



San Francisco Department of Public Health

Grant Colfax, MD
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City and County of San Francisco
London N. Breed
Mayor

Memorandum

DATE: March 28, 2023

TO: Dan Bernal, President, San Francisco Health Commission and
Members of the Health Commission

CC: Naveena Bobba, MD, Deputy Director, San Francisco Department of Public Health

FROM: Claire Lindsay, Senior Health Program Planner, Office of Policy & Planning
Kelly Hiramoto, Special Projects Manager, Department of Public Health

RE: Ordinance 077-22 - Health Code - Skilled Nursing Care Transfer Reporting Requirements and
Calendar Years 2021 and 2022 Report

In May 2022, the San Francisco Board of Supervisors passed [Ordinance 077-22](#) (the Ordinance) which amended the Health Code to require general acute care hospitals and hospital-based skilled nursing facilities in the City to annually report to the Department of Public Health (DPH) the number of, and certain demographic information regarding, patients transferred to a health facility outside of the City to receive skilled nursing care or subacute care. The ordinance also required facilities to report the number of patients who qualify for skilled nursing care or subacute care but are not transferred to a health facility outside of the City. The purpose of the Ordinance is to collect data to understand the full scope of the need for both subacute and general skilled nursing care beds in San Francisco.

Reporting Health Facilities

The Ordinance reporting requirements apply to San Francisco health facilities that are licensed as general acute care hospitals or hospital-based skilled nursing facilities, as defined by Section 1250 of the California Health and Safety Code¹. Hospital-based skilled nursing facilities, also called Distinct Part Skilled Nursing Facilities (DP-SNF), are SNFs that are a distinct part of an acute care hospital. The Ordinance does not apply to Freestanding SNFs. The following is a list of the licensed general acute care hospitals and hospital-based skilled nursing facilities in San Francisco that are required to report:

- Chinese Hospital
- Kaiser Foundation Hospital (Kaiser)
- Laguna Honda Hospital and Rehabilitation Center

¹ Chapter 2. Health Facilities, Division 2. Licensing Provisions, Health and Safety Code – HSC:

https://leginfo.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=2.&title=&part=&chapter=2.&article=1.

- University of California, San Francisco Medical Center (UCSF) – Mount Zion, Mission Bay, Parnassus
- California Pacific Medical Center (CPMC) – Van Ness, Mission Bernal, Davies
- Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG)
- Dignity, Saint Francis Memorial Hospital
- Dignity, St. Mary’s Medical Center
- Kentfield Hospital San Francisco
- Jewish Home and Rehab Center

Data Report Requirements

Reporting health facilities are required to annually submit a report to DPH by January 31st of each year for the preceding calendar year, except for the first reporting year under the Ordinance (calendar year 2021), which was due to DPH by October 1, 2022. The requirements of each calendar year data report are as follows:

1. The total number of patients who were City residents and the total number of patients who were not City residents, transferred by the Reporting Health Facility to an Out-of-County² Health Facility for the purpose of receiving Skilled Nursing Care³.
2. The total number of patients who were City residents and the total number of patients who were not City residents, who qualified for Skilled Nursing Care while admitted to the Reporting Health Facility but were not transferred by the Reporting Health Facility to an Out-of-County Health Facility.
3. The following aggregate demographic information for each of the above categories of patient:
 - a. Age
 - b. Race/ethnicity
 - c. Gender (as well as sexual orientation and gender identity, if normally collected by the reporting health facility)
 - d. Patient Insurance Provider (by way of example but not limitation, Medi-Cal, Medicare, or the specific private insurance provider)
 - e. Housing Status (by way of example, but not limitation, people experiencing homelessness, marginally housed, or permanently housed)

DPH issued guidelines regarding the information collected by each reporting health facility and provided a data report template. For the sub-groups within each demographic category, DPH utilized the SFDPH ethnicity data collection guidelines⁴, the SFDPH gender identity data collection guidelines⁵, the SFDPH sexual orientation data collection guidelines⁶, and the SFDPH Annual Report payor type categories. In alignment with the purpose of the Ordinance and given the public interest of subacute care services particularly, DPH requested general skilled nursing patient data and subacute patient data separately.

² **Out-of-County Health Facility:** a licensed health facility located outside of the City of San Francisco and providing Skilled Nursing Care.

³ **Skilled Nursing Care:** general skilled nursing care including but not limited to adult subacute care as defined by [Section 14132.25 of the California Welfare and Institution Code](#).

⁴ SFDPH Ethnicity Data Collection Guidelines: https://www.sfdph.org/dph/files/PoliciesProcedures/COM3_EthnicityGuidelines.pdf

⁵ SFDPH Gender Identity Collection Guidelines: https://www.sfdph.org/dph/files/PoliciesProcedures/COM5_SexGenderGuidelines.pdf

⁶ SFDPH Sexual Orientation Data Collection Guidelines: https://www.sfdph.org/dph/files/PoliciesProcedures/COM9_SexualOrientationGuidelines.pdf

Report to the Health Commission

The Ordinance requires DPH to provide an annual report to the Health Commission based on the reports submitted by the Reporting Health Facilities. The annual reports to the Health Commission are to include statistical information and analysis along with plans and/or recommendations, as DPH deems appropriate, for the provision of skilled nursing care and/or subacute care in San Francisco.

2021 & 2022 Calendar Year Reports

Due to the proximity of deadlines for the 2021 calendar year data and 2022 calendar year data, the following report covers both years of data. Data and analysis for skilled nursing is presented separately from data and analysis for subacute care. Similarly, data from each reporting health facility is presented separately within the skilled nursing and subacute sections of the report.



City and County of San Francisco
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Skilled Nursing Care Transfer Reporting

San Francisco Ordinance 077-22 | Calendar Years 2021 & 2022

Executive Summary

San Francisco Ordinance 077-22 requires general acute care hospitals and hospital-based skilled nursing facilities in the City to annually report to the Department of Public Health (DPH) the number of, and certain demographic information regarding, patients transferred to a health facility outside of the City to receive skilled nursing care or subacute care and patients who qualify for skilled nursing care or subacute care but are not transferred to a health facility outside of the City, i.e., remain in the City in an acute care hospital or hospital-based skilled nursing facility. The following report is an analysis of the calendar years 2021 and 2022 data reports submitted by reporting health facilities.

Reporting health facilities employed disparate record systems to collect the information required by the Ordinance. This year's report is ultimately constrained to the facilities' variable methodologies and does not provide a comparative or aggregate analysis. However, the analysis of the first two years of data provided by each hospital offered insight to the population characteristics of those who qualified for skilled nursing and subacute services across San Francisco and were transferred to out-of-county facilities. The data shows that most transfers to an out-of-county skilled nursing facility (SNF) are patients over age 65; the population of patients transferred to out-of-county skilled nursing facilities is racially and ethnically diverse; that Medicare is the most common payor type for skilled nursing and subacute patients; and that while Medicare is the most common payor type, a larger proportion of patients transferred out-of-county for subacute care are covered by Medi-Cal compared to patients transferred out-of-county for skilled nursing care. The Department will continue to work with reporting health facilities to improve the data collection and address limitations for future reports.

Regarding plans for the provision of skilled nursing and subacute care in San Francisco, in 2022 DPH released a Request for Proposal/Request for Qualifications (RFP-RFQ) for subacute skilled nursing and skilled nursing facility beds for hospital overflow. Two facilities were awarded contracts for subacute skilled nursing and skilled nursing hospital overflow – Chinese Hospital and San Francisco Health Care and Rehab. Chinese Hospital has a unit for skilled nursing hospital overflow and SNF subacute once the unit is certified. DPH has been working closely with Chinese Hospital as they pursue SNF and subacute licensure and certification. San Francisco Health Care and Rehab is an existing freestanding skilled nursing facility in San Francisco and is currently in the process of becoming a contractor with the City to move forward with the skilled nursing hospital overflow contract.

Introduction

In May 2022, the San Francisco Board of Supervisors passed Ordinance 077-22 (the Ordinance) which amended the Health Code to require general acute care hospitals and hospital-based skilled nursing facilities in the City to annually report to the Department of Public Health (DPH) the number of, and certain demographic information regarding, patients transferred to a health facility outside of the City to receive skilled nursing care or subacute care and patients who qualify for skilled nursing care or subacute care but are not transferred to a health facility outside of the City. The purpose of the Ordinance is to understand the full scope of the need for both subacute and general skilled nursing care beds in San Francisco by collecting data on the number of patients who qualify for either subacute or general skilled nursing care in an acute care hospital or hospital-based skilled nursing facility and are either transferred outside of the City or remain in the City in an acute care hospital or hospital-based skilled nursing facility.

The following report shares an analysis and discussion of the reports submitted to the Department of Public Health (DPH) for calendar years 2021 and 2022.

Report Process & Methodology

The Ordinance requires reporting health facilities to submit annual data reports with the following information:

1. The total number of patients who were City residents and the total number of patients who were not City residents, transferred by the reporting health facility to an out-of-county health facility for the purpose of receiving skilled nursing care.
2. The total number of patients who were City residents and the total number of patients who were not City residents, who qualified for skilled nursing care while admitted to the reporting health facility but were not transferred by the reporting health facility to an out-of-county health facility, i.e., patients who remain in an acute-care bed or hospital based skilled nursing facility.
3. The following aggregate demographic information for each of the above categories of patient:
 - a. Age
 - b. Race/ethnicity
 - c. Gender (as well as sexual orientation and gender identity, if normally collected by the reporting health facility)
 - d. Patient Insurance Provider (by way of example but not limitation, Medi-Cal, Medicare, or the specific private insurance provider)
 - e. Housing Status (by way of example, but not limitation, people experiencing homelessness, marginally housed, or permanently housed)

DPH issued guidelines regarding the data report format and provided a data collection tool to reporting health facilities. DPH worked collaboratively with reporting health facilities throughout the data collection and reporting process. In response to feedback and information collected by reporting health facilities in the calendar year 2021 reports, DPH revised the data collection tool for 2022. The data collection tools for calendar years 2021 and 2022 are provided in Appendix A and B, respectively.

Data Collection Methodologies

Reporting health facilities used disparate record systems to collect the information required by the Ordinance. The methods and systems used to determine the skilled nursing and subacute populations for each reporting health facility are described below:

Chinese Hospital

Skilled Nursing: To identify the number of patients transferred to an out-of-county facility to receive skilled nursing care, Chinese Hospital utilized discharge data. Chinese Hospital extracted the discharge disposition data and identified the accepting facility to determine which patients went to a skilled nursing facility (SNF) out-of-county. Chinese Hospital was not able to provide an estimate for the number of patients who qualified for skilled nursing and were not transferred to a skilled nursing facility in-county nor out-of-county. Although not required, Chinese Hospital provided DPH with the number of patients who were transferred to skilled nursing facilities in San Francisco.

Subacute: To identify the number of patients transferred to an out-of-county facility to receive subacute care, Chinese Hospital manually reviewed the medical chart for each patient that was discharged to a skilled nursing facility.

Kaiser Foundation Hospital (Kaiser)

Skilled Nursing: Kaiser utilized discharge data to determine the number of patients who were transferred to an out-of-county facility. To estimate the not-transferred population, Kaiser utilized their referral software system, CarePort, to identify patients who had a referral to skilled nursing and met the qualifications for skilled nursing but were ultimately not discharged to a SNF.

Subacute: A multidisciplinary team at Kaiser determines whether a patient qualifies for subacute level of care. For those that do qualify for subacute level of care, the patient will have a CarePort referral for SNF-subacute. Kaiser utilized discharge data to determine the number of patients who were transferred to a facility for subacute care. The not-transferred population represents patients who had a referral for SNF-subacute and met the qualifications but were not discharged to a facility accepting subacute patients.

Dignity Hospitals – Saint Francis Memorial Hospital & St. Mary’s Medical Center (Dignity)

Skilled Nursing: Dignity utilized a referral management tool, NaviHealth, to determine the number of patients who qualified for skilled nursing care while admitted at their hospitals. Dignity staff manually matched patients with record of a SNF referral in NaviHealth to discharge data to determine the number of patients transferred to an out-of-county SNF. To determine the number of patients who qualified for skilled care but were not transferred to a SNF, Dignity counted patients with a SNF referral record in NaviHealth but without a matching discharge to a SNF.

Subacute: NaviHealth was also used to determine the number of patients who qualified for subacute care, however, NaviHealth does not differentiate between skilled nursing and subacute referrals. To estimate the number of patients discharged to an out-of-county health facility to receive subacute care, Dignity referenced the list of Medi-Cal certified subacute providers/facilities. If a patient was referred and transferred to a facility on the certified subacute provider list they were counted as a subacute patient. Many of the facilities on the list provide general skilled nursing care in addition to subacute care, therefore it is likely that some patients reported as subacute transfers would have been transferred to a facility on the list for general skilled nursing care.

California Pacific Medical Center (CPMC)

Skilled Nursing: CPMC utilized discharge data to report the number of patients transferred to skilled nursing facilities. CPMC’s data includes both in-county and out-of-county transfers because CPMC

does not currently document accepting facility address and therefore is unable to determine which facilities are outside of San Francisco County. CPMC reported that they do not have a mechanism to capture patients who may qualify for skilled care but are not discharged to a SNF. Citing that there are many reasons a patient may not be discharged to a SNF, from family and patient preference, to changes in health status while admitted.

Subacute: CPMC manually tracks the information for each patient that is transferred to an out-of-county facility for subacute care. CPMC reported that they do not capture the number of patients who qualify for subacute care but are not transferred to an accepting subacute facility.

University of California, San Francisco (UCSF)

Skilled Nursing: UCSF analyzed all bedded hospital encounters with a final discharge disposition of SNF to determine the total number of patients transferred to a skilled nursing facility out-of-county. UCSF reported that they do not have a mechanism to collect when there is intention for a patient to go to a SNF, but they are not transferred. Noting that clinical presentation changes during the course of admission. This past year UCSF updated their referral documentation procedures; referral data will be available for future report years.

Subacute: To determine the number of patients transferred out-of-county for subacute care, UCSF identified patients with a discharge record of subacute. UCSF reported that they do not have a mechanism to collect when there is intention for a patient to go to a subacute facility. This past year UCSF updated their referral documentation procedures; referral data will be available for future report years.

Zuckerberg San Francisco General Hospital & Trauma Center (ZSFG)

Skilled Nursing: ZSFG utilized discharge and lower level of care (LLOC) data to report the number of patients who were transferred to a SNF, and patients who qualified for skilled care but were not transferred. ZSFG Utilization Nurses perform daily reviews with the assistance of InterQual to determine if a patient meets acute/intensive inpatient criteria based on illness severity, intensity of care, treatment response, and comorbidities. A patient becomes a LLOC patient when their acute medical condition resolves, or when they were admitted to the hospital without one, and they should be discharged to a different level of care. Examples include patients receiving skilled nursing level of care in an acute setting, custodial level of care, social needs exceed medical needs, and awaiting placement. For calendar year 2021 data, ZSFG counted discharges to skilled nursing facilities located out-of-county to determine the population transferred to an out-of-county health facility for the purposes of receiving skilled nursing care. To determine the population not transferred, ZSFG counted both patients who were discharged to in-county skilled nursing facilities and lower level of care patients without transfers to skilled nursing facilities. For calendar year 2022, at the request of DPH staff, ZSFG changed the methodology to determine the non-transferred population to no longer include in-county transfers nor the patient population that received skilled nursing care at ZSFG – Skilled Nursing 4A⁷ nor LLOC-custodial/denied level of care.

Subacute: For calendar year 2022, ZSFG calculated the number of subacute patients through a

⁷ In addition to the 284 licensed acute care beds located at ZSFG, the hospital is also licensed for 30 SNF beds (ZSFG – Skilled Nursing 4A)

manual review of medical charts. Specifically, ZSFG first looked at the total population of patients who were transferred to a skilled nursing facility that offered subacute care. From that patient population, ZSFG then reviewed each medical chart to assess whether the patient met the medical criteria for subacute before discharge (i.e., had orders in the medical chart for tracheostomy care with continuous medical ventilation, tracheostomy care with suctioning or oxygen, tube feeding, etc.).

Kentfield San Francisco (Kentfield)

Skilled Nursing: Kentfield San Francisco utilized discharge data to estimate the total number of patients who were transferred to an out-of-county health facility to receive skilled nursing care. Kentfield does not have a mechanism to track patients that qualify for placement in a skilled nursing facility but are not discharged to that location.

Subacute: Kentfield San Francisco utilized discharge data to determine the number of patients transferred to an out-of-county subacute facility. Kentfield reported they do not have a mechanism to track patients that qualify for placement in a subacute facility but are not ultimately discharged to that location.

Laguna Honda Hospital and Jewish Home & Rehab Center

Laguna Honda Hospital and Jewish Home & Rehab Center are long-term care facilities that provide skilled nursing care. DPH provided unique instructions to Laguna Honda and Jewish Home for completing the annual data reports. Like the other general acute care hospitals and critical care hospital, Laguna Honda and Jewish Home reported the number of out-of-county skilled nursing and subacute transfers. Where the report instructions differ is regarding the non-transferred population. The purpose behind collecting the total number of patients who qualified for skilled nursing care while admitted to the reporting health facility but were not transferred to an out-of-county health facility, is to understand the number of patients who may be waiting (in acute care) for a skilled nursing bed. Because Laguna Honda and Jewish Home provide skilled nursing care at each facility, these long-term care facilities were instructed to provide calendar year utilization data in place of the non-transferred population.

Data Considerations

Data notes specific to individual reporting health facilities are provided throughout the report. Below is a list of summary data limitations to be considered while reviewing this report.

- Due to the distinct hospital electronic health record (EHR) management and referral systems utilized by reporting health facilities, there was not a common methodology employed to collect the required data. The report is constrained to the facilities' variable methodologies and does not provide a comparative or aggregate analysis.
- Subacute is not a standardly defined patient discharge status code. Therefore, all hospitals have unique approaches for quantifying the number of patients who were discharged/transferred to a facility to receive subacute care. The individual methods each hospital used are detailed above.
- Patient's clinical presentation may change during the course of admission. Health facilities reported that they do not have the ability to differentiate between a patient who was not discharged to a SNF because there was limited bed availability, and a patient whose health status improved and therefore no longer needed to be discharged to a SNF.

- Patient data has not been de-duplicated. One individual may have been transferred to a skilled nursing facility more than once in a calendar year and would be counted more than once in the data.
- Health facilities were not required to report in-county skilled nursing transfers. Therefore, the findings center on the out-of-county transfer population. While not required by the Ordinance, for future data reports, DPH is looking into requesting in-county skilled nursing transfers, which would provide a more complete picture of the population who are transferred from an acute care hospital to a skilled nursing facility.

Additionally, while data was provided by reporting health facilities in aggregate, data for some categories produced small values. To protect patient privacy, the submitted data were reviewed by DPH Privacy. Any values that are potentially identifiable have been suppressed in this report, specifically:

- Data values of less than ten (i.e., 0-9) are suppressed, as indicated by the text "<10".
- For demographic categories, values greater than ten may be suppressed in order to mask an adjacent value that is less than ten in the same sub-category. Those values are indicated by the text ">10".

Part I: Skilled Nursing Care

Skilled nursing care is nursing or therapy care that can only be safely and effectively performed by, or under the supervision of professionals or technical personnel.⁸ It is a level of care for patients who are medically stable and have a need that must be performed by skilled, licensed professionals daily.

The following sections present the required **skilled nursing** data for each reporting health facility along with DPH analysis. The legislation requires each facility to report:

- 1. The number of patients, transferred by the reporting health facility to an out-of-county health facility for the purpose of receiving skilled nursing care.**
- 2. The number of patients who qualified for skilled nursing care while admitted to the Reporting Health Facility but were not transferred to an out-of-county health facility.**

Chinese Hospital

Chinese Hospital is a general acute care community hospital with 88 licensed beds. For 2021, Chinese Hospital reported 18 patient discharges to out-of-county skilled nursing facilities and 121 patient discharges to in-county skilled nursing facilities. In 2022, the number of discharges to out-of-county SNFs tripled to 56 patients, while the number of patients transferred to in-county facilities remained similar from 2021 to 2022. Chinese Hospital believes that SNFs opening up due to lessening COVID restrictions between 2021 and 2022 is the reason for the increase in out-of-county transfers. While reporting the number of in-county transfers was not required, Chinese Hospital's data shows that most patients that required a transfer to a skilled nursing facility were placed in-SF County.

⁸ 42 CFR 409.32 - Criteria for skilled services and the need for skilled services

Table 1. Chinese Hospital: Skilled Nursing Transfer Data, 2021 and 2022

	2021			2022		
	Total	SF Residents	Non-SF Residents	Total	SF Residents	Non-SF Residents
Transferred to an Out-of-County Health Facility to Receive SNF Care	18	>10	<10	56	>10	<10
Transferred to an In-SF County Health Facility to Receive SNF Careⁱ	121	>10	<10	134	134	0

ⁱ Chinese Hospital was unable to report patients who qualified for skilled nursing but were not transferred to a skilled nursing facility. Instead, Chinese Hospital reported the total number of transfers to skilled nursing facilities located in San Francisco County.

Much of the demographic data provided by Chinese Hospital had values less than ten. To protect patient privacy, demographic data is described rather than reported in a table.

For both 2021 and 2022, most Chinese Hospital discharges to either in- or out-of-county skilled nursing facilities were San Francisco residents. Of the population transferred to out-of-county facilities in 2021, approximately 94% were over the age of 65, over 90% identified as Asian, the majority were female, and 94% were covered by Medicare. The data was similar for 2022. Of the population transferred to out-of-county facilities in 2022, approximately 94% were over the age of 65, 96% identified as Asian, the majority identified as female, and 91% were covered by Medicare. The demographic data for the population discharged to in-county facilities was similar – greater than 90% are over age 65, approximately 93% in 2021 and 89% in 2022 identified as Asian, and discharges were evenly split between male and female. For both calendar year 2021 and 2022, over 80% of transfers to in-county facilities were covered by Medicare. The next highest payor group was Medi-Cal, covering six percent of transfers in 2021 and 12% in 2022. Chinese Hospital does not collect patient gender identity nor sexual orientation. Chinese Hospital reported the housing status for patients discharged to both in-county and out-of-county facilities during calendar year 2022; all patients had permanent housing.

Kaiser Foundation Hospital - San Francisco

Kaiser Foundation Hospital in San Francisco (Kaiser) is a general acute care hospital with 239 licensed beds. Kaiser San Francisco is a part of the greater Kaiser health care system. In 2021, Kaiser transferred 565 patients to out-of-county skilled nursing facilities; San Francisco residents represented approximately 77% of these discharges. Kaiser reported a decrease in discharges to out-of-county skilled nursing facilities in 2022, with 387 discharges out-of-county.

The not-transferred population represents patients who had a referral to skilled nursing and met the qualifications for skilled nursing but were ultimately not discharged to a SNF. In 2021, there were a total of 154 patients who met the qualifications for skilled care and had a referral to a SNF but were not discharged to a SNF. In 2022, there were 170 patients that fit in this category. These patients may have seen clinical changes in their health and may have been discharged elsewhere or home.

Table 2. Kaiser San Francisco: Skilled Nursing Transfer Data, 2021 and 2022

	2021			2022		
	Total	SF Residents	Non-SF Residents	Total	SF Residents	Non-SF Residents
Transferred to an Out-of-County Health Facility to Receive SNF Care	565	435	130	387	304	83
Qualified for Skilled Nursing but Not Transferred to a Health Facility to Receive SNF Care (not discharged to a SNF)	154	126	28	170	128	42

Demographic data for both the transferred and non-transferred populations are presented in the table below. Kaiser does not collect gender identity, sexual orientation, nor housing status. Kaiser noted that this data is being evaluated at the system level in order to capture social determinants of health.

Table 3. Kaiser: Selected Demographics, 2021 and 2022

	Transferred				Not Transferred			
	2021	% of Total	2022	% of Total	2021	% of Total	2022	% of Total
Total	565	100%	387	100%	154	100%	170	100%
19-64	59	10.4%	47	12.1%	41	26.6%	37	21.8%
65+	506	89.6%	340	87.9%	113	73.4%	133	78.2%
African American/Black	<10		<10		<10		<10	
Asian	128	22.7%	93	24.0%	42	27.3%	39	22.9%
Native Hawaiian or other Pacific Islander	<10		<10		<10		<10	
Native American	<10		<10		<10		<10	
Latino/a	13	2.3%	35	9.0%	10	6.5%	15	8.8%
White	48	8.5%	33	8.5%	11	7.1%	20	11.8%
Multi-Ethnic	340	60.2%	222	57.4%	89	57.8%	95	55.9%
Male	279	49.4%	188	48.6%	87	56.5%	98	57.6%
Female	286	50.6%	199	51.4%	67	43.5%	72	42.4%
Medi-Cal	>10		>10		>10		<10	
Medicare	479	84.8%	333	86.0%	110	71.4%	131	77.1%
Private/Commercial	72	12.7%	43	11.1%	31	20.1%	33	19.4%
Other	<10		<10		<10		<10	

The demographic data provided by Kaiser shows that the majority of patients qualifying for SNF care are age 65 and older for both years of data, both transferred and not transferred populations, and both San Francisco residents and non-residents. A larger proportion of patients who qualified for skilled nursing but were not transferred to a SNF were between age 19 and 64, compared to the population transferred out-of-county. Looking at race/ethnicity, for both 2021 and 2022, transferred and non-transferred populations, and San Francisco residents and non-residents, most patients identified as multi-ethnic followed by Asian. Medicare was the most common payor type, followed by private or commercial payor groups.

Dignity Hospitals – Saint Francis Memorial Hospital & St. Mary’s Medical Center

Dignity hospitals – Saint Francis Memorial Hospital and St. Mary’s Medical Center – are general acute care

hospitals in San Francisco. St. Mary’s has 275 licensed acute care beds and Saint Francis has 294 licensed acute care beds. During calendar year 2021, Dignity referred and transferred 135 patients to out-of-county SNFs. Dignity reported that they were unable able to match the patient’s county of residence and demographic information of 19 patients in the transferred population and 269 patients in the not transferred patient population for calendar year 2021 data. Dignity would advise caution when comparing the transferred and not transferred populations as there may be double counting due to the unmatched demographic data and the fact that one patient may have multiple referrals during while admitted. Dignity utilized a different underlying dataset for 2022, which prevented any unmatched patients. In 2022, Dignity referred and transferred 144 patients to out-of-county SNFs, 72% of transfers were San Francisco residents.

Table 4. Dignity Hospitals: Skilled Nursing Transfer Data, 2021 and 2022

	2021			2022		
	Total	SF Residents	Non-SF Residents	Total	SF Residents	Non-SF Residents
Transferred to an Out-of-County Health Facility to Receive SNF Care	135 ⁱ	74	42	144	104	40
Referred to SNF but Not Transferred to an Out-of-County Health Facility to Receive SNF Care	522 ⁱⁱ	194	59	304	237	67

ⁱ 2021 data: transferred – Dignity was unable to match the demographic information for 19 patients; these patients are counted in the total and are not counted in the residency columns.

ⁱⁱ 2021 data: not transferred – Dignity was unable to match the demographic information for 269 patients; these patients are counted in the total and are not counted in the residency columns.

As required, Dignity provided DPH with demographic data for 2021 transferred and non-transferred populations. However, given the size of the unmatched patient populations and potential for double counting, the table below shows 2022 data only. The data shows that the majority of Dignity’s skilled nursing, transferred and non-transferred population, is age 65 and older. For the transferred and non-transferred populations in 2022, the largest proportion of patients identified as White, with the next largest proportion of patients identifying as Asian or Black/African American. Insurance provider data differs between the transferred and non-transferred populations. Approximately 66% of patients transferred were covered by Medicare, whereas only 36% of the population who were referred to a SNF but not transferred were covered by Medicare. Medi-Cal on the other hand, only represented 8.3% of patients transferred and represented nearly 30% of all patients referred to a skilled nursing facility but not transferred. This suggests that facilities may be less accepting of patients with Medi-Cal. Dignity did not report gender identity, sexual orientation nor housing status. Dignity has stated that sexual orientation will be provided with 2023 data.

Table 5. Dignity Hospitals: Selected Demographic Data, 2022

	Transferred		Not Transferred	
	2022	% of Total	2022	% of Total
Total	144	100%	273	100%
19-64	>10		98	35.9%
65+	108	64.2%	175	64.1%
NA	<10		NA	

	Transferred		Not Transferred	
	2022	% of Total	2022	% of Total
Total	144	100%	273	100%
African American/Black	20	13.9%	49	17.9%
Asian	26	18.1%	48	17.6%
Native Hawaiian or other Pacific Islander	<10		<10	
Native American	<10		<10	
Latino/a	<10		<10	
White	66	45.8%	122	44.7%
Multi-Ethnic	18	12.5%	42	15.4%
Decline to Answer	11	7.6%	11	4.0%
Medi-Cal	12	8.3%	80	29.3%
Medicare	95	66.0%	100	36.6%
Private/Commercial	29	20.1%	92	33.7%
Healthy SF	<10		<10	
Other	<10		<10	
Uninsured	<10		<10	
Unknown	<10		<10	

California Pacific Medical Center

California Pacific Medical Center (CPMC) operates three general acute care hospital campuses in San Francisco – Davies (209 licensed acute care beds), Van Ness (274 licensed acute care beds) and Mission Bernal (120 licensed acute care beds).

During calendar year 2021, CPMC transferred 2,311 patients to a SNF. Of those transferred, approximately 84% were San Francisco residents. In 2022, CPMC transferred 2,465 patients to a SNF, and of those transferred 86% were San Francisco residents. CPMC’s transfer data includes both in-county and out-of-county transfers. CPMC does not document accepting facility address and therefore is unable to determine which facilities are outside of San Francisco County.

Table 6. California Pacific Medical Center: Skilled Nursing Transfer Data, 2021 and 2022

	2021			2022		
	Total	SF Residents	Non-SF Residents	Total	SF Residents	Non-SF Residents
Transferred to a Health Facility (in-SF County or Out-of-County to Receive SNF Care)	2,311 ⁱ	1,945	366	2,465 ⁱ	2,112	353
Qualified for Skilled Nursing but Not Transferred to an Out-of-County Health Facility to Receive SNF Care	NA ⁱⁱ	NA	NA	NA ⁱⁱ	NA	NA

ⁱ CPMC data includes both out-of-county and in-county transfers. CPMC’s electronic medical record does not track the address of the facility the patient is transferred to.

ⁱⁱ CPMC reported that they do not have a mechanism to capture patients who may qualify for skilled nursing but are not discharged to a skilled nursing facility.

The demographic data for CPMC's 2021 and 2022 transfer population is presented below. Most patients transferred to a SNF are age 65 or older. Of the population transferred by CPMC to a SNF in 2021 and 2022, approximately 50% identified as White, between 22-24% identified as Asian, between 12-14% identified as African American/Black, approximately 11% identified as Latino/a, and fewer than 1% identifying as Native Hawaiian or other Pacific Islander, Native American, and Multi-Ethnic, respectively. Medicare was the most common payor type followed by private or commercial insurance, representing 59% of patients in 2021 and 60% of patients in 2022. Medi-Cal represented less than 10% of patients transferred in 2021 and 2022.

Table 7. CPMC: Selected Demographic Data, 2021 and 2022

	Patients Transferred			
	2021	% of Total	2022	% of Total
Total	2,311	100%	2,465	100%
<19	<10		<10	
19-64	>10		>10	
65+	1,907	82.5%	2,109	85.6%
African American/Black	322	13.9%	301	12.2%
Asian	515	22.3%	597	24.2%
Native Hawaiian or Other Pacific Islander	11	0.5%	<10	
Native American	11	0.5%	<10	
Latino/a	267	11.6%	274	11.1%
White	1,166	50.5%	1,241	50.3%
Multi-Ethnic	19	0.8%	NA	
Male	1,143	49.4%	1,200	48.7%
Female	1,167	50.5%	1,265	51.3%
Trans Male	<10		NA	
Trans Female	<10		NA	
Gender Queer/ Non-Binary	<10		NA	
Straight/ Heterosexual	<10		NA	
Gay/Lesbian/ Same Gender Loving	<10		NA	
Not Listed	2,306	99.8%	NA	
Medi-Cal	217	9.4%	176	7.1%
Medicare	1,358	58.5%	1,494	60.6%
Private/ Commercial	727	31.5%	795	32.3%
Healthy SF	<10		NA	
Other	<10		NA	
Uninsured	<10		NA	
Unknown	NA		NA	
Unhoused	29	1.3%	11	0.4%
Permanent Housing	2,282	98.7%	2,454	99.6%

University of California, San Francisco

The University of California, San Francisco (UCSF) operates three general acute care hospitals in San Francisco – UCSF Medical Center (Parnassus, 559 licensed acute care beds), UCSF Medical Center at Mount Zion (140 licensed acute care beds), and UCSF Medical Center at Mission Bay (289 licensed acute care beds).

UCSF transferred 956 patients to out-of-county skilled nursing facilities in 2021 and 983 patients to out-of-county skilled nursing facilities in 2022. Contrasting the other reporting health facilities, the majority of out-of-county placements are non-SF residents. In total, UCSF made 2,310 placements to skilled nursing facilities in 2021 and 2,288 placements to skilled nursing facilities in 2022.

Table 8. University of California, San Francisco: Skilled Nursing Transfers, 2021 and 2022

	2021			2022		
	Total	SF Residents	Non-SF Residents	Total	SF Residents	Non-SF Residents
Transferred to an Out-of-County Health Facility to Receive SNF Care	956	316	640	983	298	685
Qualified for Skilled Nursing but Not Transferred to an Out-of-County Health Facility to Receive SNF Care	NA ⁱ	NA	NA	NA	NA	NA

ⁱ UCSF does not have a mechanism to capture patients who may qualify for skilled nursing but are not discharged to SNF. Referral data will be available for the 2023 report.

The table below displays the demographic data for the population of UCSF patients transferred out-of-county for skilled nursing care. The majority of patients transferred are over the age of 65. Analysis of race/ethnicity data shows that for 2021 and 2022, approximately 52% of patients out-of-county identify as white, followed by Black/African American, Asian, and Latino/a. The payor types across calendar years 2021 and 2022 include Medi-Cal, Medicare, private or commercial insurance, Healthy SF, and other. The most common payor type was Medicare (75% in 2021 and 78% in 2022) followed by Medi-Cal. Between 2021 and 2022 there was a drop in the proportion of patients with Medi-Cal insurance, from 18% in 2021 to approximately 13% in 2022. UCSF noted that they do not collect sexual orientation, and gender identity is limited to male, female, non-binary, and undisclosed. UCSF documents housing status in their EHR as either housed or unhoused. The 2021 and 2022 data reports show that approximately 6% of patients transferred out-of-county for skilled care are unhoused.

Table 9. UCSF: Selected Demographic Data, 2021 and 2022

	Patients Transferred			
	2021	% of Total	2022	% of Total
Total	956	100%	983	100%
<19	<10		<10	
19-64	>10		>10	
65+	648	67.8%	699	71.1%
African American/Black	135	14.1%	125	12.7%
Asian	120	12.6%	148	15.1%
Native Hawaiian or Other Pacific Islander	<10		<10	
Native American	<10		<10	

	Patients Transferred			
	2021	% of Total	2022	% of Total
Latino/a	134	14.0%	104	10.6%
White	499	52.2%	510	51.9%
Multi-Ethnic	17	1.8%	88	9.0%
Male	482	50.4%	480	48.8%
Female	473	49.4%	502	51.1%
Trans Male	NA		NA	
Trans Female	NA		NA	
Gender-Queer/Queer Non-Binary	<10		<10	
Undisclosed/Undetermined	<10		<10	
Medi-Cal	172	18.0%	129	13.1%
Medicare	717	75.0%	770	78.3%
Private/Commercial	58	6.1%	55	5.6%
Healthy SF	<10		>10	
Other	<10		<10	
Homeless this encounter	55	5.8%	54	5.5%
No History of Homelessness	901	94.2%	889	90.4%
History of Homelessness	NA		40	4.1%

Demographic Notes Provided by UCSF:

- (2021) Missing facility data on 8% of SNF discharges, included in out-of-county transfers.
- Race/Ethnicity groups at UCSF: Asian, Black, Latinx, Multi-Race/Ethnicity, Native American or Alaska native, Native Hawaiian or Other Pac Islander, Other, Southwest Asian and North African, Unknown/Declined, White
- Race/Ethnicity: UCSF collects “other” and “unknown/declined” categories which are not included. A total of 69 encounters with these categories of patients discharging to SNF or subacute from all resident counties to all facility counties.
- Gender Identity: limited to male, female, non-binary, and undisclosed; no trans data in dataset.
- Homelessness Status is dichotomous – i.e., housed/unhoused.

Zuckerberg San Francisco General Hospital

Zuckerberg San Francisco General Hospital (ZSFG) is a general acute care hospital that is a part of the San Francisco Health Network, operated by the Department of Public Health. ZSFG also offers Inpatient Psychiatric services and operates a 30 bed Skilled Nursing unit – 4A.

During calendar year 2021, ZSFG reported 200 transfers to out-of-county skilled nursing facilities, 69% of those patients were San Francisco residents. Calendar year 2022 data was similar with 182 transfers to out-of-county skilled nursing facilities, 69% of which were San Francisco residents.

To determine the population of patients who were not transferred in 2021, ZSFG included both patients who were discharged to in-county skilled nursing facilities and lower level of care patients. For calendar year 2022 data, at the request of DPH, the non-transferred population did not include transfers to skilled nursing facilities located in San Francisco nor did it include the patient population that received skilled nursing care at ZSFG – Skilled Nursing 4A nor LLOC-custodial/denied level of care. The change in methodology accounts for the significant reduction in the population who qualified for skilled nursing but not transferred between calendar year 2021 and calendar year 2022. In 2022, a total of 1,588 patients qualified as lower level of care-SNF and did not ultimately discharge to a SNF.

Table 10. Zuckerberg San Francisco General Hospital: Skilled Nursing Transfer Data, 2021 and 2022

	2021			2022		
	Total	SF Residents	Non-SF Residents	Total	SF Residents	Non-SF Residents
Transferred to an Out-of-County Health Facility to Receive SNF Care	200	137	63	182	126	56
Qualified for Skilled Nursing but Not Transferred to an Out-of-County Health Facility to Receive SNF Care	3,253 ⁱ	2,971	282	1,588 ⁱⁱ	1,392	196

ⁱ 2021 data includes patients who were transferred to in-county SNFs as well as all LLOC patients not discharged to a SNF (ZSFG Skilled Nursing – 4A population included).

ⁱⁱ 2022 data includes only LLOC patients that were not discharged to a SNF. 2022 data does not include in-county transfers, the patient population cared for at ZSFG Skilled Nursing – 4A, and LLOC-custodial/denied level of care.

The following table presents ZSFG’s demographic data for calendar year 2021 and 2022. Please note that the demographics of the 2021 and 2022 non-transferred populations should not be compared due to a change in methodology between years.

Similar to other reporting health facilities, the majority of patients transferred out-of-county to skilled nursing facilities were older adults; however, the majority of patients not transferred were between ages 19 and 64. Patients in the not transferred population represent patients with many different discharge dispositions; only patients discharged to a skilled nursing facility are excluded from this population. This could indicate that the population between age 19 and 64 were more likely to require a different level of care and/or be discharged home or to the community. Race/ethnicity data shows that African American/Black, Asian, Native Hawaiian or Other Pacific Islander, Native American and Latino/a patients represent about 60% of the transferred population for both years of data and between 66% and 63% of the non-transferred population (years 2021 and 2022, respectively). ZSFG captures gender identity and sexual orientation data. The sexual orientation data shows greater documentation of sexual orientation between 2021 and 2022 with fewer patients in the category “not listed”. Regarding payor data, there are differences between the transferred and non-transferred populations. Over 70% of patients transferred to out-of-county SNFs were covered by Medicare, while Medi-Cal patients make up a larger proportion of the not transferred population. Additionally, comparing the transferred to the non-transferred patient populations, a larger proportion of non-transferred patients identified as unhoused.

Table 11. ZSFG: Selected Demographics, 2021 and 2022

	Transferred				Not Transferred			
	2021	% of Total	2022	% of Total	2021	% of Total	2022	% of Total
Total	200	100%	182	100%	3,253	100%	1,588	100%
<19	<10		<10		17	0.5%	48	3.0%
19-64	>10		>10		1,922	59.1%	1,004	63.2%
65+	145	72.5%	149	81.9%	1,314	40.4%	536	33.8%
African American/Black	22	11.0%	24	13.2%	774	23.8%	315	19.8%
Asian	58	29.0%	59	32.4%	578	17.8%	266	16.8%
Native Hawaiian or Other Pacific Islander	<10		<10		51	1.6%	24	1.5%

	Transferred				Not Transferred			
	2021	% of Total	2022	% of Total	2021	% of Total	2022	% of Total
Native American	<10		<10		>10		<10	
Latino/a	35	17.5%	25	13.7%	708	21.8%	394	24.8%
White	77	38.5%	66	36.3%	992	30.5%	518	32.6%
Other	<10		<10		98	3.0%	53	3.3%
Decline to Answer	<10		<10		<10		>10	
Male	106	53.0%	94	51.6%	1,989	61.1%	1,017	64.0%
Female	91	45.5%	86	47.3%	1,192	36.6%	553	34.8%
Trans Male	<10		<10		<10		<10	
Trans Female	<10		<10		33	1.0%	<10	
Gender-Queer/Queer Non-Binary	<10		<10		>10		<10	
Not Listed/Choose not to disclose	<10		<10		21	0.6%	<10	
Straight/Heterosexual	66	33.0%	105	57.7%	1,879	57.8%	1,022	64.4%
Bisexual	<10		<10		67	2.1%	>10	
Gay/Lesbian/Same Gender Loving	<10		<10		117	3.6%	58	3.7%
Questioning/Unsure	<10		<10		94	2.9%	77	4.8%
Not Listed	120	60.0%	62	34.1%	815	25.1%	256	16.1%
Decline to Answer	<10		<10		281	8.6%	145	9.1%
Something Else	NA		<10		NA		<10	
Medi-Cal	34	17.0%	24	13.2%	1,644	50.5%	845	53.2%
Medicare	144	72.0%	144	79.1%	1,265	38.9%	534	33.6%
Private/Commercial	17	8.5%	<10		74	2.3%	146	9.2%
Healthy SF	<10		<10		57	1.8%	26	1.6%
Other	<10		<10		32	1.0%	26	1.6%
Uninsured	<10		<10		14	0.4%	<10	
Unknown	<10		<10		167	5.1%	<10	
Unhoused	13	6.5%	<10		819	25.2%	429	27.0%
Permanent Housing	187	93.5%	>10		2,431	74.7%	1,156	72.8%
Unknown	NA		NA		<10		<10	

Kentfield San Francisco

Kentfield San Francisco is a critical care hospital, also known as a long-term acute care hospital (LTACH), which is a type of specialty hospital that is designed to address the extended hospitalization needs of patients with complex medical issues. Patients at Kentfield typically require an extended period of time in a hospital setting for their recovery.

In 2021, Kentfield transferred 71 patients to out-of-county health facilities to receive skilled nursing care, 56 of whom are residents of counties outside of San Francisco. For calendar year 2022, the total number of patients transferred to an out-of-county facility reduced by 52% to 34 patients, with non-SF residents making up approximately 65% of the population transferred. Kentfield reported that the decrease in out-of-county transfers from 2021 to 2022 may be due to limited availability of staffed SNF beds for transfers in 2022. Kentfield also noted that they have recently implemented a new electronic medical record, which will

improve data tracking for future report years. Kentfield reported they do not have a mechanism to track patients that qualify for placement in a skilled nursing facility but are not ultimately transferred.

Table 12. Kentfield Hospital San Francisco: Skilled Nursing Transfer Data, 2021 and 2022

	2021			2022		
	Total	SF Residents	Non-SF Residents	Total	SF Residents	Non-SF Residents
Transferred to an Out-of-County Health Facility to Receive SNF Care	71	15	56	34	12	22
Qualified for Skilled Nursing but Not Transferred to an Out-of-County Health Facility to Receive SNF Care	NA ⁱ	NA	NA	NA	NA	NA

ⁱ Kentfield reported that they do not have a mechanism to track patients that qualified for placement in a skilled nursing facility.

Much of the demographic data provided by Kentfield San Francisco had values less than ten. To protect patient privacy, demographic data is described below rather than shown in a table. Kentfield does not collect gender identity nor sexual orientation data.

For calendar year 2021, approximately 20% of discharges to skilled nursing facilities were patients between the ages of 19 and 64. This figure increased to 35% in 2022. The majority of patients transferred to skilled nursing facilities were over the age of 65, like other reporting health facilities. In 2021, 52% of the transferred population identified as white, followed by Asian (21%) and multi-ethnic (20%). In 2022, there was an increase in the proportion of patients who identify as white (62%) and a decrease in the proportion of patients who identify as multi-ethnic (9%). Payor data for 2021 showed an estimated 60% of patients covered by Medicare with 40% covered by private or commercial insurance. The payor data changed in 2022, with an estimated 56% of patients covered by private or commercial insurance and 44% covered by Medicare. Finally, Kentfield reported that all transferred patients had permanent housing.

Laguna Honda Hospital

Laguna Honda Hospital (Laguna Honda) is a skilled nursing and rehabilitation center owned and operated by the San Francisco Department of Public Health. Laguna Honda is one of the largest skilled nursing facilities in the United States and represents one of the most extensive commitments by any city or county to therapeutic care for seniors and adults with disabilities.

During calendar year 2021, Laguna Honda did not make any transfers to out-of-county skilled nursing facilities. In April 2022, the federal Centers for Medicare & Medicaid Services (CMS) terminated Laguna Honda’s participation in the program. Beginning in April 2022, Laguna Honda could not accept SNF patients from other facilities. As a result of the termination, Laguna Honda implemented a Closure and Patient Transfer and Relocation Plan during which Laguna Honda was required to transfer residents to other skilled nursing facilities. The Closure Plan was paused on July 28, 2022, and will remain paused until at least May 19, 2023.

In 2022, Laguna Honda reported transferring a total of 39 patients to out-of-county skilled nursing facilities. In total, Laguna Honda provided skilled nursing care to 1,116 patients in 2021 and 759 patients in 2022.

Table 13. Laguna Honda Hospital: Skilled Nursing Transfers & Utilization, 2021 and 2022

	2021			2022		
	Total	SF Residents	Non-SF Residents	Total	SF Residents	Non-SF Residents
Transferred to an Out-of-County Health Facility to Receive SNF Care	0	0	0	39	39	0
Total Number of Patients who Received Skilled Nursing Care at Laguna Honda	1,116	1,065	51	759	707	52

For the transferred population, much of the demographic data provided by Laguna Honda Hospital had values less than ten. To protect patient privacy, demographic data is described rather than shown in a table.

All transferred patients were San Francisco residents. Greater than 80% of transferred patients are age 65 and above. Approximately 62% of transferred patients identified as either Black/African American, Asian, Native Hawaiian or other Pacific Islander, Native American, or Latino/a. Medi-Cal was the payor for 39% of transferred patients, while Medicare was the payor for 62% of transferred patients. Lastly, of the transferred patients, 80% had permanent housing and 20% were unhoused.

While not required by the Ordinance, Laguna Honda provided the demographic information for their total skilled nursing patient population served in 2021 and 2022. This data is provided in the table below.

Table 14. Laguna Honda – Patient Demographics: Selected Demographic Data, 2021 and 2022ⁱ

	LHH – Patient Demographics			
	2021	% of Total	2022	% of Total
Total	1,116	100%	759	100%
19-64	399	35.8%	290	38.2%
65+	717	64.2%	469	61.8%
African American/Black	277	24.8%	192	25.3%
Asian	232	20.8%	166	21.9%
Native Hawaiian or Other Pacific Islander	<10		<10	
Native American	<10		<10	
Latino/a	200	17.9%	130	17.1%
White	350	31.4%	237	31.2%
Multi-Ethnic	<10		<10	
Other	39	3.5%	27	3.6%
Decline to Answer	<10		NA	
Male	665	59.6%	428	56.4%
Female	416	37.3%	285	37.5%
Trans Male	<10		<10	
Trans Female	<10		<10	
Gender-Queer/Queer Non-Binary	<10		<10	
Choose Not to Disclose or Other	29	2.6%	42	5.5%

	LHH – Patient Demographics			
	2021	% of Total	2022	% of Total
Straight/ Heterosexual	847	75.9%	605	79.7%
Bisexual	17	1.5%	13	1.7%
Gay/Lesbian/Same Gender Loving	43	3.9%	26	3.4%
Questioning/Unsure	37	3.3%	34	4.5%
Not Listed	112	10.0%	43	5.7%
Decline to Answer	60	5.4%	38	5.0%
Medi-Cal	1,020	91.4%	510	67.2%
Medicare	92	8.2%	248	32.7%
Healthy SF	<10		<10	
Other	<10		<10	
Unknown	<10		<10	
Unhoused	12	1.1%	<10	
Permanent Housing	1,104	98.9%	750	98.8%
Transitional Housing	<10		<10	
Marginally Housed	<10		<10	

ⁱ 2021 and 2022 data should not be compared due to a change in methodology to data collection and reporting.

San Francisco Campus for Jewish Living – Jewish Home and Rehab Center

Jewish Home and Rehab Center (Jewish Home) is a licensed skilled nursing center specializing in care, services, and programs for older adults.

Jewish Home reported no transfers to out-of-county skilled nursing facilities in 2021 and 2022. In 2021, a total of 990 patients received skilled nursing care at Jewish Home and Rehab Center, and in 2022, a total of 1,205 patients received skilled nursing care. Demographic data for the total patient population served at Jewish Home was not required by DPH.

Table 15. Jewish Home and Rehab Center: Skilled Nursing Transfers & Utilization, 2021 and 2022

	2021			2022		
	Total	SF Residents	Non-SF Residents	Total	SF Residents	Non-SF Residents
Transferred to an Out-of-County Health Facility to Receive SNF Care	0	0	0	0	0	0
Total Number of Patients who Received Skilled Nursing Care at Jewish Home	990 ⁱ	-	-	1,205	-	-

ⁱ Jewish Home and Rehab Center did not provide the total number of patients who received skilled nursing care in 2021. The data in the table for 2021 represents the total number of skilled nursing discharges in calendar year 2021 from the California Department of Health Care Access and Information (HCAI) 2021 pivot tables.

Part II: Subacute Care

Subacute skilled nursing care is needed for patients who require ongoing specialized care, such as tracheotomy care, complex wound management, intravenous tube feeding, and/or ventilator care after an acute hospitalization. The California Department of Health Care Services (DHCS) defines adult and pediatric subacute care as a level of care designed for patients who have an acute illness, injury, or exacerbation of a disease process, who use a medical technology that compensates for the loss of a vital bodily function. To qualify for subacute care, a patient must need one of the following:

- Tracheostomy care with continuous mechanical ventilation for at least 50 percent of the day; or
- Tracheostomy care with suctioning and room air mist or oxygen as needed, and one of the six treatments below; or administration of any three of the six treatment procedures listed below:
 - Total parenteral nutrition
 - Inpatient physical, occupational, and/or speech therapy, at least two hours per day, five days per week
 - Tube feeding (nasogastric or gastrostomy)
 - Inhalation therapy treatments every shift and a minimum of four times per 24-hour period
 - I.V. therapy involving: – the continuous administration of a therapeutic agent, or – the need for hydration, or frequent intermittent I.V. drug administration via a peripheral and/or central line
 - Debridement, packing and medicated irrigation with or without whirlpool treatment.

A few data notes about the subacute data presented below:

- Subacute is not a standardly defined patient discharge status code. Therefore, hospitals have unique approaches for quantifying the patients who were discharged/transferred to a facility to receive subacute care.
- Subacute population estimates provided by many of the reporting health facilities were less than 10. To protect patient privacy, any values that may be potentially identifiable have been suppressed, as noted by the text “<10”.
- There are no accepting subacute facilities in San Francisco County, therefore all discharges for subacute care are out-of-county transfers.

The following sections present the Ordinance required **subacute care** data for each reporting health facility along with DPH analysis. The legislation requires each health facility to report:

- 1. The total number of patients, transferred by the reporting health facility to an out-of-county health facility for the purpose of receiving subacute care.**
- 2. The total number of patients who qualified for subacute care while admitted to the Reporting Health Facility but were not transferred to an out-of-county health facility.**

Chinese Hospital

For both calendar years 2021 and 2022, less than 10 patients were transferred to an out-of-county facility for the purposes of receiving subacute care. Due to the small population size, and in order to protect potentially identifiable data, a demographic analysis is not reported.

Table 16. Chinese Hospital: Subacute Transfer Data, 2021 and 2022

	2021			2022		
	Total	SF Residents	Non-SF Residents	Total	SF Residents	Non-SF Residents
Transferred to an Out-of-County Health Facility to Receive Subacute Care	<10	<10	0	<10	<10	0
Not Transferred to an Out-of-County Health Facility to Receive Subacute Care ⁱ	0	0	0	0	0	0

ⁱ Chinese Hospital was unable to report patients who qualified for subacute care but were not transferred. For skilled nursing, Chinese Hospital had reported the number of in-county transfers. San Francisco does not have any accepting subacute beds, therefore Chinese Hospital did not make any in-county subacute transfers.

Kaiser Foundation Hospital - San Francisco

For both 2021 and 2022, Kaiser transferred fewer than 10 patients to out-of-county facilities for subacute care. In 2021, there were 11 total patients who qualified for subacute care but were discharged elsewhere. In 2022, fewer than 10 patients qualified for subacute care but were discharged elsewhere.

Due to the small population size, and in order to protect potentially identifiable data, demographic data is not reported.

Table 17. Kaiser Foundation Hospital: Subacute Transfer Data, 2021 and 2022

	2021			2022		
	Total	SF Residents	Non-SF Residents	Total	SF Residents	Non-SF Residents
Transferred to an Out-of-County Health Facility to Receive Subacute Care	<10	<10	<10	<10	<10	<10
Qualified for Subacute Care but Not Transferred to an Out-of-County Health Facility to Receive Subacute Care	11	<10	<10	<10	<10	<10

Dignity Hospitals – Saint Francis Memorial Hospital & St. Mary’s Medical Center

Dignity utilized the referral management tool NaviHealth to determine the number of patients who qualified for subacute care, however NaviHealth does not differentiate between referrals for subacute and skilled nursing facilities. Dignity utilized the Medi-Cal certified subacute providers list, and if a patient was referred and transferred to a facility on the Medi-Cal certified providers list, that patient was counted as a subacute patient. However, many of the facilities on the Medi-Cal certified subacute facility list provide subacute care in addition to general skilled nursing care. Therefore, it is probable that the population of transferred subacute patients is an overestimate. In 2021 and 2022 Dignity transferred less than 10 patients to out-of-county facilities that provide subacute care.

Dignity also noted that over the course of a patient’s stay, a patient may have multiple referrals (i.e., may have been referred to facilities offering only skilled nursing and referred to facilities offering both general skilled nursing and subacute care). These patients would be counted twice in the analysis. Consequently, the

334 (2021) and 157 (2022) patients that qualified for subacute care but were not transferred to a facility for subacute care includes general skilled nursing and subacute referrals. Finally, 2021 data includes approximately 192 patients that were not matched for demographic information, including county of residence. There is likely duplication in the 2021 non-transferred population due to the unmatched patient population.

Due to the small population size of transferred patients, and in order to protect potentially identifiable data, the demographic data is not reported

Table 18. Dignity Hospitals: Subacute Transfer Data, 2021 and 2022

	2021			2022		
	Total	SF Residents	Non-SF Residents	Total	SF Residents	Non-SF Residents
Transferred to an Out-of-County Health Facility to Receive Subacute Care	<10	<10	0	<10	<10	<10
Not Transferred to an Out-of-County Health Facility to Receive Subacute or SNF Care	334 ⁱ	119	23	157 ⁱ	129	28

ⁱ Dignity noted that over the course of a patient’s stay, a patient may have multiple referrals (i.e., may have been referred to a facility with general skilled nursing beds and also referred to a facility with both general skilled nursing and subacute care beds). These patients would be counted twice in the analysis.

California Pacific Medical Center

In both 2021 and 2022, CPMC transferred fewer than 10 patients to out-of-county facilities for subacute care. Due to the small population size, and in order to protect potentially identifiable data, the demographic data is not reported.

Table 19. CPMC: Subacute Transfer Data, 2021 and 2022

	2021			2022		
	Total	SF Residents	Non-SF Residents	Total	SF Residents	Non-SF Residents
Transferred to an Out-of-County Health Facility to Receive Subacute Care	<10	<10	0	<10	<10	<10
Not Transferred to an Out-of-County Health Facility to Receive Subacute Care ⁱ	NA	NA	NA	NA	NA	NA

ⁱ CPMC reported that they do not have a mechanism to capture patients who may qualify for subacute care but are not discharged to a facility to receive subacute care.

University of California, San Francisco

UCSF noted that while they collect discharge information on 100% of cases, there is less compliance with recording the discharge location. In some instances, UCSF was unable to confirm whether a patient went to a facility in-county or out-of-county because there was no address listed. UCSF also found that some patients with a subacute discharge disposition were discharged to facilities that do not offer subacute care, and instead only offer skilled nursing care or other services. Therefore, the actual number of subacute discharges made by UCSF is less than the figures reported in the table below. In 2021, UCSF reported

transferring a total of 35 patients to out-of-county facilities for subacute care. Of the 35 transferred, 63% were San Francisco residents. In 2022, there was a decrease in the total number of patients transferred out-of-county for subacute services. Of the 25 transferred in 2022, 60% were residents of San Francisco.

Table 20. UCSF: Subacute Transfer Data, 2021 and 2022

	2021			2022		
	Total	SF Residents	Non-SF Residents	Total	SF Residents	Non-SF Residents
Transferred to an Out-of-County Health Facility to Receive Subacute Care ⁱ	35	22	13	25	15	10
Not Transferred to an Out-of-County Health Facility to Receive Subacute Care ⁱⁱ	NA	NA	NA	NA	NA	NA

ⁱ UCSF found that some patients with a subacute discharge disposition were discharged to facilities that do not offer subacute care, and instead only offer skilled nursing care or other services. Therefore, the actual number of subacute discharges made by UCSF is less than what is reported.

ⁱⁱ UCSF does not have a mechanism to capture patients who may qualify for subacute care but are not transferred. Referral data will be available for the 2023 report.

The table below shows the demographic information of the transferred population, provided by UCSF. Due to the small population size, and in order to protect potentially identifiable data, demographic sub-categories are suppressed.

Table 21. UCSF: Selected Demographic Data, 2021 and 2022

	Transferred			
	2021	% of Total	2022	% of Total
Total	35	100%	25	100%
<19	<10		<10	
19-64	26	74.3%	15	60.0%
65+	<10		<10	
African American/Black	<10		<10	
Asian	<10		<10	
Native Hawaiian or Other Pacific Islander	<10		<10	
Native American	<10		<10	
Latino/a	<10		<10	
White	15	42.9%	10	40.0%
Multi-Ethnic	<10		<10	
Male	20	57.1%	>10	
Female	15	42.9%	<10	
Medi-Cal	14	40.0%	<10	
Medicare	16	45.7%	12	48.0%
Private/Commercial	<10		<10	
Healthy SF	<10		<10	
Other	<10		<10	

	Transferred			
	2021	% of Total	2022	% of Total
Homeless this encounter	20	57.1%	>10	
No History of Homelessness	15	42.9%	>10	
History of Homelessness	NA		<10	

Zuckerberg San Francisco General Hospital

During 2022, less than ten patients were transferred to a facility out-of-county for subacute care. The not transferred category represents patients who met the medical criteria for subacute care and were discharged to a facility that offers subacute care in San Francisco. Because there are no admitting subacute facilities in San Francisco, this may indicate that the patient was discharged to a facility for another level of care. Due to the small population size, and in order to protect potentially identifiable data, the demographic data is not reported.

Table 22. ZSFG: Subacute Transfer Data, 2021 and 2022

	2021 ⁱ			2022 ⁱⁱ		
	Total	SF Residents	Non-SF Residents	Total	SF Residents	Non-SF Residents
Transferred to an Out-of-County Health Facility to Receive Subacute Care	NA	NA	NA	<10	<10	0
Not Transferred to an Out-of-County Health Facility to Receive Subacute Care	NA	NA	NA	<10	<10	0

ⁱ ZSFG was not able to differentiate subacute patients standardly for the 2021 data report.

ⁱⁱ For the 2022 data report, ZSFG calculated the number of subacute patients through a query of medical charts of patients who were discharged to a skilled nursing facility that offered subacute care and met the medical criteria for subacute before discharge.

Kentfield San Francisco

In 2021, Kentfield discharged 19 patients to out-of-county subacute facilities. In 2022 that number increased to 25 patients. For both years of data, non-SF residents made up the majority of transferred patients. Due to the small population size, and in order to protect potentially identifiable data, the demographic data is not reported.

Table 23. Kentfield San Francisco: Subacute Transfer Data, 2021 and 2022

	2021			2022		
	Total	SF Residents	Non-SF Residents	Total	SF Residents	Non-SF Residents
Transferred to an Out-of-County Health Facility to Receive Subacute Care	19	<10	>10	25	<10	>10
Not Transferred to an Out-of-County Health Facility to Receive Subacute Care	NA	NA	NA	NA	NA	NA

ⁱ Kentfield reported that they do not have a mechanism to track patients that qualified for placement in a subacute residential facility.

Laguna Honda Hospital

Laguna Honda Hospital is a long-term care facility that provides skilled nursing care. Laguna Honda does not provide subacute level of care and in 2021 and 2022 did not make any patient transfers for subacute care. Patients of Laguna Honda who may develop an acute injury or condition, requiring a different level of care, would be transferred to a general acute care hospital to care for their acute condition before being transferred to a facility for subacute care.

San Francisco Campus for Jewish Living – Jewish Home and Rehab Center

Jewish Home and Rehab Center is a long-term care facility that provides skilled nursing care. Jewish Home and Rehab Center does not provide subacute level of care and in 2021 and 2022 did not make any patient transfers for subacute care. Like Laguna Honda, patients of Jewish Home and Rehab Center who may develop an acute injury or condition, requiring a different level of care, would be transferred to a general acute care hospital to care for their acute condition before being transferred to a facility for subacute care.

Part III: Summary Findings

The intent of the Ordinance is to collect data to understand the full scope of the need for both subacute and general skilled nursing care beds in San Francisco. The Ordinance requires hospitals to report the number of patients transferred to a health facility outside of the City to receive skilled nursing care or subacute care and the number patients who qualify for skilled nursing care or subacute care, but are not transferred to a health facility outside of the City. Reporting health facilities employed disparate record systems to collect the information required by the Ordinance. This year's report and the findings are ultimately constrained to the facilities' variable methodologies and does not provide a comparative analysis or aggregate findings. However, the analysis of the data reports provided by each hospital offered insight to the population characteristics of those who were transferred to out-of-county facilities for skilled nursing and subacute care in 2021 and 2022. Finally, because reporting health facilities were not required to report in-county skilled nursing transfers in 2021 and 2022, our findings center on the out-of-county transfer population and do not represent the entire population of patients transferred from San Francisco acute care hospitals to skilled nursing facilities. The summary findings are presented below:

- Most patients who were transferred to an out-of-county skilled nursing facility are adults over age 65.
- The population of patients transferred to out-of-county skilled nursing facilities is racially and ethnically diverse.
- Medicare is the most common payor type amongst patients transferred out-of-county for skilled nursing and subacute care.
- While Medicare is the most common payor type amongst patients transferred out-of-county for skilled nursing and subacute care, a larger proportion of subacute patients are covered by Medi-Cal compared to skilled nursing patients.

Analysis Limitations

While data provided by each health facility provided insight to the characteristics of the population who have been transferred out-of-county for skilled nursing and subacute care, there are limitations to this

report's findings:

The 2021 and 2022 report does not estimate the total number of San Franciscans who are transferred to an out-of-county facility to receive skilled nursing care and subacute care. This is due to multiple factors:

- Not all facilities can differentiate between in-county and out-of-county discharges to skilled nursing facilities.
- Subacute is not a defined patient discharge status code commonly used by health facilities, and the methods utilized to estimate subacute discharges likely includes discharges for general skilled nursing care.

Additionally, ***the 2021 and 2022 report does not estimate of the total number of San Franciscans who qualified for skilled nursing or subacute care while in an acute care hospital or hospital-based skilled nursing facility and remained admitted*** (not-transferred). This is due to multiple factors:

- Not all health facilities have access to data from referral systems, nor do all facilities have referral data that can be combined with medical records for discharge information.
- Health facilities do not standardly collect when there is intent to send a patient to a SNF but there was limited bed availability.
- Patient clinical presentation and care needs change during the course of admission.

Part IV: Future Reporting

The Department will continue to work with reporting health facilities to improve the data collection tool and address reporting limitations for future reports. Although not required by the Ordinance, for future data reports, DPH is looking into collecting the number of patients transferred to in-county skilled nursing facilities and collecting administrative days and/or billing data. Collecting information on the patient population transferred to in-county skilled nursing facilities would provide a more comprehensive representation of the patient population who are transferred to skilled nursing facilities. In-county transfer data paired with out-of-county transfer data would allow for a deeper evaluation of SF residents who are transferred compared to non-residents who are transferred. Administrative day data would provide insight to the population of patients who are remaining in an acute care bed when they do not have an acute health need. However, DPH acknowledges that any requests for additional data are not required by the Ordinance and may not be possible for reporting health facilities to collect. As described above, the data and health record management systems utilized by reporting health facilities are highly individualized and changes to reporting procedures may take years of development, staff training, and additional financial resources for implementation.

Part V: Plans for the Provision of Subacute and Skilled Nursing Care in San Francisco

DPH has been working to support the development of new of subacute beds in San Francisco. San Francisco only has one subacute skilled nursing facility in the City. This unit is not accepting new patients and it will stop providing subacute skilled nursing services when the last patient leaves. San Francisco will be left without in-county subacute skilled nursing beds. Additionally, San Francisco has limited access to skilled nursing facility beds for hospital discharges.

In 2022, the San Francisco Department of Public Health (DPH) released a Request for Proposal/Request for Quote (RFP-RFQ) for subacute skilled nursing and skilled nursing facility beds for hospital overflow. Two facilities were awarded contracts for subacute skilled nursing and skilled nursing hospital overflow: (1) Chinese Hospital and (2) San Francisco Health Care and Rehab. A status update is provided below.

Chinese Hospital

Chinese Hospital has a dedicated 23-bed unit in the new Inpatient Tower for skilled nursing hospital overflow. This unit provides an opportunity for future use as a subacute unit. Chinese Hospital is pursuing SNF and subacute licensure and certification. The Department of Public Health has been working closely with Chinese Hospital as they go through the licensing and certification process. Additionally, Chinese Hospital was recently awarded \$5 million in funding to renovate a 30-bed unit at their hospital (1979 Building) for skilled nursing and subacute care. The 30-bed unit will require additional renovations, which puts the unit on a longer timeline than the 23-bed unit. The renovations will be done in two phases and will go through licensing and certification.

San Francisco Health Care & Rehab

San Francisco Health Care and Rehab is an existing freestanding skilled nursing facility in San Francisco with 168 beds. Currently, San Francisco Health Care and Rehab is in the process of becoming a contractor with the City to move forward with the skilled nursing hospital overflow contract.

Appendix A: 2021 Data Collection Tool

Appendix B: 2022 Data Collection Tool