

LONG TERM CARE COORDINATING COUNCIL

Guiding the development of an integrated system of home, community-based, and institutional services for older adults and adults with disabilities

DRAFT: June 3, 2009

Resolution

WHEREAS, the California Pacific Medical Center (CPMC) Institutional Master Plan proposes significant changes in CPMC operations and facilities, including the construction of a new 555-bed acute care hospital and the elimination of some of its approximately 101 post-acute skilled nursing beds; and

WHEREAS, the full implementation of CPMC's Institutional Master Plan will have a significant and negative impact on the overall availability of skilled nursing beds for vulnerable adults in San Francisco who need post-acute services; and

WHEREAS, these post-acute skilled nursing beds have an average length of stay of 14 days, with a range for any given month and individual unit from 11.5 days to 27 days; and

WHEREAS, a reduction in post-acute services may lead to the readmission of vulnerable adults to acute care services or to increased use of emergency department services; and

WHEREAS, the CPMC Institutional Master Plan is proposing the continuation of a local and national trend in the reduction of skilled nursing beds in acute care hospitals; and

WHEREAS, CPMC is a valued partner in meeting the comprehensive health care needs of vulnerable adults San Franciscans, and desires to increase its community engagement in the city; and

WHEREAS, the Long Term Care Coordinating Council has a strong interest in assuring safe and healthy transitions for vulnerable adults leaving acute care services, which requires the ability to access post-acute skilled nursing beds, rehabilitation, transitional care, and community-based long term care services; now therefore be it

RESOLVED: That the Long Term Care Coordinating Council requests CPMC not to close any of its 101 post-acute skilled nursing beds, either in 2010 or later, until reasonable alternatives are established. This includes the development of a program of transitional care services that will facilitate the move of vulnerable adults from acute care services to post-acute care services, provided either by CPMC or other health care institutions in San Francisco, or provided at home or in the community; and be it

FURTHER RESOLVED: That the Long Term Care Coordinating Council requests the: (1) Planning Department, (2) Department of Public Health; (3) Department of Aging and Adult Services, and (4) the Office of the Controller, to explore the importance of and the need for comprehensive health planning that considers San Francisco's demand for acute care beds and services, post-acute care beds and services, rehabilitation services, and transitional care, all of which should be appropriately integrated with community-based long term care services.

The Long Term Care Coordinating Council urges all stakeholders, including the Health Commission, Planning Commission, and Aging and Adult Services Commission, to work to preserve and expand access to a comprehensive continuum of services and support that maximizes an individual's best chance of returning from hospital to home, or to the least restrictive setting, as well as minimizing re-admission to an acute care setting.

Note June 3 Draft Resolution's "Whereas" clause noting significant and negative impact on overall availability of SNF beds in San Francisco was deleted from the Resolution the LTCCCC adopted on June 11, despite the negative impact that will obviously occur.