra Health Foundation to support asthma home visiting services, including education and environmental trigger mitigation. **Family Health Services'** (FHS) Asthma Mitigation Project aims to provide one hundred children receiving Medi-Cal with as many as five asthma-related home visits per year. In addition to funding staff time for 1.5 FTE Senior Community Workers and a .5 FTE Public Health Nurse, up to \$1,000 per client may be used for minor to moderate remediation of environmental asthma triggers. Service providers administer an asthma medical **assessment to identify the client's current knowledge/needs, medical history, and current asthma plan** adherence in order to develop an individual service plan. It is anticipated that half of the children enrolled in the program will receive three or more home visits. The program hopes to increase kids' and parents' knowledge of how to manage asthma, to avoid more acute episodes and hospitalizations and emergency department visits. "The goal is to keep kids healthy and staying in school," **said FHS Director Lizelle Liro de Luna.** "Fewer sick days for kids with asthma is definitely an intended outcome."

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