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March 24, 2022

Public Safety and Neighborhood Services Committee, Board of Supervisors

The Honorable Gordon Mar, Chair

The Honorable Catherine Stefani, Member

The Honorable Matt Haney, Member

1 Dr. Carlton B. Goodlett Place

San Francisco, CA 94102

Re: Part 1: Status Update of Chinese Hospital Sub-Acute SNF Beds
Agenda Item #4: Sub-Acute Reporting Requirements

Dear Chair Mar and Members of the Public Safety and Neighborhood Services Committee,

As I have previously and repeatedly testified to the PSNS Committee — and as you are all aware — CPMC halted any new admissions from any and all **non-CPMC** facilities to its sub-acute skilled nursing facility (SNF) then located at St. Luke's Hospital in 2012. That essentially left all non-CPMC hospitals in San Francisco — including SFGH and LHH — without any place in-county to discharge patients who sub-acute SNF level of care for now almost a full decade, forcing San Francisco hospitals and clinics to discharge patients needing sub-acute level of care to out-of-county facilities.

Then in 2017, CPMC stopped admitting even its own patients from other CPMC facility to its St. Luke's sub-acute SNF, and began plans to move the sub-acute SNF from St. Luke's to CPMC's Davies Hospital campus, so even CPMC affiliated hospitals have also had no place in-county to discharge patients needing sub-acute level of care for now going on five years.

Although Barbara Garcia, then-Director of Public Health for San Francisco's Department of Public Health began working in 2017 to identify potential partnerships with other San Francisco private-sector hospitals to open sub-acute SNF beds somewhere in the City, those efforts have stalled and no sub-acute SNF beds have actually opened in county yet. That means that it has now taken five years with zero progress on opening any replacement sub-acute SNF beds.

The Delay Opening 23 Sub-Acute SNF Beds at Chinese Hospital

Now nearly three years have now passed since Supervisor Ahsha Safai introduced a hearing request on June 18, 2019 (Board of Supervisors File #190725) requesting a PSNS hearing on progress of opening sub-acute SNF care beds in our City. The Board of Supervisors held a Committee of the Whole hearing in September 2019, and the PSNS Committee has held three to five hearings on this topic since 2019.

I have previously provided testimony to this Committee, including one e-mail from Chinese Hospital dated January 31, 2020 to DPH's Kelly Hiramoto that revealed that Chinese Hospital's Board of Directors had agreed to host a sub-acute SNF, which I obtained from a public records request to SFDPH.

That e-mail from Paul Ziegele, Chinese Hospital's then-Interim Chief Financial Officer, indicated Chinese Hospital's Board of Directors had met during the week of January 31, 2020 and its Board agreed to continue to explore a partnership with DPH for a subacute unit at Chinese Hospital. Ziegele indicated the basic terms its Board had endorsed included, 1) The sub-acute unit would be separately licensed and operated by an independent subacute provider, 2) Chinese Hospital would lease space to the subacute provider, and 3) Chinese Hospital would need an annual payment of \$1.7 million, in addition to services provided in item #2.

I believe that Supervisor Safai may last have provided an update to the PSNS Committee on the progress of the 23 subacute care beds at Chinese Hospital on September 9, 2021, during which Chinese Hospital's Mr. Ziegele presented to this Committee a commitment from Chinese Hospital Board of Director's an agreement to partner with SFDPH.

Unfortunately, during the six months since last September, we have received no further information about why the 23 SNF beds at Chinese Hospital has been stalled for now two years since January 2020, or what the delay may be in California's Department of Public Health granting Chinese Hospital with a SNF facility license.

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Part 1: Status Update of Chinese Hospital Sub-Acute SNF Beds, Agenda Item #4: Sub-Acute Reporting Requirements

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Is Contract With Chinese Hospital for 23 COVID Surge Beds Delaying Sub-Acute SNF Beds?

I provided oral testimony to the PSNS Committee hearing on March 10, 2022 concerned about whether SFDPH's \$19 million contract extension with Chinese Hospital to provide up to 23 beds for COVID-surge overflow that was recently approved by the Board of Supervisors has potentially delayed Chinese Hospital from using those same 23 SNF beds to open a sub-acute SNF bed unit.

The PSNS Committee needs to obtain an answer to whether the 23 COVID surge beds at Chinese Hospital is in part delaying the opening of a sub-acute SNF facility at Chinese Hospital.

Requested PSNS Action on March 24, 2022

This PSNS Committee should require that both Supervisor Safai and the Department of Public Health provide a status update to your Committee on March 24 regarding:

1. Whether the 23-bed COVID surge contract with Chinese Hospital is delaying opening of a sub-acute SNF unit at Chinese Hospital,
2. Whether the Chinese Hospital COVID-surge bed contract through the end of calendar year 2022 will further delay opening a sub-acute SNF unit at Chinese Hospital until some time in 2023 or later, and
3. What additional locations the San Francisco Department of Health has identified to date — if at all — to open up additional sub-acute SNF beds in-county at other hospital-based facilities in addition to beds at Chinese Hospital to enable opening the 70 to 90 total sub-acute SNF beds DPH has identified as being urgently needed to prevent out-of-county discharges for sub-acute SNF level of care.

As noted, it's been over a decade since hospitals in San Francisco have not had any sub-acute SNF facilities in-county to discharge patients to who need this level of care. DPH and the Board of Supervisors are moving way too slowly on fixing this critical shortage, It is imperative you prioritize solving this urgent issue quickly.

Respectfully submitted,

Patrick Monette-Shaw

Columnist

Westside Observer Newspaper

cc: The Honorable Connie Chan, Supervisor, District 1
The Honorable Aaron Peskin, Supervisor, District 3
The Honorable Dean Preston, Supervisor, District 5
The Honorable Myrna Melgar, Supervisor, District 7
The Honorable Rafael Mandelman, Supervisor, District 8
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Edward Wright, Legislative Aide to Supervisor Gordon Mar
Li Miao Lovett, Legislative Aide to Supervisor Gordon Mar
Alan Wong, Administrative Aide to Supervisor Gordon Mar
Lee Hepner, Legislative Aide to Supervisor Aaron Peskin

From: [VIVIAN IMPERIALE](#)
To: [Mar. Gordon \(BOS\)](#); [Stefani. Catherine \(BOS\)](#); [Haney, Matt \(BOS\)](#); Asha.Safai@sfgov.org; [Ronen, Hillary](#); [Somera, Alisa \(BOS\)](#)
Subject: Public Comment for 3/24 Public Safety & Neighborhood Services Committee
Date: Tuesday, March 22, 2022 7:18:59 PM

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RE: Item 211177 Health Code -- Subacute Reporting Requirements

Hello Honorable Supervisors:

One Thursday agenda item on the Board of Supervisors' Public Safety & Neighborhood Services Committee is a proposal (Safai/Ronen) to have the City track the number of out of county mental health discharges. These have been happening for decades with no accounting. I heard complaints about these placements far too decades ago often when I was President of NAMI SF (National Alliance on Mental illness) and later NAMI California.

Last year San Francisco placed one of my best friends in a South Bay geriatric rehabilitation facility. Since then he has only had a few physical therapy sessions despite the fact he now needs to use a wheelchair and still hasn't been trained to transfer independently. Most other residents have dementia so he has no companions. There is no phone in his room and the facility has no computers to use and no library. He is isolated from society. He lived and worked in SF for years and deserves to receive services here.

Also, he was placed on a conservatorship when he presented as being in a "mental fog" -- as he describes it -- after being on the streets for five years. He is stabilized on meds now and is his old self. The SF County conservator never returns his calls. This is unconscionable. This is a classic example of dumping someone out of county and abandoning them. My friend hesitates to contact Patient Advocates or the Ombudsman for fear of retaliation at the facility.

The proposal to keep records on the number of mental health subacute out of county placements is an important first step. Then we need to advance beyond being in touch with the numbers to being in touch with the people, rather than abandoning them as per the current "out of sight, out of mind" principle.

Thank you for your work to move this forward.

Sincerely,

Vivian Imperiale MA
Board President
Mental Health Association of San Francisco

Patrick Monette-Shaw

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Public Safety and Neighborhood Services Committee, Board of Supervisors

The Honorable Gordon Mar, Chair

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1 Dr. Carlton B. Goodlett Place

San Francisco, CA 94102

Re:

Part 2: What's Still Missing From Data Reporting Ordinance

Agenda Item #4: Sub-Acute Reporting Requirements

Dear Chair Mar and Members of the Public Safety and Neighborhood Services Committee,

First of all, please bear in mind that many families like the Rivera family and the Zhao family — and countless other families facing the same burdens — are counting on this PSNS Committee to complete writing this legislation and advancing it to the full Board of Supervisors for enactment.

Second, I want to personally thank Chair Mar for recognizing that the proposed legislation (Board File # 211177) is woefully inadequate and needs substantial amendments. We all appreciate Mar's leadership on seeking the needed amendments.

Although Supervisor Safai's office has worked with several members of the public on crafting amendments to the out-of-county discharge data reporting Ordinance, the proposed amendments as of Tuesday, March 22 are still insufficient. We are now approaching six months since this legislation was introduced at the Board of Supervisors on November 9, 2021.

This legislation must be prioritized and rapidly fast-tracked.

Five-Year Delay for Legislation to Collect Out-of-County Discharge Data

As you may recall, I first asked this Public Safety and Neighborhood Services on July 23, 2017 in written testimony about the proposed closure of the St. Luke's SNF and its sub-acute SNF to work with the Department of Public Health to introduce legislation to require that all private-sector hospitals track and report out-of-county discharge information, given the severe shortage of several different types of facilities in-county. During the same five years, I've repeatedly testified to the Health Commission urging them to support this legislation.

It has now been almost five years since I first made this "ask," and although some progress is now underway, the legislation still needs additional amendments that remain "*missing in action*."

Dr. Palmer Is Right: What's Missing From Proposed Amendments to the Subacute Reporting Legislation

As you all probably also know, Dr. Teresa Palmer has repeatedly pointed out that the intention of this legislation is to help identify gaps in post-hospitalization care and services in San Francisco. So, it is critically important that this legislation is exceptionally inclusive and broadly construed, in the types of "*Post-Acute Care*" out-of-county destinations that are tracked and reported to the Department of Public Health.

Dr. Palmer, other community healthcare advocates, and I have testified that over the past 20 to 25 years, San Francisco has suffered from the loss of many types and categories of facilities, and the loss of beds in these facilities caused by attrition and the trend of closure of these facilities. Also, it is essential that San Francisco track and document who is getting dumped out of town, to what kind of facilities, and for what level of care (medical vs. nursing, or both), if for no other reason than to plan for what various categories of care is necessary for planning.

The draft amendments we have seen this week do not include several discharge destinations that are extremely important, including both regular Skilled Nursing Facilities (SNF's) and sub-acute SNF's, Residential Care Facilities for the Elderly (RCFE's) — including "Memory Care" facilities — Intermediate Care facilities, licensed Board and Care Facilities, licensed Adult Residential Facilities (ARF's) for younger adults aged 18 to 64, and other types of licensed assisted living

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Part 2: What's Still Missing From Data Reporting Ordinance, Agenda Item #4: Sub-Acute Reporting

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facilities. They all need to be included in the out-of-county discharge destination data that is tracked and reported to San Francisco's Department of Public Health.

As well, discharges from in-county Long Term Acute Care Facilities in San Francisco and discharges to out-of-county Long Term Acute Care Facilities, along with discharges to Long-Term Care Acute Hospitals (LTACH's) and other acute-care general hospitals should be tracked and included in this legislation.

As well, Dr. Palmer has informed Supervisor Safai's staff that even if some expansion of the legislation is involved, the legislation should include discharges from Acute Psychiatric Facilities to both institutional and residential out-of-county post-acute destinations. Even if this information may already be being collected by SF Mental Health, it should not be either difficult to include in an annual report to the Health Commission, nor would it be burdensome to simply repeat. As well, it would be extremely beneficial for both families, community members, policy makers, and legislators to see all of this information presented together.

Please go back to the drawing board and incorporate all of these suggestions in a complete package of amendments.

Respectfully submitted,

Patrick Monette-Shaw

Columnist

Westside Observer Newspaper

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Alan Wong, Administrative Aide to Supervisor Gordon Mar
Lee Hepner, Legislative Aide to Supervisor Aaron Peskin
Teresa Palmer, MD
Benson Nadell, San Francisco Long-Term Ccare Ombudsman
Raquel Rivera
Tony Rivera
Gloria Simpson
Vivian Imperiale

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1 Dr. Carlton B. Goodlett Place

San Francisco, CA 94102

Re: **Agenda Item #4: Subacute Care Reporting Requirements**

Dear Chair Mar and Members of the Public Safety and Neighborhood Services Committee:

We have been advocating for over 3 years for a lasting solution for *hospital-based* sub-acute care in San Francisco. Families are still being pressured to transfer their loved ones out of San Francisco because there are no sub-acute beds available here. It is distressing for a person who requires intensive airway support to be forced to live far away from family and friends.

Yet, in over 3 years, there has been no progress in addition to a pandemic. The pandemic has taken many lives, with the majority requiring ventilators and specialized care as a result of COVID and other complications.

After spending years at St. Luke's, my sister, Sandra, who is developmentally delayed, would have been transferred out of San Francisco, which would have caused disastrous consequences. She is one of the 8 remaining Sub-acute Skilled Nursing patients from the 17 that transferred to CPMC Davies Campus when St. Luke's Hospital closed.

What can San Francisco do to provide additional *hospital-based* sub-acute beds for its residents?

We would like to propose three (3) resolutions through legislation:

1. Require a shared responsibility with all hospitals in San Francisco for permanent sub-acute beds.
2. Require a higher ratio of nursing staff to patients to support the staff in each hospital-based sub-acute unit.
3. Require hospitals to track how many patients are being turned away and/or discharged out of county and the reason.

Let's collaborate and work on these three resolutions together.

Respectfully submitted,

Raquel Rivera

Antonio Rivera

(Siblings of Sandra Rivera, sub-acute patient at Sutter Health CPMC Davies Campus)

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Public Safety and Neighborhood Services Committee, Board of Supervisors

Re: Agenda Item #4: Subacute Care Reporting Requirements

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