

Regional Medical Facility Profile: A Summary Report, December 2008 Riverside County, California



Riverside County
Community Health Agency
Department of Public Health

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Introduction

The County of Riverside is the fastest growing large county in California.¹ This growth has been attributed to the increased development in unincorporated space, also referred to as urban sprawl. If current projections hold true, by year 2050 Riverside County will be the second largest county in California with 4.73 million residents, following Los Angeles County with 13.03 million.¹ In 2005 Riverside County maintained a population of 1.9 million residents.² Nearly 600,000 (30%) of the County's population resides in the Southern Area of the County. The Southern Area consists of eight cities and several unincorporated communities. Riverside County is projected to grow to near 2.9 million residents, with the Southern Area reaching near 1 million by year 2020.¹

Hospitalization Profile

In Riverside County there are a total of 15 hospitals, with four of the hospitals located in the Southern Area of the County. The four hospitals include Hemet Valley Medical Center, Inland Valley Medical Center, Menifee Valley Medical Center, and the Rancho Springs Regional Center. In 2005, Southern Area hospitals experienced 42,602 hospitalizations (defined as at least one night stay), with 91% of

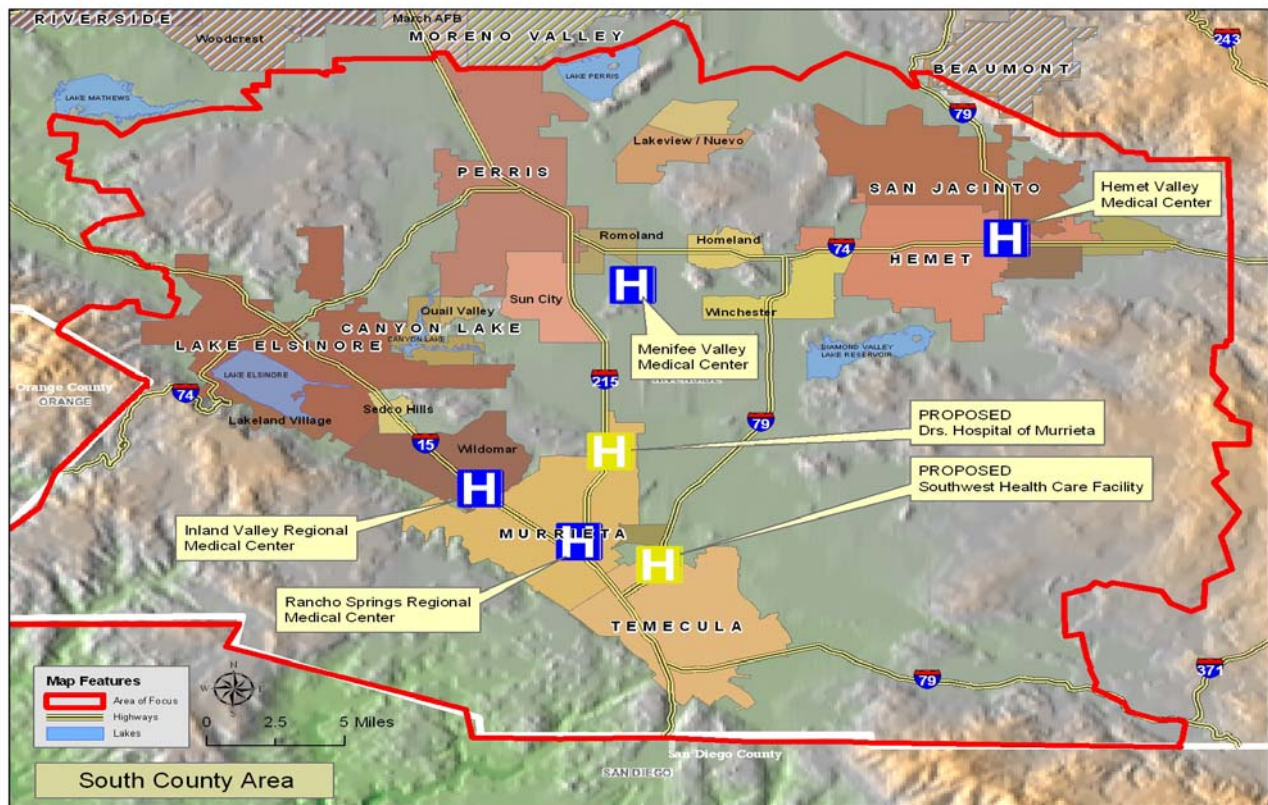


Figure 1. Map of Southern Area

those stays among Southern Area Residents. Among the residents who were hospitalized outside of the Southern Area, the majority sought care from specialty providers, or due to proximity received services in northern San Diego County, Orange County or elsewhere in the Inland Empire.

The plurality of Southern Area residents are White, non-Hispanic (41%), followed by Hispanic (31%). In 2005, nearly 70% of Southern Area hospitalizations occurred among non-Hispanic Whites (figure 1). After an analysis of age groups was performed it was found that the largest proportion of those hospitalized in the Southern Area were age 65 and older (34%). With the expected growth of the older population, the impact on health care is expected to increase significantly.

Figure 2. Population and Hospitalization Comparison, Riverside County 2005

Race/Ethnicity	Southern Area Population Proportion	Southern Area Hospitalization Proportion
White	41%	67%
Hispanic	31%	23%
Black	5%	5%
Asian/PI	3%	2%

Source: Office of Statewide Health Planning and Development (OSHPD) and the Transportation and Land Management Agency (TLMA)

Licensed Hospital Beds

In 2005, there were 80,932 licensed hospital beds in California, a rate of 2.2 beds per 1,000 residents.³ Although there are no federal recommendations for licensed bed-to-population ratios, a 2004 report by the California Legislative Analyst’s Office recommended enacting legislation directing the Office of Statewide Health Planning and Development (OSHPD) to review hospital bed occupancy rates and determine if there is an over or undersupply.⁴ The rationale for such a measure would allow for legislators to determine where shortages may exist so that they may act. Riverside County had 2,880 licensed beds in 2005, a rate of 1.47 per 1,000 residents, 33% lower than the California rate. The Southern Area of Riverside County had 637 licensed beds, a rate of 1.05 per 1,000 residents. This rate is less than half of the rate for California. With projected population increases for the year 2020, the rate for licensed beds would drop 39% to 0.64 per 1,000 residents, should the number of licensed beds in the Southern Area of Riverside County remain stable.

Physician-to-Population Ratio

The population of California is growing rapidly which will greatly affect healthcare delivery and the workforce of healthcare practitioners. In addition, the state has an uneven distribution of physicians, with 60% of the current physicians practicing in only five California counties.⁵ Nationally there were 198 active physicians per 100,000 residents in 2000. California maintains a higher rate of active physicians with 231 physicians per 100,000 residents. Yet, Riverside County maintains the lowest rate, by comparison, of 125.8 active physicians per 100,000 residents.⁵ Among the 46 states with medical schools, California ranked 4th for the number of new physician graduates produced between 1999 and 2000. However, on a per capita basis California graduated fewer new physicians than that of the US overall (3.5 and 6.4 per 100,000 population, respectively), ranking California 39th.⁶

A recent article published by the Southern California Physician Magazine calls for action to repair our healthcare system. Due to the large number of retirements, coupled with state and federal budgetary constraints, the number of physicians in California is diminishing. It has also become more challenging to recruit and retain young physicians with no immediate resolution in sight.⁷ Despite a prospective new medical school in the Inland Empire, it will be a challenge to hold onto those graduates. California is ranked 1st for the percent of active physicians age 60 and over, and ranked 39th out of 42, for number of students enrolled in public medical schools per 100,000 population between 2007 and 2008.⁸ Data at the County level is not available; however, it is appropriate to assume that similar to the ranking the County experiences in relation to the State and the nation for the rate of active physicians and licensed beds, the Southern Area may fare worse than the State and the nation.

Nurse-to-Population Ratio

Nationally there were 780 registered nurses per 100,000 population in the year 2000. California ranks 49th, with 542 registered nurses per 100,000 population.⁵ The population of California is projected to grow 33% between 2000 and 2020, with those age 65 and older projected to reach nearly 9 million by 2030.⁹ The aging population of Riverside County is projected to double from 500,000 to 1 million by 2030. Due to the high rate of hospitalizations among seniors, the urgency for staffing and hospital beds will surely increase. A survey conducted in 2001 found national vacancy rates of 13% for registered nurses.¹⁰ This shortfall is predicted to reach 500,000 nurses by 2020.¹¹ California, which already has the lowest numbers of registered nurses per capita, will need an additional 60,000 or 31%

more nurses by the year 2020 to maintain current levels.^{5, 12} The nursing shortage also translates into nurse burnout, job dissatisfaction, and increased risk of patient mortality.⁶ Solutions must be identified to increase the nursing staff in the Riverside County and the Southern Area, where substantial growth is predicted.

Hospitalization Payer Source

Based upon data provided pertaining to hospitalizations, it is clear that in areas with more affluence, there are fewer residents utilizing government programs to pay for medical care/services and more have private insurance. It is also evident that among the hospitals serving a greater proportion of elderly patients, the predominant payer source is Medicare (figure 3). Conversely, among hospitals that serve younger patients we find fewer use Medicare and more use Medi-Cal or private insurance as a payer source.¹¹

Figure 3. Hospitalization Payer Source by City and County, 2005

Location	Hospitalization Payer Source					
	Medicare	Medi-Cal	Private Insurance	Other Gov't Programs	Self Pay/ Other	Total
Riverside County	32%	22%	36%	5%	5%	100%
Southern Area	42%	15%	39%	<1%	3%	100%
Canyon Lake	35%	11%	47%	3%	4%	100%
Hemet	51%	18%	23%	4%	4%	100%
Lake Elsinore	19%	23%	49%	4%	5%	100%
Murrieta	23%	8%	64%	3%	2%	100%
Perris	20%	34%	33%	6%	7%	100%
San Jacinto	38%	28%	25%	4%	5%	100%
Temecula	19%	8%	67%	3%	3%	100%

Source: Office of Statewide Health Planning and Development (OSHPD)

The Gap

Currently Riverside County maintains bed rates, physician and nursing ratios that are less than that of the State and the nation. As the population for both Riverside County and the Southern Area increase, the ratios will continue to decrease and this will only further widen the gap. Increases in bed capacity by way of new development and hospital expansion, along with increases in staffing will begin to narrow the gap; this assumes however, that the number of beds will not decrease and staffing will be improved.

Figure 4. Licensed Bed, Physician and Nursing Ratios, 2005

Area	Licensed Beds [^]	Physician*	Nurse*
United States	N/A	198	780
California	2.2	231	542
Riverside County	1.47	125.8	N/A
Southern Area	1.05	N/A	N/A

[^] Rate per 1,000

* Rate per 100,000

The Opportunities

There exist two fundamental solutions to this shortage. While healthcare capacity must increase to shrink this gap, decisions must be made to create and support an environment that can decrease the excess demand for healthcare services.

To address increased capacity, current projects are underway to increase bed availability in Riverside County, particularly in the Southern Area. Hospital expansions and new construction in the Southern Area are expected to increase bed supply by nearly 600 beds. The increase in hospital beds along with the population increase will establish a ratio of 1.19 beds per 1,000 Southern Area residents. This is up from the current 1.05 beds per 1,000 Southern Area residents. Increasing the supply is imperative, however there are costs associated with these additions. It is estimated that the cost for each additional hospital bed is two million dollars and can take up to ten years to complete.

New beds must be staffed, which again may lower the staffing ratio if staffing is not also increased. There is also a need for appropriate training resources to be available for physicians and nurses and a need for incentive plans to retain area physicians by partnering with economic development agencies to plan for additional medical centers and office space. Over the past year, the University of California, Riverside has made great strides in getting a new medical school approved with the first class projected to graduate in 2016. Educating new physicians is promising, however, without enough teaching hospitals new medical graduates may leave the Inland Empire in search of advanced clinical training.

To decrease demand, the physical environment in which we live and work must be created/adapted to promote optimal health. Healthy residents who exercise regularly, eat better and live smoke free would decrease healthcare demand, save lives, and reduce the tremendous financial burden to society of chronic disease.

Ultimately we must make changes in order to provide adequate access to care and to meet the needs of not just the community, but also the practitioners who provide care. Only through a combination of increasing capacity and focusing on creating a healthier populace will the Southern Area of Riverside County be able to optimally care for the residents of this growing area.

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