**File No.** 170965 **Committee Item No.** _____
**Board Item No.** 37

# COMMITTEE/BOARD OF SUPERVISORS

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**Committee:** _____ **Date:** _____
**Board of Supervisors Meeting** **Date:** September 12, 2017

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**Prepared by:** Brent Jalipa **Date:** September 7, 2017
**Prepared by:** _____ **Date:** _____

BOARD of SUPERVISORS

City Hall
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San Francisco 94102-4689
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# MEMORANDUM

TO: Barbara A. Garcia, Director, Department of Public Health
Trent Rhorer, Executive Director, Human Services Agency
Todd Rufo, Director, Office of Economic and Workforce Development

FROM: Alisa Somera, Legislative Deputy Director
Office of the Clerk of the Board of Supervisors

DATE: September 7, 2017

SUBJECT: HEARING MATTER INTRODUCED

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The Board of Supervisors has scheduled the following hearing for September 12, 2017, at 3:00 p.m., pursuant to Motion No. M17-127 (File No. 170936) approved on September 5, 2017.

**File No. 170965**

**Hearing of the Board of Supervisors sitting as a Committee of the Whole on September 12, 2017, at 3:00 p.m., to discuss the closing of the skilled nursing and sub-acute units at St. Luke's Hospital, as well as legislative solutions; and requesting the Department of Public Health, Human Services Agency, and Office of Economic and Workforce Development to report; scheduled pursuant to Motion No. M17-127, adopted September 5, 2017.**

If you have any comments or reports to be included with the file, please forward them to me at the Board of Supervisors, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102.

c: Greg Wagner, Department of Public Health
Colleen Chawla, Department of Public Health
Krista Ballard, Human Services Agency
Ken Rich, Office of Economic and Workforce Development
Lisa Pagan, Office of Economic and Workforce Development

[Committee of the Whole - Closing of Skilled Nursing and Sub-Acute Unit at St. Luke's Hospital - September 12, 2017]

**Motion directing the Clerk of the Board of Supervisors to schedule a Committee of the Whole hearing on September 12, 2017, at 3:00 p.m., for the Members of the Board of Supervisors to discuss the closing of the skilled nursing and sub-acute units at St. Luke's Hospital, as well as legislative solutions; and requesting the Department of Public Health, Human Services Agency, and Office of Economic and Workforce Development to report.**

WHEREAS, Sutter Health California Pacific Medical Center ("CPMC") has indicated they will be closing the skilled nursing and sub-acute units at St. Luke's Hospital in October 2017, which will affect patients who will need to be relocated and healthcare workers who may lose their jobs; and

WHEREAS, CPMC shutting down the skilled nursing and sub-acute units at St. Luke's Hospital a year ahead of what was previously agreed to places the twenty-four sub-acute patients currently there in serious harm and risk of death; and

WHEREAS, Getting rid of the sub-acute units at St. Luke's Hospital will only make more acute the City and County of San Francisco's health crisis due to a lack of available sub-acute bed not only in San Francisco but the Bay Area at large; and

WHEREAS, The closure of St. Luke's Hospital's sub-acute beds will result in the total elimination of sub-acute beds for the entire City and County of San Francisco; and

WHEREAS, The Development Agreement with CPMC and all other stakeholders is not only silent on the provision of skilled nursing beds by CPMC, but also requires that CPMC work with the San Francisco Department of Public Health ("DPH") and other hospitals to develop proposals for providing sub-acute services; now, therefore, be it

MOVED, That the Board of Supervisors convene to sit as a Committee of the Whole on September 12, 2017, at 3:00 p.m., for the Members of the Board of Supervisors to discuss the closing of the skilled nursing and sub-acute units at St. Luke's Hospital, as well as legislative solutions; and requesting the Department of Public Health, Human Services Agency, and Office of Economic and Workforce Development to report.

## Lew, Lisa (BOS)

**From:** Lew, Lisa (BOS)
**Sent:** Thursday, September 07, 2017 11:37 AM
**To:** Garcia, Barbara (DPH); Rhorer, Trent (HSA); Rufo, Todd (ECN)
**Cc:** Wagner, Greg (DPH); Chawla, Colleen (DPH); Ballard, Krista (HSA); Rich, Ken (ECN); Pagan, Lisa (ECN); Somera, Alisa (BOS); BOS Legislation, (BOS)
**Subject:** BOS Referral: File No. 170965 - Hearing - Committee of the Whole - Closing of Skilled Nursing and Sub-Acute Unit at St. Luke's Hospital - September 12, 2017
**Attachments:** 170965 FYI Hearing 090717.pdf

Hello,

The following request for hearing is being referred to your department:

**File No. 170965**

**Hearing of the Board of Supervisors sitting as a Committee of the Whole on September 12, 2017, at 3:00 p.m., to discuss the closing of the skilled nursing and sub-acute units at St. Luke's Hospital, as well as legislative solutions; and requesting the Department of Public Health, Human Services Agency, and Office of Economic and Workforce Development to report; scheduled pursuant to Motion No. M17-127, adopted September 5, 2017.**

Please forward any comments or reports to Alisa Somera.

Regards,

**Lisa Lew**
Board of Supervisors
San Francisco City Hall, Room 244
San Francisco, CA 94102
P 415-554-7718 | F 415-554-5163
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# 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 <u>another</u> 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 31st 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$^{th}$ 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.

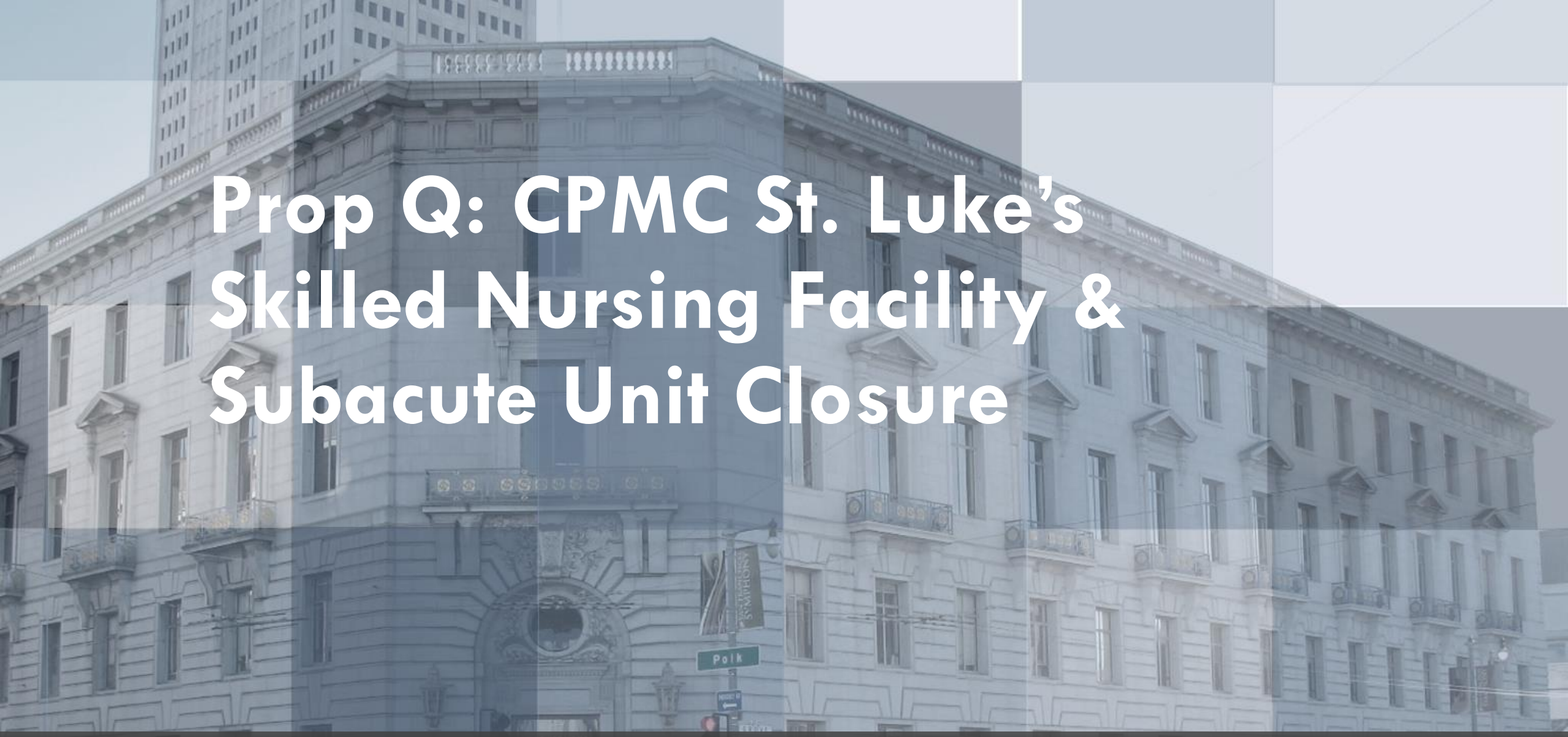
    c. That the site be easily accessible by public transportation.

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.




# Prop Q: CPMC St. Luke's Skilled Nursing Facility & Subacute Unit Closure

San Francisco Department of Public Health
Office of Policy & Planning

2810

September 5, 2017

# Presentation Outline

1) Skilled Nursing Bed Rates

2) Skilled Nursing Facility Reimbursement

3) Kindred Facilities in San Francisco

4) Discharges to Skilled Nursing Facilities Out-of-County

# San Francisco's Skilled Nursing Bed Rate

$$\text{SNF Bed Rate} = \frac{\text{Number of skilled nursing beds}}{\text{Number of adults 65 and older per 1,000}}$$

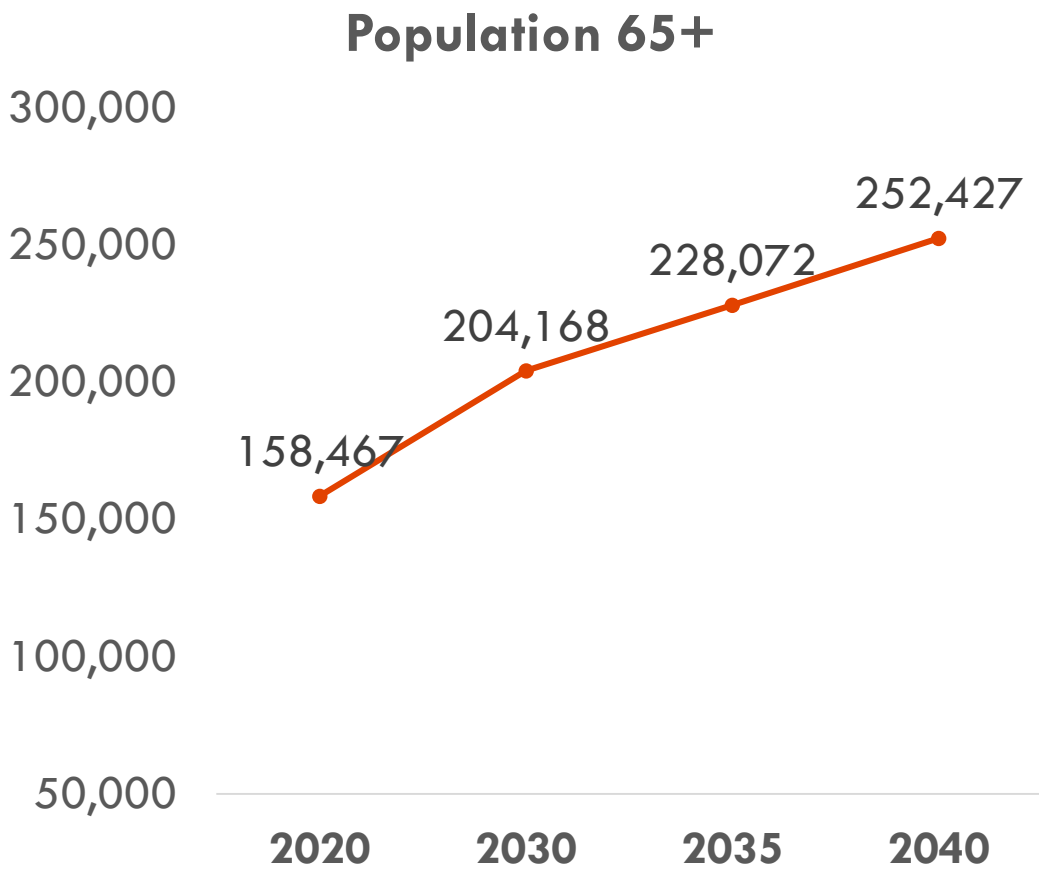
- **Currently,** San Francisco has 20 skilled nursing beds for every 1,000 adults 65 and older
- **If number of SNF beds remains constant, in 2030** San Francisco's bed rate will decrease to 12 beds per 1,000 adults 65 and older

- If San Francisco were **to maintain its current bed rate** as the population ages, the city would need 4,083 licensed SNF beds by 2030—an **increase of 1,644 beds over the current supply**

# Skilled Nursing Bed Rates (Continued)

**Projections are based on three assumptions:**

1) San Francisco ages as projected
2) The number of skilled nursing beds remains constant
3) The city wants to keep the same bed rate




Source: California Department of Finance, 2016

# Skilled Nursing Facility Reimbursement Rates

| Type of Skilled Nursing Care | Skilled Nursing Setting | Medi-Cal | Medicare |
|---|---|---|---|
| General Skilled Nursing | Hospital-Based | ~$300-$500/day | ~$500-$900/day |
| | Freestanding | ~$200-$300/day | |
| Subacute Care | Hospital-Based | ~$890-$933/day | >$900/day |
| | Freestanding | ~$400-$600/day | |

Source: California Department of Health Care Services, 2016

# Kindred Facilities in San Francisco

- Kindred provides 25% of all SNF beds in San Francisco
- Three new operators will run Kindred's five facilities in San Francisco

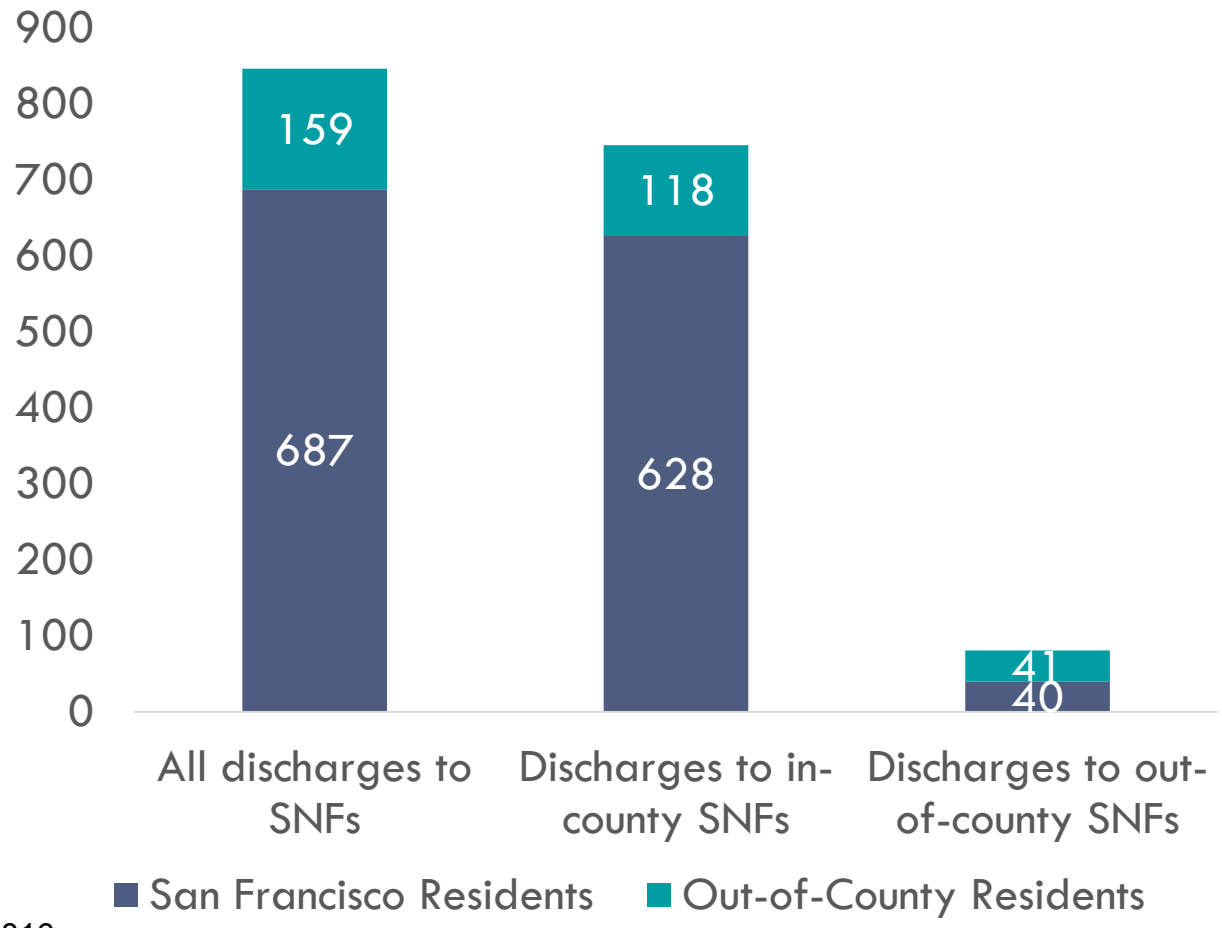
| Facility | Beds | Patient Payer Source on December 31, 2015 | New Operator |
|---|---|---|---|
| Kindred Victorian | 90 | • 80 Medi-Cal<br>• 8 Medicare | Providence Group |
| Kindred 19th Avenue | 140 | • 120 Medi-Cal<br>• 9 Medicare<br>• 1 Managed Care<br>• 1 Self-Pay<br>• 5 Other | Aspen |
| Kindred Golden Gate | 120 | • 106 Medi-Cal<br>• 8 Medicare<br>• 1 Managed Care<br>• 3 Self-Pay | |
| Kindred Tunnell | 180 | • 88 Medi-Cal<br>• 30 Medicare<br>• 14 Managed Care<br>• 15 Private Insurance<br>• 4 self-pay<br>• 4 Other | Generations |
| Kindred Lawton | 68 | • 34 Medicare<br>• 16 Managed Care<br>• 5 self-pay | |

Source: California Office of Statewide Health Planning and Health Development, 2015

# Discharges to SNFs Out-of-County

- SFDPH is requesting data from San Francisco hospitals
- **In FY 2016/2017, ZSFG made 827 discharges to SNFs**
  - 746 (90%) of discharges were made to in-county SNFs
  - 81 (10%) of discharges were made to out-of-county SNFs
  - Of the 81 discharges to out-of-county SNFs, 40 were San Francisco residents. This represents 6% of all discharges to SNFs.

**Zuckerberg San Francisco General Hospital SNF Discharges, FY 2016/2017**




2816

# Thank You

**St Luke's Sub-Acute SNF Closure.**
**September 5, 2017**

**From: Benson Nadell; Program Director;San Francisco LTC Ombudsman Program; Felton**

I wish to enter the following points into public testimony pertaining to the confusing events leading up to this untenable decision by Sutter CPMC

As far back as the Lewin Report of 2009, there was criticism of SNF beds being omitted in the Master Plan, with a recommendation for more than those earmarked at the seismically safe Davies Campus. That report recommended that the Long Term Care Coordinating Council take a position. This was a bad referral.

At the time, The LTCCC was enthralled by Omstead Decision, The Davis and Chambers Class Action Lawsuit Settlement Agreements and a confusion between persons with disability being warehoused in institutions, and persons with complex medical conditions being professionally managed by round the clock nursing care. This Ombudsman has advocated for quality of care and life in SNF for years. At the time, I too thought it a good idea for as many as possible to be given the option of keeping their homes as receiving effective care-coordination-given the trend of SNF beds dwindling in number. There were many insoluble complex details in this home and community based emphasis on LTCCC. One was that the one-one staffing available to persons under IHSS was restricted to those eligible for M-Cal. The Medicaid Expansion, which ended at age 65 allowed for more to receive IHSS. The LTCCC was also under the spell of the various SCAN Foundation policy initiatives which were aligned CMS directions in getting persons out of nursing homes. This Ombudsman realized that living in most nursing homes, with shared bed rooms, unresponsive staff, absentee doctors, with little bed side manner, a reliance on behavioral control medications was an untenable way for persons to receive needed complex chronic disease management. The Ombudsman Program under Federal Law receives complaints about rights violations; under California Law, mandated abuse and neglect reports.

During this period there was confusion between two stereotypes: persons were no longer in nursing homes because they were disabled. No longer are there nursing homes for " custodial care". At the same time , with many living alone, there was an emphasis in self-direction and choice. But choice for many who acquire disability through an acute medical event, and live alone require supports which are often more complex than available through the city. The two law suits were focused on LHH with the city providing TCM and eventually funding for an expanded Community Living Fund. This was a good thing for persons at LHH who wished to, and were capable of returning to the community- often with new housing through Direct Access to Housing. In 2017 there is now competition with this housing with those coming through the new homeless department.

By contrast persons coming through other hospital systems were not able to access such Public Health and local funding( As of the present, IoA Community Living Fund, is taking referrals through DAAS Central Intake hub, with a wait-list).

The other stereo typifying narrative is that most elderly filing through hospital are on Medicare, and that with the reduction of length of stay those persons can now be discharged to community SNF which are

now the Post Acute Partners of most hospitals in SF. Post Acute is not long term care or focused on chronic disease management. These beds in the remaining free standing SNF are now utilized for shorter term stays of rehabilitation and recovery. Hospital based SNF had daily doctors; free-standing SNF did not. In addition staffing patterns , with high turnover, and poor supervision prevailed in these community based SNF.

No! Persons do not get a 100 days, under the various Medicare management care arrangements, a co-pay kicks in for the 21 day and beyond. Many do not have supplementary coverage. In addition those in these

Post- acute setting must make progress, get out of bed, and learn to climb stairs, let alone be able to transfer in and out of bed. Many do not reach that threshold and become uncovered. The Ombudsman Program receives complaints around this concatenation of factors:People are not ready; they have stairs, the home health agency did not arrive for days, the discharge plans did not cover details like meals, shopping food. In addition this Post Acute model of care did not result in ramping up of staff. Person are caught up in patterns of poor care and communication, lack of good interdisciplinary process. In addition the filing of appeal for more coverage, did not rely of person centered interviews but records electronically filed. It was bewildering for many.

The hospitals drove this process without any through- put on the process, except for bundled payment cases for elective surgery. This was a Medicare world gone awry.

What about complex medical coordination? That is long term care based on management of chronic illnesses. That is covered by Medi-Cal . Most of the Post Acute Partnering SNF did not want any more Medi-Cal persons occupying those Medicare utilized beds. So despite being Certified for billing Medi-Cal and already having residents who were long term care, these community based SNF are pressuring persons to get out, leave. If the person called the Ombudsman Program they would get the needed advocacy. These Post Acute SNF would complain that the Ombudsman was messing up their business plan. It must not be forgotten, under CMS and Title 22 All SNF have strong consumer and rights protections , which when enforced, can in this person centered comprehensive care environment, conflict with the business of patient flow in this Post Acute Environment.

This business plan in the aggregate is the consequence of combined hospital policies. If there is any direct causative factor for the elimination of the remaining long term care facilities, is lies with hospital decisions.

CPMC has closed most of its hospital based SNF which provided in-hospital rehabilitation. This cascaded into this new Post Acute World.

What about custodial care? there are no affordable or low income assisted living facilities . With small board and care homes there is no requirement for specialized staff to trouble shoot emerging chronic health conditions. Hospital emergency rooms only admit in patient those with traumatic or serious acute events. Many living in board and care are sent back to these sub standard setting by hospital ED, with no discharge plan other than instructions for a person unable to self manage care. The larger Assisted living type RCFE are expensive and with the absence of any comprehensive M-Cal Assisted Living, with rates set using regional market price average, many low income and moderate income, being asked to leave community SNF, have nowhere to go. Again, corporate hospital organizations say their responsibility stops at their doors. But ask any hospital –based MSW Discharge planner about this bleak landscape and they shake their heads.

No longer are persons in SNF for assistance with ADL alone. Now persons must be really sick with chronic medical problems.

So with Sutter-CPMC closing the Sub-Acute Unit of SNF beds, what strikes the Ombudsman Program is that these persons are the most dependent and most vulnerable. This is a long term care unit with specialized services under Medi-Cal. This is not a post acute setting where Medicare coverage dwindles after a few weeks. We must not confuse post acute with sub-acute. We must not confuse the Medicare silo of payments and services from the Medi-Cal one which pays long term care. If one reviews the recent history of Sutter CPMC with St Luke's, going back to the anti-trust suit, and the concessions with the then Board of Supervisors, St Lukes was always seen as a community hospital with a long list of services, which since 2000 have been eliminated piece meal by the Corporate Culture of Sutter –CPMC. The announced closing of the sub-acute unit, is of a piece with that top - down culture

Sutter CPMC has been contributory to the loss of long term care SNF beds in the community SNF indirectly, through the closing of their in-house DP/SNF beds at the California Campus and at St Luke's 8th floor. And now in its myopic , is closing the sub acute long term care unit at St Luke's.

Sure CPMC made a deal with City and County- money was contributed to certain NCO providing community services, from 2014-2016. But there is no answer to those in the future who may need sub-acute care. Other hospitals with sub-acute patients do not have adequate data after discharge. If those candidates were discharged to distances outside City and County there is no data as to mortality longevity or longitudinal stability. In the absence of such data, a false conclusion will be made that sub acute care is not necessary.

Go back to the Lewin Study; go back to recommendations for Hospital Council Report of 1997; To the Post Acute Report from 2/16. In an era of scarcity- cutting specialized beds is good for CPMC but not for the people of San Francisco.

No no ..This is not a matter of persons with disability being warehoused in institutions. It is a matter of those who need round the clock professional health care to maintain chronic illnesses: those on continuous oxygen, on ventilators, who need suctioning, who have tubes in their trachea. What Sutter CPMC is proposing is these persons being separated from daily visits from supportive families; being sent to free standing SNF in a world of Post Acute Care, where those with long term care needs are in the way of aggressive business plans.

**HEALTH COMMISSION TESTIMONY**

September 5, 2017

**My purpose** is to try to establish some context for the issues the Health Commission is considering

**We no longer have health care planning**

- The days of Health Systems Agencies (HSAs), Certificates of Need (CoN), etc. are long gone and have been replaced by market-based approaches to health care
    - Even ostensibly non-profit agencies function more like for-profit organizations where the bottom line too often takes precedence over patient care as a fundamental basis for decisions
    - It's part of why we are in the situation we are in today over CPMC's decision to close SNF/subacute care at St. Luke's
- In the absence of health care planning, our coalition and the city had to resort to local authority over land use planning to negotiate an agreement with CPMC regarding their plans to build new hospitals in order to comply with state requirements for seismic safety standards
    - It's imperfect, but it's what we had to work with
    - Dr. Browner, in his testimony at the Health Commission's August 15 Prop. Q hearing, laid some of the responsibility for their decision to close SNF/subacute beds at St. Luke's on that negotiated agreement because it resulted in fewer beds at the combined new campuses on Van Ness and at St. Luke's
    - To be clear, the coalition has never believed the issue about closing SNF/subacute beds at St. Luke's has any basis in the Development Agreement, in part because the agreement is silent on the matter
    - ***This is fundamentally a humanitarian and public health issue, as testimony at the last Health Commission hearing made abundantly clear***

**What can be done?**

We recognize that the Health Commission is challenged to carry out its responsibility to represent the larger public health interest in the ability of the

healthcare system as a whole to provide the best care possible to San Francisco residents, since Prop Q, the Development Agreement and the Health Care Services Master Plan do not provide the legal authority to require it

- However, as we listen to the testimony of families of patients—or, as you have seen in the video profiles of some of the patients and their families—that must be the starting point for any future actions
    - And, it's not just these patients but others who were not admitted and as a result were dispersed around the bay area and state
    - It's also about the potential complete absence of hospital-based SNF/subacute beds in San Francisco as the population ages and grows in the coming years, as documented by the health department and coalition testimony
- Accordingly, we urge the Health Commission to regard this as a citywide public health crisis and to use whatever authority and influence you have to ensure that post-acute care planning in San Francisco is invested with a sense of urgency appropriate to the situation, with the public health department being a vigorous participant in that process
    - We support, for example, the recommendation in your draft resolution for a "cooperation agreement among private and public hospitals to operate and fund jointly SNF subacute beds and facilities *within* the City and County of San Francisco," which could be a centerpiece in coming to terms with the problem
    - We also recognize that your Prop Q determination and resolution will serve as a basis for future Board of Supervisors hearings, where they can take up the issues with their scope of authority
- Finally, if this is a citywide issue, on what basis do we insist that CPMC keep open their SNF/subacute unit at St. Luke's?
    - Apparently, there have been some informal discussions about CPMC delaying the closure but only if there is a concrete, local alternative for the current patients
    - I would turn that around and suggest that CPMC's initial contribution to an essential public/private collaboration "to operate and jointly fund subacute beds and facilities" could be a commitment to maintaining the current patients at St. Luke's until an accelerated process, in which they participate, creates that alternative
    - I don't think this is too much to expect. As a UC Hastings report documented during negotiations over the Development Agreement,

CPMC is the most profitable among ostensibly non-profit hospitals in San Francisco, and Sutter Health is also one of the most profitable networks in the state.

- We should expect this commitment from a non-profit hospital

# Patrick Monette-Shaw

975 Sutter Street, Apt. 6
San Francisco, CA 94109
Phone: (415) 292-6969 • e-mail: pmonette-shaw@eartlink.net


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.

**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 | FY 06–07 | 35 | ? | ? | 35 |
| 2 | FY 07–08 | 36 | ? | ? | 36 |
| 3 | FY 08–09 | 14 | ? | ? | 14 |
| 4 | FY 09–10 | 18 | 27 | ? | 45 |
| 5 | FY 10–11 | 6 | 54 | ? | 60 |
| 6 | FY 11–12 | 19 | 41 | ? | 60 |
| 7 | FY 12–13 | 26 | 7 | ? | 33 |
| 8 | FY 13–14 | 28 | 1 | ? | 29 |
| 9 | FY 14–15 | 25 | 68 | ? | 93 |
| 10 | FY 15–16 | 20 | 56 | ? | 76 |
| 11 | FY 16–17 | 20 | 40 | ? | 60 |
| | **Total[2]** | **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

## 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!***

**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. | • Creation of new Alzheimer's residential care program<br>• Extended HIV convalescent and hospice patients<br>• Expanded service for long-term Medi-Cal patients | ? | Sandy Ouye Mori | No |
| 11/13/2007 | 14-07 | Dignity Health | St. Francis Memorial Hospital SNF | • St. Francis has been referring SNF patients to St. Mary's<br>• Secured "bed hold" contract with Kindred Healthcare<br>• See **Resolved** statement[1] | 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 | • Reduced CPMC's 212 licensed SNF beds<br>• 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 | • "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; …"<br>See **Resolved** statement[3] | 32 | Mark Morewitz | **Commission Waffled**<br>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 dataing back to 2002. No additional Prop Q. hearing Resolutions were located by the Health Commission's secretary other than the two shown.

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 CMPC'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

**"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."**

- 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

**"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."**

- 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

***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

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

- 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

- 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

**"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."**

- 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

The Health Commssion 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

Hospital Council
of Northern & Central California
Excellence Through Leadership & Collaboration

September 1, 2017

Dr. Edward Chow, Health Commission President
San Francisco Health Commission
101 Grove Street, Room 309
San Francisco, CA 94102

Dear President Chow,

The San Francisco Post-Acute Care Collaborative (PACC), convened by the San Francisco Hospital Council of Northern and Central California, launched in March 2017 and is scheduled to run through December 2017. The PACC is meeting monthly to develop comprehensive and actionable solutions to the city's urgent post-acute care challenges for high-risk, vulnerable patients.

Since the PACC mandate addresses all post-acute issues and in connection with the hearing of the planned closure of St. Luke's subacute unit, the PACC held a special meeting on August 23, 2017. The goal of the meeting was to engage PACC members in a planning discussion regarding San Francisco's future subacute care needs. To guide the discussion and review of potential subacute care solutions for the city, PACC members and invited stakeholders drafted the following positional statement.

> Subacute care is critical for the patients and their families who rely on it. Given a range of factors affecting the post-acute care landscape in San Francisco, such as multiple high-risk post-acute care populations, subacute care volume, and the geographic size and limited facility options in city, the PACC recommends a regional approach to meet future subacute care needs.
>
> In addition, the PACC proposes that the proximity of subacute care placements be guided by measures that assess a patient support system's access to the facility (e.g., proximity, transportation), cultural and/or language needs, and financial resources.

***Proposed Short-Term Subacute Care Options***

Meeting attendees reviewed draft short- and long-term solutions to San Francisco's subacute care need and identified the following short-term options, ordered by priority, as the most financially sustainable and impactful.

1. **<u>Utilize Existing Bay Area Facilities to Provide Subacute Care</u>**
   - Coordinate with neighboring counties Alameda, San Mateo, and Santa Clara to purchase or lease subacute beds to support an expansion of existing freestanding or hospital-based subacute beds for San Francisco residents.

- Advocate for regional Medi-Cal enrollment and create Medi-Cal Health Plan letters of agreement that facilitate the timely transfer of Medi-Cal managed care benefits across counties.
- Create a formal governance structure to oversee regional placement practices and protocol.
- Establish a transportation fund for families/support systems experiencing economic hardship, so they can visit their loved ones placed in out-of-county subacute care facilities.

2. **Utilize Existing Facilities to Provide Subacute Care in San Francisco**
   - Create a public-private partnership model that uses existing health care facilities to provide subacute care in San Francisco.
   - Utilize unused space in hospitals, medical offices, and/or freestanding skilled nursing facilities to create a new subacute unit managed by freestanding SNF providers.
   - Create a local transitional subacute unit (average length of stay three months) to manage patients with subacute care length of stay needs longer than the Long-Term Acute Care Hospital length of stay (25-30 days), but no longer than three months. Eligible patients include those who need several months to be stabilized or weaned off ventilators before discharge home or to a long-term care facility.

3. **Fund a navigator/community liaison to work with San Francisco subacute care patients and their families/support systems**
   - Support a navigator/community liaison that will guide and assist subacute patients and their families pursuing the Home and Community-Based Alternatives Waiver (e.g. setting up and coordinating care for the patient at home in accordance with the requirements of the waiver, etc.).

The PACC is pleased to provide these recommendations on this important issue and looks forward to sharing the PACC final report later this year.

Kelly Hiramoto
Co-Chair, PACC
Director, Transitions Division
San Francisco Department of Public Health

Daniel Ruth
Co-Chair, PACC
President/Chief Executive Officer
The Jewish Home of San Francisco

David Serrano Sewell
Regional Vice-President
Hospital Council of Northern and Central California

*CPMC's number of licensed beds will decline considerably by 2019*

## Current

| Campus | Acute Licensed/In use | Skilled Nursing |
|---|---|---|
| Pacific | 309/247 | 0 |
| California | 299/182 | 0 |
| Davies | 185/125 | 38 |
| St. Luke's | 149/96 | 79 |
| TOTAL | 942/650 | 117 |

## Future

| Campus | Acute Licensed | Skilled Nursing |
|---|---|---|
| Van Ness/Geary | 274 | 0 |
| Davies | 185 | 38 |
| Mission Bernal | 120 | 0 |
| TOTAL | 534 | 38 |

**San Franciscans for Healthcare, Housing, Jobs and Justice (SFHHJJ)**
c/o Jobs with Justice, 209 Golden Gate Avenue, San Francisco, CA 94102
Contact: Gordon Mar, gordon@jwjsf.org, (415) 840-7420

August 15, 2017

**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 sub-acute 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.

**San Franciscans for Healthcare, Housing, Jobs and Justice (SFHHJJ)**
c/o Jobs with Justice, 209 Golden Gate Avenue, San Francisco, CA 94102
Contact: Gordon Mar, gordon@jwjsf.org, (415) 840-7420

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

**The problem:**

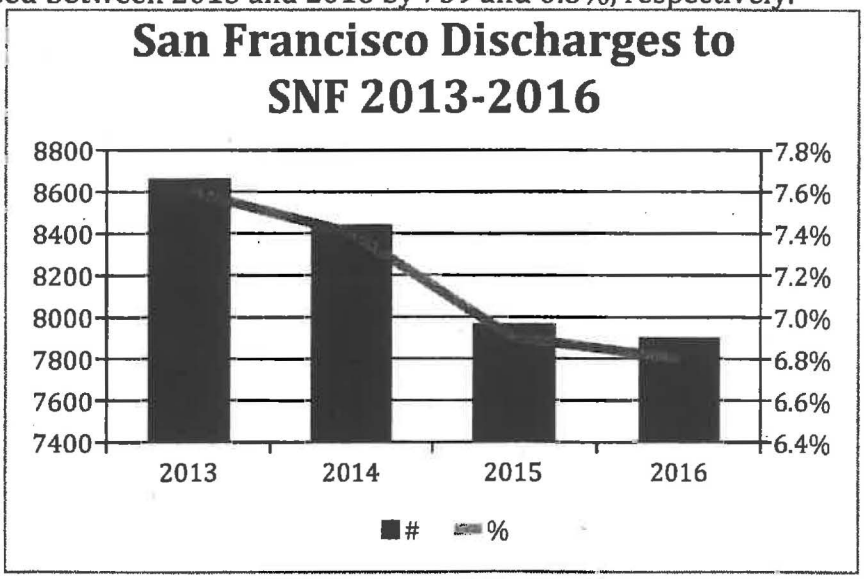
- **Short-term:** CPMC Sutter plans to close St. Luke's Skilled Nursing Unit in October 2017, resulting in the closure of 79 post-acute beds, including 40 sub-acute beds, in San Francisco County. Closing this unit will make San Francisco County the only county in California to have no sub-acute beds.
- **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).

Print Form

# Introduction Form

**By a Member of the Board of Supervisors or the Mayor**

Time stamp
or meeting date

I hereby submit the following item for introduction (select only one):

☐ 1. For reference to Committee. (An Ordinance, Resolution, Motion, or Charter Amendment)

☐ 2. Request for next printed agenda Without Reference to Committee.

☒ 3. Request for hearing on a subject matter at Committee.

☐ 4. Request for letter beginning "Supervisor _____ inquires"

☐ 5. City Attorney request.

☐ 6. Call File No. _____ from Committee.

☐ 7. Budget Analyst request (attach written motion).

☐ 8. Substitute Legislation File No. _____

☐ 9. Reactivate File No. _____

☐ 10. Question(s) submitted for Mayoral Appearance before the BOS on _____

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

☐ Small Business Commission ☐ Youth Commission ☐ Ethics Commission

☐ Planning Commission ☐ Building Inspection Commission

**Note: For the Imperative Agenda (a resolution not on the printed agenda), use a Imperative Form.**

**Sponsor(s):**

Clerk of the Board

**Subject:**

Hearing - Committee of the Whole - Closing of Skilled Nursing and Sub-Acute Unit at St. Luke's Hospital - September 12, 2017

**The text is listed below or attached:**

Hearing of the Board of Supervisors sitting as a Committee of the Whole on September 12, 2017, at 3:00 p.m., to discuss the closing of the skilled nursing and sub-acute units at St. Luke's Hospital, as well as legislative solutions; and requesting the Department of Public Health, Human Services Agency, and Office of Economic and Workforce Development to report; scheduled pursuant to Motion No. M17-127, adopted September 5, 2017.

Signature of Sponsoring Supervisor: for Alisa Somera

For Clerk's Use Only:

170965