SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER

Annual Report

Fiscal Year 2013 - 2014

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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 highlights a few of our continuing efforts to improve services - to prepare and establish us as an efficient and dynamic component of the SF Health Network. The SF Health Network was established to allow the San Francisco Department of Public Health (DPH) to meet its goal of increasing access to care, reducing the cost of care and improving patient outcome in this early stage of the Affordable Care Act.

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

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

It has been a transformational year in health care, and for San Francisco General Hospital and Trauma Center (SFGH), it was no exception. When national health care reform was fully implemented on January 1 2014, a new era officially began.

More than 30,000 formerly uninsured San Franciscans became Medi-Cal members. Nearly another 30,000 gained health insurance through Covered California. The Healthy San Francisco program helped people transition to coverage for which they were newly eligible, and remained in place to support those who remain uninsured.

The San Francisco Department of Public Health reorganized, creating an integrated delivery system. The San Francisco Health Network includes SFGH, Laguna Honda Hospital and Rehabilitation Center, 14 primary care clinics (four at SFGH), as well as a full spectrum of specialty, mental health and substance abuse services.

The Network is the only complete system of care in the city, providing services for all needs throughout life, including acute care, primary care, specialty care and emergency and trauma services at SFGH. Our top goal here at San Francisco General is to increase the value we provide to our patients, staff and San Franciscans. We are community centered, with a diverse patient population served by a diverse staff who are committed to provide the best care.

Prompted by the Affordable Care Act (ACA), SFGH, is working to give our patients what they deserve – a better experience, a healthier community and a more efficient health care system. These elements make up the Triple Aim of health care improvement. By coordinating with the public health care delivery system that had previously operated independently; we will be able to provide our patients with more consistent, efficient and effective care.

At SFGH, our clinical expertise tells us that high quality care is key to a good patient experience. And, our patients tell us that shorter wait times and better access is what they want most. This annual report will cover highlights of how we have made progress in these areas, while simultaneously improving efficiency to lower costs.

It is exciting, gratifying and quite challenging to embark on such a significant change in our health system, for our country, our city and our public health department. This report outlines the tremendous efforts of our clinical and administrative leaders and staff, as we work together to fulfill the vision of health care reform, integrate our delivery system and deliver excellence to our patients.

Who We Are

Sails of the Bay
by Marius Starkey

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 106,000 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
*106,000 patients treated
*20% of all inpatient care in San Francisco
*1,123 babies born
*70,000 Medical. and Psychiatric Emergency visits
*40,000 Urgent Care visits
*3,200 Trauma activations
*30% of all ambulances come here
*580,000 outpatient visits
*Approximately 4,300 (2,700 FTEs) City & 1,900 (1,600 FTEs) UCSF employees
*32% of all UCSF resident training
*$153.9 million in charity care provided in FY2012; 79% of all San Francisco charity care patients were treated at SFGH.
*Provides 84% of inpatient and outpatient charity care services in 2012.
*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: *6,900 annual encounters*
Largest acute & rehabilitation hospital for psychiatric patients: *Provides 63 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 s*tate-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 under 1 minute.*
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 106,065 people in Fiscal Year 2013-2014. 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 has higher percentages of African Americans and Latinos; and lower percentages of Whites and Asian Pacific/Islander.

Regarding age, SFGH's patient population is younger than the general population - 78% 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 10% of the hospital's patient population.

		SFGH	CCSF 2010 Census
Gender			
	Female	49%	49%
	Male	51%	51%
Race			
	White	23%	42%
	African American	16%	6%
	Hispanic	31%	15%
	Native American	1%	
	Asian Pac/Islanders	24%	33%
	Others/Unknown	5%	4%
Age			
	Under 18	12%	15%
	18 - 24	9%	7%
	25 - 44	32%	38%
	45 - 64	37%	26%
	Over 64	10%	14%
Zip Code of Residence			
	North of Market (94102)	7%	4%
	South of Market (94103)	7%	3%
	Potrero Hill/Mission (94110)	14%	10%
	Outer Mission (94112)	13%	9%
	Bayview/Hunters Point	11%	4%
	Visitacion Valley (94134)	7%	5%
	Chinatown (94108/94133)	3%	5%

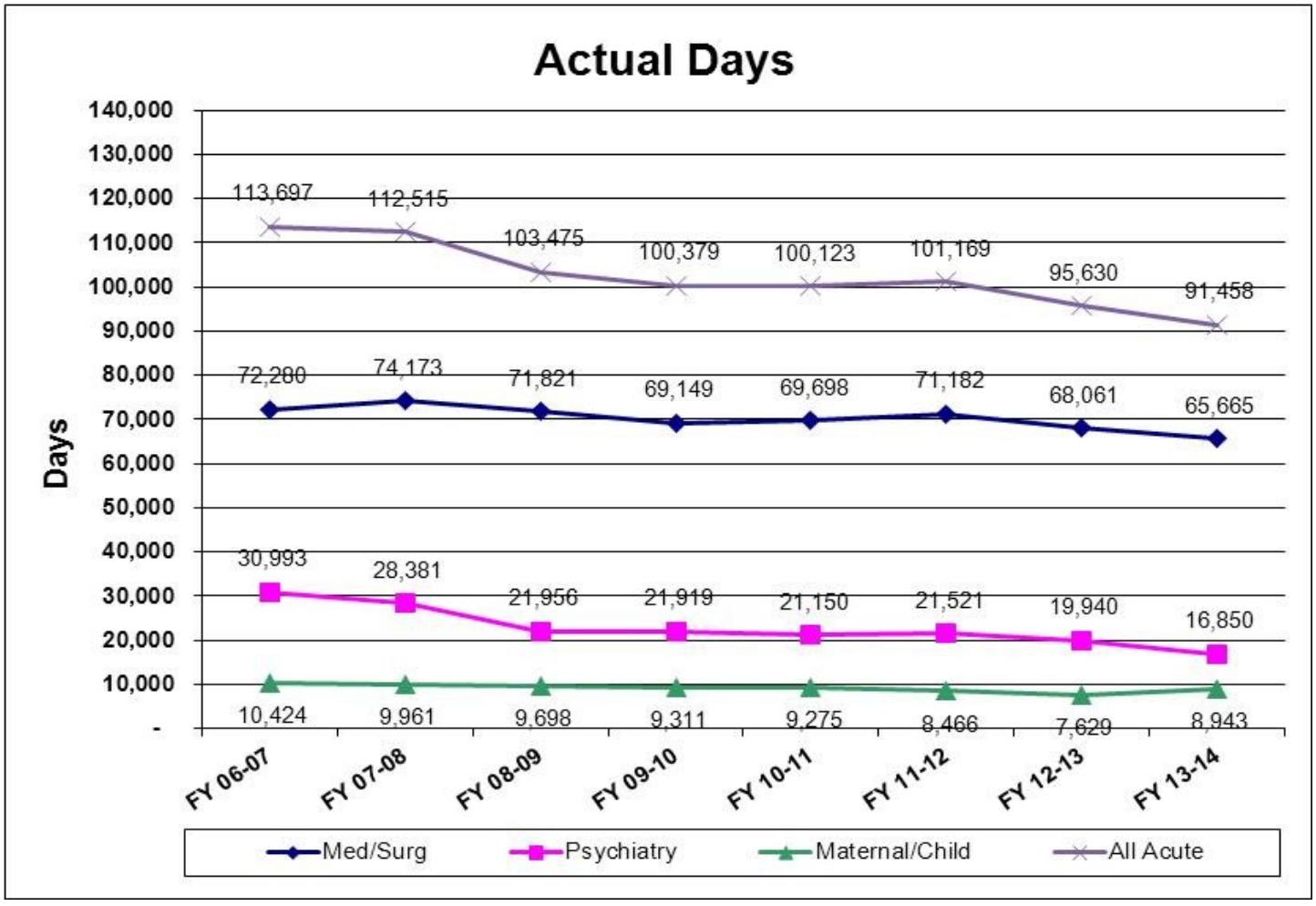
SFGH Services

Acute Care

- 16,738 acute admissions
  - 12% were acute psychiatric.
- 91,458 patient days
  - 18% were acute psychiatric
- Average daily census for Medical/Surgical services was 204.4.
  - Average bed occupancy is 84% of physical bed
- Average daily census for Acute Psychiatry was 46.2.
  - Average bed occupancy is 61% of physical beds.

Ranking of ten most frequently occurring diagnoses for past 3 years:

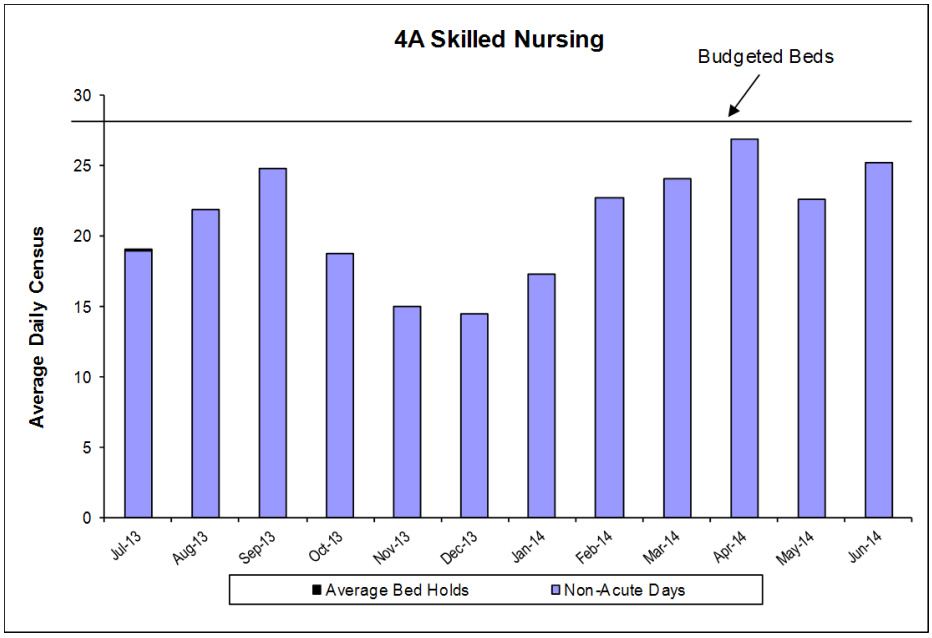
Diagnosis	FY 13-14	FY 12-13	FY 11-12
Normal Delivery of a Baby	1	1	1
Psychosis	2	2	2
Septicemia	3	3	8
Alcohol Withdrawal	4	6	6
Leg Cellulitis	5	8	9
Pneumonia	6	4	5
HIV Disease	7	7	10
Chronic Paranoid/ Schizophrenia	8	5	4
Obstructive Chronic Bronchitis	9	10	7
Episodic Mood Disorder	10		
Congestive Heart Failure		9	3



SFGH Services

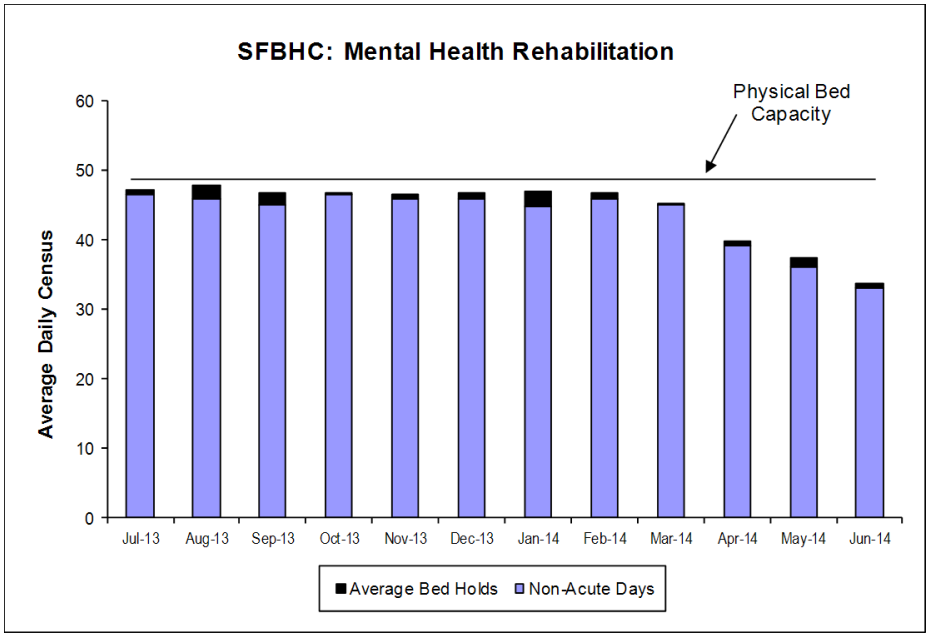
4A Skilled Nursing Care

30 bed short-term Medical/Surgical Skilled Nursing unit. This unit provides short-term skilled nursing care for patients awaiting or recovering from a procedure, patients requiring aftercare that cannot be administered at home, and patients awaiting placement. The average length of stay is 19 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 2013-2014, the SFBHC had two 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 43.4.

- 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 transi-

SFGH Services

Ambulatory Services

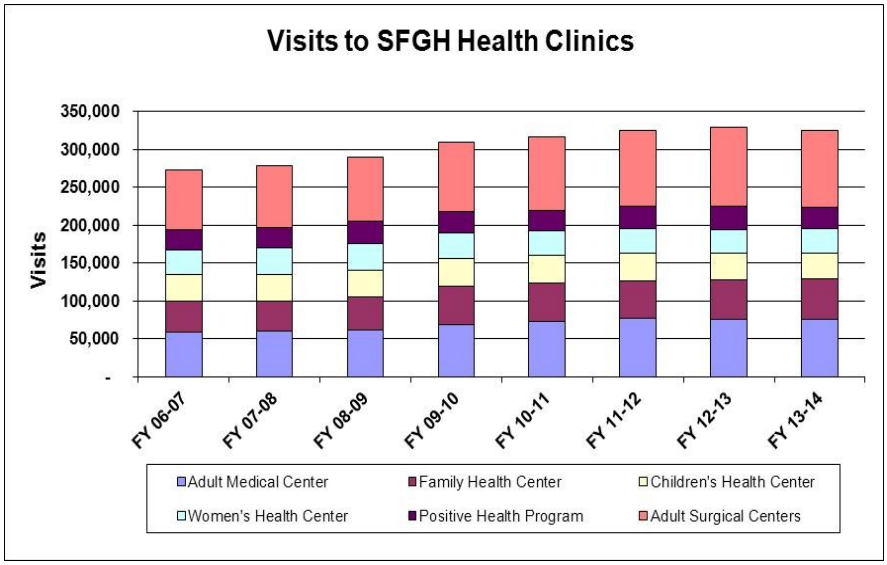
In Fiscal Year 2013-2014, 580,637 encounters were documented, of which 21% were primary care, 36% were specialty care, 11% were non-admit Emergency encounters, 4% were urgent care, 21% were diagnostic and 7% were for other services.

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

- Cardiology
- Derrmatology
- Rheumatology
- Endocrinology
- Renal
- Diabetes
- Chest
- Gastrointestinal
- Oncology
- Hematology

The Adult Surgery Centers provide a full-range of ambulatory surgical specialties, where comprehensive consultation, surgical procedures and recovery are provided in the hospital setting.
Surgical Specialty Services include:

- Hand Surgery
- Vascular Surgery
- Plastic Surgery
- Spine
- Orthopedics -
- Trauma Surgery
- Otolaryngology
- Ophthalmology
- Neurology
- Neurosurgery
- Urology
- Foot Surgery
- Oral Surgery
- Breast



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. In addition to primary care services, specialty services include:

- Cardiology
- Dermatology -
- Neurology
- Asthma
- Nutrition
- Urology

The Women's Health Center provides general obstetrical and primary women's health care for women of adolescent to geriatric age. Specialty services includes Family Planning, Prenatal Education, and Teen Obstetrics programs.

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. Services includes:

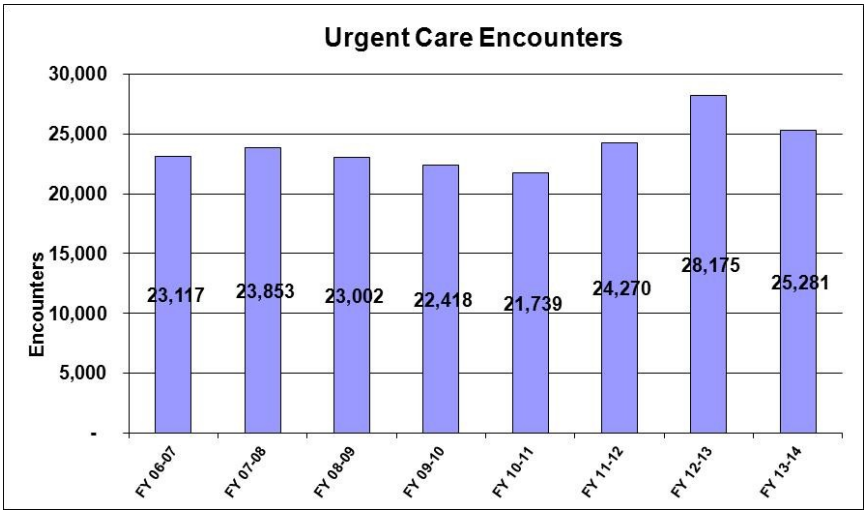
- Prenatal care
- Well child care
- Mental health services
- Pharmacist consultation
- Nutritional assessment and education
- Social services
- Family therapy

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.

SFGH Services

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 25,281 encounters in the last fiscal year.



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 2013-2014, nearly 70,000 Emergency Department encounters occurred, of which 18% resulted in an inpatient admission.

Gender (non-admit encounters):
Female: 40%
Male: 60%

Race (non-admit encounters):
White: 27%
African-American: 25%
Hispanic: 28%
Asian/Pac. Islander: 14%
Unknown/Others: 6%

Age (non-admit encounters):
Under 18 7%
18—24 11%
25—44 40%
45—64 34%
Over 64 8%

Ranking of the most common diagnoses for non-admitted patients over the past three years are:

Diagnosis	FY 2013-2014	FY 2012-2013	FY 2011-2012
Chest Pain	1	1	2
Abdominal Pain	2	2	1
Headache	3	6	5
Lumbago	4	10	6
Alcohol Abuse	5	3	3
Pain in Limb	6	4	4
Acute Upper Respiratory Infection	7		
Contusion Head	8		
Leg Cellulitis	9		
Open Wound—Finger	10		
Swelling in Limb		5	
Cough		7	8
Hypertension		8	
Shortness of Breath		9	10
Dizziness			7
Altered Mental Status			9

SFGH Services

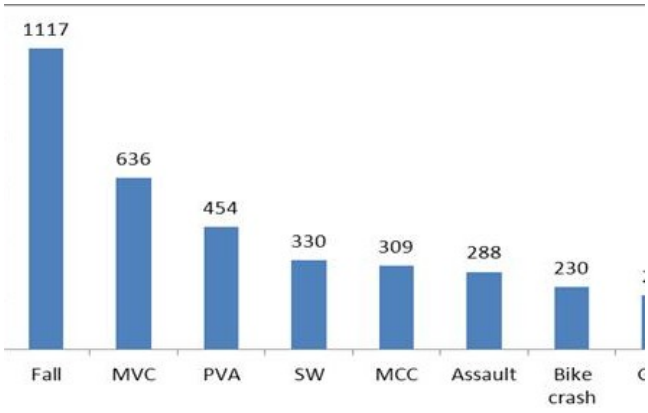
Psychiatry Emergency Services (PES) provides 24-hour, 7-day a week emergency assessment, stabilization and disposition for acute psychiatric patients. Last year, there were nearly 7,000 cases, of which 26% resulted in an acute inpatient admission.

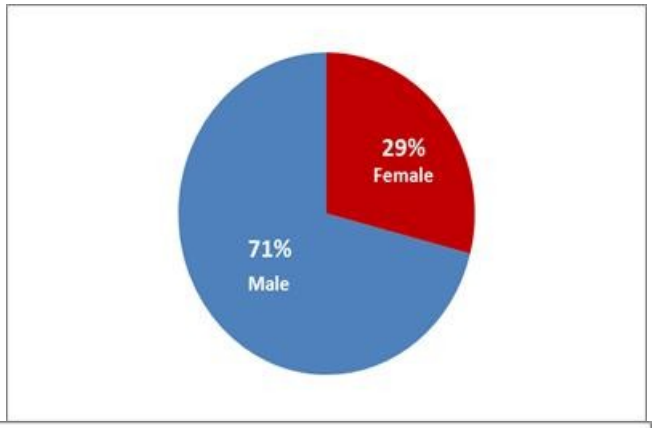
Gender:	
Female:	32%
Male:	68%
Race	
White:	46%
African-American:	25%
Hispanic:	13%
Asian/Pac. Islander:	10%
Unknown/Others:	6%
Age	
Under 18	1%
18—24	10%
25—44	51%
45—64	34%
Over 64	4%

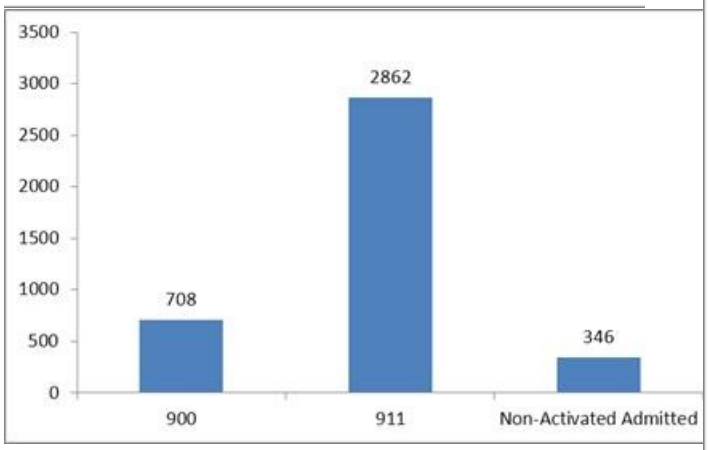
Ranking of the ten most frequently occurring diagnoses in past 3 years:

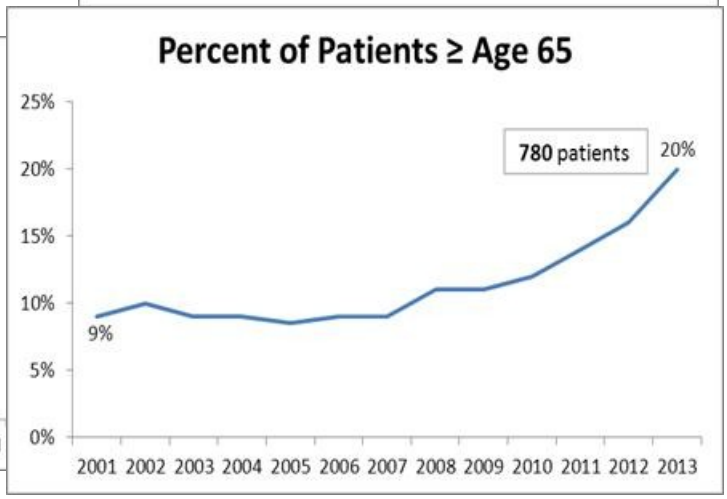
Diagnosis	2013-2014	2012-2013	2011-2012
Psychosis	1	1	1
Episodic Mood Disorder	2	2	2
Depressive Disorder	3	3	3
Schizoaff Disorder	4	4	4
Paranoid Schizophrenia	5	5	5
Bipolar Disorder	6	6	6
Schizophrenia	7	7	7
Adjustment Disorder		8	8
Drug Induced Psychosis w/Delusion	8		
Combinations of Drug Dependence	9		
Posttraumatic Stress Disorder	10	9	9
Adjustment Reaction		10	10

Trauma Services









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 2013-2014 by SFGH investigators. Some of the highlights included:

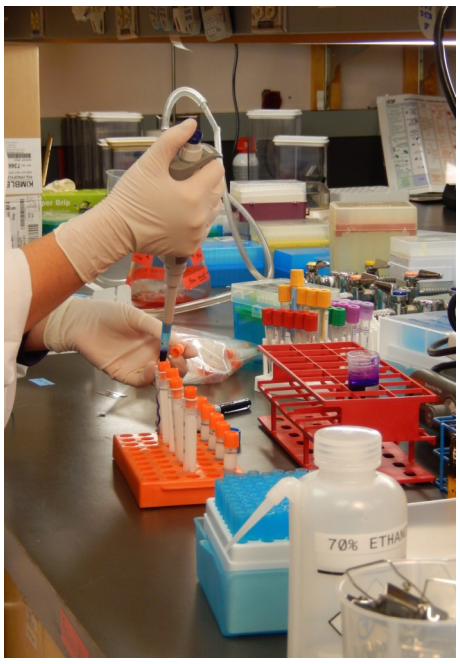
Research Articles:

- An article in Stroke on the impact of endoglin deficiency on stroke recovery was authored by Dr. **Hua Su** at the Center for Cerebrovascular Research, Department of Anesthesia and Perioperative Care.
- Dr. **Renee Hsia** published a paper in the Journal of the American Medical Association on trends in adult Emergency Department visits in California by insurance status.
- An article by Dr. **De'Broski Herbert** titled "Th9 Cells Drive Host Immunity against Gastrointestinal Worm Infection" was published in the October 2013 issue of Immunity.
- Dr. **Joseph (Mike) McCune** discussed the association of dysbiosis of the colonic mucosal-adherent microbiota with HIV disease progression and chronic inflammation in Science Translational Medicine.
- Dr. **Renee Gupta**'s article "How Primary Care Practices Can Improve Continuity of Care" was published in the September 2013 issue of JAMA Intern Med.
- An article by Dr. **Andrew Bindman** "Calling All Doctors: What Type of Insurance Do You Accept?" was published in JAMA Intern Med.
- Dr. **Justin Sewell** received the Haile T. Debas Academy of Medical Educators Excellence in Teaching Award in Medicine.

- "Time Intervals in the Treatment of Fractured Femurs as Indicators of the Quality of Trauma Systems" by Dr. **Amir Matityahu** and Dr. **Meir Marmor** was published in the Bulletin of the World Health Organization.
- Dr. **Saam Morshed's** article "Essential Surgery is Cost Effective inResource-Poor Countries" was published in the June 2014 issue of Lancet Glob Health.
- **Dr. Justin Sewell** had two articles **"**Preconsultation Exchange for Ambulatory Hepatology Consultations" and. "A Brief, Low-cost Intervention Improves the Quality of Ambulatory Gastroenterology Consultation Notes" published in the American Journal of Medicine.
- Dr. **Daniel Cooke**, Dr. **Mark Wilson**, **Ryan Sincic**, Dr. **Steven Hetts** authored "Magnetically Assisted Remote-Controlled Endovascular Catheter for Interventional MR Imaging: In Vitro Navigation At 1.5 T Versus X-Ray Fluoroscopy, which was published in the June 2014 edition of Radiology.
- Dr. **Naomi Bardach**'s article "Effect of Pay-for-Performance Incentives on Quality of Care in Small Practices with Electronic Health Records" was published in the September 2103 edition of JAMA.

Academic Awards and Grants:

- Dr. **Alan Gelb** of Emergency Medicine received the 2014 Academic Senate Distinction in Teaching
- Dr. **Donald Abrams**, Chief of the Hematology-Oncology Division, received a federal grant to conduct a proof of principle investigation of inhaled vaporized cannabis in patients with sickle-cell disease-related chronic pain at SFGH.
- Dr. **Margaret Knudson** was awarded the Emergency Management Distinguished Service Award
- **Twyila Lay** was recognized with the American Association of Neurological Surgeons Award for Outstanding Contributions to Education for Advance Practice Providers
- Dr. **Geoff Manley** was awarded $18.8 million by the National Institutes of Health (NIH) to support worldwide research on concussion and traumatic brain injury
- Dr. **Miles Conrad** received the Haile T. Debas Academy of Medical Educators Excellence in Teaching Award in Radiology and Biomedical Imaging.
- Dr. **Valerie Gruber** received the 2014 David Rea Award for Excellence in Training
- Dr. **Margaret Knudson** was recognized for the Development of "Richie's Neighborhood", a video game that teaches traffic safety to children.
- Dr. **Jack McAninch** was awarded the 2013 Felix Guyon Medal from the Society of International Urology for outstanding contributions to urological surgery and to the Society.

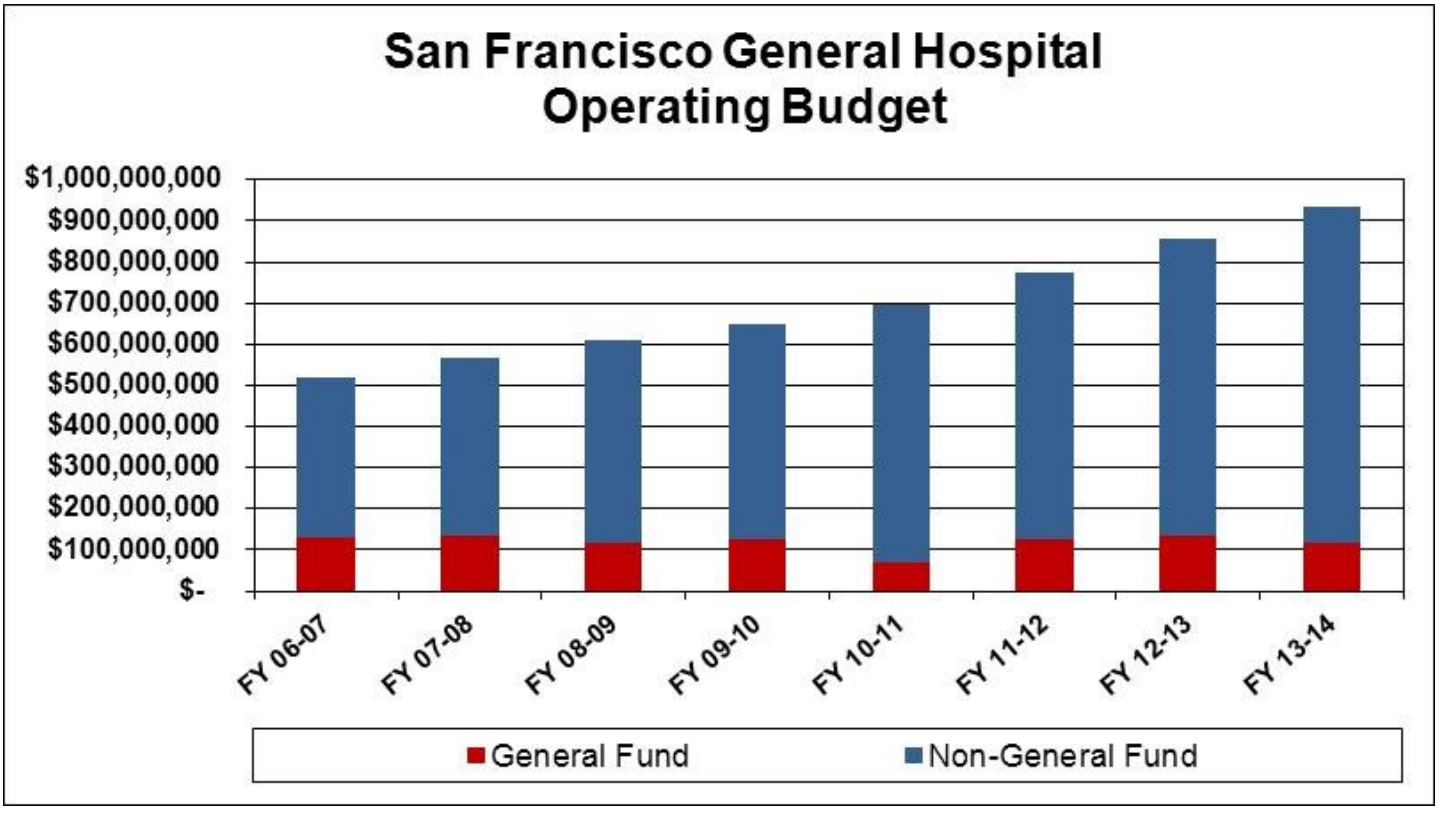


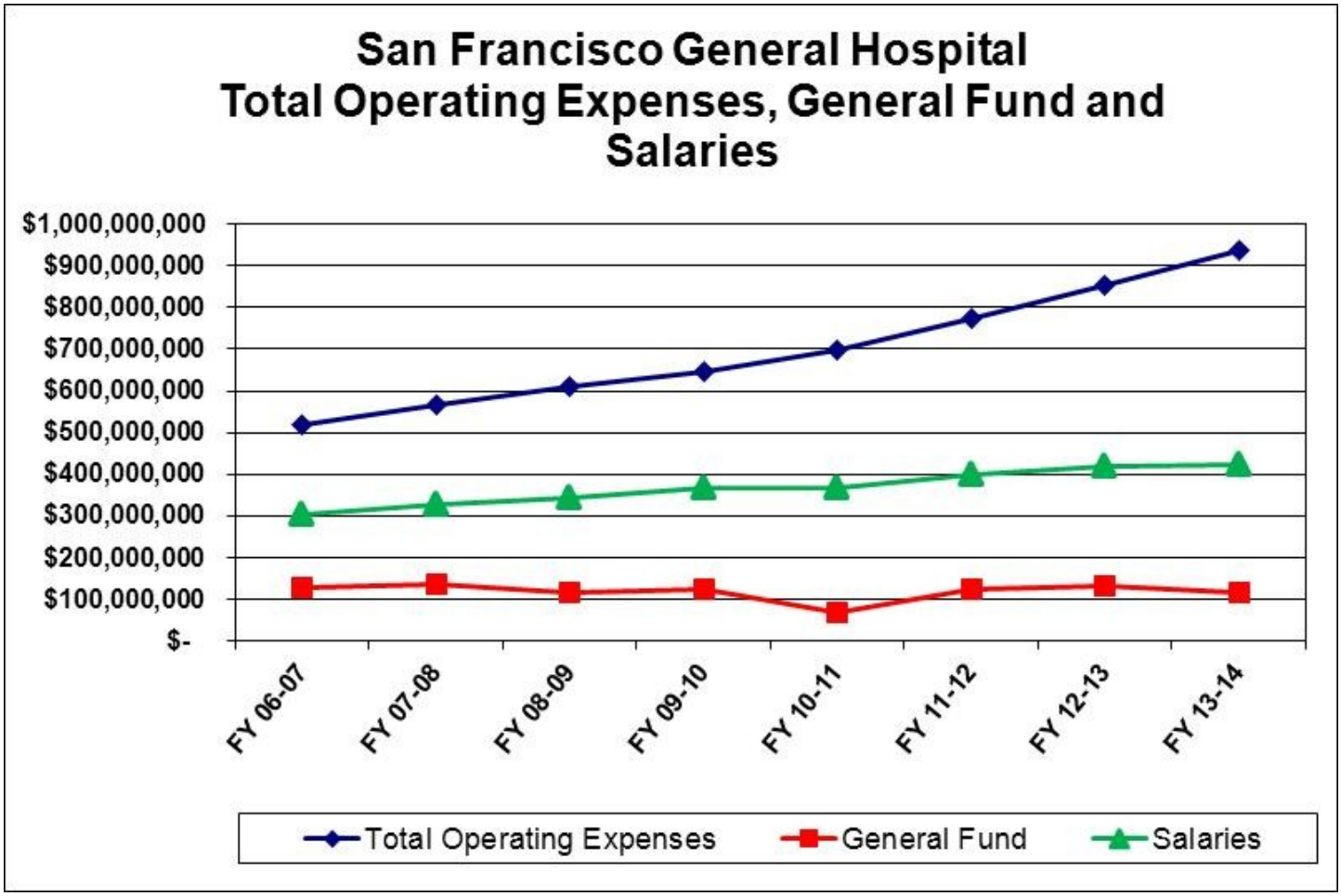
Financials

The following table shows activities by payer type for fiscal year 2013-2014. Percent of uninsured inpatient days decreased significantly from last fiscal year (39% to 30%) while percentage of Medi-Cal (35% to 42%) and Medicare (18% to 20%) inpatient days increased. Percentage of outpatient encounters by Payor Sources showed similar decreases in uninsured and increases with Medi-Cal.

Payer Sources	Inpatient Days	Outpatient Encounters
Uninsured	30%	14%
Healthy San Francisco	0%	16%
Commercial	3%	1%
Medi-Cal	42%	42%
Medicare	20%	17%
Others (Healthy Families, Research, Jail, Workers' Comp, CHN capitated plans)	5%	10%

Total operating expenses for SFGH in FY2013-2014 increased from the previous fiscal year by 9.5%, from $854,089,000 to $934,902,000. The majority of this increase is one-time expenditures related to the SFGH Rebuild Project. The percentage of General Fund dollars in the SFGH budget, 13% in FY 2013-2014, is lower than the previous year (16%).





Of the 81 million dollars increase in operating expenses in FY2013-2014, 44 million were for one-time expenditures, funding Furniture, Fixtures and Equipment for the new SFGH Acute Care building.

	FY 06-07	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14
Total Operating Expenses	$ 518,807,000	$ 565,051,000	$ 610,681,000	$ 647,619,000	$ 697,574,000	$ 774,451,000	$ 854,089,000	$ 934,902,000
Change from Previous Year		9%	8%	6%	8%	11%	10%	9.5%
General Fund	$ 129,890,000	$ 135,137,000	$ 115,791,000	$ 125,606,000	$ 70,949,000	$ 124,245,000	$ 133,552,000	$ 117,953,000
Pct of Total Budget	25%	24%	19%	19%	10%	16%	16%	13%
Salaries	$ 302,399,000	$ 327,662,000	$ 343,516,000	$ 367,861,000	$ 368,490,000	$ 398,227,000	$ 419,132,000	$ 424,014,000
Pct of Total Budget	58%	58%	56%	57%	53%	51%	49%	45%
Change from Previous Year		8%	5%	7%	0%	8%	5%	1%

SFGH STRATEGIC PLAN:
Improving our Services

“World of Love”
by Wesley Wong

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	Goals
People Clinical & Service Excellence	**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.	**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 Improve patient care and promote health equity by engaging staff and providers through collaboration, accountability, and measurement of performance.	**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 • Surgical Site Infections • Stage III and IV Hospital Acquired Pressure Ulcers • Falls with Injuries • Ventilator Associated Pneumonia 2. Attain 100% on CMS Core Measure composite results for : • Acute Myocardial Infarction • Heart Failure • Pneumonia • Surgical Care Attain HEDIS 90th percentile on primary care measures: • Diabetes Care (HgA1<8%) • Colorectal Cancer Screening • Adolescent Immunizations (Tdap and Meningococcal)
	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.	**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 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.	**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 Enhance the health of patients and staff through a Wellness Initiative that promotes healthy lifestyles, active living, and emotional, physical, and spiritual well-being.	**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	**Efficient Management System** Adopt an operational efficiency framework that promotes performance improvement, staff satisfaction, and patient-centered care while controlling costs.	**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 eReferral consults responded to within 3 days 1000 real time telemedicine consults conducted by July 2016
	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.	
Technology Meaningful use of Health Information Technology	**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.	**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
	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.	

Vers. November 6, 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.

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

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STRATEGIC PLAN PERFORMANCE SCORECARD

Value/Commitment Area	Baseline Year (2011-2012)	Year 2 (2012-2013)	Year 3 (2013-2014)	Goal Year 5 (2015-2016)
SERVICE EXCELLENCE				
HCAHPS- Patients rate hospital with 9 or 10	60%	58%	63%	80%
HCAHPS is a patient satisfication 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				
CG-CAHPS- Patients rate primary care with 9 or 10	61%	60%	60%	80%
CG-CAHPS is a patient satisfication 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.				
CLINICAL QUALITY AND HEALTH EQUITY				
Instances of Patient Harm	123	136	107	
Central Line-Associated Blood Stream Infections (CLABSI)	8	5	6	Reduce
Surgical Site Infections (SSI)	42	33	32	to
Ventilator Associated Pneumonia (VAP)	2	9	5	Zero
Hospital Acquired Pressure Ulcers - Stage 3 or higher (HAPU)	31	50	14	
Falls with Injury	40	39	50	
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%.				
Quality and Accountability: CMS Core Measures % inpatients who received recommended care:				UHC Target
Acute Myocardial Infarction	94%	92%	96%	90%
Heart Failure	91%	89%	98%	90%
Pneumonia	79%	77%	88%	90%
Surgical Care	93%	94%	96%	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.				
Managed Care for Outpatients				HEDIS 90th %tile
Diabetes Care (HgA1c<8%)	49%	55%	56%	69%
Colorectal Cancer Screenings	47%	57%	61%	63%
Adolescent Immunizations (Tdap and Meningococcal)	23%	33%	50%	76%
These measures reflects quality improvement efforts in the Family Health Center, Childen's Health Center, and the General Medicine Clinic. Goal is to reach HEDIS national 90 percentile (National Managed Care Quality Indicators).				
PROFESSIONAL AND ACADEMIC EXCELLENCE				
RN Specialty Certification	17%	15%	16%	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.				
RNs with BSN and Master's	65%	69%	70%	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.				
Trainee satisfaction	4.31	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).				

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STRATEGIC PLAN PERFORMANCE SCORECARD

Value/Commitment Area		Baseline Year (2011-2012)	Year 2 (2012-2013)	Year 3 (2013-2014)	Goal Year 5 (2015-2016)
SAFETY AND ACCOUNTABILITY					
Culture of Safety		65%	65%	62%	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					
Fair and Just Culture Implementation		20%	22%	43%	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.					
ENHANCING WELLNESS					
Wellness Center participation	Unduplicated Participants	459	769	710	1595
	Utilization	5130	7595	8340	
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% .					
EFFICIENT SYSTEMS					
Reduce Time Waste (in minutes)					
Average LEAN lead time in Urgent Care Clinic		206	122	104	Reduce by
Average LEAN lead time in 3M Surgical Clinic		109	94	81	40%
Median Time from ED arrival to departure (for discharged pts.		299	330	240	
Lead Time is arrival to departure time. The aim to increase time efficiency by 40% by Year 5, as hospital departments go through LEAN					
INTEGRATION AND COORDINATION ACROSS SERVICES					
Specialist Referral Response Time < 3 days		62%	92%	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.					
Telehealth consultation volume		369	750	610	1000
images had been transmitted and received by the end of June 2012.					
DEVELOP AND EXPAND INFORMATION TECHNOLOGY					
Ambulatory electronic health record implementation (		15%	17%	84%	100%
By the end of June 2014, eCW was rolled out to 11 of 13 primary care clinic centers, 2 of 3 major urgent care center, all Pediatrics speicalty clinics and 18 or 21 adult medical and surgical specialty clinics. Rollouts will continue through 2014 and 2015. Future plans will include LHH, Respite and Sobering Center, and the TB and the City Clinic.					
Roll out on Electronic Medication Admin. Record		9.5/16	10.5/16	10.5/16	16/16
surgical units in early 2012 (5A, 5C, 5D, 4D, 6A [adult only], 7A, 7B, 7C, 7L, 7D).					
Roll out Computerized Provider Order Entry		2/16	5.5/16	5.5/16	16/16
CPOE was piloted in May and roll-out to all medical-surgicl units began in June. As of June 30, Units 5D and 5C were live.					
Meeting Hospital Meaningful Use Stage 1		30%	100%	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.					
MOVING TOWARDS ADOPTION OF HEALTH IT					
Quality Data Center dashboard development		0%	60%	100%	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.					
Meeting Hospital Meaningful Use Stage 2		0%	50%	90%	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.					

Version: 1210

SFGH Focuses on Sepsis

Severe sepsis is a serious medical condition that has a tremendous impact on patients and the healthcare system due to its high prevalence, high mortality rate, and high associated costs. Though recent evidence exists to guide therapy and improve outcomes, implementing such guidelines has been challenging due to high levels of diagnostic complexity (there is no single reliable test to identify sepsis). There are also other challenges that exist due to the distribution of cases across nearly all areas of the healthcare system, and a very wide spectrum of illness severity with an often unpredictable clinical course. Additionally, long-entrenched cultural norms of identification and treatment existed, which at times served as barriers to change.

In 2011 a multidisciplinary group, representing all areas of the hospital and comprised primarily of front line clinicians, formed to implement a series of interventions designed to change the institutional culture about sepsis identification and management. These included:

- **Education:** educational materials were developed and formally integrated into orientation programs for all new clinical employees, new graduate nurse training programs in Acute Care, Critical Care, and Emergency departments, and residency programs in internal medicine and emergency medicine.

- **Screening:** Screening protocols and tools were developed and implemented in all inpatient areas and some outpatient areas including our wound clinic and HIV urgent care clinic.

- **Ordersets and Guidelines:** Ordersets and guidelines have been developed for use in all inpatient areas and, when possible, were built into our electronic health record with easy links to reference materials and the primary literature. Additionally paper "pocket cards" have been developed and distributed widely which serve as a quick reference for the treating physicians.

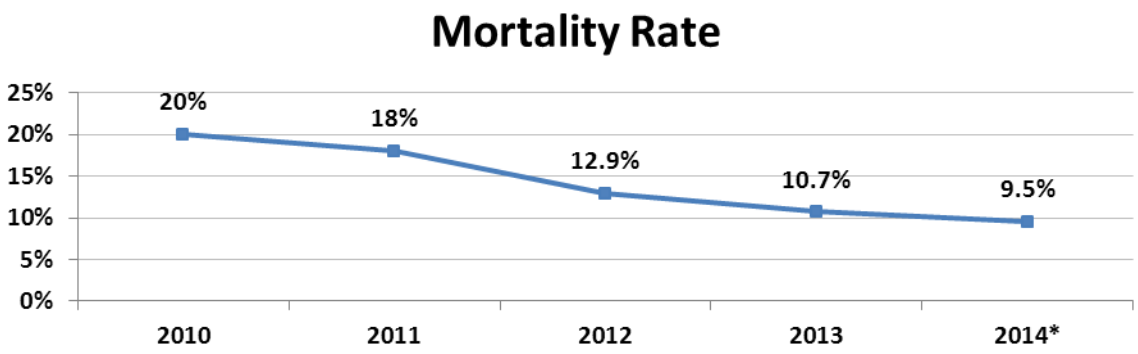
- **Integration with Rapid Response System:** Our Medical Emergency Response Team (MERT), led by a critical care RN, has had additional training in recognizing and treating sepsis, with standards set for interventions and documentation.

- **Real-time Feedback and careful use of data.** For a subset of cases, case review forms are generated and sent to all members of the care team (RNs, residents, attendings). The case review forms detail the patient outcome and the attainment of each of the treatment goals, with links to SFGH treatment guidelines and aggregate performance data. These letters include an invitation to respond with reflections on the circumstances that led to the outcomes observed. In about one third of cases we have received meaningful responses, which often times develop into more extensive discussions offline, facilitating collaboration and cooperation across departments and services.

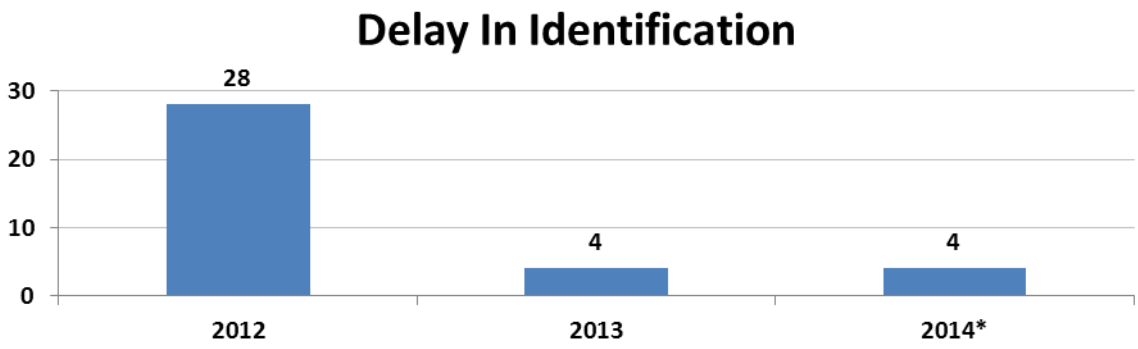
- **Provider-level Reporting**: Since 2013, attendings in the Emergency Department have received individual monthly reports listing each patient they treated with severe sepsis, their attainment of the treatment goals, and their aggregate performance. This individual performance is then shown in comparison with departmental peers – giving each attending an overall ranking. This timely data reporting drives engagement with

the treatment goals and spurred more ownership of care delivery by attendings.

Since 2010, SFGH has realized a 52% reduction in mortality rate from sepsis, from 20% to 9.5% (year to date, 2014):

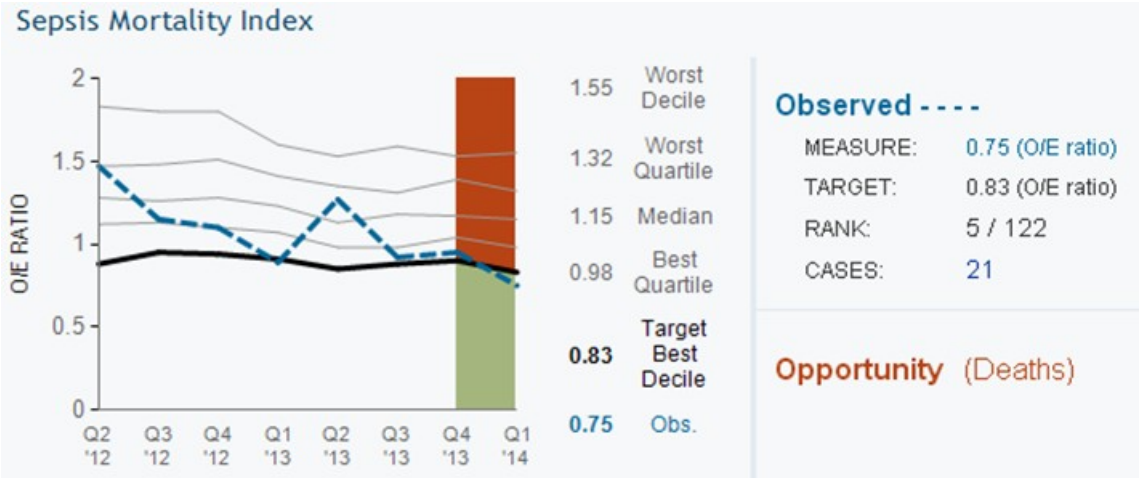


Because early identification is so critical to effective treatment, cases judged to have a delay in identification were tracked beginning in 2012. The absolute number of such delays dropped precipitously from 2012 (28 cases) to 2013 (4 cases):



*Year to date

The UHC Sepsis Mortality Index reflects the mortality rate compared to that expected based on patient acuity. This has been steadily falling, reaching 0.75 in Q1 2014. This was an institutional record and placed us in the top 5 among participating academic medical centers:



Most important, informal discussions with physicians and nurses across the organization reflect a consensus that meaningful culture change has occurred. Sepsis is taken more seriously; staff recognize that patients who "look fine" can quickly deteriorate, and a general ethic of acting quickly is understood to be the default. Much progress remains to be made: our overall bundle compliance, approximately 60% midway through 2014, still requires work. But the broad aim of culture change has been achieved, and the benefits to patients (as measured by mortality rate) are clear.

Emergency Department staff-members and Sepsis Taskforce members Curtis Geier, PharmD and David Thompson, MD, work together to ensure prompt antibiotic delivery for septic patients.

Patient safety nurse David Rubin, RN leads monthly "patient safety rounds" on clinical units, which include a review of hospital sepsis

Clinical staff from the Intensive Care and Medical Surgical Units participated in high fidelity simulation training to polish skills in sepsis identification and management.

SFGH Succeeded With Its Care Transition Task Force

In 2012 the Care Transitions Taskforce was chartered in order to bring together a multidisciplinary group of providers from inpatient and outpatient settings to reduce readmissions by 15 percent by December 2014, to increase the proportion of patients who are scheduled for and attend a follow-up appointment within seven days of discharge, and to improve processes of transitional care throughout the SF Department of Public Health clinical enterprise. At that time, 14% of patients were being readmitted to SFGH within 30 days and only 34% attended a follow-up appointment within seven days of discharge from SFGH.

The taskforce's goal is to initiate and disseminate coordinated improvements to care delivery during the transition from hospital to the community. The taskforce focused on two key priority areas: 1) improving access to and standardization of post discharge follow-up and 2) identification of higher risk patients for targeted intervention.

When a root cause analysis of readmissions was performed, the taskforce learned that patients were being readmitted before their scheduled follow-up, there was no standardized approach to discharge and post-discharge care, and there were few concerted efforts to identify and address the needs of patients at high risk for readmission. It was clear to the taskforce that finding solutions to these problems needed to be shared by the hospital and outpatient clinics. To promote that shared responsibility and align with the primary care medical home model, the taskforce led an effort to identify and connect unassigned patients to a Primary Care Provider, to schedule follow-up for all patients within a week of discharge, and to provide both outreach to especially high risk patients.

Eliza Newbold, NP, collaborates with a medical assistant at the SFGH Bridge Clinic, a post-discharge medical clinic for patients discharged from the Medicine service in need of acute follow-up after discharge from SFGH.

In order to address the issue of low rates of post-discharge follow-up attendance, the Taskforce launched a concerted effort to schedule patients' follow-up appointments within 7 to 14 days of discharge from SFGH. Staff at SFGH and at the community based clinics were involved in planning and implementing this initiative. The SFGH Division of Medicine's Patient Care Coordinator - responsible for scheduling all follow-up appointments for Medicine and Cardiology patients - was invited to share her perspectives on feasibility of this pilot. Her workflow eventually adapted to incorporate the changes to post-discharge follow-up scheduling.

The Taskforce partnered with IT to build a discharge work list within the existing electronic medical record so primary care clinics could identify, in real time, which of their patients were being discharged and coordinate their patients' post-discharge plans with inpatient teams. This work list has contributed to improved efficiency in both the inpatient and ambulatory care setting. Appointment schedulers are able to access all relevant clinical information in order to make an appropriate follow-up ap-

pointment. The taskforce is currently working with IT to build a care transitions orderset that can be generated on admission in order to initiate communication with a patient's primary care home and facilitate timely follow-up, and have incorporated teaching about transitions of care into our curriculum for resident physicians.

The Transitional Care Nursing team works with high risk patients (≥55 years old with CHF, COPD, MI or pneumonia) during their hospitalization to create personalized transition care plans. The nurses also call patients weekly for 30 days post-discharge with appointment reminders and to address any concerns. Recently, the program extended its length from 10 days post-discharge to 30 and added additional phone calls to their workflow to check on patients recently discharged from their program. The taskforce worked with the pharmacy department to add a targeted pharmacist intervention for patients with CHF followed by the Transitional Care Nursing team, which includes medication reconciliation, reduction in pill burden, and communication with outpatient pharmacies to ensure adequate supply of medications and home delivery when appropriate. The taskforce also work with a social worker assigned to the Transitional Care Nursing team to address psychosocial needs of their patients, help patients navigate the system, provide referrals to necessary community-based services, and aid with patients' attendance of follow-up appointments.

The SFGH Transitional Care Nursing Program charge nurse, Richard Santana, RN (right), checks on a patient enrolled in the program. This program involves an intensive inpatient intervention along with post-discharge follow-up for 30 days after hospitalization at SFGH.

After a year of piloting and implementation improvement work, the proportion of patients attending a follow-up appointment within seven days of discharge has increased by 23%, from 34% to 42% as of quarter 2 of 2014. While overall hospital readmission rates decreased from 14% to 13%, readmission rates for high-risk patients decreased from 18% to 10% after initiation of the Transitional Care Nursing program.

PEOPLE

SFGH Reduces Hospital Acquired Conditions

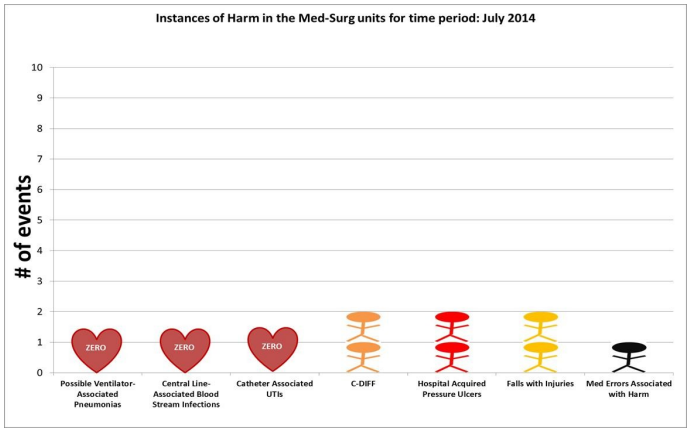
In August 2012 senior management from SFGH attended the first gathering of the America's Essential Hospitals (former National Association of Public Hospitals) Engagement Network (EHEN). The purpose of EHEN was to organize public hospitals in their participation on the Partnering for Patients (PfP) initiative, which was funded by Center for Medicare and Medicaid Services. At this meeting, SFGH management committed to working with EHEN on reducing Hospital Acquired Pressure Ulcers (HAPU) and Falls Prevention.

Patient Safety Team

In 2013, the Patient Safety Team realized that there was a need to further publicize the patient safety initiatives. Dashboards had been developed to illustrate and measure our work but they were not being posted on all units and not in a standard way. Generally, staff didn't know how the hospital was doing nor how their own units were doing. Soon afterward, the Patient safety Team posted the first round of dashboards for HAPU, Falls with Injury, Sepsis, and Central Line Associated Blood Stream Infections (CLABSI) in all medical-surgical units, and began the first "patient safety huddles". Patient Safety Huddles would bring multi-disciplinary staff together for a 1 minute huddle to review the results of the month. In many cases, this was the first time the staff member was informed of their own unit results and many were surprised that they contributed to preventable patient harm by having a HAPU or Fall on their units. By year end, this method of transparency had become so successful that we are now measuring and reporting nine preventable harm measures on these dashboards that are followed every month. They are Ventilator Associated Pneumonia, CLABSI, Catheter Related Urinary Tract Infections, C-Diff Infections, HAPU, Falls with injury and Medication errors associated with harm.

Improvements to the dashboards were made each month based on feedback from staff. The dashboards no longer have dots on a graph, or display a "rate" that is so low that it is perceived there is no longer a problem. Current dashboards now report the actual number of cases. Unit specific data are also provided for each of the medical/ surgical and ICU units. In some dashboards, stick figures are used to illustrate that these are not mere numbers, but actual people who are affected by conditions that are preventable. In two years since working with the EHEN, 4 units have received patient safety hero awards for not contributing to any of the harm measures.

Patient Safety Hero 5C Nursing



Sample of the Nine Conditions, Patient Safety Dashboard's on the nursing units.

PEOPLE

Quality Leadership Academy

The Quality Improvement and Leadership Academy (The Academy) is a 9-month training program focused on developing quality improvement leaders throughout San Francisco General Hospital and the San Francisco Department of Public Health. This year, 45 multidisciplinary staff, including physicians, nurses, pharmacists, principal clerks, and population health specialists successfully completed the Quality Improvement and Leadership Academy. These 45 individuals came together to form eight teams to improve clinical care and operations across the San Francisco Department of Public Health (SFDPH). These initiatives support our strategic goals of service excellence, clinical quality, integration and efficient management.

Teams developing process maps for their projects.

This year's Quality Improvement and Leadership Academy teams represented the spectrum of services offered through SFDPH including representation of both direct patient care and population health services, demonstrating our commitment to system level changes and public health integration. The teams truly aimed to improve population health across the City and County of San Francisco. Teams included TB Clinic, African American Health Disparities, DPH Accreditation, Appointment Template Standardization, Nurse and Pharmacist Medication Refills, Catheter Associated Urinary Tract Infection (CAUTI) Prevention, Improve Care for Limited English Proficient Patients and Pain Management Improvement.

Examples of impact of the work by the Academy teams includes linking TB notification patients to primary care from a baseline of 57.1% in March 2014 to an impressive 86.7% in May 2014, with a goal of achieving 90% linkage by December 2014. The team also identified a plan for engaging primary care clinics in their screening program to assist with referrals and linking patients to primary care clinics throughout SFDPH. Similarly, the Pain Management team tested ways to improve post-operative pain scores by engaging 3 provider services including chief residents to improve the order form template and initiating a pain ambassador program by recruiting over 10 front-line nurses to serve as pain ambassadors in their home units. The team aims to improve post-operative pain scores (score of 3 out of 10, or less) from a baseline of 37% to 80% by December 2014. As of June 2014, pain scores were at 47%.

Iman Nazeeri-Simmons teaching about changes

The Academy was taught by leadership expert Ed O'Neal, formerly from the UCSF Center for Health Professions and quality improvement faculty, Iman Nazeeri-Simmons, MPH, Will Huen, MD MPH, and Dennise Rosas, MPH. The Academy met for nine 4-hour monthly sessions where teams learned about Quality Improvements tools and concepts as well as Leadership models and dynamics. The Academy culminated with each team preparing a poster presentation to share with Department of Public Health leadership, including our Health Officer, the Director of Health, and the Director of the San Francisco Health Network, the integrated delivery system of the City and County of San Francisco. The poster presentations highlighted the data collection and analysis each teams performed, and the results of their "test of change". Additionally, teams shared their team charters including their implementation plan and next steps. These Teams will sustain their work via support from their executive sponsors and engagement in organizational committees.

PEOPLE

Professional Excellence

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

Appointments:

Dr. **Hali Hammer** was appointed as Director of Integrated Primary Care for the SF Health Network.

Dr. **Alicia Fernandez** was appointed to Board of Governors for the Patient-Centered Outcomes Research Institute (PCORI).

Sue Currin was appointed to the American Hospital Association Region 9 Policy Board.

Dr. **Peter Muskat** was appointed Chief of Surgery

Dr. **Benjamin Breyer** was appointed Chief of Urology

Dr. **Marika Russell** was appointed Interim Chief of Otolaryngology

Dr. **Malini Singh** was appointed Interim Chief of Emergency Medicine

Dr. **Jay Stewart** was appointed Chief of Ophthalmology

Dr**. Andrew Murr** was appointed Chair of UCSF Department of Otolaryngology

Dr. Malini Singh

Dr. **Michael Huang** was appointed Chief of Clinical Services for Neurosurgery

Sue Currin was appointed to the Hospital Council of Northern and Central California Board of Directors

Awards:

Cathryn Thurow received the Rappaport Award for Exceptional Service to SFGH

Dr. **John Brown** accepted the Emergency Medical Services Achievement Award from California America College of Emergency Physicians (ACEP)

Dr. **Mary Mercer** accepted the Emergency Medical Services (EMS) Hospital Provider of the Year award from the San Francisco EMS Agency & San Francisco Paramedic Association.

Dr. **Clarissa Kripke** received the Chancellor's Diversity Award for Disability Service

Dr. **Catherine Sonquist Forest**, 2013 California Academy of Family Physicians, Hero of Family Medicine Award (Apr 2013)

Dr. **Justin Sewell** became a Invited Fellow of the American College of Physicians.

Dr. **Michael Potter**, 2013 Laurel Award for Innovative Programs (Mar 2013)

Dr. **Anne Kinderman** received the Sojourns Scholar Leadership Program award from the Cambia Health Foundation

Dr. **Dean Schillinger** was presented with the 2013 Everett Rogers Lifetime Achievement Award in Public Health Communication and Practice

The **GMC Care Management Team** was recognized with the Gage Award Honorable Mention from America's Essential Hospitals (formerly the National Association of Public Hospitals and Health Systems).

The **Pediatric Leadership for the Underserved (PLUS)** program celebrates its 10th anniversary.

Dr. **Shannon Thyne** received the Rappaport Award for Exceptional Service to SFGH


Dr. Rochelle Dickers, SFGH CEO Sue

Dr. **Tonya Chaffee** received the 2014 San Francisco "Women Who Have Made a Difference" award.

Dr. **James Dilley** received the UCSF Founders Day Award, recognizing his extraordinary contribution to Psychiatry and his leadership and management of the Alliance Health Project

Dr. **Rochelle Dicker** was recognized as a Jefferson Award Unsung Hero for Public Service

SYSTEMS

SFGH adopted Lean as its Management and Operating System

In alignment with its mission and vision, SFGH adopted Lean as its quality improvement and management system. With Lean, we focus on the relentless pursuit of perfecting patient care. Through concepts such as "learning to see" "root cause analysis", and "continuous improvement" we understand the experience through our patient's eyes, we focus on way to eliminate non-value added steps (waste), and we improve safety and experience of our patients and staff.

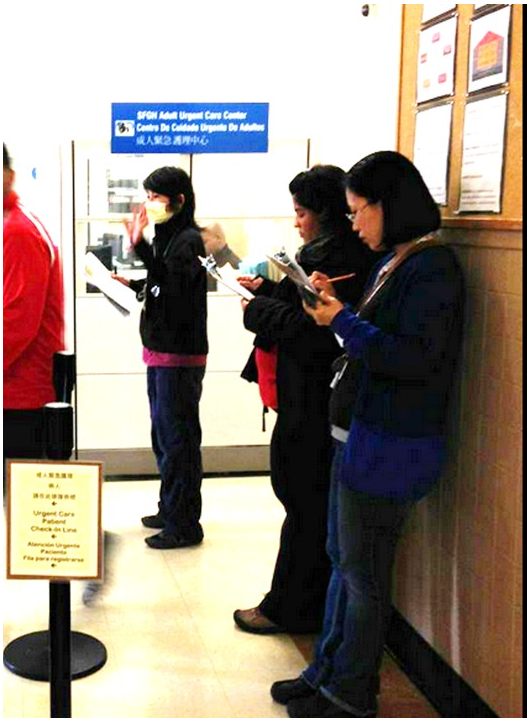
Over the last year, thirteen staff/providers have completed Lean Leader certification and an additional 35 people are in the process of completing certification. SFGH has launched seven value streams (focus areas) within the hospital: Urgent Care Clinic, the 4D inpatient Unit, the Surgical Clinic Center, the Operating Room/Procedural Services, the Outpatient Pharmacy, Radiology, and the Emergency Department; and one at Castro Mission Health Center, a DPH Community based primary care center.

Urgent Care Center Kaizen Workshop Team

In fiscal year 2013-2014, SFGH held over 30 improvement workshops and engaged over 300 staff/providers in Lean improvement work. A few achievements are highlighted in the next few pages.

Additionally, we have developed a Kaizen Promotion Office (KPO), our Lean infrastructure to support this work. KPO staff, reassigned from other areas of hospital operations, serves as facilitators and teachers for improvement workshops and daily management activities with our frontline managers and executive team.

Our ability to use Lean tools and drive improvement through collaborative problem solving, developing A3 thinking (a systematic method for realizing opportunities for improvement) and focusing on lean values of teamwork, respect and challenge have allowed us to achieve unprecedented improvements in patient satisfaction, staff experience, and reduction in lead times. In the coming year we look ahead to our historic move into our new hospital and continuing and expanding our improvement work in our workplace.



Urgent Care staff monitoring patient flow

Urgent Care

Continuing on the foundational 5S (Sort, Set in Order, Shine, Stand-

ardize and Sustain) workplace organization and decrease in lead times (from initiation to end of a process) seen during their first year, the Urgent Care Center now has a **76% decrease in lead time** for a visit (from 206 minutes to 49 minutes). The Urgent Care Center has also achieved target goals for four of seven patient experience survey metrics, including "Staff Care and Communication" and "Overall Experience". Piloting a front care team model with a provider, nurse and health worker to increase efficiency and reduce wait times is also underway. Plans are in order to re-value stream map the process to understand improvement needs based upon a scheduled appointment model and deployment of the outpatient electronic medical records system.

Operating Room/Procedural Services

Building on the work of the foundational workplace organization, the Operating Room has expanded their improvement work to the Sterile Processing Distribution department. Both the Operating Room and Sterile Processing Distribution departments have sustained 5-minute 5S (conducting 5S as part of daily activities). The Operating Room's **first case on-time start goal of 90% has been reached** by several services, though not yet consistent. The Operating Room is targeting identified reasons for late starts: incomplete documentation, incomplete instrumentation sets, and patient-related delays.

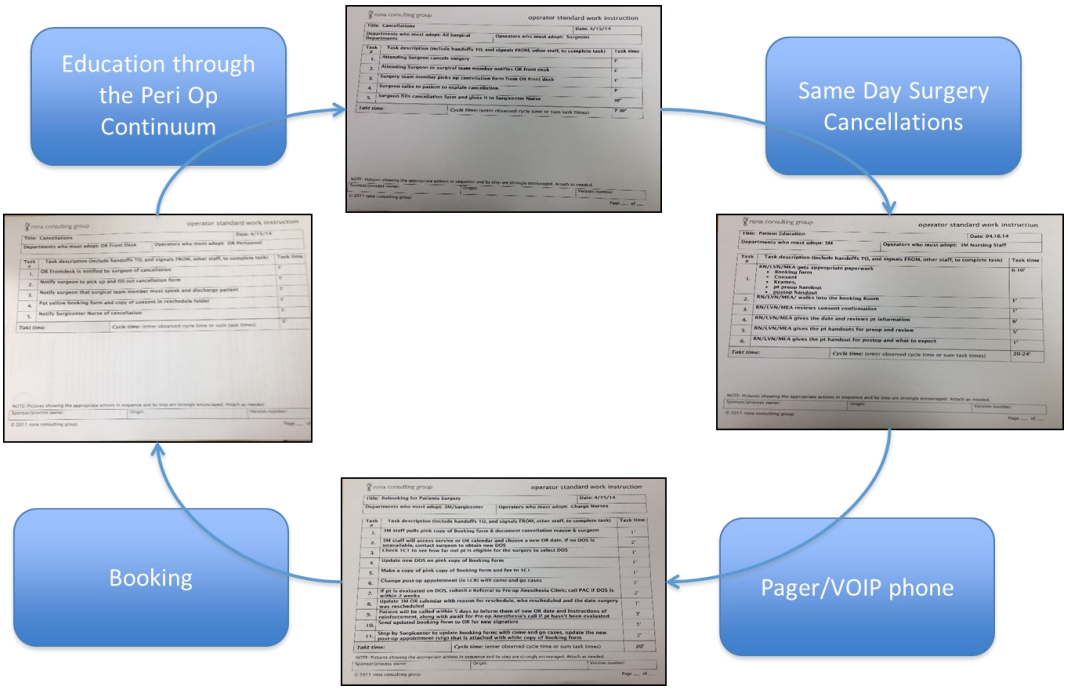
Loose Instruments—SET in ORDER

The hospital services are working to improve the operations of the Operating Room by identifying a resident who is responsible for resolving patient flow issues.

3M Surgical Clinic Center

In the 3M Surgical Clinic, a Same Day Surgery Cancellation form was developed to improve communication between the Surgi-Center and the 3M Surgical Clinic Center. The form is used to notify clinic staff that the surgery was cancelled, why it was cancelled, and the date of the rescheduled surgeries. This allows clinic staff to prepare the patient for their reschedule surgery.

Standard work was developed for cancellations (includes process for 3M Charge RN, Surgeons, Operating Room personnel), re-booking surgeries, and patient education. To improve the flow in the 3M Surgical clinic, administrative rooms were re purposed as examination rooms, which contributed to **decreasing patient wait times from over two hours**



Standard Work documents for 3M Surgical Clinic Center

to 46 minutes. A visual management system was implemented via the use of a monitoring tool/visual board to audit standard work in the 3M clinic.

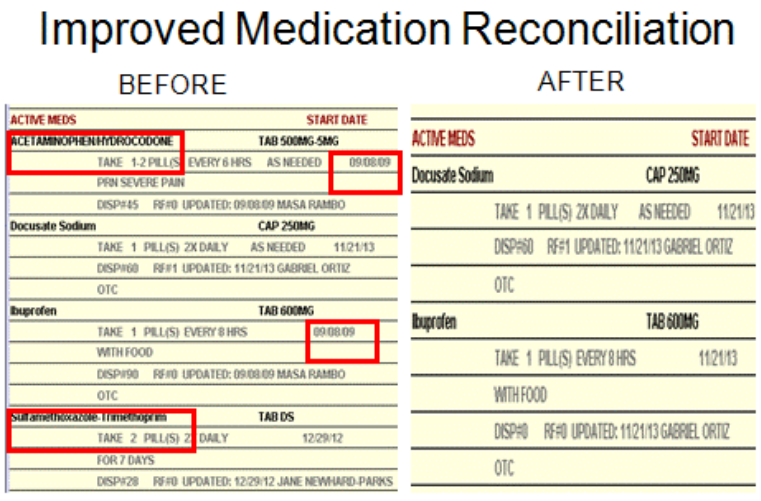
Outpatient Pharmacy

The Outpatient Pharmacy has spent several months focusing on 5S'ing and organizing their workspace, standardizing the intake and filling process, redesigning the Pharmacist verification process and improving the pick-up process for patients. Workshops this year contributed to improved communication, improved workflow, decreased patient wait times for medication pick-up and increased patient satisfaction. A reduction in lead time occurred between filling a prescription, verification and ready for pick up by 40% -**from 15 minutes to under 9 minutes**. Patient **wait times have decreased from over two hours to 19 minutes**. Finally, patients can now pay for their prescriptions at the Pharmacy pick-up window rather than at the Cashier's office, which is located in another part of the hospital.

Before and After Pharmacy 5S

Inpatient Services

Inpatient Services has implemented a 5S system of workplace organization. The March workshop focused on streamlining the electronic and paper nursing documentation system, which allowed **increased nurse time at the patient's bedside from 25% to 45%**. The first round of changes removed 10 pages of redundant documentation screens. A second round of additional improvements is in process.



In addition, there is a continued focus on **decreasing the average length of stay from 3.9 days to 3.1 days**. To help improve patient and family understanding of the anticipated discharge plan/date and increase the transparency of information guiding these decisions, the white boards in patient rooms were redesigned during the May kaizen. Ongoing monitoring and testing of the use of these white boards is helping to improve communication and patient engagement.

Radiology

The Radiology department is working to reduce their third next available appointment time. For Computed Tomography (CT), the goal is 5 days, which has been met but not consistently. For Magnetic Resonance Imaging (MRI), goal is 20 days. To date, we are **averaging 22 days versus 40 days 2013**. During the April kaizen, Service Excellence standards for greeting patients were established. During the June kaizen, standard processes for appointment scheduling were developed. Through implementation of patient and staff experience surveys, the Radiology department has been able to measure improvements from baseline. By strengthening the link to primary care, the department has seen a reduction in referral delays.

Simulating New Radiology Scheduler Team Hundle

Emergency Department

The Emergency Department recently began its Lean improvement work with the foundational 5S workshop, improving workflow of supplies and equipment in zones 1 and 4 of the department. The future workshops will focus on patient flow, staff roles and responsibilities, ancillary services, special patient populations, and disaster management as the department prepares to move to the new hospital.

Lean 3P

In addition to the value streams, SFGH begun Lean 3P (Production Preparation Process) in three focus areas: 4D Inpatient Services, Surgical and Procedural Services, and Emergency Department Services. 3P is a process used when preparing to launch a new service or department, as we are with the historic move into our new hospital building. An example of 3P activities is teams of staff reviewing the floor plan of the new hospital to answer questions such as how will staff navigate through the new single patient rooms provide care, where will supplies be stored, and how will we transition our patients from one level of care another when their acuity level changes? Considering these questions will help us prepare operational plans, develop necessary training and establish communication plans for our transition into the new hospital.

Table Top Design Models for Patient Flow in New Hospital Building

3P Inpatient Services

The Inpatient Services focus area's targets are:

- Patient and family are aware of anticipated discharge date
- Key care plan items documented and known by core members of the care team
- Discharge patients by noon

Workshops have focused on identified a patient-centered nursing care model to test and refine prior to moving into the new hospital in December 2015. The testing of interdisciplinary team rounds between Provider-Nurse has been in effect since the May.

The July workshop focused on Maternal and Child Services, and developed an A3 team charter to focus on the nursing care model and staffing unique to these services. Plans for simulating patient flow through development of a maternal and child nursing care delivery model, developing a shared documentation system, and integrated rounding are in effect.

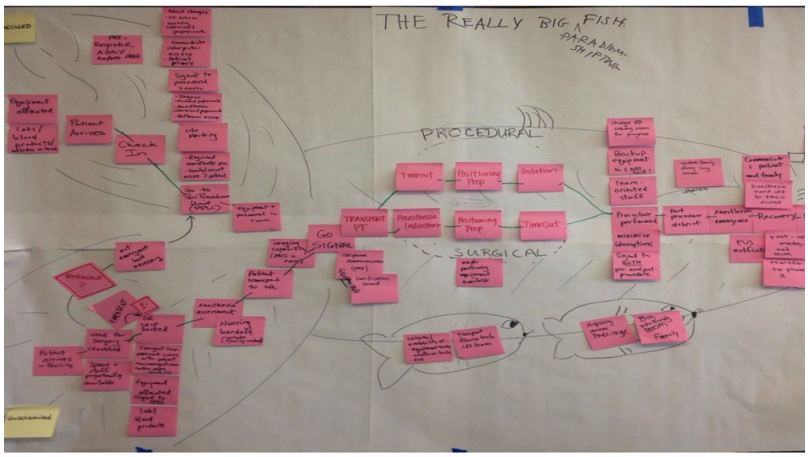
Future workshops will simulate patient flow across levels of care to determine staffing and resources needed.

3P Surgical and Procedural Services

The Surgical and Procedural Services focus area's targets are:

- Number of instruments removed from surgical instrument sets
- Staff hours saved (from reduced number of surgical instruments being processed)
- Consolidating surgeon preference cards

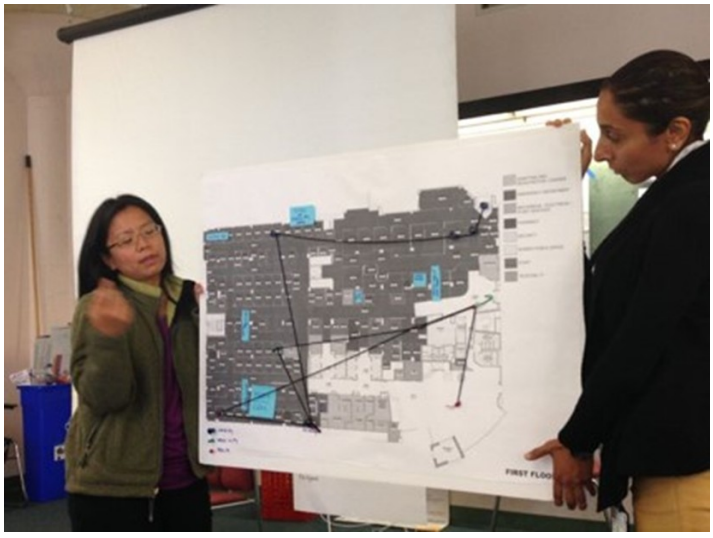
The June kaizen developed a new basic instrument set with general surgery hernia cases. Instrument set optimization review is planned for the Fall of 2014. The testing of a missing and broken item log to support coordination with the Sterile Processing Distribution department has been in process has decreased the number of delays for cases due to appropriate instrumentation not being ready.



Fishbone Diagram for Surgical and Procedural Services

The August kaizen focused on developing four universal forms to be used across services and procedural areas- the Booking Form, the Consent Form, H&P, and the Procedural Sedation and Monitoring Form. The testing of these forms is underway, and additional standardization of day of service documentation will be taken into consideration before the transition.

This work has recognized the need to plan for the flow of supplies and equipment, staff, medications, and patients before the move in December 2015. In addition, there are plans for developing a governing structure to replace the current fragmented committee structure.



Dr. Esther Chen and Dr. Malini Singh presenting Patient Flow models for the new Emergency Department

3P Emergency Services

The Emergency Services focus area will design comprehensive and specialized workflows in preparation for the opening of Building 25. The approach focused on creating processes that ensure seamless, patient-centered care.

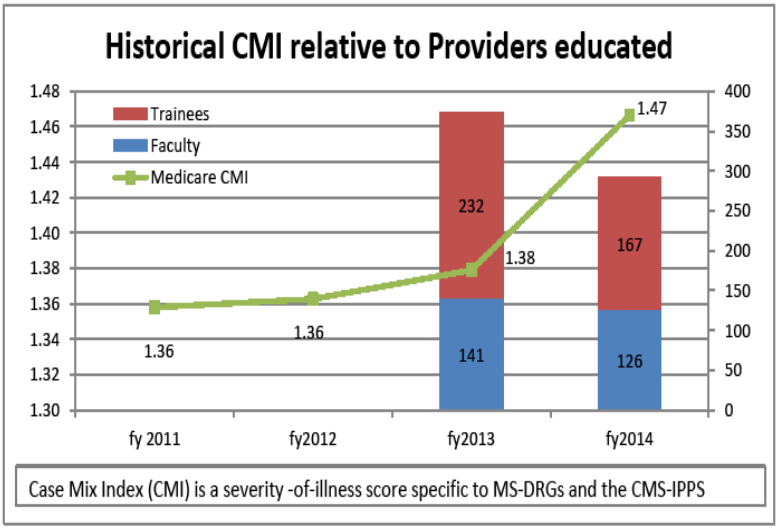
Key themes of our improvement work include personalized access, an efficient care team model, communication and signaling to facilitate flow, personalized care for specialty patient populations, and discharge coordination. The Emergency Department's foundation for improvement work will start with 5S workplace organization in September.

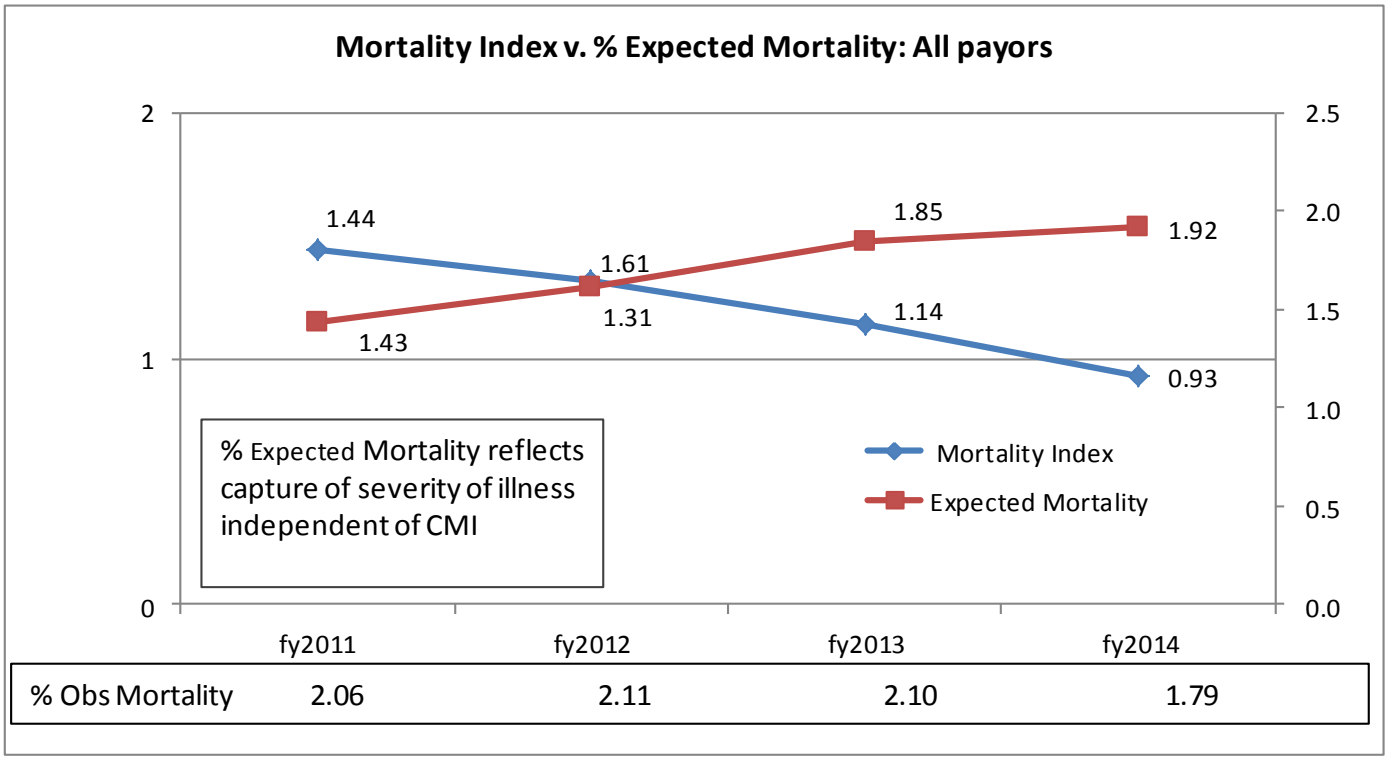
SFGH succeeds with its Clinical Documentation Integrity Team

Using data from the University HealthSystem Consortium (UHC) clinical database, analyses revealed a difference between the perception of care rendered at our institution and the patient level data submitted to UHC. In 2011, data suggested our patients were not as sick (low Case Mix Index - CMI), dying at a high rate (high Observed to Expected mortality ratio – O:E), and experienced increased compilations compared to other safety-net institutions. Upon further analysis of the data, it became clear that non-specific clinical documentation by physicians, and the resulting medical record coding was significantly impacting our performance ratings on national quality metrics, as well as leading to financial penalties. For example, risk adjusted mortality rate is used to calculate performance scores for the CMS Value Based Purchasing program. Documenting the full range of co-morbidities and severity of illness for our patients is critical to reflecting accurate mortality rates.

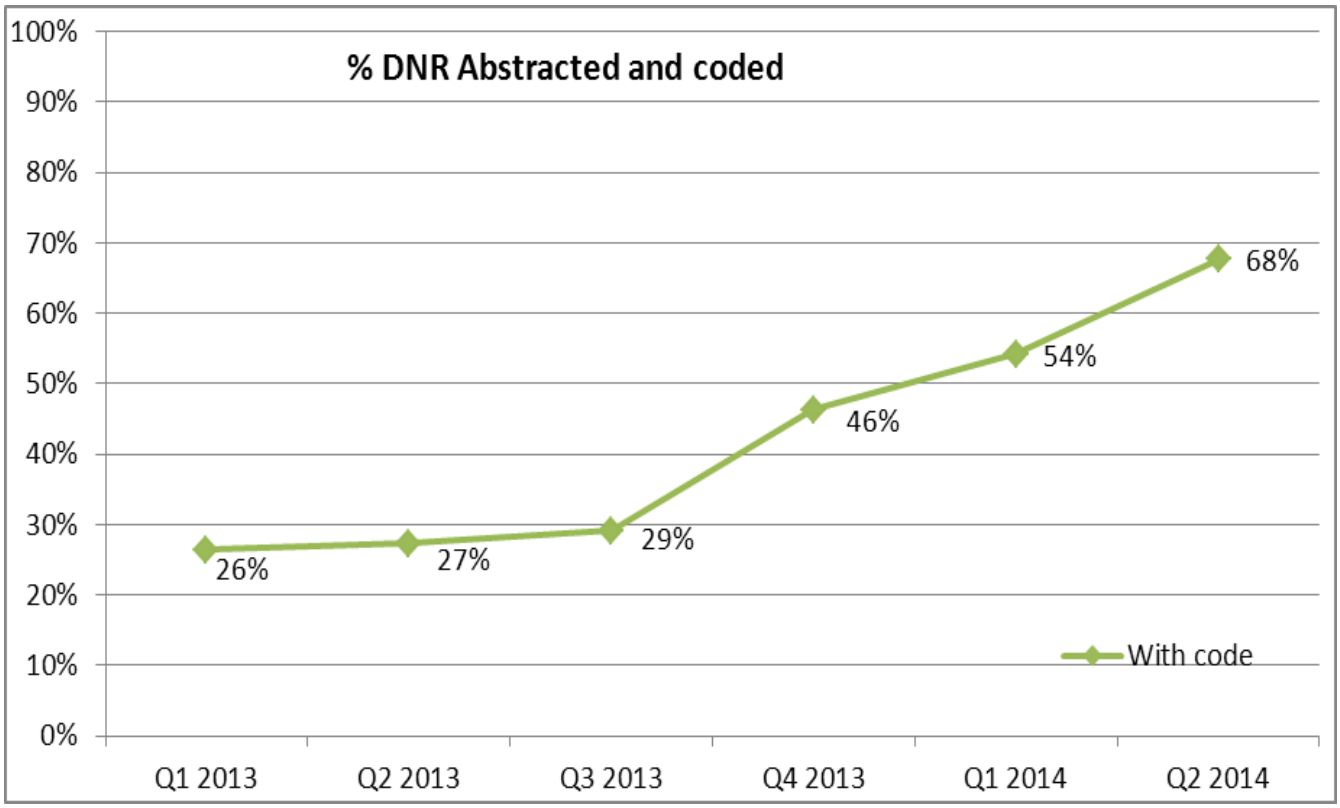
In 2012, the Clinical Documentation Integrity (CDI) team was created to engage providers and introduce both the quality and financial implications related to clinical documentation. The organization invested in hiring a team of two registered nurses to implement a CDI program at SFGH. In 2013, a physician leader from the Hospital Medicine Service joined the team. Skill- building for the team included medical record coding education for the RNs, as well as participation in the SFGH Quality and Leadership Academy. Over the course of 10 months, the team was able to learn and practice leadership skills and performance improvement tools. This training paid off as the team began meeting with and teaching physicians in each clinical service, with a goal of improving the clinical documentation process. The team, using data from the UHC clinical database, developed education tailored to each clinical service in order to impact our CMI and O:E. Additionally, mortality risk modeling was used to identify additional diagnoses that do not impact financial or quality measures, but reflect severity of illness. Service-specific didactics, template revision, and handouts were created that addressed physician documentation improvement, the coding process, effect on reimbursement, and impact on metrics as a result of documenting more specific diagnoses.

Since implementation in 2012, the CDI team has engaged 660 providers encompassing 18 inpatient services. Education was provided to faculty as well as trainees (medical students, residents, and fellows) for these services. We continue to provide ongoing, routine educational sessions for several high-impact services for both faculty and trainees. Additionally, ongoing education and consultation by the CDI team has been integrated into the medical record coding process in order to improve coding skills and heighten awareness of the importance of accurate coding on quality and financial metrics. The average CMI growth rate before CDI implementation was 0.66% per quarter, and 1.03% after initiation of CDI educational efforts; CMI is currently at a historical high for the organization (High CMI = Higher severity of illness). Before the CDI implementation, the mortality index ranged from 1.13-1.42 quarterly (Goal is: <1.0). Mortality index for all services was below 1.0 for 3 out of 6 quarters since implementation. The graph below shows the improvement in the expected mortality, based on demonstrated improvement in documentation.





The impact of the CDI team's coding education effort is demonstrated in the graph below, which shows improvement in capturing accurate coding of patient DNR status. Before CDI education, DNR status was abstracted but not correctly captured by the coders. The CDI team was able to provide education and clarification regarding requirements for DNR coding and the impact it contributes to accurately reflecting the illness of our patients.



Historically, safety net hospitals have not focused on improving clinical documentation practices, in part because of lack of significant financial consequences. With CMS changing from "Pay For Reporting" to "Pay for Performance", the imperative to assure that we accurately capture the health status and complexity of our patients is of utmost importance. Additionally traditional medical education lacks dedicated curriculum regarding clinical documentation and the impact it has on many vital entities throughout the institutions in which physicians practice. Many clinicians are unaware of the financial implications or the impact their documentation has on essential quality metrics. By developing the CDI program, SFGH developed comparable education efforts which reach beyond traditional concurrent queries, to provide context and relevance for clinicians. By leveraging our data and using it for clinician education, the CDI program effected dramatic change and influenced culture that impact performance on quality metrics.

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

Eric Shaffer, RN, CCDS, speaking to Gabe Ortiz, MD, Director of Faculty Inpatient Services and Todd May, MD, CMO about provider documentation metrics.

The Clinical Documentation Integrity Team presenting at the Department of Medicine

Eric Shaffer, RN, CCDS, Michala Brown, RHIA, Coding and Revenue Cycle Manager, and SFGH Inpatient Coders.

SYSTEMS

Integration of Services Between SFGH and LHH

In Late 2013, San Francisco General Hospital (SFGH) and Laguna Honda Hospital (LHH) began integrating selected services. The goals were to improve efficiency, reduce cost duplication, improve staff satisfaction and improve patient/customer experience. The Joint Hospital Operations Improvement Council, consisting of both the LHH and SFGH Executive Staff Committees, was charged with oversight of the integration process.

Areas that have integrated or in the process includes 1) Switchboards/Telephone Operators, 2) Rehabilitation Services, 3) Pharmacy, 4) Food and Nutrition Services and 5) Social Services and Utilization Services. Integration in these areas differs in scope, objectives, and methods.

Switchboard/Operators

LHH staff moved over to SFGH. **Now operates as a single department.** Benefits include:

- More efficient use of time through call load sharing.
- Improve staff satisfaction by increasing staff functions and experiences.
- Improved patient and community experience by providing 24/7 coverage at LHH.

Rehabilitation Services

Rehabilitation Services at LHH, Health at Home and SFGH **now under single leadership**.

- Improve operational efficiency with a common mission and vision and an unified scope of service.
- Improve operational efficiency and patient experience by centralizing outpatient rehabilitation services, implementing e-referral, and piloting rehabilitation services at primary care clinic sites
- Improve staff satisfaction by initiating cross-orientation and increasing staff experiences.
- Improve financial efficiency by standardizing eligibility procedures.

Pharmacy Services

Pharmacy Services at LHH, SFGH and Ambulatory Care (primary care, behavioral care, jail health) **under single administrative structure**.

- Improved operational and financial efficiency through formulary adjustments.
- Improve operational efficiency by centralizing regulatory preparedness.
- Improve financial efficiency by developing centralized pharmaceutical budget and by establishing consistent policies and procedures for drug manufacturer representatives.
- Improve operational efficiency and staff satisfaction by participating in clinical initiatives such as Anticoagulation, Naloxone Rescue, and Transition of Care.

Food and Nutrition Services

Food and Nutrition Services at LHH and SFGH **sharing best practices**.

- Improve operational efficiency by sharing knowledge and best practices regarding quality control tools/systems and CBOARD work flow.
- Improve financial efficiency by sharing technical resources.
- Improve patient satisfaction by establishing shared survey tool and communication approaches.
- Improve staff satisfaction by enhancing staff engagement at all sites.

Medical Social Services and Utilization Review

Medical Social Services and Utilization Review at LHH, SFGH and the DPH Transition Department **aligning their services and their objectives toward a common goal:**

- Improved quality of work with consistent standards for job class performance expectations.
- Support continuity of care
- Optimize patient flow between SFGH and LHH - both hospitals working together to expedite admissions and reduce administrative days at SFGH

Regulatory Acheivements

Level 1 Trauma Verification and EMS Triennial Accreditation
In July 2013 the American College of Surgeons Committee on Trauma (ACSCOT) arrived to conduct another successful survey of the SFGH Trauma Program which involved the evaluation of trauma care and an external review of institutional capability and performance. The SFGH Trauma Program was awarded its re-designation status in January 2014, having passed all identified evaluation criteria.

Joint Commission Stroke and TBI Biennial Certifications
In September 2013, Joint Commission arrived to conduct the biannual Disease Specific Care (DCS) Traumatic Brain Injury and Stroke Center Surveys. These surveys focused on examining the delivery of patient care and assessing the framework of program implementation. On November 2013, both our Traumatic Brain Injury and Stroke Center programs were re-certified under Joint Commission DSC standards.

CDPH Long Term Care Survey
In November 2013, the California Department of Public Health (CDPH) arrived to conduct a successful annual Long Term Care Survey of our Skilled Nursing Facility unit 4A to evaluate all aspects of resident care, nursing home practices, and life safety measures.

HRSA 340B Federal Audit
From September 2013 and at intervals thereafter through February 2014, Health Resources and Services Administration (HRSA) auditors have conducted a 340B Program audit in our outpatient and consortium clinics to assess our programs' compliance with established criteria for the 340B Program which allows the provision of outpatient drugs at significantly reduced prices. We are still awaiting final evaluation results from the HRSA Office of Pharmacy Affairs (OPA).

Baby Friendly USA Re-designation Survey
In February 2014, SFGH was re-designated for 2013 - 2018 as a Baby Friendly Hospital by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) through the Baby-Friendly Hospital Initiative (BFHI) global program, having met all the Baby-Friendly USA 2012/13 Re-Designation requirements.

Triennial Commission on Cancer Survey
In May 2014, the Commission on Cancer (CoC), a program of the American College of Surgeons (ACoS), surveyed our SFGH cancer care programs for their commitment to providing comprehensive, high-quality, and multidisciplinary patient centered care, and was awarded another consecutive three-year full-accreditation status.

2014 Joint Commission Survey
In July 2014, the Joint Commission arrived to conduct a successful comprehensive Triennial Accreditation Survey of our acute care hospital and long term care programs. This comprehensive survey evaluates the organization's performance in delivering all aspects of patient care. SFGH remains recognized as a fully accredited organization.

TECHNOLOGY

SFGH IT Accomplishments 2013-14

In mid May 2014, as a response to The Joint Commission regulatory requirements, SFGH IT Department developed a system to track and monitor Emergency Room Activations--how often on-call clinical staff are paged and how quickly they are responding.

- Beginning with the Neuro Surgery Consult On-Call Unit, SFGH went live on June 1st with a system that triggers the Activation from within the Emergency Department Electronic Medical Record (EMR) system. This eliminated phone based text paging. It ensures the correct patient is selected for the Activation and continues to send text pages to the on-call staff every 15 minutes until they "tap in" to the Emergency Department EMR with their ID card. All timestamps in the process are recorded for reporting.

- This function also provides a real time web based monitor of Activations. It allows us to know how quickly we are responding to patient needs and has met our reporting requirements for The Joint Commission. IT is currently expanding this function to Stroke Activations.

The CareLink SF Implementation Team was awarded the Employee Recognition Award by the Health Commission for implementing a project that improves clinical integration and coordination of care across the ambulatory network.

Over the last year Surgical Clinic Center 4M, the Urgent Care Center, the Family Health Center and the Medical Specialties Ward 92 clinics all successfully transitioned to eClinicalWorks, the ambulatory electronic health record (eHR). Next year, the remaining clinics are expected to transition creating a unifying health record for specialty and primary care. This is a significant achievement in the depth of documentation now available online. Medications, immunizations, diagnostic report results, progress notes, problems and alerts are all located within the eHR. The complete record is also sent to the Lifetime Clinical Record so that acute care providers can access and view the full ambulatory record.

Two years after initialing Computerized Provider Order Entry (CPOE) implementation at SFGH, CPOE is in place in all medical/surgical units and the Intensive Care Units. Two-third of all laboratory and medication orders are entered through the system, and 40% of all radiology orders. This meets Meaningful Use Stage 1 and Stage 2 requirements.

Five months after implementing Medication Reconciliation at SFGH, 80% of patients discharged from SFGH have an electronically documented medication reconciliation. 90% of patients admitted have a home medication list collected by a pharmacy technician.

SFGH is on track to meet all core requirements for successful Meaning Use Stage 2 attestation—attestation pending.

eProvider Discharge Planning and Electronic Discharge Instructions were rolled out to the medical/surgical units, the Intensive Care Units, and pediatrics an electronic version of the provider discharge plan, discharge summary, and discharge instructions to patients.

SECTION THREE
COMPLETING THE PICTURE OF SFGH

SFGH Rebuild
Governance, Leadership, Staff
SFGH Foundation

"Wild Poppies in the Twilight Rain"
by Shannon Amidon

SFGH Rebuild and Transition

SFGH Rebuild Construction Progresses on Schedule

The rebuild of San Francisco General Hospital and Trauma Center continued to progress on schedule during 2013-2014. The building exterior of red brick and glass is complete. Exterior site work continues including work on the main entrance, the courtyard between the existing and new buildings, and the rooftop garden which will provide a place of respite for patients and staff with its views of the cityscape.

Since the installation of internal mechanical and building systems last year, interior walls, floors, and ceilings, and built-in cabinetry have been installed and give definition to the patient care that will occur in the rooms. The hospital is designed for nearly 90% private, single occupancy rooms. All patient rooms have been designed with windows to provide natural sunlight into each room to support the overall healing aspect from exposure to natural sunlight. In addition, interior shades are designed to adjust automatically to maintain energy conservation.

Operational Readiness Planning and Transition

In 2013 the Transition Planning Steering Committee and six sub-committees were launched and began developing operational plans for the new hospital. In May 2014 a Transition Director was hired to work closely with the hospital's Kaizen Promotion Office to coordinate transition planning work with workflows designed to improve overall clinical care and patient satisfaction. As the building construction nears substantial completion in mid-2015, and moveable equipment, such as beds and monitors, are placed in the rooms, the bulk of the Rebuild activities will shift toward ensuring staff are well oriented and systems installed to support patient care services in the new building. Upgraded equipment and new systems, along with streamlined work processes, will enable patient care to be delivered more efficiently and effectively.

One of the goals for the new hospital is to create patient/ family focused care processes. With 40% of the patient population with limited English proficiency, a pictorial wayfinding system is being devised to coincide with the new hospital's signage program. Technology will be a key feature in the new hospital. New communication systems and processes are being implemented to enhance access to medical interpretation services. Video conferencing capabilities with clinical experts at UCSF to support care delivery at the bedside are also envisioned.

Community Outreach

The Rebuild project continues to support the San Francisco economy and has employed to date 151 local business enterprises which is almost double our goal. The employment of 845 San Franciscans, representing 25% of work hours provided by local residents, exceeds the project goal of 20%. Community public forums and newsletters continue to ensure local neighborhood residents are informed of upcoming work.

The SFGH Rebuild building project is financed through an $887.4 million bond which was supported by over 65% of San Franciscan voters. In addition, all movable furniture, fixtures, medical and IT equipment that is not permanently affixed to the hospital represents an additional $170 million equipment budget. Funding for the equipment comes from two sources, the City and through support of generous donors in the community. The San Francisco General Hospital Foundation Fund is working diligently with civic leaders to launch the next phase of a Capital Campaign to raise funding to support equipping the hospital with technologically advanced equipment. Community support enables SFGH to achieve its mission of providing quality healthcare services with compassion and respect to the residents and visitors of San Francisco.

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 Board Advisor to 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 is currently the President of the San Francisco Health Commission and chairs the San Francisco General Hospital Joint Conference Committee. He is serving his seventh 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 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, MBA
David B. Singer is responsible for Maverick's Private Investments globally since 1994. Mr. Singer is a founder and former CEO of three healthcare companies: Affymetrix, Inc., Corcept Therapeutics, Inc., and Genesoft Pharmaceuticals. Mr. Singer currently serves on the boards of private and public 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. Commissioner 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 and is currently the Vice-President of the Health Commission.

Mark Morewitz, MSW, is the Health Commission Executive Secretary

SAN FRANCISCO GENERAL HOSPITAL LEADERSHIP

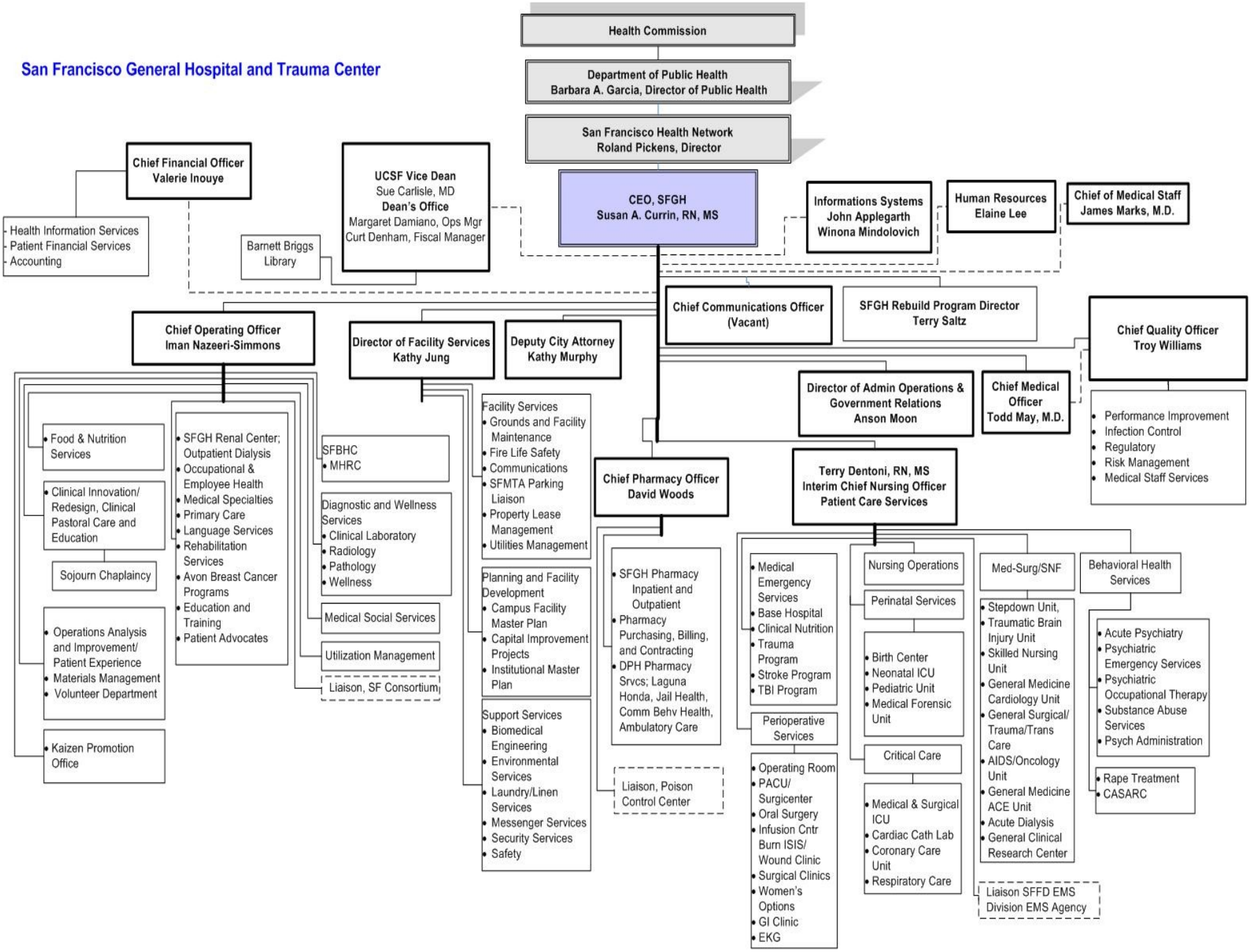
City and County of San Francisco, Health Commission
Edward A. Chow, M.D., President
Cecilia Chung
Judith Karshmer, Ph.D., PMHCNS-BC
David Pating, M.D.
David J. Sanchez, Jr., Ph.D.
David B. Singer, Vice President
Belle Taylor-McGhee

Department of Public Health
Barbara A. Garcia., MPA, Director, Public Health
Colleen Chawla, Deputy Director, Public Health
Rachael Kagan, Chief Communications Officer, Public Health
Bill Kim, Chief Information Officer, Public Health
Roland Pickens, Director, San Francisco Health Network
Greg Wagner, Chief Financial Officer, Public Health
Ron Weigelt, Director of Human Resources, Public Health

SFGH Executive Staff
Susan Currin, Chief Executive Officer
Sue Carlisle, M.D., UCSF Vice Dean, SFGH
Lillian Chan, Director of Transition
Terry Dentoni, Chief Nursing Officer
Margaret Damiano, Director of Operations, Dean's Office
Valerie Inouye, Chief Financial Officer
Shermineh Jafarieh, Director of Diagnostics and Wellness Services
Aiyana Johnson, Hospital Associate Administrator/Chief Care Experience Officer
Kathy Jung, Director of Support Services
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 Operating Officer
James Marks , M.D., Chief of Medical Staff
Troy Williams, Chief Quality Officer
David Woods, Chief Pharmacy Officer

SFGH Medical Staff Leader
Alice Chen, M.D., SFGH Chief Integration Officer
Jeff Critchfield, M.D., Medical Director, Care Experience
William Huen, M.D., Associate Chief Medical Officer
Jenson Wong, M.D., Chief Medical Informatics Officer

San Francisco General Hospital Foundation
Amanda Heier, Executive Director
Judith Guggenhime, Chair
Connie Shanahan, President


San Francisco General Hospital and Trauma Center
Health Commission
Department of Public Health
Barbara A. Garcia, Director of Public Health
San Francisco Health Network
Roland Pickens, Director
CEO, SFGH
Susan A. Currin, RN, MS
Chief Financial Officer
Valerie Inouye
Health Information Services
Patient Financial Services
Accounting
UCSF Vice Dean
Sue Carlisle, MD
Dean's Office
Margaret Damiano, Ops Mgr
Curt Denham, Fiscal Manager
Barnett Briggs Library
Informations Systems
John Applegarth
Winona Mindolovich
Human Resources
Elaine Lee
Chief of Medical Staff
James Marks, M.D.
Chief Communications Officer
(Vacant)
SFGH Rebuild Program Director
Terry Saltz
Chief Operating Officer
Iman Nazeeri-Simmons
Director of Facility Services
Kathy Jung
Deputy City Attorney
Kathy Murphy
Chief Quality Officer
Troy Williams
Director of Admin Operations & Government Relations
Anson Moon
Chief Medical Officer
Todd May, M.D.
Performance Improvement
Infection Control
Regulatory
Risk Management
Medical Staff Services
Food & Nutrition Services
Clinical Innovation/ Redesign, Clinical Pastoral Care and Education
Sojourn Chaplaincy
Operations Analysis and Improvement/ Patient Experience
Materials Management
Volunteer Department
Kaizen Promotion Office
SFGH Renal Center; Outpatient Dialysis
Occupational & Employee Health
Medical Specialties
Primary Care
Language Services
Rehabilitation Services
Avon Breast Cancer Programs
Education and Training
Patient Advocates
SFBHC
MHRC
Diagnostic and Wellness Services
Clinical Laboratory
Radiology
Pathology
Wellness
Medical Social Services
Utilization Management
Liaison, SF Consortium
Facility Services
Grounds and Facility Maintenance
Fire Life Safety
Communications
SFMTA Parking Liaison
Property Lease Management
Utilities Management
Planning and Facility Development
Campus Facility Master Plan
Capital Improvement Projects
Institutional Master Plan
Support Services
Biomedical Engineering
Environmental Services
Laundry/Linen Services
Messenger Services
Security Services
Safety
Chief Pharmacy Officer
David Woods
SFGH Pharmacy Inpatient and Outpatient
Pharmacy Purchasing, Billing, and Contracting
DPH Pharmacy Srvcs; Laguna Honda, Jail Health, Comm Behv Health, Ambulatory Care
Liaison, Poison Control Center
Terry Dentoni, RN, MS
Interim Chief Nursing Officer
Patient Care Services
Medical Emergency Services
Base Hospital
Clinical Nutrition
Trauma Program
Stroke Program
TBI Program
Perioperative Services
Operating Room
PACU/ Surgicenter
Oral Surgery
Infusion Cntr Burn ISIS/ Wound Clinic
Surgical Clinics
Women's Options
GI Clinic
EKG
Nursing Operations
Perinatal Services
Birth Center
Neonatal ICU
Pediatric Unit
Medical Forensic Unit
Critical Care
Medical & Surgical ICU
Cardiac Cath Lab
Coronary Care Unit
Respiratory Care
Med-Surg/SNF
Stepdown Unit,
Traumatic Brain Injury Unit
Skilled Nursing Unit
General Medicine Cardiology Unit
General Surgical/ Trauma/Trans Care
AIDS/Oncology Unit
General Medicine ACE Unit
Acute Dialysis
General Clinical Research Center
Liaison SFFD EMS Division EMS Agency
Behavioral Health Services
Acute Psychiatry
Psychiatric Emergency Services
Psychiatric Occupational Therapy
Substance Abuse Services
Psych Administration
Rape Treatment
CASARC

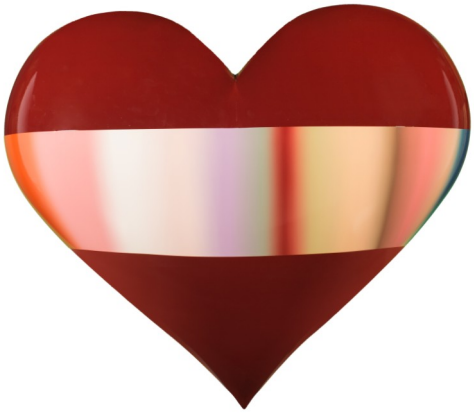
San Francisco General Hospital Foundation

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 2013, the Hearts Grants Committee awarded grants to 55 programs at The General. These grants have supported a variety of initiatives:

- Program support included supporting primary care nursing professional development and training, improving patient comfort during dialysis treatment, supporting pharmacy professional and academic achievements, improving access to patient images in real time in the Operating Room and sponsoring the Financial Fitness Clinic.
- Equipment included purchase of a anatomic models for patient education, an epidural positioning device, a fiberoptic laryngoscope and a waterless breastmilk warmer.
- Space renovations included renovating Ward 92 subspecialty clinic's and the Ward 86 HIV/AIDS clinic waiting rooms, improving the discharge lounge, improving the Pediatric Procedure Room and replacing chairs in the Family Health Center.



"Open Heart"
By Patrick Dintino

:Double Delight"
By Michael Osborne

San Francisco General Hospital Foundation
2013 Hearts Grant Recipients

55 Grants Awarded Totaling $1.2 million

- Albumin Improvement Project with Emphasis on Protein Intake
- Allergenic Mattress and Pillow Cover 2013 Reserve Supply Project
- Ambulatory Integration Team Interns for System Improvement
- Anatomic Models for Patient Education
- Bay Area Perinatal AIDS Center
- Cancer Care Program
- Care for Limited English Proficiency (LEP) Patients
- Conmed Argon Beam Coagulator Project
- Critical Care Nursing Education Simulation Training Project
- Culturally and Linguistically Appropriate Services in Mental Health Initiative
- Day/Dining Room Furniture Renovation to Improve Patient/Visitor Experience
- Discharge Lounge Enhancement
- Dorothy Washington Scholarship Fund
- Educational Tools for Clinicians to Empower HIV-Infected Families to Foster Healthy Relationships
- Embedding Lean at SFGH
- Epidural Positioning Device
- Family Health Center Newsletter Project
- Family Health Center Chair Replacement Project
- Fiberoptic Laryngoscope – C-MAC by STORZ
- Financial Fitness Clinic
- Fundamental Resident Needs Project
- GMC lmprovement Plan
- Healing Through the Labyrinth
- Improvements to the 6A Pediatric Procedure Room
- Improving Patient Experience with Point of Care INR Monitors
- IS Project Management Professional Training
- lmproving Access to Patient lmages Real Time in the Operating Room
- My PICS (Physicians Involved in Care and Support)
- Neonatal ICU Transcutaneous CO2 Monitors
- Optimizing Stroke Outcomes with Improved Medical Management and Patient Education
- OTI Junior Academy

"A Woman's Heart"
By Wenia Lee

- Patient Appointment Calendars Project
- Patient Comfort During Dialysis Treatment
- Patient Education Hub
- Perioperative Minimally Invasive Cardiac Monitoring for SFGH Trauma
- Perry Outreach Program
- PES Patient and Staff Safety Projects
- Pharmacy Professional and Academic Excellence
- Preventing Obesity and Diabetes in Pediatric Primary Care
- Primary Care Nursing Professional Development and Training
- Project Revamp
- Renovation of Ward 92 Subspecialty Waiting Room
- Safe and Comfortable Transfer Project for Immobile Dialysis Patients
- Sensory Motor Gym at Multi-Disciplinary Assessment Center
- Sojourn Chaplaincy Communication Materials Project
- Substance Abuse Recovery Project
- Supporting Service Excellence by Updating Patient Screening Rooms and Examination Rooms in the 4M Ophthalmology Clinic
- Tele-Otolaryngology Initiative
- Traumatic Brain injury Education Translation
- Use of Trauma SIMMan for procedural training for EM and Surgery residents
- Valuing Patient Confidentiality in Radiology Scheduling
- Ward 86 HIV/AIDS Division Waiting Room Improvement Project
- Waterless Breastmilk Warmer
- Women's Options Center
- Wraparound Advocacy Center

"Look for the Heart Inside"
by Glynnis Kaye


It's okay to ask!