

Edward A. Chow, M.D.
President

James Loyce, Jr., M.S.
Vice President

Dan Bernal
Commissioner

Cecilia Chung
Commissioner

Laurie Green, M.D.
Commissioner

Tessie M. Guillermo
Commissioner

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

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

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MINUTES

JOINT MEETING OF THE HEALTH COMMISSION AND PLANNING COMMISSION

Tuesday, September 6, 2018, 10:00 a.m.

City Hall, 1 Dr. Carlton B. Goodlett Place

San Francisco, CA 94102

1) CALL TO ORDER

Health Commissioners Present:

Commissioner Edward A. Chow M.D., President
Commissioner James Loyce, Jr., M.S., Vice President
Commissioner Dan Bernal
Commissioner Laurie Green, MD
Commissioner David J. Sanchez Jr., Ph.D.

Excused:

Commissioner Cecilia Chung
Commissioner Tessie Guillermo

Planning Commissioners Present:

Commissioner Rodney Fong
Commissioner Milicent A. Johnson
Commissioner Joel Koppel
Commissioner Myra Melgar
Commissioner Kathrin Moore

Excused:

Commissioner Rich Hillis, President
Commissioner Dennis Richards

Planning Commission Vice President, Myra Melgar, called the meeting to order at 10:11am.

2) CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) ANNUAL COMPLIANCE STATEMENT –

Joint Informational Hearing of the Planning and Health Commissions to review and comment on CPMC's Annual Compliance Statement for 2017 and the City's Report on CPMC's Compliance Statement, in accordance with Section 8.2 of their Development Agreement with the City and County of San Francisco (Planning Department Case No. 2012.0403W; Ordinance No. 138-13). The 2017 Compliance Statement and the City Report are available for viewing on the Planning Department's website (<http://sf-planning.org/cpmc-annual-compliance-statements>).

Elizabeth Purl, Planning Department; Sneha Patil, San Francisco Department of Public Health (SFDPH); Mitchell Greggs, San Francisco Health Plan, Ascanio Piomelli, San Franciscans for Healthcare, Housing, Jobs, and Justice, Jim Exude, CPMC, presented the item.

Public Comment:

Jian Zhang, CEO, Chinese Hospital stated that the existence of Chinese Hospital is crucial to the community. She urged the Commissioners to request that CPMC charge Chinese Hospital a reasonable rate for its services.

Julie Villaroman, LVN at CPMC, stated that contrary to the letter from Dr. Browner, she was told that LVN staff will not have a guarantee of work when the older campuses close and new hospitals open.

Deena Louie, CEO, Chinese Community Health Plan urged the Commissioners to urge CPMC to renegotiate reasonable rates for their services to Chinese Hospital.

Larry Loo, COO, Chinese Hospital, stated that CPMC provides services not available at Chinese Hospital. In 2014, CPMC notified Chinese Hospital that they were terminating contracts and demanding much higher rates for the same services. At the latest negotiation, CPMC is demanding rates two and one half higher than they charged in 2013. He urged the Commissioners to hold Sutter accountable and to adhere to the spirit of the development agreement.

Dr. Tom Kravis, Chinese Hospital Medical Director, stated that thousands of senior patients have chronic care issues that require specialized care and are referred to CPMC. However, the CPMC rates are substantially higher than other hospitals. He asked that CPMC work with Chinese Hospital to make the care more affordable.

Steven Forney, CFO, Chinese Hospital, stated that CPMC's provision of specialized care to Chinese Hospital patients is integral to their service spectrum. However the high rates CPMC charges is not beneficial to Chinese Hospital patients. Chinese Hospital is in an unsustainable position.

Javier Guman, Democracy Forward, stated that CPMC has decreased entry level hiring and asked the Commissioners to explore this issue and the retention of entry-level workers.

Kong Fang, Jobs for Justice, stated that many of CPMC's hiring goals listed in the Development Agreement have not been fulfilled. He also requested that the Commissioners urge CPMC to submit job retention data.

Bob Prentiss, read a letter on behalf of Dr. Ken Barnes regarding a request to the Commission to inquire about the purpose and goals of the Sutter Bernal/Mission campus Acute Care for the Elderly program. He urged that Sutter be held accountable and the establishment of a community advisory board for the center.

Michael Lyon, Coalitoin for Jobs and Justice, stated that in San Francisco, there is a 20 year difference in life expectancy between the wealthy and poor residents. He noted that there is a shortage of SNF beds in San Francisco. "So called" non-profits "gobble up" medical practices to increase prices, push high cost services, and decrease availability of low cost services.

Melanie Grossman, LCSW in Geriatrics, SF Older Women's League, stated that the Sutter Mission/Bernal campus Center of Excellence ACE Unit should have outpatient and inpatient services. This would ensure whole person care is provided and ensure aging in place when possible. CPMC must do more than satisfy the minimum of the agreement; otherwise it will have two subpar "Centers of Excellence" that are only marketing tools.

Jane Sandoval, CPMC staff nurse at Bernal/Mission campus and member of the California Nurse Association Board of Directors, stated that CPMC cannot provide a staffing plan. CPMC focuses its efforts on marketing but not on patient care or patient safety.

Mary Micolucci, St. Luke's Hospital employee, stated that Sutter has an obligation to hire local workers; however, travel nurses are working and regular staff are told to stay home; orientation is given to travel nurses but not regular staff.

Deborah Perkins-Calama, CPMC nurse, stated that only a few weeks before opening its new Bernal/Mission campus, Sutter notified staff in her unit that they would be moving the service. Planning has not been adequate and nurses made repeated requests for Sutter to plan appropriately for the move. She urged the Commissions to hold a special meeting on this move and Sutter's lack of planning.

Elizabeth Wheatley, St. Luke's Hospital Nurse, stated that her primary concern is safety of patients. Sutter has not planned well for the move of many services and staff have been ignored. Sutter started cancelling shifts right away and using travel nurses instead of regular staff. New technology is "glitch" and unsafe.

Dr. Teresa Palmer, stated that in 2017, Sutter ignored its obligation to Tenderloin patients and provided confusing breakdown of Charity Care data. Due to the closure of CPMC subacute beds, the City is left with an increased shortage of nursing beds. Sutter does not care about seniors; they use their "Centers of Excellence" as marking tools but are actually closing relevant services.

Paul Cartier, SF resident, is troubled by Sutter's transportation program, and they are not sufficiently supporting staff getting around the City. CPMC is positioned at a nexus of Muni and transportation corridors but are not adequately implementing measures to help with congestion issues.

Elizabeth Ronin, Nursing Assistant, Davies Campus, stated that CPMC is not complying with an arbitration regarding the ratio of sitters to patients. This is a safety issue of CNAs and patients.

Sylvia Ng, CPMC Pacific Campus employee, stated that the floor plan adds stress to her job. She sometimes has up to 65 patients and when patients die, she is required to move them to the morgue, which is far away.

Ruth Quino stated that her father was moved from St. Luke's Hospital to Davies and pleaded "Please Help me...Do not Abandon Me." She said that most of the nurses do not know what to do with his complex care needs. There are not bilingual staff available to assist family members with visits and assisting with his care. She pleaded with the Commissioners not to forget the patients in the CPMC subacute care unit.

Kim Tavaglione, National Union of Healthcare Workers, stated that the many issues raised regarding jobs, healthcare, subacute, and staffing, should be red flags. She urged the Commissions not to give CPMC "a passing grade." She noted that CPMC has the resources to fix these issues, such as training Davies staff to work with the subacute patients. She urged the Commissions to compel CPMC to work on these issues and stand up for their patients.

Commissioner Comments:

Commissioner Sanchez thanked the Health and Planning Departments for the report. He noted that there is a growing number of seniors in the Tenderloin and Mission districts that could benefit from a Sutter Bernal/Mission campus Center of Excellence in senior care. He asked if Sutter is doing it all it can to outreach to local communities to recruit and train new employees. He also stated his concern that some Sutter nursing staff have received little notice and training for moves of their service units.

Commissioner Green stated that she is concerned about the public comments regarding the costs of specialty services that CPMC is charging Chinese Hospital and Chinese Community Health Plan. She is concerned that specialty services, such as obstetrics, remain high quality and affordable. She is also concerned about the public comments regarding lack of communication regarding transition of CPMC staff and units.

Commissioner Loyce stated that he does not understand why CPMC has not provided staff retention data and requested that at the next annual hearing, this data be presented.

Commissioner Bernal requested more information regarding CPMC outreach efforts to groups, including women, that are underrepresented in construction jobs.

Commissioner Chow requested employment retention data since it was not included in the report. Lowell Rice, Mayor's Office of Economic Development, stated that CPMC had 277 hires over a 5-year period. Of those hires, 128 were terminated; 73 were retained for at least 180 days. He added that 57% of construction recruits live in neighborhoods targeted for outreach. Commissioner Bernal stated that this information indicates that only 26% of hires were retained during a 180 day period.

Commissioner Chow stated that in regard to the recent move of several CPMC outpatient services to their foundation, this removes these services, which provide services to underserved and vulnerable populations, from public scrutiny. He noted that CPMC reluctantly responded to public pressure regarding the closure of its St. Luke's subacute unit by creating a unit at its Davies campus for those patients. He added that, while this specific patient cohort will be cared for, there is still an issue of elimination of subacute beds in San Francisco.

Commissioner Fong asked if CPMC has any responses to comments made in the meeting. Mr. Exude reaffirmed that the patients of the St. Luke's subacute unit have been transferred to a unit at Davies for the duration of their lives. Regarding the transitions of services to new locations, he stated that these moves are complex and sometimes decisions are not made well ahead of time. He noted that patient safety is a number one priority for CPMC. Rico Hurtado, CPMC transportation, stated that CPMC offers a transportation subsidy for employees and holds regular outreach meetings to encourage participation in the program. Eight hundred fifty employees currently utilize the program.

Commissioner Johnson stated that she is interested in hearing more information on the CLAS standards; it is important to discuss racism, stress, and inequity. She added that she wants to hear how CPMC is combatting bias in its hiring and more on its retention efforts. She also requested zip code information regarding charity care patients to better understand where the patients live.

Commissioner Moore stated that there is discrepancy between the CPMC presentation and public testimony; she stands with the Coalition in regard to the issues presented including cost of services to Chinese Hospital, inadequate notice of service moves, and employing hiring and retention issues.

Commissioner Koppel stated that he considers CPMC in full compliance of the Development Agreement. He noted that CPMC has increased hiring of LGBT and its outreach to women. He noted 30% of local hires for construction is commendable.

Commissioner Bernal stated that only 12% of goal regarding Tenderloin residents is being met. He noted that retaining the most vulnerable populations in care is important. He hopes to see better outcomes and engagement in next year's report.

Commissioner Melgar stated that she expects to see a deeper analysis of areas in which goals were not met this year. She requested a more nuanced analysis for next year's report to better understand the data.

Commissioner Chow stated that CPMC seems to work and respond to the City when required to do so or due to public inquiry at public hearings. He encouraged CPMC to be a more proactive partner with the City and to honor the spirit of the Development Agreement. He added that CPMC needs to conduct more effective community outreach. He also stated that the DPH needs to continue looking at CPMC's activities in the Tenderloin and assess

the ongoing needs in that community. He encouraged CPMC to utilize community input into its Center of Excellence at its Bernal/Mission campuses so that the program meets the needs of the community. He added that the DPH is eager to continue working with CPMC on these important issues and he looks forward to increased analysis of the issues outlined in the San Franciscans for Healthcare, Housing, Jobs, and Justice presentation in future reports.

The meeting was adjourned at 12:44pm.