August 15, 2017

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SFHHJJ Proposals for Action by Public Health Commission regarding the Loss and Demise of Post-Acute Care Beds in San Francisco

- 1. Issue a finding that Sutter/CPMC's proposed shutdown of SNF sub-acute care beds at St. Luke's is detrimental to the public health of San Franciscans.
- 2. Issue a resolution or statement that there now is a crisis in the availability of SNF subacute care beds within the City and County of San Francisco and the San Francisco Bay Area, which will worsen in the next several years.
- 3. Issue a resolution or statement that Sutter/CPMC not reduce the medical personnel and other resources needed to maintain the number of staffed SNF beds in the Sub-Acute Care Unit at St. Luke's as of August 1, 2017, until there is available the same number of beds at an equivalent level of staffing and resource support elsewhere within the City and County of San Francisco.
- 4. Direct the Department of Public Health to prepare within two months a report identifying all beds in San Francisco hospitals that are licensed or could be re-licensed for use as SNF beds or "swing" beds for sub-acute care patients.
- 5. Direct the Department of Public Health to take actions to develop both short-term and long-term solutions for insuring a sufficient number and range of post-acute care beds and facilities within the City and County of San Francisco for San Francisco residents discharged from San Francisco hospitals.
- 6. Direct the Department of Public Health to analyze and include as proposed solutions to the insufficient number and range of post-acute care beds and facilities the following along with other options:
 - a. Cooperation agreements among private and public hospitals to operate and fund jointly SNF sub-acute care beds and facilities within the City and County of San Francisco;
 - b. The enactment of local legislation requiring the imposition of fines whenever a private hospital or healthcare facility removes a SNF bed from service without guaranteeing beforehand the availability of a similarly staffed bed elsewhere within the City and County of San Francisco.

The Loss and Demise of Post-Acute Care Beds in San Francisco

The problem:

- **Short-term:** CPMC Sutter plans to close St. Luke's Skilled Nursing Unit in October 2017, resulting in the closure of 79 post-acute beds, including 40 sub-acute beds, in San Francisco County. Closing this unit will make San Francisco County the only county in California to have no sub-acute beds.
- **Bigger picture:** San Francisco has a shortage of post-acute care beds, including skilled nursing and sub-acute beds. As a result, patients that require post-acute care wait in acute care hospitals for beds in San Francisco to open up and/or be sent to facilities outside of San Francisco County.

Definitions of care levels:

- **Post-acute:** a range of medical services that support an individual's continued recovery from illness after a stay in an acute care hospital
- **Skilled nursing:** accommodates needs such as physical or occupational therapy, wound care and intravenous therapy, and assistance with activities of daily living (bathing, eating, dressing, toilet hygiene)
- **Sub-acute:** a category of skilled nursing for medically fragile patients with needs such as ventilator care, complex wound management, and tube feeding

The facts:

- The number of licensed skilled nursing beds, including sub-acute beds, in San Francisco decreased from 3,502 in 2003 to 2,542 in 2013. Not all licensed beds are staffed so the number of available beds is even lower.
- There are only 40 sub-acute beds in San Francisco, all of which are at St. Luke's. Most other California counties have more sub-acute beds. For example, Los Angeles County has 2,193 sub-acute beds, 55 times as many as SF despite having just 9.6 times as many discharges as SF.
- The number and percent of total discharges from San Francisco hospitals to SNFs decreased between 2013 and 2016 by 759 and 0.8%, respectively.



• A smaller proportion of patients discharged from hospitals in San Francisco in 2016 went to SNFs compared to the rest of the state (6.8% versus 8.8%). It is unclear how 'many of these SNFs were located in San Francisco.

DISPOSITION	Statewide	San Francisco
Routine (home)	70.8%	68.9%
Home health services	10.4%	12.9%
Acute care hospital	2.3%	3.1%
Skilled Nursing Facility	8.8%	6.8%
Residential care	0.4%	0.7%
Critical Access Hospital	0.0%	0.0%
Inpatient rehab	0.9%	1.2%
Other*	6.3%	6.3%

*Other includes prison/jail, against medical advice, cancer center, hospice care, psychiatric care, disaster care site, and died.

 Many patients who are discharged to sub-acute care or SNF spend a long time in the hospital prior to discharge. The following table shows the length of stay (LOS) for patients discharged from UCSF hospital to sub-acute care and SNF between 2012 and 2016. This single hospital example points to the additional acute care hospital resource and cost consequences when there are delays in transferring dischargeable patients to appropriate post-acute care facilities.

LOS (days)	Sub-acute care	SNF
<10	38%	62%
10 to 19	26%	23%
20 to 29	12%	8%
30 to 49	12%	4%
50 to 99	7%	2%
100 to 149	4%	0%
150 to 199	0%	0%
> = 200	1%	0%

This Fact Sheet was prepared for SFHHJJ by Dr. Grace Hunter, an Internal Medicine resident at UCSF. The tables are based on data internal to UCSF or from California's Office of State Health Planning and Development (OSHPD).