

San Francisco General Hospital Medical Center 2004



SFGHMC Mission

It is the Mission of San Francisco General Hospital to deliver humanistic, cost-effective, and culturally competent health services to the residents of the City and County of San Francisco by:

- 👉 Providing access for all residents by eliminating financial, linguistic, physical and operational barriers;
- 👉 Providing quality services that treat illness, promote and sustain wellness, and prevent the spread of disease, injury and disability;
- 👉 Participating and supporting training and research; and
- 👉 The commitment to community involvement and healthcare needs.

SFGHMC Vision

“To be the best public hospital in the country!”



SFGHMC Value

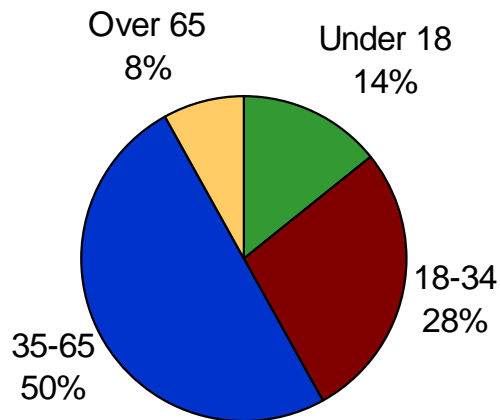
***Is To Promote Access To Services,
Quality Of Care, Patient Safety, Customer
Satisfaction, Staff Morale, Resource Management,
Effective Partnership, and Academic Excellence.***



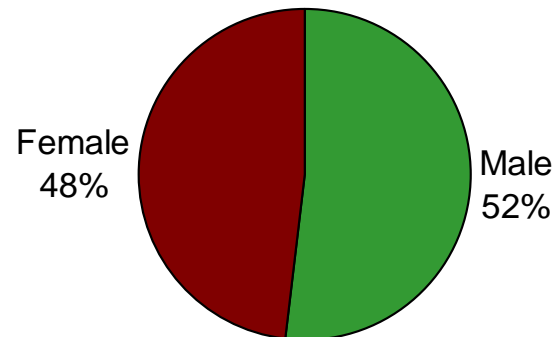
SFGH DIVERSITY OF PATIENTS

FY 2003-2004 N=97,884

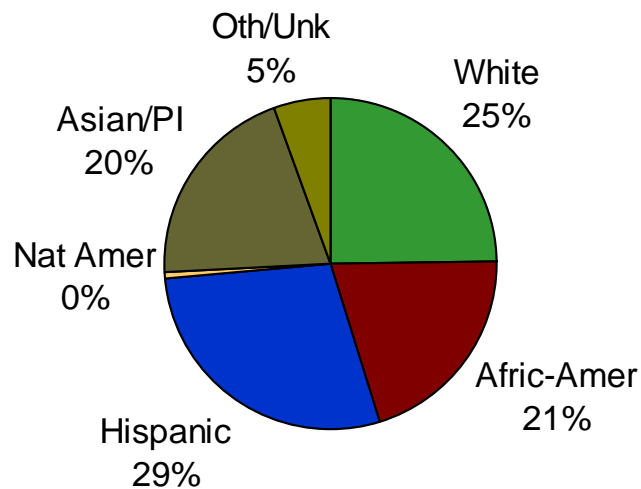
Age



Sex



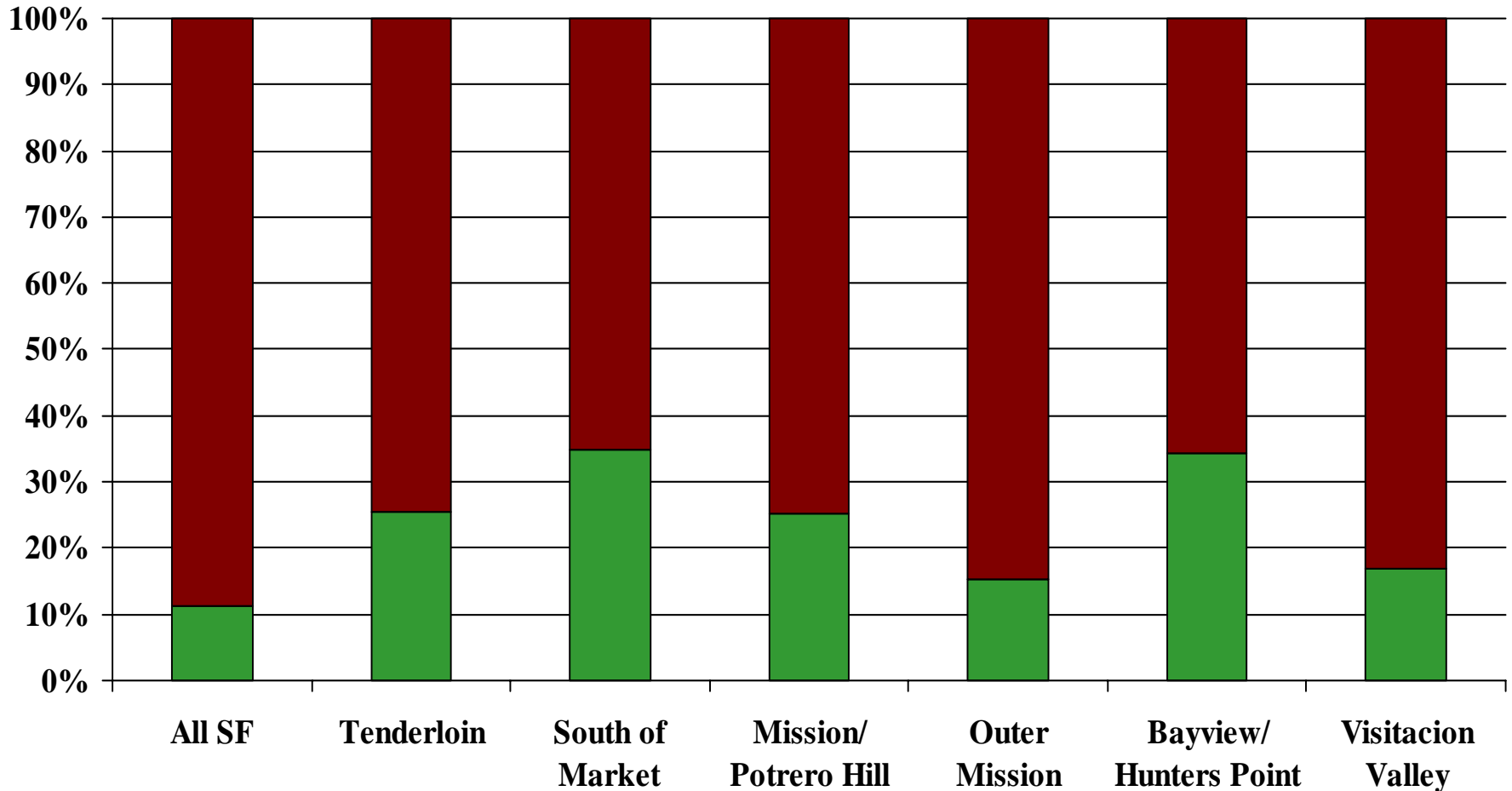
Race



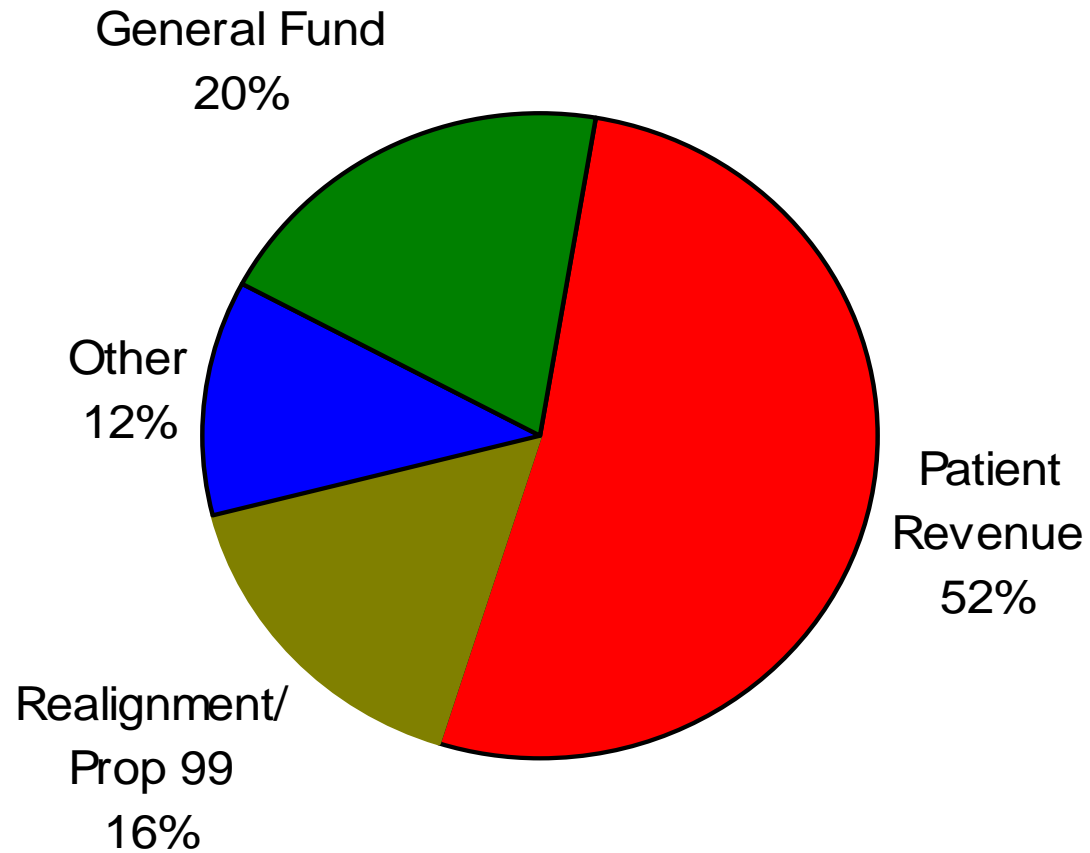
Who we served

- 👉 8% were homeless, on the street, sometime during the year.
- 👉 55% of SFGHMC patients reside in six neighborhoods...

Percentage of neighborhood residents treated at SFGH

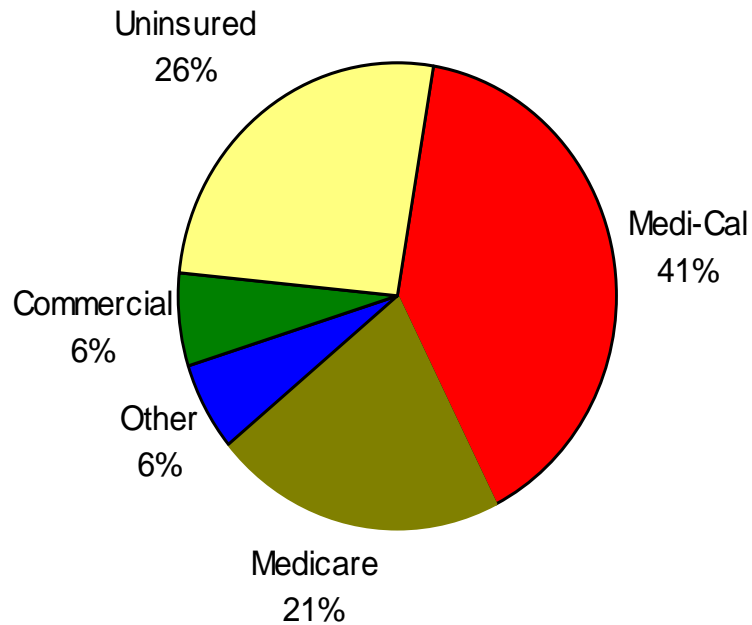


Revenue Sources

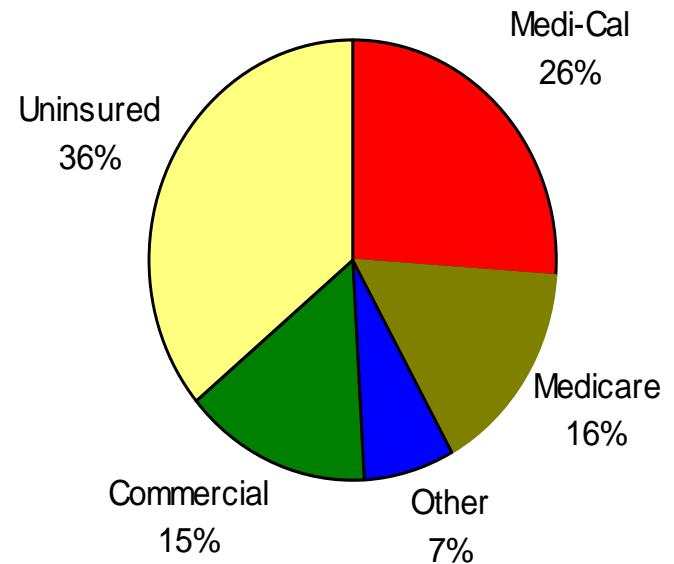


Sources of Patient Revenue FY 2003-2004

Acute Inpatient Days



Outpatient Visits



SFGHMC Staffing

Total of 5,475 Employees:

- 👉 County Employees - 2,800
- 👉 University Employees - 1,800
- 👉 Interns, Residents, and Fellows - 875

Outpatient Clinic Services

- 👉 82,463 patients
- 👉 330,871 visits
- 66% Primary Care
- 34% Specialty or Diagnostic



Inpatient Acute Services

- ➡ 12,692 patients
- ➡ 17,114 admissions
- ➡ 104,811 patient days



Top Admission Diagnoses FY 2003-2004

- ⌘ HYPERTENSION
- ⌘ PSYCHOSIS
- ⌘ NORMAL NEWBORN DELIVERY
- ⌘ HIV DISEASE
- ⌘ CONGESTIVE HEART FAILURE
- ⌘ PNEUMONIA
- ⌘ SCHIZO-AFFECTIVE SCHIZOPHRENIA
- ⌘ CHEST PAIN
- ⌘ SUBSTANCE ABUSE
- ⌘ DIABETES

SKILLED NURSING UNIT

Short term Medical -
Surgical SNF Unit 4A

☞ Average daily census of
27.7

☞ Average length of stay –
22.7 days

Mental Health SNF at
SFBHC Unit 2N and 2S

☞ Average daily census of
54.4

☞ Average length of stay –
95.9 days



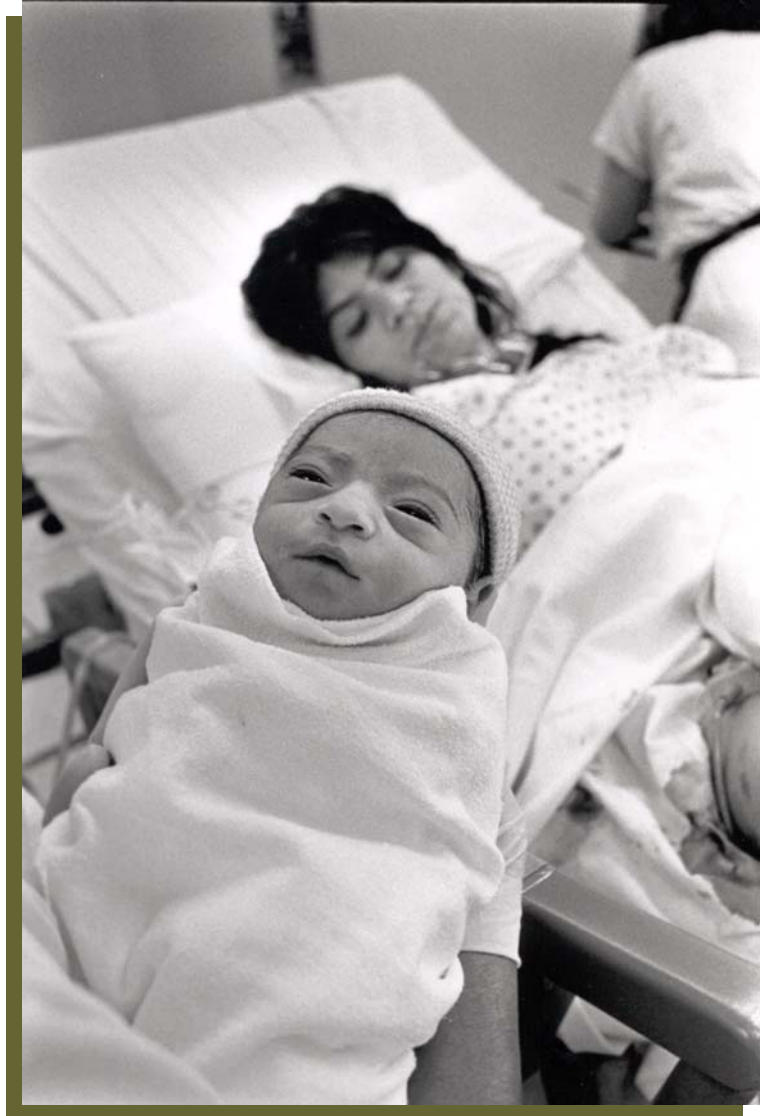
Perioperative Services

- 👉 Ten operating rooms
- 👉 6,053 procedures performed - of which 48% were emergency
- 👉 963,086 surgical minutes



Obstetric Services

- 👉 1,221 babies were born at San Francisco General Hospital



Trauma and Emergency

- ➡ Over 52,000 Emergency Room visits - 16% are admitted
- ➡ Over 7,000 Psychiatric Emergency encounter - 36% are admitted



- ➡ 2,865 adults and children are treated for injuries requiring the trauma activation.

Clinical Accomplishments

2003-2004

- 👉 Opened the Avon Comprehensive Breast Center. Annually, will increase by 5,000 the numbers of mammograms to underserved women.
- 👉 Received transfer of the Mammovan from UCSF, and secured a grant from Avon Foundation to fund the operation of the van for two years
- 👉 Renovated the Cardiac Catheter Laboratory and furnished it with the latest equipment.

Clinical Accomplishments

2003-2004

- ☞ Fulfilled one of the recommendation of the Mayor's MHRF Blue Ribbon Committee by establishing and opening the Mental Health Rehabilitation Center. Submitted application for the Adult Residential Facility.
- ☞ Acquired an Ophthalmology Van to provide services to patients of the community clinics
- ☞ Expanded Urgent Care Clinic services from 38.5 hours a week to 74 hours a week
- ☞ Fully complied with new requirements regarding maximum intern hours

SFGH Goals: FY 2004-2005

- ☞ Improve staff retention and recruitment.
- ☞ Assess and re-design processes and resources to maintain operational efficiency.
- ☞ Maintain favorable variances to budget for both patient revenue and operating expenses.
- ☞ Improve access to outpatient and diagnostic services.
- ☞ Complete Level I Trauma Center verification and designation approval process.

SFGH Goals: FY 2004-2005

- ☞ Plan and design air medical access for SFGH.
- ☞ Plan for the replacement hospital.
- ☞ Participate in the transition to a single DPH information system.
- ☞ Ensure patient placement at the appropriate level of service within the continuum of care.
- ☞ Meet all regulatory standards and regulations.