

Proposed St. Luke's Hospital Sub-Acute and SNF Units Closure Eviction and Exile: A Watershed Moment?

by Teresa Palmer, MD and Patrick Monette-Shaw

Out-of-county patient dumping of San Franciscans following hospitalization is certain to increase.

San Francisco is poised to lose its only skilled nursing facility (SNF) providing both sub-acute care for patients who need ventilator care as well as for those who need routine post-acute hospitalization rehabilitation.

St. Luke's, operated by California Pacific Medical Center, announced June 6 it's closing its SNF unit October 31, as there will be "no space" for a skilled nursing facility in either of its two new hospitals (St. Luke's and Cathedral Hill locations).

Licensed for 79 SNF beds, St. Luke's SNF currently has 24 "sub-acute" patients who face out-of-county placement as far away as Sacramento and Los Angeles. Sub-acute skilled nursing care is required for patients who need ventilators or other forms of very complex care to survive. There are no other sub-acute units in the county.

"The closure of St. Luke's Skilled Nursing Unit represents a watershed moment in the history of San Francisco, a moment when many generations of San Franciscans will look back and wonder what happened to the options for persons who need neighborhood-based or local options to 24/7 [skilled] nursing care," Benson Nadell testified to the Health Commission on August 15. Nadell is the program director of San Francisco's Long-Term Care Ombudsman program, a state-administered program.

Nadell says the proposed closure of St. Luke's sub-acute unit would become a sentinel event, which is defined as an "unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not related to the natural course of the patient's illness."

A report from DPH in February 2016 — "*Framing San Francisco's Post-Acute Care Challenge*" — documented that all private-sector hospitals cited out-of-county placement as necessary to transfer patients from acute care to lower levels of care. All acute care hospitals other than CPMC transfer sub-acute patients out of county, since CPMC does not allow admissions to its sub-acute unit from other hospital systems.

The number of private-sector out-of-county discharges aren't reported, but we know that San Francisco General and Laguna Honda Hospital combined have discharged at least 541 patients, or more, out of county between July 1, 2006 and June 30, 2017.

St. Luke's hasn't reported ethnicities of patients impacted by the proposed unit closures, but family members of patients say that all of the 24 patients in St. Luke's sub-acute unit are people of color.

DPH informed the Health Commission on August 15 that to maintain San Francisco's current skilled nursing facility bed rate as our population ages, the City would need 4,083 licensed SNF beds by 2030 — an increase of 1,644 beds over the current supply.



Ruth Cativo Testifying before the San Francisco Public Health Commission during a Proposition Q hearing on August 15, 2017 opposing the closure of St. Luke's sub-acute SNF unit where her father is a long-term care patient.

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— Benson Nadell
San Francisco Long-Term Care Ombudsman

San Francisco's new Dignity Fund, which will be awarded \$575 million by July 2026, prohibits spending for hospital-based medical or SNF services.

DPH's February 2016 report noted that because San Francisco is at risk of an inadequate number of SNF beds that a Post-Acute Care Collaborative (PACC) be created to explore options to bring new SNF capacity to market in San Francisco.

The PACC is a private group of hospital administrators. To date, the PACC has stated its solution would involve a "public-private partnership." However, in over 18 months, the PACC has made no offer to use "private funds." There has been no PACC action to solve the severe SNF bed shortage except to describe only what the public sector might do. Apparently, private non-profit hospitals (a.k.a., not San Francisco General), despite their "non-profit" status, are not interested in using their own resources for skilled nursing care.

"Do we really want to exile the aging to out-of-county facilities because San Francisco cannot take care of them?," Palmer asked.

Dr. Palmer testified to the Board of Supervisors on July 26: "I do not believe any progress has been made on the actions recommended in the 2016 DPH study. I believe DPH has not even met to even begin the process of mitigating the damage that successive closures of hospital-based SNF's in San Francisco have caused, and will continue causing."

The folks who will be most affected are not only the homeless and marginally housed, but any aging person without a very high income in San Francisco who becomes unable to care for themselves at home. "Do we really want to exile the aging to out-of-county facilities because San Francisco cannot take care of them? Because we rubber-stamped closures of SNFs like this?," Palmer asked.

"If St. Luke's closes, anyone who needs a sub-acute SNF ventilator unit will have to die in the ICU or leave the county immediately, because St. Luke's sub-acute unit is the only ventilator-capable facility remaining in the City," Palmer notes.

Family members and healthcare advocates are worried about the potential for transfer trauma to St. Luke's sub-acute patients. Their discharge options are as far away as Los Angeles. "Transfer trauma is a documented affect of the relocation of frail disabled persons: Caregiver relationships are disrupted; the nexus of communications necessary to continuity of care are broken; the person moved from the familiar to the unfamiliar," Nadell testified.

He further testified that when nursing home patients are relocated out of county, family members report that they visit less frequently, and patients spent more time in bed. Most of these patients die within a year, even without terminal diagnoses.

In 1988, San Francisco passed Prop. Q, which explicitly requires that the Health Commission determine whether private hospital reductions in services will have a detrimental effect on the health care of San Franciscans.

On August 15, DPH recommended to the Health Commission that closure of CPMC St. Luke's 79-licensed beds in its sub-acute and SNF units *will* have a detrimental impact on health care services in San Francisco.

CPMC/Sutter has already removed any mention of St. Luke's post-acute/SNF/sub-acute services from its website, as if those services had never existed, in spite of the fact final closure isn't scheduled until October, and in spite of the fact the Health Commission and Board of Supervisors haven't completed hearings on St. Luke's proposed closure.

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CPMC's Foundation recently announced it is sponsoring a "Movies in the Park" series throughout this September, replete with special goodie bags including free popcorn and free fleece blankets for the first 250 attendees at each of the three events. The Recreation and Parks Department has confirmed that CPMC's Foundation has paid \$4,263 in park rental fees for the three movie nights.

Michael Lyon, a prominent advocate for elderly and disabled people, notes: "What are these free movies costing you? It's costing you the only hospital unit in San Francisco offering long-term sub-acute care to severely sick people."

Dr. Palmer asks: “Why is CPMC’s Foundation spending donor’s money on movies and free popcorn instead of on patient care? Is this designed to ‘market’ CPMC as a member of the community, while deciding that sub-acute patients can be exiled and die?,” she continued.

To prevent the St. Luke’s sub-acute closure from becoming a watershed moment in San Francisco’s history and a likely sentinel event, please contact Supervisors Hillary Ronen, Jeff Sheehy, Sandra Lee Fewer, and Ahsha Safai, who will be holding a second Public Safety and Neighborhood Services Committee hearing on St. Luke’s Skilled nursing beds in the near future.

“ Urge the Board of Supervisors to find a legislative solution to keep all of St. Luke’s 79 SNF beds, including the sub-acute beds, open in San Francisco!”

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