

James M. Illig
President

Sonia E. Melara
Vice President

Edward A. Chow, M.D.
Commissioner

Margine A. Sako
Commissioner

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

Steven Tierney, Ed.D.
Commissioner

Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



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MINUTES

HEALTH COMMISSION MEETING

Tuesday, June 16, 2009

At

2:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302

San Francisco, CA 94102

1) CALL TO ORDER

Commissioner Illig called the meeting to order at 2:07 p.m.

Present: Commissioner James M. Illig, President
Commissioner Sonia A. Melara, Vice-President
Commissioner Edward A. Chow, M.D.
Commissioner Margine A. Sako (arrived at 2:41 p.m.)
Commissioner David J. Sanchez, Jr., Ph.D. (departed at 5:00 p.m.)
Commissioner Steven Tierney, Ed.D.
Commissioner Catherine M. Waters, R.N., Ph.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 2, 2009

Action Taken: The Commission (Illig, Melara, Chow, Sanchez, Tierney, Waters) approved the minutes of the meeting of June 2, 2009 with a modification to note that the Soda Free Summer Resolution was amended to reflect current medical terminology.

3) DIRECTOR'S REPORT

Polk/Geary Apartments Opening Celebration

The Commissioners have received invitations to the Grand Opening Celebration of a new 110-unit facility at 990 Polk St., referred to as Polk/Geary Apartments, on Wednesday, June 17, 11 a.m. This project is especially exciting for the Health Department due in part to its scope of providing 50

Direct Access to Housing (DAH) units, of which 10 received Mental Health Services Act (MHSA) capital funding, making it one of the first projects in California to include newly developed MHSA units. In addition to the 10 units available for MHSA participants, the DAH units accepted a number of referrals from Laguna Honda Hospital, in accordance with the agreement in the Chambers settlement. At its best, Polk/Geary Apartments exemplifies a highly successful collaboration between city agencies, private and public lenders, and affordable housing developers.

All of the units are designed as affordable housing units for individuals who are 55 years and older. Lutheran Social Services is the on site support services provider, Citizens Housing provides property management and DPH staff are on site with a nurse and medical and psychiatric consultation on an ongoing basis.

An interesting wrinkle in Polk/Geary Apartments' short history began last Friday when the Polk Street underground explosion occurred less than one block away. Because the building lost power for nearly 48 hours and houses many individuals in electric wheelchairs and others with ambulatory and complex medical problems, the interdisciplinary team who worked together to plan, design and provide services at Polk/Geary Apartments, also worked throughout the weekend to ensure the safety and comfort of the residents. With the building's elevators and lights not functioning, staff from DPH Community Programs Administration, Housing and Urban Health, Lutheran Services and Citizens Housing was joined by the Red Cross to deliver meals door to door, provide flashlights, check on residents frequently and transport patients to where they needed to go such as kidney dialysis and other medical appointments.

Many thanks to Margot Antonetty from Housing & Urban Health and David Nakanishi from DPH Community Programs Administration for their very attentive and highly effective role in overseeing this successful collaborative effort. Thanks also goes out to the San Francisco Police Department and the San Francisco Fire Department who helped manage the situation and allowed some flexibility for our clients and staff during the incident. Their sensitivity and support to the residents was exemplary.

Kaiser Permanente Joins Healthy San Francisco

At a news conference on June 4, the Mayor announced that effective July 1, 2009, Kaiser Permanente has become the newest member of the Healthy SF network in providing care to the uninsured. Kaiser's extensive network will provide primary, emergency, specialty, diagnostic, pharmacy and inpatient services to some of the nearly 42,000 residents who are currently enrolled in the program. We are immensely pleased to have Kaiser as our partner in Healthy SF.

Golden Gate Restaurant Association Lawsuit

On June 8, the Golden Gate Restaurant Association (GGRA) filed a petition with the U.S. Supreme Court requesting that the Court rule on the legality of the Employer Spending Requirement (ESR) of the Health Care Security Ordinance. GGRA states that the ESR conflicts with the federal Employee Retirement Income Security Act. While the U.S. Supreme Court considers whether to hear the case, the Ninth Circuit Court of Appeals' September 30, 2008 decision upholding the ESR remains in effect.

Project Homeless Connect 28

Thanks to the staff and volunteers who helped out at Project Homeless Connect (PHC) 28 on the first Friday in June, 2053 individuals (including families and children) were linked to services. Here are some medical-related service highlights:

Acupuncture	47
Chiropractic Treatments	50
Dental Screenings	52
Eye Exams	65
Eye Glasses	440
HIV Tests	47
Medical Exams	150
Needle Exchange	80
SSI/Medi-Cal	141
Behavioral Health or Methadone	101
TB Tests	25
Podiatry	27
Wheelchair Repair	18
Shelter, Stabilization or Homeward Bound	91
Pounds of Groceries	16,681

Project Homeless Connect continues to be a successful model that reaches thousands of San Francisco's homeless population every year. The next PHC 29 will be held in Bayview Hunters Point on Wednesday, September 9th.

State Survey Concludes at Laguna Honda

As reported in the previous Director's Report, State surveyors visited Laguna Honda Hospital from May 26-June 3, keeping within regulations that require a re-survey within three months of a change in hospital administration. We are pleased to report that the hospital's quality and compliance standards continue to improve dramatically and exceed state standards. Laguna Honda now leads the state and nation in key quality indicators, including low incidence of weight loss, urinary track infection, use of anti-psychotics, and pressure ulcers. Congratulations to everyone at LHH for this fine performance and review. We believe that the improvements at LHH have set the stage for the excellent quality of care that will carry over into the new facility when it opens in 2010.

Celebrating 10 Years for Laguna Honda Substance Abuse Treatment Services

Laguna Honda's Substance Abuse Treatment Services (SATS) celebrates its 10th anniversary on June 24 with a picnic barbeque. The program operates on a harm reduction model as adopted by the Health Commission and consistent with Laguna Honda's mission of enhancing quality of life and encouraging independence. Its goal is to provide participants with the support they need to end substance abuse and to continue to avoid harmful substances after they leave Laguna Honda. The program serves 130 people.

American Hospital Association Tours Laguna Honda

Laguna Honda was the host hospital for the annual meeting of American Hospital Association's Long Term Care and Rehabilitation Governing Council on June 8. The Council chose San Francisco as the site of its annual meeting so that members could view the progress of the new hospital. Interest in the new Laguna Honda is high among long term care and rehabilitation professionals nationwide for its use of evidence-based design to create a community-oriented and resident-centered facility. The visit ended with a welcome reception sponsored by the architecture firm Anshen and Allen, where the Council had the opportunity to meet with hospital leadership.

More Housing For MHSA Clients

The Community Housing Partnership (CHP) has been awarded approval for its funding application for the Parcel G project, at 365 Fulton Street. The total cost of development is projected to be \$38 million for 120 studio apartments with kitchenette and bathrooms, exclusively reserved for extremely low income, formerly chronically homeless individuals. The Mental Health Services Act, (MHSA) will provide the funding of \$1.2 million for 12 units to be dedicated for MHSA clients. Clients referred to this housing site will be supported by MHSA full service partnership providers. The site is scheduled to open in 2011.

Women, Girls and Behavioral Health: Where Do We Go from Here?

A networking event and reception entitled, "Women, Girls and Behavioral Health: Where Do We Go from Here?" was held on June 11 at the Women's Building in San Francisco to connect behavioral health clinicians, administrators, and policy leaders with a common interest in sharing resources about behavioral health services for women and girls in San Francisco. Those who attended also heard from Assemblywoman Fiona Ma and Catherine Dodd, former Health Commissioner and currently Deputy Chief of Staff for Mayor Newsom.

The event was sponsored by the San Francisco Mental Health Board, the CA Women's Mental Health Policy Council and the Gender Appropriate Behavioral Health Services for Women and Girls (GABHS for Gals.) We are grateful to the leadership of these organizations for their advocacy on behalf of women and girls.

Celebrating 30 Years of Refugee Health in San Francisco

June is Refugee Awareness Month and on June 9, the Family Health Center's Refugee Medical Clinic and Community Health Promotion and Prevention's Newcomers Health Program hosted a joint event at San Francisco General Hospital to celebrate 30 years of collaboration on responding to refugee health issues in San Francisco. Commissioner Illig attended the event and presented a copy of the May 5th Health Commission resolution acknowledging Refugee Health and Awareness.

The celebration highlighted the history and long-term collaboration, and recognized the contributions refugees have made to the city and challenges they have overcome. Since the mid 1970's, San Francisco has become home to approximately 50,000 refugees from countries throughout the world, and, in more recent years, thousands of others with asylum status.

Dr. Katz provided an update that the Mayor's Office has made a number of technical adjustments to the City's FY 2009-10 budget, which include the following adjustments to the DPH budget:

- \$1.8 million adjustment to correct the savings attributed to the contracting out of jail mental health services, which are currently contracted through the Haight-Ashbury Free Clinics.
- \$600,000 add-back to the Central City Hospitality House for a drop-in shelter program.
- \$700,000 add-back for Ozanam/St. Vincent de Paul.
- 30 of 100 stabilization beds cut from the budget were put back in.

Dr. Katz added that the Board of Supervisors last week removed \$80 million from the public safety budgets to make up for cuts to the health and human services budget. He noted that it was not specified how

Commissioner Illig commended LHH on successful completion of their survey.

4) **GENERAL PUBLIC COMMENT**

None

5) **CONSIDERATION OF THE CALIFORNIA PACIFIC MEDICAL CENTER INSTITUTIONAL MASTER PLAN**

Alicia Neumann, Senior Health Program Planner, described the process for DPH Review of California Pacific Medical Center (CPMP) Institutional Master Plan (IMP). Ms. Neumann noted that the Lewin Group had been hired to complete the review, which included interviews from a number of key informants and has already presented the initial findings of the review to the Long Term Care Coordinating Council.

Chuck Salvo, Principal, the Lewin Group, presented the preliminary findings from the review of the CPMC Institutional Master Plan. A copy of his presentation is attached and hereby incorporated into the minutes of the meeting.

Marie Jobling of the Long Term Care Coordinating Council addressed issued of post-acute beds and the transition of seniors and persons with disabilities from acute care to home. She noted that the purpose of the Council is to ensure an integrated system of care. The Council passed a resolution, which Ms. Jobling reviewed with the Commission. A copy of the LTCCC resolution is attached and included as a part of these minutes.

Warren Browner, M.D., CEO of CPMC thanked the Commission for a second hearing on the CPMC IMP. He noted that CPMC is committed to working with the City on access to world-class medical services for all San Franciscans. He recognizes that CPMC is a major health-care asset to the City and that this IMP represents 35 to 40 percent of all health care delivered in San Francisco. He noted that there is broad community support for CPMC's proposal. CPMC provides free care to uninsured residents under 400 percent of federal poverty, the most generous charity care policy of any hospital in the City. He committed to making changes to ensure access to CPMC's charity care. They also provide care a large number of Medi-Cal patients, constituting millions of dollars of uncompensated care each year. CPMC has been a proud, consistent, and early supporter of Healthy San Francisco, and provides free care to inpatients coming from NEMS. CPMC has had a long-term relationship with Chinese Hospital to provide OB, pediatrics, and other specialty care services not available at Chinese Hospital. CPMC recently developed a child health center in the Bayview District. CPMC is working to ensure all access to care at all stages of the continuum, including access to SNF beds in the community. He committed that no CPMC SNF bed would go off line until a bed was found in the community to replace it. CPMC is building two seismically sound hospitals at no cost to the City or the State. They have given comprehensive consideration to a variety of options and have chosen a plan to enable CPMC to deliver high-quality care in an integrated facility. The plan includes acute and emergency care at three locations in San Francisco, including a substantial presence South of Market. He noted that the current ED capacity includes 45 bays, seven fast-track areas, and two triage areas in 26,832 square feet. The new ED plan includes 65 bays, eight fast-track areas, two critical care bays, three triage areas, and a results waiting area in 35,655 square feet.

Public Comment:

Feo Jacobson Clinical Nurse Manager of CPMC spoke in favor the CPMC rebuild. She noted they are a 16 bed facility, most of whose patients are over age 60. They take uninsured as well as Medical patients. In the last fiscal year they served 210 patients.

Duane Oshinomi of Chinese Hospital noted that they serve a monolingual Mandarin and Cantonese speaking patients. They work collaboratively with CPMC to provide care, which is not available at Chinese Hospital. In 2006 the Commission supported Chinese Hospital in its battle with Brown and Toland, and they ask the Commission to support CPMC.

Eric Leung, president of Chinese Community Healthcare Association, a non-profit group of 170 physicians dedicated to high quality, culturally competent care for 31,000 San Franciscans, including 7,000 seniors testified that they have actively participated in SFHP and Healthy San Francisco, and have a long partnership with CPMC. He requested that the Health Commission recommend that CPMC continue its partnership with CCHCA.

Deena Louie of Chinese Community Health Plan is an integral part of keeping health care coverage available to small businesses. It's part of an integrated service model to addressing the health care needs of the City. CPMC has been an integral part of the Fair and reasonable pricing.

Daniel Cataláa coordinator at CPMC for non-English speaking patients noted that last year they provided 19,000 hours of translation services to CPMC patients. Currently they cannot reach all the patients that need interpretation. He requests that the Commission support the new hospital.

Gillian Gillett lives across from St. Luke's Hospital and is a member of the San Jose Guerrero coalition. She requests that a viable St. Luke's be built. She would like to encourage a variety of medical services be placed at St. Luke's.

Stephen Davins, a member of the Project Management Institute, believes that only a focused group of the community has had a chance to provide input and that no outreach has been provided in the community and that the Blue Ribbon Panel failed to communicate. He believes the plan is flawed. He believes St. Luke's should be more feasible.

Eloise Bates, a resident near St. Luke's wants St. Luke's to succeed. She would like care within walking distance to her home. She has supported St. Luke's since 2001, and helped bring the hospital into Sutter Health. She is concerned that the plan does not include a new medical office building. She is also concerned that Lewin did not contact neighborhood groups.

Jordie Marko owns a house next to St. Luke's. She is happy that the rebuild will focus on senior health. However, the rebuild does not take into account the needs of all of the seniors or the neighbors.

Colin Swan asked for more outpatient services at St. Luke's.

Marianne Ferris asked that St. Luke's not just focus on inpatient beds. She is a neighbor of St. Luke's and an outreach worker. She believes that a healthy hospital has a variety of care, not just a large number of inpatient beds. Please consider the needs of families and neighbors near St. Luke's.

Catherine Bowsher represents the Liberty Hill Neighborhood Association and believes that the neighbors have not had sufficient input into the St. Luke's rebuild. She would like to see a focus on outpatient care. People in southeastern neighborhoods need more outpatient care.

Howard Chabner supports the CPMC IMP with one major caveat. He believes that the new plan should include more SNF beds.

Jason Fried member of the Cathedral Hill Neighborhood Association believes that the resolution should not forward the IMP. There is no service impact included in the analysis. CPMC's IMP is in its best interest not in the best interest of the community.

Dr. Valerie Gruber is a psychologist at UCSF Stimulant Treatment. As a member of the community and mental health community, she is concerned that the cuts to SNF beds in the face of an aging population and the cuts to the psych. beds in the face of a population needing more beds.

Jennifer Menjivar is concerned about the closure of St. Luke's charity care. CPMC is behaving as a for profit organization, so their non-profit status should be revoked and their IMP rejected. Touro students have a commitment to the community.

Rishi Kapila understands the dire medical needs in San Francisco, and believes that the IMP does not provide the amount of charity care that should be afforded to non-profit facilities. The downsizing of St. Luke's has exacerbated the condition at SFGH. There is a discrepancy between the amount of profit CPMC makes and the amount of charity care they provide.

Ruchi Kapila believes that funds should be provided to the Stimulant Treatment program at UCSF. She added that there is a shortage of SNF and psych. beds in San Francisco. The Commission should not act as a rubber stamp and accept the CPMC master plan. CPMC is receiving tax breaks and putting patients back on to the City and County of San Francisco.

Diana Karner is employed as a nurse and Chief Nursing Officer at CPMC. She believes CPMC nurses and physicians are among the best in the country but that CPMC facilities do not match those skills. Facilities are antiquated and in need of replacement. She asks that the Commission support the new building.

Heather Sebank a nurse administrator at CPMC is speaking as both a nurse and a family member who has used CPMC. Facilities are outdated and there is a shortage of space.

Shannon Thomas is a Clinical Nurse Coordinator at CPMC California Campus. Rooms at the hospital are too small to provide for families in the neonatal unit.

Deedee Koulakis, a med/surg staff nurse at CPMC noted that when she started at Pacific Presbyterian medical center the open heart unit was state of the art. While care is still state of the art, facilities are no longer. Rooms need to accommodate equipment plus families and providers. She was part of the design team for new rooms at Cathedral Hill.

Shannon Watkins, Director of Critical Care Specialties is a new staff member who was attracted by the quality of care and reputation of the staff, but was surprised by the quality of care in the current facilities at CPMC. The current state of the art is private rooms.

Peggy Cmiel is Director of Nursing for med./surg. at CPMC. She is concerned about news of skilled nursing beds at CPMC. No skilled beds will be eliminated unless comparable beds in the community can be found. She urges that the Commission accept the IMP.

Joanne Squire a nurse at the Pacific campus. She has been at CPMC for 16 years. The Pacific campus does some extremely complicated procedures on patients from around the world. The current facility is not adequate to address needs. The new Cathedral Hill campus will provide for their needs.

Enea Zolessi, a native San Franciscan and nurse at CPMC spoke in favor of the rebuild. CPMC has a great record for attracting high quality staff. It has among the lowest turnover of nurses of any hospital in the county.

Anna Ong spoke in favor of building the new CPMC facility. She's been a nurse for 18 years, 14 of which at CPMC. She is a native San Franciscan and delivered both of her children at CPMC. She wants a hospital that can have all of its facilities on one campus.

Carol Loffredi a nurse manager at CPMC for 12 years noted how well CPMC staff performs given the limitations of the facilities. She noted the lack of privacy at the current facilities. The new EDs will have all private rooms, which are desperately needed for quality patient care. She urged support for the IMP.

Tami Chin a physical therapist at CPMC noted that patient and staff safety is of primary concern. The newest technology of patient lifting involved overhead ceiling lifts, which is safest for both patients and staff.

Laura Gooler a psychologist at CPMC asked for support for the CPMC IMP. She noted that privacy needs and need for rest for patients is difficult given the current state of the CPMC facilities. The new facility will allow CPMC to provide the kind of healing environment patients deserve.

Dionne Miller, CAO for CPMC thanked Commissioner Tierney for his support for the Breast Health Center at St. Luke's. Increases to ED demand at St. Luke's require the rebuild, which will allow for the growth in patients. The current ED building was built in 1912.

Margo Cusak Director of Imaging Services at CPMC requested support for the IMP. The rebuild provides for state of the art imaging and facilities. Construction will bring thousands of jobs to San Francisco during difficult economic times.

Paige Brown Kelly, a respiratory therapist at CPMC, noted that some of the care she provides needs to be provided within ten minutes. She's proud of the care provided at CPMC, but noted the need for new facilities.

Doug White, nutrition manager at St. Luke's noted that a new facility will allow them to do so much more. The kitchens were built in the 1970s, and reflect the technology of that age. The new facilities will allow the hospital to attract high quality staff.

Mark Pasvan of the Lion's Eye Foundation spoke in support of the CPMC IMP. CPMC and Lion's Eye have worked together for 50 years to provide care for uninsured patients. In addition they work with a variety of community based clinics and organizations.

Dr. Lory Wivlott, Chair of Medicine at CPMC noted that this hearing is occurring at a time of enormous change. The IMP is designed to address the change that is happening in the healthcare and provider world. CPMC is a committed partner with the City to provide quality care to the City.

Madelon Thomason, of the ALS Association spoke in favor of the CPMC IMP. Relocation of the neuroscience center to Davies campus is a boon for people with ALS.

Richard Magary of the Buena Vista Neighborhood Association noted the years of work to provide input into the Davies campus. CPMC was responsive to the neighborhood input. Those that seek to delay the process have their own agenda. They support the CPMC IMP.

Nato Green of the California Nurse's Association, noted the usefulness of the Lewin report. He noted that CPMC has the highest financial return and the lowest charity care. He believes that the report should contain alternatives to the project and substantive recommendations.

Jane Martin of Bernal Heights and California Healthcare Planning is deeply concerned about the downsizing of St. Luke's. She believes it will be a disservice to communities of color. She has a concern about disaster planning. Finally CPMC needs to keep open facilities that the community needs.

Mark Gleason of the Teamsters spoke in favor of the CPMC IMP because of the number of jobs the rebuild will mean.

Leslie Uptain, Director of the MDA testified in favor of the rebuild as it will be part of the new neuroscience institute at the Davies campus. CPMC's plan represents an integrated plan for care in San Francisco.

Terry Theuriet of the CPMC Communications Division delivered 3 letters of CPMC staff in favor of the CPMC rebuild.

Wanda Roane, Vice President for Services Excellence at CPMC, shared the CPMC mission statement and reiterated her commitment to excellence at CPMC, which includes the need for a rebuilt CPMC. The facility is desperately needed to meet the needs of patients. She speaks also as a family member of a CPMC patient.

Lucy Johns spoke as a health services planner and aging San Franciscan. She is concerned about the lack of analysis of the aging population in San Francisco and the need for care among that population. A Senior Center of Excellence at St. Luke's should have taken into account the population of the community. On two critical health care needs, senior care and ED care, the Lewin report provides no data.

Barbara Savitz, an RN has concerns about the CPMC IMP. She lives near St. Luke's and is a nurse at California campus. She has seen many expectant mothers arrive from the St. Luke's area nearly in delivery. This will only get worse given traffic on the Van Ness corridor.

Sue Locati noted that there will be a doubling of labor and delivery rooms at St. Luke's. She is excited about the new facilities at St. Luke's and the access to specialty care at the Cathedral Hill campus.

Kevin Kitchingham of the Coalition for Health Planning has concerns about many of the analyses of the Lewin report, including disaster preparedness. Regional needs are not measured by the Lewin report.

Linda Harris, a nurse and long-term San Francisco resident believes we must adequately address the health care needs for such a large project. She understands and respects the quality of care at CPMC, but is skeptical of the intentions of Sutter Health. She believes that the plans for St. Luke's are not in keeping with the needs of the surrounding neighborhood.

Erik Langhart noted that California no longer has a Certificate of Need requirement, and that this process represents the only CON-like process. He does not understand why another emergency department is needed. Noise will be a major factor to the surrounding Cathedral Hill neighborhood.

Jennifer Errante of Operation Access works with CPMC to provide donated surgery. They are one of CPMC's community benefits, which are not included in the Charity Care report provided to the Commission. Over the past year, CPMC has provided more than \$200,000 in community benefit through CPMC.

Michael Theriault of SF Building and Contractor's Association spoke in favor of the CPMC IMP. Health insurance for members in his association are based on hours worked, and in the recent economy, health care for members and families has been irregular at best.

Malia Weinberg, a Project Manager for CPMC spoke in favor of the CPMC IMP. Seven services are required in California to be an acute care hospital. She is responsible for organization of space that provides for cost-effective healthcare. Design innovations at the new hospitals will allow for greater cost efficiency at CPMC and St. Luke's.

John Gates, CFO at CPMC spoke about charity care at CPMC. CPMC provides charity care up to 400 percent FPL, the most generous in San Francisco. CPMC also provides generous Medi-Cal and community benefit services.

Mary Lanier, VP for Post Acute Services at Davies campus noted that Coming Home Hospice remains a part of the CPMC services. Neuroscience at Davies is a widely supported service. They are working with the LTCCC on the issue of SNF beds.

David Goldberg, Chief of Psychiatry at CPMC spoke in favor of the IMP. One quarter of inpatient services at CPMC are provided to Short-Doyle Medi-Cal patients. CPMC has a strong commitment to providing care to the uninsured and Medi-Cal patients.

Manny Flores of the Carpenter's Union spoke in favor of the IMP as a needed project in San Francisco. He applauds CPMC in undertaking such a large project in these economic times.

Joel Koppel of the IEW Local 6 spoke in favor of the IMP. These projects will create jobs that will help the San Francisco community and represents an investment in San Francisco.

Suzanne Giurado, a Commissioner on the Children and Families Commission and director of the child development center at CPMC spoke in favor of the IMP. She noted that all children and families receive the same service regardless of ability to pay. She would like to expand services, which she could do through the rebuild.

Jonica Brooks, an RN at CPMC for 15 years, noted that CPMC has said that there will be no closure of SNF beds unless comparable beds can be found elsewhere in the community. She and other post-acute nurses are unconvinced of that promise given the drop in census of post acute patients at CPMC.

Mary Michelucci a nurse of 35 years at CPMC has concerns about the rebuild. Nurses at St. Luke's have been without a contract for two years. She believes that a Center of Excellence should be planned for St. Luke's as was promised during the Blue Ribbon process.

Judy Li of CPMC noted that CPMC is listening to the voices of the community. She believes that CPMC and the Department have worked well together to protect the healthcare interests of San Francisco and to steward the non-profit resources of the City. She spoke of the importance of the Charity Care and Community Benefits Partnership processes. CPMC is committed to meeting its mission of providing world-class health care to all San Franciscans.

Geoffrey Nelson, Director of Long Range Fiscal Planning at CPMC believes that patients need private rooms and high quality care. He noted that these facilities are a real benefit to the City. There are no assumptions that there will be increase of market share, and there are assumptions of more efficient care. A 555 bed facility at Cathedral Hill and 86 bed facility at St. Luke's are necessary.

Commissioner Comments/Requests for Follow-up:

Commissioner Illig asked why Lewin recommend approval of the IMP when that was beyond the scope of the legislation. Mr. Salvo responded that because Lewin had done the recent St. Francis IMP, they felt the need to provide a concrete recommendation rather than just provide a data exercise, so they followed the same format as the recent St. Francis IMP. Commissioner Illig noted that the IMP is a proposal, and the Commission may suggest changes to the plan

Commissioner Illig noted a discrepancy with the Charity Care numbers between the report and Lewin's previous presentation. Ms. Neumann responded that the first report included charges, and the second report converted charges to cost. There was also a call to include Medi-Cal shortfall in the second part of the report.

Commissioner Illig asked about emergency department space at the new campus. Mr. Salvo responded that both the square feet of the ED and the D&T are included in the report.

Commissioner Illig asked about the increase in staffed beds. Mr. Salvo responded that there are projected to be a shortage of acute care beds in 2010 or 2020, due to the aging of the San Francisco population. He added given that CPMC has only one shot to build a new facility that tries to predict future demand for acute care. He noted that licensed bed space in current facilities has been converted to other purposes. He added that having additional capacity is not necessarily a bad thing.

Commissioner Illig asked about where the SNF and psychiatric patients in the closed beds went. Mr. Salvo responded that Lewin did not analyze that, but his sense is that many of those patients are now being treated on an outpatient basis.

Commissioner Sako asked about elements that could be included in an IMP that are more germane to the Health Commission than to the Planning Commission. Mr. Salvo responded that the IMP is

an end product in which a lot of the planning and background are not well included in the document. Commissioner Sako recommended that the Commission make a recommendation to the Planning Commission of additional items to include in the IMP.

Commissioner Chow asked about and declining inpatient activity, noting that it mixes all of the various inpatient uses.

Commissioner Tierney asked about the Breast Health Center at St. Luke's. Dr. Browner responded that the Breast Health Center will remain at St. Luke's.

Commissioner Sanchez commented that the IMP provides an excellent history of the service CPMC has provided to the City since it opened more than a century ago. He added that this represents a plan to provide for the health care needs of San Francisco over the next 100 years.

Commissioner Melara expressed concern for the Lewin Report's recommendation. She also expressed concern about the members of the community who were not contacted in putting together the report. She wants the voices of those who were left out to be heard. She also noted the movement of beds away from the California and St. Luke's campuses.

Commissioner Chow expressed his concern about what the Planning Department really does want and need from the Health Commission process. He wondered whether a resolution or a white paper might be needed. He noted that as a result of the legislation, the Commission has an obligation to assess the impact on the healthcare needs of San Francisco. He would like the data the Mr. Gates has about the value that CPMC provides to San Francisco. Secondly, he's interested in the numbers provided by the director of psychiatry. Thirdly, he would like to review the work of the Long Term Care Coordinating Council. Fourthly, he's interested in the issue of subacute care. Finally, he's interested in memorializing the concerns of the community and addressing charity care.

Commissioner Sako noted that the need for medical office buildings versus inpatient care wasn't addressed in the report. She would also like more information on charity care, subacute, and SNF beds are important to her.

Commissioner Tierney noted the importance of noting success, including the strengthening of partnerships with CPMC in the citywide health planning process.

Commissioner Waters agreed with other Commissioner comments on the report, noting that it was more descriptive than analytical.

Commissioner Illig requested that Commissioners provide input on the resolution through Mr. Soos. He recommended "enforceable commitments" as conditional use forwarded to the Planning Commission. He noted his concern with SNF and psychiatric beds and CPMC's charity care commitment. He believes that this should be an EIR on the health impact.

Commissioner Chow asked about the ownership of CPMC assets. Dr. Browner noted that assets are currently held by CPMC, but will be transitioning to Sutter West Bay in late 2009.

Commissioner Illig noted that the Commission's recommendations to Mr. Salvo at Lewin include:

- Clarification of the ownership interest of CPMC's assets.
- Removal of the recommendations.
- Clarification that the Planning Commission is responsible for approval of the IMP.

6) **OTHER BUSINESS**

COMMUNITY HEALTH NETWORK/COMMUNITY HEALTH PLANNING & EVALUATION COMMITTEE PROPOSAL

Commissioner Sako presented her proposal to incorporate a Community Health Network committee into the Community Health Planning & Evaluation Committee.

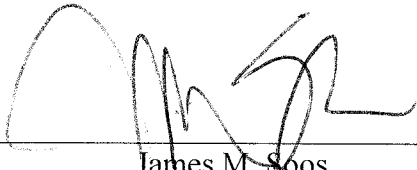
Commissioner Tierney noted the importance of communication given overlap with the Finance Committee.

Commissioner Melara requested that the two-hour meeting be split in half rather than each committee meeting every other month. Commissioner Sako requested that the meetings be time-specific. Commission Melara agreed to try that on a trial basis.

Commissioner Tierney recommended that "Setting Committee Agendas" be included as part of "Other Business" item on the full Commission agenda.

7) **ADJOURNMENT**


The Commission adjourned in honor of Tracy Brown at 5:59 pm.



James M. Soos

Acting Health Commission Executive Secretary

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CPMC IMP Review - Findings and Recommendations

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Lewin Group Conclusions

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Based on a review of the IMP details, an assessment of city-wide healthcare needs, interviews with community leaders, and discussions with CPMC stakeholders, we view the plans proposed in the CPMC IMP as a proactive measure to ensure the long-term availability of health care services in the City and County of San Francisco.

Although the CPMC IMP does not address a potential city-wide shortage of transitional and skilled nursing service capacity, nor does it aim to improve access to mental health services, the key tenets underlying our support are:

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- All CPMC inpatient facilities will meet SB 1953 standards by or around 2015, ensuring access to care in the event of a major earthquake
 - All general acute-care inpatient hospital buildings must meet at least SPC-2 and NPC-3 requirements so as not to pose a risk of collapsing in a major earthquake (2008 - 2013 w/extension)
 - Meet 2030 standards by 2013 with extension
 - No CPMC facility currently meets 2030 standards
 - "...the penalty for non-compliance with this and all other deadlines is closure of the building for acute-care hospital services."

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- St. Luke's Hospital will continue to serve as one of only two acute care hospitals located south of Market Street and will do so in a new, SB 1953 compliant facility.
 - Core element of the Blue Ribbon Panel recommendations
 - Stakeholders, community members and interviewees view St. Luke's replacement as vital to the safety net system
 - Conceptual plan meets nearly all Blue Ribbon Panel service requirements

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- Funding for the construction and renovation program, currently estimated at \$2.3 billion dollars will be almost completely funded through reserves, philanthropy, and operations. No public financing or private placement debt is being planned as a source of project funding.
 - Publicly financing this level of program would be challenging
 - Debt financing could also be challenging
 - California hospital construction costs are double/ triple national averages
 - SNF beds are not required to meet SB 1953 requirements

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- There is an evidence base that supports higher quality outcomes result from the consolidation of tertiary and quaternary services. Hospitals, physicians, and care teams that perform a high volume of procedures are likely to realize better outcomes than lower volume counterparts.
 - Pediatrics, Neurosciences and Women's Health will each be delivered in consolidated "Centers of Excellence"

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RECOMMENDATION: RELOCATE AND EXPAND THE PACIFIC CAMPUS

- The plan expands access to staffed acute care beds, ambulatory care services, and emergency services without significantly altering patient access patterns
 - Nearly 10,000 sq. ft. of additional emergency department space and more than 80,000 additional sq. ft. dedicated to diagnostic and testing services system-wide.
 - 113 additional acute care beds and 16 additional rehabilitation beds, offset by psychiatric and skilled nursing bed reductions of 18 and 135 respectively.
 - Nine (9) San Francisco Municipal Railway lines and seven (7) regional access points (Golden Gate Bridge, Highway, and Transportation District) within two block radius.
 - 2.2 mile relocation from California Campus, less than one mile from Pacific Campus. A significant outpatient presence will remain at the Pacific Campus

Conclusion

RECOMMENDATION: APPROVE THE LONG TERM CARE IMP

Our recommendation [for approval of the CPMC IMP] is contingent upon CPMC providing the Long Term Care Coordinating Council with a detailed plan that addresses their role in supporting the needs of transitional care, elderly, and psychiatric patients.

Consistent with the Blue Ribbon Panel recommendations, we believe that CPMC's leadership and organizational know-how can only serve to, in collaboration with public and private organizations, build a sustainable system for the delivery of sub-acute and psychiatric care to the citizens of San Francisco.

Questions

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