
**Office for Oregon Health
Policy and Research**



Oregon Nursing Facilities

*A report on the utilization of nursing facilities in the
State of Oregon in 2008*

October 2009

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State of Oregon in 2008*

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Key Data

- At the end of 2008, there were 140 licensed nursing facilities with 12,403 licensed beds in Oregon - 98 fewer beds than 2007. The number of licensed beds decreased by about 20% since 1990.
- Of the 140 nursing facilities, 113 responded to the survey, representing about 80% of the total licensed capacity.
- The reported occupancy rate for nursing facilities in 2008 was 68.3%, which is much lower than the national median occupancy rate (89%).
- Responding facilities reported 2.46 million resident days with 27,362 admissions.
- The majority (88%) of residents was admitted from the hospitals, and 6.3% were from home.
- 84% of nursing facility residents stayed less than 3 months, only 15.8% stayed three months or more, the lowest percentage in the nation of admissions that become long term stays.
- Over half (51.7%) of nursing facility residents were discharged to home, and 23.5% were discharged to hospital, 2.2% of discharges were deaths.
- Of those discharged to the hospitals, 63% were re-admitted to the nursing facilities.
- Nearly 86% of nursing facility residents were aged 65 and older.
- Within intermediate care (less intensive nursing facilities), Medicaid paid for 78.6% of resident days, followed by Self Pay at 20% (Medicare does not pay for intermediate care).
- Within skilled nursing care (more intensive nursing facilities), Medicare pays for 65.3% of resident days, followed by Medicaid at 16%.

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Overview

Each year, the Office for Oregon Health Policy and Research (OHPR), in collaboration with the Seniors and People with Disabilities (SPD) Division of the Department of Human Services (the licensing authority for Oregon nursing facilities) conducts a survey to collect information about nursing facility admissions, discharges, and resident characteristics. This report encompasses the period from January 1, 2008 to December 31, 2008.

Licensed Capacity (Beds)

According to official licensing data from the Seniors and People with Disabilities (SPD) Division, Oregon had 140 nursing facilities with a licensed capacity of 12,403 beds at the end of 2008, 98 fewer beds than 2007. Sixty-three (63%) percent of nursing facilities have fewer than 100 licensed beds and the average number of licensed beds is 89, lower than 2007 national average of 108 beds per facility.¹

Table 1 - Licensed beds in Oregon nursing facilities by facility size, 2008

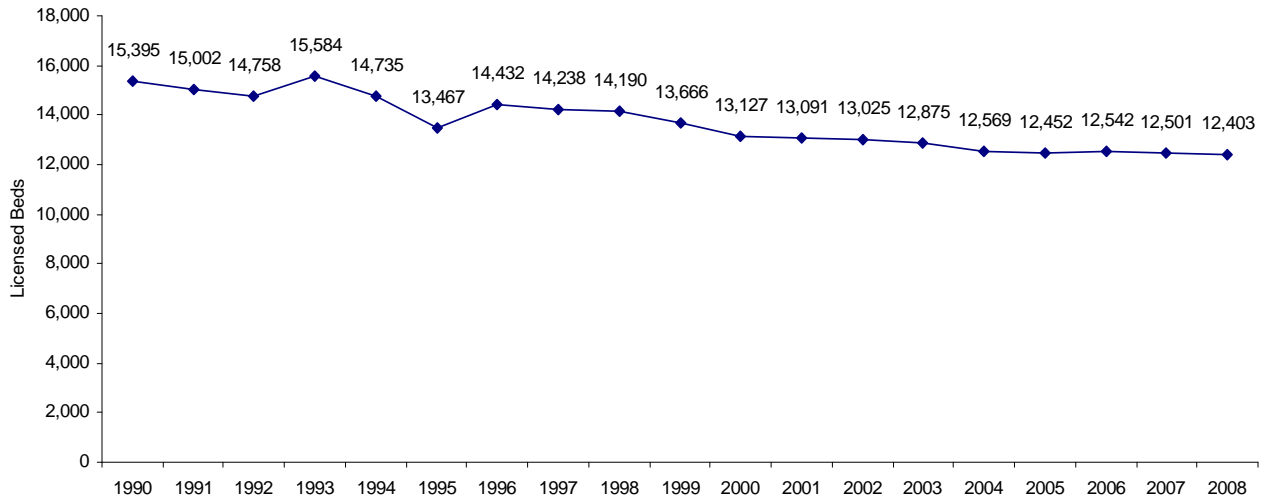
Nursing Facility Size	Number of Facilities	Facility Distribution Total	Total Licensed Beds	Distribution of Beds	Average Number of Licensed Beds
Less than 50 beds	25	17.9%	927	7.5%	37.1
50-99 beds	63	45.0%	4,855	39.1%	77.1
100-199 beds	50	35.7%	6,198	50.0%	124.0
200+ beds	2	1.4%	423	3.4%	211.5
Total	142	100.0%	12,403	100.0%	88.6

Source: Oregon Department of Human Services, Seniors and People with Disabilities (SPD) Division, 2008

The number of licensed beds has decreased about 20% in Oregon since 1990. This is consistent with the national trend that licensed or certified nursing facilities, beds and residents decreased since 2000.¹ This may reflect a decrease in the demand for nursing facilities, as patients opt for a growing number of community-based alternatives such as assisted living facilities, residential care facilities, and home health care.

¹American Health Care Association. Trends in Nursing Facility Characteristics. December 2008. Accessed September 2009. Available at http://www.ahcancal.org/research_data/trends_statistics/Documents/trends_nursing_facilities_characteristics_Dec2008.pdf

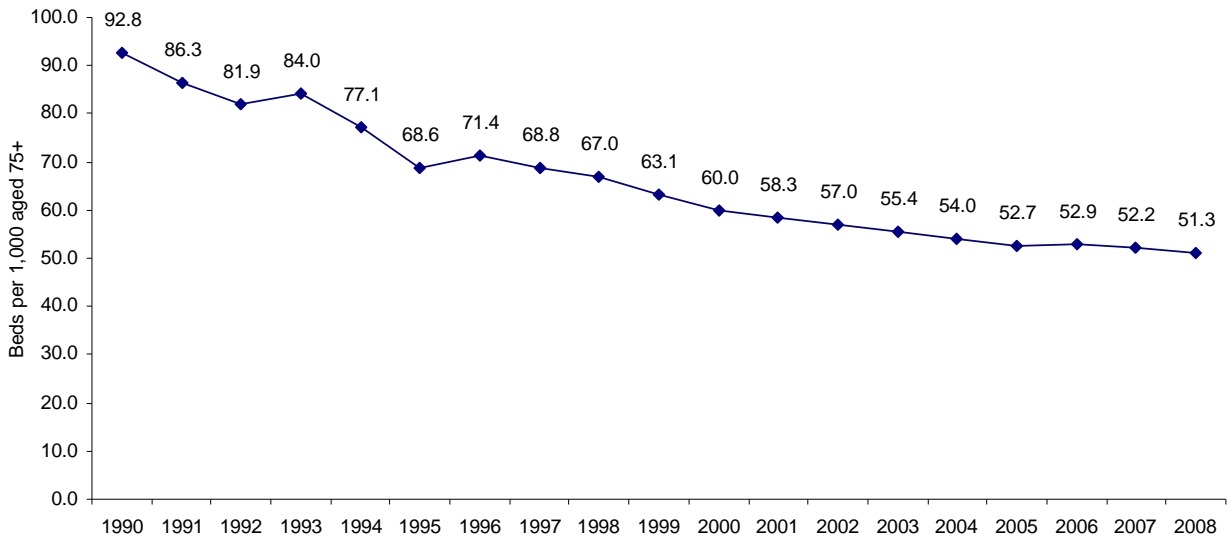
Figure 1 - Oregon nursing facility capacity, 1990-2008



Source: Oregon Department of Human Services, Seniors and People with Disabilities Division, 2008.

The number of licensed nursing facility beds per 1,000 population aged 75 in Oregon has been decreasing over the last decade. This decrease is due to the function of both the decline of licensed beds and the steady increase of the population aged 75 and older.

Figure 2 - Licensed beds per 1,000 population aged 75 and older, 1990 - 2008



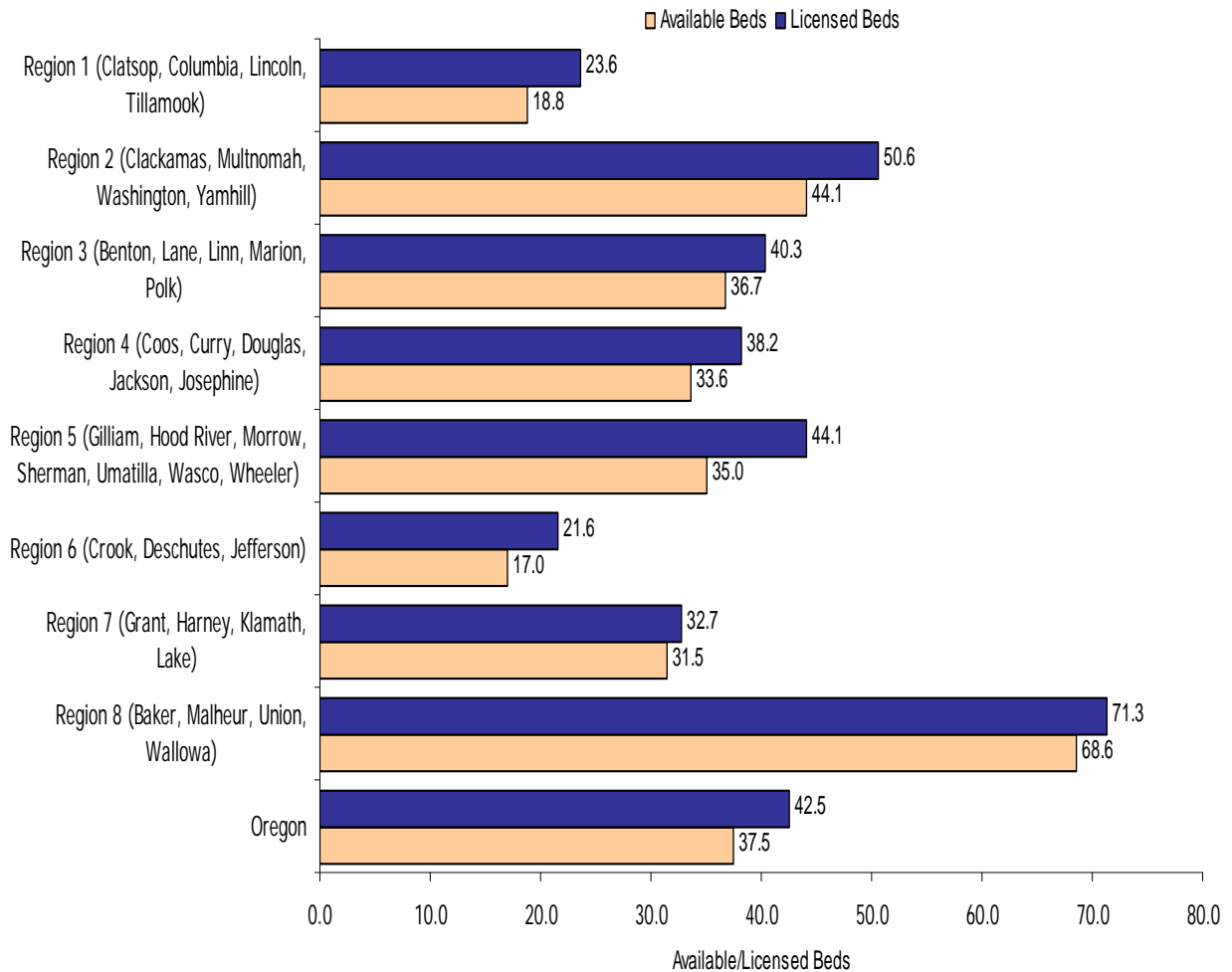
Source: Oregon Department of Human Services, Seniors and People with Disabilities Division licensing data; US Census Bureau, 2008 Population Estimates

Survey findings:

Official licensing data showed 140 nursing facilities with a combined licensed bed capacity of 12,403 in Oregon on December 31, 2008. OHPR received survey information from 113 facilities with 9,857 licensed beds, representing 80% of total licensed capacity in the state. Other facilities did not submit their information after repeated requests. Some of the decreases in this report may simply reflect that fewer facilities reported information than previous years.

Some facilities reported that their available beds (beds that are staffed and ready to use) are fewer than their licensed beds, i.e., they did not reach their full licensed capacity. The 113 facilities who responded the 2008 survey reported a total of 8,682 available staffed beds, which is 88.1% of their licensed capacity.

Figure 3 - Licensed and available beds per 1,000 population aged 75 and older by Oregon Population Survey region, 2008



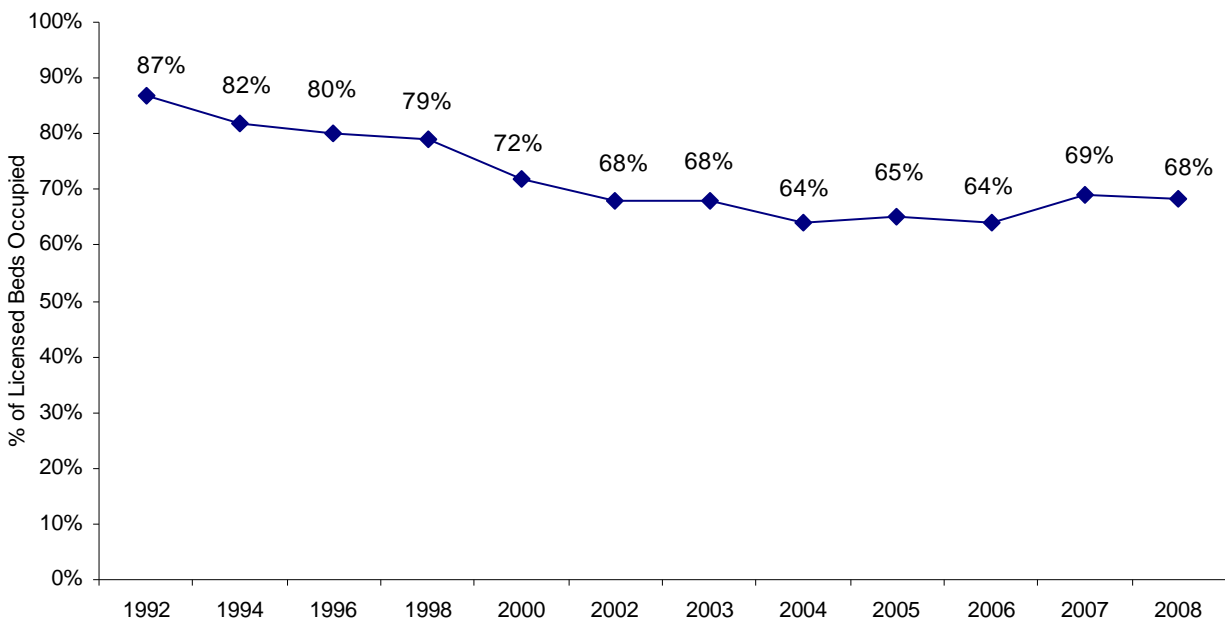
Source: Oregon Department of Human Services, Seniors and People with Disabilities Division licensing data; Portland State Population Research Center, 2008 Annual Oregon Population Report

Occupancy

Oregon's nursing facility occupancy rates of licensed beds has decreased from 87% in 1992 to 68.3% in 2008 (Figure 4). The decline may be explained by a number of factors, including improved health status of the elderly and increasing use of alternatives to nursing facilities such as: assisted living centers, home health care, retirement communities, residential care, and adult foster homes. Shorter length of stay may contribute to higher turnover rates and lower occupancy rates.

Another very important factor is many facilities did not fully staff all licensed beds. When using available staffed beds, the occupancy rates would increase from 68.3% to 77.6%, still lower than the national median occupancy rate (88.8%).² National estimates list Oregon as having the lowest NF occupancy rate in the nation.³ The difference in Oregon may reflect the vision in Oregon to highlight, strengthen, and encourage the use of community-based care facilities instead of nursing facilities.

Figure 4 – Reported occupancy rates in Oregon nursing facilities, 1992-2008

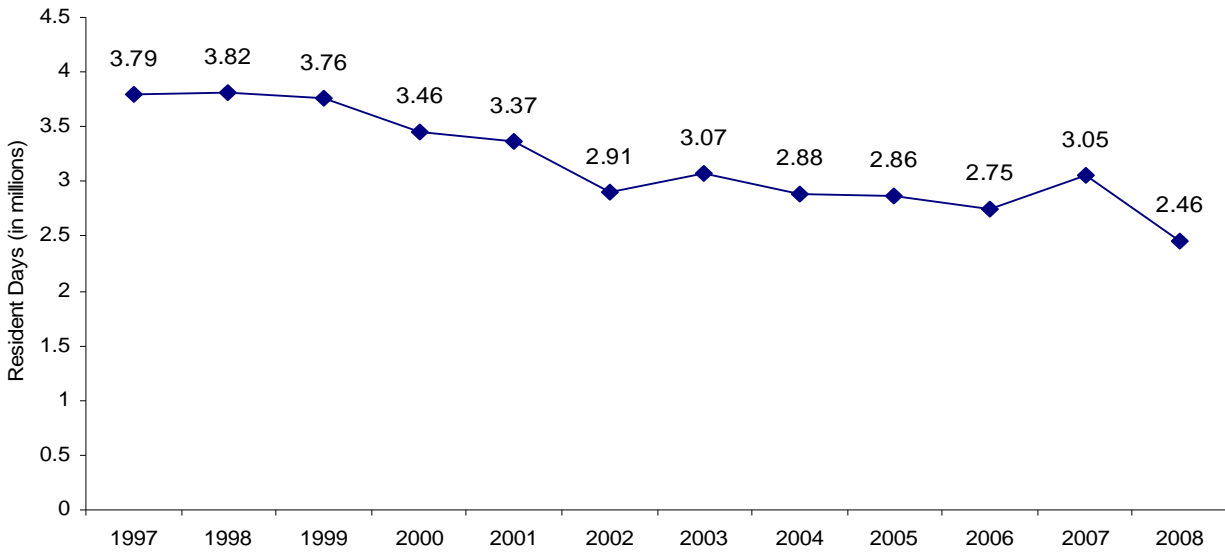


Source: Office for Oregon Health Policy and Research. Oregon Nursing Facility Survey, 2008.

² American Health Care Association. Trends in Nursing Facility Characteristics. 2009; Nursing Facility State Occupancy Rate and Median Facility Occupancy Rate for Certified Beds. CMS OSCAR Data Current Surveys, June 2009

³ C. Harrington, H. Carrillo, C. Crawford and B. Blank. Table 4, "Nursing, Facilities, Staffing, Residents, and Facility Deficiencies, 2001 Through 2007," Department of Social and Behavioral Sciences, University of California, San Francisco, accessed September 2009. Available at <http://www.pascenter.org>. Based on the Online Survey, Certification, and Reporting system (OSCAR), Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services.

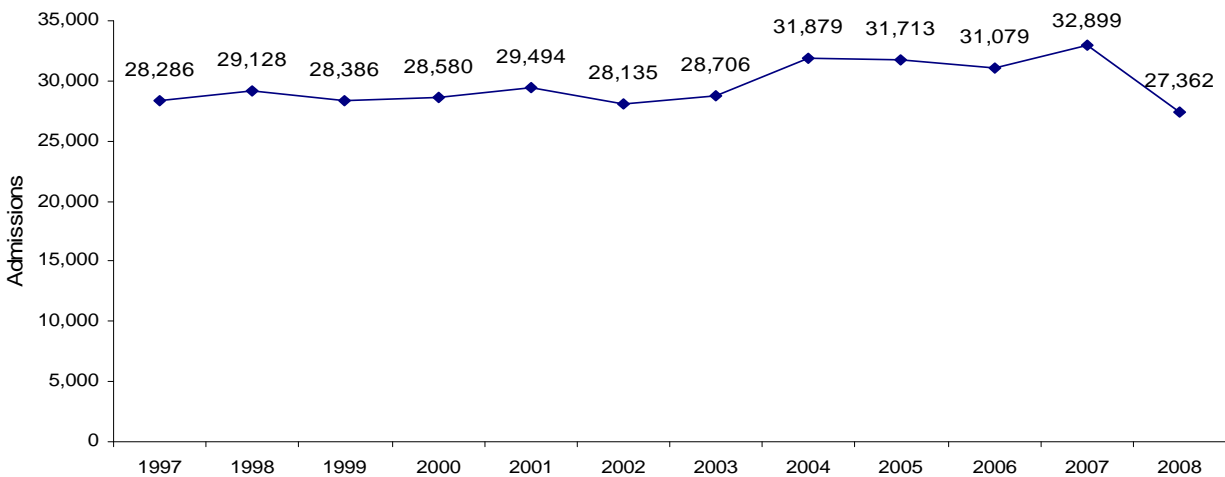
Figure 5 - Number of resident days in Oregon nursing facilities, 1997-2008



Source: Office for Oregon Health Policy and Research. Oregon Nursing Facility Survey, 2008.

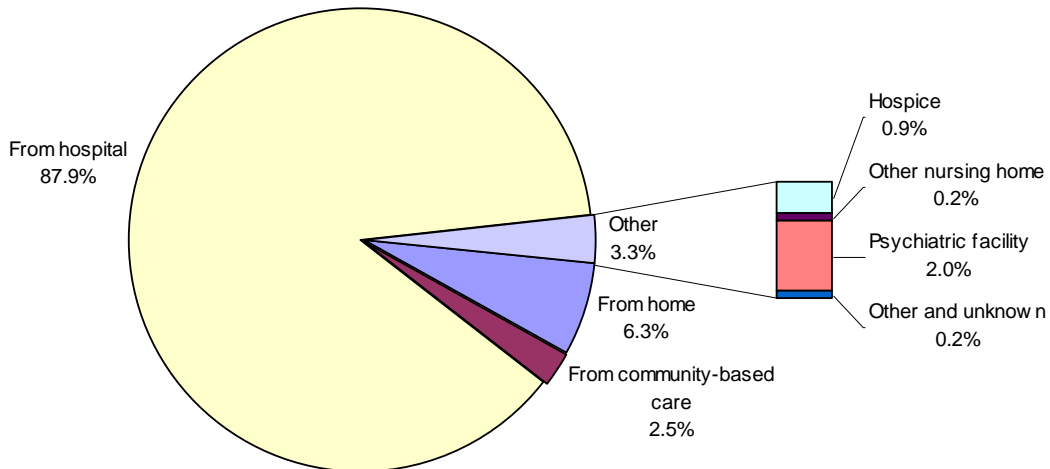
Admission

Figure 6 - Total Oregon nursing facility admissions, 1997-2008



Source: Office for Oregon Health Policy and Research. Oregon Nursing Facility Survey, 2008.

Figure 7 - Admission source as a percentage of total admissions, 2008



Source: Office for Oregon Health Policy and Research. Oregon Nursing Facility Survey, 2008.

Re-Admission

Re-admission describes patients who are discharged to a hospital because they require additional advanced care that is not provided by the nursing facility, and then are re-admitted to the nursing facility from the hospital. Given the nature of nursing facility care and the health status and severity of residents, it has been suggested that some re-admission may be unavoidable, on the other hand some of the discharges to the hospital that result in re-admissions to the nursing facility can be avoided with higher quality care.⁴ The chance of re-admission to the hospital may be reduced by increased quality of care, preventative measures, early detection of medical problems, and communication and timely follow-ups with physicians.⁵

⁴ MedPac (Medicare Payment Advisory Commission). 2007. Report to the Congress: Increasing the Value of Medicare

⁵ The Commonwealth Fund. 2007. "Rehospitalizations of Skilled Nursing Facility Medicare Patients"

Table 2 - Re-admission from hospital to nursing facility after discharged to hospital, by region, 2008

OPS Region	Counties	Discharged to Hospital	Re-Admission from Hospital to Nursing Facility
1	Clatsop, Columbia, Lincoln, Tillamook	11.9%	38.9%
2	Clackamas, Multnomah, Washington, Yamhill	22.4%	65.7%
3	Benton, Lane, Linn, Marion, Polk	24.1%	42.5%
4	Coos, Curry, Douglas, Jackson, Josephine	28.0%	87.1%
5	Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco, Wheeler	17.1%	68.7%
6	Crook, Deschutes, Jefferson	26.1%	75.8%
7	Grant, Harney, Klamath, Lake	18.4%	64.1%
8	Baker, Malheur, Union, Wallowa	19.3%	50.4%
	Statewide	23.5%	62.8%

Source: Office for Oregon Health Policy and Research. Oregon Nursing Facility Survey, 2008.

Length of Stay

Oregon nursing facility length of stay patterns are very stable across the years. Nationwide, nearly 27% of nursing home residents remain in the facility for at least three months.⁶ In Oregon only 15.8% of nursing facility residents remain in the facility for at least three months. Oregon also has the lowest percentage of admissions that become long-term stays.⁶ One third of residents (33.1%) stayed less than two weeks, and 84% of residents stayed less than three months.

⁶ Mor, Vincent et al. 2008. "Prospects for Transferring Nursing Home Residents to the Community." *Health Affairs*: 26: 1762-1771

Table 3 - Oregon nursing facility length of stay, 2004 - 2008

Length of Stay	2004	2005	2006	2007	2008
Less than 7 days	16.9%	16.4%	15.5%	15.8%	15.1%
7 to 13 days	22.4%	21.5%	21.0%	20.6%	18.0%
14 to 30 days	27.4%	27.9%	27.9%	27.2%	29.0%
31 to 90 days	18.3%	19.1%	20.2%	21.4%	21.9%
91 to 180 days	5.2%	5.6%	5.3%	5.1%	6.2%
181 to 365 days	3.4%	3.2%	3.7%	3.7%	3.7%
1+ to 2 years	2.4%	2.7%	2.8%	2.9%	2.7%
2+ to 4 years	2.4%	2.0%	2.1%	1.9%	1.9%
4+ years	1.5%	1.6%	1.6%	1.2%	1.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Office for Oregon Health Policy and Research. Oregon Nursing Facility Survey, 2004-2008.

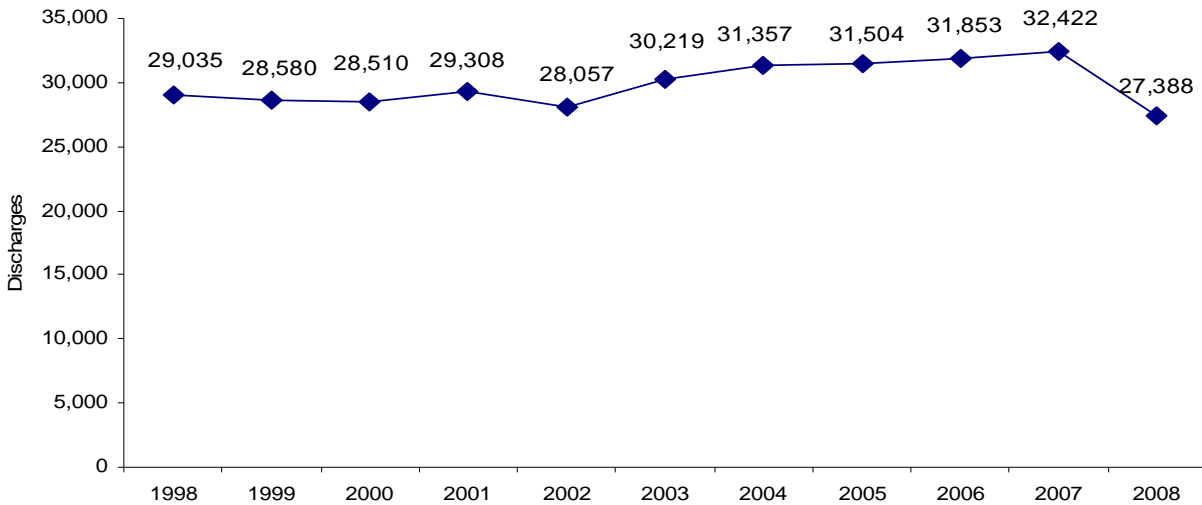
Table 4 - Oregon nursing facility length of stay by region, 2008

Length of Stay	Region 1: Clatsop, Columbia, Lincoln, Tillamook	Region 2: Clackamas, Multnomah, Washington, Yamhill	Region 3: Benton, Lane, Linn, Marion, Polk	Region 4: Coos, Curry, Douglas, Jackson, Josephine	Region 5: Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco, Wheeler	Region 6: Crook, Deschutes, Jefferson	Region 7: Grant, Harney, Klamath, Lake	Region 8: Baker, Malheur, Union, Wallowa
Less than 7 days	14.4%	14.1%	18.9%	13.2%	12.2%	13.5%	8.7%	11.1%
7 to 13 days	14.5%	17.5%	21.3%	16.3%	13.2%	18.2%	9.4%	12.8%
14 to 30 days	23.1%	30.5%	28.2%	29.7%	18.6%	24.5%	27.6%	24.6%
31 to 90 days	27.8%	20.9%	19.5%	26.8%	19.8%	20.2%	34.4%	24.2%
91 to 180 days	8.9%	6.9%	3.8%	6.3%	17.8%	4.9%	9.2%	8.4%
181 to 365 days	3.3%	4.2%	3.0%	3.1%	5.0%	4.0%	3.8%	7.2%
1+ to 2 years	3.8%	2.7%	2.2%	2.2%	7.2%	7.2%	2.1%	7.3%
2+ to 4 years	2.5%	1.8%	2.0%	1.6%	3.5%	5.8%	3.3%	2.4%
4+ years	1.7%	1.3%	1.3%	0.9%	2.7%	1.7%	1.4%	2.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Office for Oregon Health Policy and Research. Oregon Nursing Facility Survey, 2008.

Discharges

Figure 8 - Total Oregon nursing facility discharges, 1998-2008

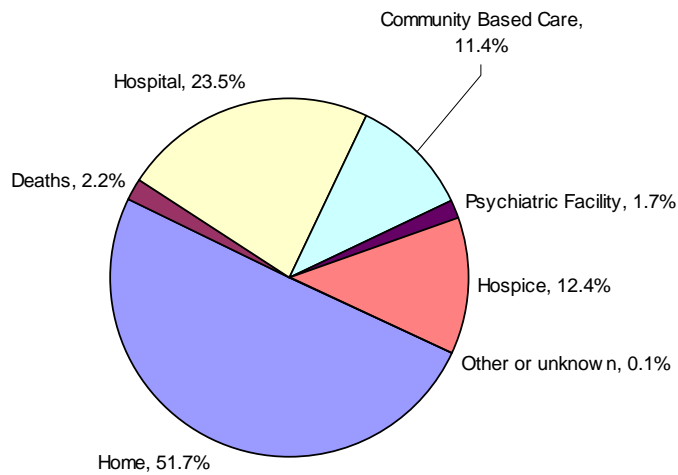


Source: Office for Oregon Health Policy and Research. Oregon Nursing Facility Survey, 1998-2008.

Discharge Status

Over half of nursing facility residents was discharged to home. It may be that in Oregon nursing facilities are used for advanced medical expertise for a limited basis as a bridge to other forms of long-term care or home. After home, hospitals and community-based care facilities are the next likely discharge location for a nursing facility resident.

Figure 9 - Discharge status as percentage of nursing facility discharges, 2008



Source: Office for Oregon Health Policy and Research. Oregon Nursing Facility Survey, 2008.

Age and Gender

Like previous years, the overwhelming majority of nursing facility residents (85%) was 65 or older. There were a greater percentage of female residents (61%) than male residents (39%). The largest gaps between men and women occur at the ages 75 and older, which may be explained by the differences in life expectancy.

Table 5 - Distribution of age by gender in Oregon nursing facilities, 2008

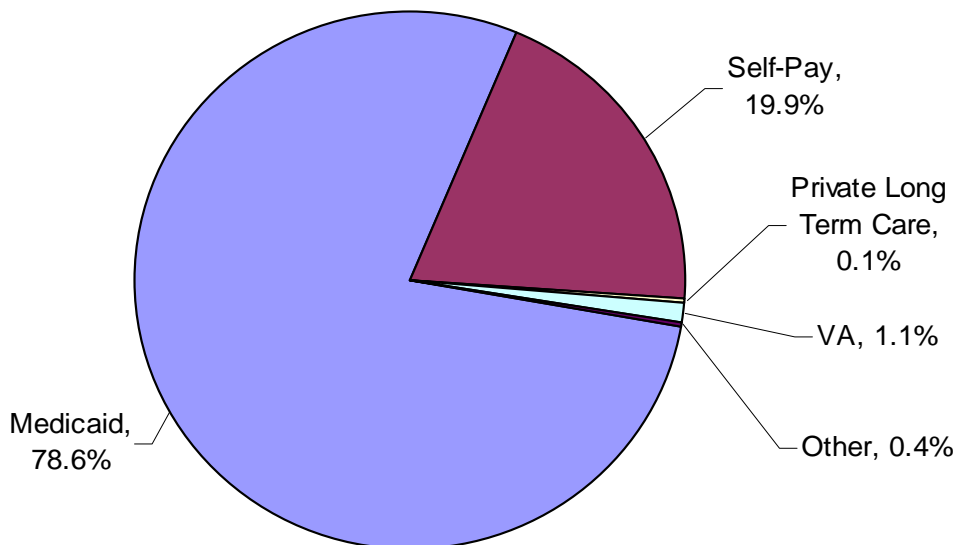
Percentage of Nursing Home Residents by Age and Gender	Male	Female	Total
Under 50	1.7%	1.5%	3.2%
50-64	5.3%	6.2%	11.6%
65-74	7.7%	10.7%	18.1%
75-84	12.6%	20.0%	32.5%
Over 85	11.7%	22.8%	34.5%
Total	39.0%	61.0%	100.0%

Source: Office for Oregon Health Policy and Research. Oregon Nursing Facility Survey, 2008.

Payer Status

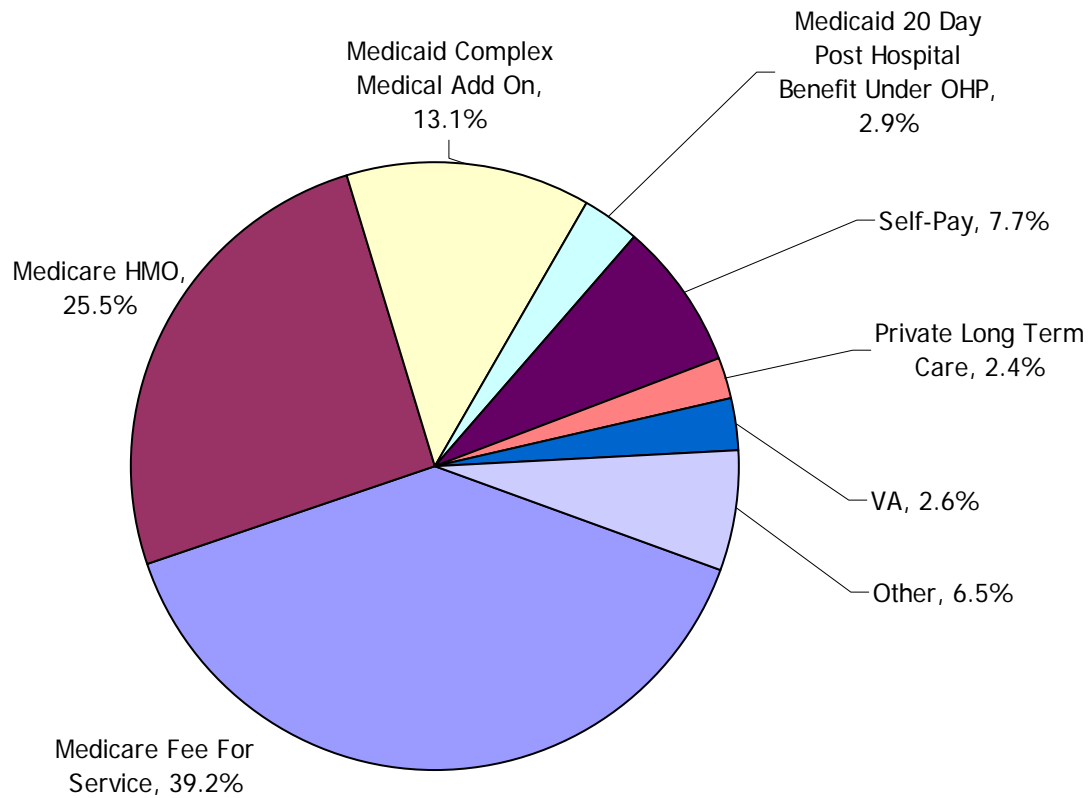
The distribution of payer status was reported for two types of care; intermediate care and skilled nursing care. Intermediate care is intended for residents with medical conditions, yet can still live independently with periodic medical supervision. Skilled nursing care is more intensive care that is available on a 24-hour basis that includes non-surgical treatment of chronic conditions, acute diseases and injuries.

Figure 10 - Intermediate care: resident days by payer status, 2008



Source: Office for Oregon Health Policy and Research. Oregon Nursing Facility Survey, 2008.

Figure 11 - Skilled nursing care: resident days by payer status, 2008



Source: Office for Oregon Health Policy and Research. Oregon Nursing Facility Survey, 2008.

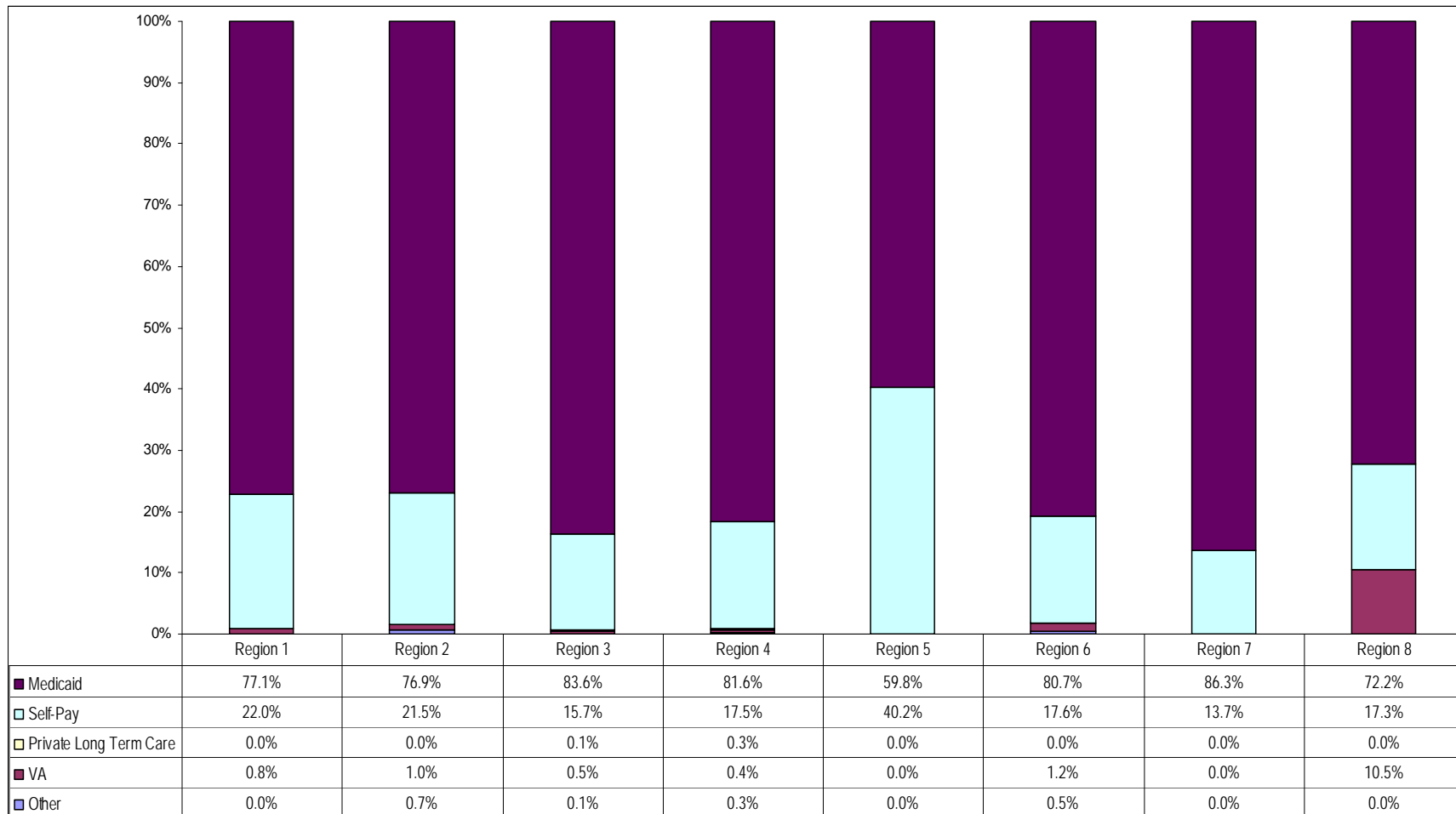
The majority of resident days in intermediate care (78.6%) were paid by Medicaid. Medicare does not pay for intermediate nursing care.

The majority of resident days in skilled nursing care were paid for by Medicare fee for service and HMO. Their combined total (65.3%) was lower than that was reported in 2007 (78.9%), While the percentages of self-pay (7.7%) and private long term care insurance (2.4%) increased from 2.9% and 1.1%, respectively.

This seems a reverse of the national trend for 1999 through 2005 that showed Medicare assumed an increasing role in paying for nursing home residents: residents whose care was paid by Medicare increased from 1999 to 2005, while the residents paid by Medicaid and private payers declined.⁷

⁷Harrington, C., Carrillo, H., & LaCava, C. (2006). *Nursing Facilities, Staffing, Residents, and Facility Deficiencies, 1999 through 2005*. University of California, San Francisco. September 2008. Accessed September 2009. Available at <http://www.pascenter.org>

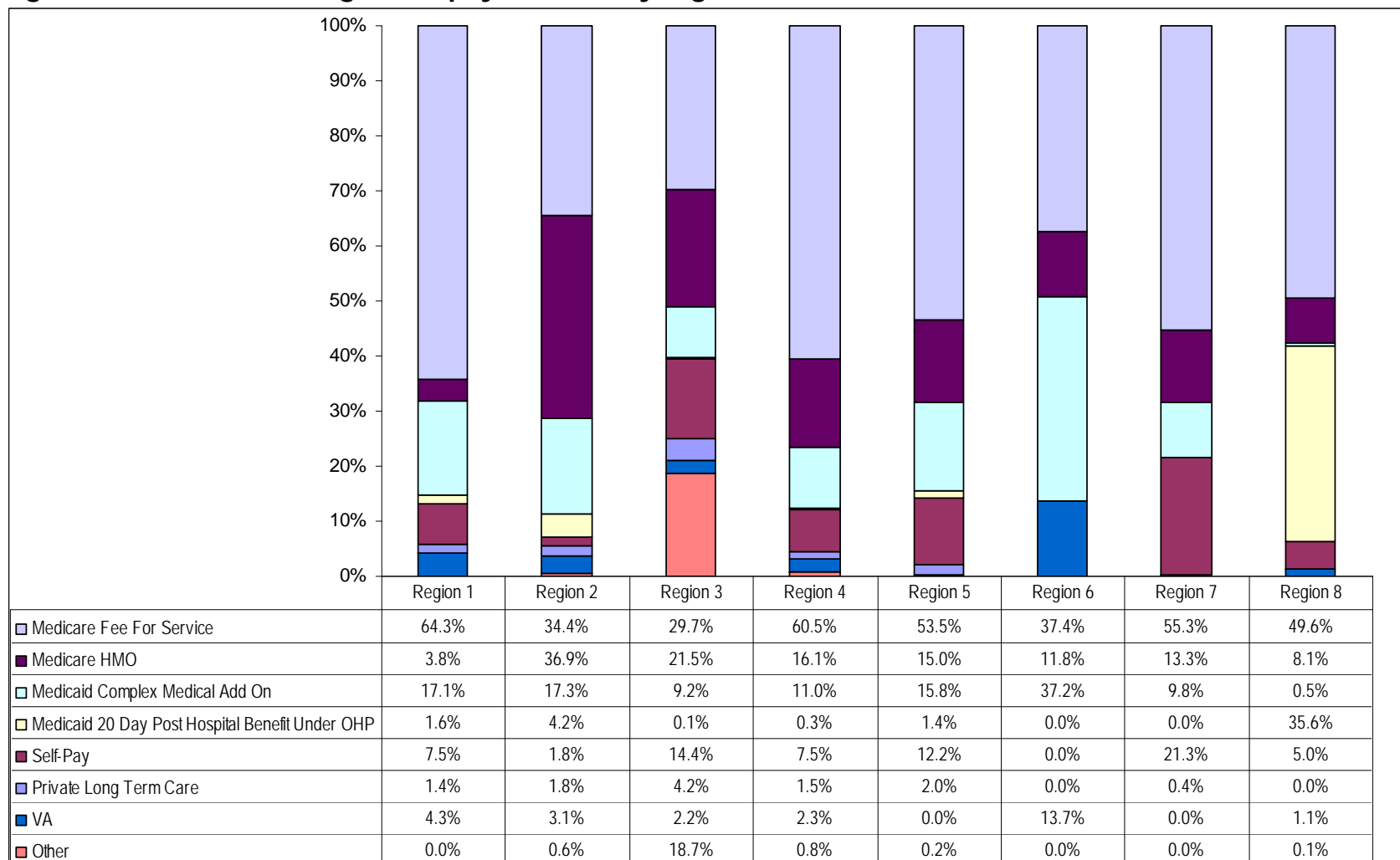
Figure 12 - Intermediate care - payer status by region, 2008



Region 1: Clatsop, Columbia, Lincoln, Tillamook. **Region 2:** Clackamas, Multnomah, Washington, Yamhill. **Region 3:** Benton, Lane, Linn, Marion, Polk. **Region 4:** Coos, Curry, Douglas, Jackson, Josephine. **Region 5:** Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco, Wheeler. **Region 6:** Crook, Deschutes, Jefferson. **Region 7:** Grant, Harney, Klamath, Lake. **Region 8:** Baker, Malheur, Union, Wallowa.

Source: Office for Oregon Health Policy and Research. Oregon Nursing Facility Survey, 2008.

Figure 13 - Skilled nursing care - payer status by region, 2008



Region 1: Clatsop, Columbia, Lincoln, Tillamook. **Region 2:** Clackamas, Multnomah, Washington, Yamhill. **Region 3:** Benton, Lane, Linn, Marion, Polk. **Region 4:** Coos, Curry, Douglas, Jackson, Josephine. **Region 5:** Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco, Wheeler. **Region 6:** Crook, Deschutes, Jefferson. **Region 7:** Grant, Harney, Klamath, Lake. **Region 8:** Baker, Malheur, Union, Wallowa.

Source: Office for Oregon Health Policy and Research. Oregon Nursing Facility Survey, 2008.