



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

**Annual Report  
Fiscal Year 2009—2010**



## ***TABLE OF CONTENTS***

|  |                |
|--|----------------|
| <b>CEO's Message.....</b>                            | <b>page 4</b>  |
| <b>SFGH Fact Sheet.....</b>                          | <b>page 5</b>  |
| <b>SFGH Joint Conference Committee.....</b>          | <b>page 6</b>  |
| <b>SFGH Mission, Vision, Values &amp; Goals.....</b> | <b>page 7</b>  |
| <b>SFGH Accomplishments.....</b>                     | <b>page 10</b> |
| <b>SFGH Volunteer Services.....</b>                  | <b>page 24</b> |
| <b>SFGH Foundation.....</b>                          | <b>page 25</b> |
| <b>Grants, Awards &amp; Recognition.....</b>         | <b>page 27</b> |
| <b>Quality Data.....</b>                             | <b>page 34</b> |
| <b>Facts &amp; Financials.....</b>                   | <b>page 42</b> |
| <b>SFGH Services.....</b>                            | <b>page 46</b> |
| <b>Our Staff.....</b>                                | <b>page 59</b> |
| <b>Leadership.....</b>                               | <b>page 60</b> |





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

As CEO of San Francisco General Hospital & Trauma Center, I am pleased to present our 2009-10 Annual Report. We are proud to highlight our progress and many accomplishments over the past year.

In addition to providing ongoing excellent patient care, cutting edge research and top-flight teaching, last year SFGH's trauma expertise was critical in responding to community crises. From the San Mateo rave, to the hit-and-run attacks on bicyclists in the Mission and Potrero Hill, to the San Bruno explosion, we were there for the victims and played a central role in coordinating the region's response.

As part of the City's public health system, we are dedicated to preventing disease and injury, creating wellness, and adding value to the community we serve. To achieve that, we are expanding our efforts to embrace community health in a way that will make a difference beyond our four walls. We have become a smoke-free campus and provide free smoking cessation classes to the staff and public. We also have a free Internet-based stop smoking program in Spanish and English (<https://www.stopsmoking.ucsf.edu/tc4/en/intro/home.aspx>). We are growing fresh vegetables on campus for our patients, improving our cafeteria menu to include locally sourced food and more healthy options, and creating a wellness center as a resource for patients, staff, and the community. Providing not only episodic care, but doing things to make and keep people and communities healthy – that's the future of health care.

Building a new hospital serves as a great catalyst for change and is an opportunity to strengthen and renew our community relationships. We are committed to delivering on our promise to provide a new, seismically safe hospital on time and on budget. So far, we're doing really well. In fact, our major trade packages to date have come in at 12% below budget.

All of our efforts are supported by the stellar leadership provided by the San Francisco Health Commission and Dr. Mitch Katz, Director of the Department of Public Health. Our clinical successes could not have been accomplished without our valued partnership with the University of California, San Francisco. Our ability to be innovative and creative in our thinking is supported by our growing relationship with the philanthropic community, starting with our San Francisco General Hospital Foundation. And of course, we are grateful to you, San Franciscans, for your overwhelming support of the General. We know that we must continue to earn your endorsement in everything we do.

Our achievements are the result of our team of talented and dedicated staff from every discipline. I am honored to represent them as we serve the City and its residents by providing health care and trauma services for all, with compassion and respect. Their hard work is what makes San Francisco General the heart of the city.

Sincerely,

Sue Currin, RN, MSN  
Chief Executive Officer



## 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 100,000 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 tertiary academic medical centers, partnering with the University of California, San Francisco on clinical training and research.

### SFGH BY THE NUMBERS

- \*598 licensed beds
- \*100,000 patients treated
- \*20% of all inpatient care in San Francisco
- \*1,220+ babies born
- \*54,000+ Emergency visits
- \*22,000+ Urgent Care visits
- \*3,900+ Trauma activations
- \*30% of all ambulances come here
- \*540,674 outpatient visits
- \*Approximately 2,700 City and 1,900 UCSF employees
- \*32% of all UCSF resident training
- \*\$92.3 million in charity care provided in FY2008—75% of all charity care provided in SF
- \*Provides 93% of the inpatient care for Healthy San Francisco enrollees
- \*1 of 13 Emergency Medicine residencies in CA
- \*FY09-10 budget of \$639 million; 19% General Fund; 57% salaries & fringe benefits

- San Francisco General Hospital is the Heart of the 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.
- San Francisco General is building a great facility to provide even better care for generations to come.



### SFGH Unique Services & Innovative Programs

- Only** Trauma Center in San Francisco: *Lowers the risk of death by 20-25% compared to nontrauma centers*
- Only** Psychiatric Emergency Services in San Francisco: *Over 7,200 annual encounters*
- Largest** acute & rehabilitation hospital for psychiatric patients: *Provides 60 of the 81 adult inpatient psychiatric beds in San Francisco with over 2,200 admissions per year*
- Only** Baby Friendly hospital in SF certified by the World Health Organization: *An 85.3% in-hospital exclusive breastfeeding rate, one of the highest in California*
- High-performing** Stroke certification by The Joint Commission: *100% success in delivering t-PA to patients presenting within the eligible timeframe*
- First** ACE (Acute Care for Elders) geriatric inpatient unit in California: *Reduced re-admissions for ACE patients from 10% to 6%*
- Innovative training:** Orthopaedic Trauma Institute Surgical Training Facility, *a state-of-the-art teaching facility dedicated to innovative medical, health, and science workshops; trained 1,500 physicians & medical personnel in 2009*
- Rapid** Video Medical Interpretation services in over 20 languages: *Improved timely interpreter access from an average wait of 30 minutes to 3 minutes*

# ***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 JCC are:

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

### ***Edward A. Chow, M.D., Chair***

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

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

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

### ***Catherine M. Waters, RN, Ph.D.***

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

***SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER  
MISSION, VISION, VALUES AND GOALS  
FISCAL YEAR 2009 - 2010***

In order for an organization to remain effective, focused, and productive, it must frequently reaffirm its purpose and review its core priorities. To this end, each year the Executive Committee reviews the mission, vision, and values of San Francisco General Hospital and sets goals for the upcoming fiscal year. The Executive Committee adopted the following mission, vision, values, and goals for Fiscal Year 2009-2010:

**OUR MISSION:**

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

**OUR VISION:**

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

**OUR VALUES:**

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

**OUR GOALS:**

- Promote patient safety
- Enhance clinical care
- Promote staff retention & recruitment
- Maintain hospital infrastructure
- Comply with all regulatory standards & attain specialty certifications
- Maintain services during hospital rebuild

## *Providing quality healthcare and trauma services with compassion and respect*

**Juan Martinez** is 9 years old and has been coming to the SFGH Pediatric Clinic since 2005 for treatment of his severe asthma, allergies, and eczema. When his family moved to San Francisco, they lived in substandard housing where there was mold, rodents, and people smoking. These living conditions aggravated Juan's asthma, so he sought care at SFGH. Nurse practitioners Alice Chan and Nan Madden have given Juan a tremendous amount of support in getting his health in order. Today Juan no longer visits the emergency room for his asthma. He uses his inhaler less and plays soccer, walks to school, and exercises daily - activities he wasn't able to do before his treatment at SFGH. Juan feels much better and is very happy to have such great care providers who give enormous support. "I know almost everybody's name here," Juan said.



Earlier this year **Larry Gaddis** relocated to San Francisco to look for new job opportunities and joined the Healthy San Francisco Program (HSF). Larry was living in Sacramento when he lost his job and medical insurance and he could no longer afford his diabetes medication. He spent hours in emergency rooms in need of diabetes treatment. HSF linked him to the General Medicine Clinic at SFGH. He joined diabetes classes which taught him the importance of proper nutrition and exercise. The nurses at SFGH also helped him to join a patient support group where he learned to use insulin. Today, Mr. Gaddis says he feels well respected at SFGH and does not feel like he is alone in his fight against diabetes. He says, "Health issues are emotional and the nurse practitioners here know how to deal with it. Most diseases are cured by positive thoughts and energy and that is what SFGH is all about."



## *Providing quality healthcare and trauma services with compassion and respect*

**James Rabb** was living a normal life until he lost his job in 2008. Soon after that, he lost his home and he became stressed, depressed, and contemplated suicide. He was brought to Psychiatric Emergency Services at San Francisco General Hospital. During the ten days he spent as an inpatient, the psychiatric staff and social workers linked him to various support services that would help get his life back on track. They provided him with the medications he needed and referred him to a case manager at the Citywide Linkage Team.



Mr. Rabb now lives with four other people in supportive housing, where he buys and cooks his own food. He says that he is very happy with the services at SFGH, and that he is now able to contribute back to the community. Mr. Rabb says, “Life is going in a different direction, and it is good.”

Early one Sunday morning, **Crystal Elmendorf** was driving to San Francisco International Airport on her way to work, when she was involved in a severe car accident, causing her SUV to roll over. She was rushed by ambulance to SFGH where blood clots on both sides of her head and severe brain swelling were discovered. Given the severity of her traumatic brain injuries, there was very little hope that she would survive. Ms. Elmendorf was put into a medically induced coma to reduce her brain activity and allow doctors to treat the brain swelling. Three weeks after her treatment she regained consciousness. Today, Ms. Elmendorf is back at her job as a flight attendant. Ms. Elmendorf says, “I’ll always be thankful to Dr. Manley and SFGH. Some hospitals would have said ‘why bother?’ Many people don’t realize what an amazing place the SFGH trauma center is. Life is good.”



***SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER  
FY2009—2010 ACCOMPLISHMENTS***

The goals adopted by the SFGH Executive Committee are the basis for the plans and programs that help us fulfill our mission. We are proud of our work at SFGH and on the following pages are highlights from our many accomplishments during Fiscal Year 2009-2010. These achievements illustrate our values and our commitment to provide quality healthcare and trauma services with compassion and respect.



## ***PROMOTE PATIENT SAFETY***

As SFGH's number one goal, patient safety underlies every decision we make. In FY2009-2010, SFGH implemented several new programs and procedures with the specific goal of improving patient safety. These activities build upon SFGH's tradition of quality, culturally responsive health care. Highlights include the following:

### **Just Culture**

We look forward to embarking upon the journey to a **Just Culture** at SFGH. The term "Just Culture" refers to a safety-supportive system of shared accountability where health care organizations are accountable for the systems they have designed and for responding to the behaviors of their staffs in fair and just manners. Staff, in turn, is accountable for the quality of their choices and for reporting both their errors and system vulnerabilities. This model is designed to help change an organization's culture by placing less focus on events, errors, and outcomes, and more focus on risk reduction, system design, and the management of behavioral choices.

As part of the Just Culture journey, SFGH has established a Task Force to help guide adoption of this framework. We have had several leadership trainings on better understanding the concepts of a Just Culture. Additionally we have implemented the Agency for Health Research & Quality Culture of Safety Survey in June 2010 to ascertain staff perception of safety. This will allow us to guide specific initiatives based upon staff feedback. We are also conducting a gap analysis of hospital policies and procedures to ensure they are in alignment with a Just Culture framework.

### **Patient Safety Initiative**

San Francisco General Hospital is one of 42 hospitals participating in Phase I of the "**Patient Safety Initiative at America's Public Hospitals**", a two-year program designed to enhance patient safety programs at public hospitals to ensure safe, high-quality care for vulnerable and low-income populations that depend on publicly supported health care institutions for medical care. The program is sponsored by Kaiser Permanente, the National Patient Safety Foundation, and the National Association of Public Hospitals and Health Systems.

The goals of the **Patient Safety Initiative** at America's Public Hospitals are to:

- Position public hospitals on the leading edge of patient safety and quality care
- Establish a consistent and shared pool of patient safety knowledge, tool sets, and techniques
- Develop a community of public hospital clinicians, patient safety and quality leaders, and hospital executives committed to the initiative
- Garner measurable results in patient safety practices
- Create patient and community programs fostering communication that engages, informs, and builds continued confidence in care and the public hospital system.



Key focus areas for the program include enhancing the culture and leadership, infrastructure and measurement capabilities, and metrics for evidence in improving patient safety and outcomes at each of the participating facilities. Participants will have access to multiple resources including membership in the highly-acclaimed NPSF Stand Up for Patient Safety program, NPSF Patient Safety Congress registrations, health literacy and communications tools, measurement and analysis tools, and opportunities to apply for Patient Safety Leadership Fellowships.

## ***PROMOTE PATIENT SAFETY***

### **NICHE**

SFGH has earned **NICHE (Nurses Improving Care for Healthsystem Elders)** designation, becoming the third hospital in the Bay Area to participate in a national program to improve care for older hospitalized adults. Recognizing the national scarcity of geriatric-trained nurses, NICHE aims to improve care of older people by strengthening approaches to core clinical issues such as falls, restraint use, pain, skin breakdown, wounds, use of advance directives and family involvement in decision-making. Additionally, NICHE aims to make the physical and social environment friendlier for the older adult patient.



A growing number of SFGH patients are over the age of 65 and, as such, face a variety of health risks specific to elders. To meet the challenges of our aging population, SFGH will undertake a number of steps to recognize and prevent or treat these health problems. In the first phase of the program, the hospital has already begun providing additional education to a core group of 80 “Geriatric Resource Nurses,” who will become leaders and role models to their peers on the inpatient units. SFGH currently has three certified geriatric nurses.

### **ACE Expansion**

The new NICHE designation dovetails with the hospital’s **Acute Care for Elders (ACE)** unit that opened in 2007. The ACE unit is the only one of its kind in California, and one of two on the west coast. It is a busy and growing program that uses an interdisciplinary team to provide patient-centered care to hospitalized older adults with a focus on returning patients home. The ACE program expanded from 12 to 24 beds and now includes patients requiring specialized cardiac care. The ACE model has been proven to increase patient and staff satisfaction and, most importantly, improve the older adult’s quality of life through its coordinated holistic approach.



### **SHHE Project**

The Gordon and Betty Moore Foundation pledged over \$4 million for the **Support from Hospital to Home for Elders (SHHE) Project**, a collaborative effort between UCSF and SFGH to reduce hospital readmissions and emergency room visits in patients aged 60 and older. English-, Spanish-, Cantonese-, and Mandarin-speaking patients from Medicine, Cardiology, Family Practice and Neurology services are targeted to receive usual care plus coaching, enhanced disease and medication education, and written after-hospital care plan from specially-trained SFGH registered nurses. Nurse practitioners and physician assistants will conduct follow-up phone calls to mitigate risks of readmission by confirming medications, follow-up appointments, answering clinical questions and assuring communication with primary care providers. Medical record reviews and research interviews at baseline, 30 days, 90 days and 180 days will assess health service utilization, patient satisfaction and quality of life.

We thank the **Gordon and Betty Moore Foundation** for providing the funds to reduce readmissions for patients 65 or older, expanding the ACE program to the telemetry/cardiac unit, and conducting the NICHE training that enabled us to achieve the designation.

## ***PROMOTE PATIENT SAFETY***

### **Anticoagulation Task Force**

Anticoagulants are substances that delay or prevent the clotting of blood. After anticoagulation guidelines were adopted in 2008, the **Anticoagulation Task Force** initiated the following monitoring and pharmacist intervention programs in response to National Patient Safety Goals:

- o Automatic alerts to the anticoagulation pharmacist for any blood test results indicating that anticoagulation is beyond the normal range;
- o Daily monitoring by a clinical pharmacist of all hospital patients on anticoagulants;
- o Providing dosing and monitoring recommendations to clinical teams;
- o Conducting an in-service to pharmacy staff on relevant drug interactions; and
- o Expanding discharge patient education protocols.



### **2009-2010 Flu Vaccination**

The Joint Commission issued a **Certificate of Achievement** to SFGH for its participation in the **2009-2010 Flu Vaccination Challenge**. SFGH reached the bronze tier, the result of a 65 percent seasonal flu vaccination rate among SFGH employees. The certificate is an acknowledgment of the important strides made to promote patient safety and improve the quality of care at SFGH.



SFGH and UCSF staff were given green dot stickers for their identification cards to indicate that they have received the 2010-2011 flu vaccine.

## ***ENHANCE CLINICAL CARE***

Enhancing clinical care is a critical element in our mission to provide quality healthcare and trauma services. To that end, SFGH uses the Model for Improvement, a performance improvement framework, to drive clinical and operational quality. Measures to enhance clinical care throughout SFGH include the following:

### **Palliative Care**

The SFGH Division of Hospital Medicine implemented a **Palliative Care Consult Service** in September 2009. Initial funding was provided by a California HealthCare Foundation grant to establish the palliative care service as a demonstration project for other California safety net hospitals. The grant, combined with renewed support from the SFGH Foundation, will also support the development of a chaplaincy training program for palliative care services. There were over 200 consults during the first eight months of the service, more than double the predicted consult volume.



### **Chronic Care Redesign**

The **Healthy San Francisco Chronic Care Redesign Projects** were implemented to address critical issues raised by the Healthy San Francisco program including the need for increased patient access and the need for innovation in ambulatory care. These projects were designed to provide innovative solutions to the access problem, particularly for the most complicated patients with multiple chronic conditions, who often do not do well without targeted support. The HSF Chronic Care Redesign Projects consist of: a) five primary care/specialty care clinic collaboration projects (in the areas of diabetes, asthma/COPD [chronic obstructive pulmonary disease], heart failure, back pain, and mental health), and b) one project utilizing nurse practitioners to improve patient continuity in resident primary care clinics.



One of six chronic care redesign projects at SFGH is the integration of mental health services into primary care. The Mental Health project focuses on reducing psychosocial impediments to effective self-management of chronic medical conditions. Mental health staff are integrated into primary care clinics and also collaborate with clinicians from the other projects. Patients referred by primary care providers and specialty clinicians are offered group and individual counseling.

### **Magnetic Resonance Imaging (MRI)**

After approval from the California Department of Public Health, SFGH began operating a **new MRI trailer**. With the new trailer, SFGH now has on-going operation of two state of the art MRI units (in-house + trailer), which will greatly enhance service offerings and help to eliminate the backlog of Out-Patient/Non-Urgent MRI appointments and wait times (days until next available appointment). With the MRI trailer, Radiology conducted an additional 1,400 exams in FY2009-2010 (3,500 patients were seen in-house) and MRI wait times were reduced from 113 days in March 2009 to 49 days in March 2010.



## ENHANCE CLINICAL CARE

### Center for Vulnerable Populations

A study in the April 2009 issue of *Diabetes Care* comparing alternate forms of diabetes support for vulnerable populations with limited literacy and English proficiency determined that a patient-centered approach using health information technology is more effective than traditional diabetes management approaches. The study is one of several conducted by the **Center for Vulnerable Populations (CVP)** at San Francisco General Hospital as part of the **Improving Diabetes Efforts across Language and Literacy (IDEALL) Project** at the Community



# CVP

Center for Vulnerable Populations  
at San Francisco General Hospital and Trauma Center

Health Network of San Francisco. Researchers found that using an automated telephone self-management support system (ATSM) for diabetes management is cost effective, reduces the burden of disease on both patient and family caregivers, and improves the quality of care in public safety-net settings. The positive results of the study have led to efforts at implementing and evaluating scaled up versions of the ATSM system.

The SFGH/CHN IDEALL Project: Automated Telephone Self-Management Support Model for Diabetes received the California Association of Public Health Systems and California Health Care Safety Net Institute 2009 Top Honors Award. The Improving Diabetes Efforts Across Language and Literacy (IDEALL) Project, developed at San Francisco General Hospital/Community Health Network of San Francisco, was the genesis for an innovative program that combines accessible, multilingual communication technology with targeted interpersonal support to improve health outcomes for diabetes patients in a public “safety net” setting. In a large demonstration project, the IDEALL team, directed by Dean Schillinger, M.D., created an automated telephone self-management support model (ATSM). Compared to group-oriented support and ‘usual care’, ATSM was found to be far superior in terms of patient engagement, improved diabetes-related health outcomes and patient safety, and was highly cost-effective.

It has been recognized as a national model for reducing language- and literacy-related health disparities by both the Institute of Medicine and AHRQ, and as a model program for ambulatory patient safety by The Joint Commission.



## *ENHANCE CLINICAL CARE*

### **Pediatric Asthma Clinic**

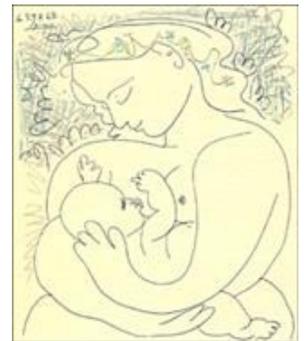


The **Pediatric Asthma Clinic** of the Children’s Health Center at SFGH and Bay Area Legal Aid launched the **San Francisco Medical-Legal Partnership (SFMLP)**.

This cross-disciplinary program places an attorney directly into the medical clinic to provide free legal assistance to low-income children and their families. The goal of the SFMLP is to address the poverty-driven factors that exacerbate children’s medical conditions. All pediatric asthma clinic patients referred to the program receive free legal advice, referrals, or complete representation. The SFMLP provides assistance in areas including housing, public benefits (e.g., CalWORKS, Food Stamps, Social Security benefits), health access, family law, domestic violence, disability, and special education. In addition, the SFMLP provides trainings to medical providers at SFGH on basic legal rights related to these topics. Trainings focus on how to screen patients and how to refer to the appropriate community resource, including free legal services.

### **Baby Friendly Hospital**

Since receiving the World Health Organization and UNICEF **Baby Friendly Hospital** certification in 2007, SFGH has continued to achieve excellent results in encouraging breastfeeding. Ninety-two percent of our patients breastfeed their babies after giving birth, compared to 87% in California and the 75% goal established by Healthy People 2010, a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. At six months, 55% of our mothers continue to breastfeed and 25% breastfeed their babies exclusively.



## PROMOTE STAFF RETENTION & RECRUITMENT

A talented, stable, and enthusiastic workforce is essential to delivering high-quality patient care. At SFGH, we know that a good work environment is key to recruiting and retaining the staff we need. Several initiatives are underway to improve the hospital work place.

### Magnet

Magnet designation by the American Nurses Credentialing Center signifies that a hospital fosters frontline staff involvement in clinical decision making and disseminates best practices in nursing. Magnet hospitals are the first employer of choice for nurses. In SFGH's journey toward attaining Magnet status, the hospital formed a design committee to create the SFGH Shared Governance Model, received training in Positive Conversations to improve the personal effectiveness of nursing staff, and participated in Leadership Development activities.

### Wellness Initiative

SFGH's new **Community Supported Agriculture (CSA) program**, Farm Share, began delivery of fresh, organic, locally grown produce on January 15, 2010. Participating staff receive a seasonal mix of vegetables and fruits from the Capay Valley Farm delivered weekly to the hospital cafeteria. Over 100 staff members have signed up for this food delivery project, the first step in SFGH's new healthy food access program.



As part of SFGH's Wellness Initiative, the hospital has also added new garden beds on the third floor patio to grow fresh produce which is given to patients, staff, and a local food pantry. Future Wellness projects include creating a centrally located wellness center with classes, food preparation demonstrations, exercise programs, and hospital and community resources; patient- and community-led nutrition classes; and coordinating a team of dietitians, librarians, education and training staff, and interns to contribute to the hospital's wellness educational efforts.



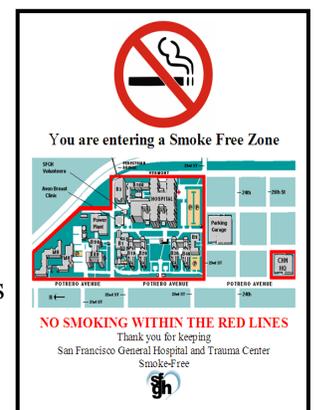
As part of SFGH's Wellness Initiative, the hospital publicizes **various wellness activities** on the hospital campus. This includes a lunchtime walking program twice a week, weekly meditation sessions in the hospital chapel, free weekly tai chi classes, and yoga classes three times a week.

The SFGH Food and Nutritional Services **improved cafeteria menus** and snack and beverage offerings to feature healthier choices and locally produced fruits and vegetables for staff, visitors, and patients' families.

### Smoke Free Campus

July 1, 2010 marked SFGH's 2nd anniversary as a **Smoke Free Campus!**

The smoke free campus initiative continues to be a success! SFGH was one of the very first Bay Area hospitals to become smoke free. We have developed systems to identify patients who smoke upon admission to ensure that the proper nicotine withdrawal interventions are used. We offer free smoking cessation classes for both patients and staff as well as offer a smoking cessation counselor for admitted patients to assist with resources.



## ***MAINTAIN HOSPITAL INFRASTRUCTURE***

Major capital improvement projects completed include:

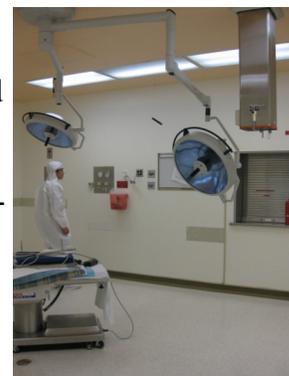
- **Service Building Seismic Upgrade** has improved the lateral force resisting capacity of the plant in the event of a major earthquake.
- **Emergency Department Triage** opened for use this spring. The remodeled space provides for improved security of staff and patients and includes a new reception desk with waiting area and two new exam rooms. A private waiting room has also been provided for family use.
- **Computerized Radiography room** for the Radiology Department to supports digital imaging processing.
- New surgical lights in two **OB/GYN Operating Rooms**.
- **Van accessibility upgrades** for Buildings 80 & 90, including the reconstruction of the van drive through, accessible ramp, grading, accessible parking spaces and signage.
- Replacement of the entry doors to the **hospital chapel** to provide code required width for wheelchair access. In addition the interior has been remodeled to provide an appropriate setting for more universal forms of worship. Sustainable materials were selected for flooring and furnishings.



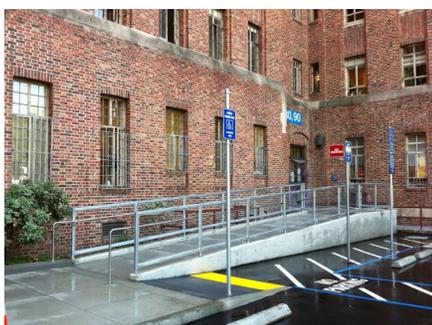
Renovated hospital chapel

Major infrastructure work conducted during FY2009-2010 included:

- Initiated assessment and planning to **modernize 13 elevators** in the Main Hospital.
- The **main supply and exhaust fans** for the Main Hospital were surveyed and a plan has been implemented to perform repairs and to modernize two supply fans per year.
- The **cooling coils** for the main air supply units for the Behavioral Health Center were replaced due to age and poor condition. This improvement will increase patient and staff comfort.
- Major maintenance was performed on two of the four **electrical transformers** for the Main Hospital.
- Conducted assessment and planning for **equipment and utility line bracing** between the main hospital and the service building for seismic safety. FEMA grant support for the project is pending for FY 2010-11.
- Completed an **emergency replacement** of the main electrical transformer for hospital.



Ob-GYN operating room



Accessible ramp



New ED Triage

## ***MAINTAIN HOSPITAL INFRASTRUCTURE***

Major capital improvement projects underway or in planning include:

- Replacement of the existing steam turbine emergency generators
- Outpatient Pharmacy automation
- Renovation and expansion of the Inpatient Pharmacy
- Renovation of nursing stations on 5A and 5D
- Accessibility projects include:
  - Restrooms in the Main Lobby, Outpatient Lobby and Radiology Department are being renovated to be brought into ADA compliance.
  - An evaluation of options to modernize elevators in Buildings 80 & 90, which primarily house ambulatory clinics, to create elevator redundancy during upgrades or replacements. Project is supported by the Mayor's Office on Disability, which will seek funding to implement recommendations in FY 2010-11.
  - Improved signage, directions, and campus maps.
  - Renovation and expansion of the Cashier's Office in the main lobby.

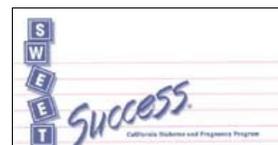


## ***COMPLY WITH ALL REGULATORY STANDARDS & ATTAIN SPECIALTY CERTIFICATIONS***

As an acute care hospital providing medical, psychiatric, and trauma services, SFGH is regulated by a number of federal, state, and accreditation agencies, including the Centers for Medicare & Medicaid Services (CMS), the California Department of Public Health (CDPH), and The Joint Commission. SFGH is proud to report that during FY 2009-2010, the hospital successfully attained several specialty certifications and continuously improved patient care in accordance with regulatory guidelines. Surveyors consistently complimented the levels of care and teamwork they observed.

### **Women's Health Center**

The **Women's Health Center** at SFGH passed its **Sweet Success** audit with flying colors. Sweet Success is a state run gestational diabetes program. The Women's Health Center is well above the state averages in several categories: proportion screened prior to 28 weeks (56% vs. 36% statewide), proportion breastfeeding (88% vs. 40% statewide), and proportion who received postpartum testing for diabetes (87% vs. 38% statewide).



### **Opiate Treatment Outpatient Program**

The Commission on Accreditation of Rehabilitation Facilities (CARF) accredited the **SFGH Opiate Treatment Outpatient Program (OTOP)** for a period of three years for its Opioid Treatment Detoxification and Outpatient Treatment Programs. The accreditation will extend through November 2012. CARF noted that the accreditation is indicative of OTOP's dedication and commitment to improving the quality of the lives of the persons served. CARF further noted that services, personnel, and documentation clearly indicate an established pattern of practice excellence.

The Ward 93 Opiate Treatment Outpatient Program also successfully completed the annual unannounced Alcohol and Drug Program (Title IX) survey in March 2010. SFGH has the only OTOP program in the state with this critical intervention.

### **SFGH Behavioral Health Center**

The **San Francisco General Hospital Behavioral Health Center** successfully completed its annual licensing survey by the California Department of Mental Health.



SFGH Behavioral Health Center

### **Clinical Laboratory & Anatomic Pathology**

On November 2, 2009 SFGH underwent a successful five day Joint Commission Accreditation Survey of the **SFGH Clinical Laboratory & Anatomic Pathology Programs**. The surveyor commented on how impressive it was to have medical staff so active in each area of the lab.

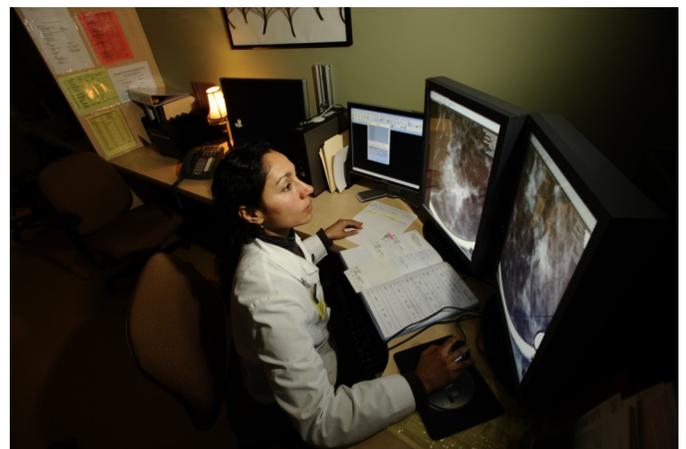
## ***COMPLY WITH ALL REGULATORY STANDARDS & ATTAIN SPECIALTY CERTIFICATIONS***

### **Cancer Care**

San Francisco General Hospital & Trauma Center is accredited through the **American College of Surgeons Commission on Cancer (COC)**. As such, SFGH is recognized as providing outstanding comprehensive care for patients affected by all cancer diagnoses. In July of 2009, SFGH received notification from the COC that the hospital was awarded **Cancer Care Accreditation with Commendation**.

Highlights of SFGH's cancer program include:

- The 4C outpatient infusion center with 14 treatment chairs
- Outreach in screening women for cervical and breast cancer; SFGH was one of the first funded programs for the Breast and Cervical Cancer Screening programs (BCCCP). In FY 2009-2010, 6638 screening mammograms were performed at the Avon Breast Center.
- One of the first programs to use patient navigators to help breast cancer patients access services. SFGH has eight patient navigators to assist cancer patients.
- One of the first programs to offer genetic counseling services not associated with participation in a study. In FY2009-2010, 152 patients received genetic counseling services at SFGH.
- We offer our patients participation in clinical trials and remain dedicated to providing comprehensive culturally sensitive cancer care to all patients at San Francisco General Hospital. We have 62 patients enrolled in clinical trials.



## ***COMPLY WITH ALL REGULATORY STANDARDS & ATTAIN SPECIALTY CERTIFICATIONS***

### **Level I Trauma Center**

Following a successful Level 1 re-verification site survey, on August 17, 2010, SFGH received notification that the American College of Surgeons Committee on Trauma (ACSCOT) re-verified SFGH as a **Level I Trauma Center**. Verification indicates that SFGH has the necessary resources for delivering optimal trauma care. ACSCOT serves as the principal review and verification agency for trauma centers in the United States. The surveyors reviewed charts, physician profiles, policies & procedures, performance improvement data & processes, and other information related to the trauma program. They also met with key members of the trauma program and conducted a tour of the facilities.



### **SFGH Behavioral Health Center**

The California Department of Public Health (CDPH) conducted the annual **Long Term Care Licensing Survey** on September 1<sup>st</sup> through September 8, 2009 involving the San Francisco General Hospital Behavioral Health Center (BHC) Skilled Nursing Facility (SNF) and Unit 4A/ SFGH Acute Care Skilled Nursing Facility. There were minor findings that were corrected and we are proud to report that both SNFs maintained their CMS 5-Star rating. Two days later, on September 10, 2009, CDPH conducted the annual LongTerm Care Life Safety Code Licensing Survey of the BHC SNF and 4A SNF which we also successfully passed.

### **Acute Care Services**

The Centers for Medicaid and Medicare Services (CMS) conducted a **Conditions of Participation (COP) Licensing Survey** on September 29 through October 8, 2009 of acute care services at SFGH. Presently, SFGH is in full compliance with the COPs which allows us to maintain our CMS reimbursement status.

### **SFGH ESRD Facility**

In 2008, CMS implemented new, revised, and more prescriptive regulatory standards for **End Stage Renal Disease (ESRD)** Facilities. On February 22-26, 2010, the SFGH ESRD Facility (Wd. 17/Chronic Hemodialysis Center) successfully completed a recertification survey under these new standards conducted by the California Department of Public Health for CMS.

### **SFGH Forensic Units**

The **SFGH forensic units** (7D, 7L, and the Emergency Department Area Holding Cell) were found in full compliance with Title XV standards following completion of the annual Title XV survey conducted by the California Department of Corrections on June 10, 2010.

## ***MAINTAIN SERVICES DURING HOSPITAL REBUILD***

SFGH made significant progress on the rebuild of its acute care facility during the 2009-10 fiscal year. The October groundbreaking ceremony celebrated the swift start of the city's largest public works project, less than a year after a record-breaking number of voters (84%) approved Proposition A, authorizing its financing. The new hospital construction is well underway, with several major milestones already achieved. These include preparing the campus for construction by creating new pedestrian and auto traffic routes, building a new ADA parking lot, installing a new canopy and concession trailer and completion of the site utilities relocation work required to keep the current campus fully operational during construction. The building site was cleared and excavated and we have begun the foundation dig. With our integrated design process, architects, builders, engineers, construction managers and hospital representatives work side by side daily to problem-solve, keeping costs down and the schedule in check. The project benefits from the use of three-dimensional building information modeling to identify problems and solutions at the desktop, rather than in the field, where changes are more costly. In another sign of good health for the project, early savings were achieved with the first major trade packages. In all, steel purchases, and bid packages for excavation, site utilities and elevator work came in at 12 percent below estimates.



With our integrated design process, architects, builders, engineers, construction managers and hospital representatives work side by side daily to problem-solve, keeping costs down and the schedule in check. The project benefits from the use of three-dimensional building information modeling to identify problems and solutions at the desktop, rather than in the field, where changes are more costly. In another sign of good health for the project, early savings were achieved with the first major trade packages. In all, steel purchases, and bid packages for excavation, site utilities and elevator work came in at 12 percent below estimates.



**Up next**, shoring and excavation to prepare for the foundation will continue into the middle of 2011, after which the foundation will be placed. The base-isolated system is the most advanced seismically-resistant design known today. Rather than placing the building directly into the ground, the foundation is a “bathtub” with rolling disks that the hospital rests upon. This type of foundation will allow the hospital building to glide 30 inches in any direction, in the event of an earthquake. The current hospital will remain open and operational, able to care for current patients and treat disaster victims.

The rebuild also has served as a catalyst for increased staff, patient and community involvement with the hospital. For example, an inter-disciplinary group of hospital staff collaborated with the San Francisco Arts Commission to select the artists who will create original public artwork for the new building. Community members have made use of the rebuild phone and email lines we established and have attended a series of Town Hall meetings the hospital has hosted to keep them informed about progress on the project and to gather feedback, build relationships, and solve problems. A community newsletter is sent every two months. We are particularly proud of the combined efforts of patients, staff and students from neighboring Buena Vista Elementary School who designed a community mural to decorate the construction site. That beautiful mural was painted on one October Saturday by approximately 200 neighbors, patients and staff. The rebuild project is on schedule, with completion slated for 2015.



## ***VOLUNTEER SERVICES***

In FY 2008-2009, more than 400 volunteers provided over 66,600 hours of service to the hospital on an annual basis, valued at more than \$1.2 million. In FY 20092-2010, more than 600 volunteers provided over 82,000 hours of service, valued at more than \$2 million.

Some of the SFGH departments and programs that utilize volunteers include:

ACE (Acute Care for Elderly)

Adult Medical Clinic

Adult Surgical Clinic

Administration

AIDS/Oncology Clinic

AIDS/Oncology Unit 5A

Behavioral Health Center

Book Cart

CASARC

Child and Adolescent Services

Child Trauma Research

Childbirth Assistants

Clinical Lab

Clothing Distribution

Eligibility

Emergency Department/Trauma Unit Support

Emergency Department Case Management

Family Health Center

Hair Care

Infant Parent Program

Information Center

Interpreter Services

Lost & Found

Medical Social Services

Messenger Services

Neonatal Intensive Care Unit Infant Cuddlers

Nursing Administration

Pastoral Care

Patient Advocates

Physician's Volunteer Program

Potrero Hill Clinic

Prevocational Program

Psychosocial Medicine

Tom Waddell Clinic/Outreach Program

The Volunteer Department also spearheads the annual children's holiday party for SFGH patients and their families which includes pictures with Santa, face painting, clown magic and juggling, the SF Mobile Zoo, the SF School of the Arts Symphony Orchestra, Charles Dickens Carolers, a month-long toy give-away, and gift bags and gift cards for the families.



## *San Francisco General Hospital Foundation*



San Francisco General Hospital Foundation is a non-profit organization dedicated to raising private funds to support patient care and comfort at San Francisco General Hospital & Trauma Center. Since its founding in 1994, the Foundation has raised more than \$40 million, helping to directly impact nearly 100,000 patients each year. The Foundation has helped to build the Avon Comprehensive Breast Center, renovate the Trauma Center Triage Room and the Women's Option Center, bring care to HIV infected children, provide education and support to cancer patients, and fund SFGH programs such as the Center for Vulnerable Populations, Acute Care for the Elderly, Traumatic Brain Injury and Orthopaedic Emergency Surgery, and many others.

The Foundation's signature fundraising event is the Heroes & Hearts project. The 2009 and 2010 Heroes & Hearts luncheons raised over \$2 million for programs at SFGH.



2010 Heroes, from Left to Right: Sara Miles; Clem Donahue, MD; Michael Reid; Amalia Fyles, RN, MSN; Marsha & Bruce Dyer; and Capt. Tony Stefani. February 11, 2010.



## *San Francisco General Hospital Foundation 2009 Hearts Grant Recipients*

|   |              |
|---|--------------|
| <b>MINI GRANTS</b>  |              |
| Fundamental Privacy in Psychiatric Emergency Services Project         | \$1,800.00   |
| "Oh The Places You'll Go" Project                                     | \$3,990.00   |
| Milieu Management Project   | \$4,150.00   |
| Psychiatric/ Medical Emergency Room Communication Project             | \$4,635.00   |
| TRC Resiliency and Diversity Training Project                         | \$5,000.00   |
| SFGH Flu Campaign Outreach Project                                    | \$5,000.00   |
| Improving Ultrasound Guidance with a New Transducer Project           | \$5,000.00   |
| Critical Wound Photography Project                                    | \$2,400.00   |
| Prevalence of PTSD and Complex Trauma Among Teens in SF Project       | \$1,450.00   |
| Speech Reinforcement System to Enhance Learning Project               | \$1,199.14   |
| Enhancing Patient Education in Medical-Surgical Unit (4D) Project     | \$5,000.00   |
| <b>LARGE GRANTS</b>   |              |
| Volunteer Doula Training Program                                      | \$29,200.00  |
| Electronic Fetal Monitoring - Telemetry Project                       | \$52,318.58  |
| Second Chance Tattoo Removal Program                                  | \$54,000.00  |
| DVD Players and LCD Screens for Pediatric Patient Education Project   | \$9,135.68   |
| SFGH Natural Foods Access Project                                     | \$84,000.00  |
| Redesign of Nursing Station (Unit 5A) Project                         | \$36,960.00  |
| Improving Patient Safety with Upgraded Technology on Unit 5D          | \$146,960.00 |
| Wireless Technology and Medication Administration Safety Project      | \$47,600.00  |
| Advancing Infant, Child and Adolescent Mental Health Services Project | \$23,000.00  |
| Sensory Modulation Violence Reduction Project                         | \$23,700.00  |
| Electroconvulsive Therapy Equipment Project                           | \$18,045.00  |
| Establishing the Dermatology Component of eReferral at SFGH Project   | \$48,900.00  |
| Language of the Heart Project   | \$50,000.00  |
| Zynx Order Sets Project   | \$125,900.00 |
| Pediatric Lens Program  | \$41,750.00  |
| Preventing Respiratory Disease Transmission Project                   | \$12,718.70  |
| Preconception Wellness Program (via Macy's Women's Health Funding)    | \$15,000.00  |
| Dept. of Neurology - EEG Systems Project                              | \$44,617.50  |
| SFGH Pre Operative Clinic Project                                     | \$33,000.00  |
| Dental Chairs for the Oral Surgery Clinic (1N) Project                | \$70,000.00  |
| Positive Conversation Program   | \$40,000.00  |
| <b>Other Hearts Checks:</b>   |              |
| Cancer Awareness Resources and Education (CARE) (via Siemens)         | \$4,500.00   |
| Women's Options Center (via Mary Wohlford Foundation)                 | \$22,500.00  |

## ***GRANTS, AWARDS & RECOGNITION***

It is especially gratifying to have our work and our staff recognized by governmental agencies, philanthropic organizations, and our peers. SFGH is the proud recipient of several grants and awards including the following:

### **Grants**

#### **Avon Foundation**

\$750,000 to support the Avon Comprehensive Breast Care Center (2009-2010)

#### **California HealthCare Foundation**

\$64,469 to design an efficient, high volume, responsive and cost-effective endoscopy unit

\$40,000 to support the Public Hospital Improvement Collaborative Project at SFGH to improve Pneumonia Core Measures.

#### **Center for Orthopaedic Trauma Advancement**

\$75,000 to provide support for the orthopaedic trauma fellowship program

#### **Firedoll Foundation**

\$25,000 to provide survivors of traumatic brain injury comprehensive support services through the Neuro Trauma Outreach Project

#### **Gordon & Betty Moore Foundation**

\$90,000 to support staff training and education needs related to the hospital's journey towards achieving *Magnet* designation status

#### **Joseph Drown Foundation**

\$50,000 to support the Institute for Global Orthopaedics and Traumatology

#### **Kaiser Permanente**

\$300,000 to support the Prevent Heart Attacks and Strokes Everyday (PHASE) Initiative

\$150,000 to support the Primary Care Data Reporting and Quality Improvement Intervention Project

#### **Mimi and Peter Haas Fund**

\$40,000 to provide support for the Bay Area Perinatal AIDS Center

#### **OMEGA Medical Grants**

\$21,875 to provide support for the orthopaedic trauma fellowship program

#### **Orthopaedic Research & Education Foundation**

\$53,125 to provide support for the orthopaedic trauma fellowship program

#### **Richard and Rhoda Goldman Fund**

\$50,000 to provide bilingual (Spanish-speaking) counseling services at the Women's Options Center

#### **The San Francisco Foundation**

\$80,312 to support the Cancer Awareness Resources Education program

There are 185 Principal Investigators at SFGH with \$151 million in current grants & contracts for major efforts including:

Effects of tobacco use (Neal Benowitz, M.D.)  
Tuberculosis treatment and prevention globally (Phil Hopewell, M.D.)  
AIDS Virology (Mike McCune, M.D.)  
Antibodies to prevent use of botulism as a weapon (Jim Marks, M.D.)  
Antibodies as a carrier for anti-cancer drugs (Jim Marks, M.D.)  
Prevention and treatment of brain aneurysms and arteriovenous malformations (Bill Young, M.D.)  
Treatment and prevention of malaria globally (Phil Rosenthal, M.D.)  
Effects of sodium chloride in diet on hypertension (Kirsten Bibbins-Domingo, M.D.)  
MRSA (methicillin resistant staph aureus) (Henry (Chip) Chambers, M.D.)  
Women's reproductive health globally (Phil Darney, M.D.)  
Asthma in Hispanic populations (Elena Fuentes-Affleck, M.D.)  
Health policy (Kevin Grumbach (M.D.)  
Effective health care delivery (Tom Bodenheimer, M.D.)  
Diabetes; health literacy (Dean Schillinger, M.D.)  
Many aspects of spinal cord and brain repair after injury including stem cell research (BASIC Group)  
Prevention and treatment of AIDS globally (Diane Havlir, M.D.)  
Treatment of AIDS (Jim Kahn, M.D.)  
Psychological aspects of HIV/AIDS (Jim Dilley, M.D.)  
Treatment of depression; smoking cessation on-line (Ricardo Munoz, Ph.D.)  
Bone healing and revascularization (Orthopedics Group)  
Wrap Around Project, a violence prevention program (Rochelle Dicker, M.D.)  
Injury Prevention Center (Peggy Knudson, M.D.)

### Awards

The **National Association of Public Hospitals and Health Systems** selected three submissions from SFGH to receive the 2010 NAPH Safety Net Awards. **Healthy San Francisco** was selected by the awards committee to receive the most prestigious award—The Chair's Award. The **Healthy San Francisco Chronic Care Redesign Project** received the NAPH 2010 Safety Net Award in the "Improving the Patient Experience" category. The **SFGH/UCSF eReferral System** submission received the NAPH 2010 Safety Net Award in the "Using Health Information Technology to Advance Performance Improvement" category.

The **American Hospital Association** selected **Healthy San Francisco** for one of its five 2010 AHA NOVA Awards. The AHA NOVA Award honors effective, collaborative programs focused on improving community health status.

**Centering Pregnancy** received a **2010 Provider Recognition Award in Community Service** from the San Francisco Health Plan. In 1999, the nurse-midwifery service at SFGH and the SFGH Women's Clinic became the first California site for CenteringPregnancy®, an empowerment model of group-based prenatal care.

The SFGH **OR Efficiency Project** was selected as a **2010 Honorable Mention** award winner for the **CAPH/SNI 2010 Quality Leaders Award**. The OR Efficiency Project is a performance improvement project facili-

tated by a team of faculty, staff, and engineering students from the University of California Viterbi School of Engineering.

### **Staff**

**Susan A. Currin**, CEO for San Francisco General Hospital; **Tangerine Brigham**, Director of Healthy San Francisco; **Barbara A. Garcia**, Deputy Director of Health; and **Mivic Hirose**, Executive Director for Laguna Honda Hospital were selected as a team to participate in the **NAPH Fellows Program for 2010**. They are among 30 leaders representing 14 NAPH member hospitals and systems who were chosen through a highly competitive process for the year-long program. The focus of this year's NAPH Fellows Program, *Using Integrated Delivery Systems to Transform Care*, will be a highly relevant experience for the San Francisco team as we focus on our integration plans in our hospitals and community programs. The team will also have an opportunity to work with colleagues from public hospitals from across the country.

The SFGH **INLP Medication Safety Team** placed second in the **Advance for Nurses Magazine** recognition program for Best Nursing Team 2010. This project brings about a culture change for our nurses through the implementation of the CalNOC best practice tool for medication administration.

Seven SFGH staff were selected by the Gordon and Betty Moore Foundation to participate in the **Change Agent Program's Cohort 2** at the Center for the Health Professions. The program, launched in 2009, aims to measurably improve quality and safety in Bay Area hospitals by equipping participants with the leadership and change management skills needed to affect and sustain positive change—regardless of their position within a hospital. The Change Agent Program is a unique inter-disciplinary training program developing and supporting emerging hospital leaders in all departments, particularly those with a passion and vision for change. Over the next 12 months, participants in the Change Agent Program will attend 5 seminars that include project management, strategy development, communication, and applying their new skills to two patient improvement projects in their hospitals for a 24-month project period. The program is administered by the Center for the Health Professions at the University of California, San Francisco.

The SFGH participants in CAP Cohort 2 are:

Kathryn Ballou, Nursing Director, Behavioral Health  
Ocean Berg, Perinatal Clinical Nurse Specialist  
Sarah Cary, Lead CRNA  
Rafael Ibarra, Interim Director of Radiology  
Rachael Kagan, Chief Communications Officer  
Jens Krombach, Medical Director Perioperative Services; Clinical Director Anesthesia  
Josh Luria, Senior Physical Therapist  
Troy Williams, Director, Risk Management

**Terry Dentoni**, MSN, RN, CNL, Director Perioperative/Critical Care/Specialty Clinic Nursing, has been asked to join the **California Transplant Donor Network's Medical Advisory Board**. The California Transplant Donor Network's mission is to save and improve lives through organ and tissue donation for transplantation. We are proud to provide expertise in support of this organization.

**Alfredo Mireles**, a psychiatric nurse at SFGH and a master's student in the UCSF School of Nursing, was one of only 64 applicants chosen for the **Jesse M. Unruh Assembly Fellowship Program**. The prestigious, 11-month fellowship with the California state government begins with six weeks of classroom training, after which fellows are matched with a legislator for full-time work as a legislative staff member. Mireles has also completed a three-day Nurse in Washington Internship that equips nurses with the ability to advocate on Capitol Hill and he was a Paul Ambrose Scholar in a multidisciplinary program in Washington designed to create the next generation of public health leaders.

President Obama nominated and the United States Senate confirmed **Margaret Rykowski**, Patient Safety Officer and Nursing Director of DET and Infection Control to be promoted to the rank of **Rear Admiral** in the United States Navy, Reserve Component.

The Institute for Healthcare Improvement is conducting extensive research and development on the appropriate use of specialty care services and has launched the **Appropriate Use of Specialty Care Services R&D Initiative**. This initiative specifically focuses on two of the nine areas of overuse identified by the National Quality Forum's National Priorities Partnership: unwarranted diagnostic procedures and unwarranted procedures. **Roland Pickens**, Chief Operating Officer, received a scholarship from the Kaiser Foundation to participate in the IHI Specialty Care Work R&D Lab.

**Margaret Rykowski**, Patient Safety Officer, has been selected to participate in the **American Hospital Association/National Patient Safety Foundation Patient Safety Leadership Fellowship**. As the Patient Safety Officer, she has spearheaded several projects to enhance the culture of patient safety throughout SFGH, including projects addressing sepsis, hospital-acquired pressure ulcers, and infection control. Her project for the yearlong Fellowship is "Just Culture Implementation." Ms. Rykowski's participation in this Fellowship is made possible by the generous support of the National Patient Safety Foundation and the National Association of Public Hospitals and Health Systems.

**Lorinda Coombs RN, MSN, NP**, was selected to be on the national **Oncology Nursing Society** board to determine passing scores for the Oncology Board Certification for Advanced Practice Nurses.

Three SFGH RNs were honored with the **Daisy Award** for their exceptional nursing contributions: **Carol Murray, RN**, Critical Care; **Nadine Quan, RN**, 5M Women's Clinic; and **Elaine Martin, RN**, of Interventional Radiology. **Anne Hughes PhD, RN, FAAN** of Laguna Honda Hospital received the **O'Connell Society Award** for her outstanding contributions to the profession of nursing and to the DPH. The **SFGH Foundation** received the **SFGH Friends of Nursing Award** for their support of nursing initiatives and development. **Jill Jarvie RN, PHN, MS** received the **Mildred Crear Award** for her exemplary service to the clients at the Tom Waddell Health Center.

For two years, SFGH has been a proud cosponsor of the **American Cancer Society's Relay for Life** events in San Francisco. Relay for Life is the American Cancer Society's signature fundraising activity offering everyone from all walks of life an opportunity to participate in the fight against cancer. In 2009, the American Cancer Society's goal was to raise \$25,000 in the fight against cancer. The SFGH team recruited the largest number of participants with a total of 36 staff and was the top fundraiser, raising \$4,440. Team SFGH's goal in 2010 was to raise \$10,000 in support of the American Cancer Society. Team SFGH raised a total of \$12,056, making it the top fundraiser of the 12 teams participating.



## Physicians

Among the many awards and recognition received by SFGH physicians during FY2009-2010 were the following:

**Elena Fuentes-Afflick, M.D.**, was recently named to the **Institute of Medicine**. She is also among 54 senior women faculty nationwide selected as fellows for the **2010-11 Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM)** Program for Women at Drexel University College of Medicine. ELAM is the only national program dedicated to preparing senior women faculty for major leadership positions at academic health centers.

**William Young, M.D.**, was awarded the 2009 **Excellence in Research Award** by the **American Society of Anesthesiologists (ASA)** in October at the ASA's annual meeting in New Orleans. Dr. Young is a James P. Livingston Professor and Vice Chair, UCSF Department of Anesthesia and Perioperative Care, and Professor of Neurological Surgery and Neurology. The award represents the highest honor that the ASA can bestow on an investigator.

**Christine Dehlendorf, M.D.**, received the **2009 Irene Perstein Award** for outstanding junior women clinician scientists.

**Dean Schillinger, M.D.**, UCSF Professor of Medicine, received the **14<sup>th</sup> Annual George Engel Award for Outstanding Research** Contributing to the Theory, Practice, and Teaching of Effective Health Care Communication and Related Skills. The award was presented during the International Conference on Communication in Healthcare in Miami Beach, FL on Oct 5, 2009.

UCSF celebrated the life and legacy of civil rights leader **Martin Luther King, Jr.** with a series of events, which included an awards ceremony at Cole Hall on January 22, 2010. **Andre Campbell, M.D.**, was the faculty member recognized for extraordinary leadership in promoting and advancing mutual respect, understanding, and appreciation for all types of diversity at UCSF.

The UCSF Academic Senate announced the 2010 recipients of the Distinction in Teaching Awards. **Nora Goldschlager, M.D.**, Professor of Clinical Medicine in the School of Medicine, Department of Medicine, Division of Cardiology, received the prestigious **2010 Academic Senate Distinction in Teaching Award** for faculty at UCSF serving more than five years.

**Philip Darney, M.D.**, Past Chief, Ob-Gyn, is the recipient of the **2010 Chancellor's Award for the Advancement of Women**.

**Rochelle Dicker, M.D.**, received the **Chancellor's Award for Public Service** during the 2010 Founders Day Luncheon on May 21, 2010. Dr. Dicker was honored in the faculty category for her work as founder and director of the highly successful Wraparound Project, a violence prevention program at SFGH.

**Kirsten Bibbins-Domingo, M.D.**, was appointed to the **U.S. Preventive Task Force**, an evidence-based group that sets national standards for preventive care.

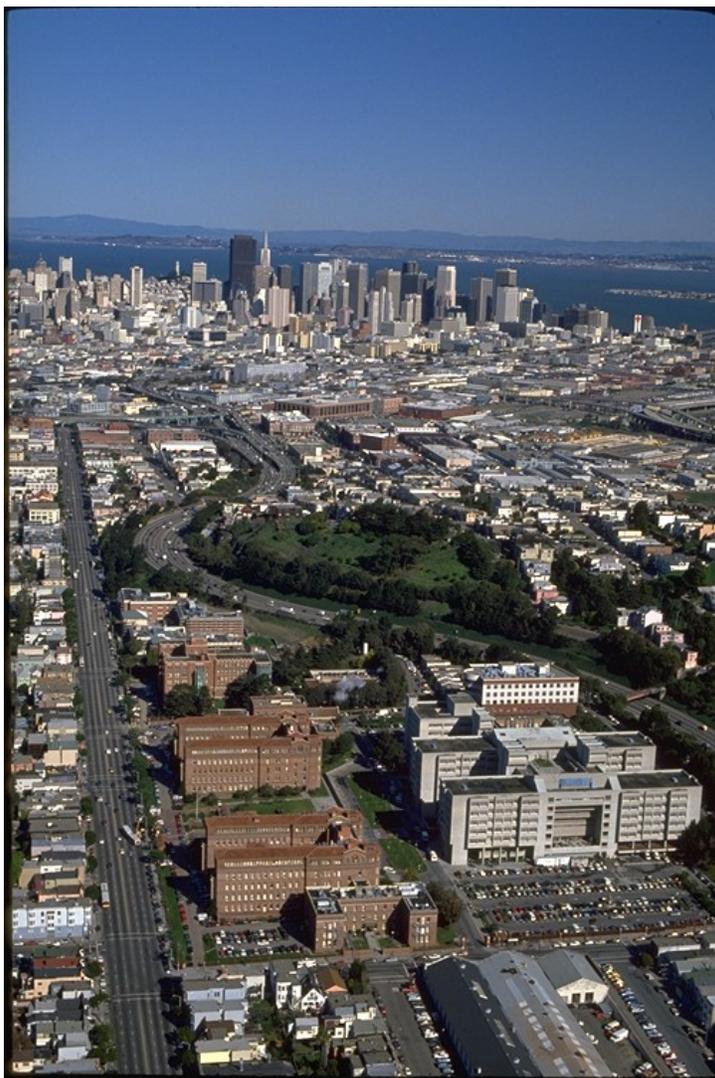
**Beth Wilson, M.D.**, was appointed by the **U.S. Department of Health and Human Services** to a committee charged with the review of criteria for designation of medically underserved areas and health professional shortage areas.

**Shira Shavit, M.D.**, was honored with a **Robert Wood Johnson Foundation 2010 Community Health Leaders** award. These national awards are given annually to ten individuals who overcome daunting obstacles to improve health and health care in their communities. Dr. Shavit is Director of Transitions Clinic in the Bayview district, providing medical and social services for individuals with chronic diseases recently released

from prison. This program is expected to serve as a model nationwide for effectively transitioning from institutional care to a permanent community-based medical home.

**Excellence in Teaching Awards** were given at the 2010 10<sup>th</sup> Annual Celebration of the Haile T. Debas Academy of Medical Educators to the following SFGH faculty: **Ellen Chen, MD** (Family & Community Medicine), **Eleanor Drey, MD** (OB/GYN), **Abner Korn, MD** (OB/GYN), and **Anne Flemming, MD** (Psychiatry).

**Shannon Thyne, MD**, received the **IZ Champion Award** from the San Francisco Immunization Coalition for her work to immunize family contacts of newborns to reduce the risk of death from pertussis (whooping cough) for this vulnerable population.



## ***QUALITY DATA***

The SFGH Quality and Patient Safety program focuses on improving patient safety and enhancing the patient experience across the continuum of care, from emergency services and acute inpatient hospitalization, through ambulatory care in our primary and specialty clinics. The goal of collecting and reporting quality data is to learn for improvement and demonstrate achievements in providing safe, patient centered care.

Attached are the quality data that SFGH routinely submits to external agencies for public reporting, displayed on the California report card website CalHospitalCompare.org. For the majority of measures, SFGH performs at or above national and state averages. The data includes required Centers for Medicare and Medicaid Services (CMS) and Joint Commission measures:

- Heart Attack
- Heart Failure
- Pneumonia
- Surgical Care
- HCAHPS Patient Experience Survey (CMS)

In addition to process of care measures and patient experience data, CMS also publicly reports hospital mortality and re-admission rates on the website Hospitalcompare.hhs.gov.

Additional measures are reported to the California Hospital Assessment and Reporting Task Force (CHART) on:

- ICU Mortality
- Respirator Complication Prevention
- Hospital Acquired Pressure Ulcers
- Maternity

The Quality areas identified for improvement are outlined below:

### Pneumonia Core Measures – Antibiotic Selection, Blood culture collection documentation

The hospital received a grant in 2010 to participate in a Public Hospital Improvement Collaborative with a focus on improving the Pneumonia core measure performance to 85% by the first quarter of 2010. Improvement strategies included:

- Establishment of a pneumonia antibiotic guideline for physicians
- Implementation of a blood culture “sticker” to improve consistent documentation in the Emergency Department
- Involvement of Infectious Disease physician and antibiotic Clinical Pharmacist in the pneumonia review process
- Establishment of the Emergency Department Flow improvement initiative to improve time to first dose of antibiotics

Current data shows improvement in performance on the following pneumonia measures:

- Blood cultures drawn before antibiotics improved from publicly reported 78% to 92% (Q2 2010)
- Recommended antibiotic selection improved from publicly reported 82% to 100% (Q2 2010)

### Surgical Care Improvement Project (SCIP) Core Measure: Discontinuing Antibiotics within 24 hours of surgery end

A re-designed antibiotic order form, as well as oversight by an ongoing SCIP Task Force has positively impacted performance on this measure which improved from publicly reported 86% to 95% (Q2 2010).

### Respirator Complication Prevention

Ongoing monitoring of compliance with the 3 components of the Respirator care “bundle” is built into the performance improvement process in the hospital’s intensive care units. Nurse managers conduct random rounds to assess appropriate compliance with keeping the head of bed at 30 degrees for ventilated patients and provide real-time feedback to nurses.

### CHART Measure: Preventing Hospital-Acquired Pressure Ulcers (HAPU)

The prevalence of HAPU Stage 2 or greater at San Francisco General acute care units decreased by more than half from 2008 through the 3rd Quarter of 2010. In 2008, the average prevalence was 6.62%, in 2009 5.4%, and for the first 3 quarters of 2010 3.11%. Interventions to reduce HAPU rate include:

- Creation of a policy/procedure for pressure ulcer prevention and management.
- Education for all nursing staff regarding pressure ulcer prevention and management.
- Change of documentation for skin assessment and pressure ulcer assessment.
- Skin rounds to identify patients at risk early and institute interventions.
- Education and in servicing on products for pressure ulcer prevention such as skin care products and heel protector boots.

### Patient Experience Survey

The hospital is committed to continually improving our patients’ perception of care. Several departmental and hospital-wide initiatives are focused on improving the patient experience, including:

- Hourly Rounding on nursing units – an evidence based strategy for improving patient experience and patient safety.
- Environmental Services patient feedback card was initiated in August 2010
- A hospital-wide Service Excellence program is planned for 2010 based on the Studor Group model.

**San Francisco General Hospital Medical Center**

Data Collection Date  
January through December 2009

**Heart Attack** Current      State Average



**Quality of Care**

|   |                           |               |
|---|---------------------------|---------------|
| Aspirin given at arrival  | 100%                      | 99%           |
| Aspirin prescribed at discharge                                 | 100%                      | 99%           |
| Beta blocker prescribed at discharge                            | 98%                       | 99%           |
| Drugs given to improve heart performance                        | 100%                      | 96%           |
| Advised to quit smoking   | 96%                       | 100%          |
| <b>TOO FEW CASES TO RATE</b>                                    | <b>Timeliness of Care</b> |               |
| Anti-clotting therapy given in less than 30 minutes             | NOT AVAILABLE             | NOT AVAILABLE |
| Percutaneous coronary intervention (PCI) done within 90 minutes | 81%                       | NOT AVAILABLE |

## Heart Failure

Current

State Average

|  ABOVE AVERAGE | Quality of Care  |      |     |
|---|--|------|-----|
|   | Severity of heart failure evaluated                          | 100% | 98% |
|   | Clear instructions given prior to discharge                  | 90%  | 90% |
|   | ACE inhibitors or angiotensin receptor blockers (ARBs) given | 99%  | 96% |
|   | Advised to quit smoking                                      | 100% | 99% |

## Pneumonia

Current

State Average

|  BELOW AVERAGE | Quality of Care  |     |     |
|---|--|-----|-----|
|   | Blood culture taken before antibiotics administered        | 78% | 94% |
|   | Antibiotic given within six hours of arrival               | 84% | 95% |
|   | Initial antibiotic consistent with current recommendations | 82% | 92% |

|  SUPERIOR | Preventive Care                  |      |     |
|--|----------------------------------|------|-----|
|  | Advised to quit smoking          | 100% | 98% |
|  | Pneumonia vaccine given          | 86%  | 93% |
|  | Checked for or given flu vaccine | 96%  | 91% |

## Surgical Care Measures

Current

State  
Average



### Infection Prevention

Appropriate timing of  
antibiotic

97%

96%

Use of appropriate antibiotic

98%

98%

Appropriate discontinuation  
of antibiotic

86%

93%

Appropriate hair removal

100%

99%

### Complication Prevention

Controlled postoperative  
blood glucose

NOT AVAILABLE

92%

Blood-clot prevention

96%

90%

Beta-blocker therapy  
continued

88%

91%

Date Collection Date

Breastfeeding C-section, and VBAC rates, 2007; episiotomy rate, 2008; regional NICU status, 2009.

| <b>Maternity</b>  |                                 | Current | State Average |
|---|---------------------------------|---------|---------------|
|  | <b>Breastfeeding Rate</b>       | 89%     | 43%           |
|  | <b>Episiotomy Rate</b>          | 1%      | 4%            |
|  | <b>C-Section Rate</b>           | 11%     | 17%           |
|   | <b>VBAC Routinely Available</b> | YES     | NOT AVAILABLE |
|   | <b>Regional Neonatal ICU</b>    | NO      | NOT AVAILABLE |

Data Collection Date

April 2009 through March 2010

| <b>Critical Care</b>  |  | Current                     | State Average |
|---|--|-----------------------------|---------------|
|  | <b>ICU Mortality Rate</b>              | 12.20%<br>(lower is better) | 12.04%        |
|  | <b>Respirator Complication</b>         | 81%                         | 91%           |
|   | <b>Patient's head elevated</b>         | 88%                         | NOT AVAILABLE |
|   | <b>Peptic ulcer medication given</b>   | 94%                         | NOT AVAILABLE |
|   | <b>Blood clot prevention performed</b> | 94%                         | NOT AVAILABLE |

## Patient Safety

Current

State Average



Hospital-Acquired  
Pressure Ulcers

4.4%  
(lower is better)

2.3%

## Critical Care

Data Collection Date

Current

State Average

January through December 2009



Hospital Rating

59%

66%

Would recommend  
hospital

68%

72%

Respect for patient  
preferences

72%

77%

Coordination of care

53%

59%

Information and  
education

56%

62%

Physical comfort

53%

53%

Safe medical practices

57%

64%

Transition to home

74%

73%

## Hospital Death (Mortality) Rates Outcome of Care Measures

"30-Day Mortality" is when patients die within 30 days of their admission to a hospital.

| Measure Description                   | <b>SAN FRANCISCO GENERAL HOSPITAL</b><br>1001 POTRERO AVENUE<br>SAN FRANCISCO, CA 94110<br>(415) 206-8000 |
|---------------------------------------|---|
| Death Rate for Heart Attack Patients  | <b>No Different than U.S. National Rate</b>   |
| Death Rate for Heart Failure Patients | <b>No Different than U.S. National Rate</b>   |
| Death Rate for Pneumonia Patients     | <b>No Different than U.S. National Rate</b>   |
|                                       |   |

## Hospital Readmission Rates Outcome of Care Measures

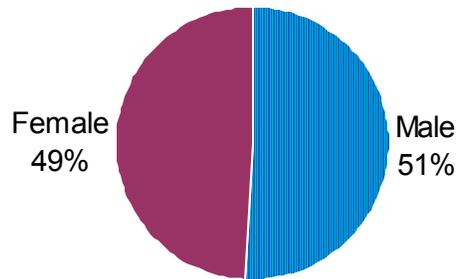
"30-Day Readmission" is when patients who have had a recent hospital stay need to go back into a hospital again within 30 days of their discharge.

| Measure Description                            | <b>SAN FRANCISCO GENERAL HOSPITAL</b><br>1001 POTRERO AVENUE<br>SAN FRANCISCO, CA 94110<br>(415) 206-8000 |
|--|---|
| Rate of Readmission for Heart Attack Patients  | <b>No Different than U.S. National Rate</b>   |
| Rate of Readmission for Heart Failure Patients | <b>No Different than U.S. National Rate</b>   |
| Rate of Readmission for Pneumonia Patients     | <b>No Different than U.S. National Rate</b>   |
|  |   |

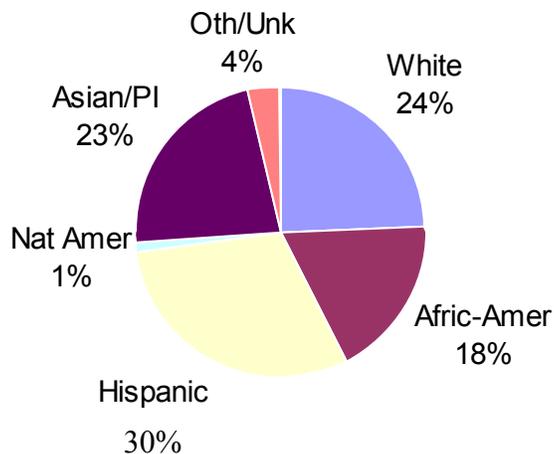
## *Facts & Financials*

San Francisco General Hospital & Trauma Center treated 101,440 people in Fiscal Year 2009-2010.

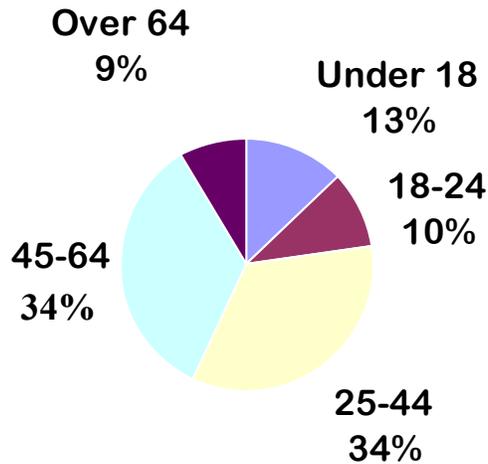
Patients served were 51% males and 49% females. This is the same as the 2007 U.S. Census Bureau estimate for San Francisco. (American FactFinder, U.S. Census Bureau)



Like the City of San Francisco, the SFGH patient population consists of a large percentage of ethnic minorities. The ethnic breakdown, however, is different from that of the City, as estimated by the U.S. Census Bureau for 2007. Whereas Caucasians make up 41% of the City's population, they make up 24% of the hospital's patient population. Hispanics make up 14% of the City's population but make up 30% of the hospital's population. African-Americans are estimated to be 7% of the City's population; 18% of the patient population is African American. Asian/Pacific Islanders are estimated to be 33% of the City's population; 23% of the patient population is Asian/Pacific Islander.



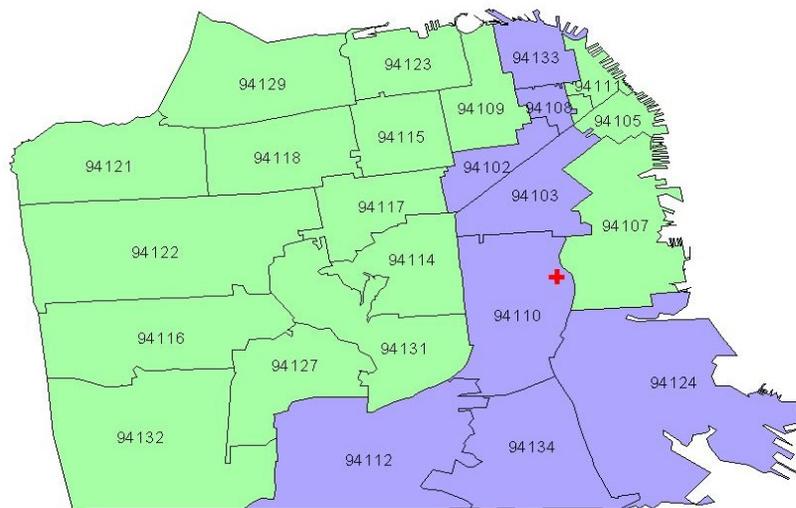
SFGH's patient population is younger than the general population - 78% are between the ages of 18 and 64, whereas 71% of the City's residents are in this age range. Fifteen percent of the City's population is over age 65; this group makes up 9% of the hospital's patient population.



In reviewing patients' residences by zip code on the date of their encounters, 86% of the patient population resided in San Francisco at some point during the year. Ten percent of the hospital's patients resided outside of San Francisco and 6% were homeless sometime during the year. (The total equals more than 100% because patients' residences may have changed during the year.)

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

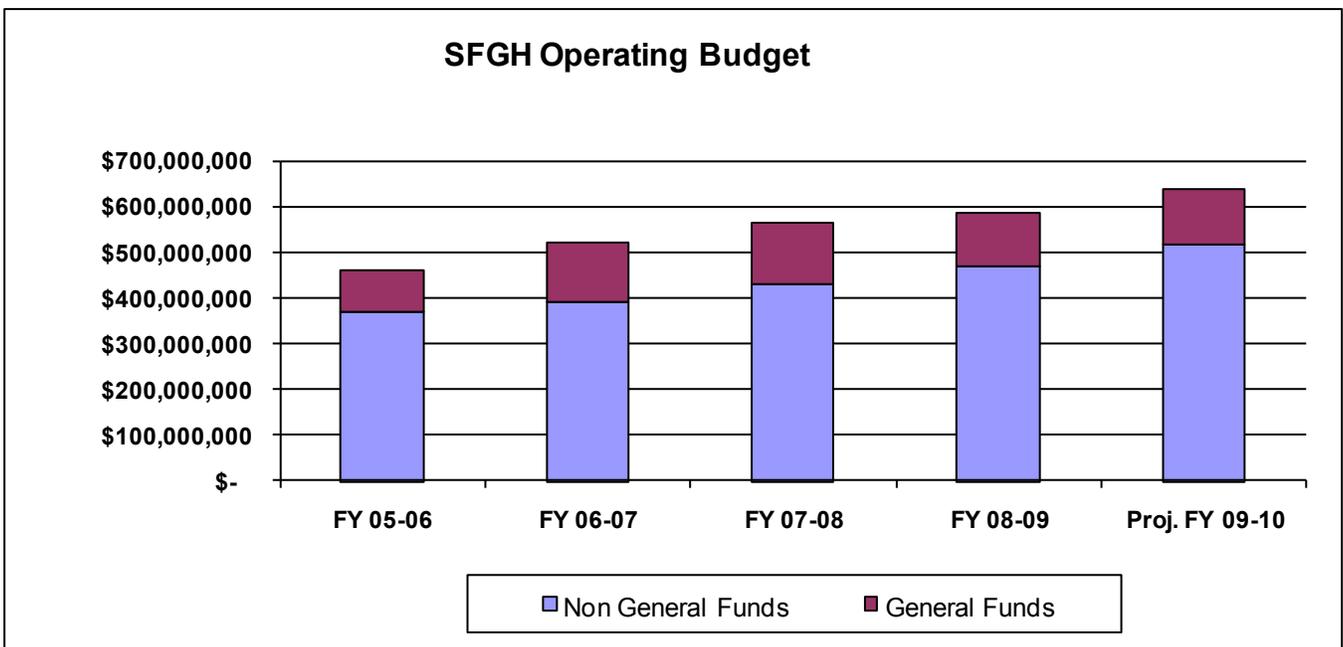
- North of Market (94102) 7%
- South of Market (94103) 6%
- Potrero Hill/Mission (94110) 14%
- Outer Mission (94112) 12%
- Bayview/Hunters Point (94124) 10%
- Visitacion Valley (94134) 7%
- Chinatown (94108/94133) 3%



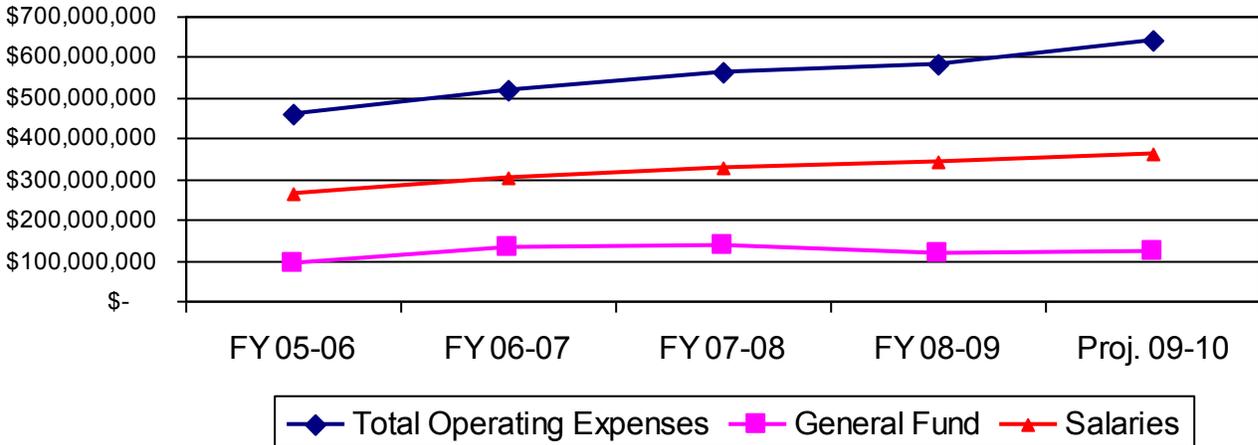
The following table shows activities by payer type for fiscal year 2009-2010.

| Payer Sources   | Inpatient Days | Outpatient Encounters |
|---|----------------|-----------------------|
| Uninsured   | 33%            | 35%                   |
| Commercial  | 3%             | 1%                    |
| Medi-Cal  | 39%            | 29%                   |
| Medicare  | 19%            | 16%                   |
| Others (Healthy Families, Research, Jail, Workers' Comp, CHN capitated plans) | 6%             | 19%                   |

Total operating expenses for SFGH in FY2009-2010 increased by 9% over the previous fiscal year, from \$584,158,000 to \$639,042,000. The FY2009-2010 figure is projected due to post-fiscal year adjustments. The percentage of General Fund dollars in the SFGH budget has steadily declined from 25% in FY2006-2007 to 19% in FY2009-2010.



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



|                            | <u>FY 05-06</u> | <u>FY 06-07</u>       | <u>FY 07-08</u>      | <u>FY 08-09</u>      | <u>Proj. FY 09-10</u> |
|----------------------------|-----------------|-----------------------|----------------------|----------------------|-----------------------|
| Total Operating Expenses   | \$459,446,000   | \$518,807,000<br>+13% | \$565,051,000<br>+9% | \$584,158,000<br>+3% | \$639,042,000<br>+9%  |
| General Fund               | \$ 91,485,000   | \$129,890,000         | \$135,137,000        | \$115,789,000        | \$122,079,000         |
| Pct of Total Budget        | 20%             | 25%                   | 24%                  | 20%                  | 19%                   |
| Salaries & Fringe Benefits | \$262,820,000   | \$302,399,000         | \$327,662,000        | \$343,516,000        | \$362,426,000         |
| Pct of Total Budget        | 57%             | 58%                   | 58%                  | 59%                  | 57%                   |

## ***SFGH Services***

### **Clinical Service Groups at SFGH:**

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

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

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

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

### **Inpatient Services**

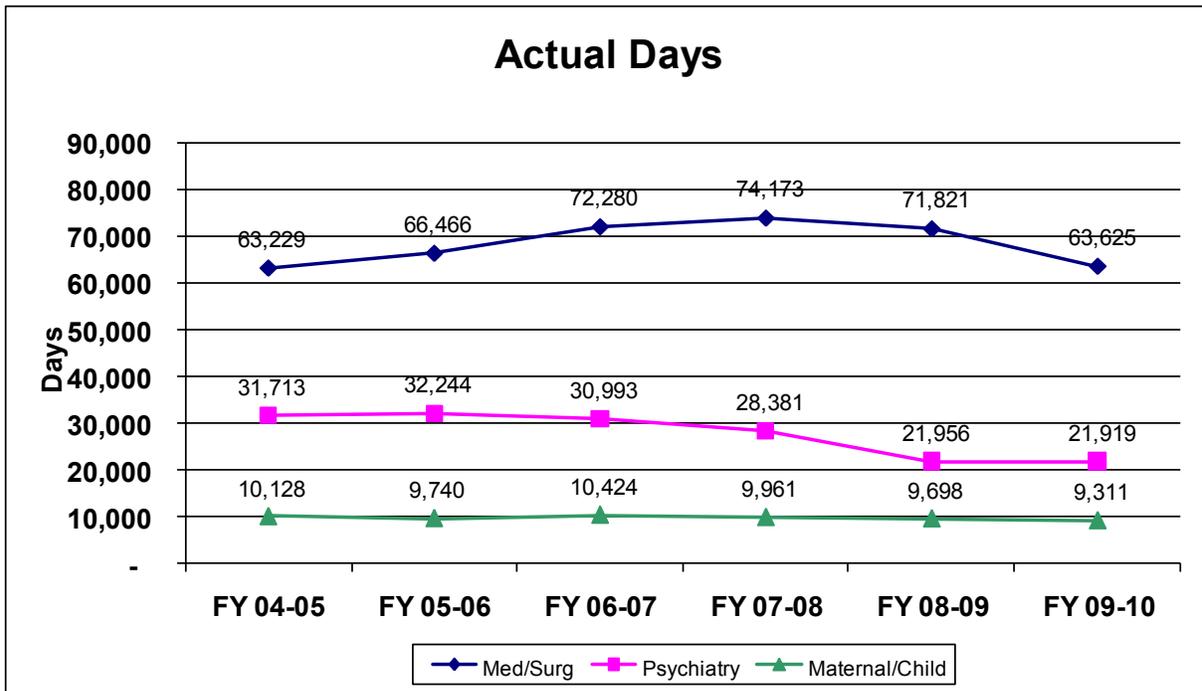
In Fiscal Year 2009-2010, there were **15,934 acute admissions**, of which **14% were acute psychiatric**. There were **100,379 patient days** of which **12% were acute psychiatric**. The ten most frequently occurring acute inpatient diagnoses were:

1. Normal Delivery
2. Schizophrenia/Psychosis
3. Pneumonia
4. Congestive Heart Failure
5. Alcohol Withdrawal
6. Leg Cellulitis
7. Obstructive Chronic Bronchitis
8. HIV Disease
9. Depressive Disorder
10. Acute Appendicitis

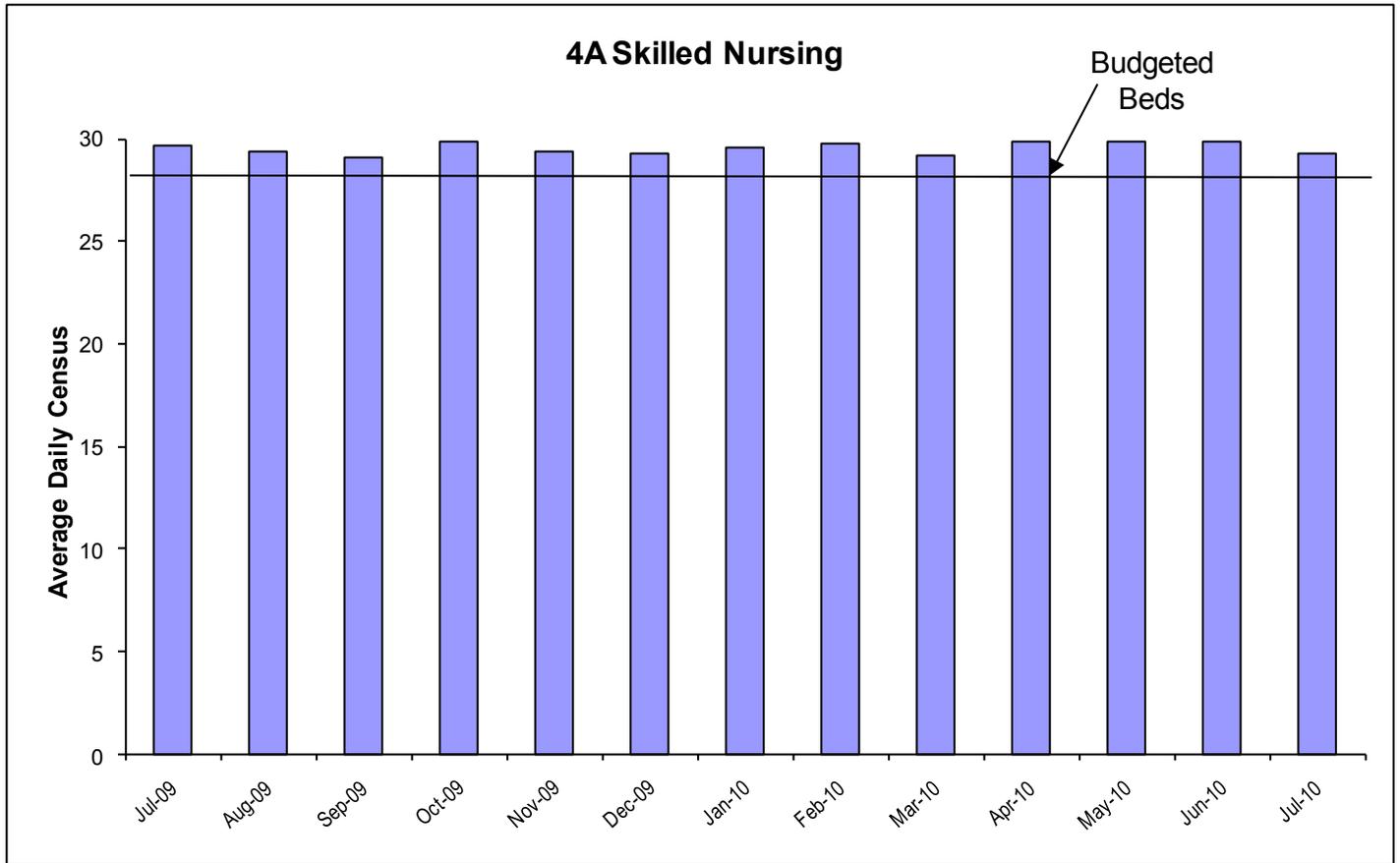
The average daily census for SFGH's Medical/Surgical services was 215. Bed occupancy runs from 88% to 100%.

The average daily census for Acute Psychiatry was 60. Average bed occupancy in Acute Psychiatry is 85%.

Over the past four fiscal years, the number of Medical/Surgical days returned to the FY 04-05 level, while number of Psychiatric days decreased by 31% and number of Maternal/Child days decreased by 8%. The decrease in Psychiatry is due to a concerted effort to place non-acute patients in the community.



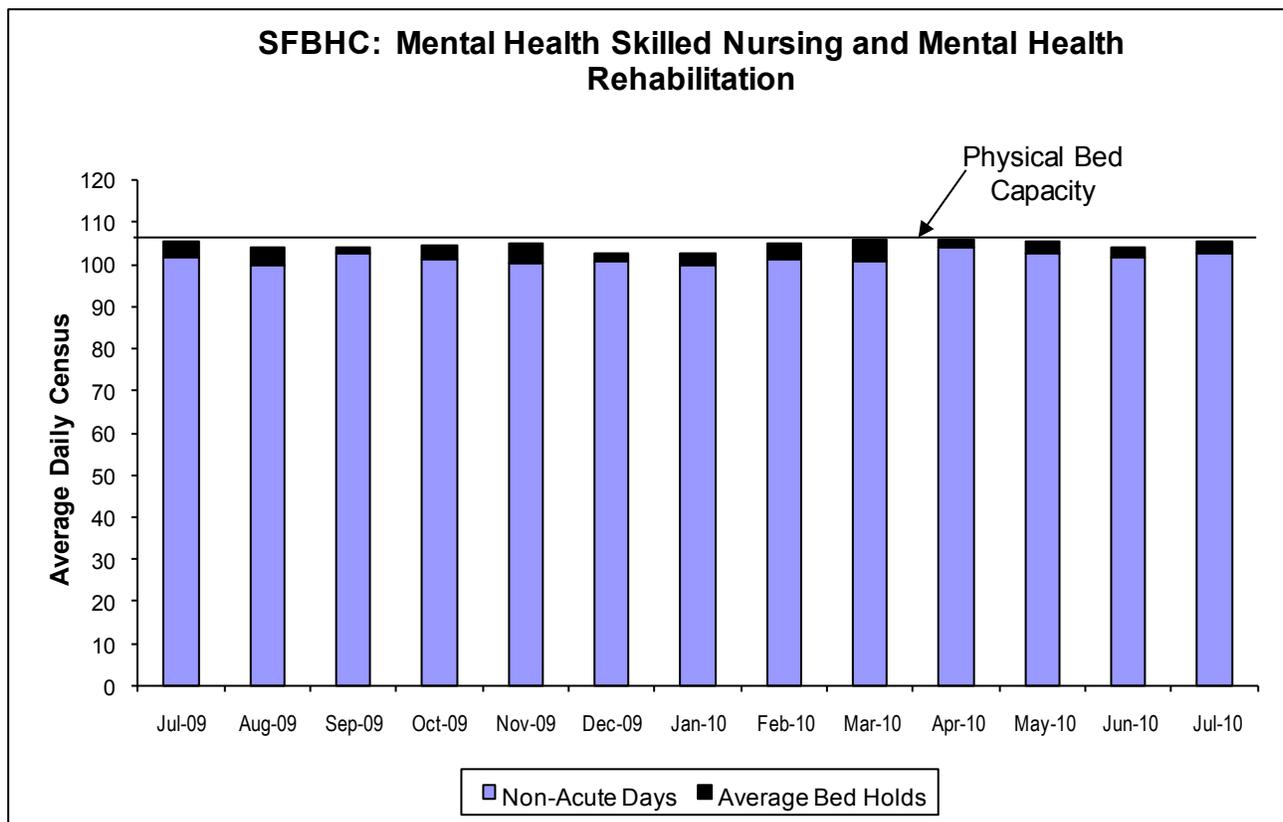
SFGH maintains a 30 bed short-term Medical/Surgical Skilled Nursing unit. This unit provides short-term non-acute care for patients awaiting or recovering from a procedure, patients requiring aftercare that is unable to be administered at home, and patients awaiting placement. The average length of stay is 42 days. The Skilled Nursing Unit was originally planned as a 14-day unit, however, patient placement has been a consistent issue.



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

SFBHC has three levels of care:

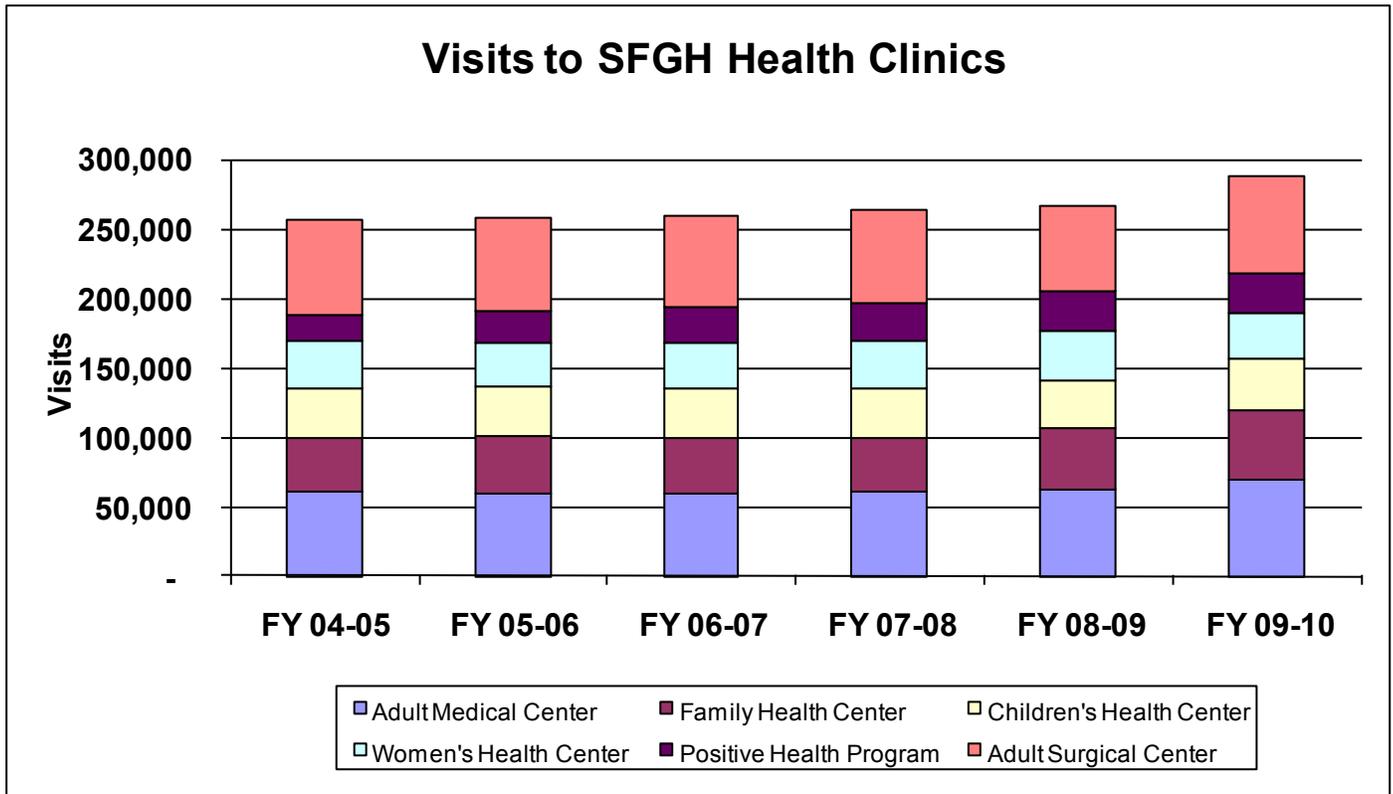
- Mental Health Rehabilitation: licensed by the California Department of Mental Health (DMH), the Mental Health Rehabilitation Program has 47 beds and focuses on psychosocial rehabilitation of clients with severe and persistent mental illness. The average daily census is 44.
- Skilled Nursing Facility: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



“Bed holds” account for most of the gap between the average daily census and the budgeted beds (an average of 3.2 per day). When SFBHC patients are seen in Psychiatric Emergency Services or the Emergency Departments, those beds are held awaiting the patients’ return. However, bed holds are not included in the SFBHC daily census as those patients are included in either the PES or ED census.

## Ambulatory Services

In Fiscal Year 2009-2010, 540,674 encounters were documented, of which 28% were primary care, 31% were specialty care, 10% were Emergency, 4% were urgent care, 20% were diagnostic and 7% were for other services. Over the past six fiscal years, the number of outpatient visits to the major health clinics of SFGH increased by 13%.



Ambulatory clinic services are organized and provided under 6 major centers:

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

Specialty services include:

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

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

Surgical Specialty Services includes:

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

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

Specialty services include:

|            |             |
|------------|-------------|
| Asthma     | Dermatology |
| Cardiac    | Urology     |
| Hematology | Renal       |
| Neurology  | Nutrition   |

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

Specialty services include:

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

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

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

Services include:

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

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

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

Services include:

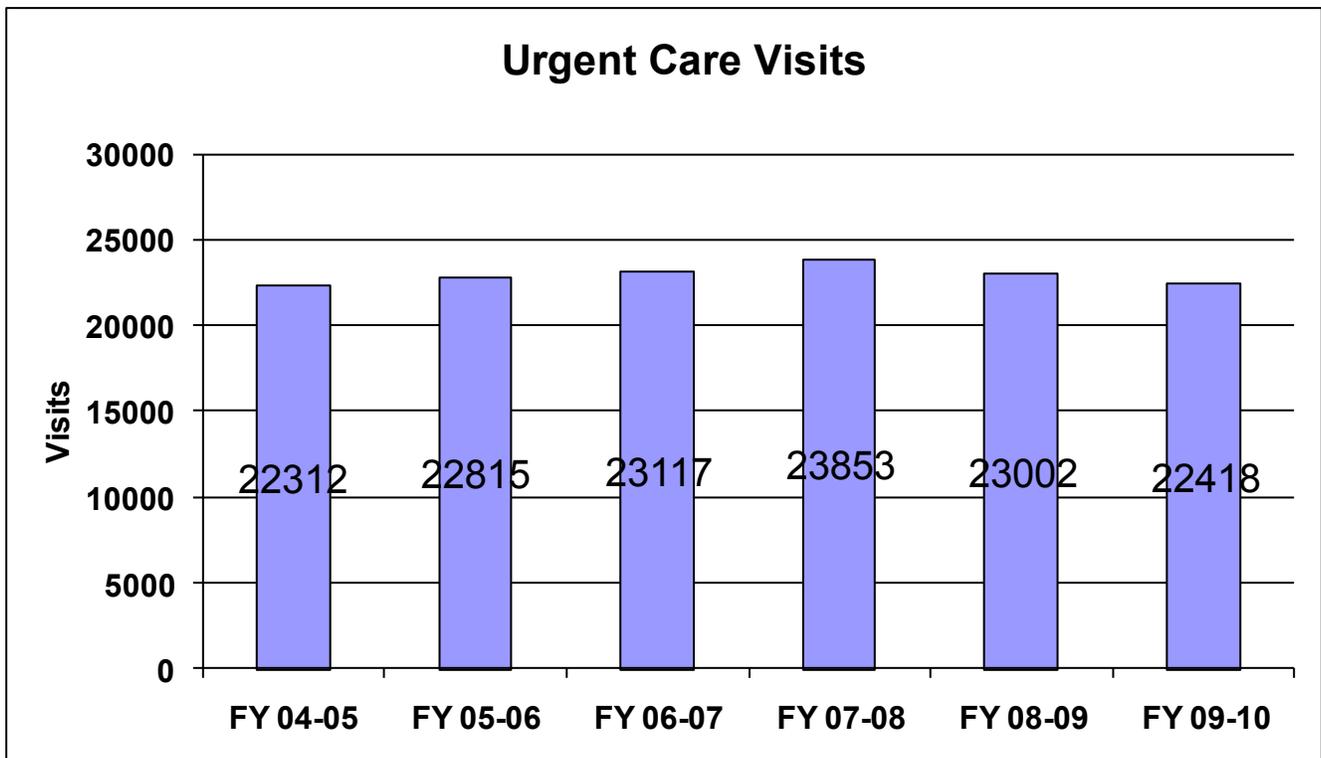
- Primary Care
- Dermatology
- Pulmonary
- Endocrinology
- Mental health services
- Lymphoma
- Women's Health
- Oncology
- Health education

**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 22,418 encounters in the last fiscal year.

The most common diagnoses are:

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

The patient demographic of patients using the Urgent Care Clinic (by encounters) is similar to the overall hospital population, with 47% females and 53% male; and 28% Caucasians, 20% African-Americans, 31% Hispanics, 16% Asian/Pacific Islanders, and 5% others.



Of visits to Urgent Care, 90% were by San Francisco residents, 4% by out-of-county residents, and 6% by people who were homeless. Of the San Francisco residents, over 50% were from 6 zip code areas: 94110 Mission (15%), 94112 Outer Mission (12%), 94124 Bayview/Hunters Point (10%), 94134 Visitacion Valley (7%), 94102 Tenderloin (6%), and 94103 South of Market (6%).

## 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 2009-2010, almost 55,000 Emergency Room visits occurred, of which 16% resulted in an admission.

The most common diagnoses for non-admitted patients are:

1. Abdominal Pain
2. Chest Pain
3. Alcohol Abuse
4. Pain in Limb
5. Headache
6. Cough
7. Hypertension
8. Altered Mental Status
9. Lung Disease
10. Shortness of Breath

Of the non-admit patients, 42% were females and 58% were males. This varies from the overall SFGH population of 49% females and 51% males. Emergency Department patients' race also varies as compared to the overall hospital population, with lower ED use by Hispanics (27% vs. 30%), Asians/Pacific Islanders (15% vs. 23%) and higher use by Caucasians (28% vs. 24%) and African-Americans (22% vs. 18%).

Of visits to the ED, 75% were by San Francisco residents, 11% by out-of-county residents, and 13% by people who were homeless. Of the San Francisco residents, 67% were from 6 zip code areas: 94110 Mission (16%), 94124 Bayview/Hunters Point (14%), 94112 Outer Mission (11%), 94102 Tenderloin (9%), 94103 South of Market (9%) and 94134 Visitacion Valley (8%).

**Psychiatry Emergency Services (PES)** provides 24-hour, 7-day a week emergency assessment, stabilization and disposition for acute psychiatric patients. Last year, there were over 7,200 cases, of which 21% resulted in an acute inpatient admission.

Even more so than the ED, the gender of non-admit PES patients varies from the overall SFGH population, with 35% females and 65% males. Patients' race also varies as compared to the overall hospital population, with lower ED use by Hispanics (11% vs. 30%) and Asians/Pacific Islanders (11% vs. 23%) and higher use by Caucasians (47% vs. 24%) and African-Americans (24% vs. 18%).

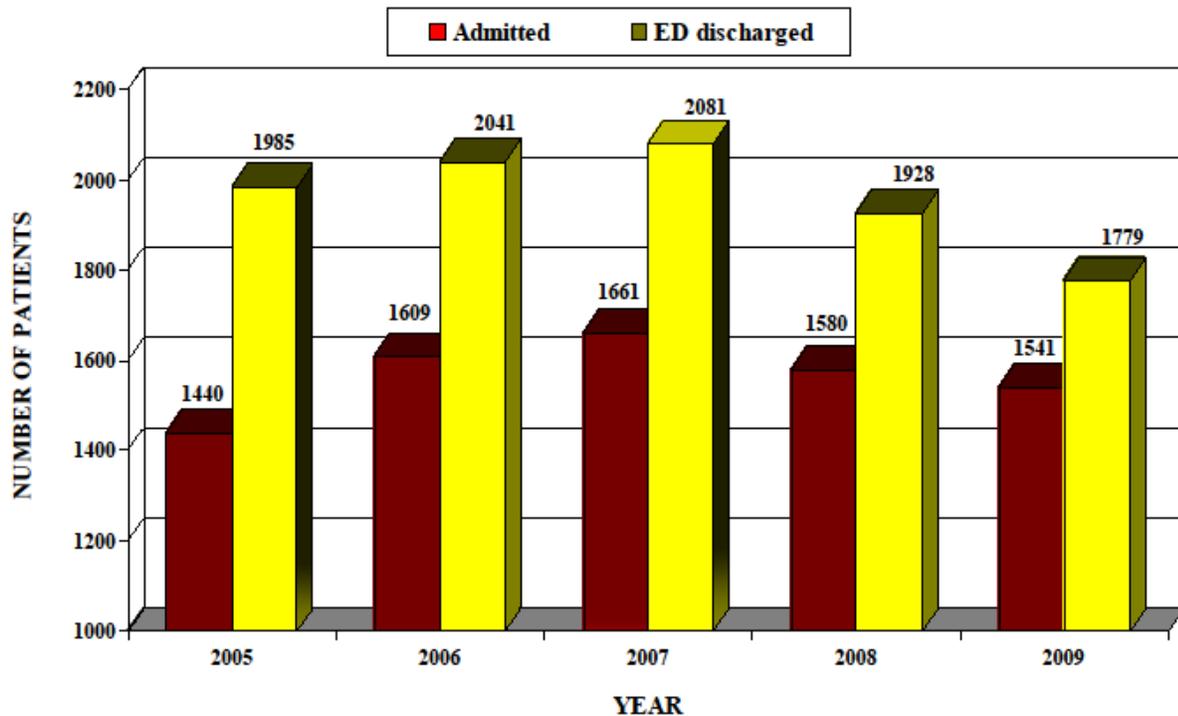
Of the PES encounters, 63% were by San Francisco residents, 7% by out-of-county residents, and 26% by people who were homeless. Of the San Francisco residents, 65% were from 6 zip code areas: 94110 Mission (17%), 94102 Tenderloin (14%), 94103 South of Market (14%), 94109 City Hall/Polk Gulch (7%), 94124 Bayview/Hunters Point (7%), and 94112 Outer Mission (6%).

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

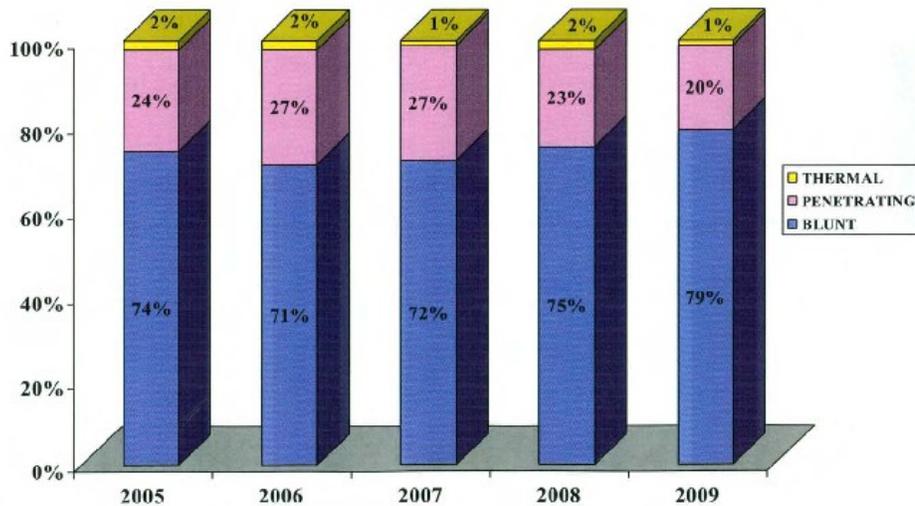
A designated Level I Trauma Center is defined as a specialized hospital facility that has an adequate depth of personnel, resources, services, equipment and supplies to provide care for the injured patient throughout all phases of the patient’s hospitalization from resuscitation through discharge. This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

As San Francisco’s only Trauma Center, SFGH provides resuscitation, diagnosis, treatment and rehabilitation for complex injuries affecting all areas of the human body. Over 3,900 adults and children were treated in FY2009-2010 for injuries requiring activation of a multi-disciplinary team of surgeons, nurses, technicians and therapists.

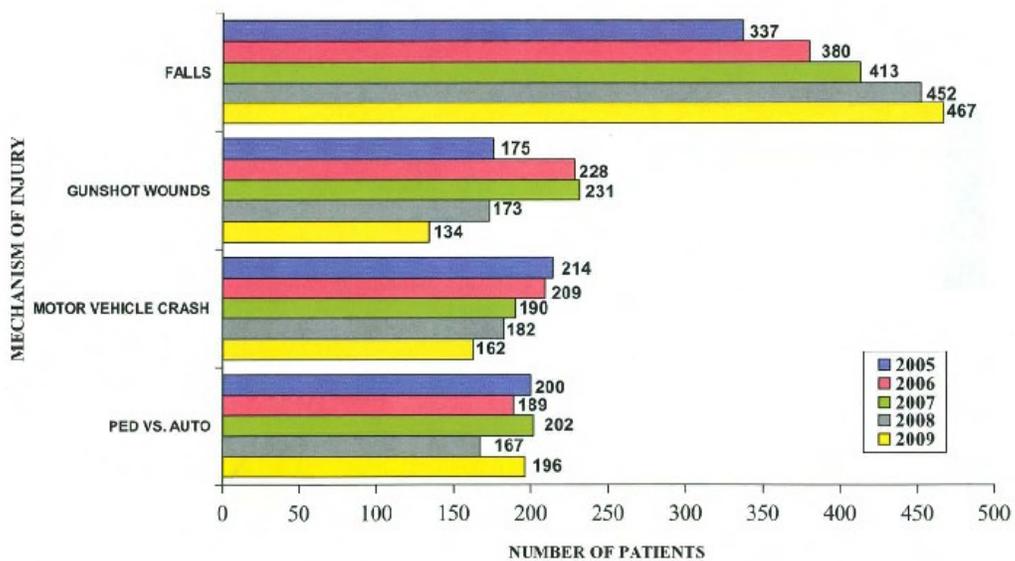
## SFGH TRAUMA REGISTRY TRAUMA PATIENTS VOLUME



## SFGH TRAUMA REGISTRY PATIENT INJURY TYPE 2005-2009



## SFGH TRAUMA REGISTRY MECHANISM OF INJURY 2005-2009



## **Diagnostic Services & Ancillary Services**

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

## **Academics and Research**

Through its long-standing affiliation with the **University of California, San Francisco (UCSF)**, SFGH serves as a major teaching hospital for Medicine, Nursing, Pharmacy and Dentistry. All of the physicians at SFGH are UCSF faculty. Approximately 1,600 UCSF physicians, specialty nurses, health care professionals and other professionals work side-by-side with 2,600 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 interns training in 17 academic departments and 35% of all UCSF medical students' clinical training are conducted at SFGH.

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

The hospital is also home to more than 20 research centers and major laboratories. Over 185 principal investigators conduct research through programs based at the hospital campus.

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

### **Trauma related research:**

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

### **Bioterrorism and Mass Casualty:**

- Development of treatment for botulism toxin

- Decontamination methods for exposures
- Drug and antibody delivery systems
- Predictive models of needed resources

**AIDS related research:**

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

**Cancer related research:**

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

**Cardiovascular related research:**

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

**Pulmonary related research:**

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

**Health Disparities:**

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

## *Our Staff*

SFGH has approximately 2,600 City and County of San Francisco (CCSF) fulltime equivalent employees and approximately 1,600 University of California, San Francisco (UCSF) full-time equivalent employees including physicians and house staff.

SFGH is formally affiliated with UCSF by contract to provide medical care, medical students and residents for teaching and research. There are over 500 active (over 50% time) and over 550 courtesy (under 50% time) members of the Medical Staff and approximately 1,000 interns, residents and fellows each year. Additionally, SFGH employs advanced practice nurses, nurse practitioners and physician assistants to provide care in the inpatient and clinic settings, as part of the overall healthcare delivery team.



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

## **Department of Public Health**

### **Health Commission**

James M. Illig, President

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

Edward A. Chow, M.D.

Margine Sako

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

Steven Tierney, Ed.D.

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

## **Department of Public Health**

Mitch Katz, M.D., Director, Public Health

Anne Kronenberg, Deputy Director, Public Health

Gregg Sass, Chief Financial Officer, Public Health

## **SFGH Executive Staff**

Susan Currin, Chief Executive Officer

Sue Carlisle, M.D., UCSF Associate Dean, SFGH

Roland Pickens, Chief Operating Officer

Doug Eckman, Operations Manager, Dean's Office

Valerie Inouye, Chief Financial Officer, CHN

Shermineh Jafarieh, Director of Diagnostics and Wellness Services

Kathy Jung, Associate Administrator, Facilities

Rachael Kagan, Chief Communications Officer

Sharon Kwong, Director, Medical Social Work

Elaine Lee, Director, Human Resources

Todd May, M.D., Chief of Medical Staff

Kathy Murphy, Deputy City Attorney

Iman Nazeeri-Simmons, Chief Quality Officer

Marti Paschal, Director, Administrative Operations

Tim Patriarca, Director, Health at Home

Pat Skala, Director, Information Systems

Cathryn Thurow, Director, Dean's Office

Sharon McCole Wicher, Chief Nursing Officer

David Woods, Interim Associate Administrator, Pharmaceutical Services

Hal Yee, M.D., Chief Medical Officer

## **San Francisco General Hospital Foundation**

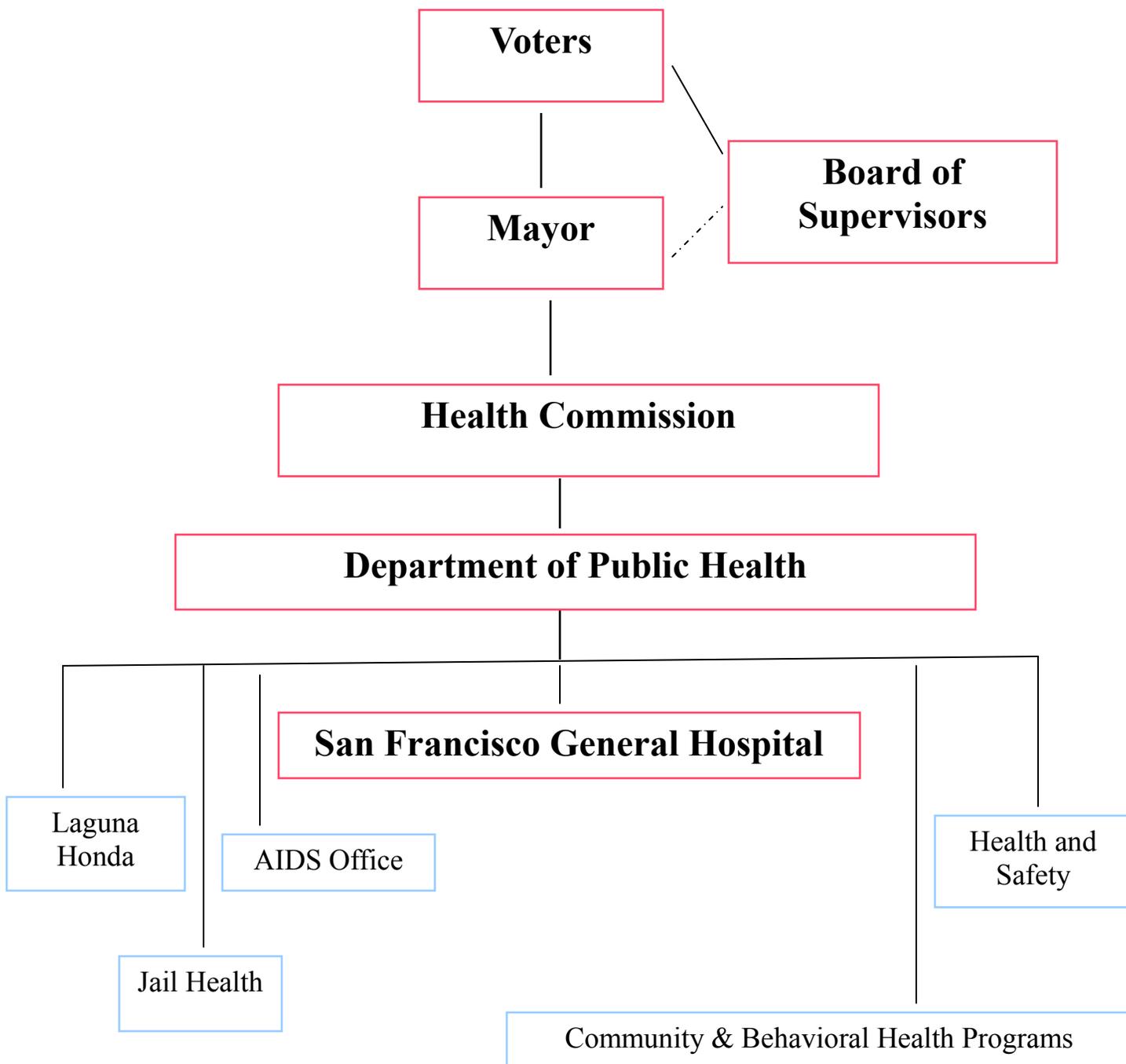
Stephanie Bray, Executive Director

Judith Guggenhime, Chair

Matthew Paul Carbone, President

# Governance

---





## *About our Heart...*



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

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