

James Loyce, Jr., M.S.
President

Dan Bernal
Vice President

Edward A. Chow, M.D.
Commissioner

Cecilia Chung
Commissioner

Laurie Green, M.D.
Commissioner

Tessie M. Guillermo
Commissioner

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

**London N. Breed Mayor
Department of Public Health**



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MINUTES

HEALTH COMMISSION MEETING

Tuesday August 6, 2019 4:00 p.m.

101 Grove Street, Room 300

San Francisco, CA 94102

1) CALL TO ORDER

Present: Commissioner James Loyce, Jr., M.S., President
Commissioner Dan Bernal, Vice President
Commissioner Edward A. Chow M.D.
Commissioner Laurie Green, MD
Commissioner Tessie Guillermo

Excused: Commissioner Cecilia Chung

The meeting was called to order at 4:07pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING of JULY 16, 2019

Commissioner Comments:

Commissioner Chow requested that the following comment, on page 10, item 6, "Commissioner Chow asked if UCSF is the only other provider in San Francisco to offer this service to the public." be corrected to indicate that UCSF is the only private hospital, at its Parnassus and Mission Bay campuses, to offer this service to the general public; he noted that Kaiser may be able to offer the service in an emergency but the service would be considered out-of-network for any individuals who do not use Kaiser as their regular health provider."

Action Taken: The Health Commission unanimously approved the June 18, 2019 minutes with the correction noted above.

3) DIRECTORS REPORT

Grant Colfax, Director of Health, gave the report. The full report can be viewed at:

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

Epic is live!

On August 3rd, we implemented our first electronic health record system, Epic. With this new system, patient and client records created at Zuckerberg San Francisco General Hospital, Laguna Honda Hospital, and our primary and specialty care clinics, will seamlessly connect so that the most vulnerable members of our

population will receive an even higher level of care. Many of our patients cross between these facilities and clinics, and now their records will do the same. This is one of the most pivotal moments in the history at the San Francisco Department of Public Health and represents the culmination of years of planning, preparation and hard work, ultimately resulting in a resource for our department that connects our entire network of care. With Epic, we will see significant improvements to quality, safety, efficiency, patient experience and the overall performance of our San Francisco Health Network. Never in the history of the organization has improvement work been undertaken that touches all parts of the health care delivery process simultaneously – clinical, financial, and operations. The commitment that every staff member has displayed in preparing through training, attending events, and being engaged in this process has ensured success during the launch, and beyond. This weekend and Monday, it was inspiring to see, in real time, the incredible work, assistance, commitment, and successes already happening with EPIC. While there are and will continue to be challenges, our transformation has commenced. My thanks to the hundreds of people who have made EPIC such a success.

Laguna Honda patient incident update

We have been continuing to cooperate with the California Department of Public Health (CDPH), which conducted an investigation on behalf of the federal Centers for Medicare and Medicaid Services (CMS) of incidents of patient abuse at Laguna Honda Hospital. These incidents were announced to the public on June 28th by Mayor Breed, President of the Board of Supervisors Yee, and Health Director Colfax.

Laguna Honda received a formal Statement of Deficiencies from CDPH on July 23rd. This report details results of the investigation, which includes information obtained during a survey that was conducted June 4 to 10, and a focused medication management survey June 28 to July 3. In addition to the findings surrounding resident abuse, the report also describes findings about quality of care.

We submitted a formal Plan of Correction to CDPH and CMS on August 2nd. This plan describes how we are establishing new and updating current standards and processes to address the deficiencies identified by our regulatory partners.

We expect CDPH to return soon, perhaps this month, to verify our plan of correction was implemented and possibly to conduct a full re-licensing survey of Laguna Honda. I am confident that together, we will be able to demonstrate to our regulatory partners how we have improved as an organization.

Our mission at Laguna Honda is to provide a welcoming, therapeutic and healing environment for the residents we have the privilege to care for. All residents at Laguna Honda Hospital and Rehabilitation Center deserve to receive the highest level of care delivered by professional, compassionate staff.

Hunters Point Shipyard Building 606 update

On July 25th, the San Francisco Police Department employees of Building 606 at the Hunters Point Shipyard received an update and final report from the Department of Public Health (DPH), Occupational Safety and Health Program on the health and safety testing of their building. The employees have been updated periodically, as test results were completed. Previous updates happened on September 26 and December 10, 2018.

All of the test results confirm that there is no evidence of health hazards at Building 606 related to the Shipyard cleanup and restoration. The update included that the radiological health and safety screening of the interior and exterior of the building conducted in January 2019 found no indication of radiological contamination or other radiation concerns within Building 606 or in the immediate vicinity, or on the driving route through the Shipyard to Building 606.

The testing conducted over the past year addressed the following employee concerns:

- Indoor air quality/HVAC operation
- Dust testing for asbestos, lead and radiation
- Drinking water quality
- Characterization of soil pile for disposal
- Radiological health and safety screening to test the work environment and the commute through the Shipyard to and from B606

DPH will continue to provide occupational safety and health services to the employees at Building 606, and follow up on any concerns they have.

Health Department works to prevent increase in congenital syphilis

In May 2019, the Department of Public Health activated the Department Operations Center (DOC) in order to prevent congenital syphilis. The anticipated duration of this emergency response is six to twelve months. This activation will require extensive intradepartmental coordination between branches in the San Francisco Health Network and Population Health Division in order to provide culturally competent, comprehensive testing, case management, education, and outreach to address the complexity of health needs required to prevent congenital syphilis.

Among the eight objectives of the activation, DPH is equally aiming to (1) prevent congenital syphilis in San Francisco by providing rapid, wraparound care for at high-risk priority populations until delivery or termination of pregnancy, (2) coordinate a community education plan for syphilis prevention and awareness (3) coordinate an outreach & engagement plan, and (4) coordinate response activities with existing syphilis program to address increasing syphilis rates in other communities on top of strengthening DPH's reporting pathways, data tracking, and staffing capacity.

Historically, the number of syphilis cases in women in San Francisco has been low. The majority of syphilis cases continue to be among gay and bisexual men and other men who have sex with men. However, cases of early (infectious) syphilis in women have increased 144 percent from 2017-2018 (71 cases in 2018). The first quarter of 2019 had the same number of early cases among females as the first quarter of 2018, and it is expected that this elevated number of cases will continue. There were no reported congenital syphilis cases in 2018 and 2 reported cases of congenital syphilis in 2019 to date. However, increases in syphilis in people with the capacity to get pregnant are usually followed by increases in congenital syphilis cases.

DPH in the News (Jul 17 – Aug 5 2019)

PRNewswire, Aug 5 2019, Canopy Health, SF Health Network announce collaboration that will expand hospital-based midwifery access in SF

<https://www.prnewswire.com/news-releases/canopy-health-san-francisco-health-network-announce-collaboration-that-will-expand-hospital-based-midwifery-access-in-san-francisco-300896404.html>

SF Chronicle, Aug 4 2019, Don't throw away that cup! S.F. pushes reusables, but it won't be easy

<https://www.sfchronicle.com/business/article/Don-t-throw-away-that-cup-S-F-pushes-14278566.php>

BAR, Jul 31 2019, SF Homeless project: Editorial: LGBT homelessness at crisis level

<https://www.ebar.com/news/news/279687>

SF Examiner, Jul 31 2019, Popeye's shut down due to roach infestation

<https://www.sfexaminer.com/news/popeyes-shut-down-due-to-roach-infestation/>

SF Gate, Jul 31 2019, Cockroach infestation shuts down San Francisco Popeyes

<https://m.sfgate.com/food/article/popeyes-san-francisco-divisadero-cockroaches-14270394.php>

Kaiser Health, Jul 30 2019, New SF protocol for HIV prevention drug reduces pills required

<https://patch.com/california/san-francisco/new-sf-protocol-hiv-prevention-drug-reduces-pills-required>

SF Chronicle, Jul 28 2019, SF wants to stop people from buying e-cigarettes online

<https://www.sfchronicle.com/business/article/SF-wants-to-stop-people-from-buying-e-cigarettes-14190640.php?psid=edm0g>

Becker's Hospital, Jul 25 2019, ZSFG inks first contract with commercial payer

<https://www.beckershospitalreview.com/payer-issues/zuckerberg-san-francisco-general-inks-first-contract-with-commercial-payer.html>

SF Weekly, Jul 25 2019, Drug users face extra health challenges with uptick in homeless sweeps

<http://www.sfweekly.com/news/drug-users-face-extra-health-challenges-with-uptick-in-homeless-sweeps/>

WA Blade, Jul 25 2019, Thousands attend HIV/AIDS conference in Mexico City

<https://www.washingtonblade.com/2019/07/25/thousands-attend-hiv-aids-conference-in-mexico-city/>

Daily Kos, Jul 25 2019, On SF's 2019 point-in-time count survey

<https://www.dailykos.com/stories/2019/7/25/1874351/-On-San-Francisco-s-2019-Point-in-Time-Count-Survey>

BAR, Jul 24 2019, Confab highlights latest HIV science

https://www.ebar.com/news/news/279361/confab_highlights_latest_hiv_science

Aidsmap, Jul 22 2019, Promising HIV vaccine to be tested with gay men and trans people

<http://www.aidsmap.com/news/jul-2019/promising-hiv-vaccine-be-tested-gay-men-and-trans-people>

SF Chronicle, Jul 22 2019, Bold measure fall of SF ballot after supervisors pull back rushed proposals

<https://www.sfchronicle.com/politics/article/Bold-measures-fall-off-SF-ballot-after-14114245.php>

BAR, Jul 17 2019, SF Suicide Prevention merges with Felton Institute

<https://www.ebar.com/news/news/279061>

**ZUCKERBERG SAN FRANCISCO GENERAL
HOSPITAL & TRAUMA CENTER**

July 2019

Governing Body Report - Credentialing Summary

(7/18/19 MEC)

	7/2019	07/2018 to 07/2019
<i>New Appointments</i>	23	218
Reinstatements		
<i>Reappointments</i>	63	652
Delinquencies:		
Reappointment Denials:		
Resigned/Retired:	29	222
<i>Disciplinary Actions</i>		
Administrative Suspension		
<i>Restriction/Limitation-Privileges</i>		
Deceased		
<i>Changes in Privileges</i>		
Voluntary Relinquishments	15	169
Additions	10	153
Proctorship Completed	26	335

Current Statistics – as of 06/28/2019		
Active Staff	542	
Courtesy Staff	522	
Affiliated Professionals (non-physicians)	281	
TOTAL MEMBERS	1345	

<i>Applications in Process</i>		109
Applications Withdrawn Month of July 2019		2
SFGH Reappointments in Process 08/01/2018 to 10/31/2019		152

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

July 2019
Health Commission - Director of Health Report
 (7/3/19 MEC)

	July	(FY 2019-2020) Year-to-Date
<i>New Appointments</i>	3	3
Reinstatements	0	0
<i>Reappointments</i>	5	5
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired	4	4
<i>Disciplinary Actions</i>	0	0
<i>Restriction/Limitation-Privileges</i>	0	0
Deceased	0	0
<i>Changes in Privileges</i>		
Additions	0	0
Voluntary Relinquishments	0	0
Proctorship Completed	0	0
Proctorship Extension	0	0

Current Statistics – as of 07/02/2019		
Active Medical Staff	33	
As-Needed Medical Staff	17	
<i>External Consultant Medical Staff</i>	46	
<i>Courtesy Medical Staff</i>	2	
<i>Affiliated Health Practitioners</i>	12	
TOTAL MEMBERS	110	

Applications in Process	2
Applications Withdrawn this month	0

Commissioner Comments:

Regarding the EPIC, electronic health record system implementation, Commissioner Guillermo asked if the SFDPH is concerned or hyper-vigilant about any particular issue. Dr. Colfax stated that the SFDPH EPIC team is ensuring that patient data is available so the flow of patient care continues without interruption. The team is identifying any work-around needs and making superusers and other support available to users.

Regarding the Hunters Point Shipyard Building 606 update, Commissioner Chow asked for more information regarding how the SFPDH is working with the residents of the building. Dr. Tomas Aragon, SFDPH Health Officer and Director of Population Health, stated that extensive testing was conducted to ensure there was no harmful exposure to the residents. He noted that it has been known for some time that there is lead in the water system of the building so bottled water has been historically provided to the residents.

Commissioner Chow asked whether the SFDPH will be able to implement programs funded in the recent supplemental budget in this fiscal year. Jen Louie, SFDPH Budget Director, stated that several of the funded programs are new; there is a two-year cycle of funding to implement the programs. The SFDPH will identify community based organizations for contracting so the services can be implemented.

4) GENERAL PUBLIC COMMENT

There was no general public comment.

5) FINANCE AND PLANNING COMMITTEE

Commissioner Bernal, who served as chair, stated that the committee reviewed and recommended that the full Health Commission approve the August Contracts Report, the sole item on the Consent Calendar. He noted the report includes four contracts to provide temporary pharmacy services to San Francisco Health Network clinics and hospitals. The committee members requested that information on the board of directors for the two new vendors in this pharmacy service group be provided prior to implementing the contracts. He noted that the temporary pharmacy services are necessary to provide support when staff are out on leave or being trained (e.g. EPIC).

6) CONSENT CALENDAR

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

- AUGUST CONTRACTS REPORT

7) PROPOSITION Q HEARING: CLOSURE OF ST. MARY'S CARDIOVASCULAR PROGRAM

Claire Lindsay, Senior Health Planner presented the item. David Klein, MD, President of St. Mary's answered questions on the item.

Commissioner Comments:

Commissioner Guillermo was recused from discussing and voting on the item due to a conflict of interest.

Commissioner Chow made a motion for the resolution to indicate that the closure of the St. Mary's Cardiovascular Program will be detrimental to the health care services in San Francisco. He commended St. Mary's for work in this area over the past and thanked them for providing this service to the community. He noted that, although St. Mary's has worked with the SFDPH to list other hospitals in the area that provide this service. He noted that this does not negate the fact that this closure means less service availability of this important service for San Franciscans. He added that patients from Chinatown had been referred to St. Mary's for this service and the closure will mean a loss of culturally sensitive services to this community.

Commissioner Bernal seconded Commissioner Chow's motion.

Commissioner Green asked for clarification regarding the safety of Percutaneous Coronary Intervention (PCI) without availability of cardiac surgery at a facility. Dr. Klein stated that facilities with a low volume of patients do not provide services with as high quality as those facilities that have a higher volume (over 150 patients per year). He noted that the standard of care is to operate stand-alone catheterization labs because the work is precise; when complications occur, patients should be transferred to cardiac surgery units. He added that when St. Mary's recently had a catheterization procedure with complications, it took an hour to transfer the patient to another facility.

Commissioner Green asked for information regarding the expected future trends of cardiac interventions. Dr. Klein stated that the volume of open heart surgeries in San Francisco used to be around 1,000 total patients per year; that amount is now three to four times less than this amount.

Commissioner Chow noted that the Health Commission received comments from several St. Mary's surgeons who were concerned about this closure. Dr. Klein stated that the surgeons prefer that the unit be kept open and that it is an emotional issue for the providers. He that the providers were able to understand that the inability to maintain a standard of quality due to low patient volume is an important issue to consider.

Commissioner Chow asked whether patients will be told where they can receive cardiac surgery. Dr. Klein stated that St. Mary's is required to disclose to patients all service and transfer options.

Action Taken: The Health Commission unanimously (Loyce, Bernal, Chow, Green) approved the resolution, "Determining That the Closure of the Cardiovascular Surgery Program at St. Mary's Medical Center Will Have a Detrimental Impact on Health Care Services in the Community." (Attachment A).

8) PROPOSITION Q HEARING: CLOSURE OF ST. MARY'S SPINE CENTER

Claire Lindsay, Senior Health Planner presented the item. David Klein, MD, President of St. Mary's answered questions on the item. Ms. Lindsay stated that the service will be closed by St. Mary's and the private practice will be located two floors below the current location. Dr. Klein noted that St. Mary's has not yet filed notification to the State Attorney General for the closure but its legal department plans to do so in the near future. Dr. Klein noted that two of the five impacted employees have been reassigned within St. Mary's hospital and he is hopeful that the private practice will hire the remaining three staff members.

Commissioner Comments:

Commissioner Guillermo was recused from discussing and voting on the item due to a conflict of interest.

Commissioner Bernal made a motion to for the resolution to indicate that the closure of the St. Mary's Spine Center Will Not Have a Detrimental Impact on Health Care Services in the Community. Commissioner Green seconded this motion.

Action Taken: The Health Commission unanimously (Loyce, Bernal, Chow, Green) approved the resolution (Attachment B).

9) SFDPH WIDE SEXUAL ORIENTATION AND GENDER IDENTITY DATA INITIATIVE

Ashley Scarborough, PRIME Program Coordinator, presented the item.

Commissioner Comments:

Commissioner Bernal asked if the SFDPH was compared to other organizations in terms of volume of SOGI data, where would it fall on the spectrum. Ms. Scarborough stated that other organizations may have a higher amount of SOGI data collected; she added that the SFDPH has rolled out a high quality implementation process. She also stated that the SFDPH is in compliance with reporting requirements.

Commissioner Bernal asked if the implementation of EPIC will mean that any new patient enrolled will have SOGI data entered. Ms. Scarborough confirmed that EPIC will ensure a higher rate of SOGI data collection.

Commissioner Green asked what type of staff members in the SFDPH clinics collect SOGI data. Ms. Scarborough stated that the SFDPH decided to make SOGI data a demographic field instead of a clinical field to ensure the most effective workflow of this data collection. Front office administration staff collect and enter the data. She added that the SFDPH has a goal of having 80% of patients

Commissioner Guillermo congratulated all SFDPH staff involved in the impactful work coordinating and collecting the SOGI data.

Commissioner Loyce asked if the SOGI data noted in the presentation is only for SFDPH patients. Ms. Scarborough noted that the data presented is for San Francisco Health Network patients. Dr. Ayanna Bennett, Director of Office of Equity, stated that Behavioral Health contractors are required to collect an enter SOGI data into the AVATAR system.

10) OTHER BUSINESS:

Mr. Morewitz noted that the August 20, 2019 Health Commission meeting will take place at the Chinatown YMCA and will begin at 5pm.

11) JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Chow, ZSFG JCC Chair, stated that at the July 23, 2019 meeting, the Committee held a primarily closed session to review Credentials and Quality Reports. However, in open session, the Medical Staff Report was reviewed and the Emergency Medicine and Orthopedic Surgery Rules and Regulations were approved in addition to the San Francisco Health Network Scribe Policy and the Dermatology standard procedure for Nurse Practitioners/Physician's assistants.

12) 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) and to invoke the attorney-client privilege (San Francisco Administrative Code Section 67.10 (d))
- C). Closed Session pursuant to Cal. Government Code Sections 54957(b) and S.F. Adm. Code Sec. 67.10(d):

PUBLIC EMPLOYEE PERFORMANCE EVALUATION: HEALTH COMMISSION EXECUTIVE SECRETARY-MARK MOREWITZ

- 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 the discussion held in closed session.

13) ADJOURNMENT

The meeting was adjourned at 6:28pm.

**HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 19-11**

DETERMINING THAT THE CLOSURE OF THE CARDIOVASCULAR SURGERY PROGRAM AT ST. MARY’S MEDICAL CENTER WILL HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICES IN THE COMMUNITY.

WHEREAS, St. Mary’s Medical Center (SMMC), a non-profit hospital and a part of Dignity Health, is an acute care hospital in San Francisco; and

WHEREAS, On April 29, 2019, St. Mary’s notified the Health Commission of its cardiovascular surgery program closure, effective July 31st, 2019; and

WHEREAS, To be in compliance with the Community Health Care Planning Ordinance (Proposition Q), private hospitals in San Francisco are required to notify the Health Commission 90 days prior to service reductions or lease, sales or transfers of management; and

WHEREAS, Cardiovascular disease is the leading cause of death for both men and women in the United States; and

WHEREAS, Cardiovascular disease accounts for 25% of all San Francisco resident deaths; and

WHEREAS, The highest rates of hospitalization and emergency room visits due to cardiovascular disease in San Francisco is amongst residents in the southeast half of the city, among those who live in households earning less than 300% of the Federal Poverty Level, and in zip codes 94102 (Tenderloin), 94103 (South of Market), 94124 (Bayview-Hunters Point), and 94130 (Treasure Island); and

WHEREAS, Cardiovascular surgery is a procedure that most often takes place after age 60; and

WHEREAS, The greatest population growth in San Francisco is expected to be among the 65-plus age group, which is estimated to increase from 15.7% to 29% of the total San Francisco population by 2060; and

WHEREAS, Medical trends indicate that a combination of increased demand for cardiothoracic surgeons and declining enrollment in cardiovascular specialties by medical students could lead to a significant shortage in skilled cardiovascular specialists and services; and

WHEREAS, Coronary Artery Bypass Grafting (CABG) remains the “gold standard” and most common form of cardiovascular surgery performed today worldwide; and

WHEREAS, The cardiovascular surgery program at St. Mary’s was once the leading open-heart hospital in San Francisco and 20 years ago completed approximately 1,200 cardiovascular surgeries annually; and

WHEREAS, The highest proportion of St. Mary’s cardiovascular surgery patients are Asian (47%), which is proportionally higher than the Asian population in the city of San Francisco (35.9%); and

WHEREAS, The cardiovascular surgical team at St. Mary’s has performed an average of 30 cardiovascular surgeries per year; and

WHEREAS, Other San Francisco hospitals with cardiovascular surgery programs average between 200 and 600 cardiovascular surgeries annually; and

WHEREAS, Studies have shown that hospitals with low-volume cardiovascular surgery cases are associated with poor patient outcomes; and

WHEREAS, St. Mary's made two attempts to bolster cardiovascular surgical volumes, both of which failed; and

WHEREAS, St. Mary's will continue to provide cardiac care at their campus including comprehensive catheterization procedures in their Cardiac Catheterization Lab, cardiac testing, electrophysiology studies, nuclear cardiology, peripheral vascular studies, cardiac rehabilitation, arrhythmia management, and their advanced treatment for heart attack and stroke; and

WHEREAS, The closure of the cardiovascular surgery program may have residual impacts on the type and complexity of cases able to be seen by remaining cardiologists at St. Mary's; and WHEREAS, Cardiologists at St. Mary's will refer their patients to surgeons at San Francisco and greater Bay Area surgical facilities within 50 miles of SMMC; and

WHEREAS, St. Mary's has adopted a formal procedure for cardiovascular patients who need to be medically transferred from SMMC to CPMC or UCSF, the closest hospitals to SMMC; and

WHEREAS, Both UCSF and CPMC accept insurance plans currently accepted by St. Mary's, including Medicare, Medi-Cal, and Chinese Community Health Plan; and

WHEREAS, With the closure of St. Mary's cardiovascular surgery program, cardiovascular surgery services will continue to be available in San Francisco at UCSF (Parnassus & Mission Bay), CPMC (Van Ness), and Kaiser Foundation Hospital; and

WHEREAS, In accordance with Proposition Q, the San Francisco Health Commission held public hearings on July 16, 2019 and August 6, 2019; and

NOW, THEREFORE, BE IT RESOLVED, The reduction in cardiovascular surgical services coupled with a growing older adult population will lead to an increased need for cardiovascular services and interventions in San Francisco; and be it

FURTHER RESOLVED, The closure of the cardiovascular surgery program at St. Mary's Medical Center may limit the type and complexity of patients able to be seen by the remaining cardiology physicians at St. Mary's, which in turn impacts patient care; and

FURTHER RESOLVED, The closure of the cardiovascular surgery program at St. Mary's Medical Center will have a detrimental impact on the health care services in the community.

I hereby certify that the San Francisco Health Commission at its meeting of August 6, 2019 adopted the foregoing resolution.

Mark Morewitz
Executive Secretary to the Health Commission

**HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 19-12**

**DETERMINING THAT THE CLOSURE OF ST. MARY'S SPINE CENTER WILL NOT HAVE A DETRIMENTAL IMPACT
ON HEALTH CARE SERVICES IN THE COMMUNITY.**

WHEREAS, St. Mary's Medical Center, a non-profit hospital and a part of Dignity Health, is an acute care hospital in San Francisco; and

WHEREAS, On April 29, 2019, St. Mary's notified the Health Commission of its plan to close the Spine Center by July 31st, 2019; and

WHEREAS, To be in compliance with the Community Health Care Planning Ordinance (Proposition Q), private hospitals in San Francisco are required to notify the Health Commission 90 days prior to service reductions or lease, sales or transfers of management; and

WHEREAS, The Spine Center is a 1206(d) licensed outpatient clinic jointly operated by St. Mary's and a single physician practice, the SF Spine Group; and

WHEREAS, The Spine Center is known as San Francisco's premier Spine Center; and

WHEREAS, The Spine Center sees an average of approximately 1,800 patients per year; and

WHEREAS, In March 2019, the SF Spine Group notified St. Mary's that it will no longer staff the Spine Center and will be moving their physician practice to a private office leased by and located on St. Mary's Medical Center campus; and

WHEREAS, St. Mary's is unable to provide ongoing physician staffing for the Spine Center which has necessitated its closure; and

WHEREAS, The SF Spine Group will continue to practice on St. Mary's Medical Center campus and will provide the same level of care to the same number of patients, specifically:

- The Group will carry over the same insurance contracts and will continue to accept patients from the current payor mix including Medi-Cal,
- The Group will maintain the capacity/volume of patients seen,
- The Group plans to sustain the current levels of services,
- The Group will continue outpatient spine services and continuity of care to existing patients,
- The Group will still be available to the community in an on-SMMC campus medical office,
- Orthopedic support will continue to be provided in a clinic setting in the Sister Mary Philippa Clinic (a separate 1206(d) outpatient clinic with comprehensive services); and

WHEREAS, There is not an anticipated interruption or change in health care services provided to previous or current patients of the Spine Center; and

WHEREAS, It is not known whether the SF Spine Group will retain all St. Mary's non-physician employees in the new clinic; and

WHEREAS, St. Mary's will attempt to re-assign affected employees and mitigate any lay-offs; and

WHEREAS, In accordance with Proposition Q, the San Francisco Health Commission held public hearings on July 16, 2019 and August 6, 2019; and

NOW, THEREFORE, BE IT RESOLVED, Contingent upon the SF Spine Group maintaining the level of care currently provided through the Spine Center at the new outpatient clinic; and be it

FURTHER RESOLVED, On the condition that the closure of the Spine Center alongside the opening of the SF Spine Group's clinic at St. Mary's Medical Center will not cause a reduction or alteration of health services currently provided in the City of San Francisco; and

FURTHER RESOLVED, The closure of the Spine Center at St. Mary's Medical Center will not have a detrimental impact on the health care services in the community; and

FURTHER RESOLVED, The Health Commission requests that St. Mary's Medical Center report final hiring decisions and information on affected employees back to the Commission.

I hereby certify that the San Francisco Health Commission at its meeting of August 6, 2019 adopted the foregoing resolution.

Mark Morewitz
Executive Secretary to the Health Commission