

**HEALTH COMMISSION
RESOLUTION 02-10
RESOLUTION MEMORIALIZING THE AGREEMENTS REACHED
BY THE HEALTH COMMISSION AND THE CALIFORNIA PACIFIC MEDICAL CENTER
REGARDING ITS INSTITUTIONAL MASTER PLAN**

WHEREAS, the Institutional Master Plan (IMP) process provides the City and its policy bodies, including the Health Commission and the Planning Commission, with an opportunity to ensure that proposed changes related to health care institutions are reviewed to ensure the protection of public health and consideration of neighborhood and environmental integrity; and,

WHEREAS, City and County of San Francisco Ordinance 0279-07 amending the IMP process calls for, "the Department of Public Health (DPH) to analyze the relationship between the city's long-term health care needs and facility planning for medical institutions...to provide the Planning Department with an important perspective for review of medical institutions' master plans. Such analysis will help prevent loss of services and inefficient or redundant development of healthcare services in San Francisco"; and,

WHEREAS, California Pacific Medical Center's (CPMC) IMP was presented to the Health Commission in May 2009 and at its July 21, 2009 hearing, the Health Commission adopted Resolution 10-09 supporting CPMC's plans to rebuild facilities to meet the State's current seismic requirements; and,

WHEREAS, to ensure the CPMC IMP results in the best possible health plan for the City and County of San Francisco, the Health Commission put forward eight specific recommendations that stemmed from four public hearings; the Health Commission Task Force on CPMC's IMP, a work group using a consensus model, met to discuss and analyze progress in fulfilling these recommendations which resulted in the following agreements with CPMC:

1. Recommendation: CPMC should increase its charity care, including but not limited to Healthy San Francisco, to a share comparable to other hospitals in San Francisco.
Agreement: CPMC will increase its charity care contribution 79% in a five-year period, from \$5,315,000 in 2007 to \$9,500,000 by 2012.
2. Recommendation: CPMC should increase its care of patients with Medicaid to a share comparable to other hospitals in San Francisco.
Agreement: CPMC will continue to serve Medicaid patients throughout its system, retaining its Medicaid contract with the State of California providing access through the Sutter Pacific Medical Foundation clinics and the St. Luke's Health Care Center. CPMC will also increase its amount of Medicaid shortfall (the uncompensated portion of providing care to Medicaid patients) by 22% in a five-year period, from \$53,369,000 in 2007 up to \$65,000,000 by 2012.
3. Recommendation: CPMC should replace lost skilled-nursing facility (SNF) beds with long-term care services for an equal number of persons.

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

4. Recommendation: CPMC should replace lost sub-acute beds with placements for all individuals currently in those beds.

Agreement: CPMC chairs the San Francisco Hospital Council work group, to develop concrete solutions for providing sub-acute care beds in the community. The recommendations will be heard by the Hospital Council in June 2010. When the St. Luke's inpatient tower is decommissioned, CPMC will place all remaining sub-acute care patients in its other hospital campuses, or in community facilities.

5. Recommendation: CPMC should make a commitment that the St. Luke's campus will be operated as a community hospital for at least 20 years.

Agreement: CPMC is constructing a new \$250,000,000 inpatient facility at St. Luke's and is committed to maintaining St. Luke's as an integral part of their larger healthcare system. In September 2008, CPMC's Board of Directors unanimously accepted the recommendations of the Blue Ribbon Panel, directing executive management to include a revitalized St. Luke's Campus, with all the services of a community hospital, as part of CPMC's IMP.

6. Recommendation: CPMC should ensure that all of the recommendations of the Blue Ribbon Taskforce be fully implemented.

Agreement: CPMC will implement all the recommendations of the Blue Ribbon Panel, with the two exceptions. SNF beds will be provided within the CPMC system and through new community-based facilities. Inpatient pediatric beds will be built into the new Cathedral Hill Hospital where all the support services and specialties necessary for safe and effective care will be available. These actions will provide for the services to patients envisioned by the Blue Ribbon Panel.

7. Recommendation: The Health Commission, DPH should establish a time-limited working group with representation of a dedicated membership to analyze progress realizing these recommendations.

Agreement: The Health Commission convened the CPMC IMP Task Force.

8. Recommendation: CPMC should continue to partner with all sectors of the community, including Chinese Hospital, its affiliates, and the Chinese community to provide fair and affordable access to its services; and,

Agreement: CPMC has committed to continuing its long standing partnership with Chinese Hospital, its affiliates and the Chinese community; and

WHEREAS, on March 2, 2010, the Health Commission heard the final report of the Task Force outlining the agreements that had been reached through the consensus process; now

THEREFORE BE IT RESOLVED, the Health Commission confirms the agreements listed above as progress towards but not full implementation of the Commission's specific recommendations regarding charity care, Medicaid, sub-acute services and commitment to operate St. Luke's as a community hospital for twenty years; and,

BE IT FURTHER RESOLVED, CPMC will continue to provide the Health Commission separate charity care information for St. Luke's for as long as the hospital licenses are separate. When the hospital licenses are consolidated in 2012, CPMC will no longer provide campus-specific reporting. At that time, CPMC's charity care reporting will be revisited by the Commission. CPMC will report discharges of patients who live in St. Luke's primary service area for all campuses; and,

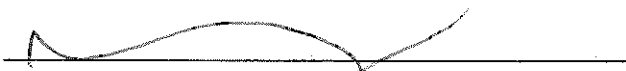
BE IT FURTHER RESOLVED, commencing one calendar year after acceptance of the Report of the CPMC Task Force by the Health Commission and coinciding with the hospital's reporting cycle to OSHPD, CPMC will provide written annual updates to the Commission progress towards full implementation of the recommendations in the prior year.

BE IT FURTHER RESOLVED, CPMC will report quarterly to the Health Commission through its Finance and Planning Committee on progress of the agreements listed above and the Van Ness/Cathedral Hill and St. Luke's facility development plans; and,

BE IT FURTHER RESOLVED, the Health Commission expects CPMC to continue its upward trajectory level of charity care and services to Medicaid patients and to ultimately commit to a percentage amount comparable to other hospitals in San Francisco; and,

BE IT FURTHER RESOLVED, the Health Commission is forwarding this resolution to the Planning Commission and to the Board of Supervisors for incorporation into the Planning Commission's Conditions of Approval for CPMC's future facilities building plans. This will ensure accountability and oversight and keep the public informed of CPMC's progress as the Institutional Master Plan is implemented.

I hereby certify that the San Francisco Health Commission at its meeting of March 16, 2010 adopted the foregoing resolution.


Mark Morewitz
Health Commission Executive Secretary