

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



**Annual Report  
Fiscal Year 2010—2011**



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

As CEO of San Francisco General Hospital and Trauma Center, I am delighted to present our 2010-11 Annual Report. It has been an extraordinary year, filled with challenges and accomplishments that make me proud of our world-class staff and their service to San Francisco.

Our mission is to provide quality health care and trauma services with compassion and respect to all patients, including the most vulnerable. This unites us and it shows. A Joint Commission surveyor noted in July 2011, “It is very apparent you live your hospital mission every day.” This acknowledgement was truly a shining moment for our organization.

To accomplish our mission with limited resources, we must be creative, innovative and resourceful. Our work in that realm was recognized this year by Kathleen Sebelius, Secretary of Health and Human Services and Dr. Donald Berwick, Administrator of the Centers for Medicare and Medicaid Services.

Dr. Berwick toured SFGH in December 2010 to learn about programs and innovations at SFGH that have improved patient care and expanded access. He visited the General Medicine Clinic to hear how eReferral has streamlined access to specialty care. He observed our Videoconferencing Medical Interpretation system for providing interpreter services that has allowed us to double the number of daily interpretations to 300 sessions in 20 languages. In the Acute Care for Elders unit, clinicians described a multi-disciplinary team working with patients daily, to reduce their length of stay and improve their outcomes. The Support from Hospital to Home for the Elderly team told of their efforts to reduce readmissions by tracking elderly patients after discharge. Dr. Berwick also met our palliative care team and learned about their work with patients, families and caregivers. We were proud to have the opportunity to highlight some of our many wonderful programs.



Dr. Berwick, CMS, CEO Currin

The future is bright for our patients and providers. Each day, we see progress on the construction of a new hospital on our campus. When it is complete in a few years, our physical environment will finally match the top-notch quality of our care. That achievement will coincide with health care reform. We are building toward that with a new strategic plan that focuses on our people, systems and technology to get us where we need to go.

All of our efforts are supported by the stellar leadership of the San Francisco Health Commission and Barbara Garcia, Director of Public Health. Our clinical accomplishments could not be reached without our valued partnership with the University of California, San Francisco. Our ability to be ambitious and expansive in our thinking is supported by our relationship with the philanthropic community, starting with the San Francisco General Hospital Foundation. And of course, we are grateful to all San Franciscans, for the overwhelming support of the General.

Our successes 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. Their hard work is what makes San Francisco General the heart of the city.



## 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 School of Medicine on clinical training and research.

### SFGH BY THE NUMBERS

- \*598 licensed beds
- \*102,000 patients treated
- \*20% of all inpatient care in San Francisco
- \*1,170 babies born
- \*63,000 Emergency visits (medical & psych)
- \*22,000 Urgent Care visits
- \*3,900 Trauma activations
- \*30% of all ambulances come here
- \*550,000 outpatient visits
- \*Approximately 2,600 City and 1,600 UCSF Employees (FTEs)
- \*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

- 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. Completion set for 2015.



### 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*
- Innovative** SF Injury Center and Wraparound Project: *Reduced violent injury recidivism from 33% to 11%*
- Pioneering** Brain and Spinal Injury Research Center: *Nationally and internationally known Center of Excellence. First* Traumatic Brain Injury Program in an acute hospital certified by The Joint Commission.

# ***San Francisco Health Commission***

## ***Joint Conference Committee for San Francisco General Hospital***

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

The objectives of the San Francisco General Hospital JCC are:

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

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

# SFGH IN THE NEWS:

## San Francisco Chronicle

May 8, 2011

**S.F. General Hospital starts cancer help program.**  
San Francisco General began a new patient navigator program this year for all cancers. It's similar to a program the hospital established more than a decade ago for breast cancer patients



## San Francisco Chronicle

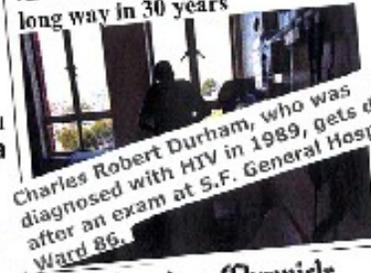
June 26, 2011

**S.F. General's refugee clinic a lifeline to care**



## San Francisco Chronicle

**AIDS/HIV ward at S.F. General has come long way in 30 years**



Charles Robert Durham, who was diagnosed with HIV in 1989, gets dressed after an exam at S.F. General Hospital's Ward 86.

## San Francisco Chronicle

August 13, 2010

**S.F. General helps Haiti quake victim make strides**



## San Francisco Chronicle

U.S. health secretary touts S.F. hospital as model.



U.S. Health and Human Services Secretary Kathleen Sebelius visits with staff members at San Francisco General Hospital.

## San Francisco Chronicle

October 03, 2010

**A colorful way to hide construction**



Kirsten Aguilar / The Chronicle  
San Francisco General Hospital staffer Anson Moon picks up some paint for the mural that will

## San Francisco Business Times

June 20, 2012

HOSPITAL GENOMIC INVESTIGATION ON NBC BAY AREA



## San Francisco Chronicle

July 10, 2011

**Bryan Stow's family has hope amid uncertainty**



## UCSF

April 15, 2011

**Mayor Gets First Hand Look at How San Francisco General Hospital Serves the City**



## San Francisco Chronicle



Mayor Ed Lee (right) visits with San Francisco General Hospital program director Terry Saltz (left) while touring the site where the medical center is being rebuilt on Potrero Avenue

## San Francisco Business Times

HEALTH CARE HEROES AWARDS 2011

Health Care Heroes - Safety Winner  
Nuzecri-Simmons draws in all Heroies: Cutting through red tape to improve patients cure.



## KTVU.COM

January 20, 2011  
**Slain Medical Student's Organs Give Hope To Others**

## amednews.com

Aspiring to universal access: Healthy San Francisco opens up



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

Our physicians, nurses, researchers, administrators and staff represented SFGH well this year, and many of their efforts drew the attention of the media. Several of our patients' stories also touched the hearts and minds of the public.

One of several cases that tugged at heartstrings across the country was the hit-and-run accident that injured 9-year-old tourist **Ryan White** after a Giants-Phillies baseball game in August. SFGH became the hub for the White family, who were visiting from Pennsylvania, as they received well wishers from both ball clubs, as well as the San Francisco Mayor and Chief of Police. Ryan's critical injuries and speedy recovery made headlines coast to coast.

While many events brought recognition of our trauma care this year, several other programs also earned the media spotlight. The launch of a new patient navigator program by the American Cancer Society and SFGH gave the media great stories of our cancer patients, providers like Dr. **Judy Luce** and the navigators who help guide patients from diagnosis through treatment to recovery.

Preventing illness is of course the very best health care of all. SFGH's Dr. **Shannon Thyne** broke new ground in August 2010 with a program that offered free pertussis vaccines to patients under 1-year and their family members. Local newspapers, TV and radio jumped on that news-you-can-use.

Speaking of prevention, SFGH's Ward 86 has been on the frontlines of HIV/AIDS prevention, diagnosis and treatment ever since the virus was discovered 30 years ago. That anniversary provided the perfect moment to shine a light on our internationally recognized leadership in the field, with coverage throughout June 2011 of Dr. **Diane Havlir**, Dr. **Brad Hare**, **Diane Jones** and more of our providers and patients on local and national radio and TV stations, magazines and newspapers.

SFGH's leadership in serving vulnerable populations was underscored several times this year. The **San Francisco Chronicle** profiled the **Newcomers Health Program** for refugees at the **Family Health Center**. The **Chronicle** and others also reported when we topped the list of hospitals with excellent care policies for the lesbian, gay, bisexual and transgender communities.

People also were moved, and heartbroken, by the tragic deaths of two San Francisco Firefighters who were cared for at SFGH for a couple wrenching days in June 2011. Though they did not survive, the entire city family came together in our halls to mourn, share memories and give each other strength. Trauma surgeon Dr. **Andre Campbell** was an eloquent spokesman before the ever-present news cameras during those sad days.

As this year's news reflects, hospital life is full of ups and downs. We look forward to continuing our role for the city in an even bigger and better space when the new hospital is complete in 2015. **NBC Bay Area News** and the bi-lingual **El Tecolote** newspaper covered our rebuild this year, bringing news of its seismic-resistant design status to San Franciscans.

Among many highlights this year, it was particularly exciting to be touted as a model of hospital care and the principals of patient safety by none other than **Kathleen Sebelius**, President Obama's Health and Human Services Secretary. The **San Francisco Chronicle** covered her June 2011 visit to SFGH with House Democratic Leader **Nancy Pelosi**. They focused on our innovative efforts to improve patient safety and quality of care, including the work of the Acute Care for Elders unit. After a tour of the unit, there was a roundtable discussion that featured former SFGH patients who generously shared their care stories.

**San Francisco General Offers Free Whooping Cough Immunizations**  
 August 17, 2010  
 San Francisco General Hospital is offering adults free immunizations for whooping cough.



**The Examiner** SAN FRANCISCO December 18, 2011  
**Dermatology diagnosis goes digital**  
 An arm with blotchy red rash popped up on Dr. Toby Maurer's computer screen at San Francisco General Hospital

**San Francisco Chronicle**  
 August 10, 2011

**hit-run victim's condition improving**



**SFGate**  
 home of the San Francisco Chronicle Jun 09, 2011

**The best mural in SF, at least on Wednesday**



**San Francisco Business Times**  
 SAN FRANCISCO OAKLAND BAY AREA PENNSYLVANIA NORTH BAY

**HEALTH CARE HEROES AWARDS 2011**  
 Health Care Hero Physician Winner



**Heroics: Helping underserved population gain access to healthcare**

**San Francisco Chronicle** July 20, 2010  
**Budget fear for S.F. trauma survivors' lifeline**



**High-tech equipment helps fix bone injuries**  
 Tuesday, July 12, 2011

**San Francisco Chronicle** July 10, 2011

**Brain trauma survivor gives hope to others**

**05** CBS.com February 2011  
**A Closer Look**  
 Featuring Dr. Andre Campbell, Trauma Surgeon

**The Examiner** SAN FRANCISCO  
**Local hospitals seeing drop in gun violence**

"It's absolutely phenomenal," said Patti O'Connor, a trauma program manager at San Francisco General Hospital

**San Francisco Chronicle** Jun 05, 2011  
**2nd S.F. firefighter dies**

"We used every single possible thing that we could" for more than 40 hours to try to save him, Campbell said. "This was a minute-to-minute struggle for his life. ... And we lost."



**Trying to quit smoking? There's an app for that**  
 Thursdays, December 02, 2010

**Chronicle** SAN FRANCISCO

July 20, 2010  
**Easing the pain**

Dr. Alicia Bocellari, the program's director, developed the model after health the then-chief trauma surgeon at San Francisco General Hospital remark, "we can sew them up, but we cant make them well."



**San Francisco Chronicle** April 21, 2011  
**Sepsis: Bay Area hospitals sharply cut death rates**

**KQED TV** May 27, 2011

**AIDS: Thirty Years Later**



San Francisco General Hospital was the first hospital in the world to open its doors to AIDS patients and continues to lead the way today. Bulva Davis speaks with Diane Jones, RN and Brnd Hare, MD, both with San Francisco General Hospital's legendary Ward 86, about advancements in medical treatment in the last 30 years and yet to come.

**RED BAY CARPET AREA**



Community leaders from nearly every part of San Francisco gathered at Union Square on February 10, 2011, for San Francisco General Hospital Foundation's ("SFGHF") Heroes & Hearts Awards Luncheon.

**Dr. Shannon Thyne** for "Improving the health and quality of life for children in need;"

**Chronicle** July 01, 2011

**3 S.F. hospitals, Kaiser lauded for LGBT care**  
 San Francisco's California Pacific Medical Center, **San Francisco General Hospital** and the state's Kaiser hospitals also earned top scores in the 2011 Healthcare Quality Index.

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

**OUR MISSION:**

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

**OUR VISION:**

ALIGN CARE, DISCOVERY, AND EDUCATION TO ADVANCE COMMUNITY WELLNESS IN THE ERA OF HEALTH CARE REFORM AND IN A NEW STATE-OF-THE-ART FACILITY.

**OUR VALUES:**

SERVICE EXCELLENCE  
CLINICAL QUALITY  
PROFESSIONAL & ACADEMIC EXCELLENCE  
A FAIR & JUST CULTURE  
ENHANCING WELLNESS  
EFFICIENT MANAGEMENT SYSTEM  
INTEGRATION & COORDINATION ACROSS SERVICES  
MEANINGFUL SUPPORT OF INFORMATION TECHNOLOGY  
MOVING BEYOND “IMPLEMENTATION” TOWARD “ADOPTION” OF HIT



# *SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER FY2010—2011 ACCOMPLISHMENTS*

**People. Systems. Technology.** These are the pillars upon which our work at SFGH is based. Our values are driven by our commitment to the patients we serve each day, the extraordinary staff who deliver world-class care, and the diverse and vibrant community that supports our work. We are also committed to continuous improvements in the manner in which we deliver care, from the administration of hospital operations to the implementation of cutting edge technology.

We are proud of our work at SFGH and the following pages present highlights of our many accomplishments during Fiscal Year 2010-2011. These achievements illustrate our commitment to clinical and service excellence, operational efficiency and coordination, and the meaningful use of health information technology. These are the values that support our mission to provide quality healthcare and trauma services with compassion and respect.



**Service Excellence:** SFGH is creating an organizational structure where staff are engaged—in partnership with our patients and their families—to achieve excellence in communication, patient-centered care, operational efficiency, and quality patient care.

**Clinical Quality:** SFGH is improving patient care in key clinical areas by engaging staff and providers through collaboration, accountability, and accurate measurement and reporting.

**Professional & Academic Excellence:** Through the Magnet Journey, SFGH is creating and sustaining an environment of professional nursing excellence and ensuring a supportive and enriching environment for training in clinical care.

**A Fair & Just Culture:** SFGH is building a safety-supportive culture of shared accountability where SFGH is accountable for the systems it has designed and for responding to the behaviors of staff in a fair and just manner.

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

### ***Patient Story: Jean Xavier***

#### ***Perseverance and Expertise Let Earthquake Victim Walk Again***

Looking back on the one year anniversary of the 2010 Haiti earthquake, San Francisco General Hospital and Trauma Center (SFGH) lived its mission by providing world class care for Haitians on the ground in Haiti and here in San Francisco . One remarkable story began in Haiti and continues here today in San Francisco. It features **Jean Xavier**, a 38-year old Haitian lawyer who was able to avoid a foot amputation thanks to the innovative treatment he received from **Dr. Saam Morshed** at SFGH.

When the earthquake struck on January 12, Xavier was at work with his colleague in their fourth floor office in Port au Prince. The building collapsed on top of them. Xavier's right leg and foot were crushed and he suffered extensive injuries, including fractures and dislocations of his ankle, foot and leg bones. He could not walk. To make matters worse, huge open wounds on his leg invited infection. His colleague did not survive the collapse.

Medical help in the field early on saved Xavier's life but imperiled the recovery of his foot. His leg was stabilized with an external fixator, but in a dislocated position because no X-ray was available. His wounds remained open. In hospitals, antibiotics staved off infection, but the outlook for ever using his foot again was grim.



Still unable to walk six weeks later, Xavier, seeking help, came to see his sister in San Francisco. That same day, March 10, he arrived at the SFGH emergency room. Dr. Morshed, an orthopedic surgeon, told the patient that he was amazed that his foot had not already been amputated. Given the circumstances that he had survived, that would have been the most likely course of action. He emphasized the high risk of chronic infection and disability that were likely if the foot were preserved. Xavier flat out refused an amputation. He was determined to keep his foot. Morshed agreed to try, but cautioned that there was less than a 10 percent chance of success.

Morshed applied every modern technique to the case. It took six surgeries and a team of orthopedists, plastic surgeons and residents to go from a planned amputation to salvaging the foot. It took about four months from day one to a healed leg that he could once again walk on.

“His recovery is remarkable,” Morshed said. “He’s doing great. He walks now without assistive devices. It’s one of the best limb save of my career, and it is a testament to the quality care offered by all of the staff at San Francisco General Hospital and Trauma Center.”

### The Joint Commission Accreditation

On July 18, 2011, the Joint Commission conducted SFGH’s triennial accreditation survey involving three programs: acute care hospital, clinical labs & anatomic pathology, and long term care, which includes both the acute and behavioral skilled nursing facility units. The survey was the most successful Joint Commission accreditation survey in the last 30 years at SFGH, a reflection of the excellent clinical care, interdisciplinary teamwork and communication throughout the hospital.

### Stroke Certification

On July 29, 2011, the Joint Commission conducted a Stroke Program Certification Survey. The survey was a success with no findings or requirements for improvement identified.

### Community Engagement Initiative

One way that SFGH is responding to the changing demands of health care is by emphasizing patient-centered care. Finding out what works for people in helping them stay healthy means that we must listen, collaborate and explore partnerships with patients and community members both inside and outside the hospital. That is already happening in several areas. The Rebuild program does extensive community outreach. The Wellness Center includes patients and community members in planning programs for all to enjoy. The Family Health Center has active Patient Advisory Councils for English and Spanish speakers. And, Quality Management is asking patients to help craft solutions to patient concerns. The Community Engagement Initiative seeks to establish a hospital-wide approach that will unify these efforts and encourage their expansion to improve health outcomes, patient satisfaction, patient safety and community relations.

### Speak Up! Campaign

SFGH has launched the Speak Up! Campaign, an initiative to encourage patients to ask questions, to participate in treatment decisions, and to help staff improve their patient experience. The first product of the initiative is the Speak Up! brochure which has been piloted in four procedural units, the outpatient clinics, and the Emergency Department. The brochure is available in English, Chinese, and Spanish.



### Cultural Understanding

The SFGH Department of Education and Training developed a Cultural Understanding curriculum that is now part of SFGH's new employee orientation and all-staff annual learning/competency. Although initially developed as a one-hour component of the new staff hospital orientation, the curriculum can be expanded for a particular unit/department. The objectives of the curriculum are to: identify the benefits of developing cultural understanding for our patients and for our workplace; consider our own cultural and family experiences and reflect on how they affect our assumptions about other cultures; and identify culturally sensitive practices that improve cross-cultural communication in the workplace.

### Patient Appointment Reminders

SFGH has begun using new and improved patient appointment reminder letters. The new reminders, available in English, Spanish, Chinese, Russian, Tagalog, and Vietnamese, contain descriptive and easy-to-read language, directions on how to reach appointment sites, campus-wide and clinic-specific messages, and a map of the SFGH campus. The Patient Education Committee initiated this effort as a way to improve patients' experience at SFGH. The Language Access Task Force championed the initiative and guided it to completion.

### Care for Elders

The Center for Vulnerable Populations (CVP) co-presented a November 2010 conference on Improving Quality of Care for Socially Complex and Vulnerable Elders. This landmark conference taught participants practical, evidenced-based approaches to enhance care for diverse, socially complex, and medically vulnerable elders. CVP presentations included: Keeping Socially Complex Elders Safe; Improving Communication among Elders with Diabetes and Health Literacy Challenges; and Caring for the Food Insecure Elder.

### Team up for Health

The SFGH Family Health Center (FHC) is one of six clinics throughout the state who participated in Team up for Health, an initiative funded by the California HealthCare Foundation. The goal of Team up for Health is to support health centers' development of infrastructure to improve patient care, self-management, and access by engaging patients in the improvement process. Through this initiative, FHC developed a recruitment and training process for Patient Advisors; created a Patient Advisory Board for Spanish-speaking patients; established the role of Patient Liaison; and trained staff and providers in patient-centered communication and motivational interviewing.



### Human Rights Campaign Healthcare Quality Index

San Francisco General Hospital earned a top score in the 2011 Healthcare Quality Index, an acknowledgement of its care for patients who are lesbian, gay, bisexual, or transgender. The annual report by the Human Rights Campaign, a national advocacy group, looks at such issues as whether the hospital has policies that protect patients and employees from discrimination based on sexual orientation, ensures equal visitation for same-sex couples and provides training for staff to deal competently and sensitively with gay and transgender health issues.

### Radiology Patient Experience Storytelling Project.

This year the Department of Radiology committed to improving patient experience by emphasizing the importance of patient satisfaction and by increasing patient-centered care. Through a patient complaint about a poor

experience in Radiology, Radiology Director, Rafael Ibarra, reached out to Mr. David Rosen to understand the challenges he encountered during his appointment in Radiology. Mr. Rosen was grateful to have his complaint investigated and eager to share his views as to where he thought the department could improve customer service. Mr. Rosen was honest and sincere as he discussed the lack of communication with staff, the impacted, unwelcoming waiting room area, and his not knowing what to expect during the procedure. In response, Radiology hosted a performance improvement in service to Radiology technicians, supervisors and key frontline staff on how to frame and lead performance improvement projects that improve work flow, patient care and patient experience. Since then staff have led a number of customer service improvement projects, including designating a waiting room liaison person who checks in with patients who have been waiting over 30 minutes, secured a SFGH Foundation Heart's grant to improve the waiting room area, and updated all radiology procedures patient education information handout in 6 languages to be provided at check in and accessible on the new Radiology website that has been created this year. These improvements speak to the patient experience, particularly around customer service and the value of establishing and implementing meaningfully practices around communication and a healing environment.

#### Center for Medicare and Medicaid Services (CMS) Incentive Plan

The federal Incentive Plan focuses on population-based improvements by enhancing care delivery for the highest burden (morbidity, cost, prevalence) conditions in public hospital systems. Key improvement areas include:

- Patient/Care Giver Experience - SFGH will be implementing an ambulatory patient experience survey (CG-CAHPS) in early 2012 to gather and report data on clinic patient experience.
- Care Coordination, Preventive Health and At Risk Populations - SFGH is coordinating data collection, analysis and reporting on required performance measures pertaining to Care Coordination (e.g., improving diabetes care management/outcomes), Preventive Health (e.g., mammography screening, immunizations), and At Risk Populations (e.g., hospital re-admissions, pediatric asthma care).

#### RN Scholar in Residence

San Francisco State University (SFSU) and SFGH Department of Nursing have established an innovative partnership that provides a SFSU Nursing Professor as a scholar in residence at SFGH. Dr. Anastasia Fisher, RN, DNSc is dedicating eight working hours per week engaged in mutually agreed upon projects such as clinical research, clinical program development, identification and application of grant opportunities.

#### Anticoagulation Task Force

The Anticoagulation Task Force has expanded its focus from anticoagulation treatment (e.g. treating blood clots) to developing evidence-based, hospital-wide guidelines to prevent blood clots. The work of the Task Force includes collaborations with the Departments of Medicine and Family Medicine to develop recommendations for the Adult Admission Order Form and with the Department of Anesthesia to develop guidelines addressing anticoagulation and the placement of epidural catheters. The Anticoagulation Task Force has also implemented e-Schedule to facilitate scheduling outpatient anticoagulation appointments.



#### SFGH Leadership Excellence Academy

SFGH began its Leadership Excellence Academy, a partnership between SFGH and UCSF's Center for Health Professionals in February 2011. Fifty-seven staff in leadership positions throughout the hospital are participat-

ing in this interdisciplinary academy. The Leadership Academy is made possible by grants from the Gordon and Betty Moore Foundation and the San Francisco General Hospital Foundation.

### Shared Governance

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. As part of SFGH's pursuit of Magnet status, Nursing implemented the Shared Governance Model, an organizational model through which staff nurses control their practice and extend their influence into administrative areas previously controlled only by managers. Using the Nursing Council model, Shared Governance is extended throughout Nursing with a Practice Council, Quality & Safety Council, Research Council, Professional Development Council, and a Coordinating Council.



Professional Development Council

### RN Board Certification

With funding from a Betty Irene Moore Nursing Initiative grant, Nursing is advancing nursing excellence by providing academic opportunities that facilitate board certification or credentialing in various specialty areas. Sixty RNs have received certifications recognized by the American Nurses Credentialing Center. The certifications include Clinical Nurse Leaders, Critical Care Nursing, Medical-Surgical Nursing/Gerontological Nursing, Emergency Nursing, Perinatal Nursing, and Operating Room Nursing.

### Community Wellness Center

CEO Sue Currin and Director of Wellness Programs, Shermineh Jafarieh, presided over the July 2011 ribbon cutting ceremony that ushered in SFGH's new Community Wellness Center on the second floor of the hospital. Hundreds of staff, patients, their families and friends danced, stretched, de-stressed, drummed and shared healthy food as we celebrated Summer Fest --

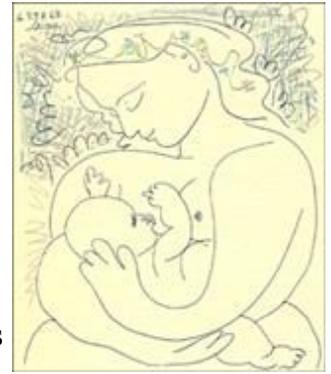
"Summer Grooves with Healing Moves" -- and the new center. The Wellness program offers culturally and linguistically relevant programs and services for SFGH's vibrant and diverse community. The program brings together providers, staff, patients, volunteers and our surrounding community to create innovative, engaging and open services that aim to take a holistic approach to improving mental, physical, spiritual and emotional health and wellbeing. For example, the center is open to all for free exercise, dance, meditation and cooking classes. It also sponsors four seasonal festivals per year, each with a different healthy theme, such as food or exercise.



While recognizing the role that social determinants play in shaping the health of our communities, SFGH's Community Wellness program works to demonstrate ways in which making the healthy choice can also be the easy choice. We look forward to expanding and exploring the programmatic choices in the next year.

### Baby Friendly

According to a recent report by the Centers for Disease Control and Prevention, only 14% of U.S. hospitals have model breastfeeding policies, just one third of all hospitals practice “rooming in,” or allowing babies to stay in their mothers’ rooms rather than the hospital nursery, and in almost 75% of hospitals, mothers are not given support at discharge to continue breastfeeding. As the only Baby Friendly hospital in San Francisco, SFGH is proud to report that we follow the protocols established by the United Nations Children’s Fund and World Health Organization to provide optimal care for infant feeding and promotion of exclusive breastfeeding within the first few days of life. We realize that our Baby Friendly status, attained in 2007, is just one aspect of promoting breastfeeding to improve the health of children and their mothers. SFGH is committed to creating targeted interventions to increase the rate of sustained breastfeeding among our patients.



### American Cancer Society Patient Navigator Program

The American Cancer Society launched a Patient Navigator Program at SFGH in April 2011 to provide guidance for cancer patients, survivors, and caregivers to help them navigate the cancer experience. SFGH has been a pioneer in cancer care for vulnerable populations for many years, treating approximately 500 new cancer patients annually and providing patient navigators for breast cancer patients since 1997. The launch of the latest Patient Navigator Program will allow SFGH to expand this service to patients with all types of cancer, including lung, prostate, lymph system, and colon.



### Relay for Life

For the past three 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 our first year, Team SFGH recruited the largest number of participants and was the top fundraiser at \$4,440. The next year, Team SFGH surpassed our \$10,000 fundraising goal and was the top team once again. This year, we set — and exceeded — a goal to raise \$20,000, bringing in \$22,377 for the 2011 event.

### Tobacco Free Community Initiative

SFGH is committed to provide and promote a **Tobacco Free Community**. We became a Smoke Free Campus in July 2008, and intensified efforts later by forming the SFGH Tobacco Free Community (TFC) Initiative. The mission of the SFGH TFC Initiative is to unite all programs – hospital and community-based -- with the common goal of improving the health and well-being of tobacco users through more effective outreach, education, counseling sessions, wellness activities, pharmacotherapy and communication between primary care providers, smoking cessation consultants and underserved communities. Our efforts include the Tobacco Treatment Inpatient Program, SFDPH Tobacco Free Project, Tobacco Free Policies and Education and the Community Wellness Program. Here are some highlights of this work in FY 2010-2011:

- At SFGH, 23 percent of our inpatients identified as smokers at an initial intake interview with a nurse, about twice the city-wide rate. Of those, 56 percent received nicotine patches while in the hospital, and 14 percent also took a patch prescription home upon discharge.
- Participants in our SFGH outpatient cessation group have reached a 61 percent quit rate after completing a five-class series.

- We have recently expanded cessation classes to the five Community Oriented Primary Care (COPC) sites as the culmination of a year-long process to develop a standardized tobacco use assessment protocol.
- Tobacco cessation is now part of eReferral so that providers can sign patients up for outpatient services at the hospital or in the community through the Tobacco Free Project.
- In collaboration with the SFGH accounting and billing departments, appropriate billing codes were determined to bill Medicare and Medi-Cal for smoking cessation services offered in the clinic. This revenue generating opportunity is currently in place in two campus clinics with plans for expansion to the COPC site in the future.

SFGH hosted the Great American Smokeout on Nov 18 and World No Tobacco Day May 31- volunteers and patients from the tobacco cessation programs organized an interactive informational fair in the back of the cafeteria where patients, staff, and our community were encouraged to make a plan to quit smoking for at least one day, in the hope that this might challenge them to stop permanently. Further, the event gave us the opportunity to promote the SFGH smoke free campus policy.

### Smoking Cessation Tools

Smokers who want to quit can find help online, thanks to a Stop Smoking program invented at SFGH by Dr. Ricardo Muñoz, SFGH Chief Psychologist, and a team from the Department of Psychiatry and UCSF. The free bilingual program is available online in English and Spanish and has been used by smokers in 200 countries. The online program (<https://www.stopsmoking.ucsf.edu/tc4/en/intro/home.aspx>) has been found to be as effective as the nicotine patch. Dr. Muñoz and his team have also created a bilingual Stop Smoking iPhone application to reach even more people and support their efforts to quit.

**Efficient Management:** SFGH is committed to adopting an operational efficiency framework that promotes performance improvement, staff satisfaction, and patient-centered care while simultaneously bending the cost curve.

**Integration & Coordination Across Services:** SFGH is committed to building a coordination of care within SFGH and across the Department of Public Health system, including primary care, specialty, diagnostics, acute, long-term care and rehab, and ensuring the integration of mental health and medical health care.

**Patient Story: Tee Tagor**  
**Outpatient Lobby Gets A Patient-Driven Makeover**

A wise person once said, there’s a reason you have two ears and only one mouth.

We put our listening skills to work with the recent redesign of the outpatient lobby. That busy crossroads is traversed by more than 700 patients each day, who may be visiting the Patient Advocate, the General Medicine Clinic, Outpatient Registration, Laboratory, Outpatient Pharmacy, or Oral Surgery. We all have seen the long lines and tired faces from time to time as folks wait or wonder if they’re in the right place.



The Outpatient Lobby Task Force set about improving this setting, and received tremendous help and insight from patients who use it. One of them, Tee Tagor, explained the wear and tear he experienced making multiple trips to the outpatient pharmacy every time he needed a prescription filled.

Today’s newly designed lobby has come a long way from where we started. Features include new or updated multi-lingual signage and color coordination, a Patient Ambassador Program to help people find their way, pharmacy and laboratory operational changes to improve speed and accuracy, and improved security protocols, seating and lighting. Mr. Tagor’s response:

*“I want to thank you all for your support and active effort in improving the flow at the SFGH Outpatient Pharmacy! I have been there twice over the last two months and both experiences have been fast (within 15 mins) and both took only one trip. This has been especially beneficial for my physical health but also has reduced my anxiety and managing stress.*

*I have also heard other patients express their satisfaction with the outpatient pharmacy mostly regarding clarity, disappearing of waiting times and the process of learning to trust the [efficient] way the pharmacy works at the moment. They, including myself, noted that there was a huge relief for not having to come more often to the pharmacy because of these great improvements.*

*Thank you so much for hearing my concerns and for actively changing things.”*



### OR Efficiency Project

With the support of a grant from the California HealthCare Foundation, SFGH participated in a project to use best practices for management engineering in surgery. A team of faculty, staff, and engineering students from the University of Southern California Viterbi School of Engineering brought analytic tools and objectivity to address the patient flow pattern in surgery at SFGH. As a result of the OR Efficiency Project, patient flow in surgery improved regarding throughput, room turnover, and the flow of patients from Pre-Op through Recovery. The OR Efficiency Project was recognized by the California Health Care Safety Net Institute with an Honorable Mention in the 2010 CAPH/SNI Quality Leaders Award program.



### Improvement of Quality and Administrative Data

A newly formed Administrative Data Task Force began working in September 2010 toward a goal of improving the quality and accuracy of data collected and reported for internal and external quality initiatives. The multidisciplinary task force continues to develop an integrated understanding of SFGH administrative data collection and reporting mechanisms, and identifies challenges and opportunities for improvement.

### Utilization Management Committee

SFGH's Utilization Management Committee convened in the fall of 2010 with the aim to make rational, system-coordinated, and evidence-based recommendations on the priority of clinical services provided at SFGH for use in managing limited resources. With multidisciplinary representation from across SFGH and its network of primary care clinics, and led by SFGH's Chief Medical Officer and Chief Operating Officer, the group will continue to focus on assessing SFGH specialty clinic timeliness of access, capacity, productivity, and efficiency and make recommendations for targeted investment in outpatient specialty capacity and care models.

### A Leap Forward to Health Care Reform

Through the new 1115 Medicaid Waiver with the State of California, SFGH will test new strategies and engage in demonstration projects that can improve care and care delivery for low-income patients, serving as a model for the state and the nation. The waiver includes CMS Incentive Program funding, which ties federal funding to ambitious performance milestones in care delivery improvements. These funds will support work across four areas: Infrastructure Development (e.g., Additional medical providers), Innovation and Redesign (e.g., increased clinic hours and expanded staffing), Population-Focused Improvement (e.g., Diabetes Care management) and Urgent Care Improvement (e.g., preventing mortality from Sepsis). To obtain funding under the CMS Incentive Program, SFGH submitted a five-year plan showing how we will achieve enhanced quality and clinical outcomes through 16 projects and 225 performance milestones. Through the CMS Incentive Program, all California public hospitals must undertake multiple delivery system improvements simultaneously across all parts of their systems, including inpatient care and outpatient primary and specialty services, in order to meet waiver goals: increased access and efficiency, better coordination and chronic disease management, and improved quality and clinical outcomes. This waiver offers an extraordinary opportunity to help public hospitals transform health care delivery within their systems so that California's public hospital safety net is prepared for full implementation of health reform, especially for the increase in low-income, Medi-Cal patients.

### Primary Care Coordinating Committee

The Primary Care Coordinating Committee, co-chaired by Drs. Kevin Grumbach and Lisa Johnson, was formed in April 2011 to develop and implement project plans for the primary care initiatives in the CMS Incentive Program. The committee spans both SFGH and COPC primary care clinics and oversees the implementation and achievement of milestones for the following CMS Incentive Program projects:

1. Increase and Enhance Training of Primary Care Physicians
2. Increase Primary Care Capacity
3. Transform Primary Care Clinics into Patient-Centered Medical Homes
4. Integrate Behavioral Health into Primary Care Medical Homes
5. Population-Focused Improvement Reporting

Progress of these milestones are reported to the SFGH Quality Council and Joint Conference Committee. To date, Year 1 milestones have been achieved, workgroups have been formed to focus on each of these projects ongoing, and work plans to address Year 2 milestones (FY 2011-2012) are in progress.

### SFGH Interpreter Services Restructured to Introduce Mobile Video and Speaker Phone Technologies

San Francisco General Hospital has successfully restructured Interpreter Services in a multi-year project to introduce mobile video and speaker phone technologies. Currently, all parts of the medical center are linked to the Interpreter Call Center. This has resulted in the dramatic improvement of access to trained medical interpreters. The average wait time for interpreter services has been reduced from over 30 minutes to 2 or 3 minutes. Provider and Limited English Speaking patient satisfaction with the new system is high. The efficiency rate for staff interpreters has risen from 1-2 interpretations per hour to 5-6 interpretations per hour— for an average of 450 interpretations a day. In line with attempts to integrate services across the Department of Public Health, plans are to link the SFGH Interpreter Call Center to the DPH Health Centers throughout the City.



Rapid Video Medical Interpretation services in over 20 languages have improved timely interpreter access from an average wait of 30 minutes to 3 minutes.



**Meaningful Use of Technology:** SFGH is committed to developing an organizational structure for implementing and supporting current and new Health Information Technologies. It is also important that we improve quality, safety, and efficiency through improved data collection, information exchange and clinical decision support and that we ensure that technologies align with our principles of patient safety and quality of care.

***Patient story: Bryan Stow***  
***Real-time data improves care***

Bryan Stow may have grabbed headlines around the country. But at SFGH, he was first and foremost a patient. His fight to survive a severe traumatic brain injury (TBI) has been a roller coaster, with many highs and lows throughout his nearly five-month stay. The complexities of his care, and his condition, required SFGH physicians, nurses, radiologists, rehabilitation therapists, pharmacists and others to coordinate and often change course on a moment's notice.

They were helped in doing that by our innovative and ground-breaking approach to information technology. Complicated TBI patients generate a lot of data. For example, the results of multiples blood tests, minute-to-minute brain monitoring, multiple surgeries, radiological scans, interventions to fight infection, medications to control seizures, the list goes on. Harnessing all of this information and having access to

these data is essential for the care team to make rapid, well-informed decisions, and coordinate response.



At SFGH, a grant from Intel and support from the hospital has helped our neurotrauma team develop site-specific hardware and software solutions to acquire and merge critical information from several sources throughout the hospital. That means Bryan's providers can check on him even when they are off site or elsewhere in the hospital. Next year we plan to go mobile with this design, generating secure wireless access from anywhere in the world, allowing for limitless consultations and real-time expertise for our critical injured patients.

But that's not all. We also have created one of the largest neurotrauma databases in the country, with more than 7,000 TBI and spinal cord injury patients. With this information, we can evaluate treatment and predict outcomes based on the context provided by thousands of other patients. The results promise to push the entire field forward to benefit not just SFGH patients, but brain and spinal injured patients worldwide.

### Computerized Provider Order Entry

SFGH has begun implementation of a computerized provider order entry system (CPOE). CPOE will allow physicians and other licensed providers to place orders via computer, eliminating the use of handwritten orders and reducing transcription errors that can accompany them. Together with barcoded medication administration and the electronic Medication Administration Check, CPOE will assure the five rights of medication administration: Right Patient, Right Medication, Right Dose, Right Route, Right Time. This leap forward in patient safety will be accomplished by mid-2012.

### Emergency Department Information System

The Emergency Department at San Francisco General Hospital is five months post-implementation of a comprehensive ED information system (EDIS). The system includes electronic documentation, computer provider order entry, an electronic patient tracking system, multiple interfaces with ancillary systems, automated charge capture, and clinical decision support functions. Through hard work, diligent planning, and interdepartmental cohesiveness, the ED is proud to have experienced a relatively smooth go-live.

An EDIS automates ED operations to enhance patient-care quality and efficiency. The vision of the EDIS Project at SFGHED is to maximize clinical, operational, financial, and medical necessity performance. The coordinated resources at SFGH and UCSF have made this vision a reality. The ED thanks both institutions for supporting this bold step in advancing healthcare technology and emergency medical care at San Francisco General Hospital.

### eReferral

eReferral, the electronic referral system for specialty care, now includes over 50 clinical services. In the past fiscal year there have been up to 350 eReferrals entered daily, by more than 1,500 providers from SFGH, Laguna Honda, Community Oriented Primary Care clinics, and the San Francisco Community Clinic Consortium.

### CarelinkSF

A new electronic health record system, CarelinkSF by eClinicalWorks was purchased by the San Francisco Department of Public Health, and will be rolled out to all DPH clinics. The system provides online charting, ordering, e-prescribing, internal messaging, workflow management and a patient portal. The implementation team is in place and actively working on building and integrating the system. Ocean Park Health Center was the first clinic to go live in late summer 2011. SFGH clinics are expected to go live with CarelinkSF in 2012.

### CT Angiography

SFGH became one of seven hospitals nationwide to open a new CT Angiography suite, allowing state of the art examinations of blood vessels. The suite has allowed Interventional Radiology to improve the hospital's overall efficiency and capability to handle lengthy and complex cases. This unique technology allows Interventional Radiology to treat tumors using both fluoroscopic and CT guidance simultaneously. The combination of CT with fluoroscopy makes this an optimal system for the treatment of trauma. Cancer and strokes.



CT Angiography Suite

# ***THE ONLY TRAUMA CENTER IN THE CITY***

The summer of 2011 found San Francisco General Hospital and Trauma Center in a pivotal position for several high-profile events, where people were suddenly injured and sought care from our renowned trauma center and expert, compassionate providers. **Bryan Stow** and **Ryan White** were two such cases, but there were many more. Here are a few highlights that help put faces on the statistics.

## **San Francisco Firefighters**

In three days of unparalleled sadness, SFGH treated two San Francisco Firefighters who were injured in the line of duty in a June 2 fire. By Saturday, June 4, both **Vincent Perez** and **Anthony Valerio** had succumbed to their injuries, and died. Trauma Surgeon Dr. **Andre Campbell** received both patients and worked closely with the care team and their families in the difficult days that followed. **Leslie Dubbin**, Director of Clinical Operations, **Terry Dentoni**, Nursing Director for the OR, ED, ICU and Critical Care and **Patti O'Connor**, Trauma Program Manager led the hospital's operations team as we responded to the multiple logistical and human challenges brought about by this double tragedy. Volunteer Chaplain **Meryl Lanning** consoled the Valerio family. **Rachael Kagan**, Chief Communications Officer, handled the intense media interest. It was a very sad time for our city. The hospital can be proud of the care, compassion and competence we demonstrated.

## **August Accidents**

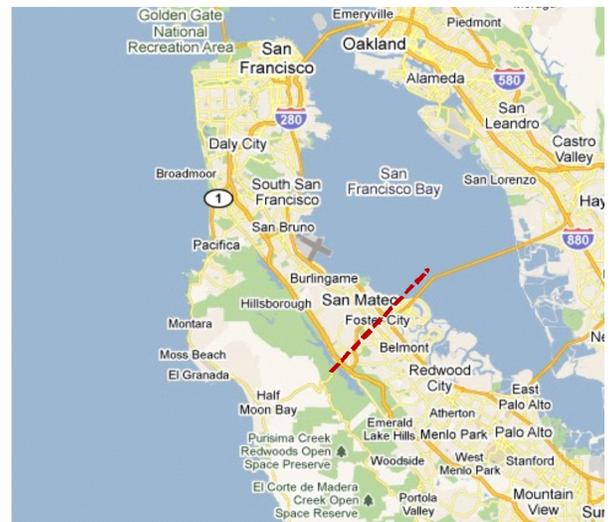
One week in early August brought several accident victims that made breaking news in the city, reminding the public that SFGH is here for everyone in an emergency.

First, a father and son in a boating accident at **Oyster Point** were brought to our emergency department. Though the father was found to be in good condition, we were so saddened that the son could not be saved. The next day, two window washers in a scaffolding accident were whisked here by rescue crews. Fortunately, they were both fine and did not require admission.

As the summer drew to a close, violence again erupted at a sporting event. This time, several fights at an August 20 football game in **Candlestick Park** resulted in SFGH caring for a patient with gun shot wounds and another who was assaulted. These events shocked and upset the public nationwide. Fortunately, both patients in our care improved and were discharged within a few days. One of them left on the same night that four young men who were stabbed during a fight came through the doors.

Throughout each of these incidents, our dedicated doctors, nurses and staff did their utmost to provide life-saving care and sensitive counsel to the patients and their families. We are proud to play this role for all San Franciscans.

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 been designated as the Level I Trauma Center by the Emergency Medical Service Agency (EMSA) for both San Francisco and Northern San Mateo counties and verified by the American College of Surgeons/Committee on Trauma.

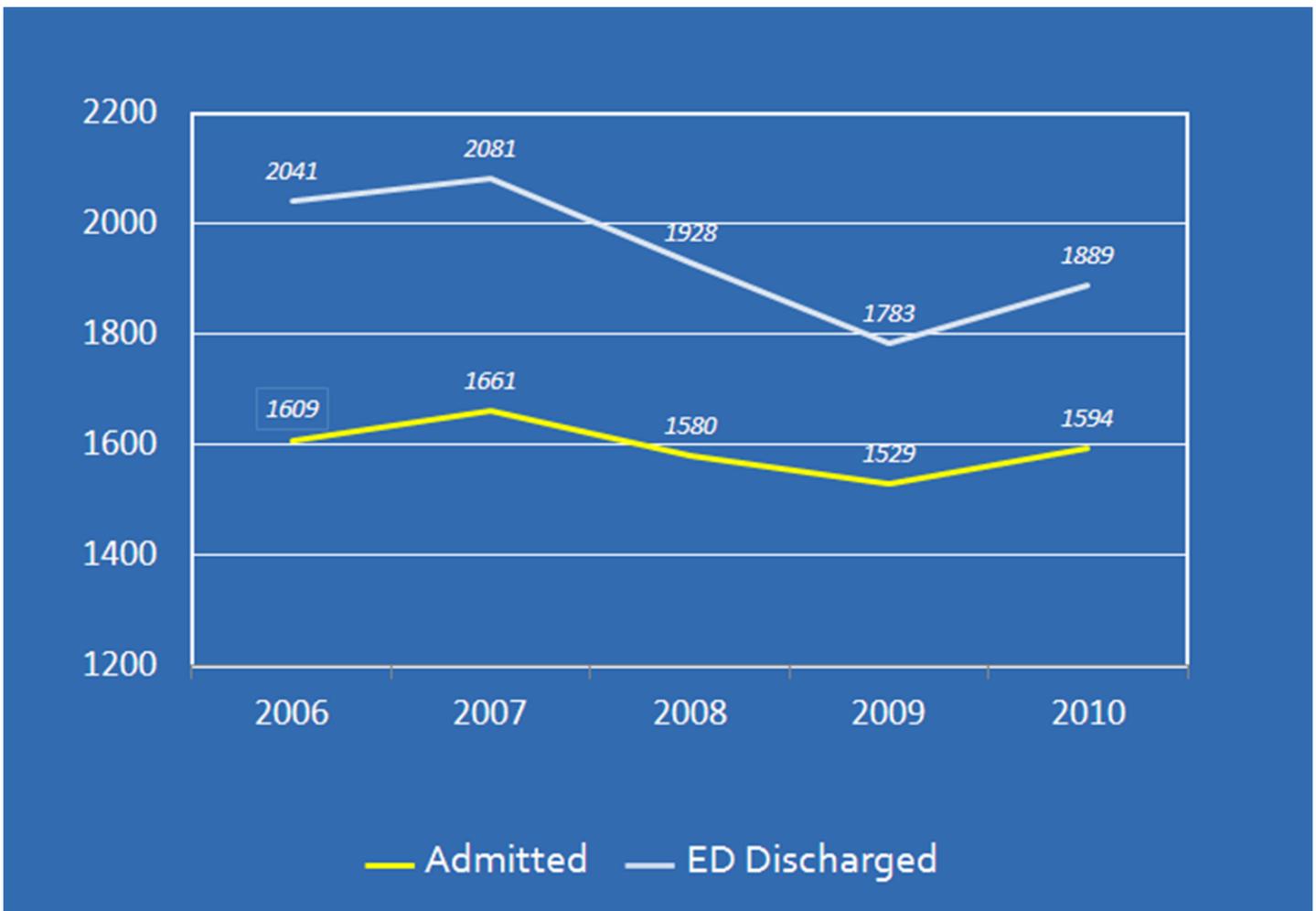


A designated Level I Trauma Center is defined as a specialized hospital facility that has an adequate depth of personnel, resources, services, equipment and supplies to provide care for the injured patient throughout all phases of the patient's hospitalization from resuscitation through discharge. This 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 a 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. Approximately 3,900 adults and children were treated in FY2010-2011 for injuries requiring activation of a multi-disciplinary team of surgeons, nurses, technicians and therapists.

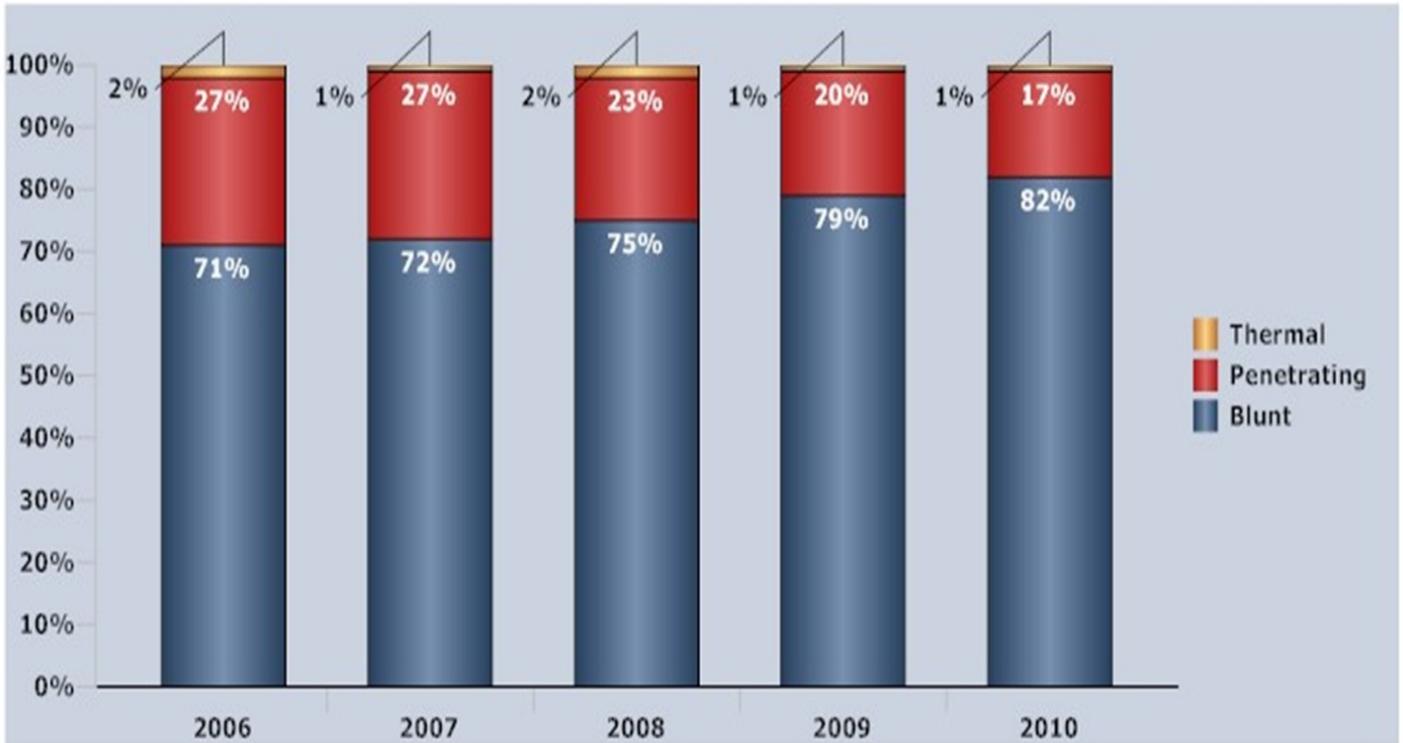
### Trauma Patients Volume

Number of traumas have decreased over the past few years



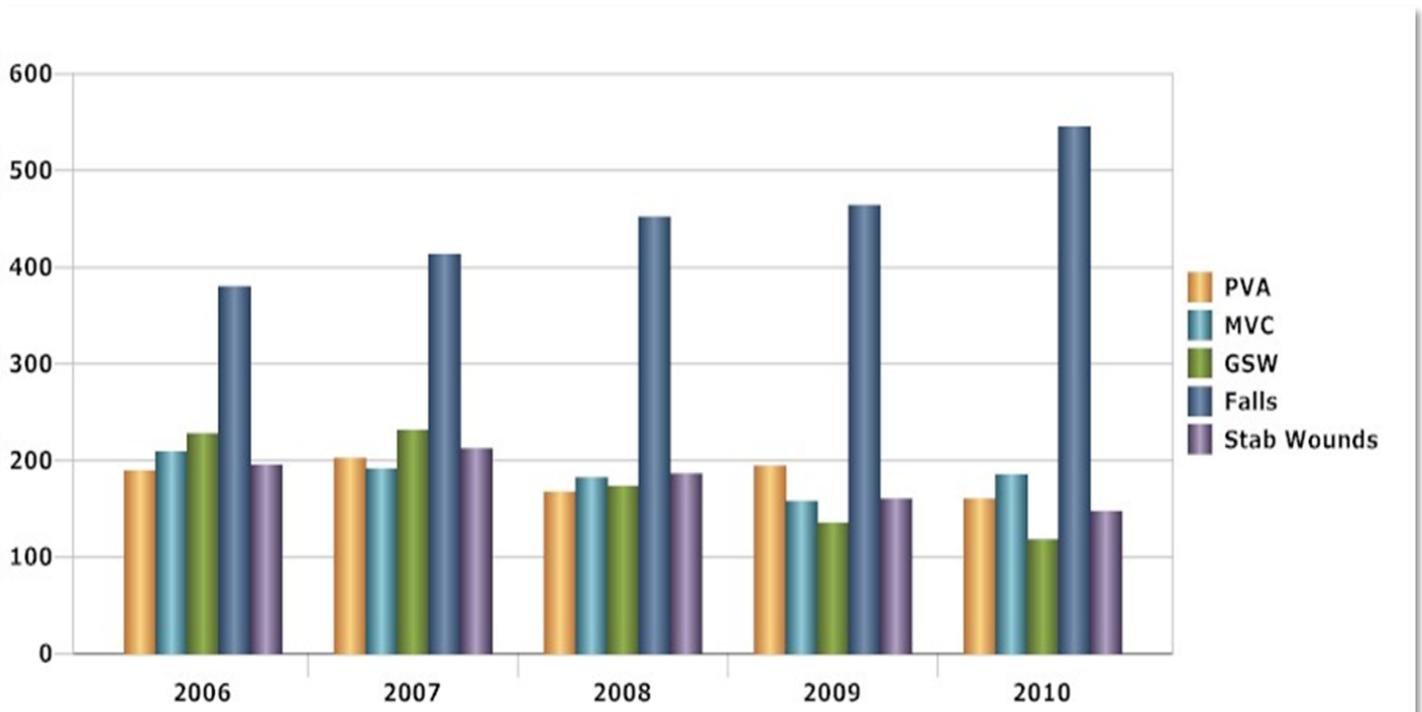
## Patient Injury Type

Penetrating injury rate dropped significantly from 27% in 2006 to 17% in 2010.



## Mechanism of Injury

Gunshot wounds and stab wounds are decreasing while falls are increasing.



## ***MAINTAIN HOSPITAL INFRASTRUCTURE***

### **Major capital improvement projects completed include:**

- Fully accessible remodeled Men's & Women's Restrooms in the **Main Lobby** and in the **Radiology Waiting Room**.
- **Fully accessible tub and shower** to help with teaching, bathing duties and personal hygiene for Traumatic Brain Injury patients Ward 4B.
- HRSA Grant purchased **state of the art portable radiography equipment** that provides images in eight seconds to address the wide variety of patient imaging needs in the hospital. Equipment can be moved into the Rebuild.
- **Behavioral Health Center Trash Compactor** installed and operational.
- **Outpatient Lobby Furniture** installed , including colored mats, signage and queuing stanchions with cording to guide patients waiting for services.



### **Major Infrastructure work conducted during FY 2010 – 2011 included:**

- **Replaced main chiller unit on data center trailer**, that houses critical servers that support clinical care.
- **Temperature monitoring system for medication refrigerators** was purchased and implementation is underway with vendor.
- **Installation of a wireless infrastructure** for main hospital building.
- **Major maintenance on 12KVA transformers** that serve the main hospital distribution center.
- **Systematic maintenance performed on Main Hospital electrical switchgear equipment** to increase overall reliability of system.



- **Renovation of West Main Cooling Tower** to ensure continued operation of units. The cooling towers remove heat generated by equipment used to air condition the main hospital building.
- **Conversion to 5-digit dialing for SFGH and other DPH sites.** Capacity had been maximized on 4-digit system. Expansion will meet needs of new hospital.
- **Replacement of patient televisions** on 6 patient units. Cable distribution system improved to better support and deliver service.
- **Five main fan units were renovated.** Critical components of fan system replaced and upgraded.

# SFGH REBUILD



**Building for the future from the ground up** The San Francisco General Hospital Rebuild project hit its stride in the 2010-2011 fiscal year. Not only were several major construction milestones achieved, but progress was made with local hiring and community relations activities. The construction project is on schedule with completion scheduled for 2015.

## Construction Milestones

### Utility Relocation Completed November 2010

- o Re-routed electrical, water, gas, telecommunication and many other utility lines that serve the hospital
- o No interruption to hospital operation
- o 100 year-old utility tunnel removed



### Site Walls and Floor June - August

- o Secured walls and floor with thousands of tie-back and anchor rods drilled 100 feet into the earth
- o Covered with protective layer of concrete and waterproof sheeting

2010

2011

### Mass Excavation Nov 2010 - May 2011

- o Dug two-story deep pit where new hospital will be built
- o Hauled away 120,000 cubic yards of dirt
- o Seven months to complete process

### Tower Crane Assembled- July



## Good for the local economy and community

- 3,000 jobs to be created over the life of the project
- Currently 30 percent labor hours from SF residents
- Currently more than 5 percent of labor hours from our Mission and Potrero Hill zip codes
- Currently more than 9 percent of sub-contractors are certified as local business enterprises (LBE)
- Currently 27 percent construction management certified LBE participation
- SF residents hired through Jobs Now! Federal stimulus program
- Four Immaculate Conception Academy work study students provide clerical support at Webcor to gain professional experience and pay for college-prep education
- Internship and mentorship programs for real-world experience in architecture and engineering for students from nine local high schools.

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

- *Straight Up* Multi-lingual community newsletter is distributed to more than 2,000 neighbors and community organizations
- Hosted two Rebuild community meetings
- Rebuild booth at four community events
- Provide updates to neighborhood organizations
- Rebuild 101 Presentations to over 800 SFGH staff
- Noise Committee provides weekly noise forecasts and noise reduction resources to staff and patients
- Public base isolator and construction viewing area with multi-lingual educational signage
- Rebuild website, video, Facebook and Twitter updates

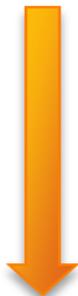
**Five Emergency Generators Installed - July**

- o Backup power to new and existing hospital
- o Will begin providing service to existing hospital in 2012
- o Will reduce annual energy costs by \$2.3 million



**First Concrete Pour- September**

- o First half of foundation poured
- o 6,000 cubic yards of concrete
- o Formed a four-foot thick foundation



**Second Concrete Pour 2 - October**

- o Last half of foundation poured
- o Base isolator pedestals poured
- o Walls poured



**2012**



**Backup Water Tank Installed - August**

- o 50,000 gallon capacity



**Upcoming 2012 Milestones**

- o Structural steel installation and welding
- o Weld metal decks (floors)
- o Interior work begins



**Looking Ahead:**

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

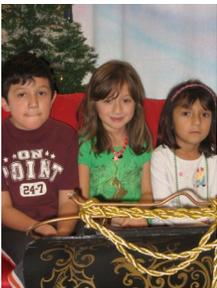
**Transitioning into the new Heart of Our City** The General is recognized as one of the finest public hospitals and is home to many of the country’s leading physicians. The Rebuild will provide a hospital facility to match that expertise. Transitioning into the new building will require development of new departmental operations plans that meet state licensing requirements, management of the move process and training for staff on the new equipment. An experienced transition planning consultant will be needed to ensure continued quality patient care delivery throughout that process.

## ***VOLUNTEER SERVICES***

In FY 2010-2011, more than 500 volunteers provided over 66,000 hours of service. Some of the SFGH departments and programs that utilize volunteers include:

Admitting	Massage Therapy
Adult Medical Center	Medical/Oncology
Adult Surgical	Medical Social Service
Avon Comprehensive Breast Care Center	Messenger Service
Birthing Center	Occupational Therapy
Burn/Wound Care Clinic	Patient Accounting
Child and Adolescent Services	Patient Advocate
Children's Health Center	Peer Counseling
Chaplaincy	Play Therapy Program
Clinical Labs	Psychiatry
Child Trauma Research	Refugee Medical Clinic
Emergency Department	Rehabilitation Services
Employee Health Service	SF Behavioral Health Center
Environmental Services	Skilled Nursing Facility
Family Health Center	Surgicenter (Surgery Day Care)
Health Information Services	Tom Waddell Health Clinic
Hospital Administration	Trauma Recovery Center
Infant Care Center	Urgent Care
Infant Parent Program	Utilization Management
Infection Control	Ward 86 AIDS Clinic
Interpreter Services	Ward 93 Methadone Clinic
Laundry and Linen Service	Women's Health Center

The Volunteer Department also spearheads the annual children's holiday party for SFGH patients. In December 2010, more than 500 children and their families attended the event, which included pictures with Santa, face painting, the SF Mobile Zoo, the George Washington High School band, orchestra, and choir, Charles Dickens Carolers, and health & wellness 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 promoting excellence in research, education and care for all at San Francisco General Hospital and Trauma Center. Since its founding in 1994, the Foundation has raised more than \$50 million, helping to directly impact nearly 100,000 patients each year. The Foundation has helped to build the Avon Comprehensive Breast Center, renovated the Trauma Center Triage Room and the Women's Option Center, brought care to HIV infected children, provided education and support to cancer patients, and contributed to 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 6th Annual Heroes & Hearts luncheon and Hearts After Dark evening event on February 10, 2011 was the most successful yet, raising more than \$1.5 million for programs at SFGH.



Judy Guggenhime, Chair, SFGH Foundation Board of Directors; Nina Merrill Gomez, Hearts Planning Committee; 2011 Hero John Weidinger, Volunteer, SF Education Fund at Cleveland Elementary School; 2011 Hero Dr. Shannon Thyne, Chief of Medical Staff and former Medical Director, Children's Health Center, SFGH; 2011 Hero Dewey Rosetti, Founder, Parents Education Network; 2011 Hero Judge Mary Morgan, Superior Court of California; Stephanie Bray, Executive Director, SFGH Foundation

# *San Francisco General Hospital Foundation*

## *2010 Hearts Grant Recipients*

In 2010, over \$1.2 million in Hearts Grants were awarded to the following SFGH programs:

Renal Center's Intradialytic Exercise Program	\$2,958.00
Quality of Life Project	\$3,133.00
Sleep Study Program	\$3,200.00
Quality & Safe Care through Storytelling	\$3,472.95
Peri-Op Services Improvements	\$4,000.00
Cultural Humility Task Force	\$4,300.00
The Wraparound Project Empowerment Center	\$4,490.00
Use of Distractions for ED Pediatric Patients	\$4,550.00
Patient Feedback/Education Kiosks in Acute Care Psychiatry	\$4,800.00
Preventing Teen Pregnancy by Improving Depo-Provera Use	\$4,800.00
Postpartum Teaching for the New Generation	\$4,810.00
MHRC Music Therapy Program	\$4,908.56
Chronic Pelvic Pain Educational Program	\$4,969.00
ACE Enhancement Project	\$5,000.00
Vocational Rehabilitation Services	\$5,000.00
Work: Not To Be Taken for Granted	\$5,000.00
Allergenic Mattress/Pillow Cover Reserve Supply	\$5,635.53
SF Community Fair Outreach	\$7,050.00
Next Steps in Diabetes Care at SFGH: Getting the Word Out	\$9,950.00
Health at Home	\$10,000.00
Expectant Parents & Healthy Newborn Activities	\$10,000.00
Dorothy Washington Scholarship Fund	\$10,500.00
Improvements for Peri-Op Waiting Room	\$11,500.00
Dialysis Patient Comfort Project	\$16,960.00



“Echo” by John Haines



“Vogel Muziek” by Adrian Card

# *San Francisco General Hospital Foundation 2010 Hearts Grant Recipients*

Traumatic Brain Injury Patient Education	\$21,241.00
ICU Family Room Upgrade	\$22,500.00
Cancer, Awareness, Resources and Education Program	\$25,000.00
CVP Capital Renovation Project	\$25,000.00
HIV/AIDS Respite Housing Program	\$25,000.00
Thermal Specimen Label Printers for Patient/Staff Safety	\$25,000.00
Palliative Care Education	\$24,000.00
Healing Environment in Women's Health Center	\$32,500.00
Shared Governance Initiative	\$25,000.00
Adult Rigid Contact Lens Program	\$25,000.00
Wellness Center Renovation Project	\$60,000.00
5C Team Building Training	\$20,500.00
Neonatal Simulation Equipment Program	\$42,017.11
Telepathology System	\$45,045.00
Culture of Excellence	\$44,971.00
Center for Vulnerable Populations	\$50,000.00
ED Patient Flow Improvement	\$50,000.00
Interpreter Services	\$50,000.00
Launch of Spiritual Care & CPE Program	\$50,000.00
Perry Outreach Program	\$50,000.00
Videostroboscopy Unit for 4M Clinic	\$57,731.20
Community Primary Care Spirometry Program	\$61,205.00
Patient Simulator for Clinical Education	\$92,500.00
Expanding Cardiac Cath Lab Capacity	\$77,700.00
GeneXpert for Infection Diagnosis	\$121,033.00



“Venus” by Sofia Harrison



“Small Joys” by Reed Slater

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

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

### **Grants**

Avon Foundation: \$750,000 to support the comprehensive patient education and support and research programs and services of the Avon Comprehensive Breast Care Center.

That Man May See, Inc.: \$500,000 to the Ophthalmology Service to renovate and stock new examination rooms, office space, and a waiting area for the Pediatric Eye Center at SFGH.

Kaiser: \$400,000 to sustain the innovative work of the San Francisco Specialty Care Initiative Coalition led by the Center for Innovation in Access and Quality at SFGH to further improve the coordination of health care delivery between primary and specialty care providers across San Francisco's healthcare safety net.

Aetna Foundation: \$250,000 to define and measure integrated care in order to eliminate inequities in care.

Kalmanovitz Charitable Foundation: \$250,000 to support the Center for Vulnerable Populations space renovation project at 2789 25<sup>th</sup> Street, San Francisco.

The Horace Goldsmith Foundation: \$200,000 to bring wireless video medical interpretation (VMI) to the inpatient units and Emergency Department and to establish the basis to provide remote American Sign Language interpretation throughout the SFGH campus as well as the SFDPH community health centers.

The Stanley S. Langendorf Foundation: \$150,000 to support the Center for Vulnerable Populations space renovation project at 2789 25<sup>th</sup> Street, San Francisco.

San Francisco Health Plan: \$111,778 and several incentive gifts associated with the Video Medical Interpretation (VMI) project, Health Education Compensation, Strength In Numbers and Optimizing the Primary Care Improvement Projects.

Chevron Energy Solution: \$100,000 through their sponsorship of Heroes & Hearts to support the Perry Outreach Program, a program that encourages young female high school students to pursue further training in medicine and/ or engineering.

The San Francisco Foundation: \$63,198 to the Cancer, Awareness, Resources, and Education (CARE) program and \$25,000 to support the SFGH Medical Legal Partnership program.

State of California—Department of Public Health: \$81,500 to support the Network for Healthy California – Chinese Project at Chinatown Public Health Center.

Center for Orthopaedic Trauma Advancement: \$75,000 to the SFGH Orthopaedic Trauma Institute over one year for an orthopaedic trauma fellowship.

The Orthopaedic Research and Education Foundation (OREF) : \$52,600 to the SFGH Orthopaedic Trauma Institute over one year for an orthopaedic trauma fellowship.

Ashlyn Dyer Foundation: \$50,000 through their sponsorship of Heroes & Hearts to support the Department of Neurosurgery Neurotrauma Fund at SFGH.

Mimi & Peter Haas Fund: \$50,000 to support the Bay Area Perinatal AIDS Center (BAPAC) at SFGH.

McKesson Foundation: \$50,000 through their sponsorship of Heroes & Hearts to support the Center for Vulnerable Populations.

Bank of America Charitable Foundation: \$40,000 through their sponsorship of the Heroes & Hearts event to support the Department of Psychiatry Vocational Rehabilitation program.

Synthes, Inc.: \$25,000 to the Institute for Global Orthopaedics and Traumatology (IGOT) over one year to support a research fellowship.

Macy's: \$25,000 to support the Bay Area Perinatal AIDS Center (BAPAC) at SFGH through their support of the Heroes & Hearts event.

Lisa and Douglas Goldman Foundation: \$25,000 to support the Medical Legal Partnership program within the Department of Pediatrics at SFGH.

William G. Gilmore Foundation: \$25,000 to support the Medical Legal Partnership program within the Department of Pediatrics at SFGH.

Wells Fargo Bank: \$50,000 to support the Center for Vulnerable Populations space renovation project at 2789 25<sup>th</sup> Street, San Francisco.

Hellman Family Foundation Awards, grants in support of attending physicians who have demonstrated promise in creativity in research or other scholarly activities, were awarded to:

- **Kamran Atabai**, M.D., Pulmonary, to study molecular pathways that may ultimately serve as targets for pharmacological therapy for the treatment of fibrotic disease.
- **Judith Hahn**, M.D., Infectious Disease, to conduct biomarker testing of plasma samples to estimate the level of heavy alcohol consumption among HIV-positive patients initiating retroviral therapy in Mbarara, Uganda.
- **Renee Hsia**, M.D., Emergency Medicine, for research to determine whether there are disparities in access to emergency care, particularly for vulnerable populations.
- **Sara Newmann**, M.D., Obstetrics/Gynecology, to research fertility desires and family planning among HIV-infected couples in Nyanza Province, Kenya.

## Research

There are more than 200 Principal Investigators at SFGH with over \$200 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 Muñoz**, 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.)

### **Staff Recognition & Awards**

**Ann Brunetta, RN**, received the **RN Daisy Award**.

**Andre Campbell, M.D.**, received the **UCSF Martin Luther King, Jr. Award for Diversity Efforts** and a **Certificate of Honor** from the City & County of San Francisco Board of Supervisors for his professional accomplishments and contributions to the community.

**Ellen Chen, M.D.**, received the **Excellence in Teaching Award** from the Haile T. Debas Academy of Medical Educators.

**CEO Sue Currin, RN, MSN**, was appointed as **Chair of the Governing Board of the San Francisco Health Plan**, a licensed community health plan that provides affordable health care coverage to over 60,000 low and moderate-income families. Ms. Currin was also selected by the San Francisco Business Times as one of the **Bay Area's Most Influential Women**.

**Rochelle Dicker, M.D.**, received the **Chancellor's Award for Public Service** for her work as the director and founder of the **Wraparound Project**, a violence prevention program at SFGH.

**Marilyn Dobbas, RN**, received the **RN Daisy Award**.

**Eleanor Drey, M.D.**, received the **Excellence in Teaching Award** from the Haile T. Debas Academy of Medical Educators.

**Sarah Eichstadt** received a \$2,500 **Dorothy Washington Scholarship** for higher (BSN or MSN) education.

**David Elkin, M.D.**, was inducted into the **Haile T. Debas Academy of Medical Educators** in recognition of his extraordinary teaching abilities.

**Richard Fine, M.D.**, received the 2011 SF Business Times **Health Care Heroes Award** for his work in the Department of Medicine and the community.

**Susan Fisher-Owens, M.D.**, received the **2011 Academic Pediatric Association Health Care Delivery Award** in recognition of her work in improving children's oral health by providing fluoride varnish in the primary care setting.

**Anne Flemming, M.D.**, received the **Excellence in Teaching Award** from the Haile T. Debas Academy of Medical Educators.

**Nora Goldschlager, M.D.**, received the **EMS Hospital Provider Award** for her outstanding performance as a cardiologist at SFGH.

**Will Huen, M.D.**, was selected to participate in the **National Association of Public Hospitals and Health Systems 2011 Fellows Program**.

**Brandi Lynn Jackson, RN**, received the **RN Daisy Award**.

**Calvin Gregg Johnson** received a **2011 Jefferson Award** for his extraordinary public service in the Bayview as a substance abuse counselor.

**M. Margaret Knudson, M.D.**, received the **National Safety Council Surgeons Award for Service to Safety** for her leadership in injury prevention and control.

**Linda Kopp, RN**, received a \$2,500 **Dorothy Washington Scholarship** for higher (BSN or MSN) education.

**Abner Korn, M.D.**, received the **Excellence in Teaching Award** from the Haile T. Debas Academy of Medical Educators.

**Anda Kuo, M.D.**, received an **Innovations Funding** grant from the Haile T. Debas Academy of Medical Educators at UCSF to expand evaluation of the Leadership and Observation Feedback Tool (LOFT). Dr. Kuo also received the 2011 **Academic Pediatric Association Teaching Award** for her work with the UCSF PLUS (Pediatric Leadership for the Underserved) Program at SFGH.

**Daphne LaZare, RN**, received a \$2,500 **Dorothy Washington Scholarship** for higher (BSN or MSN) education.

**Michelle Lin, M.D.**, was inducted into the **Haile T. Debas Academy of Medical Educators** in recognition of her extraordinary teaching abilities.

**Dahianna Lopez, RN, MPH**, received the **Chancellor's Award for Public Service**.

**Alfredo Mireles, Jr., RN**, was selected by the University of California Board of Regents to serve as a **Student Regent** for 2011-2012.

**Ricardo Muñoz, M.D.**, received the 6th Annual UCSF Postdoctoral Scholars Association **Outstanding Faculty Mentorship Award** for consistently providing exceptional guidance and support to postdocs at UCSF.

**J. Renee Navarro, M.D.**, was named as the first **Vice Chancellor of Diversity and Outreach** at the University of California, San Francisco.

**Iman Nazeeri-Simmons, MPH**, received the SF Business Times **Health Care Heroes Award** for her work as the SFGH Chief Quality Officer. Ms. Nazeeri-Simmons was also appointed for a three-year term to the **California Health Care Safety Net Institute Board of Directors**.

**Nancy Parker, RN, MSN, CNL**, received the 2011 **O'Connell Society Award** for her outstanding leadership and mentorship of new nurses.

**Jep Poon**, SFGH Renal, received the **Chancellor's Award for Exceptional University Service**.

The following providers in the **Rape Treatment Center** were honored during **National Forensic Nurses Week** for their dedication and talent in providing respectful, compassionate, and effective forensic medical exams to patients in the Emergency Department:

**Ruthann Armstrong, NP**

**Kris Bleything, NP**

**Lou Bolin, NP**

**Brian Davis, NP**

**Jessica Dodge, PA**

**Kara Duffy, PA**

**Diana Emerson, NP**

**Janet Hines, NP**

**Kelly Lippi, NP**

**Susan Miller, NP**

**Joan Okasako, NP**

**Anita Roberts, RN**, received a \$2,500 **Dorothy Washington Scholarship** for higher (BSN or MSN) education.

**Baljeet Sangha, MPH**, received the **Early Career Healthcare Executive Award** from the California Association of Healthcare Leaders in recognition of his leadership ability.

**George Sawaya, M.D.**, was inducted into the **UCSF Gold-Headed Cane Society**, honoring faculty who by example or instruction, pass on the qualities of a true physician to those in training.

**William Schecter, M.D.**, received the **Chancellor's Award for Public Service**.

**Cathryn Thurow** received the 12th Annual **Holly Smith Award for Exceptional Service** to the UCSF School of Medicine.

**Shannon Thyne, M.D.**, was honored at the 6th Annual **Heroes & Hearts** Luncheon for her work as the Medical Director of the Children's Health Center at SFGH.

**Juan Vargas, M.D.**, received an **Innovations Funding** grant from the Haile T. Debas Academy of Medical Educators at UCSF to create an interdisciplinary program to standardize basic obstetric ultrasound knowledge and skills.

**Elizabeth Wilson, M.D.**, was inducted into the **Haile T. Debas Academy of Medical Educators** in recognition of her extraordinary teaching abilities.

## ***QUALITY DATA***

Below are the core quality data that SFGH routinely submits to external agencies for public reporting, displayed on the California report card website: CalHospitalCompare.org. 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 these 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

For the majority of measures, SFGH performs at or above national and state averages. Public performance data for some measures show improvement from the previous year:

### **Pneumonia**

<b>Measure</b>	<b>2009</b>	<b>2010</b>
Blood culture taken before antibiotics administered	78%	86%
Antibiotic given within 6 hours	84%	90%
Recommended antibiotic selection	82%	100%

Improvement strategies included:

- Establishment of a pneumonia antibiotic guideline for physicians
- Involvement of Infectious Disease physician and antibiotic Clinical Pharmacist in the pneumonia review process.
- Establishment of Emergency Department Flow improvement initiative to improve time to first dose of antibiotics.

### **Hospital Acquired Pressure Ulcers**

<b>Measure</b>	<b>2009</b>	<b>2010</b>
Hospital acquired pressure ulcer rate	4.4%	3.1%

Improvement strategies included:

- 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.

An area identified for focused improvement is the **HCAHPS Patient Experience Survey** results. As part of the SFGH Strategic Plan, Service Excellence is a key value with a commitment to establish a formal program over the next five years. Key milestones include:

- Select a service excellence framework by October 2011.
- Assess current staff satisfaction by December 2011.
- Develop a Behavioral Credo by October 2011 that is posted and signed by all staff at hire and annually during performance appraisal.
- Implement ambulatory care (CG CAHPS) patient experience survey in Primary Care and Specialty Care clinics.
- Provide service excellence training for staff, patients and families.

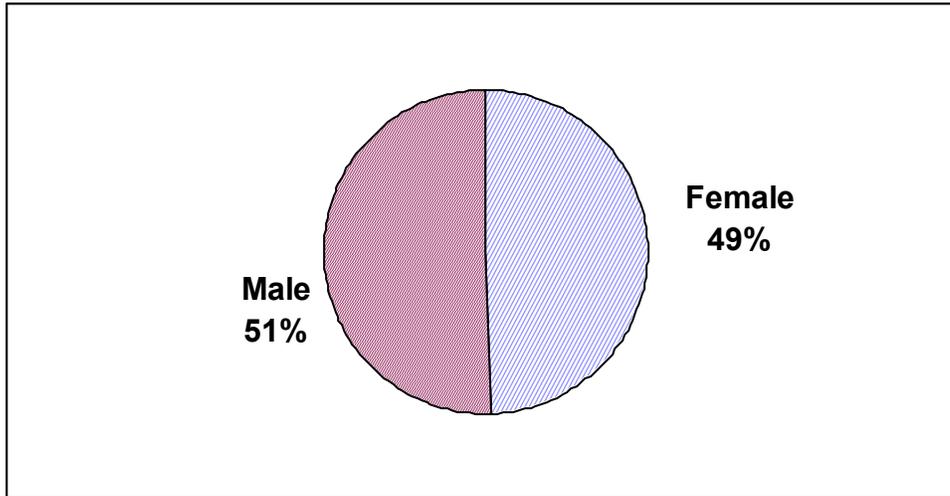
Current departmental initiatives focused on improving patient experience include:

Operating Room	Improve efficiency/reduce patient waits – 30 minute room turnover/ 7:30 AM starts
Critical Care/Respiratory	Collect baseline critical care patient satisfaction data
Surgical Specialty Clinics	Decrease waiting time for provider
Radiology	Improve patient education materials Improve Ultrasound physical environment
Renal	Improve patient survey scores regarding physical environment
Rehabilitation	Improve comprehensive services for amputees
Emergency	Pilot collection of patient satisfaction data
Environmental Services	Provide patient feedback cards in all patient rooms
Family Health Center	Improve telephone access
Children’s Health Center	Reduce waiting time for clinic visits
Urgent Care Center	Decrease visit time
Med Surg Nursing	Improve Communication about Medicine with goal of increasing HCAHPS positive score
Perinatal Nursing	Increase postpartum patient participation in Patient Engagement Education Program

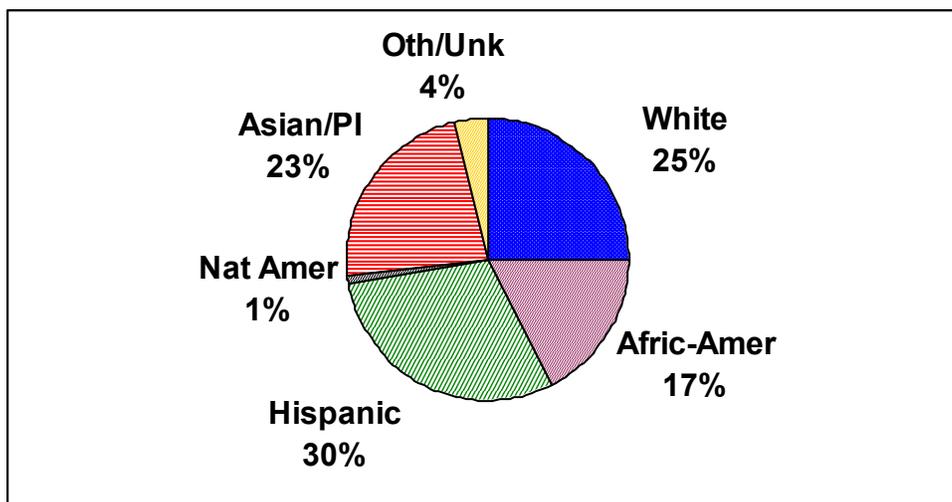
## ***Facts & Financials***

San Francisco General Hospital & Trauma Center treated 102,802 people in Fiscal Year 2010-2011.

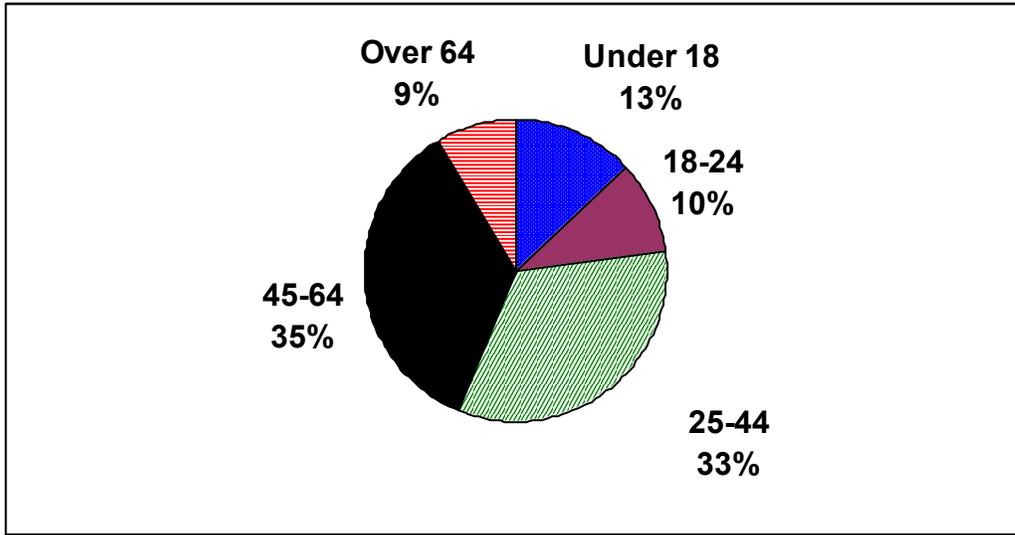
Patients served were 51% males and 49% females. This is the same as the 2007 U.S. Census Bureau estimate for San Francisco. (American FactFinder, U.S. Census Bureau)



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 25% 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; 17% 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.



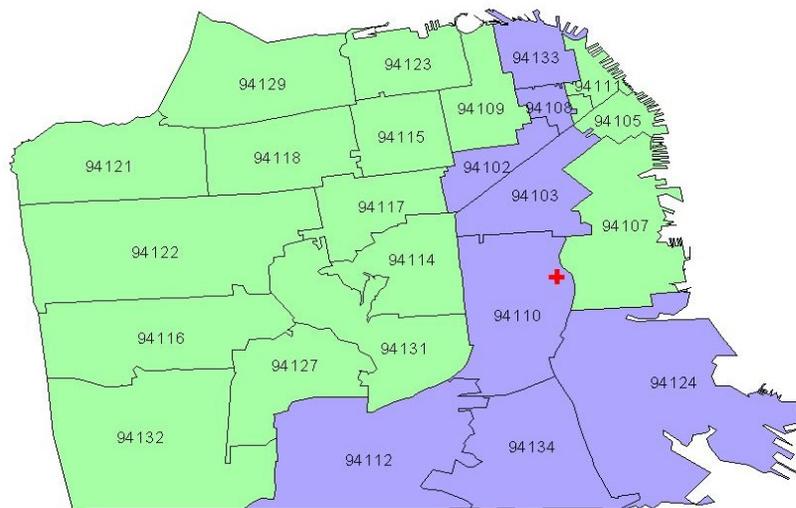
SFGH's patient population is younger than the general population - 78% are between the ages of 18 and 64, whereas 71% of the City's residents are in this age range. Fifteen percent of the City's population is over age 65; this group makes up 9% of the hospital's patient population.



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:

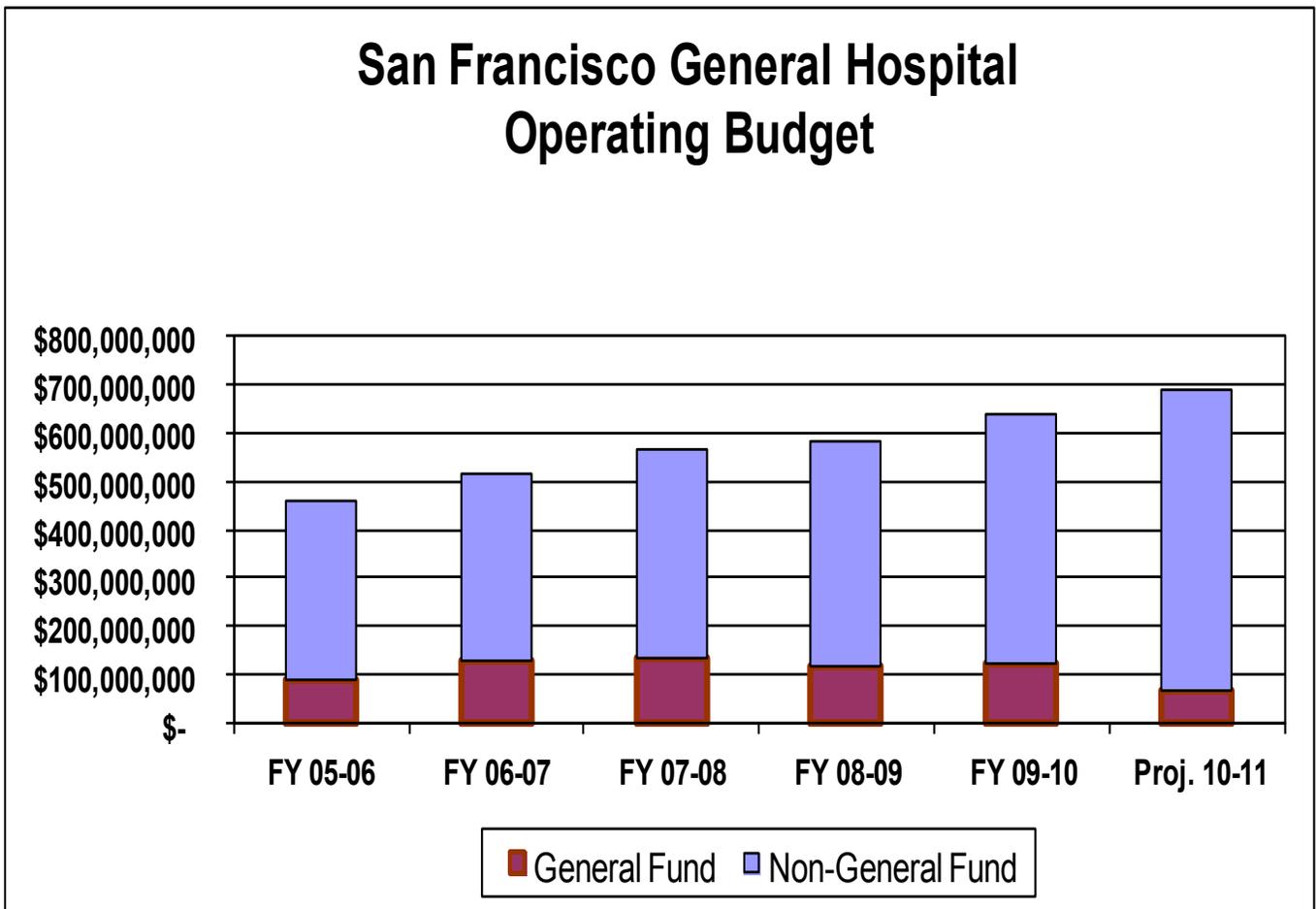
- North of Market (94102) 7%
- South of Market (94103) 7%
- Potrero Hill/Mission (94110) 14%
- Outer Mission (94112) 12%
- Bayview/Hunters Point (94124) 10%
- Visitacion Valley (94134) 7%
- Chinatown (94108/94133) 3%



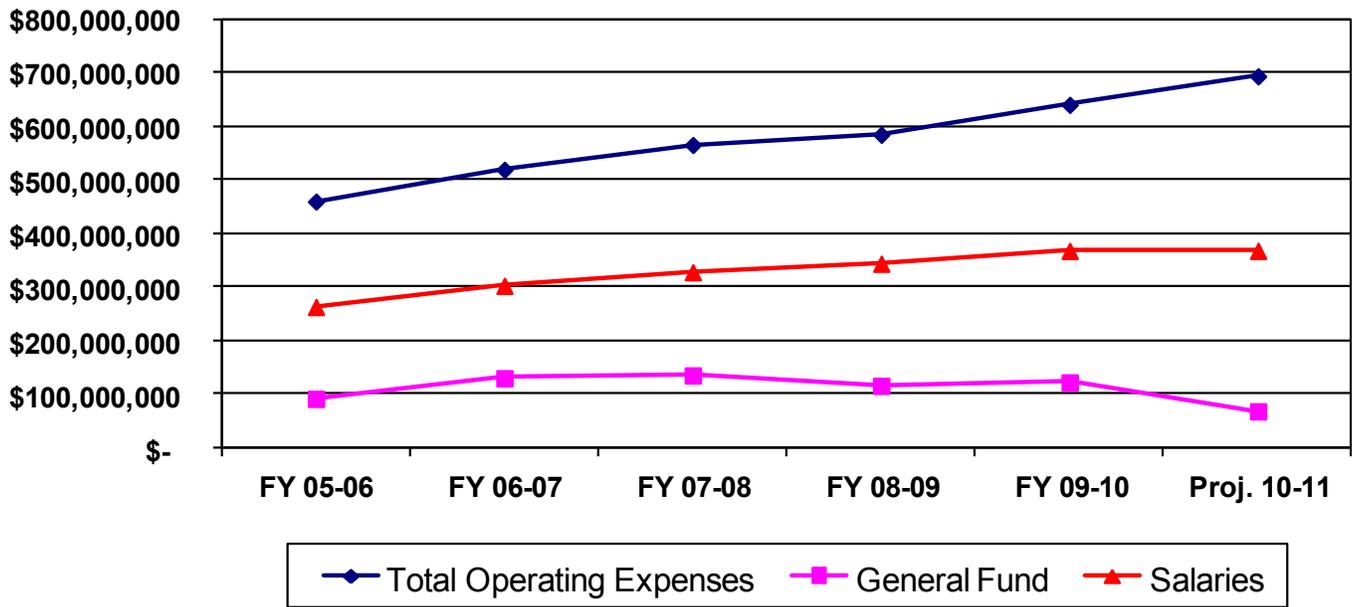
The following table shows activities by payer type for fiscal year 2010-2011.

Payer Sources	Inpatient Days	Outpatient Encounters
Uninsured	31%	36%
Commercial	3%	1%
Medi-Cal	39%	28%
Medicare	22%	16%
Others (Healthy Families, Research, Jail, Workers' Comp, CHN capitated plans)	6%	19%

Total operating expenses for SFGH in FY2010-2011 increased by 8% over the previous fiscal year, from \$639,904,000 to \$693,173,000. The FY2010-2011 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 10% in FY2010-2011.



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



	<u>FY 05-06</u>	<u>FY 06-07</u>	<u>FY 07-08</u>	<u>FY 08-09</u>	<u>FY 09-10</u>	<u>Proj. 10-11</u>
Total Operating Expenses	\$459,446,000	\$518,807,000 +13%	\$565,051,000 +9%	\$584,158,000 +3%	\$639,904,000 +10%	\$693,173,000 +8%
General Fund	\$91,485,000	\$129,890,000	\$135,137,000	\$115,789,000	\$122,080,000	\$68,155,000
Pct of Total Budget	20%	25%	24%	20%	19%	10%
Non-General Fund	\$367,961,000	\$388,917,000	\$429,914,000	\$468,369,000	\$517,824,000	\$625,018,000
Salaries	\$262,820,000	\$302,399,000	\$327,662,000	\$343,516,000	\$367,496,000	\$367,575,000
Pct of Total Budget	57%	58%	58%	59%	57%	53%

## ***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**

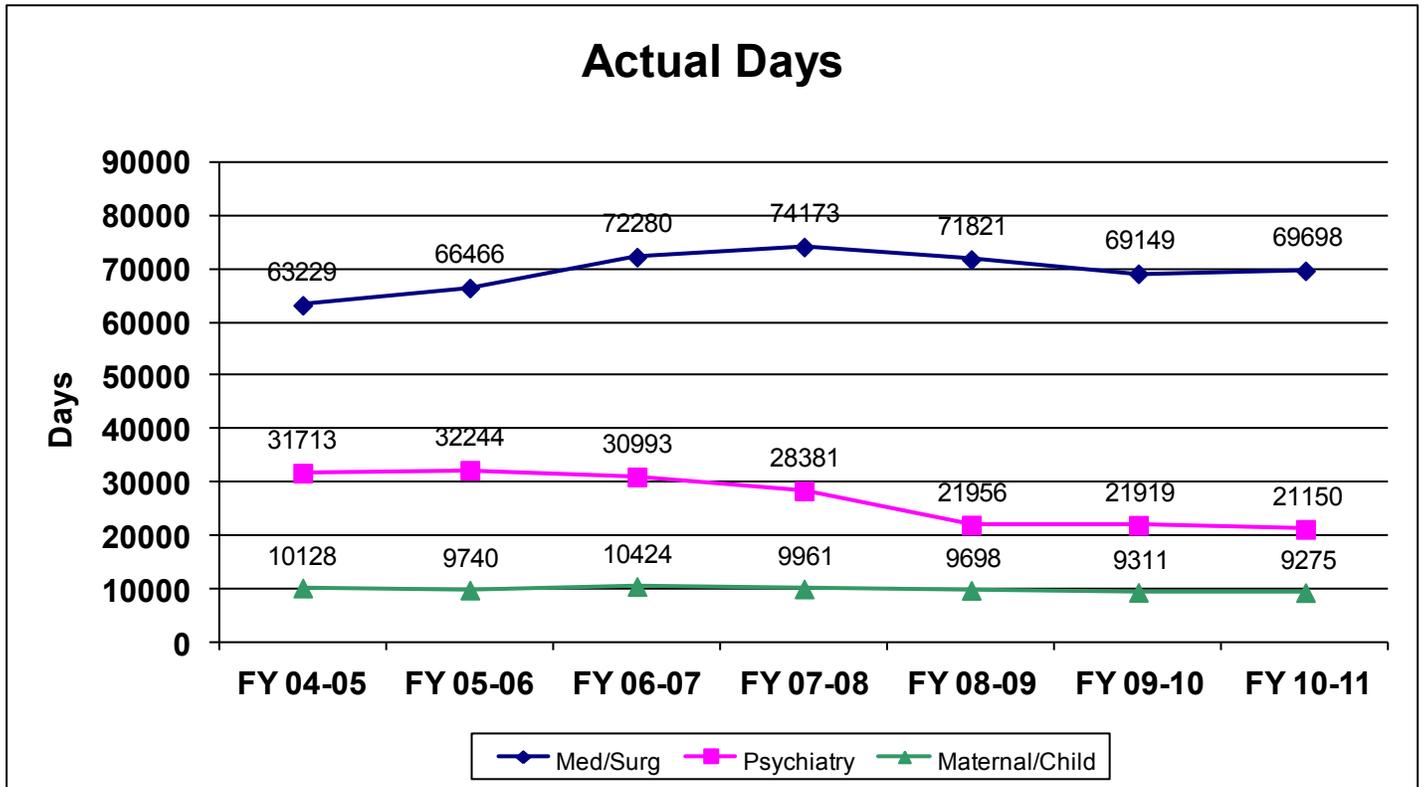
In Fiscal Year 2010-2011, there were **16,120 acute admissions**, of which **12% were acute psychiatric**. There were **100,123 patient days** of which **21% were acute psychiatric**. The ten most frequently occurring acute inpatient diagnoses were:

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

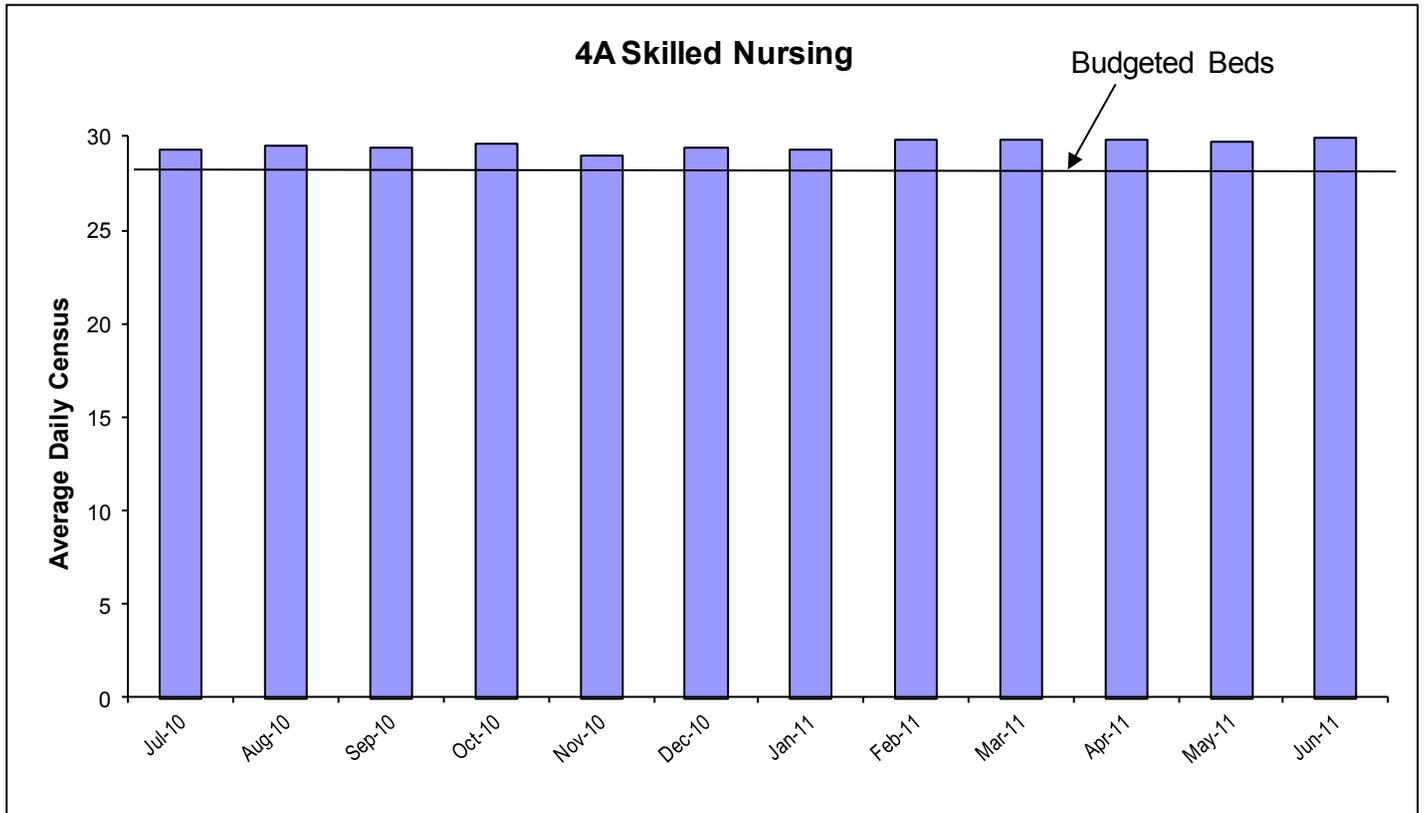
The average daily census for SFGH's Medical/Surgical services was 216. Bed occupancy runs from 77% to 96%.

The average daily census for Acute Psychiatry was 58. Average bed occupancy in Acute Psychiatry is 83%.

The number of Medical/Surgical days has remained steady for the past six years, while the number of Psychiatric days decreased by 25% and the number of Maternal/Child days decreased by 6%. The decrease in Psychiatry is due to a concerted effort to place non-acute patients in the community.



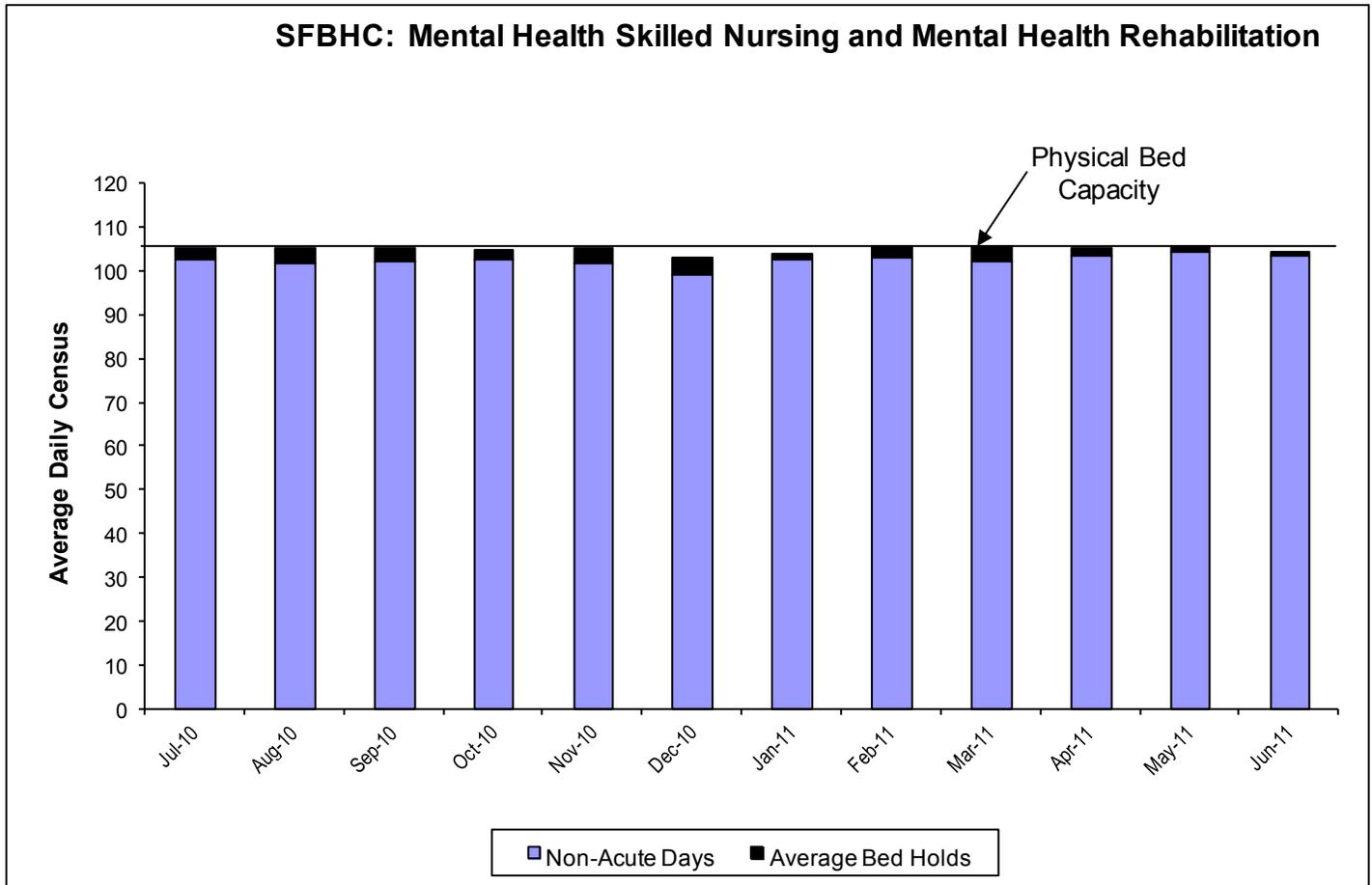
SFGH maintains a 30 bed short-term Medical/Surgical Skilled Nursing unit. This unit provides short-term non-acute care for patients awaiting or recovering from a procedure, patients requiring aftercare that is unable to be administered at home, and patients awaiting placement. The average length of stay is 39 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:

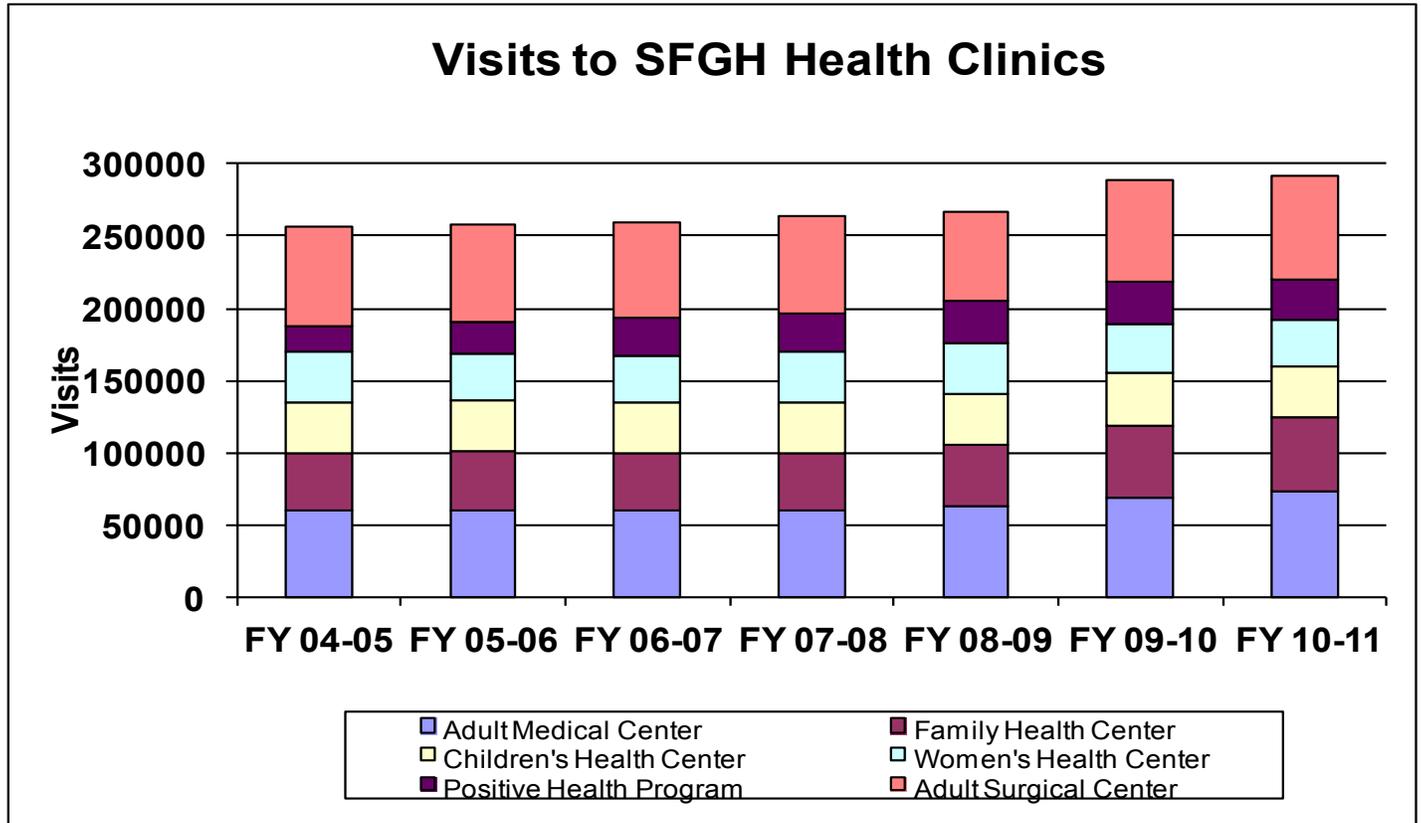
- Mental Health Rehabilitation: licensed by the California Department of Mental Health (DMH), the Mental Health Rehabilitation Program has 47 beds and focuses on psychosocial rehabilitation of clients with severe and persistent mental illness. The average daily census is 45.
- Skilled Nursing Facility: 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 58.
- 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 2.5 per day). When SFBHC patients are seen in Psychiatric Emergency Services or the Emergency Departments, those beds are held awaiting the patients’ return. However, bed holds are not included in the SFBHC daily census as those patients are included in either the PES or ED census.

## Ambulatory Services

In Fiscal Year 2010-2011, 552,244 encounters were documented, of which 26% were primary care, 32% were specialty care, 10% were Emergency, 4% were urgent care, 20% were diagnostic and 8% 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:

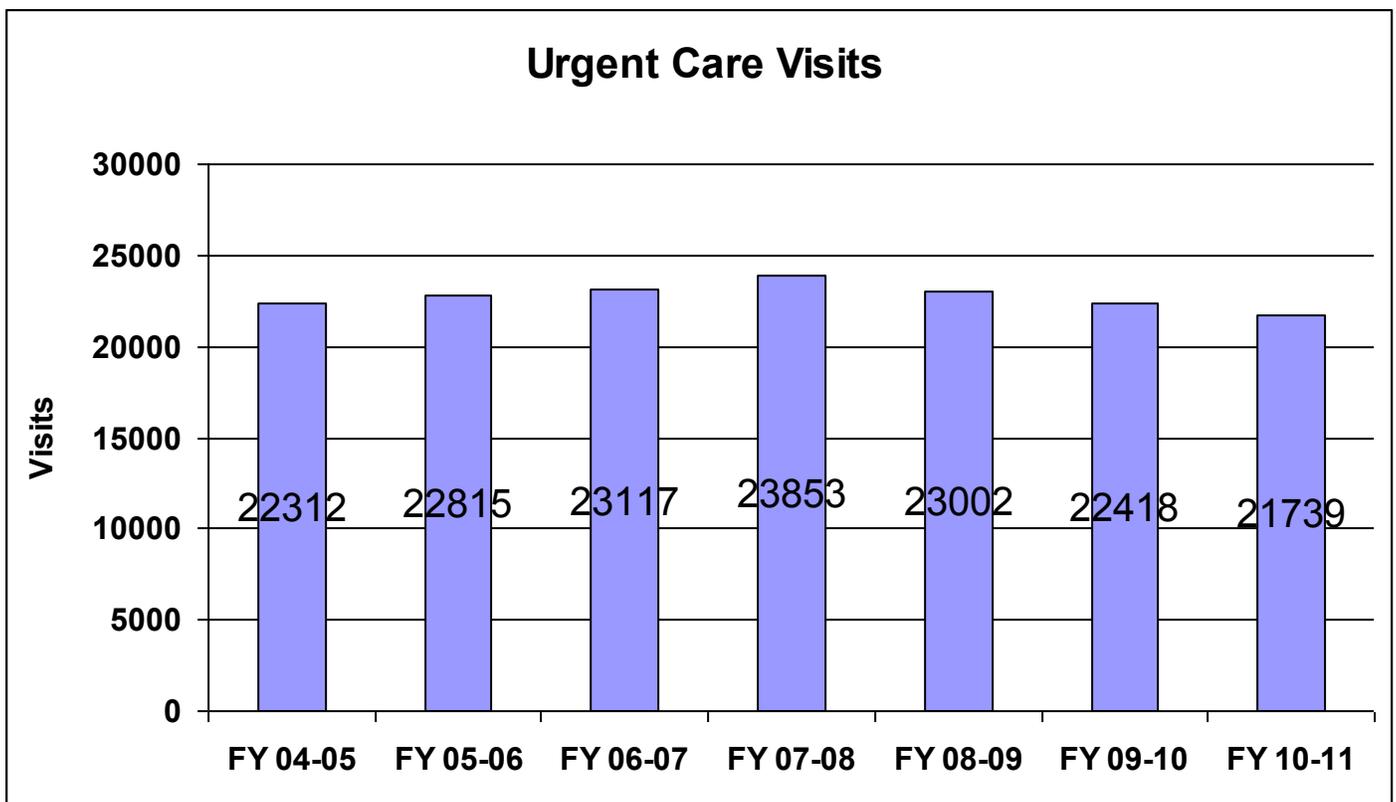
- Primary Care
- Dermatology
- Pulmonary
- Endocrinology
- Mental health services
- Lymphoma
- Women's Health
- Oncology
- Health education

**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 21,739 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 27% Caucasians, 22% African-Americans, 30% Hispanics, 16% Asian/Pacific Islanders, and 5% others.



Of visits to Urgent Care, 89% were by San Francisco residents, 4% by out-of-county residents, and 7% by people who were homeless. Of the San Francisco residents, over 50% were from 6 zip code areas: 94110 Mission (16%), 94112 Outer Mission (11%), 94124 Bayview/Hunters Point (11%), 94134 Visitacion Valley (7%), 94102 Tenderloin (6%), and 94103 South of Market (7%).

## Emergency Services

**The SFGH Emergency Department (ED)** is a 24-hour, 7-day a week service licensed by the State of California for comprehensive emergency services. The ED provides resuscitation care for the Trauma Center (Level I) and is the primary receiving facility for mass casualty events. In Fiscal Year 2010-2011, over 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, 40% were females and 60% 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 (26% vs. 30%), Asians/Pacific Islanders (14% vs. 23%) and higher use by Caucasians (29% vs. 25%) and African-Americans (25% vs. 17%).

Of visits to the ED, 73% were by San Francisco residents, 12% by out-of-county residents, and 15% by people who were homeless. Of the San Francisco residents, 68% were from 6 zip code areas: 94110 Mission (16%), 94124 Bayview/Hunters Point (14%), 94112 Outer Mission (12%), 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 nearly 7,000 cases, of which 17% 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 (10% vs. 30%) and Asians/Pacific Islanders (8% vs. 23%) and higher use by Caucasians (49% vs. 25%) and African-Americans (26% vs. 17%).

Of the PES encounters, 60% were by San Francisco residents, 7% by out-of-county residents, and 29% by people who were homeless. Of the San Francisco residents, 65% were from 6 zip code areas: 94110 Mission (16%), 94102 Tenderloin (13%), 94103 South of Market (15%), 94109 City Hall/Polk Gulch (8%), 94124 Bayview/Hunters Point (7%), and 94112 Outer Mission (6%).

## **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***

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Tangerine Brigham, Deputy Director, Public Health  
Colleen Chawla, Deputy Director, Public Health  
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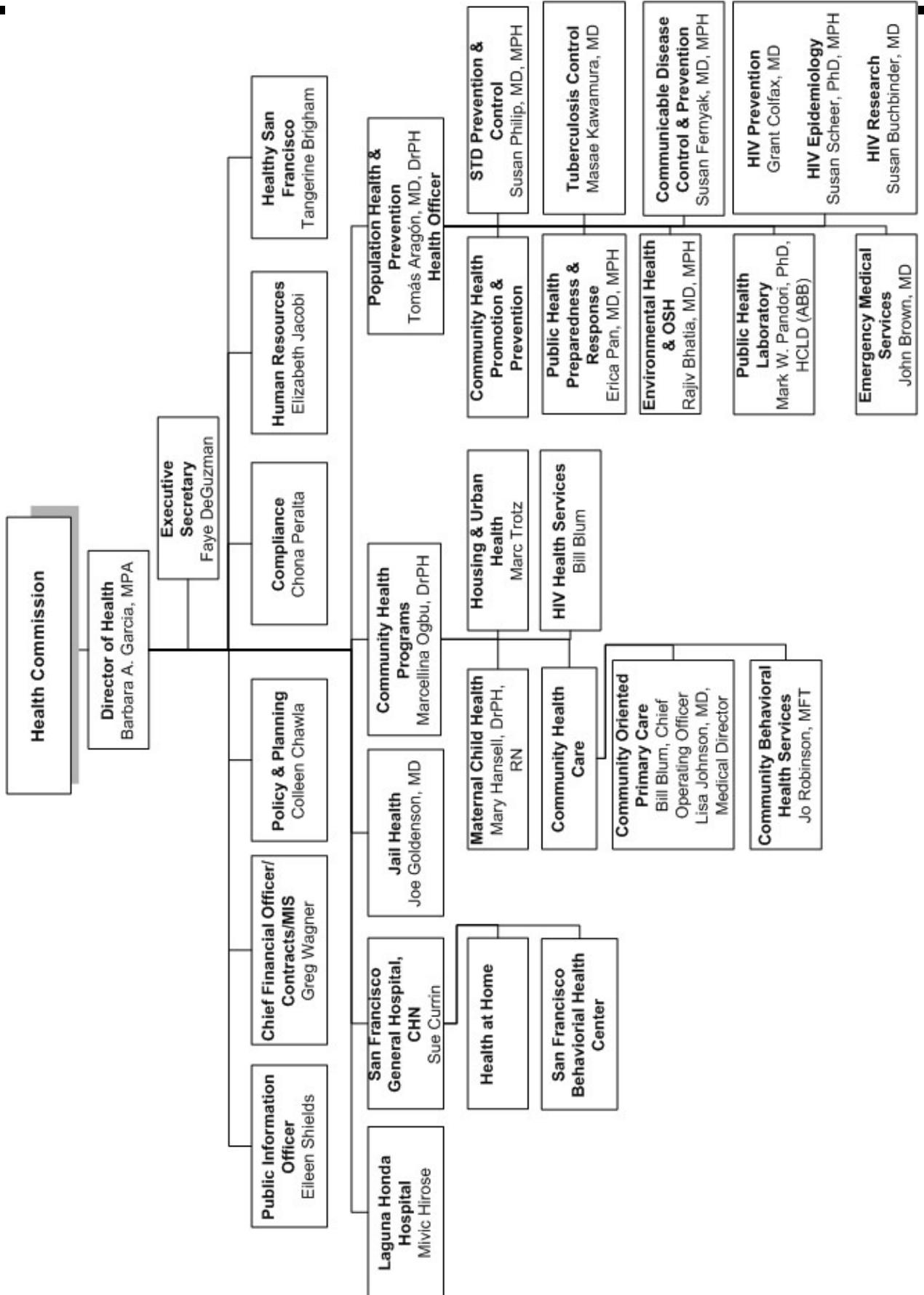
## **SFGH Executive Staff**

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  
Morgen Elizabethchild, Interim Director, Health at Home  
Valerie Inouye, Chief Financial Officer  
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Kathy Murphy, Deputy City Attorney  
Iman Nazeeri-Simmons, Chief Quality Officer  
Cathryn Thurow, Assistant Dean, Administration & Finance, Dean's Office  
Shannon Thyne, M.D., Chief of Medical Staff  
Sharon McCole Wicher, Chief Nursing Officer  
David Woods, Associate Administrator, Pharmaceutical Services

## **San Francisco General Hospital Foundation**

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

# Governance





**IN MEMORIAM  
KEVIN MACK  
1958-2011**



San Francisco General Hospital and Trauma Center lost a beloved and respected psychiatrist this year, Dr. Kevin Allen Mack . Dr. Mack was born on November 21, 1958, in Grosse Point, Michigan to Kathleen and Thomas Mack. He died on Thursday, July 14, 2011. He was 52 years old.

Dr. Mack was a devoted husband and father. He met his partner, Naoki, 20 years ago in Hawai'i where he attended the University of Hawai'i John A. Burns School of Medicine. His training took him to Boston, New York and Italy, and ultimately brought him to San Francisco. Kevin and Naoki were married in 2008 at San Francisco City Hall surrounded by their family and friends, most notably their two children, Chiaki, 7, and Nobu, 4.

As a psychiatrist, Dr. Mack dedicated his practice to the underserved. In addition to the time he spent seeing patients, he was passionate about advancing the field of medical education. Among his major achievements in this area was the redesign of the UC Berkeley-UCSF Joint Medical Program's traditional didactic curriculum to a Problem-Based Learning model. Most recently, he was involved with the World Health Organization in helping to modernize medical education in Ethiopia.

Dr. Mack touched thousands of lives through his personal and professional endeavors. He had the ability to connect sincerely with people from all walks of life and will be remembered by all for his compassion, kindness and generosity. He was a devout Catholic, who focused on the good in everyone, effortlessly calling upon us to be better people.

Thanks to The Kevin Mack ForeverMissed Memorial Website for biographical information and photograph .

**IN MEMORIAM  
ELLIOT RAPAPORT  
1925—2010**



The community of San Francisco General Hospital and Trauma Center lost one of the most prominent cardiologists of the 20th century this year, Dr. Elliot Rapaport. Dr. Rapaport died peacefully on Sunday, September 5, 2010. He was 85 years old.

Dr. Rapaport profoundly influenced the field of cardiology and distinguished himself at many levels. After receiving his medical degree in 1946 from The University of California, San Francisco (UCSF) School of Medicine, he completed his internship and residency at The University of California Hospital in San Francisco. He then completed a research fellowship and USPHS postdoctoral fellowship at UCSF School of Medicine and a second research fellowship at the Peter Bent Brigham Hospital (now the Brigham and Women's Hospital) in Boston from 1953 to 1955, working under the tutelage of Dr. Lewis Dexter. After his training, Dr. Rapaport returned to San Francisco and ultimately to San Francisco General Hospital (SFGH) in 1958 where he embarked on a remarkably successful career as a clinical investigator. He made seminal contributions to the development of the indocyanine green dye and the thermodilution methods of measuring vascular blood flow and cardiac output. The application of these approaches by Dr. Rapaport and others helped to elucidate the pathophysiology of numerous common cardiovascular diseases. Dr. Rapaport was centrally involved in the development of the assay of creatine kinase and its isoenzymes (creatin kinase MB) that has been used world-wide in the diagnosis of acute myocardial infarction. Many of Dr. Rapaport's 170 peer-reviewed publications have had a profound impact on the field of cardiology.

At SFGH, Dr. Rapaport held numerous leadership positions. He established the Division of Cardiology and served as its Chief from 1960 to 1992. Under his leadership it became one of the pre-eminent cardiology divisions in the United States and remains so to this day. Dr. Rapaport also served from 1985 to 1998 as the Associate Dean of the University of California, San Francisco School of Medicine, based at SFGH. In 2001, he became emeritus professor of medicine at UCSF School of Medicine, but continued to be involved in the cardiology service at SFGH until just a few days before he died.

Thanks to Peter Ganz, M.D. for biographical information

## *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.