Consensus Positions for Recommendations to CPMC’s Board of Directors:

- 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/health care providers.
  - St. Luke’s Campus is an integral provider of primary and secondary care within the CPMC system.

- The BRP recommends building a new acute care, community hospital on the St. Luke’s Campus.

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

- 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 GYN and low-intervention OB
  - Medical/Surgical Services (e.g., cardiology, respiratory)
  - Emergency Department
  - ICU
  - 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/Surg
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.

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.

In rebuilding a new St. Luke’s within an integrated system, we support the principle of Work Force Retention.
  o Physicians and other primary care providers
  o Nurses and other health professionals
  o Support workers

All sources of potential additional earned surplus should be pursued to enhance the financial viability of the new St. Luke’s. Some examples include:
  o Improvement of the payer mix.
  o Joint teaching programs may afford additional revenue.
  o Occupational medicine can provide additional sources of revenue.
  o Significant improvements in operational efficiency through achievement of economies of scale, process improvement methods, and use of emerging cost effective care delivery models.
  o Development of ancillary services.

Given the identification of issues and needs that may include but also extend beyond the St. Luke’s service area, the BRP recommends that the CPMC Board engage in problem solving with the community to resolve these needs. These include in particular
  o The provision of beds for in-patient psychiatric patients.
  o The provision of beds/units for “Sub-Acute” regional patients.
  o The distribution of primary care providers.

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.

The BRP recommends that the CPMC Board consider option 5 (building over San Jose Street) and option 3 (the 1912 Building and 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
- An Accessible and Welcoming Presence
- Taking into Account the Lowest Life Cycle Costs of the New Facility
  - Time to Entry
  - Future Flexibility
  - Openness to New Care Models