

Edward A. Chow, M.D.
President

David B. Singer
Vice President

Cecilia Chung
Commissioner

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

David Pating, M.D.
Commissioner

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

Belle Taylor-McGhee
Commissioner

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

Edwin M. Lee, Mayor
Department of Public Health



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

TEL (415) 554-2666

FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

MINUTES

HEALTH COMMISSION MEETING

Tuesday, May 19 2015, 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 David B. Singer, Vice President
Commissioner Cecilia Chung Commissioner
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC
Commissioner David Pating, M.D.

Excused: Commissioner David J. Sanchez Jr., Ph.D.
Commissioner Belle Taylor-McGhee

The meeting was called to order at 4:06pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 5, 2015

Public Comment:

Patrick Monette-Shaw submitted the following written public comment:

This Commission's May 5 minutes appear deficient for a number of reasons. First, on page 4 Commissioner Pating state he's unsure if he agrees with DPH's recommendation closing St. Mary's SNF is detrimental, because it only has 7 patients with low average LOS. He's missing the point: closing its SNF means St. Mary's will likely relinquish a 32-bed license. That's a significant number, and detrimental. Second, also on page 3, Ms. Patil stated data shows a quarter of community SNF patients are re-admitted to hospitals. Shouldn't that read "a quarter of patients discharged to community-based SNF settings are re-admitted to hospitals"? Finally, on page 5, Commissioner Chung if discharges to out-of-county SNF's is common due to a lack of SNF beds in San Francisco. St. Mary's Ms. Yant sidestepped a direct answer, saying out-of-county discharges are not ideal. When will Commissioner Chung require DPH provide you historical out-of-county discharge data?

Action Taken: The Health Commission unanimously approved the minutes of the May 5, 2015 Health Commission meeting.

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

Nurses' Week Celebration

Every year from May 6th to May 12th, nurses all across the nation come together to celebrate nursing as a profession. Nurses' week is a time to thank healthcare providers for their dedication and commitment to the promotion of health. The 2015 National Nurses Week Theme, "Ethical Practice, Quality Care," recognized the importance nurses place on ethics, and acknowledges the strong commitment and compassion that nurses display in their daily practice and profession.

PHC Honored by HuffPost

The Huffington Post has picked PHC as one of "The Next 10" nonprofits that could transform homeless services in the US. As part of this feature, Project Homeless Connect Executive Director Kara Zordel wrote an article about homelessness in America for HuffPost Impact. The piece can be found at huffingtonpost.com.

Bike and Roll to School Week

San Francisco hosted the largest bike and roll to school event in the country from April 20-24. An estimated 6,000 students, parents and school staff at nearly 90 schools from preschool to high school joined the fun on various days throughout the week, encouraging and celebrating students, parents and staff rolling to school by bicycle, scooter, skateboard or bus.

At Commodore Sloat Elementary School, SF Board of Education Commissioner Sandra Lee Fewer announced that the San Francisco Unified School District will do all it can to support the City's goal of Vision Zero. Vision Zero, adopted by the Mayor and Board of Supervisors in early 2014, seeks to eliminate all traffic fatalities by 2024.

Medical Clown Project – Grand Circus Rounds

Laguna Honda Hospital hosted two Medical Clown presentations on Sunday May 3rd, - "An event designed to make you smile, take your breath away and warm your heart!"

The Medical Clown Project provides therapeutic medical clowning as an integrated component of care for adult and pediatric patients and their families. The medical clowns also benefit the community milieu by lightening the mood of healthcare providers and staff. The Project has been performing in the dementia units at Laguna Honda, once a week, for the past few years.

The afternoon show was a special performance for over 100 residents. The evening event with 150 people was a fundraiser for the Project's continued work at Laguna Honda and other partner agencies. Laguna Honda thanks all the volunteers who helped throughout the day to make this event a success.

National High Blood Pressure Month

SFDPH's Healthy Hearts SF and the American Heart Association have established a partnership to address heart health disparities among Blacks/African Americans and Latinos. An event in honor of National High Blood Pressure Education Month and American Stroke Month was co-hosted on May 6 at the Bayview YMCA. Along with Supervisor Malia Cohen, San Francisco Public Health Department Director Tomas Aragon, Cardiologist Dr. Michelle Albert, and Chuck Collins from the YMCA, were present to speak about heart health. Healthy cooking demonstrations, physical activity demonstrations, blood pressure screenings, and health education information and referrals were also available at the event.

Publication on Pediatric Tuberculosis (TB) Screening

Jennifer Grinsdale, MPH and Julie Higashi, MD, PhD recently published the SFDPH experience using the QuantiFERON®-TB Gold (QFT) test for pediatric TB screening in the Journal of the Pediatric Infectious Disease

Society. More than 900 children at varying risk for TB infection were passively followed over four to seven years and no children who tested negative for TB infection with QFT developed active TB at a later date.

The San Francisco TB program's experience represents the largest longitudinal retrospective pediatric cohort study on the use of QFT in a low TB-prevalence setting to date. Congratulations to all TB staff for the well-deserved recognition in advancing TB control.

Healthy RetailSF

HealthyRetailSF is San Francisco's Healthy Retail program adopted in October 2013, through ordinance, by the San Francisco Board of Supervisors. HealthyRetailSF is part of the Community Health Equity and Promotion Branch that partners with and staffs healthy retail efforts through Shape Up San Francisco, to make healthy food more accessible in food deserts in San Francisco.

HealthyRetailSF is having three grand re-opening events for the following redesigned stores:

- Grand Re-Opening community event of Daldas Grocery at 200 Eddy St. in the Tenderloin - Thursday, May 21st from 3-5pm
- Grand Re-Opening community event of Amigo's Market at 500 Ellis St.- Sunday, July 12th from 11am-4pm
- 2nd Anniversary celebration of Radman's Produce Market at 201 Turk St., as part of Tenderloin Sunday Streets (street festival/street closures)

CarelinkSF (eClinical Works) Go Live: May 2015

Laguna Honda has launched electronic medical records using a staggered go live approach with the Outpatient Clinic (May 4), North (May 11) and South & Pavilion (May 18) buildings beginning to use eClinical Works (eCW) on different weeks. For a few weeks after eCW goes live, in May and June, extra staff will provide hands-on eCW technical support during all shifts hospital-wide.

June is World Refugee Awareness Month

Community Health Equity & Promotion's Newcomers Health Program and community partners see "SF Refugee Awareness Month" as an opportunity to recognize the many contributions refugees have made to the City, and the challenges they have overcome. We are celebrating this month with an event on June 12 to share time with refugees resettled in our community, including many who are on the path to US Citizenship. Refugees are a testament to the United States' and San Francisco's long, proud history as a sanctuary for those who seek lives free from violence and oppression.

Every year, San Francisco welcomes refugees and asylees who are fleeing persecution due to their ethnicity, nationality, religion, political opinion, or membership in a particular social group, including sexual orientation and gender identity. They cannot return to their home country and do not have basic rights in the country where they initially sought refuge. Newcomers Health Program and partner agencies help refugees integrate into our community with support and access to health care, and other tools of self-reliance: job placement and employment skills, housing, clothing, education, English-language classes and community orientation.

ICD-10 Update

As the implementation of ICD-10 closes in, the San Francisco Health Network is preparing in multiple ways. We have established a governance structure, established task forces and teams across DPH, we are ensuring IT systems readiness, recruiting coders and training them, assigning educational modules to all other appropriate staff and using Clinical Documentation Integrity programs to prepare providers.

The SFHN will feel the impact of ICD-10 including ancillary department staff, clinicians, coders, data users, Patient Access staff, Patient Financial Services/Billing staff, Quality Management staff, researchers and Utilization Management staff.

**COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER**

MAY 2015

Governing Body Report - Credentialing Summary
(5/21/15 BUSINESS-MEC)

	5/2015	07/2014 to 06/2015
<i>New Appointments</i>	12	192
Reinstatements		
<i>Reappointments</i>	43	475
Delinquencies:		
Reappointment Denials:		
Resigned/Retired:	28	201
<i>Disciplinary Actions</i>		
Administrative Suspension	1	1
<i>Restriction/Limitation-Privileges</i>		
Deceased		
<i>Changes in Privileges</i>		
Voluntary Relinquishments	17	119
Additions	22	106
Proctorship Completed	22	213

Current Statistics – as of 5/4/15		
Active Staff	526	
<i>Courtesy Staff</i>	509	
Affiliated Professionals (non-physicians)	259	
TOTAL MEMBERS	1,294	

<i>Applications in Process</i>	70
Applications Withdrawn Month of MAY 2015	0
SFGH Reappointments in Process 7/2015 to 9/2015	199

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

MAY 2015

Health Commission - Director of Health Report
(MAY 7, 2015 Medical Exec Committee)

	May	(FY 2014-2015) Year-to-Date
<i>New Appointments</i>	0	16
Reinstatements	0	1
<i>Reappointments</i>	4	44
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	1	8
<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	1	9
Proctorship Extension	0	0

Current Statistics – as of 5/1/2015	
Active Medical Staff	36
As-Needed Medical Staff	14
<i>External Consultant Medical Staff</i>	46
<i>Courtesy Medical Staff</i>	1
<i>Affiliated Professionals</i>	9
TOTAL MEMBERS	106

Applications in Process	3
Applications Withdrawn this month	0

Commissioner Comments/Follow-Up:

Commissioner Pating requested an in-person tour of the new SFDPH Navigation Center or for the Center to be put on a future Health Commission agenda. Director Garcia stated that she will arrange for invitations for the Health Commissioners to tour the site and for a future presentation to the Health Commission. She noted that the center offers participants a place they can bring all of their belongings; couples are welcome; and

participants may enter and leave without a set curfew. She also stated that the SFDPH has leased the space for another year.

Commissioner Chow stated that the SFDPH presentation on hiring of medical staff for the new SFGH hospital building, which was made to the Board of Supervisors, was very good and is glad the information was received well by the Supervisors. He added that he had hoped the State budget would address MediCal expansion rates. Director Garcia stated that she hopes the June State budget will address MediCal rates.

4) GENERAL PUBLIC COMMENT

Michael Petrelis, a person living with AIDS, stated that the lack of accessible public toilets in San Francisco is potential dangerous situation for anyone in San Francisco who is immune compromised. He attributes the current Shigella outbreak in San Francisco among the homeless population to the lack of accessible toilets and wash areas; any public space(e.g. Muni rails) may be touched by people with Shigella. He stated that he received an email from Director Garcia three months ago stating that she was looking into opening toilets in Fire Department stations, but he said he has not heard from her since regarding this issue. He encouraged Director Garcia and the Health Commission to urge Bevin Dufty, Director of the Mayor's Office Housing Opportunity, Partnerships, and Engagement to solve this issue.

Patrick Monette-Shaw submitted the following written public comment:

Commissioner Chung must certainly know SNF out-of-county discharge data could help inform community-based post-acute planning. This Commission has an obligation to report transparently to San Franciscans just how widespread SNF out-of-county discharges are, and by type of facilities; we have every right to know. Supervisor Campos peppered Director Garcia about discharge location data on March 20, 2014 to learn whether patients are being "integrated" into San Francisco communities. DPH has adamantly refused to provide historical data on discharges or admission diversions out-of-county since 2003. It's unknown why DPH struggles so mightily to prevent release of this aggregate discharge data. Ombudsman Benson Nadell testified to Supervisor Campos on March 20: "There is a crisis. We don't have enough nursing home beds. They are gone. Most of the nursing home beds now specialize in short-term rehabilitation ..." RTZ Associates founder Dr. Rick Zawadski probably has this data in the *SF GetCare* database.

5) COMMUNITY AND PUBLIC HEALTH COMMITTEE

Commissioner Pating, Committee Chair, stated that the Committee heard presentations on SFDPH Child Maltreatment Programs and SFDPH Programs related to Opioid Use Disorder. He noted that both presentations showed that the SFDPH is doing a good job addressing the needs of the San Francisco community. He noted that child maltreatment is related to adult physical and mental health issues.

6) RESOLUTION REQUESTING SALE AND RETENTION OF THE PROCEEDS OF ALL STOCKS IN THE LAGUNA HONDA HOSPITAL (LHH) RESIDENT GIFT FUND

Greg Wagner, SFDPH CFO, presented the resolution.

Public Comment:

Dr. Derek Kerr presented and submitted the following written public comment:

The proposed sale of \$1.3 million in Gift Fund stocks should have been disclosed at the March LHH-JCC. Instead, CFO Chia Yu Ma and CEO Mivic Hirose withheld the recommendation. The City Treasurer's Investment team was way more forthcoming, granting an interview and answering all our questions. At least these Treasury officials are trustworthy. Some Gift Fund stocks are ethically problematic for a Health Department. You own shares in war-profiteers like Boeing, Halliburton, and G.E. You support major polluters like Exxon, Chevron, BP and Dupont. And Coca-cola -a purveyor of obesity. Divesting from these health-harming corporations is appropriate. Fortunately, the loss of dividends will be offset

by a new Gift Fund bequest. A former colleague, Dr. Milka Rols, donated some \$500,000 to LHH. So selling stocks is OK, as long as we monitor what LHH executives do with all that money.

Michael Petrelis, a person living with AIDS, stated that he endorsed Dr. Kerr's comments and shares Dr. Kerr's concerns about the monitoring of the LHH Gift Fund stock sale proceeds.

Commissioner Comments/Follow-Up:

Commissioner Singer requested that the Health Commission be updated after the sale of the stocks, regarding the amount of the sale.

Commissioner Chow asked the estimated amount that the sale of the stocks will earn the SFDPH. Mr. Wagner stated that the sale of the stocks is estimated to earn the SFDPH approximately \$1 million.

Commissioner Chow stated that the draft resolution notes that all the proceeds from the sale of the stocks will be maintained in the LHH Gift Fund and will continue to be monitored by the Health Commission through the LHH JCC.

Action Taken: The Health Commission unanimously approved the resolution. (See Attachment A)

7) PROPOSITION Q HEARING: CLOSURE OF SKILLED NURSING FACILITY (SNF) BEDS AT ST. MARY'S MEDICAL CENTER

Sneha Patil, Health Planner, gave the presentation.

Commissioner Chow stated that the Health Commission has held Proposition Q hearings on short-term SNF closures since 2007 when St. Frances closed its SNF unit. In 2014, CPMC/Sutter closed a portion of its SNF beds and the Health Commission is now addressing the St. Mary's Medical Center short-term SNF bed closure. He also stated that post-acute nursing care is vital for appropriate recovery. He noted that many in the safety net population may not have an appropriate home to receive home health care; therefore access to post-acute nursing care in a facility is an important issue to consider.

Commissioner Comments/Follow-Up:

Action Taken: Commissioner Pating made a motion to use the revised resolution. Commissioner Karshmer seconded the motion.

Commissioner Singer requested that the first "Resolve" statement be revised to take out the passive voice; the following is his revised language:

NOW, THEREFORE, BE IT RESOLVED, The closure of short-term SNF beds without ensuring an appropriate level of post-acute care services available may result in short-term skilled nursing needs of the community not being met.

Action Taken: Commissioner Pating accepted the change.

Commissioner Chow noted that in 2007 and 2014, the Health Commission asked for more information on SNF needs in San Francisco. He stated that the current resolution draft includes a formal request for the SFDPH to conduct analysis of skilled nursing and post-acute care needs in San Francisco.

Commissioner Singer stated that St. Mary's Medical Center has a legitimate logic to closing their SNF unit due to financial issues under the Affordable Care Act. He noted that the San Francisco health care system must absorb the patients who would have been served by St. Mary's Medical Center. He added that the challenge is

that we live in a system that is interconnected; any change in any area of the system will impact the system's capacity. It is important to strengthen the system so that it can acclimate to necessary changes. He stated that the SFDPH and City government must be courageous in working to redesign the health care system. He also stated that community partners and hospitals must be a part of these changes. Director Garcia stated that the SFDPH will work hard to ensure the San Francisco health care system meets the needs of its population. She noted that it is vital for the SFDPH's community partners, including the hospitals, to partner with the SFDPH in this effort.

Commissioner Chung stated that a key issue is ensuring that the full spectrum of post-acute service options are available to San Franciscans.

Commissioner Pating stated that this is an opportunity to partner with community non-profit and private entities. He noted that the Health Commission recently heard a presentation on the Palliative Care system in San Francisco which is part of the service spectrum utilizing post-acute services.

Commissioner Karshmer requested that the report to the Health Commission on post-acute skilled nursing needs in San Francisco include recommendations.

Commissioner Karshmer asked if organizations participating in a Proposition Q hearing should offer alternatives to their patients or to the service system to make up for the closure. Director Garcia stated that this has not been how Proposition Q hearing subjects have participated in the past.

Commissioner Chow stated that Proposition Q was created to address the issue of hospitals closing services without proper notification to patients and the community. He noted that the Health Commission now understands that it has latitude beyond just determining if a service closure is detrimental or not detrimental to the health care service system in San Francisco. He noted that the Health Commission wants to make the Proposition Q process as helpful as possible.

Public Comment:

Patrick Monette-Shaw presented and submitted the following written public comment:

This Commission held a Prop. "Q" hearing June 17, 2014 regarding CMPC's 24 SNF bedsclosure, ruling CPMC's SNF closure would have a detrimental impact on the community. Less than a year later, you're facing the same issue with St. Mary's. This is not merely about closing St. Mary's 7 SNF beds, since it will likely terminate its 32-bed license. Total SNF beds declined 22% to 2,758 beds between 2002 and 2013. By 2015, there was another 9.4% decline to just 2,427 beds citywide, a total 31.4% decline. At least another 56 beds will vanish by 2020. Projections show hospital-based SNF beds will have declined from 2,166 in 2002 to just 1,240 beds in 2020, a whopping 42.8% decline. Ms. Patil notes there is a long wait list for long-term SNF beds in San Francisco. That's because there has not been a 31.4% to 42.8% increase in community-based post-acute alternatives.

Action Taken: The Health Commission unanimously approved the resolution, "Determining the Impact of the Closure of 32 Short-Term Skilled Nursing Facility Beds at St. Mary's Medical Center on the Health Care Services in the Community." (See Attachment B)

8) RESPONDING TO THE INCREASING STDS IN SAN FRANCISCO

Susan Phillip, MD MPH, Director, Disease Prevention and Control, gave the presentation.

Public Comment:

Michael Petrelis, person living with AIDS, stated that the DPH has created stigma through some of its fear-driven negative social marketing campaigns targeting gay men. He said that the SFDPH has demonized gay men for decades through these campaigns. He added that that fact that bath houses remain closed in San

Francisco shows the SFDPH does not trust gay men behind closed doors. He stated that the SFDPH has never initiated a social marketing campaign to praise gay men for helping to obtain funds for the SFDPH to fight HIV and their own efforts to control the HIV epidemic. He urged the SFDPH to say “Thank You” or a positive message to gay men for the work done around HIV in San Francisco.

Patrick Monette-Shaw stated that the resurgence of the Healthy Penis Campaign is childish. He also stated that Millennials will not respond to this campaign.

Commissioner Comments/Follow-Up:

Commissioner Chung asked if there is any data showing a decline in the community viral load in San Francisco. Dr. Phillip stated that the SFDPH is working on analysis showing the percentage of persons per the population that are virally suppressed in each neighborhood.

Commissioner Chung stated that she appreciates Mr. Petelis’ comments and stated it is important to look at young gay men of color and transgender data.

Commissioner Chung asked if viral load data is reported to the SFDPH if an individual receives care from a private clinic. Dr. Phillip stated that viral load is reportable to the SFDPH for all HIV positive patients. The SFDPH is funded to monitor cases of people in care and to find out as much relevant data as possible regarding people with HIV who are not engaged in care.

Commissioner Singer asked if there is anything consequential about the pathology of the diseases noted in the presentation. Dr. Phillip stated that there has been concern from the community regarding a drug-resistant Gonorrhea but the Center for Disease monitoring of this disease does not indicate that this will be an issue.

Commissioner Singer stated that the limited data from the focus groups indicates that people do conduct a risk assessment of their own behavior. He asked how this might impact the SFDPH prevention and health education materials to raise awareness of risk. Dr. Phillip stated that focus group participants are correct in that most STD treatments are effective. She added that the SFDPH wants to learn from communities to see what they want and what they think is important for behavior change.

Commissioner Karshmer requested updates regarding SFDPH prevention efforts in this arena including copies of social media campaigns. Director Garcia stated that social media campaigns should be positive. She noted that the San Francisco Health Network is looking at these issues for its patients. The issue of STDs bridges both the Public Health Division and the San Francisco Health Network.

Commissioner Chow thanked Dr. Phillip for the report. He requested that in future reports state and federal data be included to compare to San Francisco data. He also requested that future presentations show more specificity so that the reader can determine the populations impacted by STDs; he noted the slide showing African American data does not show a break-down of STDs. He also stated that social marketing campaigns should target a specific population and should give a positive message.

Commissioner Chow stated that the SFDPH approach regarding STD prevention needs to shift because STD rates continue to worsen in San Francisco. He suggested SFDPH review best practices from New York or Los Angeles. He also stated that the Health Commission needs to more closely monitor STD data to understand the target populations and what resources are necessary to impact meaningful change. Dr. Phillip stated that the SFDPH can provide the Health Commission with more thorough data and noted that the rise in STDs is happening in other urban areas throughout the United States.

Commissioner Chung stated that it is important to consider social determinants when designing effective prevention efforts.

Commissioner Chow requested an update in six months to the full Health Commission. Director Garcia stated that the SFDPH will strive to improve; its prevention messages will remain sex-positive but will encourage safe sexual practices. She also noted that an STD office will open on the SFGH campus to better integrate STD services within the San Francisco Health Network.

9) OTHER BUSINESS

Public Comment:

Patrick Monette-Shaw presented and submitted the following written public comment for the Health Commission to consider for a future agenda item:

The City Controller's audit of LHH's gift fund in November 2010 included Finding 1.3: "Laguna Honda does not actively manage its portfolio of stock, received as bequests, which is part of the Gift Fund." The Controller wrote: "As these investments make up approximately half of the Gift Fund's total assets, they should be actively monitored by experienced personnel to ensure the best possible return is gained ... [emphasis added]." The Controller noted LHH should work with the City Treasurer to actively manage the Gift Fund's stock portfolio, and policies and procedures should be established for return on investment criteria, along with periodic reports to the Health Commission. Five years later LHH wants to suddenly sell all the stock, valued at nearly \$1.4 million as of May 15, 2015. The stocks were gifts to endow the gift fund with annual income. The \$1.4 million should be reinvested, not converted to cash.

Commissioner Comments/Follow-Up:

Commissioner Singer requested that the Health Commission have a future agenda item that reviews the demographic data used by the SFDPH and the Health Commission. He noted that the SFDPH and the Health Commission both are data-driven. However, during the past several years, the demographics of the City have changed due to the economy. Therefore the 2010 Census data may not be the most accurate data source. SFDPH bases many of its high-level policies on this data. He requested that the SFDPH be creative in developing demographic data that is accurate and reflects the present. Commissioner Chow noted that there is an interim Census report which may be useful. Director Garcia stated that the SFDPH will work on this request and will report back in the upcoming months.

Commissioner Chow noted that the Health Commission October 6, 2015 planning session will focus on the Public Health Division.

10) JOINT CONFERENCE COMMITTEE REPORTS

Public Comment:

Patrick Monette-Shaw stated that part of shock of LHH Gift Fund Stock sale was that the topic was not discussed at the LHH JCC. He also stated that the LHH Gift Fund Committee seems not to be making reports to the LHH JCC regularly.

Commissioner Karshmer, LHH JCC Chair, stated that at the May 12, 2015 LHH JCC meeting, the Committee reviewed and discussed: The Administrator's Report, The Quarterly Gift Fund Report, The Workplace and Safety Program, and the Dementia Services Presentation. She noted that the Committee also approved hospital-wide policies and the standardized procedure for LHH Occupational Health Service protocol. In closed session, the Committee approved the Credentials report.

11) COMMITTEE AGENDA SETTING

This topic was not discussed.

12) ADJOURNMENT

The meeting was adjourned at 6:06pm.

**Health Commission
City and County of San Francisco
Resolution No. 15-9**

**RESOLUTION REQUESTING SALE AND RETENTION OF THE PROCEEDS OF ALL STOCKS IN
THE LAGUNA HONDA RESIDENT GIFT FUND**

WHEREAS, Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) is part of the San Francisco Health Network operated by the Department of Public Health and is a safety net and community hospital with a mission to provide high quality, culturally competent long term care and rehabilitation services to the diverse population of San Francisco; and

WHEREAS, Generous donors, over many decades, have given certificates of stock to Laguna Honda to enhance patient care at Laguna Honda; and

WHEREAS, The donated certificates of stocks are held in the Laguna Honda Hospital Resident Gift Fund, established as a special fund for the general benefit and comfort of patients at Laguna Honda; and

WHEREAS, The Treasurer of the City and County recommends that all gifts of stock be sold at a price not less than the fixed price as set forth in the attached document entitled "Stock Positions in the Laguna Honda Hospital Resident Gift Fund as of May 13, 2015", and is incorporated herein by reference; and

WHEREAS, The Treasurer of the City and County recommends that the proceeds from the sale of the stocks be retained in the Laguna Honda Hospital Resident Gift Fund; now, therefore, be it

RESOLVED, That the Health Commission requests that the Treasurer sell all stocks held in the Laguna Honda Hospital Resident Gift Fund whether certificates are in the possession of the Treasurer or otherwise, at a price not less than the recommended fixed price; and, be it

FURTHER RESOLVED, That the proceeds of the sale of the stocks be retained in the Laguna Honda Hospital Resident Gift Fund; and, be it

FURTHER RESOLVED, That the sales of all stock be conducted consistent with San Francisco Administrative Code, Chapter 10, Article IX, governing the sale of securities.

I hereby certify that the San Francisco Health Commission at its meeting on May 19, 2015, adopted the foregoing resolution.

Mark Morewitz, MSW
Health Commission Executive Secretary

**HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 15-8**

DETERMINING THE IMPACT OF THE CLOSURE OF 32 SHORT-TERM SKILLED NURSING FACILITY BEDS AT ST. MARY'S MEDICAL CENTER ON THE HEALTH CARE SERVICES IN THE COMMUNITY

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

WHEREAS, St. Mary's is currently licensed to operate 32 skilled nursing facility (SNF) beds and currently maintains approximately 7 staffed beds; and

WHEREAS, On March 16th, 2015, in compliance with the Community Health Care Planning Ordinance (Proposition Q), St. Mary's notified the Health Commission that it plans to close its Skilled Nursing Unit, eliminating SNF services on the campus; and

WHEREAS, St. Mary's has cited shifts in health care reimbursement for hospital-based programs, and substantial and prolonged financial losses of the Skilled Nursing Unit as reasons for closure; and

WHEREAS, St. Mary's SNF beds provide post-acute rehabilitative care on a short-term basis with an average length of stay of 12 days; and

WHEREAS, Short-term skilled nursing facility beds represent approximately (41%) of all of San Francisco's skilled nursing facility beds; and

WHEREAS, the great majority (73%) of short-term skilled nursing facility beds are in community-based skilled nursing facilities; and

WHEREAS, the number of hospital and community SNF beds in San Francisco has fallen by 22% since 2002; and

WHEREAS, the closure of the St. Mary's Hospital's SNF unit will require that community-based skilled nursing facilities, which provide the largest share of short-term skilled nursing care and are already running at high occupancy rates, provide post-acute care to patients who would have been served by St. Mary's Medical Center; and

WHEREAS, To prepare for the closure of their Skilled Nursing Unit and to maintain continuity of care for their patients transitioning to community-based skilled nursing care, St. Mary's health care providers, including hospitalists and wound care specialists, have begun following their patients during their stay in community skilled nursing facilities; and

WHEREAS, Community-based skilled nursing facilities have a high occupancy rate – 89%, which is higher than the statewide rate of 86% – leaving little room for surge or expansion in the face of growing need; and

WHEREAS, While institutional post-acute care continues to decrease, the availability of community-based post-acute care will need to rise to maintain the capacity to care for the population; and

WHEREAS, Data from the Health Care Services Master Plan indicates that despite a focus on increasing community-based options for long-term care, there may be an increased need for SNF beds in San Francisco in the future, specifically:

- Population trends show that San Francisco residents are older than California residents overall and that the population over 75 is expected to increase by almost two-thirds over the next two decades;
- San Francisco's ratio of long-term care beds to the population is lower than that of the state while the long-term care bed occupancy rate is higher;

WHEREAS, Models of skilled nursing care are evolving to include more community- and home-based services and supports; and

WHEREAS, Reduction of more restrictive and more costly institutional post-acute care options in favor of community-based alternatives is consistent with national trends and preferences; and

WHEREAS, The San Francisco medical community including St. Mary's Medical Center, should also continue to be involved in responding to the need of long term care services; and

WHEREAS, due to Health Care Reform, there is currently inadequate information regarding the current and future needs of San Franciscans for post-acute care services including short-term SNF beds; and

WHEREAS, In accordance with Proposition Q, the San Francisco Health Commission held public hearings on May 5, 2015 and May 19, 2015, regarding the closure of SNF beds at St. Mary's Medical Center;

NOW, THEREFORE, BE IT RESOLVED, The closure of short-term SNF beds without ensuring an appropriate level of post-acute care services available may result in short-term skilled nursing needs of the community not being met.

FURTHER RESOLVED, The SFPD is encouraged to work with other City agencies, local hospitals and community based organizations, to research the needs for short- term SNF and post-acute care services in San Francisco, and submit a report with recommendations back to the Health Commission within 6 months.

FURTHER RESOLVED, the Health Commission encourages St. Mary's Medical Center to continue to explore community benefit investment in other community-based post acute care alternatives.

I hereby certify that the San Francisco Health Commission at its meeting of May 19, 2015 adopted the foregoing resolution.

Mark Morewitz
Executive Secretary to the Health Commission