



# **Chinese Hospital San Francisco, California Institutional Master Plan**



**Revised April 20, 2011**



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## **Institutional Master Plan Revised April 20, 2011**



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## **SECTION 1 – INTRODUCTION**

The Chinese Hospital submits this institutional Master Plan (IMP) to update the full Institutional Master Plan (IMP) filed in 1977 and the abbreviated IMP filed in 1989 Institutional Master Plan (IMP) currently on file with the San Francisco Planning Department. This IMP provides information to the Planning Commission, our community and neighborhood organizations, other public and private agencies and the general public regarding the Five and Ten Year Plans for Chinese Hospital in accordance with Planning Code Section 304.5 (c) (1) through (c) (5).

The Chinese Hospital Campus is located in San Francisco's Chinatown. The campus consists of the existing Chinese Hospital at 845 Jackson Street, the Medical Administration Building at 835 Jackson Street and the Chinese Hospital Garage located behind the Medical Administration Building.

The 1977 IMP was filed to provide information to the City Planning Department regarding the proposal to rearrange services between the two buildings that occupied the Chinese Hospital lot. These buildings are located at 835 and 845 Jackson Street respectively. The changes proposed in the 1977 IMP were approved and the services were reallocated to the two buildings.

The 1989 abbreviated IMP was filed to provide information to the City Planning Department regarding the proposal to build a parking garage adjacent to the two buildings. This plan was also approved and the garage was completed.

Chinese Hospital exists essentially as it did at the completion of the work approved in the 1989 abbreviated IMP. Both the building space and garage space have remained the same. There have been some changes in the inpatient services provided – as the number of deliveries continued to decline and the requirement for specialty coverage increased, our Board of Trustees made the decision to no longer provide maternity services. We contract with other local San Francisco hospitals to provide maternity services for our health plan members.



**SECTION 2 - THE NATURE OF THE INSTITUTION - Section 304.5 (c) (1)**

**A. HISTORY of GROWTH**

While the first Chinese came to San Francisco just prior to the Gold Rush of 1849, most of the early Chinese immigrated after the discovery of gold, hoping to escape the economic depression, political turmoil and natural disasters in China. They came to California and later to the other Western States of Oregon, Washington, Nevada and Idaho to work as laborers for the mineral mining companies. As laborers they were willing to work long hours for low pay. Some of these early immigrants hoped to find their fortunes as gold miners in the foothills, mountains, rivers and streams. A few were successful but many were driven away by competition for the depleted placer gold as other miners would steal their gold and claims and expel any emigrants from the area. Many Chinese returned to San Francisco to work as laborers, cooks, carpenters and domestic servants. Others moved to agricultural cities and areas of California Central Valley to become farmers and farm laborers. A few moved to the coastal cities of the Pacific Ocean and along the San Francisco Bay to become fishermen or laborers in the seafood food canning industries. In 1850, there were about 700 Chinese in California. By 1860, the Chinese population increased to 34,935 and by 1870 it had increased to 48,790.

With the ships from Canton docking at Portsmouth Square and bringing more and more Chinese to the West Coast, many of the first Chinese settled near the wharf, on Sacramento Street between Grant Avenue and Kearny Street. Sacramento Street was called Tong Yun Gai (the Chinese Street). As the Chinese population continued to increase, Chinatown expanded around Portsmouth Square, on DuPont Street (later named Grant Avenue) and Kearny Street, between Sacramento and Jackson Streets. Although the Chinese worked in other neighborhoods of the City, almost all lived in Chinatown. In 1849, there were 700 Chinese in Chinatown; by 1860, about 3,000; and by 1870, 11,728. As the population of San Francisco grew, many of the Chinese became merchants opening shops to sell food and dry goods; shops to manufacture and repair shoes and clothing; shops to roll cigars; laundries and restaurants.

Year	San Francisco Population	
	Total	Chinese
1850	21,000	700
1860	56,802	3,130
1870	149,473	11,728
1880	233,959	21,213
1890	298,997	25,833
1900	342,782	13,954

The Chinese family and district benevolent associations welcomed the new arrivals with food, housing, and work. From these benevolent associations, the Chinese Consolidated Benevolent Associations, also known as the Chinese Six Companies, was formed. The Chinese Six Companies governed Chinatown helping its residents to find housing and work, encouraging and creating small businesses, settling disputes and protecting its residents and merchants from outsiders. As the Chinese were denied access to City services, these benevolent associations created, built and financed their own community facilities, schools, social halls and meeting rooms. The Chinese American residents of San Francisco were also denied health care by the City's physicians, clinics and hospitals. As a result, in 1899, the Chinese Six Companies opened the Tung Wah Dispensary on Sacramento Street. The dispensary was operated



by Christian missionaries who used both Western and traditional Chinese medicine to care for the sick and injured.

The 1906 Earthquake destroyed Chinatown which was immediately rebuilt by the hardworking, industrious Chinese. During this time, San Francisco City Leaders attempted to relocate the Chinese from Chinatown to the Bayview and Hunters Point District in southeast sector of the City. Although the land in Chinatown was not owned by the Chinese, the Chinese quickly built and paid for the new buildings, continued to pay rent to their non-Chinese landlords and convinced the City of the benefits of Chinatown as a tourist destination. After the earthquake destroyed the original Tung Wah Dispensary, it was rebuilt on Washington Street near Trenton Alley. With the Chinese population growing at a very consistent rate, the need for a larger medical facility was identified by the community leaders. These community leaders led a nationwide fund raising campaign and within a few years, raised enough money to build the Chinese Hospital. The Chinese Hospital Association, a non-profit public benefit corporation, was founded by fifteen Chinatown community organizations, family associations and benevolent organizations that own and operate the hospital. In 1925, Chinese Hospital opened with 60 acute care beds at 835 Jackson Street, just one block north of the Tung Wah Dispensary. Four Chinese doctors, a Chinese dentist, and 32 Caucasian doctors staffed the hospital. Representatives from the founding organizations listed below make up the Board of Trustees for the Chinese Hospital.



**Chinese Hospital Association – Board of Trustees**

- |   |  |
|---|--|
| Chinese Consolidated Benevolent Association | Chinese Chamber of Commerce                |
| Ning Yung Benevolent Association            | Chinese American Citizen Alliance          |
| Sue Hing Benevolent Association             | Kuomintang of China                        |
| Hop Wo Benevolent Association               | Chee Kung Tong                             |
| Kong Chow Benevolent Association            | Chinese Democratic Constitutionalist Party |
| Yeong Wo Association                        | Chinatown YMCA                             |
| Sum Yup Association                         | Chinese Christian Union of San Francisco   |
| Yan Wo Benevolent Association               | Chinese Hospital Medical Staff (1980)      |



By 1970, the Chinese population in San Francisco had grown to 58,696. The existing hospital was deemed inadequate to serve the medical needs of the larger population and unable to accommodate the advances and changes in medical technology and equipment. The Chinese Hospital Association and its fifteen founding organizations once again raised funds from the community and along with a Hill Burton Grant, a government grant for the construction of hospitals, built a new hospital adjacent to the original facility. The new hospital opened in 1979 with 59 beds. All medical services were transferred to the new building and the original hospital building was converted to offices for community services programs, physicians and hospital administration. The 1925 building is five stories with a building area of 31,740 square feet. The 1979 hospital is also five stories with a building area of 41,230 square feet.

Chinese Hospital is a unique community healthcare provider with a long and rich history of providing culturally sensitive health care to its community. Chinese Hospital is a general acute care facility that provides a coordinated continuum of healthcare services to its defined community in a cost effective way that is responsive to its community's ethnic and cultural uniqueness. As a community-owned, not-for-profit organization, it is clinically and fiscally accountable for the health status of its community. Its mission emphasizes its community ownership, leadership, and responsiveness to a broad spectrum of health needs, including but not limited to hospital care.

### **Chinese Hospital Mission Statement**

Chinese Hospital is a community-owned, not-for-profit organization, delivering quality healthcare in a cost-effective way, that is responsive to the community's ethnic and cultural uniqueness, and providing access to healthcare and acceptability to all socioeconomic levels. A voluntary Board of Trustees, broadly representative of the community, governs Chinese Hospital and which has assumed a leadership role in all health matters. Chinese Hospital's mission, stated above, emphasizes these important points:

- Community ownership and responsiveness
- Community leadership
- Cultural uniqueness
- Concern for a broad spectrum of health needs, including but limited to hospital care



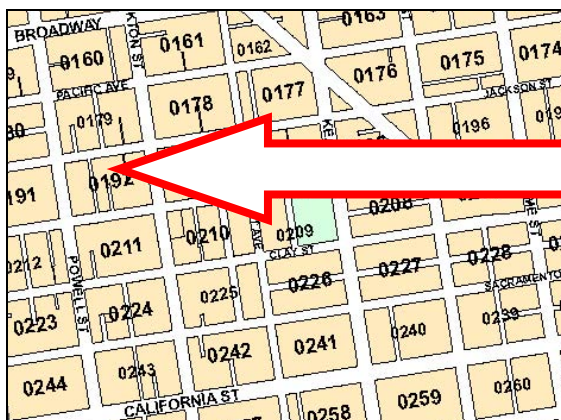
**B. PHYSICAL CHANGES IN THE NEIGHBORHOOD Section 304.5 (c) (1)**

Broadway is the boundary of Chinatown on the North, Bush Street on the South, Kearny Street on the East and Powell Street on the West. The residential neighborhoods of Chinatown and North Beach, excluding the higher income residential pockets on Nob Hill, Russian Hill and Telegraph Hill, extend west to Van Ness Avenue and north to Fisherman’s Wharf. Within the four blocks including and surrounding Chinese Hospital (Assessor Blocks 178, 179, 192, and 193), there are 104 individual lots of which 1 is a vacant lot. Most of the properties on these blocks are typical Chinatown buildings, two to four story residential buildings and many with street level retail stores. Within these blocks there are three larger buildings. Two are the public housing projects owned by the San Francisco Housing Authority, which are located on Pacific Avenue. The third is the Gordon J. Lau Elementary School, a San Francisco public elementary school, which is located along Washington Street.

Since the construction of Chinese Hospital in 1925, there has been very little change to this neighborhood. All of the buildings in these four Assessor Blocks were built before 1966 and almost 90% of the buildings within these blocks were built prior to 1930. There have been nine (9) buildings since 1950 and the most recent which was built in 1965.

Many of the buildings located immediately near Chinese Hospital on Jackson Street, Washington Street, Powell Street and Stockton Street are residential building. These buildings on Jackson Street and Stockton Street are predominately buildings with retail stores at street level and residential on the upper levels. A few of the buildings have offices and meeting halls used by Chinese benevolent associations. The Hospital is adjacent to a church and a residential building. There are two buildings near the Hospital on Jackson Street with medical offices. The newer buildings on this street are the hospital, built in 1979 and a medical office building located at the northeast corner of Jackson and Powell Streets, built in the late 1960’s.

<b>Properties Profile</b>			
<b>Assessor Blocks 178, 179, 192, 193</b>			
<u>Year Blt</u>	<u># Properties</u>	<u>%/Tlt</u>	<u>Cumulative total %</u>
1900-1910	61	59.2%	59.2%
1911-1920	18	17.5%	76.7%
1921-1930	13	12.6%	89.3%
1931-1940	2	1.9%	91.3%
1941-1950	2	1.9%	93.2%
1951-1960	6	5.8%	99.0%
1961-1970	1	1.0%	100.0%
total	103		



**Chinese Hospital**  
**Block 192 Lot 41**





### **C. SERVICE POPULATION and SERVICES PROVIDED – Section 304.5 (c) (1)**

The primary service area for the Chinese Hospital is made up of the greater Chinatown and North Beach districts that are bounded by Fisherman’s Wharf, the Financial District, Bush Street, and Van Ness Avenue. The Hospital is open to all San Francisco residents and visitors and treats all patients without regard to race or origin. Because of its unique bilingual programs and sensitivity to cultural traditions, residents from other neighborhoods and cities of the Bay Area travel to Chinese Hospital for their health care needs. More than 95% of Chinese Hospital acute care patients are residents of San Francisco, more than 45% are residents of the Chinatown, North Beach and Nob Hill areas (ZIP Codes 94108, 94109 & 94133), more than 98% of its patients are Asian and more than 88% are over the age of 60.



Today, Chinese Hospital, the only remaining independent (non-System-affiliated) acute care hospital in San Francisco, provides primary and secondary inpatient medical, surgical and specialty care complemented by an extensive array of outpatient services. The hospital has 54 acute care beds and includes an Intensive Care Unit, Medical – Surgical Unit and Telemetry Unit, two surgical suites, a 24-hour Treatment Center



(Level IV Emergency Room), a Same-Day Surgery Unit with Endoscopy, Outpatient Infusion Services, and three community clinics located offsite in the Sunset District, Excelsior District and Daly City. In addition, the hospital offers comprehensive diagnostic and therapeutic services to support both inpatient and outpatient care. These services include Clinical and Anatomical Pathology Laboratories; Imaging Services (Radiology, CT,, Ultrasound, Mammography, Nuclear Medicine); Cardiopulmonary Unit (Cardiology, Respiratory Therapy, Pulmonary Function, Neurology), Pharmacy and other clinical and support services. Chinese Hospital Community Acupuncture Clinic provides quality acupuncture services with fees based on an affordable sliding scale with no income verification required. Services are provided in a comfortable group setting in which clinic acupuncturists focus on using distal points so that patients can remain fully clothed during treatment. The clinic's mission is to improve community access to effective acupuncture services, thereby improving and supporting the health and wellbeing of the community.

Community access to healthcare is a key component of Chinese Hospital's organizational mission. In the mid-1980s, through a collaborative program with Blue Shield of California, Chinese Hospital and its partner physician organization, Chinese Community Health Care Association (CCHCA), created the Chinese Community Health Plan (CCHP), a managed care health insurance plan. In 1987, when Chinese Hospital received its own Knox-Keene license from the State of California, Blue Shield transferred ownership of the health insurance plan to Chinese Hospital. This health plan provides a capitated commercial (non-senior) health insurance plan to over 6,000 individuals and employer groups. Many of the employee groups are small Asian businesses located in San Francisco. Chinese Community Health Plan also provides Medicare insurance coverage to over 7,500 seniors in the community. In late 2008, CCHP expanded its insurance product to northern San Mateo County.

In addition, Chinese Hospital and Chinese Community Health Care Association (CCHCA), a not-for-profit Independent Practice Association (IPA) with over 180 physician providers, also serve over 18,000 Medi-Cal and commercial enrollees under capitated contracts with several other managed care insurance plans.

More than 10,000 of these capitated enrollees are cared for through the San Francisco Health Plan (SFHP). Chinese Hospital prides itself for being an active participant in this city-wide plan since its inception in 1994 with a SFHP Board seat frequently occupied by either a Chinese Hospital administrator or CCHCA physician. The SFHP, which began as a "local initiative" health plan, has the sole mission of providing affordable health coverage to low and moderate income families residing in San Francisco.



Chinese Hospital Patient Origin - Acute Care	Year 2006		Year 2007		Year 2008	
	total	%/total patients	total	%/total patients	total	%/total patients
<b>Total Patients</b>	2,295	100.0%	2,420	100.0%	2,430	100.0%
<b>Total San Francisco Patients</b>	2,178	94.9%	2,311	95.5%	2,318	95.4%
<b>Selected ZIP Codes</b>						
94103	86	3.7%	97	4.0%	99	4.1%
94108	270	11.8%	297	12.3%	300	12.3%
94109	162	7.1%	130	5.4%	211	8.7%
94112	191	8.3%	217	9.0%	225	9.3%
94121	123	5.4%	122	5.3%	114	5.0%
94122	113	4.9%	135	5.9%	116	5.1%
94133	493	21.5%	565	23.3%	588	24.2%
94134	179	7.8%	196	8.1%	151	6.2%
<b>Total Selected ZIP Codes</b>	1,617	70.5%	1,759	76.6%	1,804	78.6%

SFHP currently serves over 55,000 residents – more than 10,000 of which are patients of Chinese Hospital and CCHCA. Components of this plan include a Medi-Cal HMO program, Healthy Families, Healthy Kids, Healthy Workers – and added in 2006, Healthy San Francisco – which is a partnership of SFHP, The San Francisco Department of Public Health and local San Francisco providers, including Chinese Hospital and CCHCA. Healthy San Francisco is not an insurance plan – but provides participants with a primary care clinic or physician called a “medical home” that offers preventive, primary, specialty and urgent care, emergency care, mental health and substance abuse services, laboratory, inpatient services, radiology and pharmaceuticals. Uninsured San Franciscans aged 18-64 are eligible to apply regardless of employment, immigration status or pre-existing medical conditions. Chinese Hospital’s three satellite community clinics in the Sunset, Excelsior and Daly City areas and CCHCA physicians serve as “medical homes” and provide easy access to quality health care services for the Chinese population throughout the San Francisco Bay Area.

In summary, Chinese Hospital, CCHP and CCHCA operate a very effective integrated health care delivery system that manages over 31,000 enrollees in San Francisco.

To improve healthcare access to the expanding Chinese population in the Western part of the City, Chinese Hospital and CCHCA established their first satellite community clinic, Sunset Health Services in 1997. In 2006, Chinese Hospital opened its second community clinic, Excelsior Health Services, to provide culturally sensitive health care to those living in the Excelsior District. In 2008, a third community clinic was opened in Daly City. These community clinics provide a wide-range of culturally competent health



care services including primary care augmented by subspecialties, preventive care services, women's health services, East-West Medicine, health education, and laboratory services. These 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.



### **Chinese Hospital & Health Services Clinics**

<b>Chinese Hospital</b>	<b>845 Jackson Street, San Francis</b>
<b>Chinese Hospital Medical Administration Building &amp; Clinic</b>	<b>835 Jackson Street, San Francisco</b>
<b>Sunset Health Services</b>	<b>1800 - 31st Avenue, San Francisco</b>
<b>Excelsior Health Services</b>	<b>888 Paris Street, San Francisco</b>
<b>Daly City Health Services</b>	<b>93 Skyline Plaza, Daly City</b>

In 1989, Chinese Community Health Resource Center (CCHRC), a private non-profit agency was founded by Chinese Hospital, CCHCA and CCHP. The Center's mission is to build a healthy community through culturally and linguistically competent preventive healthcare services, disease management and research programs. To this end, its bilingual and culturally sensitive services include: 1) health education classes focused on the diverse aspects of general, geriatric, women's, and perinatal health; 2) an annual Chinese community health day, as well as other health seminars and forums throughout the year; 3) individual health and nutritional counseling; 4) a quarterly health newsletter and other health-related brochures and booklets; 5) a wellness library of books and tapes; 6) a health information-rich website ([www.cchrhealth.org](http://www.cchrhealth.org)); 7) a patient-friendly health resource navigation program; 8) participation in research projects/media



campaigns and 9) youth and violence prevention programs. CCHRC provides approximately 15,000 services or patient interactions annually, including over 7,000 patient visits, 4,000 lay public attendees, 1,000 provider participants, and a very conservative estimate of over 3,000 individuals participating in CCHRC education provided through Chinese media sources. In addition, online visits to the website have numbered greater than 1.3 million.

While CCHRC's services are open to all, the major focus is the over 160,000 residents of the San Francisco Chinese community who have limited English language abilities and who represent a large and growing segment of the population. First-generation immigrants in particular, who are predominantly monolingual and often with little or no income, face significant English language and cultural barriers in their efforts to access healthcare information and services that are essential for disease prevention, detection, and management. Approximately 90% of service users are monolingual, 30% of them having annual household incomes of less than \$10,000, with an additional 38% belonging to households earning between \$10,000 and \$35,000.

On a broader scale, CCHRC's health education programs and services promote wellness and healthy lifestyles to populations beyond the greater SF Bay Area Chinese community. This agency maintains one of the most extensive bilingual electronic Chinese medical education resources in the United States.

The Support Health Services Clinics are another vital community benefit program offered by Chinese Hospital. In support of the Community Needs Assessment, this program was created to (1) assist patients in the community manage their chronic diseases, (2) augment the efforts of managing system-wide chronic disease with Chinese Hospital's health partners CCHCA, CCHP and CCHRC, (3) decrease hospitalization and readmission rates due to chronic diseases, (4) provide basic women's health services for the uninsured, (5) provide immunization services, and (6) provide community service.

This important Clinic is conveniently located in the Medical Office and Administration Building adjacent to Chinese Hospital therefore providing excellent community access to its services. These services include:

- Diabetes Clinic
  - Provides individual Diabetes Self-Management Education
  - In collaboration with their primary care providers, assists patients to attain better control of their disease via medical and lifestyle management
- Women's Health Clinic
  - Provides free pap smears, breast exams, mammograms, and other women's health needs for uninsured and low-income women
- Immunization and Travel Clinic
  - Provides low cost immunizations for adults
  - Provides pre-travel counseling and vaccinations



- Hepatitis B Clinic
  - Provides free Hepatitis B screening and low cost Hepatitis B vaccinations
  - Assists patients in applying for medication assistance, as needed

In planning for the future health care needs of the community, Chinese Hospital must take into account the rapid advancement and evolution of health care services and medical technology, as well as an almost universal physician and patient expectation and demand for better quality medical facilities and services. In addition, the State of California through its agency, the Office of Statewide Health Planning and Development (OSHPD), has imposed higher seismic safety standards and associated mandated seismic retrofit or new construction requirements for all acute care hospitals which must be met by 2013. The California Departments of Health Care Services (DHCS) and the Department of Public Health (CDPH) and The Joint Commission (a national hospital accreditation organization) have mandated new hospital clinical quality and patient safety standards. Chinese Hospital is planning a new hospital to comply with these requirements. This new hospital will to be eight stories and will have approximately 100,000 square feet of building area. To keep Chinese Hospital in Chinatown and not displace any existing residential or commercial uses, the new Hospital will replace the 1925 medical administration building and parking structure.



#### **D. PATIENT DEMOGRAPHICS – Section 304.5 (c) (1)**

As contrasted to most other San Francisco hospitals, Chinese Hospital serves a disproportionately large number of low income and indigent patients, is able to operate more efficiently (at a lower cost per adjusted patient day) and has achieved a positive operating margin for many years. Chinese Hospital is a remarkable institution and has not only been able to live its mission to the present day – but has the credibility and strength to be able to continue to live its mission and achieve its vision for the long-term in a new, state-of-the-art Hospital that will comply with or exceed all patient care and safety standards. They provide an environment which maximizes the patient experience through interaction with highly qualified staff, comfortable surroundings, state-of-the-art technology, up-to-date care clinical care protocols, and an ongoing focus on health education.

The indigent and elderly monolingual Asians of Chinatown have made Chinese Hospital their point of access to the medical system. Chinese Hospital is considered a safety net hospital for the City & County of San Francisco and will continue to provide for the future health care needs of the greater Asian community.

Consistent with Chinese Hospital's mission, its Board, Medical Staff, affiliated physician IPA, and Management have worked together in focusing on an integrated approach to provide an array of options in caring for the underserved patient populations in San Francisco. In addition to directly providing care for indigent patients, Chinese Hospital through CCHP has established affordable health insurance coverage for the working population therefore improving their access to quality healthcare.

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. In the Individual and Family traditional HMO Plan market, while the data is more varied, CCHP premiums for these plans were 23% lower. In general, CCHP has had only modest rate increases, about 8% per year vs. double digit increases for most other HMO's. Executives at Chinese Hospital are convinced that without these low cost insurance products, many of CCHP's members would not participate in a commercial health care insurance plan and would then need to access health care services through charity care.

CCHP's Senior Program offers Medicare Advantage HMO plans for a \$30 monthly stipend which is less than half of the rate charged by the majority of its larger competitors for the same level of coverage thus benefiting many seniors in the Bay Area community. 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.

Chinese Hospital has an impressive and stable operating performance. Chinese Hospital's low operating cost illustrates its efficiency as contrasted with all SF hospitals. In Year 2008, Chinese Hospital Net Operating Income was \$343 per adjusted patient



days and Net Margin from Operations of 11.8%, the second highest of the eight (8) San Francisco Hospital based on the Office of Statewide Health Planning and Development (OSHPD) financial reports. Chinese Hospital's Net Patient Revenue at \$2,850 and its Operating Expense at \$2,559 per adjusted day are the lowest of all hospitals, about 20% lower than the average in 2008. Since Year 2006, Chinese Hospital's net operating margin has been greater than 10.0% and has slightly increased between Years 2006 to Year 2008. In contrast, the average operating margin for the eight (8) reporting San Francisco hospitals in Year 2006 was 4.4% and by Year 2008, has declined to 1.6%. More than 90% of Chinese Hospital acute care patients are covered under Medicare and Medi-Cal compared to the San Francisco hospital average of about 61%.

In addition to the strength provided by the strong work ethic of its employees and physicians, Chinese Hospital creates high value for its community by providing high quality care at lower costs. This requires a focus on "best practice" quality care models, labor efficiency and competitive purchasing of goods and services.

Chinese Hospital has maintained an impressive operating margin over the years which provide the necessary strength to sustain its important mission as the only independent San Francisco hospital. Chinese Hospital's sustained excellent operating performance creates both the momentum and stamina for its Board, Physicians and Management Team to create the structure and facilities necessary to provide for the future healthcare needs of the greater Asian community.





<b>Hospital Annual Financial Data Profile - San Francisco (SF) and Chinese Hospital (CHASF)</b>						
Extracted from Office of Statewide Health Planning & Development (OSHPD) Reports						
Year	2006		2007		2008	
Hospital	SF	CHASF	SF	CHASF	SF	CHASF
<b><u>General Acute</u></b>						
Licensed Beds	2,595	54	2,618	54	2,618	54
Average Occupancy	48.8%	59.7%	48.5%	65.5%	49.7%	65.0%
Average Length of Stay	5.37	5.12	5.55	5.34	5.68	5.26
<b><u>Income Statement (\$/Per Adjusted Day)</u></b>						
Net Patient Revenue	3,157	2,633	3,359	2,727	3,603	2,850
Operating Expense	3,104	2,386	3,326	2,444	3,641	2,559
Net From Operation	144	278	131	316	58	343
Operating Margin	4.4%	10.4%	3.8%	11.5%	1.6%	11.8%
<b><u>Other Utilization Statistics</u></b>						
ER Visits	223,393	6,269	224,099	6,606	226,909	6,250
Clinic Visits	1,171,265	11,469	1,173,948	14,435	1,330,015	16,185
<b><u>Data By Payor Category</u></b>						
<b><u>General Acute Care</u></b>						
Total Patient Days	647,739	11,759	646,901	12,905	651,506	12,841
Total Medicare Patient Days	234,206	9,403	231,048	10,234	231,125	10,482
Total Medi-Cal Patient Days	161,003	1,355	165,474	1,397	170,803	1,331
% Medicare + Medical / Total Patients	61.0%	91.5%	61.3%	90.1%	61.7%	92.0%
<b><u>Outpatient Visits</u></b>						
Total Outpatient Visits	2,195,657	68,207	2,468,203	70,446	2,541,108	72,982
Total Medicare Outpatient Visits	492,562	35,798	621,344	34,476	571,607	36,060
Total Medi-Cal Outpatient Visits	399,165	9,270	498,189	10,411	493,425	11,478
% Medicare + Medical / Total Patients	40.6%	66.1%	45.4%	63.7%	41.9%	65.1%

Chinese Hospital is a unique community healthcare provider with a long and rich history of providing culturally sensitive health care to its community. Chinese Hospital is a general acute care hospital that provides a coordinated continuum of healthcare services to its defined community in a cost effective way that is responsive to its community's ethnic and cultural uniqueness. As a community-owned, not-for-profit organization, it is clinically and fiscally accountable for health status of its community. Its mission emphasizes its community ownership, leadership, and responsiveness to a broad spectrum of health needs, including but not limited to hospital care.

The Chinese Hospital is licensed for 54 beds and in Year 2000 had 1,865 inpatient discharges and 52,107 outpatient visits. In Year 2008, there were 2,440 inpatient discharges, an increase of 30.8% over nine years and 68,650 outpatient visits, an



increase of 42.3%. There were 4,750 emergency services visits in Year 2000 and 6,250 visits in Year 2008, an increase of 31.6%.

<b>CHINESE HOSPITAL</b>										
<b>Utilization 2000-2008</b>										
<b>Hospital Services</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>Growth 2000-2008</b>
In-Patient Units of Service										
Discharges	1,865	1,893	2,031	2,222	2,193	2,227	2,295	2,417	2,440	30.8%
Days	10,760	10,922	11,162	11,930	11,100	11,785	11,759	12,905	12,841	19.3%
Out Patient Units of Service	48,248	50,753	51,730	51,315	56,057	61,721	63,347	65,638	68,650	42.3%
Emergency Service	4,750	5,314	5,374	5,449	5,266	5,790	6,269	6,606	6,250	31.6%

In 2008, 2,430 patients were admitted to the inpatient units. More than 95% of the patient admitted are from San Francisco and almost 45% were from the Chinatown, North Beach and the nearby residential neighborhoods. Of these admitted patients, about 88% were more than 60 years old and 89% were covered by either Medicare or Medi-Cal insurance.

<b>Expected Payor Group</b>	<b>#</b>	<b>%</b>
Medicare	1,993	82.0%
Medi-Cal	178	7.3%
Private Coverage	219	9.0%
Workers' Compensation	1	0.0%
County Indigent Programs	-	0.0%
Other Government	19	0.8%
Other Indigent	12	0.5%
Self Pay	5	0.2%
Other Payer	3	0.1%
Unknown	-	0.0%
<b>Total</b>	<b>2,430</b>	<b>100.0%</b>

<b>Age Group</b>	<b>#</b>	<b>%</b>
1 - 9	-	0.0%
10 - 19	5	0.2%
20 - 29	18	0.7%
30 - 39	22	0.9%
40 - 49	77	3.2%
50 - 59	154	6.3%
60 - 69	280	11.5%
70 - 79	828	34.1%
80+	1,046	43.0%
Unknown	-	0.0%
<b>Total</b>	<b>2,430</b>	<b>100.0%</b>



**PATIENT ORIGIN REPORT - Chinese Hospital - Year 2008**

			<u>%/Total</u>
Total Patients		2,430	100.0%
Alameda County		39	1.6%
Contra Costa County		15	0.6%
Marin County		1	0.0%
San Francisco		2,318	95.4%
San Francisco By ZIP Code	<u>ZIP Codes</u>	<u>#</u>	
	94102	67	2.8%
	94103	99	4.1%
	94104	6	0.2%
	94107	29	1.2%
	94108	300	12.3%
	94109	211	8.7%
	94110	40	1.6%
	94111	20	0.8%
	94112	225	9.3%
	94114	8	0.3%
	94115	26	1.1%
	94116	97	4.0%
	94117	5	0.2%
	94118	77	3.2%
	94119	1	0.0%
	94121	114	4.7%
	94122	116	4.8%
	94123	7	0.3%
	94124	66	2.7%
	94127	21	0.9%
	94130	1	0.0%
	94131	6	0.2%
	94132	34	1.4%
	94133	588	24.2%
	94134	151	6.2%
	94158	2	0.1%
	94188	1	0.0%
San Mateo County		48	2.0%
Santa Clara County		1	0.0%
Solano County		3	0.1%
Sonoma County		1	0.0%



**E. EMPLOYMENT CHARACTERISTICS AND EQUAL EMPLOYMENT POLICY –  
Section 304.5 (c) (1)**

Chinese Hospital is an Equal Employment Opportunity employer. As stated in the Chinese Hospital Human Resources Policy Manual “The Chinese Hospital Association maintains a policy of non-discrimination with employees and applicants for employment. No aspect of employment within the Hospital will be influenced in any manner by race, color, religion, sex, age, national origin, veteran status, mental or physical disability, or any other basis prohibited by statute.”

In 2009, there were 365 employees of the Chinese Hospital Staff of which 28% are male and 71% are female; 90.4% are Asian/Pacific Islander, 6.7% are White, 1.9% are Hispanic, and 1% are African American. There are 254 physicians and health care professionals who are active members of the Chinese Hospital Medical Staff. Ninety-four percent are Asian/Pacific Islanders.



## **F. PROPERTY OWNED AND LEASED THROUGHOUT THE CITY AND COUNTY OF SAN FRANCISCO – Section 304.5 (c) (1).**

The Chinese Hospital Association owns four (4) properties. The Chinese Hospital is located at 835-845 Jackson Street, all on Lot 41 of Block 192 of the San Francisco Assessor Map Book. There are three (3) structures on this site. 835 Jackson Street is the medical administration building, 845 Jackson Street is the Hospital and behind 835 Jackson Street is the parking structure. The Sunset Health Service Clinic building is also owned by the Chinese Hospital Association. It is located at the southeast corner of 31<sup>st</sup> Avenue and Noriega Street in a one story medical building.

The property at 767-769 Commercial Street was donated to the Chinese Hospital Association in October 2010. This property is occupied by a three story building and is located between Grant Avenue and Kearny Street. There is a retail use at the ground level and residential uses on the upper two levels. It is anticipated that the property will be sold and the proceeds will be used to help fund the development of the new hospital.

Chinese Community Health Plan owns 445 Grant Avenue, between Bush and Pine Streets. It is a commercial building with seven stories plus a basement. The street level has four (4) retail stories leased to individual tenants. The upper 6 stories are offices. The Chinese Hospital Finance Department occupies portions of the 2<sup>nd</sup> floor and the Chinese Community Health Plan occupies the 4<sup>th</sup> through 7<sup>th</sup> Floor. The Chinese Community Health Care Association, the Independent Physician Association, leases a portion of the 3<sup>rd</sup> Floor. The basement is leased to an independent education/learning center.

Excelsior and Daly City Health Services clinics are in leased space. The Excelsior Health Service is located on Paris Street near Geneva Avenue in a three story office building. The Excelsior clinic rents 2,900 square feet on the second floor of the building. The Daly City Health Service clinic is in a shopping center at Skyline Boulevard and Westmoor Avenue. This clinic rents 1,939 square feet on the 2<sup>nd</sup> floor of a retail/office building.

Chinese Hospital will be leasing office/administrative space as part of their transition plan. This office space will be used as the Chinese Hospital administrative offices to allow the demolition of the medical administrative building at 835 Jackson Street. After the new hospital construction is completed, the services and patients will be relocated from the current Hospital at 845 Jackson Street to the new building. This will allow for the remodeling of the current hospital building. Once completed, the hospital administration and other support services temporarily relocated will return to the building.

Chinese Hospital will also lease garage space for Hospital staff and patient/visitor parking. The final location has not been identified.

The commercial building located at 827 Pacific Avenue is a two story building plus a basement and is located between Stockton and Trenton Streets. The building is owned



by the Chinese Community Health Care Association (CCHCA), an independent physician association (IPA). The building 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, the Infusion and Support Health Services Clinics will move back to the hospital campus.

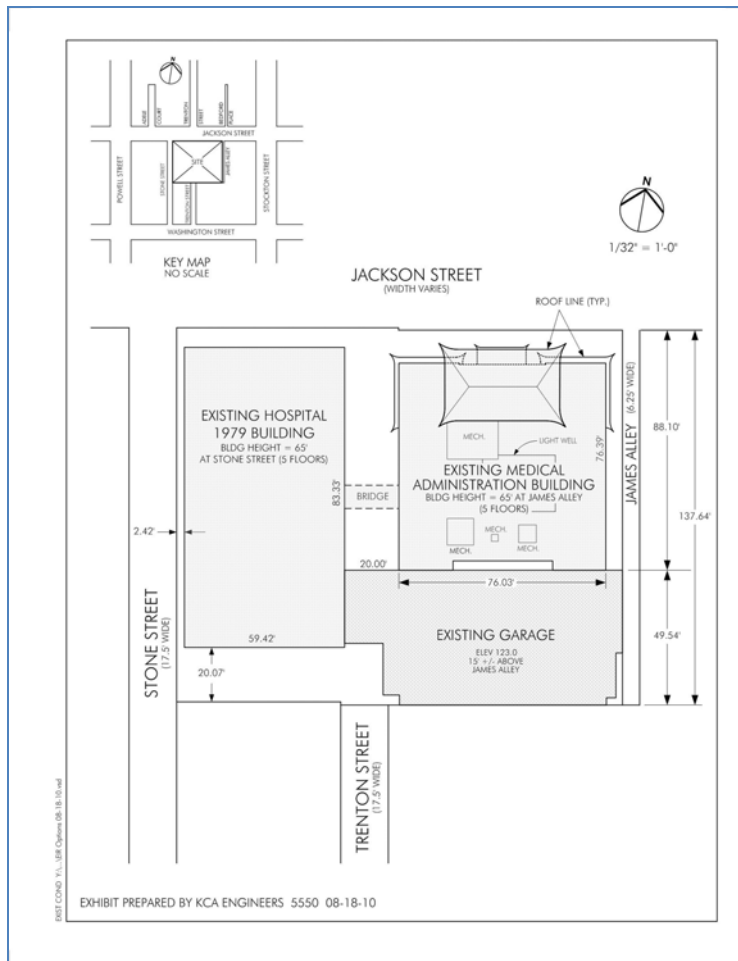
<b>Chinese Hospital Real Estate – Owned or Leased</b>						
#	Address	Blk-Lot	Year Blt	#Bldg Stories	Use	Rental Area (sf)
<b><i>Real Estate Owned – San Francisco</i></b>						
1	445 Grant Avenue	271-1A	1985	7	Retail / Office	29,400
2	835 Jackson Street	192 - 41	1924	5	Medical Administration Building'	31,746
3	835 Jackson Street	192 - 41	1992	3	Parking Structure	14,400
4	845 Jackson Street	192 - 41	1979	5	Hospital	41,230
5	1800 - 31st Avenue	2067 - 48		1	Medical Clinic	1,700
6	767-769 Commercial Street	226-22	1910	3	Retail/Residential	850
<b><i>Real Estate Leased – San Francisco and Daly City</i></b>						
7	888 Paris Street, Suite 202, San Francisco	Excelsior Health Services			Medical Clinic	2,900
8	93 Skyline Plaza, Daly City	Daly City Health Services			Medical Clinic	1,939
9	827 Pacific Avenue	Out Patient Imaging (Radiology) CCHP Member Services Infusion Clinic Support Health Services Clinic			Medical Clinic	8,680



### SECTION 3. - FACILITIES OVERVIEW

#### A. CHINESE HOSPITAL CAMPUS – Section 304.5 (c) (2)

Chinese Hospital is located on the south line of Jackson Street, between Powell and Stockton Streets. The site has a Jackson Street frontage of 163.75 feet, a depth fronting along Stone Alley of 137.5 feet, and a total land area of 22,515.63 square feet, about 0.52 acres.



There are three structures on this site. 835 Jackson Street is the “old” hospital, which was built in 1925, and is now used as a medical administration building (MAB) for hospital administration and outpatient healthcare services. This building is five stories and has a full basement. The building area is about 31,746 square feet.

845 Jackson Street is the “current” hospital. It is five stories plus a basement and was opened in 1979. The total building area is 41,230 square feet. The hospital provides emergency care, medical, surgical and intensive nursing care, surgery, imaging and radiology services, clinical laboratory, endoscopic, cardiopulmonary, and pharmacy services.



## Chinese Hospital Institutional Master Plan

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Behind the 835 Jackson Street building, at the rear of the property, is a three-story garage structure with parking spaces for 41 cars and with attendant parking, space for 78 cars. The garage was built in 1992 and is about 14,400 sf of building area.



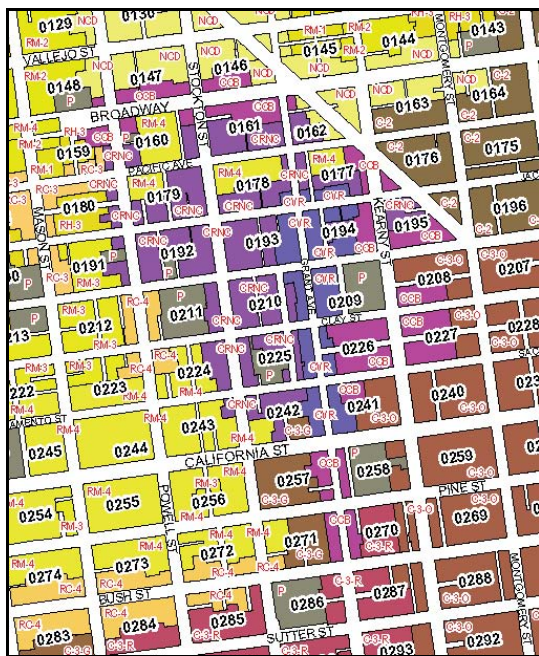
### Chinese Hospital – 835 and 845 Jackson Street





**B. NEIGHBORHOOD LAND USES AND TRAFFIC CIRCULATION PATTERNS –  
Section 304.5 (c) (2)**

In Chinatown, within the Chinatown zoning districts of Chinatown Community Business District (CCB), Chinatown Visitor Retail (CVR) and Chinatown Residential Neighborhood Commercial District (CRNC), there are 487 lots. Excluded from this sum are properties owned by the City agencies, which are public schools, the parks and recreation centers, and the public housing projects. There are three (3) lots that have been developed as residential and commercial condominiums with a total of 166 condominium units. The total number of properties in Chinatown zoning districts is about 650.



**Chinatown Zoning Districts**

**The Chinatown Community Business District (CCB)**, located in the northeast quadrant of San Francisco, extends along Broadway from the eastern portal of the Broadway Tunnel to Columbus Avenue and along Kearny Street from Columbus to Sacramento Street.

**The Chinatown Visitor Retail Neighborhood Commercial District (CVR)** extends along Grant Avenue between California and Jackson Streets. This district contains a concentration of shopping bazaars, art goods stores and restaurants.

**The Chinatown Residential Neighborhood Commercial District (CRNC)** extends along Stockton Street between Sacramento and Broadway and along Powell Street between Washington Street and Broadway. It is generally west and uphill from Grant Avenue and is close to the relatively intensely developed residential areas of lower Nob and Russian Hills. Stockton Street is a major transit corridor which serves as "Main Street" for the Chinatown neighborhood.

- Approximately 65% of the buildings in Chinatown were built before 1925. Of the balance, 30% were built between 1925 and 1950 and 5% were built after 1950. The 166 condominium units were built between 1970 and 1985.
- A total of 96% of the buildings in the Chinatown Districts are four (4) stories or less. The total is broken down as 28% of the buildings are one (1) and two (2) story buildings; 51% are three (3) stories; and 17% are four (4) stories. Less than 4.0% of the buildings are taller than four (4) stories. There are nine (9) buildings that are five (5) stories, six (6) buildings that are six (6) stories, and three (3) buildings that are seven (7) or more stories.
- On Jackson Street, between Stockton and Powell Streets, where Chinese Hospital is located, there are nine (9) properties. Besides Chinese Hospital, which is five (5) stories, the nearby buildings are four (4) stories or less. Six (6) of these buildings were built before 1940 and two (2) buildings were built in 1957 (office building) and 1958 (a church), respectively. The majority of the buildings on this block are residential and most have street level retail stores.



- Within a three (3) block radius from Chinese Hospital are four (4) residential buildings owned by the San Francisco Housing Authority. The Ping Yuen projects are located on Pacific Avenue, two are six (6) stories, one (1) is seven (7) stories, and one is eleven (11) stories with a total of 428 residential units.
- The remainder of taller buildings in Chinatown include The Mandarin Tower, a 16 story mixed-use building with retail, offices and residential units located at Stockton and Washington Streets, The Empress of China Building a six story building located on Grant Avenue between Washington and Clay Streets, The Miriwa Building, a seven story building located on Pacific Avenue between Grant Avenue and Stockton Street and The International Hotel Senior Housing, a 15 story building located at Kearny and Jackson Streets.

Chinese Hospital is located on Jackson Street, between Stockton Street and Powell Street. Between Stockton and Powell Streets, James Alley is a pedestrian alley along the east property line of the hospital. On the west property line of the Hospital is Stone Street which is a one lane vehicle street with access from Jackson Street to Washington Street. Across Stone Street is Cumberland Church, a 3 story building. On the northeast corner of Jackson and Powell is a 3 story medical building. On the north property line of Jackson Street, across from the medical administration building is a 3 story medical office building. The remaining buildings on Jackson Street are residential/commercial buildings with retail stores at street level and residential uses on the upper levels. Most of the buildings on this block were built between 1920 and 1930.

Jackson Street is a one-way street with one vehicle traffic lane traveling east. There is parking on both sides of the street. Stockton Street is two lanes with vehicle traffic traveling north and south. There is parking on both sides of the street. Stockton Street is a major public transportation route for the 30 Stockton and 30 Express buses. Powell Street is two lanes, two-way vehicle traffic heading north and south. It also has parking on both sides of the street. Powell Street is the cable car route for both the Powell Street and Hyde Street cable cars traveling north.



**C. PARKING – Section 304.5 (c) (2)**

In Chinatown, there is a limited amount of available street parking. Because of the high density of both residential and commercial uses within a small geographic area it is always difficult to find street parking. Most Chinatown residential and commercial buildings do not have off-street parking and buildings that have garages, do not have sufficient spaces to accommodate their users or tenants. On most of the commercial streets in Chinatown, street parking is restricted to trucks only and metered. On Stockton Street and Jackson Street, most of the metered parking is for trucks only (yellow zones) between 7:00 am and 6:00 pm. There are trucks only yellow zones which are only restricted between 7:00 am to 2:00 pm and allow passenger cars to park after 2:00 pm. On Jackson Street there are non-restricted meters allowing passenger cars to park. In front of Chinese Hospital is a white passenger loading zone which limits parking to only five (5) minutes and the driver must remain with the car. On Powell Street there are fewer trucks and only meters.

<b>Street Parking</b>	<b>Open Meters</b>	<b>Yellow Meters Trucks Only</b>	<b>White Passenger Zones</b>	<b>Blue Handicap Only</b>
SL Jackson Street between Powell & Stockton Streets	3	3	2	
NL Jackson Street between Powell & Stockton Streets	9	6		
WL Stockton Street between Washington & Jackson Streets		8		
WL Stockton Street between Jackson Street & Pacific Avenue	4 Meters after 2:00 PM	12		
EL Powell Street between Washington & Jackson Streets	2	1		
WL Powell Street between Washington & Jackson Streets	9			1
EL Powell Street between Jackson Street & Pacific Avenue	9	2		1
WL Powell Street between Jackson Street & Pacific Avenue	7	1		

There are several nearby public parking garages. The closest is the Powell Garage on Powell Street between Washington and Jackson Streets and is open between 8:00 am and 6:00 pm during the normal workweek and on Saturdays between 8:30 am and 6:00 pm. There are three (3) public parking garages owned by the City. Portsmouth Square Garage is on Kearny Street, between Clay and Washington Streets, about four (4) blocks southeast of the hospital and has parking for 504 vehicles. There are two (2) Vallejo Street garages, between Powell and Stockton Streets, about three (3) blocks north, and have a total of 366 parking spaces.

Chinese Hospital has parking for 41 cars and with attendant parking can accommodate 78 cars.



## **D. PUBLIC TRANSPORTATION – Section 304.5 (c) (2)**

The Campus is served by local and regional public transit systems. Local service is provided by San Francisco Municipal Railway (Muni). Muni bus lines with stops near the Campus are the 1-California (on Sacramento and Clay Streets), 8-San Bruno (on Kearny Street and Columbus Avenue), 10-Townsend and 12 Folsom (on Pacific Avenue at Stockton or Powell Streets), and 30-Stockton and 45-Union (on Stockton Street between Washington and Jackson Streets).

The Powell-Hyde and Powell-Mason cable car lines also have stops nearby on Powell Street (between Washington and Jackson Street).

Bay Area Rapid Transit District (BART) riders at the Montgomery Street and Powell Street stations, located approximately 1 mile south of the Campus, can connect with the 30-Stockton, 45-Union, and 8-San Bruno bus lines as well as the Powell-Hyde and Powell-Mason cable car lines to reach the Campus.

Caltrain riders at the Caltrain Station at Fourth and King Streets, located approximately 2 miles south, can connect with the 10-Townsend, 30-Stockton, and 45-Union bus lines to reach the Campus.





## **SECTION 4. – DEVELOPMENT PLANS**

### **A. SERVICE REQUIREMENTS AND STATE MANDATES – Section 304.5 (c) (3)**

The Alfred E. Alquist Facility Seismic Safety Act of 1973, a California State Law, requires hospital to evaluate their facilities, develop plans to meet seismic standards and ensure that their buildings are seismically sound by specific deadlines. In 1994, significant amendments were added to this law which required hospitals to evaluate and rate their facilities for seismic performance and submit these ratings to the California Office of Statewide Health Planning and Development (OHSPD). Chinese Hospital has a Seismic Performance rating of SPC-3. An SPC-3 (Seismic Performance Category) is in compliance with the current deadlines in the Alquist Hospital Facilities Seismic Safety Act. In a strong earthquake, an SPC-3 hospital may experience structural damage that does not significantly jeopardize life, but may not be repairable or functional following strong ground motion. Buildings in this category must be constructed or reconstructed to satisfy additional seismic safety standards prior to the year 2013. Chinese Hospital is developing plans to build a new hospital that complies with the seismic safety requirements of the Alquist Act.

Since 1979, when Chinese Hospital relocated its acute care services to a new facility, there have been significant changes, advancement and improvements in healthcare services, healthcare quality standards, technology and equipment. Hospital functions and services have advanced and patient care improved due to new clinical procedures often driven by new technology. These new procedures and new equipment demand a redesign and reconfiguring of the existing physical facilities. As remodeling the existing building would interrupt healthcare services to our community for more than two (2) years, it was determined that a new hospital building would be the best choice for the future of Chinese Hospital.

Both physicians and patients are demanding higher quality healthcare services and facilities. Chinese Hospital is a 54 bed hospital with eight (8) private (1-bed) rooms, eight (8) rooms with two (2) beds, nine (9) rooms with three (3) beds and one (1) room with four (4) beds. Physician and patient preference is for private rooms and two (2) beds rooms. Three (3) and four (4) beds rooms are not desirable for healthcare consumers today. The new hospital will be designed with more spacious private rooms that will accommodate modern clinical equipment, improve privacy for patients and will permit family visits and overnight stays, and fewer rooms with two (2) beds.



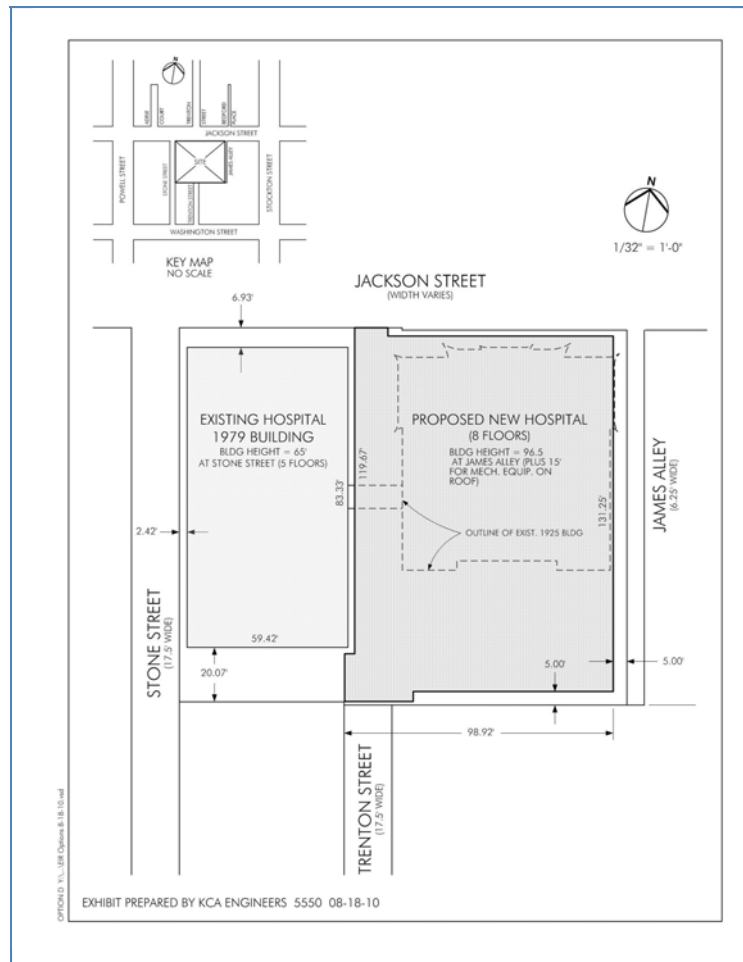
## **B. SHORT RANGE DEVELOPMENT PLANS – NEXT FIVE YEARS – Section 304.5**

### **(c) (3)**

Since 2004, Chinese Hospital has been evaluating the different options that would allow the hospital to meet both its service needs and the state mandated seismic requirements. This evaluation process included review of its requirements for a new hospital, the financial feasibility of building a new hospital and the process to integrate the clinical services between a new hospital and the existing hospital. Chinatown has a limited geographic area that is restricted by residential uses on its northern and western boundaries and the financial and the downtown retail district on its eastern and southern boundaries. Chinatown is almost fully developed with only a few sites that are undeveloped or underdeveloped. There are a few larger sites that are currently being developed on Kearny Street. These sites will be for schools for St. Mary's and City College of San Francisco. Any new large development in Chinatown would displace and demolish existing commercial and residential buildings and uses.

Chinese Hospital was created by the Chinese to provide health care to the Chinese community when other City agencies and health care providers would not. The hospital is centrally located and is easily accessible by the residents of Chinatown and the greater Chinatown area of North Beach and the residential areas between the hospital and Van Ness Avenue. It is accessible by public transportation (MUNI) from most areas of the City through the #30 Stockton, #1 California, and #9 San Bruno Avenue, and #12 Folsom bus lines and cable cars. As 45% of Chinese Hospital patients live within the Chinatown area, convenient access and public transportation are important. Alternative sites in nearby areas of South of Market, Mission Bay, and the downtown areas were considered but the inconvenience of a location outside of Chinatown; the reduced accessibility for Chinatown residents to these locations, and high cost and difficulties in acquiring large parcels of land has dictated development should be on the hospital's current campus.

Development at the Chinese Hospital campus would mean demolishing two structures, the existing medical administration building, the original Chinese Hospital, which was opened in 1925 and the three-story garage located behind this building. This would open up approximately 11,500 square feet of land area that could be developed with an eight (8) story hospital (one (1) below ground story and seven (7) above ground). The proposed hospital building would be about 130 feet tall and would have about 90,000 square feet of gross building area. The new building would be the acute care hospital and the 1979 building would be converted to hospital support facilities, administrative offices and an outpatient clinic. The project would take three-to-five years (3-5 years) for planning and both City and State government approvals, and two-to-three (2-3 years) for construction.



## Site Plan

### Proposed New Hospital Building and

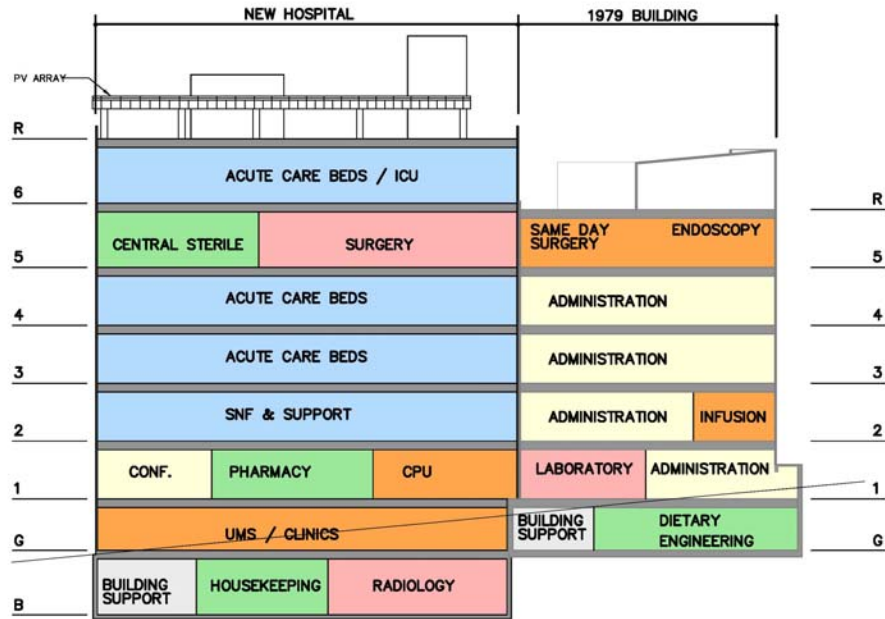
### Existing 1979 Building (Proposed Use as Administration & Outpatient Building)



**Proposed New Hospital and 1979 Building**

<b>Project Sponsor</b>	<b>Chinese Hospital Association</b> Brenda Yee, RN, MSN, CEO Linda Schumacher, COO Tom Bolger, CFO
<b>Project Architect</b>	<b>Jacobs Global Buildings- North America</b> Robert A. Lundeen, AIA, AAH James A. Davis, AIA
<b>Project Engineers</b>	<b>Structural:</b> Arup – San Francisco <b>MEP:</b> Mazzetti Nash Lipsey Burch, FW Associates, SJ Engineers <b>Civil:</b> KCA Engineers <b>Geotechnical:</b> Treadwell & Rollo <b>Shoring:</b> Sure Engineers
<b>Project Management Consultants</b>	Wayne Hu David Lem
<b>General Contractor</b>	<b>DPR Construction</b>





## STACKING DIAGRAM





### **C. IMPACT ON THE SURROUNDING NEIGHBORHOOD – Section 304.5 (c) (3)**

The proposed hospital would not displace or demolish any existing residential or commercial buildings and uses in Chinatown. During construction, the project would disrupt traffic and impact nearby retail and residential uses during the daytime hours. When completed, the hospital would still be a 54-bed acute care hospital, but would be configured with private and 2-bed inpatient rooms and added space to accommodate the rapidly growing outpatient services. It is expected that majority of patients will continued to be residents of the greater Chinatown area.

The proposed hospital will be seven stories plus a basement level built on the site replacing both the five stories medical administration building and the three stories parking structure. The basement level would house radiology, building support systems (electrical, mechanical, telephone/data) and housekeeping. The street level will be the urgent medical care/services and the clinics. The first upper level would be pharmacy, cardio/pulmonary unit and meeting/conference rooms. The second upper level is a 22 bed skilled nursing unit. The third and fourth levels are acute care patient rooms; the fifth level is surgery with three (3) operating rooms, post anesthesia care and central sterile supply. The sixth level is intensive care and acute care rooms.

The 1979 Building, currently the acute care hospital, would retain the dietary (kitchen and dining room) in the basement level and laboratory at the street level. The upper floors would be converted to hospital administration offices and outpatient clinics. The fifth floor surgical operating rooms would be used for outpatient surgeries.



**D. CONFORMITY TO THE COMPREHENSIVE PLAN (MASTER PLAN) OF THE CITY AND COUNTY OF SAN FRANCISCO – Section 304.5 (A)**

**SAN FRANCISCO GENERAL PLAN – CHINATOWN AREA PLAN**

**OBJECTIVE 1.**

**PRESERVE THE DISTINCTIVE URBAN CHARACTER, PHYSICAL ENVIRONMENT AND CULTURAL HERITAGE OF CHINATOWN.**

**POLICY 1.1 - Maintain the low-rise scale of Chinatown's buildings**

Ninety-six percent of Chinatown buildings are four (4) stories or less. There are larger buildings of more than (six) 6 stories in Chinatown. The Ping Yuen housing projects located along Pacific Avenue, owned by the SF Housing Authority; Mandarin Towers, a sixteen (16) story building, a mixed-use residential and commercial condominium project at Washington & Stockton Streets; The Empress of China Building, a six (6) story commercial building on Grant Ave between Washington & Clay Sts, Mirawa Building, a seven (7) story commercial building located on Pacific Avenue near Grant Avenue; and the International Hotel Senior Housing, a fifteen (15) story building, located at Kearny and Jackson Streets.

Chinese Hospital, originally founded as the Tung Wah Dispensary, is a Chinatown institution and has been on Jackson Street since 1925. The Chinese Hospital site is larger than most Chinatown lots. The original building is five stories and served as the hospital from 1925 through 1979. The adjacent five (5) story building was opened in 1979 and is the current acute care hospital. The original building was converted to a medical office building for hospital administration, community healthcare services, and private physician offices.

Chinese Hospital is one of the elements contributing to the unique urban character of the neighborhood and is a part of the historic and cultural heritage of Chinatown.

**POLICY 1.2 - Promote a building form that harmonizes with the scale of existing buildings and width of Chinatown's streets.**

In Chinatown, within the Chinatown zoning districts, there are approximately 487 lots excluding lots owned by City agencies for schools, parks and public housing. Of these lots, 70% (342 lots) are less than 3,500 square feet and 30% (145) lots are larger than 3,500 square feet.

The Chinese Hospital campus currently occupies a lot area of 22,515 sf with a frontage on Jackson St of 163.75 feet. This lot is larger than most of the lots in Chinatown and on Jackson Street but is relatively small when compared to other hospital sites in San Francisco. On Jackson Street, between Stockton and Powell Streets, there are 18 other lots have frontages between 21-84 feet.



A hospital is a unique facility that requires larger floor areas to effectively and efficiently function, to provide adequate private and individual space for patients and to accommodate the specialized clinical equipment needed for patient care. Smaller floor areas reduce the number of patient rooms per floor and create the need for additional floors to meet the inpatient demand for beds, therefore increasing the overall building height.

The lot area is small for a hospital. Any reduction in the building height, use of smaller floor areas and adding any setbacks to the building would reduce the hospital services and functions, create functional inefficiencies and reduce the quantity and quality of healthcare services to this community.

**POLICY 1.3 – Retain Chinatown’s sunny, wind-free environment**

The proposed new hospital will not have any shadow impacts on the neighborhood parks and playgrounds.

**POLICY 1.4 – Protect the historic and aesthetic resources of Chinatown.**

Patients expect healthcare to be provided in modern up to date facilities. The intent of the design of the new building is to ensure the community will feel that Chinese Hospital is a hospital where they will have access to modern equipment, technology and best practices that will meet all of their healthcare needs.

**OBJECTIVE 2.**

**RETAIN AND REINFORCE CHINATOWN’S MUTUALLY SUPPORTIVE FUNCTIONS AS NEIGHBORHOOD, CAPITAL CITY AND VISITOR ATTRACTION.**

**POLICY 2.1 – Define mixed use subdistricts based on the predominant type of ground level use.**

Not Applicable.

**POLICY 2.2 – Base zoning on the generalized land use and density map below.**

Chinese Hospital is located within the Chinatown Residential Neighborhood Commercial District (CRNC). The hospital use is an institutional use permitted under this zoning. Commercial and institutional floor area ratio is restricted to 1:1 under Section 124.1 (c) – Floor Area Ratio Exceptions: Chinatown. The floor area ratio for hospitals or medical centers is 4.8:1. The proposed new hospital with the existing 1979 building will have a floor area ratio 6.54:1.



### **OBJECTIVE 3.**

#### **STABILIZE AND WHERE POSSIBLE INCREASE THE SUPPLY OF HOUSING**

##### **POLICY 3.1 - Conserve existing housing.**

The proposed hospital project would not displace nor demolish any existing residential or commercial properties. The proposed project would demolish the existing medical office building, which is currently occupied by the hospital administration, health care programs and support services and physicians offices.

##### **POLICY 3.2 - Increase the supply of housing.**

The proposed project would not increase the supply of housing, but would add a skilled nursing facility for transitional healthcare currently not available in Chinatown.

##### **POLICY 3.3 - Seismically upgrade unreinforced masonry buildings without imposing undue financial burdens or permanent displacement of residents.**

Under the Alquist Act, all acute care hospitals must report and seismically retrofit their facilities. Chinese Hospital has a seismic performance rating of SPC-3, which categorizes this hospital that in a major earthquake it may be damaged and not able to functionally, operate or be repaired. The proposed new hospital would satisfy the seismic safety requirements required by the State of California. The proposed hospital will be able to provide emergency care for its community and the City after a major earthquake. Chinese Hospital is considered an integral part of the City's Disaster plan and will provide crucial services to the residents of Chinatown during the first 96 hours after a disaster.

### **OBJECTIVE 4.**

#### **PRESERVE THE URBAN ROLE OF CHINATOWN AS A RESIDENTIAL NEIGHBORHOOD**

##### **POLICY 4.1 - Protect and enhance neighborhood-serving character of commercial uses in predominantly residential areas.**

Chinese Hospital is part of the neighborhood character of this community. It started as Tung Wah Dispensary in 1899, less than one block south of its current site. This hospital opened 1925 at a location that is central to its community and its residents. Almost all of the buildings on this block of Jackson Street have been in place since 1910. There is one newer building, at the corner of Jackson and Powell Streets that was built in 1960. There have been no significant changes to the residential and retail character of this block of Jackson Street.



**POLICY 4.2 – Control proliferation of uses that tend to crowd out the needed neighborhood services.**

Chinese Hospital has been a part of the community since 1899 and continues to provide much needed healthcare services to the residents of Chinatown. It also serves as a cultural and social centerpiece for the community.

**POLICY 4.3 – Guide the location of tourist oriented uses away from predominantly residential neighborhood commercial areas.**

Not applicable.

**POLICY 4.4 – Expand open space opportunities.**

The proposed project would not expand the open space opportunities nor will it eliminate any existing open space.

**OBJECTIVE 5.**

**RETAIN AND ENHANCE CHINATOWN’S ROLE AS A VISTOR ATTRACTION**

**POLICY 5.1 – Maintain Grant Avenue as the traditional specialty retailing area.**

There will be no impact to the retail areas of Grant Avenue.

**OBJECTIVE 6.**

**RETAIN CHINATOWN’S ROLE AS A CAPITAL CITY**

**POLICY 6.1 - Provide incentives for location and expansion of institutions and cultural facilities.**

There are few sites in Chinatown that are large enough for a hospital. Any new large development in Chinatown would demolish and displace residential and commercial uses. There have been few large developments in Chinatown. The most recent large developments in Chinatown are the International Hotel Senior Housing at Kearny Street and Jackson Streets. There are two proposed developments. One is St. Mary’s School and the other is the northeast campus for City College of San Francisco. Both projects will be on Kearny Street, between Washington and Jackson Streets and either on or adjacent to the International Hotel site.

Chinese Hospital serves the community and restricting its size would reduce its ability to provide modern and quality health care services to this community. Both Chinatown residents and healthcare providers would be impacted by changes in Chinese Hospital’s size and limiting the services it provides.



**POLICY 6.2 – Provide for modest expansion of community business offices related to Capital City role.**

Not Applicable.

**OBJECTIVE 7.**

**MANAGE TRANSPORTATION IMPACTS TO STABILIZE OR REDUCE THE DIFFICULTIES OF WALKING, DRIVING, DELIVERING GOODS, PARKING OR USING TRANSIT IN CHINATOWN**

Chinese Hospital is conveniently located near its patients. More than 90% of its patients reside in Chinatown and the greater Chinatown residential area. Many patients and other users of the hospital (including staff) do not travel to the hospital by car, but walk or use public transportation. Chinese Hospital is part of the center of the community and is convenient for the individuals and families that live and work in Chinatown.

**POLICY 7.1 THROUGH 7.6**

Not Applicable.



**SAN FRANCISCO GENERAL PLAN – COMMUNITY FACILITIES – Section 304.5 (A)**

**NEIGHBORHOOD CENTER FACILITIES**  
**OTHER APPLICABLE OBJECTIVES AND POLICIES**

**OBJECTIVE 3.**

**ASSURE THAT NEIGHBORHOOD RESIDENTS HAVE ACCESS TO NEEDED SERVICES AND A FOCUS FOR NEIGHBORHOOD ACTIVITIES.**

**POLICY 3.1 - Provide neighborhood centers in areas lacking adequate community facilities.**

Chinese Hospital was founded by 15 community organizations and is still governed by representatives from those organizations. It provides quality healthcare in a cost effective way that is responsive to its community ethnic and cultural uniqueness. As a result of its cultural sensitivity and location near the center of Chinatown, it also serves as a crucial social gathering site.

Chinese Hospital is the center for health care education and wellness services and as such is leading the way to improve the overall health of the Chinese community in the Bay Area.

Chinese Hospital defines its service area to include the City and County of San Francisco. In 2008, over 90% of Chinese Hospital's patients were residents of the City of San Francisco. Twenty-nine percent of Chinese Hospital's patients are residents of the Chinatown neighborhoods (Zip Codes 94133, which includes Chinatown/North Beach, Zip Code 94108, Chinatown, and Zip Code 94109, Nob Hill); twenty-seven percent from Zip Codes: 94134, 94116 and 94112; twenty-four percent from Zip Codes: 94118, 94121, 94122, 94124 and 94132. In 2008, there were over 75,000 inpatient and outpatient visits to Chinese Hospital.

Approximately 98% of Chinese Hospital's patients are persons of Asian or Pacific Island descent. Chinese Hospital estimates that it treats approximately 22% of the Chinese residents of San Francisco. The Chinese Hospital prides itself on its culturally competent services and welcomes patients of other ethnic and cultural backgrounds.

San Francisco's Asian and Pacific Islander population is large, diverse and growing community. With a total population of 776,733 in 2000, San Francisco County has a large proportion of Asian and Pacific Islanders (31.2%) and smaller proportion of Latinos and whites than California as a whole. Asian and Pacific Islanders make up 57.7% and 55.2% of the population in the 94108 and 94133 zip codes and a growing percent in 94134 (Visitation Valley 52.9%) and 94116 (Forrest Hill 51.1%) zip codes. The Asian/Pacific Islander population has grown more rapidly than the total population since 1990 and was estimated at 241,775 in 2000.





The elderly account for 13.6% of the population (greater than 65 years of age), compared to 10.7% statewide. For the Chinatown specific zip codes 94108 and 94133, the elderly account for 23.2% and 21.7% respectively; the highest of any city zip code.

There are 114,145 persons in San Francisco who report that Chinese is their primary spoken language. Chinese Hospital provides healthcare services that are culturally sensitive to those who have limited English language capabilities as over 90% of the staff are fluent in Chinese.

#### **OBJECTIVE 4.**

#### **PROVIDE NEIGHBORHOOD CENTERS THAT ARE RESPONSIVE TO THE COMMUNITY SERVED.**

##### **Chinese Hospital Mission Statement**

Chinese Hospital is a community-owned, not-for-profit organization, delivering quality health care in a cost-effective way, that is responsive to the community's ethnic and cultural uniqueness, and providing access to health care and acceptability to all socioeconomic levels. A voluntary Board of Trustees, broadly representative of the community, governs Chinese Hospital and which has assumed a leadership role in all health matters. Chinese Hospital's mission, stated above, emphasizes these important points:

- Community ownership and responsiveness
- Community leadership
- Cultural uniqueness
- Concern for a broad spectrum of health needs, including but not limited to hospital care

##### **Chinese Hospital's Vision Statement**

Chinese Hospital is committed to improving community access to a quality, culturally sensitive and affordable health care delivery system which is dedicated to improving community health, promoting preventive practices and wellness, and providing and coordinating appropriate health care services.

In the mid-1980s, managed care programs surfaced in the San Francisco Bay Area. Through a collaborative program with Blue Shield of California, Chinese Hospital and its physician organization (Chinese Community Health Care Association) created Chinese Community Health Plan. In 1987, Blue Shield transferred the health plan to the ownership of Chinese Hospital, which received its own Knox-Keene license from the State of California Department of Corporations. This plan provides commercial



coverage for individual and employer groups, most of which represent small Asian businesses. Chinese Community Health Plan also serves Medicare and Medi-Cal enrollees in the community. Chinese Hospital and its physician partner, Chinese Community Health Care Association (a not-for-profit IPA), serve additional Medicare, Medi-Cal and commercial enrollees under capitated arrangements with several commercial, Medicare and Medi-Cal managed care plans, includes San Francisco Health Plan.

In 1989, Chinese Community Health Resource Center (CCHRC) a private, non-profit agency sponsored by Chinese Hospital, the Chinese Community Health Care Association (the physician's practice association), Chinese Community Health Plan (CCHP), and special grants programs opened. It provides and sponsors community education, wellness programs and counseling services that are linguistically and culturally sensitive. Their health education programs and services aim to promote wellness and a healthier lifestyle.

**POLICY 4.1 - Assure effective neighborhood participation in the initial planning, ongoing programming, and activities of multi-purpose neighborhood centers.**

Chinese Hospital is governed by the community through 15 community organizations. Its physical facilities, programs and services are designed to meet the needs of the community and are approved through its Board of Trustees.

In collaboration with other Chinatown community service organizations, Chinese Hospital is responding to NICOS' Chinese Health Coalition recommendations:

- Improve access to care by increasing bilingual services/providers throughout the City and/or by improving the interpretation services that currently exist.
- Advocate for coverage of the uninsured and underinsured, particularly immigrants, and the working poor, and young adults.
- Increase education and outreach to the Chinese community as well as providers in the area of mental health; increase the number of bilingual/ bicultural Chinese mental health providers and the general availability of bilingual/ bicultural mental health services.
- Increase physician knowledge about Traditional Chinese Medicine (TCM) and its integration with western medicine; advocate for the certification of TCM doctors and herbalists to ensure quality and safety for consumers.
- Encourage the use of preventive health care, especially the utilization of early detection screenings particularly among immigrants and seniors.
- Conduct an educational campaign on how to access health care services in the U.S. targeting immigrants
- Provide cultural sensitivity training to physicians, particularly those who serve Limited English Proficiency (LEP) patients.
- Organizations like NICOS should advocate for affordable health care and develop a health delivery strategy for low-income and recent Chinese immigrants.



Chinese Hospital developed new community benefit goals and objectives. The goals are intended to direct the Hospital's community benefit activities over the three-year period 2004-2006. Three community benefit goals have been adopted for Chinese Hospital:

Goal 1: Chinese Hospital Will Work to Enhance Access to Culturally Competent Services and Advocacy for the Provision of Services for the Vulnerable Chinese Populations.

Goal 2: Chinese Hospital Will Participate with Others in Efforts to Improve the Quality of Life for Chinatown Residents and the Chinese Population Within San Francisco.

Goal 3: Chinese Hospital Will Direct Efforts to Reduce Disease Specific Morbidity and Mortality Rates for the Chinese Population

**POLICY 4.2 - Provide an effective and responsible management structure for each neighborhood center.**

Chinese Hospital is a well managed healthcare facility as evidenced by its continued accreditation through The Joint Commission, adherence to clinical quality measures and sound financial performance. An independent, not-for-profit organization, The Joint Commission accredits and certifies more than 18,000 health care organizations and programs in the United States. The Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. They seek to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.



## **CRITERIA FOR LOCATING NEIGHBORHOOD CENTERS**

### **Location Criteria - The Center should be centrally located**

Chinese Hospital is centrally located in Chinatown and the greater Chinatown area. It is easily accessible by the residents of Chinatown and the City by public transportation. It is convenient for many Chinatown residents to walk to Chinese Hospital.

**The location should contain elements which act as a focus for the community.**

### **OBJECTIVE 7.**

**DISTRIBUTION THROUGHOUT THE CITY OF DISTRICT PUBLIC HEALTH CENTERS TO MAKE THE EDUCATIONAL AND PREVENTIVE SERVICES OF THE DEPARTMENT OF PUBLIC HEALTH CONVENIENT TO THE PEOPLE, THEREBY HELPING TO ACHIEVE THE GOALS OF THE PUBLIC HEALTH PROGRAM IN SAN FRANCISCO.**

A community needs assessment evaluation completed by Chinese Hospital revealed a need for increased emphasis on health education for prevention services and how to access those services, particularly for recent immigrant and monolingual populations. The Chinese community is under-utilizing preventative health care services because of lack of access to services often due to no insurance coverage, cultural and linguistic barriers as well as a lack of knowledge regarding the need for preventative health care.

Chinese Hospital is also committed to increasing access to culturally competent health services for all Chinese people, with a particular emphasis on the vulnerable populations. It has worked to increase access to culturally competent health plans through the expansion of its Chinese Community Health Plan to the Medi-Cal population. The hospital has also worked to increase health insurance coverage for uninsured children through efforts to enroll eligible children in the Healthy Families Program.

Chinese Hospital will continue to improve community access to healthcare services by the expansion of managed care programs through the growth of Chinese Community Health Plan (CCHP). CCHP is serving the needs of the community and focusing on the underserved and continues to collaborate with other managed care plans to improve access and acceptability.

Chinese Hospital will continue offer a selected array of quality, cost effective, ambulatory care and primary/secondary acute care services. Concurrently, we contract with community providers for services not provided by Chinese Hospital in order to ensure that an integrated system of healthcare services is available to our patients. Such services shall include but are not limited to high technology tertiary services, post acute care/rehabilitative services and home care.



In collaboration with other community providers, Chinese Hospital through its Chinese Community Health Resource Center will initiate and actively participate in instituting health education and early detection programs for the community.

**OBJECTIVE 9.**

**ASSURE THAT INSTITUTIONAL USES ARE LOCATED IN A MANNER THAT WILL ENHANCE THEIR EFFICIENT AND EFFECTIVE USE.**

**EMERGENCY PREPAREDNESS AND RESPONSE**

**OBJECTIVE 3.**

**ENSURE THE PROTECTION OF LIFE AND PROPERTY FROM DISASTERS THROUGH EFFECTIVE EMERGENCY RESPONSE. PROVIDE PUBLIC EDUCATION AND TRAINING ABOUT EARTHQUAKES AND OTHER NATURAL DISASTERS AND HOW INDIVIDUALS, BUSINESSES AND COMMUNITIES CAN REDUCE THE IMPACTS OF DISASTERS.**

Chinese Hospital is the center for emergency response for Chinatown, its surrounding neighborhoods and the City. It is part of the City and County Disaster Plan and is critical in its role to provide life-sustaining services following a disaster.



## **SECTION 5 – DEVELOPMENT BY OTHERS Section 304.5 (c) (4)**

### **A. Development by Others**

The nature of the current neighborhood surrounding Chinese Hospital is fully developed with commercial and mixed commercial/residential buildings.

Currently, there are two development projects under construction. Both projects are located on Kearny Street between Washington and Jackson Streets, about three blocks east of Chinese Hospital. Both projects are located on Assessor Block 195.

1. St. Mary's Chinese Day School
2. City College of San Francisco – Chinatown / North Beach Campus

The Central Subway, Phase II, is the extension of the Third Street Rail into Chinatown. The Rail will be underground along Stockton Street from Market Street to Jackson Street. There will be a Chinatown Station located at the southwest corner at Stockton and Washington Streets. The underground construction will start in the second Quarter of 2012 and construction is expected to last for 54 months.

# Chinese Hospital Association of San Francisco Institutional Master Plan Update Analysis



Commissioned by:  
**SF Department of Public Health**  
101 Grove Street | San Francisco, CA | 415.554.2500



Prepared by:  
**Resource Development Associates**  
230 Fourth Street | Oakland, CA | 510.488.4345



## **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.

*Linda Asato, Tangerine Brigham, David Campos, Edward Chan, 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, Jim Soos, Andrew Smith, Jay Tharp, Steve Tierney, Lance Toma, Monica Walters, Kent Woo, Joseph Woo, Judy Young*

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## ***I. EXECUTIVE SUMMARY***

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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.

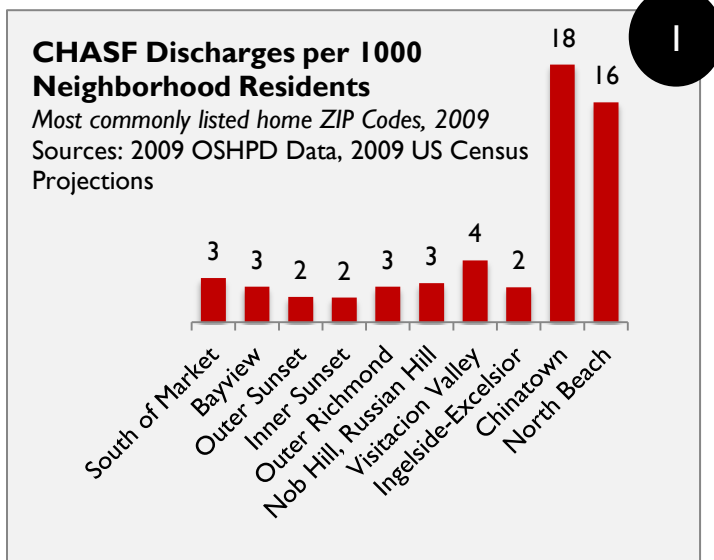
In addition to the services provided at its main Jackson Street facilities, CHASF also operates three satellite clinics. Two of these practice in San Francisco County, located in the Sunset and Excelsior Districts. A third clinic is located in Daly City, in San Mateo County.

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





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.

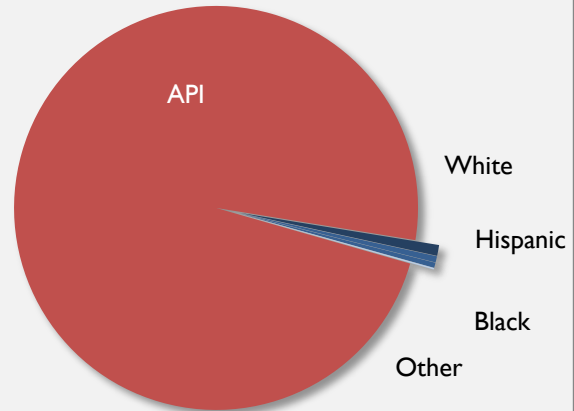
Discharged Chinese Hospital patients are also far more likely to be from Asian Pacific Islander (API) and/or senior populations. More than 98% of all patients discharged from Chinese Hospital in 2008 were API, according to OSHPD, accounting for 2384 of 2430 total unique patients discharged.

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.

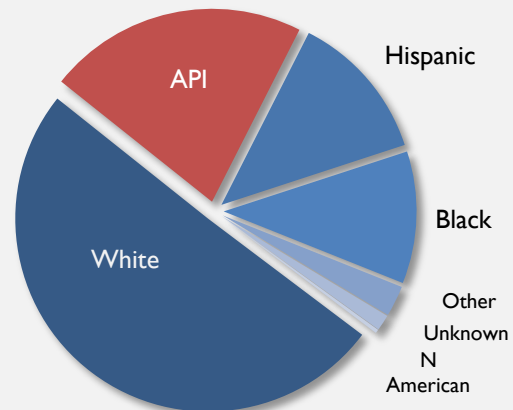
**2**  
**Proportion of Patients by Race**

CHASF, 2008  
 Source: OSHPD



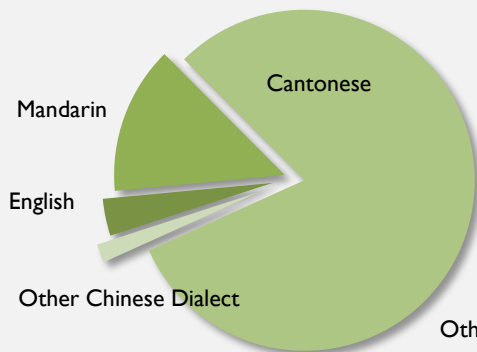
**3**  
**Proportion of Patients by Race**

All SF Hospitals, 2008  
 Source: OSHPD

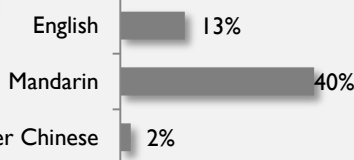


**4**  
**Patient Survey - Language**

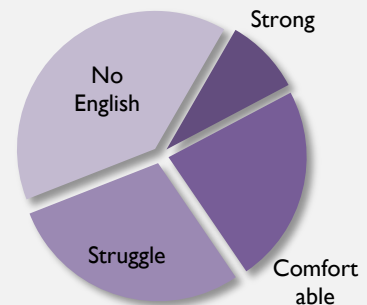
What is your first language?  
 n= 57



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



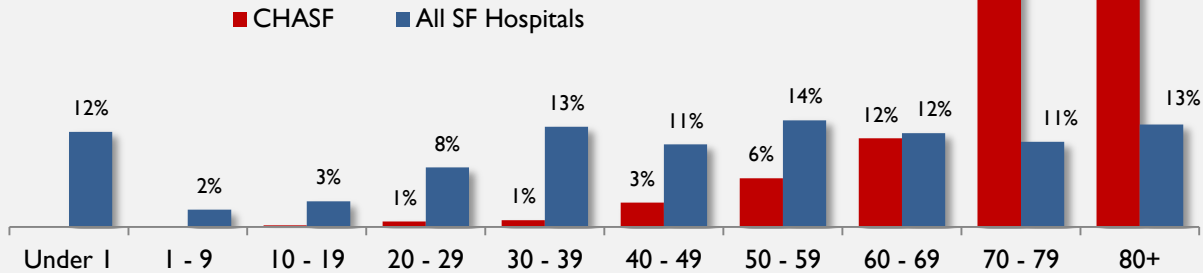
How comfortable are you speaking and understanding spoken english? n=56





**Proportion of Patients Discharged by Age**

CHASF and All SF Hospitals, 2008  
 Source: OSHPD



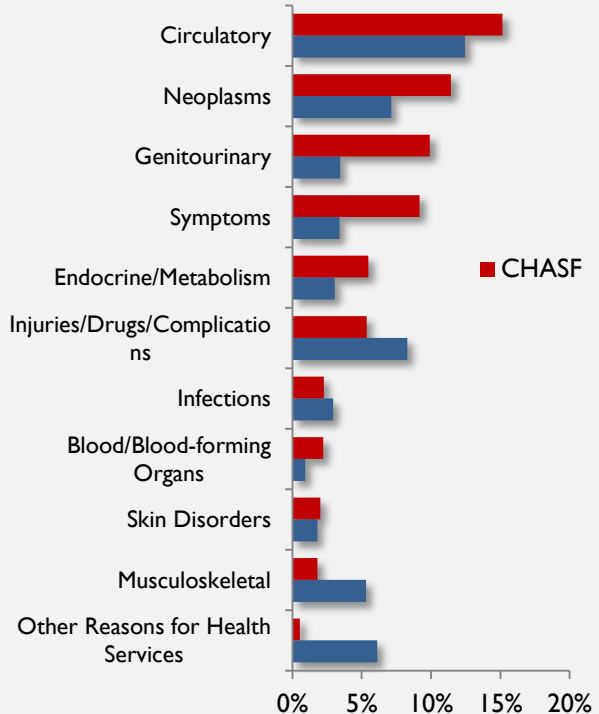
5

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 Principal Diagnosis Group**

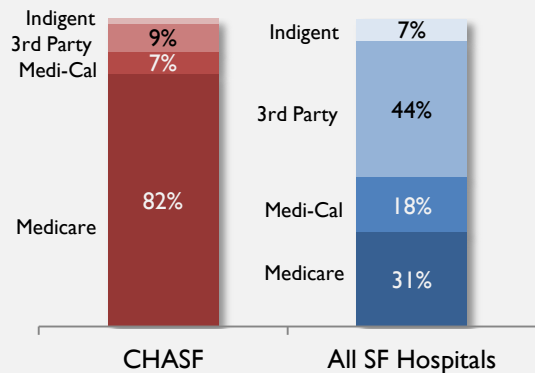
CHASF and All SF Hospitals, 2008  
 Source: OSHPD



6

**Proportion of Patients by Expected Payor Source**

CHASF and All SF Hospitals, 2008  
 Source: OSHPD



7



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.

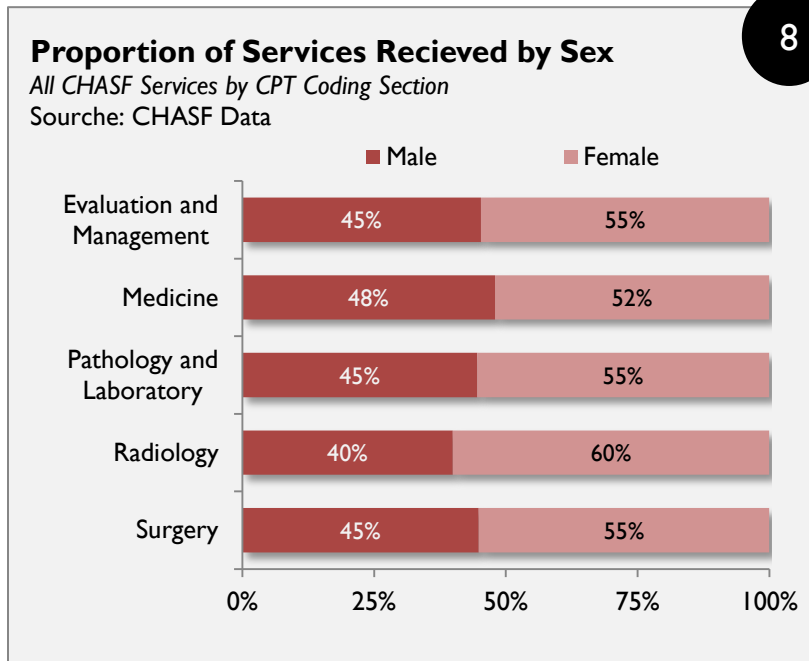
## 2. Service Summary

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.

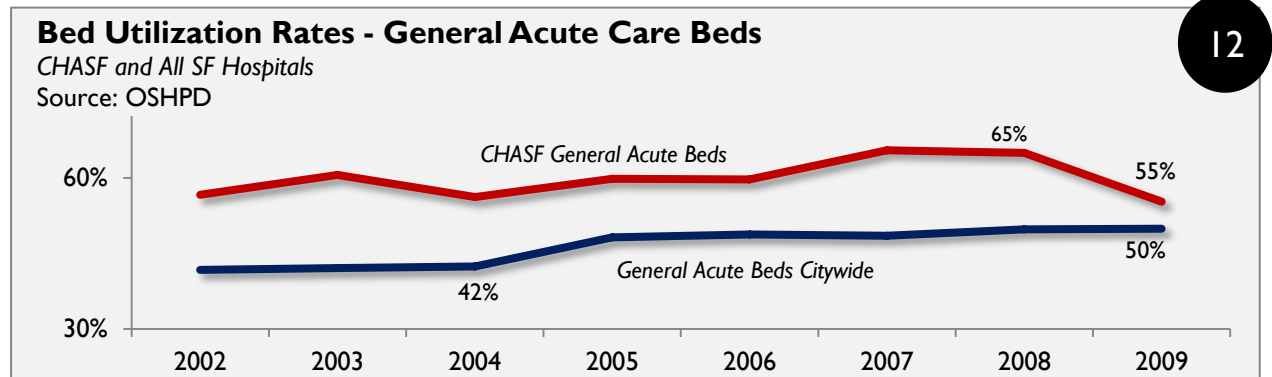
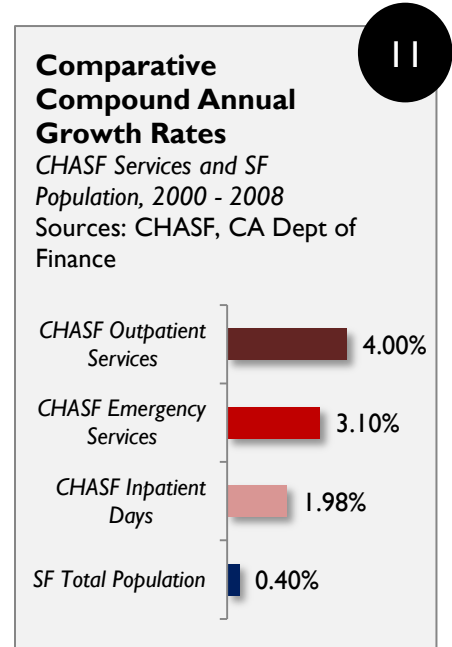
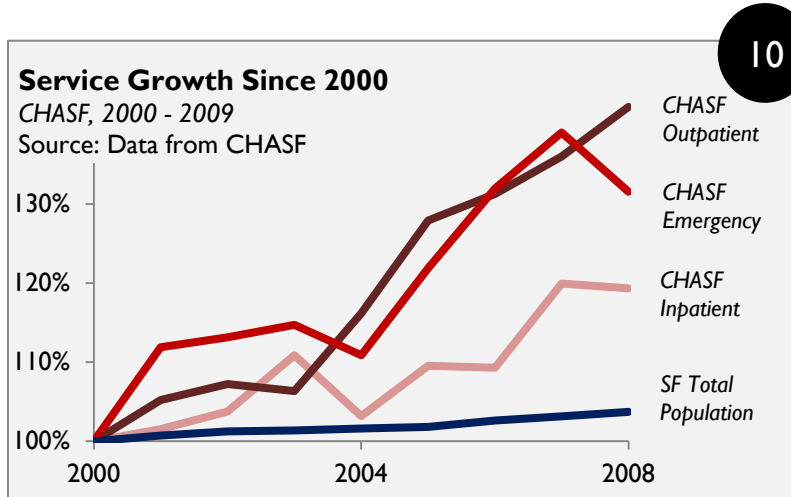
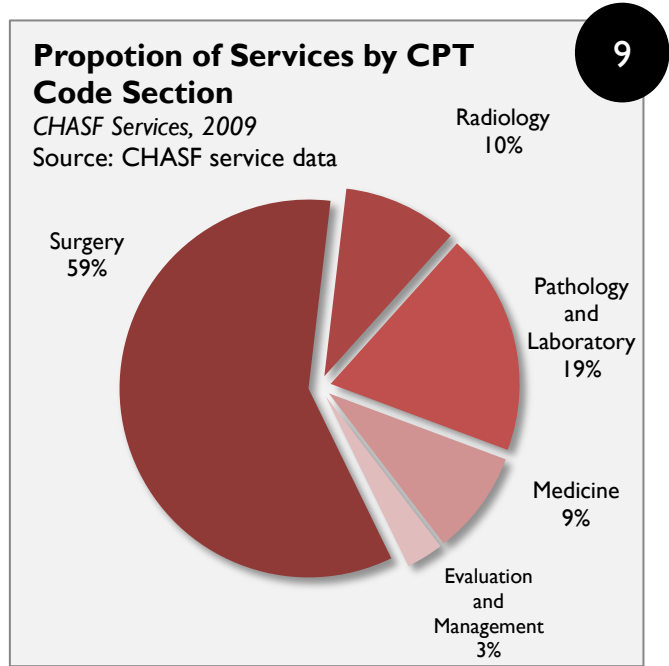
Among the Hospital's service mix, the majority of charges are incurred from its inpatient, ambulatory surgery and outpatient service divisions. Emergency services accounted for just 4% of total service charges in 2009, according to analysis of CHASF internal data. Across all divisions, the vast majority 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).





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*.







### **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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Commissioned by San Francisco Department of Public Health

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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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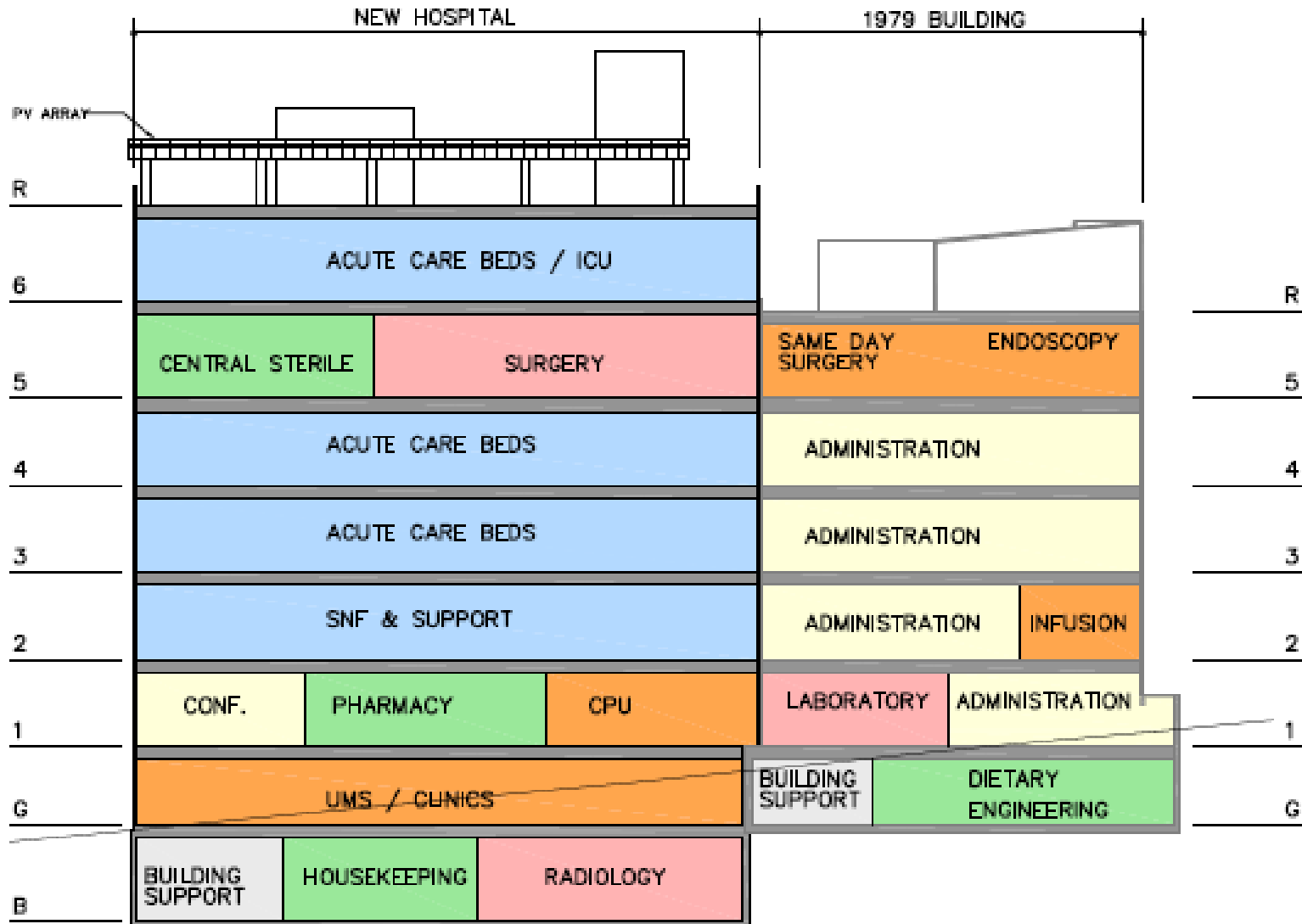
## **5. Expanded Waiting Rooms**

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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.



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

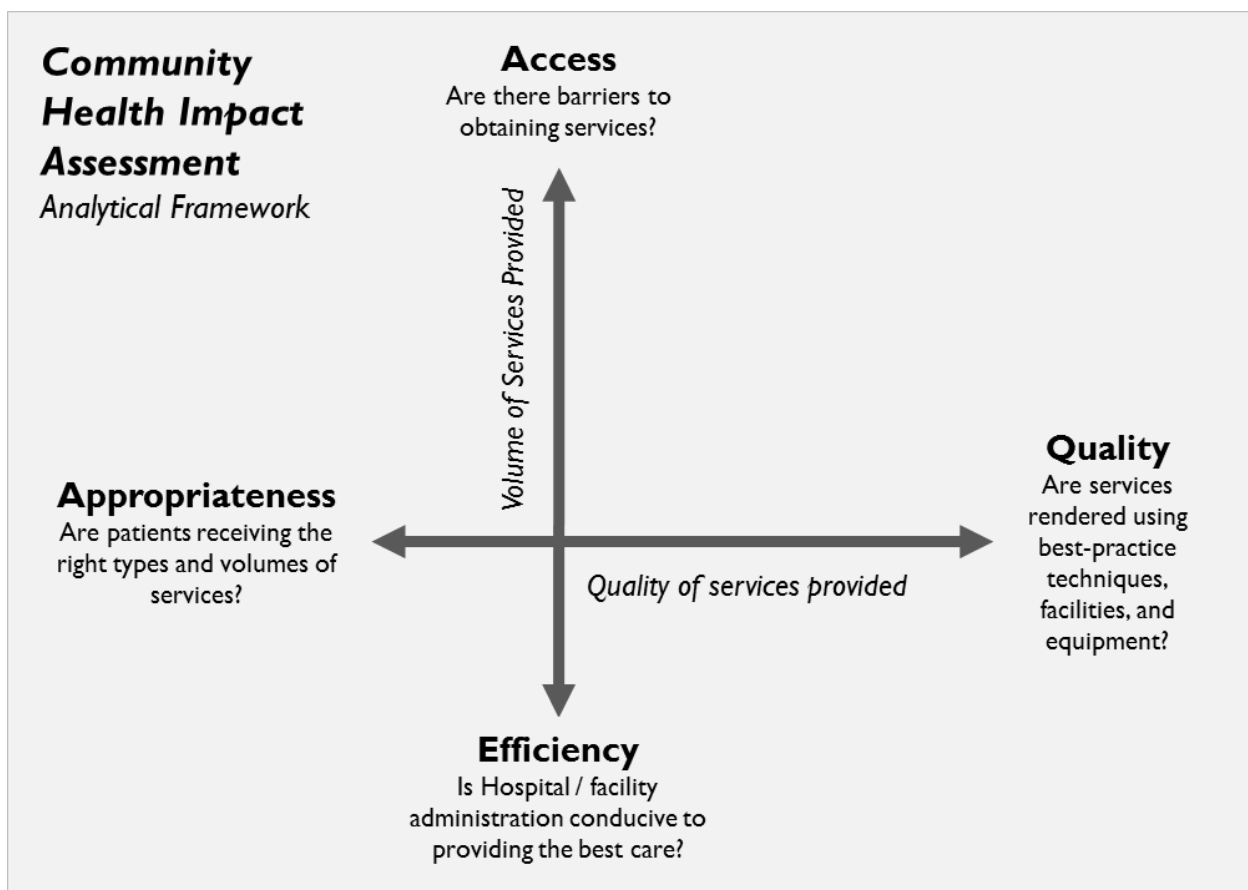




## ***IV. COMMUNITY HEALTH IMPACT ASSESSMENT***

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.

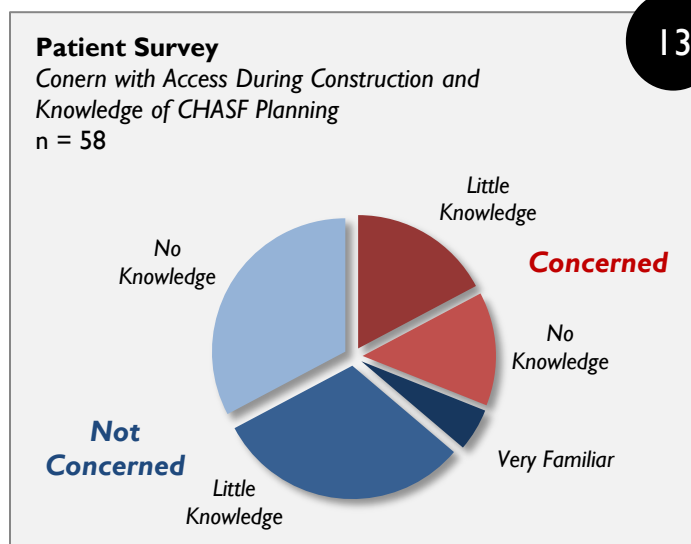
**1. Finding:** The proposed hospital rebuild will positively impact patient access in the long-term; in the near term there is a need for greater communication with the patient community to prevent confusion regarding access to services during construction.

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

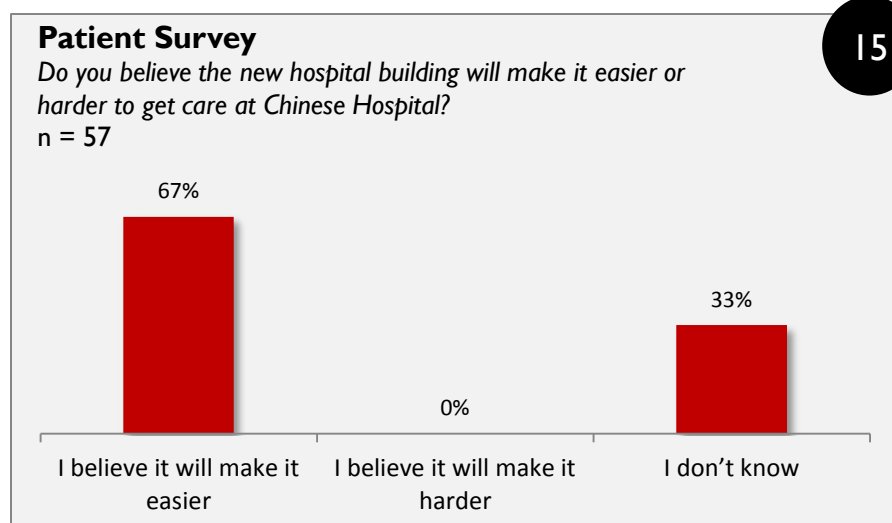
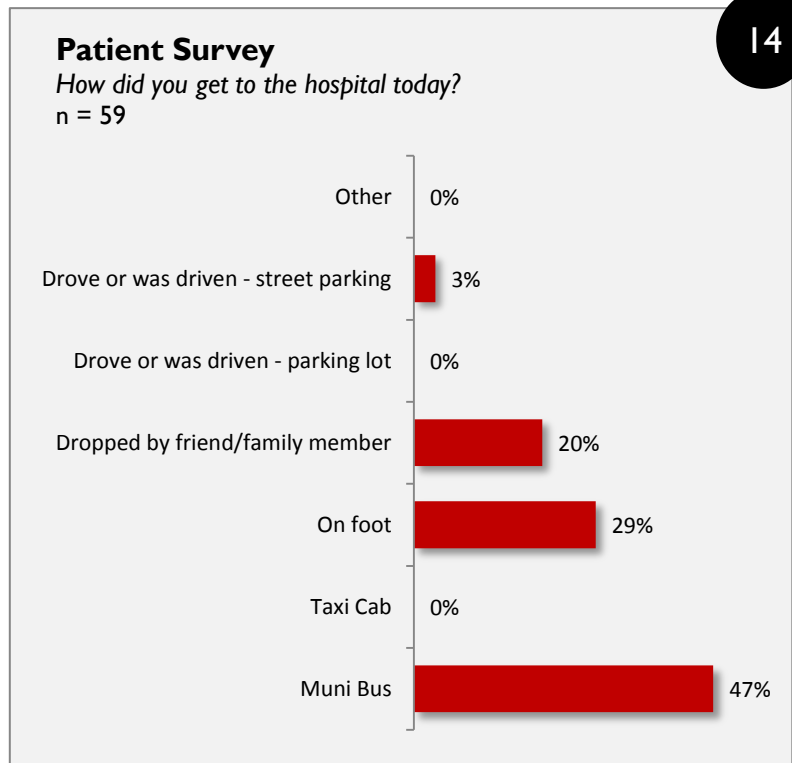




been insufficient. Among all patients surveyed, only 3 claimed to be “very familiar” with the details of the proposed rebuild (see *Figure 13* on the previous page). Among 18 patients surveyed who responded affirmatively that they were “concerned about being able to get care during construction,” none 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.



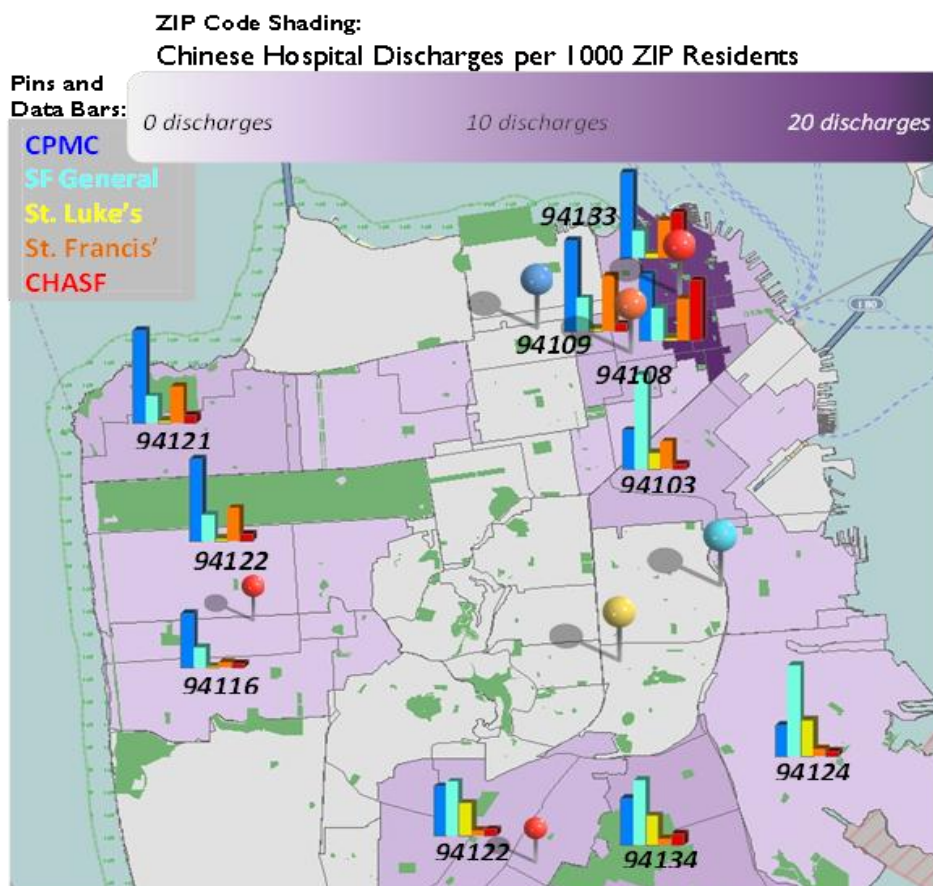


**2. Finding:** Although the need is not anticipated, other citywide hospitals would have sufficient surplus capacity to support CHASF patients if needed throughout construction; SF General would not play a disproportionate role in this effort.

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.

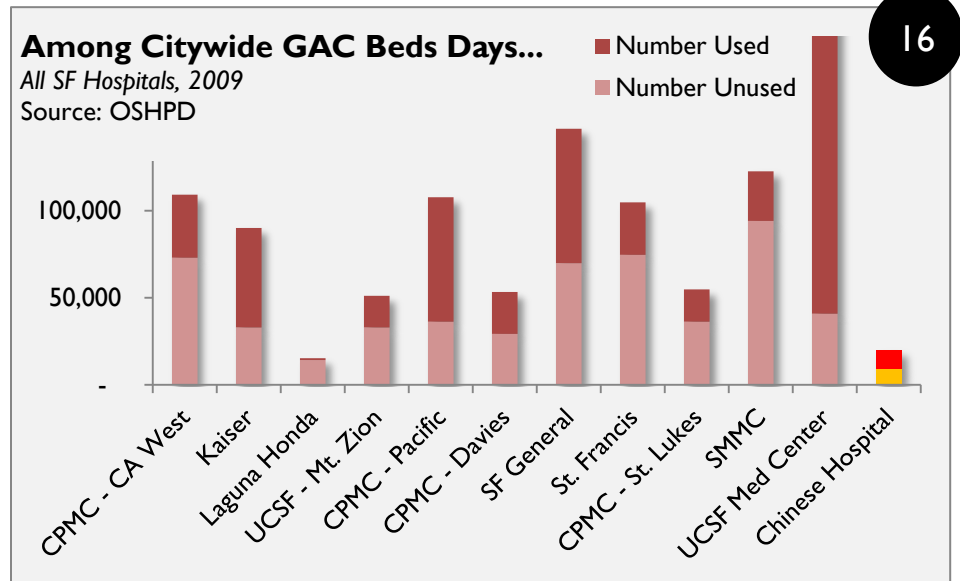
Moreover, in the event that an unplanned service disruption did occur as the result of the proposed hospital rebuild, our analysis shows that excess general acute care beds citywide should be sufficient to cover



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

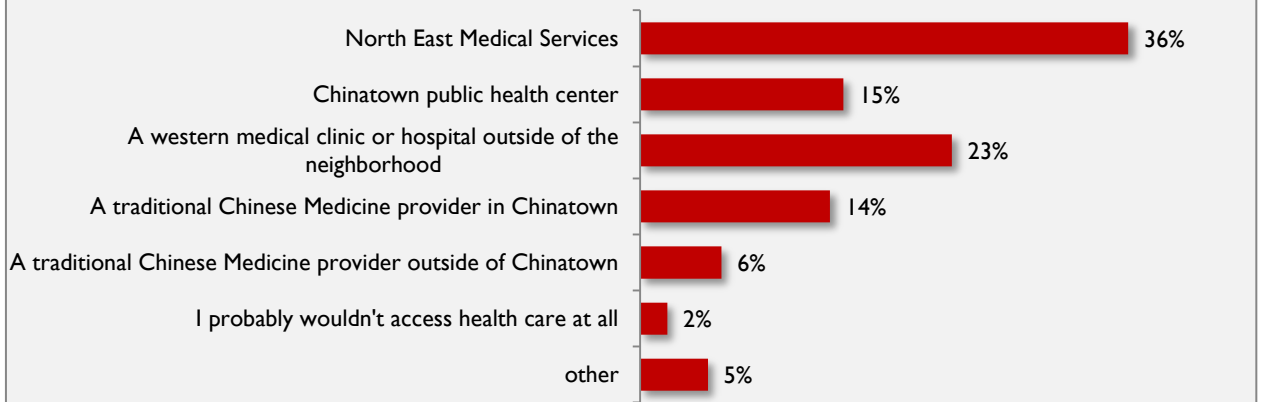
patients surveyed responded that they would solicit North East Medical Services (NEMS), a community health non-profit. Fewer than a quarter of patients indicated that they would seek services at a Western clinic if Chinese Hospital did not exist.



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**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.



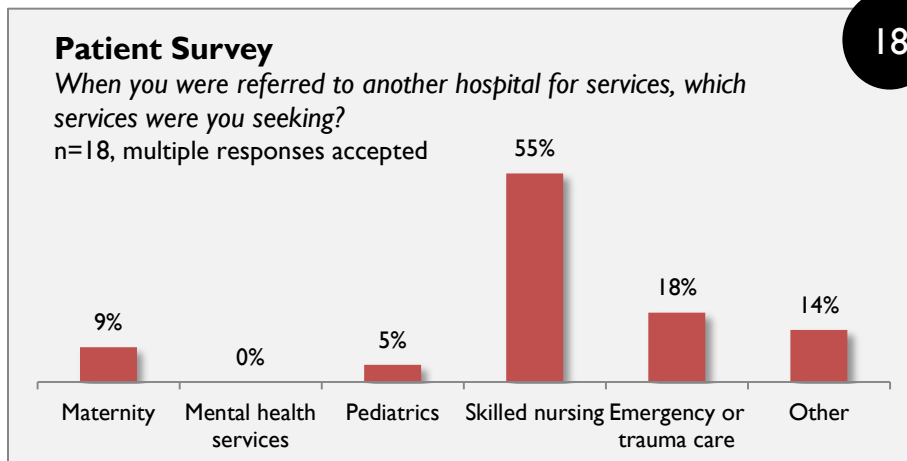
As the new hospital will feature upgraded technology, including a new MRI machine, more private rooms and a larger pharmacy, it will likely be more attractive to community members, including new patients and younger patients. According to one Chinatown social services provider, “Better equipment and 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.

**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

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.”

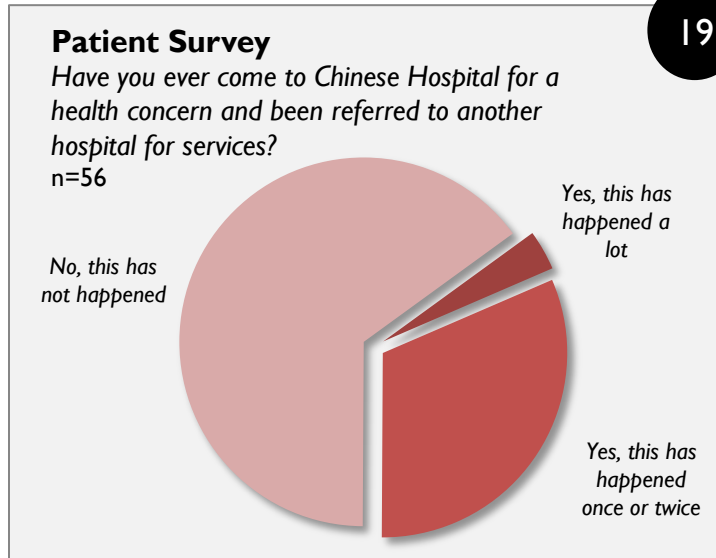


18



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.

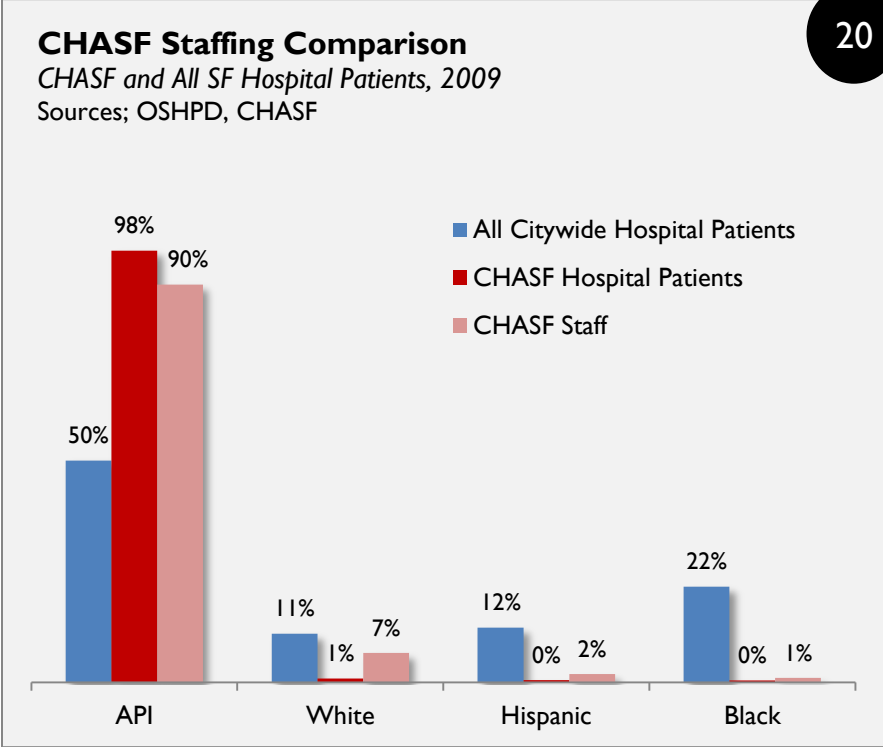


**5. Finding: CHASF is a model of culturally-competent care aimed at a specific cultural / demographic population; no impact expected from renovation**

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.



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."





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

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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**

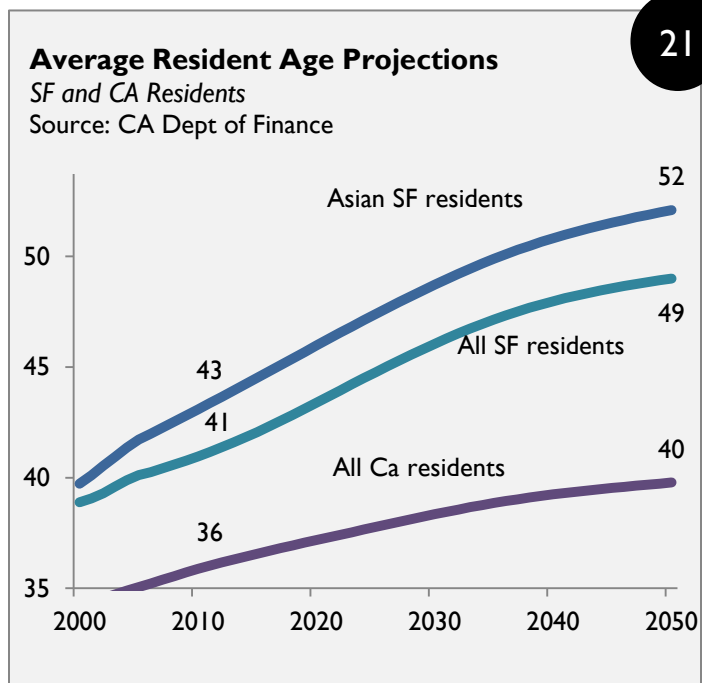
Findings related to appropriateness address how the proposed rebuild is likely to impact Chinese Hospital’s ability to provide patients with services that respond to their needs. These findings examine the mix of services provided in relation to the CHASF patient population as described above, and in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



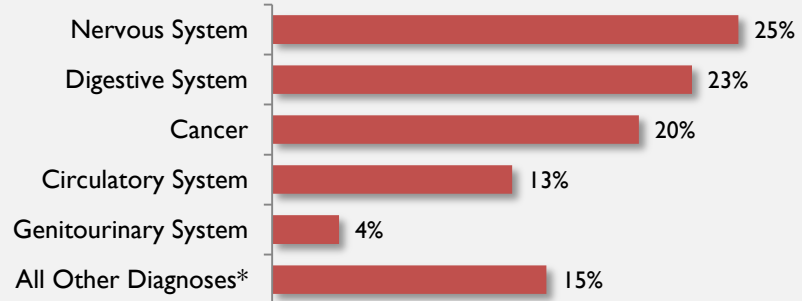


It appears that the rebuild will not negatively impact, and may positively impact, the degree to which services provided by CHASF meet the specific needs of its patient population. As one informant said, "Supportive environments like SNF beds and other kinds of non-acute care services will need to increase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

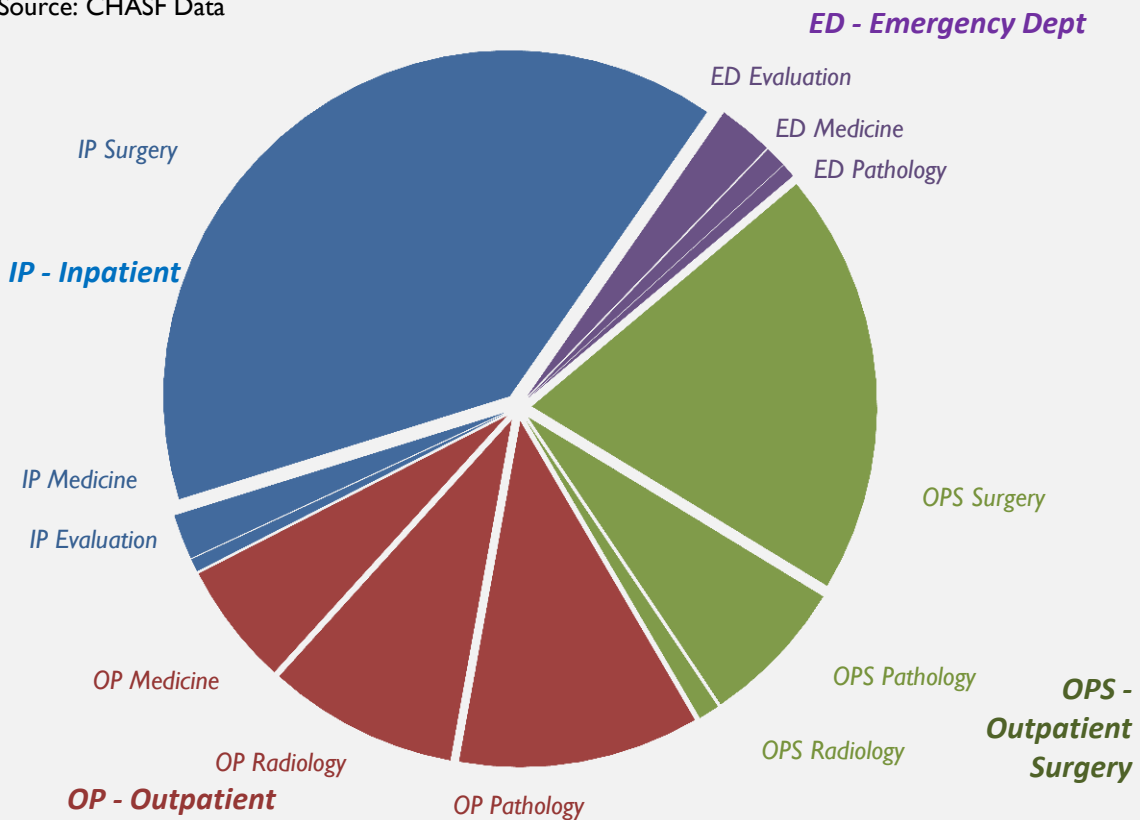
CHASF Ambulatory Surgery Unit, 2009  
 Source: OSHPD



\*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-

**Services by Proportion of Total Service Charges**

CHASF Services, 2009  
 Source: CHASF Data



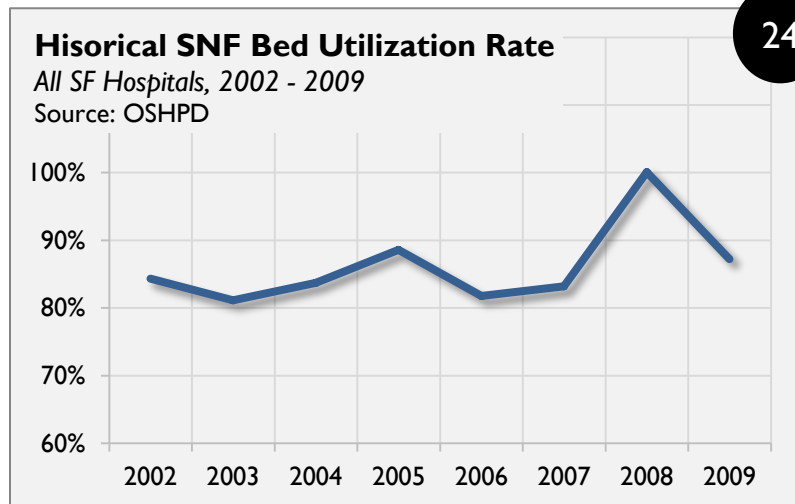


**2. Finding: Addition of new SNF beds is consistent with CHASF’s traditional focus on older adult services and projected healthcare needs citywide**

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,



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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.

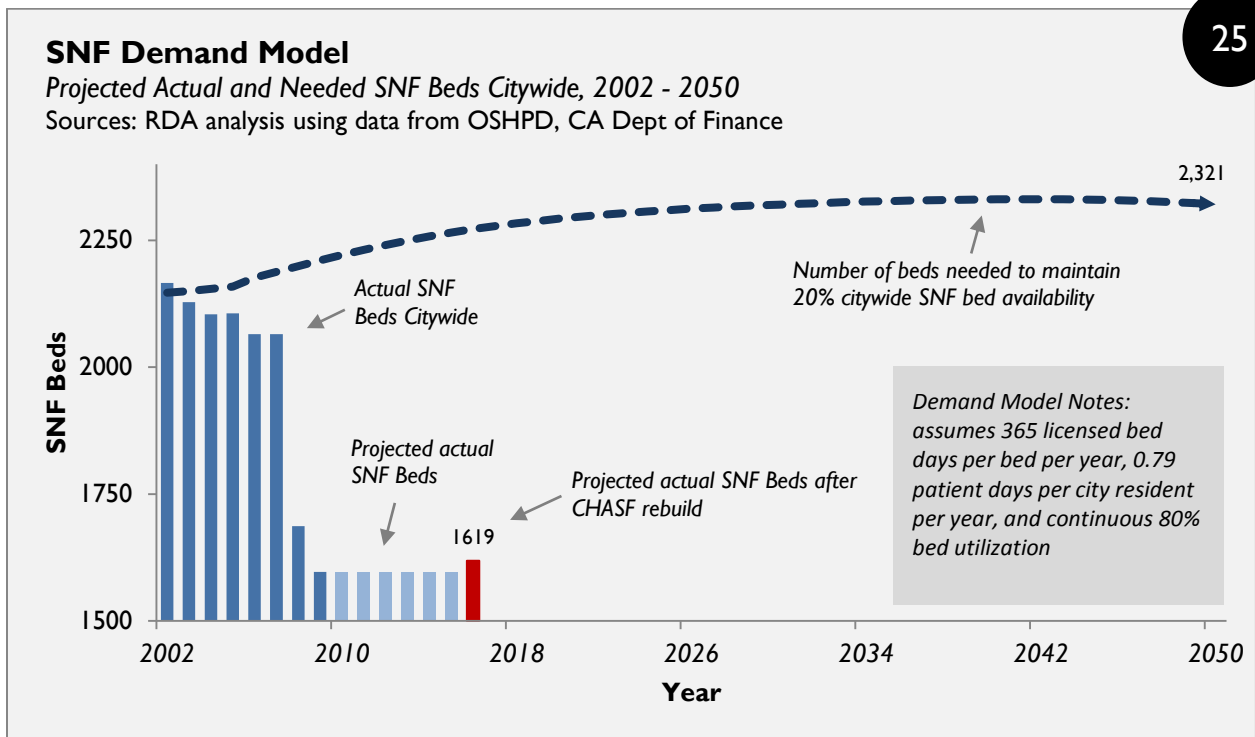
Many stakeholders also welcomed the additional SNF beds, noting that they would be highly utilized by the Chinese Hospital population. The aim is that with an old and aging patient population, SNF beds will allow patients to step-down from inpatient care while maintaining the same doctors. This is especially 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



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.

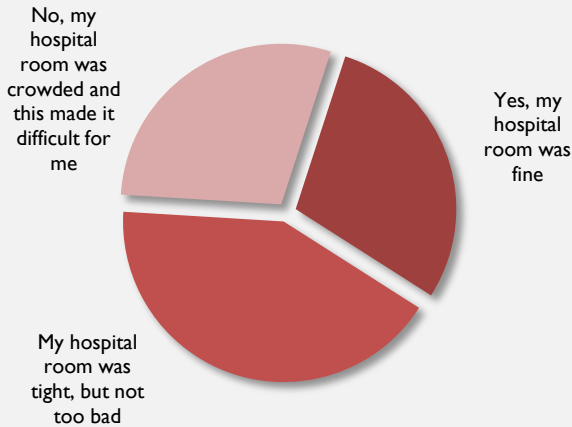
- 1. Finding:** At present CHASF underperforms inpatient services standards (wards, multi-bed rooms, ventilation and sterilization, etc.); the rebuild will yield a significant improvement in the quality of these services

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

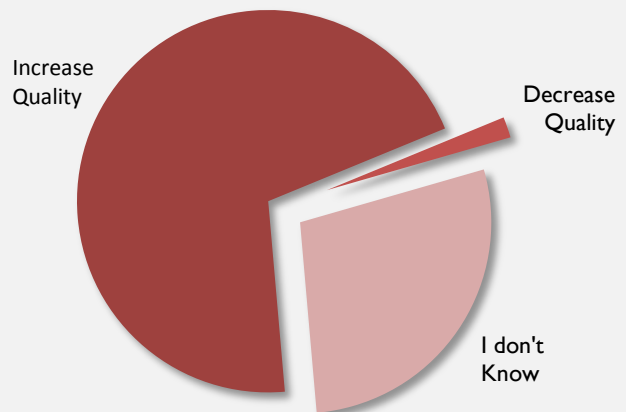
prohibitively crowded (see Figure 26 above).

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 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



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

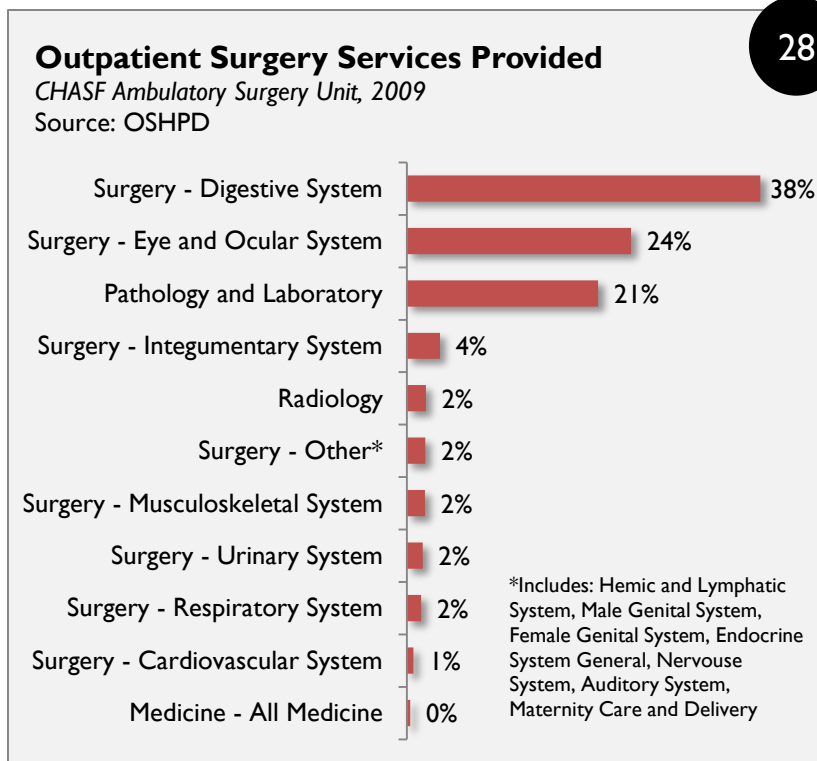
**2. Finding: The Hospital rebuild is consistent with an industry-wide trend of moving inpatient services to outpatient**

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.

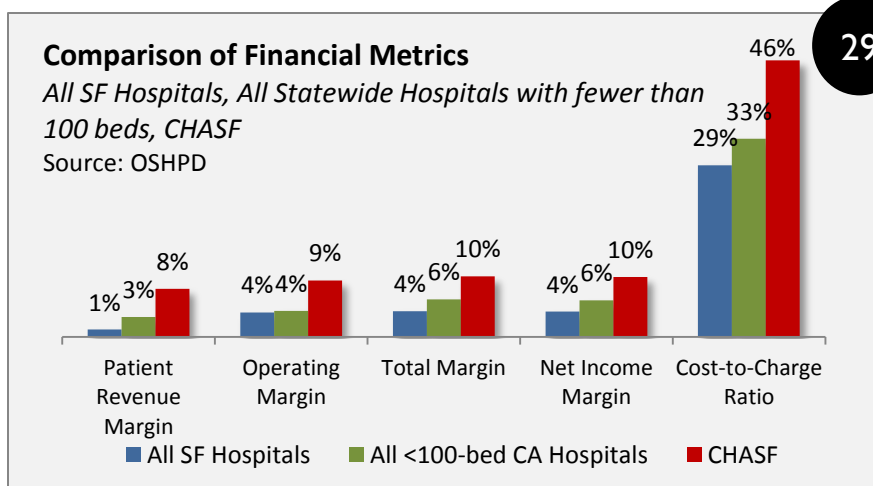
**1. Finding: CHASF has industry-leading operating and billing margins; no evidence that rebuild will negatively impact these**

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.

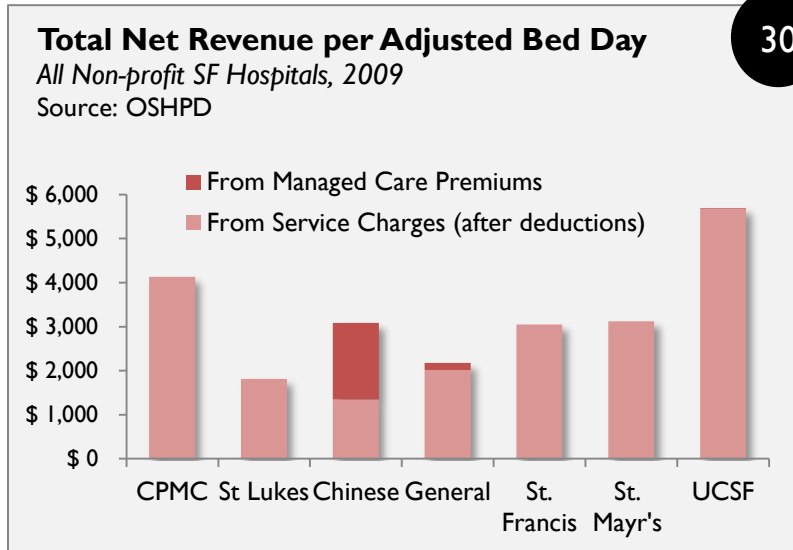


A closer look at OSHPD financial data shows that CHASF’s comparatively strong margins come from the fact that its relatively low charges (to Medicare, Medi-cal, and other public payors) are offset by the significant amount of capitated revenue the hospital is paid from its globally capitated





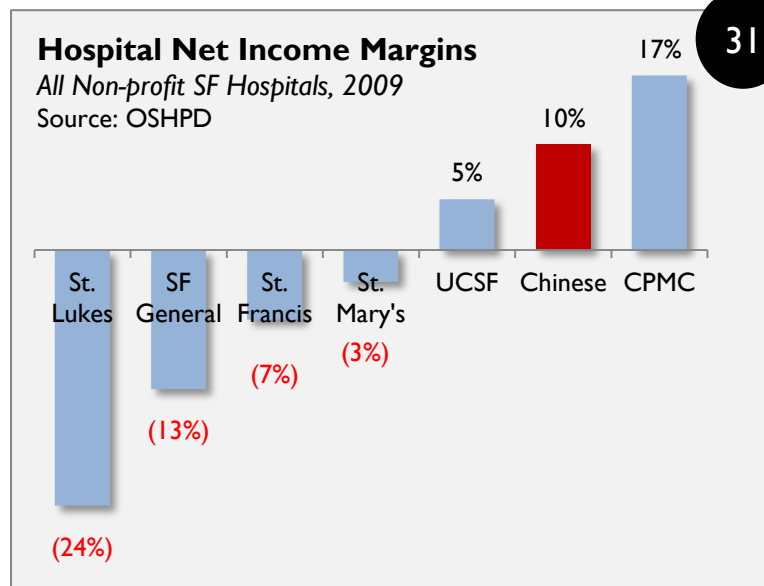
agreements with insurance companies. Chinese Hospital and its partner physician group, CCHCA, contract with insurance companies exclusively on a globally capitated "full risk" basis. This means that contractually, all clinical and financial responsibilities belong to Chinese Hospital and CCHCA, which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



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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.



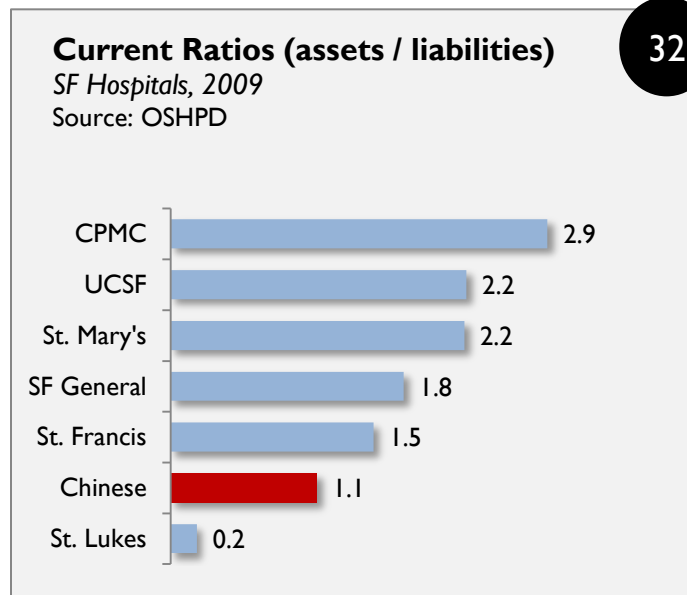
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**2. Finding:** Chinese Hospital’s plan for financing hospital construction is in line with accepted practices and is unlikely to negatively impact other areas of operation; it is complemented by CHASF’s experience in fundraising for capital improvements

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.

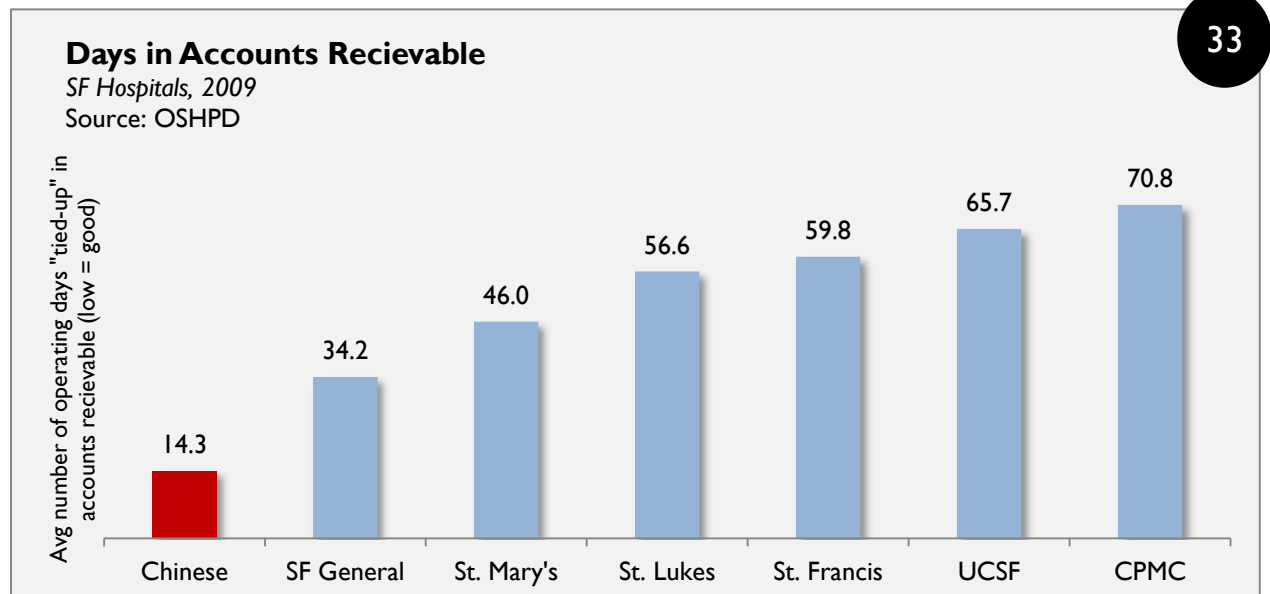
In terms of liquidity, the ratio of CHASF’s assets to liabilities, known as its “current ratio”, is about 1.1 - lower than other hospitals citywide, but not unhealthy given the nature of its particular liabilities (i.e. no outstanding long-term debt). *Figure 32* depicts this comparison. Contrasting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



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comparatively low days-in-accounts-receivable metric indicates that it has a strong short-term cash position. As shown in *Figure 33*, this means that on average, CHASF only has around 14 days’ worth of operational expenses tied up in accounts receivable (compared to more than a month for UCSF and CPMC). This suggests that CHASF tends to process claims more efficiently than other hospitals, even after accounting for size.

These issues appear to be reflected in CHASF’s preliminary plans for financing the proposed rebuild. According to an



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## **Chinese Hospital IMP Update Review**

*Commissioned by San Francisco Department of Public Health*

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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

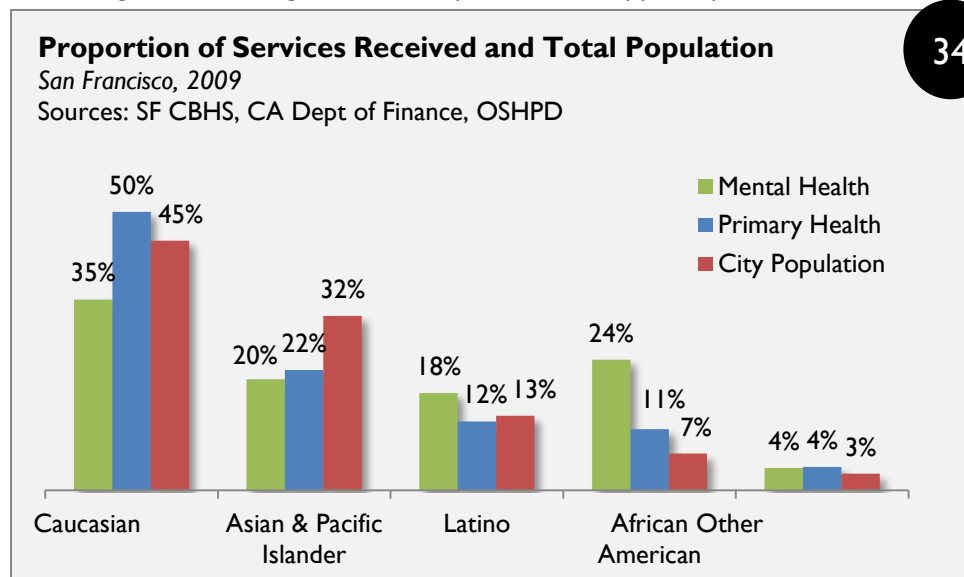
The availability and accessibility of mental health services remains a consistent concern across San Francisco communities. State and local budget cuts have consistently reduced the total available services in San Francisco, and persistent stigma associated with mental health diagnoses can inhibit access 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





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

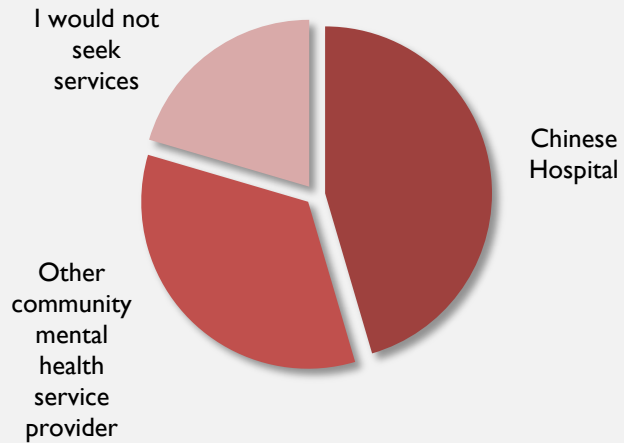
According to the patient survey, a statistically significant majority of patients believe the hospital should offer more mental health services; when asked if Chinese Hospital should offer more mental health services, 89% of survey respondents said “yes.” There was also broad agreement among stakeholders 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.

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**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

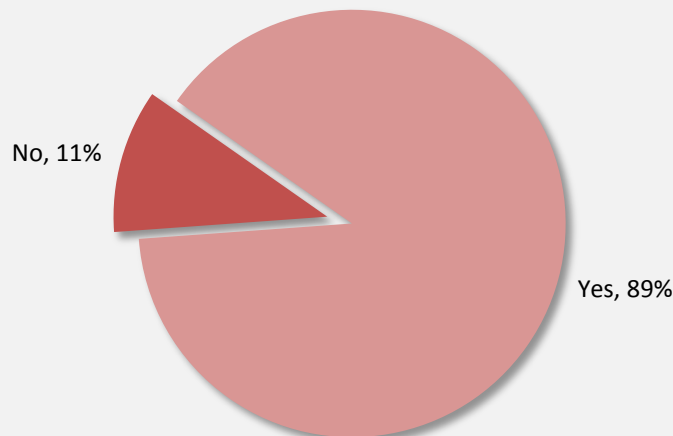


36

**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%





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

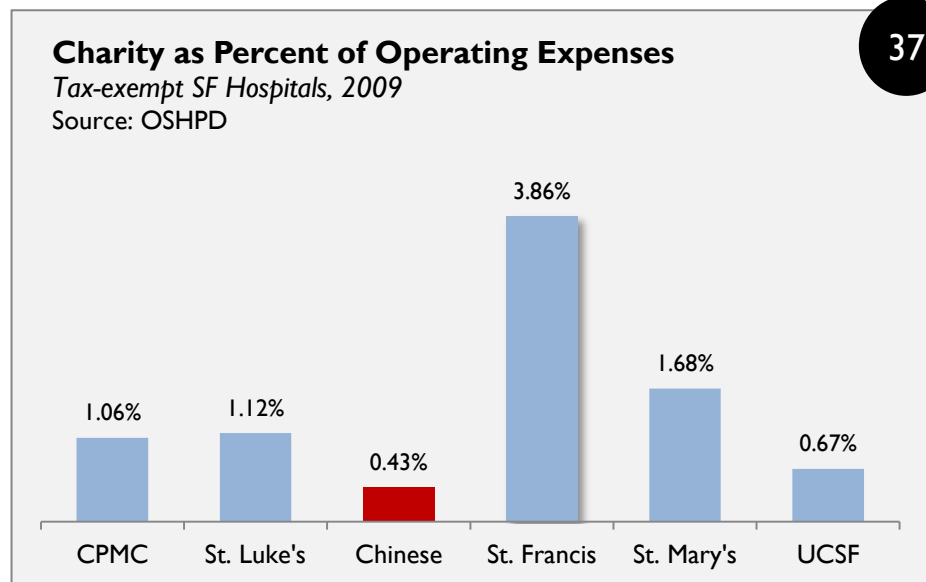
**Finding:** When analyzed in the context of its size and the role played by its health plan in expanding coverage, Chinese Hospital makes a comparable contribution to the provision of services to San Francisco’s most vulnerable populations

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 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



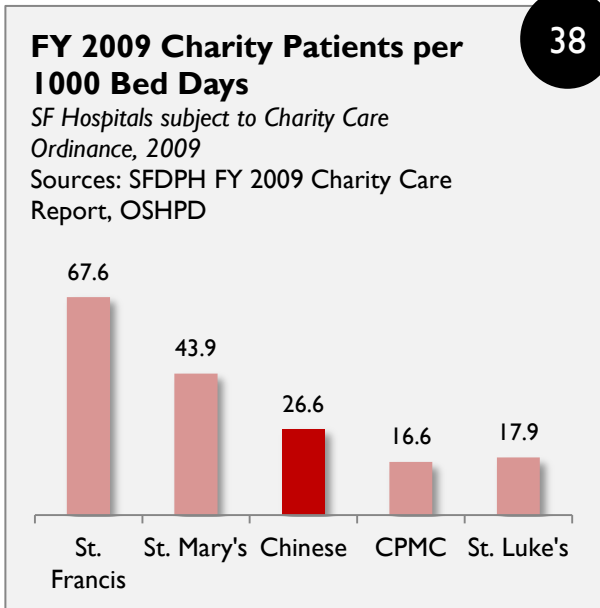
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rung, most insurance is very costly for the employer. The companies say, ‘well, just have your employees pay half,’ but we don’t want them to have to pay. Chinese Hospital is one of the few affordable options, that is why we selected them for our health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

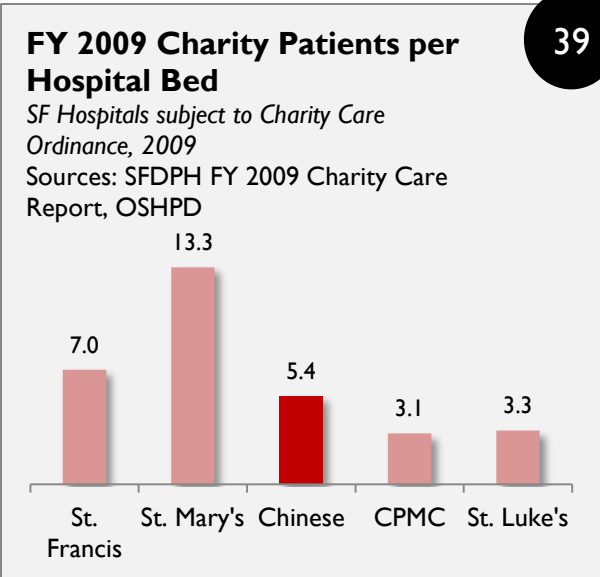
Another way to compare hospitals’ charity care efforts is to look at the number of charity care applications they receive and the number of unduplicated individuals included. Denied applications are usually due to application incompleteness or inaccuracy, or because an individual’s need for charity care 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



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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



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**40**



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.





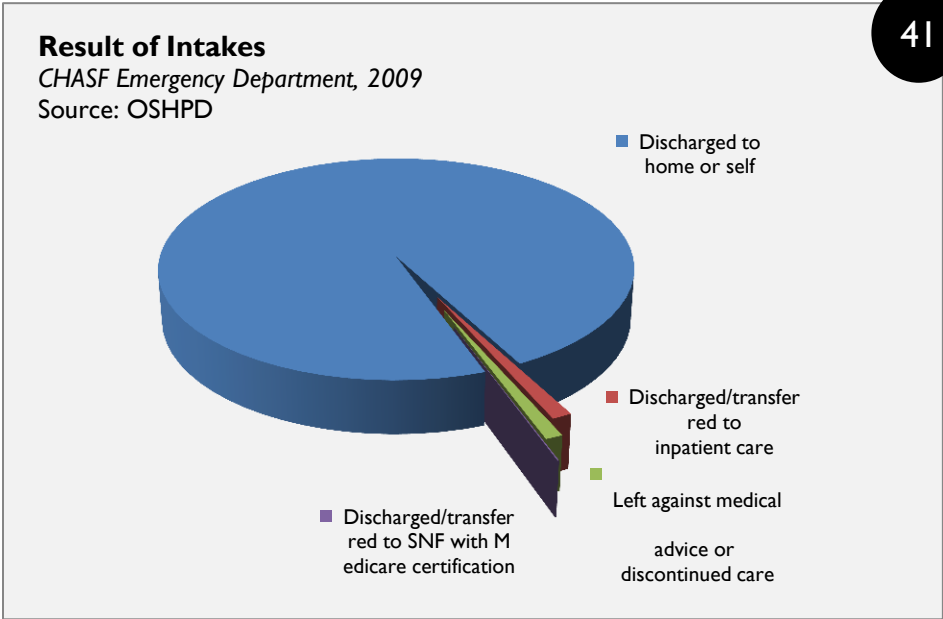
Per the chart at right (*Figure 41*), the vast majority of Emergency Department intakes are discharged to their own care.

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*.

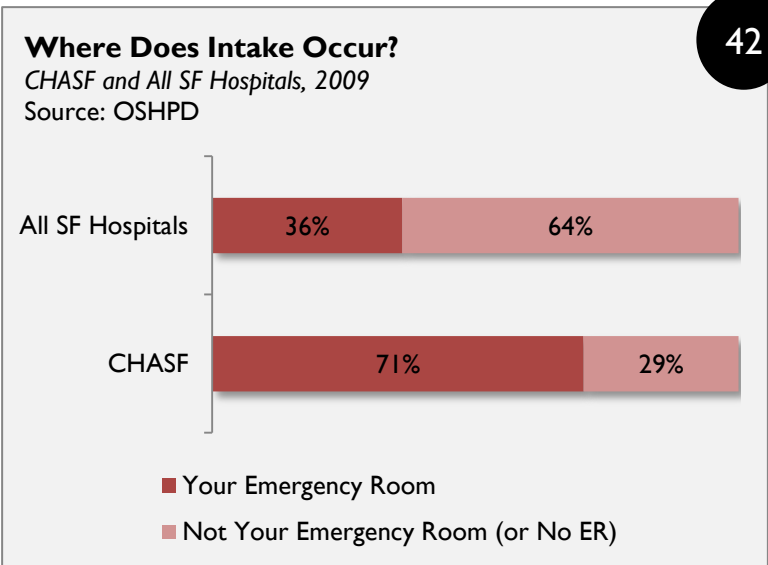
Chinese Hospital is not proposing any change to or expansion of its emergency department. As with many other aspects of the project, Chinese Hospital is limited to its existing footprint in planning for the new hospital. There is not sufficient space to provide an expanded trauma center, and the Hospital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

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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?



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

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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**

### **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)





## Chinese Hospital IMP Update Review

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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?
-



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

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22) What is your age?

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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

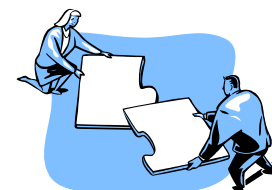
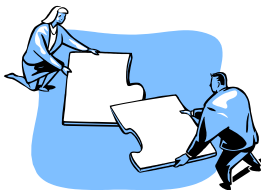
### Chinese Hospital IMP Update Public Meeting

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)
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_



*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

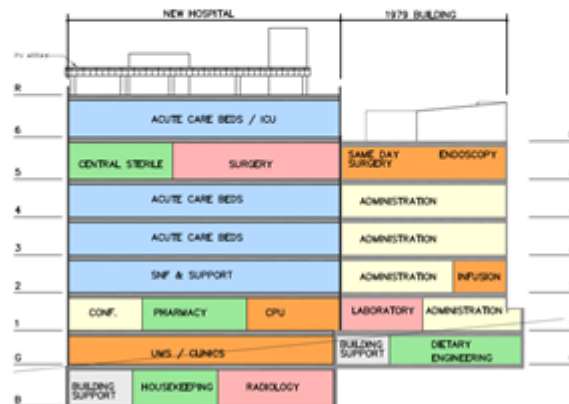
- How do you plan to access health care services?

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

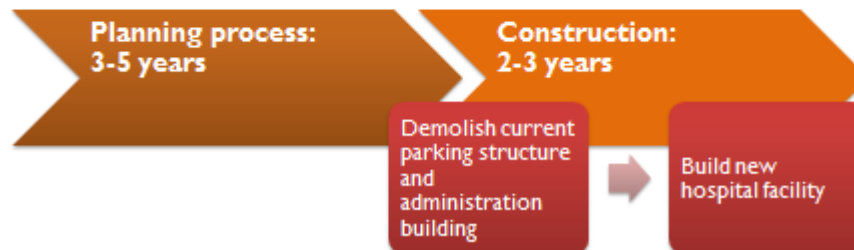
February 14, 2011



## 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!**

**HEALTH COMMISSION**  
**City and County of San Francisco**  
**Resolution No. 05-11**

**RESOLUTION COMMENDING CHINESE HOSPITAL ASSOCIATION OF SAN FRANCISCO (CHASF) ON ITS PLAN TO REBUILD AND MAKING SPECIFIC RECOMMENDATIONS TO CHASF AS PART OF THE INSTITUTIONAL MASTER PLAN (IMP) PROCESS**

WHEREAS, the Chinese Hospital Association of San Francisco (CHASF) has been providing health care services for the Chinese community in San Francisco since 1899; and,

WHEREAS, CHASF is the last remaining independent hospital in San Francisco; and,

WHEREAS, CHASF serves the highest percentage (87 percent) of care to Medicare- and Medi-Cal-eligible San Francisco residents outside of San Francisco General Hospital; and,

WHEREAS, CHASF participates in Healthy San Francisco, and is the second largest non-county group provider for the San Francisco Health Plan, thus serving Medi-Cal, Healthy Families, and Healthy Kids members with its physician partners; and,

WHEREAS the Board of Supervisors passed City Ordinance 279-07 in December 2007 revising City Planning Code Section 304.5 requiring the Department of Public Health (DPH) to hire an independent contractor to perform time-limited (90 day) health analyses of hospital revisions to their Institutional Master Plans (IMP) prior to the review of the Planning Department; and,

WHEREAS, in October 2010, CHASF submitted its IMP to DPH who solicited proposals from a pre-approved pool of contractors to conduct the IMP healthcare analysis; and,

WHEREAS, Resource Development Associates (RDA) was chosen to perform the analysis by an objective review panel; and,

WHEREAS, California Senate Bill 1953 (SB 1953) seismic requirements were mandated by the State of California in 1994 to ensure access to hospital care in the event of a major earthquake; and,

WHEREAS, CHASF will need to meet SB 1953 seismic standards in order to continue to operate as an acute care hospital; and,

WHEREAS, the CHASF IMP proposes to rebuild at 835 Jackson Street in Chinatown, and specifically:

- Build a new seismically compliant 100,000 square foot 54-bed acute care hospital;
- Add 22 new skilled-nursing beds in its new facility;
- Update its radiological equipment and services;
- Provide technological modernization; and

- Provide more efficient design and appropriate space for services; and,

WHEREAS, based on a review of the IMP details; analysis of California Office of Statewide Health Planning and Development (OSHPD) data, California Department of Finance data, U.S. Census data, CHASF financial and patient data, and DPH Charity Care data; interviews with community leaders and CHASF stakeholders; findings from a community meeting held by RDA in Chinatown on February 14; analysis of a CHASF patient survey conducted by RDA; and an assessment of city-wide healthcare needs, RDA concluded that the proposed CHASF IMP "will positively impact patient access in the long term;" and,

WHEREAS, the Health Commission understands CHASF's need for seismic upgrades and realizes that losing the culturally competent acute care hospital services at CHASF would be detrimental to the City's system of care; now THEREFORE BE IT,

RESOLVED, that the Health Commission commends CHASF on its plan to rebuild, and specifically its ongoing commitment to culturally competent care aimed at the monolingual Mandarin- and Cantonese-speaking communities of San Francisco, its proposal to add 22 new skilled-nursing beds given current and projected demand for skilled-nursing care in San Francisco, and its consistency with industry-wide trends, including movement toward outpatient services, private rooms, and technological updates; and be it,

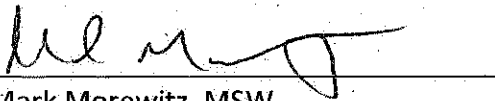
FURTHER RESOLVED, that the Health Commission makes the following recommendations to CHASF as part of the IMP process:

- **Expand Behavioral Health Services in the Chinese Community:** Patients and community members report a perceived lack of mental health services. Given its position of trust among its patients, CHASF is in a unique position work with the Department of Public Health to assist in the integration of behavioral health issues in the medical setting in the Chinese community;
- **Develop LGBTQ-Focused Cultural Competencies within an Ethnically-Focused Community Health Setting:** There is an expressed need for greater cultural competency in high quality primary care services for the LGBTQ community. While it is unrealistic to expect CHASF to become the leading provider for LGBTQ Chinese, it is not unrealistic that these community members will rely upon CHASF, especially for services where CHASF has established significant expertise, such as Hepatitis B treatment;
- **Expand Cultural Competencies to a Broader API Patient Population within CHASF and use CHASF Expertise to Expand API Competency Across the Hospital System:** CHASF places a concerted focus on the specific needs of the Chinese community. Given that the hospital operates three community clinics in the Sunset District, Excelsior District, and Daly City that see a younger, more ethnically diverse population than is seen in the hospital, it is reasonable to expect that some of these patients would seek care at a rebuilt CHASF requiring the hospital to expand its definition of cultural competency to meet the needs of this patient population;
- **Continue to Enhance the Cultural Competency of Community Partners:** CHASF provides a valuable community service through its work to develop culturally appropriate information for patients in English, Mandarin, and Cantonese, and in pictographs for low-literacy patients and caregivers. CHASF has been generous in sharing these materials and other

technical assistance with community partners to enhance the care of Chinese patients. Such efforts provide an important service to Chinese health consumers throughout San Francisco, and should be encouraged; and

- **Increase the Level of Awareness of the Proposed Rebuild among CHASF Patients and Neighboring Communities:** In its analysis, RDA found low awareness among CHASF patients and neighboring communities regarding the planned hospital reconstruction. Although under CHASF's rebuild plan, patients can expect little or no disruption to the volume or variety of services offered by the hospital throughout the construction process, we recommend that CHASF communicate to patients and community partners both the construction timeline and the plan for ensuring continuous service delivery.

I hereby certify that the San Francisco Health Commission at its meeting of April 19, 2011 adopted the foregoing resolution.



Mark Morewitz, MSW

Health Commission Executive Secretary



## CHINESE HOSPITAL

845 JACKSON STREET  
SAN FRANCISCO, CALIFORNIA 94133

May 9, 2011

Christine Olague  
President  
San Francisco Planning Commission  
1650 Mission St. Suite 400  
San Francisco, CA 94103

Steven Tierney, Ed.D  
President  
San Francisco Health Commission  
101 Grove St. #311  
San Francisco, CA 94012

Dear Ms. Olague and Dr. Tierney:

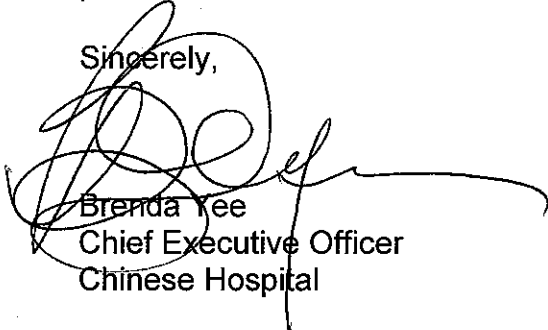
This letter is to acknowledge and accept the recommendations made by the San Francisco Health Commission as part of its Resolution to accept the Institutional Master Plan for Chinese Hospital (CH). Those recommendations are listed below:

- **Expand Behavioral Health Services in the Chinese Community:** Patients and community members report a perceived lack of mental health services. Given its position of trust among its patients, CH is in a unique position to work with the Department of Public Health to assist in the integration of behavioral health issues in the medical setting in the Chinese Community;
- **Develop LGBTQ-Focused Cultural Competencies within an Ethnically-Focused Community Health Setting:** There is an expressed need for greater cultural competency in high quality primary care services for the LGBTQ community. While it is not unrealistic that these community members will rely upon CH, especially for services where CH has established significant expertise, such as Hepatitis B treatment;
- **Expand Cultural Competencies to a Broader API Patient Population within CHASF and use CHASF Expertise to Expand API Competency Across the Hospital System:** CHA places concerted focus on the specific needs of the Chinese community. Given that the hospital operates three community clinics in the Sunset District, Excelsior District and Daly City that see a younger, more ethnically diverse population than is seen in the hospital, it is reasonable to expect that some of these patients would seek care at a rebuilt CH requiring the hospital to expand its definition of cultural competency to meet the needs of this patient population;

- **Continue to Enhance the Cultural Competency of Community Partners:** CH provides a valuable community service through its work to develop culturally appropriate information for patients in English, Mandarin and Cantonese, and in pictographs for low-literacy patients and caregivers. CH has been generous in sharing these materials and other technical assistance with community partners to enhance the care of Chinese patients. Such efforts provide an important service to Chinese Health consumers throughout San Francisco, and should be encouraged:  
and
- **Increase the Level of Awareness of the Proposed Rebuild among CH Patients and Neighboring Communities:** In its analysis, RDA found low awareness among CH patients and neighboring communities regarding the planned hospital reconstruction. Although under CH's rebuild plan, patients can expect little or no disruption to the volume or variety of services offered by the hospital throughout the construction process, we recommend that CH communicate to patients and community partners both the construction timeline and the plan for ensuring continuous service delivery.

While some of these recommendations are focused on the broader healthcare services in San Francisco, CH is committed to working with other organizations in San Francisco to address these needs and improving the quality of care provided to all residents of the City and County of San Francisco.

Sincerely,



Brenda Yee  
Chief Executive Officer  
Chinese Hospital

Cc: Jim Soos, Health Commission  
Rick Crawford, Planning Department