



SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

# **BOARD OF DIRECTORS MEETING**

Monday, April 5, 2021

8:00 AM – 10:00 AM



# AGENDA

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Board of Directors

Wednesday, April 5, 2021

8:00 AM

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**\*\*\*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](mailto: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. March 1, 2021 Minutes

**G. MEDICAL STAFF REPORT**

Chief of Staff Update

*Dr. Steve Hassid*

**H. ADMINISTRATION REPORTS**

1. Department of Pharmacy

*Dr. Alpa Sanghavi..... Verbal*  
*Victor Armendariz*

2. Compliance and HIPAA

*Dr. CJ Kunnappilly..... Verbal*  
*Gabriela Behn*

3. Integrated Medication Assisted Treatment

*Louise Rogers..... Verbal*  
*Mary Fullerton*

4. Financial Report

*David McGrew.....TAB 2*

5. CEO Report

*Dr. CJ Kunnappilly.....TAB 2*

**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, March 1, 2021  
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  
David McGrew  
Dr. Alpa Sanghavi  
Robert Blake  
Peggy Jensen  
Dr. Yousef Turshani  
Sam Lin  
Scott Gurley  
Scott Gilman

**Members of the Public**

Rebecca Archer  
John Jurow  
Karen Pugh  
Gabriela Behn  
Paul Rogerville  
Henrietta Williams  
Janette Gomez  
Cynthia Hernandez  
Terry Rittgers

Rachel Daly  
Kathryn Calafato  
Adam Ely  
Dianaliza Lamsen  
Luci Latu  
Alen Yaghoubi  
Angela Gonzales  
Jennifer Papa  
Priscilla Romero

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 8:28 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for March 1, 2021. QIC Minutes from January 26, 2021. Medical Executive Committee Minutes from February 9, 2021.	Rebecca Archer reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report	John Jurow reported that the Foundation was able to support \$50,000 for thermometers and an additional \$15,000 for biofeedback survey program.  In partnership with the 1440 Foundation and the Sandhill Foundation, the Health Foundation will offer frontline healthcare workers who work at SMMC's hospitals and clinics an amazing opportunity to attend a free workshop and retreat in the Santa Cruz mountains. The workshop will provide frontline healthcare workers the information, skills, and tools needed to help prioritize and care for their own mental health and well-being.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from February 1, 2021.	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 the number of COVID-19 positive patients in the hospital is less than 25% of the December numbers. Greater than 80% of medical staff have received at least one dose of the COVID-19 vaccine.</p> <p>Ground Rounds held on February 18 focused on the disparity in certain demographic groups as it relates to access, vaccine hesitancy.</p> <p>The COVID Vaccine Innovation Workshop is exploring how to make delivering the vaccines simpler and more accessible.</p>	FYI
Patient Experience Dianaliza Lamsen	<p>The Patient Experience Department: patient relations, volunteer services, and spiritual care.</p> <p>Patient Relations: patient navigation, COVID-19 screening of all who enter the hospital and clinics including staff, admitted patient support, patient surveys, and grievances.</p> <p>Patient feedback: NRC Health is the survey administrator HCAHPS (Hospital Consumer Assessment of Healthcare Providers Survey)</p> <ul style="list-style-type: none"> <li>Administered by mail to random sampling of adult hospitalized patients after discharge. Responses are publicly reported on a quarterly basis and the surveys are offered in six languages. Response rate 17.3%</li> </ul> <p>Outpatient surveys have a response rate of 29% and are done in real-time.</p> <p>Complaints: Patient complaint that is resolved in real time or is sent as an FYI/suggestion Grievances: A formal complaint that is sent for review, requiring a resolution response within seven business days</p> <p>Volunteer Services: special events such as holiday gift drop for pediatric clinics and inpatient units, gift shoop (currently closed), and the Patient and Family Advisory Council</p> <p>Spiritual Care: chaplaincy services, grief and family support</p>	FYI
Cordilleras Replacement Project	<p>Project Inception in 2013 lead to the feasibility study in 2014.</p> <p>The existing building: 25k square feet for CH and 25k square feet for MHRC with a total capacity of 117 clients. There is no federal reimbursement associated with the facilities. The future campus will be 28.5k and 38k square feet and will be able to host 121 clients. There will be federal medical reimbursement for four MHRC's and, most importantly, the facilities are being tailored for rehabilitation.</p>	FYI

	The permitting process is complete, and construction has begun. Clients will be able to relocate to the new structure in the fourth quarter 2022 and the project will be completed in 2023.	
Financial Report David McGrew, CFO	The January FY 20/21 financial report was included in the Board packet and David McGrew answered questions from the Board.	FYI
CEO Report Dr. CJ Kunnappilly	Dr. Kunnappilly reviewed the results of the Board Survey and presented the CEO report which was included in the Board packet. He answered questions from the Board.	FYI
County Health Chief Report Louise Rogers	<p>Louise Rogers reported that 24% of the adult population in the county has received their first shot of the COVID-19 vaccine. The county is the biggest vaccinator, followed by Kaiser and Sutter.</p> <p>County Health is partnering with HR Support and Carbon Health to support large and small vaccine events. We realize that targeted outreach is essential to reach some populations that are not well served by large vaccination events. The mobile health van has regularly reached the homeless and agricultural populations in the county.</p> <p>It is exciting to be able to offer the Johnson &amp; Johnson vaccine soon which is single dose and the storage requirement are much less burdensome. Vaccine supply is expected to increase in the coming weeks.</p>	FYI
County Manager Mike Callagy	The new Chief Equity Officer will be Shireen Malekafzali, who comes to us from County Health. We are excited to have Shireen onboard.	FYI
Board of Supervisors Supervisor Groom	Starting next week, the Board of Supervisors will start working on the next budget so we are looking forward to working with Health.	FYI

Supervisor Groom adjourned the meeting at 9:45 AM. The next Board meeting will be held on April 5, 2021.

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: February FY20-21**

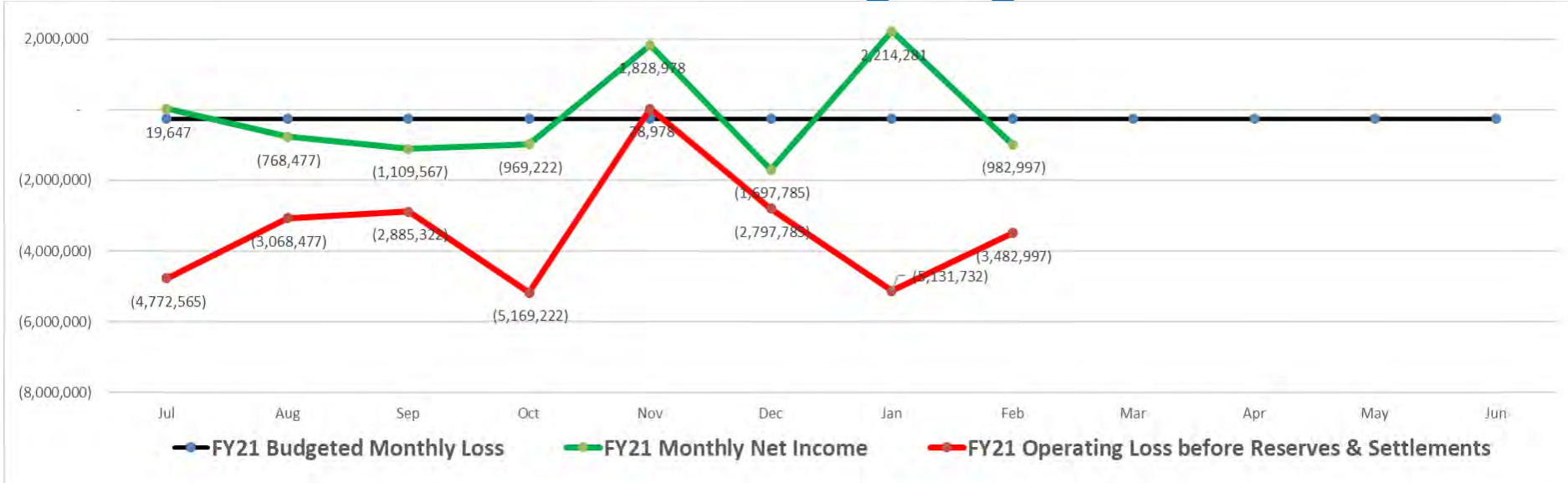
April 5, 2021

**Presenter: David McGrew, CFO**



SAN MATEO COUNTY HEALTH  
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# Financial Highlights



**YTD Net Loss - \$1.5M vs \$2.1 M budgeted)**

- Medi-Cal Fee for Service (FFS) rates
- Settlements – FY20 EPP \$2.5M

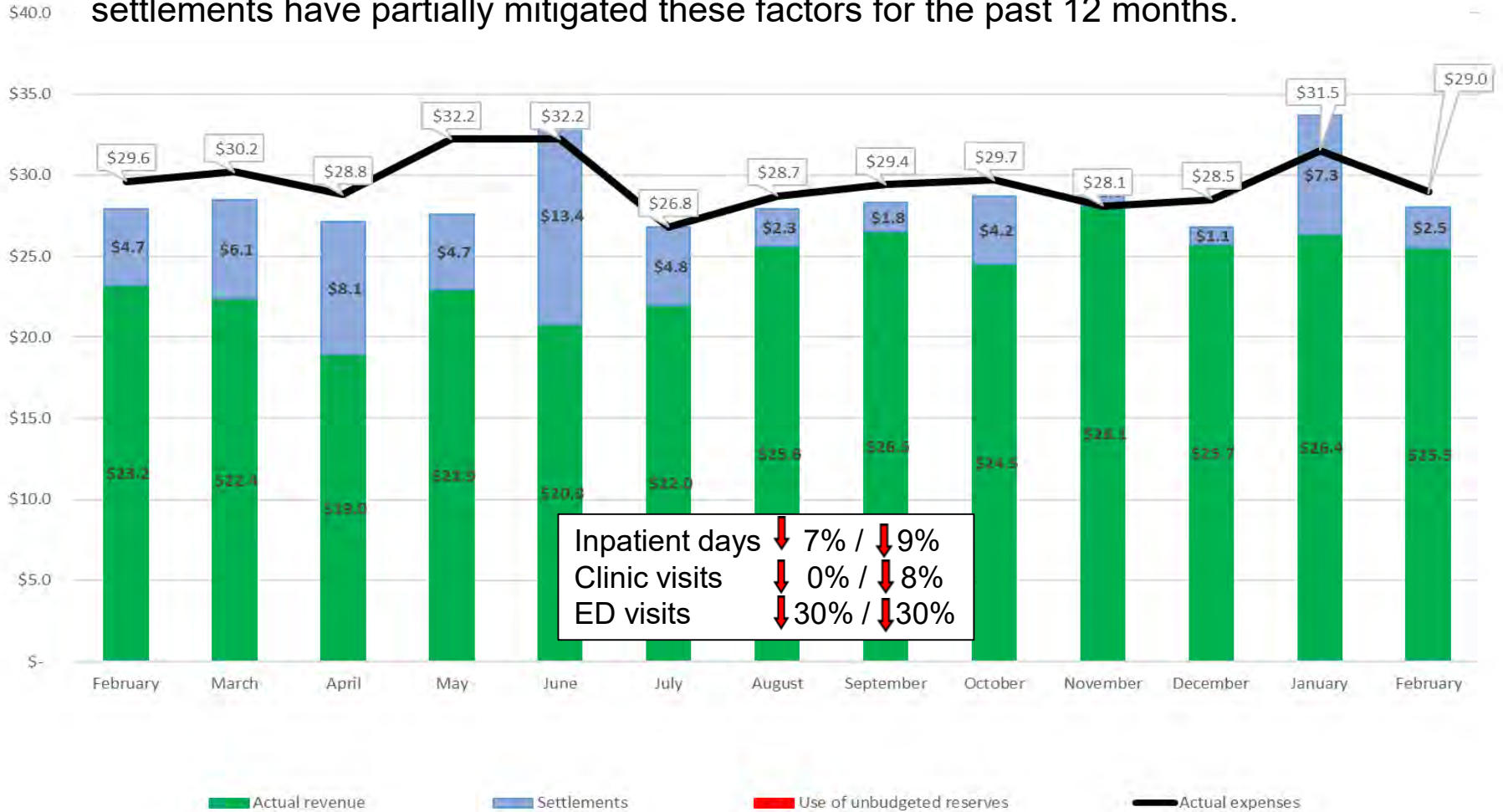
- FTEs over budget due to new screeners
- COVID pandemic impact on patient volumes – 28% reduction in patient revenue
- ACE outside medical costs

**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 into QIP and higher than expected funding from GPP and FFS reimbursement rates help mitigate challenges with the execution of operating budget initiatives as a result of the pandemic.



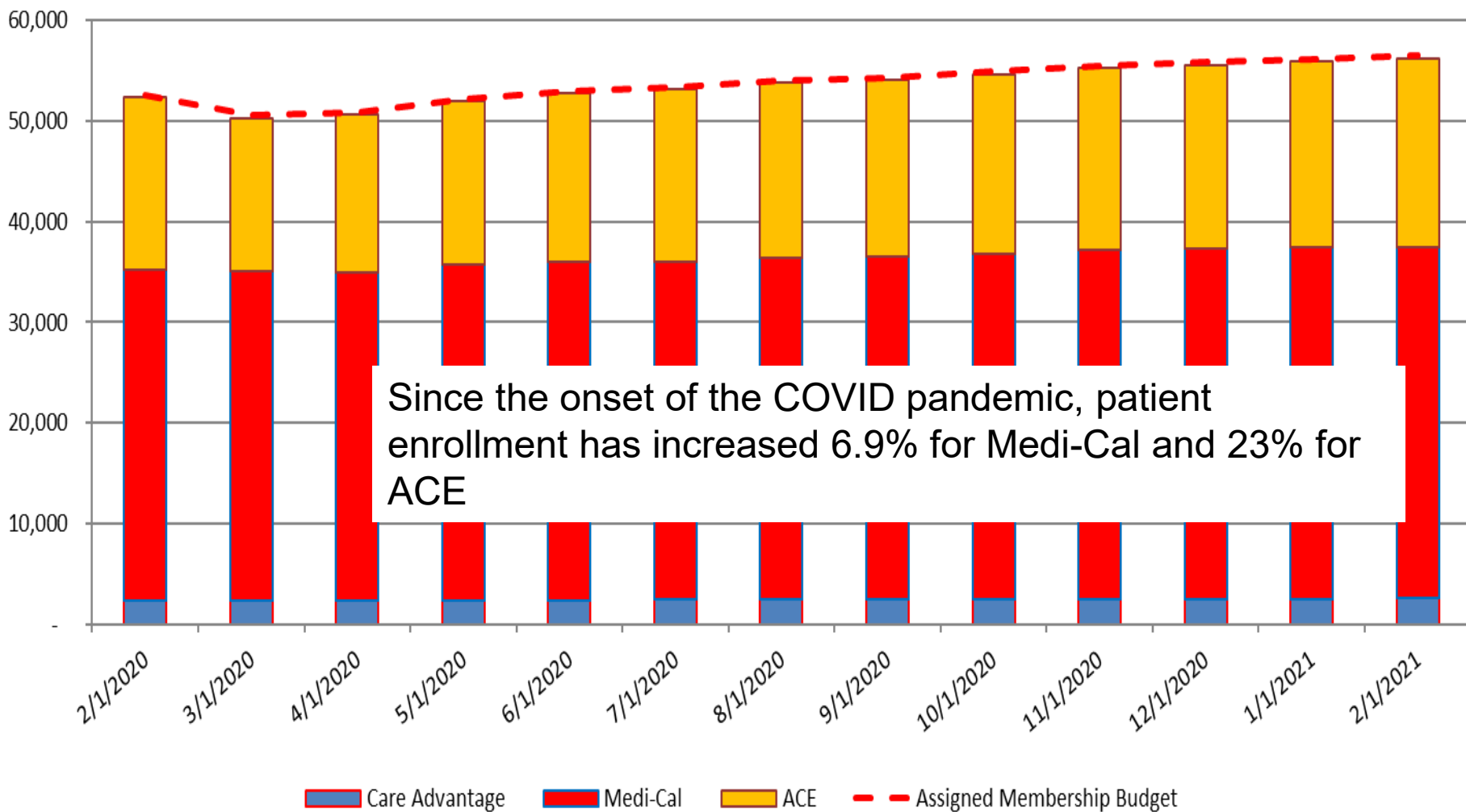
# FY 20-21 Structural Deficit Trend

SMMC's structural deficit continues as revenue sources from on-going operations and current supplemental programs cannot keep pace with the cost structure. Cost report 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

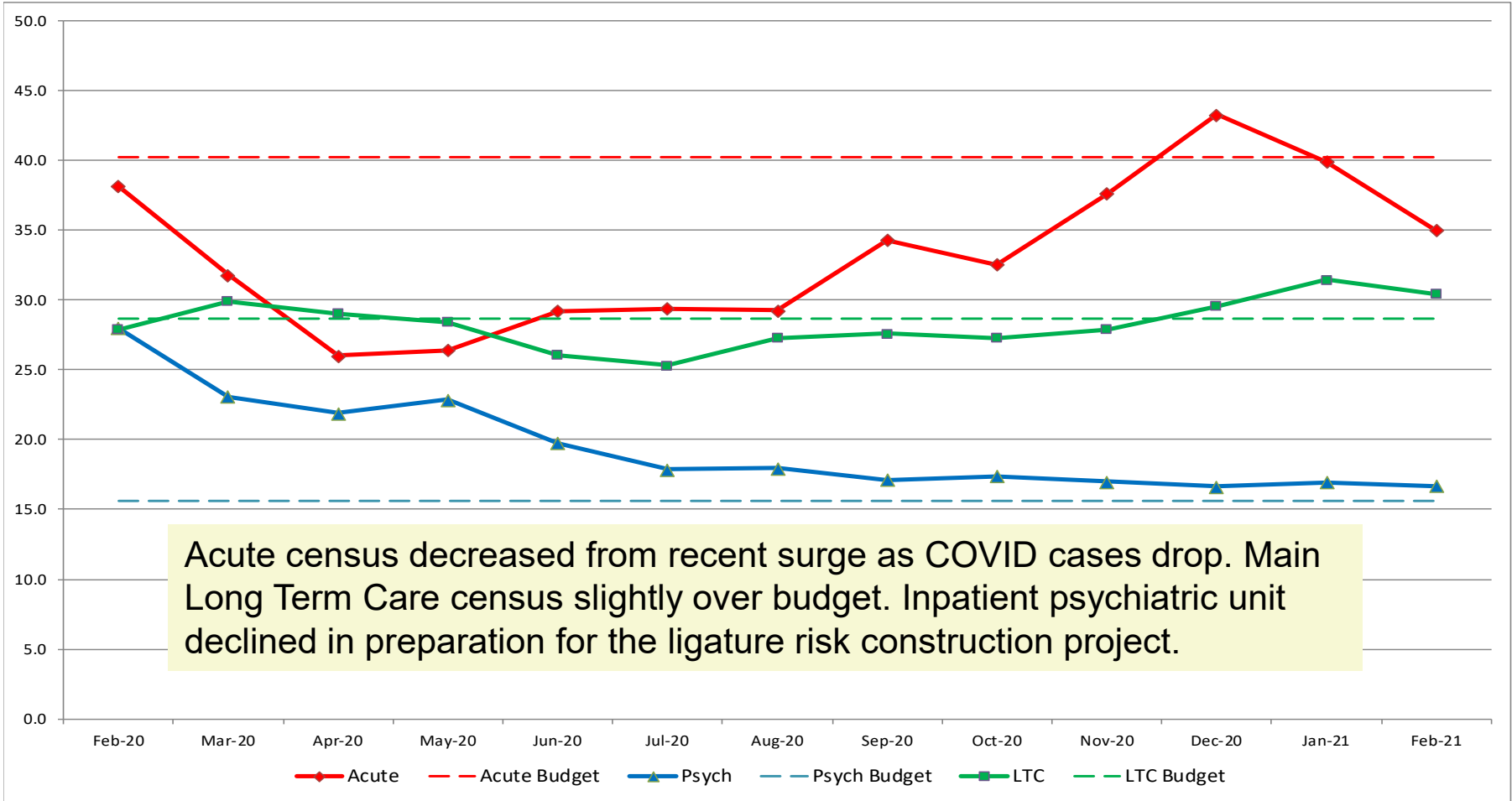


# San Mateo Medical Center Inpatient Days February 28, 2021

MONTH			
Actual	Budget	Variance	Stoplight
2,299	2,473	(174)	-7%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
19,608	21,466	(1,858)	-9%

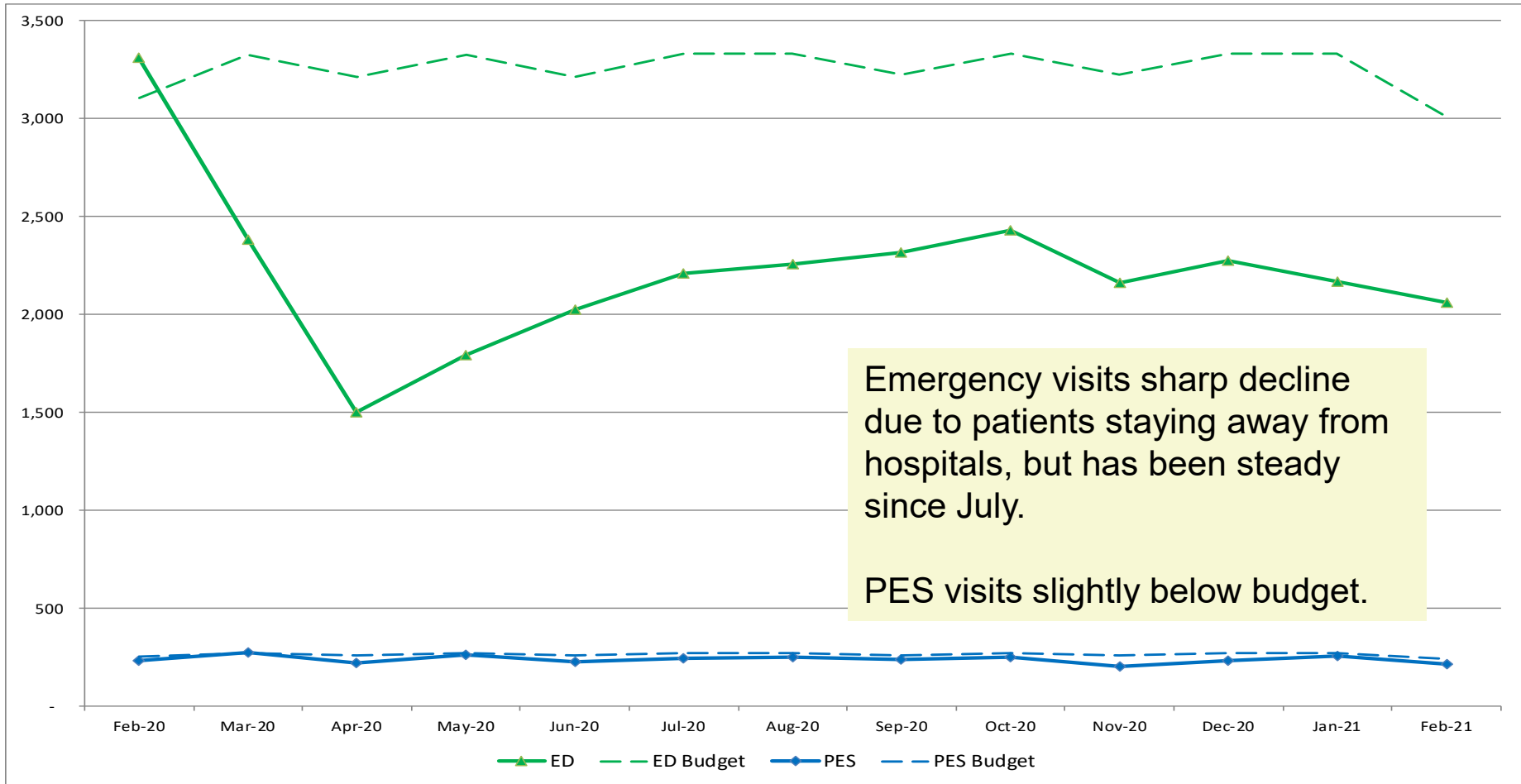
**Patient Days**



# San Mateo Medical Center Emergency Visits February 28, 2021

	MONTH			
	Actual	Budget	Variance	Stoplight
ED Visits	2,282	3,255	(973)	-30%

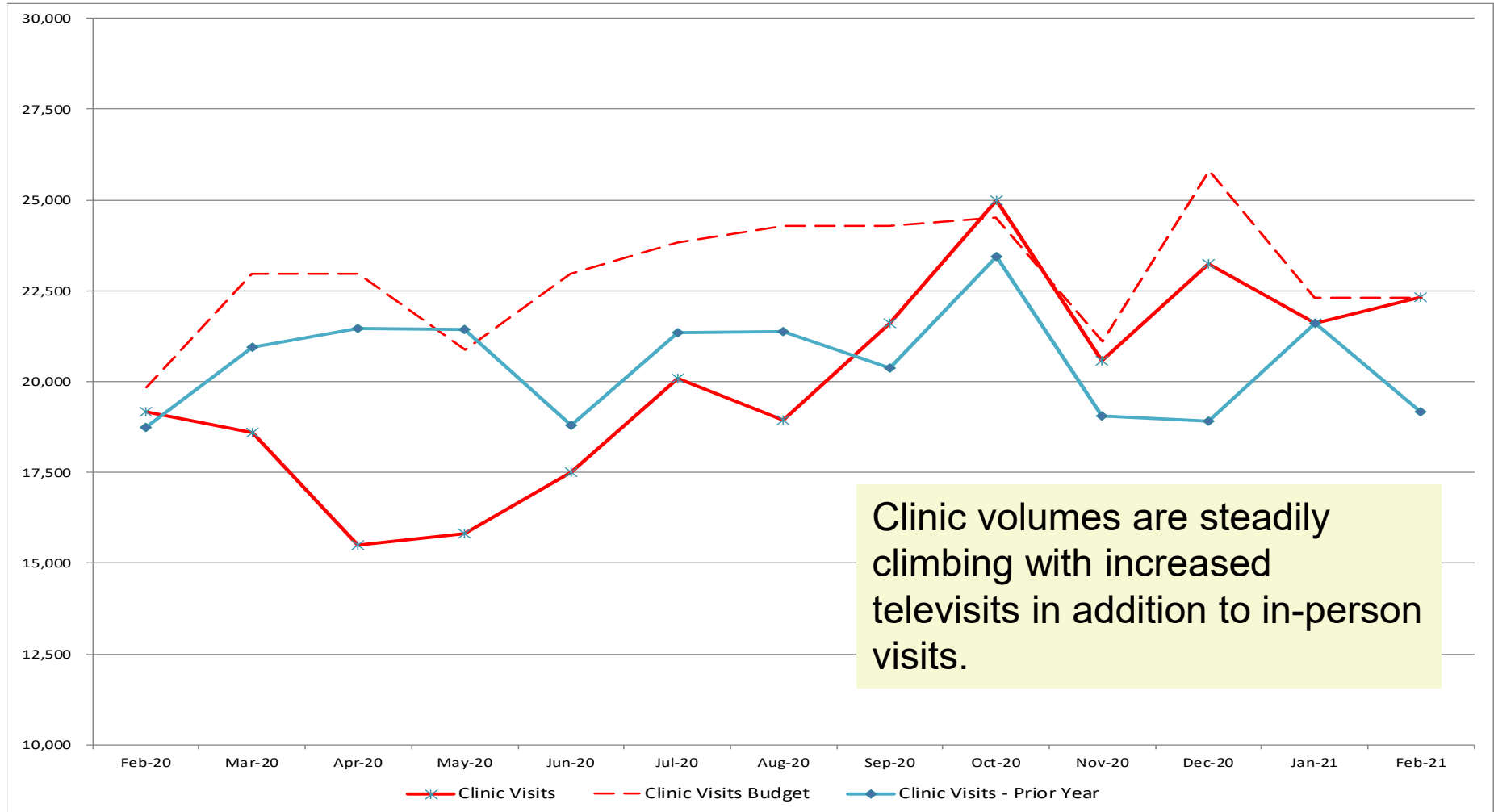
	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
ED Visits	19,787	28,249	(8,462)	-30%



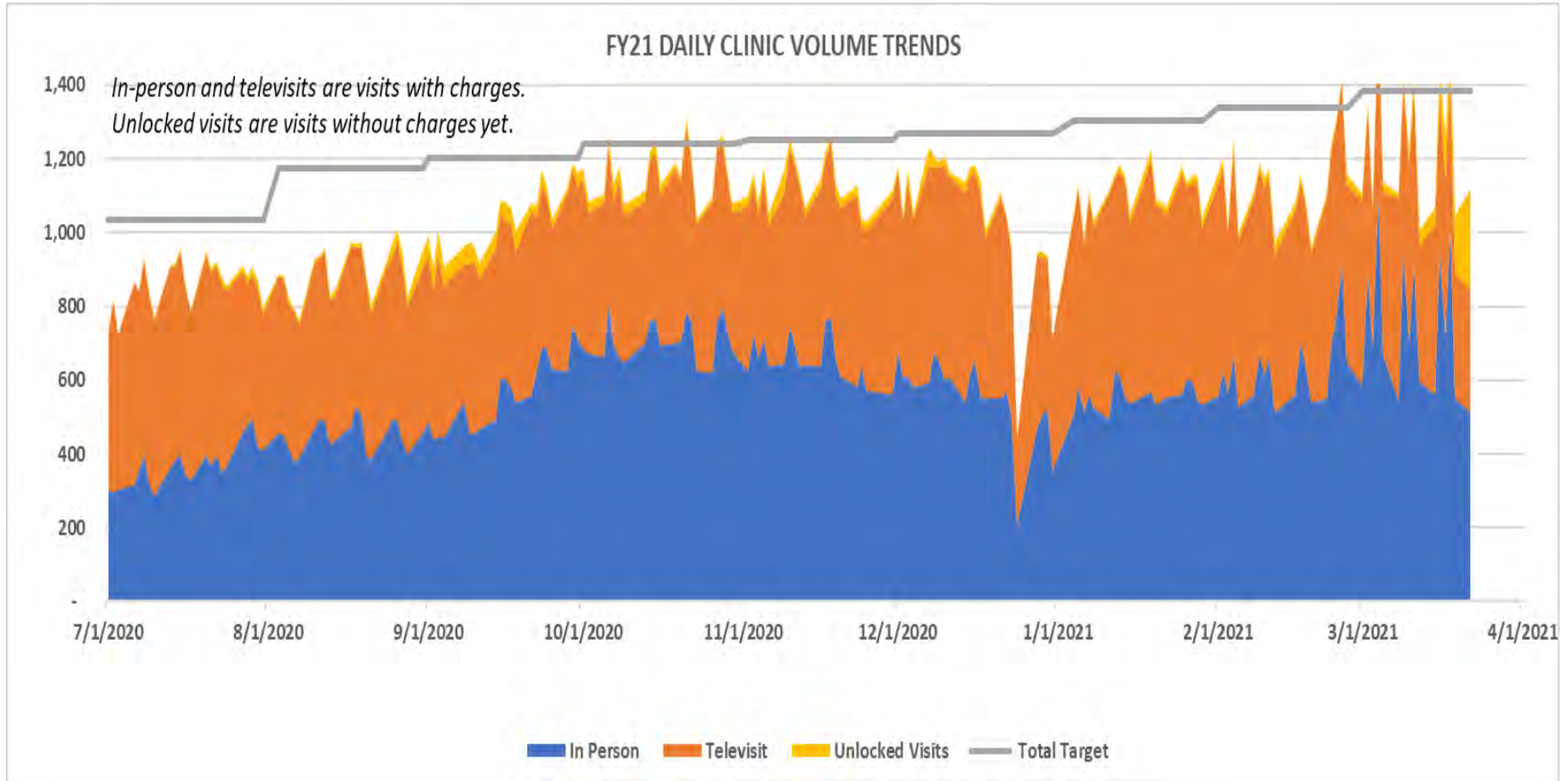
# San Mateo Medical Center Clinic Visits February 28, 2021

MONTH			
Actual	Budget	Variance	Stoplight
22,331	22,321	10	0%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
173,360	188,453	(15,093)	-8%



# San Mateo Medical Center Clinic Telehealth Visits February 28, 2021

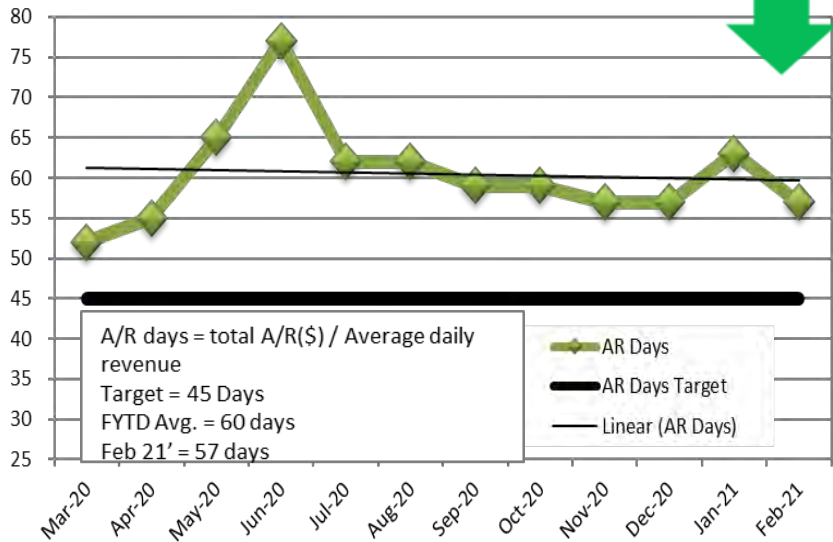


Clinic televisits have increased from an average of 6% of total visits pre-COVID to an average of 44% since March 16th, with a high of 78%. The mix of televisits and in-person visits are steady.

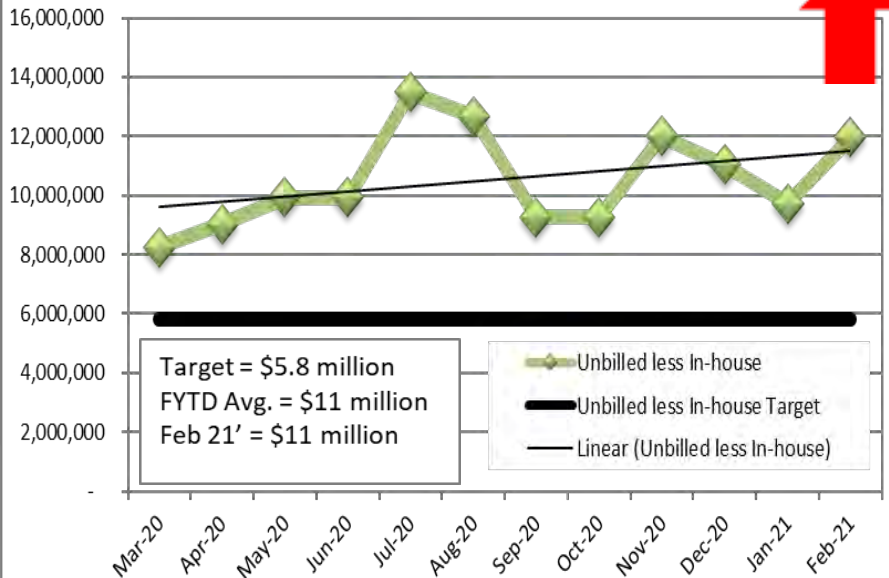


# Key Performance Indicators

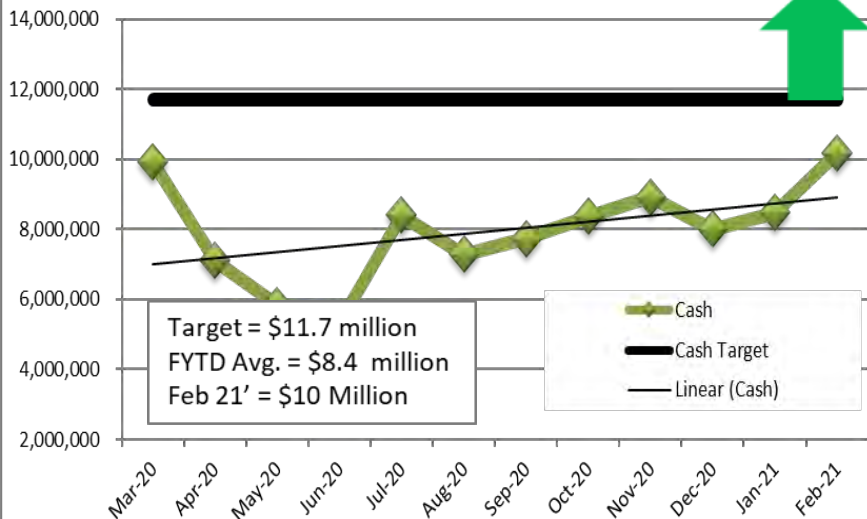
## A/R Days - Rolling 12 Months



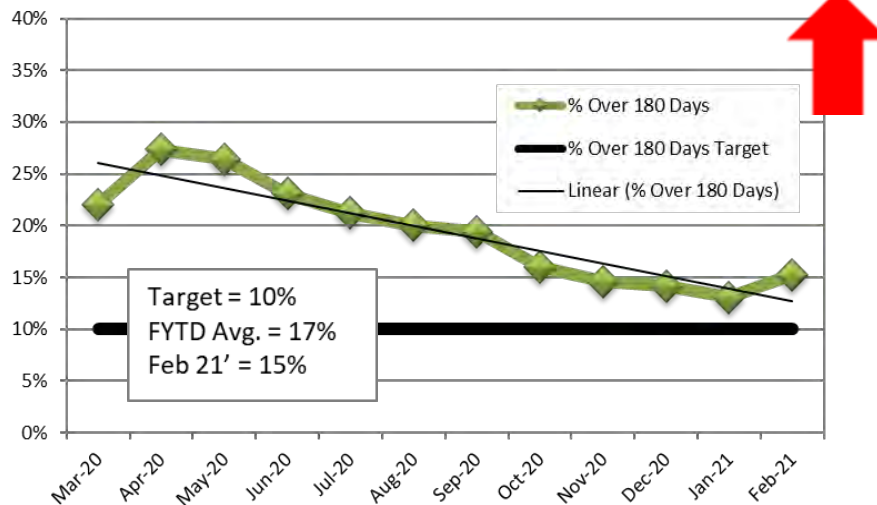
## A/R Unbilled - Rolling 12 Months



## Cash - Rolling 12 Months



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





SAN MATEO COUNTY HEALTH

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QUESTIONS?

# APPENDIX



SAN MATEO COUNTY HEALTH  
**SAN MATEO**  
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**San Mateo Medical Center**  
**Income Statement**  
**February 28, 2021**

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 <b>Income/Loss (GAAP)</b>	(982,997)	(257,335)	(725,661)		(1,462,559)	(2,058,684)	596,125		
2 <b>HPSM Medi-Cal Members Assigned to SMMC</b>	34,960	33,069	1,891	6%	275,193	264,551	10,642	4%	
3 <b>Unduplicated Patient Count</b>	59,470	68,606	(9,136)	-13%	59,470	68,606	(9,136)	-13%	
4 <b>Patient Days</b>	2,299	2,473	(174)	-7%	19,608	21,466	(1,858)	-9%	
5 <b>ED Visits</b>	2,213	3,255	(1,042)	-32%	19,718	28,249	(8,531)	-30%	
7 <b>Surgery Cases</b>	184	254	(70)	-28%	1,441	2,191	(750)	-34%	
8 <b>Clinic Visits</b>	22,331	22,321	10	0%	173,360	188,453	(15,093)	-8%	
9 <b>Ancillary Procedures</b>	59,703	65,196	(5,493)	-8%	479,401	562,853	(83,452)	-15%	
10 <b>Acute Administrative Days as % of Patient Days</b>	0.0%	16.0%	16.0%	100%	0.0%	16.0%	16.0%	100%	
11 <b>Psych Administrative Days as % of Patient Days</b> (Days that do not qualify for inpatient status)	87.4%	80.0%	-7.4%	-9%	39.3%	80.0%	40.7%	51%	
<b>Pillar Goals</b>									
12 <b>Revenue PMPM</b>	131	131	0	0%	119	131	(12)	-9%	
13 <b>Operating Expenses PMPM</b>	318	296	(22)	-8%	317	296	(21)	-7%	
14 <b>Full Time Equivalents (FTE) including Registry</b>	1,164	1,162	(2)	0%	1,162	1,162	-	0%	

**San Mateo Medical Center**  
**Income Statement**  
**February 28, 2021**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 <b>Inpatient Gross Revenue</b>	12,267,549	13,856,510	(1,588,961)	-11%	104,984,843	110,852,078	(5,867,235)	-5%
22 <b>Outpatient Gross Revenue</b>	17,233,010	30,643,909	(13,410,899)	-44%	152,809,357	245,151,271	(92,341,914)	-38%
23 <b>Total Gross Revenue</b>	29,500,558	44,500,419	(14,999,860)	-34%	257,794,200	356,003,349	(98,209,149)	-28%
24 <b>Patient Net Revenue</b>	9,776,433	12,241,179	(2,464,747)	-20%	77,905,276	97,929,434	(20,024,158)	-20%
25 Net Patient Revenue as % of Gross Revenue	33.1%	27.5%	5.6%	20%	30.2%	27.5%	2.7%	10%
26 <b>Capitation Revenue</b>	355,188	379,538	(24,350)	-6%	2,804,411	3,036,303	(231,892)	-8%
27 <b>Supplemental Patient Program Revenue</b> (Additional payments for patients)	11,228,071	9,855,225	1,372,846	14%	89,147,125	78,841,799	10,305,325	13%
28 <b>Total Patient Net and Program Revenue</b>	21,359,692	22,475,942	(1,116,250)	-5%	169,856,811	179,807,536	(9,950,725)	-6%
29 <b>Other Operating Revenue</b> (Additional payment not related to patients)	990,247	906,337	83,910	9%	14,925,843	7,250,697	7,675,145	106%
30 <b>Total Operating Revenue</b>	22,349,939	23,382,279	(1,032,340)	-4%	184,782,654	187,058,233	(2,275,579)	-1%

**San Mateo Medical Center**  
**Income Statement**  
**February 28, 2021**

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	16,858,554	17,390,063	531,510	3%
32 Drugs	1,056,643	723,499	(333,144)	-46%
33 Supplies	802,967	944,631	141,663	15%
34 Contract Provider Services	3,444,247	3,490,050	45,802	1%
35 Other fees and purchased services	5,176,042	5,010,126	(165,916)	-3%
36 Other general expenses	440,408	433,916	(6,492)	-1%
37 Rental Expense	199,013	209,620	10,606	5%
38 Lease Expense	773,407	773,407	-	0%
39 Depreciation	224,302	271,443	47,141	17%
40 <b>Total Operating Expenses</b>	28,975,583	29,246,754	271,171	1%

134,576,842	139,120,508	4,543,666	3%
9,120,461	5,787,995	(3,332,466)	-58%
7,256,017	7,557,045	301,027	4%
28,355,027	27,920,398	(434,629)	-2%
39,486,758	40,081,007	594,249	1%
3,794,370	3,471,326	(323,044)	-9%
1,631,077	1,676,957	45,880	3%
6,187,252	6,187,252	-	0%
1,776,160	2,171,544	395,384	18%
232,183,964	233,974,032	1,790,068	1%

41 <b>Operating Income/Loss</b>	(6,625,645)	(5,864,475)	(761,170)	-13%
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(47,401,310)	(46,915,799)	(485,512)	-1%
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42 <b>Non-Operating Revenue/Expense</b>	338,763	303,254	35,508	12%
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3,507,671	2,426,034	1,081,636	45%
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43 <b>Contribution from County General Fund</b>	5,303,885	5,303,885	(0)	0%
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42,431,081	42,431,081	(0)	0%
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44 <b>Total Income/Loss (GAAP)</b>	(982,997)	(257,335)	(725,661)	
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(1,462,559)	(2,058,684)	596,125	
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(Change in Net Assets)

# COVID Financial Impact Summary

	September	October	November	December	January	February	Total Mar-Feb 2021
Revenue loss	\$ 1,189,000	\$ 304,000	\$ 282,000	\$ 714,000	\$ 876,000	\$ 634,000	\$ 23,038,310
Expenses:							
Staffing	1,940,000	3,422,000	1,605,000	\$ 2,100,000	\$ 2,400,000	\$ 2,500,000	\$ 29,988,000
Supplies	180,000	454,000	251,000	\$ 106,000	\$ 229,000	\$ 128,000	\$ 2,028,000
IT	-	-	-	\$ -	\$ -	\$ -	\$ 404,000
Other Prof. Fees	101,000	122,000	115,000	\$ 153,000	\$ 64,000	\$ 570,000	\$ 604,000
Total expenses	2,221,000	3,998,000	1,971,000	2,359,000	2,693,000	3,198,000	33,024,000
Total Losses due to COVID	3,410,000	4,302,000	2,253,000	3,073,000	3,569,000	3,832,000	56,062,310

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

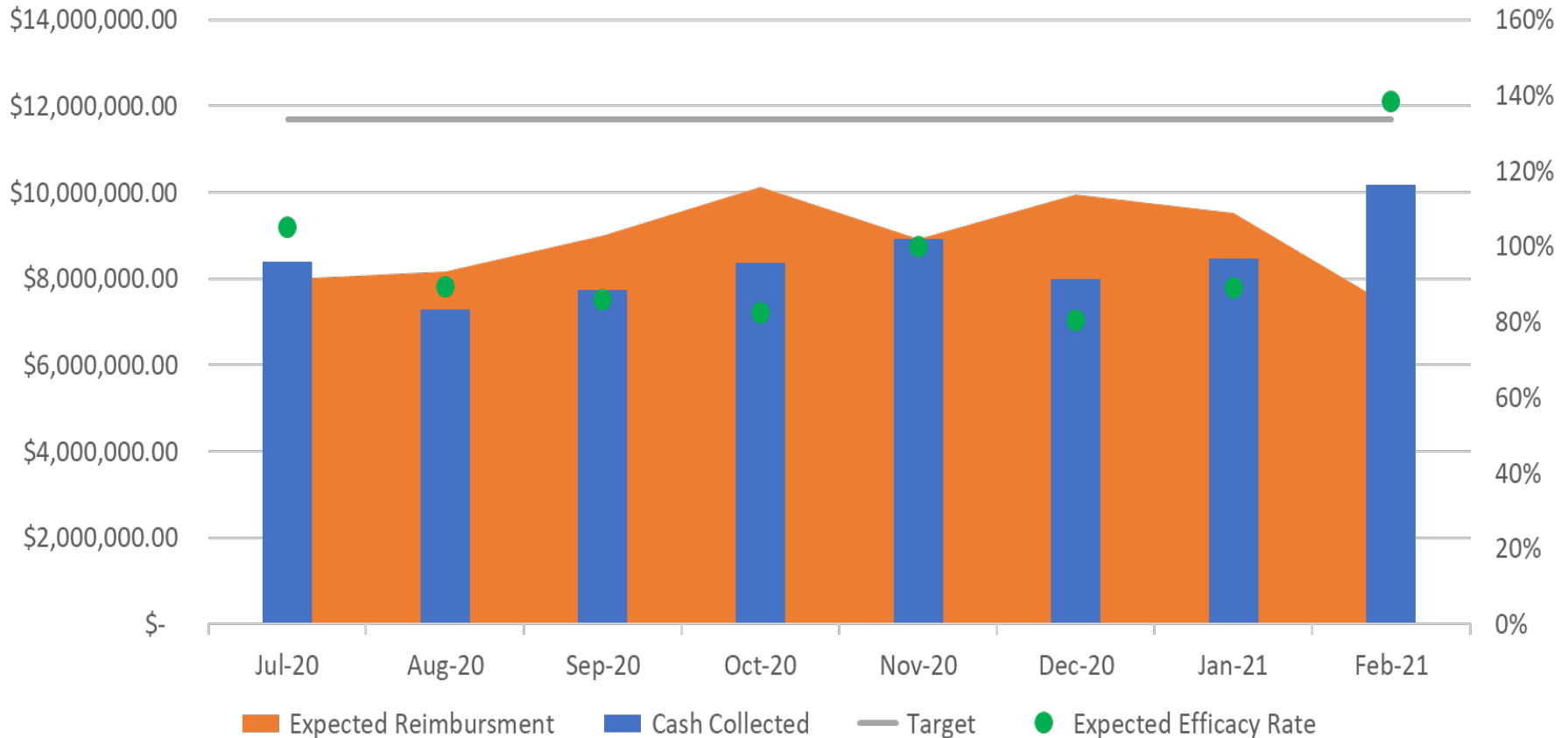
Total losses to date  
= \$56M

**COVID-19 Federal Funds - \$19.6 million to SMMC**

Funding Source	Total Allocation	SMMC \$
<p align="center"><b>Provider Relief Fund</b></p> <p>\$175 billion from CARES and PPP/HCE Acts to reimburse health care providers for expenses or lost revenue not otherwise reimbursed and directly attributable to COVID</p>	\$30B General Allocation	<b>\$1.3M</b>
	\$20B General Allocation	<b>\$2.2M</b>
	\$10B Targeted Allocation - COVID19 High Impact	<b>\$4.95M</b>
	\$10B Targeted Allocation - Rural Providers	<b>\$207K</b>
	\$4.9B Targeted Allocation - SNF	<b>\$913K</b>
	Targeted Allocation - Treating Uninsured Patients	TBD
	\$2.5B Targeted NF Infection Control Payment	<b>\$510K</b>
	\$2B Targeted NF Infection Control Performance Payments	TBD
<p align="center"><b>Accelerated Medicare Payments</b></p> <p>Advance payment for Medicare claims authorized by the CARES Act</p>	<p align="center">N/A - Advance Payment</p>	<p align="center"> <b>\$2.7M</b> - Outpatient  <b>\$526K</b> - LTC  <b>\$2.3M</b> - IP Psych and FQ  <b>\$3.1M</b> - IP    <b>Repayment Required</b> </p>
<p align="center"><b>FY2020 CARES Supplemental Fund</b></p> <p>Funding for supplemental awards to Health Centers with HRSA grants for testing, prevention, diagnosis, and treatment of COVID-19</p>	\$100M Prepare, Prevent & Respond to Coronavirus	<b>\$57.5K</b>
	\$1.32B Prevention, Diagnosis & Treatment	<b>\$640K</b>
	\$583 Expand Testing Capacity	<b>\$184K</b>
<p align="center"><b>State Hospital Association Grants</b></p> <p>\$50 million in grants to state hospital associations through the Assistant Secretary for Preparedness Response</p>	\$4.2M	<b>\$36.6K</b>



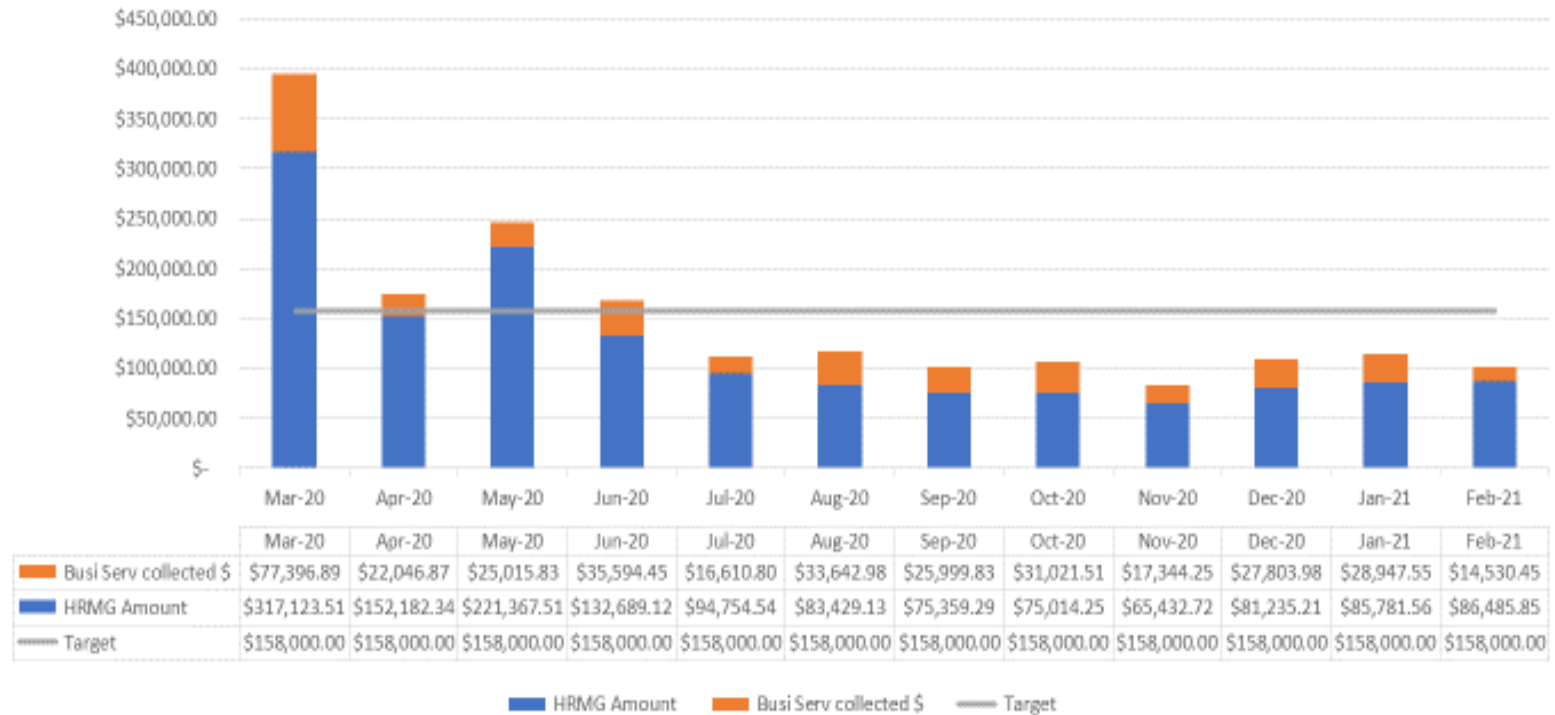
# Expected Reimbursement vs Actual Cash Collected During COVID



Fee-For-Service (FFS) revenue is significantly below target due to patient volumes being lower during the pandemic. Cash collected is lower than expected for the actual revenue generated due to challenges with releasing claims in a timely manner.

# Self Pay Cash Collections

## Self Pay; HRMG and Business Services

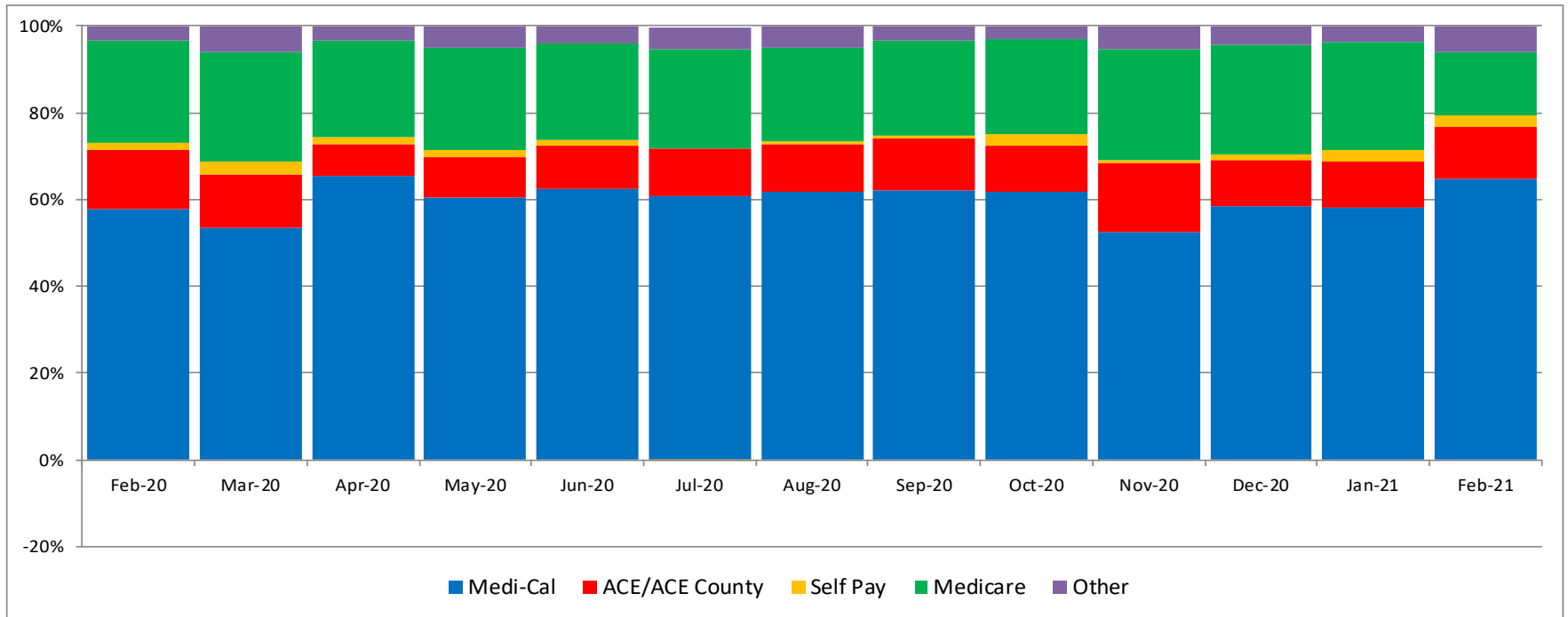


SMMC contracted with Healthcare Revenue Management Group to support SMMC’s Business Services unit with collections of patient self-pay balances. March represents the first full month of HRMG’s collection activities.

**San Mateo Medical Center  
Payer Mix  
February 28, 2021**

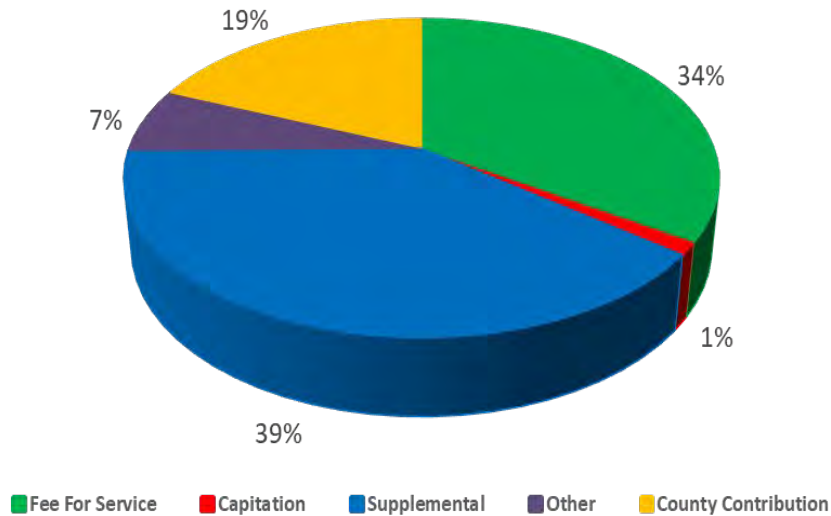
Payer Type by Gross Revenue	MONTH			
	Actual	Budget	Variance	Stoplight
	A	B	C	D
Medicare	22.8%	23.6%	-0.8%	
Medi-Cal	58.3%	55.3%	3.0%	
Self Pay	2.6%	3.0%	-0.4%	
Other	5.5%	5.0%	0.5%	
ACE/ACE County	10.7%	13.1%	-2.4%	
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>		

Payer Type by Gross Revenue	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
	E	F	G	H
Medicare	23.5%	23.6%	-0.1%	
Medi-Cal	59.2%	55.3%	3.9%	
Self Pay	1.4%	3.0%	-1.6%	
Other	4.3%	5.0%	-0.7%	
ACE/ACE County	11.6%	13.1%	-1.5%	
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>		

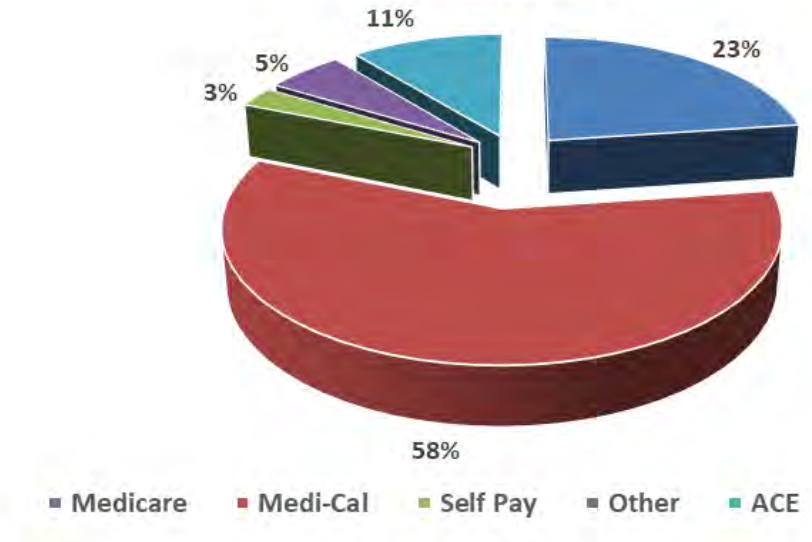


# Revenue Mix

## Sources of Revenue



## Payor Mix



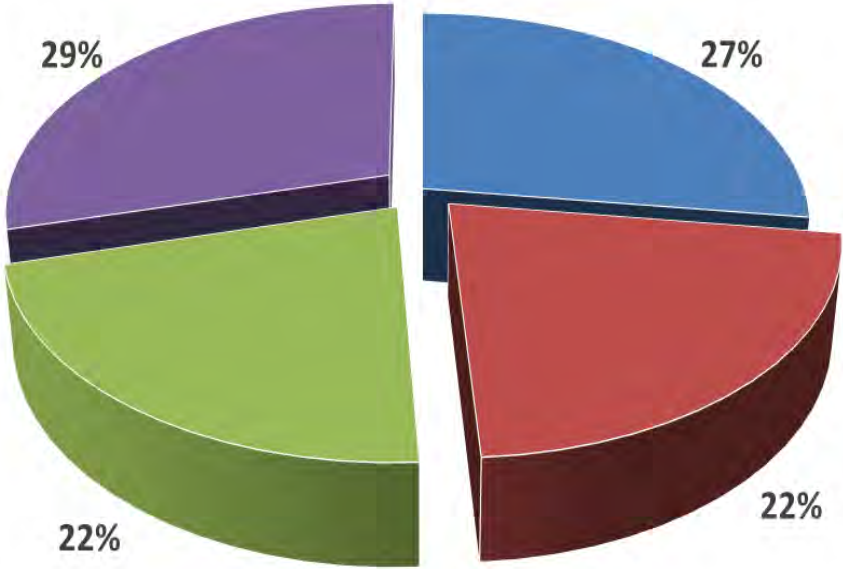
**Health Plan of San Mateo (HPSM)** represents 29% of our Operating Revenue

- 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



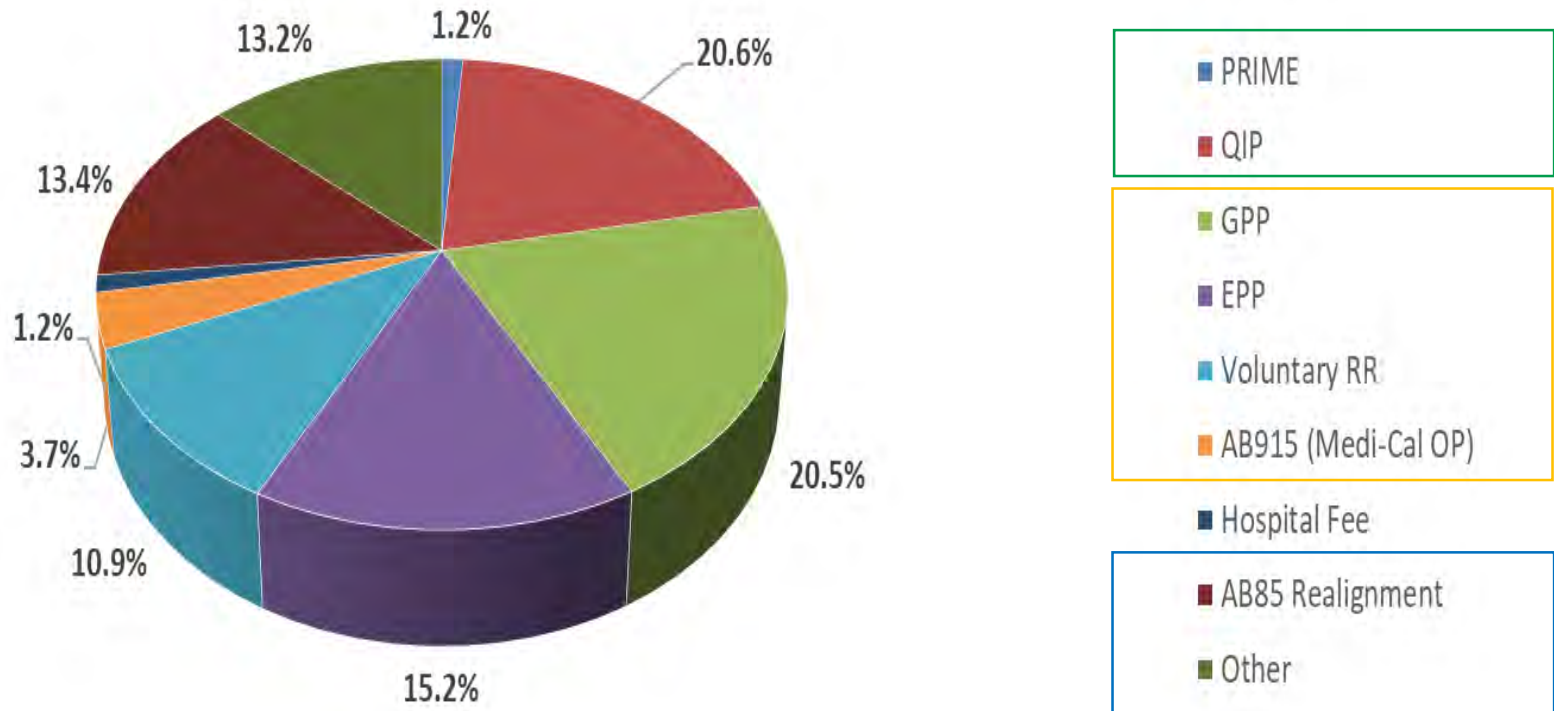
■ Inpatient

■ Hospital ED & Outpatient

■ Ambulatory Clinics

■ Ancillary Services

# Supplemental Revenue Mix

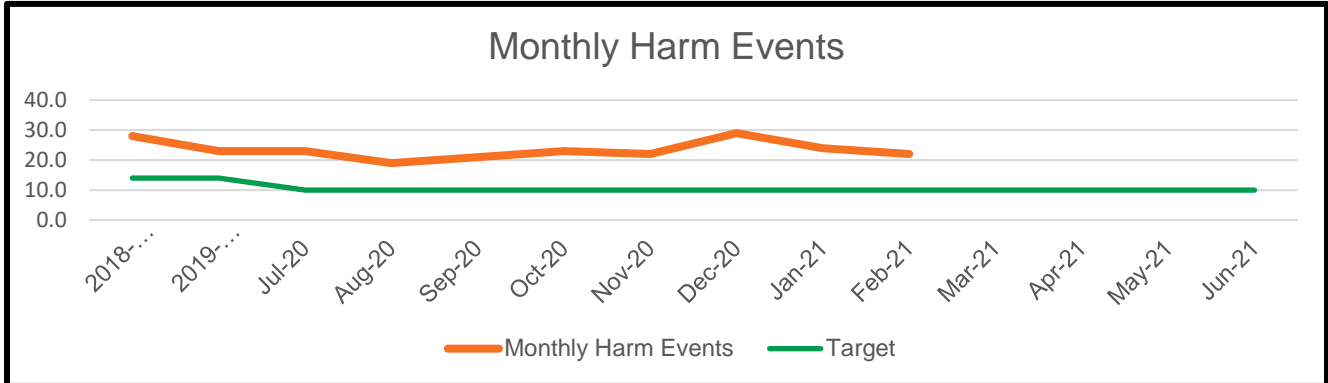


- **Value-Based** programs represent 21.8% of our Supplemental Revenue
- **Volume-Based** programs represent 78.2% of our Supplemental Revenue

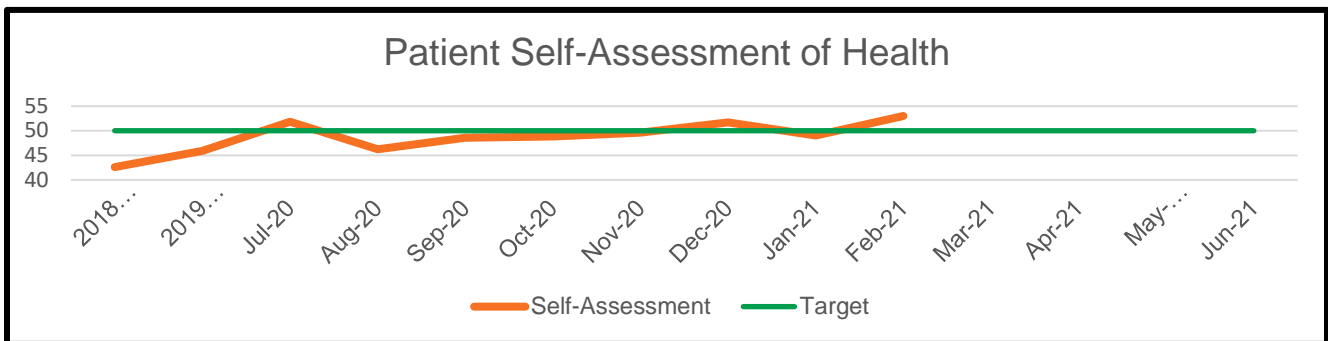
# CEO REPORT

April 2021

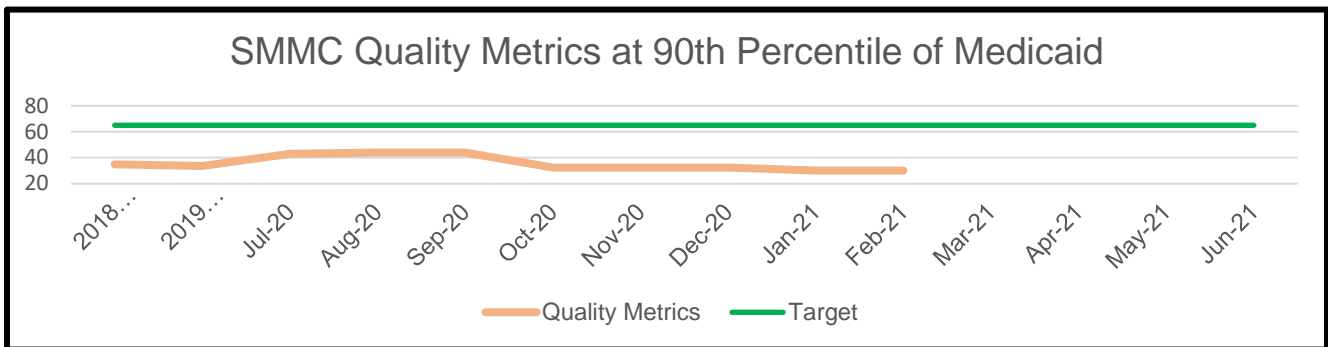
## EXCELLENT CARE METRICS



**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. *(Of note-a recent review of harms data indicated an inadvertent omission of some harm events-mostly without injury-over the last few months. This is corrected here.)*  
**Lower is better.**

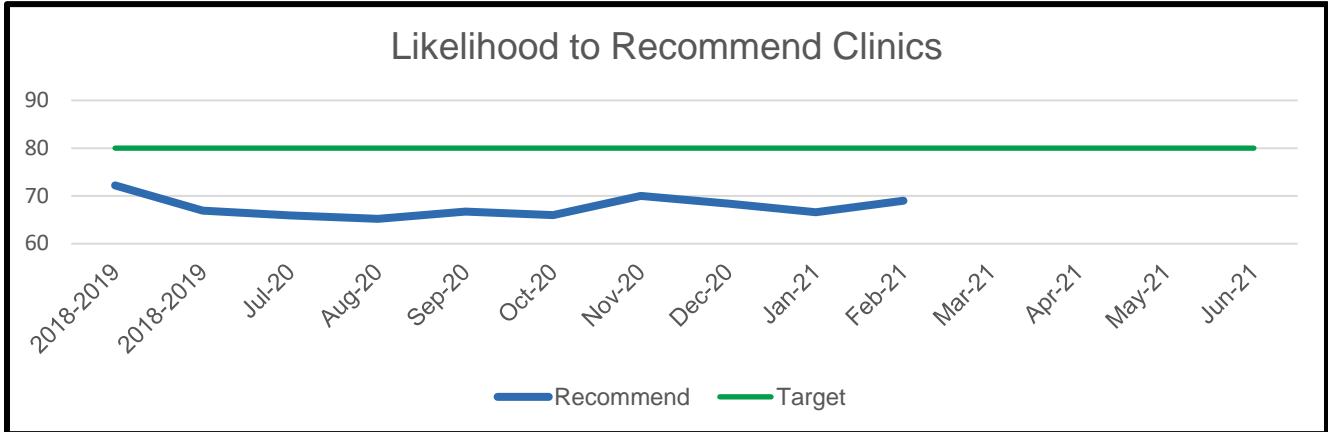


**Patient Self-Assessment of Health:** All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**

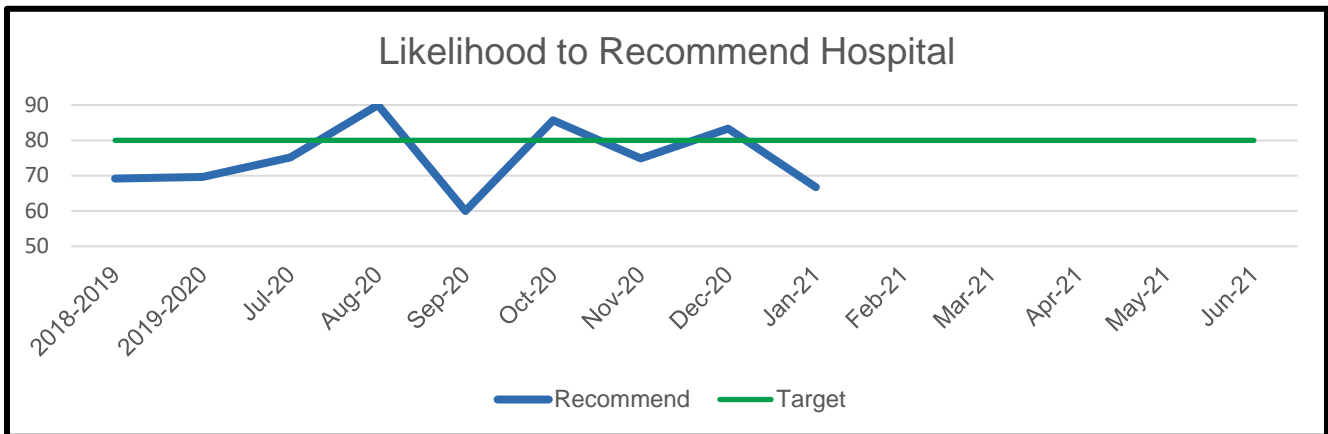


**Quality Metrics at 90<sup>th</sup> Percentile:** SMMC seeks excellence in all that it does. The organization currently participates in a number of pay for performance programs including PRIME, QIP and the Health Plan of San Mateo Pay for Performance Program. This metric measures the percentage of quality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

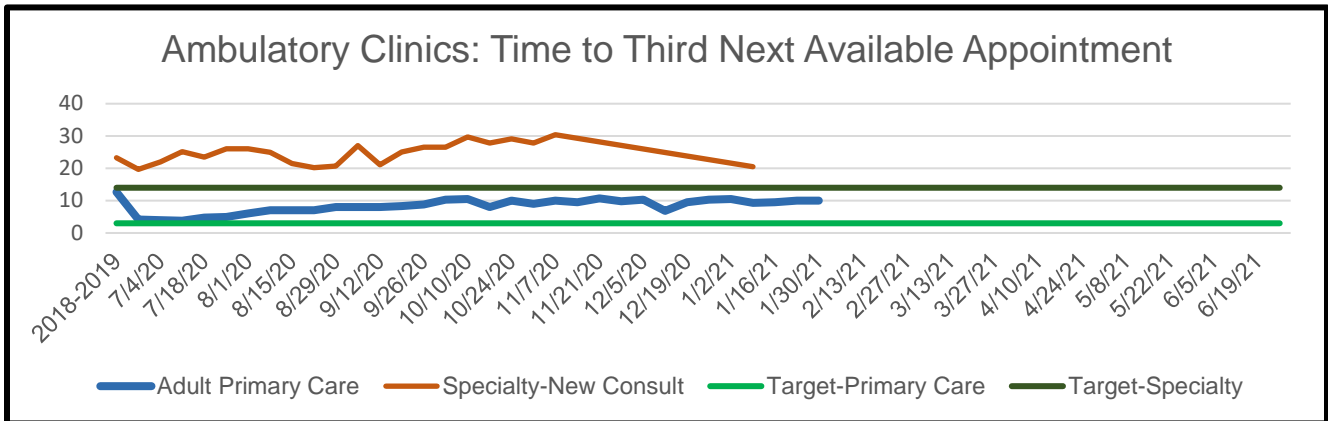
## PATIENT CENTERED CARE METRICS



**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.**



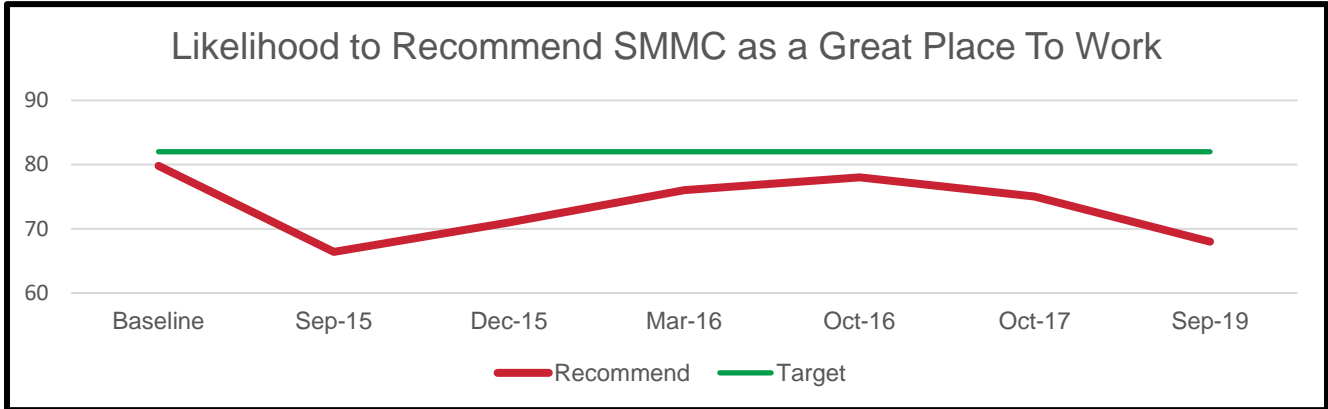
**Likelihood to Recommend Hospital:** Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this hospital to friends and family?” **Higher is better.**



**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. (Note- we are currently working on some data challenges in order to update this information) **Lower is better.**

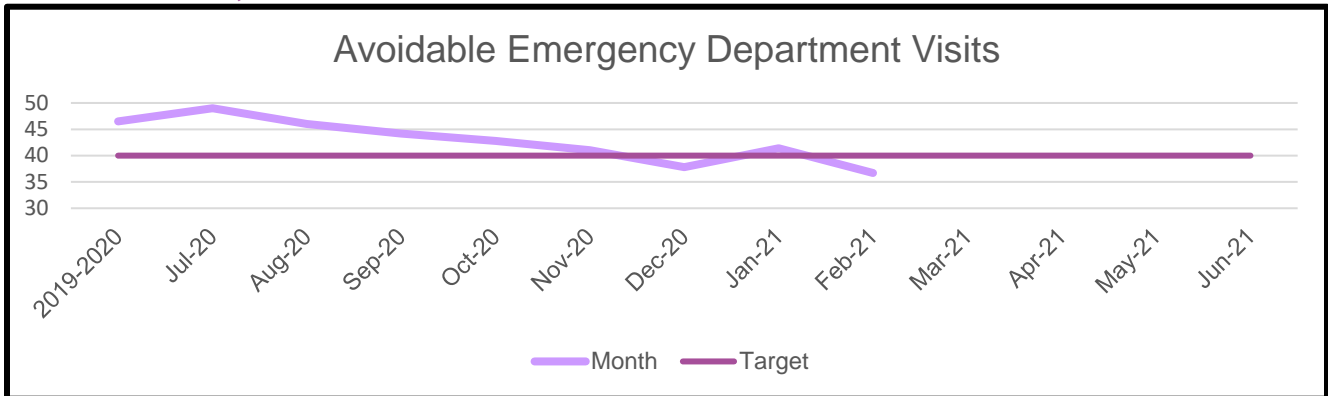


## STAFF ENGAGEMENT METRICS



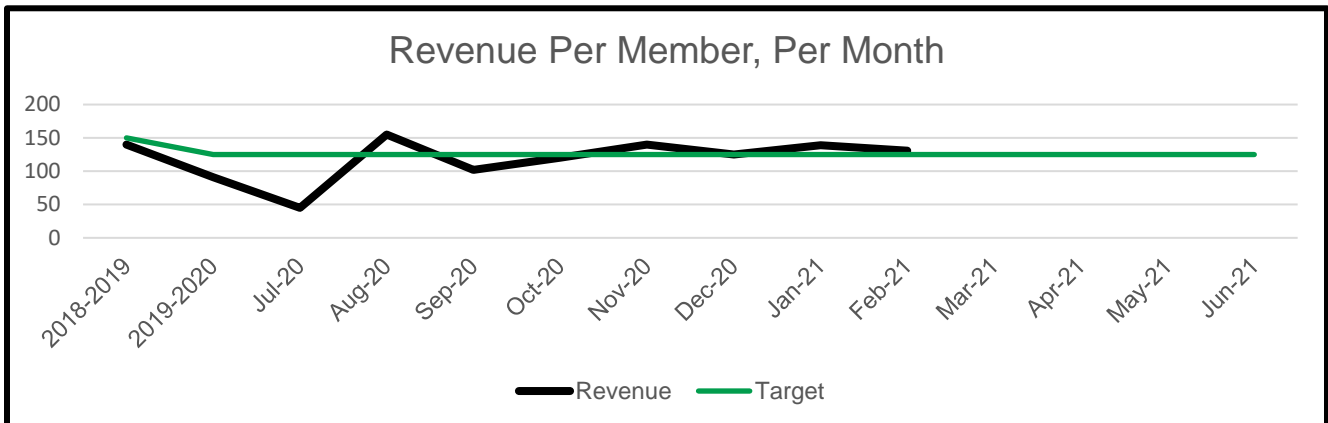
**Likelihood to Recommend SMMC:** Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual Blessing White staff engagement survey. **Higher is better.**

## RIGHT CARE, TIME AND PLACE METRICS

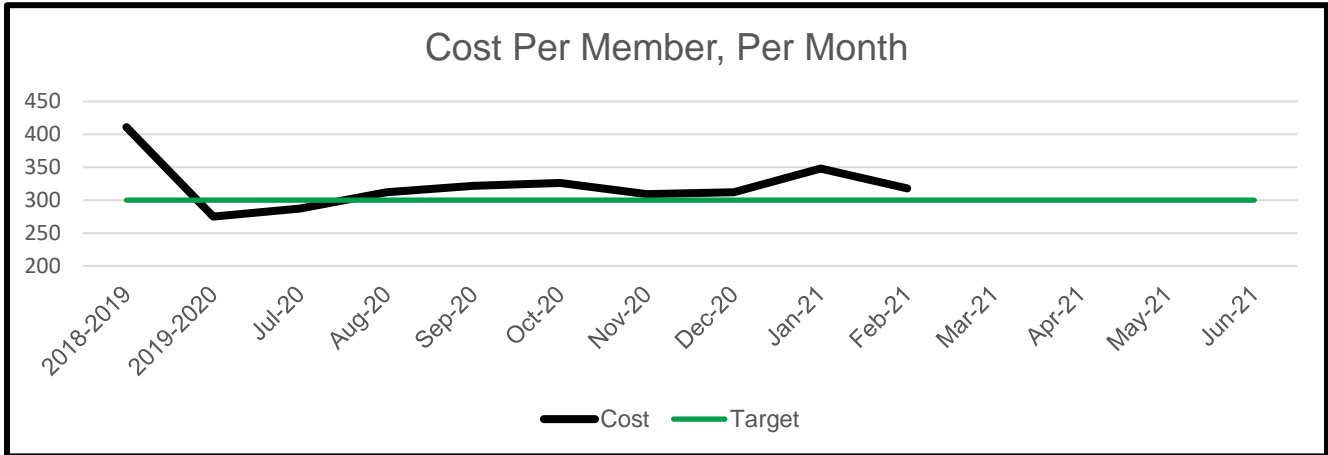


**Potentially Avoidable ED Visits:** Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**

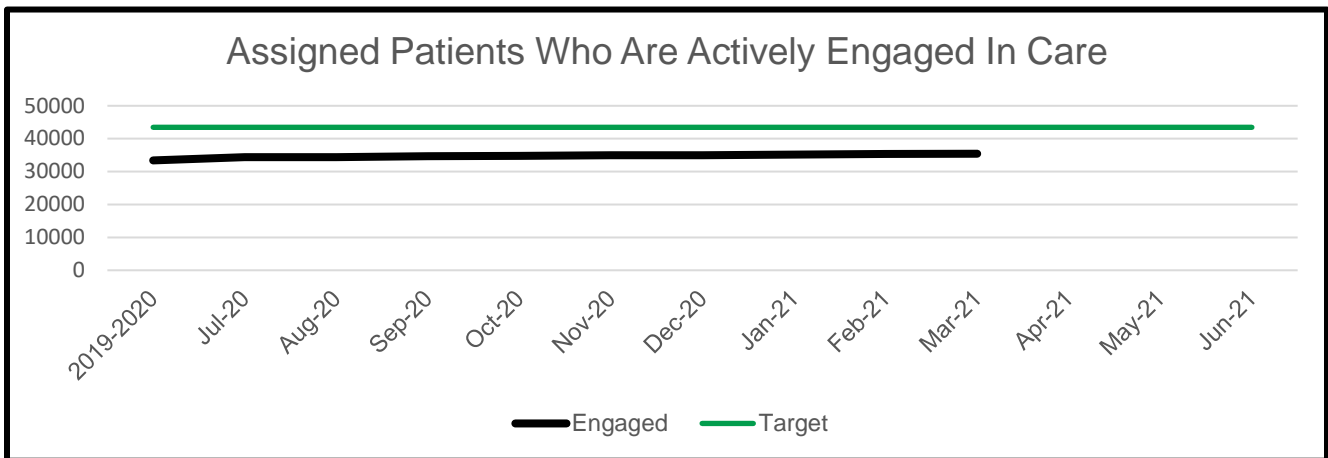
## FINANCIAL STEWARDSHIP METRICS



**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



*(Above-Thanks to the generosity of Facebook Mobile Farmer's Market, Mariachi El Tapatio provided entertainment at the last large vaccine clinic held on the 39<sup>th</sup> Avenue Campus. "The music was a special treat, really lifted the mood, and created a calming atmosphere for the patients and staff," said Sonia Gonzalez, RN.)*

**Accelerating SMMC Vaccination Efforts**-SMMC continues to expand and evolve its vaccination efforts. These include large scale events at the Daly City Clinic, Fair Oaks Health Center, and 39<sup>th</sup> Avenue campuses. These events serve between 250 and 600 patients in each event and the teams continue to look for opportunities to make them even bigger. In addition, all clinics are providing smaller vaccination opportunities several times a week. Some clinics are experimenting with giving COVID-19 vaccinations during usual clinic flow (i.e. during regular clinic visits). This includes a recent pilot at 39<sup>th</sup> Avenue Pediatrics that focused on giving vaccinations to the eligible parents of children coming in for a pediatrics appointment.

SMMC is also working to connect as many patients as possible to other vaccination opportunities including mass vaccination and community-based events. We recognize that all these modalities will be needed in order to ensure the timely vaccination of all our clients.

As of March 29<sup>th</sup>, 9470 SMMC patients over the age of 16 have begun the vaccination process. Of those 3797 are over the age of 65. We look forward to continuing to update the board as our vaccination efforts continue to accelerate.

**SMMC ICU Nurse Interviewed by National Nursing Journal** -Marie Sheppy, RN, was interviewed for an article highlighting nurse heroes, which was published in *American Nurse Journal*. Marie recounted her experience as the ICU Charge Nurse during the pandemic.



Her reflections are both poignant and inspirational. She admitted that she considered retiring but chose to stay and support her team. She also reflects on the resilience she has seen amongst her colleagues.

[You can read the full interview here.](#) Thank you to Marie for sharing her story and for leading an amazing team in the ICU.

**Julie Griffiths, RN Retires After 39 Years at SMMC-** Julie Griffiths, ED Nurse Manager, will be retiring at the end of March. Julie joined SMMC **39 years ago** as a Licensed Vocational Nurse on the Medical-Surgical unit. She obtained her Registered Nurse license and progressed to Charge Nurse and eventually Nurse Manager in the Emergency Department. In the last several years, Julie has stepped forward to fill important temporary gaps in the organization including supporting the Inpatient Medical-Surgical Unit and most recently Perioperative Services. Julie will be sorely missed, but we wish her all the best in this next phase.

March 2021

# 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	24,828 (February 2021)	1.2%	18.2%
SMMC Emergency Department Visits	2,213 (February 2021)	-8.7%	-37.5%
New Clients Awaiting Primary Care Appt.	0 (February 2021)	N/A	N/A

## Vaccination almost complete for farmworkers & individuals experiencing homelessness



Coordinated by the Healthcare for the Homeless/Farmworker Health program and supported by teams from Street & Field Medicine, vaccination efforts are nearing completion for the 1,000 farmworkers on the Coastside and the approximately 1,500 individuals experiencing homelessness in the county. Registration for appointments in Pescadero, Half Moon Bay, and at farm locations were organized by community partners Puente and ALAS. Street & Field Medicine teams have been vaccinating farmworkers since they became eligible on March 15 and are completing second doses now. Staff from Healthcare for the Homeless/Farmworker Health program reached out to all County shelter programs to invite them to register their residents and staff for vaccination events beginning on March 18. Vaccinations were administered across 10 larger shelter locations, with staff and residents

from smaller programs attending those locations for efficiency. Street and Field Medicine has also begun vaccinating unsheltered individuals via clinics at churches and other community locations and at encampments.

## Youth S.O.S. team expands mobile crisis services

Expected to launch by July 1, 2021, Youth Stabilization, Opportunity & Support (S.O.S.) services, a youth mobile crisis response program, will be provided by StarVista. StarVista also runs the local Crisis Intervention and Suicide Prevention Center and provides programs for youth and families in the county.

The Youth S.O.S outreach team incorporates trauma-informed, culturally-responsive best practices to provide a non-law enforcement response (by phone or in person) to youth in crises ages 0-21. Star Vista will respond within 24 hours of the referral. For current and former youth in foster care, the team will provide an immediate in-person response. Referrals to the S.O.S

**team originate from calls to Star Vista's 24/7 Crisis Hotline (650-579-0350)**, which includes calls triaged from the Family Urgent Response System (FURS) state hotline for foster youth and former foster youth and families.

**In an effort to increase the family's level of comfort and trust, the response team will consist of a** triage clinician and a family partner that will support linkages to resources and provide warm hand offs. A youth peer partner will also support community awareness and education of behavioral health crises, suicide prevention, and response services.

While S.O.S. is not part of the 911 mental health crisis response system (as PERT, SMART and CWCRT serve all ages), Youth S.O.S is part of the Youth Mental Health Crisis Continuum of Care that integrates essential elements of behavioral health prevention, early intervention, response, stabilization, and transition supports for youth in crisis. The goal of this program is to reduce the number of youth going to the psychiatric emergency services (PES) department at San Mateo Medical Center (SMMC) or at other hospitals and to reduce the number of mental health related law enforcement contacts and resulting transport to PES, while increasing their stabilization in the community and linking to short term and long term support.

The Behavioral Health and Recovery Services Crisis Manager is the point of contact for coordination across all crisis response programs and will be providing support and contract monitoring for this program.

# # #