

Edward A. Chow, M.D.
President

David Pating, M.D.
Vice President

Dan Bernal
Commissioner

Cecilia Chung
Commissioner

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

James Loyce, Jr., M.S.
Commissioner

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

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

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MINUTES

HEALTH COMMISSION MEETING

**Tuesday, August 15, 2017, 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 Cecilia Chung
Commissioner Dan Bernal
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC (exited at 5:30pm)
Commissioner James Loyce, Jr., M.S.
Commissioner David Pating, M.D.
Commissioner David J. Sanchez Jr., Ph.D.

The meeting was called to order at 4:11pm. Commissioner Chow announced that the Health Commission would discuss item 8 directly after item 4 due to the number of people present to provide public comment.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETINGS OF AUGUST 1, 2017

Action Taken: The minutes were unanimously approved.

3) DIRECTORS REPORT

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

Southeast Health Center Completes Renovation of Dental Clinic

Funded by the 2016 Public Health and Safety Bond, the first phase of renovation of Southeast Health Center is substantially complete. This is the first of many 2016 projects to be funded by the bond. The project included a complete renovation of DPH's flagship dental clinic (four chairs) and a major facelift of the waiting area. As the clinic is part of the SF Health Network, the remodeled areas showcase artwork courtesy of Laguna Honda's partnership with Art with Elders.

"I am so happy that the Southeast Health Center community and SFHN patients will be able to receive oral health care in a newly remodeled, state of the art dental clinic," said Dr. Steven Ambrose, DDS, Director of DPH Dental Services. "We now have the latest, technologically advanced equipment to complement our quality of care and ensure the best patient experience." Here are before and after pictures of the dental suite.

Safe Injection Services Task Force to Move Recommendations to Board of Supervisors

The Department of Public Health convened the third and final public Task Force meeting on August 10 to explore the feasibility of operating safe injection services (SIS) in San Francisco. The Task Force reviewed the initial set of draft recommendations, including the recommendation that the Board of Supervisors support safe injection service locations throughout the City. Led by Director Barbara Garcia, the Task Force was comprised of 15 members designated by the Board of Supervisors and incorporated a prominent public engagement dimension that included two focus groups and surveys with people who inject drugs, people in early recovery, business owners, neighborhood groups, and residents. Surveys and public comment indicate that from 50 to 81 percent of respondents support SIS in SF, and there is wide agreement that multiple locations are needed in areas where public drug use and publicly discarded syringes are most often observed. The Task Force recognized that significant legal and siting challenges remain, and those areas will require further investigation moving forward.

DPH will finalize recommendations and solicit feedback from the Task Force before submitting a final report with policy recommendations to the Board of Supervisors in September 2017. More information on the Task Force's and its progress is located on the [Safe Injection Service Task Force](#) webpage.

Big Step Forward in Electronic Health Record Progress

The Health Department issued an RFP in January to find the right vendor who could meet our criteria for an enterprise-wide electronic health record (EHR). We are seeking the ability to share data seamlessly with other health systems, to provide the most robust system that can accommodate the breadth of different DPH sites and functions, and, to deliver a system that is easy to use.

I am happy to report that we issued a Notice of Intent on August 1 to award the contract to Epic. This is an important milestone, and brings us closer to our goal. The notice of intent is a step in the contracting process, but not the final step. There will be a period to allow for negotiations and other procedures that we expect to conclude by our target date of January 2018 to make a final award of the contract.

This is very exciting news and the result of many people's hard work. I greatly appreciate the time, talent and expertise of so many who have contributed to this project.

The new EHR is on schedule to go-live in July 2019. It will be a major initiative that brings the San Francisco Health Network closer together and allows us to provide even better patient care, improve the patient experience and meet our true north goals. Meanwhile, we are continuing to prepare DPH for the new enterprise EHR system through a wide variety of organizational readiness activities.

City Re-affirms Commitment to Health Care Access and Quality with the San Francisco Health Network

Last month the U.S. Congress ceased initial efforts to repeal and replace the Affordable Care Act (ACA). A positive development that retains access to health care and coverage for thousands of San Franciscans, but it is clear that the story is not over yet. As turmoil continues at the national level, San Francisco reaffirmed its commitment to high quality care and access with an August 10 public announcement.

San Francisco has a long history of supporting and promoting health care for all residents. We want to ensure that all San Franciscans know that the health care system has not changed and they should continue to use their health care services. In particular, immigrants, the uninsured, Medi-Cal and Healthy San Francisco members need to know that their benefits remain in place.

The foundation of the City's health care system is the San Francisco Health Network, a community of top-rated clinics, hospitals and programs operated by the Department of Public Health. The Network serves more than 100,000 people in neighborhood clinics and hospitals, such as Castro Mission, Chinatown, and Southeast health centers, Zuckerberg San Francisco General and Laguna Honda Hospital and Rehabilitation Center. The Network welcomes patients with Medi-Cal, Healthy San Francisco, Healthy Kids and Healthy Workers plans. It cares for immigrants and uninsured patients as well, and provides enrollment services to help them access coverage. Today, the Network serves more than 40 percent of the City's Medi-Cal population, and more than 15 percent of San Franciscans.

The Health Department created the Network three years ago, and recently improved the patient experience by solving some of the issues that made the system hard to navigate. For example, we established a Nurse Advice Line and Centralized Call Center. Working with San Francisco-based social innovation and design consultancy Daylight Design, we used design thinking to articulate how the system works and to improve the language and visuals used to communicate with patients. The top priority is to improve patients' navigation of the Network, their experience and health outcomes.

The results of this work are apparent in new street banners, multilingual patient materials, Network posters, and a video that can be viewed at <http://www.sfhealthnetwork.org/>. Visit the website for more information or call 415 206-7800 to enroll.

Laguna Honda Participates in 2017 AIDS Walk

Laguna Honda took part in this year's San Francisco AIDS Walk at Golden Gate Park on July 17. More than 20 residents and 13 staff members (pictured below) were present at the event and were able to complete a modified walk. They also enjoyed several live entertainment performances along their route. Leading up to the event day, Susan Schneider, Social Worker, and Wennie Hoang, Activity Therapist, on the Positive Care neighborhood helped fundraised more than \$1,000 through donations from the entire Laguna Honda community. This contribution will go towards assisting Project Open Hand, Positive Resource Center, the Golden Compass Program at Ward 86 at ZSFG, as well as dozens of other HIV/AIDS programs and services in the Bay Area.

Covered California releases preliminary 2018 rates

Covered California released its preliminary rates for 2018 on August 1st. The average state-wide rate change for 2018 will be a 12.5 percent increase. But, if consumers shop around and switch to the lowest-priced plan in the same metal tier, the increase could be less than 3.3 percent. For San Francisco, the average rate increase is 6.6 percent. In San Francisco, Kaiser Permanente, which holds the largest share of the city's enrollees has a rate increase of 3 to 7 percent for its plans on the marketplace.

Covered California remains a competitive marketplace, with all 11 health insurance companies returning in 2018. However, Anthem Blue Cross of California is withdrawing from 16 regions (out of 19), including San Francisco, and affecting approximately 153,000 consumers in the state. In San Francisco, Anthem Blue Cross EPO had an estimated enrollment of 6.7 percent in 2017 – but these consumers will need to shop around for a different plan in 2018. There are six plans that San Franciscans can choose from in 2018, including the Blue Shield of California HMO and PPO, Chinese Community Health Plan HMO, Health Life Net EPO, Kaiser Permanente HMO, and Oscar Health Plan of California EPO.

There is uncertainty in the federal funding for the cost-sharing reductions (CSR). In California, CSR subsidies help lower copays and deductibles for silver-tier consumers between 138-250 percent of the federal poverty level (FPL). In 2018, health insurance companies submitted two sets of proposed rates for the silver-tier plans on Covered California. One rate assumes secured federal payment to fund CSR subsidies, while the other rate includes a potential "CSR surcharge" for silver-tier plans, averaging 12.4 percent, if these federal payments are not secured.

Most subsidized silver-tier consumers would see an increase in their gross premiums due to the CSR surcharge, but they will also see an increase in the amount of financial assistance through the Advanced Premium Tax Credit to help offset that amount. Furthermore, Covered California is directing health plans to offer a silver-tier product off the exchange that is virtually identical, but does not have CSR surcharge. Therefore, unsubsidized consumers can buy a silver plan without the CSR surcharge off the exchange or move to a different tier plan that does not have the surcharge.

For more details, the Covered California 2018 Rate booklet can be found here:

http://www.coveredca.com/news/PDFs/CoveredCA_2018_Plans_and_Rates_8-1-2017.pdf

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

August 2017

Governing Body Report - Credentialing Summary

(8/17/17 MEC)

	8/2017	07/2017 to 07/2018
<i>New Appointments</i>	15	91
Reinstatements		
<i>Reappointments</i>	63	136
Delinquencies:		
Reappointment Denials:		
Resigned/Retired:	41	63
<i>Disciplinary Actions</i>		
Administrative Suspension		
<i>Restriction/Limitation-Privileges</i>		
Deceased		
<i>Changes in Privileges</i>		
Voluntary Relinquishments	6	20
Additions	10	32
Proctorship Completed	18	45

Current Statistics – as of 8/4/17

Active Staff	575
Courtesy Staff	496
Affiliated Professionals (non-physicians)	265
TOTAL MEMBERS	1,336

Applications in Process	43
Applications Withdrawn Month of August 2017	0
SFGH Reappointments in Process 9/2017 to 11/2017	137

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

AUGUST 2017

Health Commission - Director of Health Report

(August 3, 2017 Medical Exec Committee)

	August	(FY 2017-2018) Year-to-Date
<i>New Appointments</i>	1	4
Reinstatements	0	0
<i>Reappointments</i>	8	11
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired	1	2
<i>Disciplinary Actions</i>	0	0
<i>Administrative Suspension</i>	1	1
<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 8/01/2017		
Active Medical Staff	36	
As-Needed Medical Staff	9	
<i>External Consultant Medical Staff</i>	44	
<i>Courtesy Medical Staff</i>	2	
<i>Affiliated Professionals</i>	14	
TOTAL MEMBERS	105	

Applications in Process	4
Applications Withdrawn this month	0

4) GENERAL PUBLIC COMMENT

Patrick Monette Shaw presented and submitted the following written comment for this item:

Ms. Patil reported in May 2015 during St. Mary's SNF Prop. Q hearing DPH believes reductions in hospital-based SNF care without a corresponding increase in community-based care alternatives places a burden on community systems — and for that reason alone, involves detrimental healthcare to vulnerable San Franciscans. Now two years later: There hasn't been any corresponding increase in community-based health care alternatives since 2015! There's been 291 out-of-county discharges from our two public hospitals since July 1, 2012. How many more were dumped out-of-county by SFGH and LHH between 2006 and 2012? This Commission must demand out-of-county discharge data from private-sector hospitals since July 1, 2006. Closing St. Luke's 79 licensed beds, combined with potential loss of Kindred's 590 freestanding SNF beds, portends loss of another 669 SNF beds. This Commission must unanimously rule closure of St. Luke's SNF and sub-acute units will have a detrimental effect on San Franciscans' healthcare!

Ken Houston, community advocate, stated that he was invited by some of the patients' families to assist them. He noted that in the May 4, 2014 letter to CPMC patients, Warren Browner, CPMC CEO, claimed that no patients will be adversely impacted by the upcoming changes due to the new building projects. He added that patients and their families should be included in planning for the St. Luke's Medical Building.

5) COMMUNITY AND PUBLIC HEALTH COMMITTEE

Commissioner Pating, Chair, stated that the Committee reviewed the Prop. I request for the Hummingbird Psychiatric Respite Navigation Center and unanimously recommended that the full Health Commission approve the request. He noted that the program is an extension of the existing Hummingbird program that expands services to better serve the population. He also stated that the Committee heard a presentation on the San Francisco Children's Medical Services; he noted that two units were highlighted in the presentation. The Family and Children's Services Public Health Nursing Unit conducts nursing assessments and outreach including children in foster care. The California Children's Services program oversees the care of children with special medical and psychiatric needs.

6) CONSENT CALENDAR

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

- PROPOSITION I REQUEST FOR HUMMINGBIRD PSYCHIATRIC RESPITE NAVIGATION CENTER

7) SAN FRANCISCO MENTAL HEALTH SERVICES ACT (MHSA) 3-YEAR INTEGRATED PLAN FY17/18 – 19/20

Imo Momoh, Director MHSA, presented the item.

Commissioner Comments:

Commissioner Sanchez thanked Mr. Momoh for the excellent presentation.

Commissioner Chow asked for more information regarding the use of peers in the intensive case management service category. Mr. Momoh stated that the SFDPH held a series of meetings with providers, families, and clients to develop a highly skilled peer group.

Commissioner Chow asked if one of the purposes of these meetings was to encourage the clients to participate in follow-up sessions in an outpatient setting. Mr. Momoh stated that this was the purpose of the intensive case management meetings.

Commissioner Pating stated that the SFDPH received MHSA funds because the peer model is supposed to connect individuals who are disengaged in care. He added the peers can bring a firsthand perspective to understanding the issues of the client population.

Commissioner Chow asked how the SFDPH deals with budget cuts if tax collection is under expectations. Ms. Momoh stated that the MHSA funding has built in formulas for distribution which assists the SFDPH in these situations.

Commissioner Pating recommended that for the next 3 year MHSA plan, the SFPDH begin with program planning to align with other existing SFDPH collective impact efforts. He also requested that future presentations of draft MHSA 3-year plans include comments made by members of the public.

Commissioner Pating commended the SFDPH for achieving meaningful outcomes and noted that the full service partnerships are especially impactful.

Commissioner Pating recommended that the SFDPH consider leveraging its funding to build additional housing units.

Commissioner Loyce thanked Mr. Momoh for the presentation and the excellent work.

Commissioner Chow asked Roland Pickens, the Director of the San Francisco Health Network, how MHSA funds are used in context with other SFPDH mental health and substance use program funds. Mr. Pickens stated that MHSA helps fund programs throughout the Network through leveraging of funds. He noted that future presentations can better include how MHSA funds are integrated throughout the Network.

Commissioner Chow commended the 3-year plan and noted that the format is the type that can be used as a model for other SFDPH projects.

Ms. Chawla stated that she appreciates Mr. Momoh's management of MHSA programs. She noted this is a complex task.

8) PROPOSITION Q HEARING: ST. LUKE'S HOSPITAL SUBACUTE/SKILLED NURSING FACILITY CLOSURE

Sneha Patil, SFDPH Office of Policy and Planning; Warren Browner MD, CEO CPMC; David Serrano Sewell, Hospital Council of Northern and Central California; and Ken Barnes MD and Jane Sandaval, San Franciscans for Healthcare, Housing, Jobs, and Justice, gave presentations.

Commissioner Chow stated that Prop. Q is designed to allow transparency for private hospitals making service closures to the public or eliminating/reducing level of services provided or prior to leasing, selling, transferring management. He added that the Health Commission does not have authority to mandate a particular action on behalf of the City. However, the Commission can render an opinion on whether the closure will be detrimental to the health of San Franciscans. He reiterated that the Health Commission does not have authority to halt a private hospital from closing a service.

The presentations made by the SFDPH, CPMC/St. Luke's Hospital, and the Hospital Council of Northern and Central California can be found online at item 8 at the following link:

<https://www.sfdph.org/dph/comupg/aboutdph/hc/nextMeeting08152017.asp>

Warren Browner, CPMC CEO, stated that St. Luke's Hospital is required by regulators to provide a closure date to ensure that the hospital has the time to place each patient according to his/her needs. St. Luke's Hospital will continue to provide the best care as discharge staff make arrangements for transfers when beds can be found in other facilities. He noted that the California Department of Public Health has reviewed each step of the patient notification process and has confirmed that St. Luke's Hospital remains in compliance.

Dr. Browner also noted that in 2010, CPMC committed to including 100 SNF beds at its various campuses, but this item was eliminated during the negotiation of the Development Agreement between the City and County of San Francisco and CPMC. During this negotiation, the total number of beds allowed on the Van Ness and St. Luke's campus was dramatically reduced and the decision was made to keep these beds as acute care. He noted that the Davies campus will continue to provide short-term SNF beds. He acknowledged that CPMC has had missteps in the St. Luke's Subacute Unit closure process and apologized. He added that providing high quality care is CPMC's highest priority.

Ken Barnes, San Franciscans for Healthcare, Housing, Jobs, and Justice, stated that CPMC would like to close the St. Luke Hospital's Subacute Unit and proposes that all 24 patients move out of San Francisco County. This would leave San Francisco as the only urban county without a subacute unit. He added that using health insurance data, it seems clear that the City will need a 270% increase in Skilled Nursing needs in the near future. He noted that Kindred, a major private vendor of SNF beds, is selling its San Francisco businesses. The true level of unfilled SNF bed needs is unknown. However, the closure of the St. Luke's Subacute Unit will force patients to be moved to places far away from their families, community, and trusted care givers. He also stated that the decision to close the St. Luke's Subacute Unit indicates CPMC is putting profits above quality care for its patients. The SFDPH added to the current system-wide shortage of SNF beds by closing 420 SNF beds when it rebuilt the new LHH building.

Jane Sandaval, San Franciscans for Healthcare, Housing, Jobs, and Justice, urged the Health Commission to determine that the closure of the St. Luke's unit will be detrimental to the health of San Franciscans. There is a crisis in San Francisco due to a lack of SNF beds in the San Francisco and greater Bay Area service systems. She added that the number of licensed SNF beds is deceptive because Sutter's hospitals often do not fully staff its units, which means many licensed beds are unused. She noted that when decision makers see units as revenue centers instead of places of healing then units are closed.

Public Comment:

Patrick Monette Shaw presented and submitted the following written comment for this item:

The two meager "Resolved" statements in your proposed Resolution are pathetic. Add more meaningful "Resolved" statements describing how this Commission will solve San Francisco's severe shortage of SNF beds. Colleen Chawla recently was quoted: *"It'll take public agencies, as well as private providers and payers, to help come up with a solution to that problem [that we already have]."* CPMC isn't providing solutions. It's time to stop lying elderly and disabled San Franciscans are being "integrated" into community living in San Francisco with community-based "services and supports," given the significant number of out-of-county discharges. They are being "integrated" into out-of-county community living, exiled from San Francisco. To the extent the "solution" to the SNF bed shortage problem is to dump vulnerable patients out of county, it smacks of ridding San Francisco of the disabled by dumping— exiling, really — them out-of-county. Turning them into refugees from San Francisco isn't a "solution"!

Rachal Rivera stated that her sister is a patient at the St. Luke's Hospital Subacute unit and she feels strongly that the unit must be preserved because it is the only subacute unit in the area. The unit has become her sister's home. She also stated that the hospital is not working with families and added that the packet to notify the family of the closure was mailed without any other explanation.

Charles Minster, member of Senior Disability Action, thanked the California Nurses Association (CNA) for keeping patients safe. He added that CNA should have veto power over this closure. He also stated that Sutter's main concern is financial gain even though they are a non-profit hospital.

Fran Taylor stated that her mother died at St. Luke's Hospital. Before that placement, she was at a San Mateo SNF which was difficult to travel to due to complex public transportation options. She added that when she had medical issues, Kaiser sent her to a Kindred SNF facility and it was very important for her family and friends to visit in regard to her healing process.

Gloria stated that her sister lives at the St. Luke's Hospital Subacute unit. She questions the integrity of the CPMC discharge planning efforts. She noted that the May 2014 CPMC letter to patients stated that no patients would be adversely affected because patients will be accommodated by other CPMC campuses.

Eileen Norman, Deputy Director of the San Francisco IHSS Public Authority, stated that patients should have a choice in where they will be located. She encouraged St. Luke's Hospital and CPMC to better understand the impact of this closure on the lives of patients and their families.

Teresa Palmer, physician specializing in geriatrics, stated that she used to work at St. Luke's Hospital and has closely followed the communication from St. Luke's regarding the closure of the subacute unit. She urged the Health Commission to better understand the out-of-county discharge data from all San Francisco hospitals. She suggested that all the local hospitals should work together and pool funds to open a subacute facility in San Francisco.

Gary Birnbaum MD, Medical Director of the St. Luke's Subacute Unit, stated that a possible solution to the situation is to leave the 1970's hospital building and keep the subacute services present at St. Luke's Hospital until a permanent solution can be found. He added that SFDPH must be held accountable and should assist with funds to help these patients.

Benson Nadell; Program Director; SFLTC Ombudsman, presented and submitted the following written testimony:

Federal Law and State of California Statutes authorizes the Ombudsman Program to advocate on behalf of residents of licensed skilled nursing and residential care facilities-both board and care, and assisted living. 1. Families of these patients visit daily and weekly. Transfer trauma will occur in this long distant relocation: one preventive measure would be the daily presence of visiting families. 2. With the loss of sub-acute beds, there is an absolute loss of this kind of scope of skilled nursing. Persons in acute settings needing such intensive post acute care, will be discharged great distances. 3. This closure is a sentinel event. Not part of the agreement between City and County and Sutter-CPMC, there is an opening for the Health Commission to disapprove this closure, as part of that Department's commitment to the greater good in SF.

John Khuu is a nephew of patient at St. Luke's subacute unit. He visits her weekly to wash her clothes and bring food from home. He stated that all of her family is elderly and resides in San Francisco. If she were to be moved out of county, it would be very difficult for her family to visit her.

Bruce Allison stated that the commute to visit people out of county can be prohibitively expensive and noted that many families of patients at the St. Luke's Hospital Subacute unit are on fix incomes and struggling financially.

Michael Lyon, Senior and Disability Action, stated that the closure is a disgrace. He added that SFDPH and the Health Commission allowed 400 SNF beds to be taken away when the new LHH hospital was built; this contributed to the current lack of SNF beds in San Francisco. He added that if private hospitals are not willing to take care of people with complex health care needs, the City needs to care for them.

Ligia Montano, Senior and Disability Action, stated that San Francisco is one of the wealthiest cities in the world and that it is important to fight for the rights of these patients, many of whom are low income. She encouraged the Health Commission to hold all hospitals accountable to help.

Amy Erb, California Nurses Association, stated that when this unit closes, more patients in San Francisco will have to stay in acute beds because there is no other placement option in the City. She added that the situation cannot be blamed on the Development Agreement.

Iris Biblowitz, retired nurse, stated that there has been a huge reduction in psychiatric SNF beds in San Francisco since 2008. She noted that many of the patients that would be sent to psychiatric SNF beds are now arrested and sent to jail, the least healing environment. She added that the Health Care Services Master Plan states that transportation is key and this applies to the families of patients too. Support from family and friends is key to healing.

Marline Cativo stated that she is attending the meeting with her siblings to speak about her father who has been in the St. Luke's Subacute Unit for a year. She said that her father is visited every day by family and that the visits are vital to his physical and mental health. She added that St. Luke's staff did not contact the family about the closure and is lying about trying to help the family.

Roberto Cativo asked that the Health Commission have compassion for his father. He does not understand how a hospital could close such an important service just because of money. He urged the Health Commission to help all of the patients.

Ruth Cativo stated that St. Luke's Hospital has not been helping her father or the family. She added that many of the families of patients met and none had been contacted by St. Luke's staff. She urged the Health Commission to help keep her father alive by keeping him in San Francisco.

Reverent Efre A. Garet, CNA, stated that he has witnessed many atrocities by hospitals removing necessary programs and breaking promises to the community every time they are given permission to create a new building.

Ann LuDavid, Swindell's Alzheimer's Residence Family Council, stated that CPMC will be closing its Alzheimer's residence for twenty three patients. She added that Dr. Browner met with the family of the patients last week to notify them of the closure in 2018. She also stated that moving anyone with Alzheimer's is destabilizing for them and can impact their health.

Marshia Pushia stated that her mother has been a patient at the St. Luke's Hospital Subacute unit for four years and is in a vegetative state. Her mother has five children who see her regularly; two of her children are disabled and will not be able to travel out of county to see her if she is moved. She urged the Health Commission to put themselves in the place of family members who are scared and angry.

Katie Hamilton said her sister has been a patient at the St. Luke's Hospital Subacute unit for six years; she cannot talk, walk, or breathe without assistance. She is totally dependent. She urged the Health Commission to ask CPMC why this 5-star unit would not be needed in its new hospital.

Tes Welbourn stated that relationships between caregiver and patient are vital to quality of life; moving these patients is disruptive and will take away the only caregivers many of these people have known for years. She added that Sutter has the greatest financial surplus of all the non-profit hospitals. She encouraged the Health Commission to better understand the financial situation of this corporation.

Ronald Anderson is the father of a patient at St. Luke's Hospital Subacute Unit and stated that many of the family members have financial hardships and would not be able to regularly visit family if they are moved out of county. He added that it is outrageous that these vulnerable patients will be moved away from their family and community.

Renee Nelson is the mother of a patient who has been at St. Luke's Hospital Subacute Unit for 23 years. She is afraid that if he is moved, he will not live long. St. Luke's Hospital has given him 5-star care and she is concerned that no one will ever care for him in the same way. She also stated that he needs to be close to a hospital ICU because his PICC lines need to be replaced frequently.

Kim Tavaglione, National Union of Health Care Workers, stated that CPMC refused to bargain with the community in the rebuild process and that is why the Development Agreement process was necessary. She added that the community had no input in regard to the CPMC decision to close the St. Luke's Hospital Subacute Unit. She thinks CPMC should be fined and should increase their charity care efforts.

Commissioner Comments:

Commissioner Pating asked for more information regarding the Post-Acute Care Collaborative (PACC) timeline to address subacute and other SNF bed shortages in San Francisco. Mr. Serrano Sewell stated that the PACC will hold a meeting in August to begin to discuss issues related to subacute and SNF bed shortages.

Commissioner Chung requested more information regarding trends in the San Francisco census to better understand the projections for need of subacute/SNF and other hospital beds in the future. She specified that more information on moving patterns of Millennials in San Francisco may be helpful. Ms. Patil stated that she will provide more information at the September 5, 2017 meeting.

Commissioner Chow asked how St. Luke's will find placements for the subacute patients. Austin Ord, Director of Sutter Health Bay Area Post-Acute Care, stated that St. Luke's staff are utilizing a standard discharge process using multidisciplinary team to determine a patient's needs. He noted that eleven beds have been found in the Bay Area that meet patients' needs. He added that St. Luke's staff is working with patients and their families to get agreement on these plans.

Commissioner Chung stated that placing San Francisco residents in facilities that are out of town can be upsetting to patients and their families. She asked for projections regarding length of time of placement for the St. Luke's Hospital Subacute unit patients. Mr. Ord stated that St. Luke's is working diligently with patients to find suitable placements and said he hesitates to predict how long the process will take because it is dependent on availability of appropriate facility beds. He noted that other San Francisco hospitals have been discharging patients with subacute needs out of county for several years.

Commissioner Chung stated that by not giving estimates on the time it may take to placements, it raises the stress and angst of the patients and their families. Mr. Ord stated that St. Luke's Hospital staff are being proactive in their efforts. He also noted that the California Department of Public Health has monitored the communication between the hospital and Subacute patients. He added that in response to hearing from patients and their families that the notification process was upsetting, CPMC is committed to improving its process.

Commissioner Bernal noted that for many patients, their families have built their lives around visiting and caring for the family member. He asked if CPMC has plans to provide any transportation assistance to family members if a patient is transferred to an out-of-county facility. Dr. Browner stated that CPMC is working on strategies to assist patients' families if a patient is transferred out of county. He added that transportation vouchers have been suggested as a possible tool to assist in this situation.

Commissioner Pating asked for more information regarding how the original commitment by CPMC to operate 100 SNF beds was eliminated in the Development Agreement process. He added that he is concerned about the possible future closure of SNF beds at the Davies campus. Dr. Browner stated that CPMC is moving from 4 to 3 campuses; most of the California and Pacific campuses will move to Van Ness. He added that he does not anticipate any changes in the Davies campus. He also stated that CPMC recognized the need for SNF beds in San Francisco but the 100 SNF beds were not included in the final Development Agreement.

Commissioner Pating asked how the 100 SNF beds have been eliminated. Dr. Browner stated that CPMC executed a staged approach; it first closed a small SNF unit at the California campus and moved the majority of patients to the Davies campus. He noted that most CPMC patients needing SNF beds are discharged to community facilities; those patients with specialized needs are kept at the Davies SNF unit.

Commissioner Chow asked if there are more CPMC service closures planned that will be reviewed at Prop. Q items. Dr. Browner stated that the state mandates specific timing of announcements regarding unit closures so he is not able to announce anything at this time.

Commissioner Chow asked for more information on the Kindred SNF facility sales. Mr. Nadell, Program Director; SFLTC Ombudsman, stated that the five Kindred facilities will have three separate owners; all the facilities will focus on post-acute care with a priority for Medicare patients.

Commissioner Loyce thanked all the presenters and those who made public comment. He acknowledged the grief and fear of the patients' families. He noted that patients and caregivers form relationships that are critical to healing. He added that cultural competency is also a vital issue to ensuring a healing environment; he noted that most of the patients and their families are people of color. He requested that CPMC report back with any possible transportation solutions for families of patients.

Commissioner Chung stated that CPMC designed the Van Ness campus to enable patients to have single occupancy rooms so families could stay in the room if needed; she noted that the situation with the St. Luke's Hospital Subacute Unit is the polar opposite because some patients may be separated from their families by vast distances.

Commissioner Chung noted that with the sale of the Kindred facilities, patients needing SNF services who have private insurance will now have more options than those on MediCal. She noted this is an inequity being created out of the current situation.

Commissioner Sanchez thanked everyone who made a public comment. He noted that that there was a Blue Panel created to help CPMC ensure that the new St. Luke's building would meet the community's needs. CPMC promised some of the best providers in the area to serve the St. Luke's communities. The Blue Ribbon Panel stated that seniors in the area are an important group and so St. Luke's developed a Center for Excellence for Senior Care. He added that housing for seniors in the neighborhood is an important and hopes that is a future consideration.

Commissioner Bernal asked for more information regarding the work of the Post-Acute Care Collaborative (PACC). Mr. Serrano-Sewell stated that the current focus of the PACC is cognitively impaired and behaviorally challenged patients with post-acute care needs. He added that the PACC may be part of the community development of recommendations for the Health Care Service Master Plan revision. These may include ways to use land use effectively to attract SNF providers.

Commissioner Chow asked for more information at the September 5, 2017 Health Commission meeting regarding the sale of the Kindred SNF facilities in regard to their future use.

Commissioner Pating requested that CPMC consider delaying the closure of the St. Luke's Subacute Unit pending the PACC recommendations. Dr. Browner stated that CPMC could have done better in its process of notifying patients and families of the St. Luke's Subacute Unit closure. He stated that he and CPMC are committed to meeting with them. He noted that in order to open the new building on schedule, St. Luke's must adhere to a schedule of staged preparations which include the closure of this unit. He added that CPMC is open to being part of the solution for San Francisco's need for subacute services.

Commissioner Chow requested that Dr. Browner report back to the Health Commission at its September 5, 2017 meeting in regard to his meeting with family members of patients currently placed in the St. Luke's Hospital Subacute Unit.

Ms. Chawla stated that the comments from all the family members are very much appreciated. She added that the SFDPH will continue to work with CPMC, the patients and their families on this situation.

9) OTHER BUSINESS:

This item was not discussed.

10) JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Sanchez, LHH JCC Chair, stated that the Committee held a primarily closed session on August 8, 2017 to discuss the Credentials and Quality Reports.

11) COMMITTEE AGENDA SETTING

POSSIBLE ACTION:

Mr. Morewitz reminded the Commissioners of the September 28, 2017 joint meeting with the Planning Commission to review the CPMC Annual Report on the Development Agreement.

12) ADJOURNMENT

The meeting was adjourned at 7:43pm.