

Exhibit X

Countywide Comprehensive Plan For Pinellas County

Health Care Element

Adopted on December 20, 1988 by the Pinellas County Board of County Commissioners as the Countywide Planning Authority and Recommended by the Pinellas Planning Council.

This document was a plan element of the PPC under previous legislation. Although the introduction and title page have been modified, references may remain concerning that previous legislation. It should be noted in such cases that Chapter 88-464 of the State Statutes now applies to this document by the adoption of the Countywide Planning Authority.

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Introduction

Residents and elected officials of Pinellas County are well aware that urbanization in Florida is proceeding at a very rapid pace and they do not need anyone to explain that it has created a multitude of problems. Capacities of utility, transportation, education, recreation and health care systems are being pushed to their maximum limits daily. As a result, government officials are finding it increasingly difficult to cope with a growing list of problems.

Due to the problems created by uncontrolled urbanization and a sincere concern for Florida's total environment—urban, rural, and undeveloped areas, the Florida State Legislature has begun efforts, in recent years, to solve these problems.

This document is designed in part, to establish desirable countywide health care policies. Along with policies enumerated in other Countywide Comprehensive Plan elements, the health care policies outlined herein will provide an overall policy framework within which the Council will base future planning decisions.

Pinellas County has not been immune from the effects of urbanization. In fact, since World War II urbanization within Pinellas County has been taking place at a very rapid rate. In 1950 the county's population was approximately 160,000, just one-fifth of today's (1977) estimated figure of 771,100 persons. In less than 20-years the county has emerged from a semi-rural area to one of the fastest growing metropolitan regions in the United States. Moreover, it is estimated that Pinellas County will gain another 292,460 persons between 1977 and the year 2000; pushing its population well beyond the one million mark.

Probably the most unique characteristic of this growth is the county's high percentage of persons 65 years of age and older. For example, in 1975, 33 percent of the county's population was in this age category; in 1977 it is 34 percent.¹ Such a high proportion of older people obviously has definite implications for most of the county's comprehensive planning elements. This is especially true of the *Health [Care] Element* because of the propensity of older persons to place a large demand on existing health facilities.

Comprehensive health planning is frequently viewed as an activity designed to improve the utilization of health services, encourage the rational geographic distribution of facilities, eliminate duplication of effort, reduce the cost of health services, and integrate the various elements of the health care field into a more organized, interrelated system. The value of these improvements cannot be overestimated by government officials simply because health facilities such as public

health centers, hospitals, nursing homes, etc., are the primary contact points between a patient and a physician whose services are augmented by the skills of other trained individuals and by a range of technical equipment. For this reason, every community should be serviced by health care facilities which collectively offer a full range of comprehensive services conveniently accessible to the recipient and the providers of these services. Furthermore, such facilities should be structured and located so that patients can move from one kind of facility to another as their personal needs dictate.

In many urban areas there are serious gaps in the services provided by health facilities as well as an excessive and expensive duplication of services. Patients and staff alike find that movement between one facility and another may be difficult, if not impossible. Upon close examination, many communities find that they have many independent facilities rather than a total system made up of separate but related parts. Such waste and duplication of health facilities is even more inexcusable when the need for public investment and public facilities is so greatly needed in other segments of the community.

The present health care situation in Pinellas County is characterized by many of these same problems. Excess bed capacity, duplication of expensive hospital equipment and several other problems have developed to a large extent because of the lack of proper coordination between suppliers of health services and the inadequacy of past health care planning. This inefficient use of medical resources has resulted in higher medical costs to area residents and a shortage of services in some section[s] of the county. Therefore, this element has striven to identify and recommend methods for correcting present and future problems within the county's supply of medical facilities.

The basic approach utilized was to first inventory all of the major public health facilities within Pinellas County. Some facilities which were privately owned, but open to the general public, were also included in order to obtain a complete inventory. Following the inventory of each facility (i.e., public health centers, hospitals and nursing homes) analysis was preformed to identify existing and future problem areas within the county. Then, based upon these considerations, objectives and policies were compiled which define the suggested course of action for each type of facility. The three sub-elements which comprise the *Health [Care] Element* (public health centers, hospitals and nursing homes) very in detail but are projected to fulfill the county's needs through the year 2000. Furthermore, they have been coordinated with each other in an attempt to present a comprehensive look at Pinellas County's health care needs.

Scope and Limitations

The objective of this element is to develop a general understanding of existing medical services and to identify the need for present and future health facilities within the county so they may be coordinated with other elements of the *Countywide Comprehensive Plan*.

It is not the aim of this plan to detail the specific programs and services offered in the county's public health centers, hospitals or nursing homes; rather this element has attempted to analyze and project the availability of major medical facilities throughout Pinellas County through the year 2000.

Finally, the findings of this element are in no way intended to conflict or contradict those forthcoming from the Florida Gulf Health System Agency (FGHSA). In some cases, direct comparisons between the findings of the FGHSAs employs population figures and projections from the University of Florida, Bureau of Economic and Business Research, while the Pinellas County Planning Department uses demographic statistics developed by its own staff which are felt to be more in line with local growth management policies. In either case, these two sets of demographic data differ only slightly and are not felt to significantly affect the findings of either document. Ideally, the findings of both plans should be viewed together to obtain the most accurate and illuminating picture of the county's health care needs possible.

Summary of Findings and Policy Recommendations

Summary of Findings

Listed below are the major findings of the *County[wide] Health Care Element* which have been extracted from the plan's planning analysis sections. These findings have served as the foundation for the policy recommendations contained in this plan.

Public Health Centers

1. Public health centers are the most desperately needed type of community health facilities in Pinellas County.

2. Although the county operates four public health centers, the actual services offered at each varies considerably.
3. Clinic floor space ranges from “ideal” at the Clearwater Center to “highly inadequate” at the Pinellas Park Center.
4. Manpower and staff allocation are somewhat disproportionate between centers, largely because of the existing inadequacies in clinic floor space.
5. The decision to centralize the county’s health centers, coupled with the fact that many sections of the county are not serviced by public transportation, has made it difficult for many citizens to obtain adequate medical care.
6. Pinellas County needs approximately 60,000 square feet of additional, suitably equipped health center floor space in order to bring it up to established standards through the year 2000. Some of this space is needed immediately.

Hospitals

1. The county’s large percentage of citizens age 65 and over are exerting a uniquely large amount of pressure on the area’s existing hospitals.
2. The unusual influx of tourists is causing cyclical fluctuations in the occupancy levels of area hospitals.
3. In the past three years, the total occupancy level at all Pinellas County hospitals has not surpassed 80 percent for any one month.
4. Pinellas County currently has a surplus of 1,972 hospital beds which are not expected to be absorbed until after the year 2000.
5. Each vacant hospital bed in Pinellas County costs hospital administrators, and eventually the general public, \$14,226 annually.
6. Overall, the geographical distribution of the county’s hospitals is satisfactory; however, the area north of State Road 590 (which bisects Clearwater) has fewer existing hospitals than the remainder of the county.

Nursing Homes

1. Pinellas County nursing homes were hit hard by the revisions in federal Medicare laws which caused occupancy rates to drop drastically between 1968-1970. However, the nursing home industry appears to have made a healthy recovery in recent years.
2. Currently nursing homes in Pinellas County are experiencing their most significant shortage of licensed beds in more than ten years.
3. Since 1968, major construction in Pinellas County’s nursing home industry has been at a virtual standstill. In fact, the total number of nursing homes in the county

has risen by only two homes of approximately 1,200 licensed beds in the last ten years.

4. If the nursing home industry is to keep pace with the county's projected growth rate, 1,769 additional nursing home beds must be added by 1985 and an additional 1,106 more by the year 2000.

Summary of Policy Recommendations

Presented below are the policy recommendations of the *County[wide] Health Care Element*. They have been compiled in order to emphasize the interrelationship among the area's health care facilities. Most planning policies (defined as guidelines for action) must be viewed with the goals (community aspirations) and objectives (attainable targets) of other planning elements, as an interrelated whole. For example, although certain environmental and economic aspects affecting health facilities do not appear as statements in this element, they are applicable to health facilities by virtue of being included in the *Countywide Comprehensive Plan*.

A departure from the traditional goals, policies, and objectives, hierarchy has also been utilized in this plan because of the subjective nature of comprehensive health care planning. However, it is felt the format employed best conveys the essence of this planning element.

Public Health Centers

1. Expansion of county health centers and the medical services they offer should be based on each center's current level of service and their projected future needs.
2. Increase the number of professional staff members at those county health centers which are currently understaffed.
3. Provide free transportation to indigent and elderly persons needing medical assistance who live outside existing public transportation networks.
4. Assist convalescing and disabled persons to remain in their homes by expanding home health care programs and related services.
5. Continue to maintain a countywide health education effort through existing programs, in order to motivate county residents in the utilization of health resources and information.
6. Evaluate the effectiveness of all health care services in promoting and maintaining public health.

7. Continue to implement and expand those public health programs which make the best use of community resources.

Hospitals

1. The need for future hospital construction or expansion should be determined on the basis of detailed studies that indicate the necessity for increasing the supply of such facilities.
2. Hospitals should continue to be built adjacent to freely moving traffic corridors so that they are conveniently accessible to emergency and private vehicular traffic.
3. Local officials should encourage state and federal health care experts to investigate the impact that privately owned hospitals (which refuse to provide low cost or free medical service to indigents) have on publicly owned hospitals.
4. All residents of Pinellas County should have convenient access to the area's hospital emergency treatment facilities.

Nursing Homes

1. State and local health officials should continue to periodically assess the need for future nursing homes in light of the increasing demand for their services.
2. Nursing homes should be built near community hospitals whenever possible in order to encourage inter-institutional activities.
3. Prospective builders of nursing homes should be encouraged to build in residential settings which offer patients a comfortable atmosphere for their convalescence and be prohibited from building in commercially zoned areas.
4. In lieu of building new nursing homes, state and local officials should promote the conversion of surplus hospital beds to licensed nursing home beds as they are needed.

Pinellas County Public Health Centers

Goal

The general goal of the Pinellas County Health Department is the prevention of disease and injury. In many cases, however, primary care becomes an essential factor in protecting the health of the majority of county residents. For example, early detection and treatment of communicable diseases must be provided so that the spread of these diseases is prevented.

Inventory

The Pinellas County Health Department presently operates four community health centers within the county (see Figure 1). These centers are located as follows:

1. St. Petersburg Health Center, 500 Seventh Avenue South, St. Petersburg (main office),
2. Clearwater Health Center, 310 North Myrtle Avenue, Clearwater,
3. Pinellas Park Health Center, 5800 77th Avenue North, Pinellas Park,
4. Tarpon Springs Health Center, 41 North Ring Avenue, Tarpon Springs.

These public health centers collectively provide county residents with a large selection of health services with emphasis on preventive medicine programs. These programs cover the entire spectrum required to protect the health of present and future citizens ranging from prenatal care for medically indigent mothers through disease detection programs for senior citizens.

[Figure 1, Health Clinics and Their Service Areas – 1977]

There are 12 divisions within the Pinellas County Health Department. The following is a brief summary of the programs and objectives of these divisions:*

Administrative Services

This division is responsible for the business operations of the Health Department (personnel, finance, budget, etc.). The direct services provided to the residents of the county include: birth cards, birth certificates, burial/transit permits, death certificates, health certificates, and marriage/blood tests.

Adult Health

A continuing program of preventive medicine is carried out in this division. Primarily concerned with chronic diseases, extensive screening clinics for diabetes and glaucoma are held throughout the county. Other adult concerns such as hypoglycemia, cardiac problems, and nutrition are dealt with by specialists in each field. Specific programs offered include: cardiac screening, dermatology, diabetes screening, glaucoma screening, hypoglycemia screening, and medical dispensing.

* Eligibility requirements for services offered at county health centers vary according to the specific services being sought and are periodically revised to mitigate the effects of inflation on personal income levels.

Environmental Health

Within this division, there are professional sanitarians responsible for inspection proper sanitary conditions in day care centers, foster homes, mobile home parks, commercial food outlets, food processing plants, restaurants, and school facilities. Other programs include rabies control, milk processing regulation, food personnel training, rodent control, and sanitary nuisance abatement.

Health Education

This division through the use of audiovisual materials, community projects, counseling, news media and a speakers bureau aims to inform the residents of the county of health problems and make them aware of many services available to them.

Laboratories

The laboratory division is designed to support the other divisions of the Pinellas County Health Department. Tests performed includes the routine testing of public water supplies, swimming pools, and public bathing areas. In addition to the water tests, technicians work in support of the medical clinic.

Maternal Health and Family Planning

Maternity clinics, prenatal, and postpartum are conducted by the health centers. This service is provided to patients who cannot afford private medical care. Maternity care is provided in consonance with standards of the American College of Obstetrics and Gynecology. Home nursing visits to clinic patients are made, as required, to ensure continuing proper prenatal and postpartum care.

The division also offers examinations and a full range of approved methods of contraception along with instruction on the various means of contraception.

Preventable Diseases

This division seeks to treat and educate those who have contracted a disease that might easily be transmitted to others and to prevent problems that could possibly lead to widespread illness. Programs in this division include: foreign travel immunization, tuberculosis control and venereal disease control.

Sanitary Engineering

The Sanitary Engineering Department performs several programs in the area of environmental concerns. One of these programs is to perform bacteriological and sanitary surveys of the bathing beaches throughout the county on a continuing basis. Another program includes the review of project documents and plans submitted by engineers for new wells, water treatment plants, and water distributions systems. Sanitary engineers also inspect water systems for bacteriological contamination on a routine basis and examine sewerage disposal systems.

Child Health

This division is responsible for delivering health services to children through the age of 18 by the means of a variety of clinics and outpatient medical care. Some of the specific programs in this division include: immunization clinics, Medicaid screening (under the federal Medicaid law, each recipient of Medicaid, birth to 21 years, is entitled to early periodic screening and subsequent correction of health problems). School Health is a program in which a community nurse and sanitarian is assigned to each public school and to private schools on request.

Community Nursing Service

This division provides part-time nursing and related services in the home under the direction of a private physician. The community nurse assists both patients and their families by the rendering of direct nursing care; instruction of the patient and/or family; assistance in locating the proper community resources for physical, mental, and economic needs.

Dental Health

There are dental clinics in both St. Petersburg and Clearwater. Only indigent children ranging from kindergarten through junior high school are eligible. Not only are these children treated for emergency care but also with a full program of dental care including fillings, extractions, x-rays, prophylaxis, and topical fluoride applications.

Technical Services

This division provides several varied programs such as: 1) investigating non-vehicular accidents such as poisoning and injuries associated with consumer products; 2) locating and removing from the retail level all products that are potentially dangerous; 3) conducting routine inspection and certification of ambulance drivers and attendants;

4) conducting routine inspection and certification of nursing home facilities and institutional homes for the aged; 5) conducting industrial hygiene surveys of places of employment for prevention of occupational diseases and injuries; and 6) inspection of radiation equipment.

Planning Analysis

It would be a simple task to develop a long-range public health facilities plan for Pinellas County if reliable statistical standards existed equating spatial requirements to the needs of the general population. However, no such guides presently exist. Requirements for space devoted to administrative and non-clinically related functions can be based to some degree on the size of the population serviced, but the major portion of the county's health centers are clinics related and, therefore, outside the scope of such calculations.

Due to this lack of statistical standards the need for health centers is determined by the types of medical programs conducted, the socio-economic level of the population serviced and the national, as well as, the local economic climate. As such, it was determined that the county's health facility needs can only be specified on the basis of local circumstances and past experiences. Inquiry to other knowledgeable sources in the field of public medicine and health planning have confirmed this viewpoint.

Local factors used in determining the need for additional health centers for Pinellas County are patient visit statistics, per capita floor space and the geographical distribution of existing centers. Initially, Figure 2 shows that although the county operates four health centers throughout Pinellas County, the actual services offered at each varies considerably.

Figure 3 provides data on the number of patients visiting each health center clinic by program type. Here again, it should be remembered that only the Clearwater and St. Petersburg centers offer all of the health care programs sponsored by the Pinellas County Health Department. Accessing demand is made even more unclear because the Tarpon Springs and Pinellas Park centers do not have the personnel to provide the population of these service areas with even those limited services they do offer. Figure 4 illustrates this disproportionate distribution of manpower between the county health centers. For these reasons, many visits to the Clearwater and St. Petersburg centers originate within the Tarpon Springs and Pinellas Park service areas. Therefore, the number of clinic visits should not be interpreted as being simply the demand of one particular service area.

Figure 2
Primary Personal Health Care Services
Offered By the Pinellas County Health Department, 1975

Administrative Divisions	Tarpon Springs Health Center	Clearwater Health Center	Pinellas Park Health Center	St. Petersburg Health Center
Administrative Services				
Birth Cards				▲
Birth Certificates				▲
Burial/Transit Permits	▲	▲	▲	▲
Death Certificates				▲
Health Certificates		▲		▲
Marriage/Blood Test		▲		▲
Adult Health				
Cardiac Screening	▲	▲	▲	▲
Dermatology		▲		
Diabetes Screening	▲	▲	▲	▲
Glaucoma Screening	▲	▲	▲	▲
Hypoglycemia Screening				▲
Medication Dispensing	▲	▲	▲	▲
Nutrition Counseling	▲	▲	▲	▲
Tonography				▲
Child Health				
Immunization Clinics	▲	▲	▲	▲
Medicaid Screening	▲	▲	▲	▲
School Physicals	▲	▲	▲	▲
Sick Child Care	▲	▲	▲	▲
Sickle Cell Anemia	▲	▲	▲	▲
Well Child Care	▲	▲	▲	▲
Clinics – (Special Locations)	▲	▲	▲	▲
Community Nursing Service				
Nursing Service	▲	▲	▲	▲
Dental Health				
Fluoride Mouthrinse		▲		▲
Plaque Control		▲		▲
Referral Service		▲		▲
Maternal Health and Family Planning				
Family Planning Clinic	▲	▲	▲	▲
Night Family Planning Program – (Special Locations)		▲		
Preventable Diseases				
Foreign Travel Immunization		▲		▲
Hepatitis	▲	▲	▲	▲
Tuberculosis Control		▲		▲
Venereal Disease Control	▲	▲		▲

Source: Pinellas County Health Department

✧ This graphic depicts those seven administrative divisions of the Pinellas County Health Department which deal primarily in personal health care. The other five divisions of the Health Department which provide additional community-wide health services, i.e., environmental health, are not listed.

Figure 3
Pinellas County Health Department's Clinical Visits By Health Center

Programs [⊛]	Clearwater		Pinellas Park		St. Petersburg		Tarpon Springs	
	1971	1976	1971	1976	1971	1976	1971	1976
Family Planning	1,278	2,016	142	1,479	5,327	6,068	341	602
Family Planning Pill Refill	0	1,638	0	1,800	0	5,132	0	647
Maternity	91	4,114	383	3,148	7,982	9,285	386	852
Infant and Child Health	275	1,478	767	1,344	2,670	3,689	291	1,026
School Physicals	194	780	291	0	678	472	125	136
Immunization of Children	2,770	2,334	3,731	3,287	6,141	17,808	453	1,200
Venereal Disease Control	745	3,676	0	0	3,409	9,647	0	189
Foreign Travel Immunization	1,707	2,871	0	0	3,310	3,836	0	0
Medicaid Children Screening	0	1,436	0	3,418	0	12,686	0	786
Tuberculosis Control	1,330	2,000	0	0	2,000	3,000	0	0
Totals	8,390*	22,343	5,314	14,476	31,517	71,623	1,596	5,438
Percent of increase in visits in 5-year period	153%		172%		127%		241%	

Source: Pinellas County Health Department

* Original number was incorrectly calculated as 8,840.

⊛ This category by no means lists all of the programs and services offered by the Pinellas County Health Department. These programs have been selected, at random, to illustrate the tremendous increase in demand placed upon the county's health centers in the last 5-years.

A statistical comparison of the county's health centers and their corresponding populations is depicted in Figure 5. From this comparison it can be seen that center floor areas range from a high of 126 square feet for every 1,000 residents in the St. Petersburg service area to a low of 17 square feet for every 1,000 residents in the Pinellas Park service area, and that this disproportionate ratio increases when comparing clinic space to persons with incomes below the poverty level. Only the Clearwater Health Center, which is less than a year old, is reported to have sufficient floor space available to meet the demands placed upon it, although it is doubtful that this will continue to exist for more than a few years. Additionally, it is clear that the Tarpon Springs and Pinellas Park service areas are in immediate need of additional clinic space due to their present inability to meet the public's demand for health care services. This situation has become so critical in the Pinellas Park service area that its health center has put a limit of thirty visits per day on its examining room, resulting in an unknown number of potential patients being turned away from the health center's door. However, residents of one service area are allowed to attend the health centers in other service areas if their center does not provide them with the specific health care

they need. As a result, only those individuals who have access to some means of transportation which they can use to reach another health center (the minimum distance between any two health centers in Pinellas County is seven miles) have a chance to receive the health care they are seeking. Due to the lack of adequate public health and public transportation facilities in some parts of Pinellas County, it must be assumed that those citizens without access to private transportation may also be going without proper medical attention.*

The location of public health centers is also a very important factor in determining their sufficiency. Planning literature contains numerous debates over whether public health facilities should be centralized or dispersed. Centralization allows for more efficient personnel and equipment utilization and in the medical field these items are major budgeting factors. On the other hand, a health center must be readily available to the people requiring its services. This means that under a centralized system of health centers there must also be an effective public transportation system providing access to these centers. A dispersed system of health centers offers better service accessibility, but unfortunately, it also lends itself to the duplication of expensive equipment, increased maintenance, and less efficient personnel utilization. In Pinellas County public officials have traditionally taken the middle course of action between these two divergent viewpoints. They have placed health centers in areas of the county which make them accessible to the majority of the area's population but unfortunately they are still far enough apart to leave many citizens isolated from the health care they so badly need. This latter situation has been greatly aggravated by the previously discussed limited public transportation facilities within Pinellas County.

* Although some social service agencies within Pinellas County do offer free transportation to and from public health centers, this aid is relatively rare and largely limited to the handicapped and elderly.

Figure 4
Pinellas County Health Department Positions – June, 1977

Administration, Administration Services, Maintenance	St. Petersburg	Pinellas Park	Clearwater	Tarpon Springs	Total
	36	1	9	1	47
Physicians [▼]	7				7
Dentists	1		1		2
Nurse Administrators & Supervisors	7	2	2	1	12
Public Health Nurses	38	12	20	3	73
Licensed Practical Nurses	9	2	5	1	17
Aides	12	3	4	1	20
Health Specialists & Educators	14		1		15
Environmental Samaritans & Specialists	24	6	13	1	44
Laboratory Specialists	7				7
Secretaries, Clerks & Others	39	5	13	2	59
Total	194	31	68	10	303 [♦]

Source: Pinellas County Health Department

▼ Although these individuals are assigned to the St. Petersburg Health Center they periodically travel to the other three health centers in Pinellas County.

♦ 28 of the positions listed above are funded by other organizations. These positions include:

- 10 CETA Workers
- 10 Night Family Planning Project
- 3 WIC (Supplemental Food for Women, Infants & Children)
- 2 Tuberculosis Nurses
- 3 Venereal Disease Field Workers

Figure 5
Comparative Statistics
Pinellas County Health Department Public Health Centers, 1975

	Clearwater	Pinellas Park	St. Petersburg	Tarpon Springs
Total Clinic Visits (Year)	22,343	14,476	71,623	5,438
Daily Clinic Visits	89	57	284	22
Total Examining Room Visits (Year)	14,500	7,680	37,004	3,198
Daily Examining Room Visits	58	30 [♦]	147	13
Age of Facility	1 year	15 years	9 years	19 years
Total Facility Space (sq. ft.)	25,000	3,150 [♥]	33,000	1,610
Clinic Related Space (sq. ft.)	18,750	2,650	21,450	1,449
Percent of total Space used for Clinical Purposes	75%	84%	65%	90%
Percent of total Space used for Non-Clinical Purposes	25%	16%	35%	10%
Service Area Population (1977)	284,120	193,288	260,832	32,860
Number of Persons With Incomes Below Poverty Level [♦]	15,853	15,062	33,589	2,609
Percent of Total Population With Incomes Below Poverty Level	6%	8%	13%	8%
Total Center Space to Population (sq. ft. to 1,000 population)	88	17	126	49
Clinic Space to Population (sq. ft. to 1,000 population)	66	14	82	44
Clinic Space to Persons Below Poverty (sq. ft. to Total)	1.2	.18	.63	.56
Projected 1985 Service Area Population	305,000	226,000	275,000	65,000
Projected 2000 Service Area Population	359,000	281,000	302,000	121,000

Source: Pinellas County Health Department

[♦] There is a 30 visit limit in effect at the Pinellas Park Health Center's Examining Room.

[♥] This figure represents the total facility space of the two Public Health Center buildings in the Pinellas [Park] service area.

[♦] These figures are based on the *1970 Census of Population and Housing* and have been updated by the Pinellas County Planning Department through 1975.

Standards

Taking into consideration the objectives and the present operations of the four Pinellas County health centers, it is apparent that a plan of action is needed to upgrade their quality of medical facilities and the services they now offer. In light of the fact that no state or federal standards presently exist on this subject, an attempt was made to establish a benchmark/standard from which to assess current and future public health care needs. Of particular interest was the data on the new Clearwater Health Center because it was built with matching federal funds in order to bring its service area up to a satisfactory level of performance. According to the data in Figure 5, the Clearwater Health Center has 88 square feet of floor space for every 1,000 people within its service area. At the same time the Pinellas Park and Tarpon Springs centers have 17 and 49 square feet respectively; not surprisingly, these centers appear to take a corresponding drop-off in the services they provide. Only the St. Petersburg Health Center is above the apparently ideal Clearwater Health Center figure with 126 square feet; however, this facility is still considered by health department authorities to be inadequate to meet the demands placed upon it. Further investigation into these conditions reveal two important factors. First, since the St. Petersburg Health Center houses the main administrative offices of the county's Health Department, it uses a higher percentage of its total floor space, 35 percent, for these non-clinically related functions. By comparison it is seen that the three other centers use considerably less of their floor area for these purposes; Clearwater 25 percent, Pinellas Park 16 percent and Tarpon Springs 10 percent.

Secondly, according to Figure 5, approximately 13 percent of the St. Petersburg service area's population lives below the poverty line as compared to eight percent for Pinellas Park and Tarpon Springs, and six percent for the Clearwater service area. Although the exact effects of poverty on public health care are unknown, it is a generally accepted fact that indigents are much more likely to take advantage of the services offered at public health clinics than those more affluent people who can afford an alternative form of treatment.*

It appears that the end result of using floor space for administration and the disproportionate congregation of the poor in one service area is that St. Petersburg Health Center has less of its total floor space to use for medical services; and what space it does use is put under a much heavier burden. This would explain why the St. Petersburg Center, which has the highest per capita floor ratio of all four centers, is still considered to be offering a lower level of service than the Clearwater Health Center whose service is considered to be ideal.

* Current Utilization patterns indicate that indigents are approximately three times more likely to utilize public health center facilities than more affluent individuals.

The above analysis has resulted in a suggested range of between 85 and 110 square feet of health center floor space for every 1,000 residents within each established health planning district (see Figure 1) with an increase in this ratio as a service area's poverty level rises above eight percent of its total population (see Appendix A). Additionally, when planning future health centers, prior consideration must be given to any large amounts of floor space (over 25 percent) to be used by non-clinical functions. Admittedly, such a benchmark/standard is somewhat flexible; however, it is necessary to establish a reasonable point from which to measure present and future public health care needs through the year 2000 for Pinellas County, utilizing the best data available (see Figure 6).

Objectives

The following objectives are attainable targets designed to address outstanding needs within the county's public health care system which can be achieved through the implementation of the policy recommendations contained in this plan. Furthermore, as these objectives are accomplished they will bring Pinellas County closer to its general goal for public health centers.

1. Add new public health centers to the county's existing supply where there appears to be the greatest demand but yet the least amount of service available
2. Enlarge existing public health centers to accommodate the increasing demands placed upon them by the county's rapidly growing population.
3. Replace those public health centers that are no longer adequate to serve the needs of the county's health programs and cannot otherwise be renovated to serve these functions.
4. Encourage the neighborhood concept of providing public health care while centralizing facilities whenever possible in order to take advantage of the economics of scale.
5. Strive to facilitate the accessibility of public health care to all county residents by encouraging existing and future transportation systems to service public health centers from throughout Pinellas County.
6. Administrative and professional positions within the health department should be upgraded, when necessary, in order to enhance recruitment of these skilled individuals.

Figure 6
Projected Need for Additional Public Health Floor Space
1976 – 2000 by Service Area¹

		Tarpon Springs	Clearwater	Pinellas Park	St. Petersburg
Projected Needs: 1976	Population	33,000	284,000	190,000	261,000
	Current Square Feet	1,610	25,000	3,150	33,000
	Range of Expected Need (sq. ft.)	2,805 – 3,630	24,140 – 31,240	16,150 – 20,900	22,185 – 28,710
	Additional Square Feet Needed	1,195 – 2,020	0 – 6,240	13,000 – 17,750	0 – 2,887 ²
Projected Needs: 1985	Population	65,000	305,000	226,000	275,000
	Current Square Feet	1,610	25,000	3,150	33,000
	Range of Expected Need (sq. ft.)	5,525 – 7,150	25,925 – 33,550	19,210 – 24,860	23,375 – 30,250
	Additional Square Feet Needed	3,915 – 5,540	925 – 8,550	16,060 – 21,710	0 – 4,812 ²
Projected Needs: 2000	Population	121,000	359,000	281,000	302,000
	Current Square Feet	1,610	25,000	3,150	33,000
	Range of Expected Need (sq. ft.)	10,285 – 13,310	30,515 – 39,490	23,885 – 30,910	25,670 – 33,220
	Additional Square Feet Needed	8,675 – 11,700	5,515 – 14,490	20,735 – 24,390	912 – 8,525 ²

Source: Pinellas County Planning Department

¹ These figures were adjusted upwards by 25 percent to compensate the high amount of floor space used at the St. Petersburg Health Center for non-clinical purposes and because its service area has an unusually high amount of individuals living below the poverty level (see Appendix A).

² The base range of 85 square feet is predicated upon the federally approved floor space standards for the new Clearwater Health Center. The extended range of 110 square feet represents the estimated square footage needed to accommodate future service area population growth.

Plan Recommendations/Implementation

The Pinellas County Health Department has an immediate and urgent need for health care facilities. Investigation into the current (1977) and projected level of demand for health care services identifies a need for between 35,000 and 60,000 square feet of additional, suitably equipped health center floor space by the year 2000. The following items are the major capital improvements required by the Health Department through the next two decades. They have been arranged in order of their general priority, although such ranking may change as local conditions dictate.

Pinellas Park Service Area

Immediate planning of a new 25,000 square-foot health center (similar in design to the new Clearwater center) to be located near the intersection of 62nd Avenue North and 49th Street North in Pinellas Park. This location would serve the double function of extending medical services into the highly populated Seminole area while remaining near the center of the entire service area's primary user group.

Tarpon Springs Service Area

Replacement of the existing structure with a new 10,000 square-foot health center, on or near the site of the present facility, by 1985. Such a location, although not centrally located within the service area, would provide ideal access to the primary user group of public health facilities.

St. Petersburg Service Area

Construction should be completed by 1990 on a new 10,000 square-foot clinic wing to be located near the present health center. Here again, this site would greatly aid its accessibility to the needy and bring the entire service area up to established standards through the year 2000.

Clearwater Service Area

Construction of a new 15,000 square-foot clinic wing next to the present health center. This action would bring the Clearwater service area up to established standards through the year 2000. However, an alternative to this action would be the establishment of a fifth health center service area sometime later in this decade in the Oldsmar/Safety harbor area. This service area would call for the construction of a new 15,000 square-foot health center to serve the population that is now split between the Tarpon Springs and Clearwater centers. As such, this new center would service the fastest growing portion of Pinellas County while alleviating the intense demand expected to fall on the Tarpon Springs and Clearwater Health Centers in the latter part of this decade. If and when the proposed Oldsmar/Safety Harbor Health Center is built, the need to expand the Clearwater Center between 1980 and the year 2000 would appear to be alleviated; although, the possibility of expanding this facility in future years should not be ruled out completely.

Financing Capital Improvements

The capital improvements program outlined above is a practical midcourse between the extremes of totally centralized or decentralized health centers. This system of limited dispersion is designed to capitalize on the previously discussed economies of scale as they apply to the locating of public health facilities, while at the same time attempting to reach as many of the county's residents as possible. The Pinellas County Planning Department estimates the cost of these improvements to be between \$1,400,000 and \$13,980,000 depending on the amount of square feet constructed, prevailing inflation rates, and the year in which these improvements are made (see Figure 7).

To enable counties such as Pinellas to finance their present and future health center needs, the *County Public Health Facilities Act* (Chapter 154, Laws of Florida) allows every county in the state with a population exceeding 100,000 persons, according to the last state census, to levy a ½ mill tax on all taxable property within each county. The Public Health Center taxation rate for Pinellas County in 1976 (.242 mills) approximates one half this maximum rate and can be relied upon to produce some sizable increases in health center revenue. However, the most likely source for the funding of those capital improvements outlined above is the combination of federal and state grants, which the county is currently pursuing to the fullest extent possible, with the bonding powers of counties as outlined in the aforementioned *County Public Health Facilities Act* (Chapter 154, Part III [F.S.]).

Unfortunately, even the most ideally placed health centers may not be accessible to all of the residents of Pinellas County due to their personal transportation problems; for example, not all people drive or have cars. Apparently, only a comprehensive mass transit system throughout the county would fill this void. Therefore, there would appear to be considerable justification for providing a low cost, possibly free, source of transportation to the patrons of the county's health centers in order to facilitate their receiving proper medical attention.

In conclusion, it must be remembered that the establishment of county health centers is a task of primary importance, requiring a great deal of the area's fiscal resources. Furthermore, as diverse and important as the duties of county government are, few effect the health, safety and welfare of citizens more than the locations of and services offered at public health centers. For these reasons the above recommendations will require numerous policy decisions to be made at both the state and county level. And although there is a need for statewide coordination, there is also, perhaps more importantly, a need for county level policy making by local county officials.

Figure 7
Projected Cost of Public Health Center Capital Improvements
By Year, Inflation Rate and Square Footage

Year	Inflation Rate	Estimated Cost Per Square Foot	X	Anticipated Sq. Footage Needed Minimum/Maximum	=	Total Estimated Cost Minimum/Maximum
1977	-	\$40.00*	X	35,000	=	\$1,400,000
				60,000	=	2,400,000
1985	6%	\$64.00	X	35,000	=	2,240,000
				60,000	=	3,840,000
2000	6%	\$153.00	X	35,000	=	5,355,000
				60,000	=	9,180,000
1985	8%	\$73.00	X	35,000	=	2,555,000
				60,000	=	4,380,000
2000	8%	\$233.00	X	35,000	=	8,155,000
				60,000	=	13,980,000

Source: Pinellas County Planning Department

* This figure has been based on the construction data for the new Clearwater Public Health Center.

Pinellas County Hospitals

Goal

Pinellas County hospitals have as their general goal to efficiently provide a full range of secondary and tertiary health services while avoiding undue duplication and excessive costs.

Inventory

Presently, there are 21 hospitals operating throughout Pinellas County offering an extensive range of medical services and one other hospital which has been built but has not yet opened (see Figure 8). These hospitals, which are quite varied as to their size and other particular characteristics (see Figure 9), are at the following locations:

1. All Children's Hospital, 801 Sixth Street South, St. Petersburg,
2. Anclote Manor Hospital, 1527 Riverside Drive, Tarpon Springs,
3. Apollo Medical Center, 400-30th Avenue South, St. Petersburg,
4. Bayfront Medical Center, 701 Sixth Street South, St. Petersburg,
5. Bay Pines Veteran's Hospital, Bay Pines, Florida,
6. Clearwater Community Hospital, 1521 East Druid Road, Clearwater,
7. Edward H. White II Memorial Hospital, 2323 Ninth Avenue South, St. Petersburg,
8. Lake Seminole Hospital, 9675 Seminole Boulevard, Seminole,
9. Largo Medical Center, 201-14th Street Southwest, Largo,
10. Mease Hospital and Clinic, 833 Milwaukee Avenue, Dunedin,
11. Medfield Center, 12891 Seminole Boulevard, Largo,
12. Metropolitan General Hospital, 7950-66th Street North, Pinellas Park,
13. Morton Plant Hospital, 323 Jeffords Street, Clearwater,
14. Palms of Pasadena Hospital, 1501 Pasadena Avenue South, South Pasadena,
15. Pinellas Horizon Mental Health Center and Hospital, 11300 U.S. Highway 19 South, Clearwater,
16. Hubert Rutland Hospital, 5115-58th Avenue North, St. Petersburg,
17. St. Anthony's Hospital, 601-12th Street North, St. Petersburg,
18. St. Petersburg General Hospital, 6500-38th Avenue North St. Petersburg,
19. St. Petersburg Osteopathic Hospital, 401-15th Street North, St. Petersburg,
20. Suncoast Osteopathic Hospital, 2025 Indian Rocks Road, Largo,
21. Tarpon Springs General Hospital, 1395 South Pinellas Avenue Tarpon Springs,
22. University General Hospital of Seminole, 10200 Seminole Boulevard, Seminole.

[Figure 8, Existing Hospitals 1977]

Figure 9
1975 –1976 Pinellas County Hospital Facilities

General Purpose Hospitals								
Name	Control	Service	Term of Care	Licensed Beds	Annual Admission	Annual Occupancy Rate	Average Length of Stay (Days)	Number of Personnel
All Children's Hospital	Non-Profit	Children's General Hospital	Short	113	4,130	58.7%	5.9	242
Apollo Medical Center	Corp. for Profit	General Medical & Surgical Hospital	Short	216	4,071	53.4%	10.4	296
Bayfront Medical Center	Non-Profit	"	Short	518	13,250	54.4%	7.8	971
Bay Pines Veterans Hospital*	Non-Profit	"	Short	673	6,893	95.1%	24.1	1,495
Clearwater Community Hospital	Corp. for Profit	"	Short	120	4,232	78.7%	8.2	279
Lake Seminole Hospital	Corp. for Profit	"	Short	99	1,874	44.9%	8.7	137
Mease Hospital & Clinic	Non-Profit	"	Short	273	8,246	66.1%	8.0	820
Metropolitan General Hospital	Non-Profit	"	Short	154	2,706	50.5%	10.5	236
Morton Plant Hospital	Non-Profit	"	Short	582	18,641	71.5%	8.2	1,341
Palms of Pasadena Hospital	Corp. for Profit	"	Short	310	7,332	67.7%	10.5	602
Hubert Rutland Hospital	Corp. for Profit	"	Short	210	4,828	49.6%	7.8	297
St. Anthony's Hospital	Church Non-Profit	"	Short	407	14,713	87.5%	8.8	994
St. Petersburg General Hospital	Corp for Profit	"	Short	219	7,491	81.3%	8.7	459
St. Petersburg Osteopathic Hosp.	Corp. for Profit	"	Short	175	2,883	38.4%	8.5	325
Suncoast Hospital	Non-Profit	"	Short	308	6,339	82.6%	11.0	537
Tarpon Springs General Hospital	Non-Profit	"	Short	126	3,523	61.8%	8.1	221
Univ. Gen Hospital of Seminole	Corp. for Profit	"	Short	140	3,928	26.4%	7.4	180
Edward H. White II Memorial Hosp.	Corp. for Profit	"	Short	167	3,276	48.1%	8.8	150
Subtotals				4,810	118,356	62.0% [▼]	9.52 [▼]	9,582

Source: Pinellas County Planning Department

* This hospital has been included in the forthcoming analysis because its health facilities primarily serve Pinellas County residents. This in turn relieves the demand at other county hospitals.

▼ Column Averages.

**Figure 9 (cont.)
1975 –1976 Pinellas County Hospital Facilities**

Special Purpose Hospitals [†]								
Name	Control	Service	Term of Care	Licensed Beds	Annual Admission	Annual Occupancy Rate	Average Length of Stay (Days)	Number of Personnel
Anclote Manor Hospital	Non-Profit	Psychiatric	Long	76	61	98.7%	Not Available	199
Medfield Center	Corp. for Profit	"	Short	32	548	58.1%	12.4	50
Pinellas Horizon	Non-Profit	"	Short	200	950	88.4%	21	105
Subtotals				308	1,559	81.7% [‡]	16.70 [‡]	354
Subtotals from General Purpose above				4,810	118,356	62.0%	9.52	9,582
Comprehensive Hospital Facilities Totals				5,118	119,915	72.0%	13.11	9,936

Source: Pinellas County Planning Department

[†] These hospitals do not receive extensive analysis in this plan due to their highly specialized nature. For more information on the need for mental health hospitals in Pinellas County see Florida Gulf Health System Agency's paper entitled "Mental Health Services."

[‡] Column Averages.

Standards

Although no firmly established standards exist to assess the availability of hospitals, it is still a much less complicated task to develop a statement of need for countywide hospitals than for other types of medical facilities. This is largely due to the fact that several indices of reference have been developed in past years by health planners and medical authorities. One of the most commonly used methods of assessing an area's supply of hospitals is to implement the United States Public Health Service's (USPHS) standard of four licensed hospital beds per every 1,000 residents living in the area under consideration.² This standard assumes that all of these beds are located in hospitals which comply with both the federal and state regulations governing their operation, and that they are fully accredited. Such an assumption is valid regarding the 21 hospitals currently operating in Pinellas County.

Here again, as with public health centers, this reference point is more of a benchmark/standard rather than a firm statement of a community's need for hospitals; because these needs can, in reality, only be determined on the basis of local circumstances and past experiences. Unfortunately, a detailed analysis of the relationship between the health/socio-economic status of the citizens of Pinellas County and their need for hospitals is beyond the scope of this report. However, what is considered to be an extremely reliable assessment of need, by many authorities, can be obtained by analyzing present facility utilization.

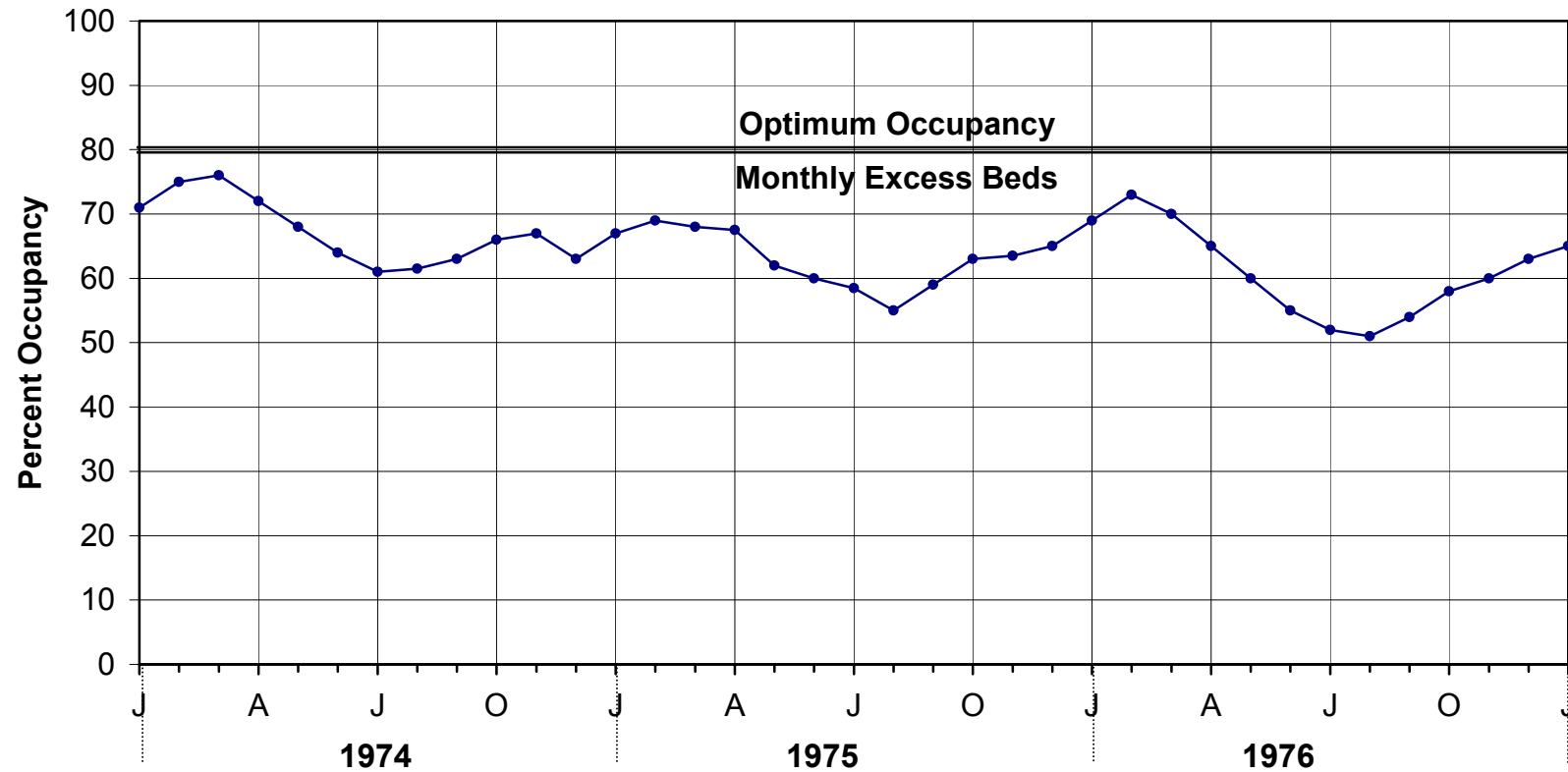
A frequently employed reference point used to measure optimum hospital utilization is occupancy of 80 percent of a hospital's licensed beds.³ If an occupancy level for a particular facility or area is below the optimum level of 80 percent, then the difference between the actual occupancy and the optimum is considered to be excess. On the other hand, if the occupancy level is greater than the optimum 80 percent, then there is considered to be a need for facilities. Those beds beyond the 80 percent mark which, under normal conditions, go unused are needed to accommodate fluctuating patient loads, ensure available treatment of emergency admissions and avoid undue delay of non-emergency cases. The 80 percent occupancy level is considered to be conservative by many health planners and medical authorities. Some hospital experts feel that with the efficient scheduling of admissions and controls over bed use, hospitals with 100 beds or more could operate safely with occupancy levels of 90-95 percent.⁴

As previously mentioned, it is beyond the scope of this report to do a detailed analysis of the health/socio-economic status of the county's population and their need for hospitals; but, it is common knowledge that Pinellas County has one of the largest aggregations of people over 65 years of age, for any county, in the United States, 34 percent.⁵ These citizens exert a very large amount of pressure on the area's health care facilities. Furthermore, Pinellas County is the vacation spot of 3.5 million tourists annually⁶ and the area's hospitals must be prepared to serve their medical needs as well as the needs of the county's permanent and seasonal residents. Figure 10 depicts the monthly occupancy level of those general medical and surgical hospitals operating in Pinellas County from January 1974 through December 1976; not surprisingly, the highest period of utilization corresponds with the county's peak tourist influx which normally occurs during the first quarter of the year. For the above reasons, and because more harm could result to the county's residents and visitors from a dearth rather than a surplus of hospital facilities, the analysis section of this plan will initially employ the USPHS's benchmark/standard of four licensed hospital beds per every 1,000 county residents. Upon completion of this task, further analysis will be conducted on each of the county's 18 general medical and surgical hospitals using the 80 percent optimum bed utilization figure.

Planning Analysis

The USPHS's benchmark/standard of four beds per every 1,000 people indicates that residents of Pinellas County needed 2,979 licensed hospital beds in 1975. At approximately that same time the 18 general medical and surgical hospitals operating in the county contained 4,810 licensed beds or 6.46 beds per every 1,000 people which amounted to an excess of 61 percent or 1,831 licensed beds.

Figure 10
Monthly Occupancy Levels of Pinellas County's
General Surgical and Medical Hospitals 1974–1976



Source: Pinellas County Planning Department

The possibility of an even larger surplus was brought about in 1976 with the completion of Largo Medical Center. This hospital, which has not yet opened its doors due to the reluctance of federal and state authorities to grant it complete certification under the capital expenditures provision of the Social Security amendments (Section 1122, P.L. 92-603), would contribute another 246 licensed beds to the county's existing surplus. Based on the current (1977) population of Pinellas County (771,100), these beds would raise the excess bed supply to 2,077 or 69 percent. This figure would equal 6.56 licensed beds per every 1,000 residents.

The question must obviously be asked whether general national standards, such as those of the Department of Health, Education and Welfare, accurately assess the more specific needs of Pinellas County. Figure 11 attempts to answer this question by displaying the annual occupancy levels at the 18 general medical and surgical hospitals operating in the county. This data confirms the more general trend of an excess bed supply by showing that only four hospitals in the county, Bay Pines, St. Anthony's, St. Petersburg General and Suncoast Osteopathic surpass the optimum annual occupancy level of 80 percent. The remaining 14 hospitals are all below this ideal level. In fact, the average occupancy level for all licensed hospital beds in the county equaled only 62.0 percent in 1976. The data also shows that of the 3,203 licensed hospital beds in the remaining 14 Pinellas County hospitals, only 1,760 are normally occupied throughout the year. The optimum occupancy level of 80 percent would require that 2,562 of all 3,203 beds be filled. These figures indicate that on the average there is a gap or surplus of 802 licensed hospital beds between those normally occupied and the ideal occupancy levels of 80 percent. Again, further confirmation of this trend is shown by Figure 10, which illustrates that even during peak periods of hospital utilization during the last three years, the total occupancy level at all Pinellas County hospitals did not surpass 80 percent for any one month.

In order to facilitate the projection of hospital needs for Pinellas County through the year 2000, the USPHS's standard of four licensed beds for every 1,000 residents has been selected (see Figure 12). Of course, the numbers generated from this benchmark/standard should be periodically adjusted in relation to the maximum occupancy level of 80 percent.

Although it is quite obvious to most citizens that hospital beds are expensive to purchase, it is not quite so apparent that they are also expensive to maintain. A recently completed study conducted in the Tampa Bay area shows that the average annual cost of maintaining an empty hospital bed in Pinellas County was \$14,226 in 1975.⁷ This cost results from the fact that hospital beds, whether they are empty or full, must be housed, maintained, insured, etc., and ultimately these expenses are passed on to the hospital's present and future patients. When the average price of an empty

hospital bed in 1975 (\$14,226) is multiplied by the estimated excess number of beds in 1977 (1,972), it is shown that the cost of this surplus for only one year is approximately \$28,053,672. Furthermore, when this figure is divided by the total number of admissions in the county's 18 general medical and surgical hospitals for 1976 (118,356), it is shown that the average additional charge hospitals must assess each patient in order to recover this expense is \$237. Without question, this money could be better spent elsewhere.

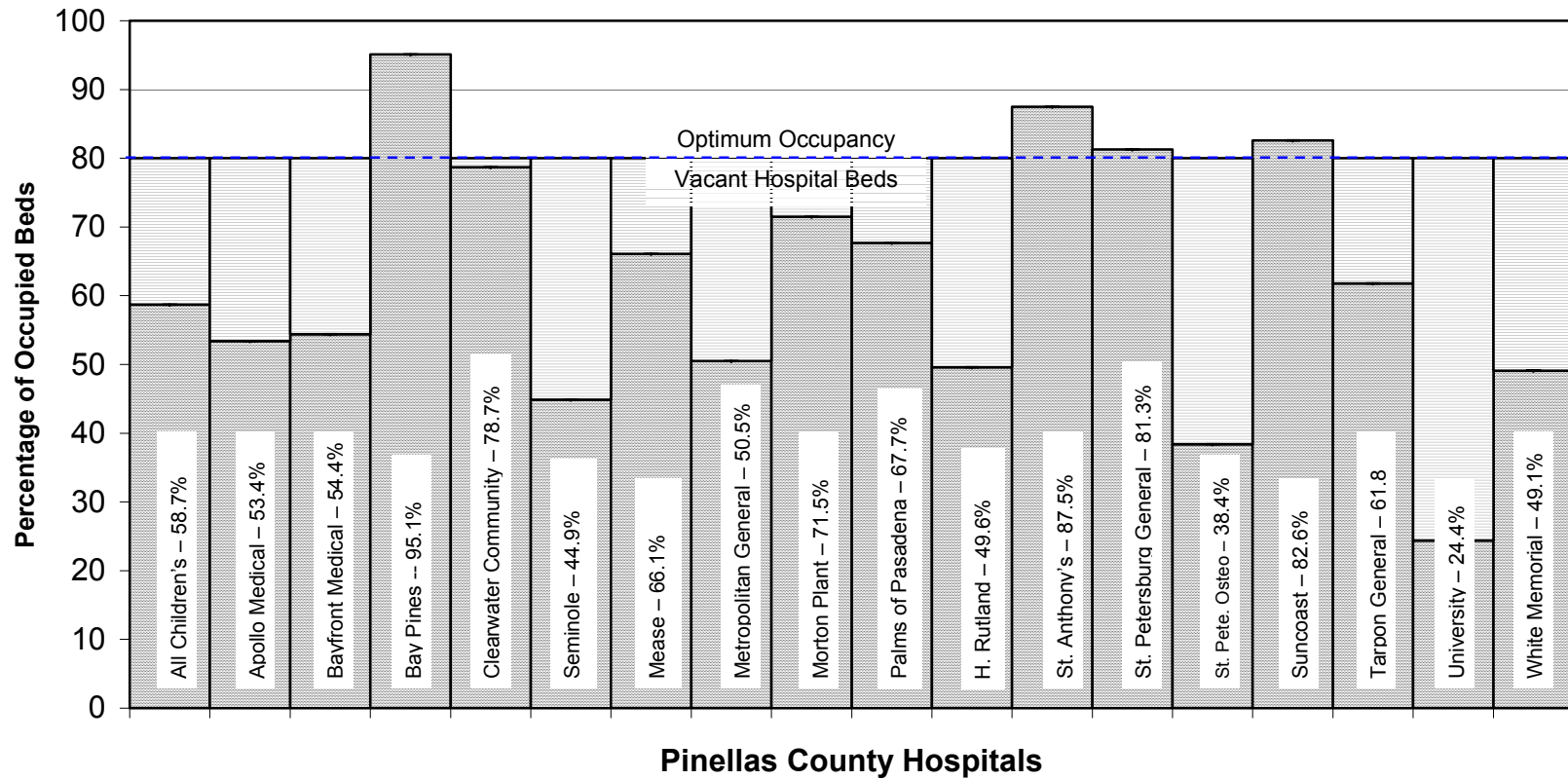
Finally, hospitals like many other community facilities should be made as accessible as possible to the community's residents. Fortunately, the 18 general medical and surgical hospital locations located in Pinellas County are satisfactorily dispersed (see Figure 8), and the great majority are situated on major thoroughfares which reduce the travel time to and from them considerably. In fact, it appears that no one in Pinellas County is more than a 30-minute drive from one of these hospitals. However, there is one portion of the County which is not as equitably serviced by hospital facilities as the rest, it is the area north of State Road 590 (this entire area contains only two hospitals). This situation, when coupled with the estimation that the northern portion of the county will be its fastest growing section through the year 2000, suggests that if and when any new hospitals are built they should be located in this portion of Pinellas County.

Objectives

The following objectives are attainable targets designed to address outstanding needs within the county's network of hospitals; which can be achieved through the implementation of the policy recommendations contained in this plan. Furthermore, as those objectives are accomplished they will bring Pinellas County closer to its general goal for hospitals.

- Constantly strive to assess the impact that new hospital construction, expansion and/or conversion would have on the quality and cost of health services in Pinellas County.
- Add new hospitals to the county's existing supply where there appears to be the greatest demand but yet the least amount of service available.
- Encourage the construction of new hospitals, when necessary, which are designed to operate at high levels of efficiency through their utilization of floor space, manpower, energy and financial resources.

Figure 11
Pinellas County Hospital Occupancy Levels, 1975



Source: Florida Gulf Health Systems Agency

Figure 12
Projected Hospital Beds Needed in Pinellas County 1977 – 2000

Year	Population [*]	Existing Beds [*]	Beds Needed	Over Supply + Under Supply -
1977	771,100	5,056	3,084	+1,972
1985	871,000	5,056	3,484	+1,572
2000	1,062,000	5,056	4,252	+804

Source: Pinellas County Planning Department

^{*} County population figures have been rounded off for ease of computation and are from the Pinellas County Planning Department's *Demographic Study, 1977*.

^{*} This figure includes the 246 beds located at the newly completed, but not yet opened, Largo Medical Center.

- Strive to facilitate the accessibility of public health care to all county residents by encouraging existing and future transportation systems to service hospitals from throughout Pinellas County.
- All residents of Pinellas County should have adequate access to hospital emergency treatment facilities.

Plan Recommendations/Implementation

The preceding analysis indicates that Pinellas County is serviced by an abundance of hospitals. Investigation into the current and projected level of need for hospitals identifies a surplus of approximately 1,500 licensed beds through 1985. In fact, it appears the county will not need any new hospitals until after the year 2000 and if the predicted growth of outpatient medical services continues (Mease Hospital in Dunedin has recently announced plans to build a new outpatient clinic in Safety Harbor), as many medical authorities suggest, the need for these facilities may not come about until many years later. However, if the need for more hospital beds does arise, it is recommended they be located in the northern portion of Pinellas County north of State Road 590 near Safety Harbor and Oldsmar, simply because this area is one of the fastest growing areas of the county and is expected to generate the greatest demand for hospital facilities in the coming years. It is also recommended that if the demand for hospital facilities is substantial that one hospital with a minimum of 250 licensed beds be built in lieu of two smaller hospitals because hospitals with less than 250 beds have consistently been shown to be less efficient and have higher operating costs than those with 250 beds or more.

As mentioned in the analysis section of this plan, hospitals in Pinellas County are presently highly accessible to the general public. This has come about mainly because builders have had the foresight to locate them on freely moving thoroughfares serviced by public transportation systems. Therefore, it is recommended that hospitals and other medical facilities continue to be located within highly accessible transportation corridors. In addition, it is suggested that these facilities be adequately buffered from exposure to the harmful effects of noise and air pollution through the utilization of green open space whenever possible.

Pinellas County Nursing Homes

Goal

The general goal of nursing homes is to provide nursing and custodial services for persons under medical supervision due to physical, environmental, emotional or mental needs primarily related to old age, and who do not require hospitalization.

Inventory

Nursing homes comprise an essential element of almost any urban area's community health network because of the valuable services they provide. Many of these agencies no longer confine themselves to purely custodial care as they have in the past. Instead, the aim of modern nursing homes is more positive and challenging in nature. They strive to:

- A. Provide continuing care for those recovering from surgical or mental disorders.
- B. Assist patients in reaching optimal physical and emotional health.
- C. Provide for the total needs of patients – physical, emotional, and spiritual.
- D. Assist the aging toward and active participation in life.
- E. Provide rehabilitation services when the need exists.
- F. Work cooperatively with other community and social agencies.⁸

Presently there are 53 licensed nursing homes operating throughout Pinellas County (see Figure 13) housing 5,331 licensed beds. These facilities are located as follows:

1. Abby Nursing Home, 855 – 71st Avenue North, St. Petersburg,
2. The Alhambra, Inc., 7501 – 38th Avenue North, St. Petersburg,

3. Alpine, Inc., 3456 – 21st Avenue South, St. Petersburg,
4. Bayou Manor, Inc., 435 – 42nd Avenue South, St. Petersburg,
5. Beach Convalescent Hotel, 8008 Blind Pass Road, St. Petersburg Beach,
6. Beverly Manor Convalescent Center, 550 Ninth Avenue South, St. Petersburg,
7. Bruce Manor, 1100 South Pine Street, Clearwater,
8. Clearwater Convalescent Center, 1270 Turner Street, Clearwater,
9. Clearwater Gardens Nursing and Convalescent Center, 1251 Sheridan Avenue, Clearwater,
10. Colonial Convalescent Home, Inc. 6300 – 46th Avenue North, St. Petersburg,
11. Colonial Manor Nursing and Convalescent Home, 1735 Ninth Street South, St. Petersburg,
12. Concordia Manor, 321 – 13th Avenue North, St. Petersburg,
13. Convalescent Care Center, 550 – 62nd Street South, St. Petersburg,
14. Crown Nursing Home, 5351 Gulf Boulevard, St. Petersburg Beach,
15. Deluxe Care Inn – Palms of Pasadena, 1820 Shore Drive South, South Pasadena,
16. Druid Hills Nursing Home, 905 South Highland Avenue, Clearwater,
17. Geri – Care Nursing Center, 4250 – 66th Street North, St. Petersburg,
18. Golfview Nursing Home, 3636 Tenth Avenue North, St. Petersburg,
19. Good Samaritan Nursing Home, 3127 – 57th Avenue North, St. Petersburg,
20. Gulfport Convalescent Center, 1414 – 59th Street South, Gulfport,
21. Health Center of the St. Petersburg Methodist Home, 125 – 56th Avenue South, St. Petersburg,
22. Highland Pines Nursing Manor, 1111 South Highland Avenue, Clearwater,
23. The Huber Restorium, 521 – 69th Avenue North, St. Petersburg,
24. Jaylene Manor Nursing Home, 896 – 73rd Avenue North, St. Petersburg,
25. Lakeview Manor Nursing Home, 815 Seventh Avenue South, St. Petersburg,
26. Leisure Manor, 336 Fourth Avenue North, St. Petersburg,
27. Majestic Towers Health Center, 1255 Pasadena Avenue South, South Pasadena,
28. Maria Manor Health Care, 10300 Fourth Street North, St. Petersburg,
29. Masonic Home of Florida, 125 – 32nd Avenue, N.E., St. Petersburg,

30. Morningside (Christian Science Home), 6770 – 102nd Avenue North, Pinellas Park,
31. New Fern Restorium, 859 Tenth Avenue North, St. Petersburg,
32. North Horizon Convallarium, Inc., 1301 – 16th Street North, St. Petersburg,
33. Oak Cove Health Center, 210 South Osceola Avenue, Clearwater,
34. Oak Manor Nursing Center, 3500 Oak Manor Lane, Largo,
35. Osceola Inn, 221 North Osceola Avenue, Clearwater,
36. Palm Shores Retirement Center, 830 North Shore Drive, N.E., St. Petersburg,
37. Parkway Nursing Home, 7575 – 65th Way North, Pinellas Park,
38. Pasadena Manor, 1430 Pasadena Avenue South, South Pasadena,
39. Rosedale Restorium, 3479 – 54th Avenue North, St. Petersburg,
40. Royal Nursing Home, 2000 – 17th Avenue South, St. Petersburg,
41. Shore Acres Nursing and Convalescent Home, 45000 Indianapolis Street, N.E., St. Petersburg,
42. South Heritage Convallarium, 718 Lakeview Avenue South, St. Petersburg,
43. Spanish Gardens Nursing and Convalescent Center, 1061 Virginia St., Dunedin,
44. Suncoast Manor, 6909 Ninth Street South, St. Petersburg,
45. Sunshine Convallarium, 1000 – 24th Street North, St. Petersburg,
46. Swanholm Nursing Hotel, 6200 Central Avenue, St. Petersburg,
47. Tarpon Springs Convalescent Center, 515 Chesapeake Drive, Tarpon Springs,
48. Tyrone Medical Inn, 1100 – 66th Street North, St. Petersburg,
49. Victoria Martin Nursing Home, 555 – 31st Street South, St. Petersburg,
50. Whitehall of St. Petersburg, 5601 – 31st Street South, St. Petersburg,
51. White House Nursing Home, 1250 South Fort Harrison Avenue, Clearwater,
52. William & Mary Nursing Hotel, 811 Jackson Street North, St. Petersburg,
53. Wright's Nursing Home, 11300 – 110th Avenue North, Largo.

[Figure 13, Nursing Homes, 1977]

Standards

Unlike licensed hospital beds, there is no nationally applicable standard for determining the need for licensed nursing home beds; simply because of the wide variation which occurs from state to state and within states with respect to the proportion of the total population contained in the 65 and over age category (the primary user group of nursing homes). However, a formula has been developed by medical authorities and health planners that identifies a community's need for licensed beds through the utilization of specific local health care data (see Appendix B).

Quite simply, this formula calls for the assessment of a community's percentage of persons 65 years of age and older who are currently residing in local nursing homes, carrying this percentage forward in time and applying it to the specific year under consideration, and finally raising this figure by ten percent. This last step is an attempt to ensure that the total occupancy level for all the nursing homes will not surpass 90 percent of their total capacity.

The 90 percent figure, which is slightly higher than the optimum occupancy level for hospitals, is employed because the prolonged length of stay which typifies the chronically ill residing in nursing homes mollify the wide day-to-day fluctuations, in occupancy, which characterize general surgical and mental hospitals, thus allowing for this higher optimum nursing home occupancy level. As with hospitals, if an occupancy level for a particular facility or area is below the optimum level, then the difference between the actual occupancy and the optimum is considered to be an excess of facilities. On the other hand, if the occupancy level is greater than the optimum occupancy level, then facilities are considered to be needed.

One word of caution is in order with regard to the previously discussed formula, which is, it implies a constant factor by projecting the current level of nursing home utilization forward into the future. However, it is somewhat unlikely that the demand for licensed nursing home beds will remain constant over a long period of time. This is largely due to the fact that nursing homes and the demand for their services are heavily influenced by the socio-economic policies of the federal government. For example, "Medicaid now pays about 50 percent of the nation's more than \$7.5 billion nursing home bill and Medicare pays another 3 percent. Thus about \$1.00 of every \$2.00 in nursing home revenue is publicly financed."⁹ Furthermore, despite this heavy financial involvement with nursing homes, a coherent federal policy dealing with long-range development of this industry, containing national goals and policies, has yet to be shaped. Although changes in this segment of the health care field are expected in the near future, such changes may reinforce the current trends in this field, upholding long

range nursing home planning or cause massive changes in the industry's entire structure which would necessitate the revision of existing plans.

The Pinellas County Planning Council's staff is cognizant of the above factors; however, this does not lessen the staff's responsibility to plan for the county's long-range nursing home needs. For these reasons, the council's staff has decided to employ the previously discussed licensed nursing home bed formula in order to obtain a benchmark/standard indicating the general need for nursing home beds in Pinellas County. Further analysis will also be conducted on the combined occupancy levels of the 53 licensed nursing homes operating in Pinellas County. These efforts should provide more pragmatic and detailed insights as to where the county stands in relation to its need for licensed nursing home beds both now and in the future.

Finally, it is recommended that similar analysis be conducted periodically as the county's comprehensive plan is updated. The application of this process will have the benefit of not only identifying the county's present and future needs but also should be satisfactorily flexible to assess and adapt to the future industry fluctuations brought about by changes in the nation's socio-economic policies and other relevant variables.

Planning Analysis

Pinellas County has the largest nursing home bed capacity of any county in the State of Florida.¹⁰ Its rapid population growth and the increasing number of older persons in-migrating to this area has spurred the growth of this large number of nursing homes. Figure 14 shows that there has been almost a direct relationship between the proportion of county residents age 65 and over, [and] the number of licensed nursing home beds in the county.

For the most part, the county's high percentage of elderly persons has supported the expansion of the nursing home industry, however, this has not always been the case. Figure 14 shows that the average occupancy level for all nursing homes operating in Pinellas County in 1970 was only 72.6 percent and this average had been declining, for two years, prior to that time. This decline was largely brought about because in 1966, when Medicare began, the regulations governing nursing homes were loosely interpreted. By 1968, the federal government had begun tightening up its regulations governing extended care facilities and nursing homes were in a difficult situation concerning some of their Medicare patients. Patients who had qualified for hospitalization under Medicare found themselves ineligible for extended care payments, even though their physicians had requested they receive such services; and nursing homes, after having sent in the proper Medicare forms following the treatment of these patients, found themselves unable to obtain governmental reimbursement for

their services. Consequently, many patients were discharged from area nursing homes because they could no longer afford to pay the bills. Compounding this problem for nursing homes was the fact that the normal influx of new patients was also interrupted because they could not afford the cost of such health care. As a result, Pinellas County temporarily had an overabundance of licensed beds and many nursing homes had to close; whereas, those nursing homes that did remain in business suffered financial hardships because of low occupancy levels.*

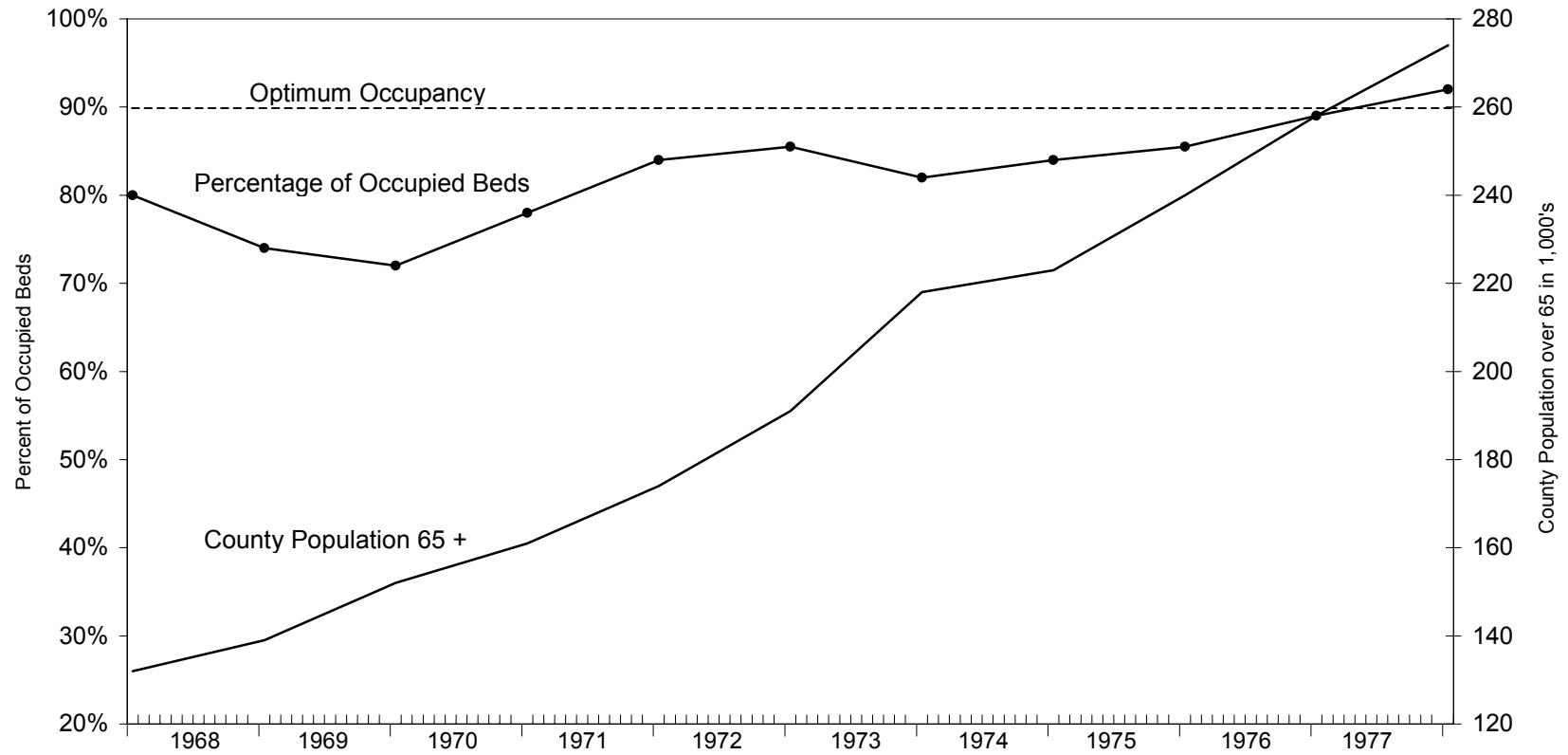
January of 1970 was the turning point in this trend. Since that time, occupancy levels in area nursing homes have shown a steady increase, except for a slight decline between January 1973 and January 1974 which was probably due to the nation's economic recession. In 1975, the occupancy rate in the county's 53 nursing homes was 84.8 percent (see Figure 15), 5.2 percent below the optimum occupancy level. This provided the county with a surplus of 353 licensed beds. At the same time, the immigration of new county residents age 65 and over continued, while construction in the nursing home industry was at a virtual standstill. As a result, the Pinellas County Health Department reports that as of September 1, 1977, there were 5,331 licensed nursing home beds in Pinellas County with an occupancy rate of 91 percent, the highest occupancy level that county nursing homes had experienced in more than 10 years.

Despite the current occupancy level of 91 percent, the nursing home industry has been slow to respond to the situation. In fact, the Pinellas County Health Department is able to identify only one nursing home presently under construction in the county, Oak Bluffs of Clearwater. When this project is completed it will add 62 new licensed nursing home beds to the county's existing supply. However, this increase will do little to keep pace with the rising number of elderly persons residing in Pinellas County.

In order to assess Pinellas County's future needs, the previously discussed licensed nursing home bed formula was applied to the target years of 1985 and 2000. This analysis indicates that if the county is to keep pace with its growing population and increasing number of persons 65 and over, it must add a substantial number of nursing home beds to its existing supply. The Pinellas County Planning Council's population projections show that the county's population will increase by thirteen percent between 1977 and 1985, while the county's percentage of persons 65 and over will rise by 21 percent. This increase will add an additional 57,096 persons to the nursing home user group by 1985.

* This situation illustrates the previously discussed effects changes in federal policies can have on health care programs at the local level.

Figure 14
Licensed Nursing Home Occupancy and County Population 65 and Over, 1968–1977



Source: Pinellas County Health Department

Figure 15
Pinellas County Nursing Homes 1975*

Name	Licensed Beds	Admission /Discharges	Patient Days	Average Length of Stay (years)	% Occupancy of Licensed Beds
The Abbey	152	229	53,953	0.64	97.3
The Alhambra Growney	60	40	21,521	1.47	98.3
Alpine, Incorporation	56	55	19,390	0.97	94.9
Bayou Manor	159	156	54,627	0.96	94.1
Beverly Manor Convalescent Center	262	397	88,721	0.61	92.8
Bruce Manor Nursing Home	70	100	24,150	0.66	94.5
Clearwater Convalescent	120	333	41,114	0.34	93.9
Clearwater Gardens Nursing Convalescent Center	63	164	21,480	0.36	93.4
Colonial Convalesarium	102	197	35,290	0.49	94.8
Colonial Manor	261	293	86,867	0.81	91.2
Concordia Manor	39	30	13,665	1.25	96.0
Convalescent Care Center	120	121	41,705	0.94	95.2
Crown Nursing Home	52	64	17,652	0.76	93.0
Druid Hills Nursing Home	94	281	28,753	0.28	83.8
Geri-Care Nursing Center	304	231	75,405	0.89	68.0
Golfview Nursing Home	56	85	19,402	0.63	94.9
Good Samaritan Nursing Home	58	62	20,964	0.93	99.0
Gulfport Convalescent Center	120	222	17,951	0.22	41.0
Health Center of the St. Petersburg Methodist Home	69	142	22,083	0.43	87.7
Highland Pines Nursing Manor	106	58	29,570	1.40	76.4
Huber Restorium	96	128	34,064	0.73	97.2
Jaylene Manor	70	31	22,320	1.97	86.4
Lakeview Manor Nursing Home	39	33	12,806	1.06	90.0
Leisure Manor	19	47	4,561	0.27	65.8
Majestic Towers Health Center	59	254	14,096	0.15	65.5
Masonic Home of Florida	85	86	25,164	0.80	81.1
Maria Manor Home Care	274	351	65,078	0.51	65.1
Morningside Sanatorium	14	156	4,848	0.09	94.8
New Fern Restorium	117	222	39,582	0.49	92.7
North Horizon Convalesarium	51	94	18,103	0.53	97.3
Oak Cove Retirement Hotel and Health Center	56	76	3,917	0.14	38.3
Oak Manor Nursing Home	120	378	40,721	0.30	93.0
Osceola Inn	13	29	2,549	0.34	74.8
Palm Shores Retirement Center	20	115	8,645	0.21	118.4
Palms of Pasadena Deluxe Care Center	58	272	18,454	0.19	87.2
Parkway Nursing Home	55	125	18,933	0.42	94.3
Pasadena Manor Nursing Home	122	137	39,600	0.79	88.9
Rosedale Nursing Home	200	112	64,855	1.59	88.8
Royal Nursing Home	60	34	19,643	1.58	89.7
Shore Acres Nursing Home	109	166	31,158	0.51	78.3
South Heritage Convalesarium	73	167	24,612	0.40	92.4
Spanish Gardens	93	237	29,250	0.34	86.2
Suncoast Manor	161	199	19,455	0.41	50.1

* Data for the Beach Convalescent Hotel was not available

Name	Licensed Beds	Admission /Discharges	Patient Days	Average Length of Stay (years)	% Occupancy of Licensed Beds
Sunshine Convalescent	120	121	40,306	0.91	92.0
Swanholm Nursing Hotel	276	765	89,463	0.32	88.8
Tarpon Springs Convalescent Center	120	166	40,911	0.68	93.4
Tyrone Medical Inn	59	150	21,104	0.39	98.0
Victoria Martin	50	17	14,165	2.28	77.6
Whitehall Nursing Home	52	16	18,897	3.24	99.6
The Whitehouse	60	56	19,684	0.96	89.9
William & Mary Nursing Home	154	306	30,817	0.36	70.8
Wrights Nursing Home	56	21	19,721	2.58	96.5
Totals	5,234	8,327	1,591,745	0.78	86.6%

Source: Florida Gulf Health Systems Agency

[The above table has been corrected for arithmetic addition errors and may be at variance with earlier editions of the plan, (ed. 2003)]

The growth trend between 1985 and the year 2000 is estimated to be slightly different from that of the preceding period of time. Between 1985 and the year 2000, the county's total population will increase by 22 percent; however, the county's population of persons age 65 and over will decline from 37 percent to 35 percent. This decline is due to the drop of the nation's birth rate during the depression decade of 1925-1935 and the corresponding decrease in the county's elderly population as these individuals reach the age 65 and [older] age category. Despite this percentage decline, the increase in the county's total population should offset this factor adding 49,780 additional persons to the nursing home user group during this 15-year period.

In short, if the nursing home industry is to keep pace with the county's projected growth rate, 1,769 additional nursing home beds must be acquired by 1985 and an additional 1,106 more by the year 2000 (see Figure 16).

Figure 16
Projected Nursing Home Beds Needed in Pinellas County, 1975–2000

Year	County Population	County Population Age 65*	% Of County Population Age 65 +	Existing Beds	Beds Needed	Over Supply + Under Supply -
1975*	744,000	245,807	33	5,234	4,881	+ 353
1977	771,100	262,174	34	5,393*	5,826	- 433
1985	871,000	322,270	37	5,393*	7,162	-1,769
2000	1,063,000	372,050	35	5,393*	8,268	-2,875

Source: Pinellas County Planning Department

* These figures have been rounded off for ease of computation and are from the Pinellas County Planning Department's *Demographic Study, 1977*.

* These figures are based upon actual utilization data not the county's adopted nursing home bed formula.

* This figure includes the 62 licensed nursing home beds presently under construction at Oak Bluffs of Clearwater.

Objectives

The following objectives are attainable targets designed to address outstanding needs within the county's network of nursing homes; which can be achieved through the implementation of the policy recommendations contained in this plan. Furthermore, as these objectives are accomplished they will bring Pinellas County closer to its general goal for nursing homes.

- Constantly strive to assess the impact that new nursing home construction and/or expansion would have on the quality and cost of health services in Pinellas County.
- Add new nursing homes to the county's existing supply where there appears to be the greatest demand but yet the least number of facilities available.
- Attempt to situate nursing homes in the vicinity of community hospitals in order to facilitate professional interaction between the staffs of these two institutions.
- Strive to locate nursing homes in quiet, residential areas whenever possible in order to provide convalescing patients with the most healthy environment possible.
- Strive to facilitate the accessibility of nursing homes to all county residents by encouraging existing and future transportation systems to service nursing homes throughout Pinellas County.

Plan Recommendation/Implementation

The preceding analysis shows that Pinellas County presently has a deficit of licensed nursing home beds and that there will be a need for approximately 2,800 additional licensed beds through the year 2000. For this reason, it is suggested that all possible steps be taken to bring Pinellas County up to established standards. However, instead of simply building new nursing homes as has been traditionally done in the past, it is suggested that whenever possible, the county's surplus of hospital beds now presently in existence be pressed into public service.

Such an action would require very little in the way of facility conversion and the final result could be the savings of millions of dollars. For example, it is currently estimated that there will be a surplus of 1,572 licensed hospital beds in Pinellas County through 1985; each of these beds will cost the consumers of health services approximately \$14,226 annually just to insure and maintain (see the analysis section of the Pinellas

County hospital plan in this document). If just 500 of these vacant hospital beds were converted to licensed nursing home beds and occupied, and if hospital administrators could recover just half of the cost of maintaining these beds, the savings could total more than \$3,500,000 annually. Such an approach is not new; it is currently in operation in a number of areas and there appears to be no reason why such a plan could not be implemented in Pinellas County.* In reality, the conversion of beds may be the only plausible solution to the county's very expensive problem of an excess supply of hospital beds, and this solution could also alleviate the area's need for additional licensed nursing home beds.

The locational criteria for the placement nursing homes within specific sections of the county is of no real significance to public officials, simply because their geographical location is for the most part controlled by the laws of supply and demand. In other words, in order for a nursing home to be successful, it must be situated in an area that has a need for its services (typically and area with a high percentage of persons 65 years of age and older). Potential builders of nursing homes are aware of this fact and seldom need guidance as to where to construct these facilities. However, there could be advantages to placing these long-term care facilities within particular sections of the county. For example, it may be advantageous to locate nursing homes near hospitals in order to facilitate their accessibility to medical personnel and make patient transfers between nursing homes and hospitals more convenient. Figure 17 shows the high degree of interaction which takes place between these two types of facilities. The accessibility of nursing homes to the family and friends of patients could also be greatly enhanced if these facilities, like public health centers and community hospitals, were located just off of major thoroughfares serviced by various forms of public transportation.

Finally, at the present time, nursing homes are permitted in several different zoning categories within the county including commercial districts. It is recommended that commercially zoned land be excluded from consideration for the building of nursing homes, simply because it is felt that most commercial areas are not the proper setting for nursing homes and their placement should be in residential settings.

* However, the conversion of hospitals should only take place when the facilities utilized meet the medical, psychological and social needs of their perspective patients, and when they are consistent with the other recommendations and policies of this subsection.

Figure 17
Origin of Admission and Discharge from Nursing Homes
Throughout the United States 1967 – 1968

	Admissions	Discharges
General Hospital	59.2%	25.5%
Long-Term Hospital	5.2%	1.3%
Mental Hospital	2.3%	1.3%
Another Nursing Home	9.1%	10.5%
Patient's Home or Family	22.4%	40.5%
Other	1.8%	21.0%

Source: Florida Gulf Health System Agency

Summary of Findings and Policy Recommendations

The following policies are presented below to re-emphasize those presented at the end of each chapter in order to illustrate the interrelationship among the county's health care facilities. Additionally, they have been developed in recognition of the goals, objectives and policies of the Florida Bureau of Comprehensive Planning, Division of State Planning and the Tampa bay Regional Planning Council (see Appendix C). In the future, when public officials are implementing any, or all, of these policies, it is recommended they remain cognizant of these interrelationships and act accordingly.

Health Centers

1. Expansion of county health centers and the medical services they offer should be based on each center's current level of service and their projected future needs.
2. Increase the number of professional staff members at those county health centers which are currently under-staffed.
3. Provide free transportation to indigent and elderly persons needing medical assistance who live outside existing public transportation networks.
4. Assist convalescing and disabled persons to remain in their homes by expanding home health care programs and related services.

5. Continue to maintain a countywide health education effort through existing programs, in order to motivate county residents in the utilization of health resources and information.
6. Evaluate the effectiveness of all health care services in promoting and maintaining public health.
7. Continue to implement and expand those public health programs which make the best use of community resources.

Hospitals

1. The need for future hospital construction or expansion should be determined on the basis of detailed studies that indicate the necessity for increasing the supply of such facilities.
2. Hospitals should continue to be built adjacent to freely moving traffic corridors so that they are conveniently accessible to emergency and private vehicular traffic.
3. Local officials should encourage state and federal health care experts to investigate the impact that privately owned hospitals (which refuse to provide low cost or free medical service to indigents) have on publicly owned hospitals.
4. All residents of Pinellas County should have convenient access to the area's hospital emergency treatment facilities.

Nursing Homes

1. State and local health officials should continue to periodically assess the need for future nursing homes in light of the increasing demand for their services.
2. Nursing homes should be built near community hospitals whenever possible in order to encourage inter-institutional activities.
3. Prospective builders of nursing homes should be encouraged to build in residential settings which offer patients a comfortable atmosphere for their convalescence and be prohibited from building in commercially zoned areas.
4. In lieu of building new nursing homes, state and local officials should promote the conversion of surplus hospital beds to licensed nursing home beds as they are needed.

Appendices

Appendix A

Projected Need for Additional Public Health Center Floor Space, St. Petersburg Service Area, 1976 – 2000

The increase of 25 percent was reached for the St. Petersburg Service Area as follows:

A 3 percent increase in total floor space for every 1 percent of the service area's population, above 8 percent, living below the poverty line.

$$(13\% - 8\%) = 5\% \times 3 = 15\%$$

Plus +

A 1 percent increase in total floor space for every 1 percent of total floor space used for non-clinical purposes over 25 percent.

$$(35\% - 25\%) = 10\% \times 1 = \underline{\underline{10\%}}$$

$$\text{Total Floor Space Increase} = 25\%$$

Appendix B

Licensed Nursing Home Bed Projection Formula

Step 1: Determining the Long-Term Average Daily Census of County Nursing Homes

$$\begin{array}{|c|} \hline \text{Projected} \\ \text{County} \\ \text{Population} \\ \text{Age 65 and} \\ \text{Over} \\ \hline \end{array} \times \begin{array}{|c|} \hline \text{County Nursing} \\ \text{Home Patients} \\ \text{Age 65 and Over} \\ \div \\ \text{Population 65 and} \\ \text{Over} \\ \hline \end{array} = \begin{array}{|c|} \hline \text{Daily Census} \\ \\ \text{(Projected} \\ \text{Number of Age 65} \\ \text{and Over In} \\ \text{Nursing Homes)} \\ \hline \end{array}$$

Step 2: Determine the Number of Long-Term Beds Needed

$$\begin{array}{|c|} \hline \text{Long-Term} \\ \text{Average} \\ \text{Daily Census} \\ \hline \end{array} \div \begin{array}{|c|} \hline \text{Desirable} \\ \text{Occupancy Rate} \\ \hline \end{array} = \begin{array}{|c|} \hline \text{Long-Term} \\ \text{Licensed Nursing} \\ \text{Home Beds} \\ \text{Needed} \\ \hline \end{array}$$

Appendix C

Goal, objectives and policies of the Florida Bureau of Comprehensive Planning, Division of State Planning and the Tampa Bay Regional Planning Council.

Division of State Planning

Health Care Resources

A. Facilities

Goal

The provision of facility-based health services that are high in quality but reasonable in cost, respect the dignity of the patient, and make the best use of staff.

Objectives

1. To organize health facilities into regional networks of primary, secondary and tertiary levels of care.
2. To improve continuity of patient care among levels of care.
3. To assure delivery of service on the basis of patient need, at the lowest cost.

Policy

Analysis preformed in connection with the certificate of need process should address the contribution the proposed facility would make toward achieving:

1. A regional network of facilities conforming to the levels of care concept,
2. Continuity of patient care, and
3. Delivery of service on the basis of patient need, at the lowest cost.

B. Manpower

Goal

A sufficient number of well-trained health professionals whose skills are employed most effectively and are available when and where they are needed.

Objective – 1

To overcome the inadequate supply of health manpower in certain categories and to facilitate the entry of individuals into those professions for which there is the greatest need. Some of the professionals are:

Physicians' Assistants

Dentists

Certified Nurse Midwives

Certified Nutritionists

Emergency Room Physicians

Primary Care Physicians

Policies

1. Increase the opportunities for formal residency and continuing education for emergency room physicians.
2. Physicians should be encouraged to receive post-graduate training, particularly those in the field of primary care.
3. Continue operation MEDHIC, which provides employment and education placement services for former military health care personnel.

Objective – 2

To develop methodology and analyze the current and projected need for health manpower as a basis for developing and modifying training programs, and drafting legislation.

Policies

1. Require any proposed academic health manpower training program to be reviewed by the State Health Coordinating Council, and conform to the Comprehensive Development Plan of the Board of Regents.
2. Health educators, health provider associations, and health planning agencies should cooperatively define and foster academic research needs, in the health field, perhaps including:
 - a. The analysis of differences in health care needs among population segments arising from economic, geographic, and social factors,
 - b. The exploration of alternative patterns of health personnel use,
 - c. The projection of the need for health manpower over a six-year period, and

- d. Studies to determine the adequacy of professional education in the area of preventive medicine, including nutrition.
3. Form consortia among vocational-technical schools, community colleges and universities to jointly determine who is to do what in the training of allied health personnel.

Objective – 3

To continue the integration of osteopathic physicians into the health care system.

Policy

Work toward the eventual merger of the State Licensure Boards for M.D.'s and D.O.'s.

Objective – 4

To better meet the needs for health care manpower in underserved areas of the state.

Policies

1. Provide incentives and encouragement for primary care physicians, both M.D. and D.O., opting to practice in underserved areas.
2. Increase the number of hospitals and local medical societies which grant practice privileges and joint membership respectively, to M.D.'s and D.O.'s.
3. Assist communities in recruiting needed primary care physicians, and applying for National Health Service Corps physicians and dentists.

Health Planning

Objectives

1. To assess Florida's population health status.
2. To evaluate the effectiveness of all health resources in maintaining and improving health status.
3. To develop health policies and programs which make the best use of resources in terms of population health.

Policies

1. An interagency task force should be commissioned to study on a short-term basis the need for and practical mechanics of a state health information system.

2. The Office of Health Planning and Development, Department of Health and Rehabilitative Services, should analyze the flow of all money spent in Florida for health. It should then integrate this budget with an operational model of the health system which relates health services to health status.
3. The Office of Health Planning and Development, Department of Health and Rehabilitative Services, should develop a bi-annual state health resource allocation plan. This should be based primarily on known or estimated relationships between the use of health resources and population health status. It should include a method by which priorities may be established among proposed expenditures.

Health Care Delivery and Financing

Goals

1. Adequate health services available and accessible to all, regardless of ability to pay.
2. Effective methods of public and private financing to ensure the development and delivery of needed health services.
3. Efficient use of health care resources.

A. Home Health Care

Objective

To enable more convalescing and disabled persons to receive recuperative, maintenance, and supportive care in their homes.

Policy

Studies should be undertaken by the health system agencies in cooperation with county health departments, public health nursing associations, and visiting nurse associations to document need and program feasibility for home health care.

B. County Health Departments

Objective

To provide basic environmental and preventive health services on a uniform statewide basis.

Policies

1. The Office of Health Programs, Department of Health and Rehabilitative Services, through the county health departments should continue and improve its environmental health services. Contracts for such services should be established, where appropriate, between the county health departments and the Department of Environmental Regulation.
2. The Office of Health Programs, Department of Health and Rehabilitative Services, through county health departments should increase, as feasible, the provision of supplemental health services, such as nutrition counseling, examinations, screening and home visits, especially to the medically indigent.
3. The Office of Health Programs and the Office of Social and Economic Services, Department of Health and Rehabilitative Services, should begin to explore the possibility of providing comprehensive primary care services through those county health departments in underserved areas.

C. Medically Underserved Areas

Objective

To improve the delivery of personal health care in the state's underserved areas.

Policies

1. Florida, in order to fully evaluate its medically underserved areas, should promote research into the quantity, utilization and accessibility of health resources and their relationship to economic and social factors.
2. The state should study the impact of requiring individuals receiving state money to receive an education for the health professions to practice for some time in a designated medically underserved area.

D. Health Services Communication

Objective

To reduce barriers to the delivery of health service posed by time and distance.

Policies

1. Continue the implementation of the 911 emergency number, to include all areas of the state.

2. Facilitate the innovative use of dedicated communication lines to tie remote clinics to teaching hospitals.

E. Health Service Transportation

Objective

To remove or reduce barriers to the delivery of health services associated with transportation.

Policy

Promote the use of specialized transportation services which aid the handicapped and the rural poor to reach service facilities.

F. Cost Containment

Objectives

1. To use public revenue in an efficient manner to meet health care priorities.
2. To devise incentives and controls which limit the costs of providing health services.
3. To educate consumers to seek the appropriate level of health care, and to use health promoting measures.

Policies

1. Intensify the audit and evaluation of government supported health programs.
2. Continue to limit the excess of facilities and equipment, the cost of which is passed on to the consumer.
3. Facilitate the use of generic drugs for prescriptions.
4. Seek the enactment of state legislation to require uniform financial reporting by hospitals.

G. Health Maintenance Organizations

Objective

To provide Floridians with an alternative means of receiving health care, which ensures the availability and accessibility of a comprehensive range of health services financed through a fixed prepaid fee.

Policies

1. The state and regional health planning agencies should work closely with the medical community to promote their involvement with and support of health maintenance organizations.
2. The Medicaid program should immediately begin to develop a specific plan for providing Medicaid eligibles the choice of participating in a health maintenance organization when one is available to them. The Florida Legislature should grant the Medicaid program flexibility in utilizing funds for participation in prepaid health programs.
3. State and regional agencies responsible for the approval of health maintenance organization planning and development grants should perform these reviews in light of the best recent evaluative studies of operational health maintenance organizations.

H. Health Insurance

Objective

To ensure Floridians the opportunity to have health insurance coverage which offers adequate financial security in the event of illness, and contains incentives for preventive health practices.

Policy

The Department of Insurance and the Department of Health and Rehabilitative Services should develop an action plan with specific target dates to meet the objective.

I. Medically Indigent

Objective

To provide, as feasible, through government funds, adequate health services to Florida's population identified as being unable to purchase such services.

Policies

1. Florida's Medicaid program should be gradually upgraded, where feasible, to meet the national average of state participation.
2. Prepaid pilot Medicaid projects should be initiated to evaluate the feasibility of this concept.

3. The *Florida Medicaid Appropriations Act* should be restructured so the greater emphasis is placed on primary care, home health and other preventive services.

Tampa Bay Regional Planning Council

Social Services

The council encourages improvement in the delivery of governmental [and] private social services.

A. Welfare

It shall be the policy of the Council to encourage the improvement of the well-being of all citizens in the region through planning efforts.

B. Health

It shall be the policy of the Council to encourage communities to plan and develop a coordinated system for the delivery of health services which adequately meets the needs of all the people and which emphasizes preventive techniques. Toward this end:

1. Development of methods for the provision of health services for all persons, making the best use of available manpower, facilities, and financing is encouraged.
2. Health planning resources and capabilities of the public and private sectors of the health system should be strengthened and maintained.
3. Plans and policies to reduce and control the maldistribution of health facilities and resources, ensuring geographic accessibility to all health services in the region, are encouraged.

C. Aging

It shall be the policy of the Council to promote the provision of social services for the aging citizen in the planning process.

1. *Attitudes* – Special emphasis should be placed upon improving attitudes regarding aging.
2. *Home-bound* – Services should be designed to help the home-bound aging citizen maintain a dignified living environment and viable contact with the mainstream of society.

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Footnotes

¹ Pinellas County Planning Department, *Demographic Base Study, 1977* (Unpublished First Draft).

² *Federal Register*, Volume 43, No. 60, Tuesday, March 28, 1978, p. 13045.

³ Ibid, p. 13046.

⁴ Florida Gulf Health System Agency, Inc., *Secondary Diagnosis and Treatment* (Unpublished First Draft, 1977), p.9.

⁵ Bureau of Economic and Business Research, College of Business Administration, University of Florida, *Florida Statistical Abstract* (Gainesville: The University of Florida Press, 1976), p. 7 and 14.

⁶ Phone Call, Greater Clearwater Chamber of Commerce, Clearwater, Florida, August 1977.

⁷ Florida Gulf Health System Agency, Inc., *Health Systems Plan 1978*, St. Petersburg, Florida, 1978), p. 75.

⁸ Florence L. McGuillan, *Fundamentals of Nursing Home Administration* (Philadelphia, Pennsylvania, W.B. Saunders Company, 1967) p. 3.

⁹ Special Committee on Aging, United States Senate, Subcommittee on Long-Term Care, *Nursing Home Care in the United States: Failure in Public Policy* (Washington, D.C., United States Government Printing Office, 1975), p. XII.

¹⁰ United States Department of Health, Education and Welfare, Public Health Service, *South-Volume of the Directory of Nursing Home Facilities* (Rockville Maryland: United States Government Printing Office, 1975), p. 32.