

San Francisco General  
Hospital Medical Center

24 Hours a Day of  
Excellence

Annual Report  
Fiscal Year 2002-2003

Presented to  
The San Francisco Health Commission  
November 4, 2003

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## **24 Hours a Day of Excellence**

San Francisco General Hospital Medical Center (SFGHMC) is a licensed general acute hospital, owned and operated by the City and County of San Francisco, Department of Public Health (DPH). SFGHMC provides a full complement of inpatient, outpatient, emergency, skilled nursing, diagnostic, mental health, and rehabilitation services for adults and children. It is the largest acute inpatient and rehabilitation hospital for psychiatric patients in the City. It is the only acute hospital in San Francisco that provides twenty-four hour psychiatric emergency services and operates the only Level 1 Trauma Center for 1.5 million residents of San Francisco and northern San Mateo County.

SFGHMC is also a teaching hospital, affiliated with the University of California, San Francisco (UCSF) for over 125 years. It supports training and research programs for all four UCSF graduate schools: Medicine, Nursing, Dentistry, and Pharmacy.

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

- Providing access for all residents by eliminating financial, linguistic, physical, and operational barriers;
- Providing quality services that treat illness, promoting and sustaining wellness, and preventing the spread of disease, injury and disability;
- Participating in and supporting training and research; and
- The commitment to be involve in community activities.

SFGHMC's vision is to be the best public health hospital in the country.

As in the past 3 years, SFGHMC strives to realize the strategic goals of DPH. They are:

- San Franciscans have access to the health services they need, while the Department emphasizes services to its target populations.
- Disease and injury are prevented.
- Services, programs and facilities are cost-efficient and resources are maximized.
- Partnership with communities are created and sustained to assess, develop, implement and advocate for health funding, policies, programs and services.

In Fiscal Year 2002-2003, 94,901 individuals were treated at SFGHMC.

**Patient Profile**

		<u>FY</u> <u>02-03</u>	<u>FY</u> <u>01-02</u>
Gender	Male	52%	53%
	Female	48%	47%
Age	0-17	15%	15%
	18-24	11%	11%
	25-44	37%	38%
	45-64	29%	28%
	65-74	5%	5%
	Over 74	3%	3%
Ethnicity	White	25%	25%
	African-American	22%	21%
	Hispanics	30%	29%
	Native American	<1%	<1%
	Asian/Pac. Islander	21%	19%
	Other/Unknown	2%	6%
Residency	San Francisco	89%	84%
	Out of County	11%	11%
	Homeless sometime during the year	9%	9%

**Patient Financial Mix**

	<u>Outpatient Clinic and Non-Admit</u>		<u>Inpatient Discharges</u>	
	<u>FY 02-03</u>	<u>FY01-02</u>	<u>FY 02-03</u>	<u>FY 01-02</u>
Medi-Cal	34%	30%	39%	39%
Medicare	15%	15%	17%	16%
Uninsured	36%	38%	30%	30%
Commercial and private	4%	6%	6%	6%
Government and others	11%	11%	8%	9%

## Financial

	<u>FY 02-03</u>	<u>FY 01-02</u>
Source of Fund	\$412 Million	\$402 Million
Patient Revenue	52%	47%
Realignment/Prop 99	16%	16%
Other Income	12%	18%
General Fund	20%	19%
Source of Patient Revenue	\$216 Million	\$190 Million
Medi-Cal	27%	32%
Medicare	23%	26%
Commercial/Private Insurance	7%	4%
SB 855 and SB 1255	25%	29%
Others	18%	9%
Use of Funds	\$412 Million	\$402 Million
Personnel Services	56%	54%
Materials and Supplies	10%	10%
Other CCSF Services	4%	4%
Professional/Other Contracts	28%	23%
Others	2%	9%
Use of Funds by Program	\$412 Million	\$402 Million
Medical/Surgical Inpatient	72%	72%
Psychiatry	11%	11%
Jail Services	1%	1%
Emergency	5%	5%
Outpatient Clinics	8%	8%
Others	3%	3%

The aim of this report is to give a view of how SFGHMC operates on an average day, the amazing things that the clinical, administrative, and support staff do to meet the goals of the Department and of the Hospital, and to keep SFGHMC operating efficiently and effectively 24 hours a day, 7 days a week, and 52 weeks of the year.

The day is divided into 24 hours. For each hour, a service, a program, a staff person, or a patient is highlighted - all depicting the fine work that is going on at SFGHMC.

# 1:00 a.m. Information Systems

Information and access to information are critical to the delivery of health care and to the administrative operations of SFGHMC. The **Medical Record Department** maintains the hospital's official patient records system, and the **Information Systems Department** supports the hospital's electronic information system. Both are 24 hours, 7 days a week operations.

## **Medical Records Department**

- 1,200 – 1,500 records pulled daily for clinic appointments
- 350 – 400 records pulled weekly for research and quality management purposes
- 1,665 discharges analyzed per month for completeness of documentation
- 8 - 10 birth certificates prepared each day
- 2.5 feet of loose materials sorted and filed each day
- 40,000 minutes of dictation transcribed/processed each week

## **Information Systems Department**

- 700 copies of reports printed or electronically generated daily
- 12,500 billing transactions are processed each day
- 700,000 updates are made to the patients' electronic records each day.
  - 10,000 interfaced transactions optimize patient care by ensuring that the right information gets to the right place at the right time – Radiology, Clinical Labs, Pharmacy, Medical Records.
- 1,000 patient appointment reminders mailed each day

## **I/S Projects that supported DPH/SFGHMC Goals:**

### Maximized revenues

- Interfaced Medical Supply Dispensing Machines to the billing system - \$3.8 million of gross charges were reported in only six months.
- Converted Medi-Cal and Medicare billing in-house
- Linked patients with primary care clinics and community pharmacy
- Improved charge capture by sending Clinical Lab ICD9 codes to Billing System

### Improved Patient Flow

- Integrated medication allergy information between INVISION, LCR and Pharmacy systems
- Distributed reports electronically
- Tracked SFGH patient referrals to Laguna Honda
- Installed a sophisticated algorithm to more accurately identify patients.

### Improved Resource Utilization

- Began to replace obsolete PCs with inexpensive thin-client workstations

### Implemented IT Systems & Upgrades

- Implemented OR System, Clinical Documentation System in Orthopedic Surgery
- Upgraded Critical Care, Radiology and Anatomic Pathology systems

### HIPAA Compliance

- Added license numbers, UPINs and Medicare PIN numbers for physicians, residents, public health nurses and nurse practitioners to our Provider Master

**The Soarian System**, scheduled to replace SFGHMC's current computer system in 2004, will improve the delivery of healthcare by streamlining and synchronizing workflow. It will provide comprehensive access to essential information, bringing all clinical, financial, diagnostic and therapeutic data into one logical patient-centric view, and will eventually bring under one system all SFGHMC and the community based primary care clinics' patients, residents of Laguna Honda Rehabilitation Hospital, and patients of Jail Health Services.

**The Health Insurance Portability and Accountability Act (HIPAA)** requires compliance with certain privacy, security and billing transaction regulations in the health care industry, with major compliance dates in April 2003 (privacy), October 2003 (billing transactions), and April 2005 (security).

SFGHMC met the challenges posed by HIPAA this year, and effectively implemented the Privacy Rule. Notices of privacy practices, translated into various languages, were distributed to patients and privacy notices were posted to help patients understand their privacy rights. A privacy hotline was established to respond to patients' questions, and to provide them with information on how privacy rights are being protected.

## 2:00 a.m. Trauma

The goal of the **San Francisco General Hospital Trauma Center** is to return the critically injured patient to their pre-injury state of health. The Trauma System's clinical components deliver comprehensive and specialty services throughout the trauma continuum, including

- The pre-hospital phase, from injury event through EMS care,
- Resuscitation in our Emergency Department,
- Diagnostic and interventional services performed by Radiology, the Blood Bank, and laboratory services,
- Acute hospital care in our OR, the ICU, the Medical-Surgical units,
- Rehabilitation, and
- Patient support services provided by Psychiatry, Medical Social Services, Volunteers and Clergy.

The prevention and outreach components include conducting research to expand the science and knowledge of care for the injured person, and providing trauma educational opportunities for physicians and staff. **The Injury Center** at SFGH is one of only fifteen Communicable Disease Center (CDC) funded injury prevention programs in the United States. Every single department mentioned above contributes to the care of the injured patient – it is what makes SFGHMC the City's only Level 1 Trauma Center for the past 31 years and why the Trauma Center's goal is to be "a team for life".

Facts about trauma cases:

- 9 trauma activations each day
  - 4 admitted – 2 requiring ICU
  - 5 treated and released
- 9% of serious trauma victims are children. 18% are over age 60.
- 38% of all serious trauma cases are related to motor vehicles, bicycles, and scooters and skateboards accidents.

The following story of a recent SFGHMC trauma patient's illustrates how the Trauma Team works:

A 28-year old construction worker was brought in by ambulance with a crush injury to his leg as a result of a wall falling on him. It took over an hour to free his legs and by then, his condition had seriously deteriorated. The SFGHMC Trauma Team worked quickly to resuscitate the patient. Tests revealed multiple abdominal and orthopedic injuries. Due to the severity of his injuries, the patient was taken immediately to the operating room. After a successful operation, he was moved to the Intensive Care Unit where he was continuously monitored by members of the Trauma Service. Once stabilized, the patient was moved to a Medical/Surgical ward for further management of his injuries, including care by the rehabilitation unit. Due to the critical nature of his multiple-system injuries, the patient remained in the hospital for over two month. After leaving the hospital, the patient was followed by the orthopedic and trauma team in the

Hospital's outpatient clinics. He eventually was able to return to work and for a while, was working on a construction project on the hospital campus.

Significant developments during this year were:

The **American College of Surgeons Level 1 Trauma Center verification survey** has been rescheduled to early 2004 due to unexpected medical leaves for key staff members. Carol Shagoury, the longtime Trauma Coordinator recently retired and Patricia O'Connor was hired in August 2003 as the new Trauma Program Manager. A Trauma Educator/Outreach Specialist and Nurse Practitioners on both the Trauma and Neurosurgery Services were hired as well.

In March 2003, the Health Commission adopted a resolution on directing SFGHMC to continue planning for **air medical access** at the SFGHMC campus. Staff are now planning for an environmental impact review, and continuing dialogue with community groups.

Under the direction of the Neurosurgery, Rehabilitation and Trauma Services, the **SFGHMC Traumatic Brain Injury Program (TBI)** continues to develop. This year, advances were made in improving patient care guidelines, ensuring continuity between acute care and rehabilitation providers in the Bay Area, adding a Neuro-psychologist to the care team and creating weekly patient care rounds attended by all the clinical disciplines involved in the TBI patient's care. SFGHMC received support from the San Francisco General Hospital Foundation to tour the best Brain Injury Centers across the United States in order for the TBI staff to bring those best practices back home for implementation at SFGHMC.

## 3:00 a.m. Facility/Support Services

The Facility/Support staff furnish comfort and safety to patients and staff by providing essential maintenance services. They insure the provision of heat, light, power, refrigeration, medical gases, and water supply. The staff maintain buildings, grounds, furnishing and equipment, and collaborate with architects and consultants in the design, development, and construction of all capital improvement projects. All of the above are performed in a dependable, efficient and economic manner.

- 1.3 million square feet in 14 buildings cleaned each day.
- 24 acres of gardening are maintained
- 6,849 pounds of laundry processed each day.
- 500 gallons of paint (blanched almond color) and 200 gallons of trim paint are used annually
- 1,500 keys are made every year.
- 900 lamp tubes are replaced every year.

The following is a statement from Frances Lee, a Stationary Engineer at SFGHMC for seventeen years and who recently retired. He said:

“I come to work every day and do the best job that I could. The work I do is very hands on. We are always working to keep the lights, water and power going; to make sure the hospital can continue to serve its patients. It takes a lot of work to keep this place going 24 hours a day, seven days a week.”

Several capital improvement projects at San Francisco General Hospital have achieved significant milestones in their development over the last year:

- The **Cardiac Catheterization Laboratory** began construction in February 2003, and its all-digital imaging suite is expected to be completed by November.
- Construction began in April 2003 on the **CHN Administration Building**. Once completed in December, it will allow for a series of strategic allocations of much needed space at the SFGHMC main campus.
- The **Avon Comprehensive Breast Center** construction contract was executed in June 2003, and upon completion in April 2004, the new center will dramatically improve access for breast cancer screening and women’s health education.
- Earlier in December 2002, the extensive remodel of the **CASARC Clinic** was completed with the generous support of the SFGH Foundation. The next SFGH Foundation sponsored project to start construction will be the remodel of the **Emergency Department Triage area** in late 2003.

The outlook for the coming year will be no less busy, with the design of several Radiology projects, completion of the Institutional Master Plan for the Hospital Rebuild, start of construction for the seismic upgrade of the Service Building, and the remodel of the Substance Abuse Clinic to expand its patient capacity.

# 4:00 a.m. Diagnostic Services

The **Clinical Laboratories** performs more than 500 varieties of diagnostic laboratory procedures on blood and body fluid. Results of these tests are essential in assessing patients' conditions. At least 70% of all laboratory results are used for patient care – diagnosis, treatment and management.

Inpatient phlebotomy services are conducted every two hours, every day of the year. In addition to SFGHMC, full clinical laboratory and phlebotomy services are provided to the community based health center and to Laguna Honda Hospital.

The biannual JCAHO Survey for Pathology and Clinical Laboratory Service is expected to occur this fall. A score of 97 out of 100 was achieved in the last survey.

## **Clinical Laboratories**

- 1,000- 1,200 specimens processed per day (3-10 tests per specimen).
- 3,425 laboratory results per day.
- 370 patients phlebotomized daily.

## **Pulmonary Function**

- Spirometry – 850 a year
- Thoracic Gas Volume – 650 a year
- Diffusing Capacity – 773 a year
- Arterial Blood Gases – 383 a year

## **Bronchoscopy Service** – Last year:

- 169 bronchoscopies were performed
- 300 patients were seen last year for sputum inductions for Tuberculosis
- 155 sputum inductions were evaluated for Pneumocystis.

The **Radiology Department** provides high quality diagnostic imaging services to patient and services of DPH. Services include:

- Computed Tomography - CT Scan: Over 20,000 per year (e.g., Brain, abdomen pelvic)
- Magnetic Resonance Imaging (MRI): over 3,000 per year (e.g., Brain, spine, MR Angiography)
- Ultrasounds: Over 11,000 per year (e.g., Obstetric, abdomen, pelvic)
- Mammograms: 5,600 a year
- Plain Film X-Rays: average of 245 a day (e.g., chest, abdomen, spine, mammography)
- Interventional, Vascular radiography: 2,000 a year (e.g., Dialysis Fistula maintenance, Central line placement)
- Nuclear Medicine: Over 3,200 a year (e.g., Upper GI track, Lower GI track)

## 5:00 a.m. Dialysis

Until this year, the Renal Center was operated by UCSF. Due to poor reimbursement, the Center was never financially stable and threatened to close. As this was an essential service to our patients, arrangements were made for the City and County of San Francisco to take over the operation. The Renal Center is **now under the license of SFGHMC**.

A patient story:

44 years old G.L. was diagnosed with chronic kidney failure (or End Stage Renal Disease) in 2000. He has been on an active kidney transplant list since 2002, with an approximate waiting period of 4 to 5 years. Meanwhile, Mr. L. undergoes maintenance hemodialysis treatments three times a week at our Renal Center.

Maintenance hemodialysis allows Mr. L. and others like him, to feel well enough to return to work or school. Mr. L. arrives at the SFGH Dialysis Unit every Monday, Wednesday and Friday morning at 5:30, to begin a 3½ hour treatment session. During this session, Mr. L's blood is drawn out of his body, circulated through an artificial kidney, cleansed and returned.

- 52 patients receive 3 hours of hemodialysis every day except Sundays.

The Renal Center at SFGHMC has been in operation since 1967. The unit operates 13 hemodialysis stations 6 days per week, four shifts on Monday, Wednesday, and Friday; and three shifts on Tuesday, Thursday and Saturday. In addition, the Center offers training for home dialysis. Inpatient services are available 24 hours Per day, 7 days per week.

## 6:00 a.m. Health at Home

In its eighth year, Health at Home (HAH), continued to meet the home health care needs of clients of SFGHMC, to improve continuity of patient care and decreases the incidents of hospital readmission.

A dedicated HAH staff member:

In the early morning, as the hospital prepares its schedule for discharges, the home care RN Liaison, Maggie McDermott, begins her day at SFGHMC. She checks her voicemail and fax machine for client referrals and checks with the inpatient wards and social workers for potential discharges needing home care. As a seasoned, twenty-year veteran of the Health Department, Maggie screens referrals and does a thorough intake on patients who will need skilled home care for specific acute conditions. She knows that most of the referrals will involve case management for multiple health problems, as well as social and economic issues affecting the patients' health and well-being.

- 95 home care visits/day (22,000 visits/year) are performed by teams of Registered Nurses, Physical Therapists, Occupational Therapists, Medical Social Workers and Home Health Aides
- 76% of home care referrals come from SFGHMC and 12% from the DPH community based primary care clinics
- Increased referrals to HAH from SFGHMC for patients needing complex wound care and intravenous (IV) therapy
- Expansion of **services to pediatric clients** ranging from a few weeks old to 17 years, with conditions that may include Down's syndrome, heart defects, cleft palate, failure to thrive, and surgical wounds.
- **HAH Oncology/Palliative Care team** provides teaching, pain and symptom management and medication management to nearly 20% of the agency's clients.

# 7:00 a.m. Nursing

Nursing services are offered in every clinical area of the Hospital and encompass all levels of nursing practice.

Nursing staff at SFGH:

- 661 Registered Nurses
- 193 Licensed Vocational Nurses/ Licensed Psychiatric Technicians
- 97 Certified Nursing Assistants
- 31 Health Workers
- 18 Clinical Nurse Specialists
- 23 Nurse Practitioners
- 54 Nursing directors, supervisors, and managers

There is a nationwide crisis in the nursing shortage. SFGHMC is addressing this issue through the work of **its Retention and Recruitment Committee** and activities such as:

- Training programs to transition new graduate RN's to professionals in the Emergency Department, Birth Center, Medical Surgical, Critical Care, Telemetry, Perioperative, Newborn ICU, and in Psychiatry
- Promoting RN education for current staff
  - Nursing Workforce Initiative
  - Dorothy Washington Scholarship Fund
- Recognizing excellent performance
  - Daisy Award
- Promoting SFGHMC as an urban, university affiliated Level 1 Trauma Center with a public health mission
  - Creation of a student RN intern program
  - Outreach through career fairs and collaboration with high schools
  - Serving as a clinical placement site

Through these efforts, SFGHMC has reduced its nursing vacancy rate. There are, however, still areas that continue to have a significant percentage of vacancies. As of July 2003, the vacancy rates by nursing category are:

- |                           |       |
|---------------------------|-------|
| • Registered Nurse:       | 10.7% |
| • Lic. Vocational Nurse:  | 19.3% |
| • Cert. Nurse Assistant:  | 2.7%  |
| • Health Worker:          | 3.3%  |
| • Cert. Nurse Specialist: | 8.7%  |
| • Nurse Practitioner:     | 13.5% |
| • Nurse Manager/Others:   | 14.3% |

In this fiscal year, advancement in nursing include:

- **Traumatic Brain Injury**
  - 4-6 admissions daily, 50% patients discharged home, 50% discharged to a rehabilitation or Skilled Nursing facility.
- **Transitional Care Rooms** - opened January 2003
  - 112 patients treated in six months, or
  - 109 would have required a higher level of care
- **Mother/Baby Couplet** – implemented September 2003
  - 100% RN's trained in the new care model
- **Vascular Access Device Nursing**
  - A PICC Line RN position established
  - 468 lines inserted eliminating need for interventional radiology
- **Nurse Manager Leadership Development**
  - 12 nursing leaders attended the Nurse Manager Academy at John Hopkins
- Preparation for **State's staffing ratio regulations** – effective January 2004
  - Hiring underway for required 14.5 FTE's in the ED
  - Hiring underway for required 6.0 FTE's in Psychiatry
- **Morning Bed Control meetings**
  - Daily planning meetings to manage patient flow through continuum and ensure appropriate level of care.

# 8:00 a.m. Physician Services

San Francisco General Hospital has been affiliated with the University of California, San Francisco for more than 125 years. It is a major teaching facility for all four UCSF graduate schools: The School of Medicine, The School of Dentistry, The School of Pharmacy and the School of Nursing.

- 32% of intern/resident training is completed at SFGHMC
- 35% of medical student clinical elective training occurs at SFGHMC
- Training meets requirements not available elsewhere, especially for trauma and diseases related to immigrants and vulnerable populations.
- The School of Dentistry operates an Oral Surgery Clinic that had 7,197 visits last year.
- The School of Pharmacy operates the Poison Control Center

## Physician Staff:

- 427 Attending physician staff (more than 50% time)
- 511 courtesy staff (less than 50% time)
- 160 members of Affiliated Profession Staff

## In training at SFGHMC:

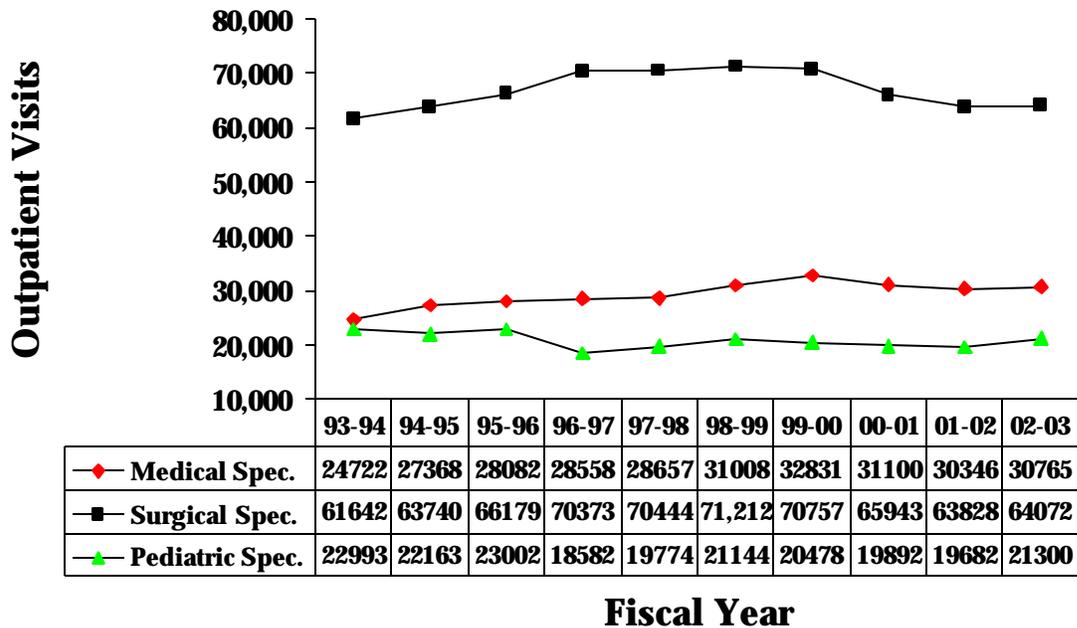
- 238 Residents
- 75 Medical Students
- 42 Clinical Fellows
- 20 Dentistry Residents and Students
- 26 Nurse Practitioner Students
- 15 Master Level Nursing Students
- 38 Pharmacy Residents and Students

In July 2003, **new duty hour standards** were required by the Accreditation for Graduate Medical Education of all residencies in all specialties to maintain accredited status. Basically, duty hours are limited to 80 hours per week, averaged over four-week periods. These new standards were supported by SFGHMC and UCSF as a way to ensure the highest standards for delivery of patient care, to enhance the integrity of resident education, and to maintain the competitiveness of UCSF with respect to other residency programs for outstanding residents.

The implementation of the new standards provided an opportunity whereby both SFGHMC and UCSF benefited. SFGHMC hired eight additional Nurse Practitioners to help offset the loss of physician hours. In return, the Nurse Practitioners worked with attending physicians in functions that improved patient care, facilitated patient flow, and improved billing capability.

# 9:00a.m. Specialties

Over 600 people are treated in the specialty clinics every day. Over 50 different specialty clinics are held weekly. Over 43% of the patients treated at SFGHMC are seen in specialty clinics.



Representative of our specialty service providers, Dr. Nora Goldschlager, Associate Chief of Cardiology and winner of the 2003 Elliot Rapaport Award for Commitment to San Francisco General Hospital, exemplifies the personal dedication of our specialty providers to their patients and to their chosen field. As Director of the Coronary Care Unit, the Cardiac Clinic and the Pacemaker Clinic, and the EKG Laboratory, Dr. Goldschlager's leadership have created settings where quality patient care is considered foremost, where the teaching and training is second to none, and where research to advance cardio-care is developed and supported.

# 10:00 a.m. Pharmaceutical

The mission statement of the Department of Pharmaceutical Services is the delivery of patient centered, scientifically advanced, clinically expert care. To this end, the pharmacy staff select and purchase the safest, most cost-effective pharmaceuticals; prepare sterile products for hospital inpatient use, provide outpatient and discharge prescription services; provide prescription consultation to engage patients in better self-care; train all clinical staff on new drugs and technologies; and monitor drug therapy, storage and use throughout the hospital.

“The work may not sound very exciting,” said Sharon Kotabe, Hospital Administrator for Pharmaceutical Services and Assistant Dean of the UCSF School of Pharmacy, “but we are dedicated professionals who are proud of our daily effort to protect the health of San Franciscans.” As a 24 hours a day, 7 days a week operation, the Pharmacy staff of SFGHMC does just that.

Annually:

- 180,000 outpatient prescriptions filled at SFGH
- 170,000 prescriptions for uninsured patients filled through contracted community pharmacies.
- 2,463,784 doses of medication dispensed at SFGH
- 20,760 intravenous solution prepared
- 52 investigational drug studies
- 26 training programs provided for staff
- 14 SFGHMC pharmacists who have UCSF faculty appointments and participates in training of pharmacy students and residents
- 9 educational programs provided for patients
- 6,500 patient medication counseling provided

One of the major challenges faced by the Department of Pharmaceutical Services is managing the escalating costs of pharmaceuticals. Nationwide, pharmaceutical costs have risen 10 to 15% per year since 1999. Additionally, increases of 15 to 20% annually are projected through the year 2005.

The Department of Pharmaceutical Services has implemented a variety of **cost containment strategies** that have kept the rising cost of pharmaceuticals at SFGHMC well below the national average. The most recently implemented cost containment strategy involves purchasing drugs at **340B (federally discounted) prices** for prescriptions dispensed to patients of eligible FQHC primary care clinics. To set this program in place, agreements between each eligible FQHC primary care clinic and a single community pharmacy were negotiated. A claims processing company was contracted to assist with on-line adjudication of prescription claims, patient eligibility verification, and entering prescription claim information in the Lifetime Clinical Record (LCR.) Relationships were established and maintained with representatives of the

Federal agency charged with oversight of the 340B drug pricing program (Pharmacy Affairs Branch of HRSA) to assure compliance to Federal regulations and standards.

On July 1, 2003, the new program using 340B drug purchases was implemented. Under the new program, CHN indigent patients who wish to receive medication at no out of pocket cost to themselves must have their prescriptions filled at the pharmacy contracted to their primary care clinic, or at the SFGHMC Outpatient Pharmacy. The community pharmacies involved are AG Pharmacy, and six of nine Rite Aid pharmacies located in San Francisco. This program, with participation by Rite Aid, marks the first health-network use of the 340B program in California, and the first large network program that involves a national pharmacy chain. This most recent cost containment strategy is expected to save the City over \$1million in fiscal year 2003-2004.

# 11:00 a.m. Children's Services

SFGHMC provides primary care and specialty care services for children. Just over 16% of SFGHMC's patients are under age 18. The majority of them reside in lower income neighborhoods.

- 153 Visits daily by patients under 18
  - 19% of visits are unsponsored
  - 74% of visits are by residents of targeted zip codes
- 5.3 admissions daily by patients under age 18
  - 17% of admissions are unsponsored
  - 71% of inpatients are residents of targeted zip codes

Primary care services are provided in the Children's Health Center and in the Family Health Center. Specialty services for children include Cardiology, Hematology/Oncology, Neurology, Dermatology, Asthma/allergy, Urology, Teen, and Obesity/Healthy Life Style.

In FY 2002-2003, the most frequent diagnosis/reasons for an outpatient visit are:

- Tuberculosis Screening
- Acute Upper Respiratory Infection
- Asthma
- Otitis Media
- Gastroenteritis
- Dermatitis
- Viral Infection
- Acute Pharyngitis
- Obesity
- Conjunctivitis

Developments this year in children's services include:

- The starting of the **Healthy Lifestyles clinic** to address needs of overweight kids.
- Becoming a site of care for the **Healthy Kids Program** (collaboration by SF Health Plan and Prop 10), which provides healthcare for patients not covered by any insurance or Medicaid program
- Opened **evening continuity clinics** for children 0-5 years with working parents (funded by Prop 10)
- Expanding the **Asthma Clinic** from ½ day/wk to 1 day/wk, which is now part of a collaborative, multi-center "Yes We Can" program that provides medical services plus home visits, education and case management.

# 12:00 Noon Research

Dr. Ted Miclau, Acting Chief of Orthopedic, is studying the mechanical, molecular, and cellular bases for the regenerative capacity of skeletal tissues, with the goal to be able to stimulate non-healing fractures to heal and accelerate the healing process. Dr. Dean Schillinger, a primary care provider in the Adult Medical Center, is implementing and evaluating disease management strategies tailored to meet the literacy and language needs of patients with chronic conditions. Dr. Alicia Boccellari, a psychologist in the Department of Psychiatry is working with people who have suffered multiple physical and emotional traumas in order to develop new ways of attenuating their symptoms.

Medical and health care related research is an integral part of SFGHMC. As a major research site for the University of California, San Francisco Medical School, it supports clinical, desktop, and laboratory research in areas of: AIDS/HIV, diabetes, cancer, and tuberculosis; in health matters such as smoking, injury prevention, prenatal care, and domestic violence; and in issues of health care access, homelessness, and health care utilization and outcomes.

- 190,00 asf (useable square feet) of space dedicated to research
- 288 research grants led by 162 Principal Investigators (value: 65 million dollars)
  - Basic \$25 million
  - Clinical \$30 million
  - Other \$10 million

# 1:00 p.m. Finance

At 1:00 p.m., The Main Outpatient Registration area is filled with people registering for their afternoon clinic appointment.

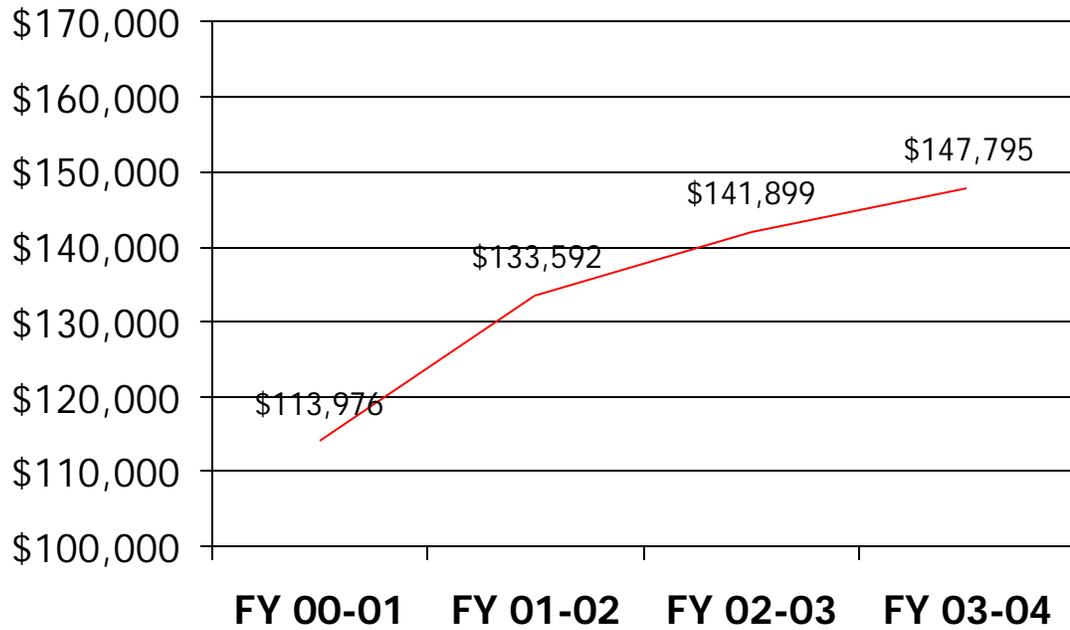
Nancy has been an Eligibility Worker at San Francisco General for ten years. She remains as excited about her work today as the day when she first started.

“Being an Eligibility Worker is more than just a job. Although there are days when I leave here so tired. But then I think about our patients. So many are uninsured.”

“My job is to help get these people onto programs that they may qualify for. Once enrolled, not only can the hospital get reimbursed for the service, the patient now has more choices. Depending on the program, they can choose to go where they want. I am glad to say, however, that most choose to remain with San Francisco General.”

- Eligibility – 954 performed daily including enrollments into:
  - Child Health and Disability Prevention
  - California Children’s Services
  - Healthy Kids
  - Healthy Families
  - Comprehensive Perinatal Service Program
  - Women, Infants and Children
  - Family PACT (Planning, Access, Care and Treatment)
  - Access for Infants and Mothers
  - Cancer Detection Program
  - Breast and Cervical Cancer Treatment Program
  - Prostate Cancer Program
  - State Family Planning
  - AIDS Drugs Assistance Program
  - Medi-Cal
  - Medicare

### Net Patient Revenue (in thousands)



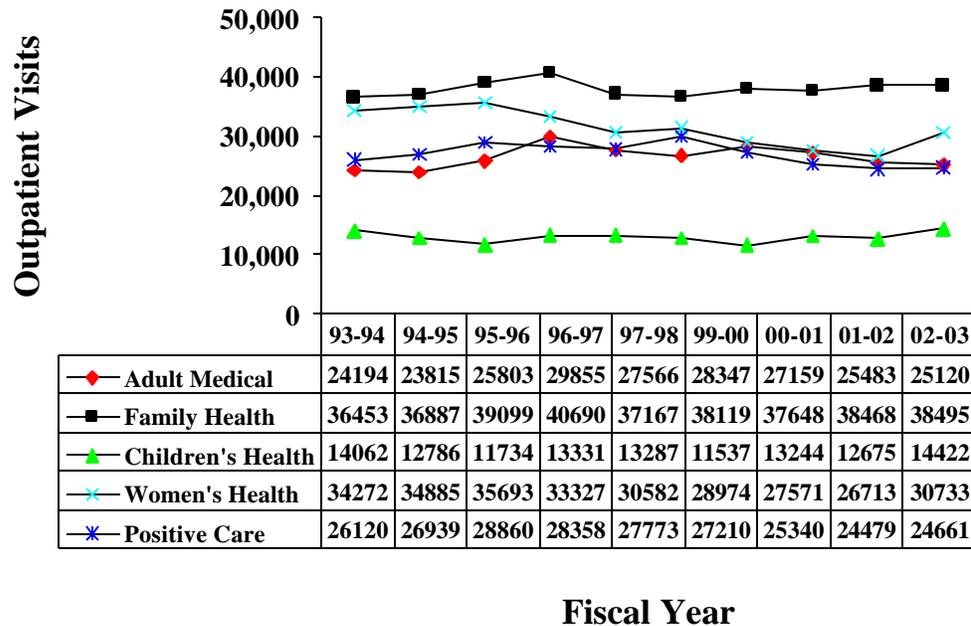
The Finance Department monitors and reports its billable patient revenue. When and where there are improvements that can be made, all involved operating departments come together to identify system problems and solutions, and collaborate to make the necessary improvements.

**Revenue enhancement efforts** this year included:

- Improving the reporting of diagnosis on charge forms
- Enrolling providers in the Medicare program
- Ensuring that all supplies and procedures are properly billed
- Improving the collection of financial and service information.

## 2:00 p.m. Primary Care

30% of SFGHMC patients are linked to primary care. Primary care is provided through the Adult Medical Center, the Family Health Center, The Children’s Health Center, the Women’s Health Center and the Positive Health Center.



At 2:00 p.m., one would find Amalia Fyles in the Adult Medical Center or in a classroom. Amalia is a Clinical Nurse Specialist and certified Diabetes Educator. She has been working with diabetic patients in the General Medical Primary Care Center at San Francisco General for over 20 years.

“Our patient population is challenging. Many have different views about the disease. Some are fatalistic, believing that because there is no cure, there is no hope. Others think that the treatment is worse than the disease – believing that the medicine causes blindness and is addictive. Because 95% of diabetes care depends on self-management. Our approach is a patient-centered, culturally sensitive team approach that involves the family, the physician, nurse, nutritionist, the pharmacist, podiatrist, and the ophthalmologist. Our goal is to bridge the gaps, to link with the patient in the management of this disease.”

## **Chronic Disease Initiative**

90% of patients with frequent admissions to the medicine and family practice services at SFGHMC have one of five chronic diseases:

- Hypertension
- Diabetes
- Asthma
- Coronary heart diseases
- Depression

In November 1, 2002, staff of the Department of Public Health (DPH), University of California San Francisco, Kaiser Permanente, and the San Francisco Community Clinic Consortium (SFCCC), conducted a retreat to explore models of care that would better meet the complex needs of patients with chronic diseases. The goal of the retreat, which was attended by over 200 health care professionals representing over 50 agencies, was to close the “quality chasm” between current practices and optimal standards of care.

An outcome of the retreat was the establishment of the Caring for Chronic Illness in the Safety Net Coalition. Efforts of the Coalition includes:

- Working with the SFGHMC Pediatric Asthma Clinic and Yes We Can Asthma Project to disseminate their new “Asthma Toolkit” and exploring ways to implement their successful asthma disease management model in other DPH and SFCCC primary care clinics.
- Supporting a number of diabetes disease management pilots that are targeted at overcoming some of the most serious obstacles to optimal diabetes management patients face: poor health literacy, language barriers, serious chronic mental illness, difficulty scheduling primary care appointments, and limited access to specialty services, such as eye care.
- Organizing coalition members so that there is some coordination of diabetes disease management across San Francisco Safety Net health care providers.
- Partnering with SFGHMC Department of Education and Training to present annual or semiannual chronic illness management professional development conferences for DPH and SFCCC staff.
- Expanding the Diabetes Registry to include all DPH primary care clinics and SFCCC clinics, as well as broadening the scope of interventions providers can implement using the registry information.
- Working with Kaiser Permanente to introduce their successful chronic illness self-management training program in targeted communities and community health centers.
- Collaborating with the Institute for Health and Aging to develop An Online resource guide for exercise programs.
- Coordinating the efforts of providers in a number of DPH primary clinics to initiate group medical visits for diabetic patients.

# 3:00 p.m. SFGH Foundation and Volunteers of San Francisco General Hospital

**The San Francisco General Hospital (SFGH) Foundation** is dedicated to improving the care and comfort of patients and SFGHMC. The SFGH Foundation is the only organization dedicated to raising money for the hospital and has a 29 member independent board comprised of community leaders, business persons, and medical and Hospital administration staff.

Since 1994, the SFGH Foundation has raised more than 12 million dollars. In Fiscal Year 2002-2003, grants totaling \$1,121,144 were provided by the Foundation to support hospital projects and programs such as remodeling the Child and Adolescent Sexual Abuse Resource Center and the Emergency Department Triage area. Future projects include renovation of the Women's Option Center and renovation of the Pediatric Ward.

In April 2002, Mayor Willie Brown unveiled a new Emergency Response Map (ER Map) and a new "Personal Emergency" brochure. The brochure and pocket-sized ER Map was made possible by a grant from the George Frederick Jewett Foundation to the SFGH Foundation. The map locates all the police and fire station in San Francisco and list phone numbers to call in emergencies. The brochure and ER Map was one of eight submissions out of 153 entries to be a "Winner of the Certificate of High Honor for the 2002 California Pacific Award for Excellence in Patient Education".

For over 45 years, the **Volunteers of San Francisco General Hospital** has contributed both human resources and funding to the hospital. Today, the Volunteers provide assistance in 68 different hospital departments. They help thousands of patients and families by providing clothing, emergency food boxes, funding for emergency food needs and emergency rent. The Volunteers help patients with their transportation needs, with funeral support, with Medic Alert Bracelets and with identification replacement. Each December, the Volunteers of SFGH host an Annual Children's Holiday Celebration for needy children from the hospital clinics

- 922 volunteers; 40 FTE's per day.
- 116,184 volunteer hours; 318 hours per day

Special volunteer programs include:

- Pastoral Care
- Emergency Department/Trauma Unit Support
- Neonatal Intensive Care Unit Infant Cuddlers
- Prevocational Program
- Reach Out and Read Volunteers;
- Physician's Volunteer Program
- Hair Care
- Book Buddies;
- Childbirth Assistants
- Book Cart

## 4:00 p.m. Medical Social Work

The Medical Social Service Department provides comprehensive social services in all areas of San Francisco General Hospital, including the inpatient wards, the outpatient clinics, and the emergency room.

Jan Culbertson-Dickey has been a medical social worker in the Women's Health Center at SFGHMC for 15 years. Her job is to provide counseling and emotional support to patients and their families, to enable them to cope with the impact of their illness, disability, and treatment. Jan works with the medical and nursing staff to help prepare patients for discharge, to assess the patient's support system and their ability to function at home. She orders equipment and transportation. She makes referrals for home care and public health nursing. She is familiar with community support programs and refers patients as necessary.

Special patient populations that are the primary focus of Medical Social Workers are:

- Patients diagnosed with life threatening illness
- Patients who are newcomers to this country
- Patients who are homeless or in an unstable housing situation
- Victims of Child and Elder neglect/abuse
- Victims of violence/domestic violence
- Pregnant teenagers
- Pregnant women without prenatal care
- Substance abusers who are pregnant
- AIDS patients

A special effort this year for the Medical Social Work Department is to help improve **Patient Flow** between SFGHMC and the following:

- Laguna Honda Hospital. Efforts included:
  - Working with LHH Admission and Behavior Assessment Team to facilitate placement.
  - Collaborating with the SFGHMC IS Department, Utilization Review, and Eligibility to develop an on-line LHH Referral and Tracking System
- Private hospitals, Skilled Nursing facilities, Rehabilitation facilities and Medical/Psychiatric facilities. Efforts included:
  - Improving communication and relationships by conducting site visits and networking
  - Collaborating with Mental Health Placement Coordinator to improve patient access to Medical/Psychiatric facilities placement.
- Community placements. Efforts included:
  - Participating in City Discharge Planning Task Force, Medical Respite Task Force, Homeless Coalition Task Force, Target Case Management Task Force
  - Working with community housing agencies to improve and increase SFGHMC patients direct access to housing in the community

# 5:00 p.m. Emergency Services

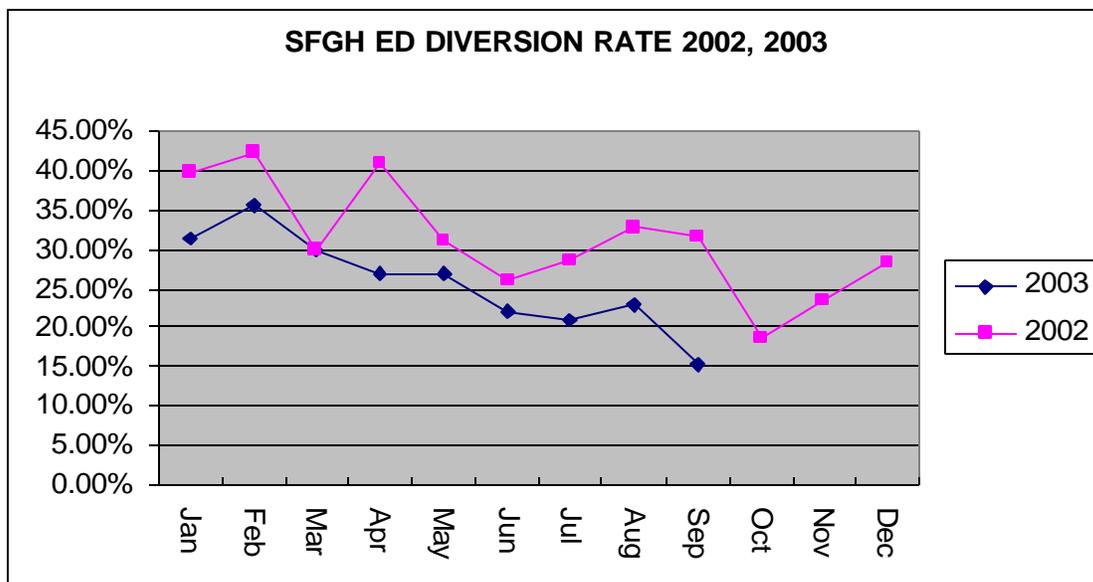
With a Level 1 Emergency Department (ED), SFGHMC provides 24 hours comprehensive emergent, urgent and non-urgent care to adult and pediatric patients. As the only Base Hospital for the City and County of San Francisco, the ED provides all biotelemetry communications, medical control and medical consultation to all prehospital care providers. The ED is also approved as a specialty receiving facility for : Burns, Forensics, Obstetrics, Gynecology, Sexual Assault, Psychiatry, Hand Reimplantation, and is also approved for Pediatric Emergencies.

- 31,624 patients treated in FY 2002-2003
- 56,486 visits annually/156 daily
  - 15% are serious enough to result in an admission.

Most frequent diagnoses/reasons for visit:

- •Alcohol Abuse
- •Abdominal Pain
- •Chest Pain
- •Convulsions
- •Acute Upper Respiratory Infections
- •Hypertension
- •Contusion of Face, Scalp and Neck
- •Headache
- •Head Injury
- •Pain in Limb

Diversion continues to be an issue with SFGHMC. There, however, has been a decrease over the last two years.



This decrease is due to a combination of efforts, including:

- Rather than having to wait for inpatient ward physicians, SFGHMC initiated a policy allowing Emergency Department physicians to implement admitting orders. This allows the patient to be transferred to the ward sooner and freeing a room in the Emergency Department
- Patients are sent to the wards as their assigned beds are being prepared. This again frees space in the Emergency Department sooner.
- The Emergency Department Zone 4 area was reserved for treatment of urgent care patients. This area is now open to all patients, facilitating the flow of patients through the Emergency Department.
- Physician coverage for Nurse Practitioners was increased to 24 hours a day, thus increasing the number of providers and allowing more to be seen sooner
- Whereas patients being admitted from the outpatient clinics were sent to the Emergency Department if their work-ups were not completed, the clinics are now able to call the Administrator on Duty (AOD) and arrange for their patients to be sent directly to the ward and to have the patients' work-ups completed there.
- The Department of Medicine has begun doing earlier rounds, thus discharging patients earlier in the day and freeing an inpatient bed sooner.

**The Emergency Department Case Management Program** was developed by the Division of Psychiatric Medicine to meet the psychological needs of complex patients who frequently rely on the Emergency Department to address their medical, social and psychological problems. A recent evaluation found that patients enrolled in this program have reduced their ED visits by 42% in the first year and by 77% in their second year. At the beginning of this study, 77% of the patients were homeless. At the end of the first year, 35% of the patients were homeless and 22% were homeless by the end of the second year.

## 6:00 p.m. Community Partnership

Efforts to outreach to the community:

The **San Francisco Community Clinic Consortium (SFCCC)** was awarded a grant from the Federal Health Resources and Services Administration (HRSA) to extend access of the department's clinical information system to several of its clinic sites. As many of our patients use both SFGHMC and SFCCC services, this development will allow SFCCC providers access to medical information on their patients (laboratory test results, medication list, name of primary care provider) at SFGHMC. This will improve the ability to provide appropriate care for both SFGHMC and for our safety net partners.

Senate Bill (SB) 1953 requires that all California acute care hospitals meet upgraded seismic safety standards by either retrofitting existing buildings or rebuilding a new hospital building by 2013. During FY 2002-2003, SFGHMC initiated the development of the **Institutional Master Plan (IMP)**, which will define the facility plans for a new medical center. It is a continuation of a series of planning phases that began in early 2001 and involved a great amount of in-depth analysis, community input, and thoughtful discourse.

An Advisory Committee, which combined two previous programmatic planning groups, broadly representing the community, patients, neighbors, labor, SFDPH and UCSF clinicians and administrators, was reconvened to help guide the IMP process. A smaller Steering Committee comprised of SFDPH staff, UCSF clinicians, community leaders and IMP consultants was also established to lead an integrative planning approach and ensure that the IMP remained true to the vision of previous planning phases. In addition, a series of neighborhood meetings were held throughout San Francisco to inform the public about the Rebuild and garner input.

# 7:00 p.m. Urgent Care

A patient story:

Dr. Susan Obata, former Director of the Urgent Care Clinic, recalls Mr. Smith. Mr. Smith, a man in his early fifties, and his wife were owners of a small business, and as often with people in small businesses, worked long hours, struggled financially, lacked health insurance, but loved what they were doing. Mr. Smith dropped into the Urgent Care Clinic one evening last year, complaining of abdominal pain, which he related to back surgery that he had a few years earlier, but had gotten worse lately. A physical examination revealed an abdominal mass. Laboratory tests showed abnormal liver function and X-Ray revealed a liver mass. The patient was sent for an abdominal cat scan, which confirmed liver cancer. Mr. Smith was referred to primary care to coordinate hospice care. Mr. Smith was followed in primary care but died shortly after.

Although Mr. Smith was an unusual case for the Urgent Care Clinic, he represents a segment of our population who, for various reasons, are not fully linked to the health care system. The Urgent Care Clinic, which operates after regular clinic hours, is one way that SFGHMC strive to meet the needs of San Franciscans.

- 7,983 patients made 11,112 visits
  
- Top ten diagnoses
  - Hypertension
  - Cellulitis and Abscess
  - Acute Upper Respiratory Infection
  - Pain in Joint
  - Lumbago
  - Acute Pharyngitis
  - Urinary Tract Infection
  - Diabetes
  - Bronchitis
  - Sprains and Strains Plans are underway to extend the hours of Urgent Care.

# 8:00 p.m. Perioperative Services

Perioperative Services provides comprehensive operating room services along with the full range of trauma care including post-anesthesia recovery. The Operating Room of SFGHMC consists of 10 operating suites and one cysto-room.

- 6,265 cases per year
  - 2,419 Come and Go cases
  - 860 Come and Stay cases
  - 2,986 Inpatient & Emergency cases.
- 6,277 procedures per year
  - 914,843 minutes

With resources at a premium, the Perioperative Department of SFGHMC is striving for maximum efficiency. Efforts include:

- Performing more surgical procedures in the outpatient clinics. The majority of patients with significant soft tissue infections (abscesses and cellulitis) are being seen in the **Integrated Soft Tissue Infection Service Clinic**. In FY 2002-2003, 3,110 patients were treated in the clinic
- **The Pre-operative Assessment Clinic** conducted by the Department of Anesthesiology and targeting high risk surgical patients (e.g., those scheduled for vascular, thoracic and ophthalmic surgeries), has greatly reduced the number of cancellations.
- **The implementation** of ORMIS, a management information system for the operating room. ORMIS is a comprehensive and flexible system that will allow for more accurate tracking of patients; improved instrument tracking, inventory management and control, and charge capturing; greater reporting capacity; more accurate charting; and remote case scheduling via the internet. The system went live last month.

## 9:00 p.m. HIV Services

SFGHMC continues to be a leader in AIDS/HIV care. In Fiscal Year 2002-2003, 4,710 patients were treated at SFGHMC for HIV disease.

This year, SFGHMC celebrated the 20th anniversary of its 5B inpatient ward – the first of its kind in the nation – dedicated to compassionate care for AIDS patients and where the model of care is based on the notion where the patient, and not just the doctors and nurses, have a role in planning their care. Twenty years later, SFGHMC continues to provide HIV/AIDS inpatient care to over 500 individuals. In Fiscal Year 2002-2003, over 6% of all inpatient discharges and 8% of inpatient days were related to HIV/AIDS. Their average length of stay was 8.4 day

The Positive Health Program (PHP) provides multidisciplinary outpatient services to HIV infected patients. PHP provides both primary and specialized care in areas of dermatology, neurology, chest, gastroenterology, Kaposi's Sarcoma, lymphoma, dietary and nutrition. In addition, its Women's Clinic serves the specialized needs of HIV-infected women. Last year, over 3,000 individuals made over 24,000 visits to PHP.

Two recent PHP developments are the **Liaison Project** and the **Positive Health Access to Service and Treatment Program (PHAST)**.

The Liaison Project comprised of a recently hired Nurse Practitioner performing rounds on all SFGHMC inpatient wards to insure that all HIV infected patients are linked to outpatient HIV care. Referrals and appointments are made to PHP, other hospital and community based primary care clinics, and to community programs.

PHAST's goal is to increase the likelihood that first time patients will follow through with their initial contact for care. PHAST allows first time patients to be seen in the clinic within 24 to 48 hours from the time of contact by establishing 3 new clinic sessions. If a physician or nurse practitioner is not available, then the patient will be seen by a Registered Nurse and a Social Worker.

In addition to inpatient and outpatient care, SFGHMC participates in various research activities and programs, including but not limited to:

- Adult AIDS Clinical Trials Group (AACTG) is the largest federally sponsored, HIV-related, clinical trials network in the United States.
- The Bay Area Perinatal AIDS Center (BAPAC) provides access to NIH sponsored clinical trials for pregnant women, infants and families in Northern California.
- Community Consortium is a voluntary association of Bay Area HIV care providers that focuses on provider education, clinical research and advocacy.
- HERO (formerly HIV-Watch) is an extensive electronic network that is a web-based electronic medical record (EMR) system and a powerful research database.

- Post-Exposure Prevention Study focuses on both providing antiretroviral medications to people who have been exposed to HIV through sexual or injection drug use exposures, as well as providing risk reduction counseling to reduce the risk behavior of participants.
- Study of the Consequences of Protease Inhibitors Era (SCOPE) is a prospective cohort study aimed to understand the biologic mechanisms of disease progression in patients who have failed to achieve complete and durable viral suppression

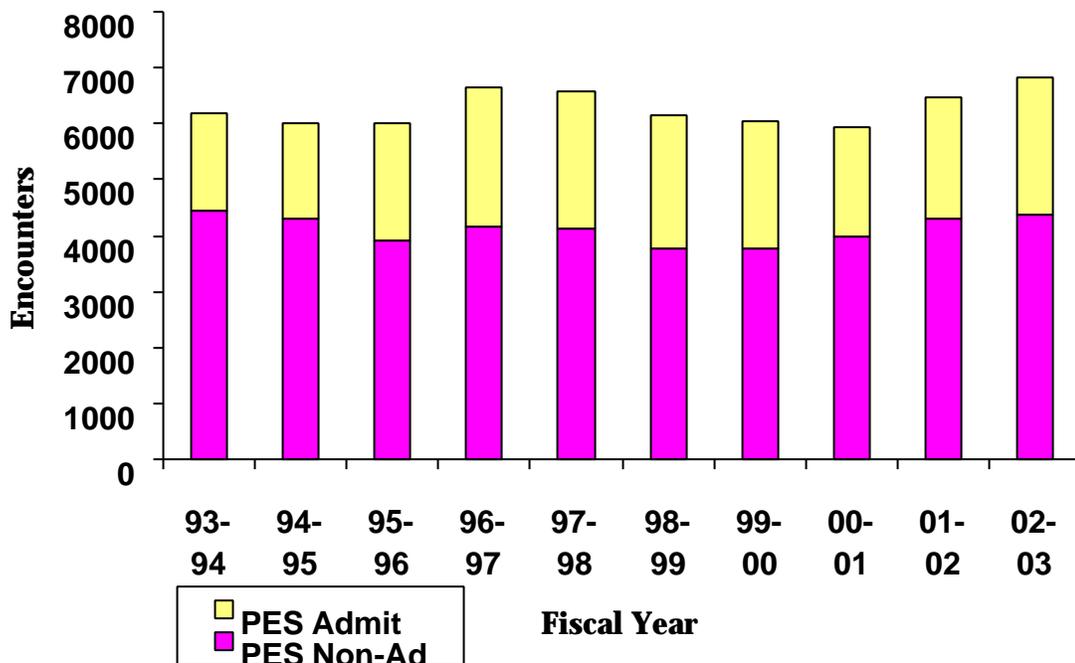
# 10:00 p.m. Behavioral Health

SFGHMC Acute Inpatient Psychiatric Service delivers care in a safe human environment and recognizes the social, cultural, and ethnic needs of the patients. The work with individuals takes place in an atmosphere that values safety and education for both the consumer and staff.

In Fiscal Year 2002-2003:

- 1,989 patients were treated
- Total of 3,021 admissions
- Average daily census of 87.2
- 95% occupancy rate
- Average length of stay decreased by 22%, from 15.4 days in fiscal year 2001-2002 to 12.1 days this fiscal year.

**SFGHMC Psychiatric Emergency Service (PES)** is the only 5150 facility in the City and County of San Francisco. PES provides 24-hour, 7 days a week emergency assessment, stabilization and disposition for acutely ill adult psychiatric patients. Currently, PES successfully places 70% of evaluated patients in a community placement. 90% of those patients requiring inpatient hospitalization are admitted to SFGHMC.



Initiatives by the Department this year include:

- **Violence Prevention Safety Program** is a comprehensive program to address patient violence and staff safety, which include the use of personal alarms, upgrading panic systems, SMART (Safety Management and Response) training, and psychological support post-assault.
- **Dual Disorder Training** is a six-week program for multidisciplinary staff to expand knowledge and expertise in caring for psychiatric patients who also have substance abuse diagnosis.
- The **Patient Flow/Discharge Linkage** program have staff working closely with community workers to facilitate the discharge planning process, to carefully assess each patient, and to place them at the most appropriate level of care based on their needs.

The **Trauma Recovery / Rape Treatment Center (TRC)** serves some of San Francisco's most vulnerable and traumatized clients. It provides medical, mental health and clinical case management services to victims of interpersonal violence (i.e., domestic violence, sexual assaults, gunshot injuries, stabbings and family members of homicide victims).

Assertive case management and outreach services reached a vulnerable population of patients that included the homeless, the chronically mentally ill, culturally and ethnically diverse victims, immigrant and refugee groups, other individuals who have complex psychosocial problems and those with severe trauma-related symptoms. In this year, 715 crime victims were identified with 507 being enrolled in clinical services at TRC.

This new model of care improved the percentage of police reports filed by sexual assault victims (increased from 42% to 71%) and also dramatically increased the rate by which sexual assault victims received mental health follow-up (increased from 6% to 71%). In addition, twice as many patients assigned to The Center received mental health services when compared to the typical crime victim in San Francisco (71% as compared to 32%).

A goal of the SFGHMC Department of Psychiatry has been to establish and expand its outpatient services so as to meet the needs of the community. Such programs includes:

- **Services for children and adolescents**, including Child and Adolescent Services, Child and Adolescent Sexual Abuse Resource Center, and the Child Trauma Research Project.
- **Substance Abuse services**, including the Division of Substance Abuse and Addiction Medicine, the Opiate Treatment Outpatient Program, the Substance Abuse Consultation Service, and the Stimulant Outpatient Treatment Program.
- **Services for target populations**, including AIDS Health Project, the Compass Community Services, Infant Parent Program, Latino Mental Health Research Program, Living in a Nonviolent Community, the Stonewall Project, and the Trauma Recovery and Rape Treatment Center program.

# 11:00 p.m. Maternal/Child Services

The Women's Health Center (WHC) at SFGHMC is an ambulatory care center that provides comprehensive Obstetric-Gynecology and Family Planning services. These range from routine health care maintenance to Gynecology specialty services such as colposcopy and urogynecology. The WHC provides prenatal care to women referred from all CHN sites, and is the only site within the CHN delivering prenatal care for high-risk women. Our perinatal service provides CHN patients with a choice of prenatal care providers including MD's, Certified Nurse Midwives, Nurse Practitioners, and a choice of models of individual or group prenatal care. The multidisciplinary team of participants in our prenatal care includes nurses, health workers, social workers, psychiatrists, nutritionists and health educators.

- 1,240 Births
  - 10 pairs of twins
  - 256 cesarean deliveries
- 772 Gynecology surgeries
- 1,892 Elective abortions

**Centering Pregnancy** is an empowerment model of group-based prenatal care that was implemented at the Women's Clinic at San Francisco General Hospital in the summer of 1999. Care in this model combines the elements of physical assessment, education, and social support. Eight to twelve women who are due to deliver in the same month attend each of ten prenatal care sessions together, beginning at roughly sixteen weeks gestation. The sessions are facilitated by a certified nurse-midwife/registered nurse team and are in place of traditional one-on-one prenatal care visits. Almost all of the care takes place within the group space, and through the process of the model women are encouraged to build community and to trust in their ability to take control of their own health care. The model has to date served approximately 220 women and their families at SFGH; groups are offered only for Spanish-speaking women, and are comprised primarily of recent immigrant Latinas. Evaluations of the model at SFGH have shown extremely high client satisfaction (100% would choose the model over traditional care for subsequent pregnancies) and high appointment attendance rates when compared with traditional nurse-midwifery care and with physician care.

The **Mother Child Dyad Care Model** was implemented in June 2002. Instead of being cared for in separate areas (postpartum unit and nursery unit), the Dyad Care model calls for the mother and baby being cared for together, in one area, by one nurse. Well babies are being cared for in the Obstetric unit –promoting bonding between mother and child, and increasing the number breast-fed babies at time of discharge.

# 12:00 Midnight Day End

San Francisco General Hospital Medical Center, on an average day:

- Admits 50 new patients
- Serves 915 inpatient meals
- Treats 1,300 patients in the outpatient clinics
- Performs 19 Psychiatric Emergency intakes
- Activates Trauma Team 9 times
- Sees 185 patients in the Emergency Department and in Urgent Care
- Cares for 180 acute medical/surgical patients
- Cares for 22 intensive care patients
- Cares for 87 acute psychiatric patients
- Cares for 119 mental health rehabilitation patients
- Cares for 28 skilled nursing patients
- Performs 12 nutrition consults
- Utilizes 25 bottles of mouthwash
- Uses 145 1cc insulin syringes
- Distributes 44 hair combs
- Performs 150 language interpretations
- Processes 6,849 pounds of laundry
- Cleans 1.3 million square feet
- Processes 105 purchase orders
- Dispenses 6,750 doses of medication
- Fills 700 outpatient prescriptions
- Performs 3,700 minutes of surgery
- Performs 3 to 4 newborn deliveries