

Edward A. Chow, M.D.
President

David Pating, M.D.
Vice President

Dan Bernal
Commissioner

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D., PMHCNS-BC.
Commissioner

James Loyce, Jr., M.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**Edwin M. Lee, Mayor
Department of Public Health**



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MINUTES

HEALTH COMMISSION MEETING

**Tuesday, September 5, 2017, 4:00 p.m.
101 Grove Street, Room 300 or Room 302
San Francisco, CA 94102**

1) CALL TO ORDER

Present: Commissioner Edward A. Chow M.D., President
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC
Commissioner James Loyce, Jr., M.S.
Commissioner David Pating, M.D. (Arrived at 4:32pm)
Commissioner David J. Sanchez Jr., Ph.D.

Excused: Commissioner Dan Bernal
Commissioner Cecilia Chung Commissioner

The meeting was called to order at 4:09pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETINGS OF AUGUST 15, 2017

Action Taken: The minutes were unanimously approved.

3) DIRECTORS REPORT

Colleen Chawla, Deputy Director of Health, gave the report. The full report can be viewed at:
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

Hurricane Harvey Response

President Trump has declared a state of emergency for both Texas and Louisiana as rain continued to pour on to the devastated region. As of August 30th, Hurricane Harvey is an active tropical cyclone that is causing unprecedented and catastrophic flooding in southeastern Texas and Louisiana and in a four-day period, many areas received more than 40 inches of rain as the system meandered over eastern Texas/Louisiana and adjacent waters. With peak accumulations of 52 inches, Harvey is the wettest tropical cyclone on record in the contiguous United States. The resulting floods have prompted more than 13,000 rescues, displaced more than 30,000 people, and inundated hundreds of thousands of homes.

Health secretary Tom Price declared a public health emergency in Texas on Saturday, August 26th. There are a myriad of public health issues that may potentially impact the affected area from the severe flooding. Health

impacts associated with flooding and extreme storms include a range of infections, illnesses and injuries, which span from vector-borne disease to foodborne illnesses. Disruption to city medical services, carbon monoxide poisoning, income loss, and mental health are also part of the negative health impact picture.

In 2016, SFDPH released a report - Climate and Health - Understanding the Risk: An Assessment of San Francisco's Vulnerability to Flooding & Extreme Storms, which illustrates how climate change and the resulting extreme storms, sea level rise and flooding will affect the health of San Francisco and examines how the City's most vulnerable populations will be impacted. Information for assessing flood and health risks throughout the city can be found here at www.sfclimatehealth.org.

San Francisco's Department of Emergency Management (DEM) has indicated that AMR (a national ambulance company that has an office in San Francisco) has sent two Emergency Medical Technicians (EMTs) from San Francisco and five EMT's from San Mateo from their Disaster Response Team to Texas to aid with disaster recovery. More assistance may be requested. DEM plans to be involved with the long-term relief and has shared the following website (<https://www.nvoad.org/hurricane-harvey/hurricane-harvey-how-to-help>) that officials in Houston were requesting for people to use for donations and volunteering.

New State Committee on Health Care Delivery Systems and Universal Coverage

On August 25 2017, The State Assembly Speaker, Anthony Rendon (D-Lakewood), announced the formation of the Assembly Select Committee on Health Care Delivery Systems and Universal Coverage. This committee will hold ongoing hearings beginning in the legislative interim so they can develop comprehensive plans for achieving universal health care in California. California made substantial progress in implementing the Affordable Care Act (ACA), reducing the number of uninsured in the state from more than seven million to less than three million. As a result of ACA implementation, many low and moderate-income residents and all low-income children regardless of immigration status have obtained health insurance. The State does not want to see any actions on a federal level rolling back the significant coverage gains that have been made in California. Additionally, there are still approximately three million uninsured, as well as access and affordability challenges throughout the State's health care system.

The establishment of this Assembly Select Committee and the on-going conversations about different approaches to obtaining a universal health care system come at a critical political juncture given the current federal landscape and the movement happening on a state level. State legislation (SB 562) for a single-payer healthcare system in California fizzled in June when the State Assembly Speaker decided to shelve the proposal. The bill did not address many serious issues, such as financing, delivery of care, cost controls, or the realities of needed action on a federal level. The new Assembly Select Committee will foster discussions for state health care leaders to fully examine the status of coverage and care in the state, including assessments that look at reduced federal commitment to health care. California has led the way in embracing the ACA and will continue to provide leadership in expanding health care coverage for all and a creating a system that improves access, promotes quality and reduces health care costs.

Hummingbird Place expands to offer 24-hour care

On Tuesday, August 29th, Mayor Edwin M. Lee and I announced the opening of a new 24-hour program at Hummingbird Place to provide respite and resources to care for San Francisco residents who are experiencing homelessness, mental health and substance use challenges.

The expanded program will offer respite, clinical and peer counseling, hot meals, showers and overnight accommodations to help clients regroup and find their footing after a crisis episode. Direct referrals to treatment will be available to Hummingbird Place clients.

"We are helping our most vulnerable residents break out of the cycle of streets and hospitalization," said Mayor Lee. "Hummingbird Place will provide the personalized care necessary to ensure that individuals have a

chance to reclaim their lives and start anew. We are committed to addressing the root causes of homelessness, and providing treatments for behavioral health and substance use will help us reach that goal.”

Hummingbird Place originally opened in 2015 as a day program providing peer counseling and support, which will continue. The new and expanded model of care adds multi-disciplinary staff, including professionals and peers. Clients may be referred from Zuckerberg San Francisco General Hospital, Psychiatric Emergency Services, the Homeless Outreach Team (SFHOT), the Encampment Resolution Team and community providers. See press release (attached).

Department of Public Health Preparation for Patriot Prayer Demonstration

On Saturday August 26th, San Francisco experienced a number of citywide events. Despite prior plans, no Patriot Prayer rallies or events took place in San Francisco. With the various gatherings and marches, events remained peaceful and focused on unity. Leading up to August 26th, DPH’s Public Health Emergency Preparedness and Response Branch (PHEPR) and the Department’s newly joined Emergency Medical Services (EMS) worked together to prepare the city’s hospitals and ambulance services for the possibility of a medical surge at local emergency departments. The city’s Emergency Operations Center (EOC) was activated for the day’s events and DPH was at the table monitoring city hospitals, ambulance services, and several DPH services such as the Sobering Center and Tom Waddell Clinic. Zuckerberg San Francisco General Hospital established a modified Hospital Incident Command system (HICS) and provided two ZSFG/UCSF physicians to deploy with the EMS responders to provide advanced field care in case of any transportation delays due to the impact of these activities. Fortunately, there were no injuries reported at any of the events. By planning for and responding to events such as this, DPH and our city partners gain the skills and knowledge to further improve our response to future events.

Congressional Budget Office Releases Report on the Effects of Terminating Payments for Cost-Sharing Reductions

On August 15th, the Congressional Budget Office (CBO) released a report on the effects of terminating cost-sharing reductions (CSR) payments for the Affordable Healthcare Act (ACA). The ACA requires insurers to offer plans with reduced deductibles, premiums, and other cost-sharing measures to individuals with lower incomes. According to the CBO analysis, ending the CSR payments would increase premiums by 20 percent and increase the number of uninsured by one million in 2018. The CBO also projects terminating the payments would increase the federal budget deficit by \$194 billion over the next decade. On August 16th, the White House announced President Trump agreed to pay August CSR payments, but the question of whether to make future payments remains under review. The President still needs to commit to paying CSR payments in September, although Congress will be back from the August recess by then, and legislators could approve the payments themselves.

The continued month-to-month uncertainty about the payments has caused instability in the marketplace and is likely to cause insurers to hike premiums. The CSR payments became controversial and the subject of a lawsuit between the Obama administration and the House Republicans in 2014. The lawsuit claimed that the CSRs were illegal because Congress did not appropriate the funds; however the Obama Administration appealed the ruling at the time. The Trump Administration inherited the lawsuit and has yet to make a final decision on whether to continue or drop the lawsuit. In the beginning of August, 18 state attorneys general, including California, have been granted permission to intervene on the case arguing that the Trump Administration would not adequately represent their interest. For now, it remains unclear on the next steps Congress and the White House will take on the CSRs payment. Senate Health Committee Chairman Lamar Alexander (R-Tenn.) will hold hearings the first week of September on a short-term marketplace stabilization bill.

SFDPH receives funding from the Dental Transformation Initiative, Local Dental Pilot Project

We are pleased to announce that the San Francisco Department of Public Health is the lead entity in a collaboration that has received funding of six million dollars over four years to improve the oral health of San Francisco's children. This is part of the California Department of Health Services' Dental Transformation Initiative Local Dental Pilot Project. The Dental Transformation Initiative is part of California's 1115 Waiver, Medi-Cal 2020, which also includes PRIME, Whole Person Care and Global Payment Programs initiatives.

The collaborators in the Local Dental Pilot Project include DPH, UCSF, the San Francisco Community Clinic Consortium, CavityFree SF, the San Francisco Dental Society, SFUSD and several community-based organizations. The application used the San Francisco Children's Oral Health Strategic Plan as the foundation for five pilot projects.

http://assets.thehcn.net/content/sites/sanfrancisco/Final_document_Nov_2014_20141126111021.pdf

The goal of the Local Dental Pilot Project is to improve dental health of SF Denti-Cal/Medi-Cal beneficiaries between zero and five years of age by increasing access to dental care and use of preventive dental services. San Francisco Health Network clinics will be able to participate in the pilot projects. The pilots will focus on several areas including: increasing access, providing multilingual care coordination, creating culturally targeted messaging, increasing collaborations between different providers, and increasing the number of FQHC dual primary care and dental users. For questions about this project please contact irene.hilton@sfdph.org

Zuckerberg San Francisco General Passes Joint Commission Survey

The conditional accreditation has been lifted and Zuckerberg San Francisco General Hospital and Trauma Center has been granted full accreditation by the Joint Commission. We would like to recognize the level of teamwork and collaboration that went into improvement work following the July Triennial Survey to make this possible.

We would like to acknowledge the ZSFG Facilities Department for their hard work to correct deficiencies. We also want to acknowledge the Emergency and Psychiatric Department teams who had to make significant changes to their work flow and assessment processes to better care for patients. Finally, the Regulatory and Risk Management teams for facilitating and organizing the many moving parts that go into preparing for surveys such as this.

Dr. Barry Zevin receives 2017 California Society of Addiction Medicine Award

We are pleased to announce that Dr. Barry Zevin has been given the 2017 Vernelle Fox Award by the California Society of Addiction Medicine (CSAM). The award recognizes physicians who have made noteworthy and lasting contributions in line with the mission of CSAM: improving health care services, increasing communication and education among care providers and adding to the research on which the field is based on. The award is named after Vernelle Fox, the second president of CSAM president from 1974-1976, who represents the values that CSAM holds dear: an inquiring mind, courage and enthusiasm. Dr. Zevin, on behalf of the department, we would like to thank you for all you have done, and continue to do, to protect and help San Francisco's most vulnerable. Congratulations Dr. Zevin!

Commissioner Comments:

Commissioner Chow commended the SFDPH for its preparation activities regarding the heat and noted that emergency preparedness goes beyond planning for an earthquake. Director Garcia stated that she would like to bring back the topic of climate change to the Health Commission at a later time.

4) **GENERAL PUBLIC COMMENT**

Patrick Monette-Shaw presented and submitted the following comment:

In the extended written testimony I submitted for today's hearing, I updated Table 1 from data I had presented to you on August 15. The updated data shows that between Laguna Honda Hospital and SFGH as our two public hospitals, there have been at least 541 out-of-county discharges of San Franciscans since July 1, 2006 and that number is likely higher because while SFGH averaged 47.7 out-of-discharges annually in each of six years, two other years appeared to have outlier data of just 1 and 7 out-of-county discharges, respectively. SFGH is reviewing those two years; I expect receiving updated data on September 7. SFGH asserts that prior to FY 2009–2010 out-of-county data wasn't maintained electronically, which isn't included. The data doesn't include out-of-county discharges from private-sector, non-profit hospitals. This Health Commission must require that private-sector, non-profit hospitals provide out-of-county discharge data back to July 1, 2006, too!

Eric Brooks stated that he lives in a building with a radiator that does not turn off. He noted that during the current heat wave, his apartment is sweltering because of the radiator. He urged the SFDPH and Health Commission to look into these antiquated heating systems that may be a health hazard in the current weather patterns.

A woman who remained anonymous stated that the participants at the Presentation Adult Day Health are very upset that the program's nurse, Urszula Munka, may be reassigned. They urged the Health Commission to stop the reassignment.

A woman who remained anonymous stated that seniors who participate in the Presentation Adult Day Health program are very concerned about the reassignment of Ms. Munka and asked the Health Commission to stop the reassignment.

5) **FINANCE AND PLANNING COMMITTEE**

Commissioner Loyce, who chaired the meeting, stated that the Committee reviewed the Contracts Report and two new contract requests on the Consent Calendar and recommended that the Health Commission approve all items.

6) **CONSENT CALENDAR**

Action Taken: The Health Commission unanimously approved the following items:

- SEPTEMBER 2017 CONTRACTS REPORT
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH CROSS COUNTRY STAFFING, IN THE AMOUNT OF \$9,000,000, TO PROVIDE AS-NEEDED, PER DIEM, AND TRAVELING RADIOLOGY REGISTRY PERSONNEL SERVICES FOR ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL, LAGUNA HONDA HOSPITAL AND OTHER SAN FRANCISCO HEALTH NETWORK FACILITIES FOR THE TERM OF SEPTEMBER 1, 2017 THROUGH AUGUST 31, 2023 (6 YEARS).
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH KPMG LLP, IN THE AMOUNT OF \$299,443, FOR INFORMATION TECHNOLOGY (IT) INTRA-STRUCTURE IMPROVEMENT – MEANINGFUL USE INCENTIVE PROGRAM SUPPORT FOR THE DEPARTMENT OF PUBLIC HEALTH FOR THE PERIOD SEPTEMBER 1, 2017 TO FEBRUARY 28, 2018 (6 MONTHS).

7) **PROPOSITION Q HEARING: ST. LUKE'S HOSPITAL SUBACUTE/SKILLED NURSING FACILITY CLOSURE**

Sneha Patil, SFDPH Office of Policy and Planning; Warren Browner MD, CEO CPMC; Family Council of St. Luke's Hospital Subacute Unit, David Serrano Sewell, Hospital Council of Northern and Central California; and Members of San Franciscans for Healthcare, Housing, Jobs, and Justice presented.

Dr. Browner stated that CPMC has submitted a request to the California Department of Public Health to delay the closure of the St. Luke's Subacute Unit until the end of 2017 to give more time for discharge planning with the patients and their families.

Carolyn Goossen, Legislative Aide to Supervisor Ronen, stated that it is unconscionable to move these severely ill patients outside of San Francisco, away from their families and support systems. It is important to sit down with the SFDPH and the local hospitals, including CPMC, to plan for the future to ensure there are adequate resources available to San Franciscans.

Suhagey Sandoval, Legislative Aide to Supervisor Safai, stated that the Supervisor sends his unwavering support to the patients of the St. Luke's Hospital Subacute unit. For many patients, transfer out of the county will mean death. The Supervisor looks forward to working with CPMC and all stakeholders to develop a solution for these 24 patients.

Raquel Rivera and Ken Houston spoke on behalf of the Family Council of St. Luke's Hospital Subacute Unit. They stated that CPMC has given inconsistent information about the closure and discharge plans. Most families were informed by a mailed packet or packets left with patients with no verbal explanation. They added that most of the facilities listed in the packets given to them by CPMC are not medically appropriate referrals. They spoke of a patient named Raymond, who was convinced to leave St. Luke's Hospital Subacute unit by a priest and is now suffering at a community facility. The Council requests that the St. Luke's Hospital unit remain open until another medically appropriate unit is found to transfer all the patients.

Bob Prentice, Gordon Mar, and Jane Sandavol spoke on behalf of San Franciscans for Healthcare, Housing, Jobs, and Justice. They addressed the severity of the patients' medical conditions and reminded the Health Commissioners that the support of families and loving staff is vital to their survival. They reminded the Commissioners that for most of the patients, staff and other patients and their families have become part of a large supportive community and the loss of this support would be detrimental.

Public Comment:

Patrick Monette-Shaw presented and submitted the following comment:

Commissioner Loyce (a founder of the Black Coalition on AIDS), Commissioner Bernal (as Speaker Pelosi's Chief of Staff and a major fundraiser for the AIDS Life Cycle bike rides), and Commissioner Cecilia Chung: Where would San Francisco be right now in the fight to provide healthcare and preventive services to people with HIV and AIDS if healthcare hinged on being a "privilege," rather than tied to basic rights? CPMC Dr. Browner's assertion August 31 to St. Luke's patients and families reported in the *Mission Local* newspaper yesterday that patients in St. Luke's SNF and sub-acute units had been "privileged" to be patients was a slap in the face and a gross affront to anyone needing sub-acute healthcare. Browner appears to have clearly engaged in overt "shaming" of St. Luke's patients. He must be roundly censured. This Commission must unanimously rule St. Luke's sub-acute and SNF closure will cause detrimental impacts.

Ken Barnes, a physician who has worked at St. Luke's in its subacute and skilled nursing facility (SNF), stated that SNF beds in San Francisco are disappearing at an alarming rate. He urged the SFDPH and Health Commission to undertake a determined effort to plan for the addition of new SNF and subacute beds in San Francisco. He noted that he has witnessed the loving care given by the St. Luke's Hospital subacute staff in regard to patients and their families. He believes that patients will die if they are moved away from San Francisco and their families.

Aurora Rivera read statement by her brother that stated the closure of the unit will be a precedent for many hospitals across the county. The statement urged the Health Commission to keep the last subacute unit open in San Francisco.

Renee Nelson, mother of a patient at the St. Luke's Subacute unit, stated that Dr. Browner told family members that the patients have enjoyed the privilege of receiving world class care in San Francisco for many years but now it is time to move on. She wants her son to continue getting world class treatment in San Francisco. She noted that another patient named Raymond was her son's roommate and was persuaded to move because he has no family to advocate for him.

Katie Hamilton, sister of a patient at St. Luke's Hospital Subacute unit, stated that the families are begging CPMC to keep the unit open.

Comer Marshall, brother of a patient at St. Luke's Hospital Subacute unit, stated that he has witnessed the excellent care his sister has received. He added that a move to another facility away from a hospital would be traumatic for her. He noted that her family has had no input into this decision or her discharge planning.

Benson Nadell presented and submitted the following comment:

The closure of this sub-acute long term care unit is part of a pattern. Patient and family cohesion threatened. SF Hospital Policies SF have shifted patients to Community Based SNF Post- Acute Partners without ramping up staff, good communication; of hospitalists, and lack of person- centered comprehensive assessments and care planning as required by CMS. Ombudsmen are receiving complaints in this nexus. Corporate Sutter-CPMC diverted Medicare patients to CPMC thus impoverishing ST Luke's. Once absorbed, Sutter-CPMC eliminated services at St Luke's, including a psychiatric unit. This Mission District of San Francisco is unique, with St Luke's as a Community Hospital. The Sub-acute unit draws from the Mission centered Districts, and is Medi-Cal long term Care Facility: Erosion of long term Care SNF in SF." Sub-acute" is not Post Acute. Not efficiency but pattern.

Eric Brooks stated that Dr. Browner's comments to family members regarding the privilege patients have enjoyed by receiving care at St. Luke's Hospital for so long is unacceptable. He encouraged the Health Commission to add language to the resolution suggested by Gordon Mar.

Marlene Cativo, daughter of a patient at St. Luke's Hospital Subacute unit, urged the Health Commission to make this situation better. She stated that it is vital that her father's family be close so they can visit daily as they do now. She encouraged the Health Commission to be open-hearted when voting on the resolution.

Ruth Cativo, daughter of a patient at St. Luke's Hospital Subacute unit, stated that his father has blood-family in San Francisco that supports him while he is in the hospital; he added that his father has also made new family in the other patients and staff. He added that Dr. Browner smiled when he told the families their relatives had enjoyed many years of privilege by receiving care at St. Luke's Hospital Subacute unit.

Michael Lyon, member of Senior Disability Action, stated that the Health Commission needs to do all it can to prevent the closure of this unit and to require other hospitals to have more SNF beds. He noted that the resolution looks good. He also stated that Dr. Browner has not told the truth in regard to the attention St. Luke's Hospital staff are supposedly devoting to individual discharge plans.

Ron Anderson, son of a patient at St. Luke's Hospital Subacute unit, stated that the Health Commission should vote that the closure will be detrimental to the health of San Franciscans. He also encouraged the Health Commission to add language to instruct CPMC to not reduce staffing of the subacute unit while it remains open.

Alan Ambarden, family member of a patient in St. Luke's Subacute unit, thanked the staff for the excellent care they provide every day. He noted that a former patient named Raymond was convinced by discharge staff to

leave St. Luke's because he had no family advocating for him. Mr. Ambarden wants to advocate for all patients to receive proper consideration.

Rick Vallejo, brother of a patient at St. Luke's Hospital Subacute unit, stated that Dr. Browner told the families that they should be grateful that their family members received such good care for so long but now they must move on. He would like to take his sister home but is afraid she will die; he is also afraid that his sister will die if she is transferred to another facility.

Geoff Hicks is a volunteer at the St. Luke's Subacute unit. He stated that he saw when packets announcing the closure were delivered to patients and staff did not explain the contents to patients. He noted that he volunteers because it is the right thing to do and CPMC should now do the right thing and keep the unit open.

Teresa Palmer MD stated that Dr. Browner told the patients' families that the decision to close the unit was about number of acute beds on their campuses, not finances. She added that this unit closure is the most egregious of all the SNF closures in San Francisco.

Kaitlyn Gentilin, employee the St. Luke's Hospital telemetry unit, stated that this impending closure is heart-breaking for everyone including patients, families, and staff. She noted that the staff are family to the patients and many patients become family to staff.

Mary Michaelucci, St. Luke's Hospital Nurse specializing in PIC lines, stated that all the patients on the subacute unit have very complex medical cases and need to be located very near an acute care facility.

Domingo Ramos, St. Luke's Hospital Subacute unit nurse, stated that this is the third time public officials have heard the pleading from family in addition to the lies told by CPMC. He urged the Health Commission to do the right thing.

Erick Bazzeras, St. Luke's Hospital Subacute unit nurse, urged the Health Commission to stand with the patients and staff to turn down this injustice. He added that CPMC has decreased the staff levels of LVNs on this unit without explanation.

Gary Birnbaum, Medical Director of the St. Luke's Hospital Subacute unit, stated that the patients and community should be protesting directly to Sutter since that is where the authority lies. He urged the CEO of Sutter to be held accountable by the Health Commission.

Mary Carnock, St. Luke's Hospital Subacute unit nurse, stated has reduced LVN staffing levels. She explained the LVNs are necessary to give each patient individual medical attention to ensure the safety of everyone.

Tes Welborn encourage the Health Commission to use its limited authority to pass a resolution stating the closure is detrimental and use public pressure to leverage power against CPMC regarding this matter. She also urged the Health Commission to anticipate the next expensive service that CPMC intends to cut.

Commissioner Comments:

Commissioner Chow thanked everyone who made public comment and those who presented on behalf of the Family Council and San Franciscans for Healthcare, Housing, Jobs, and Justice. He noted that the Health Commission will take into consideration all comments when discussing and voting on the resolution.

Commissioner Loyce stated that he appreciates the efforts of the PACC, but suggested that the group broaden its membership and scope to include more people of color so that future plans include all San Franciscans.

Commissioner Sanchez thanked all the family members and providers for their comments. He noted that St. Luke's Hospital has been a vital part of the San Francisco medical service system. He stated that CPMC made verbal commitments in the past regarding St. Luke's will continue to provide the highest level of care to the community; these comments did not include the plan to dismantle the hospital's programs and services. He added that the subacute services should be added to the list of centers of excellence for the hospital; the family and providers have indicated that the unit provides stellar care.

Commissioner Pating stated he is concerned about the subacute patients, the overall service system, and the workforce. He noted that most of the patients in the unit are people of color and emphasized the importance of addressing cultural and linguistic needs of the patients and their families. He added that the complex medical situation for the patients, means there is danger of death if transfers take place. He suggested that a delay of the closing the unit until appropriate plans can be made for each patient. He also stated that the lack of SNF and subacute beds in the San Francisco system is something that needs immediate attention and looks forward to the recommendations from the PACC.

Commissioner Karshmer thanked everyone who made public comment. She stated that it is important that a long-term solution is found for the subacute and other SNF needs in San Francisco. She encouraged the PACC to develop policy recommendations that are practical and can address the complex needs of San Franciscans.

Commissioner Chow again thanked the public for their comments which help give important context of the vote on the resolution. He noted that the subacute issue was discussed as part of the St. Luke's Hospital Blue Ribbon Committee. He stated that the Health Commission looks forward to hearing recommendations of the PACC and will be monitoring the issue of subacute and skill nursing beds in San Francisco.

Commissioner Karshmer proposed and Commissioner Loyce seconded the motion to add the following "WHEREAS" language for the resolution:

"WHEREAS, This Health Commission is concerned not only about the current patients in St. Luke's SNF and subacute units, but is also concerned about the SNF and subacute capacity for future generations of San Franciscans; "

Action Taken: The Health Commission unanimously approved the addition of the additional language.

Commissioner Karshmer proposed and Commissioner Loyce seconded the motion to add the following "FURTHER RESOLVED" language for the resolution:

"FURTHER RESOLVED, That the closure of the SNF and subacute unit at CPMC St. Luke's will have a detrimental impact on the availability of and access to these health care services in the San Francisco community."

"FURTHER RESOLVED, That the Health Commission recommends that St. Luke's Hospital and CPMC delay the discharge of St. Luke's current subacute and SNF patients until alternative subacute and post-acute facilities are identified."

Action Taken: The Health Commission unanimously approved the addition of both passages of additional language.

Action Taken: The Health Commission unanimously approved the resolution (see attachment)

8) OTHER BUSINESS:

This item was not discussed.

9) JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Chow, ZSFG JCC Chair, stated that at the August 22, 2017 ZSFG JCC meeting, the Committee discussed the presentation, "Improving Patient Access to Outpatient Specialty Care," in addition to reviewing the Regulatory Affairs Report, Administrator's Report, Patient Care Services Report, and Human Resources Report. In closed session, the Committee approved the Credentials Report and PIPS minutes.

10) COMMITTEE AGENDA SETTING

Commissioner Chow noted that the Commission leadership would like to hold a planning session to focus on budget issues and requested that Mr. Morewitz work with Director Garcia and Greg Wagner, SFDPH CFO, to identify a timeframe to hold the meeting. He also requested that Mr. Morewitz contact all Health Commissioners to find a date in which everyone is available to participate. He suggested November 7, 2017 as a possible date to hold this meeting.

11) CLOSED SESSION

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C). Closed Session pursuant to Cal. Government Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1:

FOR DISCUSSION AND POSSIBLE ACTION: CONSIDERATION OF CREDENTIALING MATTERS

- D) Reconvene in Open Session: Motions and vote on whether to disclose any or all of the closed session discussions, San Francisco Administrative Code Section 67.12(a)

Action Taken: The Health Commission voted not to disclose discussions held in closed session.

12) ADJOURNMENT

The meeting was adjourned at 6:33pm.

**HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 17-7**

DETERMINING THAT THE CLOSURE OF THE SKILLED NURSING FACILITY UNIT AT CPMC ST. LUKE'S HOSPITAL WILL HAVE A DETRIMENTAL IMPACT ON THE HEALTH CARE SERVICES IN THE COMMUNITY

WHEREAS, California Pacific Medical Center (CPMC), a non-profit hospital and member of Sutter Health, operates acute care hospitals at four campuses in San Francisco: California Campus; Davies Campus; Pacific Campus; and St. Luke's Campus; and

WHEREAS, Two of these campuses – Davies and St. Luke's – currently operate skilled nursing facility (SNF) beds with 38 beds at Davies and 79 beds at St. Luke's; and

WHEREAS, The 79 SNF beds at St. Luke's include 40 subacute SNF beds and 39 general SNF beds; and

WHEREAS, On June 6, 2017, CPMC notified the Health Commission that it will close the SNF and subacute unit at St. Luke's on October 31, 2017; and

WHEREAS, With the closure of the St. Luke's SNF and subacute unit, there will be a 68 percent reduction in overall SNF beds at CPMC; and

WHEREAS, CPMC is currently rebuilding St. Luke's Hospital and building the Cathedral Hill Hospital; and

WHEREAS, The rebuilt St. Luke's Hospital is scheduled to open in the second quarter of 2018, ahead of the previously projected opening of 2019; and

WHEREAS, There will be no general SNF or subacute care beds in the rebuilt St. Luke's Hospital; and

WHEREAS, Several factors influence the need for and utilization of SNF beds, including an aging population, the presence of family/caregivers; discharge planning; federal/state health policy; and

WHEREAS, Subacute patients require higher levels of care compared to most SNF residents, including ventilator care, intravenous feeding, and tracheotomy care; and

WHEREAS, There are 24 subacute patients at St. Luke's awaiting placements in other facilities; and

WHEREAS, Of the current subacute patients at St. Luke's, 53 percent have resided in the unit for over 2 years, and 96 percent are 40 years and older; and

WHEREAS, CPMC is working with patients and families to find placement in subacute facilities out-of-county; and

WHEREAS, There were 15 patients in the general SNF beds at St. Luke's at the time of the closure announcement in June 2017; and

WHEREAS, Since St. Luke's general SNF beds are primarily short-term (2-4 weeks), 10 patients have been discharged home and the current census is 5 patients; and

WHEREAS, There is a crisis in regard to the lack of availability of SNF subacute care beds within the City and County of San Francisco and the San Francisco Bay Area, which is expected to worsen in the next several years; and

WHEREAS, Currently, the SNF bed rate is 20 per 1,000 residents 65 years and older, but if the number of SNF beds remains constant, this bed rate is projected to decrease to 12 per 1,000 by 2030 due to the aging population; and

WHEREAS, the Department of Public Health made several findings related to subacute and general skilled nursing care in San Francisco, specifically:

- 1) Initial reports indicate that a relatively small number of patients need subacute care and most are referred to intermediate care at a long-term acute care hospital
- 2) Approximately 11 percent of California's subacute beds are located in the Bay Area and all are currently operating at or near capacity
- 3) Consistent with national trends, hospital-based SNF beds in San Francisco have declined while freestanding SNF beds have remained relatively stable
- 4) Payer data suggest that most SNF beds are occupied by long-term patients, and facilities are shifting skilled nursing facility practice toward short-term stays
- 5) Market and practice changes for freestanding SNF may decrease the supply of beds and limit access for Medi-Cal patients in the future
- 6) San Francisco's skilled nursing facility bed rate will decline as the city's population ages
- 7) San Francisco's Long-Term Care Ombudsman serves as an advocate for skilled nursing residents' health, rights, safety, and welfare.
- 8) Palliative Care is an important resource of patients with serious and life-threatening illness
- 9) The San Francisco Post-Acute Care Collaborative is developing solutions for high risk individuals needing post-acute care and will make recommendations regarding subacute care
- 10) The Health Care Services Master Plan update will highlight the need for skilled nursing care and explore related land use policy recommendations
- 11) The Department of Public Health has initiated regional conversations regarding post-acute care; and

WHEREAS, as documented in the Health Commission 02-10 resolution*,

"CPMC will provide a total of 100 skilled nursing beds in San Francisco, retaining the 38 beds currently located at the Davies Campus and adding 62 new SNF beds. Because of the shortage of SNF beds in the community, no existing community-based beds will be utilized. CPMC will maintain ongoing reports to the Commission concerning these options and future decisions."

**Resolution Memorializing the Agreements Reached by the Health Commission and CPMC Regarding Its Institutional Master Plan"*

WHEREAS, In accordance to Proposition Q, the San Francisco Health Commission held public hearings on August 15, 2017 and September 5, 2017; and

WHEREAS, This Health Commission is concerned not only about the current patients in St. Luke's SNF and subacute units, but is also concerned about the SNF and subacute capacity for future generations of San Franciscans; and

NOW, THEREFORE, BE IT RESOLVED, That with an aging population, declining SNF beds, and no subacute SNF beds in San Francisco after the closure of St. Luke's SNF and subacute unit, San Francisco will continue facing challenges in caring for the older and vulnerable adult populations in the future; and be it

FURTHER RESOLVED, That the closure of the SNF and subacute unit at CPMC St. Luke's will have a detrimental impact on the availability of and access to these health care services in the San Francisco community.

FURTHER RESOLVED, That the Health Commission recommends that St. Luke's Hospital and CPMC delay the discharge of St. Luke's current subacute and SNF patients until alternative subacute and post-acute facilities are identified; and be it

FURTHER RESOLVED, The Health Commission requests the San Francisco Department Public of Health (SFDPH) to prepare 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 subacute patients; and be it

FURTHER RESOLVED, The Health Commission requests the SFDPH 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 for San Francisco residents discharged from San Francisco hospitals; and be it

FURTHER RESOLVED, The Health Commission requests the SFDPH to analyze the insufficient number and range of post-acute care beds and facilities along with other options:

- A. Cooperation agreements among private and public hospitals to operate and fund jointly SNF subacute care beds and facilities within the City and County of San Francisco; and
- B. The enactment of local legislation to promote development of new skilled nursing beds and conservation of skilled nursing beds within the City and County of San Francisco; and be it

FURTHER RESOLVED, The Health Commission requests that CPMC actively participate in the development of recommendations to include new legislation and CCSF regulations to promote development of new skilled nursing beds and conservation of existing SNF beds in San Francisco, to be considered by the Health Commission and Planning Commission in regard to their oversight and approval of revisions to the Health Care Service Master Plan; and be it

FURTHER RESOLVED, the Health Commission requests that CPMC honor its commitment from the 02-10 resolution to utilize resources at its San Francisco campuses or elsewhere to care for its patients needing SNF beds, in order to alleviate its use of scarce community SNF beds; and be it

FURTHER RESOLVED, the Health Commission requests that the Post-Acute Care Collaborative (PACC) continue its work to improve the availability and accessibility of post-acute care services for vulnerable populations in San Francisco; and to make responsive post-acute policy, research, and operational recommendations to the Health Commission and the Hospital Council of Northern and Central California. In addition, the Health Commission requests that CPMC continue its leadership and active involvement in the PACC; and be it

FURTHER RESOLVED, the Health Commission requests that CPMC attend and actively participate in future Health Commission meetings focused on the follow-up to Subacute SNF bed availability in San Francisco.

I hereby certify that the San Francisco Health Commission at its meeting of September 5, 2017 adopted the foregoing resolution.

Mark Morewitz
Executive Secretary to the Health Commission