



December 30, 2002
Emergency Services

San Francisco General Hospital
1001 Potrero Avenue, Rm. 1E21
San Francisco, CA 94110
tel: 415/206-5758
fax: 415/206-5818

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

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JAN 0 2003

ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

Dear Ms. O'Connell

I am writing this letter in support of the need for air medical access to San Francisco General Hospital. I have been an emergency medicine attending at SFGH for the past 9 years and work closely with the trauma team. We are the only level 1 trauma center in the City and County of San Francisco.

A medical helipad at SFGH would benefit patients in the community with expedient care. Local traffic can delay transportation of critically ill patients. Air medical access would benefit San Francisco residents and visitors, where the population is estimated at 1.4 to 1.6 million, just second to New York City with 17,000 residents per square mile.

As a Level 1 Trauma Center, SFGH has a full range of specialists and equipment available 24 hours a day. It is the only referral center for major trauma within the city. Research in trauma surgery and injury prevention has distinguished SFGH as one of the nation's leading trauma centers.

Injured San Franciscans have no medical air access available to the only Level 1 Trauma Center. A recent survey of the 25 largest cities in the United States found that only San Francisco failed to provide such access to any of its hospitals.

Without aeromedical access, San Francisco falls below the national standard for urban care and public safety, especially given San Francisco's increased potential for natural disasters, multi-casualty events, and bioterrorism.

I strongly support the need of aeromedical access. If you have any further questions, please feel free to contact me at (415) 206-5791.

Sincerely,

Rachel L. Chin, M.D., FACEP
Attending in Emergency Medicine
Associate Professor of Clinical Medicine

University of California
San Francisco



Emergency Services

February 5, 2003

San Francisco General Hospital
1001 Potrero Avenue, Rm. 1E21
San Francisco, CA 94110
tel: 415/206-5753
415/206-5758

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

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FEB 11 2003
ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

Re: Air Medical Access to San Francisco General Hospital

Dear Ms. O'Connell,

I write in support of development of Air Medical Access to San Francisco General Hospital (SFGH). The logic and need for establishing Air Medical Access to SFGH and its specialty Trauma Care resources are strong. As the only Level 1 Trauma Center in the Northern Bay Area, this hospital has the resources necessary to provide outstanding Trauma specialty care to critically injured patients throughout Northern California. Our Trauma Surgery group is nationally and internationally recognized for its outstanding Trauma Care. In addition, we have an outstanding Neurosurgery Group, Orthopedic Group, and Interventional Radiology Group who provide other services critical to the mission of a regional trauma center.

Addition of Air Medical Access to our hospital would make these excellent Trauma Center Services available to more injured citizens throughout San Francisco City and County as well as Northern California, especially critically injured patients from remote locations and rural highways and freeways. In addition, Air Access would reduce transport times for seriously injured patients from major facilities like the San Francisco Airport. During major disasters (e.g., airplane accidents, bus accidents, earthquakes), ground transportation from many locations including the airport, and areas across the bridges could be compromised or non-existent, endangering the lives of the critically injured. It makes excellent medical and social sense to regionalize care of severely injured patients at Trauma Centers of excellence such as ours. Adding Air Medical Access to our hospital would make our excellent trauma services available faster and to a larger number of citizens of San Francisco and the Northern California Region.

In these times of budget crisis, the short-sighted view would be to put major new projects on hold. However, providing funds now to improve access to existing outstanding trauma services is a good investment for both now and the future. I strongly endorse this initiative to develop Air Medical Access to our Trauma Center.

Sincerely,

A handwritten signature in cursive script that reads "Howard C.B. Graves".

Howard C.B. Graves, MD, PhD
Attending Physician, Emergency Services, San Francisco General Hospital
Clinical Professor of Medicine, University of California, San Francisco
Dept. of Emergency Services, Rm 1E21, 1001 Potrero Ave. SF, CA 94110



Emergency Services

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JAN 06 2003

ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

December 27, 2002

San Francisco General Hospital
1001 Potrero Avenue, Rm. 1E21
San Francisco, CA 94110
tel: 415/206-5753
415/206-5758

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

My name is Dr Judith Klein and I am an attending physician and clinical instructor in the Emergency Department at San Francisco General Hospital. I am writing this letter in support of the need for air medical access to San Francisco General Hospital.

As an emergency physician in an extremely busy department caring for often critically ill trauma patients, I have truly come to appreciate the importance of rapid transport of victims from the accident scene to the ED. Given increasing traffic and congestion in the San Francisco area, I have seen transport times stretch to 20 to 25 minutes or more. As the scientific literature pertaining to trauma confirms, these minutes spent in transit can seriously delay resuscitative and operative care of critical patients. Quite simply, this puts the lives of San Francisco citizens at risk. With air medical access at SFGH, transport times could be cut dramatically allowing trauma victims to receive definitive care in a much more timely fashion. This would translate directly into lives saved. In addition, by minimizing the number of critically ill trauma victims being transported with "lights and sirens" through the busy streets of San Francisco, a helipad at SFGH would reduce the number of casualties—both paramedics and San Francisco citizens—from ambulance related accidents.

For all of these reasons, I firmly believe that an on-campus helicopter landing facility at SFGH would be an extremely valuable addition to our Level I Trauma Center.

Sincerely,

Judith R. Klein, MD
Attending Physician
Emergency Services, SFGH



Emergency Services

February 14, 2003

San Francisco General Hospital
1001 Potrero Avenue, Rm. 1E21
San Francisco, CA 94110
tel: 415/206-5758
fax: 415/206-5818

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

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FEB 14 2003

**ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL**

Dear Gene,

I am writing to emphasize the importance of emergency air medical access to San Francisco General Hospital in the form of an on-campus helicopter landing facility.

I am a full-time attending physician in emergency services at San Francisco General Hospital. Our department is involved in the critical care of all trauma patients in the city and county of San Francisco. From my experience in this department over the past 5 years, and my experience at UCLA medical center for 6 years before this, it is clear that aeromedical transport is an essential component of our level 1 trauma center. Consider the following observations. San Francisco is the only major American city without emergency medical air-access capabilities. Our city is at increased risk based on density, congestion, earthquakes, geographical barriers (e.g. bay), and more recently as an FBI cited terrorist target. Finally, air transport is associated with improved outcomes in the vast majority of comparative studies. We need to be able to fly out severely injured pediatric patients and to act as a triage/transport center in the event of a major disaster. The additional benefits that arise from such a system include the additional revenue brought by a favorable payor mix, the ability to recruit and retain the most outstanding faculty involved in care of the traumatically injured patient, and the potential to open more beds for all services & reduce diversion. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads 'Jeff Tabas'.

Jeffrey A. Tabas, M.D.

Attending Physician, Emergency Department, San Francisco General Hospital
Assistant Professor, University of California San Francisco School of Medicine
Box 1377, 1001 Portero Ave
San Francisco General Hospital
SF, CA 94143
tel: (415) 206-5759
fax: (415) 206-5818
e-mail: jtabas@itsa.ucsf.edu



Department of Anesthesia
Critical Care Office
School of Medicine

San Francisco General Hospital
1001 Potrero Avenue, Rm. 4F4
San Francisco, CA 94110
tel: 415/206-5274
fax: 415/206-3617

February 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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FEB 10 2003

**ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL**

Dear Ms. O'Connell:

This letter is in support of an Air Medical Access to SFGH. As a Co-Director of the Critical Care Medicine Group, an active Attending Anesthesiologist in the Emergency Department and Operating Room as well as a frequent Intensivist in the ICU, I feel very qualified to characterize the need for Air Medical Access. I have dealt with numerous trauma cases, which, in my humble opinion, would have resulted more favorably if intervention from the hospital staff and facility had been made available earlier. It is safe to say that as a level 1 Trauma Center in the Bay Area, the acuity of cases that we are presented with demands the quickest response time possible. Among the cases that I personally have encountered, notwithstanding the ratio and percentage of frequency include: motor vehicular accidents, gunshot wounds, assaults through lacerations, severe burns, cerebral Strokes, and acute infections. The morbidity and mortality rates in some of these cases would significantly be reduced if these patients could have been radiologically examined, their blood /fluid/bacteriological culture samples analyzed, and CT scan performed much faster than the speed by which they are now being currently done from the accident site to the Emergency Department.

Further, the boom-bust cycle witnessed by the dot com industry has left a legacy of traffic in the bay area that compromises any attempt for traumatic resuscitations and speedy transport to SFGH. This alone is enough justification to invest in an Air Medical Access. To exacerbate this situation, recent threats and alerts suffered by San Francisco residents from recurring minor earthquakes, exposure to anthrax and biochemical agents, not to mention the recently averted Oakland Superbowl related riot loom over the city like an impending storm cloud ready to pour any moment.

Finally, our expertise and world renowned qualifications cannot and will not save any life if we are constantly limited by time to intervene. It is my sincere hope that the officials of this City will match the same amount of investment, commitment, and dedication that we as physicians made in our lifetime to protect and save what is most valuable in this existence: life

Sincerely,

Julin F. Tang, MD, M.S.
Co-Director, Critical Care Medicine Group
Medical Director, Respiratory Therapy
Associate Professor, Anesthesia & Perioperative Care

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FEB 10 2003

**ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL**

University of California
San Francisco



Department of Anesthesia
and Perioperative Care
School of Medicine

SAN FRANCISCO GENERAL HOSPITAL
1001 Potrero Avenue, Rm. 3C-38
San Francisco, CA 94110
tel: 415/206-8145
fax 415/206-6014

January 10, 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 4 2003

ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

Dear Ms. O'Connell:

I am responding to your letter in order to support the need for emergency medical helicopter access to SFGH. My name is Dr. Jean-Francois Pittet and I am an Associate Professor in Residence in the UCSF Departments of Anesthesia and Surgery at SFGH. In addition to my clinical responsibilities in the operating room, intensive care unit and emergency department of SFGH, I am also involved in various research studies for the Departments of Anesthesia and Surgery. As an anesthesiologist and critical care intensivist, I work directly with the trauma patients in providing anesthesia-related urgent care in both the operating room and intensive care units. Treating pain and maintaining vital life functions for trauma patients is a key part of the function of a trauma center like SFGH.

Allowing air medical access to SFGH is important because it is one of the nation's leading public hospitals and is now the only hospital in a major metropolitan area without air medical access. There is no licensed medical helipad anywhere in San Francisco. SFGH provides significant services to San Francisco residents regardless of their ability to pay. It is the city's only provider of Level 1 Trauma services. Patients involved in any serious accident will receive care here. Being limited to ground transportation in a busy urban congested neighborhood adds risk to trauma patients and emergency medical providers.

There are dozens of occasions every year when San Francisco residents or visitors require rescue from the cliffs or surf offshore from neighboring islands. SFGH is the closest Level 1 trauma center to these regions. Limited air access to SFGH however, has resulted in many patients being transferred to more distant Level 1 centers like Stanford in Palo Alto. Having a helipad would directly benefit the hospital in bringing more admissions to keep us qualified as a Level 1 trauma center since trauma patient volume has steadily been declining. San Francisco is one of the highest-density, most earthquake-prone areas in the world and we are more vulnerable to multiple casualty accidents, natural disaster, mass transit, airport and terrorist acts. Lack of air medical access and SFGH being the only trauma-ready center in the city amplifies these vulnerabilities.

Thank you for your time and attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'JF Pittet'.

Jean-François Pittet, MD
Associate Professor in Residence
Dept of Anesthesia and Perioperative Care



SHELLEY MARDER, M.D.
CHIEF OF INTERVENTIONAL RADIOLOGY
SAN FRANCISCO GENERAL HOSPITAL

1001 POTRERO AVENUE, 1X55
SAN FRANCISCO, CALIFORNIA 94110
TELEPHONE: 415-206-8931; 8024
FACSIMILE: 415-206-4004
INTERNET: shelly.marder@radiology.ucsf.edu

February 14, 2003

Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital
1001 Potrero Avenue, Suite 3A5
San Francisco, CA 94110

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FEB 18 2003

**ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL**

Dear Ms O'Connell,

I am writing to you in support of the establishment of the Air Medical Access Site (helipad) at San Francisco General Hospital. There are many reasons to back this Initiative, some of which are obvious:

1. As San Franciscans, we live in the only major American city without emergency medical air-access.
2. Our city has been identified as a terrorist target on numerous occasions, is prone to earthquakes, and with the increases in traffic congestion, and population density, there are locations within the city from which one could not be transported to the hospital in less than 40 minutes.
3. We need to expand our SFGH level 1 services to 'at risk' patients in surrounding areas both as a means of improving their outcomes following major trauma and as a way of maintaining volumes necessary to support our own highly trained staff. Continued contraction of our availability means that we cannot preserve the necessary subspecialists required to provide the great diversity of interacting services necessary for excellence in trauma care.
4. Ultimately, helicopter transport, bringing in patients from outlying areas is a "win-win" situation as we extend our reach, and improve our payer mix making it possible to continue to provide for the indigent of San Francisco as the other significant mission of SFGH.

However, I also have a more personal reason to know the value of air transport to a Level 1 trauma center. My husband was badly injured in a bicycle accident in rural Vermont and air-lifted to Dartmouth-Hitchcock Medical Center in New Hampshire. Based on the severity of his head injury, respiratory failure in the field, and multiple fractures, I am certain that had he been driven to a local hospital, he would either have died in transit or survived so disabled as to never return to a functional life. He required many of the services we at SFGH also provide: trauma surgery, neurosurgery, neurology, orthopedics, radiology, ICU specialists, respiratory therapy, anesthesia, plastic surgical reconstruction, maxillofacial surgery, ophthalmology, gastroenterology, infectious disease consultation, physical therapy, occupational therapy and

the many services and the on-site availability contributed to his initial survival and ultimate recovery. After many months of rehabilitation he is a working, UC faculty member, functioning parent and husband today. I was told by residents of Vermont and New Hampshire how the original proposal for helicopter transport was a hard won political battle. Yet, over the years the value of this operation is so widely appreciated that the bigger worry in the area is the possibility of an injury on a day when inclement weather prevents flying.

Finally, as the Chief of Interventional Radiology and a member of the trauma team performing angiography and embolization on actively bleeding injured patients, I know that I am providing a service that cannot be duplicated in every community hospital. My field is highly technology driven, requiring support of multiple trained staff, advanced radiographic equipment and an inventory of supplies that necessitates centralization in a trauma center. The only way to continue to provide these services to the people of our city and the surrounding area and to attract and maintain our staff while achieving a more solid financial basis is to develop the Air Medical Access Program at SFGH.

I hope that the public can come to understand that trauma can happen to anyone, but that trauma care cannot be provided by any facility to which a loved one might be taken. Increasing access to SFGH by air transport is vital to saving lives and to preserving our hospital as a major Level 1 trauma center. I am available to participate in any way to help make this proposal a reality.

Sincerely yours,



Shelley R. Marder, M.D.
Chief, Interventional Radiology
San Francisco General Hospital



School of Medicine
Division of Orthopaedic Surgery

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ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

San Francisco General Hospital
1001 Potrero Avenue, 3A36
San Francisco, California 94110
tel: (415) 206-8812
fax: (415) 647-3733

February 10, 2003

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

Re: Emergency Air Medical Access to San Francisco General Hospital

Dear Gene:

It is important that I take this opportunity to present my feelings regarding an on-campus helicopter landing facility at San Francisco General Hospital. As you are aware, I have been an attending orthopedic surgeon at San Francisco General Hospital initially part-time, but now full-time over 10 years. As a member of the Orthopedic Surgery staff, we are intermittently related to the trauma program both in delivery of the services and educational support.

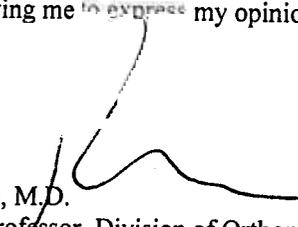
The timing of this request for a helicopter landing facility could not come at a more crucial period, not just locally, regionally and nationally. I have been proud to be an important member of the hospital staff realizing the important mission at San Francisco General Hospital accomplished for the City and County and Bay Area region. Given the current fears of possible mass injuries along with the ever-present worries of natural disasters makes the importance of well-integrated trauma system more important than ever. The need for a helicopter pad transcends many of the issues, which are at presently confronting not just the Department of Orthopedics, but Trauma Service and the trauma system in the Bay Area.

Specifically, I would like to repeat the critical nature of the staffing at San Francisco General Hospital, Department of Orthopedics over the last year. As you are well aware and have been very helpful in helping us resolve this issue, I have become the only full-time orthopedic surgeon here over the last year. There are multiple reasons for this acute depletion of the staff, but certainly issues around funding as well as an important level of trauma patients are central to recruiting and maintaining the best quality orthopedist and traumatologist that we possibly can find. There is no doubt in my mind that the addition of the helicopter pad will help us in the recruitment of the top-notch professionals. It also becomes a potential breaking point if we cannot maintain the level of trauma patients with their favorable payer mix in order for us to be able to provide adequate competitive salaries in this difficult competitive market.

I am certainly proud to continue my commitment to the institution and its wonderful mission. I am afraid that without signs of progress in the near future that we risk losing the quality and reputation of our fine institution.

Thank you for allowing me to express my opinions over this issue.

Sincerely,


R. Richard Coughlin, M.D.
Associate Clinical Professor, Division of Orthopaedic Surgery
San Francisco General Hospital



University of California
San Francisco

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SAN FRANCISCO GENERAL HOSPITAL

Radiology Service (114)
Department of Veterans Affairs
Medical Center
4150 Clement Street
San Francisco, CA 94121

December 30, 2002

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 urgent need for air medical access to San Francisco General Hospital. I am a Neuroradiologist, board-certified in the USA and Australia and an Assistant Professor of Radiology at the University of California, San Francisco. I work at the County Hospital on a part-time basis, on Thursdays and Fridays, as the radiology attending for Neuroradiology. I have previously worked at trauma center hospitals in Salt Lake City and in Adelaide, South Australia – both of which were served by emergency helicopter access.

A large proportion of the neuroimaging studies performed at SFGH are for the evaluation of acute trauma; from serious physical altercations to motor vehicle accidents to gunshot wounds. While the numbers of trauma incidents may form impressive statistics, the *severity* of these injuries is most disturbing in my daily practice. Air Medical Access has clearly been established as the faster route to hospital for critically injured patients (1), and is associated with greater survival for trauma victims (2). In San Francisco with its high-density population and significant traffic problems it is essential that we obtain air medical access for this city's only Level I Trauma Center.

Sincerely Yours

Christine M. Glastonbury, MBBS, FRANZCR
Assistant Professor of Radiology
University of California, San Francisco

1. Shatney CH, Homan SJ, Sherck JP, Ho CC. The utility of helicopter transport of trauma patients from the injury scene in an urban trauma system. J Trauma 2002;53:817-822
2. Buntman AJ, Yeomans KA. The effect of air medical transport on survival after trauma in Johannesburg, South Africa. S Afr Med J 2002; 92: 807-811



JAN 06 2003

MICHAEL B. GOTWAY, MD

Assistant Professor – In – Residence, Diagnostic Radiology
and Pulmonary/Critical Care Medicine

Director, Radiology Residency Training Program, University of California, San Francisco
Director, Body Imaging Practicum Program, San Francisco General Hospital

ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

DIRECTOR, THORACIC IMAGING
SAN FRANCISCO GENERAL HOSPITAL
ROOM 1X 55A BOX 1325
DEPARTMENT OF RADIOLOGY
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
SAN FRANCISCO, CALIFORNIA 94110

OFFICE: (415) 206-6607
READING ROOM: MON, TH, FRI: (415) 206-8030
READING ROOM: TUE: (415) 353-1374
PAGER: (415) 719-0912
TELEFAX: (415) 206-4004
E MAIL: MICHAEL.GOTWAY@RADIOLOGY.UCSF.EDU

12/31/02

re: aeromedical access needs for San Francisco General Hospital

Dear Ms. O'Connell:

My name is Michael B. Gotway, MD. I am an Assistant Professor of Diagnostic Radiology and Pulmonary / Critical Care Medicine, the Director of the Radiology Residency Training Program at the University of California, San Francisco, the Director of the Body Imaging Practicum Program at San Francisco General Hospital, and the Director of Thoracic Imaging in the Department of Radiology at San Francisco General Hospital. I am writing you regarding the recent institution of the need and feasibility study for air medical access for San Francisco General Hospital being conducted by the San Francisco Health Commission.

The Department of Radiology is an integral component of the Trauma Service at San Francisco General Hospital. Radiology plays a vital role in the rapid evaluation of trauma victims, and therefore plays an essential role in providing high quality care to the citizens of the City and County of San Francisco. The Department of Radiology works very closely with the clinical trauma service to achieve the goal of rapid assessment and disposition of trauma victims. Radiology provides 24-hour plain radiography, computed tomography, magnetic resonance, and interventional radiology services for the citizens of the City and County of San Francisco, but in particular, for victims of blunt or penetrating trauma. These emergent services are vital for the evaluation of the trauma patient, and these imaging modalities and interventions have been proven to be cost effective, life-saving measures. However, the Department of Radiology can only provide these services once the patient reaches the hospital. This is why air medical access for San Francisco General Hospital is so important.

San Francisco General Hospital is the only Level I Trauma Center serving the City and County of San Francisco. Given the traffic difficulties in the Bay Area, air

medical access to SFGH is critical to rapidly transport trauma victims to the specialized services provided by SFGH. It has been shown over and over again that rapid access to such services is the key to patient survival. Therefore, air access to SFGH has the potential to save lives and ultimately save money by decreasing the loss of productivity that inevitably results from untimely care.

Finally, SFGH has a worldwide reputation for high quality care of trauma patients. For SFGH to maintain this standard of excellence, particularly in the face of diminishing trauma admissions, it is critical that SFGH be provided the tools necessary to maintain the minimum volume for a Level I trauma center as set forth by the State of California. Air medical access is the major means by which this can be accomplished, and has the added benefit of diverting patients from community hospitals (which do not have the expertise to handle severely injured patients) to the institution where the care of major trauma victims is the primary focus and has been developed to its fullest capacity.

Thank you for your attention to this matter. Please do not hesitate to contact me with any questions regarding this letter.

Best Regards,



Michael B. Gotway, MD



DEPARTMENT OF RADIOLOGY
SAN FRANCISCO GENERAL HOSPITAL

1001 POTRERO AVENUE, 1X57
SAN FRANCISCO, CALIFORNIA 94110
TELEPHONE: 415-206-8026, 8024
FACSIMILE: 415-206-4004

Geoffrey S. Hastings, MD
Associate Clinical Professor of Radiology
San Francisco General Hospital
Department of Radiology 1X55
1001 Potrero Avenue
San Francisco, CA 94110

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

Dear Ms. O'Connell

I am writing this letter in support of the need for medical air access to SFGH.

I am an Interventional Radiologist with 7 years Level 1 trauma experience. The first 5 years of this was at Shock Trauma in Baltimore, a pioneering institution with regard to medical air access. Based on this experience, I believe that medical air access would be extremely beneficial to the quality of trauma care we deliver at SFGH and would help assure the continued viability of SFGH.

Not only is San Francisco the only major American city without emergency medical air-access capabilities, but it also has an increased need compared with other cities because of population density, traffic congestion, earthquakes, and the geographical barrier imposed by the bay. Furthermore, San Francisco has recently been cited by the FBI as a potential terrorist target.

The proposed heli-pad project would not only improve care for trauma victims within San Francisco, but would help provide Level 1 services to such patients in surrounding counties. Air transport has been associated with improved outcomes in the vast majority of comparative studies; this was certainly the case with Shock Trauma in Baltimore.

Medical air access would also allow us to quickly and effectively dispatch severely injured pediatric trauma victims to hospitals that have this specialized expertise. It would also enable us to act more effectively as a triage and transport center in the event of a major disaster.

Medical air access would also help assure the continued viability of SFGH in two important ways. First, this type of modernization step would help keep the hospital

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SAN FRANCISCO GENERAL HOSPITAL

current which, in turn, would help us recruit and retain the highest quality faculty. Second, it would result in a more favorable payor mix, thereby bringing additional revenue into the system. This was certainly the case at Shock Trauma, and I have heard from colleagues at Level 1 trauma centers that it is almost universally true.

In summary, medical air access is a critical step that would have far-reaching positive effects on the quality of care of trauma victims in San Francisco and surrounding counties while simultaneously helping to assure the future viability of San Francisco General Hospital.

Sincerely,

A handwritten signature in black ink, appearing to read "Geoff Hastings". The signature is fluid and cursive, with the first name "Geoff" being more prominent than the last name "Hastings".

Geoffrey S. Hastings, MD

Alisa
Gean/SOM/UCSF@UCS
FEXCH

To: Gene O'Connell/DPH/SFGOV@SFGOV
cc:
Subject: Emergency air medical access to SFGH

01/17/03 12:50 PM

It is truly amazing to me that SFGH does not have a medical helipad. I have been the Director of Neuroradiology at SFGH for over 13 years, and have patiently (now impatiently) awaited the arrival of air medical access. My primary clinical and research interests are in the field of brain and spinal cord injury. In this regard, I lecture throughout the world on state of the art diagnosis of head trauma, and I have authored the internationally recognized textbook titled, "Imaging of Head Trauma". Unfortunately, SFGH is not state of the art! Without a medical helipad, we are significantly limited in our ability to treat trauma victims. This is because "time is brain", and delaying patient arrival delays patient treatment. The absence of air medical access is not only embarrassing, it is a matter of life and death.

Sincerely,

Alisa D. Gean. MD

Alisa D. Gean, MD
Professor
Radiology, Neurology, and Neurological Surgery
University of California, San Francisco
San Francisco General Hospital
office: 415-206-8931
fax: 415-206-4004
pager: 415-719-2672

email: alisa.gean@radiology.ucsf.edu



Department of Pediatrics

San Francisco General Hospital
1001 Potrero Avenue, MS6E
San Francisco, CA 94110
tel: 415/206-8361
fax: 415/206-3686

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JAN 07 2003

ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

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 this letter in support of the need for air medical access to San Francisco General Hospital (SFGH). I am a general pediatrician working at the Children's Health Center (CHC) on SFGH campus. Our General Pediatrics Division has been an integral part of SFGH Trauma Care Service for pediatric patients. Under the supervision of the Emergency Department Attending physicians, our interns and residents have the opportunity to learn about trauma care for our pediatric patients. Our pediatric residents and attending physicians also work closely with the ICU team to provide the continuity care for trauma patients after the initial stabilization of these patients. This opportunity has been invaluable learning experience for the residents.

As a Level I Trauma Center, SFGH is the sole referral center for major trauma within San Francisco. Within the Bay Area medical community, SFGH Trauma Center is well known for its excellent services. To maintain top-level proficiency, it is essential to obtain a high volume of trauma cases. Given the current population density and traffic in San Francisco and adjacent areas, a medical helipad at SFGH would provide faster access for better patients' outcome. In addition, higher volume of patients can be achieved if the trauma service also can be extended to include Marin county and beyond.

I urge you to report to the Health Commission the dire need for air medical access to SFGH. This service will ensure SFGH Trauma Center's vitality and SFGH commitment to provide Pediatric trauma care.

Sincerely,

A handwritten signature in cursive script that reads 'Cam Tu Tran'.

Cam-Tu Tran, MD
Assistant Clinical Professor



Department of Pediatrics

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FEB 14 2003

ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

San Francisco General Hospital
1001 Potrero Avenue, MS6E
San Francisco, CA 94110
tel: 415/206-8361
fax: 415/206-3686

February 14, 2003

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

Dear Gene:

I write to re-enforce the importance of improving medical care in San Francisco, specifically in regard to air medical access to San Francisco General Hospital. In the past, I have often voiced concerns, as have many others, that SFGH is hampered in providing state-of-the-art medical care as a Level 1 trauma center because we can only transport patients here by ambulance. Such a slow response time limits referrals and likely increases morbidity and mortality for adult and pediatric trauma victims in and around San Francisco. In the year 2003, this seems unacceptable in a major American city with an internationally recognized trauma team. It is also my understanding that our center cannot continue its high level of service and credentialing without immediately addressing this urgent need.

As you know I have worked at SFGH for the past 20 years in neonatal intensive care, but more recently experienced the efficacy of a very active air transport system at Children's Hospital in Oakland when I spent a month working in the pediatric intensive care unit there. I was impressed at the speed with which critically ill and injured patients arrived for high-level care there, and was embarrassed by the contrast with care at SFGH. Certainly, I understand issues which make this a difficult development in San Francisco. However, Oakland too must have deal with issues of costs, noise, community preservation, and neighborhood safety. I urge your support at the up-coming Health Commission meeting on March 4th. The strong support of the Health Commission will be vital to ensure the health of both pediatric and adult

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patients needing immediate critical care. Despite the difficult fiscal situation in the City and County, as well concerns about the availability of federal support, it is critical that we both preserve and try to improve the critical care network we have long depended on in San Francisco and its environs.

I have discussed this with many of our staff, all of whom are strongly supportive of the feasibility study being presented at the Health commission meeting, as well strongly supporting an immediate developing air access to augment our trauma capabilities here at SFGH.

Sincerely,



John Colin Partridge, MD, MPH
Pediatrics
San Francisco General Hospital
Pediatrics
University of California San Francisco

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SAN FRANCISCO GENERAL HOSPITAL