



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, January 6, 2025
8:00 AM – 10:00 AM

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



AGENDA

Board of Directors	Monday, January 6, 2025	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 by 9:00 AM on the business day before the meeting 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. Frank Trinh |

Informational Items

- | | |
|--|-----------------|
| 3. Medical Executive Committee | Dr. Frank Trinh |
| i. Update on contracted physician status | |

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. December 2, 2024 SMMC Board Minutes
2. Bylaws of the San Mateo Medical Center Board of Directors

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Frank Trinh

H. ADMINISTRATION REPORTS

- 1. Financial Audit FY 2023/2024 Macias Gini & O’Connell Verbal
- 2. Financial Report Enitan Adesanya..... TAB 2
- 3. 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 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.

###

CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES

Monday, December 2, 2024

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

Board Members Present

Supervisor Noelia Corzo
Mike Callagy
Louise Rogers
Dr. CJ Kunnappilly
Dr. Frank Trinh
Dr. Gordon Mak

Staff Present

Enitan Adesanya	Michelle Lee	Jei Africa
David McGrew	Priscilla Romero	Dr. Amar Dixit
Dr. Alpa Sanghavi	Rebecca Archer	
Gabriela Behn	Jacki Rigoni	
John Jurow	Dr. Tasha Souter	
Robert Blake	Dr. Brendan Scherer	

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Corzo 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 8:25 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for December 2, 2024 QIC Minutes from October 22 Medical Executive Committee Minutes from November 12, 2024	Rebecca Archer reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes and the MEC investigation report.
Public Comment	None.	
Foundation Report John Jurow	The Foundation is exploring modifying its name and imaging with the help of branding consultants. The process is expected to take about six months. The year-end appeals are ongoing so keep an eye on communications from the Foundation.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from November 4, 2024	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.

<p>Medical Staff Report</p> <p>Dr. Frank Trinh</p>	<p>Dr. Trinh updated the Board on the Sterile Intravenous (IV) fluid shortage which resulted from the main factory’s flooding caused by from Hurricane Helene. The supply is expected to improve in early 2025. The medical center is actively managing its supply with minimal impact to care.</p>	<p>FYI</p>
<p>Integr8 Health Update</p> <p>Dr. CJ Kunnappilly, David McGrew, Dr. Amar Dixit</p>	<p>Improve Health Outcomes: Promote person-centered care by improving safety, quality, and engagement through:</p> <ul style="list-style-type: none"> • Coordination of care in multiple settings • Unifying client records and making them accessible to all care providers while also protecting health information appropriately • Encourage and measure healthy behaviors • Provide 24/7 self-service capabilities, including electronic access to their records and care teams <p>Achieve Operational Excellence:</p> <ul style="list-style-type: none"> • Standardize clinical, operational and financial processes • Improve staff satisfaction, effectiveness and productivity through better tools and technology • Enable secure access from a range of settings and devices and interoperability with external providers • Increase adaptability in a changing health funding environment by capturing data at the point of care • Reduce technology risks by eliminating dependencies on obsolete systems <p>Guiding Principles:</p> <ul style="list-style-type: none"> • Keep patients and clients at the center. • Prioritize safety. • Promote integration and collaboration across the system. • If Epic has the functionality, use Epic. • Make it easy to do the right thing. • Share opinions... and once a decision is made, support and celebrate it. • Keep the project on budget and on time. • Go-Live is not the end, it’s the end of the beginning. <p>Epic Go-live happened on Nov. 2, 2024 at 4:42am.</p> <ul style="list-style-type: none"> • 97% adherence to Epic Foundation • 2270 MyChart Activations • 125K patient health records shared to and from SMMC • 43K messages sent by staff using Epic’s secure Chat function 	<p>FYI</p>
<p>BHRS Psychiatry Residency Training Program</p>	<p>Program began in 1965, nearly 60 years ago. First community psychiatry program in the country. Serves as an inspiration to many other community and safety-net focused psychiatry programs.</p>	<p>FYI</p>

<p>Dr. Tasha Souter Dr. Brendan Scherer</p>	<p>The program is a four-year post-graduate training program, and four residents are accepted per year for a total of 16 residents. ACGME accredited.</p> <ul style="list-style-type: none"> • 750 applications from graduating medical students annually; • Holistic review including school performance, dedication to social justice and public psychiatry and likelihood of becoming a leader in psychiatry; • Special weight given to those who speak a threshold language, are from a community underrepresented in medicine, express a desire to stay in the area, and/or mirror the population of San Mateo County. • 236 psychiatrists have been trained; 50% of our current BHRS and SMMC psychiatrists trained here; In-county pipeline supporting lower psychiatry vacancy rates; • Having residents improves the education/knowledge/academic base of our faculty, improves work satisfaction, and is a powerful recruitment tool. <p>Year 1: Inpatient psychiatry (SMMC), PES, Internal medicine, Neurology Year 2: Consult Liaison, Addiction, Geriatric Psychiatry plus half-time in BHRS clinic with severely mentally ill Year 3: Child psychiatry, elective rotations, specialty projects* plus half-time in BHRS clinic with severely mentally ill Year 4: Elective rotations, specialty projects* plus half-time in BHRS clinic with severely mentally ill * Electives include Street Medicine, Maguire Correctional facility, Puente. Specialty projects include analysis of health-related disparities and social determinants of health.</p>	
<p>Financial Report Enitan Adesanya, CFO</p>	<p>The October 2024 financial report was included in the Board packet and David McGrew answered questions from the Board.</p>	<p>FYI</p>
<p>CEO Report Dr. CJ Kunnappilly</p>	<p>Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board.</p> <p>The Joint Commission visited SMMC for the triennial accreditation survey. During the survey, surveyors select patients randomly and use their medical records as a roadmap to evaluate performance standards compliance. The survey happens every three years.</p>	<p>FYI</p>
<p>County Health Chief Report Louise Rogers</p>	<p>There is a new program, Unleaded Homes in San Mateo County, to remediate lead-based paint in residences. Pediatricians can help connect families who have children with high levels of lead. The program began as a Family Health Services pilot and is accepting application from low-income households.</p>	<p>FYI</p>
<p>County Executive Officer Mike Callagy</p>	<p>No report.</p>	<p>FYI</p>

<p>Board of Supervisors Supervisor Noelia Corzo</p>	<p>The county is surveying departments to identify concerns they and residents may have about the new federal administration. Some issues that have come up are around immigration and gender identity. It is important that our community recognizes the issues and understand our positions around them.</p> <p>The Family Justice Center will hire a new staff member which will fall under the District Attorney's office. The vacancy announcement will open soon.</p> <p>On December 10 at the BOS meeting, there will be big farewells to outgoing Supervisors Warren Slocum and David Pine. Two new members will join in January 2025.</p>	<p>FYI</p>
---	--	------------

Supervisor Corzo adjourned the meeting at 9:20 AM. The next Board meeting will be held on January 6, 2025.

Minutes recorded by:
Michelle Lee

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



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

**BYLAWS
OF THE
SAN MATEO MEDICAL CENTER**

Reviewed and Approved: January 6, 2025

TABLE OF CONTENTS

ARTICLE I GENERAL	1
ARTICLE II PURPOSE	2
ARTICLE III DEFINITIONS	3
ARTICLE IV GOVERNING AUTHORITY	4
ARTICLE V GOVERNING BOARD	5
ARTICLE VI OFFICERS AND COMMITTEES	11
ARTICLE VII ADMINISTRATION	12
ARTICLE VIII MEDICAL STAFF	13
ARTICLE IX QUALITY MANAGEMENT	16
ARTICLE X AUXILIARY	17
ARTICLE XI BYLAWS AND AMENDMENTS	18

ARTICLE I

GENERAL

- Section 1. Name. The name of the Hospital is San Mateo Medical Center (SMMC), which includes the main acute and ambulatory care facility, satellite clinics, and Burlingame Long Term Care (which is operated by a third-party pursuant to a management agreement).
- Section 2. Principal Business Office. The principal business office shall be in the City of San Mateo, County of San Mateo, State of California.

ARTICLE II

PURPOSE

The purpose of SMMC is to open doors to excellence in healthcare to the community, including all incompetent, poor, indigent persons and those incapacitated by age, disease, or accident, when such persons are not supported or relieved by their relatives or friends, by their own means, or by other state or private institutions. Care shall be consistent with acceptable professional standards. Each client admitted to SMMC shall be under the care of a member of the medical staff. SMMC shall participate in activities that promote the general health of the community.

To achieve this important mandate, SMMC shall strive to provide quality care and treatment through acute inpatient, ambulatory, long term, rehabilitative and primary care services.

ARTICLE III

DEFINITIONS

1. Administrator – The Chief Executive Officer of San Mateo Medical Center.
2. Governing Board – The Governing Board of SMMC, which is comprised of members of the Board of Supervisors, county administration, the Medical Staff, and other qualified individuals as set out in Article V, Section 2.a. of these Bylaws.
3. Medical Staff – The formal organization of physicians, dentists, clinical psychologists and podiatrists who have been granted recognition as members of the medical staff through the credentialing process and have been granted privileges to practice at SMMC.
4. SMMC – San Mateo Medical Center, which provides: (1) medical and psychiatric emergency services; (2) acute inpatient and psychiatric services; (3) skilled nursing directly and through a management agreement; (4) clinical ancillary services, including laboratory, radiology, pharmacy and rehabilitative services; and (5) primary and specialty ambulatory services at multiple sites throughout San Mateo County.

ARTICLE IV

GOVERNING AUTHORITY

Section 1. General. The Board of Supervisors of San Mateo County (“Board of Supervisors”) is the governing authority of SMMC.

- a. Responsibility. The Governing Board, the Chief Executive Officer, the Medical Staff, all SMMC personnel, and the volunteers are responsible to the Board of Supervisors with regard to all SMMC matters.

No assignment, referral or delegation of authority by the Governing Board to any person or Board shall impair the Board of Supervisors right to rescind any such action at any time.

- b. Board of Supervisors Organization and Operation. The Board of Supervisors consists of five (5) elected members. They fulfill their responsibilities according to the State Constitution, statutes, County Charter, and ordinances.

Section 2. Delegation. In order to more efficiently perform some of the duties and responsibilities of the governing authority, the Board of Supervisors delegates to the Governing Board the authority and responsibility to act as the governing authority with respect to only those matters specifically identified in Article V, Section 1.

In order to retain its authority and responsibilities, the Board of Supervisors reserves all rights and responsibilities, pertaining to the SMMC operations that are not expressly provided for herein.

ARTICLE V

GOVERNING BOARD

- Section 1. General Duties. The Governing Board shall act as the governing authority with respect to the following:
- a. Establishment of Policy. The Governing Board shall establish policies that are in the best interest of SMMC.
 - b. Institutional Management and Planning.
 - 1) Operations Management. The Governing Board shall exercise general oversight of the operation of SMMC. Such oversight shall include:
 - a) Encourage the development, adoption, and implementation of programs for improving the quality of care and service and to assure that the SMMC operations are conducted according to sound principles and practices and in accordance with all laws and regulatory standards;
 - b) Prepare an annual operating and capital budget;
 - c) Monitor and evaluate the financial performance of SMMC against approved budget, organizational goals and outcome-based management plans;
 - d) Monitor SMMC cost containment efforts;
 - e) Review and approve Administrative Policies and Regulations necessary to assure the quality of care provided at SMMC;
 - f) Ensure, through SMMC, County Administrators and Medical Staff, that all legal requirements pertaining to proper operation of SMMC, including licensure and accreditation standards, are met;
 - g) Consider and approve any plans for change in service for the SMMC;
 - h) Provide a forum for communication between the Governing Board, the Medical Staff, and the County Administration by keeping each informed of pertinent actions taken or contemplated;

- i) Develop and maintain, annually review, and revise as necessary, a set of operational Bylaws;
 - j) Ensure that the physical facilities are safe and in substantial compliance with current code and licensure requirements.
 - k) To ensure that the SMMC and its medical staff have in place, continuously follow, and regularly report upon well-defined quality monitoring, continuous quality and performance improvement programs, and other appropriate procedures designed to identify and remedy patient care problems and to improve medical practice and patient care in the SMMC; and
- 2) Planning. The Governing Board shall be responsible for the institutional planning of SMMC and for assuring that those plans are carried out in an effective and efficient manner. Such planning shall include:
- a) Monitoring of annual operating budget and development and monitoring of short- and long-term capital expenditure plans designed to provide equipment and facilities consistent with community needs and the financial resources of the County; and
 - b) Ensuring participation by SMMC Administration and operating departments (including Nursing), the County Administration and Support Services, and the Medical Staff, within the scope of the expertise of each, to SMMC financial planning.
- 3) Quality Management. The Governing Board shall review, approve and oversee the quality management program of SMMC. Oversight includes:
- a) annual review and approval of an on-going, integrated and SMMC-wide Quality Management Plan;
 - b) review and approval of regular, at least quarterly, reports on quality management activities of SMMC and Medical Staff to ensure that opportunities to improve care and problems with quality care are being identified; and actions are being recommended, implemented, evaluated and that ongoing monitoring is occurring; that modification of action plans is recommended as appropriate;
 - c) ensure that the quality of care provided meets professional practice standards;

- d) oversee SMMC mechanisms used to assure all persons and independent contractors connected with the operation of SMMC are retained and promoted on the basis of current, competent performance that includes evaluation of the quality, skill, and appropriateness of that performance;
 - e) conduct ongoing evaluation and annual review of the Governing Board's own effectiveness in meeting the responsibilities delegated to it.
- 4) Medical Staff Recommendations. The Governing Board shall receive and act upon recommendations from the Medical Executive Committee within a reasonable period. These recommendations shall include but not be limited to:
- a) Medical Staff structure, organization, and officers;
 - b) Medical Staff membership credentialing and privilege delineation, corrective action, and termination mechanisms; and
 - c) Medical Staff Bylaws, Rules and Regulations.

Section 2. Number, Tenure and Qualifications

- a. Number and Qualifications. The number of members of the Governing Board shall not exceed nine (9).
 - 1) Two (2) members shall be appointed from Board of Supervisor membership. The current President of the Board of Supervisors shall make these appointments.
 - 2) One (1) member shall be a public member, selected by the Governing Board. The term shall be for four years. The public member may serve for no more than three, four year terms.
 - 3) Three (3) members shall be appointed from the Medical Staff membership. These appointees shall be made by the Medical Staff; one (1) member of which shall be the current Chief of the Medical Staff and one (1) shall be the Chief of Staff Elect. The Medical staff terms shall coincide with medical staff terms of appointment
 - 4) One (1) member shall be the County Manager or the County Manager's designee, and either the County Manager or designee may attend any given meeting as a member of the Governing Board at the County Manager's discretion.

- 5) One (1) member shall be the Chief of the Health System of San Mateo County.
- 6) One (1) member shall be the Chief Executive Officer of SMMC.
- 7) Of those members who are appointed, their selection shall be based on demonstrated potential ability to participate effectively in fulfilling the responsibilities of the Governing Board and SMMC, and in representing or responding to the various needs of the community serviced by SMMC. They shall be selected for the experience, relevant areas of interest and expertise, and ability and willingness to participate effectively in fulfilling the responsibilities of a member. Members in good standing of the active Medical Staff are eligible for membership on the Governing Board.
- 8) Each member shall participate in an orientation session upon initial appointment as a member and periodically thereafter in continuing education programs relevant to responsibilities as a Governing Board member, including responsibilities and concepts of quality management and SMMC operations. Documentation of member's orientation and continuing education shall be maintained by the Secretary of the Governing Board.

- b. Tenure. The Governing Board and Medical Staff shall appoint or reappoint members to replace those Governing Board members whose terms have expired and to fill vacancies. Newly appointed Governing Board members shall assume responsibility at the next meeting after election.

Section 3. Vacancies. Any vacancy occurring by the death, resignation, or loss of position required for membership shall be filled within thirty (30) days in the case of appointed members and at the first meeting after assignment or election to the position for all other members. Appointed members may resign at any time by giving written notice to the Governing Board President. Such resignation, which may or may not be made contingent on formal acceptance, takes effect on the date of receipt or at any later reasonable time specified in the notice.

Section 4. Meetings.

- a. Regular Monthly Meetings. Regular monthly meetings of the Governing Board shall normally be held the first Monday of each calendar month in the Board Room at SMMC. The Governing Board shall make a reasonable effort to maintain at least ten (10) meetings each calendar year.
 - 1) Public Meetings. Regular meetings of the Governing Board shall be open to the public.

- 2) Closed Sessions. The Governing Board may enter into Closed Session as authorized by state law.
- b. Special Meetings. Special meetings of the Governing Board may be called by a majority of the members or by the President. The purpose of any special meeting shall be stated in the notice and agenda thereof which shall be provided to each member of the Governing Board and other persons who have requested notice of special meetings, at least twenty-four (24) hours prior to the meeting. Special meetings will, insofar as practical, be confined to the purpose for which called.
 - c. Notice of Regular Meetings. Notice of regular meetings shall be posted at least 72 hours prior thereto, and shall include the time, date, and agenda for the meeting.
 - d. Quorum. A majority of the members of the Governing Board, five (5) members, shall constitute a quorum for the transaction of business at any meeting. The majority vote of members present shall decide any question and be the act of the Governing Board unless a greater number is required by law. There shall be no voting by proxy.
 - e. Order of Business. Absent special circumstances, the order of business at all meetings shall be as follows:
 - 1) The call to order.
 - 2) Closed Session
 - 3) Public Comment
 - 4) Report from the Foundation
 - 5) The approval of minutes of prior meetings.
 - 6) Report of SMMC Business Requiring Board Action
 - 7) Report of Medical Staff Business requiring Board Action.
 - 8) Report from the CEO
 - 9) Report from the Board of Supervisors
 - 10) Report from the County Manager
 - 11) Report from the Chief of the Health System
 - 12) Adjournment

Minutes shall be maintained of all regular and special meetings to include deliberations, recommendations and actions of the Governing Board. The Governing Board may by resolution designate a person to take minutes of deliberations in closed session as provided for in Government Code Section 54957.2.

- f. Conflict of Interest. Any Governing Board member, officer, employee or committee member having an interest in a contract or other transaction presented to the Governing Board or to a Governing Board Committee for

authorization, approval, or ratification shall give prompt, full, and frank disclosure of said interest to such Board prior to its acting on the contract or vote, whether the disclosure shows that a conflict of interest exists or can reasonably be construed to exist. If a conflict is determined to exist, such person shall not vote, nor use personal influence on, nor participate in the discussions or deliberations with respect to such contract or transaction. A person who discloses a conflict of interest must abstain from discussion, influence, participation and may not vote on the matter. A person determined to have a conflict of interest shall not be counted when establishing the existence of a quorum at any meeting when the contract or transaction is under discussion or being voted upon. Minutes of the meeting shall reflect the disclosure, the vote or abstention thereon and the presence or absence of a quorum.

- g. Disclosing Conflict of Interest. Governing Board members, officers, selected employees, and contractors of SMMC shall report to the Governing Board any existing or potential conflict of interest and shall file annual disclosure statements with the County Clerk.

ARTICLE VI

OFFICERS AND COMMITTEES

Section 1. Officers. There shall be two (2) appointed officers of the Governing Board.

- a. Governing Board President. The President of the Governing Board shall be a member of the Board of Supervisors serving on the Governing Board. The President shall be agreed upon between the two members of the Board of Supervisors serving on the Governing Board. The newly designated President shall assume responsibility upon adjournment of the January meeting of the Governing Board. The President shall preside over all meetings of the Governing Board, supervise the activities of the Governing Board and serve as an ex-officio voting member of all Governing Board Committees. In the President's absence, the other member of the Board of Supervisors serving on the Governing Board shall preside over the Governing Board meeting. In the absence of both members of the Board of Supervisors, the County Manager or Chief Executive Officer will preside over the Governing Board meeting.
- b. The Chief Executive Officer of SMMC shall serve as the official Secretary of the Governing Board. The Secretary shall keep or cause to be kept at the principal office or at such other place as the Governing Board may determine, a book of minutes of all meetings. The Secretary shall give or cause to be given notice of all meetings of the Governing Board as required by these Bylaws or by law. At the discretion of the Secretary, an employee of SMMC may be designated to perform the secretarial services of the Governing Board, which may include the following functions: take minutes of all meetings, maintain documentation of Governing Board members and report conflict of interest statements annually.

Section 2. Standing or Advisory Committees. The creation of Governing Board committees is discretionary. Each standing committee shall have and exercise the powers and authority granted in the resolution creating it. Minutes shall be kept of its proceedings and reports of its actions shall be reported to the Governing Board. Actions taken by any standing committee are subject to ratification by the Governing Board. Standing committees shall comply with vacancies, meeting notices, quorum, order of business, and duality of interest clauses of these Bylaws. The Governing Board may also appoint advisory committees.

ARTICLE VII

ADMINISTRATION

- Section 1. General. The SMMC is administered through the countywide organization structure of which it is a part. The Chief Executive Officer of SMMC reports to the Chief of the Health System, who reports to the County Manager who reports directly to the Board of Supervisors of San Mateo County.
- Section 2. Appointment and Authority. The Chief of the Health System shall monitor the performance of the Chief Executive Officer of SMMC. The Chief Executive Officer of SMMC shall be qualified for the position through appropriate education and experience. The Chief Executive Officer is hereby given authority and responsibility for the administration of SMMC and all its activities and departments subject to the County Charter, ordinances and resolutions of the Board of Supervisors. The Chief Executive Officer shall:
1. Ensure appropriate notice of all meetings of the Governing Board is sent; receive and attend to all correspondence relating to SMMC; act as custodian of all records and reports relating to SMMC, and keep records of all meetings of the Governing Board.
 2. Attend all meetings of the Governing Board as a fully vested voting member.
 3. Submit monthly to the Governing Board or its authorized committees reports showing the professional service and financial activities of SMMC and to prepare and submit any special reports that may be required by the Governing Board and/or Board of Supervisors.

ARTICLE VIII

MEDICAL STAFF

Section 1. Organization. The Governing Board shall appoint a Medical Staff to provide medical service at SMMC. The Medical Staff shall be responsible for the quality of care provided to patients at the SMMC. The Medical Staff shall be a responsible administrative unit, accountable to the Governing Board. Said staff shall be composed of physicians, dentists, clinical psychologists, and podiatrists who are graduates of recognized schools of medicine, osteopath, dentistry, psychology or podiatry, are licensed to practice in California, are in good standing, and who meet the qualifications as set forth in the Bylaws of the Medical Staff.

Appointment and membership to the Medical Staff is a prerequisite to the exercise of clinical privileges in SMMC, except as otherwise specifically provided in the Medical Staff Bylaws.

Each member of the Medical Staff shall have full authority and responsibility for the care of his or her patients, subject only to such limitations as are imposed by the Governing Board, and subject, further, to any limitations or conditions attached to the staff member's appointment. Approval by the Governing Board shall be required to effect the appointment, reappointment, designation of clinical privileges, and clinical department/service assignment at SMMC.

Section 2. Medical Staff Bylaws, Rules and Regulations. The Medical Staff shall propose and adopt by vote Bylaws, Rules and Regulations setting forth its organization, including selection of officers, its government, quality of care protocols, procedure for the granting of clinical privileges, and provisions for a review of the Medical Staff's recommendations with respect to appointment, reappointment, or termination of appointment to the Medical Staff, and granting or curtailment of clinical privileges. Bylaws, Rules and Regulations shall be consistent with applicable law, regulatory and accreditation standards and SMMC policy. Such Medical Staff Bylaws, Rules and Regulations shall become effective when, and in the form, approved by the Governing Board or at such later date as the Governing Board may specify. Medical Staff Bylaws shall be reviewed annually by the Medical Staff and recommended to the Governing Board for review and approval of any changes.

Section 3. Medical Staff Membership and Clinical Privileges. The Medical Staff shall be delegated the responsibility and authority to investigate and evaluate all matters relating to Medical Staff membership status, clinical privileges, and corrective action, and shall require that the staff make recommendations thereon. The Governing Board shall then take final action on all such matters after considering

the staff recommendations forwarded, provided that the Governing Board may act in any event if the staff fails to adopt and submit any such recommendation within the time period required by the Medical Staff Bylaws. Such Governing Board action without a staff recommendation shall be based on the same kind of documented investigation and evaluation of current ability, judgment, and character as is required for staff recommendations.

The Medical Staff Bylaws shall contain provisions for the staff to adopt and forward to the Governing Board specific written recommendations on all matters of Medical Staff membership status, clinical privileges and corrective action, and to support and document its recommendations in a manner that will allow the Governing Board to take informed action.

In acting on matters of Medical Staff membership status, the Governing Board shall consider the staff's recommendations, SMMC and the community's needs, and such other criteria as set forth in the Medical Staff Bylaws. In granting and defining the scope of clinical privileges to be exercised by each practitioner, the Governing Board shall consider the staff's recommendations and supporting information on which they are based and such criteria as are set forth in the Bylaws. No aspect of membership status nor specific clinical privileges shall be limited or denied to a practitioner on the basis of sex, race, creed, color, or national origin.

Any differences in recommendations concerning Medical Staff appointments, reappointments, termination of appointments, and granting or revising of clinical privileges will be resolved in a reasonable period of time by the Governing Board and the Medical Staff.

The procedure to be followed by the Medical Staff and Governing Board in acting on matters of membership status, clinical privileges, and corrective action shall be specified in the Medical Staff Bylaws.

- Section 4. Corrective Action and Fair Hearing Plan. The Governing Board shall require that any action taken by the Executive Committee of the Medical Staff, or by the Governing Board, the effect of which is to deny, revoke, suspend, or reduce a practitioner's staff appointment, reappointment, department affiliation, staff category, admitting prerogatives, or clinical privileges shall, except under circumstances for which specific provision is made in the Medical Staff Bylaws, be accomplished in accordance with the Governing Board approved Corrective Action and Fair Hearing Plan then in effect. Such Plan shall provide for procedures to assure fair treatment and afford opportunity for the presentation of all pertinent information.

Should the Medical Staff via its designated structure, fail to investigate or take disciplinary action, contrary to the weight of the evidence, the Governing Board may direct the Medical Executive Committee to initiate investigation or disciplinary action, but only after consultation with the Medical Executive Committee. If the

Medical Executive Committee fails to take action in response to that direction, the Governing Board may initiate corrective action, but this corrective action must comply with Corrective Action and Hearing and Appellate Review Articles of the Medical Staff Bylaws.

Section 5. Affiliates to the Medical Staff and Physicians in Training. The Governing Board may authorize qualified persons to provide services allied with the medical services provided by members of the Medical Staff. Said authorization shall be granted in accordance with and subject to the Bylaws and Rules and Regulations of the Medical Staff.

ARTICLE IX

QUALITY MANAGEMENT

- Section 1. General. The Quality Improvement Program establishes guidelines for improving clinical and organizational performance with SMMC. The intent is to serve the mission of opening doors to excellence in healthcare through quality/performance improvement.
- Section 2. Governing Board Responsibility. The Governing Board ensures that adequate resources are provided to comply with laws and regulations and receives reports regarding status of programs. The Board participates in the development of long-range goals and the Mission of the Organization.
- Section 3. Delegation to Administration and to the Medical Staff. The Governing Board delegates to the leadership of SMMC, including the Medical Staff, the responsibility for conducting specific activities that contribute to the preservation and improvement of the quality of patient care. These responsibilities include the evaluation and peer review of the practitioner performance, including Affiliates to the Medical Staff and Physicians in Training; ongoing monitoring of critical aspects of care; review of utilization of SMMC's resources; provision of continuing professional education; recommendations on the clinical privileges which may be appropriately granted and delineation of clinical privileges for appointees of the Medical Staff commensurate with individual credentials and demonstrated ability and judgment and such other measures as the Governing Board may deem necessary for the preservation and improvement of the quality patient care.

The Quality Improvement Program provides consistent framework and structure for SMMC to follow in order to achieve the objective of continually improving the delivery of health care for all who seek help from SMMC. The Plan provides the framework for facilitating improvement efforts across the organization.

The facilities maintenance and safety programs include a mechanism of reporting the status of SMMC mechanical, electrical, and structural systems directly to the Board through the Chief Executive Officer. The Board delegates to the Chief Executive Officer the responsibility and authority to immediately resolve any facility safety issue where danger to patients, staff or visitors is identified.

- Section 4. Receipt of Reports on Quality. The Governing Board receives reports on organization and quality/performance activities, including environment of care, patient safety and human resource effectiveness through the Medical Executive Committee.

ARTICLE X

AUXILIARY

Section 1. Creation. A SMMC Auxiliary may be formed and approved under the terms and conditions of SMMC Policies and Procedures.

Section 2. Bylaws. Written Policies, Bylaws and Amendments thereto, and activities of the Auxiliary shall be subject to approval by the Governing Board. Bylaws shall set forth the Auxiliary's purpose, organization and functions.

ARTICLE XI

BYLAWS AND AMENDMENTS

- Section 1. Review. These Bylaws shall be reviewed in their entirety to assure reflection of current responsibilities of the Governing Board to SMMC and community, and representation of current philosophy and direction. Review shall occur annually, and when appropriate, amendments shall be proposed to these Bylaws to meet the needs of the SMMC.
- Section 2. Amendments. These bylaws may be amended or repealed and new Bylaws adopted by a majority vote of the number of Governing Board members fixed by the Bylaws at any regular or special meeting, provided written notice of this intent has been given by the Secretary to each member at least thirty (30) days in advance of the meeting.
- Section 3. Hospital Standard of Care. These Bylaws do not create any standard of care for purposes of litigation. The standard of care applicable to the SMMC for purposes of litigation shall be a community standard, i.e. that level of care required of health care providers in the same or a similar community. Notwithstanding the foregoing, the SMMC shall strive to continuously maintain and improve the quality of care available at the SMMC.

These Bylaws have been reviewed and approved effective January 6, 2025.

Chester Kunnappilly, MD
Chief Executive Officer
SAN MATEO MEDICAL CENTER (SMMC)

Date

Supervisor David Canepa
President, San Mateo Medical Center Board of Directors
COUNTY OF SAN MATEO

Date

ADMINISTRATION REPORTS

November Financial Performance Update to SMMC Board January 6, 2025



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

Agenda

1. Operating Results Summary
2. Cash Flow Projection
3. Patient Accounts Receivable Key Performance
4. Appendix

Operating Results Summary

Statement of Operations

November

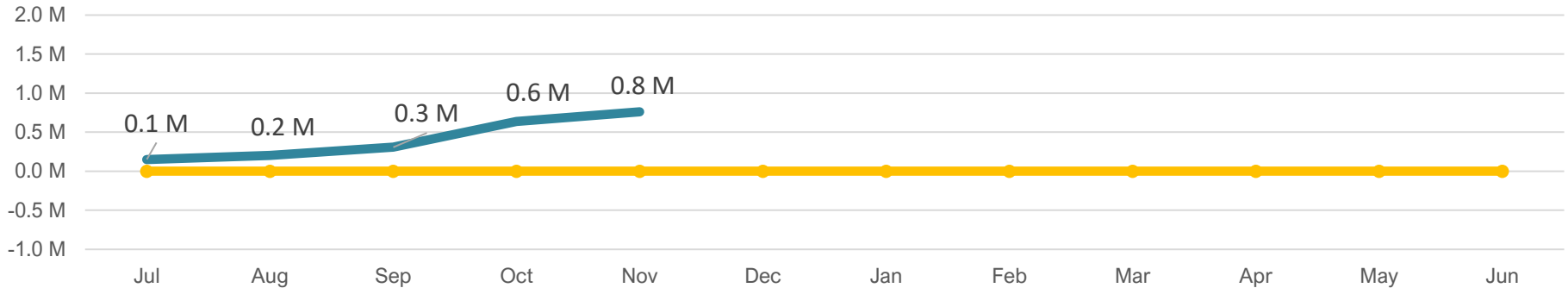
\$123K

Year-to-Date

\$761K

FY25 Monthly Budget

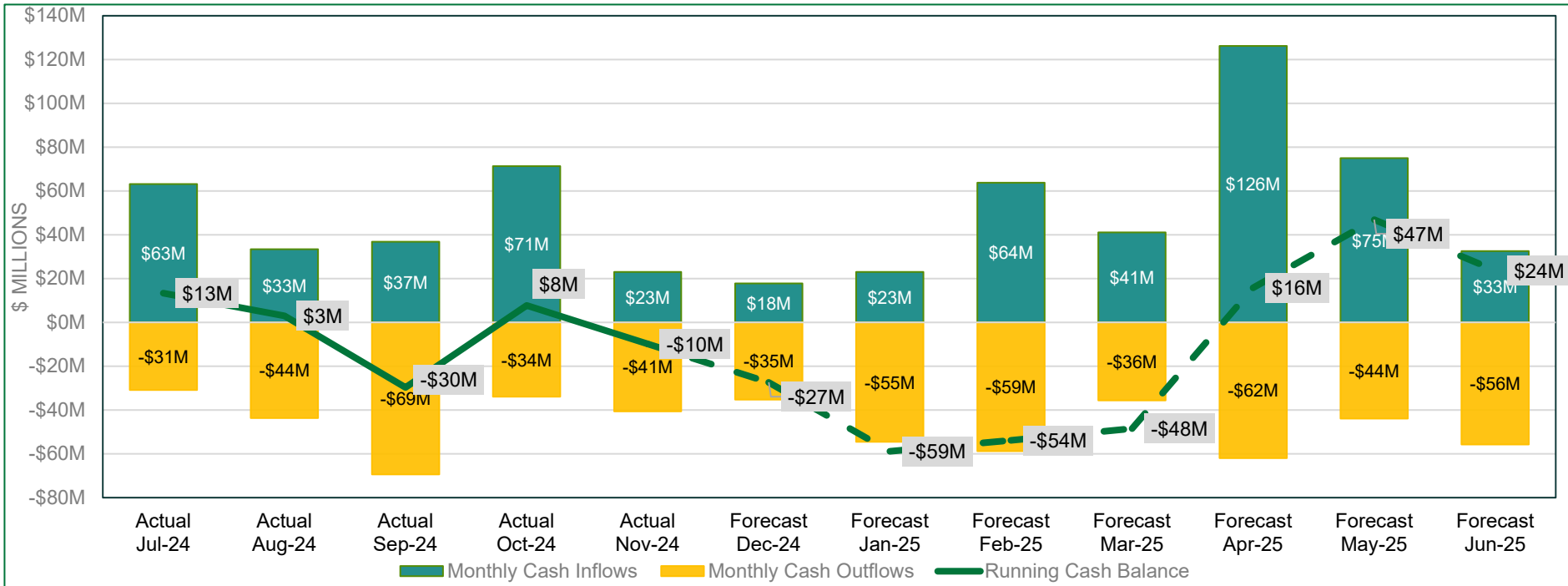
FY25 YTD Net Income (Loss)



Key budget performance areas

- We are ahead of budget
- FTE & Labor cost
 - Staff count was 2% favorable (5% favorable excluding EPIC FTEs)
 - Labor cost was favorable by \$2.3M and \$9.8M year to date.

FY 24-25 Cash Flow Projection



Cash flow challenges & opportunities

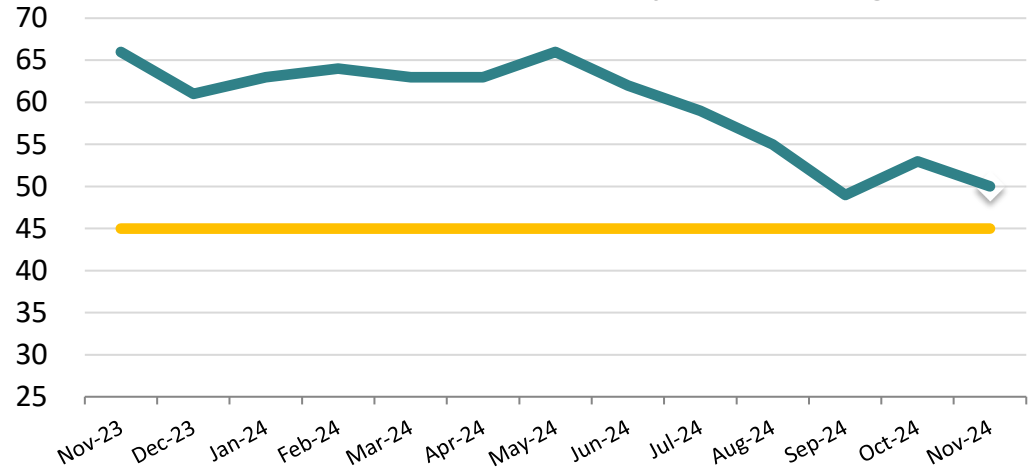
- Cash inflow for November exceeded forecasts by \$24M
- The projected peak usage of the County line of credit for January 2025 has been revised down to \$59M, from \$73M last month
- Collections from legacy AR accounts continue to surpass forecasts.

Patient Accounts Receivable Key Performance

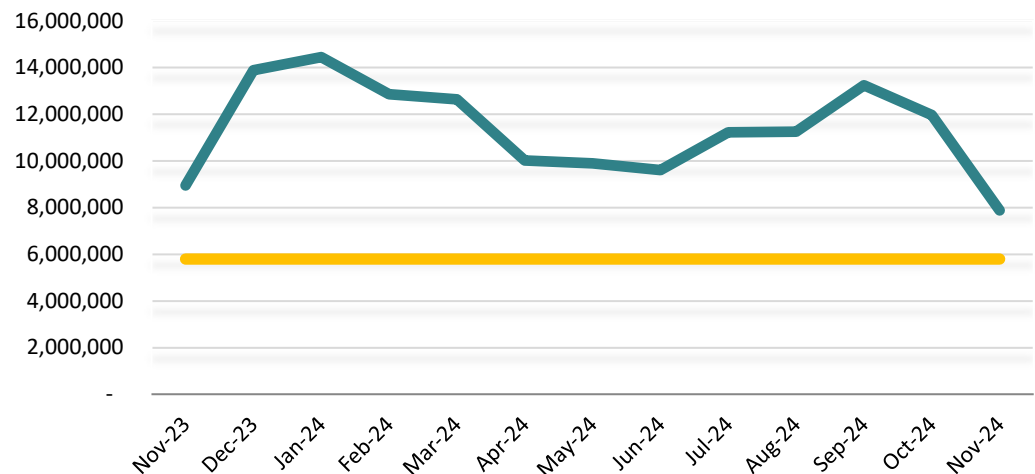
Patient Receivable Performance

- Cash inflow from patient accounts receivables continue to increase
 - Outstanding receivable has dropped from 66 to 50 days in the past one year
 - Patient account billings is also increasing.

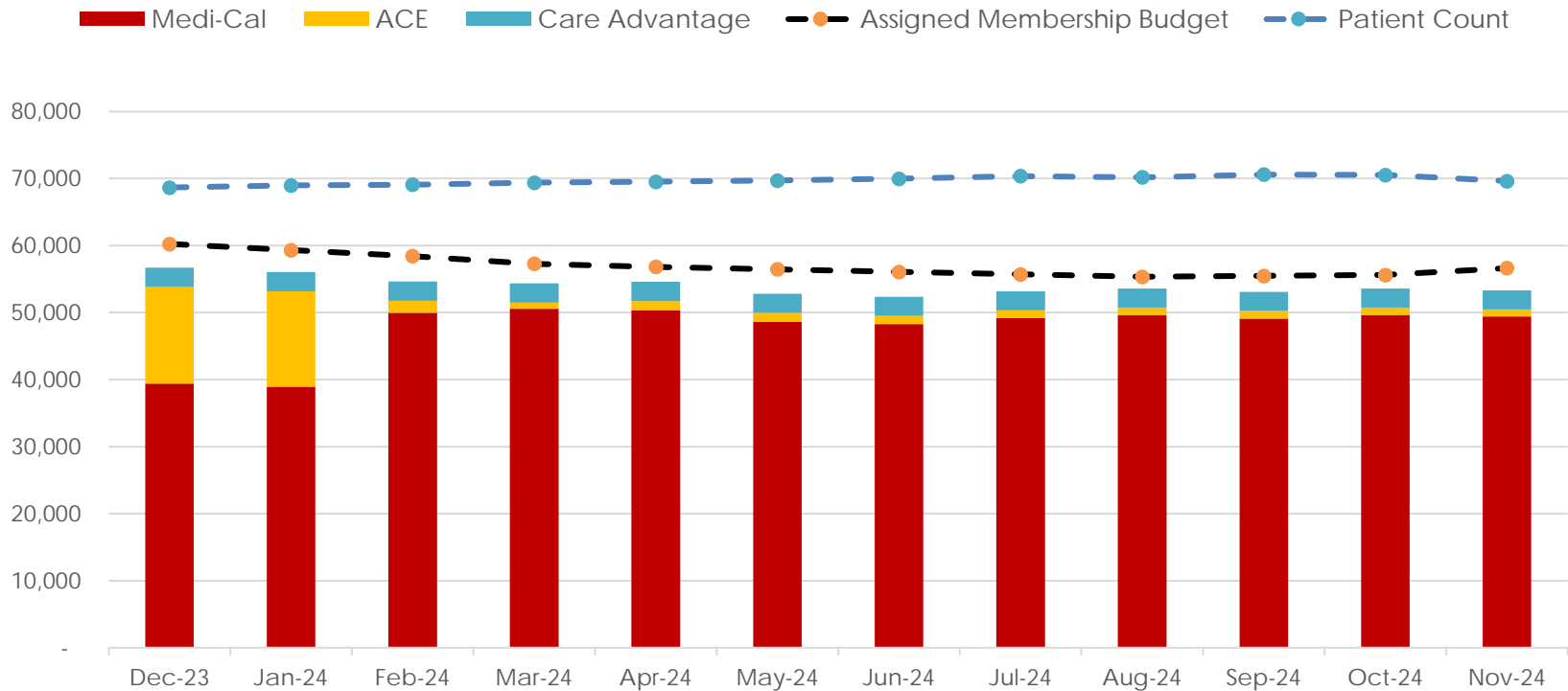
Patient Account Receivable (Days Outstanding)



Unbilled Patient Accounts



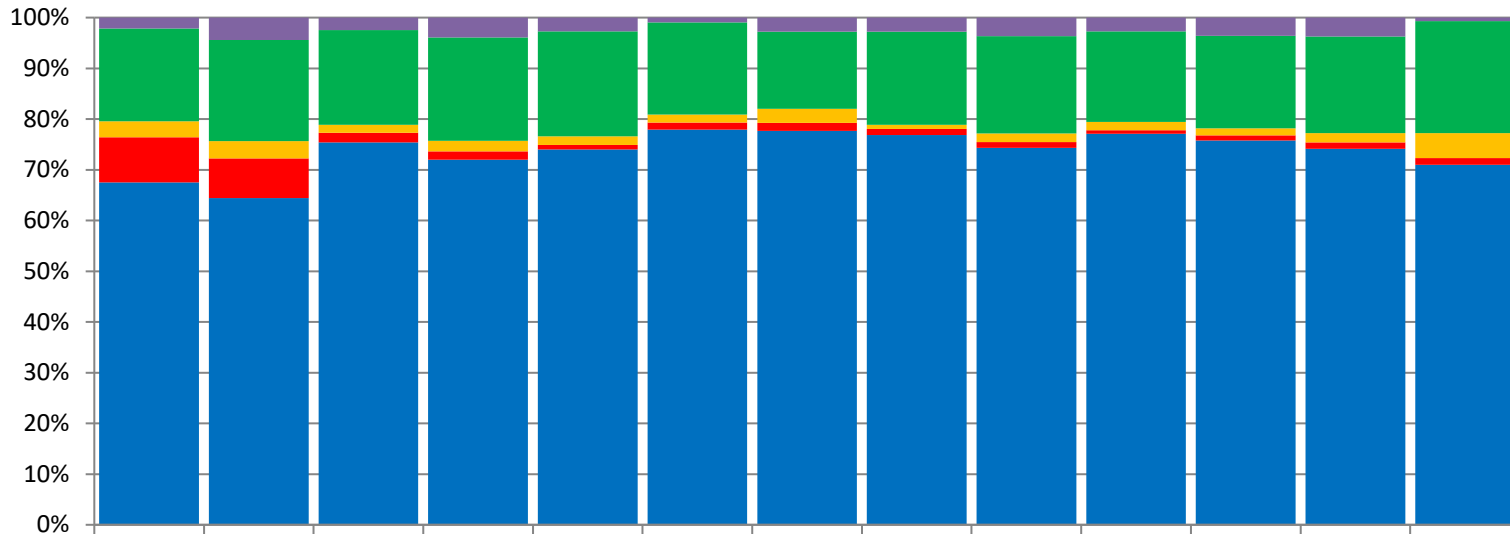
Managed Care Membership Trend



2024 Highlights

- The assigned membership mix has stabilized, with total assignments averaging around 53,400 since July, showing slight month-to-month fluctuations
- Patient counts also appear to be stabilizing.

Payer Mix



	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Other	2.1%	4.4%	2.4%	3.9%	2.7%	1.0%	2.7%	2.7%	3.6%	2.7%	3.6%	3.7%	0.7%
Medicare	18.3%	19.9%	18.7%	20.4%	20.7%	18.2%	15.2%	18.4%	19.2%	17.9%	18.2%	19.0%	22.1%
Self Pay	3.2%	3.4%	1.5%	2.1%	1.7%	1.6%	2.8%	0.8%	1.7%	1.6%	1.4%	1.9%	4.9%
ACE/ACE County	8.9%	7.8%	1.9%	1.6%	0.9%	1.4%	1.5%	1.2%	1.1%	0.7%	1.0%	1.2%	1.3%
Medi-Cal	67.5%	64.4%	75.4%	72.0%	74.0%	77.9%	77.7%	76.9%	74.4%	77.1%	75.8%	74.2%	71.0%

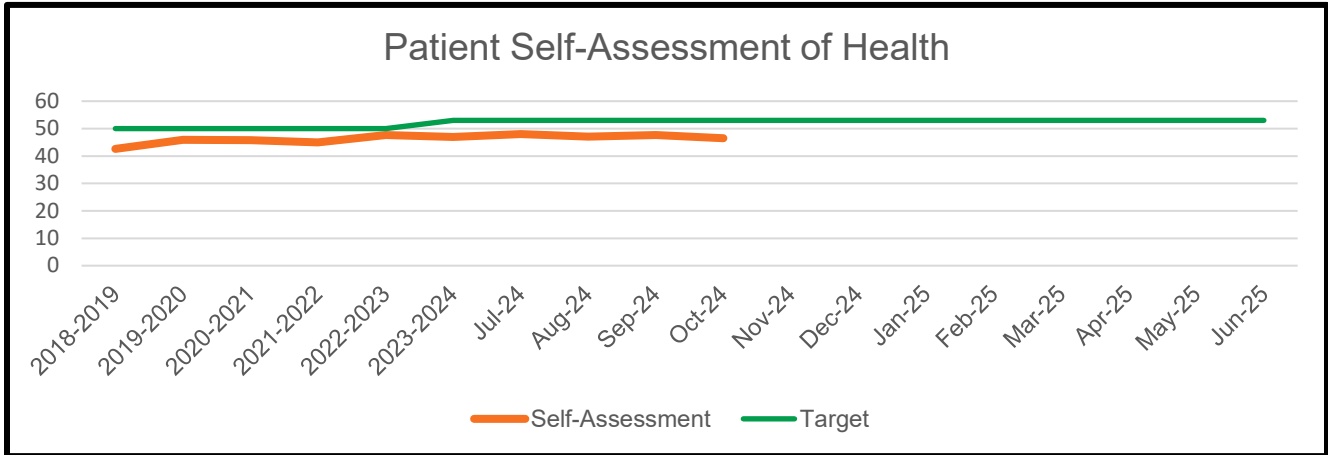
■ Medi-Cal
 ■ ACE/ACE County
 ■ Self Pay

2024 Highlights

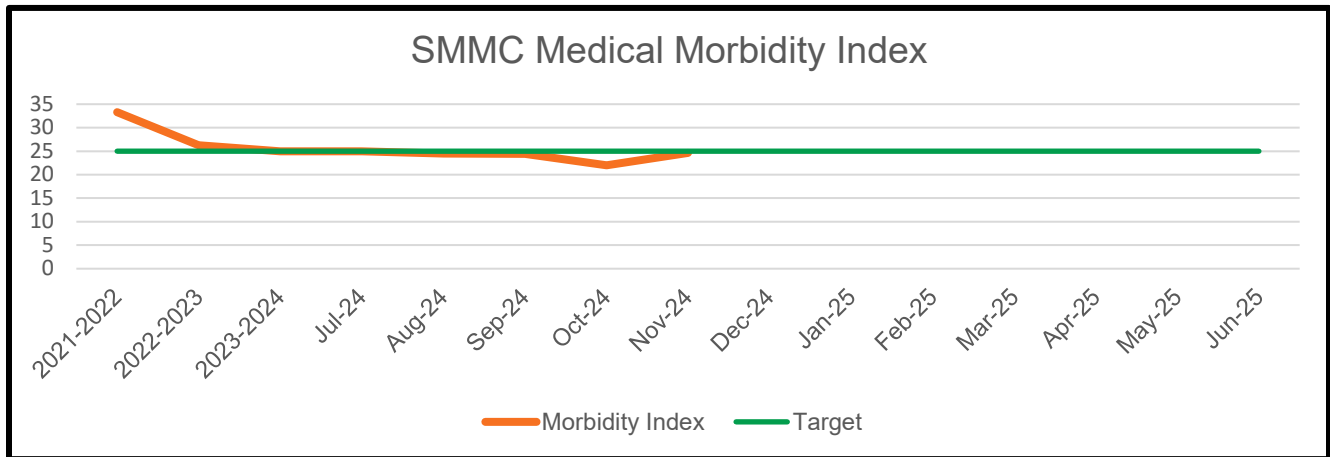
- Slight shift in payer mix in the first month of EPIC
- Expect payer mix to stabilize as EPIC teams streamline registration workflows

CEO Report

January 2025



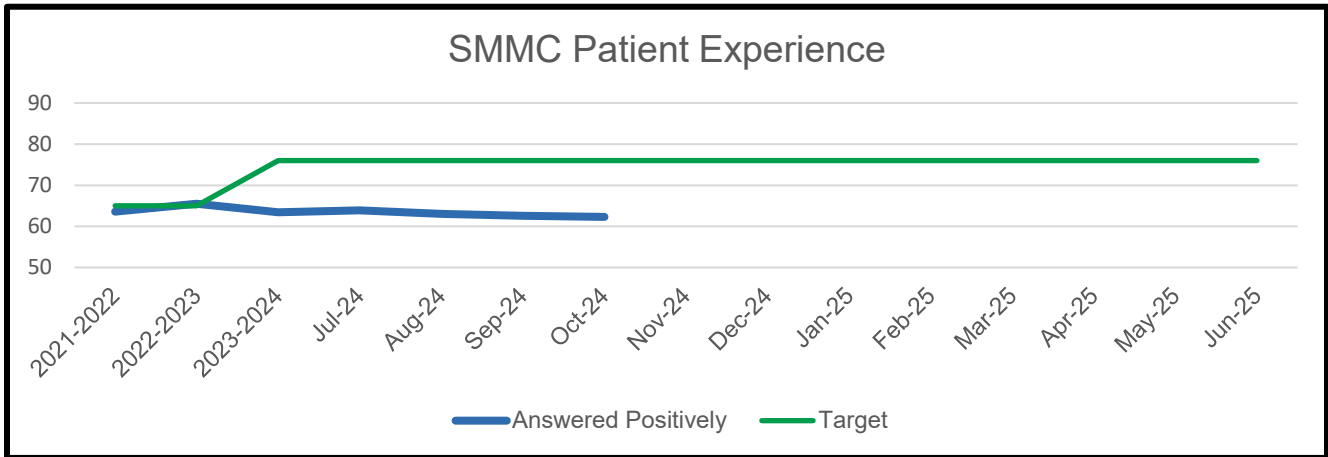
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



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.**



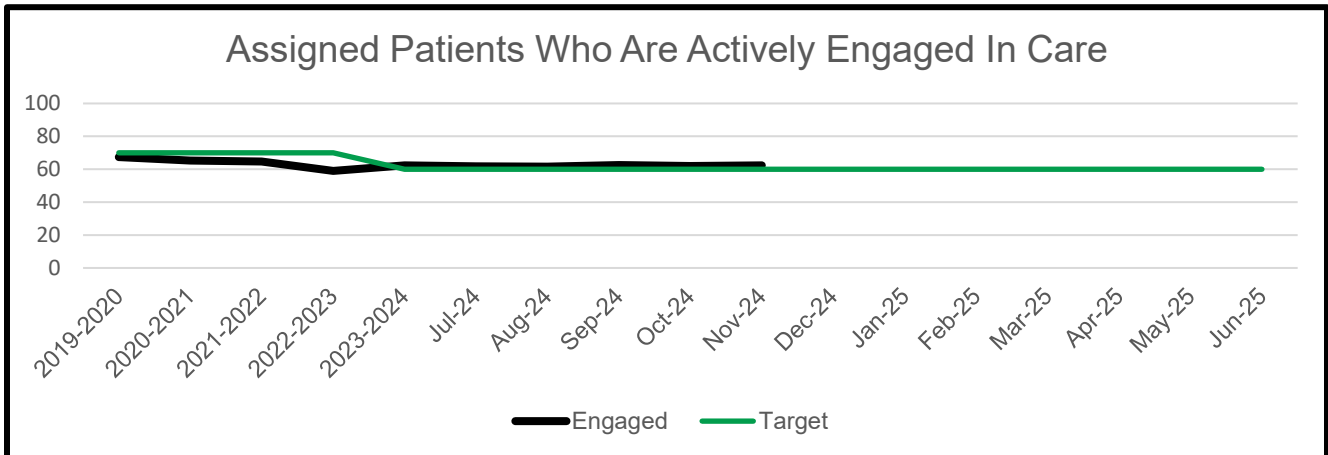
Patient Experience



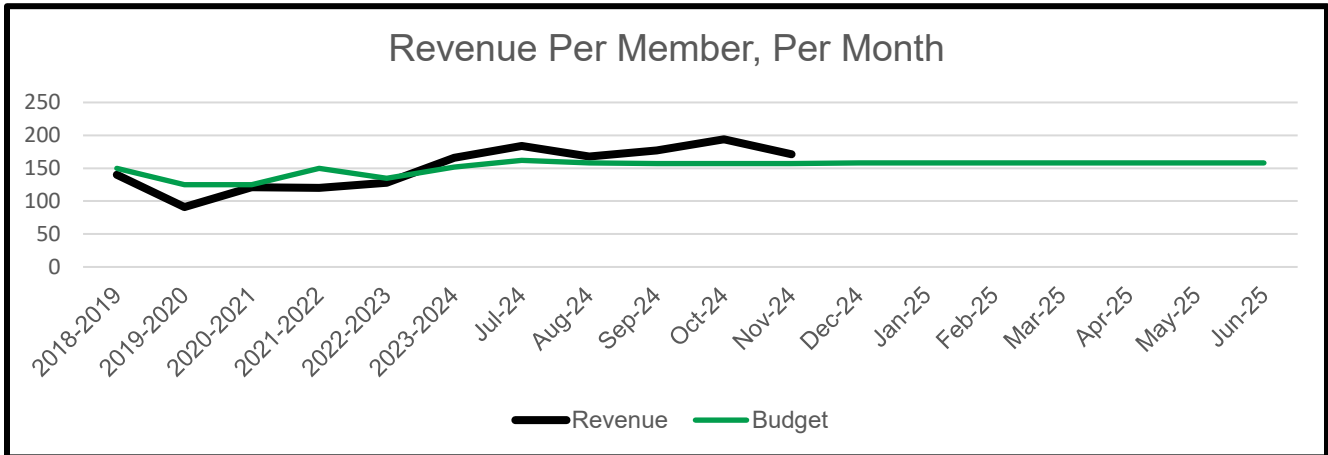
Patient Experience: Percentage of patients who answered affirmatively to the patient experience survey question: “Did the staff work together to meet your needs?” **Higher is better.**



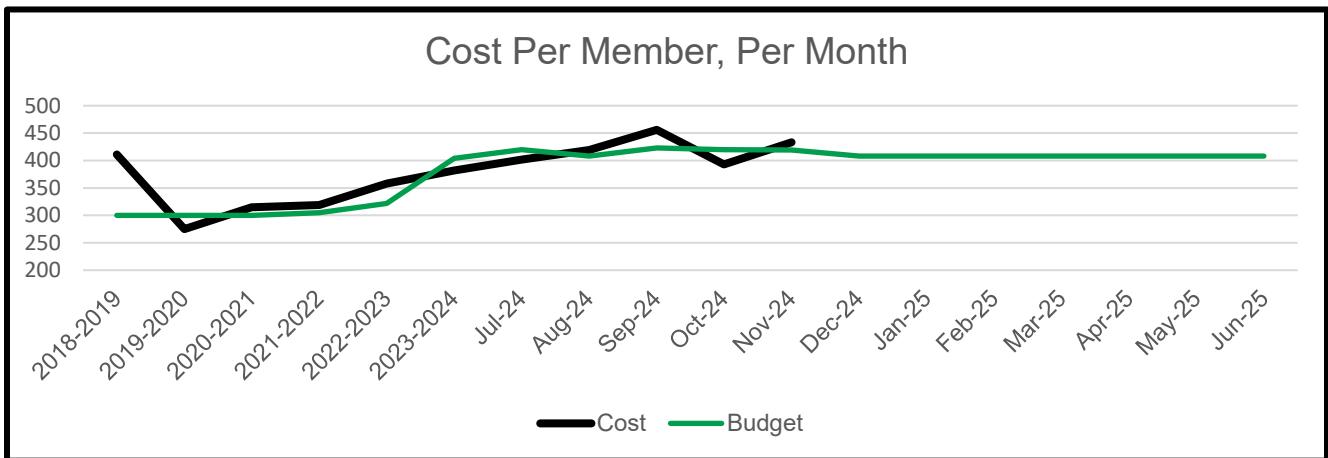
Access to Care



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.**

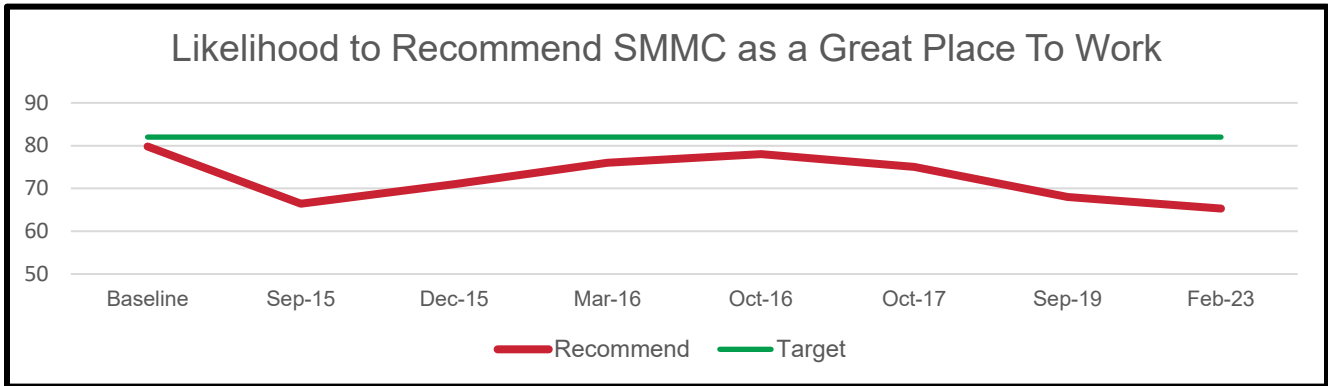


Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. **Higher is better.**

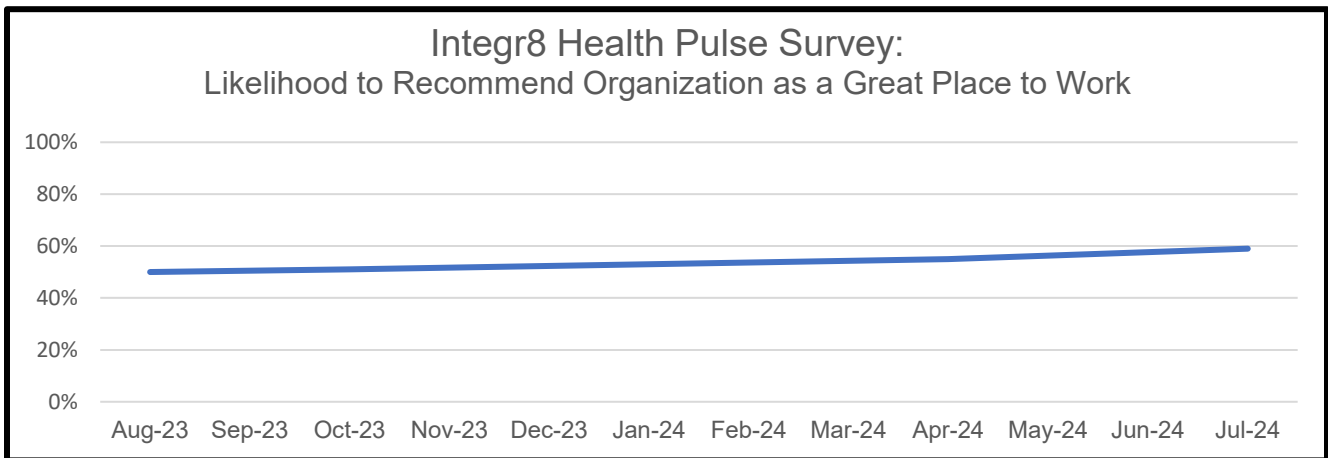


Cost Per Member, Per Month: Total cost divided by total number of assigned members. **Lower is better.**

 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



Pictured above Scenes from our successful HOGs Toy Drive

35th Annual Holiday Toy Drive is a Huge Success

On December 7, 2024, Santa again arrived at SMMC on his Harley to distribute toys and joy to children from our community. This was the 35th Annual Holiday Toy Drive that is hosted as a partnership between the local chapter of the Harley Owners Group (HOGs), San Mateo Medical Center and the San Mateo County Health Foundation. We also appreciated the partnership of the San Mateo Fire Department (who came in one of their fire engines to the delight of the crowd of all ages), San Mateo Auxiliary and the San Mateo County Library. This year we had 300 toys donated by the Auxiliary and staff while another 300 were donated by the HOGs. During the event, 450 toys were distributed with the remaining toys sent to our pediatric clinics for distribution.

Thank you to Berenyce Alonso, Karla Garcia Campos, the San Mateo County Health Foundation, the San Mateo Fire Department, San Mateo County Libraries, San Mateo Auxiliary, volunteers, donors and most especially the HOGs for their continued generosity this holiday season.

SMMC Antibiotic Stewardship Program Recognized with County STARS Award

The SMMC Antibiotic Stewardship Program has been recognized with a FY 2023-2024 County STARS Award. The program was recognized with the Program Performance award which includes a \$30,000 grant for the program to use to further improve its efforts. Antibiotic Stewardship which is aimed at reducing the inappropriate use of antibiotics is a critical part of reducing antibiotic resistance in the community. The program initially focused on antibiotic use in the hospital and has now expanded to include skilled nursing and clinics. Congratulations to everyone responsible for this ongoing success.

Integr8 Health Update

Wave 1 of SMC Health's Epic implementation continues to move toward stabilization. Our 24/7 Health Service Desk remains open, and the plan is that it will remain open long term. Staff have expressed their appreciation for the 5 weeks of "at the elbow" support they received from both their superusers and our contracted support services. Even as we have weaned ourselves from that support, we remain ready to deploy resources to areas in need.

As we initially focus on stabilization, we are aiming to reach operational levels (both in processes and in

metrics) that approximate those that were in place prior to November 2nd. Once we have achieved stabilization, we look forward to embarking on the optimization phase where we look to leverage all of the functionality we now have at our disposal to improve care to patients and reduce the burden on staff.

I am deeply grateful to all the staff and leaders who sit on Improvement Councils and Design Teams, who are serving their colleagues as superusers, and who every day show the commitment and flexibility to move us forward.

We look forward to continuing to update the board on our progress.

San Mateo Medical Center Completes Triennial Joint Commission Survey

On December 30th, a single surveyor from the Joint Commission arrived at SMMC for a follow up to our routine triennial survey that occurred November 12-15. The surveyor was here to evaluate our response to a small number of items related to instrument management and high-level disinfection. The surveyor was very thorough and spent about 6 hours travelling between sites to observe the changes we had put in place. At the end of the process, he had zero findings. He congratulated the organization for its efforts and complimented all the staff he had interacted with. SMMC must now submit its 60-day (from the original survey) written evidence of compliance and that should conclude this survey cycle. My thanks and congratulations to everyone who approached this survey with a true learning perspective and an eye toward using its findings to improve quality and safety at the Medical Center.

2024 Accomplishments

As we close out 2024, we recognize that we have accomplished a tremendous amount in the last 12 months. This is an opportunity to take stock and celebrate our accomplishments.

Our primary focus for the last two years has been Integr8 Health, our Epic implementation. We went live with the system on November 2, 2024, and the implementation's success is the result of hard work by everyone in the organization. We have shared progress throughout the year so will not recount everything here, but some key milestones include:

- Established 10 Value Stream based Improvement Councils
- Established more than 25 Standing Design Teams to make key build decisions
- Completed over 13,000 IT build tasks
- Made more than 7500 build decisions
- Trained more than 200 Superusers
- Provided Floor Support utilizing 250 support members at go-live
- Established a 24/7 Health Service Desk
- Opened a Go-Live Command Center with 200 IT Analysts and Epic experts

As we have brought the system online and everyone continues to learn we have already reached some impressive milestones. As of mid-December, we have already seen:

- More than 4300 patient portal (MyChart) activations
- Over 250,000 Care Everywhere data exchanges (exchanges with outside entities)
- Over 70,000 secure chat messages between staff members
-

Every staff member had a hand in this success, and we are grateful to them all!

Even with the focus necessary for a successful go-live, the organization accomplished much more this past year:



- The SMMC Antibiotic Stewardship program received multiple recognitions this past year. They were recognized with Gold Status on the California Department of Public Health Healthcare-Associated Infections Antimicrobial Stewardship Honor Roll. The team was also recognized with a County STARS Award.
- SMMC completed another successful year in the Medi-Cal Quality Incentive Program, again capturing 100% of available funding. SMMC also had 18 out of 40 metrics that qualified as overperformance meaning that these metrics exceeded the 10% gap closure goal that was set by the Department of Healthcare Services (DHCS) and closed the gap to the 90th percentile benchmark nationwide by either 15% or 20% gap closure instead.
- SMMC's Health Care for the Homeless/Farmworker Health Program was recognized by the Health Resources and Services Administration (HRSA) with two Community Health Quality Recognition (CHQR) badges: (1) Addressing Social Risk Factors and (2) Advancing Health Information Technology for Quality.
- The South San Francisco Health Center secured a grant to purchase children's books to support literacy initiatives.

- Inpatient units collaborated with the SMMC Wound Care Nurse to develop and implement strategies to prevent device-related injuries being caused by the use of BiPAP oxygen machines.
- Integrated Behavioral Health piloted their first in-person stress management biofeedback group.
- Integrated Behavioral Health began training providers and fellows in how to incorporate biofeedback wearables into individual psychotherapy.
- Neuropsychology Services piloted a condensed intake and evaluation so that the total number of required appointments for a complete assessment could be reduced from three to two for appropriate cases.
- Within the Epic implementation, Nutrition Services implemented a tool to allow dieticians to update the patient's problem list with a malnutrition diagnosis so that this critical information is visible and available to care teams.
- Nutrition Services now has a dietician who specializes in working with individuals with eating disorders and is making this service available to patients starting with Adolescent Medicine.
- Nutrition Services is now regularly staffing a dietician in the Outpatient Wound Care Clinic so that they can partner with the care team to promote wound healing.
- This year, Skilled Nursing reported no falls with injury, advanced pressure injuries or COVID-related deaths.
- Fair Oaks Pediatrics received a VFC (Vaccines for Children) Certificate of Achievement for outstanding immunization rates.
- The Sterile Processing Department moved to management under Operative Services and began a long-awaited renovation effort that will improve the efficiency of a variety of services including the processing of endoscopes.
- Speech Therapy initiated the provision of Gender Affirming Speech Therapy services.
- Rehabilitative Services successfully deployed a cryotherapy unit to aid in recovery from knee replacement surgery.
- Rehabilitative Services successfully established a learning lab on 1B to support patients through simulated activities during therapeutic activities focused on daily living, cooking bathroom needs and money management.
- Rehabilitative Services collaborated with postoperative and surgical teams to initiate therapy services in the Post Anesthesia Care Unit (PACU).
- The Skilled Nursing Unit on 1A completed their annual Licensing & Certification Survey with no deficiencies.



Patient Experience

- In July, SMMC partnered with the Golden Gate Harley Owners Group and the San Mateo County Health Foundation for our 15th Annual School Supply Run providing backpacks and school supplies to SMMC pediatric patients.
- In December, SMMC partnered with the Golden Gate Harley Owners Group and other partners for our 35th Annual Holiday Toy Run distributing toys to SMMC pediatric patients.
- The Daly City Health Center completed a renovation of their patient lobby to create a more welcoming environment. Enhancements included:
 - Repainting to provide less of an institutional feel
 - New, easy-to-sanitize furniture
 - A dedicated play area for younger patients
 - An updated bookshelf to support literacy initiatives

- Successfully implemented MyChart, the patient portal in Epic, with significant success in enrolling patients at a higher than anticipated rate.
- Patient Access (responsible for Admitting Services amongst other things) saw their NRC patient experience scores rise to 9% above national benchmarks.
- The Emergency Department continued a number of patient experience focused efforts including Meaningful Rounding and Standardized Discharges.
- Skilled Nursing on 1A was recognized with a 2024 Pinnacle Customer Experience Award.

Staff Engagement

- Three members of the SMMC Leadership Team: Trish Erwin, Gozel Kulieva and Vicky Magana participated in the San Mateo County Management Development Program.
- Priscilla Romero, Manager of the Medical Staff Office, was recognized as the 2024 Public Service/Extra Mile Honoree by Women in County Government.
- Kara Ramos, a pediatric Nurse Practitioner at the Daly City Clinic, was recognized as the UCSF School of Nursing's Preceptor of the Month for March 2024.
- Dr. Tatum Sohlberg, a Pediatrician at the Daly City Clinic and Daly City Youth Health Center was recognized with an Outstanding Community Clinic Preceptor Award by the Stanford School of Medicine.
- Dr. Abhishek Gowda from the SMMC Pain Clinic was invited to speak at PAINWeek, a week-long conference for chronic pain providers.
- Four SMMC leaders were recognized by the County Wellness Committee as Wellness Leaders:
 - Gloria Lara, Supervising Therapist in Rehabilitative Services
 - Sonia ter Kuile, Supervising Physician for the Innovative Care Clinic
 - Demetra Stamm, Psychiatrist in Integrated Behavioral Health
 - Richard Marshall-Marino, Medical Coding Supervisor
- Dr. Rakhi Singh, Supervising Physician for Adult Primary Care at the Fair Oaks Health Center, was invited to speak at the County Health Executives Association of California (CHEAC). Dr. Singh joined partners including Justin Watkins, Senior Community Health Planner in Public Health, Policy and Planning, to present on some of SMMC's work on addressing food insecurity.
- Through the leadership of its Staff Wellbeing and Engagement Officer, SMMC was able to offer development in trauma-informed, human-centered approaches to approximately 120 leaders. This included:
 - 70 SMMC leaders participating in a one day offsite focused on trauma-informed leadership
 - 15 SMMC employees attending a 3-day foundation training on trauma-informed systems change and transformation
 - 5 systems-change managers completed a 4 hour training on the SELF model
- The Medical Staff Office supported over 275 providers in enrolling their credentials to facilitate the prescribing of controlled substances in Epic.
- The medical staff had unprecedented success in proctoring (regulatorily required monitoring of new providers). This can typically take 12 to 24 months to complete all the required sessions, but this past year 65% of proctoring was completed within 3 to 6 months.
- Over 220 staff members volunteered to serve as Superusers for our Epic implementation providing critical support to their colleagues during go-live and beyond.
- Integrated Behavioral Health graduated 2 psychology fellows and onboarded two more.



Access to Care

In-person Dermatology services were expanded to the Daly City Clinic to provide additional access to complement our Teledermatology services.

- The County broke ground on the new North County Wellness Center which will house SMMC's relocated and expanded South San Francisco Health Center.
- Inpatient Services collaborated with Ambulatory Services to improve the process and efficiency of outpatient follow up visits.
- The SMMC Healthcare for the Homeless/Farmworker Health Program supported the expansion of Dental services to the Navigation Center.
- The SMMC Healthcare for the Homeless/Farmworker Health Program partnered with County libraries to distribute home blood pressure monitors.
- Neuropsychology Services, a sparse resource in San Mateo County with SMMC being one of the only providers, reduced its wait by 50%.
- The South San Francisco Health Center has developed a partnership with EdNavigator to support equity and optimal health and education outcomes for pediatric patients who attend or are eligible to attend school in the South San Francisco School District.
- Fair Oaks Health Center expanded the hours it offered to the Health Coverage Unit so that they are now at the clinic 5 days a week to support patients in accessing coverage.
- Rehabilitative Services resumed Audiology services and is now able to offer procurement and fitting of hearing aids.
- Rehabilitative Services expanded its Physical Therapy services to the Daly City Clinic to offer patients more local options.



Financial Stewardship

- The SMMC Finance Team successfully oversaw the reassignment of 90% of ACE enrollees to SMMC as Medi-Cal assignments, ensuring continuity of care.
- Established regular meetings between Health Plan of San Mateo leadership and SMMC Senior Leadership.
- The Healthcare for the Homeless/Farmworker Health Program was awarded one of 400 national HRSA grants for Behavioral Health Service Expansion
- The Resource Management team has worked to reduce the number of patients on the inpatient units awaiting placement to lower levels of care. They have successfully reduced the number waiting from double digits to an average of 5 or less and there have been a number of days with **no one waiting!**
- The Medical Staff Office supported contracted providers to achieve a 98% completion rate for the 2024 annual Compliance training.
- Skilled Nursing on 1A had no 2024 denials of Long-term care authorization by either the state or the Health Plan of San Mateo.

###



December 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	1,185 (November)	-2.1%	-93.9%
SMMC Emergency Department Visits	3,169 (November)	-9.6%	-6.8%

County Announces Appointment of New Health Chief



Colleen Chawla has been appointed by the Board of Supervisors as the next chief of San Mateo County Health. Chawla comes to the Peninsula from Alameda County Health, where she has served as agency director since 2017. She is expected to start on Feb. 18, 2025, as the leader of a department with 2,200 employees and a \$1.3 billion annual budget.

Chawla traces her interest in health policy and administration to volunteer work more than three decades ago for an AIDS information hotline. “That volunteer position launched a career in health policy and public health, sustained over the years by the things that matter deeply to me – the right to health, equity and justice, and stewardship of the public’s trust,” Chawla said.

Chawla emerged as the top candidate to succeed [Louise Rogers](#), who has served as health chief since 2015. Rogers announced this fall she was retiring after 22 years of holding numerous leadership positions in San Mateo County Health. “I’ve known Colleen for many years,” Rogers said. “We navigated – and weathered – many of the challenges of the pandemic together as Bay Area health directors and she was consistently calm and thoughtful in the face of everything coming our way. She also seems to find grace and a sense of humor as so often is needed. I will retire with great confidence that County Health is in great hands.”

Chawla holds a master’s degree in public administration/health services administration from the University of San Francisco and a bachelor’s degree in history from the University of Southern California. Prior to joining Alameda County, she held several roles during her 13 years at the San Francisco Department of Public Health, including deputy director of health.

Correctional Health Services Program Achieves Milestone

The Acute Stabilization Unit (ASU), a 10-bed psychiatric program for inmates within the Maguire Correctional Facility in Redwood City, has achieved a significant milestone. For the past 8 months, no patients in the ASU have been discharged to Administrative Housing, an isolation unit within the correctional facility. The ASU focuses on the treatment of male and female inmates who are acutely impaired by psychiatric illnesses and/or co-occurring substance use disorders. The vast majority have been deemed a danger to themselves or others (W&I Code 5150) as a result of their mental illnesses. A collaboration among Liberty Healthcare Corporation, the Sheriff's Office, Correctional Health Services and forensic mental health clinicians, the program provides individualized assessment and treatment to help highly acute patients achieve psychiatric stability as soon as clinically appropriate. Since 2018, 18.63% (57) of 306 discharges have been sent to Administrative Housing, with 0 sent over the last 8 months. This downward trend is the result of an increase in available beds in the Behavioral Health Unit and successful response to the treatment provided within the unit.

###