

**REPORT OF THE BLUE RIBBON PANEL
ON
THE FUTURE OF ST. LUKE'S HOSPITAL**

INTRODUCTION AND BACKGROUND

The charge to the Blue Ribbon Panel (BRP) was to: *Create a viable plan for acute care hospital and out patient services at CPMC's St. Luke's Campus which compliments and is supported by CPMC's current institutional plan for it's San Francisco campus' and meets the healthcare needs of the community served.* The BRP was composed of thirty-one individuals from diverse backgrounds and interests but with a common goal of trying to achieve a viable solution to the many challenges posed by the assignment. A list of the Blue Ribbon panel members is provided in Appendix 1.

In addressing the charge, the panel held ten meetings, including two public forums. In coming to it's recommendations the panel was superbly supported by the facilitation of John Golenski and Nancy Shemick. The panel's recommendations drew heavily on the a comprehensive report provided by the Community Outreach Taskforce; analyses of population demographic projections and service utilization projections provided by The Camden Group; examination of the CPMC Institutional Master Plan; and review and discussion of architectural design options provided by _consultants Steve Short and Geoffrey Nelson. These documents are provided in Appendices 2-5.

The panel wishes to express its appreciation to the above groups for their assistance and, in addition, to the administrative staffs of St. Luke's Hospital and CPMC and to Double Forte who served as the communications advisory consultant to the panel.

RECOMMENDATIONS

Recommendation #1:

The St. Luke's Campus should be fully integrated into the broad mission, strategies, and operations of the CPMC system.

- Development of integrated CPMC and SLH medical staffs and nursing staffs
- Development of a foundation model for primary medical/healthcare providers
- St. Luke's Campus is an integral provider of primary and secondary care within the CPMC's system

Comment: The BRP felt that the concept of St. Luke's integration within the larger CPMC system was so important that it should be stated as the first recommendation serving as the foundation for the remaining recommendations. As indicated, key aspects of this integration should include further integration of the CPMC and SLH medical and nursing staffs; creation of a foundation model to

recruit and retain additional primary care physicians and other health care providers needed in the area; and underscoring that the St. Luke's Campus will focus on the provision of basic primary and secondary care services within the larger CPMC system.

Recommendation #2:

- **The BRP recommends building a new acute care, community hospital on the St. Luke's campus**

Comment: All the data and analyses provided to the BRP confirm the need for continued acute care services in the St. Luke service area. This is particularly the case given that the planned replacement hospital for San Francisco General will have no more beds than its present capacity and another hospital in the general service area, is owned by Kaiser-Permanente restricted in use to its' own members.

Recommendation #3:

- **The size of the new hospital should be appropriate to the planned service mix.**

Comment: Rather than recommending a fixed number of beds or even a range, panel members felt a better approach was to first decide on the services needed by the community. See Recommendation #4 below.

Recommendation #4:

- **The services that should be provided at the St. Luke's Campus are those that meet the greatest need of the surrounding community. We recommend the services should include, but not be limited to:**

- Center of Excellence in gynecology and low-intervention obstetrics
- Medical/surgical services (e.g. cardiology, respiratory care)
- Emergency Department
- Intensive Care Unit
- Urgent Care
- Pediatrics
- Center of Excellence in senior health care (e.g. orthopedics, diabetology, oncology, rehab)
- Skilled nursing beds to serve orthopedics, senior health, and med/surge

Comment: The panel recommends this list of services based not only on the data provided but also importantly by the recommendations of the Community Advisory Task Force, comments received at the public forums, and input from those panel members most closely involved with direct patient care services.

Other services were discussed but are not included either because they are not best provided in an acute inpatient care facility and/or address needs that extend beyond the service area.

Recommendation #5:

- **The Blue Ribbon Panel emphasizes that St. Luke’s should also focus on developing primary care disease prevention and health promotion programs that reduce the need for hospitalization.**

Comment: Panel members recognize that hospitalization is care “of the last resort”. St. Luke’s should emphasize disease prevention and health promotion initiatives through development of close partnerships with its’ own ambulatory health centers, community health centers and related groups. See Recommendation #6 below.

Recommendation #6:

- **The St. Luke’s Campus should house a Center of Excellence in Community Health with a focus on building the capacity of community-based organizations and providers that share responsibility to improve health**

Comment: Development of a Center of Excellence in Community Health will set the new St. Luke’s Hospital apart as a “different kind of hospital” – potentially a model not only for the Bay Area and California but the nation. The intent is to encourage St. Luke’s to develop reciprocal support relationships with community-based organizations - not only in the health sector but also with local businesses, schools, housing and transportation – to maintain and enhance the health of the population served.

Recommendation #7:

- **In rebuilding a new St. Luke’s within an integrated system, we support the principle of workforce retention**

- Physicians and other primary care providers
- Nurses and other health professionals
- Support workers

Comment: Given the need for continued services during the rebuild, the panel underscored the need to retain the current workforce

Recommendation #8:

- **All sources of potential additional earned surplus should be pursued to**

enhance the financial viability of the new St. Luke's. Some examples include:

- Improvement of the payer mix.
- Joint teaching programs that may afford additional revenue.
- Occupational medicine can provide additional sources of revenue.
- Significant improvements and operational efficiency through achievement of economies of scale, process improvement methods, and use of emerging cost effective care delivery models.
- Development of ancillary services.

Comment: The panel recognized the importance of a more financially viable St. Luke's in the future. As a result, it provided examples of a portfolio of strategies noted above, while recognizing that given the service area some degree of continued financial support from other sources of the CPMC/Sutter system would likely be needed for the foreseeable future. It was widely understood that this support was dependent on implementation of the CPMC Master Plan (IMP) involving the building of the tertiary/quaternary hospital on the Cathedral Hill site.

Recommendation #9:

- **Given the identification of issues and needs that may include but also extend beyond the St. Luke's service area, the BRP recommends the CPMC board engage in problem solving with the community to resolve these needs. These include in particular:**
 - The provision of beds for in-patient psychiatric patients.
 - The provision of beds/units for "sub-acute" regional patients.
 - The distribution of primary care providers.

Comment: The panel recognized that some of the health issues identified extend beyond the St. Luke's service area to include the larger Bay Area and indeed the northern California region. Psychiatric/mental health care, sub-acute care capacity, and the number and distribution of primary care providers are three important areas in which the panel requests the CPMC exert leadership by working with others to develop sustainable solutions to these area wide and region wide challenges.

Recommendation #10:

- **In addition, all efforts should be made to recruit and retain the best culturally competent and diverse health care professionals possible capitalizing on the advantages of being an integrated health system.**

Comment: The panel recognizes that integrated health systems are able to make

investments in human capital – attracting the best trained and diverse health care professionals and support workers – that free standing independent hospitals find difficult. This is due to the additional educational and training opportunities that integrated health systems can make available, career ladders that can be developed, opportunities for job enrichment and job rotation, and related mechanisms.

Recommendation #11:

- **The BRP recommends that the CPMC board consider option #5 (building over San Jose Street) and option #3 (the 1912 building, preserving the chapel and tree) with a preference for option #5 due to its better meeting all of the value criteria listed below.**
 - Continuity of service to patients.
 - Low neighborhood impact.
 - Providing an accessible and welcoming presence.
 - Taking into account the lowest life cycle costs of the new facility involving:
 - 1) Time to entry
 - 2) Future flexibility
 - 3) Openness to new care models

Comment: The panel was heavily influenced by the presentation of the architects outlining five different options for the new St. Luke's. Using the criteria outlined above, only options #5 and #3, in the judgment of the panel, prove viable. We encourage the CPMC board to pursue either option but given the data available at the time, option #5 appears to best meet the criteria. It is estimated that option #5 would initially add approximately \$25 million to the total cost due relocation of sewer lines and related considerations. However, option #3 was felt to likely result in significant opposition from the San Francisco Historical Society and even if ultimately approved, would result in significant delay and added costs associated with the delay.

CONCLUDING COMMENTS

Discussion of the above recommendations that evolved over the course of the Blue Ribbon Panel's deliberations are summarized in the minutes of each meeting which may be found in Appendix 6. The recommendations were unanimously endorsed by the Blue Ribbon Panel members and their signatures can be found in Appendix 7.

Each panel member had their own views of how best to meet the health needs of the people living in the St. Luke's service area. But each panel member was open to listening to each other's perspectives and were able to build on each other's suggestions to forge the unanimous agreement contained in this set of recommendations. These recommendations represent the common ground for implementation and for moving

forward as expeditiously as possible to meet the health needs of the St. Luke's service area.