

San Francisco's Healthcare Facilities in Crisis:

***A Case for Updating the 1997
San Francisco Nursing Facility Bed Study***¹

“The types of skilled nursing services delivered at each facility weren't evaluated in 1997. Nor was a distinction drawn between capacity available at short-term care facilities and rehabilitation facilities, versus capacity in long-term care facilities. The 1997 *San Francisco Nursing Facility Bed Study* needs to be updated with greater specificity, before any further strategic planning decisions are made.”

An Analysis by:

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¹ San Francisco Section of the West Bay Hospital Conference, Hospital Council of Northern and Central California, *San Francisco Nursing Facility Bed Study: Comprehensive Report Summary*, May 1997.

Contents

Overview: The Lack of Updated Critical Demographic Data 1
 San Francisco’s Population — and Its Elderly Population — Is Not Decreasing 1
 San Francisco’s Updated Population Demographics 2
 What About the Projected 79% Increase in San Franciscans Over Age 65? 3
 “As California Goes, So Goes the Nation” — So Why Is San Francisco Any Different? 4

What Other Bees Lurk Beneath the Mayor’s Long-Term Care Coordinating Council’s Bonnet? 5
 What’s the Problem With So-Called “Straight-Line Projections”? 5
 A Belated Concern About People — Clients — Being Shoved Out-of-County 5

Why the 1997 Nursing Facility Bed (Dozen-Year-Old) Analysis Needs to Be Updated 6
 Analysis of Available Data 7

Conclusions 13

Recommendations for Further Analyses and Data Stratification 13

Figures

1. San Francisco’s Population Dynamics 1
2. The Lewin Group’s Population Projection 2
3. San Francisco’s Updated Population Projection 2

Tables

A. California Department of Finance Projections for San Francisco — Comparative Projections 3
B. California Department of Finance Projections for San Francisco — Percent Change 4
C. The Elderly Population Will Grow Four Times Faster Than the Overall Population by 2030 4

1. Diminishing Supply of Long-Term Care SNF Beds — Comparison of Cross-Year Supply 7
2. Future Demand for Total Long Term Care 9
3. Demand for Nursing Facility Beds 10
4. Projected Demand for, and Supply of, Nursing Facility Beds 11
5. Types of Skilled Nursing Patients Per Facility (by Admission Restrictions) 12

Appendix:

- Skilled Nursing Bed Capacity in San Francisco (April 2009) [print on legal size paper]

Overview: The Lack of Updated Critical Demographic Data

Given San Francisco's approaching onslaught of Baby Boomer's who are approaching age 65 — and the likelihood that many of them will develop Alzheimer's, other forms of dementia, and chronic and complex medical conditions eventually requiring skilled nursing facility level of care — why is it that the task of tracking the capacity of skilled nursing facilities in San Francisco has fallen on community healthcare accountability advocates, rather than on policy planners employed throughout San Francisco City government?

It has been twelve years since the San Francisco Section of the Hospital Council of Northern and Central California's West Bay Hospital Conference "initiated a study to investigate the relationship between the future supply and demand for nursing facility beds"² in 1997. A year later in 1998, San Francisco's Department of Public Health issued a "White Paper" (based in large measure on the Hospital Council's initial study) analyzing the need for skilled nursing facilities during planning for the replacement of Laguna Honda Hospital and Rehabilitation Center.

Now twelve years later, neither report has been updated, despite the fact that San Francisco has lost 930 skilled nursing beds due to closure, and despite the fact that four years after Director of Public Health Mitch Katz was asked by the Health Commission to update the 1998 White Paper, Dr. Katz has not updated his White Paper.

Now, leading up to hearings on California Pacific Medical Center's application to close three of its facilities in order to construct CPMC's proposed Cathedral Hill Hospital, the task of assessing skilled nursing capacity has been given to the Lewin Group, a consultant hired to conduct a "local market assessment and benchmarking analysis to support policy initiatives, such as Healthy San Francisco, and decision making to improve resource allocation and program and service offerings"³.

San Francisco's Population — and Its Elderly Population — Is Not Decreasing

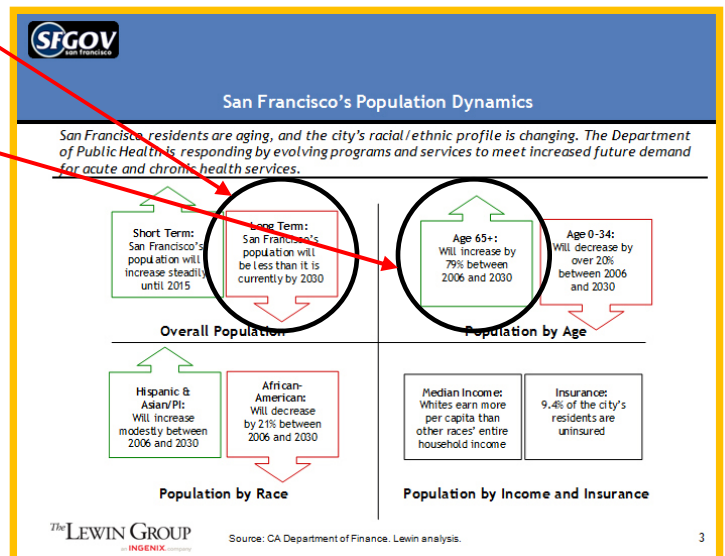
Figure 1 is a slide presented to the Mayor's Long-Term Care Coordinating Council (LTCCC) during its April 8, 2009 meeting. It asserts:

- "San Francisco's population will be less than it is currently by 2030," and
- San Franciscans "Age 65+ will increase by 79% between 2006 and 2030."

The draft minutes of the LTCCC's April 8 meeting show that the Council is questioning the veracity of the 79% increase, as if they have never independently considered this trend themselves, and appear unaware of the demographics of those they are charged with planning long-term care for.

The LTCCC has not yet questioned the veracity of whether San Francisco's population is shrinking, which clearly is not happening.

Figure 1: San Francisco's Population Dynamics



² Ibid., page 1.

³ City and County of San Francisco Department of Public Health, Controller's Office, and The Lewin Group, "Market Assessment and Benchmarking Project, 2007: Select Report Highlights for Long Term Care Coordinating Council Meeting," April 9, 2009, page 2.

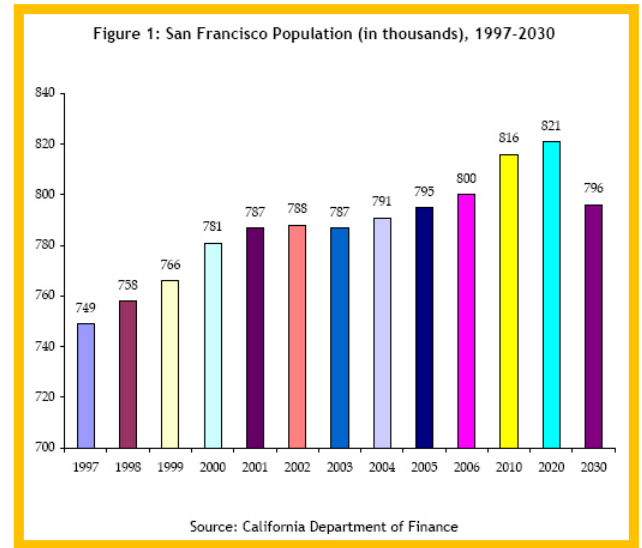
San Francisco’s Updated Population Demographics

So where did The Lewin Group come up with the notion that San Francisco’s population will be less than it currently is?

In December 2007, The Lewin Group released a report it had been contracted to author for San Francisco’s Department of Public Health⁴. Figure 2⁵ is a figure that The Lewin Group included in its 2007 report, asserting that San Francisco’s population in the year 2030 would be less than it was in the year 2006— at approximately 796,000 residents.

Although The Lewin Group provided a source for its data, it did not include the full suggested citation typically recommended by California’s Department of Finance, so it is unclear whether the data in Figure 2 was based on the Department of Finance’s 2004 or 2006 population projections.

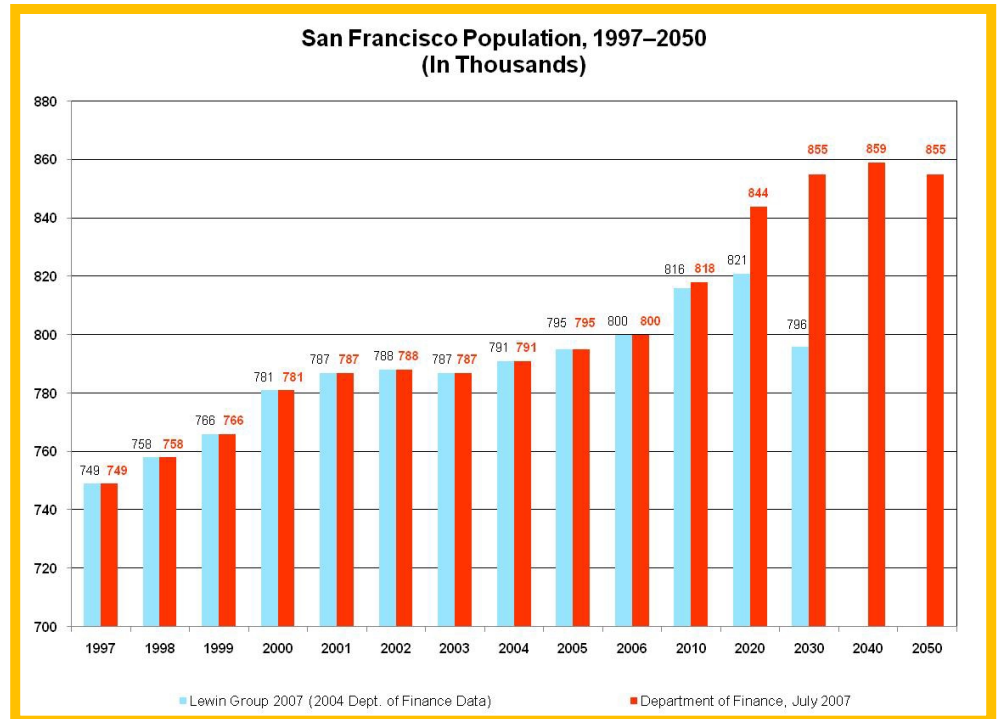
Figure 2: The Lewin Group’s Population Projection



However, the Department of Finance updated San Francisco’s population projection in 2007. Figure 3 is a graphic⁶ illustrating that the Department of Finance’s 2007 data projects that San Francisco’s population is expected to soar between the years 2020 and 2050 — to between 855,000 and 859,000 residents — not decline to pre-2006 levels.

The discrepancy in The Lewin Group’s population projections has important policy implications for San Francisco’s health planners and policy-makers, since the potential market of consumers in the year 2030 and beyond for both acute hospitals and skilled nursing facilities may be underestimated by 59,000 to 63,000 residents, and may increase well beyond current projections.

Figure 3: San Francisco’s Updated Population Projection



Importantly, the Department of Finance released updated data on April 30, 2009 showing that San Francisco’s population increased 1.2% between 2008 and 2009 to 845,559 — though it had projected in 2007 that San Francisco would not reach 844,000 residents until the year 2020. We’ve reached this threshold 11 years early.

This portends San Francisco’s population in 2030 and beyond will continue to soar, not decline to pre-2006 levels.

⁴ The Lewin Group, “Market Assessment and Benchmarking Project for the City and County of San Francisco Department of Public Health,” December 10, 2007.

⁵ Ibid., page 12.

⁶ State of California, Department of Finance, *P3 Population Projections for California and Its Counties 2000-2050, by Age, Gender and Race/Ethnicity*, Sacramento, California, July 2007. Downloaded from the Internet on April 6, 2009 at www.dof.ca.gov/HTML/DEMOGRAP/ReportsPapers/Projections/P3/P3.php. Bar chart by Patrick Monette-Shaw.

A Case for Updating the 1997 San Francisco Nursing Facility Bed Study

Now that we've dispensed with the myth that San Francisco's population is shrinking, what about the Mayor's Long-Term Care Coordinating Council's worries about whether San Francisco will see an increase of 79% in those age 65 and over?

What About the Projected 79% Increase in San Franciscans Over Age 65?

Although California's Department of Finance released in April 2009 updated population projections for San Francisco, it has not yet released updated age-cohort data. So we'll have to use the age-cohort data it released in July 2007, which may or may not have been used by The Lewin Group in its December 2007 report that The Lewin Group then recycled in its April 2009 "select highlights," that appear to rely on 2004 or 2006 Department of Finance data.

Table A, below shows that San Francisco is lagging just slightly below projections that the Hospital Council made in its 1997 Nursing Facility Bed Study and that the Department of Public Health relied on in Dr. Katz's 1998 White Paper. The yellow shading reports data released in July 2007 by the Department of Finance⁷.

Table A: California Department of Finance Projections for San Francisco — Comparative Projections

| | 2000 | | | | 2010 | | | | 2020 | | | | 2030 | 2040 | 2050 | | | |
|-------------------------|-----------------------------|-------|-----------------------------|--------------|----------------|-------|----------------|--------------|----------------|-------|----------------|--------------|----------------|----------------|----------------|--------------|----------------|--------------|
| | 1997 SNF Study ¹ | | 2007 CA Update ² | | 1997 SNF Study | | 2007 CA Update | | 1997 SNF Study | | 2007 CA Update | | 2007 CA Update | 2007 CA Update | 2007 CA Update | | | |
| Population Total | 774,001 | % Mix | 781,209 | % Mix | 781,735 | % Mix | 818,163 | % Mix | 777,391 | % Mix | 844,466 | % Mix | 854,675 | % Mix | 858,532 | % Mix | 854,852 | % Mix |
| Persons 65 and Over | 116,080 | 15.0% | 106,541 | 13.6% | 129,787 | 16.6% | 115,666 | 15.9% | 181,981 | 23.4% | 147,607 | 17.5% | 179,375 | 21.0% | 259,874 | 30.3% | 280,915 | 32.9% |
| Persons 75 and Over | 59,523 | 7.7% | 52,684 | 6.7% | 66,483 | 8.5% | 59,904 | 8.1% | 75,346 | 9.7% | 65,882 | 7.8% | 91,136 | 10.7% | 113,826 | 13.3% | 176,118 | 20.6% |
| Persons 85 and over | 17,718 | 2.3% | 14,503 | 1.9% | 23,958 | 3.1% | 20,445 | 2.9% | 26,832 | 3.5% | 23,865 | 2.8% | 28,111 | 3.3% | 43,934 | 5.1% | 58,094 | 6.8% |

Footnotes:

¹ San Francisco Section of the West Bay Hospital Conference, Hospital Council of Northern and Central California, *San Francisco Nursing Facility Bed Study: Comprehensive Report Summary*, May 1997. Data used by the Hospital Council in 1997 was based on population projections from the State of California's Department of Finance, presumably using Department of Finance projections available as of 1996.

² State of California, Department of Finance, *P3 Population Projections for California and Its Counties 2000-2050, by Age, Gender and Race/Ethnicity*, Sacramento, California, July 2007. Downloaded from the Internet on April 6, 2009, by Age, Gender and Race/Ethnicity, Sacramento, California, July 2007. Downloaded from the Internet on April 6, 2009 at www.dof.ca.gov/HTML/DEMOGRAP/ReportsPapers/Projections/P3/P3.php. Mary Heim and Melanie Martindale prepared this population projection series.

Of note, since the Department of Finance released data in April 2009 that San Francisco has already reached a population of 845,559 in the year 2009, readers might want to ignore the columns for 2010 in Table A, and just shift the column for 2020 to the left.

That means that the Hospital Council's 1997 projection (based on Department of Finance data) of 129,787 people over the age of 65 by the year 2010 may already have been exceeded, given the 147,607 people over age 65 projected by the Department of Finance for the year 2020 based on a population of 844,466 has already been surpassed with a population of now 845,559. That also implies that the State's projection that San Francisco may reach 179,375 people over the age of 65 by the year 2030 may occur as early as 2020, just 11 years from now.

Similarly, San Francisco may be right on target of 23,958 people over the age of **85** the Hospital Council projected in 1997 would be reached by 2010, as we may already have 23,865 people over the age of 85 now in 2009, 11 years sooner than the Department of Finance projected for the year 2020.

⁷ Ibid.

A Case for Updating the 1997 San Francisco Nursing Facility Bed Study

Table B, below, translates into percent change⁸, data presented in Table A on the previous page.

Table B: California Department of Finance Projections for San Francisco¹ — Percent Change

| | | Age 65 and Over | | | Age 75 and Over | | | Age 85 and Over | | |
|--------|--------|-----------------|---------|----------|-----------------|---------|----------|-----------------|--------|----------|
| Year 1 | Year 2 | Year 1 | Year 2 | % Change | Year 1 | Year 2 | % Change | Year 1 | Year 2 | % Change |
| 2000 | 2030 | 106,541 | 179,375 | 68.4% | 52,684 | 91,136 | 73.0% | 14,503 | 28,111 | 93.8% |
| 2010 | 2040 | 115,666 | 259,874 | 124.7% | 59,904 | 113,826 | 90.0% | 20,445 | 43,934 | 114.9% |
| 2020 | 2050 | 147,607 | 280,915 | 90.3% | 65,882 | 176,118 | 167.3% | 23,865 | 58,094 | 143.4% |

Footnotes:

¹ State of California, Department of Finance, *P3 Population Projections for California and Its Counties 2000-2050, by Age, Gender and Race/Ethnicity*, Sacramento, California, July 2007. Downloaded from the Internet on April 6, 2009 at www.dof.ca.gov/HTML/DEMOGRAP/ReportsPapers/Projections/P3/P3.php. Mary Heim and Melanie Martindale prepared this population projection series.

Clearly, projected percent changes for San Francisco are in ranges uncomfortable for the LTCCC, given that only a handful (five ?) of the 40 or so members of the LTCCC are even concerned about the needs of the “old-old” over the age of 85 (according to a member of the LTCCC who spoke on the condition of anonymity). Instead, the vast majority of LTCCC members — including Ken Stein, who works for the Mayor’s Office of Disability — are more concerned about the needs of younger disabled people than they are about the needs of the frail elderly.

Table B should — but may not — dispel and put to rest any qualms the Mayor’s Long-Term Care Coordinating Council may have regarding the veracity of The Lewin Group’s assertion San Francisco will see a 79% surge in the number of people over the age of 65 by the year 2030. After all, San Francisco is already at 845,559 residents as of 2009, 11 years in advance of population projections for the year 2020 the Department of Finance made about San Francisco just two years ago in 2007.

“As California Goes, So Goes the Nation” — So Why Is San Francisco Any Different?

Table C below shows that the U.S. Census Bureau projected in 2004 that the number of people over age 65 would increase between 96.9% and 138.9% between the years 2030 and 2050.

Table C: The Elderly Population Will Grow Four Times Faster Than the Overall Population by 2030¹

| Age | 2004 Population | 2030 Population (Estimate) | % Change 2004–2030 | 2040 Population (Estimate) | % Change 2004–2040 | 2050 Population (Estimate) | % Change 2004–2050 |
|--------------|--------------------|----------------------------|--------------------|----------------------------|--------------------|----------------------------|--------------------|
| 0–19 | 81,551,798 | 95,104,000 | 16.6% | 101,625,000 | 24.6% | 109,147,000 | 33.8% |
| 20–64 | 175,809,621 | 197,027,000 | 12.1% | 210,270,000 | 19.6% | 224,001,000 | 27.4% |
| 65+ | 36,293,985 | 71,453,000 | 96.9% | 80,049,000 | 120.6% | 86,705,000 | 138.9% |
| Total | 293,655,404 | 363,584,000 | 23.8% | 391,944,000 | 33.5% | 419,853,000 | 43.0% |

Footnotes:

¹ U.S. Census Bureau, 2004, *U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin*. Tables 2a and 2b. www.census.gov/ipc/www/usinterimproj/ Downloaded from the Internet on April 6, 2009.

At question is what makes the Mayor’s LTCCC doubt the veracity of The Lewin Groups’s assertion San Francisco will have (at minimum) a 79% increase in the number of people aged 65+ by the year 2030? Doesn’t the LTCCC believe that we are part of national trends ... and that as “so goes the nation,” San Francisco will go, too?

⁸ Percent change is calculated using the formula: (Year2 – Year 1) ÷ Year 1.

What Other Bees Lurk Beneath the Mayor's Long-Term Care Coordinating Council's Bonnet?

What's the Problem With So-Called "Straight-Line Projections"?

In an apparent effort to potentially cast aspersions on The Lewin Group's upcoming new analysis, the Mayor's Long-Term Care Coordinating Council's minutes of its April 8 meeting indicate "straight-line projections" of population estimates are "suspect."

Huh?

Surely the LTCCC knows that "population" is the currency by which cities operate. State and Federal entitlement programs are tied directly to populations of each city and county. In order to estimate demand for a city's or county's services, public officials and their healthcare planners must estimate (accurately) the number of people who will likely be making demands for those services.

Although it may be difficult to obtain actual population counts at any point in time, population estimates and population projections are common analytical tools. Estimating populations based on past trends and recent census count is a fairly quick and inexpensive way to provide information to healthcare planners. It may be less accurate than an actual census, but comes close, usually. It's the only way to provide estimates of expected sizes and healthcare needs of any jurisdiction.

Has the LTCCC not heard that California's Department of Finance uses "age-cohort" data adjusted by survival rates, fertility rates, and migration patterns? The Department of Finance's methodology is not simple straight-line projections.

The LTCCC doesn't seem to "get it" that while straight-line projections may be "suspect" without adjustment for other factors, they do at least have an advantage in highlighting what may occur without new interventions to change any given trajectory. The LTCCC has provided few interventions, and it typically fails to address how many people will be served by the paucity of its few interventions, and how many people will be left wanting or on waiting lists.

The LTCCC also doesn't seem to "get" that future decades of San Franciscans will not look much different from recent decades, as researchers have uncovered about the past three decades.

A Belated Concern About People — Clients — Being Shoved Out-of-County

The draft minutes of the Mayor's Long-Term Care Coordinating Council's April 8 meeting also indicate it is concerned that any skilled nursing beds converted to rehabilitation beds will have "an impact on San Francisco's custodial long-term care beds. This will result [in] people being shoved out-of-county to receive this level of [long-term] care. This is an important issue that must be addressed."

Yes, the number of San Franciscan's transferred out-of-county is important, of which we've not been fully informed.

The LTCC's minutes also indicate that if California Pacific Medical Center — who assert skilled nursing care is not its responsibility — further subcontracts with Kindred Healthcare (specifically the Tunnell Center), there could be a "ripple effect" for older adults who need long-term care, custodial, or rehabilitation beds. And the LTCCC hasn't even begun considering admission eligibility to, or payer restrictions on, the few skilled nursing beds yet remaining.

Now the LTCCC appears to be getting it that San Francisco's current — and future — skilled nursing bed capacity is insufficient. Haven't I, and others, been saying that for at least the past five years?

Why the 1997 Nursing Facility Bed (Dozen-Year-Old) Analysis Needs to Be Updated

Twelve years ago in 1997, the San Francisco Section of the Hospital Council of Northern and Central California's West Bay Hospital Conference "initiated a study to investigate the relationship between the future supply and demand for nursing facility beds."⁹ Its purpose was to analyze the supply of nursing facility beds for long term care, evaluate the potential demand for long term care by considering the needs of the whole population, and to review the overall seismic capability of San Francisco's acute hospital buildings to accommodate the nursing facility beds.

The study's findings were "intended to assist in strategic planning regarding the need for long-term care services, and the future availability of NF [nursing facility] beds in San Francisco."¹⁰ The study was considered a "capacity analysis," not a financial analysis. The 1997 study concluded in three "scenarios" over three separate periods, that San Francisco faced a deficit of skilled nursing facility (SNF) beds ranging from zero (no shortage) to 4,207 beds by the year 2020. Now twelve years later, it appears the SNF bed shortage may approach a 5,341-bed deficit by the year 2030, just twenty years from now, based on licensing projections for the year 2013 and assuming there is no additional loss of existing SNF beds (presuming existing stock will be maintained).

The 1997 study concluded ... that San Francisco faced a deficit of skilled nursing facility (SNF) beds ranging from zero (no shortage) to 4,207 beds by the year 2020. Now twelve years later, it appears the SNF bed shortage may approach a 5,341-bed deficit by the year 2030, just twenty years from now ...

A year later in 1998, the San Francisco Department of Public Health issued a "White Paper" authored by the Director of Public, Mitch Katz, MD, that relied heavily on the 1997 *Nursing Facility Bed Study*. The 1998 *White Paper* was used as the basis to place the 1999 "Proposition A" measure on the San Francisco municipal ballot to issue general obligation bonds to rebuild San Francisco's Laguna Honda Hospital and Rehabilitation Center.

Today, both acute-care hospitals and skilled nursing facilities are in crisis mode, because facilities up and down the State are unable to find skilled nursing facilities anywhere in between Bakersfield and Eureka that will accept patients needing SNF level of care, and many San Franciscans are being discharged to out-of-county facilities — often to inappropriate lower levels of care — due to the dire shortage of SNF beds in San Francisco. Strategic planning cries out re-evaluate San Francisco's SNF bed capacity and our growing deficit of SNF beds.

However, the Hospital Council's 1997 study contained a number of flaws: For instance:

- The then-current total of nursing facility beds in the table at the top of page 2 in the 1997 study appears to be incorrect (discussed in further detail below).
- The extrapolation from percentage indicators to the subsets of persons over ages 65 and 85 in the columns "2000" and "2010" on page 8 of the 1997 *Nursing Facility Bed Study* did not calculate correctly based on the population estimates.
- The 1997 study projected that 271 "surplus" acute hospital beds could be converted to SNF beds¹¹. However, a study conducted by the Lewin Group for the San Francisco Department of Public Health in 2007 documented a shortage of 533 acute hospital beds by the year 2030, so it is unlikely there are any acute hospital beds that will be converted to skilled nursing beds.
- Similarly, the 1997 study assumed that two, 350-bed actual hospitals¹² would be converted into 700 long-term care facility beds, which also hasn't happened. Between these two projections, a total of 971 acute beds estimated in 1997 would be converted to skilled nursing beds hasn't occurred, exacerbating the deficit (shortage) of skilled nursing beds in San Francisco.

⁹ San Francisco Section of the West Bay Hospital Conference, Hospital Council of Northern and Central California, *San Francisco Nursing Facility Bed Study*. Comprehensive Report Summary, May 1997, page 1.

¹⁰ Ibid.

¹¹ Ibid, page 3.

¹² Ibid, top table on page 11.

A Case for Updating the 1997 San Francisco Nursing Facility Bed Study

- The 1997 study predicted that the then-existing stock of both “freestanding” and “hospital-based” skilled nursing facility beds would be “maintained,¹³” but since 1992 San Francisco has lost, at minimum, 476 SNF beds and will lose another 448 SNF beds by the year 2013, for a net reduction of 924 SNF beds thought in 1997 would be “maintained.”

This analysis will examine these flaws, and others, in the *1997 Nursing Facility Bed Study*.

Analysis of Available Data

As indicated, the then-current total of nursing facility beds in San Francisco in the “table” at the top of page 2 in the *1997 Nursing Facility Bed Study* appears to be incorrect.

As shown in the appendix to this report, between 1992 and today, there were 3,655 beds — not 3,625 — and that is without including the Veterans Administrations’ (VA) Nursing Home Care Unit in San Francisco, so the 1997 study had to be off by at least 150 SNF beds (120 + 30).

Unfortunately tracking down the discrepancy has been problematic. Although the 1997 study indicated that individual hospital profiles — presumably for both acute-care hospitals and skilled nursing facilities — would be “found in the Appendices,¹⁴” the 1997 report did not contain any appendices, and multiple inquiries to the Hospital Council of Northern and Central California to obtain the appendices remain unanswered.

As shown in Table 1, not only were freestanding and hospital-based SNF beds *not* “maintained” per the 1997 estimates, the VA Nursing Home should probably not have been included in projections.

Table 1: Diminishing Supply of Long Term Care SNF Beds — Comparison of Cross-year Supply

| | 1997 ¹ Nursing Facility Bed Study | 2009 ² Licensed Beds | 2013 ² Licensed Beds | Total Loss of SNF Beds |
|---|--|---------------------------------------|---------------------------------------|------------------------------|
| Laguna Honda Hospital | 1,214 | 1,050 | 780 | |
| Jewish Home for the Aged | 437 | 478 | 478 | |
| Hospital-Based Nursing Facilities | 450 ³ | 378 | 200 ⁴ | |
| Freestanding Nursing Facilities | 1,404 ⁵ | 1,273 | 1,273 | |
| VA Nursing Home | 120 | 0 | 0 | |
| Total | 3,625 | 3,179 | 2,731 | |
| 2009 Estimate of Total SNF Beds | 3,655 | 0 | 0 | |
| Underestimate of SNF Bed Capacity 2009 | (30) | (446) | | (476) |
| Underestimate of SNF Bed Capacity 2013 | (30) | | (894) | (924) |

1 San Francisco Section of the West Bay Hospital Conference, Hospital Council of Northern and Central California, *San Francisco Nursing Facility Bed Study: Comprehensive Report Summary*, May 1997, page 2.

2 See Attachment 1 to this secondary analysis.

3 The *1997 Nursing Facility Bed Study* did not include an Appendix stratifying or itemizing the number of SNF beds in hospital-based facilities, so verifying estimates is problematic.

4 Reduction of skilled nursing beds in hospital-based nursing facilities will decline from 378 to 200 beds if CPMC’s plans to close its St. Lukes and California East Campus skilled nursing beds, and reduce the number of SNF beds at its Davies campus by 2013.

5 The *1997 Nursing Facility Bed Study* did not include an Appendix stratifying or itemizing the number of SNF beds in freestanding facilities, so verifying estimates is problematic..

¹³ Ibid, tables on pages 10 and 11 in the *1997 San Francisco Nursing Facility Bed Study* for the three periods evaluated.

¹⁴ Ibid, page 1.

A Case for Updating the 1997 San Francisco Nursing Facility Bed Study

There are a number of reasons that the 1997 *Nursing Facility Bed Study* should not have included the 120 SNF beds at San Francisco's VA Nursing home:

- It is a short-term care, not a long-term care, SNF.
- It inflates San Francisco's capacity, since the VA Nursing Home Care Unit (NHCU) is a regional facility, and veterans who may be in need of long-term or short-term care from other jurisdictions are not included in population projections for the city and county of San Francisco.
- The VA's NHCU admits only veteran's who have first been admitted to the VA's acute care hospital, as do most of San Francisco's hospital-based skilled nursing facilities that also restrict admissions to those first admitted to their specific acute-care hospital. The VA's NHCU is not a general admissions SNF; it only serves a subset of veterans based on the percentage of a service-related "disability" score awarded to each veteran.

The VA's acute care hospital beds are also extremely difficult to get into, as admissions are not based on residency in the City, they are based on previous military service.

- The VA's long-term care SNF is located in Yountville, not in San Francisco.
- The VA's NHCU is not included on either the federal Centers for Medicare and Medicaid Services (CMS) *Nursing Home Compare* web site, nor on the California Advocates for Nursing Home Reform's web site, both of which post reports about inspections of licensed skilled nursing facilities in San Francisco.
- The State of California's (skilled nursing facility) long-term care ombudsman assigned to San Francisco has presented testimony to San Francisco's Board of Supervisors on more than one occasion, but hasn't included the VA NHCU's 120-bed SNF in estimates of skilled nursing bed capacity in San Francisco, nor have other agencies included the VA in their independent capacity analyses.

Beyond this, there other reasons the 1997 *Nursing Facility Bed Study* under-estimated both the demand for, and capacity of, SNF beds in San Francisco shown in the tables in this report.

A Case for Updating the 1997 San Francisco Nursing Facility Bed Study

Table 2 illustrates that by the year 2030 San Francisco will potentially have fewer persons between the ages of 65 and 75, but the number of persons between the ages of 75 and 85 is expected to increase dramatically over projections for the year 2020 that were made in the 1997. Why the State’s Department of Finance has lowered its July 2007¹⁵ projections of San Francisco residents between the ages of 65 and 75 by 37,374 people over its projection in 1997, given the rapid rise of Baby Boomers turning age 60 and over, is not clear, or explained.

Those over age 85 who have limitations with activities of daily living may increase by 652 people, and those who need comprehensive long-term care may increase by 128 people, both indicators increasing over the Hospital Council’s 1997 projections — even while the number skilled nursing beds to care for them is rapidly and dramatically shrinking. All three indicators for 2030 may increase when age cohort data is updated by the Department of Finance in July 2009.

Table 2: Future Demand for Total Long Term Care

| | Department of Finance Projections for San Francisco ¹ | | | | | | April 2009 Update ² | | | | | | Net Change | |
|--|--|-------|---------|-------|---------|-------|--------------------------------|-------|---------|-------|---------|-------|---------------------------|--|
| | 2000 | | 2010 | | 2020 | | 2010 | | 2020 | | 2030 | | 2030 to 2020 ³ | |
| Population Total⁴ | 774,001 | | 781,735 | | 777,391 | | 818,163 | | 844,466 | | 854,675 | | 77,284 | |
| Persons 65 and Over | 116,080 | 15.0% | 129,787 | 16.6% | 181,981 | 23.4% | 115,666 | 14.1% | 147,607 | 17.5% | 179,375 | 21.0% | (2,606) | |
| Persons 75 and Over | 59,523 | 7.7% | 66,483 | 8.6% | 75,346 | 9.7% | 59,904 | 7.3% | 65,882 | 7.8% | 91,136 | 10.7% | 15,790 | |
| Persons 85 and over | 17,718 | 2.3% | 23,958 | 3.1% | 26,832 | 3.5% | 20,445 | 2.5% | 23,865 | 2.8% | 28,111 | 3.3% | 1,279 | |
| Demand Indicator⁵ | Percent⁶ | | 2000 | | 2010 | | 2010 | | 2020 | | 2030 | | Net Change | |
| Indicator #1: Persons 65 and over with mobility and self-care limits, living in the community, who may need some level of care (9.7% of persons 65 and over). | 9.7% | | 11,260 | | 12,589 | | 11,220 | | 14,318 | | 17,399 | | (253) | |
| Indicator #2: Persons 85 and over — the frail elderly — who may need assistance with activities of daily living (51% of persons 85 and over). | 51.0% | | 9,036 | | 12,219 | | 10,427 | | 12,171 | | 14,337 | | 652 | |
| Indicator #3: Persons 85 and over — the frail elderly — who may require comprehensive long-term care services (10% of persons 85 and over). | 10.0% | | 1,772 | | 2,396 | | 2,045 | | 2,387 | | 2,811 | | 128 | |

Note: The California Department of Finance’s data from July 2007 was just updated in May 2009, but has not been incorporated into Table 2 to the left because only the total population data has been released. The breakout of the number of people over 65, over 75, and over 85 is expected to be released in July 2009.

The Department of Finance now indicates⁹ San Francisco’s total population in 2009 is already at 845, 559, — 29,396 more people than the 818,163 people the State had projected in July 2007 for the year 2010.

Since San Francisco already has more people in 2009 than the state projected in 2007 for the year 2020, data for both 2020 and 2030 will also likely increase, and will likely result in all three Indicators increasing even more over the 1997 projections, since the number of people over the age of 65 will also increase when the age cohort data is released in July 2009.

Footnotes:

- 1 San Francisco Section of the West Bay Hospital Conference, Hospital Council of Northern and Central California, *San Francisco Nursing Facility Bed Study: Comprehensive Report Summary*, May 1997.
- 2 State of California, Department of Finance, *Population Projections for California and Its Counties 2000-2050, by Age, Gender and Race/Ethnicity*, Sacramento, California, July 2007. Downloaded from the Internet on April 6, 2009.
- 3 Compares 2030 projection to the 2020 projection made in 1997.
- 4 San Francisco Section of the West Bay Hospital Conference, Hospital Council of Northern and Central California, *San Francisco Nursing Facility Bed Study: Comprehensive Report Summary*, May 1997, page 6. April 2009 data is projected from footnote 2.
- 5 Ibid, page 8. **Note:** April 2009 *Demand Indicators* based on July 2007 State of California population estimate update. Errors in 1997 *Nursing Facility Bed Study* projections for 2000 and 2010 corrected using formula calculations in Microsoft Excel. April 2009 data is projected from footnote 2.
- 6 "Indicator" percentages from 1997 assumed constant.

- 15 State of California, Department of Finance, *Population Projections for California and Its Counties 2000-2050, by Age, Gender and Race/Ethnicity*, Sacramento, California, July 2007. Downloaded from the Internet on April 6, 2009.
- 16 State of California, Department of Finance, *E-4 Population Estimates for Cities, Counties and the State, 2001–2009, with 2000 Benchmark*. Sacramento, California, May 2009. Downloaded from the Internet on May 2, 2009.

A Case for Updating the 1997 San Francisco Nursing Facility Bed Study

Table 3 illustrates that by the year 2030, the projected demand for SNF beds may drop slightly¹⁷ from the projection in 1997 of needing 4,913 to 8,189 SNF beds to only needing 4,843 to 8,072 beds (a slight loss in demand of just 70 to 117 needed SNF beds), but the number of available long-term care skilled nursing beds has decreased significantly — and will decrease even further since many of the free-standing skilled nursing facilities are converting to short-term care beds and rehabilitation beds as they continue to evolve their business models.

Table 3: Demand for Nursing Facility Beds

| | Department of Finance Projections for San Francisco ¹ | | | | | | April 2009 Update ² | | | | | | Net Change |
|--|--|-------|-------------------|-------|-------------------|-------|--------------------------------|-------|-------------------|-------|-------------------|-------|---------------------------|
| | 2000 | | 2010 | | 2020 | | 2010 | | 2020 | | 2030 | | 2030 to 2020 ³ |
| Population Total⁴ | 774,001 | | 781,735 | | 777,391 | | 818,163 | | 844,466 | | 854,675 | | 77,284 |
| Persons 65 and Over | 116,080 | 15.0% | 129,787 | 16.6% | 181,981 | 23.4% | 115,666 | 14.1% | 147,607 | 17.5% | 179,375 | 21.0% | (2,606) |
| Projected Demand⁵ | 2000 | | 2010 | | 2020 | | 2010 | | 2020 | | 2030 | | Net Change |
| | Beds ⁶ | | Beds ⁶ | | Beds ⁶ | | Beds ⁶ | | Beds ⁶ | | Beds ⁶ | | |
| Scenario 1: Based on Oregon's experience. | 3,831 | 33 | 3,894 | 30 | 4,913 | 27 | 3,817 | 33 | 4,428 | 30 | 4,843 | 27 | (70) |
| Scenario 2: Based on San Francisco's current situation. | 3,831 | 33 | 4,283 | 33 | 6,005 | 33 | 3,817 | 33 | 4,871 | 33 | 5,919 | 33 | (86) |
| Scenario 3: Based on Washington state's experience. | 3,831 | 33 | 4,802 | 37 | 8,189 | 45 | 3,817 | 33 | 5,461 | 37 | 8,072 | 45 | (117) |

Footnotes:

- 1 San Francisco Section of the West Bay Hospital Conference, Hospital Council of Northern and Central California, *San Francisco Nursing Facility Bed Study: Comprehensive Report Summary*, May 1997.
- 2 State of California, Department of Finance, *Population Projections for California and Its Counties 2000-2050, by Age, Gender and Race/Ethnicity*, Sacramento, California, July 2007. Downloaded from the Internet on April 6, 2009.
- 3 Compares 2030 projection to the 2020 projection made in 1997.
- 4 San Francisco Section of the West Bay Hospital Conference, Hospital Council of Northern and Central California, *San Francisco Nursing Facility Bed Study: Comprehensive Report Summary*, May 1997, page 6. April 2009 data is projected from footnote 2.
- 5 Ibid. page 9. **Note:** April 2009 *Demand Indicators* based on July 2007 State of California population estimate update; scenario bed utilization from 1997 assumed constant. April 2009 data is projected from footnote 2.
- 6 Number of Skilled Nursing Facility beds per 1,000 persons over the age of 65.

Table 3 — like Table 2 on the previous page — has not been updated to reflect data just released in May 2009 by the Department of Finance that indicates San Francisco's total population in 2009 already exceeds the State's previous population projections for the year 2020 that were made as recently as July 2007. Therefore, the "net change" column in Table 3 above may increase the projected demand for skilled nursing beds that were projected by the Hospital Council in 1997 (i.e., the slight loss in demand of 70 to 117 beds may also disappear, given the increase in the total population estimates).

¹⁷ This slight reduction is based on the State of California's Department of Finance projections released in July 2007. The reduction may well vanish when the state releases age cohort updated data in July 2009.

A Case for Updating the 1997 San Francisco Nursing Facility Bed Study

Another way of looking at this is shown in Table 4. Between a slightly lower demand for SNF beds, combined with a greatly-reduced SNF-bed capacity, San Francisco’s severe shortage (deficit) of SNF beds is growing much worse.

The bed deficit is projected to increase from 931 – 4,207 beds, to 2,112 – 5,341 beds, adding an additional 1,134 – 1,181 beds to the gap between supply and demand. This bed deficit may be larger by 100 beds, if San Francisco General Hospital is operating only 30 beds of its licensed 130-bed SNF.

Table 4: Projected Demand for, and Supply of, Nursing Facility Beds

| | 1997 San Francisco Nursing Facility Bed Study ¹ | | | Projections for the Year 2030 Update Based on Projected 2013 Licensing | | |
|---|---|--|---|---|---|---|
| | Scenario 1 (27 SNF Beds per 1,000 Persons Over 65) | Scenario 2 (33 SNF Beds per 1,000 Persons Over 65) | Scenario 3 (45 SNF Beds per 1,000 Persons Over 65) | Scenario 1 (27 SNF Beds per 1,000 Persons Over 65) | Scenario 2 (33 SNF Beds per 1,000 Persons Over 65) | Scenario 3 (45 SNF Beds per 1,000 Persons Over 65) |
| Projected Demand for NF Beds² | 4,913 | 6,005 | 8,189 | 4,843 | 5,919 | 8,072 |
| Projected Supply of NF Beds³ | | | | | | |
| • Maintain New Laguna Honda Hospital | 600 | 600 | 600 | 780 | 780 | 780 |
| • Maintain the Jewish Home for the Aged | 437 | 437 | 437 | 478 | 478 | 478 |
| • Maintain Hospital-based Nursing Facilities | 450 | 450 | 450 | 200 | 200 | 200 |
| • Maintain Freestanding Nursing Facilities | 1,404 | 1,404 | 1,404 | 1,273 | 1,273 | 1,273 |
| • Maintain VA Nursing Home | 120 | 120 | 120 | 0 | 0 | 0 |
| • Maintain New LTC Facility | 350 | 350 | 350 | 0 | 0 | 0 |
| • Convert 2nd Hospital to a LTC Facility | 350 | 350 | 350 | 0 | 0 | 0 |
| Subtotal of Projected Supply | 3,711 | 3,711 | 3,711 | 2,731 | 2,731 | 2,731 |
| Difference (Between Supply and Demand) | (1,202) | (2,294) | (4,478) | (2,112) | (3,188) | (5,341) |
| Surplus of Acute Beds to NF Beds | (271) | (271) | (271) | 0 | 0 | 0 |
| Deficit of Nursing Facility Beds | (931) | (2,023) | (4,207) | (2,112) | (3,188) | (5,341) |
| Increase in Deficit Over 1997 Projection | | | | 1,181 | 1,165 | 1,134 |

¹ San Francisco Section of the West Bay Hospital Conference, Hospital Council of Northern and Central California, *San Francisco Nursing Facility Bed Study*. page 11.

² State of California, Department of Finance, *Population Projections for California and Its Counties 2000-2050, by Age, Gender and Race/Ethnicity*, Sacramento, California, July 2007. Downloaded from the Internet on April 6, 2009.

³ See attachment 1 to this report that documents current licensed skilled nursing facility data in 2009 from the Centers for Medicare and Medicaid Services’ *Nursing Home Compare* web site, projected to the year 2013.

Between 1997 and the year 2013, San Francisco’s projected SNF bed shortage is expected to grow to a potential 5,341-bed deficit, if not more, since there is no guarantee there will be no further for-profit or non-profit freestanding SNF, or hospital-based, facilities that will withdraw from the long-term and short-term care markets.

Again, the difference between supply and demand may have grown since 1997 by approximately 1,134 beds in the twelve years since the 1997 *Nursing Facility Bed Study* was written, and the increased deficit of skilled nursing beds may be even higher, given the overall increase in San Francisco’s total population to 845,559 released by California’s Department of Finance in May 2009.

A Case for Updating the 1997 San Francisco Nursing Facility Bed Study

Table 5 shows that of the remaining 24 skilled nursing facilities in San Francisco, many of them had severe admission restrictions as recently as 2005. This table needs to be updated to reflect any recent changes to admissions policies, including admission restrictions, implemented since 2005.

Noticeably absent from the data tracked by the California Advocates for Nursing Home Reform — in addition to tracking admission restrictions — is any stratification of the number of beds in each facility devoted to short-term care vs. long-term care, and the number of beds devoted only to rehabilitative care or to sub-acute care.

Table 5: Types of Skilled Nursing Patients Per Facility (by Admission Restrictions)

| Facility Name ¹ | Licensed Beds Left in 2013 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------------------|-------------|-------------|----------------|-----------------------------|-----------------|------------|------------------|----------------|-------------------|---------------------|--------------------------|----------------------------|------------|-----------------|---------------|--------------|--------------|-------------------------------|-----------------|-----------------------|-----------------------|---------------|----------------------|-----|----|----|----|---|----|---|---|----|---|----|----|----|----|---|----|----|----|----|----|----|----|----|---|----|
| | "Alzheimer's Unit" | Locked Ward | A: AIDS/ARC | B: Alzheimer's | C: Developmentally Disabled | D: Feeding Tube | E: Hospice | F: I.V. Patients | G: Non-Elderly | H: Non-Ambulatory | I: Oxygen Dependent | J: Psychiatric [Primary] | K: Psychiatric [Secondary] | L: Respite | M: Tracheostomy | N: Ventilator | O: Wanderers | P: Age 18-30 | Q: ALS / Lou Gehrig's Disease | R: Huntington's | S: Multiple Sclerosis | T: Spinal Cord Injury | U: Wound Care | V: Medically Complex | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIVATE PAY ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 The Heritage (CCRC) | 32 | No | No | Yes | No | | Yes | Yes | No | | | Yes | No | | Yes | No | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 California Convalescent Hospital | 29 | No | No | Yes | | | | | Yes | | | Yes | No | | Yes | Yes | No | Yes | | | | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Laurel Heights Convalescent Hospital | 32 | No | No | Yes | Yes | | Yes | Yes | No | | | Yes | Yes | | No | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDICARE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 San Francisco Towers (CCRC) | 55 | Yes | No | No | Yes | | Yes | Yes | Yes | | | Yes | No | | Yes | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Sequoias San Francisco Convalescent Hospital (CCRC) | 50 | No | No | No | No | | Yes | Yes | No | | | Yes | No | | Yes | No | No | No | No | Yes | Yes | Yes | Yes | Yes | Yes | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Sheffield Convalescent Hospital | 34 | Unk. | Unk. | | | | Yes | | | | | | | | Yes | | | | | | | | | Yes | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDI-CAL ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Hayes Convalescent Hospital | 34 | No | No | Yes | No | | Yes | Yes | No | | | Yes | Yes | | Yes | No | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 St. Anne's Home (Little Sisters) | 46 | No | No | No | No | | No | No | No | | | Yes | No | | No | No | No | No | No | No | No | No | No | No | No | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDICARE + MEDI-CAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 19th Avenue Healthcare Center (Kindred) | 140 | No | No | Yes | No | | Yes | Yes | Yes | | | No | No | | Yes | Yes | No | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Central Gardens | 92 | No | No | No | | | | | No | | | Yes | Yes | | Yes | Yes | No | No | | | | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Convalescent Center, Mission Street | 53 | Unk. | Unk. | | | | Yes | Yes | Yes | | | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Golden Gate Healthcare Center (Kindred) | 120 | Yes | No | Yes | Yes | | Yes | Yes | Yes | | | Yes | No | | Yes | No | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Grove Street Extended Care and Living Center | 168 | No | No | Yes | No | | Yes | Yes | Yes | | | Yes | No | | Yes | No | Yes | No | Yes | Yes | Yes | Yes | No | Yes | Yes | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Jewish Home (Distinct part rate) | 478 | Yes | No | Yes | Yes | | Yes | Yes | Yes | | | Yes | Yes | | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Laguna Honda Hospital and Rehab Center ² | 780 | Yes | Yes | Yes | Yes | | Yes | Yes | Yes | | | Yes | No | | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Lawton Healthcare Center (Kindred) | 68 | No | No | Yes | | | Yes | Yes | Yes | | | Yes | Yes | | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Mission Bay Convalescent Hospital | 50 | No | No | No | No | | Yes | Yes | No | | | Yes | No | | No | No | No | No | No | No | No | No | Yes | Yes | Yes | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Tunnell Center for Rehab & Healthcare (Kindred) | 180 | No | No | Yes | | | Yes | Yes | Yes | | | Yes | No | | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Victorian Healthcare Center (Kindred) | 90 | No | No | Yes | Yes | | Yes | Yes | No | | | Yes | Yes | | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | |
| HOSPITAL-BASED DP/SNF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 St. Mary's Hospital (1 floor) | 32 | No | Yes | Yes | | | Yes | No | Yes | | | Yes | No | | No | Yes | Yes | No | No | Yes | Yes | Yes | Yes | Yes | Yes | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 CPMC St. Luke's Hospital (6th and 8th floors) | 0 | No | No | Yes | | | Yes | Yes | Yes | | | Yes | | | Yes | Yes | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 CPMC East Campus DP SNF (Marshall Hale) | 0 | Unk. | Unk. | | | | | | | | | Not Listed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 CPMC Davies Campus Hospital DP SNF | 38 | No | No | Yes | | | Yes | No | Yes | | | Yes | No | | No | Yes | No | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 SFGH DP SNF | 130 | Unk. | Unk. | | | | | | | | | Not Listed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total SNF Beds Remaining 2,731 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No = # of Resident Types Not Accepted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes = # of Resident Types Accepted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16 | 18 | 4 | 7 | 1 | 3 | 8 | 1 | 12 | 2 | 8 | 18 | 8 | 10 | 3 | 3 | 2 | 3 | 1 | 3 | 4 | 2 | 15 | 6 | 19 | 16 | 13 | 19 | 7 | 17 | 5 | 2 | 12 | 6 | 12 | 11 | 15 | 12 | 5 | 12 | 20 | 20 | 16 | 15 | 14 | 17 | 15 | 6 | 15 |

SOURCE OF DATA:

¹ California Advocates for Nursing Home Reform; downloaded from www.canhr.org/NH_Data/data_html/SFranciscoCo.html on April 12, 2009.

FOOTNOTES

¹ California Advocates for Nursing Home Reform (CANHR) contains facility inspections mostly from 2007; however, types of "SNF Services" provided by facilities ranges from 1990 to 2005 data, which may need updating.
² Laguna Honda Hospital is thought anecdotally to accept Developmentally Disabled, Tracheostomy, Non-Elderly, Non-Ambulatory, and those with Secondary Psychiatric illness, despite CANHR's potentially outdated data.

A Case for Updating the 1997 San Francisco Nursing Facility Bed Study

As shown in Table 5 above:

- Of the remaining 2,731 SNF beds that will be available in the year 2013, eight of the 24 facilities — for 590 of the skilled nursing beds — do not accept patients with tracheostomies.
- Only five of 24 facilities (a total of 239 beds of the 2,731 that will remain in 2013) reported by 2005 that they accept patients with tracheostomies. Anecdotally, although not reported on the CANHRR web site, Laguna Honda Hospital is reported to accept tracheostomy patients.
- Of the 24 facilities survey, only two indicated they accept patients on ventilators. It is widely assumed that only one facility — St. Luke's — actually admits patients needing ventilators.
- At least 16 of the 24 facilities appear not to have a dedicated Alzheimer's unit, and only 7 of 13 facilities reported to CANHR (by 2005) that they accept Alzheimer's patients. Fully 18 of San Francisco's 24 licensed SNF facilities reported in 2005, or earlier, that they did not have locked units.
- Only half of the facilities — 12 of 24 — reported that they accept "medically complex patients." A total of 101 patient beds do not accept "medically complex patients."

Conclusions

- The types of skilled nursing services delivered at each facility weren't stratified in 1997. Nor was a distinction drawn between capacity available at short-term care facilities and rehabilitation facilities, versus capacity in long-term care facilities. The 1997 *Nursing Facility Bed Study* needs to be updated, with greater specificity, before any further strategic planning decisions are made.
- During the San Francisco Health Commission's meeting in March 2005 held at Laguna Honda Hospital, then-Health Commission president Lee Ann Monfredini requested that Dr. Katz update his 1998 *White Paper*, to reflect the need for various types of long-term care healthcare services. Now four years after Monfredini's request in 2005, Dr. Katz has not provided updated data, and the Health Commission's new president, Jim Illig hasn't pursued the issue; San Franciscans, and policy makers, are poorer for Illig's failure to demand an updated *White Paper*. Illig once stated to me that he didn't believe the 1998 *White Paper*.

Now four years after Monfredini's request in 2005, Dr. Katz has not provided updated data, and the Health Commission's new president, Jim Illig, hasn't pressed the issue; San Franciscans, and policy makers, are poorer for Illig's failure to demand an updated *White Paper*.

Recommendations for Further Analyses and Data Stratification

Further analysis of the number of skilled nursing beds available in San Francisco — without disenfranchising residents by placing them in out-of-county locations — must examine:

- The number of short-term care (STC) vs. long-term care (LTC) beds at each facility.
- The number of STC vs. rehabilitation beds at each facility.
- The mix between Medi-Cal vs. Medicare vs. Private Pay beds at each remaining facility.
- The types of services provided — and the types of patients who are admitted (including inclusion and exclusion admission characteristics) — at each SNF facility.
- The types of services that can be provided safely — within practice guidelines — in community-based settings rather than in a licensed skilled nursing facility.
- Ongoing monitoring of the number of skilled nursing beds remaining licensed, given CPMC's plans to close all but 38 of its skilled nursing beds by the year 2013 and given that other facilities may also reduce their licensed beds. An up-to-date inventory of SNF capacity must be maintained on an on-going basis by City officials.