



SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

# **BOARD OF DIRECTORS MEETING**

Monday, October 7, 2024  
8:00 AM – 10:00 AM

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



# AGENDA

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Board of Directors	Monday, October 7, 2024	8:00 AM
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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](mailto:mlee@smcgov.org) by Friday, October 4 at 2:00pm, and such written comments should indicate the specific agenda item on which you are commenting.

## A. CALL TO ORDER

## B. CLOSED SESSION

### *Items Requiring Action*

- |                                       |                      |
|---------------------------------------|----------------------|
| 1. Medical Staff Credentialing Report | Dr. Frank Trinh      |
| 2. Quality Report                     | 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 on the agenda and not on the agenda.

## E. FOUNDATION REPORT

John Jurow

## F. CONSENT AGENDA

### *Approval of:*

1. August 5, 2024 SMMC Board Minutes

## G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Frank Trinh

**H. ADMINISTRATION REPORTS**

- 1. Laboratory Robert Blake ..... Verbal  
Chad Below
  
- 2. CARE Court Louise Rogers..... Verbal  
Alexandra Hoppis
  
- 3. Financial Report Enitan Adesanya.... 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](mailto:mlee@smcgov.org), as early as possible but not later than 9:00 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, August 5, 2024

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

**Board Members Present**

Supervisor David Canepa  
Supervisor Noelia Corzo  
Louise Rogers  
Dr. Frank Trinh  
Dr. Gordon Mak  
Judith Guerrero

**Staff Present**

Enitan Adesanya	Michelle Lee	Maria Bermudez
David McGrew	Priscilla Romero	Iliana Rodriguez
Dr. Alpa Sanghavi	Rebecca Archer	Jared Edmunds
Dr. Yousef Turshani	Robert Blake	Jacki Rigoni
Gabriela Behn	Rob Larcina	William Moya
John Jurow	Thannette Herico	

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 8:20 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for August 5, 2024. QIC Minutes from June 25, 2024. Medical Executive Committee Minutes from July 9, 2024.	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	October 15 is the date of the Foundation Golf Tournament and Fundraiser. This year it will be held at Stonebrae Country Club in Hayward.  Support from some of the Foundation’s top donors has declined recently and some have indicated it is due competing issues seeking their attention such as war conflicts, elections cycles, etc. This is a trend that other non-profits are encountering, and the Foundation has adjusted its budget accordingly.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from July 1, 2024.	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 gave a short update on the Healthcare for the Homeless and Farmworker Health presentation given at the last Quality Improvement Committee meeting.</p> <p>Audiology is being reintroduced as part of SMMC’s rehabilitation services. The new service will dispense hearing aid for our patients. Audiologists will receive medical clearance from ENT and begin seeing patients in September.</p>	<p>FYI</p>
<p>SMMC Skilled Nursing Update</p> <p>Thannette Herico, Jared Edmunds</p>	<p>Burlingame Long Term Care: 281 beds; 81 RNs/LVNs; 5 social workers; 2 registered dieticians SMMC 1A Skilled Nursing: 32 beds; 24 RNs/LVNs; 14 CNAs; 1 social worker; 1 registered dietician</p> <p>Services provided at both locations:</p> <ul style="list-style-type: none"> <li>• Dedicated provider coverage</li> <li>• Complex wound care. Post-tracheostomy management/Portable chest tube</li> <li>• IV Antibiotic, IV fluids therapy and tube feeding</li> <li>• Short-term Rehab/Pain Management</li> <li>• Mental Health &amp; Social Services. Creative Arts &amp; Recreational Therapy</li> <li>• Hospice Care by agreement</li> </ul> <p>Programs:</p> <ul style="list-style-type: none"> <li>• QAPI (Quality Assurance Performance Improvement)</li> <li>• Antibiotic Stewardship Program</li> <li>• Covid Management Program</li> <li>• Fall Prevention. Safety Task Force</li> <li>• Unique to 1A: Sepsis program; Substance Use Program; Adopt a Resident Program</li> </ul>	<p>FYI</p>
<p>Compliance Report</p> <p>Gabriela Behn</p>	<p>Gabriela Behn updated the board on compliance activities from April to June 2024.</p> <p>Annually SMMC is required to oversee compliance with the Corporate Integrity Agreement (CIA) with the federal Office of the Inspector General (OIG) and pass an annual resolution attesting to that oversight. <i>“The Board has made a reasonable inquiry into the operations of SMMC’s Compliance Program, including the performance of the Compliance Officer and the Compliance Committee. Based on its inquiry and review, the Board has concluded that, to the best of its knowledge, SMMC has implemented an effective Compliance Program to meet Federal health care program requirements and the obligations of the CIA.”</i></p>	<p>FYI</p>
<p>Resolution</p>	<p>Approval of:</p> <ol style="list-style-type: none"> <li>1. Adopt a Resolution regarding the Hospital Board’s oversight of SMMC’s Compliance Program as required by SMMC Corporate Integrity Agreement (CIA)</li> </ol>	<p>It was MOVED, SECONDED and CARRIED unanimously to approve the Resolution.</p>

Financial Report Enitan Adesanya, interim CFO	Enitan Adesanya discussed the summary report for the fiscal year 2023-2024. Medi-Cal redetermination process may be causing some patients to no longer be assigned. The state is aware of this and it is being addressed.	FYI
CEO Report	No report.	FYI
County Health Chief Report Louise Rogers	<p>Louise Rogers reported on County Health’s partnership with the Health Plan of San Mateo and Brilliant Corners, a house-service nonprofit. Since 2018, 105 medically fragile individuals experiencing homelessness were placed in to subsidized housing. Additionally, the program has located housing for an additional 155 individuals with disabilities who had some other form of housing subsidy. The partnership was funded by Measure K.</p> <p>Emergency Medical Services (EMS) introduced two significant additions to its 911 emergency medial protocols for ambulance and fire department responders:</p> <ul style="list-style-type: none"> <li>• Incorporation of intravenous acetaminophen as an option for managing pain, reducing the need for frequent re-dosing of fentanyl.</li> <li>• Suboxone is now authorized for use. It is a combination drug which is used to treat the withdrawal symptoms of opioid use disorder. Suboxone will be available on every ambulance and fire apparatus.</li> </ul>	FYI
County Executive Officer Iliana Gonzalez	No report	FYI
Board of Supervisors Supervisor David Canepa and Supervisor Noelia Corzo	<p>Supervisor Corzo: Over 150 people attended the first joint meeting of the Domestic Violence program and the Family Justice group. We welcomed the valuable input provided by SMMC and the Keller Center. The next meeting will be in October.</p> <p>Supervisor Canepa: The new South San Francisco is off to a great start. It will be a much larger facility at 77,000 square feet of space and many services besides health will be co-located there. It will make a huge difference for residents of the area.</p>	FYI

Supervisor Canepa adjourned the meeting at 9:40 AM. The next Board meeting will be held on October 7, 2024.

Minutes recorded by:  
Michelle Lee

Minutes approved by:  
Dr. Chester Kunnappilly, Chief Executive Officer

# ADMINISTRATION REPORTS



# August Financial Performance Update to SMMC Board October 7th, 2024



SAN MATEO COUNTY HEALTH  
**SAN MATEO  
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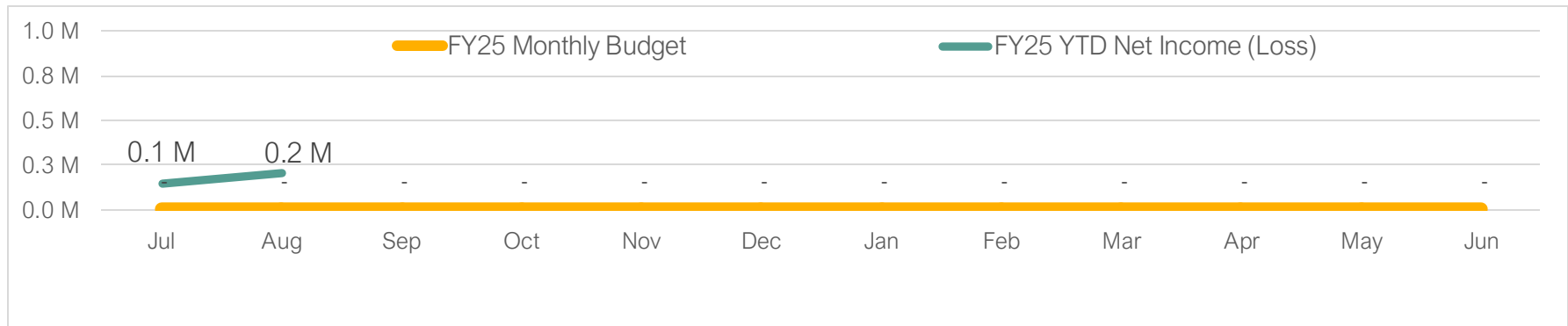
# Agenda

1. Operating Results Summary
2. Overall Financial Health Summary
3. Cash Position and Forecast
4. Patient Accounts Receivable Key Performance
5. Managed Care Membership Trend

# Operating Results Summary

## Statement of Operations

August	Year-to-Date
\$53K	\$202K



**Key budget performance areas**

- **FTE & Labor cost** – Staff count was 5% less than budget, and labor cost was favorable by \$2.4M
- **Supplemental revenues**
  - Supplemental revenue was less than budget by \$2.3M due to timing of revenue recognition. Expected to be on budget by year end
  - \$400k was reserved to cover disallowances from future supplemental audits.

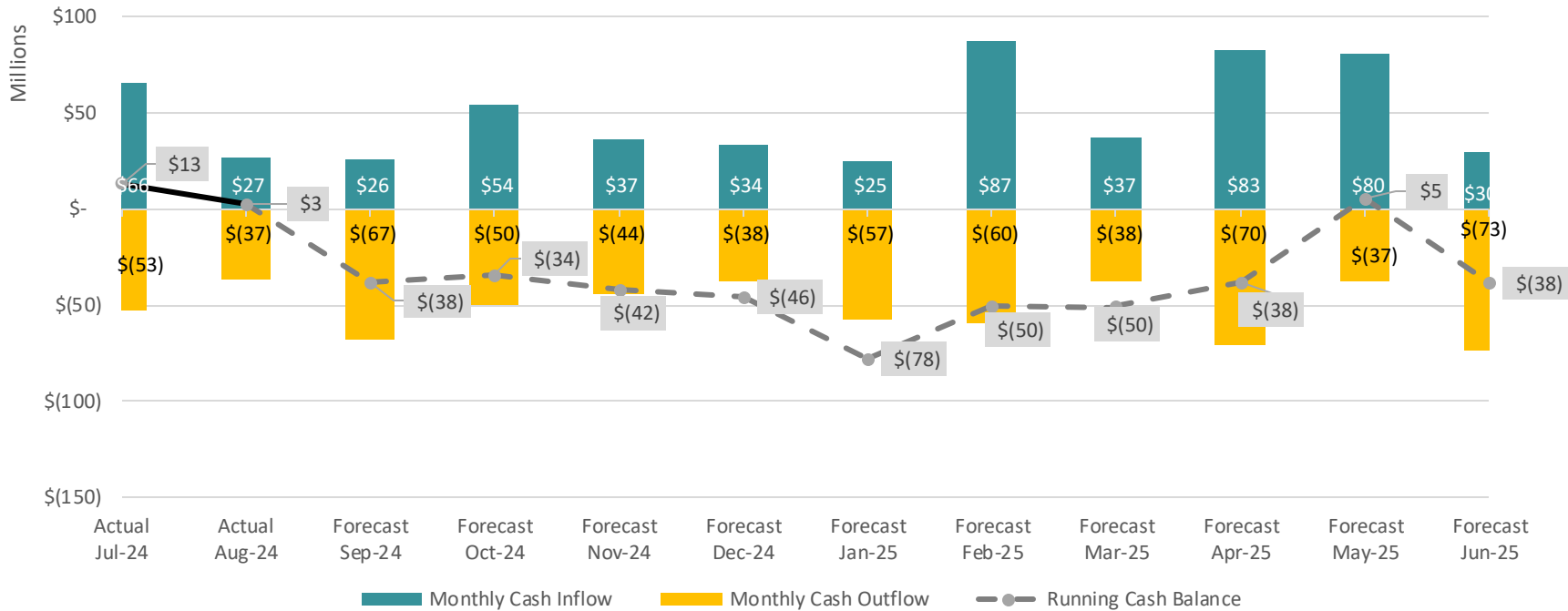
# Overall Financial Health Summary

**Our financial position in August 2024**

- SMMC continues to maintain a good financial position
- Net Asset was \$65M (Assets greater than Liabilities)
- We had a positive cash balance in August; didn't utilize the County line of credit
- Revenue is on target
  - Cash inflow continues to be a challenge due to slow government payments of earned revenue.

Balance Sheet	
Cash	\$ 3M
Other Asset	\$ 514M
Total Asset	\$ 517M
Liability	\$ 452M
Net Asset	\$ 65M

# Cash Position and Forecast



## Cash flow challenges & opportunities

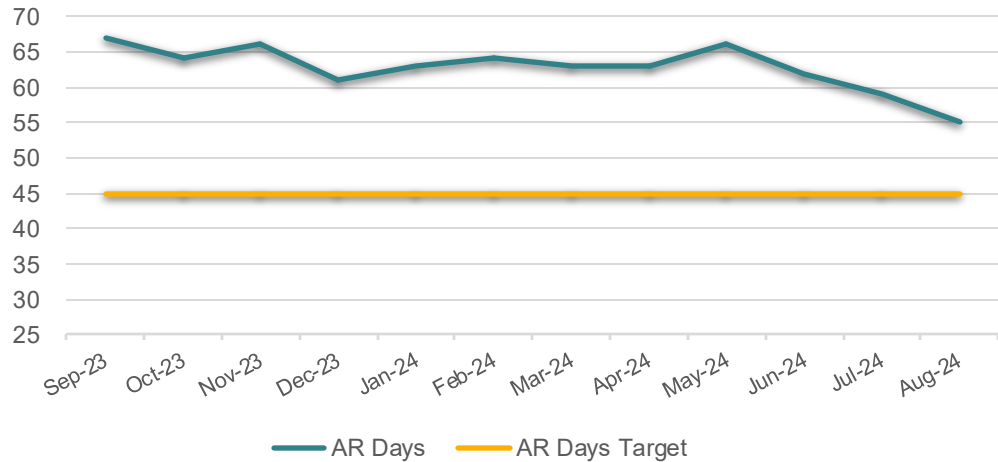
- Cash inflows forecasted to decrease through January
- Projections indicate the our highest use of the \$80M County line of credit is in Q4, through January 2025
- Efforts to manage the risk of maximizing the use of the County line of credit:
  - Focus on patient AR cash collection is yielding positive results. We are \$5M above target
  - Managing timing of cash disbursements to better align with timing of cash inflows

# Patient Accounts Receivable Key Performance

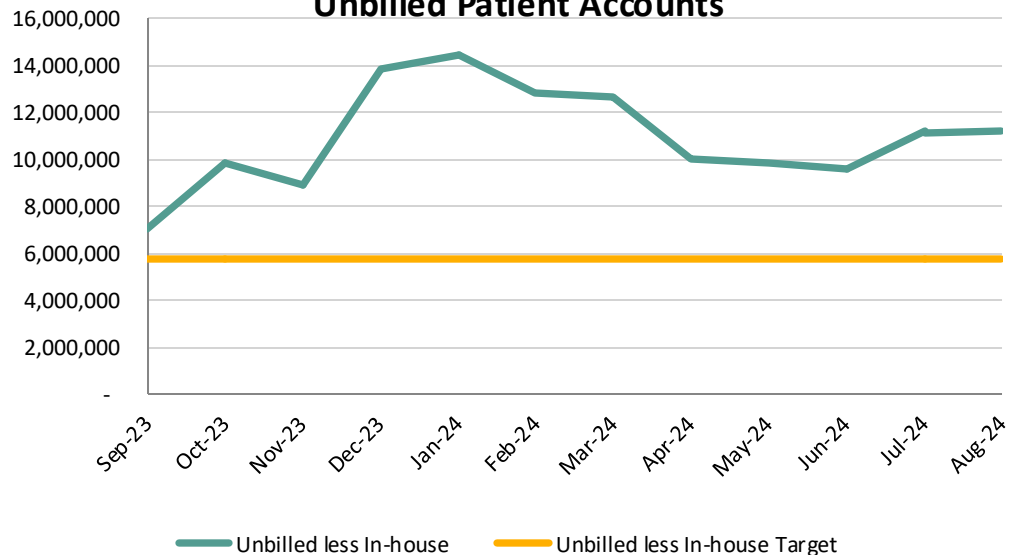
## Patient Receivable Performance

- Outstanding receivable has dropped from 68 to 55 days in the past one year
  - Resulting in increased cash inflow
- There's an uptick in unbilled receivables

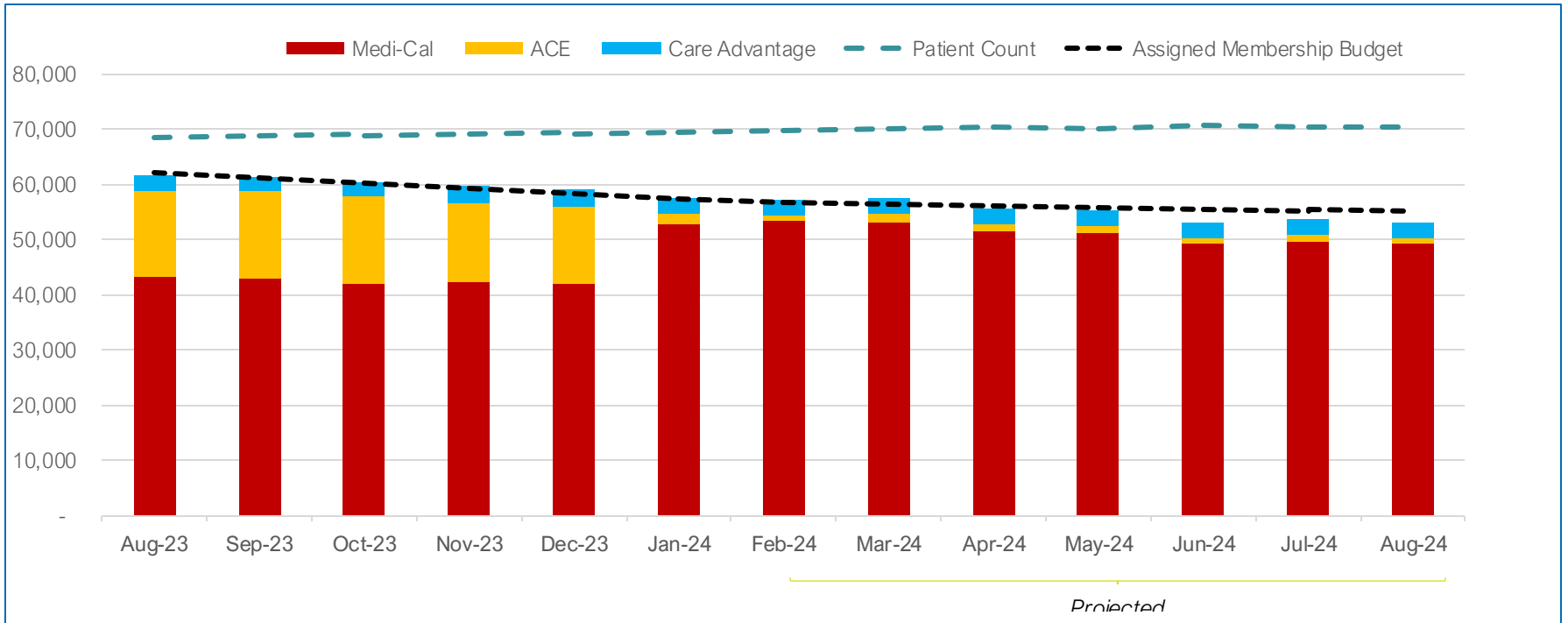
Patient Accounts Receivable (Days Outstanding)



Unbilled Patient Accounts



# Managed Care Membership Trend

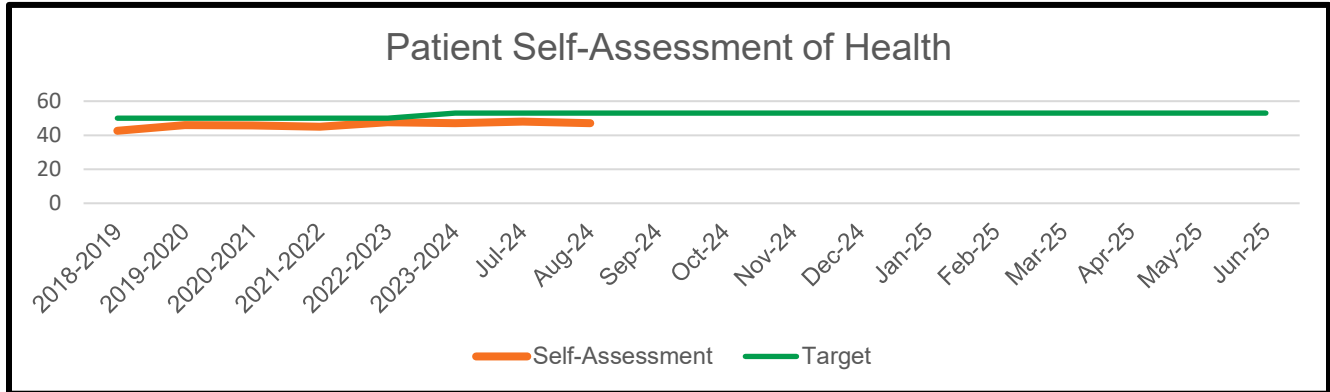


## 2024 Highlights

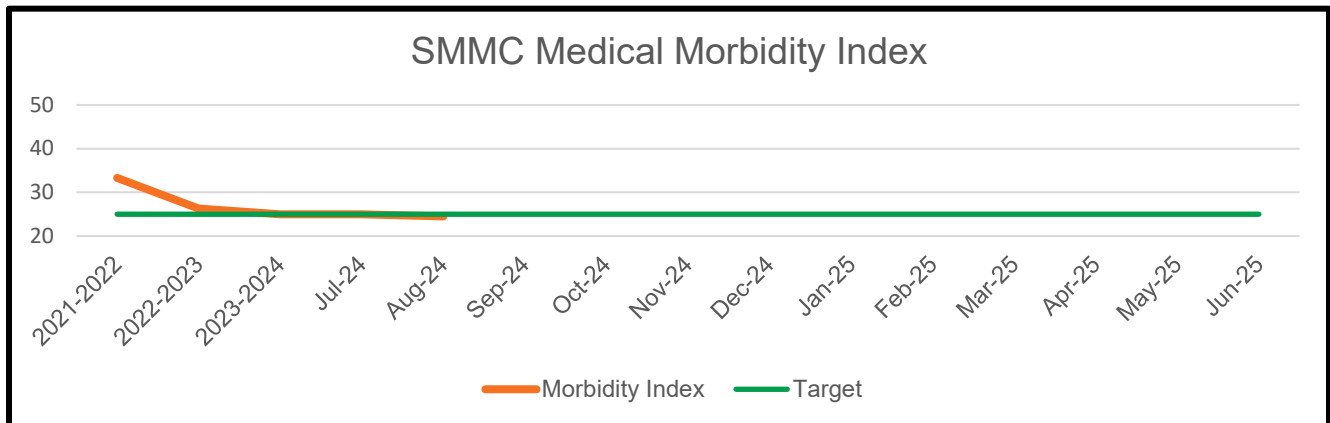
- As of June 2024, total assignments decreased by more than 10k, exceeding our projected decrease of 7k.
- Although assignments decreased, patient count increased over the same period
- Assigned membership mix is stabilizing



### 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.**

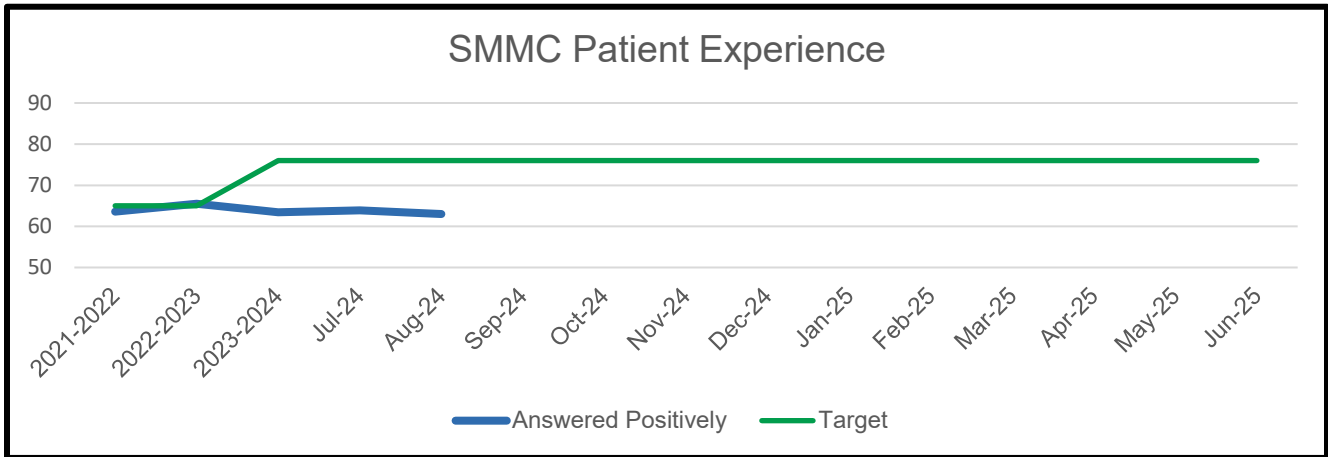


**Medical Morbidity Index:** This represents the percentage of SMMC patients who meet one or more of the following criteria: Inadequately Controlled Diabetes, Inadequately Controlled Hypertension, Obesity, or a Positive Depression Screen. **Lower is better.**





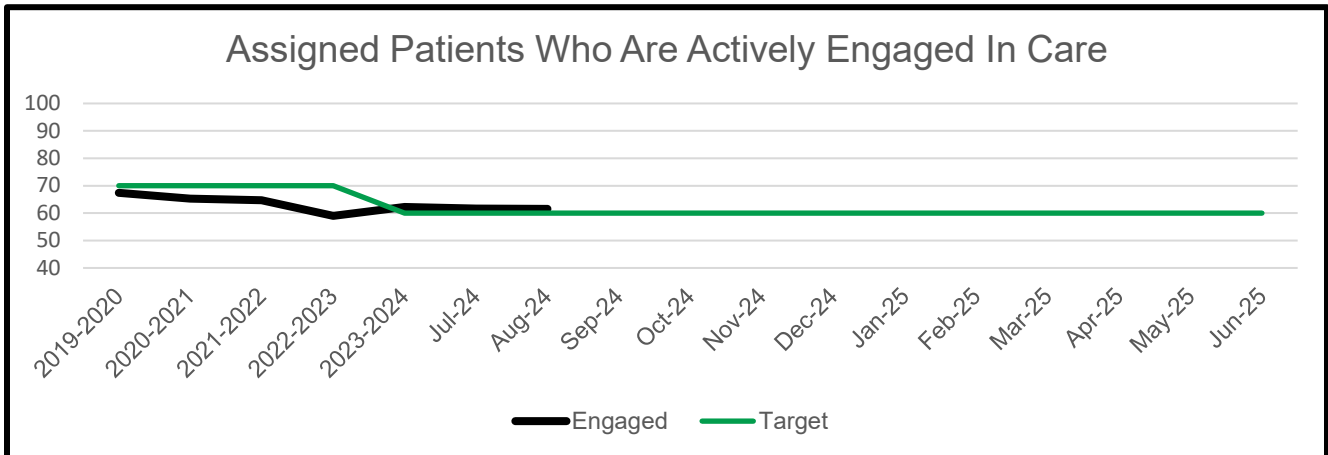
## Patient Experience



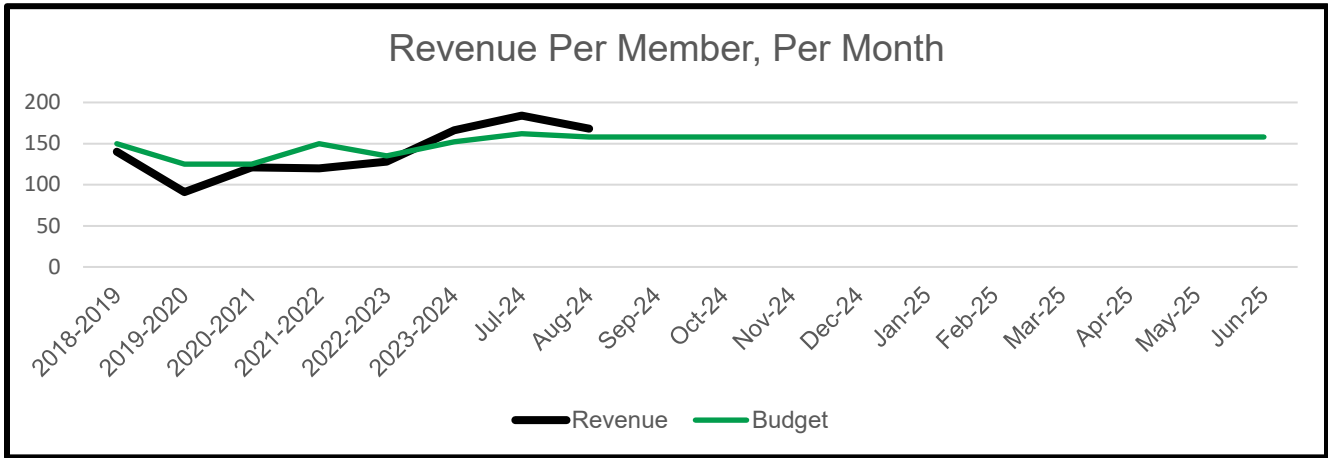
**Patient Experience:** Percentage of patients who answered affirmatively to the patient experience survey question: “Did the staff work together to meet your needs?” **Higher is better.**



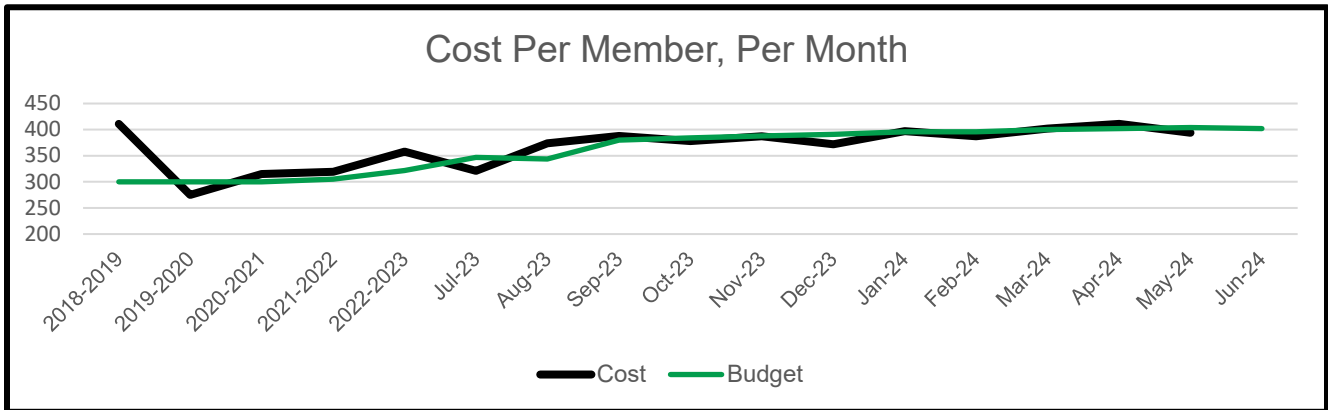
## Access to Care



**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.**

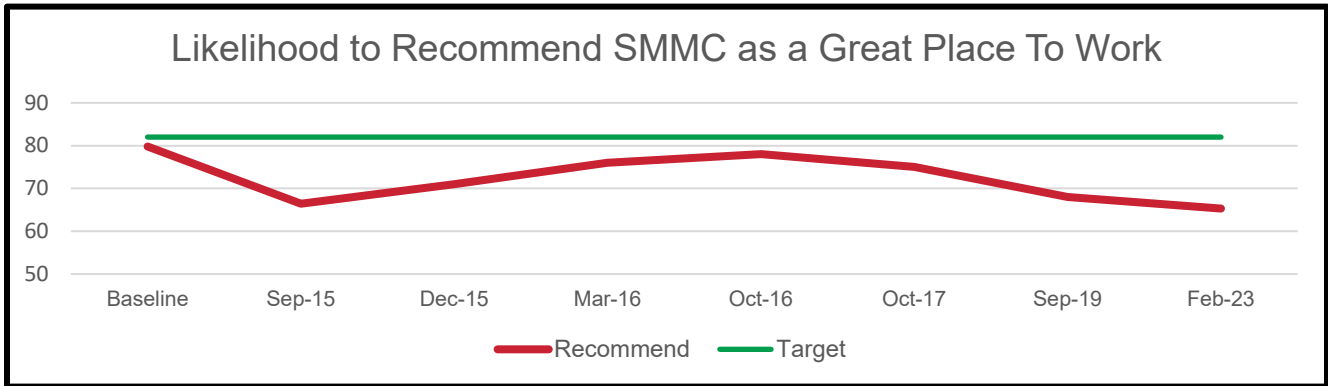


**Revenue Per Member, Per Month:** Total patient revenue divided by total number of assigned members. **Higher is better.**

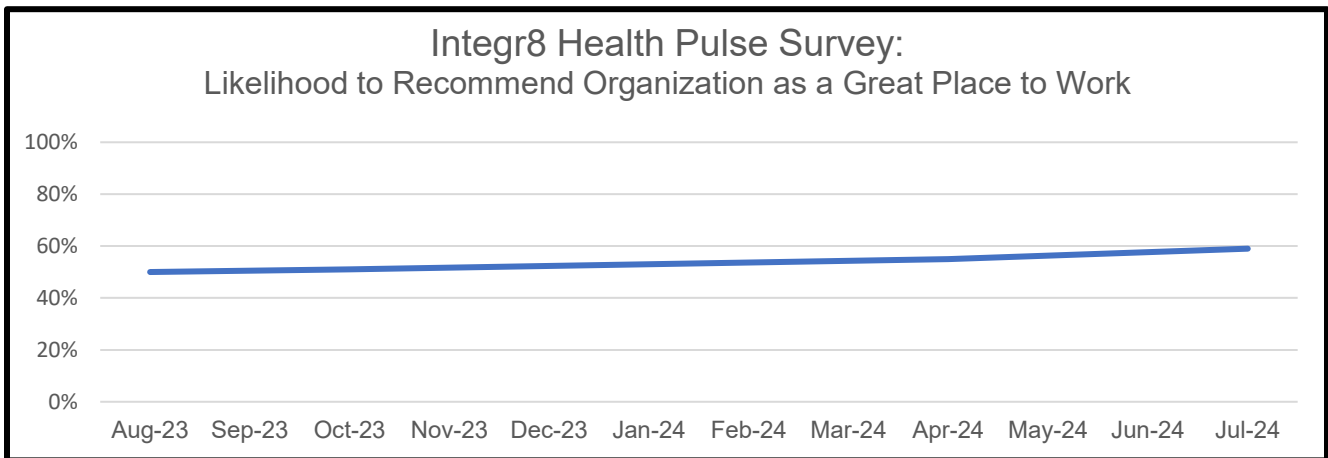


**Cost Per Member, Per Month:** Total cost divided by total number of assigned members. **Lower is better.**

 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



### 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, and health information technology, for the most recent UDS reporting period.

The criteria for the **Advancing HIT badge** include:

- Adopting an electronic health record system
- Offering telehealth services
- Exchanging clinic information online
- Engaging patients through Health IT
- Collecting data on patient social risk factors

The **Social Risk Factors badge** is a result of increasing the percentage of patients who received “enabling services” (services that address their social needs) in the last two reporting years.

### SMMC Wellness Champions Recognized

Congratulations to Gloria Lara, Supervising Therapist in Rehabilitative Services, Sonia ter Kuile, Supervising Physician for the Innovative Care Clinic, Demetra Stamm, Psychiatrist in Integrated Behavioral Health, and Richard Marshall-Marino, Medical Coding Supervisor, who have all been recognized as Wellness Leaders by the County Wellness Committee. Through the Annual Wellness Leader Awards program, the County recognizes “employees who create a healthier work environment”. County employees are invited to submit nominations and the County Wellness Committee then selects the recipients.

Gloria, Sonia, Demetra and Richard will be recognized and celebrated along with other County Wellness Leaders at two events: the Annual Wellness Luncheon (scheduled for October 10th) and the Board of Supervisors meeting on October 22nd.

We are grateful to all of these individuals for their leadership in supporting the well-being of all our staff members. Congratulations for the well-deserved recognition!

## Integr8 Health Update

SMMC and SMC Health continue our progress through Integr8 Health toward a successful go-live of Epic on November 2<sup>nd</sup>. As we enter our final 30 days of preparation, we are excited by our progress and recognize there is still much to be done.

We continue to finalize scope with the only significant adjustment being that Willow Ambulatory, the retail pharmacy software, will not go live on November 2<sup>nd</sup> meaning those pharmacy staff members will remain on their legacy systems until the end of the first quarter of 2025 when we expect to take Willow Ambulatory live. This adjustment is expected to have no impact on patients or outpatient prescribers but will require some minor adjustments in our skilled nursing unit.

Staff in Phase I divisions (predominantly SMMC, Correctional Health and the health care delivery units of Public Health, Policy, and Planning) have begun end user training, an exciting milestone as we approach the finish line. Over the course of the next 30 days, they will participate in a variety of activities to better prepare for go-live. These include user setting labs for providers where they can create shortcuts and set preferences to speed their progress through a note and all staff will, after completing their training, have access to the Epic “playground” where they can practice their newfound skills. In addition, staff will have the opportunity to participate in unit and role-specific “Day in the Life” activities where they will get to run through real life scenarios and workflows to practice use of the system.

We are confident in all of the efforts to support a smooth go-live, but we also know that an implementation of this size will always have unexpected (and some expected) challenges. To address those challenges there will be three levels of support available to staff. The first level will be our superusers who will be on the unit providing “at the elbow” support to staff as they use the new system. These will often be staff members that the local unit is familiar with. The second level will be experts from Epic and other external consulting services who will be onsite providing real-time support including addressing issues that cannot be resolved by superusers. The third level will be the “Clinical Service Desk” which will be positioned to address those issues that cannot be resolved locally. This level includes the technical command center where HIT and Epic analysts will be stationed. The Clinical Service Desk will also be adjusting level two support to ensure we are adjusting in real time to the local needs.

We are excited to be entering this final stretch before go-live (recognizing that go-live is not the end but the end of the beginning) and look forward to continuing to share our progress with the board.

###



**September 2024**

# 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	1,279 (August)	-3.0%	-91.8%
SMMC Emergency Department Visits	3,506 (August)	-3.3%	2.1%

## **Supervisors Approve Plan to Expand Senior Care Facility to Accommodate BHRS Clients**

The Board of Supervisors this month adopted a resolution for the County to secure a 20-year deed restriction to allow Hopkins Manor, an assisted living facility in Redwood City, to operate as a licensed home for dependent adults and conserved Behavioral Health and Recovery Services clients. The County will fund improvements to the property that will add 46 beds for use by County clients.

The County has historically relied on Adult Residential Facilities (ARF) and Residential Care Facilities for the Elderly (RCFE) to serve dependent adults who are subject to either probate or conservatorships. But many of these facilities in San Mateo County are closing due to the high costs of operating such a business in the Bay Area. According to a 2019 report, the number of licensed residential care beds in the Bay Area declined from 8,879 in 2006 to 6,044 in 2019.

The number of facilities that are willing to care for individuals with behavioral health issues is also declining. In 2016, there were 14 contracted ARFs and 9 RCFEs in San Mateo County that were willing to care for adults with behavioral health issues. In 2022, there were only 5 RCFEs accepting such clients, and today there are only 4. The County has only 65 contracted RCFE beds in all of San Mateo County.

In 2023, there were 26 County clients referred for placement, but only 6 open beds among the existing facilities. As a result, referred clients are held at higher levels of care than necessary or in homeless shelters until a bed opens. If a County client needs sooner placement, they are referred to facilities outside San Mateo County. BHRS expects that all of the new beds will be full within a year of opening.

## BHRS Office of Diversity & Equity Celebrates 15 Years of Advocacy and Community Support



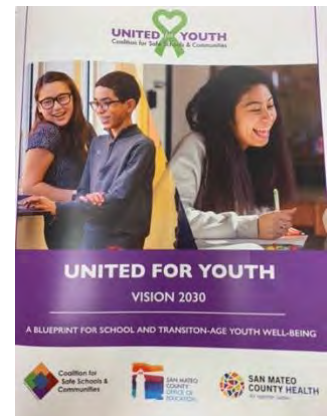
Behavioral Health and Recovery Service's Office of Diversity and Equity (ODE) recently celebrated its 15th anniversary. On Friday, September 27, a special event attended by 150 people featured cultural performances, reflections on **ODE's impact, remarks from leadership and a special recognition of Doris Estremera** [pictured, at left] for her leadership as mental health services manager. The evening concluded with a candlelight ceremony, symbolizing how by joining together communities can ignite meaningful change and shine a light of hope and healing.

ODE continues to embody true diversity by uplifting voices and driving system change. Over the past 15 years, ODE has led many key projects, including the Health Equity Initiatives, the development of spirituality and transgender policies, management of funding from the Mental Health Services Act, promotion of culturally and linguistically appropriate services and the development of culturally informed trainings for staff and the community. These efforts have reshaped behavioral health care in San Mateo County. [ODE's retrospective webpage](#) showcases many of the office's accomplishments.



## County Health Staff Partner in Development of United for Youth Vision 2030

County Health Chief Louise Rogers and San Mateo County Office of Education Superintendent Nancy Magee presented the *United for Youth Vision 2030—A Blueprint for School and Transition-Age Youth Well-Being* at the Coalition for Safe Schools & Communities annual breakfast on Monday, September 30. The Blueprint contains five priorities and 21 associated strategies and activities for advancing a holistic approach to youth wellness across San Mateo County that can be lifted up by partners across sectors including education, health insurers, philanthropy, community based organizations and public agencies. Behavioral Health and Recovery Services Director (BHRS) Jei Africa co-chaired the year-long effort with County Education Superintendent Nancy Magee, which came together over the course of the last year as a result of a review of gaps and best practices and the input from BHRS, Public Health, Family Health staff and representatives of more than 20 agencies, students and family members.



## PHPP Staff Enjoy Wellness Fair

Public Health, Policy and Planning staff recently enjoyed their Second Annual Wellness Fair in Beresford Park, just down the street from the Health campus at 2000 Alameda de las Pulgas. The afternoon event

also included circuit training, yoga and line dancing, along with board games, pickleball and bocce ball. Representatives from CalFresh, RidePanda scooters, County Parks, employee commuter benefits and other organizations shared information and opportunities for staff. Special thanks Sangeeta Singh (Public Health Lab), AJ Safi (public health nurse) and Danny Kuder (Communicable Disease Control) [pictured below at left] for planning and organizing the event.

