



City and County of San Francisco
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Mayor

Skilled Nursing Care Transfer Reporting

San Francisco Ordinance 077-22 | Calendar Year 2023

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 skilled nursing care and patients who qualify for skilled nursing care or subacute skilled nursing 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 year 2023 reports submitted by reporting health facilities.

In 2023, reporting health facilities continued to use disparate record systems to collect the information required by the Ordinance. **Like the prior year's report, the 2023 report is constrained to the facilities' variable methodologies and does not provide a comparative or aggregate analysis.**

However, improvements to the report this year include the inclusion of in-county skilled nursing facility (SNF) transfers and distance traveled to out-of-county SNF and subacute SNF placements. The data shows that most transfers to skilled nursing facilities are patients over age 65; the population of patients transferred to skilled nursing facilities is racially and ethnically diverse; that Medicare is the most common payor type for skilled nursing and subacute skilled nursing encounters; that most skilled nursing discharges of San Francisco residents from reporting health facilities are placed in a SNF located in San Francisco; and that more than 70% of out-of-county skilled nursing discharges among San Francisco residents are placed in a SNF within 30 miles of San Francisco. 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 skilled nursing care in San Francisco, as mentioned in the prior report, in 2022 DPH released a Request for Proposal/Request for Qualifications (RFP-RFQ) for subacute skilled nursing and skilled nursing facility (SNF) beds for hospital overflow. Chinese Hospital was awarded a contract for skilled nursing hospital overflow and for subacute skilled nursing once the 23-bed unit is certified. DPH has been working closely with Chinese Hospital as they work to achieve SNF and subacute SNF licensure and certification. Chinese Hospital submitted Medicare enrollment application as a certified SNF provider and was approved in April 2024. At this time, Chinese Hospital is awaiting the survey portion of the Centers for Medicare and Medicaid Services (CMS) certification process.

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 skilled nursing care and patients who qualify for skilled nursing care or subacute skilled nursing 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 skilled nursing and general skilled nursing care beds in San Francisco by collecting data on the number of patients who qualify for either subacute skilled nursing 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.

Skilled Nursing Care is nursing or therapy care for patients who are medically stable and have a need that must be performed by skilled, licensed professionals daily.

Subacute skilled nursing care is a level of care 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 Ordinance also requires the DPH to provide an annual report to the Health Commission based on the reports submitted by the Reporting Health Facilities. The following report shares an analysis and discussion of the data submitted to DPH for calendar year 2023.

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. 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-County¹ Health Facility for the purpose of receiving Skilled Nursing Care².
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)

¹ **Out-of-County Health Facility:** a licensed health facility located outside of the City of San Francisco and providing Skilled Nursing Care.

² **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](#).

- 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 guidelines³, the SFDPH gender identity data collection guidelines⁴, the SFDPH sexual orientation data collection guidelines⁵, and the SFDPH Annual Report payor type categories. In alignment with the purpose of the Ordinance and given the public interest of subacute skilled nursing care particularly, DPH requested general skilled nursing patient data and subacute skilled nursing patient data separately. Finally, data provided by hospitals is encounter data, i.e., patient data has not been de-duplicated.

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 Code⁶. Hospital-based skilled nursing facilities, also called Distinct Part Skilled Nursing Facilities, are skilled nursing facilities that are a distinct part of an acute care hospital. The Ordinance does not apply to Freestanding skilled nursing facilities. 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
- 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 Improvements

While not required by the ordinance, for the calendar year 2023 report, DPH requested that reporting health facilities report the total number of patients transferred by the reporting health facility to an **in-County** health facility for the purposes of receiving skilled nursing care. This allows for a more complete review of skilled nursing transfers. In-County transfer data for subacute skilled nursing care was not requested as there are not currently any admitting subacute SNFs located in San Francisco.

Additionally, during the presentation of the 2021 and 2022 calendar years report, the San Francisco Health Commission expressed interest in understanding how far San Francisco residents may be placed when they are discharged to out-of-county SNFs and subacute SNFs. In response to this feedback, for the 2023 report, hospitals were asked to provide a list of the out-of-county SNFs and subacute SNFs where San Francisco residents were placed, the address of the facility (if the hospital collects that information), and the number

³ [SFDPH Ethnicity Data Collection Guidelines](#)

⁴ [SFDPH Gender Identity Collection Guidelines](#)

⁵ [SFDPH Sexual Orientation Data Collection Guidelines](#)

⁶ Chapter 2. Health Facilities, Division 2. Licensing Provisions, Health and Safety Code – HSC

of residents discharged to each facility. With this information, DPH staff analyzed the distance traveled for San Francisco residents.

Other data collection improvements made by individual reporting health facilities are noted throughout the report.

Data Limitations

As with the prior report, reporting health facilities continued to use disparate record systems to collect the information required by the Ordinance. 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. This report is constrained to the facilities' variable methodologies and does not provide a comparative or aggregate analysis. The methods and systems used by individual reporting health facilities are provided throughout the report. Below is a list of summary data limitations to be considered while reviewing this report. These limitations were included in the previous report and remain true for this year's report.

The 2023 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 skilled nursing 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 skilled nursing care 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 skilled nursing care. The individual methods each hospital used are detailed throughout the report. Additionally, the methods utilized to estimate subacute skilled nursing discharges likely includes discharges for general skilled nursing care.

Additionally, ***the 2023 report does not estimate the total number of San Franciscans who qualified for skilled nursing or subacute skilled nursing care while admitted to the reporting health facility but were not transferred to a skilled nursing facility or subacute SNF.*** 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'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.

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

- Data values of less than ten (i.e., 1-9) are suppressed, as indicated by the text "<10".

- For demographic categories, data values of less than ten (i.e., 0-9) are suppressed, as indicated by the text "<10". In some instances, values of 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".

Summary Findings

As with the prior report year, to capture the required data, reporting health facilities employed disparate record systems to collect the information required by the Ordinance. One major improvement to the report this year is the inclusion of in-county SNF transfers, which gives a greater picture of the population who were transferred and where they were placed.

With improved reporting, the 2023 report revealed additional findings that are consistent with the findings from the 2021 and 2022 data report. The summary findings from the 2023 report are below:

- Most hospital encounters who were transferred to a SNF (in-county and out-of-county) were adults over the age of 65.
- The population of hospital encounters transferred to a SNF (in-county and out-of-county) is racially and ethnically diverse.
- Medicare was the most common payor type amongst encounters transferred to a SNF (in-county and out-of-county) and amongst encounters transferred to a subacute SNF (out-of-county).
- Most San Francisco resident skilled nursing transfers from reporting health facilities are placed in a SNF located in San Francisco.

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. 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 legislation requires each facility to report **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**. A summary table of skilled nursing transfers⁷ by each reporting health facility is provided below. As reporting health facilities utilize disparate record systems to collect this information, **data should not be compared between reporting health facilities**. A summary of methodologies used by each hospital is included in Table 1.

⁷ Throughout the report "hospital discharges to skilled nursing facilities" is used to represent transfers to skilled nursing facilities.

Table 1. Transfers to Skilled Nursing Facilities (in and out of county) by Residency, 2023

Due to differences in methodologies and data reporting systems, data should not be compared between hospitals.

Hospital	Methodology	San Francisco Resident		Non-San Francisco Resident	
		In-County	Out-of-County	In-County	Out-of-County
Chinese Hospital	Discharge data and accepting facility address.	171	47	<10	<10
Kaiser SF	Discharge data and accepting facility address.	221	354	14	82
UCSF	Discharge data and accepting facility address through referral platform.	448	316	81	701
Dignity Hospitals	Referral data, discharge data, and accepting facility address.	207	12	27	<10
CPMC ¹	Discharge data.	2,378		325	
ZSFG	Discharge data and accepting facility address.	819	115	50	58
Kentfield SF	Discharge data and accepting facility address.	<10	14	0	19
LHH	Discharge data.	0	0	0	0
Jewish Home	Discharge data and accepting facility address.	0	<10	0	<10

Data Note: (1) CPMC provided data for in-county discharges and out-of-county discharges together.

The legislation also requires each facility to report **the number of patients who qualified for skilled nursing care while admitted to the reporting health facility but were not transferred to a skilled nursing facility.**

This information continues to be a challenge for reporting health facilities to assess. Reporting health facilities track different data and may or may not have data systems (i.e., robust referral systems) to estimate this population. Additionally, patient clinical presentation may change throughout their course of care in a hospital. A patient who may have qualified for skilled nursing one day may not need that level of care the next. Health facilities do not standardly collect whether there is intent to send a patient to another level of care but there was limited bed availability. The variety of methodologies used by reporting health facilities to collect this information is described in detail in each reporting health facilities data section.

The required skilled nursing data for each reporting health facility and detailed information regarding methodologies utilized are available in each reporting health facility's data section, listed below:

- Appendix A. Chinese Hospital
- Appendix B. Kaiser Foundation Hospital – San Francisco
- Appendix C. Dignity Hospitals – Saint Francis Memorial Hospital & St. Mary's Medical Center
- Appendix D. California Pacific Medical Center (CPMC)
- Appendix E. University of California, San Francisco (UCSF)
- Appendix F. Zuckerberg San Francisco General Hospital (ZSFG)
- Appendix G. Kentfield Hospital
- Appendix H. Laguna Honda Hospital
- Appendix I. Jewish Home and Rehab Center

Out-of-County Skilled Nursing Transfers by Distance

In response to feedback provided during the presentation of the 2021 and 2022 calendar years report, for the 2023 report, hospitals were asked to provide a list of the out-of-county SNFs where patients were transferred and how many patients were transferred. With this data, DPH staff analyzed the estimated distance traveled for San Francisco residents. As reporting health facilities report data in aggregate, DPH staff did not have the residential address of each SNF discharge for this analysis. SNF discharges were assigned the address of the reporting health facility, and distances were calculated from the reporting health facility to the discharge skilled nursing facility using google maps.

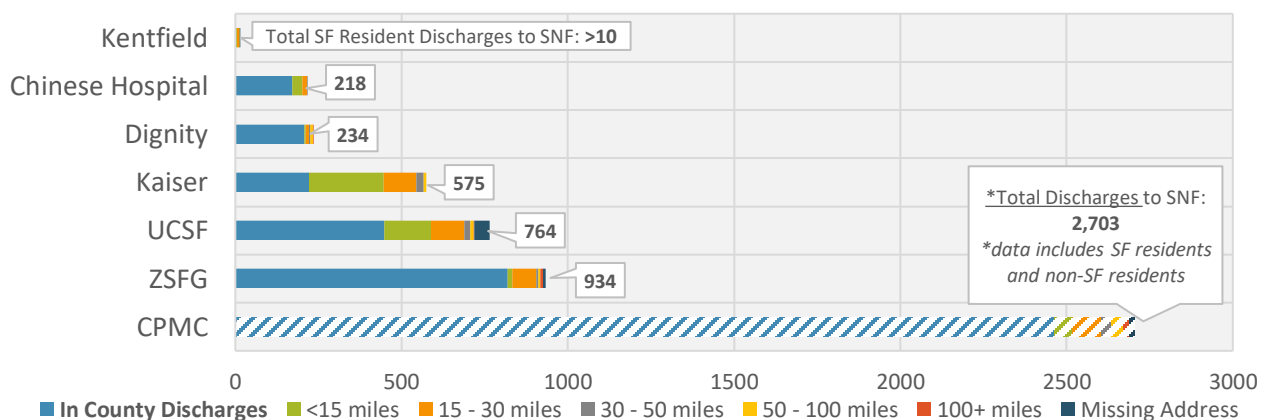
This data does not examine nor provide insight to why a patient was placed in a particular facility. While this data does show an estimated distance to out-of-county placements, it does not show us whether these facilities were selected because of patient and family preference or because of bed availability.

There are limitations regarding the discharge distance data analysis:

- Hospital discharge records may not be complete for all skilled nursing discharges.
- Not all hospitals are able to report discharge facility address.
- Hospital discharge records may be free text entries, in which case facility names may be spelled differently or may have an updated name.
- Many discharge facilities have generic names or may have the same name, and without address information, these facilities could not be mapped.
- As the analysis did not include residential addresses of each SNF discharge, the data findings are only estimates.

Figure 1. shows all hospital skilled nursing discharges by distance for San Francisco residents. The figure includes both in-county and out-of-county discharges. Data for Jewish Home has been omitted from the figure as it had fewer than ten total skilled nursing discharges. Laguna Honda has been omitted as it did not have any skilled nursing discharges. As evidenced by the figure, for most hospitals, apart from Kaiser and Kentfield, the majority of San Francisco resident skilled nursing discharges are placed in a SNF located in San Francisco.

Figure 1. Skilled Nursing Discharges by Mileage Range (San Francisco Residents)

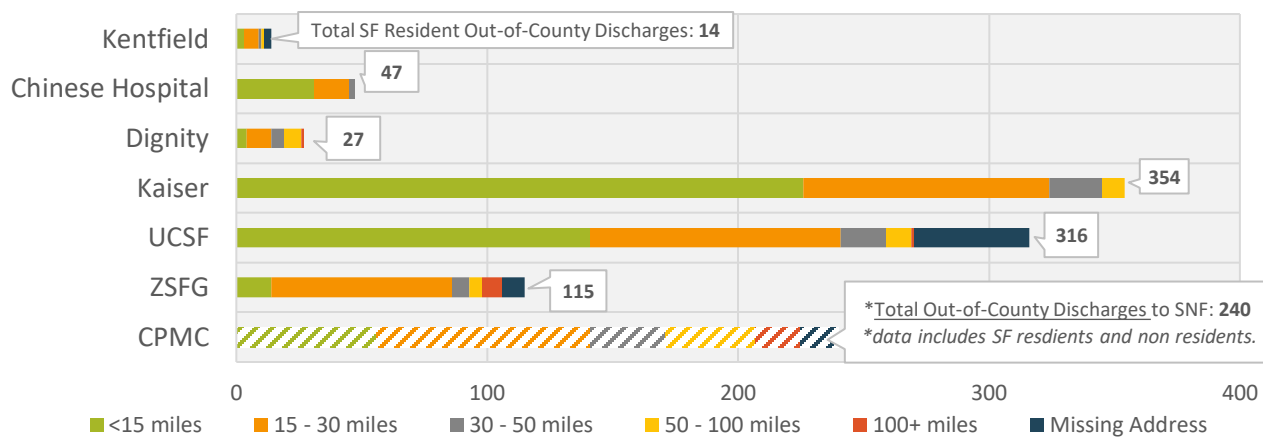


Data Notes: (1) CPMC cannot determine the residency status of out-of-county discharges and in-county discharges therefore CPMC's data includes both San Francisco resident discharges and non-resident discharges.

(2) Data labels for each mileage category has been purposely omitted due to some mileage categories having fewer than ten discharges.

Figure 2 provides a closer look at the out-of-county discharges by removing the in-county discharges from the figure above. Like the above figure, Figure 2 only shows data for San Francisco residents. Of out-of-county discharges of San Francisco residents, approximately 43% were placed in SNFs less than 15 miles from the reporting health facility address. Further, approximately 77% of out-of-county San Francisco resident discharges were placed in SNFs within 30 miles from the reporting health facility address. Out-of-county SNF addresses were missing for approximately 7% of San Francisco resident out-of-county discharges. SNFs located in San Mateo County represented 61% of all out-of-county San Francisco resident discharges within 30 miles. Alameda County was the next most represented county, representing 28% of out-of-county San Francisco resident discharges within 30 miles.

Figure 2. Out-of-County Skilled Nursing Discharges by Mileage Range (San Francisco Residents)



Data Notes: (1) CPMC cannot determine the residency status of out-of-county discharges and in-county discharges therefore CPMC's data includes both San Francisco resident discharges and non-resident discharges.

(2) Data labels for each mileage category has been purposely omitted due to some mileage categories having fewer than ten discharges.

Subacute Skilled Nursing Care

Subacute skilled nursing care is needed for patients who require ongoing specialized care, such as tracheostomy 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 skilled nursing 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 skilled nursing 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 skilled nursing data presented below:

- Subacute skilled nursing 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 skilled nursing care.
- Population estimates provided by many of the reporting health facilities were less than ten. 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 SNFs in San Francisco County, therefore all discharges for subacute skilled nursing care are out-of-county transfers.

The legislation requires each facility to report **the number of patients, transferred by the reporting health facility to an out-of-county health facility for the purpose of receiving subacute skilled nursing care.** A summary table of subacute skilled nursing transfers by each reporting health facility is provided below. As reporting health facilities utilize disparate record systems to collect this information, **data should not be compared between reporting health facilities.** A summary of methodologies used by each hospital is included in Table 2.

Table 2. Transfers to Facilities for Subacute Skilled Nursing Care (out-of-county) by Residency, 2023

Due to differences in methodologies and data reporting systems, data should not be compared between hospitals.

Hospital	Methodology	San Francisco Resident	Non-San Francisco Resident
		Out-of-County	Out-of-County
Chinese Hospital	Manual review of medical charts.	0	0
Kaiser SF	Subacute skilled nursing discharge data.	<10	0
UCSF	Subacute skilled nursing discharge data.	16 ¹	19 ¹
Dignity Hospitals	SNF discharge data and Medi-Cal certified subacute skilled nursing providers list.	<10	0
CPMC	Manual tracking of subacute skilled nursing discharges.	<10	<10
ZSFG	SNF discharge data, Medi-Cal certified subacute skilled nursing providers list, manual review of medical charts.	<10	0
Kentfield SF	Subacute skilled nursing discharge data.	<10	13

Data Note: (1) As with the prior year report, some patients with a subacute skilled nursing discharge disposition were discharged to facilities that do not offer subacute skilled nursing care, and instead only offer skilled nursing care or other services. Therefore, the actual number of subacute skilled nursing discharges made by UCSF is less than what is reported.

The legislation also requires each facility to report **the number of patients who qualified for subacute skilled nursing care while admitted to the reporting health facility but were not transferred to a subacute SNF.** This information continues to be a challenge for reporting health facilities to assess. Reporting health facilities track different data and may or may not have tools (i.e., robust referral systems) at their disposal to

estimate this population. Regardless, patient clinical presentation may change throughout their course of care in a hospital. And as mentioned above, health facilities do not standardly collect whether there is intent to send a patient to another level of care but there was limited bed availability.

The required subacute skilled nursing data for each reporting health facility and detailed information regarding methodologies utilized are available in each reporting health facility's data section, listed below:

- Appendix A. Chinese Hospital
- Appendix B. Kaiser Foundation Hospital – San Francisco
- Appendix C. Dignity Hospitals – Saint Francis Memorial Hospital & St. Mary's Medical Center
- Appendix D. California Pacific Medical Center (CPMC)
- Appendix E. University of California, San Francisco (UCSF)
- Appendix F. Zuckerberg San Francisco General Hospital (ZSFG)
- Appendix G. Kentfield Hospital
- Appendix H. Laguna Honda Hospital
- Appendix I. Jewish Home and Rehab Center

Out-of-County Subacute Skilled Nursing Discharges by Distance

For the 2023 calendar year data report, DPH staff also analyzed the distance for out-of-county subacute skilled nursing discharges. As there are no in-county subacute SNFs currently admitting patients, the analysis does not include a comparison to in-county placements.

This data does not examine nor provide insight to why a patient was placed in a particular facility. While this data does estimate the distance to out-of-county subacute SNF placements, it does not tell us whether these facilities were selected because of patient and family preference or because of bed availability.

As with the analysis for skilled nursing discharges, there are limitations regarding the subacute SNF discharge distance data analysis:

- Hospital discharge records may not be complete for all subacute skilled nursing discharges.
- Not all hospitals are able to report discharge facility address.
- Hospital discharge records may be free text entries, in which case facility names may be spelled differently or may have an updated name.
- Many discharge facilities have generic names or may have the same name, and without address information, these facilities could not be mapped.
- As the analysis did not include residential addresses of each subacute skilled nursing discharge, the data findings are only estimates.

As many reporting health facilities reported fewer than ten subacute skilled nursing discharges in total, distance data findings are described, rather than provided in a visual. Subacute skilled nursing discharges with missing address information accounted for approximately 41% of all San Francisco resident subacute skilled nursing discharges. Of the discharges with address information, approximately 15% of San Francisco resident subacute skilled nursing discharges were placed in a subacute SNF within 15 miles of the reporting health facility, and 60% were placed within a facility within 30 miles of the reporting health facility. Contra Costa County was the most common county destination for subacute skilled nursing discharges of San Francisco residents (45% of subacute skilled nursing discharges with address information).

Part V: Plans for the Provision of Subacute and Skilled Nursing 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 (SNF) beds for hospital overflow. Two facilities were awarded contracts, (1) Chinese Hospital and (2) San Francisco Health Care and Rehab.

Chinese Hospital currently provides skilled nursing level of care to accommodate surge overflow patients from ZSFG. DPH has been working closely with Chinese Hospital to achieve SNF and subacute licensure and certification. Throughout this licensing and certification process, Chinese Hospital has engaged consultants to assist in the preparation for the CMS survey by conducting mock surveys and ongoing documentation review. Following CDPH licensing of the 23-bed unit as a distinct-part Skilled Nursing Facility, effective June 1, 2023, Chinese Hospital submitted Medicare enrollment application as a certified SNF provider and was approved in April 2024. At this time, Chinese Hospital is awaiting its initial Medicare and Medicaid certification survey by the Centers for Medicare and Medicaid Services (CMS). Upon certification, this will allow Chinese Hospital to bill Medicare and Medi-Cal for the dedicated 23-bed unit currently being utilized for SNF overflow. Chinese Hospital was also awarded an additional \$5 million from the State of California to support the ongoing renovation for a second unit to provide subacute skilled nursing care. This will allow Chinese Hospital to have up to 38 beds. This unit will go through the licensing and certification as well, but on a different timeline.

San Francisco Health Care and Rehab is an existing freestanding 168 bed SNF in SF. DPH paused contract negotiations to determine the impact of CalAIM and to identify a mechanism to support the cost of client care at this facility.

Appendix A. Chinese Hospital

Skilled Nursing Transfers

Chinese Hospital is a general acute care community hospital with 88 licensed beds (65 acute and 23 SNF). Of Chinese Hospital's total discharges to skilled nursing facilities (SNFs), more than 95% were San Francisco residents (218 discharges). Of those 218 discharges, more than three-quarters were discharged to SNFs located in San Francisco. Comparing the 2023 data to prior report years, Chinese Hospital's discharge data has remained similar. In 2022, Chinese Hospital had a total of 187 San Francisco resident discharges to SNFs, of which more than 70% were placed in-San Francisco.

Table 3. Chinese Hospital, Skilled Nursing Discharges, 2023

	SNF Discharges to In-County Facilities		SNF Discharges to Out-of-County Facilities		Total SNF Discharges
	Count	% of Total	Count	% of Total	
San Francisco Residents	171	78.4%	47	21.6%	218
Non-SF Residents	<10	--	<10	--	<10

To protect patient privacy, much of the demographic data provided in the table below has been suppressed. Of the discharges to out-of-county SNFs, greater than 90% were adults over age 65, approximately 88% identified as Asian and 10% as White, just over half of discharges identified as male, and all were permanently housed. More than 80% of out-of-county discharges had Medicare, 10% were privately or commercially insured, and 6% had Medi-Cal. Of the discharges to in-county SNFs, greater than 90% were over the age of 65, approximately 91% identified as Asian, just over half of discharges identified as female, and all were permanently housed. Approximately 89% of in-county discharges had Medicare with Medi-Cal representing just over 10% of discharges.

Table 4. Chinese Hospital, Demographics, Skilled Nursing Discharges, 2023

	SNF Discharges to In-County Facilities	SNF Discharges to Out-of-County Facilities
<i>SF Resident</i>	171	47
<i>Non-SF Resident</i>	<10	<10
<i>Age <19</i>	<10	<10
<i>Age 19-65</i>	16	3
<i>Age 65+</i>	158	46
<i>Unknown/Not Listed</i>	<10	<10
<i>African American/Black</i>	<10	<10
<i>Asian</i>	158	43
<i>Native Hawaiian or Other Pacific Islander</i>	<10	<10
<i>Native American</i>	<10	<10
<i>Latino/a</i>	<10	<10
<i>White</i>	<10	<10
<i>Multi-Ethnic</i>	<10	<10
<i>Unknown/Not Listed</i>	<10	<10
<i>Male</i>	84	27
<i>Female</i>	90	22
<i>Trans Male</i>	<10	<10

<i>Trans Female</i>	<10	<10
<i>Gender-Queer/Gender Non-Binary</i>	<10	<10
<i>Unknown/Not Listed</i>	<10	<10
<i>Medi-Cal</i>	19	<10
<i>Medicare</i>	155	41
<i>Private/Commercial</i>	<10	<10
<i>Other</i>	<10	<10
<i>Unhoused</i>	<10	<10
<i>Permanent Housing</i>	>10	>10

Data Notes: (1) For some demographic categories, data values of less than ten (i.e., 0-9) are suppressed, as indicated by the text "<10". 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".

(2) In order to protect patient privacy, the total for both in-county and out-of-county transfers is not reported, therefore, a percent of the total is not listed for each demographic category.

To capture the number of encounters who qualified for skilled nursing but were not discharged to that level of care, Chinese Hospital utilized lower level of care data. In 2023, fewer than ten patients qualified for skilled nursing care while admitted to Chinese Hospital but were not discharged to a SNF.

Subacute Skilled Nursing Transfers

To identify the number of patients transferred to an out-of-county facility to receive subacute skilled nursing care, Chinese Hospital manually reviewed the medical chart for each patient that was transferred to a SNF. In 2023, Chinese Hospital did not make any discharges to out-of-county facilities for subacute skilled nursing care. To capture the number of patients who qualified for subacute skilled nursing care but were not discharged to a facility for subacute skilled nursing care, Chinese Hospital utilized lower level of care data. In 2023 Chinese Hospital did not have any encounters who qualified for subacute skilled nursing care but were not transferred to that level of care.

Appendix B. Kaiser Foundation Hospital – San Francisco

Skilled Nursing Transfers

Kaiser Foundation Hospital in San Francisco (Kaiser) is a general acute care hospital with 239 licensed beds and is a part of the greater Kaiser health care system. In 2023, Kaiser made a total of 671 discharges to skilled nursing facilities, approximately 35% of which were discharged to facilities located in San Francisco. The majority of discharges (436) were to out-of-county skilled nursing facilities. Since the first report year, the total number of discharges from Kaiser to out-of-county skilled nursing facilities has fluctuated. In 2021, Kaiser reported 565 total out-of-county discharges and in 2022 saw a 32% decrease in discharges to out-of-county skilled nursing facilities. This year the data showed a modest increase of 12.7% from 2022 out-of-county discharges. This is the first year that hospitals reported in-county transfers, so trend data is not available.

Table 5. Kaiser Foundation Hospital – San Francisco, Skilled Nursing Discharges, 2023

	SNF Discharges to In-County Facilities		SNF Discharges to Out-of-County Facilities		Total SNF Discharges
	Count	% of Total	Count	% of Total	
San Francisco Residents	221	38.4%	354	61.6%	575
Non-SF Residents	14	14.6%	82	85.4%	96

The complete demographic data provided by Kaiser is available in the table below. The demographic data shows that the majority of SNF discharges to in-county facilities and out-of-county facilities are residents of San Francisco, and of San Francisco resident discharges to skilled nursing facilities, approximately 62% of discharges went to facilities that are not located in the city. Additionally, approximately 89% of discharges to skilled nursing facilities are adults over age 65. For both in-county and out-of-county discharges, Kaiser's data shows that greater than 60% of discharges identified as multi-ethnic, with the next largest population of discharges identified as Asian (25% for both in-county discharges and out-of-county discharges). More than 80% of discharges to SNFs had Medicare as the payor, followed by private/commercial insurance for approximately 13% of discharges. Discharges with Medi-Cal, while representing a small proportion of SNF discharges did represent a greater proportion of out-of-county discharges compared to in-county discharges.

Table 6. Kaiser Foundation Hospital – San Francisco, Demographics, Skilled Nursing Discharges, 2023

	SNF Discharges to In-County Facilities		SNF Discharges to Out-of-County Facilities		Referred but Not Discharged to SNF	
	Count	% of Total	Count	% of Total	Count	% of Total
<i>Total</i>	235	100%	436	100%	131	100%
<i>SF Resident</i>	221	94.0%	354	81.2%	102	77.9%
<i>Non-SF Resident</i>	14	6.0%	82	18.8%	29	22.1%
<i>Age 19-65</i>	26	11.1%	49	11.2%	28	21.4%
<i>Age 65+</i>	209	88.9%	387	88.8%	103	78.6%
<i>African American/Black</i>	<10		<10		<10	
<i>Asian</i>	59	25.1%	108	24.8%	47	35.9%
<i>Native Hawaiian or Other Pacific Islander</i>	<10		<10		<10	

<i>Native American</i>	<10		<10		<10	
<i>Latino/a</i>	13	5.5%	31	7.1%	<10	
<i>White</i>	14	6.0%	33	7.6%	<10	
<i>Multi-Ethnic</i>	145	61.7%	263	60.3%	66	50.4%
<i>Unknown/Not Listed</i>	<10		<10		<10	
<i>Male</i>	139	59.1%	217	49.8%	71	54.2%
<i>Female</i>	96	40.9%	219	50.2%	60	45.8%
<i>Medi-Cal</i>	<10		>10		>10	
<i>Medicare</i>	199	84.7%	366	83.9%	97	74.0%
<i>Private/Commercial</i>	30	12.8%	55	12.6%	20	15.3%
<i>Other</i>	<10		<10		<10	

Data notes: (1) For some demographic categories, data values of less than ten (i.e., 0-9) are suppressed, as indicated by the text "<10". 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".

(2) Kaiser does not collect gender identity, sexual orientation, nor housing status. Kaiser noted for prior report years that this data is being evaluated at the system level in order to capture social determinants of health.

To estimate the population who qualified for skilled nursing care while admitted but were not transferred to an out-of-county SNF, Kaiser utilized their referral software system CarePort. Using CarePort, Kaiser identified patients who had a referral to skilled nursing and met the qualifications for skilled nursing but were ultimately not discharged to a SNF. These patients may have seen clinical changes in their health and may have been discharged elsewhere or home. In 2023, there were 131 patients who met the qualifications for skilled care and had a referral to a SNF but were not discharged to a SNF.

The demographic profile shows that 21% of patients who qualified for skilled nursing but were not discharged to a SNF were between age 19 and 64; a larger proportion compared to the population discharged to a SNF. Additionally, while the majority of patients who qualified for skilled care but were not discharged to a SNF had Medicare (74%); compared to the population discharged, a larger share of patients who qualified for skilled care but were not discharged had Medi-Cal.

Subacute Skilled Nursing Transfers

To identify the number of subacute skilled nursing discharges in 2023, like prior years, Kaiser utilized discharge data. At Kaiser, a multidisciplinary team determines whether a patient qualifies for subacute skilled nursing care. In 2023, there were fewer than ten discharges to out-of-county facilities for subacute skilled nursing care. Due to the small population size, and in order to protect potentially identifiable data, demographic data is not reported.

Table 7. Kaiser Foundation Hospital, Subacute Discharges, 2023

	Subacute Discharges to Out-of-County Facilities
	Count
San Francisco Residents	<10
Non-SF Residents	0

Kaiser utilized CarePort referral system to identify patients who met the qualifications for subacute skilled nursing care but were not discharged to a SNF. In 2023, Kaiser had fewer than ten patients who qualified for subacute skilled nursing care but were not discharged to a facility that provides subacute skilled nursing care. Due to the small population size, demographic data is not reported.

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

Skilled Nursing Transfers

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. Of Dignity Hospital’s total discharges to SNFs, more than 90% were San Francisco residents (234 discharges). Of those 234 discharges, 88% were discharged to SNFs located in San Francisco. Compared to prior report years, 2023 showed a decrease in the number of discharges to out-of-county skilled nursing facilities. Since this is the first year that in-county discharges were reported, we do not know whether the total number of skilled nursing discharges from Dignity hospitals have decreased or if there has been a fluctuation in the number of placements to SNFs in-county versus out-of-county.

Table 8. Dignity Hospitals, Skilled Nursing Discharges, 2023

	SNF Discharges to In-County Facilities		SNF Discharges to Out-of-County Facilities		Total SNF Discharges
	Count	% of Total	Count	% of Total	
San Francisco Residents	207	88.5%	27	11.5%	234
Non-SF Residents	12	--	<10	--	>10

A detailed table of Dignity’s demographic data is provided below. As mentioned above, a majority of Dignity’s discharges to skilled nursing facilities in 2023 were San Francisco residents to facilities located in the city. More than 90% of in-county discharges were patients over the age of 65, the largest proportion identified as White (47% of discharges) followed by Asian (32% of discharges), and Medicare was the payor for just over 75% of discharges. Dignity Health Privacy restricts Dignity from sharing demographic information that may lead to the identification of patients (values less than ten), therefore, Dignity did not provide a complete demographic profile of discharges to out-of-county facilities.

Table 9. Dignity Hospitals, Demographics, Skilled Nursing Discharges, 2023

	SNF Discharges to In-County Facilities		SNF Discharges to Out-of-County Facilities		Referred but Not Discharged to SNF	
	Count	% of Total	Count	% of Total	Count	% of Total
Total	219	100%	See Data Note		516	100%
SF Resident	207	94.5%			458	88.8%
Non-SF Resident	12	5.5%			58	11.2%
Age 19-65	>10				>10	
Age 65+	200	91.3%			400	77.5%
Unknown/Not Listed	<10				<10	
African American/Black	28	12.8%			80	15.5%
Asian	71	32.4%			123	23.8%
Native Hawaiian or Other Pacific Islander	<10				<10	
Native American	<10				<10	
Latino/a	<10				<10	

<i>White</i>	103	47.0%		270	52.3%
<i>Multi-Ethnic</i>	14	6.4%		32	6.2%
<i>Unknown/Not Listed</i>	<10			<10	
<i>Male</i>	>10			283	54.8%
<i>Female</i>	115	52.5%		>10	
<i>Unknown/Not Listed</i>	<10			<10	
<i>Medi-Cal</i>	<10			83	16.1%
<i>Medicare</i>	167	76.3%		238	46.1%
<i>Private/Commercial</i>	44	20.1%		191	37.0%
<i>Healthy SF</i>	<10			<10	
<i>Other</i>	<10			<10	

Data notes: For some demographic categories, data values of less than ten (i.e., 0-9) are suppressed, as indicated by the text "<10". 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".

(2) Dignity Health Privacy restricts Dignity from sharing demographic information that could lead to the identification of patients (values <10). The number of non-SF resident SNF discharges to out-of-county facilities was <10 discharges, therefore Dignity could not provide a complete demographic profile of all discharges to out-of-county facilities. Additionally, Dignity did not report gender identity, sexual orientation, nor housing status data.

Dignity utilized the referral management tool, NaviHealth, to determine the number of patients who qualified for skilled nursing care while admitted at its hospitals. Dignity staff captured hospital encounters with a record of a SNF referral in NaviHealth without a matching discharge record to determine the population who qualified for skilled nursing care but were not discharged to a SNF. NaviHealth does not differentiate between referrals for general skilled nursing and referrals for subacute skilled nursing care. If a patient was referred to a facility on the Medi-Cal certified subacute providers list but not discharged to that facility, the patient was counted as a subacute skilled nursing referral. Many of the facilities on the list provide general skilled nursing in addition to subacute care, and it is likely that many referrals to a facility that offer subacute skilled nursing care were referrals for general skilled nursing care. Consequently, the number of hospital encounters who qualified for skilled nursing care but were not transferred to a SNF is likely an undercount, and some encounters may be categorized in this report as qualified for subacute skilled nursing care but not transferred to a facility for subacute skilled nursing care. Additionally, Dignity 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 skilled nursing care). These hospital encounters would be counted twice in the analysis.

For calendar year 2023, Dignity reported 516 encounters with a referral to a SNF but without a matching discharge to a SNF. Due to double counting of hospital encounters who were referred for both general skilled nursing care and subacute skilled nursing care, and due to undercounting of the skilled nursing referral category, demographic data for encounters that qualified for skilled nursing care but were not transferred to a SNF is not reported.

Subacute Skilled Nursing Transfers

To identify the number of subacute skilled nursing discharges, Dignity utilized the Medi-Cal certified subacute providers list in tandem with their discharge dataset. Encounters with a discharge to a SNF that was on the Medi-Cal certified subacute providers list were counted as a subacute skilled nursing encounter. However, as mentioned above, many of the facilities on the Medi-Cal certified subacute facility list provide subacute skilled nursing care in addition to general skilled nursing care. Therefore, it is probable that the

population of subacute discharges is an overestimate. In 2023, Dignity Hospitals had fewer than ten discharges to facilities that offer subacute skilled nursing care. Due to the small size of the subacute skilled nursing discharge population, and in order to protect potentially identifiable data, the demographic data is not reported.

Table 10. Dignity Hospitals, Subacute Discharges, 2023

	Subacute Discharges to Out-of-County Facilities
	Count
San Francisco Residents	<10 ¹
Non-SF Residents	0

Data Note: (1) 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 subacute discharges is an overestimate.

Dignity utilized the Medi-Cal certified subacute providers list along with referral management tool NaviHealth to determine the number of hospital encounters that qualified for subacute skilled nursing care but were not discharged to that level of care. However, as mentioned above, NaviHealth does not differentiate between referrals for subacute skilled nursing and general skilled nursing. Consequently, the 158 encounters in 2023 that were referred to a subacute SNF but were not discharged to a subacute SNF includes both true subacute skilled nursing referrals and general skilled nursing referrals. Therefore, the data on the number of patients who qualified for subacute skilled nursing care but were not transferred is an overestimate.

Due to double counting of hospital encounters who were referred for both general skilled nursing care and subacute skilled nursing care, and due to overcounting of the subacute SNF referral category, demographic data for encounters that qualified for subacute care but were not transferred to a facility offering subacute care is not reported.

Appendix D. California Pacific Medical Center (CPMC)

Skilled Nursing Transfers

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). In 2023, across CPMC hospitals there were 2,703 discharges to skilled nursing facilities. The data is similar to CPMC's data from calendar years 2021 (2,311 discharges) and 2022 (2,465 discharges). As part of the out-of-county facility mapping process, CPMC pulled discharge records and DPH staff identified the addresses. Through that process, DPH staff were able to assess how many of CPMC's encounters were discharged out-of-county versus in-county. Unfortunately, assessing residency status and other demographic information based on discharge destination records would involve manually reviewing each individual medical chart and due to capacity constraints was not provided. More than 90% of CPMC skilled nursing discharges were to facilities located in-San Francisco.

Table 11. California Pacific Medical Center, Skilled Nursing Discharges, 2023

	SNF Discharges to In-County Facilities		SNF Discharges to Out-of-County Facilities		Total SNF Discharges
	Count	% of Total	Count	% of Total	
San Francisco Residents	--	--	--	--	2,378 (88.0%)
Non-SF Residents	--	--	--	--	325 (12.0%)
Total	2,463	91.1%	240	8.9%	2,703

Data Notes: CPMC's data includes both out-of-county and in-county discharges. CPMC's electronic medical record does not track the address of the accepting facility.

Of the 2,703 total discharges to skilled nursing facilities from CPMC hospitals, approximately 88% of encounters identified as San Francisco residents. Approximately 85% of encounters were adults over age 65. The largest proportion of discharges identified as White (49%) followed by Asian (23.2%). Medicare was the most common payor, representing 65% of discharges followed by the population with private or commercial insurance (27%). CPMC was able to report housing status, with 9% of 2023 discharges identified as unhoused. A complete table of CPMC's demographics is below.

Table 12. California Pacific Medical Center, Demographics, Skilled Nursing Discharges, 2023

	SNF Discharges	
	Count	% of Total
<i>Total</i>	2,703	100%
<i>SF Resident</i>	2,378	88.0%
<i>Non-SF Resident</i>	325	12.0%
<i>Age 19-65</i>	403	14.9%
<i>Age 65+</i>	2,300	85.1%
<i>African American/Black</i>	397	14.7%
<i>Asian</i>	628	23.2%
<i>Native Hawaiian or Other Pacific Islander</i>	0	0.0%
<i>Native American</i>	0	0.0%
<i>Latino/a</i>	361	13.4%
<i>White</i>	1,317	48.7%
<i>Multi-Ethnic</i>	0	0.0%

<i>Male</i>	1,231	45.5%
<i>Female</i>	1,472	54.5%
<i>Medi-Cal</i>	216	8.0%
<i>Medicare</i>	1,759	65.1%
<i>Private/Commercial</i>	728	26.9%
<i>Other</i>	0	0.0%
<i>Unhoused</i>	243	9.0%
<i>Permanent Housing</i>	2,460	91.0%

CPMC does not have a mechanism to capture patients who may qualify for skilled nursing care but are not discharged to a SNF. CPMC cited that there are many reasons a patient may not be discharged to a SNF including patient and family preference and changes in health status while admitted.

Subacute Skilled Nursing Transfers

Throughout the year, CPMC manually tracks the information for each patient that is transferred to an out of county facility for subacute skilled nursing care. In 2023, CPMC discharged fewer than ten patients to facilities providing subacute skilled nursing care. Due to the small population size, and in order to protect potentially identifiable information, the demographic data is not reported.

Table 13. California Pacific Medical Center, Subacute Discharges, 2023

	Subacute Discharges to Out-of-County Facilities
	Count
San Francisco Residents	<10
Non-SF Residents	<10

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

Appendix E. University of California, San Francisco (UCSF)

Skilled Nursing Transfers

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

For the 2023 calendar year data, UCSF joined their referral platform data with their electronic health record data more robustly. This allowed UCSF to more accurately find the total number of SNF discharges placed out-of-county and in-county. In 2023, there were a total of 1,546 skilled nursing discharges from UCSF hospitals. Less than half (49%) of all skilled nursing discharges in 2023 were San Francisco residents. Of San Francisco resident discharges to skilled nursing facilities, 59% were discharged to a SNF located in San Francisco. Of non-resident discharges to skilled nursing facilities, approximately 90% were to facilities out-of-county.

Table 14. University of California San Francisco, Skilled Nursing Discharges, 2023

	SNF Discharges to In-County Facilities		SNF Discharges to Out-of-County Facilities		Total SNF Discharges
	Count	% of Total	Count	% of Total	
San Francisco Residents	448	58.6%	316	41.2%	764
Non-SF Residents	81	10.4%	701	89.6%	782

A complete table of UCSF's demographic data is available below. According to the demographic data, the majority of discharges to skilled nursing facilities were adults over age 65. An analysis of the race/ethnicity data shows that approximately 52% of out-of-county SNF discharges identify as white, followed by Asian, Southwest Asian and North African (14%) and African American/Black (12%). In-county SNF discharges identified as Asian, Southwest Asian and North African represented a larger proportion compared to out-of-county discharges. The most common payor type is Medicare, representing almost 90% of in-county SNF discharges and approximately 84% of out-of-county discharges. Medi-Cal represented 6% of in-county discharges and approximately 12% of out-of-county discharges. UCSF also reports housing data, and over 96% of in-county discharges had permanent housing.

Table 15. University of California San Francisco, Demographics, Skilled Nursing Discharges, 2023

	SNF Discharges to In-County Facilities		SNF Discharges to Out-of-County Facilities		Referred but Not Discharged to SNF	
	Count	% of Total	Count	% of Total	Count	% of Total
<i>Total</i>	529	100%	1,017	100%	628	100%
<i>SF Resident</i>	448	84.7%	316	31.1%	280	44.6%
<i>Non-SF Resident</i>	81	15.3%	701	68.9%	348	55.4%
<i><19</i>						
<i>Age 19-65</i>	91	17.2%	269	26.5%	283	45.1%
<i>Age 65+</i>	438	82.8%	748	73.5%	345	54.9%
<i>African American/Black</i>	57	10.8%	122	12.0%	87	13.9%
<i>Asian, Southwest Asian and North African</i>	147	27.8%	144	14.2%	116	18.5%

<i>Native Hawaiian or Other Pacific Islander</i>	<10		<10		<10	
<i>Native American</i>	<10		<10		<10	
<i>Latino/a</i>	40	7.6%	117	11.5%	81	12.9%
<i>White</i>	250	47.3%	529	52.0%	294	46.8%
<i>Multi-Ethnic, Other, Unknown</i>	28	5.3%	99	9.7%	45	7.2%
<i>Male</i>	234	44.2%	>10		357	56.8%
<i>Female</i>	295	55.8%	536	52.7%	271	43.2%
<i>Unknown/Not Listed</i>			<10			
<i>Medi-Cal</i>	33	6.2%	117	11.5%	158	25.2%
<i>Medicare</i>	475	89.8%	853	83.9%	384	61.1%
<i>Private/Commercial</i>	>10		>10		>10	
<i>Other</i>	<10		<10		<10	
<i>Unhoused</i>	<10		24	2.5%	39	6.2%
<i>Permanent Housing</i>	511	96.6%			576	91.7%
<i>Evidence of Homelessness</i>	>10		19	1.9%	13	2.1%

Data Note: (1) For some demographic categories, data values of less than ten (i.e., 0-9) are suppressed, as indicated by the text "<10". 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".

For the 2023 calendar year data report, UCSF utilized their referral platform to determine the hospital encounters that may have qualified for skilled nursing but were not discharged to a SNF. UCSF identified all encounters where the discharge disposition did not state SNF and had evidence of a referral to a SNF during their admission. Like Dignity, there may be double counting between the population that qualified for skilled nursing but were not discharged to a SNF and the population that qualified for subacute skilled nursing care but were not discharged to a subacute SNF. This is because these are not mutually exclusive analysis and care plans may change. Additionally, some SNFs offer both general skilled nursing and subacute skilled nursing services.

In 2023, UCSF reported 628 hospital encounters with a referral to a SNF but without discharge to a SNF. There are differences in the demographic data of the discharged population compared to the referred population. Most encounters that qualify for skilled nursing but are not transferred were adults over age 65 (55%). Adults between age 19 and 64 represented 45% of encounters that qualify for skilled nursing but are not transferred. Additionally, the proportion of encounters with Medi-Cal is much larger for the population of encounters who qualified for skilled nursing but were not discharged to a SNF compared to the population of SNF discharges. More than 25% of 2023 encounters who qualified for skilled nursing care but were not discharged had Medi-Cal.

Subacute Skilled Nursing Transfers

To determine the number of hospital encounters transferred out-of-county for subacute skilled nursing care, UCSF identified patients with a discharge record of subacute. UCSF noted that while they collect discharge information on 100% of cases, there is less compliance with recording the discharge location. As with the prior report year, UCSF found that some patients with a subacute skilled nursing discharge disposition were discharged to facilities that do not offer subacute skilled nursing care, and instead only

offer skilled nursing care or other services. Because UCSF used the discharge disposition as the source of truth for this data, the actual number of subacute skilled nursing discharges made by UCSF is less than what is reported in the table below. In 2023, UCSF recorded 35 total discharges to out-of-county facilities for subacute skilled nursing care. Approximately 46% of subacute skilled nursing discharges from UCSF were San Francisco residents.

Table 16. University of California San Francisco, Subacute Discharges, 2023

	Subacute Discharges to Out-of-County Facilities
	Count
San Francisco Residents	16 ¹
Non-SF Residents	19 ¹

Data Notes: (1) As with the prior year report, some patients with a subacute skilled nursing discharge disposition were discharged to facilities that do not offer subacute skilled nursing care, and instead only offer skilled nursing care or other services. Therefore, the actual number of subacute skilled nursing discharges made by UCSF is less than what is reported.

A table of the subacute discharge demographic data is provided below. Much of the data was suppressed due to small population size and potentially identifiable data. UCSF's subacute skilled nursing demographic data shows that the largest population of discharges were individuals between age 19 to 64, a younger population compared to UCSF's SNF discharge population. Approximately 31% of subacute skilled nursing discharges identified as white and 60% as Male. Greater than ten subacute skilled nursing discharges were identified as unhoused. Regarding payor, Medicare was the most common among subacute skilled nursing discharges representing 34% of discharges, followed by Medi-Cal.

For the 2023 calendar year data report, UCSF utilized their referral platform to determine the hospital encounters that may have qualified for subacute skilled nursing care but were not transferred or discharged to an out-of-county facility for subacute skilled nursing care. UCSF did this by finding all encounters where the discharge disposition did not state subacute, but the record had evidence of a referral to a subacute SNF. As discussed above, there may be double counting between the population that qualified for skilled nursing but were not discharged to a SNF and the population that qualified for subacute skilled nursing care but were not discharged to a subacute SNF. This is because these are not mutually exclusive analysis and care plans may change.

For calendar year 2023, UCSF reported 565 referrals to a subacute SNF without a matching discharge to an out-of-county facility for subacute skilled nursing care. Greater than 70% of encounters referred to a subacute SNF but not discharged to a subacute SNF were non-SF residents. Approximately 54% of referrals to a subacute SNF were among adults above age 65, and 53% identified as white. Medicare was the payor type for 60% of encounters with referrals to a subacute SNF, followed by Medi-Cal, representing approximately 21% of referrals. Demographic data for this population is provided in the table below.

Table 17. University of California San Francisco, Demographics, Subacute Skilled Nursing Discharges, 2023

	Subacute Discharges to Out-of-County Facilities		Referred but Not Discharged to Subacute Facility	
	Count	% of Total	Count	% of Total
<i>Total</i>	35	100%	565	100%
<i>SF Resident</i>	16	45.7%	160	28.3%

<i>Non-SF Resident</i>	19	54.3%	405	71.7%
<i><19</i>	<10		<10	
<i>19-64</i>	18	51.4%	>10	
<i>Age 65+</i>	>10		306	54.2%
<i>African American/Black</i>	<10		54	9.6%
<i>Asian, Southwest Asian and North African</i>	<10		82	14.5%
<i>Native Hawaiian or Other Pacific Islander</i>	<10		<10	
<i>Native American</i>	<10		<10	
<i>Latino/a</i>	<10		83	14.7%
<i>White</i>	11	31.4%	300	53.1%
<i>Multi-Ethnic, Other, Unknown</i>	<10		38	6.7%
<i>Male</i>	21	60.0%	299	52.9%
<i>Female</i>	>10		>10	
<i>Unknown/Not Listed</i>	<10		<10	
<i>Medi-Cal</i>	<10		117	20.7%%
<i>Medicare</i>	12	34.3%	342	60.5%
<i>Private/Commercial</i>	<10		96	17.0%
<i>Other</i>	<10		10	1.8%
<i>Unhoused</i>	>10		<10	
<i>Permanent Housing</i>	21	60%	555	98.2%
<i>Evidence of Homelessness</i>	<10		<10	

Data Notes: (1) For some demographic categories, data values of less than ten (i.e., 0-9) are suppressed, as indicated by the text "<10". 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".

Appendix F. Zuckerberg San Francisco General Hospital (ZSFG)

Skilled Nursing Transfers

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.

In 2023, there was a total of 1,042 discharges from ZSFG to skilled nursing facilities, of which San Francisco residents represented approximately 90% of discharges. Of the San Francisco resident discharges to skilled nursing facilities, approximately 88% were discharged to facilities located in San Francisco. ZSFG's out-of-county discharge data in 2023 (173 discharges) resembles prior years, with 182 total out-of-county discharges in 2022 and 200 out-of-county discharges in 2021, the majority of which were San Francisco residents. 2023 was the first year that in-county discharges were reported by hospitals.

Table 18. Zuckerberg San Francisco General Hospital, Skilled Nursing Discharges, 2023

	SNF Discharges to In-County Facilities		SNF Discharges to Out-of-County Facilities		Total SNF Discharges
	Count	% of Total	Count	% of Total	
San Francisco Residents	819	87.7%	115	12.3%	934
Non-SF Residents	50	46.3%	58	53.7%	108

ZSFG's 2023 skilled nursing demographic data is available in the table below. Similar to other reporting hospitals, the majority of discharges to skilled nursing facilities were adults over the age of 65. Skilled nursing discharges aged 19-64 represented a larger proportion of in-county SNF discharges (39%) compared to out-of-county SNF discharges (19%). Approximately a third of in-county and out-of-county SNF discharges identified as white, and 22% of in-county discharges and 32% of out-of-county discharges identified as Asian. Medi-Cal represented 39% of in-county SNF discharges compared to 13% of out-of-county SNF discharges. Medicare was the most common payor type, representing 80% of out-of-county discharges.

Table 19. Zuckerberg San Francisco General Hospital, Demographics, Skilled Nursing Discharges, 2023

	SNF Discharges to In-County Facilities		SNF Discharges to Out-of-County Facilities		Referred but Not Discharged to SNF	
	Count	% of Total	Count	% of Total	Count	% of Total
<i>Total</i>	869	100%	173	100%	703	100%
<i>SF Resident</i>	819	94.2%	115	66.5%	646	91.9%
<i>Non-SF Resident</i>	50	5.8%	58	33.5%	57	8.1%
<i>Age 19-65</i>	340	39.1%	33	19.1%	459	65.3%
<i>Age 65+</i>	529	60.9%	140	80.9%	244	34.7%
<i>African American/Black</i>	184	21.2%	28	16.2%	148	21.1%
<i>Asian</i>	194	22.3%	55	31.8%	109	15.5%
<i>Native Hawaiian or Other Pacific Islander</i>	<10		<10		11	1.6%
<i>Native American</i>	<10		<10		<10	
<i>Latino/a</i>	188	21.6%	29	16.8%	197	28.0%
<i>White</i>	260	29.9%	54	31.2%	212	30.2%

<i>Multi-Ethnic</i>	<10		<10		<10	
<i>Unknown/Other/Decline to Answer</i>	37	4.3%	<10		<10	
<i>Male</i>	518	59.6%	100	57.8%	497	70.7%
<i>Female</i>	338	38.9%	72	41.6%	196	27.9%
<i>Trans Male</i>	<10		<10		<10	
<i>Trans Female</i>	<10		<10		<10	
<i>Gender-Queer/Queer Non-Binary</i>	<10		<10		<10	
<i>Unknown/Choose not to Disclose</i>	12	1.4%	<10		<10	
<i>Straight/Heterosexual</i>	704	81.0%	144	83.2%	543	77.2%
<i>Bisexual</i>	<10		<10		16	2.3%
<i>Gay/Lesbian/Same-Gender Loving</i>	>10		<10		27	3.8%
<i>Unknown/Choose not to Disclose/Something Else</i>	126	14.5%	27	15.6%	39	5.5%
<i>Medi-Cal</i>	335	38.6%	22	12.7%	440	62.6%
<i>Medicare</i>	496	57.1%	139	80.3%	221	31.4%
<i>Private/Commercial</i>	13	1.5%	<10		18	2.6%
<i>Healthy SF</i>	13	1.5%	<10		17	2.4%
<i>Other</i>	<10		<10		<10	
<i>Uninsured</i>	<10		<10		<10	
<i>Unknown</i>	<10		<10		<10	
<i>Unhoused</i>	130	15.0%	17	9.8%	204	29.0%
<i>Permanent Housing</i>	738	84.9%	155	89.6%	498	70.8%

Data Notes: (1) For some demographic categories, data values of less than ten (i.e., 0-9) are suppressed, as indicated by the text "<10". 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".

To determine the number of hospital encounters who qualified for skilled nursing care but were not discharged to a SNF, ZSFG utilized lower level of care (LLOC) data. 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. A patient receiving skilled nursing level of care in an acute care setting is an example LLOC patient. From a dataset of all patient encounters during calendar year 2023, ZSFG captured encounters identified as LLOC with a discharge where the facility was not a skilled nursing facility. In 2023, ZSFG identified 703 LLOC hospital encounters that were not discharged to a SNF.

Contrasting ZSFG's discharge data, the majority of encounters that qualify for skilled nursing care but were not discharged to a SNF were adults between 19-64 (65% of LLOC encounters). Additionally, Medi-Cal was the payor for 63% of LLOC encounters that were not discharged to a SNF, while Medicare represented 31% of LLOC encounters not discharged to a SNF. This trend also appeared in ZSFG's 2021 and 2022 data.

Subacute Skilled Nursing Transfers

As subacute skilled nursing is not a standardly defined discharge code, to capture the number of encounters discharged to a facility for subacute skilled nursing care, ZSFG referred to the Medi-Cal certified subacute providers list. ZSFG pulled the medical records of all discharges to SNF/subacute and filtered by discharges to facilities on the subacute providers list. As many of these facilities offer both general skilled nursing and

subacute skilled nursing services, ZSFG reviewed the medical charts of this group of discharges to determine whether the encounter met the medical criteria for subacute skilled nursing prior to 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.). In 2023, ZSFG had fewer than ten discharges to facilities for subacute skilled nursing care. Due to the small population size, and in order to protect potentially identifiable information, the demographic data is not reported.

Table 20. Zuckerberg San Francisco General Hospital, Subacute Discharges, 2023

	Subacute Discharges to Out-of-County Facilities
	Count
San Francisco Residents	<10
Non-SF Residents	0

To find the population who qualified for subacute skilled nursing care but were not discharged to a subacute SNF, ZSFG utilized LLOC data. Once ZSFG had identified LLOC patients without discharge to SNF/subacute, ZSFG reviewed the medical charts to determine whether the encounter met the medical criteria for subacute skilled nursing prior to discharge. In 2023, there were fewer than ten encounters who met the medical criteria for subacute skilled nursing care but were not discharged to a subacute facility.

Appendix G. Kentfield Hospital

Skilled Nursing Transfers

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 extended time in a hospital setting for their recovery. In 2023, Kentfield had a total of 33 discharges to out-of-county skilled nursing facilities, and fewer than ten discharges to in-county skilled nursing facilities. San Francisco residents represented approximately 42% of out-of-county discharges.

Table 21. Kentfield San Francisco, Skilled Nursing Discharges, 2023

	SNF Discharges to In-County Facilities		SNF Discharges to Out-of-County Facilities		Total SNF Discharges
	Count	% of Total	Count	% of Total	
San Francisco Residents	<10	--	14	--	>10
Non-SF Residents	0	--	19	--	19

Much of the demographic data from Kentfield is suppressed due to small population size. However, as with other hospitals, the majority of skilled nursing discharges were adults over age 65 (67%). Discharges identified as white represented the largest share of discharges by race/ethnicity (64%). Medicare was the most common payor type for both San Francisco resident discharges and non-resident discharges to out-of-county SNFs.

Table 22. Kentfield San Francisco, Demographics, Skilled Nursing Discharges, 2023

	SNF Discharges to In-County Facilities		SNF Discharges to Out-of-County Facilities	
	Count	% of Total	Count	% of Total
<i>Total</i>	<10		33	100%
<i>SF Resident</i>	<10		14	42.4%
<i>Non-SF Resident</i>	0		19	57.6%
<i>Age 19-65</i>	<10		11	33.3%
<i>Age 65+</i>	<10		22	66.7%
<i>African American/Black</i>	<10		<10	
<i>Asian</i>	<10		<10	
<i>Native Hawaiian or Other Pacific Islander</i>	<10		<10	
<i>Native American</i>	<10		<10	
<i>Latino/a</i>	<10		<10	
<i>White</i>	<10		21	63.6%
<i>Multi-Ethnic</i>	<10		<10	
<i>Male</i>	<10		17	51.5%
<i>Female</i>	<10		16	48.5%
<i>Medi-Cal</i>	<10		<10	
<i>Medicare</i>	<10		13	39.4%
<i>Private/Commercial</i>	<10		10	30.3%
<i>Other</i>	<10		<10	

Data Note: (1) For some demographic categories, data values of less than ten (i.e., 0-9) are suppressed, as indicated by the text "<10". 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".

Kentfield San Francisco does not have a mechanism to estimate the number of patients who may qualify for placement in a SNF but are not discharged to a SNF.

Subacute Skilled Nursing Care

Kentfield San Francisco utilized discharge data to determine the number of patients transferred to an out-of-county subacute SNF. In 2023, Kentfield San Francisco discharged fewer than ten San Francisco residents to out-of-county subacute SNFs and discharged 13 non-San Francisco residents to out-of-county subacute SNFs. Kentfield’s 2023 data is similar to 2021 and 2022 report years.

Table 23. Kentfield Hospital, Subacute Discharges, 2023

	Subacute Discharges to Out-of-County Facilities
	Count
San Francisco Residents	<10
Non-SF Residents	13

Due to small population size, and in order to protect potentially identifiable information, the demographic data for San Francisco resident discharges is not reported. Of the non-San Francisco resident subacute skilled nursing discharges, the majority were between age 19 and 64, nearly all had Medicare or private/commercial insurance, and the population identified mostly as white followed by Asian as the next most common race/ethnicity.

Kentfield San Francisco does not have a mechanism to capture patients who may qualify for subacute skilled nursing care but are not discharged to a subacute SNF.

Appendix H. Laguna Honda Hospital

Skilled Nursing Transfers

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 2023, Laguna Honda did not make any transfers to skilled nursing facilities in-county or out-of-county. While not required by the Ordinance, Laguna Honda reported the 2023 patient census.

During calendar year 2023, Laguna Honda provided skilled nursing care to 691 patients.

Subacute Skilled Nursing Transfers

Laguna Honda Hospital is a long-term care facility that provides skilled nursing care. Laguna Honda does not provide subacute skilled nursing care and in 2023 did not make any patient transfers to subacute SNFs.

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 skilled nursing care.

Appendix I. Jewish Home and Rehab Center

Skilled Nursing Transfers

Jewish Home and Rehab Center (Jewish Home) is a licensed skilled nursing center specializing in care, services, and programs for older adults. For calendar year 2023, Jewish Home utilized discharge data to report transfers to out-of-county skilled nursing facilities. During 2023 Jewish Home recorded fewer than ten transfers to out-of-county skilled nursing facilities. To protect patient privacy, demographic data is not reported.

Table 24. Jewish Home and Rehab Center, Skilled Nursing Discharges, 2023

	SNF Discharges to In-County Facilities		SNF Discharges to Out-of-County Facilities		Total SNF Discharges
	Count	% of Total	Count	% of Total	
San Francisco Residents	0	--	<10	--	<10
Non-SF Residents	0	--	<10	--	<10

As mentioned above, while not required by the Ordinance, Jewish Home reported their patient census. During 2023, Jewish Home provided skilled nursing care to 1,583 patients.

Subacute Skilled Nursing Transfers

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 skilled nursing services and in 2023 did not make any patient transfers to subacute SNFs. 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 skilled nursing care.