

Patrick Monette-Shaw

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

January 22, 2020

Public Safety and Neighborhood Services Committee, Board of Supervisors

The Honorable Rafael Mandelman, Chair
The Honorable Catherine Stefani, Member
The Honorable Shamann Walton, Member
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Re: **Board of Supervisors Sub-Acute Care Solutions “Analysis Paralysis”**

Dear Chair Mandelman and Members of the Public Safety and Neighborhood Services Committee,

This is testimony for the Public Safety and Neighborhood Services (PSNS) Committee meeting on January 23, 2019.

Four or more years have passed, while the Board of Supervisors have failed to address multiple shortages of post-acute care facilities in San Francisco. The shortage of post-acute care options is an urgent healthcare crisis. What’s taking so long to develop reasonable solutions? It seems as if the Board of Supervisors and the Department of Public Health are hamstrung with *analysis paralysis* or *decision fatigue*, paralyzing the outcome of quickly creating sub-acute care facilities in county.

It’s been almost four years since the Health Commission received a report in February 2016 — *Framing San Francisco’s Post-Acute Care Challenge* — that noted private-sector hospitals cite out-of-county placement as necessary to transfer patients from acute care to lower levels of care. All acute care hospitals — now including CPMC — transfer sub-acute patients out-of-county. The number of private-sector out-of-county discharges weren’t fully reported in 2016 and haven’t been by now.

When CPMC notified the City in June 2017 that it planned to close its sub-acute and skilled nursing units at CPMCs St. Luke’s campus at the end of October 2017, the Health Commission held a “Prop. Q” hearing on the closure on September 5, 2017. The Health Commission adopted its Resolution 17-7 finding that the closure of St. Luke’s sub-acute and SNF units **would** in fact have a detrimental effect on San Franciscans’ healthcare.

After the Health Commission ruled against CPMC, then-Director of Public Health Barbara Garcia began working in 2017 to identify where 70-bed sub-acute beds could be created in existing spaces in the City’s private-sector hospitals. Garcia had made some progress working with St. Mary’s to host some of the beds, but that work came to a screeching halt when Garcia was forced out over a contract steered to her partner’s employer. Why has it taken over two years to identify potential existing spaces in hospitals that could be pressed into service for sub-acute SNF care?

Unanswered Questions Raised During September 26, 2019 PSNS Hearing

A number of issues were raised during your September 26, 2019 PSNS hearing, which remain unanswered.

1. **San Francisco’s Long-Term Care Ombudsman, 9/26/2019:** Benson Nadell, submitted written testimony on September 24 for your September 26 hearing. He pointedly noted that hospitals drive long-term care policies, but have failed to report data on discharges by sickness or needed supports.

He asked “*Where do patients go (upon hospital discharge)? To what destinations? What [services] and supports are provided? Where is data on destination and discharges services by acuity from the remaining Post-Acute SNF’s?*”

Without putting words in his mouth, Nadell appeared to essentially be asking the Board of Supervisors to request data from all hospitals regarding what types of facilities patients are discharged to (e.g., board and cares, skilled nursing facilities, sub-acute facilities, RCFE’s, etc.), and whether the discharge locations are to in-county, or out-of-county facilities elsewhere in the State. And it was clear that Nadell was asking for the data based on the acuity level of the patients involved, particularly for those patients with complex medical illnesses.

What has this Committee, the Board of Supervisors, or the Department of Public Health done in the intervening months to collect and analyze this data?

2. **Milliman Presentation, 9/26/2019:** DPH’s Kelly Hiramoto claimed on September 26, 2019 that DPH began a process in Fall 2018 to identify a consultant to conduct an environmental scan, manage project selection and implementation to bring new subacute skilled nursing beds online. Hiramoto should have known that, in reality, Director Garcia had started that process a year earlier in 2017. Milliman Inc. was chosen in June 2019 as the lead consultant for the project.

It should not have taken over two years starting in June 2017 to have eventually chosen Milliman or any other consultant!

Milliman informed the PSNS Committee during your September 26, 2019 hearing that patients who are both ventilator dependent *and* need dialysis have no sub-acute care options in Northern California and must go to Southern California, or outside of the state, to obtain a bed in a sub-acute care facility.

Milliman also reported that it had interviewed seven hospital-based facilities, but only six of them had provided data for analysis. Two of the six hospitals reported they had been unable to successfully place (discharge) any sub-acute care patients “*in the past year*” (2018). Milliman estimated from the five hospitals that provided data there were “*about*” 49 patient discharges to sub-acute care facilities in 2018. Obviously those 49 discharges had to have been out-of-county, as CPMC stopped accepting non-CPMC patients to its sub-acute beds as far back as 2012, and even stopped new admissions from its own affiliate Sutter facilities to its St. Luke’s sub-acute unit in FY 2016–2017.

Milliman also reported that its data was likely “*deflated*” — under-estimated — since the hospitals surveyed had been somehow pursuing *alternate placement options*. What alternate placement options weren’t discussed.

I reported to the PSNS Committee on September 26, 2019 that there have been a minimum of 1,659 patients discharged to out-of-county facilities since 2006, a figure that is probably far higher because of the missing data from San Francisco’s private-sector hospitals for at least ten years (FY 2006–2007 through FY 2011–2012, plus FY 2017–2018 through FY 2019–2020), and SFGH has failed to provide data for three years (FY 2006–2007 through FY 2008–2009) claiming the records were in off-site storage and were too burdensome to retrieve and count.

Since Milliman didn’t report how many of the 49 discharges in 2018 came from which hospital and how many were from SFGH, it’s not clear if all 49 discharges should be added to the 1,659 — pushing known out-of-county discharges to over 1,708 — which is probably far higher, because no data has been reported yet for all of 2019.

3. **Kim Tavaglione, 9/26/2019:** On September 26, 2019 I advised the PSNS Committee that labor leader Kim Tavaglione had reportedly been working with the Board of Supervisors to craft legislation to require out-of-county discharge reporting from all San Francisco hospitals. I’ve advised Tavaglione that she may be overstepped by wanting all public- and private-sector hospitals in the City to report overly-burdensome details about each patient discharge, rather than seeking basic data reporting. Why hasn’t the Board of Supervisors developed that legislation, and how long is it going to take to submit and enact it? What’s the delay? Has Ms. Tavaglione also been stricken by analysis paralysis?

Short History of How We Got Here

A short history of how we have gotten here is notable.

The Hospital Council of Northern and Central California formed and launched a Post-Acute Care Collaborative (PACC) in March 2017, nearly three years ago, to explore creating a public-private partnership model using existing health care facilities in San Francisco to provide subacute care. The project sought to utilize unused space in hospitals, medical offices, and/or freestanding skilled nursing facilities to create a new subacute unit managed by freestanding SNF providers.

On June 6, 2017 CMPC announced its plan to close the Skilled Nursing Facility (SNF) and sub-acute unit at its former St. Luke’s Hospital campus, which was the only sub-acute SNF in the entire City.

I first asked this Public Safety and Neighborhood Services on July 23, 2017 in written testimony about the proposed closure of the St. Luke’s SNF to work with the Department of Public Health to introduce legislation to require that all private-sector hospitals obtain and report all out-of-county patient discharges of San Francisco citizens from private-sector hospitals since July 1, 2006.

San Francisco’s Health Commission ruled on September 5, 2017 that CPMC’s planned closure of St. Luke’s Hospital’s skilled nursing and sub-acute units *would* have a detrimental impact on San Franciscans’ healthcare. In response, Supervisors Hillary Ronen and Ahsha Safai introduced a request to hold a hearing on the shortage of skilled nursing and sub-acute facilities in the City.

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A week after the Health Commission’s ruling, the Board of Supervisors held a Committee of the Whole hearing on September 12, 2017 regarding the severe shortage of SNF and sub-acute level of care facilities in-county. During opening remarks on September 12, Supervisor Noeman Yee threw a wrench in the proceedings, claiming he had asked in June 2017 for a hearing “on these issues.” In fact, he had not. Instead, Yee had requested that June to have a hearing to “*understand the efforts of City departments regarding institutional housing, particularly assisted living, residential care facilities, and small beds for seniors in San Francisco.*” Those are separate issues from the issues of sub-acute and SNF level of care.

Yee essentially high-jacked the discussion, because the September 12 hearing had been convened to address the acute shortage of hospital-based and free-standing skilled nursing facilities, and sub-acute facilities.

Since 2017, all we have heard has been Supervisor Yee’s pitch for independent housing for seniors, and next to nothing about his overall plan to increase Residential Care Facilities for the Elderly (RCFE), while the PSNS hasn’t been able to move the needle very far on solving the sub-acute care facility vacuum, and while there has been virtually no public hearings on addressing the very shortage of skilled nursing facilities that is driving the out-of-county patient dumping.

I’ve said this repeatedly: *You can’t fix what you don’t measure.* Until you start requiring that out-of-county discharge data from all public- and private-sector hospitals and other community-based healthcare providers be reported to the Department of Public Health, you are never going to be able to fix the problem of out-of-county patient dumping due to shortages of in-county sub-acute care, skilled nursing care, and RCFE-level of care. ***What you don’t measure, you can’t fix.***

This issue should not languish for any more years. Act, meaningfully, now!

Respectfully submitted,

Patrick Monette-Shaw

Columnist, Westside Observer Newspaper

cc: The Honorable Sandra Lee Fewer, Supervisor, District 1
The Honorable Aaron Peskin, Supervisor, District 3
The Honorable Gordon Mar, Supervisor, District 4
The Honorable Dean Preston, Supervisor, District 5
The Honorable Matt Haney, Supervisor, District 6
The Honorable Norman Yee, Supervisor, District 7
The Honorable Hillary Ronen, Supervisor, District 9
The Honorable Ahsha Safai, Supervisor, District 11
John Carroll, Clerk of the Public Safety and Neighborhood Services Committee
Carolyn Goossen, Legislative Aide to Supervisor Hillary Ronen
Lee Hepner, Legislative Aide to Supervisor Aaron Peskin