

## Patients fight California Pacific Medical Center's plans to outsource dialysis services

by Patrick Monette-Shaw  
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It's not surprising California Pacific Medical Center's own dialysis patients in San Francisco are fighting plans to outsource their dialysis services to a for-profit corporation — DaVita — despite intense objections, or consent, from CPMC's dialysis patients.

Patients have been asking question for over nine months.

They haven't been getting reasonable answers.

“CPMC reported over \$170 million in profit last year, so there's no financial necessity to cut services. It's well-documented that for-profit dialysis centers have higher mortality rates than non-profit dialysis services,” says Nato Green, a labor representative for the California Nurses Association.

As this Examiner has previously reported, dialysis services are at great risk in San Francisco.

Given real safety concerns about outsourcing dialysis services, it's also not surprising that patients would organize themselves to oppose outsourcing their dialysis treatments.

Tatiana Kostanian — who has served on the Mayor's Disability Council for seven years — is disturbed by CPMC's plan to outsource its dialysis services to DaVita.

Speaking directly in her role as a dialysis patient herself and as a disability rights advocate since 1962 — not in her role as a member of the Mayor's Disability Council — Kostanian says “With one foot already on the banana peel, those of us who receive our dialysis treatments at CMPC have long worried about how it will get disabled people in wheelchairs and beds down the stairs of their facility in a disaster.”

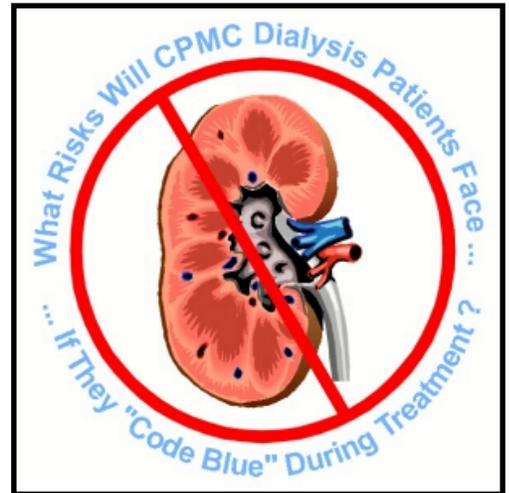
For dialysis patients, it may be a matter of life or death, in part because procedures for how a private contractor will provide “code blue” services within a hospital have not been developed, let alone communicated to the very patients who wonder what the process will be if they go code blue.

If CPMC's plans are approved, rather than calling CPMC's medical staff to respond to patients who go into code blue, DaVita may have to call 9-1-1 asking that an ambulance service be sent to the scene, wasting precious minutes before an agency responds.

By then, it may be too late.

As they “code,” patients may wonder why they're facing death, while corporations worry about who will assume responsibility for “liability” issues.

This smacks of multiple organizations worrying about “legal liability” issues, more than they are worrying about providing the appropriate level of care that could prevent libiaility problems in the first place.



**CPMC's proposal to outsource dialysis services to DaVita sparks patient's concerns.**

*Illustration: Patrick Monette-Shaw*

Tomorrow, San Francisco's health commission will conduct what is known as a "Proposition Q" hearing to take public testimony about how reduction in services provided by a private-sector hospital may end up reducing services to the community.

Selling the CPMC dialysis center puts patients at risk, as multiple observers have noted.

Although CPMC claims it researched needs of the community, patients, and physicians, CPMC has been unable — or unwilling — to reveal which communities it "researched."

For its part, DaVita claims it intends to provide "answers once they become available, [and as soon] as possible," but no answers have been forthcoming from DaVita before the Health Commission holds its hearing tomorrow.

Sounds like DaVita knows how to stonewall, when not whitewash.

A major problem is that for-profit corporations, such as DaVita, have an eight percent **higher mortality rate** than non-profit hospitals providing the same dialysis services.

Clearly, patients don't want to see an eight percent increase in mortality, when they're the ones receiving the services being cut just to protect a "profit motive."

Would you?

Deeply appreciative of the dedicated nurses and staff in CPMC's dialysis center, Kostanian notes, "The decision makers pushing to outsource dialysis to DaVita would never allow this to happen if it were their own lives, or their children and families, at risk from dangerous staffing levels."

"It isn't right that our level of care will be reduced and our very lives placed at risk," she says.

The Health Commission's so-called Prop Q hearing is required by San Francisco's "Community Health Care Planning Ordinance" voters passed in 1988 under Proposition Q.

The ordinance requires that before any private hospital or clinic reduces its levels of services, the Health Commission must hold a hearing to determine whether the proposed reductions in services will have a negative impact on overall health care services provided to the community, and to explore other ways of providing the services that are proposed to be reduced.

"DaVita cannot guarantee that dialysis patients will get immediate services from CPMC's code blue team if they went into cardiac or respiratory arrest during a dialysis session," says Martha Dominguez Glumaz, a registered dietitian who holds a masters degree in public health, and has been a dialysis patient herself for 30 years.

The Health Commission's hearing on August 17 will be held in Room 300 at 4:00 p.m. at 101 Grove Street.

It may be the Health Commission's only meeting providing an opportunity to present public testimony regarding the outsourcing of dialysis services at CPMC before the commission takes a vote on September 7 whether to approve CPMC's plan.

In addition to how DaVita may respond to patient's who go code blue, other questions haven't been answered.

Will DaVita provide oral medications? What is DaVita's contingency plan for disaster preparedness, especially in terms of going down the stairs? How do DaVita's clinical outcomes compare to CPMC's dialysis outcomes? Will DaVita continue to operate centers with non-reuse dialyzers?

Nobody knows, since DaVita and CPMC are not forthcoming, and the Health Commission likely won't have additional questions answered when it takes testimony tomorrow.

Other observers besides patients worry that the medical literature may indicate higher staffing ratios result in increased errors, putting patients at risk for HIV or Hepatitis C cross-contamination, risk of various infections, and even premature death.

Most dialysis centers are thought to utilize a one-to-12 staff-to-patient ratio, considered by some to be safe.

DaVita's business model may utilize a one-to-16 staff-to-patient ratio, exacerbating already-known risks for dialysis patients, with fewer staff per patients.

"CPMC may have decided to put hundreds of Medicare and Medi-Cal dialysis patients at risk, in order to save a few bucks," Mr. Green said.

Although CPMC is reported to have earned over \$170 million in profit last year, its parent company, Sutter Health, may have seen revenues grow from \$8.3 *billion* in 2008 to \$8.8 *billion* in 2009, a net increase of half a billion dollars across a single year.

While it cuts dialysis services to the most vulnerable of its patients, CPMC's and Sutter's profits appear to be paramount.

Between tomorrow and September 7, when the Health Commission will finally vote on whether to give CPMC a "Get Out of Jail Free" pass to outsource dialysis services as part of its plans to build a "destination" hospital on Van Ness Avenue, the Health Commission must consider multiple implications, and other perspectives likely to be voiced tomorrow.

After all, the very lives of dialysis patients like Dominguez Glumaz and Kostanian — contributing members of society dedicated to their own families and communities, if there ever were such community activists — are at stake.

Dialysis patients deserve our support, since San Francisco's aging population will soon not only have insufficient skilled nursing services, it will also likely not have sufficient dialysis services for our aging seniors, if CPMC gets its way building its "destination" hospital even as it decimates vital community services to save a buck or two.

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