

# ***SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER***



**Annual Report  
Fiscal Year 2012—2013**

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The San Francisco General Hospital and Trauma Center (SFGH) annual report is divided into three sections.

The first section describes who we are, our mission, our vision, and our goals. The services we provide are presented as are general demographics of our patients. Financial information and many facts and figures about us can be found here.

The second section presents our Strategic Plan, the roadmap to our future. The Strategic Plan is organized by our three foundations: **People, Systems, and Technology**. Here, you will read highlights from each area of the strategic plan. We have also included baseline data and metrics to indicate how we measure the plan’s progress along the way. Each year, we will provide an update.

Section three covers other essential programs, partnerships, leaders and staff that help complete the picture of San Francisco General Hospital and Trauma Center.

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

In my twenty-plus years in health care, I can't remember a time as exciting and important as we're in now.

All year, the drumbeat of health reform set a rhythm for our activities. We examined everything through a new lens -- patient care, quality, efficiency, patient and staff experience and so much more.

We participated in intensive efforts led by San Francisco's Director of Health, Barbara Garcia, to analyze, strategize and reorganize the Department of Public Health. The result is an integrated delivery system. We will begin next year as part of the new San Francisco Health Network, offering patients a comprehensive managed care system that includes primary care in the community, specialty and acute hospital care at The General, rehabilitation and long-term care at Laguna Honda Hospital and mental health care wherever it is needed.

Our strategic plan continued to guide us through these changes, bringing us to the doorstep of health reform implementation. We made huge strides in improving service, listening to our staff and patients' priorities. We shook up our operations with the Lean initiative, speeding the process for patients, improving workflow and empowering staff to be part of the solution. We grew our Wellness program by hundreds of participants in free classes filled with music, movement, healthy food and lifestyle coaching. We got connected to technology to allow providers and patients to move seamlessly throughout our new system.

It was a year of questions. "How can we do better?" "Have we asked the people involved?" "What do our patients think?" "How can we measure this change?" Together, we readied The General to reach new heights.

We are fortunate, because the goals of health reform -- to cover more people, improve quality and rein in costs -- are our goals as well. The energy and excitement at being part of this historic time have buoyed us through the tremendous effort required to prepare.

But none of that stopped the day-to-day work of the city's only trauma center. The whole world saw us in action when we responded to the terrible Asiana Airlines accident. The extraordinary effort that day, and for weeks and months that followed, truly brought out our best. Doctors, nurses and staff from every discipline jumped in without hesitation and the utmost professionalism -- from the emergency department and trauma program to pediatrics, radiology, interpreters, respiratory services, laboratory, materials management, messengers, laundry, facilities, social work, chaplains, sheriffs, eligibility, environmental services, operators, food services and *every* department.

Everyone at The General is a caregiver. Whether we are responding to an international disaster or providing needed health care to more than 100,000 San Franciscans a year. We are here to serve the community. We are strengthened by our partnership with the University of California, San Francisco School of Medicine, by the support of the San Francisco General Hospital Foundation and by the leadership of the San Francisco Health Commission and Department of Public Health. At the end of the day, our successes are owed to our talented and dedicated staff and providers. They really make San Francisco General the heart of our city.

# Who We Are



**City By The Bay**  
by Judith L. Lippe

**SAN FRANCISCO GENERAL HOSPITAL  
AND TRAUMA CENTER  
MISSION, VISION, VALUES  
FISCAL YEARS 2011 – 2016**

**OUR MISSION:**

TO PROVIDE QUALITY HEALTH CARE AND TRAUMA SERVICES WITH COMPASSION AND RESPECT.

**OUR VISION:**

TO ADVANCE COMMUNITY WELLNESS BY ALIGNING CARE, DISCOVERY AND EDUCATION.

**OUR VALUES AND COMMITMENTS:**

SERVICE EXCELLENCE  
CLINICAL QUALITY AND HEALTH EQUITY  
PROFESSIONAL AND ACADEMIC EXCELLENCE  
SAFETY AND ACCOUNTABILITY  
ENHANCING WELLNESS  
EFFICIENT MANAGEMENT SYSTEM  
INTEGRATION AND COORDINATION ACROSS SERVICES  
DEVELOP AND EXPAND INFORMATION TECHNOLOGY  
MOVING BEYOND “IMPLEMENTATION” TOWARD “ADOPTION” OF HIT





# SAN FRANCISCO GENERAL HOSPITAL and TRAUMA CENTER

## Why is San Francisco General Hospital Important?

San Francisco General Hospital and Trauma Center is the sole provider of trauma and psychiatric emergency services for the City and County of San Francisco. A comprehensive medical center, SFGH serves some 104,000 patients per year and provides 20 percent of the city's inpatient care. As San Francisco's public hospital, SFGH's mission is to provide quality health care and trauma services with compassion and respect to patients that include the city's most vulnerable. SFGH is also one of the nation's top academic medical centers, partnering with the University of California, San Francisco School of Medicine on clinical training and research.

### SFGH BY THE NUMBERS

- \*598 licensed beds
- \*104,000 patients treated
- \*20% of all inpatient care in San Francisco
- \*1,145 babies born
- \*75,000+ Med. and Psych. Emergency visits
- \*40,000+ Urgent Care visits
- \*3,200 Trauma activations
- \*30% of all ambulances come here
- \*592,000+ outpatient visits
- \*Approximately 4,300 (2,650 FTEs) City & 1,900 (1,600 FTEs) UCSF employees
- \*32% of all UCSF resident training
- \*\$125.4 million in charity care provided in FY2011; 72% of all charity care provided in SF
- \*Provides 93% of the inpatient care for Healthy San Francisco enrollees
- \*1 of 13 Emergency Medicine residencies in CA
- \*Interpreters provide service in over 20 languages

- **San Francisco General Hospital is the Heart of our City.** We save lives. We serve the City's community health needs. We fight diseases. We teach new doctors and nurses. We lead new health care innovation. We serve you in times of emergency. 
- **San Francisco General Hospital is where miracles happen.** If you're severely injured, you'll be cared for at our world-class trauma center (Level 1) where staff is ready 24/7 to deliver the comprehensive treatment you need to stay alive.
- **San Francisco General is a teaching hospital.** We partner with UCSF to train doctors and other health professionals. Our hospital is home to 20 research centers and labs that benefit patients worldwide. US News & World Report ranks UCSF 4th best in research training and 5th best in primary care—the only medical school to rank in the top five in both categories. Home to \$250 million research grants conducted by 150 principal investigators. 
- **San Francisco General is building a great facility** to provide even better care for generations to come. Construction will be completed in 2015.

### SFGH Unique Services & Innovative Programs

**Only** Trauma Center in San Francisco: *Lowers the risk of death by 20-25% compared to non-trauma centers*

**Only** Psychiatric Emergency Services in San Francisco: *6,800 annual encounters*

**Largest** acute & rehabilitation hospital for psychiatric patients: *Provides 60 of the 81 adult inpatient psychiatric beds in San Francisco with over 2,000 admissions per year*

**Only** Baby Friendly hospital in SF certified by the World Health Organization: *An 85.3% in-hospital exclusive breastfeeding rate, one of the highest in California*

**High-performing** Stroke certification by The Joint Commission: *100% success in delivering t-PA to patients presenting within the eligible timeframe*

**First** ACE (Acute Care for Elders) geriatric inpatient unit in California: *Reduced re-admissions for ACE patients from 10% to 6%*

**Innovative training:** Orthopaedic Trauma Institute Surgical Training Facility, a *state-of-the-art teaching facility dedicated to innovative medical, health and science workshops; trained 1,500 physicians & medical personnel in 2009*

**Rapid** Video Medical Interpretation services in over 20 languages: *Improved timely interpreter access from an average wait of 30 minutes to 3 minutes*

**Innovative** SF Injury Center and Wraparound Project: *reduced violent injury recidivism from 33% to 11%*

**Pioneering:** First Traumatic Brain Injury Program certified by The Joint Commission.

## *Who We Serve*

San Francisco General Hospital and Trauma Center treated 103,895 people in Fiscal Year 2012-2013. Below is a comparison of the hospital's patient demographics to the City and County of San Francisco (U.S. Census Bureau, 2010 Census)

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 reported in 2010 - SFGH patients are a higher percentage of African Americans and Latinos; lower percentage of Whites and Asian Pacific/Islander.

Regarding age, SFGH's patient population is younger than the general population - 79% are between the ages of 18 and 64, whereas 86% of the City's residents are in this age range. While 14% of the City's population is over age 65; this group makes up 9% of the hospital's patient population.

	<b>SFGH</b>	<b>CCSF 2010 Census</b>
<b>Gender</b>		
Female	49%	49%
Male	51%	51%
<b>Race</b>		
White	23%	42%
African American	17%	6%
Hispanic	31%	15%
Native American	<1%	
Asian Pac/Islanders	23%	33%
Others/Unknown	5%	4%
<b>Age</b>		
Under 18	12%	15%
18 - 24	10%	7%
25 - 44	33%	38%
45 - 64	36%	26%
Over 64	9%	14%
<b>Zip Code of Residence</b>		
North of Market (94102)	7%	4%
South of Market (94103)	7%	3%
Potrero Hill/Mission (94110)	14%	10%
Outer Mission (94112)	12%	9%
Bayview/Hunters Point	10%	4%
Visitacion Valley (94134)	7%	5%
Chinatown (94108/94133)	3%	5%

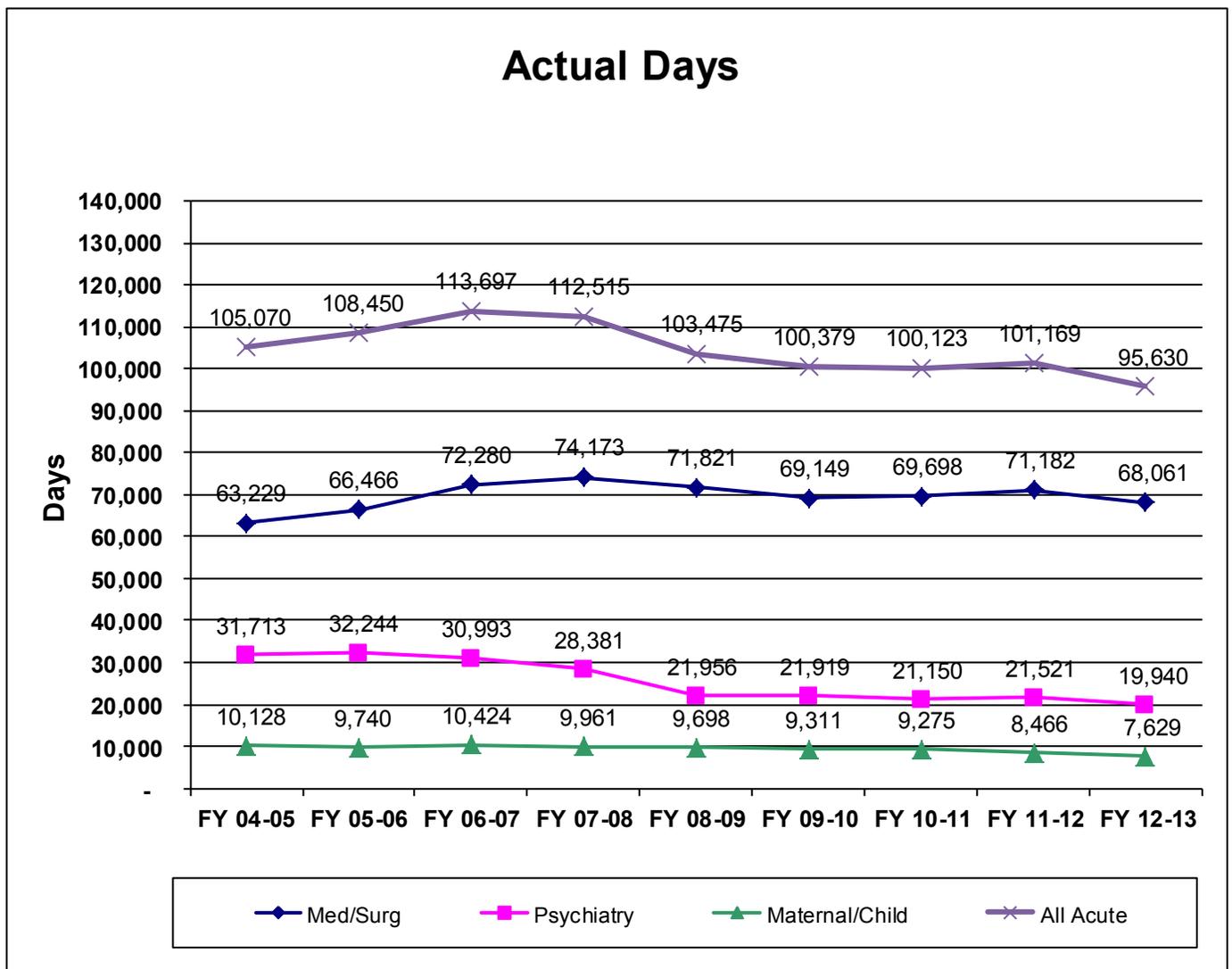
# SFGH Services

## Acute Care

- 16,838 acute admissions
  - 14% were acute psychiatric.
- 95,630 patient days
  - 21% were acute psychiatric
- Average daily census for Medical/Surgical services was 207.4.
  - Average bed occupancy is 86% of physical bed
- Average daily census for Acute Psychiatry was 55.
  - Average bed occupancy is 72% of physical beds.

Ten most frequently occurring diagnoses:

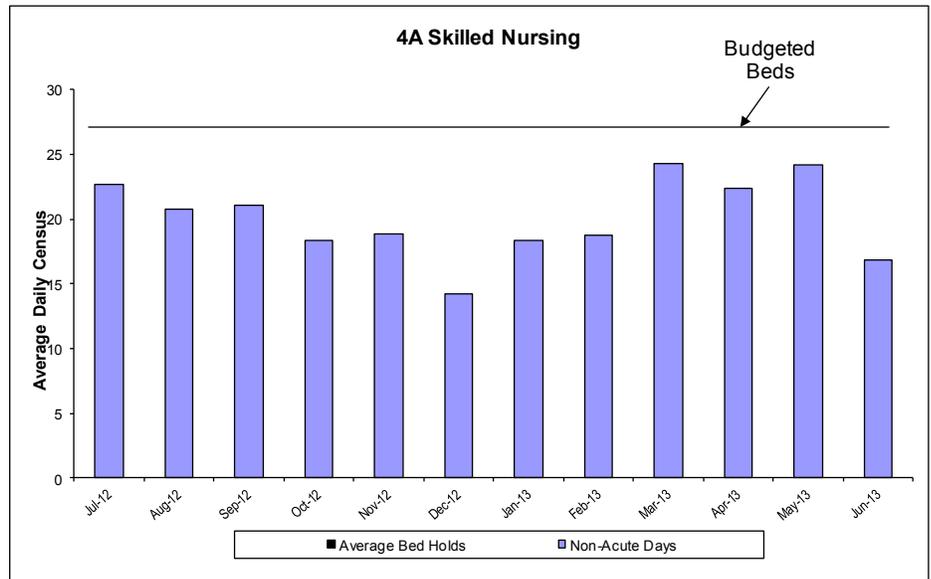
1. Normal Delivery of a Baby
2. Psychosis
3. Septicemia
4. Pneumonia
5. Chronic Paranoid/Schizophrenia
6. Alcohol Withdrawal
7. HIV Disease
8. Leg Cellulitis
9. Congestive Heart Failure
10. Obstructive Chronic Bronchitis



# SFGH Services

## 4A Skilled Nursing Care

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 after-care that cannot be administered at home, and patients awaiting placement. The average length of stay is 21 days.

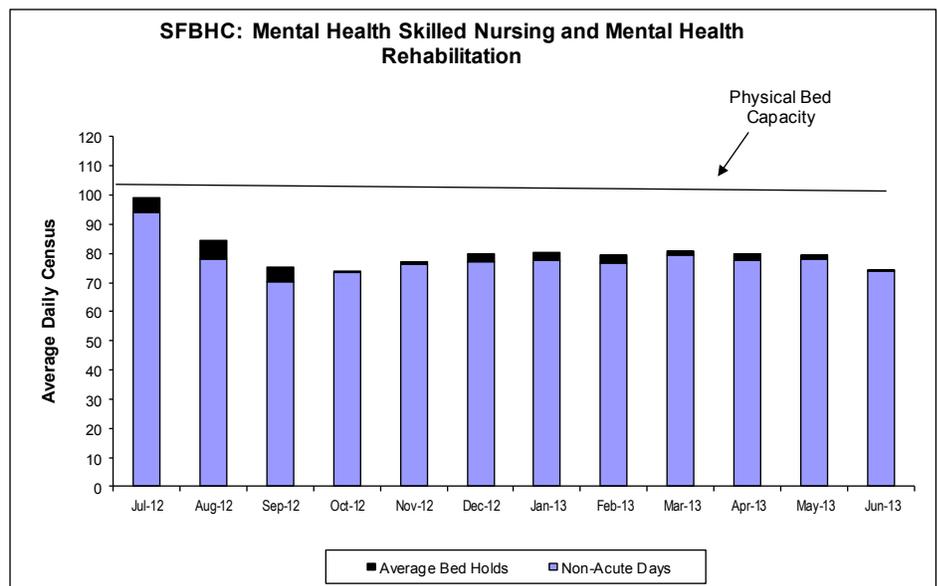


## San Francisco Behavioral Health Center (SFBHC)

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.

In FY 2012-2013, the SFBHC had 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 was 33..
- Skilled Nursing Facility:** licensed by the California Department of Public Health (CA-DPH), the Skilled Nursing Facility has 59 beds and provides for continued care of psychiatric patients with medically complex needs. The average daily census was 45.
- 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 was 41.



# SFGH Services

## Ambulatory Services

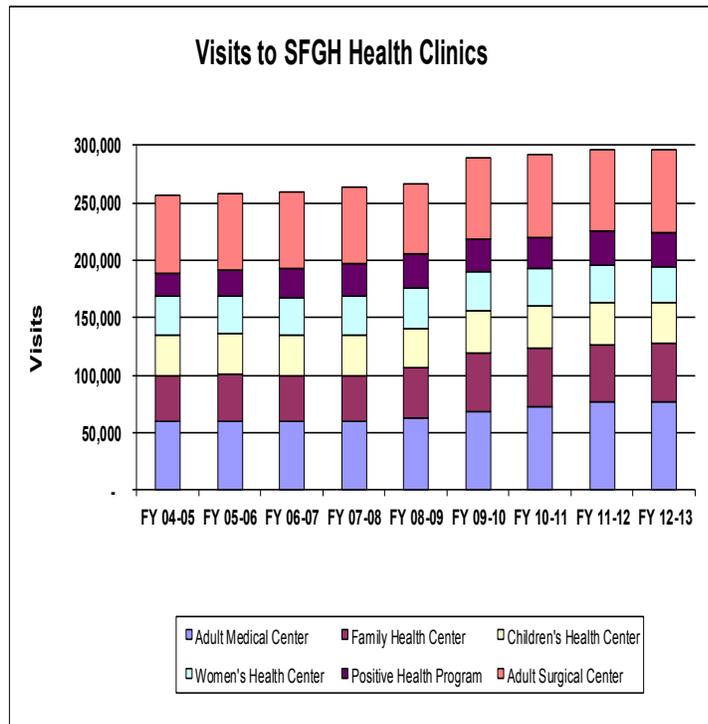
In Fiscal Year 2012-2013, 592,678 encounters were documented, of which 21% were primary care, 35% were specialty care, 10% were Emergency, 5% were urgent care, 21% were diagnostic and 8% were for other services.

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

**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.

**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. Off-hours pediatric urgent care services are available.

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

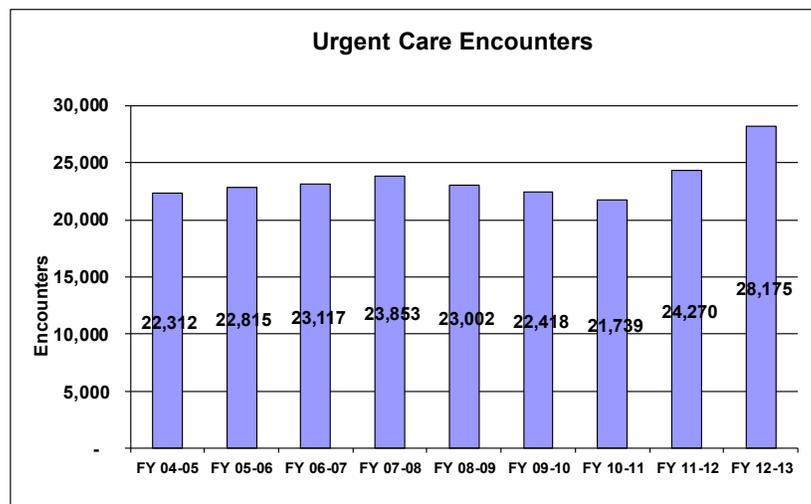


**The Family Health Center** provides comprehensive primary care to all family members of all ages, including culturally competent care for the diverse population of the community served by SFGH.

**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.

## Adult Urgent Care Service

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 28,167 encounters in the last fiscal year.



# SFGH Services

## 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 2012-2013, over 70,000 Emergency Department encounters occurred, of which 20% resulted in an admission.

Gender:  
Female: 40%  
Male: 60%

Race  
White: 28%  
African-American: 25%  
Hispanic: 25%  
Asian/Pac. Islander: 12%  
Unknown/Others: 10%

Age  
Under 18 7%  
18—24 11%  
25—44 39%  
45—64 35%  
Over 64 7%

The most common diagnoses for non-admitted patients are:

1. Chest Pain
2. Abdominal Pain
3. Alcohol Abuse
4. Pain in Limb
5. Swelling in Limb
6. Headache
7. Cough
8. Hypertension
9. Shortness of Breath
10. Lumbago

**Psychiatry Emergency Services (PES)** provides 24-hour, 7-day a week emergency assessment, stabilization and disposition for acute psychiatric patients. Last year, there were nearly 6,000 cases, of which 33% resulted in an acute inpatient admission.

Gender:  
Female: 34%  
Male: 66%

Race  
White: 46%  
African-American: 27%  
Hispanic: 11%  
Asian/Pac. Islander: 10%  
Unknown/Others: 6%

Age  
Under 18 1%  
18—24 11%  
25—44 48%  
45—64 37%  
Over 64 4%

The most common diagnoses are:

1. Psychosis
2. Episodic Mood Disorder
3. Depressive Disorder
4. Schizoaff Disorder
5. Paranoid Schizophrenia
6. Bipolar Disorder
7. Schizophrenia
8. Adjustment Disorder
9. Posttraumatic Stress Disorder
10. Adjustment Reaction

# *SFGH Services*

## **Diagnostic Services & Ancillary Services**

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

## **Academics and Research**

Through its long-standing affiliation with the **University of California, San Francisco School of Medicine (UCSF)**, SFGH serves as a major teaching hospital for Medicine, Nursing, Pharmacy and Dentistry. Approximately 1,900 UCSF physicians, specialty nurses, health care professionals and other professionals work side-by-side with 4,300 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, 900 residents and 60 clinical fellows are trained at SFGH. Thirty-two percent of all the UCSF residents 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 150 principal investigators conduct research through programs based at the hospital campus. Major research papers were presented and published in 2012 by SFGH investigators. Some of the highlights included:

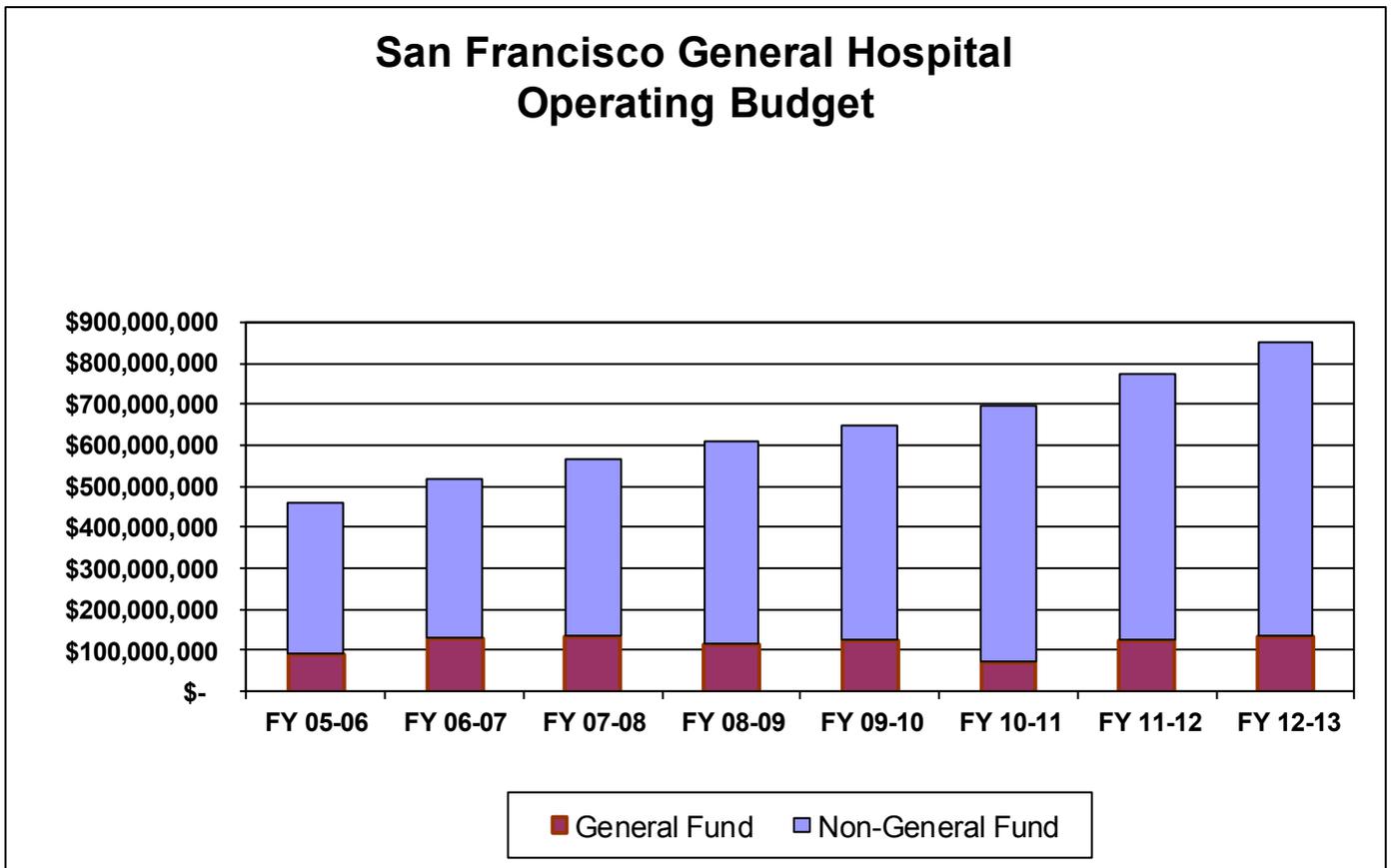
- Landmark article in Neuron on potential therapy for deafness using virus technology. **Larry Lustig, MD**, Otolaryngology (July 2012).
- Landmark article in Science Translational Research by **Joseph M. McCune, MD, and Steven Deeks, MD**, on changes in intestinal bacteria that may contribute to disease progression and development of non-AIDS conditions in people with HIV.
- **Anne Kinderman, MD**, Director of Palliative Care Service and **Heather Harris, MD**, Associate Director of Palliative Care Service, published a short story in a book by the Chinese Coalition for Compassionate Care (the only organization in the nation devoted to end-of-life concerns in the Chinese community).
- Seminal paper in Science Translational Medicine by **Andrew Goldberg, MD**, on the human biome in chronic sinusitis.
- Radiology published paper by **R. F. Thoeni, MD**, on The Revised Atlanta classification of acute pancreatitis.
- **Alice Hm Chen, MD** and **Lisa Murphy, MD** published a paper in the New England Journal of Medicine about SFGH/UCSF's eReferral Program.

## Financials

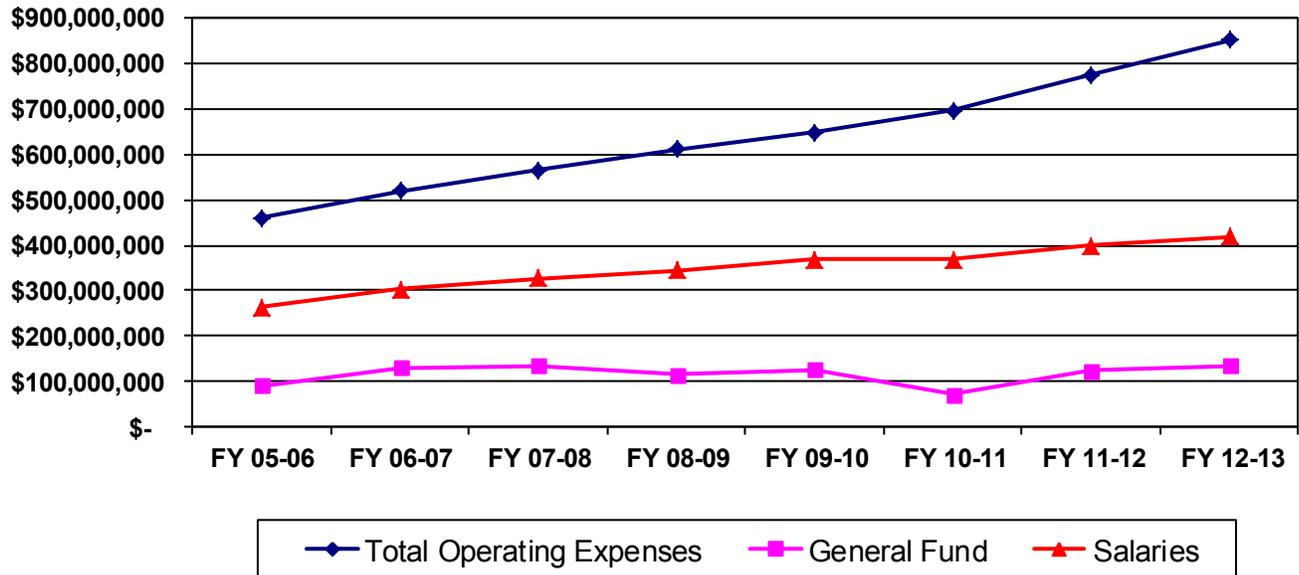
The following table shows activities by payer type for fiscal year 2012-2013. Percent of uninsured inpatient days increased significantly from last fiscal year (32% to 39%) while percentage of Medi-Cal (40% to 35%) and Medicare (20% to 18%) inpatient days decreased. Percentage of outpatient encounters by Payor Sources were consistent with Fiscal Year 2011-2012.

Payer Sources	Inpatient Days	Outpatient Encounters
Uninsured	39%	10%
Healthy San Francisco	1%	27%
Commercial	2%	2%
Medi-Cal	35%	35%
Medicare	18%	17%
Others (Healthy Families, Research, Jail, Workers' Comp, CHN capitated plans)	5%	9%

Total operating expenses for SFGH in FY2012-2013 increased by 10% over the previous fiscal year, from \$774,451,000 to \$852,862,000. The percentage of General Fund dollars in the SFGH budget, 16% in FY 2012-2013, is the same as last year, lower than the past 7 years with the exception of FY2010-2011.



## San Francisco General Hospital Total Operating Expenses, General Fund and Salaries



	<u>FY 05-06</u>	<u>FY 06-07</u>	<u>FY 07-08</u>	<u>FY 08-09</u>	<u>FY 09-10</u>	<u>FY 10-11</u>	<u>FY 11-12</u>	<u>FY 12-13</u>
Total Operating Expenses	\$459,446,000	\$518,807,000	\$565,051,000	\$610,681,000	\$647,619,000	\$697,574,000	\$774,451,000	\$852,862,000
		+13%	+9%	+8%	+6%	+8%	+11%	+10%
General Fund	\$91,485,000	\$129,890,000	\$135,137,000	\$115,791,000	\$125,606,000	\$70,949,000	\$124,245,000	\$133,552,000
Pct of Total Budget	20%	25%	24%	19%	19%	10%	16%	16%
Non-General Fund	\$367,961,000	\$388,917,000	\$429,914,000	\$494,891,000	\$522,013,000	\$626,624,000	\$650,206,000	\$719,310,000
Pct of Total Budget	80%	75%	76%	81%	81%	90%	84%	84%
Salaries	\$262,820,000	\$302,399,000	\$327,662,000	\$343,516,000	\$367,861,000	\$368,490,475	\$398,227,041	\$419,132,000
Pct of Total Budget	57%	58%	58%	56%	57%	53%	51%	49%

# SFGH STRATEGIC PLAN: Our Roadmap to the Future



**“Unzipped”**  
by Shay L. Davis

# ***SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER FY2011—2016 STRATEGIC PLAN***

In late 2011, San Francisco General Hospital created a five year strategic plan driven by the demands of our immediate future. The Affordable Care Act and health reform are becoming a reality, and we are on schedule to move into a beautiful new hospital for inpatient care in 2015. Those are truly major events that have taken many years to materialize. When they arrive, we want to be ready. And, we will be. Our strategic plan provides the road map to get us there.

The strategic plan helps us to achieve our mission to provide quality health care and trauma services with compassion and respect. It is organized under three foundations: **People, Systems, and Technology**. The People foundation focuses on clinical and service excellence. Systems concentrate on operational efficiency and coordination. Technology centers around meaningful use of health information technology. Each foundation consists of values and commitments that create a framework for transforming health care at The General, where our top priority is always our patients. We come to work for the mission; we are *here* because we *believe* in the mission.

In the **People** category, the values and commitments consist of the following: service excellence, clinical quality and health equity, professional and academic excellence, safety and accountability, and enhancing wellness. We aim to provide the safest and uppermost quality health care possible by setting high standards. We rely on our extraordinary staff, from every discipline, to carry this out.

The **Systems** foundation focuses on two values and commitments: efficient management system, and integration and coordination across services. Physician and nurse leaders are working with their colleagues and non-clinical staff to demonstrate how better systems can improve care, enhance staff and patient experience and increase efficiency so that more patients can be reached.

As for **Technology**, it also has two values and commitments that focus on developing and expanding health information technology (HIT) and moving beyond “implementation” toward “adoption” of HIT. Innovative ideas are being adopted in order to provide better patient care while increasing productivity and reducing cost. This refocuses our attention and resources back to our patients.

The strategic plan is a long term plan to ensure SFGH will continue providing excellent patient care for years to come.



# SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER

TRANSFORMING HEALTH CARE AT SFGH 2011-2016



## OUR MISSION

To provide quality health care and trauma services with compassion and respect

## OUR VISION

To advance community wellness by aligning care, discovery, and education

### FOUNDATIONS

#### VALUES & COMMITMENTS

##### SERVICE EXCELLENCE

Create an organizational structure where staff are engaged - in partnership with patients and families - to promote diversity and achieve excellence in communication, operational efficiency, and patient care.

##### CLINICAL QUALITY AND HEALTH EQUITY

Improve patient care and promote health equity by engaging staff and providers through collaboration, accountability, and measurement of performance.

##### PROFESSIONAL AND ACADEMIC EXCELLENCE

Create and sustain an environment of professional excellence in all disciplines. Ensure a supportive and enriching training environment that promotes diversity.

##### SAFETY AND ACCOUNTABILITY

Enhance a culture of shared responsibility where SFGH is accountable for the systems it designs and for responding to the behaviors of staff in a fair and just manner.

##### ENHANCING WELLNESS

Enhance the health of patients and staff through a Wellness initiative that promotes healthy lifestyles, active living, and emotional, physical, and spiritual well-being.

##### EFFICIENT MANAGEMENT SYSTEM

Adopt an operational efficiency framework that promotes performance improvement, staff satisfaction, and patient-centered care while controlling costs.

##### INTEGRATION AND COORDINATION ACROSS SERVICES

Optimize coordination of care within SFGH and across the DPH system including primary, specialty, diagnostics, acute, long-term care and rehab, and ensuring the integration of mental health and medical health care.

##### DEVELOP AND EXPAND INFORMATION TECHNOLOGY

Continue to develop and expand information technology and systems at SFGH. Ensure that new technologies are in compliance with IS standards and in alignment with the hospital's strategic plan.

##### MOVING BEYOND "IMPLEMENTATION" TOWARDS "ADOPTION" OF HIT

Develop a clinical informatics program that will promote the meaningful use of Health Information Technologies. Integrate IT with clinician workflow. Engage patients in their own healthcare with the help of technology. Use data to improve patient safety and clinical quality, enhance efficiency and reduce costs.

### GOALS

#### Service Excellence:

1. Attain the 80% in HCAHPS inpatient experience positive score by July 2016
2. Attain 80% in CG-CAHPS outpatient provider positive score by July 2016

#### Clinical Quality and Health Equity:

1. Reduce harm by 40% from July 2011 to 2016 as measured by reductions in:

- Central Line Associated Blood Stream Infection
- Stage III and IV Hospital Acquired Pressure Ulcers
- Ventilator Associated Pneumonia
- Falls with Injuries

2. Attain 100% on CMS Core Measure composite results for:

- Acute Myocardial Infarction
- Heart Failure
- Pneumonia
- Surgical Care
- Diabetes Care (H<sub>1A1</sub><8%)
- Adolescent Immunizations (Tdap and Meningococcal)

#### Professional and Academic Excellence:

1. Increase percentage of RN with specialty certification to 40% by July 2015
2. Improve trainee satisfaction by 20% while adhering to ACGME duty hour restrictions by July 2015

**Safety and Accountability:** Implement a Fair & Just Culture program and attain a 15% overall improvement in our Culture of Safety survey scores by July 2016

#### Enhancing Wellness:

1. Increase participation in Wellness Center programs by staff, patients & community by 20% annually
2. Support staff in implementing at least 3 wellness concepts per department per year

### SYSTEMS

Operational Efficiency & Coordination

#### Integration and Efficient Management:

Reduce waste by 40% by July 2016 compared to 2011, as measured by a reduction in:

- Patient Flow in the ED
    - o Door to diagnostic evaluation and time from ED arrival to discharge for patients.
  - LEAN lead times in 3M and Urgent Care Clinics
- 90% of referral consults responded to within 3 days  
1000 real time telemedicine consults conducted by July 2016

### TECHNOLOGY

Meaningful use of Health Information Technology

#### Adoption of Meaningful Use of Health Information Technology by:

- Complete five-year development plan for electronic health records at SFGH
- Attest to Stage 1 and 2 of Meaningful Use by 2014
- Complete roll-out of Computerized Provider Order Entry (CPOE) to all medical-surgical units (>90% orders on CPOE) by end of 2012
- Complete roll-out of MAK (electronic medication administration record) to all medical-surgical units and Psychiatry by end of 2012
- Successful implementation of Ambulatory Electronic Medical Record
- Create Quality Data Center by summer 2012

Associated with each of the Strategic Plan Foundations, Values and Commitments, are 5 year goals. The following Strategic Pan Performance Scorecard monitors the hospital 's progress in attaining these goals. Fiscal Year 2011-2012 is our baseline year.

 <b>SAN FRANCISCO GENERAL HOSPITAL &amp; TRAUMA CENTER</b> <small>TRANSFORMING HEALTH CARE AT SFGH 2011-2016</small>		 <b>OUR MISSION</b> To provide quality health care and trauma services with compassion and respect <b>OUR VISION</b> To advance community wellness by aligning care, discovery, and education	
<b>STRATEGIC PLAN PERFORMANCE SCORECARD</b>			
Value/Commitment Area	Baseline Year (2011-2012)	Year 2 (2012-2013)	Goal Year 5 (2015-2016)
<b>SERVICE EXCELLENCE</b>			
<b>HCAHPS- Patients rate hospital with 9 or 10</b>	60%	58%	80%
HCAHPS is a patient satisfaction survey sent to patients after they are discharged from the hospital. One question asks patients to rate hospital on a scale of 1 (worst) to 10 (best). The aim is to have 80% of patients rating the hospital with a 9 or 10 by 2016			
<b>CG-CAHPS- Patients rate primary care with 9 or 10</b>	61%	60%	80%
CG-CAHPS is a patient satisfaction survey sent to patients after a primary care visit. One questions asks patients to rate their provider on a scale of 1 (worst) to 10 (best). The aim is to have 80% of patients rating their provider with a 9 or 10 by 2016.			
<b>CLINICAL QUALITY AND HEALTH EQUITY</b>			
<b>Instances of Patient Harm</b>	<u>123</u>	<u>136</u>	<b>Reduce to Zero</b>
Central Line-Associated Blood Stream Infections (CLABSI)	8	5	
Surgical Site Infections (SSI)	42	33	
Ventilator Associated Pneumonia (VAP)	2	9	
Hospital Acquired Pressure Ulcers - Stage 3 or higher (HAPU)	31	50	
Falls with Injury	40	39	
CLABSI, SSI, HAPU and VAP data is from Infection Control and pertains only to acute care. Falls data is system-wide and is based on numbers from the Risk Management's database. SFGH has joined the NAPH Safety Network Collaborative that aims to reduce harm to patients by 40%.			
<b>Quality and Accountability: CMS Core Measures</b>			<b>UHC Target</b>
<b>% inpatients who received recommended care:</b>			
Acute Myocardial Infarction	94%	92%	90%
Heart Failure	91%	89%	90%
Pneumonia	79%	77%	90%
Surgical Care	93%	94%	90%
These CMS Core measure composite results are from the University Health System Consortium (UHC) and represent the percentage of inpatients who received recommended care for all measures in each category.			
<b>Managed Care for Outpatients</b>			<b>90th %tile</b>
Diabetes Care (HgA1c<8%)	68%	68%	69%
Colorectal Cancer Screenings	58%	60%	63%
Adolescent Immunizations (Tdap and Meningococcal)	62%	67%	76%
These HEDIS measures reflects quality improvement efforts in the Family Health Center and the General Medicine Clinic. Adolescent immunization data is for San Francisco Health Plan patients only. Goal is to reach national 90 percentile.			
<b>PROFESSIONAL AND ACADEMIC EXCELLENCE</b>			
<b>RN Specialty Certification</b>	17%	15%	40%
The aim is to increase the percentage of RNs who have achieved specialty certification (e.g., CCRN, medical-surgical) from 17% to 40% by 2015. The American Nurses Credentialing Center (ANCC) recognizes that RNs with specialty certification demonstrate increased specialty competency.			
<b>RNs with BSN and Master's</b>	65%	69%	80%
The aim is to increase the number of baccalaureate prepared (BSN) RNs to 80% of the SFGH RN workforce by the year 2015. ANCC has established a goal of 80% BSN workforce by 2020. Nursing literature demonstrates a correlation between BSN prepared RNs and improved patient outcomes.			
<b>Trainee satisfaction</b>	4.31	4.31	4.5
SFGH's Clerkships annual evaluations ask trainees to rate their course or clerkship on a scale of 1 (poor) to 5 (excellent).			



STRATEGIC PLAN PERFORMANCE SCORECARD

Value/Commitment Area	Baseline Year (2011-2012)	Year 2 (2012-2013)	Goal Year 5 (2015-2016)
<b>SAFETY AND ACCOUNTABILITY</b>			
<b>Culture of Safety</b>	65%	65%	80%
The 2012 annual hospital-wide Culture of Safety Survey shows the percentage of staff who rate the culture of patient safety in their department as very good or excellent. The aim is to improve this rating by 15% by 2015-16. The next survey will be conducted in Year 3			
<b>Fair and Just Culture Implementation</b>	20%	22%	100%
By 2016, all staff behavior incidents that could have caused harm will be managed using the Fair and Just Culture method. Year one target is to train 500 staff on Fair and Just Culture. 1100 staff have been trained to date, out of 5100 UCSF and CCSF staff.			
<b>ENHANCING WELLNESS</b>			
<b>Wellness Center participation</b>	459	769	1595
769 people have participated in Wellness programs this year including 35% staff, 39% community members, and 26% patients. The goal is to increase this total by 20% annually, and to support staff implementation of wellness concepts each year. In year 2, participation increased by 67%.			
<b>EFFICIENT SYSTEMS</b>			
<b>Reduce Time Waste (in minutes)</b>			Reduce by 40%
Average LEAN lead time in Urgent Care Clinic	206	122	
Average LEAN lead time in 3M Surgical Clinic	109	94	
Median Time from ED Door to diagnostic evaluation	84	42	
Median Time from ED arrival to departure (for discharged patients)	299	330	
Lead Time is arrival to departure time. The aim to increase time efficiency by 40% by Year 5, as hospital departments go through LEAN			
<b>INTEGRATION AND COORDINATION ACROSS SERVICES</b>			
<b>Specialist Referral Response Time &lt; 3 days</b>	62%	92%	100%
The goal is for all specialty clinics to respond to eReferral requests within 3 days 90% of the time by 2016. As of the end of FY 11/12, 18 of the 29 specialty clinics using the eReferral system had met this benchmark.			
<b>Telehealth consultation volume</b>	369	750	1000
The goal is for 1000 real-time telehealth consults to be conducted by 2016. Two telemedicine initiatives launched in 2012, in telepsychiatry and spirometry. 369 spirometry images had been transmitted and received by the end of June 2012.			
<b>DEVELOP AND EXPAND INFORMATION TECHNOLOGY</b>			
<b>Ambulatory electronic health record implementation (eCW)</b>	15%	17%	100%
By the end of June 2013, eCW was rolled out to 2 community oriented primary care clinics and the 6M Pediatrics unit. Successful rollouts continued with the Gastrointestinal clinics, General Medicine, Cardiology, Chest and the Diabetes clinics. Rollouts will continue through 2014.			
<b>Roll out on Electronic Medication Administration Record</b>	9.5/16	10.5/16	16/16
Inpatient units are now live on Electronic Medication Administration Record with barcoded medication administration (Siemens MAK). MAK was rolled out to all medical-surgical units in early 2012 (5A, 5C, 5D, 4D, 6A [adult only], 7A, 7B, 7C, 7L, 7D).			
<b>Roll out Computerized Provider Order Entry</b>	2/16	5.5/16	16/16
CPOE was piloted in May and roll-out to all medical-surgical units began in June. As of June 30, Units 5D and 5C were live.			
<b>Meeting Hospital Meaningful Use Stage 1</b>	30%	100%	100%
Stage 1 of Meaningful Use focuses on the capacity to capture and store structured data in Electronic Health Records. Developing structured data processes will pave the way towards robust data exchange in Stage 2.			
<b>MOVING TOWARDS ADOPTION OF HEALTH IT</b>			
<b>5 Year development plan for electronic health records at SFGH</b>	75%	75%	100%
A development plan is being finalized with goals that encompass all the work around implementing new information systems across DPH.			
<b>Quality Data Center dashboard development</b>	0%	60%	100%
One of the Data Center's goals is to inform quality improvement through dashboards for internal reporting. Since opening in early 2012, the Data Center has launched 30 SFGH, service and clinic dashboards. By 2016, the Data Center aims to have dashboards available for all inpatient services and SFGH clinics.			
<b>Meeting Hospital Meaningful Use Stage 2</b>	0%	50%	100%
Stage 2 of Meaningful Use is driven by a mandate to share and integrate data in order to promote better coordination of care, necessitating further improvements in IT infrastructure, workflow, and data management. Stage 2 work must be completed by 2014.			



# PEOPLE

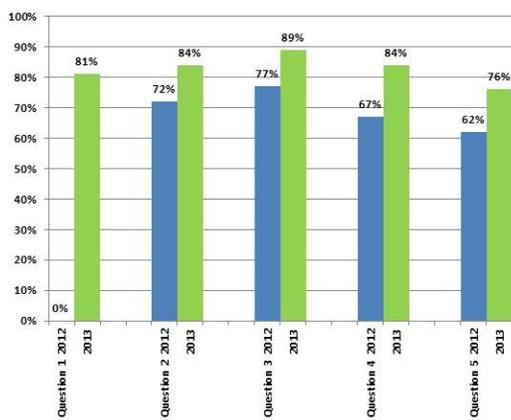
Service Excellence

*Create an organizational structure where staff are engaged – in partnership with patients and families – to promote diversity and achieve excellence in communication, operational efficiency and patient care.*

Building upon the foundation of our people, SFGH embarked on a journey in 2010 to create an organizational structure that supports and promotes service excellence. Now in the second year, SFGH has made progress in embedding this vision of “service excellence” into our culture and organizational DNA.

The Service Excellence Committee has focused on creating a sustainable infrastructure that will support and promote a positive patient and workforce experience for the future. Examples include:

- The creation of a “W.E. C.A.R.E Behavioral Credo,” which stands for welcoming, engaging, courteous, accountable, respectful and excellent. “W.E. C.A.R.E” outlines SFGH's service excellence commitment. The credo sets expectations for staff, volunteers and providers. It is introduced to all new staff and providers during orientation and will be measured as part of the hospital’s core competencies during staff annual performance appraisal process starting in 2014.
- The development of a Department of Public Health (SFDPH) /University of California, San Francisco (UCSF) service excellence provider communication training. In partnership with the American Academy on Communication in Healthcare (AACH), we trained SFDPH providers to be service excellence trainers who will be able to train their colleagues throughout SFDPH starting in July 2014.
- Involving staff directly in the improvement of the workforce experience. This year we administered our second annual workforce experience survey. With almost 2,000 respondents, results indicated that our staff feel more positive this year; the percentage of people who answered a combination of “agree” plus “strongly agree” increased for all questions.



Questions	
1.	I am familiar with the Seven Standards of Service Excellence.
2.	My supervisor or someone at work truly cares about me as a person.
3.	I have the training I need to accomplish my role.
4.	This year, I have had many opportunities to learn and grow.
5.	My opinions really seem to count at work.

Through the Patient Experience Workgroup and Community Engagement Committee, we have invited patients and their family members to join the task forces and committees

charged with improving patient experiences campus wide. Some examples:

- The development of a patient rounding survey so that unit leadership can engage inpatients to assess real-time patient experience
- The creation of the Patient Financial Services Workgroup, established to improve communication and transparency around financial issues between SFGH and patients and families
- Active patient and community member involvement as standing members of the SFGH Service Excellence Committee and Patient Experience Workgroup. This year, we had 8 patients partner with SFGH staff in

process improvement activities.

### **Community Engagement Program: Listening to our patients and community advisors**

With the Community Engagement Program, patient, family and community advisors provide insights and perspectives on hospital services and activities. For 2013, they identified a top priority: prompt access to care. Throughout the year they have heard directly from hospital departments—Pharmacy, Urgent Care, Radiology, General Medical Clinic, Wellness Center - about how they are working to shorten waits and improve access (e.g., nurse advice line, new patient appointments, and Affordable Care Act) and our advisors have provided feedback about what matters most to them. For example, they have helped the Urgent Care Center and Radiology Department determine the best way to communicate with patients who are waiting to be seen, sometimes for hours.

The Community Engagement Committee (21 active members including 9 patients, 4 representatives from community-based organizations, 7 staff and 1 SFGH neighbor) meets monthly and has provided real-time feedback on more than 30 projects, including the nurse advice line, patient surveys, lean, Potrero Avenue streetscape, General Medicine Clinic patient communication, pharmacy pick ups and others. The program also collaborates with the service excellence and lean programs, to include patients in those efforts and to benefit from a growing pool of involved patients and community members. Several of our patient advisors formed the first-ever panel to address hospital managers this year. Other partners in the Community Engagement Program include Mission Neighborhood Health Center and Good Samaritan Family Resource Center. We look forward to continuing to grow this fruitful collaboration between the hospital and its essential partners – our patients and our community.

### **A Patient Story: Volunteers are Gold - Ray Cotter**

Throughout the years thousands of volunteers have streamed in and out of our front doors. They give immeasurable contributions to our hospital’s lifeline while they’re here. Then there are the volunteers who stay for years and play a significant role in our hospital culture. Their skills make a difference in the lives of both staff and patients.



Teamwork in Unit 4D



Members of the Community Engagement Committee tour the Radiology Department.

Ray Cotter is that volunteer. He was first inspired to volunteer at SFGH 27 years ago after being diagnosed with diabetes.

“At the time there was no support group for someone who had diabetes; you were pretty much on your own trying to figure out what to eat, and how to read the diabetic meters. Diabetes is a real lifestyle change and I figured if I needed support I was sure others needed help as well. With Amalia Fyles (now a retired RN, certified diabetes educator) encouragement and support I started a patient diabetes support group and started researching and creating written information about the disease,” he said. “The support group offered us a time and place to talk about where to buy food and we even talked about where to buy the diabetic supplies.”

About 15 years ago Ray helped co-found a Tai Chi group which meets every Tuesday night in the cafeteria. Tai Chi is known for relieving the physical effects of stress on the body. Ray is proud to say he was born and raised in San Francisco. By trade he is the ultimate photographer because he’s combined being a senior research photographer with shooting pictures of legendary American and Latin jazz artists. The great jazz musicians Miles Davis and Tito Puente are included in his vast portfolio of imagery.

At this time Ray is aggressively fighting pancreatic cancer and is not able to walk through our doors. But as soon as soon he’s able, he will be back because, he said, “I have a love and passion about being a volunteer at San Francisco General Hospital.”



Ray Cotter at Blue Angels 2010



## PEOPLE

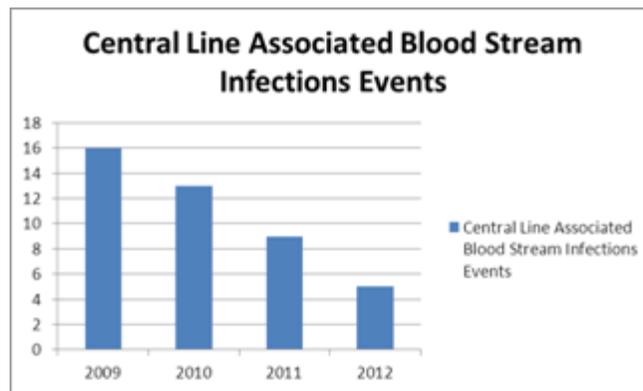
Clinical Quality and Health Equity

*Improve patient care through collaboration, accountability and accurate measurement and reporting.*

A driving force behind SFGH’s mission is to improve patient safety and quality of care so that our patients receive the best health care possible. In keeping with that, clinical quality initiatives for this year focused on reducing harm for our patients, in alignment with national initiatives such as the Centers for Medicare and Medicaid Services (CMS) Partnership for Patients. Selected initiatives are: reducing central line associated blood stream infections (CLABSI), prevention of patient falls with injury and hospital acquired pressure ulcers, and decreasing mortality from sepsis.

### CLABSI

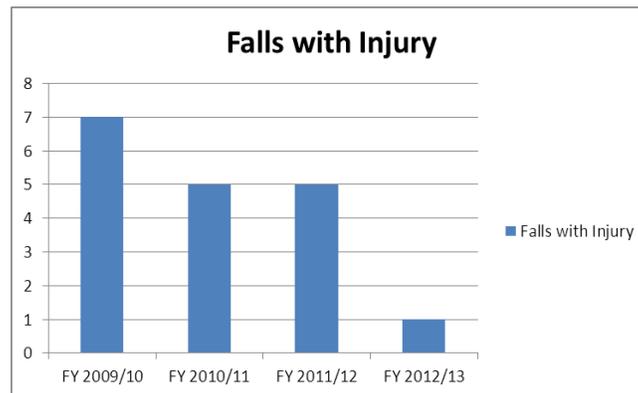
The CLABSI taskforce has been working diligently to reduce the central line infection rate at SFGH. This year the team continued to complete surveillance on all central lines and concentrated on the care of the line at the bedside. Compliance with all the elements of central line care has been on average above 95 percent. The taskforce also has worked with Information Systems to improve the electronic documentation process so the nursing staff can make a determination if the central line is actually needed. Nurses are now prompted by a series of indications they check, and if there are none they call the physician to have the central line removed. During calendar year 2012, SFGH had 5 CLABSI, as compared with 9 the previous year. Our goal is to reach zero.



### Falls with Injury

Falls with injury remain a central focus of our patient safety work at SFGH. The Falls taskforce participated in the 10-month Quality and Leadership Academy. The team also worked with the America’s Essential Hospitals (formerly known as National Association of Public Hospitals) Partnership for Patients Initiative (PFP). The PFP is a national collaborative focused on improving patient safety across safety net hospital systems. It included two site visits by PFP patient safety experts to coach our staff on best practices in improving safety. During those site visits we learned a great deal. The falls team soon implemented “reality rounds” on the patient care units. This type of rounding with nursing and administration engages leadership with front line staff and promotes communication, accountability and performance improvement strategies. Performance data relating to patient safety events has been posted on the patient care units. The data are posted in clear view on each unit and each month the patient safety team performs “patient safety huddles” where they update the dashboards and complete a one-minute update inviting the clinicians and staff on the unit. Both the huddles and the reality rounding has improved the collaboration between leadership and nursing staff, with many of the nursing staff now able to speak about current performance and strategies for improving care.

In the past fiscal year, we have had one fall that resulted in injury compared to previous years, where we have had as many as seven.



### **Surgical Site Infections**

Surgical site infections (SSI) can range in severity from minor, superficial infections to serious, internal infections that can ultimately lead to death if not prevented or promptly identified and treated. Many different factors influence the risk of a surgical site infection developing, some of which cannot be controlled. As any surgical site infection is significant to the patient, SFGH has chosen to work on measures to decrease all of these types of infections.

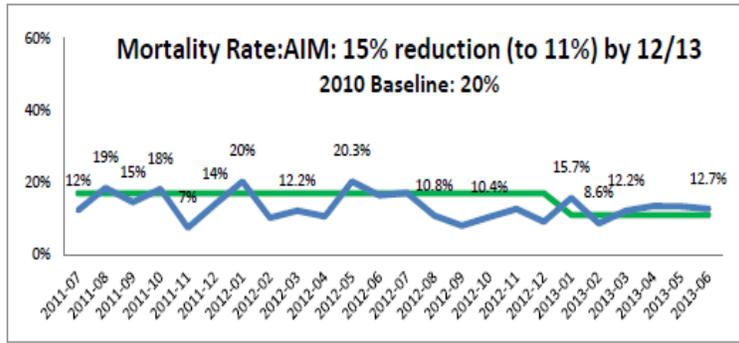
The SSI Task Force's aim is to reduce the rate of surgical site infection through evidenced based improvement strategies. An example of these improvement strategies is the reduction in the SSI rate for OB/GYN procedures. OB-GYN services designated "quality management" surgeons who created a checklist to ensure all appropriate infection prevention measures were completed for each patient. Items on the checklist included guidelines on antibiotic usage to ensure appropriate timing and re-dosing when indicated. The check list was implemented in November 2012 at the same time as a message was sent by the Director of Obstetrics outlining the importance of each measure.

Results were impressive. The SSI rates for OB/GYN decreased significantly from FY11/12 to FY12/13:

- C-Section: 10% reduced to 2%
- Abdominal Hysterectomy: 12% reduced to 2%
- Vaginal Hysterectomy: 5% reduced to 4%

### **Sepsis Mortality**

The Sepsis taskforce continues to make major strides in reducing severe sepsis mortality rates. In January the taskforce re-evaluated its goal and reduced it to 11 percent from 15 percent. We are currently at 12.7 percent and we are beginning to report single digits. This year the team began providing written feedback to providers regarding the missed sepsis bundle elements (example: lactate, fluids, antibiotics). This has resulted in improved communication and collaboration, with providers meeting all the elements of the sepsis bundle. New physician order sets for emergency, intensive care and the med/surg floors were implemented and we now have a new database and automated reporting process. The sepsis team is starting to roll out physician-specific rankings and reports for each month that explains how each individual provider is doing on the sepsis bundle elements.



**Quality Improvement & Leadership Academy**

Over the past year, 52 multidisciplinary staff, including physicians, nurses, physical therapists, pharmacists, dieticians, principal clerks and more came together to form eight teams to improve clinical care and operations across SFGH and Community Oriented Primary Care (COPC). These initiatives support our strategic goals of service excellence, clinical quality and efficient management. This year’s academy teams represent the best of SFGH and COPC. Teams include Readmissions, Service Excellence, Falls Prevention, Hospital Acquired Pressure Ulcer Prevention, Primary Care, Specialty Data Dashboards, Surgical Site Infection Prevention and Clinical Documentation.



The 2012-2013 Quality Improvement and Leadership Academy

Academy faculty included leadership expert Ed O’Neil and quality improvement experts Iman Nazeeri-Simmons, Will Huen and Dennise Rosas. The Academy met monthly to focus on a leadership or quality improvement topics such as team dynamics, influencing others, change management, Model for Improvement, importance of measurement and data, and human factors and reliability. Each team created a poster to highlight their work and share with the organization their plan for the next year. Teams continue improvement work via hospital committees and taskforces, attending conferences and collaborating with other hospital initiatives and academy teams.



Shannon Huth, Eric Shaffer and Heather Harris of the Clinical Documentation Integrity Team with Sue Currin



## PEOPLE

Professional and Academic Excellence

*Create and sustain an environment of professional excellence in all disciplines. Ensure a supportive and enriching training environment that promotes diversity.*

### Department of Pharmacy Starts Their Own Pharmacist Residency Program

Furthering the SFGH vision of advancing community wellness by aligning care, discovery, and education, the SFGH Department of Pharmacy has developed its own acute care pharmacist residency program utilizing the standards set by the American Society of Health-System Pharmacists. SFGH has for many years hosted residents from Touro University and the University of California, San Francisco. The new SFGH program accepted its first two residents on July 1.

The goals of the program are to develop skilled acute care pharmacy practitioners and pharmacy leaders who will be prepared to assume a position as a clinical pharmacist or pursue a second year residency or fellowship. In addition, it will help provide a pool of well-trained candidates for potential future employment.

Activities of the residents that will positively impact patient care and medication use include multi-disciplinary rounding, patient counseling, education of pharmacy, nursing and medical staff, code blue team participation, evaluating medications being considered for the formulary, hospital committee participation, medication use improvement projects, pharmacy staffing and research.

The Pharmacy Department looks forward to an exciting first year.



Pharmacy Residents Leslie Ly and Ivan Mock

### Professional Awards and Honors

The academic and clinical staff at SFGH are some of the world's best. Following is a partial list of awards and honors received by staff of SFGH:

- Led by **Dr. Elizabeth Davis**, the **General Medicine Clinic's Care Management Program** received the 2013 Gage Award Honorable Mention Award from America's Essential Hospitals (formerly National Association of Public Hospitals).
- **Dr. Kirsten Bibbins-Domingo** has been appointed to be the next Chair of the US Preventive Services Task Force.
- **Dr. Jim Dilley** received the Chancellor's 2013 Faculty Award for Public Service.
- **Dr. Jack McAninch** won the American College of Surgeons Board of Regents 2012 Distinguished Service Award.
- **Barbara Feinstein**, Family Health Center Nutritionist, was chosen by San Francisco Health Plan for the Excellence in Clinical Leadership Award.
- **Dr. Claude Hemphill** has been appointed President of the Neurocritical Care Society.
- **Dr. Elena Fuentes-Afflick** received the 2013 Hazinski Distinguished Service Award from the Society for Pediatric Research.
- **Dr. Anda Kuo** was selected for the Outstanding Service to the Academy of Medical Educators Award.

- **Dr. Andrea Marmor** was chosen for the Pediatrics Faculty Teaching Award “for excellence in teaching residents.”
- **Dr. Katie McPeak** received the 2012 Pediatrics Compassionate Physician Award “for excellence in role modeling compassionate care of patients and families.”
- **Dr. Tom Newman** was presented the Excellence in Teaching Award by the Academy of Medical Educators.
- **Dr. Bill Tausch** received the Dickson Emeritus Professorship Award.
- **Dr. Nora Goldschlager** was selected as the first UCSF Faculty Luminary in recognition for her distinguished career.
- **Dr. Andrew H. Murr** has become the Chairman of the Department of Otolaryngology-Head and Neck Surgery at UCSF.
- The **Diabetes Team at SFGH** received the American Diabetes Association's Promising Practice Award of Excellence for their clinical program Overcoming Disparities: Diabetes Care in High Risk Populations.
- **Dr. Tom Bodenheimer** received the Avedis Donabedian Award from the American Public Health Association.
- **Dr. Hali Hammer** was presented with the UCSF Graduate Medical Education Excellence and Innovation Award.
- **Dr. Eberhard Fiebig** was honored with the 2013 Elliot Rappaport Award for Commitment to SFGH.
- Members of the **Trauma Recovery/Rape Treatment Center, Lu Bolin, Kara Duffy, Diana Emerson, Carla Richmond** and **Tara Croan** were awarded the SF District Attorney 9th Annual Justice Award for their excellence in treating and supporting victims of sexual assaults.
- **Dr. Ruedi Thoeni** was elected as a Corresponding Fellow of the European Society of Gastrointestinal Radiology.
- **Dr. Rochelle Dicker** received the 2013 Hearts and Heroes Award.
- **Dr. Andre Campbell** was presented with the American College of Surgeons Medical Student Committee Leadership Award.
- **Dr. Robert Mackersie** was appointed President of the American Association for the Surgery of Trauma.
- **Dr. Jacqueline Bresnahan** and **Dr. Michael Beattie** of the Brain and Spinal Injury Center (BASIC) at UCSF/SFGH were awarded the Reeve-Irvine Research Medal for meritorious research in spinal cord injury'. Dr. Bresnahan is serving as President of the National Neurotrauma Society for 2014.
- **Dr. Phil Rosenthal** was appointed the Editor-in-Chief of the American Journal of Tropical Medicine and Hygiene.
- **Dr. Theodore Miclau** was the President of the Orthopaedic Research Society and elected 2nd Vice President of the Orthopaedic Trauma Association.



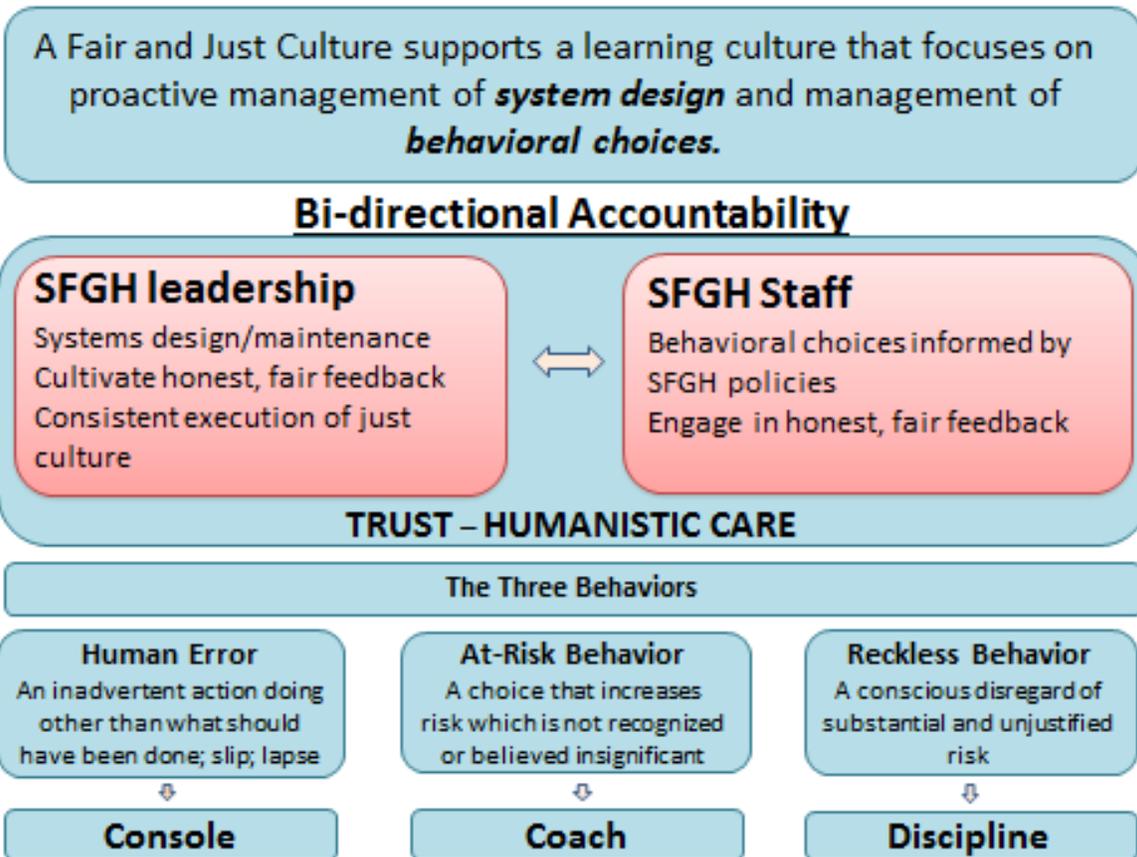
# PEOPLE

Safety and Accountability

*Enhance a culture of shared responsibility where SFGH is accountable for the systems it designs and for responding to the behaviors of staff in a fair and just manner.*

SFGH strives to build, maintain and support a Fair and Just Culture to enhance patient safety. The term “Just Culture” refers to a culture of learning where we are accountable for the systems we design and for the choices we make. We recognize errors are inevitable. Errors are often a result of flawed systems as well as individual choices. A Fair and Just Culture supports identification and learning from these mistakes, so that they are not repeated.

Adopting this practice will be transformational for the San Francisco Department of Health. So far we have presented Fair and Just Culture to more than 1,300 SFDPH and UCSF staff at SFGH, Laguna Honda and the Community Oriented Primary Care clinics. We included a Fair and Just Culture introduction into the SFGH orientation, reaching more than 350 staff since July. Next year, 15 UCSF and SFDPH leaders will participate in a Fair Just Culture certification course. This group will bring the Fair Just Culture principles to the managers and supervisors in the Spring of 2014.





## PEOPLE

Enhancing Wellness

*Enhance the health of patients and staff through a Wellness Initiative that promotes healthy lifestyles, active living, and emotional, physical, and spiritual well-being.*

### **Community Wellness Program Launches the Schwartz Center Rounds**

The Schwartz Center Rounds began at SFGH in October 2012 to address some of the staff’s stresses from caring for complex and often difficult patients. Schwartz Center Rounds focus on the social and emotional challenges that arise during patient care, and the impact of these complexities on the caregivers. The rounds are conducted in over 300 hospitals in the U.S. and the U.K. At SFGH, they support wellness, quality and health equity, and professional and academic excellence components of the strategic plan.

So far, more than 1,000 SFGH and SFDPH employees and trainees have attended, with an average of 85 participants per session. Our monthly assessments tell us that participants appreciate that these forums are helping to create a more compassionate and cohesive community of providers and staff.

Our rounds have included these discussions:

- A Filipino man is seriously disfigured due to nasopharyngeal cancer surgery. His subsequent suicide has a profound impact on his caregivers.
- A homeless, HIV positive pregnant woman drops into the ED with psychotic symptoms. She has no friends or family and requires tremendous support from an interdisciplinary team of caregivers.
- A father stabs his wife and son and then kills himself in front of them. The nurse, Spanish interpreter and psychologist who care for the 7-year old survivor of this incident remain haunted by the experience years later.



Schwartz Center Round in the Wellness Center

### **Filming “Patient Voices in Wellness”**

The Community Wellness Program produced an inspirational video in which patients and staff share their stories and wellness strategies. The video, directed by Emmy-nominated filmmaker Kelly Whalen, features a diverse cross-section of patients and staff – from a transgender woman who successfully manages her diabetes, to an eligibility staff person who manages her stressful job through work-based yoga classes, to an African American man who has struggled with mental health challenges and supports his physical and emotional well-being through regular participation in our wellness classes.

We know that that peer education is a successful strategy in promoting active living and healthy eating strategies. This video can inspire patients to adopt healthy lifestyle changes and learn about ways others have incorporated healthy eating, exercise and psychosocial support into their lives. The video supports an improved patient and staff experience.

The film will premiere at our Fall Wellness Fest (*Bridge to Wellness: Connecting People, Programs, and Possibilities*) in October 2013. We will actively disseminate it throughout SFGH and SFDPH ambulatory clinic waiting areas.

### **Increasing Access to Wellness for our Patients**

We launched eReferral for Wellness services in February 2013 to increase access to wellness services through our primary care clinics. By using a method that our providers are already familiar with, patient referrals are streamlined and personalized, with a follow up phone call and individual wellness plan. With this integrated approach, 25 distinct providers representing diverse disciplines have already referred 95 patients to active living and healthy eating classes at the Community Wellness Center. We aim to triple this number in the 2014 calendar year.



Strength Building in the Wellness Center

### **A Patient Story: Giving Back—William “Raymond” Williams**

William "Raymond" Williams, is a poet, a painter, a social justice advocate and a cherished friend to the many people he has met through activities at the Community Wellness Center. Raymond was born in San Francisco's Fillmore district in 1948. He currently lives in Visitation Valley. At 18, Raymond was convicted of armed robbery and sent to Soledad and later to Leavenworth Penitentiary. His prison experience reinforced his commitment to the downtrodden – those who faced discrimination and other forms of oppression. For many years, Raymond has volunteered to help families who struggle with issues related to substance use, police relations, family violence in the community. People now refer to him as "Uncle Raymond." In 2012, Raymond was diagnosed with lung cancer in both lungs, throat and thyroid cancer. In response to his cancer diagnoses, Raymond decided that he would learn everything he could about cancer and focus intently on his own health and wellness. Raymond joined the CARE group – one of the Community Wellness Program's disease specific educational support groups. The group has taught him about healthy eating and active living. Perhaps most importantly though, Raymond's experience with the Community Wellness Program has provided him with a multicultural family with whom he shares camaraderie, support and love.



William "Raymond" Williams



# SYSTEMS

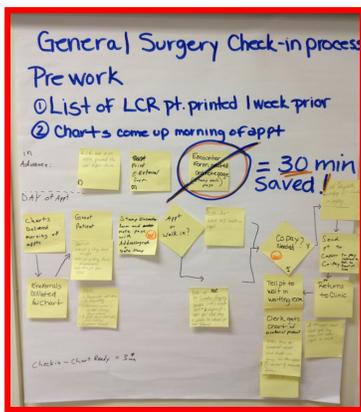
Efficient Management System

*Adopt an operational efficiency framework that promotes performance improvement, staff satisfaction, and patient-centered care while controlling costs.*

## Lean Initiative

Born of the Toyota Management System, Lean is based on five key principles – respect, teamwork, learning to see, challenge, and continuous improvement. Lean is a quality improvement methodology in practice and a management system at its core. The process begins by understanding how our patients (or customers) experience the work we do. Does it add value? Does it include unnecessary steps? Are there inefficiencies in the system resulting in unnecessary waiting or excess motion? Taking this patient-centered approach aligns with our service excellence initiative and our mission to provide compassionate and respectful care.

Thirty-five staff and providers are in Lean certification, with 33 more beginning certification in September 2013. Our improvement work spans three value streams (areas where the work is done), including the 3M Surgical Clinic, Urgent Care Center and the Operating Room/PACU/Surgery Center. In July we begin our Lean work in our 4D Med/Surg Nursing Unit followed by our COPC Castro Mission Health Center in September and Radiology in October 2013.



We have seen impressive results via improvement workshops know as Kaizens, which bring together interdisciplinary teams to work on observing, testing and implementing standards to improve workflow. To date we have had 11 Kaizen weeks since July 2012, with 75 staff and eight patient advisors serving on teams.

In the 3M Surgical Clinic, patient wait times have decreased from two and a half hours to 70 minutes. In the Urgent Care Center, patient wait times have dropped from up to four hours down to two hours, with “fast track” visits often shorter.



The Operating Room spent several months organizing and cleaning up their physical environment through 5S (sort, set in order, shine, standardize and sustain) Kaizens.



This focus on workplace organization will allow the OR to improve their workflow and reduce the time it takes for a patient to get through a surgical procedure. Most recently, the OR has begun to focus on testing staff and provider “standard work” for the pre-operative process.

Each value stream mapping or Kaizen week concluded with a report out to share with the organization improvements accomplished over the course of the week. Over the past several months, we’ve heard about co-locating an X-Ray machine in the Urgent Care Center so patients don’t have to walk across campus to Radiology. We’ve heard about the implementation of huddles in the 3M Surgery Clinic to promote teamwork and communication. We’ve seen massive cleaning up in the OR that resulted in equipment having an address locator so everything has a home. These are only a few examples of the impressive results we’ve seen so far, 18 months into our Lean journey. There is much more work to be done. It won’t be easy, but it is completely worthwhile. And our patients deserve the best.



## SYSTEMS

Integration & Coordination Across Services

*Optimize coordination of care within SFGH and across the Department of Public Health system, including primary, specialty, diagnostics, acute, long-term care and rehabilitation, and ensuring the integration of mental health and medical health care.*

As part of the larger Department of Public Health’s initiative to create an integrated delivery system, SFGH had been working on improving integration and coordination of care for patients in the ambulatory setting. Our focus this year has centered on improved communication, efficiency, and access to care.

Many initial activities aimed to strengthen primary care – the foundation of any integrated delivery system - as well as to improve communication and coordination between primary and specialty care. In future years, there will be an increasing emphasis on coordination between primary and acute care sites, including urgent care, emergency and hospital care.

A critical element of integration is the adoption of the electronic medical record, CareLinkSF, for all ambulatory clinics within the SFDPH. This will enhance clinicians’ ability to provide efficient and seamless care while providing essential operational and clinical data. In July 2012, the Children’s Health Center was the first SFGH-based clinic to implement CareLinkSF, which will be rolled out to all SFGH ambulatory sites over the next two years.

### **Primary care initiatives included:**

- A Kaiser-funded project to standardize care across all DPH primary care sites (both SFGH and COPC) by formalizing quality improvement infrastructure and reporting as well as targeted practice coaching. As a result of this project, the rate of colorectal cancer screening increased from 48.7% to 56.8% within a 12 month period.
- Spread of behavioral health integration model from COPC to SFGH using behaviorists and behavioral assistants.
- Development of a primary care based care management program for high risk patients in the General Medicine Clinic (GMC), supported by funding from San Francisco Health Plan. Forty five patients were enrolled in the Care Management Program at GMC during its first year. On average, patients enrolled for 6 months or longer have spent 59% fewer inpatient days in the hospital and had 55% fewer Emergency Room visits (see following patient story).
- Development of a combined strategic plan for SFDPH primary care (both SFGH-based and COPC) modeled after the SFGH strategic plan.



Dr. Alice Chen, SFGH Chief Integration Officer with Kathryn Horner and Tekeshe Mekonnen

### **Primary-Specialty care initiatives included:**

- Ongoing expansion of eReferral, which now encompasses 46 services spanning SFGH-based adult and pediatric services as well as Laguna Honda Hospital services. Implementation of a rating system for eReferral reviewers and referring providers, used to improve the quality of communication between primary care and specialists,

- Planning and infrastructure development for new telehealth initiatives. The launch of teledermatology and teleretinopathy in the coming year will be transformational for patient care.
- Kaiser and Blue Shield of California Foundation funded initiatives to support primary-specialty care communication, collaboration and co-management. Working groups in endocrinology, gastroenterology, nephrology, obstetrics and gynecology, orthopedics and urology have developed an array of interventions to improve access and quality of care. For example, several of these clinics have developed discharge criteria to identify patients who can be safely discharged to primary care, thereby opening access for other patients who need specialty care.

**Other initiatives included:**

- A pediatric and internal medicine collaboration to ensure access to timely specialty care for pediatric patients at SFGH.
- Launch of service excellence trainings that included staff from SFGH, Community Programs and LHH with the intent of developing a common culture of service excellence across the SFDPH.
- New Ambulatory Services website provides comprehensive information to navigate our system.  
<http://www.sfghambulatoryservices.com>
- Reducing new patient appointment waits. The ambulatory integration team has been working with specialty clinics to decrease wait times for new patient appointments. Many clinics have made dramatic improvements in their wait times for new patient appointments. Currently 62% of clinics have a wait time of fewer than 60 calendar days and 83% of clinics have a wait time of fewer than 90 calendar days.
- Improved anesthesia services. The ambulatory integration team worked with the Department of Anesthesia to implement the new Anesthesia Preop Clinic, with an emphasis on coordinating care among surgical, preop and primary care clinics. The new system streamlines care by clarifying respective roles and responsibilities, resulting in fewer cancellations of elective procedures, less duplication of effort, and increased capacity in surgical clinics to see additional patients

**A Patient Story: Success—Mr. P and the Complex Care Management Team**

Mr. P is a 49 year old patient in the General Medicine Clinic (GMC) at San Francisco General Hospital. In just one year, he was admitted to the hospital three times and spent 23 days in the hospital because of serious medical issues including congestive heart failure, severe coronary artery disease and difficulty breathing due to a blockage to the main artery of the lung. In addition, Mr. P was actively using methamphetamines and was diagnosed with depression. Mr. P was not able to manage his complex medical conditions, was not taking his medications regularly and frequently missed his scheduled doctor appointments.

In 2012 a new Care Management Program was started in the GMC to focus on 2.7 percent of patients that accounted for 35 percent of hospital admissions from that clinic. The program focuses on patients with complex medical, psychological and social conditions to improve their health, reduce hospital admissions, reduce cost of care and improve patient satisfaction.

Mr. P was enrolled in the Care Management Program and began working with an interdisciplinary team of providers including a physician, a nurse, a health coach and a social worker to develop health goals and stick to them. “Upon enrollment to our program, we focused on building a relationship with Mr. P and with his family,” said Fern Ebeling, Nurse Complex Care Manager in the GMC. Ebeling and a health coach per-



Lisa Tang-Li, Med. Eval. Asst. for Complex Care Management Team

formed a comprehensive assessment, including an in-home visit, to identify what resources were available to Mr. P and what obstacles might keep him from achieving his health goals.

Mr. P and his Care Management team created a comprehensive care plan with achievable health goals that are closely tracked. "He was initially hesitant about working with our team, but after three months of intensive involvement, he began to engage. He now feels comfortable calling us with his concerns," said Ebeling.

During the first four months in the program, the Care Management Team had 43 conversations with Mr. P and his family and six in-person visits. Mr. P's began reaching his care plan goals such as taking his medications regularly and attending all of his clinic appointments. His health began to improve and he required less frequent coaching from the team. A few months after enrolling in the program, his primary care provider said "This is the first time I have seen him stable, and he looks like a different person!" Mr. P is healthier had no emergency room visits or hospital admissions since enrolling in the Care Management Program.

Forty-five patients were enrolled in the Care Management Program at the GMC during its first year. On average, patients enrolled for six months or longer have spent 59 percent fewer days in the hospital and had 55 percent fewer Emergency Room visits.



## TECHNOLOGY

Develop and Expand Information Technology and  
Moving Beyond “Implementation” Towards “Adoption” of HIT

*Develop a clinical informatics program that will implement and support new Health Information Technologies (HIT). Enhance quality, safety, and efficiency through improved data collection, information exchange and clinical decision support. Ensure that technologies align with SFGH principles of patient safety and quality of care.*

Clinical Informatics and Information Systems built this year upon successes from last year’s small tests of change to improve patient care through technology.

After completing a successful pilot on inpatient unit 5D in May 2012, the clinical informatics team rolled out Computerized Provider Order Entry (CPOE) throughout all of SFGH’s Medical/Surgical units. CPOE, one of the key functions of an electronic health record, enables the direct entry of orders from physicians and other licensed providers into the medical record computer system. It has all but eliminated transcription errors that plague hand-written paper orders, and has enabled clinical decision support tools to be built into the ordering process. For example, every computerized medication order is checked against a database of potentially harmful drug interactions and also against the patient’s list of known medication allergies before it is accepted by the system. Over the course of the year, SFGH increased the use of provider-entered orders from 2 percent to almost 50 percent hospital-wide.

After successful launch of CPOE in med/surg, the hospital met a major milestone by meeting federal criteria for the “meaningful use” of health information technology and received incentive payments from the American Recovery and Reinvestment Act. Next year, the CPOE team will take on the step-down unit (4B) and the intensive care units as a part of preparation for meeting the next set of more stringent requirements of meaningful use.

The interdisciplinary IT effort has combined providers and information systems. Recognizing the need for more frequent and spontaneous interactions between the disciplines, IS and hospital leaders co-located physician, nursing, and pharmacy informaticists and an IT programmer in one large workspace, forming the SFGH Clinical Informatics Department. The clinical informatics team works toward the common goal of better integration of health IT into patient care workflow, improved clinician satisfaction with technology and, ultimately, improved patient care. The shared workspace fosters real-time collaboration, idea sharing and problem solving, and enhances wellness through camaraderie.

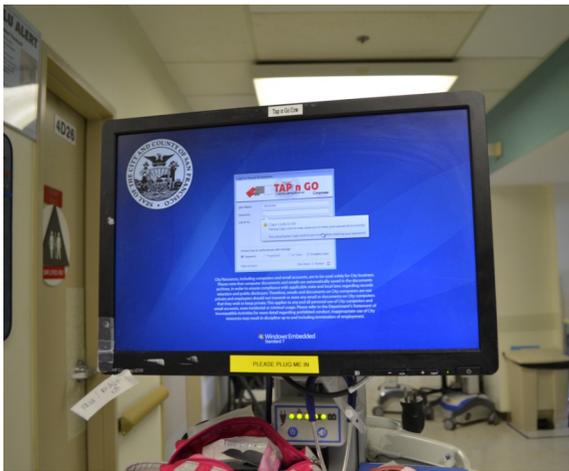
In the SFGH hospital-based clinics, we continue to successfully launch CarelinkSF, the SFDPH ambulatory electronic health record hosted by eClinicalWorks. After Children’s Health Center (6M) demonstrated success as the first hospital-based clinic to go-live, the team pressed on to launch Gastroenterology Clinic in November 2012. With that accomplishment, the CarelinkSF team moved on to arguably the largest and most complex clinic on the hospital campus, the 1M clinic, in which several services are co-located -- the General Medicine Clinic, Cardiology, Chest, Diabetes, and Anticoagulation clinics went live in June 2013. This effort included the training of 200 providers, staff and trainees, as well as more than 200 incoming residents and fellows. We offer our congratulations and much appreciation for all the hard work to clinic leadership and superuser teams, as well as the CareLinkSF implementation and training teams. We are now in active preparations for a January 2014 launch in Ward 92 Medical Specialty Clinics, followed in the spring by the Urgent Care Center and 4M Surgical Specialty Clinics.

**Current Health IT projects this fiscal year @ San Francisco General Hospital:**

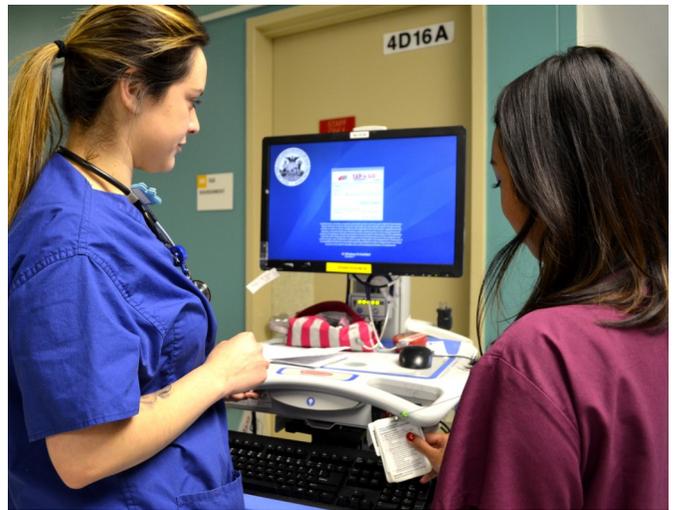
- New Medication Reconciliation and ePrescribing going live in the Fall 2013. This will allow providers to track a patient's outpatient prescriptions and order them for use while the patient is admitted to the hospital. It also will allow providers to electronically prescribe (ePrescribe) their patients' prescriptions for pickup at outpatient pharmacies.
- An electronic Patient Discharge Plan will go-live this fall as well. The interdisciplinary electronic document will help providers transition their patients safely and efficiently to the outpatient setting and store a digital copy of the plan in the electronic medical record.
- Tap 'n' Go Roaming Desktop was a new technology introduced this year that put the typical PC workstation in "the cloud." Staff log on with their DPH ID badges, saving time and freeing them from having to remember additional passwords. For DPH Information Systems, it has simplified password management, improved security and decreased the cost per desktop maintenance.



IS Team demonstrates Tap 'n' Go to CEO Sue Currin and Chief Medical Officer Todd May.



Tap 'n' Go in Unit 4D



- Computerized Provider Order Entry expansion continues. The next places to go-live are 4B (step-down) in the fall, and the ICUs (4E, 5E, and 5R) by next spring.
- DPH is hard at work on a Patient Portal to improve patient experience and access, and to meet federal "meaningful use" criteria by July 2014.

SECTION THREE  
COMPLETING THE PICTURE OF SFGH

SFGH Rebuild  
SFGH in the News  
Governance, Leadership, Staff  
SFGH Foundation



**“One Love”**  
by MaryAnn Koshiyama

# SFGH REBUILD

During the 2012-2013 fiscal year, San Francisco General Hospital Rebuild transformed from a seven-story steel structure to a beautiful hospital enclosed in a red brick and glass exterior. Inside the hospital has become a beehive of activity as contractors install mechanical, electrical and plumbing systems and build the walls of our future patient rooms. Many staff have toured the hospital progress and many more will visit in coming months, as they prepare and train for the move. The project continues to improve the city's economy through local hiring and contracts with local businesses, and neighbors and patients have been engaged and informed through many community outreach activities. The project is on schedule, slated for completion in December 2015.

## Project Milestones



### Brick Exterior Installed

- Pre-cast brick panels, designed to complement historic buildings on campus, were installed, enclosing the hospital.



### Interior Walls and Systems

- Walls of future patient rooms begin to be framed and drywall installed on each floor.
- Mechanical, electrical and plumbing systems are installed throughout the hospital.

2012

2013

### Exterior Glass

- Glass panels were installed on the rounded east and west sides of the hospital
- The second-story walkway connecting the existing and new hospitals was enclosed in glass
- Glass was installed to create the two-story glass atrium in the main lobby



### Good for the Local Economy

- 692 San Francisco residents have been employed on the project
- 26 percent of field labor hours from San Francisco residents

- 151 Local Business Enterprises (LBE) have performed work on the Rebuild project
- More than \$63 million in contracts awarded to LBE's
- Currently more than 9 percent of sub-contractors are certified as LBE's

**Reaching out to our community** Building a hospital that will be the new “heart of our city” means reaching beyond the green fence surrounding the construction site. Many ongoing activities keep neighbors, patients and staff informed about hospital and project news.

- *Straight Up* multi-lingual newsletter distributed to more than 2,300 neighbors and organizations
- Rebuild community meetings every spring and fall
- Informed neighbors, staff and patients about upcoming hospital construction activity
- Rebuild booth at community events
- Regular outreach to neighborhood and organizations
- Many staff managers were invited to tour inside the new hospital
- Regular Rebuild website, Facebook and Twitter updates



### Crane Removed

- The 250-foot tall crane that was operating on the construction site for more than two years was removed.

### Sunshades Installed

- White, metal exterior sunshades will control the amount of direct sunlight in patient rooms and add an architectural element to the new hospital.

2014

### Emergency Generators

- Two generators that provide back-up power to the existing hospital and campus were successfully tested and brought online.
- Three additional generators will begin providing back up power to the new hospital in 2014

### Upcoming Milestones

- An open courtyard area between the new and existing hospitals will be installed over the winter and spring months.
- The round metal “halo” crowning the top of the hospital will be installed during the winter.

**Equipping the New Hospital Through the Capital Campaign** As with any other bond-financed project, the SFGH Rebuild will rely on other funding sources to furnish and equip the new hospital. The San Francisco General Hospital Foundation is working closely with civic leaders to identify ways that philanthropy can play a role in this aspect of the project. There will be many opportunities for donors in our community to provide support for the state-of-the-art equipment and furnishings that will help save lives.

**Moving Into the New Heart of Our City** Moving our acute care services in to the new hospital will require a highly organized approach and detailed planning. Facilities Development, Inc. (FDI), has been hired to help with that process and brings years of experience with more than 250 major hospital moves. The Transition Steering Committee and six subcommittees include staff from across departments and will address everything from new hospital procedures to training staff on the new equipment and practicing for the patient move day. The committees will meet monthly until the new hospital's opening day.

## ***SFGH IN THE NEWS:***

SFGH took the international stage this year as media worldwide reported on the Asiana Airlines accident and response. The General cared for more patients of that disaster than any other hospital. In the first wave of critically injured patients on the day of the accident, SFGH treated 53 patients from the crash. Over the next few days, additional patients arrived, reaching a total of 67 patients treated – 36 adults and 31 children. Our expertise in emergency preparedness, emergency medicine, trauma surgery, language access, family reunification and compassionate care were profiled and helped the public to better understand that tragic event.

We were also called upon several times throughout the year to provide context and clinical perspective for many current events. We spoke about gun violence in the wake of the Newtown massacre. We explained disaster preparedness after the Boston Marathon bombings. We provided insight into the search for an AIDS cure when one baby in Mississippi beat the virus.

We served our community with useful information about pediatric and maternal issues in the Spanish-language media. We helped to interpret the American Medical Association's decision to define obesity as a disease. We demystified childhood vaccines and gave advice and analysis on multiple infectious diseases, including the flu. When e-cigarettes and designer drugs started trending, our experts were ready to explain them.

Our innovations also made headlines. The eReferral system that streamlines access to specialty care was highlighted for its success improving patient care. Our Pro-Men program to provide reproductive health support to HIV positive men is the first of its kind. Our practice of including patient advisors in our service excellence efforts earned state-wide attention. When we trained international surgeons on orthopedic trauma techniques, the media broadened our reach.

And, with health reform around the corner, we contributed to the national conversation about the impact on the safety net and changes to the delivery system.



# SFGH IN THE NEWS:

San Francisco Business Times



June 6, 2013  
S.F. General Hospital Foundation nets \$1.12 million donation from Bank of America art

Chronicle

February 7, 2013 Despite HIV, he can be a dad — safely



KTVU.COM July 9, 2013



6 plane crash victims remain in critical condition at SFGH

July 12, 2013

UCSF



SF General Hospital's Trauma Unit Responds to Region's Biggest Disasters Outstanding Trauma Care for Asiana

Chronicle

July 22, 2013



Dr. Justin Sewell is among the specialists handling inquiries in S.F. General Hospital's eReferral program.

SFGate

Monday Dec 03, 2012 8:15 AM PT



New Pediatric Eye Center Provides Superior Care for Most Vulnerable

Chronicle

September 11, 2013



SF surgeons' course helps save limbs in poor



MENTAL HEALTH The struggle to treat delirium a puzzling mix of cause, effect

SFCHRONICLE.COM AND SFGATE.COM | Wednesday, August 14, 2013

Chronicle

December 27, 2013



Easing the pain of the spirit — Volunteer hospital

05 cbs5.com

SAN FRANCISCO SAN JOSE OAKLAND

July 7, 2013 Asiana Airlines Flight 214 crew seemed surprised by crash in San Francisco



Chronicle

April 10, 2013 EXPERT ADVICE From Dr. Diana Coffa Trying to eat well? Simplest rules are the best ones



Chronicle

January 31, 2013



Lack of insurance driving patients to clinics. Empty rooms



Dr. Edgar Pierluissi (left) visits with patient Eldoretha Tyler at the Acute Care for Elders unit at S.F. General Hospital. Tyler doesn't have delirium and keeps active.

Chronicle

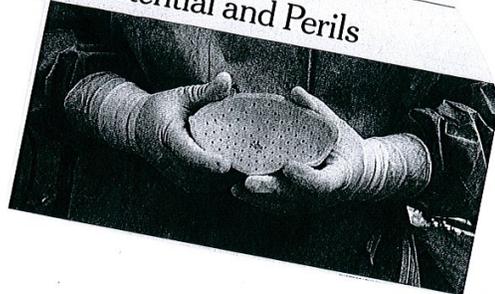
December 16, 2012



Few pregnant women warned about chemicals

THE NEW YORK TIMES, TUESDAY, JULY 16, 2013

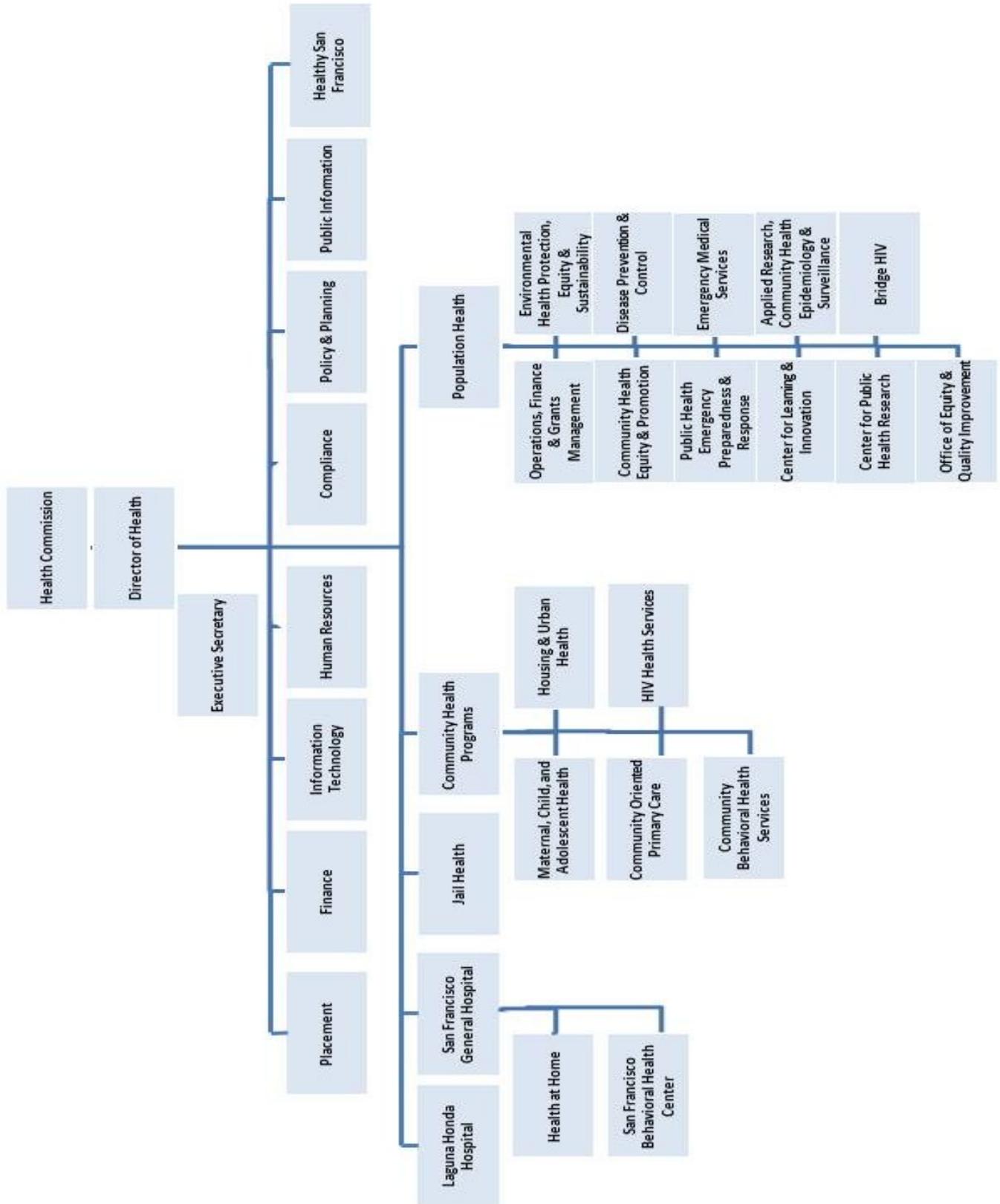
## Skill Surgery's Potential and Perils



Los Angeles Times LOCAL  
healthcare overhaul leads hospitals to focus on patient satisfaction  
If healthcare overhaul, federal payments to hospitals are tied to patient satisfaction, other service efforts are underway.



# Governance



# ***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 and directions of SFGH. Committee members are appointed by the Health Commission President.

The objectives of the San Francisco General Hospital 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.***

Dr. Chow is a practicing internist. He is Executive Director of the Chinese Community Health Care Association and is the Senior Advisor for the Chinese Community Health Plan. He is also Treasurer of the Board of Directors of the Institute of Medical Quality, a subsidiary of the California Medical Association. Dr. Chow currently chairs the San Francisco General Hospital Joint Conference Committee, and is a member of the Finance and Planning Committee. He is serving his sixth term on the Health Commission.

### ***David J. Sánchez, Jr., Ph.D.***

Dr. Sanchez is Professor Emeritus at University of California, San Francisco. Dr. Sanchez is a member of the San Francisco General Hospital Joint Conference Committee and the Chair of the Laguna Honda Hospital Joint Conference Committee. He is a member of the San Francisco General Hospital Foundation Board. 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. He was appointed to the California Commission on Aging in 2013. He has served on the Health Commission since 1997.

### ***David B. Singer***

David B. Singer is responsible for Maverick's Private Investments globally. He joined Maverick in 2004 from Oscient Pharmaceutical Corporation, where he was Chairman of the Board. Mr. Singer is a founder and former CEO of three healthcare companies: Affymetrix, Inc., Corcept Therapeutics, Inc., and Genesoft Pharmaceuticals, Oscient's predecessor. Mr. Singer currently serves on the boards of several private companies in the fields of healthcare information technology, healthcare delivery, and biotechnology. Mr. Singer received a B.A. from Yale University and an M.B.A. from Stanford University. He was a Crown Fellow of the Aspen Institute and a member of the Rand Corporation's Health Advisory Board. He is currently a Sterling Fellow of Yale University, and a director of College Track. Mr. Singer sits on the Finance and Planning Committee and the San Francisco General Hospital Joint Conference Committee. He was appointed to the Health Commission in 2013.

**Mark Morewitz, MSW, is the Health Commission Executive Secretary**

# ***SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER***

## ***LEADERSHIP***

### **City and County of San Francisco, Health Commission**

Sonia Melara, M.S.W., President  
Edward A. Chow, M.D., Vice President  
Cecilia Chung  
Judith Karshmer, Ph.D., PMHCNS-BC  
David J. Sanchez, Jr., Ph.D.  
David B. Singer  
Belle Taylor-McGhee

### **Department of Public Health**

Barbara A. Garcia., MPA, Director, Public Health  
Colleen Chawla, Deputy Director, Public Health  
Greg Wagner, Chief Financial Officer, Public Health

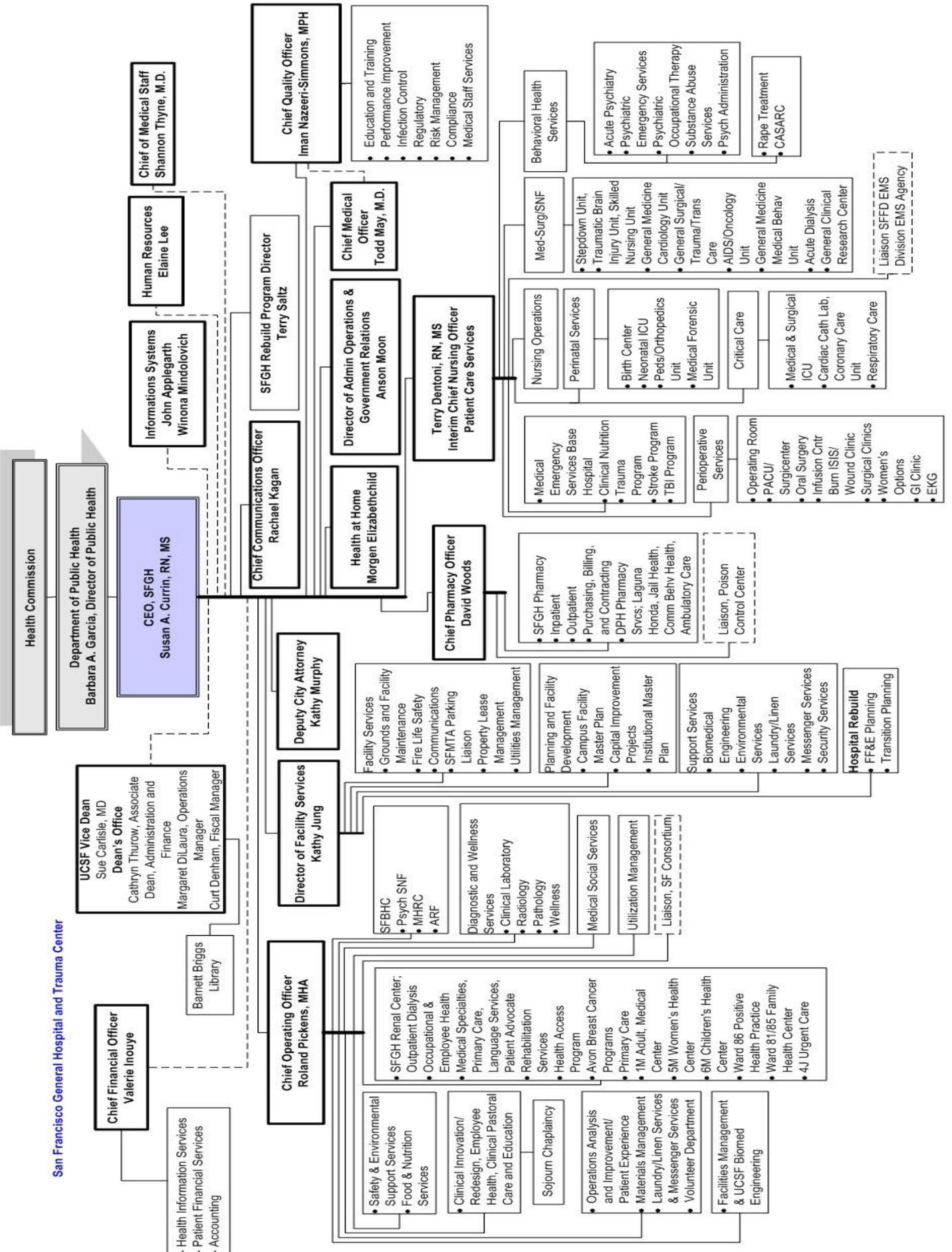
### **SFGH Executive Staff**

Susan Currin, Chief Executive Officer  
Sue Carlisle, M.D., UCSF Vice Dean, SFGH  
Alice Chen, M.D., SFGH Chief Integration Officer  
Jeff Critchfield, M.D., Medical Director, Risk Management  
Terry Dentoni, Chief Nursing Officer  
Margaret DiLaura, Director of Operations, Dean's Office  
William Huen, M.D., Associate Chief Medical Officer  
Valerie Inouye, Chief Financial Officer  
Shermineh Jafariieh, Director of Diagnostics and Wellness Services  
Kathy Jung, Director of Facilities and Support Services  
Rachael Kagan, Chief Communications Officer  
Elaine Lee, Director, Human Resources  
Todd May, M.D., Chief Medical Officer  
Winona Mindolovich, Director, Information Systems  
Anson Moon, Director, Administrative Operations  
Kathy Murphy, Deputy City Attorney  
Iman Nazeeri-Simmons, Chief Quality Officer  
Roland Pickens, Chief Operating Officer  
Baljeet Sangha, Deputy Chief Operating Officer/Chief Patient Experience Officer  
Cathryn Thurow, Assistant Dean, Administration & Finance, Dean's Office  
Shannon Thyne, M.D., Chief of Medical Staff  
Lann Wilder, Interim Director, Emergency and Safety Management  
Jenson Wong, M.D., Chief Medical Informatics Officer  
David Woods, Chief Pharmacy Officer

### **San Francisco General Hospital Foundation**

Stephanie Bray, Executive Director  
Judith Guggenhime, Chair  
Matthew Paul Carbone, President

**San Francisco General Hospital and Trauma Center**



## San Francisco General Hospital Foundation



# SAN FRANCISCO GENERAL HOSPITAL FOUNDATION

Supporting the Heart of Our City

San Francisco General Hospital Foundation was established in 1994 as an independent charitable support organization for San Francisco General Hospital and Trauma Center. Funds raised by the foundation underwrite continued investment in a diverse array of services and facilities that enable The General to continue its long and dedicated history of providing the only trauma care in San Francisco and addressing the health care needs for its most vulnerable residents. The Foundation regularly lends assistance in raising funds to support innovative hospital programs, capital improvements and renovation projects.

The annual *Heroes & Hearts* and *Hearts After Dark* events not only bring the community together each year to celebrate the important role The General plays in the lives of all San Franciscans, they are also vital to the Foundation's fundraising efforts. Support raised from the events helps subsidize the Hearts Grants program. These grants are awarded to hospital programs with high-impact initiatives that contribute to the excellence of The General, many of which have the potential to develop sustainable funding. In 2012, the Hearts Grants Committee awarded grants to 68 programs at The General. These grants have supported a variety of initiatives:

- Program support included comprehensive wound education for Wound Clinic nurses, disease specific support groups, development of a cancer risk educational tool tailored for Chinese American patients, improving sleep in older adults in the hospitals, and hepatitis B Patient and provider education.
- Equipment included a critical care portable ultrasound scanner, replacement CO-oximeter for the cardiac catheterization laboratory, early mobility exercise equipment, critical care unit difficult airway cart and ultrasound machine for intravenous access.
- Space renovations included a wall for the ophthalmic diagnostic suite, renovating the 6A playroom, refurbishing the breastfeeding center, and improving the orthopedic cast room.



Hearts Grant for Emergency Airway Cart  
for SFGH Operating Room



Hearts Grants for Units 7B and 7C Patient  
Health Improvement Projects

# *San Francisco General Hospital Foundation*

## *2012 Hearts Grant Recipients*

In 2012, over 1.4 million dollars in Hearts Grants were awarded to the following SFGH programs:

• Sweetened Beverages: A Nutrition Education Display	\$912.50
• Living Healthy with Diabetes	\$978.00
• Erasing Trauma: Tattoo Removal as a Healing Intervention	\$1,500.00
• Using Social Media to Engage Youth in Reproductive Health Discussions	\$1,900.00
• Partition Wall for Creation of Ophthalmic Diagnostic Suite	\$2,332.25
• Phosphorus Improvement Project	\$2,915.00
• Tablets for Patient Education and Screening Forms in Radiology	\$3,208.42
• Building the 5M <i>Disfrute la vida!/Enjoy Life!</i> Diabetes Prevention Class	\$2,762.00
• Comprehensive Wound Education for Wound Clinic Nurses	\$3,500.00
• Health Education Media for the Urgent Care Center Reception Area	\$1,650.00
• Patient Survey Regarding Oral Anticancer Agents Program	\$3,850.00
• Progressive Care Essentials	\$4,095.37
• Adding an E to Mail in Psychiatry	\$4,466.03
• Fire Safety Program	\$4,520.00
• The Financial Fitness Clinic	\$4,750.00
• 4B Progressive Care Certified Nurse (PCCN) Funding	\$4,946.00
• T4: Transcending Type 1 through Teaching and Technology	\$4,967.10
• Cardiac Exercise to Improve Patient Outcomes on Inpatient Psych Units	\$4,980.15
• Allergenic Mattress & Pillow Cover Reserve Supply Project	\$4,999.00
• The Healing Harp Therapy Project	\$3,506.08
• Working on Wellness English as a Second Language (WOW-ESL)	\$5,000.00
• Developmental Screening in the Medical Home	\$5,000.00
• Refurbishing The Breastfeeding Center in 5M	\$5,000.00
• Cultural and Linguistic Competence Care Project in 4A	\$5,340.31
• 6A Playroom Renovation Project	\$6,189.26
• Improving Safety of Pediatric X-Ray and MRI Imaging	\$6,426.00
• Development of Clinician Guidance Re: Radiation Exposure Transparency	\$7,054.00
• Critical Care Portable Ultrasound Scanner	\$7,900.00
• Food for Health	\$8,000.00
• Drug Assistant Software and Peripherals for the MPAP Program	\$8,600.00
• Development of Cancer Risk Educational Tool for Chinese-Americans	\$9,000.00
• Healthy Baby Bags	\$9,010.00
• 7B Patient Health Improvement Project	\$9,224.00



“Looking into the Future and  
Remembering the Past”  
By Trinh L. Mai

• 7C Patient Health Improvement Project	\$9,224.00
• RespiSim Patient Ventilator Interface	\$9,781.28
• Advancing Quality of Care to Improve Quality of Life Project	\$10,000.00
• Improving Sleep in Older Adults in the Hospital	\$10,106.00
• Improving Mobility and Quality of Life for Patients at Risk for Lymphedema	\$10,605.00
• Vscan - Miniature Echocardiography	\$10,900.00
• Ensuring a Safe and Effective Discharge for Diabetic Patients	\$11,227.00
• Healthy Lifestyles Counseling Curriculum	\$11,250.00
• Replacement Cooximeter for Cardiac Cath Lab	\$11,712.00
• Early Mobility Exercise Equipment	\$12,380.00
• The Expectant Parent's Club	\$14,761.22
• Infant/Neonate MRI Ventilator Acquisition	\$16,215.33
• Food Service and Baking Certificate Training Program	\$18,535.00
• Kempe Behavioral Health Partnership (KBHP) Pilot at SFGH	\$10,000.00
• Ultrasound Device Out-Patient Infusion Center	\$24,407.00
• Let There Be Light	\$10,000.00
• From Last Resort to First Choice: Transforming Women's Health Services	\$26,000.00
• Ultrasound Machine for Intravenous Access	\$28,167.03
• TCD for Comprehensive Stroke Center	\$28,670.00
• Orthopedic Cast Room Improvement	\$31,709.75
• High Fidelity Procedure and Ultrasound Training Initiative	\$37,054.37
• Information Systems Integrated Testing Center	\$45,131.18
• Critical Care Unit Difficult Airway Cart	\$23,000.00
• SFGH Future Internet Presence: Catching Patients and Donors in Our Web	\$18,465.00
• Innovative Approaches to Patient Wellness	\$57,310.00
• EEG Systems for Neurology and Neonatology	\$67,686.80
• SFDPH Telemedicine Success	\$92,110.88
• Emergency Airway Cart for SFGH Operating Room	\$166,764.82
• ALOKA Ultrasound Hearts Grant	\$218,100.00
• Perry Outreach Program	\$100,000.00
• Bay Area Perinatal AIDS Center	\$35,000.00
• Smart Steps	\$75,000.00
• Cancer Awareness, Resources and Education	\$5,000.00
• Women's Options Center	\$25,000.00
• Hepatitis B Patient and Provider Education	\$25,000.00



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