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**THE SF HEALTH COMMISSION TASK FORCE ON CPMC'S IMP
ADDRESSING RESOLUTION NO. 10_09**

**Updates and Accomplishments
March 2, 2010**

CPMC's Institutional Master Plan was presented to the Health Commission in May 2009. At its July 21, 2009 hearing, the SF Health Commission adopted Resolution 10-09 supporting CPMC's plans to rebuild facilities to meet the State's current seismic requirements. In particular, the Commission applauded CPMC for its decision to rebuild and revitalize the St. Luke's Campus. To ensure the CPMC IMP results in the best possible health plan for the City and County of San Francisco, the Health Commission put forward eight specific recommendations that stemmed from four public hearings. One of these recommendations was to convene a working group (Health Commission Task Force on CPMC's IMP) to discuss and analyze progress in fulfilling these recommendations. The Task Force met eight times over the last seven months. The Task Force used a model of decision making based on consensus. This report does two things: first it details the agreements that were reached in each of the eight recommendations; next it looks at how the Commission will track future accountability and reporting throughout the IMP process. An addendum is attached (submitted by CPMC) that details the progress made in revitalizing the St. Luke's campus since the Blue Ribbon Panel recommendations. The following is a synopsis of the agreements reached by the Task Force.

I. COMMISSION RECOMMENDATIONS AND CPMC RESPONSE

Commission Recommendations 1 & 2

CPMC should increase its charity care, including but not limited to Healthy San Francisco, to a share comparable to other hospitals in San Francisco.

CPMC should increase its share of patients with MediCal to a share comparable to other hospitals in San Francisco. (Since hospital admissions other than those that come through the emergency department are determined by doctors associated with the hospital, the Health Commission believes that CPMC will best achieve this through establishment of a Foundation for physicians at St. Luke's campus, which was a recommendation of the Blue Ribbon Panel.)

CPMC Analysis & Response

CPMC committed to increasing its share of charity care and MediCal services in San Francisco. Since St. Luke's became part of CPMC in 2007, the Task Force felt that 2007 should be used as the baseline year for measuring progress in achieving targeted increases.

CPMC has committed to increasing its charity care contribution 79% in a five-year period, from \$5,315,000 in 2007 to \$9,500,000 by 2012. For comparison, Catholic Healthcare West 2007 charity care contribution was \$9,538,404.

In addition CPMC has committed to continue serving MediCal patients throughout its system. To that end, CPMC will retain its MediCal contract with the State of California and provide MediCal patients access through the Sutter Pacific Medical Foundation clinics and the St. Luke's Health Care Center. Finally, CPMC commits to increase its amount of MediCal shortfall (the uncompensated

portion of providing care to MediCal patients) by 22% in a five-year period, from \$53,369,000 in 2007 up to \$65,000,000 by 2012.

Commission Recommendation 3

CPMC should replace lost skilled-nursing facility (SNF) beds with appropriate long-term care services for an equal number of persons. In this regard, the Health Commission recognizes that institutional care is not necessarily the best option for seniors and younger adults with disabilities who need long-term care.

CPMC Analysis & Response

CPMC reported to the Task Force that its analysis of case mix, utilization, and outcomes over the last several years indicates an ongoing need for 100 skilled nursing beds. Of these, CPMC indicates that 38 beds are already located at the Davies Campus in newly renovated and equipped floors. These beds will remain at the Davies Campus.

Directly responding to the Health Commission's concern that no existing community-based beds be utilized for these patients because of the shortage of skilled nursing beds in the community, CPMC has committed to establishing an additional 62 SNF beds to accommodate these patients. Their post-acute care staff is evaluating options for providing these beds either directly or with community provider partners. CPMC will maintain ongoing reports to the Commission concerning these options and future decisions.

In addition, the Task Force supports CPMC's collaboration with the Department of Aging and Adult Services (DAAS), the San Francisco Senior Center, St. Francis Memorial Hospital on a pilot to provide comprehensive support to senior patients with transition services such that many can successfully be restored to their own homes with appropriate support services. The community-based partners working with the San Francisco Senior Center to deliver services include Bernal Heights Community Center, Catholic Charities CYO, Curry Senior Center, Episcopal Homes—Cannon Kip, Kimochi Home, Self Help for the Elderly and Swords to Ploughshares.

Commission Recommendation 4

CPMC should replace lost sub-acute beds with placements for all individuals currently in those beds.

CPMC Analysis & Response

The Task Force notes that CPMC's sub-acute beds are currently maintained for CPMC patients referred from within their citywide system in San Francisco.

Following the recommendation of the Blue Ribbon Panel (BRP), the San Francisco Hospital Council has convened a work group, chaired by CPMC post-acute care vice president, Mary Lanier, to develop concrete solutions for providing sub-acute care beds in the community. A number of options are currently under review and analysis by the work group. The aim of the work group is to produce a recommendation for consideration by the Hospital Council in June 2010. These possible options include collaborating with the San Francisco Department of Public Health to provide sub-acute beds or a joint venture among several hospitals to increase access to a sub-acute care beds in a new facility. With the decommissioning of the St. Luke's inpatient tower, CPMC will place all remaining sub-acute care patients in the hospital or in community facilities.

Commission Recommendation 5

CPMC should make a commitment that the St. Luke's campus will be operated as a community hospital for at least 20 years (barring significant changes in medical technology—the Health Commission does not favor the maintenance of empty hospitals).

CPMC Analysis & Response

CPMC's overall plan to revitalize St. Luke's--an initial capital investment of \$250,000,000 for the construction of a new inpatient facility and other campus wide improvements--demonstrates CPMC's

commitment to St. Luke's as a community hospital campus that is an integral part of their larger healthcare system.

In September 2008, CPMC's Board of Directors reaffirmed this commitment by unanimously accepting the recommendations of the Blue Ribbon Panel, directing executive management to include a revitalized St. Luke's Campus, with all the services of a community hospital, as part of CPMC's Institutional Master Plan (IMP), in line with the BRP's recommendation. The Board also accepted the BRP's recommendation that the existing inpatient facility maintain full operations until the new facility is ready for occupancy to avoid staff attrition.

Implementation of the BRP's recommendations will mostly occur at the revitalized St. Luke's Campus with two exceptions. SNF beds will be provided within the CPMC system and through new community-based facilities. Inpatient pediatric beds will be built into the new Cathedral Hill Hospital where all the support services and specialties necessary for safe and effective care will be available. The Task Force concurs that these actions will provide for the services to patients envisioned by the Blue Ribbon Panel.

Commission Recommendation 6

CPMC should ensure that all of the recommendations of the Blue Ribbon Panel be fully implemented. (The issue of SNF beds can be resolved through the creation of alternative services for those needing this level of care, as noted in recommendation number 3).

CPMC Analysis & Response

CPMC reported to the Task Force that it intends to implement all the recommendations of the Blue Ribbon Panel, with the two exceptions noted above. These BRP recommendations fall into three areas:

BRP Recommendation 1

Replacement of existing inpatient facilities with a new inpatient tower while fully integrating the St. Luke's Campus into CPMC's citywide system of care. Necessary service lines identified by the BRP are:

- Medical/Surgical Care
- Critical Care
- Emergency/Urgent Care
- Gynecologic and Low-Intervention Obstetric Care

CPMC Response

The Task Force notes that CPMC's plan for the revitalization of the St. Luke's Campus—budgeted at \$250,000,000—includes construction of a new inpatient facility that will include all services outlined above.

BRP Recommendation 2

Provide inpatient capacity to meet community need.

CPMC Response

The Task Force notes that CPMC's planning for the new inpatient facility at St. Luke's will respond to The Camden Group projections of community need for the service lines proposed by the BRP as described in the table below:

	Current Capacity (Licensed):	Patient Demand*:	Blue Ribbon Panel Projection* (2020):	Planned Capacity in the New Hospital
Med/Surg	98	39.5	49.1	53
Critical Care	15	6.6	8.5	8
Emergency/Urgent Care	14	26,182 visits	20,201*** visits	12 ED bays (21,000 visits) 5 Urgent Care bays (10,600 visits)
Labor & Delivery	3 LDR (unlicensed) 20 perinatal	1145** OB Discharges	1359 OB Discharges	5 LDR 14 Postpartum (1400 births)

* Source: *The Camden Group Report to the Blue Ribbon Panel, 2008*

** Labor & Delivery data derived from OSHPD

*** The Camden Group to the Blue Ribbon Panel didn't include urgent care visit projections

Explanatory Notes:

- *Planned capacity in the new inpatient facility will match the BRP (Camden Group) projections for expansion in 2020.*
- *Planning for the new inpatient facility includes expansion capacity to accommodate increased patient demand as predicted by The Camden Group report.*
- *All patient rooms will be single rooms, for better infection control, easier access for seniors, more visitor room, broader areas for care, and improved privacy.*
- *The new Emergency Department will have considerably more space, along with differentiated treatment and triage areas, with a large urgent care area. Thus, the ED will be able to handle many more visits than envisioned by the Blue Ribbon Panel and will provide significant backup capacity for SFGH.*
- *The number of ED visits planned is considerably larger than the Camden Group projection because the planned facility includes a new Urgent Care unit.*
- *With the new Women's Care floor, the facility will offer labor and delivery areas with contiguous recovery and postpartum areas, as well as versatile medical/surgical rooms allowing other gynecological procedures, and a family room*

BRP Recommendation 3

Creation of three Centers of Excellence: Women's Health; Senior Health; and Community Health.

CPMC Response

CPMC is committed to organize and expand existing programs, both inpatient and outpatient, to serve the three areas noted by the BRP as described below:

Community Health Center: *health promotion, prevention, and primary care for general population*

- *Health First Center for Education and Prevention*
- *St. Luke's Pediatric Clinic*
- *Child Development Center*
- *St. Luke's Neighborhood Clinic provides primary care services to adults*

Women's Health Center: *a system of care for women across the care continuum*

- *St. Luke's Women's Center offering outpatient prenatal care, midwifery care and support, gynecologic care, breastfeeding support, childbirth and yoga classes*

- *Women and Children’s Inpatient Floor providing labor and delivery, postpartum care, and gynecologic surgery*
- *St. Luke’s Breast Center*

Senior Health Center: *health promotion, prevention, and primary care for seniors*

- *St. Luke’s Diabetes Center*
- *Orthopedic Surgery Clinic*
- *St. Luke’s Neighborhood Clinic provides primary care services to seniors*
- *St. Luke’s Heart Services*

Commission Recommendation 7

The Health Commission should establish a working group to analyze progress toward realizing these recommendations.

Analysis & Response

The Health Commission Task Force on CPMC’s IMP was convened in August and has met at least monthly since its inception. This report is a product of the Task Force work.

Commission Recommendation 8

CPMC should continue to partner with all sectors of the community, including Chinese Hospital, its affiliates, and the Chinese community to provide fair and affordable access to its services.

CPMC Analysis & Response

CPMC has committed to continuing its long standing partnership with Chinese Hospital, its affiliates and the Chinese community.

II. ACCOUNTABILITY AND REPORTING

CPMC has agreed to continue to provide to the Health Commission the following standard information for St. Luke’s for as long as it is technically feasible. It is anticipated that separate reporting will be feasible through 2012, at which time, the accounting systems across the CPMC system will be consolidated and CPMC will no longer have the ability to provide campus-specific reporting. Until such time, St. Luke’s data will be reported to the Health Commission separately. When the systems are integrated in 2012, CPMC’s charity care reporting will be revisited based on available information.

Data to be reported will include these elements from the current OSHPD “Annual Hospital Financial Data Profile”:

- Uncompensated Care Costs % of Operating Expenses – all line items;
- Uncompensated Care Costs – all line items;
- Financial and Utilization Data by Payer Category – all payers; these line items only: Patient Days (excluding nursery); Discharges (excluding nursery); Average Length of Stay; Outpatient Visits;
- Labor Productivity by Employee Classification – all line items; these columns only: Productive Hours; Hours per Adjusted Patient Day.

In addition, CPMC will report discharges by ZIP code within St. Luke’s primary service area (as defined by ZIP codes in the Camden Report 3/09).

Finally, the Task Force agreed that CPMC will provide annual updates to the Commission on the prior year, commencing one calendar year after acceptance of the Report of the CPMC Task Force. These reports will coincide with the hospital’s reporting cycle to OSHPD. In the event of major changes to CPMC’s or St. Luke’s facility development plans or a change in the service mix in CPMC’s San Francisco facilities, the Planning and Budgeting subcommittee of the Health Commission may ask CPMC to provide additional periodic updates. This reporting process builds in both accountability and oversight

to ensure the Commission and the public are kept abreast of CPMC's progress as the Institutional Master Plan is implemented.

Source Documents:

- 2007 OSHPD Community Benefit Reports
- The Blue Ribbon Panel on the Future of St. Luke's Hospital: Final Report. 31 July 2008.
- "Resolution of the California Pacific Medical Center Board of Directors Regarding Its Response to the Recommendations of the Blue Ribbon Panel on the Future of St. Luke's Hospital", 25 September 2008.
- "Resolution Declaring Findings on the California Pacific Medical Center Institutional Master Plan", Resolution No. 10-09, Health Commission of the City and County of San Francisco, 21 July 2009.
- Utilization Projections and Assumptions for St. Luke's Campus: Report to the San Francisco Blue Ribbon Panel. The Camden Group, 28 April 2009.

Addendum

CPMC PROGRESS IN IMPLEMENTING BRP RECOMMENDATIONS

Since acceptance of the Blue Ribbon Panel recommendations CPMC has made the following progress in revitalizing the St. Luke's Campus:

- ✓ The Orthopedic Surgery Clinic, in collaboration with SF General Hospital, with nine orthopedic surgeons in the Monteagle Medical Office Building is in operation;
- ✓ Nine primary care physicians practicing in the South of Market area have been hired by Sutter Pacific Medical Foundation;
- ✓ Medical students from the Dartmouth Medical School are now rotating at St. Luke's Family Medicine Clinic;
- ✓ The Health Care Center's Pediatric Clinic has expanded capacity by 10% (including an additional exam room) and consolidated services on a single floor in the Monteagle Medical Office Building. Also, an additional pediatrician has been recruited to the staff.

In addition, the long term goals outlined in CPMC's planning further indicates its commitment to St. Luke's Campus. Some of these goals as described in the plan:

- ✓ Develop, with neighborhood and community participation, a multi-phased coherent plan for campus revitalization
 - Landscaping throughout campus
 - Pedestrian walkways connecting key streets
 - Improved safety and security features
- ✓ Optimize facilities for health promotion and community services
 - Collaboration with community-based clinics and agencies proximate to the campus
 - Expansion of physician office space, both on campus and proximate
 - Location of outpatient programs for each Center of Excellence on campus
- ✓ Planning is underway for an expansion building on the site of the 1970 inpatient tower to house additional outpatient programs and physician offices.