

**HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 17-7**

DETERMINING THAT THE CLOSURE OF THE SKILLED NURSING FACILITY UNIT AT CPMC ST. LUKE'S HOSPITAL WILL HAVE A DETRIMENTAL IMPACT ON THE HEALTH CARE SERVICES IN THE COMMUNITY

WHEREAS, California Pacific Medical Center (CPMC), a non-profit hospital and member of Sutter Health, operates acute care hospitals at four campuses in San Francisco: California Campus; Davies Campus; Pacific Campus; and St. Luke's Campus; and

WHEREAS, Two of these campuses – Davies and St. Luke's – currently operate skilled nursing facility (SNF) beds with 38 beds at Davies and 79 beds at St. Luke's; and

WHEREAS, The 79 SNF beds at St. Luke's include 40 subacute SNF beds and 39 general SNF beds; and

WHEREAS, On June 6, 2017, CPMC notified the Health Commission that it will close the SNF and subacute unit at St. Luke's on October 31, 2017; and

WHEREAS, With the closure of the St. Luke's SNF and subacute unit, there will be a 68 percent reduction in overall SNF beds at CPMC; and

WHEREAS, CPMC is currently rebuilding St. Luke's Hospital and building the Cathedral Hill Hospital; and

WHEREAS, The rebuilt St. Luke's Hospital is scheduled to open in the second quarter of 2018, ahead of the previously projected opening of 2019; and

WHEREAS, There will be no general SNF or subacute care beds in the rebuilt St. Luke's Hospital; and

WHEREAS, Several factors influence the need for and utilization of SNF beds, including an aging population, the presence of family/caregivers; discharge planning; federal/state health policy; and

WHEREAS, Subacute patients require higher levels of care compared to most SNF residents, including ventilator care, intravenous feeding, and tracheotomy care; and

WHEREAS, There are 24 subacute patients at St. Luke's awaiting placements in other facilities; and

WHEREAS, Of the current subacute patients at St. Luke's, 53 percent have resided in the unit for over 2 years, and 96 percent are 40 years and older; and

WHEREAS, CPMC is working with patients and families to find placement in subacute facilities out-of-county; and

WHEREAS, There were 15 patients in the general SNF beds at St. Luke's at the time of the closure announcement in June 2017; and

WHEREAS, Since St. Luke's general SNF beds are primarily short-term (2-4 weeks), 10 patients have been discharged home and the current census is 5 patients; and

WHEREAS, There is a crisis in regard to the lack of availability of SNF subacute care beds within the City and County of San Francisco and the San Francisco Bay Area, which is expected to worsen in the next several years; and

WHEREAS, Currently, the SNF bed rate is 20 per 1,000 residents 65 years and older, but if the number of SNF beds remains constant, this bed rate is projected to decrease to 12 per 1,000 by 2030 due to the aging population; and

WHEREAS, the Department of Public Health made several findings related to subacute and general skilled nursing care in San Francisco, specifically:

- 1) Initial reports indicate that a relatively small number of patients need subacute care and most are referred to intermediate care at a long-term acute care hospital
- 2) Approximately 11 percent of California's subacute beds are located in the Bay Area and all are currently operating at or near capacity
- 3) Consistent with national trends, hospital-based SNF beds in San Francisco have declined while freestanding SNF beds have remained relatively stable
- 4) Payer data suggest that most SNF beds are occupied by long-term patients, and facilities are shifting skilled nursing facility practice toward short-term stays
- 5) Market and practice changes for freestanding SNF may decrease the supply of beds and limit access for Medi-Cal patients in the future
- 6) San Francisco's skilled nursing facility bed rate will decline as the city's population ages
- 7) San Francisco's Long-Term Care Ombudsman serves as an advocate for skilled nursing residents' health, rights, safety, and welfare.
- 8) Palliative Care is an important resource of patients with serious and life-threatening illness
- 9) The San Francisco Post-Acute Care Collaborative is developing solutions for high risk individuals needing post-acute care and will make recommendations regarding subacute care
- 10) The Health Care Services Master Plan update will highlight the need for skilled nursing care and explore related land use policy recommendations
- 11) The Department of Public Health has initiated regional conversations regarding post-acute care; and

WHEREAS, as documented in the Health Commission 02-10 resolution*,"

"CPMC will provide a total of 100 skilled nursing beds in San Francisco, retaining the 38 beds currently located at the Davies Campus and adding 62 new SNF beds. Because of the shortage of SNF beds in the community, no existing community-based beds will be utilized. CPMC will maintain ongoing reports to the Commission concerning these options and future decisions."

*Resolution Memorializing the Agreements Reached by the Health Commission and CPMC Regarding Its Institutional Master Plan"

WHEREAS, In accordance to Proposition Q, the San Francisco Health Commission held public hearings on August 15, 2017 and September 5, 2017; and

WHEREAS, This Health Commission is concerned not only about the current patients in St. Luke's SNF and subacute units, but is also concerned about the SNF and subacute capacity for future generations of San Franciscans; and

NOW, THEREFORE, BE IT RESOLVED, That with an aging population, declining SNF beds, and no subacute SNF beds in San Francisco after the closure of St. Luke's SNF and subacute unit, San Francisco will continue facing challenges in caring for the older and vulnerable adult populations in the future; and be it

FURTHER RESOLVED, That the closure of the SNF and subacute unit at CPMC St. Luke's will have a detrimental impact on the availability of and access to these health care services in the San Francisco community.

FURTHER RESOLVED, That the Health Commission recommends that St. Luke's Hospital and CPMC delay the discharge of St. Luke's current subacute and SNF patients until alternative subacute and post-acute facilities are identified; and be it

FURTHER RESOLVED, The Health Commission requests the San Francisco Department Public of Health (SFDPH) to prepare a report identifying all beds in San Francisco hospitals that are licensed or could be re-licensed for use as SNF beds or "swing" beds for subacute patients; and be it

FURTHER RESOLVED, The Health Commission requests the SFDPH to take actions to develop both short-term and long-term solutions for insuring a sufficient number and range of post-acute care beds and facilities for San Francisco residents discharged from San Francisco hospitals; and be it

FURTHER RESOLVED, The Health Commission requests the SFDPH to analyze the insufficient number and range of post-acute care beds and facilities along with other options:

- A. Cooperation agreements among private and public hospitals to operate and fund jointly SNF subacute care beds and facilities within the City and County of San Francisco; and
- B. The enactment of local legislation to promote development of new skilled nursing beds and conservation of skilled nursing beds within the City and County of San Francisco; and be it

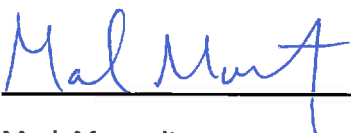
FURTHER RESOLVED, The Health Commission requests that CPMC actively participate in the development of recommendations to include new legislation and CCSF regulations to promote development of new skilled nursing beds and conservation of existing SNF beds in San Francisco, to be considered by the Health Commission and Planning Commission in regard to their oversight and approval of revisions to the Health Care Service Master Plan; and be it

FURTHER RESOLVED, the Health Commission requests that CPMC honor its commitment from the 02-10 resolution to utilize resources at its San Francisco campuses or elsewhere to care for its patients needing SNF beds, in order to alleviate its use of scarce community SNF beds; and be it

FURTHER RESOLVED, the Health Commission requests that the Post-Acute Care Collaborative (PACC) continue its work to improve the availability and accessibility of post-acute care services for vulnerable populations in San Francisco; and to make responsive post-acute policy, research, and operational recommendations to the Health Commission and the Hospital Council of Northern and Central California. In addition, the Health Commission requests that CPMC continue its leadership and active involvement in the PACC; and be it

FURTHER RESOLVED, the Health Commission requests that CPMC attend and actively participate in future Health Commission meetings focused on the follow-up to Subacute SNF bed availability in San Francisco.

I hereby certify that the San Francisco Health Commission at its meeting of September 5, 2017 adopted the foregoing resolution.



Mark Morewitz
Executive Secretary to the Health Commission