

**FAMILY COUNCIL STATEMENT FOR SF HEALTH COMMISSION**  
**HEARING ON SEPTEMBER 5, 2017**

Good afternoon Commissioners. My name is Raquel Rivera and I am the Family Council Coordinator for St. Luke's sub-acute unit. My sister Sandy is a patient there. We would like to thank the Commissioners for allowing the Family Council to make this presentation before you. The families want to start by sharing a video of some patients' critical conditions and needs.

**[VIDEO]**

I would like to point out that Raymond Orello, a sub-acute patient of 9 years at St. Luke's Hospital was transferred in July to another facility in San Jose and we were not able to include him in the video but we were able to visit him. I asked Raymond where was his family and he stated that they are all in the cemetery. He said that he felt pressured to move because the social worker appeared in his room with a priest. She told him the longer you wait, the farther you'll have to go, as far as Sacramento so he felt that he had no choice. He also stated that since the move, his health has deteriorated. He is in a lot of discomfort. Raymond requested to have the same oxygen equipment that he had at St. Luke's which worked better for him because the one he has now makes it difficult for him to breathe or talk. In one incident at the new facility, the tube that provides him oxygen disconnected and fell on the floor and he could not breathe. He was banging on the side of the bed for help and the nurse came and connected his life support back. He was told that if he needs different oxygen equipment, he would have to leave to another facility. He said he no longer has the will to live and he is just waiting to die. Here's an example of transfer trauma.

1. CPMC was inconsistent with their information on the closure, the transfer of patients, and the facilities to choose from.
  - a. For example, we were informed, through a packet, that was either left in the patient's room or mailed that the deadline was October 31<sup>st</sup> which caused anxiety and stress on the patients and their families because it was very short notice and unexpected! No one saw this coming!

- b. Now, we are being told 2 months later AFTER our Family Council meeting that it's a soft date and that patients will continue to be cared for until they find another facility for them.
  - c. We keep hearing about "transition" and reducing transition trauma and provide follow-up. This certainly didn't happen in the case of Raymond Orello. I'm afraid he will die soon.
  - d. The template list of facilities they provided to every family member with different needs had to contact each facility themselves to see if their loved one could be accommodated. Most if not all locations would not take our family members due to either insurance issues or other specific patient needs. Now, the case manager and administrators are stating they will research the facilities. So then why did the social worker contact my mother recently a second time about a location in San Jose for my sister knowing that is too far away! They are still not listening to the families' needs! They are being robotic!
2. CPMC acquired St. Luke's with the sub-acute unit already there. It should have been included in the new hospital plans.
  3. CPMC states that they have no room or beds available for any of the sub-acute patients. They should have put aside those beds in the first place when they made their plans and should be required to do so now.
  4. CPMC does not have an action plan for the sub-acute patients when they decide to close on October 31st. We request that the sub-acute unit at St. Luke's remain open past the deadline as there is no urgent reason to close it on October 31st until a thought out alternative is found.
  5. St. Luke's is the only hospital based sub-acute facility in San Francisco and closing this facility will leave the City and County without the needed services that could determine the difference between life and death of a patient.
  6. Moving these critical patients out of San Francisco will be detrimental to their health with the uncertainty of a new location and skilled

nursing staff. It would leave them extremely medical fragile and stranded in another community many miles away from family and friends. They will die as they will no longer be in their familiar surroundings receiving the same level of care from staff and support from their families.

7. Many of these families live and work in San Francisco and rely on public transportation and the fact that St. Luke's is easily accessible.
8. CEO Warren Browner speaks that it's not about money that it's about no room and no beds. Tell me who made the rule that you need to have 274 of just acute beds? So if it is about the beds, why can't you make it 234 acute and 40 sub-acute and why don't you renew the license to the new hospital? Is it really about no room or is it about profits?
9. St Luke's should set the example for other hospitals and set the trend of providing this needed service to the community. You know how much a big deal that would be. You would be a hero. You keep illustrating that it has been a privilege for our families to stay as long as they have in St Luke's. So why stop now? You have not given the exact reason on why you are closing sub-acute?
10. To Mayor Lee, Board of Supervisors, Dept. of Public Health and the Health Commission: In the beginning, the sub-acute unit was included in the new hospital. Somewhere down the line, a meeting was held behind closed doors that took sub-acute away. That means a change can be done. We ask that you please go back behind closed doors and change it back to include sub-acute patients from the 6<sup>th</sup> floor into the new hospital.
11. Why is the health system of a great city like San Francisco turning its back on its most vulnerable citizens? One of the world's greatest cities should not be sending its most fragile residents into exile because they need extra care.
12. Dr. Birnbaum, who knows our loved ones better than anyone, has testified that they are likely to die if they are moved. For our family members, the planned transfers come with a death sentence.

13. Commissioners, unless you help stop the closure, my sister and all of the other residents will be separated from everyone and everything they care about; their families, their roommates, their surroundings and routines. They will also lose the trusted caregivers who are their lifeline and have to rely on strangers who know nothing about them.

## **SOLUTIONS**

1. The sub-acute needs to be:
  - a. In the City and County of San Francisco.
  - b. The placement is hospital based and with equivalent intensity of care as is now occurring.
  - c. That the site be easily accessible by public transportation.
2. Sutter should be required to renew their license for sub-acute/ skilled nursing to continue until a solution is found. They are choosing not to. The Development Agreement does not state that they cannot continue these services.
3. Sutter should be required to maintain the current level of sub-acute services and plan for future growth in their new hospitals.
4. For the sake of the residents whose lives depend on your actions and their family members, please intervene and ensure that CPMC/Sutter keep St. Luke's sub-acute open.

In conclusion, we respectfully ask the Commission to please consider our loved ones when you enter your vote. You are our last hope. All of the residents and families desperately need you to stand up and stop this injustice. Please stand with us in doing so. Their lives depend on it! Thank you.