
**Office for Oregon Health
Policy and Research**



Oregon Nursing Facilities

*A report on the utilization of nursing facilities in the
State of Oregon in 2006*

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State of Oregon in 2006*

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Key Data

- There were 143 nursing facilities with 12,542 licensed beds in the state of Oregon in 2006. Since 1990, the number of licensed beds has declined by 18.5% (2,853 beds). Residents also accounted for 2.75 million resident days.
 - Statewide, there were 52.9 licensed beds per 1,000 population aged 75 and older.
 - Region 5 (Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco, Wheeler) had the most licensed beds per 1,000 population aged 75 and older (87.2), and Region 6 (Crook, Deschutes, Jefferson) had the fewest (26.3).
 - The occupancy rate in Oregon nursing facilities (64%) was lower than the national median occupancy rate (89%). The statewide occupancy rate has declined by 24% since 1990.
 - Region 3 (Benton, Lane, Linn, Marion, Polk) had the highest occupancy rates for licensed (77.9%) and staffed beds (93.1%).
 - Region 8 (Baker, Malheur, Union, Wallowa) had the lowest occupancy rates for licensed (47.1%) and staffed beds (57.3%).
 - There were 31,079 admissions. The majority (86.1%) of residents were admitted from the hospital.
 - There were 31,853 discharges. Most commonly, residents were discharged to either home (46%) or hospitals (23.3%). The number of death discharges (13.8%) decreased by 37% since 1997.
 - Over one third (36.5%) of residents stayed less than two weeks, two thirds (64%) stayed less than one month, and 84.6% stayed less than three months.
 - Region 6 (Crook, Deschutes, Jefferson) had the most residents that stayed less than two weeks (40.6%).
 - Region 5 (Gilliam, Hood River, Morrow, Sherman, Umatilla, Wasco, Wheeler) had the most residents who stayed longer than three months (31.5%).
 - Medicaid paid for the majority (75.5%) of intermediate care resident days. Medicare FFS was the most common payer (44.7%) of skilled nursing care resident days.
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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. The findings of this report are comprised of data collected from the survey and licensing data managed and provided by SPD. This report encompasses the period from January 1, 2006 to December 31, 2006.

There were 143 nursing facilities in Oregon on December 31, 2006 with a combined licensed bed capacity of 12,542. OHPR received survey information from 133 facilities with 11,726 licensed beds, representing 93.5% of total capacity in the state. Ten facilities with 816 licensed beds failed to submit their information after repeated requests.

Licensed Beds

In 2006, there were 12,542 licensed beds in 143 nursing facilities in Oregon. Sixty-three percent of nursing facilities had less than 100 licensed beds (see Table 1), which is greater than the national rate (about 51%)¹.

Table 1 - Licensed Beds in Oregon Nursing Facilities by Facility Size, 2006

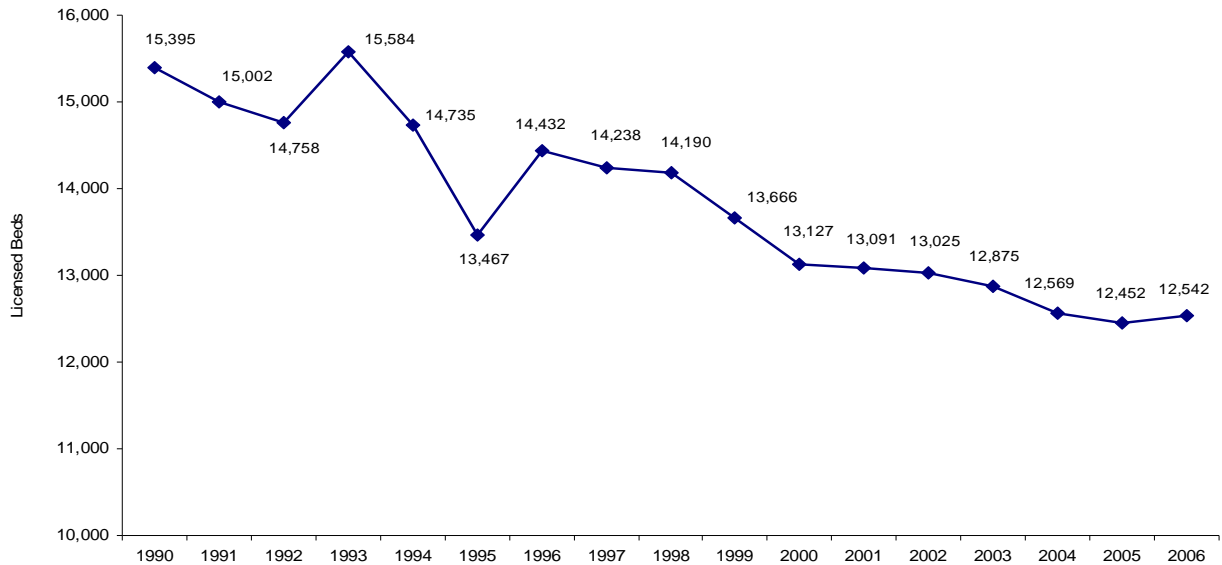
Nursing Facility Size	Number of Facilities	Facility Distribution Total	Total Licensed Beds	Distribution of Beds	Average Number of Licensed Beds
Less than 50 beds	26	18.2%	903	7.2%	34.7
50-99 beds	64	44.8%	4,876	38.9%	76.2
100-199 beds	51	35.7%	6,340	50.6%	124.3
200+ beds	2	1.4%	423	3.4%	211.5
Total	143	100.0%	12,542	100.0%	87.7

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

¹ Centers for Disease Control and Prevention/National Center for Health Statistics, National Nursing Home Survey, 2004

The number of licensed nursing facility beds in the state of Oregon has declined by 18.5% since 1990. However, figure 1 shows a slight increase in capacity from 2005, with 90 additional licensed beds.

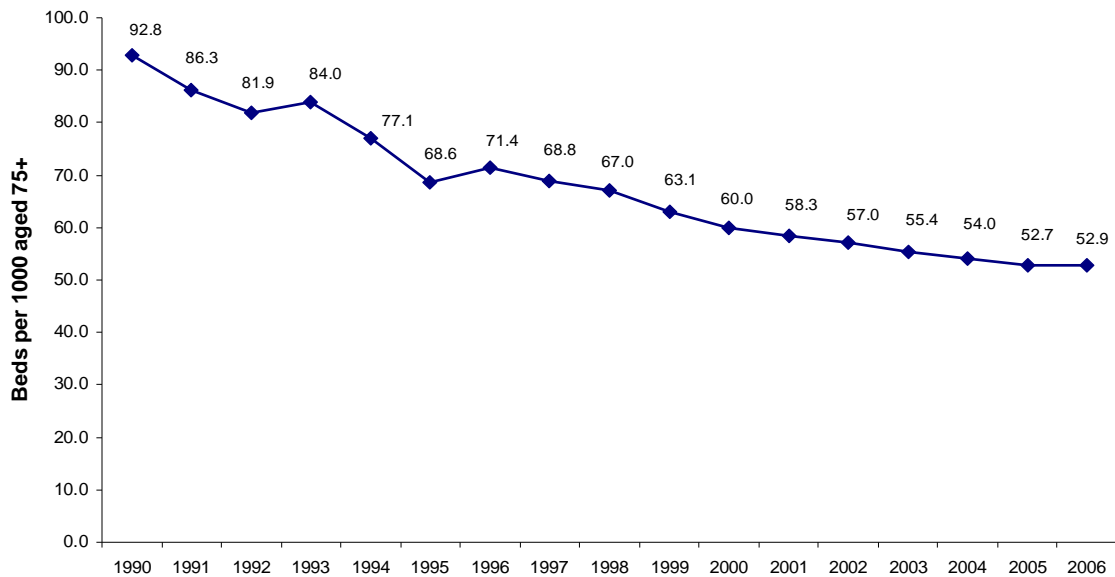
Figure 1 - Oregon Nursing Capacity, 1990 - 2006



Source: Oregon Department of Human Services, Seniors and People with Disabilities; Licensing Data 1990-2006

The number of licensed beds per 1,000 population aged 75 and over experienced a very minimal change from 2005 (Figure 2). However, there has been a significant decrease (43%) in the number of licensed beds per 1,000 aged 75 and over since 1990. 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.

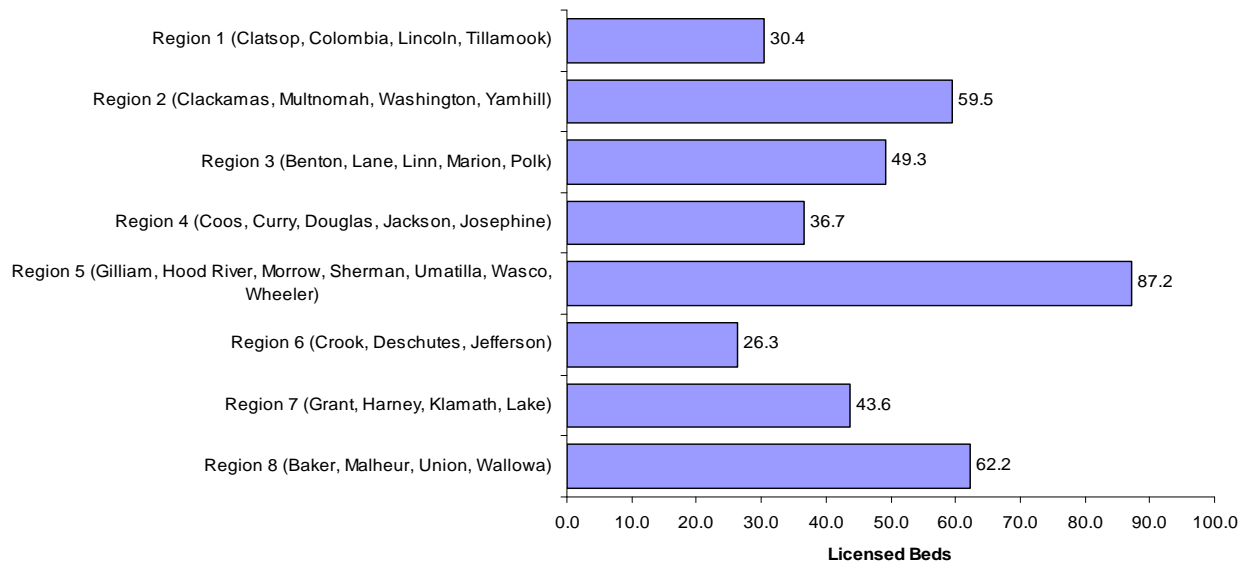
Figure 2 - Oregon Nursing Facility Licensed Beds per 1,000 Population Aged 75 and over, 1990-2006



Source: Oregon Department of Human Services, Seniors and People with Disabilities; US Census Bureau, 2006 American Community Survey

The number of licensed beds per 1,000 population aged 75 and over was also calculated at the regional level (Figure 3). The state is divided into eight geographic regions based on regions defined in the Oregon Population Survey (OPS). Region 6 has the lowest number of licensed beds per 1,000 adults age 75 years old and over. Region 5 has the highest number of licensed beds per 1,000 adults age 75 years old and over. Region 5 is the third least populated region in the state, and the high number of licensed beds may be due to a lack of alternative forms of long term care.

Figure 3 - Oregon Nursing Facility Licensed Beds per 1,000 Population Aged 75 and Over by Region, 2006



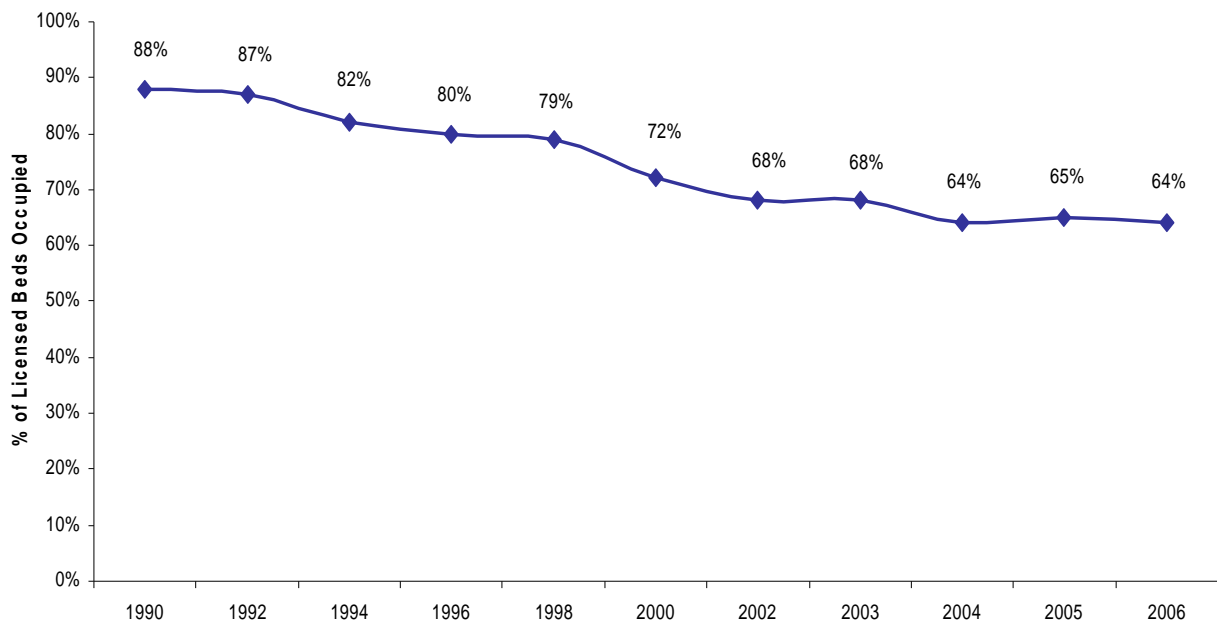
Source: Oregon Department of Human Services, Seniors and People with Disabilities; 2006 Oregon Population Report

Occupancy

There has been a steady decline since 1990 in occupancy rates of nursing facility licensed beds in Oregon (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.

In addition to the decline in occupancy rates since 1990, Oregon's occupancy rate (64%) is lower than the national median occupancy rate (89%) for nursing facilities². The comparison of Oregon to national trends may reflect the vision in Oregon to highlight, strengthen, and encourage the use of community-based care facilities instead of nursing facilities.

Figure 4 - Occupancy Rate Trends for Oregon Nursing Facilities, 1995-2006

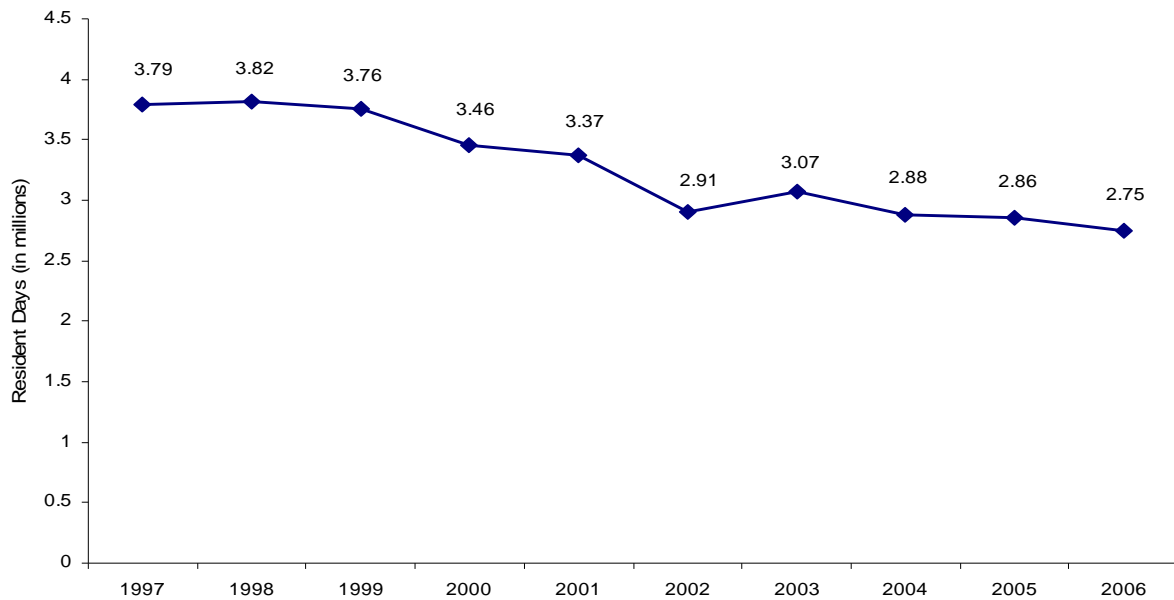


² American Health Care Association, 2007. "Trends in Nursing Facility Characteristics."

Resident Days

Oregon nursing facilities reported 2.75 million resident days in 2006, which is a slight decrease from 2005 (Figure 5). Since 1997, the number of resident days has dropped by over one million (27%). This decline may again be a reflection of shorter lengths of stay in nursing facilities and increased utilization of community-based care or home health care.

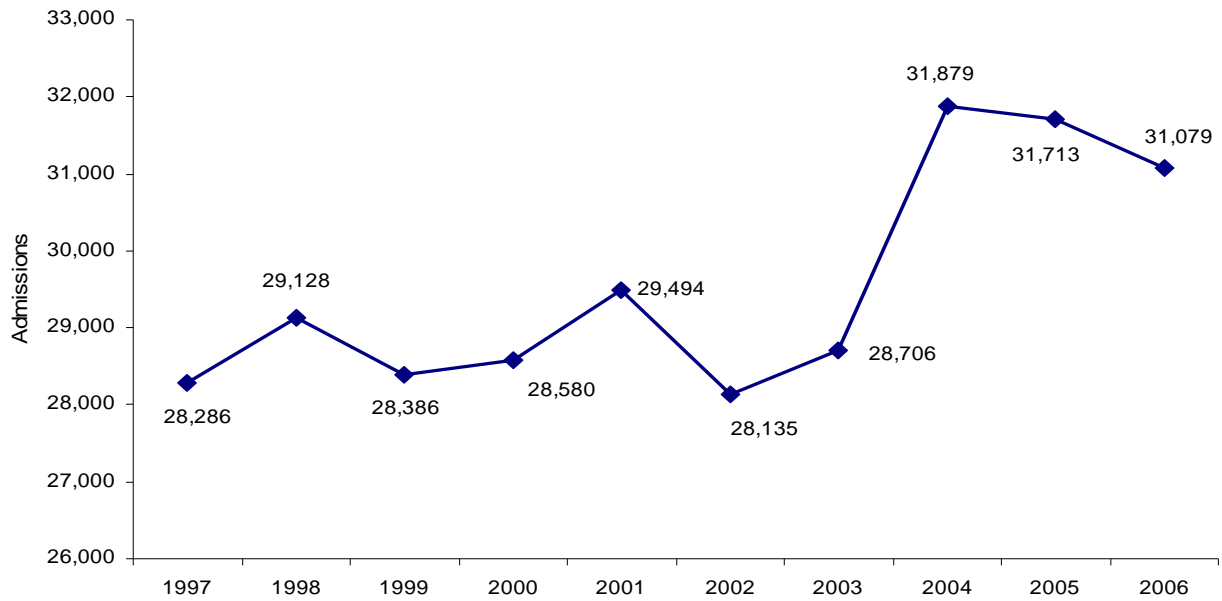
Figure 5 - Number of Resident Days in Oregon Nursing Facilities, 1997-2006



Admissions

In 2006, there were 31,079 nursing facility admissions (Figure 6).

Figure 6 - Total Oregon Nursing Facility Admissions, 1997-2006



Re-Admission

Re-admission describes patients who are discharged to a hospital because they require additional advanced care not provided at the nursing facility. It has been suggested that although some may be unavoidable, some of the discharges to the hospital that result in re-admission to the nursing home can be avoided with higher quality care.³ The chance of re-admission to the hospital can be reduced by increased quality of nursing care, preventive measures, early detection of medical problems, and communication and timely follow-ups with physicians.⁴

Table 2 - Oregon Nursing Facility Occupancy and Re-Admission Rates by Region, 2006

Region	Counties	Average Occupancy Rate		Discharged to Hospital	Re-Admission to Nursing Facility After Discharged to Hospital
		Licensed Beds	Staffed Beds		
1	Clatsop, Columbia, Lincoln, Tillamook	60.9%	70.2%	13.2%	64.4%
2	Clackamas, Multnomah, Washington, Yamhill	67.1%	76.4%	24.5%	70.9%
3	Benton, Lane, Linn, Marion, Polk	77.9%	93.1%	24.3%	64.2%
4	Coos, Curry, Douglas, Jackson, Josephine	64.0%	70.2%	21.6%	73.4%
5	Hood River, Morrow, Umatilla, Wasco	54.8%	71.6%	24.3%	88.8%
6	Crook, Deschutes, Jefferson	50.2%	75.7%	19.2%	47.6%
7	Grant, Klamath, Lake	62.1%	74.3%	23.8%	76.6%
8	Baker, Malheur, Union, Wallowa	47.1%	57.3%	16.9%	41.7%
	Oregon	64.2%	75.2%	23.3%	69.2%

As shown in Table 2, Region 5 has the highest percentage (88.8%) of patients who were re-admitted to a nursing facility after being discharged from the hospital. The high re-admission rate may be attributed to previous findings (Figure 3) that suggested Region 5 may lack alternative forms of long term care.

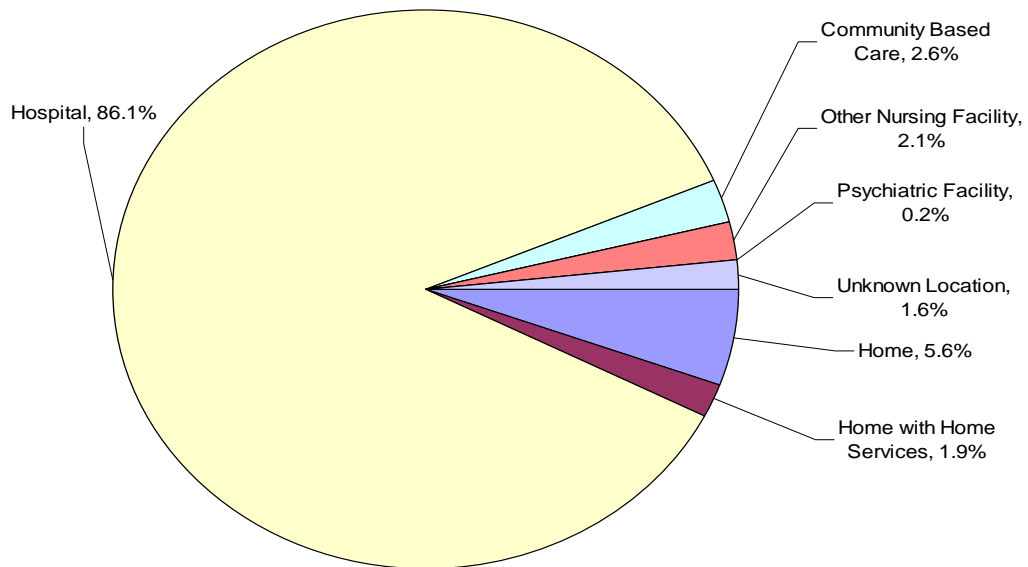
³ MedPac (Medicare Payment Advisory Commission). 2006. Report to the Congress: Increasing the Value of Medicare.

⁴ The Commonwealth Fund. 2006. "Rehospitalization of Skilled Nursing Facility Medicare Patients."

Admission Source

The majority (86.0%) of nursing facility residents are admitted from the hospital, followed by admission from home (5.5%).

Figure 7 - Admission Source as a Percentage of Total Nursing Facility Admissions, 2006



Length of Stay

Nationwide, nearly 27% of nursing home residents remain in the facility for at least three months⁵. Nursing facility length of stay are much shorter in Oregon where only 15.5% of residents remain in the facility for at least three months (Table 3). More than one third of patients (36.5%) stayed less than two weeks, nearly two thirds (64%) of residents stayed less than 1 month, and 84.6% stayed less than 3 months.

These figures reflect the trend in Oregon toward residing in nursing facilities for shorter periods of time for supervised medical care before transitioning into other forms of care.

Table 3 - Oregon Nursing Facility Length of Stay, 2003 - 2006

Length of Stay	2003	2004	2005	2006
Less than 1 week	16.7%	16.9%	16.4%	15.5%
7 to 14 days	23.7%	22.4%	21.5%	21.0%
2 weeks to 30 days	26.1%	27.4%	27.9%	27.9%
1 to 3 months	16.5%	18.3%	19.1%	20.2%
3 to 6 months	5.2%	5.2%	5.6%	5.3%
6 to 12 months	4.0%	3.4%	3.2%	3.7%
1 to 2 years	3.1%	2.4%	2.7%	2.8%
2 to 4 years	3.0%	2.4%	2.0%	2.1%
4+ years	1.9%	1.5%	1.6%	1.6%
Total	100.0%	100.0%	100.0%	100.0%

⁵ Mor, Vincent, et al. 2007. "Prospects for Transferring Nursing Home Residents to the Community". *Health Affairs*. 26: 1762 - 1771

A notable difference between the state and individual regions, is the percentage of residents that had a length of stay of at least 3 months. For the entire state of Oregon, 15.5% of residents had a length of stay of 3 months or longer. However, in Region 5, 31.5% of residents had a length of stay of 3 months or longer. Given Region 5 has the most licensed beds and longest length of stays, it may be further supported that this region does not have as many alternative forms of long term care in comparison to other regions in the state.

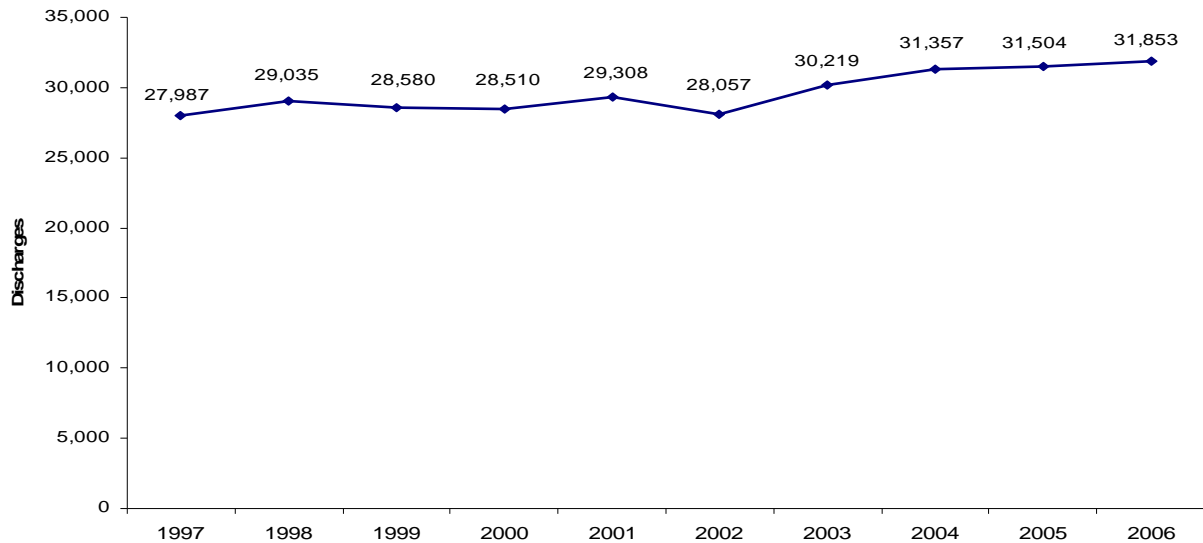
Table 4 - Oregon Nursing Facility Length of Stay by Region, 2006

Length of Stay in Oregon Nursing Facilities by Region	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
	Clatsop, Columbia, Lincoln, Tillamook	Clackamas, Multnomah, Washington, Yamhill	Benton, Lane, Linn, Marion, Polk	Coos, Curry, Douglas, Jackson, Josephine	Gilliam, Hood River, Morrow, Sherman Umatilla, Wasco, Wheeler	Crook, Deschutes, Jefferson	Grant, Harney, Klamath, Lake	Baker, Malheur, Union, Wallowa
Less than 1 week	16.0%	14.8%	17.0%	15.3%	11.4%	17.4%	9.8%	16.9%
7-14 days	21.0%	20.2%	21.3%	21.8%	13.5%	22.9%	16.1%	16.9%
14-30 days	26.1%	29.2%	27.8%	27.2%	20.3%	25.2%	26.6%	26.9%
1-3 months	21.0%	20.0%	19.7%	22.4%	23.4%	14.0%	28.7%	19.5%
3-6 months	6.5%	5.2%	5.3%	4.5%	10.3%	5.5%	5.9%	7.9%
6-12 months	4.4%	3.8%	3.6%	2.9%	5.3%	5.9%	4.4%	3.3%
1-2 years	2.2%	3.0%	2.2%	2.3%	6.6%	3.4%	3.8%	3.9%
2-4 years	1.7%	2.0%	1.8%	2.3%	3.9%	3.2%	3.4%	3.2%
4+ years	1.1%	1.6%	1.4%	1.2%	5.3%	2.5%	1.3%	1.4%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Discharges

There were 31,853 discharges in 2006, which is a slight increase from 2005 (Figure 8). However, discharges from nursing facilities have remained relatively flat since 2003.

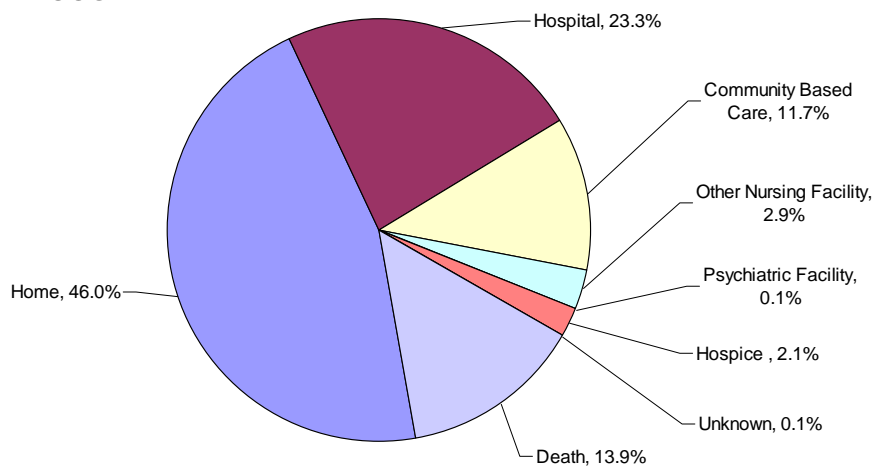
Figure 8 - Total Oregon Nursing Facility Discharges, 1997-2006



Discharge Status

Since most nursing facility residents are discharged to home, it may be interpreted nursing facilities in Oregon are used for advanced medical expertise for a limited basis, as a bridge to other forms of long-term care or home. Figure 9 shows the distribution of discharge status of all Oregon nursing facilities. After home, hospitals (23.3%) are the next likely location for a nursing facility resident to be discharged.

Figure 9 - Discharge Status as a Percent of all Nursing Facility Discharges, 2006



Death as a Percentage of Total Discharges

In 2006, 13.8% of nursing facility discharges were deaths.

Since 1997, the number of death discharges has decreased by 36%. This could be reflective of improved care and potential increased use of nursing facilities as temporary skilled care facilities.

Figure 10 - Death as a Percentage of Total Nursing Facility Discharges, 1997-2006

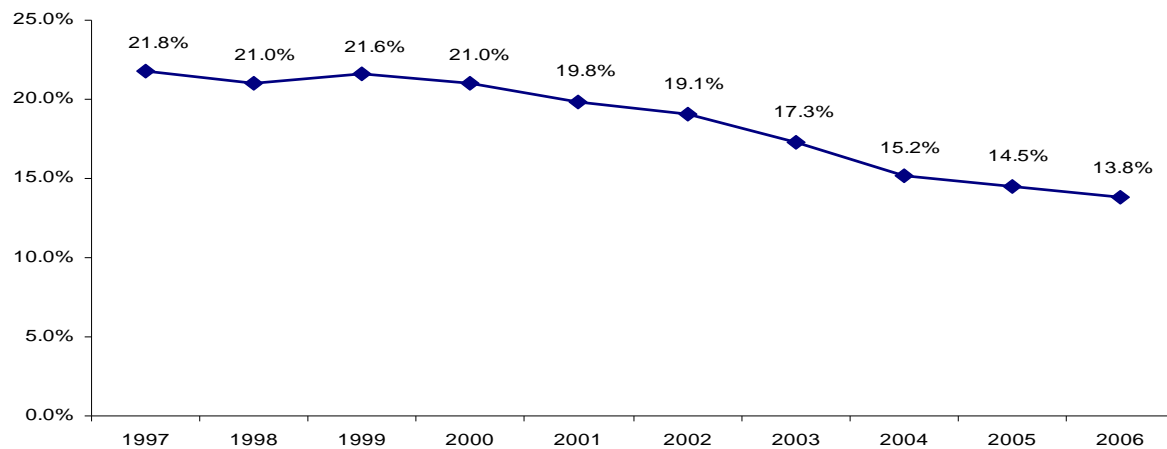
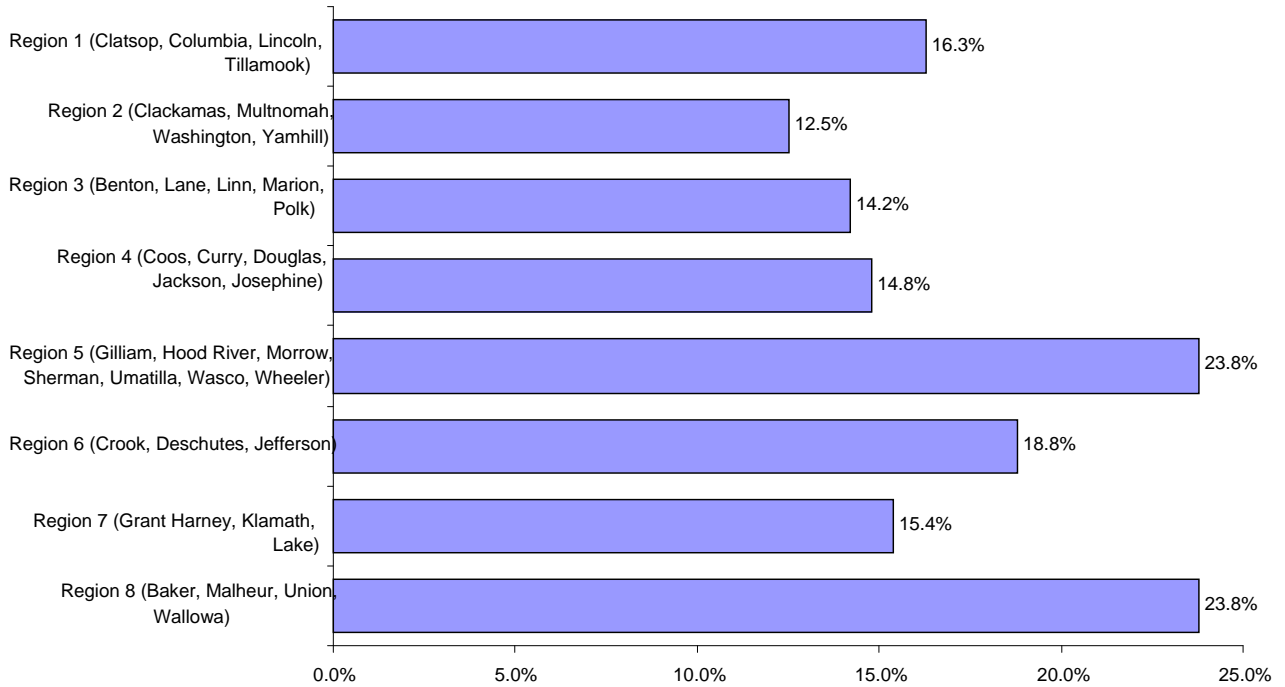


Figure 11 shows that Region 5 and Region 8 have the highest percentage of death discharges in the state, both at 23.8%. Region 2 has the smallest percentage of death discharges at 12.3%.

Figure 11 - Death as a Percentage of Nursing Facility Discharges by Region, 2006



Age and Gender

Figure 12 shows 86.2% of nursing facility residents in 2006 were 65 years old and over. There were a greater percentage of female residents (58.9%) than males (41.1%). Female residents outnumbered male residents in each age category, with the greatest difference among residents aged 85 and older, which may be explained by the differences in life expectancy.

Table 5 - Distribution of Age by Gender in Oregon Nursing Facilities, 2006

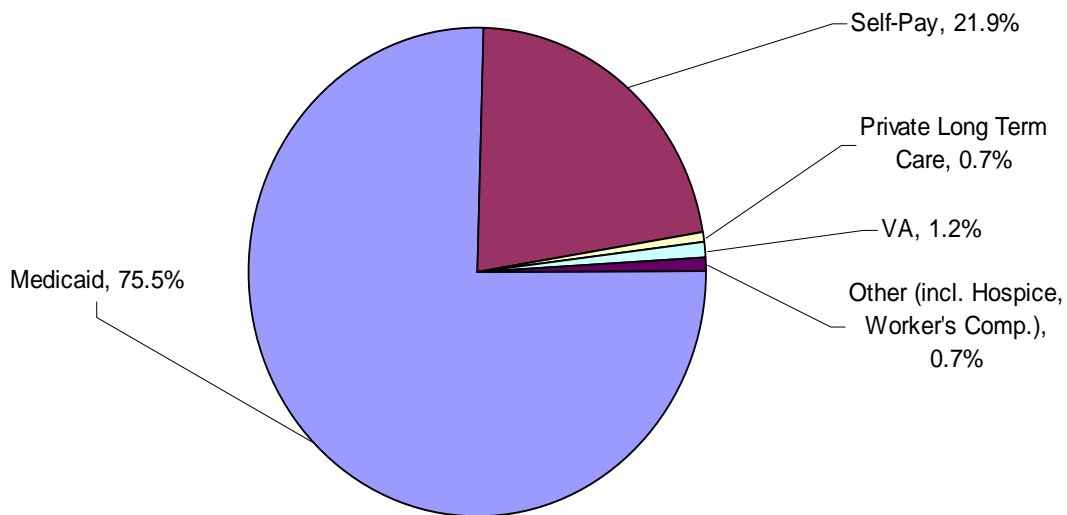
Percentage of Nursing Home Residents by Age and Gender	Male	Female	Total
Under 50	1.6%	1.8%	3.4%
50-64	4.8%	5.6%	10.4%
65-74	6.7%	8.9%	15.6%
75-84	17.7%	20.6%	38.3%
Over 85	10.2%	22.1%	32.2%
Total	41.1%	58.9%	100.0%

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 that do not allow independent living and require periodic medical supervision, but do not need intensive care. It should be noted that intermediate care is not covered by Medicare. Skilled nursing care is more intensive care available on a 24-hour basis that includes non-surgical treatment of chronic conditions, acute diseases and injuries.

Figure 12 - Intermediate Care - Resident Days by Payer Status, 2006



Medicare Fee for Service (FFS) pays for 44.2% of resident days, followed by Medicare HMO (23.4%). Medicare (67.6%) and Medicaid (21.4) are the two main payer sources of skilled nursing care.

Figure 13 shows the distribution of payer status within intermediate care. Medicaid pays for the majority (76.3%) of resident days for intermediate care, followed by Self-Pay at 21.4%.

Figure 13 - Skilled Nursing Care - Resident Days by Payer Status, 2006

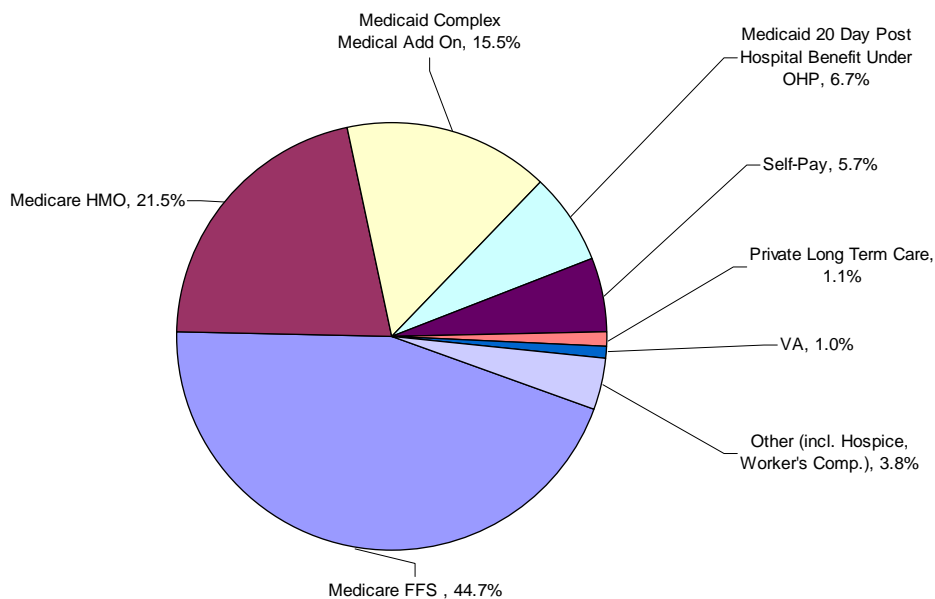


Figure 15 shows the distribution of payer status within intermediate care by region. Medicaid paid for the majority of resident days within each region. Region 5 had the highest percentage of Self-Pay resident days at 29.8%.

Figure 16 shows the distribution of payer status within skilled nursing care. In every region, Medicare fee-for-service (FFS) was the most frequent payer. Regions 4 and 5 had the highest proportions of Self Pay at 17.8% and 9.5%, respectively, which is greater than the overall state distribution (5.5%). Region 5 has the highest distribution of resident days that are funded through Medicaid Post Hospital Extended Care (23.6%), which is only 6.5% at the state level. Region 6 has the highest distribution of resident days paid by Medicaid Complex Medical Add On at 35.5%, which is only 14.9% at the state level.

Figure 14 - Intermediate Care - Payer Status by Region, 2006

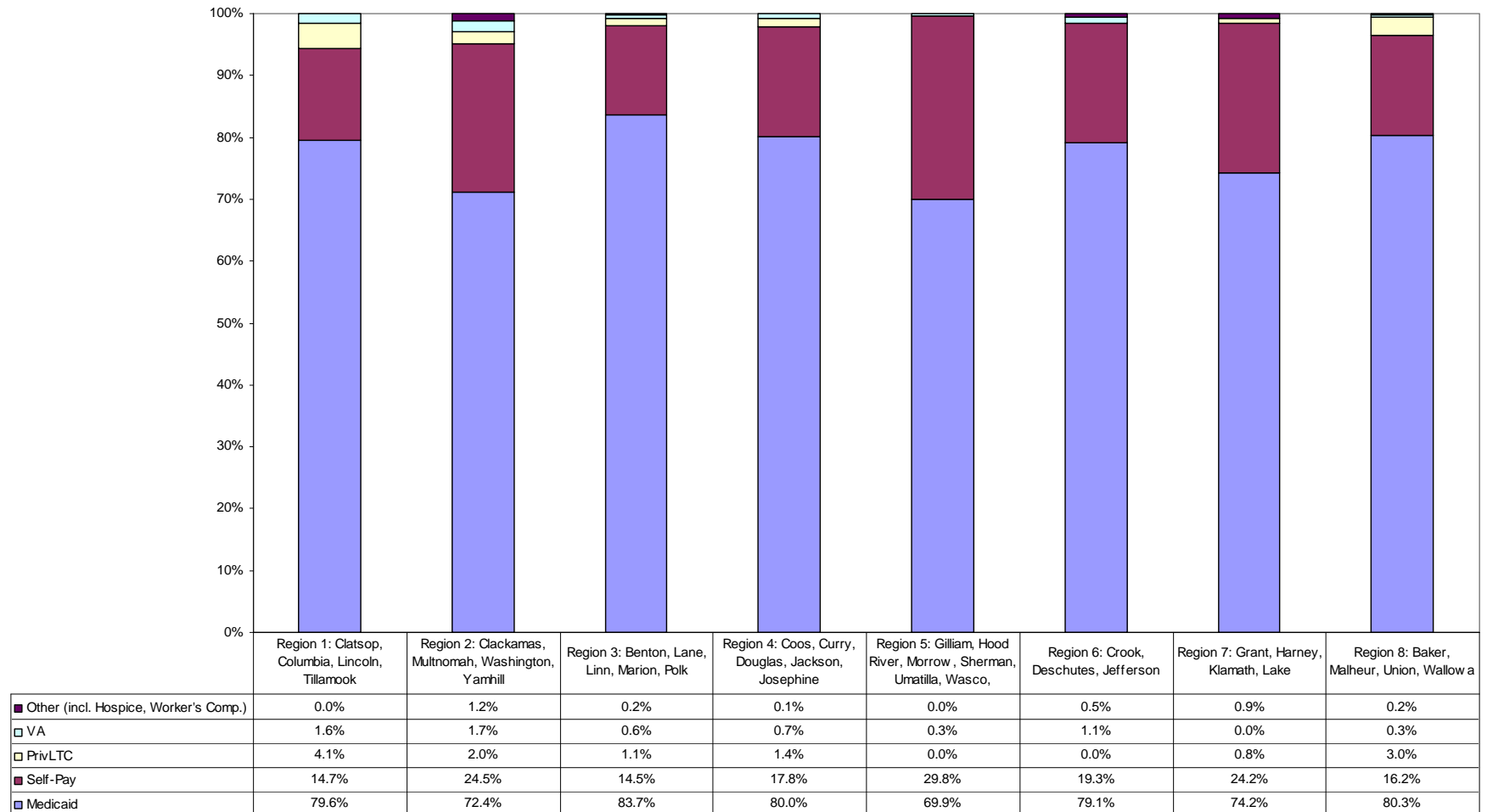
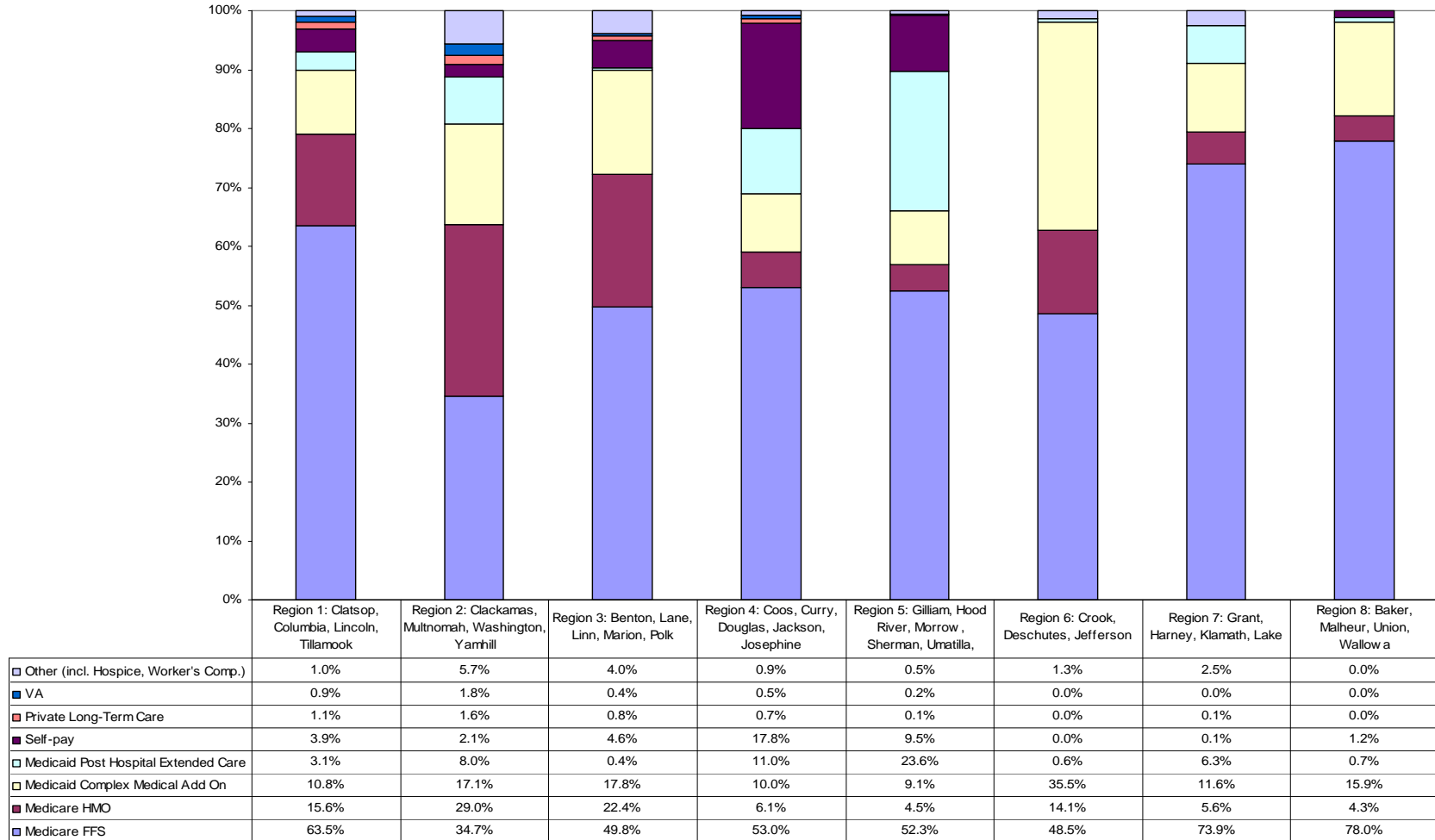


Figure 15 - Skilled Nursing Care - Payer Status by Region, 2006



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