HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. _____

DETERMINING THAT THE CLOSURE OF THE SKILLED NURSING FACILITY UNIT AT CPMC ST. LUKE’S HOSPITAL WILL/WILL NOT 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, Approximately 11 percent of the state’s subacute beds are in the Bay Area, and they are all currently operating at or near capacity; 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, Overall, the number of SNF beds in San Francisco has been declining over the past years, largely due to declines in hospital-based SNF beds; and

WHEREAS, There are 16 freestanding SNFs in San Francisco, and two-thirds have occupancy rates of over 80 percent; and

WHEREAS, Currently, the SNF bed rate is 21 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, In accordance to Proposition Q, the San Francisco Health Commission held public hearings on August 15, 2017 and September 5, 2017; 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 adult population in the future; and be it

FURTHER RESOLVED, That the closure of the SNF and subacute unit at CPMC St. Luke’s will/will not have a detrimental impact on the availability of and access to these health care services in the San Francisco community.
I hereby certify that the San Francisco Health Commission at its meeting of September 5, 2017 adopted the foregoing resolution.

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Mark Morewitz
Executive Secretary to the Health Commission