



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, December 4, 2023
8:00 AM – 10:00 AM

Atrium Conference Room
2000 Alameda de las Pulgas, San Mateo, CA 94403



AGENDA

Board of Directors Monday, December 4, 2023 8:00 AM

Atrium Conference Room, 2000 Alameda del las Pulgas, San Mateo, CA 94403

This meeting of the San Mateo Medical Center Board of Directors will be held in-person in the Atrium Conference Room, 2000 Alameda de las Pulgas, San Mateo, CA. Remote participation of this meeting will not be available. To observe or participate in the meeting, please attend in-person.

*Written public comments may be emailed to mlee@smcgov.org and such written comments should indicate the specific agenda item on which you are commenting. They will be read aloud at the meeting.

A. CALL TO ORDER

B. CLOSED SESSION

Items Requiring Action

1. Medical Staff Credentialing Report
2. Quality Report

Dr. Frank Trinh
Dr. Scott Oesterling

Informational Items

3. Medical Executive Committee

Dr. Frank Trinh

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 6, 2023 Meeting Minutes
2. Diversity, Equity, and Inclusion Report

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Frank Trinh

H. ADMINISTRATION REPORTS

- | | |
|-----------------------------------|--|
| 1. Dental Services | Dr. Alpa Sanghavi Dr. Mariam Hashoush..... Verbal |
| 2. Early Childhood Community Team | Louise Rogers Regina Moreno Verbal |
| 3. Financial Report | David McGrew.....TAB 2 |
| 4. CEO Report | Dr. CJ Kunnappilly.....TAB 2 |

I. COUNTY HEALTH CHIEF REPORT

- | | |
|------------------------|-------------------------|
| County Health Snapshot | Louise Rogers.....TAB 2 |
|------------------------|-------------------------|

J. COUNTY EXECUTIVE OFFICER REPORT

Mike Callagy

K. BOARD OF SUPERVISOR REPORT

Supervisor David Canepa

L. ADJOURNMENT**ADA Requests**

Individuals who require special assistance or a disability-related modification or accommodation to participate in this meeting, or who have a disability and wish to request an alternative format for the meeting, should contact Michelle Lee, at mlee@smcgov.org, as early as possible but not later than 10:00 AM on the business day before the meeting. Notification in advance of the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting, the materials related to it, and your ability to comment.

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CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Monday, November 6, 2023
Atrium Conference Room, 2000 Alameda de las Pulgas, San Mateo, CA

Board Members Present

Supervisor David Canepa
Louise Rogers
Dr. CJ Kunnappilly
Dr. Frank Trinh
Dr. Scott Oesterling
Deborah Torres

Staff Present

| | | |
|---------------------|------------------|-------------------|
| Carlton Mills | John Jurow | Victor Armendariz |
| David McGrew | Michelle Lee | Kristina Hsieh |
| Dr. Alpa Sanghavi | Priscilla Romero | |
| Dr. Yousef Turshani | Robert Blake | |
| Emily Weaver | Iliana Rodriguez | |
| Gabriela Behn | Jennifer Stalzer | |
| Jen Gordon | Marc Meulman | |

| ITEM | DISCUSSION/RECOMMENDATION | ACTION |
|---------------------------------|--|--|
| Call to Order | Supervisor Canepa 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 6, 2023 QIC Minutes from September 26, 2023 Medical Executive Committee Minutes from October 10, 2023 | Jennifer Stalzer 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 in partnership with the Chan-Zuckerberg Initiative, the Foundation will distribute over one thousand bags for family with newborns. Since the Foundation Gala, over \$1.3M has been raised and the proceeds will go towards supporting breast health services at SMMC. In December, the Foundation will partner with SMMC Volunteer Services and the local Golden Gate Hogs group to host the annual toy drive. | FYI |
| Consent Agenda | Approval of: 1. Hospital Board Meeting Minutes from October 2, 2023 | It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda. |

| | | |
|--|---|------------|
| <p>Medical Staff Report Dr. Frank Trinh</p> | <p>Dr. Trinh reported that the new Public Health Office, Kismet Baldwin-Santana, was introduced to the Medical Executive Committee. At the same meeting, policies related to Isolation Guidelines – Inpatient Transmission was adopted as part of the Infection Control chapter.</p> | <p>FYI</p> |
| <p>Patient Experience Jen Gordon</p> | <p>There are four employees and one Step intern in the Patient Experience department. The team receives feedback from patients through: NRC surveys, grievances, direct feedback to staff, community based organizations, and division partners with the vast majority from NRC. How they elevate the patient voice: integrating the patient voice in Epic design; partnering with community based organizations and diversifying the Patient and Family Advisory Council; and, creating a pathway for patient feedback. Volunteer program in Summer 2023: 23 volunteers contributed 877 hours in 17 Clinics and Departments Annually, the department partners with the Golden Gate HOGs and the Health Foundation to distribute toys and school supplies to the community.</p> | <p>FYI</p> |
| <p>Pharmacy Department Victor Armendariz, PharmD</p> | <p>SMMC Pharmacy offers the following services: Retail pharmacy, Hospital pharmacy, and Long-Term Care Pharmacy Team consists of 10 Pharmacists, 10 Pharmacy Techs, 3 PSAs, 2 PAP Coordinators, Buyer, and Billing Specialist. Technology Modernization</p> <ul style="list-style-type: none"> • Inpatient Pharmacy: Logistics Carousel’s final HCAI Inspection on 11/13/2023 • Outpatient Pharmacy: Outpatient Counting Robot Upgrade –kick-off October 2023 • Integr8 Health: leading two Design Teams. Pharmacist Analysts undergo 3 weeks of Epic training <p>Inpatient Pharmacy Clinical Interventions in 2022</p> <ul style="list-style-type: none"> • Medication Reviews Performed: 7,971 • Intervention Acceptance Rate: 78%* • Total Savings: \$26,024 Hard Cost <p>Sterile Compounding: Successful completion of the Board of Pharmacy Probation on August 8th, 2023.</p> | <p>FYI</p> |
| <p>San Mateo County Public Health Lab Kristina Hsieh, DrPH</p> | <p>Surveillance as a public service</p> <ul style="list-style-type: none"> • Disease prevention, control and surveillance • Reference and specialized testing • Emergency response • Public Health related research • Partnerships and communication <p>Servicing our partners: SMMC, Communicable Disease Program, Animal Control, and Environmental Health Our commitments:</p> <ul style="list-style-type: none"> • Partnership: We are dedicated to delivering services that address the needs of our partners to enhance patient care and surveillance • Quality: We are dedicated to delivering the most accurate and dependable test results • Innovation: Through ongoing research and investment in technology, we stay at the forefront of testing and surveillance <p>Services include testing for Tuberculosis, STI’s, Rabies, Drinking water and Beach water, SARS-COV2 Wastewater</p> | <p>FYI</p> |

| | | |
|---|---|-----|
| Financial Report David McGrew, CFO | The September FY 23/24 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 | The Health report focused on psychiatric services for Correctional Health. Many inmates in CH experience acute psychiatric issues and are receiving support from Behavioral Health. An issue that they are looking at providing services to make them more competent to stand trial. There is also additional education about how the legal system and the Courts function. | FYI |
| County Executive Officer Iliana Rodriguez | The County Executive Office will be issuing a Request for Proposal to manage the services provided at the Navigation Center. This will be for a multi-year contract. | FYI |
| Board of Supervisors Supervisor David Canepa | Supervisor Canepa informed the Board that County Office Building 3 will be opening in December and they are very excited to be tenants of the beautiful space. It will be the first civic building in the nation to be constructed of cross laminated timber and net-zero energy design. The Cordilleras Center is another exciting capital project and it is expected to be completed at the end of 2024. | FYI |

Supervisor Canepa adjourned the meeting at 9:28 AM. The next Board meeting will be held on December 4, 2023.

Minutes recorded by:

Michelle Lee, Executive Secretary

Minutes approved by:

Dr. Chester Kunnappilly, Chief Executive Officer

Office of Diversity, Equity, and Inclusion

December 2023 Board Presentation

The blueprint for San Mateo County Medical Center’s continued journey to operationalize equity has been driven by a variety of considerations, including expectations of regulatory bodies such as Centers for Medicare and Medicaid Services and The Joint Commission. Both governing bodies have similar equity related requirements which are similarly structured and require periodic updates to stakeholders, one being the hospital board for each respective system. The requirements for each body compared against our existing equity blueprint will be the focus of this report.

The Joint Commission

The Joint Commission requires healthcare delivery systems to have processes around provision of care, but in this past year has made an optional certification program for systems who are interested. The equity blueprint that has been previously presented to the Board has been created and modified to meet the requirements of the equity certification. The Joint Commission Equity Certification has domains healthcare delivery systems must meet and they are reflected below:

Certification Domains



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Centers for Medicare and Medicaid Services (CMS)

CMS also has a framework for health equity and their priorities outline systems focus on five priorities to be in alignment. The priorities are below:

- 1) Data Collection.
- 2) Assessment of the cause of disparities within CMS programs/address inequities in policies and operations to close gaps.
- 3) Build capacity of health care organizations and the workforce to reduce health and health care disparities.
- 4) Advancement of language access, health literacy, and the provision of culturally tailored services.
- 5) increase all forms of accessibility to health care services and coverage.

CMS also has a specific requirement for inpatient units that is being prioritized and the domains and requirements for inpatient units are below:

| Domain | Required Elements |
|---|---|
| Domain 1: Equity is a Strategic Priority | <ul style="list-style-type: none"> • Strategic plan identifies priority populations who currently experience health disparities. • Strategic plan identifies healthcare equity goals and discrete action steps dedicated to achieving our equity goals. • Strategic plan outlines specific resources which have been dedicated to achieving our equity goals. • Strategic plan describes our approach for engaging key stakeholders, such as community-based organizations. |
| Domain 2: Data Collection | <ul style="list-style-type: none"> • Systems must collect demographic information and/or social determinants of health information on majority of patients. • Systems must offer training for staff in culturally sensitive collection of |

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| | <p>demographic and/or social determinant of health information.</p> <ul style="list-style-type: none"> • Systems must input demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified EHR technology. |
| Domain 3: Data Analysis | <ul style="list-style-type: none"> • Systems must stratify key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and include this information on hospital performance dashboards. |
| Domain 4: Quality Improvement | <ul style="list-style-type: none"> • Systems must participate in local, regional, or national quality improvement activities focused on reducing health disparities. |
| Domain 5: Leadership Engagement | <ul style="list-style-type: none"> • Senior leadership of healthcare delivery systems, including chief executives and the entire hospital board of trustees, annually review the strategic plan for achieving health equity. • Senior leadership, including chief executives and the entire hospital board of trustees, annually reviews key performance indicators stratified by demographic and/or social factors. |

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SMMC's Equity Blueprint

To revisit, SMMC's Equity Blueprint is listed below:

| Stream | Priorities and Current Efforts |
|-----------------------------------|--|
| Health Care Disparity Elimination | <ul style="list-style-type: none"> • Hypertension Control with African American and/or Black patient populations. • Partnership with the Chronic Disease Management Improvement Council focused on Depression Screening and Follow – Up with African American and/or Black patient populations. • Focus groups for African American and/or Black patient population in 2024. • Identification of health care disparity elimination metric for inpatient units, assessment of current state and tentative plan in late 2023/early 2024. |
| Workforce Diversity | <ul style="list-style-type: none"> • Analysis of demographic information for patient population compared against that of the workforce. • Presentation of comparative analysis of workforce and patient population demographics to stakeholders in 2024. • Meeting with HR to learn more about recruitment efforts and strategies utilized in an attempt to strengthen diversity within the workforce. |
| Education | <ul style="list-style-type: none"> • Modularized Health's Race, Equity, Health training for the workforce. • Launch of 21-day Racial Equity Challenge via LMS. • Rollout of Petals of Power and Privilege Reflection. |

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|-----------------------------|---|
| <p>Provision of Care</p> | <ul style="list-style-type: none"> • Revisit of Red Label Interpreting Program and Clinician Cultural and Linguistic Assessment (CCLA). • Review of opportunities to strengthen language services support for patients to include Certified Deaf Interpreters. • Revisiting SOGI data collection efforts. • Embedding equity analysis into the Improvement Council structure. |
| <p>Community Engagement</p> | <ul style="list-style-type: none"> • Continuing to attend standing meetings for Community Based Organizations. • Scheduling annual presentation for at least two community-based organization regarding SMMC’s equity efforts. • Continuing to strengthen and build partnerships with community-based organizations. |
| <p>Additional Efforts</p> | <ul style="list-style-type: none"> • Integr8 Health transition |

The blueprint is another step in the direction of SMMC’s effort to operationalize equity and is in alignment with requirements from CMS and The Joint Commission. The blueprint is in it’s third iteration and is meant to be dynamic to allow for adjustments and modifications to be made that continue allowing the organization to be in alignment with both governing bodies.

Conclusion

San Mateo Medical Center is on track to ensure we meet regulatory requirements outlined by The Joint Commission and The Centers for Medicare and Medicaid Services. There will be a variety of updates provided to the Board in 2024 including highlighted progress and learnings. Operationalizing equity is such dynamic work it is difficult to anticipate and pinpoint the topics to be presented however, updates in the upcoming year will at least highlight the following:

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- Updates regarding improvement efforts related to outpatient and inpatient centered around the elimination of identified health care disparities. At this juncture, the focus will be on Hypertension and Depression Screening and Follow – Up for our Black and/or African American populations. The focus for inpatient units, has tentatively been identified as addressing disparities within readmission rates.
- Comparative analysis of workforce demographics and patient populations, including updates on collaborative efforts with Human Resources to identify and implement strategies around how to continue strengthening recruitment efforts.

Thank you for your time and we look forward to all of the learnings and growth 2024 will offer.

Kacie Patton, MSSW

ADMINISTRATION REPORTS

BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: October FY23-24

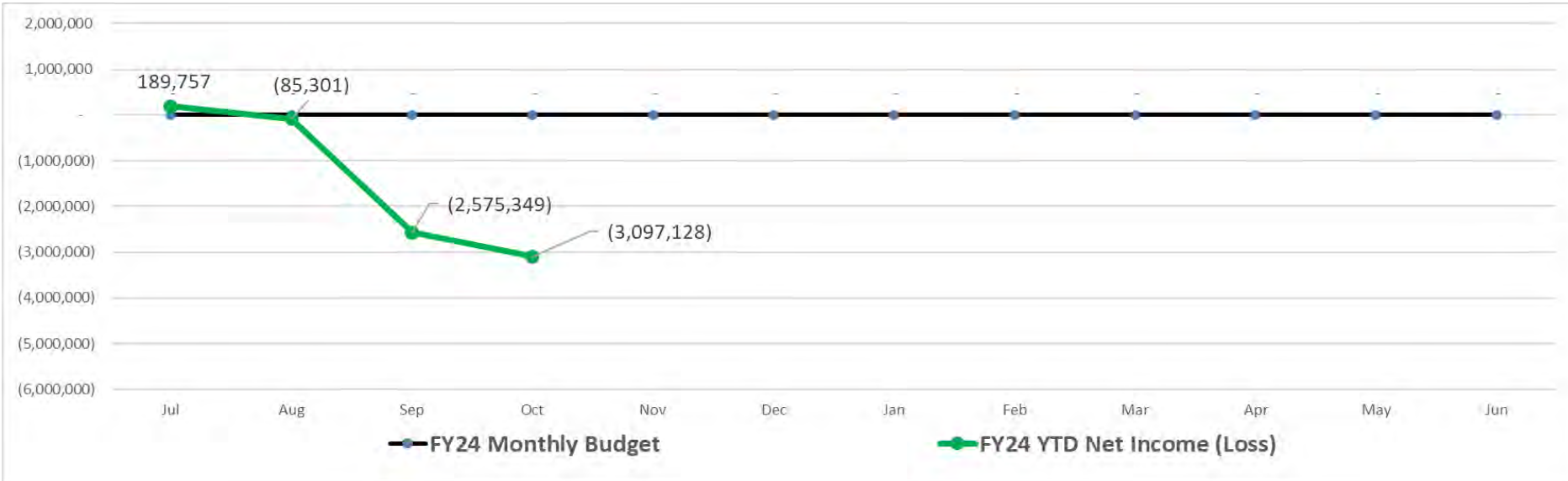
December 4, 2023

Presenter: David McGrew, CFO



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

FY23-24 Cumulative YTD Financial Results



Net Income(loss) – Oct (\$522K), YTD (\$3.1M)

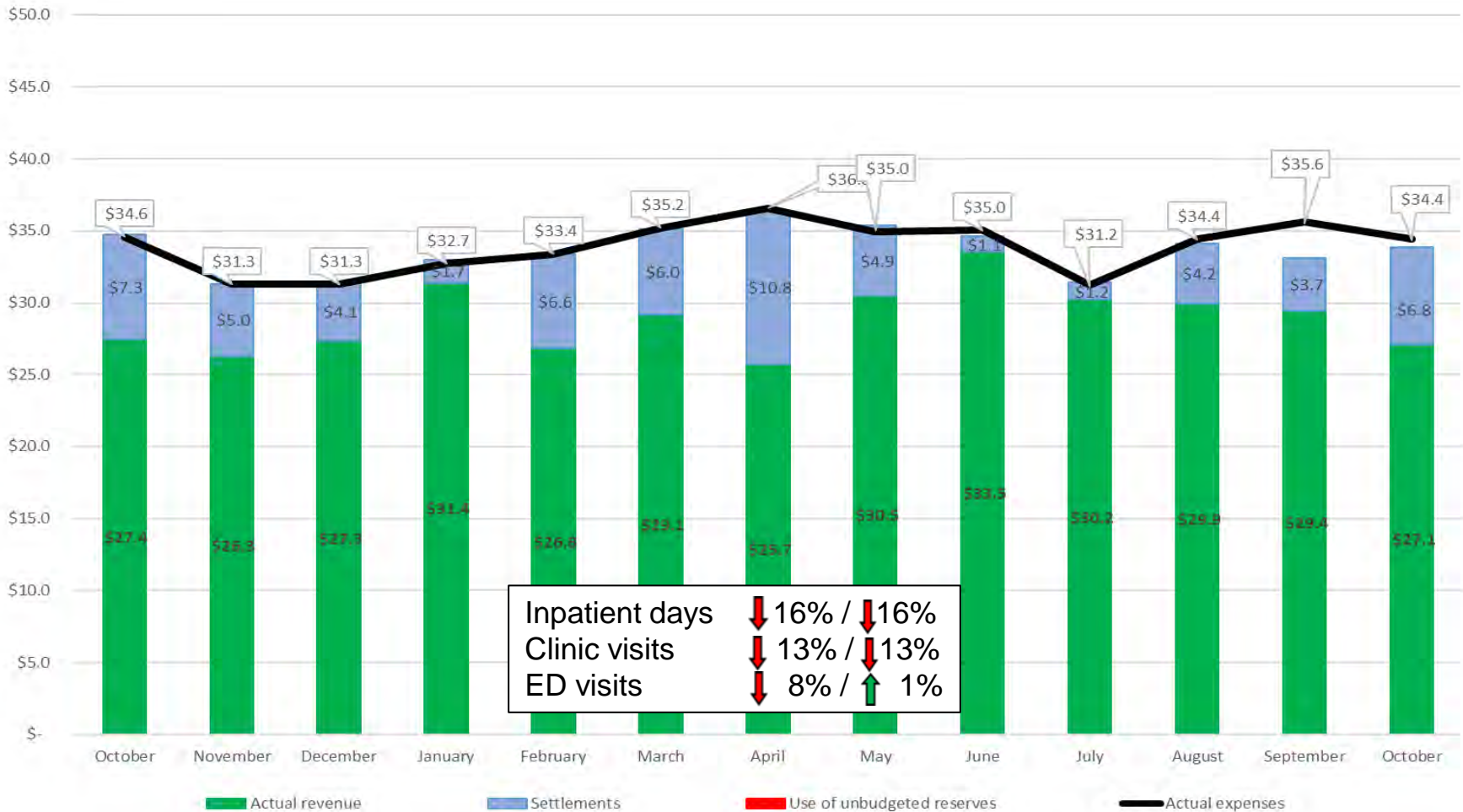
- FTEs 7% favorable
- Labor costs favorable by \$6.3M
- Reserve release

- Patient revenue
- 2018 debt service (see Snapshot below)
- Nursing registry

Oct FY23 Snapshot – October is unfavorable to budget by \$522K due to several factors, including the timing of recording patient revenue and the impact from the timing difference for the accounting and budget treatment of the 2018 Bond debt service for the new Administration building, which is not due until July 1, 2024. SMMC is still projected to be near breakeven for the full year. Nursing registry costs remain unfavorable due to the difficulties with hiring permanent nurses. Inpatient acute volume decreased as placements improved and Medical ED visits continue to be higher than budget. Clinic visits are 13% below budget for the month. Managed care membership started decreasing since July as eligibility redetermination resumed. ACE patients in the 26-49 age range are eligible for Medi-Cal beginning in January 2024.

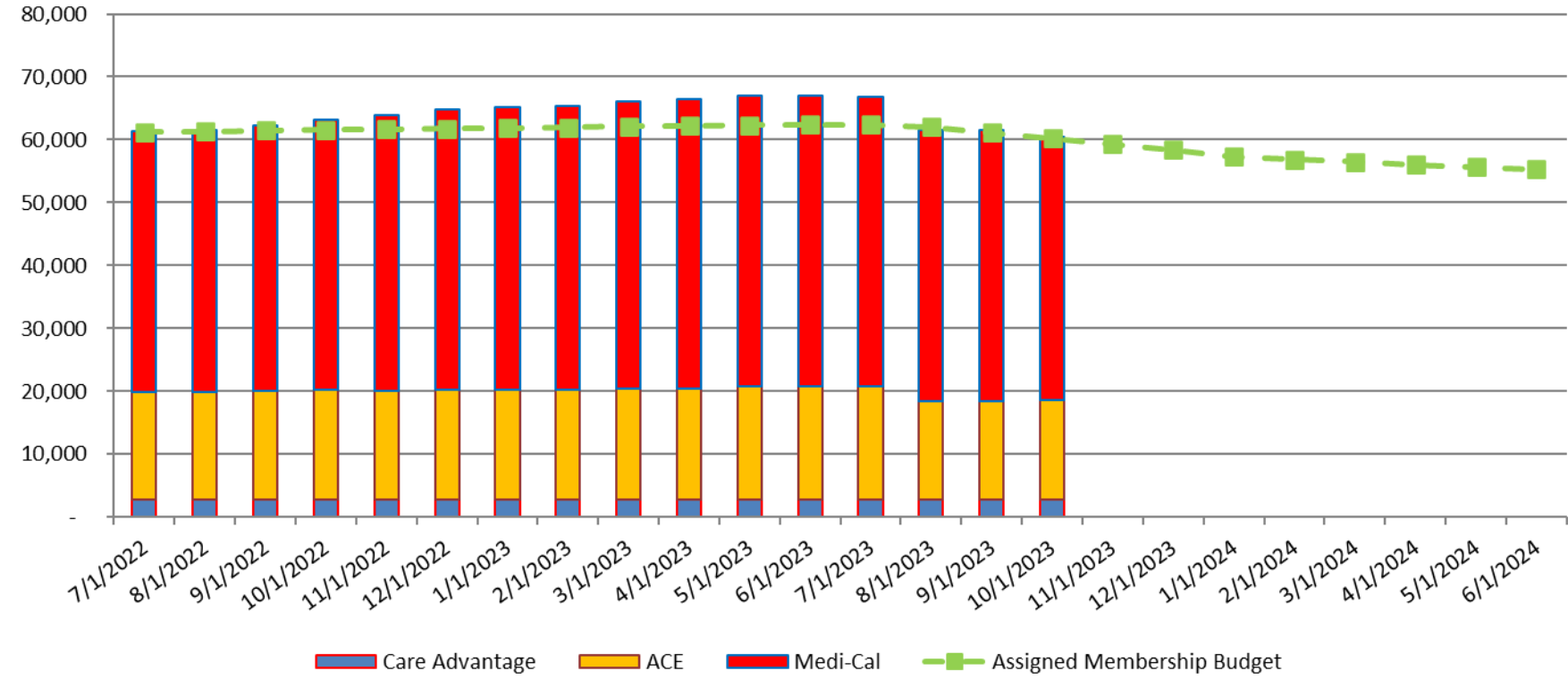
FY 23-24 Revenue & Expense Trend

SMMC's current operating revenue fluctuates around an average of \$29 million (green bar). Operating expenses (black line) in FY24 are averaging \$34 million per month and trending right at budget.



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

Managed Care Membership Trend



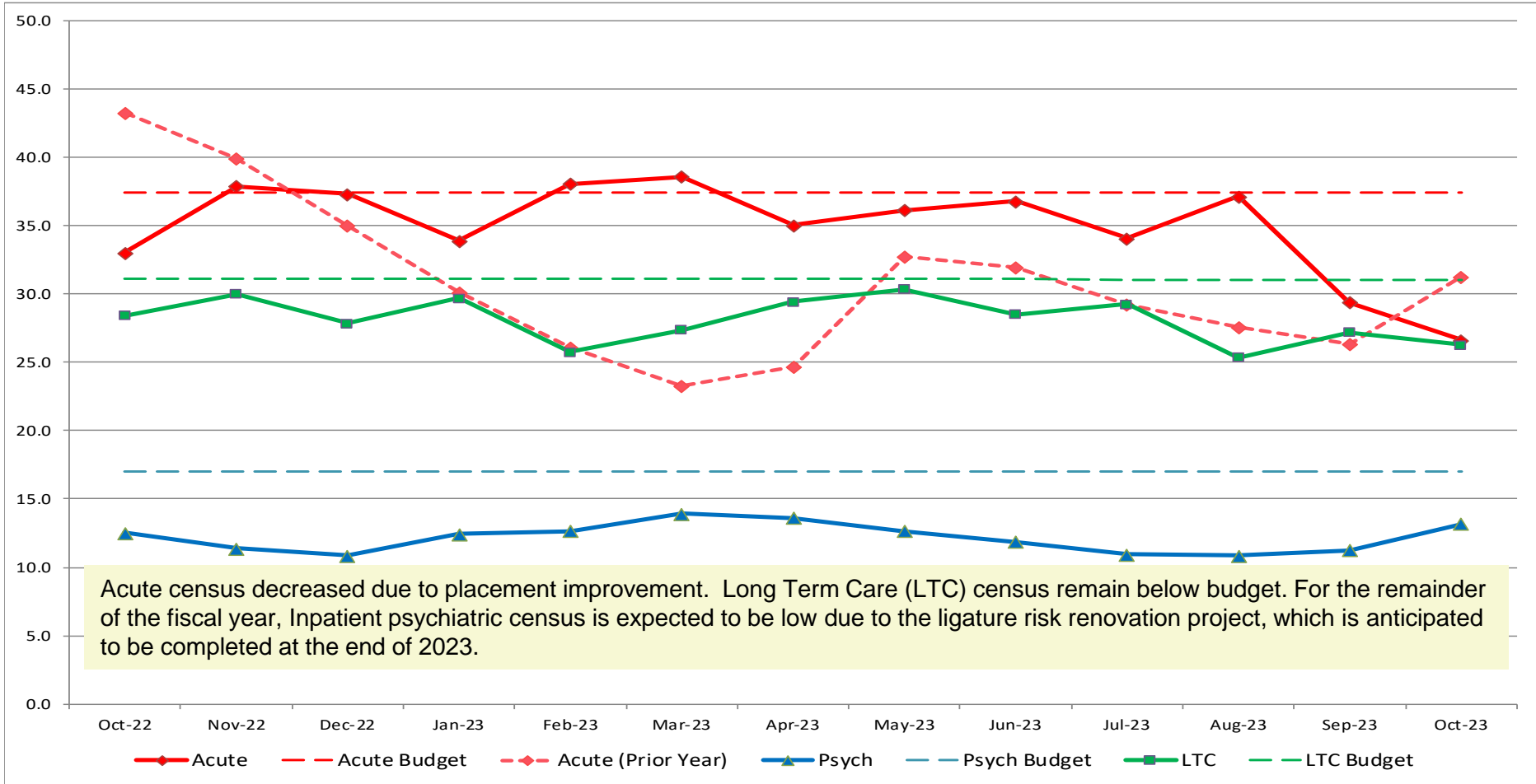
The membership in managed care programs peaked in July 2023 (31% increase for Medi-Cal since the onset of the COVID pandemic) and started trending down since. This is a result of the State restarting annual eligibility redeterminations at the end of the public health emergency. We anticipate the Medi-Cal expansion in January 2024 impacting the ACE 26-49 population will shift assignments from ACE to Medi-Cal, partially off-setting Medi-Cal assignment losses. By June 2024, total assignments losses of 7,000 are projected across all lines of business.

San Mateo Medical Center Inpatient Days October 31, 2023

| MONTH | | | |
|--------|--------|----------|-----------|
| Actual | Budget | Variance | Stoplight |
| 2,235 | 2,649 | (414) | -16% |

| YEAR TO DATE | | | |
|--------------|--------|----------|-----------|
| Actual | Budget | Variance | Stoplight |
| 8,846 | 10,511 | (1,665) | -16% |

Patient Days

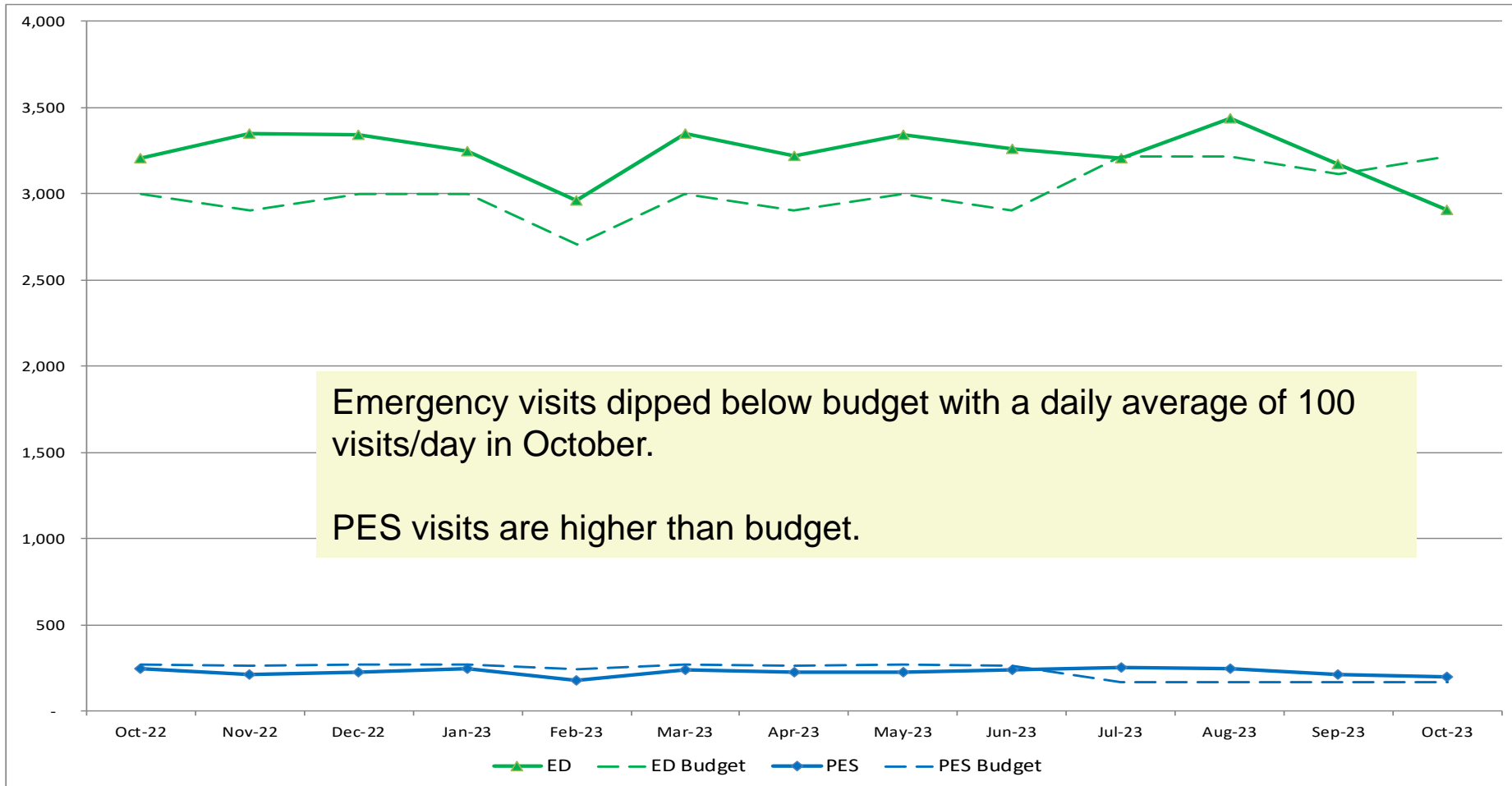


San Mateo Medical Center Emergency Visits October 31, 2023

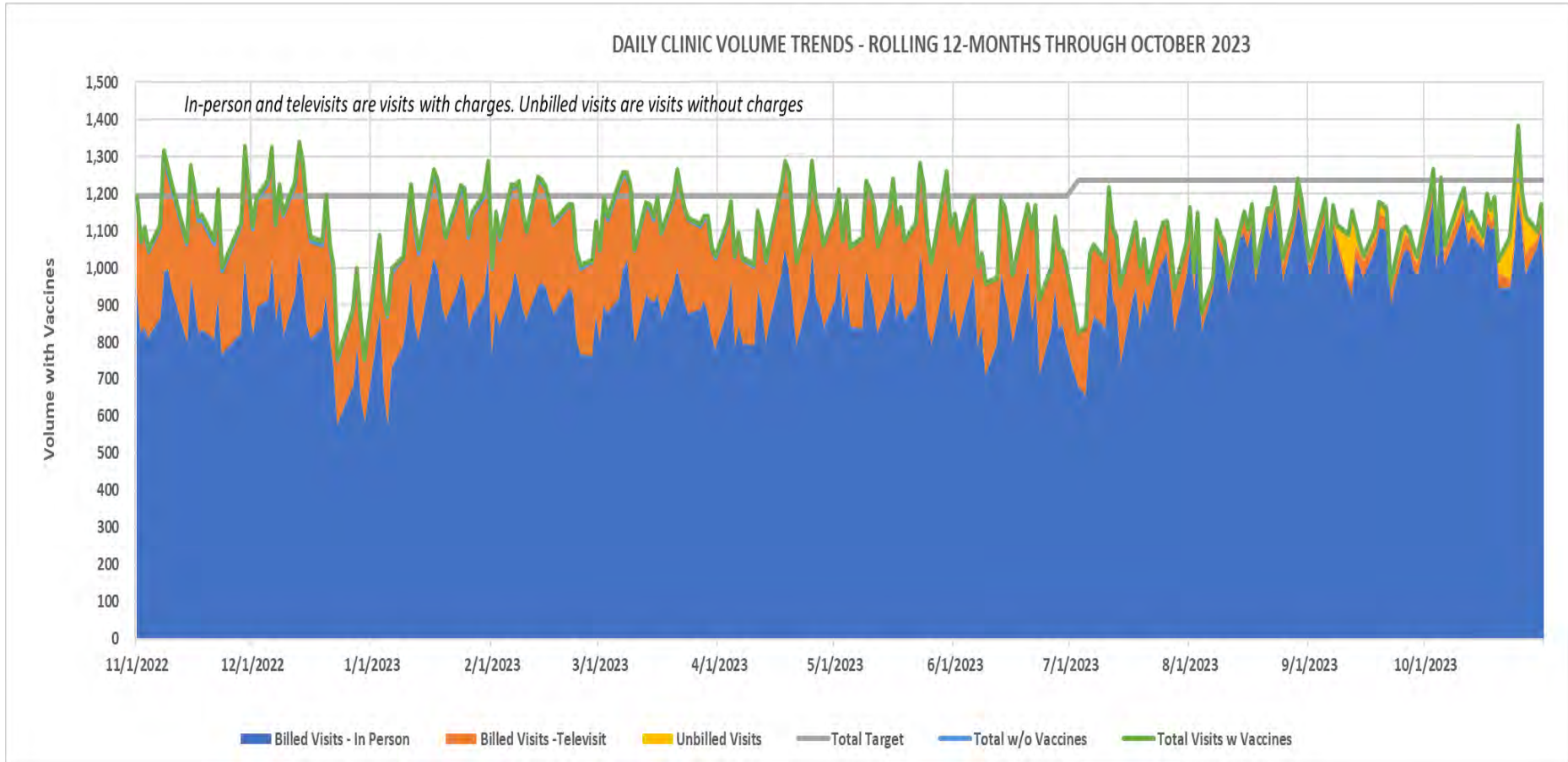
| MONTH | | | |
|--------|--------|----------|-----------|
| Actual | Budget | Variance | Stoplight |
| 3,105 | 3,389 | (284) | -8% |

| YEAR TO DATE | | | |
|--------------|--------|----------|-----------|
| Actual | Budget | Variance | Stoplight |
| 13,629 | 13,447 | 182 | 1% |

ED Visits



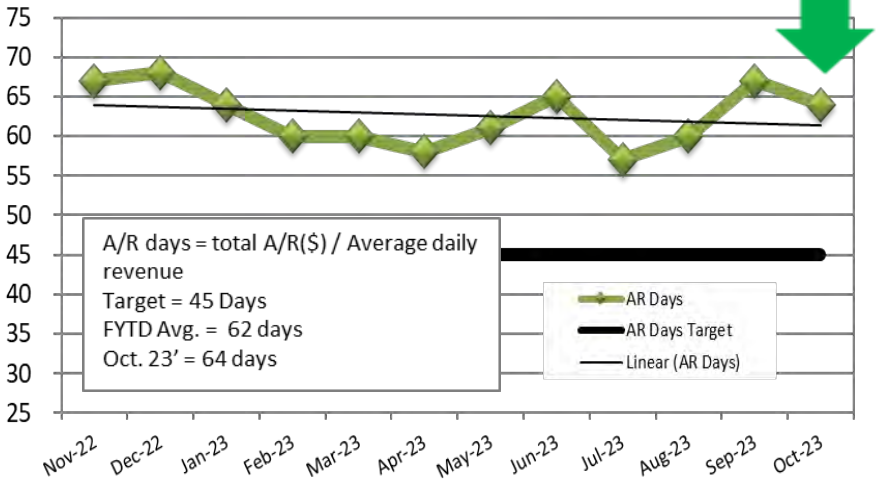
San Mateo Medical Center Clinic Visits October 31, 2023



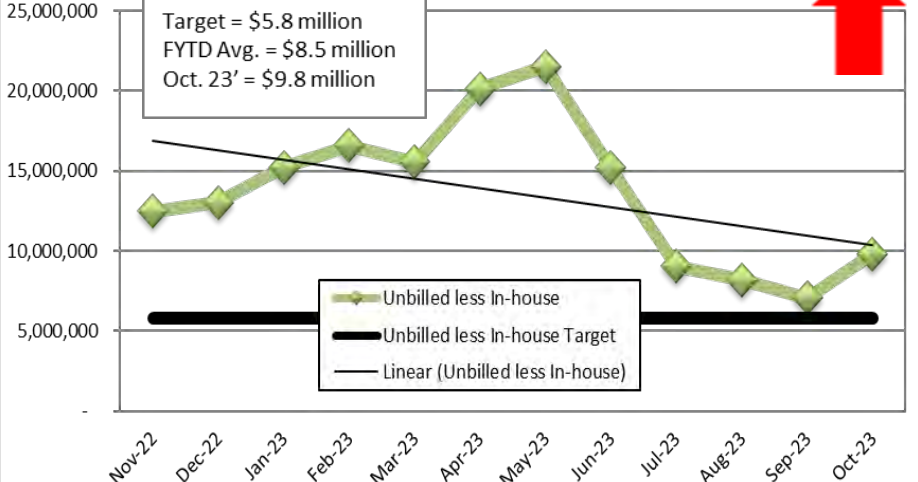
Televisits are running at 5.7% of total visits in FY24 as more patients are opting for in-person visits. Clinic televisits were 23% of total visits in FY23. Early in the pandemic the ratio was as high as 78%. The average visit volume per day for September 2023 is lower than trend due to the initial delay in the new coding process by CorroHealth. In addition, there was increase in unbilled visits due to internet outage days.

Fee-For-Service Revenue - KPIs

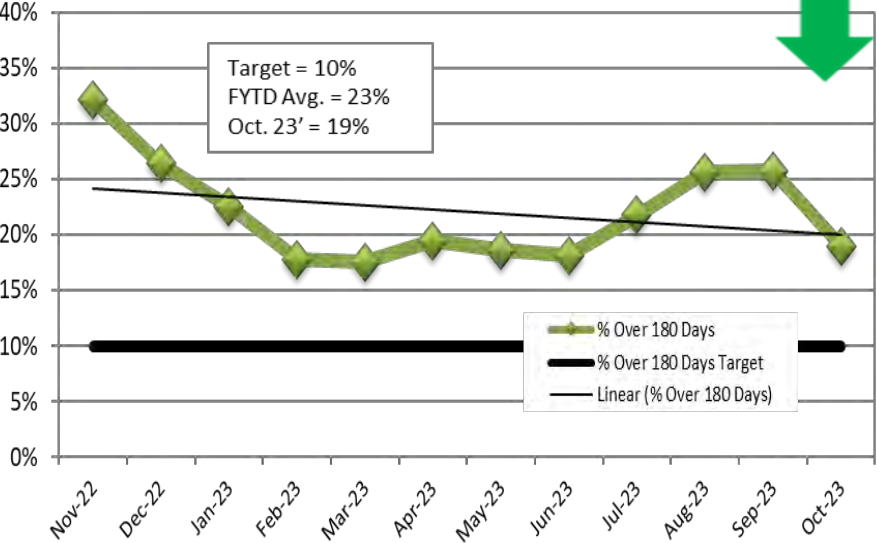
A/R Days - Rolling 12 Months



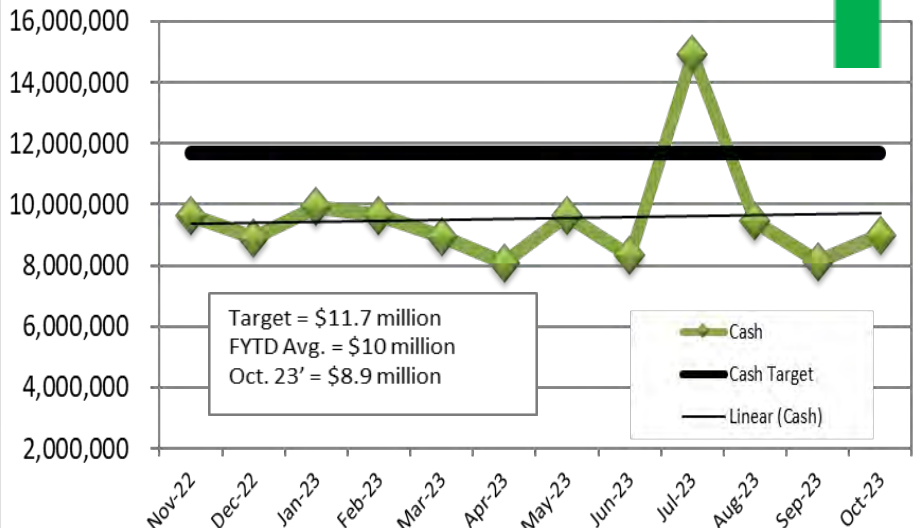
A/R Unbilled - Rolling 12 Months



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



Cash - Rolling 12 Months



APPENDIX



SAN MATEO COUNTY HEALTH
SAN MATEO
MEDICAL CENTER

San Mateo Medical Center
Income Statement
October 31, 2023

| | MONTH | | | | YEAR TO DATE | | | | |
|---|-----------|--------|-----------|-----------|--------------|---------|-------------|-----------|--|
| | Actual | Budget | Variance | Stoplight | Actual | Budget | Variance | Stoplight | |
| | A | B | C | D | E | F | G | H | |
| 1 Income/Loss (GAAP) | (521,779) | 0 | (521,779) | | (3,097,128) | 0 | (3,097,128) | | |
| 2 HPSM Medi-Cal Members Assigned to SMMC | 41,926 | 42,207 | (281) | -1% | 171,273 | 171,133 | 140 | 0% | |
| 3 Unduplicated Patient Count | 68,660 | 67,727 | 933 | 1% | 68,660 | 67,727 | 933 | 1% | |
| 4 Patient Days | 2,235 | 2,649 | (414) | -16% | 8,846 | 10,511 | (1,665) | -16% | |
| 5 ED Visits | 3,105 | 3,389 | (284) | -8% | 13,629 | 13,447 | 182 | 1% | |
| 7 Surgery Cases | 284 | 283 | 1 | 0% | 917 | 1,131 | (214) | -19% | |
| 8 Clinic Visits | 22,538 | 25,939 | (3,401) | -13% | 90,221 | 103,756 | (13,535) | -13% | |
| 9 Ancillary Procedures | 66,016 | 67,006 | (990) | -1% | 263,756 | 267,958 | (4,202) | -2% | |
| 10 Acute Administrative Days as % of Patient Days | 16.0% | 20.0% | 4.0% | 20% | 22.0% | 20.0% | -2.0% | -10% | |
| 11 Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status) | 63.0% | 80.0% | 17.0% | 21% | 88.0% | 80.0% | -8.0% | -10% | |
| Pillar Goals | | | | | | | | | |
| 12 Revenue PMPM | 108 | 170 | (62) | -36% | 130 | 168 | (38) | -23% | |
| 13 Operating Expenses PMPM | 378 | 384 | 6 | 2% | 367 | 379 | 12 | 3% | |
| 14 Full Time Equivalent (FTE) including Registry | 1,134 | 1,214 | 80 | 7% | 1,141 | 1,214 | 73 | 6% | |

San Mateo Medical Center
Income Statement
October 31, 2023

| | MONTH | | | | YEAR TO DATE | | | | |
|----|--|------------|------------|-------------|--------------|-------------|-------------|--------------|------|
| | Actual | Budget | Variance | Stoplight | Actual | Budget | Variance | Stoplight | |
| | A | B | C | D | E | F | G | H | |
| 21 | Inpatient Gross Revenue | 10,971,867 | 14,335,992 | (3,364,126) | -23% | 47,564,162 | 57,343,969 | (9,779,807) | -17% |
| 22 | Outpatient Gross Revenue | 33,807,277 | 30,680,132 | 3,127,145 | 10% | 112,633,022 | 122,720,528 | (10,087,506) | -8% |
| 23 | Total Gross Revenue | 44,779,143 | 45,016,124 | (236,981) | -1% | 160,197,184 | 180,064,497 | (19,867,313) | -11% |
| 24 | Patient Net Revenue | 8,268,690 | 14,288,817 | (6,020,126) | -42% | 40,661,374 | 57,155,266 | (16,493,893) | -29% |
| 25 | Net Patient Revenue as % of Gross Revenue | 18.5% | 31.7% | -13.3% | -42% | 25.4% | 31.7% | -6.4% | -20% |
| 26 | Capitation Revenue | 455,376 | 510,911 | (55,536) | -11% | 1,858,626 | 2,043,646 | (185,020) | -9% |
| 27 | Supplemental Patient Program Revenue | 18,336,119 | 13,312,505 | 5,023,614 | 38% | 58,217,673 | 53,250,019 | 4,967,654 | 9% |
| | <i>Volume Based (GPP, EPP, VRR, AB915)</i> | 9,173,892 | 5,892,934 | 3,280,958 | 56% | 34,112,256 | 23,571,736 | 10,540,520 | 45% |
| | <i>Value Based (QIP, HPSM P4P)</i> | 2,803,234 | 3,100,472 | (297,238) | -10% | 11,219,158 | 12,401,889 | (1,182,731) | -10% |
| | <i>Other</i> | 6,358,992 | 4,319,098 | 2,039,894 | 47% | 12,886,259 | 17,276,394 | (4,390,135) | -25% |
| 28 | Total Patient Net and Program Revenue | 27,060,185 | 28,112,233 | (1,052,048) | -4% | 100,737,673 | 112,448,931 | (11,711,258) | -10% |
| 29 | Other Operating Revenue | 987,179 | 1,171,103 | (183,924) | -16% | 4,496,495 | 4,684,413 | (187,918) | -4% |
| 30 | Total Operating Revenue | 28,047,364 | 29,283,336 | (1,235,972) | -4% | 105,234,167 | 117,133,344 | (11,899,176) | -10% |

**San Mateo Medical Center
Income Statement
October 31, 2023**

| | 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 | 18,150,622 | 19,747,380 | 1,596,757 | 8% | 70,133,118 | 78,989,518 | 8,856,400 | 11% | |
| 32 Drugs | 1,261,472 | 1,246,836 | (14,635) | -1% | 5,462,462 | 4,987,346 | (475,116) | -10% | |
| 33 Supplies | 1,173,197 | 1,142,708 | (30,488) | -3% | 4,478,944 | 4,570,834 | 91,890 | 2% | |
| 34 Contract Provider Services | 4,668,873 | 4,127,930 | (540,943) | -13% | 19,038,402 | 16,511,720 | (2,526,682) | -15% | |
| <i>Registry</i> | 1,476,154 | 699,888 | (776,265) | -111% | 6,689,428 | 2,799,553 | (3,889,875) | -139% | |
| <i>Contract Provider</i> | 2,784,205 | 3,021,524 | 237,319 | 8% | 10,700,374 | 12,086,096 | 1,385,722 | 11% | |
| <i>ACE Out of Network</i> | 361,508 | 351,675 | (9,833) | -3% | 1,468,816 | 1,406,700 | (62,116) | -4% | |
| <i>Other</i> | 47,007 | 54,843 | 7,836 | 14% | 178,876 | 219,370 | 40,494 | 18% | |
| 35 Other fees and purchased services | 6,600,887 | 6,538,714 | (62,173) | -1% | 26,280,170 | 26,154,858 | (125,312) | 0% | |
| 36 Other general expenses | 699,811 | 784,425 | 84,614 | 11% | 2,896,452 | 3,137,700 | 241,248 | 8% | |
| 37 Rental Expense | 173,398 | 173,397 | (1) | 0% | 744,955 | 693,589 | (51,366) | -7% | |
| 38 Lease Expense | 1,374,465 | 729,484 | (644,980) | -88% | 5,497,858 | 2,917,938 | (2,579,921) | -88% | |
| 39 Depreciation | 302,880 | 330,567 | 27,688 | 8% | 1,198,972 | 1,322,269 | 123,297 | 9% | |
| 40 Total Operating Expenses | 34,405,605 | 34,821,443 | 415,838 | 1% | 135,731,332 | 139,285,771 | 3,554,439 | 3% | |
| 41 Operating Income/Loss | (6,358,241) | (5,538,107) | (820,134) | -15% | (30,497,165) | (22,152,427) | (8,344,737) | -38% | |
| 42 Non-Operating Revenue/Expense | 534,660 | 236,305 | 298,355 | 126% | 6,192,830 | 945,220 | 5,247,610 | 555% | |
| 43 Contribution from County General Fund | 5,301,802 | 5,301,802 | - | 0% | 21,207,207 | 21,207,207 | - | 0% | |
| 44 Total Income/Loss (GAAP) | (521,779) | 0 | (521,779) | - | (3,097,128) | 0 | (3,097,128) | - | |

**San Mateo Medical Center
Payer Mix
September 30, 2023**

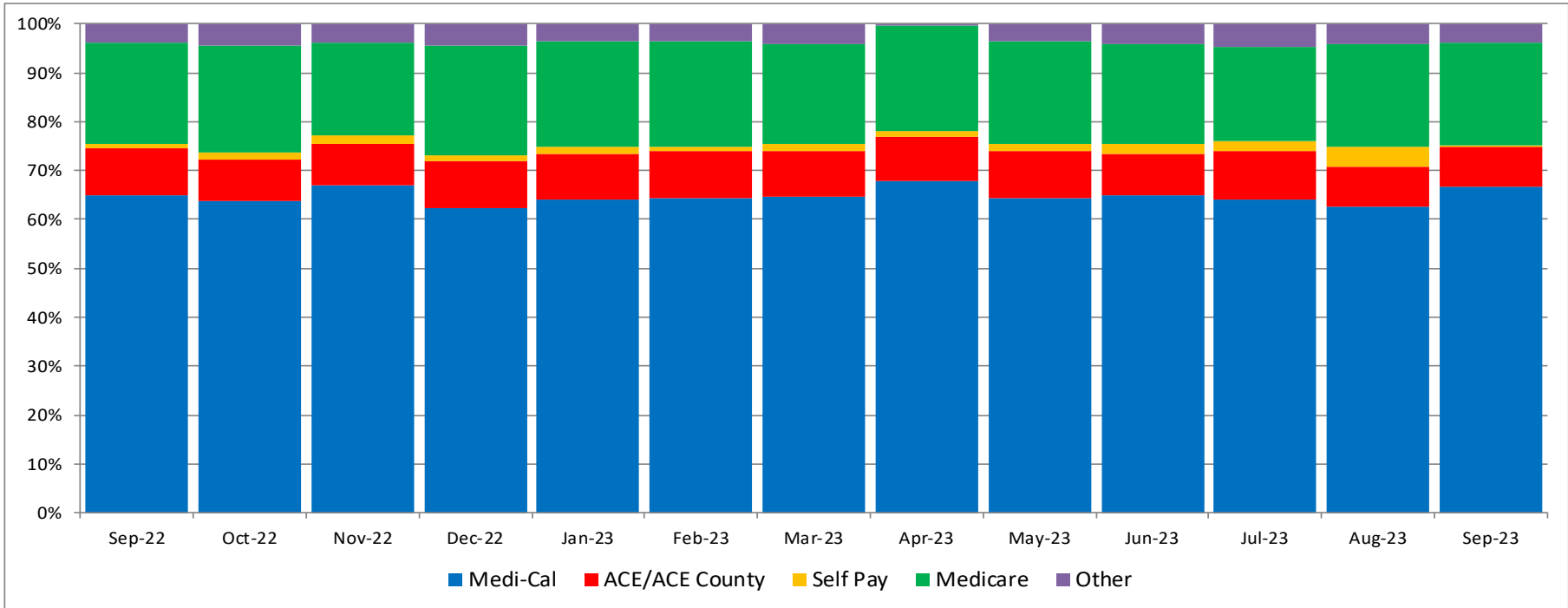
| MONTH | | | |
|--------|--------|----------|-----------|
| Actual | Budget | Variance | Stoplight |

| YEAR TO DATE | | | |
|--------------|--------|----------|-----------|
| Actual | Budget | Variance | Stoplight |

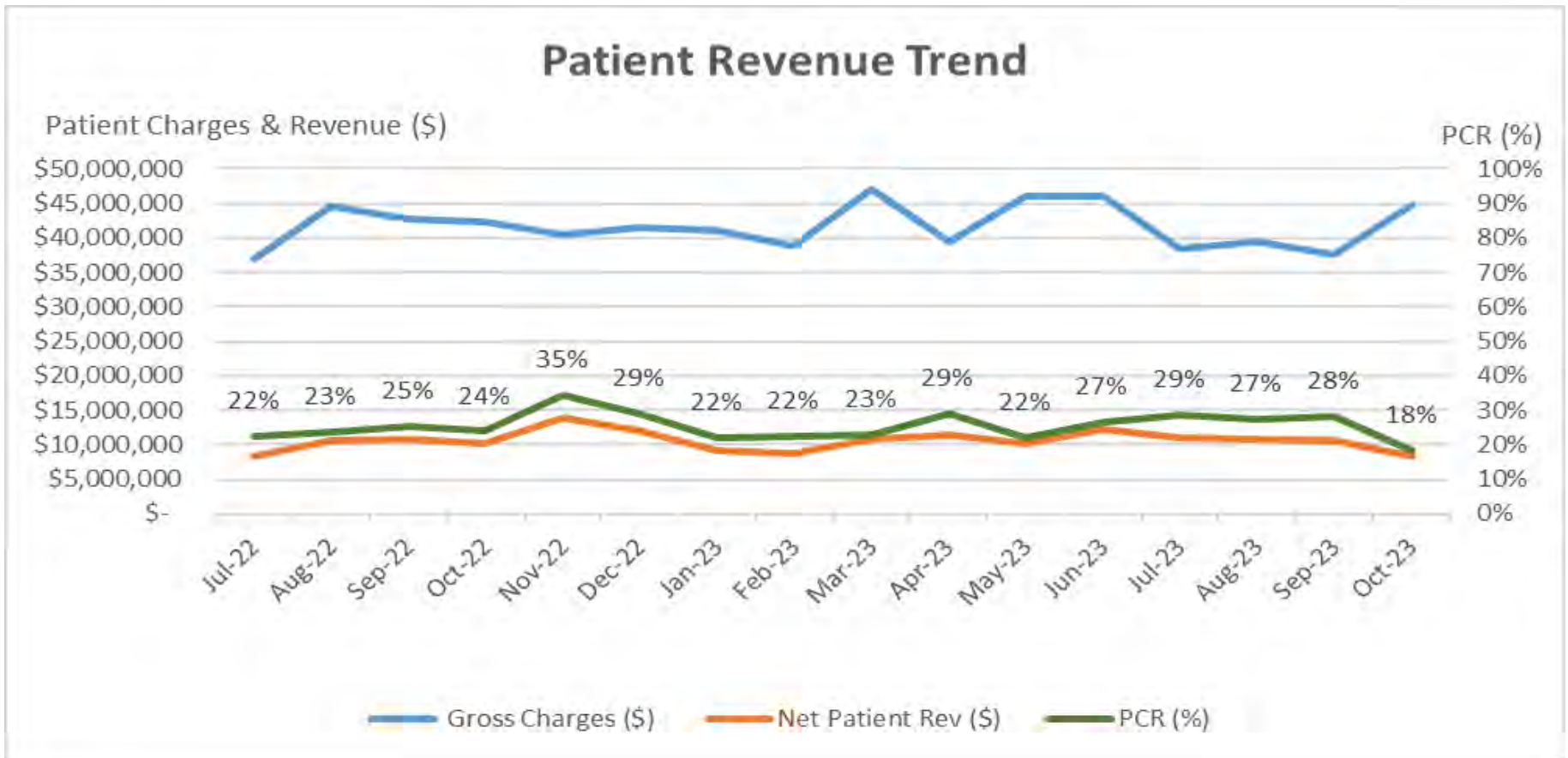
Payer Type by Gross Revenue

| | A | B | C | D |
|----------------|---------------|---------------|-------|---|
| Medicare | 21.1% | 21.1% | 0.0% | |
| Medi-Cal | 66.6% | 64.7% | 1.9% | |
| Self Pay | 0.2% | 1.4% | -1.2% | |
| Other | 3.8% | 3.7% | 0.1% | |
| ACE/ACE County | 8.3% | 9.1% | -0.8% | |
| Total | 100.0% | 100.0% | | |

| E | F | G | H |
|--------|--------|-------|---|
| 20.4% | 21.1% | -0.7% | |
| 64.4% | 64.7% | -0.3% | |
| 2.2% | 1.4% | 0.8% | |
| 4.3% | 3.7% | 0.6% | |
| 8.7% | 9.1% | -0.3% | |
| 100.0% | 100.0% | | |



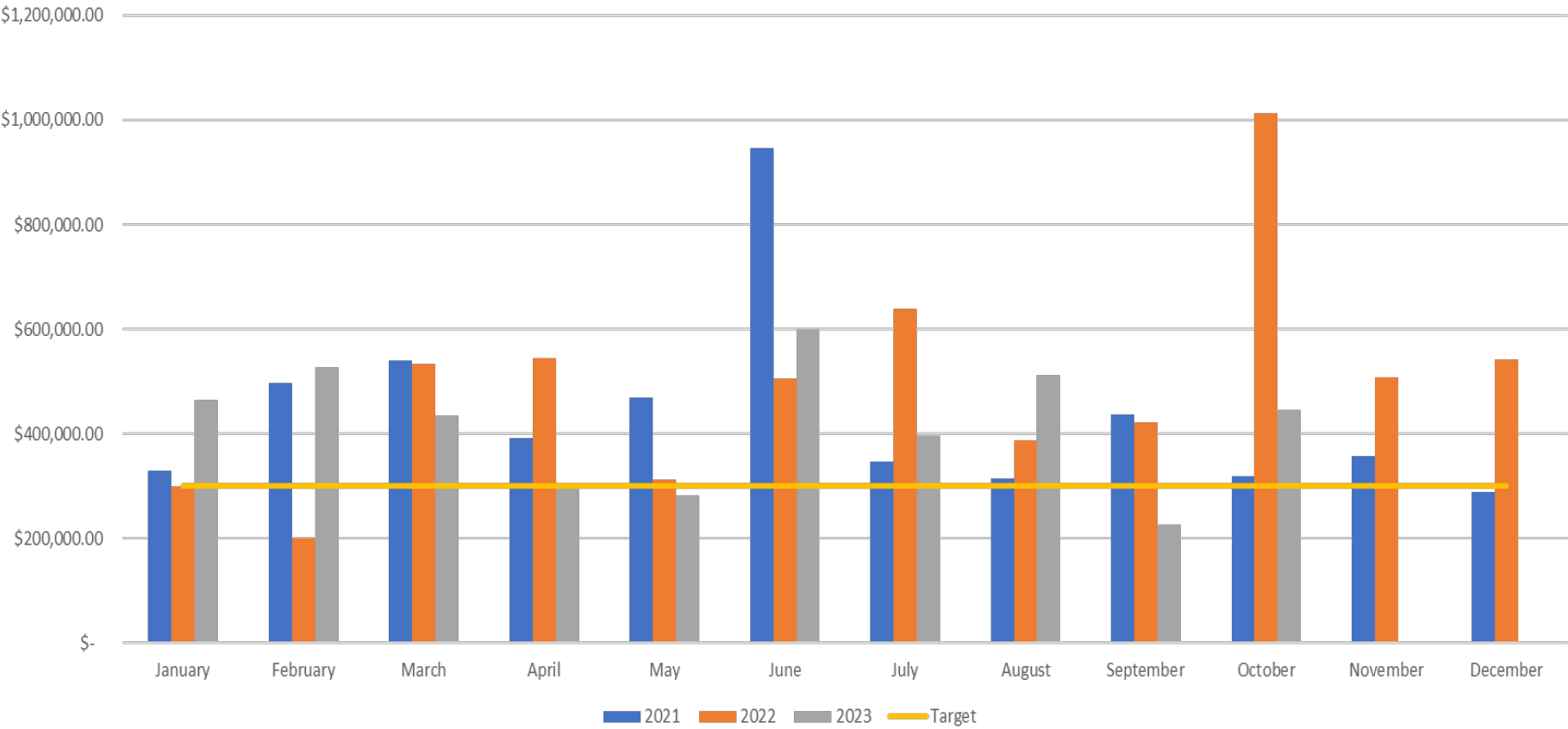
Fee-For-Service Patient Revenue Trend



Budgeted PCR 33.9% (FY22), 31.2% (FY23), 31.7% (FY24)

Gross patient revenue is hovering around \$42M/month. The collection rate (PCR) in FY24 YTD is trending at average 25%. Low PCR in Oct 23 is due to delay in patient revenue recognition in part due to CorroHealth. PCR surge in Nov 22 was due to one-time adjustments. PCR is expected to remain in mid/high 20s for the rest of this fiscal year.

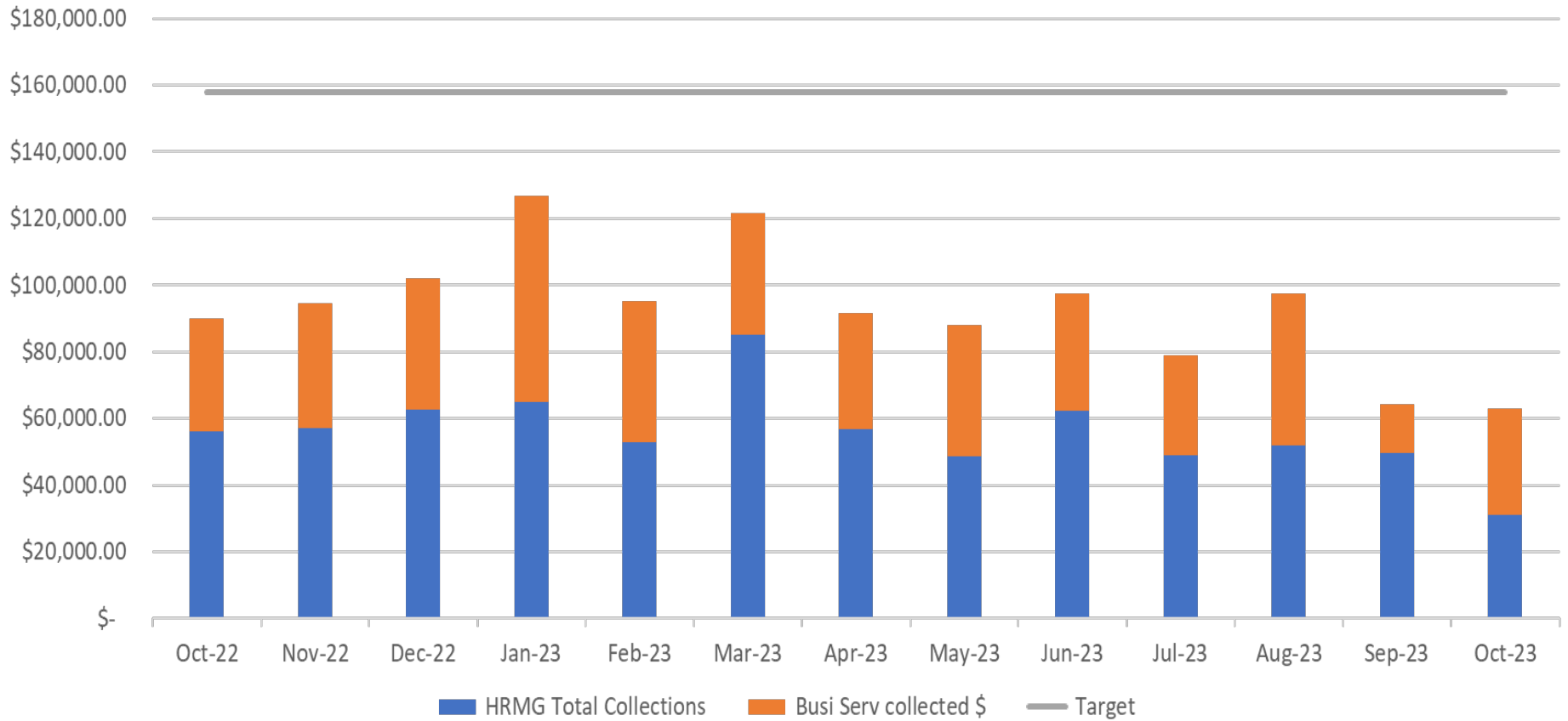
Fee-For-Service Commercial Collections



July 2020 MMX began supporting PFS with Commercial Collections



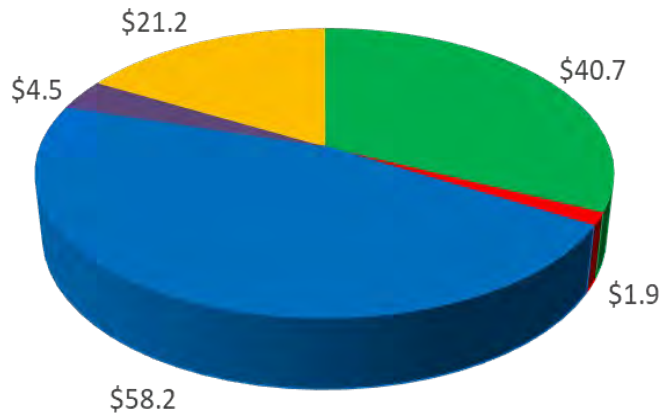
Fee-For-Service Self Pay Collections



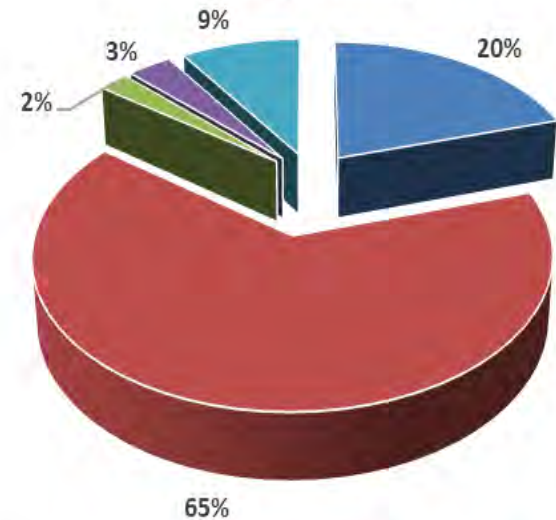
SMMC contracted with Healthcare Revenue Management Group to support SMMC's Business Services unit with collections of self-pay balances

Revenue Mix

Sources of Revenue
(Dollars in millions)



Payor Mix



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

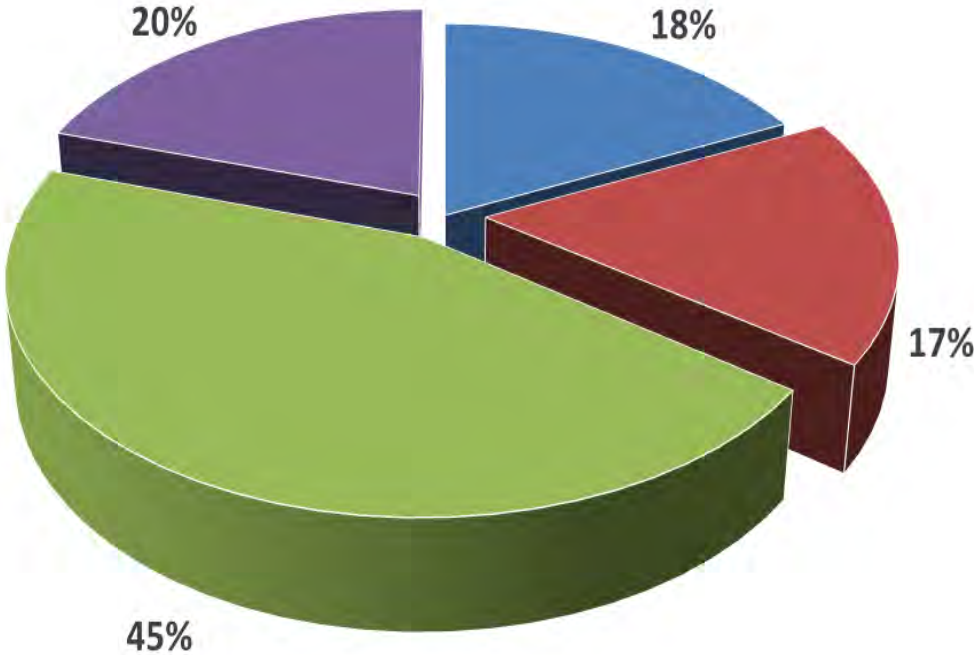
Total YTD Revenue of \$126 million consists of 46% in Supplemental Programs and 32% in Fee For Service

Health Plan of San Mateo (HPSM) represents 36% 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.

Revenue Mix by Service Line



■ Inpatient

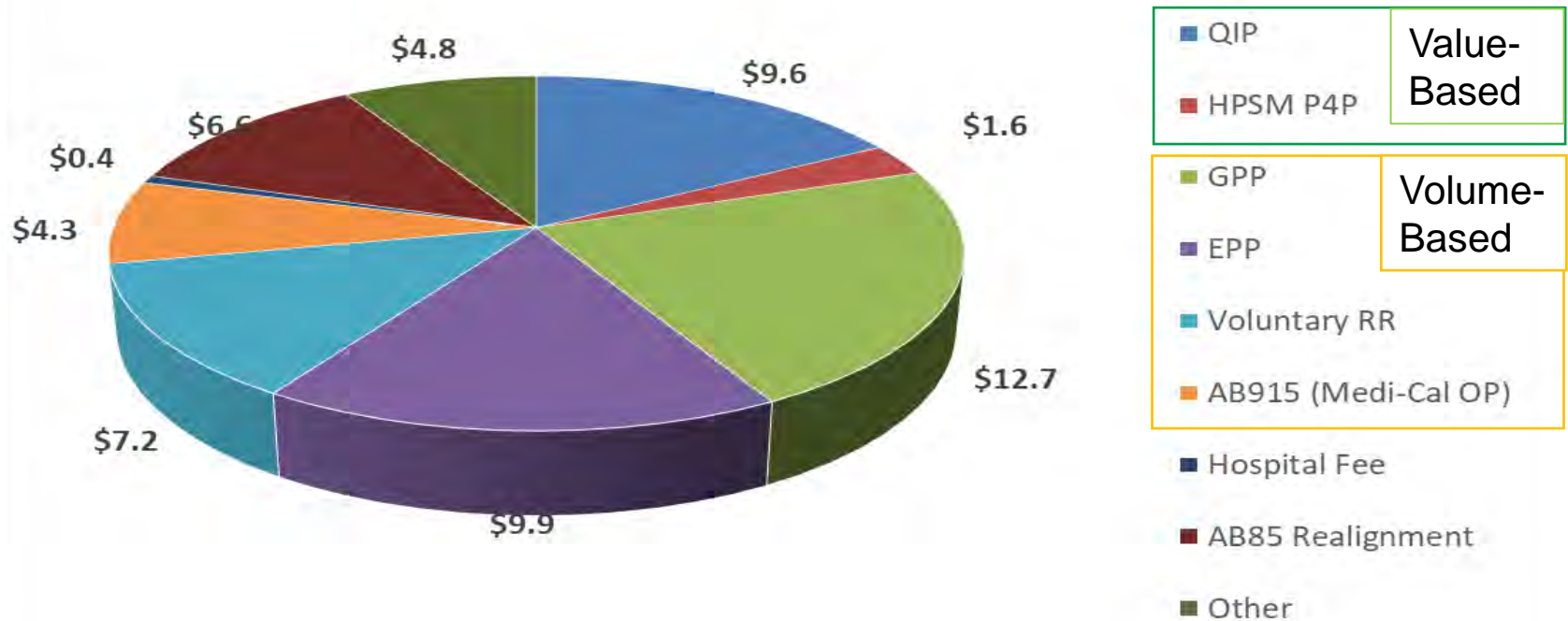
■ Hospital ED & Outpatient

■ Ambulatory Clinics

■ Ancillary Services

Supplemental Revenue Mix

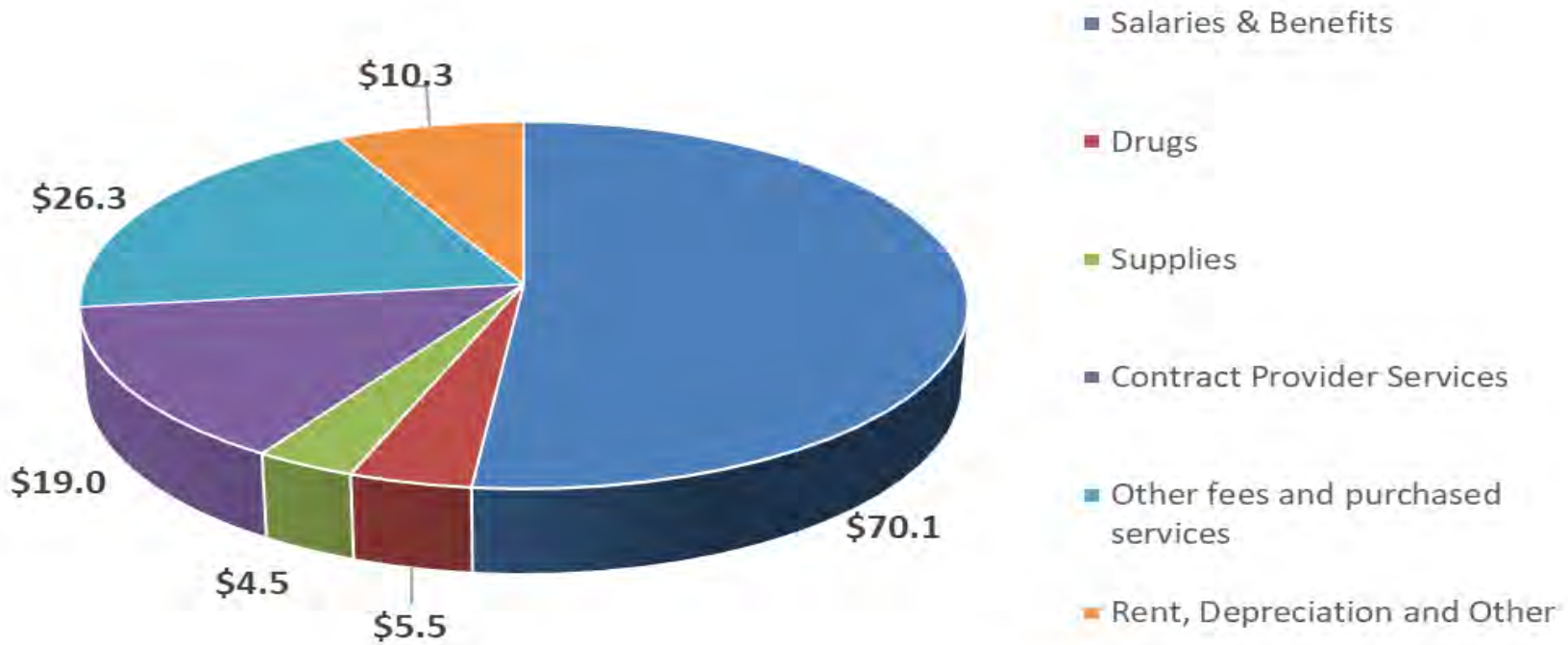
(Dollars in millions)



- **Value-Based** programs, including Capitation revenue, represents 20% of total revenue
- **Volume-Based** supplemental programs, plus FFS revenue, represent 60% of total revenue

Total Operating Expenses

(Dollars in millions)



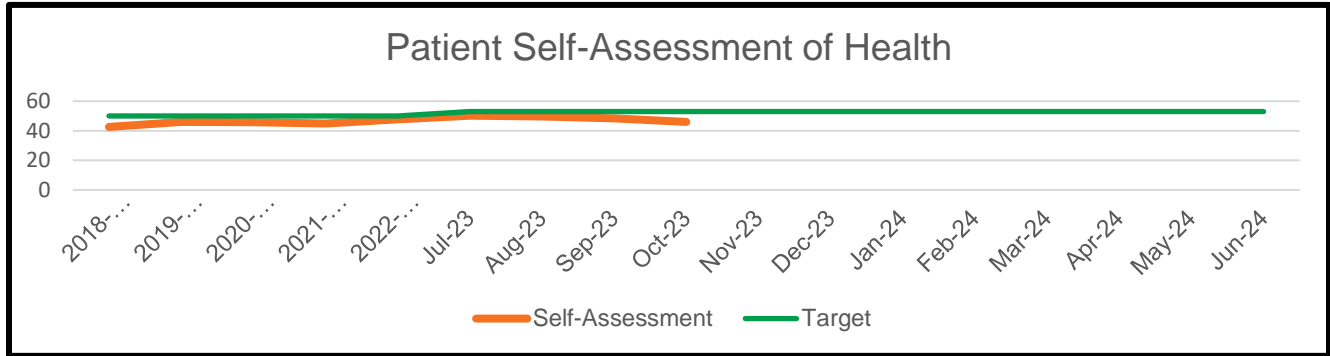
Salaries & Benefits represent 52% of total expenses

Personnel costs* represent 66% of total expenses

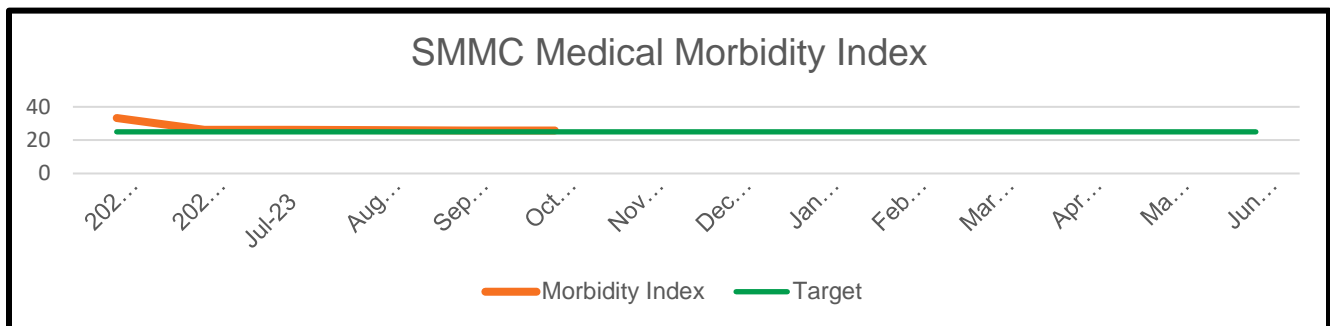
* Personnel costs includes S&B plus Registry/Contract Providers



Excellent Care



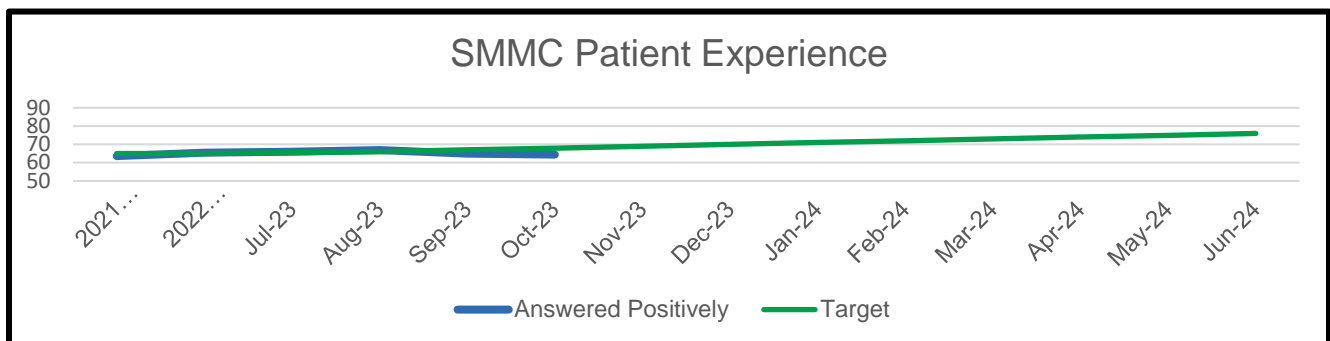
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



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.**

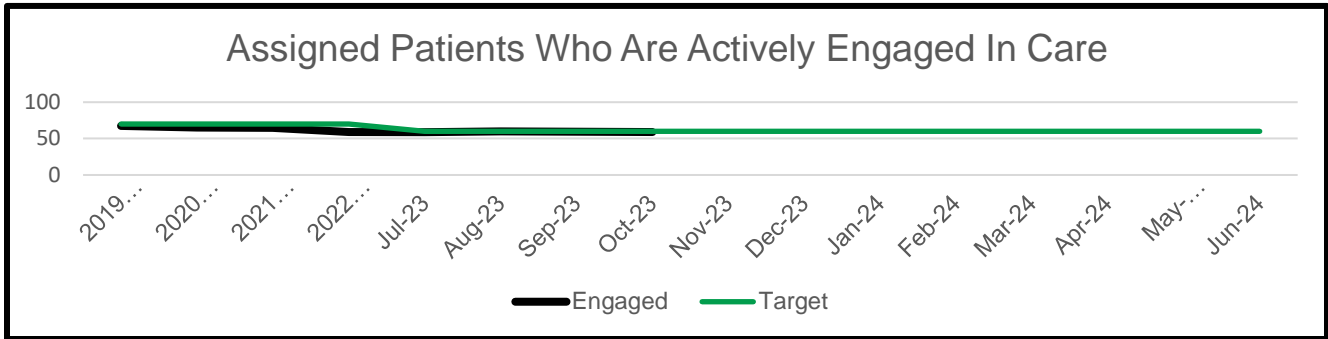


Patient Experience



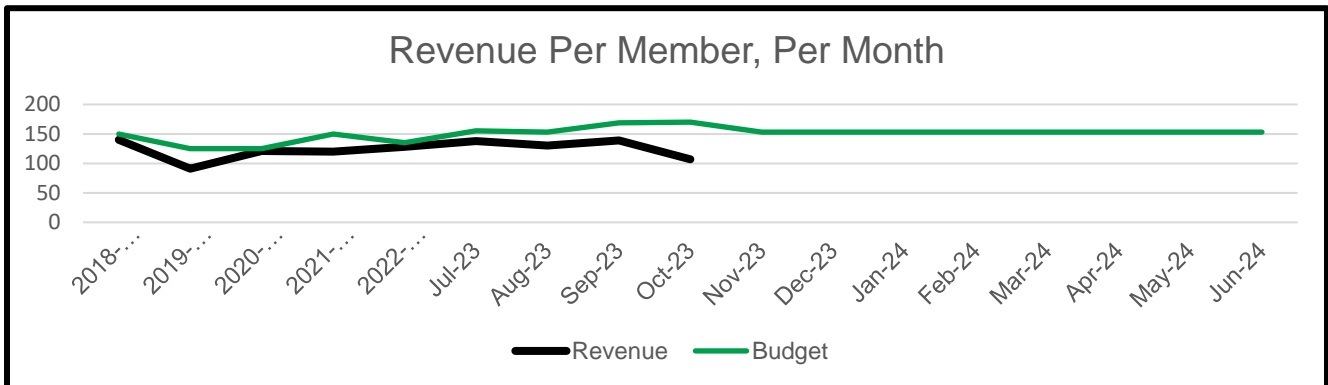
Patient Experience: Percentage of patients who answered affirmatively to the patient experience survey question: “Did the staff work together to meet your needs?” **Higher is better.**

 Access to Care

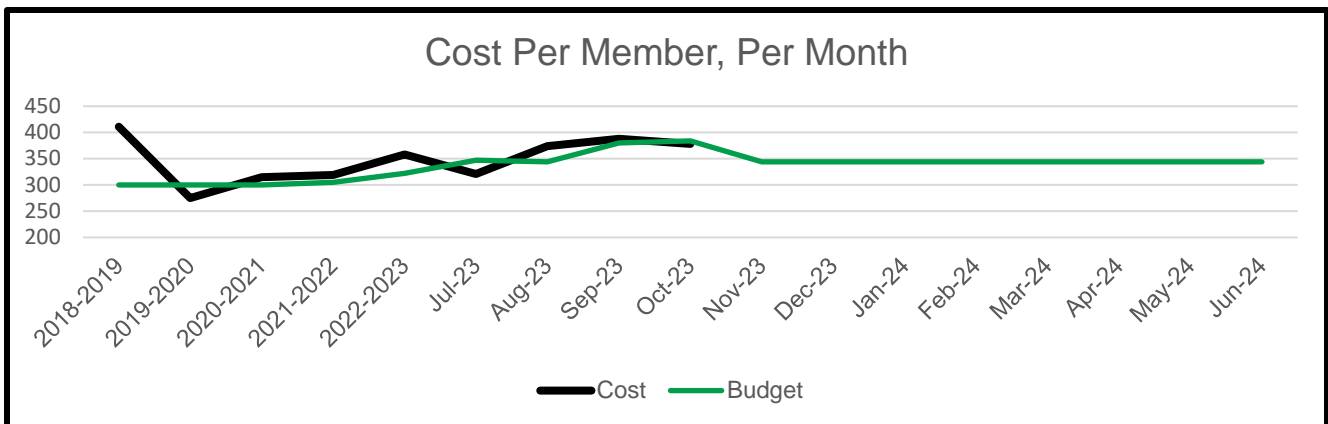


Assigned and Engaged: Percentage of patients assigned to SMMC by the Health Plan of San Mateo who are actively engaged in Care. **Higher is better.**

 Financial Stewardship

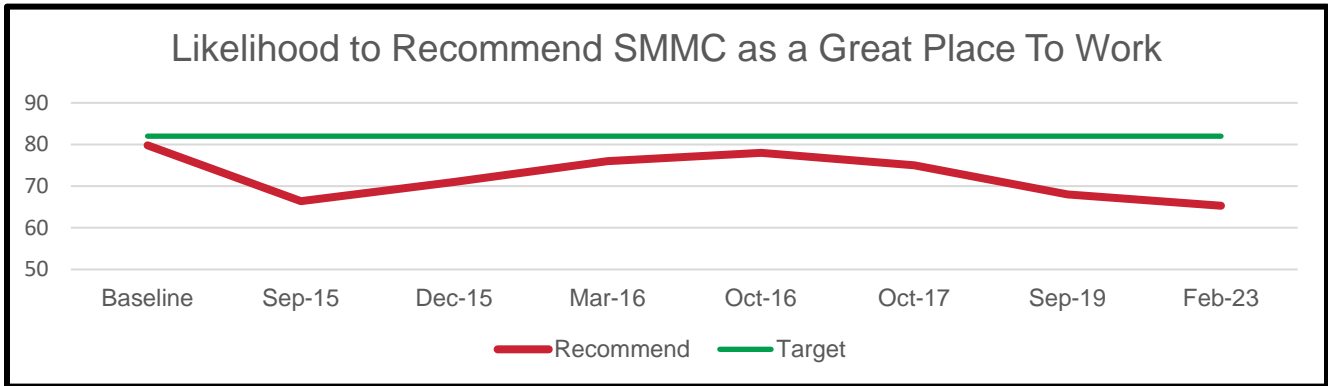


Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. **Higher is better.**

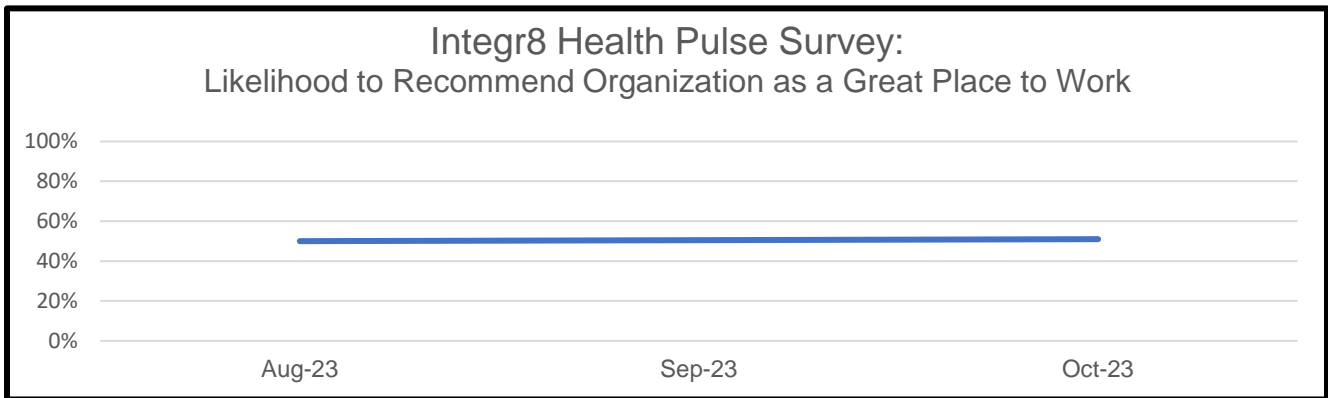


Cost Per Member, Per Month: Total cost divided by total number of assigned members. **Lower is better.**

 Staff Engagement

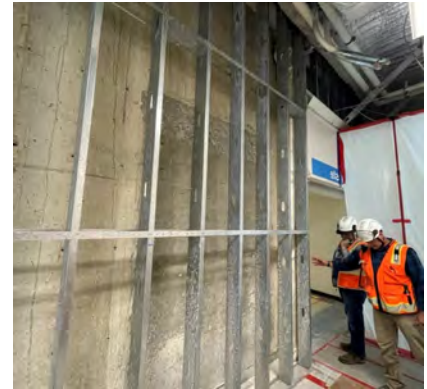


Likelihood to Recommend SMMC: Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual Blessing White staff engagement survey. -*Awaiting next County survey.* **Higher is better.**



SMMC Integr8 Health Pulse Survey: As part of Integr8 Health (SMC Health's Epic implementation), we are performing quarterly pulse surveys to evaluate staff engagement during the effort. This graph represents the percentage of staff who agree or strongly agree that they would recommend the organization as a great place to work. **Higher is better.**

Strategic Updates, Recognitions & Awards



Pictured above left and middle: HRSA quality recognitions for the SMMC Healthcare for the Homeless/Farmworker Health program. Pictured above right: Demolition work in the former Administrative Building on the SMMC 39th Avenue Campus.

Health Care for the Homeless/ Farmworker Health Program Receives Quality Recognition

Congratulations to the Health Care for the Homeless/Farmworker Health program for earning two Community Health Quality Recognition (CHQR) badges this year: (1) Addressing Social Risk Factors and (2) Advancing Health Information Technology for Quality.

CHQR badges recognize health centers that have made notable achievements in the areas of access, quality, health equity, health information technology, and COVID-19 public health emergency response for the most recent UDS reporting period.

Who can earn the Addressing Social Risk Factors badge?

Health centers that:

- Collect data on patient social risk factors.
- Increase the percentage of patients who received enabling services between the last two UDS reporting years.

Who can earn the Advancing HIT for Quality badge?

Health centers that meet all the following criteria:

- Adopted an electronic health record (EHR) system.
- Offered telehealth services.
- Exchanged clinical information online with key providers health care settings.
- Engaged patients through health IT.
- Collected data on patient social risk factors.

Demolition of 1954 (old Administrative Offices) Building Underway

The soft demolition of the old administration wing – the 1954 building – is underway! This process started on November 9th and includes removal of all interior materials such as walls, duct work, lights, etc. The work will move from bottom to top, East to West, pushing all materials toward the old loading dock where materials will be sorted and recycled.

Meanwhile, another team is working on external abatement to contain asbestos and ensure hard demo will be safe. At the same time, the construction team is drilling 25 holes (three

per day) to fill with grout and rebar, creating the foundation for a firewall to protect the hospital in case of a fire.

Hard demolition, the removal of the exterior walls of the building, will last through the first week of January. Hard demo will be done from West to East, working slowly toward the firewall.

The South wall of the 1954 building, parallel to the new administration building, will be removed near the end of December on a weekend. When that work is done, the north stair tower and first floor entrance to the administration building will be closed for safety. The final step of hard demo is to pull the concrete wall of the 1954 building away from the hospital.

Things will move quickly during this phase. The construction team tells us the best view of all the action is from the 3rd floor of the new administration building!

SMMC Pharmacist Featured in CDPH Antibiotic Awareness Video

In observation of National Antibiotic Awareness Week Nov 18-24, the California Department of Public Health put together a series of videos to raise awareness about the importance of appropriate antimicrobial use. One of the videos featured Niloofar Zabihi, Senior Clinical Pharmacist at SMMC. You can find the video at: [CDPH HAI Program AAW2023 Video 3 - YouTube](#). Niloofar's section begins at approximately the 1:17 mark of the video. Thank you, Niloofar, for representing us so well.

Integr8 Health Efforts Continue to Progress

Integr8 Health, our Epic implementation, has officially moved into the build and configuration phase of the effort. Our Improvement Councils, Design Teams and Project Team are now focused on a series of analyses and decisions that will guide the system configuration based on the Epic Foundation System. This also begins the process by which those teams will analyze the impacts of these changes and begin the improvement efforts to move us toward that future state. We look forward to continuing to update the board as we move into this exciting phase of the work.

###



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 | 19,827 (October) | -2.6% | -10.6% |
| SMMC Emergency Department Visits | 2,906 (October) | -8.4% | -13.1.0% |

EMS Adds Electric Ambulance to AMR Fleet



County 911 emergency ambulance services provider American Medical Response (AMR) has added an electric ambulance to its fleet. As part of a pilot program to test the feasibility of an on-call electric emergency services vehicle, AMR has deployed a Lightning ZEV3 Transit Ambulance to provide service to the San Francisco International Airport (SFO). AMR responds to SFO multiple times daily, to serve patients including travelers and staff who experience medical emergencies on airport property or in flight prior to landing. Most patients at SFO who require hospitalization are transported to Mills Peninsula

Medical Center in Millbrae. Both the airport and the hospital have charging facilities, as does AMR's local headquarters nearby. The limited area of operations for the ambulance eliminates most concerns about range and charging and allows AMR to collect data about the vehicle's performance. As the infrastructure to support electric vehicles grows, the data will inform decision making and ongoing efforts to integrate green technology by AMR and Emergency Medical Services, which oversees the 911 medical response system countywide.

Epidemiology Launches New Wastewater Surveillance Program

The Public Health Office of Epidemiology and Evaluation (OEE) has implemented a wastewater surveillance program to expand monitoring the detection and spread of COVID-19 and other infectious diseases. Many of these pathogens are not routinely tested, which can create challenges for developing a public health response. Systematically testing wastewater across San Mateo County allows OEE to identify the presence of pathogens, their concentration levels, and how the levels change over time. Wastewater data have been combined with other surveillance data (including cases, hospitalizations, and

deaths) to create a more complete picture for County Health leadership and other key public health decisionmakers.

The wastewater surveillance program uses two laboratories to test samples from seven wastewater treatment facilities across the county, providing coverage for about 80% of county residents. San Mateo County Public Health Laboratory tests wastewater from Daly City, Millbrae, and South San Francisco/San Bruno for COVID-19, with plans to expand to influenza A and respiratory syncytial virus (RSV). WastewaterSCAN, a partnership between Verily Life Sciences and Stanford University, tests wastewater from Silicon Valley Clean Water, City of San Mateo, Pacifica, and Half Moon Bay for COVID-19, influenza A & B, RSV, mpox, human metapneumovirus, norovirus, rotavirus, enterovirus D68, hepatitis A, candida auris, human adenovirus, and parainfluenza.

10th Annual Sana Sana, Colita de Rana Event

Behavioral Health and Recovery Services (BHRS) hosted the 10th annual Sana Sana, Colita de Rana health forum and cultural fair focusing on the Latino/a/x community. Sana, Sana is co-sponsored by BHRS' Latino/a/x Collaborative, Spirituality Initiative, and Native Indigenous People's Initiative, with support from local nonprofit ALAS (Ayudando Latinos A Soñar). The event offered free health screenings, access to dozens of resource booths staffed by community-based organizations, information about accessing behavioral health services, music, food, raffles, and healing sessions that included meditation and deep breathing.

This year's Sana, Sana was dedicated to the memory of Hector Robles-Moncada, co-chair and co-leader of the first three Sana, Sana events. Robles-Moncada empowered the community by demonstrating the importance of embracing one's culture with pride and knowing that within one's culture there is healing.



Chan Zuckerberg Supports Homeless Initiatives

The Chan Zuckerberg Initiative (CZI) awarded San Mateo County with a \$270,000 grant to be split by the Human Services Agency and San Mateo Medical Center Healthcare for the Homeless to support the health care and other services residents experiencing homelessness. The grant will provide job training and dental services at the navigation center.

Environmental Health Services Launches Robust Record Management System

Environmental Health Services (EHS) upgraded its record management system to support the current and future needs of EHS and businesses in the community. The new system is a Salesforce platform customized for EHS that was selected for its cloud platform architecture, enhanced technology solutions for use by field staff, integration of industry-proven data management approaches, robust accounting solution and data visualization components. The new system will reinvent the way EHS engages with constituents, including businesses, by providing a unified comprehensive view of all licensing, permitting, inspection and enforcement interactions. From a regulated business's initial permit application through issuance and renewals, information will be readily available to the business, and EHS can leverage real-time collaboration tools to connect with its constituents in a new way to resolve issues and reduce the time it takes to issue permits.



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