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September 4, 2017

San Francisco Public Health Commission

Edward A. Chow, President
 David Pating, M.D., Vice President
 Dan Bernal, Commissioner
 Cecilia Chung, Commissioner

Judith Karshmer, Ph.D., Commissioner
 James Loyce, Jr., Commissioner
 David. J. Sanchez, Jr., Ph.D., Commissioner

101 Grove Street

San Francisco, CA 94102 Re: **Prop. Q Hearing 9/5/17 on Closure of St. Luke's Hospital's SNF and Sub-Acute Units**

Dear President Chow and Members of the Health Commission,

Since the Health Commission's August 15, 2017 Prop. Q hearing on the closure of St. Luke's Hospital's sub-acute and SNF units, the Department of Public Health has kindly provided me with updated data, which corrects my previous testimony to you submitted on August 14 that between LHH and SFGH only 291 patients were dumped out-of-county from our two public hospitals.

541 Out-of-County Discharges ... and Counting

DPH's updated data shown in Figure 1 shows there have been at least 541 such out-of-county discharges. The number discharged out of county from SFGH is likely to be higher, because the data for FY 12-13 and FY 13-14 appear to be outliers. DPH is checking those two years again, because the number of SFGH out-of-county discharges for all other years averaged 47.7 discharges in each other year. I suspect the total may climb by an additional 100.

Previous Health Commission "Prop. Q" Hearings History

The Health Commission's previous Prop. Q hearings have been, largely, ineffective for a number of years. *This Commission must vastly strengthen its proposed Resolution regarding the St. Luke's closure of its sub-acute and SNF units, and quickly! While the revised Resolution is much stronger than the August 15 draft Resolution, it still needs to be strengthened!*

This Commission must vastly strengthen its proposed Resolution regarding the St. Luke's closure of its sub-acute and SNF units, and quickly! While the revised Resolution is much stronger than the August 15 draft Resolution, it still needs to be strengthened!

Table 2: Sad History of Past Health Commission Prop. Q Hearings

Date Adopted	H.C. Resolution Number	Corporation	Facility / Purpose of Prop. Q Hearing	"Where-as Clauses" Included (Among Others):	Number of Beds	Health Commission Secretary	Detrimental Impact?
4/4/1995	10-95	Sutter Health	Transfer of SNF beds and acute rehabilitation at CPMC's Garden Campus unit and SNF unit at CPMC's California campus to be leased to the Guardian Foundation under the Guardian Foundation's own license.	<ul style="list-style-type: none"> Creation of new Alzheimer's residential care program Extended HIV convalescent and hospice patients Expanded service for long-term Medi-Cal patients 	?	Sandy Ouye Mori	No
11/13/2007	14-07	Dignity Health	St. Francis Memorial Hospital SNF	<ul style="list-style-type: none"> St. Francis has been referring SNF patients to St. Mary's Secured "bed hold" contract with Kindred Healthcare 	34	Michelle Seaton	Yes
7/15/2014	14-8 ²	Sutter Health	Closure of 24 CPMC SNF beds at California Campus; transferred 18 to St. Luke's and 3 to Davies Campus	<ul style="list-style-type: none"> See Resolved statement¹ Reduced CPMC's 212 licensed SNF beds Reduced CPMC's 98 staffed beds to 75 (loss of 24 beds) 	24	Mark Morewitz	Yes
5/19/2015	15-8	Dignity Health	St. Mary's Hospital Short-Term SNF Beds	<ul style="list-style-type: none"> "While institutional post-acute care continues to decrease, the availability of community-based post-acute care will need to rise to maintain the capacity to care for the population; ..." See Resolved statement³ 	32	Mark Morewitz	Commission Waffled No Ruling

Total SNF Beds Lost: **90**

¹ **Resolved**, that the plans made for discharge of St. Francis Memorial Hospital patients may not provide the same standard of care, and **may result in unintended readmissions** of patients who need a higher level of care; ...

² Starting in July 2014, the Health Commission reversed its numbering scheme to include the calendar year first, followed by the Resolution number issued in a given year.

³ **Resolved**, **The closure of short-term SNF beds without ensuring an appropriate level of post-acute care services available may result in short-term skilled nursing needs of the community not being met** (in lieu of ruling with an up-or-down vote of "will" or "will not" have detrimental impact).

Source: San Francisco Health Commission; blue rows are Health Commission Resolutions provided under a records request placed July 29, 2014 for all Prop. Q hearings prior to July 2014 dating back to 2002. No additional Prop Q. hearing Resolutions were located by the Health Commission's secretary other than the two shown.

Table 1: Public Hospital's Out-of-County Discharges, FY 2012-2013 — FY 2016-2017

Fiscal Year	Laguna Honda Hospital	SFGH ¹	Private-Sector Hospitals	Total
1 FY06-07	35	?	?	35
2 FY07-08	36	?	?	36
3 FY08-09	14	?	?	14
4 FY09-10	18	27	?	45
5 FY10-11	6	54	?	60
6 FY11-12	19	41	?	60
7 FY12-13	26	7	?	33
8 FY13-14	28	1	?	29
9 FY14-15	25	68	?	93
10 FY15-16	20	56	?	76
11 FY16-17	20	40	?	60
Total²	247	294	?	541

¹ San Francisco residents discharged from SFGH but not admitted to LHH. Data prior to FY 09-10 for SFGH unavailable; not tracked electronically. Subject to change, since years 7 and 8 appear to be outliers that are being re-checked.

² Data excludes out-of-county patient diversions prior to hospitalization via the Diversion and Community Integration Program (DCIP), and "Transitions" and successor programs, and excludes out-of-county placements chosen by families due to a lack of appropriate level of care beds in San Francisco.

Source: San Francisco Department of Public Health responses to records requests.
 Updated: **August 25, 2017**

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Table 2 above summarizes a portion of an article I wrote in June 2015 — “*Detrimental Skilled Nursing Facility Cuts* — following the Health Commission’s Prop. Q hearing on the proposed closure of St. Mary’s SNF unit. Just four Prop. Q hearings have been held since 1995. How did we lose so many private-sector hospital-based SNF beds without Prop. Q hearings?

According to the Health Commission’s Executive Secretary, the Commission appears to have only held four Prop. Q hearings during the past 22 years since 1995. It’s not known how many Prop. Q hearings the Commission may have held in the seven years between 1988 and 1995, if any.

Nearly three decades have passed since voters passed Prop. Q in 1988 and this Commission has held just four Prop. Q hearings during that time.

“ This Health Commission ruled three years ago that closure of CPMC’s SNF unit at its California Campus **had caused a detrimental impact. You must do so again regarding the closure of CPMC’s St. Luke’s sub-acute and SNF units. ”**

Recommended Edits to Health Commission’s Proposed Prop. Q Resolution on St. Luke’s SNF Closure

This Commission ruled three years ago in your Resolution #14-8 on July 15, 2015 that CPMC’s SNF unit closure at its California Campus **had** caused a detrimental impact. This Commission must do so again regarding the closure of CPMC’s St. Luke’s sub-acute and SNF units.

The Health Commission should amend its proposed Resolution on the closure of St. Luke’s services by including:

Additional “Whereas” Clauses:

- WHEREAS, During the initial Prop. Q hearing on May 5, 2015 regarding the closure of St. Mary’s SNF beds, the Health Commission’s meeting minutes report Health Commissioner Cecilia Chung had asked whether discharges to out-of-county SNF’s are common due to a lack of SNF beds in San Francisco, but didn’t receive a straight answer; clearly understanding the scope of out-of-county discharge data could help inform in-county, community-based post-acute care planning; and
- WHEREAS, At least 541 patients have been discharged out-of-county from just San Francisco’s two public hospitals alone since July 1, 2006, and the number of additional patients discharged out-of-county from private-sector hospitals has not been reported; and
- WHEREAS, The City can not make informed legislative healthcare policy decisions in the absence of knowing just how many private-sector out-of-county discharges there has been since 2006; and
- WHEREAS, Out-of-county discharges of San Francisco residents deprives our citizens from being able to remain in their local communities close to family members, friends, and caregivers, and violates the core principles of aging with dignity and the promise of community-based integration in-county ; and
- WHEREAS, There is a known risk of “transfer trauma” to patients that may increase the incidence of morbidity and mortality, along with re-admissions to acute-care hospitals, to patients unceremoniously transferred out-of-county; and
- WHEREAS, Health Commission Resolution 15-8 adopted on May 19, 2015 directed the Department of Public Health to work with city agencies, hospitals, and community providers to research skilled nursing and post-acute care needs by creating the San Francisco Post-Acute Care Project work group; and whereas San Francisco Sunshine Ordinance §67.3(d)(4) defines *Policy Body* as “Any advisory board, commission, committee or body, created by the initiative of a policy body,” the PACC (as an advisory committee, or minimally as a “Passive Meeting Body) should publicly notice and open its PACC meetings to members of the public to improve public accountability and transparency as the Mayor’s LTCCC does; and
- WHEREAS, Then-Mayor Gavin Newsom created a 41-member Long-Term Care Coordinating Council (LTCCC) in November 2004, which was charged with facilitating improved coordination of home, community-based, and institutional services for older adults and adults with disabilities, and was further charged with guiding the development of long-term care services, including in institutional settings such as SNF’s; and

- WHEREAS, On June 11, 2009, the LTCCC passed a resolution calling for citywide health planning for acute care, post-acute care, rehabilitation services, and transitional care, but pointedly eliminated calling for planning for SNF level of care, an obvious planning need, by eliminating from its final resolution a finding in its June 3, 2009 draft resolution that CPMC's plans "will have a significant and negative impact on the overall availability" of SNF beds for vulnerable adults; and
- WHEREAS, Sub-acute patients deserve to be located in a hospital-based facility with ready access to an ICU; and
- WHEREAS, This Health Commission is concerned not only about the current patients in St. Luke's SNF and sub-acute units, but is also concerned about the SNF and sub-acute capacity in-county for future generations of San Franciscans; and
- WHEREAS, On November 13, 2007 this Health Commission adopted Resolution 14-7 regarding the closure of St. Francis Memorial Hospital's SNF unit, expressing our concern that patients may be discharged to facilities that may not provide the same standard of care, and *that* may result in unintended re-admission of patients to acute-care hospitals who need a higher level of care, an ongoing concern of this Commission; and
- WHEREAS, It has been 40 years since the San Francisco Section of the Hospital Council of Northern and Central California's West Bay Hospital Conference published its report "*San Francisco Nursing Facility Bed Study: Comprehensive Report Summary*" in May 1997, which has not been updated since; and
- WHEREAS, The Post-Acute Care Task Force, and subsequently the PACC, was charged with identifying gaps in post-acute care services, as had the LTCCC when it was formed 13 years ago; and
- WHEREAS, Supervisor Aaron Peskin introduced Motion 15-135 in September 2015 directing the Board of Supervisors Budget and Legislative Analyst (BLA) to conduct a performance audit of services to seniors. The BLA's report "*Performance Audit of Senior Services in San Francisco*" dated July 13, 2016 noted a "gap analysis" had not been performed to estimate the unmet need for particular services, which is the gap between the number of individuals currently receiving services, and the total population that might benefit from, or be eligible for, a particular service; and
- WHEREAS, the *Mission Local* newspaper reported on September 4, 2017 that CPMC's Dr. Browner cavalierly told the St. Luke's Family Member Council on August 31, "For the past many years, you and your families have enjoyed the *privilege* of being in San Francisco"; and

" On November 13, 2007 this Health Commission expressed concern that patients may be discharged to facilities that may not provide the same standard of care, and *that* may result in unintended readmission of patients. "

" The Board of Supervisors BLA report dated July 13, 2016 noted a 'gap analysis' had not been performed to estimate the unmet need for particular services. "

Additional "Resolved" Clauses:

- FURTHER RESOLVED, This Health Commission believes that healthcare is a basic right, not a "privilege," as Dr. Browner unfortunately stated; and be it
- FURTHER RESOLVED, That this Health Commission urges the Hospital Council of Northern and Central San Francisco to publicly notice its upcoming PACC meetings and make those meetings open to members of the public, as are meetings of San Francisco's Long-Term Care Coordinating Council (LTCCC); and be it
- FURTHER RESOLVED, That St. Luke's Hospital and CPMC delay discharge of St. Luke's current sub-acute and SNF patients until such time as other in-county sub-acute and post-acute facilities are identified and brought on line; and be it

" This Commission believes that healthcare is a basic right, not a 'privilege'. "

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- FURTHER RESOLVED, That plans for discharge of St. Luke's Hospital sub-acute and SNF patients may not provide the same standards of care, and may result in unintended readmission of patients who need higher levels of care; and be it
- FURTHER RESOLVED, That St. Luke's Hospital and CPMC actively identify hospital-based sub-acute units with ready access to an ICU prior to discharge of any of St. Luke's current sub-acute patients; and be it
- FURTHER RESOLVED, That this Health Commission requests that the Hospital Council of Northern and Central California prepare an update to its 40-year-old "*San Francisco Nursing Facility Bed Study: Comprehensive Report Summary*" by January 1, 2018; and be it
- FURTHER RESOLVED, This Commission believes that replacement of St. Luke's sub-acute beds must be hospital-based and must be located in-county; and be it
- FURTHER RESOLVED, That this Health Commission requests that DPH's Office of Planning and Policy in collaboration with the PACC and the Hospital Council of Northern and Central California, conduct a survey of all private-sector hospitals in San Francisco and report back to the Health Commission no later than December 1, 2017 on the total number of out-of-county discharges that have been made in each fiscal year since FY 2006–2007 by each member hospital, including data on the types of facilities patients were discharged to; and be it
- FURTHER RESOLVED, That this Health Commission requests that the Mayor's Long-Term Care Coordinating Council, the Community Living Fund (CLF), and the Advisory Body to the City's New Dignity Fund, report back to this Commission during a subsequent hearing what efforts they have collectively made in the 13 years since 2004 to preserve in-county skilled nursing facility and sub-acute services for those who prefer to receive those services in-county; and
- FURTHER RESOLVED, Given that the Post-Acute Care Task Force, and subsequently the PACC, were charged with identifying gaps in post-acute care services, this Health Commission requests that DPH's Office of Planning and Policy in collaboration with the Department of Aging and Adult services and conduct a meaningful "gap analysis," as recommended by the BLA, by January 1, 2018, and specifically perform a gap study — as Rapid City, SD did — to assess expressed needs for assisted living and skilled nursing facility care in-county; and

"This Health Commission requests that DPH's Office of Planning and Policy survey of all private-sector hospitals in San Francisco and report back on the total number of out-of-county discharges that have been made in each fiscal year since FY 2006–2007 by each hospital."

The Health Commission should incorporate these "whereas" findings and enhanced "resolved" clauses now, while you have this opportunity at hand to delve deeper into additional post-acute care planning issues prior to updating the City's *Health Care Services Master Plan*.

Respectfully submitted,

Patrick Monette-Shaw

Columnist

Westside Observer Newspaper

"This Health Commission believes that replacement of St. Luke's sub-acute beds must be hospital-based and must be located in-county as a basic right."

cc: The Honorable Hillary Ronen, Supervisor, District 9
The Honorable Ahsha Safai, Supervisor, District 11
The Honorable Sandra Lee Fewer, Supervisor, District 1
The Honorable Jeff Sheehy, Supervisor, District 8
The Honorable Aaron Peskin, Supervisor, District 3
Carolyn Goossen, Legislative Aide to Supervisor Hillary Ronen
Lee Hepner, Legislative Aide to Supervisor Aaron Peskin