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April 14, 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: **Agenda Item #3: Skilled Nursing Care Transfer Reporting Requirements**

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

Because the scope of this proposed legislation requiring the reporting of out-of-county discharge information still remains far too narrow in scope and doesn't capture nearly enough data about the broader amount of out-of-county discharges, I urge the Chairperson of the PSNS Committee to issue an Order to Duplicate this File.

The PSNS Committee should Table further consideration of Legislative Version 2 of this proposed Ordinance, and instead introduce additional amendments to the Duplicated file to expand the scope of data to be reported and collected.

After all, the Hospital Council of Northern and Central California (hereafter referred to as the Hospital Council) should not be restricting the data to be reported by the Council's member hospitals. That's like the fox guarding the henhouse.

As testimony previously submitted to this Committee has noted, "*you can't fix what you don't measure.*" Without expanding the scope of the data to be reported, the Board of Supervisors will be unable to fix multiple out-of-county discharge problems.

It's become quite obvious that the scope of the proposed legislation to require hospitals doing business in San Francisco to report out-of-county discharges to additional types facilities, other than just skilled nursing facilities, has been severely and knowingly constrained by Supervisor Ahsha Safai in consultation with the Hospital Council. Several e-mails obtained from Safai's office in response to a public records request are troubling:

Supervisor Safai's Desire to Keep Legislation Narrowly Focused

At Enclosure 1 is a February 10, 2022 e-mail from Geoffrea Morris, a former Legislative Aide to Supervisor Safai sent to the Department of Public Health and courtesy copied to Supervisor Gordon Mar regarding possible amendments to the *Sub-Acute Reporting Requirements Ordinance* (File #211177). The e-mail clearly indicated that "*Supervisor Safai is more inclined to **keep his legislation narrowly tailored** to only address sub-acute beds and skilled nursing facilities.*"

In other words, since at least February 10, Safai has unilaterally all but ruled out incorporating amendments to expand the data to be collected that community-based public health advocates have been requesting for well over five years.

DPH's False Assertion SNF Patients Are Not Likely to Be Transferred Out-of-County

At Enclosure 2 is a March 18, 2022 e-mail from Sneha Patil, Director of Policy and Planning at San Francisco's Department of Public Health to Supervisor's Safai's Chief of Staff, Bill Barnes, claiming that Kelly H. mentioned "*it is likely **not often someone would be transferred from a SNF to** [sic: an] **out of county facility.***" "Kelly H." is thought to be Kelly Hiramoto.

That's patently ridiculous for several reasons. First, consider the case of Ken Zhao. Media reports revealed Ken had been hospitalized at Laguna Honda Hospital for skilled nursing care. After his medical condition deteriorated, he wound up eventually being discharged out-of-county to Seton Hospital in Daly City.

In addition, Ms. Patil and Ms. Hiramoto — along with Supervisors Safai, Ronen, and Mar — must all surely know that patients at CPMC's sub-acute SNF unit at St. Luke's Hospital were, in fact, transferred to out-of-county facilities when CPMC closed its sub-acute unit at St. Luke's and CPMC moved other patients to Davies Hospital.

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Second, as I have previously documented for the PSNS Committee and the full Board of Supervisors, as of January 31, 2022 SFDPH has provided data about the number of out-of-county discharges, which shows that between July 1, 2006 and April 14, 2021 there has been at least 1,746 out-of-county discharges, about half of which (825) were from a small handful of private-sector hospitals in San Francisco.

Of the remaining 921 patients discharged out of county, 617 (67%) were SFGH patients and 304 (33%) were SNF patients at LHH. To the extent LHH has discharged patients out-of-county, it is more likely than not that Ms. Hiramoto is wrong about whether private-sector SNF's in San Francisco have also had to discharge patients out-of-county. After all, SNF patients whose health may have declined like Mr. Zhao's health declined and who need sub-acute SNF level of care have *not* been admitted to CPMC's sub-acute SNF unit at Davies Hospital and probably also faced out-of-county discharges.

It's not the first time claims made by Hiramoto turned out to be false.

By narrowly tailoring this legislation to exclude reporting by private-sector SNF's, Safai may be shooting himself in the foot and missing collecting data on SNF patients discharged to out-of-county sub-acute SNF facilities, just one example of *not being able to fix what you don't measure*.

Hospital Council Squashes Robust Data Reporting

For over 20 years, San Francisco's Department of Public Health has all too frequently deferred to the Hospital Council — which is essentially a trade association for hospitals. Hospitals pay hefty annual "*membership dues*" to the Council. As I wrote in my December 2017 *Westside Observer* article "*Temporary Reprieve From Exile*," Supervisor Safai has been misled by the Hospital Council (which led the *Post-Acute Care Collaborative*) during a Board of Supervisors "Committee of the Whole" (CoW) hearing on September 12, 2017 about the closure of St. Luke's sub-acute SNF.

The Hospital Council has helped slow-walk opening a replacement sub-acute SNF facility in San Francisco. The Hospital Council and its member hospitals are responsible, in part, for the delay in getting San Francisco's hospitals to jointly fund opening a replacement sub-acute skilled nursing facility (SNF).

At Enclosure 3 is a March 22, 2022 e-mail from Michon A. Coleman, Regional Vice President of the San Francisco-Marin Section of the Hospital Council to Supervisor Safai and his Chief of Staff, Bill Barnes, sent just two days before the PSNS Committee's last hearing on March 24. Coleman claimed "*(1)there is not one, uniform electronic health records [database] systems used across all hospitals, and (2) not every system is built to track the data as currently proposed.*"

Coleman is incorrect. There is not just one database system used by all 14 of the public- and private-sector hospitals located in San Francisco. There are two database systems — Epic and Cerner — as shown in Table 1.

Table 1: Electronic Health Record Systems Used in San Francisco's 14 Hospitals

Hospital Chain / Facility Name		Epic	
		Systems	Other EHR Database
CPMC	Davies	1	Epic
CPMC	Mission Bernal	2	Epic
CPMC	UCSF Benioff Children's SF	3	Epic
CPMC	Van Ness	4	Epic
	SFGH	5	Epic
	LHH	6	Epic
UCSF	University of California San Francisco	7	Epic
UCSF	Nancy Friend Pritzker	8	Epic
UCSF	Langley Porter Psychiatric Institute	9	Epic
	Kaiser Permanente San Francisco	10	Epic
Dignity	St. Mary's	11	Cerner — Millennium
Dignity	St. Francis Memorial Hospital	12	Cerner — Millennium
Dignity	Health McAuley Adolescent Inpatient Unit	13	Cerner — Millennium
	Chinese Hospital	14	Cerner — Community Works

Source: Telephone survey of each hospital conducted by Patrick Monette-Shaw.

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Table 1 illustrates:

- 10 (71.4%) of the 14 hospitals use the Epic EHR system from Epic Corporation.
- 4 (28.6%) of the 14 hospitals use the Cerner's EHR systems.

Coleman doesn't seem to realize that a properly written "cross-tab" database query — which could easily produce data showing the number of out-of-county discharges from each hospital to a wide range of types of facilities, including to RCFE's, ARF's, LTCAH's, other acute hospitals, SNF's, sub-acute SNF's, and other types of facilities — could be shared with and used by all 10 of the hospitals using the Epic EHR database. It's thought the Cerner EHR packages are also able to use "cross-tab" queries to generate similar detailed data on the broader types of facilities patients are discharged to. Therefore, Coleman is incorrect in asserting both of the two EHR systems may not track the data. That's hogwash!

Coleman also raised a straw man argument that is essentially a red herring: Coleman asserted that the data needs to be "streamlined" to provide the data "efficiently," and reporting the data must be "balanced against the operational capacity of [the reporting] hospitals." That, too, is hogwash: Once a properly-written "cross-tab" database query is developed, having to run the query periodically or annually should not affect routine operations of any of the hospitals, and would not be burdensome on any of the reporting hospitals to do so.

Clearly, the intention of this legislation is to help identify gaps in post-hospitalization care and services in San Francisco. So, it remains critically important that this legislation must be exceptionally inclusive and broadly — not narrowly — construed, in the types of out-of-county facilities patients are discharged to that are tracked and reported to the Department of Public Health.

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 San Franciscans.

Please add additional amendments to expand the types of out-of-county facilities patients are discharged to in a Duplicated File, and table any further consideration of Legislation Version #2 as currently narrowly written. Otherwise, this legislation and the Board of Supervisors will not be able to fix what is ***not*** measured and collected.

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
The Honorable Hillary Ronen, Supervisor, District 9
The Honorable Shamann Walton, Supervisor, District 10
The Honorable Ahsha Safai, Supervisor, District 11
Angela Calvillo, Clerk of the Board
Alisa Somera, Clerk of the Public Safety and Neighborhood Services Committee
Daisy Quan, Legislative Aide to Supervisor Gordon Mar
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

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Enclosure 1: Supervisor Safai Is Inclined to Keep Legislation Narrowly Tailored February 10, 2022

From: Morris, Geoffrea (BOS) <geoffrea.morris@sfgov.org>

Sent: Thursday, February 10, 2022 4:14 PM

To: Validzic, Ana (DPH) <ana.validzic@sfdph.org>; Hiramoto, Kelly (DPH) <kelly.hiramoto@sfdph.org>

Cc: Mar, Gordon (BOS) <gordon.mar@sfgov.org>; Wong, Alan (BOS) <alan.wong1@sfgov.org>; Chung, Lauren (BOS) <lauren.l.chung@sfgov.org>; Jones, Ernest (BOS) <ernest.e.jones@sfgov.org>; Berenson, Samuel (BOS) <sam.berenson@sfgov.org>; Safai, Ahsha (BOS) <ahsha.safai@sfgov.org>

Subject: Mar and Safai meeting with DPH

Hello All,

Supervisor Safai and Supervisor Mar recently discussed possible amendments to Supervisor Safai's sub-acute ordinance.

Supervisor Safai wants to schedule a meeting with public health to see the department's position on expanding the ordinance to include other areas of hospital discharge and additional data points. **Supervisor Safai is more inclined to keep his legislation narrowly tailored to only address sub-acute beds and skilled nursing facilities.**

However, Supervisor Safai has told Supervisor Mar that he is open to further discussing possible amendments. In efforts to come to a consensus, Supervisor Safai wants both offices to have a meeting with Department of Public Health. Since Supervisor Safai and Supervisor Mar both sit on Budget, they cannot attend a DPH discussion together unless the meeting is publicly noticed.

As a result, my colleague, Sam Berenson, the Supervisor's scheduler, will schedule two meetings with DPH. One with Supervisor Mar and with a Safai staffer in attendance and one with Supervisor Safai with a Mar staffer in attendance. After these two meetings are held, then the two staffers can work with one another to reach a compromise on this legislation.

In conclusion, Sam will work with Alan Wong on Supervisor Mar's team to find a time that fits with Supervisor Mar's schedule and then Sam will send an email to DPH with times for the two potential meetings to occur and what staffer will be attending what meeting.

Thanks in Advance,
Geoffrea (Jah-free-ah)

General Description of the legislation in question

File # 211177

[Health Code - Subacute Care Reporting Requirements]

Sponsors: Safai; Ronen

Ordinance amending the Health Code to require general acute care hospitals in the City to report annually to the Department of Public Health the number of, and certain demographic information regarding, patients transferred to a health facility outside of the City to receive subacute skilled nursing care and patients who qualify for subacute skilled nursing care but are not transferred to a health facility outside of the City.

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Enclosure 2: DPH E-Mail to Bill Barnes March 18, 2022

From: Patil, Sneha (DPH)
To: Barnes Bill (BOS)
Subject: Re: Checking in on subacute care
Date: Friday, March 18, 2022 1:29:42 PM

Hey Bill,

I just tried you but am going to be out of the office the rest of the afternoon. Can we check-in Monday AM? Henry shared that you approved to move the deadline to October, thank you!

I am still **concerned about the private for-profit SNF reporting** because 1) we don't have relationships with them or any legal authority over them which means they are very unlikely to comply with the ordinance
2) **Kelly H. mentioned** that it is likely **not often someone would be transferred from a SNF to out of county facility**.

Hope we can check-in in Monday to talk further.

Thank you!

Sneha Patil, MPH
Director, Office of Policy and Planning
San Francisco Department of Public Health
sneha.patil@sfdph.org | 415-554-2795

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Enclosure 3: Hospital Council E-mail to Supervisor Safai March 22, 2022

From: Michon Coleman <mcoleman@hospitalcouncil.org>
Sent: Tuesday, March 22, 2022 5:19 PM
To: Safai, Ahsha (BOS) <ahsha.safai@sfgov.org>
Cc: Barnes, Bill (BOS) <bill.barnes@sfgov.org>
Subject: Hospital Council | File No. 211177 (Health Code: Subacute Care Reporting Requirements)

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Supervisor Safai:

I write on behalf of the Hospital Council regarding File No. 211177 (Health Code: Subacute Care Reporting Requirements).

Our hospitals understand the overarching desire to assess the need for subacute and other skilled nursing care in San Francisco, with the goal of ensuring residents have access to that level of care within the county. Collectively, our members want to work in partnership to provide data that will meaningfully inform these inquiries and decisions.

Over the past several months hospital teams have appreciated the opportunity to meet with DPH staff to discuss this scope of this legislation. These conversations are similar and often related to data requests stemming from the current study of subacute care in San Francisco. As hospitals attempt to report these data some challenges have emerged primarily related to the ability and ease of culling the data. While it is true that hospitals utilize electronic health records, there are two important considerations: **(1) there is not one, uniform electronic health record system used across all hospitals; and (2) not every system is built to track the data as currently proposed.** These are factors that should be considered when exploring and determining the feasibility of reporting requirements.

Although we are turning the page on the COVID pandemic, San Francisco's hospitals continue to deliver care and stay prepared for future surges while faced with drastically reduced staffing. With these scarce human resources top of mind, we appreciate exploring ways to report data that are streamlined and can be provided efficiently. We believe further discussion can **yield strategies to meet the county's data needs balanced against the operational capacity of hospitals.**

For these reasons, we would ask that you consider allowing more time for the good faith conversations between hospitals and DPH teams to continue. Our understanding is that the amendments offered at this Thursday's meeting are substantive, therefore extending this item at least to the next hearing. We would appreciate the opportunity to connect with you in the interim to share our perspective.

Please always feel welcomed to be in touch directly if I can provide some additional context or information in advance of the hearing.

Thank you,
Michonne

Michon A. Coleman
Regional Vice President | San Francisco-Marin Section

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