

# Chinese Hospital Association of San Francisco

## Institutional Master Plan Update Analysis



Commissioned by:  
**SF Department of Public Health**  
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## **ACKNOWLEDGEMENT**

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The Institutional Master Plan (IMP) legislation requires that community health impact assessments must be both comprehensive and timely, occurring within a 90-day window. It would be impossible to construct a rich assessment without the generous accommodation and information provided by a number of stakeholders and civic leaders. These individuals gave their time, their facilities, their data, their expertise, and most importantly, their insight, to support this study. Their contributions were pivotal in completing the study that follows. We at RDA extend our sincere thanks for their efforts.

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Gordon Chin, David Chiu, Edward A. Chow, Anni Chung, Sue Currin, Kara  
Desiderio, Lan Do, Robert Edmonson, Alenia Fajardo, Barbara Garcia,  
Joseph Ho James M. Illig, Patricia Kaussen, Anne Kronenberg, Helen Lee,  
Victor Lim, Nancy Lim-Yee, Lawland Long, Wilma Louie, Jeff Mori ,  
Anthony Ng, Rose Pak, Christine Pan, Jo Robinson, Monica Rose,  
Margine Sako, David J. Sanchez, Linda Schumacher, Christine Shea,  
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## ***I. EXECUTIVE SUMMARY***

The following is an analysis of the proposed modifications described in the October 2010 Institutional Master Plan (IMP) Update submitted by Chinese Hospital to the San Francisco Department of Public Health. The IMP document details plans to build a new hospital that is compliant with the seismic safety requirements of the Alfred E. Alquist Facility Seismic Safety Act of 1973, a California State Law. The plans include a complete facilities reconstruction, the relocation of administrative offices, and demolition of the current parking structure. The new facility will contain upgraded equipment, larger waiting areas, more private patient rooms, expanded radiology services, and the addition of 22 Skilled Nursing Facility (SNF) beds. The 2010 IMP updates the 1977 full IMP and the abbreviated 1989 IMP.

The framework of an IMP update review is detailed in Section 304.5 of the City and County of San Francisco Municipal Planning Code and Section 97 of the San Francisco Administrative Code. Resource Development Associates has been selected by the San Francisco Department of Public Health to conduct this independent review of the proposed changes to Chinese Hospital as they impact the existing system of health care services and community health needs in San Francisco.

The determination of this study is that the proposed changes to Chinese Hospital will largely constitute a reconfiguration of existing services, with improved space allocations and the goals of increasing the efficiency of related services and improving patient satisfaction. The project will not result in any changes to the current hospital footprint, nor will construction result in a disruption of services. The addition of skilled nursing facility beds is understood to be a timely response to community need, and helps to mitigate reductions in SNF beds at other facilities. These projects are to be financed through reserves, bond issuance, and philanthropic funds raised by Chinese Hospital.

Additionally, the study's analysis yielded a number of specific findings related to the projected impact of proposed construction as they pertain to four specific domains of the City's community health landscape: access, appropriateness, quality, and efficiency. These findings include:

### ***Study Findings: Access to services***

- The proposed hospital rebuild will positively impact patient access in the long-term; however, in the near term, greater communication with the patient community is needed from CHASF to prevent confusion regarding access to services throughout construction.
- Although the need is not anticipated, other citywide hospitals would have sufficient surplus capacity to support CHASF patients if needed throughout construction; SF General would not play a disproportionate role in this effort.
- The proposed hospital rebuild offers the potential to draw new patient populations
- CHASF patients access many services via partnerships with other SF medical facilities at present; because the rebuild will not add new services, inter-hospital linkages will continue to be a strategy for service provision
- CHASF is a model of culturally-competent care aimed at a specific cultural / demographic population; no impact expected from renovation
- As a specialty hospital, CHASF focuses on a narrow range of cultural competency and is less effective and meeting the needs of subpopulations within its target geographic and demographic area (i.e. youth, LGBTQ, non-Chinese Asian); customer service is an area for development



### Study Findings: **Appropriateness of Services**

- Following the rebuild, CHASF will continue to provide an appropriate mix of services given the demographic characteristics of its core patient population
- Addition of new SNF beds is consistent with CHASF's traditional focus on older adult services and projected healthcare needs citywide

### Study Findings: **Quality of Services**

- At present CHASF is among the lowest-quality for inpatient services (wards, multi-bed rooms, ventilation and sterilization, etc.); the rebuild will yield a significant improvement in the quality of these services
- The Hospital rebuild is consistent with an industry-wide trend of moving inpatient services to outpatient

### Study Findings: **Efficiency of Service Delivery**

- CHASF has industry-leading operating and billing margins; no evidence that rebuild will negatively impact these
- Chinese Hospital's plan for financing hospital construction is in line with accepted practices and is unlikely to negatively impact other areas of operation, and is complimented by CHASF's experience in fundraising for capital improvements

The study also identified a number of community health findings that warrant mention although they do not directly pertain to the projected community health impact of the hospital rebuild contained in CHASF's 2010 IMP Update. These include:

### Additional Findings: **Community Mental Health Perceptions and Needs**

- There is an expressed need for more accessible mental health services among Chinese Hospital's patient population, as well as a deficit of culturally competent behavioral health professionals

### Additional Findings: **Relative Community Benefit**

- When analyzed in the context of its size and the role played by its health plan in expanding coverage, Chinese Hospital makes a comparable contribution to the provision of services to San Francisco's most vulnerable populations.

### Additional Findings: **CHASF Emergency Services**

- There is no proposed change to Chinese Hospital's emergency services and there should be little disruption to existing services during the construction period

Given the available evidence, RDA finds that the proposed project represents a timely investment to meet current and future needs. While there are outstanding questions about both the current and projected demographics of the neighboring Chinatown community and the nature of services delivered beyond the Hospital's traditional demographic, we find that these questions are best answered through a separate analysis, as indicated in our recommendations. For the purposes of this analysis, RDA finds the changes proposed in the IMP to be commensurate with Chinese Hospital's role as a valued provider of health services in San Francisco.



## ***II. STUDY DESIGN***

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### ***A. The IMP Process***

The Institutional Master Plan (IMP) process was initiated in 1978 and updated in 2008. The purpose of the IMP legislation is to mandate the creation of a public document that describes the proposed changes to medical facilities to ensure that facilities modifications do not result in the loss of services or create inefficient or redundant health services. Per the IMP requirements contained in Section 304.5 of the City and County of San Francisco Municipal Code Planning Code and Section 97 of the San Francisco Administrative Code, the IMP review process authorizes an independent consultant to analyze the relationship between the City's long-term health care needs and service delivery and facility planning for medical institutions.

The analysis of an IMP (or IMP update review) applies a comprehensive health care assessment to examine the impact of proposed changes at a hospital facility. These efforts supplement the City Planning Department's assessment of neighborhood impacts including traffic, parking, circulation, transit demand, and the character and scale of development.

Per the terms of the legislation, consultants are charged with conducting an independent assessment of each proposed IMP update – both in terms of infrastructural and public health impacts – the findings of which are presented to the San Francisco Health Commission. As the governing and policy-making body of the Department of Public Health, the Commission considers the analysis of proposed modifications and takes action as it deems appropriate based on the impact of facility changes on healthcare citywide.

This report is intended to focus a public health lens on the community health impacts of the proposed changes to Chinese Hospital.

### ***B. Objectives of the Community Health Impact Assessment***

Resource Development Associates (RDA) has been commissioned by the Department of Public Health (DPH) to prepare an assessment of the projected impact on San Francisco's health system entailed by the proposed hospital rebuild as described in Chinese Hospital's IMP Update, submitted to the Planning Department in Oct 2010. The following report has been prepared for review by the Health Commission as part of the public health analysis requirements of the IMP review process. Following a detailed description of Chinese Hospital and its proposed rebuild, Chapter 4 of this report presents community health findings that specifically address the direct impact projected to occur as a result of the proposed rebuild (i.e. comparing the state of community health before, during, and after the rebuild). A separate section, Chapter 5, details other community health findings identified through our analyses – findings



that are not specifically related to the proposed rebuild, but that warrant attention by the Department and the Commission. Finally, in Chapter 6 we synthesize these findings and present recommendations.

### ***c. Study Design and Assessment Methodology***

The analyses conducted in support of this study utilized numerous qualitative and quantitative methodologies and multiple data sources to generate findings pertaining to community health. Discussed in greater detail in the introduction to Chapter 4 of the report, the objective of the study was to assess the proposed impact in terms of several dimensions of analysis, including: 1) Access, including capacity and utilization, as well as charity and population projections; 2) Quality, such as health outcomes, structure, and process, including cultural competency; and 3) Cost, including financial and capital structures. In order to achieve this RDA utilized the following qualitative and quantitative data collection and analysis methodologies:

#### **1. Structured Interviews**

In order to gauge community sentiment and identify insights from community leaders and health experts, RDA conducted more than 30 structured interviews with informants identified by the Health Commission, DPH, Chinese Hospital, and through the process of ongoing interviewing. In order to ensure the methodological rigor of the interview findings, RDA developed standardized interview protocols (Appendix A) and a methodology for categorizing findings and using cross-compiled interview data to contextualize and corroborate other qualitative or quantitative analyses. Interviews were conducted with community health providers, neighborhood groups and associations, civic leaders, and public health experts. A comprehensive list of interviews is presented below:

<b>Structured Interview Subjects</b>				
<b>Linda Asato</b> Executive Director, Wu Yee Children's Services	Community Health Provider	Neighborhood Resource		Public Health Resource
<b>Tangerine Bingham</b> Director, Healthy San Francisco	Community Health Provider			Public Health Resource
<b>David Campos</b> Supervisor, San Francisco Board of Supervisors			Civic Leader	
<b>Dr. Edward Chan</b> Board Member, North East Medical Services	Community Health Provider			Public Health Resource
<b>Gordon Chin</b> Executive Director, Chinatown Community Development Center		Neighborhood Resource		Public Health Resource



**Chinese Hospital IMP Update Review**  
*Commissioned by San Francisco Department of Public Health*

<b>David Chiu</b> Supervisor, San Francisco Board of Supervisors		Neighborhood Resource	Civic Leader	
<b>Dr. Edward A. Chow</b> Commissioner, San Francisco Health Commission		Neighborhood Resource	Civic Leader	Public Health Resource
<b>Anni Chung</b> President/CEO, Self-Help for the Elderly	Community Health Provider	Neighborhood Resource		Public Health Resource
<b>Sue Currin</b> CEO, San Francisco General Hospital	Community Health Provider			Public Health Resource
<b>Kara Desiderio</b> Program Director, Lyon Martin Health Services	Community Health Provider			Public Health Resource
<b>Robert Edmonson</b> CEO, On Lok, Inc.	Community Health Provider	Neighborhood Resource		Public Health Resource
<b>Barbara Garcia</b> Director, San Francisco Department of Public Health	Community Health Provider			Public Health Resource
<b>James M. Illig</b> Commissioner, San Francisco Health Commission			Civic Leader	Public Health Resource
<b>Patricia Kaussen</b> Executive Director, Richmond District Neighborhood Center	Community Health Provider	Neighborhood Resource		
<b>Victor Lim,</b> Legislative Aide, The Office of Supervisor David Chiu		Neighborhood Resource	Civic Leader	
<b>Nancy Lim-Yee</b> Program Director, Chinatown Child Development Center	Community Health Provider	Neighborhood Resource		Public Health Resource
<b>Lawland Long</b> Executive Director, Chinatown Community Children's Center	Community Health Provider	Neighborhood Resource		Public Health Resource
<b>Wilma Louie</b> Program Director, Chinatown/North Beach Mental Health Services	Community Health Provider	Neighborhood Resource		Public Health Resource
<b>Jeff Mori</b> Executive Director, Asian American Recovery Services	Community Health Provider	Neighborhood Resource		Public Health Resource
<b>Anthony Ng</b> Executive Director, Chinese Newcomer Service Center		Neighborhood Resource		
<b>Rose Pak</b> Board Member, Chinese Hospital; Member, Chinatown Chamber of Commerce		Neighborhood Resource	Civic Leader	Public Health Resource



## Chinese Hospital IMP Update Review

Commissioned by San Francisco Department of Public Health

<b>Christine Pan</b> (Formerly) Asian & Pacific Islander Wellness Center	Community Health Provider			Public Health Resource
<b>Margine Sako</b> Commissioner, San Francisco Health Commission			Civic Leader	Public Health Resource
<b>David J. Sanchez</b> Commissioner, San Francisco Health Commission			Civic Leader	Public Health Resource
<b>Linda Schumacher</b> COO, Chinese Hospital	Community Health Provider			Public Health Resource
<b>Christine Shea</b> Director of Clinical Services, Richmond Area Multi-Services, Inc.	Community Health Provider	Neighborhood Resource		Public Health Resource
<b>Dr. Andrew Smith</b> Medical Director, St. Mary's Medical Center	Community Health Provider			Public Health Resource
<b>Steve Tierney</b> President, San Francisco Health Commission			Civic Leader	Public Health Resource
<b>Lance Toma</b> Executive Director, Asian & Pacific Islander Wellness Center	Community Health Provider			Public Health Resource
<b>Monica Walters</b> Executive Director, Cameron House		Neighborhood Resource		
<b>Ken Woo</b> Executive Director, NICOS Chinese Health Coalition	Community Health Provider	Neighborhood Resource		Public Health Resource
<b>Dr. Joseph Woo</b> Chief of Staff, Chinese Hospital	Community Health Provider			Public Health Resource
<b>Judy Young</b> Member, The Asian Pacific Islander Health Parity Coalition		Neighborhood Resource	Civic Leader	Public Health Resource

Contacts on this list were obtained by first speaking with members of DPH staff and the San Francisco Health Commission, whose perspective on the health needs of San Francisco residents provided significant background into service providers, community based organizations, and community leaders in the Chinatown neighborhood. Additional contacts were determined through recommendations from members of the Chinese Hospital Administration, legislators, community leaders, service providers, and practitioners. Interviews were scheduled and conducted between January and March 2011.

Interviews were conducted using a structured interview protocol, which was provided to interviewees in advance of the phone interview. Three distinct interview protocols were tailored to three main contact types: community stakeholders; political representatives; and medical practitioners and administrators. Interviews took between 30-45 minutes, and were conducted predominantly over



the phone. Interviewees were given the opportunity to ask questions prior to the interview, and to provide suggestions and additional comments at the end of the interview. All contacts were informed that comments were confidential and were asked to give permission for RDA to list names and affiliations of those interviewed within the report. All interviewees consented.

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## **2. Community Meeting**

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As a major outreach component of the Chinese Hospital Institutional Master Plan Update, RDA, with the support of Chinese Hospital Administrators and the Department of Public Health, hosted an open-house style community meeting on Monday, February 14, 2011. The meeting was open to all community members. Advertising for the meeting was conducted through emails, phone calls and word of mouth among interview contacts, stakeholder groups, community based organizations and neighborhood non-profits. In order to ensure additional outreach to as many Chinatown residents as possible, flyers (see Appendix B) were posted in Traditional Chinese and English on each corner of the main thoroughfares of Chinatown. Flyers were posted between California Street and Pacific Avenue, along Powell Street, Stockton Street, Grant Avenue and Kearney Street. News outlets were also contacted as part of the outreach effort. A press release in Traditional Chinese and English was sent to the San Francisco Examiner, the San Francisco Bay Guardian and the San Francisco Chronicle, as well as to Sing Tao USA, the World Journal, and KTSF 26 – three major Cantonese news outlets in the Bay Area.

The meeting was moderately attended, despite rain and the Chinese New Year week. Surveys were collected in English and Traditional Chinese from 15 unique individuals, and 14 unique individuals identified themselves on sign-in sheets (provided in Traditional Chinese and English). Attendees included representatives from Chinese Hospital Administration, the San Francisco Department of Public Health and the office of San Francisco Supervisor David Chiu.

At the meeting, participants were introduced to the Chinese Hospital rebuilding plans and given an overview of the planning process. PowerPoint presentations (see Appendix B) were shown simultaneously in Traditional Chinese and English – the presentations contained slides with identical content. Participants were given the option of a narrated version of the PowerPoint in Cantonese conducted by a contracted interpreter. Individuals were given the opportunity to ask questions, or to peruse materials on their own, with RDA representatives and interpreters on hand to answer questions and direct participants to additional resources. Participants were also asked to participate in a mapping exercise in which colored dots corresponding to age were placed over the location of a given participant's place of residence. This provided RDA with additional demographic data not contained on survey forms.

Short surveys (see Appendix B) were also administered at the meeting. These were brief and contained room for a free response answer. Four (4) scaled response questions were asked as follows: 1) What is your relationship to Chinese Hospital; 2) How did you get to the meeting today; 3) Overall, how do you feel about the planned construction; 4) Do you feel your needs will be better met? The final question offered space for free responses. The intent was to create a simple and quick survey that



would encourage participants to provide their general feedback regarding the proposed changes to the hospital. The closed-ended survey questions were not intended to generate statistically significant results or serve as a substantial part of the analysis.

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### **3. Patient Survey**

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In order to obtain data about the attitudes and behaviors of Chinese Hospital patients, Resource Development Associates, with the cooperation of Chinese Hospital Administrators, developed and implemented a survey to be completed by patients at the hospital. The survey was designed to capture patients' knowledge and feelings surrounding the construction and eventual changes to the hospital that are proposed in the IMP. RDA's research-design specialists worked to ensure that the tool captured the concepts in an accurate and culturally competent way. The tool was then sent to Lan Do Translation Services, the designated project translator, for translation into Traditional Chinese. The tool contained neutral questions, was administered anonymously, and contained a statement informing respondents of the survey's purpose, their right to refuse, and RDA's contact information if they had questions or concerns based on the survey.

The tool was administered orally to ensure that literacy level did not exclude any Participants. Bilingual volunteers familiar with Chinese Hospital were instructed to approach patients in the following hospital waiting areas: the main lobby, radiology, lab waiting areas, and the 4<sup>th</sup> floor surgery waiting room. Volunteers were trained on the phone by RDA team members on the tool and how to administer it in the field, with particular attention to items on the questionnaire where translation could be more difficult or nuanced (e.g., "skilled nursing" cannot be translated literally, but must entail a more explanatory translation, and all volunteers must go into the field with the same understanding about how to make the concept understood). Sixty-five (65) unique individuals completed the survey.

Upon receipt of the surveys, each question was analyzed according to its corresponding dimension of the IMP review. For example, questions pertaining to knowledge and anxiety surrounding the construction have contributed to other qualitative and quantitative findings pertaining to the construction collected from other information sources during the IMP review process. Responses to open-ended questions (areas of health education and general comments for hospital improvement) have been compiled in order to highlight prominent themes (a complete list of free-responses is included as Appendix C of this report).

Our comparison of the demographic and geographic makeup of patient survey respondents and the respondents of the hospital at large suggest that the sample is representative. In certain cases as indicated it may also be statistically significant.



#### **4. Quantitative Analysis**

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A number of quantitative analyses were conducted using hospital service, billing, demographic, and external population and demographic data. Quantitative analyses were also conducted using data collected from the patient survey described above.

In total, the data sources utilized by the study include:

- **OSHPD data:** The Office of Statewide Health, Planning and Development (OSHPD) collects aggregate-level service and financial data from hospitals statewide. Data is analyzed throughout the study for the purposes of examining historical CHASF service and financial information or benchmarking CHASF against other County and State hospitals and groups of hospitals.
- **CA Department of Finance data:** The California Department of Finance is mandated with convening a Demographic Research Unit to establish the single official source of demographic data for state planning and budgeting. These data describe 2000 – 2050 population projections for each county, age group, race, and sex. Although there are notable limitations to these data, for example that they have not yet been updated to reflect new census information, this remains the best-available official source of demographic data for the demographic and population analyses utilized throughout the study.
- **2000 US Census and American Community Survey data:** Unfortunately 2010 Census data had not been released with sufficient timing for inclusion in this report. Instead, when needing to analyze demographic and population estimates at the ZIP Code level (below the level of detail available from the CA Dept. of Finance), we have used 2000 US Census Data, 2000 US Census Data extrapolations using CA Dept. of Finance growth patterns, and 2000 – 2009 American Community Survey data. Specific data sources are indicated for each analysis.
- **CHASF Internal data:** Because OSHPD provides only limited reporting for outpatient services, RDA requested aggregate, *non-individualized* service counts by CPT-4 code for each year 2007 – 2009. These were then organized into standard CPT coding categories and analyzed for frequency and proportion.
- **Patient Survey data:** With the support of Chinese Hospital, RDA was able to administer a multilingual oral survey of 65 Chinese Hospital patients. Survey results were cross-tabulated and analyzed for frequency and proportion; where indicated multi-variate analysis was conducted. A comparison of the respondents' and CHASF patients' demographics and ZIP Codes suggest that the sample is representative of the true patient population; statistical significance is not implied unless expressly stated.
- **Charity Care data (from DPH):** Charity care data and analysis are derived from Appendix B of the FY 2009 Hospital Charity Care Report, authored annually by the Department of Public Health (DPH) per the terms of the charity care reporting legislation.
- **CBHS aggregated-level (non-individualized) consumer demographics:** DPH's Community Behavioral Health Services (CBHS) provided aggregate-level consumer demographic data for its mental health and substance abuse systems. This data is also reflected in the DPH annual report, a public document.



### ***III. OVERVIEW OF CHINESE HOSPITAL AND PROPOSED RENOVATION***

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#### ***A. Chinese Hospital Historical Context***

Chinese Hospital has been providing medical services to residents of San Francisco since 1925. It is the only independent, community-owned and operated hospital in San Francisco. The main campus is located in Chinatown at 835 - 845 Jackson Street. Chinese Hospital is an acute care facility that provides health care services that emphasize cultural competence and community character.

Chinese Hospital was founded at the turn of the twentieth century by Chinese community leaders. Its role as a community healthcare provider emerged from the foundation laid by the Tung Wah Dispensary, a clinic operated jointly by Christian missionaries and administered by the Chinese Consolidated Benevolent Associations, a consortium of the “Chinese Six Companies,” who founded the clinic in 1899. Seeking to further redress the systematic barriers to healthcare - including the denial of public medical services - faced by the Chinese immigrant population, a group of fifteen community associations, including the Chinese Six Companies, formed the Chinese Hospital Association, a non-profit public benefit corporation. CHA facilitated the initial construction of the first Chinese Hospital in 1925 and continues to oversee hospital administration today. Representatives from the fifteen founding organizations still comprise the hospital’s Board of Trustees today.



*Image courtesy of CHASF*

In 1970, to meet the needs of a large and growing Chinese community in San Francisco, the Chinese Hospital Association initiated efforts to build a modern facility with increased capacity for providing medical care to the community. Although the original intent of the new building was to provide outpatient services primarily, due to emerging seismic regulations, a more substantial construction effort was adopted. The new facility opened in 1979 with 59 beds and was nearly 10,000 square feet larger than the 1925 facility. The new building housed all medical services, while the original, 1925 building was converted into office spaces, housing community services programs, physician offices, and hospital administration.

The 1979 construction constitutes the latest significant renovation to CHASF’s health services capacity. Following construction of a parking garage adjacent to the two hospital buildings in 1989, the facilities have remained unchanged through today.



## ***B. Chinese Hospital at Present***

Chinese Hospital today is a 54-bed acute care facility that provides inpatient, outpatient, ambulatory surgical (also called “outpatient surgical”), and emergency services to patients from San Francisco, San Mateo, and the Greater Bay Area. Chinese Hospital continues to be unique in providing a combination of Eastern and Western medicine using predominantly bilingual clinicians to serve a largely mono-lingual non-English-speaking community.

In addition to the services provided at its main Jackson Street facilities, CHASF also operates three satellite clinics. Two of these practice in San Francisco County, located in the Sunset and Excelsior Districts. A third clinic is located in Daly City, in San Mateo County.

CHASF serves a large Medicare population and most patients subscribe to the Hospital’s own health plan, the Chinese Community Health Plan (CCHP). Through the plan and the Chinese Hospital and Chinese Community Health Care Association (CCHCA), a not-for-profit Independent Practice Association (IPA) with over 180 physicians providers, CHASF reaches more than 18,000 Medi-Cal and commercial enrollees.

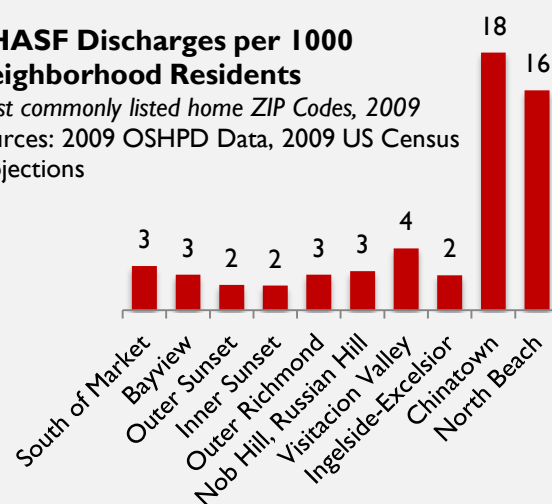
The sub-sections that follow characterize Chinese Hospital at present in terms of its market, the services it provides, and the way it provides these services –through both the hospital and its health plan and clinics – and its broader contribution to the community’s benefit.

### **1. Market Summary**

Although Chinese Hospital draws patients from every San Francisco neighborhood, and several other counties, the bulk of discharged patients list a home ZIP Code from those neighborhoods immediately surrounding the Chinese Hospital campus. This makes Chinese Hospital an important service provider for residents in the Chinatown (94108) and North Beach (94133) neighborhoods, and highly dependent on these neighborhoods to supply its patient population. Among all patients discharged from Chinese Hospital in 2009, 42% came from ZIP Codes in the Chinese Hospital’s surrounding neighborhoods (North Beach, Chinatown, Nob Hill, Russian Hill) and 23% came from ZIP Codes surrounding its satellite clinics (Ingleside-Excelsior, Visitacion Valley, Outer Richmond). It should be noted that although more Chinese Hospital patients reside in North Beach (94133) than Chinatown (94108) ZIP Codes, this is largely due to the fact that North Beach contains nearly twice Chinatown’s population (approximately 16,000 and 8,000 respectively; 2000 US Census). After

#### **CHASF Discharges per 1000 Neighborhood Residents**

*Most commonly listed home ZIP Codes, 2009*  
Sources: 2009 OSHPD Data, 2009 US Census  
Projections





accounting for the difference in population by ZIP Code, Chinese Hospital actually has a slightly larger relative presence in Chinatown, discharging 18 patients for every 1000 neighborhood residents, as shown in *Figure 1* on the previous page.

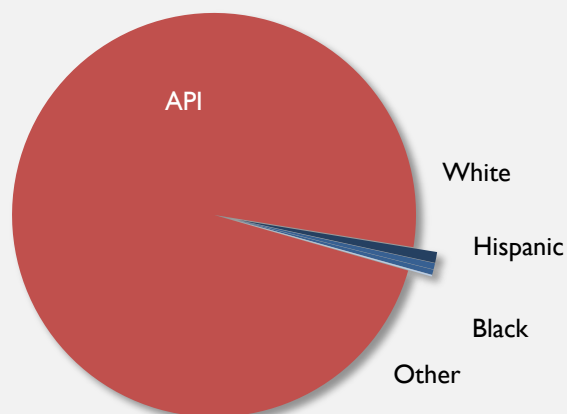
Discharged Chinese Hospital patients are also far more likely to be from Asian Pacific Islander (API) and/or senior populations. More than 98% of all patients discharged from Chinese Hospital in 2008 were API, according to OSHPD, accounting for 2384 of 2430 total unique patients discharged.

This degree of racial homogeneity is fairly unique to Chinese Hospital. This study's research uncovered no other hospitals with such a high degree of cultural / ethnic uniqueness. A comparison of the CHASF patient population and total citywide patient population by race is featured in *Figures 2 and 3* at right.

With this homogeneity come natural linguistic challenges. The most prevalent native languages reported by CHASF patients are Cantonese and Mandarin (see *Figure 4* below). Three percent of Patient Survey respondents spoke English as a native language; another 12% spoke English as a secondary language. Only about one-third of patients are at least comfortable with spoken English.

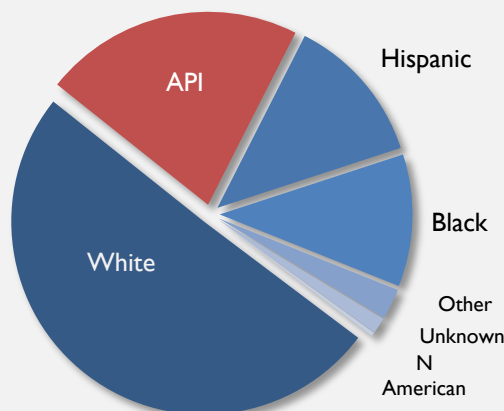
## Proportion of Patients by Race

CHASF, 2008  
Source: OSHPD



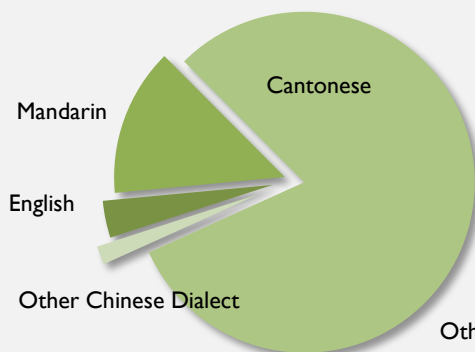
## Proportion of Patients by Race

All SF Hospitals, 2008  
Source: OSHPD

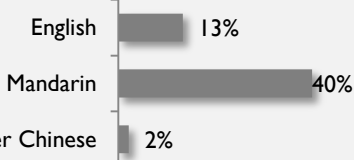


## Patient Survey - Language

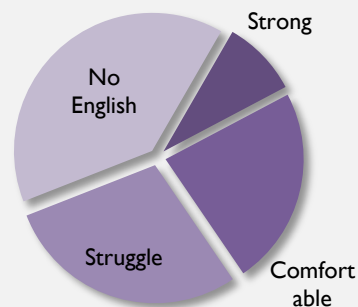
What is your first language?  
n= 57



Among native Cantonese speakers (n=46), percent who also speak...



How comfortable are you speaking and understanding spoken english? n=56

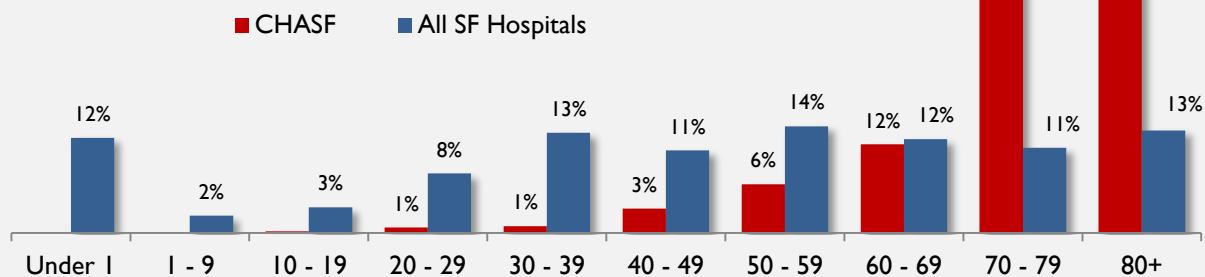




### Proportion of Patients Discharged by Age

CHASF and All SF Hospitals, 2008

Source: OSHPD



5

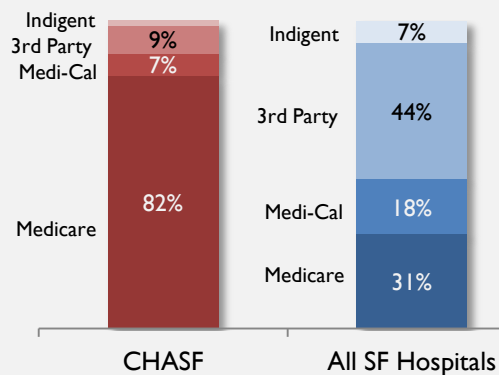
Chinese Hospital patients also tend to be significantly older than hospital patients citywide. Nearly 89% of patients discharged in 2008 were over 60 years old, while most were 80+. These individuals constituted more than 43% of all patients discharged. In contrast, no patients under 20 years-old were discharged in 2008. (See Figure 5 above for greater detail).

Given the high average age of Chinese Hospital patients, it is not surprising that the 2008 patient population was more likely to be diagnosed with circulatory, neoplastic, respiratory, or metabolic ailments than citywide hospital patients (Figure 6 at right). It is also not surprising to find that the expected payor source for Chinese Hospital patients is far more likely to be Medicare (and thus far less likely to be Medi-Cal, due to the legislated payoral waterfall for dual Medicare / Medi-Cal patients, described in detail in Chapter 5). This is shown in Figure 7 below.

### Proportion of Patients by Expected Payor Source

CHASF and All SF Hospitals, 2008

Source: OSHPD

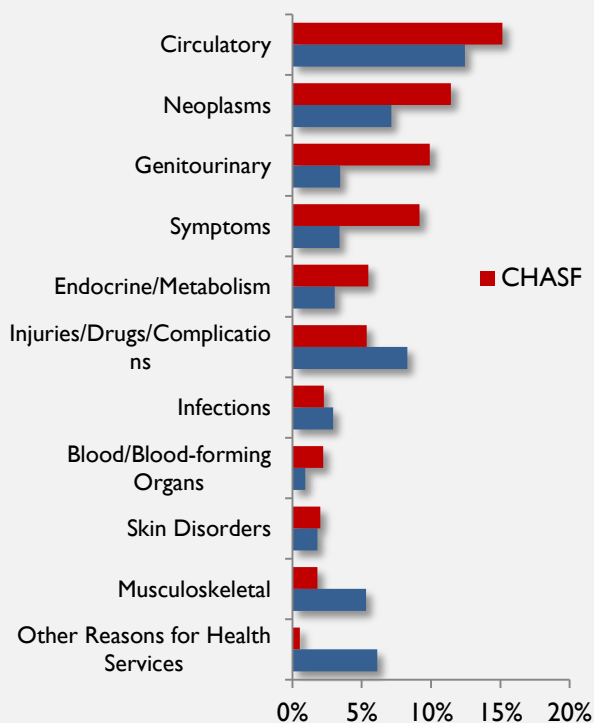


7

### Proportion of Patients by Principal Diagnosis Group

CHASF and All SF Hospitals, 2008

Source: OSHPD



6



Finally regarding CHASF's patients, the population is slightly more female than male. *Figure 8* at right provides an introduction to the service categories offered by CHASF, which are discussed in detail in the following subsection.

## 2. Service Summary

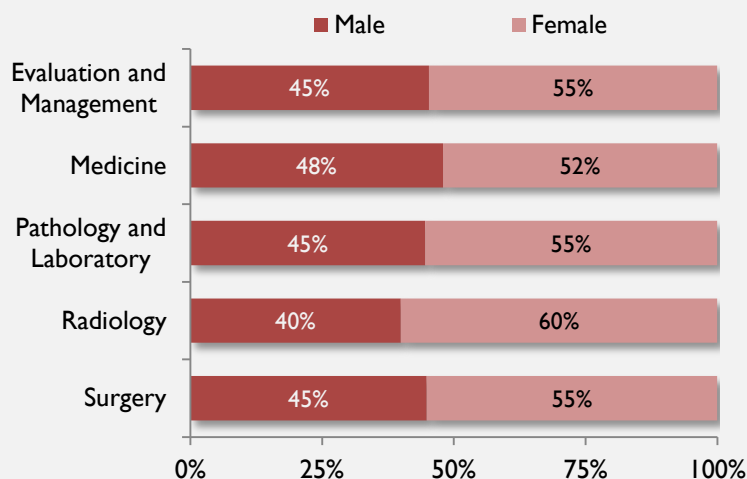
Chinese Hospital is a 54-bed acute care facility that provides inpatient, outpatient, ambulatory, surgical and emergency services to the community. Its facility includes an intensive care unit (ICU), Medical / Surgical Unit, Telemetry Unit, Clinical / Anatomical Pathology Laboratories, Imaging Services (Radiology, CT, Ultrasound, Mammography, Nuclear Medicine), Same-Day Surgery Unit with Endoscopy and Outpatient Infusion Services, Pharmacy, two surgical suites, and a 24-hour Level IV Emergency Department Treatment Center. CHASF also operates a Community Acupuncture Clinic and a Diabetes Clinic, Women's Health Clinic, Immunization and Travel Clinic, and Hepatitis B Clinic, housed in the Medical Office and Administration Building adjacent to Chinese Hospital.

CHASF also operates three satellite community clinics. Two of these clinics are located in the City and County of San Francisco (Sunset and Excelsior Districts), and one in San Mateo County (Daly City). The clinics provide primary and specialty care, including preventative health, women's health, East-West Medicine, health education, and laboratory services. The clinics are staffed by physicians specializing in General Practice, Internal Medicine, Women's Health, Cardiology, Gastroenterology, Oncology and Podiatry. Each of the clinics is also staffed with a nurse practitioner, acupuncturist and other clinical personnel who speak Mandarin, Cantonese, Tagalog and English. Specialty needs that are not provided by Chinese Hospital, such as Inpatient Obstetrics & Gynecology, Pediatrics, and Inpatient Mental Health, are referred to other community health facilities.

Among the Hospital's service mix, the majority of charges are incurred from its inpatient, ambulatory surgery and outpatient service divisions. Emergency services accounted for just 4% of total service charges in 2009, according to analysis of CHASF internal data. Across all divisions, the vast majority of charges were accrued through surgery (59%), with significant portions of the hospital's total charges coming from radiology and pathology / laboratory services. *Figure 9* on the following page depicts a breakdown of all 2009 services into the American Medical Association's Current Procedural Terminology "Sections" (later analyses will depict service by CPT "subsection" as well).

### Proportion of Services Recieved by Sex

All CHASF Services by CPT Coding Section  
Source: CHASF Data



8



## Chinese Hospital IMP Update Review

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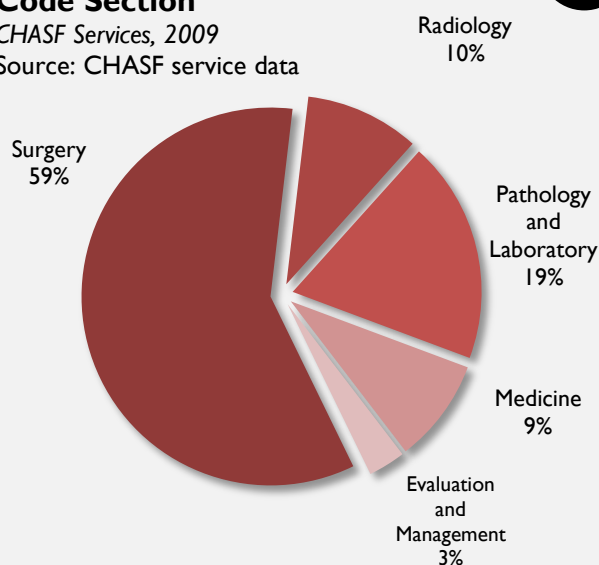
Despite the absence of significant renovation, or the addition of newly licensed beds, the number of patients served and services rendered by the hospital has increased steadily since 2000. Among the three main service categories offered by CHASF – inpatient, outpatient, and emergency services – growth ranges from 119% - 142% above 2000 service levels (depicted in *Figure 10* below). Growing demand for outpatient step-down services has far outpaced citywide population growth since 2000, indicating steadily increasing pressure on the system. This comparison is captured by *Figures 10 and 11* below.

Despite these figures, the actual day-to-day occupancy rate of CHASF's beds has remained fairly steady, hovering around 55% - 60%, which is roughly 5%-10% above acute care bed capacity citywide, as shown in *figure 12*.

### Proportion of Services by CPT Code Section

CHASF Services, 2009

Source: CHASF service data

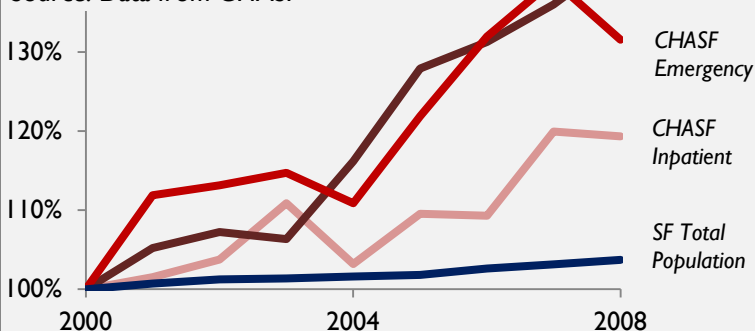


9

### Service Growth Since 2000

CHASF, 2000 - 2009

Source: Data from CHASF

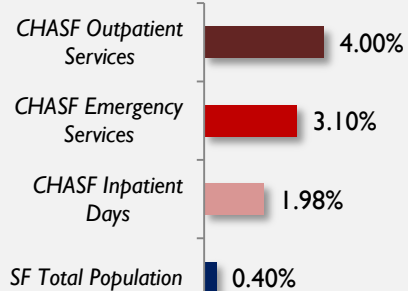


10

### Comparative Compound Annual Growth Rates

CHASF Services and SF Population, 2000 - 2008

Sources: CHASF, CA Dept of Finance

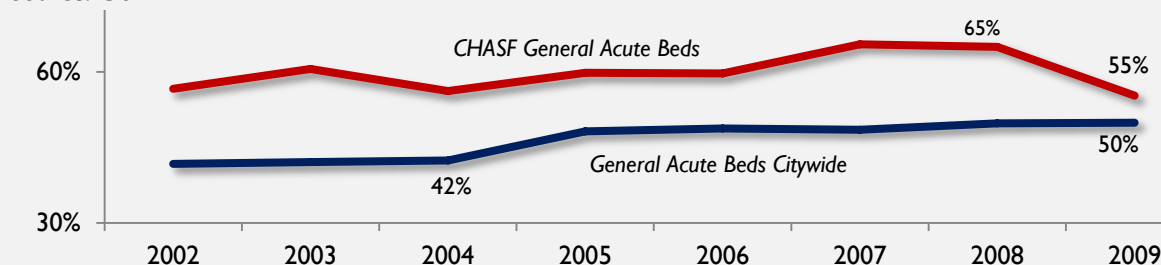


11

### Bed Utilization Rates - General Acute Care Beds

CHASF and All SF Hospitals

Source: OSHPD



12



### **3. Health Plan and Clinics**

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Unique for a hospital of its size, CHASF owns a Knox-Keene licensed, integrated, prepaid health plan, the Chinese Community Health Plan (CHPP), which provides low-cost insurance products to residents of San Francisco, San Mateo, and the Greater Bay Area. The plan emerged from an initial collaborative effort with Blue Shield of California, Chinese Hospital, and its partner physician organization, the Chinese Community Health Care Association (CCHCA). With this plan, CHASF aims to provide affordable healthcare that is responsive to the community's cultural and ethnic uniqueness and accessible to all socioeconomic populations.

Upon receiving its Knox-Keene license from the State of California in 1987, Chinese Hospital assumed ownership of the health plan. Currently, the managed care health insurance plan provides a capitated, commercial health insurance alternative to over 6,000 individual enrollees and employer groups in San Francisco and San Mateo Counties. In addition, Chinese Hospital and CCHCA serve an additional 18,000 Medi-Cal and commercial enrollees through capitated contracts with several outside managed care insurance plans. As is discussed in greater detail in Chapter 5, Chinese Hospital is unique because its revenue stream draws largely upon its own managed care contracts to support operations. , 10,000 individuals are also covered through the San Francisco Health Plan (SFHP), which serves over 55,000 residents in the City and County of San Francisco. In 2006, with the implementation of Healthy San Francisco, Chinese Hospital and its constituent clinics took on additional patients that now in total include over 31,000 enrollees in San Francisco. CHASF is one of only three non-profit or commercial hospitals citywide that HSF members can choose as their medical home.

In comparing San Francisco commercial health insurance alternatives, CCHP offers very competitive rates for the level of care provided. CCHP's Small Group Plans include six HMO plans ranging in services and deductibles. When compared with other San Francisco Small Group HMO plans, CCHP's rates range from 21 – 59% below the competition. CCHP premiums for these plans were 23% lower for the Individual and Family traditional HMO Plan market.

In general, CCHP has had only modest rate increases, increasing about 8% per year while most other HMOs increase by double digits. Executives at Chinese Hospital testify that without these low cost insurance products, many of CCHP's members would not participate in a commercial health care insurance plan and would need to access health care services through charity care.

In one interview, a community health director not affiliated with CHASF noted, "One thing I should tell you is that the health plan is very important to the community. The community health plan is a very cost efficient, low-cost provider HMO that half of my staff uses. Not having that there would raise my health care costs considerably. The hospital supports the health plan, the health plan supports the community; a lot of Chinese are on the health plan. Without the hospital we would not have the health plan. That is a vital part that people shouldn't forget."

CCHP also offers special Medicare Advantage plans, including an HMO with a \$30 monthly stipend that costs less than half of the rate charged by the majority of its larger competitors for a similar level of service. These plans have been tailored to best fulfill the needs of CHASF's core patient population.



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The CCHP Senior Program is so popular that it has the third largest enrollment of all Medicare Advantage plans in the City and County of San Francisco.

In addition to coverage at the Jackson Street hospital facility, the CCHP also includes CHASF's three satellite clinics: Sunset Health Services; Excelsior Health Services; and Daly City Services. These clinics provide medical services to residents further afield from the hospital, with an emphasis on culturally competent services to the Chinese community. Specialty services offered through the clinics include: General Practice; Internal Medicine; Women's Health; Cardiology; Gastroenterology; Oncology and Podiatry. At the Sunset Health Services clinic, over 9,800 patients were seen in 2009, with 5,600 seen at Excelsior Health Services, and 2,800 at Daly City Health. Over 1,100 patients received acupuncture services through the clinics and 125 patients received ongoing oral anti-coagulant monitoring services.

Finally, in addition to satellite clinics, CHASF operates a Support Health Services Clinic across the street from its parking facility, providing essential services including: assisting patients in managing chronic disease; supplementing chronic-disease management in partnership with CCHCA, CCHP and CCHRC; decreasing hospitalization and readmission rates resulting from chronic disease; providing basic women's health services for the uninsured; and providing immunization services. This facility is located adjacent to Chinese Hospital. Specific services offered at the clinic include: the Diabetes Clinic, Women's Health Clinic, the Immunization and Travel Clinic, and the Hepatitis B Clinic.

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#### 4. Community Benefit

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Chinese Hospital contributes to the broader community benefit by offering charity care services at no or reduced costs to patients, by actively participating in public health coverage programs, including Healthy San Francisco, Medi-Cal, Healthy Families and Healthy Kids, and by providing additional community health and support services to its neighbor and patient populations. Generally, these benefits can be defined in terms of three main categories: charity care, unreimbursed service costs (mostly Medi-Cal shortfall), and additional services and outreach provided to the community.

- The first category, **charity care**, is defined in DPH's *FY 2009 Charity Care Report* as "emergency, inpatient or outpatient medical care, including ancillary services, provided to those who cannot afford to pay and without expectation of reimbursement." In this case, the hospital has agreed in advance to provide services at reduced or no cost to the patient, either as part of its own charity care program, or through its contribution to Healthy San Francisco. This is reflected as a total of \$238,522 in charity costs. Among this total, services provided to Healthy San Francisco enrollees as part of CHASF's participation in the program accounted for about 20%.
- Unlike Charity Care, the second category of community benefit, **unreimbursed service costs**, is not an "optional" benefit provided at the expense of the hospital. Instead, it describes the amount of net-loss a hospital incurs as a result of providing services – usually Medi-Cal services – that cost the hospital more than it earns. In 2009, CHASF provided \$1,688,167 of unreimbursed Medi-Cal services and \$1,866,415 in unreimbursed emergency services.



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- The third category, **additional services** provided to the community, includes health outreach and education, screening and other services provided to the community at direct expense to the hospital. These services are described in detail in the table below and in the following discussion.

<b>CHASF 2009 Statement of Community Benefit</b>		<b>Individuals Served</b>	<b>Charity Costs</b>	<b>Percent Opex<sup>1</sup></b>
<i>Charity Care</i>	Traditional Charity Care	585	\$238,522	0.29%
<i>Unreimbursed Services Costs</i>	Unpaid Costs of Medi-Cal (net of offsetting revenue)	5,567	\$1,668,167	1.99%
	Unpaid Cost of ER Services (net of offsetting revenue)	6,412	\$1,866,415	2.23%
<i>Other Benefits for Vulnerable Populations</i>	Blood Pressure Screening Clinic	170	\$747	-
	Health, Osteoporosis, Diabetes, and Hepatitis B Screening Clinics	519	\$13,028	0.02%
	Breast Exams	53	\$4,850	0.01%
<i>Other Benefits for the Broader Community</i>	Reduced-cost Immunization / Vaccine Programs	2,414	\$7,718	0.01%
	Chinese Community Health Resource Center	11,595	\$117,665	0.14%
	Training on Medication Use	889	\$35,031	0.04%
	Anticoagulation Services	125	\$5,792	0.01%
	American Heart Association Participation	n/a	\$551	-
<i>Health Research, Education and Training Programs</i>	LVN Students Clinical Training at Chinese Hospital	100	\$68,811	0.08%
	National Leadership Forum for Medicine	12	\$744	-
	Pharmacy Internships	6	\$5,792	0.01%
<i>Other Quantifiable and Non-</i>	Health Fair / Street Fair	2,423	\$9,591	0.01%
	Hospital Day	461	\$654	-

<sup>1</sup> Reflects charity costs as a percentage of total 2009 operating expenses.



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<b>Quantifiable Benefits</b>	NICOS - Chinatown Disaster Preparedness Committee	n/a	\$295	-
	Federation of Chinese	n/a	\$7,920	0.01%
	Cancer Information Services	n/a	\$12,338	0.01%
<b>Grand Total</b> (Total for Individuals may include duplicated persons)		<b>31,331</b>	<b>\$4,064,631</b>	<b>4.86%</b>

Included in the statement above is the work conducted by the Chinese Community Health Resource Center (CCHRC), a community health asset provided by the Hospital. CCHRC provides linguistically competent preventive healthcare services and disease management to its immediate community. CCHRC also organizes significant community outreach efforts, including some of those listed as line-items above. The center hosts a bilingual website – which had over 630,000 unique visits in 2009 – as well as a website specifically geared towards teen outreach, called “Teens in Charge”, which had over 4,000 visitors in 2009. The center houses a public health resource library, and has produced multimedia materials on child sexual abuse and hospice care. The center also hosts educational classes around cancer issues, which had 165 participants in 2009.

Another important component of Chinese Hospital’s community outreach is hosting and participating in community events. The hospital provides educational outreach, free screenings, vaccinations and medical referrals at community events. In 2009, Chinese Hospital presented information to the community at Vision Day, the Chinatown Health Fair, the Chinatown Fair, and the Asian Heritage Street Fair.

Given risk factors presented by Asian populations, an important portion of this outreach – including free screenings, referrals, and educational campaigns – focuses on Hepatitis B, which is a significant medical issue for those of Chinese descent. It is estimated that 10% of the Chinese community has Hepatitis B, and many have had it from birth, resulting in a 25% rate of liver cancer and/or failure. Chinese Hospital staff focus on prevention activities such as screenings and vaccines as well as disease management and counseling for those who test positive in order to improve outcomes and prevent future hospitalizations. This work is conducted in partnership with SF Hep B Free, a citywide campaign to raise awareness and fight chronic Hepatitis B in the City and County of San Francisco, and positively supports the hospital’s policy requiring that physicians screen 100% of API patients for Hepatitis B. CHASF also partners in the city-wide tuberculosis outreach, having identified seven positive TB cases in 2009 following 124 screenings.

Last year the Hospital hosted a press conference as part of Gambling Awareness week, using multiple media outlets – including over 400 hours of radio airtime in 2009 – to provide information on preventative medical care and healthy lifestyle behaviors.



### ***c. Proposed Chinese Hospital Rebuild***

In its 2010 Institutional Master Plan Update, Chinese Hospital proposes a complete facilities rebuilding, the relocation of administrative offices, and demolition of the current parking structure. In order to achieve these ends, the current medical administration building at 835 Jackson Street will be razed, as will the three-story parking garage located directly behind the current hospital building. The new hospital will be constructed on an 11,500 square foot area, and will stand at seven stories tall with one below-ground functional floor. The new 100,000 square foot building will feature upgraded equipment, larger waiting areas, expanded radiology services, the addition of 22 Skilled Nursing Facility (SNF) beds, and larger, more private patient rooms.

The newly constructed facility will serve as the acute care hospital, while the 1979 administration building will house hospital support facilities, administrative offices, and an outpatient clinic. It is estimated that the project will take 5-8 years to complete, with 3-5 years for planning and approvals, and 2-3 years for construction.

To accomplish this, the hospital plans to lease office space in North Beach, Chinatown or the Financial District to be used by Chinese Hospital administrators following the demolition of 835 Jackson Street. The Powell Garage parking facility at 1140 Powell Street will be leased for use by Hospital staff and to provide patient parking, with about 80 parking stalls available. Additionally, 827 Pacific Avenue will be leased by Chinese Hospital as both permanent and transitional space. The basement and portions of the street level will be occupied by out-patient imaging. CCHP will occupy the balance of the street level area. The Infusion and Support Health Services Clinics will occupy the second level. When the construction of the new hospital is completed, CCHP Member Services and the Infusion and Support Health Services Clinics will move back to the hospital campus. Specific changes to the hospital are detailed below.

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#### **1. Twenty-two added SNF Beds**

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Chinese Hospital is planning the addition of 22 skilled nursing (SNF) beds within the new hospital facility. Skilled nursing facility beds allow for the accommodation of nursing services when a patient's condition requires continued monitoring and management of care. These services are not currently available in the Chinatown neighborhood. Skilled Nursing Facilities are available at St. Mary's Medical Center, California Pacific Medical Center, Jewish Home, Laguna Honda, and San Francisco General Hospital.

From a city-wide healthcare need perspective, access to transitional care, skilled nursing, and long term elder care are in short supply. The latest California Department of Finance population estimates show that persons age 65 and older currently make up approximately (14%) of San Francisco's population and by 2030 will account for more than (21%) of all San Franciscans. Given the significant elder demographic served by Chinese Hospital, the provision of Skilled Nursing Facility beds fits the needs of their patient population and fills a void in access to Skilled Nursing services in the Chinatown neighborhood. The image on page 25 depicts the services to be provided in the new facility.



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## **2. Expanded Radiology**

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The IMP update calls for the purchase of a new MRI (magnetic resonance imaging) machine, which will be installed in the new Radiology Department in the basement of the new hospital. This is a new service for Chinese Hospital. The Radiology department in the new hospital will focus primarily on inpatient services as well as very highly specialized modalities such as MRI, CT and Nuclear Medicine. The majority of Outpatient Imaging/Radiology services (General Radiology, Mammography, Ultrasound, and Bone Density) will be permanently moved to 827 Pacific Avenue. This arrangement will enable CHASF to process a greater volume of its patient's radiological needs.

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## **3. Updated Technology**

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Chinese Hospital plans significant upgrades to technology in the new hospital facility. Cognizant of changing patient demand and clinical procedures, the new facility will accommodate the healthcare services shifts that have occurred in the decades since the current structure was built. One component of this upgrade will be expanded outpatient surgical services. Additionally, new hospital beds will be purchased to improve quality of patient care and increase patient comfort. Nurses will be provided with upgraded monitoring equipment and call systems to improve the efficiency and timeliness of services provided.

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## **4. Private Patient Rooms**

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The plan to re-configure patient rooms to eliminate 3- and 4-person rooms fits the current trends in healthcare best practices. The current facility is licensed for 54 beds, including nine rooms with three beds, and one room with four beds. The new facility will have more spacious private rooms that can accommodate the desires of patients and needs of clinicians. The new rooms will accommodate up-to-date medical technology required for high-quality patient care and will permit family visits and overnight family stays, meeting a current demand of Chinese Hospital patients.

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## **5. Expanded Waiting Rooms**

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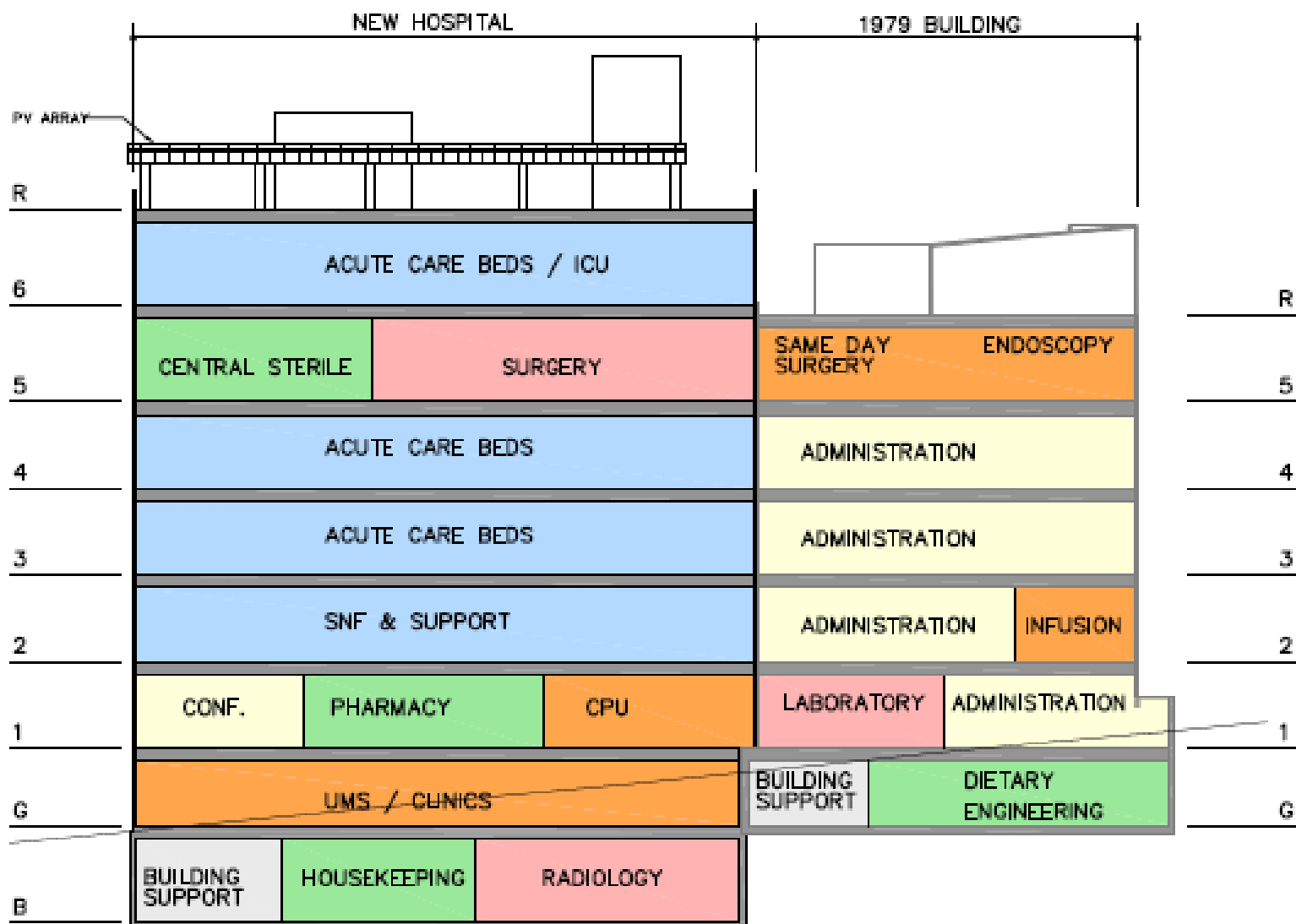
Expanded waiting areas will allow for a more comfortable customer service experience for Chinese Hospital staff and patients alike. The pharmacy will also have increased space to accommodate patient needs that are not met in the current facility. Given that CHASF operates a single pharmacy for the entire CCHP health plan, Chinese Hospital patients are more likely to wait in line for prescription services, rather than calling in a prescription for later pick-up. Thus the expanded waiting area will be a welcome addition.



# Chinese Hospital IMP Update Review

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A cross-section depicts the services to be provided following the CHASF rebuild. Image used courtesy of CHASF

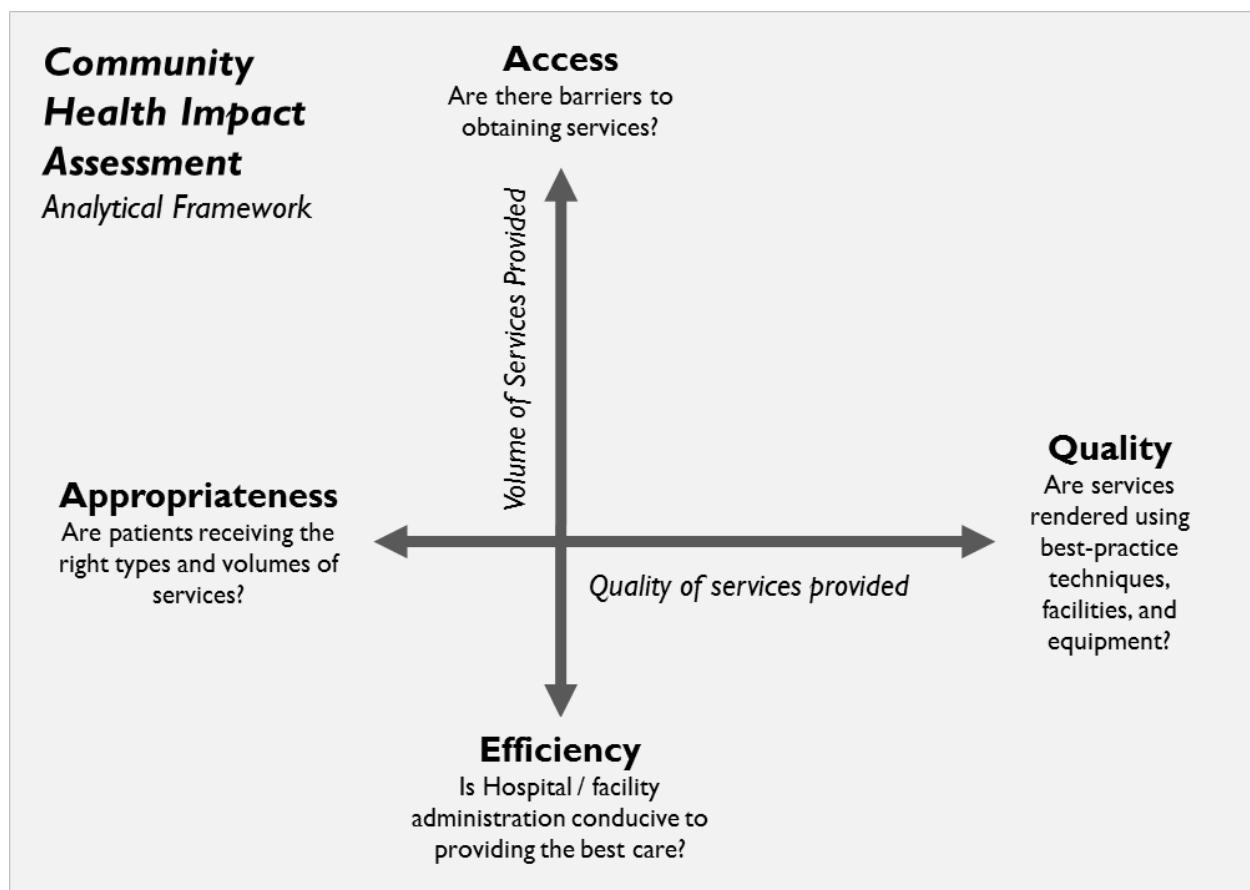




## **IV. COMMUNITY HEALTH IMPACT ASSESSMENT**

The community health impact assessment study draws heavily upon the methods of analysis described above to identify findings as they correspond to four realms, or “domains,” of community health: access, appropriateness, quality, and efficiency. These domains are useful for categorizing findings in terms of a comprehensive community health landscape. The underlying premise of this approach is that community health consists of two dimensions, the volume of service provided to the community and the quality of those services (these correspond to the vertical and horizontal axes of the image below).

On either end of these axes lies one of the four domains. For example, individuals’ needs to access services drives service volume on one hand, while a providers’ capacity to manage operations efficiently and supply services sustainably, drives it on the other. Determining the quality of services provided is the type of services provided (and the degree to which this is *appropriate* for the patient’s healthcare need), and the way in which the service is provided (with quality, competency, best-practices medical techniques, and modern equipment, etc.).



The following sections of this Chapter contain findings that have arisen from our analysis. They pertain to the projected community health impact of Chinese Hospital’s proposed rebuild and are mapped in terms of these four domains of community health. (Please note that additional community health



findings arising from these analyses but which do not pertain to CHASF's proposed rebuild, are contained in Chapter 5.)

## **A. Accessibility**

The "accessibility" domain examines whether different community individuals and groups can obtain services where and when they need them. It includes factors such as whether patients perceive they will be treated with competency and respect, whether patients face transportation barriers, or whether there exist enough services (i.e. beds, equipment, and clinicians) to meet demand.

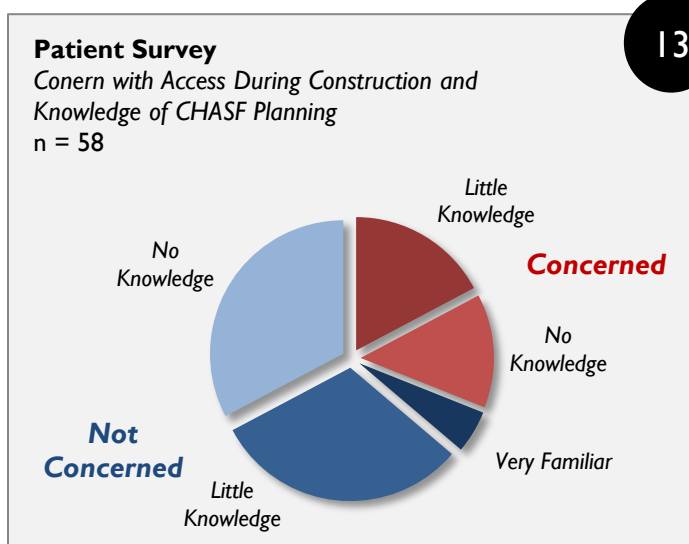
**1. Finding:** The proposed hospital rebuild will positively impact patient access in the long-term; in the near term there is a need for greater communication with the patient community to prevent confusion regarding access to services during construction.

There are two primary components of the proposed rebuild that will impact patient access generally, both during construction and in the long-term. These are: i) the number of services added or removed as a result of the rebuild; and ii) the ability of patients to obtain services offered, including their ability to commute to and from the hospital, and to receive culturally competent care.

Patients can expect little or no disruption to the volume and variety of services currently offered throughout the construction period. This is because CHASF has proposed a staggered, partial-offsite construction schedule and a specific strategy of partnering with other City hospitals to provide services during construction. Chinese Hospital has also partnered with community organizations to provide outreach and support services to patients throughout the construction period; its work with Cal-OSHA was lauded in this realm by several stakeholders.

Should service limitations arise during construction however, community stakeholders and healthcare providers are confident that neighboring health institution will be able to serve CHASF patients with full linguistic and cultural competency. CPMC, St. Francis, and local mental health community organizations all exhibited confidence and willingness to accommodate any extra demand caused by construction. One nearby health provider said, "All of us would partner with Chinese Hospital if there were any difficulties around access."

There is some reason for concern however, that CHASF's efforts to communicate the proposed rebuild and the construction's impact on patients have



13



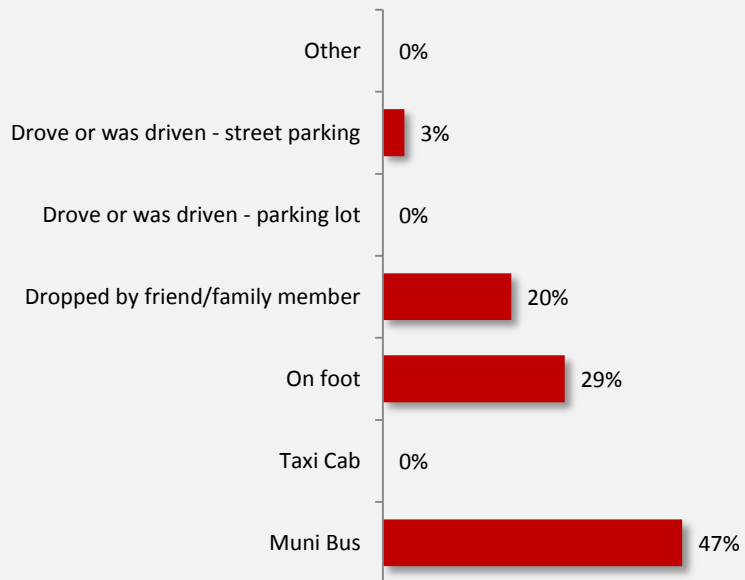
been insufficient. Among all patients surveyed, only 3 claimed to be “very familiar” with the details of the proposed rebuild (see *Figure 13* on the previous page). Among 18 patients surveyed who responded affirmatively that they were “concerned about being able to get care during construction,” none also expressed familiarity with the rebuild and nearly half expressed no knowledge whatsoever about CHASF’s plans for construction. While construction is several years off, and access to services is unlikely to be interrupted during construction, a lack of communication and/or misinformation can cause misperceptions about service disruption that may prevent patients from seeking out services. As the project moves through the planning phase, CHASF will need to undertake thorough efforts to inform the patient community about its construction timeline and plans for ensuring service continuity.

Another issue of access that warrants attention is the planned closure of the existing parking structure during construction. Although the majority of CHASF patients use Muni or walk to access the hospital, some respondents indicated concern that the parking structure’s closure would exacerbate preexisting transportation and parking challenges in Chinatown. Again, the degree to which this concern is driven by lack of information about the rebuild is unclear at present.

In the long term, patient and community health leaders alike agreed that the rebuild should improve patients’ abilities to access services. While the number of acute care beds will remain the same (54 beds), the addition of 22 SNF beds and single patient rooms in the acute care setting will allow for more efficient use of facilities and should improve patient flow.

#### Patient Survey

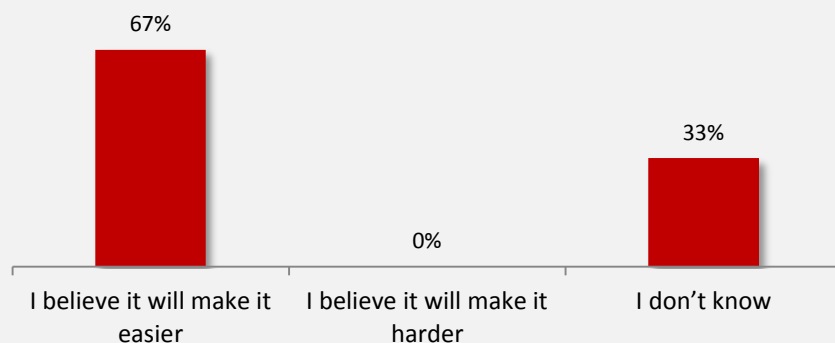
*How did you get to the hospital today?*  
n = 59



14

#### Patient Survey

*Do you believe the new hospital building will make it easier or harder to get care at Chinese Hospital?*  
n = 57



15

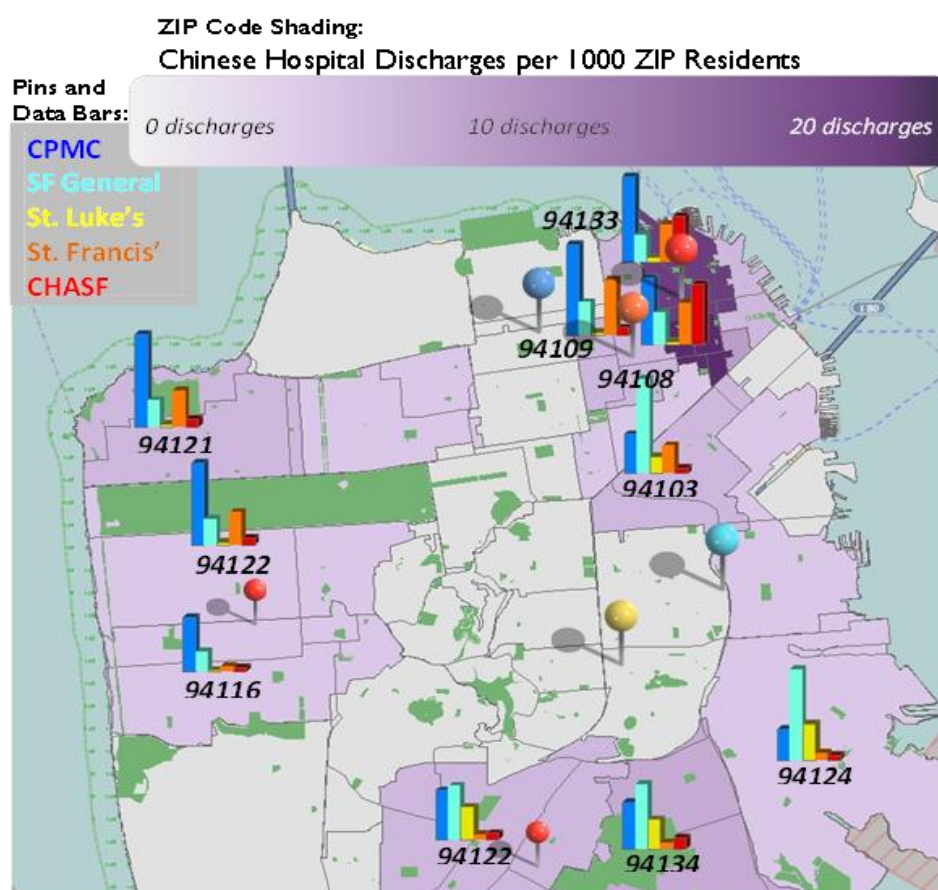


- 2. Finding:** Although the need is not anticipated, other citywide hospitals would have sufficient surplus capacity to support CHASF patients if needed throughout construction; SF General would not play a disproportionate role in this effort.

One concern expressed by civic leaders was that the proposed CHASF rebuild process would cause a service burden for other SF hospitals beyond the partnerships that have been established in anticipation of construction. Since Chinese Hospital serves a large low-income population, the fear is that there would be a significant need for charity services at San Francisco General Hospital & Trauma Center (SF General) in the event that construction blocked access to CHASF services.

Although it is true that CHASF patients are generally low income, a geospatial market analysis of services usage suggests that there is little overlap between the CHASF and SF General markets. This analysis suggests that in the event of service disruption, CHASF patients will be more likely to frequent either CPMC or St. Francis memorial hospital, with which CHASF has already established service-partnerships for the construction period, than seek services from SF General.

Depicted on the map below is the number of discharges per 1000 ZIP code residents (plotted in purple), and the relative market share of different hospitals in select neighborhoods. As the map demonstrates, in ZIP Codes where CHASF has a substantial presence, CPMC and/or St. Francis have larger presence; in ZIP Codes where SF General has a substantial presence, CHASF patients are less evident. There is little reason to expect that unplanned services disruptions caused by CHASF



construction would have a disproportionately adverse impact on SF General service capacity or its current patients' abilities to access services.

Moreover, in the event that an unplanned service disruption did occur as the result of the proposed hospital rebuild, our analysis shows that excess general acute care beds citywide should be sufficient to cover



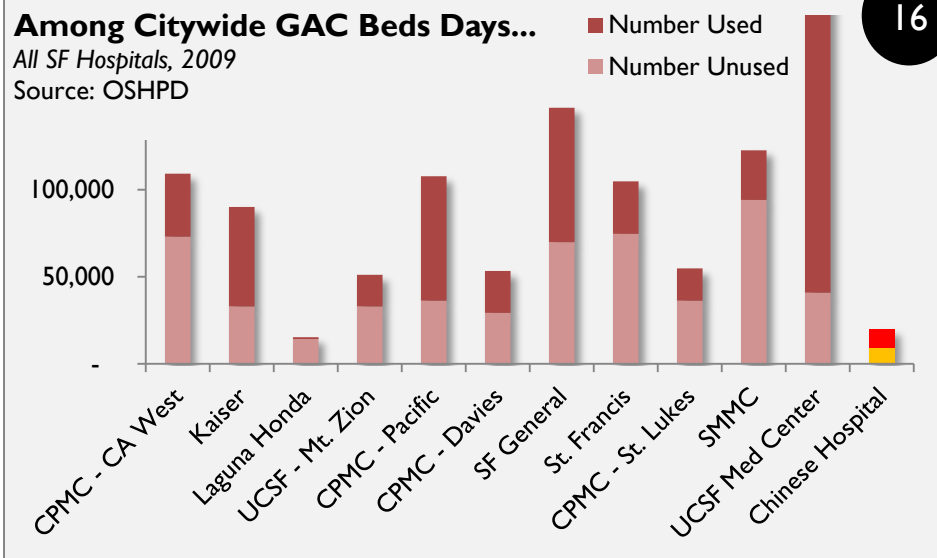
conceivable CHASF disruptions in the short-term. *Figure 16* at right shows the total number of used and unused GAC beds citywide, in support of this finding.

When asked where they would seek services if Chinese Hospital did not exist, the largest proportion of CHASF patients surveyed responded that they would solicit North East Medical Services (NEMS), a community health non-profit. Fewer than a quarter of patients indicated that they would seek services at a Western clinic if Chinese Hospital did not exist.

### Among Citywide GAC Beds Days...

All SF Hospitals, 2009

Source: OSHPD

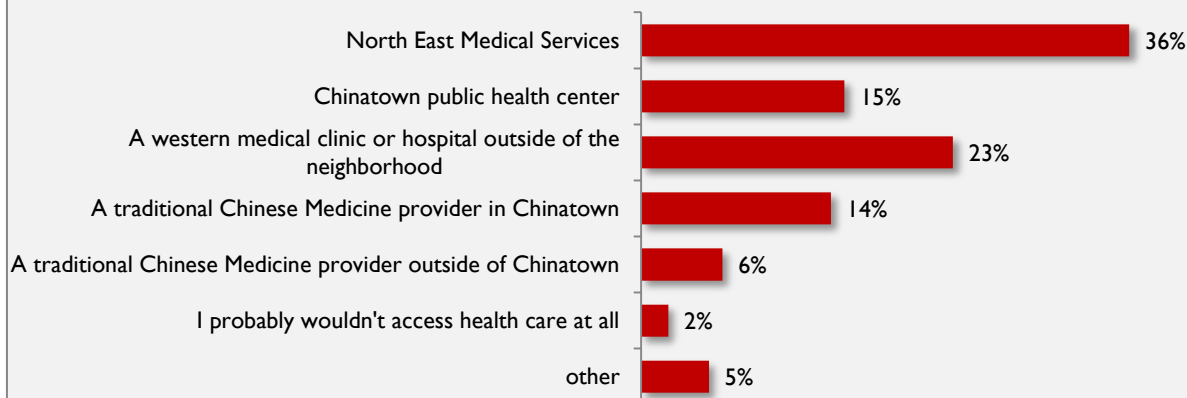


16

### Patient Survey

If Chinese Hospital did not exist, where would you go for health care?

n=56, multiple responses accepted, bars reflected proportion of total individuals



17

### 3. Finding: Hospital rebuild offers potential to draw new patient populations

As shown in this study's overview of the CHASF patient population, Chinese Hospital serves a disproportionately older, Chinese and predominantly mono-lingual patient demographic. According to a review of OSHPD data from 2009, the hospital has no patients under the age of 20. In interviews, informants clarified that although the patient population is aging, younger immigrants regularly arrive in San Francisco. These individuals, according to one Chinese Hospital practitioner, are hesitant to go to other medical facilities because of their lack of English language skills. This group is a potential new market that can be accommodated by the rebuilt Chinese Hospital.



As the new hospital will feature upgraded technology, including a new MRI machine, more private rooms and a larger pharmacy, it will likely be more attractive to community members, including new patients and younger patients. According to one Chinatown social services provider, “Better equipment and facilities will make [Chinese Hospital] more attractive to the community. I think that a lot of people regard the hospital as being old and stodgy and serving primarily seniors. A newer building would make it more attractive and appealing to more people: to a younger generation.” Another informant spoke to the confidence one feels in a facility given new, modern equipment. This informant offered that “[With a new building one] thinks it’s up to date technology and modern medicine. Even with Eastern culture and traditional medicine, the psychological impact of an upgraded facility is that you know you are getting quality.” The new upgraded facility should attract new patients.

Although Chinese Hospital currently serves primarily elder patients, the Hospital satellite clinics serve a wider range of patients, in terms of age, cultural, and linguistic background. This access to younger patients will support the Hospital’s potential for bridging new markets given a new, upgraded facility. The Health Plan will also augment this potential; according to one Chinese Hospital practitioner the Health Plan “will enable us to attract some [younger] working Chinese.” The proposed hospital rebuild would seem to have a positive impact on accessibility.

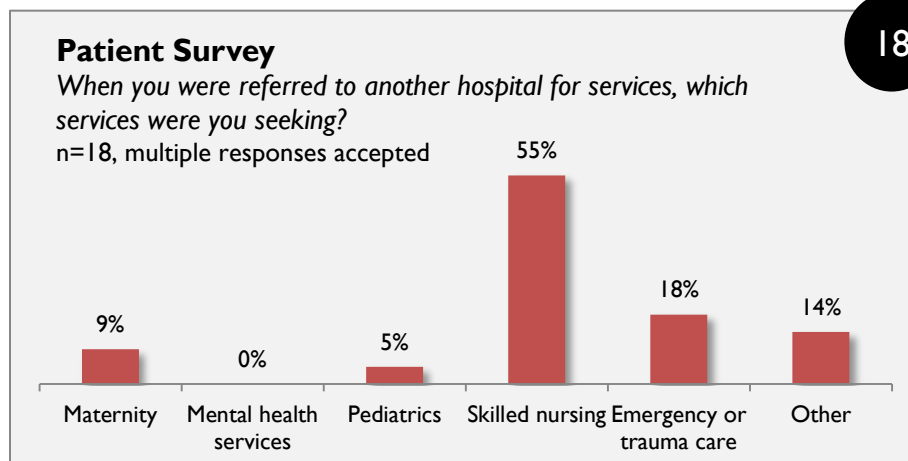
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**4. Finding:** CHASF patients access many services via partnerships with other SF medical facilities at present; because the rebuild will not add new services, inter-hospital linkages will continue to be a strategy for service provision

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Because it is a smaller hospital, CHASF has established a number of inter-hospital partnerships to ensure that patients can receive a wide range of high-quality services, even if those services are not provided at Chinese Hospital or through Chinese Hospital satellite clinics. Chinese Hospital contracts with community providers for services including high technology tertiary services, post-acute care/rehabilitative services and home care. Inpatient mental health services are provided through St. Francis Memorial Hospital. According to one informant at Chinese Hospital, in terms of mental health services, “we refer to private providers or community organizations for outpatient services. Patients in

crisis will be treated in other facilities; the hospital doesn’t get involved in triage and placement.”



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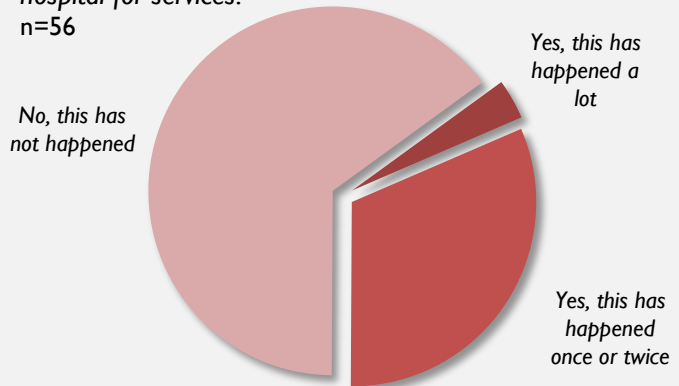


Chinese Hospital also has partnerships for other specialty services including Obstetrics and Gynecology, which is provided through a partnership with California Pacific Medical Center. These partnerships will continue to be a significant strategy for CHASF to ensure that their patients have access to a full array of needed services. As the Hospital is not changing its service mix, but expanding physical space and upgrading the quality of current services, CHASF will need to continue to maintain existing partnerships while cultivating new

relationships with partner organizations. Evidence suggests that the Hospital has been consistently engaged in this effort. According to one Chinese Hospital representative, “One of the things we stressed is that we don’t want to lose employees – we wanted to employ nurses in those contracts [with other hospitals during construction]. This would help to make sure we don’t lose staff during construction, and also ensure that patients that go to those hospitals have culturally competent care.” One informant suggested that CHASF “should build a bus bridge to CPMC or Saint Francis. There are a lot of community providers of outpatient care, but for the inpatient stuff the hospital is a necessity. Coordinating with other hospitals is needed.” Therefore, given the nature of proposed changes outlined in the IMP and the qualitative findings in this report, CHASF should continue its focus on building and maintaining inter-hospital partnerships.

### Patient Survey

*Have you ever come to Chinese Hospital for a health concern and been referred to another hospital for services?*  
n=56



19

#### 5. **Finding:** CHASF is a model of culturally-competent care aimed at a specific cultural / demographic population; no impact expected from renovation

Chinese Hospital is a community owned, non-profit service provider that emerged at a time of systematic discrimination and denial of services to the Chinese community in San Francisco. The hospital maintains its legacy with a mix of unique bilingual programs and sensitivity to cultural traditions. This specialization creates a draw for a large number of residents from across the City and County of San Francisco seeking linguistically and culturally competent services – a market niche that Chinese Hospital fills for the Mandarin- and Cantonese-speaking communities of San Francisco.



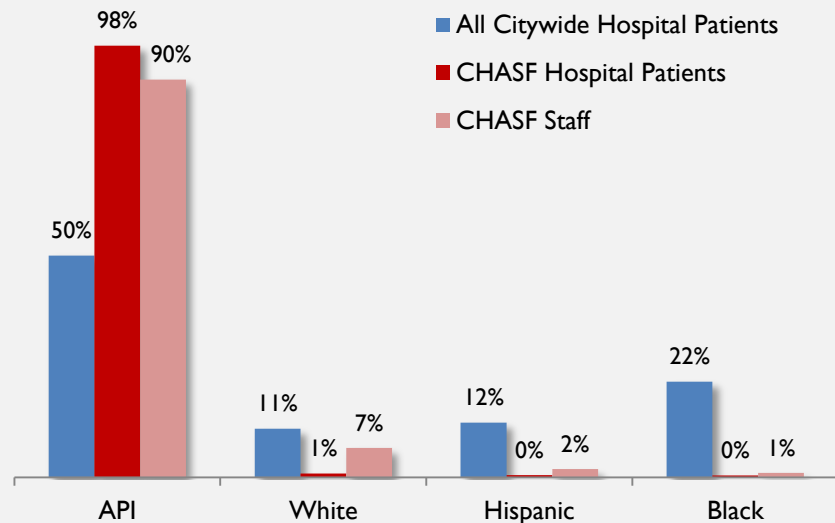
The language competencies of CHASF staff and clinicians create a distinctive environment for patients who otherwise have limited options for finding culturally and linguistically effective health services. The demographics of patients served at Chinese Hospital confirm this finding: approximately 98% of Chinese Hospital's patients are persons of Asian or Pacific Island descent; Chinese Hospital estimates that it treats approximately 22% of San Francisco's

Chinese residents. One mental health services provider in the neighborhood corroborated the high cultural competency of the hospital, saying, "Especially when you are working with the older adult population, access has to do with familiarity, cultural familiarity, and the success of treatment has to do with that as well. All that comes in the setting of Chinese Hospital, and it's particularly important with older adults."

It is also clear that Chinatown is changing. Demographics – particularly in terms of language – are shifting. According to one San Francisco Health Commissioner, "There are more regions represented [in Chinatown] than there used to be. It used to be almost all Cantonese, but now people are coming from more regions of China and Taiwan, and other places. There are more languages represented, village dialects, secondary national languages, and Chinese people who don't speak Chinese. It has changed a lot over the last generation."

Patients surveyed at Chinese Hospital also confirm the cultural diversity. Of the 65 patients surveyed, 46 were born in China, 9 were born in Hong Kong, and one person indicated being from Vietnam. One patient identified Taiwan as his or her place of birth. In the free response section of the survey, one patient stated, "I feel that Chinese Hospital is convenient to Chinese here because of the issue of language. I hope that it can bring greater help to patients after the renovation." Another patient suggested that the hospital ensure that after the renovation they can "Keep serving patients in a bilingual way". Chinese Hospital has proven effective at ensuring linguistically and culturally competent health services for the Chinese community in San Francisco, and should continue to emphasize this strength to accommodate the changing demands of the community.

**CHASF Staffing Comparison**  
*CHASF and All SF Hospital Patients, 2009*  
Sources: OSHPD, CHASF





## Chinese Hospital IMP Update Review

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Chinese Hospital is also recognized for its contributions in developing culturally competent teaching materials related to self- and family-care. These specialized materials are available in Chinese languages and pictographs for older patients and in English for younger family members and caregivers.

According to a primary care partner who was interviewed, "They serve the community well and try to help other hospitals in addressing linguistic and cultural issues for the Chinese community; because obviously they can't serve all the Chinese people in the City. In the past they've provided materials to help us with cultural competence."

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**6. Finding:** CHASF is a leader in providing culturally competent services that reflect the ethnic and cultural uniqueness of the majority of its patients; it is less effective at meeting the needs of numerically smaller subpopulations that within its target geographic and demographic patient markets (i.e. youth, LGBTQ, non-Chinese Asian); customer service is an area for development

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Chinese Hospital is a pillar of culturally and linguistically competent care for the Chinese community in San Francisco. This is also reflected in the staff at CHASF. Over 90% of staff at the hospital are fluent in Chinese. There are 254 physicians and health care professionals who are members of the CHASF Medical Staff, and of these, 94% are Asian/Pacific Islander, as demonstrated by the previous finding.

Yet by having carved such a distinct market niche, Chinese Hospital may be less well-equipped to deal with under-served groups and groups with very specific needs. One particular deficit noted is in response to the LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer) community.

When asked, several providers indicated that although the level of care at Chinese Hospital is very high, it might not be the first place they would send someone who is identified LGBTQ, because it is perceived as a more traditional environment. According to one service provider, "We can't start with the given that everyone is friendly. Our own families don't accept us... If our own families don't accept us, why would we think providers are accepting? It's hard for providers to understand this... That is why it is so important to have visibly safe spaces with signage."

Because of the restrictive nature of finding services that feel safe, LGBTQ Chinese may not always receive health care that is satisfactory in all aspects of cultural competency. Indeed, other providers in Chinatown offered that there is a lack of competency in dealing with LGBTQ issues in the greater health service provider community. He noted that "if we are just talking about transgender healthcare, I don't know if our providers have that expertise... if it's just HIV status, we would be ok, but if it is really a real transgender issue [for instance, related to identity] then that would be a real challenge."

Another informant familiar with the needs of the LGBTQ community noted, specific to those who are transgender, "People with minority/oppressed circumstances tend to create their identity and seek support around the aspect of their identity which is most pejorative to mainstream culture... So Chinese Trans[gendered] people seek a community and services that are trans-friendly. They are not so much focused on needing a place that is Chinese-friendly. As far as sensitivity is concerned... it is not worth [providing these services] without a lot of training for staff."



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Therefore, although it seems that there is room for improvement in the provision of culturally competent services for the LGBTQ community at Chinese Hospital, this is not an issue specific to Chinese Hospital. Furthermore, because of the prevalence of specialty clinics in San Francisco – particularly Lyon Martin Health Services – there are specific providers that have comparative expertise in accommodating the needs of the LGBTQ community and thus other providers are less likely to develop this capacity. Many providers expressed concern regarding the state of services for the LGBTQ community should Lyon Martin be unable to continue to provide services. Said one provider, “If Lyon Martin does not make it, we may be faced with a big challenge.”

Another population that might be served by Chinese Hospital is non-Chinese Asian people. According to one informant, “there’s the whole northeast sector of San Francisco, where the Chinese population is 55-60%. ... There are more Vietnamese and Southeast Asians in the Tenderloin. Immigrants come from a broader geographic basis, not just from Hong Kong, but from the mainland, from Taiwan. I don’t think there’s a huge growth of Cambodian, Laotian, Thai moving into Chinatown.” Yet, the demographics in other neighborhoods that represent a significant portion of the Chinese Hospital patient base do have changing demographics. For instance, one service provider noted, “Outside of Chinatown I see a change. For example, in the Sunset, we are getting a higher percentage of non-Asians coming to our clinic. In past it has been greater than 95% Asian base of patients. Now we are having a lot of African Americans, Caucasians, a handful of native Hawaiians. We never had that before. With that come a lot of different things that change as well.” One community leader also suggested that “In the Richmond district, demographics are constantly changing. There are ebbs and flows of all monolingual needs in all Asian categories. There is an influx of Mongolian Mandarin speakers, quite an influx.” If Chinese Hospital is going to reach out to new populations post-construction, ongoing cultural competency will be a consideration.

The challenge of providing culturally competent services beyond its traditional patient demographic may be compounded by a perceived lack of customer service orientation at Chinese Hospital. Multiple interview subjects expressed hope that the new construction would bring with it a renewed focus on customer service, creating a more welcoming environment for patients and their families. Said one interviewee, “The staff need space, time, and training in order to provide more adequate explanations to the patients. Staff absolutely need more customer service training.” Said another, “the additional space will make it easier for staff to offer more care with more patience. But I don’t know if Chinese Hospital plans to provide training to staff on how to use the new hospital to provide a more caring experience.” And finally, “SF Chinatown is the only Chinatown to have a hospital that is deeply culturally competent, where so many of the staff at different levels – from front desk to nurses to doctors – are bilingual. But sometimes the quality of care is not as consistent as at the larger hospitals. While it is invaluable that so many staff can speak Chinese, they can sometimes speak and act harshly. Sometimes it is apparent they have not adapted the modern trend toward high quality customer satisfaction.”

As a relatively small piece of the healthcare ecology of San Francisco, Chinese Hospital is a clear leader in accommodating the needs of the Chinese community. However, with its physical modernization comes the challenge of expanding its cultural competencies to seize the opportunity to



become a medical home to the full diversity of San Francisco's growing Chinese and larger Asian community.

## B. Appropriateness

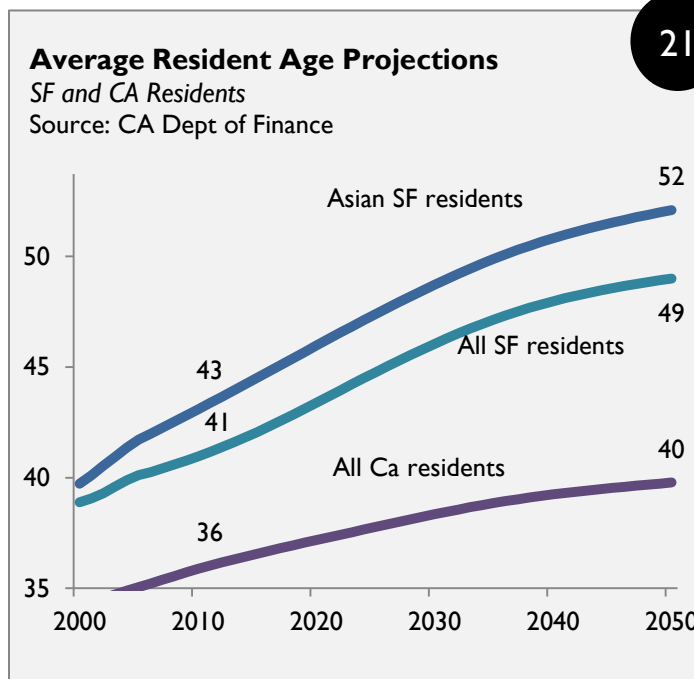
Findings related to appropriateness address how the proposed rebuild is likely to impact Chinese Hospital's ability to provide patients with services that respond to their needs. These findings examine the mix of services provided in relation to the CHASF patient population as described above, and in relation to the mix of services being provided at other medical facilities citywide.

### 1. **Finding:** Following the rebuild, CHASF will continue to provide an appropriate mix of services given the demographic characteristics of its core patient population

As discussed earlier in this report, the CHASF patient population is both highly Asian and disproportionately comprised of senior citizens. Taken in the context of disproportionately old and aging residents citywide, especially Asian San Franciscans, this indicates that CHASF will need to continue providing services that target seniors in particular.

According to the Center for Disease Control (CDC), as many as 88% of Americans over age of 65 suffer from at least one chronic health ailment. Common ailments include: arthritis, heart disease, cancer, colorectal cancer, breast cancer, diabetes, seizures, and obesity.

The CDC's assessment is consistent with the types of services provided by CHASF and the most common diagnoses of its patients. As depicted in *Figure 22* on the following page, a quarter of patients receiving ambulatory surgery (outpatient surgery) had ICD-9 diagnoses pertaining to the nervous system; another 23% had digestive system diagnoses and 20% of patients were diagnosed with cancer (including non-malignant). Overall, the most prevalent type of service provided was surgery, though radiology and pathology are important service areas for CHASF as well. These services, common to treating the above diagnoses, figure with significantly greater prominence than emergency services, for example, in CHASF's overall services platform (see *Figure 23* on the following page).



21



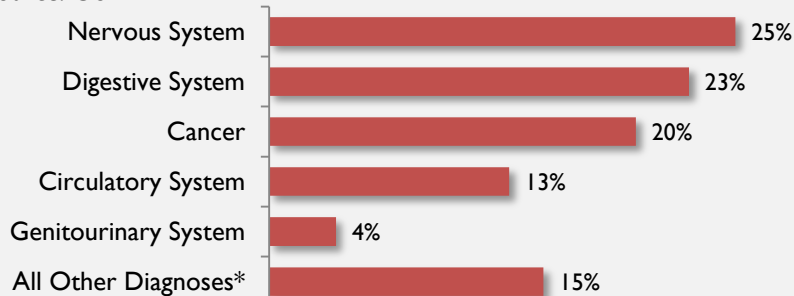
It appears that the rebuild will not negatively impact, and may positively impact, the degree to which services provided by CHASF meet the specific needs of its patient population. As one informant said, "Supportive environments like SNF beds and other kinds of non-acute care services will need to increase because of the aging population – to keep patients in their

homes as long as possible, and not institutionalized." Other amenities such as larger waiting rooms and inpatient rooms with greater privacy and more room for family visitations, contribute to the positive assessed impact of CHASF's hospital rebuild on overall service appropriateness.

### Proportion of Ambulatory Surgery Services - Principal Diagnosis

CHASF Ambulatory Surgery Unit, 2009

Source: OSHPD



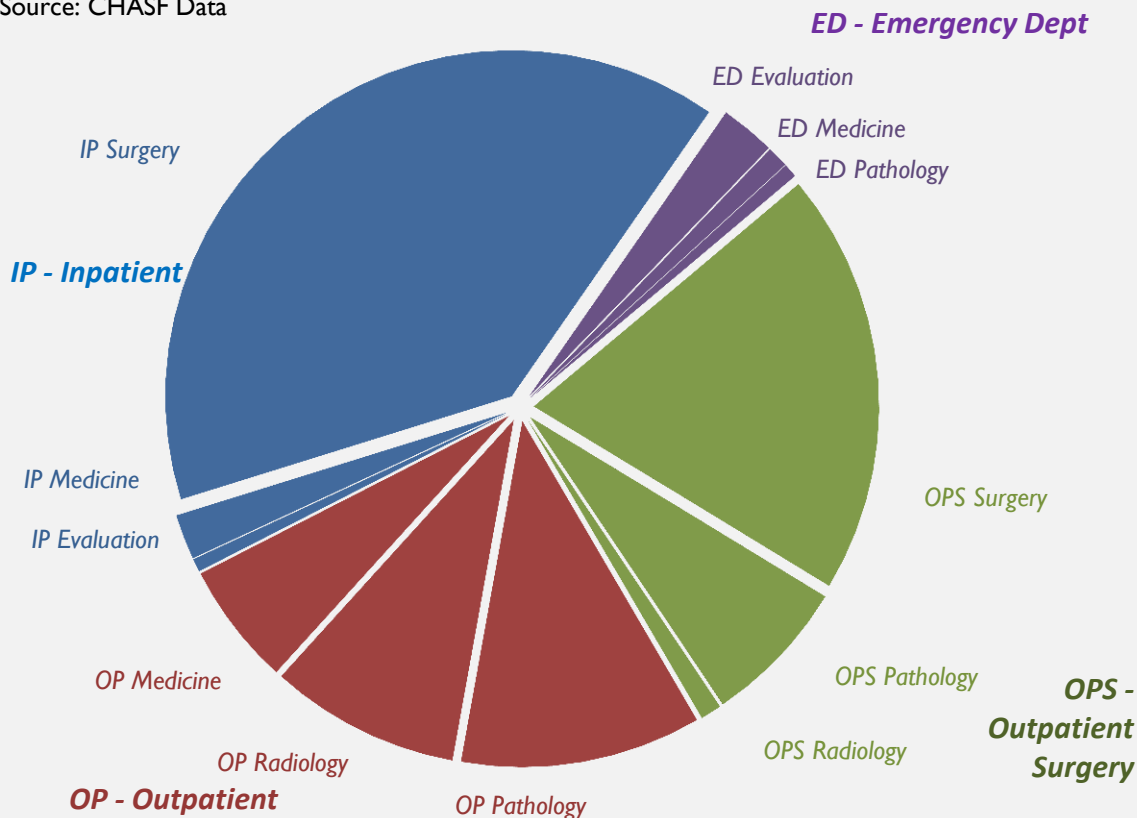
\*Includes: other reasons-4%, symptoms-3%, musculoskeletal system-1%, injuries/poisonings/complications-1%, respiratory system-1%, infections-1%, endocrine system-1%, anemia and other blood disorders-1%, birth defects-1%, all pregnancies-

22

### Services by Proportion of Total Service Charges

CHASF Services, 2009

Source: CHASF Data



23



## **2. Finding: Addition of new SNF beds is consistent with CHASF's traditional focus on older adult services and projected healthcare needs citywide**

A significant augmentation to CHASF's service mix would come from the addition of a 22-bed Skilled Nursing Facility (SNF) as part of the proposed hospital rebuild. SNF beds allow for the accommodation of nursing services when a patient's condition requires continued attention, namely, assessment, treatment, continued monitoring, and management of care. SNFs are an important linkage in the continuum of care because they enable patients to step up-to and down-from inpatient care episodes while maintaining a continuity of services, facilities, and clinicians.

SNFs are also particularly important in the fabric of progressive community health pioneered by San Francisco. San Francisco healthcare patients utilized 0.79 SNF bed days per City resident per year between 2002 and 2009 – more than 13 times as much as the average resident Statewide.

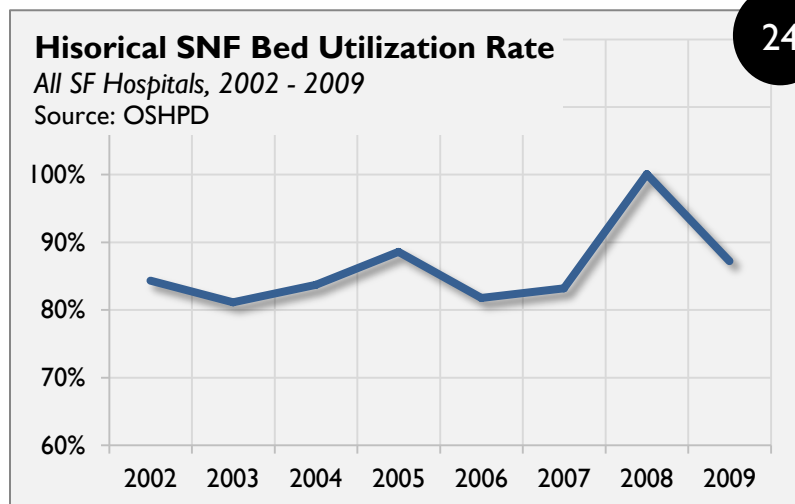
As a result of these trends, SNFs are now in shortest supply across San Francisco's healthcare landscape. SNF beds receive intense utilization throughout the County (see *Figure 24* at right), which has been exacerbated by the loss of more than 400 beds through the 2007 – 2009 contraction of Laguna Honda's SNF facilities. Although still provided by St. Mary's, CPMC, Jewish Home, Laguna Honda, and SF General,

there are no SNF facilities currently located in Chinatown at present. In this environment, the proposed addition of 22 SNF beds by CHASF would be a welcome part of the community healthcare landscape.

Many stakeholders also welcomed the additional SNF beds, noting that they would be highly utilized by the Chinese Hospital population. The aim is that with an old and aging patient population, SNF beds will allow patients to step-down from inpatient care while maintaining the same doctors. This is especially important for monolingual patient populations and will further support CHASF's mission of providing comprehensive culturally competent healthcare.

The SNF beds are also especially important in light of diminishing bed numbers citywide. One community health provider observed, "In my opinion the addition of the SNF beds make this project doubly viable. They are the only hospital adding SNF beds; there is a shortage in the city. Most hospitals are moving in the other direction which is a mistake. Their long term care will be filled up and used."

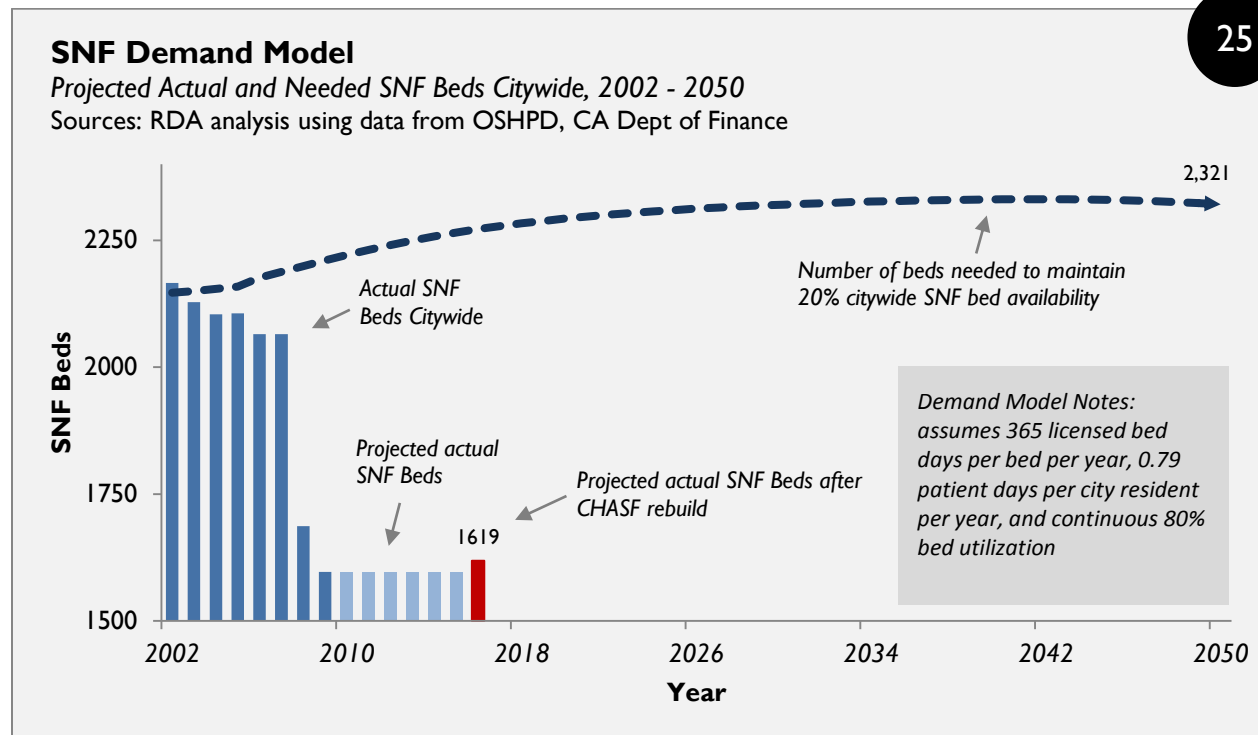
Seeking to quantify this idea, RDA constructed a SNF bed demand model that uses a target occupancy rate of 80% (leaving a 20% cushion to account for uneven service flow and disaster needs), the average number of beds used per citywide resident per year adjusted for capacity (0.79 bed days per



24



city resident per year on average), and county-level population projection estimates from the California Department of Finance, to project the number of total SNF beds City hospitals will need to supply in order to meet the community's full health needs. This is reflected in *Figure 25* below.



### c. Quality

The quality domain examines the degree to which CHASF's proposed rebuild will impact the way in which services are administered – using best-practices healthcare techniques, modern equipment and facilities, and a high-level of customer service. Overall the proposed rebuild is expected to have a significant improvement on the quality of services provided by Chinese Hospital.

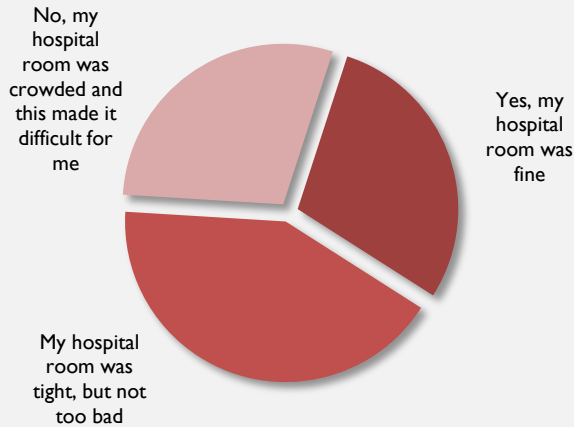
- Finding:** At present CHASF underperforms inpatient services standards (wards, multi-bed rooms, ventilation and sterilization, etc.); the rebuild will yield a significant improvement in the quality of these services

Currently, Chinese Hospital facilities are not up to the standards and requirements of modern medical care. This has been highlighted in comments from interviewees, demonstrated in the qualitative findings of this report, and also through patient surveys administered at Chinese Hospital. One Chinese Hospital medical staff member offered that, "Our current facility is far below standard. Our current inpatient rooms are too crowded. I'm an ER doctor by trade. I operate in a space that is 1,000 square feet. To get to code it needs to be 4,500 square feet." The informant went on to say that, "So much of what we plan to



### Patient Survey

*If you were ever hospitalized at Chinese Hospital, were you satisfied with your room?*  
n=31



26

do is just getting up to code. Our current building was changed at the 11th hour from office building to hospital – it has always been a poor design for infection control, privacy, discussions with clergy, and family.”

This design has a direct impact on patient comfort, as indicated through responses to the patient survey conducted at Chinese Hospital. One patient noted the need for proper heating. Another mentioned the lack of seating in waiting rooms. A third mentioned cramped spaces as impacting the experience of being in the hospital. More than a quarter of patients surveyed indicated their hospital room was

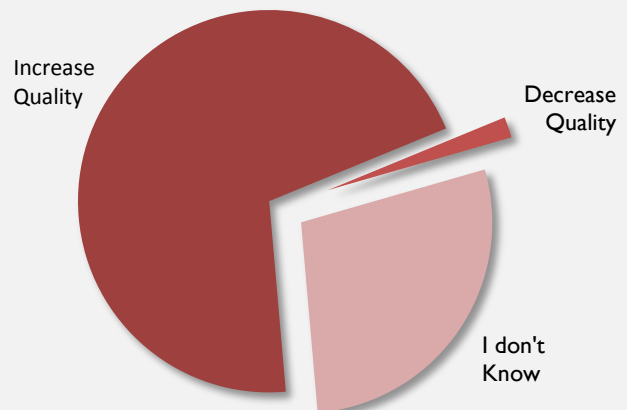
prohibitively crowded (see Figure 26 above).

The objective of the newly designed structure is to update these features and add upgraded medical technology to further improve services. One Administrator at the Hospital specified that there will be a new MRI machine, updated monitoring systems, nurse call systems, a bigger pharmacy, expanded lab services, additional outpatient cardio-pulmonary and radiology services, as well as new beds to increase patient comfort. This informant noted that the new hospital will “enable a higher standard of care by providing appropriate space and privacy for inpatient services and expanding key service areas for outpatient services.” One community leader noted that “We will have better rooms with more privacy ...Day surgery will be modern, everything is different from 25 years ago. We will have built-in equipment that is smaller and permanent rather than big bulky equipment that has to be moved from room to room.”

Another adjustment that will be made following the rebuilding is the expansion of outpatient services. This will allow CHASF to provide more traditional Chinese medicine services. The expansion to outpatient will also allow for other services, such as cardiac monitoring, to be conducted outside of the hospital facility. Additionally, says one medical practitioner at the hospital, “so many surgeries – more and more surgical procedures are using things like laparoscopic surgery that significantly reduce patient stays, even allows for same day surgeries.” The facilities upgrades will accommodate the needs of patients, staff and

### Patient Survey

*Do you believe the planned changes will increase or decrease the quality of care in any way?*  
n = 57



27



clinicians. The new facility and new equipment therein will provide more modern, integrated patient care and will mitigate the concerns addressed above.

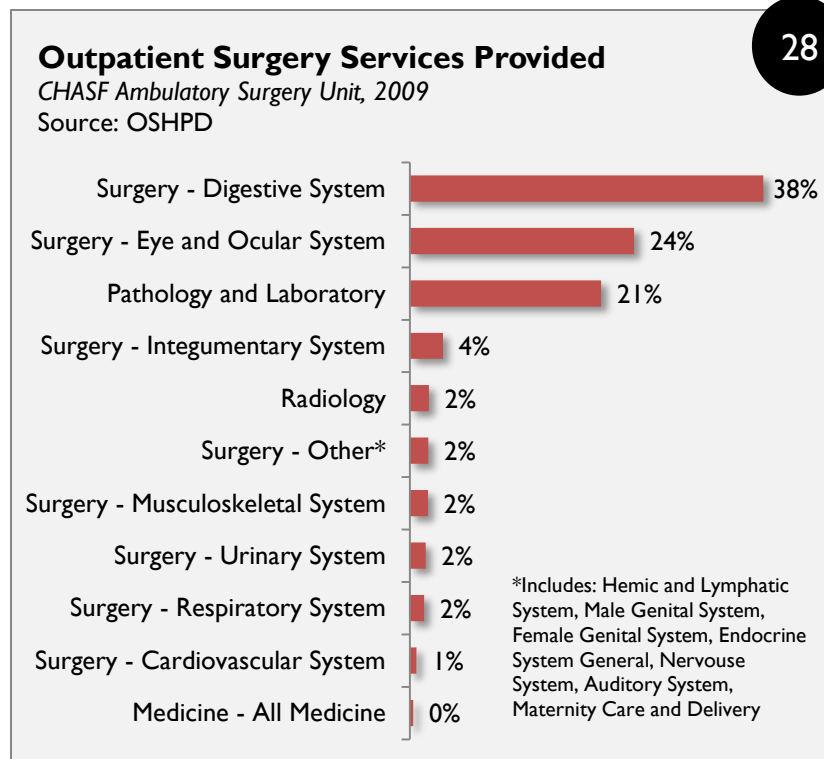
## 2. **Finding:** The Hospital rebuild is consistent with an industry-wide trend of moving inpatient services to outpatient

As described above, a major component of the proposed rebuild will be the addition of 22 Skilled Nursing Facility Beds. Skilled Nursing Facility (SNF) Beds allow for patients to stay for longer periods in the event that a medical condition requires additional attention and monitoring. According to one Chinese Hospital physician, “Skilled nursing beds will allow us to keep patients who are stepping down [from inpatient care] in Chinatown, and allow continuity of service with same doctors. Chinese people are very family oriented – this is very important to them, so allowing them to stay where they have been treated is very important.”

Offering integrated inpatient and SNF step-down services reflects a growing best-practice trend of providing surgical and other services in an outpatient setting. Observed another informant, “Because of the medical and tech advances, services are going to shift more to outpatient care. Already we are seeing eye surgery and other surgery centers opening up in parts of town that are not hospital based. This seems to be a growing trend.”

Indeed, transitioning services to outpatient is part of a best-practice health care trend already reflected by CHASF, which operates an ambulatory surgery unit that provides patients with a range of same-day surgery services, many of which were traditionally regarded as inpatient (see *Figure 28* for a detailed description of these services).

Another reason that the proposed rebuild will enable CHASF to transition services from inpatient to outpatient is that upgraded technology – nurse call centers, patient monitoring technologies, and smaller, built-in equipment – will enable greater operating efficiency and coordination among hospital staff. Providing services in an outpatient, rather than inpatient setting, can also be more patient-friendly and is cost-effective for the patient and his or her insurer.





#### D. Efficiency

The efficiency domain examines the degree to which the hospital's operational management is conducive to providing the best-quality care for patients. Efficiency-related findings will generally deal with the staffing, billing, and financial management of health institutions.

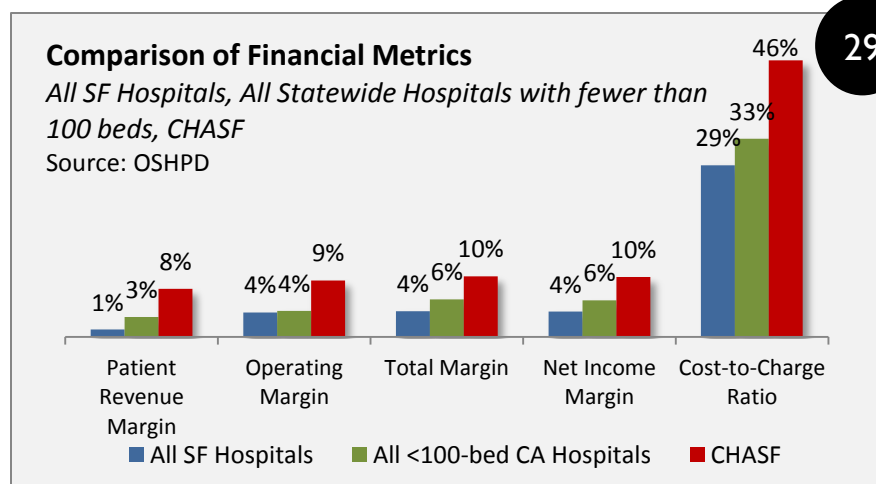
#### 1. **Finding:** CHASF has industry-leading operating and billing margins; no evidence that rebuild will negatively impact these

Although we found it to be fairly widely known that CHASF runs a healthy profit, informants with whom we discussed CHASF's finances also exhibited uncertainty and curiosity about why this may be. From a balance sheet perspective, in 2009, Chinese Hospital billed \$176 million in service charges, received net revenue of \$92m on these billings, incurred \$83m worth of operating expenses, and netted more than \$9m in net income (see income statement at right). This \$9m in net income, taken as a portion of the \$92m in total revenue, constitutes a rough net margin – the proportion of sales a company keeps in profit – of around 10% (actual FY2009 net margin was 10.01%).

#### CHASF 2009 Income Statement

<b>Gross Patient Revenue</b>	<b>176,961,364</b>
- Deductions from Revenue	(137,421,271)
+ Capitation Premium Rev.	50,864,577
<b>Net Patient Revenue</b>	<b>90,404,670</b>
+ Other Operating Revenue	1,386,824
<b>Total Operating Revenue</b>	<b>91,791,494</b>
- Operating Expenses	(83,148,390)
<b>Net from Operations</b>	<b>8,643,104</b>
+ Non-Operating Revenue	780,240
- Non-Operating Expense	(154,194)
<b>2009 Net Income</b>	<b>\$ 9,269,150</b>

What is more interesting is the fact that in addition to boasting higher operating margins than competing hospitals, CHASF also runs a higher cost-to-charge rate (the proportion of net patient revenue that it actually costs the hospital to provide services), as depicted in *Figure 29* below. This finding is counterintuitive: it means that CHASF charges services at substantially lower rates, yet still nets more profit than other groups of hospitals.



A closer look at OSHPD financial data shows that CHASF's comparatively strong margins come from the fact that its relatively low charges (to Medicare, Medi-cal, and other public payors) are offset by the significant amount of capitated revenue the hospital is paid from its globally capitated



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agreements with insurance companies. Chinese Hospital and its partner physician group, CCHCA, contract with insurance companies exclusively on a globally capitated "full risk" basis. This means that contractually, all clinical and financial responsibilities belong to Chinese Hospital and CCHCA, which together operate as an "integrated healthcare delivery system," and receive a fixed payment for each individual they serve in addition to their service charges.

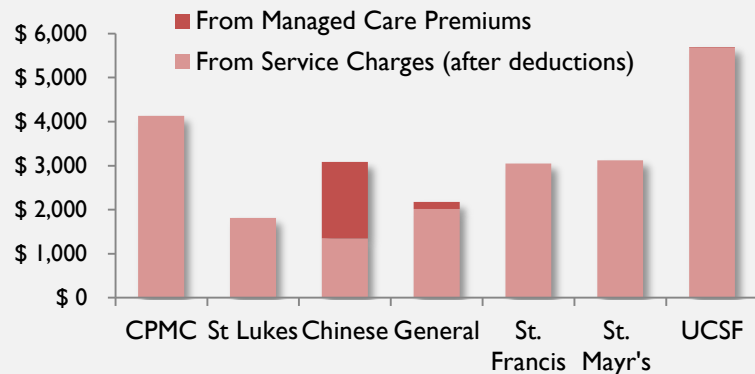
This arrangement is fairly unique in San Francisco. Chinese Hospital is the only hospital to receive capitated premiums for Medicare managed care contracts, receives almost as much in Medi-Cal premiums as all other City hospitals combined (mostly going to SF General), and accrues nearly a sixth of all third-party premiums taken-in citywide. Its comparative ability to earn capitated revenue is an important factor contributing to CHASF's strong overall margins. As *Figure 30* above shows, of the more than \$3,000 in net revenue the hospital received per adjusted bed day in 2009, more than half came from capitated premiums.

As discussed in greater detail below, because CHASF's financing strategy is lowly-leveraged, it is unlikely that profit and/or growth margins will be directly impacted by the financing of new construction. Rather, in the long-term, as several stakeholders have also observed, further streamlining of operations and growth of service mix is expected to have a positive long-term fiscal impact. Although CHASF's particular revenue structure is vulnerable to an unexpected increase in the volume of services rendered per individual, as can be imagined to result from the proposed rebuild, we see no special reason why this would outpace new patient subscriptions, as discussed in section A of this chapter. We therefore expect Chinese Hospital's comparative net income margins (depicted in *Figure 31* at right) to remain strong even in the event of a full hospital rebuild.

### Total Net Revenue per Adjusted Bed Day

All Non-profit SF Hospitals, 2009

Source: OSHPD

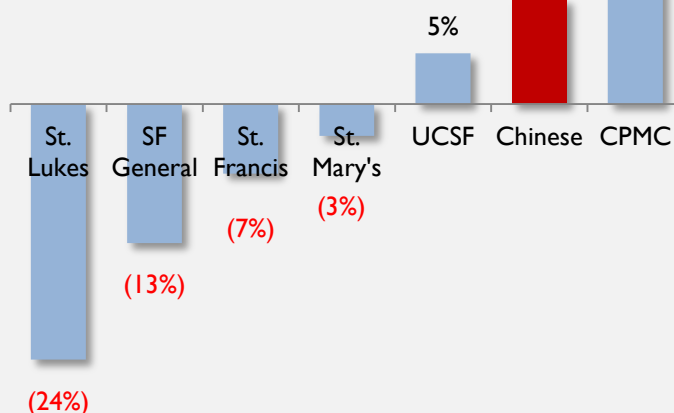


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### Hospital Net Income Margins

All Non-profit SF Hospitals, 2009

Source: OSHPD



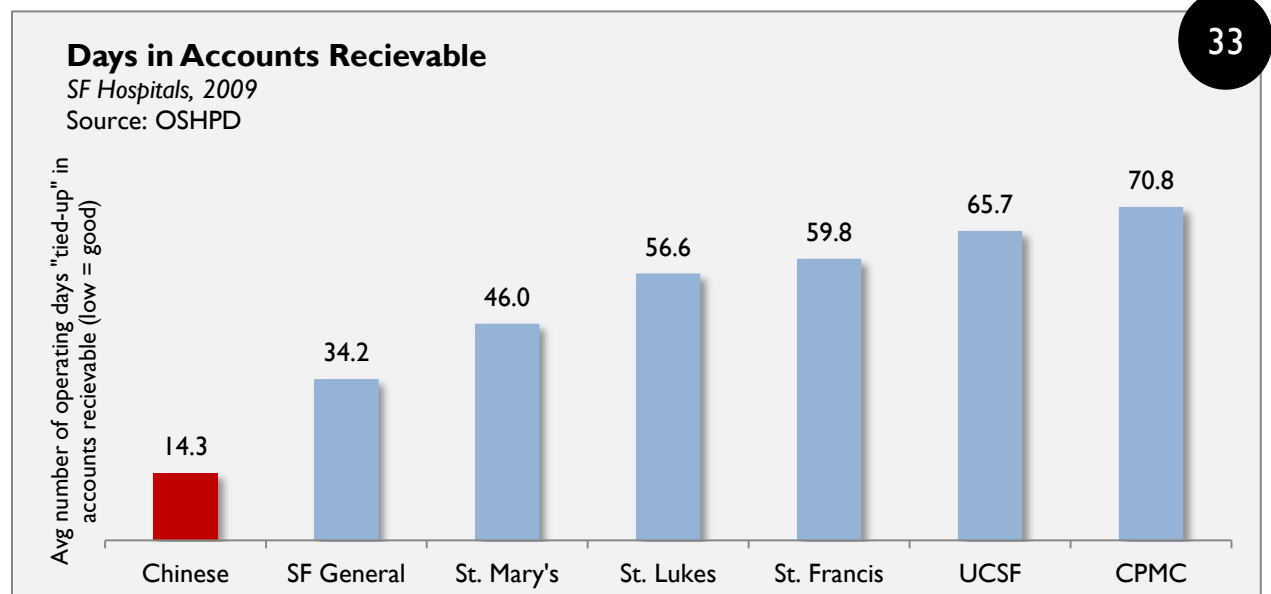
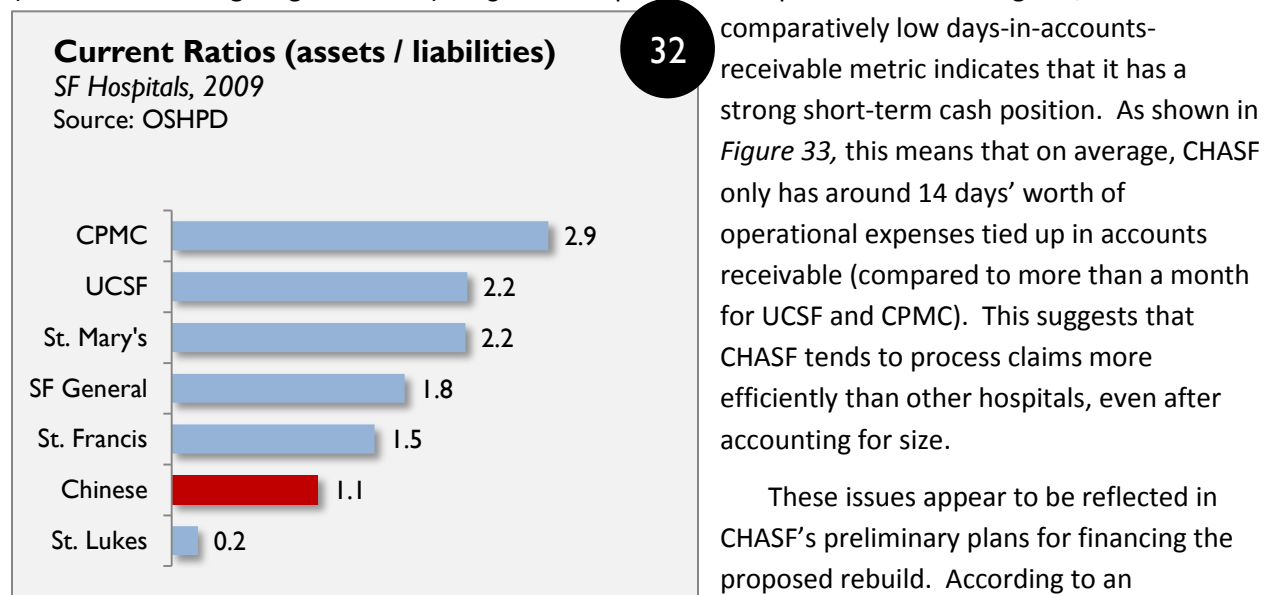
31



**2. Finding:** Chinese Hospital's plan for financing hospital construction is in line with accepted practices and is unlikely to negatively impact other areas of operation; it is complemented by CHASF's experience in fundraising for capital improvements

Although it is as yet too early to perform a detailed capital analysis of CHASF's construction finance package, this study did undertake a high-level analysis of the hospital's liquidity position and overarching capitalization strategy in order to provide a preliminary fiscal assessment of the proposed rebuild. Ultimately, our finding is that CHASF remains in sound financial health and that the proposed hospital rebuild is unlikely to over-leverage its finances.

In terms of liquidity, the ratio of CHASF's assets to liabilities, known as its "current ratio", is about 1.1 - lower than other hospitals citywide, but not unhealthy given the nature of its particular liabilities (i.e. no outstanding long-term debt). *Figure 32* depicts this comparison. Contrasting this, CHASF's





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administrator, CHASF is anticipating to issue approximately \$50 million worth of bonds, draw-down approximately \$50m from its capital reserves, and generate approximate \$50m through a capital campaign and other philanthropic contributions, to fund the rebuild efforts. From a high-level perspective, this approach is strategically sound. It avoids over-concentrating capitalization dependency in what is at present a difficult municipal bond market in the absence of opportunities to obtain reinsurance, while leveraging a healthy amount of equity to support the project, assuming it meets its fundraising expectations. Although not enough information is available at present to complete detailed capital analysis modeling, a preliminary analysis suggests that the above \$50m / \$50m / \$50m split would only cause a decrease of CHASF's current ratio by about 0.05 points. Given CHASF's strong operating margins and low present ratio of debt-to-equity, this strategy is firmly within CHASF's ability to comfortably leverage.

In addition, Chinese Hospital has experience in running a capital campaign for the purposes of building a new hospital. The current hospital, built in 1979, was funded in part through a capital campaign, and although that was 30 years ago, there are members of the current Board who were involved in that effort. According to one interviewee, "It is a very expensive project. Myself and many community members have been involved for years raising money for this. The fundraising, from what I can tell, is on pace. I am not hugely concerned. It is a project that has to get done."

Furthermore, the makeup of the Board, with its linkages to key community partners, offers support for the conviction that the institution has the capacity and experience to successfully fundraise a portion of the construction budget. According to one interviewee, Chinese Hospital has built up a significant capital reserve, has solidified employee and community involvement in the campaign and is already receiving sizable donations. According to another, "I'm just astounded by the amount of money they'll have to raise to do it. But other Chinatown organizations have had daunting money concerns and they've met them. Like the Chinatown YMCA – they went overseas and fundraised. And I think Chinese Hospital has come up with sound plans for raising the money. They are a financially conservative group, so I don't think there's a chance they would under-budget for what they're looking at."

Several community stakeholders exhibited concern that the cost of modernization would be passed through to healthcare consumers. Although this is a natural concern, our analysis suggests that a patient's cost for healthcare is highly complicated, driven by a number of environmental and market factors, and in most cases, does not directly correlate to the actual cost of providing services. Rather, per CHASF's proposed financing strategy, the majority of interest expense incurred from construction will be paid for out future net income (i.e. to honor its municipal bonds), not from current share-of-cost revenues.



## ***V. ADDITIONAL COMMUNITY HEALTH FINDINGS IDENTIFIED***

The following areas of inquiry came out of the qualitative process, primarily as a result of interviews. While these issues may be outside the strict scope of the IMP Analysis, they reflect community concerns as well as more general inquiries about the larger health care system in San Francisco.

### ***A. Delivery of Mental Health Services***

The availability and accessibility of mental health services remains a consistent concern across San Francisco communities. State and local budget cuts have consistently reduced the total available services in San Francisco, and persistent stigma associated with mental health diagnoses can inhibit access to services. Our early interviews with DPH staff and the members of the San Francisco Health Commission brought the issue of access and availability to the fore, and thus questions around mental health provision were included in our interview and survey protocols.

**Finding:** There is an expressed need for more accessible mental health services among Chinese Hospital's patient population, as well as a deficit of culturally competent behavioral health professionals

Chinese Hospital currently refers patients with behavioral health concerns to private providers or community organizations for outpatient services. Patients in crisis are treated in other facilities, including St. Francis Hospital and SF General. The Hospital itself does not provide triage or placement services, although the health plan does.

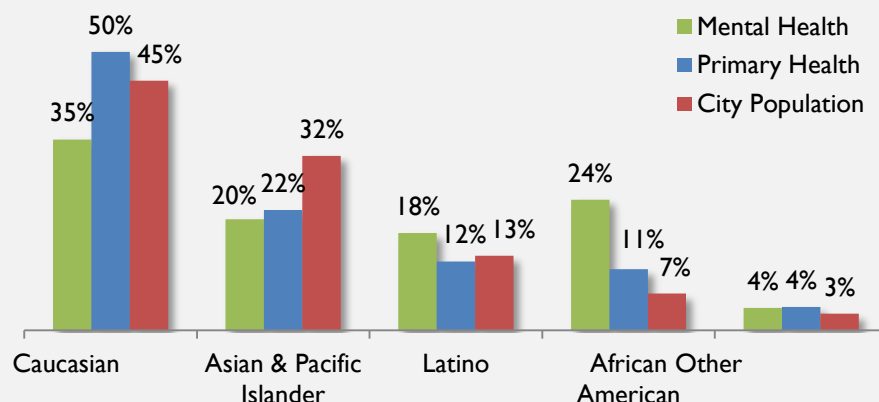
We heard frequently that social stigma around mental health diagnoses and services cause problems to go under-identified. Some believe that there are fewer mental health issues in the Chinese community, and statistically the API community is a disproportionately low user of mental health services by population. Others argue that the tight community and social support system in Chinatown reduces the need for professional services.

Some believe that the severe stigma around counseling might encourage the kind of primary care and behavioral health integration that the City and County of San Francisco is pursuing in its clinics; the medicalization of

#### **Proportion of Services Received and Total Population**

San Francisco, 2009

Sources: SF CBHS, CA Dept of Finance, OSHPD



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behavioral health might increase access by allowing patients to avoid the stigma associated with seeking help at a more traditional counseling center.

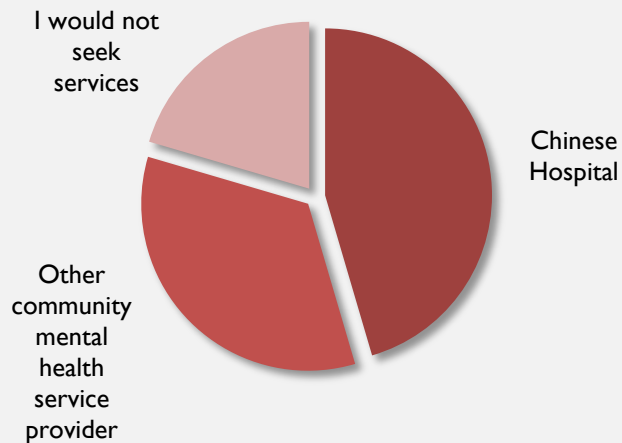
According to the patient survey, a statistically significant majority of patients believe the hospital should offer more mental health services; when asked if Chinese Hospital should offer more mental health services, 89% of survey respondents said “yes.” There was also broad agreement among stakeholders regarding the need for additional mental health services, both in Chinatown and throughout San Francisco.

The lack of services is exacerbated by the need for more qualified bilingual professionals, from psychiatrists to behavioral health counselors. Said one, “We sorely need more qualified professionals who are also bilingual and culturally competent. Too often, the mental health expert is not culturally competent, and the translator is not medically qualified.” Reported another, “Clinical social workers are hard to come by... a posting for an LCSW can be out for months [and get] a couple of hits.” So it is possible that any expansion of mental health services would require heavy recruiting at the provider level and possibly even a concerted workforce development strategy at the local government level.

### Patient Survey

*If you or a family member were depressed, stressed, suicidal, or struggling to keep track of reality, would you feel comfortable getting help at Chinese Hospital or at another community mental health service provider?*

n= 44

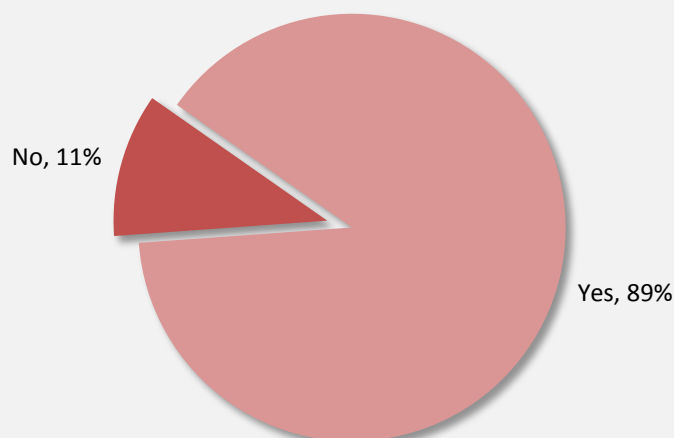


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### Patient Survey

*Do you believe Chinese Hospital should offer more mental health services?*

n = 46 ; statistically significant representation of total CHASF patient population; margin of error = 12%



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## ***B. Relative Community Outreach / Community Benefit***

**Finding:** When analyzed in the context of its size and the role played by its health plan in expanding coverage, Chinese Hospital makes a comparable contribution to the provision of services to San Francisco's most vulnerable populations

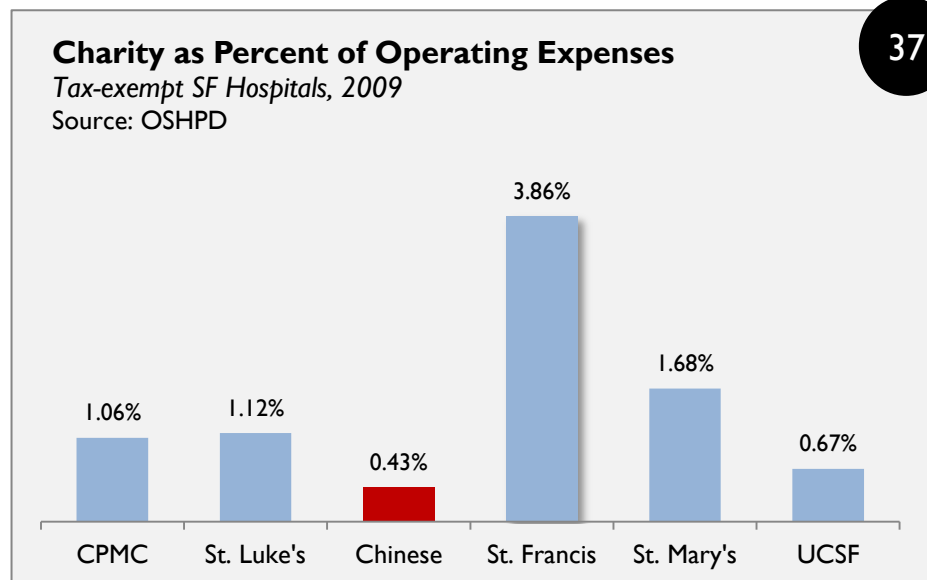
A common concern expressed by interviewed stakeholders, community members, and civic leaders was that CHASF's citywide community benefit is lacking, even for a hospital of its size. Our analysis suggests that while there are particular areas where CHASF can improve its community benefits efforts, the notion that it is dramatically underperforming in this area is unfounded. We expect that concern over CHASF's community benefit arises from the misimpression caused by two frequently cited community benefits metrics – 1) Medi-Cal shortfall as compared to Net Patient Revenue, and 2) total charity care expense as compared to Net Patient Revenue. These metrics are a helpful way to compare hospitals of different size, but alone provide an incomplete picture of a hospital's true relative community benefit, and pertaining to CHASF in particular, one that is unfairly distorted by the CHASF's

disproportionately old (and disproportionately Medicare enrolled) patient population, and its high overall operating margins.

Regarding CHASF's unreimbursed Medi-Cal expense, these are relatively low as a percentage of its total

revenue due to the high concentration of Medicare enrollees in its patient population in combination with specific provisions for how healthcare providers can bill patients that are enrolled in both Medi-Cal and Medicare, aka "Medi-Medi's." According to DPH's FY2009 Charity Care report, 80% of CHASF Medicare enrollees are also Medi-Cal eligible or enrolled. When the Hospital provides a service to one of these individuals, it bills Medicare first and only Medi-Cal after if it isn't able to collect a complete charge initially. This billing order is mandated by California legislation. We can infer that some large percent of the Medicare revenue the hospital generates would actually be reflected as Medi-Cal contribution except for the fact that Chinese Hospital's patient population is self-selectively Medicare eligible. If it weren't for the relative age of CHASF's patient (making Medicare the main payor for their services) therefore, its Medi-Cal contribution would actually be substantially higher.

Referring to the plan's affordability, as one informant noted, "the bottom line is that as a private sector company we don't really have alternatives for where to go for insurance. Even on the lowest



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rung, most insurance is very costly for the employer. The companies say, 'well, just have your employees pay half,' but we don't want them to have to pay. Chinese Hospital is one of the few affordable options, that is why we selected them for our health plan. If they weren't here, we would only have one choice – to pay more. They are generally affordable, generally accessible."

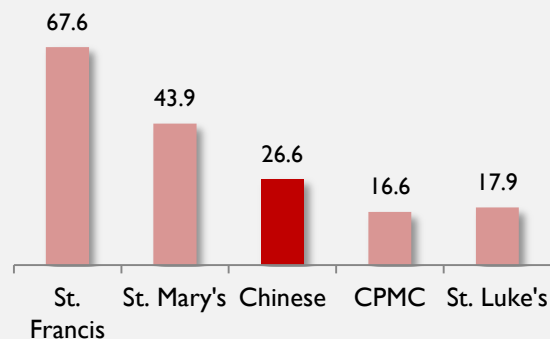
Another way to compare hospitals' charity care efforts is to look at the number of charity care applications they receive and the number of unduplicated individuals included. Denied applications are usually due to application incompleteness or inaccuracy, or because an individual's need for charity care was obviated by the provision of other welfare services. So denied application numbers is not actually a highly meaningful metric of a hospital's true charity contribution.

Instead, a better indicator is the number of unique individuals served. In FY 2009, CHASF served 290 individual charity care patients. This compares to 2,491 for St. Francis, 2,466 for SMMC, 2,830 for

### FY 2009 Charity Patients per 1000 Bed Days

SF Hospitals subject to Charity Care Ordinance, 2009

Sources: SFDPH FY 2009 Charity Care Report, OSHPD



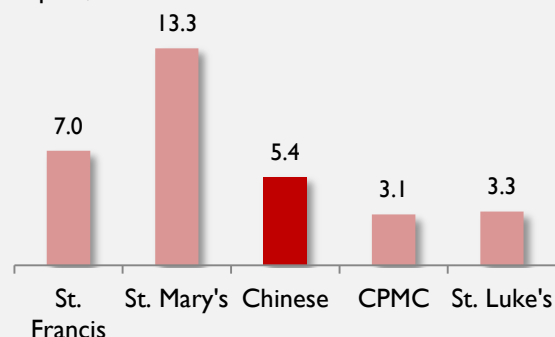
38

CPMC, and 751 for St. Luke's, among hospitals subject to the City's charity care reporting ordinance. Because these hospitals are all of dramatically different size, it will be important to use metrics that account for this in order to compare their net community benefit in this area. The figures at left and below examines the unduplicated number of charity care patients as compared to each hospitals' number of beds, total 2009 discharges, and total 2009 bed days, which have been reported to OSHPD. As these analyses show, while CHASF is by no means a leader in charity care services (indeed, St. Francis and St. Mary's appear to be), deep concern about CHASF's contribution to citywide charity care is also

### FY 2009 Charity Patients per Hospital Bed

SF Hospitals subject to Charity Care Ordinance, 2009

Sources: SFDPH FY 2009 Charity Care Report, OSHPD

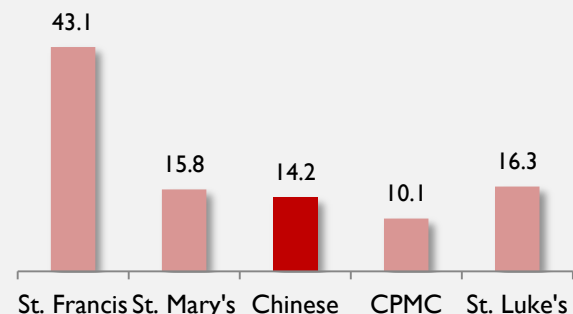


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### FY 2009 Charity Patients per 100 Discharges

SF Hospitals subject to Charity Care Ordinance, 2009

Sources: SFDPH FY 2009 Charity Care Report, OSHPD



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unwarranted.

Finally, it should be noted that although CHASF serves a large proportion of low-income patients (estimated by DHCS at 87% in FY2011), due to its small-hospital status (less than 100 beds) and its profitability from Medicare managed care contracts, it actually receives less federal support than other hospitals serving comparably low-income populations. More specifically, this is because although CHASF qualifies as a Disproportionate Share Hospitals (DSHs) due to the low-income status of its patient population, the amount of federal support it receives per low-income patient is significantly less than larger hospitals. According to one CHASF administrator, this difference amounts to more than \$5m annually.

### ***c. Ongoing Availability of ER Services***

One of the significant concerns to emerge from a hospital construction project is typically the impact on emergency services. Given the nature of these services, disruptions can have a catastrophic impact on outcomes. Thus it is not surprising that the provision of emergency services was one of the key concerns to emerge from our early interviews.

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**Finding:** There is no proposed change to Chinese Hospital's emergency services and there should be little disruption to existing services during the construction period

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As described in Section III.B. above, Chinese Hospital operates a 24-hour Level IV Emergency Department Treatment Center. In the US, trauma centers are designated with a level based on their capacity to meet specific criteria established by the American College of Surgeons (ACS), with Level I being the highest. A Level IV trauma center can provide initial evaluation, stabilization and diagnostic services, and will have a trauma-trained nurse immediately available. Physicians are available on an on-call basis from within the hospital. While a Level IV trauma center may provide surgery and critical-care services, it will not have the equipment, facilities or specialists to respond to most severe medical crises, and will transfer patients to a higher level of care for most emergency services, based on existing transfer agreements.

Typically, Chinese Hospital receives ambulances that are carrying a Chinese Hospital patient who is being transported to a scheduled surgery. Walk-in patients are stabilized and transferred to an appropriate facility. Chinese Hospital patients and nearby residents rely on St. Mary's Medical Center, St. Francis Hospital, CPMC and SF General for emergency care.



Per the chart at right (*Figure 41*), the vast majority of Emergency Department intakes are discharged to their own care.

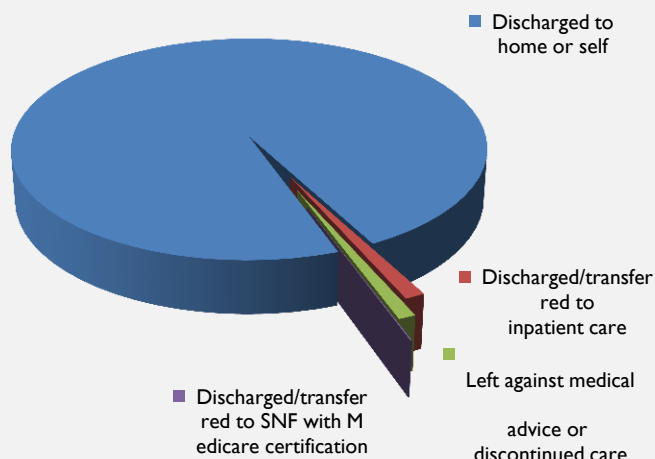
That said, the very nature of the population served and the services delivered at Chinese Hospital drive the usage of the Emergency Department. The Hospital does a disproportionate number of intakes through its emergency department compared to other San Francisco hospitals, as depicted in *Figure 42*.

Chinese Hospital is not proposing any change to or expansion of its emergency department. As with many other aspects of the project, Chinese Hospital is limited to its existing footprint in planning for the new hospital. There is not sufficient space to provide an expanded trauma center, and the Hospital lacks the specialty services to support one.

Given the information available, and the proposed staging of the construction process, in which the new hospital will open for service prior to the closure of the old hospital, Chinese Hospital will continue to play the same role in the City's fabric of emergency care throughout construction and beyond. It is unlikely that any significant disruption in emergency services will occur.

#### Result of Intakes

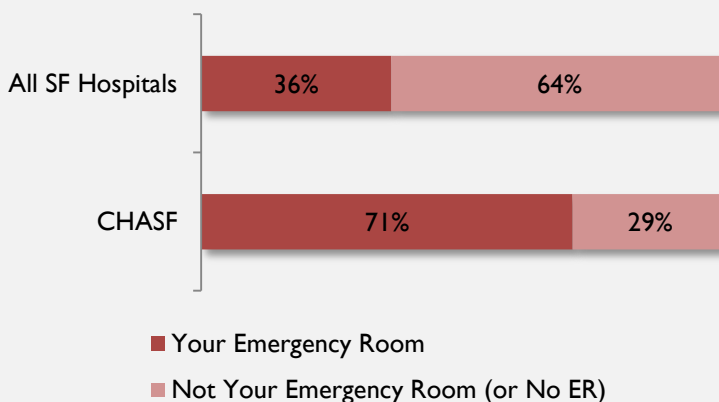
CHASF Emergency Department, 2009  
Source: OSHPD



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#### Where Does Intake Occur?

CHASF and All SF Hospitals, 2009  
Source: OSHPD



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## ***VI. RECOMMENDATIONS TO THE HEALTH COMMISSION***

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The following recommendations are based on questions and concerns raised as part of the analysis of the Chinese Hospital IMP. In some cases, the recommendations relate to concerns that were beyond the scope of this analysis or where the availability of current census data proved a barrier to further understanding.

### ***A. Establish Specific Targets for Citywide SNF Capacity; use IMP and HCSMP review processes to closely monitor bed levels***

Skilled nursing facilities are a critical part of San Francisco's total healthcare system. In 2009 the average San Franciscan utilized 13 times as many SNF bed days as the statewide average. Yet despite this, citywide SNF beds have diminished dramatically in the last decade, driven largely by reductions at Laguna Honda Hospital, the City's largest provider of SNF services. Although the addition of 22 licensed SNF beds as a component of the proposed CHASF rebuild is a welcome reversal of this trend, the city would need to add more than 500 beds in coming years to maintain its historic SNF service levels, factoring for projected population growth. As SNF beds continue to play a greater role in emerging healthcare best practices, this number may be even greater.

We urge the Commission to conduct a detailed review of SNF beds in the context of the City's healthcare landscape, establish specific targets for citywide bed levels, and regulate potential future SNF closures by using the IMP and HCSMP review processes to closely monitor SNF bed levels

### ***B. Expand Behavioral Health Services in the Chinese Community***

Patients report a perceived lack of mental health services, and community members note that 1) stigma prevents some Chinese from accessing behavioral health services; and 2) some patients are more comfortable approaching their medical practitioner for their behavioral health needs. Chinese Hospital doctors occupy a unique position of trust among their patients as a result of the emphasis on culturally competent services. At the same time, the Hospital depends on partnerships to deliver a full array of health services, so patients are not unfamiliar with being referred to outside providers. Given these factors, Chinese Hospital is in a unique position to play a leadership role in stigma reduction through education about and awareness of behavioral health issues in the medical setting.

By proactively engaging patients in a behavioral health discussion as a part of routine appointments, Chinese Hospital doctors can help to de-stigmatize these services, and can act as a trusted broker for referrals.



Such a strategy is likely to require additional training in recognizing symptoms of behavioral health issues.

In addition, the City and County of San Francisco has the opportunity through its upcoming Health Care Services Master Plan (HCSMP) to further explore the issue of workforce preparedness in the behavioral health fields. San Francisco has accomplished some of this work through its Mental Health Services Act (MHSA) Workforce Education and Training (WET) planning process, as well as the work of the API Parity Working Group. The HCSMP offers a further opportunity to examine the factors affecting availability of qualified, culturally competent behavioral health providers in the Chinese community, the larger API community and beyond.

***c. Develop LGBTQ-focused cultural competencies within ethnically-focused community health settings***

San Francisco offers a rich array of service providers whose goal is to provide culturally competent services to a relatively narrow segment of the population, for example Chinese, Latino, youth, or LGBTQ. Chinese Hospital is a premier primary care provider for Chinese older adults. Yet there is an expressed need for greater cultural competency in high quality primary care services for the LGBTQ community.

Given the distribution of LGBTQ people across the population, it stands to reason that there are already numbers of the LGBTQ among the current service population of Chinese Hospital and its clinics. To quote an interviewee, "They have to assume there are a number of people in their current clientele who are closeted, and who are still most comfortable in the Chinese community, with Chinese language and culture... they need to have some competency infused in their organizational culture."

It is unrealistic to expect Chinese Hospital to become the leading provider for LGBTQ Chinese. But it is not enough to assume that these community members will seek out clinics such as Lyon Martin for all their primary care needs, especially for services where Chinese Hospital has established significant expertise, such as Hepatitis B treatment.

Chinese Hospital currently partners with API Wellness Center as a provider of Hepatitis B screening services. Those who test positive are referred to Chinese Hospital for disease management and treatment services. Through this partnership, API Wellness Center has provided education to Chinese Hospital medical staff about LGBTQ community health needs. However, cultural competency begins at the front door. Just as Chinese Hospital has engaged its medical staff in the process of developing LGBTQ cultural competency, so might it engage those who are the first points of contact for patients seeking services. In this way, the Hospital could take visible concrete steps to help them feel welcome and accepted, which would set an example for the entire community.

The complex issue of improving care to the Chinese LGBTQ community goes beyond simply having friendlier front line staff. Although this is a component of our recommendation, we also suggest that Chinese Hospital leverage the strong relationships developed with community health providers who serve the LGBTQ community through its involvement in the San Francisco Hep B Free campaign to plan a comprehensive strategy for improving care to Chinese immigrant LGBTQ patients that according to one stakeholder, "Chinese Hospital must already be serving."



***D. Use the Health Care Services Master Plan to conduct a detailed analysis of demographic patterns and community health needs in Chinatown***

Throughout our analysis, interviewees inquired about the current demographics of Chinatown and neighboring North Beach, where the most significant numbers of Chinese Hospital patients originate. Questions centered on the whether residents are still predominantly Cantonese-speaking, the current age distribution, and the mix of ethnicities within the general API census designation.

In addition, there are questions about the disaggregation of new (since 2000) API residents throughout the southeast sector of the city, including the Mission District and the Excelsior. The answers to these questions will be essential to city-wide health services planning efforts, from public health to primary care to behavioral health to disaster planning. However, the 2000 Census data makes such an analysis impossible at this time, and any effort to assemble demographic data that accounts for ethnic distribution is beyond the scope of this analysis.

The San Francisco Department of Public Health is about to embark on a process to develop a city-wide Health Care Services Master Plan (HCSMP). The assessments that will provide a foundation for the Plan will be based on 2010 Census data as well as multiple other data sources.

RDA recommends that a demographic analysis of Chinatown specifically and the patterns of Asian ethnic distribution city-wide be included in this effort, in order to ensure an understanding of API health needs.

***E. Expand cultural competency to a broader API patient population within Chinese Hospital and use CHASF expertise to expand API competency across the hospital system***

According to Chinese Hospital personnel, the Hospital places a concerted focus on the specific needs of the Chinese community, and services are developed based on those needs. In fact, the staff share a special dedication to the legacy of service to a formerly underserved population. Chinese Hospital currently has 16 pair of parent/child professionals on their medical staff – where both a parent and child serve on staff. Hospital administrators report that it is not unusual for a member of the medical staff to have been born in the hospital, and families bring their children to serve as volunteers there, as a way of giving back for the services their parents and grandparents have received.

Chinese Hospital's continued focus on the Chinese population sparked admiration in some stakeholders, who wished there were similarly culturally competent services for all San Francisco populations, and concern in others, who wondered how young or LGBTQ Chinese are served in San Francisco, and how non-Chinese members of the API community might experience Chinese Hospital.

The clinics already see a younger, more ethnically diverse demographic than is seen in the hospital. It is reasonable to expect that some of these patients will seek out care at the rebuilt Chinese Hospital.



In the coming years, Chinese Hospital may find that it must adjust its definition of cultural competency to meet the needs of all its patients.

Additionally, this process should recognize the expertise and leadership of Chinese Hospital in the field of providing culturally competent services to core API populations. CHASF has traditionally played a strong role in enhancing cultural competency throughout the health care system by sharing knowledge and educational materials with other San Francisco health institutions. The Commission should recommend specific areas where CHASF can continue to share its knowledge and experience with other City hospitals.

#### ***F. Continue to enhance cultural competency of community partners***

Chinese Hospital provides a valuable community service through its work to develop culturally appropriate information for their patients. In addition to their prevention and treatment services around Hepatitis B, Chinese Hospital staff have created information resources and specialized teaching materials for treatment of those diseases most endemic to their patient population, including a campaign to reduce re-admissions due to heart failure. Teaching materials are available in English, Cantonese and Mandarin, and employ pictographs so that they are understandable regardless of the literacy of patients and caregivers.

Chinese Hospital has been generous in sharing these materials with other hospitals and community partners, as described in Section A. Accessibility. In addition, Chinese Hospital provides technical assistance to partner providers in designing programs that feel comfortable and familiar to their Chinese patients. For instance, Chinese Hospital provided input to CPMC's efforts to develop a menu of food items that would be familiar to their Chinese OB/Gyn patients.

Such efforts provide an important service to Chinese health consumers throughout San Francisco, and should be encouraged.

#### ***G. Increase level of awareness of proposed rebuilding among CHASF patients and neighboring communities***

While health services delivery partners and community leaders expressed high awareness regarding the planned hospital reconstruction, we found low awareness among patients and neighboring communities (as detailed in Section A. Accessibility). Although patients can expect little or no disruption to the volume and variety of services offered throughout the construction period, and other services providers will be helpful in communicating impending changes to their community stakeholders, this finding does present an opportunity for action on the part of Chinese Hospital. We recommend that Chinese Hospital continue to engage patients and partners to communicate both the construction timeline as well as the plan for ensuring continuous service delivery. In addition, given the lack of parking facilities in the vicinity of the hospital, the loss of parking should be clearly communicated to patients and their family members well in advance of construction.



## ***APPENDIX A: STAKEHOLDER INTERVIEW PROTOCOL***

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“The interview is structured first to obtain your input more generally into the role that Chinese Hospital plays in the delivery of health services in San Francisco and in the Chinatown and North Beach neighborhoods. We will then shift the inquiry to focus more specifically upon the changes proposed in the IMP and its potential impact upon service delivery.”

- 1) How familiar are you with the proposed IMP for Chinese Hospital?
- 2) How would you expect a rebuilding of Chinese Hospital to impact services to the community?
- 3) Describe any concerns you may have about access or quality of patient care during the proposed facilities expansion.
- 4) Do you know of any community groups or organizations that could help ensure that patients continue to have access to care during the construction period?
- 5) Do you have any suggestions that would minimize negative impacts from a facilities expansion, or suggestions to increase benefits to people served by Chinese Hospital?
- 6) Knowing what you do about the proposed construction, do you believe the new hospital facilities will improve the health care services or access to high quality care?
- 7) Do you feel that community mental health needs are adequately addressed? If so, what services are provided, and where, and if not, how could services could be improved?
- 8) (4 Part Question): CULTURAL COMPETANCY
  - 1) Do you feel CH currently meets the need that Chinatown residents have for culturally competent health care, or are there healthcare needs in the community that continue to go unmet?
  - 2) What other culturally competent health care resources exist for Chinatown residents, particularly immigrants, outside of CH?
  - 3) Where do people who live in Chinatown but do not use CH go for healthcare?
  - 4) Do you believe the proposed changes will ensure better access to culturally competent services, have no impact, or reduce access to culturally competent services
- 9) Are the demographics in the neighborhood changing? How might this affect workforce preparedness?
- 10) Describe any concerns about the funding, or financial impacts, of this plan?



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- 11) Can you suggest anyone that you feel would be able to provide important insights into this IMP?
- 12) Do you think a community meeting would be a valuable part of this review? Do you have any ideas about how to get neighborhood residents, or those in need of services offered at CH, to a community meeting?
- 13) Are there any other comments that you would like to offer?



## **APPENDIX B: PATIENT SURVEY**

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### **A. Example Survey**

This survey of Chinese Hospital patients is being conducted as a part of an Institutional Master Plan review required by the San Francisco Department of Public Health for all hospital construction projects. This survey is completely anonymous and voluntary. It should only take 5 or 10 minutes to complete. The results will be shared with the Department of Public Health and the San Francisco Health Commission to help them understand the impact of the planned reconstruction of Chinese Hospital on patients. Any questions should be directed to Resource Development Associates.

- 1) Have you received any health services from Chinese Hospital within the past year?  
☐ Yes  
☐ No (if no, stop here)
- 2) How did you get here today?  
☐ Muni bus  
☐ Taxi cab  
☐ On foot  
☐ Dropped off by a friend/family member  
☐ Drove or was driven and parked in the parking lot  
☐ Drove or was driven and parked on the street  
☐ Other \_\_\_\_\_
- 3) How much do you know about the construction that is going to happen here at the hospital?  
☐ Yes, I am very familiar with it  
☐ Yes, but I don't know much  
☐ No, I didn't know that was happening
- 4) Are you worried about being able to get care during construction?  
☐ Yes  
☐ No
- 6) Do you think closing the parking lot during construction will make it harder for you to get care?  
☐ Yes  
☐ No
- 7) How much do you know about the planned changes for the new building?  
☐ Yes, I am very familiar with the proposed changes  
☐ Yes, I am a little bit familiar  
☐ No, I don't know what changes have been planned
- 8) Do you believe the new hospital building will make it easier or harder to get care at Chinese Hospital?  
☐ I believe it will make it easier  
☐ I believe it will make it harder  
☐ I don't know
- 9) Do you believe the planned changes will increase or decrease the quality of care in any way?  
☐ I believe it will increase the quality of care  
☐ I believe it will decrease the quality of care  
☐ I don't know
- 10) Have you ever come to Chinese Hospital for a health concern and been referred to another hospital for services?  
☐ Yes, this has happened a lot  
☐ Yes, this has happened once or twice  
☐ No, this has not happened
- 11) If yes, what were the services you were seeking? (check all that apply)



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- ☐ Maternity
  - ☐ Mental Health Services
  - ☐ Pediatrics
  - ☐ Skilled Nursing
  - ☐ Emergency/Trauma Care
  - ☐ Other \_\_\_\_\_
  - ☐ Not applicable/Refused
- 12) Were you happy with the services you received elsewhere or did you feel Chinese Hospital would have done a better job?
- ☐ I was happy with the services I received outside of Chinese Hospital
  - ☐ I felt Chinese Hospital would have done a better job
  - ☐ Not applicable
- 13) If Chinese Hospital didn't exist, where would you go for health care? (check all that apply)
- ☐ North East Medical Services
  - ☐ Chinatown Public Health Center
  - ☐ A western medical clinic or hospital outside of the neighborhood (e.g., CPMC, General Hospital, St. Francis, etc.)
  - ☐ A Traditional Chinese Medicine provider in Chinatown (acupuncture, Chinese herbs)
  - ☐ A Traditional Chinese Medicine provider outside of the neighborhood
  - ☐ I probably wouldn't access health care at all
  - ☐ Other \_\_\_\_\_
- 14) Have you ever been hospitalized here at Chinese Hospital?
- ☐ Yes
  - ☐ No
- 15) Were you satisfied with the room?
- ☐ Yes, my hospital room was fine
  - ☐ My hospital room was tight, but not too bad
  - ☐ No, my hospital room was crowded and this made it difficult for me
- 16) Please indicate which of the following statements you consider to be true (check all that apply):
- ☐ The current hospital rooms in Chinese Hospital are not very private.
  - ☐ It would be nice if there were more room for family members to visit and stay overnight when a loved one is hospitalized.
  - ☐ The current hospital does not feel modern or up-to-date.
  - ☐ It would be nice if the pharmacy at Chinese Hospital were larger, with more room to wait.
  - ☐ The hospital needs some beds where patients can rehabilitate under the care of hospital personnel.
  - ☐ It would be ideal if the hospital could expand its outpatient services (visits to the hospital that don't involve an overnight stay – doctor visits, same-day treatments, etc.).
- 17) Stress, sadness and emotional struggles can affect a person's overall health. Do you feel there are enough emotional and mental health support services in the neighborhood, such as psychiatry or counseling?
- ☐ Yes
  - ☐ No
- 18) If you or a family member were depressed, stressed, suicidal, or struggling to keep track of reality, would you feel more comfortable getting help at Chinese Hospital or at another community mental health service provider?
- ☐ Chinese Hospital
  - ☐ Other Community Mental Health Service Provider
  - ☐ I would not seek services
- 19) Do you believe Chinese Hospital should offer more mental health services?
- ☐ Yes
  - ☐ No
- 20) Are there any topics on which you'd like Chinese Hospital to offer more Health Education?\_
- 21) What is your zip code?

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**Chinese Hospital IMP Update Review**  
*Commissioned by San Francisco Department of Public Health*

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22) What is your age?

23) Where were you born?

\_\_\_\_\_ (country)

24) What is your first language?

- ☐ English
- ☐ Mandarin
- ☐ Cantonese
- ☐ Other Chinese Dialect \_\_\_\_\_
- ☐ Other non-Chinese Language \_\_\_\_\_

25) What other languages do you speak? (Check all that apply)

- ☐ English
- ☐ Mandarin
- ☐ Cantonese
- ☐ Other Chinese Dialect \_\_\_\_\_
- ☐ Other non-Chinese Language \_\_\_\_\_

26) How comfortable are you speaking and understanding spoken English?

- ☐ Native speaker
- ☐ It's not my first language, but I'm very comfortable
- ☐ I'm moderately comfortable
- ☐ I struggle with English
- ☐ I do not speak English

27) How comfortable are you reading and writing English?

- ☐ Very comfortable
- ☐ I can read, but I often make mistakes writing
- ☐ I sometimes don't understand what I'm reading in English
- ☐ I can make out some of what I'm reading, but mostly do not understand
- ☐ I do not read English at all

28) Do you have any suggestions for how Chinese Hospital could improve its services or be more responsive to the community's needs?

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## B. Survey Summary Results

Response	1	2	3	4	6	7	8	9	10	11	12	13	14	15	18	19	24	25	26	27
1	92%	47%	6%	28%	19%	3%	65%	71%	3%	3%	37%	49%	51%	23%	46%	90%	5%	16%	6%	11%
2	8%	0%	51%	72%	81%	39%	0%	2%	30%	0%	25%	14%	49%	48%	35%	10%	14%	37%	6%	6%
3	-	28%	43%	-	-	58%	35%	27%	67%	0%	35%	16%	-	30%	20%	-	79%	47%	24%	16%
4	-	20%	-	-	-	-	-	-	-	37%	2%	3%	-	-	-	-	2%	0%	26%	19%
5	-	2%	-	-	-	-	-	-	-	3%	-	0%	-	-	-	-	0%	0%	37%	47%
6	-	3%	-	-	-	-	-	-	-	17%	-	5%	-	-	-	-	-	-	-	-
7	-	0%	-	-	-	-	-	-	-	40%	-	14%	-	-	-	-	-	-	-	-

Q11	Q13	Q20	Q28
not enough space	pacific	diet	need more waiting room
x ray	general hospital	talk about diet; maintaining health	need heater in the cpu; not enough beds, -need more seats in waiting room
annual body check	private	more information on current new technology that Chinese Hospital has been using. More information on how to eat healthier	no
GI	UCSF Parnasus	clinician psychiatry; mental health; outpatient	shorten the waiting line (if possible)
xray, lab services	don't know	don't know	hospital should be opening optional programs for psychiatric patients
same day surgery		lectures about how to be healthy, information about different kinds of diseases	better nurses, better lab services, more friendly attitude
Ophthalmology		yes. Information about healthy diet. Information about different diseases	bigger waiting area, more seats
Ophthalmology		activities	better lobby, better nurses
		yes.	more, different kinds of service
		yes	the hospital should be bigger
		yes	keep serving patients in a bilingual way
		yes	N/A
		yes	N/A
		yes	when patients come to the hospital, they should be treated in a comfortable and satisfying way
		yes	N/A
		yes	more service, good quality
		education is important	building offer more service
		yes	need some remodel
		yes	I do not know it very well, but I feel that Chinese Hospital is convenient to Chinese here because of the issue of language. I hope that it can bring greater help to patients after the renovation.
		yes	
		yes	Ward is crowded
		yes	Emergency service is not sufficient.
		yes	I am very satisfied with the service.
		yes	Have more satellite hospitals for more convenience.
		yes	More bilingual service
			Sometimes there is not sufficient manpower
			Have more manpower; Save waiting time, there are not enough restrooms.
			To finish the construction of the building as soon as possible, offer more service.



## **APPENDIX C: COMMUNITY MEETING**

### **A. Community Meeting Flyer**



## **Chinese Hospital Expansion**

Public Meeting on the Institutional Master Plan Update

February 14, 2011

1:00 – 5:00 PM

**San Francisco Public Library**  
**Chinatown / Him Mark Lai Branch**  
1135 POWELL STREET  
SAN FRANCISCO, CA, 94108

**CONTACT:**

*Resource Development Associates*  
(510) 488-4345 x113

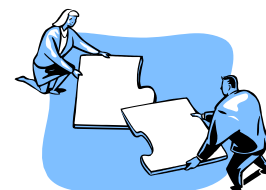
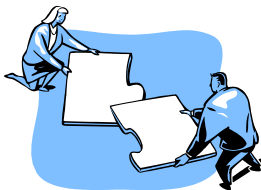
### **Chinese Hospital IMP Update Public Meeting**

Chinese Hospital is planning to rebuild its facilities beginning in 2011. The hospital's Institutional Master Plan (IMP) update details these plans, as well as an assessment of immediate and long-term patient needs. On Behalf of the San Francisco Department of Public Health, Resource Development Associates (RDA) is conducting an analysis of the planned renovations in the context of the City's long-term health care needs and the system-wide availability of medical services. This analysis is limited to the potential impact on the health care system; it does not address planning issues such as traffic, parking or construction impacts.

As part of this process, RDA is conducting a community meeting with stakeholders, community members, policy makers, service providers, patients and practitioners. As public input is so important to this process, we are hoping that you will join us at a, open-house community meeting to learn about the project, and help us understand the medical service needs of community members like you. The meeting is an opportunity for you to share your opinions, and participate in open dialogue about the project. Your comments and questions about the proposed plan are integral to the process. We very much hope that you will join us for the meeting. If you have any questions about the meeting or IMP update review process, please feel free to contact RDA.

*Refreshments will be provided*  
*We look forward to hearing your thoughts!*

*\*Note: This is not a library sponsored event*





## B. Community Meeting Survey

### Community Meeting Feedback

Thank you for participating in the community meeting. We value your input!

Please help us by answering a few additional questions about yourself and your thoughts about the planned hospital renovation efforts.

- ❖ What is your relationship to Chinese Hospital?  
(mark all that apply)

☐ Neighbor ☐ Patient ☐ CBO ☐ Other \_\_\_\_\_

- ❖ How did you get to the community meeting today?

☐ Muni  
☐ Taxi  
☐ On foot  
☐ Car – my own  
☐ Car – somebody else's  
☐ Other \_\_\_\_\_

- ❖ Overall, how do you feel about the planned construction? (mark all that apply)

☐ Enthusiastic ☐ Excited  
☐ Relieved ☐ Nervous  
☐ Concerned ☐ Scared

### 社區會議反饋意見

謝謝您參加社區會議。我們珍視您的意見！

請您幫助我們回答一些關於您自己和您對規劃的醫院更新工作想法的問題。

- ❖ 您與東華醫院是什麼關係？  
(標記所有適用選項)

☐ 鄰居 ☐ 病人 ☐ CBO ☐ 其他 \_\_\_\_\_

- ❖ 您今天是怎樣來參加社區會議的？

☐ Muni 公車  
☐ 計程車  
☐ 走路  
☐ 汽車 – 自己的  
☐ 汽車 – 別人的  
☐ 其他 \_\_\_\_\_

- ❖ 整體而言，您覺得規劃的建設工程如何？(標記所有適用選項)

☐ 興奮 ☐ 激動  
☐ 輕鬆 ☐ 緊張  
☐ 擔憂 ☐ 害怕  
☐ 其他 \_\_\_\_\_

- ❖ 您是否認為您的需要會更好地得到滿足？

☐ 是 ☐ 否 ☐ 不知道

- ❖ 關於審查程序或提議的更新，您還有想法要告訴我們嗎？(如有需要，請使用本表格的背面)

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*c. Community Meeting PowerPoint Presentation*

## Chinese Hospital IMP Update Analysis Community Meeting



Part of an assessment  
commissioned by:

San Francisco  
Department of Public Health  
February 14, 2011



Prepared by Resource Development Associates

February 14, 2011

## Why are we here?

⇒ To get your input on proposed  
renovations to **Chinese Hospital**



### Who we hope to hear from

- Neighbors
- Patients
- Service providers
- Other stakeholders

### Who we are

- We're here to listen!
- Consultants hired to conduct an independent assessment for the SF Dept. of Public Health

Prepared by Resource Development Associates

February 14, 2011



## What are we examining?

⇒ **How would a renovation of Chinese Hospital impact you?**



Long-term impacts on availability of health services

- Mix of services
- Access to quality care



Short-term impacts during the construction period

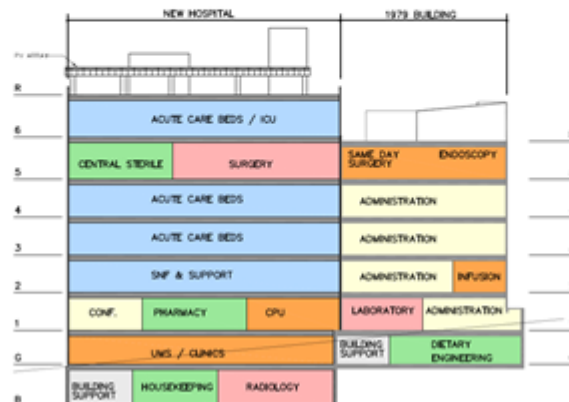
- How do you plan to access health care services?

Prepared by Resource Development Associates

February 14, 2011

## What are Chinese Hospital's goals?

⇒ Chinese Hospital plans to build a new hospital facility to support more rooms and newer technology



Prepared by Resource Development Associates

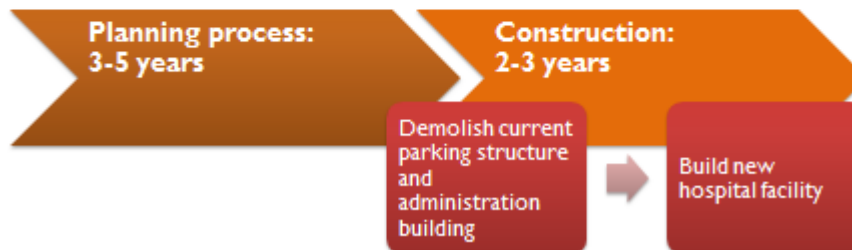
February 14, 2011



## What will change?

- ⇒ 90,000 sq ft of new acute care floor space
- ⇒ 22 additional skilled nursing beds
- ⇒ Relocated parking

## How will this happen?



Prepared by Resource Development Associates

February 14, 2011

## What happens next

- ⇒ **Your input will be included in a report to the Health Commission**
- ⇒ **We will also analyze health data to define the role of the hospital in San Francisco's health care system**
  - ⇒ The Health Commission will consider how the proposed changes at Chinese Hospital affect access to care in San Francisco



Prepared by Resource Development Associates

February 14, 2011



**Thank you for your thoughts!**