

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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SANTA BARBARA • SANTA CRUZ

TALMADGE E. KING, JR., M.D.
CHIEF, MEDICAL SERVICES

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San Francisco, California
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January 3, 2003

Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital – Ofc #2A5
1001 Potrero Avenue
San Francisco, CA 94110

RECEIVED

JAN 07 2003

ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

January 2, 2003

Dear Ms. O'Connell:

As Chief of the Department of Medicine at San Francisco General Hospital, I am writing to express my strong support for establishing an on-campus helicopter landing facility as part of the hospital's Level 1 Trauma Center. The Department of Medicine exists to ensure high-level patient care, provide excellent teaching and training in internal medicine and to facilitate outstanding basic and clinical investigation. Further, we provide physician specialists necessary to ensure multi-specialty, coordinated care at SFGH and the Trauma Center.

Current national legislation recognizes the need to develop trauma systems that are both responsive and appropriate to local need. These priorities must be ever present when we consider the need for aeromedical access to SFGH. Is our trauma system responsive? We are one of the country's leading trauma centers, and yet we are the only city, among the nation's 25 largest cities, that does not provide air access to any of its hospitals. Are we providing trauma coverage appropriate to local need? San Francisco is a densely populated urban area where traffic congestion throughout the city is commonplace. Relying on ground transportation for traumas can often delay care unnecessarily. A helipad at SFGH would benefit the community and citizens of San Francisco by allowing us to continue to provide outstanding trauma care in a more timely and efficient manner.

Emergency medical air access at SFGH will not only allow us to meet the stringent time response requirements of everyday traumas, but will expand our capability for handling multi-casualty events. In the aftermath of September 11th, we must develop a trauma system that, not

only deals with daily injuries, but also has the capacity to efficiently respond to the demands of unconventional or natural disasters of a greater magnitude.

Finally, highly trained physician specialists in medical fields such as Cardiology and Pulmonary are drawn to practice in nationally recognized Trauma Centers due to the volume/type of patients seen and the enormous research potential that exists. Without heliport access, the trauma designation of the hospital may be threatened, compromising our ability to attract the highly skilled providers necessary to provide world-class care to all our patients, including the thousands of trauma victims treated each year.

In summary, SFGH has a well-established reputation as one of the nation's top academic public hospitals. Our distinction as a leading trauma center is a cornerstone of this national recognition. However, we must look into the future and plan today for a trauma system that continues to be both responsive and appropriate. An on-campus helicopter landing facility would help the hospital achieve this goal and would benefit the community and citizens of San Francisco.

Sincerely,



Talmadge E. King, Jr., M.D.

Chief, Medical Services, SFGH

The Constance B. Wofsy Distinguished Professor and Vice-Chairman

Department of Medicine, UCSF



School of Medicine
Division of Orthopaedic Surgery

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January 7, 2003

Gene O'Connell, RN, MS
Executive Administrator
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JAN 10 2003

ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

Dear Ms. O'Connell,

I am writing this letter in strong support for air medical access to the San Francisco General Hospital. As a majority of trauma patients have musculoskeletal injuries, the issue of air medical access is at the forefront of issues currently facing the SFGH Orthopaedic Surgery service. As the Acting Chief of Orthopaedic Surgery at SFGH, I speak for the entire current faculty and staff when I state unequivocally that a helipad is critical to care for the citizens of San Francisco and is essential for the survival of the SFGH Trauma Center and our SFGH Division of Orthopaedic Surgery.

When I joined the faculty at SFGH seven years ago, I was puzzled that the hospital did not have air medical access. After all, I had received four years of medical training and over seven years of post-graduate training in the US and Europe, and had never trained at a hospital, urban or rural, that did not have a helipad. I particularly had problems understanding how the Level 1 Trauma Center for a densely populated city in a major earthquake region did not have air medical access. Since that time, I have come to learn that SFGH is the only Level 1 Trauma Center in the country without a helipad. This is particularly astounding given that San Francisco has already been threatened as a target for a terrorist attack.

In this regard, as a surgeon for the citizens of San Francisco, I feel it is unfair for San Franciscans to be unable to have appropriate air medical access to SFGH. I also feel that it is the City's responsibility to enable its citizens to receive the world-class trauma care for which SFGH is internationally recognized. In addition, I have witnessed first-hand the importance of receiving critical medical care near to one's family and friends.

As discussed in previous meetings with you, the Division of Orthopaedics is in a critical juncture. We have recently lost 4 of our 6 full-time attendings, including the Chief of Service, for reasons which include low faculty compensation, outdated equipment, and inability to develop subspecialty fracture practices. This

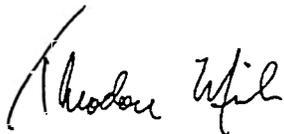
clearly is not only a problem for orthopaedics, but also for SFGH and its Trauma Center. Over the past decade, the Division of Orthopaedics at SFGH has provided nationally recognized trauma care, while also delivering efficient, cost-effective, and comprehensive multidisciplinary musculoskeletal service for medically indigent citizens. Replacing the talented surgeons who have left the busy SFGH Orthopaedics service is a daunting task; there is a severe nationwide shortage of traumatologists and San Francisco is an expensive place to live. A helipad will infuse valuable resources into the hospital and the orthopaedic service that will pay for salaries and generate money to buy equipment.

Another major difficulty we have in the retention and recruitment of faculty is our inability to develop subspecialized practices, particularly in pelvic and acetabular fractures and spine injuries. Several of the applicants we have recently interviewed for the available SFGH trauma positions were unhappy with SFGH because there was no helipad and the volume of pelvic and acetabular fractures treated at SFGH was too low. In addition, one of the faculty recently left SFGH because he was unable to develop an acute trauma spine practice. The development of these subspecialty practices is absolutely essential for the recruitment and retention of trauma trained orthopaedic surgeons. It will be extremely difficult to replace the departed Chief of Service with someone interested in trauma in the absence of some guarantee of a helipad.

The faculty who came to SFGH did so because they believed in the mission of the institution and its reputation as a high-caliber trauma center. Unfortunately, unless the hospital builds a helipad, it will be extremely difficult to recruit and retain orthopaedic surgeons interested in trauma care. This is not in the best interest of the City and County of San Francisco.

Thank you for your understanding in this matter. Please let me know if I can provide further information on how air medical access impacts upon our service. I would welcome further discussion with either the hospital or the City and County administration on this critical issue.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Theodore Miclau".

Theodore Miclau M.D.
Associate Professor
Acting Chief of Orthopaedic Surgery

cc Robert Mackersie, M.D



Surgery Faculty Practice

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JAN 06 2003

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January 3, 2003

ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

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General Surgery

Hobart W. Harris, M.D.
Gastrointestinal Surgery

Arthur C. Hill, M.D.
Cardiothoracic Surgery

Jan K. Horn, M.D.
General Surgery

M. Margaret Knudson, M.D.
Breast/Pediatric Surgery

Bert C. Mackersie, M.D.
General Surgery

Maresh H. Mankani, M.D.
Plastic/Hand Surgery

Stanley J. Rogers, M.D.
Minimally Invasive
and General Surgery

William P. Schechter, M.D.
General Surgery

Arthur N. Thomas, M.D.
Professor Emeritus

David M. Young, M.D.
Plastic Surgery

Gene O'Connell
Executive Administrator
San Francisco General Hospital
1001 Potrero Ave, 2A5
San Francisco, CA 94110

Re: Air medical access at San Francisco General Hospital

Dear Ms. O'Connell:

I am writing this letter to express my support for air medical access to San Francisco General Hospital. I am the Chief of Surgery at San Francisco General Hospital and Professor of Clinical Surgery at University of California, San Francisco. As such, I oversee the Trauma program at San Francisco General Hospital and I am a very active trauma surgeon. The City of San Francisco is at significant risk for a devastating earthquake as well as being a U.S. terrorist target. The citizens of San Francisco require air medical access to the region's foremost trauma center. San Francisco is the only major city in United States without an air medical access helicopter program. This is a major embarrassment for a world-class city like San Francisco as well as a great danger for the citizens of San Francisco given the possibility of terrorist attack and natural disaster.

Critically ill and injured patients require the fastest possible transport to a trauma center to receive life saving care. Our city should have had a helicopter program 25 years ago. Primarily because of local neighborhood political considerations, all efforts to achieve a helicopter program have been blocked. The tragedy of 9/11 and the Loma Prieta earthquake are examples of devastation which can strike a city blocking roads and highways. A helicopter program is the obvious answer. Helicopter programs exist not only in all major cities in the United States but throughout Europe. I am embarrassed to say that some third world countries have air medical access helicopter programs (e.g. South Africa), but not San Francisco.

In addition to being the Chief of Surgery at San Francisco General Hospital, I am also a Potrero Hill homeowner. I understand that many of my neighbors are opposed to the introduction of a helicopter program at San Francisco General Hospital. This issue is the classic example of the inherent conflict between the interests of a small group of individuals and the interests of society as a whole.

There is absolutely no question that the introduction of the air medical access helicopter program at San Francisco General Hospital is in the interest of the City of San Francisco and its citizens. I have no doubt that there was extensive neighborhood opposition to the construction of the freeway at the foot of Potrero Hill. That freeway was constructed to benefit the majority of citizens. In a similar fashion, the introduction of the air medical access program at San Francisco General Hospital will be a major asset to San Francisco and its citizens. I sincerely hope that our leaders will have the courage and political will to institute this critical program.

Thank you for the opportunity of expressing my support in strongest possible terms for an air medical access program in San Francisco.

Very truly yours,



William Schecter, M.D.
Professor of Clinical Surgery
University of California, San Francisco
Chief of Surgery
San Francisco General Hospital

WS/wl

Cc: Robert Mackersie, M.D.



Alan Gelb, M.D.
Chief

Emergency Services
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1001 Potrero Avenue, Room 1E2
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January 6, 2003

Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital – Ofc # 2A5
1001 Potrero Avenue
San Francisco, CA 94110

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JAN 10 2003

ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

Dear Gene,

I am writing this letter in support of the need for emergency medical air access at San Francisco General Hospital. As Chief of the Emergency Department here responsible for many incoming calls regarding transfers of critically injured trauma patients I am keenly aware of the need for this service.

It is not uncommon that after notification of an incoming trauma patient from the City and County of San Francisco streets, the trauma arrival can be delayed by significant periods of time because of increasing traffic patterns. It is not uncommon that the entire team has assembled in the Emergency Department and waits for long periods of time before the patient's arrival. It is well known that the earlier we can intervene at the hospital for these patients the better their chance of survival.

A helipad at San Francisco General Hospital would make transfers from other counties (both transfers from scenes and transfers from Emergency Departments) more feasible. By increasing the number of critical trauma patients brought to San Francisco General Hospital, we will be able to continue to maintain the level of expertise and staffing necessary to provide the level of coverage required of a Level 1 Trauma center. Without the "critical mass" that would be provided by these additional patients, the survival of San Francisco General Hospital as a Level 1 Trauma center is in jeopardy. Currently we are seeing the minimum number of patients necessary to maintain our certification.

Please let me know if there is any way I can help in making the necessity of a helipad at San Francisco General Hospital a reality.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan Gelb".

Alan Gelb, MD
Chief, Department of Emergency Services
San Francisco General Hospital
Professor of Medicine
University of California San Francisco



Department of Pediatrics
San Francisco General Hospital

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ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

H. William Taeusch, MD
Chief, Pediatric Service
San Francisco General Hospital
Professor and Vice-Chairman
Department of Pediatrics
1001 Potrero Avenue
Mail Stop 6E
San Francisco, CA 94110
tel: 415/206-3681
fax: 415/206-3686
email: bttaeusch@sfghpeds.ucsf.edu

December 23, 2002

To Whom It May Concern:

I am writing in support of the need for helicopter/air emergency access to SFGH. I am the chief of the pediatric service at SFGH and our physicians work in tandem with the trauma surgeons here in providing integrated support to all pediatric patients with trauma.

It's intuitively obvious that speed is of the essence when transporting infants and children with trauma. Currently our care is hampered by the need for kids in the Bay Area and Northern California to be transported to SF airport and then be brought here by ground transportation.

The greater bay area and Northern California need our trauma service since it is the best in the region. Also, we need the trauma patients from outside the City in order to maintain our high quality in this specialty. As for neurosurgery, our trauma service remains sharp by serving an optimal number of patients—that's the reason for centralization of some specialized services like trauma.

An helicopter/air emergency access plan for SFGH will fit well with the plans for a new Women's and Children's Hospital contiguous to a new SFGH on the Mission Bay site.

The Mission Bay site will allow air access to a new hospital and allow in-flights over the bay, thereby not disturbing residents of the City.

Many thanks for your help on this effort,

A handwritten signature in black ink, appearing to read 'H. William Taeusch', written in a cursive style.

University of California
San Francisco



Department of Medicine
Division of Pulmonary & Critical Care Medicine

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JAN 06 2003

ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

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01/05/03

Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

Re: Emergency Medical Air Access to San Francisco General Hospital

Dear Gene:

I am writing this letter to express my strong sentiments regarding the urgent need for medical air access to San Francisco General Hospital.

I was born, raised, and educated in San Francisco, and have been a faculty member of the University of California, San Francisco working at San Francisco General Hospital since 1981. I am a member of the Division of Pulmonary and Critical Care Medicine within the Department of Medicine and am Associate Director of the Medical and Surgical Intensive Care Units at San Francisco General Hospital. I also am Medical Director of Quality, Utilization, and Risk Management and of Managed Care Programs.

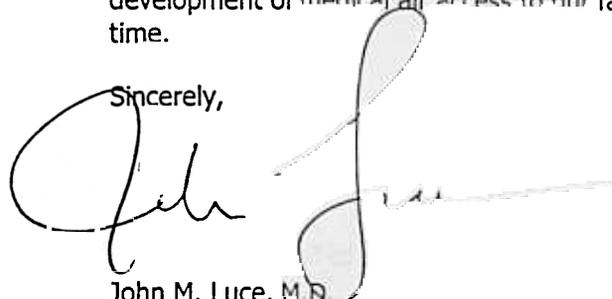
As you know, San Francisco General Hospital cares for the most critically ill patients in San Francisco and in surrounding counties such as San Mateo. These patients frequently need to be brought to our facility as quickly as possible, a difficult task when freeways and streets are congested. Such need is striking on a daily basis, but it would become even more apparent if we were to suffer a major natural disaster or act of terrorism. In such a circumstance, the need for rapid transportation of critically ill patients out of San Francisco to facilities in counties that had not experienced overwhelming damage and therefore maintained available medical resources also might occur.

In all the scenarios I have described, rapid access can only be possible through the use of a helipad at San Francisco General Hospital. To my knowledge, ours is the only county in California and the only major urban trauma center in the United States that lacks such a helipad. It is unconscionable that the residents of San Francisco would be denied appropriate medical care through the unavailability of air access to their trauma center.

As a lifelong San Francisco resident and a longtime member of the medical staff at San Francisco General Hospital, I unequivocally support the

development of medical air access to our facility in the shortest possible time.

Sincerely,

A handwritten signature in black ink, appearing to read 'John M. Luce', written in a cursive style.

John M. Luce, M.D.
Professor of Medicine and Anesthesia
University of California, San Francisco
Associate Director
Medical and Surgical Intensive Care Units
San Francisco General Hospital



University of California
San Francisco

Robert C. Mackersie, M.D., FACS
Professor of Surgery, UCSF
Director, Trauma Services
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Department of Surgery, Ward 3A
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rmackersie@sfghsurg.ucsf.edu

February 7, 2003

Ms. Gene O'Connell
Executive Administrator
San Francisco General Hospital - Ofc #2A5
1001 Potrero Avenue
San Francisco, CA 94110

Dear Ms O'Connell

I am writing to express my strong support and sense of urgency for the establishment of an air access emergency air medical access facility at San Francisco's sole Level 1 Trauma Center at San Francisco General Hospital. As the Medical Director for Trauma Services here at SF General, I am uniquely positioned to comment on the criticality of establishing the facility, and the relative "standard of practice" throughout the rest of the country.

Survival from major injury depends on getting 'the right patient to the right place at the right time'. The proliferation of trauma centers throughout the United States in the 1980's and 1990's dramatically decreased preventable death due to delays, lack of facilities or lack of organizations. Unfortunately, in California over 35% of patients with these critical injuries fail to reach trauma centers. While this is changing slowly, there is still a huge need out there to transport these critical patients to high capability centers such as SFGH.

San Francisco is the only major American city without approved emergency medical air access capabilities. This alone is a travesty for a world-class city of San Francisco's caliber. On top of this, San Francisco has the second highest density of any American city in the country, an equivalent amount of traffic congestions, is more earthquake prone, more geographically constrained and, most recently as cited by the FBI, more likely to become a terrorist target than most other American cities. These same demographic, geologic, and social vulnerabilities add to the risk of worsened outcomes from mass casualty events with the absence of a durable landing site at the city's only trauma center from which to transport in personnel and supplies and transport out patients if necessary.

Regional need, high risk and vulnerability, and deviation from the practice standard in the rest of the United States are obvious reasons for the establishment of a landing site at SFGH. The less obvious reasons include the need to maintain high acuity patient volumes in order to maintain proficiency at caring for these patients. The trauma volume in San Francisco, happily, has declined over the last ten years presumably as a result of decreased violence in the community and improved restraint devices for vehicular trauma. While this is good news in one

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respect, it is bad news for the Trauma Center in terms of the ability to maintain proficiency, recruit and retain new faculty, new practitioners, and keep current with the new and rather expensive approaches to trauma patient care. If the current trends in trauma volume continue, we will fall below standards for a Level 1 center within the next several years, and in due course, suffer a major attrition in the number and quality of the trauma faculty at SFGH.

While financial benefits fall further down the list in terms of importance, it is a critical aspect in the long-term survival of a municipal hospital dependent to a high degree on general fund revenue. Based on established experience with out-of-region trauma patients, the payor mix for high acuity patients transported by air will result in substantial additional revenues to the system, potentially permitting expansion of existing services, maintenance of first rate trauma care technology, and even expanding health care services for our core group of disenfranchised and indigent patients.

In the absence of additional revenue and patients recruited into the system, it is likely that San Francisco General will contract over the next several years like a proverbial 'black hole', with a worsening payor mix, increasing general fund dependence and the progressive contraction of health care services. The level of commitment on the part of the medical staff and faculty of UCSF to San Francisco General Hospital is extraordinarily high, and no one wants to see the nation's premiere municipal hospital contract and degrade to the point of being a backwater, second-rate institution. Neither San Francisco, its patients, nor the thousands who have worked over the decades to maintain the quality and prestige of this institution wish to see this happen. We need to establish the heliport in order to guarantee the future of San Francisco General Hospital.

I will continue to work with you and others in the Department of Public Health to the extent that I am able to bring about this change. It is likely that this is our one best, and probably our only chance to do this in our practice careers. I strongly believe it will be a critical step for San Francisco and a legacy from the SFGH of our generation to the SFGH of future generations and the patients it will serve in the years to come. If there is anything else I can do to possibly further help this effort, please let me know.

Sincerely,



Robert C. Mackersie, M.D.
Professor of Surgery
University of California, San Francisco
Director of Trauma Services
San Francisco General Hospital

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

RCM/ah



February 3, 2003

Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital
1001 Potrero Avenue, Suite #2A5
San Francisco, CA 94110

Dear Ms. O'Connell:

As Director of the San Francisco Injury Center, we have been researching the access to trauma care in California. Our study, which is under review for publication in the New England Journal of Medicine demonstrated that while California was among the first state to implement trauma regulations some 20 years ago, currently nearly 50% of all severely injured trauma victims never reach a designated trauma center in our state. In particular, rural trauma patients, elderly patients, and patients with major head injury are often underserved. Since trauma care is clearly superior in organized trauma centers, it is a tragedy that many injured Californians continue to die or suffer permanent disabilities resulting from delayed or inadequate trauma care. Helicopter transport to our trauma center would allow us to access many of these underserved patients. I hope that the Health Commission will see how important this issue is to patients in Northern California.

Sincerely,

M. Margaret Knudson, MD, FACS
Chair, Northern California Committee on Trauma
Director, San Francisco Injury Center
Professor of Surgery, the University of California, San Francisco

San Francisco General Hospital, Department of Surgery, Ward 3A
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University of California
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Surgery Faculty Practice

2/13/2003

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Arthur C. Hill, M.D.
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Jan K. Horn, M.D.
General Surgery

M. Margaret Knudson, M.D.
Breast/Pediatric Surgery

Robert C. Mackersie, M.D.
General Surgery

Mahesh H. Mankani, M.D.
Plastic/Hand Surgery

Stanley J. Rogers, M.D.
Minimally Invasive
and General Surgery

William P. Schecter, M.D.
General Surgery

Arthur N. Thomas, M.D.
Professor Emeritus

David M. Young, M.D.
Plastic Surgery

Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

Dear Ms. O'Connell:

The purpose of this letter is to support the proposal for Air Medical Access to San Francisco General Hospital. As a Trauma Surgeon who cares for critically ill patients at the hospital I feel that it is critical that we ensure that the hospital makes the next logical step of having helicopter access. Land based access can be easily severed leading to bad patient outcomes if there is congestion or a disaster. This is especially timely in light of all the threats to public safety after 9/11/2001. Helicopter access allows sick patients to gain access to hospital when they need it. As one of the oldest Trauma Centers in the United States, San Francisco General Hospital has a long and storied history leading the World Wide Trauma Community with new innovations in patient care and management. It is unbelievable that we are the only Level I Trauma Center in the United States that does not have helicopter access. This proposal would help improve the level of care for the people of San Francisco.

In conclusion, I would like to enthusiastically support Air Medical Access to San Francisco General Hospital. If you have any question about this vitally important matter please contact me in the Department of Surgery.

With regards,

Andre Campbell, MD, F.A.C.S
Attending Trauma Surgeon
San Francisco General Hospital

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SAN FRANCISCO GENERAL HOSPITAL



Department of Emergency Services

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JAN 16 2003

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SAN FRANCISCO GENERAL HOSPITAL

Christopher Barton, M.D.
Medical Director

San Francisco General Hospital
1001 Potrero Avenue, Rm. 1E21
San Francisco, CA 94110

tel: 415/206-5762
fax: 415/206-5818

January 3, 2003

Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital – Ofc #2A5
1001 Potrero Ave
San Francisco, CA 94110

Dear Ms. O'Connell,

I am writing this letter in support of the need for development of aeromedical access to SFGH. As the Medical Director of the Emergency Department at SFGH I am acutely aware of the need for this critical method of transporting acute trauma patients to our trauma center. The emergency department at SFGH is the only level 1 trauma center in the city and county of SF also serving the northern half of San Mateo County.

Prompt access to emergency trauma care has been shown to have a significant impact on survival in trauma patients. Indeed it is critical that patients be transported to a trauma center within 1 hour of their injury – the so-called 'golden hour'. Yet, in San Francisco, transportation to the trauma center is often delayed for a number of reasons including difficult access to patients in water or Cliffside accidents or simply due to traffic. These delays in transport to the Trauma Center would be offset by aeromedical transport.

In cases involving pediatric trauma, these patients must be quickly stabilized and transferred to a Pediatric Trauma Center. As you know, without aeromedical transportation these transfers (to Children's Hospital in Oakland) can often take up to an hour during periods of heavy traffic.

SFGH has a history of excellence in trauma care delivery as well as trauma care training. Without the ability to accept patients by aeromedical transport, the number of patients needed to maintain the skill of our providers and train future physicians and nurses will decline.

The survival of the Trauma Center at SFGH may indeed rest on the success of aeromedical access to and from SFGH.

I urge you in the strongest terms to support the development aeromedical access at SFGH. It may be critical to the survival of the Trauma Center but is certainly critical to the survival of victims of trauma in San Francisco and the neighboring Counties.

Sincerely,

Christopher W. Barton, MD
Medical Director
Emergency Services.



Surgery Faculty Practice

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February 24, 2003

Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital – Ofc #2A5
1001 Potrero Avenue
San Francisco, CA 94110

Dear Ms. O'Connell

I am writing you to express my support of an on-campus helipad at SFGH.

I have held my position as the Chief of Vascular Surgery at SFGH since August of 2002. I was surprised on my arrival that there is no emergency air access to SFGH, a level one-trauma center. My previous position was at UCLA, which is also a level one facility. During my time at UCLA, I found that helicopter access was essential for meeting the needs of the surrounding community as a trauma referral center.

I believe that a helipad is essential for the rapid delivery of injured patients to an appropriate medical facility in the urban environment. Without this, injured patients may require a lengthy delay in ground transportation, or face treatment at a local facility that is ill equipped to handle the trauma patient.

Pertinent to my specialty, a helipad would allow patients with life-threatening vascular injuries to rapidly reach a vascular surgeon.

I believe that a helipad is essential for SFGH to maintain its stature as one of the leading trauma-care hospital in the United States.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'John S. Lane', with a long horizontal flourish extending to the right.

John S. Lane MD
Chief, Vascular Surgery
San Francisco General Hospital
University of California, San Francisco

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FEB 27 2003

ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL



Department of Emergency Services

Eric Isaacs, M.D.
Director of Quality Improvement
San Francisco General Hospital
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Room 1E21
San Francisco, CA 94110
tel: 415/206-3115
fax: 415/206-5818

Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital
1001 Potrero Avenue
Office 2A5
San Francisco, CA 94110

December 30, 2002

Dear Ms. O'Connell,

I am writing in strong support of the need for emergency-medical air access to San Francisco General Hospital. I have been an Attending Physician in the Emergency Department at SFGH for over eight years, and I am currently serving as the Director of Quality Improvement for the ED. Prior to assuming my current position, I spent five years as the Assistant Medical Director of the San Francisco Fire Department. As my background reflects, I have a deep knowledge and a sincere interest in the continuous delivery of quality care to patients injured in San Francisco from their first contact with the EMS system through discharge from the Emergency Department.

The improved outcomes for trauma patients treated at Level 1 Trauma Centers are related to the quality of the staff and the time to definitive treatment. San Francisco General Hospital is the fourth Level 1 Trauma Center with which I have been associated during my career. It is the only one without air access. In fact, a recent survey of the 25 largest US cities found San Francisco to be the only city without aeromedical access to any of its hospitals, let alone its Trauma Center. As a city with increased potential for multi-casualty incidents due to terrorist activity and natural disasters, the fact that we fall well below the national standard in this regard is inexcusable.

Prior to my arrival in San Francisco, I had the opportunity to care for a number of patients who benefited from air access to my hospital, either arriving as a trauma patient or as a transfer away for definitive care. Several recent patients injured in similar circumstances come to mind whose care was delayed because emergency medical air access was unavailable; it was unavailable because their injury occurred in San Francisco and SFGH was the destination hospital. I cared for a patient injured after falling off a cliff at Land's End, a beach at the Northwest

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JAN 07 2003

ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL



Department of Emergency Services

Eric Isaacs, M.D.
Director of Quality Improvement
San Francisco General Hospital
1001 Potrero Avenue
Room 1E21
San Francisco, CA 94110
tel: 415/206-3115
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corner of San Francisco. This patient suffered a significant head injury and was intubated by SFFD paramedics lowered to the beach by rope. A Coast Guard helicopter was called to lift the patient off the beach as ambulance access was impossible. The patient's arrival at SFGH was delayed by an additional 40 critical minutes as the helicopter landed in the parking lot of the de Young museum and transferred the patient to an ambulance for the 25 minute trip across town with lights and sirens.

Regularly, critically ill pediatric patients are transferred out of SFGH for services that we are unable to provide. The closest Pediatric Trauma Center is across the Bay Bridge, up to an hour away by ground during heavy traffic periods. If there is a multi-casualty incident in San Francisco involving children, access to these facilities would be essential. Definitive care would be delayed if ground transportation were required; it would be impossible if the bridges were damaged during an earthquake.

I take great pride in the outstanding work my colleagues and I do in the initial evaluation and stabilization of emergency patients in such a challenging environment. Pride in our work and pride in our hospital are integral components to maintaining an expert staff and high quality of care. The absence of a helipad at SFGH adds to the challenge of caring for many critically ill patients. I am concerned that the continued absence of aeromedical access to SFGH will contribute to the deterioration of our staff and quality of care. Aeromedical access to SFGH is imperative. The future of our Trauma Center is at stake; the future of San Francisco's health is at stake.

I give my strongest support to an on-campus helicopter landing facility.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eric Isaacs', followed by the printed name 'ERIC ISAACS' in all caps.

ERIC ISAACS

Eric



4 February, 2003

Ronald A. Dieckmann, M.D., M.P.H.
Director, Pediatric Emergency Medicine

Emergency Services
San Francisco General Hospital
1001 Potrero Avenue, Room 1E21
San Francisco, California 94110
(415) 206-5762

Gene Marie O'Connell
Executive Administrator
San Francisco general Hospital
1001 Potrero Ave—Suite #2A5
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FEB 13 2003

ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

Dear Gene,

I write to you in strong support of the helipad proposal for air medical access at San Francisco General Hospital (SFGH). There are many powerful reasons for our hospital and community to back this initiative. I speak primarily from my position as Director of Pediatric Emergency Medicine at SFGH and Attending Physician in the SFGH Emergency Department. I also speak as the pediatric consultant to the state Emergency Medical Services (EMS) Authority, and as a member of the California EMS for Children (EMSC) Technical Advisory Committee to the California EMS Authority and EMS Commission. In all of these roles, I have become acutely aware of the precarious position of the SFGH trauma center in trying to comply with its regulatory responsibilities as a Level 1 Trauma Center, in the absence of a helipad. There are no other Level 1 Trauma Centers in California without a helipad.

There have been many expressions of general support for this service at SFGH, to improve our overall quality of trauma care, to expand our trauma catchment area, to improve our trauma research and to maintain excellence in our educational programs. I agree with all of these arguments. However, I would like to specifically emphasize the importance of the helipad in the care and transport of traumatized children. The current California Trauma Regulations place major responsibilities on Level 1 Trauma Centers to provide appropriate care of children. This is a reflection of significantly higher community expectations of trauma centers in care of children nationally, of clearer guidelines for children's trauma care developed by several national professional associations, and of highly visible work by the California EMSC Program to create specific pediatric trauma standards statewide.

As I urged in my "Comments on Public Draft of the City and County of San Francisco Trauma Care System" that was ultimately approved by the San Francisco Health Commission in August, 2001, SFGH requires a helipad to comply with our clearly-stated transfer requirements for multiply traumatized children. As you know, SFGH does not have a California Childrens Service approved Pediatric Intensive Care Unit. Therefore, we are obligated to maintain transfer capability with an approved center, such as

Childrens Hospital Oakland, that does have the required level of intensive care for children.

I believe that in the event of a disaster or multi-casualty event with many pediatric victims, we would be especially unable to comply with state regulations in care of children. Under such conditions, we simply could not get children out to the appropriate specialized pediatric centers. Drastically worsening traffic conditions, possible interruptions in trans-bay transport and the expected chaos of a disaster or terrorism event would make ground ambulance transport impossible.

In summary, I believe that the SFGH trauma service requires a helipad to provide state-mandated levels of care to children. The absence of a helipad in our San Francisco Trauma System places all of our citizens, especially the youngest and most vulnerable patients, at greater risk for adverse trauma outcomes.

I hope that the recently-contracted assessment and feasibility study will emphasize this essential link in our trauma services and recommend immediate development of air medical access capability.

Sincerely,



Ronald A. Dieckmann, MD, MPH
Clinical professor of Pediatrics and Medicine
UCSF



Karl Sporer, M.D.
Medical Director, Paramedic Base Hospital

Emergency Services
San Francisco General Hospital
1001 Potrero Avenue, Room 1E21
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December 30, 2002

Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital- Office #2A5
1001 Potrero Avenue
San Francisco, CA 94110

Dear Ms O'Connell,

As the Base Hospital Medical Director for San Francisco, I am writing this letter in support of the need for consistently available air medical access at San Francisco General Hospital (SFGH). I believe that the existence of a functional on-campus helipad at SFGH would benefit the citizens of the region as well as increase the stature and expertise of our hospital.

The Base Hospital provides 24-hour on-line physician medical control for all of the paramedics in San Francisco County. The Base Hospital would be very interested in integrating with the aero medical services. I think that a functioning on-campus helipad would be extremely useful in the event of a multi casualty incident, disaster, or terrorist event. .

I also believe that an on-campus helicopter landing facility will help to support the mission of the hospital as a Level 1 Trauma Center. This will allow our hospital to have an adequate number of patients to maintain our clinical skills and expertise. Both our citizens and our hospital would benefit from maintaining and improving its stature as a preeminent trauma center.

I strongly encourage the need for an on-campus helicopter landing facility at SFGH because of its implications in improving trauma care in the Bay Area.

Sincerely yours,

A handwritten signature in black ink, appearing to read "K. Sporer", written over a faint circular stamp.

Karl A. Sporer, MD
Base Hospital Medical Director

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JAN 03 2003

ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL



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FEB 13 2003

ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

February 9, 2003

Dear Sir or Madam:

I am writing a letter in support of the development of air medical access at San Francisco General Hospital. As a full-time physician in the Department of Emergency Services at SFGH and an Assistant Clinical Professor of Medicine at UCSF, I care for numerous severely injured trauma victims on a daily basis. In so doing, I work closely with our surgical and anesthesia colleagues in providing emergent resuscitative care for the most critical patients and definite care for patients with lesser injuries.

In my opinion, there is no doubt that SFGH needs to develop aeromedical access in order to provide the regional patient population with access to our trauma center by helicopter. Currently patients who are to be transported to SFGH by helicopter land at a field approximately 10 minutes away and then are off-loaded onto an ambulance that then transports them to SFGH. This realistically adds about 20-25 minutes to transport time which obviously adversely affects our ability to deliver life-saving care within the "golden hour". Some patients that would benefit from direct aeromedical access to our hospitals are those rescued from difficult to reach locations in our region such as beaches and cliffs along the nearby coast and the waters of the San Francisco Bay while others would be patients transferred from other hospitals needing the skills or services that our Trauma Center provides. It is surprising that a Level 1 Trauma Center such as SFGH does not have direct aeromedical access as almost all its lther counterparts around the country do. Besides providing better care for the citizens of San Francisco, it will also enable our Trauma Center to continue attracting and retaining the best faculty possible.

I hope that you will give your support to make aeromedical access at SFGH a reality as we attempt to provide the best available care for trauma victims in the San Francisco area.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stephen Bretz', with a large, stylized flourish extending to the left.

Stephen Bretz, M.D.
Attending Physician, SFGH Emergency Department
Assistant Clinical Professor of Medicine, UCSF