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Patient Safety At The Burlingame Long-Term Care Center

Issue

In the event of a fire or other emergency, can the patients at the Burlingame Long-Term Care Center be swiftly and safely evacuated?

Summary

Care for patients at Burlingame Long-Term Care Center prior to September 2002 was unsafe. Two patients died as a result of heat exhaustion and others were injured. The operator lost its license and declared bankruptcy. California Department of Health Services placed the Center in receivership.

San Mateo Medical Center assumed responsibility for the Burlingame Long-Term Care Center under a five-year lease, with options, on August 15, 2003. The owner and the County invested at least two million dollars in the building to provide air conditioning, an emergency generator, a new roof, and alarm and sprinkler systems. Staff was retrained, and contracts and insurance policies were reviewed, restructured, and brought up to County standards.

Danger is still intrinsic to the structure of the Center building. There is no entry or exit on the first floor. There are no ramps to provide safe evacuation from the first or second floors. The staff has been admirably trained to handle evacuations efficiently in an emergency, but, at its worst, the process includes dragging heavy bed-bound patients down the stairs on their mattresses.

The Grand Jury finds the Burlingame Long-Term Care Center building to be minimally safe for its patients and recommends that the County search for another facility.



Patient Safety At The Burlingame Long-Term Care Center

Issue

In the event of a fire or other emergency, can the patients at the Burlingame Long-Term Care Center be swiftly and safely evacuated?

Background

Prior to September, 2002, while the Burlingame Long-Term Care Center (Burlingame Center) was a privately operated facility, two patients died of heat exhaustion and one was severely injured in a wheelchair falling down the front steps of the building. After the private operator declared bankruptcy and lost its license, the California Department of Health Services (DHS) took over management of the facility under a receivership. At the request of DHS, San Mateo Medical Center (SMMC) then agreed to assume management of the facility.

The San Mateo County Board of Supervisors, through the County Manager's office, negotiated with the building owner for a five-year lease, with options to renew for three additional five-year terms at a rental of \$1 million per year. Although the lease commenced August 15, 2003, the state receiver continued to operate the facility until October 15, 2003. The reason for the two-month gap is that, during the interim, SMMC fired some holdover employees, hired new ones, and insured that all the employees met the standards required of all San Mateo County employees. In addition, SMMC made background checks of every employee, developed and implemented policies and procedures standards, and reviewed and approved every contract the facility had with outside contractors.

The County and the building owner each invested about \$1 million to improve the facility. Improvements consisted of an emergency generator, a new roof, a heating and air conditioning system, new furniture in all the rooms, a fire alarm panel, a smoke detector system, a sprinkler system, new rugs, and fresh paint in the entire facility.

Findings

The Burlingame Center is a square, three-level brick building, with an open area in the middle of the square. The top two levels are patient floors and the bottom level, which is half below ground level and half above ground, is a garage. The building is situated immediately next to the public sidewalk with no grass, shrubbery, or open space between the sidewalk and the ten front steps. There is an opening several feet from the front steps that leads to a concrete ramp down which patients may be wheeled through the garage and to two elevators to the patient floors. A loading dock on the side of the building for delivery of hospital supplies is not suitable for moving patients in or out of the building.

The Burlingame Center has a maximum capacity of 281 patients. Recently, the patient population numbered around 240. In addition to the Burlingame Center, San Mateo County has only one other public long-term care facility, located at the San Mateo Medical Center (SMMC). SMMC maintains 64 beds in two separate wings of the hospital (32 beds in each wing). All 64 beds have ground level access. The San Mateo County Board of Supervisors and SMMC recognize that the population in the County is aging and that more long-term care facilities will have to be provided eventually, but have no immediate plans to obtain more long-term care space.

Patients at both facilities remain for periods ranging from weeks to sometimes years. Usually, the shorter-term patients are recovering from operations or illnesses, but cannot return to their homes because they cannot care for themselves.

Both the Burlingame Center and the Medical Center are subject to licensing and certification requirements of the federal and state governments. The federal government operates through the California DHS whose employees evaluate both Centers. Inspections occur monthly during any of the three daily shifts. The Grand Jury reviewed the monthly inspection reports for August through November 2004. The reports appeared comprehensive, covering general safety and other security conditions as well as emergency preparedness and life safety issues at the facilities. The inspection reports cover disaster plans at each facility and staff knowledge of evacuation routes, emergency codes for fire, bomb threats, internal or external disasters, combative patients, etc. In addition, inspectors examine fire extinguishers, hoses, fire doors, and hallways to make sure exit routes are not obstructed.

The fire departments of Burlingame and San Mateo also regularly inspect the two facilities. The Grand Jury reviewed the latest Burlingame Fire Department Safety Notice that indicated the department had inspected the building, electrical equipment, exits, fire alarms, fire doors, fire extinguishers, fire protection equipment, heat producing appliances, and storage facilities.

The Burlingame Center conducts regular emergency preparedness instructions, drills, and question and answer sessions for its operating personnel. The initial eight-hour orientation training session for all new employees is followed by a required four-hour refresher training session annually for all employees. For example, they all receive video presentations, lectures, and demonstrations on the proper use of the Stryker Evacuation Chair (discussed below). The Grand Jury examined the lesson plans and all the fire safety questions and answers discussed at another session. The Grand Jury requested and observed an unscheduled surprise fire drill at the Burlingame Center. A supervisor stood near the closed door of a patient and told a passing employee that there was a fire in that room, and within seconds full emergency procedures were implemented. First, the fire alarm was pulled, the fire door on one end of the hall was closed, and then about ten employees with fire extinguishers appeared. Then, an ambulatory patient, who had previously been instructed on emergency procedures, asked that persons in the hall enter her room and close the door. The gathered staff was quizzed about the next steps to take in a real emergency. The Grand Jury learned the priorities: containing the fire was first, directing ambulatory patients to the end of the hall and down the stairs next, then attending to wheelchair patients, and finally, attending to bedridden patients. In response to concerns about the stairs, staff demonstrated the operation of the Stryker Evacuation Chair. Either one strong person or two persons can take a wheelchair-bound patient up or down stairs in a Stryker chair. Currently, three more such chairs are on order.

Bedridden patients are evacuated by being carried by a two-person team on a blanket or dragged on the patient's mattress down the stairs and out of the building. This procedure was not demonstrated to avoid disturbing patients or causing them to panic. The Grand Jury was advised that this evacuation procedure is standard in all high-rise hospitals in San Mateo County.

Conclusions

The Burlingame Long Term Care Center is minimally safe because of the inherent barriers of its hillside location, its layout with outside stairs, and its mode of construction. There is no ground level exit from the building to facilitate movement of patients either in daily routines or in emergency conditions. Safe and swift evacuation of a floor of bed-bound patients would be difficult, if not impossible.

Investing an initial \$1 million on a building that the County does not own, and continuing to spend \$1 million per year to lease the building may have been necessary, given the existing emergency conditions at the time the County acquired the lease. However, the County should be planning to acquire or rent better, safer facilities for its long-term care patients, whose numbers are certain to increase in the future.

The Grand Jury commends the administration of the San Mateo Medical Center for the complete reorganization of the Burlingame Long-Term Care Center and the installation of needed equipment and training of staff to provide safety and security for those needing long-term care in a public facility.

The Grand Jury was particularly impressed by the cleanliness of the facility and the efficiency and high morale of the employees. However, the facility is structured poorly for meeting the needs of the patients under emergency conditions or in daily routines.

Recommendations

1. The Board of Supervisors should immediately begin the search for better facilities for the long-term care of the patients at the Burlingame Long-Term Care Center. This facility, or its replacement facility, should have safe and efficient ingress and egress for non-ambulatory or disabled patients in both emergency and routine situations.



COUNTY OF SAN MATEO
Inter-Departmental Correspondence

County Manager's Office

DATE: June 7, 2005
BOARD MEETING DATE: June 21, 2005
SPECIAL NOTICE: None
VOTE REQUIRED: None

TO: Honorable Board of Supervisors
FROM: John L. Maltbie, County Manager
SUBJECT: 2004-05 Grand Jury Response

Recommendation

Accept this report containing the County's responses to the following 2004-05 Grand Jury reports: Improving Water Quality Flowing to the Ocean and Bay, and the Burlingame Long-Term Care Center.

VISION ALIGNMENT:

Commitment: Responsive, effective and collaborative government.

Goal 20: Government decisions are based on careful consideration of future impact, rather than temporary relief or immediate gain.

This activity contributes to the goal by ensuring that all Grand Jury findings and recommendations are thoroughly reviewed by the appropriate County departments and that, when appropriate, process improvements are made to improve the quality and efficiency of services provided to the public and other agencies.

Discussion

The County is mandated to respond to the Grand Jury within 90 days from the date that reports are filed with the County Clerk and Elected Officials are mandated to respond within 60 days. It is also the County's policy to provide periodic updates to the Board and the Grand Jury on the progress of past Grand Jury recommendations requiring ongoing or further action. To that end, attached are the County's responses to the Grand Jury's reports on Improving Water Quality Flowing to the Ocean and Bay issued March 7, 2005; and the Burlingame Long-Term Care Center issued April 18, 2005.

Burlingame Long-Term Care Center

Findings:

Staff is in general agreement with the Grand Jury's findings. The County and San Mateo Medical Center acquired a long-term lease for the Burlingame Long-Term Care facility (BLTC) because of the imminent threat of relocation of 250+ long-term patients. Patients at BLTC are 96% Medicare/Medi-Cal eligible. To prevent a complete shut-down that would have required residents to relocate many miles from their community, the County and landlord jointly decided to make improvements to the existing building and implement training, policies and procedures to ameliorate certain structural deficiencies.

The Grand Jury commends the staff for its training and performance in handling evacuations in an emergency. Staff have been trained and are competent to safely and effectively evacuate residents while working with the limitations of the building. The Grand Jury's positive remarks about the cleanliness of the facility and the professionalism and high morale of the employees were noted.

Recommendations:

1. The Board of Supervisors should immediately begin the search for better facilities for the long-term care of the patients at the Burlingame Long-Term Care Center. This facility, or its replacement facility, should have safe and efficient ingress and egress for non-ambulatory or disabled patients in both emergency and routine situations.

Response: Disagree. The San Mateo Medical Center agrees that a better facility would be desirable; however, the feasibility of locating such a large facility (the largest in the County) is prohibitively expensive under current Medi-Cal reimbursement rates and is effectively not possible. The County's 20-year lease for the current facility is the only practical way these patients can be housed in San Mateo County. This recommendation will not be implemented.

Improving Water Quality Flowing to the Ocean and Bay

Findings:

1. Preventing Dumping of Pollutants

Staff agrees with the finding. The majority of water quality degradation is due to citizens or businesses dumping pollutants down storm drains or onto the ground. Environmental Health will continue to educate the public on pollution prevention through outreach and onsite education of regulated businesses.

2. Improvement of Storm Water Quality

Staff agrees with the finding. The quality of storm water can be improved by frequent street sweeping, using storm drains that dissipate the energy of the water flow to decrease erosion, designing slow water flow in new developments, preventing construction site debris from reaching streams, and providing a means for the public to properly dispose of household hazardous wastes. Environmental Health will continue to offer a means for proper disposal of household hazardous waste through collection events located throughout the County.

3. Watershed Assessment and Monitoring

Staff agrees with the finding. Environmental Health samples various recreational beach areas and has had success in identifying and remediating sources of contaminants. Beach monitoring will be continued and, within existing resources, investigations will be conducted into possible sources of contamination.

Recommendations:

1. C/CAG should, by September 1, 2005, develop and implement a plan to increase the awareness of residents and businesses of the repercussions of dumping pollutants into storm drains.

Response: A separate response to this recommendation was submitted by C/CAG on May 31, 2005.

2. The Board of Supervisors should provide funding for the Environmental Health Services Division for a staff person whose function is to determine pollution sources and to monitor ranches for compliance.

Response: This recommendation requires further analysis. The monitoring of pollution sources from ranches and agriculture endeavors occurs on a complaint response basis. Environmental Health staff will analyze the scope of work, cost, regulatory framework, and staffing needed to actively monitor pollution from all sources. It is anticipated that additional monitoring, over and above the current level, would be labor intensive and require additional staffing.

3. The Board of Supervisors should direct the Environmental Health Services Division to expand the focus of manure management plans to include an the emphasis on decreasing creek pollution.

Response: Concur. The County Planning and Building Department through the Zoning Ordinance requires owners of livestock to obtain a permit. A condition of the permit approval is a manure management plan, which is reviewed and approved by Environmental Health staff. Environmental Health staff will evaluate the existing process as it relates to preventing creek pollution from manure sources.

4. The Board of Supervisors should support a request from the Environmental Health Services Division to provide sufficient funding to inspect each septic system every three years.

Response: This recommendation requires further analysis. The re-inspection of septic systems has been in place for five years. The inspection program is an important component of the Land Use Program since the only other means for managing septic systems after installation is complaint-based. There are over 5,000 septic systems in the county. Currently, inspections are conducted on a periodic basis at a rate of approximately 700 per year; this roughly equates to an inspection every seven years. The Environmental Health Advisory Committee has prioritized the septic inspection system based on situations where potential failure could cause contamination; i.e., for septic systems where there is a well on the property. Environmental Health will evaluate the staffing required to inspect each septic system every three years.

Environmental Health staff will report back to the Board of Supervisors on the results of their findings in a future quarterly update.