



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, June 6, 2022

8:00 AM – 10:00 AM



AGENDA

Board of Directors

Monday, June 6, 2022

8:00 AM

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

In accordance with AB 361, the Board will adopt findings that meeting in person would present imminent risks to the health or safety of attendees of in-person meetings. Consistent with those findings, this 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, ROLL CALL, AND PUBLIC COMMENT

B. PROCEDURAL

Adopt findings pursuant to AB 361 to continue fully teleconferenced board meetings due to health risks posed by in-person meetings.

C. 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

D. REPORT OUT OF CLOSED SESSION

E. PUBLIC COMMENT

Persons wishing to address items not on the agenda

F. FOUNDATION REPORT

John Jurow

G. CONSENT AGENDA

Approval of:

1. April 4, 2022 Minutes

H. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Steve Hassid

I. ADMINISTRATION REPORTS

1. Laboratory Services

Dr. Alpa Sanghavi..... Verbal
Chad Bellow

2. Infection Control

Dr. CJ Kunnappilly Verbal
Dr. Grace Hassid, Michele Medrano

3. FHS: Our Journey Towards Evidence-Based Programs in Home Visiting

Louise Rogers..... Verbal
Dr. Anand Chabra

4. Financial Report

David McGrew..... TAB 2

5. CEO Report

Dr. CJ Kunnappilly..... TAB 2

J. COUNTY HEALTH CHIEF REPORT

County Health Snapshot

Louise Rogers

K. COUNTY MANAGER'S REPORT

Mike Callagy

L. BOARD OF SUPERVISOR'S REPORT

Supervisor Carole Groom

M. ADJOURNMENT

PROCEDURAL



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

San Mateo Medical Center
222 W 39th Avenue
San Mateo, CA 94403
650-573-2222 τ
smchealth.org/smmc

To: San Mateo Medical Center Board
From: Dr. CJ Kunnappilly, CEO
Date: June 6, 2022
Subject: Resolution to make findings allowing continued remote meetings under Brown Act

RECOMMENDATION:

Adopt a resolution finding that, as a result of the continuing COVID-19 pandemic state of emergency declared by Governor Newsom, meeting in person would present imminent risks to the health or safety of attendees.

BACKGROUND:

On June 11, 2021, Governor Newsom issued Executive Order N-08-21, which rescinded his prior Executive Order N-29-20 and set a date of October 1, 2021 for public agencies to transition back to public meetings held in full compliance with the Brown Act. The original Executive Order provided that all provisions of the Brown Act that required the physical presence of members or other personnel as a condition of participation or as a quorum for a public meeting were waived for public health reasons. If these waivers fully sunsetted on October 1, 2021, legislative bodies subject to the Brown Act would have to contend with a sudden return to full compliance with in-person meeting requirements as they existed prior to March 2020, including the requirement for full physical public access to all teleconference locations from which board members were participating.

On September 16, 2021, the Governor signed AB 361, a bill that formalizes and modifies the teleconference procedures implemented by California public agencies in response to the Governor's Executive Orders addressing Brown Act compliance during shelter-in-place periods. AB 361 allows a local agency to continue to use teleconferencing under the same basic rules as provided in the Executive Orders when certain circumstances occur or when certain findings have been made and adopted by the local agency.

AB 361 also requires that, if the state of emergency remains active for more than 30 days, the agency must make findings by majority vote every 30 days to continue using the bill's exemption to the Brown Act teleconferencing rules. The findings are to the effect that the need for teleconferencing persists due to the nature of the ongoing public health emergency and the social distancing recommendations of





SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

local public health officials. Effectively, this means that local agencies must agendaize a Brown Act meeting once every thirty days to make findings regarding the circumstances of the emergency and to vote to continue relying upon the law's provision for teleconference procedures in lieu of in-person meetings.

AB 361 provides that Brown Act legislative bodies must return to in-person meetings on October 1, 2021, unless they choose to continue with fully teleconferenced meetings because a specific declaration of a state or local health emergency is appropriately made. AB 361 allows local governments to continue to conduct virtual meetings as long as there is a gubernatorially-proclaimed public emergency in combination with (1) local health official recommendations for social distancing or (2) adopted findings that meeting in person would present risks to health. AB 361 is effective immediately as urgency legislation and will sunset on January 1, 2024.

DISCUSSION:

Because local rates of transmission of COVID-19 are still in the "substantial" tier as measured by the Centers for Disease Control, we recommend that your Board or Commission avail itself of the provisions of AB 361 allowing continuation of online meetings by adopting findings to the effect that conducting in-person meetings would present an imminent risk to the health and safety of attendees. A resolution to that effect, and directing staff to return each 30 days with the opportunity to renew such findings, is attached hereto.

FISCAL IMPACT:

None

RESOLUTION NO.

RESOLUTION FINDING THAT, AS A RESULT OF THE CONTINUING COVID-19 PANDEMIC STATE OF EMERGENCY DECLARED BY GOVERNOR NEWSOM, MEETING IN PERSON FOR MEETINGS OF THE SAN MATEO MEDICAL CENTER BOARD WOULD PRESENT IMMINENT RISKS TO THE HEALTH OR SAFETY OF ATTENDEES

WHEREAS, on March 4, 2020, the Governor proclaimed pursuant to his authority under the California Emergency Services Act, California Government Code section 8625, that a state of emergency exists with regard to a novel coronavirus (a disease now known as COVID-19); and

WHEREAS, on June 4, 2021, the Governor clarified that the “reopening” of California on June 15, 2021 did not include any change to the proclaimed state of emergency or the powers exercised thereunder, and as of the date of this Resolution, neither the Governor nor the Legislature have exercised their respective powers pursuant to California Government Code section 8629 to lift the state of emergency either by proclamation or by concurrent resolution in the state Legislature; and

WHEREAS, on March 17, 2020, Governor Newsom issued Executive Order N-29-20 that suspended the teleconferencing rules set forth in the California Open Meeting law, Government Code section 54950 et seq. (the “Brown Act”), provided certain requirements were met and followed; and

WHEREAS, on September 16, 2021, Governor Newsom signed AB 361 that provides that a legislative body subject to the Brown Act may continue to meet without fully complying with the teleconferencing rules in the Brown Act provided the legislative

body determines that meeting in person would present imminent risks to the health or safety of attendees, and further requires that certain findings be made by the legislative body every thirty (30) days; and,

WHEREAS, California Department of Public Health (“CDPH”) and the federal Centers for Disease Control and Prevention (“CDC”) caution that the Delta variant of COVID-19, currently the dominant strain of COVID-19 in the country, is more transmissible than prior variants of the virus, may cause more severe illness, and that even fully vaccinated individuals can spread the virus to others resulting in rapid and alarming rates of COVID-19 cases and hospitalizations (<https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html>); and,

WHEREAS, the CDC has established a “Community Transmission” metric with 4 tiers designed to reflect a community’s COVID-19 case rate and percent positivity; and,

WHEREAS, the County of San Mateo currently has a Community Transmission metric of “substantial” which is the second most serious of the tiers; and,

WHEREAS, the San Mateo Medical Center Board has an important governmental interest in protecting the health, safety and welfare of those who participate in its meetings; and,

WHEREAS, in the interest of public health and safety, as affected by the emergency caused by the spread of COVID-19, the San Mateo Medical Center Board deems it necessary to find that meeting in person would present imminent risks to the

health or safety of attendees, and thus intends to invoke the provisions of AB 361 related to teleconferencing;

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that

1. The recitals set forth above are true and correct.
2. The San Mateo Medical Center Board finds that meeting in person would present imminent risks to the health or safety of attendees.
3. Staff is directed to return no later than thirty (30) days after the adoption of this resolution with an item for the San Mateo Medical Center Board to consider making the findings required by AB 361 in order to continue meeting under its provisions.
4. Staff is directed to take such other necessary or appropriate actions to implement the intent and purposes of this resolution.

* * * * *

CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Monday, May 2, 2022
Videoconference Meeting

Board Members Present

Mike Callagy
Louise Rogers
Dr. CJ Kunnappilly
Dr. Steve Hassid
Dr. Brita Almog
Dr. Gordon Mak
Deborah Torres

Staff Present

Michelle Lee	Rebecca Archer	Priscilla Romero
David McGrew	John Jurow	Frankie Sapp
Dr. Alpa Sanghavi	Karen Pugh	
Robert Blake	Rachel Daly	
Peggy Jensen	Angela Gonzales	
Jack Nasser	Dr. Mariam Hashoush	
Emily Weaver	Raul Ramirez	

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Mike Callagy called the meeting to order at 8:00 AM. A quorum was present.	
Procedural	Approval of: 1. Adoption of findings to continue teleconferenced board meetings due to health risks posed by in-person meetings.	The Board unanimously approved the resolution.
Reconvene to Open Session	The meeting was reconvened at 8:20 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for May 2, 2022. QIC Minutes from March 22, 2022. Medical Executive Committee Minutes from April 12, 2022.	Rebecca Archer reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report John Jurow	John Jurow reported that the Foundation is aiding the humanitarian crisis in the Ukraine and provided 22 pallets of supplies to be shipped out. This year again, the Foundation supported the Hospital Week events during the second week of May. Each of the Clinics and main campus were visited and provided lunch. Two upcoming events: The Annual Golf Tournament will be on August 1 at Green Hills Golf and Country Club. And the 2022 Taste of the County will be on October 1 at the San Mateo Event Center.	FYI

Consent Agenda	<p>Approval of:</p> <ol style="list-style-type: none"> Hospital Board Meeting Minutes from April 4, 2022. 	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 COVID-19 positivity rates are trending higher in the past few weeks. However the hospitalization rates have remained low and steady. This is likely due to the high rates of vaccination and prior exposures.</p> <p>Since 2019, few, if any, autopsies have been performed onsite at the hospital. The Coroner’s office has stated that they reserve them for suicides. Dr. Hassid asserts that there is much that can be learned from all types of unexpected deaths and the results can help mitigate deaths for remaining family members who may be predisposed to certain diseases.</p>	FYI
Rehabilitation Department Emily Weaver	<p>The Rehab department is made up of 30 employees. The services provided are: Audiology, Speech Therapy, Occupational Therapy, Physical Therapy, and the Pain Management Clinic.</p> <p>Occupational Therapists focus on activities of daily living (ADLs) like toileting, dressing, and bathing. In the outpatient setting, they are focused on fine motor tasks of the upper extremity and treat should, elbow, wrist, and hands.</p> <p>Speech Therapists perform swallow evaluations and help patients learn to speak again after a brain injury.</p> <p>Physical Therapists help teams plan for discharge by assessing balance, walking, strength, and activity tolerance. In the outpatient setting, they teach stretches and strengthening exercises to improve pain and address weakness.</p> <p>Rehab Services recently moved to the Ground Floor B in October 2021. Old equipment was replaced and there is more space for patient care. The Pain Clinic is also located nearby.</p>	FYI
Dental Department Dr. Mariam Hashoush, Raul Ramirez	<p>The SMMC Dental Program includes Adult Comprehensive Care, Children Comprehensive Care and Emergency Care and Special Clinics like homeless and drug rehab program patients.</p> <p>FOHC has eight chairs. Coastside has four. And Daly City Dental Clinic has three. The main campus has two chairs. There is a Mobile Dental Clinic, and it has three chairs.</p> <p>The program partners with many local groups including Ravenswood, HCH/FW, UCSF, Cordilleras Mental Health, Sonrisas, Foothill College.</p> <p>FOHC evening clinic has been closed since the pandemic.</p>	FYI

	Some challenges facing the Dental services are staffing levels, lack of Medi-Cal dentists in the community, rapidly increasing demand for appointments, and our patients tend to have greater treatment needs than private practice patients. HPSM Denti-Cal Integration increased patients' scope of services. Increase number of pregnant patient referrals (Denti-Cal coverage for OB is extended to 12 months after delivery)	
San Mateo County Pride Center Frankie Sapp	<p>The Pride Center's purpose is to support the mental health and wellness and substance use needs of the LGBTQ+ community. Collaboration model as a program of StarVista and works in partnership with Peninsula Family Service (Older Adults), and Outlet of Adolescent Counseling Services (Youth).</p> <p>Risk factors: LGBTQ+ individuals are almost 3x more likely than others to experience a mental health condition such as major depression or general anxiety disorder. Suicide is one of the leading causes of death for LGBTQ+ individuals aged 10-24. 20-30% of LGBTQ+ individuals struggle with substances, compared to 9% of the general population. 25% of LGBTQ+ individuals struggle with alcohol, compared to 5-10% of the general population</p> <p>LGBTQ COVID Impact Report</p> <ul style="list-style-type: none"> • Emotional/Mental Health - 85% of respondents reported negative impacts on emotional or mental health • Similar findings for physical health • Decreased access to healthcare, employment, housing, etc. • Worsened outcomes within more marginalized communities such as Trans/Gender Diverse and LGBTQ+ folks with disabilities <p>In-person Programs and Services: Clinical services, Community space, and Resource hub Many Virtual Services are available including Clinical Therapy, Case management drop-in, name and gender marker workshops, peer groups, trainings, and social and cultural events.</p>	FYI
Financial Report David McGrew, CFO	The March FY 21/22 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.	FYI
County Health Chief Report Louise Rogers	<p>Louise Rogers reported that two psychiatry residents were awarded minority federal fellowships by the American Psychiatric Association. Thirty SAMHSA Funded Minority Fellowships are awarded each year.</p> <p>Over 6,000 San Mateo County residents will soon qualify for expanded Medi-Cal coverage.</p>	FYI
County Executive Officer	Mr. Callagy extended his appreciation to all healthcare workers before the annual celebration of Hospital Week.	FYI

Mike Callagy		
Board of Supervisors	No report.	FYI

Mike Callagy adjourned the meeting at 9:56 AM. The next Board meeting will be held on June 6, 2022.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer

ADMINISTRATION REPORTS

BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: April FY21-22

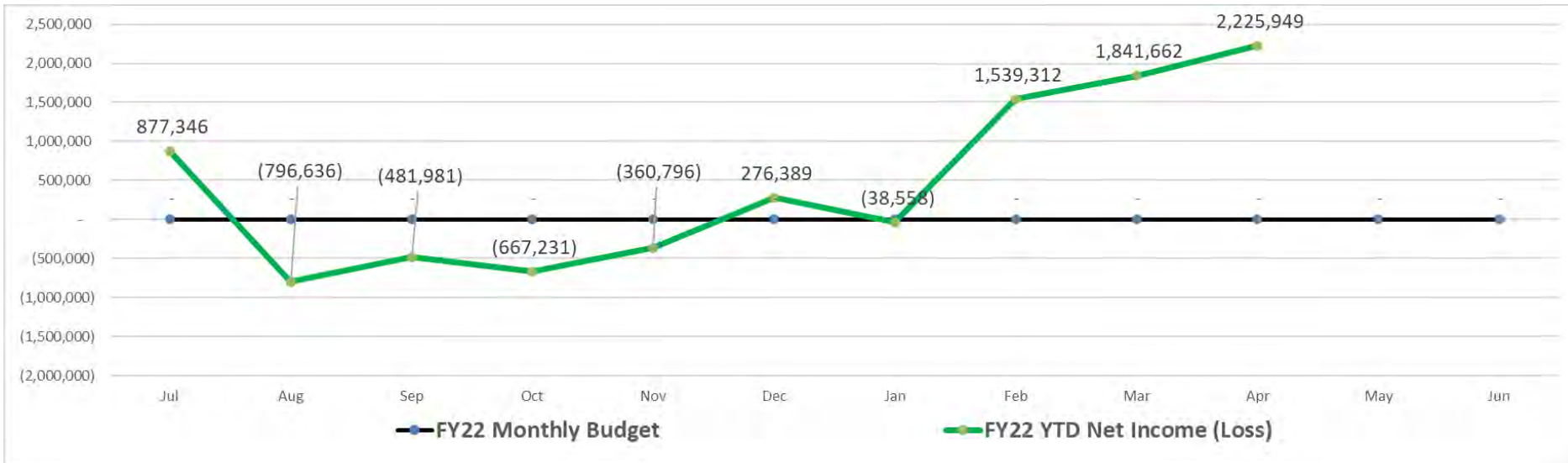
June 6, 2022

Presenter: David McGrew, CFO



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

Cumulative YTD Financial Results



Net Income(loss)–Apr \$384K, YTD \$2.2M

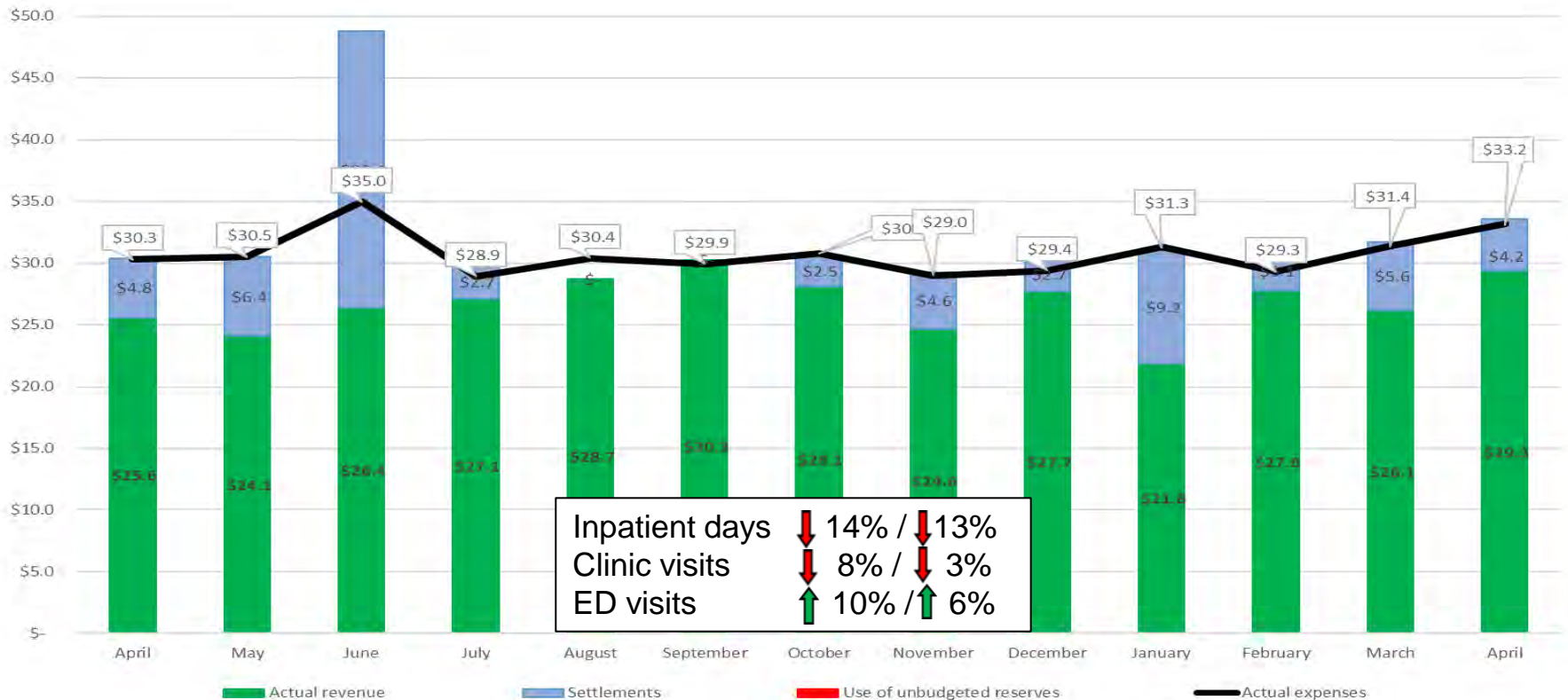
- Medi-Cal Fee for Service (FFS) rates
- Various prior year settlements/adjustments
- \$2.6M Designated Public Hosp. Grant

- Drugs, Medical & Lab supplies
- ACE outside medical costs
- Nursing registry - \$1.6M

April FY22 Snapshot: April is favorable to budget by \$384K mainly due to prior year supplemental revenue settlements/adjustment offset by lower patient net revenue. This is an improvement over the FY21 average monthly loss of \$2.7 million. The YTD is currently favorable and is expected to stay favorable/breakeven for the remainder of the year. Inpatient volume continues to be down, ED visits are on the rise and clinic visits are trending a bit under budget. Managed care membership is 2% below budget.

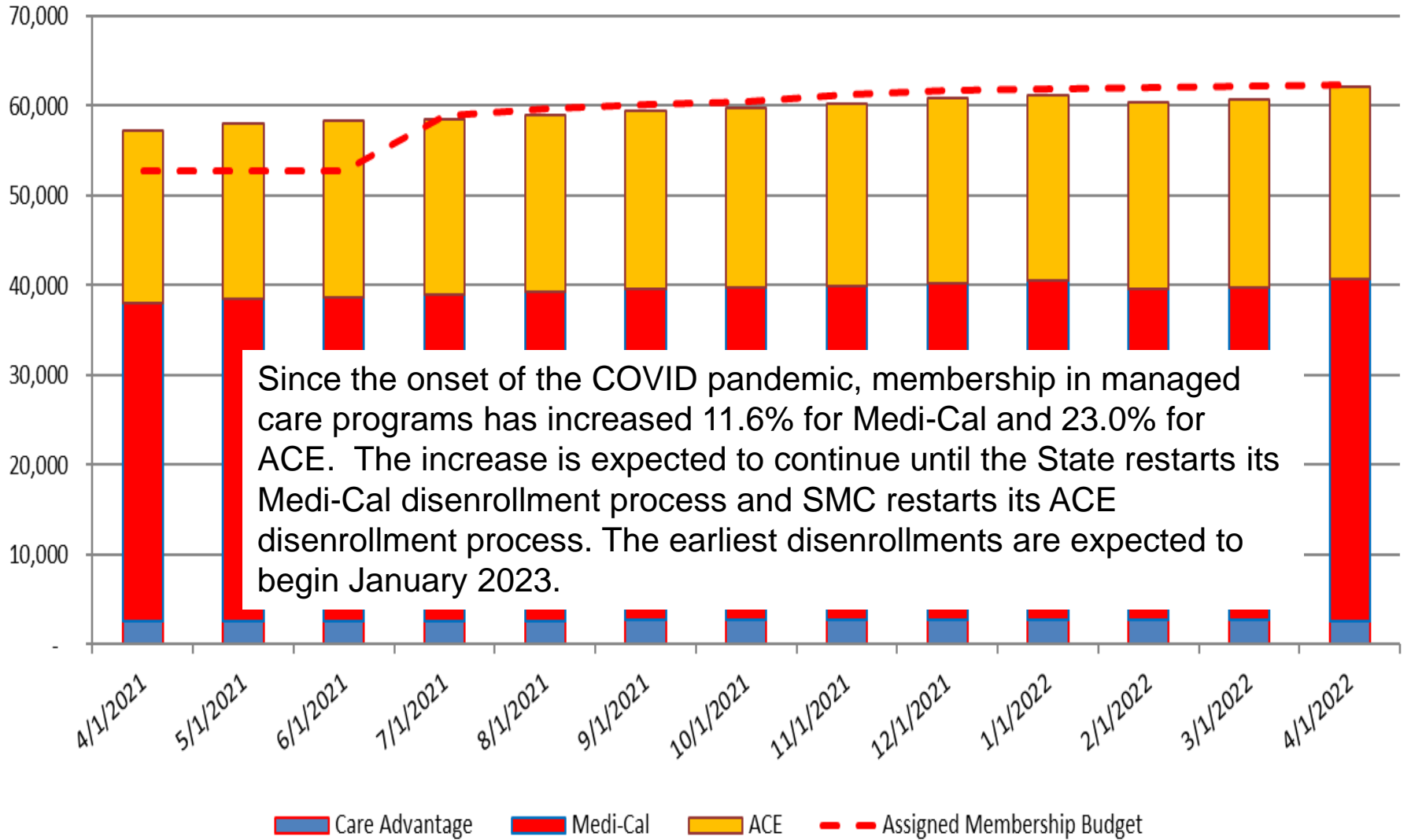
FY 21-22 Revenue & Expense Trend

SMMC's operating revenue fluctuates around an average of \$28 million (green bar). Operating expenses (black line) are trending around an average of \$30 million. April expenses ticked up due to late nurse registry invoices. The spike in June Settlements (blue bar) was due to an unusual number of cost report closures. The dip in January operating revenue is due to one-time audit adjustments



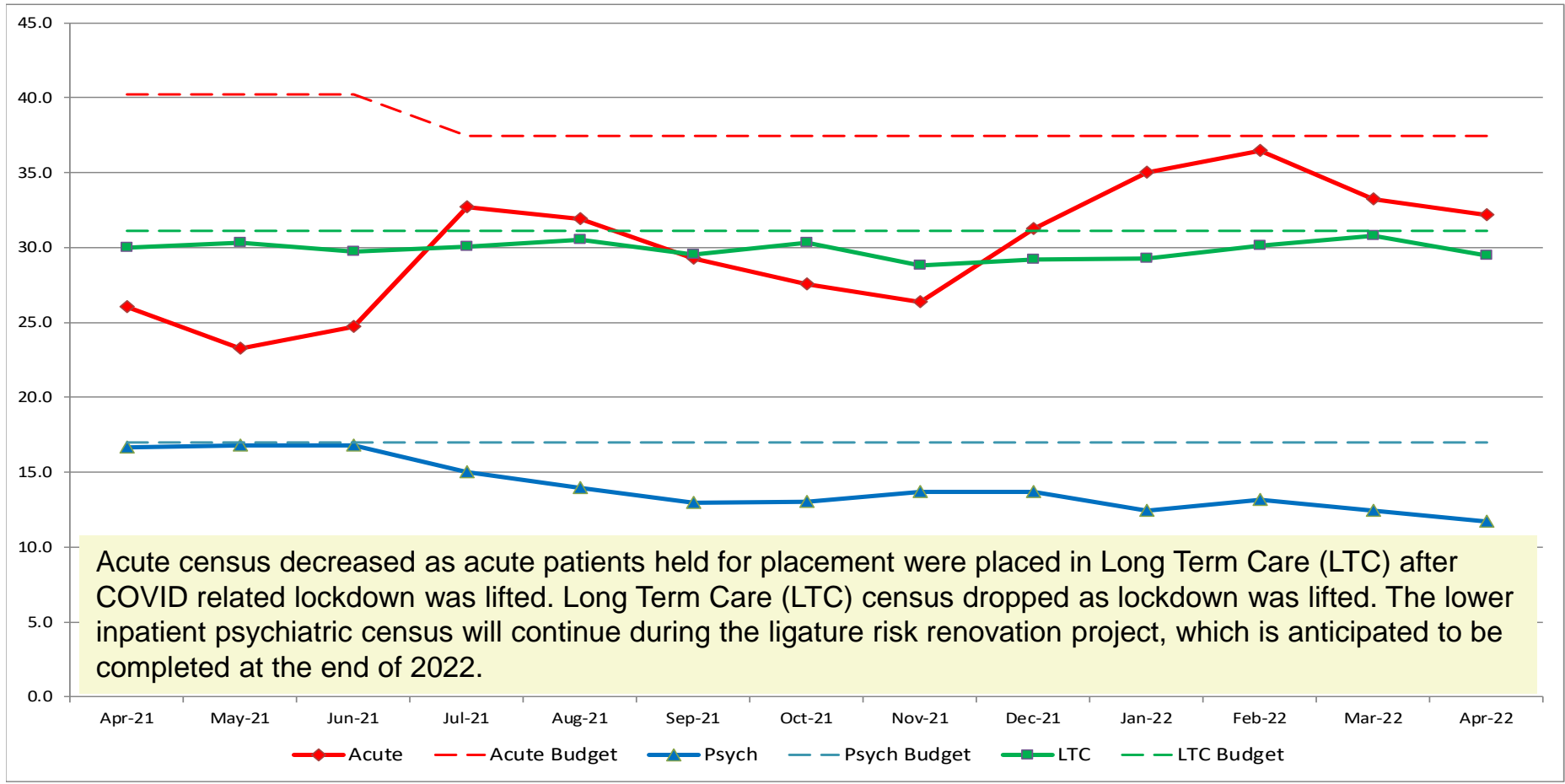
Note: Volume %s are Current Month/YTD actuals vs budget

Managed Care Membership Trend



San Mateo Medical Center Inpatient Days April 30, 2022

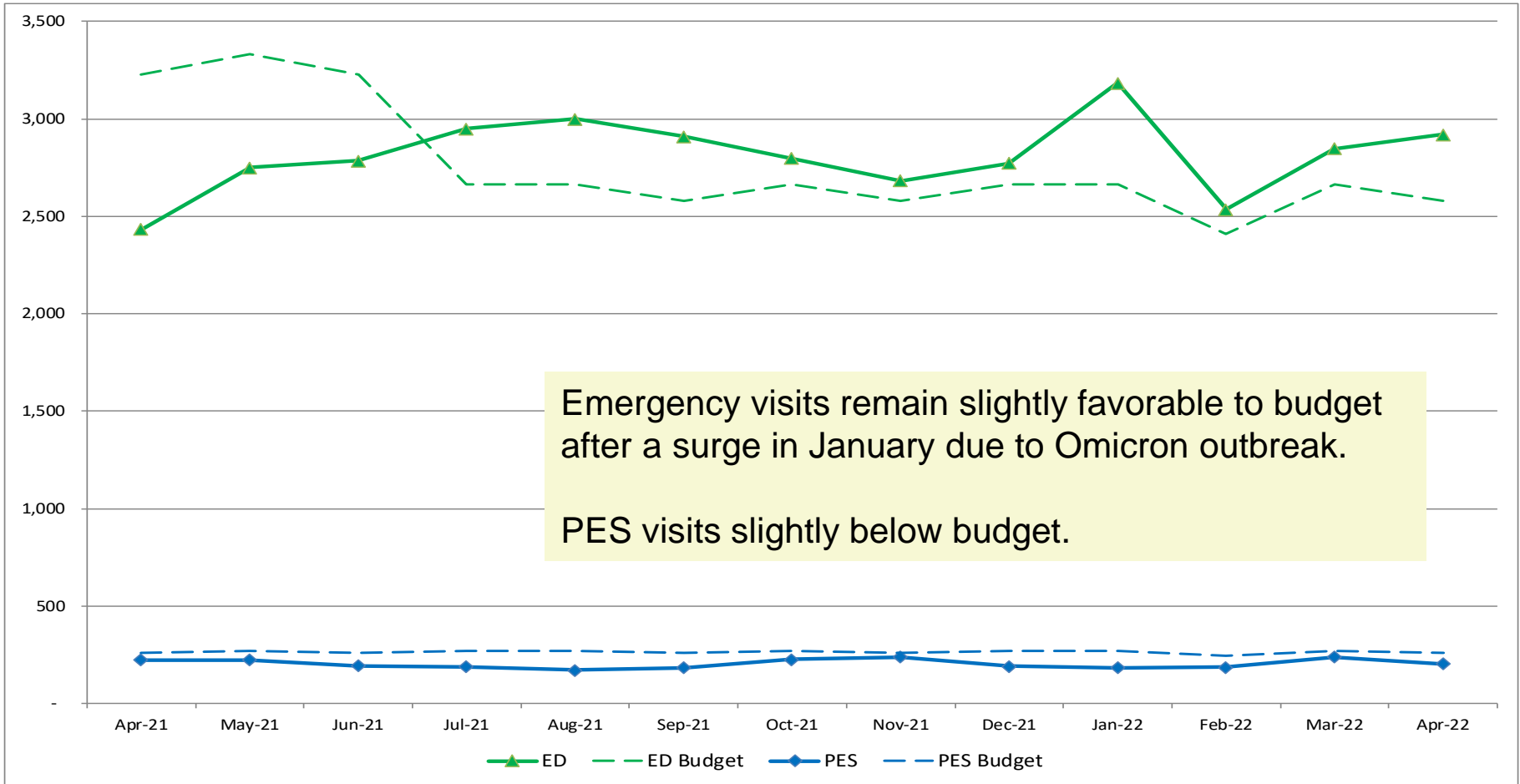
	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Patient Days	2,199	2,566	(367)	-14%	22,677	26,004	(3,327)	-13%



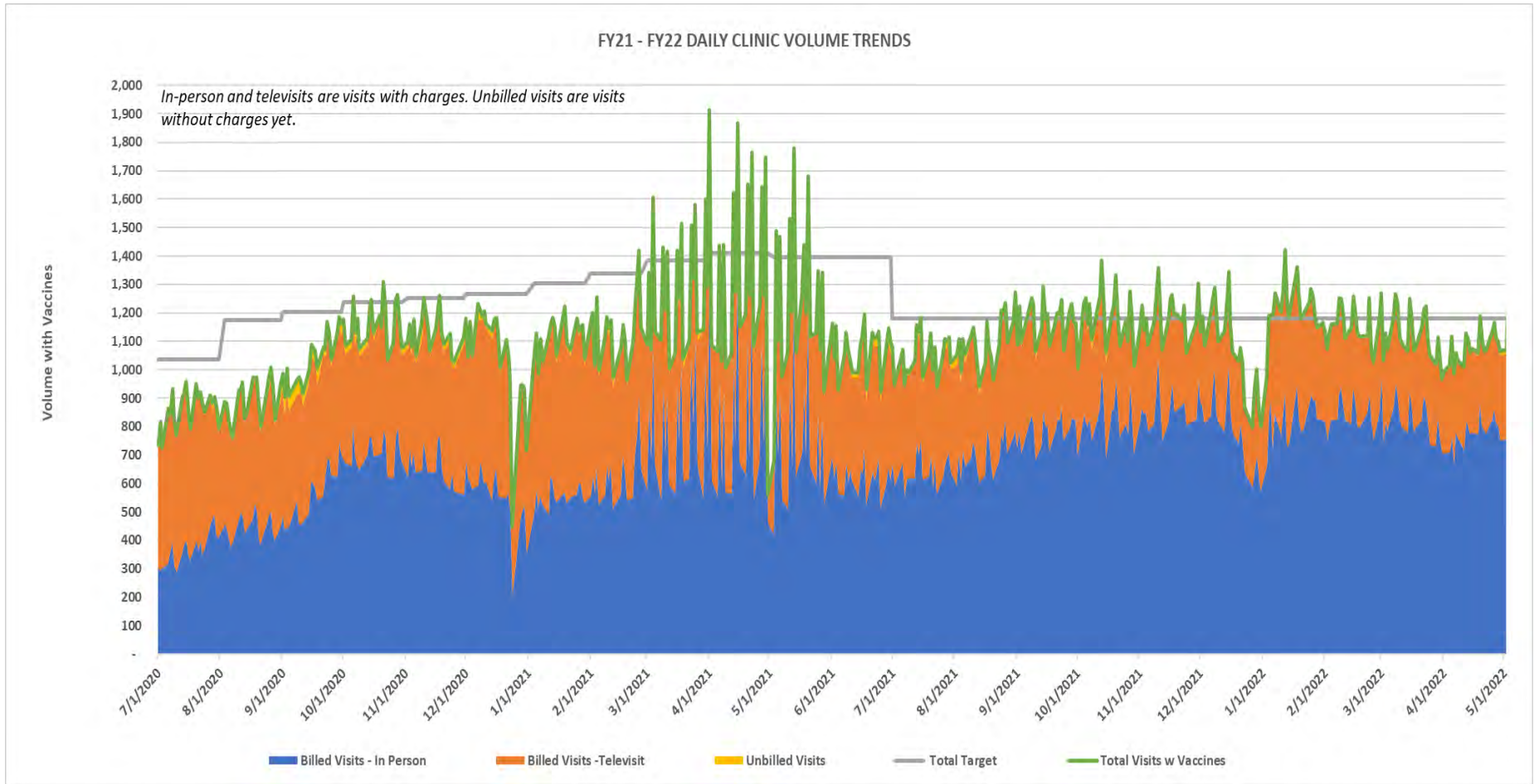
San Mateo Medical Center Emergency Visits April 30, 2022

	MONTH			
	Actual	Budget	Variance	Stoplight
ED Visits	3,122	2,843	279	10%

	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
ED Visits	30,603	28,805	1,798	6%

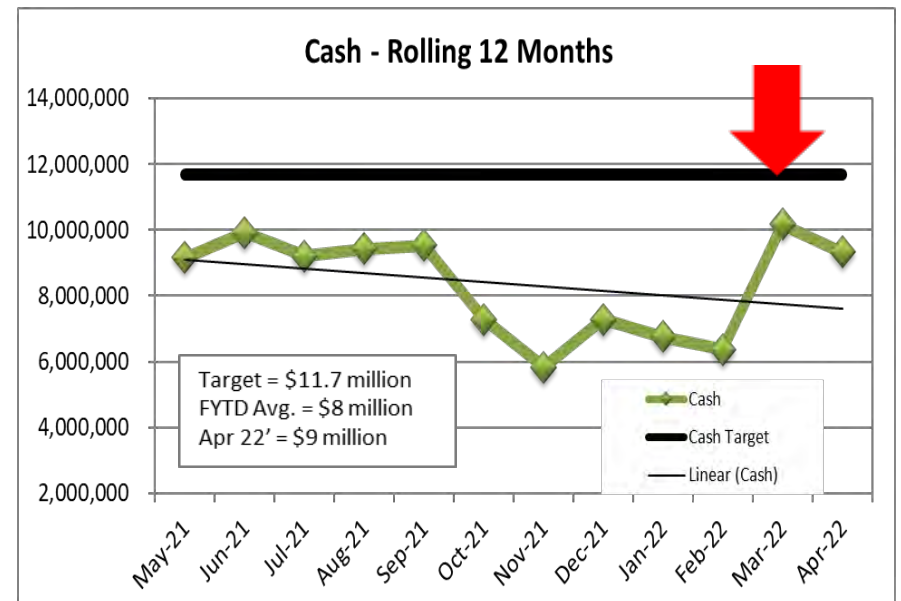
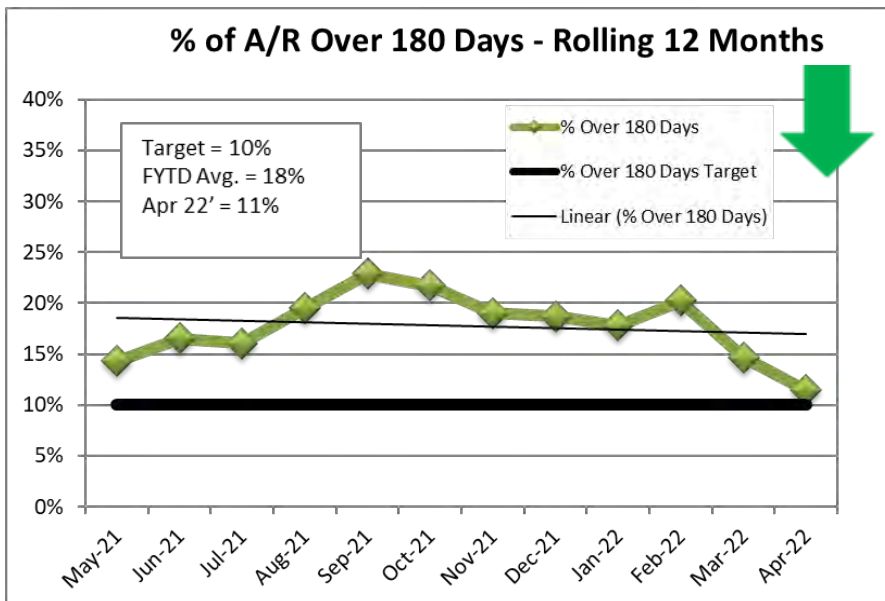
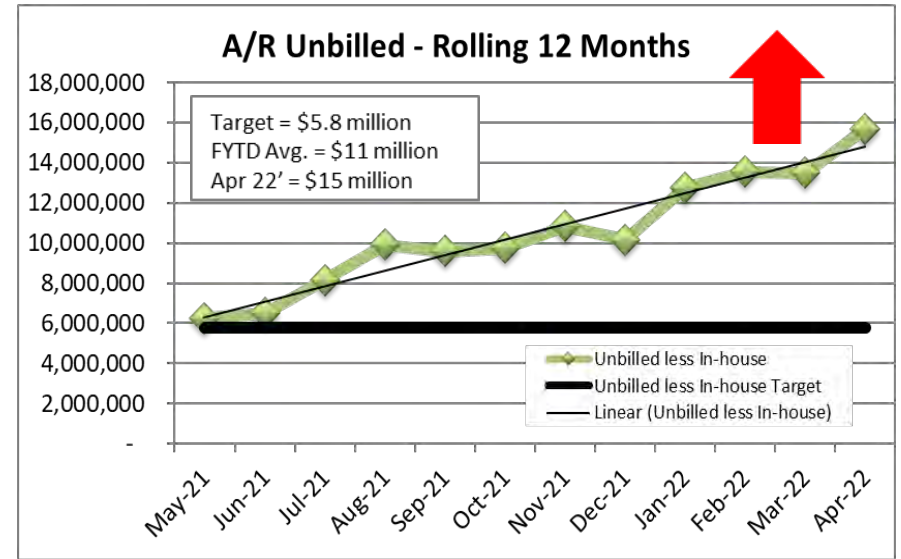
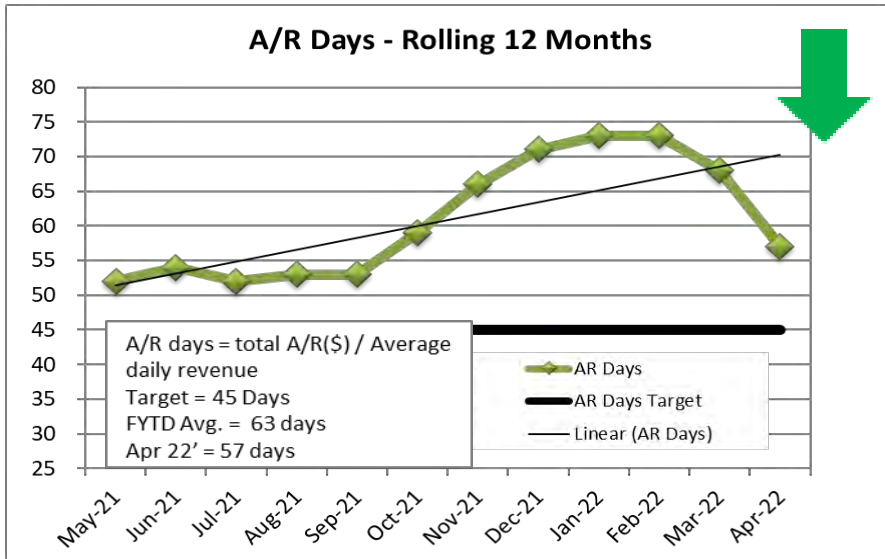


San Mateo Medical Center Clinic Visits April 30, 2022



Clinic televisits were 42% of total visits in FY21, hitting a high of 78% early in the pandemic. Televisits are running at 30% of total visits in FY22 as more patients are opting for in-person visits. March & April 2021 spikes are due to targeted vaccination events.

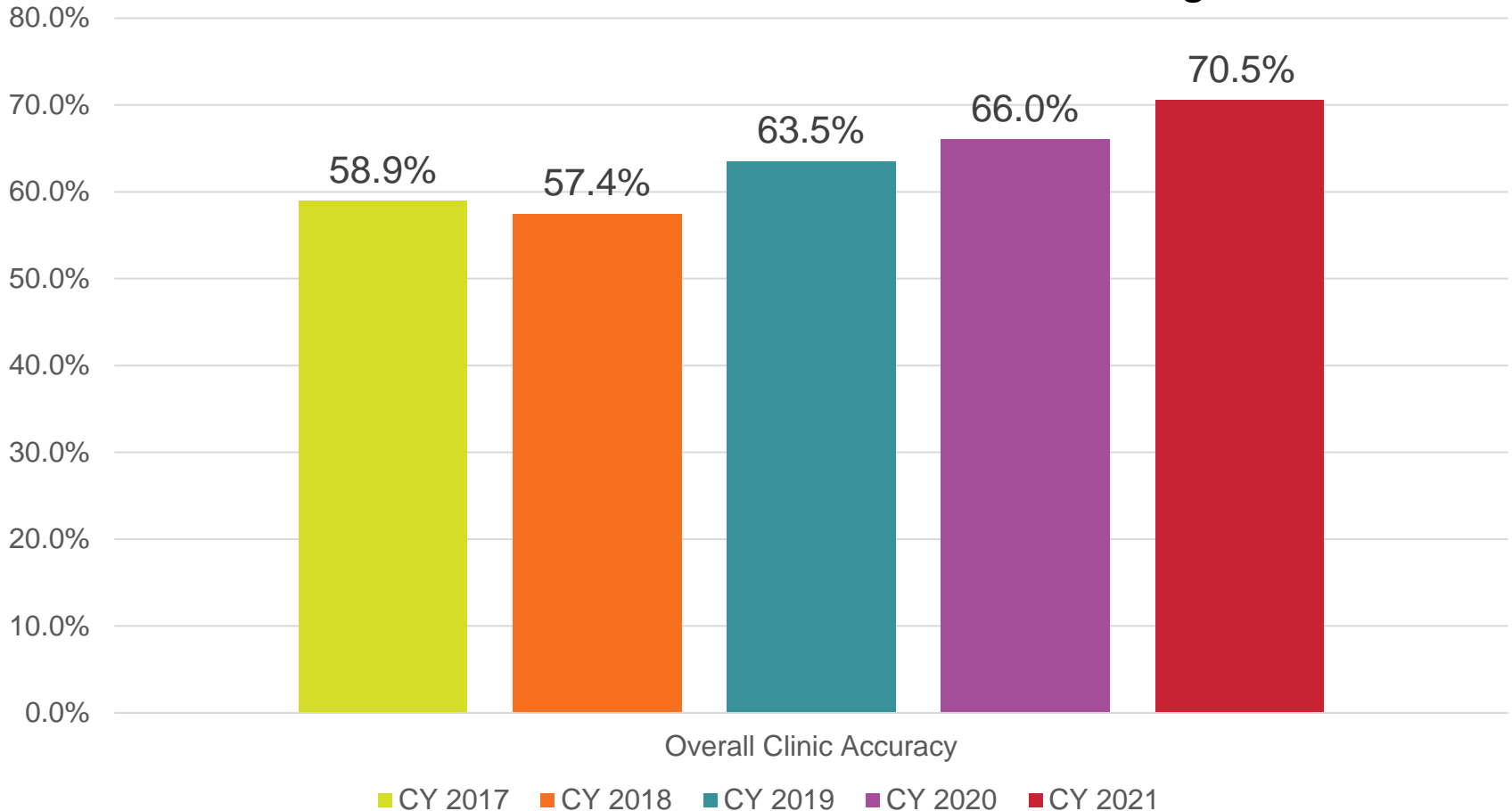
Fee-For-Service Revenue - Key Performance Indicators



Overall Clinic Coding Accuracy

CY 2017-CY 2021

Target = 85%



While coding accuracy has improved over the years, overall accuracy is well below target and presents a financial and compliance risk. An RFP was issued to engage external resources to support our providers.

Clinic Coding Solution

- RFP created to find a solution using a combination of AI technology and certified coders to code clinic accounts.
- Three vendors presented their solution to RFP committee that included members from Health Information Management, Compliance, Finance, IT, and Providers.
- Expectation of solution to read clinic charts from providers and code based on documentation. Solution will code diagnosis, procedure, and office visit levels.
- Selection of vendor completed in April, expectation of contract going to BOS in July.



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

QUESTIONS?

APPENDIX



SAN MATEO COUNTY HEALTH
SAN MATEO
MEDICAL CENTER

San Mateo Medical Center
Income Statement
April 30, 2022

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	384,286	0	384,286		2,225,949	0	2,225,949		
2 HPSM Medi-Cal Members Assigned to SMMC	36,743	38,188	(1,445)	-4%	370,242	374,823	(4,581)	-1%	
3 Unduplicated Patient Count	66,529	65,556	973	1%	66,529	65,556	973	1%	
4 Patient Days	2,199	2,566	(367)	-14%	22,677	26,004	(3,327)	-13%	
5 ED Visits	3,122	2,843	279	10%	30,603	28,805	1,798	6%	
7 Surgery Cases	247	280	(33)	-12%	2,208	2,782	(574)	-21%	
8 Clinic Visits	22,691	24,775	(2,084)	-8%	238,779	246,574	(7,795)	-3%	
9 Ancillary Procedures	64,386	71,544	(7,158)	-10%	652,664	712,455	(59,791)	-8%	
10 Acute Administrative Days as % of Patient Days	0.0%	N/A	N/A	0%	0.0%	N/A	N/A	0%	
11 Psych Administrative Days as % of Patient Days	72.1%	80.0%	7.9%	10%	70.3%	80.0%	9.7%	12%	
(Days that do not qualify for inpatient status)									
Pillar Goals									
12 Revenue PMPM	78	158	(81)	-51%	104	160	(56)	-35%	
13 Operating Expenses PMPM	324	306	(19)	-6%	291	309	19	6%	
14 Full Time Equivalents (FTE) including Registry	1,129	1,205	76	6%	1,140	1,205	65	5%	

San Mateo Medical Center
Income Statement
April 30, 2022

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
21	Inpatient Gross Revenue	11,422,288	13,751,776	(2,329,488)	-17%	120,970,595	137,517,761	(16,547,166)	-12%
22	Outpatient Gross Revenue	27,525,940	23,742,593	3,783,347	16%	263,295,493	237,425,932	25,869,562	11%
23	Total Gross Revenue	38,948,227	37,494,369	1,453,858	4%	384,266,089	374,943,692	9,322,396	2%
24	Patient Net Revenue	6,289,438	13,677,761	(7,388,324)	-54%	95,436,496	136,777,615	(41,341,119)	-30%
25	Net Patient Revenue as % of Gross Revenue	16.1%	36.5%	-20.3%	-56%	24.8%	36.5%	-11.6%	-32%
26	Capitation Revenue	376,816	386,246	(9,431)	-2%	3,693,431	3,862,464	(169,033)	-4%
27	Supplemental Patient Program Revenue	19,771,478	11,285,634	8,485,845	75%	138,931,089	112,856,336	26,074,753	23%
	<i>Volume Based (GPP, EPP, VRR, AB915)</i>	9,675,018	5,392,500	4,282,518	79%	57,453,803	53,925,000	3,528,803	7%
	<i>Value Based (QIP, HPSM P4P)</i>	3,537,623	3,819,369	(281,746)	-7%	43,692,769	38,193,689	5,499,080	14%
	<i>Other</i>	6,558,838	2,073,765	4,485,073	216%	37,784,517	20,737,647	17,046,871	82%
28	Total Patient Net and Program Revenue	26,437,732	25,349,641	1,088,090	4%	238,061,016	253,496,415	(15,435,399)	-6%
29	Other Operating Revenue	1,264,342	1,175,198	89,145	8%	11,834,444	11,751,977	82,467	1%
30	Total Operating Revenue	27,702,074	26,524,839	1,177,235	4%	249,895,460	265,248,392	(15,352,931)	-6%

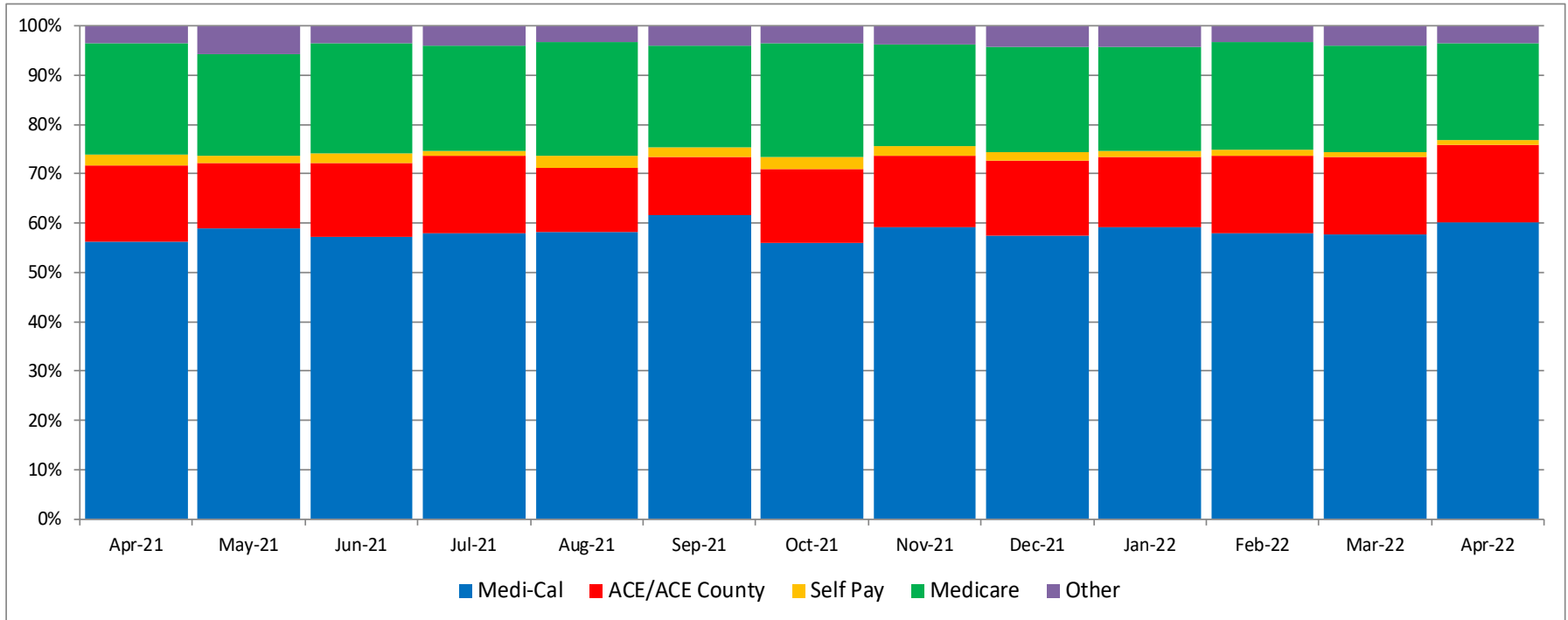
**San Mateo Medical Center
Income Statement
April 30, 2022**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
Operating Expenses								
31 Salaries & Benefits	17,860,101	18,553,233	693,132	4%	170,012,331	185,532,327	15,519,995	8%
32 Drugs	1,643,420	1,279,462	(363,959)	-28%	11,348,592	12,794,617	1,446,024	11%
33 Supplies	1,106,008	902,477	(203,531)	-23%	11,073,313	9,024,772	(2,048,540)	-23%
34 Contract Provider Services	5,554,243	3,405,431	(2,148,811)	-63%	41,550,767	34,054,314	(7,496,453)	-22%
35 Other fees and purchased services	5,230,169	5,134,188	(95,981)	-2%	51,890,666	51,341,878	(548,788)	-1%
36 Other general expenses	398,686	1,527,114	1,128,428	74%	4,534,007	15,271,140	10,737,133	70%
37 Rental Expense	208,991	241,444	32,453	13%	2,015,932	2,414,445	398,513	17%
38 Lease Expense	890,404	742,610	(147,794)	-20%	8,904,042	7,426,098	(1,477,944)	-20%
39 Depreciation	265,937	227,894	(38,043)	-17%	2,614,346	2,278,945	(335,401)	-15%
40 Total Operating Expenses	33,157,959	32,013,854	(1,144,106)	-4%	303,943,995	320,138,536	16,194,541	5%
41 Operating Income/Loss	(5,455,885)	(5,489,014)	33,129	1%	(54,048,535)	(54,890,144)	841,610	2%
42 Non-Operating Revenue/Expense	998,786	187,213	811,574	434%	7,860,633	1,872,127	5,988,506	320%
43 Contribution from County General Fund	4,841,385	5,301,802	(460,417)	-9%	48,413,851	53,018,018	(4,604,167)	-9%
44 Total Income/Loss (GAAP)	384,286	0	384,286		2,225,949	0	2,225,949	
(Change in Net Assets)								

**San Mateo Medical Center
Payer Mix
April 30, 2022**

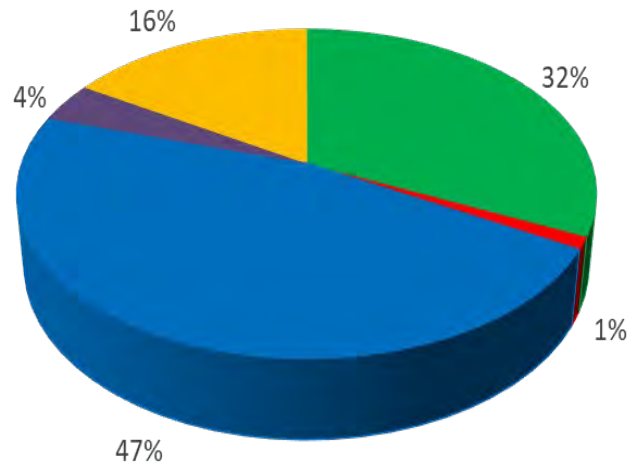
Payer Type by Gross Revenue	MONTH			
	Actual	Budget	Variance	Stoplight
	A	B	C	D
Medicare	19.6%	22.7%	-3.1%	
Medi-Cal	60.1%	58.9%	1.2%	
Self Pay	0.9%	1.6%	-0.7%	
Other	3.6%	4.3%	-0.7%	
ACE/ACE County	15.8%	12.5%	3.2%	
Total	100.0%	100.0%		

Payer Type by Gross Revenue	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
	E	F	G	H
Medicare	21.4%	22.7%	-1.3%	
Medi-Cal	58.5%	58.9%	-0.3%	
Self Pay	1.6%	1.6%	0.0%	
Other	3.8%	4.3%	-0.5%	
ACE/ACE County	14.7%	12.5%	2.2%	
Total	100.0%	100.0%		

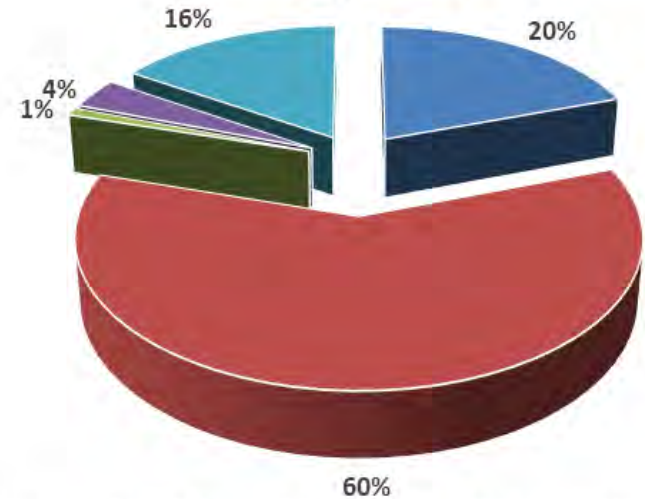


Revenue Mix

Sources of Revenue



Payor Mix



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

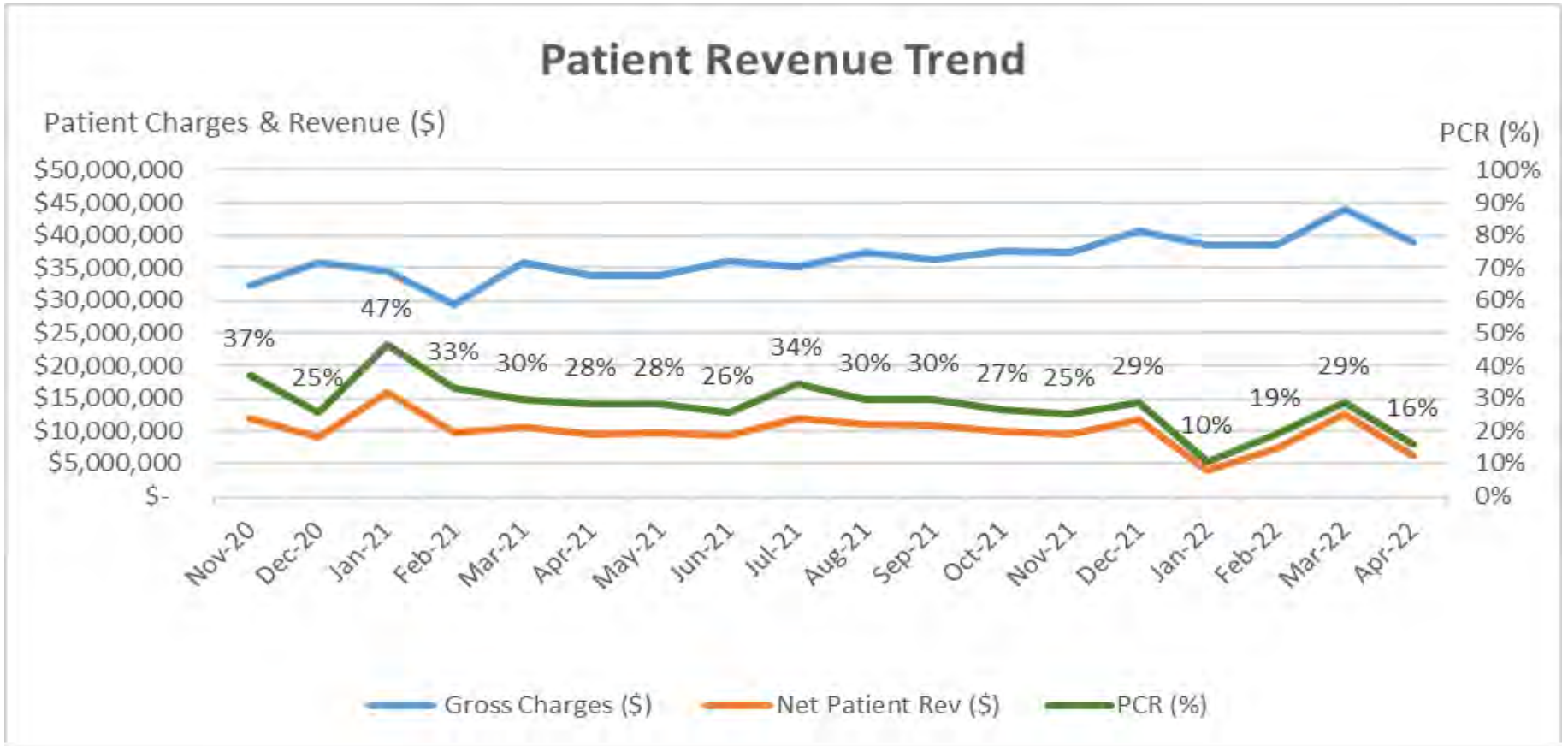
Health Plan of San Mateo (HPSM) represents 30% of our Operating Revenue

- 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

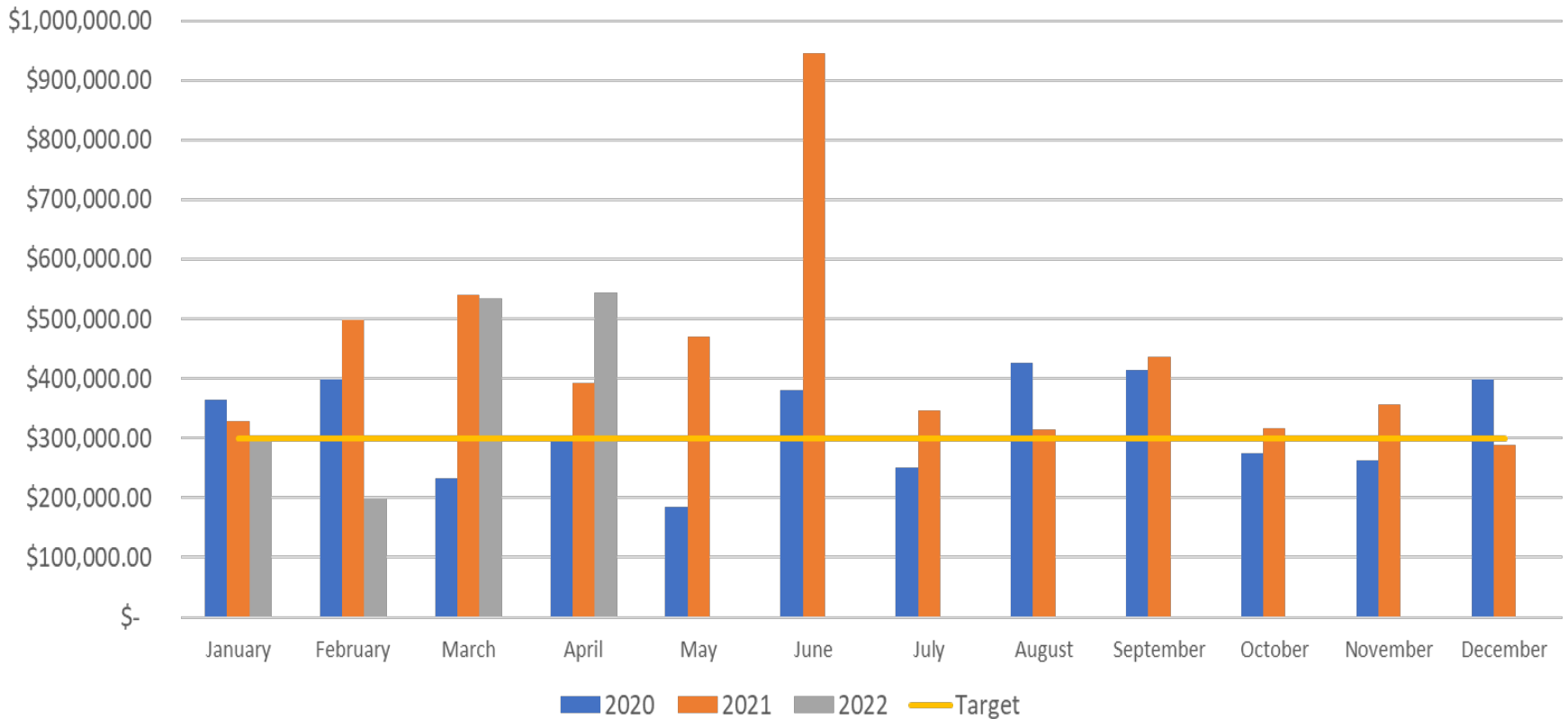
Fee-For-Service Patient Revenue Trend



Budgeted PCR 27.5% (FY21), 33.9% (FY22)

Gross patient revenue is trending up due to the increase in patient volume since late last year and addition of new charge codes for billing compliance. The collection rate (PCR) is trending at average 29%. PCR recently was low due to one-time adjustments. PCR is expected to remain in high 20s for the rest of this fiscal year.

Fee-For-Service Commercial Collections

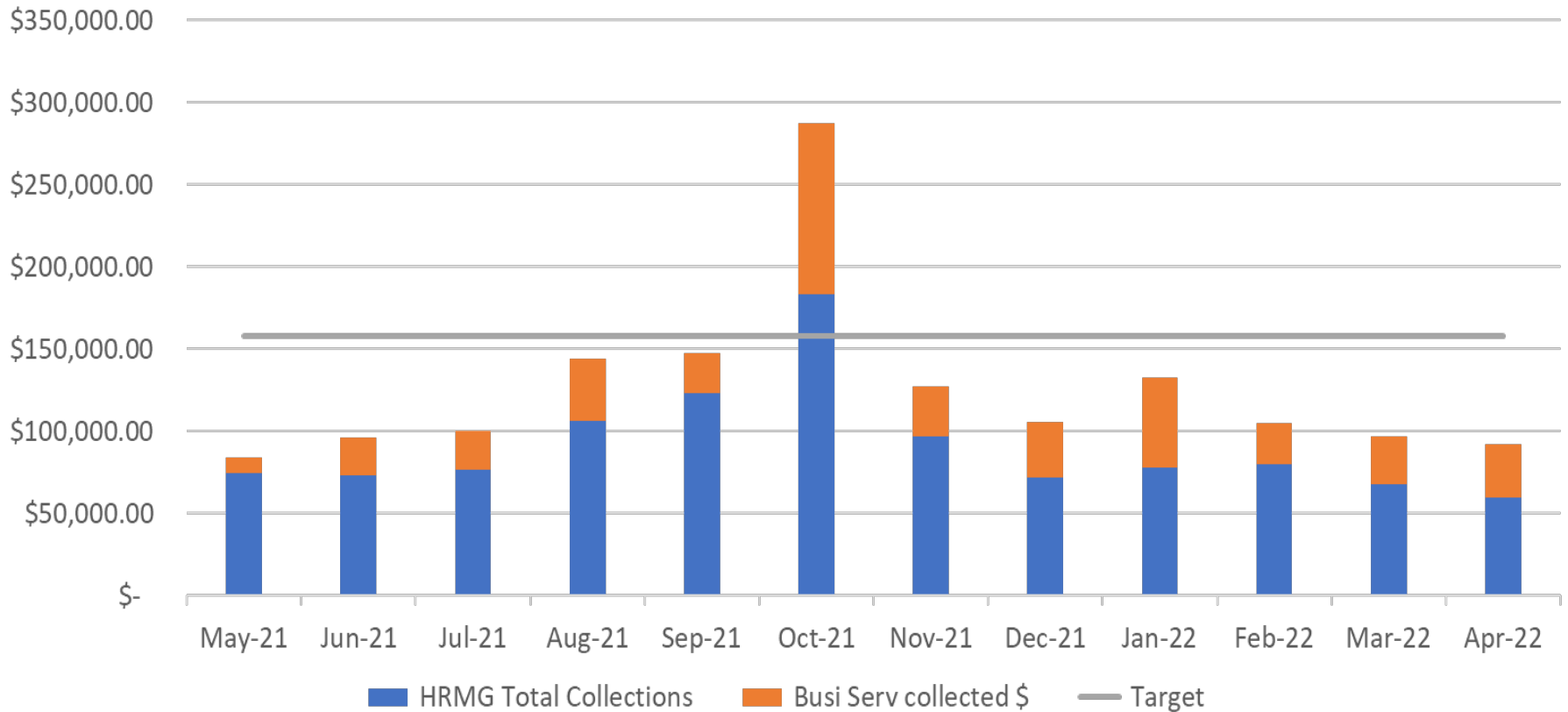


July 2020 MMX began supporting PFS with Commercial Collections

Med-Metrix is a 3rd party vendor supporting the PFS team with collection work on commercial accounts. They have exceeded prior year PFS collections in all but 3 months.

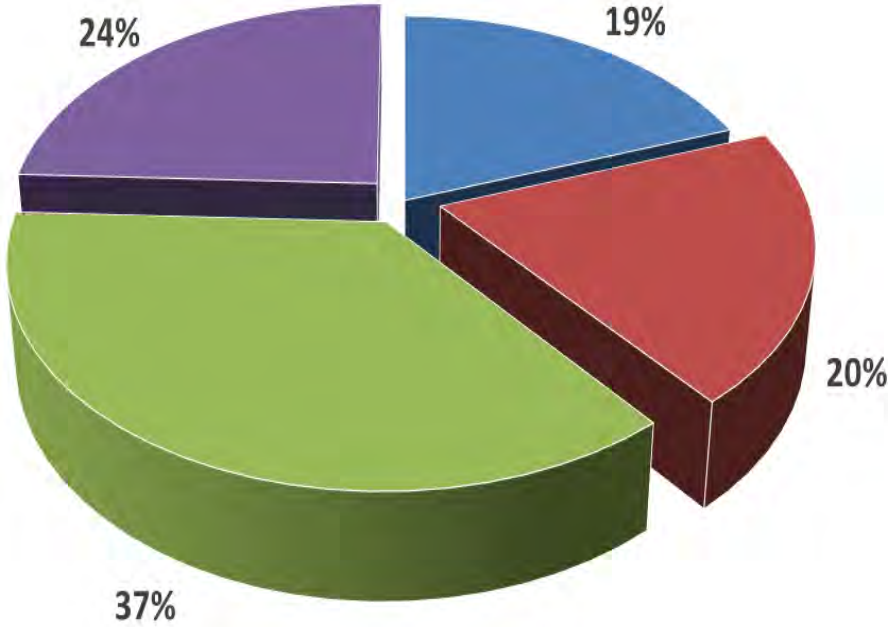


Fee-For-Service Self Pay Collections



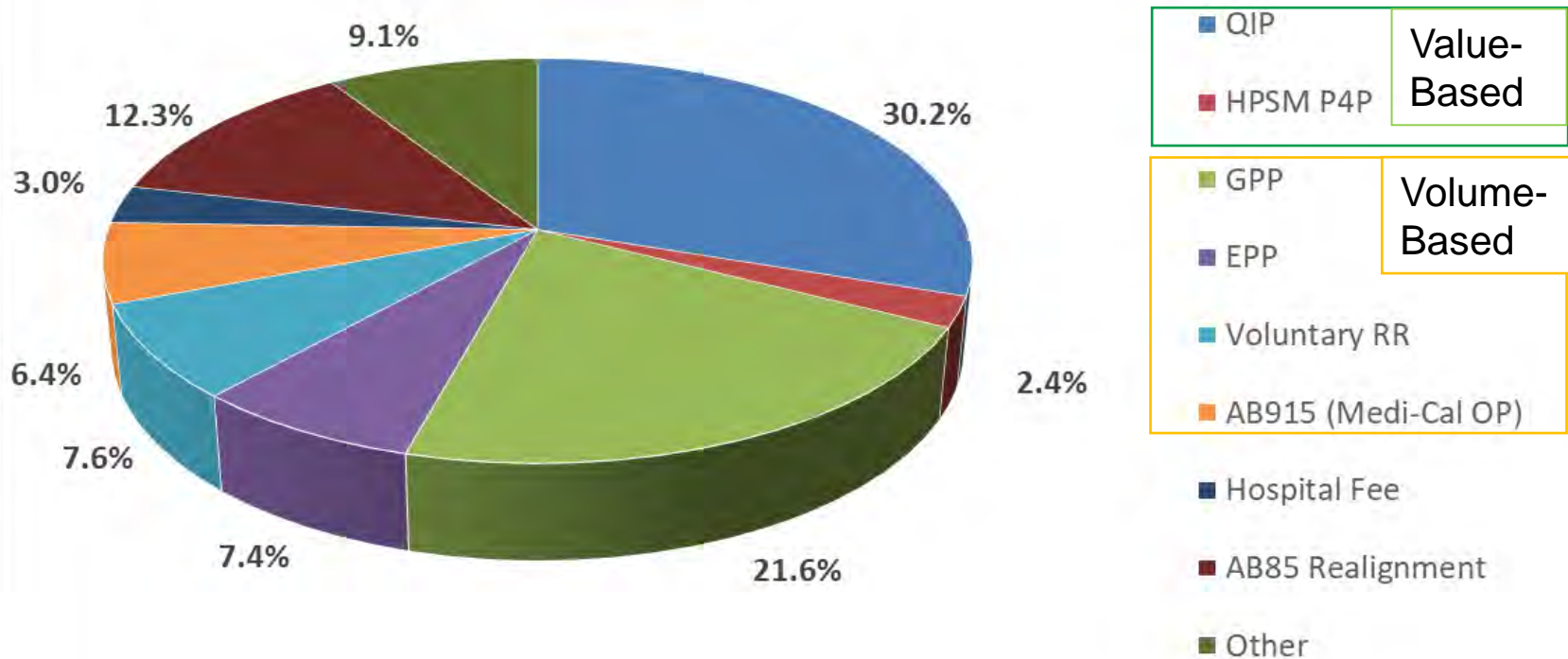
SMMC contracted with Healthcare Revenue Management Group to support SMMC's Business Services unit with collections of self-pay balances

Revenue Mix by Service Line

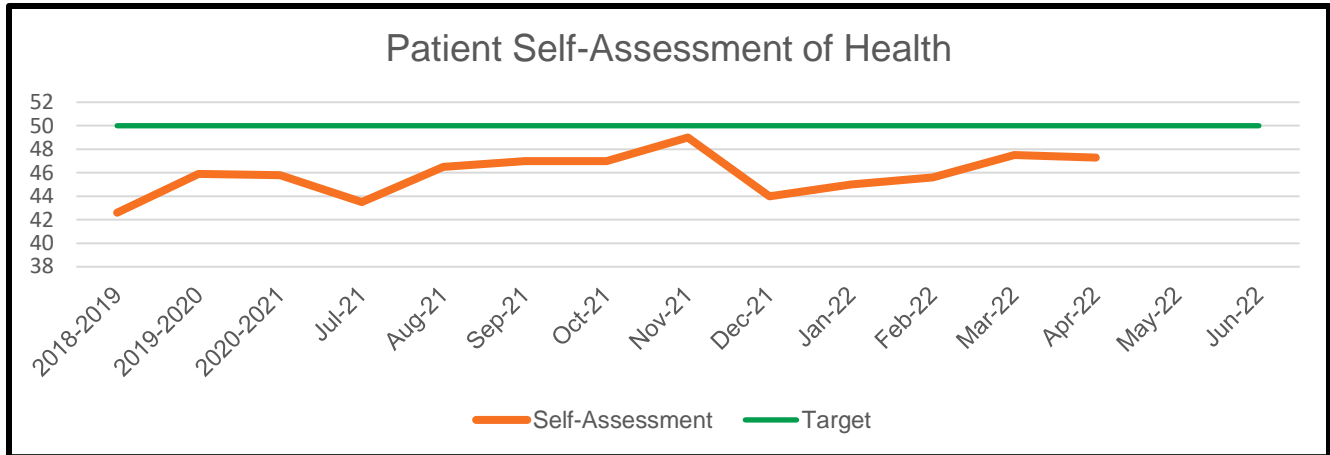


- Inpatient
- Hospital ED & Outpatient
- Ambulatory Clinics
- Ancillary Services

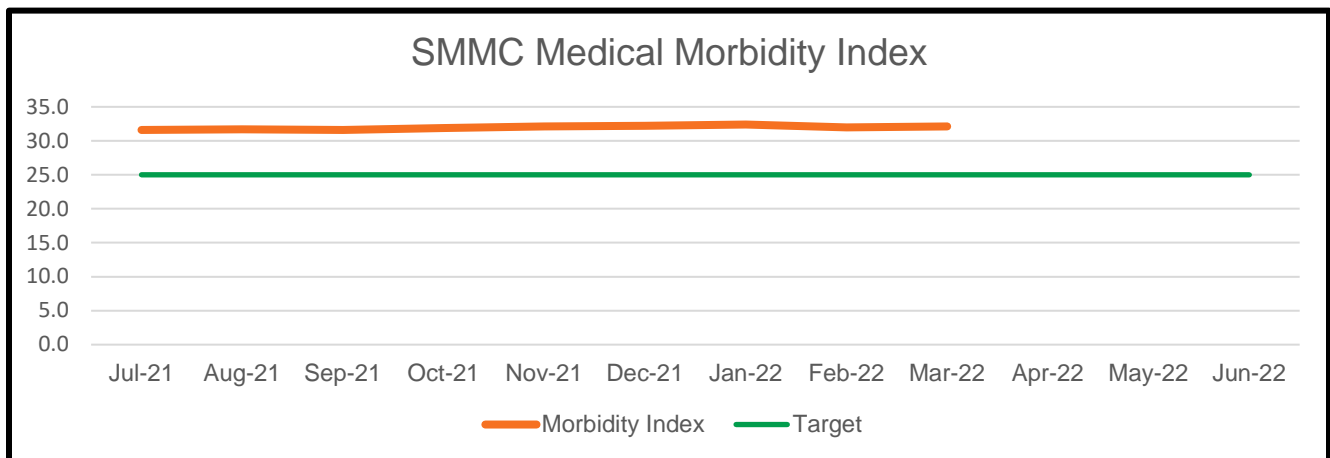
Supplemental Revenue Mix



- **Value-Based** programs represent 32.6% of our Supplemental Revenue
- **Volume-Based** programs represent 42.9% of our Supplemental Revenue



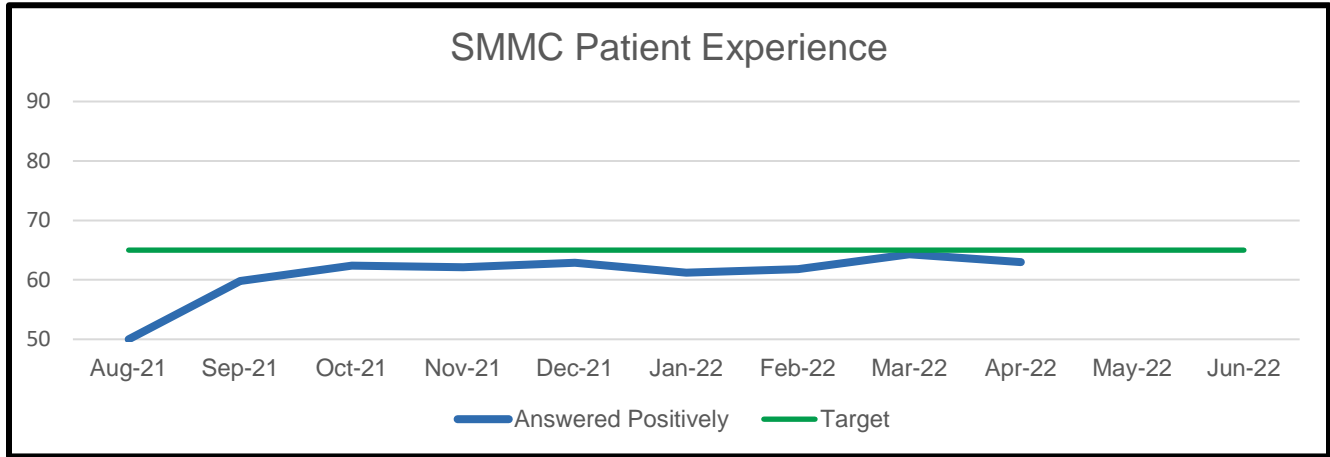
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



Medical Morbidity Index: This represents the percentage of SMMC patients who meet one or more of the following criteria: Inadequately Controlled Diabetes, Inadequately Controlled Hypertension, Obesity, or a Positive Depression Screen. **Lower is better.**



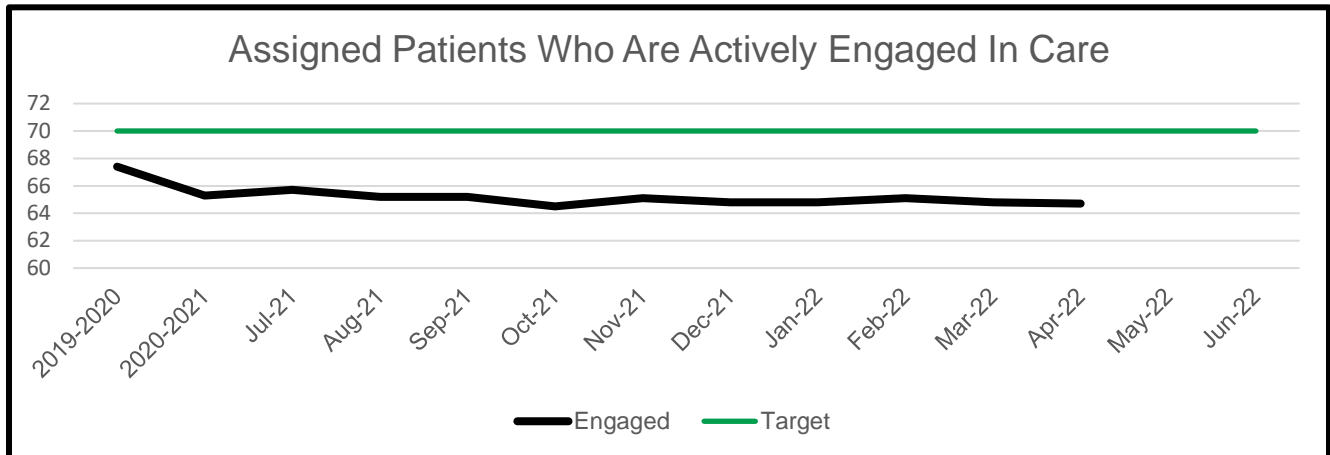
Patient Experience



Patient Experience: Percentage of patients who answered affirmatively to the patient experience survey question: “Did the staff work together to meet your needs?” -New Metric begun in August 2021. **Higher is better.**



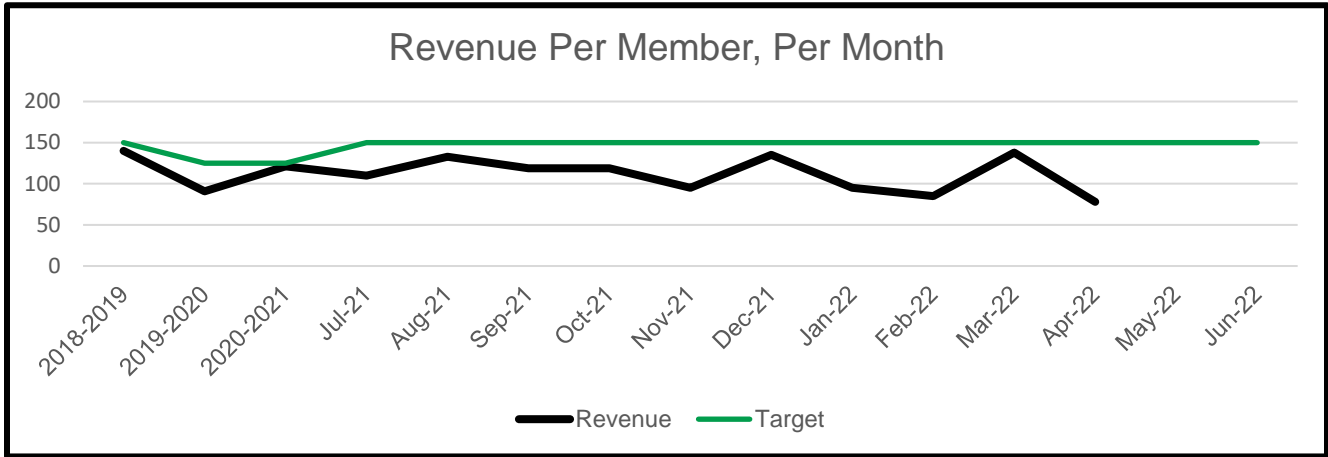
Access to Care



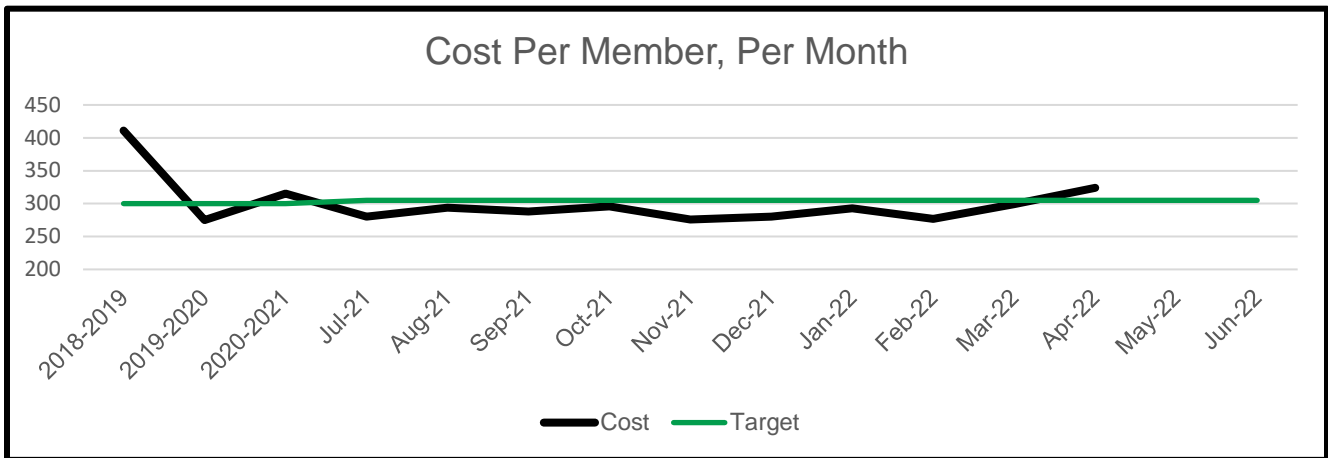
Assigned and Engaged: Percentage of patients assigned to SMMC by the Health Plan of San Mateo who are actively engaged in Care. **Higher is better.**



Financial Stewardship

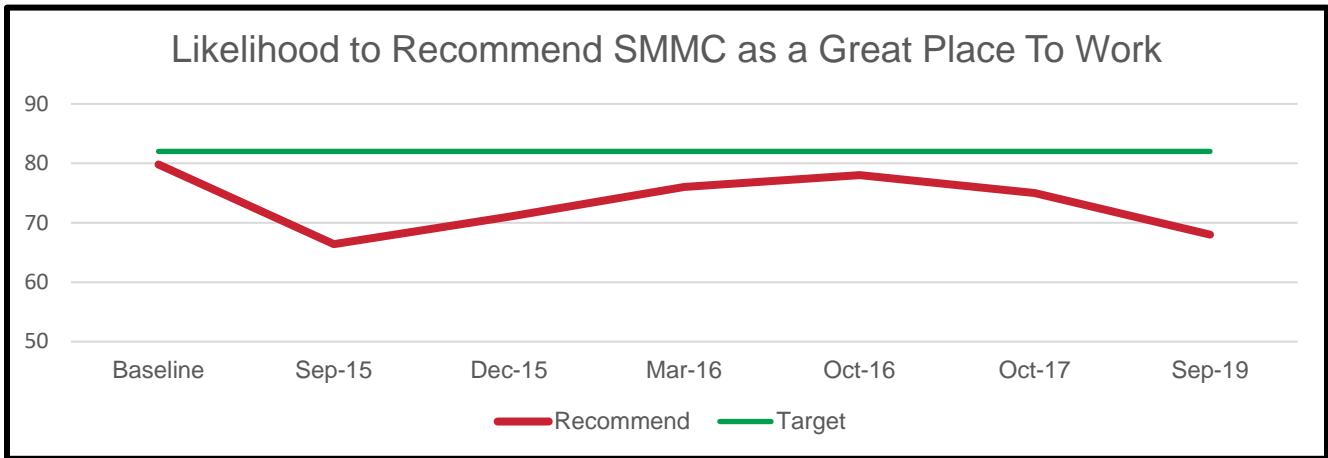


Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. **Higher is better.**

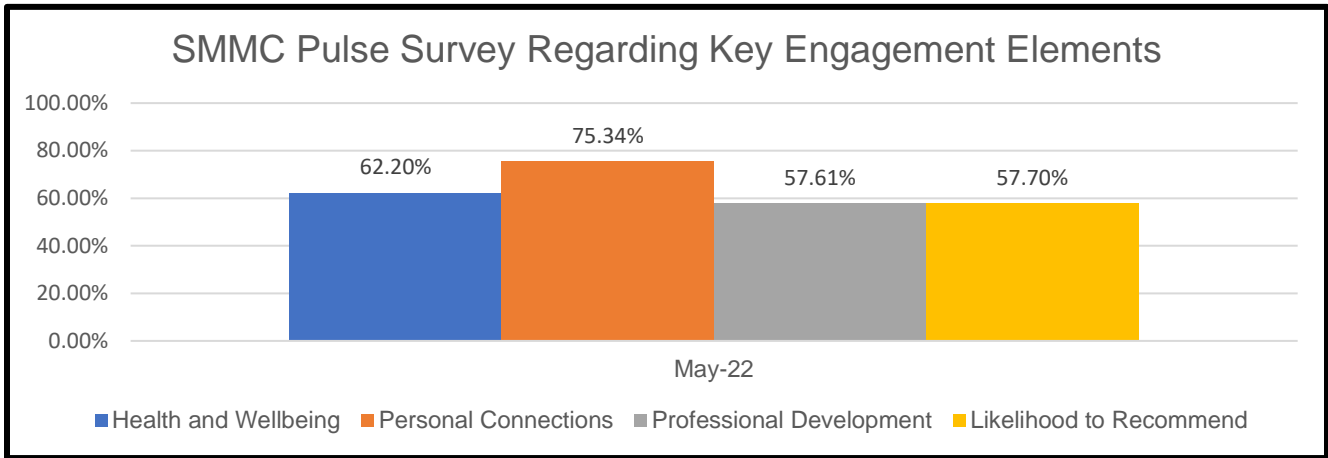


Cost Per Member, Per Month: Total cost divided by total number of assigned members. **Lower is better.**

Staff Engagement

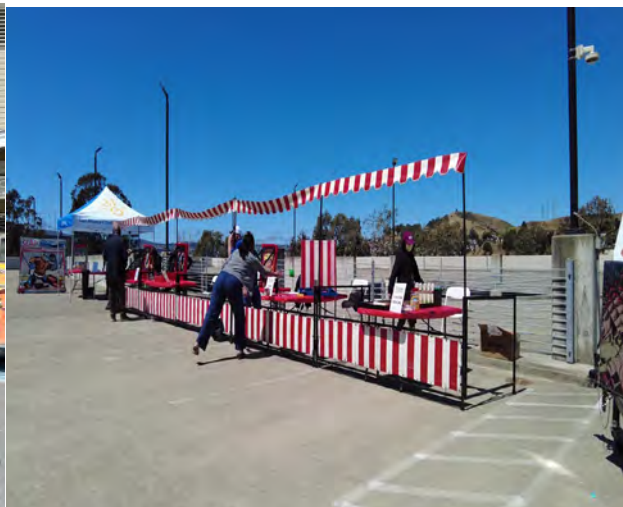


Likelihood to Recommend SMMC: Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual Blessing White staff engagement survey. -Awaiting next County survey. **Higher is better.**



SMMC Staff Engagement Pulse Survey: Percentage of staff who agree or strongly agree that 1) organization actively supports health and wellness 2) staff member has personal connections at work 3) organization supports professional development 4) staff member would recommend SMMC as a great place to work. **Higher is better.**

Strategic Updates, Recognitions & Awards



Hospital Week Celebrations: Top Left: Dana Floro, John Jurow and Mitra Faridian of the San Mateo County Health Foundation. Top Right: Going for a goal at Fair Oaks Health Center. Mid Left: Staff at Daly City watch colleagues do their best Warriors impressions. Mid Right: John Jurow's true self shines through at the 39th Avenue Campus celebration. Bottom Left: Preparing for staff to arrive at Coastside. Bottom Right: On top of the world (or at least the parking garage) at Gateway

SMMC Celebrates Hospital Week

San Mateo Medical held its annual Hospital Week celebration the week of May 9th. The theme this year was: Back to the Future: Renew, Refresh, Reconnect. After two years of pandemic restrictions, this was an opportunity for staff to get outside and have fun together. From a replica DeLorean time machine to a variety of carnival games and tasty treats, there was something for everyone. Over the course of the week, staff enjoyed 500 pounds of barbeque, 600 corn dogs, 1100 churros, 12,000 gift items in 1500 gift bags and innumerable smiles and laughs. Thanks to the extraordinary generosity and support of the San Mateo County Health Foundation combined with the creativity of the Hospital Week 2022 Planning Committee, this was a hospital week like none other. Thank you also to all the volunteers who worked the game booths. Planning for Hospital Week 2023 is already underway!

SMMC Staff Engagement Pulse Survey

SMMC recently conducted a Staff Engagement Pulse Survey. This was designed as a supplement to the County-wide survey that is expected in the coming months. The goal was to solicit feedback on some key engagement areas in which the Medical Center has active work occurring or planned. The survey requested feedback on how supported staff felt in the areas of health and well-being, professional development and training, and making personal connections at work. Over 350 staff responded to the survey. In general, staff acknowledged a strong sense of community with 75.3% stating they had personal connections at work. In the other areas, 62.2% of staff felt the organization helped support their health and well-being while 57.6% felt they were offered regular opportunities for professional development and training. Overall, 57.7% of staff would recommend SMMC as a great place to work. In addition to answering these specific questions, staff provided over 870 comments to complete their feedback. The most common areas of feedback were leadership presence and behavior, staffing support and workload. We have a number of efforts underway to address many of these areas and will look for additional opportunities. We look forward to sharing updates and progress with both staff and the board.

SMMC Vaccination Efforts Continue

SMMC remains focused on facilitating up to date COVID-19 vaccination for all its patients.

As of 5/24/2022, 51,776 (79.7%) of our patients over the age of 5 have received at least one vaccine dose while 73.1% have completed their initial vaccine series and 37.3% have received a booster. Of those over age 12, 82.1% have received at least one dose and 75.4% have completed the initial series while 41.1% have received a booster. In those over age 50, 85.6% have at least one dose, 80.4% have completed the initial series and 56.5% have received a booster. Looking at those over the age of 65, 86.9% have received one dose, 82.2% have completed the initial series and 63.7% have received a booster. In the most vulnerable neighborhoods, 78.9% of our patients over age 5 have received at least one dose with 72.6% having completed the initial series and 35.7% having received a booster.

We appreciate the efforts of all our staff to meet this important need of our community and look forward to continuing to update the board on our efforts in the future.

May 2022

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	27,735 (April)	1.2%	8.9%
SMMC Emergency Department Visits	3,122 (April)	1.2%	10%
New Clients Awaiting Primary Care Appt.	0 (May)	N/A	N/A

EMS acquires new trailer to support incident management in the field



Emergency Medical Services (EMS) has taken delivery of a new, custom-designed trailer, outfitted with technology to support medical health command and communications activities in the field during a disaster. The 16-foot enclosed trailer, which can be towed by a pickup truck or SUV, allows EMS personnel and other responders to coordinate a sustained response by multiple participating agencies.



The trailer provides technology for encrypted cellular and satellite-based data and voice communications, including TV for monitoring news channels, and the ability to broadcast secure wireless internet inside and outside the vehicle, so that responders can work anywhere within a hundred feet. Seven TV monitors inside and one large screen on the outside support computer and other video connections for displaying incident information and for presenting press conferences and briefings.

“Serving as the County’s Medical Health Operational Area Coordinator (MHOAC), our role in EMS is to coordinate the local emergency medical and health response to disasters,” said Travis Kusman, EMS director. “The trailer will allow us to go where we are needed and help us make sure that responders have the information and resources they need to protect and save lives. Its capabilities will be especially important for emergency situations such as wildfires, earthquakes, mass trauma incidents, and large health care facility failure.”

An onboard generator and the ability to connect to “shore power,” like a boat in a marina, enable continuous operation. The trailer will allow EMS to power medical equipment and refrigerators to store medications and vaccines for use and distribution at field treatment sites, for example, even during the Public Safety

Power Shutoffs (PSPS) employed by PG&E. County Health had previously lacked the ability to coordinate a days- or weeks-long response from a field location.

The trailer was funded by homeland security grants.

Vital Statistics honored for timeliness

The Office of Vital Statistics received a timeliness award from the California Department of Public Health. During **the department's** 2022 Birth Data Quality Workshop, timeliness awards were given to the local registration districts that have recorded 95% or more of their birth certificates within ten days of birth during the period of January 1 - December 31, 2021.

WIC staff help families navigate the infant formula shortage

With the national shortage of infant formula, because of supply chain issues and a recall, many families in the WIC (Women, Infants, and Children) program face difficult challenges. WIC program staff are preparing prenatal moms to be able to successfully breastfeed when they deliver and working with interested moms on relaxation techniques to help build up breast milk supply. For families needing formula, staff are sharing resources on formula availability at partner retail stores and working with primary care providers on potential alternate formulas when a specific therapeutic formula is not available. They are also providing continual education on safe formula preparation, including discouraging making homemade formula since it presents risk to an infant who may not be getting the necessary nutrients.

A national program, WIC aims to safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, support for breastfeeding, and referrals to health care.

###