



SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER

Annual Report
Fiscal Year 2008—2009



Message from Susan A. Currin, MSN, RN, SFGH Chief Executive Officer

It is my great pleasure to present San Francisco General Hospital & Trauma Center's accomplishments for the 2008-09 fiscal year. This has been a year of excitement and change at the hospital, starting with the departure of longtime CEO Gene O'Connell, and my appointment to that role. It is an honor to represent the staff of this vital organization and to serve the City and its residents by providing essential health care and trauma services to all.

This year we also welcomed three new chiefs, Neil Powe, M.D., chief of medicine services, Elena Fuentes-Afflick, M.D., chief of pediatrics, and Chris Barton, M.D., chief of emergency services, a new Chief Medical Officer, Hal Yee, M.D., and a new Chief of Staff, Todd May, M.D. Roland Pickens, formerly the Senior Associate Administrator, was appointed Chief Operations Officer for SFGH. Our new leaders bring immense talent and terrific energy as we chart a course for the future.

And what a time it is! The national spotlight is shining brightly on health care delivery and financing, coverage and care. These are all areas where San Francisco excels. We are proud to be a lynchpin for the city's visionary Healthy San Francisco program that provides universal access to our residents. At SFGH, we provide primary, specialty, hospital and trauma care to thousands of Healthy San Francisco members. Our experience with clinical and operational innovation continues to serve our patients well even as the country debates the future health care system. Speaker of the House of Representatives Nancy Pelosi praised SFGH as a model during an August visit to strengthen health care reform efforts.

We do not yet know how those efforts will turn out, but we do know for certain that no matter what, there will still be a need for what we do. Serving vulnerable populations, delivering top-flight trauma care, conducting cutting-edge research, training the doctors and other healthcare professionals of tomorrow and improving chronic disease care will be essential to our future health care system.

In the report that follows, we present the progress made this year on our hospital-wide goals to promote patient safety, enhance clinical care, promote staff retention and recruitment, maintain hospital infrastructure, comply with all regulatory standards and attain specialty certifications, and maintain services during the hospital rebuild. This work was accomplished by the thousands of dedicated staff who make SFGH such an outstanding place to work and to receive care.

As we look ahead to next year, we face several challenges. The hospital has embarked on a six-year project to build a new, seismically safe building for inpatient care. We also have begun a multi-year journey to achieve nursing "Magnet" status that will strengthen our organization. All of this is occurring during the worst economic downturn in many decades. SFGH is not an island; we are subject to the same pressures as other parts of the public sector and the health care safety net. To meet these challenges, we will continue to build on our foundation of innovation to be more efficient, grow capacity and expand access to quality care even as resources shrink. We will always put patient care first and strive to preserve jobs.

All of our efforts are supported by the stellar leadership provided by the San Francisco Health Commission and Dr. Mitch Katz, Director of the Department of Public Health. Our clinical successes could not have been accomplished without our valued partnership with the University of California, San Francisco, led by Sue Carlisle, M.D., Associate Dean. Our ability to be innovative and creative in our thinking also owes a debt of thanks to our growing relationship with the philanthropic community, starting with our San Francisco General Hospital Foundation, chaired by Judith Guggenhime.

It is a pleasure to present the work of SFGH, which is the result of teamwork among our talented providers and staff. Their attitude and hard work make San Francisco General the heart of the city.

San Francisco General Hospital & Trauma Center

San Francisco General Hospital & Trauma Center (SFGH) is a general acute care hospital within the Community Health Network, which is owned and operated by the City and County of San Francisco, Department of Public Health.

During its 155-year history, the San Francisco County Hospital, later to be renamed San Francisco General Hospital & Trauma Center, has been providing humanistic, cost-effective, and culturally competent health services to the residents of the City and County of San Francisco.

Since its establishment in 1854, providing care to 400 sick people that year, SFGH has evolved into a major academic tertiary care medical center. SFGH is the only trauma center (Level 1) in the City and County of San Francisco, serving 1.5 million residents of San Francisco and northern San Mateo County. SFGH also has a full complement of mental health care from psychiatric emergency services to in-patient psychiatric care and rehabilitation and post-hospitalization care. SFGH has gradually expanded its hospital facilities, providing the community with a complete range of emergency, trauma, inpatient, primary care, specialized medical and surgical services, diagnostic and rehabilitation services.

SFGH has a long history and strong commitment to healthcare education; physician, nurse and health worker training; and medical research. It takes pride in its longtime affiliation, since 1884, with the University of California, San Francisco serving as a major teaching hospital and home to prominent research centers and institutes.

In the November 2008 election, 84% of San Francisco voters passed Proposition A, authorizing an \$887.4 million general obligation bond to finance the rebuild of SFGH. The new state-of-the-art acute care hospital is scheduled to open in 2015.



San Francisco Health Commission

Joint Conference Committee for San Francisco General Hospital

As the governing and policy-making body of the Department of Public Health, the San Francisco Health Commission is mandated by the City & County Charter to manage and control the City and County hospitals, to monitor and regulate emergency medical services, and all matters pertaining to the preservation, promotion, and protection of the lives, health, and mental health of San Francisco residents. The Joint Conference Committee (JCC) for San Francisco General Hospital reviews and approves the policies, operations, and directions of SFGH. Committee members are appointed by the Health Commission President.

The objectives of the JCC are:

- To evaluate, monitor, approve, and maintain the quality of patient care and patient safety;
- To evaluate monitor, approve, and maintain the proper operation of the Hospital;
- To review and approve Hospital policy, as delegated by the Health Commission, including additions, modifications, and deletions to the Hospital Policy and Procedure Manual; and
- To review Hospital revenues and expenditures on a quarterly basis.

Edward A. Chow, M.D., Chair

Commissioner Chow is a practicing internist and is the Medical Director for the Chinese Community Health Plan and Executive Director of the Chinese Community Health Care Association. He is also a member of the Board of Directors of the Institute of Medical Quality (IMQ), a subsidiary of the California Medical Association. He is serving his fifth term on the Health Commission and is currently chair of the San Francisco General Hospital Joint Conference Committee and a member of the Health Commission Finance Committee.

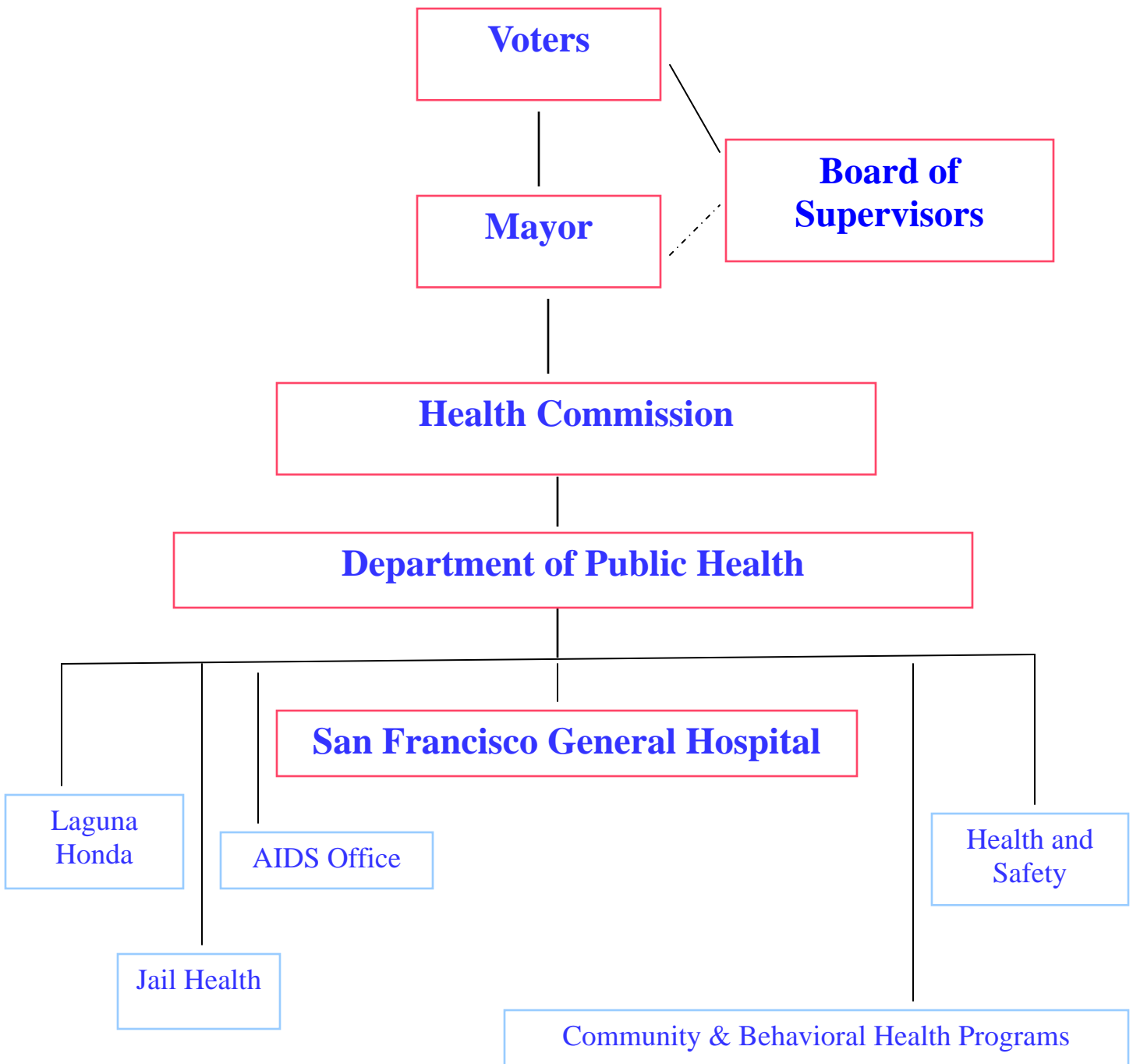
David J. Sánchez, Jr., Ph.D.

Commissioner Sánchez is Professor Emeritus at University of California, San Francisco. He has served as Assistant Vice Chancellor of Academic Affairs, faculty associate for Academic and Student Outreach, and professor in the Department of Family and Community Medicine. He has also served on the National Commission on Health and Vital Statistics, The White House Conference on Children and as one of the first Robert Wood Johnson Health Policy Fellows at the Institute of Medicine serving on both the Senate and House Appropriation Committees. Dr. Sánchez chaired the University of California Institute for Mexico and the United States, and continues as a member of the editorial board for the journal of the Mexican Studies/Estudios Mexicanos. Commissioner Sánchez chairs the Laguna Honda Hospital Joint Conference Committee and is a member of the San Francisco General Hospital Foundation. He has also served on the San Francisco Board of Education and the Community College Board, the San Francisco Police Commission and is Trustee Emeritus of the San Francisco Foundation.

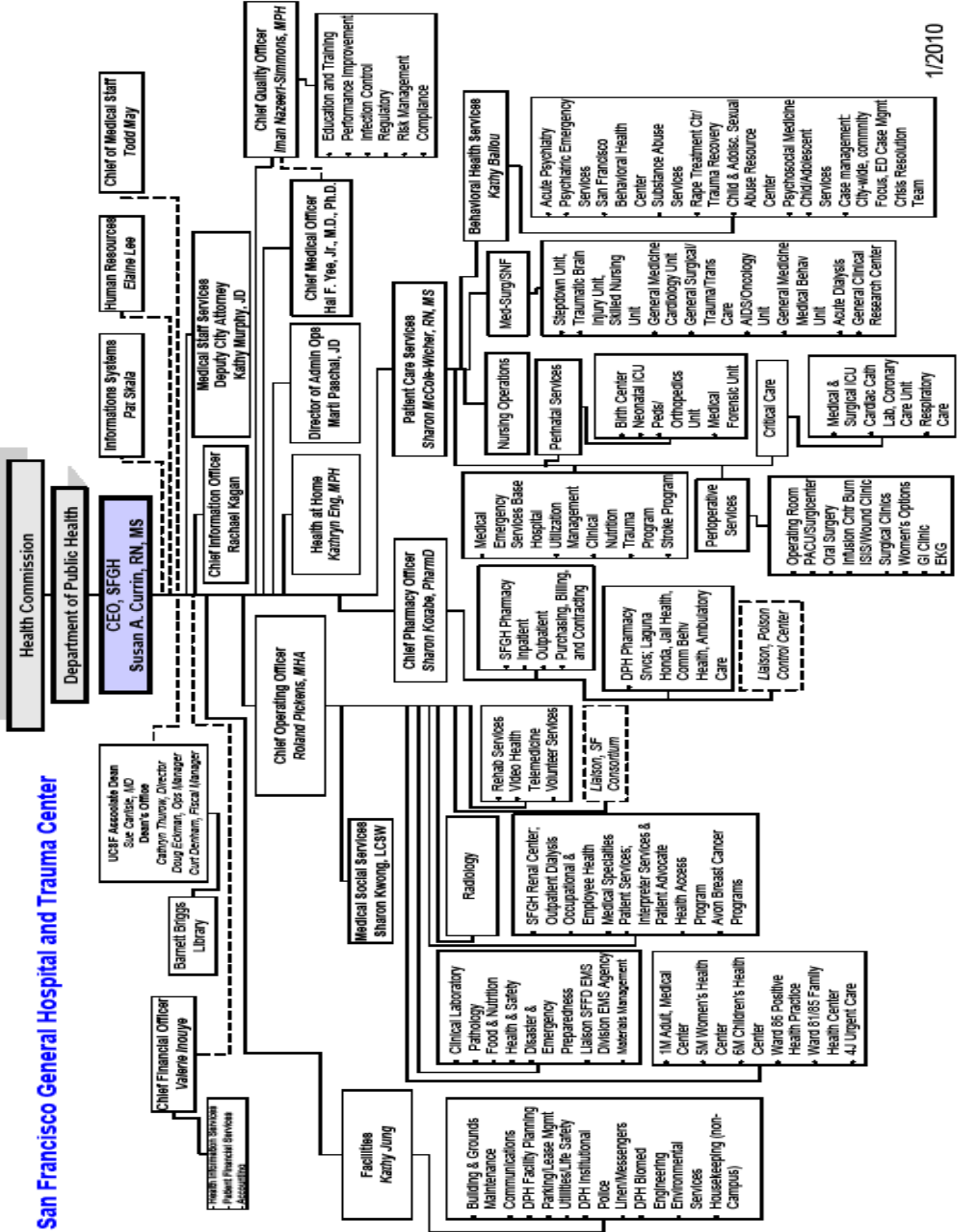
Catherine M. Waters, RN, Ph.D.

Commissioner Waters is a Professor in the Department of Community Health Systems at the UCSF School of Nursing. Her community-based research focuses on preventative healthcare and advancing public/private community partnerships. Commissioner Waters is a member of the San Francisco General Hospital Joint Conference Committee and is the Health Commission representative to the San Francisco Health Plan.

Governance



San Francisco General Hospital and Trauma Center



***SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER
MISSION, VISION, VALUES AND GOALS
FISCAL YEAR 2008 - 2009***

MISSION To provide quality healthcare and trauma services with compassion and respect.

VISION Rebuild SFGH so we can continue to provide healthcare and trauma services for people in need.

VALUES

Patient and staff safety
Quality healthcare
Disease prevention
Staff retention and recruitment
Culturally responsive care
Efficient resource management
Academic excellence in training and research

GOALS

1. Promote patient safety
2. Enhance clinical care
3. Promote staff retention & recruitment
4. Maintain hospital infrastructure
5. Comply with all regulatory standards & attain specialty certifications
6. Maintain services during hospital rebuild



SFGH FY2008-2009 ACCOMPLISHMENTS

GOAL 1: PROMOTE PATIENT SAFETY

As SFGH's number one goal, patient safety underlies every decision we make. In FY2008-2009, SFGH implemented several new programs and procedures with the specific goal of improving patient safety. These activities build upon SFGH's tradition of quality, culturally responsive health care. Highlights include the following:

- SFGH was accepted to participate in the Integrated Nurse Leadership Program - Sepsis Care project which utilizes the Institute for Healthcare Improvement Surviving Sepsis Campaign Model. Sepsis is a severe illness in which the bloodstream is overwhelmed by bacteria. Sepsis kills at least 210,000 people each year. The INLP - Sepsis Care project supports SFGH's patient safety goals through a collaborative team approach for early identification and treatment of sepsis with a reduction in the incidence of mortalities and morbidities.
- SFGH has embarked on a journey that will benefit hospitalized older adults as part of the Support from Hospital to Home for the Elderly (SHHE) grant from the Gordon and Betty Moore Foundation. To support this project, a group of Medical-Surgical registered nurses, nursing leaders, and advance practice nurses attended the February 2009 NICHE Conference (Nurses Improving Care for Healthsystem Elders) in Orlando, Florida. The NICHE Program is a national geriatric nursing program comprising more than 270 hospitals in the U.S. and Canada, promoting exemplary geriatric care. This program is an opportunity to acquire the knowledge necessary to promote patient-centered care for older adults.
- SFGH has increased the use of patient experience data in its performance improvement initiatives. The publicly reported Joint Commission Core Measures data and California Hospital Assessment & Reporting Taskforce data are tied into performance initiatives at the management and frontline levels. SFGH is implementing the Model for Improvement as the performance improvement framework for the hospital and campus clinics. Incorporating data into performance measures has resulted in improved compliance with vaccine measures, improved "Door to Balloon Times" for eligible acute myocardial infarction (heart attack) patients, and improved administration of prophylactic antibiotics, in addition to other improvements. See pages *** for core measures results.
- During FY 2008-2009, SFGH developed a Code of Conduct policy that was implemented hospital-wide and incorporated into the Medical Staff Bylaws. Since its introduction, the SFGH Code of Conduct has become a model for hospitals nationwide.
- SFGH is implementing a "Just & Fair Culture" program at the hospital. A "just culture" is one in which frontline personnel feel comfortable disclosing errors—including their own—while maintaining professional accountability. A just culture recognizes that competent professionals make mistakes but has zero tolerance for reckless behavior. In a just culture, health care providers, patients, and hospital management share a commitment to quality improvement processes. SFGH has taken the initial step of forming a Just and Fair Culture at SFGH task force.



Patient care assistant with an ACE patient

GOAL 2: ENHANCE CLINICAL CARE

Enhancing clinical care is a critical element in our mission to provide quality healthcare and trauma services. To that end, SFGH uses the Model for Improvement, a performance improvement framework, to drive clinical and operational quality. To accelerate the pace of performance improvements throughout the hospital, the Quality & Patient Safety Department launched the SFGH Quality Leadership Academy with interdisciplinary participation from the medical staff, nursing, quality management, pharmacy, and executive staff. To date, the Quality Leadership Academy has trained 95 staff in best practices in conducting performance improvements.



Medication safety practice in the OR: labelling syringes

One example of our efforts to enhance clinical care is the Perioperative Efficiency Project. SFGH's Perioperative Efficiency Project was selected by the California HealthCare Foundation's Improving Safety-Net Hospital Efficiency initiative conducted through a collaboration between CHCF and the University of Southern California, School of Engineering. The Perioperative Efficiency Project provided SFGH with USC faculty and management engineering students focused on improving Operating Room efficiency by targeting turnover time between surgical cases. The strategies and information gained from this project will be shared internally as well as serve as resource information and research data for other safety-net and trauma facilities.

Other measures to enhance clinical care throughout SFGH include:

- Expanding eReferral, the electronic referral system for specialty care, into General Surgery, Health at Home, and Ophthalmology
- Expanding the redesign of the chronic care program by integrating mental health services into the General Medical Clinic and the Family Health Center
- Implementing eScheduling for Ophthalmology patients to increase screening for diabetes and hypertensive patients
- Implementing a palliative care service by obtaining a \$250,000 2-year implementation grant, educating staff, and hiring a hospitalist
- Implementing processes to improve patient flow including the Institute For Healthcare Improvement training of administrative staff; the designation of a psychiatric unit cohort for non-acute Psych patients to free beds for acute patients waiting in Psychiatric Emergency Services; the weekly review of the use of the time spent in Condition Red
- Securing space to establish a Center for Specialty Access & Quality to improve care coordination between SFGH and community providers
- Participating in the Request for Proposals process to select an Ambulatory Care Electronic Medical Record
- Selecting an electronic Emergency Department Information Systems
- Upgrading the electronic Critical Care CareVu Information System

GOAL 3: PROMOTE STAFF RETENTION & RECRUITMENT

SFGH leadership recognizes the value in promoting staff retention and recruitment. Significant activities in FY 2008-2009 include the initial steps to attain Magnet status and the creation of a manager training program.

Magnet status is a designation given by the American Nurses Credentialing Center to hospitals that meet criteria designed to measure the strength and quality of nursing care. A Magnet hospital is one where nursing delivers excellent patient outcomes, where nurses have a high level of job satisfaction, and where there is a low staff nurse turnover rate. Magnet status also indicates nursing involvement in data collection and decision making in patient care delivery.



DAISY Award ceremony

In its pursuit of Magnet status, SFGH conducted a gap analysis, funded by a generous grant from the Gordon and Betty Moore Foundation, to determine our readiness to apply for the Magnet designation. SFGH also initiated a hospital-wide practice council, a long term care practice council, and convened a Nursing Leadership retreat to define the nursing vision, philosophy and strategic plan.

In FY 2008-2009, SFGH launched a new managers training program, SFGH Management Academy 2009. "Strategies for Success" covers a diverse array of training topics including leadership, communication, HR operations/merit systems/labor relations, EEO/ADA, workers' compensation, payroll, budget & finance, risk & quality management, safety & security, purchasing, facilities, environment of care, technology & privacy, and support services.

Other retention & recruitment efforts in FY2008-2009 include:

- Initiating a new graduate RN program for summer and fall 2008 new RNs
- Initiating oversight of clinical nurse educators to unify training program and implement Magnet-focused training programs
- Enhancing healthy food choices for staff by increasing the number of healthy offerings in the vending machine inventories and by pursuing healthy food options in the Campus Café Concession
- Implementing a Smoke Free Campus policy and promoting smoking cessation resources

GOAL 4: MAINTAIN HOSPITAL INFRASTRUCTURE

Given the vast range of equipment, fixtures, utilities, and services needed to operate an acute care hospital, maintaining hospital infrastructure is challenging even during a healthy economic period. During FY2008-2009, SFGH undertook the following hospital infrastructure projects:

- Refurbished and enhanced the hospital's sterilization equipment to optimize processing of equipment
- Continued the Radiology equipment replacement project with the replacement of two CT scanners and the installation of a permanent MRI trailer
- Upgraded existing Radiology chiller to accommodate increased loads resulting from the new radiology equipment
- Ordered emergency generators and initiated design drawings for the installation



Interventional Radiology portable scanner

GOAL 5: COMPLY WITH ALL REGULATORY STANDARDS & ATTAIN SPECIALTY CERTIFICATIONS

As an acute care hospital providing medical, psychiatric, and trauma services, SFGH is regulated by a number of federal, state, and accreditation agencies, including the Centers for Medicare & Medicaid Services (CMS), the California Department of Public Health (CDPH), and The Joint Commission. SFGH is proud to report that during FY 2008-2009, the hospital successfully attained several specialty certifications and continuously improved patient care in accordance with regulatory guidelines.

Certifications

- Attained Joint Commission accreditation for SFGH's Hospital and Long Term Care programs.
- Attained Primary Stroke Certification from the Joint Commission
- Attained relicensure of SFGH's Long Term Care program by the California Department of Public Health
- Maintained compliance with all other state licenses, accreditations, certifications, and audits, including the CDPH Acute Care Facility license, the CMS/CLIA certificate of accreditation, the Alcohol & Drug Program license survey, the CDPH General Medical Clinic and Family Health Clinic San Francisco Health Plan survey, the CDPH Tissue Bank license, the Department of Corrections/Title 15 licensing survey, the Department of Health Services Long Term Care Fire & Life Safety licensing survey
- Attained recertification of the life safety courses by the American Heart Association
- Attained recertification by CDPH as a Newborn Hearing Screening Provider



Ensuring accurate patient identification

Regulatory standards

- Complied with the Centers for Medicare and Medicaid Services mandate on hospital-acquired conditions by convening a multidisciplinary task force to plan and initiate strategies for compliance
- Complied with all required infection control mandates, including Senate Bills 158 and 1058 by implementing all surveillance and reporting requirements; incorporating MRSA screening into the electronic admission database; and implementing a Healthcare Associated Infection review and sentinel event reporting process
- Updated the Medication Error Reduction Plan as new information regarding medication use safety and error reduction became available

Citywide climate action plan

Compliance with regulatory standards includes those established by the City and County of San Francisco. SFGH has made great strides in implementing the citywide climate action plan. Facilities began testing low/no Volatile Organic Compound interior paints in accordance with the San Francisco Bay Area Air Quality Management District guidelines. Food & Nutrition Services began receiving more local produce and revised the menus to avoid out of season and imported produce. The unit also began researching the feasibility of switching to free trade coffee, cage free eggs, and local meats and poultry and initiated efforts with the City Purchaser to purchase RBH-free dairy products (RBH-free milk is already used for cafeteria and patient meals).

SFGH has also expanded waste diversion by implementing the separation of compostables from trash in the Patient Meal services area; providing used cooking oil to the San Francisco Public Utilities Commission for use as bio-fuels; and initiating the recycling of “blue wrap,” a spun-bonded polypropylene fabric used to wrap surgical trays.

Five-Star Rating

On December 18, 2008 the Centers for Medicare & Medicaid Services (CMS) unveiled the “Five Star Rating System” on Nursing Home Compare. Nursing Home Compare is one of the options on the federal website, Medicare.gov, providing information about nursing homes that are certified to participate in Medicare and/or Medicaid and also provide skilled nursing care. Of the seven hospital-based or distinct/part skilled nursing facilities (D/P SNF) in San Francisco, SFGH was the only one to receive an overall rating of five stars.

The D/P SNF at San Francisco General Hospital and Trauma Center has two components. The SFGH 4A 30-bed medical SNF provides skilled nursing to hospital patients who no longer require acute-level care; the San Francisco Behavioral Health Center (BHC) 59-bed psychiatric SNF provides skilled nursing and psychiatric care to patients who have both severe mental illness and medical conditions which require 24-hour nursing care.



San Francisco Behavioral Health Center

GOAL 6: MAINTAIN SERVICES DURING HOSPITAL REBUILD

On November 4, 2008, 84% of San Francisco voters passed Proposition A, an \$887.4 million general obligation bond measure to finance the rebuild of SFGH to meet California seismic regulatory requirements. The new acute care hospital will house 284 inpatient beds, 32 more beds than the current hospital, and will feature a state-of-the-art environment designed to reduce errors and infections and improve quality and patient care. The nine-story (seven above ground, two below ground) 448,000 square-foot building will be LEED (Leadership in Energy and Environmental Design) certified and will feature a seismically compliant design allowing the building to move 30 inches in any direction. The new hospital is scheduled to open in 2015.



Fong & Chan Architects rendering: main entrance

A construction project of this magnitude requires managing multiple phases simultaneously and is further complicated by the need to maintain services on the SFGH campus during the rebuild. Throughout the rebuild period, SFGH will work closely with Webcor, the general contractor, to minimize the impact of the project on patients and staff. Several key projects were either completed or initiated during FY2008-2009, ensuring that the rebuild will proceed on time and within budget:

- Received approval for a Senate Bill 306 extension, allowing a delay in compliance to extend the current 2013 deadline to 2020
- Completed the design development phase and began work on the construction document phase
- Obtained a Conditional Use Permit from the Planning Commission to allow construction
- Obtained Civic Design Review Phase 2 approval
- Implemented Lighting, Electrical, and Equipment user groups for the construction document phase
- Enabled the relocation of service utilities without disruption to essential services
- Developed a program plan for the reconfiguration of the ground floor departments that will be affected by tunnel construction



Fong & Chan Architects rendering: Potrero Avenue walkway

- Continued implementation of the Transportation Demand Management Program for compliance with the Environmental Impact Report mitigation
- Obtained an offsite parking lot and shared shuttle to offset lost employee parking (arranged by Webcor)
- Continued to keep the community informed by holding town hall meetings and distributing newsletters to local residents and businesses

GRANTS, AWARDS & RECOGNITION

Programs

SFGH Family Health Center received a \$25,000 **California Pacific Medical Center 2008 Community Health Programs Grant** for its Health Coaches for Youth Program. The grant allowed the Family Health Center to expand the adolescent and young adults clinic and to incorporate health coaching into work with young people, particularly vulnerable and underserved groups such as foster care youth aging out of children's services.

The **San Francisco General Hospital Foundation** has won a \$1.15 million grant from the **Avon Foundation** to fund SFGH's breast cancer detection and treatment programs. The grant will fund upgrades to mammography equipment, augment funding for clinical trials and peer support programs for patients, and provide continued support to the **Avon Comprehensive Breast Care Center**.

The **Bay Area Air Quality Management District** selected the **SFGH Bicycle Lockers Project** for a \$10,800 grant award as part of BAAQMD's Bicycle Facility Project. The grant will be used for the purchase of 12 new lockers to store an additional 24 bikes.

In September 2008, the **Gordon and Betty Moore Foundation** awarded SFGH a \$4,035,764 research grant for the development of a **transitional care program** through the **Center for Vulnerable Patients**. The transitional care program targets the 60+ hospitalized population with strategies to reduce readmissions, improve health outcomes and decrease associated cost. Numerous strategies and care models will be incorporated into the patient plan of care including discharge planning, patient and family education, home visits by home health workers, and follow-up phone communication. The various modalities and combined strategies will be evaluated to determine the most effective plan of care in reducing readmission and improving outcomes.

Transforming Care at the Bedside (TCAB) is a national partnership between the **Robert Wood Johnson Foundation** and the **Institute for Healthcare Improvement (IHI)**. The partnership provides a framework for change that engages frontline staff to improve the quality and safety of patient care on medical and surgical units. This model of care is based on improvements in four categories: safe and reliable care; vitality and teamwork; patient-centered care; and value-added care processes. There is a large body of research showing improved patient outcomes (e.g., decreased length of stay, reduction of pressure ulcers and falls incident rates) when nurses spend more time in direct care. The Robert Wood Johnson Foundation awarded SFGH scholarships to participate in the IHI TCAB initiative. Approximately 40 hospital teams are enrolled in the TCAB Community IHI IMPACT Network with SFGH one of the few public hospitals enrolled.

SFGH received a \$40,000 grant from the **Gordon and Betty Moore Foundation - Bay Area Journey to Nursing Excellence Grant Program**. The grant allowed SFGH to contract with an external consultant from the American Nurses Credentialing Center to provide an assessment, guidance, and educational services in support of SFGH's journey to nursing excellence and Magnet designation.

The **University of California at Davis Human Lactation Center** and the **California WIC Association** ranking of breastfeeding rates in California hospitals highlighted SFGH's exclusive breastfeeding rate of 88.9% and **Baby-Friendly Hospital** certification, noting that "San Francisco General is proof that policies matter when it comes to breastfeeding support."

On November 4, 2008, the **California Association of Public Hospitals** and the **Safety Net Institute** awarded San Francisco General Hospital's "**Baby Friendly Hospital Initiative**" an Honorable Mention for the 2008 Quality Leadership Awards.

GRANTS, AWARDS & RECOGNITION

The **Homeless Prenatal Program** honored the **SFGH 6-C Birth Center** nurses at their 2008 Gala for their commitment to serve and care for the homeless pregnant women and their families. All HPP patients deliver their babies at SFGH.

APA Family Support Services honored **San Francisco General Hospital** at its 21st Anniversary Celebration Dinner on July 18, 2008. SFGH was recognized for its many years of support serving children and families.



Pediatrics

Staff

The **Patient Safety Hero Award** was created to acknowledge the diligence and hard work of staff who have contributed to patient safety. Managers, supervisors and directors can nominate staff for contributions to public safety, including near misses ("Glorious Saves"), identification of a systems issue that may affect patient safety, and patient, visitor or family/support system feedback.

2008-2009 Patient Safety Hero Awardees:

June 2009: Ana Claudia Pereira (Operating Room) Patient advocacy related to consent

May 2009: Redean Seeley (Labor and Delivery) "Glorious Save" related to registration

April 2009: Nicole Pin and Francis Vallesteros (Operating Room) "Glorious Save" related to surgery

February 2009: Blanca Ayala and Vicky Urbano-Jaime (5-M Clinic) Excellence in patient advocacy

January 2009: Josephine "Joy" Macaraig (5-C) Excellence in nursing care

December 2008: Ana Perucho (Patient Advocate) Excellence in patient advocacy

November 2008: Lauren Cortese (5-E) "Glorious Save" related to blood administration

September 2008: Marilyn Dobbas (Nursery) “Glorious Save” related to the administration of Heparin

Nurses

DAISY Award for Extraordinary Nurses:

Michael Arsenault, RN, Unit 5E/5R, Critical Care

Katie Aschero, RN, Unit 4B, Med/Surg Stepdown Unit

Edith Barrera, RN, Unit 5C, Acute Care for the Elderly/Medical Behavioral Unit

Kimberly Cates, RN, Unit 7A, Psychiatry

Monni Efross, RN, Unit 6C, Birth Center

Mylene Espiritu, RN, Unit 4D, Trauma Unit

Susan Orosz, RN, Emergency Department

Julie Peterson, RN, Unit 5E/5R, Critical Care

Quevedo-Maghinang Purificacion, RN, Unit 5C, Acute Care for the Elderly/Medical Behavioral Unit

O’Connell Society Award for Advancing the Profession of Nursing:

Christine Martin, Clinical Nurse Specialist, Neurological Trauma

Carlos Salazar, Nurse Manager, Tom Waddell Clinic

SFGH Friend of Nursing Award:

Gene Marie O’Connell, former CEO

Mildred Crear Award:

Miranda Loo-Narahar, RN, Public Health Nurse

Physicians

Among the many awards received by SFGH physicians during FY2008-2009 were the following:

The following SFGH physicians received **Hellman Family Foundation Awards** in support of their demonstrated promise and creativity in research or other scholarly activities:

Kamran Atabai, M.D., to study molecular pathways that may ultimately serve as targets for pharmacological therapy for the treatment of fibrotic disease.

Judith Hahn, M.D., to conduct biomarker testing of plasma samples to estimate the level of heavy alcohol consumption among HIV positives initiating antiretroviral therapy in Mbarara, Uganda.

Renee Hsia, M.D., for research to determine whether or not there are disparities in access to emergency care, particularly for vulnerable populations.

Sara Newmann, M.D., to research fertility desires and family planning among HIV-infected couples in Nyanza Province, Kenya.

Seven SFGH physicians received "**Excellence in Teaching Awards**" from the Haile T. Debas Academy of Medical Educators: Eric Isaacs, M.D., Martine Sargent, M.D., George Saba, M.D., Bradley Lewis, M.D., Katie McPeak, M.D., Emily Lee, M.D., Rochelle Dicker, M.D.

Elizabeth Harleman, M.D. and Anda Kuo, M.D. received the **Siu Award** from the Haile T. Debas Academy of Medical Educators.

The following SFGH physicians became members of the **Haile T. Debas Academy of Medical Educators**: Leila Alpers, M.D., M.S., Anda Kuo, M.D., Kevin Mack, M.D., M.S.

SFGH is proud of our accomplished physicians who are nationally recognized as leaders in their fields. Here is a selection of some of our distinguished faculty, listed by medical service.

Emergency

Robert C. Mackersie, M.D., 2008 President, HC Naffziger Surgical Society, University of California, San Francisco

Family & Community Medicine

Kevin Grumbach, M.D., received the California Campus Compact's 2009 Richard E. Cone Award for Excellence and Leadership in Cultivating Community Partnerships in Higher Education.

Medicine

Phil Hopewell, M.D., received the John Murray Award.

The 2008-2009 Distinction in Mentoring Award for a faculty at the Assistant or Associate rank was given to Priscilla Hsue, MD, Assistant Adjunct Professor in the Department of Medicine, Division of Cardiology at SFGH, in recognition of her outstanding mentorship.

Gabe Ortiz, M.D., was inducted into Alpha Omega Alpha.

Ma Somsouk, M.D., received the American Society for Gastrointestinal Endoscopy Career Development Award and the UCSF Resource Allocation Program Underrepresented Minority Award

Daniel Wlodarczyk, M.D., was inducted into Alpha Omega Alpha.

Hal Yee, M.D., Ph.D., was elected President, Western Society for Clinical Investigation, became the Chair of the Public Policy Committee of the American Association for the Study of Liver Diseases, and received the 2009 Hero Award for Exceptional Service to San Francisco from the SFGH Foundation.

Pediatrics

Katie Fabulosa McPeak, M.D., received an Excellence in Teaching award from the Academy of Medical Educators, July 2008.

Christopher Stewart, M.D., was inducted into Alpha Omega Alpha.

Psychiatry

David Elkin, M.D., received the Osler Distinguished Teacher Award and the Clinical Teaching Faculty Award.

Kevin A. Mack, M.S.,M.D., was chosen by the 2008 graduating class to read the Oath of Louis Lasagna and was recruited by the World Health Organization to direct medical education efforts for physicians in Africa.

Surgery

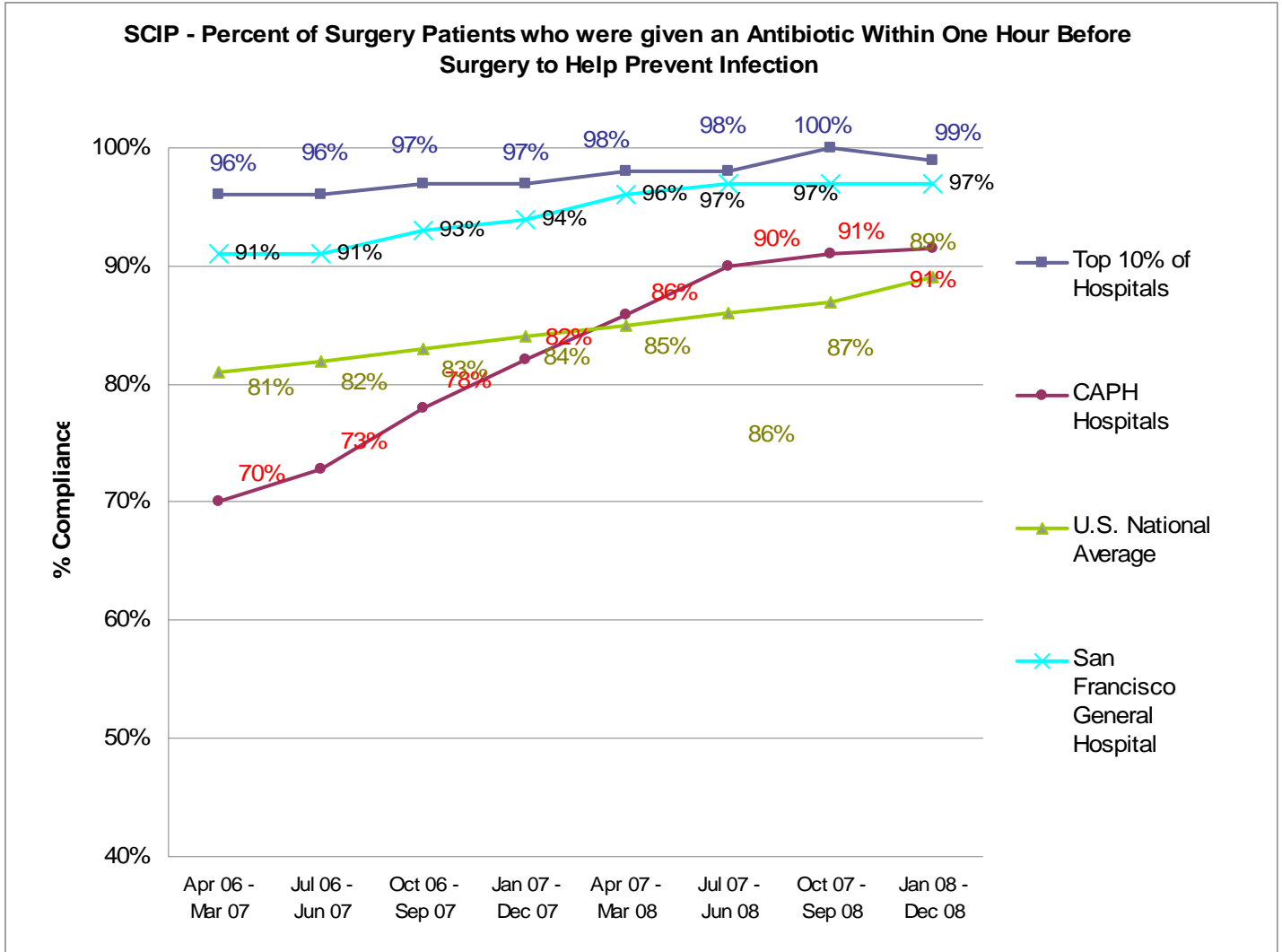
Andre Campbell, M.D., was inducted into Gold-Headed Cane Society.

Michael West, M.D., was listed in the Marquis' Who's Who in Medicine and Healthcare for the 7th straight year and the Marquis' Who's Who in Science and Engineering for the 6th year.

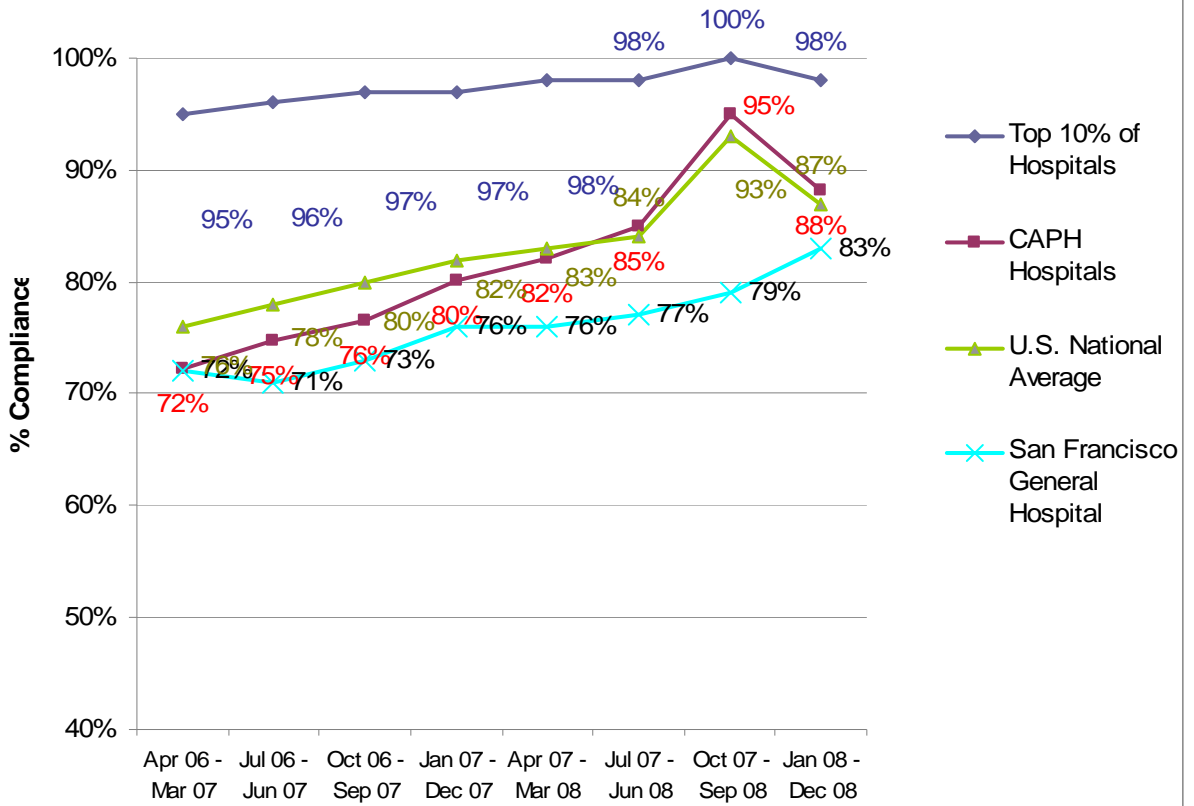
William P. Schechter, M.D., received First Prize in the Scientific Poster Competition, 2008 Clinical Congress, American College of Surgeons, San Francisco. (Einav S, Schechter W, Amtot I, Horn JK, Hirsch M, Reissman P, Spira RM. Case Managers in multiple casualty incidents.)

QUALITY DATA

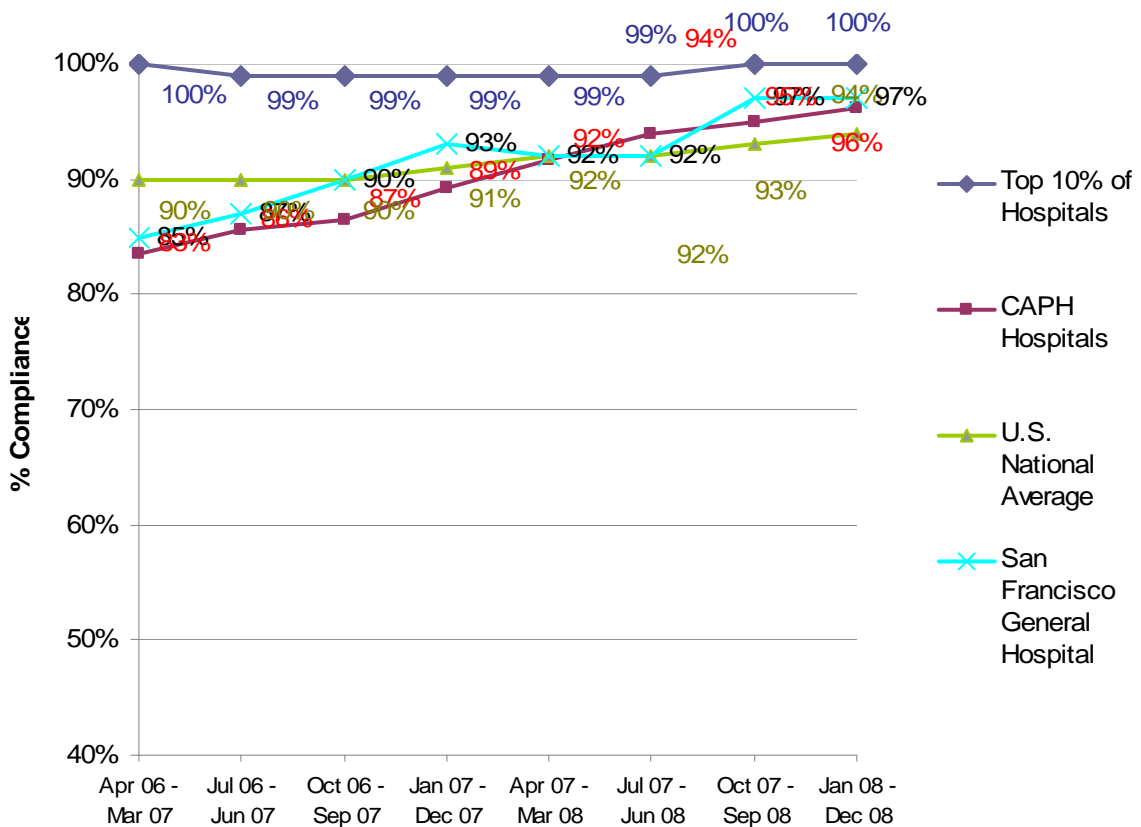
The following charts summarize the quality data SFGH routinely submits to external agencies for public reporting. The data includes: Joint Commission Core Measures, patient survey results reported to the Centers for Medicare and Medicaid Services (CMS), and the California Hospital Assessment and Reporting Task Force (CHART) measures on Respirator Complication Prevention and Hospital Acquired Pressure Ulcers. For the majority of measures, SFGH performs at or above national and state averages.

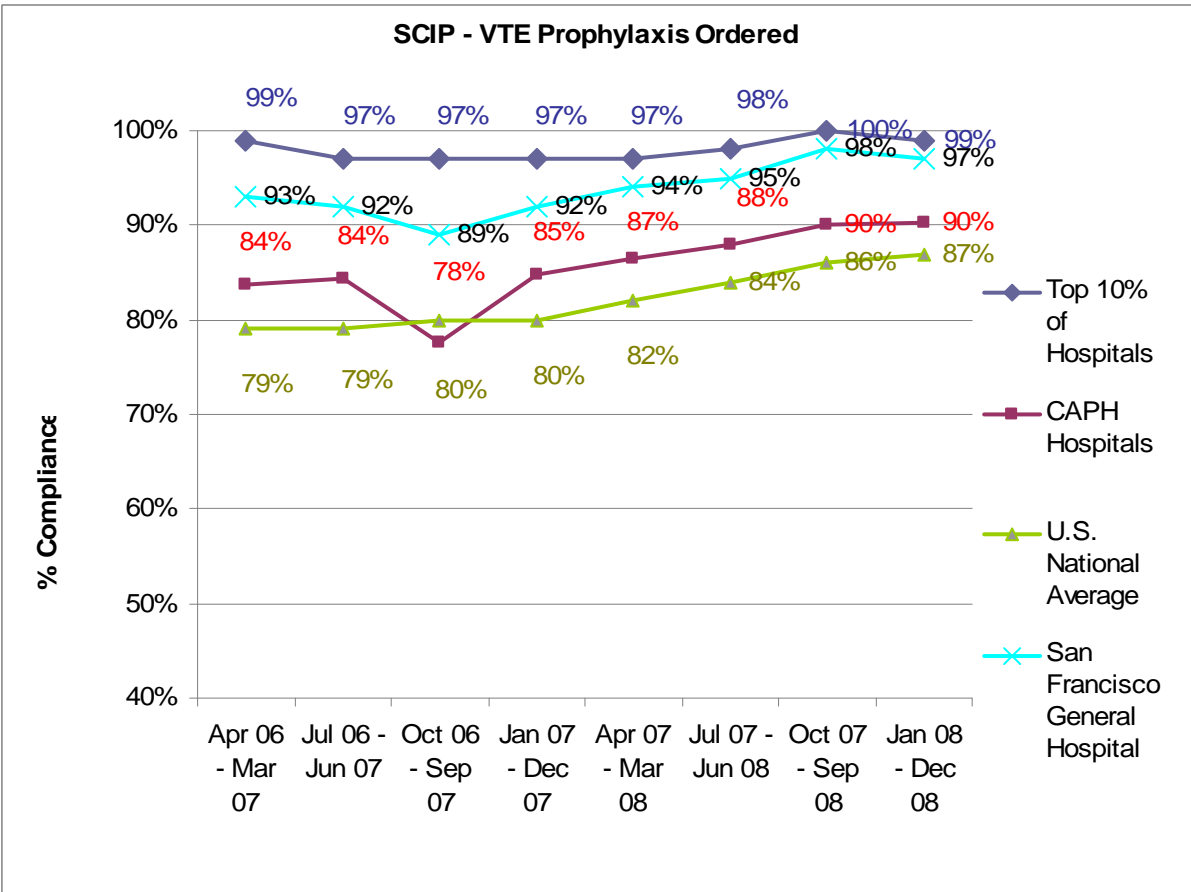
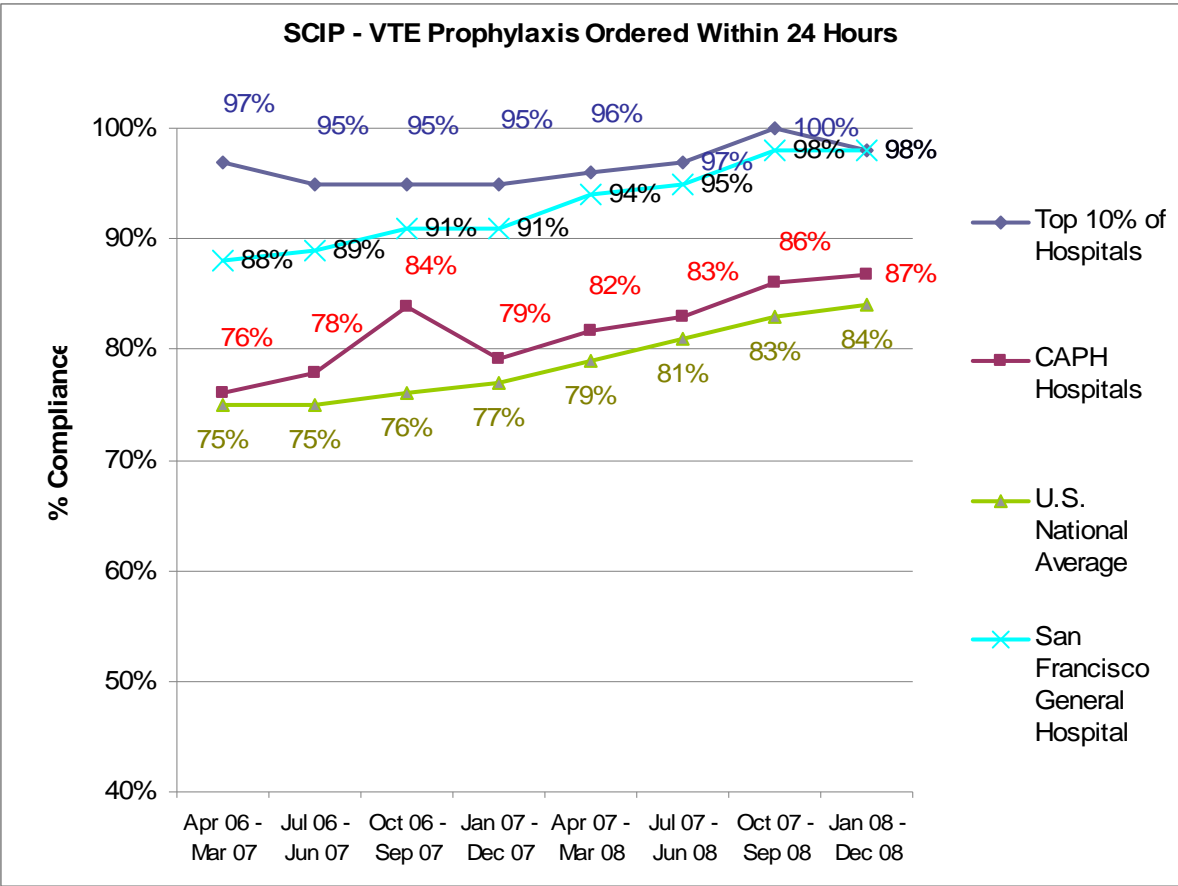


SCIP - Antibiotics Discontinued within 24 hours

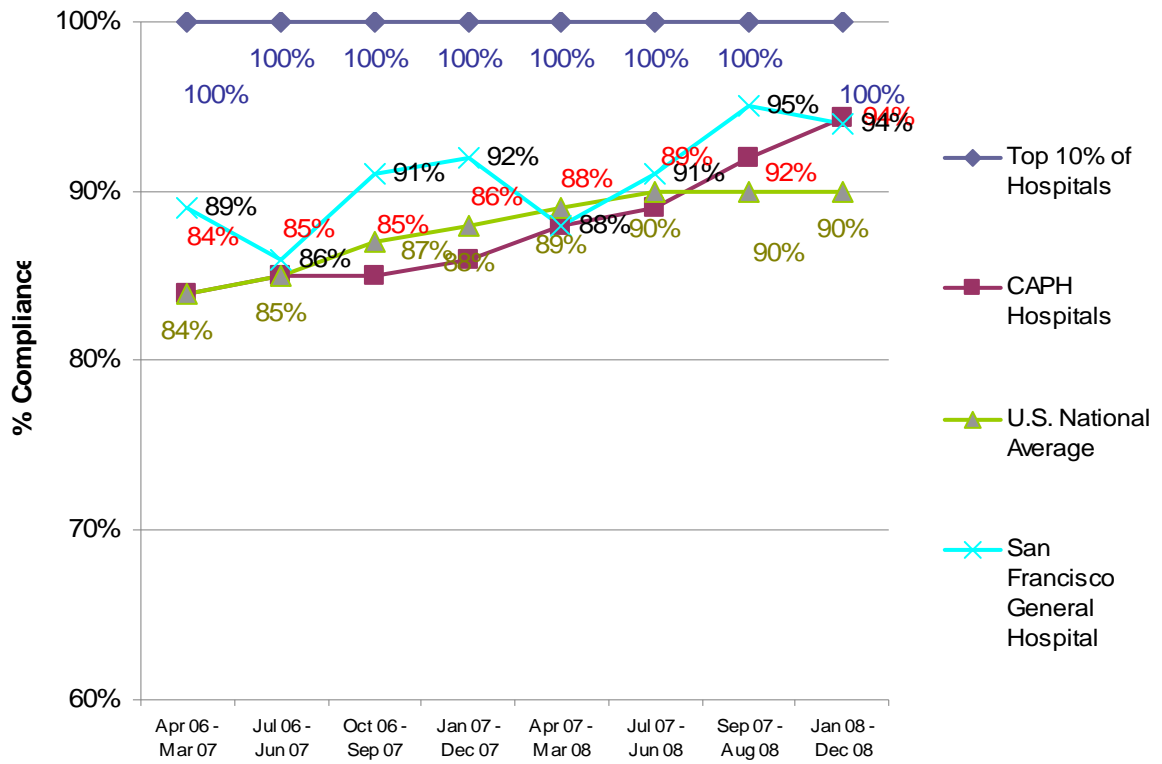


SCIP - Antibiotic Selection

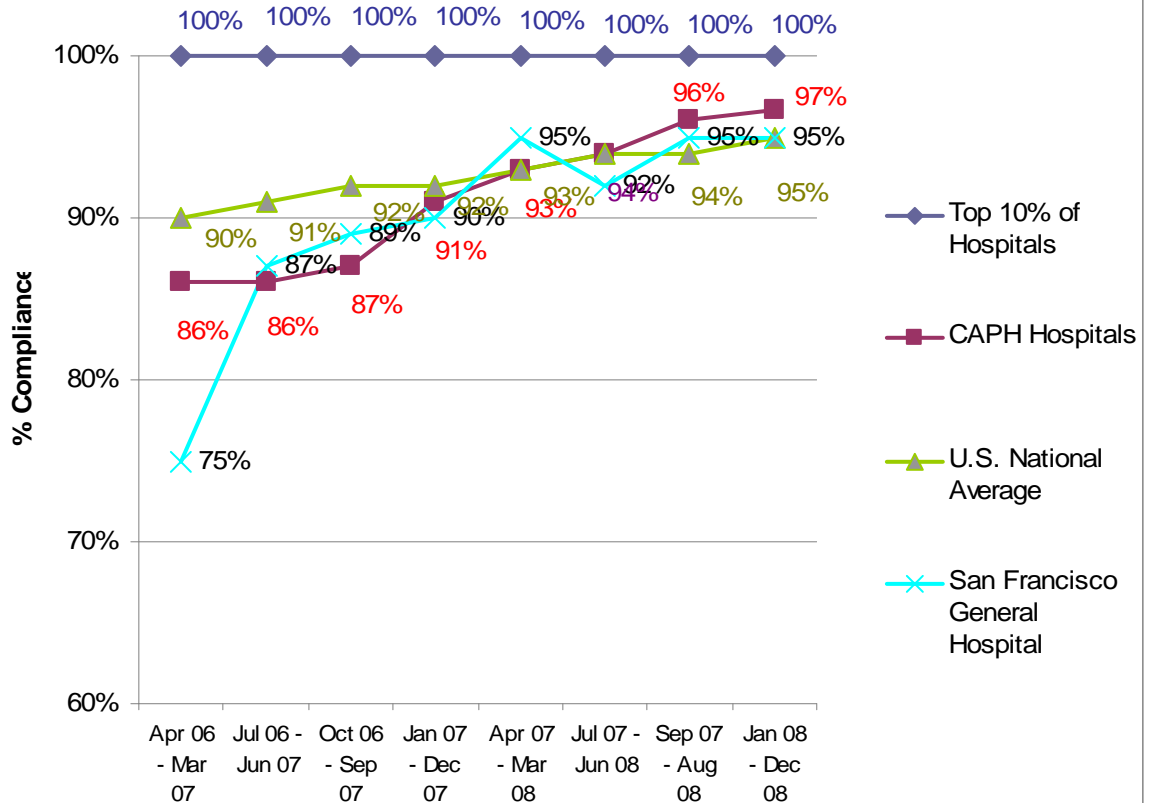


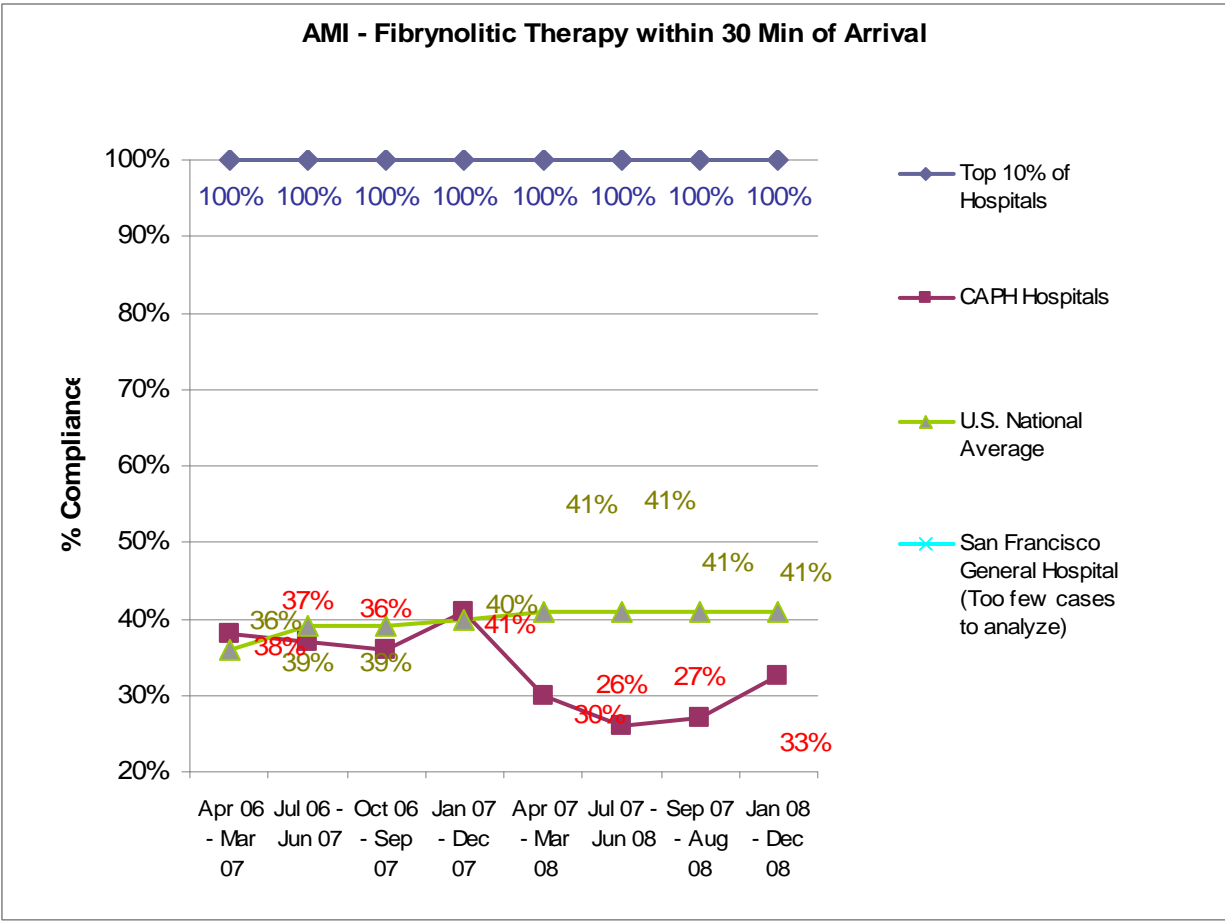
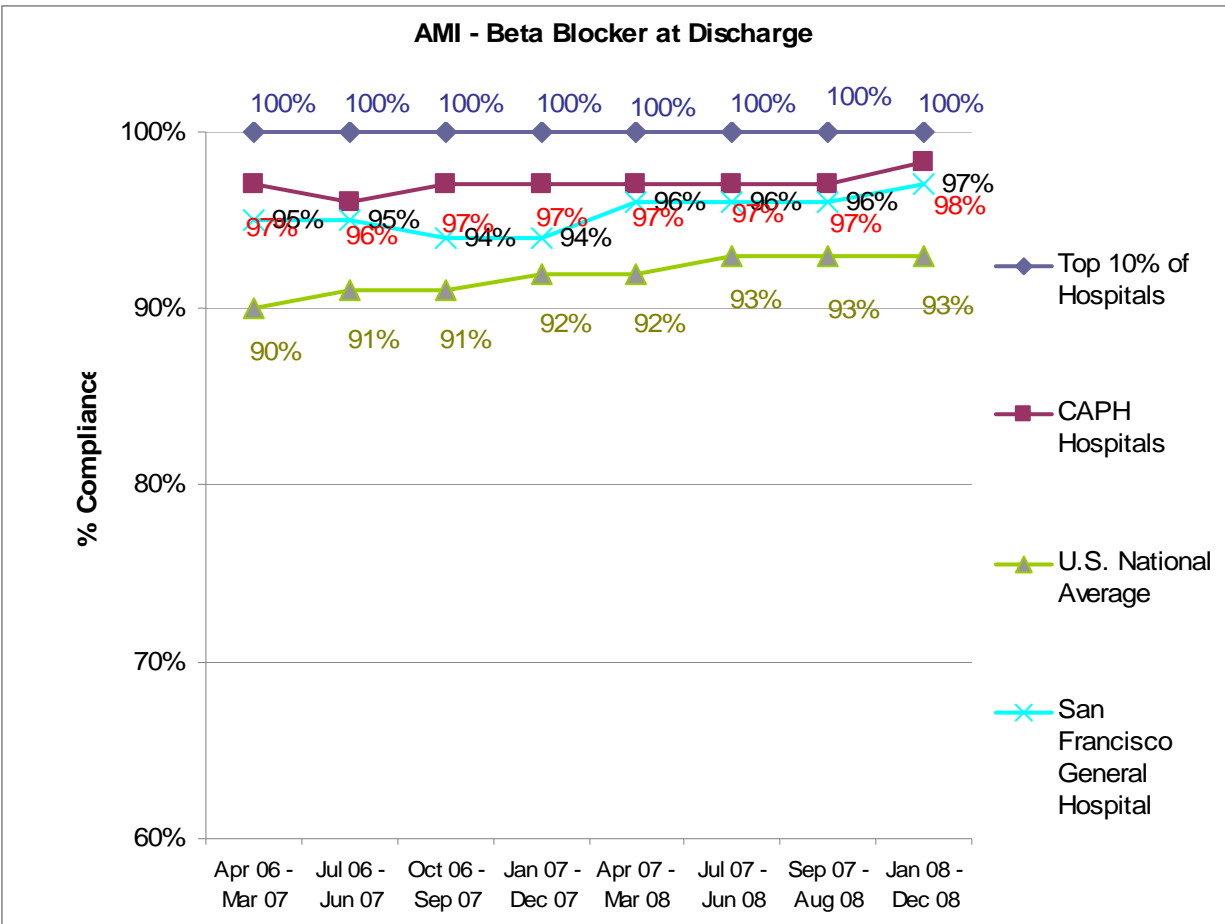


AMI - ACE Inhibitor/ARB for Left Ventricular Systolic Dysfunction

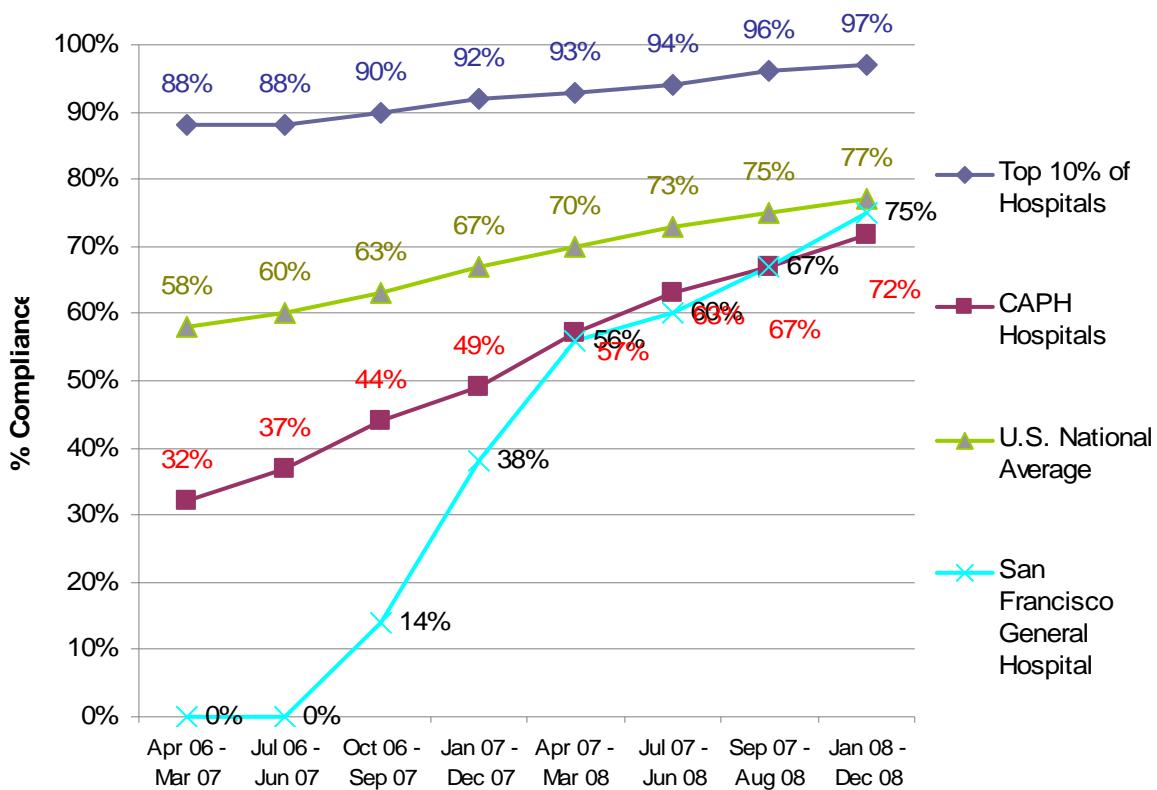


AMI - Smoking Cessation Advice/Counseling

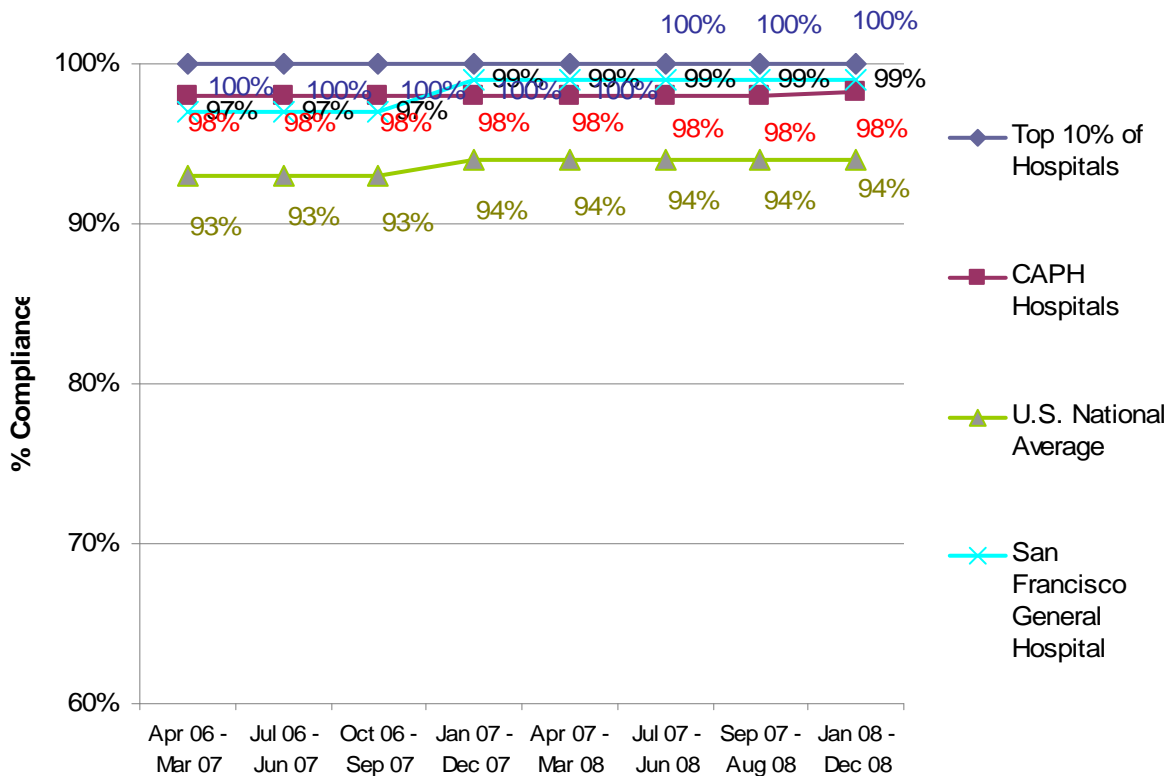


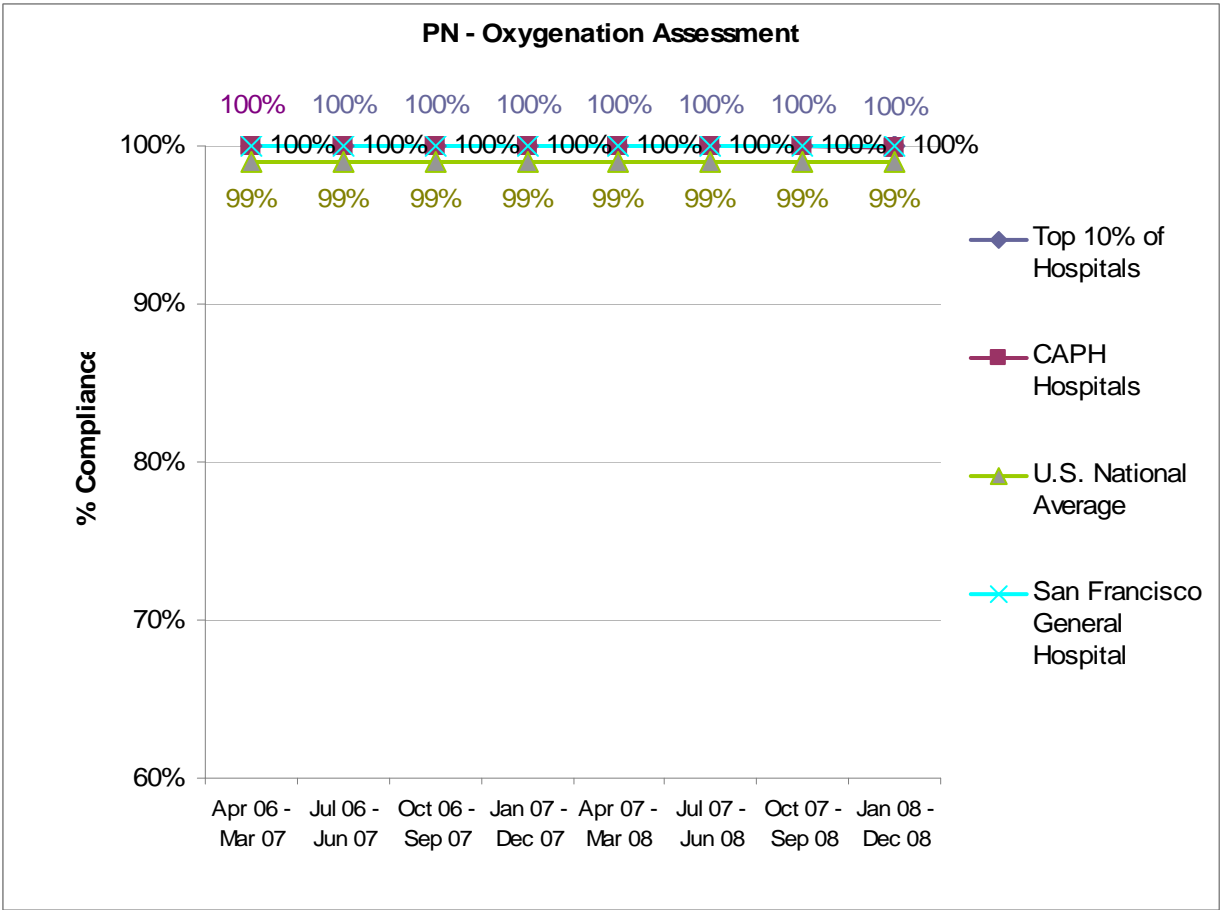
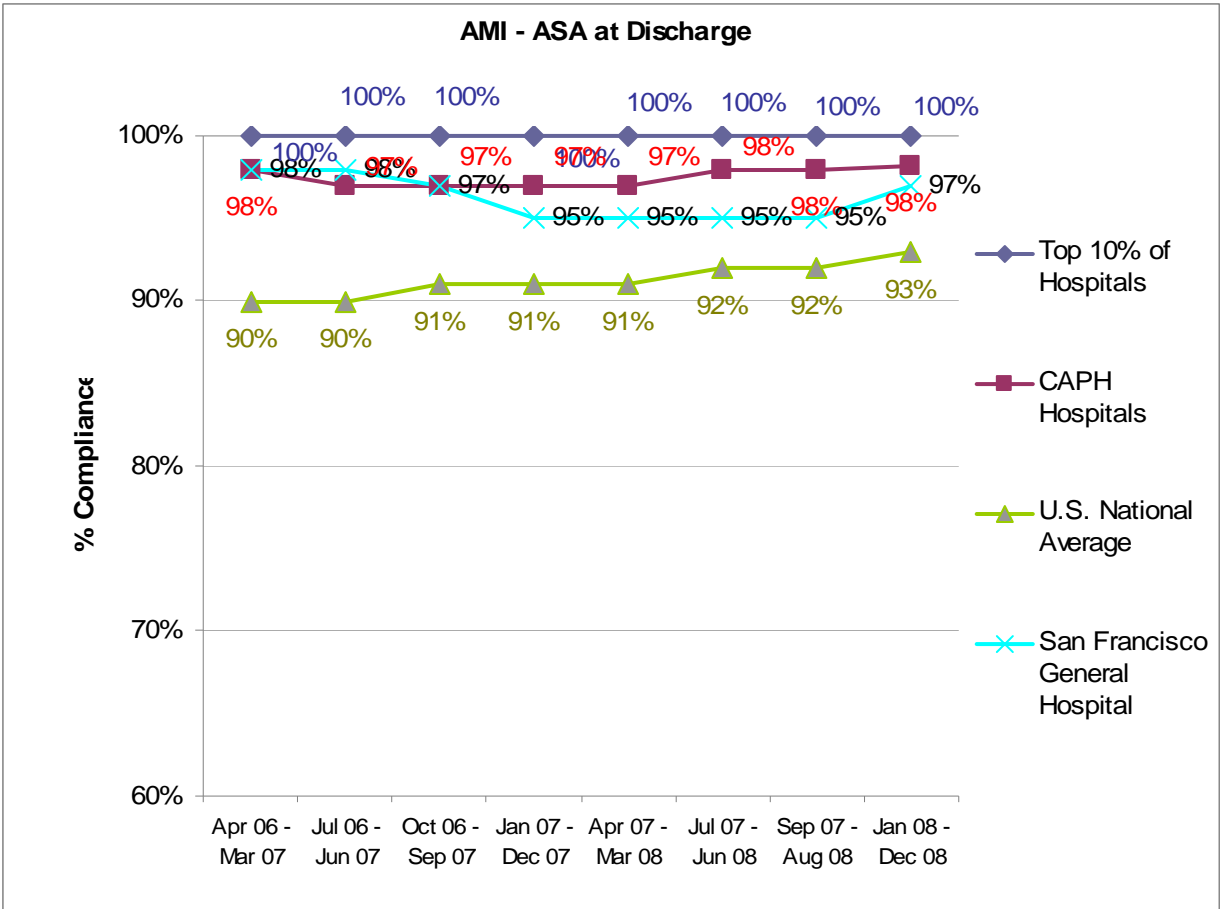


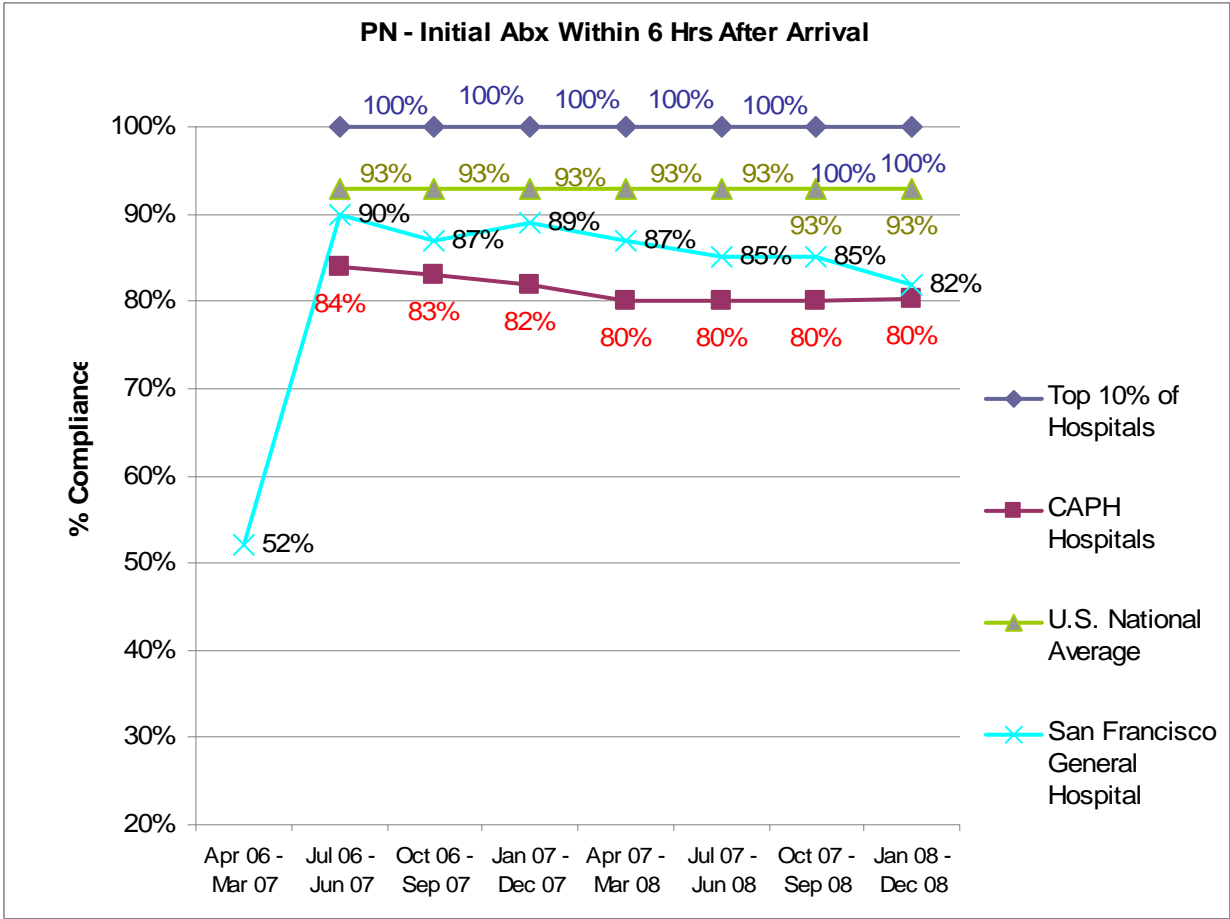
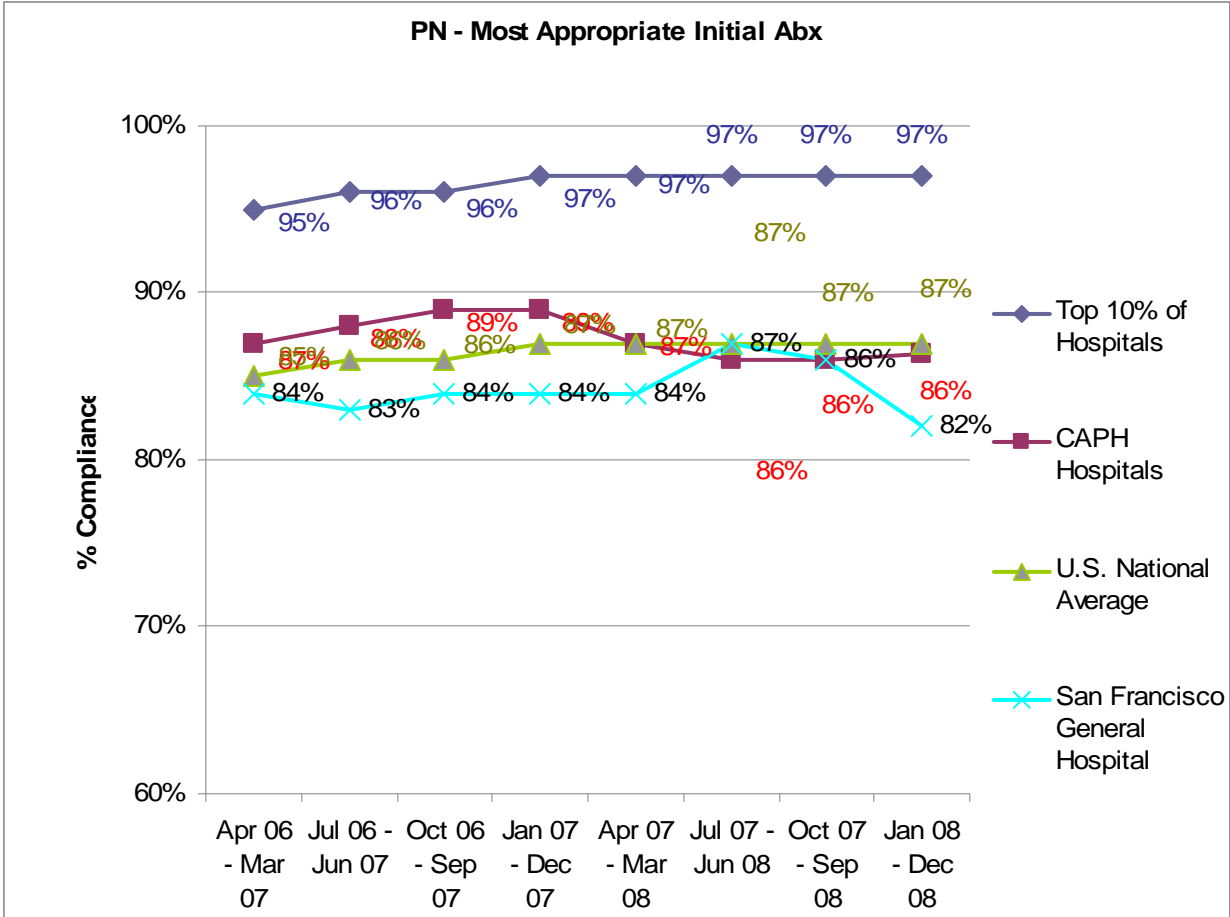
AMI - Primary PCI Within 90 Min of Arrival

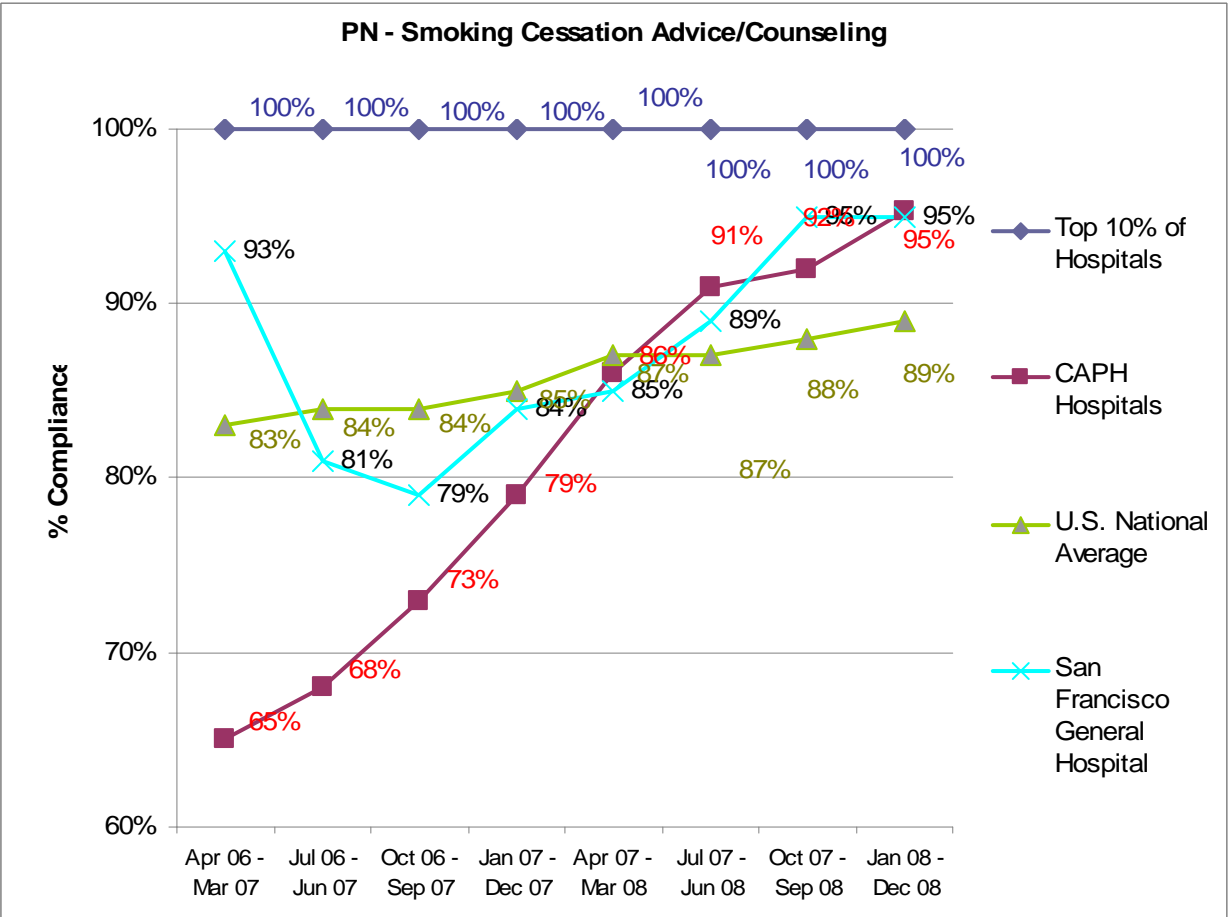
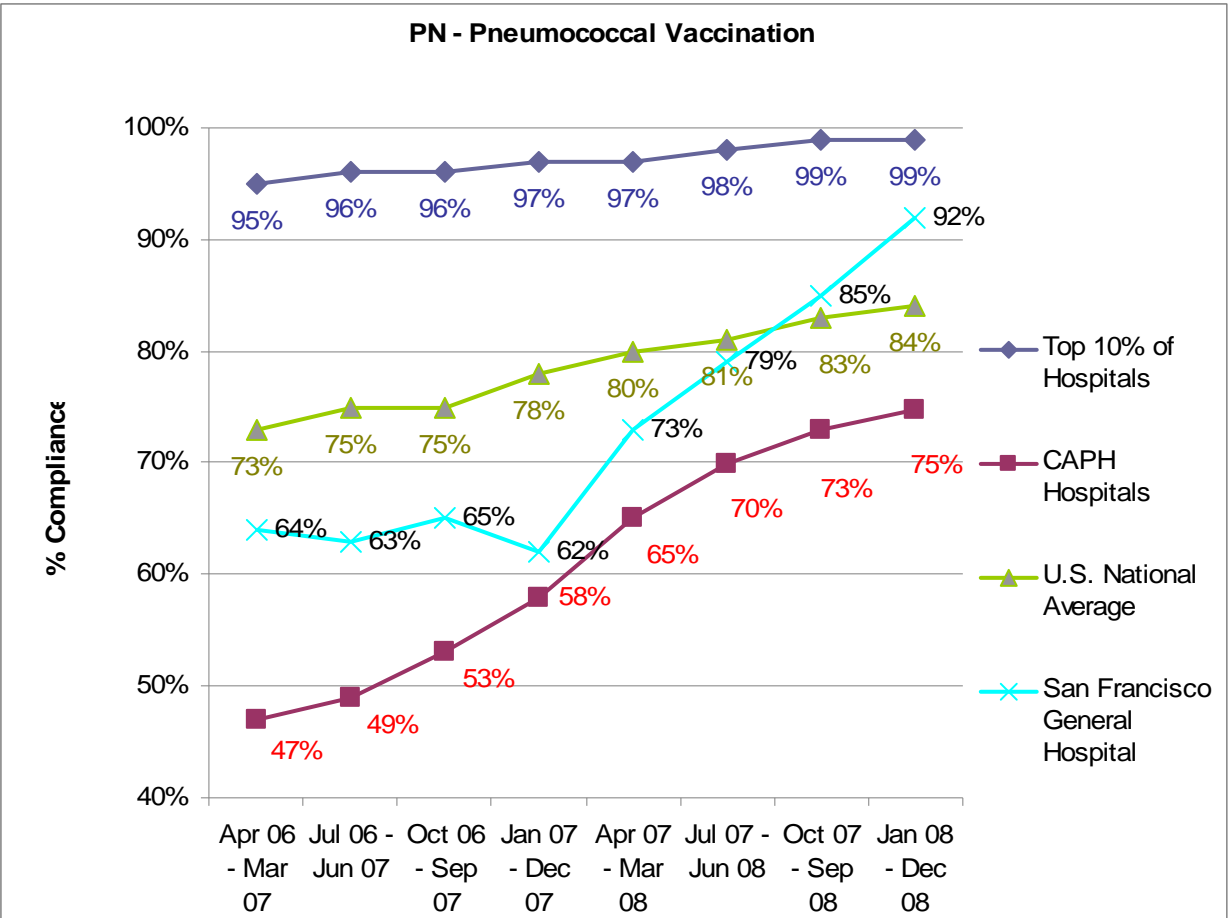


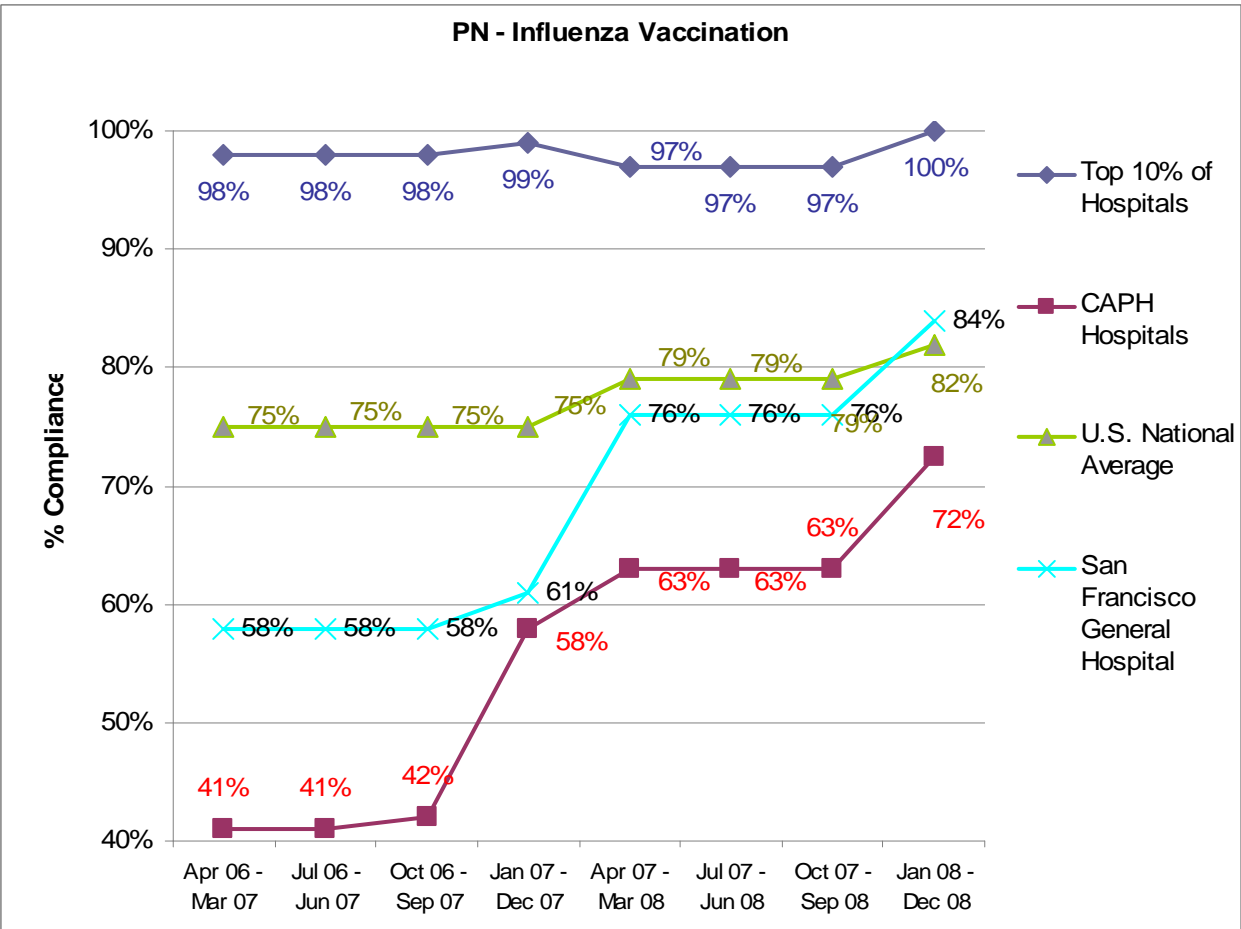
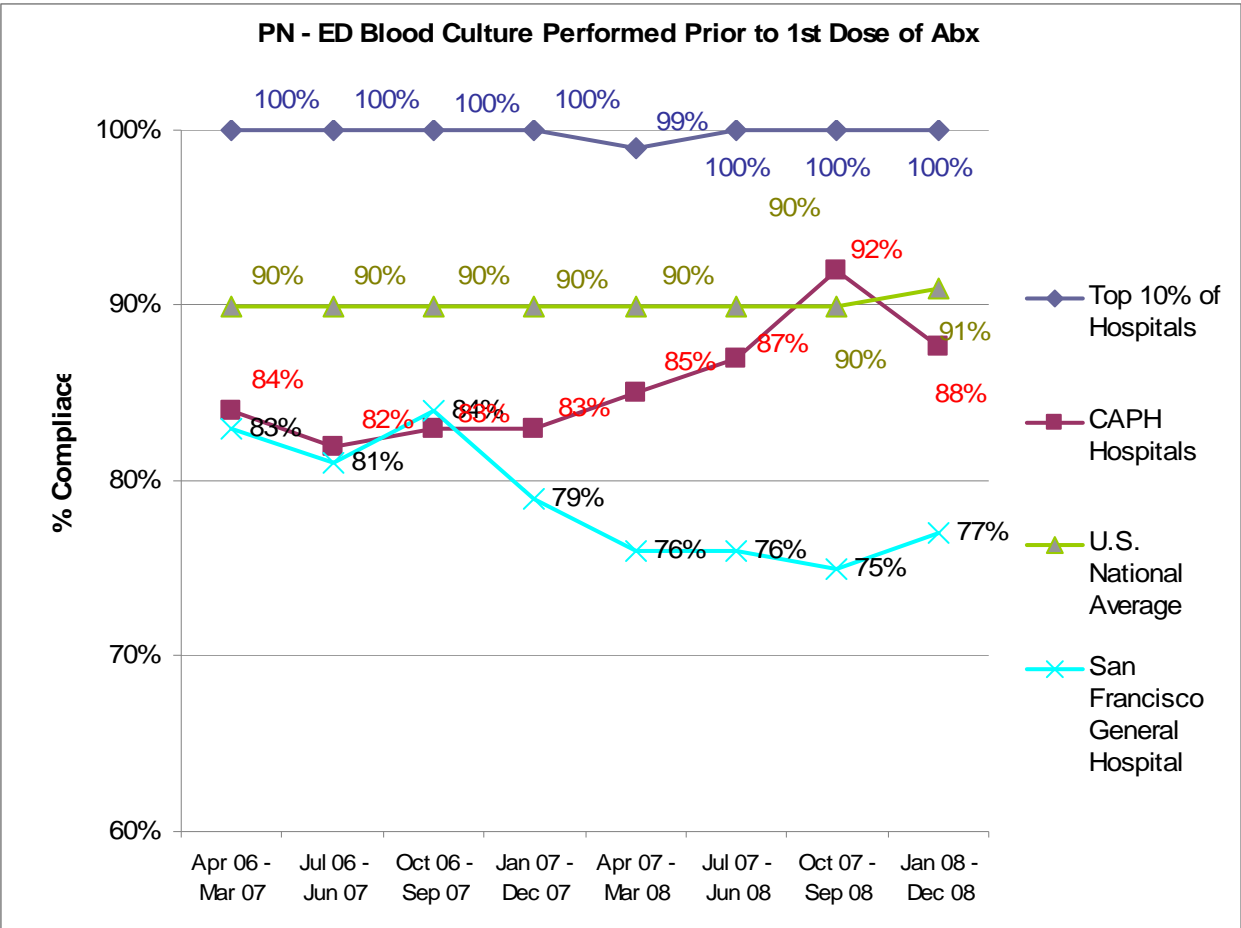
AMI - ASA at Arrival

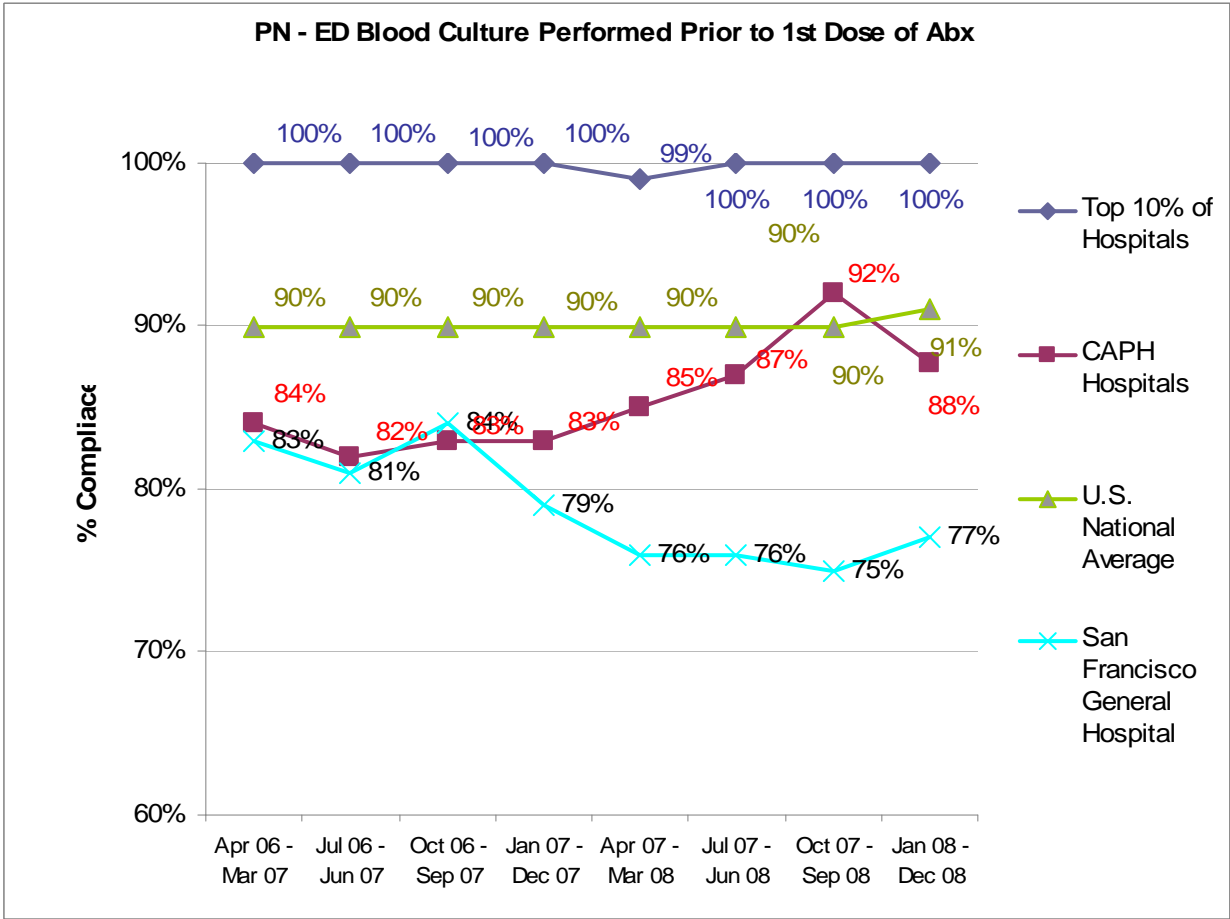
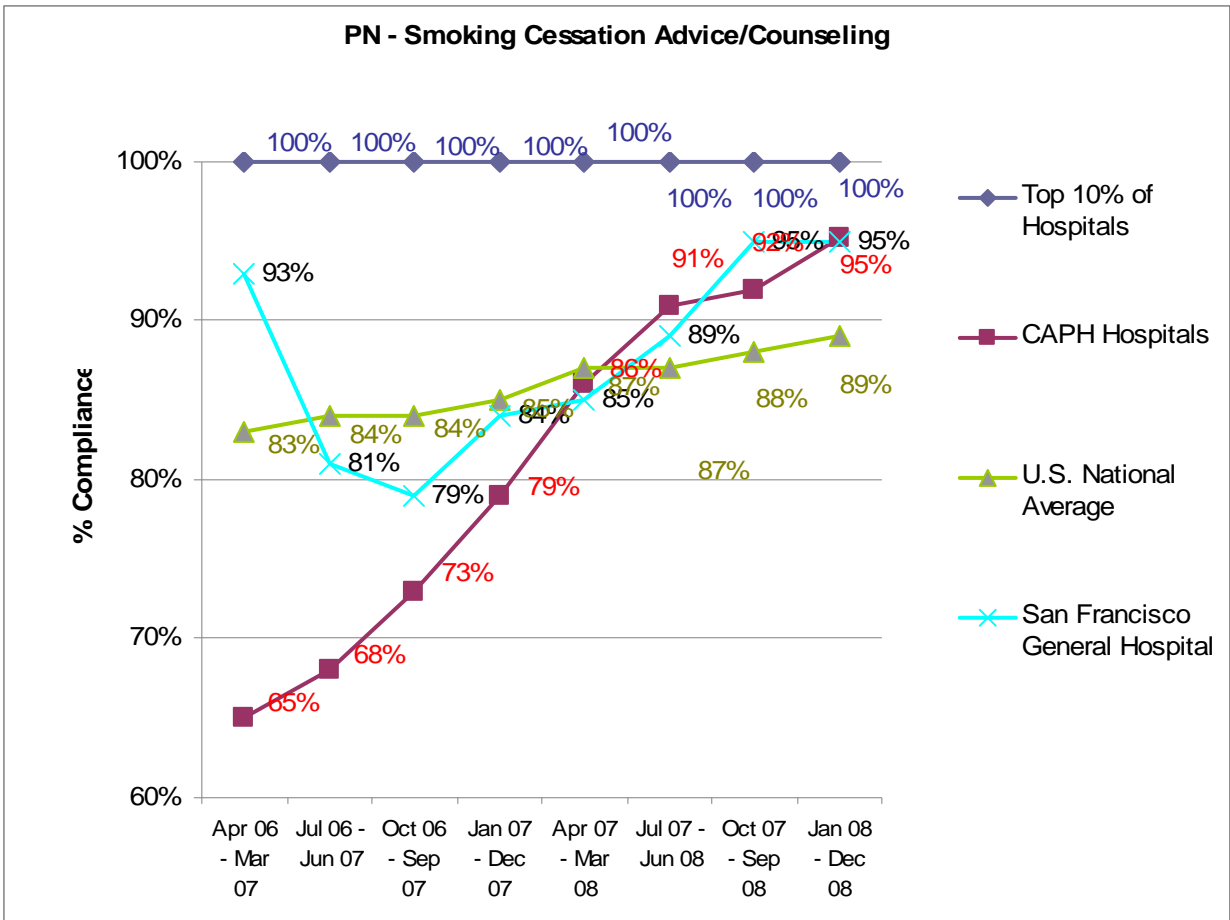


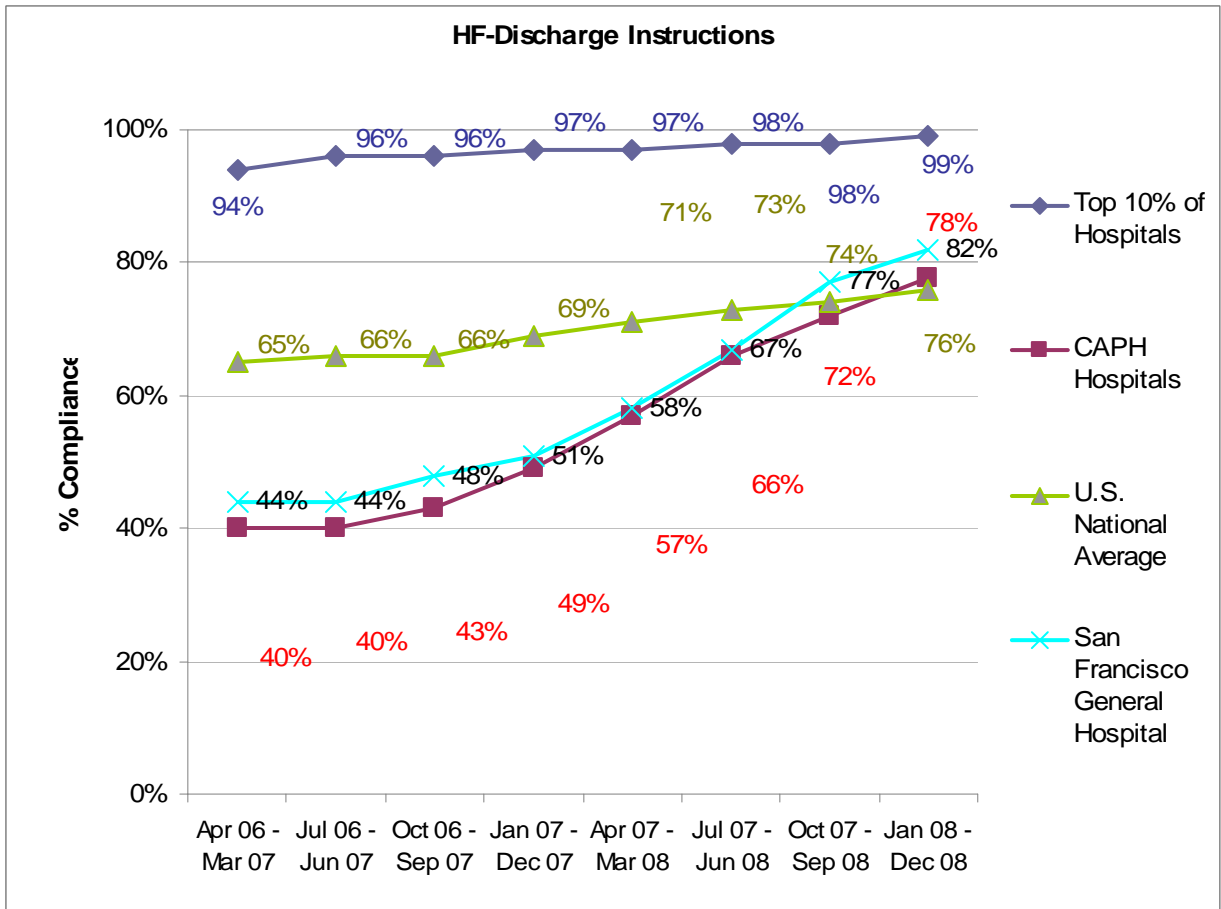
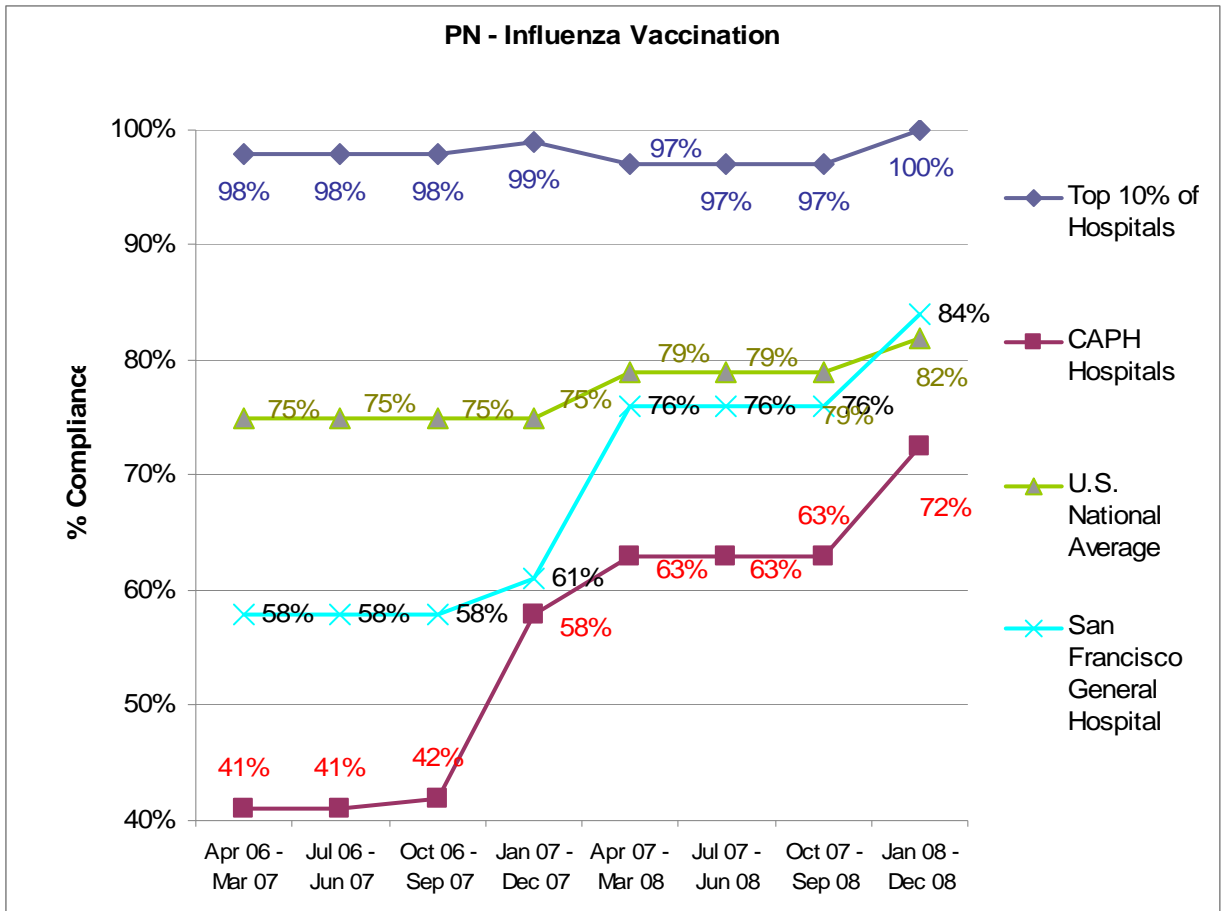


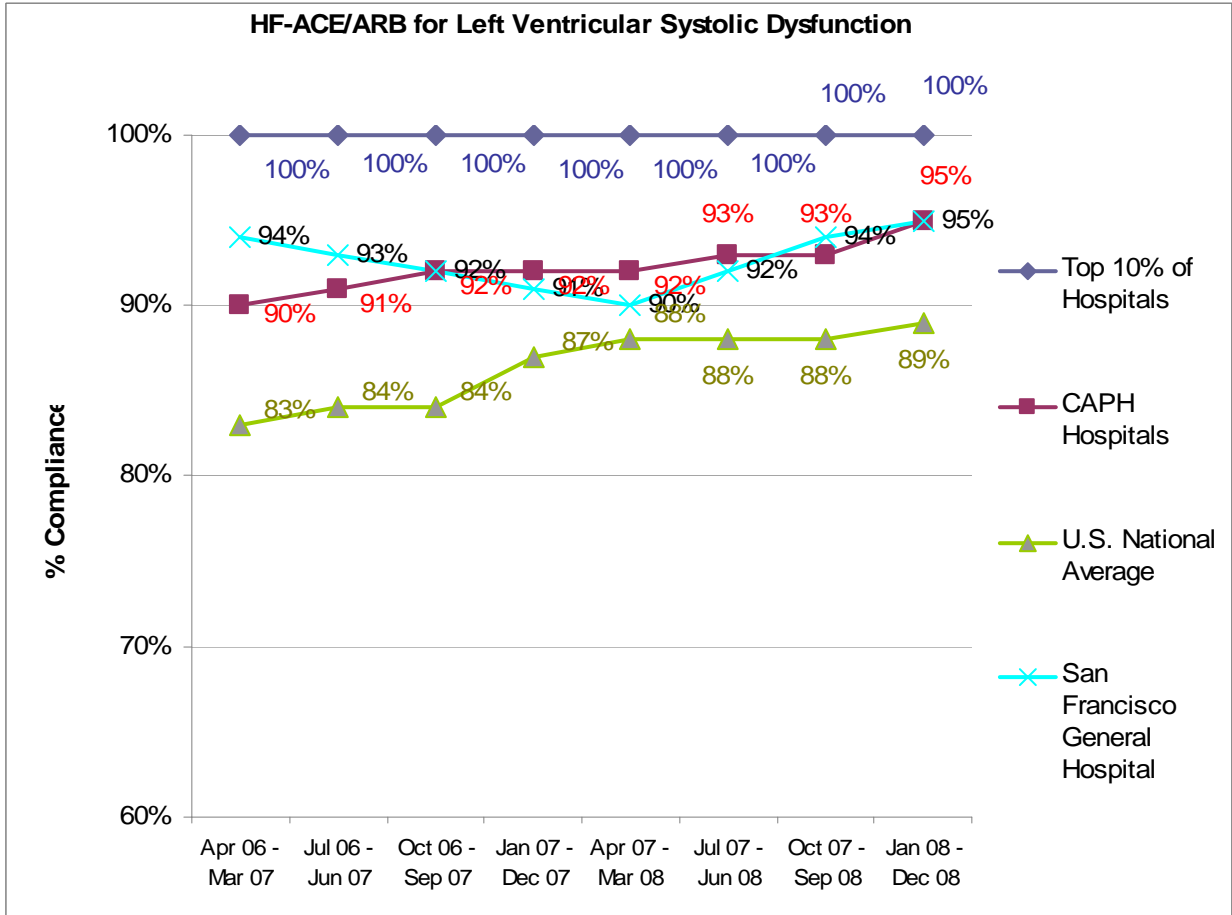
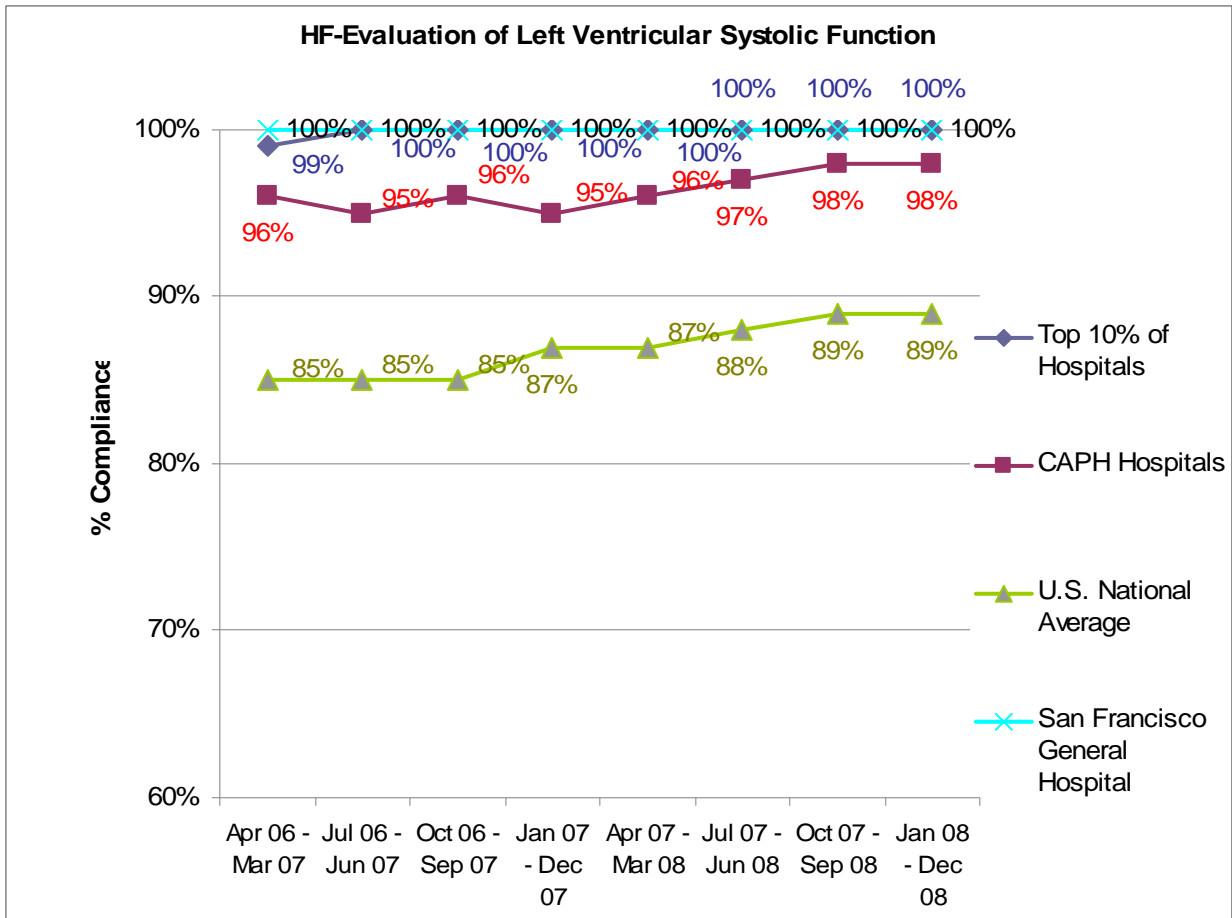


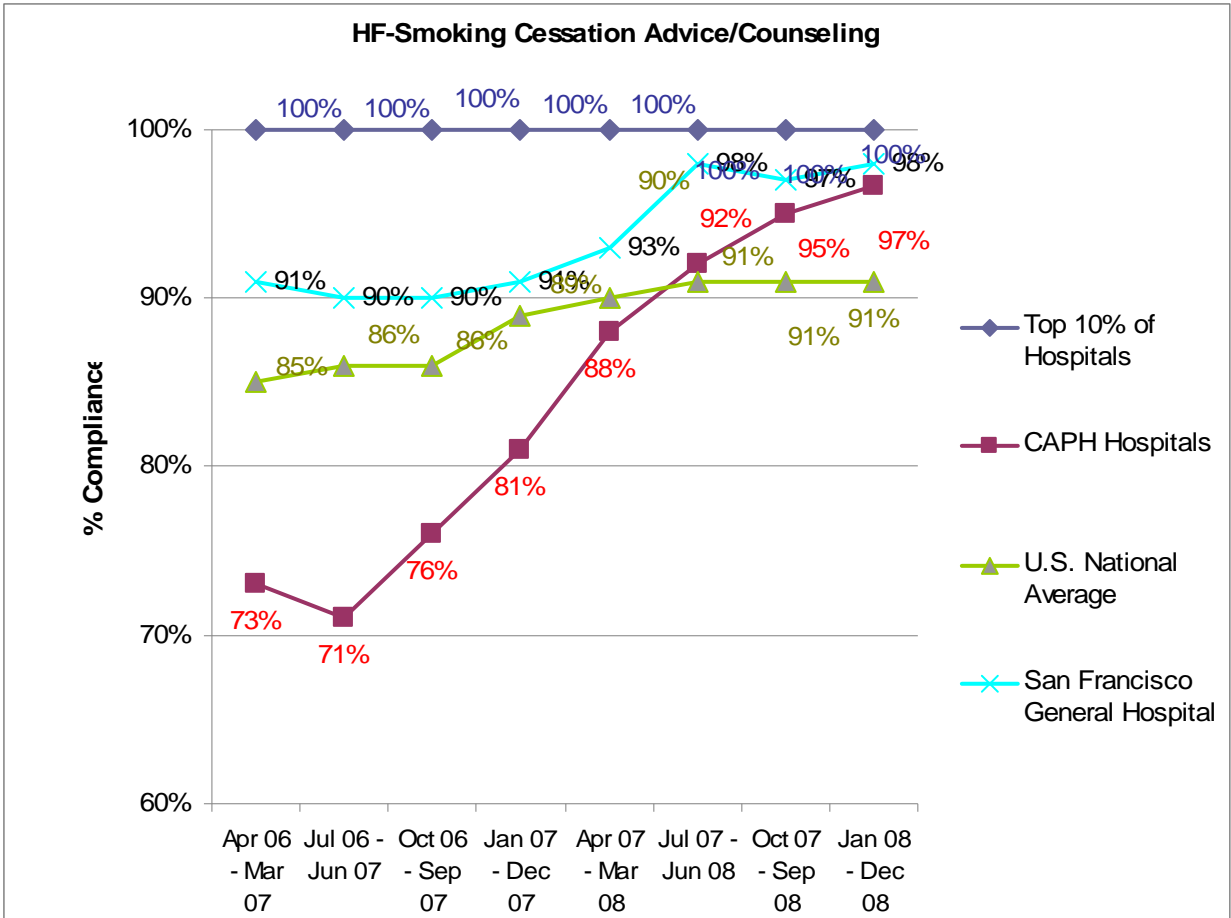














CAPH Hospitals - Heart Attack Care Quality Report from Hospital Compare

Process measure data displayed in this table include reported discharges from January 2008 – December 2008

Hospital Name	30-Day Mortality Rate (Chart/CMS)	ACE/ARB for LVSD ¹	Smoking Cessation Advice/Counseling ⁴	Aspirin at Arrival ⁴	Aspirin Prescribed at Discharge ⁴	Beta Blocker Prescribed at Discharge ⁴	Fibrinolytic Therapy w/ 30 Minutes of Arrival ⁴	Primary PCI Received w/ 90 Minutes of Arrival ⁴
Alameda County Medical Center	No Different than U.S. National Rate	86% of 7 ¹	100% of 7 ¹	100% of 34	100% of 21 ¹	100% of 20 ¹	Zero patients	Zero patients
Arrowhead Regional Medical Center	No Different than U.S. National Rate	100% of 2 ²	100% of 4 ²	99% of 107 ²	98% of 96 ³	99% of 101 ²	0% of 2 ^{1,2}	0% of 15 ^{1,2}
Contra Costa Regional Medical Ctr	No Different than U.S. National Rate	100% of 3 ¹	100% of 5 ¹	93% of 29	100% of 12 ¹	100% of 12 ¹	67% of 3 ¹	Zero patients
Kern Medical Center	No Different than U.S. National Rate	100% of 2 ¹	100% of 4 ¹	90% of 10 ¹	89% of 9 ¹	83% of 6 ¹	Zero patients	Zero patients
LAC/Harbor-UCLA Medical Center	No Different than U.S. National Rate	97% of 36 ²	100% of 6 ²	99% of 144 ²	99% of 187 ²	99% of 187 ²	Zero patients	90% of 29 ²
LAC-USC Medical Center	No Different than U.S. National Rate	84% of 43 ²	94% of 70 ²	98% of 160 ²	98% of 192 ²	98% of 181 ²	Zero patients	75% of 51 ²
LAC/Olive View-UCLA Med Ctr	No Different than U.S. National Rate	100% of 8 ^{1,2}	100% of 8 ^{1,2}	100% of 89 ²	92% of 38 ²	100% of 38 ²	0% of 9 ^{1,2}	Zero patients
Natividad Medical Center	No Different than U.S. National Rate	100% of 3 ¹	100% of 2 ¹	97% of 30	100% of 13 ¹	91% of 11 ¹	Zero patients	Zero patients
Riverside County Regional Med Ctr	No Different than U.S. National Rate	100% of 12 ¹	100% of 19 ¹	99% of 78	100% of 42	97% of 35	20% of 10 ¹	Zero patients
San Francisco General Hospital	No Different than U.S. National Rate	94% of 18 ^{1,2}	95% of 43 ²	99% of 116 ²	97% of 96 ²	97% of 94 ²	0% of 1 ^{1,2}	75% of 12 ^{1,2}
San Joaquin General Hospital	No Different than U.S. National Rate	100% of 13 ¹	91% of 23 ¹	99% of 102	98% of 62	98% of 57	64% of 11 ¹	Zero patients
San Mateo Medical Center	No Different than U.S. National Rate	78% of 9 ¹	71% of 7 ¹	94% of 36	89% of 19 ¹	95% of 22 ¹	Zero patients	Zero patients
Santa Clara Valley Medical Center	No Different than U.S. National Rate	93% of 27 ²	87% of 46 ²	99% of 159 ²	98% of 150 ²	97% of 146 ²	Zero patients	81% of 26 ²
UC Davis Med Center	No Different than U.S. National Rate	94% of 34 ²	100% of 87 ²	96% of 170 ²	99% of 232 ²	98% of 221 ²	100% of 1 ^{1,2}	72% of 36 ²
UC Irvine Med Center	No Different than U.S. National Rate	100% of 20 ^{1,2}	100% of 28 ²	95% of 79 ²	96% of 84 ²	99% of 85 ²	Zero patients	78% of 23 ^{1,2}
UC San Diego Med Ctr	No Different than U.S. National Rate	97% of 29 ²	100% of 42 ²	100% of 142 ²	100% of 190 ²	100% of 181 ²	Zero patients	71% of 31 ²
Ventura County Medical Center	No Different than U.S. National Rate	100% of 3 ¹	100% of 4 ¹	100% of 25	100% of 14 ¹	100% of 13 ¹	Zero patients	Zero patients
Overall Rate for all CAPH Member Hospitals	Average for all reporting hospitals in U.S.	94% of 254	97% of 501	88% of 1,510	88% of 1,457	88% of 1,410	33% of 37	75% of 223
	Average for all reporting hospitals in California	50%	95%	94%	93%	93%	41%	77%
	Top 10% of Hospitals Nationwide	53%	95%	97%	94%	95%	52%	77%
	Difference Between Overall CAPH Rate and Top 10% of Hospitals	100%	100%	100%	100%	100%	100%	96%
	At or Above U.S. Average	-6%	-3%	-2%	-2%	-2%	small N³	-24%
	Below U.S. Average	Top 10% of all U.S. hospitals	Cannot compare due to small volume					

1: The number of cases is too small (n<25) for purposes of reliably predicting hospital's performance.
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 3: Rate reflects fewer than the maximum possible quarters of data for the measure (e.g., less than four quarters).
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Prepared by: Cathy Wada
 Revision Date: Nov 2, 2009
 Source: www.hospitalcompare.hhs.gov



CAPH Hospitals - Pneumonia Care Quality Report from Hospital Compare

Data displayed in this table include reported discharges from January 2008 through December 2008

Hospital Name	Mortality Rate	Smoking Cessation Advice/Counseling ⁴	Blood Cultures for PN Patients in ED ⁴	Initial Antibiotic in 6 hrs	Initial antibiotic consistent with current recommendations ⁴	Oxygenation Assessment	Pneumococcal Vaccination ⁴	Influenza Vaccination ⁴
Alameda County Medical Center	No Different than U.S. National Rate	87% of 65 ²	72% of 119 ²	86% of 142 ²	81% of 53 ²	100% of 159 ²	74% of 39 ²	100% of 26
Arrowhead Regional Medical Center	No Different than U.S. National Rate	100% of 95 ²	80% of 200 ²	82% of 205 ²	77% of 141 ²	100% of 255 ²	84% of 116 ²	88% of 52
Contra Costa Regional Medical Center	No Different than U.S. National Rate	100% of 61	86% of 120	86% of 140	88% of 78	100% of 181	71% of 62	80% of 20 ¹
Kern Medical Center	No Different than U.S. National Rate	88% of 43	82% of 66	Not available	92% of 51	100% of 87	82% of 29	100% of 7 ¹
LAC/Harbor-UCLA Medical Center	No Different than U.S. National Rate	100% of 35 ²	88% of 118 ²	72% of 113 ²	87% of 85 ²	100% of 148 ²	88% of 49 ²	81% of 28 ²
LAC-USC Medical Center	No Different than U.S. National Rate	86% of 110 ²	80% of 163 ²	69% of 237 ²	82% of 185 ²	100% of 261 ²	83% of 77 ²	82% of 30 ²
LAC/Olive View-UCLA Med Ctr	No Different than U.S. National Rate	91% of 34 ²	80% of 41 ²	87% of 85 ²	84% of 66 ²	100% of 119 ²	66% of 68 ²	68% of 22 ^{1,3}
Natividad Medical Center	No Different than U.S. National Rate	87% of 37	88% of 84	83% of 94	87% of 60	98% of 111	80% of 45	76% of 20 ¹
Riverside County Regional Med Ctr	No Different than U.S. National Rate	87% of 72	84% of 114	86% of 137	86% of 111	100% of 172	78% of 67	77% of 35
San Francisco General Hospital	No Different than U.S. National Rate	86% of 118 ²	77% of 121 ²	82% of 175 ²	82% of 65 ²	100% of 200 ²	82% of 60 ²	84% of 37 ²
San Joaquin General Hospital	No Different than U.S. National Rate	87% of 85	82% of 124	82% of 119	87% of 74	100% of 142	72% of 79	72% of 36
San Mateo Medical Center	No Different than U.S. National Rate	82% of 26	92% of 99	86% of 96	91% of 56	100% of 114	82% of 47	41% of 22 ¹
Santa Clara Valley Medical Center	No Different than U.S. National Rate	82% of 49 ²	86% of 101 ²	87% of 37 ²	82% of 45 ²	100% of 114 ²	80% of 71 ²	82% of 34 ²
UC Davis Med Center	No Different than U.S. National Rate	100% of 67 ²	86% of 84 ²	86% of 110 ²	82% of 73 ²	100% of 128 ²	87% of 87 ²	48% of 37 ²
UC Irvine Med Center	No Different than U.S. National Rate	100% of 40 ²	80% of 73 ²	81% of 96 ²	86% of 48 ²	100% of 109 ²	84% of 80 ²	78% of 27 ²
UC San Diego Med Ctr	No Different than U.S. National Rate	100% of 40 ²	85% of 110 ²	80% of 120 ²	86% of 41 ²	100% of 145 ²	79% of 73 ²	77% of 31 ²
Ventura County Medical Center	No Different than U.S. National Rate	85% of 39	89% of 106	86% of 113	91% of 70	98% of 151	88% of 66	82% of 22 ¹
Overall Rate for all CAPH Member Hospitals		86% of 1,016	88% of 1,855	89% of 2,083	88% of 1,316	100% of 2,596	76% of 1,105	72% of 694
Average for all reporting hospitals in U.S.		89%	91%	93%	87%	99%	84%	82%
Average for all reporting hospitals in California		89%	91%	92%	88%	99%	81%	80%
Top 10% of Hospitals Nationwide		100%	100%	100%	97%	100%	99%	100%
Difference Between Overall CAPH Rate and Top 10% of Hospitals		-5%	-14%	-20%	-14%	0%	-25%	-28%

At or Above U.S. Average
 Below U.S. Average
 Top 10% of all U.S. hospitals
 Cannot compare due to small volume

1: The number of cases is too small (n<23) for purposes of reliably predicting hospital's performance.
 2: Measure reflects the hospital's indication that its submission was based on a sample of its relevant discharges.
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 4: Measure is part of Medicare's Proposed Hospital Value-Based Purchasing Program

Prepared by: Cathy Wada
 Revision Date: Nov 2, 2009
 Source: www.hospitalcompare.jhs.gov



CAPH Hospitals - Surgical Care Improvement Project (SCIP) Quality Report from Hospital Compare

Data displayed in this table include reported discharges from January 2008 through December 2008

Hospital Name	Antibiotic Received 1hr Prior to Incision ¹	Antibiotic Selection	Antibiotic Discontinued w/in 24 hours ⁴	VTE Prophylaxis Ordered for Select Surgeries	VTE Prophylaxis Within 24 Hours Before or After Select Surgeries	Heart Surgery Patients Whose Blood Sugar Is Kept Under Control	Safe Hair Removal Using Clippers or Cream (When Needed)
Alameda County Medical Center	77% of 75 ²	83% of 72 ²	100% of 70 ²	88% of 85 ²	80% of 85 ²	Zero patients	94% of 110 ²
Arrowhead Regional Medical Center	88% of 232 ²	88% of 235 ²	88% of 222 ²	86% of 401 ²	87% of 401 ²	Zero patients	100% of 528 ²
Contra Costa Regional Med Ctr	80% of 102 ²	83% of 101 ²	84% of 99 ²	85% of 161 ²	86% of 161 ²	Zero patients	100% of 209 ²
Kern Medical Center	85% of 223 ²	91% of 221 ²	87% of 219 ²	83% of 254 ²	84% of 254 ²	100% of 1 ³	100% of 344 ²
LAC/Harbor-UCLA Med Ctr	80% of 281 ²	90% of 290 ²	89% of 271 ²	91% of 244 ²	82% of 244 ²	91% of 89 ²	94% of 453 ²
LAC/LAC+USC Medical Center	91% of 822 ²	88% of 823 ²	84% of 809 ²	84% of 667 ²	83% of 667 ²	65% of 145 ²	88% of 1059 ²
LAC/Olive View-UCLA Med Ctr	88% of 129 ²	88% of 129 ²	84% of 127 ²	82% of 155 ²	86% of 155 ²	Zero patients	88% of 234 ²
Natividad Medical Center	77% of 52 ²	88% of 56 ²	83% of 55 ²	75% of 81 ²	73% of 81 ²	Zero patients	83% of 125 ²
Riverside County Regional Med Ctr	91% of 241 ²	88% of 246 ²	77% of 214 ²	89% of 361 ²	87% of 361 ²	100% of 1 ³	87% of 451 ²
San Francisco General Hospital	87% of 173 ²	87% of 176 ²	83% of 169 ²	87% of 225 ²	88% of 225 ²	0% of 1 ³	100% of 296 ²
San Joaquin General Hospital	88% of 154	100% of 153	87% of 149	86% of 248	81% of 247	100% of 2 ¹	88% of 393
San Mateo Medical Center	88% of 94	82% of 76	86% of 76	86% of 143	86% of 142	100% of 3 ¹	100% of 218
Santa Clara Valley Medical Center	82% of 445 ²	88% of 449 ²	87% of 431 ²	85% of 403 ²	83% of 403 ²	84% of 70 ²	87% of 602 ²
Univ of California Davis Med Center	88% of 435 ²	87% of 443 ²	82% of 394 ²	85% of 317 ²	83% of 317 ²	84% of 125 ²	88% of 617 ²
Univ of California Irvine Med Center	84% of 348 ²	90% of 349 ²	86% of 332 ²	86% of 331 ²	82% of 331 ²	86% of 73 ²	88% of 536 ²
Univ of California San Diego Med Ctr	88% of 348 ²	87% of 352 ²	86% of 308 ²	87% of 256 ²	83% of 256 ²	80% of 128 ²	100% of 527 ²
Ventura County Medical Center	82% of 208 ²	87% of 207 ²	86% of 199 ²	84% of 308 ²	89% of 308 ²	Zero patients	100% of 394 ²
Overall Rate for all CAPH Member Hospitals	89%	88% of 4,378	88% of 4,144	80% of 4,674	87% of 4,671	81% of 539	88% of 7,117
Average for all reporting hospitals in U.S.	88%	94%	87%	87%	84%	85%	96%
Average for all reporting hospitals in California	88%	94%	85%	82%	80%	87%	95%
Top 10% of Hospitals Nationwide	100%	100%	100%	100%	100%	100%	100%
Difference Between Overall CAPH Rate and Top 10% of Hospitals	-9%	-4%	-12%	-10%	-13%	-19%	-2%
Above U.S. Average	Below U.S. Average	Top 10% of all U.S. hospitals	Cannot compare due to small volume	Cannot compare due to small volume	Cannot compare due to small volume	Cannot compare due to small volume	Cannot compare due to small volume

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3: Rate reflects fewer than the maximum possible quarters of data for the measure (e.g., less than four quarters).

4: Measure is part of Medicare's Proposed Hospital Value-Based Purchasing Program

Prepared by: Cathy Wada
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 Source: www.hospitalcompare.hhs.gov



CAPH Hospitals – HCAHPS Patient Experience Quality Report from Hospital Compare

Data displayed in this table include reported discharges from January 2008 through December 2008

Hospital Name	Survey Response Rate	Overall Rating of Hospital	Overall Willingness to Recommend Hospital	Nurse Communication	Doctor Communication	Responsiveness of Hospital Staff	Pain Mgmt	Communication about Medicines	Cleanliness of Room and Bathroom	Quietness of Area Around Room	Discharge Information
Alameda County Medical Center		Not Available	Available								
Arrowhead Regional Medical Center	19%	64%	65%	63%	74%	48%	62%	54%	63%	46%	76%
Contra Costa Regional Med Center	25%	58%	61%	67%	77%	48%	62%	59%	58%	35%	81%
Kern Medical Center	24%	53%	51%	59%	70%	43%	57%	52%	60%	36%	76%
LAC/Harbor-UCLA Med Center	22%	63%	67%	64%	76%	48%	59%	55%	63%	37%	76%
LAC/Olive View-UCLA Med Center	18%	60%	65%	67%	79%	44%	66%	55%	63%	37%	70%
LAC/LAC+USC Medical Center	20%	59%	63%	60%	75%	49%	60%	50%	55%	47%	75%
Natividad Medical Center	40%	68%	64%	68%	76%	54%	62%	53%	61%	44%	78%
Riverside County Regional Med Ctr	33%	66%	79%	81%	90%	72%	88%	81%	80%	74%	85%
San Francisco General Hospital	22%	54%	57%	61%	70%	45%	59%	58%	52%	34%	81%
San Joaquin General Hospital	23%	60%	58%	61%	67%	42%	57%	50%	59%	38%	74%
San Mateo Medical Ctr	25%	58%	67%	63%	75%	44%	61%	52%	61%	43%	78%
Santa Clara Valley Medical Ctr	34%	63%	64%	66%	76%	53%	64%	52%	61%	31%	71%
UC Davis Medical Center	40%	64%	71%	69%	78%	53%	64%	61%	58%	50%	85%
UC Irvine Medical Center	22%	63%	68%	68%	74%	48%	60%	54%	59%	40%	88%
UC San Diego Medical Center	31%	68%	71%	69%	77%	57%	62%	54%	63%	50%	80%
Ventura County Medical Center	24%	62%	67%	67%	80%	54%	63%	61%	71%	43%	76%
Overall Rate for all CAPH Hospitals		61%	65%	66%	76%	50%	63%	56%	62%	43%	78%
Average for all reporting hospitals in U.S.		64%	68%	74%	80%	62%	68%	58%	68%	56%	80%
Average for all reporting hospitals in CA		61%	65%	68%	75%	55%	64%	54%	65%	45%	77%
Top 10% of Hospitals Nationwide		Not Available	Available								

Cannot compare due to small volume

Top 10% of all U.S. hospitals

Below U.S. Average

At or Above U.S. Average

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Prepared by: Cathy Wada
 Revision Date: Nov 2, 2009
 Source: www.hospitalcompare.hhs.gov



CAPH Hospitals - Heart Failure Care Quality Report from Hospital Compare

Data displayed in this table include reported discharges from January 2008 through December 2008

Hospital Name	30-Day Mortality Rate	ACE/ARB for LVSD ⁴	Smoking Cessation Advice/Counseling ⁴	Discharge Instructions ⁴	Evaluation of LVS Function
Alameda County Medical Center	No Differed than U.S. National Rate	99% of 145 ²	98% of 123 ²	67% of 240 ²	99% of 252 ²
Arrowhead Regional Medical Center	No Differed than U.S. National Rate	98% of 130 ²	99% of 135 ²	94% of 344 ²	94% of 349 ²
Contra Costa Regional Medical Center	No Differed than U.S. National Rate	98% of 111	100% of 97	88% of 225	100% of 232
Kern Medical Center	No Differed than U.S. National Rate	95% of 43	93% of 30	71% of 77	97% of 78
LAC/Harbor-UCLA Medical Center	No Differed than U.S. National Rate	98% of 141 ²	99% of 72 ²	96% of 282 ²	98% of 290 ²
LAC+USC Medical Center	No Differed than U.S. National Rate	94% of 355 ²	98% of 211 ²	73% of 640 ²	95% of 661
LAC/Olive View-UCLA Med Ctr	No Differed than U.S. National Rate	98% of 125 ²	97% of 88 ²	83% of 256 ²	99% of 267 ²
Natividad Medical Center	No Differed than U.S. National Rate	85% of 27	100% of 12 ¹	63% of 71	99% of 79
Riverside County Regional Med Ctr	No Differed than U.S. National Rate	91% of 189	100% of 118	85% of 375	98% of 389
San Francisco General Hospital	No Differed than U.S. National Rate	95% of 179 ²	98% of 125 ²	82% of 225 ²	100% of 249 ²
San Joaquin General Hospital	No Differed than U.S. National Rate	93% of 117	90% of 92	63% of 208	98% of 233
San Mateo Medical Center	No Differed than U.S. National Rate	88% of 69	93% of 29	71% of 110	100% of 125
Santa Clara Valley Medical Center	No Differed than U.S. National Rate	94% of 178 ²	84% of 107 ²	81% of 388 ²	99% of 424 ²
Univ of California Davis Med Center	No Differed than U.S. National Rate	89% of 91 ²	97% of 78 ²	84% of 246 ²	100% of 267 ²
Univ of California Irvine Med Center	No Differed than U.S. National Rate	97% of 75 ²	100% of 25 ²	81% of 188 ²	100% of 208 ²
Univ of California San Diego Med Ctr	No Differed than U.S. National Rate	100% of 88 ²	100% of 37 ²	74% of 194 ²	99% of 229 ²
Ventura County Medical Center	No Differed than U.S. National Rate	100% of 46	100% of 34	95% of 102	99% of 117
Overall Rate for all CAPH Member Hospitals		96% of 2,109	97% of 1,413	78% of 4,171	98% of 4,445
Average for all reporting hospitals in U.S.		89%	91%	76%	89%
Average for all reporting hospitals in California		91%	93%	79%	92%
Top 10% of Hospitals Nationwide		100%	100%	98%	100%
Difference Between Overall CAPH Rate and Top 10% of Hospitals		-5%	-3%	-20%	-2%

- At or Above U.S. Average
- Below U.S. Average
- Top 10% of all U.S. hospitals
- Cannot compare due to small volume

- 1: The number of cases is too small (n<25) for purposes of reliably predicting hospital's performance.
- 2: Measure reflects the hospital's indication that its submission was based on a sample of its relevant discharges.
- 3: Rate reflects fewer than the maximum possible quarters of data for the measure (e.g., less than four quarters).
- 4: Measure is part of Medicare's Proposed Hospital Value-Based Purchasing Program

Prepared by: Cathy Wada
 Revision Date: Nov 2, 2009
 Source: www.hospitalcompare.hhs.gov

Providing quality healthcare and trauma services with compassion and respect



Lenora McCall

Lenora McCall describes SFGH as her hospital, the hospital where her grandchildren were born. Unfortunately, when her daughter Milika Fields became the victim of a freeway shooting in May 2008, Ms. McCall returned to SFGH to learn of her daughter's death. She says that the support she received from SFGH staff and the services she received from the Trauma Recovery Center, including family therapy and referrals, have allowed her to function as she continues to grapple with her daughter's death. She believes that SFGH is truly dedicated to saving lives.

Once she was diagnosed with Stage 1 breast cancer, Ana Eldayat received more than medical treatment at SFGH. Through the Avon Comprehensive Breast Center, she received the support of a Patient Navigator. Ms. Eldayat's Navigator was an invaluable resource to her during chemotherapy and radiation treatments, providing check-ins, information about workshops on nutrition and treatments, and linking her to a community of cancer survivors. She is thankful to the staff at SFGH for the care she has received, especially her Navigator, Dora Cotrim.



Ana Eldayat (right) with her Patient Navigator Dora Cotrim



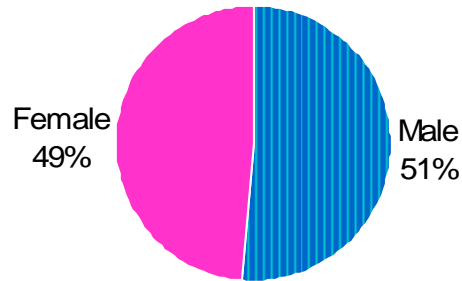
Loretta Rogers (left) with her Patient Navigator Barbara Cicerelli

After becoming a breast cancer patient at SFGH, Ms. Rogers also received the assistance of a Patient Navigator through the Avon Comprehensive Breast Center. Her Navigator, Barbara Cicerelli, kept in touch frequently, helping keep track of appointments, making sure that she was eating properly, and being a crucial source of support during her cancer treatments. Ms. Rogers described the SFGH staff as a family of brothers and sisters working as a team to ensure the best care for our patients. Ms. Rogers died December 17, 2009.

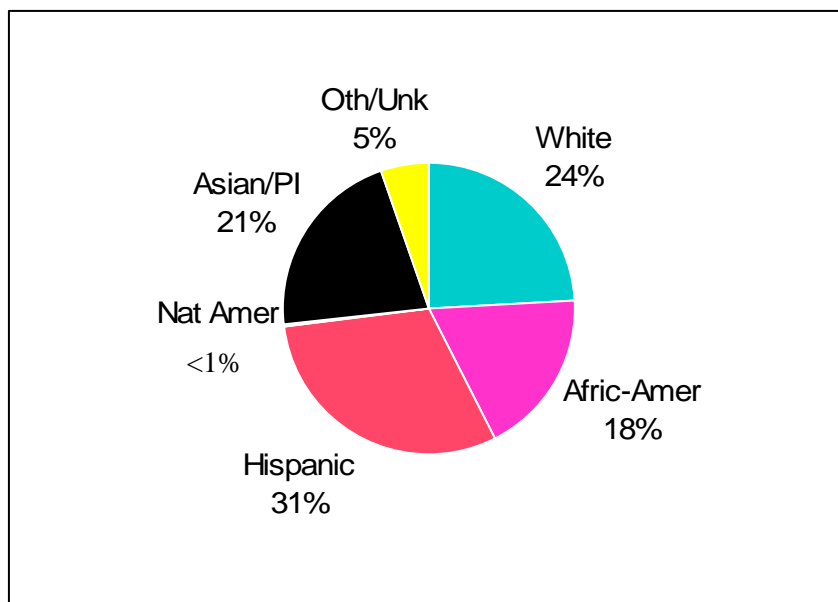
The Patients We Serve

San Francisco General Hospital & Trauma Center treated 98,698 people in Fiscal Year 2008-2009.

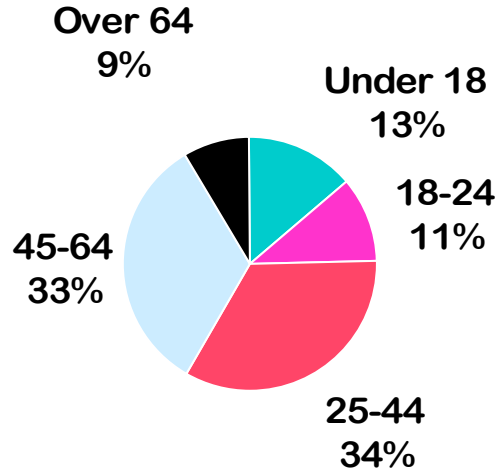
Patients served were 51% males and 49% females. This is the same as the 2007 U.S. Census Bureau estimate for San Francisco. (American FactFinder, U.S. Census Bureau)



Like the City of San Francisco, the SFGH patient population consists of a large percentage of ethnic minorities. The ethnic breakdown, however, is different from that of the City, as estimated by the U.S. Census Bureau for 2007. Whereas Caucasians make up 41% of the City's population, they make up 24% of the hospital's patient population. Hispanics make up 14% of the City's population but make up 31% of the hospital's population. African-Americans are estimated to be 7% of the City's population; 18% of the patient population is African American. Asian/Pacific Islanders are estimated to be 33% of the City's population; 21% of the patient population is Asian/Pacific Islander.



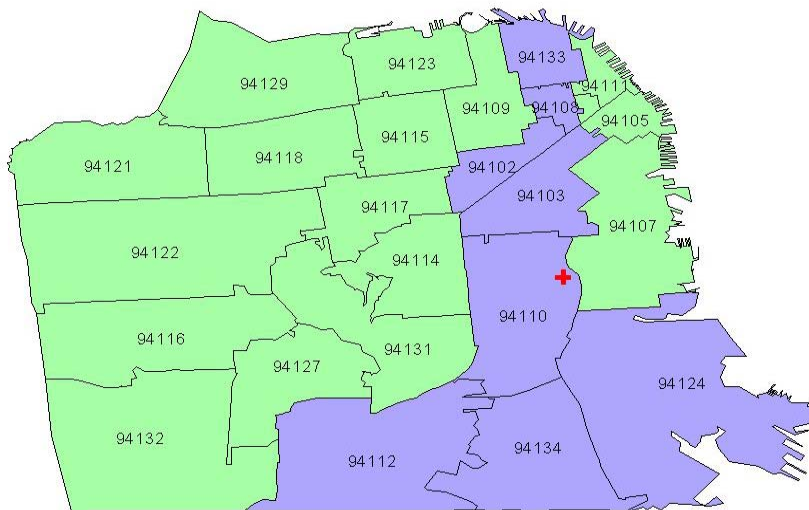
SFGH's patient population is younger than the general population - 78% are between the ages of 18 and 64, whereas 71% of the City's residents are in this age range. Fifteen percent of the City's population is over age 65; this group makes up 9% of the hospital's patient population.



In reviewing patients' residences by zip code on the date of their encounters, 85% of the patient population resided in San Francisco at some point during the year. Eleven percent of the hospital's patients resided outside of San Francisco and 6% were homeless sometime during the year. (The total equals more than 100% because patients' residences may have changed during the year.)

The majority of SFGH's patients resided in eight zip codes areas:

- North of Market (94102) 7%
- South of Market (94103) 6%
- Potrero Hill/Mission (94110) 14%
- Outer Mission (94112) 11%
- Bayview/Hunters Point (94124) 10%
- Visitacion Valley (94134) 7%
- Chinatown (94108/94133) 3%



The following table shows activities by payer type for fiscal year 2008-2009.

Payer Sources	Inpatient Days	Outpatient Encounters
Uninsured	38%	35%
Commercial	3%	2%
Medi-Cal	35%	29%
Medicare	18%	16%
Others (Healthy Families, Research, Jail, Workers' Comp, CHN capitated plans)	6%	18%

SFGH Services

Clinical Service Groups at SFGH:

Cardiology	Neurosurgery
Dermatology	Normal Newborns
Emergency Medicine	Obstetrics
Gastroenterology	Oncology
General Surgery	Ophthalmology
Gynecology	Orthopedic
Hematology	Otolaryngology
HIV Infection	Pediatrics
Internal Medicine	Psychiatry
Interventional Radiology	Pulmonary
Laboratory Medicine	Rehabilitation Medicine
Maxilo-Facial/Plastic Surgery	Substance Abuse
Neonatology	Trauma
Nephrology	Urology
Neurology	Vascular Surgery
Family Practice	

The services provided at SFGH are grouped into the following major categories:

- Inpatient Services
- Ambulatory Services (Primary & Specialty Care)
- Emergency Services
- Trauma Services
- Diagnostic Services

Within each of these categories is a broad range of services, which define the complex level of care.

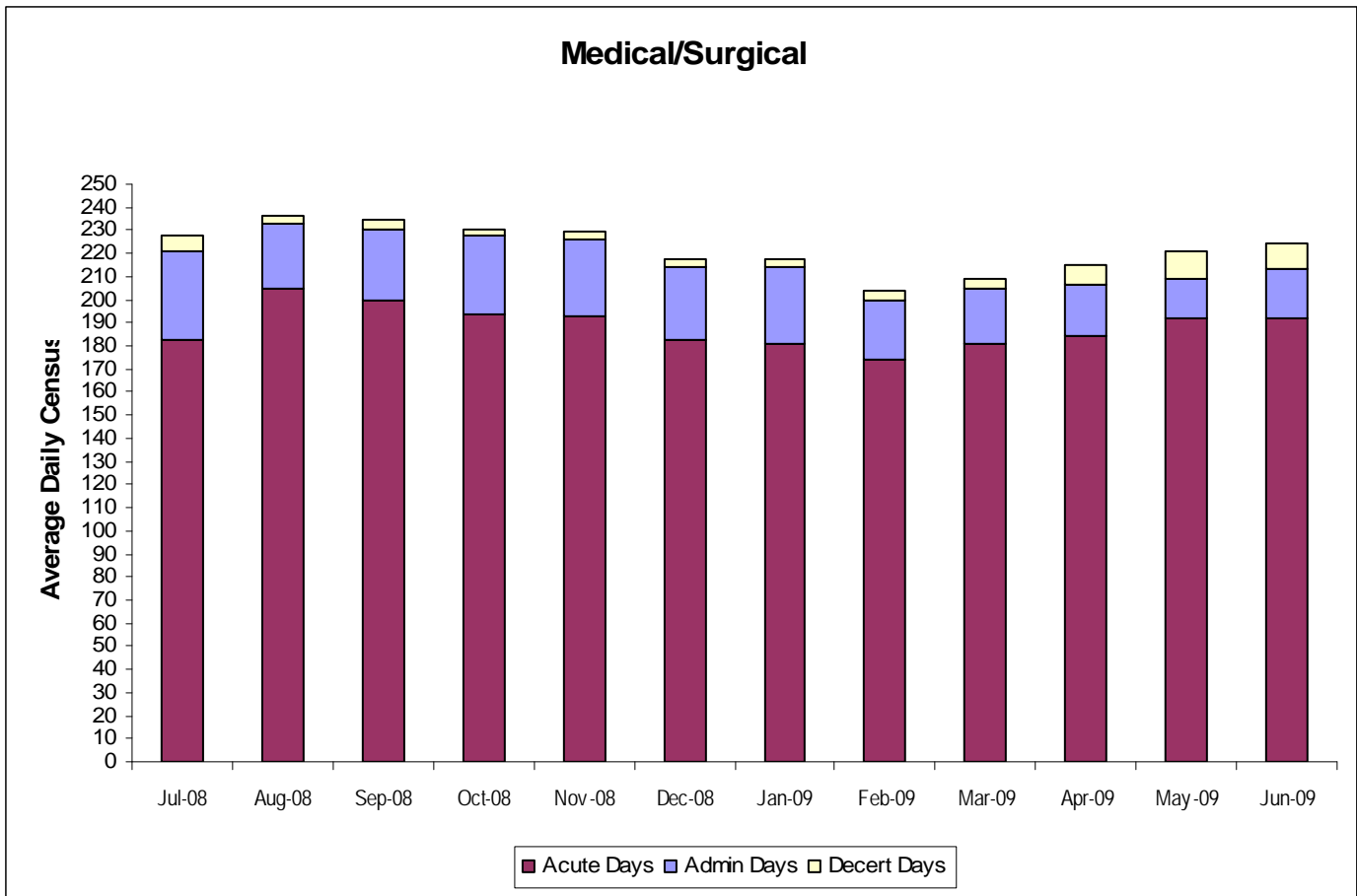
Inpatient Services

In Fiscal Year 2008-2009, there were 15,405 acute admissions, of which 14% were acute psychiatric. There were 103,313 patient days of which 21% were acute psychiatric. The ten most frequently occurring acute inpatient diagnoses were:

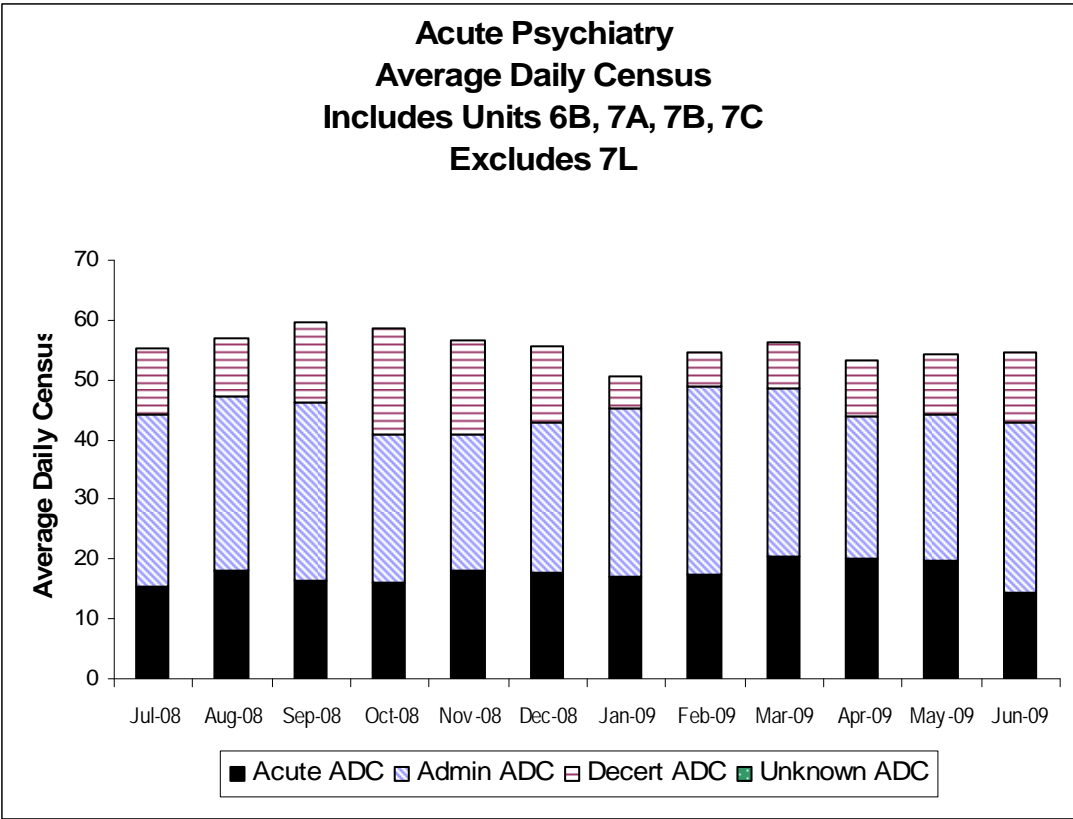
1. Schizophrenia

2. Normal Delivery
3. Pneumonia Organism
4. Congestive Heart Failure
5. Chest Pain
6. Alcohol Withdrawal
7. Leg Cellulitis
8. Shortness of Breath
9. HIV Disease
10. Obstructive Chronic Bronchitis with Exacerbation

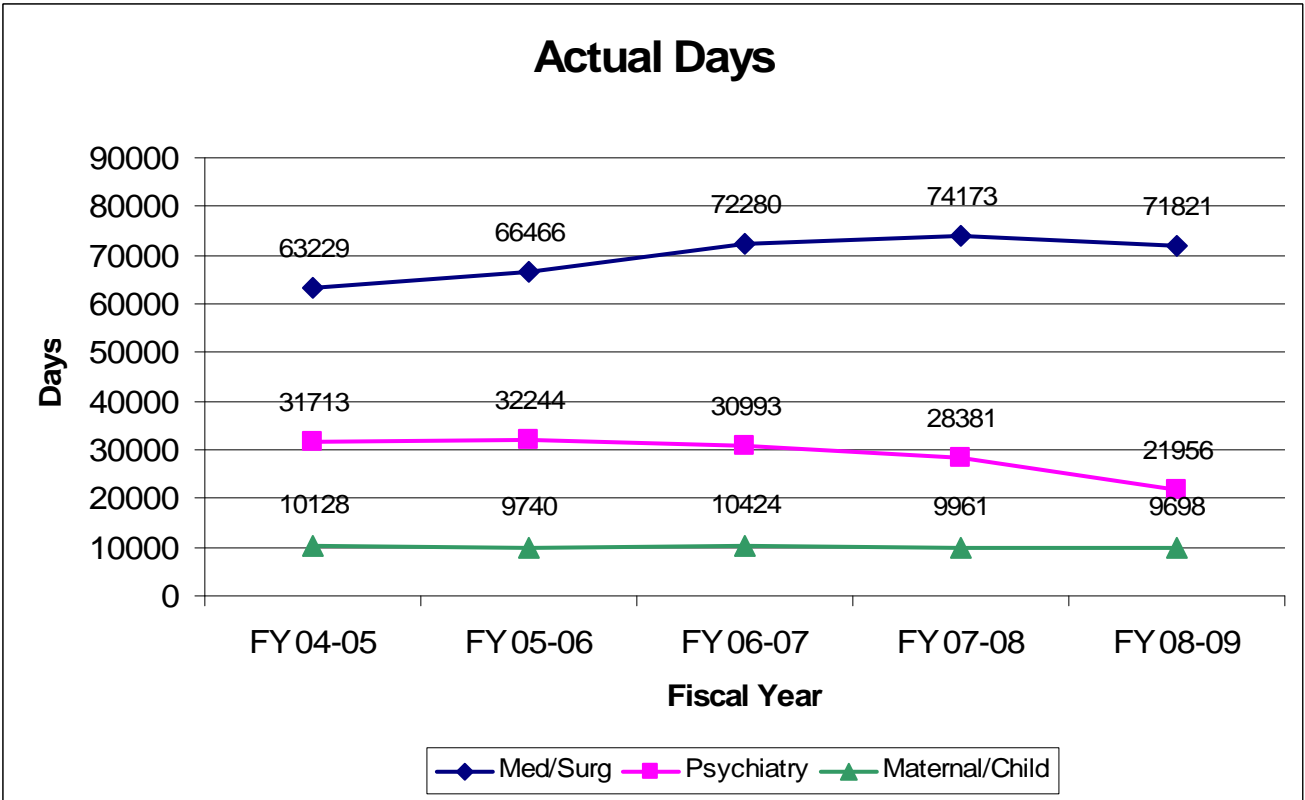
The average daily census for SFGH’s Medical/Surgical services was 223. This translates to 91% of its physical capacity, without accounting for the fact that certain beds are designated for specific populations (e.g., forensic patients, pediatric patients). The industry standard for occupied capacity is 80%.



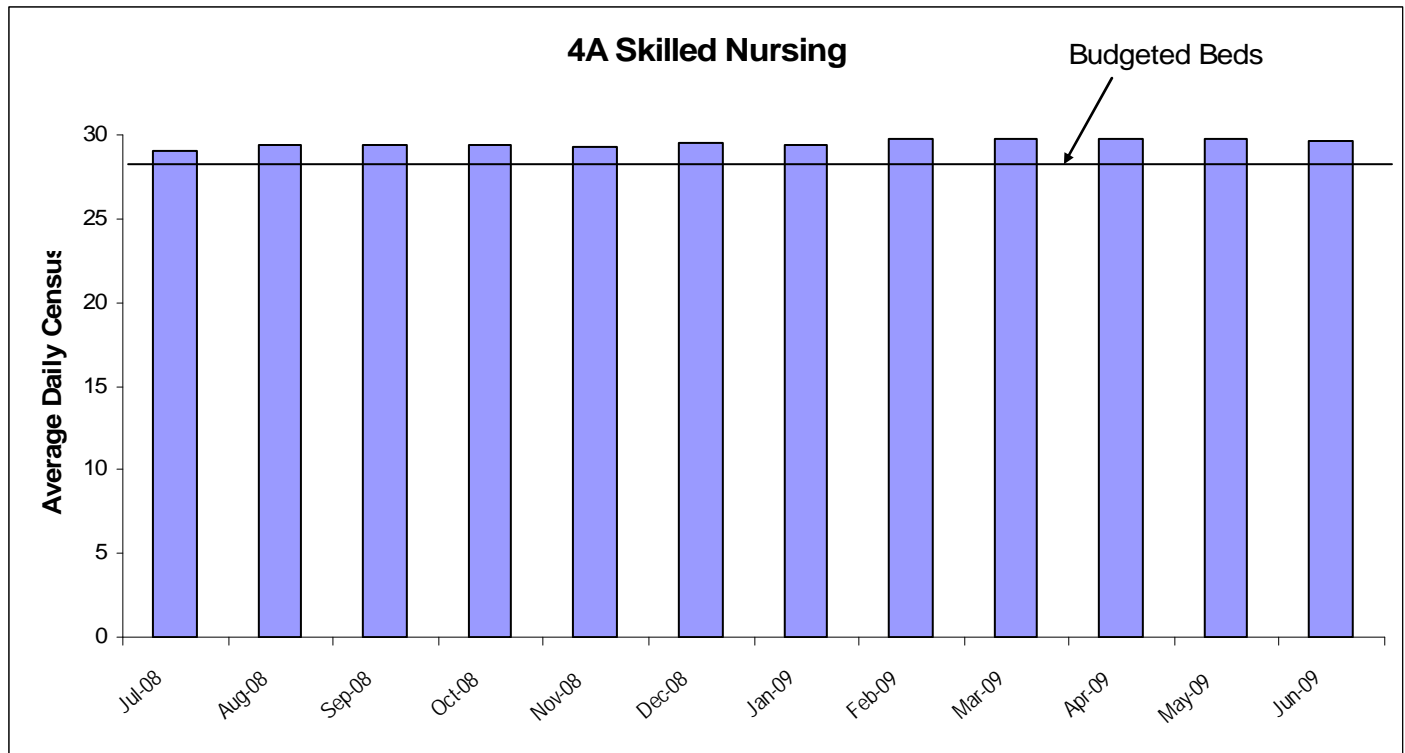
The average daily census for Acute Psychiatry was 60, excluding 7L, the jail unit. This translates to 94% of physical capacity. The average daily census for 7L was 5, which is 40% of physical capacity. Non-acute days continue to be an issue for Psychiatry. The primary reason for these non-acute days is lack of appropriate placement for patients awaiting discharge.



Over the past five fiscal years, the number of Medical/Surgical days increased by 14%, while number of Psychiatric days decreased by 31% and number of Maternal/Child days decreased by 4%. The decrease in Psychiatry is due to a concerted effort to place patients in appropriate placements in the community.



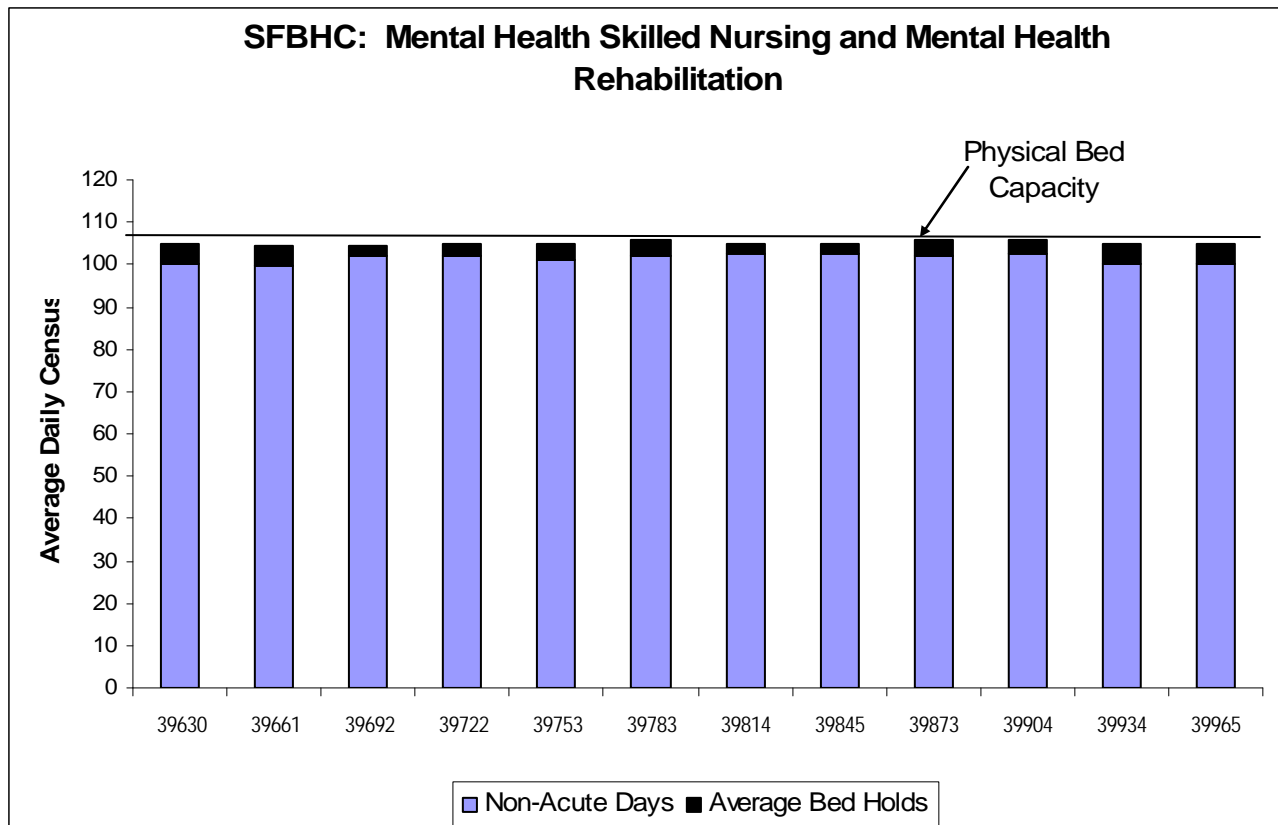
SFGH maintains a 30 bed short-term Medical/Surgical Skilled Nursing unit. This unit provides short-term non-acute care for patients awaiting or recovering from a procedure, patients requiring aftercare that is unable to be administered at home, and patients awaiting placement. The average length of stay is 34 days. The Skilled Nursing Unit was originally planned as a 14-day unit, however, patient placement has been a consistent issue.



In addition, SFGH is home to the **San Francisco Behavioral Health Center (SFBHC)**. SFBHC serves the sub-acute psychiatric population of the City and County of San Francisco, providing diagnostic evaluation and treatment services, with a rehabilitation focus that promotes improved independence and enables residents to achieve their highest level of functioning, for residents with severe and persistent mental illness. The SFBHC is designed to help residents move along the continuum of care and to transition to the most appropriate community setting.

SFBHC has three levels of care:

- **Mental Health Rehabilitation**: licensed by the California Department of Mental Health (DMH), the Mental Health Rehabilitation Program has 47 beds and focuses on psychosocial rehabilitation of clients with severe and persistent mental illness. The average daily census is 44.
- **Skilled Nursing Facility**: licensed by the Department of Health Services (DHS), the Skilled Nursing Facility has 59 beds and provides for continued care of psychiatric patients with medically complex needs. The average daily census is 57.
- **Adult Residential Care Facility**: licensed under the California Department of Social Services (DSS) Community Care Licensing Division, the Adult Residential Care Facility has 41 beds and helps clients transition back into the community. The average daily census is 41.



“Bed holds” account for most of the gap between the average daily census and the budgeted beds (an average of 3.5 per day). When SFBHC patients are seen in Psychiatric Emergency Services or the Emergency Departments, those beds are held awaiting the patients’ return. However, bed holds are not included in the SFBHC daily census as those patients are included in either the PES or ED census.

Ambulatory Services

In Fiscal Year 2008-2009 527,178 encounters were documented, of which 27% were primary care, 29% were specialty care, 10% were Emergency, 4% were urgent care, 20% were diagnostic and 10% were for other services. Ambulatory clinic services are organized and provided under 6 major centers:

The Adult Medical Center provides comprehensive primary care services through its General Medicine Clinic and specialty services to persons over 18 years of age.

Specialty services include:

- | | |
|------------------|--------------|
| Chest | Cardiac |
| Diabetes | Dermatology |
| Oncology | Renal |
| Endocrinology | Rheumatology |
| Gastrointestinal | Hematology |
| Hepatomegaly | Hypertension |

The Adult Surgery Center provides a full-range of ambulatory surgical specialties, where comprehensive consultation, surgical procedures and recovery are provided in the hospital setting.

Surgical Specialty Services includes:

Trauma	Orthopedic
General Surgery	Otolaryngology
Vascular	Ophthalmology
Proctology	Neurology
Plastic/Maxilo-Facial	Neurosurgery
Hand	Optometry
Foot	Urology
Breast	Oral Surgery

The Children's Health Center provides culturally competent and sensitive medical services to children and young people up to the age of 21. It serves children requiring evaluation of health status, diagnosis and treatment of acute illness. In addition to primary and specialty care services, off-hours pediatric urgent care services are available for patients of the Community Health Network and its affiliated partners.

Specialty services include:

Asthma	Dermatology
Cardiac	Urology
Hematology	Renal
Neurology	Nutrition

The Women's Health Center provides general obstetrical and primary women's health care for women of adolescent to geriatric age.

Specialty services include:

- Infertility treatment
- Prenatal education and exercise programs
- Teen obstetrics programs

Extensive family planning services, including therapeutic abortions, and counseling services are provided within the Family Planning Clinic.

The Family Health Center provides comprehensive primary care to all family members of all ages, including culturally competent care for the diverse population of the community served by SFGH. Using a Family Practice model, staff incorporates patient education, counseling, diagnostic, screening and therapeutic services in the patients' care and emphasis is on prevention, health maintenance and early diagnosis and treatment of illness.

Services include:

- Prenatal care
- Perinatal case management
- Well child care
- Pharmacist consultation
- Mental health services
- Nutritional assessment and education
- Substance abuse counseling
- Family therapy
- HIV family clinic
- Social services
- Minor surgery

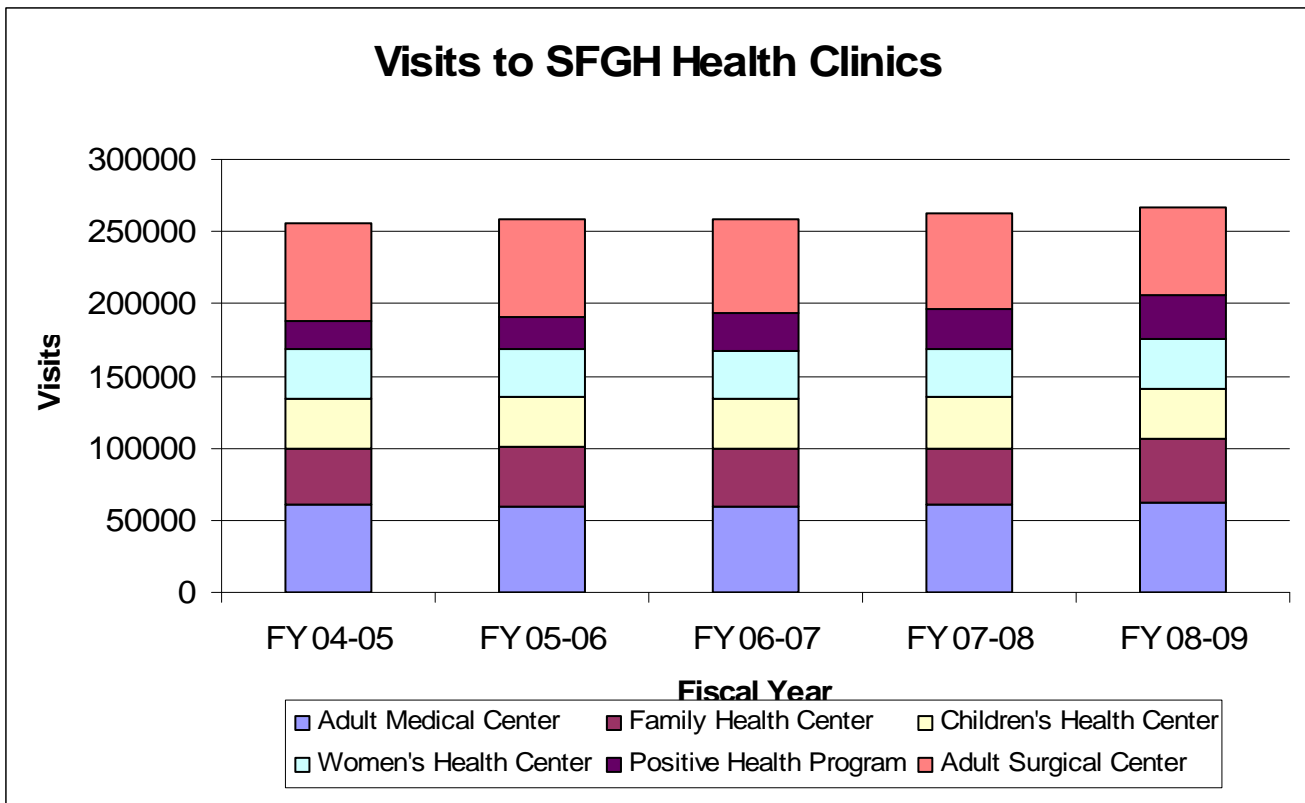
- Health education
- Diabetes education and case management
- Urgent care

The Positive Health Program is a multidisciplinary service that provides specialized care to HIV-infected patients. The program delivers compassionate care with a focus on continuity and quality provided by an enabled, committed, and expert staff. Research is focused to improve care, and maintain adequate resources for meeting the care demands of its service population.

Services include:

- Primary Care
- Dermatology
- Pulmonary
- Endocrinology
- Mental health services
- Lymphoma
- Women’s Health
- Oncology
- Health education

Over the past four fiscal years, the number of outpatient visits to the major health clinics of SFGH increased by 4%.

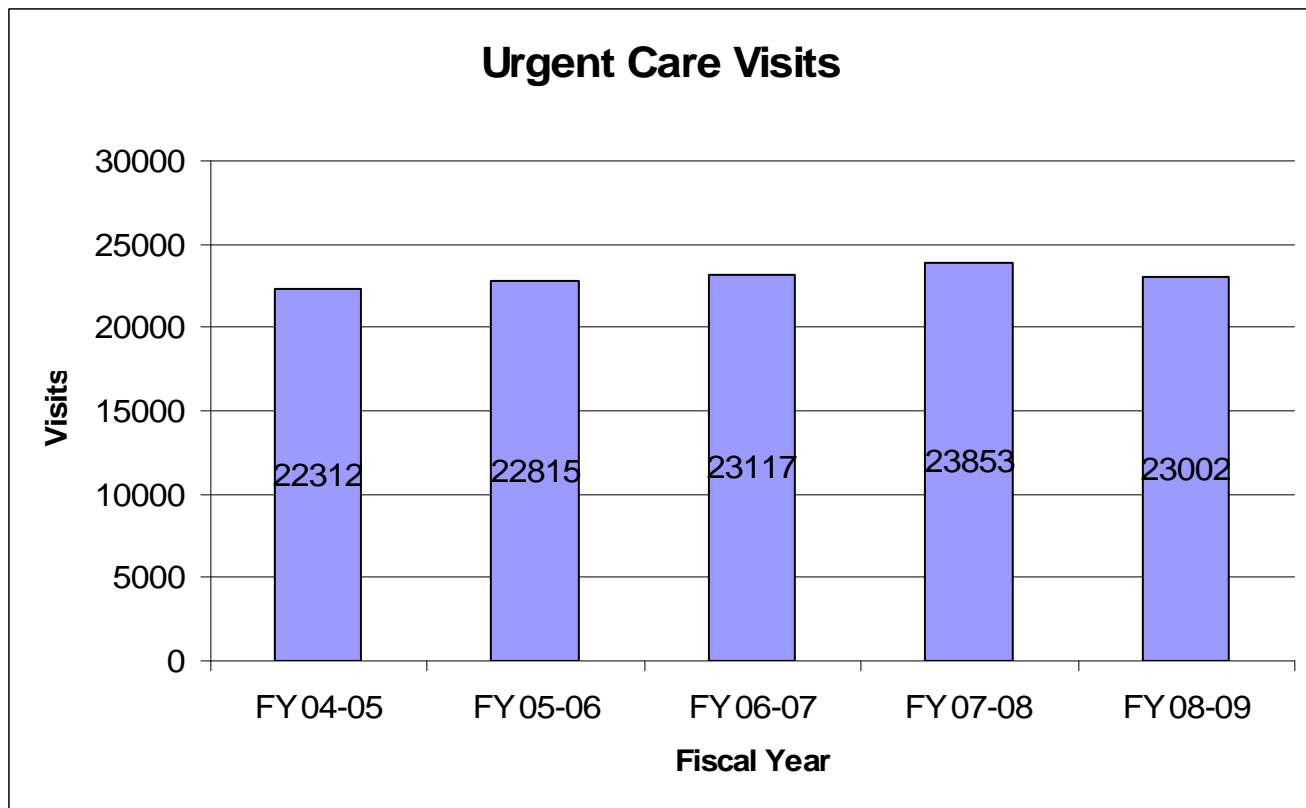


The Adult Urgent Care Service provides evaluation and treatment to patients with non-emergent conditions, who, in the past, would have been diagnosed and treated in the Emergency Department. The clinic is open 7 days per week, including holidays, for 80 hours of service coverage. Adult Urgent Care documented almost 23,000 encounters in the last fiscal year.

The most common diagnoses are:

1. Backache
2. Hypertension
3. Joint Pain-Lower Leg
4. Generalized Abdominal Pain
5. Acute Upper Respiratory Infection
6. Acute Pharyngitis
7. Cough
8. Joint Pain-Ankle
9. Diabetes
10. Urinary Tract Infection

The patient demographic of patients using the Urgent Care Clinic (by encounters) is similar to the overall hospital population, with 46% females and 54% male; and 27% Caucasians, 21% African-Americans, 32% Hispanics, 16% Asian/Pacific Islanders, and 4% others.



Of visits to Urgent Care, 89% were by San Francisco residents, 5% by out-of-county residents, and 6% by people who were homeless. Of the San Francisco residents, 62% were from 6 zip code areas: 94110 Mission (17%), 94112 Outer Mission (13%), 94124 Bayview/Hunters Point (11%), 94134 Visitacion Valley (7%), 94102 Tenderloin (7%), and 94103 South of Market (7%).

Emergency Services

The SFGH Emergency Department (ED) is a 24-hour, 7-day a week service licensed by the State of California for comprehensive emergency services. The ED provides resuscitation care for the Trauma Center (Level I) and is the primary receiving facility for mass casualty events. In Fiscal Year 2008-2009, over 53,000 Emergency Room visits occurred, of which 15% resulted in an admission.

The most common diagnoses for non-admitted patients are:

1. Abdominal Pain
2. Alcohol Abuse
3. Chest Pain
4. Hypertension
5. Headache
6. Pain in Limb
7. Contusion to Head
8. Altered Mental Status
9. Acute Upper Respiratory Infection
10. Shortness of Breath

Of the non-admit patients, 41% were females and 59% were males. This varies from the overall SFGH population of 49% females and 51% males. Emergency Department patients' race also varies as compared to the overall hospital population, with lower ED use by Hispanics (29% vs. 31%), Asians/Pacific Islanders (15% vs. 20%) and higher use by Caucasians (28% vs. 24%) and African-Americans (23% vs. 19%).

Of visits to the ED, 77% were by San Francisco residents, 13% by out-of-county residents, and 10% by people who were homeless. Of the San Francisco residents, 66% were from 6 zip code areas: 94110 Mission (16%), 94124 Bayview/Hunters Point (13%), 94112 Outer Mission (12%), 94102 Tenderloin (8%), 94103 South of Market (8%) and 94134 Visitacion Valley (8%).

Psychiatry Emergency Services (PES) provides 24-hour, 7-day a week emergency assessment, stabilization and disposition for acute psychiatric patients. Last year, there were over 7,200 cases, of which 26% resulted in an acute inpatient admission.

Even more so than the ED, the gender of non-admit PES patients varies from the overall SFGH population, with 35% females and 65% males. Patients' race also varies as compared to the overall hospital population, with lower ED use by Hispanics (12% vs. 29%) and Asians/Pacific Islanders (11% vs. 20%) and higher use by Caucasians (48% vs. 24%) and African-Americans (24% vs. 19%).

Of the PES encounters, 65% were by San Francisco residents, 11% by out-of-county residents, and 24% by people who were homeless. Of the San Francisco residents, 61% were from 6 zip code areas: 94110 Mission (14%), 94102 Tenderloin (13%), 94103 South of Market (14%), 94109 City Hall/Polk Gulch (7%), 94124 Bayview/Hunters Point (6%), and 94112 Outer Mission (7%).

The SFGH Trauma Center was one of the first programs organized in the United States to combat death and disability due to injury. It has also been designated as the Level I Trauma Center by the Emergency Medical Service Agency (EMSA) of both San Francisco and San Mateo Counties and verified by the American College of Surgeons/Committee on Trauma.

A designated Level I Trauma Center is defined as a specialized hospital facility that has an adequate depth of personnel, resources, services, equipment and supplies to provide care for the injured patient throughout all phases of the patient's hospitalization from resuscitation through discharge. This continuum of care includes the Emergency Department, Radiology/Imaging Services, Laboratory and Blood Bank, Operating Room, Intensive Care Nursing, Medical-Surgical Nursing, Physical Therapy, Social Services and psychological support for the patient and family. This level of comprehensive care is immediately available 24 hours/day every day of the year.

As San Francisco's only Trauma Center, SFGH provides resuscitation, diagnosis, treatment and rehabilitation for complex injuries affecting all areas of the human body. Over 3,500 adults and children were treated in FY2008-2009 for injuries requiring activation of a multi-disciplinary team of surgeons, nurses, technicians and therapists.

Diagnostic Services & Ancillary Services

- Clinical Laboratories
- Food and Nutrition
- Infection Control
- Nursing
- Pastoral Care
- Rehabilitation
- Respiratory Therapy
- Pharmaceutical
- Medical/Psychiatric Social
- Radiology
- Interpreter
- Material Management
- Messengers
- Medical Staff Office
- Parking
- Patient/Visitor Center
- Utilization Management
- Admitting
- Biomedical Engineering
- Business
- Education and Training
- Environmental
- Facilities Management
- Human Resources
- Health and Safety
- Hospital Administration
- Health Information System
- Information System
- Quality Management
- Risk Management
- Security
- Telecommunications
- Volunteers

Academics and Research

Through its long-standing affiliation with the **University of California, San Francisco (UCSF)**, SFGH serves as a major teaching hospital for Medicine, Nursing, Pharmacy and Dentistry. All of the physicians at SFGH are UCSF faculty. Approximately 1,500 UCSF physicians, specialty nurses, health care professionals and other professionals work side-by-side with 3,500 City employees at SFGH. The City and County of San Francisco pays UCSF for the patient care services through an affiliation agreement. Each year, over 350 third or fourth year medical students, 800 residents and 60 clinical fellows are trained at SFGH. Thirty-two percent of all the UCSF interns training in 17 academic departments and 35% of all UCSF medical students' clinical training are conducted at SFGH.

In addition, SFGH provides approximately 200 clinical nursing placements at the Associate, Baccalaureate and Masters level for students from UCSF, the California State University System, local community colleges, and Bay Area private universities and colleges each year.

The hospital is also home to more than 20 research centers and major laboratories. Over 160 principal investigators conduct research through programs based at the hospital campus.

Research work and studies in the following areas are currently being carried out at the SFGH:

Trauma related research:

- Rapid response improvement
- Emergency Department management
- Violence prevention
- Surgical techniques and wound care
- Brain spinal cord injury management
- Bone regeneration

Bioterrorism and Mass Casualty:

- Development of treatment for botulism toxin
- Decontamination methods for exposures
- Drug and antibody delivery systems
- Predictive models of needed resources

AIDS related research:

- Treatment to the homeless
- Adherence to treatment
- Outcomes in the urban poor
- Treatment and prevention of drug resistant HIV
- Immunology of AIDS
- Drug trials
- Management of illness to preserve productivity
- Reducing sexual risk behavior
- Post exposure prophylaxis (needle stick, prenatal, sexual, etc.)

Cancer related research:

- Treatment of mesothelioma
- Medical marijuana use
- Breast cancer treatment and preventions
- Ovarian cancer drug delivery system
- Prevention of basal cell carcinomas

Cardiovascular related research:

- Heart attack prevention and treatment
- Stroke prevention and treatment
- Vascular malformations and aneurysms prevention and treatment

Pulmonary related research:

- Asthma-treatment, prevention, and genetics
- Interstitial lung disease-management and causes
- Chronic lung disease-pathology and preventions
- TB-prevention, control, and treatment
- Pneumonia-genetic risk factors, treatment

Health Disparities:

- Racial and ethnic disparities in adults, children and newborns
- Genetic differences
- Health care delivery systems, literacy and cultural effects
- Comparisons of the SFGH system to other systems



SFGH Employees

SFGH has approximately 2,700 City and County of San Francisco (CCSF) fulltime equivalent employees and approximately 1,300 University of California, San Francisco (UCSF) full-time equivalent employees including physicians and house staff.

SFGH is formally affiliated with UCSF by contract to provide medical care, medical students and residents for teaching and research. There are over 500 active (over 50% time) and over 550 courtesy (under 50% time) members of the Medical Staff and approximately 950 interns, residents and fellows each year. Additionally, SFGH employs advanced practice nurses, nurse practitioners and physician assistants to provide care in the inpatient and clinic settings, as part of the overall healthcare delivery team.

San Francisco General Hospital Foundation

San Francisco General Hospital Foundation is a non-profit organization dedicated to raising private funds to support patient care and comfort at San Francisco General Hospital & Trauma Center. Since its founding in 1994, the Foundation has raised more than \$40 million, helping to directly impact nearly 100,000 patients each year.

The Foundation has helped to build the Avon Comprehensive Breast Center, renovate the Trauma Center Triage Room and the Women's Option Center, bring care to HIV infected children, provide education and support to cancer patients, and fund SFGH programs such as the Center for Vulnerable Populations, Acute Care for the Elderly, Traumatic Brain Injury and Orthopaedic Emergency Surgery, and many others.

The San Francisco General Hospital Foundation named Stephanie Bray as its Executive Director, effective January 11, replacing Katherine Ripley-Williams who had held the post since 2005. Ms. Bray previously was assistant dean for health sciences and advancement at the University of California, Davis, where she was responsible for overseeing philanthropic support for the School of Medicine, School of Nursing and the UC Davis Medical Center, as well as basic research at the university. Most recently, she led the launch of a philanthropic program for the new Betty Irene Moore School of Nursing at UC Davis, which was founded with a \$100 million grant from the Gordon and Betty Moore Foundation. Ms. Bray has raised more than \$50 million over the course of her career for various capital and endowment projects benefiting higher education and regional and national health care organizations. In her new role at the SFGH Foundation, she will plan and implement a comprehensive program to attract donations for furniture, fixtures and equipment for the new SFGH building.



RESOURCES & CREDITS

Department of Public Health

Health Commission

James M. Illig, President

Sonia Melara, M.S.W., Vice President

Edward A. Chow, M.D.

Margine Sako

David J. Sanchez, Jr., Ph.D.

Steven Tierney, Ed.D.

Catherine M. Waters, R.N., Ph.D.

Department of Public Health

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Anne Kronenberg, Deputy Director, Public Health

Gregg Sass, Chief Financial Officer, Public Health

SFGH Executive Staff

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Kathy Eng, Director, Health at Home

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Kathy Jung, Associate Administrator, Facilities

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Elaine Lee, Director, Human Resources

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Marti Paschal, Director, Administrative Operations

Roland Pickens, Chief Operating Officer

Pat Skala, Director, Information Systems

Cathryn Thurow, Director, Dean's Office

Sharon McCole Wicher, Chief Nursing Officer

Hal Yee, M.D., Chief Medical Officer

San Francisco General Hospital Foundation

Stephanie Bray, Executive Director

About our Heart...



Artist Marianne Fay is a Bay Area artist born and raised in San Francisco. She characterizes her art as “expressionist” because she has a tendency to record the human experience and its emotional impact.

The Heart she created for the San Francisco General Hospital Foundation Hearts in San Francisco Project is a very personal example of her work. In 1987, her brother Jim was stabbed in the heart by a man with psychiatric troubles. His life was saved by the immediate care he received at SFGH’s Trauma Center. Her Heart sculpture reflects his experience with the Trauma Center. Inscribed are the words “my brother, my heart” with an image of hands holding his heart. She said of her participation in the project, “I am hoping that by participating in this project I will be able to show my gratitude towards this amazing hospital, and to give back something of value as a small repayment for the gift of my brother’s life.”