

SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER



**Annual Report
Fiscal Year 2011—2012**

TABLE OF CONTENTS

This annual report is divided into three sections.

In section one, you will read highlights from each area of the strategic plan. Rather than catalogue every effort underway, we thought it would be more illuminating to feature a story that serves as an example of the exciting work being done to reach our goals. We have also included baseline data and metrics to indicate how we will measure the plan’s progress along the way. Each year, we will provide an update.

While the strategic plan is helping us to focus our preparations for the future, we are continuing to run a comprehensive medical and trauma center each and every day. Section two provides patient demographics, quality data, financial information and many facts and figures that describe our work.

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

CEO’s Message.....	page 4
SFGH Fact Sheet.....	page 5
SFGH Mission, Vision, Values & Goals.....	page 6
Section One	
SFGH Strategic Plan	page 8
Section Two	
Quality Data	page 21
Facts & Financials	page 24
SFGH Services	page 28
Section Three	
SFGH Rebuild	page 40
SFGH Volunteer Services	page 42
SFGH in the News	page 44
SFGH Joint Conference Committee	page 47
Leadership	page 49
Our Staff	page 51
SFGH Foundation.....	page 52



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

If you live in San Francisco, we are your hospital.

We are proud to be your trauma center, your safety net and your community source of health care and wellness. We are grateful for your support, and work hard every day to earn it. We cared for more than 100,000 patients this year, while building a beautiful new hospital for future generations.

It's been an invigorating and inspiring year. Our normally busy hospital has transformed into a hive of improvement work, as we ready ourselves for health reform and the move into the new hospital just a few years from now. I am very proud of the passion and dedication of our entire staff – from doctors and nurses to food servers, housekeepers, analysts, technicians, pharmacists and more. At the end of the day, it's all about the patients. We are making The General an even better place for them.

Our roadmap is our strategic plan. It is an ambitious, comprehensive guide that touches every aspect of the organization. The plan is based in the strength and potential of our people, systems and technology. In this annual report, we highlight examples of work that is moving the plan forward, helping us to reach our vision to advance community wellness by aligning care, discovery and education.

We are not doing it alone. Our patients are directly involved in many of these efforts. So are our community partners throughout the city and our sister services in the Department of Public Health. Our collaborations extend to individuals and businesses that support and expand our programs through the San Francisco General Hospital Foundation. As chair of the San Francisco Hospital Council, I see the city's hospitals working together to improve community health. We are so fortunate to be part of San Francisco's vision for a healthy city, with access to high quality care for all.

The ability of San Francisco General to contribute to that goal is strengthened by our century-long partnership with the University of California, San Francisco School of Medicine. Together, we improve the health and wellness of our community, by delivering world-class clinical care, conducting ground-breaking research and training the health care providers of tomorrow.

A shining example of that teamwork took place this summer, when our own Dr. Diane Havlir, Chief of the UCSF Division of HIV/AIDS at San Francisco General Hospital served as co-chair for the International AIDS Conference upon its historic return to the United States. The General was the first hospital to open its doors to AIDS patients 31 years ago, and Dr. Havlir and the entire team of experts here continue to lead the field, bringing us to a moment where the end of AIDS is within our reach.

From chronic disease to emergencies, all of our efforts are made possible by the leadership of the San Francisco Health Commission and Barbara Garcia, Director of Public Health. Our successes are owed to our talented and dedicated staff from every discipline. I am honored to represent them as we serve San Francisco. They really make San Francisco General the heart of our city.



SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER and TRAUMA CENTER

Why is San Francisco General Hospital Important?

San Francisco General Hospital and Trauma Center is the sole provider of trauma and psychiatric emergency services for the City and County of San Francisco. A comprehensive medical center, SFGH serves some 107,000 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
- *107,000+ patients treated
- *20% of all inpatient care in San Francisco
- *1,220+ babies born
- *55,000+ Emergency visits
- *40,000+ Urgent Care visits
- *3,900+ Trauma activations
- *30% of all ambulances come here
- *579,000+ outpatient visits
- *Approximately 2,700 City and 1,900 UCSF employees
- *32% of all UCSF resident training
- *\$129.8 million in charity care provided in FY2010—73% of all charity care provided in San Francisco
- *Provides 93% of the inpatient care for Healthy San Francisco enrollees
- *1 of 13 Emergency Medicine residencies in California
- *Interpreters provide service in over 20 languages

- **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. Home to 250 million dollars of research grants conducted by 150 principal investigators.
- **San Francisco General is building a great facility** to provide even better care for generations to come. Construction will be completed in 2015.



SFGH Unique Services & Innovative Programs

- Only** Trauma Center in San Francisco: *Lowers the risk of death by 20-25% compared to non-trauma centers*
- Only** Psychiatric Emergency Services in San Francisco: *6,000 annual encounters*
- Largest** acute & rehabilitation hospital for psychiatric patients: *Provides 60 of the 81 adult inpatient psychiatric beds in San Francisco with over 2,000 admissions per year*
- Only** Baby Friendly hospital in SF certified by the World Health Organization: *An 85.3% in-hospital exclusive breastfeeding rate, one of the highest in California*
- High-performing** Stroke certification by The Joint Commission: *100% success in delivering t-PA to patients presenting within the eligible timeframe*
- First** ACE (Acute Care for Elders) geriatric inpatient unit in California: *Reduced re-admissions for ACE patients from 10% to 6%*
- Innovative training:** Orthopaedic Trauma Institute Surgical Training Facility, a *state-of-the-art teaching facility dedicated to innovative medical, health, and science workshops; trained 1,500 physicians & medical personnel in 2009*
- Rapid** Video Medical Interpretation services in over 20 languages: *Improved timely interpreter access from an average wait of 30 minutes to 3 minutes*
- Innovative** SF Injury Center and Wraparound Project: *reduced violent injury recidivism from 33% to 11%*
- Pioneering:** First Traumatic Brain Injury Program certified by The Joint Commission.

**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:

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

OUR VALUES AND COMMITMENTS:

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



SECTION ONE STRATEGIC PLAN



**“A Starry San Francisco Night”
by Barbara Danaher Schlein**

SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER FY2011—2016 STRATEGIC PLAN

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

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

In the People category, the values and commitments consist of the following: service excellence; clinical quality and health equity; professional and academic excellence; safety and accountability; and enhancing wellness. The People foundation is the heart of our excellent patient care motto. We aim to provide the safest and highest quality health care possible by setting high standards. In nursing, our goal is to attain Magnet status – a gold standard for nursing excellence. As a hospital, we are implementing a fair and just culture initiative to enhance a culture of shared responsibility.

The Systems foundation focuses on two values and commitments: efficient management system and integration and coordination across services. Physician leaders are working with their colleagues and non-clinical staff to demonstrate how the three foundations – people, systems, and technology – blend together on a daily basis as they work hard to provide the best care to their patients.

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

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



SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER

TRANSFORMING HEALTH CARE AT SFGH 2011-2016



OUR MISSION

OUR VISION

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

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

FOUNDATIONS

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

CLINICAL QUALITY AND HEALTH EQUITY
Improve patient care and promote health equity by engaging staff and providers through collaboration, accountability, and measurement of performance.

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

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

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

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

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

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

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

VALUES & COMMITMENTS

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

Clinical Quality and Health Equity:
1. Reduce harm by 40% from July 2011 to 2016 as measured by reductions in:
• Central Line Associated Blood Stream Infection
• Stage III and IV Hospital Acquired Pressure Ulcers
• Pneumonia
• Falls with Injuries
• Ventilator Associated Pneumonia
2. Attain 100% on CMS Core Measure composite results for:
• Acute Myocardial Infarction
• Heart Failure
• Surgical Care
Attain HEDIS 90th percentile on primary care measures:
• Diabetes Care (HbA1c<8%)
• Colorectal Cancer Screening
• Adolescent Immunizations (Tdap and Meningococcal)

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

Safety and Accountability: Implement a Fair & Just Culture program and attain a 15% overall improvement in our Culture of Safety survey scores by July 2016
Enhancing Wellness:
1. Increase participation in Wellness Center programs by staff, patients & community by 20% annually
2. Support staff in implementing at least 3 wellness concepts per department per year

Integration and Efficient Management:
Reduce waste by 40% by July 2016 compared to 2011, as measured by a reduction in:
• Patient flow in the ED
• Door to diagnostic evaluation and time from ED arrival to discharge for patients.
• LEAN lead times in 3M and Urgent Care Clinics
90% of referral consults responded to within 3 days
1000 real time telemedicine consults conducted by July 2016

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

PEOPLE
Clinical & Service Excellence

SYSTEMS
Operational Efficiency & Coordination

TECHNOLOGY
Meaningful use of Health Information Technology



STRATEGIC PLAN PERFORMANCE SCORECARD

Value/Commitment Area	Benchmarks	Baseline Year (2011-2012)	Goal (2015-2016)
SERVICE EXCELLENCE NRC Avg			
HCAHPS- Patients rate hospital with 9 or 10	69%	65%	80%
HCAHPS is a patient satisfaction survey sent to patients after they are discharged from the hospital. One question asks patients to rate hospital on a scale of 1 (worst) to 10 (best). The aim is to have 80% of patients rating the hospital with a 9 or 10 by 2016.			
CG-CAHPS- Patients rate primary care with 9 or 10	79%	61%	80%
CG-CAHPS is a patient satisfaction survey sent to patients after a primary care visit. One question asks patients to rate their provider on a scale of 1 (worst) to 10 (best). The aim is to have 80% of patients rating their provider with a 9 or 10 by 2016.			
CLINICAL QUALITY AND HEALTH EQUITY			
Hospital Acquired Conditions		123	Reduce by 40%
Central Line-Associated Blood Stream Infections (CLABSI)		8	
Surgical Site Infections (SSI)		42	
Ventilator Associated Pneumonia (VAP)		2	
Hospital Acquired Pressure Ulcers - Stage 3 or higher (HAPU)		31	
Falls with Injury		40	
CLABSI, SSI, HAPU and VAP data is from Infection Control and pertains only to acute care. Falls data is system-wide and is based on numbers from the Risk Management's database. SFGH has joined the NAPHSIS Safety Network Collaborative that aims to reduce harm to patients by 40%.			
Quality and Accountability: CMS Core Measures	UHC Median 2011		
% inpatients who received recommended care:			
Acute Myocardial Infarction	100%	94%	100%
Heart Failure	97%	91%	100%
Pneumonia	100%	79%	100%
Surgical Care	93%	93%	100%
These CMS Core measure composite results are from the University Health System Consortium (UHC) and represent the percentage of inpatients who received recommended care for all measures in each category.			
Managed Care for Outpatients	HEDIS Avg 2010		90th Percentile
Diabetes Care (HbA1c<8%)	46%	68%	69%
Colorectal Cancer Screenings	55%	58%	63%
Adolescent Immunizations (Tdap and Meningococcal)	64%	62%	76%
These HEDIS measures reflects quality improvement efforts in the Family Health Center and the General Medicine Clinic. Adolescent immunization data is for San Francisco Health Plan patients only. Goal is to reach national 90th percentile.			
PROFESSIONAL AND ACADEMIC EXCELLENCE NDNQI Nat'l avg			
RN Specialty Certification	21%	17%	40%
The aim is to increase the percentage of RNs who have achieved specialty certification (e.g., CCRN, medical-surgical) from 17% to 40% by 2015. The American Nurses Credentialing Center (ANCC) recognizes that RNs with specialty certification demonstrate increased specialty competency.			
RNs with BSN and Master's	54%	65%	80%
The aim is to increase the number of baccalaureate prepared (BSN) RNs to 80% of the SFGH RN workforce by the year 2015. ANCC has established a goal of 80% BSN workforce by 2020. Nursing literature demonstrates a correlation between BSN prepared RNs and improved patient outcomes.			
Trainee satisfaction	4.14	4.31	4.5
SFGH's Clerkships annual evaluations ask trainees to rate their course or clerkship on a scale of 1 (poor) to 5 (excellent).			



STRATEGIC PLAN PERFORMANCE SCORECARD

Value/Commitment Area	Benchmarks	Baseline Year (2011-2012)	Goal (2015-2016)
SAFETY AND ACCOUNTABILITY			
Culture of Safety		65%	80%
The 2012 annual hospital-wide Culture of Safety Survey shows the percentage of staff who rate the culture of patient safety in their department as very good or excellent. The aim is to improve this rating by 15% by 2015-16.			
Fair and Just Culture Implementation		20%	100%
By 2016, all staff behavior incidents that could have caused harm will be managed using the Fair and Just Culture method. Year one target is to train 500 staff on Fair and Just Culture. 642 staff were trained this year.			
ENHANCING WELLNESS			
Wellness Center participation		459	952
272 staff, 80 community members & 107 patients participated in Wellness programs this year. The goal is to increase this total by 20% annually, and to support staff implementation of wellness concepts each year (388 providers & staff received wellness in-service training this year)			
EFFICIENT SYSTEMS			
Reduce Time Waste (in minutes)			
Average LEAN lead time in Urgent Care Clinic		206	Reduce by 40%
Average LEAN lead time in 3M Surgical Clinic		109	
Median Time from ED Door to diagnostic evaluation		84	
Median Time from ED arrival to departure		299	
Lead Time is arrival to departure time. The aim to increase time efficiency by 40% by Year 5, as hospital departments go through LEAN			
INTEGRATION AND COORDINATION ACROSS SERVICES			
Specialist Referral Response Time < 3 days		62%	100%
The goal is for all specialty clinics to respond to eReferral requests within 3 days 90% of the time by 2016. As of the end of FY 11/12, 18 of the 29 specialty clinics using the eReferral system had met this benchmark.			
Telemedicine consultation volume		369	1000
The goal is for 1000 real-time telemedicine consults to be conducted by 2016. Two telemedicine initiatives launched in 2012, in telepsychiatry and spirometry. 369 spirometry images had been transmitted and received by the end of June 2012.			
DEVELOP AND EXPAND INFORMATION TECHNOLOGY			
Ambulatory electronic health record implementation (eCW)		15%	100%
By the end of June 2012, eCW was rolled out to 2 community oriented primary care clinics and the 6M Pediatrics unit. Rollout will continue to another 17 clinics through 2014.			
Roll out on Electronic Medication Administration Record		9.5/16	16/16
Inpatient units are now live on Electronic Medication Administration Record with barcoded medication administration (Siemens MAK). MAK was rolled out to all medical-surgical units in early 2012 (5A, 5C, 5D, 4D, 6A [adult only], 7A, 7B, 7C, 7L, 7D).			
Roll out Computerized Provider Order Entry		2/16	16/16
CPOE was piloted in May and roll-out to all medical-surgical units began in June. As of June 30, Units 5D and 5C were live.			
Meeting Hospital Meaningful Use Stage 1		75%	100%
Stage 1 of Meaningful Use consists of storing data in Electronic Health Records and being able demonstrate the ability to share information, including electronic copies and visit summaries for patients.			
MOVING TOWARDS ADOPTION OF HEALTH IT			
5 Year development plan for electronic health records at SFGH		75%	100%
A development plan is being finalized with goals that encompass all the work around implementing new information systems across DPH.			
Quality Data Center development		50%	100%
The Quality Data Center was established to support requests for data from the hospital databases, and to bring together data collected through-out the system for improvement initiatives and regulatory reporting. The Data Center opened in early 2012 with limited staff.			
Meeting Hospital Meaningful Use Stage 2		0%	100%
Stage 2 of Meaningful Use is about sharing data, both between providers, and between providers and patients. This includes secure electronic communication of health information and measuring patient engagement through a "patient portal". Stage 2 work must be completed by 2014.			



PEOPLE

Service Excellence

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

Service excellence is a top priority for health care organizations nationwide. With the onset of health care reform, hospitals will no longer be paid simply for providing services to patients. Instead, patient satisfaction and quality of care also will be factored into reimbursement. This change has helped SFGH prioritize service excellence, and we are working to improve the customer service and patient-centered culture of the organization.

These improvements apply to both patients and staff. By engaging and satisfying our employees, we aim to uplift their experience so our workforce can bring their best attention to patients and their families. The investment in staff began in the summer of 2012, with service excellence trainings for more than 3,400 DPH staff and 330 leaders from SFGH, Laguna Honda Hospital and the COPC clinics.



Service Excellence training the SFGH Learning Center

Ultimately, service excellence happens one patient at a time. Bolstering staff’s ability to make outstanding connections with patients must happen in every department, every day.

One unit in particular rose to the occasion this year. Nurses in the 4D General Surgical/Trauma unit used the results of inpatient surveys required by the Center for Medicare and Medicaid

Services to set priorities for improving their patients’ experiences. The surveys told them that their weakest performance was in the “noise at night” and “understanding side effects of medication” categories. The 4D nurse manager established a dedicated team – the Quality Care Coordinator Nurses – to start tackling issues that matter to patients.

The team moved swiftly to understand the sources of the problems. They studied the unit at night and found out where the noise was coming from. Simple improvements such as fixing slamming doors and turning down phone ringers at a certain hour dramatically decreased the noise level. Raising awareness by distributing ear-plugs and headphones to patients, and explaining the noises and what to expect went a long way toward making patients happier on this busy unit. These efforts were reflected in a 15 percent improvement in patients’ perceptions of noise at night.

The side effects project also was illuminating. The 4D team learned that when nurses educated patients on medications, they often did not use the term “side effect.” The team moved to create a standardized script for nurses, using the correct terminology, and also created a teaching tool that outlined common side effects for the most often prescribed medications on the unit. As a result, patients’ response to the side effects question rose 11 percent.



The 4D Quality Care Coordinator Nursing Team



PEOPLE

Clinical Quality and Health Equity

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

Mr. C, an elderly Asian man undergoing treatment for cancer, was admitted to SFGH's 5A unit, which specializes in the treatment of patients with complex medical problems including cancer and HIV/AIDS. It was busy, and the day shift was drawing to a close when he arrived. Soon, Mr. C suffered a sudden and severe change in his condition. His heart was racing. His blood pressure fell to dangerously low levels. He became confused, yelling and thrashing in frightened delirium. He had septic shock.

Sepsis is a life-threatening condition that results when an infection spreads quickly beyond its original site, affecting many bodily systems and organs. It afflicts more than 700,000 hospital patients per year nationwide. Sepsis is a major challenge in the intensive care unit, where it's one of the leading causes of death, as 28 to 50 percent of septic patients die. It arises unpredictably and can lead to death if not identified and treated quickly.

But thanks to excellent teamwork and a coordinated response at SFGH, Mr. C survived.

How did that happen? We made it a priority. Early detection and management of sepsis is part of our focus in 2012 to improve performance in key clinical conditions. Other emphases address central line associated blood stream infections, surgical site infections, and venous thromboembolism prophylaxis and treatment.

In Mr. C's case, the nurses immediately recognized that the constellation of symptoms he exhibited made sepsis a strong possibility. Right away they got to work while simultaneously calling for backup. They measured his vital signs, prepared for medication and IV fluid administration, and drew labs to search for infection and measure vital organ functions. The Medical Emergency Response Team arrived, along with the patient's doctor, and together they systematically walked through a checklist of key treatments and tests the patient needed. Within about 45 minutes, he was stabilized and in the intensive care unit, where he could get the specialized care he needed. Mr. C improved and was discharged home the next week.



Nursing staff are key to sepsis detection and treatment.

Kim Bellone, 5A charge nurse, reflected on this critical event. "Everybody, every step of the way, did their job, and Mr. C got exactly what he needed," she said.

While improving care for sepsis patients is a long-term project whose success will be measured over years, not months, the SFGH Sepsis Taskforce is already seeing signs of improvement. Overall compliance with a bundle of evidence-based sepsis interventions improved from 13 percent in Quarter 3 2011 to 46 percent in Quarter 2 2012. The hospital's sepsis mortality rate fell from 25 percent in 2010 to 15.8 percent for 2012, as of August. Armed with new tools and laser-sharp focus on the problem, the team is confident that these improvements will continue and SFGH will save more lives, like Mr. C's.



PEOPLE

Professional and Academic Excellence

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

Professional excellence doesn't only come from the top. At SFGH, we are seeking to become a "magnet" hospital. That designation, from the American Nurses Credentialing Center, will indicate nursing excellence, including the ability of front-line nurses to drive change and share in the development of nursing policies and practices.

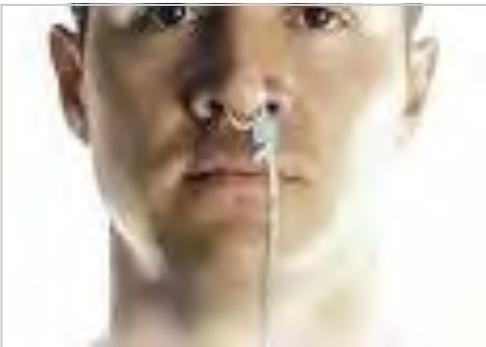
That's exactly what happened last year in the Intensive Care Unit. Staff nurse Kevin Langley suggested a change to patient care that went all the way through the organization and is now our practice. Here is his story.

A feeding tube is used to provide nutrition, and sometimes medication, to patients who cannot swallow. A nasogastric feeding tube (NG-tube) is passed through the nostril, down the esophagus and into the stomach. This type of tube is most frequently used in intensive care, where Kevin has worked for 10 years.

Feeding tubes are used for good reasons. For particular patients, evidence shows that nutritional support can improve outcomes and reduce length of hospital stays. The downside is that the presence of the tube causes agitation and patients, consciously or unconsciously, will attempt to pull it out, dislodging the tube or pulling it out completely. A dislodged tube interrupts feeding, and can expose the patient to pneumothorax, aspiration, sinusitis and pressure necrosis. In addition, inserting or reinserting a feeding tube properly requires skill, time and often luck, a process that can take up to 90 minutes. Kevin recalls one patient who dislodged her feeding tubes more 30 times during her stay.

"It's terrible to see patients struggle and suffer with a tool that is there to help them," he said.

Kevin found an answer at a critical care conference. There, he saw a presentation on a "bridle." The bridle is designed to secure NG tubes to reduce pullouts. Kevin thought this practical idea would be beneficial to many of his patients. He set out to introduce the use of the bridle to his co-workers and gain approval for its use from management. Thus began a year-long effort that resulted in the bridle becoming a standard piece of equipment for the hospital.



It wasn't a simple path. This change required approval from multiple hospital committees that oversee critical care, nursing, products and purchasing. But Kevin focused on the support he received from his co-workers, supervisors and managers, as well as nursing administration. He especially appreciated the support and encouragement he received from the Nursing Practice Council, one of the councils developed under the Magnet Recognition Program. "Magnet acknowledges the experiences of front line staff," he said. "It speaks of staff's continuing contributions to advancing and improving patient care."

The NG Bridle keeps the tube in place.



PEOPLE

Safety and Accountability

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

After a full day of nursing orientation the mood in the room ranged from enthusiasm to concern for what was ahead. Soon, these 30 new graduates would start their first shift at SFGH. One of them, Anna Alvarez, said that “becoming a nurse at San Francisco General is the completion of a lifelong dream. I feel blessed to have this opportunity to serve my community as best as I can. Even with all my training though, part of me worries I might make a mistake that could hurt a patient.”

She’s not the only one who felt this way. In response, members of the Fair and Just Culture team met with the nurses to explain the hospital’s commitment to an environment that supports staff doing their best work, including when mistakes are made.

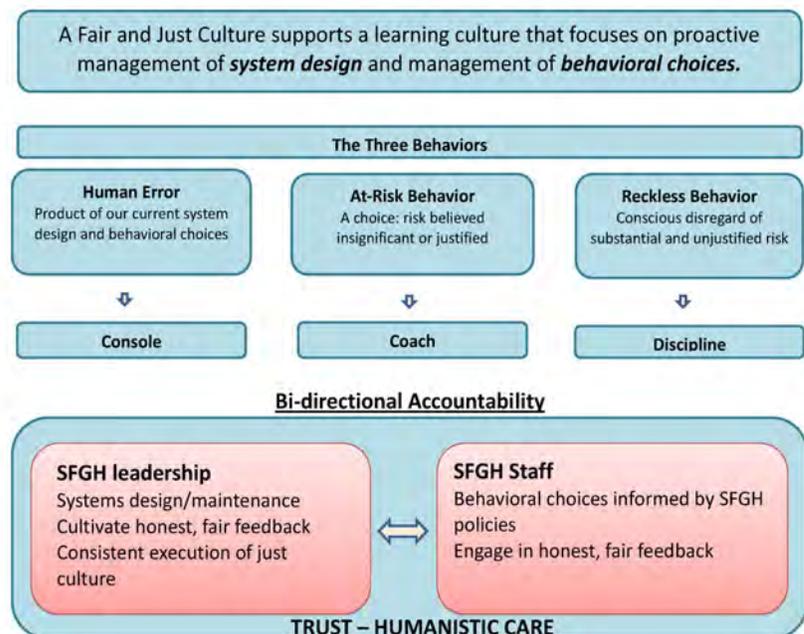
Just Culture is transformational. It aims to create a culture of trust as a foundation for humanistic care at SFGH and throughout the Department of Public Health. This involves responsibilities for both staff and leadership. The organization must establish systems designed to support the very best work of staff. Through direct input and honest feedback, staff are encouraged to participate in constant improvements to their work environment. At the same time, the staff commit to making the best decisions and taking the best actions they can.

Just Culture provides a framework for consistent review of the choices people make and the system that they work in. When vulnerabilities and weaknesses in the system cause staff to run the risk of errors or limit their ability to deliver outstanding care, they are encouraged to come forward. Leadership then must correct the systems. When errors are caused by individual actions, not system defects, staff are likewise held accountable.

By the end of the Just Culture seminar Ms. Alvarez said, “ I feel safer. Just Culture builds trust. It feels good to be starting my first job at a hospital that has made this commitment to staff and patients.”

Since its March 2012 launch, the Just Culture Task Force members have introduced the program to more than 600 staff, including new nurses, managers, supervisors, physicians, respiratory therapists, information technology and quality management staff, and COPC clinic providers.

Staff surveys already suggest early signs that trust can grow in a Just Culture environment. Today, 30 percent more staff indicate willingness to reveal an error than before Just Culture was introduced. That openness is essential to the success of the program, as it helps the organization learn and correct itself. As the hospital becomes safer, the ultimate beneficiaries are the patients.





PEOPLE

Enhancing Wellness

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

Elizabeth and Jairo Ramos started as best friends. Thoughtful and engaging, Elizabeth, 21, can light up a room with her smile. Jairo, 23, was energetic, inquisitive and very sentimental. As a tree-trimmer, he worked hard to help support his family, both here and in Mexico. Jairo and Elizabeth talked, laughed and shared a love of adventure and family. Their friendship eventually blossomed into romance. Jairo became involved with Elizabeth’s church so they could be married. Young, in love, and eager to start a family of their own, the East Palo Alto newlyweds were ecstatic when Elizabeth became pregnant in early 2012.

But their bliss was shattered on June 13th, when Jairo fell 62 feet from a tree. He was critically wounded when he arrived at the SFGH Emergency Department with a head injury and many broken bones, including his femur, pelvis and ribs. He developed a clot in his leg, had pulmonary complications and was in acute respiratory distress.

When Elizabeth first saw her husband after the accident, she said she felt that her heart might explode. Jairo was so badly injured that his survival wasn’t assured. When he was transferred to the Intensive Care Unit, Elizabeth and her family held a constant vigil for him.

Jairo survived and went to rehab at California Pacific Medical Center Davies. But it was a long, difficult journey. During his time at SFGH, Elizabeth spent hours at the bedside praying for his recovery. One evening while she was leaving she saw flyers about the classes offered at the hospital’s Community Wellness Center. She was delighted to learn that the classes are free and open to all. She became a regular participant in the Salsa class, as well as Zumba, Yoga, Chair Stretch & Boogie and healthy cooking demonstrations.

“These classes give me a time and space to escape some of the stress of Jairo’s injuries,” she said. “It’s really good for me and the baby.”



Elizabeth Ramos dances with a volunteer in the Wellness Center.

Helping family members, patients, neighbors and hospital staff to de-stress and develop healthy habits is what the Community Wellness Program is all about. The program offers a wide variety of free services including exercise and dance classes, cooking demonstrations, smoking cessation counseling and cultural awareness events. Additionally, the Wellness Center at SFGH provides a place for group meetings, free Internet access and computer use. It is also the new home for the CARE (Cancer Awareness Resource and Education) patient support groups, conducted in English, Spanish and Chinese.





SYSTEMS

Efficient Management System

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

Patient Helps Urgent Care Clinic Improve

Vicky Mendoza came to San Francisco from Mexico when she was 2-years old and spent her first two years in America being treated at San Francisco General Hospital for tuberculosis. She’s been our patient ever since. “I feel like it’s my neighborhood hospital,” she said. So when she had a negative experience during a recent visit to the Urgent Care Center, she decided to speak up. She wrote a letter explaining her dissatisfaction and quickly received a response from administrative staff. Not only did they want to address her concerns, they asked for her recommendations for improvements. “I really felt like they wanted to hear what I had to say,” she said. “I didn’t just want to complain, I wanted to show them how they could improve.”



Victoria Mendoza provided patient expertise during the Urgent Care Clinic Lean evaluation

When SFGH decided to implement the Toyota Management System called “Lean,” staff contacted Mendoza once again. “At its core, Lean is about respecting our patients and the staff doing the work, while improving the systems that we rely on,” said Iman Nazeeri-Simmons, Chief Quality Officer. According to experts, at least half of health care delivery can be defined as waste – of time, supplies and processes. The goal of Lean is to reduce waste, increase the value of the time patients spend here and improve their experience.

The first SFGH clinic to implement Lean was the Urgent Care Center where care is provided 94 hours a week to more than 22,000 patients each year. “Urgent Care is a major portal into the safety net health care system in San Francisco and is often a patient’s first impression of the safety net and San Francisco General Hospital,” said Dr. Ron Labuguen, medical director of Urgent Care.

Mendoza was part of the Lean team that analyzed Urgent Care to identify sources of waste and prioritize steps for improvement. The key is to understand the patient and staff experience first-hand. So each team member observed and recorded one patient or staff member for a day.

”The highlight for me was to see the Chief Operating Officer of San Francisco General sitting down with the patient as they waited,” Mendoza said. “I knew he had ten thousand things on his mind, but he made this his priority.”

In all, 70 patients and 18 staff were observed, recording more than 100 hours of their experience. The information was used to create a game plan to streamline processes so that patients get the care they need faster and clinicians spend more time doing what they love, caring for patients.



Chief Operating Officer Roland Pickens evaluates the Urgent Care Clinic with the help of patients and clinic staff.



SYSTEMS

Integration & Coordination Across Services

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

Dr. Margot Kushel is a primary care physician in SFGH’s General Medicine Clinic. She has cared for some of her patients for years and gets to know them well. One such patient, a man in his 50s with several chronic diseases affecting his heart, kidneys and mental health, came to a check up a few years ago having lost weight, feeling fatigued and complaining of abdominal pain. It wasn’t so bad to prompt a trip to the emergency room, but he shared it with his regular doc.

“He just felt kind of lousy,” Kushel recalled.

She started looking for the cause, and zeroed in on his liver, which showed signs of inflammation. She conducted an exhaustive evaluation covering all the common causes of liver damage.

“Teasing it out as a primary care provider, I hit a wall. None of his lab results pointed to a clear reason,” Kushel said.



Dr. Mandana Khalil, Chief of Clinical Hepatology.

Kushel turned to eReferral, our web-based system of communication and patient referrals between primary care and specialty doctors. She submitted an electronic note to the physicians at the liver clinic, explaining her patient’s situation and asking their advice.

“In a non-eReferral world, would I have even asked them? But the ease of being able to ask made a huge difference. The liver docs agreed his lab results were atypical,” she said.

The liver specialists instructed Kushel to run several tests that she wouldn’t have known to pursue. When the results came back, the answer was clear: an atypical form of a rare disease, autoimmune hepatitis. The patient did not need a liver clinic appointment right now, they told her. Instead,

keep an eye on his labs and contact us again if they exceed a certain threshold.

This was great news for Kushel’s patient, who didn’t have to find his way to an additional appointment at the liver clinic, and could continue to get high-quality care from a doctor he had been seeing for well over a decade.

That exchange illustrates one key feature of eReferral – the elimination of unnecessary specialty appointments. The eReferral system was developed at SFGH to help improve access to specialty care, which often involved long waits. The idea was to create a pre-appointment consultation between the referring primary care doctors and the specialists. That way, unneeded appointments are warded off, leaving more room for needed ones that are also identified quickly by this ingenious communication tool. Since eReferral began in 2005, in the gastroenterology clinic, it has expanded to 47 services at SFGH and Laguna Honda Hospital. An additional 39 services use eReferral to speed scheduling requests exclusively.

Today, waits at the liver clinic have reduced by 64 percent. Hospital-wide, other specialty clinic waits have dropped significantly, and 20 percent of eReferrals do not result in appointments.

About two and half years after the initial exchange with the liver clinic, Kushel saw that her patient's lab results indicated his condition was worsening. At that point, the liver specialists were consulted again via eReferral and a timely appointment was set up for him to come in for a biopsy.

This worked well for all involved, Kushel said. "I was able to maintain my relationship with (the patient). The (liver clinic docs) were able to save spots for people who need it. And, when he became one of those people, he got in right away."

The patient is doing well now, and his liver problems are being treated collaboratively by both his primary care and specialty physicians.

As primary care docs have come to rely on eReferral as a way to improve quality of care for their patients, they have also seen their own skills expand. By accessing specialists as needed, they learn more about patients' conditions and can handle a broader scope with just a little help.

"Many times one answer is all you need for a question that comes up over and over again," said Kushel, who uses many of her eReferral lessons when teaching residents and interns. "eReferral empowers primary care providers to do more, improves quality of care and reduces delays."

eReferral is just one part of the Department of Public Health's initiative to create an Integrated Delivery System. It is an important tool in SFGH's work to improve integration and coordination of care for patients across the system.

"As the country moves toward health reform, it's become clear that timely, appropriate access to specialty care is a pervasive problem," said Dr. Alice Chen, Chief Integration Officer. "At the San Francisco Department of Public Health we were pushed to move faster even than the private sector due to the high demand for specialty care in our population. Necessity is the mother of invention."

During this first year of the strategic plan, many activities were focused on strengthening primary care – the foundation of any integrated delivery system - as well as on improving communication and coordination between primary and specialty care. In future years, there will be an increasing emphasis on coordination between primary and acute care sites, including urgent care, the emergency department and hospital inpatient care.



TECHNOLOGY

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

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

The summer of 2012 will be remembered for major strides in information technology at SFGH.

It started in May, when Dr. Larissa Thomas sat at a computer and entered the first medication orders via Computerized Provider Order Entry (CPOE). The atmosphere in the room was electric as the team that had been planning for this moment for more than a year watched the orders come across the interfaces into the patient’s pharmacy profile. Success! High fives, handshakes and warm smiles abounded on unit 5D, the first to go-live on the system.

The team took inspiration from naval aviation, using the analogy that CPOE is a wingman for patient safety. The CPOE team is made up of doctors, pharmacists, nurses, information systems staff and consultants from Siemens. The group spent long hours developing a system where providers use a computer terminal anywhere in the hospital to enter orders that go directly to the



unit where their patient is located. Orders include nursing therapies, medications, dietary instructions, X-Rays and lab tests. Not only is it more convenient, CPOE fixes the age-old problem of trying to decipher a doctor’s handwriting.

“We are off to a great start,” said Dr. Jenson Wong, Chief Medical Informatics Officer. “Right off the bat with CPOE, the hospital will see an improvement in patient quality and safety by reducing medication errors, improving order legibility and decreasing the time spent on verbal and telephone clarifications.”

All summer, CPOE spread from unit to unit, eventually covering every medical-surgical patient in the hospital. It will continue to grow over the next year.



The CPOE team watches the first order be entered.

Meanwhile, the Children’s Health Center in 6M went live in July with CarelinkSF, the Department of Public Health’s new ambulatory electronic medical record. The 6M project took more than six months of intensive preparation including the redesign of some 50 workflows for clinic processes that were originally on paper.

This is only the beginning. As we continue to enhance electronic charting throughout the hospital, the information systems department has been piloting new technologies for faster, more reliable and more secure access to computers that help providers do their jobs, and spend more time with their patients.

SECTION TWO
DATA
QUALITY, DEMOGRAPHICS,
FACTS, FINANCIALS



**“Untitled”
by Rex Ray**

QUALITY DATA

Following is a dashboard of quality and safety metrics that SFGH routinely submits to external agencies for public reporting. Requiring bodies include: The Joint Commission, CMS Quality Initiative, CMS Incentive Plan, SF Health Plan Performance Improvement initiatives.

The dashboard represents a new, standardized format for reporting quality and safety metrics:

- Developed by Quality Data Center staff with a goal of providing SFGH and COPC with timely, relevant, actionable data to improve quality and patient safety, and optimize use of resources.
- Clinical Service specific dashboards have been developed and provided to key Medical Staff.
- Performance is measured relative to the UHC Median – A consortium of academic medical centers.

The data includes:

- Required Centers for Medicare and Medicaid Services (CMS) and Joint Commission Measures:
- Heart Attack
- Heart Failure
- Pneumonia
- Surgical Care Improvement
- HCAHPS Patient Experience Survey (CMS)

In addition to these process of care measures and patient experience data, the dashboard displays CMS publicly reported hospital mortality and re-admission rates, Length of Stay and Case Mix Index measures.

- Case Mix Index/ Length of Stay/Expected Mortality – Scores reflect the importance of accurate and complete documentation and coding to capture the complexity of SFGH patients.
 - Recent addition of 2 Clinical Documentation Specialists will enhance documentation improvement efforts under the direction of a Documentation Support Team.

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. Improvement in a key heart attack measure is noted: PCI within 90 minutes of arrival, to 100% in Q4 2011 (continued 100% in Q1 2012).

HCAHPS patient survey scores are included in hospital wide and service specific dashboards.

Efforts to achieve service excellence and improve HCAHPS scores include:

- Hospital wide Service Excellence Committee – in alignment with the SFGH Strategic Plan, the committee will drive service excellence initiatives to achieve a patient, family and staff centered environment.
- Customer service training – Over 3,000 staff received training in July and August 2012.
- Implementation of service excellence principles through monthly guides for managers and tools developed by the Service Excellence Committee and the Department of Education and Training.

Notes/Definitions

Case Mix Index: The average MS-DRG weight. Weights are assigned by CMS to indicate case complexity and expected resource utilization. The average CMI is 1.37. A higher CMI indicates that a hospital is treating a more clinically complex and resource-intensive population of patients.

Readmission Rate: The proportion of patients who return to the hospital within 30 days of discharge from the prior (index) admission for all causes. Chemotherapy, radiation therapy, dialysis, rehabilitation and delivery/birth are excluded from the numerator. Bad data and death at first admission are excluded from the numerator and denominator. The calculation formula is: Readmission Rate = number of readmissions/number of index admissions.

Length of Stay Observed/Expected: The observed average LOS divided by the UHC expected average LOS. An LOS O/E of greater than 1 indicates that patients had a longer length of stay than expected. An LOS O/E of less than 1 indicates that patients had a shorter LOS than expected.

Mortality Observed/Expected: The observed mortality rate divided by the UHC expected mortality rate. A Mortality O/E of greater than 1 indicates that more patients died than expected. A Mortality O/E of less than 1 indicates that fewer patients died than expected.

Core Measures Disparities: Includes Joint Commission Hospital Core Measures composite scores for AMI, HF, PN, and SCIP, testing for statistically significant differences in outcomes in 3 equity-based dimensions: gender (male vs. female), race (white vs. nonwhite), and socioeconomic status (Medicaid, self-pay, uninsured, and charity combined vs. all others).

HCAHPS: (Hospital Consumer Assessment of Health Plans Survey) The percentage of patients that scored the HCAHPS questions with a "top box" answer, e.g. "Always", "Would Definitely Recommend"

Q4 2011 All UHC Median: Comparisons are based on the median score of all hospitals in the University Healthsystem Consortium (UHC), they are *not* specific to service.

Sepsis mortality rate vs. bundle compliance rate: the two populations included in each measure is different. The mortality rate is calculated from discharge diagnoses only, whereas the bundle compliance is extracted from chart review of confirmed cases. These overlap but are not the same.

VBP: Value Based Purchasing

Key Quality and Safety Metrics Dashboard: SFGH

MEASURE	HISTORICAL		CURRENT ROLLING 12-MONTHS				COMPARE	TREND Q2 2011-Q1 2012
	2010	2011	Q2 2011	Q3 2011	Q4 2011	Q1 2012	Q1 2012 All UHC Median	
CASE MIX		<input type="checkbox"/> better/equal to UHC Median <input type="checkbox"/> worse than UHC Median						
Total Cases	15903	15779	4007	3858	3943	3682	n/a	
Case Mix Index	1.18	1.22	1.15	1.19	1.28	1.24	1.59	
LENGTH OF STAY								
Average Length Of Stay	6.23	6.42	6.08	6.15	6.66	6.32	5.32	
Length of Stay Observed/Expected	1.37	1.39	1.33	1.33	1.38	1.32	1.08	
READMISSIONS								
30-Day, All Cause Readmissions	1992	1884	477	469	437	480	n/a	
30-Day, All Cause Readmission Rate	12.53%	11.40%	11.90%	12.16%	11.08%	12.41%	11.45%	
MORTALITY								
Mortality Count	315	332	76	81	81	74	n/a	
Mortality Percent	1.98%	2.10%	1.90%	2.10%	2.05%	2.02%	1.93%	
Mortality Observed/Expected	1.22	1.16	1.07	1.07	1.10	1.05	0.91	
CLINICAL EFFECTIVENESS								
PNEUMONIA								(Q4 Comp)
Blood Cultures before Antibiotics in the ED (VBP)	91%	95%	86%	95%	100%	100%	100%	
Appropriate antibiotic selection (VBP)	99%	99%	94%	100%	100%	100%	100%	
HEART ATTACK (AMI)								(Q4 Comp)
Aspirin at arrival	98%	99%	100%	97%	100%	100%	100%	
Aspirin at discharge	95%	100%	100%	100%	100%	100%	100%	
ACEI/ARB for LVSD	97%	100%	100%	100%	100%	100%	100%	
Beta Blocker at Discharge	95%	100%	100%	100%	100%	100%	100%	
PCI within 90 minutes of arrival (VBP)	78%	89%	71%	85%	100%	100%	100%	
Statin Prescribed at Discharge	no cases	100%	100%	100%	100%	100%	100%	
HEART FAILURE								(Q4 Comp)
Discharge Instructions include 6 elements (VBP)	97%	93%	86%	87%	96%	96%	98%	
Evaluation of LVS Function	99%	100%	100%	100%	100%	100%	100%	
ACEI or ARB for LVSD	97%	95%	86%	100%	95%	95%	100%	
SURGICAL CARE IMPROVEMENT (SCIP)								(Q4 Comp)
Patients on beta blockers received periop beta blockers (VBP)	74%	94%	100%	75%	100%	100%	100%	
Prophylactic antibiotic within one hour of incision (VBP)	95%	97%	98%	97%	96%	96%	100%	
Antibiotic selection (VBP)	96%	97%	98%	95%	98%	98%	100%	
Prophylactic antibiotic discontinued within 24 hours (VBP)	87%	97%	98%	98%	96%	96%	99%	
Appropriate hair removal	100%	100%	100%	100%	100%	100%	100%	
Urinary catheter removed on POD 1 or 2 (VBP)	100%	100%	100%	100%	100%	100%	96%	
VTE prophylaxis ordered and given (VBP)	96%	98%	97%	95%	99%	99%	100%	
SEPSIS (hospital wide data)								
Sepsis mortality rate*				19%	10%	18%	n/a	
Bundle compliance for severe sepsis/septic shock patients*				13%	30%	30%	n/a	
SAFETY AND HARM								
CLA-BSI Rates per 1000 CL Days (CMS Incentive Plan)	0.68			0.44	0.70		n/a	
HEALTH EQUITY								
Core Measures Disparities	100%	100%	100%	100%	100%	100%	100%	
SERVICE EXCELLENCE - (HCAHPS)		Achievement Threshold						
Doctor "Always" treated you with courtesy/respect (VBP)	80%	80%	83%	76%	84%	74%	80%	
Nurse "Always" treated you with courtesy/respect (VBP)	72%	72%	79%	73%	70%	71%	76%	
Doctor "Always" explained things understandably (VBP)	68%	68%	70%	70%	60%	68%	80%	
Nurse "Always" explained things understandably (VBP)	64%	65%	68%	61%	66%	56%	76%	
Pain "Always" well controlled during stay (VBP)	51%	52%	48%	57%	57%	53%	69%	
Staff "Always" explained med side effects (VBP)	51%	48%	58%	44%	47%	49%	60%	
Room kept quiet at night (VBP)	47%	42%	37%	49%	35%	42%	64%	
Patient room/bathroom "Always" kept clean (VBP)	59%	63%	73%	57%	65%	60%	64%	
Hospital Rating of 9 or 10 on scale of 1 to 10 (VBP)	59%	64%	65%	62%	62%	58%	67%	
Would definitely recommend hospital to family (VBP)	64%	67%	71%	66%	68%	57%	n/a	
EFFICIENCY/WASTE								
TBD	coming soon							

SOURCE= University Healthsystem Consortium (UHC)

Facts & Financials

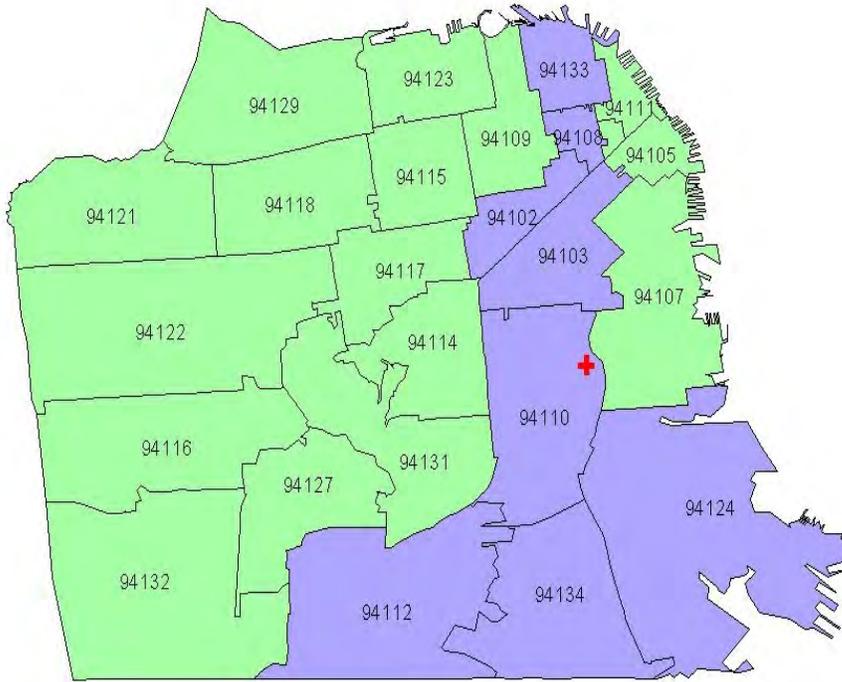
San Francisco General Hospital & Trauma Center treated 107,698 people in Fiscal Year 2011-2012. Below is a comparison of the hospital's patient demographic to the City and County of San Francisco (U.S. Census bureau, 2010 Census)

Like the City of San Francisco, the SFGH patient population consists of a large percentage of ethnic minorities. The ethnic breakdown, however, is different from that of the City as reported in the 2010 - higher percentage of African Americans and Latinos; lower percentage of Whites and Asian Pacific/Islander.

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

	SFGH	CCSF 2010 Census
Gender		
Female	49%	49%
Male	51%	51%
Race		
White	23%	42%
African American	17%	6%
Hispanic	29%	15%
Native American	<1%	
Asian Pac/Islanders	23%	33%
Others/Unknown	7%	4%
Age		
Under 18	12%	15%
18 - 24	10%	7%
25 - 44	33%	38%
45 - 64	36%	26%
Over 64	9%	14%
Zip Code of Residence		
North of Market (94102)	7%	4%
South of Market (94103)	7%	3%
Potrero Hill/Mission (94110)	14%	10%
Outer Mission (94112)	12%	9%
Bayview/Hunters Point	10%	4%
Visitation Valley (94134)	7%	5%
Chinatown (94108/94133)	3%	5%

In reviewing patients' residences by zip code on the date of their encounters, 88% 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 8% were homeless sometime during the year. (The total equals more than 100% because some patients changed their residence during the year.)



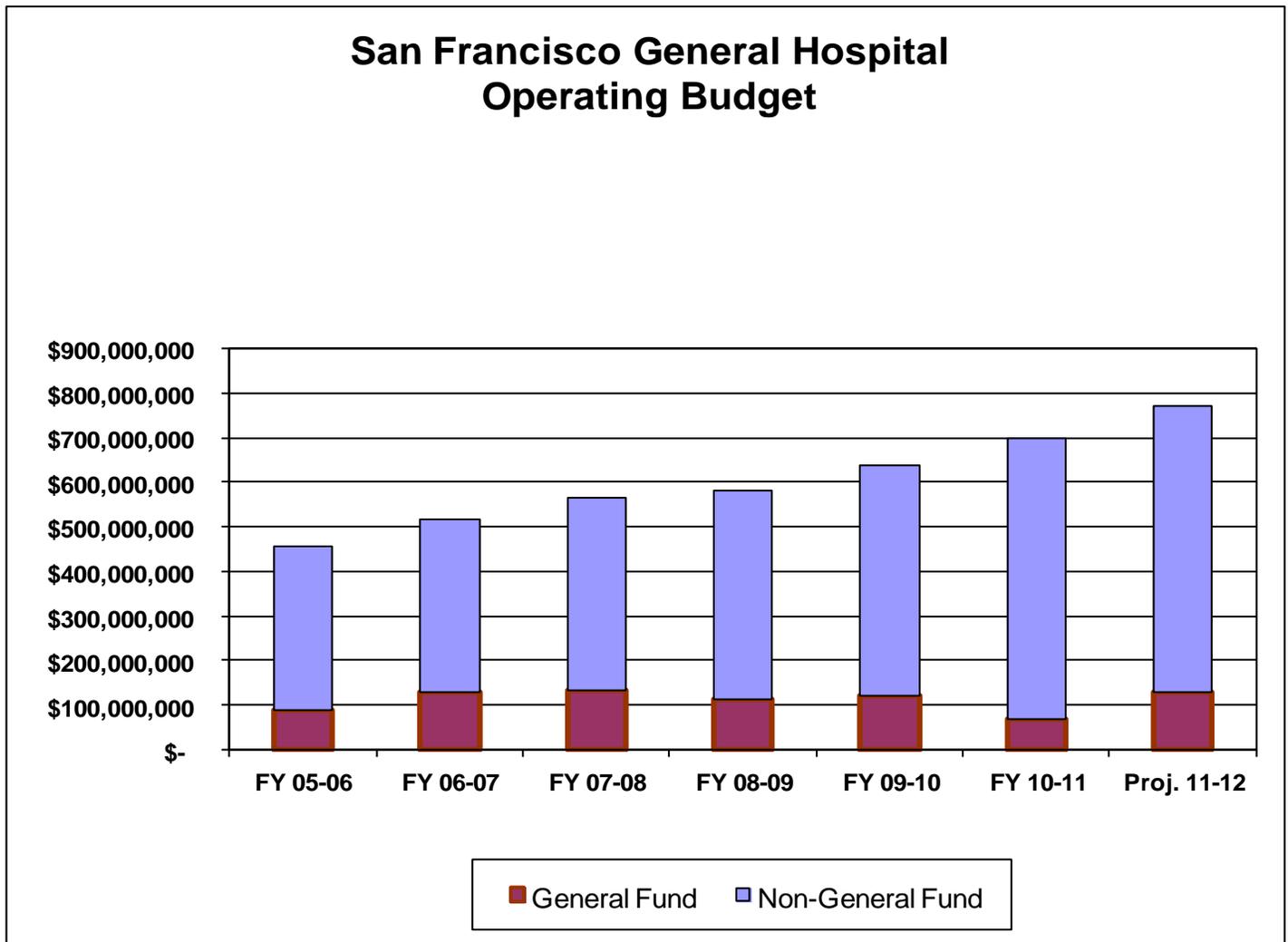
People from all over San Francisco come for wellness activities at SFGH.



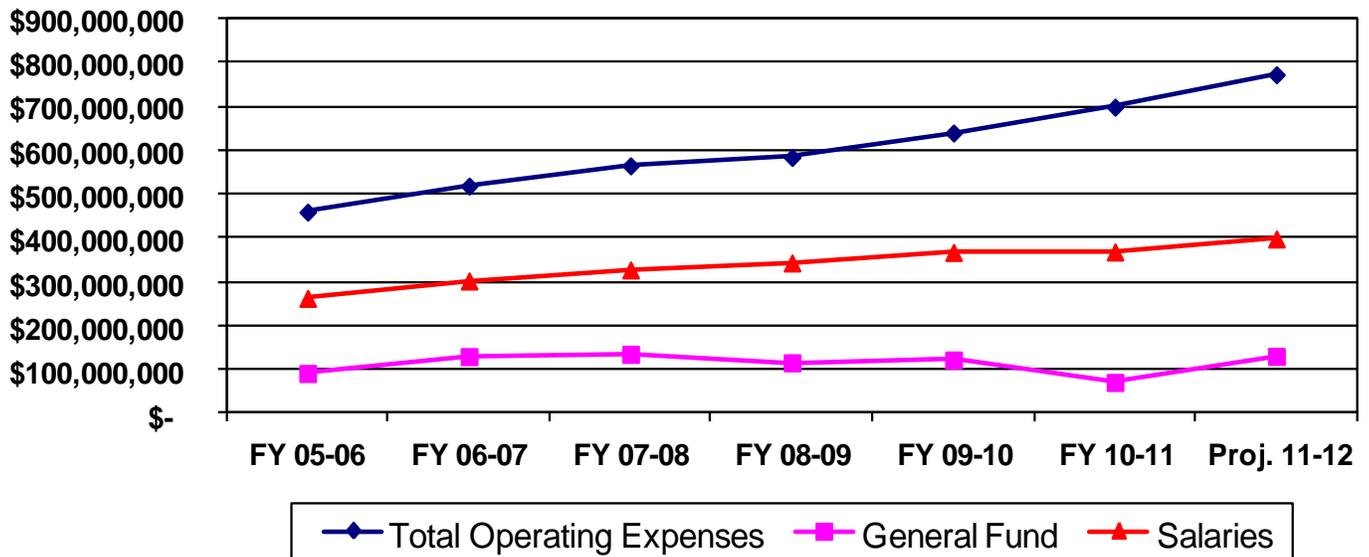
The following table shows activities by payer type for fiscal year 2011-2012.

Payer Sources	Inpatient Days	Outpatient Encounters
Uninsured	32%	11%
Healthy San Francisco	1%	26%
Commercial	3%	1%
Medi-Cal	40%	35%
Medicare	20%	17%
Others (Healthy Families, Research, Jail, Workers' Comp, CHN capitated plans)	4%	10%

Total operating expenses for SFGH in FY2011-2012 increased by 11% over the previous fiscal year, from \$698,830,699 to \$772,881,549. The FY2011-2012 figure is projected due to post-fiscal year adjustments. The percentage of General Fund dollars in the SFGH budget, 17% in FY 2011-2012, continue to be lower than the 25% in FY2006-2007.



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



	<u>FY 05-06</u>	<u>FY 06-07</u>	<u>FY 07-08</u>	<u>FY 08-09</u>	<u>FY 09-10</u>	<u>FY 10-11</u>	<u>Proj. 11-12</u>
Total Operating Expenses	\$459,446,000	\$518,807,000	\$565,051,000	\$584,158,000	\$639,904,000	\$698,830,699	\$772,881,549
		+13%	+9%	+3%	+10%	+8%	+11%
General Fund	\$91,485,000	\$129,890,000	\$135,137,000	\$115,789,000	\$122,080,000	\$68,155,000	\$130,453,618
Pct of Total Budget	20%	25%	24%	20%	19%	10%	17%
Non-General Fund	\$367,961,000	\$388,917,000	\$429,914,000	\$468,369,000	\$517,824,000	\$627,881,219	\$642,427,931
Salaries	\$262,820,000	\$302,399,000	\$327,662,000	\$343,516,000	\$367,496,000	\$368,490,475	\$398,220,411
Pct of Total Budget	57%	58%	58%	59%	57%	53%	52%

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

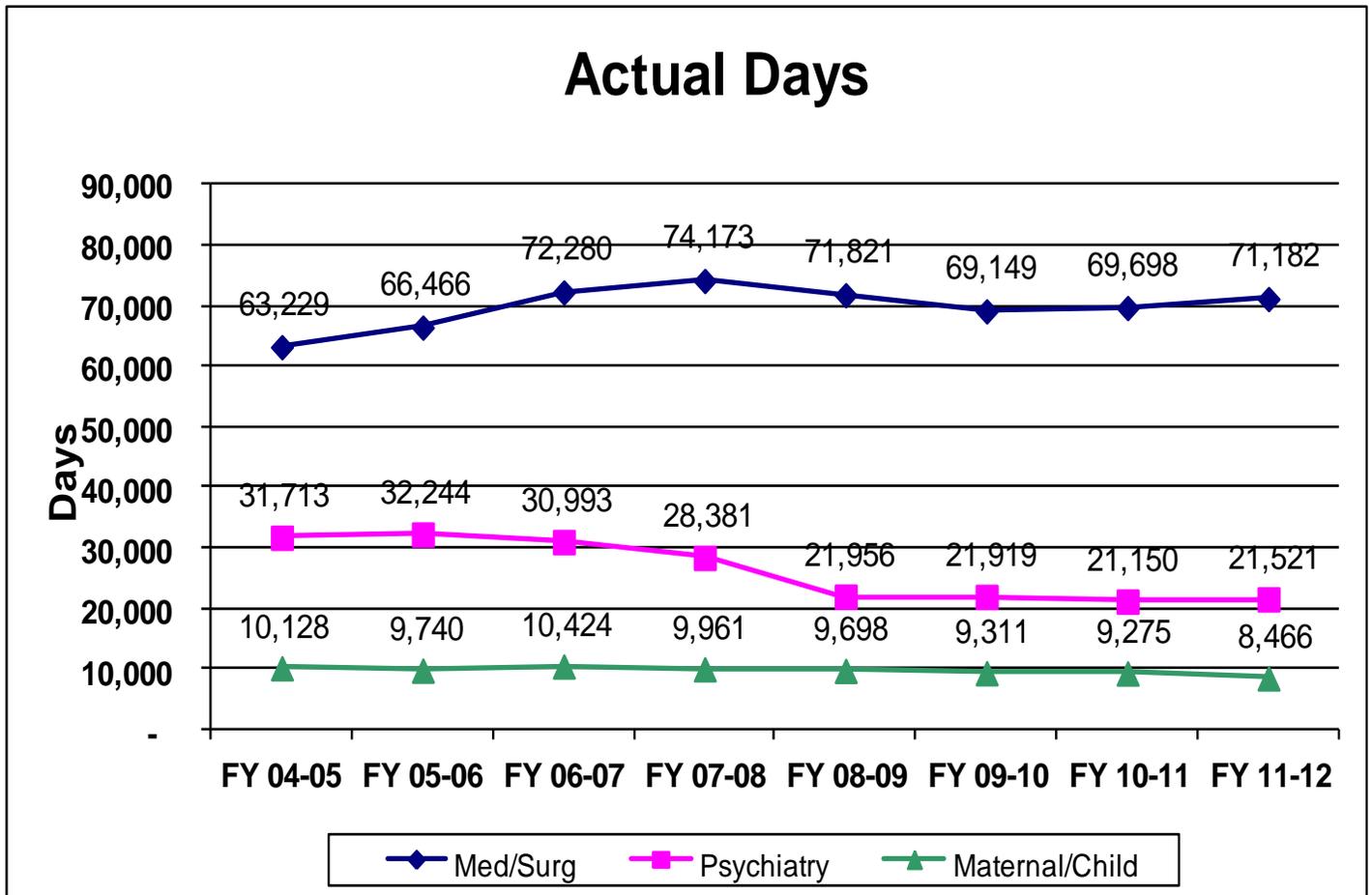
In Fiscal Year 2011-2012, there were **15,992 acute admissions**, of which **11% were acute psychiatric**. There were **101,169 patient days** of which **21% were acute psychiatric**. The ten most frequently occurring acute inpatient diagnoses were:

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

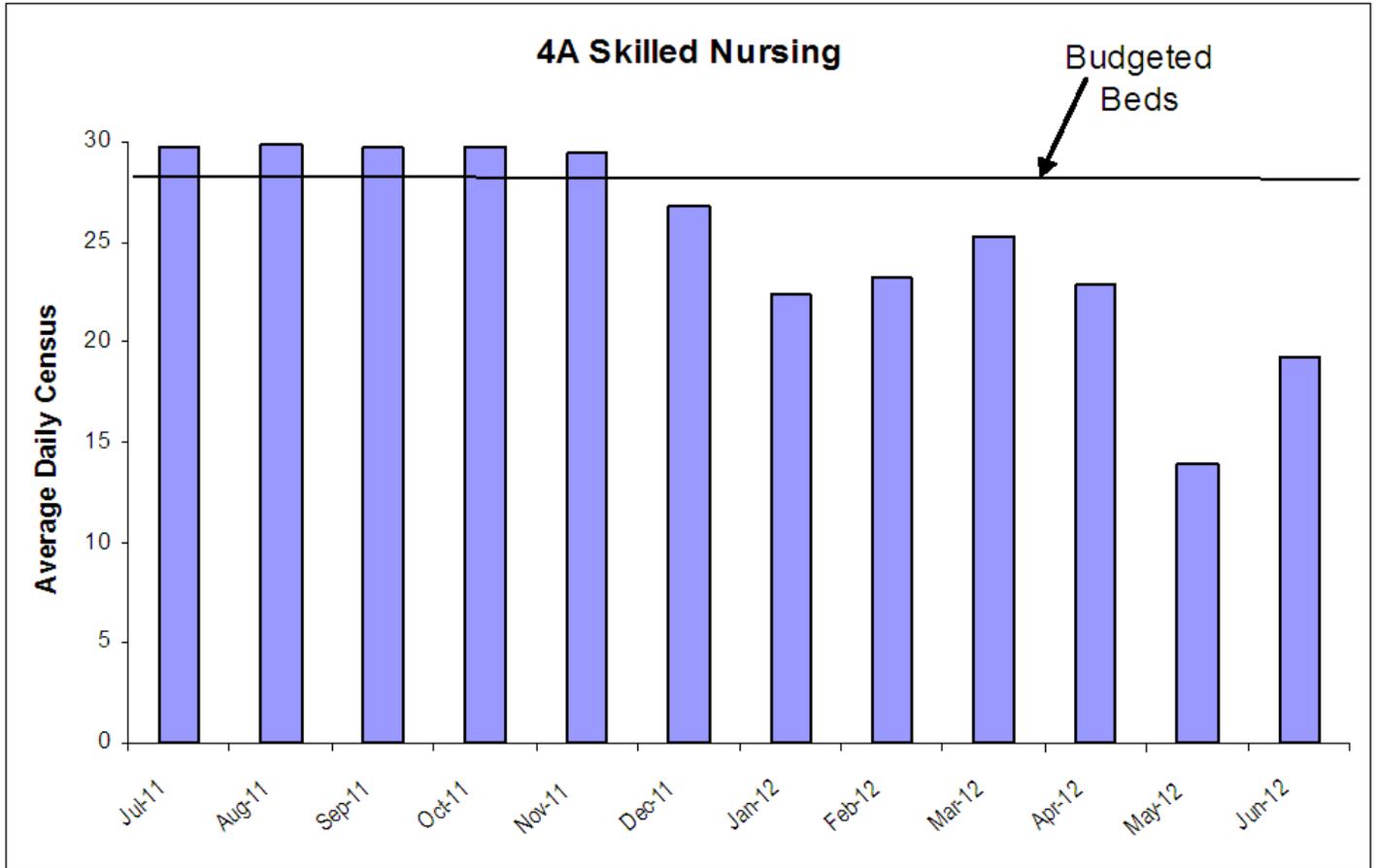
The average daily census for SFGH’s Medical/Surgical services was 217.6. Average bed occupancy rate is 90% of physical beds

The average daily census for Acute Psychiatry was 59. Average bed occupancy in Acute Psychiatry is 78% of physical beds.

The number of Medical/Surgical days increased by 2% as compared to the average of the previous 7 years, while the number of Psychiatric days decreased by 23% and the number of Maternal/Child days decreased by 14%. The decrease in Psychiatry is due to a concerted effort to place non-acute patients in the community.



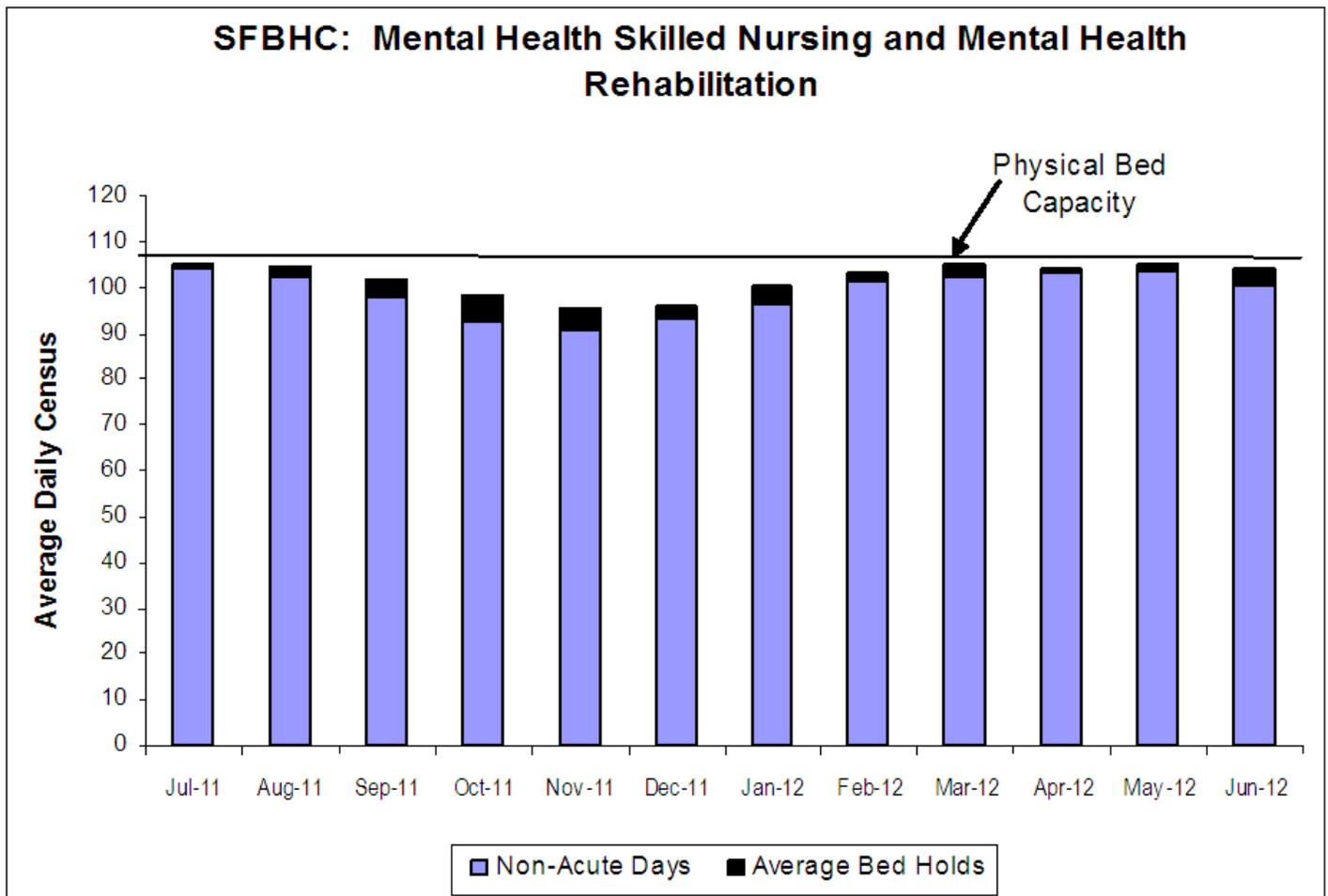
SFGH maintains a 30 bed short-term Medical/Surgical Skilled Nursing unit. This unit provides short-term non-acute care for patients awaiting or recovering from a procedure, patients requiring aftercare that is unable to be administered at home, and patients awaiting placement. The average length of stay is 35 days. The Skilled Nursing Unit was originally planned as a 14-day unit, however, patient placement has been a consistent issue.



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

SFBHC has three levels of care:

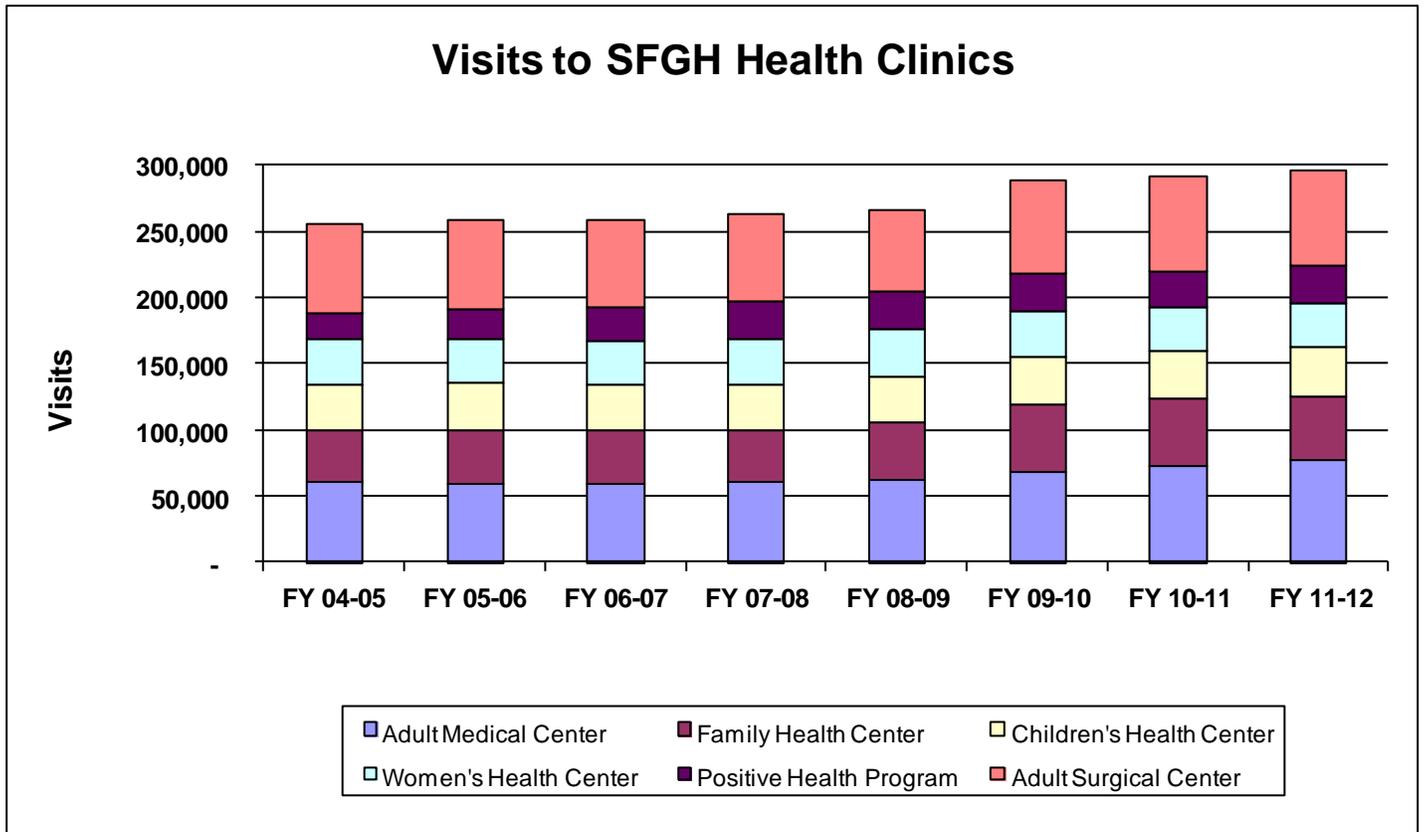
- Mental Health Rehabilitation: licensed by the California Department of Mental Health (DMH), the Mental Health Rehabilitation Program has 47 beds and focuses on psychosocial rehabilitation of clients with severe and persistent mental illness. The average daily census is 44.
- Skilled Nursing Facility: licensed by the Department of Health Services (DHS), the Skilled Nursing Facility has 59 beds and provides for continued care of psychiatric patients with medically complex needs. The average daily census is 55.
- Adult Residential Care Facility: licensed under the California Department of Social Services (DSS) Community Care Licensing Division, the Adult Residential Care Facility has 41 beds and helps clients transition back into the community. The average daily census is 41.



“Bed holds” account for most of the gap between the average daily census and the budgeted beds (an average of 3.0 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 2011-2012, 579,485 encounters were documented, of which 22% were primary care, 35% were specialty care, 11% were Emergency, 4% were urgent care, 20% were diagnostic and 8% were for other services. Over the past eight 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:

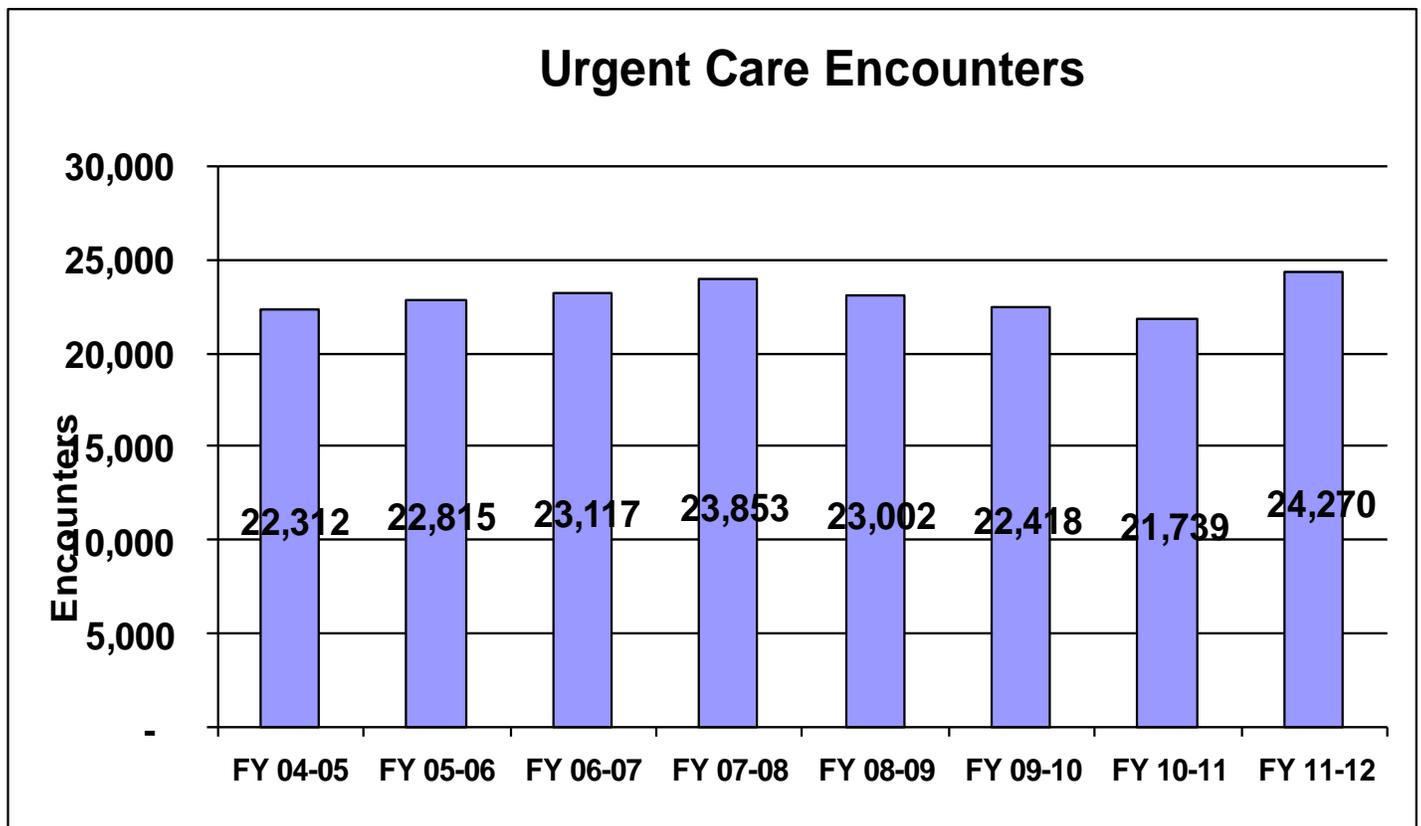
- Primary Care
- Dermatology
- Pulmonary
- Endocrinology
- Mental health services
- Lymphoma
- Women's Health
- Oncology
- Health education

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 24,270 encounters in the last fiscal year.

The most common diagnoses are:

1. Backache
2. Hypertension
3. Cough
4. Joint Pain-Lower Leg
5. Acute Pharyngitis
6. Acute Upper Respiratory Infection
7. Joint Pain-Ankle
8. Pain in Limb
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 26% Caucasians, 20% African-Americans, 31% Hispanics, 18% Asian/Pacific Islanders, and 5% others.



Of visits to Urgent Care, 88% were by San Francisco residents, 4% by out-of-county residents, and 8% by people who were homeless. Of the San Francisco residents, over 60% were from 6 zip code areas: 94110 Mission (17%), 94112 Outer Mission (13%), 94124 Bayview/Hunters Point (12%), 94134 Visitacion Valley (7%), 94102 Tenderloin (7%), 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 2011-2012, over 55,000 Emergency Room encounters occurred, of which 18% 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. Lumbago
7. Dizziness
8. Cough
9. Altered Mental Status
10. Shortness of Breath

Of the non-admit patients, 42% were females and 58% were males. This varies from the overall SFGH population of 49% females and 51% males. Emergency Department patients' race also varies as compared to the overall hospital population, with lower ED use by Hispanics (27% vs. 29%), Asians/Pacific Islanders (16% vs. 23%) and higher use by Caucasians (27% vs. 23%) and African-Americans (21% vs. 17%).

Of visits to the ED, 70% were by San Francisco residents, 11% by out-of-county residents, 11% by people who were homeless, and 8% were unknown. 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 6,000 cases, of which 24% 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 PES use by Hispanics (12% vs. 29%) and Asians/Pacific Islanders (11% vs. 23%) and higher use by Caucasians (45% vs. 23%) and African-Americans (25% vs. 17%).

Of the PES encounters, 61% were by San Francisco residents, 9% by out-of-county residents, 26% by people who were homeless, and 4% were unknown. Of the San Francisco residents, 65% were from 6 zip code areas: 94110 Mission (15%), 94102 Tenderloin (14%), 94103 South of Market (13%), 94109 City Hall/Polk Gulch (7%), 94124 Bayview/Hunters Point (9%), and 94112 Outer Mission (7%).

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 1,800 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 residents training in 17 academic departments and 35% of all UCSF medical students' clinical training are conducted at SFGH.

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

The hospital is also home to more than 20 research centers and major laboratories. Over 150 principal investigators conduct research through programs based at the hospital campus.

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

Major research papers were presented and published in 2012 by SFGH investigators. Some of the highlights included:

- Landmark article in Neuron on potential therapy for deafness using virus technology. Larry Lustig MD, Otolaryngology.
- Landmark article in Science Translational Research on the human biome. Andrew Goldberg MD, Otolaryngology. New Yorker Magazine also picked up this news.
- Renee Hsia MD publishes several major studies that were cited in both the Wall Street Journal and New York Times. Dr. Hsia also interviewed by Anderson Cooper for CNN show “360”. Studies include effect of ED closure on patient mortality, relationship of California hospitals serving large minority populations and ambulance diversion, and rising closure of hospital trauma centers disproportionately burden vulnerable populations.
- Lancet publishes work by John Balmes MD et al demonstrating that wood smoke contributes to severe childhood pneumonia.

Peter Ganz MD publishes study on impact of SFGH STEMI program for heart attack victims.

SECTION THREE
PROGRAMS, PARTNERS, LEADERSHIP and STAFF

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

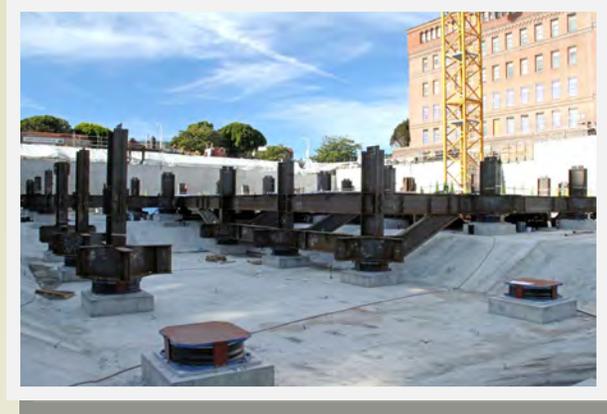


**“Hands of Diversity”
by Lori Chinn**

SFGH REBUILD

During the 2011-2012 fiscal year, the San Francisco General Hospital Rebuild transformed from a two-story hole in the ground to a nine-story structure, visible on the city skyline. The community celebrated the steel topping out, a major construction milestone that marks a mid-point in the project. Trends in local hiring and the number of contracts awarded to local businesses continued to increase and staff, neighbors and patients continued to be engaged and informed through several community relations activities. The construction project is on schedule and on budget, completion scheduled for December 2015.

Construction Milestones



Retaining Walls Poured

- Underground retaining walls as high as 45 feet

Structural Steel Begins

- The first steel beam was installed in late-December.
- Steelworkers installed and welded approximately 11,000 beams into place

2011

2012



Base Isolators Installed

- The structure rests on 115 base isolators
- Allow movement up to 30-inches in any direction to protect the hospital during seismic activity

Mock Ups Complete

- Prototypes of operating, resuscitation, exam, ICU and medical-surgical rooms built and equipped off-site.
- Allows for user feedback about design and functionality and will be used for training purposes



Good for the Local Economy

- 406 San Francisco residents have been employed on the project (as of July 2012)
- 30 percent of field labor hours from San Francisco Residents

- 145 Local Business Enterprises have performed work on the Rebuild project
- More than \$61 million in contracts awarded to Local Business Enterprises
- Currently more than 9 percent of sub-contractors are certified as local business enterprises (LBE)

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

- *Straight Up* multi-lingual newsletter distributed to more than 2,300 neighbors and organizations
- Hosted two Rebuild community meetings, steel beam signing event and topping out ceremony
- Rebuild booth at community events
- Regular outreach to neighborhood and organizations
- Hospital Community Engagement Committee collaborated with neighbors on Rebuild-related projects
- Noise Committee developed noise and dust mitigation plans and provided resources to staff and patients
- Regular Rebuild website, video, Facebook and Twitter updates



Steel Topping Out

- 2,500 patients, staff and community signed the last steel beam on June 4th
- Topping out ceremony took place on June 5th

Build-out Permit Approved

- The Office of Statewide Health Planning and Development approved the plans for the next phase of construction



Concrete Decks Poured

- Concrete was poured for each of the nine floors of the new hospital.

Bridge Installed

- Second story bridge connection between new and existing hospitals.



Upcoming Milestones

- Exterior precast brick and glass panels will be installed
- 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 has been identified and is scheduled to begin in late 2012.

VOLUNTEER SERVICES

At SFGH, we are indebted to the dedication and generosity of our volunteers. In the fiscal year covered by this annual report, 780 people volunteered in 64 hospital departments, ranging from pediatrics and primary care to emergency and specialty care, plus labs, research, chaplaincy, information services, administrative functions and many more. Together, they contributed more than 100,000 hours of service. Three of them exemplify the spirit and experience of the volunteer program. A big thank you to all our wonderful volunteers!

Jorge

Jorge Munguia was born and raised in Nicaragua. In 1980, at the age of 20, he moved to the United States to begin a new life. He settled in San Francisco and soon began working for the U.S Postal Service. After more than 15 years there, medical problems forced him to retire. As he was having memory issues, his doctor recommended that he begin volunteering to stimulate his mind by interacting with people. Mr. Munguia decided he wanted to serve his community and began volunteering at SFGH more than a decade ago.

If you have been to our campus, you may know Mr. Munguia already. He is the lead volunteer trainer in the Main Lobby. Mr. Munguia graciously teaches new volunteers the ins and outs of the hospital, from the computer system used to find patients' information, to how to greet and engage patients who need assistance. He loves doing this because he knows that with every trained volunteer the hospital becomes more patient friendly.



Mr. Munguia particularly likes assisting Spanish speaking patients who may otherwise be disadvantaged by a language barrier. Plus, Mr. Munguia's memory has been strengthened by his interactions with patients over the years.

"Just as SFGH has progressed as a hospital over time, I have progressed with my memory health over time by being here," he said.

Margaret Hagan

Margaret Hagan was born and raised in San Francisco and has spent more than 41 of those years volunteering at SFGH, logging 1,500-plus hours helping with the book cart and in the nursery.

Ms. Hagan, 75, began volunteering in 1971. She was prompted to do so after a one-year hospitalization at the UCSF Medical Center at Mount Zion. During her time as a patient, volunteers would visit and bring her books to make the time pass, improving her experience. Ms. Hagan appreciated the kind gestures and wanted to give back. With that in mind, she began seeking volunteer opportunities at San Francisco General Hospital (SFGH).

Ms. Hagan's first volunteer task at SFGH was to shop on 24th Street for groceries and enjoyable items for patients. At that time, SFGH did not have a gift shop and patients were not able to shop conveniently for small things they needed. Once SFGH opened a gift shop, Ms. Hagan transitioned to the book cart, paying back the favor she once had received. She still remains active in her book cart duties.

"Patients are so appreciative to have something to read or just to have someone to talk to," she said.

Additionally, after making book cart rounds, Ms. Hagan also volunteers in the nursery, holding babies who are drug addicted. She said this job feels meaningful because babies who were held found it comforting.

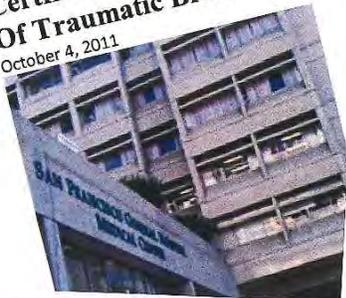
Ms. Hagan thoroughly enjoys her time at SFGH. "Volunteering at SFGH has become an important mission for me because the nurses and staff are very caring," she said. "They inspire me in their constant aim to help patients."



Over 600 children attend this year's SFGH Children's Holiday Party.

SFGH IN THE NEWS:

SF APPEAL
ONLINE NEWSPAPER
**SF General Celebrates
Certification For Treatment
Of Traumatic Brain Injuries**
October 4, 2011



San Francisco Chronicle

San Francisco General gets a makeover



Ed Lee, mayor, wipes his hands to the final steel beam lifting up to the San Francisco General Hospital and Trauma Center (SFGH) on Tuesday, June 5, 2012

npr
**San Francisco Thwarts
HIV With Wide Testing,
Universal Treatment**
July 23, 2012



Doctor Monica Gandhi, San Francisco General Hospital

SF APPEAL
ONLINE NEWSPAPER
**Service Members Kick
Off Fleet Week With Visit
To SF General's Pediatrics
Unit** October 7, 2011

San Francisco Chronicle
**A new era for
San Francisco General**
Sue Currin, CEO at SFGH
August 5, 2012



The final beam of the new San Francisco General Hospital building, which is set to open in 2015, was lifted into place in June.

CBS
**HealthWatch: Experimental
Head Trauma Treatment At
SF General Offers Hope**
June 13, 2011



**HUFF
POST**

**San Francisco General Hospital
'It Gets Better' Video (VIDEO)**
July 24, 2012



Sue Carlisle, MD, Associate Dean, UCSF

UCSF
**AIDS Prevention 2.0:
A Historic Opportunity
to Halt HIV**
November 30, 2011



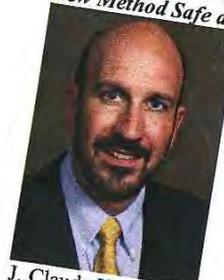
Brad Hare, MD, medical director of the UCSF Positive Health Program clinic at SFGH

The Examiner
**SF General Hospital's
Stephanie Bray to
recognize local
humanitarians**
October 25, 2011



Executive Director of the SFGH Foundation

UCSF
**Improved Emergency
Treatment for Prolonged
Seizures** February 15, 2012
**SFGH and UCSF Coordinate
San Francisco-wide Participation
in Nationwide Study that Finds
New Method Safe and Effective**



J. Claude Hemphill III, MD, MAS Chief of Neurology at SFGH and co-director of the UCSF Brain and Spinal Injury Center.

San Francisco Chronicle
**Treating TB, HIV at same
time found to save lives**
October 19, 2011



Diane Havlir, MD poses for a portrait on the hallways of the AID ward at San Francisco General Hospital

SFGH IN THE NEWS:

The contributions of SFGH staff, clinicians, researchers and teachers made news throughout the year, as community, local and national media reported on our activities.

The HIV/AIDS team grabbed headlines year-round, with new research findings, strategies to fight the spread of the disease and leadership at the International AIDS Conference.

SFGH also took the lead as the first hospital in the nation to be certified for its Traumatic Brain Injury program by the Joint Commission, setting a standard for other hospitals and raising awareness of this important public health issue.

Continuing to stand out, SFGH was the first hospital in the Bay Area to produce its own It Gets Better video, sending personal, affirming messages to lesbian, gay, bisexual and transgender youth.

And, when the Supreme Court upheld health care reform, the San Francisco Chronicle and other media came straight to SFGH to hear CEO Sue Currin's analysis of the decision.

Sue took another stage in June, joining the Mayor, Director of Health and other city leaders to celebrate placing the final steel beam atop the new hospital.

The city also came together for San Francisco General Hospital Foundation's annual Heroes & Hearts benefit, raising money for hospital programs and honoring those in our community who go the extra mile for others.



SFGH IN THE NEWS:

SFGate June 29, 2012

California is most prepared for health care law



San Francisco General Hospital Trains Doctors to Become Community Leaders July 2011

VANITY FAIR

Vanity Fair Nominates: Dr. Diane Havlir

July 21, 2012



Dr. Diane Havlir, Chief of SFGH HIV/AIDS Division

KQED News

AIDS at 30: Interview With Chief of HIV/AIDS at SF General - Treatment Past, Present and Future June 6, 2011

NewsChannel 5.com January 4, 2012

Avoiding Amputation: Repairing Infected Bones Dr. Amir Matityahu, Orthopedic Surgeon, SFGH/UCSF discusses healing infected bone with surgery and antibiotic impregnated cement.

UCSF

Violence Prevention Program at SF General Hospital Saves Lives August 2, 2012



Rochelle A. Dicker, MD, FACS, assistant professor of surgery and anesthesia, are the Wraparound Project team at the UCSF-affiliated San Francisco General Hospital and Trauma Center.

CBS

KCBS Cover Story: SF General Hospital Reaches Out To LGBT Youth July 25, 2012



A screen capture of the San Francisco General Hospital "It Gets Better" video on YouTube. (SFGH/YouTube)

San Francisco Chronicle
Heroes & Hearts raises \$1.5 million for S.F. General
February 15, 2012



Heroes & Hearts Luncheon honorees (from left) Harlan Kelly, Jr., Martha Ryan, Marlene Tran and Dr. Richard Coughlin at AT&T Park.

OXFORD JOURNALS
Clinical Infectious Diseases

The Effect of a "Universal Antiretroviral Therapy" Recommendation on HIV RNA Levels among HIV-Infected Patients Entering Care with a CD4 Count Greater than 500/ μ l in a Public Health Setting
First published online: September 5, 2012
Elvin H. Geng, MD, MPH, Positive Health Program, SFGH

The New York Times

June 18, 2012
Heart Trouble Early and Often in H.I.V. Patients

abc

Doctors get local training they can take overseas January 26, 2012



Dr. Richard Gosselin, UCSF's Orthopedic Trauma Institute at SFGH

CaliforniaHealthline
The Daily Digest of News, Policy & Opinion

July 24, 2012
San Francisco General Hospital ED Pushes HIV 'Test and Treat' Strategy

The Bay Citizen

AIDS project co-founder works to transform treatment, perceptions
June 25, 2012



Dr. Jim Dilley co-founded UC San Francisco's AIDS Health Project, now called the Alliance Health Project.

UCSF

San Francisco Health Improvement Partnerships Tackle Public Health Problems
December 1, 2011

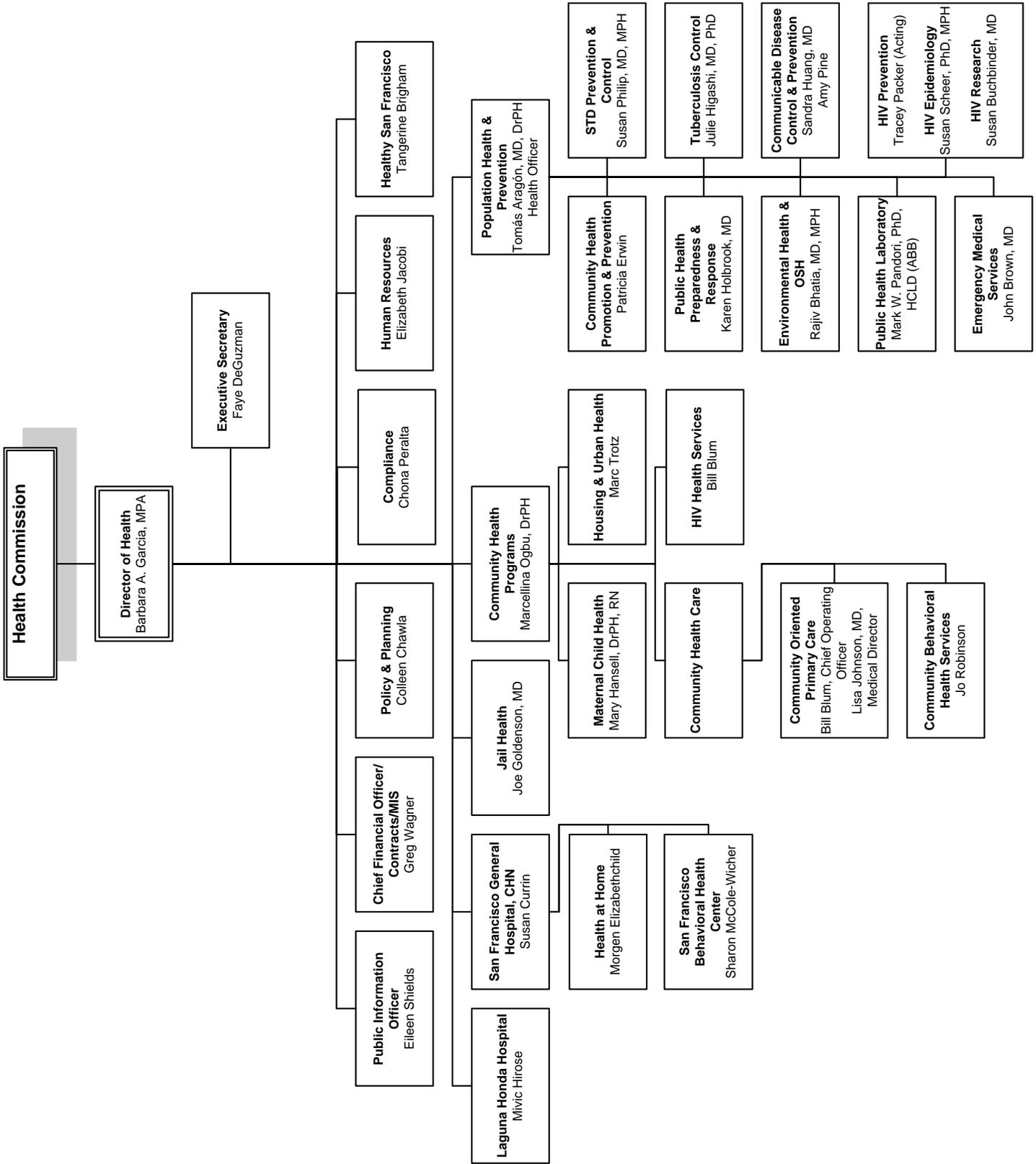


UCSF, participate in the meeting of the Coordinating Council of San Francisco Health Improvement Partnerships at San Francisco General Hospital.

The Examiner

July 5, 2012
San Francisco doctors striving to steer dying patients out of ER, into hospice

Governance



San Francisco Health Commission

Joint Conference Committee for San Francisco General Hospital

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

The objectives of the San Francisco General Hospital JCC are:

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

Edward A. Chow, M.D.

Commissioner Chow is a practicing internist. He is Executive Director of the Chinese Community Health Care Association and is the Senior Advisor for the Chinese Community Health Plan. He is also Treasurer of the Board of Directors of the Institute of Medical Quality, a subsidiary of the California Medical Association. Commissioner Chow currently chairs the San Francisco General Hospital Joint Conference Committee, the Finance and Planning Committee as well as the 5-Year Budget Subcommittee. He is serving his sixth term on the Health Commission.

David J. Sánchez, Jr., Ph.D.

Commissioner Sanchez is Professor Emeritus at University of California, San Francisco. Commissioner Sanchez is a member of the San Francisco General Hospital Joint Conference Committee and the Laguna Honda Hospital Joint Conference Committee. He is a member of the San Francisco General Hospital Foundation Board. He has also served on the San Francisco Board of Education and the Community College Board, the San Francisco Police Commission, and is Trustee Emeritus of the San Francisco Foundation. He has served on the Health Commission since 1997.

Catherine M. Waters, RN, Ph.D., FAAN, FAHA

Commissioner Waters is a Professor in the Department of Community Health Systems at the University of California, San Francisco School of Nursing. Her community-based research focuses on preventative health-care and advancing public/private community partnerships. Commissioner Waters is a member of the San Francisco General Hospital Joint Conference Committee, the Community and Public Health Committee and is also the Health Commission representative to the San Francisco Health Plan. She was appointed to the Health Commission in 2008.

Mark Morewitz, MSW, is the Health Commission Executive Secretary

SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER LEADERSHIP

City and County of San Francisco, Health Commission

Sonia Melara, M.S.W., President
Margine Sako, Vice President
Edward A. Chow, M.D.
Cecilia Chung
David J. Sanchez, Jr., Ph.D.
Belle Taylor-McGhee
Catherine M. Waters, R.N., Ph.D.

Department of Public Health

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

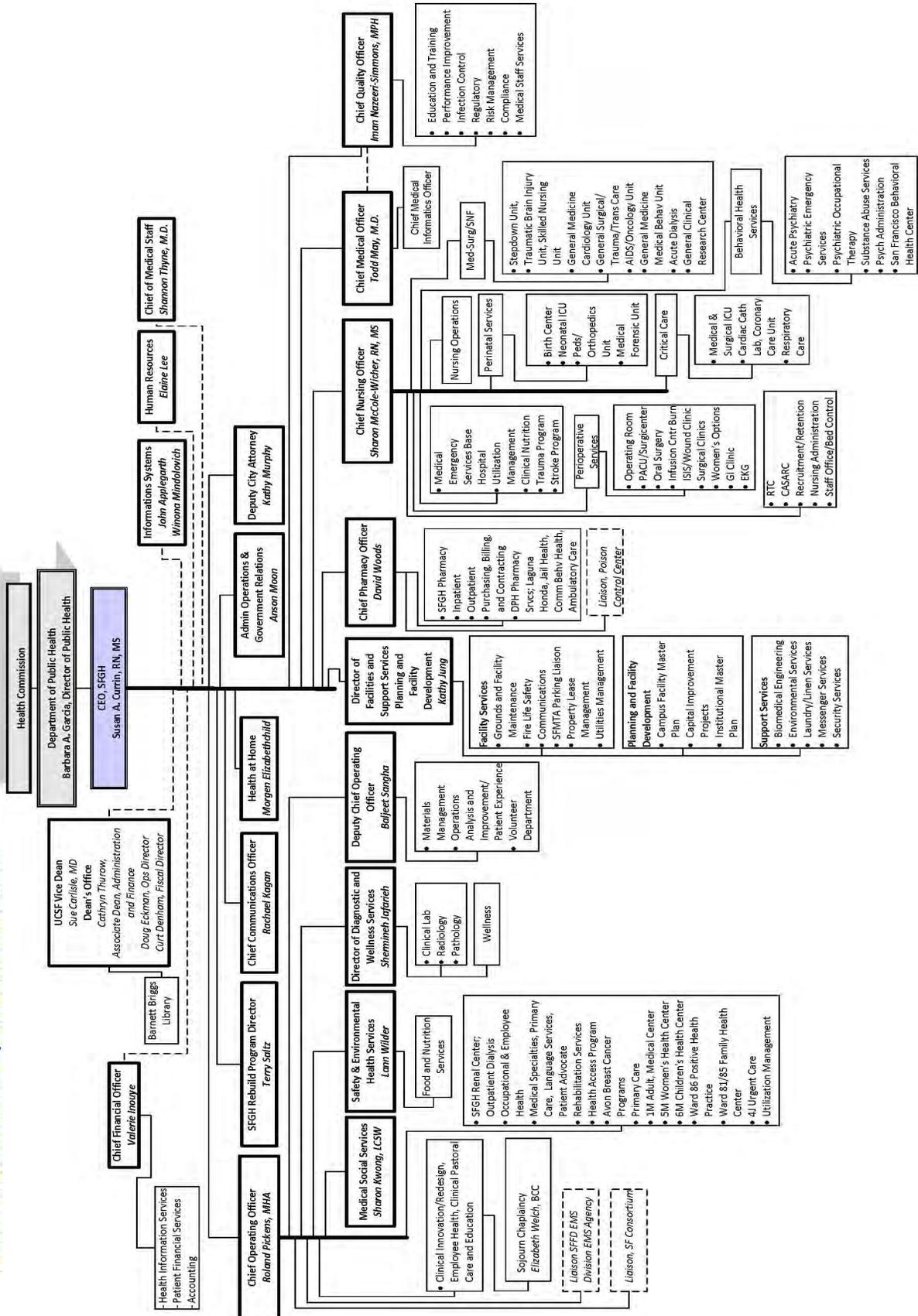
SFGH Executive Staff

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

San Francisco General Hospital Foundation

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

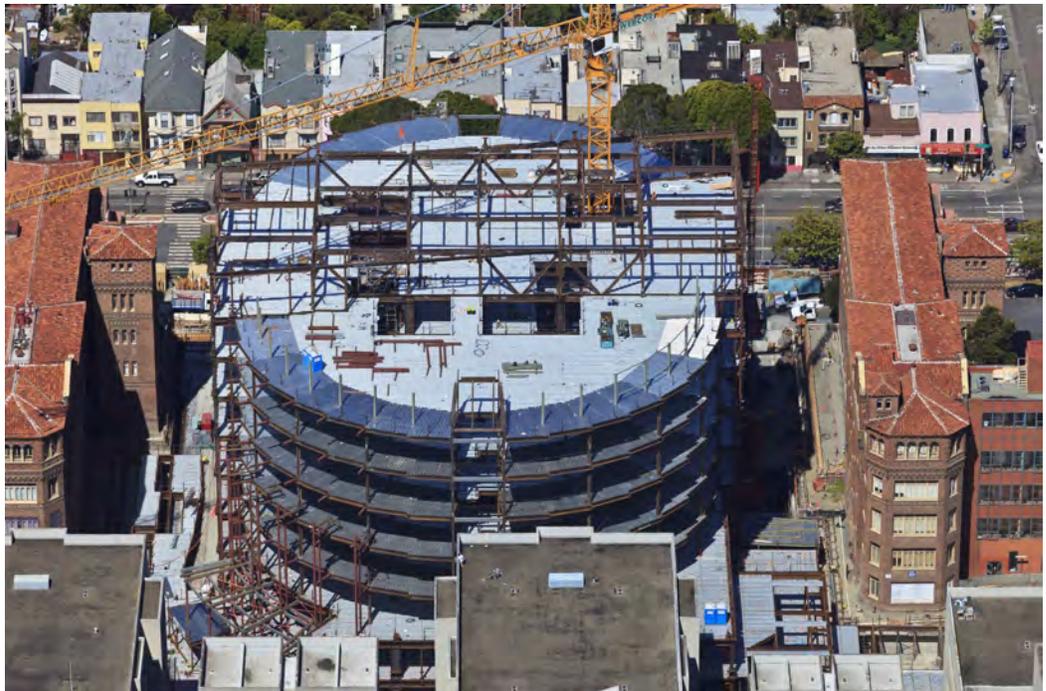
San Francisco General Hospital and Trauma Center



Our Staff

SFGH has approximately 2,600 City and County of San Francisco (CCSF) fulltime equivalent employees and approximately 1,800 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 Foundation



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

The annual *Heroes & Hearts* and *Hearts After Dark* events not only bring the community together each year to celebrate the important role The General plays in the lives of all San Franciscans, they are also vital to the Foundation's fundraising efforts. Support raised from the events helps subsidize the Hearts Grants program. These grants are awarded to hospital programs with high-impact initiatives that contribute to the excellence of The General, many of which have the potential to develop sustainable funding. In 2011, the Hearts Grants Committee awarded grants to 53 programs at The General. These grants have supported a variety of initiatives including:

- Program support included lean management training, disease specific support groups, nursing grand rounds, parenting classes, rehabilitation lymphedema education, and tobacco-free community initiative.
- Equipment included an advanced breathing simulator, Faxitron specimen imaging device to reduce discomfort for women undergoing breast biopsies and surgery, infant cerebral function monitor, and ultrasound machine for PICC Service,.
- Space renovations included interpreter service expansion, psychiatry emergency services renovation projects, and upgrading the radiology patient waiting room.



San Francisco General Hospital Foundation

2011 Hearts Grant Recipients

In 2011, over 2 million dollars in Hearts Grants were awarded to the following SFGH programs:

• Patient Changing Table	\$210.74
• Critical Care Access to Education Improvement Project	\$1,412.56
• 7L- Forensics Unit- Patient Dayroom Table Replacement	\$1,500.00
• Health Education Consultant/Trainer for MEA Staff	\$1,795.00
• Happiest Baby on the Block	\$1,798.00
• Helping Our Patients Find Their Way	\$3,015.00
• Improving Communications between Provider and Patient	\$3,040.00
• Body and Soul: Getting to the Heart of the Matter	\$3,750.00
• Improving the Staff Break Room	\$4,278.00
• Outpatient Pharmacy Digital Patient Signature System	\$4,294.00
• Nutrition +	\$4,730.00
• Creating a Healing Environment in the Birth Center (6C)	\$4,830.00
• 7A Psychiatric Dayroom Communication Project	\$4,999.00
• Adolescent HIV Program Planning	\$5,000.00
• Eyeglasses Access Program	\$5,000.00
• Instilling Hope Through Innovative Activities Program at the SNF	\$5,000.00
• Pink Hearts Club	\$5,000.00
• Survivors International Project	\$5,000.00
• Community Engagement Initiative	\$5,000.00
• Resident Wellness Project	\$13,626.00
• Improving Safety of Children's Health Center Waiting Rooms	\$13,932.00
• Telephone and Internet Refill Request System	\$14,590.00
• Bending the Cost Curve through Cost and Radiation Consciousness	\$15,250.00
• Promoting Wound and Ostomy Care	\$16,300.00
• SFGH Kidney Education and Wellness program (SKEW)	\$18,886.00
• Patient-Centered Group Visits for Patients with High Blood Pressure	\$18,900.00
• The Expectant Parent's Club and The Healthy Newborn Class	\$20,000.00
• Essentials for Healing: Health at Home Patients Needs	\$15,000.00
• Staff Training on Tobacco Use Assessment, Treatment & Referral	\$50,840.00
• PES Physical Renovation of the Day Room	\$22,834.06



“Elemental Heart”
by Henry Jackson



“Global Prescription”
by Dana King

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.