

January 14, 2022

To: Public Safety and Neighborhood Services Committee-Hearing Jan 27, 10 a.m.

c/o Clerk: Alisa Somera

Email: [Alisa.Somera@sfgov.org](mailto:Alisa.Somera@sfgov.org)

cc: Supervisors Safai and Ronen

**MS. SOMERA:**

**Please put in**

**Legislative File for:**

**ile #:**

**211177**

**Name:**

Health Code -  
Subacute Care  
Reporting  
Requirements

**Title:**

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.

**Sponsors:**

[Ahsha Safai](#), [Hillary Ronen](#)

**We need an ordinance assuring that SFBOS will receive regular reports about how many San Francisco residents are involuntarily discharged out of county from acute hospitals and acute psychiatric facilities due to lack of services in San Francisco.**

This is an evidence based way of looking at the gaps in services and improving city-wide health planning. This information is easy to collect with modern hospital electronics records systems. SFDPH in past attempts was not able to get voluntary co-operation from some private hospitals, and has been less than co-operative in offering that information on a regular basis from ZSFGH with FOI requests.

Supervisors Safai and Ronen are commendably putting an ordinance about tracking out of county discharges from acute hospitals to Subacute Skilled Nursing Facility care. (These are ventilator dependent or high maintenance tracheostomy dependent people who need long term care. These facilities are for the medically complex people and are distinct from Subacute Psychiatric facilities).

CPMC/Sutter closed the last Subacute SNF facility in the city (at St. Luke's) in 2018 after stopping all new admissions for at least a year before that-so all new candidates for Subacute SNF care must leave the city and county.

However Subacute SNF hospital discharges are less than 1% of total hospital discharges. **What about other folks who are transferred away from their community and support system due to lack of adequate post-discharge/post acute services here in San Francisco?**

**Supervisors Mar, Stefani and Haney: please speak to this on December 27. We need to do this right.**

**Thank you,** Teresa Palmer M.D.

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## Patrick Monette-Shaw

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February 9, 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

### **Agenda Item #1, Board File 211177: Subacute Care Reporting Requirements**

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

On November 9, 2021 Supervisor Ahsha Safai's introduced a draft Ordinance to require public- and private-sector hospitals operating in San Francisco report a limited amount of data about out-of-county discharges, but only for patients being discharged out-of-county who need sub-acute level of care.

While Safai's draft legislation may be a commendable and long-overdue first effort, it's woefully inadequate as currently written and introduced. And his legislation totally ignored previous testimony from community- and healthcare-advocates about what the legislation should include.

Along with other health care advocates including Dr. Palmer and others, I have been requesting this legislation since at least 2018. Indeed, for the Board of Supervisors PSNS Committee hearing on September 26, 2019, testimony was presented for agenda item #4 titled "*Hearing - Sub-Acute Care in San Francisco*" [File #190725].

For instance, *San Franciscans for Healthcare, Housing, Jobs and Justice* (SFHHJJ, or alternatively H2J2) submitted [written testimony](#) to the PSNS Committee dated June 18, 2019 urging that the Health Commission and Board of Supervisors:

*"Direct the Department of Public Health to collect to the maximum extent feasible from all acute care hospitals and SNF facilities located within San Francisco comprehensive and specific data and information, for the past three years and prospectively, about all San Francisco residents who have been discharged to out-of-county facilities to receive SNF, Subacute SNF care, or RCFE care; to support the enactment of legislation by the Board of Supervisors to mandate all acute care hospitals and SNF facilities in San Francisco to provide such data and information; to prepare and publicly publish, within four months a written report covering all such data and information collected ...".*

Of note, H2J2 specifically requested that SFDPH collect from all acute care hospitals and all SNF's, and obtain data for the previous three to five years to provide historical context about just how severe the out-of-county discharge problem is.

We need an ordinance assuring that SFBOS will receive regular reports about how many San Francisco residents are discharged out of county from acute hospitals and acute psychiatric facilities due to the lack of services and severe lack of appropriate facilities in San Francisco.

The importance of collecting out-of-county discharge data goes way beyond Safai's single focus on the issue of just requiring data reporting about the number of patients discharged out-of-county who need sub-acute SNF level of care. How can we know if we are properly planning to care for the longer term physical and mental health issues of our senior citizens and people with disabilities if we have no idea who — and how many people — are getting dumped out of county for sub-acute SNF, psychiatric, and all other types of long term care? This is an interest that seniors, disability, and mental health advocates all agree on.

This proposed legislation would go a long way toward helping collect evidence-based data for looking at the gaps in services, improving citywide healthcare planning, and help identify the types of in-county facilities that are in severely short supply to assist in finding sources of funding to build out additional in-county capacity. It would also go a long way towards helping City officials craft San Francisco's *Health Care Master Services Plan*, which identifies current and

projected needs for *health care* services for *San Franciscans*, with a focus on vulnerable populations.

Dr. Palmer has testified this information is easy to collect with modern hospital electronic healthcare records systems. She notes SFPDPH's past attempts were unable to get voluntary cooperation on reporting out-of-county discharge data from private-sector hospitals, even though those hospitals have state-of-the-art EHR systems that could be easily mined to collect and report the data. Indeed, given SOTF's ruling DPH has refused to provide out-of-county discharge data for now two full years illustrates that SFPDPH, itself, has been less than cooperative providing FOIA-requested information on a regular basis of SFGH's own out-of-county discharge data.

CPMC/Sutter closed the last remaining sub-acute SNF facility in the city at St. Luke's Hospital in 2018 after stopping all new admissions from only its affiliate CPMC hospital chain for at least a year before then, so all new patients — even from CPMC's affiliate hospitals who need sub-acute SNF level of care — were forced to leave the City and County of San Francisco for at least the past four years. But it's much worse than that, because CPMC stopped admitting patients from any other San Francisco hospital way back in 2012.

That means it has now been a full decade since patients needing sub-acute SNF level of care have endured being *dumped* out-of-county. No other county in California has *zero* in-county sub-acute facility capacity in their jurisdictions, as San Francisco now has.

And four years after CPMC shut down any new admissions to its temporary replacement sub-acute SNF moved to CPMC's Davies Hospital campus, San Francisco has still not identified and opened yet any of the 70- to 90-projected sub-acute SNF beds anywhere else in the City that DPH has documented to the Board of Supervisors the City desperately needs. Efforts to open any new sub-acute SNF beds in San Francisco have stalled for four years, since former-Director of Public Health Barbara Garcia — who had been working to solve the problem — was unceremoniously fired.

## **Recommended Amendments to the Legislation**

As Dr. Palmer recently testified to the PSNS Committee, hospital discharges to sub-acute SNF facilities “*are less than 1% of total hospital discharges.*” Obviously, Safai's first draft of a proposed Ordinance requiring hospitals to report data only on the number of discharges to out-of-county facilities to receive sub-acute level of care is going to miss the vast universe of discharges to facilities that provide levels of healthcare *other than* sub-acute SNF care. The legislation should **not** apply only to patients needing sub-acute care.

Safai's legislation must be vastly amended — or replaced entirely with a revised Ordinance containing a much broader scope — while the Board of Supervisors has this long-overdue opportunity to do so.

Particular recommendations include, but are not limited to:

- **Require Data Reporting Focus on San Franciscans:** Safai's first draft requested stratifying the number of patients facing transfer out-of-county for sub-acute SNF level of care for both city residents and non-city residents. That stratification — which is rightfully important, and might help illuminate regional needs and trends particularly for out-of-county patients admitted to San Francisco's only Level 1 Trauma Center at SFGH — should focus primarily on San Francisco residents facing out-of-county disenfranchisement and displacement from their surrounding neighborhoods. The data to be collected should focus only on San Francisco residents at the time of their hospital, or other facility, admission. Filtering for only San Franciscans is thought to be accomplished easily.
- **Expand Facilities That Will Be Required to Report Data:** Safai's first draft required only “*general acute-care hospitals*” report out-of-county discharge data to San Francisco's Department of Public Health. That must be broadened to require all public- and private sector acute-care medical hospitals (including UCSF and Benioff Children's Hospital), acute psychiatric hospitals, Long-Term Care Acute Hospitals (LTACHs) like Kentfield on St. Mary's Hospital campus (think Ken Zhao, who Kentfield discharged out-of-county), and hospital-based skilled nursing facilities (LHH and the Jewish Home) report the same data.

- **Expand the Types of Facilities Patients Are Discharged To:** Safai's first draft required San Francisco facilities collect and report data on patients discharged out-of-county *only* for those who are discharged for sub-acute SNF level of care, and failed to stratify the types of care to be provided.

Aggregate data must be reported on 1) The **types of facilities** patients are discharged to [including to other acute care facilities, long-term care acute hospitals, skilled nursing facilities (SNF), sub-acute skilled nursing units (sub-acute SNF), Residential Care Facilities for the elderly (RCFE's), other types of assisted living facilities, etc.]; 2) The **type and level of care to be provided** out-of-county (acute medical care vs. skilled nursing care, psychiatric care, custodial care, etc.); 3) The **number of patients discharged to each named facility** (aggregating data on the names of each facility); and 4) The **name of the City** patients are discharged to — all to identify trends.

- **Change “Request Data Reporting” to “Require Data Reporting”:** Safai's first draft stipulated SFDPH would have to *request* the data annually from the reporting hospitals. That must be changed to require the reporting hospitals and facilities to provide the data annually, without DPH having to request annually that the reporting hospitals do so.
- **Require Data Mining from Hospital's Electronic Healthcare Records (EHR) Databases:** Given that hospitals are required to have robust electronic healthcare database as part of federal requirements for Medicare and Medicaid billing reimbursement, the legislation should direct all hospitals provide this data by “data mining” from their Electronic Healthcare Records (EHR) database systems such as “Epic,” and Epic's “*Care Everywhere*” module that is widely used by hospitals across California and also used by SFDPH. Several hospitals in San Francisco also use Epic as their EHR database.
- **Require Annual Health Commission Public Hearings:** Although Supervisor Safai's first draft of this legislation stated DPH will have to deliver a written report to the Public Health Commission, there is no language clearly requiring the Health Commission hold a public hearing. There's also no requirement SFDPH or the Health Commission submit the data to the Board of Supervisors, as other legislation has done in the past. For instance, then-District 7 Supervisor Sean Elsbernd managed to pass a Board of Supervisors Ordinance requiring LHH to submit detailed quarterly and annual reports to the Board of Supervisors on the number of Laguna Honda Hospital admissions, discharges, and other patient demographic and outcome data to the Board of Supervisors, which was required and produced for over eight years.
- **Require Annual Board of Supervisors Public Hearings:** Safai's first draft of this legislation did not include — or bother to even mention — requiring the Board of Supervisors or its Public Safety and Neighborhood Services Committee to hold a public hearing on the out-of-county data collected to help identify and document the severe shortage of various types of in-county facilities available in San Francisco in order to assist with identifying potential sources of funding to build out additional capacity of facilities in-county.
- **Specified Reports Format:** Safai's first draft asserted the Director of Public Health could issue rules or guidelines regarding the amount of information and the format of the reports Hospitals would be required to report to DPH and the Health Commission. That provision must be struck out entirely, replaced with mandated report elements each hospital or other reporting facility is required to report.
- **Retrospective Data:** Despite many healthcare advocates' assertions for at least the past four years that data to be collected for previous years retrospectively to help identify trends, Safai's legislation ignored those advocates and requires nothing in the way of collecting retrospective data. That, too, must be corrected.
- **Create a “Certificates of Preference” Repatriation Program:** Safai's first draft of this legislation did not include creating a *Certificates of Preference* program to expatriate San Francisco residents involuntarily discharged out-of-county, so they have preference for being returned to San Francisco as additional facility capacity becomes available in-county.

Please incorporate these recommendations into this proposed Ordinance, either via substantial amendments or by introducing a completely revised replacement Ordinance.

Respectfully submitted,

February 9, 2022

**Agenda Item #1, Board File 211177: Subacute Care Reporting Requirements**

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**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  
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